Traumatic Stress (~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

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., aggression)
- Attention-seeking behaviors
- Sleep problems
- Low self-esteem

Behavior management, parent training, and possibly medications

Direct treatment to address traumatic stress symptoms, such as TF-CBT

<table>
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<tr>
<th>R</th>
<th>Mental health, medical, DFPS</th>
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<tbody>
<tr>
<td>I</td>
<td>Parent or caregiver—NSLIJHS Trauma History Checklist and Interview Child</td>
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<tr>
<td>O</td>
<td>Multiple settings and days/times, esp. during unstructured times</td>
</tr>
</tbody>
</table>
| T | Child PTSD Symptom Scale (CPSS), UCLA PTSD Index
     Trauma Symptom Checklist for Children (TSCC or TSCYC) |

History of trauma exposure (onset, duration, frequency); course of symptoms and behaviors; timeline of child’s life; family tree/genogram

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

Evaluate setting events, possible antecedents or “triggers”

Exposure to possibly traumatic events

PTS symptoms, dissociation, sexual concerns

Always consider base rates and cognitive biases (diagnostic overshadowing, availability and representativeness heuristics, conjoint probabilities, etc.; see Fagley 1988 SPR, Davidow & Levinson, 1993 PITS)

Sources: DSM-5; National Center for PTSD; NCTSN; Davidson et al., 2015 RIDD; Perfect et al., 2016; Weinstein, Staffelbach, & Biaggio, 2000
**Autism Spectrum Disorders**
(1% of kids)
*Selective* social deficits (in intentional, goal-directed communication aimed at influencing the behavior of another person)
Attachment behavior typical for developmental level
*Restricted / fixated interests*
*Repetitive behaviors*
Behavioral rigidity

**Attachment Difficulties**
(RAD <10% of **severely neglected** kids; DSED <20%, ? And **exceedingly rare**)

**Exposure to maltreatment/ inconsistent caregiving**
- Social communication *commensurate* with IQ
- Demanding or attention-seeking behavior
- Inconsistent or unpredictable social response
- Overly or indiscriminately friendly (for DSED)
- Hypervigilance

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<td>Structured observations during social interactions with familiar and unfamiliar teachers and/or caregivers; unstructured time with other children</td>
</tr>
</tbody>
</table>
| T | Child PTSD Symptom Scale (CPSS), UCLA PTSD Index  
Teacher Relationship Problems Questionnaire (RPQ) (?)  
Cognitive, language, and adaptive measures |

History of trauma exposure (onset, duration, frequency); course of symptoms and behaviors; timeline of child’s life; family tree/genogram
Developmental history (age at symptom onset?); screen for trauma exposure; current living situation, relationships, culture of the home/family
Evaluate quality and consistency of social interactions; attention-seeking, checking-in, and comfort-seeking behaviors; reactions to others’ coming and going
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

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

Adapted from: Kinniburgh, Blaustein, & Spinazzola (2005)