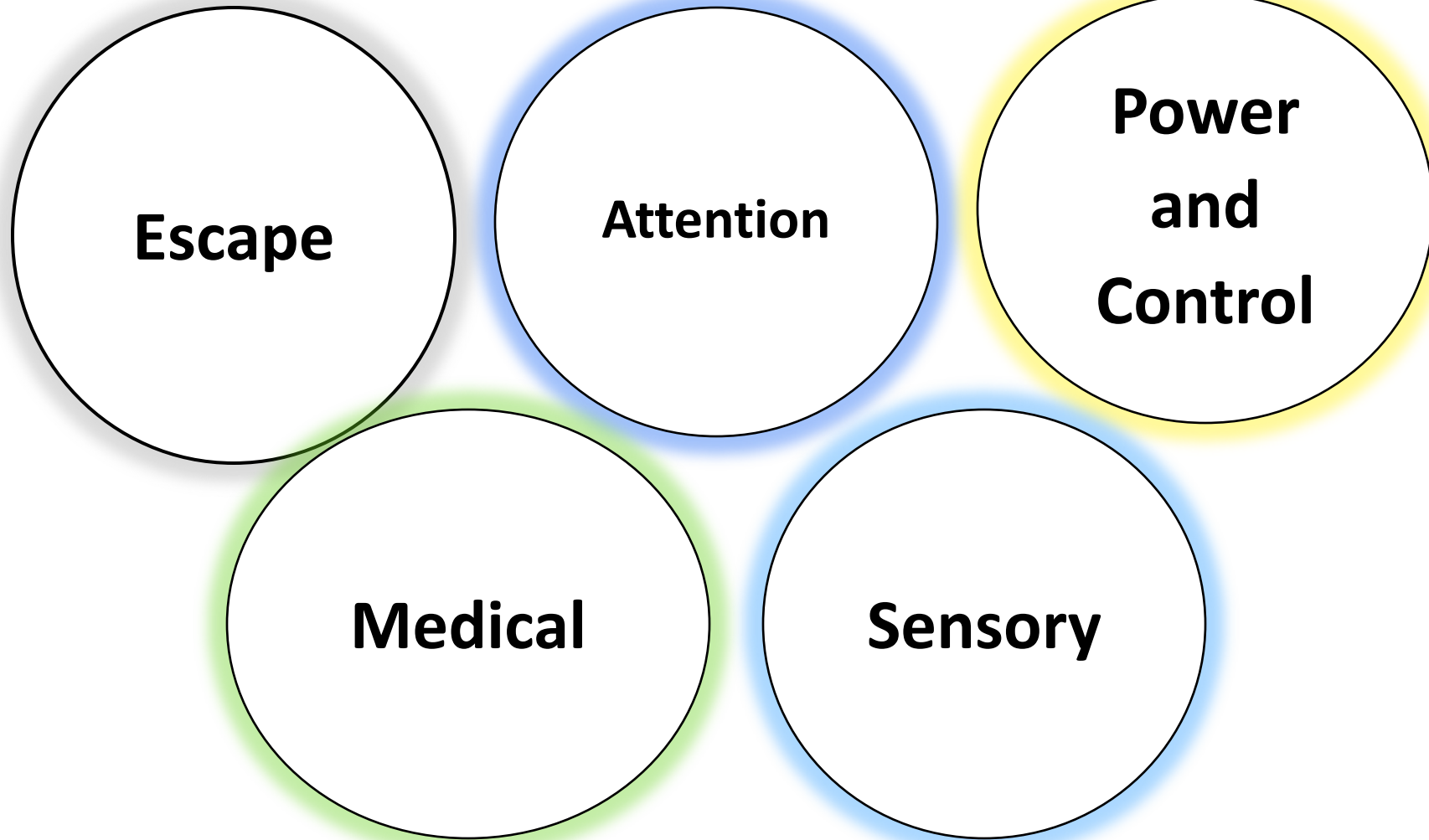


Reaching and Teaching Neurodiverse Students:  
Positive Approaches To Classroom Management  
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# Causes of Behavior Challenges in Our Students

