Alignment of the PBIS Framework and
Trauma Informed Classrooms/Trauma Sensitive Schools

Executive Guidance for School Leaders Brief #2
May 2018

Section 1:
How does the PBIS framework and Trauma Informed Care/Classrooms/Trauma Sensitive Schools lessen the impact of trauma and build resiliency for children, youth and school staff?

Professional educators know that many students face challenges in their personal lives that adversely affect their learning in school. However, compared to issues such as alcohol and other drug abuse and teen pregnancy, there is currently less of an understanding of 1) the prevalence of children who have been traumatized by directly or vicariously experiencing violence, homelessness, or loss (or fear of loss) of loved ones, and 2) how these traumatic experiences affect learning. For instance, an educator may unwittingly trigger a “fight, flight, or freeze” response from a student who has been traumatized through a seemingly harmless action, such as simply raising his voice to gain the attention of students or putting her hand on the student’s shoulder.

Many students in our schools have experienced trauma. Studies now show that nearly every school has children who have been exposed to overwhelming experiences, such as witnessing violence between their caretakers, being the direct targets of abuse, and other kinds of adversity. The Adverse Childhood Experience study (Felitti, Vincent J; Anda, Robert F; et al., 1998) is a large-scale population study that examines the association of traumatic childhood experiences and serious household dysfunction to multiple health behaviors that impact later life physical and mental health.

Adverse Childhood Experiences are serious childhood traumas or repeated conditions of trauma that result in toxic stress that can harm a child’s brain. These include physical, emotional or sexual abuse; witnessing their mother treated violently; having a parent with substance abuse or mental health issues; or, living in a household with an adult who had spent time in prison, being impacted by a natural disaster or accident, etc.

Experts explain that trauma is not an event itself, but rather a response to one or more overwhelmingly stressful events where one’s ability to cope is dramatically undermined. Single exposure to an event may cause jumpiness, intrusive thoughts, interrupted sleep, nightmares, anger, moodiness, social withdrawal, disorganized or agitated behavior. Any of which can interfere with concentration and memory. Chronic exposure can create toxic levels of stress and can adversely affect attention, memory, and cognition, reduce ability to focus organize and process information, interfere with effective problem solving and/or planning, result in overwhelming feelings of frustration and anxiety. These experiences in childhood can lead to a cascade of social, emotional and academic difficulties. As students get older, exposure to traumatic experiences can also lead to the adoption of self-medicating behaviors such as substance abuse, smoking, and overeating. All of these responses to traumatic events can interfere with a child’s ability to learn at school.

PBIS is a framework for decision making and organizational change that supports the installation of evidence-based, research-validated prevention and intervention strategies using a three-tiered approach to improving behavioral and learning outcomes for students. Universal prevention strategies (Tier 1) are evidence-based approaches applied consistently and systematically across the school population. These strategies aim to instruct all students in appropriate behaviors and skills to promote positive school climate and optimize learning. Targeted Group (Tier 2) prevention strategies focus on smaller groups of students whose behaviors...
Section 1: cont.

are not sufficiently responsive to Tier 1 approaches. Tier 2 interventions are delivered to small groups of students as a “standard protocol” or evidence-based curriculum, or as a program designed to build specific skills. Individual-intensive strategies (Tier 3) are highly specialized interventions delivered to individual students with high risk behaviors. Typically, between one to seven percent of a school’s population will require specialized individual supports.

PBIS emphasizes operationally defined and valued outcomes for students, which are linked to the school’s annual improvement objectives and aggregated through data collection systems. Leadership teams at the school- and district-level oversee the implementation of PBIS, including selection of valued outcomes, monitoring of school-level data and implementation of universal and targeted strategies. The PBIS leadership team works in collaboration with other school-level teams, including School Safety Teams, Student Assistance Teams and Instructional Support Teams, to minimize duplicity and streamline efforts. The PBIS framework provides a solid foundation to develop safe and supportive learning environments, structured routines, and a positive school climate for all children, youth and school staff.

Section 2:
Is application of the PBIS framework and Trauma Informed Care/Trauma Sensitive Schools compatible?

By understanding how trauma can affect children and youth, educators can discover individual children’s “trauma triggers.” Once the triggers are identified, a wide range of universal, supplemental and intensive supports should become part of a PBIS system to address the needs of students with externalizing and internalizing barriers to learning.

