

Connections Go a Long Way for Students With Trauma

Initiating short personal interactions may help students cope with adverse childhood experiences.

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We're learning a lot lately about how adverse childhood experiences (ACEs) deeply affect children's brain development, behavior, and emotional, mental, and physiological health outcomes both while they're in school and later in life. ACEs impact people's ability to self-regulate and form healthy relationships, and

they impair learning.

Psychiatrist and neuroscientist Bruce Perry has found that when ACEs are addressed properly, the brain and body can repair and heal, lessening those negative emotional, mental, and physiological health outcomes.

Children and adolescents spend an average of 1,000 hours a year in school, interacting not just with teachers but also with bus drivers, instructional assistants, administrators, counselors, social workers, security officers, and custodial and cafeteria staff. When these interactions are guided by the goal of helping students form positive attachments and relationships, they can increase the relational wealth and well-being of our most troubled children and adolescents. Perry emphasizes the importance of both the quality and quantity of these social connections, or touch points.

What are touch points? Interactions with individuals we trust, who see and notice our strengths, interests, passions, and challenges, and who understand us, affirming our stories, our belief systems, and the cultures in which we have developed.

RESILIENCY TOUCH POINTS

Extending this idea, resiliency touch point encounters are brief connections throughout the school day created by adult school personnel (carers) who have been informed about a specific student's ACEs. The adults make sure to initiate these encounters, which can last for 30 seconds or up to five minutes, enough time to explore what is going on with the student. These brief intentional minutes, when consistently shared by a variety of carers, can lessen the feelings of despair and hopelessness of students who are bringing their significant adversity and trauma into our schools.

For older students, a resiliency touch point might be exchanging genuine greetings, listening to learn about the student's life, asking a question, or noticing a new hairstyle, a pair of shoes, or even just a facial expression like a smile.

For younger children with ACEs, resiliency touch points might include playing with them, giving them a hug, or showing them movement strategies that help to calm the nervous system. These students have more often than not missed opportunities for development in the lower brain regions that control attachment and the regulation of emotional impulses.

Resiliency touch points are targeted and intentional. We can identify the students who enter our schools with chronically elevated and activated stress response systems. These are our students who may be shut down and disengaged, the ones who continually test the boundaries and the emotional state of the adults who are trying to connect with them. They come to school unready to learn, needing love but asking for it in the most unloving ways.

Research clearly points to the power of relationships and attachment with regard to helping students create a new patterned memory template that embraces a safe and predictable connection, so that attachments begin to grow, spreading the seeds of resiliency.

4 STEPS TO CREATING INTENTIONAL RESILIENCY TOUCH POINTS

1. Our schools must be adversity and trauma informed: Our staff and educators need to understand what happens to the neurobiology of these students because of ACEs. Schools must begin to accept that many negative behaviors arise from a stress response and that the behavioral issues we are seeing are intimately correlated with attachment and self-regulation challenges within the brains and bodies of these students.

2. We can target this intervention: Targeting kindergarten, first grade, sixth grade, and ninth grade classrooms is critical as these are transitional years and these students need predictable and safe environments, along with adults who check in frequently and consistently. From here, we adults in the building should identify those children and adolescents with the greatest challenges. We know who they are intuitively, but it's important to share with all educators in the building what we have noticed and why each child has been designated as needing resiliency touch points.

3. Resiliency touch points are not scripted, but they do require planning: These moments should feel casual, transparent, and organic to the students, so it's important to discuss how resiliency touch points will occur and who is going to address which aspects of the student's life. For example, we don't want four adults sharing with a student on Tuesday how they love the student's new shoes.

A meeting should include the staff members who see this student on a daily basis, so they can decide which resiliency touch points they will address. This group of adults can work together for a few weeks, an entire grading period, or even a semester—we want to create consistent, patterned, and repetitive interactions with the selected students. This group of three or four school adults should meet periodically to check in with one another, sharing their perceptions and ideas for further connection.

4. We can measure our effectiveness: The effectiveness of these touch points can be assessed by considering changes in a student's office referrals, absences, truancies, and in- and out-of-school suspensions, among other metrics.

It will be extremely important for those adults who are on call to check in often with each other about how they're doing because emotions are contagious and the pain and challenges these children face are sometimes heart-wrenching, leaving the adults at risk of [vicarious trauma](#).