From ACEs to Action- How understanding trauma can change what we do for kids

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Practical takeaways

- Quality relationships are <u>the</u> evidence based practice
- Our basic drives for mastery, autonomy, and relationship make ordinary actions into "ordinary miracles"
- Stressed brains can't learn
- Accountability is central to being healthy, punishment and shame defeat us
- What we control is ourselves.

What do we mean by adverse childhood experiences (ACEs)

Emotional

Caregiver

Incarceration in the Family

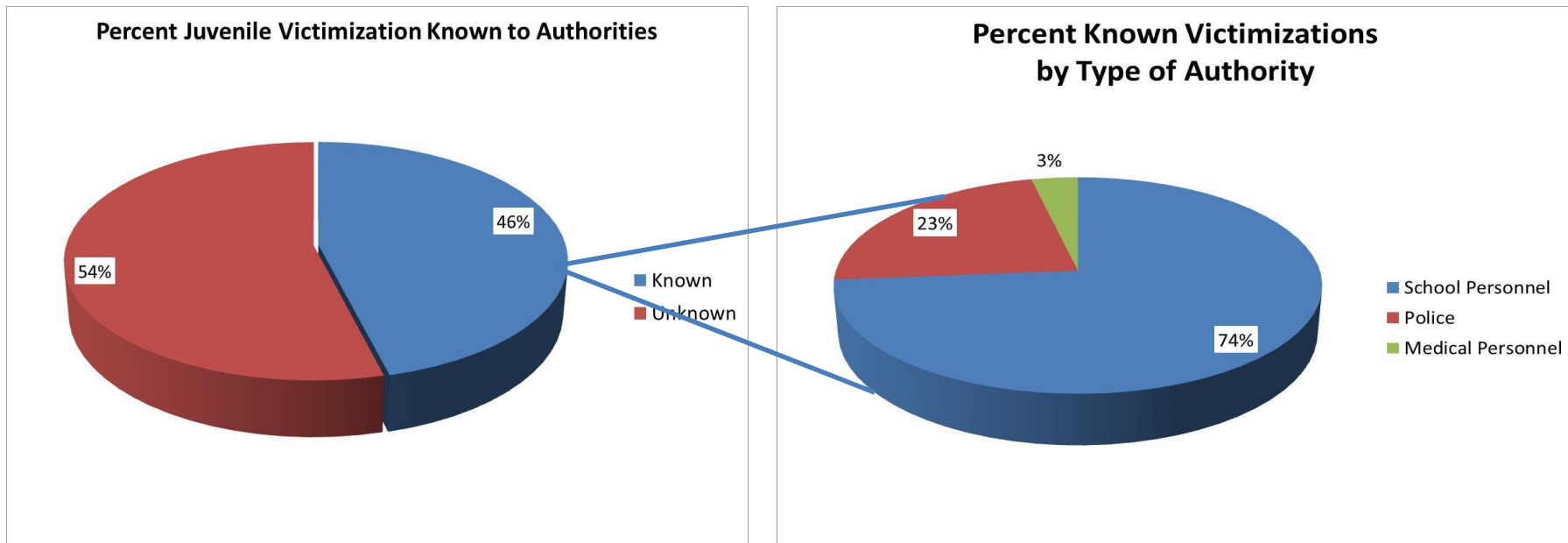Homelessness

Racism and Historical Trauma

Abuse

Violence

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The Adverse Childhood Experiences (ACEs) study

- ► ACE exposure 'piles on'
- ► With four or more categories of childhood exposure, compared to adults with no ACEs
  - ► 4 to 12 times increase in alcoholism, drug abuse, depression, and suicide attempt
  - ► 2 to 4 times increase in poor self-rated health
  - ► 3 to 4 times increase in chronic illness (heart disease, liver disease)

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	ACE Study	Oregon BRFSS ACEs
No Reported ACEs	38%	38%
One ACE	21%	23%
2-3 ACEs	24%	24%
Four Plus ACEs	17%	15%

We often don't know much about the bad things that happen in childhood

Percent Juvenile Victimization Known to Authorities

- 46% Known
- 54% Unknown

Percent Known Victimizations by Type of Authority

- 74% School Personnel
- 23% Police
- 3% Medical Personnel

ACEs and Trauma in Head Start Families

- In more than 1,200 Spokane families
  - 63% of parents experienced three or more ACEs
  - 40% of these 3-4 year old children already has experienced thee or more ACEs
- As children's ACEs increase, teacher assessments of school readiness and social emotional development demonstrate the 'ACE dose' effect.
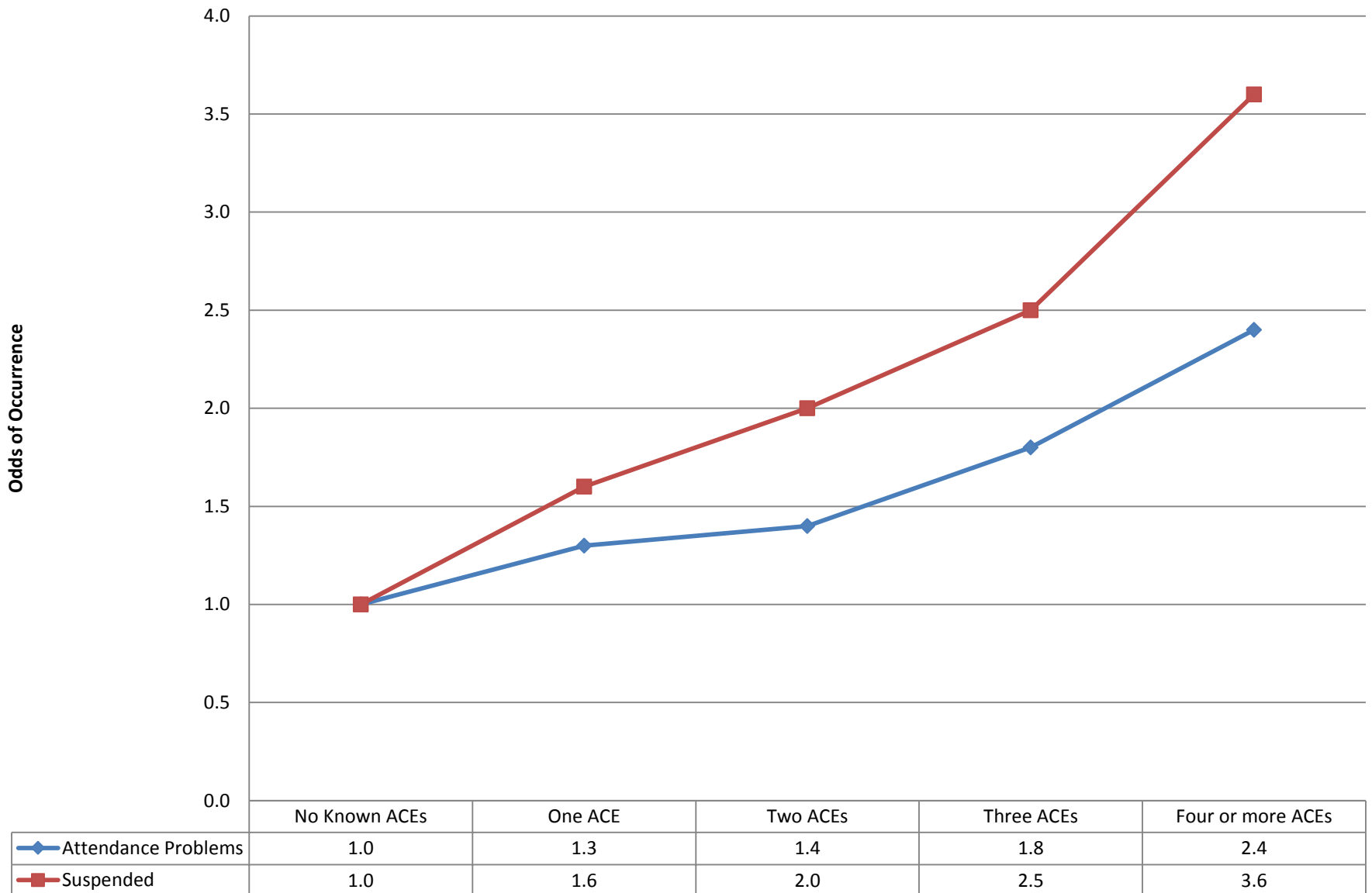
ACE Exposure and Language Development in 3-4 Year Old Boys and Girls

