

Webinar

TRAUMA
INFORMED **UK**
SCHOOLS

CCMH
THE CENTRE FOR
CHILD MENTAL HEALTH

The impact of trauma on children's minds, brains and bodies

How to interrupt the trajectory
from adverse childhood
experiences (ACEs) to
long-term mental and
physical ill-health,
personal and
societal misery



Adverse Childhood Experiences study: scored in terms of the number of the following experiences

Personal

- Emotional abuse (humiliated/sworn at/put down/insulted)
- Emotional neglect (feeling unspecial/not important/not loved/not supported)
- Physical abuse (push, grab, slap, throw things at you)
- Physical neglect (not enough to eat/dirty clothes)
- Sexual abuse
- Being bullied
- Multiple moves

Family members and home environment and neighbourhood

- A family member depressed/mental illness
- Loss of a parent or parent separation/divorce
- A family member being addicted to drugs or alcohol
- Witnessing domestic violence
- A family member in jail
- Poverty
- Violent neighbourhood



Different scores: Children



No ACEs

97% had no learning difficulties or behaviour problems

3 ACEs or more

3 x times as likely to experience academic failure

5 x times as likely to have attendance problems

6 x times as likely to have behavioral problems

4 ACEs or more

Over 50 percent had learning problems

32 x more likely to have behaviour problems

With each additional ACE is an increased risk of learning difficulties, behaviour problems, and becoming serious violent offender by age 35

Burke NJ, Hellman JL, Scott BG, Weems CF, Carrion VG (2011) The impact of adverse childhood experiences on an urban pediatric population. Child Abuse & Neglect 2011; 35: 408–13

2015 Summit – Adverse Childhood Experience and Toxic stress A Public Health Crisis Nadine Burke Harris et al 2015 (The Area Health Education Center of Washington State University) (Burke et al 2011) (Burke Harris 2009) (Brown et al 2009) Felitti 2016 (Fox et al 2015)

Adverse Childhood Experiences study

As the number of ACEs increases so does the risk of physical illness



- Heart attacks/Strokes
- Cancer
- Type 2 Diabetes
- Chronic lung disease
- Autoimmune disease
- Sleep disturbances
- Eating disorders
- Headaches
- Obesity
- Asthma
- Irritable Bowel syndrome
- Early death

So ACEs are implicated in the 10 leading causes of death in the western world (Burt, 2001)

As the number of ACEs increases so does the risk of mental illness and attachment issues



- Poor educational attainment
- Learning difficulties
- Depression
- Anxiety
- Conduct disorders
- Addictions to drugs/ alcohol/smoking
- ADHD diagnosis
- Violent behaviour
- Domestic violence
- Unemployment
- Teenage pregnancy
- Troubled relationships
- Attempted suicide

ACE Score Questionnaire

(<https://acestoohigh.com/got-your-ace-score> and World Health Organisation ACE entries then adapted by TISUK)
(original by Felitti and Anda 1998 CDC-Kaiser Permanente Adverse Childhood Experiences Study)

Prior to your 18th birthday:

		If YES write '1'
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 threaten to abandon you / throw you out of the house	<input type="checkbox"/>
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?	<input type="checkbox"/>
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?	<input type="checkbox"/>
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?	<input type="checkbox"/>
5	Did you often or very often feel that your parents did not understand or help you with your problems or worries?	<input type="checkbox"/>
6	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?	<input type="checkbox"/>
7	Were your parents ever separated or divorced?	<input type="checkbox"/>
8	Did you ever suffer a painful loss of a loved one? (e.g.friend/family)	<input type="checkbox"/>
9	Was your mother or carer: 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?	<input type="checkbox"/>
10	Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	<input type="checkbox"/>
11	Was someone in your family depressed or mentally ill, or did a family member attempt suicide?	<input type="checkbox"/>
12	Did a family member go to prison?	<input type="checkbox"/>
13	Did you experience multiple school and or home moves or were homeless?	<input type="checkbox"/>
14	Were you ever bullied, physically attacked or experienced discrimination? (e.g race, religion, ethnicity)	<input type="checkbox"/>

