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How Educators Can Understand Trauma Among Diverse Populations

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Overview

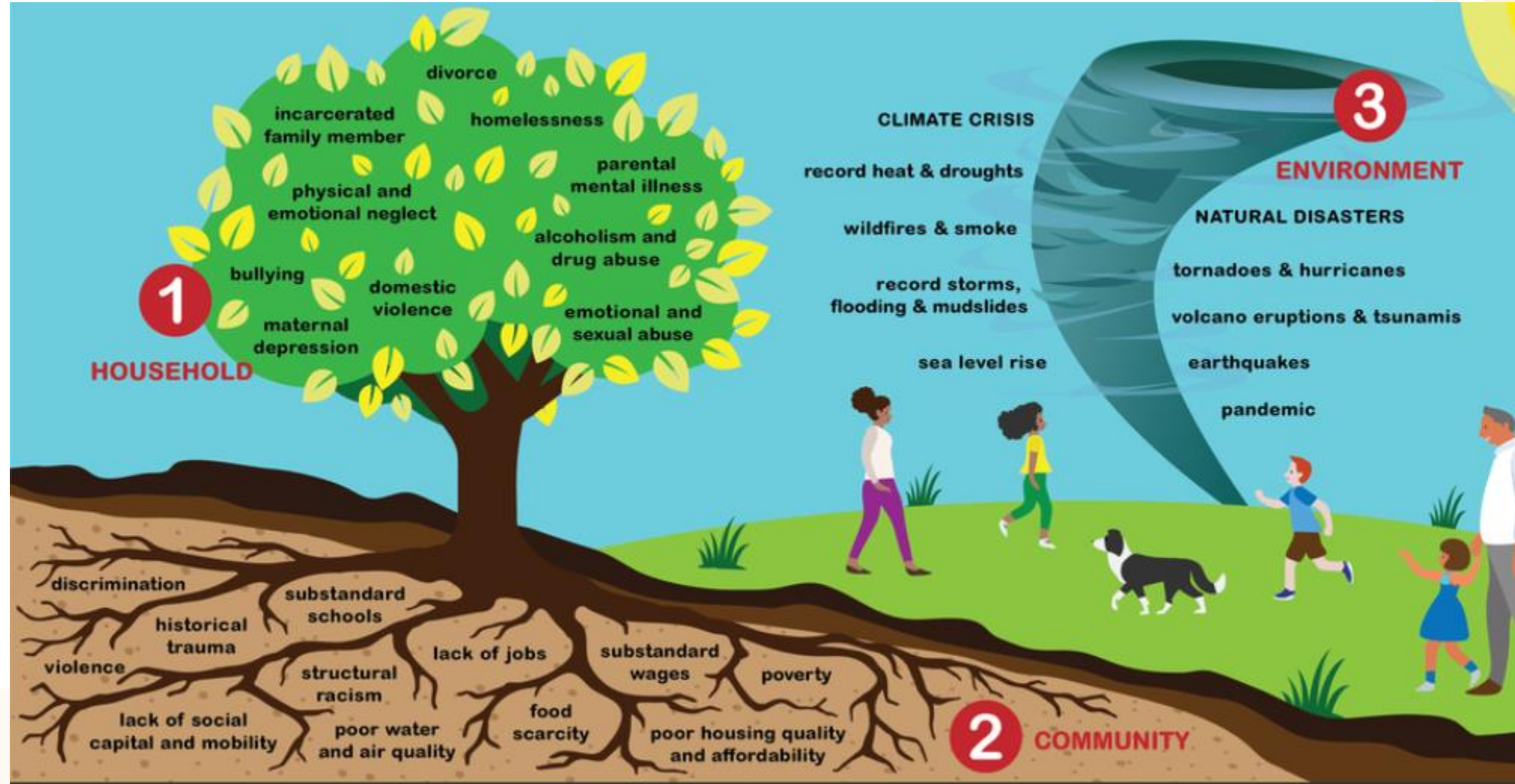
- Defining trauma and adverse experiences
- ACEs and the research that followed
- Race Based Traumatic Stress and Vulnerability
- Trauma-Informed School Practices
- Q&A

