ACEs and the New Normal

We saw that things like intractable smoking, things like promiscuity, use of street drugs, heavy alcohol consumption, etc., these were fairly common in the backgrounds of many of the patients . . . These were merely techniques they were using, these were merely coping mechanisms that had gone into place.

—Vincent Felitti, M.D.,
Co-principal researcher of ACEs

Anticipated Outcomes

Readers will

- have a definition and examples of the three categories of adverse childhood experiences (ACEs)—Abuse, Family/Household Challenges, and Neglect;

- understand that ACEs affect adults and students in all ethnic groups and at all economic levels;

- make the connection that behavior is a language and another form of communication;

- understand interventions can mitigate the effects of ACEs and students can learn new behaviors over time;

- understand that we cannot continue to handle disruptive behaviors punitively or assume that students who are compliant are not experiencing traumatic events. The *new normal* describes the complexities of today's rural, suburban, and urban classroom.

The term *adverse childhood experiences* (ACEs) has its origins in a body of research conducted by the Centers for Disease Control and Prevention

(CDC) and Kaiser Permanente–San Diego, California. The principal investigators, Vincent Felitti, M.D. (Kaiser Permanente) and Robert Anda, M.D. (CDC) surveyed over 17,000 adults between 1995 and 1997 as part of their regular physical examinations. The respondents, members of Kaiser Permanente's health plan, were mostly White, middle class, and well educated. The survey asked questions about childhood incidences of abuse; dysfunctional home life; neglect; and current adult behaviors like smoking, alcohol, and food consumption.

The results demonstrated the strong correlation cumulative incidences of traumatic stress during childhood had with poor physical, mental and emotional behaviors and early mortality rates. The findings concluded that traumatic experiences occurring during childhood are common with two-thirds of adult participants reporting one or more adverse childhood experiences and 1 in 5 reporting three or more ACEs (Felitti et al., 1998).

Adverse childhood experiences (ACEs) describe traumatic events that occur before the age of eighteen and are categorized into three groups: abuse, family/household challenges, and neglect.

- Abuse
  - Emotional: humiliation, intimidation, badgering, withholding love, verbal put-downs, or any action which demeans the sense of identity, dignity, and self-worth
  - Physical: punching, beating, kicking, slapping, burning, or any action done with malicious or cruel intent
  - Sexual: stroking genitals, intercourse, rape, sodomy, or exposing naked body parts

- Family/Household Challenges
  - Domestic violence: pushing, slapping, kicking, hitting adult–adult; adult–child; and/or child–child
  - Substance abuse: a family member is an alcoholic or addicted to drugs
  - Mental illness: a family member has chronic depression, is bipolar, schizophrenic, or paranoid
  - Acrimonious divorce: bitter and usually prolonged feuding between parents
  - Incarceration: a family member is in prison

- Neglect
  - Emotional: failing to show affection or attention
  - Physical: failing to provide the basics; withholding food; not providing proper hygiene, necessary medical care, supervision, protection from dangers; or exposing children to harmful situations (Centers for Disease Control and Prevention, 2016a)

In 2007, researchers David Finkelhor, Heather Turner, Richard Ormrod, Sherry Hamby, and Kristen Kracke, from the Crimes Against Children Research Center at the University of New Hampshire, conducted a study involving youth, 17 years old and under. Funded by the Office of Juvenile Justice and Delinquency Prevention, the results were republished in the October 2009

bulletin of the U.S. Department of Justice. One of the major findings corroborated Felitti and Anda's original ACEs research on adults—exposure to traumatic incidences and/or the impact of adverse childhood experiences on today's youth is a common occurrence. Of the 4,549 youth 17 years old and younger, more than 60 percent were exposed, directly or indirectly, to some form of trauma at the time of the survey (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009).

The interview sample consisted of two groups: a national representation of 3,053 White youth and an oversample of Black, Latino, and low-income families to ensure a measurable number to analyze. The survey questions were divided into eight categories: conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization, exposure to community violence and family violence, school violence and threats, and Internet victimization.

ACEs ARE AN EQUAL OPPORTUNITY OCCURRENCE

If you are an educator in a rural, suburban, or urban school, public or private, there are young people sitting before you who are impacted by one or more of the following adverse childhood experiences. Some of your colleagues are survivors of ACEs. Adverse childhood experiences are an equal opportunity occurrence, impacting all ethnic groups regardless of socioeconomic status or geographic location.

