We have to take care of ourselves first to be able to help others.

Talking about how violence affects children can trigger memories & feelings.

Trauma can affect us indirectly.

"Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior. The behavior is so willful, so intentional. She controlled herself yesterday, she can control herself today. If we only knew what happened last night, or this morning before she got to school, we would be shielding the same child we're reprimanding."

- Mark Katz

Healing starts by understanding how early trauma affects health and behavior.

ACEs: MAY BE PART OF OUR PAST. BUT THEY ARE NOT OUR DESTINY

The Brain Explains....

Early emotional experiences and a child's environment become embedded in architecture of children's brains.

The Brain Explains: Understanding Toxic Stress and Vicarious Trauma

Trauma-Informed Schools Webinar Series: Part 1

Linda Chamberlain PhD MPH
State of Alaska Family Violence Prevention Project
Chronic Disease Prevention and Health Promotion

What We’re Talking About

- The Brain Explains
- Toxic stress interferes with learning
- Self-regulation=essential executive function
  - Tools to promote self-regulation
- Preventing vicarious trauma is the 1st step to being trauma-informed

Insights about Trauma in the Classroom

- "Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior. The behavior is so willful, so intentional. She controlled herself yesterday, she can control herself today. If we only knew what happened last night, or this morning before she got to school, we would be shielding the same child we're reprimanding."

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Before We Start....

- We have to take care of ourselves first to be able to help others
- Talking about how violence affects children can trigger memories & feelings
- Trauma can affect us indirectly

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Early emotional experiences and a child’s environment become embedded in architecture of children’s brains.

Playing a Poor Hand Well, Mark Katz
Neuroplasticity—the ability of the human brain to adapt and change in response to experience and environment.

Stress is Physical!

STRESS= Complicated cascade of physical and biochemical responses to powerful emotional stimuli

Gabor Mate, When The Body Says No, 2003

Positive Stress | Tolerable Stress | Toxic Stress
--- | --- | ---
• Normal and essential part of healthy development  
• Brief increases in heart rate and blood pressure  
• Mild elevations in stress hormones  
• Example: tough test at school, playoff game  
• Body’s alert systems activated to a greater degree  
• Activation is time-limited, and buffered by caring adult relationships  
• Brain and organs recover  
• Example: death of a loved one, divorce, natural disaster  
• Occurs with strong, frequent or prolonged adversity  
• Disrupts brain architecture and other organ systems  
• Increased risk of impact on brain and body  
• Example: abuse, neglect, caregiver substance abuse

Poll Question 1: Weight of your brain

Too much for too long in absence of supportive relationships, unaddressed

Social, emotional and coping skills, nurturing caregivers, supportive relationships and additional help as needed

Maltreatment Can Alter Fear Circuitry in Brain

• History of physical and/or emotional abuse associated with weaker connections between the “upstairs” and “downstairs” areas of brains
• Fear circuitry can’t work the way it should—*These kids seem to be afraid everywhere.*
• Increased risk of anxiety disorders and depression

Herringa et al, 2013

Peter Camburn

Dan Siegel, Brain Hand Model
Potential Neurodevelopmental Changes

- Organizational
- Brain chemistry imbalances
- Structural

What Does This Mean in Terms of Behavior?

- More impulsive, reactive brain
  - “Always on the ready” (hypervigilance)
- Persistent hyperarousal & hyperactivity
- Less able to get to the “upstairs” brain under stress
- Even greater need to teach social emotional skills

The Most Essential Life Skill: Self-Regulation

- Need to be in “cortex” to self-regulate/manage emotions
- Self-regulation is better predictor of school achievement in reading and mathematics than IQ or parent education level (Blair, 2003; Blair & Razza 2007; McCelland & Cameron, 2011)
School-Wide Positive Behavioral Intervention & Supports (PBIS):
a broad range of systemic and individualized strategies for achieving important social and learning outcomes while preventing problem behavior

www.pbis.org

Social and Emotional Learning

Social Emotional Learning (SEL) Skills

- SEL skills are learned—taught, modeled, and practiced
- Reduce the effects of ACEs and increase test scores
- From preschool through high school:
  - [http://casel.org/](http://casel.org/) for national review of SEL programs

Collaborative for Academic, Social and Emotional Learning
www.casel.org

Lessons from Head Start, Trauma Smart

- Children need simple strategies to calm their “downstairs” brain
- Deep breathing helps children to focus and calm down

https://www.youtube.com/watch?v=bXzKVpsHh8

Luke’s Story

Paradigm Shift
It’s about giving children choices and skills to respond to themselves vs. adult jumping in and taking control

KEY STEPS
1. Tune-in
2. Validate child’s emotions
3. Help child find way to shift
What's in my "sensation" shoebox?

