Adverse Childhood Experiences in the Classroom: Learning, Behavior, and Social Emotional Success at School

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The Need for Trauma-Informed Schools
Prevalence of ACEs in school settings
Common symptoms of ACEs
  - Learning
  - Behavior
  - Social Emotional
Overview of trauma-informed schools
Concluding thoughts
**Why is this an educational problem?**

- ACEs are prevalent in American classrooms
  - Responding to ACEs is not just a mental health problem—but an educational problem
- Student responses to ACEs and toxic stress can have a profound impact on school success
  - Academic, behavioral, and social emotional performance
- Schools are often the first line of defense for buffering the impacts of ACEs and promoting resilience in the setting where kids spend most of their time
THE NEED FOR TRAUMA-INFORMED SCHOOLS

• ACES: A Great Equalizer
  • Students with ACEs are present in every school, regardless of demographics or SES

• Schools are in a unique position to provide the relational milieu that students need
  • Therapy or individualized interventions are important—but not enough

• Educators have tremendous power to
  • Perpetuate ACEs or re-traumatize, or
  • Buffer the impacts of trauma
“If 20 million people were infected by a virus that caused anxiety, impulsivity, aggression, sleep problems, depression, respiratory and heart problems, vulnerability to substance abuse, antisocial and criminal behavior, retardation and school failure, we would consider it an urgent public health crisis. Yet, in the United States alone, there are more than 20 million abused, neglected and traumatized children vulnerable to these problems. Our society has yet to recognize this epidemic, let alone develop an immunization strategy.”

-Bruce Perry, childtrauma.org
Why is this an Educational Problem?

What's Under the Surface in a School Building?
PREVALENCE AND COMMON POTENTIAL INDICATORS OF ACEs

“The neural pathways in the brain that deal with stress are the same ones that are used for learning. We, as a country, want our kids to achieve more academically, but we can’t do this if our kids aren’t emotionally healthy.”

—Mark Brackett, director of Yale Center for Emotional Intelligence
**AN INVISIBLE EPIDEMIC**

- Traumatized kids often do not act in ways that make sense to adults
  - Counter-intuitive symptoms
- Trauma is difficult to diagnose
  - You may not know the whole story or have a diagnosis
  - Diagnosis less important; presenting symptoms and the solution are what matters
  - Always assume there is a good reason for the behavior
Prevalence Estimates of ACEs in American Schools

- In a typical US public school classroom, 13 of 30 students will have experienced 3 or more adverse childhood experiences.
- 1 in 3 urban youth experience mild to severe symptoms of Complex PTSD.
- 24% of Tennessee residents reported 3 or more ACEs in 2014.
- Estimated >90% of students referred to the MNPS Behavior Support Team have known ACEs or adversity.
- Millions of US children are diagnosed with a mental illness or disability that could be better explained by ACEs.

(Anda & Brown, 2010; Behavioral Risk Factor Surveillance System, 2014; Blodgett et al., 2013; Leahy, 2015)
Original ACE Study (and follow-up research):

Dose --> Response Relationship
Higher ACE Score = Higher Risk

ACEs

- Disease and injury
- Health-risk behaviors
- Mental health problems
- Diminished quality of life
- Vocational problems

(Centers for Disease Control and Prevention; Childhood Disrupted, 2015)
ACEs and School Outcomes:

Dose --> Response Relationship
Higher ACE Score = Higher Risk

- Lower academic performance
- Language difficulties
- Lower standardized achievement test scores
- Behavior and discipline problems
- Social-emotional problems
- Attendance problems

(Bethell, Newacheck, Hawes, & Halfon, 2014; DeLaney-Black et al., 2002; Grevstaad, 2007; The Heart of Learning and Teaching, 2007; Jimenez, Wade, Lin, Morrow, & Reichman, 2016; Sanger et al., 2000; Shonk & Cicchetti, 2001)
More Adverse Childhood Experiences

- Extreme poverty
- Homelessness
- Community violence
- Gang culture
- Unstable or chaotic home life
- Refugee experiences
- Human Trafficking
- Discrimination/ Racism
- Bullying or Cyberbullying
- Illness of a loved one or friend
- Inconsistent presence of 1 or more parent
- Frequent changes in placements/ schools
- Gentrification
- Chronic exposure to violence/horror movies/pornography
- Natural Disasters
- Intrusive medical treatments
- Serious accidents
Brains are Built over Time, from the Bottom-Up

