Responding to Students Who Have Experienced Early Adversity

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Training Objectives

1. You will develop an understanding of the profound impact of early adversity on every area of human functioning
2. You will be able to put this understanding into practice on a daily basis to benefit your students

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Organization

1. Research on Adverse Childhood Experiences: The ACEs Studies
2. Understanding how early adversity impacts the developing child
3. Early adversity and trauma exposure
4. Helping your students overcome early adversity – Intervention ideas
5. The impact on you as an educator

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The Adverse Childhood Experiences (ACE) Studies

- Origins – in 1980's Dr. Felitti's Obesity Clinic at Kaiser in San Diego
- Childhood sexual abuse and obesity
- 1990's – Centers for Disease Control became involved
- Relationship between a variety of adverse early experiences and physical health, mental health and quality of life

http://acestoohigh.com/

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Adverse Childhood Experiences

- Abuse: emotional, physical, sexual
- Neglect: emotional, physical
- Household dysfunction: domestic violence, substance abuse, mental illness, parental separation, incarcerated household member

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How common are ACEs?

Population frequency	In a classroom of 30
• 2/3 – 1 or more	• 20 students
• 2/9 – 3 or more	• 6 or 7 students
• 1/8 – 4 or more	• 3 or 4 students

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ACEs are Related to Life Outcomes

- Mental Health and Substance Abuse:
  - Depression
  - Suicide attempts
  - Alcoholism and alcohol abuse, Illicit drug use, Smoking
- Physical Health:
  - Ischemic heart disease
  - Liver disease
  - Obesity
  - Sexually transmitted diseases
  - Early death
- Quality of Life:
  - Poor academic achievement
  - Adolescent pregnancy
  - Poor work performance
  - Financial stress
  - Risk for intimate partner violence
  - Unintended pregnancies

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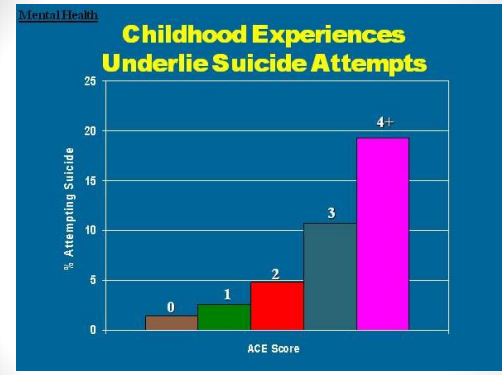

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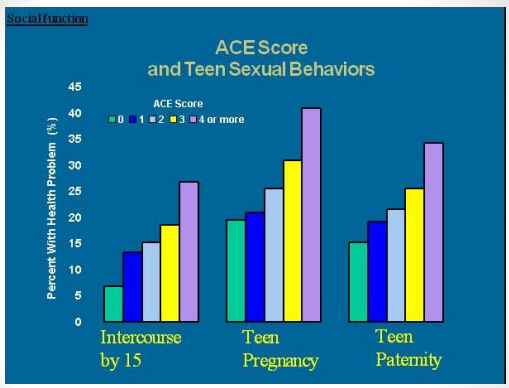

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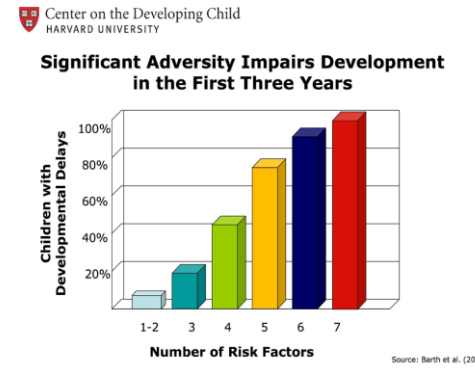
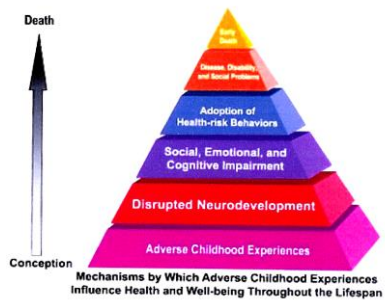


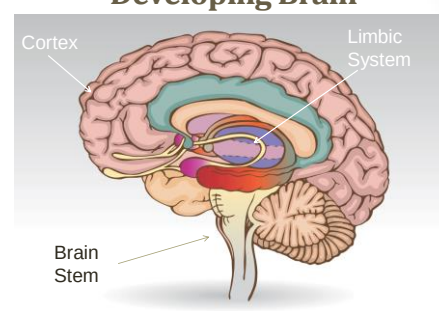
ACE Study

www.acestudy.org



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Adversity Impacts the Developing Brain



