Education Brief: ACEs for Educators and Stakeholders

Executive Summary

Adverse childhood experiences (ACEs) of abuse, neglect and family dysfunction before age 18 can prevent a child from receiving the full benefits of education. This Policy Brief will outline policy recommendations so that systems can improve outcomes for these students.[1]
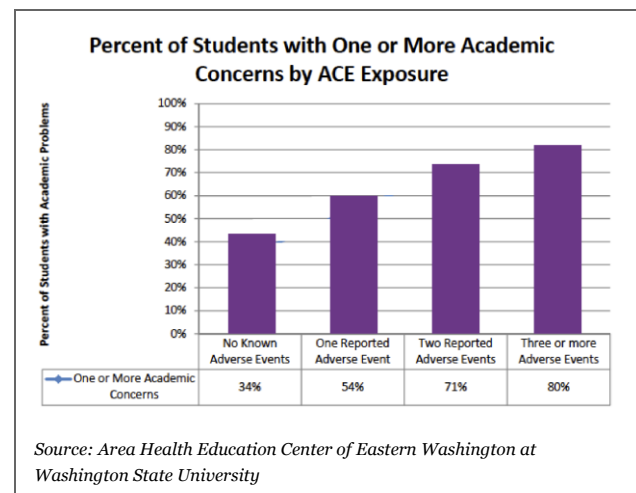
Introduction

The CDC's 1989 Adverse Childhood Experiences Study demonstrated a striking link between childhood trauma and the chronic diseases and socio-emotional problems people develop as adults. [2] The ACE study measured 10 types of trauma, each of which counts as one point in an individual's ACE score. The higher a person's ACE score, the more likely they are to develop poor health behaviors and outcomes according to the study. These outcomes include heart disease, lung cancer, diabetes, many autoimmune diseases, depression, violence, drug abuse, being a victim of violence, and suicide. Furthermore, risk behaviors correlating with ACEs in parents often become ACEs for the next generation. [3,4,5] The original definition of an ACE has been expanded since the original study to include other types of trauma such as being a victim of extreme discrimination (racism, homophobia), a victim or witness to community violence or war, being a refugee or experiencing severe social deprivation including poverty, hunger and homelessness.[6]

The Impact of ACEs on Education

The changes in brain architecture caused by trauma affect children's memory systems, their ability to think, to organize multiple priorities (executive function)—in other words their ability to learn, particularly literacy skills. These students often have difficulty in regulating their emotions and reading social cues, which in turn compromises their ability to pay attention, follow directions, work with teachers and make friends.[7] ACEs can set off a chain reaction that leads to poor performance in school, which leads to dropping out, which then leads to poverty and involvement in the justice system, which then sets the stage for transmission of ACEs to the next generation.

Source: Area Health Education Center of Eastern Washington at Washington State University

- Students with three or more ACEs are 2.5 times more likely to fail a grade.[8]
- Students with three or more ACEs are significantly more likely to perform below grade level, and be labeled as special education, suspended, expelled, or drop out of school.[9]
- Students not reading proficiently by third grade are four times more likely to not graduate from high school.[10]
- Student suspension and other school discipline is linked to failure to graduate.[11] Students who dropped out of high school were 63 times more

likely to be incarcerated than college-graduates.[12] High school dropouts are more than twice as likely to live in poverty.[13][14]

Policy Recommendations

Small "p" policy changes within local systems and agencies can have an important impact on the people served, but large "P" policy at the federal, state and local levels will build the foundation for preventing and addressing ACEs in a systematic "upstream" approach. The following recommendations reflect an understanding of ACEs and trauma which requires multiple levels of policy change since effectively addressing ACEs requires working within all the contexts in which they occur: families, communities and society.

Policy Recommendations at a Glance

Rethink discipline and encourage strategies that keep kids in school.

Support teachers with professional development, in-classroom supports and social emotional learning techniques.

Prepare youth to be successful in school by building coordinated supports for youth and families starting prenatally and continuing throughout the lifespan.

