

Introduction

Adverse childhood experiences (ACEs) of abuse, neglect and family dysfunction between birth and age 18 can disrupt brain development and limit social, emotional and cognitive functioning.¹ ACEs are the root cause of many serious academic, social and behavioral problems that have the potential to prevent a child from receiving the full benefits of education.² Experiences of poverty, extreme discrimination and community violence as well as other traumatic experiences can also impair the development of the growing brain and body.

Trauma changes the architecture of a developing child's brain and physiology. **These changes impair academic efforts. They 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.** Furthermore, changes in a child's neurobiology often result in a student having difficulty in regulating his/her emotions and reading social cues, which in turn compromise their ability to pay attention, follow directions, work with teachers and make friends with other students.³

ACEs are often the root cause of serious learning disabilities, health problems, social challenges and behavioral problems that impact a child's ability to learn. For educators, students who have experienced multiple adversities (20%-50% of all students) can be more difficult to engage consistently, require additional supports and often need more attention thus reducing instructional time for other students. With many students and their families experiencing adversity, schools may face an uphill challenge in addressing them without local partner services and supports from the larger community and other systems.⁴ Caring relationships and safe and supportive environments help prevent and mitigate the consequences of ACEs.

What are ACEs?

The Centers for Disease Control and Prevention's landmark 1998 study on Adverse Childhood Experiences (ACEs) demonstrated that traumatic childhood experiences are a root cause of many social, emotional and cognitive impairments that lead to an increase in health risk behaviors, and increased risk of violence or revictimization, disease, disability and premature mortality. Understanding the impact of ACEs on health and well-being can inform efforts to prevent trauma but can also support systems and institutions that serve people with a history of ACEs so that the cycle of trauma can be halted.

The Illinois ACEs Response Collaborative

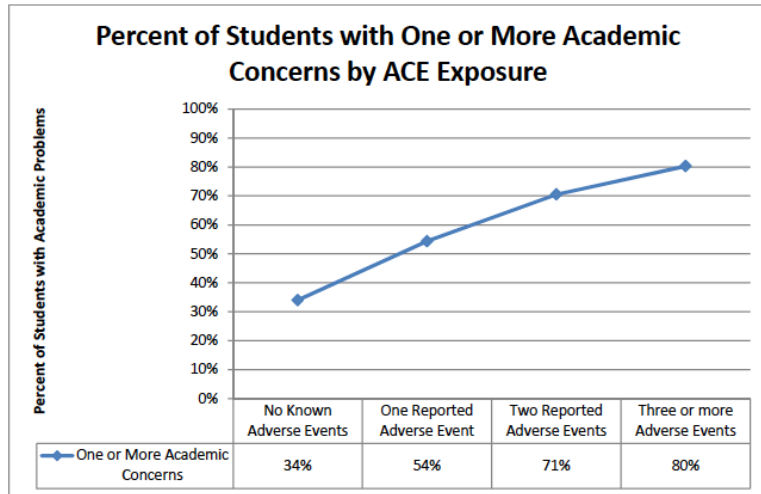
Established in 2011, the Illinois ACEs Response Collaborative (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and adverse childhood experiences (ACEs) on the health and well-being of Illinois children and their 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 the reduction of intergenerational transmission of ACEs. Health & Medicine Policy Research Group, a Chicago-based non-profit with a mission to challenge inequities in health and health care, serves as the lead convener for the Collaborative.