# BIG 5 BEHAVIORS



# BEHAVIORS-THE BIG 5

Behaviors can be classified major categories

- ✓ ATTENTION-behavior that produces attention and other desired events (desired activities)
- ✓ SENSORY CONSEQUENCES-behavior that occurs because of its sensory consequences
- ✓ AVOID OR ESCAPE-behavior that allows the person to avoid or escape demands or other undesired activities
- ✓ POWER AND CONTROL-behavior engaged in to get power or control over the situation
- ✓ MEDICAL-behavior engaged in because of medical inconsistencies

# TRAUMA

Understanding trauma is about changing perspectives from

***WHAT IS WRONG WITH YOU to***

***WHAT HAPPENED TO YOU?***

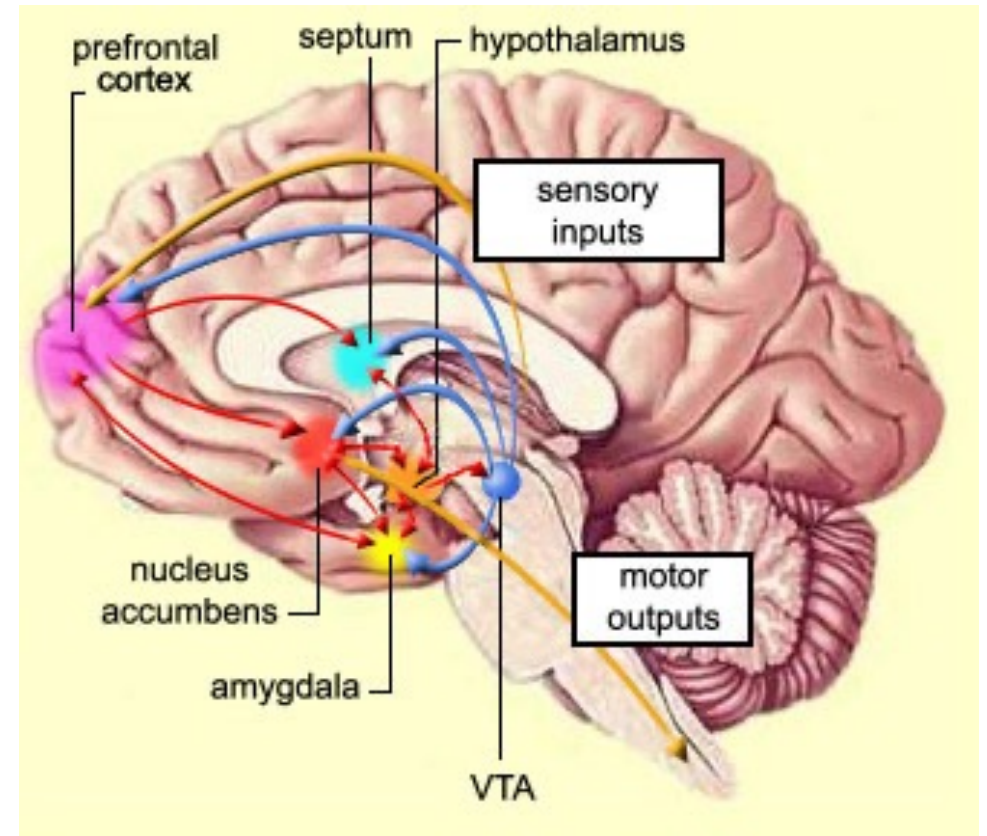
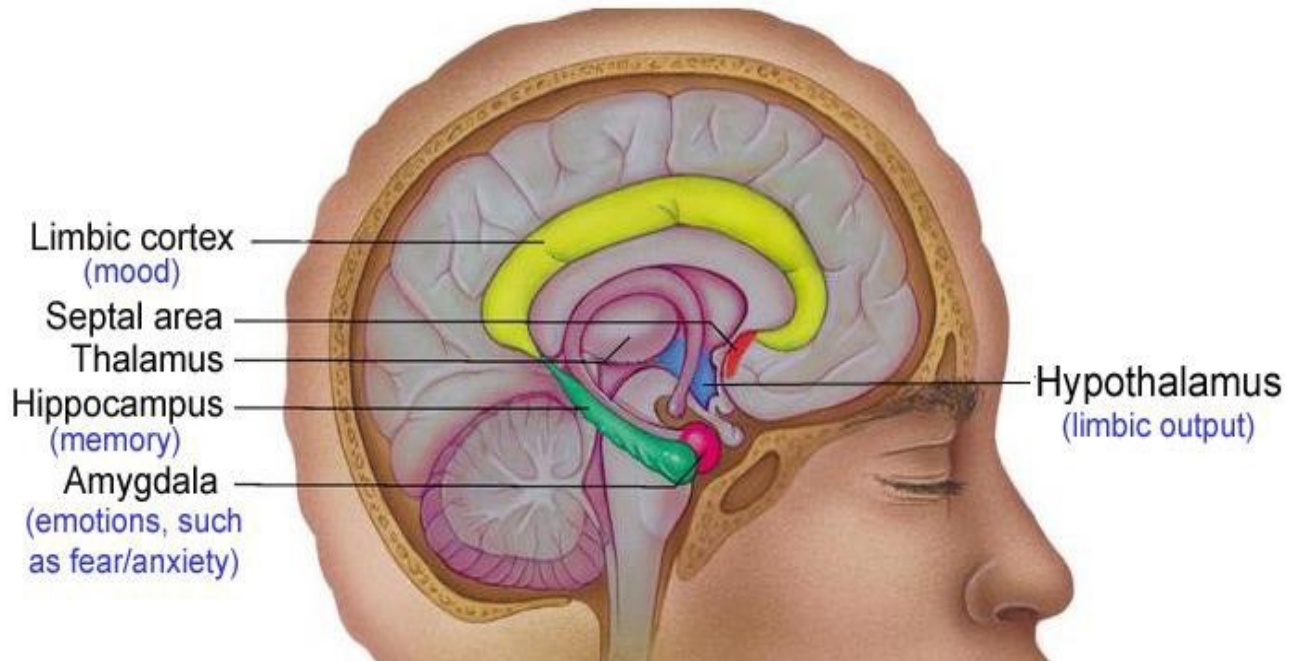
<https://www.youtube.com/watch?v=J3cbyoXgobl>

