

PLEASE TAKE A MOMENT TO COMPLETE
THE ACES TEST WHILE WAITING

ACES

HOW TRAUMA AFFECTS OUR STUDENTS & US



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RSA
SHORT



ADVERSE CHILDHOOD EXPERIENCES



ACEs are significant childhood traumas which can result in actual changes in brain and other physiological development. These changes may affect a child's learning ability, social skills, and can result in long-term health problems. The Centers for Disease Control and Prevention (CDC) views ACEs as one of the major health issues in the 21st century.

TYPES OF ACES

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

HEALTH RISKS

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke

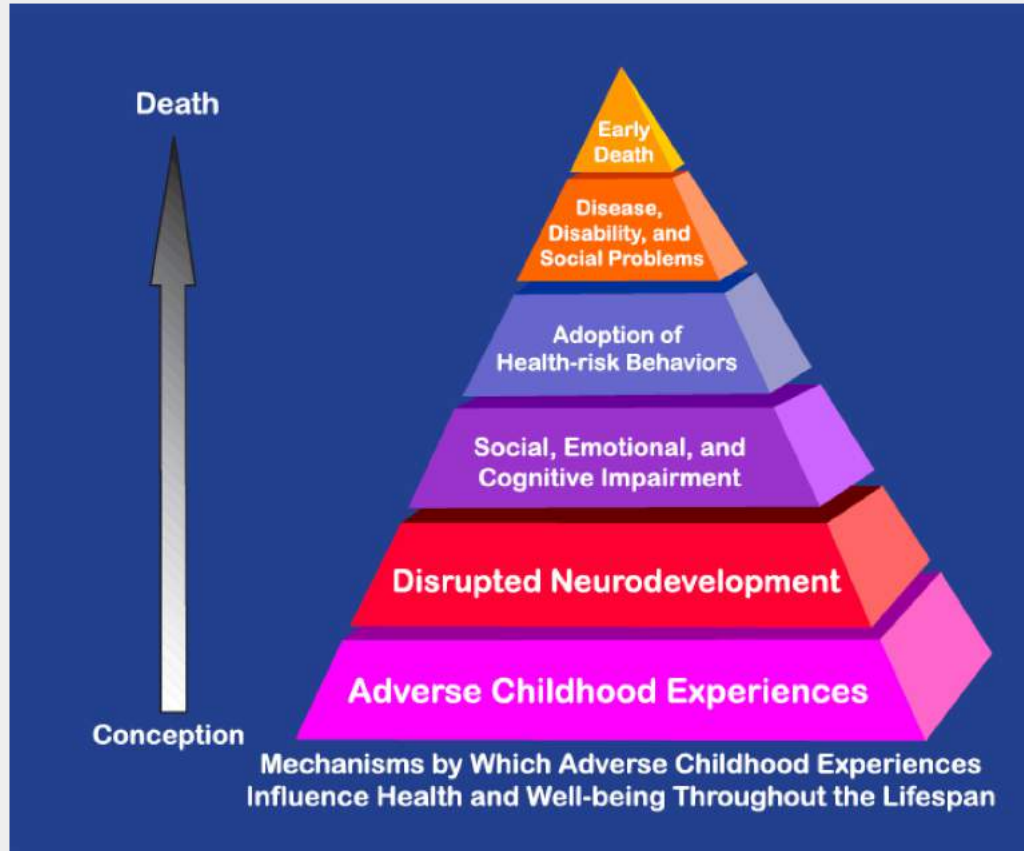


COPD



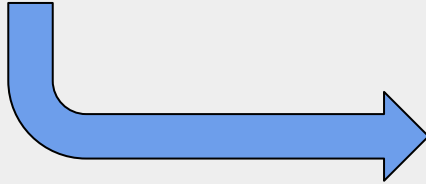
Broken bones

THE ACE STUDY HAS UNCOVERED HOW ACE'S ARE STRONGLY RELATED TO DEVELOPMENT OF RISK FACTORS FOR DISEASE AND WELL-BEING THROUGHOUT THE LIFE COURSE.



