Trauma-Informed Behavior Support: A training & coaching model for caregivers

Victoria L. Hummer, LCSW
Rocky Haynes Jr., M.S., BCBA
Irene K. Rickus, MS, LMHC
Adapted from:

- *Fundamental Tools for Positive Behavior Change* (Stoutimore, Williams, Neff, & Foster, 2008)
- *Creating Trauma-Informed Care Environments in Residential Settings for Youth* (Hummer & Dollard, 2010)
- *School-Wide Positive Behavior Support*
Continued Thanks go to….

- The administration and staff at The Children’s Home, Inc.

- Norin Dollard, PhD, and Kimberly Crosland, PhD, BCBA-D, who developed the model in conjunction with Vicki Hummer, LCSW
The Problem

- Systems serving children include restrictive facilities (short and long term) for children with severe emotional-behavioral problems and for whom alternatives are unavailable.
- These facilities have large staffs that may lack experience, and most of their training has focused on how to handle “crises”:
  - E.g., with restraint, seclusion, time out and “take downs,” etc.
- Most of these children & youth have behaviors that are a result of trauma.
- Frequent negative interactions between staff and children.
What we have learned

- Organizational Culture needs to be addressed prior to implementation of training
- Leadership buy-in and training is critical
- Data feedback loop strengthens buy-in
- Training should happen away from the premises and with total participation (or make-up sessions)
- A “TIBS Squad” should be appointed to help keep skills alive
- Staff incentive programs to recognize and reward use of tools can make a difference!
- Drawing parallels between expectations of staff and youth helps understanding & motivation
- Need a structured implementation plan & timeline
People who work with trauma survivors need a framework and proactive tools!
Trauma-Informed Behavior Support

- Uses a trauma-informed framework that uses Applied Behavior Analysis (ABA) techniques and tools to develop an intervention we call Trauma-Informed Behavior Support (TIBS).

- The framework has been tested as an intervention with residential treatment staff working with traumatized children, youth and their families.

- Systems Change: Adaptation School-Wide Positive Behavior Support (Based on ABA Principles)
Needs
- High rates of trauma among children & youth served in residential
- Training in Trauma-informed care principles
- Training & skill-development in alternatives to coercive interactions for direct care staff
- High rates of staff turnover and critical incidents

Direct Care Staff values, attitudes & behaviors

TIBS supervisory and peer coaching & support

Intermediate outcomes
Staff behaviors
- Staff acquire & apply positive behavior change tools
- Change beliefs about children who have experienced trauma & their families
- Decrease coercive interactions

Child behaviors
- Increase pro-social behaviors
- Decrease problem behaviors

Long term outcomes
Organizational outcomes
- Staff maintain skills at 6 months
- Cultural Change within organization determined by staff retention
- Higher % of staff earning incentives
- Higher rate of implementation of TI Care Strategies
- Fewer critical incidents
- Rolling out of model to consumers & families

Needs
- High rates of trauma among children & youth served in residential
- Training in Trauma-informed care principles
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- High rates of staff turnover and critical incidents
What are the strengths of both trauma-informed care and ABA?

- Ecological & organizational change
  - Changing the child or youth isn’t enough, you have to change the systems around him or her.
  - Change the environments where children live, go to school, receive healthcare or receive mental health care.
  - Change interactions between children and their caregivers
What are the strengths of both trauma-informed care and ABA?

- The intervention suits the needs of the population
- Both are individualized to the child or youth
- Both can be applied in many types of settings
- Both promote positive relationships
- Both promote pro-social skill-building
What are the strengths of both trauma-informed care and ABA?

- Both seek to reduce coercive procedures (including seclusion and restraint).

- The national movement to reduce S &R grew with TI Care

- ABA – literature say punishment is not effective as positive reinforcement because it does not teach new skills
Where is the Evidence?


How are trauma-informed care and ABA complementary?

**Origin of behavior**

Trauma-informed care principles help to explain the etiology of behavior, decreasing reactivity on the part of caregivers & staff, setting the stage for empathy & attunement.

