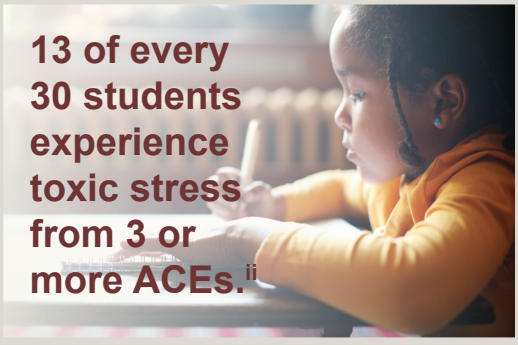
Substance Abuse and Mental Health Services Administration SAMHSA

Project AWARE

Adversity in Childhood & Childhood Trauma

Adapted from the Now Is The Time Webinar by Chris Blodgett, PhD, with Christina Pate, PhD

Childhood experiences have a significant influence on numerous future outcomes including health, achievement, violence victimization and perpetration, and opportunity across the lifespan.[i] Early experiences are an important education and public health issue. Much of what we have learned about the potential impact of experiences in childhood on outcomes later in life stems from the Adverse Childhood Experiences (ACEs) study first issued in the mid-1990s and replicated numerous times with similar results thereafter. Here are demonstrated outcomes on how ACEs may impact students' learning:



13 of every 30 students experience toxic stress from 3 or more ACEs.[ii]

A study of 2,100 elementary school children[iii] found:

- **1 in 5 children** with **2 or more ACEs**
- **10% of children** with **3 or more ACEs**

In another study[iv], **23%** of children experienced **2 or more ACEs.**

With 2 or more ACEs children are:

Three times (3x) more likely to repeat a grade

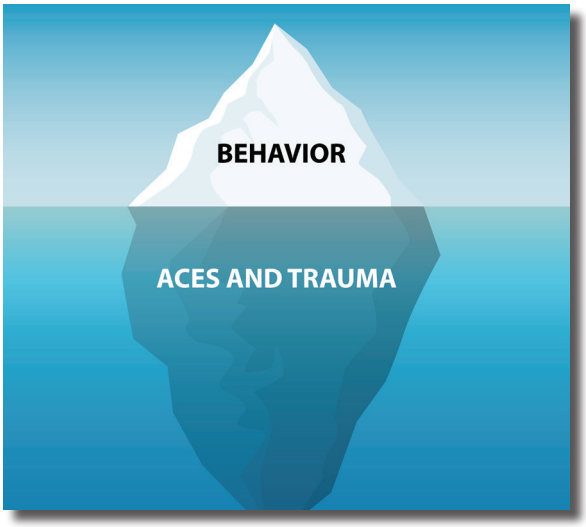
Twice (2x) as likely to have a special health care need

In a study of high risk pediatric practice[v] **36% of children had 2 or more ACEs.**

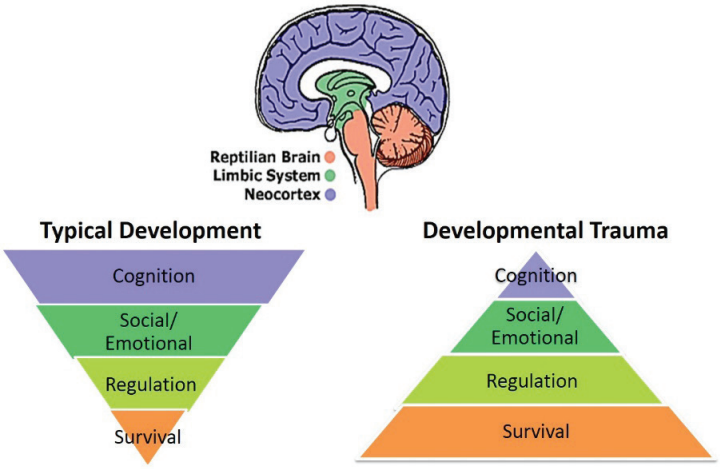
As the number of ACEs increase, there was an increase in identified behavior and academic problems.

Developmental Trauma

Developmental Trauma refers to multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma.[vi] Students who experience developmental trauma may enter school unprepared cognitively, emotionally, and physically. In fact, we know that ACEs and developmental trauma can significantly impact brain development and subsequent health and education outcomes.



The graphic below[vii] illustrates the development of a "typical" child as compared to the development of a child experiencing trauma. As indicated, the "typical" child focuses most energy on cognition and social-emotional functions and little on survival. However, the triangle inverts for the child experiencing trauma with most of the brain's attention centered on survival, leaving little for cognition and social-emotional functions.



Resilience: What to Build in Response to Developmental Trauma

Resilience is defined as the ability to move forward and prosper despite adversity. You can't become resilient unless you've been challenged. In order to achieve resilience, there are three major goals to work toward: Beliefs, Skills, and Environments.

- *Beliefs* – How do we shift beliefs? One of the things trauma takes away from people is a belief in their own future – the ability to have a sense of **hope** and the ability to see themselves as having **self-efficacy** (essentially the ability to believe that they can change the circumstances that they're working with). Targeting how we create the kind of experiences that help people shift their perspective on the future is essential. Supporting the development of a coherent narrative can be powerful. For example, predictability through structure, routines, and the presence of reliable adults helps reduce turmoil and allows youth and young adults to start creating logical sequential connections that help them understand their own narrative[viii] and make necessary shifts to begin seeing the future as hopeful.

