

Integrating a Trauma-Informed Approach within a PBIS Framework

Lucille Eber, *Midwest PBIS Network*

Susan Barrett, *Old Dominion University*

Nicholas Scheel, *University of South Florida*

Ami Flammini, *Midwest PBIS Network*

Katie Pohlman, *Midwest PBIS Network*

The purpose of this brief is to describe how district and school leaders can incorporate trauma-informed practices within a Positive Behavioral Interventions and Supports (PBIS) framework. This ensures that the investments in training school personnel about trauma can be integrated into a system that links these efforts to student outcomes. Recommendations are included for how to adjust the PBIS framework to support trauma-informed practices.

Introduction

Over the past decade, youth-serving systems have increased their focus on childhood trauma and its impact on the mental health of children and youth (Hanson & Lang, 2016). Educators, following the lead of child welfare and mental health organizations, have intensified efforts to ensure that all teachers and administrators work in a system that provides accurate information about the prevalence and impact of trauma, are provided training and coaching around trauma response, and have a clear understanding of their role in supporting students who have experienced trauma. Although schools are investing heavily in professional development about trauma, a recent analysis of the literature found no rigorous evaluations or evidence of the impact of these efforts in educational settings (Maynard et al., 2019; Reinbergs & Fefer, 2018). As with other interventions focused on improving student social-emotional-behavioral (SEB) functioning, trauma-focused interventions are unlikely to work without ongoing analysis of implementation and corresponding refinement of strategies (Kelly et al., 2010). Positive Behavioral Interventions and Supports (PBIS) provides an effective multi-tiered framework for incorporating the knowledge about childhood trauma into an established system of SEB support, rather than focusing on trauma as a separate and perhaps competing initiative. Following the Interconnected Systems Framework (ISF) process for integrating PBIS and school mental health into a single system (Eber et al., 2019), trauma-informed practices become part of one multi-tiered continuum of support, benefitting from the structures that contribute to efficiency and effectiveness.

A Trauma-Informed Approach:

" A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 9).

Context

Over 27,000 schools in the United States implement multi-tiered systems of PBIS to effectively address the needs of students (Horner & Sugai, 2015). The PBIS framework applies the core features of multi-tiered systems of support (MTSS) to improve SEB and academic competencies (Bradshaw, Waasdorp, & Leaf, 2012). Although much of the literature on PBIS focuses on the outcomes surrounding student problem behaviors of an externalizing nature (Bradshaw, Waasdorp, & Leaf, 2012), the framework is recommended for teaching a full range of SEB competencies (Barrett et al., 2018; Chafouleas et al. 2016; Cook et al., 2015). This framework has been expanded to prevent and address internalizing problems such as anxiety and depression (Weist et al., 2018; McIntosh, Ty, & Miller, 2014). The framework applies a whole system response that emphasizes prevention and prioritizes the use of data to evaluate impact, thus enhancing mental health service delivery, including trauma-informed approaches. (Chafouleas et al., 2016; Dunlap et al., 2008). Integrating a trauma-informed approach into the PBIS framework is an example of enhancing the focus on mental health within an existing multi-tiered system, expanding the work of schools in addressing a critical issue that impacts student learning.

Notably, the goals of PBIS and trauma-informed approaches overlap as they are grounded in similar science. Specifically, PBIS establishes a clear and predictable social environment, reduces problem behaviors linked to increased internalizing distress, diminishes classroom distractions and interruptions, and provides an instructional framework for teaching and practicing adaptive social and emotional skills (McIntosh, Ty, & Miller, 2014). As noted in the trauma literature, a safe and positive environment coupled with positive and dependable relationships promotes resiliency and healthy brain functioning in children who have experienced trauma (Sciaraffa, Zeanah, & Zeanah, 2018). PBIS establishes a learning environment that is predictable, consistent, positive, safe, and equitable (Horner & Macaya, 2018). All these qualities are important to the healing of students who have experienced trauma.

