

The heightened attention toward trauma in the lives of persons with IDD has promoted the concept of trauma-informed care (TIC) within service provision. There is a distinction between trauma-specific services focused on trauma symptoms and recovery, and TIC, which is considered a more global approach to the influence of trauma on cooccurring mental health conditions (DeCandia et al., 2014; Substance Abuse & Mental Health Services Administration, 2014).

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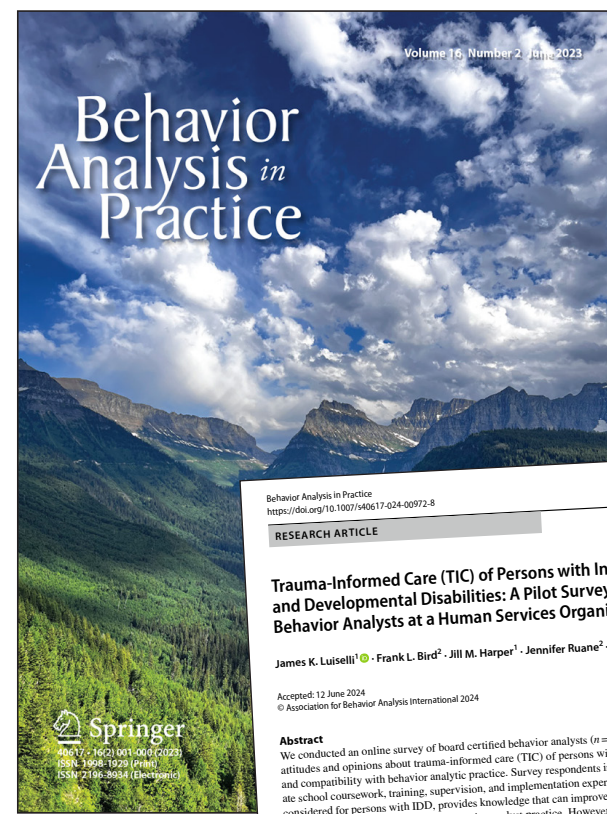
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**Table 1** Percentage of Participants Endorsing Likert-Scale Ratings per Survey Statement

Survey Statement	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
1. TIC is relevant to behavior analyst practice among persons with IDD	4.6%	0%	3.0%	35.3%	56.9%
2. TIC can be operationalized within a behavior analyst framework	1.5%	0%	4.6%	52.3%	41.5%
3. TIC should be emphasized in behavior analyst training	4.6%	0%	3.0%	40.0%	53.8%
4. TIC is not compatible with behavior analyst training	44.6%	49.2%	3.0%	1.5%	1.5%
5. TIC should be considered for any person with IDD	1.5%	0%	15.9%	41.5%	41.5%
6. TIC provides knowledge that will improve behavior analyst practice	3.0%	0%	4.6%	46.1%	46.1%
7. TIC is recognized and understood by most behavior analysts	9.2%	52.3%	35.3%	3.0%	0%
8. TIC is not defined or practiced consistently among persons with IDD	1.5%	3.0%	23.0%	55.3%	16.9%
9. TIC is consistent with behavior analyst practice by allowing a person's choice	0%	1.5%	23.0%	50.7%	15.3%
10. TIC is dependent on understanding a person's past experiences	0%	10.7%	21.5%	41.5%	26.1%
11. TIC is not well-researched by behavior analysts	0%	7.6%	38.4%	47.6%	6.1%
12. TIC is not well-researched by behavior analysts	0%	4.6%	7.6%	52.3%	35.3%
13. TIC is not well-researched by behavior analysts	0%	3.0%	10.7%	55.3%	30.7%

Understand how to incorporate trauma-into behavior analytic practices. Participants specified further that complet-voluntary, anonymous, confidential, ally if declined. Instructions included permission of the fully completed sur-vey was sent to all participants 2 weeks ho had not yet responded. Otherwise, piece about the survey was sent to the ty receive reminders from supervisors sionel. Incentives for completing the k.

Through group discussion, we identified several themes represented by responses, then reached consensus on four defining categories: (1) behavior analysts recognizing trauma in persons with IDD when delivering services; (2) behavior analytic services being compatible/incompatible with TIC; (3) education/training in TIC; and (4) trauma experienced by service providers. These results were summarized as the percentage of responses assigned to each category.