The Impact of ACEs on Education

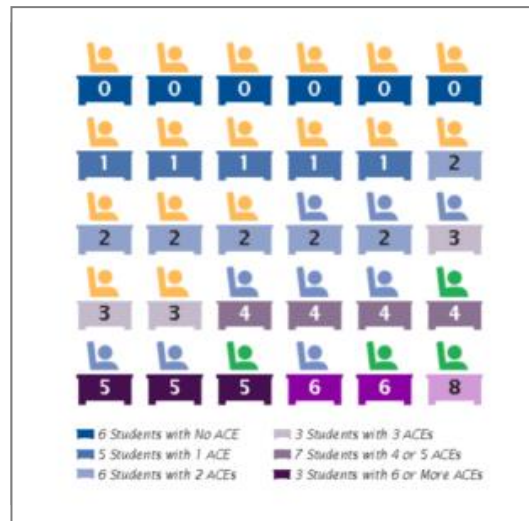
ACEs are the root cause of many of society’s most pressing health problems that contribute to the astronomical and rising costs of health care as well as tremendous social costs in morbidity, mortality and quality of life. An ACE score greater than or equal to six can *shorten an individual’s lifespan by as much as 20 years*. Below are common education challenges that have some of their roots in childhood adversity.

- **Students with three or more ACEs are 2.5 times more likely to fail a grade.**⁵
- Students with three or more ACEs are significantly more likely to be unable to perform at grade level, be labeled as special education, be suspended, be expelled or drop out of school.⁶ Students not reading proficiently by third grade are four times more likely to fail to graduate from high school.⁷



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

- In 2009, research demonstrated that students who dropped out of high school were 63 times more likely to be incarcerated than college-graduates.⁸ Research strongly links suspension and other school discipline to failure to graduate.⁹
- There are racial/ethnic disparities in the number and severity of school punishments delivered, even when controlling for the type of offense.¹⁰ LGBT youth are up to three times more likely to experience harsh disciplinary treatment than their heterosexual peers.^{11, 12, 13, 14} **Twenty percent of secondary school students with disabilities were suspended in a single school year, compared to fewer than 10% of their peers without disabilities.**¹⁵
- The impact of ACEs on school performance has a ripple effect on lifetime achievements. For high school dropouts, the national unemployment rate is at 12%.¹⁶ **Young adult high school dropouts were more than twice as likely as college graduates to live in poverty according to the Department of Education.**¹⁷



Source: Washington State Family Policy Council

ACEs in Illinois

The Collaborative successfully petitioned the Illinois Department of Public Health to include an ACE module in the State’s 2013 Behavioral Risk Factor Surveillance System (BRFSS)—a CDC-developed survey that collects information on health risk behaviors, chronic diseases, use of preventive health practices and health access. The BRFSS contains data from a sample of Illinois adults 18 years old and older. The findings below summarize how the adults who took part in the survey describe themselves and their health. Wherever possible, ACE correlations are shown, but in some cases, the BRFSS sample size was insufficient to draw conclusions, so we present the available health condition data. In Illinois, ACEs are also the root cause of many chronic diseases, health risk behaviors and violence.¹⁸

- Approximately one in five individuals who did not finish high school reported four or more ACEs, while only one in ten individuals with a post high school degree reported four or more ACEs.
- In 2013, more than 50,000 Chicago Public Schools (CPS) students—13% of the district’s population—received out-of-school suspensions. Illinois students lost 1,117,453 days in the 2010-11 school year because of exclusionary discipline for minor offenses. The district’s therapeutic day schools, which serve students with the most severe behavior problems, gave out-of-school suspensions to large percentages of their students in 2013, with one school suspending 100% of the students enrolled.
- In Illinois, employment rates in 2010 were as low as 50% for adults who had dropped out of high school (aged 18-64), compared to 79% for those who obtained an Associate’s degree. In Chicago, the gap is even larger—44% of those who dropped out of high school were employed versus 73% of Associate degree holders.

