



# The Trauma-Informed Behavior Management Mini Handbook

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*An interactive manual for Board-Certified Behavior Analysts (BCBAs),  
school psychologists, and anyone who writes behavior plans  
for trauma-exposed populations*

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This manual, *The Trauma Informed Behavior Management Handbook* by Sandra Bishop, should be used by individuals who have purchased this manual for the purpose of adding to their own knowledge and experience in accordance with the conditions and recommendations set out below. This manual details the author's personal experiences working with children with trauma history, working in the field of ABA, and through trainings received as a foster parent. The statements made by the author herein are not intended to diagnose, treat, cure, or prevent any condition or disease.

Knowledge and best practice in this field are constantly changing. As new research and experience broaden our understanding, changes in research methods, professional practices, or medical treatment may become necessary. Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, or experiments described herein. In using such information or methods, they should be mindful of their own safety and the safety of others, including parties for whom they have a professional responsibility. Behavior analysts and other providers using this manual should ensure appropriate supervision related to all skills up to and including trauma-related applications. Providers are obligated to collaborate with mental health providers and refer out when the work has exceeded their competence per our ethics code when they are not the appropriate provider.

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# Overview

## Who is This Training For?

This workbook is designed for Board-Certified Behavior Analysts (BCBAs), School Behavior Support Specialists, and anyone who writes Behavior Plans. It applies to any children that have experienced trauma events, such as:

- Children who have a co-morbid diagnosis of PTSD
- Children in foster care or family preservation programs
- Children who have a history of programming that involved significant restraint and seclusion procedures

Find the full **Trauma Informed Handbook** on [our website](#).

## Who I am



[Sandra Bishop](#) is the founder, clinical director, and CEO of Washington, D.C.-based [BASICS ABA Therapy](#). She has over 18 years of experience working in Applied Behavior Analysis (ABA) and with people who have Autism/Autistic people. She has been a BCBA for 12 years and is licensed in Virginia and Maryland. She is especially passionate about Trauma-Informed Behavior Management and on using teaching models that focus on self-advocacy rather than compliance. She is a Certified Clinical Trauma Professional and is also certified to give trainings that qualify for Type-2 CEUs, DC Public Schools CEUs, and Child and Family Services foster parent hours. Sandra enjoyed being a foster parent for seven years and now has four wonderful daughters with and without special needs. She enjoys biking and competitive storytelling.

Be sure to check out Sandra's [Trauma Webinars](#) and [Blog](#)!

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*“When I first started in ABA, I was taught that if a kid threw a shoe at me, I should turn away from them because they wanted my attention. And you know what? As problematic as that approach was, it usually worked. When I became a foster parent, I was taught that if a child threw a shoe at me I should hug because they needed my love. And you know what? It often worked. Over time, those kids stopped throwing their shoes as their attachment became more secure. But sometimes they didn't. And no one had answers for families who parented kids from hard places who couldn't be ignored or loved out of throwing their shoes. That's why I developed this model.”*

# Background

I started in the ABA field in 2002 when I was in college. I wanted a flexible job and began working in a group home that fortunately believed in client dignity and self-advocacy. However, it wasn't without its problems. As I continued my career, I moved directly into ABA work and fell into traditional table work, flash cards, and extinction models. I saw kids learn but I also saw kids cry. A lot.

In 2009, I had my oldest daughter, got my BCBA certification, and started my business. As I learned to parent my child, I realized that I didn't feel comfortable leaving her to cry — I wanted to let her speak up and say "no," and I wanted to teach her that she had the right to refuse touch or "prompts." I had a crisis. I worried that I was harming children. That I had to quit my job. But then I started listening to Autistic voices. Many of these voices do not think that ABA can be reformed, but I took many of the ideas and began to apply them to my work, creating programming that focused on self-advocacy over compliance and kindness over control.

Three years later, I had another crisis when I became a foster parent for the first time. I began to parent children who had experienced intense trauma events, forcing me to begin learning Trauma-Informed System models. In these models, you learn that if a child throws a shoe at you, you hug them or tell them they are safe. A lot of times this actually works. This was the opposite of everything I had ever been taught to do, and I wasn't sure how to reconcile that. I also realized that sometimes the kid did keep throwing the shoe, and foster families were never taught what to do if hugging doesn't work.

