

Using Positive Behavioral Interventions & Supports (PBIS) to Help Schools Become More Trauma-Sensitive

Childhood Trauma

Studies estimate 3.3 – 10 million children in the United States witness violence in their own homes each year (1). There is growing research on the psychological, emotional and neurobiological impact of trauma and highly stressful events. Trauma impacts all aspects of a child’s development, including emotional regulation, memory, cognitive processing, social skills, and physical health (2, 3, 4). Trauma can undermine children’s ability to learn, form relationships, and function appropriately in the classroom, including their development of language and communication skills, organization of narrative material, ability to understand cause and effect relationships and to take another person’s perspective, attentiveness to classroom tasks and executive functions (e.g., goal setting and planning, anticipating consequences), and ability to engage the classroom curriculum and instruction (1). These limitations make it challenging for these children to meet classroom learning expectations.

The principles of Trauma-Informed Care, a growing and powerful national movement in the human services system, hold great potential for helping people to recover from the effects of adverse childhood experiences (5). Their application in schools can help to create supportive school environments with positive relationships that empower trauma survivors to flourish and learn to their potential. These changes can help schools to support all children in the development of healthy coping strategies and resilience in facing future struggles.

Professional educators know that many students face challenges in their personal lives that adversely affect their learning in school. However, compared to issues such as alcohol and other drug abuse and teen pregnancy, there is currently less of an understanding of 1) how children have been traumatized by directly or vicariously experiencing violence, homelessness, or loss (or fear of loss) of loved ones, and 2) how these traumatic experiences affect their learning. For instance, an educator may unwittingly trigger a “fight, flight, or freeze” response from a student who has been traumatized through a seemingly harmless action, such as simply raising his voice to gain the attention of students or putting her hand on the student’s shoulder.

“The school setting can be a battleground in which traumatized children’s assumptions of the world as a dangerous place sabotage their ability to develop constructive relationships with nurturing adults. Unfortunately, many traumatized children adopt behavioral coping mechanisms that frustrate educators and evoke exasperated reprisals, reactions that both strengthen expectations of confrontation and danger and reinforce a negative self-image.

Traumatized children’s behavior can be perplexing. Prompted by internal states not fully understood by the children themselves and unobservable by teachers, traumatized children can be ambivalent, unpredictable and demanding. But it is critical to underscore that traumatized children’s most demanding behavior often originates in feelings of vulnerability.” (Helping Traumatized Children Learn, p. 32-33)

Overview of PBIS

Some school districts have chosen to utilize the Positive Behavioral Interventions and Supports (PBIS) model to successfully support students with a wide range of both behavioral and emotional

challenges. Schools can build on these efforts by providing universal, selected and targeted strategies that will emphasize children’s strengths and address the educational needs of students who have been affected by trauma.

Positive Behavioral Intervention and Supports is a systemic approach of proactive, school-wide discipline based on a Response to Intervention (RtI) model. PBIS applies evidence-based programs, practices and strategies for all students to increase academic performance, improve safety, decrease problem behavior, and establish a positive school culture. Schools implementing PBIS build on existing strengths, complementing and organizing current programming and strategies. Data-based decision making is fundamental to PBIS, allowing successes to be easily and objectively shared with all relevant stakeholders.