- Assess environment to reduce distractions (visual and audio)
- "Fidgets" (worry beads, disc cushions, exercise bands) help child to stay calmly focused and alert
- Very predictable schedules and use sounds (chime vs. buzzer, drum, gong) for in-class transitions

Calm, Alert and Learning by Stuart Shanker, 2013

3 Steps to Help Self-Regulation

1. How can student’s stress load be reduced?
   - Often there is ongoing trauma
   - Is there anything adding to stress load in classroom that can be changed?
2. Be a Detective! while helping student to become aware of what being calm and focused feels like
   - How does it feel when he starts to feel agitated?
   - What helps her to get to calm?
3. Teach strategies for self-calming so student senses cues when he/she is starting to “lose it”

Progressive Relaxation for Children

Listen carefully and do what I say, even if it sounds silly. Pay attention to your body—think about how your muscles feel when they are all wound up and tight and when they are loose and relaxed.

1. You are a sled dog and you want to stretch...stretch your arms out in front, now higher, now drop your arms to the side, let’s try again
2. Be a turtle and go in and out of your shell
3. You have lemons in your hands, squeeze hard to get all the juice out, now let go, squeeze again, now drop the lemon....--------
4. Fly on your nose—no hands!
5. Here come a walrus and your tummy is the bridge! One walrus, two walruses....

Adapted from www.yourfamilyclinic.com

Poll Question #2

Calming Strategies

MindUP Curriculum:
Pre-K-2, Grades 3-5, Grades 6-8

- Teaches children how their brains work
- 15 neuroscience-based lessons that teach children to self-regulate behaviors and mindfully engage in focused concentration
- Lessons align with state standards including common core
- Training partnership with Columbia University Center for New Media Teaching and Learning

www.thehawnfoundation.com

MindUP Evaluation

- 96% of 3-year-olds demonstrated increased inhibitory response
- 54% of 2nd & 3rd graders increased inhibitory response
- Over 1/3 of all students demonstrated greater emotional control
- 73% of 3rd graders demonstrated improved planning & organizational skills

Pre- and post-test design; on-line results
Pilot project at Momentus Institute, 2011; Results at www.hawnfoundation.org
**Vicarious Trauma: The Hidden Stressor**

Having a prevention plan for vicarious trauma is an essential first step in trauma-informed care.

**What is Vicarious Trauma?**

Emotional and physical erosion that takes place when helpers are unable to refuel and regenerate.

When exposure to other people's suffering changes how we view the world and our work.

**Why is it important to address vicarious trauma in schools?**

- Vicarious trauma can lead to staff turnover
- Vicarious trauma can affect:
  - Your work, your colleagues, and how your organization functions
  - Your physical, mental and behavioral health
  - The way you act and interact with people you care about
- Addressing vicarious trauma and supporting staff will reduce staff turnover and absenteeism

**Vicarious trauma is a process of change**

- Unfolds over time
- Process of change is on-going
- Can look like Post-Traumatic Stress Disorder (PTSD)

**Questions to Consider**

As a result of the work you do:

1. How has my identify and personal beliefs about myself changed?
2. Have the reasons that I chose to do this work changed from when I started?
3. Am I using my strengths & resources to keep growing with the work or am I in survival mode?
4. Think about a critical situation in the last few months that may have affected your thinking/how you felt outside of work.

**Personal Signs of Vicarious Trauma**

- Isolated from others
- Feeling helpless & not able to make a difference
- Mad, sad, don’t enjoy things you used to like
- Feeling no one understands you
- Can’t bounce back after something hard happens
- Affected deeply by stress of others
- Difficulty concentrating on anything
- Mentally and physically exhausted
- Self medicating
- Reacting angrily to staff, colleagues, students
Poll Question #3
Vicarious Trauma

There is no “one-size fits all” strategy or plan

- Stress is an individual experience→ what is stressful to a co-worker may not be stressful for you
- Strength lies in the ability to recognize stressors and understand how you respond
- Remember that the mind and body are constantly influencing and altering one another
  - How you are affected by stress is not static

Self-Care and Relationship Checklist

http://www.familyhomelessness.org/media/04.pdf

“Take my advice, I am not using it”

Barriers to Self-care are many...

