

Informing Trauma-Informed Care in Schools and Other Useful Practices for Students With Emotional and Behavioral Disorders

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Extensive research has demonstrated that children and adolescents who experience adverse childhood experiences (ACEs) are more likely to exhibit negative behaviors in school, which in turn often lead to a host of negative life outcomes. Adverse childhood experiences are typically categorized into three categories including abuse (e.g., physical, sexual), neglect (e.g., physical, emotional, verbal), and household challenges (e.g., family member with mental health or substance abuse issues). The National Survey of Children's Health (2016) found that nearly half (46%) of children in the United States have experienced an ACE, with teenagers experiencing even higher levels of ACEs (Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, 2018). Fortunately, schools that implement a trauma-informed approach to educational programming are better able to address the needs of these at-risk students. The first two articles of this issue provide a critical overview of trauma-informed care in schools. The third article discusses ways that teachers can respond to students who exhibit significant problem behaviors in the moment. The last two articles deal with simple but effective research- or evidence-based practices (behavior-specific praise and technology-based self-monitoring) that teachers can readily implement within their classrooms. Building on the argument of Riggs and Landrum (this issue), these two practices could also be part of trauma-informed care structures.

In the first article, Kevin Bland and Tracy Gershwin provide foundational knowledge on trauma, identify how trauma can affect students, including students with or at risk for emotional and behavioral disorders (EBDs) and offer a listing of universal and targeted interventions that can be used to address problematic behavior in schools. Bland and Gershwin identify school-wide positive behavioral interventions and supports (PBIS) frameworks as important tools to inform the setup of trauma-informed care classrooms. They target social, emotional, behavioral, and academic challenges in providing targeted and individualized supports.

In the second article, Leah Riggs and Timothy Landrum focus on the implementation of trauma-informed care through existing PBIS frameworks. They argue that several

research- or evidence-based practices for challenging behavior are consistent with guidelines for the effective implementation of trauma-informed care in schools. Riggs and Landrum highlight trauma-informed care's guiding principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and cultural, gender, and historical issues. The authors then connect research- or evidence-based behavioral practices with each of the guiding principles.

During a crisis situation in the classroom, whether student behaviors are influenced by ACEs or some other trigger, there are research-supported practices that educators can engage in to increase the likelihood of successful outcomes. In the third article, Allie Cramer and Marissa Filderman discuss a behavioral cycle—the cycle of dysregulation—that plays out during these incidents and offers research-informed responses at each stage in the cycle. Among those effective actions are setting up an inclusive classroom, preplanning for crisis, recognizing behaviors, determining an appropriate response, safely containing the dysregulation stage, allowing time for recovery, and providing intensive instruction and intervention after recovery.

In the fourth article, Holly Menzies, Ya-Chih Chang, and Lucia Smith-Menzies make a case that using behavior-specific praise with all students, including those with or at risk for EBD, does not negatively impact intrinsic student motivation (the doing of something for its inherent satisfaction). On the contrary, Menzies and colleagues argue that behavior-specific feedback can build rapport, mitigate learned helplessness, and shape behavior if implemented effectively. The authors describe a six-step process for effective implementation and offer implementation examples across early childhood, elementary school, and high school settings.

In the fifth article, Xin Xu, Sandra Sears, and Brandi Simonsen provide guidance on how technology-based self-monitoring can be used to promote on-task behavior and, more broadly, student engagement in the learning setting. Xu and colleagues compare traditional paper-pencil to technology-oriented forms of self-monitoring and describe a range of technology-based self-monitoring tools as well as research supporting these tools for the elementary

grades. The authors indicate that designing effective technology-based self-monitoring interventions involves explicitly teaching how to use the chosen tool, promoting accuracy in its use, and using data to guide implementation adjustment. They also suggest that educators consider using other research-informed practices, including using goals, feedback, and contracts, as part of self-monitoring intervention.

We hope you find these articles in *Beyond Behavior* on research- or evidence-based practices to be beneficial to your classroom teaching and encourage you to share them with your colleagues.

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Reference

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