Advancing School-wide Trauma Informed Care in a Special Education School Serving a Neurobehavioral Population

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CONFLICT OF INTEREST DISCLOSURES

- None of the authors report any financial or non-financial conflicts of interest in presenting this information, other than the non-financial conflicted listed below.
- Joseph Ricciardi reports that he is a member of the conference committee for the New England PBIS Conference and reviews submissions for acceptance. He was not involved in the review of this presentation.

DATA ACCURACY AND UTILITY

- The information presented is based on 1) approaches to trauma informed care based on consensus and best practice recommendations, references provided on slides, 2) implementation research in schools is limited/emerging at this time, 2) the authors report their direct experience advancing a TIC approach in a private special education program and the evidence-basis for their decisions.
- The recommendations may be applicable to schools and school-based clinicians employing a TIC approach.

ETHICS/HUMAN SUBJECTS PROTECTIONS

- Case data presented were either previously published, or data were obtained as part typical educational practices and therefore, were IRB exempt. These data were obtained following all ethical requirements of the Belmont Principles and relevant guidelines for protection of human subjects.
- Unpublished case data were approved for dissemination by an IRB, May Institute.

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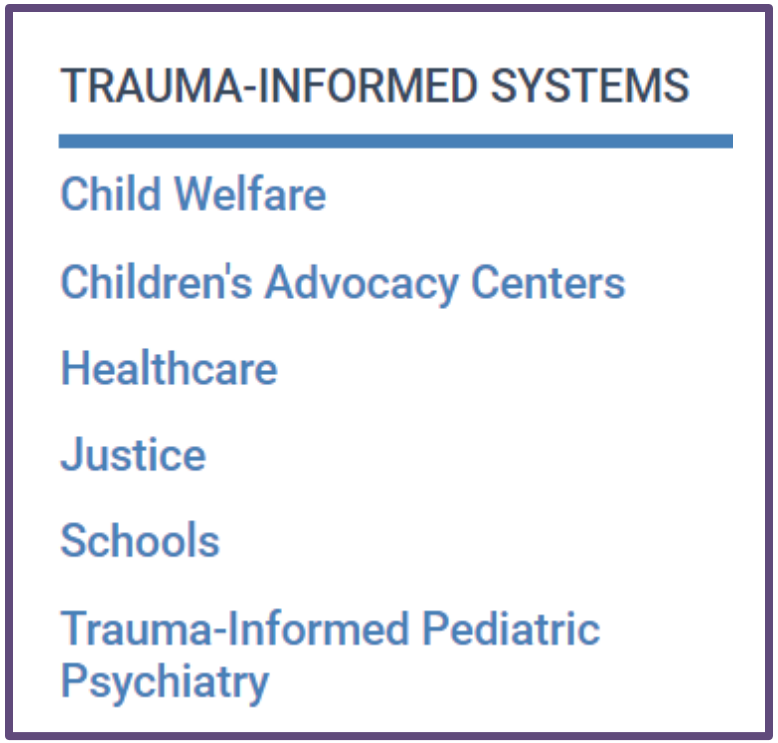
What is Trauma Informed Care (TIC)?

- When did TIC begin? The direction proposed by Harris & Fallot (2001) and its intended target.
- Expansion to other populations and settings (NCTSN, 2024).
- An adapted TIC framework for applied behavior analysis (Rajaraman et al, 2022).



Harris & Fallot (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*, *(89)*, 3-22.

NCTSN (2024) *National Child Traumatic Services Network, Model Trauma-Informed Systems*. https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems

Rajaraman et al. (2022). Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis*, *55*(1), 40-61.

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Comparative Frameworks of TIC

- NCTSN framework we applied
- TIC in ABA framework

A System Applying a Trauma Informed Care Model Would do the Following:

National Childhood Traumatic Stress Network Framework

1. Routinely screen for trauma exposure and related symptoms.
2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.
3. Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.
4. Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.
5. Address parent and caregiver trauma and its impact on the family system.
6. Emphasize continuity of care and collaboration across child-service systems.
7. Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.

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Comparative Frameworks of TIC

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- TIC in ABA framework

A System Applying a Trauma Informed Care Model Would do the Following:

Applied Behavior Analysis Framework

1. Acknowledge trauma and its potential impact.
2. Ensure safety and trust.
3. Promote choice and shared governance.
4. Emphasize skill building.

NCTSN (2024) *National Child Traumatic Services Network, Model Trauma-Informed Systems*. https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems

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Comparison and Discussion

National Childhood Traumatic Stress Network Framework

1. Routinely screen for trauma exposure and related symptoms.
2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.
3. Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.
4. Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.
5. Address parent and caregiver trauma and its impact on the family system.
6. Emphasize continuity of care and collaboration across child-service systems.
7. Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.

Applied Behavior Analysis Framework

1. Acknowledge trauma and its potential impact.
2. Ensure safety and trust.
3. Promote choice and shared governance.
4. Emphasize skill building.

