EXAMINING CHALLENGING BEHAVIORS FROM A TRAUMA LENS

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OBJECTIVES

Define trauma and the types of trauma that exist

Discuss the impact trauma has on child development and the developing brain

Identify common behavior challenges among children who have been exposed to trauma

Discuss the Pyramid Model for Supporting Social Emotional Competence as a framework for responding to challenging behaviors in a trauma-informed way

Examine challenging behaviors from several perspectives

Discuss preventative and reactive strategies for responding to challenging behaviors that emphasize relationships and social and emotional competence.

Explore self-care for teachers
WHAT IS TRAUMA?

Event or events that are perceived as threatening the life or physical integrity of a child or someone important to that child, causing an overwhelming sense of terror, helplessness, and horror

Producing intense physical effects such as a pounding heart, rapid breathing, trembling

Completely overwhelming the child’s available coping strategies

Internalization of the experience that continues to impact the perception of safety along with the views of self, others, and the world
WHAT DO WE MEAN BY TRAUMA?

Acute trauma
- Single events—car accident, dog bite, medical procedures, death of loved one

Chronic/Complex Trauma
- Physical abuse—assault, being beaten
- Sexual abuse—including inappropriate exposure
- Neglect: Deprivation of basic needs—perceived as trauma by young children who are dependent on adults for care
- Witnessing repeated domestic and neighborhood violence
- Separation from important people
- Everyday, repeated exposure to chronic household stress
TRAUMA AND THE DEVELOPING BRAIN

The brain develops from the bottom up and inside out—from primitive to complex functions.

The brain develops by forming neural connections based on experience (“Experience dependent”). The more an experience is repeated, the stronger the connections become. (“Use dependent”)

Young children’s understanding of the world is organized through the most primitive parts of the brain that are highly sensitive to stress.

Trauma in childhood leads to neural pathways being established in the brain that are highly responsive to threat.
TRAUMA/TOXIC STRESS

“Positive” stress actually promotes development

“Tolerable” stress is related to something that happens (not ongoing) and can be managed with social support

“Toxic” stress/trauma—excessive, prolonged activation of the brain’s stress response system that overwhelms and interferes with development

- High levels of stress de-activate the problem-solving part of the brain and activates the part of the brain which triggers automatic ‘survival’ behavior.

Imperative to expose children to positive reactions to stress from adults to begin to form new neural pathways and build resiliency

All children at some point face stressful situations, indeed learning to manage and master these situations builds resilience.

—Shonkoff 2009
FIGHT, FLIGHT, FREEZE

Children often use hyperarousal and dissociation in response to perceived threat.

The fight, flight, freeze responses in children are the activation of the threat response system but can be mistaken for a range of behavioral problems:

<table>
<thead>
<tr>
<th>Threat Response</th>
<th>Fight, Flight, Freeze</th>
<th>Behaviors can look like:</th>
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</thead>
<tbody>
<tr>
<td>Hyperarousal</td>
<td>The “fight, flight” reaction</td>
<td>Agitation, hyperactivity, defiance, aggression</td>
</tr>
<tr>
<td>Disassociation</td>
<td>The “freeze” response</td>
<td>Shutting down, detachment, day-dreaming</td>
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COMMON LEARNING & BEHAVIOR PROBLEMS

Defiance
Aggression
Difficulties with regulation
Impaired cognitive capacities
Developmental Delays
Difficulties managing feelings
Lack of social skills
Lack of empathy

Difficulty with perspective taking
Difficulties forming relationships with adults
Anxiety, fear
Problems with eating, sleeping, toileting
Difficulties with self-soothing
Self-injurious behaviors
Difficulties with executive functioning (goal setting, planning, anticipating consequences)
CONSIDER: WHAT’S CAUSING THE BEHAVIOR?

Is it the environment, materials, expectations, function-based or trauma related?

What does the behavior mean? What is the child trying to communicate?

What does the behavior feel like on the inside?

What happened to you? vs. What’s wrong with you?
FUNCTION OF BEHAVIOR—BEHAVIORAL LENS

Focuses on the External Dimensions:
- Looks exclusively at the observable behavior

Considers external factors in the environment as the primary influence on behavior

Looks at the ABC’s of behavior: Antecedent, Behavior, Consequence

Addresses behavior by teaching children new skills that fulfill the behavior function
WHAT INFLUENCES THE BEHAVIOR?

