



ORIGINAL PAPER

Educational Impact of ACEs

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Abstract:

Timely childhood and adolescence are critical phases in the brain growth of every child during which the skills and information acquired in the first years of life form the foundation for the rest of his adult life. If major incidences appear, may it be positive or negative, the subject might show an inclination towards a set of conducts, thus it is of uttermost importance for children to grow up in nonviolent, nontoxic, trauma free settings where they can feel safe, supported and cared for by the adults – the buffers, in their lives. Children exposed to adversity during this sensitive period are inclined to have modifications, delays, impairment of both emotional and cognitive brain processes that can be mirrored into adult life, especially in the ability to learn and control stress but also in anxiety, later addictions or psychiatric admissions. The hippocampus, essential for learning and memory, is located near the center of the brain and it is remarkably vulnerable to stress, additionally it is easily affected by ACEs. Stress exposure in early childhood decreases the volume of the hippocampus, by shrinking the cell formation and the hindering of the dendritic arbores and spines. Adults who had reported an ACE score of four or more might parade a behavior with increased risk for depression, alcohol use, addiction and suicide furthermore strengthening the connection between ACEs and the major causes of death in adults exhibiting heart disease, cancer, and lung disease with, apparently, no risk factors.

Keywords: *ACEs (Adverse Childhood Experiences), negligence, brain development, buffer, hippocampus.*

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Introduction into ACEs

Adverse or traumatic childhood experiences are those experiences of abuse (mental, physical, intimate), neglect (physical, emotional), as well as all those instances lived in a maladaptive growing **environment**, domestic violence in the family, the presence of a physically ill or drug-addicted caregiver, absence of the parent due to confinement or distance from the parent, that disrupt the normal evolution of a child and which, by their nature, affect their normal development. “From a social constructivist perspective, the learner builds his knowledge through active interaction with his physical and social environment.” (Scorțan, 2021:143).

Trauma is characterised as a real or detected threat of a consuming danger for a person's usual coping skills and affects their normal functioning, thus research in recent years has shown that many well-being problems, behavioral troubles and substance abuse disorders are the result of maladaptive neural connections and that these connections, which are particularly vulnerable in the first stages of life, can be disrupted and affected by the toxic stress experienced during traumatic childhood experiences.

A social group, governance, or administration that is trauma-informed concretises the general effects of trauma and understands prospective ways for recuperation, acknowledges **the signs** and evidence of trauma in public schools, universities, customers, household, personnel and others engaged with the system and reacts by amply integrating cognition about psychological state into policies, activities preparation and searches for actively stand firm against it. “In the universe of communication, there is practically a vulnerability of reception of the individual who perceives himself to be a unique and original snowflake.” (Lăpădat, Lăpădat, 2020:121).

In the 1990s, Vincent Felitti, from Kaiser Permanente, and Robert Anda, from the Center for Disease Control and Prevention, initiated a study on childhood trauma, the results of which have proven to be radical. The study represents one of the largest inquiry ever made regarding child maltreatment and mistreatment and their negative effects throughout lifespan, leading to the ground-breaking results that have spawned scientific articles, conferences and presentations focusing on the prevalence and consequences of childhood painful experiences. Extensive investigation in the field of stress biology has incontestable demonstrated that the excessive and/or prolonged activation of the stress response - any traumatic experience translates as stress, stress to which the body reacts with a specific response - in the child can have disastrous consequences at the level of brain anatomical structure. Thus, in the developing brain of the child, some neural structures or areas become increased in volume (compared to the benchmark values), while others decrease in volume, and ultimately, these structural changes will affect the usefulness served by the intellectual structures in question, for the rest of one's life.

