



“The solution of all adult problems tomorrow depends in large measure upon the way our children grow up today.”



- Margaret Mead, Anthropologist





What Are ACEs?
Adverse Childhood Experiences

- Traumatic experiences in childhood
- Sometimes referred to as toxic stress or childhood trauma



Quick Survey



Rate Your Awareness of the ACE Study:

- No Knowledge of ACE Research
- Some Knowledge
- More Than Most
- Expert



What Do ACEs Look Like?



Two Categories of ACEs

1) Growing up (prior to age 18) in a household with abuse:

- Recurrent physical abuse
- Recurrent emotional abuse
- Sexual abuse
- Emotional or physical neglect



Two Categories of ACEs, cont.

2) Growing up with Household Dysfunction:

- Alcohol or drug abuser
- Incarcerated household member.
- Someone chronically depressed, suicidal, institutionalized or mentally ill.
- Mother being treated violently.
- One or no parents.



Science is Clear



- Toxic stress caused by ACEs can profoundly alter the otherwise healthy development of a child
- “Children’s exposure to ACEs is the **greatest unaddressed public health threat** of our time.” Dr. Richard Block, former president, American Academy of Pediatrics

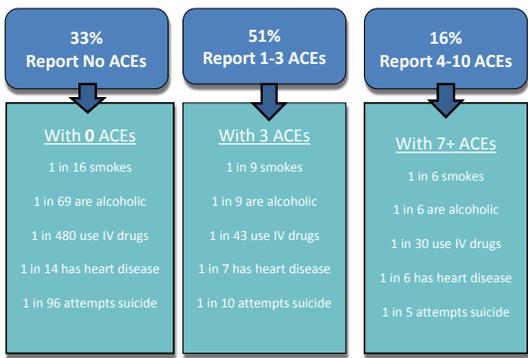


ACE Scores

- Women are **50%** more likely than men to have an ACE Score >5
- If *any* one ACE is present, there is **87%** chance *at least* one other ACE is present, and a **50%** chance of 3 others
- This combination makes ACEs *the leading* determinant of the health and social well-being of our nation



Out of 100 people...



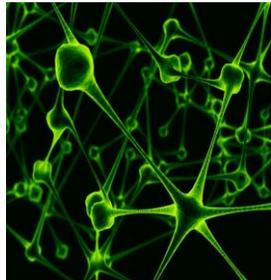
ACEs are Interrelated and have a Cumulative Stressor Effect



It is the number of **different** categories, not the intensity/frequency of the ACEs that determine health outcomes.



ACEs are Interrelated and have a Cumulative Stressor Effect

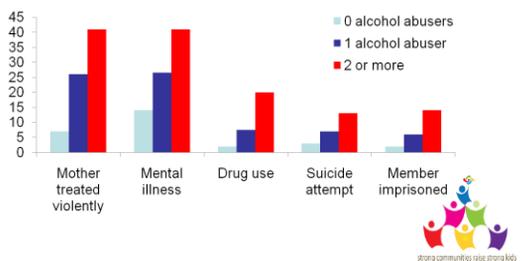


Without interruption, ACEs escalate across generations.



ACE's are Highly Interrelated

Alcohol Abuse in the Home and the Risk of Other Household Exposures During Childhood



Why is This Important?

ACEs are:

- Surprisingly common
- Occur in clusters
- Strong predictors of later social functioning, well-being, health risks, disease, and death



What is a High ACE Score?

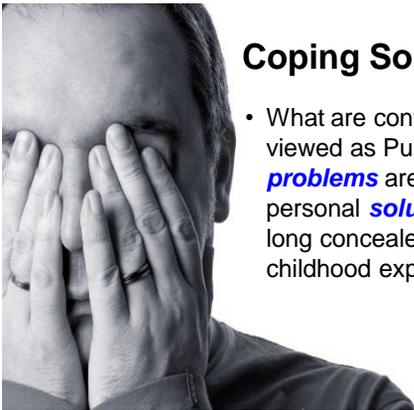
Tipping Points Seem to Occur at 4 and 7



Life Long Physical, Mental & Behavioral Outcomes of ACEs

- Alcoholism & alcohol abuse
 - Chronic obstructive pulmonary disease & ischemic heart disease
 - Depression
 - Fetal death
 - High risk sexual activity
 - Illicit drug use
 - Intimate partner violence
 - Liver disease
 - Obesity
 - Sexually transmitted disease
 - Smoking
 - Suicide attempts
 - Unintended pregnancy
- *** The higher the ACE Score, the greater the incidence of co-occurring conditions from this list.