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Adversity Impacts the Developing Brain

- The quality of caregiving relationships
- Exposure to toxic levels of stress
- Trauma exposure
- Nervous system regulation
- Emotion regulation skills

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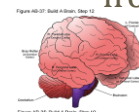
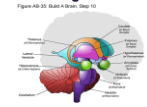
The Brain Develops from the Bottom Up



- The Cerebral Cortex or Thinking Brain



- The Limbic System or Emotional Brain

- The Brain Stem or Survival Brain

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The Brain Stem: The Survival Brain

- Controls the rhythms of life: heartbeat, waking, sleeping, breathing, cyclical release of hormones
- Arousal systems
- Reaction to threat: fight, flight or freeze.

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The Impact of Adversity on Brain Stem / Survival Brain

What does it look like in the classroom?

Dysregulation of nervous system:

- Jitteriness, can't sit still, can't focus
- Tired, lethargic, can't focus
- Goes from 0 to 100 in 2 seconds
- Jumpy, easily startled

Physical symptoms: stomach aches, headaches

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INTERVENTIONS:

Soothing the Survival Brain: Regulating the nervous system

- Use of music, dance, drumming
- Opportunities for movement
- Movement breaks
- Sensory experiences
- Calming centers in the classroom
- Lessons on breathing, meditation and relaxation skills

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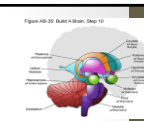
The Limbic System The Emotional Brain



- Attaches an emotional meaning to experiences
- Based on reward vs. threat
- Stores emotional memories and uses them to signal the Survival Brain
- Quality of caregiving relationships are critical

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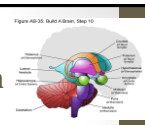
The Impact of Adversity on the Limbic System / Emotional Brain

What does it look like in the classroom?



- Misperceiving danger
- Misperceiving social cues
- Trouble forming trusting relationships
- Reluctant to ask for help
- Depressed or anxious mood

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INTERVENTIONS:

Reaching the Survival Brain through the Emotional Brain: Building a Sense of Safety

- Understand what helps each child feel safe
- Talk about safety often
- Create a safe school environment
- Predictable routines and expectations
- Understand and minimize trauma reminders

http://Safesupportivelearning.ed.gov/topic-research/safety

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INTERVENTIONS:

Reaching the Emotional Brain:

The importance of relationships

- Increase opportunities for special relationships with caring adults at school
- Morning greetings
- Identify social supports at school. Allow children to take a break to sit with a pre-determined caring person at school if they are feeling overwhelmed or upset
- Teach social skills and positive communication with peers

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INTERVENTIONS:

Reaching the Emotional Brain:

Positive Emotion & Creativity

- Make **positive reinforcement** the primary tool for intervention
- **Limit punitive interventions** and other exposure to negative emotion
- **5-1 Ratio** of positive interaction to corrective interaction
- Attention to your own **non-verbal body language and facial cues**
- Increase **opportunities for fun**
- **Creative self expression** helps children process difficult emotions

www.pbis.org & www.pbisworld.com

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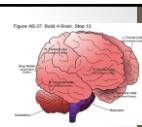
The Cerebral Cortex: The Thinking Brain



- Label emotions
- Evaluate emotions in a more sophisticated manner
- Impulse control, planning, organization
- Making sense of experience

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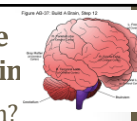
The Impact of Adversity on the Cerebral Cortex / Thinking Brain

What does it look like in the classroom?



- Discrepancies in performance
- Difficulty organizing work, remembering to bring homework, working toward goals
- Difficulty articulating thoughts and feelings
- Deficits in critical thinking / problem solving
- Negative perspective on self, others, the world

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INTERVENTIONS:
Strengthening the Thinking Brain:
Planning, Organization, Goal Setting

- Break down assignments and directions
- Have the student repeat directions back
- Use planners/color coded folders
- Help student formulate goals
- Help to break goals down into successive steps

www.pbis.org & www.pbisworld.com

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INTERVENTIONS:
Strengthening the Thinking Brain:
Social-Emotional Skills and Behavioral Self-control

- Lessons on breathing, meditation and relaxation skills teach awareness and control of the nervous system
  www.susankaisergreenland.com/inner-kids
- Teaching children about the impact of ACEs normalizes their experience.
  www.acestoohigh.com
- Teach coping skills

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INTERVENTIONS:
Strengthening the Thinking Brain:
Social-Emotional Skills and Behavioral Self-control

