Why Aren’t Our Behavior Interventions Working?

Using Trauma-Informed Approaches To Enhance Your Behavior Interventions

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WHY AREN’T OUR BEHAVIOR INTERVENTIONS WORKING?

USING TRAUMA-INFORMED PRACTICES TO ENHANCE INTERVENTIONS

Will Henson Psy.D.
Disruptive, defiant and dysregulated behavior is a major problem in schools today and results in disrupted learning environments.

2008-2012 over half of 10,000 teachers surveyed reported a rise in disruptive behavior across all demographics.

WHAT IS THE CAUSE?

- Is it...increased class size, lack of school funding, no discipline, social media, video games, over-medication, increased rates of mental illness, undiagnosed disabilities, entitled kids, enabling parents, etc.
There is no **ONE** cause.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)
ACEs – Adverse Childhood Experiences

- Original study of Trauma was conducted in the Kaiser Health system in the 1990s.
- 10 types of ACE’s or “Adverse Childhood Experiences” in 3 categories were identified:
  - ABUSE: Physical, Sexual, Emotional
  - NEGLECT: Physical, Emotional
  - HOUSEHOLD: Family members incarcerated, mental illness, parental separation, substance abuse, domestic violence.
- ACEs tend to occur in clusters.
- ACEs have a dose-response relationship.
- ACES are usually chronic, long-term stressors.
ACEs have an enormous impact on school age students, especially on behavior.

- Neurological development
- Decreased resilience
- Mental illness (increased rates)
- Increased stress response (fight or flight)
- Poor regulation skills
- Hyper-vigilance
- Social misattributions (hostile bias)
- Academic difficulties
- Problems with concentration and attention
- Difficulty trusting others
- Low self-worth & self concept, sense of agency
- High risk behaviors (substance abuse, domestic violence, etc.)
- Long-term health problems and early morbidity
ACEs Impacts

- **Students at risk:** Compared to someone with no ACES students are:
  - 3 times more likely to experience academic failure
  - 4 times more likely to have reported poor health
  - 5 times more likely to have severe attendance problems
  - 6 times more likely to evidence school behavior problems

- **Impacts Vary by:**
  - Point in time trauma occurs
  - Nature of adverse experience
  - Relational environment & supports present
  - Student’s resilience
Prevalence of Adverse Childhood Experiences

A TYPICAL CLASSROOM OF 30 STUDENTS

> 6 students with no ACE
> 5 students with 1 ACE
> 6 students with 2 ACEs
And importantly -
> 3 students with 3 ACEs
> 7 students with 4-5 ACEs
> 3 students with 6+ ACEs
How Common Are ACEs in School Aged Children?

- 45% of children in schools have THREE OR MORE ACEs – Enough to impact their behavior.
Regulation is...

The ability to impact one’s own:
- Thinking
- Attention
- Emotions and
- Physical sensations.

All of these can be impacted by ACEs.

Top Down Control: Using thinking to regulate.

Bottom Up Control: When you are overwhelmed by automatic arousal process. Dysregulation occurs when automatic processes drive behavior.
Do you like spiders?
Dysregulation is an Automatic Process
How Does Regulation Develop?

- Regulation develops when two conditions are present:
  - 1. CO-REGULATION: Adults help toddlers and young children regulate. This repetition and modeling helps kids learn to self-regulate.
  - 2. SAFE, STABLE ENVIRONMENTS: Kids need to be and feel safe and have predictable environments in order to develop regulation skills.

- ACES Disrupt the normal process of acquiring self-regulation.
Why Don’t Our Interventions Work?
What are our current interventions supposed to do?

- **Motivate Kids:**
  - Provide incentives and reinforcers (e.g. PBIS tickets)
  - Punishing kids (e.g. Zero tolerance policies)

- **Teach Skills**
  - Social & Emotional Learning (e.g. SEL)
  - Teaching expectations (e.g. PBIS)

- **Logically Solve Problems**
  - Listening and logical problem solving (e.g. Collaborative Problem Solving, Conscious Discipline, Restorative Justice)
  - Expressing and discussing emotions (e.g. traditional therapy or counseling)
Motivational Approaches

Consequences / Discipline / Rewards

- Requires a student be more motivated to avoid the consequence or get the reward.
- Requires the student to project his or her actions into the future and make a rational decision.
- Assumes kids have the social and emotional skills (planning, problem solving, self-awareness etc.) and simply need external motivation to use them.
- Assumes that if kids can use the skill under one condition, they can use it all the time and are just ”manipulating”.

Motivational Approaches

Consequences/Discipline/Rewards

- Consequences tend to only suppress behaviors people are capable of suppressing.
- Students with ACEs tend to perceive consequences as unfair.
- Giving a consequence often dysregulates the student (especially if given by an angry adult).
- Kids are motivated by internal needs to avoid dysregulation more so than anything external.
Teaching Social and Emotional Skills

Teaching Skills to Kids

- Direct teaching targets the neo-cortex. Skills taught using traditional academic methods are not effective.
- Learning requires students to be regulated.
- Many students with trauma have cognitive and attention issues that make direct teaching difficult.
Problem Solving/Talking Logic

- Many students with trauma are not used to adults asking them to express feelings, give opinions, or collaborate in problem solving.
- Students need to be regulated before using logic.
- Students with trauma aren’t always good at projecting consequences of their actions and using their logical mind. They are more “in the moment.”
- Some kids have never solved a problem without an escalation; This is new territory for some people!
Using a Trauma-Informed Approach to Enhance Interventions
Low resiliency is a key impact of traumatic childhoods.

