Adverse Childhood Experiences

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“It is easier to build strong children than to repair broken men.”

-- Frederick Douglass
Agenda

- What are adverse childhood experiences, trauma and toxic stress?
- How do ACEs, trauma and toxic stress affect a child’s well-being and behavior?
- What is resilience?
- What can I do to create a safe, stable and nurturing environment for all children in my care?
ACEs, Trauma and Toxic Stress
Adverse Childhood Experiences Study

THREE CATEGORIES OF ADVERSE CHILDHOOD EXPERIENCES

ABUSE
- Physical
- Emotional
- Sexual

NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

Image courtesy of the Robert Wood Johnson Foundation
ARKANSAS BRFSS 2016 COUNTY ESTIMATES

Adults who experienced 4 or more Adverse Childhood Experiences (ACEs)

*State percentages calculated using county totals and may differ slightly from state-level BRFSS estimates.

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In a Room of 30 Children – 2016 National Survey of Children’s Health

1 ACE

2 ACEs

3-8 ACEs
Trauma

- An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

- Types of trauma
  - Acute: Results from a single incident
  - Complex: Exposure to varied and multiple traumatic events, often of an invasive and interpersonal nature
  - Secondary: Hearing about another person’s firsthand experience of trauma
Kinds of Trauma

- Abuse or neglect
- Serious accident, illness or medical procedure
- Witnessing violence at home, school or in the community
- Natural disasters
- Traumatic grief/separation, especially from a parent or caregiver
- Systemic trauma (multiple foster homes, separation from siblings)
- Racial discrimination or bias
Trauma in Children

- The younger the child, the more vulnerable they are
- They can’t get away, fight or flee the traumatic event/environment
- The trauma is trapped in the body and the part of the brain responsible for survival
**Toxic Stress**

**Positive**
- Brief increases in heart rate, mild elevations in stress hormone levels
- *Example: Taking a test*

**Tolerable**
- Serious, temporary stress responses, buffered by supportive relationships
- *Example: Surviving a natural disaster with positive support*

**Toxic**
- Prolonged activation of stress response systems in the absence of protective relationships
- *Example: Ongoing abuse*
Toxic Stress Affects Brain Structure

- **Executive State**: Prefrontal Lobes
  - What can I learn from this?

- **Emotional State**: Limbic System
  - Am I loved?

- **Survival State**: Brain Stem
  - Am I safe?
Toxic Stress Affects Brain Structure
Autonomic Nervous System

- Stress and trauma are primarily non-cognitive conditions
- Trauma is housed in the ANS
- The ANS controls our bodily functions, such as heart rate, blood pressure, and the release of stress chemicals
- There are two parts to the ANS
  - Sympathetic – Fight or flight (gas pedal)
  - Parasympathetic – Calm or freeze (brake pedal)
Our Brain on Trauma – Sympathetic Activation

Imaging a flashback with fMRI. Notice how much more activity appears on the right side than on the left.
Blanking out (dissociation) in response to being reminded of past trauma. In this case almost every area of the brain has decreased activation, interfering with thinking, focus, and orientation.
Impacts on Well-Being and Behavior
## ACEs and Academic Status

<table>
<thead>
<tr>
<th>Construct</th>
<th>Number of ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Outcomes and Services</strong></td>
<td></td>
</tr>
<tr>
<td>Child ever had IEP</td>
<td>1.84 (1.04-3.25)*</td>
</tr>
<tr>
<td>Child has current IEP</td>
<td>1.49 (0.76-2.9)</td>
</tr>
<tr>
<td>Grade retention since First Grade</td>
<td>1.60 (0.79-3.28)</td>
</tr>
<tr>
<td><strong>Psychosocial Outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>Externalizing Problems</td>
<td>1.42 (0.83-2.44)</td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td>1.34 (0.78-2.3)</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>0.91 (0.45-1.83)</td>
</tr>
<tr>
<td>ADD/ADHD since First Grade</td>
<td>1.56 (0.79-3.08)</td>
</tr>
</tbody>
</table>

Notes: Odds Ratios (95% CIs) represent comparisons to a zero ACEs score. Adjustments included EHS random assignment and location, parental race, education, and age at enrollment, family income at age 11, percent free and reduced lunch of the school at age 11, child gender, temperament at age 1, and cognitive abilities at ages 1, 2, 3, and 11. †p < .10; *p < .05; **p < .01; ***p < .001.

