

What Happened to You? Trauma-Informed Positive Behavior Support

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Partnership for People with Disabilities

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Please be mindful of content and
your personal needs



Our Agenda

- ❖ What is trauma?
- ❖ What is connection between people with disabilities and trauma?
- ❖ How does trauma manifest itself in behavior?
- ❖ What are some trauma-informed practices?

Stress & Trauma

- ❖ Daily stress is common
- ❖ Occasional intense stress happens
- ❖ Trauma has lasting effects

The Three “E’s” of Trauma

- ❖ **Event** or series of events
- ❖ **Experienced** by person as harmful
- ❖ Lasting adverse **effects**

Adverse Childhood Experiences Study

- ❖ Patients provided information about their health & childhood experiences
- ❖ Included questions related to:
 - ❖ Emotional, physical, sexual abuse
 - ❖ Violence against mother
 - ❖ Substance abuse
 - ❖ Physical, emotional neglect
 - ❖ Incarceration

Consequences of ACEs

- ❖ Direct relationship between ACEs score and adult risk behaviors, diseases
 - ❖ Alcohol abuse
 - ❖ Depression
 - ❖ Drug abuse
 - ❖ Suicide attempts
 - ❖ Overall health (heart disease, cancer)

Children with Disabilities

- ❖ 2X as likely to experience emotional neglect, physical & sexual abuse
- ❖ 3X more likely to be in families with domestic violence
- ❖ 4X more likely to be victims of crime

Children with Disabilities

- Subjected to traumatizing incidents of physical restraint, seclusion
- Have significantly higher rates of serious injury
- Are at increased risk of psychological distress due to medical procedures
- Experience high rates of out-of-home placements

Adults with Intellectual Disabilities

- Sexually assaulted at 7X higher rate than those without disabilities (Dept. of Justice)
- More likely to be assaulted by someone they know
- More likely to be assaulted in daytime

Sexual Assault of People with ID

- Largely goes
 - Unrecognized
 - Unprosecuted
 - Unpunished

- Survivor often revictimized

Recent Cases

- Terry Wayne Shepard, Rainier School

<http://komonews.com/news/local/ex-supervisor-gets-24-12-years-for-sexually-assaulting-autistic-woman>

- Nathan Sutherland, Phoenix

Other Contributors to Trauma

- ❖ Verbal abuse
- ❖ Physical abuse
- ❖ Sexual abuse
- ❖ Chronic loss
- ❖ Loneliness
- ❖ Minimal choice
- ❖ Trained compliance
- ❖ Chronic overstimulation
- ❖ Lack of choices

Abuse of People with Disabilities...

- ❖ Withholding or disabling assistive devices
- ❖ Hiding medications
- ❖ Neglecting personal care
- ❖ Refusing to transfer
- ❖ Preventing the person from using accessible transportation
- ❖ Disabling communication devices

This does *NOT* include all of the other ways that people are marginalized by lack of choice and opportunity.

Other events that may cause trauma

- Loss – out of home placements (NCTSN, 2016)
- Violence in their environment (Sullivan 2006)
- Chronic medical problems (NCTSN, 2016)
- Focus on behavioral compliance (Cruz, Prince-Williams, & Andron, 1998)
 - Signs of power and control
 - Trained compliance

“ When you have a disability, people are always telling you, ‘Do as this person says! Do as this person says’ and all this other stuff.”

Thomas Mangrum, Washington, DC

Recognizing: Behaviors that may indicate internal trauma

- Sleep problems
- Does not follow directions
- Self-stimulatory behaviors
- Self injurious behaviors
- Cannot anticipate consequences to behavior
- Escape avoidance behaviors
- Repetitive behaviors

Would these people be referred for a PBS Plan?

