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Adverse Childhood Experiences in Education and Educator Support in Special Education

by

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Chapter 1: Introduction

Adverse Childhood Experiences (ACE) are physical or vicarious events during which children or adults witnessed or experienced acts of abuse, of trauma, or deprivation (Felitti et al., 1998). The effects of these events persist over time. Adverse Childhood Experiences (ACE) can affect adolescents and adults in the area of education, life decisions, emotion processing, and relationship building. (Centers for Disease Control and Prevention [CDC], 1995). From 2011 to 2014, over half of all U.S. adults (62%) from 23 states reported having at least one adverse childhood experience and 25% of adults reported three or more (Bellazaire, 2018).

Educators in primary and secondary schools are becoming increasingly aware of the detrimental effects of trauma and other childhood stressors on academic achievement and on social functioning within schools. To address the needs arising from ACEs, such events and the concomitant consequences are becoming widely discussed in K-12 settings, and curricula addressing trauma and traumatic consequences are being promulgated.

Educators must learn how to attenuate the effects of ACEs in the classroom. Without support, children may be unable to process the events cognitively and affectively. Because of their age and the essence of childhood development, children may lack the necessary intellectual and emotional resources. Thus, rather than temporally isolated consequences, ACEs may arrest development and produce lasting effects. For example, a middle school student who has encountered such experiences may experience role confusion and have difficulty forming their personal identity. According to Erikson (1963) (as cited in McLeod, 2018), the successful resolution of this dilemma is critical to adjustment as an adult.

Statement of the Problem

Adverse childhood experiences (ACE) are trauma-based situations that children have experienced or witnessed directly or vicariously (Felitti et al., 1998). This review examines how teacher and support staff in the schools can help improve academic and social outcomes for students that have experience such trauma.

Research Questions

Three questions guided the analysis. First, do ACEs affect students in the classroom? Second, how can support staff be trained and respond to students who have trauma from ACEs? Finally, what support can be offered to students who are referred to special education due to behavior related ACEs?

ACE affects youth at the time of exposure and into adulthood. The ability to focus as a middle school student who has encountered such experiences puts pressure on a child as they also try to find their *Identity vs. Role* (Erikson, 1963) in their environment. Youth in education coexist with others while adapting to identities as well as how those identities change when they live in their communities. Some identities that students face can be sexual orientation, age, gender, gender identity, race, and socioeconomic status. The purpose of this paper was to educate teachers and support staff on the reality of these childhood experiences and how they affect youth in their role as a student as well as a victim of possible long-term trauma. I researched how teachers and support roles in the school can help improve academic outcomes for students that have experienced such trauma. This can include attendance, comprehension, behavior, grades, social interactions, and general fears (superior authority). Maslow's Hierarchy of Needs is also

considered when implementing support strategies for students that have experienced adverse childhood experiences.

Rationale

The results from this paper may inform educational staff about the realities and the prevalence of Adverse Childhood Experiences. Staff and administration may be better able to build relationships with students and their families in order to understand whether they have experienced ACEs and what consequences may be. Building knowledge and relationships will help support a student in the time of crisis.

In Minnesota, all teachers must complete mental health training once per year to maintain their license. I want to ensure teachers and support staff understand ACE and its potential consequences. Their knowledge and skills must include how to respond to students who are experiencing ACEs in an appropriate manner.

Glossary

Adverse Childhood Experiences (ACE) are trauma-based situations that children have experienced or witnessed directly or vicariously. Such experiences can cause lasting trauma and mental health issues throughout life (Felitti et al., 1998).

Identity vs. Role Confusion is a development phase with Erikson's (1963) model of psychosocial development. Erickson argued that individuals experience different psychosocial crises during different stages of their lives. The successful resolution of each crisis or the failures to resolve each crisis positively or negatively affects personality development. "The adolescent mind is essentially a mind or moratorium, a psychosocial stage between childhood and

adulthood, and between the morality learned by the child, and the ethics to be developed by the adult” (Erikson, 1963, p. 245).

Theoretical Issues

Erickson’s *Identity vs. Role*: Friends, social groups, schoolmates, societal trends, and even popular culture all play a role in shaping and forming an identity (Cherry, 2019).

Maslow’s Hierarchy of Needs: Maslow stated that “people are motivated to achieve certain needs and that some needs take precedence over others. Our most basic need is for physical survival, and this will be the first thing that motivates our behavior. Once that level is fulfilled the next level up is what motivates us, and so on” (McLeod, 2018). “His earlier statements may have given ‘the false impression’ that a need must be satisfied 100 percent before the next need emerges” (p. 69).

