

Resources for Engaging in Trauma-informed ABA Practice

Engaging in trauma-informed practice has been defined in many ways. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) has identified trauma-informed care as practice that includes acknowledgement of the prevalence of traumatic experiences, understanding of the need to develop assessment and treatment approaches sensitive to the effects of these experiences, and ensuring that the consumer is an active and willing participant in the process. There are multiple reasons as to why providers of behavioral services should become trauma informed. One of these is that behavior analysts work primarily with individuals diagnosed with developmental disability (DD) which is a population at increased risk of adverse events (McDonnell et al., 2019). Another is that adverse experiences may have shaped behavior that has kept the individual safe in the past (such as elopement, aggression, lying, etc.) but is now hindering their progress in other settings (Prather et al., 2009). Still another is that some potentially effective treatments or tactics may require extra consideration due to risk factors (example: using physical prompting with a person who has been physically abused or edible reinforcers with a person who has experienced food neglect, etc.) (Kolu, 2018). But one of the most important reasons is that many of the items in our Ethics Code (BACB, 2020) align with trauma-informed care principles. A small sampling of these is Code 1.07, which advises to be aware of cultural variables, 2.04 which requires us to consider potential risks involved in behavior change interventions, and Core Principle 1 which states that we should maximize benefits and do no harm.

We can all take steps to ensure that our practice is more trauma-informed by seeking out additional training, collaborating with multidisciplinary teams, accessing articles from a variety of sources, and ensuring that our clients are participants in guiding their interventions. Below are some resources that may be helpful in getting you started including screening resources, assessments, articles, books, and continuing education opportunities.

Screening

For ABA agencies large and small, the first step in becoming more trauma-informed regarding their clients and families, is to add a screening tool to the existing intake process. A screening tool can provide valuable information regarding motivating operations, histories of reinforcement and punishment, clues regarding possible triggering stimuli, potentially contraindicated interventions, and more. A sampling of available tools for screening for traumatic experiences are listed below. Most of the assessments described are available for free. Please note that additional training may be needed to administer these screening tools.

Many other tools available from The National Child Traumatic Stress Network here:

- <https://www.nctsn.org/treatments-and-practices/screening-and-assessment/nctsn-resources>

Name of the Instrument	Author	Domains Assessed	Age	Format (self-report, lab, observation, other)	Training Required Where to Obtain Cost
Traumatic Events Screening Inventory for Children – Brief Form (TESI-C-Brief) & Parent Report (TESI-PR)	Ribbe, 1996; Ford et al., 2000	A measure of experiencing and witnessing of traumatic events for children. TESI-C-Brief covers 16 categories of events arranged hierarchically.	3-18	15 items: Interview format or as self-report; parent-report 20-30 min to complete	Familiarity w/administration, scoring guidelines, and interpretation <u>Link to PDF at NCPTSD: http://www.ncptsd.va.gov/ncmain/ncdocs/assmnts/traumatic_events_screening_inventory_tesi.html</u> Cost = Free
Trauma Exposure Screening Inventory-Parent Report Revised (TESI-PRR)	Ghosh, et al., 2002	A measure of experiencing and witnessing of traumatic events for young children. Includes traumas more frequently occurring to young children (i.e., animal attacks, prolonged or sudden separations and intense family conflict).	0-6 years	24 items: Interview format or parent-report 15 min	Familiarity w/administration, scoring guidelines, and interpretation Request from: Chandra.ghosh@ucsf.edu Cost = Free
Violence Exposure Scale for Children-	Fox & Leavitt, 1995	A measure of experiencing and witnessing of traumatic events for young children.	4-10 years	15 items: Interview format with children	Training by experienced clinician, <4 hours. Request from: Ariana Shahinfar, Ph.D.; Department of Psychology; University of North Carolina - Charlotte; 9201 University City Blvd.;