Additionally, the structure and purpose of the cognitive behavioral therapy (CBT) approach recommended for children who have experienced trauma (Cohen et al., 2012) is consistent with the behavioral science that supports the PBIS framework. Moreover, interventions within the CBT approach and the PBIS framework are efficient, based on developing skills to change current behaviors, and adaptive to meet the needs of individuals and groups (Chafouleas et al., 2016). The growing awareness of childhood trauma and movement to incorporate a trauma-informed approach in the educational setting (SAMHSA, 2014) in conjunction with the effectiveness of multi-tiered prevention frameworks (Horner & Sugai, 2015) set the stage for integrating evidence-based trauma-informed practices into PBIS.

The ISF for school mental health (SMH) and PBIS emphasize district-level structures, ensuring the consistent application of MTSS features across all services and all tiers regardless of the persons providing the support (e.g., community clinician, school psychologist, teacher; Barrett, Eber & Weist, 2013). This alignment within multi-tiered teams using data can ensure that knowledge gained during professional development is implemented and monitored for accuracy and impact. Following the PBIS Implementation Blueprint, (Center on Positive Behavioral Interventions and Supports, 2015) the integration of a trauma-informed approach occurs within established teams at both the district- and school-level. A district/community-level interagency team establishes consensus among executive-level leaders, ensuring that policies, funding resources, and personnel availability are appropriate and sufficient to ensure effective integration at the school level. This

team makes decisions about when and how trauma-informed practices are used in conjunction with related SEB instruction and support across tiers (i.e., universal, targeted, and intensive supports). At the school-level, one set of cross-system teams reviews data, collaborates the design of interventions, and engages in progress monitoring, both for intervention fidelity and student outcomes. For example, an integrated team does not use separate screening and referral systems to address trauma. Instead, the established universal screening procedures and the request for assistance (RFA*) processes become trauma-sensitive (*note, we do not use the term ‘referral’ as this conveys staff handing off a student issue without assurance that it will get addressed).

Following the logic of the ISF (Barrett et al., 2013; Eber et al., 2019), trauma-informed approaches can be integrated and aligned throughout the MTSS, clarifying the systemic conditions needed for success. For example, the multi-tiered structure can strengthen the trauma-informed approach if the school-level teams have formalized routines for reviewing school and community data and have the authority to re-design a school environment in which all students and staff thrive. As part of a multi-tiered structure, district teams develop one integrated action plan containing professional development and evaluation procedures for all SEB initiatives. Training and coaching addresses needed support for educational staff, which together with community providers and families are focused on establishing a responsive environment and provide trauma-specific supports with an evaluation plan that monitors multiple indicators of success (e.g., training outcomes, school climate, student outcomes; Chafouleas et al., 2016).

Integrating trauma-informed data and practices into the PBIS framework is a practical approach allowing for contextual fit within each district and school. Mapping trauma-informed approaches into the multi-tiered PBIS system ensures that knowledge on effective trauma response is matched to accurate monitoring of implementation and student response, enabling refinements in interventions to increase their effectiveness. The remainder of this Brief describes specific integration strategies designed to strengthen an established PBIS framework and enhance MTSS core components in order to best integrate a trauma-informed approach into a district- and school-level setting.

Recommendations for Integration Trauma-Informed Approaches and PBIS

As described above, PBIS prioritizes prevention and early intervention and allocates resources to efficiently respond to students’ SEB needs through a multi-tiered system of support (MTSS). Including trauma-informed practices in the same MTSS will establish the structures to monitor effectiveness, ensure efficiency, and create sustainability of these practices, versus more typical ad-hoc programming that often occurs in schools (Eber et al., 2019). District/community leadership teams serve as the lead entity to establish the trauma integration procedures and create the supports to assist school teams as they modify their MTSS to be trauma-informed. Figure 1 includes the core features of MTSS with guiding questions for specific applications to strengthen the implementation of trauma-informed approaches. Both district and school-level teams can use these questions to guide the design of their trauma response within a single system.