Defining Trauma & Adverse Experiences

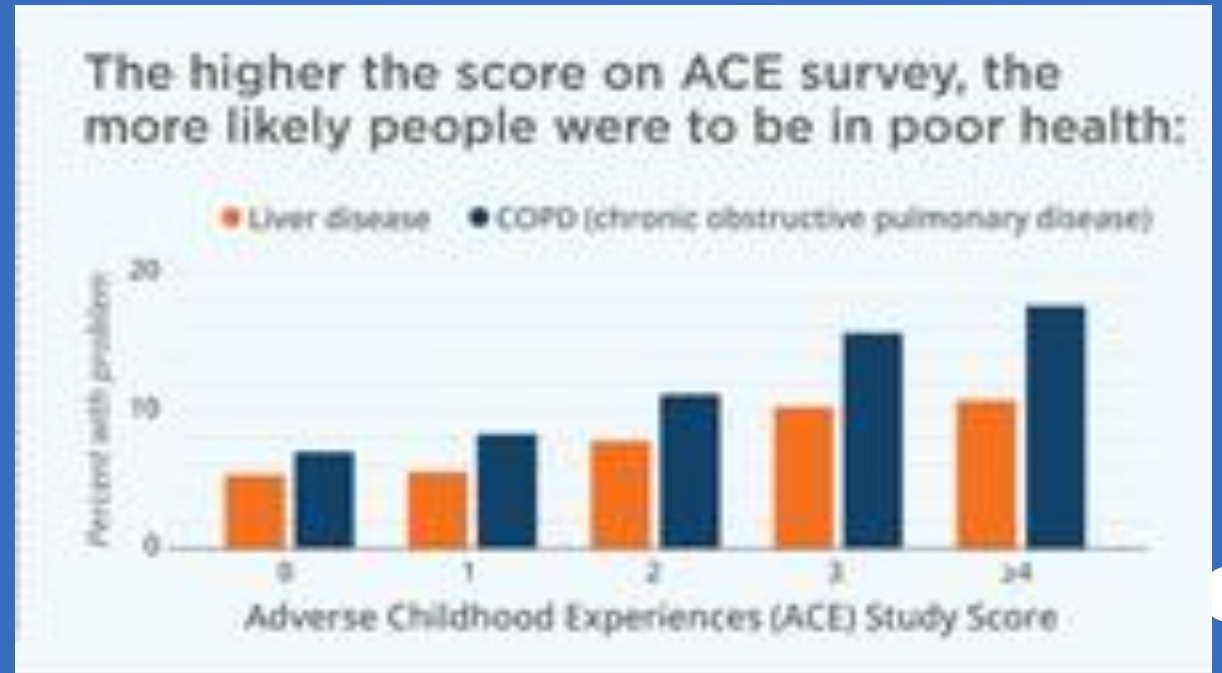
- “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (from SAMHSA’s “Concept of Trauma and Guidance for a Trauma-Informed Approach” 2014)



Posttraumatic stress reactions stem from many types of events and experiences



Adverse Childhood Experiences have a dose-response relationship with risk for health outcomes



Original Adverse Childhood Experiences Study

Demographic Categories		Percent (N=17,337)	US Population
Gender	Female	54%	
	Male	46%	
Race	White	74.8% (approx. 12,829)	59%
	Hispanic/Latino	11.2% (approx. 1,907)	18.9%
	Asian/Pacific Islander	7.2% (approx. 1,213)	5% (AS) .2%(API)
	African American	4.6% (approx. 693)	12.6%
	Other	1.9% (approx. 173)	2.3% & .7% (AI)
Education	College Graduate +	39.3%	
	Some College	35.9%	
	High School Graduate	17.6%	
	Not HS Graduate	7.2%	

Behavioral Risk Factor Surveillance System (BRFSS)

Demographic Categories		Percent (N=214,157)	US Population
Gender	Female	51.5%	
	Male	48.5%	
Race	White	68.1% (approx. 145,000)	59%
	Hispanic/Latino	15.6% (approx. 34,000)	18.9%
	African American	8.4% (approx. 17,000)	12.6%
	Other	6.3% (approx. 12,500)	5% (AS) .7% (AI) .2%(API)
	Multiracial	1.6% (approx. 2,000)	2.3%
Education	Some College	32.6%	
	High School Graduate	28.1%	
	College Degree	25.5%	
	Not HS Graduate	13.8%	

ACEs Can Accumulate and Their Effects Last Beyond Childhood

The effects of ACEs can add up over time and affect a person throughout their life.

Children who repeatedly and chronically experience adversity can suffer from **TOXIC STRESS**.



Toxic stress happens when the brain endures repeated stress or danger, then releases **FIGHT-OR-FLIGHT HORMONES** like cortisol.

