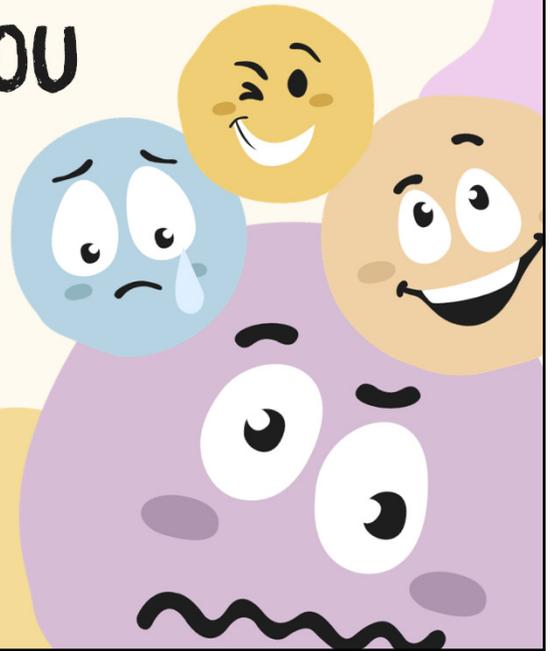


# MY TRAUMA WILL BECOME YOURS IF YOU DON'T ADDRESS IT:

Recognizing and Implementing Effective Trauma-  
Informed Behavior Strategies to Improve Student  
Outcomes

Presented by Heather L. Hughes, Ph.D., SPsych, BCBA-D, LBA



## WHAT IS CHILDHOOD TRAUMA?

- Definition: Exposure to adverse events that overwhelm a child's ability to cope
- Term: Adverse Childhood Experiences (ACEs)



Trauma may be a single event or  
chronic/complex



# CATEGORIES OF ACES



## CATEGORY

Abuse  
Neglect  
Household Dysfunction  
Community/Environmental  
Trauma

## EXAMPLES

- Physical, emotional, sexual
- Physical or emotional
- Domestic violence, substance abuse, mental illness in home, parental separation/divorce, incarcerated household member
- Neighborhood violence, poverty, bullying, discrimination, natural disasters

# PREVALENCE

01

Studies estimate approximately 45% of children have experienced at least one ACE.

02

In Texas - 1 in 10 children/ have experienced three or more ACEs.

03

Students in foster care - over 50% had four or more ACEs vs 13% of students not in foster care.

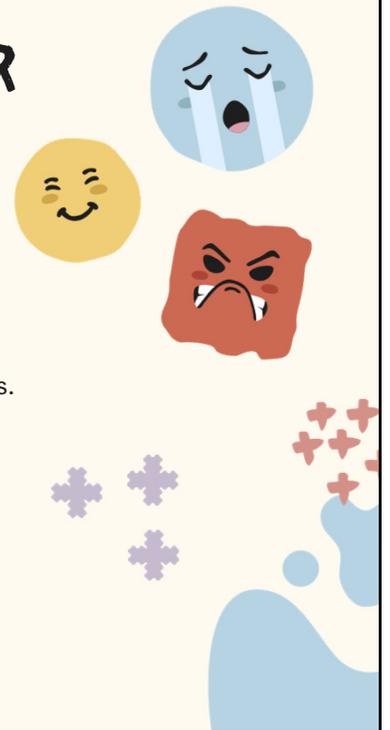
# WHY ACES MATTER IN SCHOOLS

- Students with higher ACE scores are at increased risk for:
  - Difficulty regulating emotions and behavior
  - Poor academic performance
  - Increased absenteeism and school discipline referrals
  - Mental health challenges
    - Anxiety
    - Depression
    - Post-Traumatic Stress Disorder (PTSD)



# IMPACT ON LEARNING & BEHAVIOR

- ✦ Trauma can disrupt brain development, executive functioning, memory, attention.
- ✦ Associated with greater behavioral health needs, discipline referrals, truancy.
- ✦ May see increased reactive discipline rather than proactive supports.



# KEY PRINCIPLES OF TRAUMA-INFORMED PRACTICE



## Safety

(physical, emotional)



## Trustworthiness & transparency



## Choice, collaboration & empowerment



## Peer support and cultural, historical responsiveness



## Recognizing trauma's widespread impact and integrating knowledge into practice

# INTEGRATING BEHAVIOR ANALYTIC & TRAUMA-INFORMED PRACTICES



## Start with a functional behavior assessment contextualized for trauma:

Consider whether behavior may be a trauma response (.g., hypervigilance, avoidance).



