

CoMLP SEMH Outreach Online Training:

**AN INTRODUCTION TO ACES AND
ATTACHMENT IN THE CLASSROOM**



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WHAT IS ATTACHMENT?

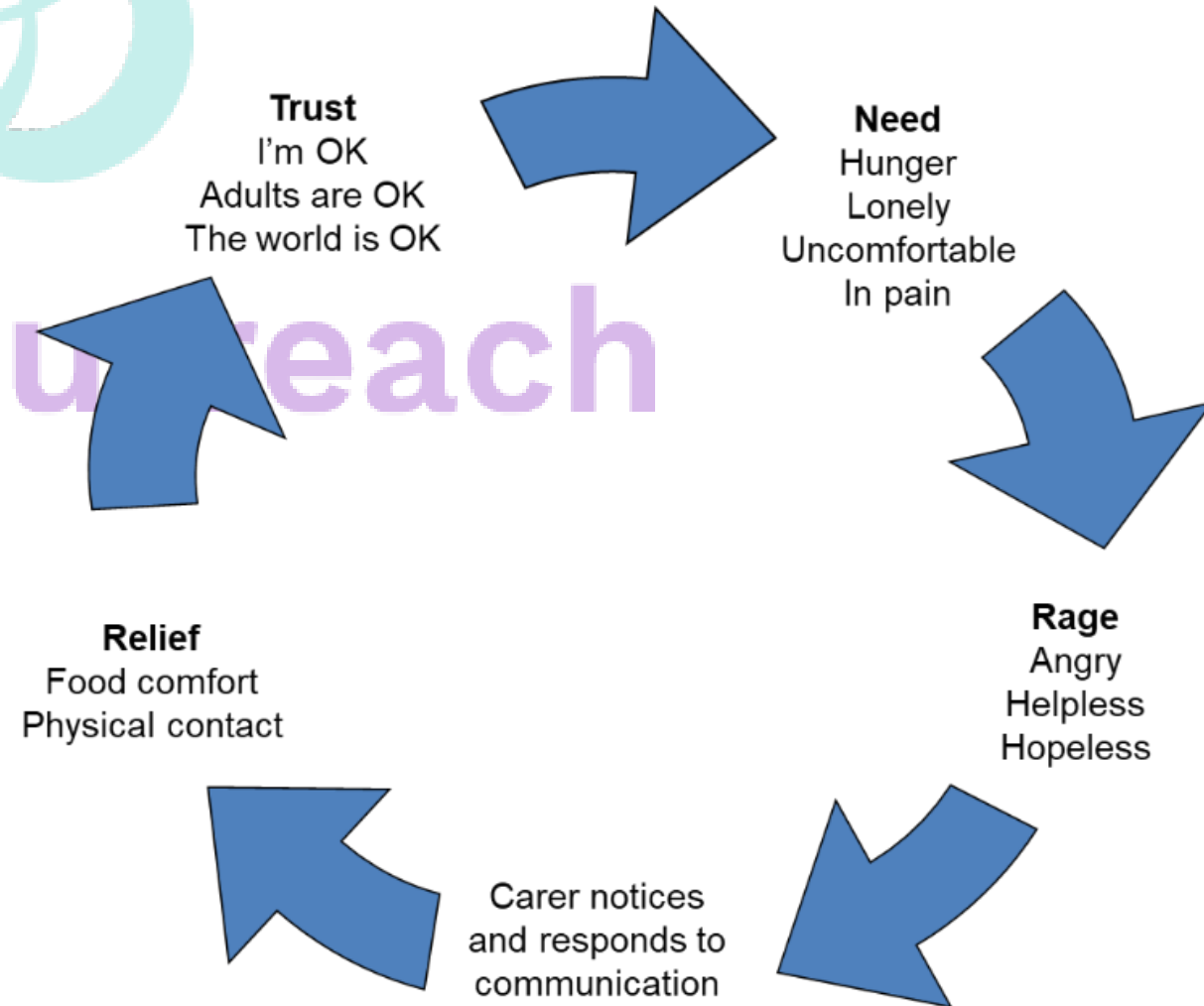


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Attachment is a survival mechanism to ensure the protection and survival of an otherwise helpless baby.