So, I started thinking about how to bridge these two worlds. It occurred to me that trauma was abstract, but a trauma event was discrete. We could measure the time the child was left alone for two days without any food or the times he was hit with a belt. Those events could be modeled to function as Setting Events that affected the antecedent's likelihood of eliciting a behavior. Taking it a step further, the Trauma Event Setting Event (TESE) could even change the function of the behavior.

I have worked on this model for over five years, given talks, brainstormed, and researched. Interestingly, Dr. Camille Kolu, whom I will cite throughout, created a similar model — Trauma-Informed Behavior Analysis (TIBA) — completely independent of mine. I am thrilled to finally have a model that will allow practitioners to create a Trauma-Informed Behavior Intervention.

**This is just a small part of a larger intervention that we have laid out in *The Trauma Informed Behavior Management Handbook*, available on [our website](#).**

**I also have comprehensive trainings on Trauma Informed Behavior Management on [our website](#).**

Applied Behavior Analysis is an effective science to target behaviors in many populations. Behavior analysts focus on observable and measurable behavior and direct function. This can make it difficult when trauma informed strategies seem counter to our assessments. However, if BCBA's look at trauma events as setting events, the functions become more apparent. This allows behavior analysts to create sensitive and effective interventions, which support our clients, including those who may be in foster care, school programs, or even simply living through COVID-19.

The Trauma Informed Behavior Management handbook, readers will learn how trauma events interact with behavior and will be supported step by step in creating trauma-informed intervention.

# Reviewing the ABCs

The ABCs (Antecedents, Behaviors, Consequences) are the cornerstone of any intervention and allow us to determine why a behavior is occurring, what the patterns are, and how we can best address it. Let's do a quick recap on what the ABCs are.

## What Is an Antecedent?

An antecedent is an event that happens immediately before a behavior. The antecedent is important because:

- It allows you to predict when the behavior may occur
- By changing the antecedents, you can change the behavior

## What is a Behavior?

Behavior is anything we do or say. Behavior can be positive, like talking, or negative, like hitting, but behavior can also be neutral, like breathing or blinking.

### HOW DO WE DEFINE BEHAVIORS?

We need to be specific. We want anyone who observes the behavior to know exactly what we mean and be able to record it the same way. Good definitions of behavior are important so we can measure the behavior. They break behaviors down into small, clear parts. For example:

- *Bad definition:* Bobby throws a fit when he is mad.
- *Good definition:* Bobby sits down on the floor, kicks his legs, and screams.

### WHY DO WE MEASURE BEHAVIORS?

Measuring behaviors allows us to determine whether or not a behavior is increasing, decreasing, or staying the same.

## What Are Consequences?

Consequences are events that immediately follow a behavior. These do not have to be positive or negative. They do not have to be on purpose or even generated by a human.

## Setting Event

A Setting Event is something that makes an antecedent more or less likely to cause a behavior. For example: If *see a burger* is the **antecedent** to eating a burger, then the **Setting Event** of *having the flu* makes it less likely I will *eat the burger*. So, *skipping breakfast* is a **Setting Event** that makes it more likely that I will *eat the burger*.

## Motivation and Function

Motivation and function are the reasons people engage in specific behaviors. People engage in behaviors for four reasons. There must be a pattern of behavior over time. If you track the ABCs, you can see a trend.

- *Attention:* Engaging in a behavior to get attention.
- *Escape:* Engaging in a behavior to escape a task, stimulation, or interactions.
- *Access:* Engaging in a behavior to gain access to an item, activity, or location.
- *Self-Stimulation:* Engaging in activities that feel good and are not externally motivated.

## Antecedent and Setting Event Antecedent Interventions

Antecedent and Setting Event Antecedent Interventions are cornerstones of a good behavior plan. We will go into more detail about this a bit later. But as we follow the cases, take a look at ways we can address the simple factors that are contributing to the behaviors. In the example to follow, Markos didn't eat breakfast, which is a Setting Event that makes it more likely that seeing a cookie will cause him to jump up and down and scream. If we ensure that he eats breakfast, this may prevent the behavior entirely.

# About Markos

The first person we will be following is Markos. He is four years old with two vocal words — "peepee" and "cookie." He is potty trained, ambulatory, and has age appropriate motor skills. He is diagnosed with Autism.