Continuum of Practices

<table>
<thead>
<tr>
<th>Level of Intensity</th>
<th>PBIS Framework</th>
<th>Trauma-Informed Practices</th>
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| Prevention & Skill Building (Tier 1) | • Define/teach expectations  
• Proactive behavior management by making adjustments in the environments  
• Consequence systems with emphasis on proactive reinforcement of desired behavior  
• Establishment of rapport with students  
• Collection and use of data  
• Universal Screening | • School climate policies that promote safe climate  
• Instruction in Social-emotional learning, mental health literacy & suicide prevention  
• Predictable routines  
• Opportunities for choice  
• Adults model emotional regulation  
• Comprehensive School Counseling model  
• Sensory opportunities to manage anxiety  
• “Calm zones”  
• Universal Screening for Trauma |
| Early Intervention (Tier 2) | • Check-in/Check-out  
• Check & Connect  
• Behavior Contracts  
• Targeted Screening  
• Social Skills Curricula  
• Mentoring  
• Collection and use of small group data | • Adult mentors  
• Small groups for Social/Emotional Learning & Trauma-focused Cognitive Behavior Therapy  
• Building Consultation Team  
• Staff awareness of higher-risk groups  
• Pupil services accessible and approachable  
• Screening for Trauma  
• Parent & Caregiver education |
| Intensive Intervention (Tier 3) | • Functional assessment  
• Function-based multi-component supports  
• Wraparound and person-centered support (e.g., RE-NEW)  
• Use of least to most intrusive hierarchy of interventions | • Function-based multi-component supports  
• Wraparound and person-centered support  
• Staff avoiding “trauma triggers”  
• Lethal means restriction  
• Case management  
• Coordination with community-based treatment  
• Language based teaching approaches with multiple forms of communication (more visual)  
• Parent & Caregiver training and support |
Section 2 cont.

The aim and approach of PBIS can be bolstered by understanding the principles of Trauma-Informed Care. This perspective (or “trauma lens”) can help inform PBIS implementation with the recognition that trauma-impacted students who misbehave need safety and security in order for them to learn and use more acceptable behaviors. Many childhood behaviors labeled as anti-social or problematic displayed by children and youth who have experienced toxic levels of stress may actually be responses to others’ reactive, uninformed, unpredictable and punitive approaches to caregiving. While disciplinary consequences can appropriately be used when students misbehave, the trauma-informed perspective helps educators see the importance of implementing discipline in a sensitive, predictable, and respectful manner. This is not only because the misbehaving student may be a victim of trauma, but also because helping the child impacted by trauma will be more effective if she/he feels safe and secure when being disciplined.

Provided in a continuum of practices that portray the alignment between the PBIS framework and the evidence-based strategies and programs a school can use to become more trauma-sensitive.

Section 3:
What do leaders need to consider when aligning activities associated with the PBIS Framework and Trauma-informed Care/Classrooms/Sensitive Schools (TIC)?

Given that childhood trauma is highly prevalent across all environments and its significant impact on learning, many systems have chosen to develop a holistic approach to addressing the impacts of trauma. These approaches can be broken down into two categories: trauma-informed systems approaches (such as “whole-school” Tier I approaches) and trauma-specific treatment interventions (Tiers II & III) that can be implemented in schools to address trauma and its symptoms for smaller groups of children and individuals who experience a greater negative impact from trauma.

Similar to other child and family-serving organizations, being trauma-informed in schools means being informed about and sensitive to trauma, and providing a safe, stable, and understanding environment for students and staff. A primary goal is to prevent re-injury or re-traumatization by acknowledging trauma and its triggers, avoiding stigmatizing and reducing the use of punitive disciplinary procedures with students.

One particular resource that school leaders may find particularly useful is the Massachusetts Flexible Framework for Trauma Sensitive Practices in Schools (Massachusetts Advocates for Children: Trauma & Learning Policy Initiative, 2013). This framework provides valuable guidance on school culture and infrastructure, staff training, linkage with mental health professionals, assessment practices and school policies-procedures and protocols.

