Trauma-Informed Positive Behaviour Support

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Alison Simpson Artwork

Overview

1

Describe trauma and the impact of trauma

2

Identify the principles of trauma informed care

3

Discuss considerations for assessing trauma as part of a functional Behaviour assessment

4

Look at ways to integrate the principles of trauma informed care into the Behaviour support planning process

MYTH

Positive Behaviour Support is but one intervention for reducing behaviours of concern

What Actually Is Positive Behaviour Support?

PBS is a framework for delivering a range of evidence-based Behaviour supports

The main goal of PBS is to build skills and improve quality of life for the person

Reductions in behaviours of concern is a side effect

Underpinning Principles of PBS

It is values-led, in that the goal of Behaviour support strategies is to achieve enhanced community participation, choice, build life skills, and experience respect and social inclusion, rather than simply Behaviour change (i.e., reduction) in isolation

Allen, D., James, W., Evans, J., Hawkins, S., & Jenkins, R. (2005). Positive behavioural support: definition, current status and future directions. *Tizard Learning Disability Review*, *10*(2), 4-11.)

Underpinning Principles of PBS

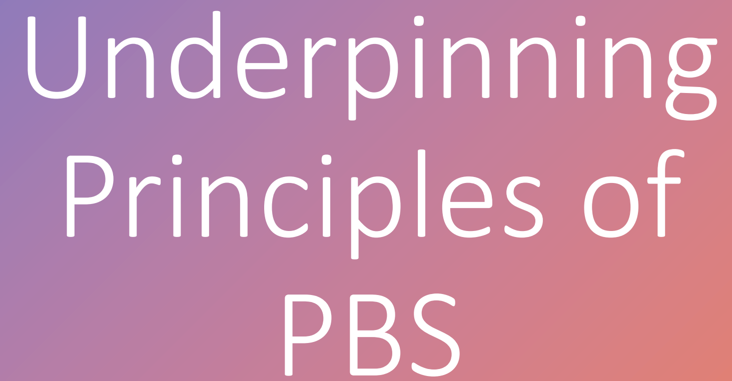
It is based on an understanding of why, when and how behaviours happen and what purposes they serve (via the use of functional Behaviour assessment).

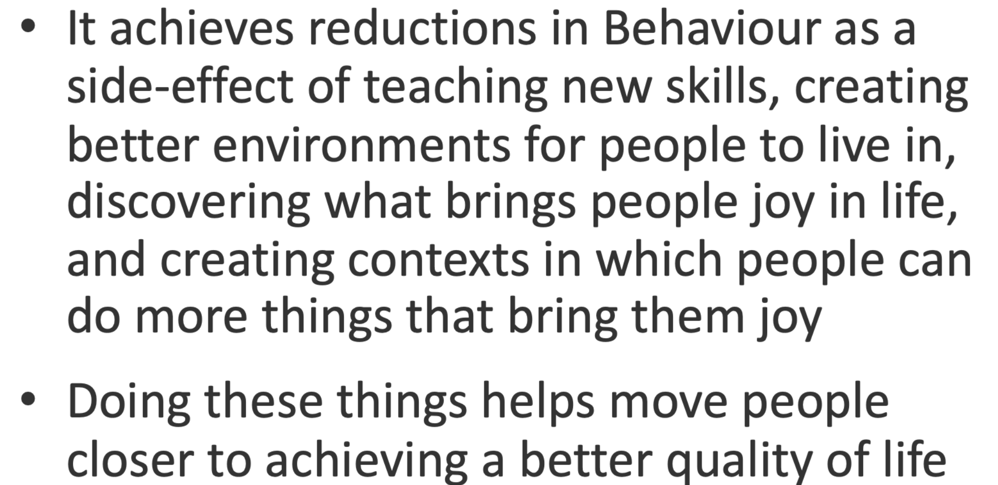
Carr, E. G., Dunlap, G., Horner, R. H., Koegel, R. L., Turnbull, A. P., Sailor, W., ... & Fox, L. (2002). Positive behavior support: Evolution of an applied science. *Journal of positive behavior interventions, 4*(1), 4-16.

Underpinning Principles of PBS

It focuses on altering triggers for Behaviour, in order to reduce the likelihood that the Behaviour will occur.

It uses skill teaching as a central intervention, as lack of critical skills is often a key contributing factor in the development of behavioural challenges.


Underpinning
Principles of
PBS


It achieves reductions in Behaviour as a side-effect of teaching new skills, creating better environments for people to live in, discovering what brings people joy in life, and creating contexts in which people can do more things that bring them joy
Doing these things helps move people closer to achieving a better quality of life

Underpinning Principles of PBS

- It has a long-term focus, in that challenging behaviours are often of a long-term nature and successful interventions therefore need to be maintained over prolonged periods.

Definition of PBS

- According to the NDIS Quality and Safeguarding Commission, Positive Behaviour support is the term used to describe *the integration of the contemporary ideology of disability service provision with the clinical framework of applied Behaviour analysis. Positive Behaviour supports are supported by evidence encompassing strategies and methods that aim to increase the person's quality of life and reduce challenging Behaviour*
- Singer, G. H., & Wang, M. (2009). *The intellectual roots of positive behavior support and their implications for its development*. In Handbook of positive behavior support (pp. 17-46). Springer, Boston, MA.

