What's Wrong with Them?

Shifting Focus to Address Behavior & Discipline

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WHAT'S WRONG WITH THEM?

- All schools and educators work with children who have experienced trauma, but you may not know who these students are.
- Childhood trauma can have a direct, immediate, and potentially overwhelming impact on the ability of a child to learn.
- Schools have an important role to play in providing stability and a safe space for children and connecting them to caring adults.
- Serve as a link to supportive services, adapt curricula and behavioral interventions to better meet the educational needs of students who have experienced trauma.

Adverse Childhood Experiences

1

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being.

2

ACES range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.

3

Quantify the prevalence of adverse childhood experiences and illuminate their connection with negative behavioral and health outcomes later in life

4

Highest levels of risk for negative outcomes are associated with having experienced multiple adverse childhood experiences (ACEs).

ACEs Increase Risk

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- **Depression**
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- **Poor work performance**
- Financial stress
- **Risk for intimate partner violence**
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- **Suicide attempts**
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- **Adolescent pregnancy**
- Risk for sexual violence
- **Poor academic achievement**

ACEs Brief (2014)

Sacks, Murphey, & Moore (2014) conducted a research on the prevalence of ACES among children in the US, ages birth through 17.

Nationally representative data from the 2011-2012 National Survey of Children's Health (NSCH)

ACES Brief 2014

- Lived with a parent or guardian who got divorced or separated
- Lived with a parent or guardian who died
- Lived with a parent or guardian who served time in jail or prison
- Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks
- Lived with anyone who had a problem with alcohol or drugs
- Witnessed a parent, guardian, or other adult in the household behaving violently toward another (e.g., slapping, hitting, kicking, punching, or beating each other up)
- Was ever the victim of violence or witnessed any violence in his or her neighborhood
- Experienced economic hardship "somewhat often" or "very often" (i.e., the family found it hard to cover costs of food and housing)

Findings from ACEs Brief (2014)

- Economic hardship is the most common ACE reported nationally and in almost all states
- The prevalence of ACEs increases with a child's age
- Abuse of alcohol or drugs, exposure to neighborhood violence, and the occurrence of mental illness are among the most commonly-reported adverse childhood experiences in every state.

Findings ACEs Brief (2014)

- Just under half (46%) of children in the U.S. have experienced at least one ACE.
- Nationally, a slight majority of children have not experienced any ACEs, but in 16 states more than half of children have experienced at least one ACE.
  - In Virginia, the number of ACEs reported among children aged birth to 17, with Zero (58%), One or Two (34%), or Three or More (8%)

– National Survey of Children's Health (NSCH). 2011-2012

Why Does it Matter?

- Research shows that the exposure to adverse experiences can have devastating impact on the brain development of very young children and adolescents.
- It may also impact children's relationships with peers , caregivers, and authority figures
- The consequences of traumatic experiences have the potential to be long lasting and devastating to individuals and society.

Responses to Stress & Prolonged Exposure

- Physiological changes to children's brains as well as emotional and behavioral responses to trauma have the potential to interfere with children's learning, school engagement, and academic success.
- Traumatic experiences in the early years, such as abuse and neglect and exposure to violence, can profoundly impact and limit brain development, resulting in cognitive losses, physical, emotional and social delays, all of which undermine learning.

Center on the Developing Child at Harvard University (2007)

