School Professionals' awareness of Adverse Childhood Experiences Scale (SPACES)

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School Professionals' awareness of Adverse Childhood Experiences Scale (SPACES): Initial steps towards the development of new scale

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Abstract

A considerable volume of research has been dedicated to adverse childhood experience and their effects in development and health. Despite the different approaches employed in studying ACEs, ACEs prevalence among non-clinical school children is consistently high, exceeding in some cases 60% of children studied. There is an effort for schools and school professionals to work towards becoming aces-sensitive/trauma-informed. Against this background, there is a documented need for sound tools that can reliably inform about the level of school professional awareness on ACEs and can help assess their professional development, while also identifying areas of further development. This paper presents the development of a new scale SPACES designed to fill this gap. The paper outlines the process for the development of the scale and provides evidence of the scales' face validity and content validity. A three-round process of consultation with experts is presented. The first round led to the identification of domains of SPACES and the development of initial items, the second one focused on reviewing and crystalising the items comprising the scale, and the third one primarily aimed at refining the wording of the items included. The next steps for the validation of the scale that it is currently available in English and Greek forms, is discussed as part of the conclusion.

Key words: scale development, ACEs, school professionals' awareness of ACEs, trauma-informed practices, content validity.

Introduction

Originating in the medical literature and the seminal work of Felitti et al. (1998) on the effect of adverse childhood experiences (ACEs) on health, ACEs have been acknowledged as an important public health issue and have become afocus of international and multidisciplinary research. Indicatively, in psychology the journal American Psychologist dedicated a special issue on ACEs this year, aiming at "articulating critical concepts, demonstrating the significance and relevance of psychological research and practice and catalyzing further efforts to develop effective programmes and policies" (Portwood, 2021). Moreover, the accumulated research evidence suggests that indeed ACEs affect a substantial number of children and young people (indicatively Corbin et al., 2013. Merrick et al., 2018) and that at least one third of mental health and behavioural challenges can be linked back to adversity during childhood (e.g., American Academy of Pediatrics, 2014).

ACEs as a construct have been approached in different ways (for reviews see Lacey & Minnis, 2020; Touloumakos et al., under review). In the landmark study of Felitti et al (1998), and a considerable volume of the literature thereafter, the term includes neglect - emotional and physical-, abuse -emotional, physical and sexual- and family dysfunction - family member mental health problem, incarceration, or abusing alcohol or drugs, witnessing abuse towards mother separation and/or divorce. This framework proposes a cumulative view of ACEs whereby the relationship between exposure to ACEs and negative developmental and health outcomes is a dose-response one. In addition, McLaughlin et al. (2014) proposed a Dimensional Model of Adversity and Psychopathology (DMAP): the dimension of deprivation, for example poverty, neglect) and the dimension of threat (for example abuse). In line with this model, different dimensions impact on different outcomes, through setting in motion different mechanisms (Lacey & Minnis, 2020). In addition to these models, the ten categories of ACEs recounted above as well as other categories such as exploitation (WHO, 2020), poverty, loss, terrorism, natural disasters, discrimination (indicatively Bucci et al., 2016; National Child Traumatic Stress Network, Schools Committee, 2017) have been studied alone or in combinations in the international literature.

Despite the different ways in which ACEs are understood and studied, it is important to acknowledge that ACEs are stressful events that affect brain development and health through the human neurological, endocrine, and immune systems and epigenetics (Boullier & Blair, 2018; Touloumakos & Barrable, 2020). Such stressful events are intense, frequent and/or have long duration can lead to the collapse of self-regulatory functions (Krupnik, 2019) can lead to trauma and associated psychopathology.

With the above in mind, there has recently been a call across different disciplines for professionals in the health, social care and education arena to increase their awareness of ACEs, psychological trauma and their impact on child development and outcomes (Morton, 2019; Sweeney, et al., 2016). Scotland, for example, has set out to create a system-level change in policy and practice to promote ACE and trauma awareness, across different disciplines. These include services and organisations such as the police, education and health services, with a bespoke knowledge and skills framework that has been developed for that purpose (NHS education for Scotland, 2019). Within that, education professionals and schools have been a focus, with specific guidance and materials to shape a shared understanding while at the same time informing policy and practice in schools (Education Scotland, 2021).

