

ACEs in Action:

Becoming a Trauma Informed Treatment Community

ACE Response: A Multidisciplinary Approach to Addressing Adverse Childhood Experiences

University at Albany, Albany NY

April 15, 2016

David A. Wallace, LCSW-R



Adverse Childhood Experiences (ACEs)

Kaiser Permanente Study

- Started from 1995-1997 with more than 17,000 patients who were members of the HMO
- Asked a set of questions about events during childhood
- Efforts to replicate the findings are underway in six countries

www.cdc.gov/ace/about.htm

ACEs Major Findings

Exposure to adverse childhood experiences are common.

2/3 of study participants reported at least one ACE

over 1/5 reported three or more ACEs

The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems:

Chronic obstructive pulmonary disease (COPD), Depression, Fetal death, Health-related quality of life, Illicit drug use, Ischemic heart disease (IHD), Liver disease, Risk for intimate partner violence, Multiple sexual partners, Sexually transmitted diseases (STDs), Smoking, Suicide attempts, Unintended pregnancies, Early initiation of smoking, Early initiation of sexual activity, Adolescent pregnancy Alcoholism and alcohol abuse

Evidence is building and has demonstrated that as the number of ACEs increase, the risk for the above health problems increases in a strong and graded fashion.

www.cdc.gov/ace/index.htm

Effects of ACEs

When compared with people who had no ACEs, people who had 4+ ACEs had:

- a 4-12 fold increase in alcoholism, drug abuse, depression, and suicide attempts
- a 2-4 fold increase in smoking and poor self-rated health
- Increased physical inactivity and obesity
- Greater sexual risk taking and sexually transmitted diseases
- Higher risk for premature death

Felitti et al. (1998), Brown et al. (2009)

What's My ACE Score?

Prior to your 18th birthday:

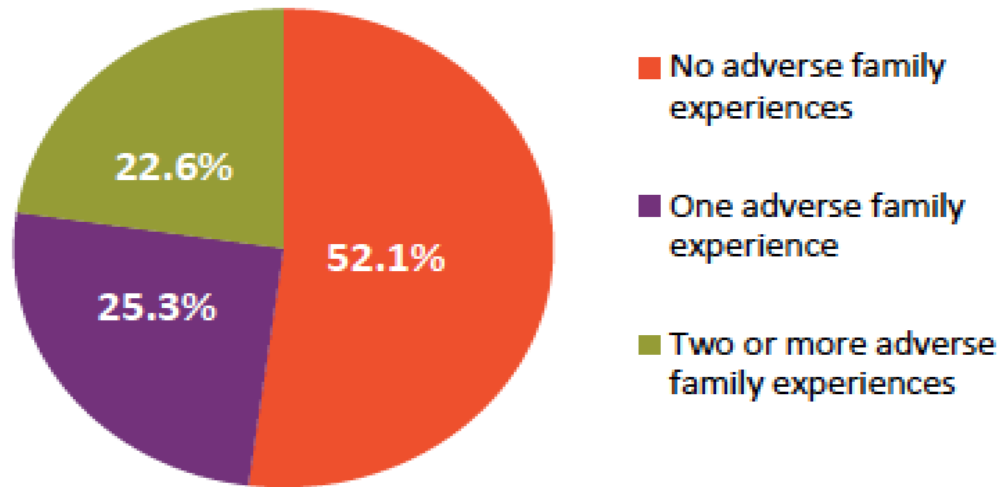
1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or 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. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason ?
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?

Now add up your "Yes" answers: _____ This is your ACE Score

Nearly 35 Million U.S. Children Have Experienced One or More ACE

Figure 1. Prevalence of Adverse Child and Family Experiences among US Children Age 0-17 years



Source: 2011/12 NSCH

The National Survey of Children's Health
(CDC), 2012

N= approx. 100k, ages: 0-17yo,

Stevens, J., ACEs Too High, 2014

ACEs and the Classroom



OLDER CHILDREN - High School Sophomores and Seniors

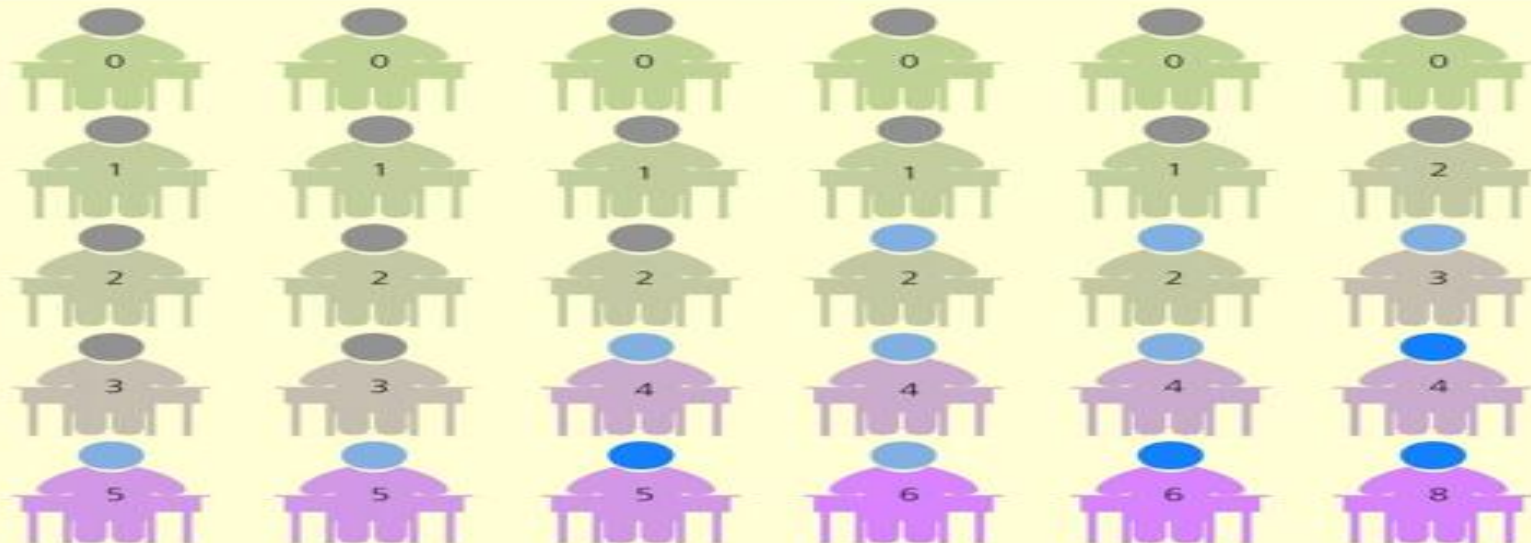
Washington School Classroom (30 Students)

