

Overcoming Adverse Childhood Experiences: Creating Hope for a Healthier Arizona

5th Annual Northwest Arizona Infant and Toddler Mental Health
Symposium

Mary Warren, PhD

April 27, 2016

Mindfulness

- “ What?
- “ Why?
- “ When?
- “ Where?



10 TO ZEN 

1. Let go of comparing.
2. Let go of competing.
3. Let go of judgements.
4. Let go of anger.
5. Let go of regrets.
6. Let go of worrying.
7. Let go of blame.
8. Let go of guilt.
9. Let go of fear.
10. Have a proper belly laugh at least once a day.

(Especially if it's your inability to let go of any of the above)

The Birth Lottery

“The family into which a child is born plays a powerful role in determining lifetime opportunities...Some kids win the lottery at birth, far too many don't — and most people have a hard time catching up over the rest of their lives.”



James Heckman
Nobel Laureate in Economics

Group Question

“ Any Challenging Children? Challenging Family Members? Challenging Staff? Co-workers?

Keep Them in Mind . . .



The Adverse Childhood Experiences (ACE) Study



” “Probably the most important public health study you never heard of.”



ACEs sometimes referred to as toxic stress or childhood trauma

Your Awareness of ACE Study?



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

Two Categories of ACEs



1) Abuse or Neglect

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

2) Household Dysfunction

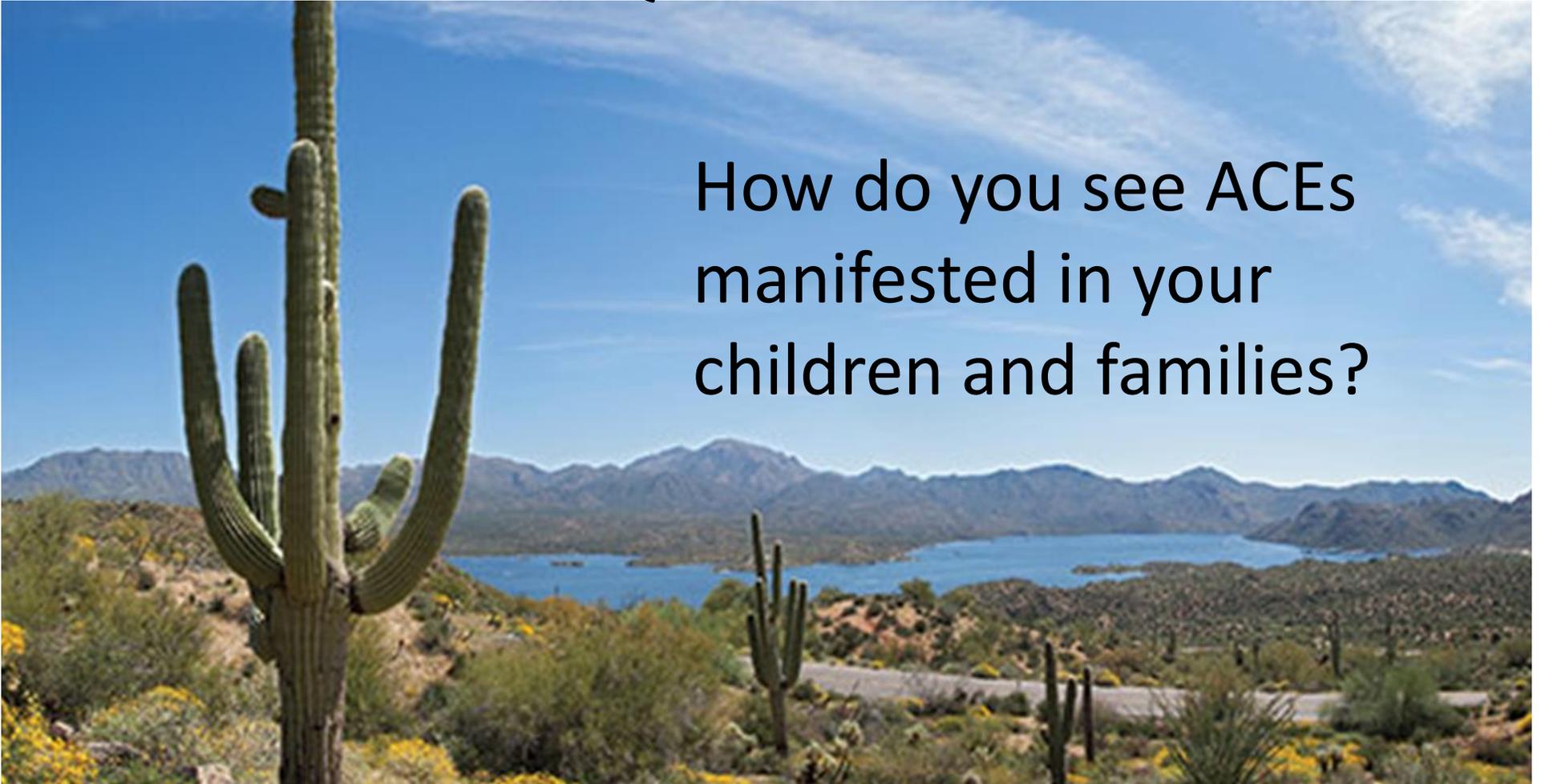
- . Alcohol or drug abuser
- . Incarcerated household member
- . Someone chronically depressed, suicidal, institutionalized or mentally ill
- . Mother being treated violently
- . One or no parents