Finkelhor and associates also found that trauma exposure varies with chronological age. The most common from infancy to middle childhood were assaults by a sibling and physical and emotional bullying. Assaults increase in harshness as children enter their preteen to teen years. At these ages, they are more likely to be victims of a wider range of assaults like the following:

- Online sexual solicitation

- Dating: physical or emotional violence

- Assault with a weapon (pencil, bat, knife, martial arts weapons)

- Exposure to domestic and community violence

- Exposure to mass shooting, credible school threat of bombs, mass shooting, or attack

- Internet bullying

- Sexual assault

- Sexual harassment

This groundbreaking study is the first to interview youth and their caregivers who are living with ACEs. Since its publication, researchers at the University of New Hampshire added to this growing body of research by compiling a list of the most prevalent ACEs by state.

In 2014, Vanessa Sacks, David Murphey, and Kristin Moore, using data from the 2011–2012 National Survey of Children's Health, isolated eight specific ACEs impacting children and youth living in the United States and contrasted those ACEs in terms of prevalence in all fifty states.

The eight most prevalent ACEs impacting children in our country are as follows:

1. Poverty

2. Divorce, especially an acrimonious one

3. The death of a parent, caregiver, or close family member (sibling)

4. Having a parent or guardian who is or has been incarcerated

5. Living with anyone who was mentally ill, suicidal, or severely depressed for more than a couple of weeks

6. Living with anyone who has a problem with alcohol or drugs

7. Exposure to domestic violence (e.g., slapping, hitting, kicking, punching, or beating each other up)

8. Exposure to community violence

In terms of the prevalence of ACEs in our country, poverty is the most common adverse childhood experience and affects families in almost all fifty states. Only in Iowa, Michigan, and Vermont is divorce more common than economic hardship. Abuse of drugs and alcohol, the exposure to neighborhood violence, and living with anyone who is mentally ill, severely depressed, or suicidal for more than a few weeks are also the most commonly reported ACEs in our country. The rising opioid epidemic is sure to swell the numbers of White families impacted by drug addictions.

Children living in Connecticut and New Jersey have some of the lowest prevalence rates and Oklahoma has some of the highest. The most unsettling statistic is that 46 percent of America's children experienced at least one adverse childhood experience.

In the meantime, for today's educators, these are not mere statistics but children coming to school every day somewhere in America's rural, suburban, or urban regions.

Read, Reflect, Respond

1. Study the results of Drs. Sacks, Murphey, and Moore's analysis for your state on pages 3 or 4 of the PDF using this link: http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf.

2. After reviewing the data for your state, what are some implications for your practice?

3. Make a list of student behaviors that are the most challenging to manage in your classroom, school, school counseling sessions, or infirmary. We will refer to this list in later chapters.

Ricky Robertson, Behavior Specialist

LOST IN TRANSLATION

Imagine that you have a student in your class who only speaks Swedish. Her family speaks Swedish at home and has spoken it for generations. And, for the sake of this scenario, let's say that you don't know a word of Swedish. Yet, somehow, you must find a way to teach this student, even though the two of you do not share a common language.

Before your teacher's brain begins devising strategies that you would use to educate this student, I invite you to consider the following questions:

When this student is speaking, even though you don't understand her, is she still trying to communicate?

Could it be challenging, even frustrating, at times for the two of you to understand one another?

Whose fault is it that the two of you speak different languages?

Do you think this student is capable of learning a new language quickly and easily or will it take time and effort?

Now I'd like you to imagine a second student in your class. Most days, she is engaged and an active participant but sometimes she gets upset and you see a different side of her. She becomes argumentative and quickly escalates to yelling and throwing things. At times her anger is so volatile, it becomes scary and you feel a sense of relief when she storms out of your classroom and slams the door.

Sometimes it is easy for you to identify what has made her so upset and other times it seems like anything could trigger this reaction. You learn from other staff and the school counselor that her home life is chaotic. In her home, the family speaks a language called "Fist through the Wall." Whenever anyone in her household is upset, has an unmet need, or feels ignored, it is communicated by throwing things, screaming, or punching a hole in the wall, for example. Your student has been around this form of communication since she was born. You learn from senior colleagues who taught other members of her family that they have a history of similar behaviors. The adults in her life may have learned this from the adults in their lives. In fact, "Fist through the Wall" is the behavioral language this family has spoken for generations.

