

Adverse Childhood Experiences and Developmental Trauma

Anne Maree Taney

Creating an understanding and using trauma-informed strategies to aid healing and learning.

The Adverse Childhood Experience Study

<https://www.cdc.gov/violenceprevention/acestudy/index.html>

Types of Adverse Childhood Experiences

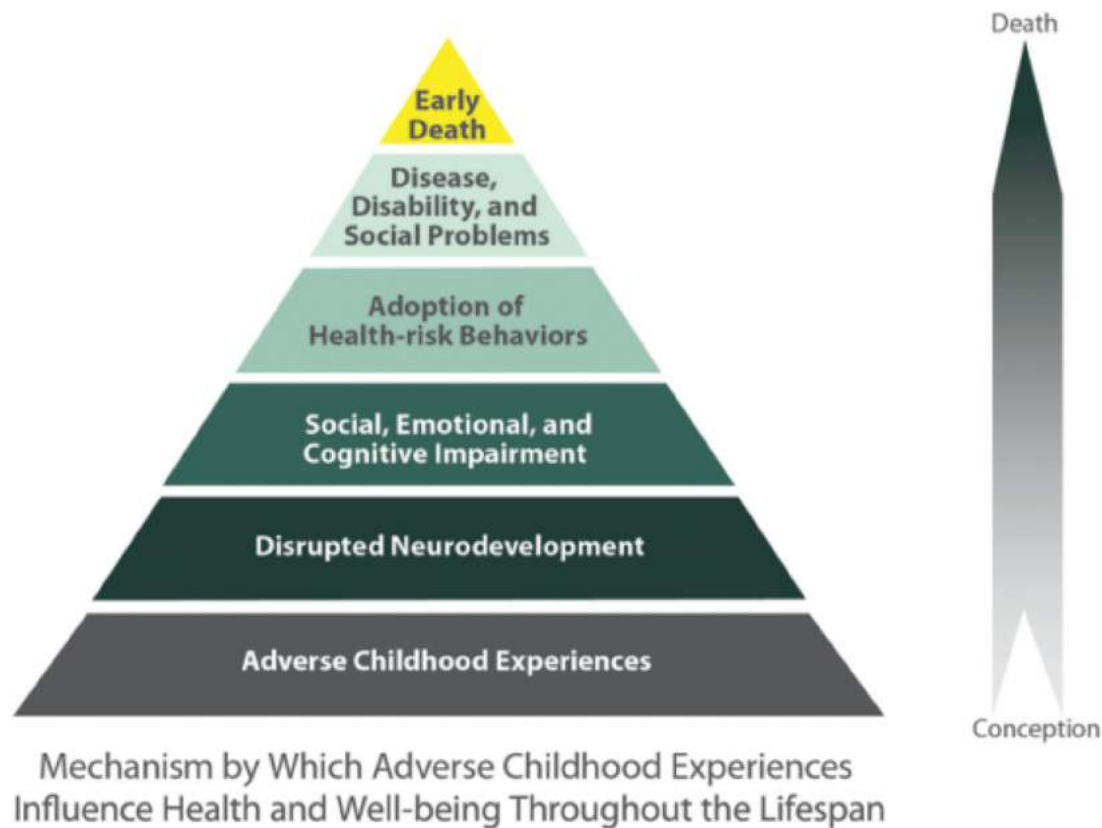
- Physical ,emotional or sexual abuse
- Emotional or physical neglect
- Alcohol and/or drug abuse in the household
- An incarcerated household member
- Someone in the household who is chronically depressed, mentally ill, institutionalized or suicidal
- Mother is treated violently
- Parents are separated or divorced

- Study in USA
- 1995-1997
- Large study -17 337 took part
- Predominantly white, college educated

No. of ACE's	Percentage of population
Zero	36%
One	26%
Two	16%
Three	9.5%
Four or more	12.5%

Impacts of Adverse Childhood Experiences

<https://www.cdc.gov/violenceprevention/acestudy/index.html>



Impacts relevant to school:

- Impaired Cognition
- Behavioural issues
- Attendance issues
- Emotional Issues

The more adverse experiences the greater the impact

Developmental Trauma

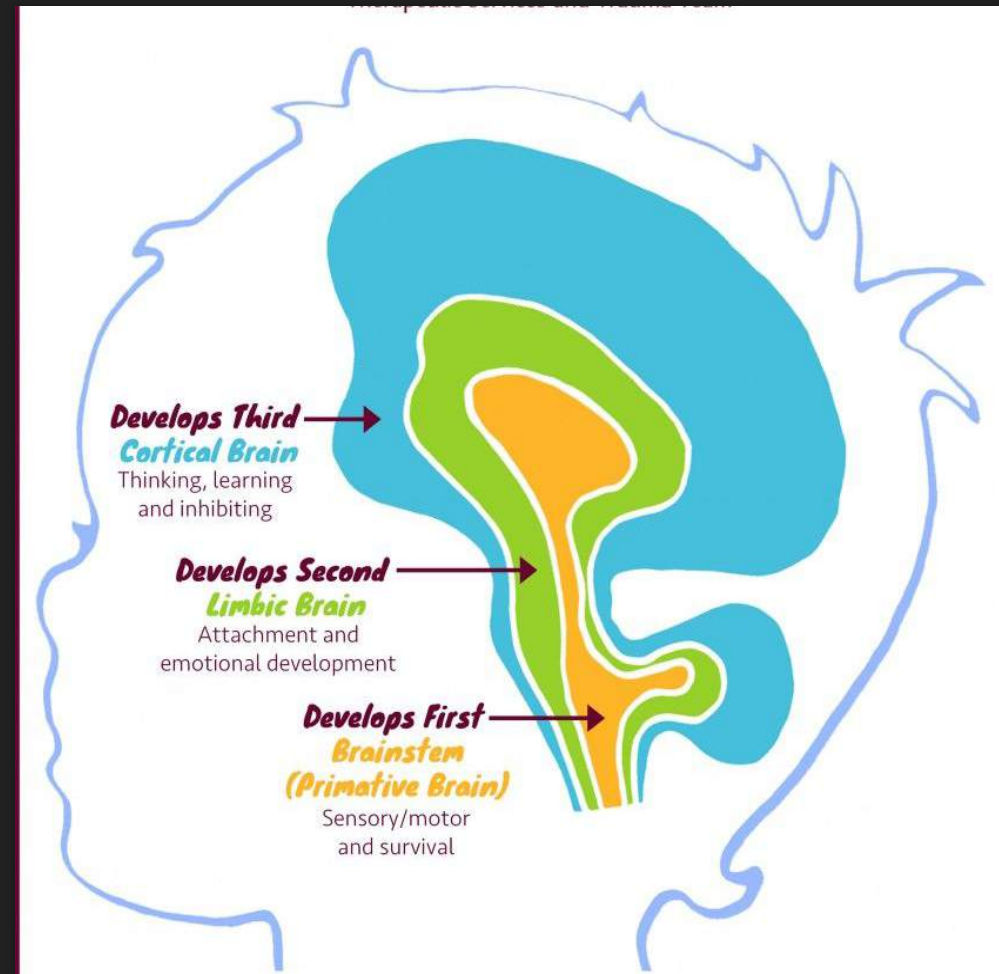
<https://beaconhouse.org.uk/useful-resources/>

- Damage to brain development in utero
- Physical, emotional and sexual abuse
- Emotional and physical neglect
- Disruption of attachment