**Function of behavior**

Applied behavior analysis examines the function of behavior, offering caregivers and staff tools that promote pro-social skill development & positive interactions.
Why TI Care and ABA together?

- Trauma-informed care reflects our values about how we treat kids and families as well as accounts for the neurophysiological bases of behavior
- ABA is effective across the lifespan for a wide range of problem behaviors and symptoms
Combining ABA & TIC?

Our belief is that

- Knowledge of trauma-informed care will increase maintenance of ABA skills
- Knowledge of trauma-informed care depersonalizes children’s behavior
- Having ABA skills decreases staff turnover and injury
- Applying ABA increases positive interactions
## Strengths that contribute to Trauma-Informed Behavior Support model

<table>
<thead>
<tr>
<th>TI Care</th>
<th>ABA</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Increases empathy &amp; decreases reactivity</td>
<td>◆ Tools are user friendly</td>
</tr>
<tr>
<td>◆ Addresses past triggers</td>
<td>◆ Clear, consistent &amp; easily measurable</td>
</tr>
<tr>
<td>◆ Addresses emotions</td>
<td>◆ Structured &amp; predictable</td>
</tr>
<tr>
<td>◆ Focuses on physical, emotional, psychological safety</td>
<td>◆ Offers reinforcements &amp; incentives</td>
</tr>
<tr>
<td>◆ Teaches self-care for caregivers</td>
<td>◆ Evidence-based</td>
</tr>
<tr>
<td></td>
<td>◆ Is suited to peer support strategies</td>
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</tbody>
</table>
TIBS Guiding Principles

- **Protect** (physical, emotional & psychological safety)
- **Connect** (positive relationships, & pro-social skill development including compliance through positive relationships)
- **Respect** (positive, proactive individualized interventions that offer choice & collaboration)
- **Teach & Redirect** (teaches new skills, targets change in environment, measures change, includes reinforcement and incentives for change)
The Children’s Home, Inc.

- Has been in the Tampa Community for 121 years
- Provides both residential and community-based services
- Accredited Residential Therapeutic Home (cottages) provides shelter, treatment & healing to 50 children & youth (ages 6-17)
- Children & youth are victims of abuse, neglect and abandonment, and have high levels of trauma exposure and have been in multiple placements.
## Current Staff Training (CHI)

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>N</th>
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<tbody>
<tr>
<td></td>
<td>44.4%</td>
<td>55.6%</td>
<td>36</td>
</tr>
<tr>
<td>Black</td>
<td>55.6%</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>White</td>
<td>33.3%</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Other</td>
<td>2.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>16.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Age Range</td>
<td>22-61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Age</td>
<td>37.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>32</td>
<td></td>
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</table>
Adverse Childhood Experiences Study Questions

Did a parent or other adult in the household…. 
- Often or very often swear at, insult, or put you down?
- Often or very often act in a way that made you afraid that you would be physically hurt?
- Often or very often push, grab, shove, or slap you?
- Often or very often hit you so hard that you had marks or were injured?

Source:

## Adverse Childhood Experiences Scores

<table>
<thead>
<tr>
<th>ACE</th>
<th>%YES</th>
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</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>23.5</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>17.6</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>5.6</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>11.8</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>2.9</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>14.7</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>11.8</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>2.9</td>
</tr>
<tr>
<td>Parental Separation / Divorce</td>
<td>41.2</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>2.9</td>
</tr>
<tr>
<td>No exposure</td>
<td>41.2</td>
</tr>
</tbody>
</table>
Define Organizational Culture

Core Beliefs combine to create organizations formula for success

- Everyone in our program is valued
- Everyone deserves love and caring in a safe environment
- Everyone needs to be heard and listened to
- Everyone needs structure
- Everyone needs honesty (don’t promise what you can’t deliver)
- We are advocates for children who have been traumatized
- Children deserve freedom
- Children need trustworthy adults in their lives
- Children need the support of adults
- We are compassionate and knowledgeable about helping children to the next level
- We seek to provide the highest quality of care
TIC Core Team Description & Selection

