Behavior management, parent training, and possibly medications

Always consider base rates and cognitive biases (diagnostic overshadowing, availability and representativeness heuristics, conjoint probabilities, etc.; see Fagley 1988 SPR, Davidow & Levinson, 1993 PITS) Direct treatment to address traumatic stress symptoms, such as TF-CBT



## ADHD (5% of kids)

Inattention

## Hyperactivity

Difficulty waiting or taking turns

Talking excessively

Interrupting others

Losing things

Difficulty following instructions

Difficulty controlling behaviors

Difficulty concentrating

Hyperarousal

Impulsivity

Social difficulties

Externalizing behaviors (e.g., aggres-

sion)

Attention-seeking behaviors

Sleep problems

Low self-esteem

<u>Traumatic Stress</u> (~60% past year exposure; 5% lifetime prev. of PTSD for teenagers 13-1, unknown for children)

Exposure to traumatic event

Marked alterations in arousal / reactivity

Re-experiencing

/ intrusive thoughts

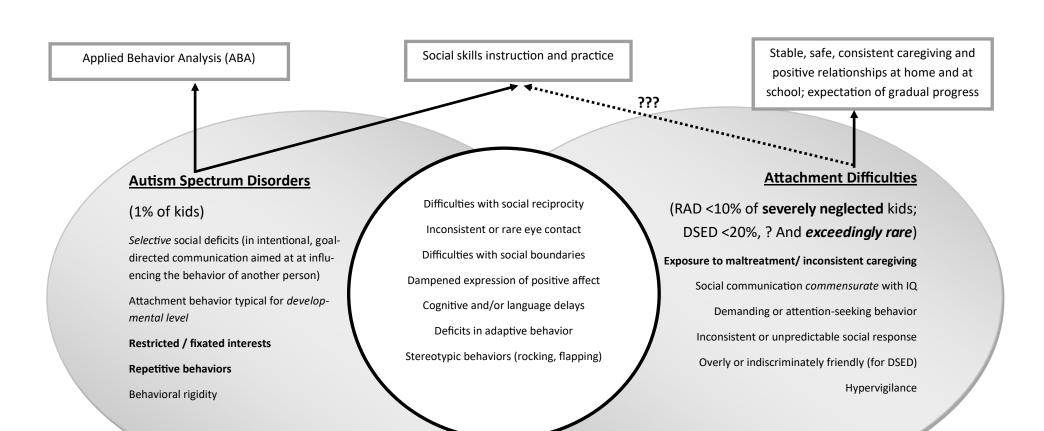
**Avoidance** 

Negative alterations in cognitions or mood

Irritability, shame, guilt, fear, helplessness

Dissociation / withdrawal

R	Mental health, medical, DFPS	History of trauma exposure (onset, duration, frequency); course of symptoms and behaviors; timeline of child's life; family tree/genogram	
1	Parent or caregiver—NSLIJHS Trauma History Checklist and Interview Child	Developmental history (age at symptom onset?); screen for trauma exposure  Ask about content and context of inattention; ask about emotions, avoidance, and changes in feelings and behaviors over time	
О	Multiple settings and days/times, esp. during unstructured times	Evaluate setting events, possible antecedents or "triggers"	
Т	Child PTSD Symptom Scale (CPSS), UCLA PTSD Index  Trauma Symptom Checklist for Children (TSCC or TSCYC)	Exposure to possibly traumatic events  PTS symptoms, dissociation, sexual concerns	



R	Mental health, medical, DFPS	History of trauma exposure (onset, duration, frequency); course of symptoms and behaviors; timeline of child's life; family tree/genogram
I	Parent or caregiver—NSLIJHS Trauma History Checklist and Interview	Developmental history (age at symptom onset?); screen for trauma exposure; current living situation, relationships, culture of the home/family
0	Structured observations during social interactions with familiar and unfamiliar teachers and/or caregivers; unstructured time with other children	Evaluate quality and consistency of social interactions; attention-seeking, checking-in, and comfort-seeking behaviors; reactions to others' coming and going
Т	Child PTSD Symptom Scale (CPSS), UCLA PTSD Index Teacher Relationship Problems Questionnaire (RPQ) (?) Cognitive, language, and adaptive measures	Exposure to possibly traumatic events; traumatic stress symptoms  Quality of relationships and social interactions/responses *Note: Children with maltreatment histories but NO ASD commonly receive elevated scores on ASD rating scales (ASRS, SRS, GARS, etc.)
		Global vs. specific deficits in language/communication, intellectual functioning, socialization