		If YES write '1'
15	Did you ever witness a sibling being abused, bullied?	<input type="checkbox"/>
16	Did you ever witness anyone being threatened with a gun or knife or actually attacked with gun or knife?	<input type="checkbox"/>
17	Did you ever have to leave your home country or your home because it was not safe to stay there?	<input type="checkbox"/>
18	Did you ever live in unsafe neighbourhood ?	<input type="checkbox"/>
19	Have you ever been extremely ill or injured or experienced a family member who was extremely ill or injured?	<input type="checkbox"/>
20	Have you ever been taken into foster care?	<input type="checkbox"/>
	Now add up your 'Yes' answers. This is your ACE Score	FINAL SCORE: <input type="checkbox"/>

How the ACE questionnaire is used

The ACE questionnaire is intended to only be completed by adults supporting a child in question. It should never be offered to a child or young person to complete themselves, or in isolation. It can be completed by adults working closely with a child, based on information already known. Ideally, for a more accurate assessment, it should be done in partnership with the child's parents or carers during a meeting, where an empathic non-judgmental respectful working alliance has been established. It is vital that the questionnaire is offered as optional to the parent and carer and is not a compulsory part of TISUK. The parent/carer should also be reassured that if they prefer, there is no need to disclose the categories of experience, but can use the score to help guide decision making.

If, confidential and well boundaried insight regarding any history of trauma and loss is known by key adults in school, it will really help to provide the child with tailored support in order to secure the best outcomes. It ensures that a child's needs are well met, particularly where their behaviours may mask those needs.

Parents must be reassured that the trauma history will only be shared on a need to know basis and will be generalized. For example, a class teacher and teaching assistant may only know that a child has witnessed domestic abuse or that a family member has experienced mental health difficulties. More detailed information may be passed on to the TISUK practitioner to facilitate REFLECT conversations within a programme of work.

Only where withholding information runs the risk of inadvertently contributing to the trauma, or re-traumatizing, a child will specific information be relayed to a wider than group. Settings are then better able to identify and provide targeted support and intervention at the earliest opportunity in a collaborative and proactive way.

It is best practice to follow up the ACE questionnaire by the Protective Factors Questionnaire. This supports families to identify the strengths and resilience factors in the life of their child. It also identifies actions the family can take to strengthen support.

If, during the process of filling in the ACE score, a disclosure is made that identifies a continuing safeguarding concern, the setting must take the appropriate action in reporting this to the designated safeguarding lead, following the setting's established protocols. Where our settings are aligned with Operation Encompass families will be more willing to acknowledge challenges and engage in dialogue, which previously might have been more closed to settings. As such, these conversations are more likely to arise and, with non-judgmental, professional support, and good safeguarding procedures, the use of ACE for those families will be a very relevant tool. This is especially supportive when underpinned with use of the protective factors. This is the role of safeguarding and provides a platform to illicit positive change. This must always be under the supervision of the Designated Safeguarding Leads and Officers within each setting and in line with their protocols.

Resilience Questionnaire

This questionnaire was developed by paediatricians, psychologists and health advocates of Southern Kennebec Healthy Start, Maine, in 2006, and updated in February 2013. Mark Rains and Kate McClinn (psychologists) devised the 14 statements. The content of the questions was based on a number of research studies from the literature over the past 40 years. It was not developed for research. (See our book list on research on protective factors and resilience and the references to key research studies at the bottom of the questionnaire).

Rains wants people to know that the resilience questions are only meant to prompt reflection and conversation on experiences that may help protect most people (about three out of four) with four or more ACEs from developing negative outcomes. A secure early childhood is helpful, but not necessary. A higher number of positive experiences is not necessarily more protective. (www.acestoohigh.com)

Protective factors

Please tick the correct statements about your life experience:

		Definitely true	Probably true	Not sure	Probably not true	Definitely not true
1	I believe my mother loved me when I was little.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I believe my father loved me when I was little.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	When I was little, other people helped my mother and father take care of me and they seemed to love me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I've heard that when I was an infant someone in my family enjoyed playing with me and I enjoyed it too.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	When I was a child, there were relatives in my family who helped me feel better if I was sad or worried.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	When I was a child, neighbours or my friends' parents seemed to like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	When I was a child, teachers, youth leaders or other adults outside the family were there to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Someone in my family cared about how I was doing in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	My family, neighbours and friends talked often about making our lives better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	We had rules in our house and were expected to keep them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	When I felt really bad, I could almost always find someone I trusted to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	As a teenager people noticed that I was capable and could get things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13	I was independent and a go-getter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	I believed that life is what you make it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many of these 14 protective factors did I have as a child and teenager?
(How many of the 14 were ticked “Definitely True” or “Probably True”?)