Adverse Childhood Experiences (ACEs)

6 students with no ACE
 5 students with 1 ACE
 6 students with 2 ACEs
 3 students with 3 ACEs
 7 students with 4 or 5 ACEs
 3 students with 6 or more ACEs

58% (17) students with no exposure to physical abuse or adult to adult violence
 29% (9) of students exposed to physical abuse or adult to adult violence
 13% (4) of students exposed to physical abuse and adult to adult violence

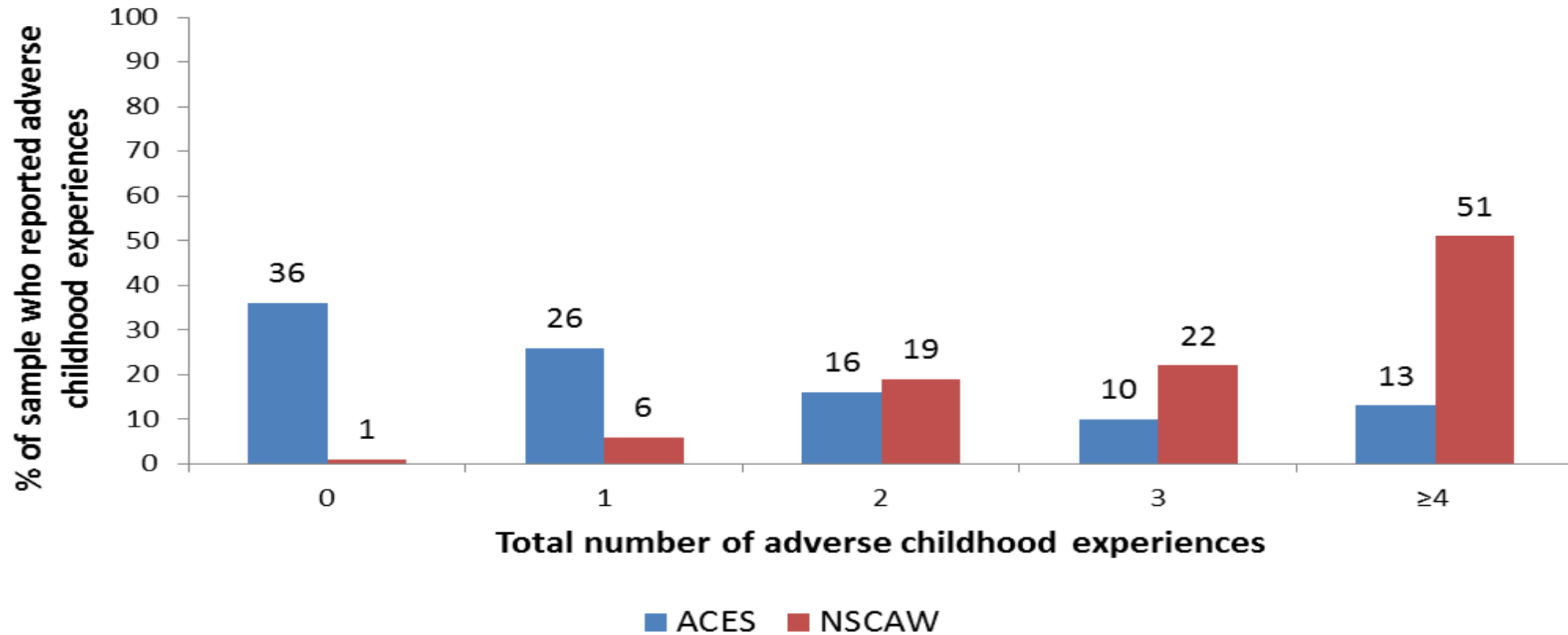
Population
Average



13 of 30 students in a classroom will have 3+ ACEs. Those children are likely to be more “unruly”, more “unmotivated” or more absent than the others.

National Survey of Child & Adolescent Well-Being

(Stambaugh et.al., 2013)



a national study of 5,873 children, ages 2 mo. - 17.5, who had contact with the child welfare system between 2008 and 2009

ACEs and Court Involved Youth

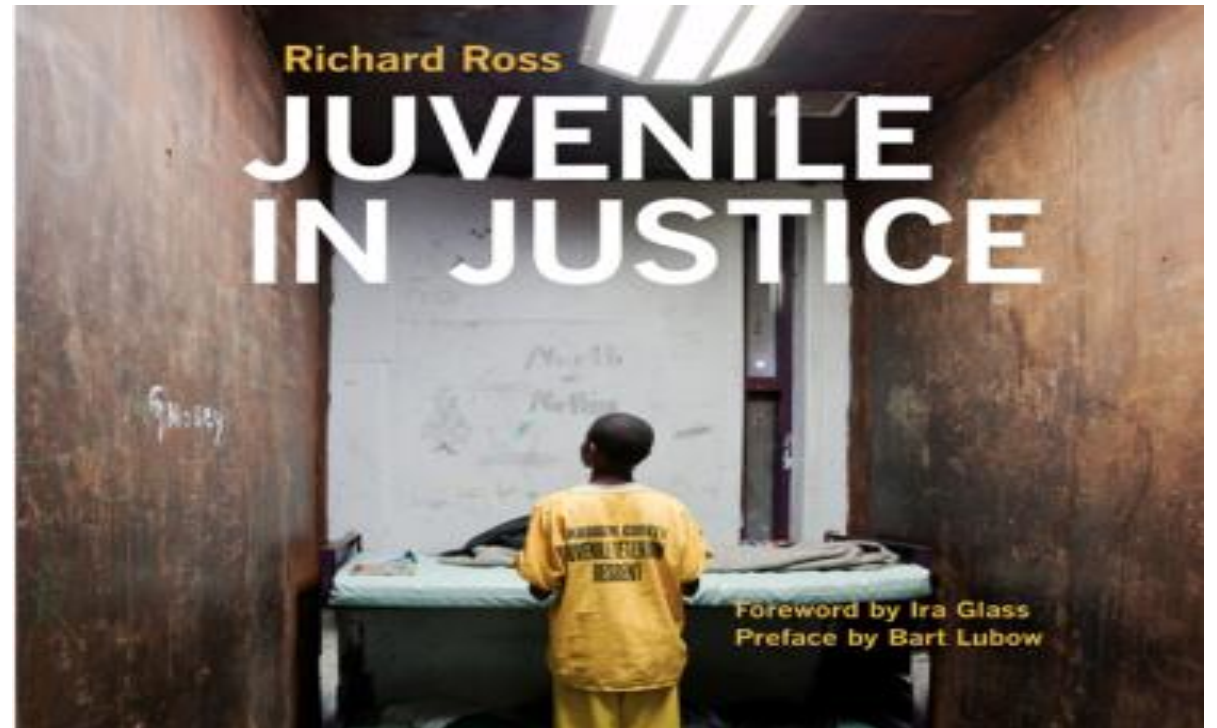
Washington State

Pierce County Juvenile Court system

- of 2,000 juveniles surveyed:

