

Impact of Childhood Trauma on Health

Adverse Childhood Experiences and Resilience



Dr. Allison Sampson-Jackson, LCSW, LICSW, CSOTP

Integration Solutions, Inc.

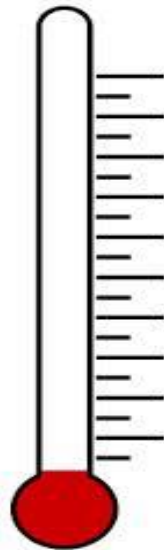
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Engaging the Whole Brain

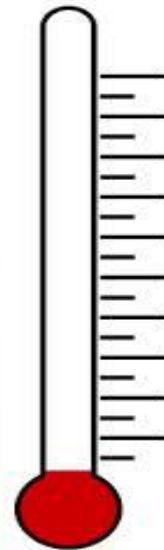
Oscillation every 90 minutes

0-10



Before Brain Gym

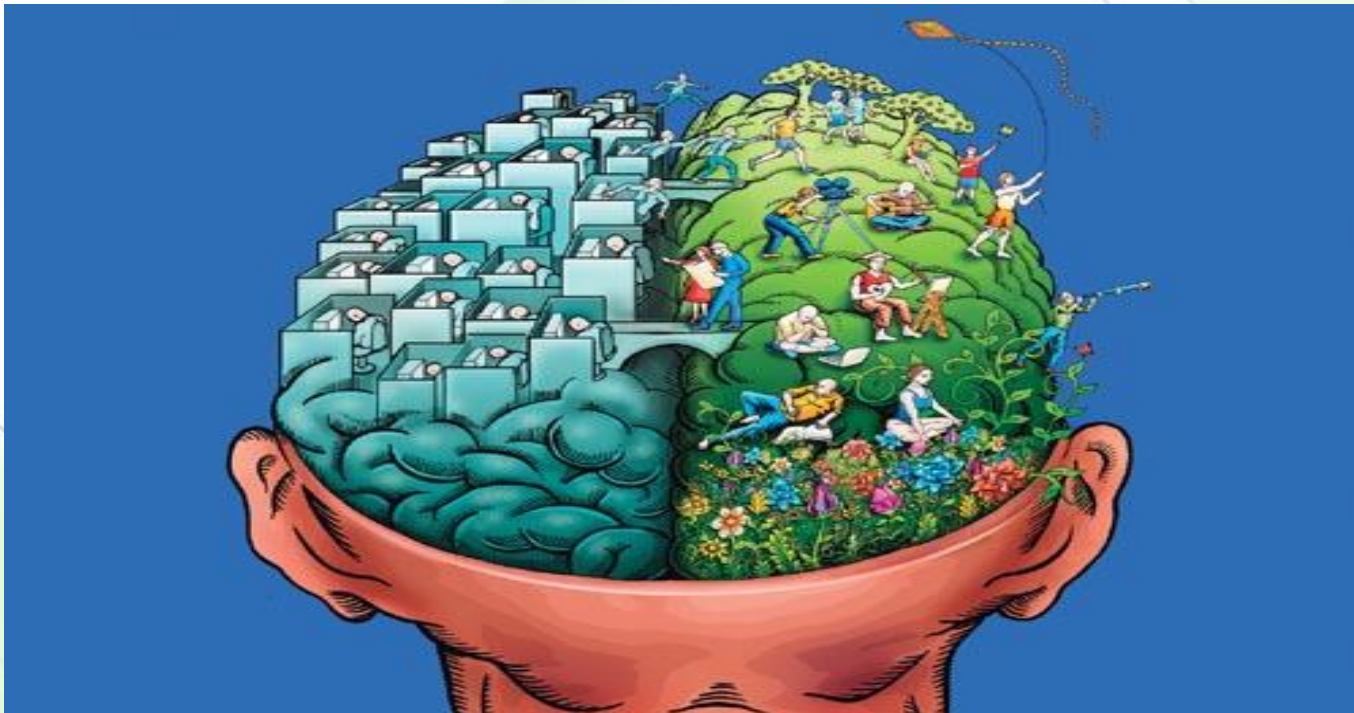
0-10



After Brain Gym

<http://www.lisaferentz.com>

Impact to Right and Left Hemisphere Talk



Left Right Brain Conflict

BLUE YELLOW BLACK
RED BLUE ORANGE
GREEN PURPLE RED
BLACK RED ORANGE
GREEN BLUE BLACK
RED PURPLE YELLOW

Self-Care Alert!

- Step out and take a break
- Talk to someone you trust
- Do something relaxing

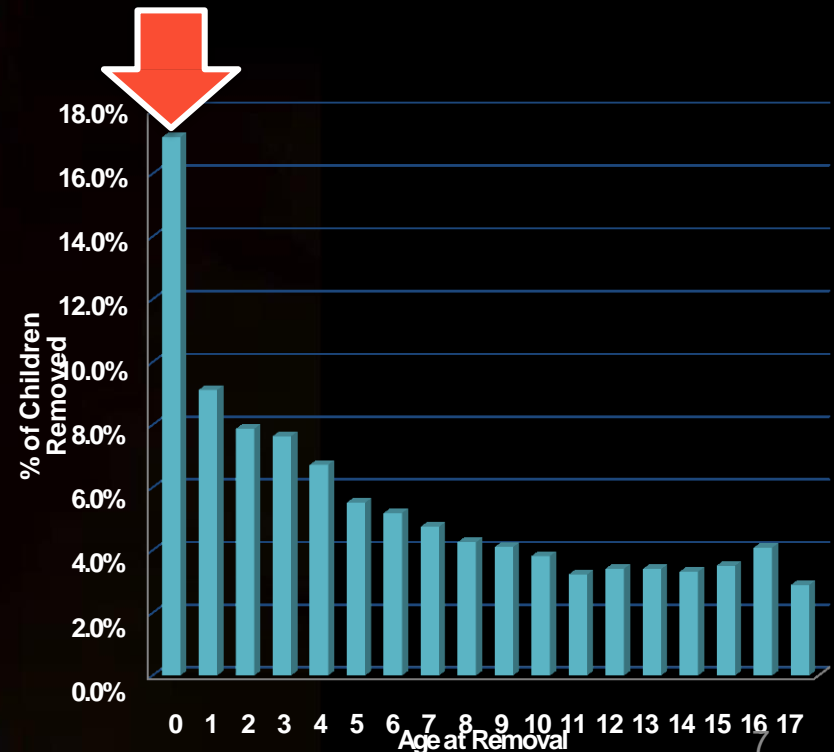





**WHAT IS TRAUMA ?
WHY DOES IT MATTER?**

First 1000 Days is most vulnerable time for child maltreatment:

51% abused are ages 0-5



A photograph showing a female pediatrician with dark hair in a ponytail, wearing blue scrubs and a stethoscope, leaning over a young child. A male doctor in a light blue shirt and dark tie is also leaning over the child, using a stethoscope. The child is sitting up, looking slightly away from the camera. The background is a blurred clinical setting.

**The average
pediatrician will
see 2 – 4
children each
day with an ACE
score of 4+.**

American Academy of Pediatrics (2015)

**STOP
ACES**

violence abuse suicide crime
war murder assault disaster
sexual abuse family violence

TRAUMA

fear terror shame guilt
nervous haunting panic
avoidance disconnected
numbness powerlessness

normal reactions to abnormal events

There is healing and hope
after trauma. Ask for help.

Effects of Stress On Your Health

Toxic Stress

Poor Health



Defining Trauma

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

- SAMHSA definition 2014

Exposure to Violence in Childhood

46 million of 76 million children
are exposed to violence, crime and abuse each
year

Finkelhor, D., et al. (2010). Trends in childhood violence and abuse exposure: evidence from 2 national surveys. *Archives of Pediatric and Adolescent Medicine*, 164(3), 238–242.

223,400,000



317,572,282

ADVERSE CHILDHOOD EXPERIENCES



Adverse Childhood Experiences – A Primer Video

- Emotional abuse
- Physically abuse
- Sexual abuse
- Not loved, not important
- Poverty
- Using drugs/substances
- Separation/divorce
- Mother- interpersonal violence
- Substance abuse
- Mentally health diagnosis
- Prison

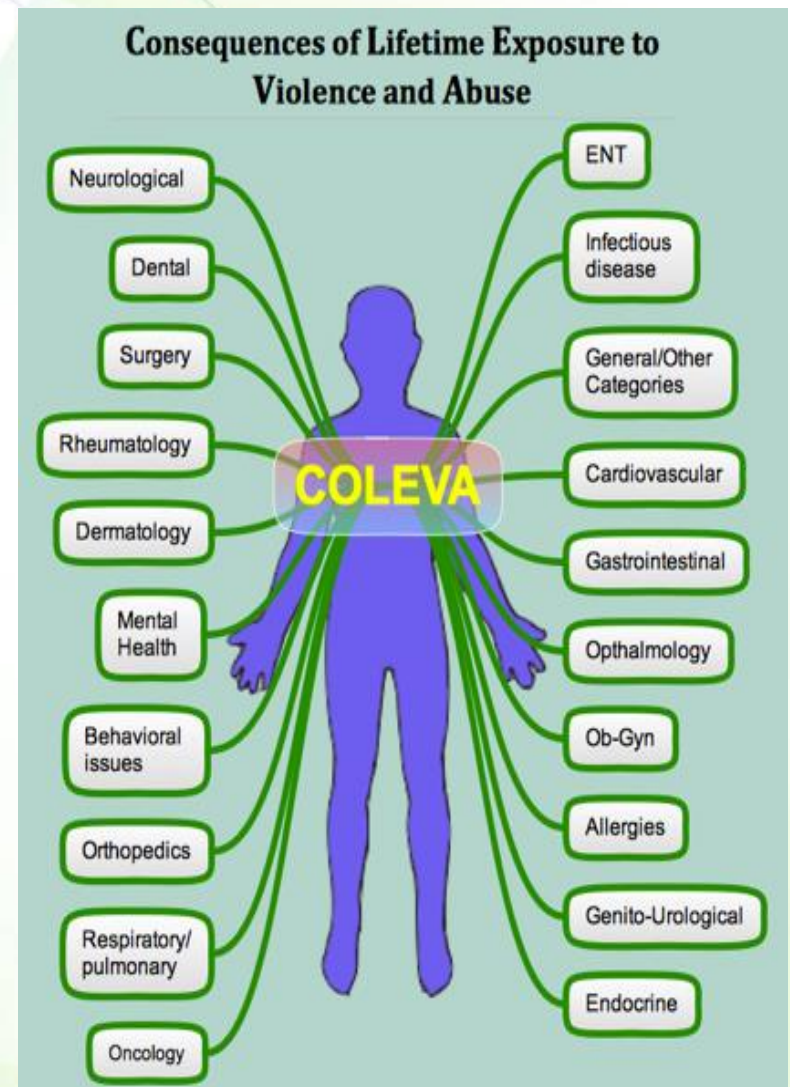
*Remember this is a research tool or for your personal reflection now, not intended to be read to someone and used independently as a screen

ALLOSTASIS, ALLOSTATIC LOAD

- “Allostasis refers to the way the brain and body respond to challenges or stresses: by reacting, adapting and then recovering.
- If the stress is extreme, negative and unrelenting, the brain and body pay a price.
- That accumulated wear-and-tear, called allostatic load, can cause chemical imbalances, accelerate certain diseases, and even alter brain structures. Genetics, early brain development, the social and physical environment, diet and other behaviors can all influence a person’s allostatic load.”

Hochman , A., & Stevens, J. (2016). *Community Resilience Cookbook*. Retrieved from Community Resilience Cookbook: <http://communityresiliencecookbook.org/>

- Alcoholism and alcohol abuse
- 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



Shift from an ACE Score of 0 to 4

Population Health

- **242% more likely to smoke**
- **222% more likely to become obese**
- **357% more likely to experience depression**
- **443% more likely to use illicit drugs**
- **1133% more likely to use injected drugs**
- **298% more likely to contract an STD**
- **1525% more likely to attempt suicide**
- **555% more likely to develop alcoholism**

ACEs Score: Adoption of At-Risk Health Behaviors

ACE Score	Risk
4	<ul style="list-style-type: none"> - 260% more likely to develop COPD - 500% more likely to develop alcoholism - Females are 500% more likely to become victims of domestic violence. - Females are almost 900% more likely to become victims of rape - 242% more likely to smoke - 222% more likely to become obese - 357% more likely to experience depression - 443% more likely to use illicit drugs - 1133% more likely to use injected drugs - 298% more likely to contract an STD - 1525% more likely to attempt suicide - 555% more likely to develop alcoholism
6	<ul style="list-style-type: none"> - 250% more likely to become adult smoker - A male child with an ACE score of 6 has a 4,600% increase in the likelihood that he will become an IV drug user later in life - More likely to die 20 years younger than a person with no ACEs
7	<ul style="list-style-type: none"> - Adult suicide attempts increased 3,000% - Childhood and adolescent suicide attempts 5,100% - 5,000% more likely to develop hallucinations - Increased the risk of suicide attempts 51-fold among children/adolescents - Increased risk of suicide attempts 30-fold among adults

Adverse Childhood Experiences Summary

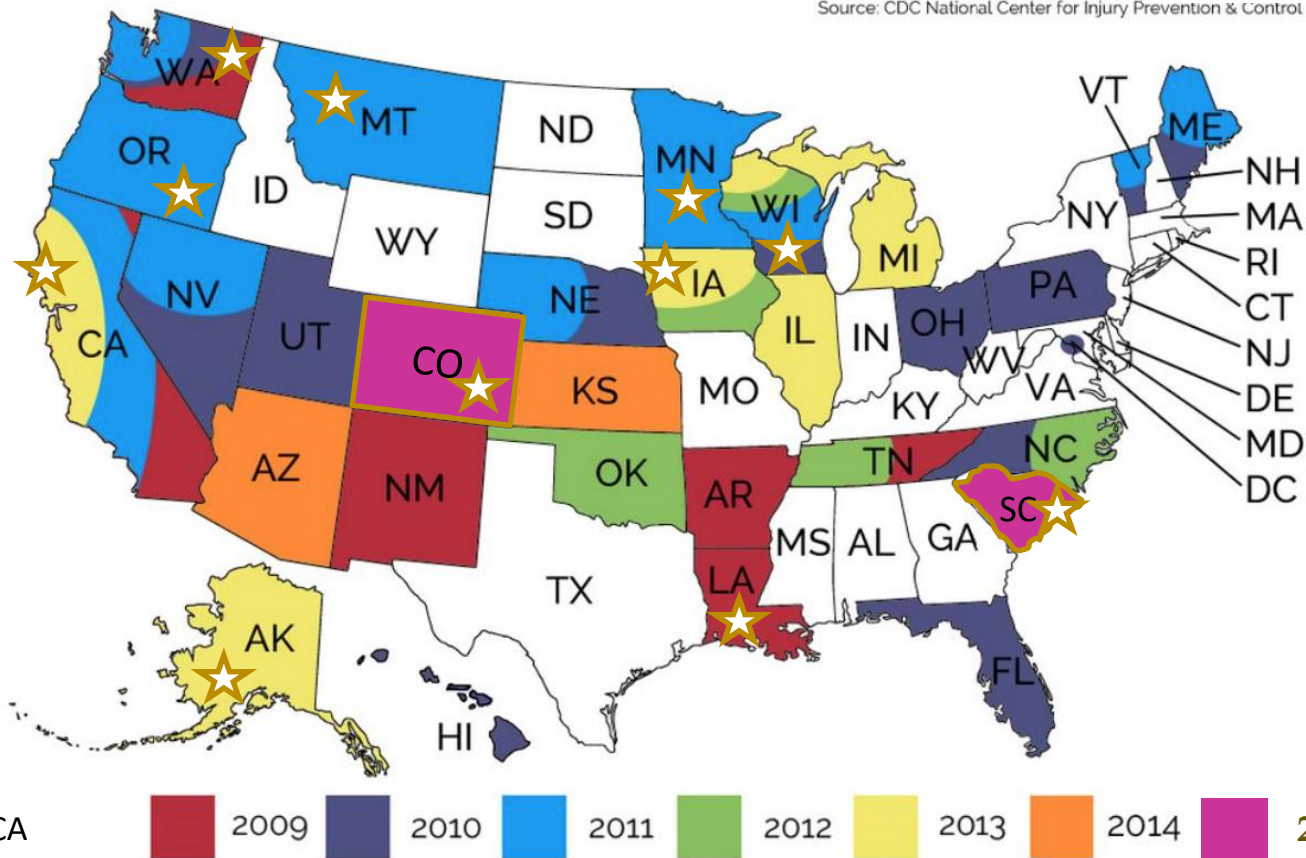
- A whopping two thirds of the 17,000 people in the original ACEs Study had an ACEs score of at least one - 87 percent of those had more than one
- Eighteen states have done their own ACEs surveys; their results are similar to the CDC's ACE Study
- Virginia Department of Health has elected for Virginia to begin gathering ACEs data with the Behavioral Risk Factor Surveillance System (BRFSS) in 2016
<http://www.cdc.gov/brfss/>

“Stress can literally make people sick. What happens at home in the early years—and into adolescence and early adulthood—affects health across the lifespan.”

Hochman , A., & Stevens, J. (2016). *Community Resilience Cookbook*. Retrieved from Community Resilience Cookbook: <http://communityresiliencycookbook.org/>

States Collecting ACEs Data 2009 - 2015

Source: CDC National Center for Injury Prevention & Control

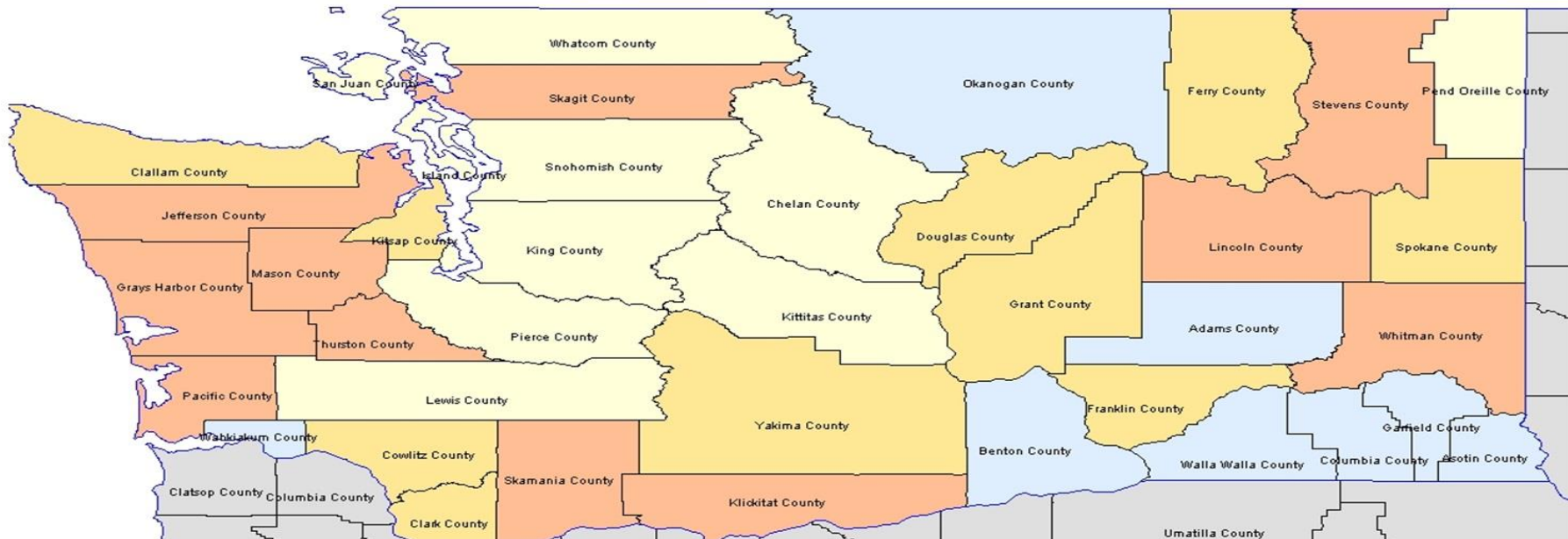


ACE Interface
Master Trainers
Active in 2016
 Minnesota
 Wisconsin
 Alaska
 South Carolina
 Louisiana
 Washington
 East Iowa
 Colorado
 Oregon
 Indiana
 Sonoma County, CA

BRFSS Data in Washington Example



PREVALENCE OF 6-8 ACES AMONG WASHINGTON ADULTS AGE 18-44



Alignment Legend

- 1 Lowest 6-8 ACE 18-44
- 2 Lower than Median
- 3 Higher than Median
- 4 Highest 6-8 ACE 18-44

<http://www.tulalipnews.com/wp/2014/09/03/adverse-childhood-experiences-aces-chronic-health-and-addiction-in-indian-country/>

Studies estimate that child abuse costs the United States
\$220 million every day

Cost of placing youth in juvenile justice facilities; states
spend \$5.7 billion each year.

