In this galvanizing book for all educators, Kristin Souers and Pete Hall explore an urgent and growing issue—childhood trauma—and its profound effect on learning and teaching.

Grounded in research and the authors’ experience working with trauma-affected students and their teachers, Fostering Resilient Learners will help you cultivate a trauma-sensitive learning environment for students across all content areas, grade levels, and educational settings. The authors—a mental health therapist and a veteran principal—provide proven, reliable strategies to help you

• Understand what trauma is and how it hinders the learning, motivation, and success of all students in the classroom.
• Build strong relationships and create a safe space to enable students to learn at high levels.
• Adopt a strengths-based approach that leads you to recalibrate how you view destructive student behaviors and to perceive what students need to break negative cycles.
• Head off frustration and burnout with essential self-care techniques that will help you and your students flourish.

Each chapter also includes questions and exercises to encourage reflection and extension of the ideas in this book.

As an educator, you face the impact of trauma in the classroom every day. Let this book be your guide to seeking solutions rather than dwelling on problems, to building relationships that allow students to grow, thrive, and—most assuredly—learn at high levels.

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This is a book about opportunity and hope for addressing some of the wicked problems educators are asked to deal with every day. It reaffirms educators’ current best practices while translating new science into sensible day-to-day educational practice. Grounded in years of lessons from the authors’ experiences, this book offers a new way of thinking about student needs and the art of teaching.

I have had the privilege of being Kristin Souers’s colleague for many years. Together, over the course of 10 years, we have developed and delivered a trauma-informed schools model. Kristin’s commitment to the success of students, educators, and schools imbues our work, and she has enriched my own understanding of trauma and how to transform research into practice. Her passion for what works and for what is true shines throughout this book.

We now know that the piling on of adversity early in life is commonplace. Conservatively, one in three of us grow up with three or more powerful disruptive risks (adverse childhood experiences, or ACEs) to our development as human beings. The toxic stress that results from these ACEs can affect the pace and extent of brain development, the
quality of our relationships, and our ability to manage ourselves. Taken
together, these changes define what we mean by trauma and the poten-
tial for a lifetime of lost opportunities in education, work, relationships,
and health.

Teachers were not taught how to identify and address the chal-
lenges resulting from trauma, but they face the impact of trauma in
their classrooms every day. If it is not your child who has experienced
trauma and struggles in school, it is the child sitting next to your child.
Not every student has a significant trauma history, but the needs of
those who do can define the success of the entire classroom.

Our limitations in recognizing and responding appropriately to
trauma are a huge factor in school systems’ failure to produce the results
they want. For students, trauma interferes with being present with a
“learning-ready” brain, contributes to chronic attendance problems,
and is a major driver for the behavior problems that exhaust educators
and demotivate classmates. For educators, unaddressed student trauma
is a major contributor to frustration, low job satisfaction, and burnout.

The good news is that we now know a great deal about how to help
children and adults recover from trauma. Risk is not destiny. We know
that the brain, particularly in childhood, has an extraordinary ability to
adapt and recover. The biggest factor in making these critical repairs to
the brain? Relationship. In fact, high-quality relationships are essential
not only to children’s development but also to our own growth.

In this era of high-stakes testing and accountability, we must start a
national conversation about moving relationship to the center of edu-
cational practice. This focus on relationship doesn’t diminish the role
of high-quality curricula and strong pedagogy, but it does mean that
your strategies won’t succeed if you can’t connect meaningfully with
students.

As this book goes to press, “trauma-informed” is a big buzzword
in education. The challenge is how to translate this relatively recent
interest into enduring shifts in policy and practice. Current discussion
about trauma is part of a historic period of change in how we think about ourselves and our communities and helping people. Educators can be a great part of the solution and champion the larger conversation we need to have with parents and our communities.

As an educator, you don’t have a choice about being in the trauma business. You do have a choice in what you do about it. This book is a practical tool to help you begin to incorporate trauma understanding and management skills into your daily practice. It is a guide to understanding trauma, building the strong relationships needed to reach the academic outcomes you want, perceiving what students need to break the cycle, and scaffolding new learning for all struggling learners. Simply put, this book offers a path to sustainable change.

Despite the sobering evidence of the profound effect trauma has on our schools, this book is about hope and growth. Rather than providing a prescriptive curriculum or a complicated framework, this book will help you use good science to adapt to the needs of students who have experienced and continue to be exposed to trauma. It will show you how your practice is the vehicle for change. Thank you for being part of the conversation.

Christopher Blodgett, Ph.D.
Washington State University
Summer 2015
This is my favorite section of this book to write because it gives me the opportunity to express my eternal gratitude to all who have given me the knowledge and the means to write this book.