ACE SCORES LINKED TO PHYSICAL & MENTAL HEALTH PROBLEMS

Compared with people with no ACEs, those with four or more ACEs were:



Twice as likely to smoke

Seven times as likely to be alcoholics

Six times as likely to have had sex before age 15

Twice as likely to have cancer or heart disease

Twelve times more likely to have attempted suicide

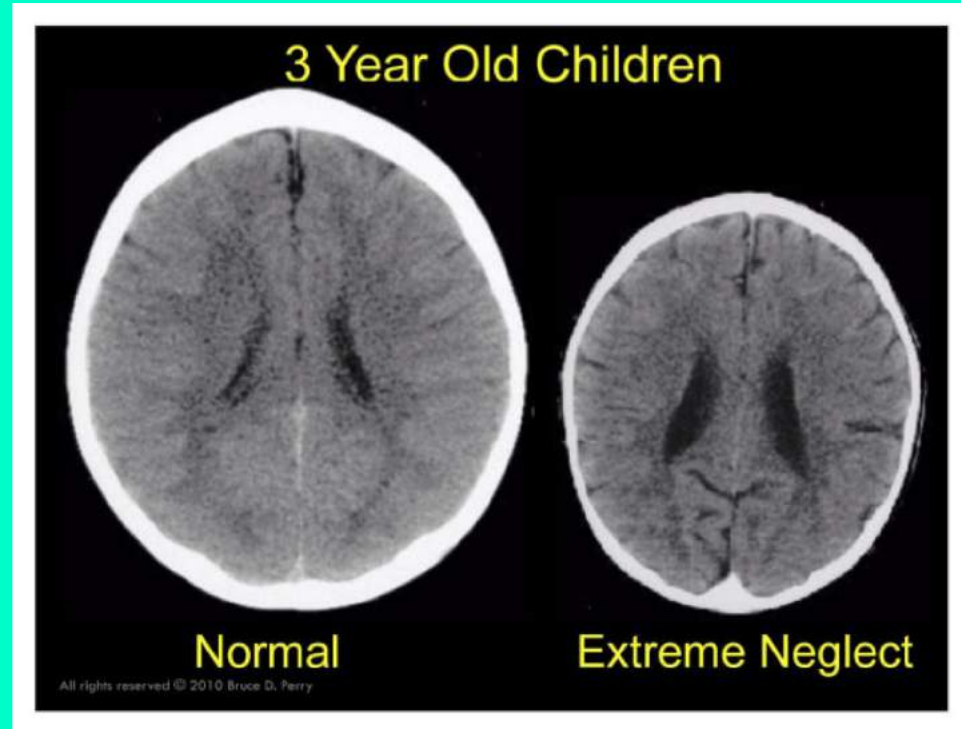
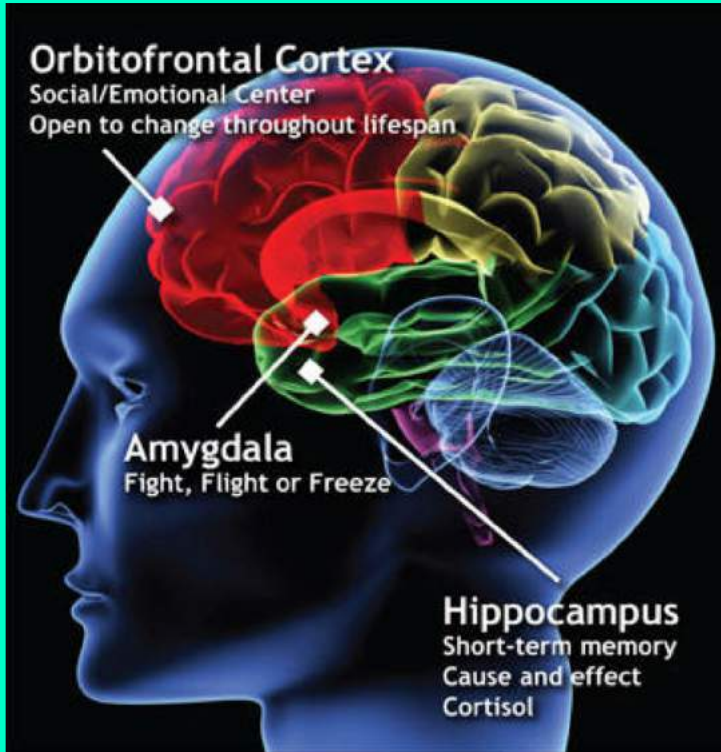
- Men with six or more ACEs were **46** times more likely to have injected drugs than men with no history of adverse childhood experiences