Notable Programs and Promising Practices

Fortunately, by using the right approaches—ones that harness neuroplasticity, or the brain’s inherent capacity to change—we can support healing of the brain and body as well as build resilience, which can prevent and treat the consequences of adversity. Yet, no one intervention alone can prevent or ameliorate childhood adversity. To address ACEs, we need a strong foundation that includes supportive families and prepared communities and schools, all of which require investment from each of us. Our systems work best when they work together.¹⁹ The following are programs and promising practices that can help ameliorate the effects of childhood adversity. Outcomes for the programs described below have been included where available, however many of these are new and emerging practices that have not been formally evaluated but hold promise for those looking to address ACEs and expand trauma-informed practices

Parent Organizing

Community Organizing and Family Issues (COFI)

Community Organizing and Family Issues’s (COFI’s) mission is to strengthen the power and voice of low-income and working families at all levels of civic life—from local institutions and communities to local, state and federal policy arenas. COFI has trained and organized thousands of parents in some of the toughest neighborhoods anywhere. COFI-trained parents have participated in many organizations. For example, **United Parent Leaders of Pilsen and Little Village** have been working to get more

resources put into restorative justice in their communities and increase support for families dealing with the Early Intervention system. **The Southside Parents United Roundtable in Chicago** worked with the Family Resource Center on Disabilities to be trained as advocates for students and families navigating the special education system, so that they can help other parents stay strong as they try to get their children's needs met. In Elgin, **Padres con Poder/Parents with Power** partnered with the Elgin Partnership for Early Learning (EPEL), to go door-to-door to spread the word about the importance of early learning. Since 2005, **POWER-PAC** has been organizing to stop out-of-school-suspensions resulting in the reduction of **thousands of days of such suspensions**. It also created the "Parent to Parent Guide: Restorative Justice in Chicago Public Schools—Stopping the School-to-Prison Pipeline" (included in Toolkits section below).

Parent leaders have:

- Knocked on 112,045 doors to reach out about early childhood education
- Provided 15,289 families with information about Summer Meal Programs,
- Reached 4,118 students through eight Peace Centers in Chicago Public Schools
- Referred 10,445 children to Head Start
- Walked 12,547 miles as preschool walking bus conductors to get preschoolers to school²⁰

Parent Engagement Institute, Logan Square Neighborhood Association

The goal of the Parent Mentor Program is to build leaders in the home, the school and the community. Since 1995, the Institute has trained 2,000 parents. Logan Square has seen an initial dramatic rise in test scores followed by steady annual increases. Other evidence of its enormous impact includes:

- Increased focus—92% of teachers and 90% of principals report that the Parent Mentor Program helps students improve in Reading and/or Math
- Increased teacher capacity—58% of teachers increased the number of students they worked with one-on-one after having a parent mentor in the classroom
- Improved graduation rates—The drop-out rate decreased from 23% to 9%
- Parent empowerment—82% of parents have completed or improved performance on their personal goals such as gaining employment, learning English, going to college or getting a GED
- Increased success for kids of parent mentors—92% of children of parent mentors have graduated from high school and 87% enrolled in college. Nearly all are still attending or have graduated
- Increased social capital in the community—The number of parents who talked to other parents five days a week grew from 8.2% to 43.2%, an increase of more than five times²¹

Parenting Fundamentals, Metropolitan Family Services, Chicago, Illinois

Parenting Fundamentals gives parents tools to help their children live fulfilling, productive lives. This evidence-based course with comprehensive support empowers parents to prevent child abuse, improve school performance and strengthen their families. Parenting Fundamentals has reached **7,000 parents and 21,000 kids**. It is included in the **National Registry of Evidence-based Programs and Practices maintained by the Substance Abuse and Mental Health Services Administration**.²²

School-Located Self-Regulation Skill-Building for Students and Teachers

Calm Classroom, Mindful Practices and the David Lynch Foundation's Quiet Time

MindBody practices like meditation, breath work and yoga can restore a sense of wellbeing and safety while helping with attention and behavior. **Calm Classroom**, which teaches mindfulness meditation in the classroom, has been proven to increase student engagement, improve attendance and academic performance and decrease suspensions and behavioral referrals in the following Chicago Public Schools:

Samuel Gompers Elementary and Middle School, Sullivan High School and Wendell Smith Elementary and Middle School. Results from these schools include:

- 21% overall improvement in standardized test scores; **75% decline in school violence**; 73% decrease in school suspensions; 10% increase in attendance; **65% of teachers surveyed report feeling less personal stress on the job as a result of Calm Classroom**
- 100% of teachers surveyed report: students are more focused and ready to learn after practicing Calm Classroom; students seem calmer and more peaceful after practicing Calm Classroom. Ninety-four percent of teachers surveyed report specific students whose engagement in school seems to have improved due to Calm Classroom²³

To address ACEs, we need a strong foundation that includes supportive families and prepared communities and schools, all of which require the investment from all of us. Our systems work best when they work together.