83% had an ACE score of 2 or more

34% had an ACE score of 4 or more



National Residential Trends

Adolescent Subjective Experience of Treatment Study (Foltz, et al., 2008)

Survey of 50 (86) youth in residential care, ages 13-18

mean number of **ACEs endorsed: 4.62**

56% of youth with 4+ ACEs

National Child Traumatic Stress Network Survey (Briggs, et al., 2012)

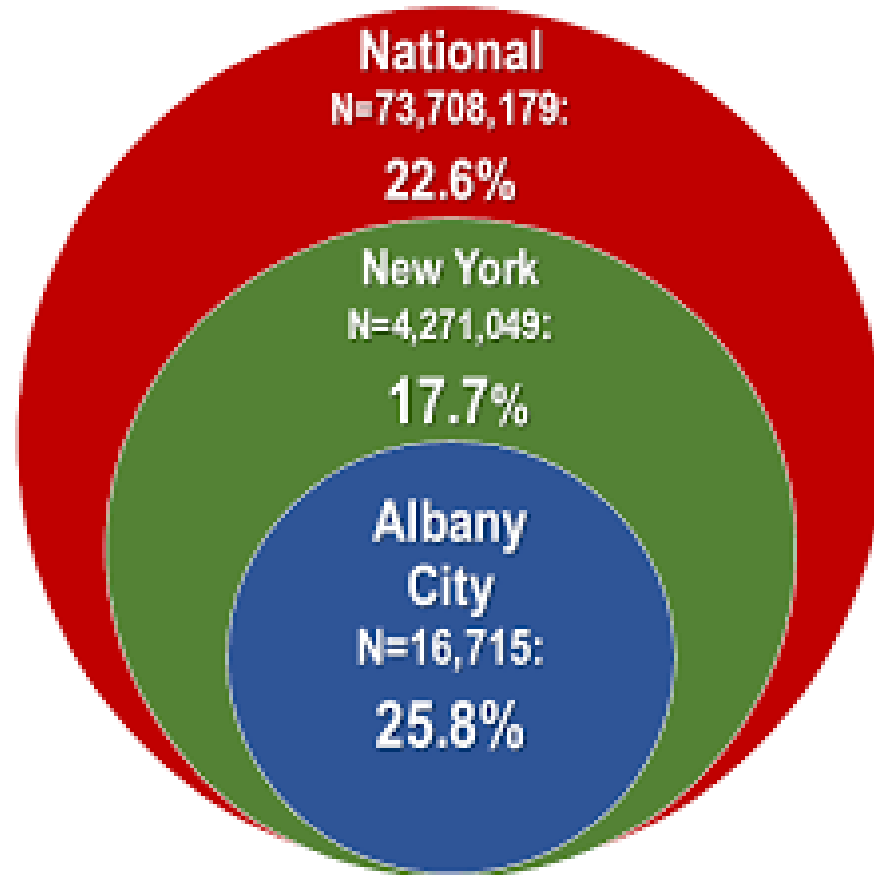
Survey of 11,076 youth (Res: 525, Non-Res: 9,942)

UCLA PTSD Reaction Index (20 question screen, similar to ACE domains)

mean number of trauma events endorsed: **5.8 res youth**, 3.6, non-res

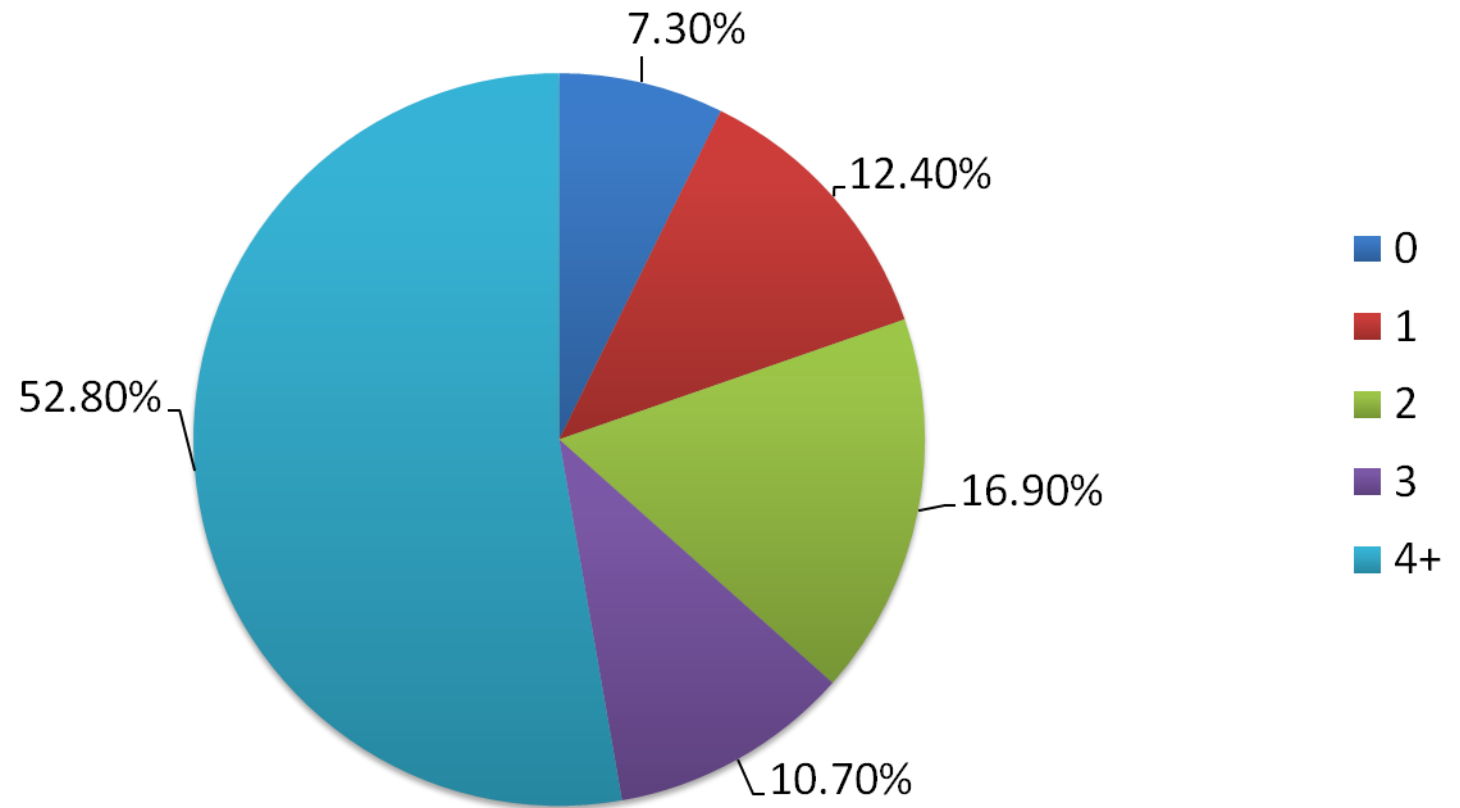
92% of res youth reported multiple trauma events, 77% non-res

