BEHAVIORAL INTERVENTIONS THROUGH A TRAUMA-INFORMED LENS: STRENGTHENING INTERVENTIONS FOR "HARD TO REACH KIDS"

2019 MIDWEST SYMPOSIUM FOR LEADERSHIP IN BEHAVIOR DISORDERS

2/21/2019 HALF-DAY PRE-SYMPOSIUM WORKSHOP

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1

WELCOME AND AGENDA: 1:30-4:30 P.M.

- Welcome and Introductions
- ACES Research overview
- Effects of toxic stress-health and behavior
- Changing the lens
- What does it mean to be "trauma informed"
- Prevention and Intervention Strategies
- Building resilience and self-care skills
- Resources
- Questions

2

WHERE ARE YOU FROM?

3

QUICK POLL

- What do you hope to get from this brief 3 hour session?
- Write your top 2 goals on stickies, and post them on your table's paper
- Pick one person to share goals out

4

WHY THIS TOPIC?

- Behavioral interventions "work" when all stars align,
- The "science" of behavior has been demonstrated and replicated,
- Not all children/adults "respond" the way we expect,
- The presence of trauma and/or mental health cannot be ignored,
- Relying solely on the visible misses the very real phenomenon of trauma and its influence on the child/adult,
- ***Why are certain children/adults' behaviors harder to treat/predict/tolerate?***

5

ACES: ADVERSE CHILDHOOD EXPERIENCES

- First, a read of the room.
- What is your ACE Score?
- Look at the ACE quiz at your table and silently calculate your score.
- Post your ACE # on this menti poll.
- How many of you have an ACE score of greater than 1? 2? 3? Higher?
- Research links: ACES Studies

6

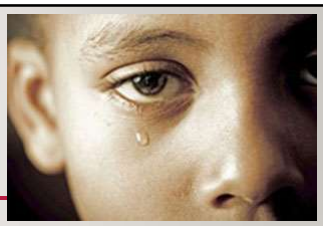
Feletti & Anda 2009

ADVERSE CHILDHOOD EXPERIENCES

- Physical abuse
- Verbal abuse
- Sexual abuse
- Physical neglect
- Incarcerated parent
- Domestic violence toward mother
- Alcoholic parent
- Emotional neglect
- Family member with mental illness
- Disappearance of parent through divorce, death or abandonment

7

OTHER SOURCES OF TRAUMA



- Illness or accident survivor
- Victim of accident or disaster
- Homelessness
- Bullying
- Abandonment
- Witnessing violence
- Food insecurity
- Foster Care
- Racism

8

WHY ACES ARE IMPORTANT

- Negative impacts on brain development
- Negative impacts on health, physical and social well-being short and long-term
- ACES Primer (Video)
- Fact Sheet: ACES (in your packet)
- "There is growing evidence that it is the general experience of multiple ACEs, rather than the specific individual impact of any one experience, that matters." (Bethel et al., 2017).

9

RECENT STUDY REVIEW

- Bethell, C.D., Davis, M.B., Gombojav, N., Stumbo, S., Powers, K. (2017). Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins School of Public Health.
- "In 2016, 34 million children, nearly half of all U.S. children ages 0-17, had at least one of nine ACEs, and more than 20 percent experienced 2 or more. ACEs are common among all children; and most who have experienced one often experienced at least one other" (Bethel et al., 2).