Attachment behaviours from birth grab attention of adults to make sure we survive. This survival mechanism persists throughout life as a need for connection to safe others when we feel unsafe.

If our attachment needs were met as babies and toddlers, then we feel safe and secure.

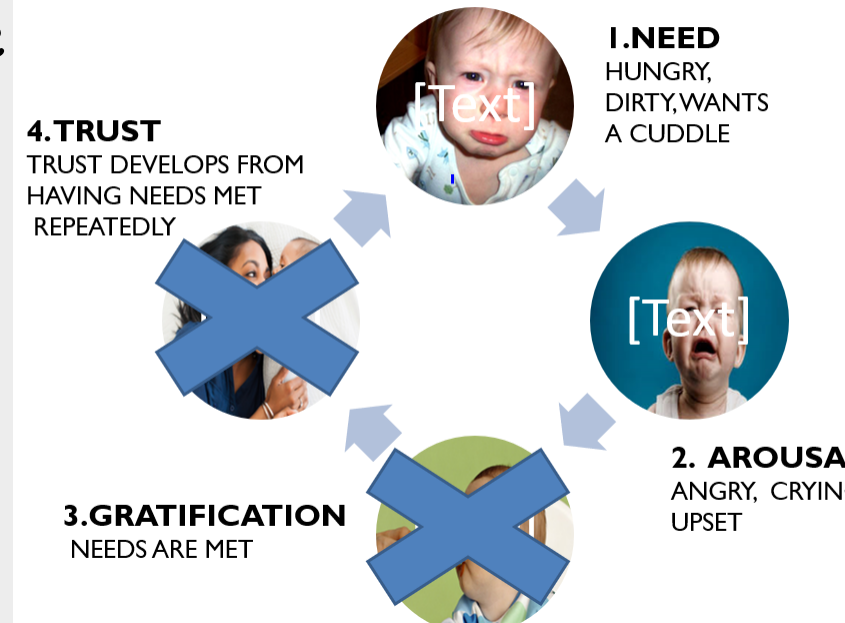


BEHAVIOURS THAT RESULT FROM INSECURE ATTACHMENTS

They may be overly anxious to please, desperate to do anything to escape possible rejection, or act out with chaotic unpredictable behaviours. They may be unable to regulate their emotions and go to extreme lengths to control things around them. Some children may withdraw in on themselves and avoid relationships.

These behaviours are as a result of experiencing loss and trauma at an early age. Trauma, abuse or neglect can cause gaps in a child's development. A baby needs the safety of a relationship with a key caregiver to help them experience the world around them and "download" an internal working model of what it is to be a human being.

THE ATTACHMENT CYCLE



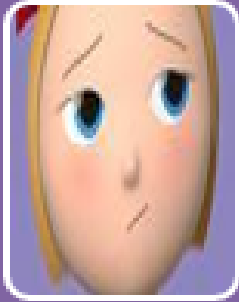
The 4 TYPES OF ATTACHMENT.



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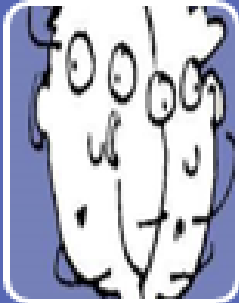
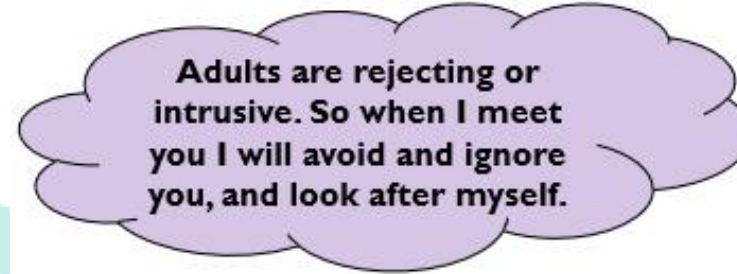
SECURE	INSECURE / AMBIVALENT	DISORGANISED Confused	AVOIDANT
A child feels secure when their needs are met by their caregivers, consistently and lovingly. They learn that they are important and that adults can be relied upon and trusted. Eg. Greeting parents with positive emotions	A child who experiences poor attachment feels insecure and unsafe in their environment. They learn that their needs are not met consistently, and they may become either anxious/resistant or anxious/avoidant types.	When the attachment is inconsistent (sometimes the child's needs are met and they are comforted and sometimes they are ignored and become frightened) attachment feels unreliable. The child feels fearful and mistrustful and may show several responses from freezing in the presence of their caregivers to desperately clinging to them.	When a child does not have a consistent primary caregiver, attachment is especially unreliable. This can occur when children are abandoned, neglected, or shuttled between different parents/caregivers and between a variety of homes without stable relationships.