What Do ACEs Look Like?



Question

How do you see ACEs manifested in your children and families?



Review ACE Questionnaire



- “ What does it make you think about?
- “ Keep in mind your thoughts as we talk about the ACE Study

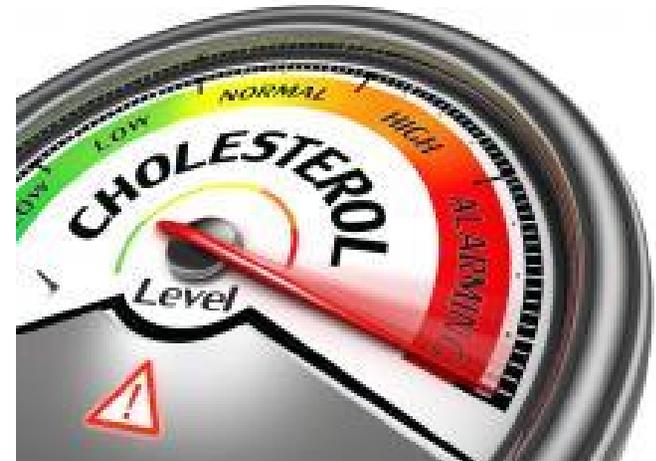
Why is This Study So Important?

- 1) ACEs are common - 64% of adults have at least 1
- 2) They cause chronic disease, mental illness, violence and being a victim of violence
- 3) ACEs don't occur alone (87% of 64% have 1+)
- 4) The more ACEs, the greater the risk
- 5) ACEs contribute to most of our major chronic health, mental health, economic health and social health issues
- 6) Knowledge is Power—Personally and Professionally



ACE Scores

- “ The more ACEs, the greater the risk
- “ People have an ACE score of 0 to 10. Each type of trauma counts as one, no matter how many times it occurs
- “ Think of an ACE score as a cholesterol score for childhood trauma



ACE Study Participants

“ Mostly white, middle- and upper-middle class, college-educated; all had jobs and great health care



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.

ACE Scores

“ 1/3 of Adults have
ACE Score of 0

“ Majority of adults with
ACE score of 0, have few,
if any, risk factors for
diseases that are common
causes of death in US