Figure 1: Trauma-Informed MTSS Core Features

Trauma-Informed MTSS Core Features	
MTSS Core Feature	Trauma Enhancement
Teams	Do district and school-based teams include an individual who has knowledge, expertise, and the ability to provide coaching/support about the impact of trauma?
Use of data	Do all staff know what data sources to use to determine which trauma-informed interventions are needed at which tier (i.e., all, some, few)? Is community data and student and family perception data used to provide cultural context?
Ensuring early access	Does the team use a formal screening process to identify children and youth needing additional support? Does the team review community/neighborhood data to determine the magnitude of needs?
A formal process for selecting interventions	Does the team use a formal process to select trauma-informed evidence-based practices, and determine if they can be implemented effectively?
Measuring fidelity and outcomes	When trauma-informed practices are added to the menu of available supports, does the team use the progress monitoring system to inform fidelity, effectiveness, and to guide improvement to implementation?
On-going professional development and coaching	Does the District MTSS professional development plan include opportunities for all staff to learn about trauma, it's impact on youth, and the evidence-based practices that will be integrated across tiers? What types of supports are available for staff who have experienced trauma or are experiencing secondary trauma?

The following section provides further discussion and strategies for expanding the application of these features to ensure trauma-informed practices are embedded in a single system of SEB support.

1. Expand Teams to Ensure Trauma Expertise Guides and Informs Multi-tiered Systems.

As previously discussed, aligning all SEB approaches through one system requires one district leadership team that includes community providers and family/youth representation (see Weist, Garbacz, Lane, & Kincaid, 2017). Similar merged teams should be established at the school level as well, ensuring that all mental health related initiatives are facilitated through one set of teams. District and school-level teams can ensure the capacity to integrate trauma-informed approaches by including individuals who know about trauma, its prevalence, and impact on students and the evidence-based practices for supporting students. Teams should

consider community context when expanding teams. For example, it may be necessary to include personnel with expertise in drug misuse and prevention if the opioid crisis impacts the community. Once trauma expertise is added to teams, they can begin assessing their current structures and using expanded data to determine how to integrate trauma-informed practices into their school-wide instruction.

2. Use Data Sources that Identify the Scope of Trauma

To ensure a trauma-informed system, schools will want to leverage both trauma and behavioral knowledge to ensure desired results. For example, teams may need to expand their data sources to deliberately identify students who are at-risk of or are already exhibiting the typical trauma responses of flight, fight, and freeze. A district and school team may review community ACES data (Anda, Porter, & Brown, 2020; Larkin, Shields, & Anda, 2012) to assess the prevalence of trauma in the community as they consider the need to expand their Tier 1 instruction to prevent and/or mitigate typical responses to trauma. Recognizing that ACES data should not be used to identify individual students in need of support (and not all students who have experienced an adverse childhood experience are necessarily traumatized) other data sources should also be considered. For example, teams should review the amount of time some students spend outside of instruction indicating possible flight behavior (e.g., nurse visits, counselor visits, restroom breaks), or the number of teacher calls for support due to escalated behavior indicating fight behavior. These data allow teams to determine how interventions need to be redesigned or added at different tiers. For example, if ACES data indicate that 40% of students have experienced significant trauma, the Tier 1 curriculum can be expanded to include direct instruction on how and when to use acceptable coping mechanisms while also ensuring that staff are neither triggering nor inadvertently reinforcing inappropriate behaviors that may be due to a history of trauma. This school-wide instruction directed at all students, guided by knowledge about reducing triggers, can prevent trauma responses in some students while reducing symptoms in others (Austin et.al., 2020). Teams also need to identify data trends that indicate which students need more targeted support at Tiers 2/3.

3. Ensure Early Access through Universal Screening.

While ACES data provide an environmental scan of local prevalence rates, SEB universal screeners are essential to identify students in need of support, including those impacted by trauma. The expanded district/community leadership team selects a universal screener and develops procedures and routines to implement the screener in all schools. Trauma-informed school teams will carry out the screening and use the data to design a multi-tiered response as part of the single system of SEB support. With trauma expertise across all teams, the screening and response system can be integrated through one system, eliminating the need for a separate process. Schools teams need to respond quickly, so qualified personnel should be ready to provide additional assessments and a higher level of trauma-informed interventions for some youth identified through the screening.