- Complete TIC and Trauma Informed Behavior Support Training (TIBS)
- Participate in organizational assessment and planning
- Serve in leadership capacity for TIC initiative
- Provide mentorship, coaching, feedback for TIBS skill development
- Distribute incentives as designated by TIC Core Team
- Attend and actively participate in regular TIC Core Team meetings
- Assist with data gathering and analysis for continuous quality improvement
- Serve in capacity as designated by the TIC Core Team
Training

- Trained all therapists, supervisors, direct care staff and some HR/admin in 21 hour TIBS curriculum
- Training: 3 hours a week for 7 weeks
- In-home feedback after observations
- Role play assessments conducted for each tool
Trauma-Informed Care Training

**Key Principles**
- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical, and Gender Issues

**Implementation Domains**
- Governance & Leadership
- Policy
- Physical Environment
- Engagement & Involvement
- Cross Sector Collaboration
- Screening, Assessment, Treatment Services
- Training & Workforce Development
- Progress Monitoring & Quality Assurance
- Financing
- Evaluation

-(SAMHSA)
**TOOLS (ABA) Training**

<table>
<thead>
<tr>
<th>Before (Antecedent)</th>
<th>Behavior</th>
<th>After (Consequences)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay Close</td>
<td>Appropriate</td>
<td>Stay Close</td>
</tr>
<tr>
<td>Set Expectations</td>
<td>Junk</td>
<td>Pivot</td>
</tr>
<tr>
<td>Avoid Caregiver</td>
<td>Serious</td>
<td>Redirect</td>
</tr>
<tr>
<td>Traps</td>
<td></td>
<td>Reinforcement</td>
</tr>
</tbody>
</table>
Pre/Post Training

Combined 30 minute Staff Observations

% of Intervals Respective Bx Occurred

30 minute observations

Pre-Training

Post-Training

- Positive Interaction
- Neg Interaction
- Attention to Junk
- No Interaction to Appropriate
School Wide-Positive Behavior Support (PBS)

- Focus on system change while increasing positive interactions between staff and children while also supporting a reduction in inappropriate behavior (prevention)

- Requires
  - Administration Support
  - Facility PBS Coordinator
Core Principles of PBS

- Effectively teach appropriate bx to all children
- Intervene Early
- Mult-tier model of service delivery
- Research based, scientifically valid interventions
- Monitor student (teen) progress
- Use data to make decisions
- Use assessment for three different purposes
School-Wide Positive Behavior Support

Tier 1 – Applies to all Children

♦ Core, Universal Instruction & Supports
  • Prevention
    Home Expectations/Rules
    Routines
  • Label/teach behavioral actions
  • Catch them being good
    Reward System
School-Wide Positive Behavior Supports

Tier 2

♦ Targeted, Supplemental Interventions & Supports

♦ Interventions focus on groups of individuals whose bx serves the same function
  • Check-In/Check-Out
Tier 2: Check-In/Check-Out

- Most effective when Tier 1 systems and practices are well-established (system wide)
- Specified Coordinator
  - Increased positive adult contact
  - Review Point Card
- Embedded social skills training
- Direct link to group-home wide behavioral goals and objectives
- Frequent Feedback
- Daily staff-staff communication
- SR+ contingent on meeting behavioral goals
Tier 3

Individualized Behavior Support Plan

♦ Consultation with a Behavior Analyst
  • *Functional Behavior Assessment*
  • *Function Based Behavior Plan*
  • *Staff Training*

♦ Terminal Goal of fading back into Tier 2 and eventually Tier 1
Questions?

Vicki Hummer- vhummer@crisiscenter.com
Kim Crosland – kcrosland@usf.edu
Norín Dollard – dollard@usf.edu
Rocky Haynes- rdhaynes@usf.edu
Irene Rickus- irickus@childrenshome.org