⁷ Gelles, R.J., & Perlman, S. (2012, April). *Estimated Annual Cost of Child Abuse and Neglect*. Retrieved from

[https://www.preventchildabusenc.org/assets/preventchildabusenc/files/\\$cms\\$/100/1299.pdf](https://www.preventchildabusenc.org/assets/preventchildabusenc/files/cms/100/1299.pdf)

⁸ Justice Policy Institute. (2009, May). *The Costs of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense*. Retrieved from

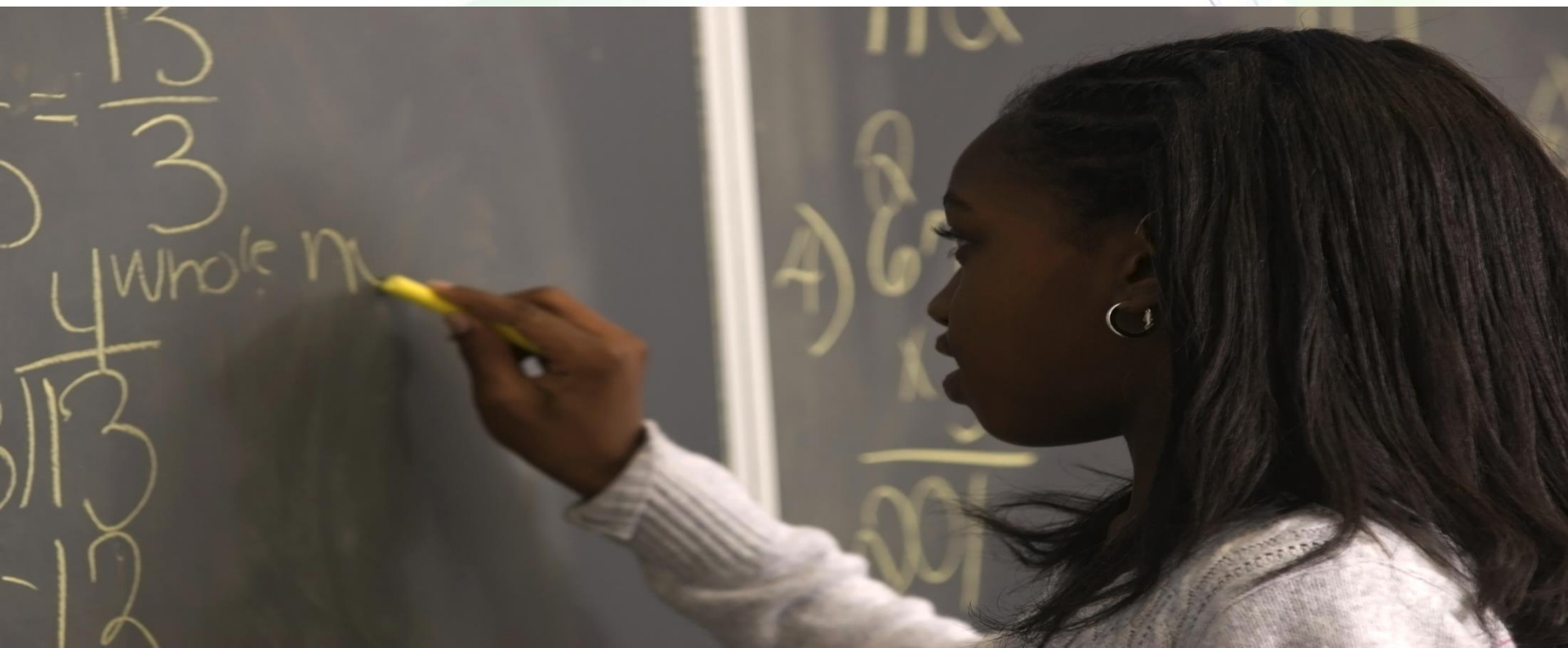
http://www.justicepolicy.org/images/upload/09_05_rep_costsofconfinement_jj_ps.pdf

1 year of violence=
124 billion dollars in
recovery costs



- The breakdown per child is: \$210,012
- \$32,648 in childhood health care costs
- \$10,530 in adult medical costs
- \$144,360 in productivity losses
- \$7,728 in child welfare costs
- \$6,747 in criminal justice costs
- \$7,999 in special education costs

Impact on Learning



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

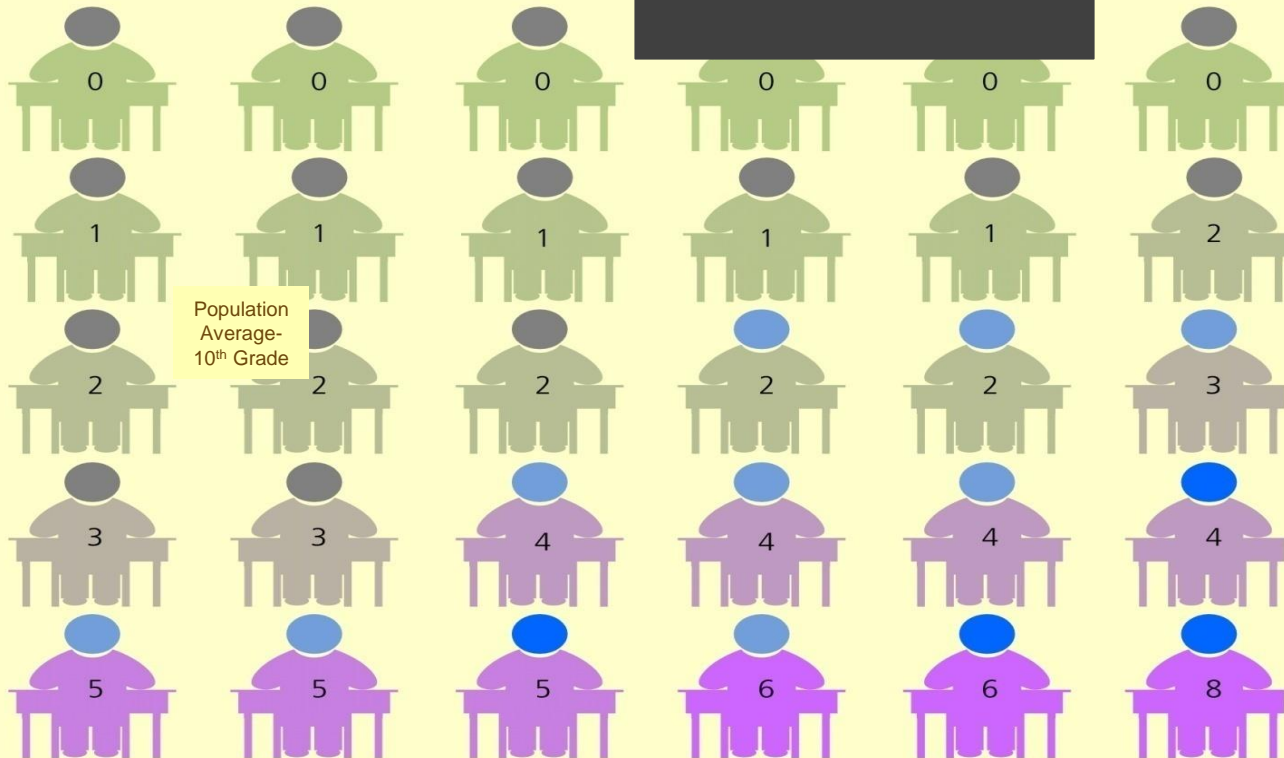
7 students with 4 or 5 ACEs

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

15% (5) of students exposed to physical violence



Trauma impacts learning and academic outcomes

- Decreased IQ and reading ability (Delaney-Black et al., 2003)
- Lower grade-point average (Hurt et al., 2001)
- More days of school absence (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Increased expulsions and suspensions (LAUSD Survey)

Suspension and Expulsion

- Attachment to school and peers is correlated with school success and reduces likelihood of disciplinary involvement
- Suspended students are twice as likely to drop out of school and three times as likely to have contact with the juvenile justice system



LEADING CHANGE
TRANSFORMING LIVES

2016 NASW NATIONAL CONFERENCE

JUNE 22-25, 2016
WASHINGTON, DC



Developing Trauma Informed Schools

Marleen Wong, Ph.D. LCSW

**Senior Associate Dean and Clinical
Professor**

University of Southern California

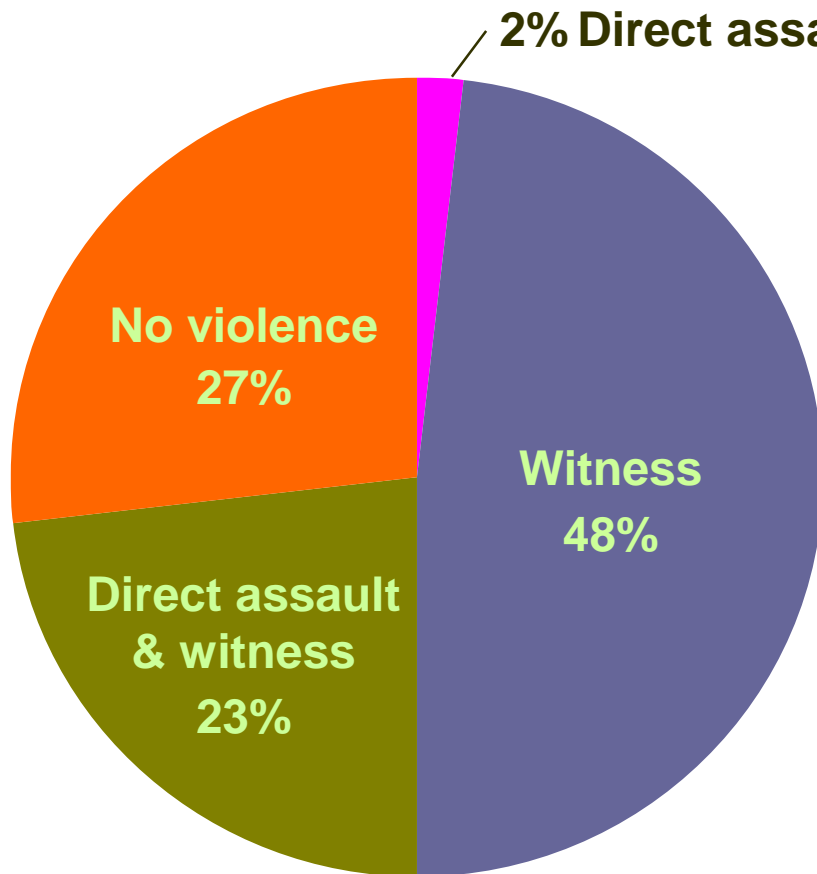
USC School of Social Work

**Principal Investigator,
USC/LAUSD/RAND/UCLA**

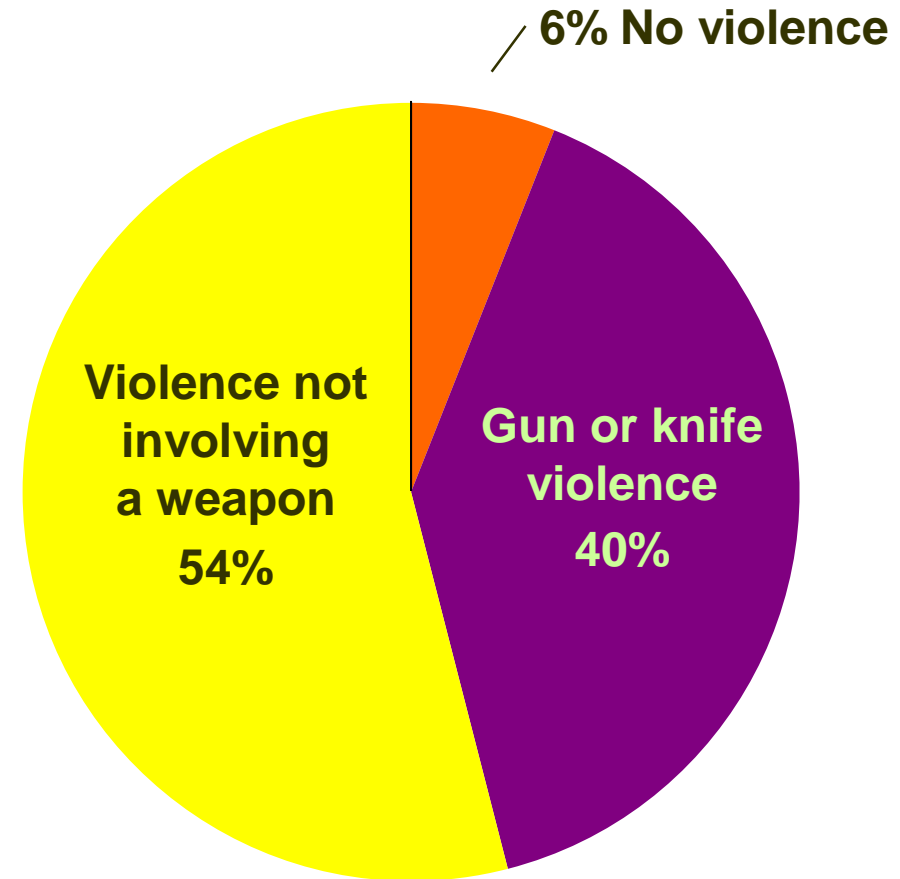
**Trauma Services Adaptation Center
for Resilience Hope and Wellness in
Schools and Communities**

National Child Traumatic Stress Network

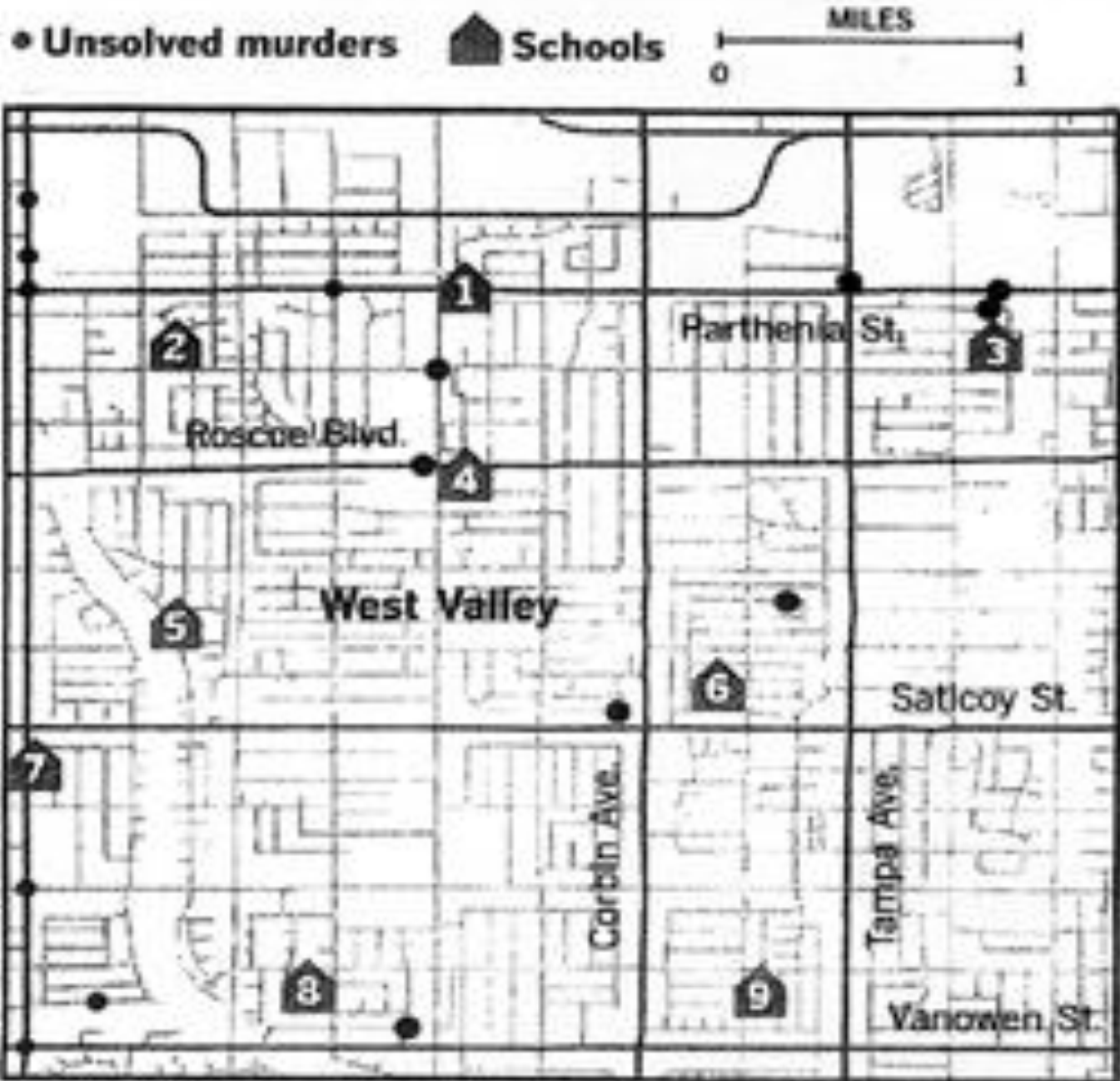
A Startling Number of Students Are Exposed to Violence

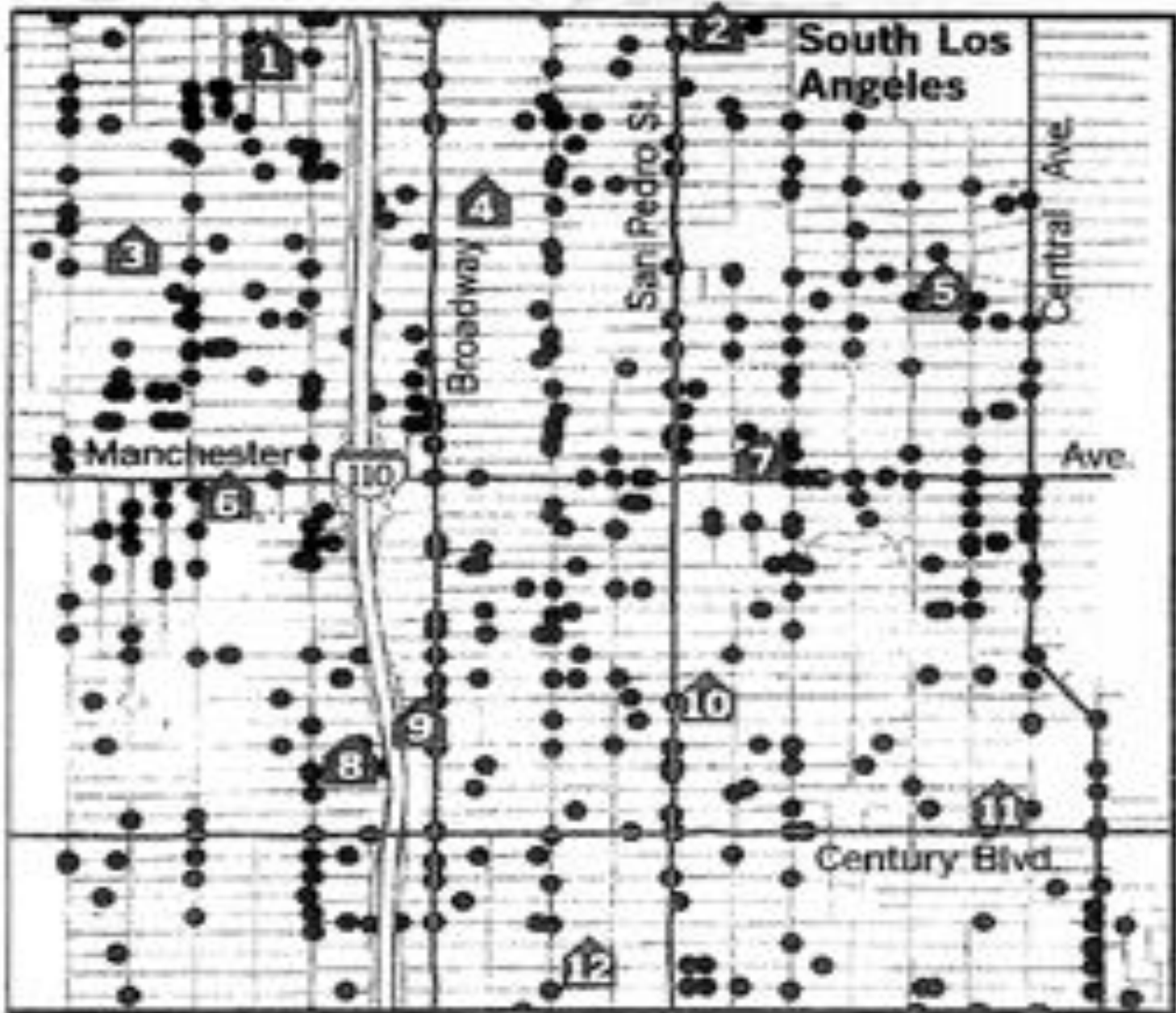


**National Survey of
Adolescents
1995**



**The LA Unified School District
6th-Grade Students, 2004**





* Blocks of 0.25 square miles or greater are not shown.

Sources: Los Angeles Police Department, U.S. Census Bureau, Los Angeles.