Trauma-Informed PBS

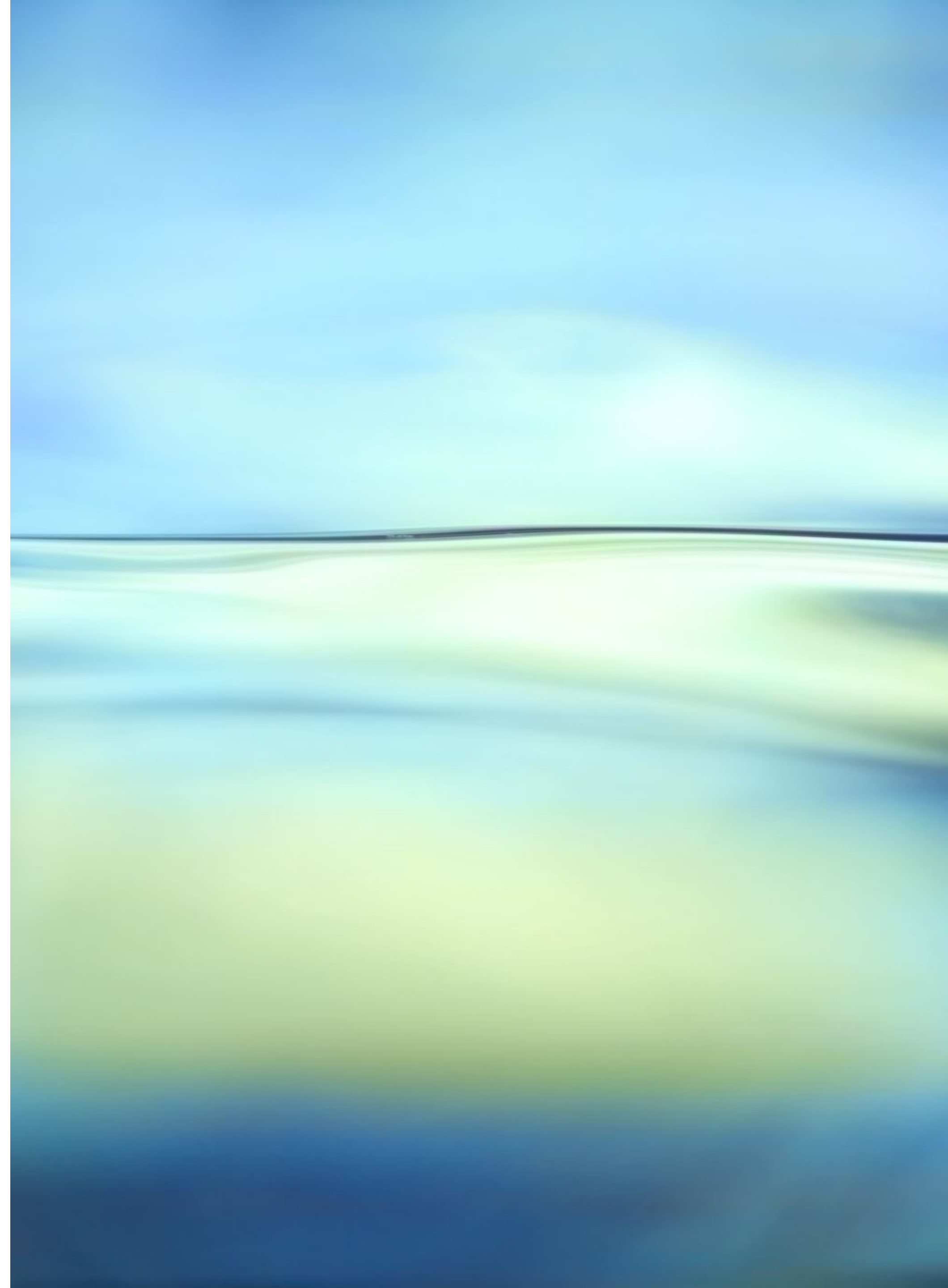
What does it mean to be trauma-informed?

What is Trauma?

- Trauma - Real or perceived threat of danger, serious injury, or death that undermines the person's ability to feel safe and to connect with others. Results from an event or series of events experienced by an individual as physically, emotionally, harmful or life threatening

Types of Trauma

- Acute trauma
- Chronic trauma
- Complex trauma
- Secondary trauma



What Does PTSD Look Like?

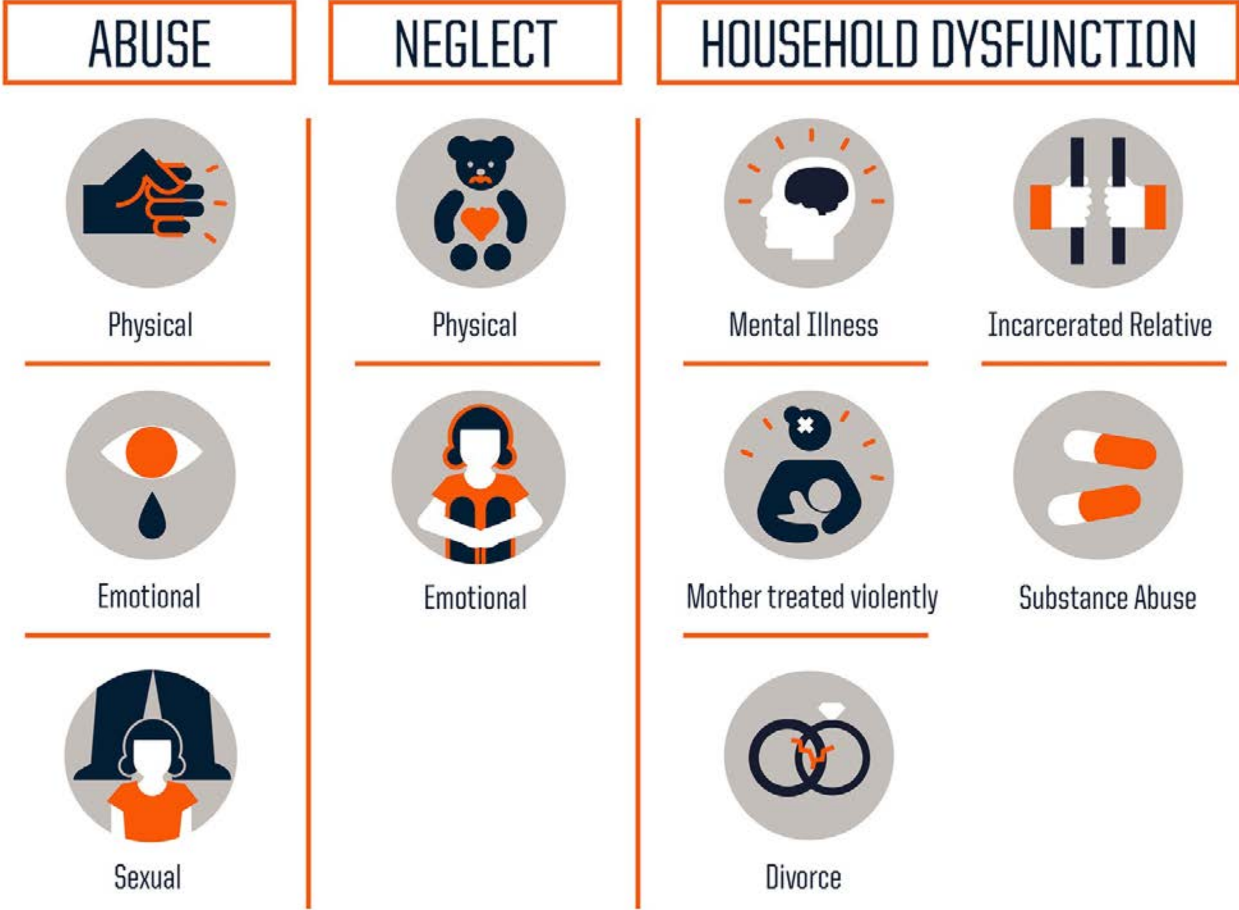
The person relives the event through unwanted and recurring memories, often in the form of vivid images and nightmares. There may be intense emotional or physical reactions, such as sweating, heart palpitations or panic when reminded of the event.

Fight or Flight (hyper-arousal)– The person experiences sleeping difficulties, irritability and lack of concentration, becoming easily startled and constantly on the lookout for signs of danger.