Discipline

- Balance the need for accountability with an understanding of the impact of trauma on behavior
- Consider whether the discipline employed builds the child's ability to exercise self-control in the future

www.thinkkids.org - www.pbis.org - www.pbisworld.com

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INTERVENTIONS:
Strengthening the Thinking Brain:
Social-Emotional Skills and Behavioral Self-control

Discipline

- Collaborative problem solving approaches like Restorative Justice
- Alternatives to suspension:
  - School and community services
  - Behavior contract to incentivize desired behavior
  - Mentoring and Counseling
  - Teach awareness of negative behavior and positive alternative behavior

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Adversity impacts the development of Emotion Regulation Skills

- Tolerate distressful emotions
- Self sooth / Calm oneself down
- Form supportive relationships
- Use social support to manage distress
- Understand, label and talk about emotions
- Delay gratification
- Problem solve
- Plan ahead & work toward goals

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Adverse Childhood Experiences Often Include Repeated Exposure to Traumatic Experiences

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The Traumatic Stress Response System

- An alarm reaction
- A quick, complex, total body response to a serious threat
- The body is mobilized for "fight" or "flight" or "freeze"

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Physiological Changes

- Increased heart rate, blood pressure, respiration
- Release of glucose + increased muscle tone
- Nervous system - increased focus
- Stress hormones: the messengers that initiate all of the above

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When the threat is overwhelming -no hope of fighting or fleeing

- Freeze – Submission - Collapse - Dissociation
- Body prepares to be injured
- Heart rate slows, blood moves to inner organs
- Mind detaches
- Natural endorphins decrease perception of anxiety and pain

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The Effects of Trauma in Early Childhood on Memory

- Interference with encoding of verbal memories
- Impairment in the ability to connect verbal and non-verbal memories

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Verbal Memory
also called:
Explicit or Narrative Memory

- Is more likely to be within our conscious awareness
- Is accessible to talk about and cope with verbally

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Non-verbal Memory
also called **Implicit Memory**
(mostly not within conscious awareness)

- Sights
- Sounds
- Smells
- Tactile and bodily sensations
- Emotional reactions
- Motor memories

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Non-verbal Memories and Flashbacks

- Non-verbal memories associated with a traumatic experience are stored in the Emotional Brain
- Non-verbal memories can trigger flashbacks

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Trauma memory is more likely to be non-verbal and not within conscious awareness, if :

- The child has poor emotion regulation skills
- The child had no one to talk to about the trauma when it occurred
- The trauma was interpersonal

Flashbacks

- Trauma memories that come back in the form of sensory (non-verbal) memories (sights, sounds, sensations, smells, emotions) and make it feel as if the trauma were occurring again in the here and now.

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INTERVENTIONS:
Minimizing common non-verbal cues that may act as trauma triggers

- Loud noises
- An adult coming up quickly behind a student
- Sudden movements
- Unexplained changes in routine
- Facial expressions
- Peer conflict

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The Hyper-arousal Continuum

adapted from: Bruce Perry, www.childtrauma.org

Parts of the brain being used	Thinking brain	Thinking and Emotional brain	Emotional brain	Emotional and Survival brain	Survival brain
Thinking style	Abstract, sophisticated, reflective	Concrete	Emotional	Reactive	Reflexive
Internal state	CALM	AROUSED	ALARM	FEAR	TERROR

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INTERVENTIONS
Align Your Action With Where The Child is On the Hyper-arousal Continuum

- **Calm** - the learning moment. The time to teach skills
- **Aroused** – coach child to utilize previously learned coping skills
- **Alarm** – stay calm, do very little. Goal is to let the episode pass
- **Fear and Terror** –stay in your thinking brain and alert for safety concerns.

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INTERVENTIONS

- Helping a child to be aware of where he/she is In the Hyper-arousal Continuum teaches:
  - Self awareness
  - Impulse control
  - Emotion regulation
  - Problem solving

http://zonesofregulation.com/

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INTERVENTION REVIEW

- Nervous system regulation
- Be sensitive to trauma reactions
- Sense of safety
- Increase positive emotion
- **Caring relationships**
- Build skills: planning, organization, coping, problem solving
- Help students to understand and make sense of their experience
- Positive discipline

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The Impact on the Educator: Secondary or Vicarious Trauma

- Working with traumatized children can trigger uncomfortable emotions
- Research has shown that the nervous system of the helper can respond in ways that are similar to the direct trauma victim. Rothschild, B. (2006)

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Physical

Diet, exercise, healthcare

Sleep, rest, relaxation, stress management

Spiritual

Finding inspiration,

Time in nature,

Faith Community

Taking Care of yourself outside of the classroom

Emotional

Self monitoring, Pleasurable activities Self expression, Affirmations

Social

Peer Support

Time with loved ones

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Questions ? Give me a call or send an e-mail

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Thank you