Northern Virginia
Applied Behavior Analysis, LLC

# TRAUMA AND SCHOOL

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# IN THIS PRESENTATION

- The Nature of Trauma
  - Description
  - Sources
  - Sequelae
  - From a Behavior Analytic Perspective
- Trauma and School
  - Prevention – Inoculation and Promoting Resilience
  - Identifying
  - The Trauma Informed Classroom

# THE NATURE OF TRAUMA

An emotional response to an event or experience that is deeply distressing or disturbing.

*Center for Treatment of Anxiety and Mood Disorders*

"Individual trauma results from an event, series of event, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

*Substance Abuse and Mental Health Services Administration,*
*US Department of Health and Human Services*

# TRAUMA (DSM V)

The person was exposed to death, threatened death, actual or serious injury, or actual or threatened sexual violence, as follows:

- Direct exposure
- Witnessing, in person
- Indirectly, by learning that a close relative or friend was exposed to trauma (if death, must be violent or accidental)
- Repeated or extreme exposure to aversive details of events in the course of professional duties (e.g., first responders, ER personnel)

# TRAUMA (DSM V)

## Intrusion (At least 1 of 5)

- Recurrent, intrusive recollections (may be expressed through repetitive play or other enactment)
- Traumatic nightmares
- Dissociative reactions – brief episodes to complete loss of consciousness
- Intense or prolonged distress after exposure to traumatic reminders
- Marked physiological reactivity after exposure to trauma-related stimuli

## Persistent, effortful avoidance (At least 1 of 2)

- Trauma related thoughts or feelings
- Trauma related external reminders (e.g., people, places, conversations, activities, objects, or situations)

# TRAUMA (DSM V)

## Alterations in cognition or mood (2 of 7)

- Inability to recall key features of the traumatic event (due to dissociation)
- Persistent, distorted negative beliefs and expectations about self and world
  - "Everything's bad" is safer
- Persistent distorted blame of self or others for causing traumatic event or for resulting consequences
- Persistent negative emotions (e.g., fear, horror, anger, guilt, shame)
- Markedly diminished interest in pretraumatic significant activities
- Feeling alienated (detatched or estranged)
- Constricted affect – persistent inability to experience positive emotions

## Alterations in Arousal and Reactivity (2 of 6)

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance

# TRAUMA (DSM V)

Persistence of symptoms for more than one month.

Significant symptom-related distress or functional impairment.

Not due to medication, substance use or abuse, or illness.

# SOURCES OF TRAUMA

## Life threatening or highly distressing

- Combat related events
- Experience of physical assault
- Experience of sexual assault or abuse
- Experience of threats of physical or sexual assaults or abuse
- Witnessing death, dismemberment, or near fatal injury of another
- Experience of kidnapping, confinement, or near-experiences of such
- Many more

## Perceived as life threatening or highly distressing

- Idiosyncratic, depending on the individual's characteristics and life experiences
  - Bullying
  - Separation from parent (death, military service, incarceration, abandonment)
  - Restraint or physical confinement
  - Others