Insecure Core Beliefs



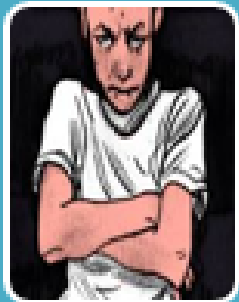
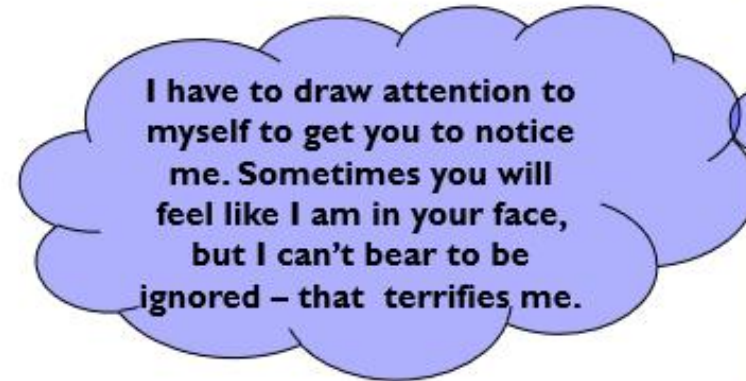
Avoidant

- Withdrawn and avoid interactions as a way to control their anxiety



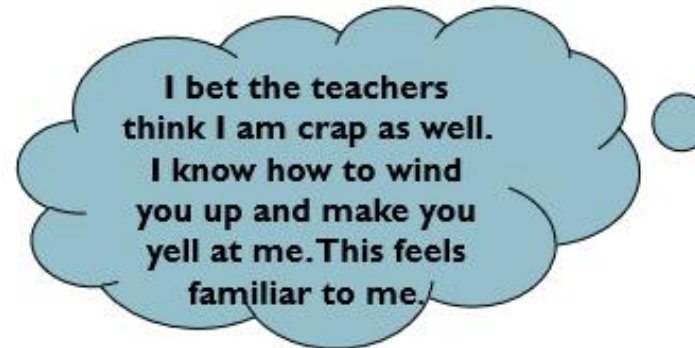
Ambivalent

- Clingy and want attention and react inconsistently to people and relationships



Disorganised/Disorientated

- A range of chaotic, often unsafe and contradictory behaviours that don't manage to make the child feel any safer.



WHAT ARE ACEs?



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ACEs stands for **Adverse Childhood Experiences**.

They are highly stressful and potentially traumatic events / situations that occur during childhood and/or adolescence.

It can be a single event or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity. (Young minds, 2018)



<https://youtu.be/XHgLYI9KZ-A>

WHAT KINDS OF EXPERIENCES ARE ADVERSE?

Forms of ACEs include:



Maltreatment

i.e. abuse or neglect



Violence & coercion

i.e. domestic abuse,
gang membership,
being a victim of crime



Adjustment

i.e. migration, asylum
or ending relationships



Prejudice

i.e. LGBT+ prejudice,
sexism, racism or disablism



Household or family adversity

i.e. substances misuse,
intergenerational trauma
destitution, or deprivation



Inhumane treatment

i.e. torture, forced
imprisonment or
institutionalisation



Adult responsibilities

i.e. being a young
carer or involvement
in child labour



Bereavement & survivorship

i.e. traumatic deaths,
surviving an illness
or accident

HOW COMMON ARE ACEs?