Percent Meeting or Exceeding Developmental Expectations

	0-1 ACE N=127	2-3 ACEs N=67	4 or more ACEs N=62
Girls N=131	74%	63%	59%
Boys N=123	75%	59%	55%
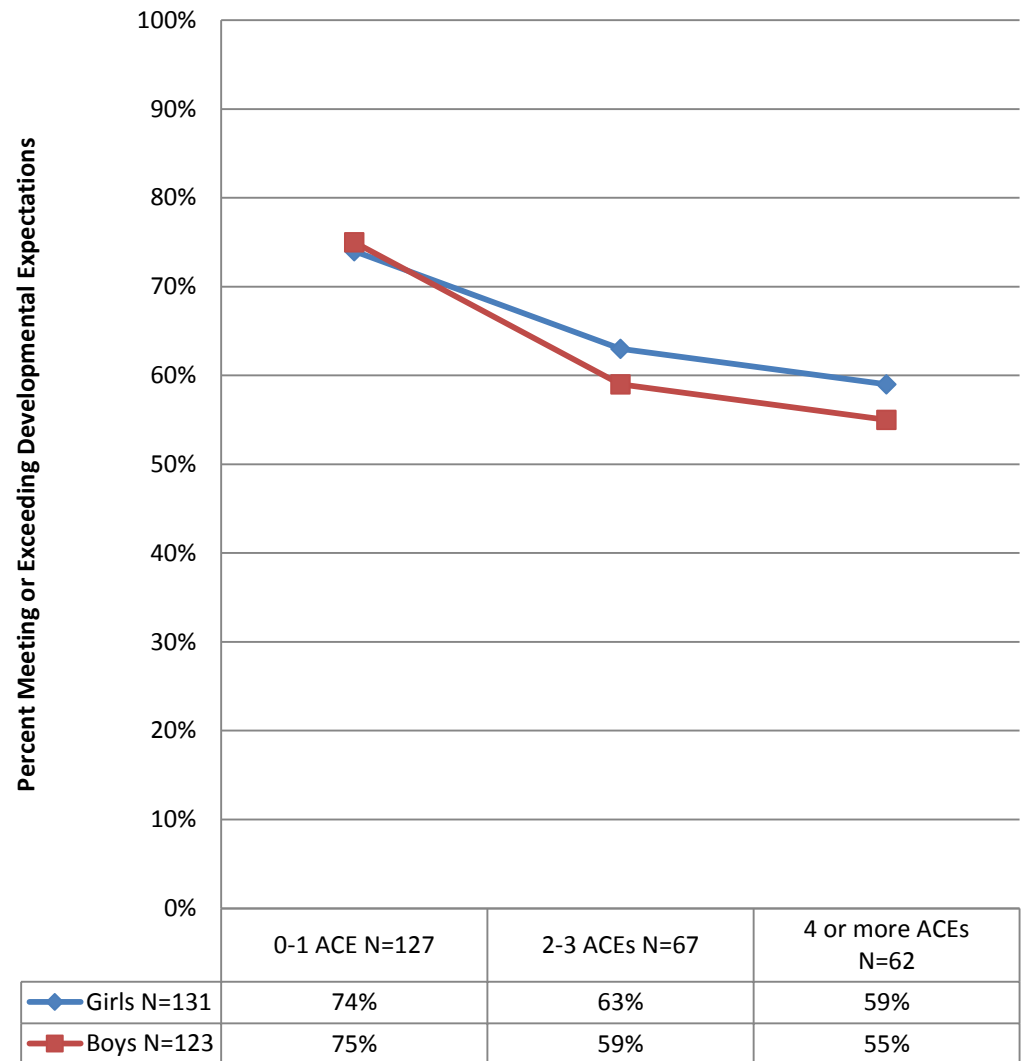
Spokane Elementary ACEs Study: Odds for academic and health problems with increasing ACEs

Spokane Elementary School Students	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequent Reported Poor Health
Three or More ACEs N =248	**3**	**5**	**6**	**4**
Two ACEs N=213	**2.5**	**2.5**	**4**	**2.5**
One ACE N=476	**1.5**	**2**	**2.5**	**2**
No Known ACEs =1,164	1.0	1.0	1.0	1.0

The Association of ACEs and Odds of Attendance and Suspension Problems in an Academically At-Risk Population (N=3,393)