Early childhood

Early childhood - between the instance of birth and the age of eight - is a critical phase of development and forms the fundament for life when children experience rapid brain evolution as they absorb new information essential to the formation of active neural pathways. During this hypercritical stage of modification, children are strongly influenced by the caregivers and people around them and the environment they belong to, being of essence that they feel risk-free and sound and endorsed to grow and to positively evolve. Optimal and thriving physical processes of children evolution,

regardless of cognition, is attainable “while providing social resilience and environmental security on various levels of community organization” (Olimid, Georgescu, Gherghe, 2022:35) and, only if, their social, emotional and educational needs are met. Children need a risk-less and loving home where they can spend instances with their family, play, sing, read or discourse, where “teachers are inserting in their classes, activities that are meant to encourage the student’s creativity, critical thinking and communication skills.” (Stoian, 2019a:131). Unfortunately, many children around the world face various negative range of painful effects and unfavourable circumstances in the surroundings in which they live and in their close human relationships, which can have a destructive impact on their instructive, social and cognitive improvement.

Children who face precariousness and trauma in their lives feel discriminated and can suffer from cognitive, physical and socio-emotional problems that will have striking consequences on how they acquire knowledge, mature and interact with others. The teachers and caretakers in educational activity have a fundamental role to “improve classroom practices in order to obtain better student outcomes” (Stoian, 2019b), in distinguishing children negatively stricken by traumatic experiences, in finding suitable interventions to help them, in securing them a safe and untroubled learning environment. “The present tense conditions the listeners to actively listen and be involved in the activity of learning in the present with a view of improving the future.” (Chirițescu, Păunescu, 2021:102) where they can acquire the necessary learning and socio-emotional skills. The brain develops rapidly during the first years of the child's life, when the formation of synapses depends a lot on experiences and fundamental interaction with parents or caregivers. When the caretakers show tenderness to children, or when they play, utter them stories, read books or sing to them, they help develop children's mental capacity and prepare them for managing future experiences and relationships. The surrounding has thus a huge outcome on the child's psyche and development because positive experiences and quality interaction with adults results in “active and constructive learning that can be applied later in social, professional and cultural terms.” (Lăpădat, Lăpădat, 2020:142) whereas passive, negative and stressful events such as child abuse, maltreatment, and toxic environment can disrupt the normal brain function. “Positive Behavior Interventions and Supports (PBIS), social-emotional learning (SEL), restorative justice, and family engagement can be used to boost student resilience and pro-social behavior.” (Eggleston, Green, Abel, Poe, Shakeshaft, 2020:1).

Types of stress

Positive stress occurs when a young child is faced with vividly pertinent challenges under safe conditions that can be surmounted with the loving support and help of caring adults, making children's reactions to tension return to normal after the the situation has been surpassed.

Bearable stress occurs when the impact of more thoughtful troubles such as the demise of a significant person, serious occurrence or coarse catastrophe, is diminished by protective grown-ups, who have the function of assisting the child accommodate to the stressing event, furthermore reinforcement from caring adults rationalise possibly harmful effects of boosted levels of tension hormones.

Toxic stress The most degrading stress for the improvement of a young child’s brain is poisonous mental strain also known as degenerative stress and happens when instances with powerful long lasting negative results, such as recurrent maltreatment or

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poverty, for “vulnerable groups (people affected by chronically hunger, malnourished children” (Paraschivu, Cotuna, 2021:573) are experienced by the child without having any support from his parent or caregiver in order to be able to overwhelm the disagreeable situation leading to the damaging of brain path and architecture.

When your life history becomes your biology

Childhood injury have an appreciable consequence on later physical and mental health, being good prognosticators of the hazard of the rational and physical unwellness, furthermore, “...your early stories script your biology and your biology scripts the way your life will play out.” (Nakazawa, 2016:25). Vulnerability to traumatic childhood experiences folds the risk for later acquisition disabilities, emotional problems, biological processes, and long-term health conditions. “Conversely, there is an increase in the activation of the amygdala, which causes difficulty with emotional learning and expressions of fear. Adverse childhood experiences affect multiple areas of the brain including the hippocampus, prefrontal cortex, amygdala, corpus callosum, hypothalamus, and occipital lobe.” (Eggleston, Green, Abel, Poe, Shakeshaft, 2020:27).

