ADVERSE CHILDHOOD EXPERIENCES, TRAUMA, AND IMPLICATIONS FOR EDUCATION PROFESSIONALS

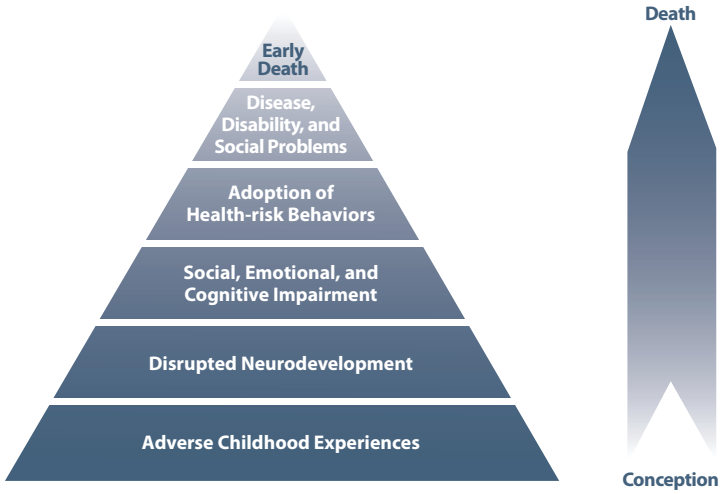
Adverse Childhood Experiences

A study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente,[1] known as the Adverse Childhood Experiences (ACEs) Study, assessed the associations between childhood maltreatment and health/well-being outcomes later in life. The results of the study, which involved more than 17,000 participants, showed that certain adverse experiences in childhood are major risk factors for illness and death, as well as a poor quality of life.

ACEs Defined (Birth to 18 Years):[2]

- Emotional abuse
- Physical abuse
- Sexual abuse
- Mother treated violently
- Household substance abuse
- Mental illness in household
- Parental separation or divorce
- Criminal household member
- Emotional neglect
- Physical neglect

ACE Pyramid: The conceptual framework for the ACE study.



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

Adapted from Centers for Disease Control and Prevention.[3]

Outcomes of the study showed that "almost two-thirds of study participants reported at least one ACE" and over 20% reported an ACE score of three or more.[4] Results also showed that the greater the number of ACEs, the greater the risk for poor physical, mental, and behavioral health outcomes.

Poor Health Outcomes Related to ACEs

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Early initiation of sexual activity
- Illicit drug use
- Risk for intimate partner violence
- Liver disease
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies[5]

In Kansas, a report compiled by the Kansas Department of Health and Environment[6] – 2014 Kansas Behavioral Risk Factor Surveillance System, Adverse Childhood Experiences Among Kansas Adults – concluded that:

> Slightly more than half of Kansas adults have experienced at least one ACE. In Kansas, high ACE scores (3+) are more common among younger adults, those with lower levels of education, those with lower annual household incomes, non-Hispanic other and multiracial adults, Hispanics and women. Kansas data mirror findings in other states and highlight the need to increase awareness of ACE as a public health issue. Preventing ACE may have beneficial effects on the long-term health of Kansans.

A 16-minute TED Talk by **Nadine Burke Harris*: How Childhood Trauma Affects Health Across A Lifetime*** provides more information about the impact of ACEs on quality of life and longevity.

Impact of ACEs on School Performance and Learning

Additional findings from the ACE study identified important connections between ACEs and school performance. For example, "students dealing with ACEs are two-and-one-half times more likely to fail a grade; score lower on standardized achievement test scores; have more receptive or expressive language difficulties; are suspended or expelled more often; and, are designated to special education more frequently."[7]

Childhood Trauma

When stress builds to the point where it overwhelms the capacity of an individual or a community to respond in a healthy way (physically, emotionally, and/or mentally) to acute (short-term) or chronic (long-term) stress, it is considered trauma. While stress is a normal part of life and can often motivate people to make positive changes, improve our focus, or get things done, ongoing and persistent stress can lead to anxiety and unhealthy behaviors.