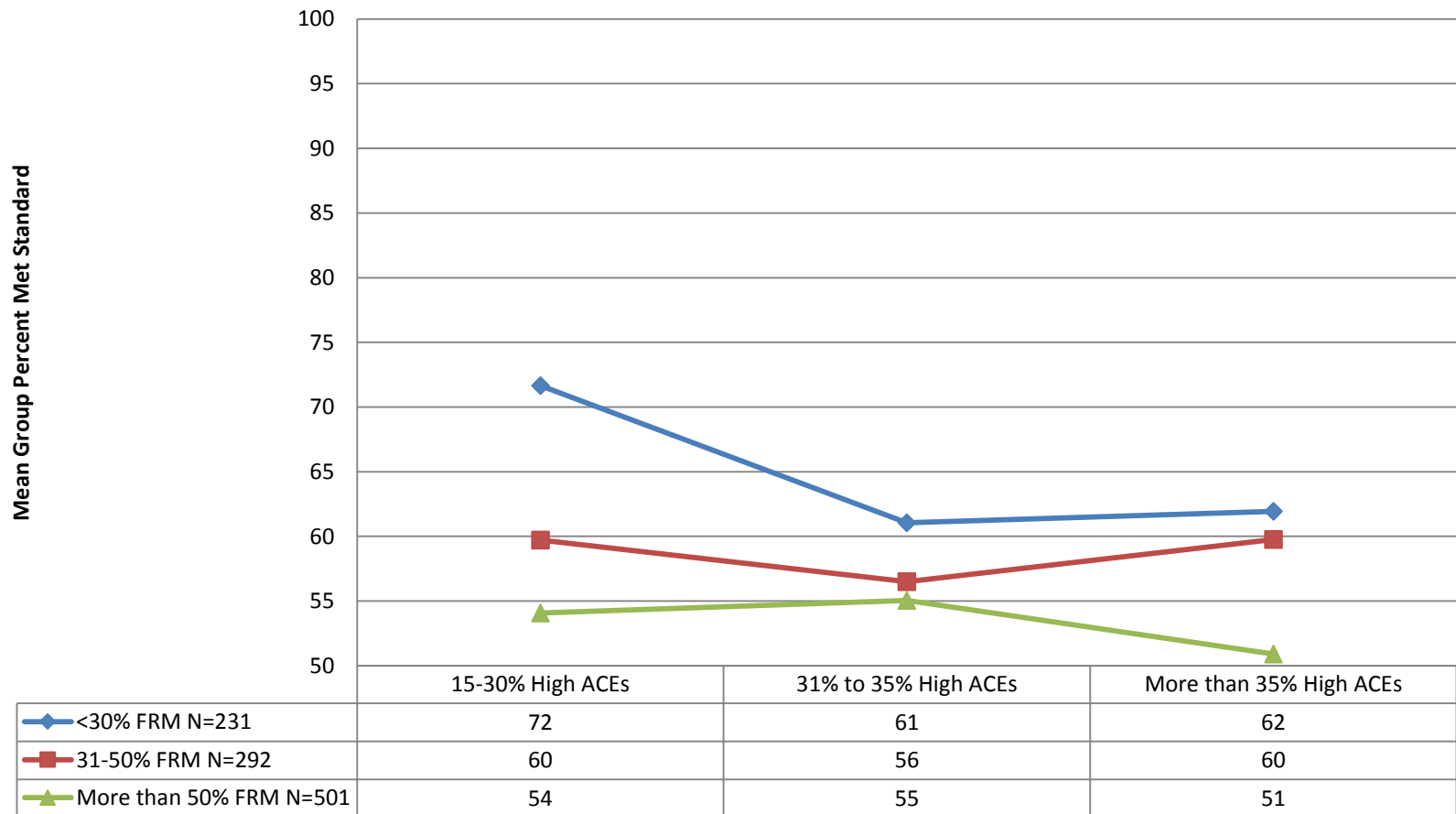|	No Known ACEs	One ACE	Two ACEs	Three ACEs	Four or more ACEs
Attendance Problems	1.0	1.3	1.4	1.8	2.4
Suspended	1.0	1.6	2.0	2.5	3.6

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Nearly 1/3 of Washington Students live in communities where more than 35% of the adults have 3 or more ACEs
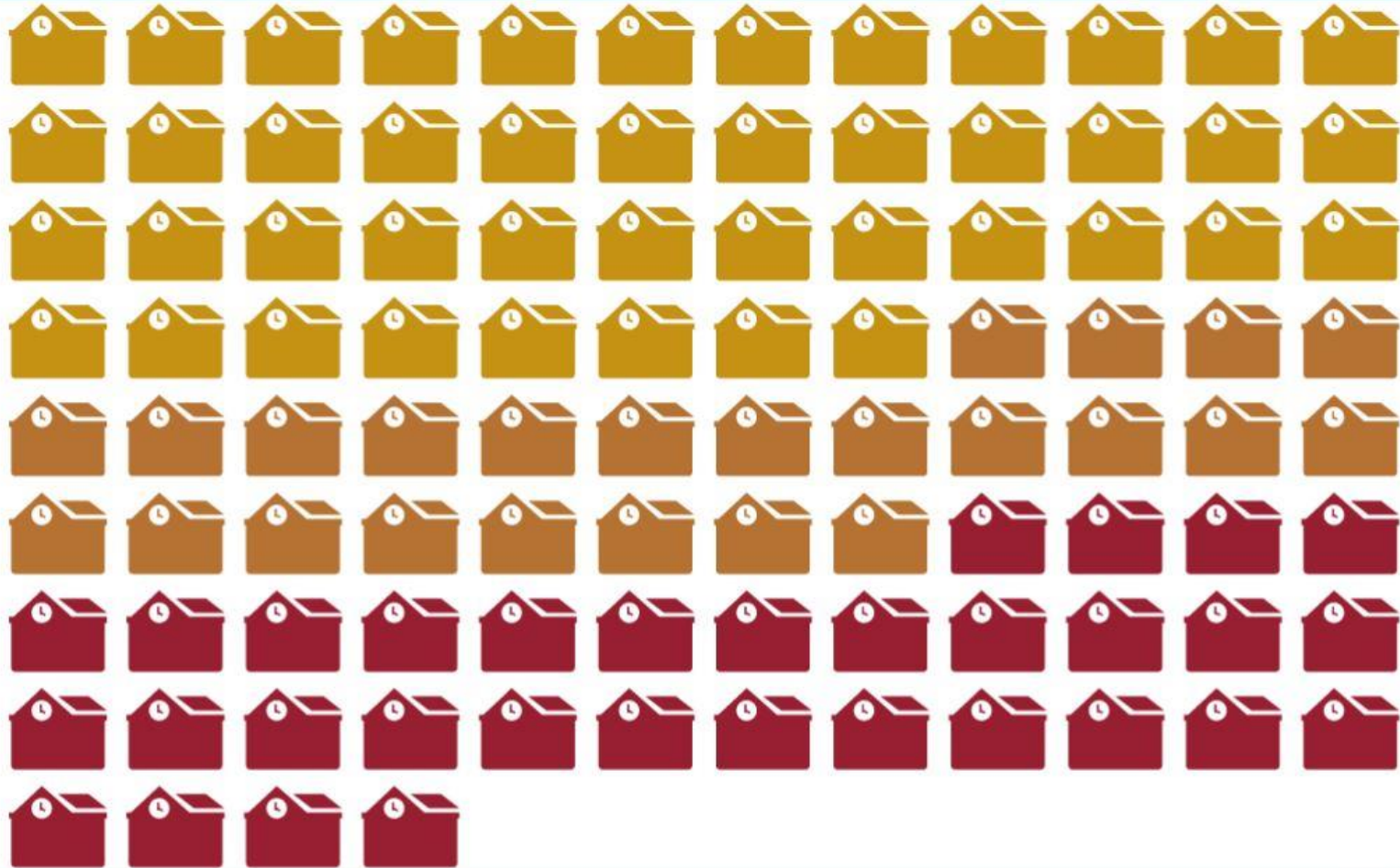
44% of Washington schools are in low Adult ACEs communities, 24% are in moderate adult ACEs communities and 32% are in high adult ACEs communities