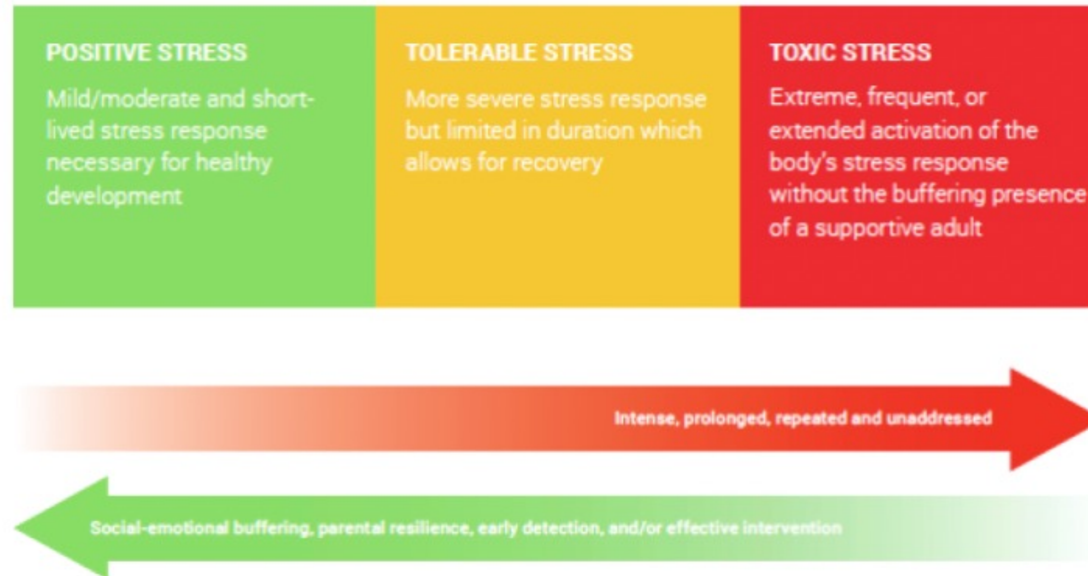
Experiential Avoidance– The person deliberately avoids activities, places, people, thoughts or feelings associated with the event because they bring back painful memories.

Depression (under-arousal) – The person loses interest in day-to-day activities, feels cut off and detached from friends and family, or feels emotionally flat and numb.

Adverse Childhood Experiences



ACES Can Cause Toxic Stress



- https://acestoohigh.com/2014/11/05/most-californians-have-experienced-childhood-trauma-early-adversity-a-direct-link-to-adult-onset-of-chronic-disease-depression-violence/

Impact of ACES

ACE Pyramid – CDC

Intergenerational Trauma

In some cases, trauma is passed down from the first generation of survivors who directly experienced or witnessed traumatic events to future generations

This is referred to as intergenerational trauma, and can be passed on through parenting practices, behavioural problems, violence, harmful substance use and mental health issues

A Trauma Informed Approach

Trauma-specific services - individual clinical interventions designed to directly address trauma-related symptoms (SAMHSA, 2014)

Trauma-informed care – a universal approach taken by practitioners to appropriately support and avoid re-traumatizing individuals who have experienced trauma

The Four Rs of Trauma-Informed Care

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Principles of Trauma Informed Practice

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Trauma-Informed PBS

An approach to PBS that is realizes the impact of trauma, recognizes the signs and symptoms of trauma, responds by integrating knowledge of trauma in policies, practices, and procedures, and resists retraumatisation

Barriers to Discussing Trauma in Positive Behaviour Support (Rajaraman et al., 2021)

The effects of experiencing trauma are generally considered to be covert (fearful, helpless, angry)

We tend to focus more on current (proximal) contingencies, rather than historical experiences, when analysing Behaviour

Although we have frameworks for delivering trauma-informed care, there are few empirically supported practices demonstrating improved client outcomes (Maynard et al., 2019)

What Learning Processes
Are Involved?

The Role of Reflexes

First, you are exposed to a real or perceived threatening situation in which your ability to cope is dramatically reduced

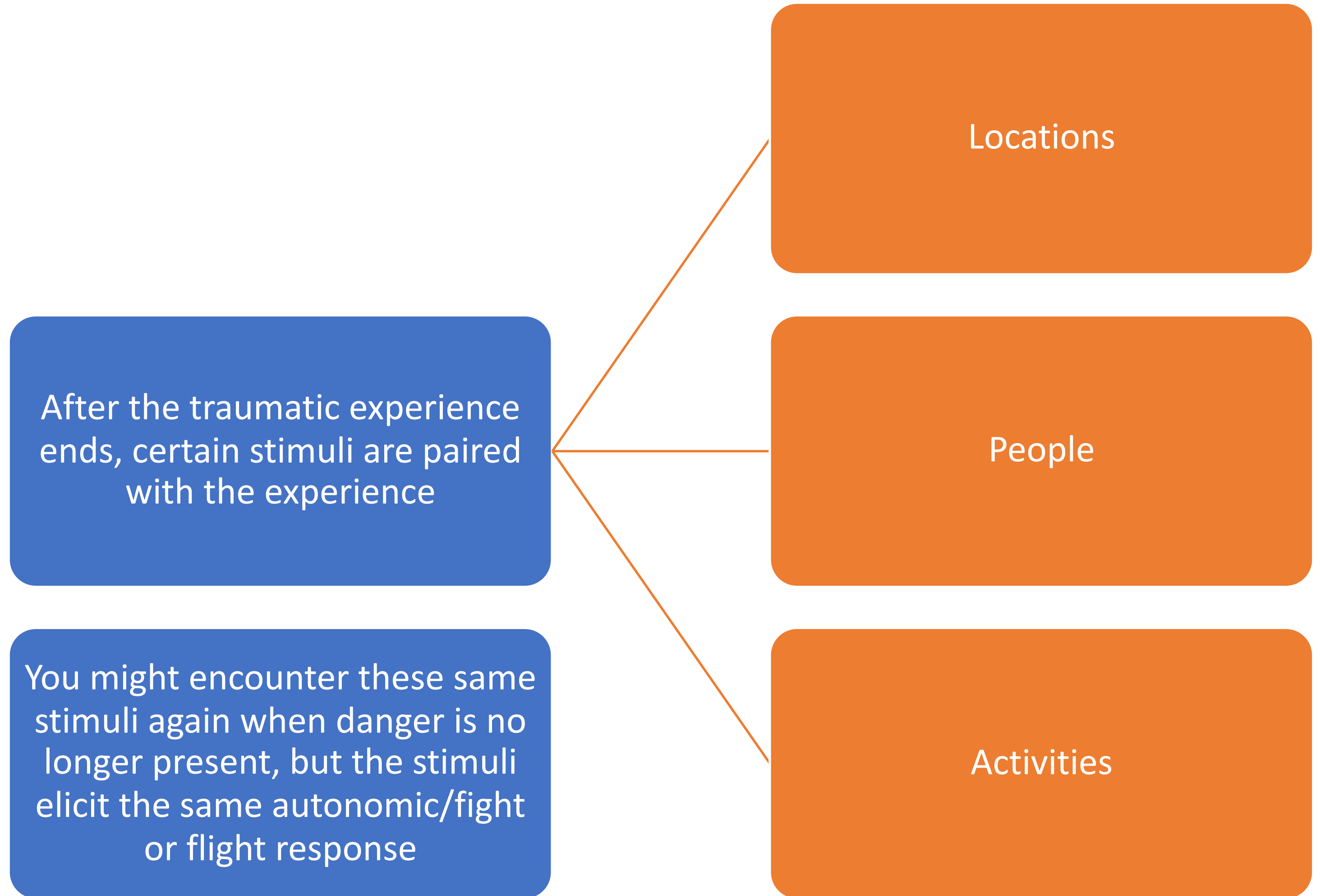
This causes an activation of the parts of your brain associated with flight or flight