10

KEY FINDINGS BETHEL ET AL. 2017

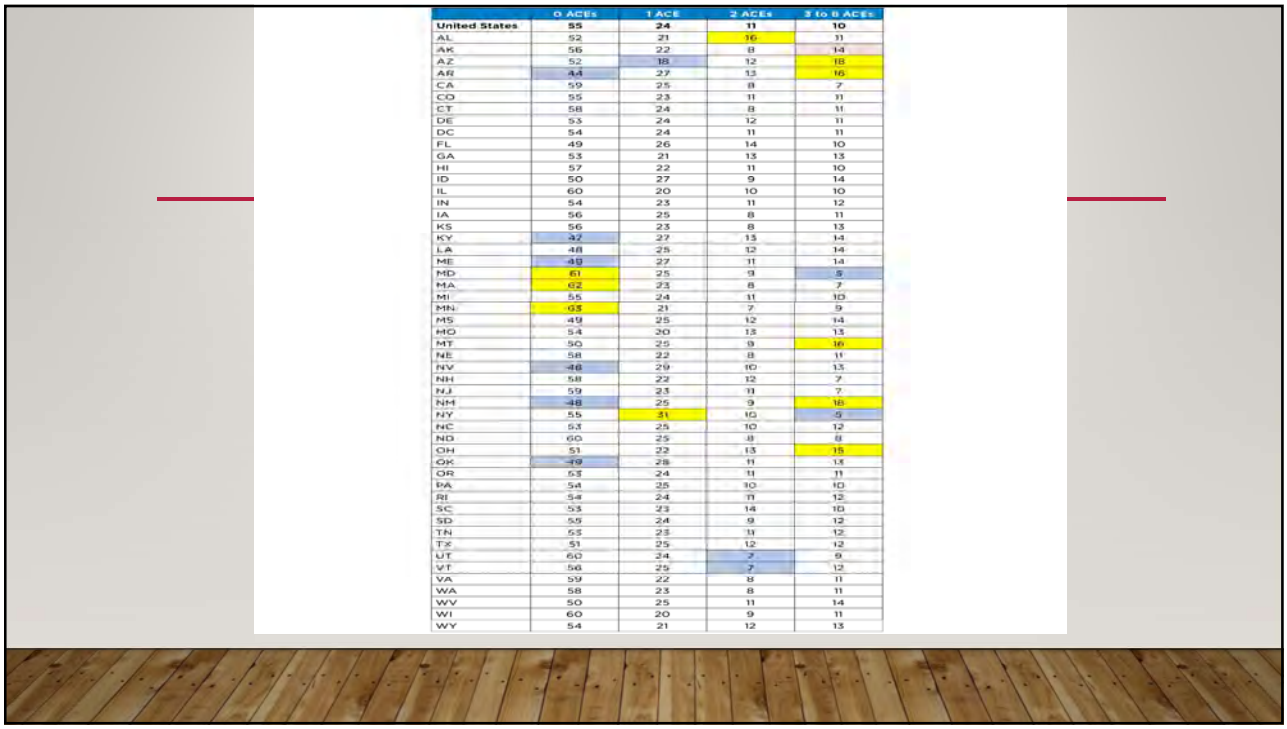
- The rate of children across the United States with one or more of nine ACEs assessed varies from 38.1 % to 55.9 %.
- Those with 2 or more ACEs varies from 15% to 30.6%.
- Most children with any one ACE had at least one other, ranging from 55.4% to 95.4%.
- ACES are prevalent among children with both public and private health insurance coverage. The #'s of publicly insured are disproportionately more likely to have ACEs.
- ACES are common across all income groups but 58% of U.S. children with ACEs live in homes with incomes less than 200% of the federal poverty level.
- Black children are disproportionately represented among children with ACEs. 6:10 have ACES and represent 17.4% of all children in the U.S. with ACEs.