Childhood traumas affect the brain and physical evolution of the child in the most hypercritical domains of the brain: a) the nucleus accumbens (positive input and confirmation center, involved in drug addiction); b) the prefrontal cortex (urge control and administration function - essential for acquisition) and c) amygdala (cortical emotion response field) thus there are unmistakable neurological grounds why people exposed to advanced doses of hardship are inclined to follow more risky behavior than people that have not been susceptible to psychic trauma or have a zero ACEs score.

The ACEs Score is a quiz made up of ten questions, each answers counts as one trauma, regardless of which it is, moreover, the ACE score comprehends the total sum of torturing childhood experiences reported by an individual.

Before your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit

with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison? (Felitti, Anda, 1998).

Nevertheless, even without selecting unsafe behaviors, the body is more prone to malady or malignant tumours, this being affiliated to the running of the **HPA** or **hypothalamic-pituitary-adrenal axis**, which fabricates the stress response (fight flight or freeze type of reaction). The hypothalamus sends a incitement to the pituitary gland, which directs a signal to the adrenal gland to speedily release hormones such as **adrenaline and cortisol**, making the heart beat stronger and quicker, the pupils widen, the airways to open wide, putting the subject in a prompt mode to face **the bear in the forest** that afflicts him or to run away from it. The bear is the disruptive nervous strain response and this is a life preserver demeanour provided you are in the forest and a bear actually attacks you. The query is what happens when **the bear dwells in your house**, perpetually alarming you, causing this reactive system to **trigger endlessly**, therefore, it passes from the adaptive and recovery stage to the impaired one, which jeopardises health. “The main issue is that when the stress response is activated too frequently or if the stressor is too intense, the body can lose the ability to shut down the PHA and SAM axes. The term for this is disruption of feedback inhibition, which is a science-y way of saying that the body’s stress thermostat is broken. Instead of shutting off the supply of heat when a certain point is reached, it just keeps on blasting cortisol throughout your system.” (Harris, 2018:53).

The drama springs up from the reality that children's minds and physical structure are very sensitive and in shaping, making them exceedingly vulnerable to the activity of these components. Furthermore, “...when a four year old experiences chronic stress and adversity, some genes that regulate how the brain, immune system, and hormonal systems respond to stress get turned on and others are turned off, and unless there is some intervention, they will stay that way, changing the way the child’s body works and, in some cases, leading to disease and early death.” (Harris, 2018:83).

Impact on learning

“There is sufficient information that continual high levels of stress hormones can disrupt the architecture of the developing brain. Adverse childhood experiences can change the amount of **gray matter** and the integrity of **white matter** in the brain, which can negatively affect processing of information and communication between areas of the brain.” (Eggleston, Green, Abel, Poe, Shakeshaft, 2020:27).

Virulent stress experienced by young children can bring forth permanent modifications in the structure and functions of their brain due to the enlarged plasticity of the brain at young ages that makes it particularly sensitive to chemical influences. Prolonged and acute stress will configure the brain in an exceptional way, causing hypertrophies and hyperventilations at the level of the amygdala, of the frontal cortex, as well as weakening at the level of the hippocampus and the medial prefrontal cortex.

Perturbation of the natural development process of the brain architecture can manifest itself in many ways, creating a debilitated basis for the entire biological process of the individual, especially the learning processes, governance functioning, affectional

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and behavioural construct. Disorder of the amygdala will generate a hyperresponsive mental strain reaction, rendering more anxiousness for the subject who will have an hyperbolic prospective to produce states of fear and emotions throughout life. “Emotions therefore accompany the students within the classroom, and may interfere with learning or consolidate it.” (Scorțan, 2022:146).