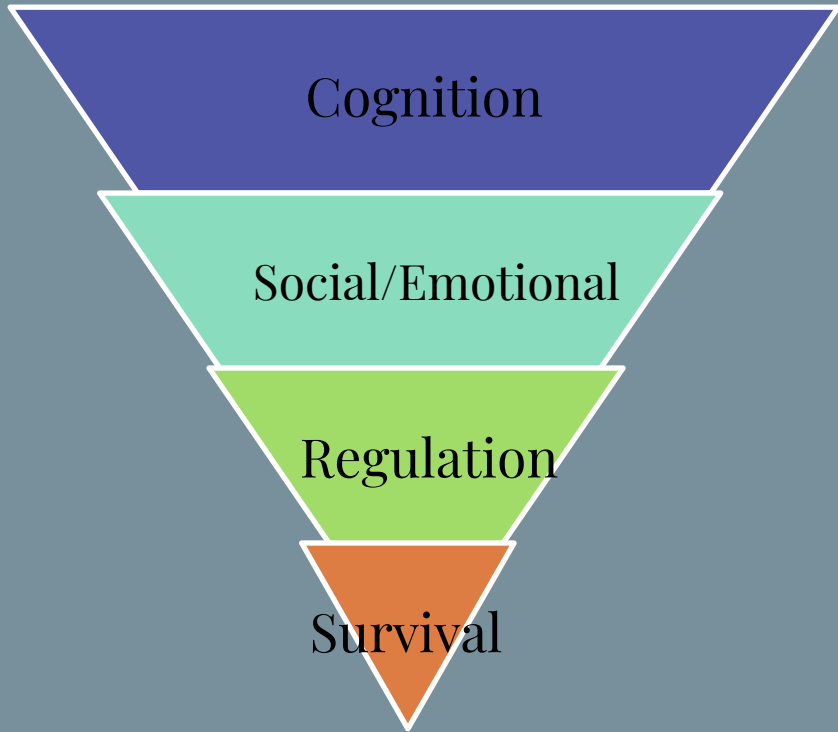
UNTREATED ADVERSE EARLY CHILDHOOD EVENTS ONLY EXACERBATE OVER TIME



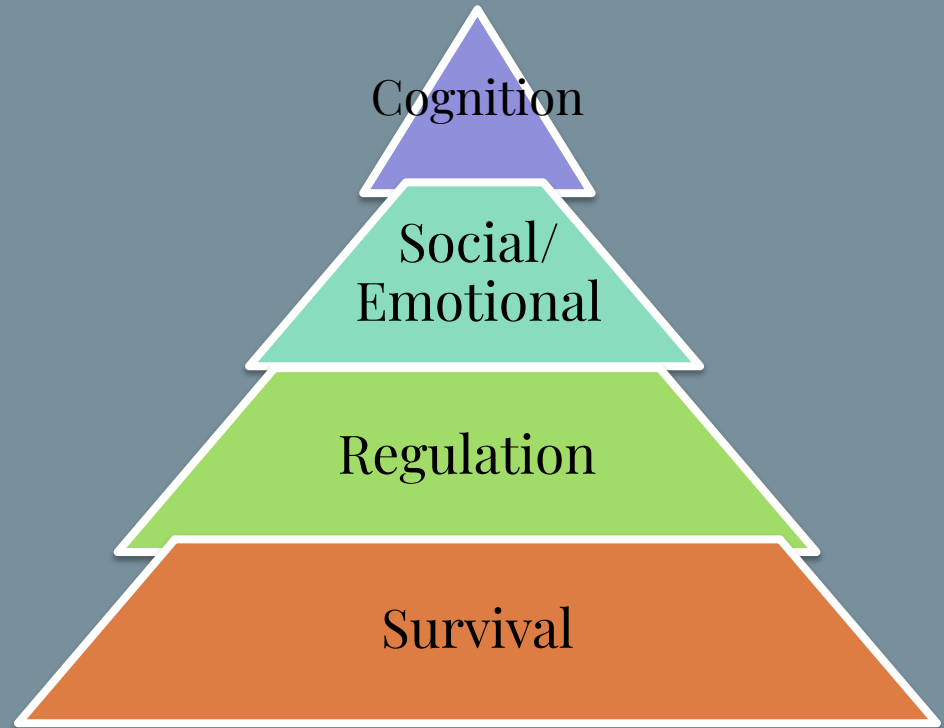
Source: Adverse Childhood Experiences (ACE) Study