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Implementation Science

Organization-Wide Survey to Evaluate Current TIC Practices

- Used the Trauma-informed Organizational Assessment (TIAO) (Halladay-Goldman et al., 2019; Choi et al., 2024)
  - Development: Delphi model, expert consensus (Halladay-Goldman et al., 2019)
  - Measures 9 components of TIC
  - Completed online
  - Takes about 35-40 minutes
  - Distribution to staff across multiple levels

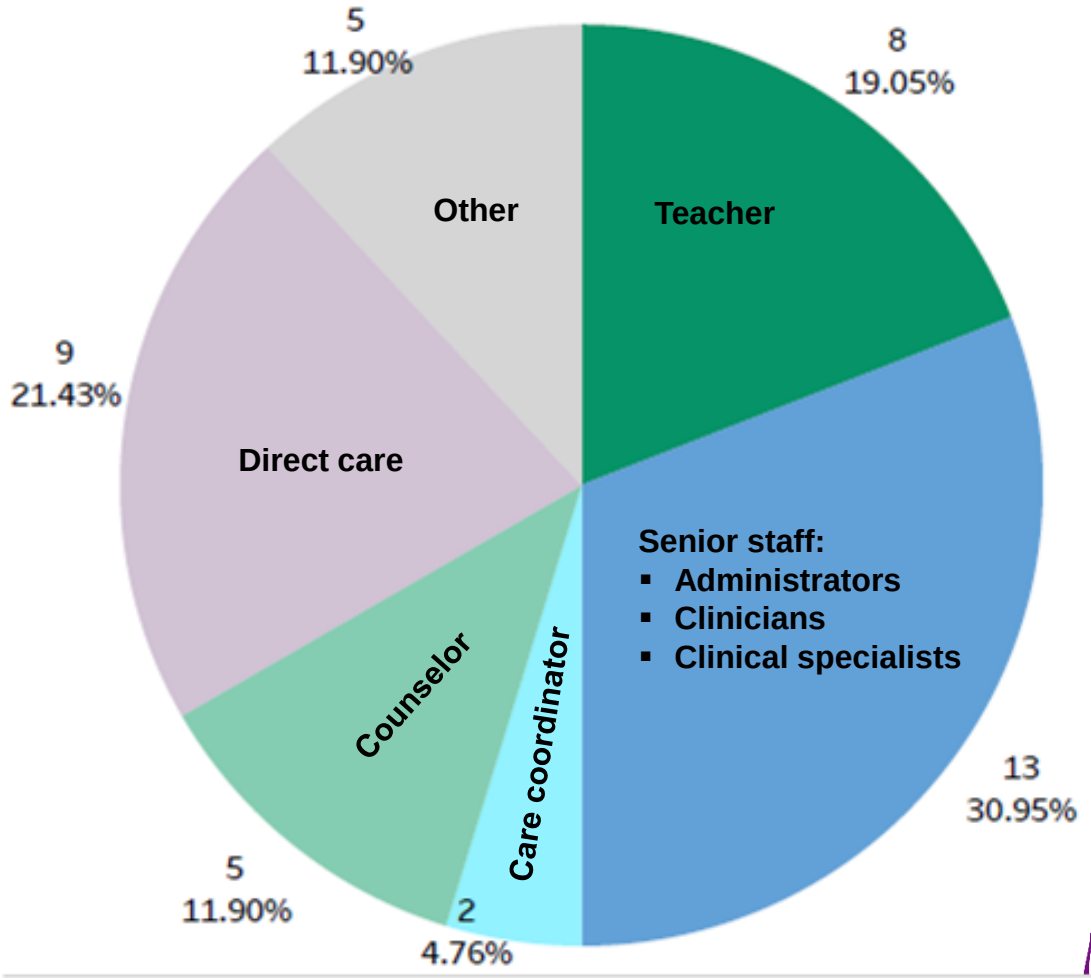
Choi et al. (2024). Implementing the NCTSN Trauma-Informed Organizational Assessment (TIOA) for Improving Trauma-Informed Care in Inpatient Child Psychiatry. *Journal of the American Psychiatric Nurses Association*, *30*(3), 722-732.

Halladay-Goldman et al. (2019). Trauma-informed organizational assessment (TIOA) information packet. National Center for Child Traumatic Stress. https://www.nctsn.org/resources/trauma-informed-organizational-assessment-information-packet

Implementation Science

Organization-Wide Survey to Evaluate Current TIC Practices

- Survey was implemented for approximately 3 weeks
- Invitation to all staff to stop by and participate at a kiosk (laptop)
- Initial email and prompts/reminders
- 42 staff participated (25% response rate)



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Implementation Science

Organization-Wide Survey to Evaluate Current TIC Practices

Staff Responses by Direct and Indirect Service Roles (Staff Indication)

Domain	Mean	Direct	Indirect
1. Trauma Screening	2.9	3.0	2.7
2. Assessment, Care Planning and Treatment	2.9	3.0	2.6
3. Workforce Development	3.0	3.2	2.3
4. Strengthening Resilience and Protective Factors	3.2	3.3	2.8
5. Addressing Parent and Caregiver Trauma	2.2	2.4	1.6
6. Continuity of Care and Cross-System Collaboration	2.7	3.0	2.0
7. Addressing, Reducing and Treating Secondary Traumatic Stress	2.7	2.9	2.0
8. Partnering with Youth and Families	2.2	2.2	2.3
9. Addressing the Intersections of Culture, Race and Trauma	3.7	3.5	3.9

RATING SCALE

Unable to Rate	Never	Rarely	Sometimes	Most	Always
0	1	2	3	4	5

Implementation Science

Organization-Wide Survey to Evaluate Current TIC Practices

Staff by Role

Domain	Teaching or Education 2.78	Admin 2.74	Counseling Therapy 2.11	Direct Care 3.24	Nurse 3.91	Other 2.64
1. Trauma Screening	2.4	2.8	3.5	3.4	4.1	2.0
2. Assessment, Care Planning and Treatment	2.1	3.0	2.4	3.6	4.2	2.3
3. Workforce Development	3.2	3.0	1.8	3.6	4.2	2.4
4. Strengthening Resilience and Protective Factors	3.2	3.1	1.9	3.5	3.5	4.1
5. Addressing Parent and Caregiver Trauma	2.2	1.8	1.5	3.0	4.2	1.7
6. Continuity of Care and Cross-System Collaboration	2.8	2.1	2.1	3.3	3.1	3.4
7. Addressing, Reducing and Treating Secondary Traumatic Stress	3.2	2.4	1.8	2.9	3.9	2.2
8. Partnering with Youth and Families	1.7	2.2	1.4	2.8	3.4	2.4
9. Addressing the Intersections of Culture, Race and Trauma	4.1	4.2	2.7	2.9	4.5	3.6