Research on the neurobiological consequences of traumatic stress experienced by children has demonstrated "lasting alterations to the endocrine, autonomic and central nervous systems."[8] This is because the brain develops and organizes in reaction to how it is stimulated.

Impact of Trauma on Learning

The following summary of the impact of trauma on learning has been adapted from a highly recommended book, ***The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success***.[9]

- Acquisition of academics (e.g., reading, writing, and math) requires attention, organization, comprehension, memory engagement in learning, and trust. Traumatic stress from adverse childhood experiences can undermine children's ability to form relationships, regulate their emotions, and learn the cognitive skills necessary to succeed academically.
- When students enter the classroom with symptoms of trauma (hyperarousal, intrusion, or constriction), they may be unable to process verbal/nonverbal and written academic information. They tend to have limited ability to understand or respond to classroom instructions or explanations, or to retrieve information on demand.
- Traumatized students struggle to use language to relate to others, often because they are unable to use language to articulate emotional needs and feelings. Consequently, they have trouble identifying and differentiating emotions. While they may be somewhat effective in using language to get something from somebody, they struggle with

the language of mutual relationships. Many students struggle to relate well with others or in conveying abstractions, both of which are essential skills required for higher-level learning.

- Successful completion of many academic tasks depends on the ability to bring linear order to the chaos of daily experience. When children come from homes where sequencing is not logical, where things are "out of order," their ability to organize material sequentially may be inhibited. This is often shown in poor ability to organize, remember, and store new information. It may also result in struggles to understand cause-and-effect relationships.
- When a child does not feel safe expressing a preference without first assessing the mood of a potentially volatile parent, he or she cannot fully develop a sense of self. This may result in an inability to define boundaries, which often leads to difficulties in making independent choices, articulating preferences, and gaining perspective. Deficits in this area can make it hard to solve a problem from a different point of view, infer ideas from a text, or participate in group work, or exhibit empathy of another.
- The so-called executive functions – setting goals, developing a plan, anticipating consequences, carrying out goals, reflecting on the process – are very important for achieving academic success and, for the reasons listed above, are often lacking for children who have experienced trauma. (Sometimes children are very focused on what they need to survive instead of those things needed for academic success.) These children tend to act instead of plan.
- Children affected by trauma have trouble with classroom transitions (endings and beginnings). After all, if one finally feels safe in one situation, transition to another situation could be wrought with danger.
- Classroom behavioral adaptations to trauma include aggression, defiance, withdrawal, perfectionism, hyperactivity, reactivity, impulsiveness, and/or rapid and unexpected emotional swings. Trauma-related behaviors are often confused with symptoms from other mental health issues such as ADHD and mood disorders such as bipolar disease and depression. When educators review the reasons why children are not behaving and/or learning, trauma should be considered a possible contributing factor. Trauma is one potential cause of these problems, one that is often overlooked. However, it is often only one of several contributing factors.

The authors of *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*[10] point to research that explains the importance of developing a compassionate approach to teaching and nurturing resiliency to support children who have been exposed to trauma, as follows.