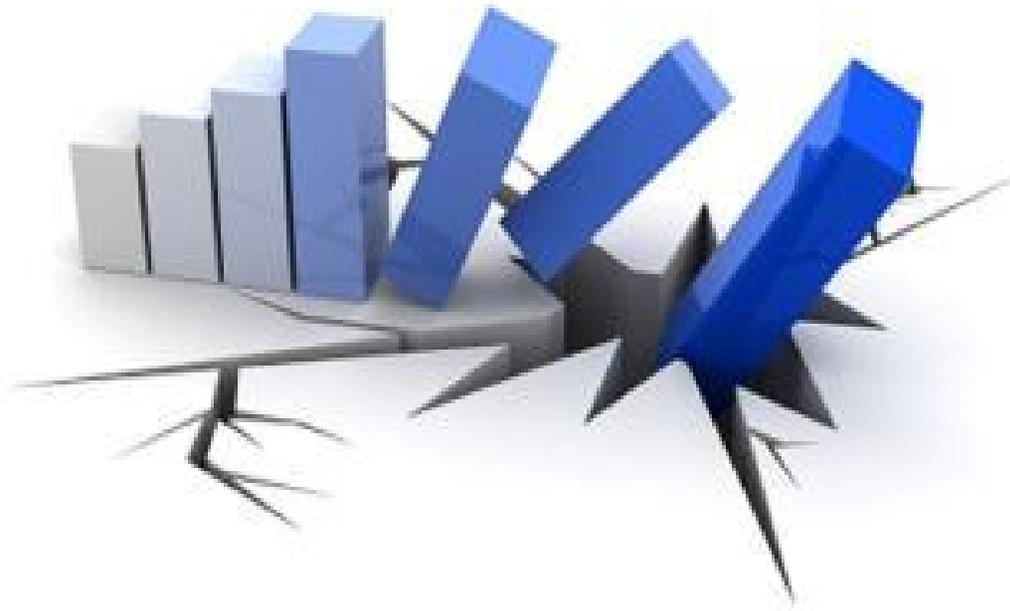
If Any **One** ACE is Present

“ **87%** chance *at least* one other ACE is present, and

“ **50%** chance of 3 others



ACEs Have Cumulative Stressor Effect



It's the Number of **Different Categories**, Not Intensity or Frequency, that Determine Health Outcomes

ACE Scores

- “ **4 or more** may result in **multiple risk factors** for chronic diseases or **disease** themselves
- “ **6 or more** may result in a **20 year decrease** in life expectancy