<https://www.youtube.com/watch?v=jspxW55ysk4>

# Same systems side by side comparison

- If trauma responses and our reinforcement centers are located out of the same area of the brain-think of the repercussions of that for a minute.

## Limbic System



# Children and Trauma

- ❑ Children are more vulnerable to the stress of trauma
- ❑ Children's responses to trauma are complex and are different from those of adults because they are not capable of handling and processing the event without neurological affects/damage. So a fire drill at school could trigger a student with prior trauma. They could relive the trauma through the drill.
- ❑ Children's traumatizing experiences can compromise all areas of childhood development, including identity development, cognitive processing, body integrity, ability to manage behavior, affect tolerance, spiritual and moral development, and ability to trust self and others.

# Children and Trauma

Repeated traumatizing experiences have a neurodevelopmental, physiological, emotional, social and behavioral impact. Children's symptoms fall into 4 major categories:

1. Disorder of memory
2. Avoidance of intimacy
3. Persistent fear state
4. Dysregulation of affect



# Children and Trauma

- ❑ When a student doesn't have the opportunity to process a traumatic event, give meaning to it, and learn to cope with the traumatic experiences with a trusted adult, the trauma can have a devastating impact on the child's ability to master typical stages of developmental tasks at the time of the trauma.
- ❑ This trauma experience can also alter the course of future development.
- ❑ Childhood trauma is considered a pivotal causal factor in the development of **psychopathology** and the quality of relationships with parents and other caregivers.