"I had a lot of anger in me. I'd go to places, like to the grocery store, and I would think nothing of it, I'd steal a candy bar thinking that I could get attention this way. And then maybe they'll see something's wrong with me." — *Cindy Whitaker, Austin, TX*

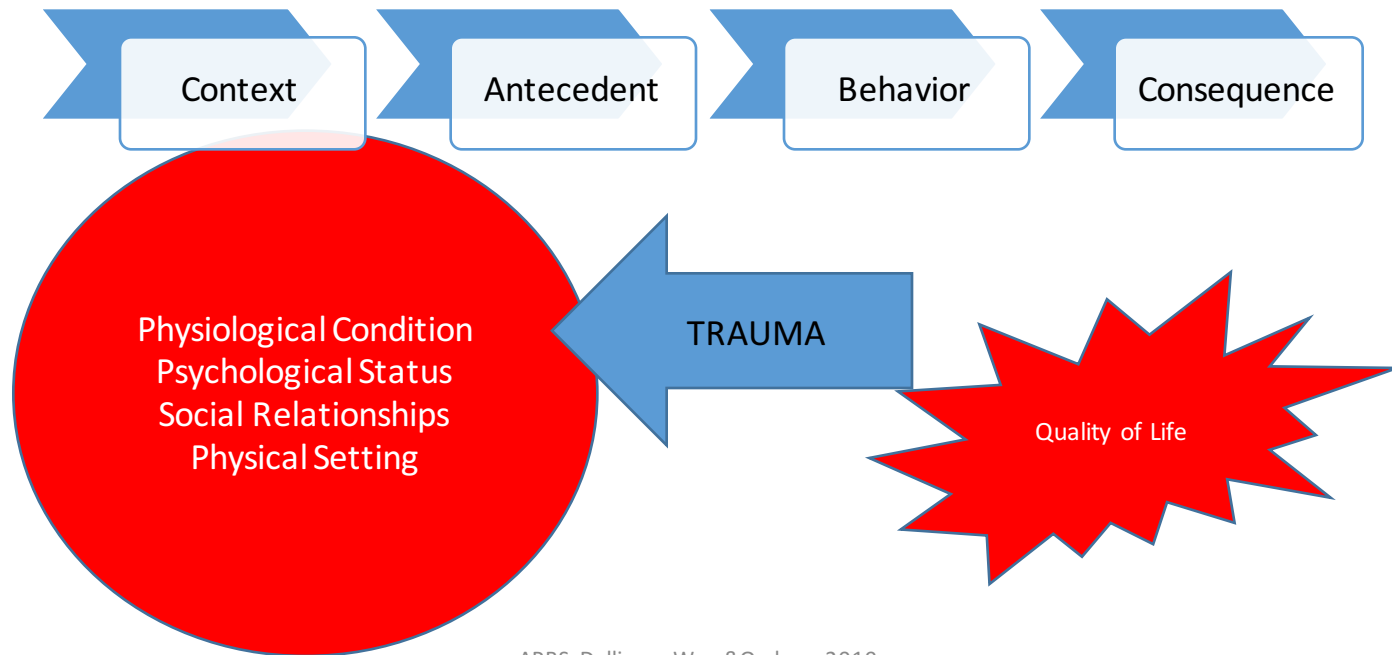
"I still have flashbacks. I didn't really deal with it. I was depressed. I didn't trust nobody. ... If somebody try to be nice to me, I make sure they couldn't get close to me. I was very irritable. I didn't want to be bothered with nobody." — *Theresa Proctor, Washington, D.C.*



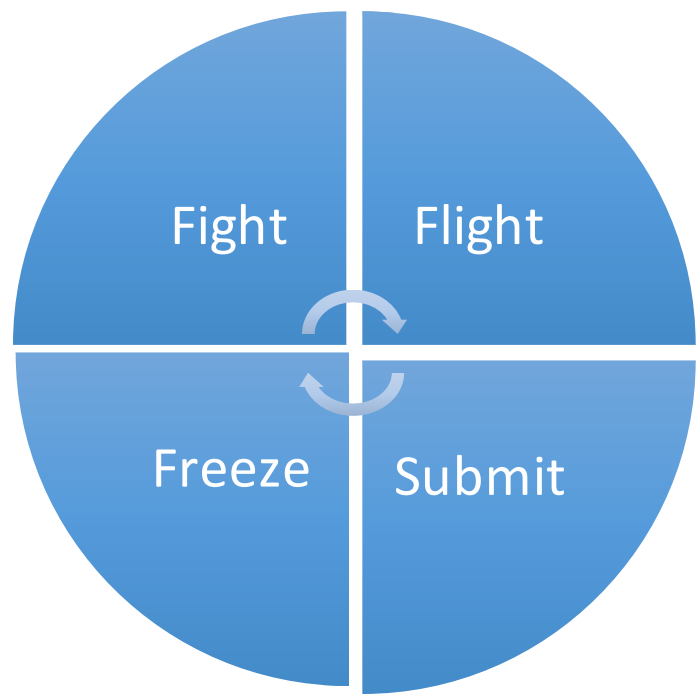
Where do we begin as PBS Facilitators?