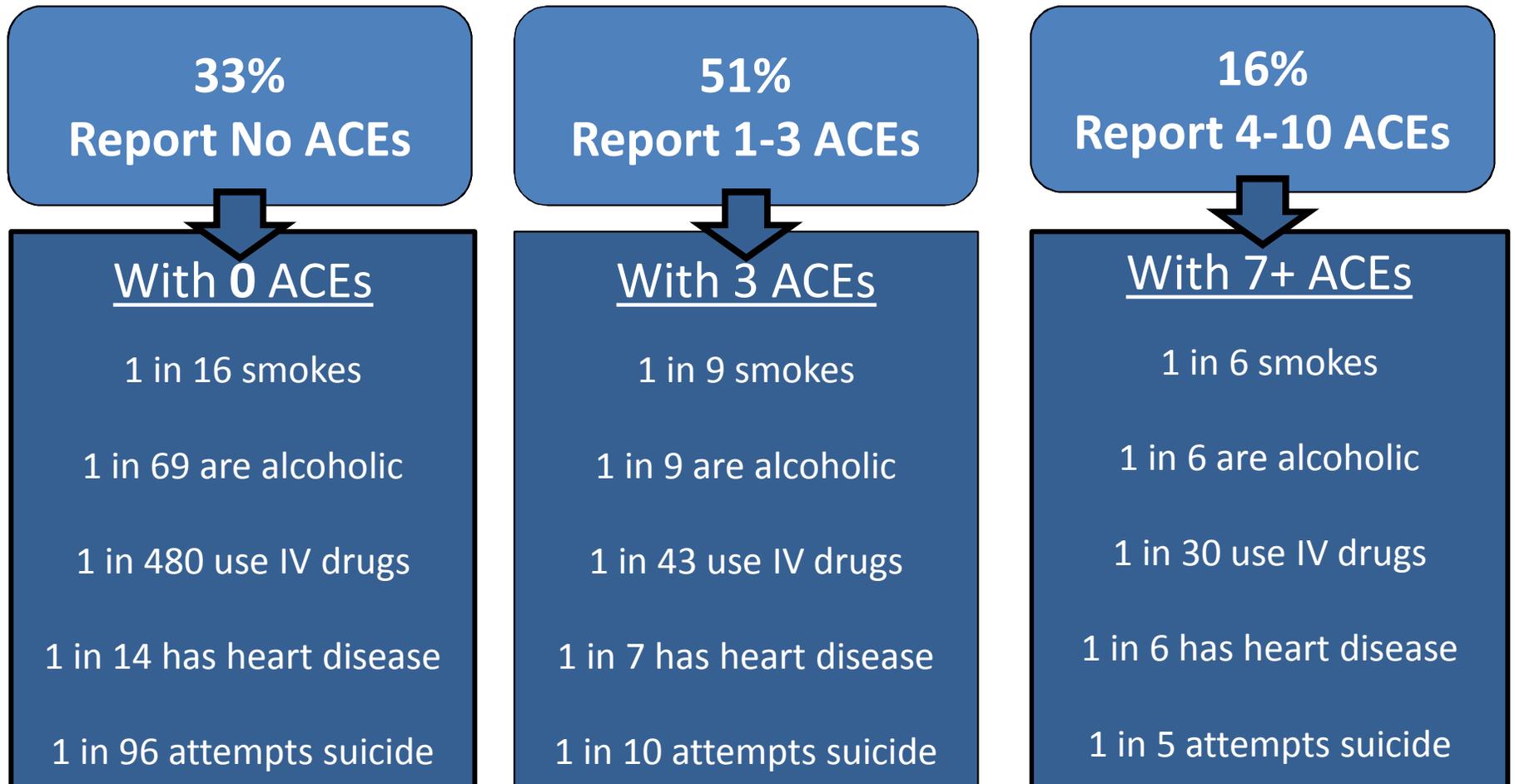
ACE Score of 4

Compared with People with Zero ACEs:

- “ **Twice** as likely to be Smokers
- “ **12 times** more likely Attempt Suicide
- “ **Seven times** more likely Alcoholic
- “ **10 times** more likely Inject Street Drugs
- “ **240% greater** risk of Hepatitis
- “ **240% higher** risk Sexually-Transmitted Disease
- “ More likely to be **Violent**, to have more **Marriages**, more **Depression**, more **Auto-immune Diseases**, and more **Work Absences**