**LEADING CHANGE
TRANSFORMING LIVES**

2016 NASW NATIONAL CONFERENCE

**JUNE 22-25, 2016
WASHINGTON, DC**



Lawsuit v. Compton Unified

- Class Action Suit
- Plaintiffs are students in High School
- Filed in Federal Court in May 2015
- Civil Rights Action
- Complaint: No 504 Accommodations for Students with Complex Trauma

Marleen Wong PhD University of
Southern California

Impact of being in Child Welfare System for Foster Care Children

- 25% will be incarcerated within first 2 years of aging out of the system
- More than 20% will become homeless
- Only 58% will have a High School Diploma
- Less than 3% will have a college education by age of 25
- Many will re-enter the system as parents
- For children under age of 5, increase likelihood of developmental delays 13-62% compared to 4-10%

1) Conradi, L. (2012) Chadwick Trauma Informed System Project p. 54

2) Leslie et. al. (2005). *Developmental and Behavioral Pediatrics* 26(3), 177-185



**WHAT ABOUT
ADULT IMPACT?**

Trauma and Adults

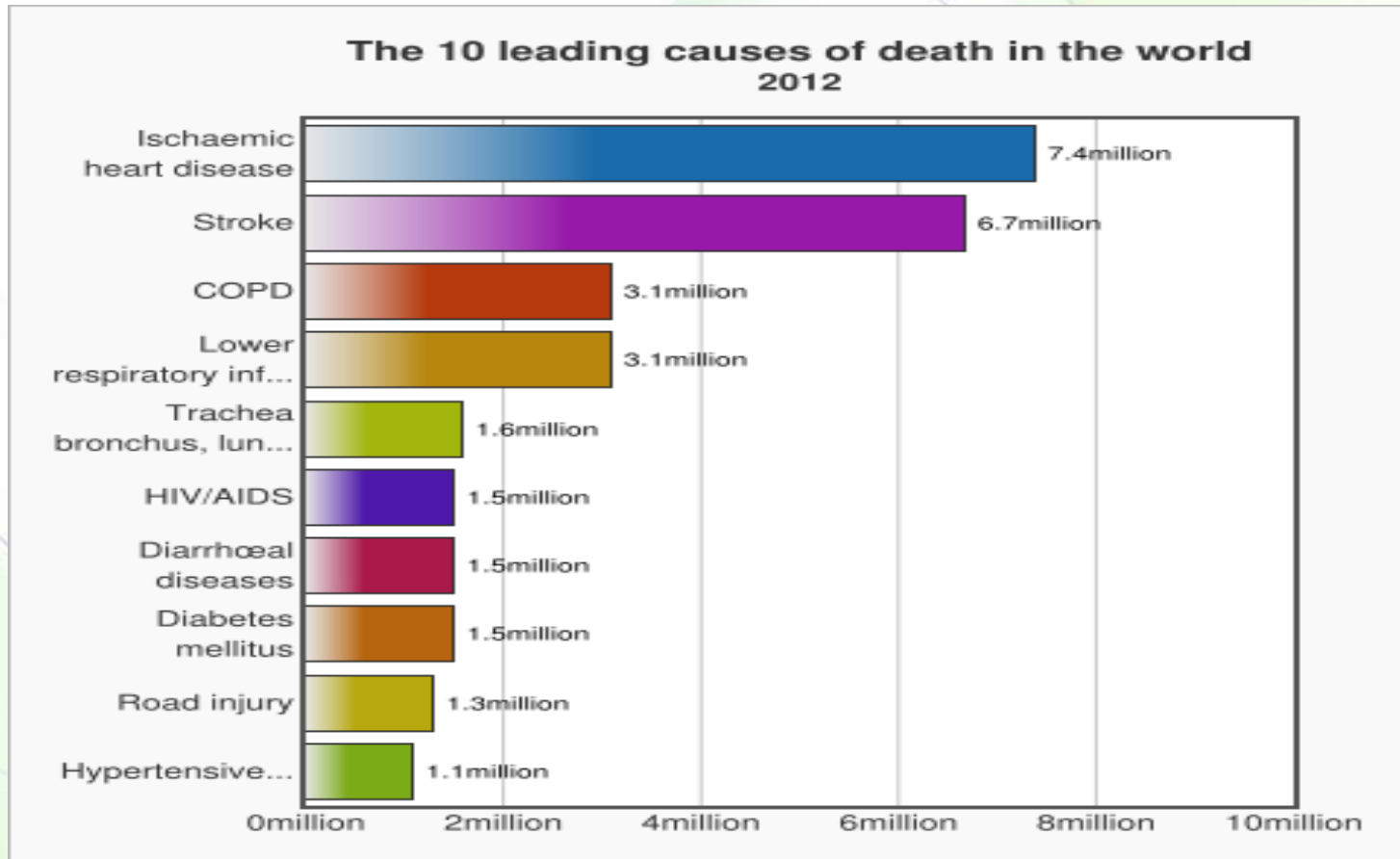
70% of adults in the U.S. have experienced
some type of traumatic event
at least once in their lives.

That's **223.4 million people.**

www.nationalcouncil.org

Trauma Infographic

ACEs and Leading Causes of Death Linked to 7 out of the 10



<http://www.who.int/mediacentre/factsheets/fs310/en/>

98%

of **female offenders**
have **experienced**
trauma, often
interpersonal trauma
and domestic violence



96%

of **adolescent**
psychiatric
inpatients
have histories of
exposure to trauma



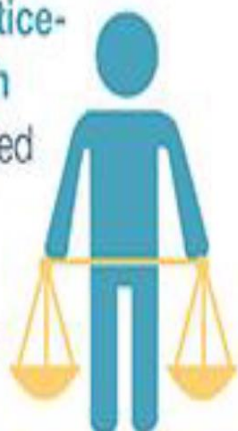
93%

of **homeless**
mothers have
a **lifetime history**
of **interpersonal**
trauma



90%

of **juvenile justice-**
involved youth
have experienced
trauma, often
multiple
traumas from
an early age



75%

of **adults** in
substance
abuse
treatment
report histories
of trauma



70%

of **children** in
foster care
have experienced
multiple traumas



ACEs and AAEs: Equivalents

- Adverse Childhood Experiences (ACEs)
 - (6 of the CDC 8): serious mental illness, substance abuse (alcoholic or illegal drugs), incarceration, parental divorce or separation, witnessing domestic violence, sexual violence [not include physical abuse, emotional abuse]
- Adult Adverse Experiences (AAEs)
 - serious mental illness, substance abuse, incarceration, divorce/separation/widowhood, partner victimization, and sexual victimization

Trajectories of Risk Groups

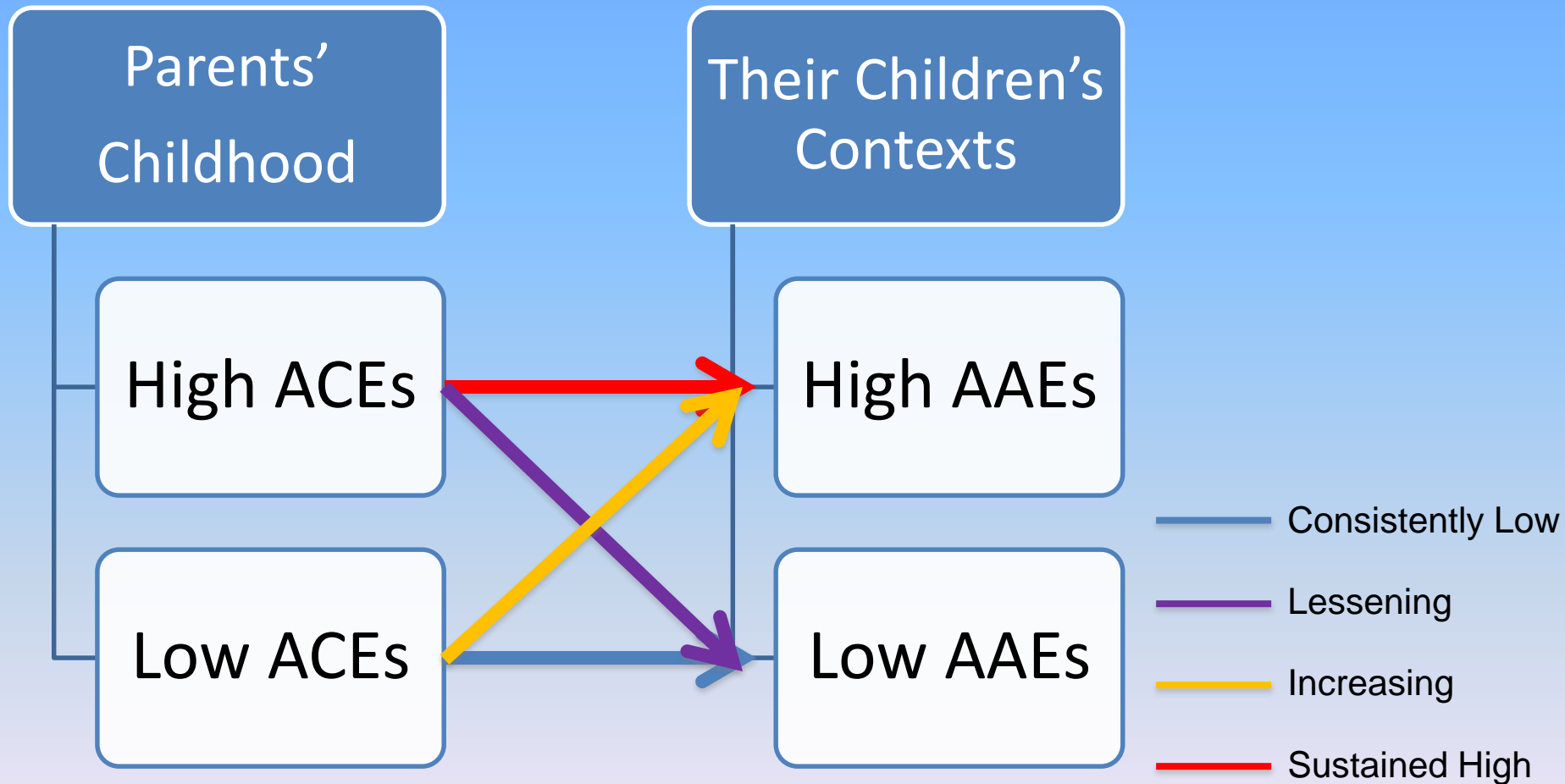
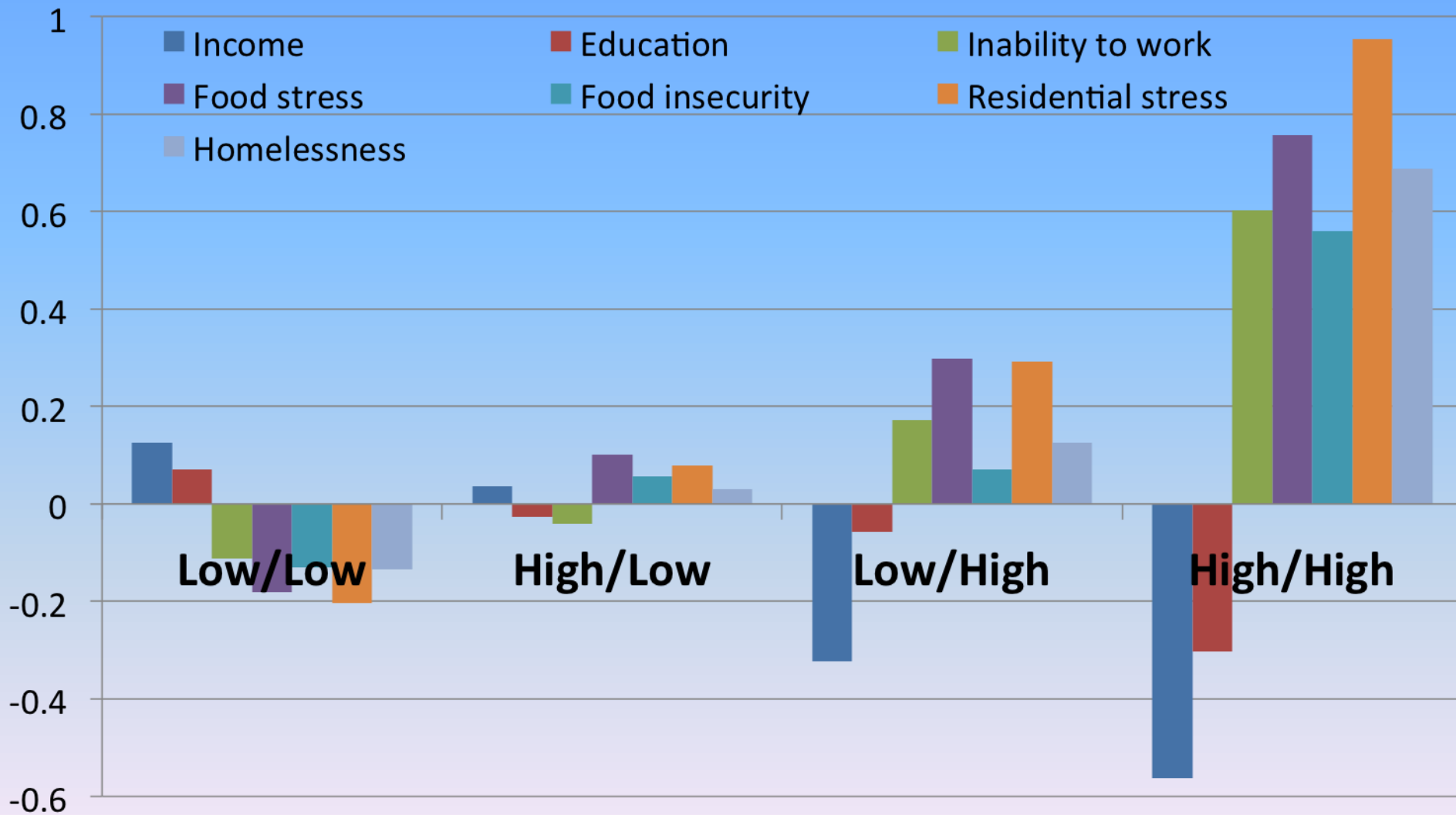
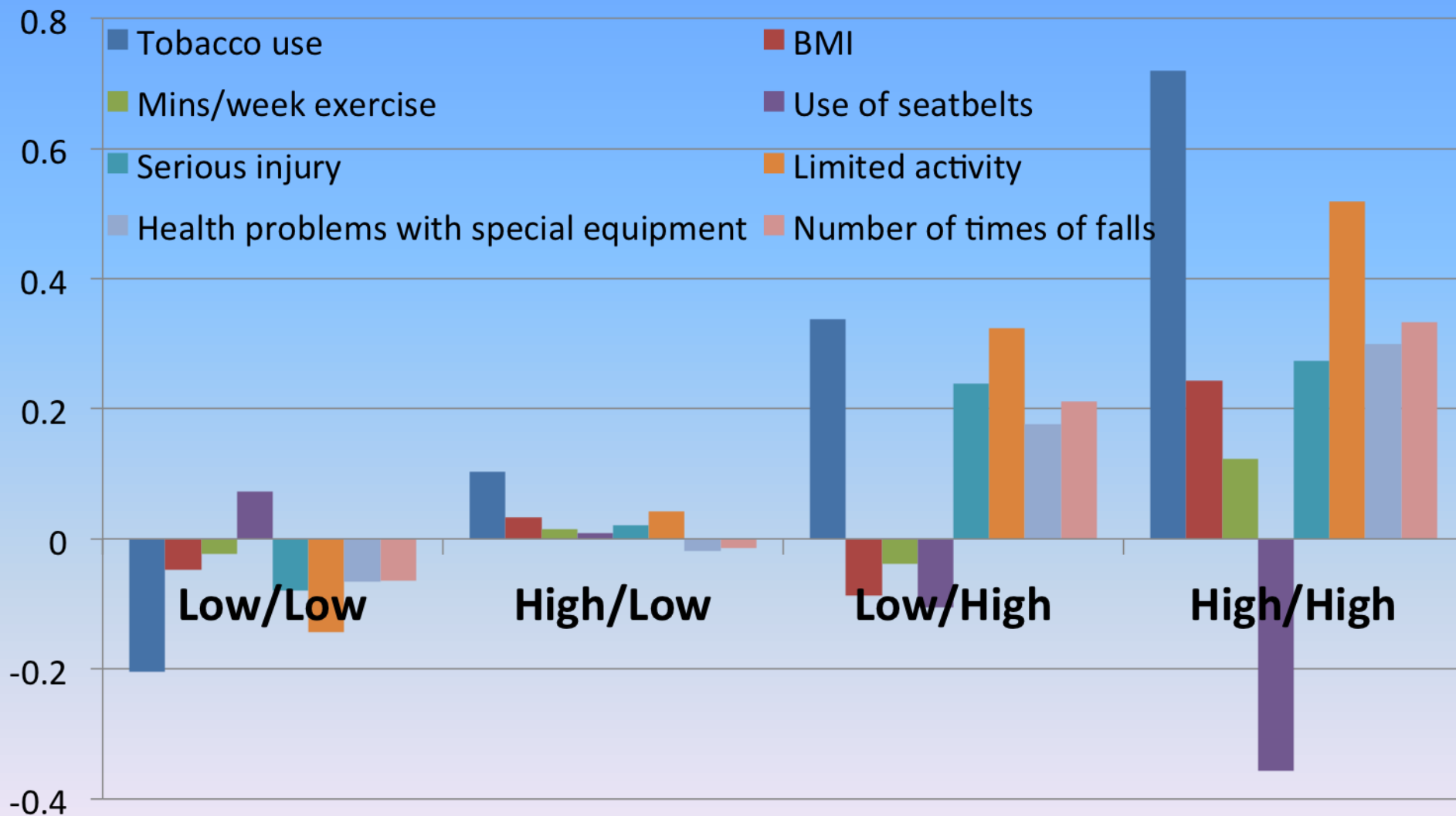


Figure 1. SES and Food/Housing Insecurity by Four Trajectories of Risk Groups



Note: All the indicators are standardized.

Figure 3. Health Behaviors and Disability by Four Trajectories of Risk Groups



Note: All the indicators are standardized.

Figure 4. Physical Health, Mental Health, and Child Risk by Four Risk Transmission Groups

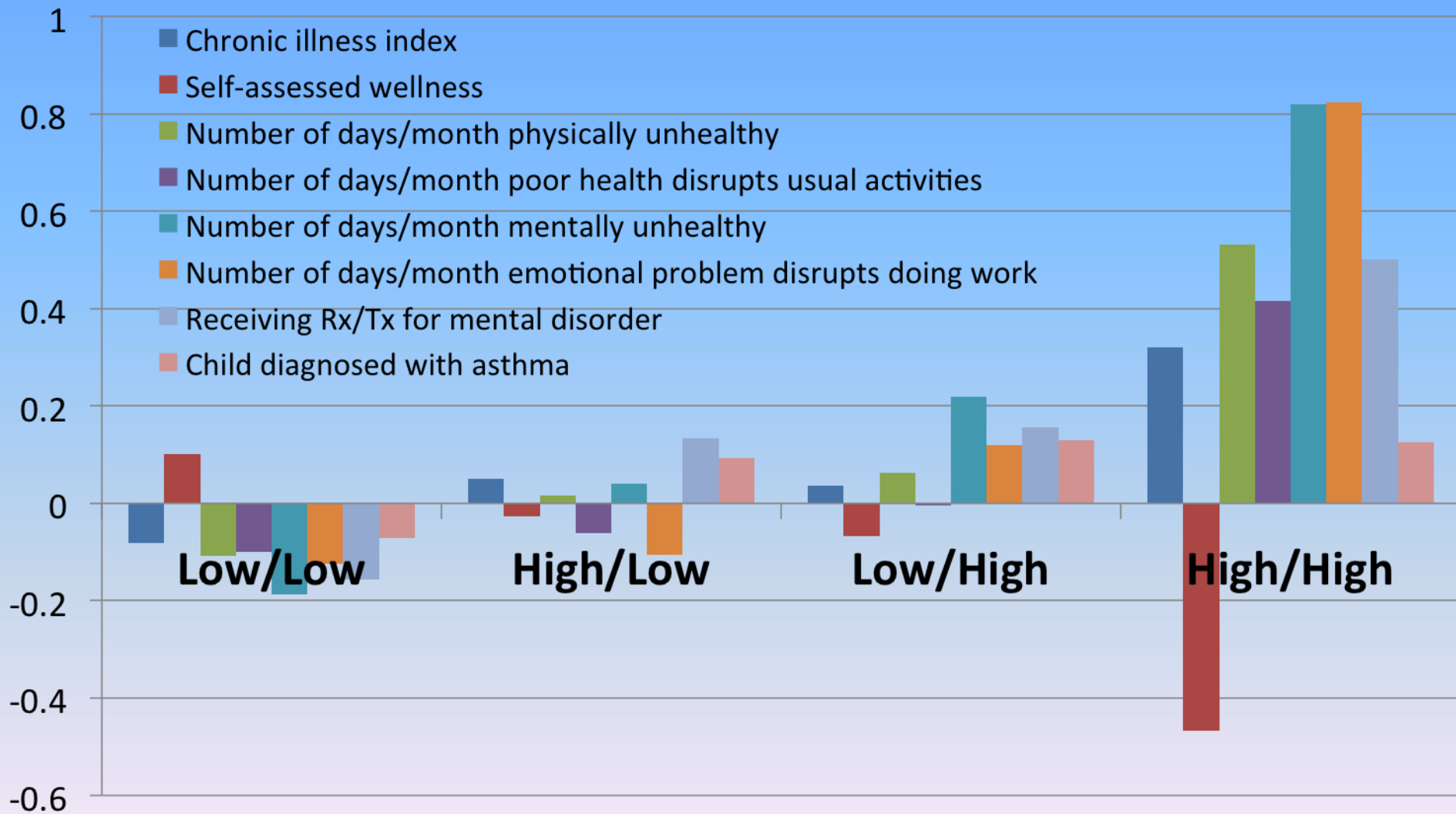
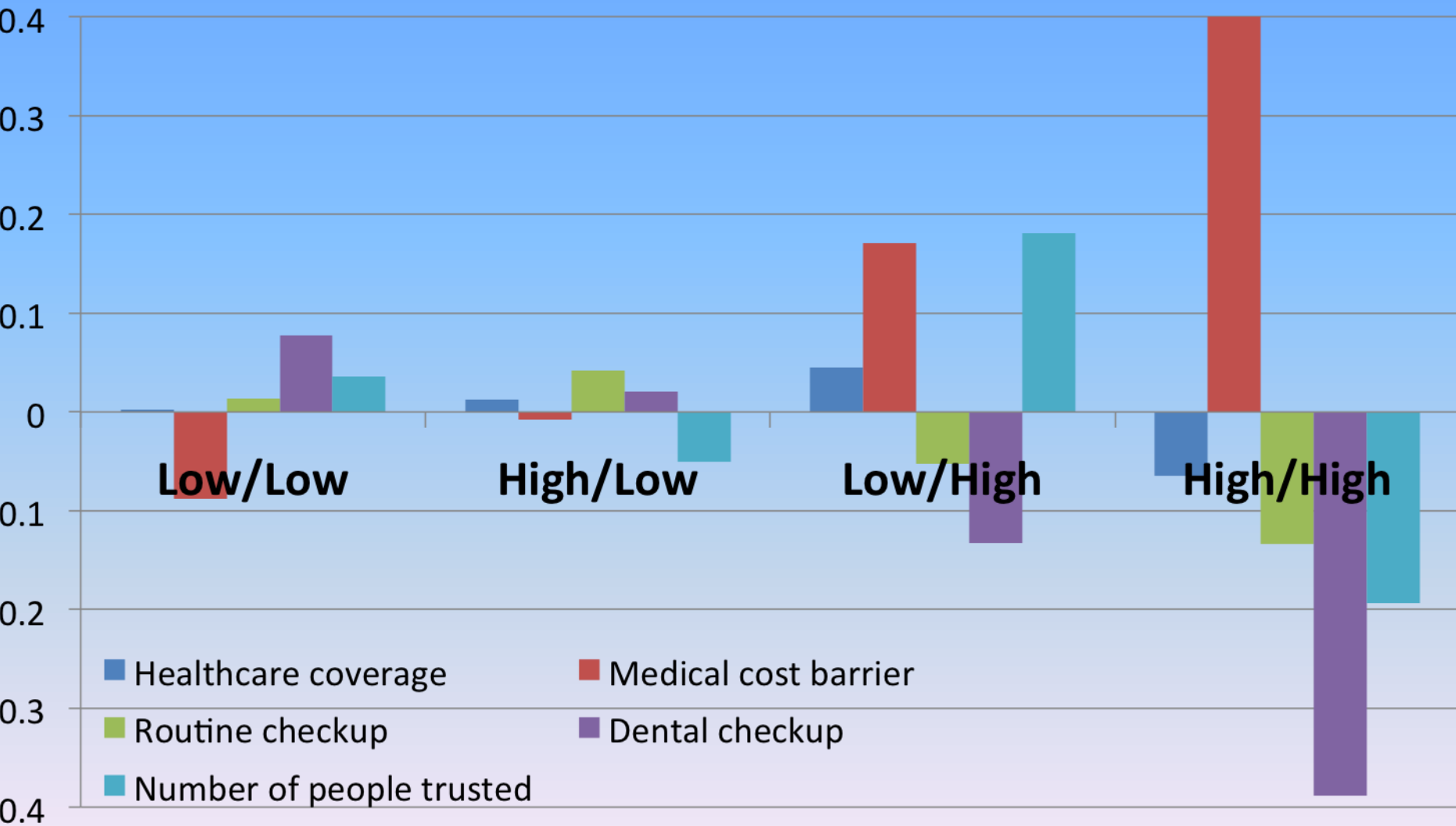


Figure 2. Health Care Access and Social Support by Four Trajectories of Risk Groups



What about our Service Men, Women and Families?