# ADDITIONAL SOURCES OF TRAUMA VIS A VIS PEOPLE WITH DISABILITIES

- All of those that can affect anyone else

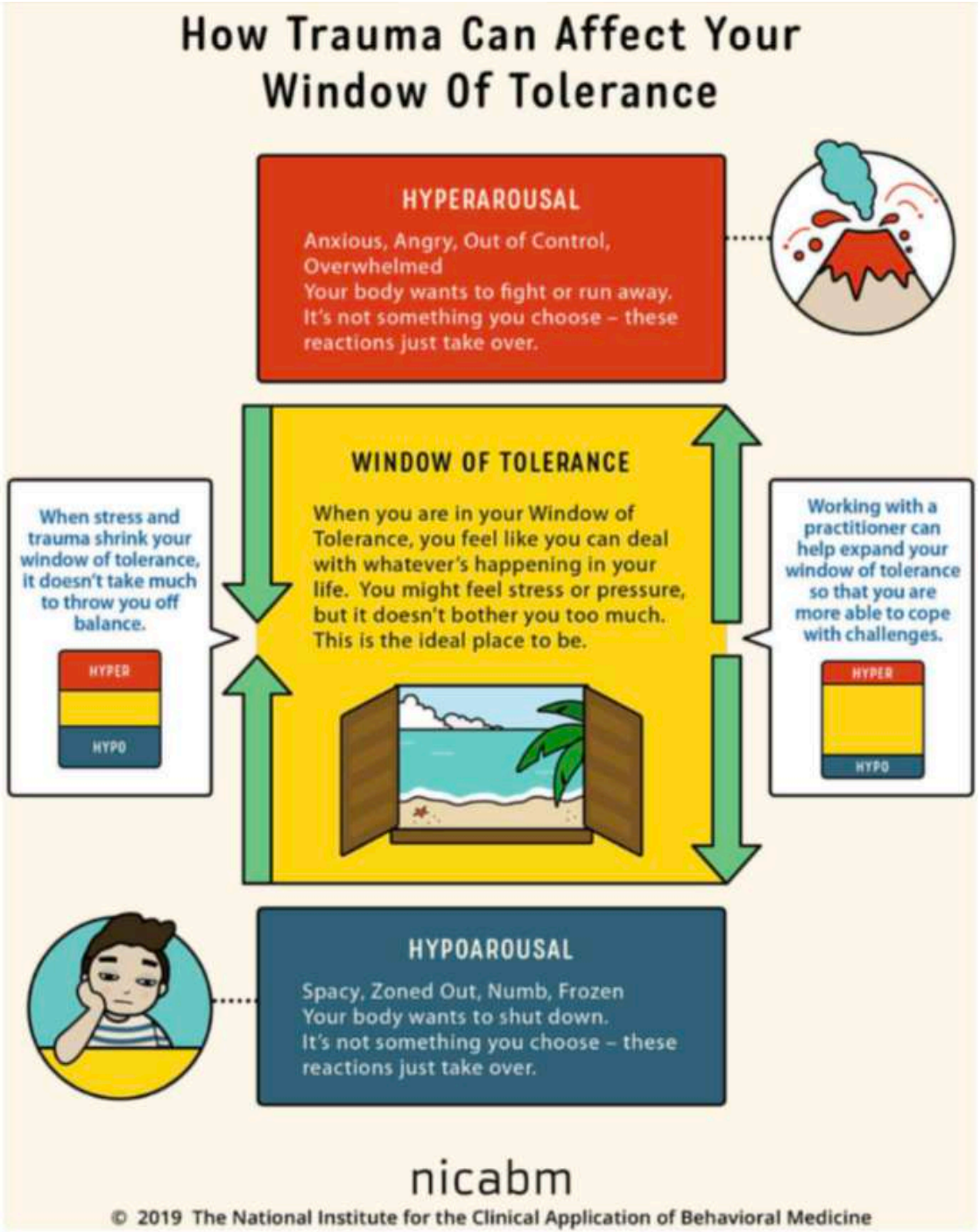
- Experience of restraint
- Experience of time out / seclusion
- Experience of aggression by peers
- Events that may occur in the course of assisting with more intimate care
- Your ideas?

# IN WHOSE EXPERIENCE IS IT A TRAUMATIC EVENT? (WHO DECIDES?)

The person who is experiencing / experienced it.