An example of the impact of community ACEs and poverty on academic success

The Interaction of Poverty and Community ACEs on Grade 4 Percent Met Math Standard

	15-30% High ACEs	31% to 35% High ACEs	More than 35% High ACEs
<30% FRM N=231	72	61	62
31-50% FRM N=292	60	56	60
More than 50% FRM N=501	54	55	51

# Moving from the 'what' to 'how' for action

- Complex Trauma- A mental health concept adaptable to education
- The 'complex' in complex trauma risk:
  - Early exposure at times of critical development
  - Multiple risks
  - Unpredictable and persistent.
  - Who you love is who you may not be able to count on.
- Toxic stress and biology
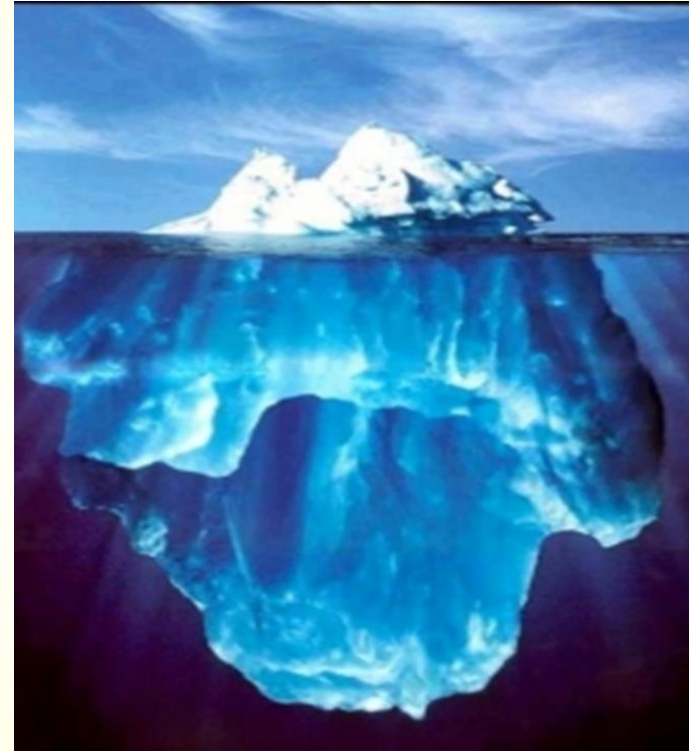
Risk and protection is based in brain development and function

- Principle 1: Our brains are designed to benefit from rich and supportive intimate social relationships.
- Principle 2: Brain function is hierarchical. We feel and then we think.
- Principle 3: Brain development is 'use dependent.'
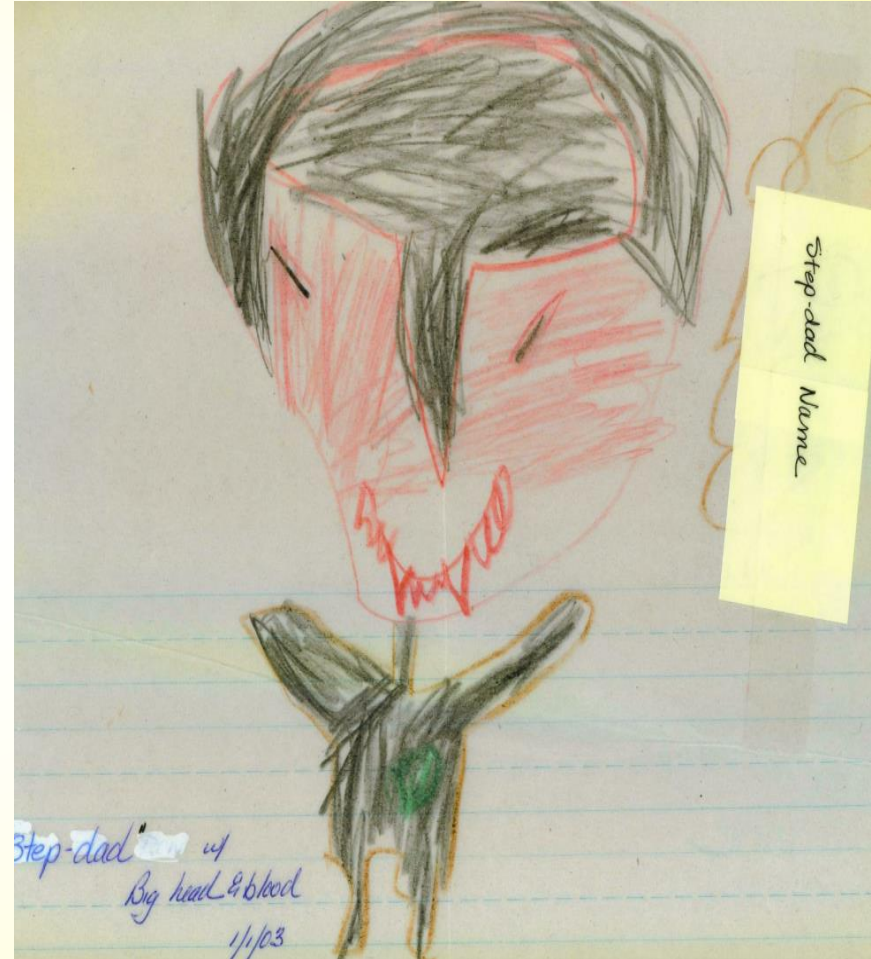- Principle 4: Brain systems change with use throughout life.
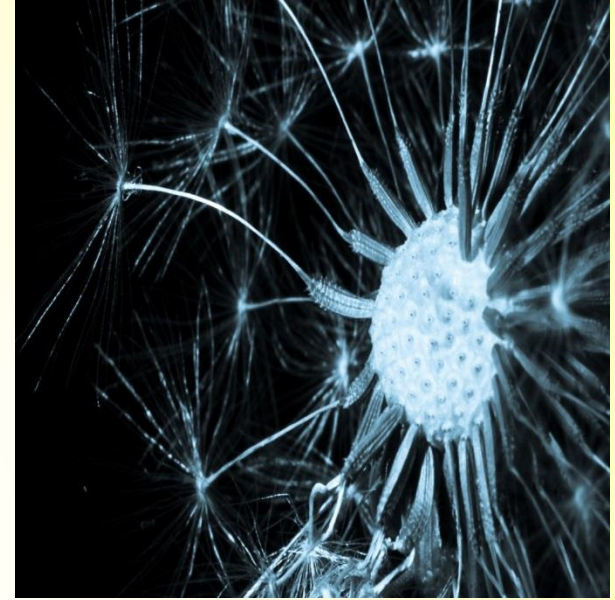
Core brain development principles for change