Despite this drive for increased awareness, there has been little work in the area of measuring professionals' understanding and impact of ACEs. A pilot study from the United States looked at preservice teachers' perceptions of ACEs found an apparent gap in initial teacher education programmes in relation to trauma-informed practice and ACEs (Attwood, et al., 2021). Previous research has suggested that awareness and training in trauma-informed education, may increase the chances of children who are affected to succeed academically, and avoid adverse outcomes, through the avoidance of exclusionary discipline practices (Herzog & Schmal, 2018).

The need for a validated instrument that can measure education professionals' awareness of ACEs and trauma informed practice is based on three separate, but interrelated reasons. The first is to be able to quantify levels of awareness across cohorts and populations, both for comparison reasons, but also in order to be able to target training programmes to those who most need it. Secondly, such an instrument can be used in evaluating the efficacy of programmes designed to raise awareness in this field, and to train people in identifying the impact of and mitigation of ACEs both within initial teacher education (pre-service), as well as in career long professional learning (in-service). Finally, in order to target training on issues where knowledge and understanding is lacking, making custom-made training programmes that will focus on the education needs of the individual or a group.

We therefore set out the objectives of this research project as the following two: 1) to identify and articulate domains that will be measured and 2) to generate the items of a scale

to measure awareness of ACEs in a population of school professionals. The process whereby these were achieved is described in detail below.

Methodology

We initially undertook a search of the literature, as per McCoach, et al. (2013), to ascertain that there was no existing instrument that served the same purpose. Our initial search, which was undertaken in April 2021, did not turn up any similar survey instrument However at the time of writing we undertook another search, which turned up the Survey of Preservice Teachers' Perception of Adverse Childhood Experiences (SoPTPACE) developed to ascertain the sources of knowledge of ACEs for preservice teachers and their perceptions in relation to its importance (Attwood et al., 2021). No other similar instrument was found. In order to develop this scale, we adapted the procedure by Boateng et al. (2018).

Step 1. Domain Identification

Following the searches, in May 2021 we applied for ethical approval from the Ethics Committee of Panteion University in Athens, which was granted (Procol number: 6/19-4-2021) in order to undertake a series of expert consultations. Multiple expert judges were invited to the first round of consultations. The use of expert judges is recommended in the psychometric literature (e.g. Hayes et al., 1995) to ensure content validity.

In this instance the panel of experts consisted of nine experts and included academics working in the areas of ACEs or teacher education (n=4), expert education professionals (n=2) and people with lived experiences of ACEs (n=3). The number and capacities of the expert panel were chosen to ensure robustness of the process (Lynn, 1996). The expert panel were invited by an initial email, which included the participation information sheet, while the consent form was on the initial page of the online questionnaire.

The initial online questionnaire which aimed at domain identification and articulation consisted of five open-ended questions or prompts that focused on the issues in relation to ACEs that education professionals should be aware of. Sample items were "Please describe what issues, in your opinion, education professionals need to know about ACEs and their possible impacts on children's behaviour, development etc." and "What are some issues that, in your experience, most education professionals are not aware of?".

Analysis was conducted employing the six steps of thematic analysis following Braun and Clarke (2006). Following familiarization with the data, initial codes were assigned to chunks of data and themes were developed, reviewed and named (see Table 1 for an example).

Table 1. Example of code assignment and themes development

Raw data	Codes	Themes
- Effects on functions like emotion regulations.	*emotional functioning*	
- Contribution of aces to the establishment of patterns or relationships with people marked by mistrust, anxiety, avoidance due to fear.	*interpersonal and social relations*	***Effects of ACEs*** *(on social-emotional-psychological, neuro-cognitive-motor development and functioning, learning & health)*
- Effects on functions like motor and cognitive behaviour	*cognitive & motor development*	
- Children from unstable backgrounds can't access learning.	*learning*	
- Ynderstanding of challenges/ short term and long-term effects: health issues.	*health*	

This analytical process led to the identification of 5 key themes (categories); domains were gleaned through the 5 key themes (Step 1). These themes were (a) ACEs conceptualization and facts, (b) the effects of ACEs, (c) trauma-informed approaches, (d) what school professionals don't know, and (e) other useful ACEs related knowledge, skills, understanding and experience (see in detail in Table 2):