# Children and Trauma “Survivor Behaviors”

- ❑ Survival Behaviors-help the child to survive extreme psychological stress in a difficult environment.
- ❑ Survival Behaviors include, fighting, running away, substance abuse, spacing out, self-injurious behaviors, eating disorders, etc.
- ❑ In a non-threatening environment the children will exhibit these behaviors to deal with their anxiety and uncomfortableness.
- ❑ To these students a nurturing environment can be threatening and the child often rejects these environments and creates a safer one for themselves.

# Trauma and Neurodevelopment: What happens

- ❑ When stress hormones that are set aside and ready for an emergency remain “switched on” for a long time, they can slow the growth of nerve fibers in the areas of the brain (hippocampus) which links experiences to emotions.
- ❑ The brain then stores the memories of these experiences and emotions. Cortisol levels increase to accommodate for the stress.
- ❑ Some studies have shown that the hippocampus actually shrinks as a result of stress hormones over time.
- ❑ What impact does this process have on learning? It is not a good neurological sign when the brain shrinks, recedes or loses mass.

# Trauma and Development with *School Support Response*

## Developmental consequences of trauma

1. Difficulty trusting others/*trusted adult at school needed*
2. Social isolation/*trusted adult at school needed to help them through isolation*
3. Difficulty seeking help/*signal responses to have the child signal us confidentially they WILL NOT USUALLY ask for help outwardly*
4. Hypersensitivity to physical contact/*trusted adult at school needed*
5. Increase medical, emotional and mental problems/*Psychologist at school needed with trusted adult*
6. Problems with coordination and balance/*Occupational or Physical Therapist at school*
7. Poor affect regulation/*School Psychologist or Counselor support needed*
8. Problems with academic achievement/*Instruction from teachers trusted support*
9. Oppositional/antisocial behaviors/*School Counselor and Psychologist*
10. Difficulty planning for the future/*Trusted adult needed*

# Teacher Self-Regulation What to do when working with Trauma

Remain calm, quiet, and present.  
Use *LOW* and *SLOW* when needed.

- Watch the tone and speed of your voice/words—our students who have experienced trauma are hypersensitive to facial expressions, micro-expressions such as volume of voice, tone, etc.
- Our trauma informed students pick up on stress-related behaviors of adults
- Avoid lecturing or asking too many questions because the student can't process too much at the time of trauma
- Slow yourself down, talk slower, use a lower pitch for your voice, avoid using complex sentences, avoid lots of quick body movements

# Treatment for Trauma Teaching Strategies

- Safe Space: Furnish a place for the child to regroup and release negative emotions in a safe spot area that all students may utilize at some point when needed.
- Remember to use the safe spot yourself as an instructor when feeling overwhelmed so the students see you will utilize the class calm down/safe spot too.
- Ask the student “Would time in the safe spot be helpful?”
- Access to sensory items can also be extremely helpful if the student exhibits sensory needs.

# Best Practices When Working with our Students with Needs PBIS

# Trusting Relationship

Trusting Relationship is very important: The student should believe we trust him/her and know he/she has some great skills and gifts.

- Work hard to establish trust with the student by being fair and consistent.
- Tell them they are always safe with us at school.
- Believe in the child`s ability to manage his/her behavior in an appropriate way and employ him/her to help you teach this skill to others with the teacher`s guidance.
- We understand that we are not the trigger of trauma and defiance, only an outlet for it-this helps us not take it personally.



# Consistency

- Meet with the parents and other adults who interact with the child to share in the plan.
- Consider how you want to get communication to and from school, I have the best luck with goggle drive asking the student to report his/her successes to his family.
- The school psychologist/preferred adult should work closely with our students with trauma to help the child develop anger management, anxiety regulation and social relationship skills.

# Preferences what the student likes

- Discover what the child truly enjoys doing such as participating in a sport or hobby and discuss that with them.
- Use this information to teach through utilizing some of their favorite activities to teach through.
- Identify skills or attributes that you can reinforce and make a list of them so you can share them with the entire teaching team.

