Practical Strategies for De-Escalating Trauma Related Behaviors

A WORKSHOP FOR SCHOOL PERSONNEL AND PROFESSIONALS WHO INTERACT WITH CHILDREN

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PLEASE SILENCE YOUR CELL PHONES AND ELECTRONIC DEVICES
Welcome!

Goals for today include:

- Distinguish the two broad types of trauma.
- Understand the value and potential role of interactions with a child suffering from trauma.
- Identify some basic strategies that a teacher or educational staff can employ in the classroom or school setting.
- Obtain a list of resources that may help school staff continue to support and follow up with interventions for students suffering trauma.
For the purposes of our discussion today, we are going to assume that the children we refer to are typically developing in every other way.

This means they are neurologically typical in every other way aside from what we are about to discuss.

I.e. The children do not have an Autism Spectrum Disorder, an Intellectual Disability or any type of Depressive Disorder.
Addressing Co-Occurring Symptoms

- Many children exhibiting any number of other symptoms related to other psychological disorders also suffer from trauma.
- For the purposes of brevity and clarity, we will make today’s discussion concisely focused on trauma.
- For a student suffering from trauma and who has a co-occurring diagnosis, have a plan to address the additional symptoms in addition to the symptoms of trauma.
Trauma And Stressor- Related Disorders

Children can suffer trauma in two distinct ways:
1. Chronic and,
2. Acute

A combination of the two might be considered “complex trauma.”
DSM 5 Diagnoses

- Chronic trauma can bring about two distinct trauma & stressor-related disorders:
  1. **Reactive Attachment Disorder (RAD)** and,
  2. **Disinhibited Social Engagement Disorder (DSED)**

- Acute trauma can bring about a different trauma related disorder:
  1. **Post Traumatic Stress Disorder (PTSD)**
Distinction Between the Two Types

- The key difference and distinction between the two types is associated with child rearing experiences and the environment in which a child may have been raised.
  - “The child has experienced a pattern of extremes of insufficient care…” DSM 5 Diagnostic Criteria element for both types of chronic trauma.
  - “Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways…” DSM 5 Diagnostic Criteria element for PTSD.
- It is possible for children suffering from chronic trauma to also suffer from PTSD.
Results of Research Conducted in Philadelphia and Published 2010

- Children who received more attention and nurturing at home tended to have higher IQ’s.
- Children who were more cognitively stimulated performed better on language tasks.
- Children nurtured more warmly did better on memory tasks.
MRI’s were taken of the children’s brains as teens and then matched up with records of how warmly nurtured the children had been at both four and eight years old.

A strong link between nurturing at age four and the size of the hippocampus (a part of the brain associated with memory).

No correlation found between nurturing at age eight and the hippocampus.
Possible Ramifications of This Study

- Have you ever asked a student,
  - “How do you think your friend feels when you push her?” or,
  - “How do you think I feel knowing that you lied to me?” or,
  - “Imagine what it must feel like to have your things stolen?”

- Consider: A child raised in an environment with inconsistent nurturing and low cognitive stimulation may be incapable of processing information in the manner in which you are asking without other types of interventions.
Interventions: The Importance of Caring

Do the students know you care?

- In a study, most teachers said, “yes,” but also revealed that few students believe teachers care about them.
- Instead they believe teachers only care about the “A” students who know how to “play the teachers game.”
- Yet... research has shown that the greatest predictor of achievement is the student’s perception of, “Does the teacher like me?”
Furthermore… Successful adults who had overcome learning and attention problems attribute that success to one person, “a charismatic adult” with whom they “identify and from whom they gather strength.” – Julius Segal

The relationship you have with your students has a profound therapeutic value.
Unconditional Positive Regard
The Two Mr. Rogers

The curious paradox is that when I accept myself just as I am, then I can change.

Carl Rogers
Interactions That Convey Unconditional Positive Regard

- Get on eye level and use student’s name.
- Know the student’s life and reference family, friends, pets and favorite activities when you can to communicate you’re mentoring each and every student.
- Use the specific words, gestures, and actions that have been proven to “connect” with this specific student in the past.
Interactions That Convey Unconditional Positive Regard

- Let the student eavesdrop on you praising a specific accomplishment or your pleasure in their company to another professional.
- Actively listen to understand.
  - Reflect back what you heard.
  - Summarize emotions and content.
- Try to understand and empathize… Don’t judge.
How the Different Types May Present in School Case Study #1 Victor:

- 12 year old child born to a family of caregiver(s) that are consistent and nurturing. He comes into your classroom and does relatively well in school. Victor earns average or superior grades and has good attendance. He may not be a model student but is certainly everything you need a student to be in order to function in your classroom. You are able to build a good relationship built on trust and mutual respect.

- Victor goes on a road trip with his family, and the family suffers a horrible car accident and he witnesses the death of his mother as a result.

- When he returns to school, Victor is frequently sullen, forgetful, irritable, seeks to isolate himself, falls asleep in class and struggles to turn in assignments he once seemed to enjoy.
Strategies to Help Victor

- Maintain your respectful, positive and supportive relationship.
- Be compassionate and empathize. Use phrases and words to convey this empathy and support. Convey messages of caring and compassion.
- Allow Victor to grieve and process in his own way.
- Consider modifying or adapting your assignments, classwork, and overall expectations to support Victor during this period of grief.
- Obtain a consent to exchange information with any mental health practitioner who may be treating Victor and discuss how to best support him.
Strategies to Help Victor

- Be sure that the other members of the educational team are aware of Victor's loss, grief and trauma.
- Plan and develop strategies with remaining caregivers.
- Enlist the support and feedback of school based psychologists and your principal.
- Get as much consensus as you can in how to best support Victor.

