

# Understanding and Responding to Adverse Childhood Experiences in the School Setting

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# Our Focus

- The types of childhood trauma and what makes an experience traumatic.
- Brain development and the relationship between early adverse experiences and subsequent youth health and behaviors.
- What is the Adverse Childhood Experiences (ACE) Study?
- How educators can create a trauma-informed school with a multi-tiered system of support services



# Considerations about Trauma

- Trauma is prevalent in the lives of children.
- Trauma affects learning and school performance, and causes physical and emotional distress.
- Children/teens experience the same emotions as adults, but may not have the words to express them.
- Trauma sensitive schools help children feel safe to learn.
- Schools have an important role to play in meeting the social/emotional needs of students.



# What Makes an Experience Traumatic?

- Overwhelming, very painful, very scary
- Fight or Flight incapacitated
- Threat to physical or psychological safety
- Loss of control
- Unable to regulate emotions



Trauma is the response to the event, not the event itself.

# Types of Trauma; Acute & Complex

- Acute –
  - Single incident (crime victim, serious accident, natural disaster)
  - Treatment includes immediate support, removal from the scene of the trauma, use of medication for immediate relief of grief, anxiety, and insomnia, and brief supportive psychotherapy provided in the context of crisis intervention.



# Types of Trauma;

## Acute & Complex

- Chronic/Complex –
  - Protracted exposure to prolonged social and/or interpersonal trauma in the context of dependence, captivity or entrapment (chronic maltreatment, neglect or abuse in a care-giving relationship, hostages, prisoners of war, concentration camp survivors, and survivors of some religious cults).
  - Often results in borderline or antisocial personality disorder or dissociative disorders.
    - Behavioral difficulties (such as impulsivity, aggression, sexual acting out, eating disorders, alcohol or drug abuse, and self-destructive actions),
    - Extreme emotional difficulties (such as intense rage, depression, or panic) and mental difficulties (such as fragmented thoughts, dissociation, and amnesia).
    - The treatment of such patients often takes much longer, may progress at a much slower rate, and requires a sensitive and highly structured treatment program delivered by a team of trauma specialists



# Complex trauma:

- Is chronic
- Begins in early childhood
- Occurs within the child's primary caregiving system and/or social environment



# Trauma's Impact on Brain Development

Exposure to chronic, prolonged traumatic experiences has the potential to alter children's brains, which may cause longer-term effects in areas such as:

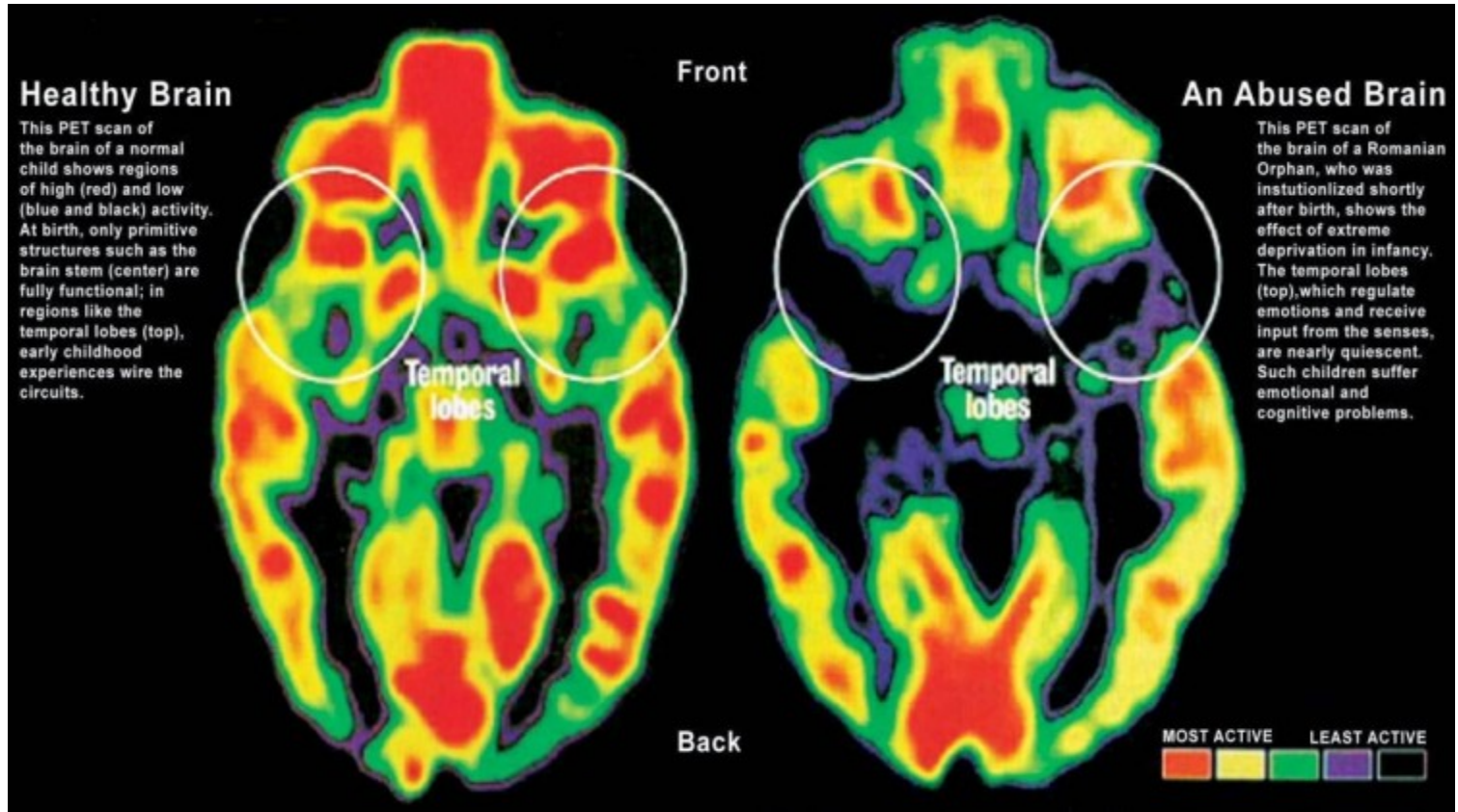
- **Attachment:** Trouble with relationships, boundaries, empathy, and social isolation
- **Physical Health:** Impaired sensorimotor development, coordination problems, increased medical problems, and somatic symptoms
- **Emotional Regulation:** Difficulty identifying or labeling feelings and communicating needs
- **Dissociation:** Altered states of consciousness, amnesia, impaired memory
- **Cognitive Ability:** Problems with focus, learning, processing new information, language development, planning and orientation to time and space
- **Self-Concept:** Lack of consistent sense of self, body image issues, low self-esteem, shame and guilt
- **Behavioral Control:** Difficulty controlling impulses, oppositional behavior, aggression, disrupted sleep and eating patterns, trauma re-enactment

Source; Cook, A., Spinazzola, P., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., et al. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.





# Physical Effects of Trauma on the Brain



# Trauma Impacts on Child Development

- Trauma causes brain to adapt in ways that contributed to their survival (i.e. constant **fight/flight/freeze**).
  - ↓
- These adaptations can look like behavior problems in “normal” contexts, such as school.
  - ↓
- When **triggered**, “feeling” brain dominates the “thinking” brain.
  - ↓
- The normal developmental process is interrupted, and students may exhibit internalizing or externalizing behaviors.