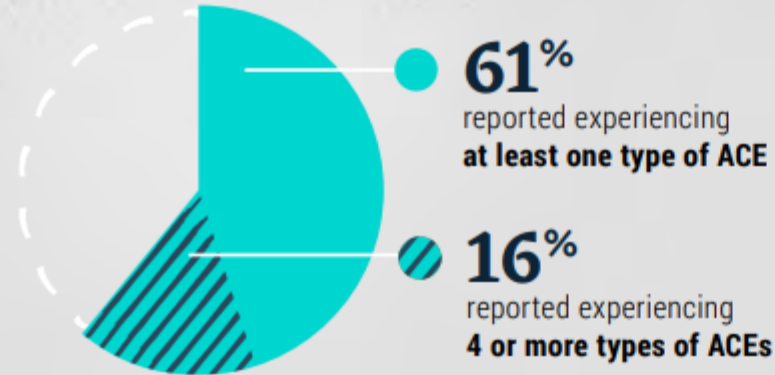


This **INTERNAL ALARM SYSTEM** increases heart rate and blood pressure and damages the digestive and immune systems.

Toxic stress can disrupt **ORGAN, TISSUE, AND BRAIN DEVELOPMENT**. Over time this can limit a person's ability to process information, make decisions, interact with others, and regulate emotions. These consequences may follow a person into adulthood.

Many People Report ACEs

According to data collected from more than 144,000 adults across 25 states between 2015 and 2017:



Types of ACEs

Abuse

- Emotional
- Physical
- Sexual

Neglect

- Emotional
- Physical

Household Challenges

The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate Partner Violence or Domestic Violence

Other Adversity

- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

Adverse Childhood Experiences (ACE)

Research shows that experiencing a higher number of ACEs is associated with many of the leading causes of death like heart disease and cancer.

Chronic Health Conditions

- Coronary heart disease
- Stroke
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

Health Risk Behaviors

- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior

Social Outcomes

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Mental Health Conditions

- Depression



Dr Francis Collins, former director of the National Human Genome Project and presently the director of the National Institutes of Health, has affirmed that humans are 99.9% the same at the level of their genome

**Early
Death**

**Disease,
Disability, &
Social Problems**

**Adoption of
Health Risk Behavior**

**Social, Emotional,
& Cognitive Impairment**

Disrupted Neurodevelopment

Adverse Childhood Experiences

Social Conditions / Local Context

Generational Embodiment / Historical Trauma

**Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout Life**

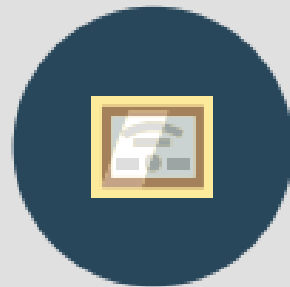


Some Groups Are More Likely to Have Experienced ACEs

Multiple studies show that people who identified as members of these groups as adults reported experiencing significantly more ACEs:



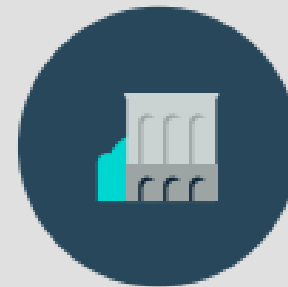
Black, Hispanic/
Latino, or
multiracial people



People with
less than a high
school education



People making
less than \$15,000
per year



People who are
unemployed or
unable to work



Lesbian, gay,
bisexual, or
transgender people

Types of Traumatization

- Acute Events vs. Chronic Experiences
- Complex Trauma - Multiple traumatic or adverse experiences and chronic stress
 - Examples of Environments:
 - Home environment of abuse, neglect, instability, exposure
 - Community violence and lack of safety/high rates of violence
 - Intolerant communities with norms of discrimination and prejudice

Types of Traumatization

- Race-Based Traumatic Stress (RBTS)
 - Mental and emotional injury caused by encounters with racial bias, ethnic discrimination, racism, and hate crimes
 - Resulting symptoms consistent with posttraumatic stress
 - Exposure through:
 - Systemic Racism
 - Disproportionate rates of punitive and exclusionary discipline
 - Direct stressors
 - Experiencing verbal/physical violence and microaggressions
 - Vicarious traumatic stressors
 - Witnessing violent acts targeted at people of color

Types of Traumatization

- Children experience structural racism through where they live, where they learn, what they have, and how their rights are executed
- Expectations and assumptions about abilities, motives or intents of others based on race impact health care delivery and general health outcomes
- These experiences can lead to internalized racism, the enemy of a positive racial identity, a necessary part of positive youth development outcomes

Types of Traumatization

- Historical Trauma and Genetics
 - Traumatic experiences can change the way DNA is written and transcribed
 - Inherited genes can lead to increased risk for physical and behavioral health issues
- Intergenerational Transmission