Children & Youth With 2+ ACEs



www.childhealthdata.org

LaSalle School Youth ACE Scores



n= 178 youth, 2013- present

Effects of Violence on Children

- Impulsive behavior
- Apathy and desensitization
- Less able to sequence events in time
- Increased fragmentation of memory
- Anxious anticipation of future violence
- Higher levels of generalized anxiety
- Pervasive pessimism
- Distorted self appraisal
- Sense of foreshortened future

**Center
on the
Developing Child**



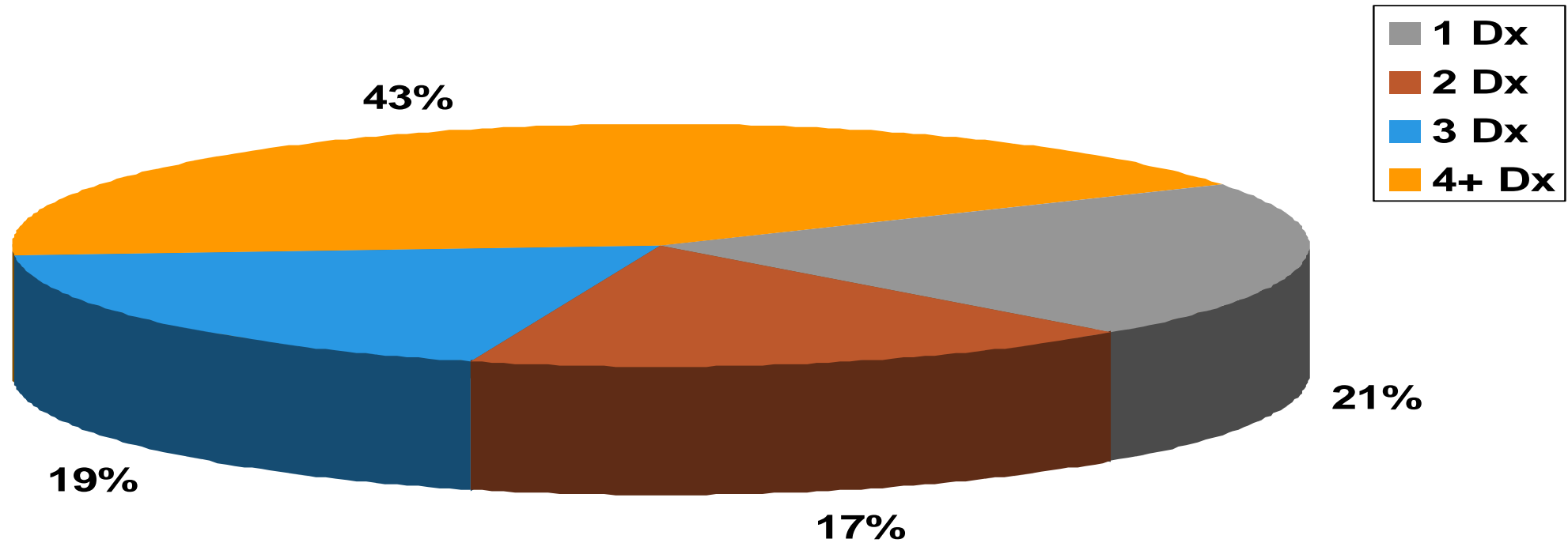
HARVARD UNIVERSITY

ADHD, PTSD Symptom Overlap (DSM IV criteria)

Weinstein et al, 2000

Symptom Overlap	ADHD	PTSD
Hyper-vigilance	X	X
Inattention	X	X
Detachment	X	X
Irritability	X	X
Anger Outbursts	X	X
Distracted	X	X
Restless	X	X
Impatient	X	X
Impulsive	X	X
Limited sense of future	X	X
Difficulty Concentrating	X	X

MH Diagnoses Among Court Involved Youth



Shufelt & Cocozza, 2006

ACEs and Criminality

Youth with high ACE scores

- Demonstrate higher levels of interpersonal violence including delinquency, bullying, physical fighting
- Engage in more self-directed violence such as self-injury, suicidal ideation and attempts
- Have an increased likelihood of criminal charges, arrest, and adjudication
- Are at greater risk of chemical dependency

Anda et al. (1999), Dube (2002)

Mental Health Evaluation & Diagnosis

Youth enter the JJS for externalizing problems (i.e., acting out) or criminal behavioral problems.

Our real task is to identify and resolve the underlying causes

- Mental health and substance use disorders,
- behavior disorders,
- psychiatric impairment
- family dysfunction,
- and other deficits (e.g., social, vocational, educational)

Neurobiology of Trauma

“...when people relive their traumatic experiences, the frontal lobes become impaired and, as a result, they have trouble thinking and speaking.”

- B. van der Kolk

Brain Chemistry

Kros, F. 2014

Cortisol, “UH-OH”

- stress hormone (steroid)
- Aids in glucose metabolism

Adrenaline, “Yikes!”