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These are examples of ACEs, so you can see they might be a common theme in many children's lives.

- Physical abuse;
- Sexual abuse;
- Emotional abuse;
- Living with someone who abused drugs / alcohol;
- Exposure to domestic violence;
- Living with / without someone who has gone / been to prison;
- Living with someone with serious mental health illness;
- Losing a parent through divorce, death or abandonment.

In a 2014 study on ACEs, 48% of people experienced at least one ACE, with 9% having experienced 4 or more ACEs (Bellis et al, 2014)

HOW COMMON ARE ACES?

Around half of all adults

living in England have experienced at least one form of adversity in their childhood or adolescence

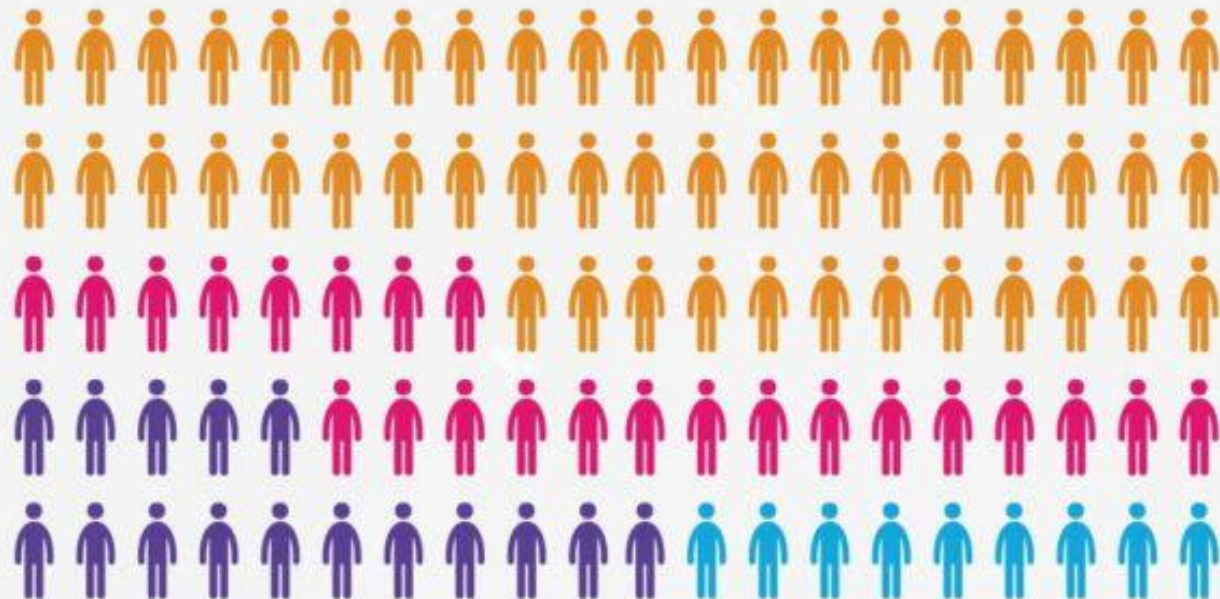
Of all children and young people:

52% experienced 0 ACEs

23% experienced 1 ACE

16% experienced 2-3 ACEs

9% experienced 4+ ACEs



EARLY BRAIN DEVELOPMENT AND ACEs.

Our brains develop at different stages through childhood, but this is especially true during EARLY CHILDHOOD where some of the most important developments take place.

Positive and negative experiences stimulate the brain as we grow and experience the world.



It creates neural pathways which lay the foundation for cognitive and behavioural functioning. The more a child has these experiences, the stronger the neuro pathways become.

So, if a child experiences safe, stable, positive experiences in their environment (nurtured), it provides a context for healthy and balanced brain development so they can learn and explore.

WHAT IMPACT DO ACEs HAVE?



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Experiencing ACEs in childhood can impact on our future physical and mental health, as well as being a barrier to forming healthy attachment relationships.