What Can the LSSP Do with the	Attachment	Self-Regulation	Competency
Student	<ul> <li>Provide "safe harbor" for student</li> <li>Build relationships with student</li> <li>Be an advocate for student</li> </ul>	<ul> <li>Affect and arousal awareness and modulation strategies, coping strategies</li> <li>Relaxation and stress management techniques</li> <li>Sense of agency—teach what you can and can't control</li> </ul>	<ul> <li>Strengths and interests: Extracurricular activities, strengths inventory</li> <li>Teach, cue, and reinforce executive skills (inhibition, WM, flexibility, goal setting, self-monitoring, etc.) and social skills, including safety, problem solving, conflict mgmt.</li> <li>Targeted interventions for developmental/ adaptive and/or specific academic skill deficits</li> </ul>
Teacher	<ul> <li>Designate a teacher "Buddy" or mentor</li> <li>Train teacher in building awareness of their own responses to challenging student behaviors, modulating own emotions</li> <li>Behavioral case consultation: appropriate limit-setting, consistent response to student behaviors, rich reinforcement/praise schedule, reframing negative behaviors</li> <li>Provide teacher with psychoeducation about trauma impact on school functioning (generally) and this student's history (specifically)</li> <li>Provide teacher with strategies for "tuning in" to student's cues and anticipating triggers</li> </ul>	<ul> <li>Train teacher in how to model, observe, cue, and reinforce use of appropriate behaviors, emotional expressions, and coping strategies at point of performance</li> <li>Help teacher establish designated routines, "code words," places, and people within and/ or outside the classroom for the student to use when in crisis</li> </ul>	<ul> <li>Interview teacher regarding child's positive qualities</li> <li>Encourage teacher to provide choices where possible (give student sense of agency)</li> <li>Train teacher to model, cue, and reinforce executive skills, appropriate problem-solving, etc.</li> <li>Identify and implement appropriate classroom modifications and/or accommodations</li> </ul>
Classroom	<ul> <li>Expectations posted</li> <li>Predictable routines (morning meeting, transitions, turning in work, etc.)</li> <li>Cooperative classroom culture</li> <li>Safe and positive school climate, PBIS, restora-</li> </ul>	<ul> <li>Classroom management focuses on rewards rather than punishment (Positive Behavior Supports)</li> <li>Multiple opportunities for emotional expression (artistic, physical, etc.)</li> <li>Teach and integrate self-regulation strategies so all students can build individualized "regulation toolboxes"</li> </ul>	<ul> <li>Multiple opportunities for student to demonstrate success</li> <li>Special roles for student (line leader, etc.)</li> <li>Teach and practice planning, problem-solving, and organization systems (like HOPS)</li> <li>Cooperative learning, opportunities for prosocial peer interaction</li> </ul>
School	<ul> <li>tive discipline practices</li> <li>Times and spaces for relationship building (e.g., lunch with teachers/principals, "town hall" meetings with students)</li> <li>Strong family-school communication and collaboration</li> </ul>	<ul> <li>Train and support all staff on recognizing trauma's impact, recognizing signs and behaviors, trauma-sensitive/ consistent and effective response, etc.</li> <li>Provide schoolwide SEL programming</li> </ul>	<ul> <li>Reward student achievements across varied domains (broad definition of success)</li> <li>Provide range of curricular, extracurricular, and vocational programming</li> <li>Offer instrumental mentoring and group-based programs to target specific skills         <ul> <li>Adapted from: Kinniburgh, Blaustein, &amp; Spinazzola (20</li> </ul> </li> </ul>