**Results**

From the participant sample of 67 behavior analysts employed at the human services organization, 65 completed the online survey (return rate = 97.0%). Table 2 shows that 92.2% of participants had "no" to "not much" college level/graduate school coursework or supervised practice in TIC for persons with IDD. Participant self-report further indicated "no" to "not much" experience implementing TIC with persons who have IDD (78.3%), attending training and continuing education events on TIC for persons with IDD (75.2%), and reading about TIC in the published literature (72.3%). Two thirds (66.0%) of the participants indicated "no" to "not much" work with persons they thought may have received TIC.

Per Table 1, more than 90% of participants "agreed-strongly agreed" that TIC should be emphasized in behavior analyst training (93.8%), TIC can be operationalized within a behavior analyst framework (93.8%), TIC provides

knowledge that will improve behavior analyst practice (92.2%), and TIC is relevant to behavior analyst practice among persons with IDD (92.2%). Moderately high "agreed-strongly agreed" ratings among the participants were found for TIC requires a behavior analyst to create conditions of trust and security (87.6%), TIC is within the scope of behavior analyst practice for persons with IDD (86.9%), and TIC should be considered for any person with IDD (83.3%). Fewer participants "agreed-strongly agreed" that TIC is not defined or practiced consistently among persons with IDD (72.2%), TIC is dependent on understanding a person's past experiences (67.6%), TIC is consistent with behavior analyst practice by allowing a person's choice (66.6%), and TIC is not well-researched by behavior analysts (53.7%). Finally, 61.5% of participants endorsed a "strongly disagree-disagree" rating that TIC is recognized and understood by most behavior analysts, yet 93.8% endorsed a "strongly disagree-disagree" rating that TIC is not compatible with behavior analyst training.

Table 3 summarizes the qualitative analysis outcomes as the percentage of participant open-ended responses (n = 18) per thematic category with representative narrative entries from the survey. Three responses were not specific enough to be categorized. From the remaining 15 responses, the two main themes were behavior analysts recognizing trauma in persons with IDD when delivering services (26.2%), and behavior analytic services being either compatible or incompatible with TIC (46.9%). A few participants wrote

**Table 3** Percentage of Participants Writing Open-Ended Responses per Thematic Category

Category	Percentage of Entries	Representative Responses
Behavior analysts recognizing trauma in persons with IDD when delivering services	26.6%	Experiencing a great amount of individuals who have experienced some form of trauma. Therefore, sensitivity is crucial and/or assumption of trauma while providing services is vital as a BCBA goes about providing support and services. I feel that there are several studies I am with that have experienced trauma, and this trauma plays a larger role in their challenging behaviors. However, this trauma is not always considered when designing behavioral interventions. We need interventions which consider the effects of trauma.
Behavior analytic services being compatible/incompatible with TIC	46.9%	TIC and behavior analysis, seems to be part of what the practice of behavior analysis should be and should have always been. The idea of understanding past service events and how those affect current and future behavior seems to be something that behavior analysts should have always been doing. TIC should be a part of our "other" competencies in behavior analysis. All practicing behavior analysts should be using the important tenets of TIC in their daily work for those they report, in favor of individuals and staff in the service receiving.
Educational training in TIC	20.0%	As I was taking this survey, I realized I am not very educated in trauma informed care. The only training I have had related to trauma informed care has been a small part of a larger training rather than the primary focus of any training.

contemporary focus within our field, a second-stage process might be to gather feedback from a wide sample of behavior analytic practitioners to assess acceptance of TIC-integrated treatment and to identify the status of their knowledge, training, and integration into practice. Still, the exploration of opinion about TIC within one organization has utility, both for planning purposes. In particular, behavior analytic service settings for persons with IDD that are participating in the adoption of a TIC model can benefit from understanding modeling the design and disseminating the approach. In addition, our pilot survey represents a method of assessment TIC and the impact of the rollout of such initiatives. Summarizing study findings, the vast majority of survey respondents indicated that they had no to minimal knowledge, training, supervised practice, and implementation experience in TIC. This result was not unexpected and

The assessment methodology in this study should be regarded as one approach to understand behavior analyst views about TIC within organizations contemplating implementation of an in-house TIC training curriculum and services model. Though preliminary and with limitations, results of the survey suggest that behavior analysts perceive benefits from TIC for persons with IDD and recognize compatibility between TIC and behavior analytic services. Further assessments appear warranted in order to explore other areas and identify the best confluence of TIC and contemporary practice among behavior analysts.

# Research