FREQUENT OR PROLONGED EXPOSURE TO ACEs CAN CREATE TOXIC STRESS WHICH CAN DAMAGE THE DEVELOPING BRAIN OF A CHILD.





Typical Development



Adverse Experiences

THE IMPACT FOR OUR STUDENTS



ACES IMPACTS LEARNING

**51% of children with 4+ ACE scores
had learning and behavior problems in school**

**Compared with only 3% of children
with NO ACE score**

Source: Burke, N.J., Hellman, J.L., Scott, B.G., Weems, C.F & Carrion, V.C. (June 2011). "The Impact of Adverse Childhood Experiences on an Urban Pediatric Population," *Child Abuse and Neglect*, 35, No. 6.

WHAT FLIGHT, FIGHT, OR FREEZE LOOK LIKE IN YOUR CLASSROOM

Flight

- Withdrawing
- Fleeing the classroom
- Skipping class
- Daydreaming
- Seeming to sleep
- Avoiding others
- Hiding or wandering
- Becoming disengaged



Fight

- Acting out
- Behaving aggressively
- Acting silly
- Exhibiting defiance
- Being hyperactive
- Arguing
- Screaming/yelling



Freeze

- Exhibiting numbness
- Refusing to answer
- Refusing to get needs met
- Giving a blank look
- Feeling unable to move or act

PREVALENCE

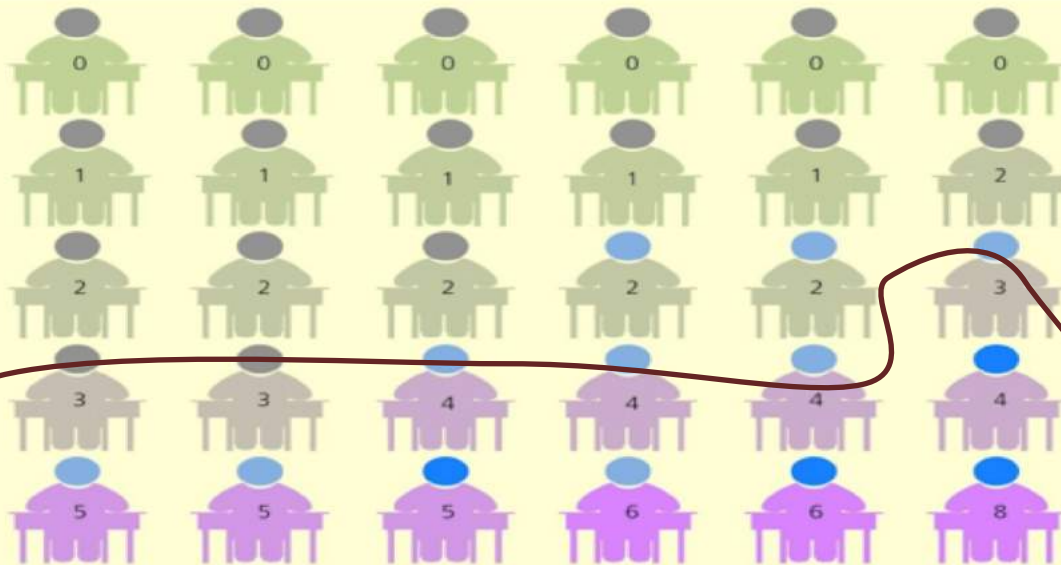
13 of every 30 students in a classroom experience toxic stress from 3 or more Adverse Childhood Experiences (ACEs)