1. Create a place of solitude
2. Sit down
3. Place legs in relaxed position
4. Sit up
5. Set alarm for 1 minute
6. Place your hands in relaxed position
7. Close your eyes
8. Allow you mind to settle into your breathing
9. When the alarm sounds, stop.

One Moment Meditation

Martin Boroson, 2009

Self – Care

- Know your own triggers and warning signs
- Be alert to what you expose yourself to outside of work
- Set boundaries
- Avoid isolation
- Maintain your relationships outside of work
- Build self-care into your routine – at work and at home
Organizational Level Response

- Recognize impact of secondary trauma on workforce
- Exposure to trauma is a risk of the work your staff do
- Trauma can shape the culture of organizations in the same way that trauma can shape the world view of individuals
- Traumatized organizations are less likely to be prevent retraumatizing students/families
- Translate trauma-related knowledge into meaningful action, policy & improvements in practice

NCTSN, 2011

Organizational Self-Care Check List

Best Practices: Debriefing

- Debriefing is essential when working with trauma
- Are staff debriefing in the workplace or do they find it necessary to look elsewhere to process what’s going on?
- Does management create a supportive environment for debriefing where it is safe for staff to express their concerns and feelings?
- Debriefing is a great tool for setting boundaries

4 Steps for Low Impact Debriefing

1. Increased self awareness—
   Become aware of the stories you tell and the level of detail. What details do I need to share?

2. Fair Warning
   What would I say to someone if I was sharing bad news? You better sit down. I’ve got some bad news...

3. Consent
   I need to debrief with you. Is now a good time?

4. Limited disclosure
   Start with the outer circle of your story and as you move in, decide how much of the graphic details you need to include. Check in with yourself—is this too much trauma information to share?

Mindful Movement Break

www.compassionfatigue.ca
See Blog—low impact debriefing
What Every Educator Should Know About the ACE Study

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State of Alaska Family Violence Prevention Project
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A School Far Away

What We’re Talking About

› Resiliency Trumps ACEs
› The 7 C’s and More
› What Everyone Needs to Know About the ACE Study
› Resource for Families/Caregivers

Resilience

Resilience is the capacity to rise above difficult circumstances, allowing our children to exist in this less-than-perfect world, while moving forward with optimism and confidence.

Kenneth Ginsburg, M.D., M.S. Ed
www.fosteringresilience.com

Framework of Resiliency and Hope

› Resiliency buffers the effects of trauma
› Social support and resources build resiliency across the lifespan
› Trauma-informed care increases the effectiveness of services
› Helping parents to understand how ACEs may impact parenting can prevent intergenerational transmission of ACEs

7 Crucial Cs of Resiliency

› Competence
› Confidence
› Connection
› Character
› Contribution
› Coping
› Control

› We are born with resilience and need to nurture it
› Children (and adults) have different strengths that we need to pay attention to and build on

www.fosteringresilience.com

Resiliency=positive adaptation despite adversities

Healthy relationships
Social and emotional skills
Mastery of school
Special skill
It’s never too late

ACEs Can Be Overcome
Poll Question # 4
Missing “Cs’?”

Resilience
Not all children are equally affected by ACE exposures

Why Focus on Resilience and Protective Factors?
- Protective factors can have stronger influence on how children who grow up with adversities do than specific risk factors or stressful life event
- Protective factors remain consistent across different ethnic, social class, geographical & historical boundaries
  - Rutter, 1987, 2000; Werner, 2001; Bernard, 2004

Resilience
- Impact of trauma affected by multiple factors including:
  - Characteristics of the child
    - Age, gender, temperament
  - Characteristics of family and community
    - Quality of parenting, parents’ response to trauma
    - Community cohesion and collective support, family access to outside supports
  - Characteristics of the trauma
    - Frequency, severity, proximity

The “ACE” Story:
Kaiser Permanente and the Centers for Disease Control and Prevention

ACE Study Design
- Survey Wave I
  - 71% response (9,508/13,454)
  - n=13,000
  - All medical evaluations abstracted
- Survey Wave II
  - n=13,000
  - All medical evaluations abstracted
  - 17,337 adults

Story from Far Away
Self-understanding is a key step in healing. It’s not about what’s wrong with me, it’s about understanding what happened to me.