Withering of the prefrontal cortex will cause less self-control and hippocampal atrophy will bring down hippocampal neurogenesis, cognitive attributes, the power to distinguish hazardous and harmless situations and to control temper otherwise said, due to the extended stress produced by adverse childhood experiences, the brain composition will be struck, so that anxious states will materialise much more easily, and the individual's ability to control these states will be greatly decreased. Consequently, the adjusted architecture of the brain in reaction to toxic stress can justify the powerful affiliation between traumatic childhood experiences and resultant problems in the evolution of lingual, cognitive, socio-emotional acquisition, all of which are inextricably connected in the nervous architecture of the emerging brain.

Affective regulation is one of the spheres profoundly struck by toxic childhood experiences, accordingly, the harmed child will transform into an individual whose neural structures will vantage the simple occurrence of distressing emotive states such as anxiety and will, at the same time, make it hard to govern or self-command these states thus having an enhanced prospective to germinate moods of anxiousness throughout his life, and because of the wasting away of the hippocampus, he will also have trouble in controlling his anxiety.

When the nervous strain response is ceaselessly triggered or excited by a summation of factors, this can produce an additive build-up that costs the individual's physical and psychological well-being for a lifespan. The more painful the childhood adversities, the higher the risk for biological processes delays and, subsequent, health problems, including heart disease, diabetes, substance abuse, respiratory disease, depression, cancer, and, fundamentally, the higher the ACE valuation, the higher the hazard for developing multiple degenerative disorders.

Virulent stress from puerility is the cause of physiological perturbations that persists in maturity leading to maladies, even in the lack of resultant risky behaviors that lead to disease. Furthermore, the biological manifestations of prolonged stress can include modifications in the immune function and abnormal increases in inflammatory markers, which are known to be related to miserable health status outcomes such as autoimmune diseases and, ultimately, depression. Accordingly, toxic stress is not only a probability factor for future, but it is also a straight rootage of biological modification or perturbation that can have lifelong consequences, irrespective of the hazard that happen afterwards in life, in all cases, toxic, prolonged stress can be perceived as a hasty factor of biological memory.

The relationship between traumatic childhood experiences and chaotic, unhealthy adults modus vivendi becomes clearer when observing adolescents with a record of multiple psychic trauma that are more likely to germinate hazardous behaviors. Choosing **unhealthy lifestyles** actually represents a **coping mechanism** to surmount the accumulated stress and that is the reason that explains why higher ACE scores are connected to alcohol intake, smoking, drug abuse, gambling, obesity, and promiscuity...“our patients with four or more ACEs were 32.6 times as likely to have been diagnosed with learning and behavioural problems signaled to us that ACEs had an outsize effect on children’s rapidly developing brains.” (Harris, 2018:67)

Teenagers and adults who display higher rates of chancy behaviors are more inclined to school failure and school drop-out, to have difficulties in hold up supportive social networks, to adhere degenerate bands, to commit ferocious crimes, to imprisonment, unemployment, homelessness, single parenthood with attenuated nurturing abilities.

From the neuroscience point of view, and taking into record the latest research in epigenetic and molecular biology, adverse childhood experiences become infused in one's body to produce physiological perturbations or biological, cell retentiveness that sabotage the evolution of the body's tension response systems, affecting the evolution of the brain, the immune system, the cardiovascular system, and the control of biological process regulation. "We then describe the relationship between the number of categories of these deleterious childhood exposures and risk factors and those diseases that underlie many of the leading causes of death in adults." (Felitti, Anda, 1998:246). These physiological disruptions can long prevail into maturity, leading to physical and intellectual health damage for the rest of one's life, henceforward many of the diseases of matureness are, in reality, biological process disorders that appear in primal infancy.

The ACE score is used to measure a person's acquisitive childhood stress thus the higher the level of collected stress, the more concentrated the negative outcomes regarding the individual's state of welfare. Research data have revealed a gradatory reaction between ill health childhood experiences and the destructive consequences regarding the individual's wellness, **ability for learning** and general prosperity throughout life. "They have difficulty focusing, have a hard time understanding and processing both academic content and classroom instruction, and struggle to remember and recall information. This means they have difficulty making and carrying out a plan, have difficulty understanding multistep tasks, and often fail to grasp cause-and- effect relationships. As a result, they may blame others for their mistakes while not understanding how to appropriately seek help, solve a problem, accept responsibility for their actions, or maintain healthy relationships." (Romero, Robertson, Warner, 2018:67).