Coping Solutions

- What are conventionally viewed as Public Health **problems** are often personal **solutions** to long concealed adverse childhood experiences.



Seeking to Cope

- Risk factors/behaviors underlying adult diseases are effective coping devices.
- Dismissing these coping devices as “bad habits” or “self destructive behavior” misses their functionality.




ACEs and Addiction

ACE findings suggest that a **major** factor, if not the **main** factor, underlying addiction is **ACEs that have not healed and are concealed from awareness by shame, secrecy, and social taboo.**



*“It’s hard to get enough of something that **almost** works.”*
Dr. Vincent Filetti



Neurobiological Framework Linking Toxic Stress in Childhood to Adult Health

- Toxic stress early in development affects the functioning of 3 highly integrated systems:
 - the **immune** system
 - the **neuroendocrine** system
 - the **central nervous** system (Danese & McEwen, 2012)



Children and Stress

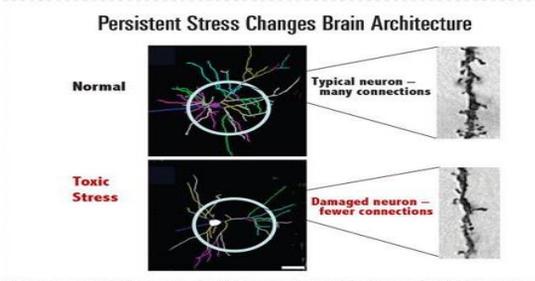
- Biologically predisposed to more physiologic stress
- Brain structures that modulate this stress mature later
- Young children need safe, stable, and nurturing relationships to assist them in regulating their stress



ACEs in the Classroom

- ACEs are the greatest single predictor for health, attendance and behavior.
- ACEs are the second strongest predictor, after special education status, for academic failure.
- The relationship between academic achievement and health status appears much less related to income than to ACEs.





1.) Experiences Build Brain Architecture

[Experiences Build Brain Architecture Clip](#)





Nurturing, responsive, and individualized interactions from birth build healthy brain structure



Toxic Stress can impact children in the following ways:

- Causes children to live in **fight, flight or fright** (freeze) mode.
- Short attention span
- Struggle learning; fall behind in school
- Respond to world as constant danger
- Distrustful of adults
- Unable to develop healthy peer relationships
- Feel failure, despair, shame and frustration



By adolescence, children seek relief through:

- Drinking alcohol*
- Smoking tobacco
- Sexual promiscuity
- Using drugs*
- Overeating/eating disorders
- Delinquent behavior, violence
- High-risk sports, etc.



* Note: nicotine and methamphetamines are anti-depressants





What Does This Look Like?

- Teen that is:
- Edgy, hot tempered
 - Impulsive
 - Hyper-vigilant





Some teens may be withdrawn, feel anxious/depressed, have somatic complaints and/or isolate.



Traumatic Stress Responses

Trauma is complex and reactions are different for everyone.

“Children can exhibit a wide range of reactions to trauma and loss.”

***Factors such as the child’s prior history of trauma, temperament, expectations of danger, vulnerability, relocations, and coping resources of the family play a role in traumatic stress responses.

National Center for Child Traumatic Stress



What Can this Look Like?

- Changes in eating or sleeping routines
- Changes in growth and development
- Changes in relationships
- Regressions in developmental abilities



Possible Reactions of Older Children Exposed to Traumatic Stress

Children ages 6-12 may:

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful, sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or school



ACEs are the Pipeline to Prison

- 1 in 6 state male inmates reported being physically or sexually abused before age 18, and many more witnessed interpersonal violence.
- Over half of male inmates (56%) report experiencing childhood physical trauma.
- Over one-quarter (1/4) of incarcerated men report being abandoned during childhood or adolescence
- Of the more than 93,000 children currently incarcerated, between 75 and 93 percent have experienced at least one traumatic experience.