## Adapt intervention plans to include regulation supports

- self-regulation skills
- co-regulation
- relationship building
- choice



## Leverage PBIS/MTSS tiers with trauma-informed lens:

- Tier 1 universal supports
- Tier 2 targeted interventions
- Tier 3 intensive supports



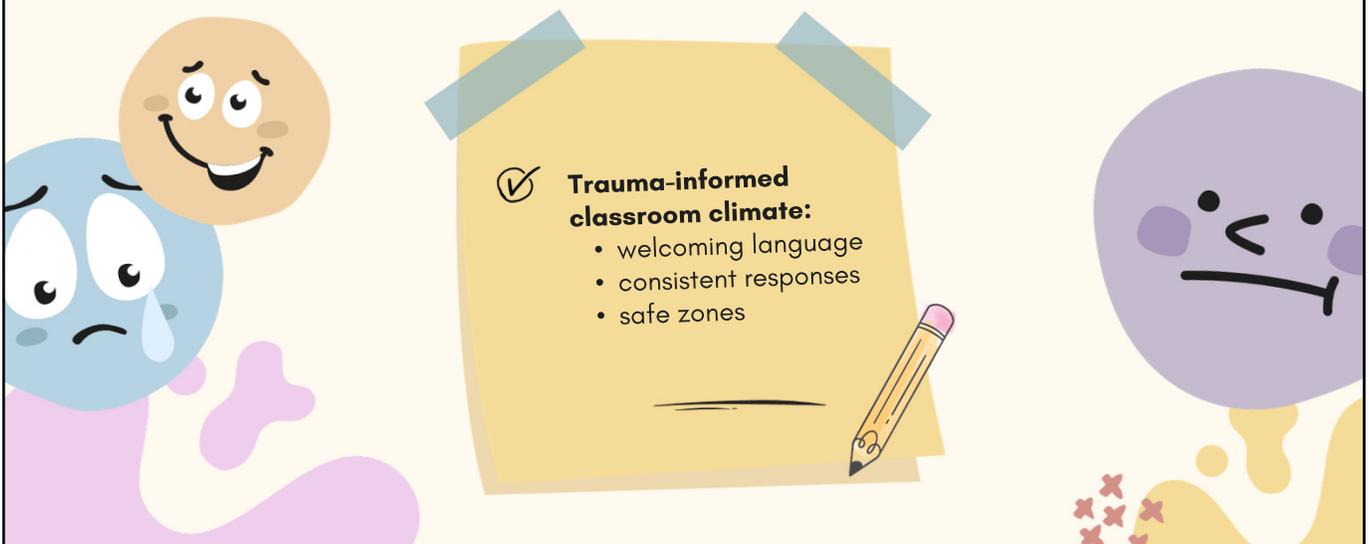
## Collect data on behavior AND regulation/emotional indicators

(not just frequency, duration, interval, discipline referrals)