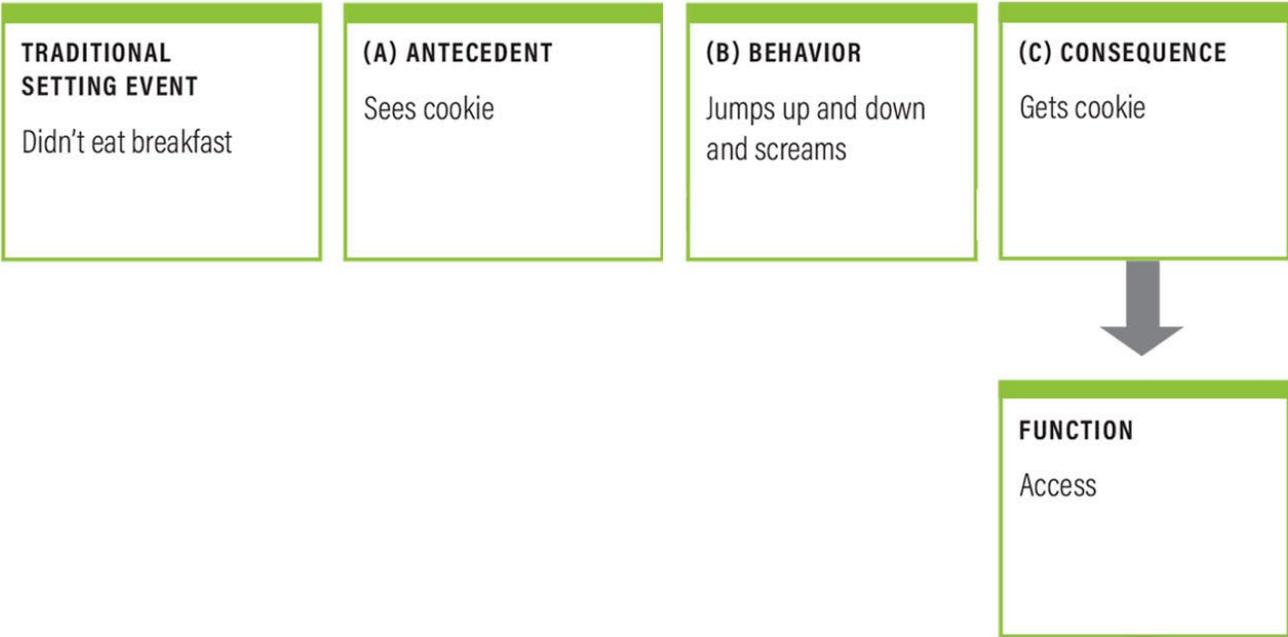
Whenever Marks sees cookies, he jumps up and down and screams, and his mother gives him a cookie. The data show that this is more likely to occur if he didn't eat breakfast.

*We have just learned that Markos experienced early food deprivation.*

## Markos' Scenario

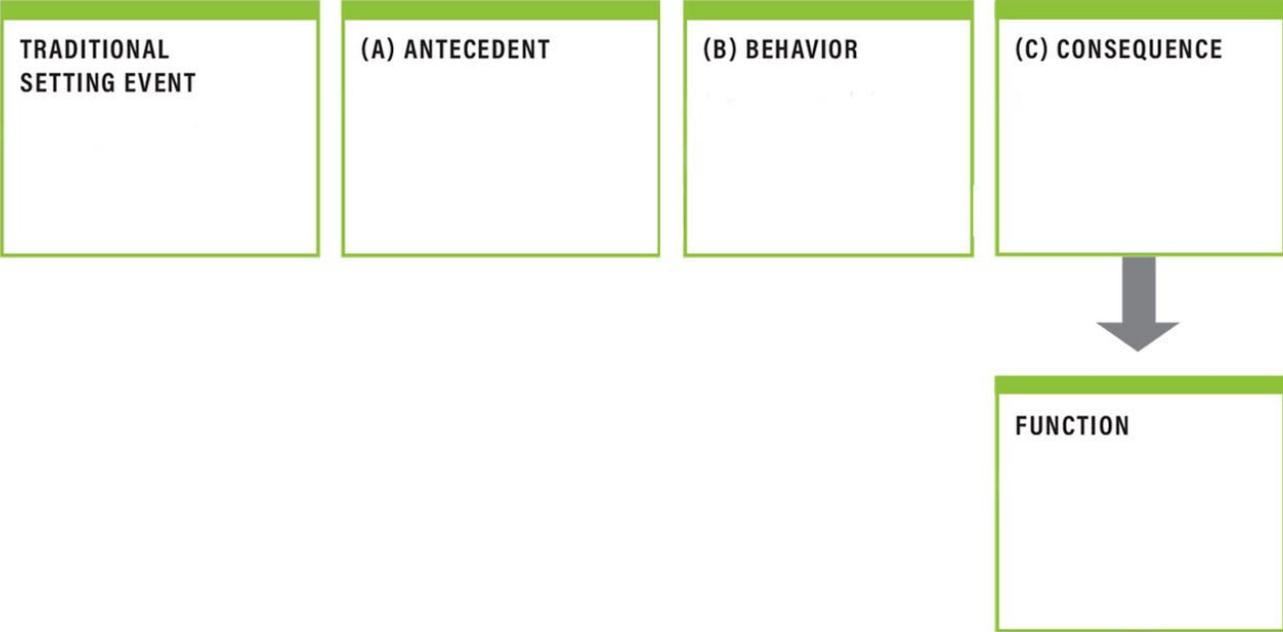
Markos sees a cookie. He jumps up and down and screams and hits his mom. His mother gives him a cookie.