NOT ABOUT BLAME – BUT RECOGNISING AND SUPPORTING

Other issues may co-exist or exist separately

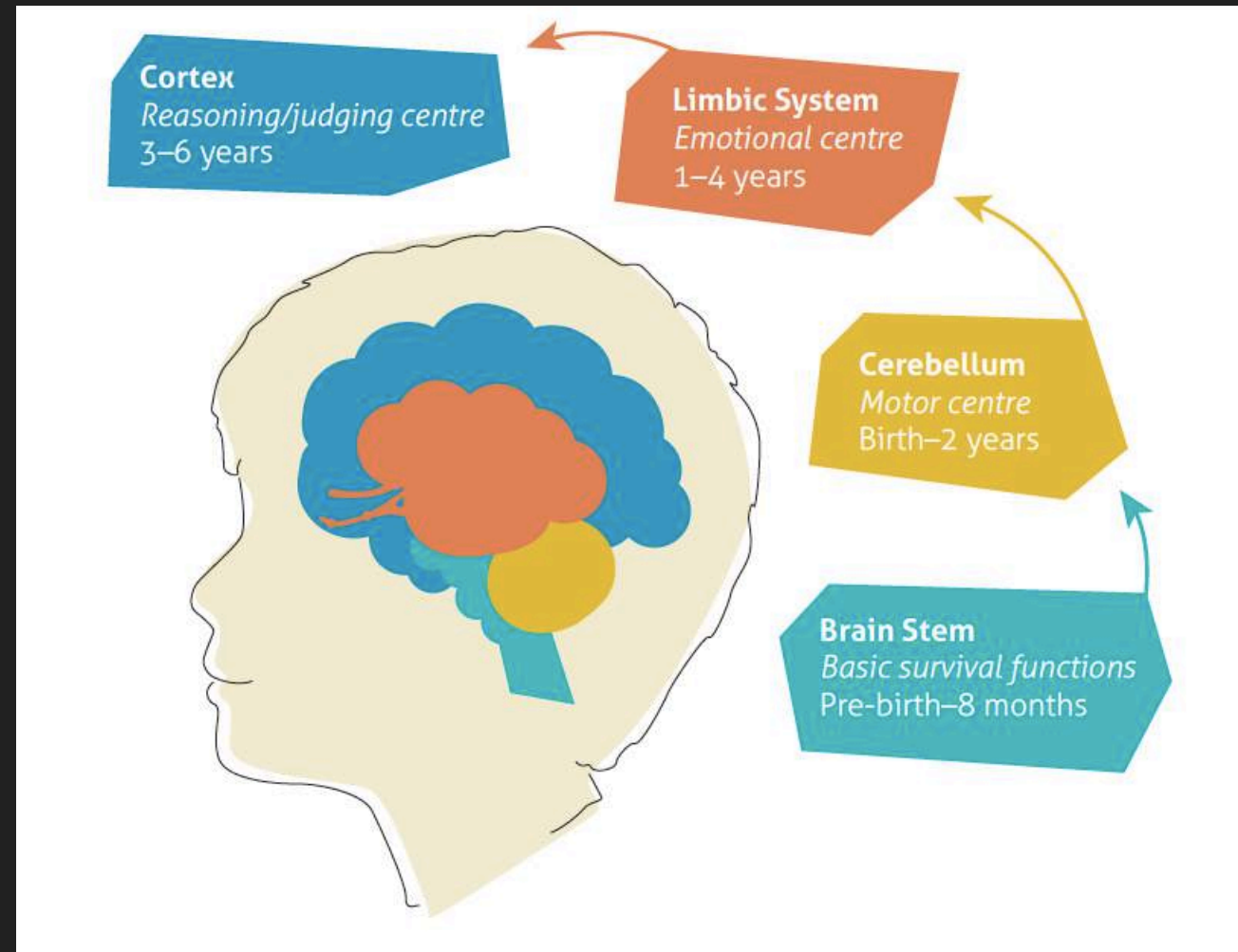
e.g FASD; ASD; ADHD



Critical Times for Vertical Brain Development

<https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

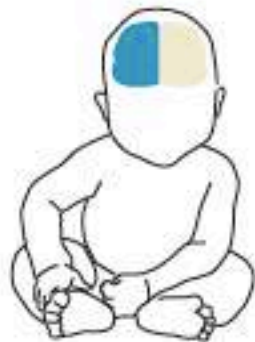
- It is during these critical times that adverse experiences will have the most impact
- The cortical brain is not fully developed until 25 years of age
- "Rewiring" can happen throughout life – healing/integration of the brain



Horizontal Brain Development

Right Side: Holistic, convergent, can see the big picture
Stores and processes emotions, feelings, creativity and intuition

Left Side: Linear, divergent, focus on one thing at a time. Deals with more logical
Challenges, such as language and mathematics



