



Trauma-Informed ABA: ABA through a Compassionate Care Lens

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verbal 
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In-Home

In-Home Therapy

social
beginnings
By Verbal Beginnings

Social Skills

The
verbal 
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Center

Center-Based Therapy

verbal
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early
beginnings
By Verbal Beginnings

Early Intervention

healthy
beginnings
By Verbal Beginnings

Feeding Therapy

Alyse Handelsman, MEd, BCBA, LBA

- Alyse started her career as a Social Worker in an inpatient hospital in 2012 where she was first exposed to Applied Behavior Analysis (ABA).
- Alyse obtained a second masters in Applied Behavior Analysis and received her supervised experience hours as an RBT at Verbal Beginnings.
- In 2018, Alyse became a BCBA and gained experience providing early intervention services in the field and consulting with residential settings.
- In 2020, Alyse returned to Verbal Beginnings as a Clinical Supervisor and became a Program Coordinator at their Millersville location in 2021.
- Alyse is passionate about incorporating her experience with Trauma Informed Care as a Social Worker into her evidence-based work as a Behavior Analyst.
- Alyse is a proud mother of a three year old named Kivi and enjoys spending the weekends with her family and dogs.



Grace Gomez MA, BCBA, LBA



- 2005 – Bachelors degree in Psychology and a minor in Applied Developmental Psychology from the University of California, Los Angeles
- 2005 - Started out in the field of Applied Behavior Analysis (ABA)
- 2008 - Masters in Education from California State University, Long Beach and interned as a bilingual school psychologist.
- 2010 – Completed BCBA coursework at Florida Institute of Technology
- 2010 - Became a BCBA!
- Clients: range between 18 months to 17 years of age
- Settings: in-home, community, shool, and clinic.

HOLD UP



We do NOT consider ourselves experts..... But let's talk about some things going on in our field, shall we?

Objectives

Participants will...

- define Trauma Informed Care as it pertains to ABA therapy and Autism services
- compare conflicting perspectives of ABA therapy
- be able to speak to the process of conducting a risk-benefit analysis when considering interventions

The Current Debate



The discussion of Trauma- Informed Care (TIC) is becoming more prevalent within the field of applied behavior analysis (ABA). Historically, behavior analysis has heavily relied on more intrusive procedures. As our ethics continue to guide us away from said strategies, we are left with the debate between effectiveness versus Trauma Informed Care.

Trauma Informed Care

Trauma Informed Care is anticipating and treating every client as if they have encountered trauma, and utilizing practices that avoid future or re-traumatization.

Trauma: the result of violence, abuse, neglect, discrimination, loss and other emotionally harmful experiences (SAMHSA, 2014).

Safety



Ensuring physical and emotional safety

Choice



Individual has choice and control

Collaboration



Definitions

Making decisions with the individual and sharing power

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Empowerment



Prioritizing empowerment and skill building

Trauma Informed Care



Trauma has no boundaries...It is an almost universal experience of people with mental and substance use disorders. **The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.**

(SAMHSA, 2014)

Trauma Informed Care



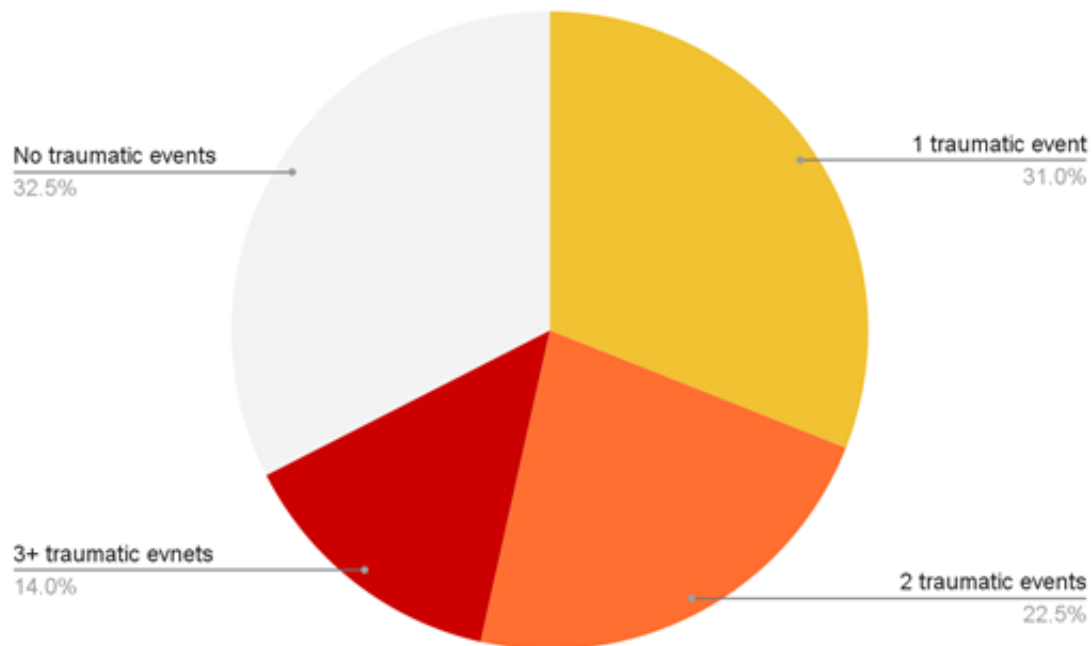
Studies have shown childhood trauma/adversities often lead individuals to develop life threatening adult diseases and psychiatric disorders.