# Common Triggers for Traumatized Children

- Unpredictability or sudden change
- Transition from one setting/activity to another
- Loss of control
- Feelings of vulnerability or rejection
- Confrontation, authority, or limit setting
- Loneliness
- Sensory overload (too much stimulation from the environment)



# Fight, Flight & Freeze; What do these Look Like in Children

- FIGHT
  - Hyperactivity, verbal aggression, oppositional behavior, limit testing, physical aggression, “bouncing off the walls”
- FLIGHT
  - Withdrawal, escaping, running away, self-isolation, avoidance
- FREEZE
  - Stilling, watchfulness, looking dazed, daydreaming, forgetfulness, shutting down emotionally



# Fight, Flight & Freeze; What do these Look Like in Children?

- Look for moments when the intensity of the child's response does not match the intensity of the stressor
- Or when a child's behaviors seem inexplicable or confusing. Consider—might the student's alarm system have gone off?
- *Remember: the primary function of the triggered response is to help the child achieve safety in the face of perceived danger.*



# Adverse Childhood Experiences (ACE) Study

- Collaboration between the CDC and Kaiser Permanente's Health Appraisal Clinic in San Diego.
  - Study took place between 1995 and 1997, CDC still tracking the medical status of the baseline participants.
- Retrospective approach examined the link between childhood stressors and adult health for over 17,000 adult participants.
  - Each participant completed a questionnaire that asked for detailed information on their past history of abuse, neglect and family dysfunction as well as their current behaviors and health status.
  - Designed to assess exposure to *multiple* types of stressors.



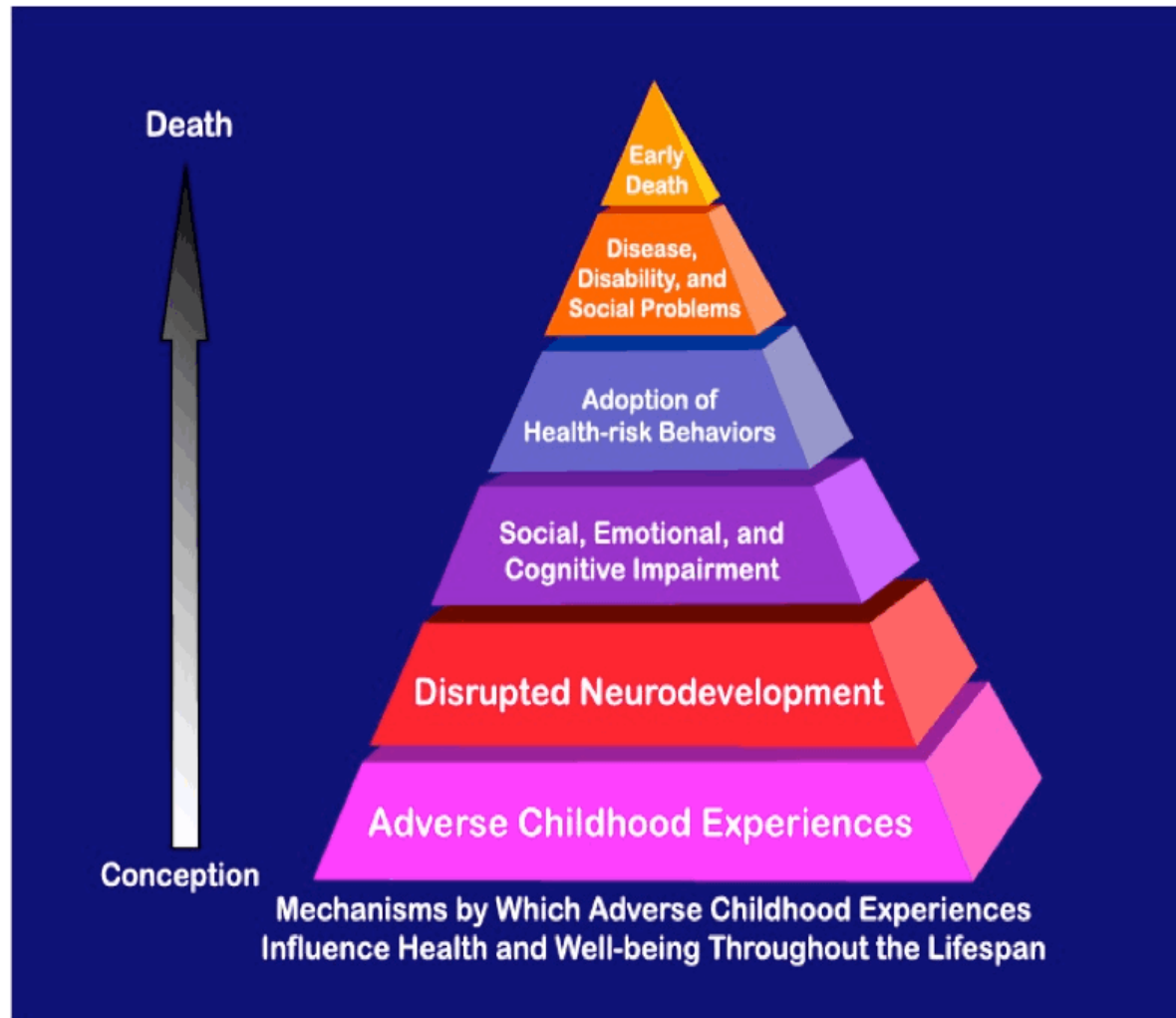
# What is an ACE Score?

- An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood.
- According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for later health problems.





# The ACE Study Pyramid





# ACE Study

- The ACE score is the total number of ACE that each participant reported.
  - For example, experiencing physical neglect would be an ACE score of one; if the child also witnessed a parent being treated violently, the ACE score would be two.
  - Given an exposure to one category, there is an 80% likelihood of exposure to another.