Mindful Practices, which teaches yoga and social/emotional skill-building, helped schools achieve an 8-22% reduction in disciplinary referrals. When these schools lost funding to continue the curriculum, disciplinary referrals and suspensions in the same schools increased by 500% or more.²⁴

Quiet Time, a Transcendental Meditation training program for schools, has helped schools achieve:

- A 10% improvement in test scores and a narrowing of the achievement gap
- An 86% reduction in suspensions over two years
- A 40% reduction in psychological distress including stress, anxiety and depression
- A 65% decrease in violent conflict over two years
- Improved teacher retention and decrease teacher burnout²⁵

Trauma-Sensitive Teacher and Professional Training

The Illinois Education Association (IEA), Illinois State Board of Education (ISBE) and Center for Childhood Resilience, Lurie Children’s Hospital (CCR) are training teachers, school-based mental health clinicians and other professionals about trauma and resilience. After developing a facilitator’s guide, IEA hosted more than 50 screenings and panels discussions of *Paper Tigers*, a documentary about trauma-sensitive school transformation, for Illinois teachers. **Using a curriculum it developed within a “train-the-trainer” model, IEA has trained more than 100 teachers in Illinois in trauma-sensitive practices for the classroom.**

In collaboration with the Child Trauma Academy, Illinois State University, the Illinois Multi-Tiered Systems of Support Network and SASS-connected Community Mental Health providers, **ISBE** has created a learning collaborative to train teachers and mental health clinicians in trauma-sensitive education and therapeutics in 10 areas of the state. The educator trainer trainings were completed in 2015 and regional trainings commenced in 2016. Clinician trainer trainings will finish in spring of 2017 and regional trainings will begin in Fall 2017.

CCR provides trauma-specific services, in-person trauma training to individual school staff and clinicians and on-site coaching as well as creates Trauma Training Cadres in school networks and districts to build capacity.

Trauma-Sensitive Schools—Policy and Practice

Safe and Supportive Schools Commission, Massachusetts

In 2014, a law titled “The Safe and Supportive Schools Framework” was enacted in Massachusetts.²⁶ In 2016, the budget signed by Massachusetts Governor Charlie Baker included an allocation of \$400,000 to assign a full-time staff person in the Department of Elementary and Secondary Education to carry out provisions of the Safe and Supportive Schools Framework Law, which **creates conditions for schools to adopt trauma-sensitive policies and approaches in their classrooms throughout the entire state.**²⁷ The approach guidelines follow those found in the Trauma and Learning Policy Initiative’s (TLPI) Guide to Creating Trauma-Sensitive Schools.²⁸

Lincoln High School, Walla Walla, Washington

In 2013-14, an evaluation was conducted of outcomes of changes in pedagogy and milieu at Lincoln High (an alternative high school in Walla Walla, Washington), which had introduced trauma-sensitive practices between 2009 and 2013. These changes were a result of community capacity efforts and were made in collaboration with the Children’s Resilience Initiative and the Health Center, a hospital-funded initiative that provides free mental and physical health services to any Lincoln High School student.²¹

The outcomes of this approach are fewer absences, higher grades and better standardized test scores.²⁹

In 30 seconds to 3 minutes, simple breathing, stretching, focusing and relaxation techniques teach self-awareness, inner calm and peaceful interactions leading to school-wide outcomes. Schools implementing the Calm Classroom mind body skill-building program saw:

- 21% overall improvement in standardized test scores
 - 75% decline in school violence
 - 73% decrease in school suspensions
-

Trauma Smart, a Program of Crittenton Children's Center, Kansas City, Missouri

“Trauma Smart is an innovative practice model designed to address the high incidence of complex trauma that negatively impacts children’s lives. The model is currently provided in Head Start preschool programs in 26 counties in the Kansas City metro area and across Missouri, and includes around 3,200 children annually. **Trauma Smart helps preschool children, and the adults who care for them, calmly navigate difficult life challenges.**” Results include:

- 100% of the students enrolled in Trauma Smart benefitted from interventions
- Trauma Smart students have significantly improved class assessment scores (CLASS) and symptom inventory scores, putting them in the normal range by kindergarten
- Parents and teachers improved self-care and developed lifelong skills to manage stress³⁰

The Unconditional Education Program, Seneca Family of Agencies, California

The Unconditional Education program was born out of a desire to work with public schools to create a sustainable whole-school approach to trauma that could become part of the school culture. The goal is to train teachers and administrators in a clinical understanding of trauma and help them develop individual interventions to keep students learning.³¹ An independent evaluation by SRI of five Oakland Schools participating in the Unconditional Education program demonstrated:

- Higher scores in English Language Arts achievement
- Higher scores in Mathematics achievement
- Better attendance
- Lower suspension/expulsion rates ^{32,33}

Health and Education Partnerships

Partnership for Resilience

The mission of the Partnership for Resilience is to transform and integrate education, health care and community organizations to create a trauma-informed, family-focused system that measurably improves academic, health and social outcomes for children. As part of this process, “Resilience Teams” are being piloted in Calumet Park, Illinois schools as a step toward creating trauma-sensitive schools. In addition, plans are in process to bring additional staff development and counseling resources to the schools in partnership with Governors State University and leading behavioral health agencies.

A Health Care Team is working to bring additional health care resources to the three school districts who are part of the Partnership and to increase access to existing health care options such as Cook County Health and Hospital System clinics. The long-term goal of this team is to increase the number of Southland families who have “medical homes” where they can receive consistent, high-quality health care.

As one of its goals, Partnership for Resilience is **working to create better trauma-informed neighborhoods and improve childhood wellness through increased access to care and increased collaboration between schools and medical homes.** The health work has three key areas of focus:

1. Providing direct school-based services to meet identified needs while still promoting the connection to a patient-centered medical home
2. Encouraging schools and health systems to work together and use metrics to drive program development
3. Spreading ACEs awareness among local medical providers

ACE and Trauma Screening

School health centers in high schools in Washington, Oregon and California have started offering ACE screening to students. **Elsie Allen Health Center** in California has modified the original ACE questionnaire to include six additional questions. In 2014, the clinic screened 200 students for ACEs using the new questionnaire. As a result:

- The staff completed their own screens and talk more about how to handle secondary trauma
- The staff is more understanding about the behavior of students
- Staff is beginning to educate teachers about ACEs
- There is more honesty and improved connection with the students
- The health center is staffing a lounge for the 100 students who visit the clinic each day so they’ll have a place to talk, get free condoms, eat a piece of fruit or share their experiences³⁴

Policy Recommendations

Policy change at all levels of government and within multiple public agencies, private and public health systems, community organizations, educational systems, social services and philanthropy, can prevent and mitigate the impact of ACEs, trauma and toxic stress to create healthier communities. The following recommendations reflect an understanding of ACEs and trauma which requires multiple levels of policy change. To effectively address ACEs and trauma, we must look at the context in which they occur – within families, communities and society.

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, lasting, comprehensive and upstream approach so that we may ultimately be less reliant on programs which focus on individuals and families who are already experiencing problems (“downstream”) because there will be fewer of them.