- Stress hormone
- CNS excitement
- Fright/ flight

Serotonin, “Ahhh”

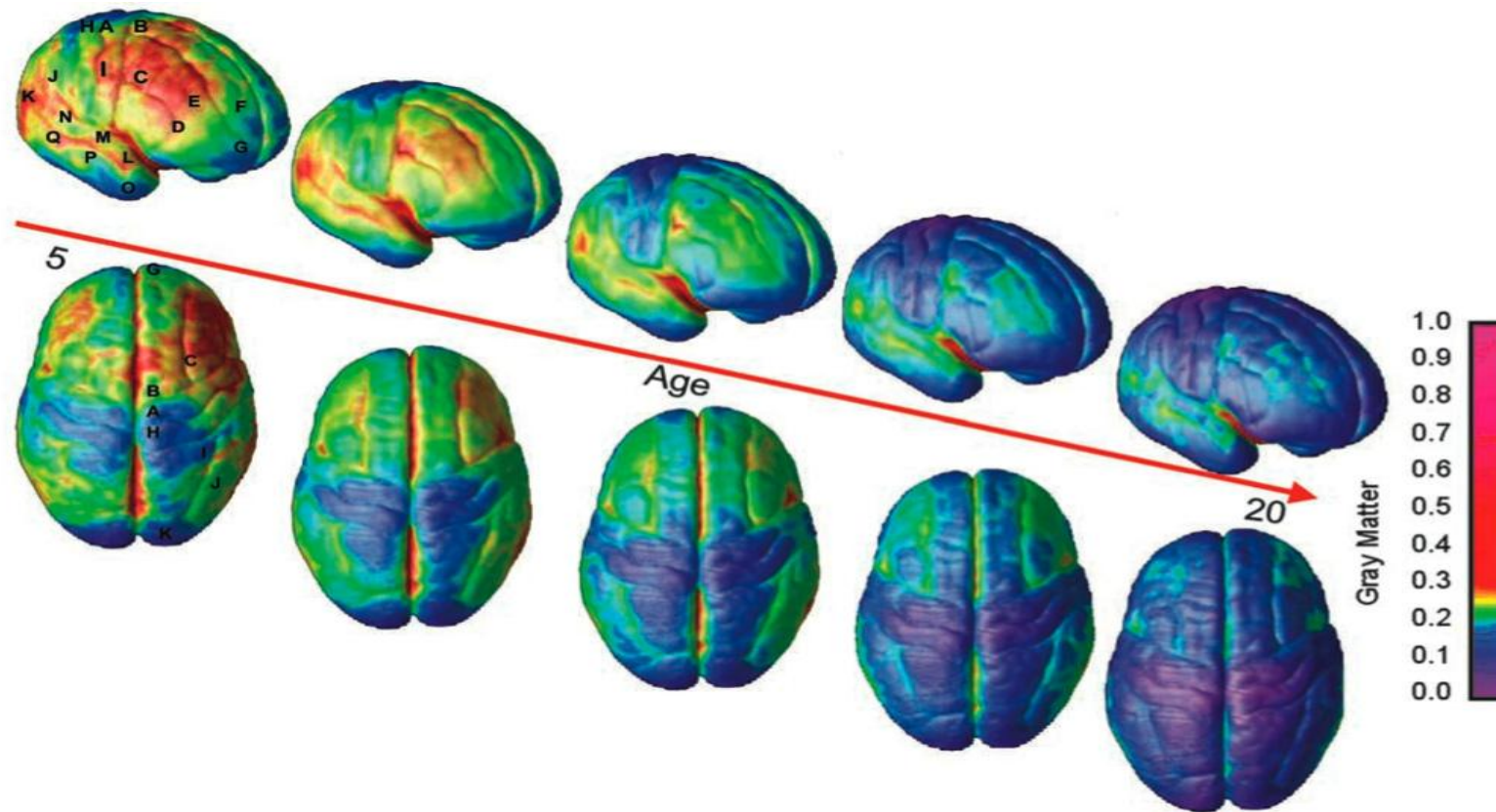
- Derived from Tryptophan
- Regulates mood, sleep, appetite

Dopamine, “YAHOO”

- Neurotransmitter
- Drugs, sex, food
- Antidote to cortisol
 - Role in addiction

Juvenile Brain Development

http://www.edinformatics.com/news/teenage_brains.htm



Impact of Neglect

Bruce Perry, MD



Learning About Trauma, Experientially

Brief clip: Antwone Fisher “Losing Jesse”

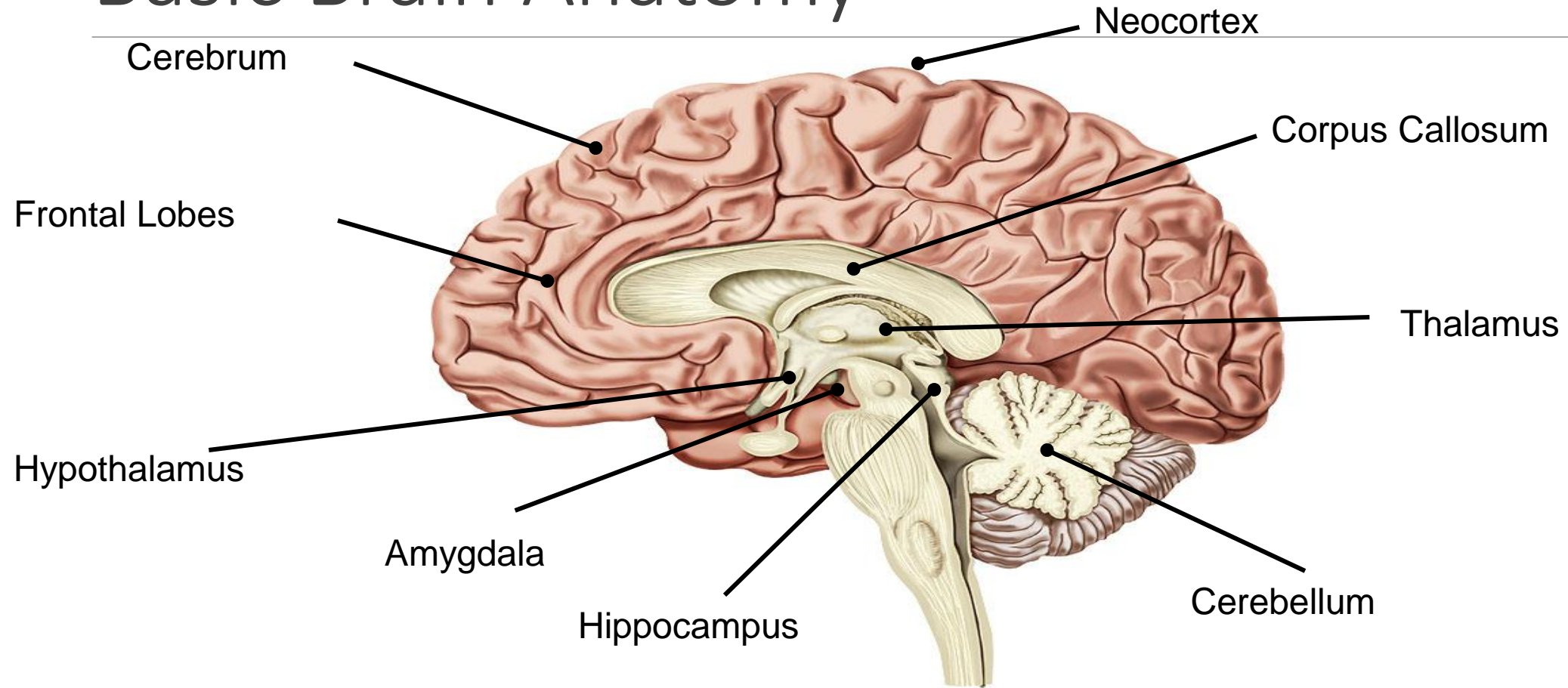
- What happened?
- How did you feel?
- Who is the victim? Why?
- Implications for JJS, treatment, and policy