Mapping trauma's risk

Risk dimensions

- Impaired relationships

- Threat-arousal regulation

- Social emotional development

- Emotional regulation

- Dissociation

- Cognitive development

- Health risk

Threat-Arousal Axis in traumatized individuals

- The first response to change is emotional.

- Trauma results in emotional distortions in response to change.

  - Learned responses of fear that are not matched to objective risk.

  - Heightened arousal as a trait (hyper-arousal, impulsivity).
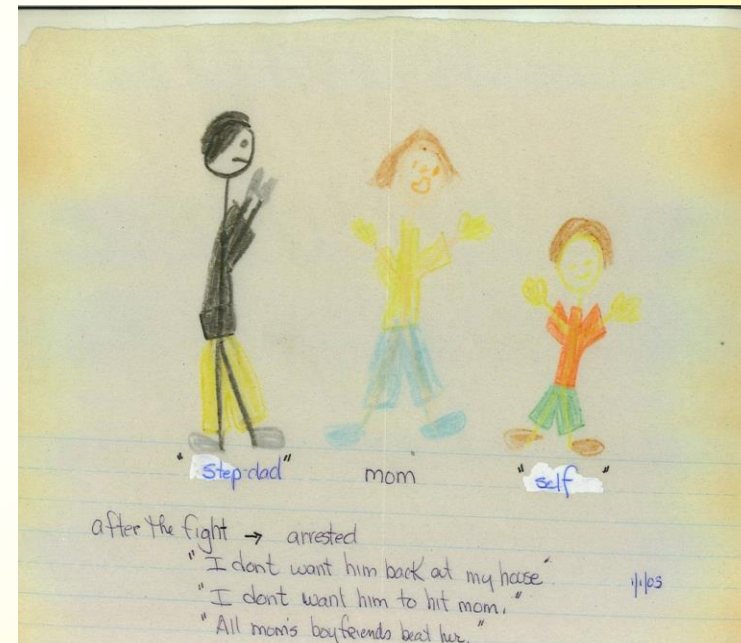
Components for recovery from complex trauma

- ➡ Mitigate continuing trauma

- ➡ Reduce and replace traumatic responses

- ➡ Focus on social emotional competence

- ➡ Build resilience

Adolescents and complex trauma

- Intrinsic motivation to be competent, autonomous, and connected.

- Importance of creating a healthy personal trauma narrative

- Educate for self-awareness of trauma triggers

- Teach self-regulation

- Focus on building mastery to build self-identity and resilience

What are the targets for building resilience?

- Coping skills
- Build relationship resources and skills
- Sense of efficacy
- A realistic but positive sense of self
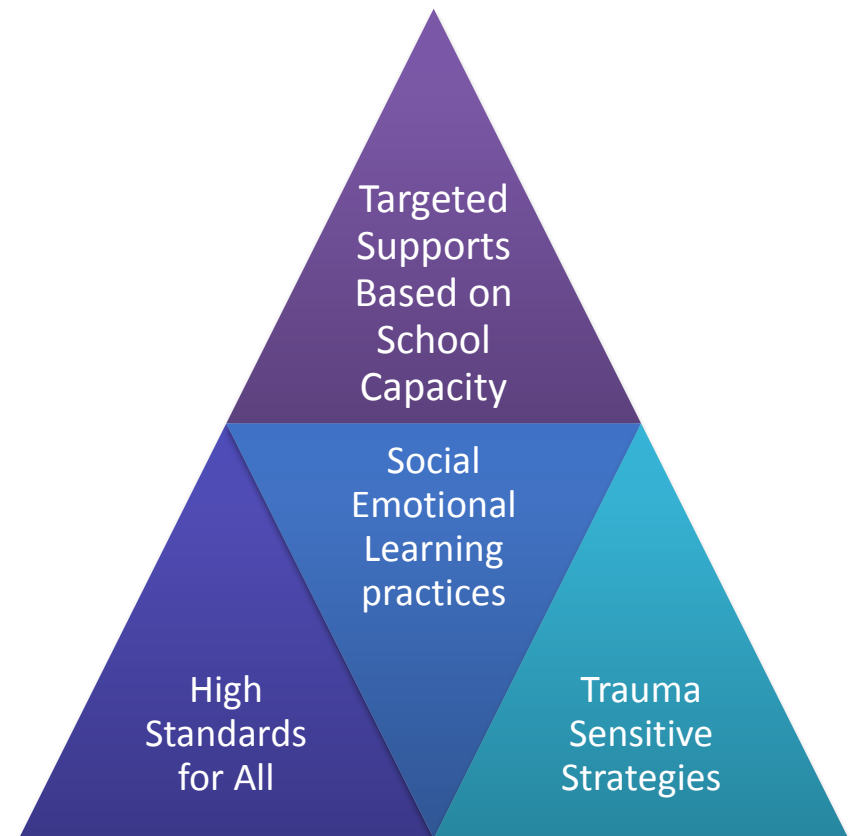- Ability to experience happiness