# Three Types of ACEs

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



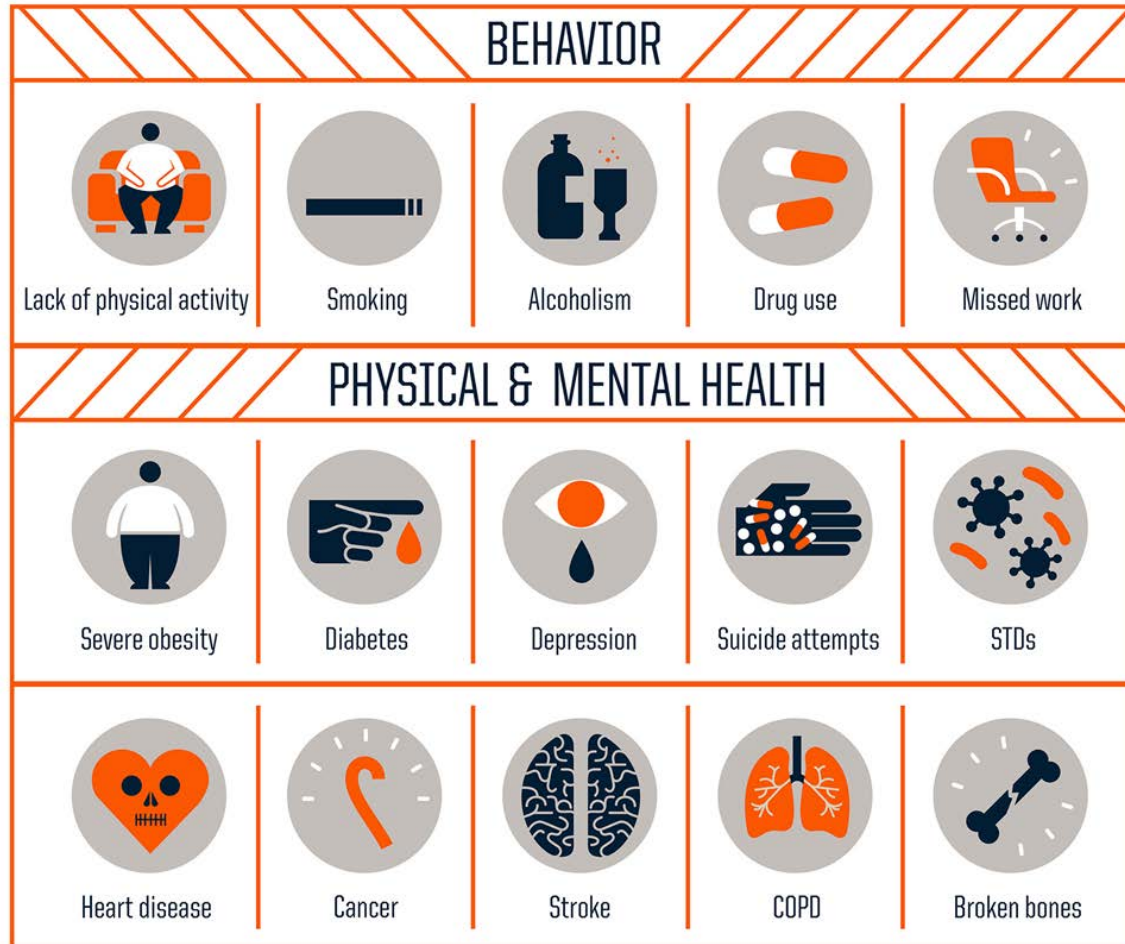
Substance Abuse



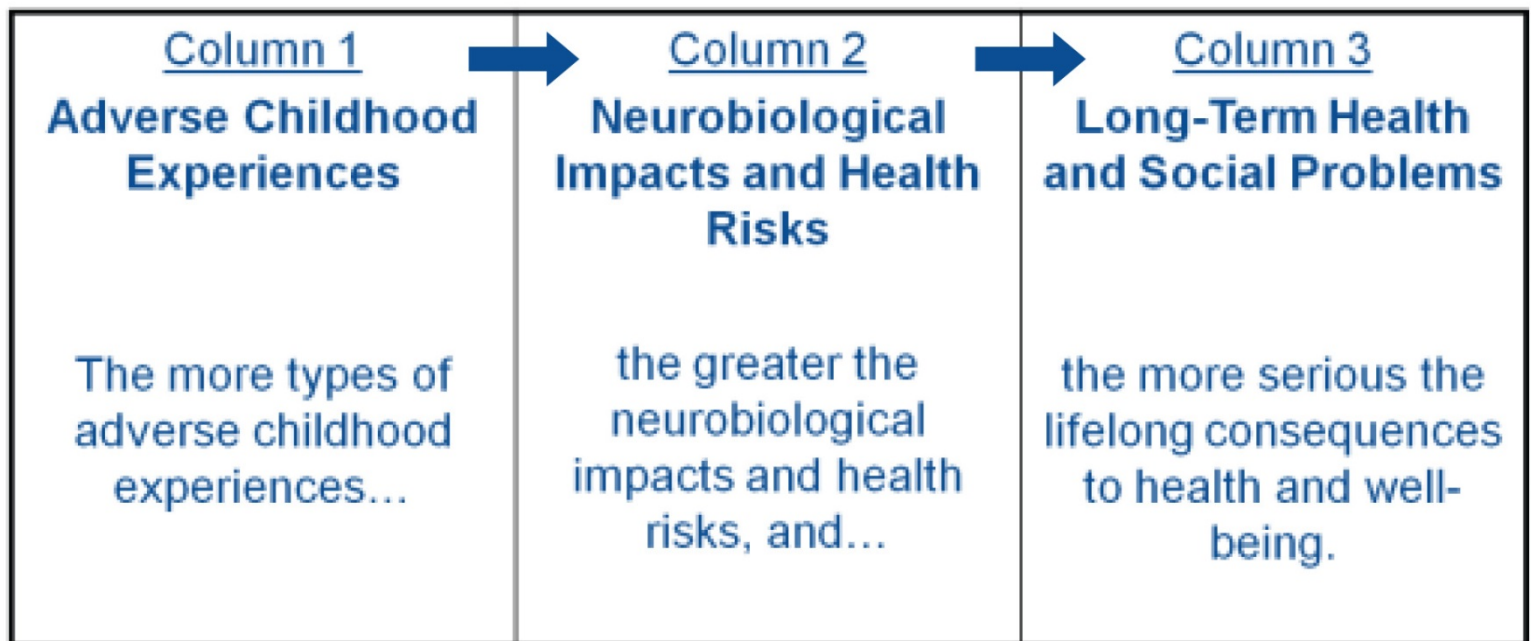
Divorce



# ACEs Increases Health Risks



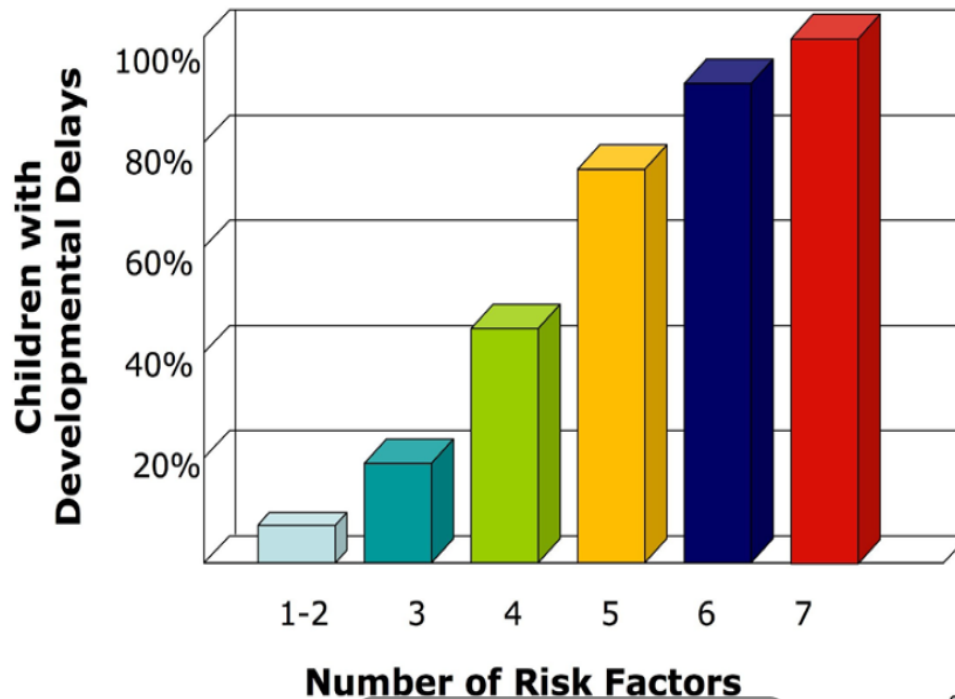
# The ACE Comprehensive Chart





Center on the Developing Child  
HARVARD UNIVERSITY

## Significant Adversity Impairs Development in the First Three Years



Source: Barth et al. (2008)