Military and ACEs

MEN

VOLUNTEER ERA:

Men with a history of military service had a significantly higher prevalence of ACEs in all 11 categories than men without a history of military service.

- Twice the prevalence of all forms of sexual abuse than their nonmilitary male peers
- Twice the prevalence of experiencing ACEs in 4 or more categories

DRAFT ERA: Not significant differences when compared to non-military men

Except in area of household drug use, in which men with a history of military service had a significantly lower prevalence than men without a history of military service

From: **Disparities in Adverse Childhood Experiences Among Individuals With a History of Military Service**
JAMA Psychiatry. 2014;71(9):1041-1048. doi:10.1001/jamapsychiatry.2014.724

From: Disparities in Adverse Childhood Experiences Among Individuals With a History of Military Service

JAMA Psychiatry. 2014;71(9):1041-1048. doi:10.1001/jamapsychiatry.2014.724

Table 2. Prevalence of ACEs Among Men by Military Service History and Era^a

ACE	All-Volunteer Era (n = 10 941) ^b			Draft Era (n = 12 910) ^c		
	Military Service History (n = 1586)	No Military Service History (n = 9355)	P Value	Military Service History (n = 6861)	No Military Service History (n = 6049)	P Value
Household mental illness	23.3 ^d	15.2	<.001	6.8	8.4	.07
Parental separation or divorce	38.5 ^d	25.9	<.001	13.9	12.1	.16
Household drug use	18.5 ^d	11.5	<.001	2.1 ^d	3.3	.003
Household alcohol abuse	34.3 ^d	19.4	<.001	17.1	16.1	.45
Household physical abuse	29.1 ^d	15.7	<.001	13.7	14.2	.70
Incarcerated household member	12.3 ^d	8.0	.02	2.3	2.2	.93
Exposure to domestic violence	27.3 ^d	13.8	<.001	12.1	12.0	.90
Emotional abuse	43.0 ^d	30.3	<.001	19.9	22.3	.09
Touched sexually	11.0 ^d	4.8	<.001	4.4	5.2	.32
Made to touch another sexually	9.6 ^d	4.2	<.001	3.1	3.6	.36
Forced to have sex	3.7 ^d	1.6	<.001	1.1	1.5	.24
Total No. of ACE categories						
0	26.6 ^d	42.3		53.5	52.4	
1	22.4	23.8		23.4	24.0	
2	14.4	12.2	<.001	11.3	11.7	.96
3	9.3	8.8		5.5	5.4	
≥4	27.3	12.9		6.3	6.5	

Abbreviation: ACE, adverse childhood experience.

^a Data are presented as weighted percentages of study participants.

^b Men 18 years old on or after 1973 (ages 18-55 years in 2010).

^c Men older than 18 years in 1973 (ages ≥56 years in 2010).

^d $P < .05$.

Table Title:

Prevalence of ACEs Among Men by Military Service History and Era^a

Military ACEs and Women

Volunteer Era:

Among women from the all-volunteer era, those with a history of military service had higher prevalence of the following than women without a history of military service.

- Physical abuse
- Exposure to domestic violence
- Emotional abuse
- Being touched sexually

Draft Era:

Larger proportions of women with a history of military service reporting the following than women without a history of military service:

- Physical abuse
- Exposure to domestic violence
- Emotional abuse

From: Disparities in Adverse Childhood Experiences Among Individuals With a History of Military Service

JAMA Psychiatry. 2014;71(9):1041-1048. doi:10.1001/jamapsychiatry.2014.724

Table 4. Prevalence of ACEs Among Women by Military Service History and Era^a

ACE	All-Volunteer Era (n = 16 135) ^b			Draft Era (n = 20 392) ^c		
	Military Service History (n = 426)	No Military Service History (n = 15 709)	P Value	Military Service History (n = 359)	No Military Service History (n = 20 033)	P Value
Household mental illness	27.5	23.9	.32	16.0	11.9	.27
Parental separation or divorce	27.7	28.9	.76	11.7	13.6	.54
Household drug use	17.0	13.3	.26	2.1	2.9	.60
Household alcohol abuse	33.9	26.8	.06	29.2	21.0	.052
Household physical abuse	29.1 ^d	18.7	.001	23.5 ^d	12.1	<.001
Incarcerated household member	6.0	7.2	.47	1.9	2.2	.78
Exposure to domestic violence	26.5 ^d	18.0	.009	19.2 ^d	11.8	.02
Emotional abuse	43.3 ^d	31.6	.004	30.8 ^d	20.0	.009
Touched sexually	25.9 ^d	16.0	.002	16.4	10.5	.06
Made to touch another sexually	15.8	11.8	.12	10.7	6.0	.08
Forced to have sex	10.2	6.9	.14	6.1	3.4	.19
Total No. of ACE categories						
0	30.7	37.4		41.4	52.3	
1	17.1	20.8		21.1	21.2	
2	12.3	13.0	.09	15.2	11.7	.06
3	11.6	8.5		6.6	6.1	
≥4	28.3	20.2		15.6	8.7	

Abbreviation: ACE, adverse childhood experience.

^a Data are presented as weighted percentages of study participants.

^b Women 18 years old on or after 1973 (ages 18-55 years in 2010).

^c Women older than 18 years in 1973 (ages ≥56 years in 2010).

^d $P < .05$.

Table Title:

Prevalence of ACEs Among Women by Military Service History and Era^a

Considerations for Children and Families

Indirect Effects of war
Direct Effects of war

The background image shows three children in a war-torn environment. A young girl in a red patterned dress stands on the left, looking towards the camera. In the center, a young boy in a grey shirt holds a white cup. To his right, a young woman in a red patterned dress looks down. They are standing in front of a large, dark, metallic object that appears to be a damaged piece of military equipment, possibly a tank or a large vehicle. The ground is dusty and there are some debris in the background.

Trauma, Loss, and Moral Injury: Applying the Lessons of Combat Psychiatry to the Care of Children and Families

National Child Traumatic Stress Network
Military Families Learning Community Webinar
19 October 2010



William P. Nash, M.D.
CAPT, MC, USN (Ret.)
Assistant Clinical Professor
Univ. of California, San Diego

VA Center of Excellence

Stress and Mental Health



Exposure of SMs and FMs to Trauma, Loss, and Moral Injury



	Trauma	Loss	Moral Injury
Service members	<ul style="list-style-type: none">• Near-death experiences• Serious physical injury• Witnessing death• Witnessing the aftermath of death	<ul style="list-style-type: none">• Death of comrades in arms• Loss of important parts of self• Loss of valued objects or surroundings• Loss of family	<ul style="list-style-type: none">• Killing• Complicity in atrocities• Being betrayed by leaders, organizations, or family members
Family members	<ul style="list-style-type: none">• Imagining all the above?• Living with serious physical injury?	<ul style="list-style-type: none">• Death of friends• Loss of valued objects or surroundings• Loss of family	<ul style="list-style-type: none">• Being betrayed by leaders, organizations, or family members• Failing in family responsibilities

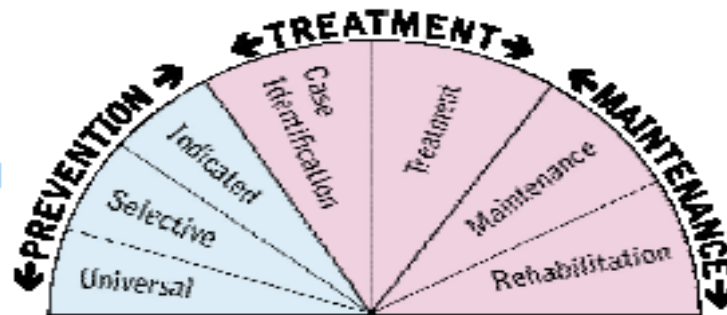


Intervention Opportunities: Prevention vs. Treatment

*VA Center of Excellence
Stress and Mental Health*

Institute of Medicine (IOM) Taxonomy for Mental Health Interventions
(Mrazek & Haggerty, 1994)

Prevention Interventions:
Target populations
with no or subclinical
symptoms



Treatment Interventions:
Target populations
with diagnosable
mental disorders

Three Levels of Prevention Interventions

Universal	Selective	Indicated
Everyone in a population (before or after exposure)	Subgroups of the population at heightened risk (e.g., deployed units)	Individuals identified to be suffering subclinical distress or impairment

**Best bang
for the
buck***

*Feldner, Monson,
& Friedman, 2007

NCTSN Resources

- https://www.nctsn.org/sites/default/files/resources//helping_military_children_with_traumatic_grief_parents.pdf
- https://www.nctsn.org/sites/default/files/resources//helping_military_children_with_traumatic_grief_educators.pdf

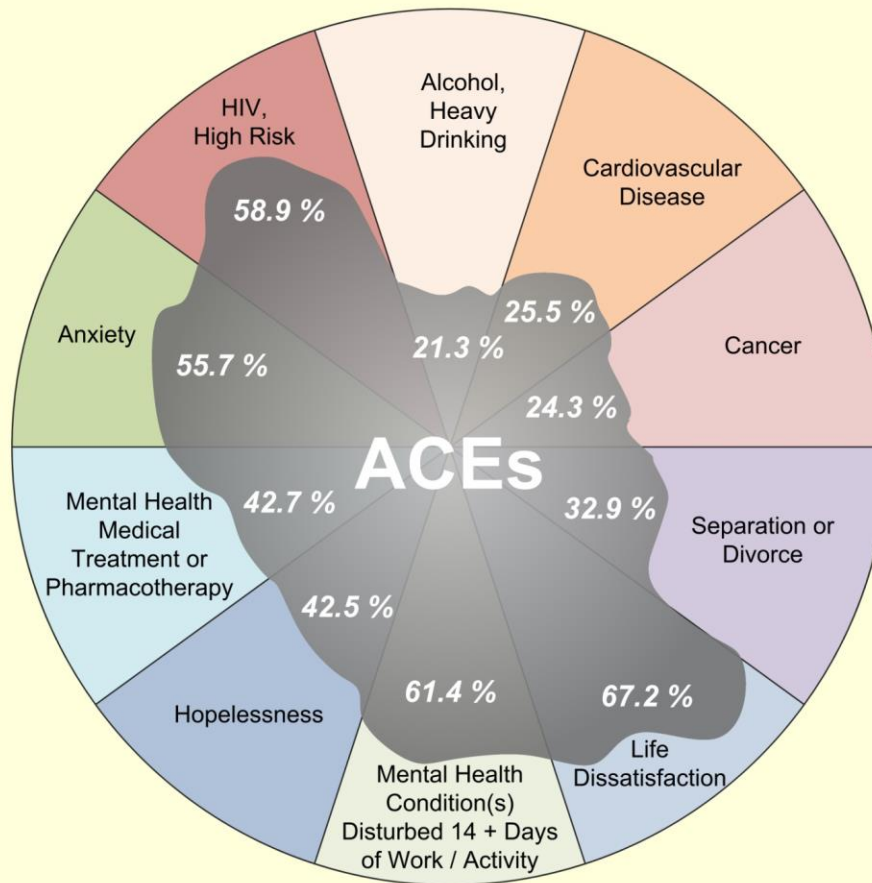
MILITARY AND VETERAN FAMILIES



POPULATION ATTRIBUTABLE RISK

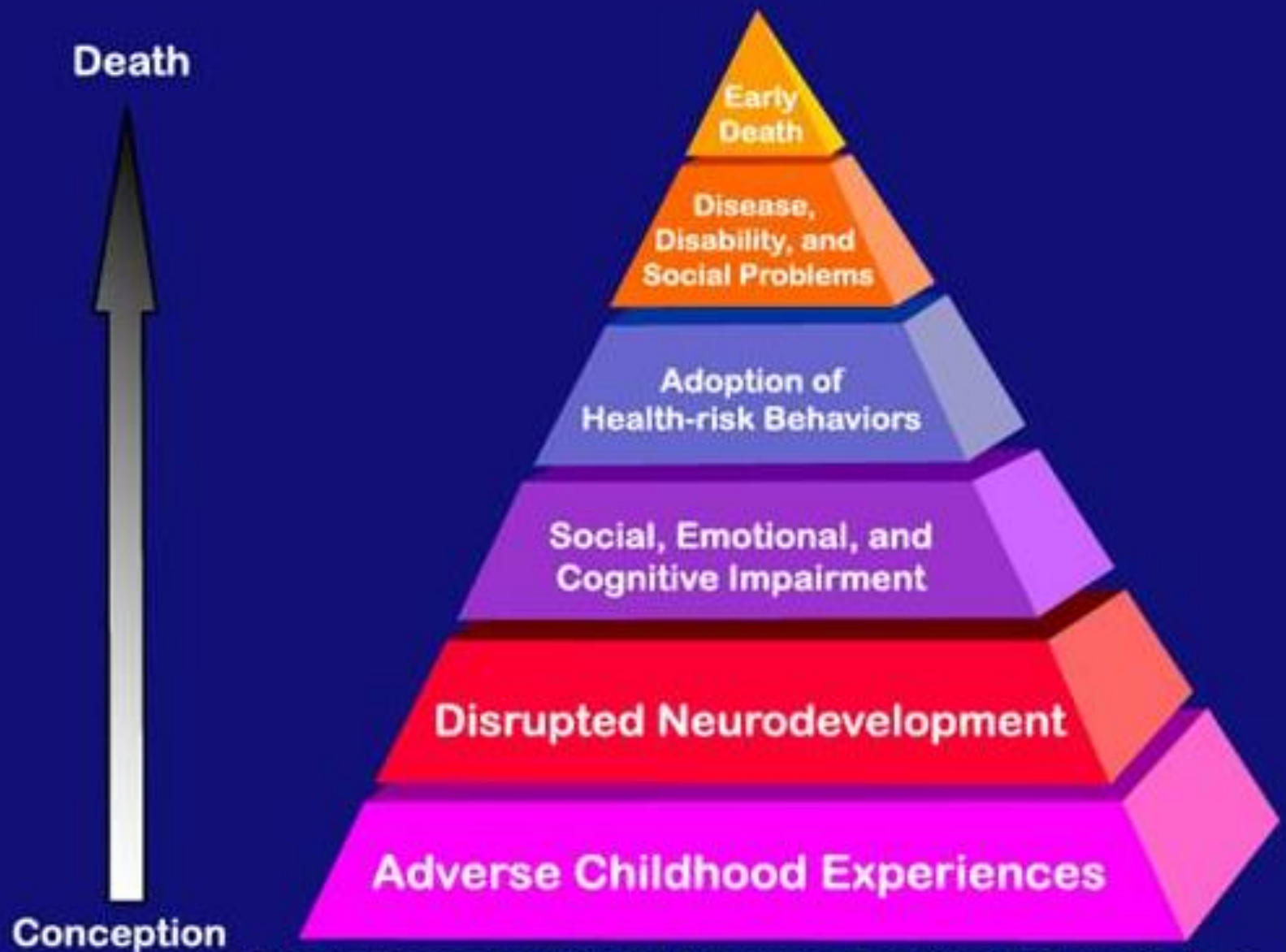
A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

ACE reduction reliably predicts a decrease in all of these conditions simultaneously.





TRAUMA'S IMPACT ON THE BRAIN



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Mirror Neurons

A **mirror neuron** is a neuron that fires both when an animal acts and when the animal observes the same action performed by another.

Thus, the neuron "mirrors" the behavior of the other, as though the observer were itself acting

Brains mirroring Social Experience



NORMAL

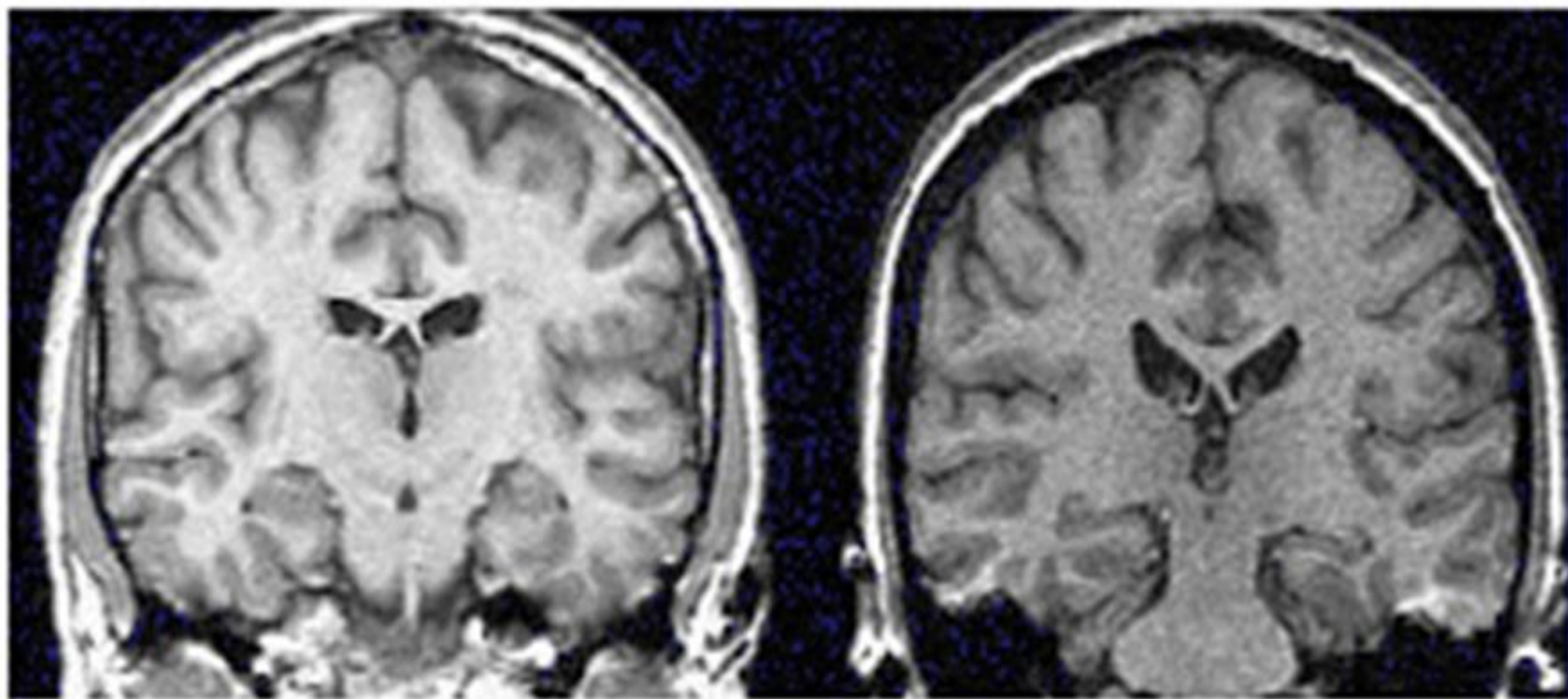


These are the brains of two three-year-old children. The image on the left is from a healthy child while the image on the right is from a Romanian orphan who suffered severe sensory deprivation. The right brain is smaller and has enlarged ventricles - holes in the centre of the brain. It also shows a shrunken cortex - the brain's outer layer.

