



The Impact of Risk & Trauma: What Are the Implications for Education?

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Why Should We Care About Risks and Traumas?

- ❑ Short- and long-term impacts on children and youth
- ❑ High levels of misdiagnosis when trauma is involved
- ❑ Impact on staff dealing with child behavior and secondary stress from trauma in children and families they serve
- ❑ Greater likelihood of school expulsion and exclusion, even at the infant, toddler, and preschool level
- ❑ Growing attention to what schools should be doing, including implications of the Peter P v Compton Unified lawsuit

What Is Trauma & Why Does It Matter in the Development of Healthy Schools and Communities?

Defining Trauma

Individual trauma results from an **e**vent, series of events, or set of circumstances **e**xperienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse **e**ffects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

THINK 3 E's!

(SAMHSA-HRSA Center for Integrated Health Solutions)

Variability in Response to Trauma

The impact of a potentially traumatic event is determined by both:

- The objective nature of the event
- The child's subjective response to it

Something that is traumatic for one child may not be traumatic for another

Variability cont'd

The impact of a potentially traumatic event depends on several factors, including:

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The presence/availability of adults who can offer help and protection

What is the Adverse Childhood Experiences (ACE) Study?

Original ACE Study at Kaiser Permanente, San Diego (Felitti and Anda, 1995-97)

- 17,421 Kaiser members who agreed to participate
- Measured 10 types of adverse childhood experiences, or ACEs: three types of abuse — sexual, verbal and physical; five types of family dysfunction — a parent who's mentally ill or alcoholic, a mother who's a domestic violence victim, a family member who's been incarcerated, a loss of a parent through divorce or abandonment; & emotional and physical neglect
- More educated than the general population and a large Caucasian representation (75% of sample)
- Did not include historical trauma seen in many groups; Focus was on individual trauma
- Validated by many subsequent studies

ACEs Measured in Children

Childhood abuse and neglect

Parental divorce or separation

Parental death

Parental incarceration

Violence among adults in the home

Victim or witness to neighborhood violence

Living with a mentally ill adult

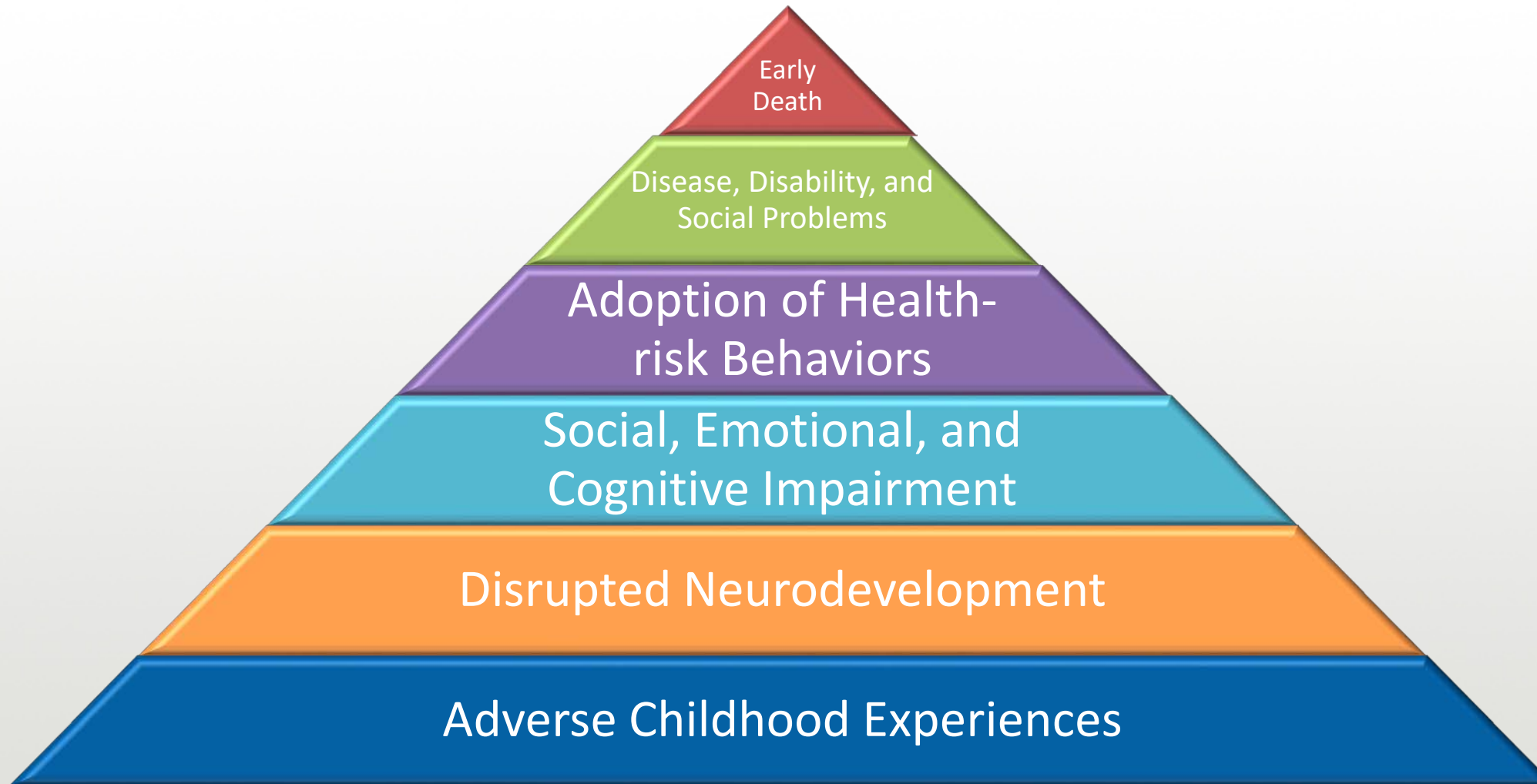
Living with someone who has a substance abuse problem