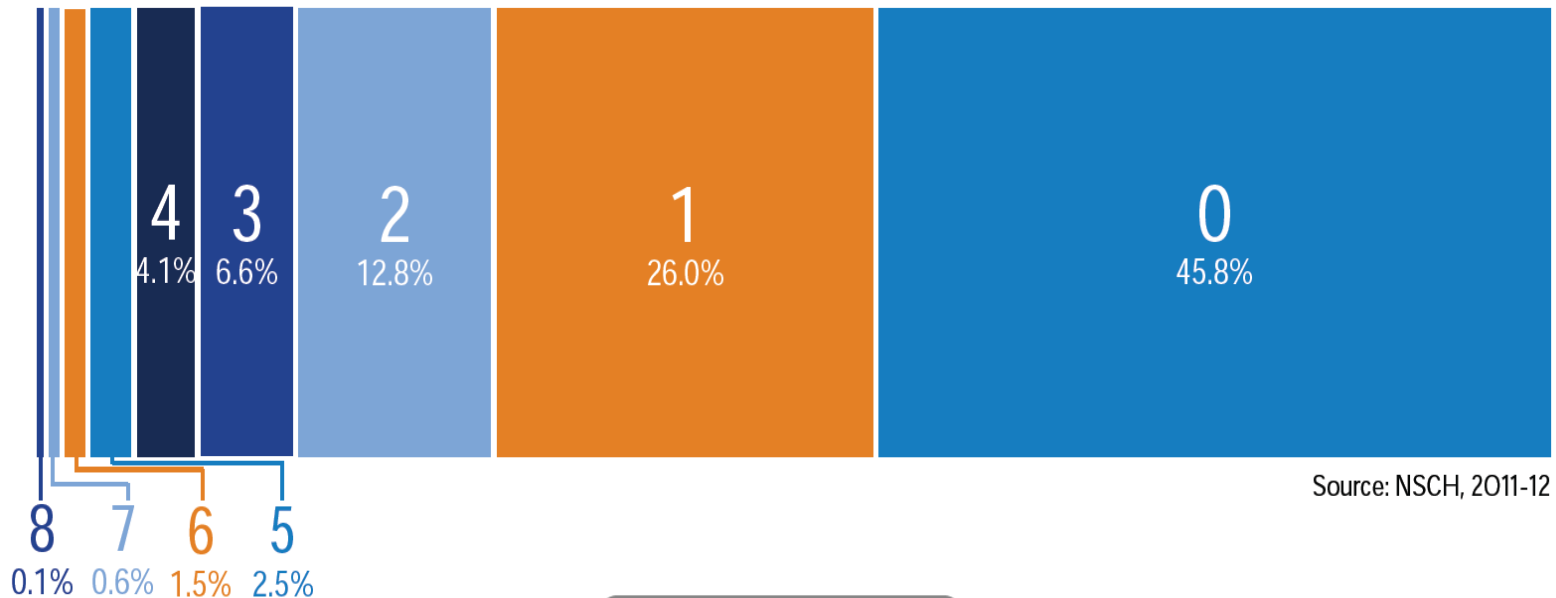
# The ACE Questionnaire

Prior to your 18th birthday:

- Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?  
No\_\_\_IfYes, enter 1 \_\_\_
- Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?  
No\_\_\_IfYes, enter 1 \_\_\_
- Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?  
No\_\_\_IfYes, enter 1 \_\_\_
- Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?  
No\_\_\_IfYes, enter 1 \_\_\_
- Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
No\_\_\_IfYes, enter 1 \_\_\_
- Was a biological parent ever lost to you through divorce, abandonment, or other reason ?  
No\_\_\_IfYes, enter 1 \_\_\_
- Was your mother or stepmother:  
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?  
No\_\_\_IfYes, enter 1 \_\_\_
- Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?  
No\_\_\_IfYes, enter 1 \_\_\_
- Was a household member depressed or mentally ill, or did a household member attempt suicide?  
No\_\_\_IfYes, enter 1 \_\_\_
- Did a household member go to prison?  
No\_\_\_IfYes, enter 1 \_\_\_
- Now add up your "Yes" answers: \_ This is your ACE Score

**More than half of adolescents have had at least one of these adverse childhood experiences, and nearly one in ten have experienced four or more.**

Number of Adverse Childhood Experiences Among Adolescents Ages 12-17, by Percent



Source: NSCH, 2011-12





# Prevalence of Youth Trauma

- 68% of children and adolescents experienced at least one potentially traumatic event by age 16.
- In one study, 78% of children reportedly had multiple adversities, with an average initial exposure at age 5 years
- Data suggest that every classroom has at least one student affected by trauma.
- Students living in poverty, homelessness, and with other social vulnerabilities are significantly more apt to experience stress and trauma.

(Copeland, Keeler Angold & Costello, 2007;  
Cook, Blaustein, Spinazzolla, & Vander Kolk , 2003)





# Source: NSCH 2011/2012

## For Children ages 0-17

Adverse Child or Family Experiences	National Prevalence	State Range
Child had ≥ 1 Adverse Child/Family Experiences	47.9%	40.6% (CT) – 57.5% (AZ)
Child had ≥ 2 Adverse Child/Family Experiences	22.6%	16.3% (NJ) – 32.9% (OK)
Socioeconomic hardship	25.7%	20.1% (MD) – 34.3 % (AZ)
Divorce/parental separation	20.1%	15.2% (DC) – 29.5% (OK)
Lived with someone who had an alcohol or drug problem	10.7%	6.4% (NY) – 18.5% (MT)
Victim or witness of neighborhood violence	8.6%	5.2% (NJ) – 16.6% (DC)
Lived with someone who was mentally ill or suicidal	8.6%	5.4% (CA) – 14.1% (MT)
Domestic violence witness	7.3%	5.0% (CT) – 11.1% (OK)
Parent served time in jail	6.9%	3.2% (NJ) – 13.2% (KY)
Treated or judged unfairly due to race/ethnicity	4.1%	1.8% (VT) – 6.5% (AZ)
Death of parent	3.1%	1.4% (CT) – 7.1% (DC)



# ACE's & Negative Well-Being

Prevalence of indicators of negative well-being, by number of adverse childhood experiences (teens 12-17)				
Measure of well-being	0 ACEs	1 ACE	2 ACEs	3+ ACEs
High externalizing behavior	18%	26%	33%	41%
Low engagement in school	25%	33%	44%	48%
Household contacted due to problems at school	13%	23%	31%	38%
Grade repetition	6%	12%	14%	21%
Does not stay calm and controlled	24%	34%	40%	44%
Does not finish tasks started	27%	36%	44%	49%
Diagnosed with a learning disability	9%	13%	16%	23%
Fair or poor physical health	2%	4%	4%	6%



# ACE and Risky Behaviors

- The higher the ACE score, the more we see risky health behaviors in childhood and adolescence including:
  - Pregnancies
  - Suicide attempts
  - Early initiation of smoking
  - Sexual activity
  - Illicit drug use



# ACE Exposure and Education

- As early as the 1960's research established direct connections between childhood disadvantage and diminished educational outcomes.
  - Disparities in early-childhood experience produced disparities in cognitive skill – most significant, in literacy- that could be observed on the first day of Kindergarten and well into adulthood.
- Among patients with an ACE score of 0, just 3% display learning/behavior problems.
- Among patients with a score of  $\geq 4$ , **the figure is 51%.\***

\*Burke, J., Hellman, J., Scott, B., Weems, C. & Carrion, V. The impact of adverse childhood experiences on an urban pediatric population. Child Abuse & Neglect, 2011;35(6): 408-413



# How Trauma Affects Learning

- Traumatic stress from adverse childhood experiences can undermine the ability to form relationships, regulate emotions, and impair cognitive functions.
- Hyper arousal, intrusion or constriction may interfere with processing of verbal/nonverbal and written information
- Ability to organize material sequentially may be inhibited due to coming from a chaotic environment.
- Difficulty with classroom transitions
- Problem solving from a different point of view, inferring ideas, or working in group/exhibiting empathy may result when students do not feel safe expressing a preference.



# What Can Schools Do?

Findings suggest that building **resilience**—defined in the survey as “staying calm and in control when faced with a challenge,” for children ages 6–17—can ameliorate the negative impact of adverse childhood experiences.

We recommend a coordinated effort to fill knowledge gaps and translate existing knowledge about adverse childhood experiences and resilience into national, state, and local policies...

Bethell, C., Newacheck, P., Hawees, E. & Halfon, N., 10.1377/hlthaff.2014.0914 *Health Aff* December 2014 vol.



# Resilience



- **Responsive caregiving** provided to youth from trusted adults can moderate the effects of early stress and neglect associated with trauma



- **Building resilience** can counter the effects of trauma/ACE's and help lead youth to more effective, productive and healthy adulthoods

St. Andrews, Alicia (2013). *Trauma and Resilience: An Adolescent Provider Toolkit*. San Francisco, CA: Adolescent Health Working Group, San Francisco, CA



# Schools Play A Critical Role In Supporting Students

- Many students experience serious stress or adversity at some point during their school careers
- Many students have trauma histories that go unrecognized in school.
- Schools have an opportunity to provide a range of supports to students who experience stress or trauma through a multi-tiered system of supports approach.