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 “pushed out” (suspended or expelled) with no evidence of positive impact on school safety.³⁵ 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.**
- **Keeps 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.³⁶
- **Stop the practice of removing recess time as a punishment.**³⁷
- **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 stop contributing to the school-to-prison pipeline and to start limiting unnecessary justice involvement for youth.**³⁸

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

- **Reduce teacher stress by implementing organizational and individual policies.** Interventions on the organizational or individual level (or those that reach both) can help reduce teacher stress by changing the culture and approach to teaching. Programs for mentoring, workplace wellness, social emotional learning and mindfulness are all proven to improve teacher well-being and student outcomes.³⁹
- **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, is improved and 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 that teachers can use with students with similar behaviors.

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

- **Implement 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.
- **Adequately fund early interventions** to promote the healthy development of babies and toddlers.
- **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.

- **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 to self-regulate when monitoring homework and at bedtime.
- **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**, using approaches similar to "Calm Classroom."⁴⁰
- **Offer self-regulation skill building** experiences to parents, guardians and teachers.

Change policy to support safe and trauma-sensitive classrooms to make schools safe places for children to increase resilience and achieve their potential across the lifespan.

- **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.⁴¹
- **Create laws** that require safe and supportive schools and **include funding for the systems changes required to be trauma-informed.**
- **Make helping traumatized children learn a major focus of education reform**, which includes a **system-wide approach and investment from all stakeholders**—students, teachers, families, communities, administrators, etc.
- **Ensure teacher curricula and accreditations include training on ACEs**, toxic stress and building resiliency with an emphasis on developmentally-appropriate social-emotional learning techniques.

Education Resources

The resources included in this section are particularly relevant for professionals working in the field of education. Parents, health care professionals and others who work in school-based settings may also find these resources relevant to their work.

[Setting the Wheels in Motion—Becoming a Trauma-Informed and Trauma-Sensitive School](#)⁴²

This blog post outlines the necessary steps in creating a trauma-informed care model (TIC) in a school. It lists the key components of TIC and provides guidance on helping staff transition to a TIC model.

[Helping Traumatized Children Learn](#)⁴³

“The goal of *Helping Traumatized Children Learn* is to ensure that children traumatized by exposure to family violence succeed in school. Research now shows that trauma can undermine children’s ability to learn, form relationships and function appropriately in the classroom. This report proposes an educational and policy agenda that will enable schools to become supportive environments in which traumatized children can focus, behave appropriately and learn. It translates complex research on trauma into educational terms that are useful to teachers and schools.”

[Parent to Parent Guide: Restorative Justice in Chicago Public Schools- Stopping the School-to-Prison Pipeline](#)⁴⁴

Developed by COFI, this report outlines the efforts of parents from across Chicago who worked together to shape policy recommendations to encourage Chicago Public Schools to adopt more restorative justice-informed disciplinary policies.

[A Teacher’s Guide to Rerouting the Pipeline](#)⁴⁵

This three-page guide offers an overview of how teachers can change their daily decisions and interactions with students to help divert students from the school-to-prison pipeline.

[Guidance for Trauma Screening in Schools: A Product of the Defending Childhood State Policy Initiative](#)⁴⁶

In partnership with the Defending Childhood State Policy Initiative and the National Center for Mental Health and Juvenile Justice, this report captures recently released guidance on trauma screening in schools. Importantly, this document lays out a series of key considerations when determining whether trauma screening is indicated and how to go about collecting and utilizing the data generated from the process.

[Economic Costs of Youth Disadvantage and High-Return Opportunities for Change](#)⁴⁷

This report examines the barriers that disadvantaged youth, particularly young men of color, face and quantifies the enormous costs this poses to the U.S. economy. In particular, this report focuses on the significant disparities in education, exposure to the criminal justice system and employment that persist between young men of color and other Americans.

Health & Medicine Policy Research Group and the Illinois ACEs Response Collaborative gratefully acknowledge funding for this report provided by the Illinois Children’s Healthcare Foundation and the Health Federation of Philadelphia.

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