First and foremost, I must thank Pete (along with his terrific family, who gave us time to work together). If it weren’t for him, this book wouldn’t exist, and I wouldn’t have had the opportunity to work with Genny and Miriam at ASCD, both of whom were amazing. Thanks, Pete, for believing in me and for being my teammate. I will forever remember the lunch at Subway that launched this whole process. You have been truly inspirational and motivational. You are a maverick, and I am with you 100 percent!

To my amazing mentors and colleagues: I have been blessed to work with extraordinary people who get people, and I thank you. I’d like to give a special shout-out to Chris Blodgett (boss man, thanks for your unwavering belief in my ability to do this work justice); Roy Harrington (you are so great at helping me to stay at 10,000 feet—thanks for challenging me and keeping me focused on what matters); Natalie Turner (my likeminded work partner in crime); Dennis McGaughy (thanks
for letting me take risks in this field and advocate for folks in a different way); Kent Hoffman (the man who taught me the meaning of attachment); Deanda Roberts (my sounding board and constant regulator—I don’t know where I would be without you); and, finally, to the many other outstanding researchers and fellow passionate advocates for this work. Without you, none of this would have happened.

To the wonderful clients, students, education professionals, and caregiving professionals who were willing to trust me and be vulnerable with me: thank you for your awe-inspiring strength, resilience, and honesty, and for enlightening others with your experiences. You all inspire me daily, and you gave me the courage to put my passion onto paper. I hope I did you justice.

To Pat Souers: although our lives may have turned out differently than we had hoped, you have offered constant and consistent support. Your belief in my ability to do this work has never wavered, and I am grateful.

To my dearest friend, Laurie Curran: words cannot express how grateful I am for you and our friendship! Thank you for your long hours of listening and processing and advising. You keep me steady and true. I am grateful for your unwavering faith in me and my ability to do this work.

Finally, thanks go to my family and friends for their continual support and encouragement. Mom, Dad, Steph, Mark, Drew, Jack, Ian, and Luke: thanks for being who you are and for doing all that you do! I am blessed to call you my family. To all my friends who stood by me through this process: your support and encouragement helped immensely, and I am so lucky to have you in my life. A special shout-out to Fr. Paul Fitterer, Andrea McFarland, Bonnie Wagner, and Yvonne and Jeff Trudeau, who always asked how it was going and were staunch supporters of the project.

—Kristin Souers
We owe a tremendous debt of gratitude to the good folks at ASCD, who acted on their vision to include this perspective as part of the critical conversations within the Whole Child Initiative. We cannot ignore childhood trauma and its effects, and ASCD has stepped forward with a strong voice. Special thanks are reserved for our wise and meticulous editor, Miriam Goldstein, who checked and double-checked to make sure each word conveyed precisely what we intended, and for the incomparable Genny Ostertag, whose insightful questioning and relentless energy helped shape this work.

—Pete Hall
Introduction

Raise levels of academic achievement for every student.

That’s our mission in schools. Education is the gatekeeper to choices in life, and it is how we gauge our youth’s readiness for a productive entry into society. Teaching students the three Rs is, of course, a massive responsibility and a great first step in preparing them for graduation and beyond. Yet it’s not enough. There are additional Rs that our students must learn: Responsibility. Respect. Resilience. Relationship.

It seems as though more and more students are arriving at school lacking these and other crucial skills. Instead, they step into our schools toting heavy burdens: the stress of overwhelming trauma and the scars of neglect and abuse. The experience of trauma has dramatically altered the landscape of the schools we work in.

I have a singular focus: to help you equip your students with the skills to succeed. I want to support you in creating a safe and predictable space that fosters not only students’ learning but also their overall development. My professional role is a licensed mental health therapist, and I have partnered with veteran school principal and current education consultant Pete Hall to write this important book. Although our two roles are different, the approaches we take are often similar. You, the reader, have the most important role of all: directly influencing the
environment in which students face daily academic and interpersonal challenges. Teachers, parents, guardians, mental health professionals, counselors, caretakers, administrators, support personnel, and anyone else who has a hand (and a heart) in the education of our youth: this book is for you.

**What’s in This Book**

In Chapters 1 and 2, I discuss what trauma is and what forms it may take. Research on trauma has exploded over the last 10 years, and we now know more than ever the significance of its effect on development and learning. In these early chapters, I introduce you to the biological nature of trauma and connect it to the purpose of the strategies I share throughout this book. I discuss the prevalence of **adverse childhood experiences (ACEs)** and explain how these **not-OK events**—a euphemism for trauma and other damaging occurrences—affect students’ readiness to learn. You will learn that while each child’s narrative is important, the simple fact that a student has experienced trauma is all educators really need to know. Because the statistics are so overwhelming, I encourage you to view every student as though he or she has experienced trauma or is exposed to chronic stress.