Experiencing economic hardship

Homelessness

Pair of ACEs handout

Long-Term Trauma Impact–ACE Pyramid: CDC



Adverse Childhood Experiences

Abuse and Neglect (e.g., psychological, physical, sexual)
Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child & Youth Development

- Neurobiological Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
 - Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Prevalence of Trauma in the United States

In the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event, and 90 percent of clients in public behavioral health care settings have experienced trauma (SAMHSA)

26% of children in the United States will witness or experience a traumatic event before they turn four.



Rates of Trauma Reported by Parents in Children Birth to 17 years

- ❑ Child Trends, relied on data from the National Survey of Children's Health examined state variations in prevalence of ACEs in children and youth
- ❑ Highest rates in the nation reported in New Mexico and Arizona
 - ❑ In New Mexico, 48% had 0 ACEs (National average is 55%)
 - ❑ In New Mexico, 18% had 3-8 ACEs (National average is 10%)

Rates of Trauma in Tribal Populations

(Koss et al., 2003)

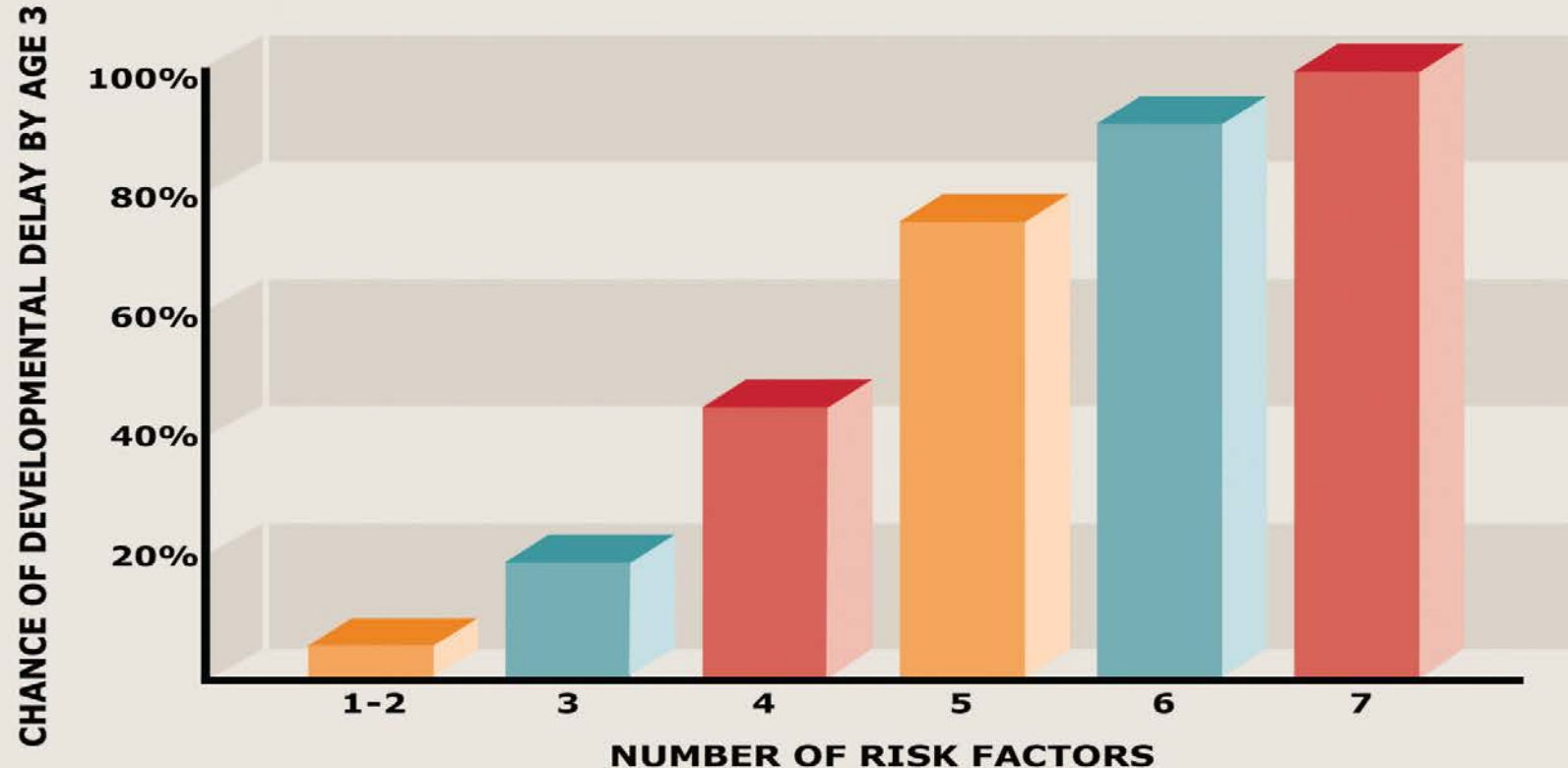
- ❑ Limited research has been conducted on specific cultural or ethnic groups
- ❑ Koss et al. examined reported ACEs in 1660 tribal members from 7 tribes
 - ❖ 86% reported at least 1 ACE (Orig. ACE Sample = 63.9%)
 - ❖ 33% reported 4 or more ACEs (Orig. ACE Sample = 12.5%)



Impact of Trauma on Young Children

Young children exposed to five or more significant adverse experiences in the first three years of childhood face a 76% likelihood of having one or more delays in their language, emotional or brain development (SAMHSA)

90-100% Chance Of Delay For Maltreated Children With 7 Or More Risk Factors (Barth et al, 2008)



Long-Term Effects of Childhood Trauma

Children who have experienced trauma may engage in high-risk or destructive coping behaviors