Response to Trauma

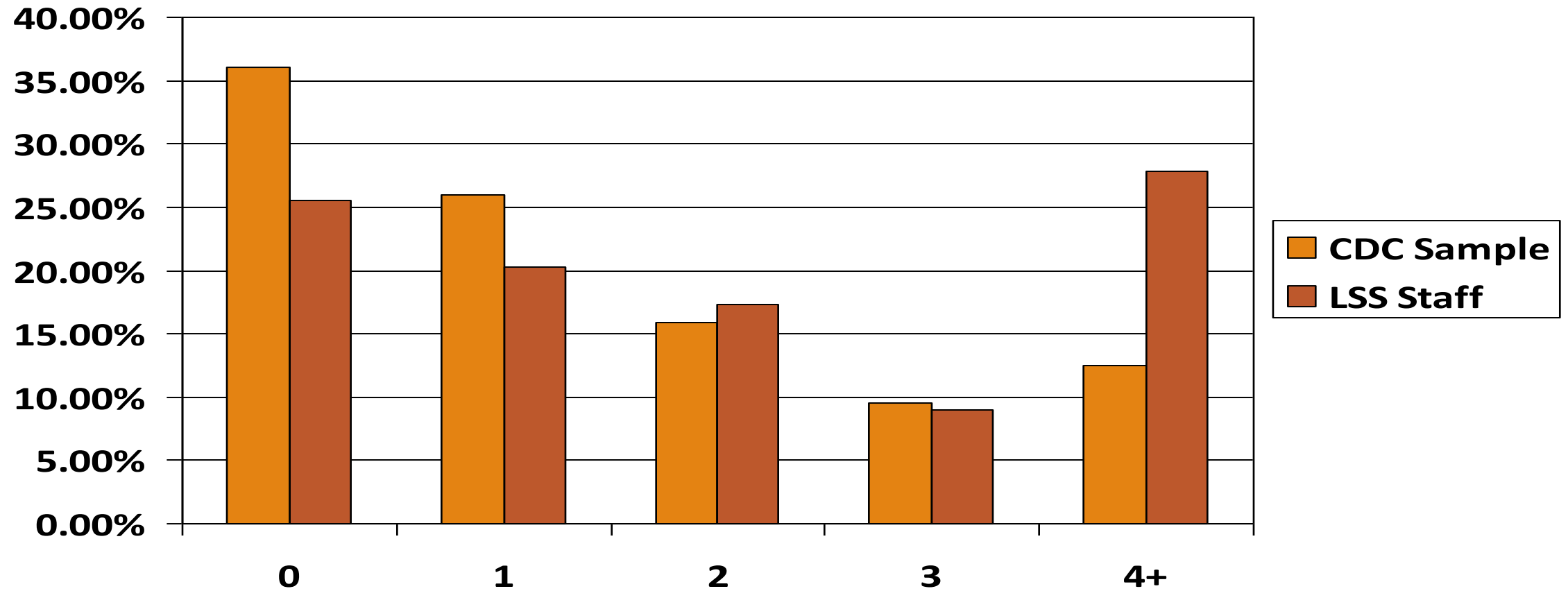
Three primal responses to any traumatic event:

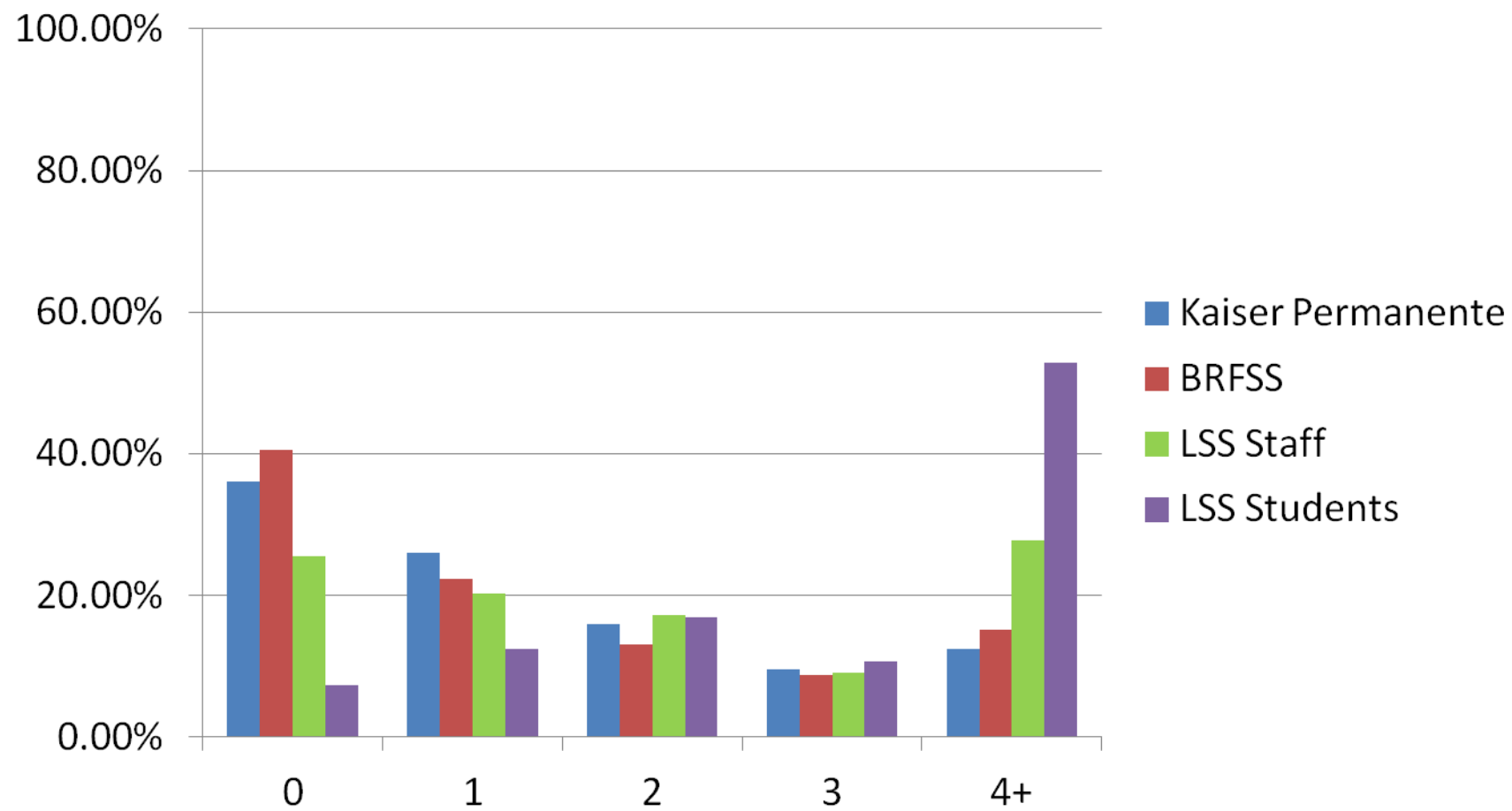
- Fight
 - Positive: Jenna's Law
 - Negative: Antwone Fisher
- Flight
 - Positive: running/ moving away
 - Negative: running away/ substance abuse
- Freeze
 - Positive: the rabbit in my backyard
 - Negative: the same rabbit...