## SAMPLE INTERVENTION STRATEGIES – TIER 1 (UNIVERSAL)



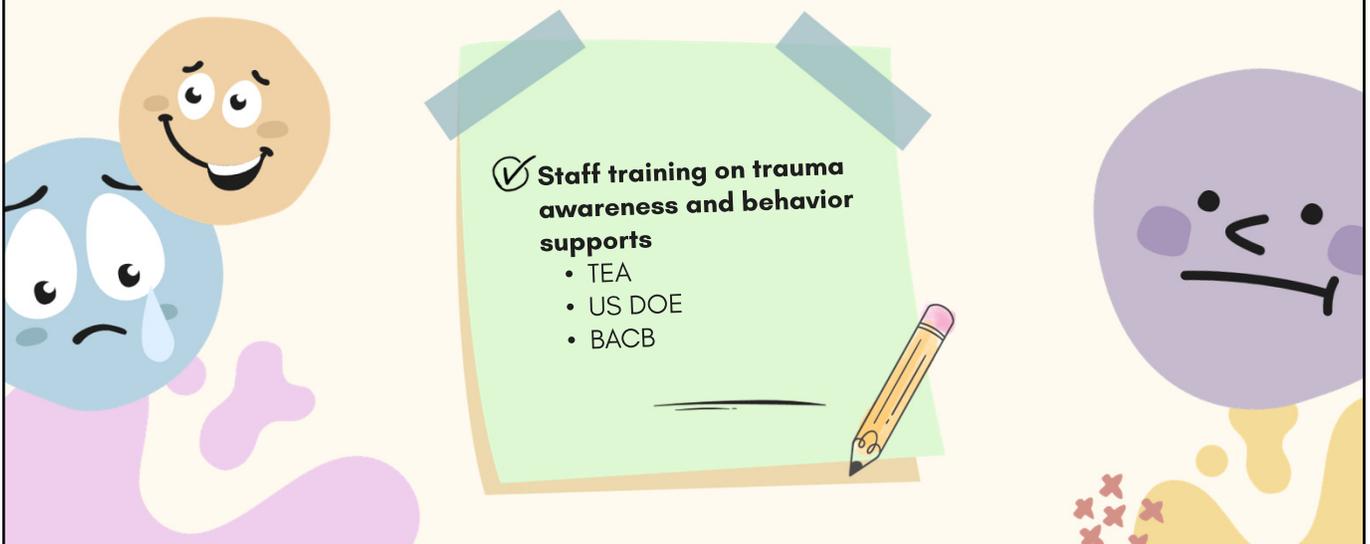
## SAMPLE INTERVENTION STRATEGIES – TIER 1 (UNIVERSAL)



# SAMPLE INTERVENTION STRATEGIES - TIER 1 (UNIVERSAL)



# SAMPLE INTERVENTION STRATEGIES - TIER 1 (UNIVERSAL)



## SAMPLE INTERVENTION STRATEGIES – TIER 2 (TARGETED)



**Small group  
regulation  
skill  
instruction**



**Mentoring,  
check-in/out  
with a trusted  
adult**



**Behavior support/  
intervention plan  
with trauma-  
responsive  
components**



**Data review  
meetings to  
monitor progress,  
adjust  
interventions**

## SAMPLE INTERVENTION STRATEGIES – TIER 3 (INTENSIVE)



**Individualized behavior support with trauma-informed lens  
(note trauma history, safe co-regulation approaches)**



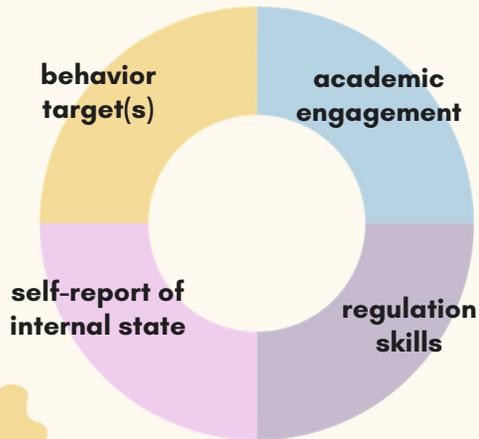
**Collaborate with mental health/trauma specialists and families**



**Monitor not just behavior frequency, but emotional and  
physiological indicators**

- ability to calm
- recovery time

# DATA & PROGRESS MONITORING



- Collect multi-dimensional data
- Use visual graphs, dashboards to track trends
- Review data frequently as a team
- Adjust intervention when data show no progress or unanticipated regression

# ETHICAL CONSIDERATIONS

- 01** Work within your scope of training & experience
- 02** Understand potential for re-traumatization
- 03** Ensure choice and voice
- 04** Culturally responsive

# POTENTIAL BARRIERS

- 01 Insufficient staff training
- 02 Limited resources
- 03 School culture not trauma-aware
- 04 Focus on discipline referrals/punishment

# RESOURCES

**TEA Grief & Trauma-Informed Practices**

<https://tea.texas.gov/grief-informed-trauma-informed-practices>

**CDC ACEs Information:**

<https://www.cdc.gov/violenceprevention/aces>

**Child Trends ACEs Policy Brief:**

<https://www.childtrends.org/publications/responding-to-trauma-policy-guidance-for-schools>

**TEA: Grief & Trauma-Informed Practices resources**

<https://tea.texas.gov/about-tea/other-services/mental-health/grief-informed-trauma-informed-practices>

**Texas DFPS Trauma-Informed Care Training:**

[https://www.dfps.texas.gov/training/trauma\\_informed\\_care](https://www.dfps.texas.gov/training/trauma_informed_care)

