

Devereux
ADVANCED BEHAVIORAL HEALTH

UNLOCKING
HUMAN POTENTIAL™

Welcome!

Integrating Behavior- Analytic/Trauma Informed Approaches with PBIS for Adults with IDD

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Objectives

To appreciate how trauma informed care principles using behavior-analytic informed practices are incorporated into D-PBIS IDD.

Discuss the overlap of PBIS, TIC, BACB ethics and interventions.

To learn about specific specialized assessments and ABA interventions that support individual safety, empowerment, and connectivity.

Trauma & Trauma Informed Care (TIC)


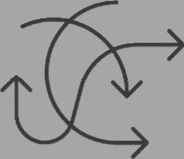


Trauma...



An emotional response to an adverse event that is experienced by an individual as harmful or threatening and has profound effects on the individual's functioning and well-being

It's not always one "event."

Acute Trauma	Chronic Trauma	Complex Trauma
<p>Trauma resulting from a single adverse event</p> <p>1</p>	<p>Trauma resulting from repeated or prolonged adverse events</p> 	<p>Trauma resulting from a collection of adverse events of different nature</p> 

Trauma-Informed Approach



As dedicated professionals we are sensitive to the unique needs of individuals we serve, mindful to avoid re-traumatization, and aware of the need for a sense of safety



We create a safe environment, support consistency, and provide opportunities for choice



As staff we work collaboratively with individuals, caregivers, families, and the school community to effectively address the social emotional needs of Individuals served



Our goal is to enhance protective factors for individuals so they can achieve positive long-term goals as they continue to grow

Experiencing Trauma



The **experience** makes the difference.

The third "E": Effect

Immediate stress responses initiated by the nervous system:



Fight

- Verbal aggression
- Physical aggression
- Defying directions
- Adopting an aggressive stance



Flight

- Eloping
- Not speaking
- Avoiding others or activities
- Hiding
- Substance use



Freeze

- Appearing nonresponsive
- Withdrawing
- Disconnecting from others

Case Application



TIC/Devereux Positive Behavioral Supports (D-PBIS)

How is D-PBIS Trauma-Informed?

Reflects the core principles of trauma-informed care:

- *Safety*
- *Trustworthiness and Transparency*
- *Peer Support*
- *Collaboration and Mutuality*
- *Empowerment Voice and Choice*
- *Cultural, Historical and Gender Issues*
- *Ongoing Performance Improvement and Evaluation*



How is D-PBIS Trauma-Informed?

As dedicated professionals, we all need to be:

- *Sensitive* to the unique needs of individuals
- *Mindful* to avoid re-traumatization
- *Aware* of the need for a sense of safety

How is D-PBIS Trauma-Informed?

- Creating a *safe* environment
- Supporting *consistency*
- Emphasizing our role in *modeling* appropriate boundaries
- Providing a mechanism for *adapting* the environment to meet our individuals' needs
- Emphasizing the *teaching* of emotional self-regulation
- Providing opportunities for *choice*
- *Collaborating* with families, caregivers and key agency partners



Case Application

TIC and D-PBIS Case Application

Jane's TIC/D-PBIS activities:

- Cooking for herself and housemates in the group home
- Help with tasks around the vocational program
- Play games (UNO is a favorite)
- Arts and crafts
- Anything spa related (make up, hair, nail polish)
- Parties (both her group home and vocational programs throw parties regularly)
- Community outings

Devereux involvement:

- IDD Advisory Committee



Trauma Assessments



Trauma Assessments: Trauma History Screen Purpose

Assess an individual's exposure to traumatic events so that the treatment team can assess the following:

Case conceptualization of further interventions needed to address an individual's trauma to include further treatment, environmental changes and awareness of triggers.

Development of individualized, person-centered treatment plans.

Ensure that staff are aware of the traumatic experience to understand what interactions may re-traumatize or be a trigger to a past traumatic event.