Basic Brain Anatomy

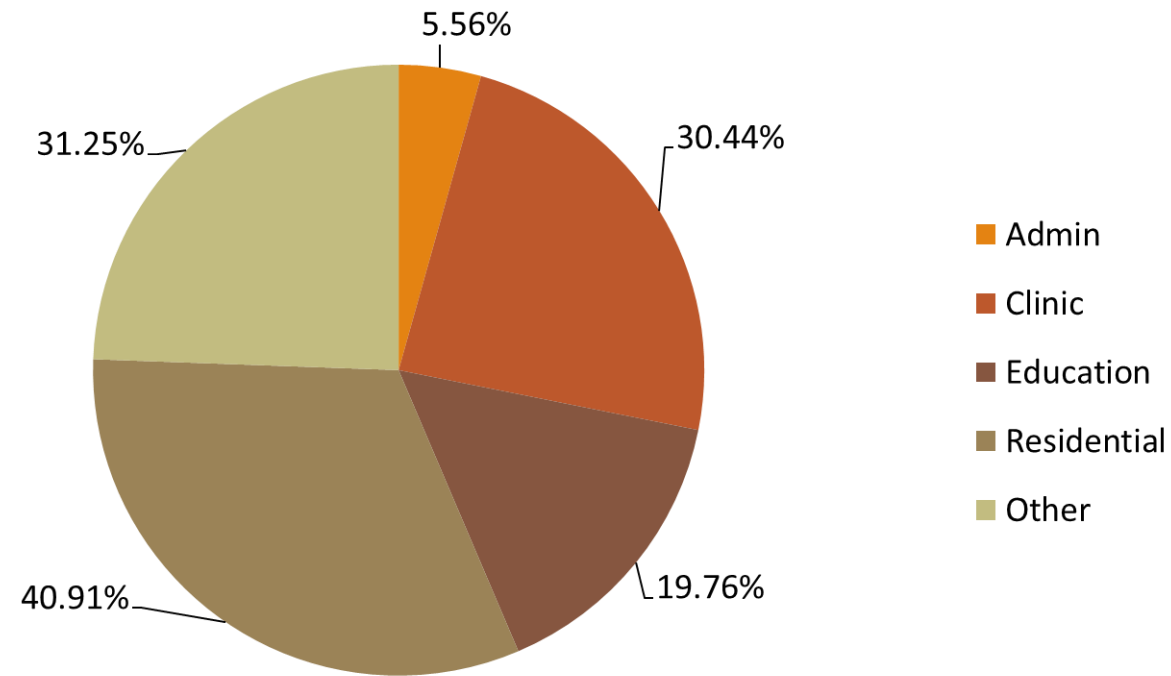


LSS Staff ACE Scores



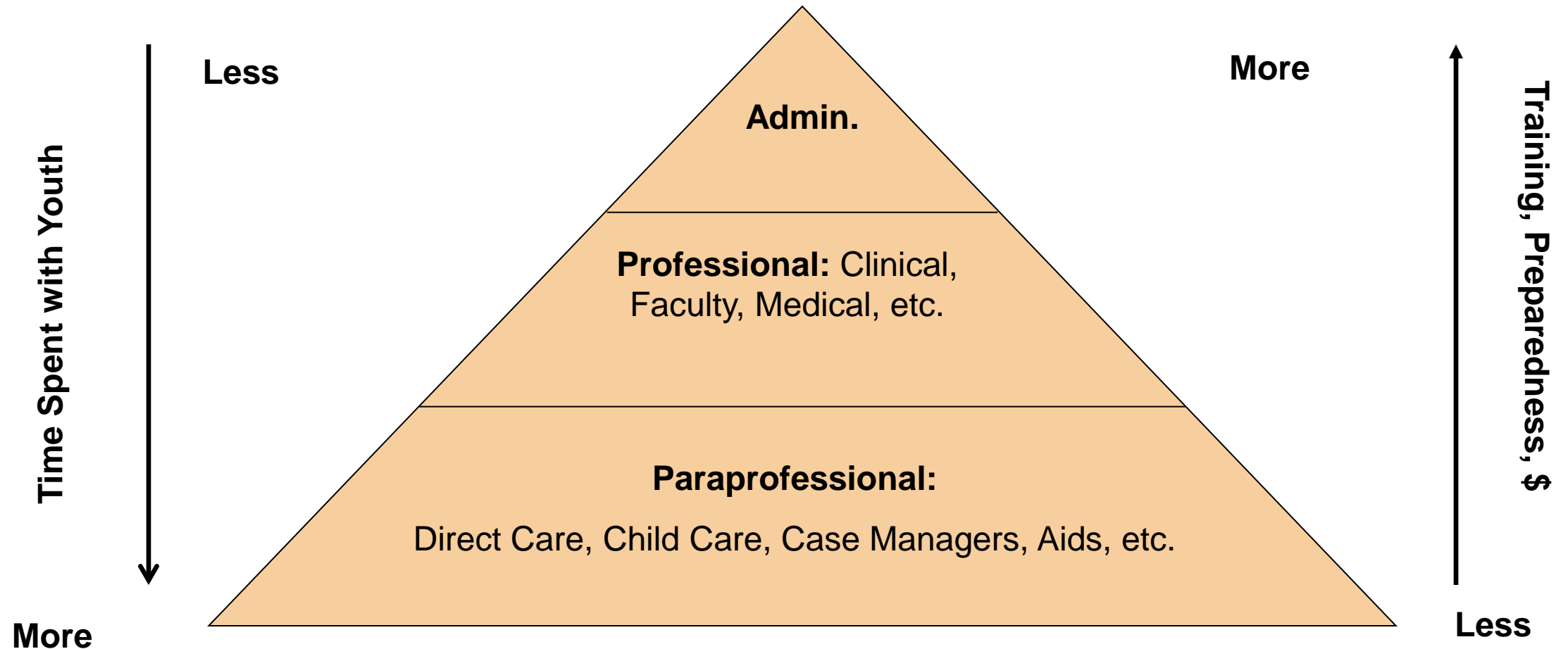


LSS Staff ACE Scores, 4+



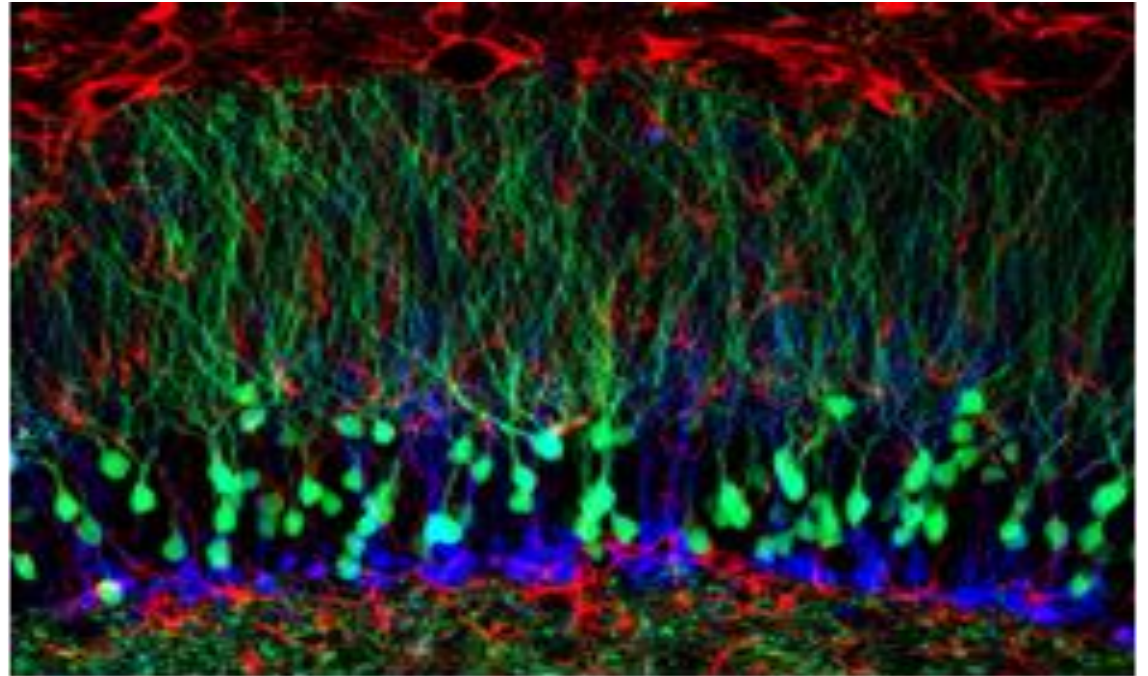
n=133

Child Welfare Agency Structure



Promoting Neurogenesis

What can we do to:
encourage brain maturation,
promote neurogenesis,
and develop positive coping skills,
in our youth ?



Neurogenesis is...

Kros, F. 2014

STIMULATED BY:

Vigorous Physical Play
Meaningful New Learning
Exposure to Enriched Environments/
Experiences
Managed Stress Levels
Positive Nutrition
Social Support

INHIBITED BY:

Distress
Physical Inactivity
Boredom
Depression
Poor Nutrition

Protective Factors...

Gender identity/ role development

Individualism

Self confidence

Assertiveness skills (vs. aggressiveness)

Healthy relationships with good boundaries

Physical safety

Empathy

Coping skills/ emotional regulation

Educational success

Resolution of trauma

Safety to explore healthy sexuality

Positive role models/ mentors

So What?

(Implications for Us All)

Can shed light on “problem behaviors”

- Hyperactivity, agitation, aggressive and oppositional behaviors

Common Language to communicate with

- Staff, families, schools, counselors, caseworkers

Can help pace and inform