Table 2. School professionals' ACEs awareness: key code and main themes

Conceptualization and facts about ACEs	Effects of ACEs	Trauma-informed-approach	What schools professionals don't know	Other ACEs related skills, knowledge, understanding and experience
- What are the 10 basic categories, but also beyond these (neglect, abuse, family dysfunction, poverty, loss etc). - Difference between trauma and adversity (not all children with ACEs suffer trauma). - All behaviour is a form of communication. - Traditional view of children's challenges ("they won't do it" vs "they can't do it"). - Studies Eurocentric (discrimination is an ACE). - Education on ACE. - Literature focus on long term effect and not immediate fight/flight/freeze responses.	- Social, emotional, psychological (carrying the chaos from unstable backgrounds to stable environments; regulation; effects on behaviours, relationship, adjustment; new challenges as danger). - Neuro, cognitive and motor (developmental delays, brain sensitivity). - Learning (difficulty in accessing learning). - Health (understanding of challenges and health issues).	-Nurturing approaches. - Attachment awareness. - Whole school approach to supporting children. - Family-school synergies - Need for felt safety, familiarity, acceptable. -Empathetic approach. - Meeting their needs. - Knowing how to talk to students. - Knowing the difference between "won't do" and "can't do". - Compassion and professional curiosity. - Avoiding re-traumatization. - helping children feel valued and cared for. - Respectful relations. - In bad days, pressure to perform can lead to negative spiral. - Patience, empathy, flexibility. - Feeling empowered to leave curriculum. - Knowing about policies and practices.	- Impact (for example on brain and behaviour. - Who is affected (fashionable topic)/ - Effective and ineffective approaches (behaviourism i.e. punishments). - School practices and policies in place (the support in place).	- Skills (better listeners, being mindful of unconscious bias). - Understanding (impact, elements of caring relationship, desensitization). - Knowledge (range of ACEs, basic brain functions). - Other/experience (looking after the child first).

Considering collectively the data from the first round of expert consultations and the literature led to the identification of three main domains that the items of the questionnaire under-development would (and did) tap on:

(a) Knowledge and understanding of ACEs, encompassing the way ACEs categories are delineated, including understanding of how they might manifest in behaviour (e.g. knowledge about what constitutes ACEs, behaviours linking with ACEs, the relationship between ACEs and trauma).

(b) The effects of ACEs, encompassing how ACEs impact on the social, emotional, psychological, cognitive domains and behaviour.

(c) Trauma-informed approaches, encompassing practices and techniques that take into account trauma and can be used in schools to support children (e.g. whole school approaches supporting children, school-family synergies, strategies that will and will not work with children from hard places etc).

Step 2. Item generation

A rather inclusive and comprehensive approach to item development was employed leading to a pool of 82 items on the three domains. Items were developed through heavily relying on evidence from Step 1, the literature review and the developers' expert knowledge of the topic. A second round of expert consultation was then carried out, whereby the invited panel of experts had to evaluate the items constructed and report their opinion on each item on the following answering format: (a) keep the item, (b) remove the item, and (c) other with the instruction to provide an alternative phrasing for the item if they wish or provide their comment. Intra class correlations (ICC) was calculated to explore the content validity of the scale (Wynd et al., 2003). The selected model was a two-way random effects model for consistency and a yielded and ICC= 0.59, suggesting moderate inter-rater agreement (Koo & Li, 2016). A set of 68 items resulted though this process and the revision of the items in light of the feedback received. Of them 22 items map onto the first domain on ACEs conceptualisation and facts (e.g. "The acronym ACEs stands for Adverse Childhood Experiences"), 22 items map onto the second domain on the effects of ACEs (e.g. "Challenging behaviour of children with ACEs communicates that something is emotionally upsetting to them"), and 24 items map onto trauma-informed approaches (e.g. "In every school there are specific procedures, practices and guidelines in place to support children with ACEs"). The version that emerged through this second round of expert consultation was, furthermore, reviewed by a final expert with considerable substantive and methodological experience, leading to a refinement of the wording of certain items, including reverse coding of a number of them.

Conclusion

This short paper reported on the development of the SPACES, which was conceived, designed, and developed with the aim of measuring school professionals' awareness of ACEs, their impact on development and behaviour and trauma-informed practices that can be employed in school and other educational settings. The evidence presented here points towards the measure's face validity and content validity. The scale is currently available in English (see Appendix A) and in Greek (see Appendix B), where it was translated and adapted following the relevant ITC protocols (Muniz et al., 2013). Currently, data are being collected from Greek educational professionals, with plans to extend data collection to English speaking countries, namely Scotland and the rest of the UK in the first instance. The next step is to study the measure's psychometric properties engaging with both classical theory and IRT for which a pre-registration report is being prepared to delineate the approach and exact methodologies. It is our aim that this process, alongside the next steps mentioned

here, will lead to a robust measurement instrument that will provide significant information about the level of ACEs awareness and potential areas where school professionals need support.