11

CHILD TRENDS: 40 YEARS KEY FINDINGS

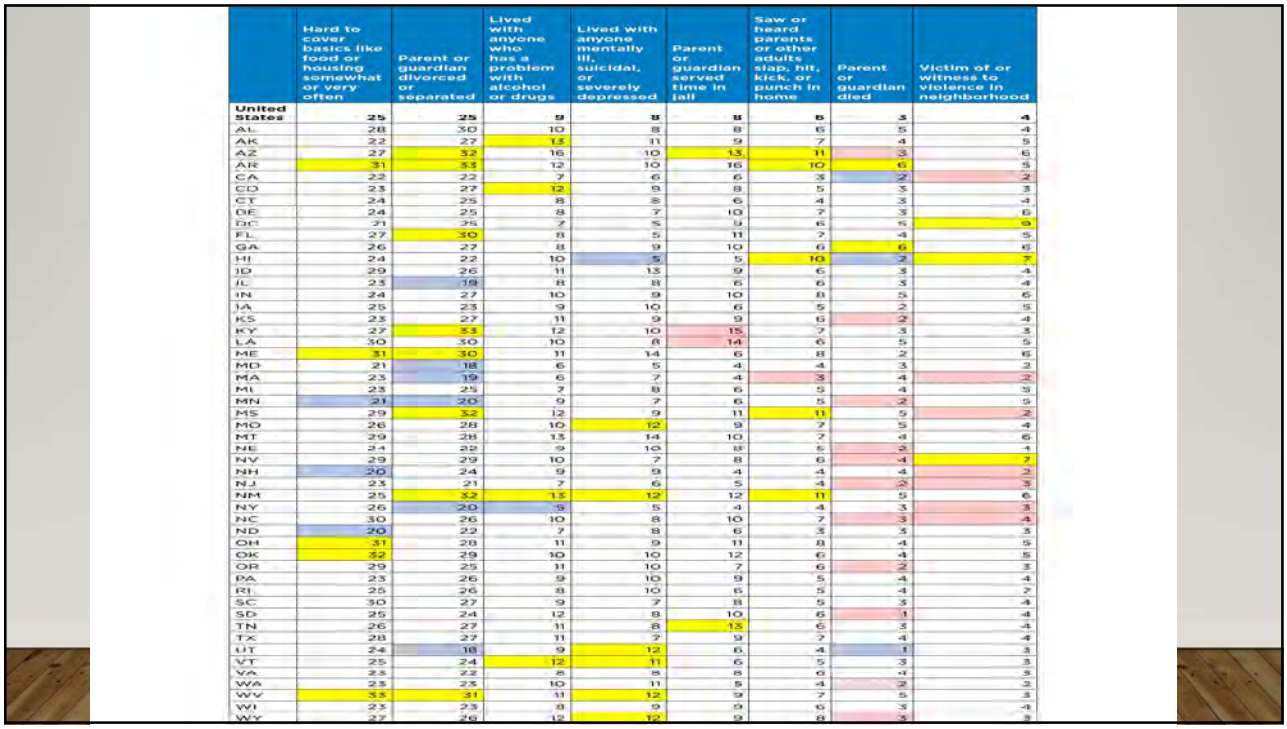
- **Key Findings**
- Economic hardship and divorce or separation of a parent or guardian are the most common ACEs reported nationally, and in all states.
- Just under half (45 percent) of children in the United States have experienced at least one ACE, which is similar to the rate of exposure found in a 2011/2012 survey.* In Arkansas, the state with the highest prevalence, 56 percent of children have experienced at least one ACE.
- One in ten children nationally has experienced three or more ACEs, placing them in a category of especially high risk. In five states—Arizona, Arkansas, Montana, New Mexico, and Ohio—as many as one in seven children had experienced three or more ACEs.
- Children of different races and ethnicities do not experience ACEs equally. Nationally, 61 percent of black non-Hispanic children and 51 percent of Hispanic children have experienced at least one ACE, compared with 40 percent of white non-Hispanic children and only 23 percent of Asian non-Hispanic children. In every region, the prevalence of ACEs is lowest among Asian non-Hispanic children and, in most regions, is highest among black non-Hispanic children.

12



	0 ACEs	1 ACE	2 ACEs	3 to 6 ACEs
United States	**55**	**24**	**11**	**10**
AL	52	21	16	11
AK	56	22	8	14
AZ	52	18	12	18
AR	44	27	13	16
CA	59	25	8	7
CO	55	23	11	11
CT	58	24	8	11
DE	53	24	12	11
DC	54	24	11	11
FL	49	26	14	10
GA	53	21	13	13
HI	57	22	11	10
ID	50	27	9	14
IL	60	20	10	10
IN	54	23	11	12
IA	56	25	8	11
KS	56	23	8	13
KY	47	27	13	14
LA	48	25	12	14
ME	49	27	11	14
MD	61	25	9	5
MA	62	23	8	7
MI	55	24	11	10
MN	63	21	7	9
MS	49	25	12	14
MO	54	20	13	13
MT	50	25	9	16
NE	58	22	8	11
NV	48	29	10	13
NH	58	22	12	7
NJ	59	23	11	7
NM	48	25	9	18
NY	55	31	10	5
NC	53	25	10	12
ND	60	25	8	8
OH	51	22	13	15
OK	49	28	11	13
OR	53	24	11	11
PA	54	25	10	10
RI	54	24	11	12
SC	53	23	14	10
SD	55	24	9	12
TN	55	23	11	12
TX	51	25	12	12
UT	60	24	7	9
VT	56	25	7	12
VA	59	22	8	11
WA	58	23	8	11
WV	50	25	11	14
WI	60	20	9	11
WY	54	21	12	13