- *Skills* – We need to shift our perspective from a disorder mindset to one of how we can support students' skill-building. Skills (from basic to more advanced) include **emotional regulation and a tolerance for change** as well as **relational skills** (ability to get along with others). These become the foundational skills needed for **executive function** (ability to problem solve, sequence, use language, and memory as ways to organize ourselves). However, we cannot get to executive function if we are being overwhelmed by emotion, if we are isolated, or if we are involved in relationships that are in a constant state of crisis. For example, when there is a conflict, we ask students, "Why did you do that (executive functioning)?" When the brain might be "offline" (activated by stress), we might encourage a student to know that they are safe and they are cared for and provide them the time and safe space to regulate so that they can then provide the cognitive processing necessary to explain cause and effect.

> *Every positive, attuned interaction with a trustworthy other can help to rewire the brain.*
> - Bruce Perry (2006)

- *Environment* – Children do not get a great deal of control over their environment in general. As adults, we need to be intentional about how we control the environment. This means being very specific about the issue of **social support**. For example, many students' behaviors resulting from trauma or ACES often isolate them from other children. Allowing students to have "jobs" in the classroom where they are contributing allows them to be able to help another student or receive help in positive ways. Techniques like this are not dramatic technical solutions, rather they are solutions implemented with intention and persistence in order to be able to address these issues.

  Another important environmental issue pertaining to resilience is the importance of having **forgiving, repairable settings**. If we stigmatize and isolate students, we can actually add to a cascading set of stressful/overwhelming events; we become a risk factor. Thus, providing students the opportunity to have restitution, repair relationships, and reenter relationships and classrooms, even after a significant violation of rules or norms, becomes essential.

  Finally, it is important for students to have access to the social and material resources for adaptation. Many students show up to school without adequate clothing or food and perhaps come from inadequate shelter. These become a very pragmatic set of goals about meeting the basic needs of students in order to create the space needed to grow.

Developmental Trauma and Safety

- Some common *activators* for children who have experienced developmental trauma include:
  - Perception of a lack of power
  - Unexpected change/transitions
  - Feeling shame
  - Feeling vulnerable or frightened
  - Feeling threatened or attacked
  - Intimacy and positive attention

Perspective, Practice, and Policy

To truly understand and appropriately support students affected by trauma and adverse childhood experiences, a major perspective shift must occur. Rather than viewing student behavior as willful, conscious, disruptive, oppositional, or defiant, we need to understand that behaviors are adaptive response patterns, meeting their needs, demonstration of broken trust, evidence of skills deficits, and inability to regulate emotions.[ix]

There are key practice and policy changes that must occur in order to appropriately address these issues.

- It is essential for us to remember how our biology gets organized through its relationship with other people. Thus, we have to calibrate our relationship and goals to the arousal level of the child – both in the moment and to their chronic levels of arousal. Emotional arousal refers to an emotional state that is the product of physiological arousal (e.g., anger, fear, worry, anxiety, etc.).

One of the most important things for an educator to understand is that **in high states of emotional arousal, new learning cannot occur**. Thus, the idea of speaking louder or slower to a child who is struggling is an ineffective strategy. What we need to be able to do is to help the student calm down and reassert some level of emotional regulation if we expect them to be able to move into a place where they have some options for behavior.

Perspective Shift:
FROM: "What's wrong with you?"
TO: "What happened to you and how can we help?"

Our present level of arousal will end up defining what our behavior options are. The same is true for both adults/educators and children/students. Therefore, **teaching self-regulation skills** becomes an essential intervention framework. However, if we are going to teach self-regulation, we as adults must learn how to **co-regulate** with the child. So, as adults, we must learn these skills ourselves so that we can model it, but also use our ability to calm, organize, and center so we can help students do the same. As we are able to regulate ourselves, it is a gift that we are able to offer others who are struggling.

- If you think in terms of the policies and practices that go beyond the child and focus on the environment in which the student functions, there must be a focus on opportunities to create safety, relationships, and trust. Also important is to cultivate a sense of power in staff and students. We do this by building on strengths and existing skills of students and adults, reserving labeling for only when it helps (e.g., when a diagnosis creates access for treatment or services), and determine when specialized treatment is needed.
- Social emotional learning practices are trauma informed practices. Thus, clear and effective rules and procedures, effective discipline and accountability practices, quality student-teacher relationships, teachers' mindfulness, instructional and management practices that support student responsibility for learning, parent engagement and inclusion in learning supports, and intentional use of the physical and social environment are essential.[x]

Endnotes

i Centers for Disease Control and Prevention (n.d.). Adverse childhood experiences (ACES). Retrieved from: https://www.cdc.gov/violenceprevention/acestudy/
ii Washington State Family Policy Council
iii Blodgett, 2010
iv Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs, 33*(12), 2106-2115.
v Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect, 35*(6), 408-413.
vi Van der Kolk, B.A. (2005). Developmental trauma disorder. *Psychiatric Annals, 35*(5), 401-407.
vii Adapted from Holt & Jordan, Ohio Dept. of Education
viii ECHO Parenting & Education (2017). What do I do? Trauma-informed support for children. Retrieved from: http://www.echoparenting.org/trauma-informed-support-for-children/.
ix Eber, L., & Dibble, N. (2015). *Building on PBIS to create a trauma-sensitive school: Ensuring efficiency, effectiveness & sustainability.* Presentation at the Wisconsin PBIS Conference, Wisconsin Dells, WI.
x Adapted from: Marzano, R. J t al.,2005). *A Handbook for Classroom Management That Works.* Alexandria, VA: Association for Supervision and Curriculum Development.

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