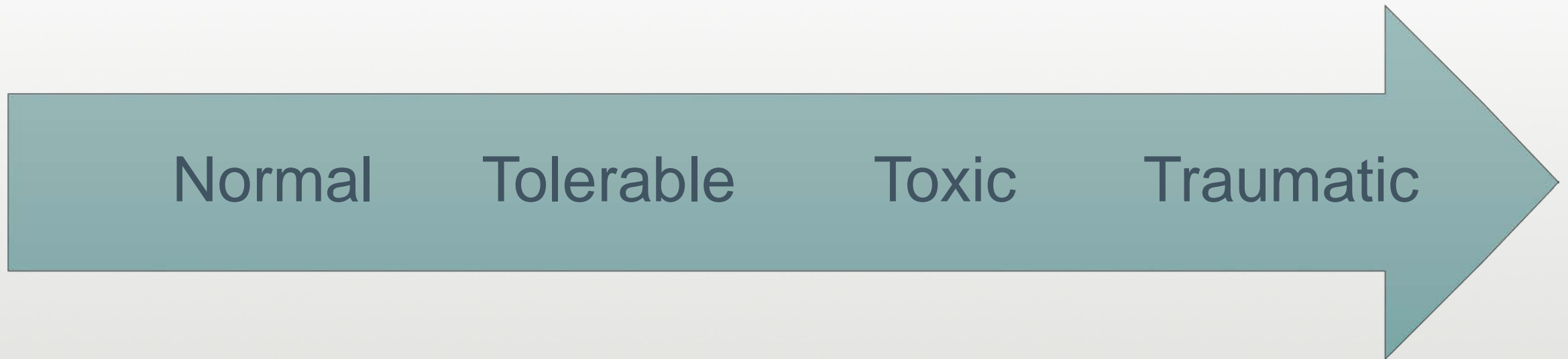
These behaviors place them at risk for a range of serious mental and physical health problems, including:

- Alcoholism
- Drug abuse
- Depression
- Suicide attempts
- Sexually transmitted diseases (due to high risk activity with multiple partners)
- Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Source: Felitti et al. (1998). *Am J Prev Med*;14(4):245-258.

Known Effect of Trauma	Behavior Manifestation	Relation to Social-Emotional Development	Outcome
Social, emotional and cognitive impairment.	Over-reacting, becoming easily agitated, lashes out.	Inability to self manage or regulate.	Sent out of program space. (further isolation)
Disrupted developmental stages.	Carrying a security blanket or sucking thumb.	Lack of social awareness.	Teased by peers.
Behavior, social and physical health problems	Stress related illness. (chronic fatigue / depression)	Lack of self awareness or care.	Failing grades in school.
Decreased ability to trust others.	Acting withdrawn or aggressive. Lacking boundaries.	Poor relationship skills.	Social isolation from peers. Suspension.
Adoption of risky behaviors as coping mechanisms.	Substance abuse and other self harming practices	Irresponsible decision-making skills.	Hospital stays, unwanted pregnancy, crime.

Stress Is On a Continuum





Types of Traumatic Stress

Source: Cook et al. (2005). *Psychiatr Ann*, 35(5):390-398.

- **Acute trauma** is a single traumatic event that is limited in time. Examples include:
 - Serious accidents
 - Community violence
 - Natural disasters (earthquakes, wildfires, floods)
 - Sudden or violent loss of a loved one
 - Physical or sexual assault (e.g., being shot or raped)
- During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

Types of Traumatic Stress

- ▶ **Chronic trauma** refers to the experience of multiple traumatic events.
- ▶ These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or longstanding trauma such as physical abuse, neglect, or war.
- ▶ The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.



Types of Traumatic Stress

- ▶ **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child
- ▶ Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age
- ▶ Complex trauma has profound effects on nearly every aspect of a child’s development and functioning



Understanding Children's Responses

- Children who have experienced trauma often exhibit extremely challenging behaviors and reactions
- When we label these behaviors as “good” or “bad,” we forget that children’s behavior is reflective of their experience
- Many of the most challenging behaviors are strategies that in the past may have helped the child survive in the presence of abusive or neglectful caregivers

Misunderstood Causes

Depression

**Attention-Deficit/Hyperactivity
Disorder (ADHD)**

Developmental delays

Oppositional Defiant Disorder

Conduct disorders

Anger management difficulties



Impact of Working with Children & Families Who Have Experienced Trauma

- Trauma experienced by providers has been described as:
 - Compassion fatigue
 - Secondary traumatic stress (STS)
 - Vicarious traumatization
- Unlike other forms of job “burnout,” STS is precipitated not by work load and institutional stress but by exposure to other’s trauma
- STS can disrupt providers’ lives, feelings, personal relationships, and overall view of the world
- Creates high levels of attrition in program staff

Key Considerations

- ❑ It is very important to be careful in how we ask questions about trauma---we must frame questions in a supportive way with resources available to sustain support and build more buffering rather than open old wounds
- ❑ Stable relationships with supportive adults help young children learn how to cope with stressful circumstances
- ❑ Physical or emotional sensations can trigger implicit and explicit memories, causing flashbacks, nightmares, or other distressing reactions
- ❑ Trauma-exposed children may exhibit over-controlled behavior or under-controlled behavior
- ❑ *Behavior is Communication!*

What Can Be Done?