# SEQUELAE

SEQU
ELAE


How Trauma Can Affect Your Window Of Tolerance
HYPERAROUSAL
Anxious, Angry, Out of Control, Overwhelmed
Your body wants to fight or run away.
It's not something you choose – these reactions just take over.
WINDOW OF TOLERANCE
When you are in your Window of Tolerance, you feel like you can deal with whatever's happening in your life. You might feel stress or pressure, but it doesn't bother you too much. This is the ideal place to be.
When stress and trauma shrink your window of tolerance, it doesn't take much to throw you off balance.
HYPER
HYPO
Working with a practitioner can help expand your window of tolerance so that you are more able to cope with challenges.
HYPER
HYPO
HYPOAROUSAL
Spacy, Zoned Out, Numb, Frozen
Your body wants to shut down.
It's not something you choose – these reactions just take over.
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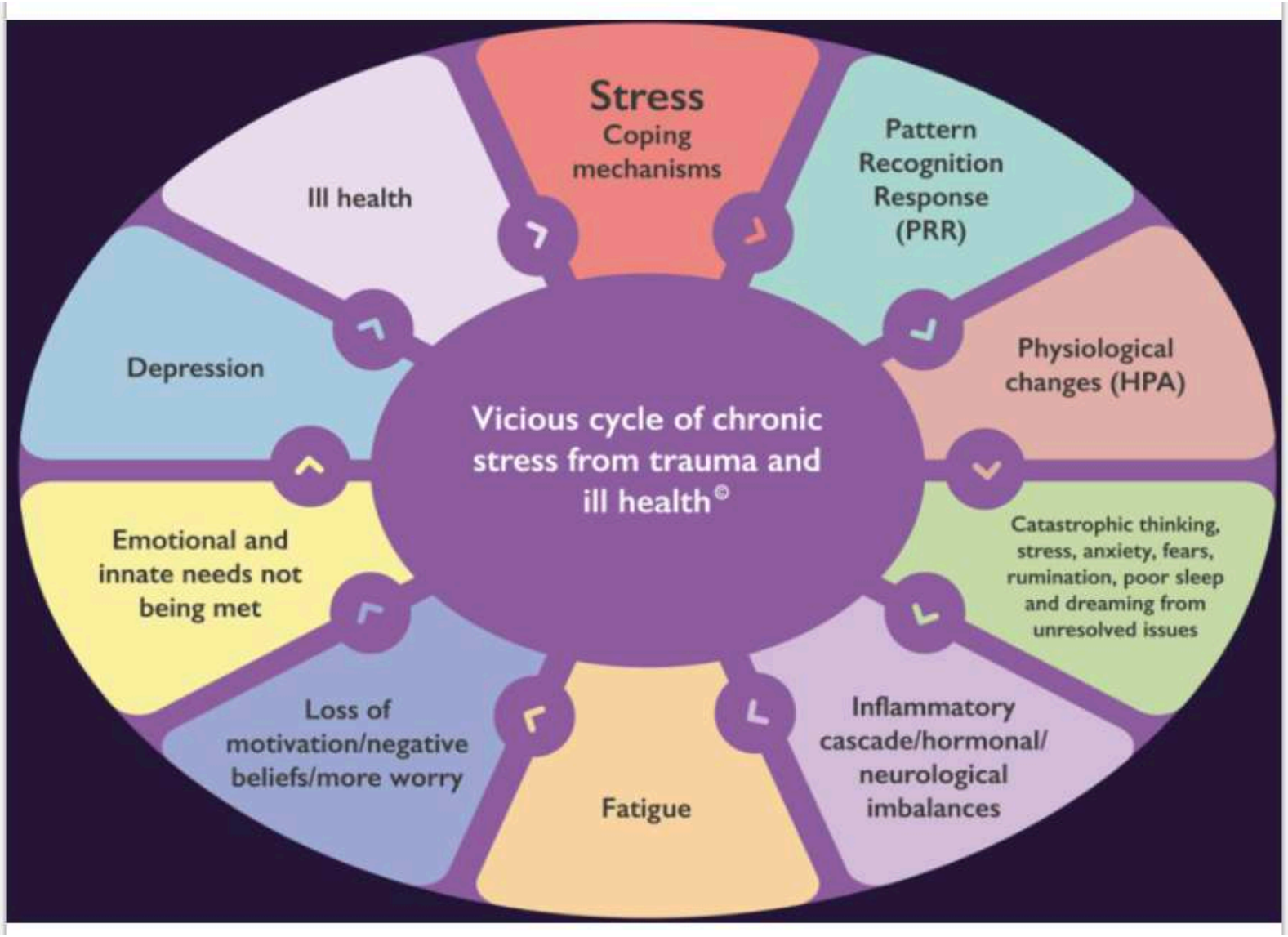


Retrieved on 6 Aug 2019 from https://www.anhinternational.org/news/how-childhood-trauma-can-lead-to-chronically-sick-adults/. (Alliance for Natural