In subsequent chapters, I ask you to shift your focus. I instill hope. Current statistics suggest that 70 percent of trauma-affected youth go on to lead successful, productive lives. Our goal is 100 percent—and you can help make it happen. By adopting a strengths-based approach, you will see the wonder beneath the chaos. By seeking solutions rather than dwelling on problems, you will discover the path to success in partnership with each student. By understanding a piece of the “why” behind behaviors, you will foster a safe and secure environment in which “it’s OK to be not-OK.” And by both nurturing and holding high expectations for your students, you will build relationships that enable students to grow, thrive, and learn at high levels.
Chapters 3 through 15 are full of practical strategies for creating what I call a **trauma-sensitive learning environment**: a classroom, school, nook, or any other teaching location in which each and every student is healthy, safe, engaged, supported, and challenged (the five tenets of ASCD’s whole child approach). The strategies are organized around four primary themes: **self-awareness, relationship, belief, and live, laugh, love**. You’ll notice that my discussion of the strategies goes back and forth between teachers and students. This is intentional, because every bit of advice applies to educators and learners alike.

I have used each of the strategies extensively in my practice during the last two decades. According to the needs of my clients, I select the strategies that best support their healing, growth, and pursuit of peace. In this book, I share the strategies that tend to yield the greatest benefit. These are the proven, reliable approaches—the ones I have taught counselors, educators, caregivers, and other professionals across the United States. I share them because they work.

Although the strategies themselves are helpful, it is important to keep in mind that their larger purpose is to shift our focus to the positive. They are a reminder that we should recalibrate how we view student misbehaviors. They are a reminder that as the adults, we should, to use a quote from the Circle of Security project (Marvin, Cooper, Hoffman, & Powell, 2002), be “bigger, stronger, wiser, and kind.” If we aren’t willing to open our minds and hearts to this new belief system, the strategies in this book will be neat and useful, but they will not be sufficient.

Pete and I have created an online guide to encourage reflection and extension of the ideas in this book. We use the icon pictured to the left throughout the book to indicate the availability of online forms that you can fill in or print out. You can download this guide at www.ascd.org/ASCD/pdf/books/souers2016.pdf. Use the password “souers116014” to unlock the PDF.
Why Did I Write This Book?

During my 20-year career as a licensed mental health professional, I have had the pleasure of meeting and learning from some of the most acclaimed researchers in the field of trauma. Thanks to their skills, knowledge, and perseverance in raising awareness of this prevalent issue, we collectively have much more information to help us understand trauma and its impact on learning and development.

After much urging from my colleagues, clients, and the teachers, counselors, and administrators with whom I work in schools, I decided to share my learning with you. There are two major reasons for this book. First, it is important to me to help others experience good health and abundant happiness—and if there’s a chance I can do that, I am going to try. Second, Pete has been very persistent at holding me to my word and quoting Carl Jung at me (“You are what you do, not what you say you’ll do”). As a collaborator and partner, Pete supports and augments the findings and practices I share in this book with timely insights from the school perspective. I have woven his “Pete’s Practice” sections into every chapter to bring the strategies to life. The following is the first in this series.

PETE’S PRACTICE

As a longtime educator and a former elementary and middle school principal, I have seen firsthand the challenges that trauma drops on our students. In classrooms across the United States, students struggle with their demons and try to make sense of the world, while the world demands greater academic performance regardless of their circumstances.
During the last 14 years, I have served as an assistant principal or a principal in four public schools in Reno, Nevada, and Spokane, Washington. In those schools and in the schools I’ve visited across the country as a consultant, the effects of trauma know no boundaries. Students struggle with not-OK situations at all socioeconomic levels, in all cultures, at all grade levels and ages, and in all settings.

It was in Spokane that I first had the opportunity to hear Kristin speak at a workshop for educators. The information was so heart-wrenching, so real, and so daunting that it immediately struck a chord with me. Kristin’s take on the epidemic of trauma was succinct and incredibly potent: we can’t do anything about the trauma our kids experience, but we can do a lot to provide a trauma-sensitive learning environment for all students. Immediately, I recruited Kristin to work with my teachers, and the impact of her work has been staggering.

Often, teachers and school administrators fight the battle of accountability versus availability, alternating between pushing students with rigorous expectations and nurturing students with sensitivity and care. We needn’t choose one or the other. It is high time that we embrace both. Every classroom can and should be a safe place for students to live, learn, develop, and meet high academic standards. Together, we can accomplish anything we set our minds and hearts to.