Finding	Explanation
To foster resiliency and hope, provide unconditional positive regard in a safe and caring environment.	Unconditional positive regard is an important ingredient in restoring a sense of self, destroyed by the unspeakable. Trauma destroys one's sense of wholeness and integrity.
Always empower, never disempower. In other words, be assertive in addressing inappropriate student conduct; however, avoid any controlling method that might resemble the behaviors of perpetrators of violence.	Rape victims could tell us what it feels like to be disempowered and the extent they would go to avoid being in that position again. The more helpless, dependent, and incompetent a victim feels generally, the worse the symptoms will become.
Set up situations for students who have built some resiliency to help themselves by helping others. (Regular contributions to the welfare of others like themselves, usually by helping others deal with common challenges.)	For those who have some recovery from trauma, each authentic demonstration of recovery to another provides some meaning to an otherwise meaningless (dissociated) tragedy. It can provide insight and lessen isolation by providing membership into a community that seeks understanding of the incomprehensible.
Maintain high expectations, reasonable limits, and consistent routines. Limits are most appropriate when they are immediate, related, age-appropriate, proportional, and delivered in a calm and respectful voice.	Some teachers are hesitant to set limits with students and, as a consequence, expectations for achievement are lowered. Doing so inadvertently sends negative messages such as "you are too damaged to behave" or "you are different than others so I am giving up on you." Consistent expectations, limits, and routines send the message that the student is worthy of continued love and attention. For example: "I see you are struggling, but you can't continue to behave in this manner. Let's come up with at least two choices. You'll tell me which you prefer. Whatever you decide, I will continue to care about you."
Increase connections (kith and kin) with any pro-social person.	Conclusions of one 30-year longitudinal study of resiliency in high-risk children emphasized the critical function of having a bond with at least one adult in the family or with one adult in the community. While the mother is often the most significant adult in early childhood, safe passage through the tumultuous years of adolescence is often attributed to bonding with significant non-parental adults such as teachers and other school staff. Thus, schools are in an ideal position to provide students and their families with the social processes and mechanisms that foster resiliency.
Effective teaching and human service methodologies focus on both the effective and the affective, requiring instructors to embed instruction with compassionate qualities of the heart, such as courage, commitment, belief, and intuitive understanding. Compassionate teachers model by example the conviction that life makes sense despite the inevitable adversities that each of us encounters.	Without vulnerability there cannot be love, and without mutual vulnerability and love, learning cannot be mutually transformative. In the words of one community leader, "You can't teach what you don't know. You can't lead where you won't go."

The Child Trauma Toolkit for Educators,[11] produced by the National Child Traumatic Stress Network (NCTSN) and available for free download, identifies several additional strategies teachers may employ in the school setting to help traumatized children:

- Maintain usual routines. A return to "normalcy" will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed.
- Set clear, firm limits for inappropriate behavior and develop logical – rather than punitive – consequences.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.
- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.
- Give simple and realistic answers to the child's questions about traumatic events. Clarify distortions and misconceptions. If it isn't an appropriate time, be sure to give the child a time and place to talk and ask questions.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very poorly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.
- Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn't like being alone, provide a partner to accompany him or her to the restroom.
- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.
- Be aware of other children's reactions to the traumatized child and to the information they share. Protect the traumatized child from peers' curiosity and protect classmates from the details of a child's trauma.

- Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home.
- Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support.
- While a traumatized child might not meet eligibility criteria for special education, consider making accommodations and modifications to academic work for a short time, even including these in a 504 plan. You might:
  - » Shorten assignments
  - » Allow additional time to complete assignments
  - » Give permission to leave class to go to a designated adult (such as a counselor or school nurse) if feelings become overwhelming
  - » Provide additional support for organizing and remembering assignments
- When reactions are severe (such as intense hopelessness or fear) or go on for a long time (more than one month) and interfere with a child's functioning, give referrals for additional help.

The Cost of Caring and the Importance of Self-Care for Educators

Adapted from The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success.[12]

Many of the concepts and strategies presented above are intuitive for educators. Most teachers have entered the field of education because they care and want to make a difference. They get to know their students well and frequently go above and beyond to help them. However, despite the best intentions, when working in a setting where perhaps a large portion of the student population has been impacted by trauma, the effect of dealing with the resulting behavioral and emotional challenges can take its toll on teachers. When this happens, teachers may experience any of the following:

- *Burnout*: Physical and emotional exhaustion that may include the development of a negative self-concept, negative job attitudes, and loss of concern and feeling for students, their parents, and colleagues. High levels of compassion fatigue over time may lead to burnout.