The ABC Contingency

- **Antecedent**: The cue, signal, request, or condition that influences the occurrence of a behavior
- **Behavior**: Observable act that the child engages in
- **Consequence**: The outcome/feedback that occurs after behavior
FUNCTIONS OF BEHAVIOR

Attention-maintained behavior
- Positive
- Negative
- Adult
- Peer

Escape/Avoidance

Access to Tangibles/Activities

Sensory stimulation
FUNCTIONAL BEHAVIORAL ASSESSMENT

A systematic problem-solving process used to determine the cause of a behavior that can then be used to develop a behavior support plan

- Define and observe the behavior
- Developing a hypothesis regarding the FUNCTION of a problem behavior
  - Indirect measures
  - Direct and systematic observations of behavior
    - Evaluating the ABCs!
      - Antecedents
      - Behaviors
      - Consequences

WHAT? WHERE? WHEN? With WHOM? WHY??
## Collecting Data

**ABC Behavior Record**

<table>
<thead>
<tr>
<th>Date/Time Activity</th>
<th>Behavior(s)</th>
<th>Antecedent (What happened to trigger the behavior?)</th>
<th>Consequence (What did the student get after the behavior?)</th>
</tr>
</thead>
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Behavior 1:
Behavior 2:
Behavior 3:
Differentiating Trauma from Trauma Effects

We need to look for the underlying meaning of the behavior and respond accordingly.

Focuses on Internal dimensions:

- Specifically considers the effects of trauma/stress on behavior and development.
- Considers internal factors that influence behavior: bodily sensations, trauma triggers, hyper-arousal.

Address trauma effects by building protective factors, teaching regulation.
PYRAMID MODEL FOR SUPPORTING SOCIAL EMOTIONAL COMPETENCE

Intensive Intervention: Assessment-based intervention that results in individualized behavior support plans.

Targeted Social Emotional Supports: Systematic approaches to teaching social skills can have a preventive and remedial effect.

High Quality Supportive Environments: High quality early childhood environments promote positive outcomes for all children.

Nurturing and Responsive Relationships: Supportive responsive relationships among adults and children are an essential component to promote healthy social emotional development.

Effective Workforce: Systems and policies promote and sustain the use of evidence-based practices.
RELATIONSHIP-BASED PRACTICES

Child-Teacher Relationship

- Children learn about relationships by observing the relationship you have with their family, with staff and with other children

Educators must know:

- The child’s history
- The developmental abilities of the child to understand/manage emotions
- The meaning of a particular context for the child
BEGINNING OF THE SCHOOL YEAR TO END
RELATIONSHIP-BASED PRACTICES

Parent-School Relationship

- Must have rapport before discussing trauma history, challenging behaviors, home situations and to collaborate to form a plan
- Clear communication and meeting families where they are
- Sandwich Technique
- Being respectful of parent’s own trauma history.
RELATIONSHIP-BASED PRACTICES

Child-Child Relationships

- Fostering peer relationships in the classroom
- Peer understanding and support of emotions and experiences more impactful for young children
HIGH QUALITY SAFE ENVIRONMENTS

Provide sensitivity, predictability and consistency.

Planning for challenging incidents—many issues are predictable (i.e. transition times, challenging activities, non-preferred activities).

Child centered classrooms with safe and predictable choices.

Clear and appropriate rules and expectations.

Programs that build on children’s strengths and meet children and families where they are.
TARGETED SOCIAL EMOTIONAL SUPPORTS

Focusing on specific skills and capacities that are often lacking: self-soothing, emotional regulation, recognizing feeling states, verbal communication.

Children need to be emotionally literate

Explain new skill, demonstrate when and what it is, provide opportunities to practice, build fluency through repeated experiences, maintain the new skill through
INTENSIVE INDIVIDUALIZED INTERVENTIONS

Who requires these types of interventions?

- When children don’t respond to universal or targeted social emotional supports put into place.
- Individualized interventions should be team based, involve explicit strategies, how to implement plans and monitor progress.
- Should be based on observations, assessment, data collection.
- Should include prevention and reactive strategies
STRATEGIES TO ADDRESS BEHAVIORS
PROACTIVE STRATEGIES

Social supports
- Building rapport
- Building secure relationships between children & teachers
- Promoting parent-child relationships
- Foster and support peer relationships

Creating structure and consistency
- Within the classroom
- Within the community

Modeling

Teaching Regulation Strategies (breathing exercises, calm down space, break cards, rhythm exercises)
REACTIVE STRATEGIES

Planned Ignoring if function based
Restitution
Social Stories
Choice Boards
Visual Schedules and Timers
Follow least preferred activities with most preferred

Break Cards
Positive affirmations vs. Directives (4:1)
When-Then Card/Statements
Removing other children from the classroom or energizing others
Modify task length, expectations, materials, instruction
Close Proximity/Shadowing
Staff need to be trauma-informed and all on the same page.

- Clear communication among your teaching team & administration is essential.

Educators report feeling under-equipped to deal with children that have been exposed to trauma.

Staff training can help educators:
- Become familiar with the impact of trauma on children
- Have appropriate cultural awareness
- Learn strategies to engage, calm and regulate children with trauma
- Have the capacity to manage themselves purposefully
SELF CARE

Working with young children and their families brings out very strong feelings in all of us. And because our work is relationship-based, it requires us to engage our emotions as well as our intellect.

Important to think about our own ability to manage stress and self-regulate.

In order to care for others you must: respect your own self-worth, take responsibility for self care, and recognize the relationship between self-care and your duty to perform.

What are your professional “protective factors”? 