(Shonkoff et al., 2012, McLaughlin et al., 2009, Lopez et al., 2017, and more!)

Trauma Informed Care

The prevalence of Trauma. By age 16:

- 30.9% 1 traumatic event
- 22.5% 2 traumatic events
- 14% ≥ 3 or more traumatic events



Stack & Lucyshyn (2018)

- Trauma and ASD
- Impact to the brain
- The role of the caregiver and the Central Nervous System
- Children with ASD are at increased risk for exposure
- PTSD and ASD have similar symptoms
- There is very little research on trauma in relation to autism
- Trauma Treatment Model for Individuals with ASD

Response to Criticisms of ABA

- Hypothesis testing bias
- Indirect measures
- Respondent Selection
- Unclear ABA-based interventions
 - ABA done badly, is in fact, not ABA
- Measurement system

Leaf, et. al., 2018

Response to ABA criticisms

Response to the following criticism:

- ABA promotes prompt dependency
- ABA only works for children with particular characteristics of ASD
- ABA includes methodologies that are considered “out of date” and ineffective
- ABA has no data showing its effectiveness over the long term
 - This is an inaccurate claim:
 - Dawson et. al, (2010)

ABA and Toilet Training

- Prompted to bathroom for accidents
- Praise and tangible provided for urination
- If an accident occurred a response was delivered in an attempt to startle the participant

Findings from Cicero and Pfadt less intensive approach:

- Accidents dropped to near zero levels
- Spontaneous requests increased
- Slightly lower rates compared to Foxx & Azrin (1971)
 - All participants mastered within 10 days



Cicero & Pfadt (2002)

Some Considerations: Toileting

- Past attempts to toilet train
- Age of client
- Limited preferences
- Often necessary to participate in a less restrictive setting (camps, schools, etc.)
- Is not being toilet trained limiting access to intervention
- Dignity and privacy

Feeding Interventions (Meal time Compliance)

About one in three children with a disability may experience significant feeding concerns
(Sharp et al. (2010))

Rigidity with:

- o Variety of food
- o Food presentation
- o Texture of food
- o Feeding themselves
- o Using utensils



Findings & Limitations

- Compilation of studies demonstrated that 83.3% of interventions included Escape Extinction 83.3%.
- Limitations to consider
 - There are some behavioral side effects to using this method
 - Difficult to implement correctly
 - How acceptable is this method to the public

Alternatives to Consider

Alternative ABA treatment options:

- Preventative and reinforcement based methods:
 - High-probability instructional sequence combined with low-p demand fading in
 - Study by Penrod, Gardella and Fernand used this treatment and it helped the patients increase the amount of food they consumed.
 - Evaluate food type and texture
 - Increased food acceptance
- Using trauma informed care approach:
 - Increased amount of food consumed.

Punishment

- Comes in many forms
 - Meant to decrease the frequency, duration and/or intensity in which a behavior occurs
- Side effects of punishment
 - Aggression
 - Counter control
 - Individual may model the punishing behavior
 - May actually increase the behavior because it is reinforcing
- Ethics:
 - 2.15 minimizing risks and utilizing the least restrictive means possible

Intervening on Stereotypy

- Repetitive, rhythmic, often bilateral movements with a fixed pattern
- Diagnostic feature of autism (Cunningham & Schreibman, 2007)
- People may report feeling happy and satisfied when engaging in stereotypy
- Stereotypy may be self-injurious, socially offensive, or disruptive to desired activities (Marraganorre et al., 1991; Symons et al., 2005)



Function-Based Treatment for Stereotypy (Potter, et al., 2013)

- Stereotypy as reinforcement
- Replication of Hanley et al. study
 - o “Reinforcer used is that what is found to maintain the problem behavior”
 - o Only function based treatment for stereotypy in which the maintaining reinforcer is also provided
 - o Procedure:
 - Activities only condition
 - Activities plus prompting
 - Activities plus prompting, plus blocking
 - Activities plus prompting, plus blocking, plus DR
 - o Findings

Other considerations

- Who is the client?
- Is the stereotypy dangerous or does it impact learning?
- How often is it happening?
- Socially significant?
- Will interventions generalize to less restrictive environments?
- What benefit does it bring to the client?
- Are they a stakeholder in their intervention?