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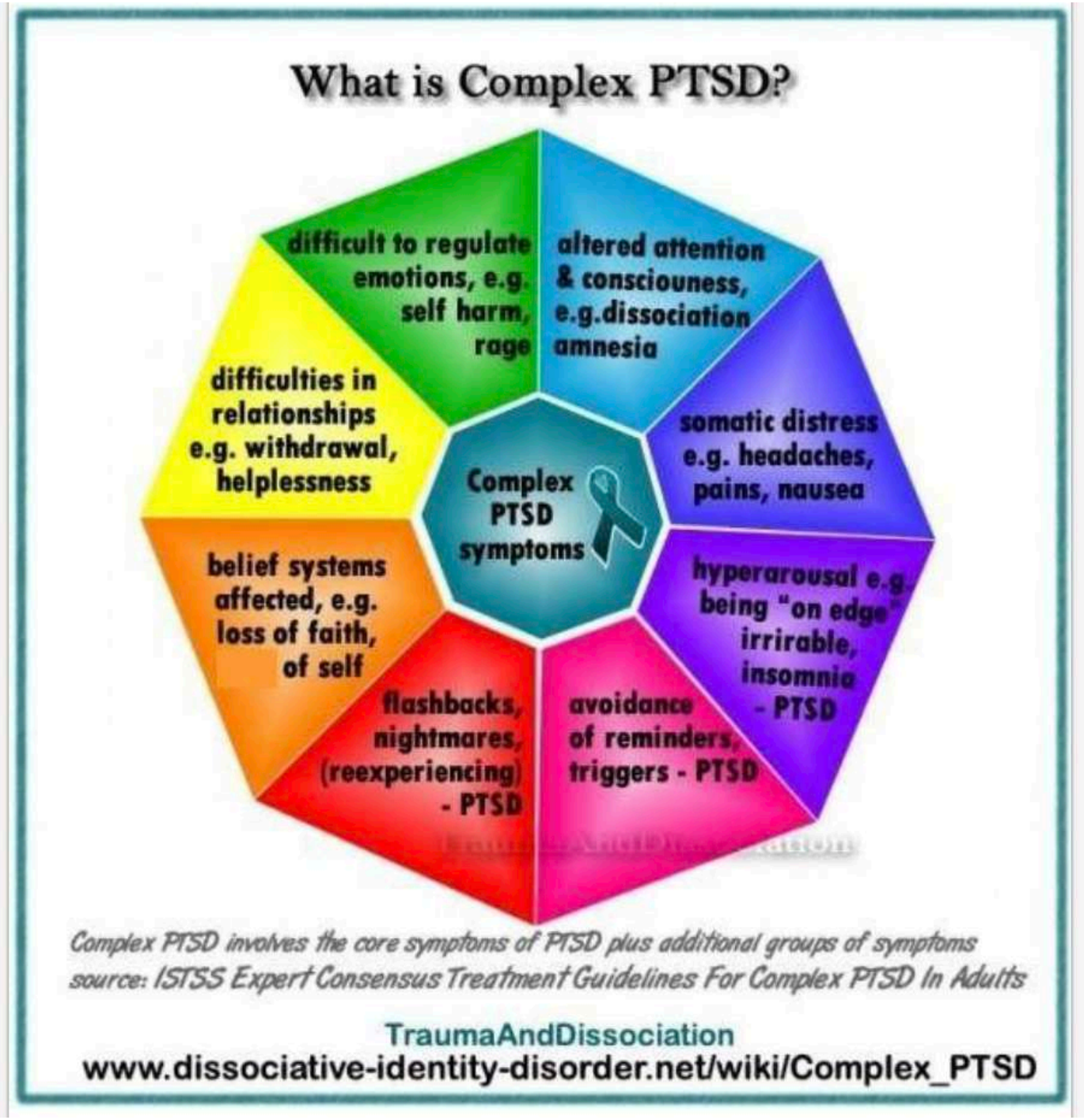
What is Complex PTSD?
difficult to regulate emotions, e.g. self harm, rage
altered attention & consciouness, e.g.dissociation amnesia
difficulties in relationships e.g. withdrawal, helplessness
somatic distress e.g. headaches, pains, nausea
Complex PTSD symptoms
belief systems affected, e.g. loss of faith, of self
hyperarousal e.g. being "on edge" irrirable, insomnia - PTSD
flashbacks, nightmares, (reexperiencing) - PTSD
avoidance of reminders, triggers - PTSD
Complex PTSD involves the core symptoms of PTSD plus additional groups of symptoms
source: ISTSS Expert Consensus Treatment Guidelines For Complex PTSD In Adults
TraumaAndDissociation
www.dissociative-identity-disorder.net/wiki/Complex_PTSD