4. A formal process for selecting trauma-informed evidenced-based practices.

District and school teams are encouraged to resist the temptation to add new practices without considering

how existing efforts can be expanded or repurposed to address the impacts of trauma for all, some, or a few students. For example, before adding new strategies to strengthen relationships, a key to building resilience for youth experiencing trauma (Fergus, & Zimmerman, 2005), teams may want to consider strengthening and repurposing the use of active supervision. Active supervision is a PBIS strategy that prompts staff to scan, move and interact when supervising groups of students during less structured times (i.e., lunch or recess) (National Center on Early Childhood Health and Wellness. 2019). Teams can re-teach active supervision to staff with an emphasis on how all adults can strengthen relationships with students by increasing the number of positive teacher-student interactions. If the team determines that a new, evidence-based intervention is required, they should follow an established procedure for how selection will occur. The Hexagon Tool (<https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>) exemplifies a process to guide teams to select effective practices that align with current efforts, are matched to a specific need, and can be easily implemented. For example, a team using this tool may select a coping strategy from a social/emotional learning curriculum that teachers are already familiar with and have access to. It is important to consistently use data to guide teams in the selection of interventions as prevalence rates can determine when interventions may be warranted for all students vs interventions only needed for some students indicating active flight, fright or freeze behaviors.

5. Decide How to Assess Fidelity and Impact Before Implementing.

As teams decide to initiate trauma focused enhancements or new interventions, they should be prepared to progress monitor the impact and fidelity of each intervention accurately. These evaluation procedures should be determined and initiated before starting the intervention. Per the active supervision example described above, team members and coaches walked the hallways and lunchroom counting the number of positive teacher-student interactions, ensuring they had baseline data before rebooting the practice. A few weeks after the team retaught active supervision with a focus on relationships, the scans and counts of teacher-student interactions were repeated to assess fidelity. They also administered a student survey at baseline and after three weeks of the intervention to assess student perception of adult-student interactions and overall school climate. The Tier 1 team examined these student self-report data with the direct observation data, to assess impact, and then held a dialogue with faculty about the next steps.

Teams are encouraged to consider the data used to identify students as needing trauma-informed interventions (e.g., office referrals, nurse visits, attendance) as possible progress monitoring and assessment data points. Additional information may be needed to determine if students are using new skills across settings. For example, if students are being taught a calming strategy to replace typical trauma responses, reductions in the specific fight, flight, freeze behaviors may be used to assess impact. If students are taught and given the option of seeking alternative quiet spaces during lunch, the team would monitor student use of alternative lunch spaces relative to reductions in problem behavior. When a trauma-focused strategy (e.g., a self-calming process) is taught to small groups of students, the use of the new skill can be monitored across settings by expanding the daily progress report used with a check-in-check-out process (Crone, Hawken, & Horner, 2010), allowing for continuity of instruction in the classroom. Figure 2 provides a sample of a Layered Daily Progress Report, illustrating how specific skills taught in groups can be added to the daily progress report, allowing teachers to prompt and the reinforce use of the skill as needed in the classroom.

FIGURE 2: Sample - Layered Daily Progress Report

	1st block	2nd block	3rd block	4th block
Be Safe Use calming strategy	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Use safe hands	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Connect with safe person	2 1 0	2 1 0	2 1 0	2 1 0

The team will also need to develop a process to assess fidelity for new interventions. Measuring fidelity will assist the team in establishing routines for regularly reviewing the quality of effort, the effectiveness of the intervention, and adjustments to training and coaching necessary to meet staff needs and implementation efforts. Schools already implementing PBIS will have experience with monitoring fidelity for their PBIS structures and some of the interventions, for example, the Tiered Fidelity Inventory (TFI) (Algozzine et al., 2019). Some manualized trauma interventions, such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Jaycox, Langley, & Hoover, 2018), will have fidelity measures as part of the curriculum. In contrast, other trauma interventions may not include a fidelity measure. When a team chooses to install an intervention that does not have fidelity measures established, the team will need to develop such a measure. (See <https://bit.ly/ChooseImpFidelityMeasure> for factors for the team to consider in choosing or designing fidelity tools.)