Then, there is a release of hormones that signal DANGER

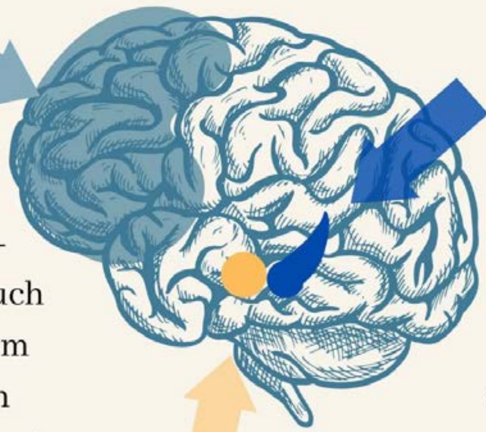
Physiological changes – rapid heart rate, increased respiration

Reflexes kick in – do you freeze, or do you run?

The Role of Respondent Conditioning (Neurobiology!)



HOW TRAUMA AFFECTS THE BRAIN



Prefrontal Cortex

Rational thinking - regulates emotions such as fear responses from the amygdala - with PTSD this has a reduced volume

Hippocampus

Responsible for memory and differentiating between past and present – works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.

Amygdala

Wired for survival, when active it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.

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The Role of Operant Conditioning (Learning!)

- You learn that engaging is specific Behaviour:
  - Helps you avoid certain ‘triggering’ stimuli
  - Helps you escape certain ‘triggering’ stimuli
  - Helps you reduce specific uncomfortable thoughts and feelings
  - Helps you communicate your wants and needs

Trauma: Risk Factors and Presentation

Risk Factors (child & family)

- Family violence
- Poverty
- Unemployment & financial hardship
- Alcohol/substance abuse, addiction
- Disability or complex medical needs
- Family member/partner with hx of assault and/or sexual offences
- Inter-generational abuse and trauma
- Lack of stimulation and learning opportunities, disengagement from school
- Inattention to developmental health needs/poor diet
- Social isolation
- Prematurity, low birth weight
- Mental health disorder

Effects of trauma on the developing brain

Increased	Decreased
• Agitation • Vigilance • Irritability • Startle response • Neo-phobia (fear of new things)	• Memory • Reality-testing • Sense of well-being • Emotional regulation • Explicit experiential learning

Impairments in Behavioural Control

- Poor impulse control
- Aggression towards others
- Sleep disturbances
- Self-injurious Behaviour or self-destructive Behaviour
- Oppositional Behaviour
- Excessive compliance
- Difficulty understanding and complying with rules

→ Remember, these behaviours serve a function!

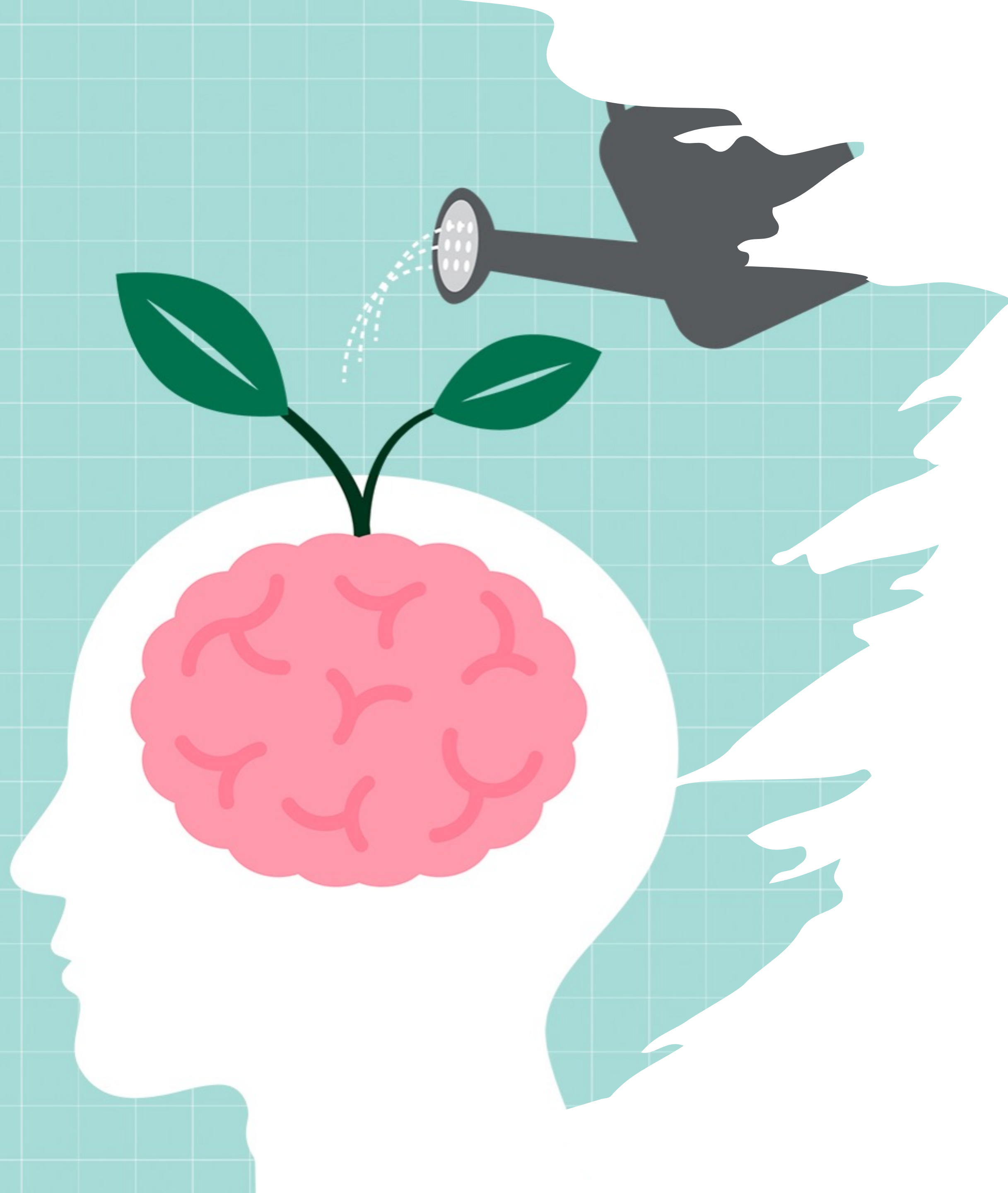
Remember…

- Sometimes, behaviours of concern are very *adaptive* responses to very *maladaptive* environments

Remember…

Everyone's response to a potentially traumatic event is different

How Can We Support People With a History of Adverse Life Experiences?