0-2 years
Right Hemisphere



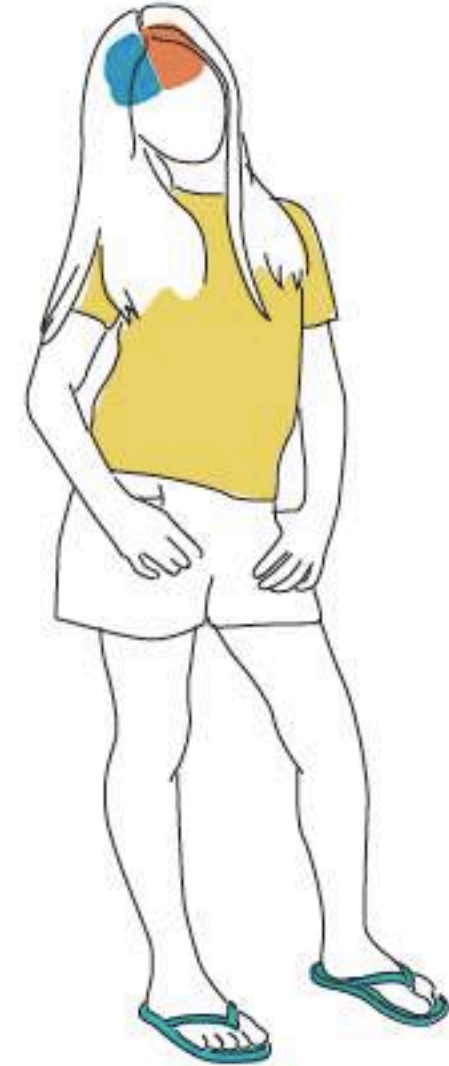
2-4 years
Left Hemisphere



4-6 years
Right Hemisphere



6-8 years
Left Hemisphere



8+ years
Integrated

Brain Development: Brain Stem Area

<https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

Area of Brain	Responsible for	Difficulties a child may encounter
Brain Stem	Sensory/motor & survival	Difficulty with concentration and attention Overwhelmed by noisy, busy classroom Difficulty throwing & catching a ball Poor handwriting and pencil grip Difficulty with co-ordination and balance Shutting down/zoning out frequently throughout the day
Brain Stem	Dissociation	Frequent “day dreaming” & lack of focus: leading to under achievement Abilities to read, write, learn change drastically from one task to the next The child is forgetful and confused about things s/he should know Confusion about day and time They get back homework they have no memory of doing etc.

Brain Development: Limbic Area

<https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

Area of Brain	Responsible for:	Difficulties a child may encounter
Limbic	Attachment	Difficulty processing new information Underperformance or over dependence on academic excellence Difficulties organizing and completing tasks Struggles with transitions, loss and change Big reactions or zoning out for reasons not obvious to others Difficulties in friendships Find it hard to ask for help OR the child is always needing help Over compliance OR disruptive behaviour in class
Limbic	Emotional Regulation	Outbursts of anger or distress at small events such as a change in activity Immaturity in friendships – jealousy, possessiveness, struggles to share Too emotional to take on new learning Tearfulness and anxiety at drop off Over dependence on adults Rule breaking Aggression, running and hiding

Brain Development: Limbic and Cortical Areas

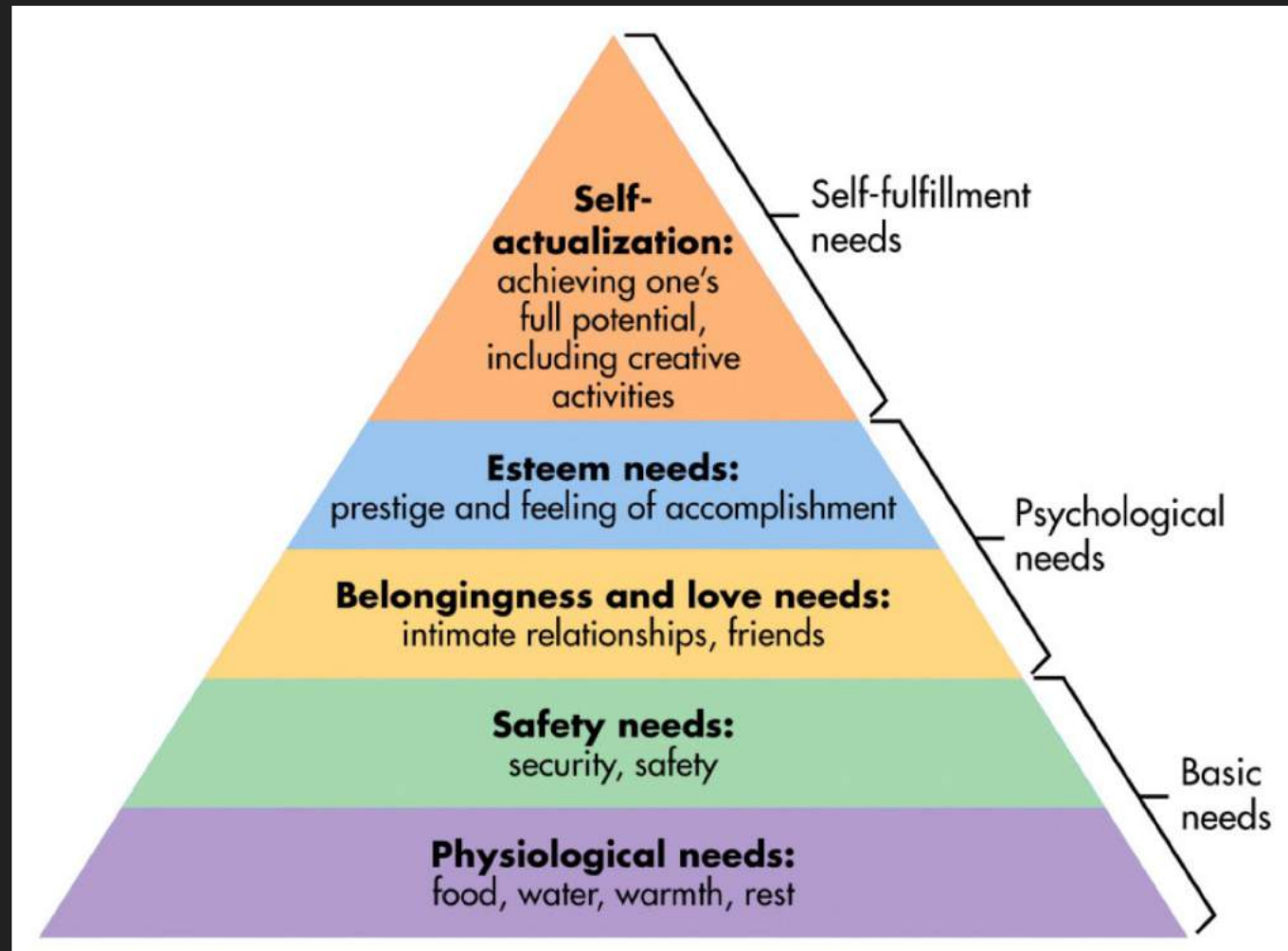
<https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