I was thrilled that Kristin asked me to lend a practitioner’s perspective to this project. She has poured her heart and soul into supporting the teachers and professionals who work with our most vulnerable young people, and her strategies work. While I share an anecdote here and there to show the strategies working in the field, I am forever inspired by her wisdom as I strive to positively influence every student I encounter. Read, learn, and find the courage to embrace a mindset for establishing a trauma-sensitive learning environment in every district, school, and classroom.
A Note on Testimonials

Sprinkled throughout this book are some testimonials to the power of trauma-sensitive practices from clients and education professionals whom I’ve worked with over the years. My hope is that they offer an additional perspective to help you make sense of this material. Because of counselor-patient privilege and the importance of confidentiality, many of these quotations must remain anonymous, but I believe they’re important to share. Here is the first, from a 6th grade teacher:

Over my 25 years as an educator in a low-income, highly diverse school setting, I have worked hard to meet the needs of all the kids who come to my school. After working with Kristin Souers over the last few years, I have gained insight into the effects of trauma on the brain, and I have learned and incorporated strategies that have allowed me to be a more effective educator for all kids.

The most immediate example is a student named “Joe,” who spent every day in a self-contained behavior intervention room. His behavior problems stemmed from the abuse and neglect he suffered early in childhood. Joe once recounted a time when his father got so angry after Joe took his place on the couch that he picked him up and threw him across the room into a table. Joe was 5.

Needless to say, Joe would act out angrily toward any frustration encountered in the classroom. But thanks to Kristin’s lessons on the brain, lid-flip [a term used for when students “flip their lids” or have a meltdown], and grace, I gained insight into Joe’s triggers. As a result, I have been able to successfully work and communicate with Joe to the point that he has had zero episodes of lid flipping and absolutely no office or disciplinary referrals in the two and a half months since he moved to my classroom. We have used Kristin’s regulation strategies to help him monitor where he’s at and succeed in the regular education classroom.
**You Can Make a Difference**

Reading this book does not guarantee that you will become the new “trauma guru,” nor does it mean that you will immediately become trauma-sensitive in your practice with students. That part is up to you. True change does not come from reading a book or attending a class; it occurs when you make a commitment to change, when you empower your colleagues to see this as a real issue and collectively alter your approaches to incorporate a trauma-sensitive lens. We have a responsibility to educate every single child who enters our schoolhouses. Throughout your reading and your professional work, I urge you to do more, to be thoughtful, and to cultivate a trauma-sensitive learning environment for all students across all settings. An elementary-level educator shares the effect such changes have had on her practice, her school, and her students:

In deepening my understanding of trauma and its effects on children, I have learned to look for triggers and root causes of a student’s actions. I have learned to look at a student’s ability to cope with present circumstances and react accordingly, providing the support and tools needed to give the child a sense of security and control. When students are taught coping skills and productive ways to communicate their needs, their behavior, social skills, and sense of self-worth improve. I have seen how positive praise can completely change a child’s behavior. When a school staff receives trauma training and implements trauma-sensitive practices, students thrive.

I have spent my entire working life with people who have experienced adversity. It is amazing to me how many people encounter severe hardship in their lifetimes. You yourself have likely experienced some form of adversity. I hope that this book both empowers you in your learning and instills hope in your practice.
PART I

Trauma
Children are like wet cement. Whatever falls on them makes an impression.

—Haim Ginnot

Pete and I talk a great deal about how we’re in the middle of a “perfect storm” for education. Public accountability for educators is at an all-time high. Teachers are absorbing the blows of new evaluation systems, the advent of Common Core State Standards, debates over merit pay, rampant loss of tenure and job security, widespread fear of school shootings and security issues, the growing ranks of families in poverty, and a host of other challenges. That list doesn’t even include our mandate to educate every child who walks through our doors, including the hungry, the angry, the anxious, the lonely, the tired, and the trauma-affected.

No one disagrees that students should be held to the highest standard of learning. Where conflict tends to occur is in how we tackle that goal. For many young people who have experienced trauma, success—academic or otherwise—seems out of reach. How do we support students who arrive at school affected by trauma and other not-OK experiences? How do we provide environments that are safe and predictable and motivational for learning?

Before we answer these questions, it is important to acknowledge some fundamental truths:

1. Trauma is real.
2. Trauma is prevalent. In fact, it is likely much more common than we care to admit.
3. Trauma is toxic to the brain and can affect development and learning in a multitude of ways.
4. In our schools, we need to be prepared to support students who have experienced trauma, even if we don’t know exactly who they are.
5. Children are resilient, and within positive learning environments they can grow, learn, and succeed.