# Social Interactions

- ❑ Provide closely supervised cooperative learning activities to assist the student in learning constructive ways to interact with peers.
- ❑ Have the student help with mentoring and “rule following” by assisting the teacher in teaching social skills and rules to others.

# Safety Plan

- Get a safety plan in case your class needs to exit the room in response to intense behavior in the classroom.
- Consider having “walk about” folders to allow a smooth exit and transition for all the children.

# Signal Responses

- ❑ Make a signal response to help acknowledge small steps toward improvement by privately signaling the student.
- ❑ Avoid expressing your feelings like, “I am so proud of you!” Instead say something like, “**This is A+ work.**”
- ❑ Let the student signal the instructor when help is needed.

# Don't Fall for the Control Game

- ❑ Avoid using if then contingencies, arguing, lecturing, threatening or trying to over control an affected student because he/she will most likely view your attitude and upset demeanor as rewarding rather than as punishing.
- ❑ Avoid raising your voice or exhibiting any emotion.
- ❑ We never know what type of trauma the student experienced so we must remain neutral and supportive.

# Don't Fall for the Control Game

- ❑ Restate what happens when a rule is broken. The rules should be posted and visual. “One of my constant statements-**WHEN IN DOUBT WRITE IT OUT**”
- ❑ Remember to displace blame to objects or the schedule. When possible concede control to an object such as a clock or the bell. You could say, “Be ready to go when the bell rings,” rather than, “I want you to get ready to go” Any time we express emotion the students often feed off of that emotion.
- ❑ Avoid all YOU NEED TO'S the worst directive we can give a student with trauma, with this type of student any “YOU NEED TO'S” will set this type student off every time with that statement.

# Tips when working with students with trauma exposure.

Remember that behavior management techniques that work well with other students may be **ineffective** with a child with trauma.

- The child will frequently misbehave and annoy adults to make a connection or get a reaction.
- Use planned ignoring, extinction and private reinforcement.
- Remember to: Have clear expectations and firm rules and boundaries.



# Helpful Statements/Questions: for students with trauma

- “Is what you are doing working?”
- “What would work better?”
- “I have all the confidence in the world that you can do this?”
- “How can I best help you through this difficulty/misunderstanding?”
- “Tell me what you think the problem is that keeps you from being safe in school.”
- Listen to the child without interrupting.
- Have the student help us with his/her behavior plan.
- Decide together on a behavior plan and give him/her choices on the pieces of the plan he/she can have choices in certain consequences and reinforcers.

# Behavioral Considerations

- Positive Behavioral Supports and Interventions

# Behavioral Considerations

- ❑ State teacher directives in simple, straightforward language. Be as clear, immediate and consistent as possible.
- ❑ Focus on only a few (1-2) problem behaviors at a time.
- ❑ Decide what behavior you will ignore and what you will not accept.
- ❑ Communicate the consequences for those you cannot tolerate and remind the student that it is like that for every student you teach.

# Classroom Strategies:

- ❑ Post classroom rules and a daily schedule so that the child knows what to expect.
- ❑ Our kiddos with trauma thrive off of consistency so realize that any sort of change in the classroom routine may be upsetting to a child with trauma because their foundation for safety starts with your consistency and routine. Sub days will be difficult.
- ❑ Strategy to help have them announce and be part of the inconsistency or change if possible, so they “own it” with us.

# School Concerns

1. Provide a predictable, familiar, calm and consistent environment
2. Create an atmosphere in which the child feels safe to reenact or discuss a trauma give them a spot to dump any thoughts that are disturbing them.
3. Let him or her express their feelings without judgment yet do not pressure the child to do so
4. Be aware of trigger points if possible to have an idea of what may trigger the child's anxiety
5. If you suspect that the child is a danger to him or herself or others, seek help immediately

# Self-Help for teachers working with difficult students

- Understand that you are only human. You will make mistakes.
- BREATHE big deep breaths when things are difficult help us calm.
- Acknowledge any improvement through a signal response or private conversation.
- Plan ahead, but be flexible and accept changes. One goal at a time 4-6 weeks to make a change. Plan that children may not show appreciation for your efforts. Share your time, ideas and materials with peer so you have support.
- Discuss concerns with a peer or mentor. Ask for help when you are overwhelmed.
- If you become discouraged, reflect and write down why you love to teach and reflect on your successes.