*The image that follows shows Markos' traditional ABCs.*



# Blank ABC Chart

Try filling out the blank ABC chart below for your client's scenario.



### GET THE FULL MANUAL

**Our amazing resource *The Trauma Informed Behavior Management Handbook* works through how to look at trauma events as setting events to create a comprehensive intervention. Get your full copy of *The Trauma Informed Behavior Management Handbook*, on our website, [www.beyondthebasics-dc.com](http://www.beyondthebasics-dc.com).**

Learn how to work through antecedent interventions, replacement behavior interventions, and more comprehensive consequence interventions.

I encourage you to check out our manual to see all the tips and strategies to create an effective intervention. You will follow three more students: Hawa, Arynne, and Brendan, who will help you understand these concepts even better. [Get the full handbook here](#), or attend one of [our trainings](#)!

# When Teaching Replacement Behaviors and Addressing Antecedents Doesn't Work

## If the Interventions Don't Work

Setting Events can sometimes overpower your consequence. Remember — if your student is “hangry,” your best intervention is going to be worthless. Likewise, if your student is in a trauma cycle because they are worried they will not get food, then withholding the cookies will not really address the behavior. We need to reassure them about food. We NEED to divert attention from the function and focus on our Setting Event. The research supports that students become internally and behaviorally affected by trauma outside of external motivation.

## Why Consequences Shouldn't Always Target the Function

In the article “What makes a life event traumatic for a child?” the authors state that “in addition to the classic PTSD symptoms of re-experiencing the trauma, numbing/avoidance, and hyper-arousal, young children often have problems with aggression and relationships. The intense negative emotions generated by the traumatic experience interfere with the development of emotional regulation. Shame, self-blame, and seeing oneself as ineffective can interfere with adaptive functioning. These problems can, in turn, disrupt the development of empathy and prosocial behavior. Stress from the trauma can also impair both the parents' ability to take care of the child and the child's ability to form an attachment.” This quote discusses behaviors that sound familiar to BCBA's. We treat these every day. How many of these behaviors do you target every day in your programs? Think about how traditional programming can contribute to these negative outcomes. If a student has had early food deprivation and is “trying to get access to cookies” and we just take the cookies and put them on a high shelf in front of him in an extinction process, his stress reactions will increase and contribute to the effects above.

## So What Do We DO?!

We still don't give him the cookie, because we don't want to teach him to hit to get it — that would hurt him, too, because it won't be effective in the long term. But, if we have been doing all of our other amazing interventions up until this point, hopefully, we have avoided the hitting in the first place. If we haven't, then we do not give the cookie but rather use a gentle and kind consequence procedure that is NOT calibrated to the function. You can remind the student of the tools, keep them safe, remain consistent, and avoid re-traumatizing. It is effective and it is kind.

For Markos, you can see that his consequence history is that he was not fed, he was hungry, he was likely scared. This is not so different from the Trauma Event Setting Event (TESE). However, in our TESE, it is very clinical, and I want you to feel the emotion for a moment.

