



## FROM CHAOS TO CALM

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### ***What is Trauma?***

In 1980 the American Psychiatric Association (APA) added Post Traumatic Stress Disorder (PTSD) to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (*DSM-III*). Originally, a traumatic event was defined as a catastrophic stressor that was outside the range of usual human experience. (*Retrieved Nov 2023 from [National Center for PTSD](#)*). Since then, how we conceptualize trauma and stressors has evolved and trauma discussions center on more than the exposure to the traumatic event, they include our capacity and responses to that stressor. Current research in trauma includes neuroscience and the role our brain and nervous system play in our responses and ways in which we can foster and build resilience. The Center for Addiction and Mental Health defines trauma as “the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person’s safety, sense of self, and ability to regulate emotions and navigate relationships” (*Retrieved Nov 2023 from [CAMH website](#)*). Trauma is not so much about the stressor or event, but rather about how we respond to the experience. The more skills, resources, and support we have in our response can shape whether we are resilient or whether it is traumatic and adverse experience.

### **ACES**

Starting in 1995, the CDC-Kaiser Permanente adverse childhood experiences (ACES) study collected survey data around childhood experiences and health status and behaviors. ACES were originally categorized into abuse, neglect, and household challenges and the survey questions referred to adverse childhood experiences happening before the age of 18. Questions on the survey centered on emotional, physical, or sexual abuse, mental illness, substance abuse, divorce, or incarceration in the household, and emotional or physical neglect.

What that study showed was how strongly related ACES are to the development of risk factors for disease later in life. In fact, the more reported the number of adverse experiences the higher the likelihood of negative health and well-being outcomes. Over 25% of students in New Mexico have experienced 2 or more Adverse Childhood Experiences (ACES) (*CDC, 2021*).

Early adversity affects all areas of health from mental health, chronic or infectious diseases, brain development, risk behaviors, and limited opportunities in education, income, and employment.

The research around adverse childhood experiences have expanded beyond that original list and includes environmental, societal, and household stressors. Toxic stressors like racism, poverty, unemployment, food scarcity, community violence, natural disasters, and pandemics are all examples of experiences that can activate our stress response systems and can lead to long lasting wear and tear on the body. There is even research into the **epigenetic** consequences of toxic stress and how that can alter our DNA functions and be passed down from generation to generation. Toxic stress is prevalent in our communities and therefore we see and must deal with the consequences in our classrooms every day.



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Preventing ACEs	
Strategy	Approach
<b>Strengthen economic supports to families</b>	<ul style="list-style-type: none"> <li>• Strengthening household financial security</li> <li>• Family-friendly work policies</li> </ul>
<b>Promote social norms that protect against violence and adversity</b>	<ul style="list-style-type: none"> <li>• Public education campaigns</li> <li>• Legislative approaches to reduce corporal punishment</li> <li>• Bystander approaches</li> <li>• Men and boys as allies in prevention</li> </ul>
<b>Ensure a strong start for children</b>	<ul style="list-style-type: none"> <li>• Early childhood home visitation</li> <li>• High-quality child care</li> <li>• Preschool enrichment with family engagement</li> </ul>
<b>Teach skills</b>	<ul style="list-style-type: none"> <li>• Social-emotional learning</li> <li>• Safe dating and healthy relationship skill programs</li> <li>• Parenting skills and family relationship approaches</li> </ul>
<b>Connect youth to caring adults and activities</b>	<ul style="list-style-type: none"> <li>• Mentoring programs</li> <li>• After-school programs</li> </ul>
<b>Intervene to lessen immediate and long-term harms</b>	<ul style="list-style-type: none"> <li>• Enhanced primary care</li> <li>• Victim-centered services</li> <li>• Treatment to lessen the harms of ACEs</li> <li>• Treatment to prevent problem behavior and future involvement in violence</li> <li>• Family-centered treatment for substance use disorders</li> </ul>

Retrieved from [https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/ACEs-Prevention-Resource\\_508.pdf](https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/ACEs-Prevention-Resource_508.pdf)

## How can we Prevent ACE's?

The CDC outlines ways that we can prevent ACE's in early childhood development, outlined in the graphic above. The same strategies translate into the classroom and into trauma-informed educational practices; accessing resources, providing a safe learning environment, teaching skills, and providing connections to adults, creating positive childhood experiences.