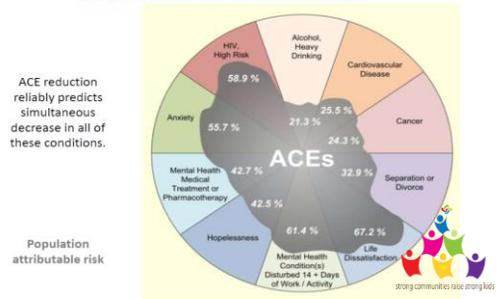


Childhood and Adult Trauma Experiences of Incarcerated Persons and Their Relationship to Adult Behavioral Health Problems and Treatment) Int Journal of Environ Res Public Health. 2012 May; 9(5): 1908–1926. Published online 2012 May 18.
 Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense.



“A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experiences.” Washington Family Council

MAGNITUDE OF THE SOLUTION



Complex Trauma

“Complex trauma describes both children’s exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure.”



- Events such as abuse or profound neglect
- Children may develop ways of coping that allow them to survive on a day to day basis (like hiding emotions or being overly sensitive to the moods/behaviors of adults)
- These kinds of learned adaptations make sense in the context of constant physical and/or emotional threats.
- However as the child grows and encounters safe situations or relationships, these adaptations may interfere with their capacity to love and be loved.

National Child Traumatic Stress Network



Three Important Concepts



- Protective Factors
- Resilience
- Trauma-Informed Care



Protective Factors

- Nurturing and Attachment
- Knowledge of Parenting and Child Development
- Parental Resilience
- Social Connections
- Concrete Support in Time of Need
- Social Emotional Competence of Children



* [Free Online Training:](http://www.ctfalliance.org/onlinetraining.htm)
<http://www.ctfalliance.org/onlinetraining.htm>

Trauma Informed Care

- **Not “What’s wrong with you?”; instead “What happened to you?”**
- Symptoms (substance abuse, etc) are adaptations to trauma
- Shift from “The denial stops here.” to “The recovery starts here.”



Safe, Stable, Nurturing Relationships

Safe = free from harm

Stable = a high degree of consistency

Nurturing = compassionate, responsive caregivers



Examples of Trauma

Interpersonal Trauma

- Childhood abuse; sexual, physical, neglect, witnessing domestic violence
- Sexual assault
- Historical trauma; destruction of culture and language
- Domestic abuse: physical, sexual, financial, spiritual, cultural, psychological
- Loss due to homicide
- Torture & forcible confinement
- Elder abuse

External Trauma

- War
- Being a victim of crime
- Sudden death of loved one
- Suicidal loss
- Loss of loved one to homicide
- Sudden or unexpected loss: job, housing or relationship
- Living in extreme poverty
- Natural disasters
- Accidents



Effects of Trauma

Physical

- ❖ Eating disturbances (more or less than usual)
- ❖ Sleep disturbances (more or less than usual)
- ❖ Pain in areas on the body that may have been involved in the traumatic experience
- ❖ Low energy
- ❖ Chronic unexplained pain
- ❖ Headaches
- ❖ Anxiety/panic
- ❖ Re-experiencing trauma mental and physical



Effects of Trauma

Emotional

- ❖ Depression, spontaneous crying, despair and hopelessness
- ❖ Anxiety
- ❖ Extreme vulnerability
- ❖ Panic attacks
- ❖ Fearfulness
- ❖ Compulsive & obsessive behaviors
- ❖ Feeling out of control
- ❖ Irritability, anger and resentment



Effects of Trauma

Emotional

- ❖ Emotional numbness
- ❖ Frightening thoughts
- ❖ Nightmares
- ❖ Flooded and overwhelmed with recollections of the trauma
- ❖ Difficulty making decisions
- ❖ Decreased ability to concentrate
- ❖ Feeling distracted
- ❖ Withdrawal from normal routine
- ❖ Thoughts of suicide



Effects of Trauma

Spiritual

- ❖ Guilt
- ❖ Shame
- ❖ Self-blame
- ❖ Self-hatred
- ❖ Feeling damaged
- ❖ Feeling like a "bad" person
- ❖ Questioning the presence of God
- ❖ Questioning one's purpose
- ❖ Thoughts of being evil, especially when abuse is perpetrated by Clergy



Effects of Trauma

Behavioral

- ❖ Self-harm such as cutting
- ❖ Substance abuse & alcohol abuse – often looked at as the issue rather than a symptom
- ❖ Gambling
- ❖ Self-destructive behaviors
- ❖ Isolation
- ❖ Choosing friends that may be unhealthy
- ❖ Suicide attempts
- ❖ Other inappropriate behaviors

Most Recipients of Mental Health Services are Trauma Survivors.