# Why Trauma Informed Practices in Schools...

- ❑ Becoming trauma informed requires a shift in the educational paradigm of classroom management.
- ❑ It goes against what you have learned about students' behavioral challenges and classroom discipline approaches.
- ❑ It changes how policies are developed and implemented in schools when encountering traumatized students.
- ❑ It has a ripple effect across the school environment and culture. It involves administration, teachers, staff, students and families

# Classroom environments

## Some sensory approaches for the classroom:

- Establish a quiet, safe space in the classroom for students to go when they are feeling overwhelmed. It should be a comfortable space away from others, with comfortable furniture, blankets and pillows.
- Have sensory materials for students, fidgets, drawing station, music station, pipe cleaners, rocks, crystals, play doh or clay, paper for scribbling, color markers/pencils, puzzles, etc.
- Have pleasant colors, pictures of nature, cute animals, etc. in the classroom that students can focus on when dysregulated.
- Incorporate music into the classroom that is playing in the background, rhythmic sounds.



# Trauma Informed Interventions with Trauma Impacted Students

- Offer suggestions on self-calming techniques, such as mindfulness, grounding, tracking, positive memories.
- Teach positive self-talk to students and practice it before you need it. “I am safe” “I can calm myself down” “I am a good loving person”
- Use music, exercise, movement, stretching
- Incorporate more opportunities for humor and laughter into the curriculum. (Laughter reduces the traumatic response in the brain and activates the reinforcement system of the brain)

# Behavioral Strategies for Trauma Impacted Students

## Strategies:

- Practice active listening with students and demonstrate empathy
- Specific praise “You did a great job paying attention in class today” vs “Good job today.”
- 10:1 (Ratio of positive to negative statements for traumatized children/adolescents)
- Extinction/Active ignoring of negative behavior
- Consistent expectations and behavior plans that are based on rewards systems, not punishment.

# Increasing resilience in the affected student and their teachers.

Working with traumatized students can be overwhelming so managing personal and professional stress is vital:

- Exercise and eat healthy
- Engage in an enjoyable hobby or activity
- Consistent structure and pattern in a student's life.
- Know your limits.
- Professional counseling
- Improving the student's understanding of trauma and secondary trauma.
- Taking a time out.
- Seeking support from co-workers, family, friends
- Vacations

# Resources

Brenda Ingram, EdD, LCSW, Director of Clinical Services, Peace Over Violence.  
[Brenda@peaceoverviolence.org](mailto:Brenda@peaceoverviolence.org)

Trauma Informed Practices in School Checklist

<https://lesley.edu/sites/default/files/2017-06/trauma-sensitive-school-checklist.pdf>

[Helping Traumatized Children Learn](https://traumasensitiveschools.org/trauma-and-learning/the-problem-impact/)

<https://traumasensitiveschools.org/trauma-and-learning/the-problem-impact/>

Videos on Trauma Informed Practices in Schools

Children, Violence and Trauma—Interventions in Schools

❑ <https://www.youtube.com/watch?v=49GzqPP7YYk>

Modules on creating trauma informed care in schools, Madison Metropolitan School District. There are 10 modules, here are a few of them:

❑ [https://www.youtube.com/watch?v=elaLV\\_b8FXw](https://www.youtube.com/watch?v=elaLV_b8FXw)

❑ <https://www.youtube.com/watch?v=IjpafA1G148>

❑ <https://www.youtube.com/watch?v=YQoQS4RFJRQ>

# Citations

American Psychiatric Association 2015

*Diagnostic and statistical manual of mental disorders: DSM-5.* Washington, D.C: American Psychiatric Association.

2017 DSM 5 Diagnostic Criteria PTSD basc-3