Those of us working in the caregiving field have long seen the effects that trauma has on young people. We have said, “I think this is a really big deal,” and we were right. Thanks to the pioneering research of Vincent Felitti and Robert Anda and their colleagues (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards et al., 1998), who launched a landmark study investigating how ACEs contribute negatively to overall health, this globally significant issue can no longer be ignored. This study and those that followed opened our eyes to the fact that trauma is bigger than just a mental health issue—it’s everyone’s issue. After all, the adults providing services to youth are affected by their students’ trauma; what’s more, they are equally likely to have experienced trauma themselves.

It follows, then, that the issue of trauma pertains to you, the reader, as well as to your most vulnerable students. Now I’ll ask you to be reflective: why did you choose this profession? What motivated you to enter the field, and what keeps you here? My colleagues and I ask these questions often in our trainings and consulting work. It is a powerful and foundational way to start connecting to those we work with. Many educators I’ve worked with reply that they believe they were “born to do this,” that they understand what children need, and that they want to be able to address those needs in a helpful way. Some do it because they experienced trauma themselves and can empathize or connect with children who may also be experiencing adversity, while others had a positive experience with an educational professional and want to provide the same for the next generation. Others enter the field because their own experiences in education were not positive, and they want to provide students with a better experience than their own. Some are still searching for the answers to these questions. Take a moment and think of your own answers: why are you here, and why do you stay?
Understanding Trauma and the Prevalence of the Not-OK

It is an ultimate irony that at the time when the human is most vulnerable to the effects of trauma—during infancy and childhood—adults generally presume the most resilience. (Perry, Pollard, Blakley, Baker, & Vigilante, 1995)

From the Outside In... and the Inside Out

As a mental health therapist with more than two decades of experience working with children and families, I have seen firsthand the struggles that affect people’s happiness, relationships, and coping ability. Not surprisingly, these struggles bleed into the school environment.
Collaborating closely with education professionals, principals, teachers, and counselors, I know that students’ complicated, stressful lives can create conditions that present massive obstacles to learning.

Educators have long known that what happens outside school can have a profound effect on what happens in school. When the Equality of Educational Opportunity Study was published in 1966, lead researcher James Coleman concluded that the home environment was more predictive of student success than was schooling (Coleman, et al., 1966). The “Coleman Study” was an important piece of the educational sociology puzzle and opened the door for further investigation into the external factors that influence academic achievement.

Early research into this phenomenon included explorations of the racially biased orientation of the school institution, student IQ, parental attitudes about school, socioeconomic status, parents’ educational attainment, access to resources, vocabulary development, primary language, structures for completing homework and studying, diet and exercise, and student motivation, among other factors. A full library’s worth of research explained why some students were successful in school and others weren’t (see Hattie, 2009 for a meta-analysis of external factors affecting student achievement).

As an educator, you don’t need a peer-edited research article to validate what your gut and your experience have already told you is true: a student’s life outside school matters.

**What Is Trauma?**

Let’s explore the idea of trauma in a little more depth. The word itself has gained a great deal of attention in recent years, although not without a significant amount of misunderstanding. In 1980, when post-traumatic stress disorder (PTSD) was first included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, the diagnosis focused on a list of narrowly defined catastrophic events (e.g., war, torture, rape, natural disasters, plane crashes) rather than what may
be defined as ordinary stressors (e.g., divorce, poverty, serious illness). Recent revisions of the manual (DSM-5 was published in 2013), however, acknowledge the wide range of environmental, interpersonal, and experiential events that result in similar trauma-induced symptoms (Friedman, 2013). As the term trauma has become more mainstream, its definition has become broader and varies across fields. For the purposes of this book, I go by the following definition:

Trauma is an exceptional experience in which powerful and dangerous events overwhelm a person’s capacity to cope. (Rice & Groves, 2005)

The term complex trauma was first explored in 2003 by the National Child Traumatic Stress Network’s Complex Trauma Task Force, a collective of professionals representing a dozen universities, hospitals, trauma centers, and health programs across the United States. This term emerged from the recognition that many people experience multiple adversities over the course of their lifetime. The task force’s concise and useful definition of complex trauma appears in the white paper Complex Trauma in Children and Adolescents:

Complex trauma exposure refers to the simultaneous or sequential occurrences of child maltreatment—including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence—that are chronic and begin in early childhood. Complex trauma outcomes refer to the range of clinical symptomatology that appears after such exposures. (Cook, Blaustein, Spinazzola, & van der Kolk, 2003)

Note that these definitions focus on the impact of the events, not the nature of the events. Although some events (the death of a parent or surviving the September 11, 2001 terrorist attacks on the World Trade Center, for example) may warrant a label of trauma in their own right, we all respond differently to trauma. Our own experiences and
interpretations influence the degree of impact we feel following exposure to a traumatic event.