(National Center for Trauma-Informed Care, 2011)



UNHELPFUL ASSUMPTION

- “This person is sick”
- “They are weak and have poor coping methods”
- “They should be over it already”
- “They are making it up or want attention”
- “Don’t ask them about it or they will get upset”

HELPFUL RESPONSE

- “This person is a survivor of trauma”
- “They are stronger for having gone through the trauma”
- “Recovery from trauma is a process and takes time”
- “This is hard to hear, and harder to talk about”
- “Talking about trauma gives people permission to heal”



What is “Trauma Informed Care”?

- An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

(The National Center for Trauma-Informed Care)

- Focusing on **what happened to you** in place of **what is wrong with you**. (Bloom, 2002)



Vicarious or Secondary Trauma

Working with trauma survivors puts Service Providers at risk of developing vicarious trauma. (Saakvitne & Pearlman, 1996).

- Easily become secondary victim
- Vulnerability/empathic openness
- Possibly working through trauma issue for self
- Occupational hazard
- Completely manageable with strong workplace and social supports



Guiding Principles of Trauma-Informed Care

• **Safety** – staff and people they serve feel physically and psychologically safe

• **Trustworthiness and transparency**- organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, family members of those receiving services

• **Peer support and mutual self-help** – integral to the organizational and service delivery approach



Guiding Principles of Trauma-Informed Care, continued

• **Collaboration and mutuality** – true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators

• **Empowerment, voice, and choice** – throughout the organization and among the clients served, individuals’ strengths are recognized, build on, and validated and new skills developed as necessary

• **Cultural, historical, and gender issues** – the organization moves past cultural stereotypes and biases, offers gender responsive services, leverages the healing value of traditional cultural connects, and recognizes and addresses historical trauma
(SAMHSA 2014)



Trauma Informed Care Systems

- Valuing the individual in all aspects of care
- Neutral, objective, and supportive language
- Individually flexible plans and approaches
- Avoid shaming or humiliation at all times

(Fallot & Harris, 2002)



Long Term Consequences of Unaddressed Trauma

Disease and Disability

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal fractures
- Poor self rated health
- HIV/AIDS



Long Term Consequences of Unaddressed Trauma

Social Problems

- Homelessness
- Prostitution
- Delinquency, violence and criminal behavior
- Long-term use of health behavioral health, correctional, and social services systems
- Inability to sustain employment/welfare recipient
- Re-victimization: rape; domestic violence
- Inability to parent
- Inter-generational transmission of abuse



Complex trauma effects learning

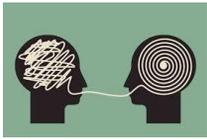
- Below grade level performance
- Higher rates of office referrals, suspensions, expulsions
- Decreased reading ability
- Language and verbal processing deficits
- Greater tendency to be misclassified with developmental delays or referred for special education services



Complex trauma effects learning

Decreased ability to:

- Focus and concentrate
- Recall and remember
- Organize and process information
- Plan and problem solve



Challenging Behaviors and Reactions

- Non-compliant or oppositional
- Anxious, worried, tense, angry, agitated or irritable
- Withdrawn or depressed
- Sleepy and tired in class (due to difficulty sleeping, bad dreams or nightmares)
- Uncomfortable with transitions and routine changes

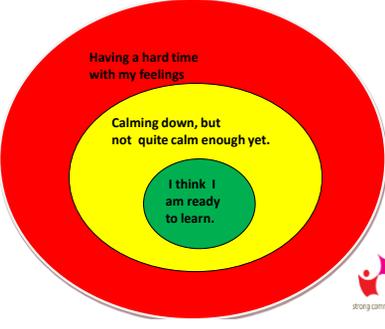


Challenging behaviors and reactions

- Jumpy or easily startled by sudden sounds or movements, such as bells, sirens, doors, slamming, changes in lighting or unanticipated physical contact
- Self-destructive or self-injurious
- Anticipating rejection and abandonment



Visual tool used by Principal Jim Sporleder to help his students identify when they are ready to talk or to learn.