- In addition to functional assessment and possible medical/health explanations for behavioral challenges, trauma-informed care means we must also be cognizant of a trauma history (past or recent or both) as a possible contributor/cause.
- Trauma history is too often ignored or under-evaluated part of functional assessment & analysis

Expanding Assessments to Capture Trauma



:Trauma Informed Approaches: Helen Townsend (2017) www.innerworldworkco.uk



Fight or Flight?

Fight

- Give me a role
- Support me socially
- Match my energy
- Make things predictable (VISUAL SCHEDULE!)
- Take deep breaths
- Connect and show empathy **before** exploring consequences of my behavior

Flight

- Keep close to me
- Take deep breaths
- Give me an easy and familiar task (errorless learning)
- Make things predictable
- Tell me I'm safe, show me a safe place or person I can go to
- Kindly talk through what might be tricky

Freeze or Submit?

Freeze

- Do the task with me
- Take deep breaths
- Tell me I'm safe and okay
- Ask me to push my hands on my chair and lift myself off the chair
- Gently wonder where I've gone and welcome me back
- Make the task smaller and more predictable
- Tell me what you want me to do 1:1 without showing frustration

Submit

- Use repetitive simple tasks
- Use weighted blanket (with support of O.T.)
- Tell me I'm safe
- Deep breathing
- Spend time with a trusted adult
- Do the task with me
- Tell me what to do without frustration

What you do to help someone who has been Traumatized?

- ❖ Ask permission before touching anyone!
- ❖ How about some unconditional positive reinforcement?
- ❖ Teach some self monitoring strategies (regulating strategies) using prompts!
- ❖ Ask questions!



What can you do to help someone who has been **Traumatized**?

- ❖ Repetitive simple tasks: errorless learning!
- ❖ Say, “you’re safe here”
- ❖ Deep breathing
- ❖ Identifying one trusted adult
- ❖ Do WITH not FOR
- ❖ Use a gentle tone of voice

What can you do to help someone who has been Traumatized?

- ❖ Pay attention to routine- provide warnings of routine change
 - ❖ Visual schedules
- ❖ Teach informed choices
- ❖ Provide logical vs. punitive consequences
- ❖ Create a trusting environment
- ❖ Examine A-B-C's for trauma triggers
- ❖ Seek professional help from trauma specialist!