6. Professional Development and Coaching

A hallmark of PBIS efficacy is an iterative professional development process, focused on building fluency and accuracy with new practices. As new professional development content on trauma is introduced, district leaders should ensure that the same team-based logistics and principles of adult learning used for PBIS training are applied (Mezirow, 2000). For example, as teams begin to apply new knowledge about trauma-informed approaches, they should receive ongoing coaching by qualified personnel to ensure they are regularly using data to make decisions about intervention selection, fidelity, and impact. Teams need to have adequate action planning time to make decisions about how to incorporate trauma-based strategies into their existing system, per specific assimilation examples and activities that show team members how to integrate the new content with existing structures and components of PBIS. For example, the training content can teach teams how to examine their current Tier 1 components relative to the features of trauma-informed practices and brainstorm how to improve current practices specifically for students with or at-risk of flight, fright, freeze behaviors. The following section provides two specific activities that can be incorporated into trauma-informed training and coaching to guide teams to integrate a trauma focus into multi-tiered structures of SEB support. Specifically, the PBIS/Trauma crosswalk and expanded teaching matrix activities illustrate specific steps for teams to integrate Tier 1 effort with a trauma-informed approach deliberately.

Logistics for Training:

- 1) team based with administrator participating,
- 2) coaches working with teams during and following training,
- 3) data informed
- 4) repeated cycles of training, and practice.



Conduct a crosswalk of Tier 1 Practices with a Trauma-Informed Features. School leadership teams should conduct a crosswalk of their current Tier 1 components with the features of trauma-informed practices. This process helps the team to determine how each existing Tier 1 practice can a) create a safe, predictable, consistent environment, b) promote belonging and relationship development, c) teach and reinforce SEB competencies, and d) support cognitive, emotional, and behavioral regulation. The crosswalk is intended to bolster or expand practices to be more trauma-informed. For example, team members may determine that using everyday language to teach expectations, rules, and procedures helps provide consistency across locations in the school but needs to be done more consistently in the classrooms.

Additionally, they may decide to teach regulation strategies and coping skills using the same approach that they currently use to teach behavior expectations. The sample crosswalk of Tier 1 components and trauma-informed features in Table 3 illustrates how a Tier 1 Team, after reviewing an existing social/emotional curriculum, decided to select specific lessons focused on self-awareness, regulation, and relaxation strategies to add to their universal instruction for all students. The team organized professional learning groups to allow staff to identify ways to embed the selected instruction into academics. The team also decided to use the existing classroom morning meeting routine for all teachers to teach selected coping strategies using everyday language consistently. A final modification resulted in all students and teachers beginning each day with relaxation techniques and practice of skills that promote resiliency.

FIGURE 3: Crosswalk of Tier 1 Components and Trauma-informed Features

Tier I Trauma Features				
Tier 1 Components	How is Tier 1 component trauma-informed?			
	Creates Safe, Predictable, & Consistent Environment	Building Community or Relationships	Teaching/ Reinforcing Skills	Supports Regulation
Defined and teaching school-wide expectations <ul style="list-style-type: none"> Expand teaching to include coping skills (e.g., identifying feelings, expressing feelings, & managing feelings) Teach social-emotional and behavior lessons in a circle and embed with academic lessons Use morning circle routine across all classrooms to practice new skills and build classroom community 	X	X	X	X
Feedback and acknowledgement system <ul style="list-style-type: none"> Use feedback to increase the use of new skills across locations Teachers model calm response when providing feedback Use the system to prompt all staff to increase positive greetings and positive social interactions across the day 	X	X	X	X
Active Supervision (scan, move and interact with students during transitions and non- classroom locations) <ul style="list-style-type: none"> Team members and coaches conduct direct observations and collect counts of staff interacting with students and during transitions and cafeteria – provide data to staff during grade-level meetings 	X	X		

Expand the Tier 1 Teaching Matrix to Include Trauma-Informed Competencies. Once teams have selected and prioritized trauma-informed competencies to be taught, they can add these skills to their Tier 1 teaching matrix to ensure they are directly taught, modeled, and practiced with students. Figure 4 illustrates how a Tier 1 PBIS school team examined school-wide data (e.g., teacher requests for support, nurse visits) through a trauma lens and decided to teach students how to identify stress and respond productively. Explicitly, this team defined instruction for emotional regulation by adding a routine for “When I feel upset” to their school-wide matrix, created lesson plans for teachers to use with youth, and provided posters as a system to support prompts and consistent language.