Trauma reminders

- Sounds or loud noises
- Time of year or time of day
- Crowds
- Being touched
- Particular smells
- Yelling or arguing
- Thoughts, beliefs or feelings (such as perceived blame, rejection or hostility)



In the classroom

- Understand what trauma looks like in the classroom and respond through compassion and not discipline
- When appropriate, talk to other professionals working with the child
- Contribute to efforts to make school systems more trauma informed
- Provide consistency and stability in your interactions with students
- Avoid labeling children negatively



In the classroom

- Be concrete in offering suggestions for managing emotions
- Modify assignments, tests and homework for children
- Create classroom activities that support a sense of community and safety
- Provide educational activities that are interactive



Trauma

- Kids who have experienced trauma aren't trying to push your buttons
- Kids who have been through trauma worry about what's going to happen next
- Even if the situation doesn't seem that bad to you, it's how the child feels that matter
- Trauma isn't always associated with violence



Trauma

- Kids who experience trauma need to feel they're good at something
- There's a direct connection between stress and learning
- Self-regulation can be a major challenge for students suffering from trauma
- Don't be afraid to ask kids point-blank what you can do to help them make it through the day



Take care of yourself

- Share your experience with those who know you firsthand
- Advocate for yourself with your loved one
- Spend time with youth who are not traumatized
- Remember what brought you to education and renew those initial motivations
- Honestly assess what part trauma may have played in your personal history
- Increase self-care
- You don't need to know exactly what caused the trauma to be able to help

Trauma-informed care is resilience informed care. It is an overall approach at the individual, organizational and systemic levels, that uses respect and consideration of trauma histories to create safety and hope for clients.

-SAHMSA



Resilience

- Ability to deal with life’s ups and downs
- Resilience Trumps ACEs



Resilience

Fortunately, brains and lives are somewhat plastic. The appropriate integration of resilience factors born out of ACE concepts — such as asking for help, developing trusting relationships, forming a positive attitude, listening to feelings — can help people improve their lives.



Background on Resilience Questionnaire

- Developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006 and updated in February 2013.
- Mark Rains and Kate McClinn created the 14 statements with suggestions from members of the group.
- Scoring system was modeled after the ACE Study questions.
- Content based on research studies over 40 years including Emmy Werner
- Purpose is limited to parenting education - not developed for research



RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True



6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True



12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 ~~boxes~~ circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____



In The Moment

- Keep Perspective
- Capture the Opportunity
- Cool Down



For the long term

- Create connections
- Give them options
- Connect with characters
- Encourage constant progress



Ten tips

- Make connections
- Help others
- Maintain a daily routine
- Take a break
- Teach self-care
- Move towards goals
- Nurture a positive self goal



Tips Continued

- Keep things in perspective and maintain a positive outlook
- Look for opportunities for self discovery
- Accept that change is part of living



Skills

- Goal setting
- Eat right
- Exercise right
- Relaxation Chill Out
- Sleep tight
- Perspective view
- Self-defeating thoughts
- ABC's Point Out
- Empathy
- Wins and Losses
- Reaching Out
- Social Support



Key Principles

- Caring Relationships
- High Expectations and academic standards
- Opportunities for participation and contribution



Caring Relationships

- Genuine concern for the welfare and progress of every child
- Being prepared to listen
- Recognizing and believing in each child's strengths
- Provide encouragement
- Challenging negative and defeatist talk
- Role-modeling/Problem-solving behavior
- Refraining from negative comments



High expectations and academic standards

- Children`s beliefs in their own competence
- Motivation to succeed
- Behavioral problems and disorders
- Academic emphasis
- Clear expectations and rules
- High levels of active student participation
- Careful monitoring of student progress



Embedding high expectations

- Setting goals
- Providing coaching and support
- Emphasizing the importance of reading
- Provide a positive learning environment
- Provide instruction in study skills and learning techniques



Opportunities for participation and contribution

- Use of cooperative learning strategies
- Participation of students in setting curriculum
- Classroom meetings to solve classroom problems
- Assessment and goal setting
- Roles of responsibility



Targets for change

- Curriculum
- School ethos, policies and environment
- Early intervention and risk assessment



More Information & Resources



- National Center for Trauma-Informed Care – www.mentalhealth.samhsa.gov/nctic
- National Child Traumatic Stress Network – www.nctsn.net
- Center for Study of Social Policy - strengthening families and protective factors – www.cssp.org
- Center for Injury Prevention and Control – www.cdc.gov/violenceprevention
- American Psychological Assn – Resilience Guide - <http://www.apa.org/helpcenter/road-resilience.aspx>