A behavioral language is a phrase I use to refer to a set of behaviors routinely used to express needs, desires, and emotions. To have her needs met, develop a sense of belonging, and survive in her family, this student has had to learn to speak her family's *behavioral language*. Due to repeated exposure to stressful life events, many of her behaviors have become so ingrained that they are like reflexes. This student is a classic example of a young person impacted by adverse childhood experiences, or ACEs.

Read, Reflect, Respond

1. When this student is expressing herself using her behavioral language, even though you don't understand her, is she still trying to communicate? Explain.

2. Could it be challenging, even frustrating, at times for the two of you to understand one another? Explain.

3. Whose fault is it that the two of you speak different behavioral languages?

4. Do you think this student is capable of learning a new behavioral language quickly and easily or will it take time and effort?

When a Student Impacted by ACEs Is Acting Out, She Is Trying to Communicate.

In the English lexicon, there is an expression, "Actions speak louder than words." This adage suggests behavior is a form of communication. Having worked with preschoolers all the way to high school seniors who have been impacted by adverse childhood experiences, I can say that their behavior speaks louder than words and can also be harder to understand and remediate.

In general, human behavior is a complex, ambiguous, and difficult to interpret form of communication. If we are to be successful when working with students who have behavioral issues because of exposure to the trauma of adverse childhood experiences, we must develop an understanding of the purpose of their behavior. The purpose, intent, or underlying need that is met by a behavior is commonly referred to as the behavior's *function*. In later chapters, we will explore the functions of behavior that are common to many ACEs students, namely, achieving a sense of safety, belonging, and feeling valued. By understanding a behavior's function, you can help the student translate a behavior into a more school-appropriate form of communication.

In my practice, I work with teachers everyday who are exhausted and frustrated—and understandably so. They come to work each day hoping it will be a good one only to leave work feeling as though they have failed because they were unable to manage a student's behavior. Many times, I have observed students behave so severely in class that it becomes impossible for the teacher to teach. I'll be frank; it's a miserable day not only for the teacher—but believe it—it is also a miserable day for the student.

I work with these students on a one-on-one basis and hear the ways they recognize their teacher's frustration and internalize it. They will often say things like, "I know she hates me. I hate her too," or "Why should I try? He doesn't want me in his class." These students are typically not emotionally mature enough to recognize the impact of their behavior and take responsibility for it. The result is that they and their teacher become trapped in a cycle of blame, frustration, and alienation. But this cycle is not fixed or inflexible. As you read this workbook, we will look at ways to interrupt this cycle and shift

communication toward responsibility, in the interest of repairing relationships and building resiliency in our students.

It is also important to acknowledge the impact on the teacher who must respond to a myriad of behavioral, cognitive, and emotional needs while attempting to teach. Most of us choose this profession because we want to make a difference in the world through education. What many of us discover is that our work bears greater resemblance to that of being a social worker or having to reparent someone else's child. That isn't what most educators signed up for, yet it is the *new normal* for many in this field. The stresses of this work can have significant impact on the emotional, mental, and physical health of educators. I would argue that this chronic stress contributes to teacher burnout and retention. Therefore, in Chapter 2 we will discuss the impact of this challenging and vital work and ways to care for ourselves.

No One Is at Fault Because the Two of You Speak Different Behavioral Languages.

In times of challenge and conflict, it is natural to feel as though someone is to blame. We often blame the other person, or we blame ourselves. However, I would argue that it is neither you nor the student's fault that you speak different behavioral languages. Each of you has developed ways to communicate to navigate the environments you live in.

For the student impacted by ACEs, the repeated exposure to stressors and trauma in the home has shaped her neurological functioning. In future chapters, we will further explore the impact of ACEs on the brain as well as strategies that can be used to deescalate students and reengage the parts of their brains that help them to learn and make appropriate decisions.

This Student Can Learn a New Behavioral Language.

Think back to any time that you attempted to change your behavior; this could include going on a diet, starting an exercise routine, or changing your spending habits, for example. Think about what you discovered about yourself and your habits. I am willing to bet that there is one thing you quickly learned about your own behavior—that is, that it wasn't so easy to change.

