

COMBINING TRAUMA-INFORMED CARE WITH POSITIVE BEHAVIOR SUPPORT



The goal of this brief is to describe how past trauma impacts the way people respond to each other and the role of trauma-informed care in positive behavior support.

21st Century Responses to Trauma and Trauma-informed Care

Many people experience trauma at some time in their lives. Some examples are war, abuse, loss of loved ones, prison, being poor, and natural disasters. These and other events can impact our health long after the situation is over. We also know that repeated or severe events can increase the impact on a person and create other challenges such as upsetting or uncontrolled thoughts about an event, nightmares, strong emotions like anger, rage or fear, the need to avoid people, places, or things that were remind someone of a traumatic event, or thoughts of suicide or self-injury as part of a reaction after the trauma is over (including post-traumatic stress disorder (PTSD). Also, the impact of trauma in childhood (also called adverse childhood experiences or ACEs) can show up as a variety of health concerns in adult life which may include: diabetes, substance use, obesity, heart disease, and decreased life expectancy and more.

These days, there are a number of researched practices based on modern brain science that can help people who have had trauma to heal. Many of these focus on learning to think about the traumatic event differently. A few of these are included in Table 1.

Evidence-Based Practice	Brief Description
Prolonged Exposure	A person practices being in situations, places, or with people they have been avoiding due to memories of past trauma. This occurs in real situations and by recalling the memory of the event. Over time, the person learns that the memories are not dangerous and situations do not need to be avoided.
Reciprocal inhibition, neuro and interoception - in vivo exposure paired with relaxation, intentionality and modeled/supportive coregulation	This version of prolonged exposure teaches processing trigger experiences in a relaxed body, including teaching acute relaxation and a sense of safety using the five senses, as well as regulation paired with someone else. It results in symptoms of trauma going down and does not require talking or creating a new story of the events.
Cognitive Behavior Therapy for Treatment of PTSD	The goal is to change how a person thinks about a negative event, correct the memory of that event, and remove the problematic ways a person is responding to this memory.
Cognitive Processing Therapy	This approach assumes people are trying to make sense of an event but may have distorted view or memory of it ("If I tried harder I could have saved my sister from dying during the tornado." The goal is to help the person change how they think about a trauma ("I couldn't have saved my sister's life during the tornado.")





Self-Regulation, Co-regulation, and Trauma responses.

There are an increasing number of studies in the Intellectual and Developmental Disabilities (IDD) field that involve making adaptations to the practices in Table 1 and other trauma-focused practices to address different developmental levels and learning styles. What we know about trauma and growth relates directly to self-regulation and the ability to respond to perceived threat by calming the body when there is no danger. This ability is like a yawn or laughter, it is contagious. Having teams where support staff, families and caregivers trained in self-regulation and able to co-regulate increases the ability of care receivers to learn and self-regulate, as well. So, whichever approach is effective, implementation and use of co-regulation becomes part of positive supports in a trauma-informed team approach for people with I/DD.

Five Need-to-Know Tips for Traumainformed Care

- 1. Avoid creating reminders of past trauma. Research shows that trauma does not just result from exposure to a dangerous hazard or event, but also from hearing others describe trauma or stressful events themselves. Schools, the workplace, offices, and homes can be designed to be responsive to this using trauma-informed care.
- 2. Relationships can support or detract from resolving trauma and building wellness. Being aware of painful past learning experiences or traumatic events can help people understand and help in situations where people have been seen as "behavior problems" or as creating conflict in the past. The question to ask is "What happened to you?" instead of "What is wrong with you?" Better communication and support from caregivers, family, and others are part of this process.
- 3. Providing trauma-informed care (TIC) and trauma-informed practices (TIP) affects the system as a whole. Providing TIC and TIPs make a difference in how services are delivered, and may require planning and systems change.
- 4. Understanding research on the concept of resilience is important. Post-traumatic growth, resilience, and understanding how people manage stress and seek wellness can provide positive solutions to prevent challenging behavior.
- 5. More research in this field is needed. Most trauma-informed care is rooted in philosophy and the focus on reducing harm from triggers. More research focusing on resilient growth and positive behavior support can identify factors that result in trauma healing.