Trauma History Screen

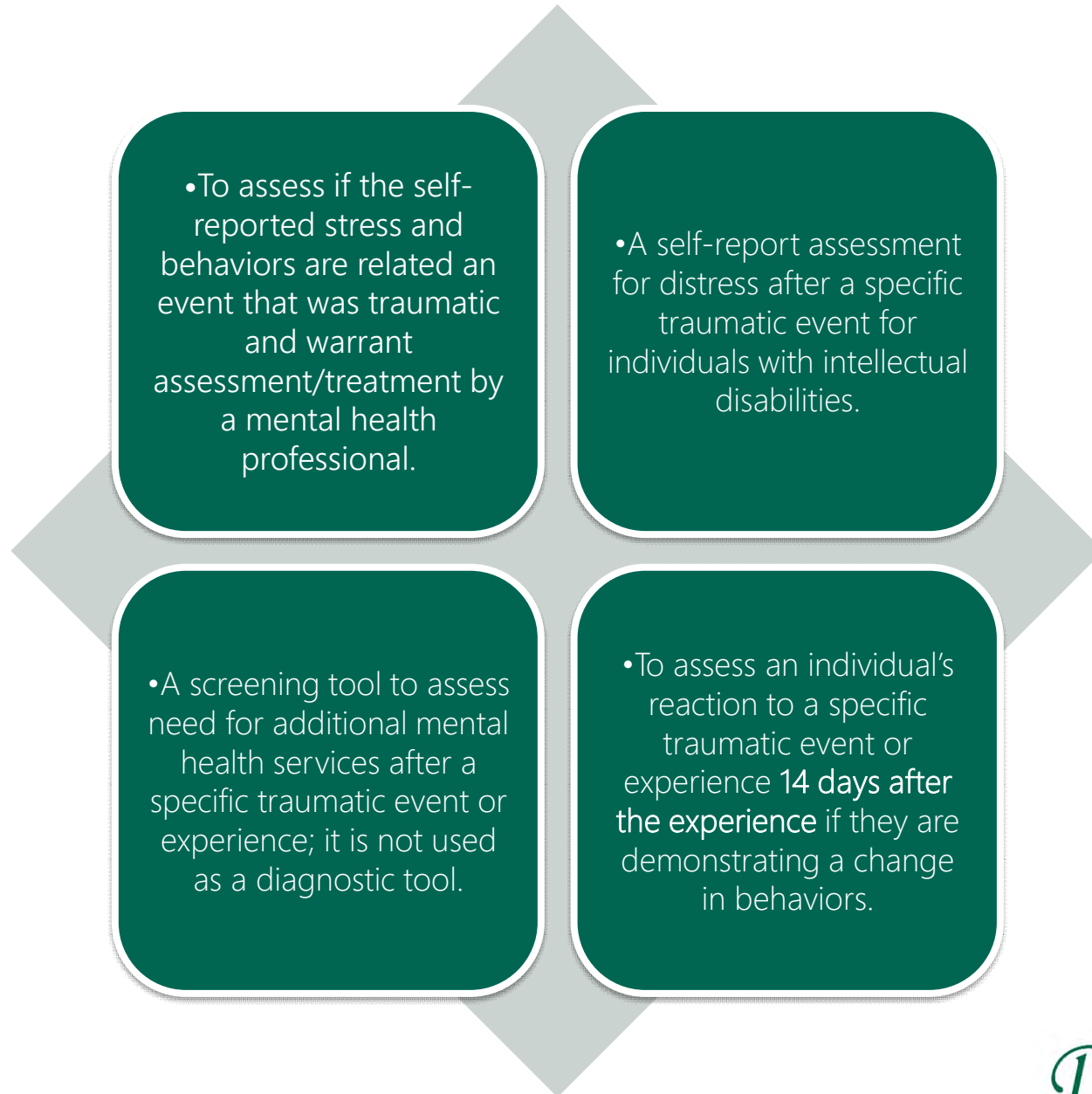
The events below may or may not have happened to you. Circle “YES” if that kind of thing has happened to you or circle “NO” if that kind of thing has not happened to you. **If you circle “YES” for any events:** put a number in the blank next to it to show how many times something like that happened.