Be aware that, even though interventions, modifications, accommodations and strategies will probably only need to be temporary, it may take a long time for Victor to sufficiently move through the grieving process.
This is his first year at your school, having previously attended 4 other schools. He has no history of special education or needing accommodations (no IEP or 504 plan). His caregivers admit during a parent conference that he is a foster child who came to live with them over the summer. Furthermore, that they may or may not try to adopt him depending on how well he fits in with their family. From the first day he is charming and gregarious and makes friends easily. It can be difficult to motivate him to do work. He frequently has an excuse why the work isn’t done, or can’t get done. He “whines and complains,” begs you for help and then seems to resist your attempts to help him. He does complete enough work, sufficient to maintain C’s and D’s. You are convinced that he is of at least average intelligence. During P.E. Franky competes very hard but has a very difficult time losing any game, frequently blaming other students for his team’s loss.
Franky (part 2)

You and other staff witness or hear of instances of aggression and bullying on the playground, during recess. He starts to accrue office referrals and is dismissive and quick to anger when you try to redirect him and hold him accountable for his inappropriate behavior. Numerous attempts to process his inappropriate behavior have been tried. Additional parent conferences have been held regarding Franky’s behavior and he has also been suspended for 3 days.

Franky seems to know all the right answers, saying things like, “I should think before I act,” or “I should ask an adult for help,” or “I know winning isn’t everything so I shouldn’t get so upset when I lose.” Despite his ability to reflect and come up with the right answer, all of these strategies seem to have no effect on his behaviors.
Proactive Interventions

Franky will be best served with proactive interventions.

- The best interventions strive to anticipate most problem behaviors before they occur.
- To do this, it is important to employ...
  - The right amount of structure for your class and individual students as needed.
  - Meaningful, individualized motivation as needed.
  - Really good teaching!

Always consider developmental and functioning levels.
Use Response to Interventions (RTI) and PBIS

Many schools are now working to implement a three-tiered “Response to Interventions” (RTI) as well as School Wide Positive Behavior Interventions & Supports (SWPBIS).

If your school is one of them, then you have a framework from which to address problem behaviors that is effective when working with a student acting out due to chronic or acute stress.
Frequent Antisocial Behaviors are Best Addressed Systematically

- For students exhibiting chronic antisocial behavior, consider calling for a Student Support Team (SST) meeting.
- Support one another, caregivers and professionals, and have a coherent plan.
- Work together and collaborate with team members to develop safety and individual crisis management plans (ICMPs), as needed.
- Employ your school’s crisis intervention protocol whenever necessary; however, some strategies may be counter indicated for a child suffering from trauma.
  - Examples may include: physical restraint and time out
Consider conducting a Functional Based Assessment (FBA) of problem behaviors that will lead to a formal Behavior Intervention Plan (BIP).
Critically Components of Behavior Intervention Plans

- Behavior plans describe what the adults, professionals and staff will do differently to solicit the prosocial, desired or replacement behavior.

- Behavior plans list strategies that make the problem behavior(s):
  - Irrelevant,
  - Ineffective, and
  - Inefficient
Proactive Strategies to Make the Problem Behavior Irrelevant

- Provide a safe and secure environment by having a program of routines and a very consistent structure. Be predictable and consistent.

- Make behavior expectations very clear for all of the various routines.

- Plan and practice the expectations in the different situations.

- Depend on the structure of the program and remind Franky of program expectations.
  - De-personalize your interventions.
  - Refer back to the program and the expectations, including rewards and punishments. “That’s just the way it is Franky; when you hit you get suspended.”
Proactive Strategies to Make the Problem Behavior Irrelevant

- Make work expectations very clear. You may need to sit with Franky and go over all of the assignments for a week, or a month (or more). Make a list of these work assignments and give very specific deadlines.

- Turn these lists into agreements and procure Franky’s signature. Give Franky and his caregivers copies of the agreements.

- Consider rewards and reinforcement (special privileges, small treats, accolades, etc.) for Franky upon completing tasks and maintaining behavioral expectations.
  - This may need to be done intermittently as time passes and Franky successfully completes small tasks related to bigger tasks.
Reactive Strategies – Responding to Antisocial Behavior

- When possible, consider if the behavior you are witnessing can be ignored. Many trivial or low level behaviors will disappear if ignored or if you can re-engage the student in the learning process.
- Before engaging, check in with yourself and be sure that you are emotionally and psychologically capable of working with the child.
- When engaging, always stay calm, clear, assertive and respectful. (This is especially true for Franky.)
Reactive Strategies – Responding to Antisocial Behavior

- Minimize or avoid jokes and sarcasm altogether.
- Following an event, a child may struggle to review, or actively work to avoid processing incidents.
- Despite potential limitations it is important to conduct an incident review with a child and at least attempt to help them make the connections of their behavior and it’s consequences.
Resources

Websites:
careparenting.net
psychologyfoundation.org
pent.ca.gov
smhp.psych.ucla.edu (Center for Mental Health in Schools)
pbis.org

Reading List:
“Parenting Without Punishment Making Problem Behavior Work For You” – Maag
“Antisocial Behavior in School: Strategies and Best Practices” – Walker, Calvin & Ramsey
“Functional Assessment and Program Development for Problem Behavior” – O’Neill, Horner, Albin, Sprague, Storey & Newton
“The Teacher’s Encyclopedia of Behavior Management” – Sprick & Howard

Treatment:
Dialectical Behavior Therapy With Multi-Problem Adolescents – Linehan; Behavioral Tech, LLC
SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress, A Trauma Focused Guide – DeRosa, et.al.; North Shore University Hospital
Conclusion – Thanks So Much!

- Review learning goals. Were they accomplished?
- Follow up questions?
- Concerns?
- Comments?
- Other needs?