# WHAT CAN TRAUMA LOOK LIKE IN CHILDREN? (BIRTH TO 3 YEARS)

- Eating / feeding difficulties
- Sleep problems
- Somatic complaints
- Clinginess / difficulty separating
- Passivity
- Irritability
- Constricted mood
- Repetitive trauma related play
- Developmental regression
- Fearfulness
- Easy to startle
- Language delay
- Aggression
- Self-injury
- Sexualized behavior

Center for Early Childhood Mental Health Consultation, Georgetown University - https://www.ecmhc.org/tutorials/trauma/mod3_1.html

# WHAT CAN TRAUMA LOOK LIKE IN CHILDREN? (3 TO 6 YEARS)

- Avoidant behavior
- Clinginess
- Passivity
- Impulsivity / Hyperactivity
- Somatic complaints or symptoms
- Difficulty identifying what is bothering her / him
- Inattention
- Daydreaming / dissociation
- Aggression
- Sexualized behavior
- Developmental regression
- Repetitive, trauma related play
- Sadness
- Poor peer relations
- Social problems (overcontrolling or permissive)

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# WHAT CAN TRAUMA LOOK LIKE IN CHILDREN? (ELEMENTARY AND MIDDLE SCHOOL YEARS)

## Elementary

- Anxious or fearful behavior
- Reported feelings of guilt or shame
- Difficulty concentrating
- Difficulty sleeping

## Middle

- Feelings of depression or being alone
- Eating disorder
- Self-harm
- Alcohol or drug use
- Sexual activity

Substance Abuse and Mental Health Services Administration - https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#signs

# WHAT CAN TRAUMA LOOK LIKE IN PEOPLE WITH DISABILITIES

- Sleep disturbance
- Exaggerated startle response
- Numbing
- Emotional constriction
- Disrupted sense of safety
- Shattered self-identity
- Hypervigiance
- Aggression
- Emotional dysregulation
  - All of these representing changes relative to typical level of functioning

Tallant, B.D. (2013). Assessing trauma in individuals with intellectual disability. Webinar presented through the Association of University Centers on Disabilities.
https://www.aucd.org/docs/Assessing%20Trauma%20in%20Individuals%20With%20ID%20(compressed).pdf

# WHAT YOU'RE SEEING IS SURVIVAL BEHAVIOR.

- And is consistent with the person's experience with and understanding of the world as it was at the time the trauma(s) occurred

SEQU
ELAE


GUILT
VS
SHAME
1 Is about actions and our behaviors
2 Guilt focuses on behaviors and values
3 The natural and healthy response we feel when we do something that we should not have done
4 You can feel bad about the behaviors, but still respect yourself
Intensely painful feeling or experience of believing we are flawed 1
Shame focuses on our self-worth and feelings of being unloveable 2
An unhealthy, personal response to feeling we did not do something right or in the way it should have been done 3
You lose self-respect and allow shame to define who you are as a person 4
3 THINGS TO KNOW ABOUT SHAME
We all have it. Shame is universal and one of the most primitive human emotions that we experience.
We're afraid to talk about it. Being vulnerable invites people closer in and allows a stronger connection.
The less we talk about shame, the more control it has over our lives.
SOURCES: Shame and Grace by Lewis B. Smedes (1992), Shame and Guilt by June Price Tangney and Ronda L. Dearing (2002), TEDTalk "The Power of Vulnerability," Dr. Brené Brown (2010)