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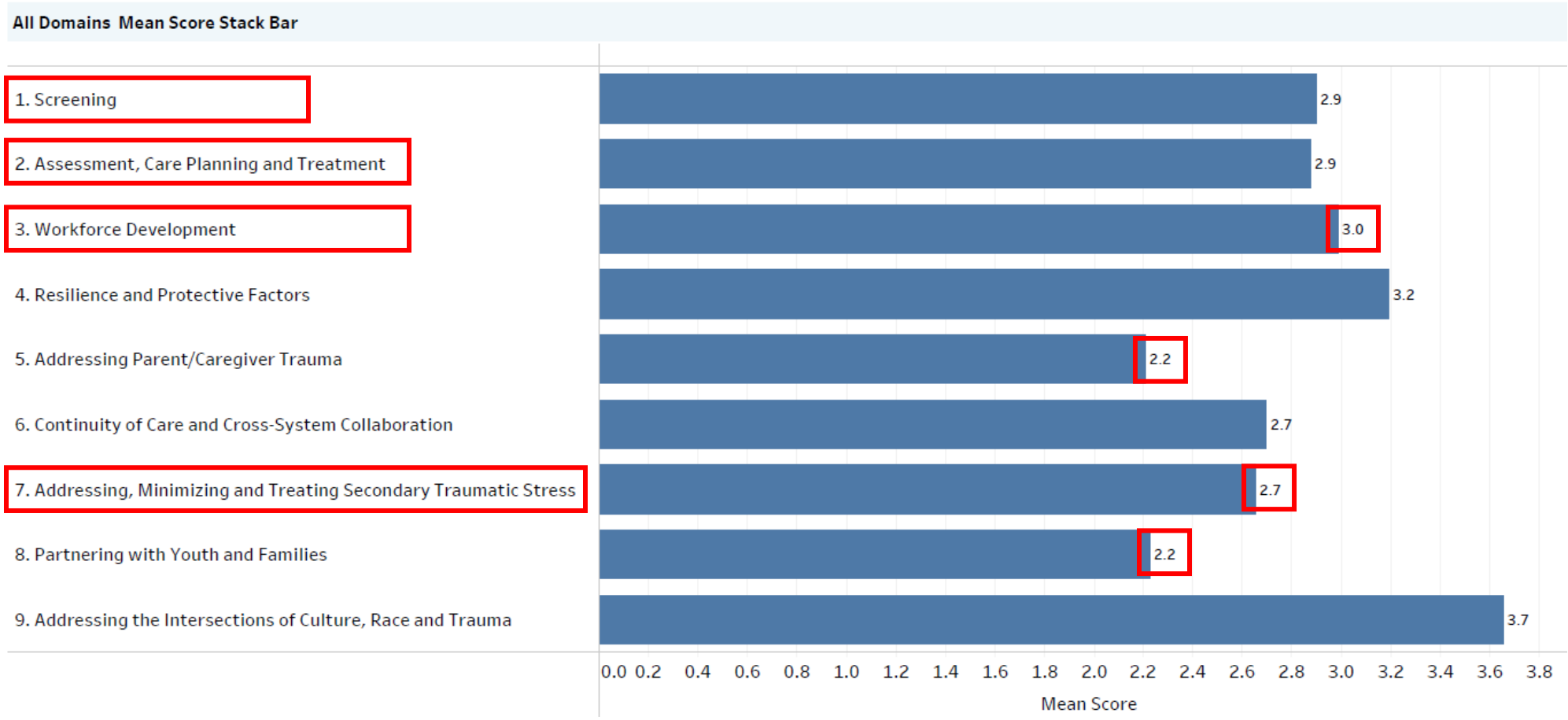
Implementation Science

