Pediatricians + School Nurses = Powerful Partners

By Robin Cogan, MEd, RN, NCSN 4.3.2018

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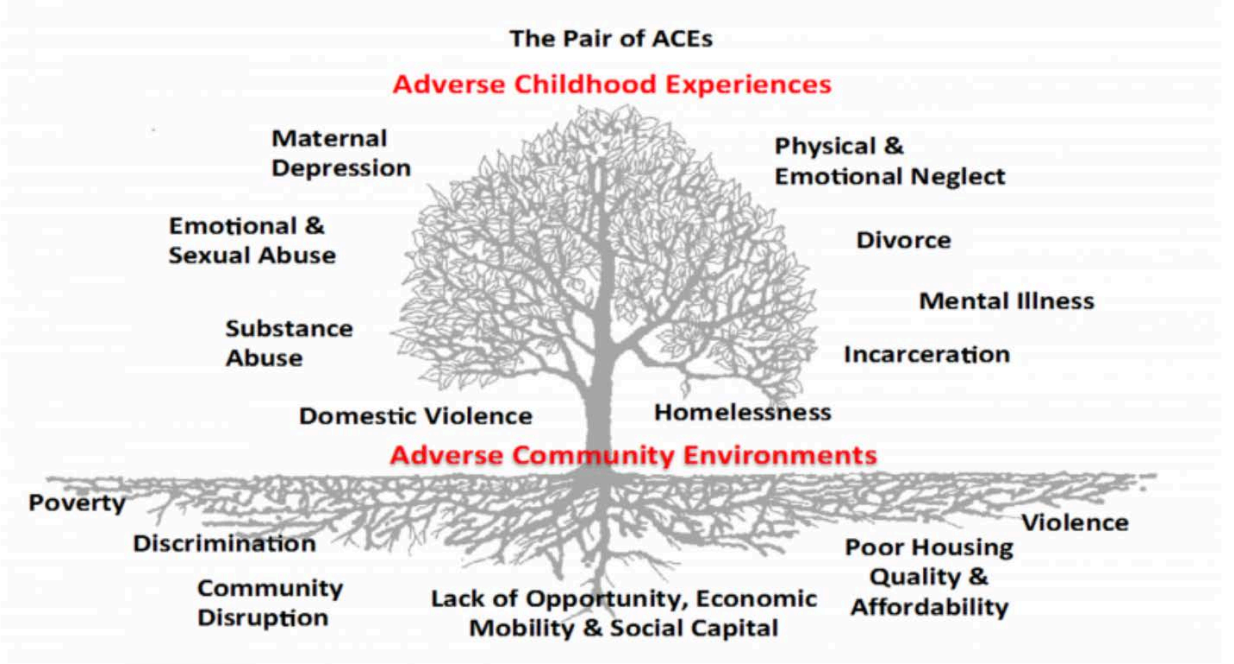
When you couple Adverse Childhood Experiences with Adverse Community Environments, you have a "Pair of Aces"[1], an even more complex and challenging reality that plagues many communities. Fortunately, resilience can be a learned skill that allows people to bounce forward, beyond their present circumstances. Building resilience requires a coordinated effort by important stakeholders in the child's life, such as pediatricians and school nurses.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Pediatricians and school nurses are powerful partners when we intentionally collaborate to improve the continuity of care in the populations we serve. It is the intentionality of relationship

[1] Ellis WR, Dietz WH. A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. Acad Pediatr. 2017 Sep - Oct;17(7S):S86-S93. doi: 10.1016/j.acap.2016.12.011. PubMed PMID:28865665.

building that can bear the most fruitful outcomes to improve the health and well-being of our most vulnerable population, our children. We are far more effective working in concert than in our silos.

School communities are looking for guidance, answers and action to address the explosion of school related violence, including mass shootings. We are all grappling with questions of safety, mental health services, protecting our students and staff from harm, but most of all the cause behind this public health crisis. Perhaps a public health model focused on prevention would piece together solutions to the social determinants that are driving this crisis.

We know exposure to Adverse Childhood Experiences (ACEs) lead to toxic stress, changes our biology and impacts long-term health outcomes well into adulthood, affecting brain development, leading to physical health issues, behavior problems, and learning difficulties.[2] However, not all children who experience developmental trauma are impacted in the same way. Learning how to identify feelings and being able to manage their emotions and behavior in a healthy way can help ensure safer schools and communities.

The recent explosion of trauma-informed practices and an understanding of the long-term effects of ACEs has opened the door for new strategies to address challenging and complex students. A trauma-informed approach should now be considered a "Universal Precaution" for all students and staff. Promoting connections through intentional relationship-building, and ensuring a school environment that is physically, emotionally, and psychologically safe changes the culture and climate of a school community.

According to the Substance Abuse and Mental Health Services Administration, "a program, organization, or system that is trauma-informed":[3]

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization.

Social scientist turned story-teller, Brene′ Brown, called qualitative research "data with a soul." Let me share a view from my school health office to illustrate one student's "Pair of ACEs":

My newest student was 17 years old and in 8th grade. Let that sentence sink in for a moment and feel the impact of what this student's experience must have been like for him. Needless to say, the challenges he faced were massive and the support available to him very limited. Pipeline to prison was a phrase that seemed to follow him. But there was one day that I found a place of vulnerability, space where I could offer a safe haven for this student to land.

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[2] Bugental DB, Martorell GA, Barraza V. The Hormonal Costs of Subtle Forms of Infant Maltreatment. Hormones and Behavior 2003;43(1):237-44

[3] Substance Abuse and Mental Health Services Administration. (2014, April 25). Trauma-Informed Approach and Trauma-Specific Interventions. Retrieved April 03, 2018, from https://www.samhsa.gov/nctic/trauma-interventions

How this student came to our school in the middle of the year with little known about his past was one issue. Being 17 years old, over 6 feet tall with a huge tattoo covering the side of his neck and in 8th grade was a more pressing issue. He was quiet, a loner, intimidating, but he was still a student, a child/young man, who seemed lost and uncertain about what to do and who to trust.

I noticed that this student rode his bike to school every day, regardless of the weather. One, very rainy day, I ran into him in the hallway, where he was storing his bike. He was soaked to the bone, dripping wet from the late fall rain storm. I quietly asked him if I could dry his clothes for him. He looked completely shocked, even stunned that I offered to help him. He said, "you would do that for me?". I reassured him that it was my pleasure to make sure he had dry clothes and gave him kudos for getting to school by bike on such a miserable day.

While his clothes dried, he was wrapped in a blanket sitting on the cot in my office. I had no clothes that would even remotely fit him, so the blanket offered warmth and comfort while he waited. We talked for the entire hour his clothes were drying. He opened up and shared his story, one that I will never forget. This young man got caught up in a drug raid, his father was the target, but he was also swept up in the legal system along the way. He spent quite a few years living in a detention center, which is why his school history was truncated.

An hour passed very quickly for both of us, miraculously, my office was not inundated with students until the dryer buzzed and my student was warm, dry, and ready to learn. I learned the true meaning of resilience that day. That is also the day that I became a Relentless School Nurse.

Schools must be safe havens for our students, families and communities. Pediatricians and school nurses can work together to help guide school districts that are grappling with how to address school violence and care for the students with the most challenging and complex health and social needs. Building connections and bridges promotes healthy relationships and healthier communities.

For more information, please read NASN's The School Nurse's Role: Care of Victims of Child Maltreatment (National Association for School Nurses).