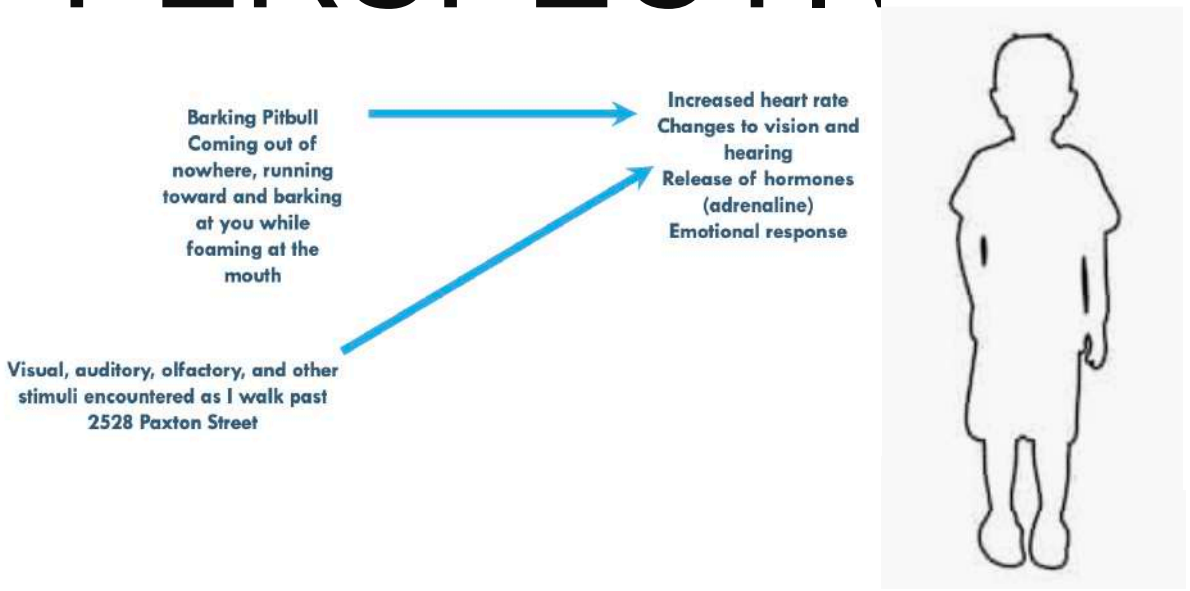
# POST TRAUMATIC STRESS

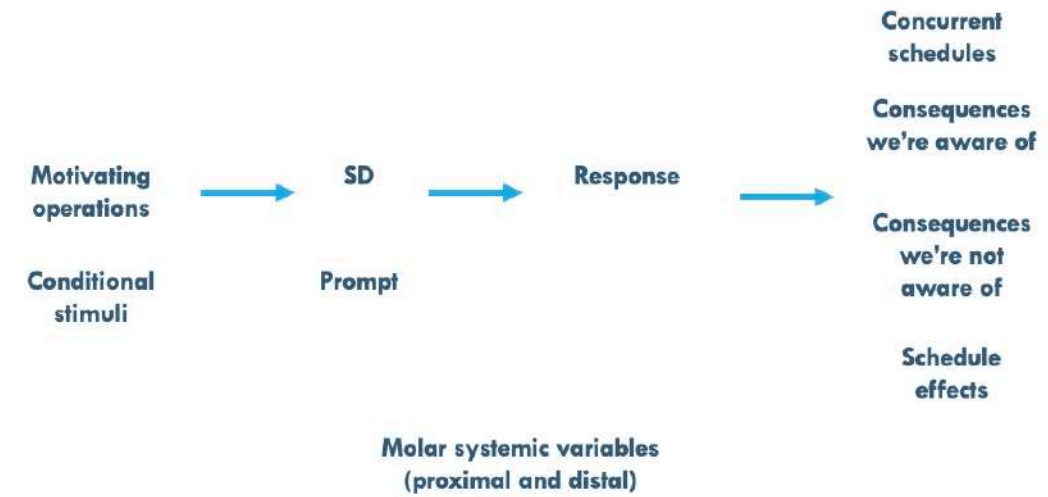
The thing isn't happening now.

One may be in perfectly safe circumstances.