			Number of times something like this happened
A. A really bad car, boat, train, or airplane accident	NO	YES	_____
B. A really bad accident at work or home	NO	YES	_____
C. A hurricane, flood, earthquake, tornado, or fire	NO	YES	_____
D. Hit or kicked hard enough to injure - as a child	NO	YES	_____
E. Hit or kicked hard enough to injure - as an adult	NO	YES	_____
F. Forced or made to have sexual contact - as a child	NO	YES	_____
G. Forced or made to have sexual contact - as an adult	NO	YES	_____
H. Attack with a gun, knife, or weapon	NO	YES	_____
I. During military service - seeing something horrible or being badly scared	NO	YES	_____
J. Sudden death of close family or friend	NO	YES	_____
K. Seeing someone die suddenly or get badly hurt or killed	NO	YES	_____
L. Some other sudden event that made you feel very scared, helpless, or horrified.	NO	YES	_____
M. Sudden move or loss of home and possessions.	NO	YES	_____
N. Suddenly abandoned by spouse, partner, parent, or family.	NO	YES	_____

Did any of these things really bother you emotionally? NO YES

If you answered “YES”, fill out a box to tell about EVERY event that really bothered you.

Trauma Assessments: Impact of Event Scale-Intellectual Disabilities (IES-ID)



Impact of Event Scale Revised for people with Intellectual Disabilities (IES-ID)

1. Have you had trouble getting to sleep? (e.g., staying awake for a long time when you are trying to sleep)

YES

NO



A little bit

In the Middle

A lot

2. Have you felt angry? (e.g., have you wanted to smash or break things?)

YES

NO



A little bit

In the Middle

A lot

Trauma Assessments: ACEs

The purpose of ACEs:

- Assess an individual's exposure to adverse experiences in childhood
- Adverse childhood experiences (ACEs) are classified into three categories of events:

Abuse

Neglect

Household Dysfunction

- The experiences are measured from an individual's childhood until the age of 18 on the ACEs questionnaire which is 10 questions, to determine their exposure to harmful experiences to determine an overall score.
- The higher the ACEs score (or number of adverse experiences), the more exposure a child has had to trauma up to age 18 the greater the risk to longstanding consequences into adulthood up to and including premature death.

Adverse Childhood Experiences (ACEs)



1995

- Abuse (Physical, sexual & emotional)
- Neglect (Physical & Emotional)
- Parental separation
- Parental mental illness or substance dependency

2016

- Poverty
- Discrimination
- Community disruption & violence
- Lack of social capital

ADVERSE CHILDHOOD EXPERIENCES

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very 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?

No ___ If Yes, enter 1 ___

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

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 Attempt or actually have oral, anal, or vaginal intercourse with you?

No ___ If Yes, enter 1 ___

4. Did you often or very 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?

No ___ If Yes, enter 1 ___

ADVERSE CHILDHOOD EXPERIENCES continued

5. Did you often or very 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?

No ___ If Yes, enter 1 ___

6. Were your parents ever separated or divorced?

No ___ If Yes, enter 1 ___

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very 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?