Learning Disabilities were the most commonly reported reason for current IEP (53%). Other reasons for IEPs included speech/language impairment (13%), developmental delay (14%), physical/health impairment (6%), and other classifications (14%).
# Trauma Symptoms in Children

<table>
<thead>
<tr>
<th>Anger, rage, excessive temper</th>
<th>Clinginess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nightmares, sleeping problems</td>
<td>Unreasonable or new fears</td>
</tr>
<tr>
<td>Eating problems</td>
<td>Heightened startle response</td>
</tr>
<tr>
<td>Overly bossy and controlling</td>
<td>Anxiety about safety of self and others</td>
</tr>
<tr>
<td>Difficulty focusing/learning</td>
<td>Increased distress (whiny, irritable, moody)</td>
</tr>
<tr>
<td>Separation anxiety</td>
<td>Regression</td>
</tr>
<tr>
<td>Withdrawal, numbness, doesn’t care</td>
<td>Re-enactment of traumatic event</td>
</tr>
</tbody>
</table>
Is It Trauma or ADHD?

**TRAUMA**
- Feelings of fear, helplessness, uncertainty, vulnerability
- Increased arousal, edginess and agitation
- Avoidance of reminders of trauma
- Irritability, quick to anger
- Feelings of guilt or shame
- Dissociation, feelings of unreality or being "outside of one's body"
- Continually feeling on alert for threat or danger
- Unusually reckless, aggressive or self-destructive behavior

**ADHD**
- Difficulty sustaining attention
- Struggling to follow instructions
- Difficulty with organization
- Fidgeting or squirming
- Difficulty waiting or taking turns
- Talking excessively
- Losing things necessary for tasks or activities
- Interrupting or intruding upon others

**OVERLAP**
- Difficulty concentrating and learning in school
- Easily distracted
- Often doesn't seem to listen
- Disorganization
- Hyperactive
- Restless
- Difficulty sleeping
Effects of Untreated Trauma

- Sense of time distorted
- Unable to accurately read social cues
- Memory impairment
- Brain growth is stifled and underdeveloped
- Unable to sense internal state
- Numbness or overly focused on pain
- Hypervigilant about perceived threats
Before you go any further

Today is not the day.
And I am not the one.
Windows of Stress Tolerance

- Healthy Brain
  - Baseline of stress

- Trauma Brain
  - Baseline of stress
Triggers

- A trigger is a reminder about past traumatic events
- Seemingly neutral events or sensory experiences
  - Raised voice
  - Smell
  - Color of clothing
  - Places or situations that are similar to where the trauma occurred
- Activates the fight, flight or freeze response
  - Automatic, not rational, response
What Can Cause a Trauma Reaction?

- Unpredictability
- Loss of control
- Rejection/disapproval
- Loneliness
- Sudden changes or transitions
- Confrontations or loud voices
- Loud or chaotic environments
- Restricted movement/restraints
All Behavior is Communication

- Basic human needs
- A call for help
- Past trauma intruding on the present
KEEP CALM
IT’S NOT ALWAYS ABOUT YOU

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Resilience
What Is Resilience?

- The ability to overcome hardship
- Positive experiences outweigh the bad
Factors That Foster Resilience

- Facilitating supportive adult-child relationships
- Building a sense of self-efficacy and perceived control
- Providing opportunities to strengthen adaptive skills and emotional self-regulation
- Mobilizing sources of faith, hope and cultural traditions
Safe, Stable, Nurturing Environments
Trauma-Informed Care

- Connect – Focus on relationships
- Protect – Promote safety and trustworthiness
- Respect – Engage in choice and collaboration
- Redirect (Teach and Reinforce) – Encourage skill-building and competence
Start with Yourself

- Know your ACE score
- Know your triggers and your reactions
- Understand how your reactions can escalate a child’s emotional state
- Learn how to stay present, calm and in control
Know Your ROLES