Washington School Classroom (30 Students)

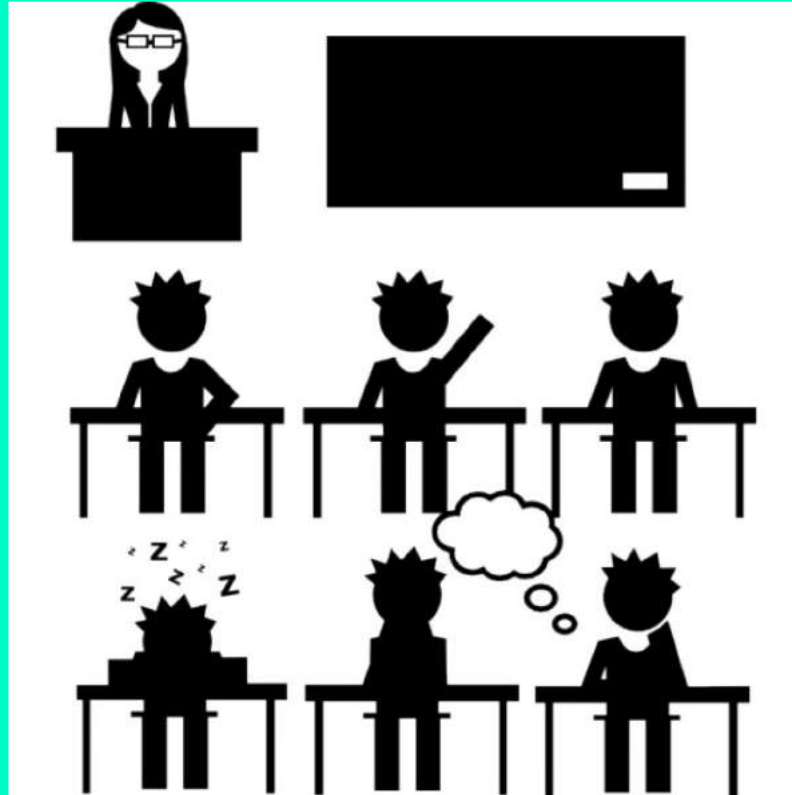
Adverse Childhood Experiences (ACEs)

6 students with no ACE
5 students with 1 ACE
6 students with 2 ACEs
3 students with 3 ACEs
7 students with 4 or 5 ACEs
3 students with 6 or more ACEs

58% (17) students with no exposure to physical abuse or adult to adult violence
29% (9) of students exposed to physical abuse or adult to adult violence
13% (4) of students exposed to physical abuse and adult to adult violence



WHAT IS YOUR CLASSROOM ACE SCORE?



SNAPSHOT OF A STUDENT WHO HAS EXPERIENCED TRAUMA

A challenge to be in a state of readiness and be open to new information

Difficulty using language to articulate needs and feelings, use language to build walls, not bridges

Limited sense of cause and effect and limited sense of self-efficacy

Does not express self before gauging others' mood

Limited development of sense of one's own self

Delayed problem solving, inferring, and social skills

Poor emotion regulation skills

Social withdrawal, aggressive behavior to gain a sense of control

Distorted perception of intentions/feelings of others

Executive functioning (setting goals, anticipating consequences, initiating and carrying out plans)

Distrust of adults

Lack of prosocial skills

LET'S THINK IN TERMS OF SKILLS



1. Attachment
2. Self-Regulation
3. Affiliation
4. Awareness
5. Tolerance
6. Respect

***6 Core Strengths: Each build on one another during the development of the brain**

WHEN CHILDREN DEVELOP THESE CORE STRENGTHS...