A Case Example: CLEAR (Collaborative Learning for Educational Achievement and Resilience)
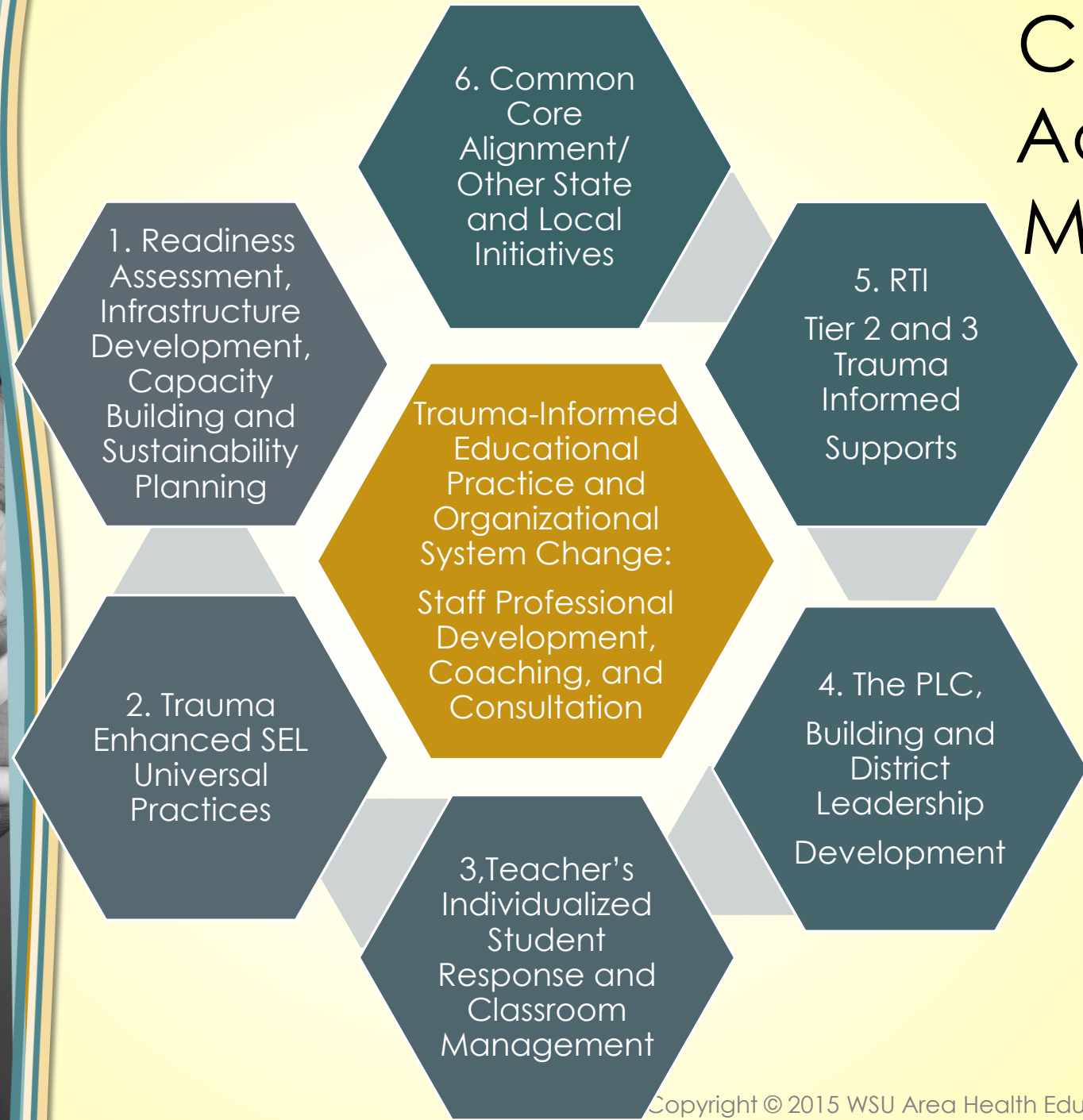
Four CLEAR Goals

- Develop practical skills in applying trauma informed practice in universal educational practices
    - Individualization of education
    - Manage the social and physical environment
    - Support the systematic building of the components of resilience.
- Build skills to recognize and respond when children cannot benefit from typical educational practices.
- Use of trauma informed reflective practice to support persistent educational strategies.
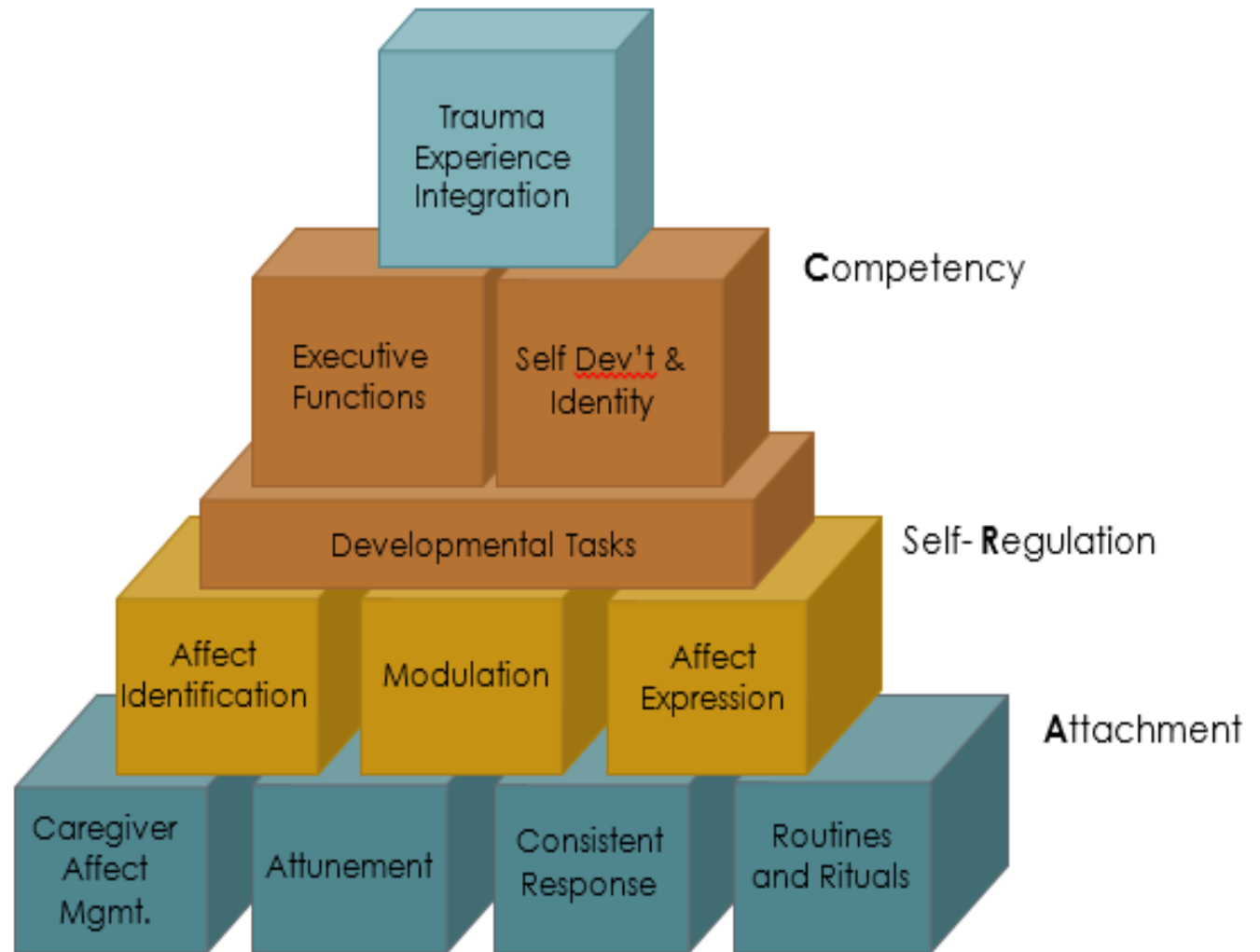- Create the structures and policies that can sustain trauma-informed practices.