Maslow’s Five Hierarchy of Needs is shown in a pyramid image and is recorded from bottom to top based on needs as follows:

1. Physiological Needs—water, food, shelter, sleep. These are things that the body needs in order to properly function each day.
2. Safety Needs—emotional security, freedom from fear, and emotional and health well-being.
3. Love and Belongingness—the need for interpersonal relationships, receiving and giving affection, friendship, and acceptance.
4. Esteem Needs—the need for respect (achievement or independence) and reputation/status. Maslow indicated that the need for respect or reputation is most

important for children and adolescents and precedes real self-esteem or dignity (McLeod, 2018).

5. Self-actualization Needs—realization of potential, self-fulfillment, and personal growth. Self-actualization is the highest hierarchy as humans tend to focus on this need the most.

Practical Consequences

In this paper there is a focus on educating staff with the facts and statistics on adverse childhood experiences. I want staff and administration to work on relationship building with students and their families in order to know which ACE they may have. Building knowledge and relationships will help support a student in a time of crisis. It also alerts staff on what to look for as a mandated reporter when there is a need to report. My paper also focuses on the educational practice that takes place in school or center-based setting that is not developed for a student that has adverse childhood experiences. It is important to know that a student coming into a school does have trauma that cannot always be hidden.

Educator training on adverse childhood experiences is recently being focused on in 2020/2021—much due to the COVID-19 pandemic and children’s mental health decreasing. In Minnesota, Governor Tim Waltz passed a law in 2020 that states that all Minnesota teachers will complete mental health training once per year in order to maintain their teaching license. I want to push teachers and all staff who encounter students to be aware of what ACEs are and how it affects students throughout the day physically, mentally, and academically. This mental health training to all staff should educate on how to respond to students with crisis in an appropriate and delicate manner.

Educating staff and administration on the students who experience poverty, crime, and hardship that attend their schools is also another important role in the process of supporting students with high adverse childhood experiences. Educating staff that they also work with coworkers that have these ACE is important as well. A school involved in training and learning about staff and students with this trauma can build a close tight-knit community that supports each other when there is a need. This research may show that these experiences are higher than we expected and bringing awareness and education to this topic is a start to making changes.

Chapter 2: Review of Literature

Adverse Childhood Experiences (ACE) are physical or vicarious events during which children or adults witnessed or experienced acts of abuse, of trauma, or deprivation (Felitti et al., 1998). ACEs can adversely change effect the academic achievement of students, can cause social and emotional difficulties, and serve as triggers for maladaptive behavior cycles.

This review examined how teachers and support staff in the schools can help improve academic and social outcomes for students that have experienced such trauma. The review is organized around three issues. The classroom effects of ACEs are examined. Second, programs that train teachers and support staff about working with students who have experienced trauma are review. Finally, support that can be offered to students who are referred to special education due to behavior related ACEs is described.

Scope of the Review

In conducting the behavioral identification of appropriate studies in the literature, I computationally searched Adverse Childhood studies, ACE, and ACE in special education. An initial search using the terms “adverse childhood effects in youth education,” the “Adverse childhood experiences affects at school,” and the “Adverse childhood experience and grades” returned back 37,315 hits. A search using the terms “adverse childhood effects in youth education and special education,” the “Adverse childhood experiences affects at school with staff,” and the “Adverse childhood experience staff education” returned back at total of 84,362 results. After my initial searches, I used bibliographic branching to locate fugitive studies. A review of the initial set of studies led to the identification of 141,805 additional studies.

Theoretical Origins and Foundational Theorists

Studies on the consequences of Adverse Childhood Experiences appear in the literature of many different disciplines. Psychologists, educators, and medical professionals have studied the effects of ACEs and have attempted to develop strategies for ameliorating the effects. In education, developments theory and positive psychology inform studies on childhood trauma and its effects.

Major Theorists

The theoretical models of Maslow and Erikson drive understandings of effects of trauma and of attempts to attenuate the consequences of trauma. Maslow addressed how met and unmet needs affect the development of personality and of worldview. Erikson addressed how the resolution of psychosocial crises that arise as a function of age affect personality and personal functioning.

Maslow and the Hierarchy of Needs

Maslow promulgated the Hierarchy of Needs as the means for sustaining a healthy life and homeostasis (McLeod, 2018). The needs affect how humans thrive and process emotions. The primary needs of food, water, shelter, and sleep are necessities for human survival. Income, gender, ethnicity, and sexual preference do not necessarily ensure the attainment of those needs. Safety needs are linked to the physical and emotional well-being of individuals. Home, school, and community factors contribute to the attainment or the lack of attainment of those needs. When met, safety needs help an individual of maintaining processing emotions and in a manner free from fear and illness. Interpersonal relationships and acceptance area also a large contributor to a child and their ability to process emotional instability and possibly therapy as needed to process hardships. The need for respect and reputation are highly sought when youth are

developing into their identity—this includes dignity and self-esteem. Lastly, the need to seek personal growth and potential is the biggest, as humans tend to focus on this the most. The ability to grow and learn from experiences and situations help mold a person into their identity. Traumatic experiences occurring at any age can disrupt the attainment and the maintenance of these needs.