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APPENDIX A- English Version

Items of SPACES

Note: The scale is free to use but we request that you contact the authors prior to use.

The acronym ACEs stands for Adaptable and Considerate Education
The acronym ACEs stands for Adverse Childhood Experiences
ACEs may involve environments which are deprived of emotional and cognitive stimuli important for development
All adverse experiences are traumatic
Physical neglect is NOT recognised as an ACE
Transition from nursery to primary school is recognised as an ACE
Parental divorce or separation is NOT recognizes as an ACE
The incarceration of a family member is recognised as an ACE
Physical abuse is recognised as an ACE
Emotional abuse is NOT recognised as an ACE
ACEs can shape children's brain in the early years through the stress response system and endocrine functions
Having a family member with a mental health challenge or disorder (for example depression, suicide attempt) is recognised as an ACE
Witnessing one's parent or guardian being abused (physically, emotionally or sexually) is NOT recognised as an ACE
Having a family member who abuses alcohol and/or drugs is NOT recognised as an ACE
Sexual abuse is recognised as an ACE
Poverty is NOT recognised as an ACE
Children exposed to ACEs have also been exposed to stress
As the number of adversities a child experiences in life increases, the danger to encounter developmental, health or mental health problems increases too
Long term unemployment of a family member is NOT recognised as an ACE
Loss of one's family member or close friend is recognised as an ACE
Serious illness or accident within one's family and close friends is NOT recognised as an ACE
Children with history of adversity will function typically for their age when they are in stable and predictable environments
Children misbehave in class in an effort to push their teacher's buttons
Relationships of people with ACEs with other people can be marked by mistrust, anxiety, and/or avoidance
New challenges or a surprise change of schedule can be perceived as a threat by children with ACEs
Children with ACEs misbehave on purpose or to manipulate
Children who have experienced adversity CANNOT learn similarly to those who haven't
Children with ACEs are less sensitive in perceiving danger or threat
The frequency of exposure and/or the severity of ACEs increases pressure on the stress response system and the endocrine system, which can affect health
Children with different forms of ACEs may present with motor problems
Trauma results from an event which the individual experiences as threatening, and can have lasting adverse effects on mental, physical, and social emotional well-being

ACEs do NOT affect emotion regulation development in children
All children who have experienced adversity suffer from trauma
Children with ACEs can face developmental delays
ACEs are NOT linked with mental health problems in adult life
Children with ACEs become well-adjusted immediately after they encounter a stable environment
ACEs impact on brain development through the making of connections that bias the system towards atypical skills (for example the early detection of danger)
When children with ACEs feel fear or threat they may become dissociated
When children with ACEs feel fear or threat they may act out
Children with ACEs will NOT present with behaviours that look regressive (i.e. act younger than their age) whey they feel fear or threat
When children with ACEs feel fear or threat they may isolate or withdraw
Children with ACEs are overrepresented among children with learning difficulties
Children with ACEs can perceive threat in the environment even where there is no actual threat
ACEs are NOT linked with health problems in adult life
When children with ACEs perceive threat in their environment they can engage in fight-flight-freeze behaviours
In every school there are specific procedures, practices and guidelines in place to support children with ACEs
Typical behavioural approaches, including rewards and punishments, are the most appropriate to use with children with ACEs
To date there are NO evidence-based practices and approaches that are informed about trauma and can help one support children who have suffered trauma in class
Children with ACEs might need to be pushed in order to behave
Children learn best when they feel seen and heard
Challenging behaviour of children with ACEs communicates that something is emotionally upsetting to them
When a child misbehaves in class we need to correct their behaviour before anything else
Children misbehave because they have not been taught how to respect limits
Children misbehave because they are unable to regulate their behaviour
When we encounter misbehaviour we first need to connect and cater to child's emotional needs
Four important pillars of trauma informed support in schools are: safety, connection, familiarity, and acceptance
Four important pillars of trauma informed support in schools are: safety, correction, limits and discipline
Trauma informed practices entail nurturing approaches and attachment aware approaches as a means to engage kids
A trauma informed approach emphasizes relationships and a sense of belonging to engage kids
Trauma informed practices (TIP) are NOT a whole school approach
Trauma informed practices put emphasis on empathy towards children and parents
In TIP, emphasis is on children feeling valued and cared fo
In line with TIP, educators should feel empowered to take focus away from the curriculum
TIP is NOT about adjusting expectations to children's abilities on a day to day basis
Children with ACEs should be treated with compassion and professional curiosity
TIP is NOT about supporting the families of children with ACEs
TIP is NOT about supporting the families of children with ACEs
TIP is based on the principles of safety, trustworthiness, transparency, peer support, collaboration, empowerment, voice and choice.

