T**he Dynamics Underlying Challenging Behavior**

**The Impact of Chronic Stress and Trauma**

(Adapted from Wisconsin Department of Public Instruction).

There is growing research on the psychological, emotional and neurobiological impact of trauma and highly stressful events on the development of children and youth. Adverse childhood experiences that can cause trauma include events such as accidents, chronic economic instability or illness, domestic violence, divorce and/or abuse. The COVID-19 pandemic has dramatically impacted many members of society and will likely significantly increase the number of children and adults in need of support. Trauma impacts all aspects of a child’s development, including emotional regulation, memory, cognitive processing, social skills, and physical health. Exposure to trauma can undermine children’s ability to learn, form relationships, and function appropriately in the classroom, including their development of language and communication skills, organization of narrative material, ability to understand cause and effect relationships and to take another person’s perspective, attentiveness to classroom tasks and executive functions (e.g., goal setting and planning, anticipating consequences), and ability to engage the classroom curriculum and instruction. These limitations make it challenging for these children to meet classroom learning expectations.

While it is crucial to understand the impact of trauma on both emotional well-being and behavior. It is also important to keep in mind the role of protective factors have in building positive coping strategies and resilience in the face of adverse experiences. Protective factors such as access to a consistent caring adult, connections within a place of worship, community center, or sports team and/or strong extended family involvement can help a student successfully navigate life experiences that would otherwise be traumatic for someone lacking access to these protective factors. Researchers have found that positive bonding and connection to school is very powerful protective factor for students who are exposed to trauma and chronic stress. Identifying protective factors, aligning with and leveraging them to provide ongoing support for individuals experiencing trauma is critically important as well.

The principles of Trauma-Informed Care, a growing approach in the human services system, hold great potential for helping people to recover from the effects of adverse childhood experiences. Their application in schools can help to create supportive school environments with positive relationships that empower trauma survivors to flourish and learn to their potential. These changes can help schools to support all children in the development of healthy coping strategies and resilience in facing future struggles.

**Principles of Trauma-Informed Care**

This section will explore some of the principles of Trauma-Informed Care, how they complement the primary ideas behind PBIS.

1. *Childhood trauma and chronic stress, as a result of adverse life experiences, is common.* Research documents the widespread prevalence of early trauma. As a result, it is safe for schools to assume that substantial numbers of both children and staff are adversely affected. In some schools, this may be the norm rather than the exception. As a result, schools’ efforts to implement PBIS may benefit from raising staff awareness to the needs of many students for additional support and safety and providing training on effective supports. School environments must be both physically and emotionally safe for all students to fully engage the curriculum and instruction.

PBIS systems begin with the assumption that approximately 80% of students can and will behave well if 1) there are clear behavioral expectations and 2) they are taught how to behave in effective and ongoing manners. Insights from Trauma-Informed Care help us to understand that it is just as important, if not more so, to focus on students’ emotional responses as their behavioral responses. Behavior often communicates a student’s emotional need when s/he lacks the skills or trust to do so more effectively.

1. *Childhood trauma impacts many aspects of a survivor’s life, including increased likelihood of the use of coping strategies or other responses to traumatic experiences.* These coping strategies or responses to developmental trauma may be categorized as risky, problematic, truant or anti-social. Researchers have documented the correlations between trauma and a wide variety of risk-taking behaviors and physical, mental and social health problems.

Trauma may lead a child to adopt socially unacceptable behaviors in school, home and/or community settings to help cope with the adverse effects. The recognition that these behaviors (e.g., interpersonal violence, avoidance of academic activities, and substance abuse) may be an attempt to adjust and cope with the impact of adult behaviors over which these students have no control can help educators empathize with students who they may initially perceive to be simply misbehaving. Explanations about why children act out or refuse to cooperate may become more complete with these understandings from Trauma-Informed Care.

Acknowledging the possibility that a student is acting out in response to adult-caused pain or other factors beyond their control, rather than from malicious intent, can help lead to more supportive and effective responses than might otherwise occur. The perspective shifts from one that asks, "What is wrong with you?" to one that asks, "What has happened to you and how can I help?" This perspective can help schools adapt PBIS systems to be more compassionate and supportive of the many students experiencing trauma’s multiple and debilitating effects.

Children exposed to significant trauma may not have had the opportunity to develop the emotional coping skills of other students or may not have access to these skills during times of stress. PBIS recognizes the need to teach students desired behaviors and skills and provide for opportunities for practice and encouragement in a safe and supportive environment.