**EXERCISE**

1. Read the ACEs questionnaire to see which “ACEs” were measured in the ACE study.
2. Read the case story.
3. Circle things that you think may be tough times (ACEs) for the child in story. This is not limited to the questions you just read.
4. Add up all of the ACEs that you circled to create an “ACE score”.
5. Now go back and read the story again and put two circles around anything that you think could be a strength or source of resiliency to help get through adverse experiences.
6. Add up all of the strengths you identified.

Handout: ACE Story

**ACE Score Calculation**

- Scoring method to determine the “dose” of exposure to childhood trauma. Experiencing one category of ACE, ACE Score = 1
- When the points are added up, the ACE Score is determined.
- An ACE Score of zero means a person reported no exposure to any of the categories of trauma.
- An ACE Score of 5 means a person reported exposure to five different categories of trauma.

**Prevalence of Adverse Childhood Experiences**

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse, by Category</strong></td>
<td></td>
</tr>
<tr>
<td>Psychological (by parents)</td>
<td>11%</td>
</tr>
<tr>
<td>Physical (by parents)</td>
<td>28%</td>
</tr>
<tr>
<td>Sexual (by anyone)</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Neglect, by Category</strong></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>15%</td>
</tr>
<tr>
<td>Physical</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Household Dysfunction, by Category</strong></td>
<td></td>
</tr>
<tr>
<td>Alcoholism or drug use in home</td>
<td>2.7%</td>
</tr>
<tr>
<td>Loss of biological parent &lt; age 18</td>
<td>2.1%</td>
</tr>
<tr>
<td>Depression or mental illness in home</td>
<td>17%</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>13%</td>
</tr>
<tr>
<td>Imprisoned household member</td>
<td>5%</td>
</tr>
</tbody>
</table>

**ACEs are Good Buddies...**

<table>
<thead>
<tr>
<th>Score</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>33%</td>
</tr>
<tr>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>5 or more</td>
<td>11%*</td>
</tr>
</tbody>
</table>

87% chance at least one other category of ACE is present, and 50% chance of 3 or >.
Likelihood of Negative Outcomes

Dose-response is a measure of cause and effect.

Effects of ACEs Can Start Early

Increase risk of:
- Childhood obesity
- Early age at first intercourse
- Teen pregnancy
- Bullying
- Dating violence
- Fighting and carrying weapon to school
- Early initiation of tobacco use
- Early initiation of drug abuse
- Early initiation of alcohol use
- Self-mutilation and suicide

Children with 3 or more ACES are nearly 4 times (OR=3.66) more likely to have developmental delays (Marie-Mitchell et al, 2013)

Children with 4 or more ACES are 32 times more likely to have behavioral problems in school (Burke et al, 2011)

Spokane Elementary School ACEs Study

Children with 3 or more ACES were:
- 3X more likely to fail academically
- 5X more likely to have severe attendance problems
- 6X more likely to have severe behavioral problems

Data from Chris Blodgett, PhD
October 28, 2014 Boise ID
Implications of ACEs for Learning

- Difficulty focusing
- Poor emotional control
- Unpredictable, impulsive behavior
- Over-reacting to noise, physical contact, sudden movement

NCTSN, 2008

ACEs AND TEEN ALCOHOL USE

Teens exposed to ACEs are more likely to:

- to start drinking alcohol by age 14
- binge drink
- say that they drank to cope during their first year of drinking

AN ACE score of 7 or more increases the likelihood of attempted suicide:

- 51 times greater among children/adolescents

Ace Reporter, winter 2006, Vol 1, Issue 3

What About Alaska?

Adverse Childhood Experiences Scores for Alaskan Men and Women

Source: The Health Report, Alaska Health & Social Services, Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion
**National Survey of Children’s Health 2011/2012**

<table>
<thead>
<tr>
<th>Adverse Childhood Experience Question</th>
<th>U.S.</th>
<th>Alaska</th>
<th>Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family’s income hard to cover the basics like food or housing? Very often or Sometimes in the past year?</td>
<td>25.7%</td>
<td>25.0%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with a parent or guardian who got divorced or separated when he or she was born?</td>
<td>Yes</td>
<td>23.8%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with a parent or guardian who died?</td>
<td>Yes</td>
<td>3.1%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with a parent or guardian who served time in jail or prison after he/she was born?</td>
<td>Yes</td>
<td>9.6%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever see or hear any parents, guardians, or other adults in his/her home slap, hit, kick, or punch each other?</td>
<td>Yes</td>
<td>8.6%</td>
<td>No</td>
</tr>
<tr>
<td>Was the child ever the victim of violence or witnessed violence in his/her neighborhood?</td>
<td>Yes</td>
<td>10.5%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with someone who was mentally ill or suicidal or severely depressed for more than a couple of weeks?</td>
<td>Yes</td>
<td>11.0%</td>
<td>No</td>
</tr>
<tr>
<td>Did the child ever live with someone who had a problem with alcohol or drugs?</td>
<td>Yes</td>
<td>14.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>Was the child ever treated or judged unfairly because of his/her race or ethnic group?</td>
<td>Yes</td>
<td>4.9%</td>
<td>No</td>
</tr>
</tbody>
</table>