Organization-Wide Survey to Evaluate Current TIC Practices



RATING SCALE

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Implementation Science

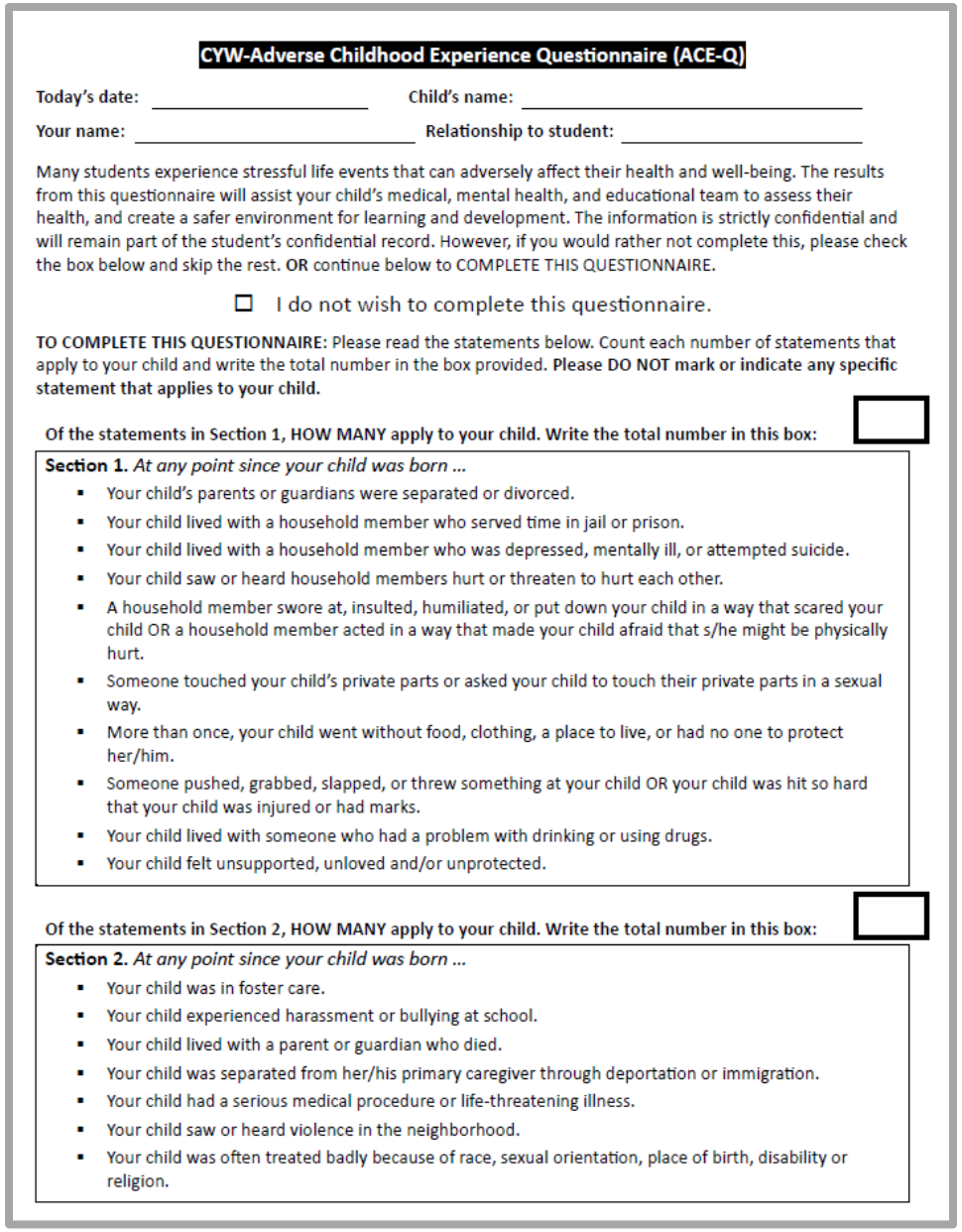
Implementing an Action Plan

1. Trauma screening protocol
2. Identifying traumatic exposures in current students
3. Identifying current PTSD cases (ensuring appropriate treatment in place)
4. Sharing trauma exposures/risks to behavior support team
5. Sharing findings and trauma self-care to educators and support staff (workforce development)

Implementation Science

CYW-Adverse Childhood Experience Questionnaire (ACE-Q) (Purewai-Boparai et al., 2017; Bucci at al., 2015)

- Two sections dividing up ACEs
- Identifying large sets of potential exposures, but not specific
- Opportunity to "opt out" added in our version



CYW-Adverse Childhood Experience Questionnaire (ACE-Q)

Today's date: _____ Child's name: _____

Your name: _____ Relationship to student: _____

Many students experience stressful life events that can adversely affect their health and well-being. The results from this questionnaire will assist your child's medical, mental health, and educational team to assess their health, and create a safer environment for learning and development. The information is strictly confidential and will remain part of the student's confidential record. However, if you would rather not complete this, please check the box below and skip the rest. **OR** continue below to COMPLETE THIS QUESTIONNAIRE.

☐ I do not wish to complete this questionnaire.

TO COMPLETE THIS QUESTIONNAIRE: Please read the statements below. Count each number of statements that apply to your child and write the total number in the box provided. **Please DO NOT mark or indicate any specific statement that applies to your child.**

Of the statements in Section 1, HOW MANY apply to your child. Write the total number in this box: ☐

Section 1. *At any point since your child was born ...*

- Your child's parents or guardians were separated or divorced.
- Your child lived with a household member who served time in jail or prison.
- Your child lived with a household member who was depressed, mentally ill, or attempted suicide.
- Your child saw or heard household members hurt or threaten to hurt each other.
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt.
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way.
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him.
- Someone pushed, grabbed, slapped, or threw something at your child OR your child was hit so hard that your child was injured or had marks.
- Your child lived with someone who had a problem with drinking or using drugs.
- Your child felt unsupported, unloved and/or unprotected.

Of the statements in Section 2, HOW MANY apply to your child. Write the total number in this box: ☐

Section 2. *At any point since your child was born ...*

- Your child was in foster care.
- Your child experienced harassment or bullying at school.
- Your child lived with a parent or guardian who died.
- Your child was separated from her/his primary caregiver through deportation or immigration.
- Your child had a serious medical procedure or life-threatening illness.
- Your child saw or heard violence in the neighborhood.
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion.

Bucci et al. (2015) *Center for Youth Wellness ACE-Questionnaire User Guide*. San Francisco, CA: Center for Youth Wellness.

Purewal-Boparai et al. (2017). Adversity and academic performance among adolescent youth: a community-based participatory research study. *Journal of Adolescent and Family Health*, *8*(1), 2.

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Implementation Science

Current Student Identification: Retrospective record review (Buxton, 2021)

- Using Felitti al. (1998) ACE definitions, updated (Finkelhor et al., 2015)
- Current students: 47 students, private special education program for students with brain injuries, related neurological conditions, and neurobehavioral disorders
- All current students screened and rated; second rater utilized 30% of cases with 89.4% IOA

Buxton (2021). The retrospective record review: A methodological option for educational research. *Journal of Research in Education*, *30*(2), 17-34.

Felitti et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245-258.

Finkelhor et al. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, *48*, 13-21.