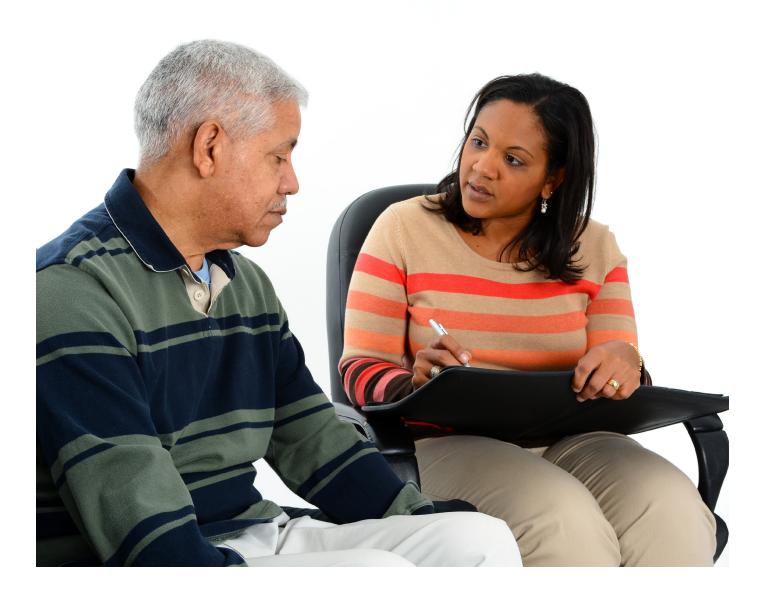
Trauma-Informed Care (TIC)

The idea behind trauma-informed care is to increase awareness among everyone in a setting about how trauma can impact people and reduce reminders of trauma. The TIC approach involves:

- Training all of the people in a setting about the signs and symptoms of trauma,
- · Encouraging people to identify ways to avoid re-traumatizing someone by responding in a caring and supportive manner,
- Using trauma-informed care in the polices, practices and procedures in a workplace, family, or school, and
- · Assessing how well the organization has created a climate where people trust each other, and feel supported and safe.

It is also true that while this is a new way of thinking, the research supporting PTSD and practices addressing trauma clearly support the values that are taught in trauma-informed care. For this reason, health care providers, child welfare, and other human services are widely adopting trauma-informed care as a message that is important to all when providing services.

Positive behavior support is a framework to improve quality of life and make changes in a setting that makes it easier for people to communicate what they need or want and make sure that these efforts happen as part of a plan. Changing the events, people, or things that trigger challenging behavior is another important element of positive behavior support. Past trauma can set the stage for challenging behavior between two people. Understanding how trauma impacts behavior can help positive behavior support teams work with individuals with past trauma.





CHALLENGES AND SOLUTIONS

CHALLENGE

Human service providers are struggling to address extreme turnover and may have more problems creating a feeling of trust and safety at work.

SOLUTION

- Create an organization-wide action plan that involves everyone in problem solving and making changes together
- Invest in teaching cultural responsiveness, trauma informed care, and empathy as part of both new staff and ongoing training
- Focus on supporting staff who have trauma in their past

Values and beliefs held by people within a setting may make it harder to become more trauma-informed.

- Work together as a group to identify important values and beliefs
- Focus on teaching people how values and beliefs are expressed in everyday actions
- Encourage diversity and create ways for people to actively learn about and reflect on the concept of bias and how it can affect reactions
- Teach people how historical and cultural trauma impacts groups of people

People who see challenging behavior in the moment may believe it is important to provide consequences for the behavior to ensure people learn what not to do in a situation.

- Teach people how events can set the stage for challenges
- Target responses to "slow triggers" that are positive responses to the event
- Help people to reflect on traumatic events in their own lives and how they responded in good ways to these events
- Share how person-centered strategies avoid creating experiences where people exert "power over" others

Staff members with past trauma may be less likely to trust leadership when new challenging behaviors occur.

- Listen to staff concerns and respond in a supportive and caring manner
- Provide ways for staff to seek out and get supportive trauma-informed practices
- Change the staffing patterns if needed to make sure everyone feels safe and supported
- Provide staff with information about how to build wellness and how it can be learned



CHALLENGES AND SOLUTIONS

CHALLENGE

Staff don't always know what it means to develop resiliency.

SOLUTION

- Include training for everyone on how to build resiliency
- Teach people to become more aware of their feelings and their impact on others
- Provide examples of how to manage strong emotions and help people find ways to cope that are helpful

Many people have not been taught how to practice selfregulation skills and practices.

- Inform families and service providers about options for calming themselves and others.
- Practice sensory regulation with self and others in ways that are adapted to each person's strengths, learning styles and developmental level

Information about how trauma impacts everyone is not commonly taught at the larger community level.

- Seek and engage communities and groups to build systems knowledge in resilience and trauma
- Use state and national resources such as ACEs Coalition, PACEs Connection, and Substance Abuse and Mental Health Services Administration (SAMHSA) to support learning at the local level

RECOMMENDATIONS

Learn and teach a positive behavior support approach that focuses on teaching trauma-informed care for all, include monitoring and practices to provide support when people are at risk of challenges due to past trauma.

Give people in need of support a chance to process and heal from trauma. Provide more individualized and intensive supports to people when this is needed.

Use trauma-informed principles as part of positive behavior support.

Create a work climate that embraces differences, encourages sharing information about different cultures, explores and reflects on cultural values and beliefs.

Use data to assess how well trauma-informed care is being performed at the system and individual level. Make changes as needed to improve quality of life and create a climate of empowerment, trust and safety.

Encourage everyone to use trauma-informed supports as a way to empower people with IDD and avoid making statements that imply that all individuals with IDD are victims.

CITATION

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