13



	Hard to cover basics like food or housing somewhat or very often	Parent or guardian divorced or separated	Lived with anyone who has a problem with alcohol or drugs	Lived with anyone mentally ill, suicidal, or severely depressed	Parent or guardian served time in jail	Saw or heard parents or other adults slap, hit, kick, or punch in home	Parent or guardian died	Victim of or witness to violence in neighborhood
United States	**25**	**25**	**9**	**8**	**8**	**8**	**3**	**4**
AL	28	30	10	8	8	6	5	4
AK	22	27	13	11	9	7	4	5
AZ	27	32	16	10	13	11	3	6
AR	31	33	12	10	16	10	6	5
CA	22	22	7	6	6	3	2	2
CO	23	27	12	9	8	5	3	3
CT	24	25	8	8	6	4	3	4
DE	24	25	8	7	10	7	3	6
DC	21	26	7	5	9	6	5	9
FL	27	30	8	5	11	7	4	5
GA	26	27	8	9	10	6	6	6
HI	24	22	10	5	5	10	2	7
ID	29	26	11	13	9	6	3	4
IL	23	19	8	8	6	6	3	4
IN	24	27	10	9	10	8	5	6
IA	25	23	9	10	6	5	2	5
KS	23	27	11	9	9	6	2	4
KY	27	33	12	10	15	7	3	5
LA	30	30	10	8	14	6	5	5
ME	31	30	11	14	6	8	2	6
MD	21	18	6	5	4	4	3	2
MA	23	19	6	7	4	3	4	2
MI	23	25	7	8	6	5	4	5
MN	21	20	6	7	6	5	2	5
MS	29	32	12	9	11	11	5	2
MO	26	28	10	12	9	7	5	4
MT	29	28	13	14	10	7	4	6
NE	24	22	9	10	8	5	2	4
NV	29	29	10	7	8	6	4	7
NH	20	24	9	9	4	4	4	2
NJ	23	21	7	6	5	4	2	3
NM	25	32	13	12	12	11	5	6
NY	26	20	5	5	4	4	3	3
NC	30	26	10	8	10	7	3	4
ND	20	22	7	8	6	3	3	3
OH	31	28	11	9	11	8	4	5
OK	32	29	10	10	12	6	4	5
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PA	23	26	9	10	9	5	4	4
RI	25	26	8	10	6	5	4	7
SC	30	27	9	7	8	5	3	4
SD	25	24	12	8	10	6	1	4
TN	26	27	11	8	13	6	3	4
TX	28	27	11	7	9	7	4	4
UT	24	18	9	12	6	4	1	3
VT	25	24	12	11	6	5	3	3
VA	23	22	8	8	8	6	4	3
WA	23	23	10	11	5	4	2	3
WV	33	31	11	12	9	7	5	3
WI	23	23	8	9	9	6	3	4
WY	27	29	12	12	9	8	3	3

