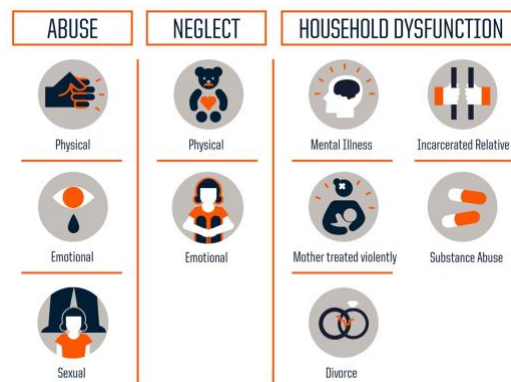


Understanding Childhood Trauma's Impact on Adult Outcomes

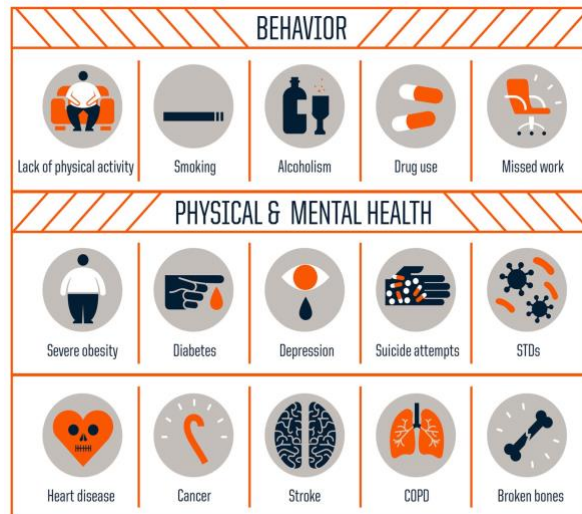
Research demonstrates that positive relationships with adults and sources of faith and hope can dramatically change the course of a child's life. These are two things we offer to children through One Eighty Prevent initiatives. Children who experience Adverse Childhood Experiences (ACEs) – such as childhood abuse, neglect, an absent parent, drug use in the home, or a parent with a mental illness – are at increased risk of addictions, depression and chronic diseases as an adult. An ACE score measures person's risk for these negative adult outcomes based on things they went through in childhood. Think of it as a cholesterol score for childhood toxic stress. Science has shown that toxic stress experienced in childhood changes the brain function as the child is put into a constant state of flight, fight or fright. Subsequently, the child's stress-response system stays on at all times and disrupts the development of the brain and other organs, increasing the risk for poor health, learning and social outcomes.

Adverse Childhood Experiences (ACE)



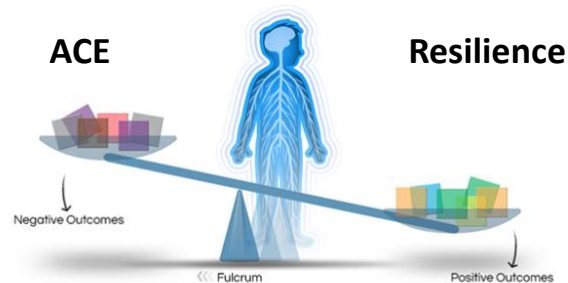
As your ACE score increases, so does the risk of disease, social and emotional problems such as heart disease, lung cancer, diabetes, depression, violence, being a victim of violence, substance abuse and suicide. With an ACE score of 4 or more, things start getting serious. It nearly doubles the risk of heart disease and cancer as an adult, while the likelihood of alcoholism increases 700 percent, depression 460 percent, and suicide, 1,220 percent.

↑ ACE = ↑ Risk



A counterbalance to a high ACE score is termed “resilience. Protective experiences and coping skills that make up resilience on one side of the “seesaw” counterbalance significant adversity measured by the ACE score on the other. Resilience is evident when a child’s health and development tips toward positive outcomes — even when a heavy load of factors is stacked on the negative outcome side.

The Counterbalance



The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness, scaffolding, and protection that buffer children from developmental disruption. These relationships begin in the family, but they also include neighbors, providers of early care and education, teachers, social workers, or coaches, among many others.

Research has identified a common set of factors that predispose children to positive outcomes in the face of significant adversity. Individuals who demonstrate resilience in response to one form of adversity may not necessarily do so in response to another. Yet when these positive influences are operating effectively, they “stack the scale” with positive weight and optimize resilience across multiple contexts. These counterbalancing factors include

- **facilitating supportive adult-child relationships;**
- building a sense of self-efficacy and perceived control;
- providing opportunities to strengthen adaptive skills and self-regulatory capacities; and
- **mobilizing sources of faith, hope,** and cultural traditions.

(Sources: <https://acestoohigh.com/got-your-ace-score/> ; <http://developingchild.harvard.edu/science/key-concepts/resilience/> ; www.iowaaces360.org)

Take this ACEs quiz to get a better understanding of what adverse childhood experiences are and how they are quantified.