Think about the effect of the traditional intervention on him. If we remove his food, we will trigger those trauma feelings of being hungry and increase the need to double down and fight for food. Plus, it will just feel awful, right? How terrible to take food away from a child who was once starved.

Instead, we can do the gentle interventions we have discussed here. How do we think the client will experience this intervention? He will experience it kindly and calmly. Markos will feel more relaxed around food over time, and we will be able to target food goals later.

## Reminders for Trauma-Informed Consequences

- Do not tailor Trauma-Informed Consequences to the function. **Tailor them to the Setting Event.**
- For our kids with Trauma Events, **past learning is more significant around areas that may be routine** in our practice (i.e., around food, attention, etc.).
- **Always evaluate to ensure that the Trauma-Informed Consequence isn't reinforcing the behavior.**  
» *If it is truly addressing the Setting Event, it will not increase behavior even if it technically reinforces the hypothesized function.*
- **Don't forget your compassion!**

# Trauma Informed Consequences

Trauma informed consequences can be broken down into an easy acronym and used in behavior plans, staff trainings, and in the moment crisis.

You won't be able to use all of the following strategies at one time — they are a grab bag of items. Don't forget that "A—Always Reinforce" applies to allowing students to use their Replacement Behaviors. Allow them an out. Students should NOT be required to clean the table or clap their hands or touch red if they correctly manded "cookie" or said "No thank you" to their room or said "I want my families job chart" if those goals are a part of this intervention plan. REMIND THEM TO USE THEM. Treat the child as a human who has agency, and they will respond as a human who will work with you.

Now, we also won't reinforce the behavior (e.g., Markos won't get the cookie for hitting), but these other interventions will hopefully prevent this; if this does occur, we will redirect to all of our Replacement Behaviors and also respond with the Trauma-Informed Consequences.

**B: Break** — always have an out for the child.

**A: Always reinforce** — reward the effective behaviors.

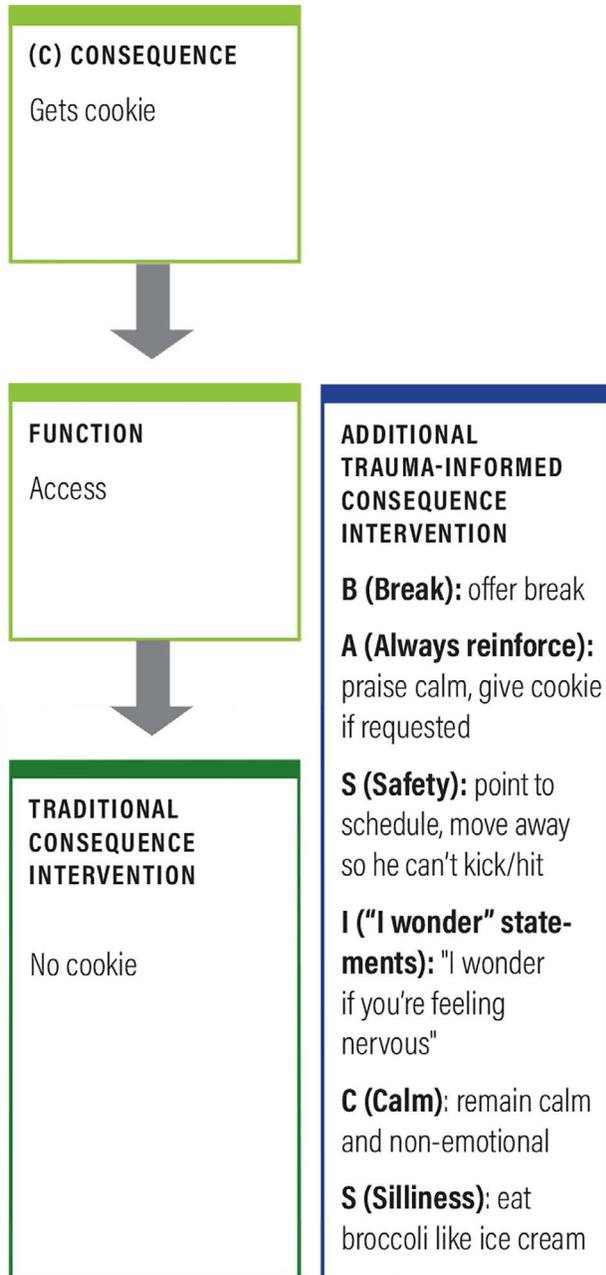
**S: Safety** — remove dangerous objects, remind the child they are safe, be aware of trauma triggers, refer to materials