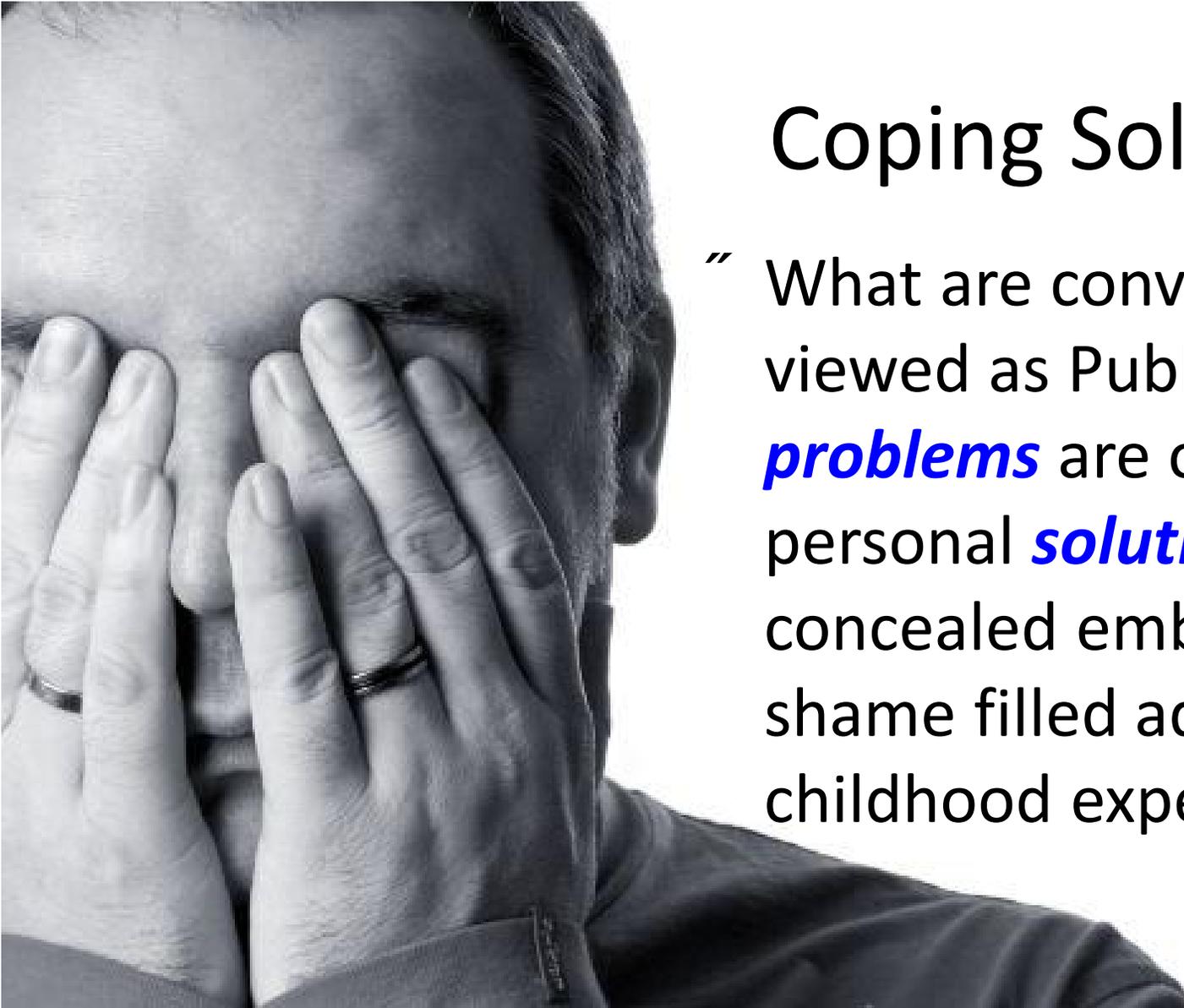


Out of 100 people



Coping Solutions

“ What are conventionally viewed as Public Health *problems* are often personal *solutions* to long concealed embarrassing, shame filled adverse childhood experiences.



By Adolescence Children Seek Relief

- “ 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



High Risk Teen Behaviors

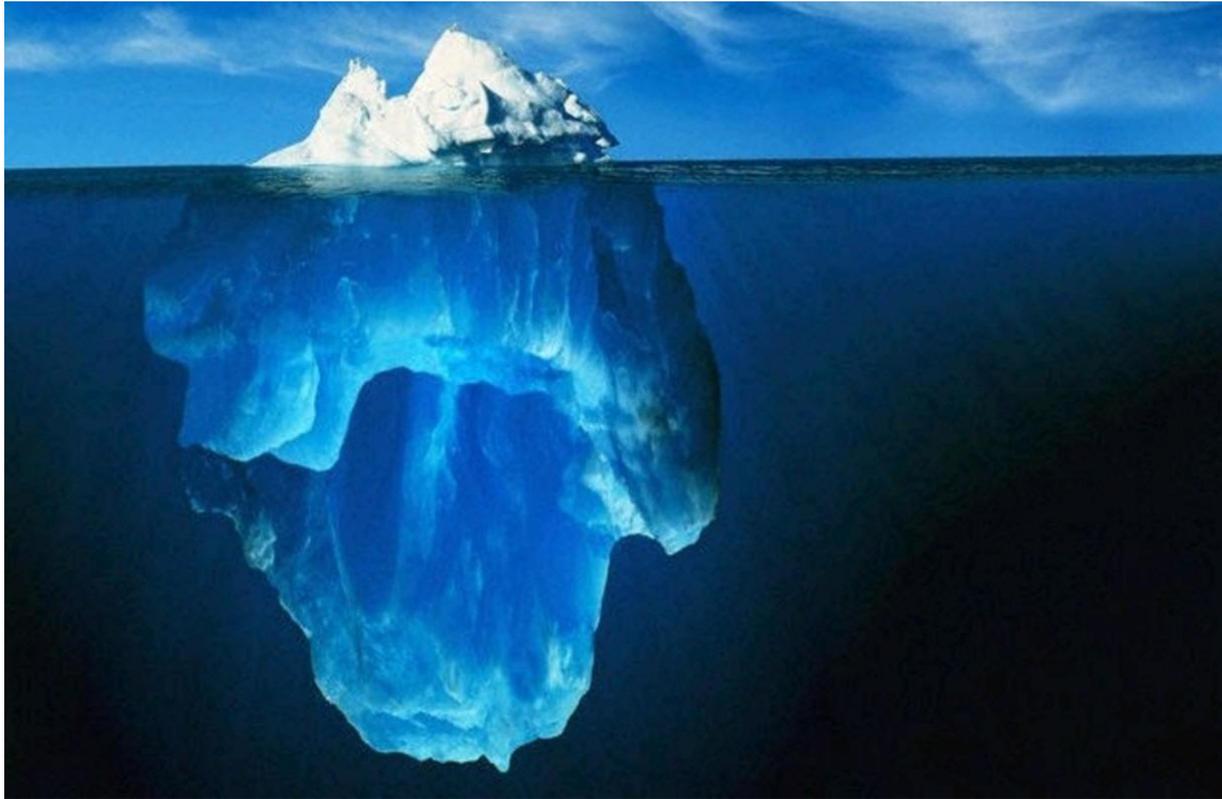
- May not be core **problem**
- They may be **coping** devices
- A way to feel safe or just feel better
- Dismissing as “bad habits” or “self destructive behavior” misses their functionality