Implementation Science

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Experience Criteria	Cri
Witnessing of Violence Against a Parent: Are there reports indicating they saw one adult partner… - Often or very often push, grab, slapped, or throw something at a parent? OR - Sometimes, often, or very often kicked, bite, hit with a fist, or hit with something hard? OR - Threaten with a gun or knife?	☐ ☐
Household Substance Use: Did they with anyone who was a problem drinker or alcoholic or who used illicit drugs?	☐ ☐
Household Mental Illness: Did they live with a household member who… - Was depressed or mentally ill? OR - Attempt suicide?	☐ ☐
Household Incarceration: Did they ive with a household member who went to prison?	☐ ☐

Instructions: Review the following records: 1) Admissions/intake form, 2) All psychological/neuropsychological testing, 3) All contents of the "medical records file" (nursing office suite records, 4) Counselor notes, and look for any indication of a Adverse Childhood Experiences prior to the student's 18th birthday. Code findings below. After coding, submit this document to XXXX.

Student:	Date of review:	Rater:

Prior to the student's 18th birthday…

Experience Criteria	Criteria met?	→ Evidence (check all that apply)	Note
Emotional Abuse: Did a parent or other adult in the household often or very often… - Swear at, insult, put down, or humiliate the student? OR - Act in a way that made them afraid that they might be physically hurt.	☐ No ☐ Yes→	☐ Substantiated allegation documented in record ☐ Unsubstantiated allegation documented in record ☐ Allegation documented in counselor notes	☐ Reviewer requests to speak with team in order to code this item
Physical Abuse: Did a parent or other adult in the household often or very often… - Push, grab, slap, or throw something at the student? OR - Ever hit them so hard that they had marks or were injured?	☐ No ☐ Yes→	☐ Substantiated allegation documented in record ☐ Unsubstantiated allegation documented in record ☐ Allegation documented in counselor notes	☐ Reviewer requests to speak with team in order to code this item
Sexual Abuse: Did an adult or person at least 5 years older than them ever… - Touch or fondle them or touch their body in a sexual way? OR - Attempt or actually have (vaginal, oral, anal) sexual intercourse with them?	☐ No ☐ Yes→	☐ Substantiated allegation documented in record ☐ Unsubstantiated allegation documented in record ☐ Allegation documented in counselor notes	☐ Reviewer requests to speak with team in order to code this item
Emotional Neglect: Did they often or very often feel that … - No one in their family loved them or thought they were important or special? OR - Their family didn't look out for each other, feel close to each other, or support each other?	☐ No ☐ Yes→	☐ Substantiated allegation documented in record ☐ Unsubstantiated allegation documented in record ☐ Allegation documented in counselor notes	☐ Reviewer requests to speak with team in order to code this item
Physical Neglect: Are there reports indicating that… - They didn't have enough to eat, had to wear dirty clothes, and had no one to protect them? OR - Their caregiver could not help them meet their basic needs?	☐ No ☐ Yes→	☐ Substantiated allegation documented in record ☐ Unsubstantiated allegation documented in record ☐ Allegation documented in counselor notes	☐ Reviewer requests to speak with team in order to code this item
Parental Separation: Are there reports indicating that… - They experienced the separation or loss of a biological parent through divorce, abandonment, death, or other reason?	☐ No ☐ Yes→	☐ Substantiated allegation documented in record ☐ Unsubstantiated allegation documented in record ☐ Allegation documented in counselor notes	☐ Reviewer requests to speak with team in order to code this item

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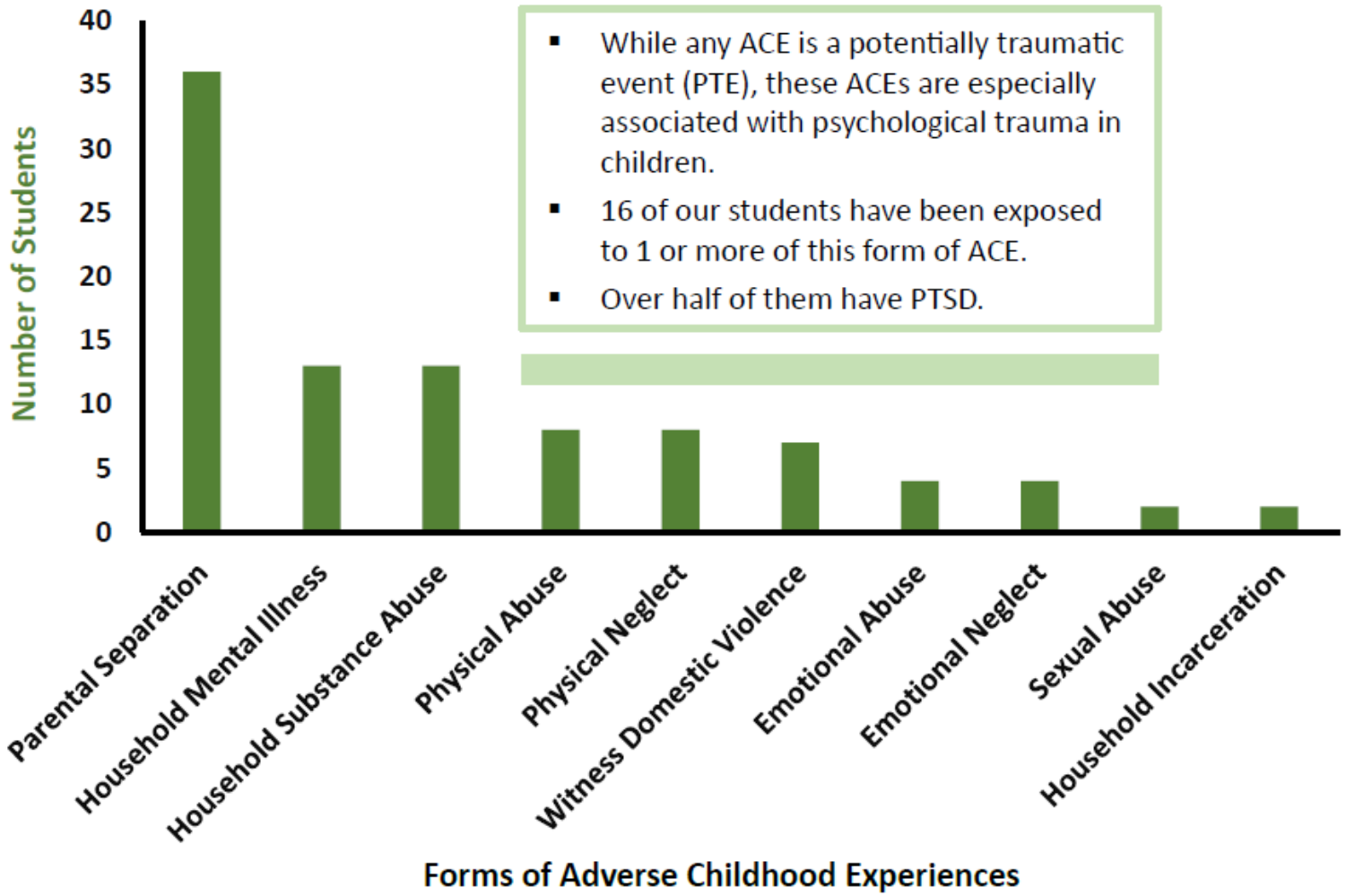
Prevalence of ACE exposure in student population