EXTREME NEGLECT



PTSD IS A REAL PHYSICAL INJURY



REGULAR

PTSD

NOT A SOCIAL OR POLITICAL OPINION.

Handy Model

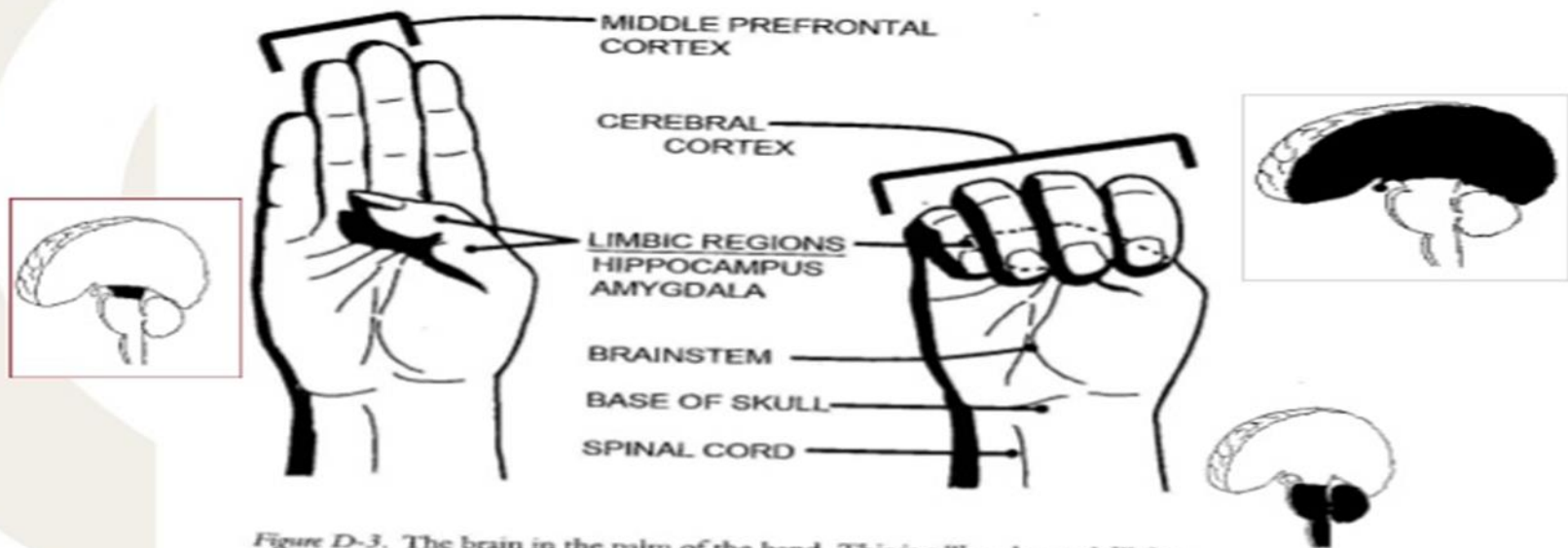
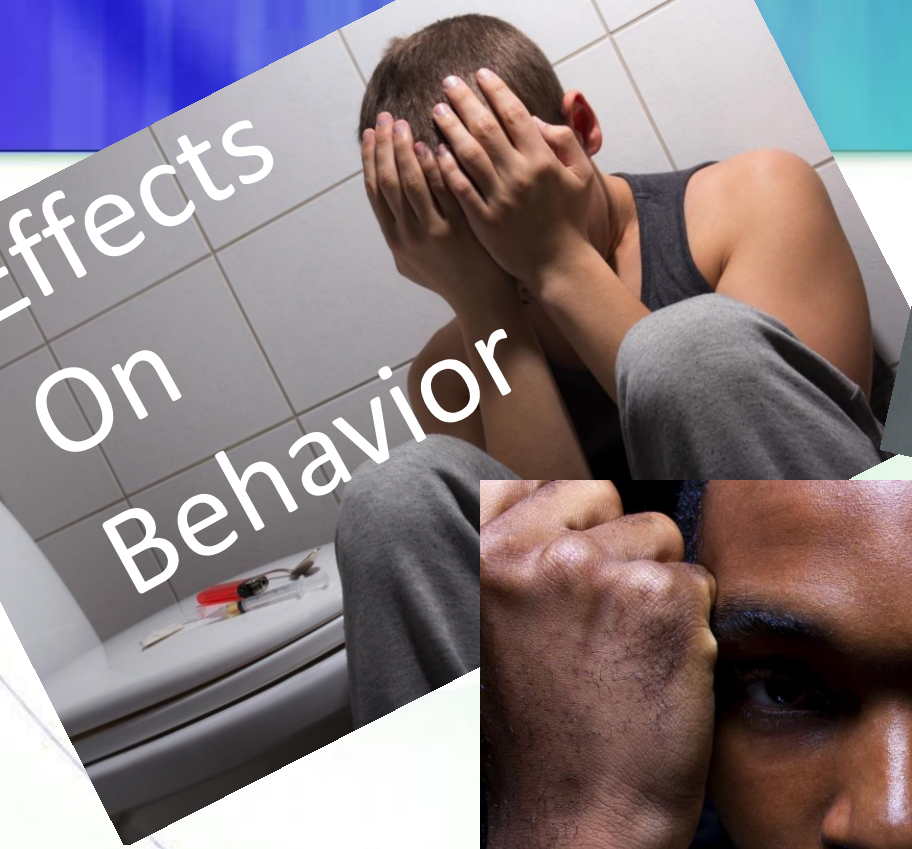
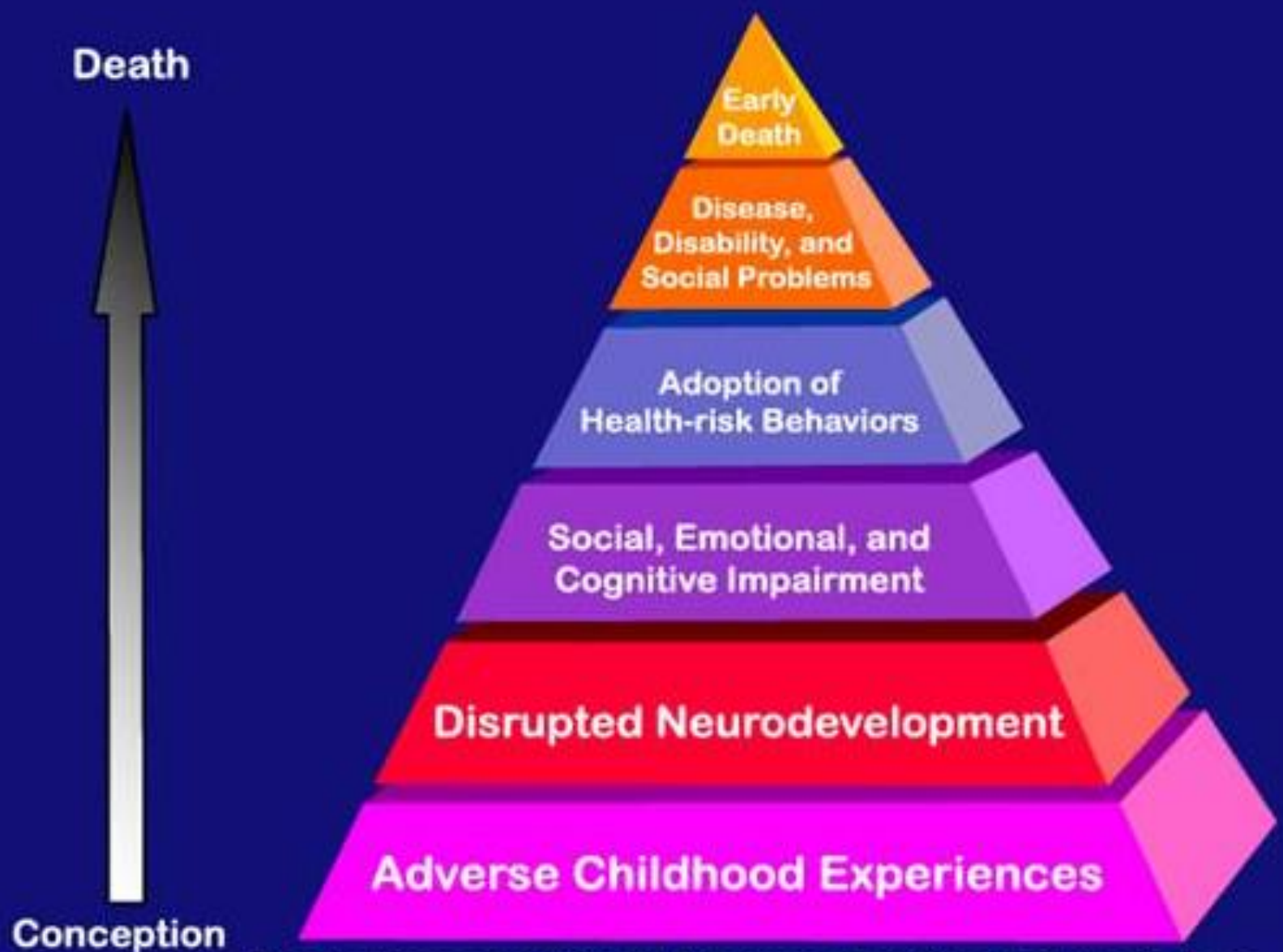


Figure D-3. The brain in the palm of the hand. This is a "handy model" that depicts the major regions of the brain: cerebral cortex in the fingers, limbic area in the thumb, and brainstem in the palm. The spinal cord is represented in the wrist. Please see text for explanation. Copyright © 2012 by Mind Your Brain, Inc. Used with permission by Daniel J. Siegel, M.D., from *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* (2012).



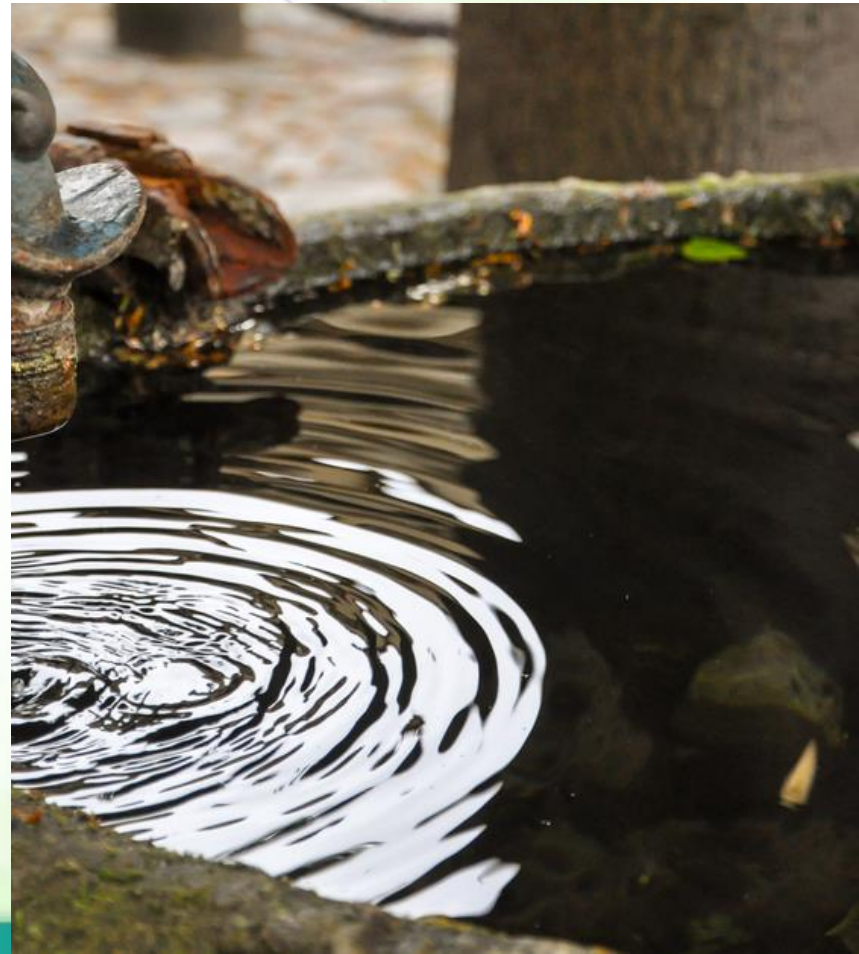


Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

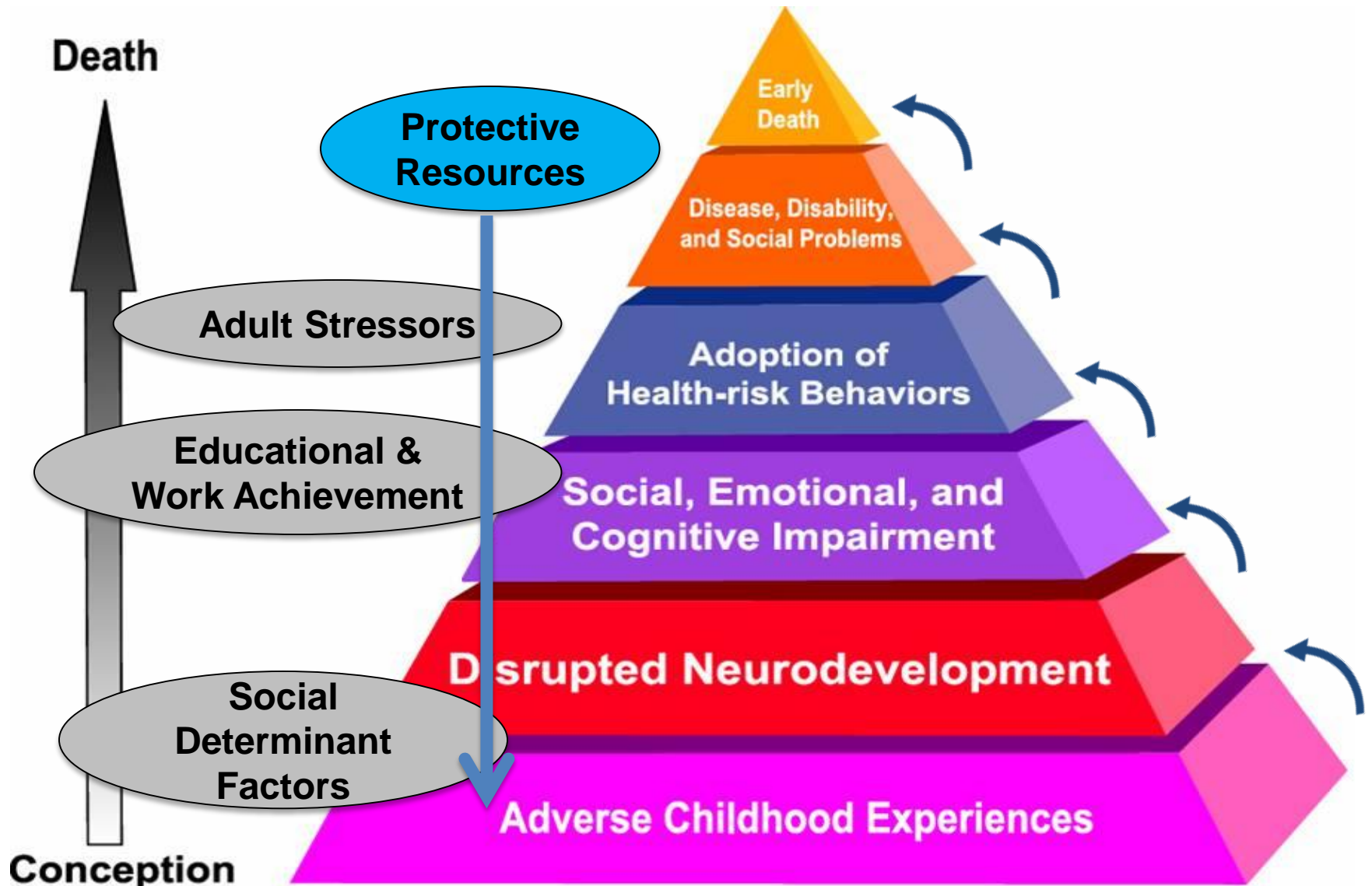
Respond to the need

Not react to the behavior

Do we go to the well ...
or react to the health risk behaviors?



Adding Context, Stress Proliferation, & Moderators (+/-) to ACE Influence on Lifespan Health and Functioning

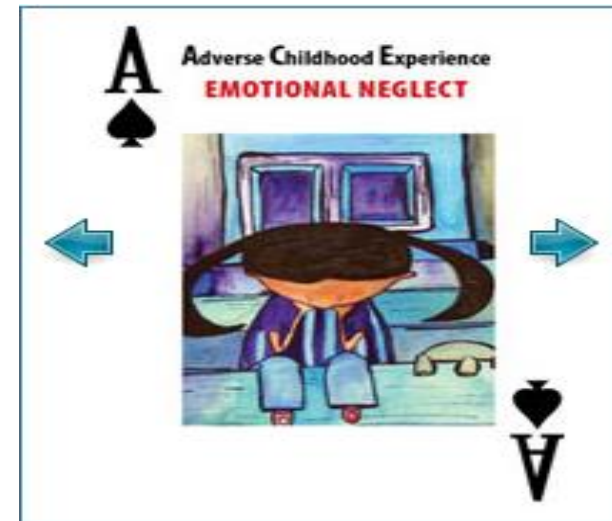


Resilience Trumps ACEs

Children's Resilience Initiative

Empowering community understanding of the forces
that shape us and our children

Website: www.resiliencetrumpsaces.org



From Trish Mullen, Chesterfield Community services Board

Community Resilience

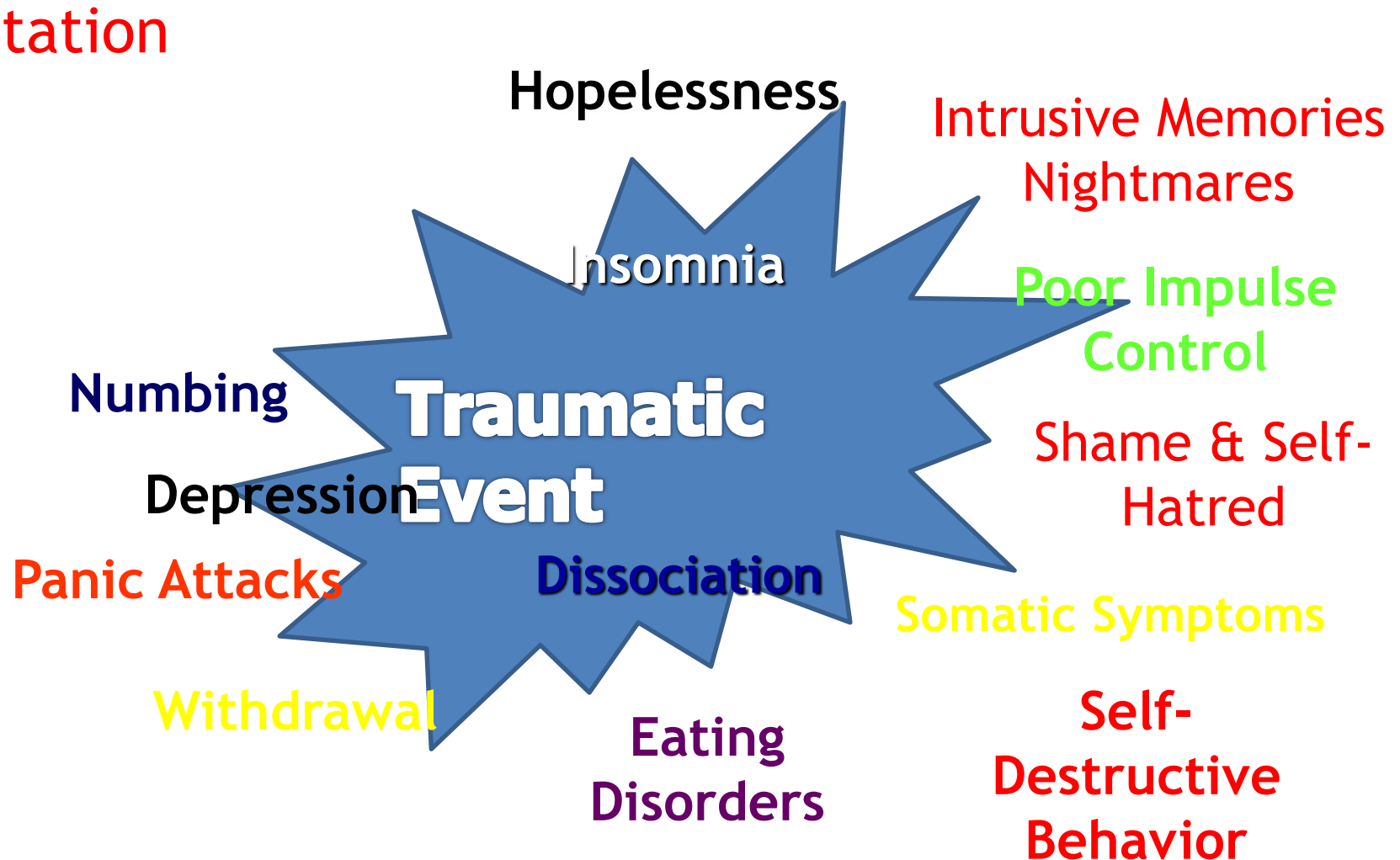
**TURN
KNOWLEDGE
INTO
ACTION**



Building Coping Skills for Persons with Complex Trauma

Emotional Agility and Resilience

Chasing Behaviors



You may

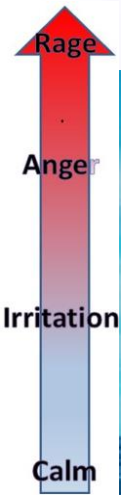
know me...