Features of those circumstances elicit and occasion a variety of emotional and other responses that are troubling for the individual and place limitations on her or his life.

# TRAUMA FROM A BEHAVIOR ANALYTIC PERSPECTIVE




*All day, every day, beginning with birth (and maybe before), and ending at death.*

# TRAUMA, FROM A BEHAVIOR ANALYTIC PERSPECTIVE

- Remember – post-traumatic stress is not a reaction to an event that occurred a long time ago –
  - It is a complex emotional (respondent) and escape / avoidance (operant) and other operant and respondent behavior evoked by current events that bear similarity to stimuli encountered during the traumatic event

# IT'S NATURE *AND* NURTURE

But, neither is set in stone.

# TRAUMA AND SCHOOL

- Is school a
  - Place to access the curriculum?
  - Place for teaching and learning?
  - Safe oasis?
  - Treatment center?
  - Some combination of these?

# TRAUMA AND SCHOOL

- Sometimes you know.

- Very often, you don’t.

# TRAUMA AND SCHOOL

- That kid who can't / won't behave may actually be exhibiting signs of trauma.

- Some events in school can constitute trauma inducing events.
  - It is the experience of the recipient that determines whether it's trauma.

# TRAUMA AND SCHOOL

Everything else you do!

The individual student

The classroom full of students

# TRAUMA AND SCHOOL

Fortunately, you're already doing some of these things

The individual student

The classroom full of students

# PREVENTING TRAUMA

- All of your anti-bullying efforts – KEEP THEM UP!

# PREVENTING TRAUMA

- Create an environment filled with POSITIVE EXPECTANCY

# PREVENTING TRAUMA

- Infuse HERE AND NOW practices in regular, everyday activities and schedules

# PREVENTING TRAUMA

- Stress inoculation
  - Inoculations – vaccines – how they work
  - Inoculation by exposure to some stressful situations
    - Imaginal, spoken, discussed exposure
      - How it happened
      - How character experienced it
      - What character did that was helpful
      - What the character experienced while doing those things
      - What life was like for the character after

# PREVENTING TRAUMA

- Stress inoculation
  - Notice and comment on instances of a student encountering a tough situation and handling it okay or well – when it happens
  - "Hey – remember that time when _____, and you ____? That was pretty good – you're good at handling tough / scary / sad situations."

# IDENTIFYING BEHAVIORS INDICATIVE OF HAVING EXPERIENCED TRAUMA

- Sometimes you'll know.
- Sometimes you won't.

# WHAT CAN TRAUMA LOOK LIKE IN CHILDREN? (BIRTH TO 3 YEARS)

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# SO, YOU'RE GOING TO WORK WITH YOUR STUDENT AND HER / HIS STRESS REACTIONS.

- Adapting your procedures, your interactions with the student
  - Not to accommodate the PTS
  - To enhance feelings of safety
  - To lessen PTS reactions
  - To permit improved functioning in situations that elicit / occasion PTS responses

# PTS WORKS THROUGH NEGATIVE REINFORCEMENT.

- But we're not going to treat this like other escape maintained behavior.

What is being escaped is internal stimulation, which you can't directly contact, evoked by something in the current situation.

THINGS YOU'RE DOING THAT ARE JUST GOOD TEACHING, OR ARE PART OF SCHOOL-WIDE PBS (OR APPLIED BEHAVIOR ANALYSIS) ARE WHAT YOU WOULD DO TO WORK WITH STUDENTS WHO'VE EXPERIENCED TRAUMA.

(THERE ARE SOME ADDITIONAL ONES

# CREATING A TRAUMA INFORMED CLASSROOM

- Create trust
  - Routine
  - Order
  - “Yes” means “Yes” and “No” means “No”
  - Follow through

# CREATING A TRAUMA INFORMED CLASSROOM

- Accentuate the Positive!
  - Notice and comment on what is being done right!
    - Often
    - Spontaneously
    - Across work, play, social behavior, self management, and so on
    - Improvements, Better than Last Time, or Still Pretty Good – not perfection

# CREATING A TRAUMA INFORMED CLASSROOM

- Normalize what is appropriate to normalize
  - A natural or normal reaction to an abnormal or unusual (or unexpected) event

# CREATING A TRAUMA INFORMED CLASSROOM

- Cast errors as “Learning Opportunities” – and welcome them!
  - Practice “errors” and “being okay”
    - Describe
    - Practice with Teacher as Student and Student as Teacher
    - Practice with Student as Student and Teacher as Teacher
    - Talk up “being okay”
    - Notice “being okay” when it occurs – and comment on it!