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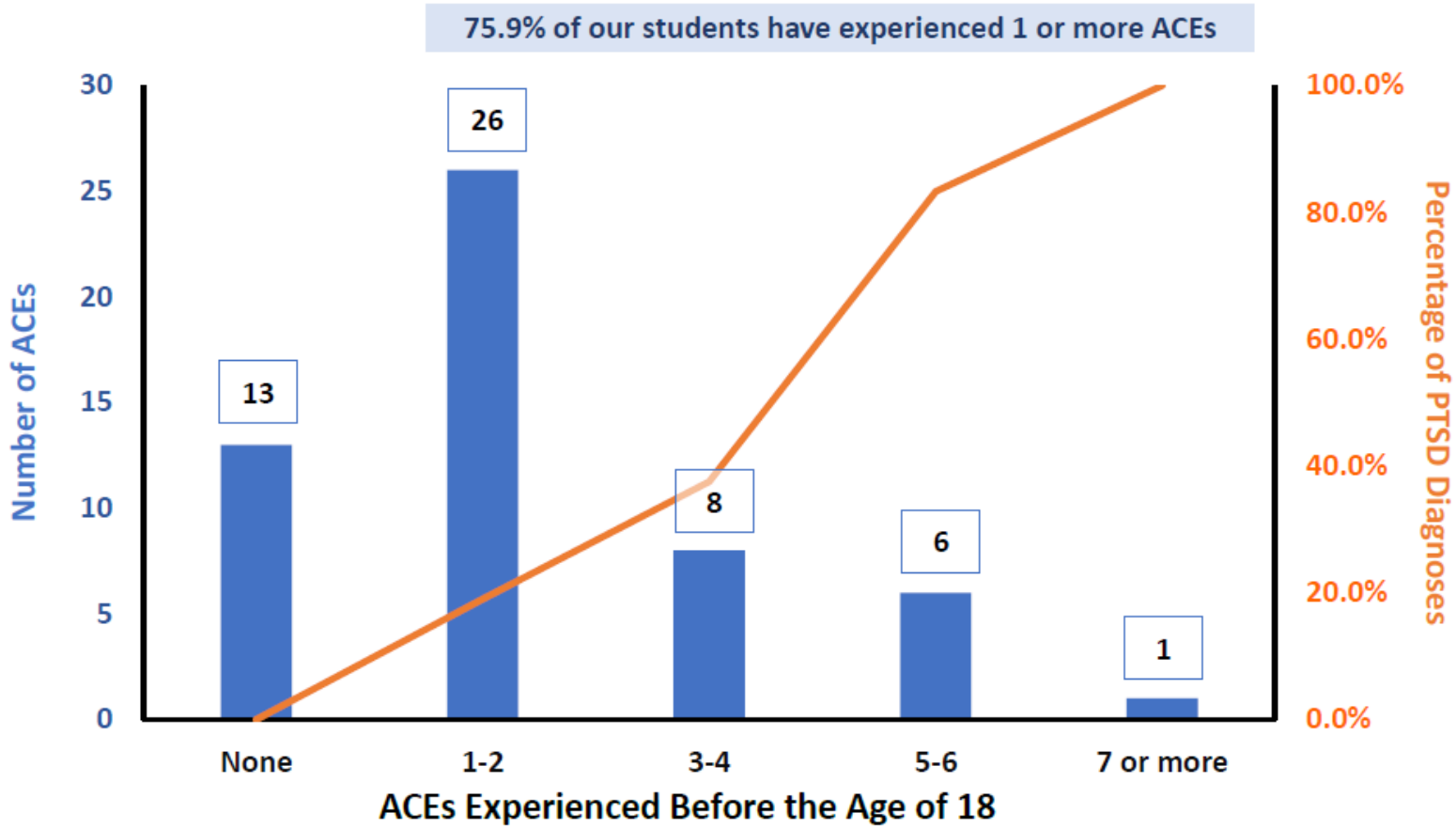
Confirmed PTSD diagnoses in students, and ACE exposure

Review of PTSD Diagnoses in Record

12 students with dx, 10 confirmed PTSD:

1. Chart reviewed for evidence of meeting DSM-5 criteria past or current.
2. Review by student's counselor.
3. Dx required concurrence with counselor, plus LMHC or LICSW, and psychologist.