Area of Brain	Responsible for:	Difficulties a child may encounter
Limbic	Behavioural Regulation	Lying, stealing, hoarding Disruptive in class Restless, fidgety, moves about the classroom lots Slowed down, unresponsive
Cortical	Cognition	Difficulties with problem solving Struggles to complete a task Unable to process information quickly Cannot remember new information Poor ability to read social cues Cannot organize their belongings
Cortical	Self Concept & Identity Development	Being knocked back easily Becoming upset at failure Self doubt and self criticism Not trying for fear of failure

What kids need before they can learn: “Maslow’s Hierarchy of Needs”

<https://www.simplypsychology.org/maslow.html>

- **Esteem Needs** – Success achieved and acknowledged - individually or publically as appropriate. (Some times this may be really small successes)
- **Belonging** – Unconditional Positive Regard. Feel like a valued member of the class
- **Safety Needs** – Safe, calm, organised, predictable environment. Boundaries that are consistent and administered with sensitivity and calm.



Window of Tolerance

Hyper-Arousal

Emotional overwhelm, panic, feeling unsafe, angry, racing thoughts, anxiety, etc.

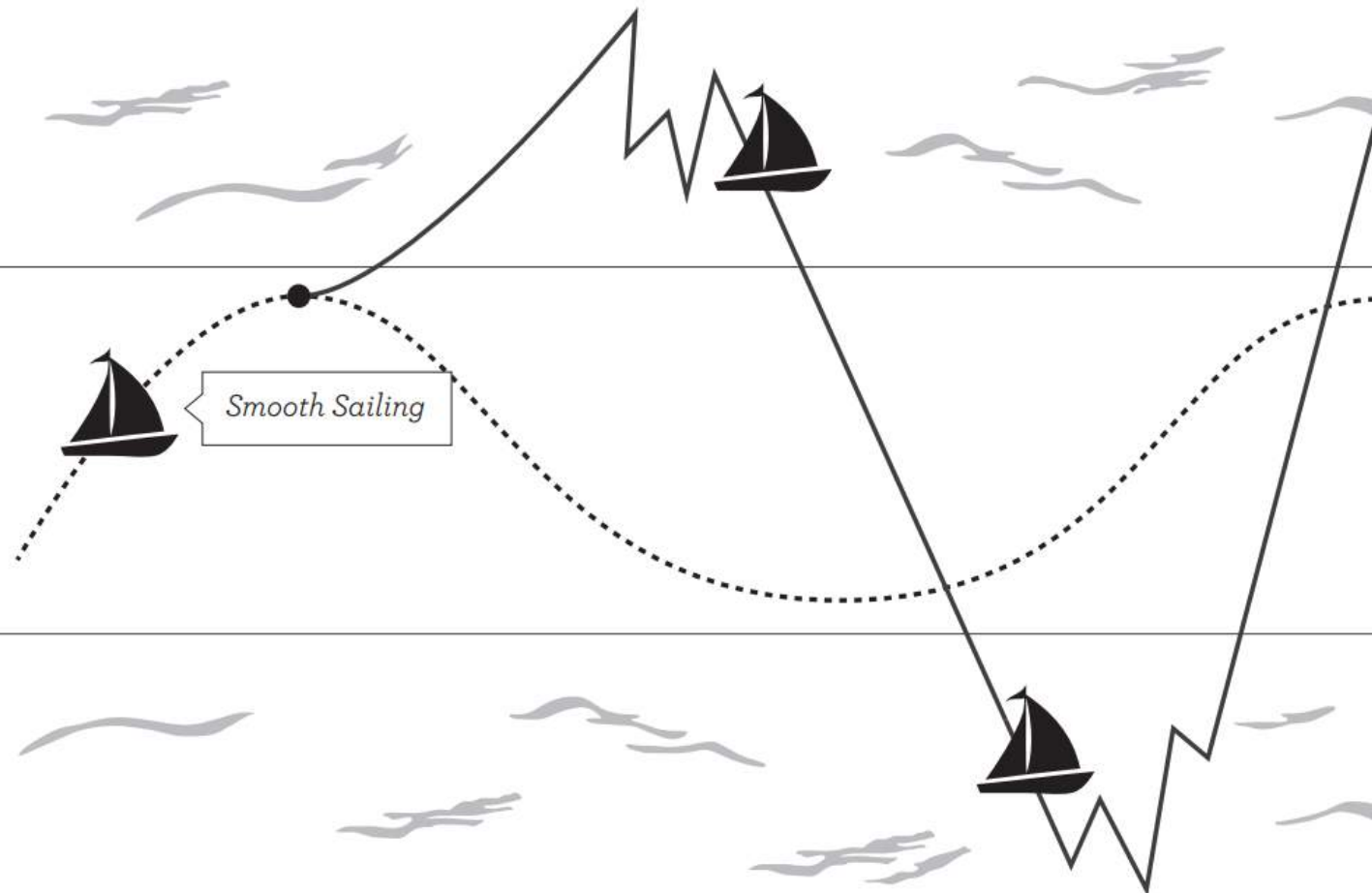
Window of Tolerance

OPTIMAL AROUSAL ZONE

Carrying on with daily life in the river of well-being

Hypo-Arousal

Numb, no feelings or energy, can't think, shut down, ashamed, disconnected, depression, etc.



When people have experience trauma their window of tolerance is narrowed.

Lower levels of stimuli may provoke overwhelming responses.

The aim is to widen the window through healing so they can respond flexibly to normal stimuli.

Flight, Fight, Freeze

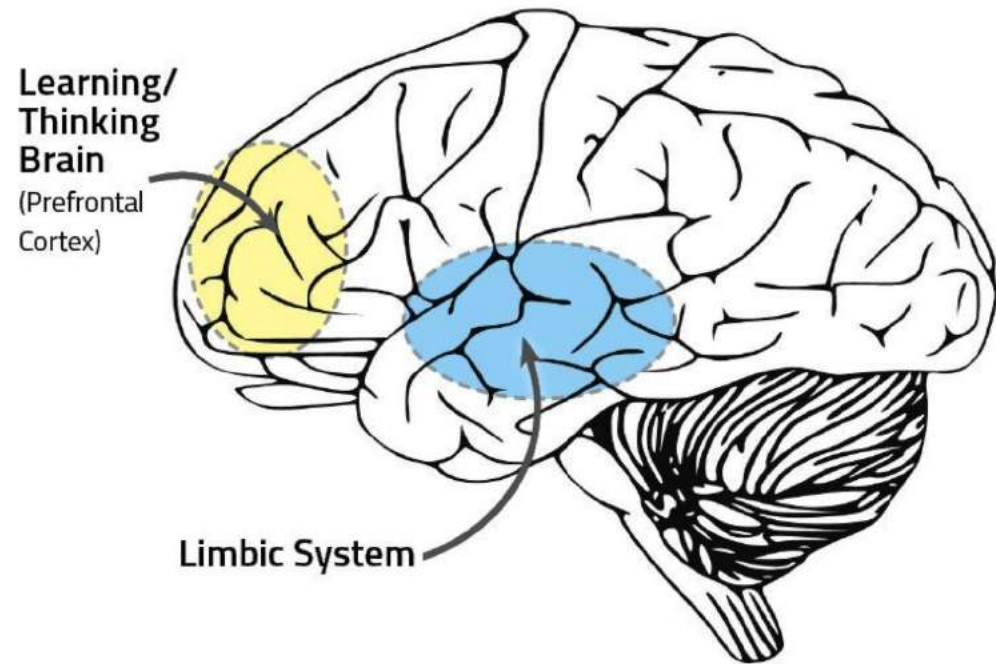
Limbic System is important for survival - it is a faster system. It protects us – but it sometimes becomes over active and the thinking brain shuts down.

We can re-engage it by taking slow deep breaths, going for a walk etc.

Everyone is different but it can take approx. 20 minutes to settle limbic system.