- **R**ecognize own emotions, triggers and patterns of behavior
- **O**bserve and become aware of an individual’s internal state and how it affects their behavior
- **L**abel and identify the need being expressed
- **E**lect to see positive intent
- **S**olve and respond to triggered individuals by finding win-win solutions
Recognize

- What’s your default pattern?
- Develop conscious awareness of your state of mind
- Learn basic regulation skills
- Remember: it’s not about you
Observe

- What brain state is the other person in?
- What patterns and behaviors are triggered in this state?
- What are they trying to communicate with their behavior?
- Triggered trait
- Is your response further triggering this person?
Recognizing a Trauma Response

- Is the child in their thinking and choosing brain right now?
- Do they seem overwhelmed and reactive?
- Is this a pattern I’ve noticed before?
Label

- Reacting to behavior means the underlying need is unaddressed
- Label and name the emotion/behavior/action you’re observing
Elect

- Shift from a traditional judgmental response to a mindful, compassionate and conscious approach
- Fixed vs growth mindset
- Understand the why of the behavior
Solve

- Determine the appropriate brain state
- Select the appropriate communication mode
- Teach the deficient skill in a way that supports the need for safety and connection
“Too often we forget that discipline really means to teach, not to punish. A disciple is a student, not a recipient of behavioral consequences.”

– Dr. Dan Siegel, *The Whole-Brain Child*
Self-Regulation

- Children need to feel connected and cared for both after a trauma reaction and in their everyday experiences with you.

- When a child is in a trauma response, you must change their emotional state before you can address their behavior.

- Remember that what you say to a child, especially when they are upset, becomes their inner speech for the rest of their lives.
Tips for De-escalation

- Use a calm, neutral voice
- Get down on their level
- Distract the child and engage their thinking brain
- Acknowledge their feelings
- Offer positive choices
- Have sensory objects to manage energy and anxiety (stress balls, weighted pillows)
- Let them know what you want from them instead of what you don’t want
- Offer a break
Strategies for Creating a Safe Environment

- Keep a calm and predictable environment
- Prepare children for transitions
- Have back-up strategies for children you know can become overwhelmed
- Make a quiet place
- Take a sensory break
- Show kindness to each other
- Assign leadership roles and jobs
- Identify triggers and work to reduce them
Create Opportunities to Connect Mind and Body

- Music
- Dance
- Yoga
- Meditation
- Mindfulness

When done as a group, can also foster interpersonal connections and a sense of belonging
Key Points

- More than half of children in Arkansas have experienced at least one adverse childhood experience.
- Without protective factors such as stable, positive relationships with adults, children who experience trauma will develop toxic stress, which has negative effects on learning and behavior.
- Trauma is housed in the survival part of the brain, and a trauma response happens when a child’s fight, flight or freeze reaction is activated.
- Children who have experienced chronic trauma can build resilience and learn to self-regulate with the help of caring adults.
- Never give up.
"Every child deserves a champion: an adult who will never give up on them, who understands the power of connection and insists they become the best they can possibly be."

- Rita Pierson, Educator
Strategies
Classroom Strategies

- Teach about the brain states and emotions
- Set ground rules together
- Greeting/goodbye ritual
- Morning meeting
Classroom Strategies

- Give everyone a job/responsibility
- Feeling sticks
- Safe place
- Safekeeper ritual
- Safe pocket system
- We Care Kits
- We Wish You Well Board
Physical Environment

- Lighting
- Visual schedules
- Safe corner
Calm Room

- A safe place for dysregulated students to calm down
- Students understand their emotional triggers
- Students learn calming and breathing strategies to regulate
Who Is It for?

- Students who are not able to self-regulate and exhibit emotional upsets that disrupt the learning environment
- Students with a need for scheduled breaks beyond what can be provided in the classroom safe spot
- Students who need social/emotional small group intervention
Calm Kits

- Items that help students self-regulate
- Students create their calm kits
- Example items
  - Kinetic sand
  - Stress balls
  - Playdough
  - Stuffed animals
  - Books
  - Bubbles
A Calm Room Is Not

- A timeout room or punitive space for discipline
- A play room
- A place to skip out on classwork
- A place to go for treats and prizes
Remember

- Strategies will not be effective if you don’t do the personal work
- Model the behaviors you want to see
- You can’t judge what you don’t know
Questions?