**More Than Their Story**

When schools first started integrating trauma awareness about 10 years ago, they tended to emphasize the events themselves and the details of those experiences. Educators and other professionals felt compelled to learn a student’s “story” as a means of understanding his or her behavior. That approach often led to getting caught up in the trauma narrative rather than supporting and understanding the effect of that event on the young person. It’s not that a person’s story isn’t important, but educators don’t always have the luxury of knowing the story. We do, however, see the story’s lingering effects.

For instance, let’s say I work with two children who have had similar traumatic experiences: they both have a parent who has been incarcerated for the last two years, and they rarely get to see that parent. Although that life event is devastating for us to consider, the two young people have dramatically different responses: one is unable to process the reality and shuts down whenever something evokes a memory of his parent, while the other functions relatively well, compensating by building a stronger bond with the remaining parent. It is much more helpful for me to monitor the effect of the event on each individual, not to preoccupy myself with the details of the event itself.

This shift in perspective prompts us to be more sensitive to that effect and thus better foster healing and growth. Moreover, by altering our approach, we can begin to see students as more than their story. All too often, we reduce students to their experiences and make decisions about their capabilities based on those experiences. Changing our focus enables us to concentrate on nurturing the whole child and creating trauma-sensitive learning environments for all students.
ACEs Wild

In the late 1990s, Dr. Robert Anda and Dr. Vincent Felitti led a collaborative project between the Centers for Disease Control (CDC) and the Department of Preventive Medicine at Kaiser Permanente in San Diego, California, to explore the relationship between children’s emotional experiences and their subsequent mental and physical health as adults. This groundbreaking research (Felitti et al., 1998) revealed a strong correlation between adverse childhood experiences (ACEs) and adult health and, perhaps more significantly, signaled that these ACEs were far more prevalent than previously thought.

What constitutes an ACE? Many of us can probably come up with some ideas, but the initial eight ACEs that Felitti and colleagues studied were

- Substance abuse in the home.
- Parental separation or divorce.
- Mental illness in the home.
- Witnessing domestic violence.
- Suicidal household member.
- Death of a parent or another loved one.
- Parental incarceration.
- Experience of abuse (psychological, physical, or sexual) or neglect (emotional or physical).

Many would argue now, and I would agree, that the list is not complete and should include other experiences, such as exposure to a natural disaster, criminal behavior in the home, terminal or chronic illness of a family member, military deployment of a family member, war exposure, homelessness, and victimization or bullying.

Despite this limitation, the details of the original ACE Study are fascinating. Anda and Felitti collected data from more than 17,000 adult patients who were insured by the major insurance provider in Southern California (Kaiser Permanente), tallying how many ACEs from the list...
each respondent had experienced. Each ACE listed was given a value of 1, so individuals reporting none of the above would have an ACE score of 0, whereas those who experienced all of the ACEs would have a score of 8. The researchers found that more than half of their subjects had experienced at least one ACE during their youth. Roughly 25 percent had experienced multiple ACEs, and 1 in 16 had an ACE score of 4 or above (Felitti et al., 1998). Not only did this study’s result shock the belief systems of many people working in the caregiving fields, but it also helped dispel the myth that trauma happens only in populations of poverty. Although living in poverty increases the likelihood of ACE exposure, poverty itself is not considered an adverse childhood experience. This study supported what many of us already knew: trauma does not discriminate. It happens everywhere—across all races, religions, socioeconomic levels, and family systems.

One of the more profound implications of this study was the acknowledgment of the prevalence of trauma in our society. One might even hypothesize that these numbers were low estimates of the actual occurrences, owing to social taboos against seeking or sharing this type of information and the fact that the traumatic experiences were self-reported. In fact, in two similar studies (Breslau, Kessler, & Chilcoat, 1998; Burns, 2005), more than 90 percent of respondents reported at least one lifetime traumatic event. These studies have been replicated with hundreds of thousands of subjects and across several arenas (including, for example, health care, education, and military), but the results remain consistent. These findings have been so powerful that many states are incorporating ACE awareness into their state studies and census data.

Effect of ACEs on Adult Health

The original ACE Study investigated the relationship between ACEs and overall health and found, quite simply, that the higher an individual’s ACE score was, the more likely it was that he or she would adopt or
present with significant health-concerning outcomes, such as chronic obstructive pulmonary disease (COPD), hepatitis, sexually transmitted disease, intravenous drug use, depression, obesity, attempted suicide, or early death. In fact, there is a clear “dose effect,” meaning the likelihood of having physical or mental health issues later in life increases in direct correlation to an individual’s ACE score (Felitti et al., 1998).

Those working in the medical and mental health fields have long known that trauma exposure is toxic to the human body, and the ACE Study gave health professionals permission to begin to significantly address this issue on a global level.