What We See



What We Don't See



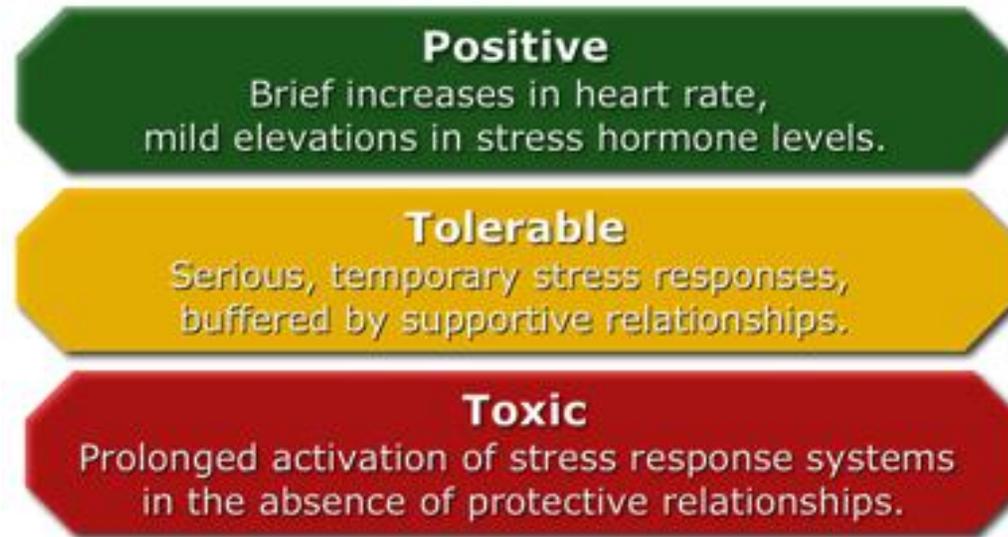
We need to ask ***“What happened first?”***

It's Not **All** About High Risk Coping Measures

“ Even if individuals with high ACE Scores **do not** adopt high risk behaviors, they are still **much more likely** to have negative health consequences



Stress



“Extreme, frequent or extended activation of the body’s stress response, **without the buffering presence of a supportive adult.**”

Sara B. Johnson, et al., The science of early life toxic stress for pediatric practice and advocacy, 131 PEDIATRICS 319 (2013), available at <http://pediatrics.aappublications.org/content/131/2/319.full>

**EVERY KID IS
ONE CARING
ADULT AWAY
FROM BEING
A SUCCESS
STORY.**

—Josh Shipp

Getting It Right the First Time

“ Creating the right conditions in early childhood is **more effective** and **far less costly** than addressing a multitude of problems later on



Consequences of Not Getting It Right



Impact of Stress on Children

- “ Flight, fight or fright (freeze) response
- “ 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



“Dropouts Cost AZ \$7.6 Billion”

The Arizona Republic, June 26, 2014

- “ AZ Dept. of Education:
22 percent of Arizona
9th graders will **not**
finish high school

- “ By 2018, more than **60**
percent of jobs in AZ
will require some post-
secondary education



ACEs are a Pipeline to Prison



Childhood and Adult Trauma Experiences of Incarcerated Persons and Their Relationship to Adult Behavioral Health Problems and Treatment) Intl. 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.](#)