The Data Resource Center for Child and Adolescent Health is a project of the Child and Adolescent Health Measurement Initiative (CAHMI) supported by Cooperative Agreement 1-U59-MC06980-01 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). With funding and direction from MCHB, these surveys were conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics. CAHMI is responsible for the analyses, interpretations, presentations and conclusions included on this site. Additional analysis by Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse Staff.

**Best Practices to Promote Resiliency and Trauma-Informed Parenting**

- Maintain usual routines and prepare child for if something out of the ordinary will happen
- Give children choices (trauma = loss of control/chaos)
- Provide safe place for child to talk about what happened
- Be sensitive to cues in environment that may be trauma triggers
- Increase level of support and encouragement
- Recognize that behavioral problems may be transient and related to trauma

(From National Child Traumatic Stress Network, 2008; www.nctsn.org)

**Poll Question #5**

Partnering with Parents

- Social support and resources build resiliency across the lifespan and resiliency buffers the effects of toxic stress
- When we create safe, predictable environments, we create opportunities for new learning
- Healing happens in the context of relationships
- Understanding trauma helps caregivers to promote resiliency and healing
- Trauma-informed practices increase effectiveness of services
Many parents may not recognize how early trauma can affect their parenting and how they react to stressful situations. Increasing parents' awareness about the effects of ACEs can help them to understand their own lives and make healthier choices to protect their own children from ACEs.

Parenting with Parents Booklet
- Looks like "App"—uses QR codes
- Avoid stigmatizing words
- Trauma-informed parenting support & strategies
- Promoting four core resiliency factors
  - Self-regulation
  - Attachment
  - Self-esteem
  - Competency

Free copies available from Jo Gottschalk:
Call 907 269–3454
E-mail jo.gottschalk@alaska.gov

5 Core Principles of Trauma-Informed Parenting
1. Meet parents where they are at in terms of their life experiences and build on their strengths
2. Help parents/caregivers understand how experiences they had as children can affect their well-being and how they parent
3. Help parents/caregivers to recognize that ACEs can affect children in many different ways
4. Coach parents on positive discipline and parenting strategies that promote resiliency
5. Offer tools to help parents/caregivers manage stress

Meeting Parents Where They Are At and Providing Tools to Down-Regulate and Manage Stress

Self-Regulation with Children
- "I am in control" self-regulation tool
- Teach children to identify what makes them feel good and how they can help themselves
- Use deep breathing and relaxation techniques to manage stress
- Encourage children to take breaks and engage in activities they enjoy
- Foster a sense of control and empowerment in children
Trauma and attachment are inextricably linked. Trauma disrupts the process of learning to trust caregivers while strong attachment relationships blunt the impact of trauma.

"There's a bit difference between attention-seeking behavior and children seeking connection."

Avis Smith, Head Start Trauma Smart

When the BRAIN feels "heard" it will naturally move towards adapting and changing.

TAKE THE LEAD, LOOK PAST THE BEHAVIOR AND FIND THE HIDDEN NEED.

Tera Bovingdon, Attachment expert

Attachment Can Be A Juggling Act

- Dysregulated child rarely communicates needs in clear, direct manner
- Helping caregivers to look for real meaning behind message—"I hate you!" can be "I need a hug"
- Responding to what child needs vs. what we think is deserved due to behavior
- FOCUS ON RELATIONSHIP vs. THE BEHAVIOR
  - can go back to that after intense feelings have been calmed and child can reconnect with adult

"Even the Small Stuff Changes" by Terra Bovingdon

What We’re Doing in Part 3

- Trauma-informed practices for teachers and administrators
- Resources for creating trauma-informed schools
- Story and video about Compassionate School Model
- Evidence-based programming and interventions that are being used nationwide
Additional Information

- www.acestoohigh.com
- www.albertafamilywellness.org
- www.fosteringresilience.org
- www.raisingresilientchildren.com