Subjects with psychological injury reactivate their narrative in everyday life, with high frequency in school, by transferring their traumatic experiences of attachment. If a student often shows an insufficiency in memory, along with the patterned behavior, this may possibly indicate even a dissociative mental state, trying to erase traumatic experiences from memory, therefore, the affected person changes in unconsciously attention and cognition. "With so many factors inhibiting learning, it is not surprising that students who have experienced multiple ACEs are more likely to be chronically absent, suspended, score poorly on standardized tests, or retained a grade level. These students are also overly represented in special education, at times simply because schools are ill-equipped to respond to their behavioral and emotional needs." (Romero, Robertson, Warner, 2018:67). Dissociation from the moment of a traumatic occurrence can lead to memory loss, in other circumstances, which could be inoffensive things like preparing the homework or finishing a project.

Possible solutions

"Understanding the impact of ACEs and trauma on brain development and behavior is a critical first step to providing children who are struggling with more help, support, and attention from the adults in their lives. At the same time, understanding that the brain can rewire itself through trauma-responsive practices is critical to avoid deficit-

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thinking and embrace the power of resilience.” (Eggleston, Green, Abel, Poe, Shakeshaft, 2020:26).

Realizable solutions for improving the consequences of trauma and keeping a consistent daily routine for both the teacher and the whole class can come from the feeling of responsibility and by realising that “...many ACEs students develop patterns of behavior that help them to survive trauma while sabotaging their success at school.” (Romero, Robertson, Warner, 2018:69).

Students should receive developmentally appropriate choices as traumatized individuals had often faced loss of control during the traumatic event itself and by providing these opportunities students will make their own decisions, such as which project partner to choose, where to stay or what book to read from a broader selection, all these helping to boost the self-esteem. “Increase of motivation and enthusiasm of students and teachers through active involvement in the process of live communication, possibilities of language acquisition are increasing thanks to the cooperation, interaction and communication in learning language.” (Chirișescu, Păunescu, 2017:376).

Participants in the educational environment must “provide the organizational and functional setup of “social well-being” aimed to increase the resilience status of the communities.” (Olimid, Olimid, 2022:91). Some students may want apprehension, affection, and should be aware that pupils also understand their experiences by re-enacting them in conversations, situations or through interactions with colleagues and adults. “This result can be accomplished by personal and social awareness and proper emotional feedback in specific circumstances.” (Bușu, 2020:205).

It is crucial to continue with tranquillity to “...boost the protégé’s personal, social and professional growth in his future career and social interaction within the academic environment or imminent job” (Bărbuceanu, 2019:46), understand and provide counselling on appropriate behavior and, in order to do that, it may be helpful to teach students profound breathing methods to help them surmount fear, choler and tension because “it is the human nature itself to pursue the maximal outcome at the minimal amount of effort.” (Bușu, 2022:98). Setting wellbeing limits also helps students comprehend themselves and produce healthy relationships with their peers. “Students who account to have warm interactions with their peers and teachers also have the inclination to show better academic self drive and engagement than students who lack this reciprocal affect.” (Bărbuceanu, 2022: 185).

Psychological trauma can affect students in ways that we cannot foretell thus educators and caregivers ought to check assumptions, notice and ask questions, talk to the students, and remark their behavior and, in the end, listen to their answers and cooperate with them in order to provide a safe and healthy learning environment together with a physical space that promotes safety and healing. “We would educate ourselves first and then look at our school-wide behavior management system and envision, then describe, what it should look like now that we are aware trauma is sitting in the classroom and it may not surface in obvious ways.” (Romero, Robertson, Warner, 2018:74).

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