APPENDIX B- Greek version

Note: The scale is free to use but we request that you contact the authors prior to use.

Το ακρωνύμιο ΑΕΠΗ σημαίνει Αισθησιοκινητική (ή Αναστοχαστική) Εκπαίδευση στην Παιδική Ηλικία
Το ακρωνύμιο ΑΕΠΗ σημαίνει Αντίξοες Εμπερίες κατά την Παιδική Ηλικία
Οι ΑΕΠΗ μπορεί να αφορούν σε περιβάλλοντα στερημένα σε συναισθηματικά ή γνωστικά ερεθίσματα, (τα οποία είναι) σημαντικά για την ανάπτυξη
Όλες οι αντίξοες εμπειρίες είναι τραυματικές
Η σωματική παραμέληση ΔΕΝ έχει αναγνωριστεί ως ΑΕΠΗ
Η μετάβαση από το νήπιαγωγείο στο δημοτικό σχολείο έχει αναγνωριστεί ως ΑΕΠΗ
Το διαζύγιο ή ο χωρισμός των γονιών ΔΕΝ έχει αναγνωριστεί ως ΑΕΠΗ
Η φυλάκιση μέλους της οικογένειας έχει αναγνωριστεί ως ΑΕΠΗ
Η σωματική κακοποίηση έχει αναγνωριστεί ως ΑΕΠΗ
Η συναισθηματική κακοποίηση ΔΕΝ έχει αναγνωριστεί ως ΑΕΠ
Οι ΑΕΠΗ μπορούν να "πλάσουν" τον εγκέφαλο τα πρώτα χρόνια ζωής, μέσα από το σύστημα απόκρισης στο στρες και την ενδοκρινολογική λειτουργί
Το να υπάρχει στην οικογένεια ένα μέλος με προβλήματα ψυχικής υγείας (π.χ. κατάθλιψη, απόπειρα αυτοκτονίας) έχει αναγνωριστεί ως ΑΕΠΗ
Η μαρτυρία (σωματικής, συναισθηματικής ή σεξουαλικής) κακοποίησης ενός γονέα ή κηδεμόνα ΔΕΝ έχει αναγνωριστεί ως ΑΕΠΗ
Η κατάχρηση αλκοόλ ή ναρκωτικών ουσιών από μέλος της οικογένειας ΔΕΝ έχει αναγνωριστεί ως ΑΕΠΗ
Η σεξουαλική κακοποιηση έχει αναγνωριστεί ως ΑΕΠΗ
Η φτώχεια ΔΕΝ έχει αναγνωριστεί ως ΑΕΠΗ
Τα παιδιά που έχουν εκτεθεί σε ΑΕΠΗ έχουν επίσης εκτεθεί σε στρες
Καθώς αυξάνεται ο αριθμός των ΑΕΠΗ ενός παιδιού, οι πιθανότητες να αντιμετωπίσει αναπτυξιακά προβλήματα και προβλήματα σωματικής ή ψυχικής υγείας αυξάνονται
Η μακρόχρονη ανεργεία μέλους της οικογένεας ΔΕΝ έχει αναγνωριστεί ως ΑΕΠΗ
Η απώλεια ένος μέλους της οικογένειας ή στενού φίλου έχει αναγνωριστεί ως ΑΕΠΗ
Η σοβαρή ασθένεια ή ένα ατύχημα σε μέλος της οικογένειας ή στενούς φίλους ΔΕΝ έχει αναγνωριστεί ως ΑΕΠΗ
Παιδιά με ιστορικό ΑΕΠΗ λειτουργούν φυσιολογικά για την ηλικία τους αμέσως μόλις βρεθούν σε ένα σταθερό και προβλέψιμο περιβάλλον
Τα παιδιά παραφέρονται στην τάξη προπαθώντας να προκαλέσουν τους δασκάλους τους ("να πατήσουν τα κουμπιά τους")
Οι σχέσεις ανθρώπων με ΑΕΠΗ με άλλους μπορεί να χαρακτηρίζονται από έλλειψη εμπιστοσύνης, άγχος και αποφυγή
Νέες προκλήσεις ή ξαφνικές αλλαγές πλάνου μπορεί να γίνουν αντιληπτές ως απειλή από παιδιά με ΑΕΠΗ
Παιδιά με ΑΕΠΗ παραφέρονται επίτηδες ή για να χειριστούν τους άλλους
Παιδιά με ΑΕΠΗ ΔΕΝ μπορούν να μάθουν όπως τα παιδιά χωρίς ΑΕΠΗ
Παιδιά με ΑΕΠΗ είναι λιγότερο ευαίσθητα στην αντίληψη του κινδύνου ή της απειλής
Η συχνότητα της έκθεσης και η σοβαρότητα των ΑΕΠΗ επιβαρύνει το σύστημα απόκρισης στο στρες και το ενδοκρινολογικό σύστημα, τα οποία μπορεί να επηρεάσουν την σωματική υγεία
Παιδιά με διαφορετικά είδη ΑΕΠΗ μπορεί να παρουσιάσουν κινητικά προβλήματα
Το τραύμα είναι το αποτέλεσμα ενός γεγονότος που ένα άτομο βιώνει ως απειλητικό και μπορεί να έχει διαχρονικά αρνητικές επιδράσεις στην πνευματική, σωματική και κοινωνικο-συναισθηματική ευεξία
Οι ΑΕΠΗ ΔΕΝ επηρεάζουν την ανάπτυξη της συναισθηματικής ρύθμισης στα παιδι
Όλα τα παιδιά που έχουν αντίξοες εμπειρίες υποφέρουν από τραύμα
Τα παιδιά με ΑΕΠΗ μπορεί να αντιμετωπίσουν αναπτυξιακές καθυστερήσεις