but you have no idea
WHO I AM

Phases of Behavior



KNOWN TO OTHERS



At Risk
Observable
Behavior



Peak
Disinhibition
or
Rage

Violence

Aggression

Agitation

Slow at risk
behaviors

Recovery

Trigger

Baseline Behavior

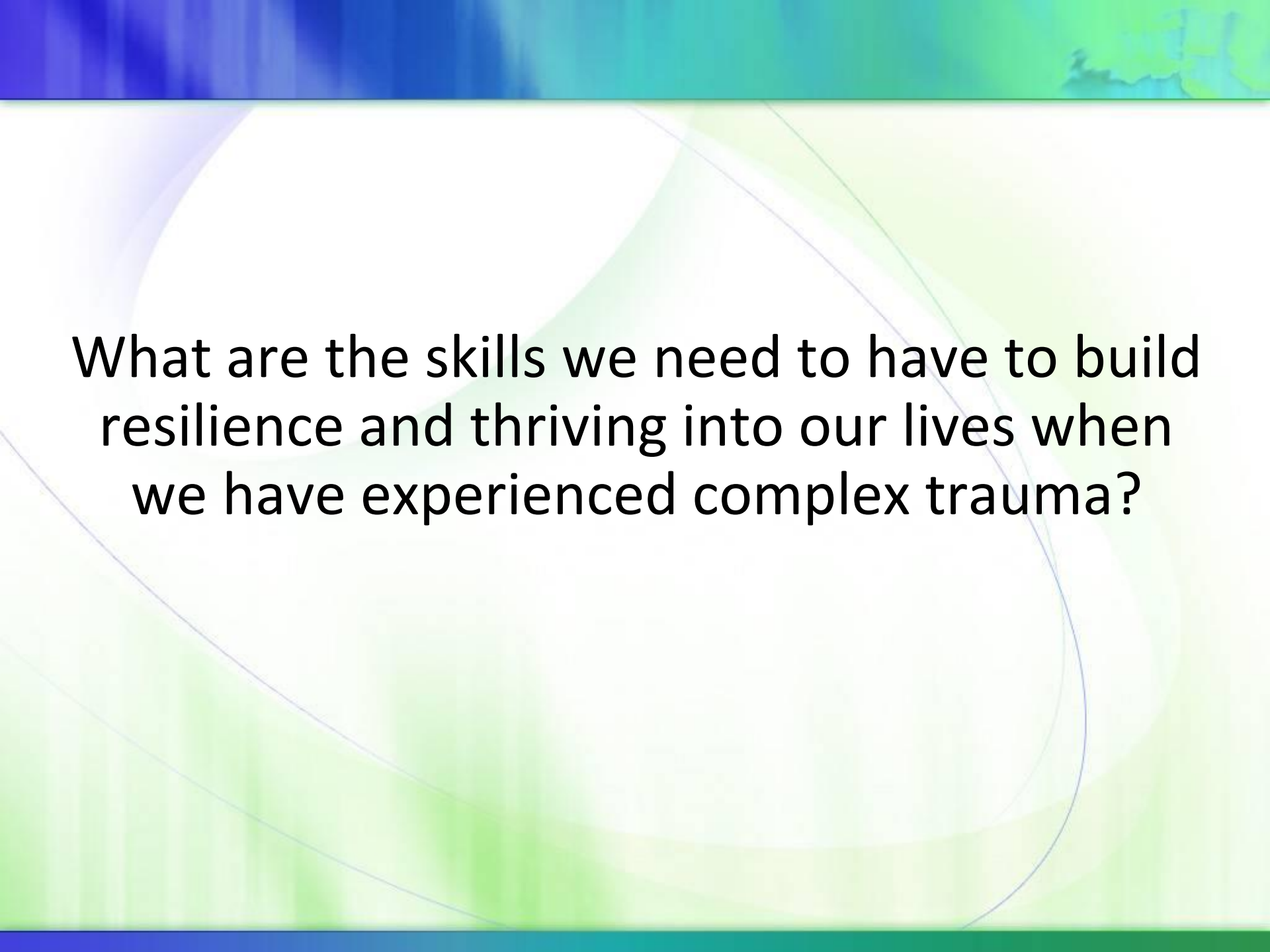
Norm

ACE's

Adverse Childhood Experiences

UNKNOWN TO OTHERS

POVERTY – ABUSE – DRUGS & ALCOHOL
MOTIVES – ETHICS - BELIEFS



What are the skills we need to have to build resilience and thriving into our lives when we have experienced complex trauma?

Three Targeted Areas for Building Individual Resilience)

- **Positive Self-Identity**
 - **Self-Regulation**
- **Co-regulation (Relationships)**

Core Areas of Focus in Complex Trauma
Courtois, C. & Ford, J. (2009), Introduction (p.2)

Children's Resilience Initiative

Three basic building blocks to success:

Adapted from the research of Dr. Margaret Blaustein

Attachment - feeling connected, loved, valued, a part of family, community, world

Regulation - learning about emotions and feelings and how to express them in a healthy way

Competence - acting rather than reacting, accepting oneself and making good choices



Children's Resilience Initiative

SKILL BUILDING

Think: lack of skill **not** intentional
misbehavior

Think: building missing skills **not** shaming
for lack of skills

Think: nurture **not** criticize

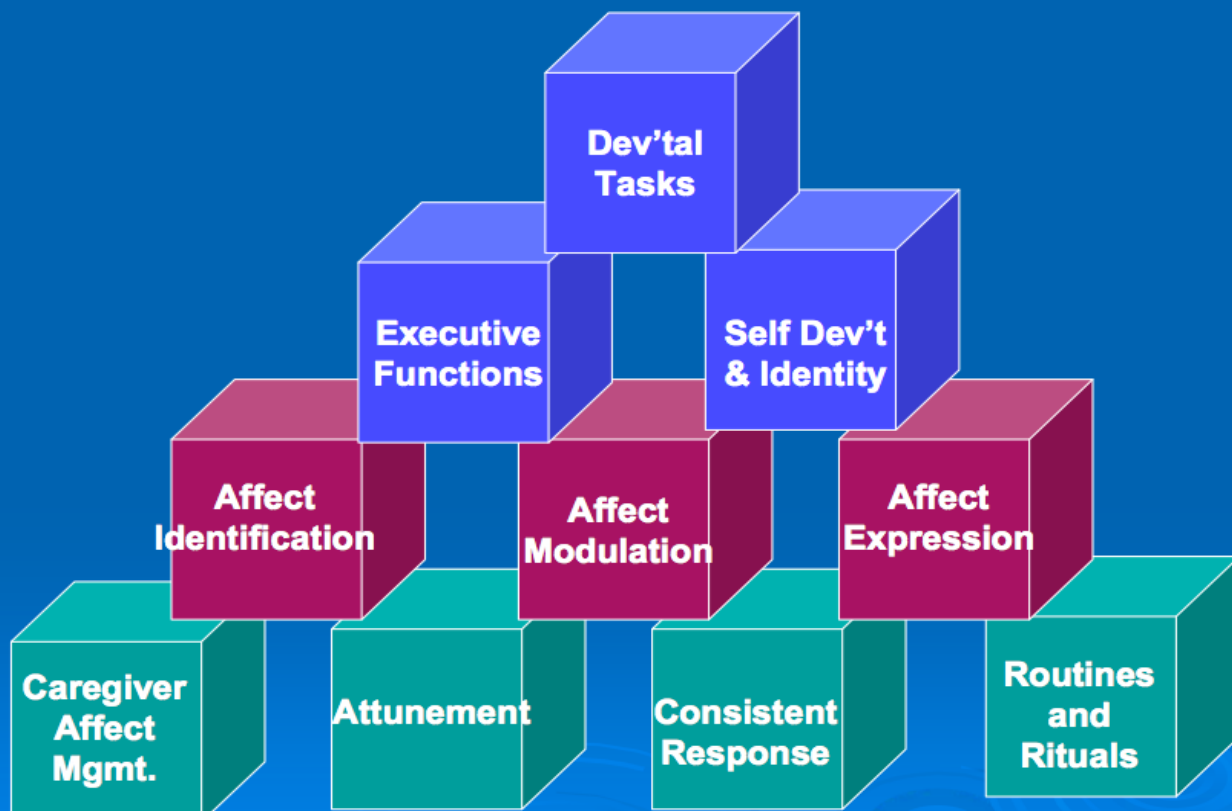
Think: teach **not** blame

Think: discipline **not** punishment



ARC Model

10 Building Blocks



From Blaustein & Kinniburgh (2010) Treating Traumatic Stress in Children and Adolescents

Dialectical Behavioral Therapy (Informed)

DBT was developed in the late 1970s by Dr. Marsha Linehan and colleagues

Main goals: cope with stress, regulate emotions, improve relationships with others

Skills Oriented

- Self Regulation
- Mindfulness
- Interpersonal Relationship Skills
- Distress Tolerance Skills

"Vulnerability Mountain"

Self Care &
Protective Factors



Stressors

Negative
Self-Talk
Statements

Distress

Fight, Flight, Freeze

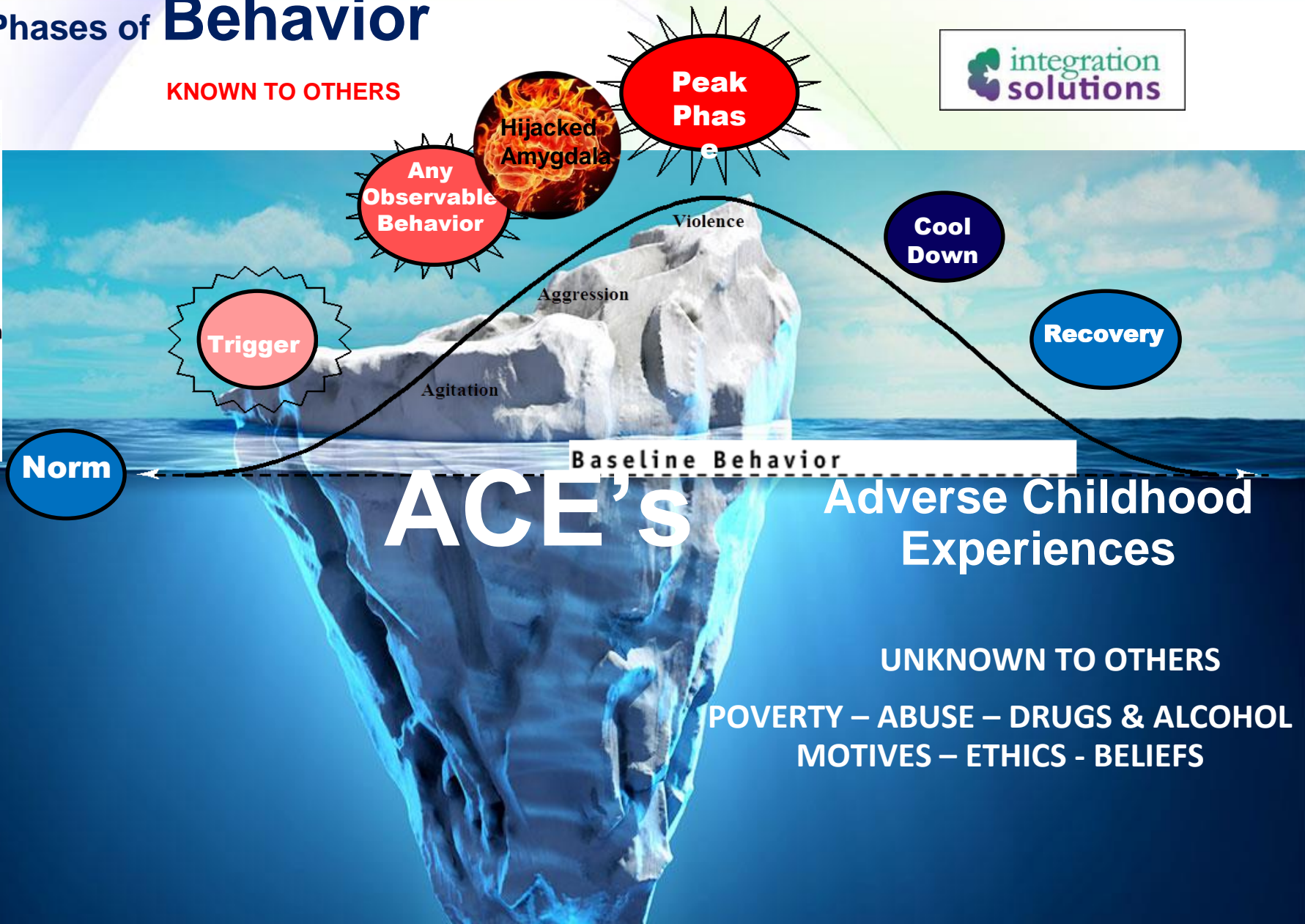
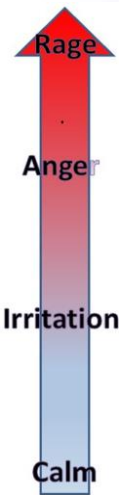
Attachment Skills (Connection)



Phases of Behavior



KNOWN TO OTHERS



Peak Phase

Hijacked Amygdala

Any Observable Behavior

Trigger

Violence

Aggression

Agitation

Cool Down

Recovery

Baseline Behavior

Norm

ACE's

Adverse Childhood Experiences

UNKNOWN TO OTHERS

POVERTY – ABUSE – DRUGS & ALCOHOL
MOTIVES – ETHICS - BELIEFS

What is Empathy? – Brené Brown

<https://www.youtube.com/watch?v=1Evwgu369Jw>

Theresa Wiseman's Attributes of Empathy

1. Perspective Taking
 1. Staying out of Judgement
 2. Recognizing Emotion
 3. Communicating Emotion

Perspective Taking

<https://www.youtube.com/watch?v=bzmWqZS1QSU>

Why is Judgement so Easy ?

<https://www.youtube.com/watch?v=H4SpQqP2zuU>

Listening to Emotion without “Fixing it”

<https://www.youtube.com/watch?v=-4EDhdAHrOg>

Communicating Emotion: Validation

Six Levels by Marsha Linehan, Ph.D
(We will focus on top 3)

Level One: **Being Present** (Deep Listening)

Level Two: **Accurate Reflection**
(So if I hear you correctly)

Level Three: **Mindreading**
(I am guessing that you are feeling)

Empathic Communication Practice

Reflective Listening

From <http://cultureofempathy.com>

Reflective Listening Practice

- Show that feelings matter
- Show that it is possible to talk about uncomfortable or complicated feelings
- Show that we care about the child's feelings
- Teach the child that all feelings are acceptable, even though certain behavior is not
- Defuse an uncomfortable situation
- Reduce a child's urge to act out because the child feels heard
- Teach the child a vocabulary for articulating how they feel
- Reduce whining, anger and frustration

Reflective Listening Principles

- Listening before speaking
- Deal with personal specifics, not impersonal generalities
- Decipher the emotions behind the words, to create a better understanding of the message
- Restate and clarify how you understand the message
- Understand the speaker's frame of reference and avoid responding based only on your own perception
- Respond with acceptance and empathy

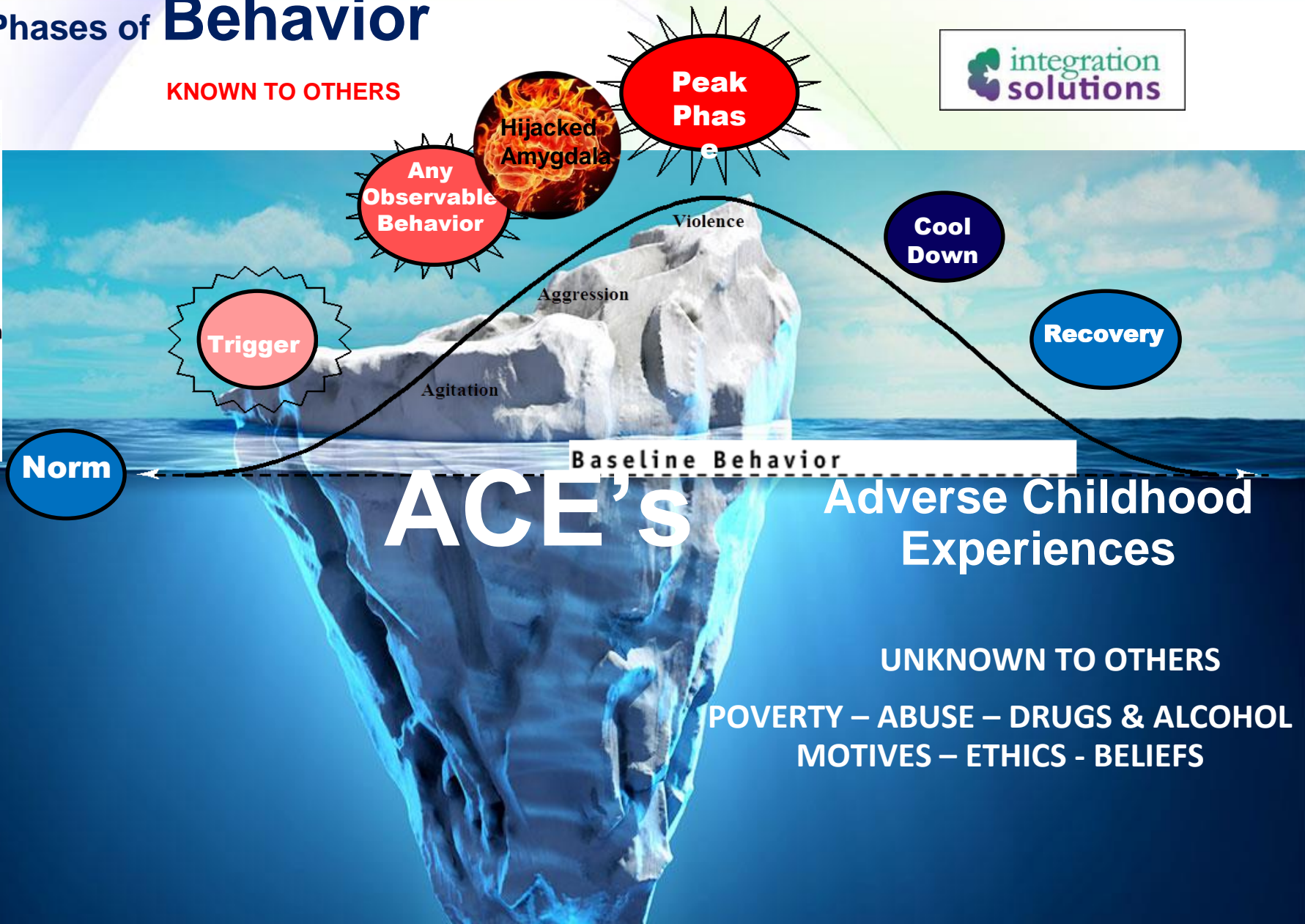
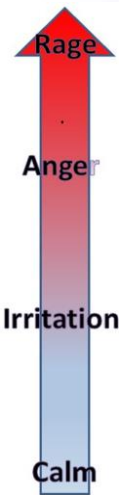
REGULATION SKILLS



Phases of Behavior



KNOWN TO OTHERS



Peak Phase

Hijacked Amygdala

Any Observable Behavior

Trigger

Violence

Aggression

Agitation

Cool Down

Recovery

Baseline Behavior

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Adverse Childhood Experiences

UNKNOWN TO OTHERS

POVERTY – ABUSE – DRUGS & ALCOHOL
MOTIVES – ETHICS - BELIEFS

Examples of Self Regulation

- Regulating body and emotion
- Building understanding of degrees of feelings
- Building toleration of arousal

Self Regulation

Self-Regulation (“sunscreen”)

- Relaxation and Grounding Exercises
- Bilateral Movement
- Attunement Exercises
- Guided Imagery

<https://www.healthjourneys.com/>

- Self-Care Plan (daily practice)

Mindfulness

Art of being present in the moment

Ability to press pause ...
and be focused on one thing in this moment

Awaken Curiosity

Mindfulness – art of being present in the moment

- Mindfulness Scale (MAAS)
- Mindfulness Exercise – breathing, “one thing”
- Mindfulness Principles (Terry Fralich, L.C.P.C.)
www.mindfulnesscenter.org
- Mindfulness at UCLA <http://marc.ucla.edu/>

GIVE Skill

- Gentle
- Interested
- Validate
- Easy Manner

Take some individual time to think about how you GIVE to other people

Dialectical Behavior Therapy (DBT) was developed in the late 1970s by Dr. Marsha Linehan and colleagues.