- Reframe for educators what challenging behaviors may actually be communicating about the child
- Develop awareness of trauma triggers that activate stress responses in children
- Reduce expulsions and exclusions by paying attention to the underlying causes of behavioral responses
- Examine possible misdiagnoses in children

Strategies for Creating Trauma Sensitive Schools

- ❑ Provide trauma sensitive training for all adults working in the schools
- ❑ Develop positive school discipline strategies to maintain safe environments and avoid school expulsions
- ❑ Provide mental health support by trained providers with expertise in developmentally-informed trauma practices and an understanding of differences in impact by age of child
- ❑ Build restorative practices to allow children to heal
- ❑ Partner with community leaders to create “buy-in” and support for positive outcomes and use of culturally appropriate practices

Research on Native Americans

- ❖ Koss, MP et al. (2003). Adverse childhood exposures and alcohol dependence among seven Native American tribes. *American Journal of Preventive Medicine*, 25(3), 238-244.
- ❖ National Native Children's Trauma Center. *Fact Sheet: Trauma Among American Indians and Alaska Natives*. Univ of Montana. Sept 2016.
- ❖ Lechner, A., Cavanaugh, M., & Blyler, C. (2016). *Addressing Trauma in American Indian and Alaska Native Youth*. Mathematica Policy Research; Washington, DC.

Resources

□ Handouts:

- ❖ Pair of ACEs (*Academic Pediatrics*, 2017)
- ❖ A Tale of Two Schools (from Schott Foundation)

□ **Downloadable Reports:**

- ❖ https://www.childtrends.org/wp-content/uploads/2019/07/ACCESScreening_ChildTrends_July2019.pdf
- ❖ <http://schottfoundation.org/restorative-practices>
- ❖ <https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/>
- ❖ National Center for Mental Health Promotion and Youth Violence Prevention, "Childhood Trauma and Its Effect on Healthy Development," July 2012
http://sshs.promoteprevent.org/sites/default/files/trauma_brief_in_final.pdf

Resources

☐ **Websites:**

- ❖ National Child Traumatic Stress Network (NCTSN) has extensive resources on their website: <https://www.nctsn.org/resources>
- ❖ Administration for Children & Families website: <https://www.acf.hhs.gov/trauma-toolkit/early-childhood-programs>
- ❖ American Academy of Pediatrics Trauma Toolbox for Primary Care.
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx#trauma>
- ❖ National Technical Assistance Center for Children's Mental Health. Trauma Informed Care: Perspectives and Resources.
<https://gucchdtacenter.georgetown.edu/TraumaInformedCare/>