- An ongoing process that begins before birth and continues through adulthood
- More primitive areas of the brain develop first
  - **Brain Stem**
    - Controls awake/alert states, Stress Responses: Fight, Flight, Freeze
  - **Midbrain/Limbic System**
    - E.g., Hypothalamus, Hippocampus, Amygdala
  - **Prefrontal Cortex**
    - Executive Functioning, Self-regulation, Successful school and life outcomes
- Cognitive, emotional, and social capabilities are inextricably intertwined throughout the life course

(Center on the Developing Child at Harvard University)
TOXIC STRESS AND THE BRAIN

A hostile takeover of the conscious mind by powerful negative emotions

- Overactive primitive/stress response brain
- Stress response constantly set to high (when normal brains are calm)
- Hijacks the ability to think, reason, self regulate, and make good decisions
  - Relies on automatic survival responses (fight, flight, freeze, faint)
- Interferes with school success
IMPAIRED PREFRONTAL CORTEX

What matters for school success

- Executive functioning
  - Working memory
  - Mental flexibility
  - Self control
  - Logic and Reasoning
  - Problem solving
  - Goal setting
  - Abstract thought
  - Language
  - Reward centers
  - Resilience
  - Positive emotional states
  - Affiliation and Connection to others and the world
  - Empathy and Compassion

- Impacts of toxic stress
  - Decreased activity
  - Reduced density of white and grey matter
ACES, Trauma & Brain Development

Typical Development
- Cognition
- Social/Emotional
- Regulation
- Survival

Developmental Trauma
- Cognition
- Social/Emotional
- Regulation
- Survival

(Adapted from Holt & Jordan, Ohio DoE; slide used with permission from Wolf-Prusan)
Impaired Self-Regulation: Academic Performance

Difficulties with:
- Learning and retrieval
- Attention
- Language and communication skills
- Memory and Recall
- Problem solving and analysis
- Organizing material
- Cause and effect and sequencing
- Mental Flexibility
- Engaging in the curriculum

(Helping Traumatized Children Learn, 2005)
**Impaired Self-Regulation: Behavioral and Social/Emotional**

<table>
<thead>
<tr>
<th><strong>Behavior</strong></th>
<th><strong>Social/ Emotional</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms that look like Mental Illness (e.g., ADHD, ODD, conduct disorder, anxiety, depression)</td>
<td>Emotional Regulation</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>Oppositional relationships with school staff/ authority figures</td>
</tr>
<tr>
<td>Aggression</td>
<td>Difficulty with peer relationships</td>
</tr>
<tr>
<td>Noncompliance and Defiance</td>
<td>Taking another’s perspective</td>
</tr>
<tr>
<td>Substance abuse/self-medicating</td>
<td>Reactivity</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Associating with maladaptive peers or groups</td>
</tr>
<tr>
<td>Perfectionism</td>
<td></td>
</tr>
<tr>
<td>Over-compliance</td>
<td></td>
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</tbody>
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(Helping Traumatized Children Learn, 2005)
NEURAL INTEGRATION

Social emotional and cognitive capacities are inextricably intertwined

- The brain is a highly interrelated organ
  - Multiple functions operate in a richly coordinated fashion
- Emotional well being and social competence provide an essential foundation for cognitive abilities
  - Prerequisite bricks and mortar for school success
- We won’t get adequate academic or behavioral performance without supporting the social emotional brain

(Center on the Developing Child at Harvard University)
ACEs and School Performance

A study of 1007 kindergarteners (from a national urban database) demonstrated that 3 or more ACEs before age 5 were associated with:

- Below-average language, emergent literacy, and math skills
- Attention problems
- Social problems
- Aggression

Low income, minority youth who have been exposed to violence are associated with:

- Decreased IQ and reading ability
- Lower GPA
- More absences
- Decreased rates of graduation

(Jimenez, Wade, Lin, Morrow, & Reichman, 2016; National Institute of Health, 2011)
# Odds for Academic and School-Related Problems with Increasing ACEs