Lays groundwork for participation in the rest of their life

More curious

More interesting

More capable of being creative & productive

The cognitive information without the base is hollow;

*You cannot learn the core strengths without the help of other people

*We benefit from the wisdom and strength of a variety of people

IMPACT OF TEACHERS

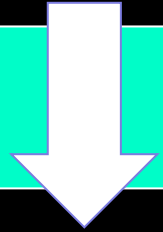
- Teachers often sell their power short
- *The brain has the ability to create memory and if there is one adult who sees them as special, the kid can use that the rest of their life*
- You can never underestimate the power of a single positive interaction



"A BELIEF THAT A PERSON HAS CONTROL
OVER HIS/HER BEHAVIOR LEADS TO ONE
BEING MORE LIKELY TO BE ANGRY WITH
THAT PERSON WHEN HIS/HER BEHAVIOR IS
INAPPROPRIATE"

THE NEEDED
PERSPECTIVE SHIFT

**“What's wrong with
you?”**



**“What happened to you
& how can we help?”**

HOW DO WE SEE THESE STUDENTS?

Uninformed view

Anger management problems

May have ADHD

Choosing to act out & disrupt classroom (e.g., disrespectful or manipulative)

Uncontrollable, destructive

Non-responsive

Informed view

Maladaptive responses (in school setting)

Seeking to get needs met

Difficulty regulating emotions

Lacking necessary skills

Negative view of world (e.g., adults cannot be trusted)

Trauma response was triggered

Uninformed response

Student needs consequences to correct behavior or maybe an ADHD evaluation

Informed response

Student needs to learn skills to regulate emotions & we need to provide support

“ASHLEY JUST TRANSFERRED INTO MY 5TH GRADE CLASSROOM AFTER BEING PLACED IN FOSTER CARE. I WANTED TO MAKE HER FEEL WELCOME. I MOVED TO PUT MY HAND LIGHTLY ON HER SHOULDER WHEN I WAS EXPLAINING AN ASSIGNMENT & SHE SLAPPED MY HAND AWAY. THEN SHE STARED AT ME DEFIANTLY.”

- TEACHER RESPONSE #1 – TEACHER-CENTERED
- TEACHER RESPONSE #2 – STUDENT-CENTERED

UNINFORMED TEACHER RESPONSE

“Why she just decided to slap me is beyond me. I was trying to be helpful & welcoming. Her reaction was totally out of proportion to the situation. Physical aggression simply cannot be tolerated or excused. She needed to learn that right away. There had to be immediate & significant consequences if I’m to maintain order in my classroom. When I tried to remove Ashley to the office, she just lost it. Instead of complying, she chose to struggle & started kicking me. I don’t like to see students suspended from school, but Ashley needs to learn that she cannot behave that way in school.”

INFORMED TEACHER RESPONSE

“I must have frightened Ashley without meaning to. It’s clear she does not want to be touched. She may have other triggers, as well. Right now she is hyper-aroused & feels cornered. If I put any extra demands or expectations on her right now, she could escalate & that will just make the situation worse. I told Ashley we would talk about what just happened when she calms down. I need to help her feel safe or she won’t be able to learn in my classroom. I know it’s common for kids in foster care to have multiple adverse experiences. I need to find out more about what her needs are, maybe from her school records or from her foster parents & the caseworker. If I need to, I’ll contact our Building Consultation Team for support.”