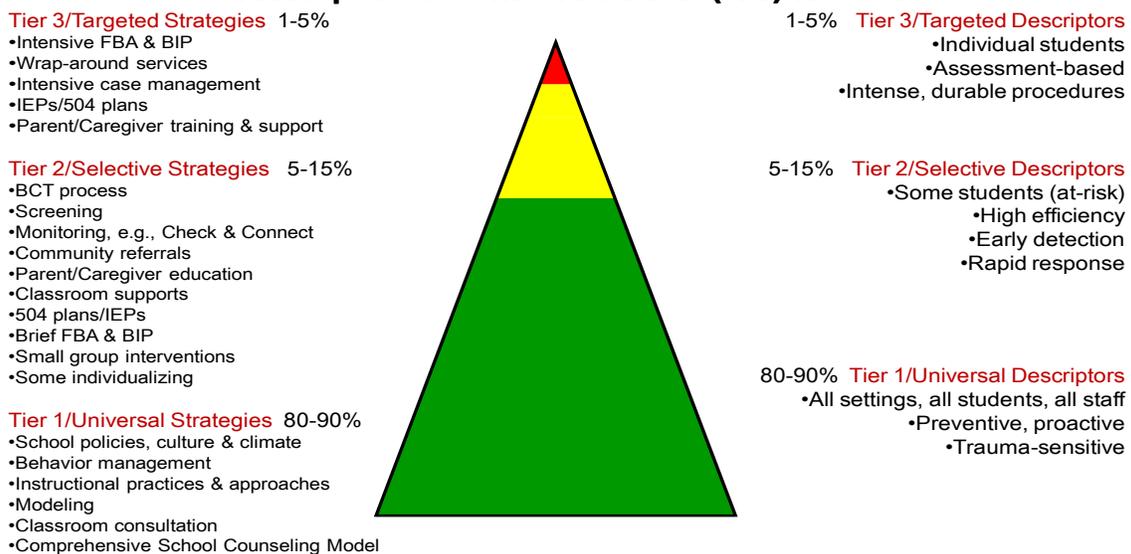
Positive Behavioral Intervention and Supports serves as a structure and process that organizes, implements, and evaluates multiple initiatives and strategies related to social and behavioral improvement (e.g., character education, asset building, social skills instruction, bullying prevention, developmental guidance, building consultation teams, restorative justice practices, wrap-around services, behavioral intervention plans).

One of the fundamental principles of effective PBIS implementation is connecting similar school programs, strategies and improvement initiatives to:

- reduce duplication of effort;
- maximize the impact of instruction, programs and services; and
- help school staff understand how challenges related to a student’s success in school (e.g., behavioral misconduct, mental health issues, substance abuse, interpersonal violence) are best addressed in an integrated manner.

Below is the PBIS model adapted to depict the evidence-based strategies and programs a school can use to become more trauma-sensitive.

Using Trauma-Sensitive Strategies to Improve Learning: A Response to Intervention (RtI) Model



Principles of Trauma-Informed Care

This section will explore some of the principles of Trauma-Informed Care, how they complement the primary ideas behind PBIS, and how insights from Trauma-Informed Care can be applied to schools implementing PBIS systems to become more trauma-sensitive.

1. *Childhood trauma, as a result of adverse early life experiences, is very common.* Research documents the widespread prevalence of early trauma (6). As a result, it is safe for schools to assume that substantial numbers of both children and staff are adversely affected. In some schools, this may be the norm rather than the exception. As a result, schools' efforts to implement PBIS may benefit from raising staff awareness to the many students' need for additional support and safety. School environments must be both physically and emotionally safe for students to fully engage the curriculum and instruction.

PBIS systems begin with the assumption that approximately 80% of students can and will behave well if 1) there are clear behavioral expectations and 2) they are taught how to behave in effective and ongoing manners. Insights from Trauma-Informed Care help us to understand that it is just as important, if not more so, to focus on students' emotional responses as their behavioral responses. Behavior may often communicate a student's emotional need.

2. *Childhood trauma impacts many aspects of a survivor's life, including increased likelihood of the use of coping strategies or other responses to traumatic experiences.* These coping strategies or responses to developmental trauma may be categorized as risky, problematic, truant or anti-social. Researchers have documented the correlations between trauma and a wide variety of risk-taking behaviors and physical, mental and social health problems.

Trauma may lead a child to adopt socially unacceptable behaviors in school, home and/or community settings to help cope with the adverse effects. The recognition that these behaviors (e.g., interpersonal violence, avoidance of academic activities, and substance abuse) may be an attempt to adjust and cope with the impact of adult behaviors over which these students have no control can help educators empathize with students who they may initially perceive to be simply misbehaving. Explanations about why children act out or refuse to cooperate may become more complete with these understandings from Trauma-Informed Care.

Acknowledging the possibility that a child is acting out in response to adult-caused pain or other factors beyond their control, rather than from malintent, can help lead to more supportive and effective responses than might otherwise occur. The perspective shifts from one that asks, "What is wrong with you?" to one that asks, "What has happened to you?" This perspective can help schools adapt PBIS systems to be more compassionate and supportive of the many students experiencing trauma's multiple and debilitating effects.