No ___ If Yes, enter 1 ___

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No ___ If Yes, enter 1 ___

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No ___ If Yes, enter 1 ___

ADVERSE CHILDHOOD EXPERIENCES continued

10. Did a household member go to prison?

No ___ If Yes, enter 1 ___

11. Did you experience bullying as a child?

No ___ If, Yes, enter 1 ___

12. Did you repeatedly experience discrimination based on ethnicity, skin color or sexual orientation?

No ___ If, Yes, enter 1 ___

13. Did you live in neighborhood that experienced gang related violence?

No ___ If, Yes, enter 1 ___

14. Did you ever live in a foster home or group home?

No ___ If, Yes, enter 1 ___

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

ACEs Case Application

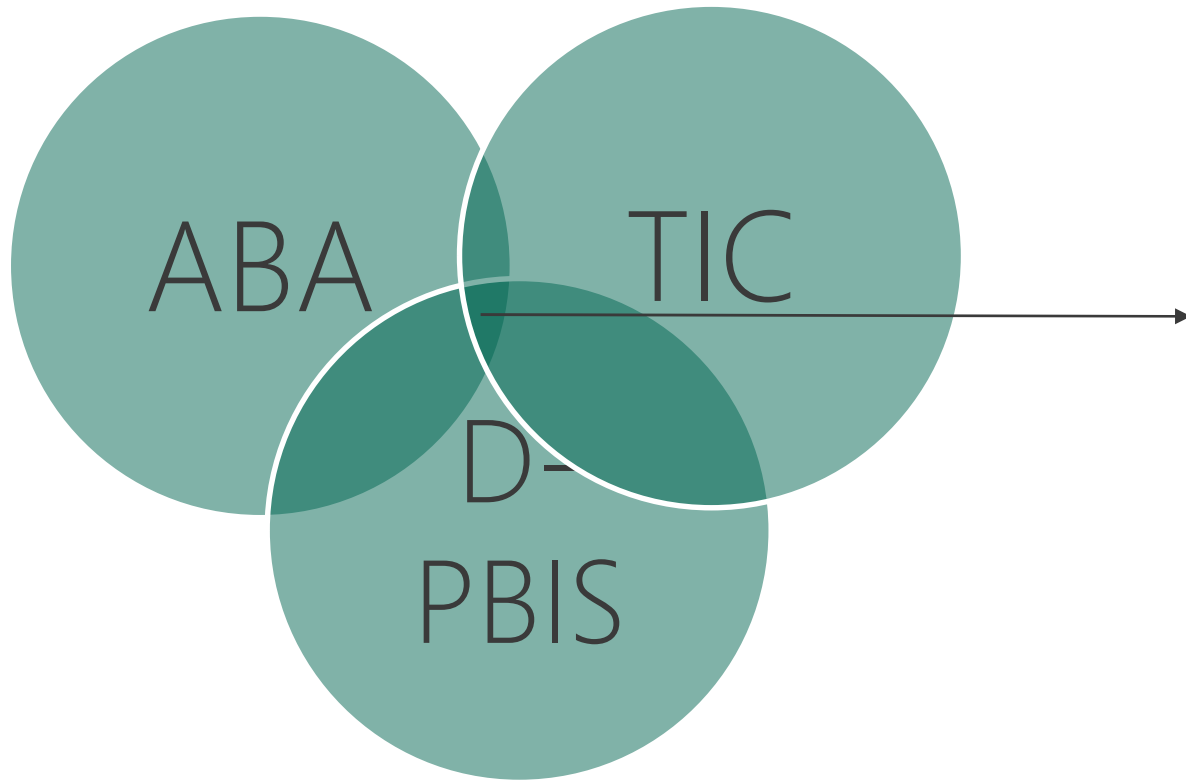
TIC/Applied Behavior Analysis (ABA)

ABA, TIC and D-PBIS

Applied Behavior Analysis (ABA), Trauma-Informed Care (TIC), and Devereux Positive Behavior Interventions & Supports (D-PBIS) are all approaches that aim to understand behavior, with a focus on improving an individual's quality of life.

While each approach has its own unique features, there are several similarities between them.

Intersection of TIC, D-PBIS, and ABA



1. Collaboration
2. Applied
3. Valued Outcomes
4. Safety
5. Trust
6. Evidence Based Care

ABA Applications to TIC

Is ABA appropriate for trauma?