14

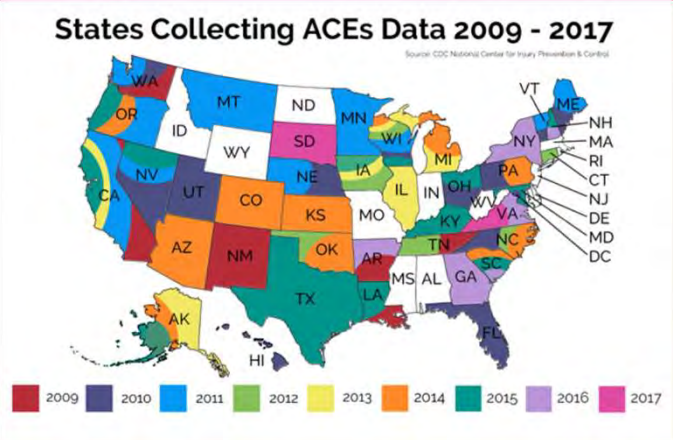
THE IMPACT OF ACES

- Compared to samples of zero aces: children ages 3-5 with 2 or more ACEs are more than 4 times more likely to have social and emotional learning challenges.
- 2/3 of children ages 6-17 who bully, pick on or exclude other children or are themselves bullied, picked on or excluded—have ACEs.
- More than 3 in 4 (76.3%) U.S. children ages 3-5 who were expelled (asked to stay home) from preschool had ACEs.
- Children ages 6-17 with no ACEs are half as likely to be disengaged in school compared to those with 2 or more ACEs.
- (Bethel et al., 2017)

15

STATE RANKINGS ACES IN CHILDREN

- State Data 2011-2017



16

TRAUMA INFORMED APPROACH

- "For the uninitiated, a trauma-informed approach includes an awareness that adverse childhood experiences (ACES) are common, knowing how to recognize the signs and symptoms of trauma, creating a safe environment where the focus is on "**what happened to you?" rather than "what's wrong with you?**," engaging trauma survivors as equal decision-makers in their care…" (Herz, A. 2/13/2019 www.acestoohigh.org).

17

Childhood Trauma Toolkit (NCTSN: National Child Trauma Stress Network)

WHAT DIFFERENCE DOES TRAUMA MAKE?

One out of every four children attending school has been exposed to a traumatic event that can affect learning or behavior (pg. 4).

Impacts on school:

Lower GPA

Higher rate of absenteeism

Increased drop-out rates

Increased suspensions/expulsions

Decreased reading ability

18

EFFECTS OF TRAUMA

- Trauma can be a one-time occurrence or chronic
- Every child is effected differently
- Every child has different resources and resilience factors
- How does trauma effect the brain, learning and emotional states of a child?

19

SOFT SIGNS: VARY BY AGE EXAMPLES INCLUDE


Constant vigilance

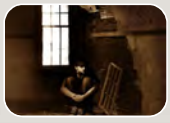

Re-enactment of the abuse


Worry, anxiety, clinginess


Regression


Emotional numbing


Aggression


Social Withdrawal


Physical/somatic symptoms

At your tables: Please refer to the National Child Stress and Trauma Network Toolkit: Pgs. 7-17. Select your age level and read your section (preschool, elementary, middle school, high school). Overview the symptoms you might see and share with others at your table.

20

HOW WE VIEW KIDS: CHANGING THE LENS

BAD KID-What's **wrong** with you?

TRAUMATIZED KID-What **happened** to you?

21

NCTSN: P. 4

EFFECTS OF TRAUMA: IT'S NOT AS SIMPLE AS WHAT'S OBSERVABLE AND MEASURABLE

Single Occurrence

- Jumpiness
- Intrusive thoughts
- Interrupted sleep/nightmares
- Anger, moodiness
- Social withdrawal

Chronic Exposure

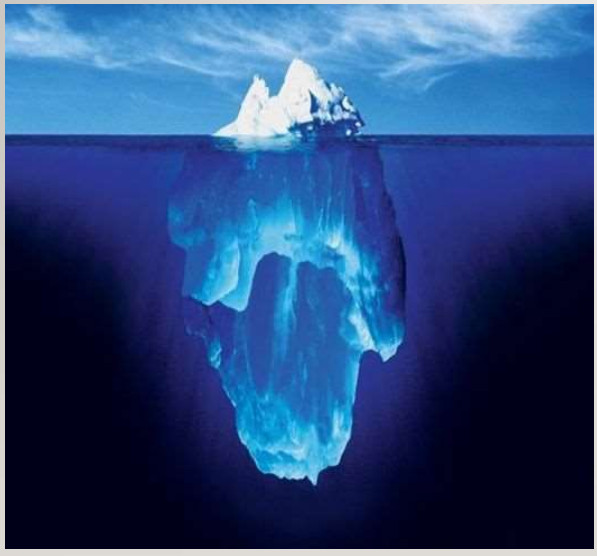
- Adverse impact on attention, memory and cognition
- Reduced ability to focus, organize and process
- Interference with effective problem-solving and planning
- Overwhelming feelings of frustration and anxiety

22

EFFECTS OF TRAUMA

- Hyperarousal
- Intrusion
- Constriction

23



WHY DON'T "TRADITIONAL" BEHAVIORAL APPROACHES WORK FOR THESE KIDS?