Massachusetts’ “Flexible Framework” for Trauma-Sensitive Practices in Schools

<table>
<thead>
<tr>
<th>Domain</th>
<th>Specific Strategies</th>
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<tr>
<td>School Culture and Infrastructure (Tier 1-Universal)</td>
<td>School administration should support and promote trauma-sensitive approaches school-wide through:  &lt;br&gt;  * Strategic planning to integrate trauma-sensitive principles and strategies into a PBIS framework.  &lt;br&gt;  * Model and create a school climate for ALL staff and students which is an emotionally and physically safe environment.  &lt;br&gt;  * Assess staff training needs and align PBIS and Trauma-Informed trainings  &lt;br&gt;  * Review policies (e.g., school discipline policies) to ensure they reflect an understanding of the role of trauma in student behaviors.  &lt;br&gt;  * Develop community partnerships.  &lt;br&gt;  * Evaluate these efforts on an ongoing basis</td>
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<td>Staff Training</td>
<td>Incorporate staff training on trauma that addresses how to:  &lt;br&gt;  * Create a school environment that models emotional regulation and caring behavior.  &lt;br&gt;  * Strengthen the relationships between staff, children who have experienced trauma, and their caregivers  &lt;br&gt;  * Identify and access outside resources for ongoing support for both staff and students who have experienced trauma.  &lt;br&gt;  * Classroom instruction on social-emotional learning (SEL) skills, mental health, and suicide prevention, and complementary programs (e.g. Bully-prevention) build skills and support inclusion;</td>
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## Massachusetts' “Flexible Framework” for Trauma-Sensitive Practices in Schools

### Links to Mental Health Professionals

Schools should create links to mental health consultation and services for staff, students, and families.

- For staff, clinical supports include the opportunity to participate in sessions with their peers and a clinician to confidentially discuss specific cases, reflect on experiences of secondary trauma, and learn and practice strategies for working with children and families.
- For students and families, school staff should refer families to appropriate mental health resources and following up on referrals. Trusting relationships between parents/caregivers, school staff, and mental health providers can help to ensure success.

### Assessment for Students who have Experienced Trauma

- Universal and targeted screening tools that assess multiple areas (i.e. suicide-risk, depression, anxiety, drugs/alcohol use, etc.) including trauma.
- School evaluations, including psychological, speech and language, functional behavioral, and occupational therapy evaluations, should assess the role of trauma and identify needed supports.
- For children/youth receiving special education, their behaviors may not accurately reflect underlying trauma and need to be evaluated holistically.

### School Policies, Procedures, and Protocols

School discipline policies are trauma-informed when they:

- Balance accountability with an understanding of traumatic behavior;
- Teach students the school and classroom rules while reinforcing that school is not a violent place and abusive discipline (which students who have experienced trauma may be accustomed to) is not allowed at school;
- Minimize disruptions to education with an emphasis on positive behavioral supports and behavioral intervention plans;
- Create consistent rules and consequences;
- Model respectful, nonviolent relationships.

Communication procedures and protocols are trauma-informed when they:

- Respect confidentiality;
- Involve open communication and relationship-building with families;
- Ensure ongoing monitoring of new policies, practices and training.

## Section 4:

Where can I get more information on the PBIS framework or Trauma-informed Care/Classrooms/ Sensitive Schools (TIC)?

For districts considering the integration of Trauma Informed Care (TIC) into a PBIS framework please consider the following resources to support your efforts:

### Positive Behavior Interventions and Supports (PBIS):

- OSEP Technical Assistance Center on PBIS: [http://www.pbis.org](http://www.pbis.org)

### Trauma Informed Care (TIC):

- National Registry of Evidence-based Programs and Practices: [http://nrepp.samhsa.gov/AdvancedSearch.aspx](http://nrepp.samhsa.gov/AdvancedSearch.aspx) (Enter the word trauma in the search box to review evidence-based trauma programs for targeted interventions.
Section 4 cont.

Trauma Informed Care (TIC):

- ACES in Education (Group within the ACES Connection Network which shares ideas to help mitigate the effects of adverse childhood experiences in k-12 schools.: http://www.acesconnection.com/g/aces-in-education
- ACES Too High website, which is a news site that reports on research about adverse childhood experiences; how people, organizations, agencies and communities are implementing practices based on the research in education, juvenile justice, criminal justice, public health, medicine, mental health, social services, and cities, counties and states: https://acestoohigh.com/

References


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For More Information about PBIS in Pennsylvania and the PaPBS Network, contact your regional PaTTAN Office.