Resources

□ Websites

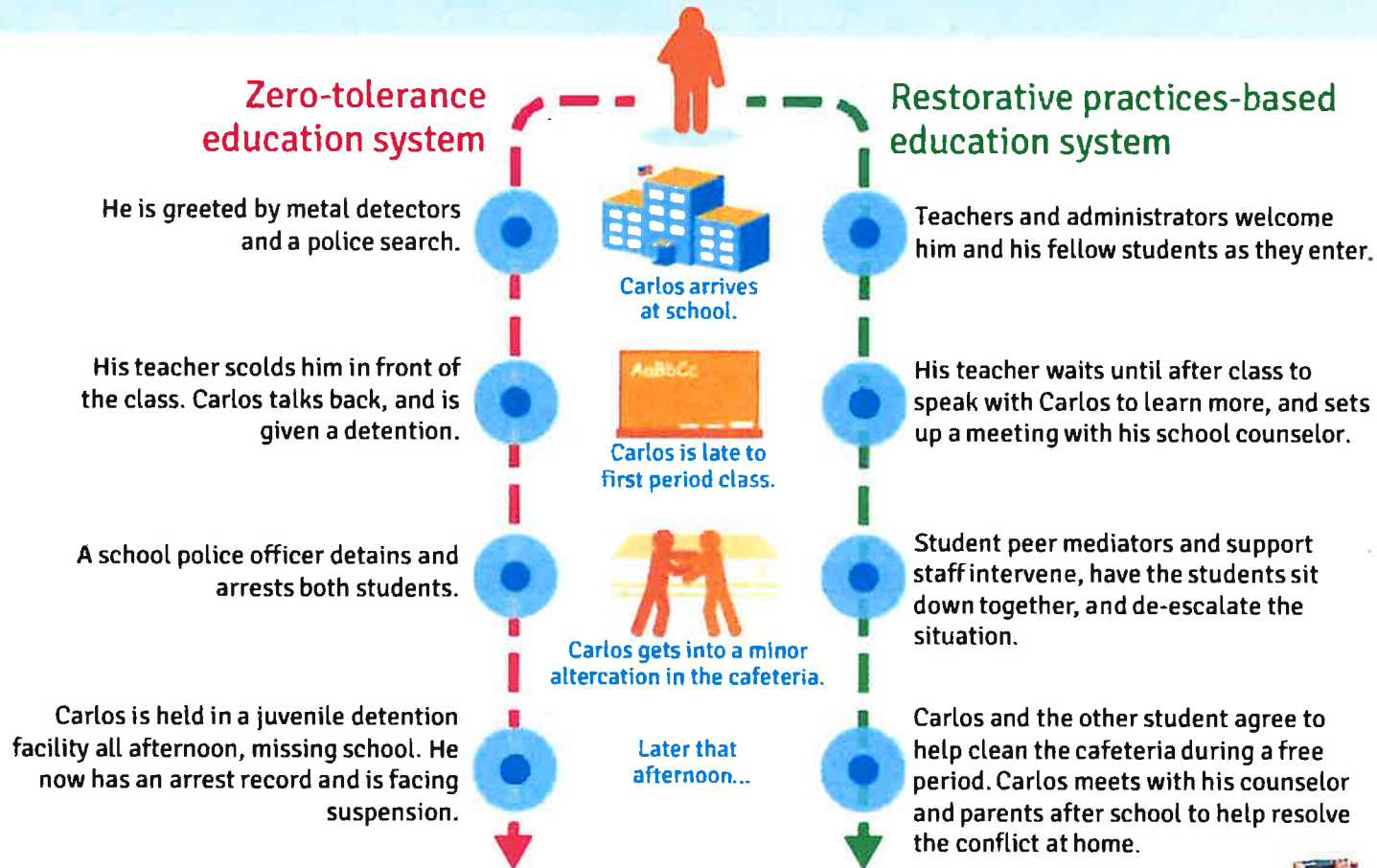
- ❖ For more information about the Peter P v Compton Unified School District lawsuit: http://www.publiccounsel.org/about_us?id=0005
- ❖ Peter P lawsuit video clip with student interviews: <https://www.traumaandlearning.org/>
- ❖ Center on the Developing Child website with rich information and video clips on the impact of adversity, toxic stress, building resilience: <https://developingchild.harvard.edu/resources/>
- ❖ ACEs Connection--Connect with people using trauma-informed/resilience-building practices. Stay current with news, research, events. <https://www.acesconnection.com/>
- ❖ Restorative Practices Toolkit for promoting positive discipline in schools: www.otlcampaign.org/restorative-practices
- ❖ Indian Country Child Trauma Center: trauma-related treatment protocols, outreach materials, and service delivery guidelines. <http://www.icctc.org/>
- ❖ Center for Health Care Strategies-- Trauma Informed Care: <https://www.chcs.org/topics/trauma-informed-care/>

**Thank you for the opportunity to
share this important information
with you!**

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Behavior, social and physical health problems	Stress related illness. (chronic fatigue / depression)	Lack of self awareness or care.	Failing grades in school.
Decreased ability to trust others.	Acting withdrawn or aggressive. Lacking boundaries.	Poor relationship skills.	Social isolation from peers. Suspension.
Adoption of risky behaviors as coping mechanisms.	Substance abuse and other self harming practices	Irresponsible decision-making skills.	Hospital stays, unwanted pregnancy, crime.