- *Compassion Fatigue:* Fatigue, emotional distress, or apathy resulting from the constant demands of caring for others. The weariness that can come from caring. (Often but not necessarily related to vicarious trauma.)
- *Vicarious (Secondary) Trauma:* Posttraumatic stress disorder behaviors and emotions resulting from internalizing the traumatizing event experienced by another. (*Vicarious*: To feel through the experience of others; a secondary rather than primary experience with significant impact.)

Personal Impact of Vicarious Trauma	Professional Impact of Vicarious Trauma
▪ **Physical:** Loss of sleep, change in appetite, choosing unhealthy food, increased alcohol consumption, impaired immune system, and other somatic symptoms such as low energy, fatigue, frequent upset stomach or backache. ▪ **Emotional:** Anxiety, guilt, irritability, anger, rage, sadness, numbness. Loss of empathy detachment, emotional shutdown, depression, depletion, hopelessness, grief. Sometimes an emotional rollercoaster. These feelings trigger emotional connections to own past traumatic experiences. ▪ **Behavioral:** Changes in routine, absent-mindedness, losing things, self-harming, accident prone, sleep disturbances such as nightmares, elevated startle response, impatience, irritability, moodiness and/or self-destructive coping behaviors (food, money, gambling, sex, drugs, shopping, etc.). ▪ **Cognitive:** Diminished concentration, loss of focus or perspective, confusion, rigidity, self-doubt, perfectionism, difficulty in making decisions, hypervigilance, and impaired thinking. These thoughts may trigger connections to own past traumatic experiences. ▪ **Relational (Interpersonal):** Mistrust, withdrawal, intolerance, loneliness, change in interest (desire more or less) in intimacy or physical touch, emotionally unavailable, negative parenting behaviors (over-protectiveness, abandonment, shame, aggression, etc.). ▪ **World View (Spiritual):** Workplace frustration, sense of unfairness and lack of support, anger at God, questioning of prior religious beliefs, loss of purpose.[13]	▪ **Job Tasks:** Absenteeism, exhaustion, irritability, overworking, irresponsibility, tardiness, poor judgment, frequent threats to resign or quit. ▪ **Morale:** Loss of interest, dissatisfaction with assignments, negative attitude, apathy, demoralization, detachment, feelings of incompleteness, decrease in confidence. ▪ **Interpersonal:** Withdrawal from colleagues, poor communication, staff conflicts, blaming, impatience, cliquish behavior, and decreased quality of relationships. ▪ **Behavioral:** Decrease in quality and quantity, lower motivation, increased mistakes, perfectionist standards, obsession with details.

The Silencing Response

Adapted from The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success.[14]

Loss of empathy and insisting that students who have experienced trauma keep their problem(s) to themselves is another sign of compassion fatigue, known as "silencing." Indicators of silencing include:

- Wishing the student would just get over it.
- Not believing the student, or blaming him for his problems.
- Using anger or sarcasm towards a student when she manifests trauma symptoms.
- Using humor to change or minimize when a student starts to talk about his problems.
- Fearing what the student will start to talk about, or fearing that you will not be able to help.
- Seeing clear signs of student trauma and choosing to ignore them, or the student, altogether.

Self-Care as an Ethical Obligation

Not only is self-care vital to an educator's quality of life, but in light of the potential professional consequences outlined above, it can be argued that educators have an ethical responsibility to learn how they can prevent (or lessen) the impact of vicarious trauma on their professional performance. An analogy that may be helpful in understanding the importance of self-care is that of securing an oxygen mask in the event of an emergency on an aircraft. That is, we must first secure our own oxygen mask in order to be able to help those around us secure theirs. Similarly, all too often educators find themselves in situations where they need to de-escalate a student, and although they know the steps for doing this, they are often unsuccessful because they themselves have not been able to self-regulate. The result is a perpetual cycle of escalating events.