Children exposed to significant trauma may not have had the opportunity to develop the emotional coping skills of other students or may not have access to these skills during times of stress. PBIS recognizes the need to teach students desired behaviors and skills and provide for opportunities for practice in a safe and supportive environment.

Chronic trauma can impair the development of children’s ability to regulate their emotions and to control impulsive and externalizing behaviors. Reactions can be triggered if they feel they are being provoked or if something reminds them of the trauma. What is insignificant to a child who has not experienced trauma can be seen as very threatening to a child who has been traumatized. The latter then responds in a way that seems to be out of proportion with the situation to the uninformed observer. Such responses may lead to aggression, defiance and other types of externalizing behaviors on which PBIS is focused. The classroom teacher may misinterpret the behavior as intended to disrupt the instructional process.

Positive Behavioral Interventions and Supports has not historically focused on children’s issues that are more hidden and “quiet.” Trauma-Informed Care can help schools identify children who have internalized symptoms, such as social withdrawal and perfectionism. The student may excessively daydream, appear to be sleeping, ignore directions, avoid tasks or seek to leave the classroom. Educators may find that children who internalize their problems are less disruptive in the classroom and therefore require less attention or concern. However, we are learning that the emotional distress from internalized responses is no less dramatic or disruptive for these children.

By understanding how trauma can affect children and youth, educators can discover individual children’s “trauma triggers.” Once the triggers are identified, a wide range of universal, supplemental and intensive supports can be part of a PBIS system to address both externalizing and internalizing barriers to learning (see the next section on *Three Levels of PBIS* for more information).

3. *Safety and security are critical needs, especially for children who have experienced trauma.* Children must feel safe and secure to optimally develop and learn. This may be even more important for children who have experienced trauma, since their reactions of “fight, flight or freeze” may be exaggerated due to adverse early experiences. PBIS aims to develop and maintain a safe and supportive school environment that can help all children succeed in school. This framework relies on positive and proactive supports rather than punitive and reactive discipline to promote socially responsible behavior.

The aim and approach of PBIS can be reinforced by understanding the principles of Trauma-Informed Care. This perspective can help inform PBIS implementation with the recognition that trauma-affected students who misbehave need safety and security in order for them to adopt more acceptable behaviors. Many childhood behaviors labeled as anti-social or problematic are actually responses to others’ reactive, uninformed, unpredictable and punitive approaches to caregiving. While disciplinary consequences can be used when students misbehave (although they are minimized with use of PBIS), the trauma-informed perspective helps educators see the importance of implementing discipline in a sensitive, predictable, and respectful manner. This is not only because the misbehaving student may be a victim of trauma, but also because helping the child impacted by trauma will be more effective if she/he feels safe and secure when being disciplined.

Three Levels of PBIS

Tier 1: Universal – Tier 1 instruction, processes and procedures are intended for and delivered to all students and all staff in all school settings (e.g., classrooms, hallways, libraries, cafeterias, playgrounds, school buses). Examples that may help a school to become more trauma-sensitive include:

- School policies, culture and climate that establish a physically and emotionally safe environment and expect prompt intervention for behaviors (by students or adults) that are inconsistent with this standard;
- Behavior management strategies that are clear, consistent, proactive and predictable across all classrooms and other school settings;
- Instructional strategies and approaches that differentiate among students, based upon their identified strengths and shortcomings, and provide multiple avenues to success;
- Modeling of appropriate and caring behavior by all adults in the school environment;
- Implementation of the Wisconsin Comprehensive School Counseling Model and other complementary programs (e.g., Tribes, Discipline with Love and Logic, Second Step); and
- Consultation that is available to classroom teachers and other educators to support their implementation of these strategies and programs.