Figure 4: Sample Tier 1 Teaching Matrix with Trauma-informed Competencies

The Williams HS Way	Classroom Rules	Welcome	Group Work	Online	When I feel upset...
Respectful	<ul style="list-style-type: none"> • Raise hand • Track the speaker • Follow directions 	<ul style="list-style-type: none"> • Greet the teacher and classmates • Talk in soft voices 	<ul style="list-style-type: none"> • Listen to understand • Take turns speaking • Say, “I like that idea, AND...” 	<ul style="list-style-type: none"> • Consider the feelings of others before posting 	<ul style="list-style-type: none"> • Ask for a break • Express feelings by making “I statement”
Organized and Achieving	<ul style="list-style-type: none"> • Walk quietly • Keep hands and feet within your bubble 	<ul style="list-style-type: none"> • Start on opener assignment 	<ul style="list-style-type: none"> • Clean up the area when time is up 	<ul style="list-style-type: none"> • Turn on privacy controls 	<ul style="list-style-type: none"> • Ask my teacher to break down the assignment into smaller chunks. • Talk to someone if it will make you feel better
Responsible	<ul style="list-style-type: none"> • Stay on task • Offer to help • Apologize for mistakes 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • “Jump in” to help others • Manage time carefully 	<ul style="list-style-type: none"> • Double check sources before I post • Pause and reflect before I post 	<ul style="list-style-type: none"> • Use the face chart to identify what you are feeling “I feel...” • Use cool off strategy (walk away, count to 25, deep breaths)

Figure 5 illustrates a Tier 1 teaching matrix that has been further expanded to include trauma-informed staff expectations. The impetus for this addition was student surveys and focus groups that indicated many students did not feel safe during transitions, with hallways and bathrooms cited as areas of concern. Using the student survey data, the team worked with all staff to clearly define the role adults play in directly teaching, modeling, and supporting students.

FIGURE 5: Sample Tier 1 Teaching Matrix with Trauma-informed Staff Expectations

The Williams HS Way	Classroom Rules	Welcome	Group Work	Online	When I feel upset...
Respectful	<ul style="list-style-type: none"> • Raise hand • Track the speaker • Follow directions 	<ul style="list-style-type: none"> • Greet the teacher and classmates • Talk in soft voices 	<ul style="list-style-type: none"> • Listen to understand • Take turns speaking • Say, "I like that idea, AND..." 	<ul style="list-style-type: none"> • Consider the feelings of others before posting 	<ul style="list-style-type: none"> • Ask for a break • Express feelings making "I statements"
Organized and Achieving	<ul style="list-style-type: none"> • Walk quietly • Keep hands and feet to self 	<ul style="list-style-type: none"> • Take your seat 	<ul style="list-style-type: none"> • Clean up the area when time is up 	<ul style="list-style-type: none"> • Turn on privacy controls 	<ul style="list-style-type: none"> • Ask my teacher to break down the assignment into smaller chunks. • Talk to someone if it will make you feel better
Responsible	<ul style="list-style-type: none"> • Stay on task • Offer to help • Apologize for mistakes 	<ul style="list-style-type: none"> • Turn in homework • Put materials in desk • Begin work 	<ul style="list-style-type: none"> • "Jump in" to help others • Manage time carefully 	<ul style="list-style-type: none"> • Double-check sources before I post • Think before I forward 	<ul style="list-style-type: none"> • Use the face chart to identify what you are feeling "I feel..." • Use cool off strategy (walk away, count to 25, deep breaths)
Teacher's Role (Conditions for Learning)	<i>Supervise all areas of the classroom</i>	<ul style="list-style-type: none"> • <i>Greet students warmly</i> • <i>Post bell to bell activity</i> 	<ul style="list-style-type: none"> • <i>Provide relationship opener for groups</i> • <i>Actively supervise small group activities</i> 	<ul style="list-style-type: none"> • <i>Teach and practice routine monthly</i> 	<ul style="list-style-type: none"> • <i>Use Active Supervision to predict triggers</i> • <i>Model calming strategies</i>