According to Wolpow and colleagues,[15] "We who care for others must make sure we get the care we need. We can do this by:

- Acknowledging the effects of secondary trauma on ourselves and our colleagues – and that quality learning and teaching is dependent upon acting on that acknowledgement.
- Making sure that we do not "go it alone" but instead seek out and create arrangements by which we have regular and open input from other professionals.
- Recognizing and acting on the ethical duty to provide ourselves with regular self care."

Professional Quality of Life

Adapted from ProQOL.[16]

Professional Quality of Life (PROQOL) refers to the quality we feel in relation to our work as helpers. Both the positive and the negative aspects of doing our work influence our professional quality of life. Thus, understanding the positive and negative aspects of helping those who experience trauma and suffering can improve our ability to help them and our ability to keep our own balance. By completing the **PROQOL Self-Score Document**, you will get an idea of your own PROQOL.

Self-Care

While we cannot always control the circumstances in our lives, care for ourselves is achievable and within our control. Taking proper care of the mind, soul, and body allows us to better handle stressful situations. Consider establishing a self-care plan that includes several, if not all, of the strategies listed below.

- Exercise regularly.
- Maintain proper nutrition and hydration.
- Get enough sleep.
- Develop an awareness of personal strengths and limits; establish healthy boundaries.
- Practice mindfulness and meditation.
- Find an enjoyable hobby and/or engage in creative activities.
- Cultivate supportive friendships.
- Provide support to others.
- Ask for help when needed; set and monitor personal goals.

The **My Maintenance Self-Care Plan Worksheet** can be used in developing a personalized Self-Care Plan.

References

1 Centers for Disease Control and Prevention. (2014, May 13). ACE study [Website]. Retrieved from http://www.cdc.gov/violenceprevention/acestudy/

2 Centers for Disease Control and Prevention. (2016, March 8). ACEs definitions [Website]. Retrieved from http://www.cdc.gov/violenceprevention/acestudy/about.html

[3] Centers for Disease Control and Prevention. (2016, March 8). *The ACE pyramid*. Adapted from http://www.cdc.gov/violenceprevention/acestudy/about.html

[4] Centers for Disease Control and Prevention. (2016, March 8). About the CDC-Kaiser ACE Study [Website]. Retrieved from http://www.cdc.gov/violenceprevention/acestudy/about.html

[5] Centers for Disease Control and Prevention. (2014, May 13). ACE study: Major findings [Website]. Retrieved from http://www.cdc.gov/violenceprevention/acestudy/findings.html

[6] Kansas Department of Health and Environment. (2016, March). *Adverse childhood experiences among Kansas adults: 2014 Kansas behavioral risk factor surveillance system*. Retrieved from http://www.kdheks.gov/brfss/PDF/ACE_Report_2014.pdf

[7] Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Washington, DC: Office of Superintendent of Public Instruction (OSPI) Compassionate Schools, p. 5.

[8] Ibid., p. 9.

[9] Ibid., pp. 12-13.

[10] Ibid., pp. 14-16.

[11] National Child Traumatic Stress Network Schools Committee. (October 2008). *Child trauma toolkit for educators.* Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.

[12] Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Washington, DC: Office of Superintendent of Public Instruction (OSPI) Compassionate Schools; p. 38.

[13] Ibid., pp. 44-43.

[14] Ibid., p. 44.

[15] Ibid., p. 60.

[16] Professional Quality of Life Elements Theory and Measurement. (n.d.). *Professional quality of life paragraph description*. Retrieved from http://www.proqol.org/Home_Page.php

Resources

- **Nadine Burke Harris TED Talk: How Childhood Trauma Affects Health Across a Lifetime**
  https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
- **The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success**
  http://www.k12.wa.us/compassionateschools/
- **National Child Traumatic Stress Network (NCTSN): Child Trauma Toolkit for Educators**
  http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit
- **Professional Quality of Life (PROQOL) Self-Score Document**
  http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf
- **My Maintenance Self-Care Plan Worksheet**
  http://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/my-maintenance-self-care-worksheet.pdf