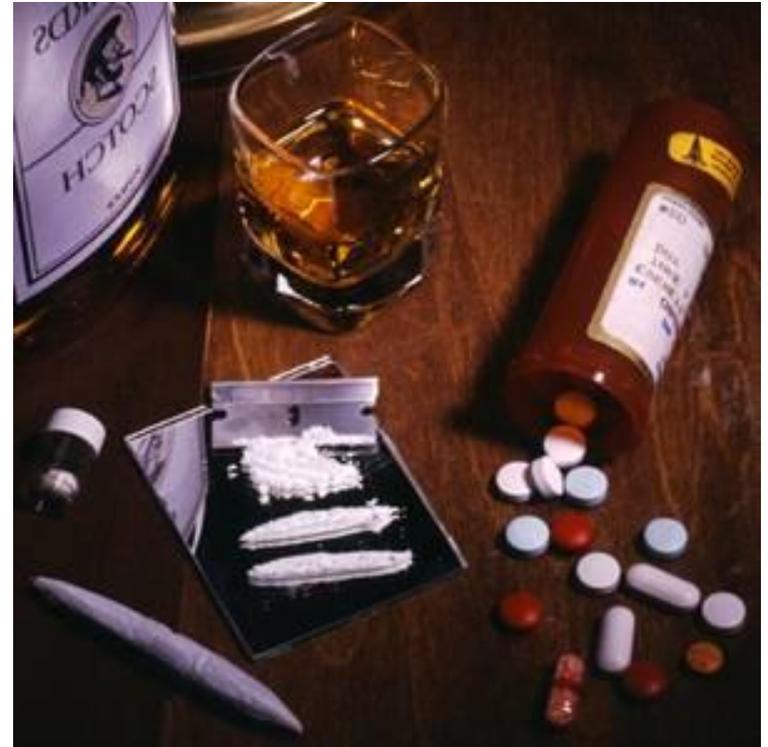
ACEs and Addiction

Findings suggest:

“ 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.”

Vincent Felitti, MD



ACEs in Foster Care

- “ **More than half** of kids reported for CAN experienced **4 or more** ACEs by time of contact with child welfare
- “ **More than 90%** referred to child welfare have experienced **multiple ACEs**

(Nat'l Survey Child and Adolescent Well-Being (NSCAW), No. 20: Adverse Child Experiences in NSCAW, 2013)



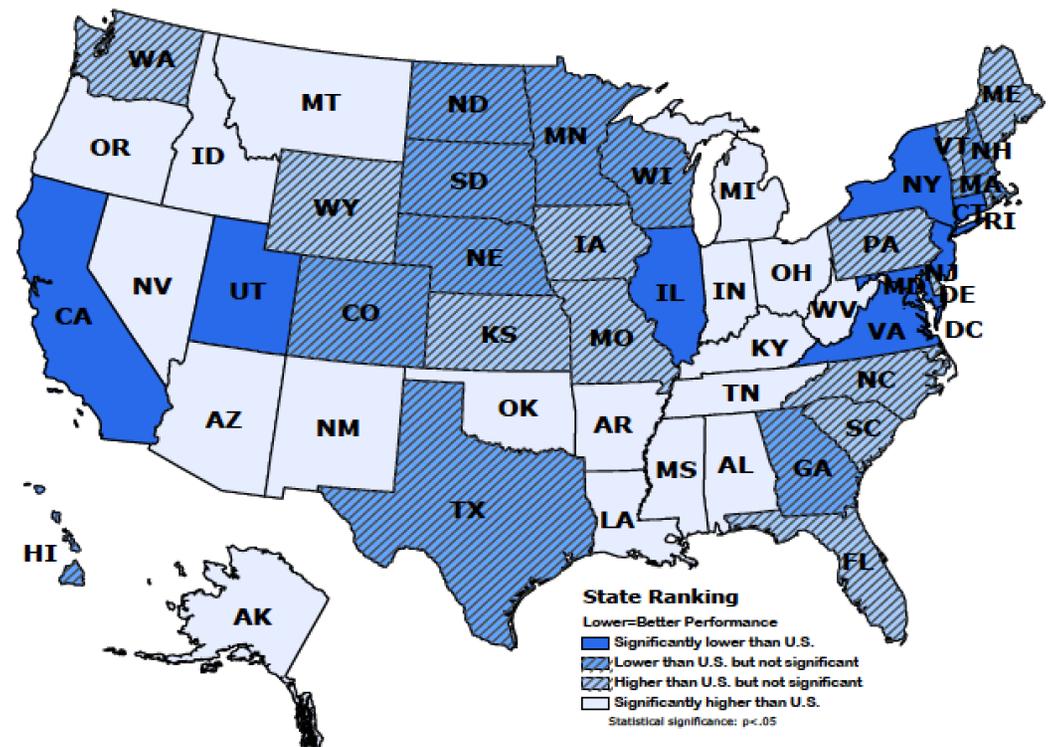


- ” Children who have experienced **4** or more ACEs are **three times as likely to take ADHD medication** when compared with children with less than four ACEs
(Ruiz ["How Childhood Trauma Could Be Mistaken for ADHD"](#), *The Atlantic*, 7 July 2014)