DBT Self-Help Website for information on this skill and more
<https://www.dbtselfhelp.com/index.html>

DISTRESS TOLERANCE

"Vulnerability Mountain"

Self Care &
Protective Factors



Stressors

Negative
Self-Talk
Statements

Distress

Fight, Flight, Freeze

Distress Tolerance Skills

(taken from the Accepts skills ... DBT informed)

- **Activities (physical and mental)** – mental vacation, bi-lateral movement (walking), temperature change
- **Contributing** – helping others gets you out of yourself and your stress (smiling, give compliment, invite someone to coffee, hold a door, do a favor)
- **Comparisons** – Bringing perspective to current situation, what skills have helped you cope before (have helped your children cope before) ... validate yourself
- **Emotions** – Seek out activities that create feelings that are OPPOSITE from the painful ones you are experiencing (listen to music, favorite movie, work on a project --- favorite hobby)
- **Push Away** – Put away distressing memories in a “lock box” or in the “parking lot” for a little while ... can do this in writing or mentally
- **Thoughts** – distract your thoughts with “one-thing” exercises, read something inspiring, “just worrying exercise”
- **Sensations** – Any physically vigorous activity or actively awakening senses (brisk walk, cold bath/hot bath, splash cold water on face, lotions on your wrist, strong taste, bold colors (Mandela), music)

When it was tough and we couldn't meet the need

- Sometimes we cannot meet need of the person we want to support
- Dr. Neff reminds us that one part of common humanity is suffering
- And so we end where we start, once do our best to
 - Empathize
 - Set Boundaries

AND

- We take a Self Compassion Break ... Let's practice now
 - <http://www.selfcompassion.org>

Creative Activity

- Take a moment and create a self compassionate statement
 - “I am enough”
 - “I am strong”
 - “I am smart”
 - “I am kind”
- Think about what gentle touch you might use with the mantra

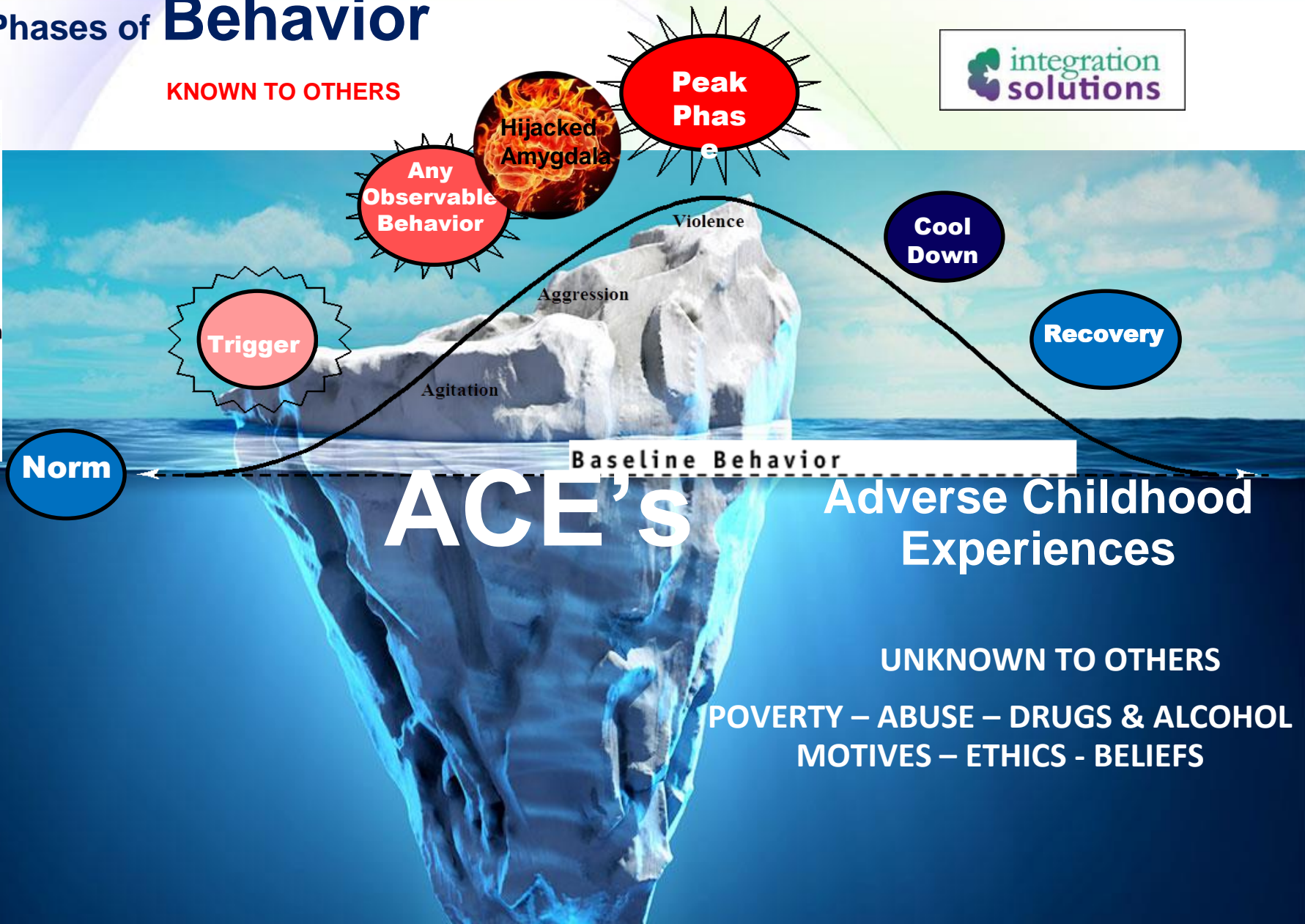
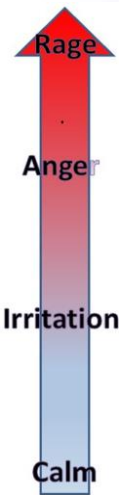
Competency



Phases of Behavior



KNOWN TO OTHERS



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MOTIVES – ETHICS - BELIEFS

Messages We Often Have in our Mind and Bodies

- I'm not safe
- People want to hurt me
- People cannot be trusted
- World is dangerous
- If I am in danger no one will help me
- I'm not enough
- I'm not powerful
- Things will never get better



Shame, Vulnerability and the Power of Connection

DR. BRENE BROWN'S WORK

Defining Shame

- Guilt = I did something bad
- Shame = I am bad
- Embarrassment = Fleeting, can laugh about it later
- Humiliation = “I didn’t deserve that”

Brené Brown. *Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead*. Gotham Books, 2012. (287 pages)

12 Categories of Shame

- Appearance and body image
- Money and work
- Motherhood/fatherhood
- Family
- Parenting
- Mental and physical health
- Addiction
- Sex
- Aging
- Religion
- Surviving trauma
- Being stereotyped or labeled

WHAT IS SHAME AND WHY IS IT SO HARD TO TALK ABOUT IT?

1. We all have it. Shame is universal and one of the most primitive human emotions that we experience.
2. We're all afraid to talk about shame.
3. The less we talk about shame, the more control it has over our lives

...shame is the fear of disconnection (68)

Shame Resilience

1. Recognizing Shame and Understanding Its Triggers. Shame is biology and biography.

Can you physically recognize when you're in the grips of shame, feel your way through it, and figure out what messages and expectations triggered it?

2. Practicing Critical Awareness.

Can you reality-check the messages and expectations that are driving your shame? Are they realistic? Attainable? Are they what you want to be or what you think others need/want from you?

3. Reaching Out.

Are you owning and sharing your story? We can't experience empathy if we're not connecting.

4. Speaking Shame.

Are you talking about how you feel and asking for what you need when you feel shame?

Man in Arena Speech

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The **credit belongs to the man who is actually in the arena**, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

THE MAN IN THE ARENA

Excerpt from the speech "Citizenship In Republic" delivered at the Sorbonne, in Paris, France on 23 April, 1910

Dr. Brene Brown's Work

The Gifts of Imperfection— Be you

Daring Greatly— Be all in

Rising Strong— Fall. Get up. Try again

Braving the Wilderness – Courage to Stand Alone.
True Belonging.

BRENÉ BROWN, PhD, LMSW

AUTHOR OF THE #1 NEW YORK TIMES BESTSELLER *DARING GREATLY*

RISING STRONG

THE RECKONING. THE RUMBLE.
THE REVOLUTION.

August 25, 2015 #risingstrong





**"VULNERABILITY IS THE BIRTHPLACE OF
LOVE, BELONGING, JOY, COURAGE, EMPATHY,
ACCOUNTABILITY, AND AUTHENTICITY."**

— BRENE BROWN —



**"YOU CAN CHOOSE COURAGE
OR YOU CAN CHOOSE COMFORT,
BUT YOU CANNOT HAVE BOTH."**

BRENÉ BROWN



**WHAT COULD COURAGE AND
RESILIENCE LOOK LIKE?**

Bounce Back Project

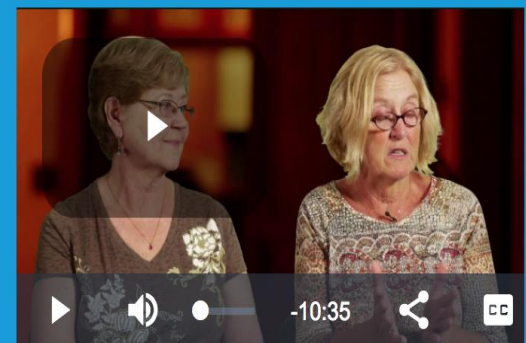
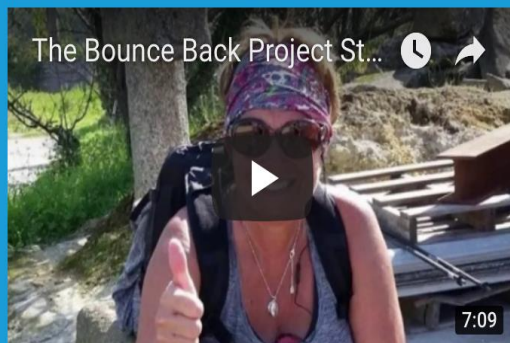
[Home](#)[Events](#)[Get Inspired](#)[About Us](#)[Connect with Us](#)

WHAT IS THE BOUNCE BACK PROJECT?

The Bounce Back Project is a unique collaborative of physicians, nurses, hospital leaders, and staff who have come together for a single purpose — to impact the lives of individuals, communities, and organizations by promoting health through happiness.

Numerous studies have shown using simple tools to help us retrain our mind to focus on the positive can increase feelings of well-being and decrease feelings of depression. These tools can also open us to the possibility of greater social connections, improved sleep, enhanced memory, and stronger immune system function. It's simple... and life changing.

Learn more about the Bounce Back Project and how it got started by watching a few of our videos.





How Did Bounce Back Get Started?

The Bounce Back Project was born out of loss when two highly respected and loved physicians died in 2014. These deaths caused us to pause and ask some important questions — not only about how fragile life is, but about the choices we make each day.

A group of physicians and hospital leaders participated in a resilience conference hosted by the Minnesota Hospital Association. At this conference, we learned about a number of tools that promote resiliency and decrease burnout. Our physicians recognized this work held not only personal meaning, but would be meaningful for our patients and our communities.

In our first year, more than 6,000 people heard Bounce Back presentations. Individuals are experiencing renewed purpose and meaning. Our physicians are changing the way they practice medicine.

We recognize these tools make a difference in our own lives. Bounce Back has given us a way to adjust our outlook. We live our lives experiencing it fully. It's a journey of courage that has changed our focus and the way we live each day.



"OUR SENSE OF
WORTHINESS –
THAT CRITICAL PIECE
THAT GIVES US
ACCESS TO LOVE AND
BELONGING – LIVES
INSIDE OUR STORY."

BRENÉ BROWN

Daring Way™ Weekend
Intensive Workshop
April 13–15, 2018

[Learn more...](#)

"JOY COMES TO US IN
ORDINARY MOMENTS.
WE RISK MISSING
OUT ON JOY WHEN
WE GET TOO BUSY
CHASING DOWN THE
EXTRAORDINARY."

BRENÉ BROWN

Daring Way™ Weekend
Intensive Workshop
March 23–25, 2018

[Learn more...](#)

Please Join Us

A Kick Off Event For
**THE GIFTS OF
IMPERFECTION**

By Brené Brown
Community Book Read

Community Book Read
March 15, 2018 : 7pm

[Learn more...](#)

What is resiliency?

Resiliency is about building good coping skills that we can use to deal with stressful situations. [Learn more...](#)

5 Pillars? Please explain.

The five pillars are self awareness, mindfulness, self care, positive relationships, and purpose. [Learn more...](#)

Stress, will you be my friend?

The goal is not to avoid stress, but to learn how to thrive within the stress. [Learn more...](#)

Can I turn a negative into a positive?

The negative screams at you, but the positive only whispers. [Learn more...](#)

Thank you to the Wright County Area United Way
for your support.



Bounce Back is a partnership between several organizations throughout our community.



BUFFALO HOSPITAL
ALLINA HEALTH
BUFFALO CLINIC

CENTRACARE Health
Monticello

Stellis Health

Community Resilience



Iowa

- 2015

- New Patient Records for 9 month well exams
- NCQA Requirements for a Patient-Centered Medical Home
 - Enhance Access and Continuity
 - Identify and Manage Patient Populations
 - Plan and Manage Care
 - Provide Self-Care and Community Support
 - Track and Coordinate Care
 - Measure and Improve Performance

www.ncqa.org

- Created Iowa EPSDT Care for Kids Health Maintenance Recommendations for Pediatricians

- 2016

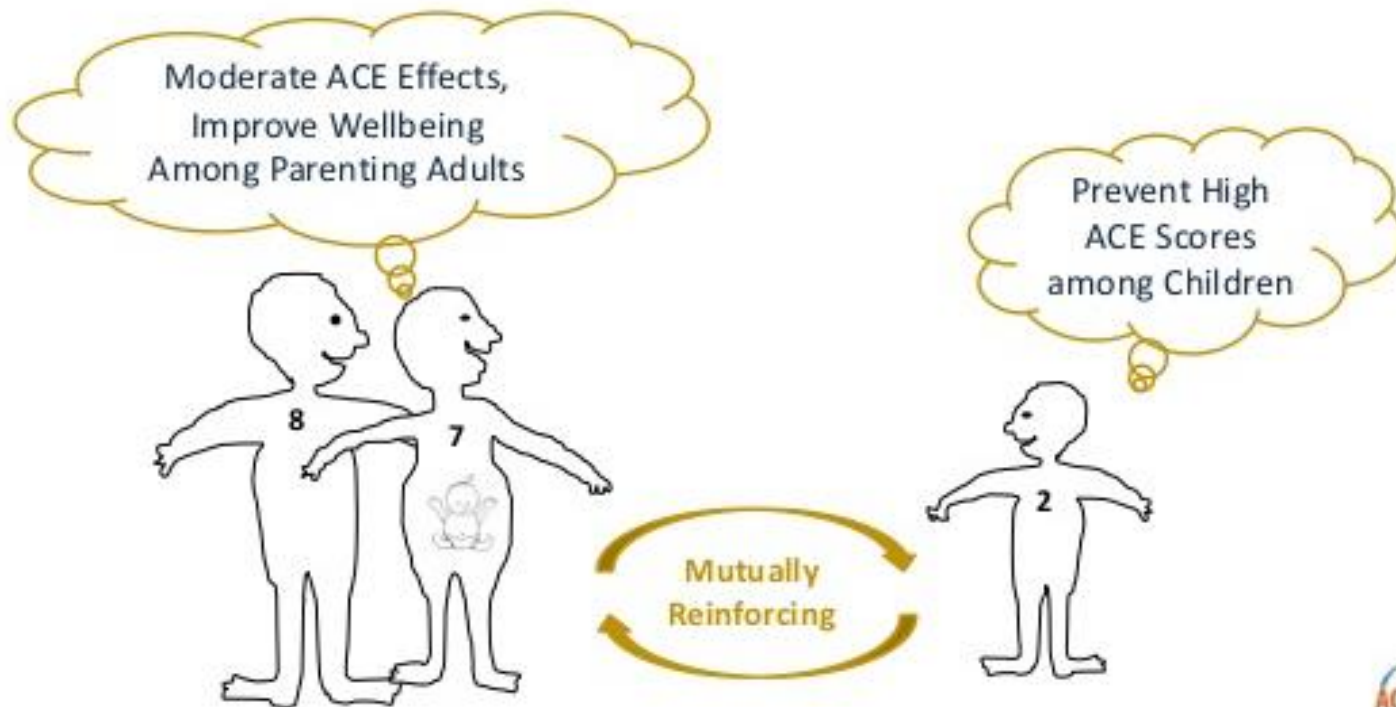
- Resiliency Toolkit
<http://www.iowaaces360.org/individuals-and-families.html#resiliency>



NEXT GENERATION HEALTH

Creating the Virtuous Cycle

Promote Virtuous Cycle of Health



Iowa

- 2015

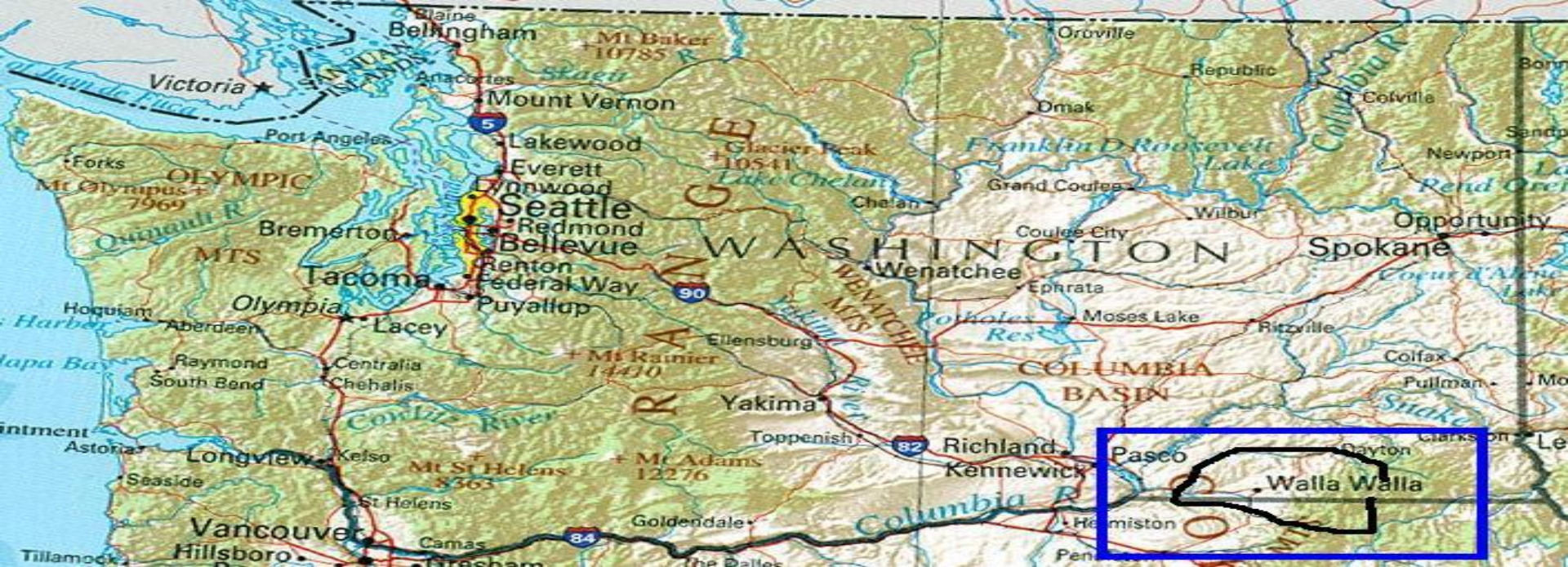
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<http://www.iowaaces360.org/individuals-and-families.html#resiliency>



WALLA WALLA MODEL



All roads lead to Resilience

Healthy family

ROAD TO
PARENTAL
RESILIENCE

Physical & emotional neglect

Mentally ill, drug/alcoholic family member

Loss of Parent or Incarcerated Parent

ROAD TO
SOCIAL
CONNECTIONS

ROAD TO
CONCRETE
SUPPORTS

ROAD TO
KNOWLEDGE OF
PARENTING & CHILD
DEVELOPMENT

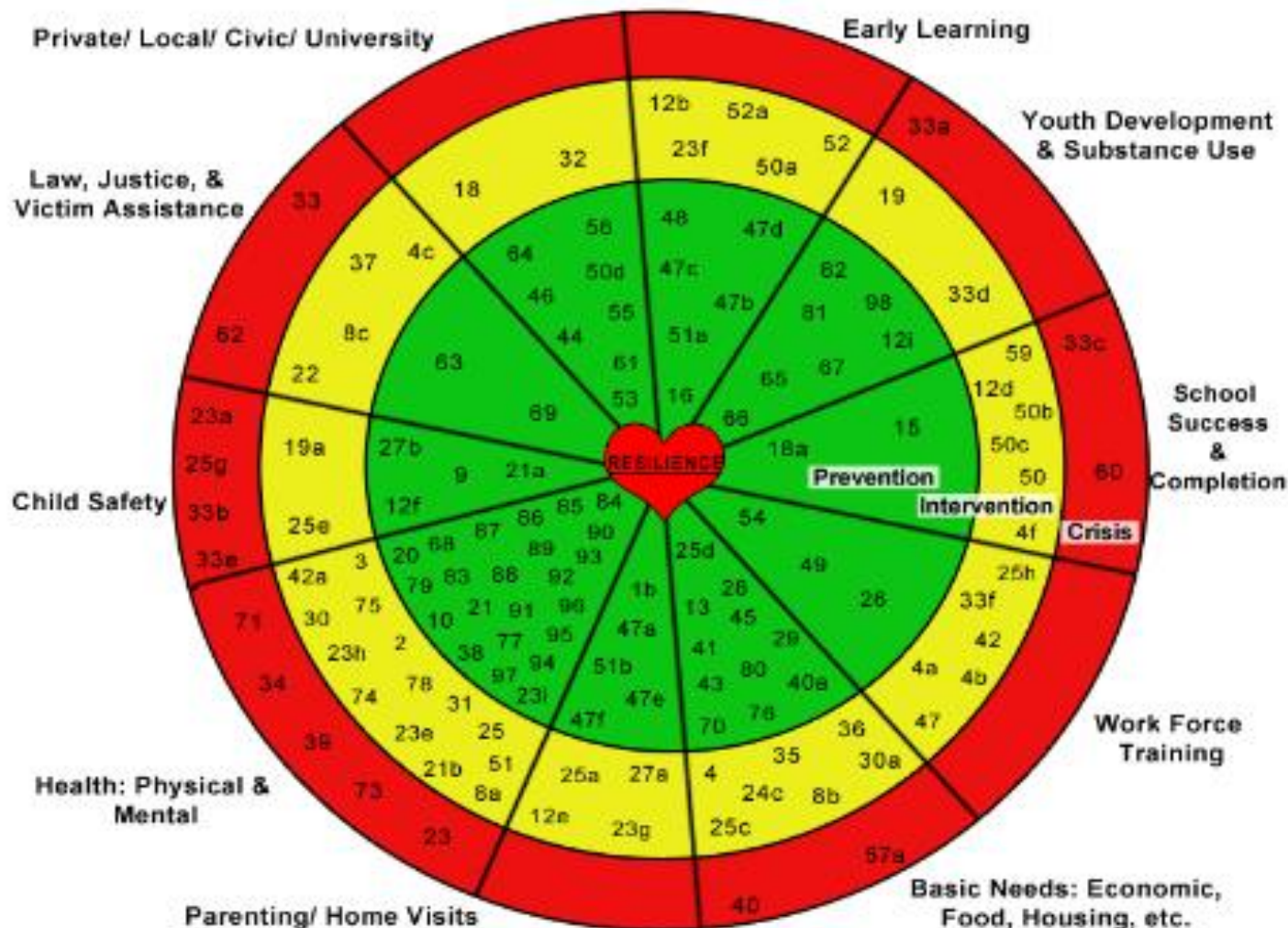
ROAD TO
SOCIAL &
EMOTIONAL
COMPETENCE

Witnessing domestic violence

Physical, emotional & sexual abuse



Walla Walla organizations that build resilience



Parents
Home
What is Resilience?
Deck of Cards & Handbook

Providers
Home
What is Resilience?
Building a thriving community
Resources
News & Events
Deck of Cards & Handbook