Adverse Childhood Experiences (ACEs) Quiz

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No ___ If Yes, enter 1 ___
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No ___ If Yes, enter 1 ___
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No ___ If Yes, enter 1 ___
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No ___ If Yes, enter 1 ___
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No ___ If Yes, enter 1 ___
6. Were your parents ever separated or divorced?
No ___ If Yes, enter 1 ___
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No ___ If Yes, enter 1 ___
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No ___ If Yes, enter 1 ___
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No ___ If Yes, enter 1 ___
10. Did a household member go to prison?
No ___ If Yes, enter 1 ___

Now add up your "Yes" answers: _____ This is your ACE Score

Tips for Working with Students with High ACE Scores

Many (but not all) of the kids we work with at One Eighty live in a state of chronic stress as they are repeatedly exposed to Adverse Childhood Experiences such as homelessness, food insufficiency, domestic violence, abuse, neglect, drugs/alcohol abuse, divorce, mental illness, or an absent parent(s). Chronic exposure to these experiences may change the physiological development of the child's brain (just as a student with Autism has a physiologically altered brain development) and they may exhibit symptoms that are often times mistaken for ADHD, lack of motivation, disrespect, belligerence or worse.

Because of the disrupted brain development, a child under chronic stress is often unable to operate out of the frontal lobe of the brain which is required for things like reasoning, cause and effect relationships and following multi-step directions. Rather, they operate out of the limbic system which puts them in a constant state of alert, scanning the environment for threats. Then they respond to any perceived threat in one of three ways: Freeze (zone out, cover head with hands or hoodie), Flight (walk out of the room, change the subject), or Fight (argue, pull hair, bite, kick).

As a volunteer, it's important that we are firm yet loving with all kids. We want to encourage you to not take disruptive behavior personally or as an affront to your authority. Rather, consider that there may be deeper underlying issues going on. Here are some suggestions for positive ways to respond to students who are symptomatic of chronic stress.

- 1) Do everything you can to build a relationship with the student. Know their name and use it. Students often don't trust adults because they have been disappointed so often. Follow through on what you say you will do to build trust. Show them over time that there are adults who care and won't let them down.
- 2) Be as predictable as possible. Don't make big, unnecessary changes. Stick to a routine and the same procedures.
- 3) Be the functioning brain in the room. As a child gets worked up, anxious, and out of control – you need to do the opposite. Be as calm as possible. Use a gentle voice. The louder students get, the softer your voice.
- 4) Help your student name his feelings. What appears as “angry” may actually be deeper feelings of embarrassment, frustration, abandonment, betrayal, etc. Many students don't have the vocabulary to express their feelings so they express it as anger.
- 5) With your body language and your words, show empathy. For example, “I see you hanging your head and kicking the dirt. I remember feeling discouraged when I struck out at bat. Is that how you are feeling?”
- 6) Allow kids to have a fresh start every time you see them. Once a situation is over, never bring it up again. Don't refer to past problems (Ex, “I hope you are going to have a better day today than yesterday”) as that pigeonholes them into a past failure.
- 7) Fidgeting is not always a bad thing. Due to their abnormal brain development, fidgeting (such as manipulating something in their hands or bouncing in a chair) actually helps some kids focus better on the task in front of them. Don't assume fidgeting is a sign of disrespect or disinterest.
- 8) Praise a student's effort and improvement – NOT her achievement. (I.e., “You were watching the ball well with your eyes!” Rather than “Way to get a hit.”). Give them much encouragement and praise for things they are doing right.

- 9) Do not compare kids to one another. It only serves to create a feeling of superiority or inferiority in both kids.
- 10) Don't take a child's behavior personally. A child's objectionable behavior is not about YOU – it's about the child's brain development, inputs, circumstances, etc. For all you know, that student spent the night on a friend's couch because mom was arrested. So assume that the issue isn't you and attempt to connect with the student.
- 11) Don't act surprised by student responses. If a child has thrown a fit the last three times he struck out, anticipate that same response the next at bat and attempt to preempt it.
- 12) Don't poke the bear (a student who is starting to get worked up). Don't mimic the child's bad attitude, try to get the last word, bark orders, roll your eyes or point out his issue in front of his peers. You are daring him to explode.
- 13) When a child is getting worked up: 1) Show empathy. 2) Allow him time/space to recover (i.e., sit a drill out, walk around the outfield, hide under the bench). Allow the student to do what he needs to regain self-control and feel safe. 3) Thank the student for something he did well. (i.e., "Thank you for rejoining us"). 4) Provide teaching (i.e., "Next time you feel nervous come tell me you need a break.")
- 14) Don't try to rationalize or argue with a child in freeze, flight or fight mode. The frontal lobe of his brain isn't engaged and therefore logical arguments won't compute. Instead, give that student a place and time to calm down and allow the frontal lobe to reengage.
- 15) Don't engage in a power struggle, attempting to prove you are in charge. Give your instructions and walk away. If the child decides not to follow the instructions, reengage and redirect him. Hovering over a student or intimidating him with words or body language will cause the child to feel unsafe with you.
- 16) If a student has had a bad day, don't ask him "Why did you do that?" If the student was able to get to the higher-level thinking to answer a "why" question, he probably wouldn't have done it. Instead ask:
 - a. What happened?
 - b. What were you thinking about?
 - c. How were you feeling?
 - d. Who has been affected by your actions?
 - e. What needs to be done to repair the harm?
- 17) Treat all kids with dignity. A good way to self-evaluate this is to ask yourself, "Would I have done it or said it this way if I were speaking to an adult?"

**When the child is behaving in the most unlovable of ways,
that is when the child needs the most love.**