## PCEs

Understanding the trauma response and how that affects the brain and learning is essential for our classrooms. As educators, if we can understand neuroscience and inform ourselves, around the resilience research and practices we can strive for trauma informed classrooms.

In the last ten years, researchers have started to examine the impacts of PCEs or **positive childhood experiences** on those children and adults that have experienced ACEs. A major theme coming from the relevant research shows that PCEs can counter the effects of ACEs. What are PCE's? We know from neuroscience that our brains' plasticity allows for building neural pathways, of changing thinking and behavior, and healing the body and mind. Practices like mindfulness, gratitude, and positive thinking can help build skills for resilience. PCEs can help to reduce the effects of adversity, regardless of the history of ACEs. Common elements to PCEs are felt safety, belonging, consistency, and relationships. Students that have resources, support systems, and healthy relationships with an adult or mentor are much more likely to be able to manage their responses to toxic stressors and alleviate the long-term consequences for their overall health.



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### What is Trauma-Informed Practice?

SAMHSA outlines six key principles of a trauma-informed organization and approach:

Following are recognized **core principles** of a trauma-informed approach to care that are necessary to transform a health care setting:

<p><b>Safety</b></p>	<p><b>Trustworthiness + Transparency</b></p>	<p><b>Peer Support</b></p>
<p>Throughout the organization, patients and staff feel physically and psychologically safe</p>	<p>Decisions are made with transparency, and with the goal of building and maintaining trust</p>	<p>Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery</p>
<p><b>Collaboration</b></p>	<p><b>Empowerment</b></p>	<p><b>Humility + Responsiveness</b></p>
<p>Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making</p>	<p>Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma</p>	<p>Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed</p>

(Adapted from the Substance Abuse and Mental Health Services Administration's "Guiding Principles of Trauma-Informed Care.")

Retrieved from <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

How do we incorporate and foster these principles in our classrooms? In education, we can consider evidence-based practices such as social emotional learning, culturally responsive instruction, restorative discipline, and positive behavioral interventions and support that create communities that honor these principles. If we know anything from our research on brain-based learning, we know that students can't learn if they don't feel safe. A large part of being trauma-informed is providing for felt safety across the school day. How do we create felt safety for students? We do that through consistency and structure, by being clear with our expectations, by offering choice, seeking to understand, practicing empathy, creating situations for success in learning and in social situations, teaching social emotional skills, building relationships, and being open and culturally responsive to all students. Another large part of being able to provide that safety is our own well-being and responses. As educators we can use practices such as mindfulness and social emotional learning to help us to remain objective and ready to teach. If we have strategies to monitor our own behavior and to bring calm to the classroom, we will be in the place to support felt safety and belonging. It is important for not only the teacher to be responsible for trauma-informed practices, but the entire learning community should work to foster those essential principles of trauma-informed practice. There are many resources available for schools looking to implement trauma informed education. The work starts with developing a common understanding of trauma and why trauma informed education is important.

### References and Resources

The Science of PACES101 <https://www.pacesconnection.com/blog/aces-101-faqs>

Center on the Developing Child Harvard University ACES and Toxic Stress FAQ

<https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

ASCD Trauma – Informed Teaching Strategies by Jessica Minahan <https://www.ascd.org/el/articles/trauma-informed-teaching-strategies>

What is trauma? Bessel van der Kolk Video <https://youtu.be/BJfmfkDQb14>

Equity-Centered Trauma-Informed Education by Alex Shevrin Venet