Building resilience is an important goal of trauma-informed schools.

ACEs ARE NOT DESTINY

Resilience is built through:

- Building Relationships
- Engaging in areas of strength and building success
- Well-developed coping skills to handle situations
- Fostering connected to culture, faith and community
Relationships are the key to healing trauma.

Repeated, positive experiences in relationships with others change the brain. Healthy engagement with students IS doing something useful.

Trust is built with students through consistent, calm and positive interactions, and repairing failures.

Non-verbal interactions are extremely important in building trust.
Many students may not be able to REGULATE on their own. They may need an adult to help them regulate: This is called “CO-REGULATION”.

- Only a well-regulated adult can help a student regulate.
- Co-regulation is something you do WITH someone, not to them. It’s not a technique.
- Co-regulation is a shared experience with a shared outcome.
- Co-regulation is primarily a non-verbal, right brained process.
- Focus on listening, tuning in and empathy FIRST.
CRITICAL: Nonverbal Communication Emphasis

- Non-Verbal Communication is the most critical aspect in working with anyone but ESPECIALLY those with traumatic histories.
- Non-verbal and para-verbal communication accounts for 93% of a message.
- Students with trauma pay EVEN MORE attention to non-verbal signals than they do the words you say.
Non-Verbal Indicators

- Tone
- Rate of speech
- Choice of words
- Facial expression
- Voice volume
- Gestures
- Smile vs. Frown
- Personal distance
How to Teach Skills to Kids

- Decrease the emphasis on cognitive and academic skill delivery.
- Repeated PRACTICE is a better way to teach skills.
- Reward/Reinforce practice, not performance of skills.
Practice vs. Performance

**Performance:**
- Takes place in real-world conditions
- Variables are unpredictable
- Failure has real consequences
- Cannot be scaled to the kid’s skill level

**Practice:**
- Takes place with an adult
- Challenge can be modified for success
- Allows repetition of experience
- Allows immediate feedback
- Okay to fail
Disciplinary practices have to be trauma-informed.

Entering a disciplinary situation is a major trigger for students with ACES.

Trauma-informed discipline decreases suspension and expulsions and helps students feel safe and participate in the disciplinary process.

**What to do:**

- Set the tone by being calm.
- Tell the student what to expect: give an overview of why you are meeting with the student.
- Balance accountability with the impact of trauma.
- Let the student be part of the solution (restore and repair).
When faced with a novel situation students with trauma may:

- Not adapt well to the change
- Misinterpret the situation
- Be uncertain of how to respond or what to expect

**Predictability** is a critical part of a trauma-informed school, classroom, and personal interactions. It should be a goal of everything you do.

- Regular schedules and routines
- Clear expectations
- Posted visuals to clarify expectations
- Predicable actions and responses from adults
Students with ACE's need regular opportunities for regulation - not just when they are in crisis.

Calming opportunities, breaks, exercises should be built into the daily routine.

Frequent interactions with regulated adults.

Many districts have adopted Wellness Rooms: these rooms provide a short, structured visit for students to engage in cognitive, motor and sensory breaks.
Staff Training
Moving from Awareness to Implementation
CONCEPTUAL: Staff need a mindset about trauma that:

- Defines the definition of ACEs, broadening the scope beyond just abuse
- Describes impacts on kids, especially behavioral impacts that manifest in school-age kids (hypervigilance, hyperarousal etc.)
- Makes clear the prevalence of Adverse Childhood Experiences
- Dispels myths
- Clarifies primary role of staff in helping kids with trauma (relationships, regulation, predictability etc.)
Conceptual understanding helps choose between competing ideas.

**Non Trauma-Informed Approach to Behavior:**

- Student is manipulative/controlling/attention seeking.
- Student can’t be allowed to “get away” with the behavior.
- Student will learn through punishment.

**Trauma-Informed Approach to Behavior:**

- Student behaviors are reactions based on history of adverse childhood experiences.
- The student needs different supports in the way we respond (and prevent) challenging behavior.
STAFF TRAINING

- **Practical Skills:**
  - Co-Regulation Skills
  - Affect Management
  - De-escalation
  - Skill delivery
  - Self-Care & Wellness
STAFF TRAINING METHODS

- Didactic methods are okay but sit and get only goes so far.
- Staff need introduction to speak a common language about what trauma is and how it affects people.
- Staff (like kids) need practice / repeated use of trauma-informed practices to achieve proficiency.
- Staff develop proficiency by doing both through ongoing use and practice.
- All staff (bus drivers, food service, paraeducators etc. need the training).
- Trauma-informed practices need to be built into the culture and norms. They should be part of the way you conduct business (evaluations, BSPs, IEPs, behavior plans, SSTs etc..)
Summary

Why many current interventions don’t work:

- They don’t prioritize the student’s regulation
- They attempt to use motivation only to change behavior
- They try to teach skills using traditional instructional practices
- They rely on dialogic and logic

What we can do about it:

- Focus on ways to achieve and maintain regulation
- Teach SEL skills through repetition and practice
- Use motivation techniques to motivate practice instead of performance
- Focus on building relationships with students
- Help students build resilience
- Train staff to understand trauma-informed practices
THANK YOU

Questions?

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