Survival Mode: Flight/Fight/Freeze

Frontal lobe (Prefrontal cortex) goes offline
Limbic system / mind and lower brain functions take over



Regulate, Relate, Reason....

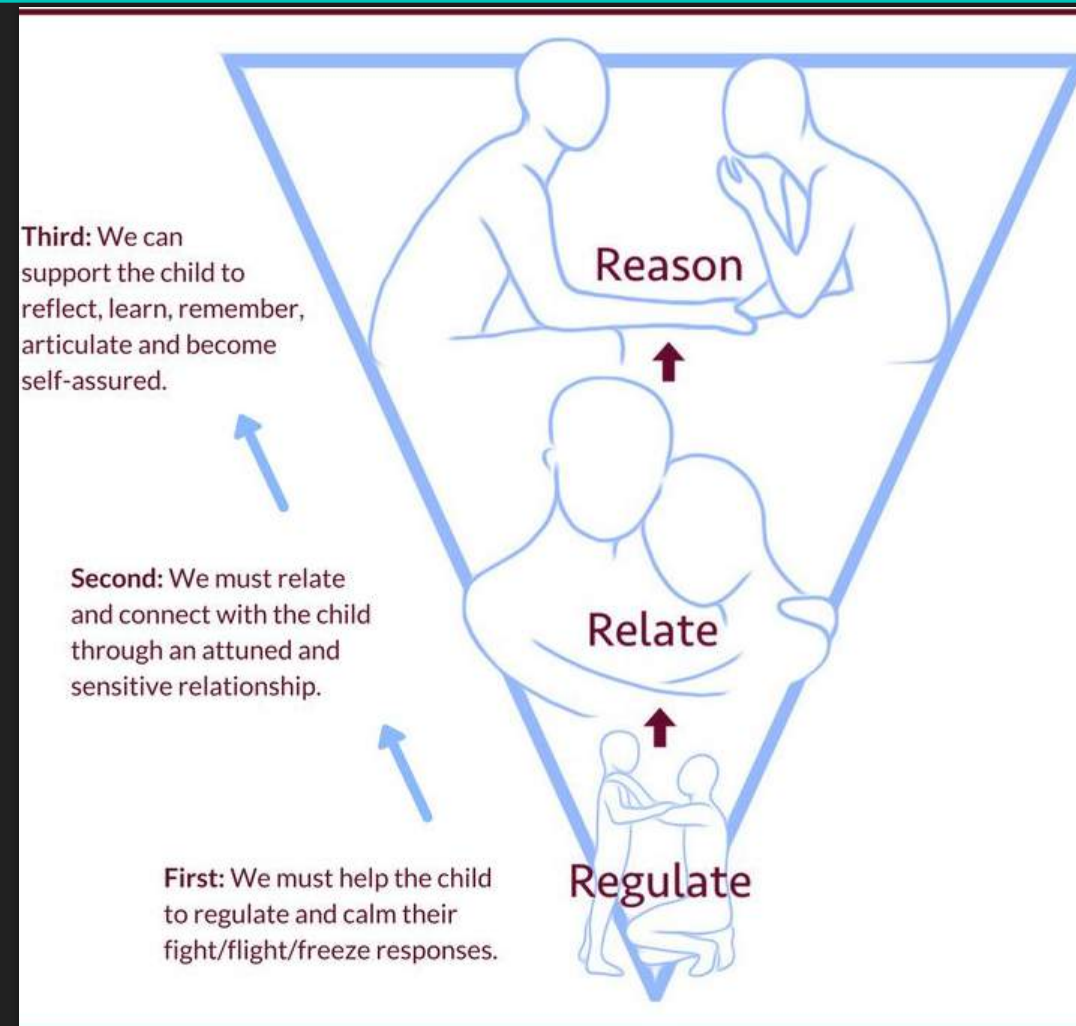
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We can't reason with someone when they are in the fight/flight/freeze part of their brain

First need to regulate (co-regulate)

Then relate/connect with child

Then we are able to reason. In this state they can reflect, learn and remember.



Healing: Integration of Neuronal Networks

- ART
- MUSIC
- DANCE and MOVEMENT
- SONG
- CULTURAL PRACTICES
- STORY TELLING
- RHYTHM
- MINDFULNESS/WHEEL of AWARENESS



Healing: Interpersonal Integration

RELATIONSHIPS

- Family
- Peers
- Teachers and other staff
- Sports Team
- Interest groups
- Community
- Society



At school children have a second chance of gaining a secure attachment if for various reasons this has not been achieved, Relationships heal trauma.