Grasso et al. (2016). Developmental patterns of adverse childhood experiences and current symptoms and impairment in youth referred for trauma-specific services. *Journal of Abnormal Child Psychology*, *44*, 871-886.

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Sensitizing staff to presence of ACEs, and impact of ACEs on PTSD and behavior

Pushing Information to Support Staff and BCBAs

System-wide staff training opportunities (educators and residential supports)

- Explaining ACEs, PTSD, impact on behavior
- Sharing record review findings
- Discussing secondary trauma concept and resources (employee wellness, referral options, etc.)

Specialist (BCBA) opportunities

- Explaining ACEs, PTSD, impact on behavior (Buxton, 2018).
- Distribute/discuss Rajaraman et al. 2022
- Sharing record review findings.
- Discuss student specific exposures and diagnoses, and implications for behavior support planning

Buxton (2018). Viewing the behavioral responses of ED children from a trauma-informed perspective. *Educational Research Quarterly*, *41*(4), 30-49.
Rajaraman et al. (2022). Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis*, *55*(1), 40-61.
Wheeler et al. (2023). Behavior analysts' training and practice regarding trauma-informed care. *Behavior Analysis in Practice*, 1-13.

Implementation Science

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7. Addressing, Reducing and Treating Secondary Traumatic Stress	2.7	2.9	2.0
8. Partnering with Youth and Families	2.2	2.2	2.3
9. Addressing the Intersections of Culture, Race and Trauma	3.7	3.5	3.9

Repeated Survey, 10 mos later

Direct Client Services	Indirect Services
3.9	4.4
3.8	4.2
4.1	4.3
4.0	4.0
3.7	3.8
4.0	4.5
4.0	4.4
3.8	4.0
4.3	4.4

RATING SCALE

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Applications of Trauma Awareness to Specific Behavioral Cases (Tier 3)

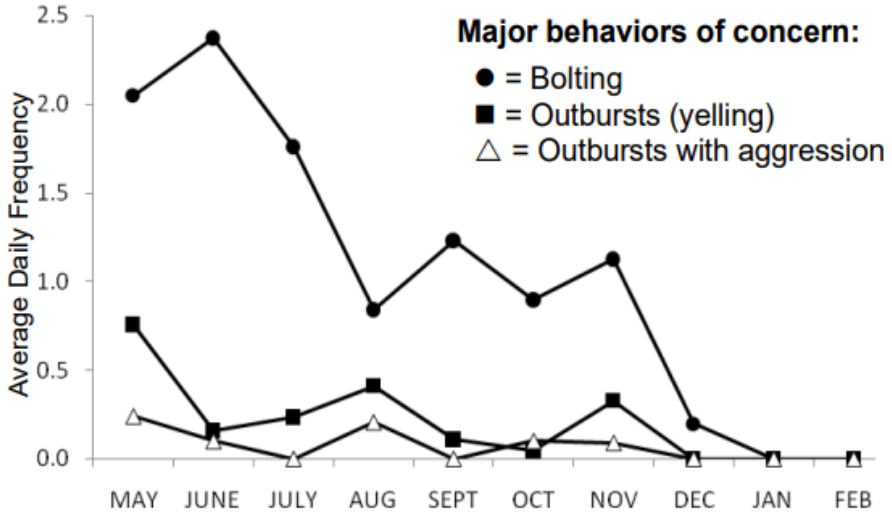
1. Acknowledge trauma and its potential impact
2. Ensure safety and trust
3. Promote choice and shared governance
4. Emphasize skills building

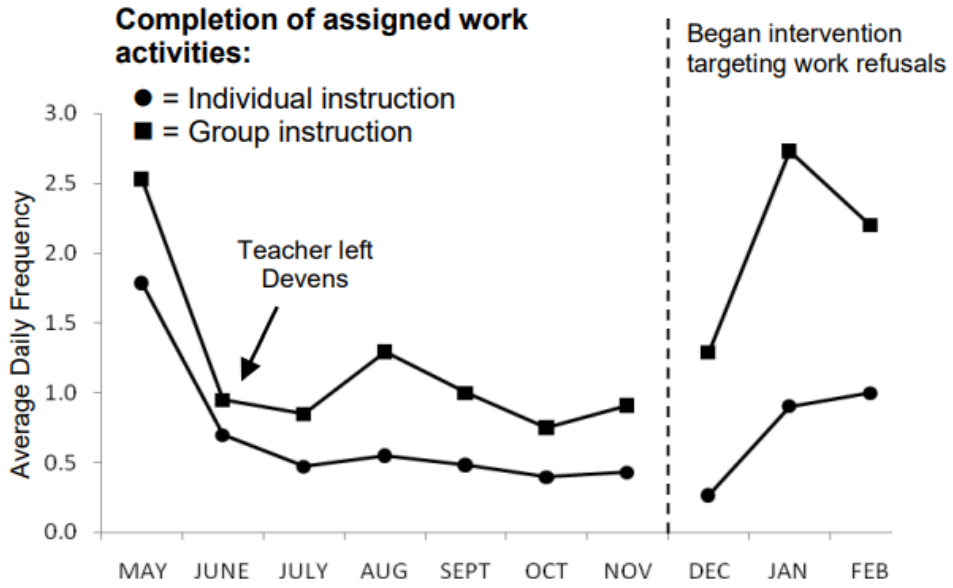
"A behavior analyst acknowledges features of the current environment may exert control over trauma-related responses due to shared stimulus features and those present during the initial traumatic event" (p 44)

- What sort of features might be CMOR's?
- What sort of events might trigger "fear responding" (fight-flight/escape or avoidance operants)?
- How can we figure this out in advance, rather than after the fact?