Increased Vulnerability

- Intersectionality – belonging to more than one at risk group
 - Racial and cultural minorities
 - Elderly persons
 - Members of the LGBTQIA Community
 - Persons with hearing, visual, and physical challenges
 - Persons living in poverty with lack of access to necessary resources
 - Persons with serious and persistent mental illness
 - Females
 - People who are unhoused
 - Persons on the Autism Spectrum
 - Persons with intellectual or cognitive challenges

Increased Vulnerability

- Youth in the Juvenile Justice System
 - African American, Hispanic, and American Indian youth continue to be disproportionately represented
 - While incarcerated:
 - Differential treatment based on race/ethnicity
 - Solitary confinement
 - Abuse, assault, coercion, control
 - Disrupted socioemotional and general development

Increased Vulnerability

- Discrimination
 - Sex/gender expression
 - Religion
 - Sexual orientation
 - Immigrant status
 - Disability status
 - Family composition
- Developmental and Intellectual Disabilities

Follow-Up Studies

- Allostatic Load and Poverty
- Neighborhoods with “little to no economic viability” was the “single strongest predictor of biological risk” for chronic health issues in adulthood
 - Youth from these neighborhoods had higher unemployment and poverty rates

Moral Injury as a mechanism for further traumatization

- Immigration process
- Violent communities
- Poverty

Resilience and Access

- Access to appropriate care, medical and psychological, along with positive childhood experiences can mediate the impact of adverse childhood experiences
- BUT:
 - People of color disproportionately represented in poverty
 - Access to care impacted by insurance and ability to pay
 - Hesitancy rooted in poor care experiences
 - Cultural mismatch and lack of representation among care providers
 - Availability of services in native language
 - Transportation and logistical barriers
 - Fears related to immigration status of self, family, community

Education and School Communities

- Disproportionate rates of discipline
 - Begins in preschool with out of school suspensions
 - K-12 – 3x the rate of suspension, almost 2x the rate of expulsion

Education and School Communities

- Disparities in educational access and quality impact academic achievement trajectories
 - Chronic Absentee (>10%) – poverty, disabilities, chronic diseases, children of color (20-30% vs white counter parts at 17%)
 - Graduation rate 2015-2016
 - White Students (88%)
 - African American Students (76%)
 - Hispanic/Latinx (79%)
 - American Indian/Native American (72%)
 - These disparities limit benefits of educational attainment and are associated with chronic disease and reduced life expectancy

Education and School Communities

- Less access to:
 - Experienced teachers
 - Advanced coursework
 - Resources
 - Eligibility for special education
- In some states, school districts with nonwhite children receive lower funding at any given poverty level than districts with more white children

Education and School Communities

- Student-teacher relationships impact:
 - School adjustment
 - Literacy
 - Math skills
 - GPA
 - Academic aptitude tests scores
- African American students who have ONE African American teacher in elementary school are more likely to graduate from high school and enroll in college
- Students with positive perception of school racial climate have higher academic achievement and fewer disciplinary issues

Trauma-Informed School Practices

- Safety
 - Clear rules and expectations established collaboratively, enforced consistently, natural/logical consequences
 - Active supervision and targeted redirection
 - Routines, structure, regular reminders, notice of changes
 - Clear instructions, what to expect, what to do
 - Prescreening potentially triggering material and notifying students

Trauma-Informed School Practices

- Regulation
 - Building opportunities for regulation and movement into schedule
 - Creating a space to regulate with clear expectations and options to support regulating activities
 - Self-regulation and supporting fellow educators

Trauma-Informed School Practices

- Relationships and Empowerment
 - Greetings and opportunities to share
 - Strengths-based approaches with specific feedback
 - Leadership opportunities and student voice and choice influencing class structure/lessons/assignments/activities
 - Social-emotional skills
 - Restorative practices
 - Healthy Identity

Trauma-Informed School Practices

- Supporting Learning
 - Trauma affects
 - Memory
 - Concentration/focus/attention/information filtering
 - Planning
 - Organizing
 - Pleasure/reward center
 - Affect regulation (bouncing back, disproportionate responses, getting stuck)
 - Perceptions of others (trust, need for passivity or aggression)



Q&A

- Peggy Asks: Responding to disruptive behaviors?
- Richard Asks: Specific triggers for migrant families in NYC?
- Jenny Asks: Effective ways to reach ELL/ESL families?
- Alison Asks: How to help break a cycle of anxiety when parent is influencing it?
- Angela Asks: Mental health counseling in schools PK-12?
- Christy Asks: Developmental differences and EBPs for early intervention?
- Olivia: Interventions?
- Delores: SW role in addressing trauma?