24

CASE STUDY ONE

Read the case study in your packet.

Discuss:

- What ACEs has this child experienced?
- What barriers does he present and/or his background/situation/reputation to a fair shake?
- What, in your opinion:
  - Worked?
  - Didn't work?

25

ASSUMPTIONS THAT DON'T HELP

He can choose to do better	He just doesn't care/want to try/want to be here	If only his parents would just _____
Everyone else can do it	It's not fair to give him special treatment	He doesn't look like he has something wrong with him

26

WHAT DOESN'T WORK IN PRACTICE

- Zero tolerance discipline policies
- Lowered expectations/easy pass
- Fear/avoidance
- Family blaming
- Getting hooked in to negative patterns
- Assumption that they will fall in line like the other kids
- Trying to be the savior

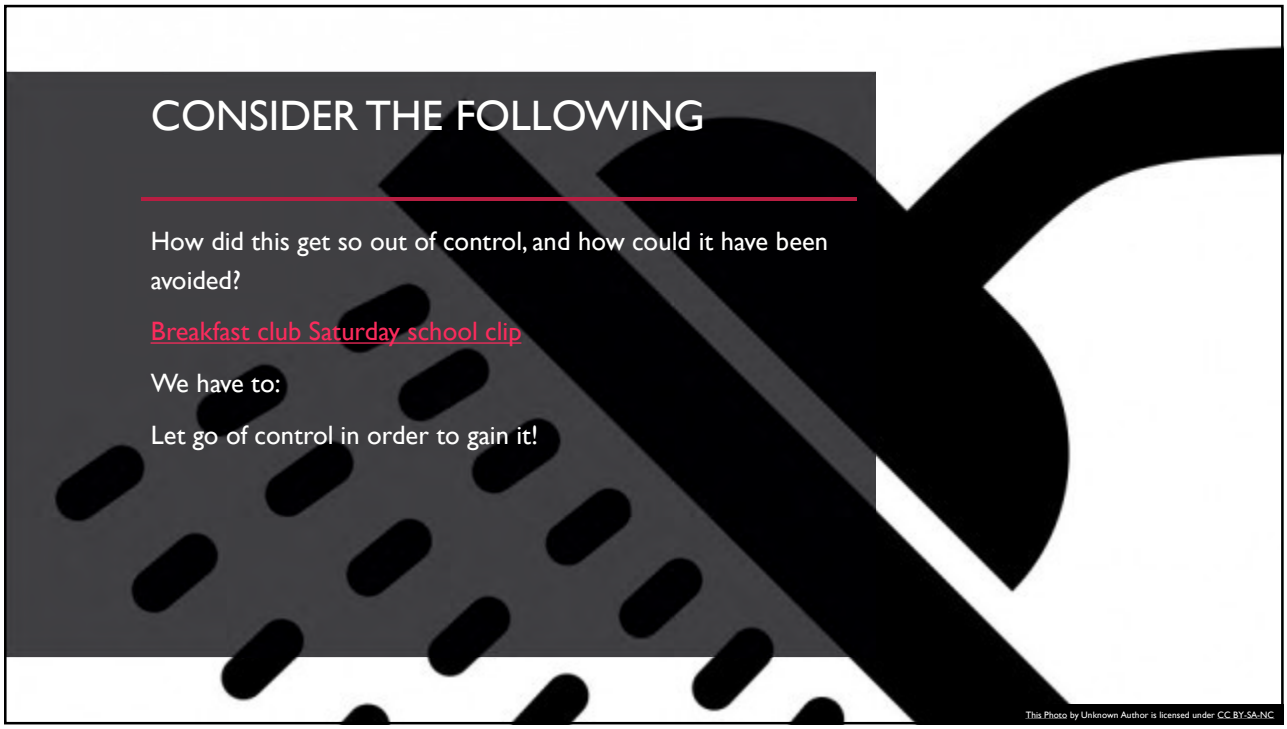
What you don't see: The child who exists in a state of "Survival in the moment."