(Rossen & Cowan, 2013)





# Why Should Schools Be Trauma Informed?

- Children are more likely to access mental health services through primary care and schools than through specialty mental health clinics
- Over 70% of students who do receive mental health services, receive those services in schools
- Children with mental health disorders struggle in school and are less likely to succeed academically

(Costello et. al., 1998; Duchnowski, Kutash & Friedman, 2002; Mental health America of Greater Houston, 2011; SRI International, 2015)



# Using a “Trauma Lens”

A shift in perspective...

From “*What is wrong with this student?*”

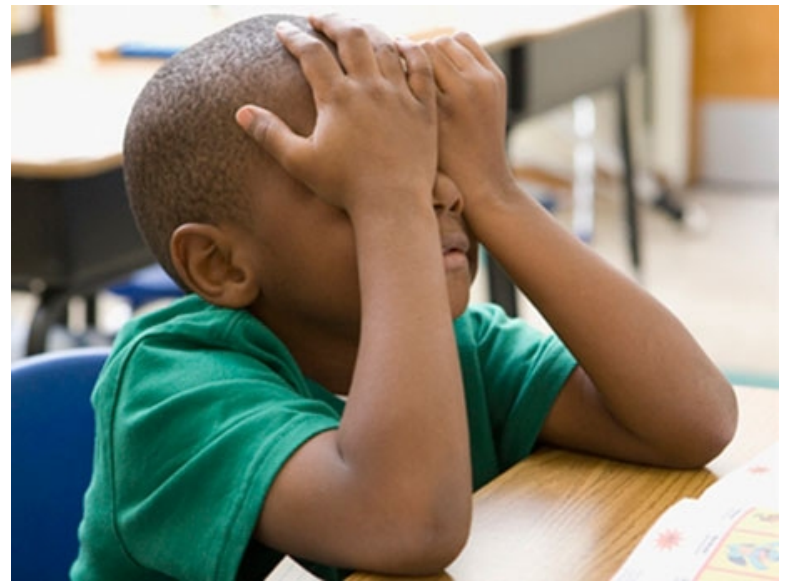


To “*What has this student been through?*”

# What might you notice about students?

Difficulty with...

- Organization
- Cause and effect
- Taking another's perspective
- Attentiveness
- Regulating emotions
- Executive functions
- Engaging in the curriculum
- Transitions



# What might you notice about students?

- Reactivity and impulsivity
- Aggression and defiance
- Withdrawal/avoidance
- Perfectionism
- Repetitive thoughts or comments about death or dying
- Non-age appropriate behavior
- Anxiety/worry about safety of self and others
- Poor or changed school performance and attendance
- Overly protective of personal space or belongings