**Effect of ACEs on Children**

The ACE Study shows a remarkable link between not-OK childhood events and health issues later in life. What the original ACE research did not explore, however, was the immediate effect that these traumatic experiences had on children. This is crucial information that can inform educators’ practice and the supports we offer to the young people under our care.

First, is childhood trauma as prevalent as the original ACE Study suggested? Sadly, yes. Recent research indicates that there are now more children affected by trauma than ever before:

- Nearly 35 million U.S. children have experienced at least one type of childhood trauma (National Survey of Children’s Health, 2011/2012).
- One study (Egger & Angold, 2006) of young children ages 2–5 found that 52 percent had experienced a severe stressor in their lifetime.
- A report of child abuse is made every 10 seconds (ChildHelp, 2013).
- In 2010, suicide was the second leading cause of death among children ages 12–17 (Centers for Disease Control and Prevention, 2011).
Having established the continued prevalence of trauma, let’s look at how these experiences affect children’s educational outcomes. Inspired by the original ACE Study, Dr. Chris Blodgett and his research team (Blodgett, 2012) at Washington State University’s Area Health Education Center conducted its own adverse childhood experiences study in 2011, investigating the effect of the same eight ACEs on the educational outcomes of elementary school students (ages 5–11) in Spokane County, Washington. The results confirmed the pervasiveness of ACEs:

- Forty-five percent of students had at least one ACE.
- Twenty-two percent of students had multiple ACEs.
- One in 16 students had an ACE score of 4 or higher.

Simultaneously, it emerged that ACEs have a powerful negative effect on students’ readiness to learn, leading to the “triple whammy” of school troubles in attendance, behavior, and coursework (the ABCs). Students showed progressively higher incidents of scholastic struggles as their ACE scores rose, again revealing the “dose effect” suggesting that the number of traumatic occurrences matters even more than their severity. For example, a student with one adverse childhood experience was 2.2 times more likely than was a student with no ACEs to have serious attendance issues, a student with two ACEs was 2.6 times more likely to have these issues, and a student with three or more ACEs was 4.9 times more likely to have these issues. Figure 1.1 summarizes Blodgett’s team’s findings.

Note that there is a fourth column labeled “Health.” Blodgett and his team found a direct link between childhood trauma and physical health, documenting higher rates of frequent illness, obesity, asthma, and speech problems in students with higher ACE scores. These results further support the original ACE Study’s findings that ACEs are toxic to the body.
**FIGURE 1.1**
Correlation Between Number of ACEs and Struggles with School and Health

<table>
<thead>
<tr>
<th></th>
<th>Attendance</th>
<th>Behavior</th>
<th>Coursework</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>3+ ACEs</td>
<td>4.9</td>
<td>6.1</td>
<td>2.9</td>
<td>3.9</td>
</tr>
<tr>
<td>2 ACEs</td>
<td>2.6</td>
<td>4.3</td>
<td>2.5</td>
<td>2.4</td>
</tr>
<tr>
<td>1 ACE</td>
<td>2.2</td>
<td>2.4</td>
<td>1.5</td>
<td>2.3</td>
</tr>
<tr>
<td>No known ACEs</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

The more ACEs a student experienced, the more likely he or she was to experience serious school and health issues.

**How Trauma Affects the Brain**

So how, exactly, does exposure to trauma affect educational outcomes? Simply put, trauma is toxic to the brain as well as to the body. There has been vast research conducted on the brain in the last two decades that challenges much of how we have historically interpreted the brain and its function. Scientists have discovered a new way of looking at the power of nurture in human development. Further, the increasing awareness of the effects of trauma on the brain has offered tremendous insight into the role trauma exposure plays in development, especially in childhood.

In the midst of extreme stress, our bodies are forced to respond via a heightened state of alert known as the *flight, fight, or freeze response*. Our bodies were designed to be in that state only for brief periods, and only in the face of extreme danger. But when children are exposed to complex or acute trauma, the brain shifts its operation from development to stress response, which can have lasting repercussions. According to Harvard University professor Jack Shonkoff (2009),
In contrast to normal or tolerable stress, which can build resilience and properly calibrate a child’s stress-response system, toxic stress is caused by extreme, prolonged adversity in the absence of a supportive network of adults to help the child adapt. When it occurs, toxic stress can actually damage the architecture of the developing brain, leading to disrupted circuits and a weakened foundation for future learning and health. (para. 4)

When brains are triggered by threat or perception of threat, they release chemicals into the body to allow us to “survive” those states of stress. When released in large doses, these chemicals become toxic to the body and can create significant impairment in development. Because the fetal, infant, and early childhood brain is so sensitive, chronically elevated levels of stress hormones can significantly disrupt the development of the brain in a multitude of ways, affecting learning, memory, mood, relational skills, and aspects of executive functioning (Shonkoff & Garner, 2012)—all required for success in a classroom setting. In Chapter 2, I further explore the educational implications of these negative effects.