<table>
<thead>
<tr>
<th></th>
<th>Academic Failure</th>
<th>Severe Attendance Problems</th>
<th>Severe School Behavior Concerns</th>
<th>Frequent Reported Poor Health</th>
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</thead>
<tbody>
<tr>
<td>3 or more ACEs (n=248)</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>2 ACEs (n=213)</td>
<td>2.5</td>
<td>2.5</td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td>1 ACE (n=476)</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>2</td>
</tr>
<tr>
<td>0 known ACEs (n=1164)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
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(Blodgett, 2012)
PATHWAY LINKING ACEs TO SCHOOL PROBLEMS AND POOR WELL-BEING INTO ADULTHOOD

ACEs

Academic and behavior problems in early school years

Achievement gaps in later schooling

Health and quality of life disparities in adulthood

(Fizella & Kitzman, 2009; Jimenenz, Wade, Lin, Morrow, & Reichman, 2016)
WE CAN’T AFFORD TO SAVE THIS ONE, BUT DON’T WORRY, SOMEONE WILL CATCH HIM.
The Cycle of Trauma and Challenging School Behaviors

Trauma

Physical/Emotional/Psychological Damage

Behavior Problems

Punishment
Expanding ACEs

Adverse Childhood Experiences*

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviours
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

Historical Trauma/Embodiment

- Early Death, Quality of Life (Loss)
- Burden of dis/ease, distress, criminalization
- Coping
- Allostatic Load, Disrupted Neurological Development
- Complex Trauma/ACE
- Race/Social Conditions/Local Context
- Generational Embodiment/Historical Trauma

Trauma and Social Location

Scientific gaps

Microaggressions, implicit bias, epigenetics

(http://www.cdc.gov/violenceprevention/acestudy/pyramid.html; slide used with permission from Wolf-Prusan)
Like a house’s foundation, brain architecture is built over time and from the bottom up. Positive experiences in infancy and early childhood can build a strong and solid foundation. Negative experiences weaken the foundation which can lead to life-long problems.
We’ve got to take the WHOLE brain into consideration in the ways we educate our students.
The Good News: SSNREs

Recommendations from the Centers for Disease Control

Safe  Stable  Nurturing

Relationships & Environments
IMPLICATIONS FOR EDUCATORS: THE 3 R’S ARE NOT ENOUGH

- We also need to teach:
  - Reflection
  - Relationships
  - Resilience

(Siegel, 2011)
“The best way to meet the needs of students with ACEs is through relationships and community.”

--Dr. Pedro Noguera
What is a Trauma-Informed School?

Compassion + High Standards/Expectations = SUCCESS

- **Compassion** is a feeling of deep empathy for another who is suffering or struggling, paired with the desire to do something to alleviate it.
  - **Compassion is a necessity not a luxury** when working with children, particularly in communities where some students have ACEs
    - This is *all* communities
WHAT IS A TRAUMA-INFORMED SCHOOL?

A *process* that is individualized for each school to support student success

- All adults in the building see and respond to children through a trauma-informed lens
  - Shared awareness and understanding of key principles
- Validate and support children’s life experiences in non-judgmental ways
  - Shift in focus from “What’s wrong with you?” to “What happened to you?”
  - and “How have you managed to do so well in spite of adversity?” and “What do you need?”

(Child Trauma Toolkit for Educators, 2008; traumasensitiveschools.org, 2015)
OVERCOMING MYTHS:
WHAT ARE NOT CHARACTERISTICS OF A TRAUMA-INFORMED SCHOOL?

- A program or a specific curriculum
- Deficit mindset
- Lowered academic or behavioral expectations
  - Allowing or excusing poor behavior or underperformance out of sympathy
  - Being overly lenient or coddling
  - Attributing ALL academic or behavioral struggles to ACEs
  - ‘Pushing students through’ despite unsatisfactory performance
- Calling on teachers to be therapists or mental health providers
- Only about mental health or tier 3 interventions
CONCLUDING THOUGHTS

- Don’t forget the kids who need our help most are often the ones who are most difficult to engage
- Focus on fixing the cracked structures, not the kids
- Keep this dialogue going in your schools
  - Build trauma-informed classrooms and school communities
  - Request an ACEs PD at your school!
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    - Yvette.carter@mnps.org