Οι ΑΕΠΗ ΔΕΝ συνδέονται με προβλήματα ψυχικής υγείας κατά την ενήλικη ζωή
Παιδιά με ΑΕΠΗ προσαρμόζονται καλά αμέσως αφού βρεθούν σε ένα σταθερό περιβάλλον
Οι ΑΕΠΗ επηρεάζουν την ανάπτυξη του εγκεφάλου μέσα από τη δημιουργία συνάψεων που προδιαθέτουν το σύστημα προς την ανάπτυξη μη τυπικών δεξιοτήτων (για παράδειγμα τον άμεσο εντοπισμό του κίνδυνου)
Όταν τα παιδιά με ΑΕΠΗ αισθανθούν φόβο ή απειλή μπορεί να αποστασιοποιηθούν
Όταν τα παιδιά με ΑΕΠΗ αισθανθούν φόβο ή απειλή μπορεί να παρεκτραπούν
Παιδιά με ΑΕΠΗ ΔΕΝ παρουσιάζουν παλινδρομήσεις στην συμπεριφορά (π.χ. να συμπεριφέρονται σαν μικρότερα από την ηλικία τους) όταν αισθανθούν φόβο ή απειλή
Όταν τα παιδιά με ΑΕΠΗ αισθανθούν φόβο ή απειλή μπορεί να απομονωθούν ή να αποσυρθούν
Τα παιδιά με ΑΕΠΗ υποεκπροσωπούνται στην ομάδα των παιδιών με μαθησιακές δυσκολίες
Τα παιδιά με ΑΕΠΗ μπορεί να αντιλαμβάνονται απειλή στο περιβάλλον ακόμη κι όταν δεν υπάρχει αντικειμενική απειλή
Οι ΑΕΠΗ ΔΕΝ συνδέονται με προβλήματα σωματικής υγείας στην ενήλικη ζωή
Όταν τα παιδιά με ΑΕΠΗ αντιληφθούν απειλή στο περιβάλλον τους μπορεί να επιδείξουν συμπεριφορές "πάλης"- "φυγής"- "παγώματος"
Σε κάθε σχολείο υπάρχουν συγκεκριμένες διαδικασίες, πρακτικές και οδηγίες για την υποστήριξη παιδιών με ΑΕΠΗ
Τυπικές συμπεριφορικές προσεγγίσεις, συμπεριλαμβανομένης της αμοιβής και της τιμωρίας είναι οι πιο κατάλληλες να χρησιμοποιήσει κανείς με παιδιά με ΑΕΠΗ
Προς το παρόν ΔΕΝ υπάρχουν ενημερωμένες-για-το-τραυμα πρακτικές και προσεγγίσεις που να είναι τεκμηριωμένες και να μπορούν να βοηθήσουν στην υποστήριξη παιδιών με τραύμα στην τάξη
Τα παιδιά με ΑΕΠΗ ίσως χρειαστούν πίεση για να φερθούν σωστά
Τα παιδιά μαθαίνουν καλύτερα όταν αισθάνονται ότι τα βλέπουν (δεν είναι αόρατα) και ότι τα ακούν (έχουν φωνή)
Η προκλητική συμπεριφορά παιδιών με ΑΕΠΗ υποδηλώνει ότι κάτι τα αναστατώνει συναισθηματικά
Όταν ένα παιδί παραφέρεται στην τάξη, πρέπει να "διορθώσουμε" την συμπεριφορά αυτή, πριν από οτιδήποτε άλλο