STRATEGIES & HOW TO HELP

HOW TO HELP

TIME—time to respond to questions, time to de-escalate

CALM - predictable environment

CHOICES— true choices with wait time

Firm limits on negative behavior with NO acceptance of bullying/teasing

Key in on areas of competence»greater sense of self-efficacy

HOW TO HELP (CONTINUED)

Frequent repetition of expectations, practiced not just verbally but in role plays of real-life scenarios

Modeling of respectful, nonviolent relationships

Safe spaces within the school

A not too serious environment—too serious is usually perceived as reason to be fearful in traumatized children

Modified, gentle criticism

Opportunity for more successes than failures

Provide an external cognitive structure—provide meaning, planning, and connections that their brains cannot

Meeting the student more than halfway in relationship building

Even competition when used in classroom with peers

Help with regulating energy during transitions

Warning well in advance of any changes in routine

Group/cooperative efforts that promote teamwork—closely monitored, encouraging of all participants, which result in positive outcomes

Praise publicly, criticize privately

Low & Slow

5 STRATEGIES FOR TEACHERS GREATER GOOD: THE SCIENCE OF A MEANINGFUL LIFE

Jaya Dorado
Vicki Zakrzewski

*THESE ARE NOT IN ORDER of
IMPORTANCE*

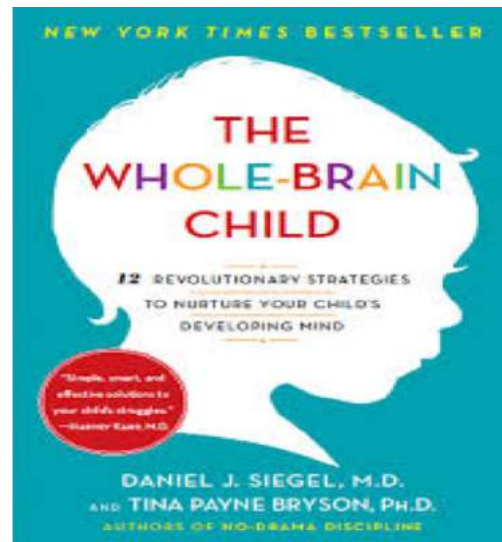
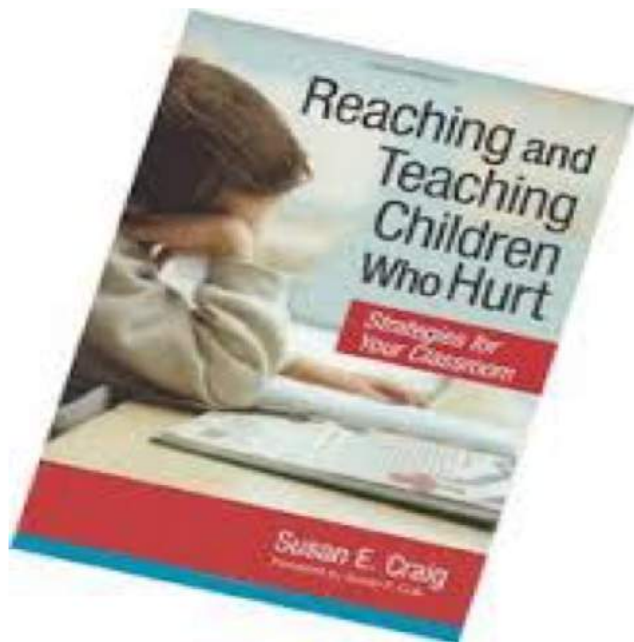
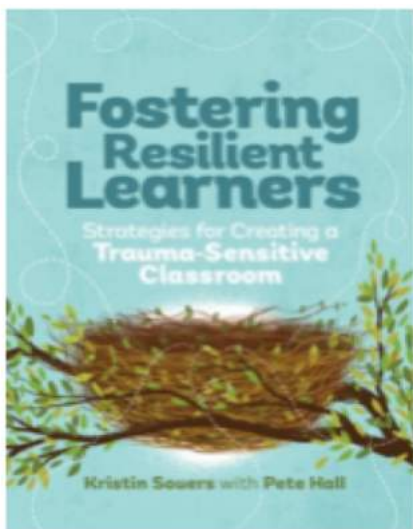
1. Recognize a child is going into survival mode and respond in a kind and compassionate way.

1. Create predictable Transitions

1. Praise Publicly, Criticize Privately

1. Adapt mindfulness practices

1. Take care of yourself



RESOURCES