Importance of understanding trauma

- People who experience trauma view their world as an unpredictable and threatening place
- By understanding trauma and its effects, we can develop interventions that support the individual and improve social and educational outcomes
- Develop a person-centred approach
- Develop programs that promote protective factors

Why Should We Care?

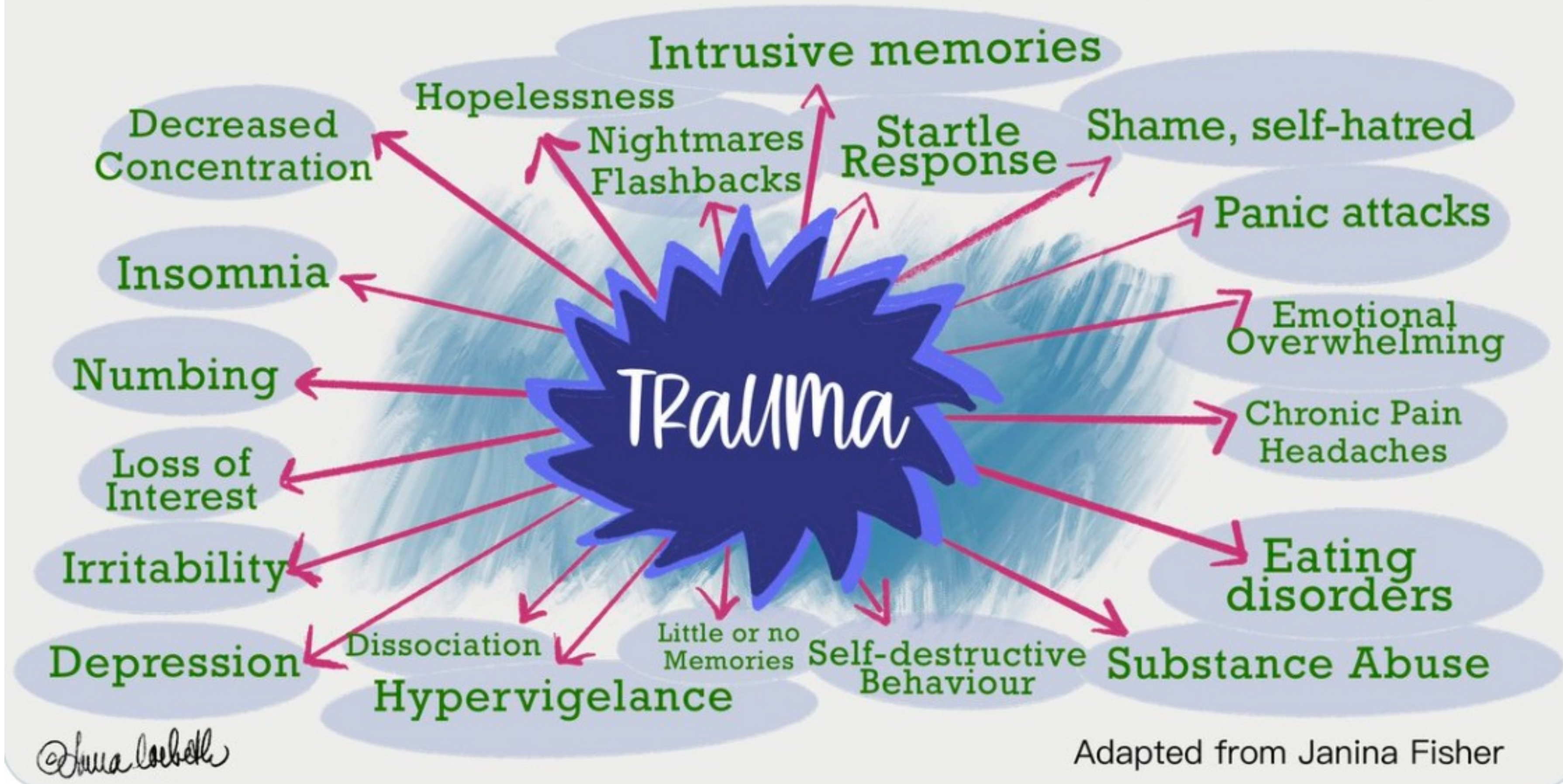
We support people who may be more at-risk, due to:

- The high prevalence of ACES among children
- Intellectual and developmental disability
- Communication delays and difficulties

We support people who may not be able to tell us about their ACEs

Thus, the trauma history may remain unknown

- In the absence of concrete knowledge about a person’s history of trauma, ‘it may be best to assume any client walking through the door to services could have a history of trauma, and to behave accordingly by exercising caution with respect to clinical decision-making and vigilance with respect to observing avoidance or negative emotional behavior’ (Rajamaran et al., 2021, p. 7)


It is not what's wrong with you, it's what happened to you.
TRAUMA
Intrusive memories
Hopelessness
Decreased Concentration
Nightmares
Flashbacks
Startle Response
Shame, self-hatred
Panic attacks
Emotional Overwhelming
Chronic Pain
Headaches
Insomnia
Numbing
Loss of Interest
Irritability
Depression
Dissociation
Hypervigelance
Little or no Memories
Self-destructive Behaviour
Eating disorders
Substance Abuse
Adapted from Janina Fisher

How is Trauma Assessed?

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 ________

2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 ________

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 ________

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 ________

5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 ________

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 ________

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 ________

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 ________

10. Did a household member go to prison?
    Yes No If yes enter 1 ________

Now add up your "Yes" answers: ________ **This is your ACE Score**

How is Trauma Assessed?

PTSD Checklist (PCL)

Patient Name: ______________________ **Date:** __________

If an event listed on the Life Events Checklist **happened to you** or you **witnessed it,** please complete the items below. If more than one event happened, please choose the one that is **most troublesome to you now.**

The event you experienced was ______________ (EVENT) on ________ (DATE).

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then **circle** one of the numbers to the right to indicate how much you have been **bothered** by the problem **in the past month.**

BOTHERED BY	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Repeated disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

However:

It may be contraindicated to directly ask people if they have experienced trauma, especially if that is not why they are seeking your services

How might you integrate the four Rs into an FBA?

Mulan runs away from home to join the army in place of her ailing father and bring honour to her family.

Rapunzel runs away from home to explore the outside world after being locked in a tower for 18 years.