Τα παιδιά παραφέρονται γιατί δεν τους έχουν μάθει να σέβονται τα όρια
Τα παδιά παραφέρονται γιατί δεν μπορούν να ρυθμίσουν την συμπεριφορά τους
Όταν ερχόμαστε αντιμέτωποι με ακατάλληλη συμπεριφορά, πρώτα πρέπει να επιδιώξουμε να "συνδεθούμε" με το παιδί και να φροντίσουμε τις συναισθηματικές του ανάγκες
Τέσσερις σημαντικοί πυλώνες της ενημερωμένης-για-το-τραύμα υποστήριξης στα σχολεία είναι: η ασφάλεια, η σύνδεση, η οικειότητα, και η αποδοχή
Τέσσερις σημαντικοί πυλώνες της ενημερωμένης-για-το-τραύμα υποστήριξης στα σχολεία είναι: η ασφάλεια, η διόρθωση, τα όρια και η πειθαρχία
Οι ενημερωμένες-για-το-τραύμα πρακτικές περιλαμβάνουν προσεγγίσεις φροντίδας και σύνδεσης σαν μέσο για την ενεργοποίηση των παιδιών
Μια ενημερωμένη-για-το-τραύμα προσέγγιση δίνει έμφαση στις σχέσεις και στο αίσθημα του ανήκειν σαν μέσο για την ενεργοποίηση των παιδιών
Οι ενημερωμένες-για-το-τραύμα πρακτικές ΔΕΝ είναι προσεγγίσεις που αφορούν όλο το σχολείο (σαν σύστημα)
Οι ενημερωμένες-για-το-τραύμα πρακτικές δίνουν έμφαση στην ενσυναίσθηση προς τα παιδιά και τους γονείς
Στις ενημερωμένες-για-το-τραύμα πρακτικές έμφαση δίνεται στο να αισθάνονται τα παιδιά ότι τα εκτιμούν και τα νοιάζονται
Σύμφωνα με τις ενημερωμένες-για-το-τραύμα πρακτικές, οι εκπαιδευτικοί πρέπει να αισθάνονται ότι έχουν την δυνατότητα να αφήσουν το ορολόγιο πρόγραμμα αν χρειαστεί
Η ενημερωμένη-για-το-τραύμα προσέγγιση ΔΕΝ αφορά στην προσαρμογή των προσδοκιών του εκπαιδευτικού στις δυνατότητες των παιδιών
Στα παιδιά με ΑΕΠΗ πρέπει να φερόμαστε με συμπόνια και επαγγελματική περιέργεια
Οι ενημερωμένες-για-το-τραύμα πρακτικές ΔΕΝ αφορούν στην υποστήριξη των οικογενειών των παιδιών με ΑΕΠΗ
Οι ενημερωμένες-για-το-τραύμα πρακτικές αφορούν αποκλειστικά την αποφυγή επανατραυματισμού των παιδιών με ΑΕΠΗ

Οι ενημερωμένες-για-το-τραύμα πρακτικές βασίζονται στις αρχές της ασφάλειας, της εμπιστοσύνης, της διαφάνειας, της υποστήριξης απο ομοτίμους, της συνεργασίας, της ενδυνάμωσης, της έκφρασης και επιλογής