27

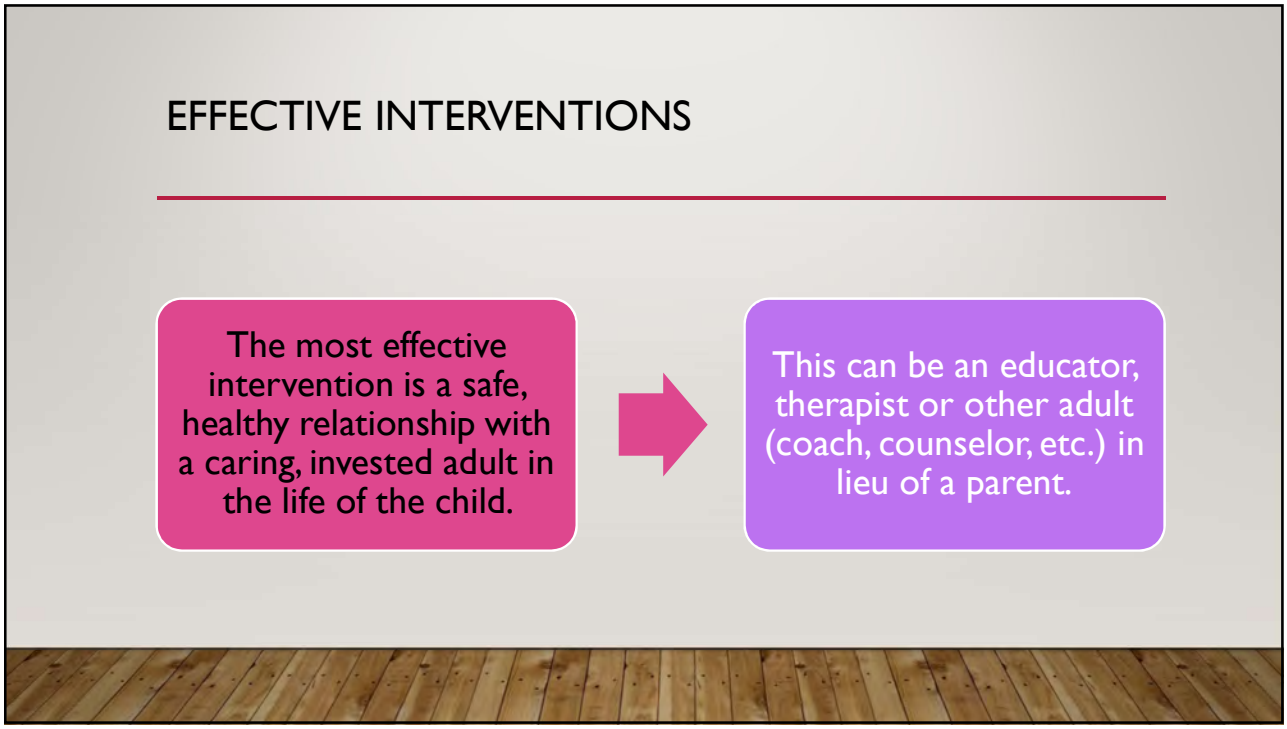
BEHAVIORS

- We easily take them personally because they just don't make sense, and sometimes they just downright hurt!
- With kids like these (and for that matter, adults) we must:
- A) Assume that there might be a lot going on that we just don't see,
- B) Avoid taking anything personally,
- C) Avoid getting sucked in to a possible "replay" or dysfunctional communication pattern,
- D) Maintain enough awareness to back off and take a break,
- E) Understand that our version of safety and theirs may be very, very different things.