Of these ticked, how many are still true for me?

References

(www.acestoohigh.com)

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MODEL TWO

The neuroscience of mental health and mental ill-health, with particular reference to Panksepp's emotional systems



RAGE
FEAR
PANIC/GRIEF

CARE (attachment)
SEEKING
PLAY

LUST



Jaak Panksepp

Professor Jaak Panksepp (Panksepp, J., and Biven, L. (2012). **The Archaeology of Mind: Neuroevolutionary Origins of Human Emotion.** New York: W. W. Norton & Company.

MODEL THREE

P and the three R's (Protect, Relate, Regulate, Reflect)

PROTECT

- Ensuring that all children feel as psychologically and physically safe as they can in the school/ community (upping the safety cues not just an absence of danger).
- Whole school awareness of the impact of ACEs and toxic stress on learning, behaviour, mental and physical health, and how to use 'protective factors' as prevention and intervention.

REGULATE

- Acknowledging that a child cannot learn, concentrate, attend if very stressed.
- A whole school commitment to relate on a daily basis to all children in ways that soothe, calm and bring down toxic stress to tolerable stress as preventative of physical and mental ill-health and to enhance learning.
- A whole school commitment to supporting staff on a daily basis in ways that soothe, calm and bring down toxic stress to tolerable stress as preventative of physical and mental ill-health.



RELATE

- A Relationship Policy for all school staff to ensure that everyday interactions with children are healing not harming.
- Senior Leads ensuring the emotional well-being of staff.
- Ensuring that all children have on-going access to a trusted emotionally available adult.
- Children who have experienced one or more ACEs (adverse childhood experiences) require daily access to a trusted emotionally available adult at a known time and place.

REFLECT

- Ensuring that all children are offered the time and space to make sense of painful life events, with an emotionally available adult who is trained to listen, understand and provide verbalised empathic response.
- A conversational rather than punitive response to challenging behaviour in order to support development of the child's higher brain executive functions and prevent long term mental health problems which research shows can so easily arise from adults who punish or shame.
- Ensuring children are provided with evidence based psychological and neuroscientific knowledge (psycho-education and psychologically based PSHE) to make informed choices in their lives.

PACE: to bring psychological safety and emotional responsiveness in connection, key for secure attachment



Play

P

A playful, warm and spontaneous way of interacting with the teenager to support them to feel safe with you and to promote trust.

When you connect with teenagers in this way, they are freer to open up, reflect, laugh, play, share their true feelings with you. Use of a warm light tone of voice is key (storytelling voice).



Acceptance

A

At all times accepting the teenager's intentions, thoughts, feelings and inner life, without any judgment or criticism. As a result, the teenager builds trust that you will never be shaming or critical.

Accepting and acknowledging the feelings fuelling the teenager's presenting behaviour. (You can be firm on behaviour while at the same time truly accepting the feelings that triggered the behaviour).



Curiosity

C

Active interest, totally non-judgemental, in how the teenager is experiencing an emotionally charged event (past or present). 'Will you help me understand...?' 'I wonder if...?'

Curiosity lets the teenager know that you really want to understand *their* meaning of an important life event and then help them with their understanding.

Curiosity helps the teenager to become aware of their inner life, to start to reflect and come to understand themselves.



Empathy

E

Feeling into the emotional pain of the teenager (without getting lost in it) not just experiencing their pain cognitively or defending against it in other ways. Finding the words to convey your empathy.

Having understanding of and compassion for your own traumatised inner child or teenager, so that you can be with the teenager's pain in a profoundly connecting way, resulting in the teenager truly 'feeling felt by you' (Dan Siegel). Empathy conveys to the teenager that s/he is no longer alone with their painful feelings and stories of distress.

PACE was originated by Dr Dan Hughes. Full explanation can be found in his books and on website <https://ddpnetwork.org>