Erikson

In the psychosocial model of personality development, specific tensions arise as a function of age and experience. Erikson (1963) (1902-1994) argued that these tensions are cross cultural, and he uses the resolution or lack of resolution to explain personal adjustment and behavior. According to the model, adolescence is an important phase for the development of a sense of self and for the ability to personally direct behavior. Erikson described the defining tension of adolescence as Identity versus Role Confusion explains, “Those who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a strong sense of self and a feeling of independence and control. Those who remain unsure of their beliefs and desires will remain insecure and confused about themselves and the future” (Cherry, 2019). Traumatic experiences that occur in adolescence or in childhood can disrupt the resolution of this tension.

Presentation of Findings

In this section, the results from studies investigating Adverse Childhood Experiences are presented. The results are organized thematically.

Introduction to Intervention and Treatment

Adverse Childhood Experiences (ACEs) can occur at any point in a child's life. Whether occurring early in development or during adolescence, the experience can affect the individual's emotional well-being and academic performance. Without intervention and treatment, the effects of the trauma can persist, the scope and timing of the interventions is crucial.

Early interventions may mitigate the direst consequences of childhood trauma and frequently demonstrate positive effects on long-term health (Bellazaire, 2018). According to (Bellazaire, 2018).

Between 14% and 20% of U.S. children experience a diagnosable mental, emotional and behavioral disorder, such as depression, anxiety and obsessive-compulsive disorder. However, for people with adverse childhood experiences, the likelihood of developing one of more of these disorders is significantly greater. Specifically, those with four or more ACEs are about four times more likely to develop depression and 12 times more likely to attempt suicide. Children with four or more ACEs are also 32 time more likely to have a learning or behavioral issue when compared to children with no adverse childhood experiences. Frequent classroom disruptions, aggression, underperformance, truancy, poor attitude, bullying and social withdrawal are symptoms commonly expressed by children struggling to manage a learning or behavioral issue.

Thus, school-based mental health services may prove to be an effective method for addressing the health care need for children with ACEs. Specifically, efforts by schools and childcare settings to consider a child's history of trauma and subsequent coping strategies, an approach

commonly called trauma-informed care, are likely to be highly valuable in mitigating some of the consequences of ACEs (Bellazaire, 2018).

Identifying ACEs

Many professionals experience difficulties knowing how and when to ask children about traumatic experiences (Albaek, 2017). For example, one study participant described not knowing how to respond after losing their on-site social worker: “When I do see a patient, we’re supposed to ask them, have they experienced any violence, or so and so . . . but no one has said yes, so I haven’t been forced to figure out what we’re going to do” (Ramachandran et al., 2013, p. 858). Being able to communicate with a student is necessary to ensure that they share their ACEs and voice concerns when they arise. “You can’t just go and ask these questions without having some sort of previous knowledge. . . Otherwise it can go really wrong” (Engh Kraft et al., 2016, p. 5).

The ability to work with students and to form appropriate relationships with them are essential for identifying ACEs. Educators are mandated reporters during their job, but not every ACE constitutes abuse. An educator that works with students can identify key concepts or behaviors that a student shows which mimic those on the guidelines for ACEs, but not all students exhibit these behaviors and need therapy or support. Some key concepts include attention deficits, emotional dysregulation, and oppositional behaviors (AAP, 2014).

Psychological maltreatment can be traumatic and stressful. Neglect can also be traumatic. Neglect is almost always chronic, as basic needs such as food, shelter, or emotional security are continually not being met. Neglect is often seen in conjunction with abuse and may be exceptionally severe; 71% of child maltreatment fatalities are due to neglect exclusively or in combination with another maltreatment type (ACF.gov, 2011).

Studies on ACEs

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study is one of the largest investigations of childhood abuse, neglect, household challenges, and later-life health and well-being (CDC, 1995). The first ACE research study was completed in California during 2015-2007. The participants completed a survey that included information that tracked history of abuse, neglect, and household challenges in their childhood. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. The data from this questionnaire have been used in physical health, education, and mental health settings.

In 2011, the NSCH (National Survey of Children's Health) compiled data from the 2011–12 of non-institutionalized children ages 0–17 (Bethell et al., 2014). The nine potential predictors of trauma were assessed: Experienced extreme economic hardship, parents divorced or separated, lived with someone with an alcohol or drug problem, witnessed or was the witness of neighborhood violence, lived with someone who was mental ill or suicidal, witnessed domestic violence, parent served time in jail, treated or judged unfairly due to race/ethnicity, and death of a parent.