- Trust, safety, relationships, educational interventions

Illustrates individual needs

- what were they coping with?
- what happens if you take it away?

Help the client understand their world

Funding, policy, and practice...

Contact me:

David A. Wallace, LCSW-R

Director of Clinical Services

LaSalle School, 391 Western Ave. Albany, NY 12203

518. 242. 4731 x225

Wallace@LaSalle-School.org

Recommended Reading

J Schladale & T Lagan (2012). Stop It! A Practical Guide for Youth Violence Prevention.
Resources for Resolving Violence. Freeport, ME.

Sederer, L. (October, 2012) *Trauma and Adversity in Childhood: History Need Not Be Destiny.*
Huffington Post. (online).

Brendtro, et al. (2009). Deep Brain Learning: Pathways to Potential With Challenging Youth.
Circle of Courage Institute and Starr Commonwealth.

More ACEs / Trauma Information & Resources

LaSalle School: www.lasalle-school.org/videos/aces-trauma-and-response

Alliance: www.alliance1.org/change-in-mind/brain-science-resources

Centers for Disease Control: www.cdc.gov/ace/index.htm

National Child Traumatic Stress Network: <http://www.nctsn.org>

Ace Response: www.aceresponse.org

Aces Too High: ACESToohigh.com

Center on the Developing Child, Harvard University: developingchild.harvard.edu