General strategies: Trauma informed support for children

www.echoparenting.org

1. Create safety

If the child is overwhelmed, perhaps guide them to a quiet corner or allow them to decompress by visiting the restroom/get a drink. If you are in a classroom, maybe you have a peace corner that you've outfitted with blankets or a screen so that it feels like a safe place.

2. Regulate the nervous system

Stress brings a predictable pattern of physiological responses and anyone who has suffered toxic stress or trauma is going to be quickly stressed into hyperarousal (explosive, jittery, irritable) or hypo arousal (depressed, withdrawn, zombie-like). Assist the child to find what works for them.

3. Build a connected relationship

This is the number one way to regulate the nervous system. When we are around people we care about, our bodies produce oxytocin, which is the hormone responsible for calming our nervous system after stress. If we stay connected, then eventually the calm discussion of each person's feelings and needs can take place.

General strategies: Trauma informed support for children

www.echoparenting.org

4. Support development of coherent narrative

Creating predictability through structure, routines and the presence of reliable adults helps reduce the chaos a child may feel and allows them to start creating the kind of logical sequential connections that not only help them understand their own narrative, but are also the fundamental requirement of many types of learning.

5. Practice 'power-with' strategies

One of the hallmarks of trauma is a loss of power and control. When someone is wielding power over you with no regard to your thoughts or feelings, the toxic shame of the original trauma may come flooding back. As adults, we should use our power well. If we model a 'power-with' relationship with children it's our best chance of creating adults who will treat others with dignity and respect.

General strategies: Trauma informed support for children

www.echoparenting.org

6. Build social emotional and resiliency skills

Trauma robs us of time spent developing social and emotional skills. The brain is too occupied with survival to devote much of its energy to learning how to build relationships and it's a good chance we didn't see those skills modeled for us. Learning to care for one another is the most important job we have growing up.

7. Foster post-traumatic growth

We know that there are qualities and skills that allow people to overcome the most devastating trauma and not just survive but find new purpose and meaning in their lives. Problem solving, planning, maintaining focus despite discomfort, self-control and seeking support are all known to lead to post-traumatic growth and are skills we can foster in children

Strategies to enable learning

- **Understand the Child.** Understanding trauma and attachment difficulties brings compassion and empathy; understanding that the child may be developmentally younger than their chronological age will guide teaching practices.
- **Manage your own reactions.** Working with traumatised children can bring strong emotions; staying calm will help calm the child
- **“I see you need help with...”** Help children comply with request. Because they don't necessarily want to please adults, helping them comply will avoid power battles
- **Structure and consistency.** Traumatized children often have little internal structure and need firm boundaries, rules, expectations and consequence – applied with sensitivity and calm.
- **Time in, not time out.** Traumatized children experience time out as yet more rejection, increasing their feeling of shame and worthlessness; Time in keeps them engaged in a relationship

Strategies to enable learning cont.

- **Connect dissociative children**, who are often quiet and compliant, need gentle and consistent attempts to connect with them
- **Consequences, not punishment.** Use natural consequences that relate to the problem behaviour and are designed to repair damaged property or relationships
- **Structure choices to remain in control.** Offer choices with humour and creativity to avoid power battles; keep the child responding to you rather than allowing them to control the interaction
- **Acknowledge good decisions and choices.** Traumatized child often don't respond well to praise, but still need positive reinforcement for doing something well. Comment on the job well done rather than intrinsic characteristics
- **Support parents and carers.** Keep up good communication and don't communicate through the child. Try to be compassionate and understanding. Living with a child who has trauma and attachment difficulties can be very stressful
- **Self care and support one another. This is difficult, but important work.**

Important role of teachers and staff

Both research and wisdom show us that regardless of the adversity they face, if a child can develop and maintain a positive attachment to school, and gain an enthusiasm for learning, they will do so much better in their lives. The role of teachers in the lives of traumatised children cannot be underestimated.

<http://education.qld.gov.au/schools/healthy/pdfs/calmer-classrooms-guide.pdf>

Childhood Trauma doesn't have to lead to negative outcomes...

○ PREVENTION

- Trauma informed education/services
- Integration of neuronal pathways and interpersonal integration
- Increasing Resilience – Growth Mindset, Positive Self Talk, Problem Solving, Recognition and use of own strengths and those of others (help seeking behaviour)

- **Counselling.** For children this is predominantly play-based. Children communicate, problem solve and learn through play. Children can also process experiences that they cannot put words to. It is non-threatening and fun. Children also have a one-on-one relationship with the counsellor based on unconditional positive regard. It is believed that this it is this aspect of counselling that facilitates change.