1. ABA not addressing trauma, but addressing behavioral symptoms resulting from trauma (minimize-re-traumatization)
2. Behavioral symptoms are learned and can be changed
3. We stay within our scope of competence, but we have a place on the team- we are not the decision makers and ABA may not be the primary intervention



Ethics BACB 4 Core principles

1. Benefit Others
2. Treat Others with Compassion, Dignity, and Respect
3. Behave with Integrity
4. Ensure Competence

At least 12 BACB ethics codes relate to TIC

Code Number	Topic
1.01	Scope of Competence
2.01	Providing Effective Treatment
2.08	Communicating About Services
2.09	Involving Clients & Stakeholders
2.10	Collaborating with Colleagues
2.12	Considering Medical Needs
2.13	Selecting, Designing, and Implementing Assessments
2.14	Selecting, Designing, and Implementing Behavior Change Interventions
2.15	Minimizing Risk of Behavior-Change Interventions
3.01	Responsibility to Clients
3.06	Consulting with Other Providers
3.13	Referrals

Rajaraman et al.; “Toward trauma-informed applications of behavior analysis” JABA 2021

Intervention Recommendation:

Enhanced Choice Model (Uses prompting & differential reinforcement to increase communication, tolerance and cooperation):

1. Ongoing option to participate or hang back in another area, with non-contingent access to reinforcers for the target behavior
2. Give them details of what to expect in the session/intervention/skill building exercise
3. Always create opportunities for choice and which skills to practice
4. Commit to a hands off treatment model

ABA & TIC



Trauma is a setting event



Build rapport (ethics code)



Antecedent Interventions/Person Centered/Socially Significant Behavior

ABA & TIC

- Skill Building:
 - Functional Communication & Problem solving most common deficits
 - Focus on strengths
- FBA (patterns time of day, days, seasons etc)
 - They are getting their needs met
- **De-escalate** using interventions that will not re-traumatize (6 Core Strategies-for the Reduction of Seclusion and Restraint-see resources)

ABA Case Application

Case Application from: Rajaraman et al.; "Toward trauma-informed applications of behavior analysis" JABA 2021

Enhanced Choice Model (Uses prompting & differential reinforcement to increase communication, tolerance and cooperation):

Ongoing option to participate or hang back in another area, with non-contingent access to reinforcers for the target behavior: History of being bullied and discriminated against, choice and access to reinforcers lets her operate from a place of comfort

Give them details of what to expect in the session/intervention/skill building exercise: Today we will role-play expressing emotions without harming anyone. Do you want to be the staff or yourself in the role play? Is there an event you think you could have handled better that you would like to use for the role-play? If they show signs that they are not ready to engage, offer other choices.

Always create opportunities for choice and which skills to practice: What would you like to work on today, anger management, self-advocacy or something else?

Commit to a hands-off treatment model: No restraints, she has a history of physical & sexual abuse.
Implement 6 core strategies (i.e. prevention & debriefing)



**When a flower doesn't bloom,
you fix the environment in which
it grows, not the flower.**

- Alexander den Heijer

Questions?



Resources

RESOURCES

1. Articles

- Carlson, E.B., Smith, S.R., Palmieri, P.A., Dalenberg, C., Ruzek, J.I., Kimerling, R., Burling, T.A., Spain, D.A. (2011). Development and validation of a brief self-report measure of trauma exposure: The trauma history screen. *Psychological Assessment*, June, 23(2). doi:10.1037/a0022294.
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- Dougher, M. J., & Hackbert, L. (2000). Establishing operations, cognition, and emotion. *The behavior analyst*, 23(1), 11-24.
- Hoover, D. W., & Kaufman, J. (2018). Adverse childhood experiences in children with autism spectrum disorder. *Current opinion in psychiatry*, 31(2), 128.
- Horner-Johnson, W., & Drum, C. E. (2006). Prevalence of maltreatment of people with intellectual disabilities: A review of recently published research. *Mental retardation and Developmental Disabilities Research Reviews*, 12(1), 57-69.
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- Prather, W., & Golden, J. A. (2009). A behavioral perspective of childhood trauma and attachment issues: Toward alternative treatment approaches for children with a history of abuse. *International Journal of Behavioral Consultation and Therapy*, 5(1), 56.
- Prather, W. (2007). Trauma and Psychotherapy: Implications from a Behavior Analysis Perspective. *International Journal of Behavioral Consultation and Therapy*, 3, (4), 555-570
- Rajaraman, A., Austin, J. L., Gover, H. C., Cammilleri, A. P., Donnelly, D. R., & Hanley, G. P. (2021). Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis*.
- Taylor, T. K., & Biglan, A. (1998). Behavioral family interventions for improving child-rearing: A review of the literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1(1), 41-60.