# CREATING A TRAUMA INFORMED CLASSROOM

- Offer choices, when feasible
  - May contribute to sense of control
  - What to do, when, with whom, with what, how, where, etc.

# CREATING A TRAUMA INFORMED CLASSROOM

- Anticipate difficult times – and arrange for / provide extra support before it's needed
  - More notice of upcoming transitions
  - Consideration of nature of upcoming transitions
    - High preferred to low preferred?
      - May need some modification / enhancement
  - Reminders and noticing / commenting on what's being done right
  - Teach / practice routines for difficult times – before they're needed!

# CREATING A TRAUMA INFORMED CLASSROOM

- Teach self-calming and self-regulation
  - Regularly, before it's needed
  - Outside of the situation
  - In simulations
- Reminders in the actual situations

# CREATING A TRAUMA INFORMED CLASSROOM

- Teach self-calming and self-regulation
  - Close your eyes
    - Be still
    - What do you hear?
    - What do you smell?
    - How does the skin on your face feel?
    - How does the skin on your neck feel?
    - How do your hands feel?
    - Etc.

# CREATING A TRAUMA INFORMED CLASSROOM

- Teach self-calming and self-regulation
  - Three deep breaths
    - In the nose and out the mouth
- Open eyes
  - Three more deep breaths
    - In the nose and out the mouth
- Preventing / lessening dissociation, creating a connection with here and now

# CREATING A TRAUMA INFORMED CLASSROOM

- Then –
  - What do I do first?
  - Keep moving
  - Take deep breaths and attend to what is seen, heard, smelled, and felt right now as needed

# CREATING A TRAUMA INFORMED CLASSROOM

- Don’t force it!

# CREATING A TRAUMA INFORMED CLASSROOM

- Write / illustrate victorious stories (a variation on changing the narrative)
  - Alternative endings
  - Act them out
    - Illustrations
    - Action figures
    - In person

# CREATING A TRAUMA INFORMED CLASSROOM

- Choose restorative over zero tolerance disciplinary procedures
  - Teach them out of it

# CREATING A TRAUMA INFORMED CLASSROOM

- Replace “but” with “and”
  - I wanted to do well but I made a mistake.
  - I wanted to do well *and* I made a mistake *and* I worked on fixing it.
  - I have to go to the assembly but I am afraid of the dark auditorium.
  - I have to go to the assembly and I am afraid of the dark auditorium and I can sit by the door with a teacher and be okay.

# IS IT "ZONING OUT," BOREDOM, DAYDREAMING, OR DISSOCIATION?

- Dissociation = normal, natural reaction
  - Fight or flight
  - Physiological response with emotional and sensory components
  - It's likely we've all done it
  - Can cause worry

# IS IT "ZONING OUT," BOREDOM, DAYDREAMING, OR DISSOCIATION?

- Calmly, quietly invite the student back
- Functional analysis (but not a full-on FBA)
  - Yep, it was boring → spice it up or teach looking interested
  - Just after lunch (carb overload) → spice it up
  - Can't point to common factors → consider that it might be dissociation
    - Calmly, quietly invite and welcome the student back
    - Carry on with instruction

# MANAGE YOURSELF

- Respond with unflinching calm and quiet.
- Model what your students should do.
- Look on the bright side – out loud.
- Reframe!
- YOU SET THE TONE!

# TAKE CARE OF YOURSELF

- Secondary trauma is really a thing.

# KEEP READING, LEARNING, TALKING, AND PRACTICING

- Google “trauma informed classroom”
- Google “trauma informed school”
- www.pesi.com

Northern Virginia
Applied Behavior Analysis, LLC

# THANK YOU! THIS HAS BEEN A TREMENDOUS HONOR FOR ME!

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