# ACTION PLANNING

- 01 Form a multidisciplinary team
- 02 Conduct a self-audit of current trauma-informed practices and identify gaps
- 03 Integrate trauma lens into existing frameworks
- 04 Develop and implement a program evaluation plan
- 05 Develop and implement a comprehensive professional development plan

# SUMMARY & TAKEAWAYS

-  Trauma is common and significantly impacts learning and behavior
-  A behavior-analytic lens adds strength but must be adapted to trauma-informed contexts
-  Focus on safety, regulation, relationships, measurement, and continuous improvement/evaluation
-  Use available resources and build District/campus roadmap

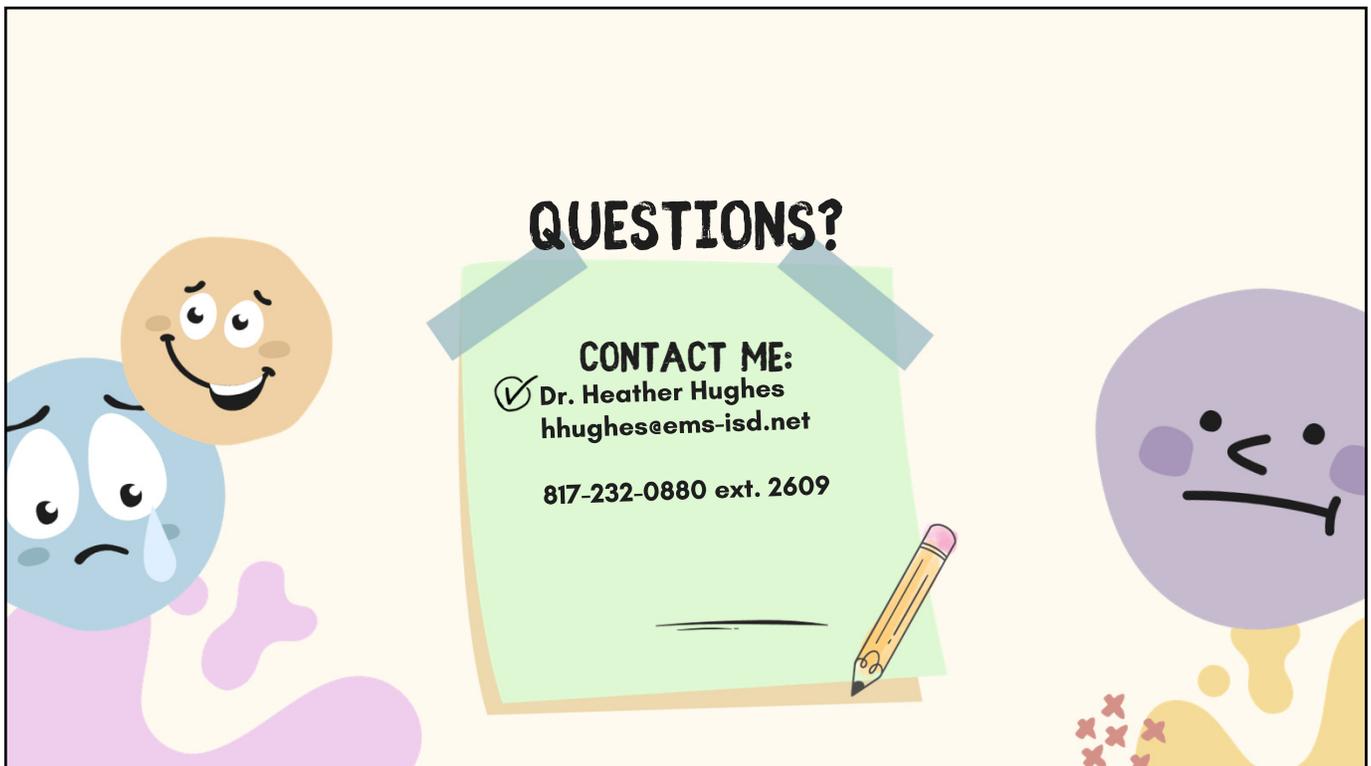
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**QUESTIONS?**

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The illustration features a central green sticky note with contact information. To the left, a blue character with a sad face and a tear is being comforted by a smiling orange character. To the right, a purple character with a sad face looks on. The background is light yellow with soft, colorful shapes in purple, blue, and yellow.