Responses to Stress & Prolonged Exposure

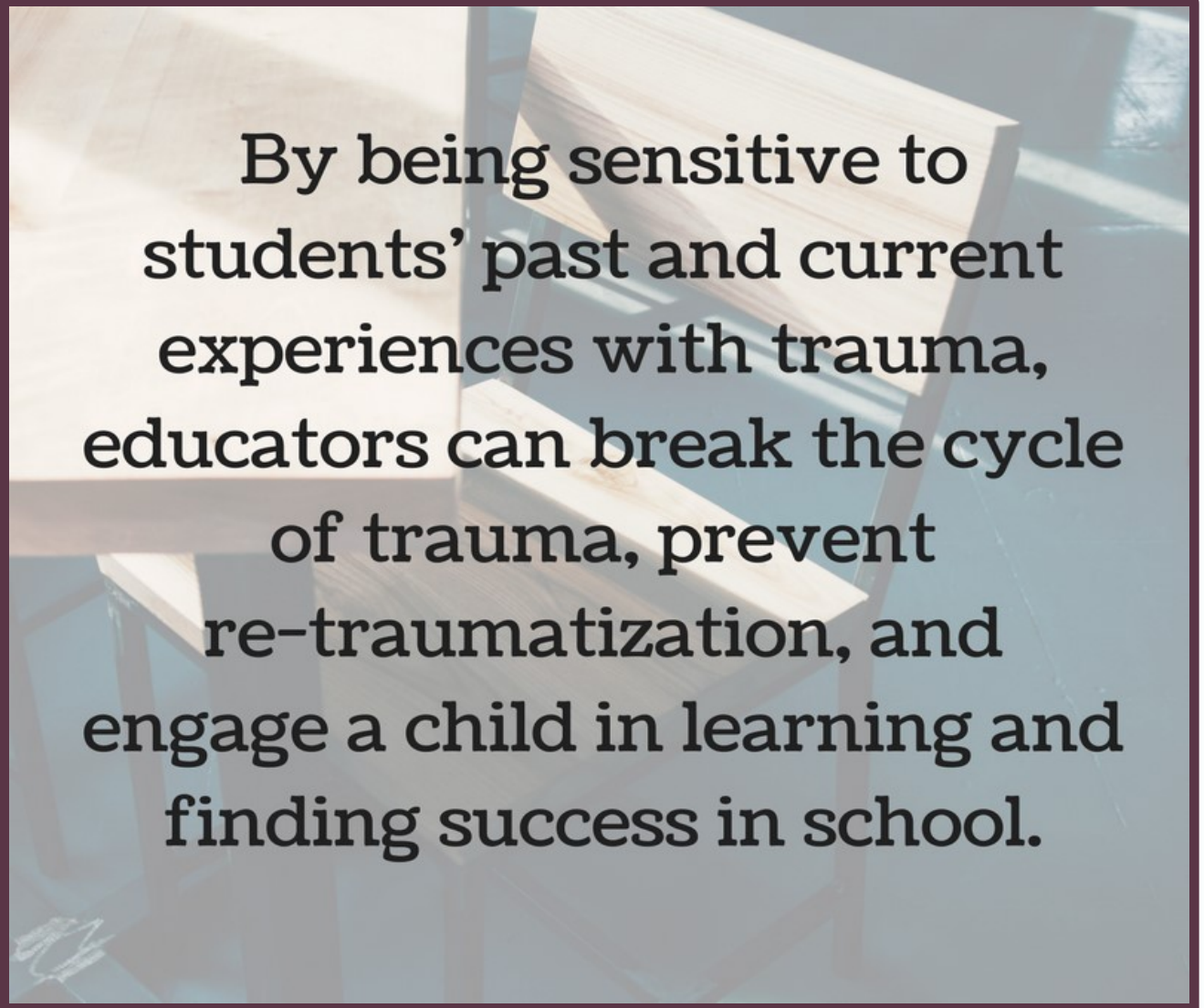
- Intense fear
- Helplessness
- Loss of control
- Threat of harm, hurt, or death

Shifting Focus:
Address Behavior & Discipline thru Trauma Sensitive Lens

Reduces its negative impact

Supports critical learning

Creates a more positive school environment.



RE-STORE SAFETY & RE-ESTABLISH TRUST

- **Trauma erodes a child's or family's sense of physical and emotional safety; promoting trust rebuilds it.**
- Recognize that beliefs about safety, vulnerability, responsibility, control, and appropriate ways of coping play a significant role regarding how the trauma impacts a child (and family)
- Initially, many traumatized children and families can feel physically unsafe and emotionally vulnerable; they may have a difficult time trusting others or accepting help as a result.
- **Safety and trust is established not only through words, but through actions.**

RECOGNIZE IMPACT OF TRAUMA THRU CULTURAL LENS

- **Cultural differences exist in beliefs about if, when, and how to resolve traumatic stress symptoms, and about help-seeking and utilization of supportive resources outside their community**
- Remembering that some interpretations may differ from your own, it is best to ask children and families about what the trauma means to them, and incorporate those beliefs into assessment and treatment.
- Pain, fear, worry, or hyperarousal are sometimes expressed somatically.
- Traumatic stress reactions can be extremely subdued, can appear to be over-magnified, or can even mimic psychotic reactions.
- Often, family and cultural factors combine to define what is considered an appropriate reaction to trauma.

RESPOND WITH COLLABORATION

- **Gain a better understanding of the roles and dynamics within this family.**
- Incorporating extended family and kinship networks, as well as other types of professionals and practices that the child and family view as helpful
- Consider and facilitate the **inclusion of others** (extended family, clergy) when supporting children and families with trauma
- Some families and cultural groups are less comfortable responding to personal questions about emotional distress. (**Perceptions / stigma of mental health)**

Resources & Acknowledgments

- Child Trauma Academy (Dr. Bruce Perry) http://childtrauma.org
- National Child Traumatic Stress Network http://www.nctsn.org
- National Center for Trauma Informed Care http://mentalhealth.samhsa.gov/nctic/
- The Emotional Brain, J LeDoux
- Bessel van der Kolk, http://www.traumacenter.org
- Dr. Robert Anda, CDC (ACE Study)
- Helping Traumatized Children Learn, Massachusetts Advocates for Children 2005
- Understanding Traumatic Stress in Children Bassuk M.D., Ellen L.: Konnath LICSW, Kristina, Volk MA., Katherine T.
- The Heart of Learning and Teaching Compassion, Resiliency & Academic Success Wolpow, Ray; Johnson, Mona M.; Hertel, Ron; Kincaid, Susan O. 2009
- Wisconsin Department of Public Health www.dpi.wi.gov

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