Integrating FBA and Trauma Screening

01

Incorporate screening questions into your open-ended indirect assessment

Integrating FBA and Trauma Screening Tools

01

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02

When reviewing records, look for evidence that the child may have experienced adverse childhood experiences

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Understand that each child's response to trauma is different

Integrating FBA and Trauma Screening Tools

01

Incorporate screening questions into your open-ended indirect assessment

02

When reviewing records, look for evidence that the child may have experienced adverse childhood experiences

03

Understand that each child's response to trauma is different

04

Understand that sometimes, Behaviour is actually a very adaptive response to a very maladaptive environment

RECOGNISE the signs and symptoms

Hyperarousal
- "I am feeling out of control"
- *I look like I am a danger to myself or others*

Hypo arousal
- "I am feeling anxious"
- I look avoidant

Dissociation
- "I am feeling overwhelmed",
- *I look frozen or have checked out*

Integrating Trauma Informed Practice into the Behaviour Support Process

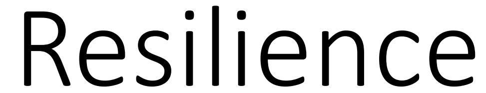
Protective Factors

Protective Factors - Kids

- Access to information for parents (about child development & parenting)
- Sense of belonging to home, family, community
- Strong peer group/network
- Positive parental expectations & home learning environment
- Access to child and adult focused services (health, mental health, early intervention, family support, parenting education, recreational facilities and other therapeutic services)
- Access to high quality preschool/school programs
- Inclusive community neighborhoods

- Access to employment
- Access to housing
- Family and community relationships
- Access to healthcare
- Access to social services/supports
- Effective stress management

Resilience



- The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands (https://www.apa.org/topics/resilience)
- Psychological research demonstrates that the resources and skills associated with more positive adaptation (i.e., greater resilience) can be cultivated and practiced.

TIP Principle #1: Safety

Promote physical and psychological safety

Look at the Environment First

- Is the person currently in an environment of concern?
  - Do not allow the person to have their basic needs met (shelter, food, sleep, warmth)
  - Are devoid of learning opportunities
  - Are devoid of meaningful relationships and opportunities for socialisation
  - Are devoid of opportunities for recreation and leisure
  - Are devoid of opportunities to make choices
  - Impose restrictions
  - All sorts of positive Behaviour goes un-recognised and un-reinforced

TIP Principle #2: Trustworthiness and transparency

Help the person establish and maintain positive, trusting relationships with others

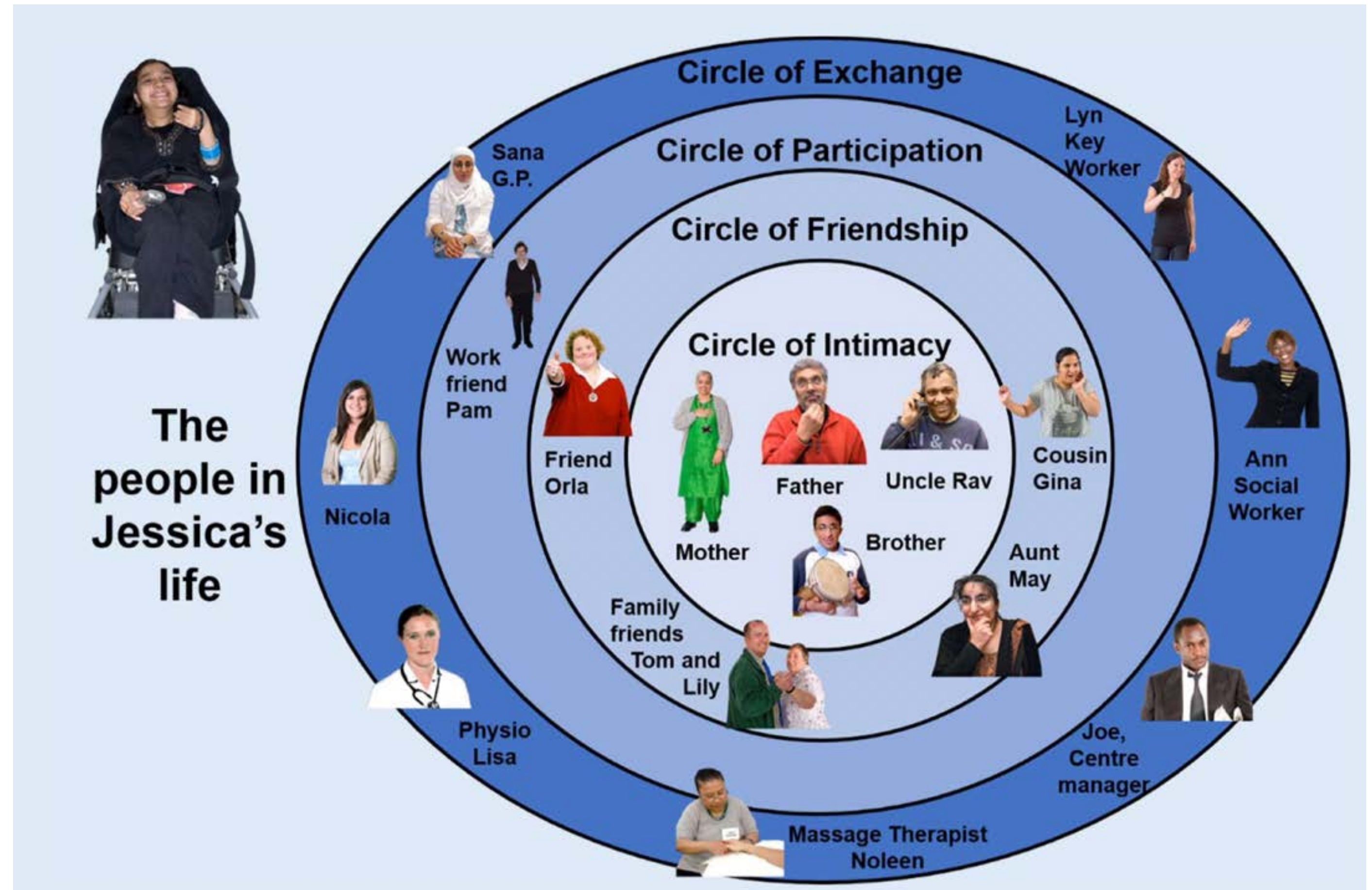
Help Build Secure Attachments

- **Attachment**: an emotional bond between two people in which each seeks closeness and feels more secure when in the presence of the attachment figure. Attachment behavior in adults towards the child includes responding sensitively and appropriately to the child's needs.
- **Secure Attachment**: Provides the child with a sense of safety and security; supports the child to regulates emotions, by soothing distress, creating joy, and supporting calm; offers the child a secure base from which to explore. The child is confident in the availability and responsiveness of the caregiver.
- Developing secure attachment involves both respondent and operant learning processes
- Trauma can disrupt the process of developing secure attachment