**I: I wonder statements** — wonder allowed what triggers are or how child is feeling.

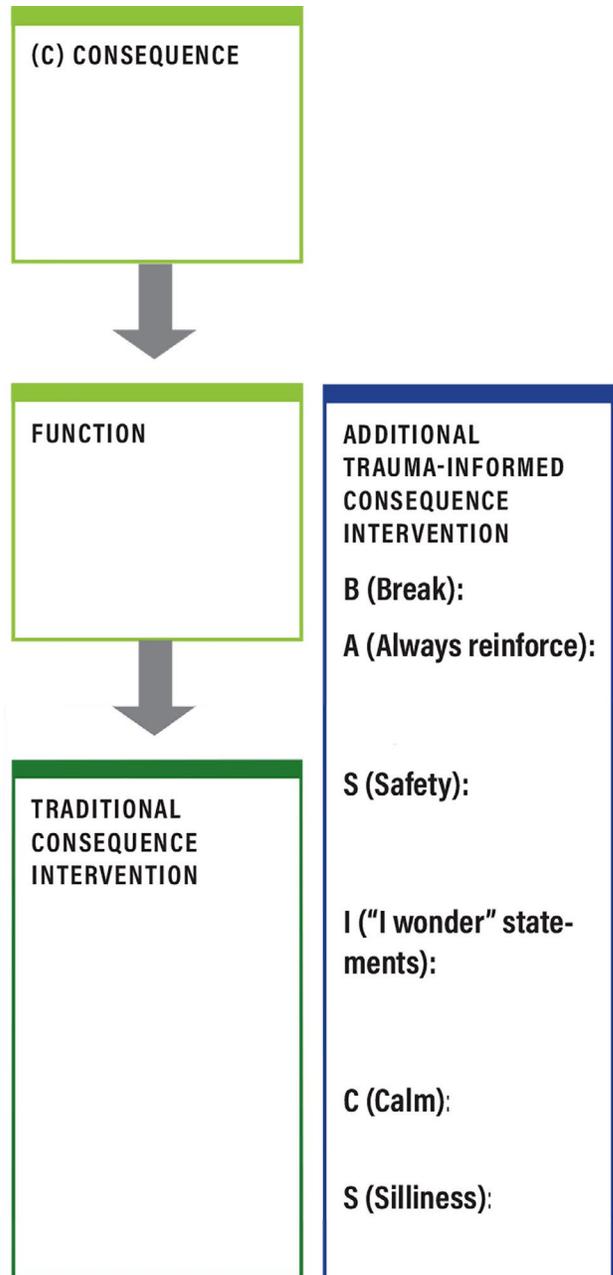
**C: Calm** — Remain calm and non-emotional when you redirect

**S: Silliness** — do something unexpected or give the direction in a funny way.

Markos' Trauma Informed Consequences:



Try Your Own Trauma Informed Consequences below:



# BASICS Brainstorming

## Additional Consequences for Kids with Trauma Events

Can you brainstorm some additional interventions following the BASICS model?

**B: Break** — Always have an out for the child.

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**A: Always reinforce** — Reward the effective behaviors.

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**S: Safety** — Remove dangerous objects, remind the child they are safe, be aware of trauma triggers, refer to materials.

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**I: "I wonder" statements** — Wonder aloud what triggers are or how the child is feeling.

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**C: Calm** — Remain calm and non-emotional.

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**S: Silliness** — Do something unexpected or give the direction in a funny way.

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# Afterword

This project has been really important to me. As a parent, as a foster and adoptive parent, and as a provider I want to ensure I am honoring the children in my life with respect and kindness. As clinicians we should be held accountable to treat our students with the same level of standards of presuming competence, respecting body anatomy, and allowing clients to say no that we would to any other human. Just because a person is Autistic, doesn't mean they no longer have the capacity or the right to basic human rights.

## GET THE FULL MANUAL

**This resource is expanded upon in incredible depth in *The Trauma Informed Behavior Management Handbook* – it's available on our [website](#).**

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