Less Intrusive Intervention on eye contact

- O'handley, et. al (2015)
- Social Stories and Video Modeling
- 6 adolescent males diagnosed with ASD and/or ID
- Multiple baseline design

Findings:

- Social Stories in isolation
 - Moderate Improvement
 - Addition of video modeling=improved/maintained levels
- Video modeling in isolation
 - Large and immediate increase
- Combined interventions
 - Addition of social stories had no impact

Limitations:

- Did not investigate whether improved eye contact is associated with improvements in other areas

Other considerations

*Is this an important skill
for the client?*

*Does lack of eye contact
impact the individual's
ability to connect socially?*

*Can they make the
choice?*



*Again, who gets to decide
if this is a socially
significant must-have skill?*

Culturally?

The problem with “new ABA”

Changing behavior as the primary goal

Intensive hours

Compliance-based therapy

Promoting the idea that children must change to fit in

Focus on rewards over motivation

Ethics Code of Behavior Analysts

The *Behavior Analytic Code of Ethics*, effective January 1, 2022 cites **four foundational principles** “which all behavior analysts should strive to embody” (p. 4)

Behavior analysts work to maximize benefits and do no harm

Benefit others

Treat others with compassion, dignity, respect

Behave with Integrity

Ensure their competence

Continually evaluating the boundaries of their competence; working to continually increase their knowledge and skills related to cultural responsiveness and service delivery to diverse groups

Trauma Informed Care

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Definitions

Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

Empowerment



Prioritizing empowerment and skill building

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Chart by the Institute of Trauma and Trauma-Informed Care (2015)

Towards trauma-informed applications

Barriers:

- Effect of trauma - “Internal experience”
 - Evidence- presence/absence of trauma
- Causes of trauma
 - ABA focuses on how behavior is affected by environment in the moment.
 - However, we must take into account the history of trauma in planning our treatment
- Evidence - lack of data informed best practices for providing TIC

Towards trauma-informed applications

Possible Framework:

- The acknowledgment of trauma and its potential impact as an overarching mission.
- Ensure safety (e.g., physical and emotional) as well as trust
- Promote choice and shared governance
- Emphasize skill building

Assent Based Model

What is assent based care?

How can we employ a model that is effective with the ASD community?

Consent vs. Assent

Possible topographies of assent/assent withdrawal

4 core principles of the code

Concurrent chains schedule

Risk Benefit Analysis

WORKSHEET 9.1.1 RISK-BENEFIT ANALYSIS TEMPLATE MODIFIED FROM BAILEY AND BURCH (2016)

Situation:

Decision:

<i>Risks</i>	<i>Notes/Analysis</i>
(1)	
(2)	
(3)	
(4)	
(5)	
<i>Benefits</i>	<i>Notes/Analysis</i>
(1)	
(2)	
(3)	
(4)	
(5)	

Summary of risks versus benefits for decision:

Source: Bailey, J., & Burch, M. (2016). *Ethics for behavior analysis* (3rd ed.). New York, NY: Routledge.

Risk Benefit Analysis of Rapid Toilet Training

Risks:

- May increase problem behavior
- They may still not make rapid progress
- Rapid toilet training may cause increased stress on the client
- Parents may not have the time or resources to implement in the home
- May not generalize to other settings

Benefits:

- This is the intervention that is most in line with familial values
- The client does not have a lot of preference
- This would allow for the client to attend more community-based settings
- May see a decrease in problem behavior surrounding changes

Risk Benefit Analysis of Intervening on Stereotypy

Risks:

- Impact the child's ability to self-regulate
- Increase other uncomfortable sensations internally
- Change topographies into more intrusive/dangerous stereotypy

Benefits:

- Will allow the client more learning opportunities
- The child may be more readily available to engage in functional play activities
- Will decrease injury caused by dangerous stereotypy
- Will allow parents to take client to more community-based settings
- Increase functional play and social skills

The time is NOW



Photo credit Boston College



Do the best you can until you know better.
Then when you know better, do better.

- *Maya Angelou*

The time is now to make the implementation of trauma informed treatment approaches the forefront of ABA services.

Questions or Discussion



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Thank you for joining us!

verbal beginnings

Changing Lives. One child at a time. One professional at a time.