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**PETE’S PRACTICE**

Having served as a school administrator in extremely challenging schools for nearly a decade before meeting Kristin, I was sure I had seen it all. However, when she shared the statistics on childhood trauma and the effect that exposure can have on students’ development and achievement, I was floored. It’s an epidemic! How could this not have been part of my training? How could this huge aspect of our society and our profession remain relatively hidden and unaddressed?
Immediately, I began to work more closely with my administrative team, counselors, secretaries, and teachers to learn as much as possible about our students. What we uncovered—that more than 100 of the 500 students in my elementary school had (currently or recently) at least one parent incarcerated—was just the tip of the iceberg. We vowed to continue our investigation and to learn more about how we could provide a trauma-sensitive learning environment for all our students. It was an urgent wake-up call for all of us.

Wrapping It Up

Exposure to multiple and severe stressors can profoundly affect how children interpret their world. The more ACEs a child is exposed to, the greater the likelihood that he or she will experience developmental delays and health problems down the line. Increasing our awareness of ACEs in children and looking at our students through a trauma-sensitive lens open up an opportunity for us to approach teaching and learning in new ways.

Further, when we start to look at the prevalence of the adversity that many of us have faced in our own lives, we must also celebrate the power of resilience. Many of us have found a way to survive the not-OK. As professionals, how can we foster that same resilience in students that we were able to muster up to survive our own experiences?

We know that childhood trauma has become an epidemic. No one is immune: trauma occurs everywhere, in all populations and circumstances, at every socioeconomic level, across ethnic and cultural lines, within all religions, and at all levels of education (ChildHelp, 2013). Because trauma’s effect often presents itself as a mental health issue, the need for services is growing substantially. Yet research reveals that only a minority of children receive services: according to the Surgeon General’s Report, “about 75 to 80 percent of children with a serious
emotional disturbance fail to receive specialty services, and, according to family members, the majority of these children fail to receive any services at all.” According to Kutash, Duchnowski, and Lynn (2006), the vast majority of children receive no mental health services, and among those who do, most receive the services at school.

Children with mental health issues are not required to obtain professional mental health services, but they are legally obligated to attend school. Thus, school is the one place where we are guaranteed access to our trauma-affected children. Our students need us to create a trauma-sensitive learning environment for them.

This is why you’re reading this book.

Reflective Questions

1. Exploration of trauma sometimes launches a “nature versus nurture” debate. Why do you suppose some children are more strongly affected by certain events than others are? What does this suggest for us as professionals?

2. What are your initial responses to the prevalence of trauma? Are you surprised? Why or why not?

3. Review the original ACE Study’s list of stressors. What might you add to that list? What do you see significantly affecting our students today?

4. Kristin and Pete both refer to trauma as an epidemic. How much “air time” has the topic received in your trainings, either preservice or in the field?

5. Take a look at your class list or case roster. Based on facts that you know, how many of your students have an ACE score of 1? Two? Three or higher?

6. Given the information above, how might you shift your approach in working with these vulnerable children?
7. What steps can you take to bring this important topic into your professional conversations? How might that provide an avenue to better support our students?


Comer, J. (1995). Lecture given at Education Service Center, Region IV. Houston, TX.


Florida, Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.


Kristin Souers is a licensed mental health counselor in the state of Washington. Kristin has a Master of Arts degree in Counseling Psychology from Gonzaga University and a Bachelor of Science degree from Santa Clara University. She is an Assistant Director at Washington State University’s Child and Family Research Unit (CAFRU) in the CLEAR Trauma Center. Kristin also serves as an adjunct faculty member for the Master of Counseling Psychology Program at Gonzaga University. Kristin is an expert in understanding the impact of trauma on individuals and families and has provided consultation and training on this topic to education and human services systems for more than 20 years. She can be reached at ksouers@comcast.net.
Pete Hall currently serves as a speaker, an author, and a professional development agent for schools and districts around the globe. A former teacher and veteran school principal, Pete is the author of more than a dozen articles on school leadership and five books, including *Building Teachers’ Capacity for Success* (ASCD, 2008), *Teach, Reflect, Learn* (ASCD, 2015), and *The Principal Influence* (ASCD, 2015). In addition to his leadership work, Pete passionately advocates for the establishment of trauma-sensitive learning environments, education that addresses the whole child, and the relentless quest for continuous improvement. He can be reached at petehall@educationhall.com.