# Differential “State” Reactivity

Terror

Fear

Alarm

Alert

Calm

Vulnerable

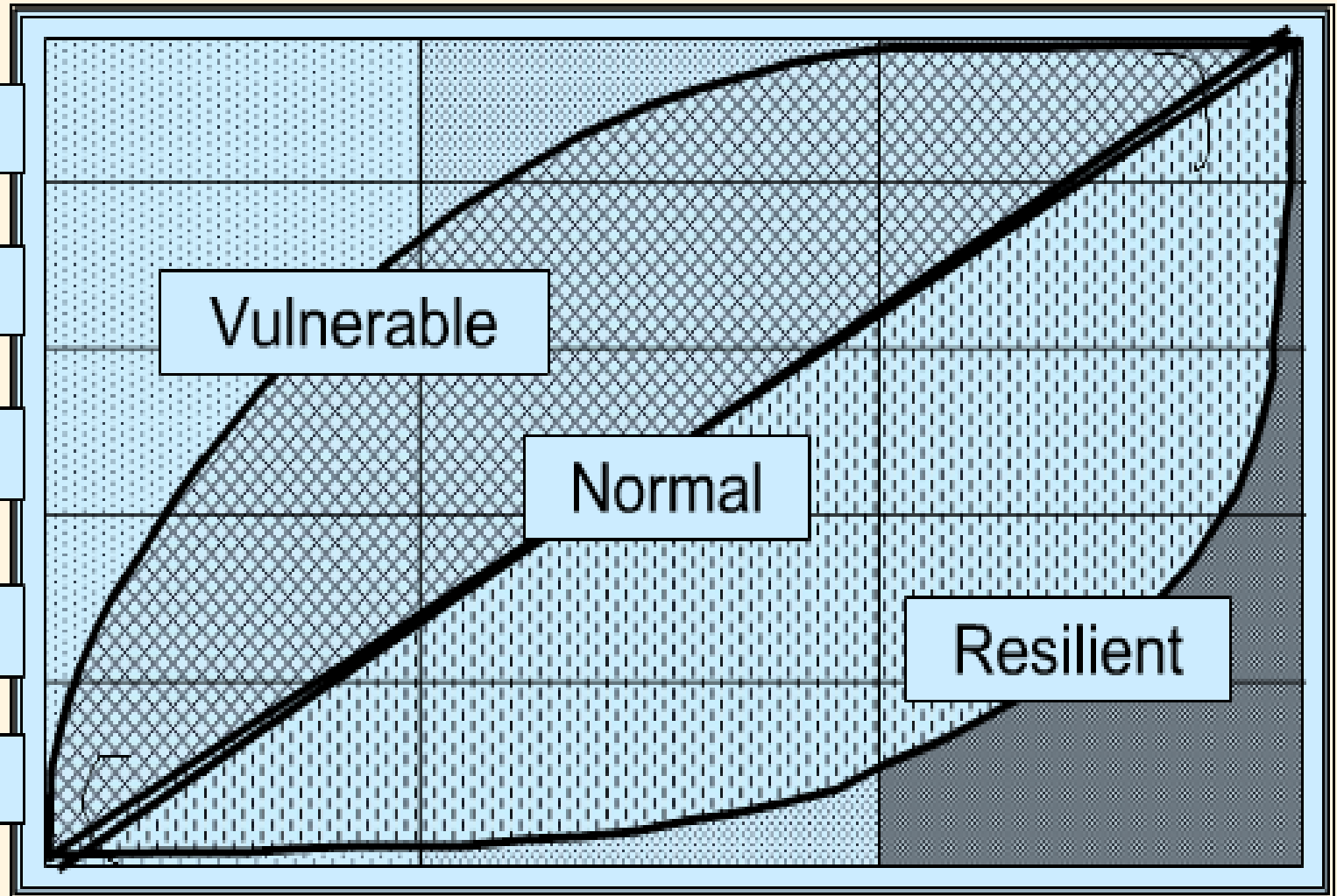
Normal

Resilient

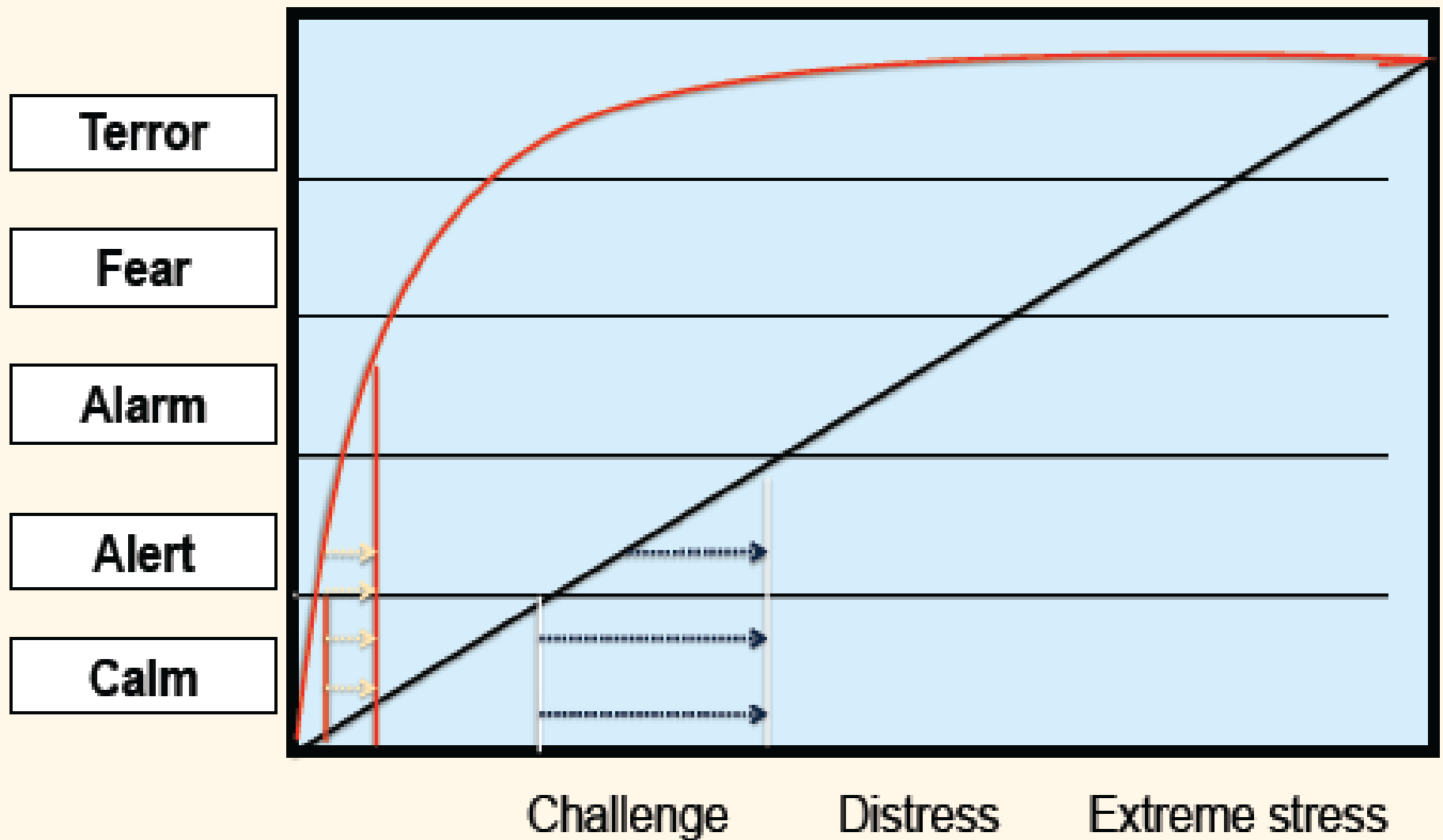
Baseline

Stress

Extreme Stress



# The Learning Window: State Dependence



# Understanding Effects of Trauma On Children in Schools

- **Danger and safety** are the core concerns of traumatized children even in mostly safe places like school.
- Traumatic events outside school can generate **distressing reminders** in the hallway, in the classroom or anywhere on school grounds that interfere with a student's ability to regulate their emotions and to learn.
- **Protective factors**, such as **positive relationships** with teachers and peers in schools can reduce the adverse impact of trauma
- Trauma plays an major role among **at risk and special populations**: Children in the Child Welfare and Juvenile Justice Systems, Children in Special Education, LGBTQ Children, Children in Areas of Poverty, Gang Violence and Crime, Children with MH Challenges, etc.

Wong, 2013



**What is a strategy you have employed in your work that supports youth who've experienced trauma?**

**What is something you learned from experience that DOES NOT work?**



# A Trauma-Informed School (TIS)

## Key Components

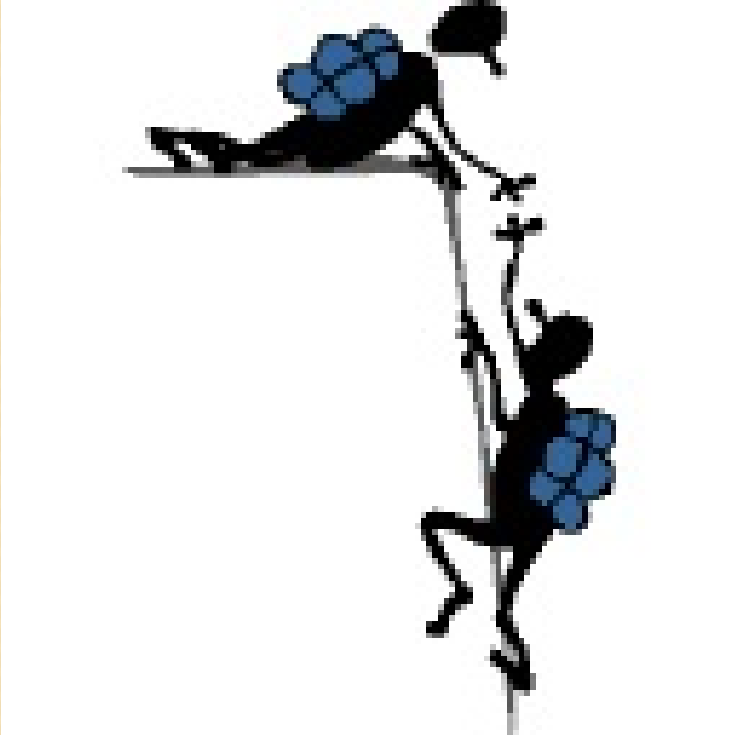
- Establishing a shared definition of a TIS
- Enhancing trauma awareness throughout the school community
- Conducting thorough assessment of school climate
  - Inclusiveness
  - Respect for Diversity
  - Identifying Risk Factors
  - Identifying Protective Factors
- Developing trauma-informed discipline policies
- Awareness of prevalence & impact of secondary traumatic stress on teachers and staff

# Examples of Services and Programs

- Psychological First Aid: Listen Protect Connect
- Support to Students Exposed to Trauma (SSET)
- PBIS
- Restorative Practices
- Range of Activities – Student Interest Groups
- Community Internships
- Crisis Intervention
- Mental Health Services
- Threat and Risk Assessment teams
  - Intimidation and Bullying
  - Stalking
  - Relationship violence
  - Weapons possession
  - Suicidal behavior
  - Physical Assault

Wong, 2013

# School-Based Mental Health Interventions



- Individual counseling services
- Safety/crisis planning
- Behavior plans
- Therapeutic & skill-building groups
- Youth development activities
- Case/Care management

# Trauma-Informed Schools Require Broad Partnerships



- A partnered approach engages all stakeholders
- Implement components in a manner that fits within each schools' unique organizational structure and culture



## **Safe and Supportive Schools Policy**

Addresses disproportionality by eliminating suspensions based solely on “willful defiance” and replacing with integration of School-Wide Positive Behavior Interventions and Supports, Restorative Practices, Trauma-Sensitive Practices, and practices that address implicit and explicit bias.