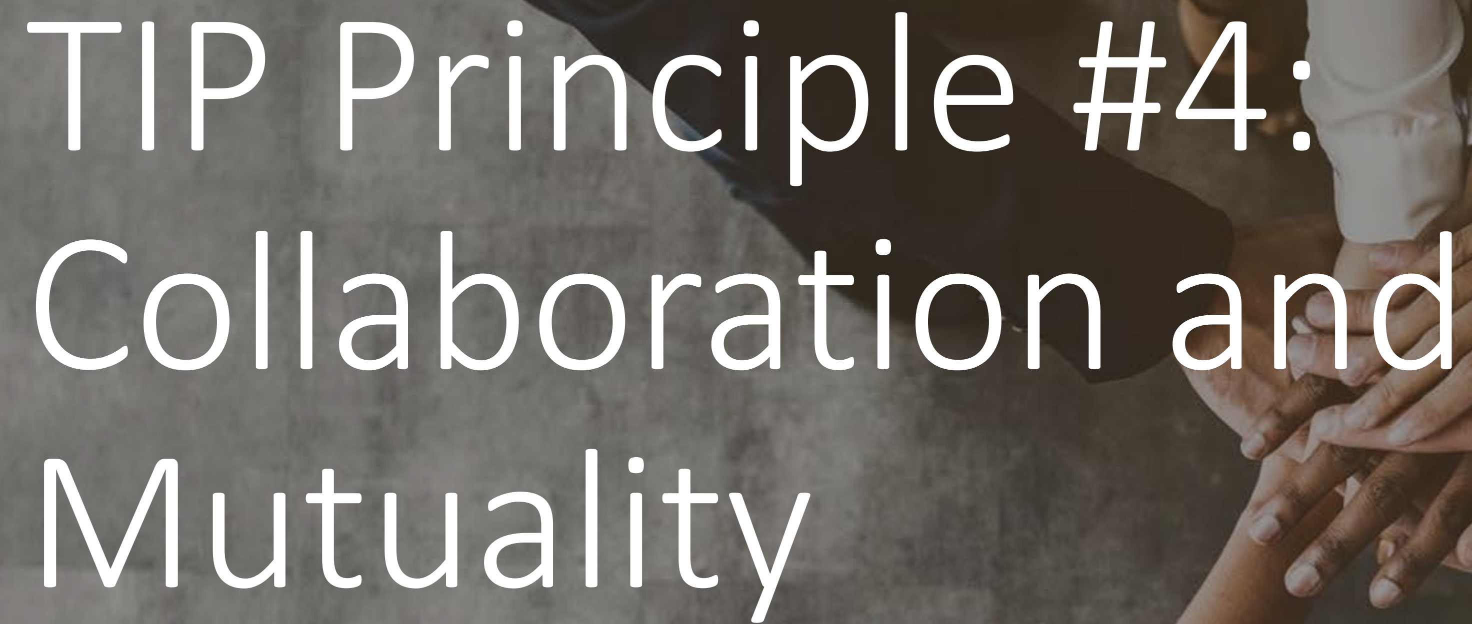
TIP Principle #3: Informal/Peer Supports

Build a network of support around the person

Build a support network



https://www.hse.ie/eng/services/list/4/disability/newdirections/a%20guide%20to%20circles%20of%20support.pdf

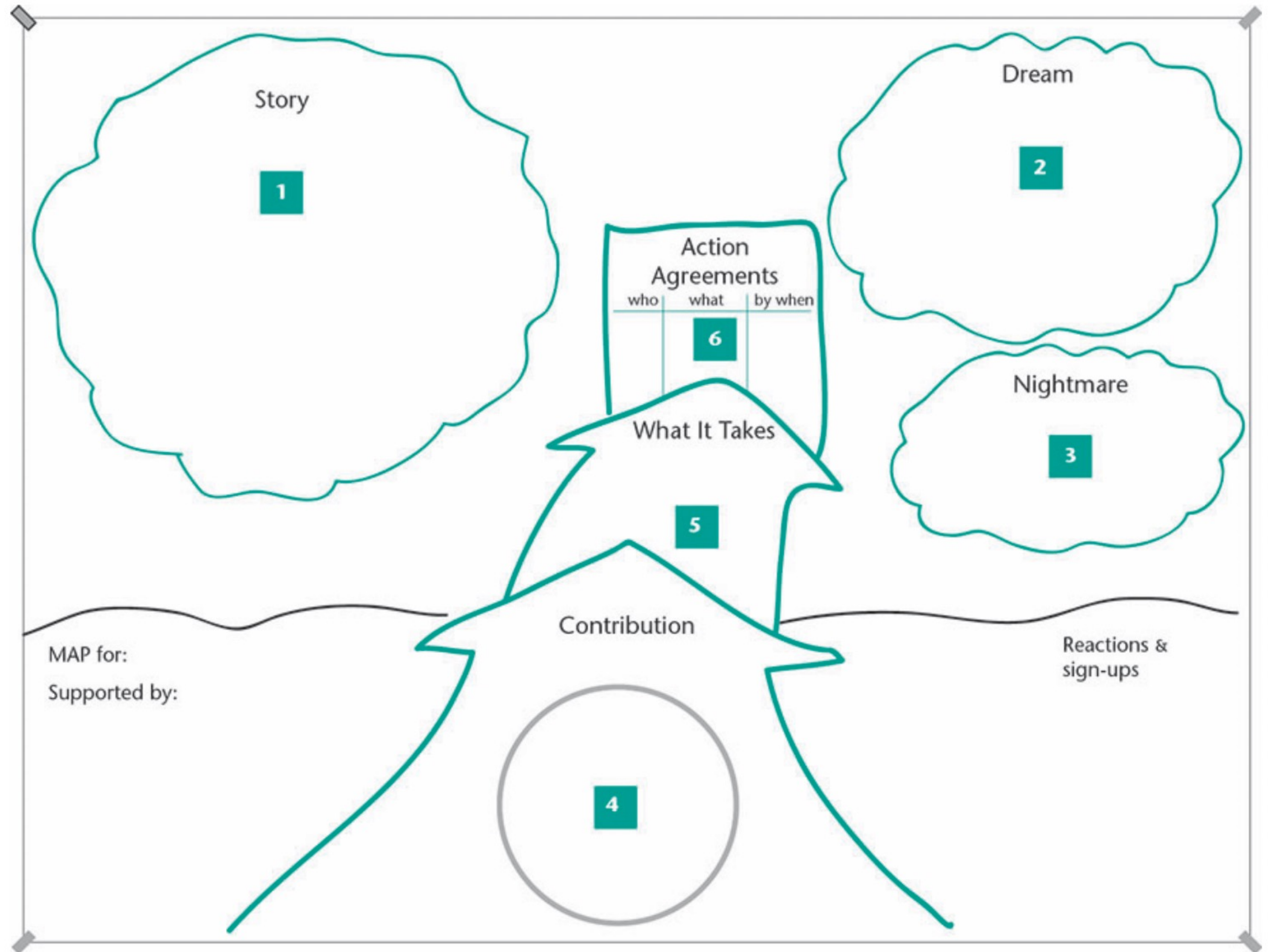


TIP Principle #4: Collaboration and Mutuality

Actively involve the person in the Behaviour support process

Person-Centred Planning

https://inclusive-solutions.com/person-centred-planning/maps/



TIP Principle #5: Empowerment, Voice, and Choice

S.T.O.G.
A good way to make decisions

Stop — **What is the decision?**

Think — **Think about and list the possibilities or solutions.**

O.K.? — **Then think about:**

Head
Is this the best choice for me?