28


CONSIDER THE FOLLOWING
How did this get so out of control, and how could it have been avoided?
Breakfast club Saturday school clip
We have to:
Let go of control in order to gain it!
This Photo by Unknown Author is licensed under CC BY-SA-NC

29


EFFECTIVE INTERVENTIONS
The most effective intervention is a safe, healthy relationship with a caring, invested adult in the life of the child.
This can be an educator, therapist or other adult (coach, counselor, etc.) in lieu of a parent.

30

31

INTERVENTION STARTS WITH PREVENTION

- Structured classrooms, environments and systems
- Predictability equals safety and a sense of normalcy
- Teach and reteach basic routines, procedures and classroom norms
- Build in choice whenever possible and acceptable
- Get to know your students on an individual level
- Provide social positive reinforcement: Individual, small and whole group
- Create an environment that exudes "Unconditional like and regard"
- Please read the "Behavior" handout located in your paper or online packet

32

LET'S NOT FORGET TO RELY ON SCIENCE

- Functional behavior assessment is a fundamental right of each child whose challenging behaviors impede access.
- Positive behavior intervention planning should focus on:
- Environmental arrangements
- Changes in adult behavior
- Skill instruction paired with appropriate reinforcement
- Function-based interventions
- Focus on unconditional positive regard at all times
- Focus on empowering the child through high expectations and skill instruction

33

WORKING ASSUMPTIONS: AN ECOLOGICAL VIEW

An Ecological View:

"In science, ecology is the study of the relationships between organisms and their environments. In sociology, ecology is the study of the relationships between human groups and their physical and social environments. An ecological view requires that we see the students' traumatic behavior in an interconnected way that includes other people, groups and environments."

The Heart of Learning and Teaching p. 42

34

FUNCTION BASED INTERVENTIONS

- Consider our first case.
- One potential function is "obtain" (tangible)
- What are the roots of this?
- -Food insecurity
- -Early threats to material safety and protection
- -Coercive parenting
- -Removals from home to foster care placements
- How can we design interventions that meet the same function of "obtain?"

Intervention must haves:
1. Avoid cost-response
2. Rules must be carefully explained
3. Reinforcement should be provided faithfully and as soon as possible after the behavior has occurred
4. Training of all staff to implement this is a must
5. Parent training is a valuable component of this intervention.

35

FUNCTION-BASED INTERVENTIONS

- If the FBA points to escape as the function:
- 1. Teach the child to recognize signs that they need to take a break,
- 2. Teach the child the location and procedure for taking a break,
- 3. Teach the child coping skills for before, during and after the break,
- 4. Praise them for taking good care of themselves,
- 5. Be available to talk through the reasons for taking a break and "next time" options,
- 6. Collect data to look for patterns around work refusal, etc. (avoiding break taking as reinforcement for getting out of work)

36

REVIEW

- Unconditional positive regard
- Directly teach social skills without assumption of knowledge
- Reinforce (social positive reinforcement)
- Have high expectations
- Create predictable environments
- Teach methods of self-care
- Next: Building Resilience

37

RESILIENCE BUILDING

- Foster unconditional positive regard (even if that means leveling with the person in a tactful retreat),
- Always empower, never disempower-assertiveness vs. humiliation
- Set up situations where the child/adult can help others (consider strengths for a "job")
- High expectations, limits and routines
- Increase connections with others
- Teach understandings (empathy, compassion, forgiveness)
- Teach self-awareness, self-care strategies

38

THE VALUE OF COMPASSION

QUALITIES OF COMPASSIONATE TEACHERS

39

THE VALUE OF SELF-CARE

- Why is this even an issue?
- Compassion Fatigue defined
- Don't go this alone!
- If you sense that you are:
- Getting sucked in,
- Angry, depressed
- Talk to someone!
- Tap out, let others tap in

40

REFERENCES

Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017. http://www.cahmi.org/projects/adverse-childhood-experiences-aces/

http://csefel.vanderbilt.edu/resources/training_preschool.html#mod1

National Child Traumatic Stress Network Schools Committee. (October 2008). Child Trauma Toolkit for Educators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Wolpow, R., Johnson, M.M., Hertel, R. & Kincaid, S.O. (2016) The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success. Washington State Office of the Superintendent of Public Instruction. http://www.k12.wa.us/CompassionateSchools/Resources.aspx

41