Tier 2: Supplemental Support – Tier 2 processes and procedures are designed to address the behavioral challenges of groups of students with similar behavior problems or behaviors that occur for the same reasons (i.e., attention-seeking, avoidance) and/or across similar settings. Examples that may help a school to become more trauma-sensitive include:

- Building consultation teams (BCTs) that support classroom teachers' efforts to be more responsive to students affected by trauma;
- Screening students to determine if other assessments or referrals are warranted;
- Monitoring students' responses to interventions;
- Referrals to community services and programs;
- Parent/caregiver education to help adults understand how children are affected by trauma;
- Classroom supports to help teachers differentiate instruction and behavior management;
- 504 and Individual Education Plans (IEPs) for students with identified disabilities;
- Brief functional behavioral assessments (FBAs) to determine why students may be responding as they do (e.g., fight, flight or freeze) coupled with low-intensity, behavior intervention plans (BIPs) to provide students with alternative, appropriate methods to meet their needs; and
- Small group interventions to teach students emotional regulation, coping, stress management, and problem-solving strategies.

Tier 3: Intensive Intervention – Tier 3 processes and procedures reflect school-wide expectations for student behavior and include additional team-based strategies to address problematic behaviors of individual high-need students. Examples that may help a school to become more trauma-sensitive include:

- Teacher/environmental interventions that identify triggers and develop strategies to reduce and address these issues;
- Individual interventions to teach students emotional regulation, coping, stress management, and problem-solving strategies;

- Comprehensive FBAs coupled with intensive BIPs to teach individual students alternative, appropriate methods to meet their needs;
- Wrap-around services and interventions that involve multi-disciplinary teams from the school, mental health, the family and other systems (e.g., child welfare, juvenile justice), as appropriate;
- Intensive case management to closely monitor the student's responses to interventions and coordinate the involvement of multiple educators, other professionals, and the family;
- IEPs & 504 plans for students with identified disabilities; and
- Parent/caregiver training and support to help adults understand how to effectively parent the child.

Resources to Support Schools Becoming More Trauma-Sensitive

The Department of Public Instruction created a toolkit with a variety of resources to help schools become more trauma-sensitive. The information serves as an entry point into understanding the intersection of trauma and education. Over time, more resources will be added. Current resources include:

- a list of commonly asked questions with responses summarizing the number of children affected by trauma and how trauma affects how children learn;
- an annotated list of high-quality resources, including those highly recommended for schools, websites, clinical resources, selected articles, and books;
- a PowerPoint presentation with detailed speaker notes that can be used in a building in-service addressing definitions, prevalence and impact of trauma, steps to create trauma-sensitive schools, and self care;
- electronic links to webcasts that describe childhood trauma and steps to create trauma-sensitive schools; and
- contact information for individuals who are able to provide technical assistance or professional development to school districts.

This toolkit can be found at <http://www.dpi.wi.gov/sspw/mhtrauma.html>. Questions can be directed to Nic Dibble, Education Consultant, School Social Work Services, at (608) 266-0963 or nic.dibble@dpi.wi.gov.

References

- (1) [Helping Traumatized Children Learn](#) (June 2007). Massachusetts Advocates for Children: Trauma & Learning Policy Initiative. Available at <http://www.massadvocates.org/trauma-learning.php>.
- (2) [The Impact of Trauma on Learning](#) (June 2006). The Citizen Commission on Academic Success for Boston Children. Accessed 5-06-11 from http://www.michigan.gov/documents/mde/Zenti_-_The_Impact_of_Trauma_on_Learning_9-09_311457_7.pdf.
- (3) *The Effects of Trauma on Schools and Learning*. National Child Traumatic Stress Network. Accessed 5-06-11 from http://www.nctsnet.org/nccts/nav.do?pid=ctr_aud_schl_effects.

- (4) Steele, William. *Trauma's Impact on Learning and Behavior: A Case for Intervention in Schools*. May 2007. Accessed 5-06-11 from <http://www.tlcinst.org/impact.html>.
- (5) *Welcome to the National Center on Trauma-Informed Care*. Substance Abuse and Mental Health Services Administration. Accessed 5-06-11 from <http://www.samhsa.gov/nctic/>.
- (6) *Adverse Childhood Experiences Study*. Centers for Disease Control and Prevention. Accessed 5-06-11 from <http://www.cdc.gov/ace/index.htm>.