

## **Written testimony: The need for trauma-informed practice in Oregon schools**

**Submitted: February 8, 2017**

Education Chair Senator Arnie Roblan and members of the Committee:

As Superintendent of the Gladstone School District, I am writing to share information about the need to provide trauma-informed practices in schools to address the needs of students impacted by Adverse Childhood Experiences, or ACEs.

### **What are ACEs?**

Understanding the impacts of Adverse Childhood Experiences came out of a study of over 17,000 adults by Kaiser Permanente and the Center for Disease Control. The study revealed that a disproportionate number of the patients with chronic health issues had experienced three or more types of childhood abuse and/or household dysfunction, or Adverse Childhood Experiences [ACEs] between birth and age 18. This revealed the connections between early life experiences and life-long physical and behavioral health issues.

ACEs include physical, sexual, and emotional abuse; household substance abuse; adult mental illness; separated, divorced, or incarcerated parents; and intimate partner violence. ACEs are associated with negative health outcomes including depression, obesity, diabetes, cardiovascular disease, asthma, and behavioral health problems, including substance abuse.

### **How many students do ACEs impact?**

According to the 2015 Oregon Healthy Teens survey of Oregon 11<sup>th</sup> graders showed that in the past month:

- 43.8 % had divorced or separated parents
- 35.6% lived with a depressed person
- 34.7% lived with a problem drinker
- 23.7% lived with a street drug user
- 15.7% did not have enough to eat
- 14.2% feel no one protects them
- 9.2% had to wear dirty clothes

Given that this survey is administered to high school juniors, it does not include any students who dropped out of school before the middle of junior year. There is a high likelihood that for these students, the numbers are even higher.

The more ACEs an individual has experienced, the greater the life-long impacts to their health and behavior.

## **Why are schools concerned about ACEs?**

ACEs impact more than a child's life-long physical and behavioral health. They also impact the child's success in school because of issues like stress responses, behavior, inability to focus, a lack of family support for learning, and poor attendance.

According to Dr. Christopher Blodgett's study of elementary school students in Spokane, when compared to children with zero ACEs, students with 3 or more ACEs are:

- 3 times more likely to experience academic failure
- 5 times more likely to have severe attendance problems
- 6 times more likely to evidence school behavior problems
- 4 times more likely to report poor health.

## **Why should schools support children impacted by ACEs?**

Children impacted by ACEs struggle in school because their ability to learn is shut down due to damage to brain structures and stress response systems. They are impacted by fear, which puts them in constant flight, flight, or freeze mode. They lack self-regulation abilities and often act out or shut down at school.

Students who act out at school often come from difficult home environments. Rather than asking for help, they will act out, causing disruptions in class. If one child is having a hard day, it causes a long-term impact on each child in that classroom by creating distractions and delays that interrupt learning. In fact, research demonstrates that for each disruptive peer in a child's elementary years, adult earnings are reduced by 3 to 4 percent.

Outside family life, school has the biggest influence on children. That's why schools must be involved in combatting the impacts of ACEs. Social service research demonstrates that the most transformative impacts to the effects of Adverse Childhood Experiences must be made early in a child's life. That is why the Gladstone School District is making a focused effort to implement trauma-informed classroom practices in our schools, from kindergarten through grade 8. We call it a Culture of Care.

## **What does this look like?**

Building a Culture of Care in classrooms involves teaching students how their brain works, and how to calm themselves down when they feel stress levels rising. It means building calming and predictable classroom and school routines that make transitions easier not just for students with ACEs, but for all children. It means teaching all our students how to build executive function and self-control. It encourages bonding between adult mentors and students.

It requires teachers and staff carefully monitoring the emotions they project, and understanding the impact of that on students. In addition, we focus school discipline in a new way: **first connect, then correct**. Using empathy and listening, teachers tune into the reasons

behind a child's behavior and focus on that first, before moving to corrective action. Through all of these approaches, school becomes a benevolent sanctuary, a safe place for each child.

The best thing about a Culture of Care is that it benefits every student by allowing for stress reduction, smooth transitions, and focused classroom work time.

Of course, some students have greater needs. Some need interventions and support from non-profit agencies that work within schools. And for children coping with the biggest ACE impacts, we are working to build partnerships with health, counseling, and non-profits that work with families outside of school.

### **Which districts are working on ACEs issues?**

The Gladstone District has focused work around ACEs since 2012, particularly for elementary school students. Thanks to grant funding from partners like MODA and CareOregon, the district has built a CARE team at John Wetten Elementary School, which works to provide staff training, student interventions, and care partnerships with non-profit agencies like Family Care and Lifeworks. Trauma specialist Rick Robinson, Ph.D., coordinates a team of teachers and specialists who consider how best to meet the individual needs of our most trauma-impacted students.

School wide results include a reduction in behavior referrals, improved school attendance, and jumps in state test scores. Last year our third, fourth, and fifth graders made gains of 10-14 percent in English Language Arts and 8 to 14 percent in math, with even bigger gains for economically disadvantaged and Latino students.

The ACEs Collaborative is a successful example of this groundbreaking work. For nearly two years. A diverse group of seven Oregon school districts has met regularly to work on understanding ACEs, exploring trauma-informed school practices, and sharing what they've learned in the process.

Funded by grants from CareOregon and MODA, the seven partner districts represent both large and small districts, as well as urban, suburban, and rural districts. They include:

Bethel Schools

Gladstone Schools

North Wasco Schools

Phoenix-Talent Schools

Portland Public Schools

Tillamook Schools

Umatilla Schools

Their work together included presentations from experts in the field, including Dr. Vincent Felitti, Christopher Bodgett, and Jim Sporleder, as well as tours of schools that are frontrunners

in trauma-informed practice, including Cherokee Point in San Diego and Lincoln High School in Walla Walla. Together they are exploring best practices with trauma-impacted children.

**What difference can trauma-informed schools make?**

To illustrate the impact of Gladstone’s Culture of Care model on trauma-impacted children, I want to tell you about a student, “Jacob.” Jacob started second grade in Gladstone after attending four other schools since kindergarten. He had a history of major behavior concerns, impulsiveness, sensory issues, and a limited attention span. Jacob’s parents had drug and alcohol issues, and the family was homeless, living in their car the first several months of the school year. Since the school year began, Jacob has been removed from his parents’ custody and now lives with a grandparent. When he began second grade, he had difficulty sustaining attention for any length of time. He had difficulty making friends and regulating his emotions.

Now, half way into second grade, Jacob is showing big gains after being in a classroom environment that is calm, safe, and predictable. Daily community-building activities help Jacob with guided, explicit instruction. The clear and consistent routines used throughout the day provide opportunities to practice the skills he is building.

Jacob has built a strong connection with his teacher, who checks in throughout the day with positive praise. He currently participates in a Tier II Zones of Regulation group facilitated by the school counselor and participates in our Check In/Check Out program that builds relationships and targets areas of focus. Jacob has come a long way since September. He has not had any behavioral referrals, and he has made friends.

With state investment in trauma-informed school programs, we can make sure the many students impacted by Adverse Childhood Experiences get the help they need to succeed. Thank you for your consideration.

Sincerely,

Bob Stewart, Superintendent  
Gladstone School District