Increase parent engagement.

Build and support self-regulation skills.

Change policy to support safe and trauma-sensitive classrooms.

Rethink discipline and encourage strategies that keep kids in school.

- End zero-tolerance policies that result in suspensions and expulsion. Zero-tolerance policies have led to larger numbers of youths being suspended or expelled with no evidence of positive impact on school safety.[15] Students who are suspended even once are more likely to drop out.
- Provide implicit bias training to school personnel to mitigate the racial disparities in discipline and expulsion.

- Keep kids in school by all means necessary and utilize best practices for in-school suspensions to address the underlying behavioral and academic challenges that have caused disruption in the classroom.[16]
- Stop the practice of removing recess time as a punishment.[17]
- Implement Restorative Justice approaches to discipline, including: restorative conversations, peer conferences, peace circles and group conferencing.
- Utilize trauma-informed security personnel instead of law enforcement in schools to start limiting unnecessary justice involvement for youth.[18]
- Utilize mindfulness strategies in schools, like meditation, which have shown to increase school safety, reduce the need for discipline, and increase academic success.

Support teachers with professional development, in-classroom supports and social emotional learning techniques.

- Support teachers by implementing organizational and individual interventions such as programs for mentoring, workplace wellness, professional development, social emotional learning and mindfulness which are all proven to improve teacher well-being and student outcomes.[19]
- Include ACEs education in all teacher training curriculums. Provide intensive training on how trauma impacts classroom behavior with specific strategies to increase students' self-regulation and incorporate social-emotional learning in the classroom. Identify and train teachers on age-specific and developmentally-appropriate strategies so the entire educational spectrum, from Early Childhood Education to college, can help to build resilience.
- Put mental health professionals/social emotional learning consultants in each classroom several hours per week to help train and develop teachers' skills. These professionals can identify needed interventions earlier and model appropriate techniques for teachers.

Prepare youth to be successful in school by building coordinated supports for youth and families starting prenatally and continuing throughout the lifespan.

- Implement and adequately fund early interventions by putting in place in-home pregnancy and parenting support as well as health education for all pregnant women and families with young children by expanding Illinois' home visiting network.
- Encourage collaboration among programs across child and family-oriented state systems—education, public health, child welfare—to develop policies that improve social, health and wellbeing outcomes, including blending funding streams.
- Utilize the Community Schools model to provide essential wrap-around supports to whole families interacting with the school system including mental health services onsite, parental engagement, a continuum of care and coordination of services that link the school with community organizations.

Increase parent engagement.

- Allow parents to have an active voice in school regulations, culture, environment, disciplinary procedures, and how the school interacts with the community.
- Include parents in mindfulness practices and events. Parents can gain the same benefits as students from meditation and yoga and can reinforce those techniques with their children.
- Teach parents about ACEs and the ways that trauma can be passed down inter-generationally. Provide opportunities for parents to learn about social-emotional learning and ways to encourage self-regulation, problem solving and social skills that can be replicated at home.
- Create parent peer support groups.

Build and support self-regulation skills.

- Incorporate meditation into the classroom.
- Offer self-regulation skill building experiences to parents, guardians and teachers.

Change policy to support safe and trauma-sensitive classrooms.

- Develop a common definition of a "safe classroom" by helping children identify their emotions and practicing conflict resolution skills; create a "peace corner" where students struggling with self-regulation can regroup if needed, preventing the need for disciplinary measures.[20]
- Create laws that require safe and supportive schools and include funding for the systems changes required to be trauma-informed.
- Make *helping children who have experienced adversity learn* a major focus of education reform, including a system-wide approach and investment from all stakeholders—students, teachers, families, communities, administrators, etc.

About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine's mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region's "honest broker" on healthcare policy matters. Learn more at www.hmprg.org.

About the Illinois ACEs Response Collaborative

Established in 2011, the Illinois ACEs Response Collaborative (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and communities. The Collaborative works to develop education, policies, and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as preventing their transmission to the next generation.

Endnotes

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