Some effects that ACEs may have on our physical and mental health may include:

- Increased risk of health problems in adulthood - Cancer, heart disease., Mental health difficulties, violence and also becoming a victim of violence.
- Increased risk of mental health problems - anxiety, depressions and post traumatic stress.

1 in 3 diagnosed mental health conditions in adults directly relates to ACEs.

- Both the LONGER and the MORE ACEs someone experiences, the larger the impact they will have on their development and health.

IMPACT OF ACEs in the CLASSROOM

So what impacts does this mean in a classroom?

- The ability for children to manage their behaviour is decreased - they are more emotionally dysregulated and can become emotionally distressed easily as they cannot recognise and manage their emotions;
- They struggle to make healthy relationships so difficulties making and keeping friendships, building bonds with staff.
- Demonstrate unsafe behaviours including causing harm to themselves or others due to increased impulsivity which they cannot control.
- Chance of developing learning difficulties increased;
- More physical and Mental health difficulties.

WHY DO TEACHERS NEED TO BE AWARE OF THIS?

Prolonged activation of stress hormones damages a child's brain in 3 main areas which all affect how they can function in classroom.
These 3 areas are responsible for:

EXECUTIVE CONTROL CENTRE

- Problem solving
- Attitudes
- Reasoning
- Impulsivity
- Learning

EMOTIONAL CENTRE

- Learning and processing emotions and feelings
- Ability to control their impulses

MEMORY AND LEARNING CENTRE

- Learning new things
- Retrieval of memories

It affects so many areas that children need to be able to access in their learning

WHAT CAN SCHOOL DO TO SUPPORT CHILDREN AFFECTED BY ACEs?



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School has an essential role in providing support to children with ACEs - it can be the place where these children get much needed routine and structure, consistency and boundaries, the chance to experience and build good relationships and be nurtured.

Positive, stable and healthy relationships can make a difference at any stage, but the earlier it happens, the more effective it can be at stopping the longer term, negative impacts.

- Staff need to be warm and actively engaged with positive interactions.
 - Eye contact?
 - Actively listen and respond to the child.
- Routines that involve shared experiences like reading and play.
- POSITIVE RELATIONSHIPS - GET TO KNOW THE CHILD!



STEP 1		Blurton Primary Emotion Coaching Core Value RESPECT
Recognising, empathising, validating the feelings and labelling them.		
‘Connection before correction’		
STEP 2		Blurton Primary Emotion Coaching Core Value POSITIVITY
Setting limits on behaviour		
‘Rapport before reason’		
STEP 3		Blurton Primary Emotion Coaching Core Value COLLECTIVE RESPONSIBILITY
Problem-solving with the child or young person		
‘Explore, Scaffold, Empower’		



THE BOXALL PROFILE

For the assessment of
children and young people's
social emotional wellbeing



Take-Aways



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Insecure attachments and ACEs mean that a child has experienced significant, traumatic events in their life.



Relationships and nurture are key to supporting children with insecure Attachments and history of ACEs. Boxall profiling can support this.



An element of good stress is good for brain development, as long as it is supported and nurtured



The Nurture Principles all can be applied to make a difference and support Teachers to give these children what they need.



The earlier intervention can happen, the more of an impact on a child's future it can have. It can be life changing.



Changes won't happen over night - but know you can make a difference to a child's future!

Resources



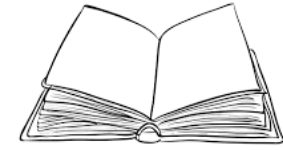
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@boxallprofile
@TISUK_
@aware_ace
@gerrydiamond71



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The
Little
Book of
ADVERSE
CHILDHOOD
EXPERIENCES

Siobhan Collingwood, Andy Knox, Heather Fow
Sam Harding, Sue Irwin and Sandra Quinney

KNOW ME
TO TEACH ME

DIFFERENTIATED DISCIPLINE FOR THOSE RECOVERING FROM
ADVERSE CHILDHOOD EXPERIENCES



Louise Michelle Bombèr
Author of Inside I'm Hurting

The latest neuroscience applied and made practical!