Chronic trauma and stress can impair the development of children’s ability to regulate their emotions and to control impulsive and externalizing behaviors. Reactions can be triggered if they feel they are being provoked or if something reminds them of their trauma. What is insignificant to a child who has not experienced trauma can be seen as very threatening to a child who has been traumatized. The latter then responds in a way that seems to be out of proportion with the situation to the uninformed observer. Such responses may lead to aggression, defiance and other types of externalizing behaviors on which PBIS is focused. The classroom teacher may misinterpret the behavior as intended to disrupt the instructional process. 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.

The learning from Trauma-Informed Care can help schools identify children who have internalized symptoms as well, such as social withdrawal, intense anxiety and perfectionism. The student may excessively daydream, appear to be sleeping, ignore directions, avoid tasks or seek to leave the classroom. Educators may find that children who internalize their problems are less disruptive in the classroom and therefore require less attention or concern. However, we are learning that the emotional distress from internalized responses is no less dramatic or disruptive for these children.

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 can be part of a PBIS system to address both externalizing and internalizing barriers to learning. While the impact of trauma and chronic stress can be significant, supportive interventions and protective factors can help those effected learn more adaptive and productive ways to cope, learn and grow.

1. *Safety and security are critical needs, especially for children who have experienced trauma.* Children must feel safe and secure to optimally develop and learn. This may be even more important for children who have experienced trauma, since their reactions of “fight, flight or freeze” may be exaggerated due to adverse early experiences. PBIS aims to develop and maintain a safe and supportive school environment that can help all children succeed in school. This framework relies on positive and proactive supports rather than punitive and reactive discipline to promote socially responsible behavior.

The aim and approach of PBIS can be reinforced by understanding the principles of Trauma-Informed Care. This perspective can help inform PBIS implementation with the recognition that trauma- impacted students who misbehave need safety and security in order for them to adopt more acceptable behaviors. Many childhood behaviors labeled as anti-social or problematic are actually responses to others’ reactive, uninformed, unpredictable and punitive approaches to caregiving. While disciplinary consequences can be used when students misbehave (although they are minimized with use of PBIS), 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.

**Behavior is Communication and Serves a Function**

While a many of the behaviors we have described are problematic for educators and/or others, it is important to remember that these behaviors serve a function for students, particularly when they are under stress or have had a “trauma-trigger” activated.

Human beings repeat behaviors because in some way it meets a deep need. We refer to these patterns of behavior as functions. Research has shown that the more often a behavior meets its’ function for a person, the more often it will occur. The longer the pattern has been in place, the more time it will take to change it.

Function of behavior include two primary patterns:

* To OBTAIN or GET something we want: Attention (positive or negative) from peers and/or adults, sensory input, access to activities and/or material items such as food, money, toys etc.
* To AVOID or DELAY something we don’t want: Attention (positive or negative) from peers and/or adults, sensory input; Tasks or other activities that we don’t like or want to do.

This diagram illustrates how these components come together.



Keep in mind that the same problem behavior can serve different functions. For one student, running out of the room upset may serve the function of gaining attention, as an adult or peer may come after him or her. For another student, the exact same behavior may serve the function of escaping a loud, interactive classroom activity that is causing sensory overload.

In order to identify the function of a student’s behavior is important to pay attention what happens immediately after the problem behavior that seems to keep it going. How do others respond to the behavior? What does the student seem to want or avoid? These are complicated questions because we know that with many students, a behavior may have more than one function or that the behavior can serve one function in one environment, yet another function in another environment. For these reasons it is important to track the student’s behavior across the day and assess if the function of the behavior changes across the day of if multiple functions are being met by the behavior. There are a number of tools and strategies that can help clarify the function of a student’s behavior. Talk with members of your school’s student support and/or PBIS team for ideas if you find yourself unable to clearly identify the function of a student’s behavior. It is important to gain this information so that adults don’t unintentionally reinforce the student’s problem behavior by their response or reaction.

In order to reduce and eliminate problem behaviors, we must a) explicitly teach the student desired replacement behaviors that meet the same need or function as the problem behavior; b) make needed environmental changes that prompt and cue the use of the newer replacement behavior and c) respond to student behaviors in a way that encourages and promotes the use of positive replacement behavior rather than the problem behavior (Sugai et al, 2000). For example, if we are creating a plan for a student that has a pattern of making disruptive, negative comments in order to be sent out of class because the academic work is too hard for him and he does not want his peers to know that he is struggling (escape and unpleasant task and peer attention) it is important to offer the student prosocial ways of accessing academic alternatives that allow him to feel successful and save face with peers. The student may need to be taught a) a social skill or group of skills; b) communication skills; c) academic skills and/or d) self-management techniques.

It is crucial to remember that the new replacement behavior must be reinforced and acknowledged at very high rates until the student has become fluent with the new behavior. It must become a new habit of responding to a stressful environment. If this does not happen it is very likely that the student will slip back into their previous pattern of behavior. (Umbreit, Ferro, Liaupsin & Lane, 2007).