RESOURCES

Articles (Continued)

- Prather, W. (2007). Trauma and Psychotherapy: Implications from a Behavior Analysis Perspective. *International Journal of Behavioral Consultation and Therapy*, 3, (4), 555-570
- Prather, W., & Golden, J. A. (2009). A behavioral perspective of childhood trauma and attachment issues: Toward alternative treatment approaches for children with a history of abuse. *International Journal of Behavioral Consultation and Therapy*, 5(1), 56.
- Rajaraman, A., Austin, J. L., Gover, H. C., Cammilleri, A. P., Donnelly, D. R., & Hanley, G. P. (2021). Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis*.
- Taylor, T. K., & Biglan, A. (1998). Behavioral family interventions for improving child-rearing: A review of the literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1(1), 41-60.
- Wahler, R. G., & Dumas, J. E. (1986). Maintenance Factors in Coercive Mother-child Interactions: The Compliance and Predictability Hypotheses. *Journal of Applied Behavior Analysis*, 19(1), 13-22.
- Weiss, D.S., and Marmar, C.R. (1997). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.), *Assessing Psychological Trauma and PTSD: A Practitioner's Handbook*, pp. 399-411. New York: Guilford Press.

RESOURCES

2. Books:

- The Behavior Code by Jessica Minahan, BCBA & Nancy Rappaport, MD
- Behavior Analysis Metrics & Applications for the Preservation & Reunification of Families by Brandon Greene, PhD
- Nonlinear Contingency Analysis: Going Beyond Cognition & Behavior in Clinical Practice by TV Joe Layng, Paul Thomas Andronis, R. Trent Codd III, Awab Abdel-Jalil
- The Body Keeps the Score by Bessel van der Kolk (not behavior analytic but extremely helpful in understanding the mechanisms of how trauma affects the brain and body)

RESOURCES

3. ABA TIC Assessments:

Below are assessment tools that were designed from a behavior analytic perspective. They include finding information about the function the behaviors of interest have served for the individual using trauma-informed approaches. Then the information is used to assist the practitioner in designing safe, effective, and trauma-informed behavioral programming that take past trauma, as well as the strengths, needs, and resources of the individual and caregivers into account.

SAFE-T Assessment: Dr. Camille Kolu, PhD., BCBA-D

Developed by a BCBA-D in collaboration with a multidisciplinary team

They found that even the best behavior analytic interventions were failing with individuals with trauma backgrounds

SAFE-T is an acronym for the considerations that should be made before behavior analytic treatment is implemented

S-System supervision & support

A- Assessing and documenting risks

F-Functional assessment of historical variables

E- Engineering and managing the environment

*All of the above should be met before considering behavioral treatment. May even preclude the need for behavioral intervention!