Conclusion

Given its prevalence in all school districts in the U.S., understanding childhood trauma and its impact on student SEB and academic functioning is essential for all adults working in schools. However, merely adopting a packaged curriculum and providing trauma training for school staff is unlikely to improve student functioning. Additionally, the lack of evaluation procedures to determine the impact of this type of professional development is a potential detriment to the advancement of trauma-informed approaches in schools. What is needed is to deliberately incorporate trauma knowledge within a framework of teaming, technical assistance, and the use of data to monitor implementation and outcomes. The implementation and instruction systems of PBIS are ideal for embedding trauma-informed approaches into the MTSS and work to support and positive SEB functioning in students. The PBIS process can help all stakeholders identify what competencies and interventions are most needed, teach regulation and coping skills across settings, and ensure that specific trauma-informed approaches are being implemented accurately and with enough intensity to improve student outcomes.

References

- Algozzine, B., Barrett, S., Eber, L., George, H., Horner, R., Lewis, T., Putnam, B., Swain-Bradway, J., McIntosh, K., & Sugai, G. (2019). School-wide PBIS Tiered Fidelity Inventory. OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. www.pbis.org
- Anda, R. F., Porter, L. E., & Brown, D. W. (2020). Inside the adverse childhood experience score: Strengths, limitations, and misapplications. *American Journal of Preventive Medicine*.
- Austin, S. C., Cioffi, C. C., Storie, S., Bromley, K. W., Lissman, D. C., Rochelle, J. L., Meng, P., & Seeley, J. R. (January, 2020). Using the PBIS Framework to Address the Opioid Crisis in Schools. Eugene, OR: Center on PBIS, University of Oregon. Retrieved from www.pbis.org.
- Barrett, S., Eber, L., McIntosh, K., Perales, K., & Romer, N. (2018). Teaching social-emotional competencies within a PBIS framework. OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, Eugene, OR.
- Barrett, S., Eber, L., & Weist, M. D. (2013). Advancing education effectiveness: An interconnected systems framework for Positive Behavioral Interventions and Supports (PBIS) and school mental health. Center for Positive Behavioral Interventions and Supports (funded by the Office of Special Education Programs, US Department of Education). Eugene, Oregon: University of Oregon Press.
- Bradshaw, C. P., Waasdorp, T. E., & Leaf, P. J. (2012). Effects of school-wide positive behavioral interventions and supports on child behavior problems. *Pediatrics*, 130(5), e1136-e1145.
- Center on Positive Behavioral Interventions and Supports. (2015). Positive Behavioral Interventions and Supports (PBIS) Implementation Blueprint. Eugene, OR: University of Oregon. Retrieved from www.pbis.org.
- Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8(1), 144-162.
- Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse & Neglect*, 36(6), 528-541.



- Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly*, 30(2), 166.
- Crone, D. A., Hawken, L. S., & Horner, R. H. (2010). *Responding to problem behavior in schools: The Behavior Education Program* (2nd ed.). New York, NY: Guilford Press.
- Dunlap, G., Carr, E. G., Horner, R. H., Zarcone, J. R., & Schwartz, I. (2008). Positive behavior support and applied behavior analysis: A familial alliance. *Behavior Modification*, 32(5), 682-698.
- Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R, Splett, J., & Weist, M.D. (2019). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide*. Center for Positive Behavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annu. Rev. Public Health*, 26, 399-419.
- Hanson, R. F., & Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. *Child Maltreatment*, 21(2), 95-100.
- Horner, R. H., & Macaya, M. M. (2018). A framework for building safe and effective school environments: Positive behavioral interventions and supports (PBIS). *Pedagogická Orientace*, 28(4), 663-685.
- Horner, R. H., & Sugai, G. (2015). School-wide PBIS: An example of applied behavior analysis implemented at a scale of social importance. *Behavior Analysis in Practice*, 8(1), 80-85.
- Jaycox, Lisa H., Audra K. Langley, and Sharon A. Hoover, (2018). *Cognitive Behavioral Intervention for Trauma in Schools (CBITS): Second Edition*. Santa Monica, CA: RAND Corporation, 2018.
- Kelly, M. S., Kelly, M. S., Raines, J. C., Frey, A., & Stone, S. (2010). *School social work: An evidence-informed framework for practice*. Oxford University Press.
- Larkin, H., Shields, J. J., & Anda, R. F. (2012). The health and social consequences of adverse childhood experiences (ACE) across the lifespan: An introduction to prevention and intervention in the community. *Journal of Prevention & Intervention in the Community*, 40(4), 263-270.
- Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, 15(1-2).
- McIntosh, K., Ty, S. V., & Miller, L. D. (2014). Effects of school-wide positive behavioral interventions and supports on internalizing problems: Current evidence and future directions. *Journal of Positive Behavior Interventions*, 16(4), 209-218.
- Mezirow, J. (2000). Learning to think like an adult. *Learning as transformation: Critical perspectives on a theory in progress*, 3-33.
- National Center on Early Childhood Health and Wellness. (2019). *Keep Children Safe Using Active Supervision* <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/safe-healthy-environments/activesupervision.html>
- Plumb, J. L., Bush, K. A., & Kersevich, S. E. (2016). Trauma-sensitive schools: An evidence-based approach. *School Social Work Journal*, 40(2), 37-60.
- Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma in schools: Multitiered service delivery options for practitioners. *Psychology in the Schools*, 55(3), 250-263.
- Sciaraffa, M. A., Zeanah, P. D., & Zeanah, C. H. (2018). Understanding and promoting resilience in the context of adverse childhood experiences. *Early Childhood Education Journal*, 46(3), 343-353.



Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. 14-4884). Retrieved from <https://store.samhsa.gov/system/files/sma14-4884.pdf>.

Weist, M. D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., ... & Hoover, S. (2018). Improving multitiered systems of support for students with "internalizing" emotional/behavioral problems. *Journal of Positive Behavior Interventions*, 20(3), 172-184.

Weist, M.D., Garbacz, A., Lane, K., & Kincaid, D. (2017). Enhancing progress for meaningful

family engagement in all aspects of Positive Behavioral Interventions and Supports and Multi-Tiered Systems of Support. In M. Weist, A. Garbacz, K. Lane, & D. Kincaid (Eds.), *Aligning and integrating family engagement in Positive Behavioral Interventions and Supports (PBIS): Concepts and strategies for families and schools in key contexts* (pp. 1-8). Center for Positive Behavioral Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon, University of Oregon Press.

Additional Resources to Guide the Integration of Trauma-Informed Approaches within a PBIS Framework

1. Integrating Trauma-Informed Support in MTSS --- SCTG webinar recording --
- <https://www.pbis.org/video/integrating-trauma-informed-support-in-mtss-sctg-webinar>
2. The ISF Fact Sheets --- <http://www.midwestpbis.org/interconnected-systems-framework/publications>
3. [Moving from Cloudy to Increasingly Clear: Aligning Explicit Teaching Behaviors with the Core Principles of Trauma-Informed Practice](#). --- (This downloads as a PDF and is from McDowell Institute)
4. Harvard - Center on Developing Child --- <https://developingchild.harvard.edu/science/key-concepts/>

This document was supported from funds provided by the Center on Positive Behavioral Interventions and Supports cooperative grant supported by the Office of Special Education Programs (OSEP) of the U.S. Department of Education (H326S180001). Dr. Renee Bradley served as the project officer. The views expressed herein do not necessarily represent the positions or policies of the U.S. Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, or enterprise mentioned in this document is intended or should be inferred.

Suggested Citation for this Publication

Eber, L., Barrett, S., Scheel, N., Flammini, A., & Pohlman, K. (May 2020). Integrating a Trauma-Informed Approach within a PBIS Framework. Eugene, OR: Center on PBIS, University of Oregon. Retrieved from www.pbis.org.