Heart
How do I feel about this choice?

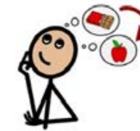
Hands
Who will be affected by this choice?

Future
How will this affect my life and/or dreams?

Go! — **Make a decision. How did it work?**

www.waindividualisedservices.org.au

SUPPORTED DECISION MAKING PRINCIPLES



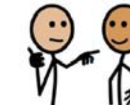
I can change my mind

Assume I can

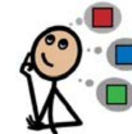
One decision at a time

It's up to me

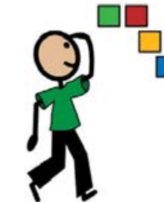
Understand me and my preferences



Are the right people involved?



Explore all options



Experience to explore

The right assistance for me

www.waindividualisedservices.org.au

TIP Principle #6: Be Culturally Responsive

https://friendsnrc.org/prevention/cultural-effectiveness/

Potentially Contraindicated Strategies for People With Trauma History

Potentially Contraindicated Procedures

- For a client who has experienced previous food insecurity, food related abuse or neglect, and/or severe food deprivation → withholding food or using edible reinforcers
- What would be a more trauma-informed approach?

Potentially Contraindicated Procedures

- For a client who has been involved in previous sexual abuse (including when the client also makes allegations → assigning 1:1 support without additional oversight
- What would be a more trauma-informed approach?

Potentially Contraindicated Procedures

- For a client who has experienced medical complications from sexual or physical trauma (e.g., this could include incontinence, smearing or related concerns, etc) → working on toileting or other personal hygiene skills
- What would be a more trauma-informed approach?

Potentially Contraindicated Procedures

- For a client who has experienced previous neglect or adverse circumstances (such as deaths of parents, removal from unsafe conditions, or experiencing war, dangerous immigration or poverty related issues), resulting in deprivation of basic needs and social interaction → withholding attention and using contingent attention as a reinforcer
- What would be a more trauma-informed approach?

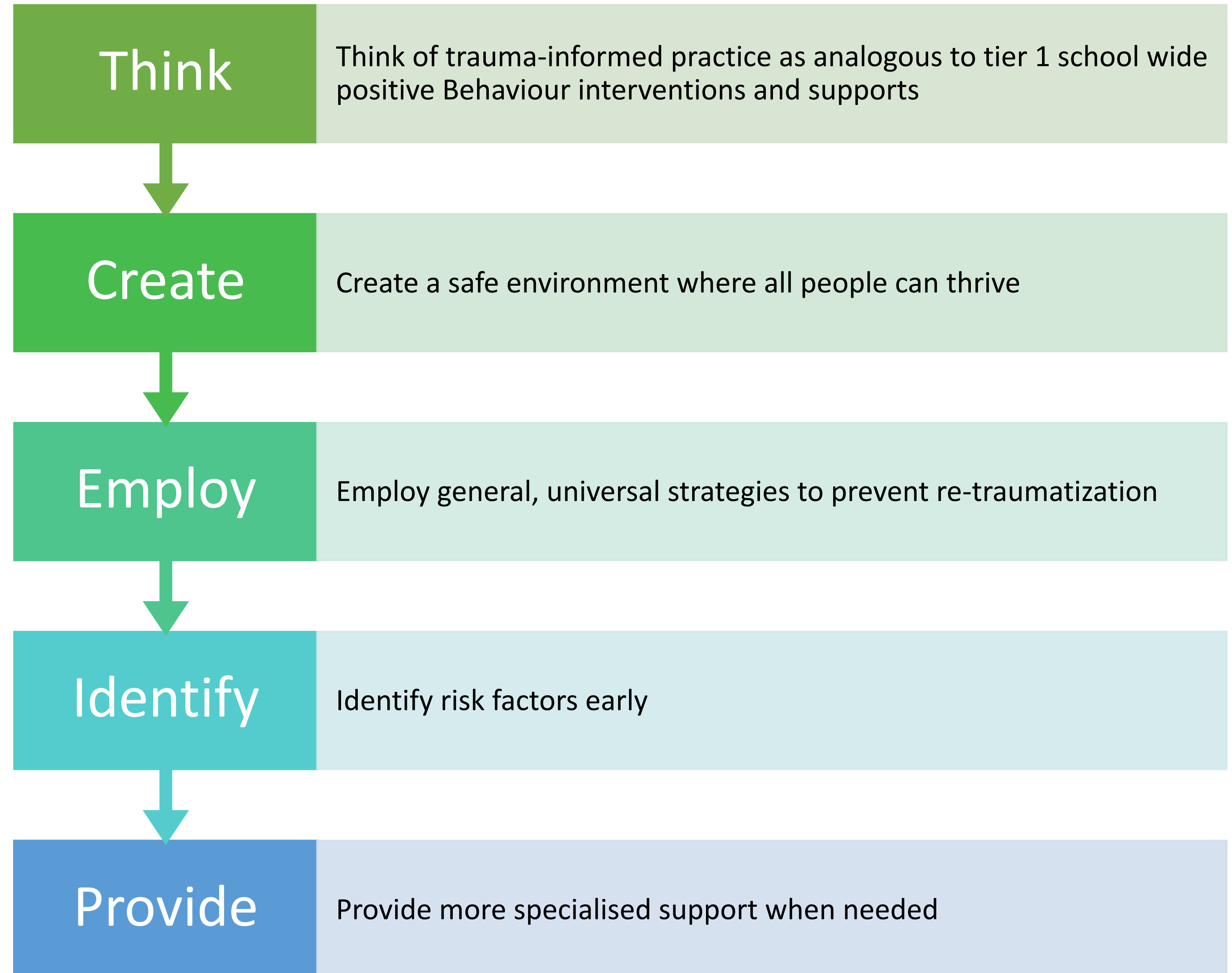
Potentially Contraindicated Procedures

- For a client who has been affected by physical and/or sexual abuse, behaviors and circumstances consistent with reactive attachment disorder, or multiple and changing caregivers in childhood → using contingent praise statements to establish compliance related behaviours
- What would be a more trauma-informed approach?

Potentially Contraindicated Procedures

- For a client with symptoms or diagnosis of trauma-related disorders or needs → recommending or implementing PBS without any mental health or trauma-focused treatment or input.
- What would be a more trauma-informed approach?

A Tiered approach to Trauma-Informed Care



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Discussion Time