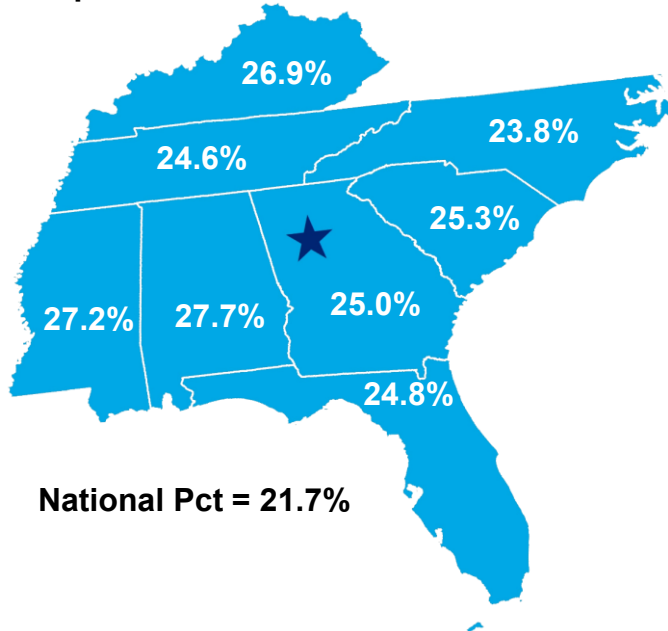


## Trauma-Informed Schools: Trauma Awareness & Key Considerations

### Adverse Childhood Experiences in the SE Region

% of children aged 0 to 17 who  
experienced two or more ACEs in 2018



In 2018, all eight states in HHS Region IV reported **higher percentages of children** aged 0 to 17 who experienced two or more **adverse childhood experiences** in comparison to the national average.

Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health, Data Resource Center for Child and Adolescent Health.

### Defining (Child) Trauma and Adverse Childhood Experiences

- ➔ **Child Trauma** refers to intense and overwhelming experiences that involve **serious loss, threat, or harm to a person's physical and/or emotional well-being** that happen to a child (0-18 years of age).
- ➔ **Adverse Childhood Experiences**, also known as ACEs, refers to **early adverse experiences** that affect children's cognitive, behavioral, and physical development and are associated with a variety of physical, behavioral, and social outcomes.

#### Some impacts of ACEs:

1. Mental health problems
2. Chronic disease
3. Health risk behaviors

Sources: National Child Traumatic Stress Network (NCTSN), Schools Committee. (2017). Creating, supporting, and sustaining trauma-informed schools: A system framework. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.; The truth about ACEs infographic. (2018). Retrieved from <http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>; Adverse childhood experiences - looking at how ACEs affect our lives & society. (n.d.). Retrieved from [https://vetoviolence.cdc.gov/apps/phl/resource\\_center\\_infographic.html](https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html)

### ACEs and Trauma Impact on Health and Learning



Trauma experienced during **sensitive periods of development**, when the brain is most "plastic," has the potential to be especially harmful to the developing brain.

Sources: De Bellis, M. D., Keshavan, M. S., Shifflett, H., Iyengar, S., Beers, S. R., Hall, J., & Moritz, G. (2002). Brain structures in pediatric maltreatment-related posttraumatic stress disorder: a sociodemographically matched study. *Biological psychiatry*, 52(11), 1066-1078.; Twardosz, S., & Lutzker, J. R. (2010). Child maltreatment and the developing brain: A review of neuroscience perspectives. *Aggression and violent behavior*, 15(1), 59-68.

## Trauma-Informed Schools: Trauma Awareness & Key Considerations

### Impacts of ACEs and Trauma in School

#### Academic Performance

- Communication challenges
- Attention problems
- Difficulties organizing and remembering information
- School absences



#### Inappropriate behavior in the classroom

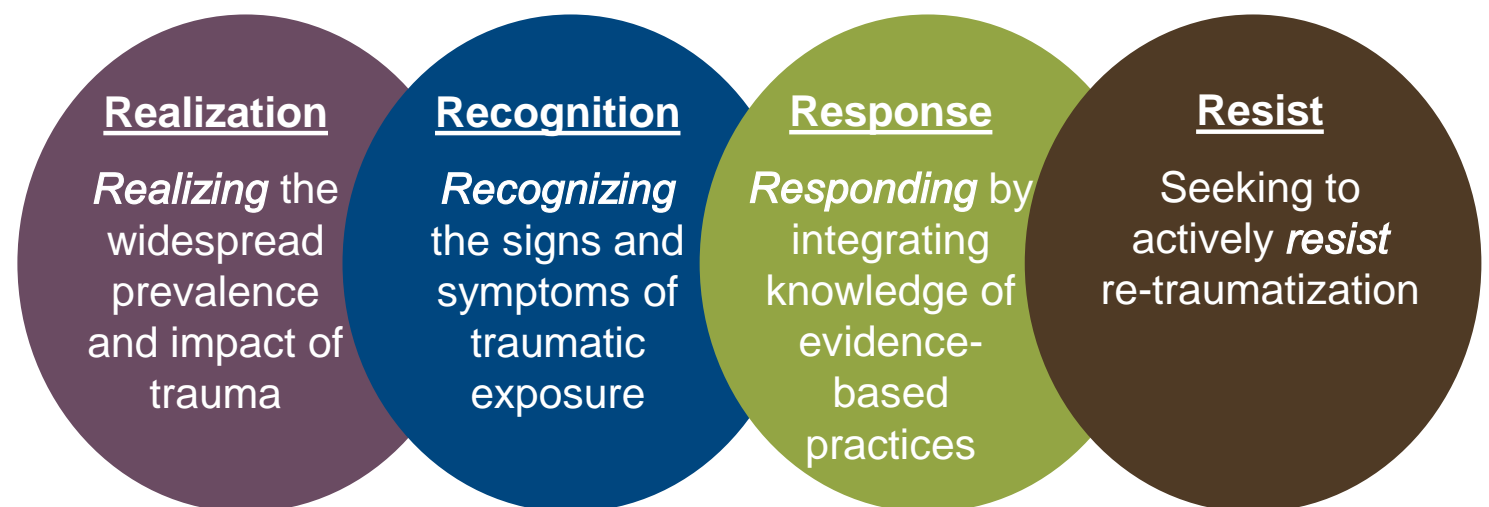
- Hyperactivity
- Impulsivity
- Withdrawal
- Emotion dysregulation

#### Difficulty forming relationships

- Difficulties trusting others
- Insecurity in school setting
- Difficult peer interactions

**Sources:** Perfect, M.M., Turley, M.R., Carlson, J.S., Yohanna, J., & Saint Gilles, M.P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research 1990 to 2015. *School Mental Health*, 8, 7-43; Trauma-sensitive schools: A whole-school approach. (n.d.). Retrieved from <https://traumasensitiveschools.org/>.

### Key Elements in a Trauma Informed Approach



**Source:** Substance Abuse and Mental Health Services Administration (SAMHSA). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

### Key Steps to Becoming a Trauma-Informed School

- 1 Create a shared understanding of trauma and its impacts
- 2 Build consensus around trauma-informed principles
- 3 Cultivate support for the adoption of system-wide, trauma-informed approaches
- 4 Obtain training and ongoing consultation

**Source:** Overstreet, S. & Chafouleas, S.M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health*, 8, 1-6.