Applications of Trauma Awareness to Specific Behavioral Cases (Tier 3)

- Case study: 12 y.o. girl with ID, PTSD, history of physical trauma and relationship to restraint.
- This case illustrates both the effect on challenging behavior, and academic engagement.
- Application of trauma awareness, trust/safety, self-governance, and skills building

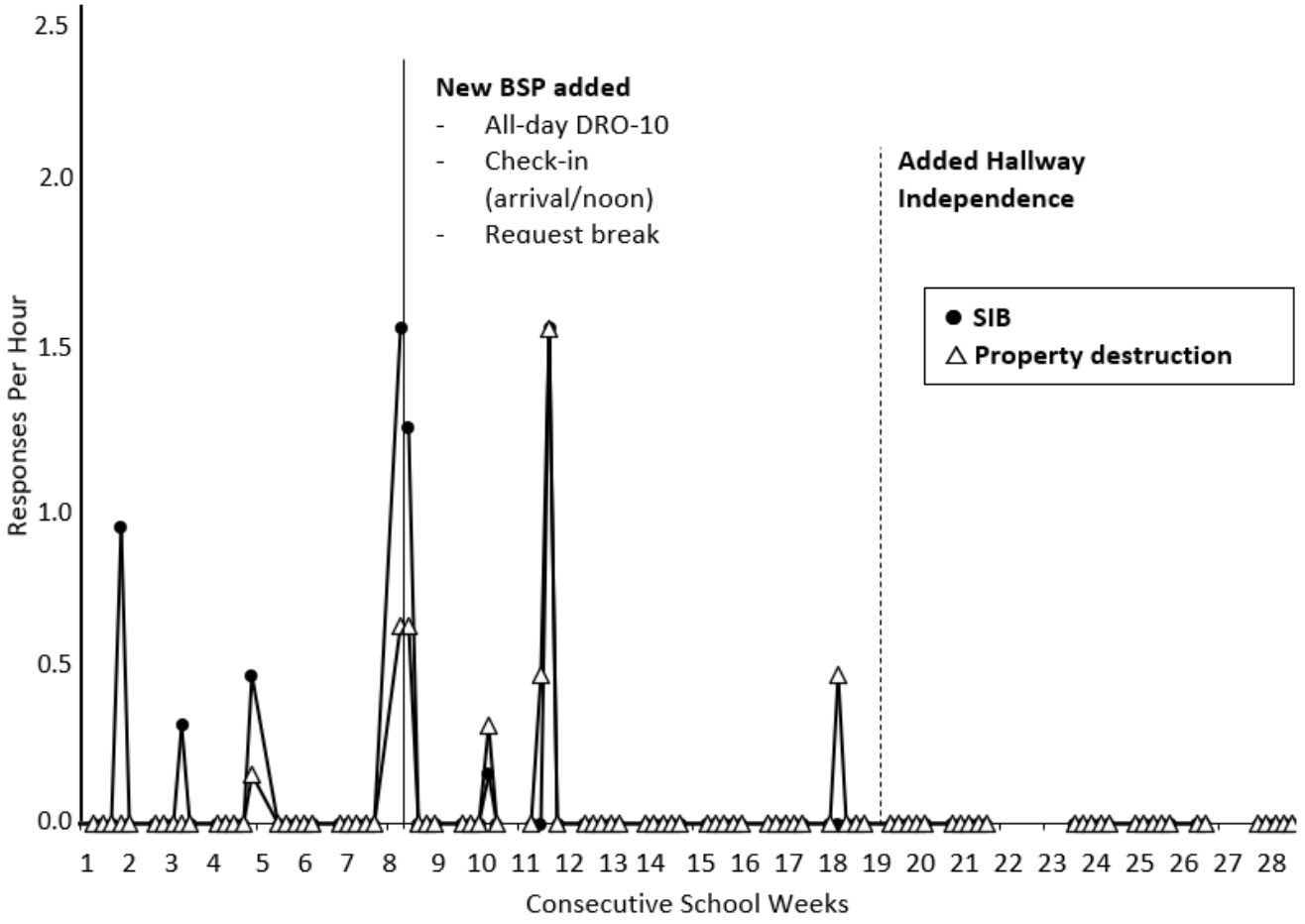




Ricciardi, J. N. (2013). Co-occurring psychiatric disorders in individuals with developmental disability. Chapter 13, In D. D. Reed, F. D. DiGennaro Reed, and J. K. Luiselli (Eds.). *Handbook of Crisis Intervention for Individuals with Developmental Disabilities.* Oxford Press.

Applications of Trauma Awareness to Specific Behavioral Cases (Tier 3)

- Case study: 19 y.o. man with TBI, ID, PTSD, history of witnessing DV, neglect, removal from home
- Collaborative approach to multicomponent BSP which included evidence-based strategies: 1) check-in, 2) choice-making ("opting out" of scheduled activities), 3) FCT, supported self-advocacy, 4) DRO
- Application of trauma awareness, trust/safety, self-governance, and skills building



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SUMMARY

A Trauma Informed System Developed and Applied

1. Self-evaluation: What is our TIC model, and to what extent is this visible to others?
2. Enhancing TIC with guidance from self-evaluation.
3. Special emphasis on screening, sharing findings
4. Sensitizing staff to the presence and impact of trauma
5. Incorporating trauma findings into Tier 3 plans
6. Following the broad outline recommended by Rajaraman:
    - Acknowledge trauma and its potential impact.
    - Ensure safety and trust.
    - Promote choice and shared governance.
    - Emphasize skill building.