Adverse Childhood Experiences—Impact on Education and Learning

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Goals and Objectives

• At the conclusion of this presentation, the audience will be able to:
  – Describe Adverse Childhood Experiences (ACE’s), Trauma and Toxic Stress
  – Understand their impact on health and learning
  – Identify how school and health systems can support students using a trauma-informed approach.
Core Concepts and Questions

• Define the terminology...
  – What is the difference between acute, toxic and tolerable stress?
  – What is trauma?
  – What are Adverse Childhood Experiences?

• How does adversity impact neurobiology, health and learning?

• How can the impacts of adversity be reduced or eliminated?

• How can schools and health centers become trauma-informed?
Three Types of Stress

- Acute
- Toxic
- Tolerable
What is Trauma?

- “Individual trauma results from 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 individuals functioning and mental, physical, social, emotional or spiritual well-being”
A History of Trauma—Events

• Actual or extreme threat of physical or psychological harm, for example….
  – Domestic violence
  – Child abuse
  – Neighborhood violence
  – Family conflict
  – Resource insecurity
  – Discriminatory treatment

• Severe neglect

• May occur as a single experience or repeatedly over time
A History of Trauma—Experience

- Impacted by how individual assigns meaning to event
- Power differential leads to sense of powerlessness and questioning
- Mediated by cultural beliefs, social supports available and developmental/intellectual stage of individual
- Acute vs chronic
A History of Trauma—Effects

• Immediate or delayed
• May (but not always) include...
  – Difficulty trusting and benefiting from relationships
  – Disrupted cognitive processes, such as memory, attention and thinking
  – Increased risk of chronic health conditions
  – Inability to cope with normal stresses and strains of daily living
  – Inability to regulate behavior or control the expression of emotions

August 22, 2016
Adverse Childhood Experiences

The ACE study looked at three categories of adverse experience: childhood abuse, which included emotional, physical, and sexual abuse; neglect, including both physical and emotional neglect; and household challenges, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an ACE score between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

Centers for Disease Control and Prevention
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## Table 1. National Prevalence of Adverse Child or Family Experiences based on the 2011/12 NSCH

<table>
<thead>
<tr>
<th>Adverse Child or Family Experiences</th>
<th>National Prevalence</th>
<th>State Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child had ≥ 1 Adverse Child/Family Experiences</td>
<td>47.9%</td>
<td>40.6% (CT) – 57.5% (AZ)</td>
</tr>
<tr>
<td>Child had ≥ 2 Adverse Child/Family Experiences</td>
<td>22.6%</td>
<td>16.3% (NJ) – 32.9% (OK)</td>
</tr>
<tr>
<td>Socioeconomic hardship</td>
<td>25.7%</td>
<td>20.1% (MD) – 34.3% (AZ)</td>
</tr>
<tr>
<td>Divorce/parental separation</td>
<td>20.1%</td>
<td>15.2% (DC) – 29.5% (OK)</td>
</tr>
<tr>
<td>Lived with someone who had an alcohol or drug problem</td>
<td>10.7%</td>
<td>6.4% (NY) – 18.5% (MT)</td>
</tr>
<tr>
<td>Victim or witness of neighborhood violence</td>
<td>8.6%</td>
<td>5.2% (NJ) – 16.6% (DC)</td>
</tr>
<tr>
<td>Lived with someone who was mentally ill or suicidal</td>
<td>8.6%</td>
<td>5.4% (CA) – 14.1% (MT)</td>
</tr>
<tr>
<td>Domestic violence witness</td>
<td>7.3%</td>
<td>5.0% (CT) – 11.1% (OK)</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>6.9%</td>
<td>3.2% (NJ) – 13.2% (KY)</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>4.1%</td>
<td>1.8% (VT) – 6.5% (AZ)</td>
</tr>
<tr>
<td>Death of parent</td>
<td>3.1%</td>
<td>1.4% (CT) – 7.1% (DC)</td>
</tr>
</tbody>
</table>
How are our genes expressed?

Relationships + Quality of sleep = Nutrition + Environment
Toxic Stress Changes Brain Architecture

Normal

Typical neuron with many connections

Prefrontal Cortex and Hippocampus

Toxic Stress

Neuron damaged by toxic stress -- fewer connections
ACES can have lasting effects on....

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

Behaviors (smoking, alcoholism, drug use)

Life Potential (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-being Outcomes

- This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.
Review of:
--Trauma focused research
--Practice-generated knowledge about trauma interventions
--Lessons articulated by survivors of traumatic experiences who have had involvement in multiple service sectors


Helping Traumatized Children Learn

Traumasensitiveschools.org
Challenges and Opportunities—Creating Trauma Sensitive Schools

• “There is an increasing focus on the impact of trauma and how service systems may help to resolve or exacerbate trauma-related issues. These systems are beginning to revisit how they conduct their business under the framework of a trauma-informed approach.”

What are the strengths, challenges and opportunities in the settings where you work?
Achievable, Actionable Approaches – The Four “R”s

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization.”
Taking a Trauma-Informed Approach—Key Assumptions

• Realization
  – Understanding the prevalence and impact of trauma on individuals and communities
  – Trauma-informed approaches are relevant in all social service, educational and health care settings
  – Patients, families and staff may all be affected by trauma—often we do not know
“What we identify as maladaptive behaviors are really misapplied survival skills”
Taking a Trauma-Informed Approach—Key Assumptions

• Recognition
  – Education and training for all staff
  – Skilled supervision
  – Trauma screening and assessment can assist and may be appropriate in certain settings
  – Students, families and staff may be living in a state of anxiety and activation, causing them to feel escalated before they even walk in your doors
Taking a Trauma-Informed Approach—Key Assumptions

• Response
  – Involves staff at every level of organization, at every encounter, and includes support for workforce
  – Deliberate and planned, anticipates changes in local community
  – Create an environment that enables:
    • Safety
    • Trustworthiness and transparency
    • Peer Support
    • Collaboration and Mutuality
    • Empowerment, Voice and Choice
    • Respect for cultural, historical and gender issues
Taking a Trauma-Informed Approach—Key Assumptions

• Resist re-traumatization
  – “Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission”
  – Create an environment that feels safe to learn
  – Address needs in a holistic way
  – Explicitly connect students to the school community and provide opportunities to practice newly developing skills
Staff Wellness

• Personal histories of trauma
  – May impact how staff manage day to day stresses or relate to patients and other staff

• Vicarious trauma
  – Sometimes called compassion fatigue
  – Persistent anxiety or thinking about trauma experienced by patients
  – Manifested in many ways, from “numbness” to anger

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Where do we start?
The Six Elements of School Operations Involved With Creating A Trauma Sensitive School

- Leadership
- Professional Development
- Access to Resources and Services
- Academic and Non-Academic Strategies
- Policies and Protocols
- Collaboration with Families

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Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that.
Questions?

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