I'll use a personal example; I used to smoke two packs of cigarettes a day. Looking back, I am not even sure how I had the time to smoke that much in a 24-hour period. Despite the best intentions, the support of my family, the encouragement of my doctor, it still took me three years of quitting and relapsing and quitting again, until I could finally say that I had broken the habit. As I write this, it has been almost ten years since I have smoked a cigarette. Quitting smoking taught me that changing behavior takes time, commitment, energy, and support. I also learned that to not give up, I had to believe that changing my behavior was in my best interest and that one day I would be successful in accomplishing it.

I think this awareness is helpful when working with our students who have been impacted by adverse childhood experiences. We are often asking them to

change the behaviors that have been necessary to their survival at home in order to be successful in our classrooms.

It may take a student five to seven years to become proficient in academic English. Schools are more successful meeting the needs of ELL students because we have special programs at every grade level to support them and give them the time to learn a second language. The same is true for students impacted by trauma; interventions are needed at every grade level to help them learn a new behavioral language. Schools like Lincoln Alternative High School in a rural community and featured in the documentary *Paper Tigers* prove my point. Educators will continue to make a difference when they become trauma-informed and when we begin to provide support the moment these students enter our system.

THE NEW NORMAL

If you are a veteran teacher, one who has been teaching for a decade or more, you already know it's a new day. I often hear a common refrain, "It didn't used to be like this." For our novice educators just entering our profession, this is all they know and without adequate support and professional development, many do not last.

In 2015, for the first time in over fifty years, the number of public school students living in poverty exceeded 50 percent. In some states, the percentage of students living in poverty surpassed 70 percent. Consider for a moment the high correlation between poverty and adverse childhood experiences and traumas, such as domestic violence, homelessness, abuse, or neglect. Those who live in poverty are more likely to suffer chronic stress and repeated traumatization, while having less access to support and resources. In effect, most of our public school students now live in poverty with a higher likelihood of experiencing trauma than previous generations.

Consider that, alongside these higher poverty rates, we have also seen unparalleled advances in technology. No doubt many of these technological developments have greatly improved our capacity to access and share information, thereby helping us to educate our students. However, technology, especially smartphone technology and the growing popularity of social media, has shifted the ways in which we interact with one another. Research is now being done to look at the impact of smartphone use on parenting. Initial findings show a decrease in the duration and frequency of parental interaction. Parental interaction is essential for mirroring and modeling appropriate emotional responses and behaviors. It is also vital to forming the key attachments that allow us to have healthy relationships. Studies suggest that children are more likely to behave inappropriately, as means to get attention, when their parents are using mobile technology. The health of our society's children is in competition with our cell phones.

I invite you to consider just these two factors: poverty and technology. They alone suggest that we have a generation of children who have been exposed to higher rates of trauma while receiving less parental support. We have students with greater emotional needs who have less of an ability to express, regulate, and manage those needs. In the classroom, this looks like having more students

that require near constant attention and novelty, while displaying greater emotional volatility and lacking many healthy relationship-building skills. Whether we like it or not, this is the new normal. We must accept this reality if we are to change it. It is our intention that in the pages that follow, you will find resources and perspectives that spark dialogue, collaboration, and intervention on behalf of children who deserve to be heard and to heal.

Read, Reflect, Respond

1. What are the interventions, at each grade level, that your school or school district currently provides to support students learning English as a second language?

2. What are the interventions, at each grade level, that your school or school district currently provides to support the student speaking a different behavior language?

3. What is your initial reaction or response to the information in Chapter 1? Any "aha" moments or validating moments? Explain.

Toolkit Takeaways

- Adverse childhood experiences (ACEs) describe traumatic events that occur before the age of eighteen and are categorized into three groups: abuse, family/household challenges, and neglect.

- Exposure to and impact of ACEs is a common occurrence in America. The numbers of adult survivors and students living with adverse childhood experiences are statistically significant. Although poverty is the most common adverse childhood experience, ACEs impact Americans regardless of ethnicity and economic level.

- Behavior is a language. School staff can teach and provide opportunity for students to apply new ways to shift disrupting communication toward responsibility, repairing relationships, and supporting resiliency in our students.

- Technology has reduced the time adults and youth spend in person-to-person interactions.

- Like English language learners (ELLs), it may take years for some students to learn a new behavior language. Program models like ELL or remedial programs are needed at every grade level to provide targeted interventions to help students learn and apply a new behavior language.