A Response to Intervention Model

Targeted Supports Based on School Capacity

Social Emotional Learning practices

High Standards for All

Trauma Sensitive Strategies

CLEAR Action Model

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6. Common Core Alignment/ Other State and Local Initiatives

1. Readiness Assessment, Infrastructure Development, Capacity Building and Sustainability Planning

5. RTI
Tier 2 and 3 Trauma Informed Supports

Trauma-Informed Educational Practice and Organizational System Change:

Staff Professional Development, Coaching, and Consultation

2. Trauma Enhanced SEL Universal Practices

4. The PLC,
Building and District Leadership Development

3,Teacher's Individualized Student Response and Classroom Management

The ARC Model

Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

CLEAR- Professional development and coached practice as the scaffold

- CLEAR's PD approach

- Social emotional learning alignment

- Persistent, brief, and cumulative

- Creating a shared approach and shared language (ARC and other trauma principles)

- Creating space to reflect

- Case-based skills building

- Coaching individual and building practice

- Pivoting from training to demonstration and practice

- Critical role of leadership creating room to reflect, practice

- Early adopters and spread of effect

- Staff ownership and the Professional Learning Community

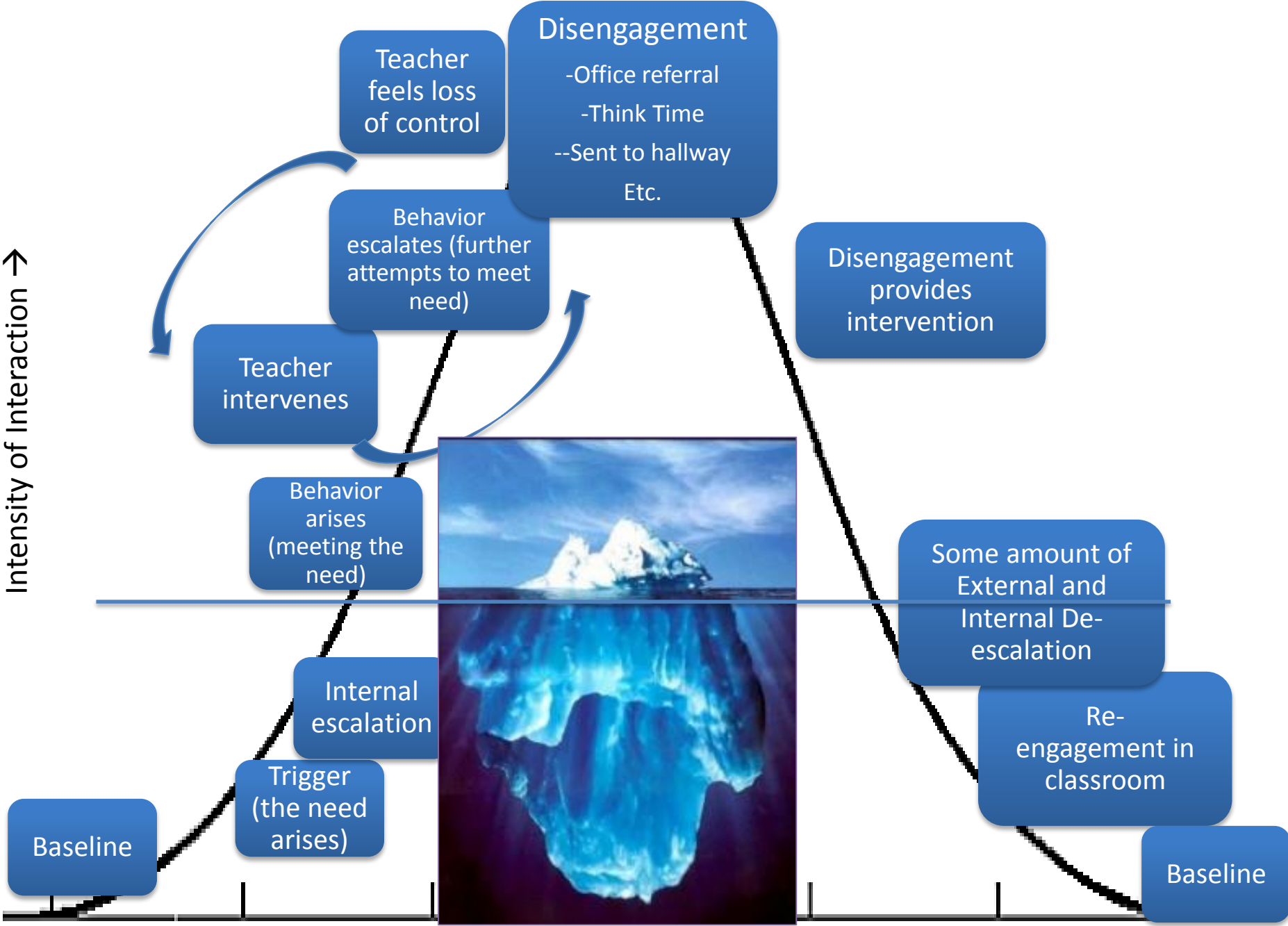# Universal classroom and school practices and integrated response