T- For Trauma and Treating behavior after trauma

Requires training

Both a model and an assessment that leads to treatment

Training (including the SAFE-T Assessment) may be accessed at:

<https://www.cuspemergenceuniversity.com/>

*Other available trainings include: Introduction to the Ethics of Trauma Informed Behavior Analysis & Autism, TIBA, & Ethics

RESOURCES

3. ABA TIC Assessments (Continued):

Practical Functional Assessment (PFA)/Skills Based Treatment (SBT): Dr. Greg Hanley, PhD., BCBA-D

Developed to be a trauma-assumed, kinder, gentler assessment of the function of problem behavior

Begins with open-ended interview with the goals of finding:

- 1) What brings joy to the client?
- 2) What are triggers occasioning problem behavior?
- 3) What are precursor/target behaviors?
- 4) What are the goals for the client?

Focused on creating strong relationships and building trust and compassion

Information gained is used for development of SBT:

Skills taught progress through: 1) Communication, 2) Tolerating disappointment, 3) Cooperation with instructions, 4) Handling unexpected challenges

Designed to be used by BCBA's primarily working with individuals diagnosed with an intellectual or developmental disability

More information is available: <https://practicalfunctionalassessment.com/>

RESOURCES

4. Websites/Podcasts:

1. ACES Aware: <https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/>
2. Trauma Informed Care in Behavioral Health Services (Handbook) [TIP 57 Trauma-Informed Care in Behavioral Health Services \(samhsa.gov\)](https://www.samhsa.gov/trauma-informed-care)
3. Institute for Basic Research: www.opwdd.ny.gov/institute-basic-research-developmental-disabilities
4. Trauma Informed Care Implementation Resource Network: <https://www.traumainformedcarecare.chcs.org/what-is-trauma/>
5. Dr. Greg Hanley practicalfunctionalassessment.com
6. Dr. Camille Kolu: <http://www.cuspemergenceuniversity.com/> (Trauma & ABA + SAFE-T assessment)
7. Podcast: [Towards Trauma-Informed Applications of Behavior Analysis: Inside JABA Series #10 - The Behavioral Observations Podcast](#)
8. [Boystown Trauma Informed Services \(Patrick Friman ABA\) Microsoft Word - NationalTraumaInformedCareFactSheet \(4.28.20\).docx \(boystown.org\)](#)
9. Taking Time– Framework: [A Trauma-informed framework for supporting people with intellectual disability](#)– Executive Summary
10. [Positive behaviour support \(part 2\): A trauma-informed lens to understand and respond to behaviour](#)
11. [Six Core Strategies to Reduce Seclusion and Restraint Use \(pdf\)](#)

RESOURCES

5. CEUs:

- Cuspemergenceuniversity.com: Courses available include Introduction to the Ethics of Trauma Informed Behavior Analysis; Autism, TIBA, and Ethics; and The SAFE-T Assessment Costs: Courses are \$89.99 for the first two courses, \$189.99 for the SAFE-T Assessment training <https://www.cuspemergenceuniversity.com/>
- ABA Inside Track Podcast: Episodes: #135- Trauma Informed Care with Brian Middleton Cost: \$9.00
- The Atypical Behavior Analyst Podcast: Episode #9, Cognitive Behavioral Therapy through a Behavior Analytic Lens; Episode # 12, Learning to Compassionately Navigate Trauma with Dr. Camille Kolu, BCBA-D; Episode #16, Behavior Analysis, Mental Health, and Classroom Culture with Jessica Minahan, BCBA <https://atypicalba.com/about/>
- Council for Autism Service Providers (CASP): Trauma Informed ABA with Saundra Bishop, BCBA Cost: \$25.00 <https://caspceucenter.thinkific.com/courses/Trauma-Informed-ABA>
- CitePro Courses: Trauma and Attachment Lens of ABA: Applications by Tim Folley, BCBA Cost: \$47.00 <https://www.citepro.com/courses/trauma->
- Connections Behavior Planning & Intervention: Trauma-Informed Care in the Assessment and Treatment of Dangerous Problem Behavior: The "Enhanced Choice Model" with Dr. Adithyan Rajaraman, BCBA-D Cost: \$40.00 <https://connections-behavior.com/on-demand/rajaraman-ecm/>

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