# Systematic School-Wide Response

- Staffing and funding
- Partnerships
- Tiered Wellness services
- Referral process
- Progress monitoring
- Safe and Supportive Schools' Policy



# Implications of Child Trauma for Teachers, Administrators & School Staff

- Trauma generated behaviors are complex but can be understood and addressed by educators
- A positive teacher student relationship may take an investment of more time with a traumatized child.
- Student-teacher trust must be established before the process of teaching and learning can truly begin
- Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to teach and manage the classroom

Wong, 2013



# How can school staff help?

## Entire Classroom

**Establish classroom agreements for behavior**

**Provide routines and consistency**

**Provide explicit preparation for changes and transitions**

**Create time in schedule for community building, circles, mindfulness**

**Give opportunities for creative expression**

**Teach about the power of mindsets**

## Individual & Groups of Students

**Build 1:1 relationships with struggling students**

**3:1 ratio of positive to negative**

**Allow students to step outside of the classroom or put their head down**

**Use restorative practices language**

**Seat students near the front or near you**

**Mind-brain-body breaks**

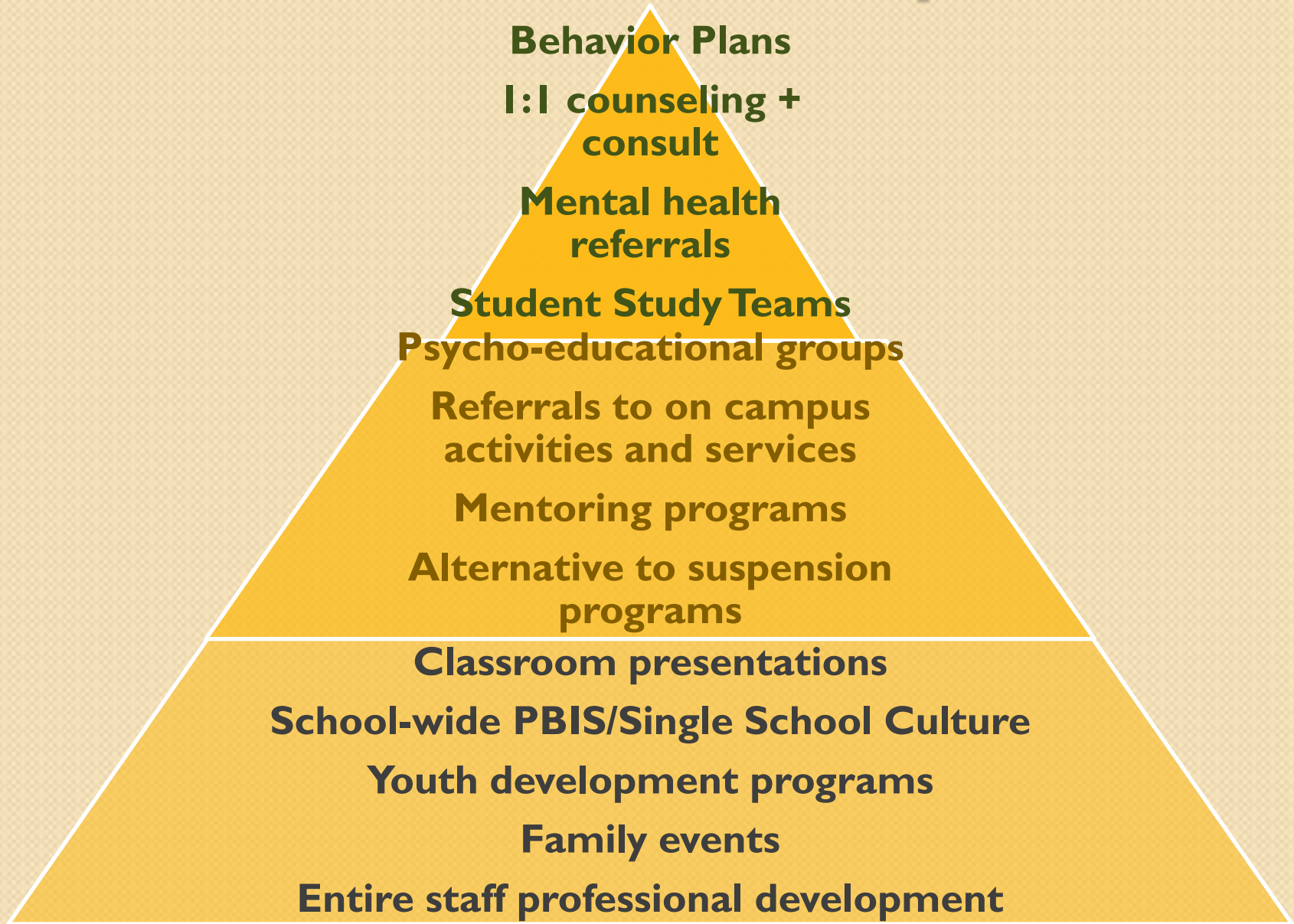


# Mind-Brain-Body Breaks



- Deep breathing
- Progressive relaxation
- Stretching or Movement
- Imagery
- Mindfulness
- Quiet Ball
- One-minute Dance Party
- [Gonoodle.com](http://Gonoodle.com)

# How can the school environment help?



# UCSF HEARTS Approach to Addressing Chronic Stress & Trauma in Schools

Psychotherapy for students + consultation with teachers; IEP consultation (5%)

Care team meetings for at-risk students & school-wide issues; Trauma-informed discipline policies; Teacher wellness groups (15%)

**Building staff capacity:** Training, consultation on trauma-sensitive practices; Promoting staff wellness; addressing stress, burnout, secondary trauma

**Partnering with staff for Universal Supports:** Safe, supportive school climate; PBIS; Restorative Practices; Social-emotional learning curriculum; Health education on coping with stress (100%)

# How Can Schools Support Traumatized Students?

- Build relationships with struggling students
- Create a safe and predictable environment with clear, consistent rules
- Provide opportunities for students to meaningfully participate in class with some control & responsibility
- Embed mental health into the curriculum
- Check assumptions, observe, and question
- Be a model for appropriate behavior and relational skills
- Work with students to create a self-care plan to address triggers

- ° **After reviewing this research, is there something you would add to your toolbox? Something you would do differently?**

# Tips for Educators

- Coordinate efforts with others and make referrals
- Let students know you care by listening, empathizing, and providing structure
- Support and encourage participation in programs at your school that build relationships and student assets
- Offer ways for families to connect to your school
- Don't make promises you can't keep
- When you become aware of a student who has experienced trauma, ask for help