Tier 1 Responses

- Trauma informed social emotional learning
- Support classroom management to increase safety, predictability, self-regulation
- Skills to anticipate, manage, and reduce trauma responses
- Individualization of support in the classroom
- Individual coaching to staff as they implement new practices
- Family and community connections.
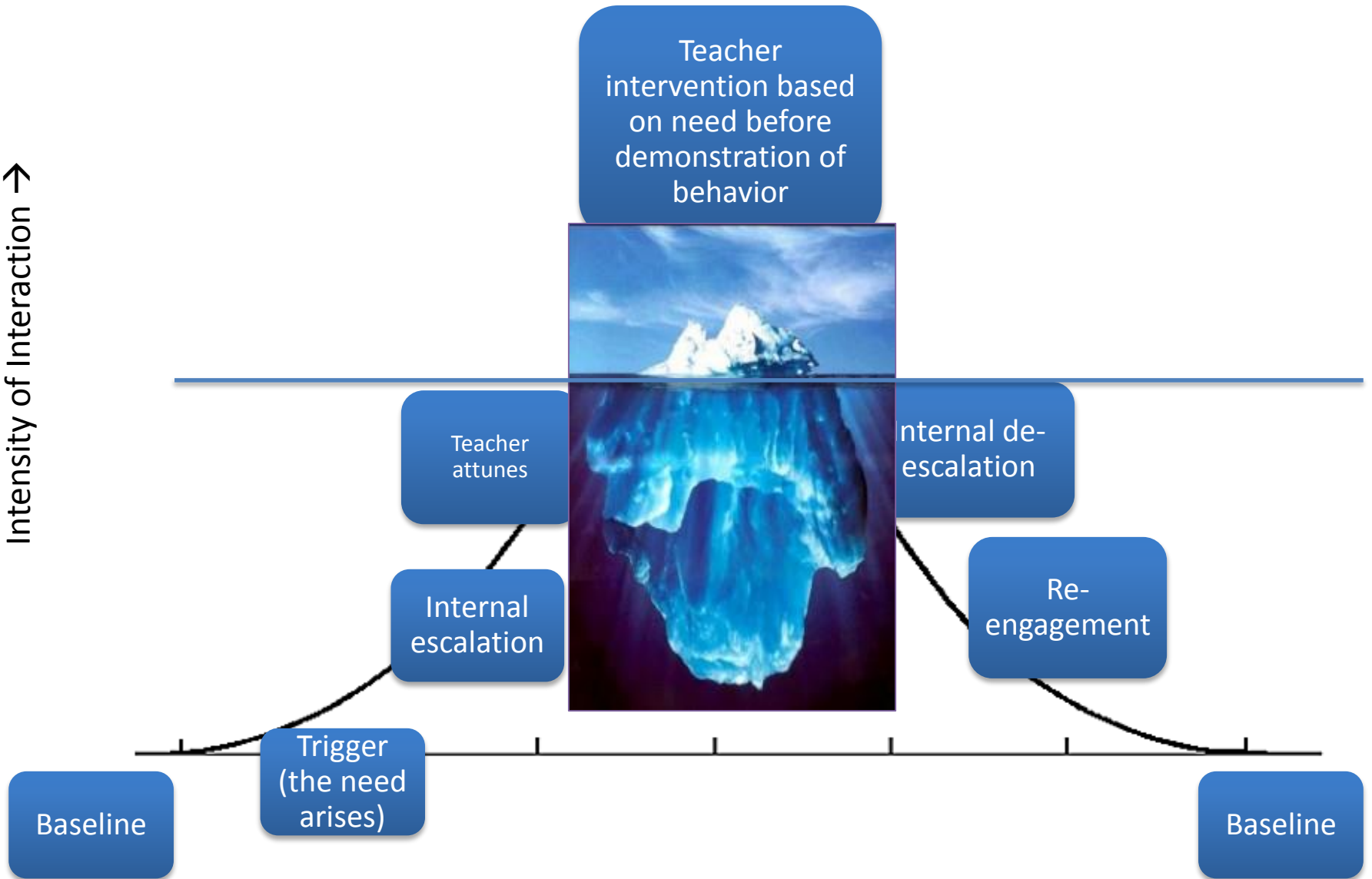
Tier 2 and 3 Responses

- Essential focus on integration of services with education goals
- Public health nursing experience in Spokane
- School based mental health and school based health clinics
- What do you do when there are no external resources?

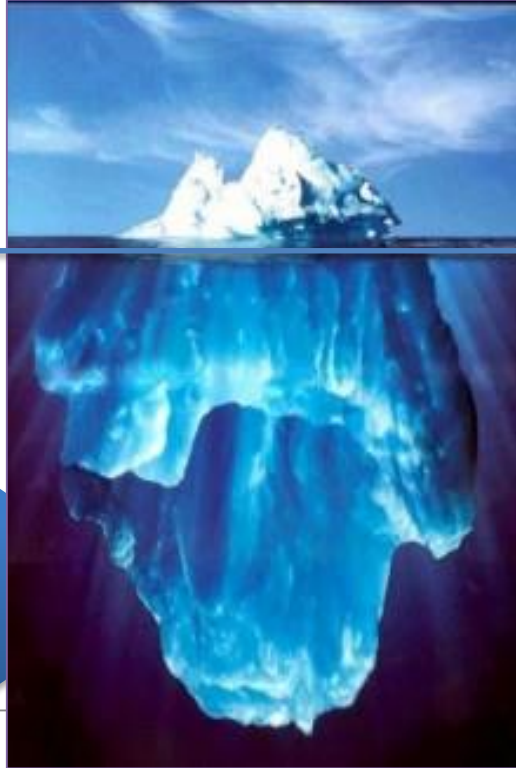- IMPACT

Intensity of Interaction →

Time →

Baseline

Trigger (the need arises)

Internal escalation

Behavior arises (meeting the need)

Teacher intervenes

Behavior escalates (further attempts to meet need)

Teacher feels loss of control

Disengagement
-Office referral
-Think Time
--Sent to hallway
Etc.

Disengagement provides intervention

Some amount of External and Internal De-escalation

Re-engagement in classroom

Baseline

Questions