Preschool Version (VEX-PV)				20 min	Charlotte, NC 28223 Cost = Free
Violence Exposure Scale for Children-Preschool Version-Revised Parent Report (VEX-RPR)	Fox & Leavitt, 1995	This measure asks questions related to violence exposure.	Parents of preschool children aged 4-6	22 items: Interview format with parents Time n/a	Minimal Training Required Request from: Ariana Shahinfar, Ph.D.; Department of Psychology; University of North Carolina - Charlotte; 9201 University City Blvd.; Charlotte, NC 28223 Cost = Free
Trauma Symptom Checklist for Young Children (TSCYC)	Briere, 2000	The instrument contains eight clinical scales: Posttraumatic Stress-Intrusion (PTSI), Posttraumatic Stress-Avoidance (PTS-AV), Posttraumatic Stress-Arousal (PTS-AR), Sexual Concerns (SC), Dissociation (DIS), Anxiety (ANX), Depression (DEP), and Anger/Aggression (ANG)	3-12 years	90 item: Caregiver report Less than 20 min	Familiarity w/administration, scoring guidelines, and interpretation Psychological Assessment Resources Cost = \$200 initial kit (manual, 25 interview booklets, 25 profile forms, 25 answer sheets per age range). \$1.28/booklet, \$1.76/answer sheets, \$1.28/ profile forms (all pkgs of 25 each).

Posttraumatic Stress Disorder Semi-Structured Interview and Observational Record	Scheeringa & Zeanah, 1994	Interview and observation of the primary caretaker and the child, includes interview for caregiver's own PTSD symptoms. Symptoms measured by the interview include those similar to the Diagnostic Classification of Mental and Developmental Disorders in Infancy and Early Childhood (DC: 0–3). Includes 18 DSM-IV criteria.	0-7 years	29 item: Parent administered interviews by highly trained clinician 45 min	Training by experienced clinician, >4 hours Contact author: Michael Scheeringa 1440 Canal Street, TB52 Tidewater Building, 10th Floor New Orleans, LA 70112 OR mscheer@tulane.edu Cost = Free
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This is a portion of a chart created by Diana Porebski (MSW candidate) and Clinical Associate Professor Susan A. Green, LCSW (2010). It is a revision of the chart "Assessment of Impact on the Child" obtained from <http://fittcenter.umaryland.edu/portals/0/content/fittmodel/html/impactonchildren.html>

Behavior Analytic Screening & Assessment

Below are assessment tools that were designed from a behavior analytic perspective. They include finding information about the function the behaviors of interest have served for the individual using trauma-informed approaches. Then the information is used to assist the practitioner in designing safe, effective, and trauma-informed behavioral programming that take past trauma, as well as the strengths, needs, and resources of the individual and caregivers into account.

SAFE-T Assessment: Dr. Camille Kolu, PhD., BCBA-D

- Developed by a BCBA-D in collaboration with a multidisciplinary team
- They found that even the best behavior analytic interventions were failing with individuals with trauma backgrounds
- SAFE-T is an acronym for the considerations that should be made before behavior analytic treatment is implemented
- S-System supervision & support
- A- Assessing and documenting risks

-F-Functional assessment of historical variables

-E- Engineering and managing the environment

*All of the above should be met before considering behavioral treatment. May even preclude the need for behavioral intervention!

-T- For Trauma and Treating behavior after trauma

-Requires training

-Both a model and an assessment that leads to treatment

-Training (including the SAFE-T Assessment) may be accessed at:

<https://www.cuspemergenceuniversity.com/>

*Other available trainings include *Introduction to the Ethics of Trauma Informed Behavior Analysis & Autism, TIBA, & Ethics*

Practical Functional Assessment (PFA)/Skills Based Treatment (SBT): Dr. Greg Hanley, PhD., BCBA-D

-Developed to be a trauma-assumed, kinder, gentler assessment of the function of problem behavior

-Begins with open-ended interview with the goals of finding:

1) What brings joy to the client?

2) What are triggers occasioning problem behavior?

3) What are precursor/target behaviors?

4) What are the goals for the client?

-Focused on creating strong relationships and building trust and compassion

-Information gained is used for development of SBT:

-Skills taught progress through: 1) Communication, 2) Tolerating disappointment, 3) Cooperation with instructions, 4) Handling unexpected challenges

-Designed to be used by BCBA's primarily working with individuals diagnosed with an intellectual or developmental disability

-More information is available: <https://practicalfunctionalassessment.com/>

Articles

Though sometimes difficult to find, there are many useful articles to help practitioners to understand the connections between adverse experiences and behavior. Below are articles both from an applied behavior analysis perspective and from other disciplines that may be useful in furthering

knowledge regarding integrating trauma-informed approaches into practice.