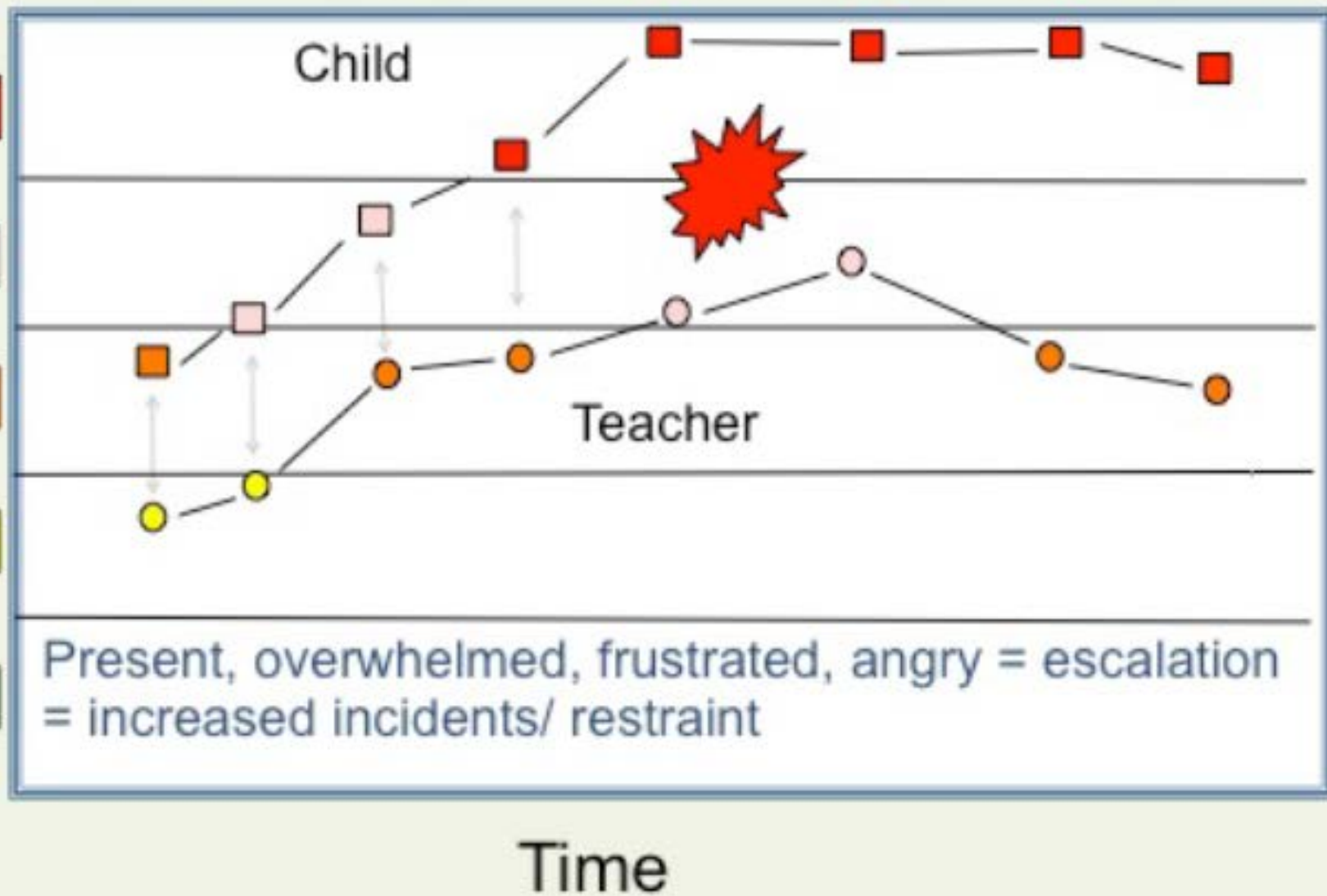
# How to Respond When a Student Is Triggered...

- Breathe! Be calm and you will help the student be calm.
- Do not use this as a time to try to change behavior or demand respect.
- Call for help, or ask another person to call.
- Notice your tone of voice and personal space.
- Remember that the student is probably not engaged in the pre-frontal cortex right now!



# Co-dysregulation

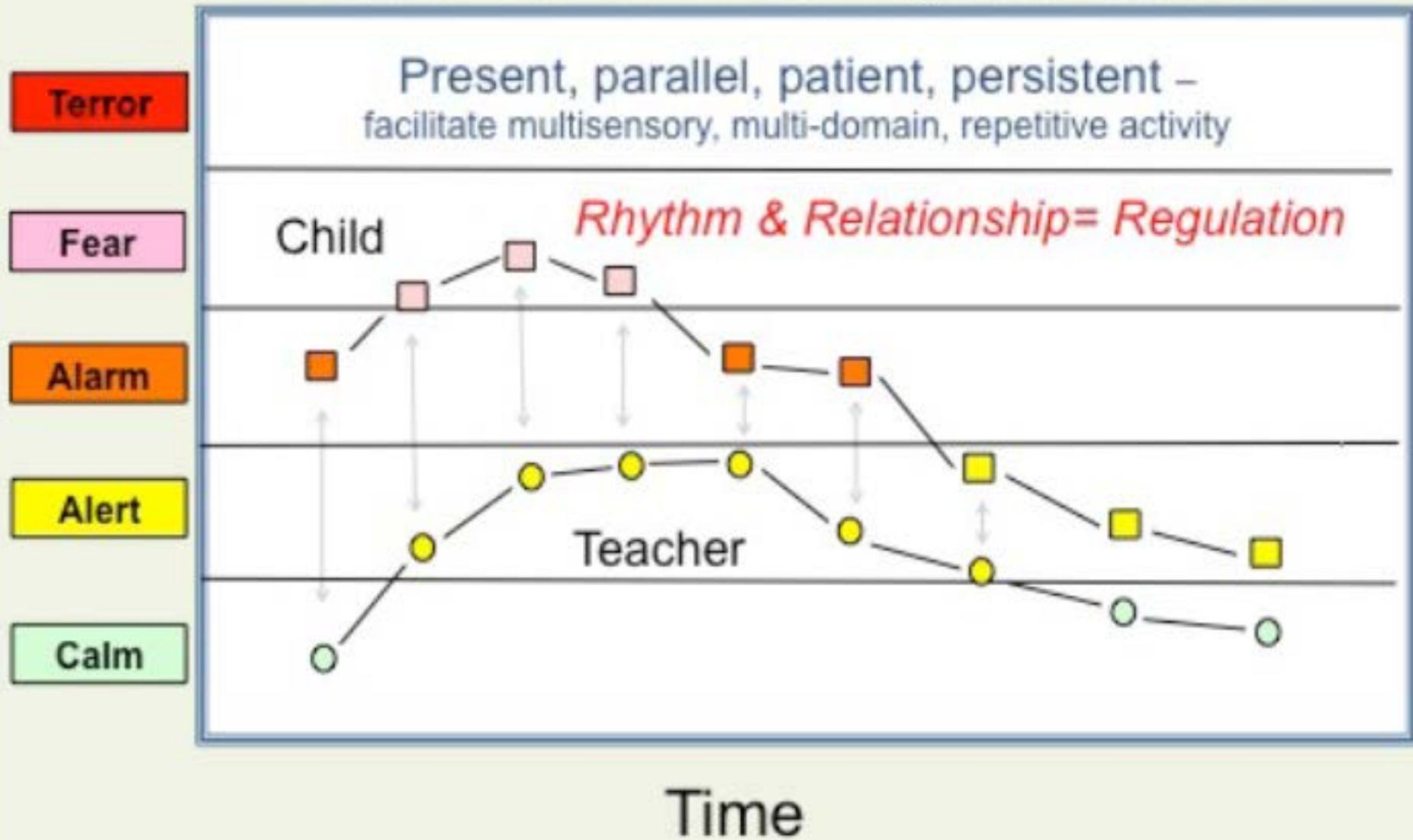
## Reactive child and overwhelmed teacher





# Co-regulation

## Reactive child and well-regulated teacher



# Self-Care Is Critical

“It is not uncommon for school professionals who have a classroom with one or more students struggling from the effects of trauma to experience symptoms very much like those their students are exhibiting.”

The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success



# Seek Support Or Consultation If...

- You are dreaming about students' trauma, or can't stop thinking about them.
- You are having trouble concentrating, sleeping, or are feeling more irritable.
- You feel numb or detached.



# Resources

- Trauma-Sensitive School Toolkit  
[http://sspw.dpi.wi.gov/sspw\\_mhtrauma](http://sspw.dpi.wi.gov/sspw_mhtrauma)
- Social-Emotional Learning Curricula  
<http://www.casel.org/>
- School Mental Health Program Resources:  
California School-Based Health Alliance,  
[www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)
- Restorative Practices  
[www.ocde.us/healthyminds//Pages/Restorative\\_Practices.aspx](http://www.ocde.us/healthyminds//Pages/Restorative_Practices.aspx)



# More Resources

- Adolescent Health Working Group  
[www.ahwg.net](http://www.ahwg.net)
- Harvard Center on the Developing Brain  
<http://developingchild.harvard.edu/>
- Trauma-Sensitive School Checklist  
[http://sspw.dpi.wi.gov/sspw\\_mhtrauma](http://sspw.dpi.wi.gov/sspw_mhtrauma)
- School Mental Health Program Consultation:  
California School-Based Health Alliance,  
[www.schoolhealthcenters.org](http://www.schoolhealthcenters.org)
- Trauma and Schools  
[www.ocde.us/HealthyMinds/Pages/Resources.aspx](http://www.ocde.us/HealthyMinds/Pages/Resources.aspx)



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