Community
Home
More ACES = Greater Risks
What is Resilience?
Building a thriving community

Find us on Facebook



Children's
Resilience
Initiative -
Resilience Trumps
ACES

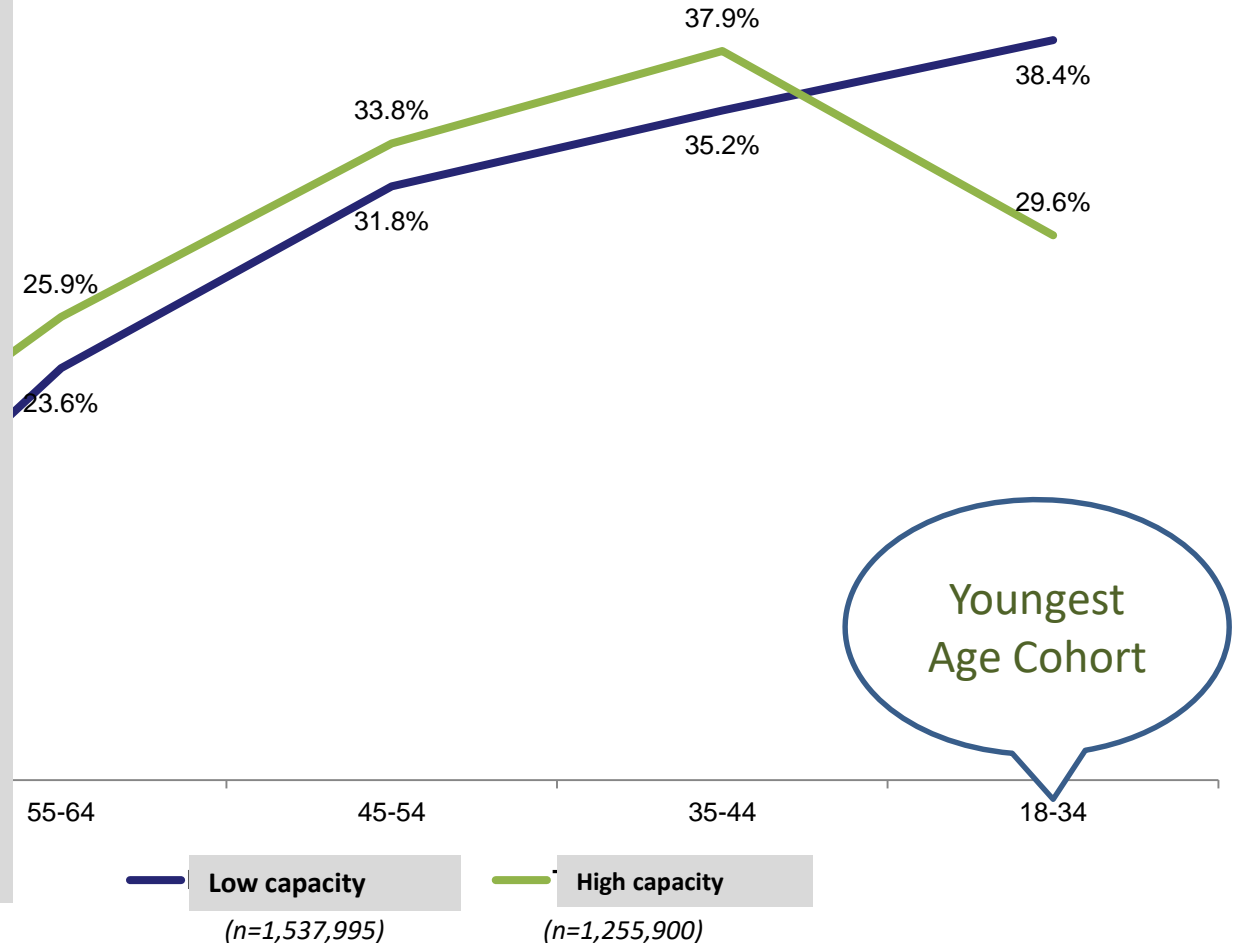
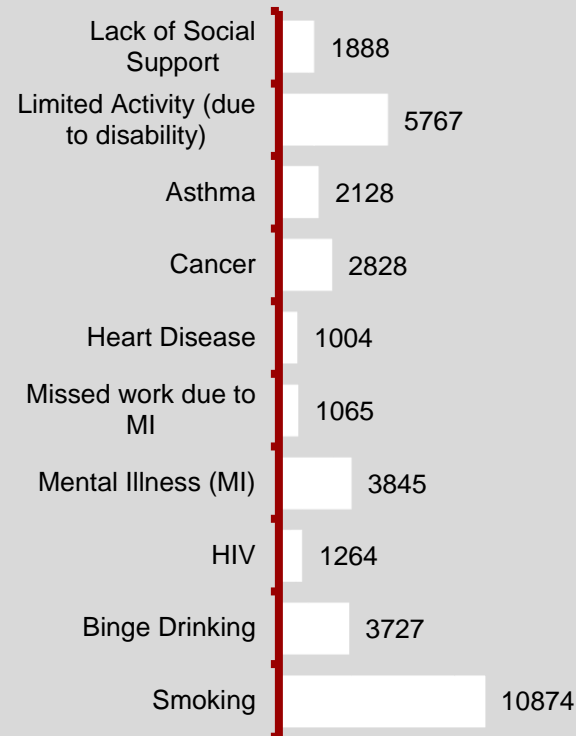


19 people like Children's
Resilience Initiative -
Resilience Trumps ACES.



HIGH CAPACITY COMMUNITIES REDUCE PERCENT OF YOUNG ADULTS WITH ≥ 3 ACEs

POSITIVE ACE TREND MEANS REDUCED CASES:



ACE REDUCTION IS A WINNABLE ISSUE

Washington

- Funded Community Networks showed significant improvement in Severity Index
 - Out of home placement
 - Loss of parental rights
 - Child hospitalization rates for accident and injury
 - High School Drop Out
 - Juvenile Suicide Attempts
 - Juvenile arrests for alcohol, drugs, and violent crime
 - Juvenile offenders
 - Teen births
 - Low birth weights
 - No third trimester maternity care
 - Infant mortality
 - Fourth grade performance on standardized testing

NEAR SCIENCE

- Neuroscience
- Epigenetics
- Adverse Childhood Experiences
- Resilience

<http://www.healthygen.org/resources/nearhome-toolkit>

<http://www.healthygen.org/resources/laura-porter-keynote-address-near-science-wa-state-resilience-findings>

NEAR: What Help actually Helps ?

- Support: Feeling socially and emotionally supported and hopeful
 - Social Emotional Competence Building
 - Hope and a Sense of Future
- Help: Having two or more people who give concrete help when needed
 - Concrete Supports (not Facebook Friends)
- Community Reciprocity: Watching out for children, intervening when they are in trouble, and doing favors for one another
 - Primary network of protection in your community
 - People you see each day and see you
- Social Bridging: Reaching Outside one's immediate circle of friends to recruit help for someone inside that circle
 - Asking for help
 - Trusting Systems and People outside your circle to respond and be safe

<http://www.healthygen.org/resources/laura-porter-keynote-address-near-science-wa-state-resilience-findings>



Preventative Health Response



Trauma in the Health Care Setting

- Injuries
- Illnesses
- Preventive Health Care



Blank Children's Hospital
UnityPoint Health

Magellan
HEALTHCARE

What Trauma Sounds Like in a Health Care Setting



Blank Children's Hospital
UnityPoint Health

The Patient

- “I thought I was going to die. I was so scared because my mom was not there.”
- “Doctors crowded around and stuck stuff on me. They cut my clothes off. I didn’t know what was happening”
- “I’m afraid to do many of the things I used to do.”
- “Even now some things bring it all back. Some smells – like the smell of metal pipes. I only need one thing to happen and then the day is practically useless.”

Source: Center for Pediatric Traumatic Stress, Children’s Hospital of Philadelphia



What Trauma Sounds Like in a Health Care Setting



Blank Children's Hospital
UnityPoint Health

The Family

- “I saw my son lying in the street, everyone around him. It was a horrible scene. I thought I was dreaming.”
- “We went from taking our child to the family doctor thinking she had the flu, but by the end of the day we were in the PICU and she was covered with needles, tubes and monitors.”
- “For a long time, we were so afraid of everything. Afraid he was going to die, afraid he wouldn't have a normal life.”

Source: Center for Pediatric Traumatic Stress, Children's Hospital of Philadelphia



What Trauma Sounds Like in a Health Care Setting



Blank Children's Hospital
UnityPoint Health

The Health Care Professional

- “She is the same age as my daughter.”
- “The day was absolutely insane. We saw twice the number of patients as normal.”
- “I felt so frustrated and wished there was more that we could do.”
- “What were they thinking? Why on earth would you not wear a seat belt?”





Key Reminders for Health Care Professionals

- Trauma affects the entire family & broader systems
 - ✓ Don't forget to check the family trauma history
- A trauma response may look different in each person, but a consistent feeling is one of helplessness
 - ✓ Empower the patient and their family to assist in their care & recovery
- Trauma may impact child development, and a person's behavior, long-term health and mental health
 - ✓ Protective & promotive factors can reduce the adverse impact of trauma
- Culture is closely interwoven with traumatic experiences, response & recovery
 - ✓ Don't assume you understand a patient's culture and values...ask





Ideas to Assess & Respond to ACEs

One question - “Is there anything that scares or worries you?”

After the ABCs (Airway, Breathing, Circulation) consider the DEF

- Distress – Pain, fears or worries, grief and loss
- Emotional support – mobilize existing & identify new supports
- Family – assess parent & sibling distress, other needs beyond medical

Source: Medical Traumatic Stress, National Child Traumatic Stress Network

Assessments

- Psychosocial history gathering (patient & family)
- Organizational assessment (trauma informed policies, practices & environment)

Multidisciplinary Team approach

- Problem Based Learning (PBL) – facts, hypotheses, next steps, learning

ISSUES Source: NCTSN Learning Collaborative



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UnityPoint Health



Ideas for Responding to ACEs

Care for the Health Care Professional

- Secondary Trauma - the stress resulting from helping or wanting to help a traumatized or suffering person
- Vicarious Trauma - the **cumulative** effect of working with victims who experience traumatic life events

Professional Quality of Life Scale www.proqol.org

Psychological First Aid – method for debriefing

ABCs of Self Care

- Awareness
- Balance
- Connection



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INFORMS RESPONSE TO CHRONIC ILLNESSES

Changes in Healthcare Systems

Camden Coalition of Healthcare Providers

A Video from Robert Wood Johnson Foundation

2003 - Physician Jeffrey Brenner founds the Camden Coalition of Healthcare Providers, an integrated health care system designed to provide preventive and primary care while also addressing patients' social needs.

- 2011 - Brenner is the subject of a profile in The New Yorker that describes his use of data and mapping to identify “hot-spotters”—people with multiple and chronic ailments who are the heaviest users of health care—and respond with a team-based approach to help those patients manage their health, improve their stability and reduce the costs of their care
- Brenner receives a MacArthur “genius” grant for his model of cooperative care, now being replicated by more than ten communities across the country

Dr. Brenner's Problem Arising From Data

- Nearly half of the city's approximately 77,000 residents were visiting an emergency department or hospital annually—most often for head colds, viral infections, ear infections, and sore throats.
- Thirteen percent of the patients accounted for 80 percent of hospital costs; 20 percent of the patients accounted for 90 percent of the costs.

Process of linking to a Care Management Team

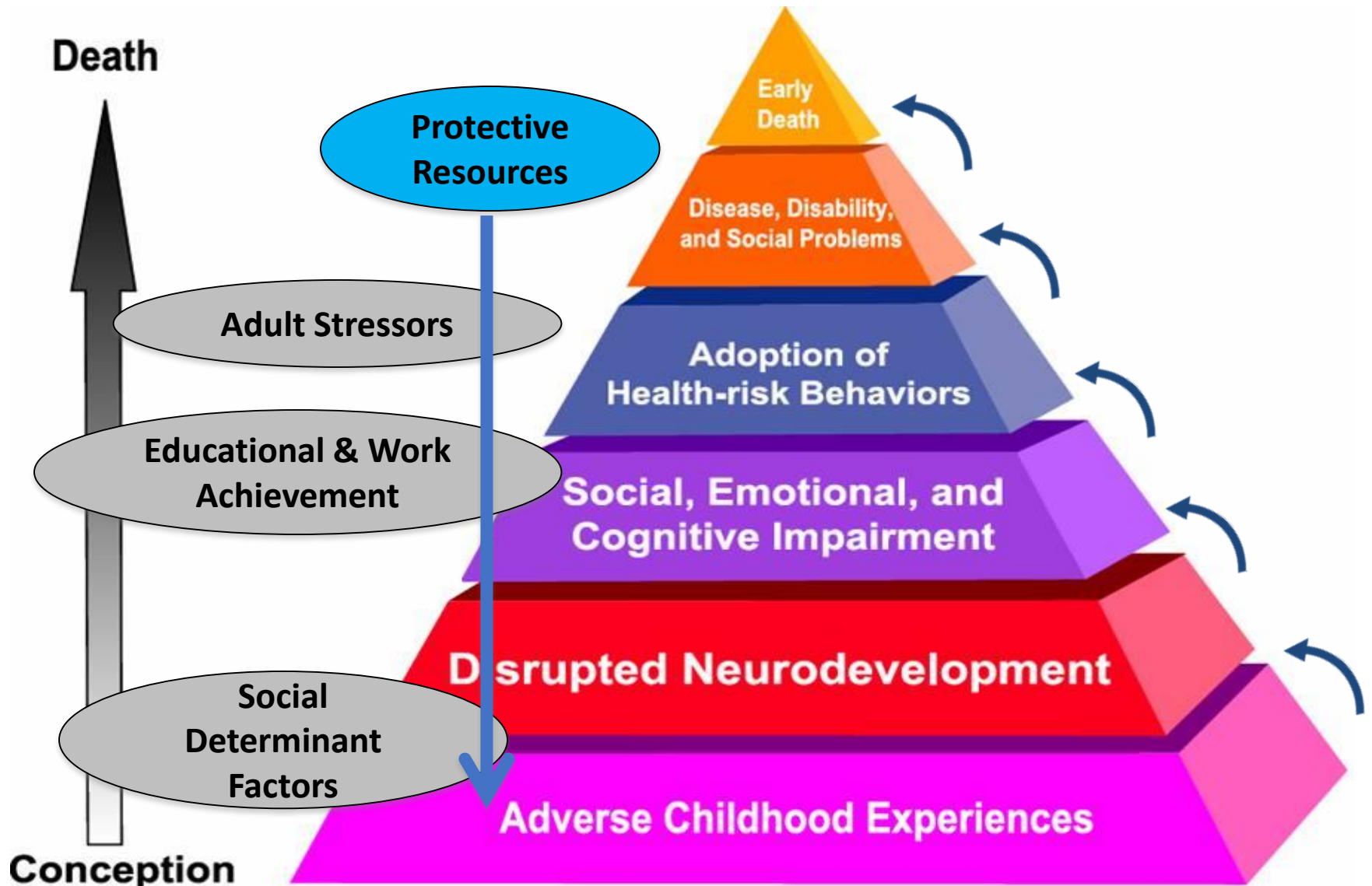
Pro-Actively and as Part of a Readmission Reduction Team

- The database identifies hospitalized patients with complicated medical and social needs.
- A *care management team*—consisting of a social worker, nurse, community health worker and health "coach" (an AmeriCorps volunteer who plans to go into medicine or nursing)—visits the patient in the hospital, reviewing prescribed medications, conferring with doctors and nurses, and helping plan the discharge.
- Team members visit the patient at home immediately after discharge and provide ongoing support for two to nine months, including connecting the patient to a primary care doctor, accompanying him or her to appointments, and helping line up needed social services. The goal is to leave patients with the ability to manage their health on their own.

Improving Care Can Save Money

- While Brenner's main purpose was to improve care, there is evidence that his model reduces costs.
- The first 36 patients averaged a total of 62 hospital and emergency room visits per month before the intervention compared to 37 visits per month afterward.
- Their hospital bill total fell from a monthly average of \$1.2 million to just over \$500,000—savings that benefit the federal and state governments in reduced Medicaid spending and the hospitals in reduced charity care costs.

Adding Context, Stress Proliferation, & Moderators (+/-) to ACE Influence on Lifespan Health and Functioning



Implications & Future Directions

- Reduction of ACEs within linked lives context of parents and children
 - Better assessment of factors that serve as mechanisms of stress proliferation, coping and support erosion, disability and health outcomes: Macro, Meso, Micro
 - More data on children's well-being within parental trajectories
 - Main directions of Interventions should be on:
 - Strengthening “adaptive parental function”
 - Interrupting stress proliferation and stress embodiment
 - Resilience cannot thrive at any one level alone: Individual, family, community, structural needed

Paula S. Nurius, University of Washington
Illustrating NEAR-Related Findings from Surveillance
Population Data:
Building Partnership Complementarity

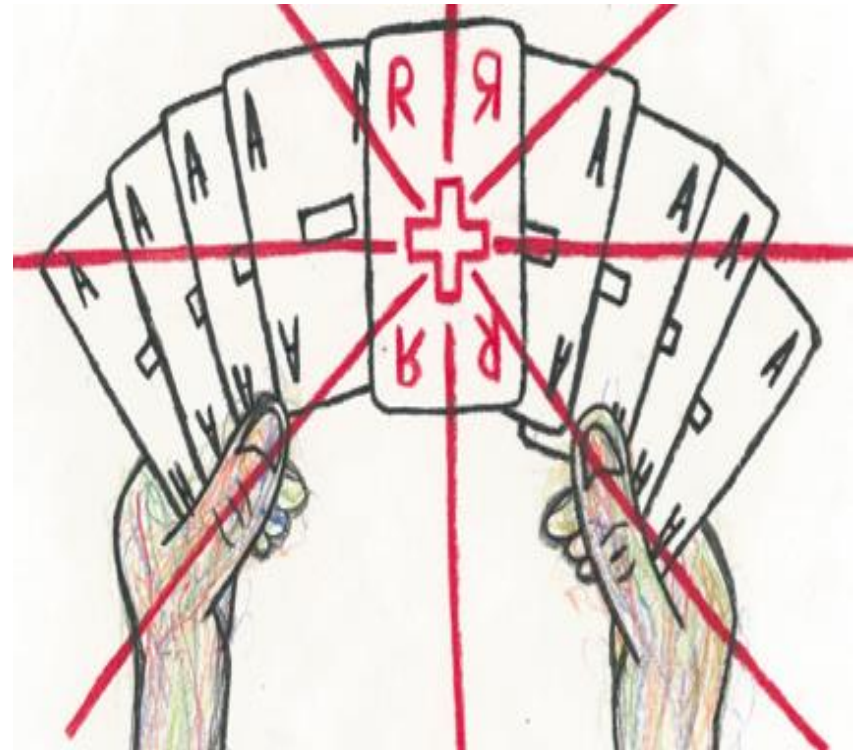


Resilience cannot thrive at any
one level alone: Individual,
family, community, structural
needed

Be a **F.O.R.S.E.** in your community

Image by Lincoln High student Brendon Gilman

FOCUS On Resilience & Social-Emotional



**SO WHAT WILL YOU DO
AS A RESULT OF TODAY?**

Call to Action: Next Steps

you

your family

your friends

your neighbors

your community

Resources

- <http://gucchdtacenter.georgetown.edu/TraumaInformedCare/index.html>
- <https://arcframework.org/>
- <http://verbaljudo.com/programs/>
- <https://www.dbtselfhelp.com/index.html>
- <http://marc.ucla.edu/mindful-meditations>
- <http://self-compassion.org/>
- <https://brenebrown.com/>

Resources

- <http://gucchdtacenter.georgetown.edu/TraumaInformedCare/index.html>
- https://www.youtube.com/watch?v=3axcjT_zo58
- <https://www.youtube.com/watch?v=-HG8H4n2j9I>
- https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

Thank You

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