- Crosland, K., & Dunlap, G. (2015). Running away from foster care: What do we know and what do we do? *Journal of Child and Family Studies*, 24(6), 1697-1706.
- Dougher, M. J., & Hackbert, L. (2000). Establishing operations, cognition, and emotion. *The behavior analyst*, 23(1), 11-24.
- Hoover, D. W., & Kaufman, J. (2018). Adverse childhood experiences in children with autism spectrum disorder. *Current opinion in psychiatry*, 31(2), 128.
- Horner-Johnson, W., & Drum, C. E. (2006). Prevalence of maltreatment of people with intellectual disabilities: A review of recently published research. *Mental retardation and Developmental Disabilities Research Reviews*, 12(1), 57-69.
- Hunt, T. K., Slack, K. S., & Berger, L. M. (2017). Adverse childhood experiences and behavioral problems in middle childhood. *Child Abuse & Neglect*, 67, 391-402.
- Prather, W., & Golden, J. A. (2009). A behavioral perspective of childhood trauma and attachment issues: Toward alternative treatment approaches for children with a history of abuse. *International Journal of Behavioral Consultation and Therapy*, 5(1), 56.
- Prather, W. (2007). Trauma and Psychotherapy: Implications from a Behavior Analysis Perspective. *International Journal of Behavioral Consultation and Therapy*, 3, (4), 555-570
- Rajaraman, A., Austin, J. L., Gover, H. C., Cammilleri, A. P., Donnelly, D. R., & Hanley, G. P. (2021). Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis*.
- Taylor, T. K., & Biglan, A. (1998). Behavioral family interventions for improving child-rearing: A review of the literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1(1), 41-60.
- Wahler, R. G., & Dumas, J. E. (1986). Maintenance Factors in Coercive Mother-child Interactions: The Compliance and Predictability Hypotheses. *Journal of Applied Behavior Analysis*, 19(1), 13-22.

Books

The Behavior Code by Jessica Minahan, BCBA & Nancy Rappaport, MD

Behavior Analysis Metrics & Applications for the Preservation & Reunification of Families by Brandon Greene, PhD

Nonlinear Contingency Analysis: Going Beyond Cognition & Behavior in Clinical Practice by TV Joe Layng, Paul Thomas Andronis, R. Trent Codd III, Awab Abdel-Jalil

The Body Keeps the Score by Bessel van der Kolk (not behavior analytic but extremely helpful in understanding the mechanisms of how trauma affects the brain and body)

CEUs

Below are some online courses available for continuing education credits.

Cuspemergenceuniversity.com: Courses available include Introduction to the Ethics of Trauma Informed Behavior Analysis; Autism, TIBA, and Ethics; and The SAFE-T Assessment

Costs: Courses are \$89.99 for the first two courses, \$189.99 for the SAFE-T Assessment training

<https://www.cuspemergenceuniversity.com/>

ABA Inside Track Podcast: Episodes: #135- Trauma Informed Care with Brian Middleton

Cost: \$9.00

The Atypical Behavior Analyst Podcast: Episode #9, Cognitive Behavioral Therapy through a Behavior Analytic Lens; Episode # 12, Learning to Compassionately Navigate Trauma with Dr. Camille Kolu, BCBA-D; Episode #16, Behavior Analysis, Mental Health, and Classroom Culture with Jessica Minahan, BCBA

<https://atypicalba.com/about/>

Council for Autism Service Providers (CASP): Trauma Informed ABA with Sandra Bishop, BCBA

Cost: \$25.00

<https://caspceucenter.thinkific.com/courses/Trauma-Informed-ABA>

CitePro Courses: Trauma and Attachment Lens of ABA: Applications by Tim Folley, BCBA

Cost: \$47.00

<https://www.citepro.com/courses/trauma-2>

Connections Behavior Planning & Intervention: Trauma-Informed Care in the Assessment and Treatment of Dangerous Problem Behavior: The “Enhanced Choice Model” with Dr. Adithyan Rajaraman, BCBA-D

Cost: \$40.00 <https://connections-behavior.com/on-demand/rajaraman-ecm>