To evaluate key associations, variables were constructed to assess whether a child had special health care needs. These dimensions addressed medical and behavioral indications of trauma. First the degree to which participant had experienced specific types of chronic conditions such as asthma, attention deficit hyperactivity disorder (ADHD), and obesity was assessed. The

second dimension was behavioral indicators of resilience. A representative item is “staying calm and in control when faced with a challenge.” School based variables such as attendance and repetition of grades were also evaluated. Children with two or more of the adverse childhood experiences examined were significantly more likely to qualify as children with special health care needs, compared to children with none of these experiences (Bethell et al., 2014).

Supports to Students

The national Bright Futures guidelines, which list preventive care screenings and services that health insurance plans must cover under the ACA, further support a focus on childhood trauma (Bethell et al., 2014). Students also should have access to school counselors throughout the school day to process emotions as they arise and assist with planning resources to problem solve dilemmas. Students should be able to leave the classroom to take a break and process their emotions with a without repercussions.

Accepting and being aware of the community you work in is also a benefit to supporting students. For example, students in the inner cities may experience more hardship than those in the outer suburbs. These hardships may include homelessness, family struggles, income deprivation, language barriers, culture and religion traits, and community-based interactions that may be deemed inappropriate in schools.

Chapter 3: Summary of Findings

Adverse childhood experiences (ACE) are trauma-based situations that children have experienced or witnessed directly or vicariously (Felitti et al., 1998). This review examined how teacher and support staff in the schools can help improve academic and social outcomes for students that have experience such trauma. Based on research and data, it is beneficial for all school staff to participate in mental health training, so they are prepared to support a student during a crisis. All students should also have access to the school counselor and accommodations to process their emotions in a private location with a staff member. Students should not be punished or singled out due to crises, and staff should monitor the students for reoccurring patterns in their behavior—to possibly seek additional support and resources.

Three questions guided the analysis. Did ACEs affect students in the classroom and how support staff can be trained and respond to students who have trauma from ACEs. And finally, the support that should be offered to students who are referred to special education due to behavior related ACEs.

ACEs (Adverse Childhood Experiences) adversely affect academic performance, and these consequences need to be addressed. Some students who experienced trauma were referred to special education, repeated grades, and were diagnosed attention deficit hyperactive disorder (ADHD), and exhibited high levels of maladaptive behavior (Bethell et al., 2014). Support staff can be trained to assist with mental health concerns. Counselors, mentors, and teachers should develop plans for building positive relationships with affected students and for creating a supportive environment. This includes recognizing who the student best responds to and notating

that when the student is in a crisis. Support staff can communicate with the student and report any suspicious or dangerous behavior to child services as deemed necessary.

Recommendations for Additional Studies

Foci for further research include how schools can support students include peer mentoring, community-based mentors, and parent resources. Models for delivering school-based mental health services including walk in sessions should be investigated. The reliance on self-reporting of ACEs from Bethell et al. (2014) has limits—the studies conveyed relied on only the parents and students who are willing to identify and report their traumas. Results from the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) also showed results from a newly researched topic, thus not gaining current numbers that cover vast areas (CDC, 1995).

Implications for Practice

The University of Minnesota Extension ([UMN Extension] 2021) has implemented some key ideas that I have been implementing in my teaching such as: gaining understanding, avoiding stereotyping, practicing mindfulness, and teaching problem-solving skills. I believe that a student who trusts the teacher that they are working with is more likely to share hardships and worries. I take the time to talk with my students individually and get to know them and their social life. Teaching students to speak up for themselves when they are uncomfortable with a situation will bring guidance and assurance to them that they are able to seek help or guidance as needed. In addition, students will learn their ability to self-advocate, seek help, and communicate.

Table 1*Research Table*

| AUTHOR | ARTICLE | FINDING #1 | FINDING #2 | FINDING #3 |
|----------------------|---|---|--|---|
| McLeod, S. (2018) | Maslow's Hierarchy of Needs | Humans do not need to fulfill each level before they move on to the next one | Self-actualization is the highest hierarchy that humans focus on. | |
| Teamwv.org | Teamwv.org | School-based mental health services may prove to be effective in supporting ACEs. | Traumatic events occur before age 18. | Schools and childcare are positioned to detect these issues early and seek supportive services. |
| Albaek et al. (2017) | Walking children through a minefield: How professionals experience exploring adverse childhood experiences. | Relationship building to be able to gain access to ACEs. | Students deny ACEs which can be hard to read if they are hiding something. | |

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