People **FIRST** Language



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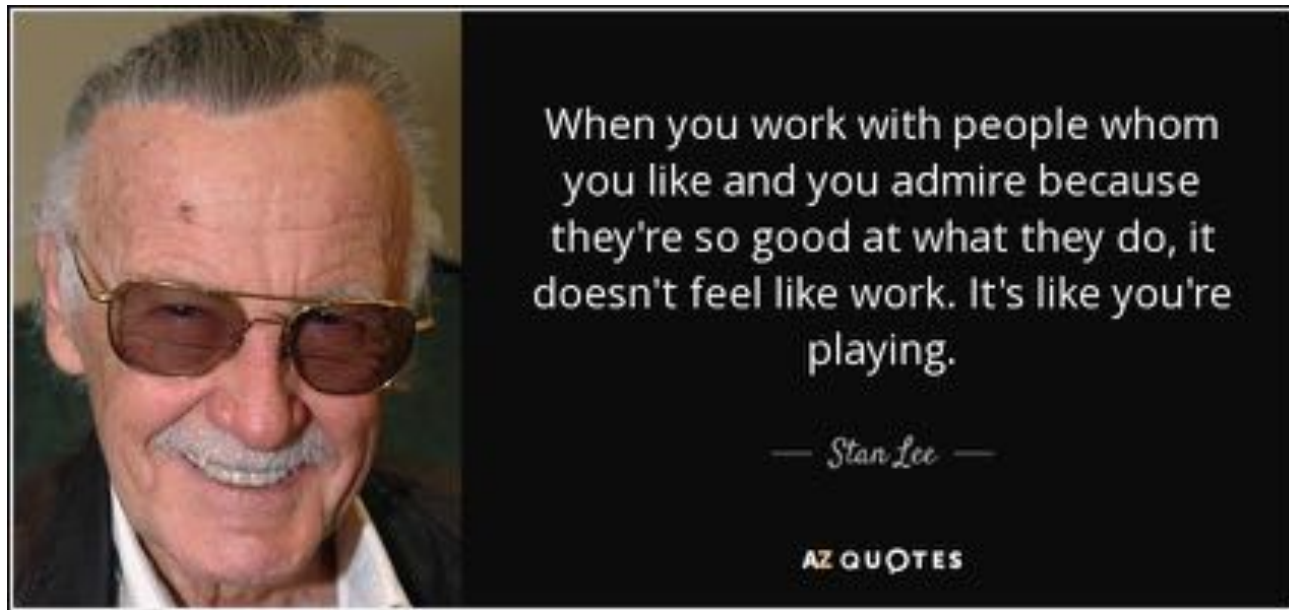
Write down 10 words
to describe yourself



Thanks to the Learning Community
for Person Centered Practices !
Take their 2 day Person Centered Thinking Training!



What do others **LIKE** and **ADMIRE** about the person?



What **choices** do they have?



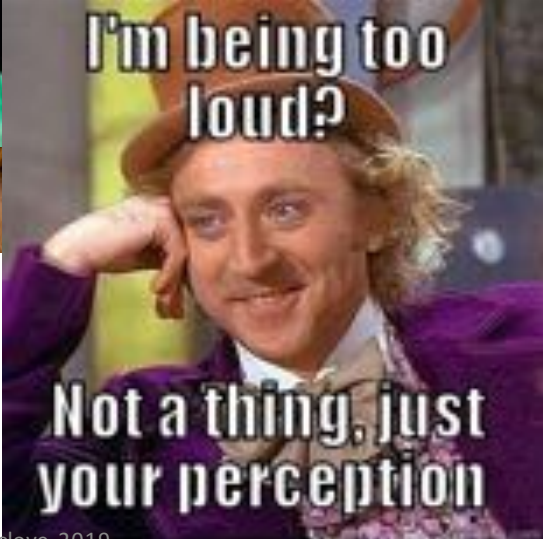
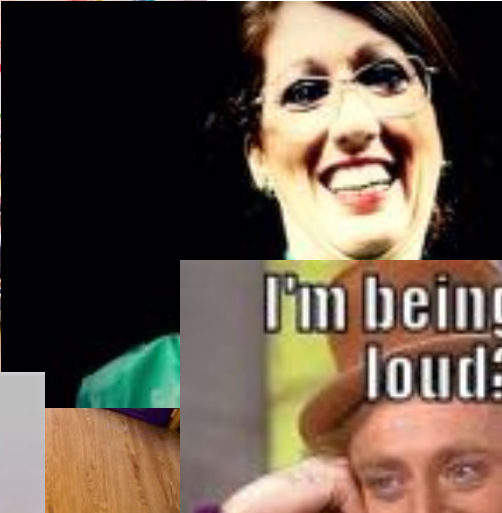
Choices



Visual Schedules and Reminders



Don't forget about Sensory Stimulation



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Ask permission before touching ANYONE or their ADAPTIVE EQUIPMENT



What **RITUALS** and **ROUTINES** do they need everyday?



Disclosing Abuse

"It took a lot to make me be this brave to talk about this. It took me years to get this brave." — *Maxwell*

Creating a Safe Place

- ❖ “I believe you.”
- ❖ “It’s not your fault. You didn’t do anything to deserve that.”
- ❖ “That must have been terrible for you.”
- ❖ “What would you like me to do with this information?”
- ❖ “It is part of my job to report abuse when I know it’s happening.”

This is not always what the survivor may want



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Taking care of YOURSELF



Any Questions?

THANK YOU!

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