A Tale of Two Schools

Carlos had a heated argument with his parents before leaving for school, so he's running late.
Let's see the difference that restorative policies and practices can make.

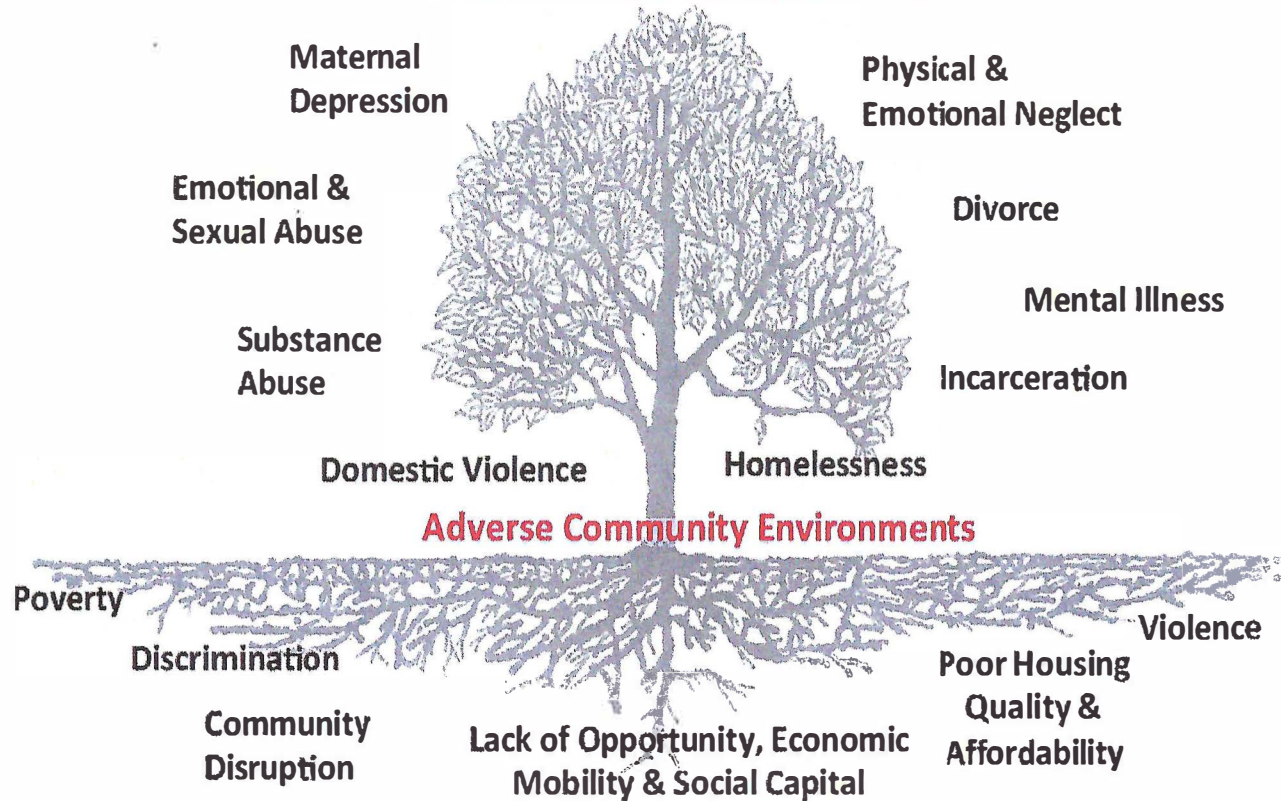


Learn more about restorative practices:
www.otlcampaign.org/restorative-practices



The Pair of ACEs

Adverse Childhood Experiences



Ellis W & Dietz W, A New Framework for Addressing Adverse Childhood and Community Experiences:
The Building Community Resilience (BCR) Model, *Academic Pediatrics* (2017).