National Survey of Children's Health

- “ Telephone survey
- “ Tracks parent report of their children's ACEs (does **not** include child maltreatment or neglect)
- “ 2011/12 data
- “ <http://www.childhealthdata.org>

Figure 3. Exploring Disparities between States:
State Ranking Map of the Proportion of Children with ≥ 2
ACEs



Arizona Children

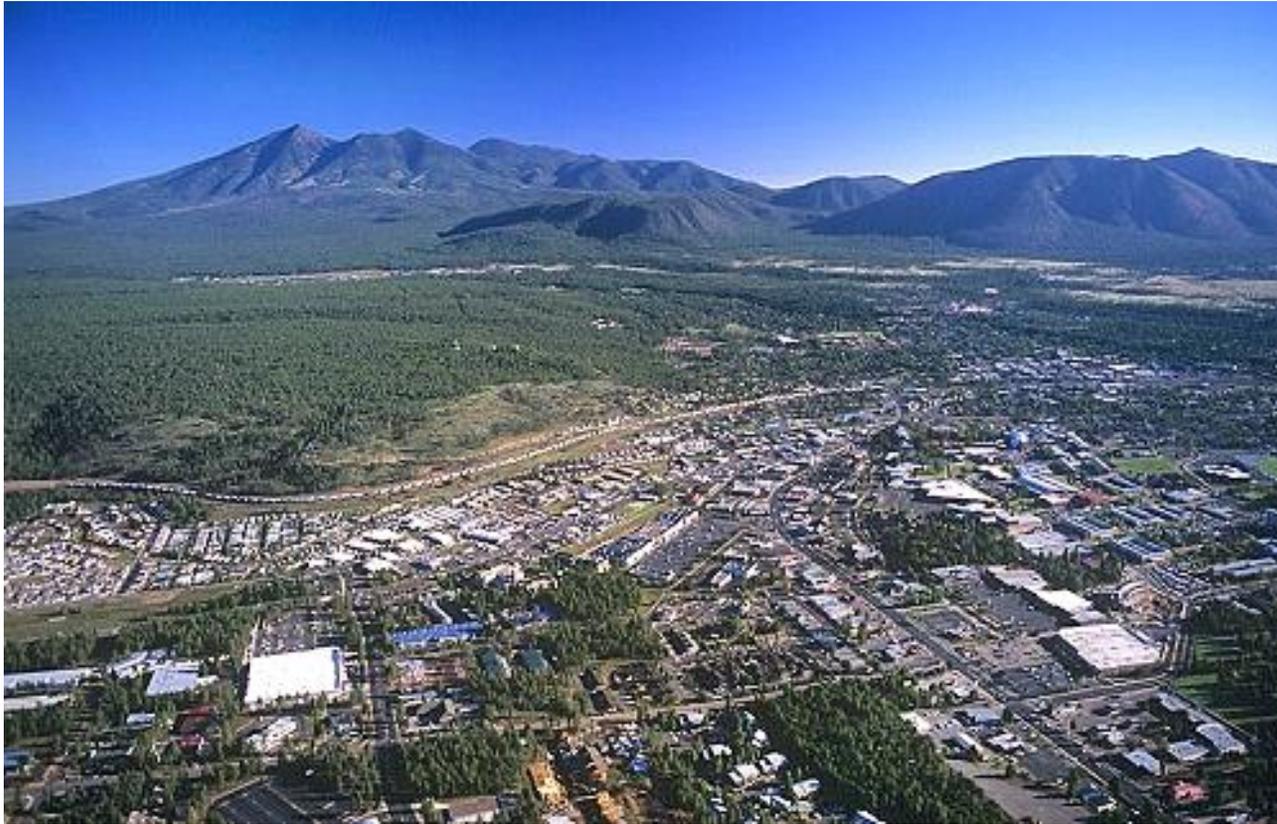
- “ Ethnic minority children have disproportionately higher share of **6+** ACEs
- “ Estimated 69,213 have **5+** ACEs



AZ Kids with **5+** ACES Would Fill University of Phoenix Stadium



Or, Equal Population of Flagstaff



Arizona Children, 0 – 17

(2011/2012 National Survey of Children's Health)

- “ No ACEs - 42.5 %
- “ One ACE - 26.4 %
- “ Two + ACEs - **31.1 %**

- “ *National average* 2+ ACEs - **22.6 %**



Arizona Children ages 12 – 17

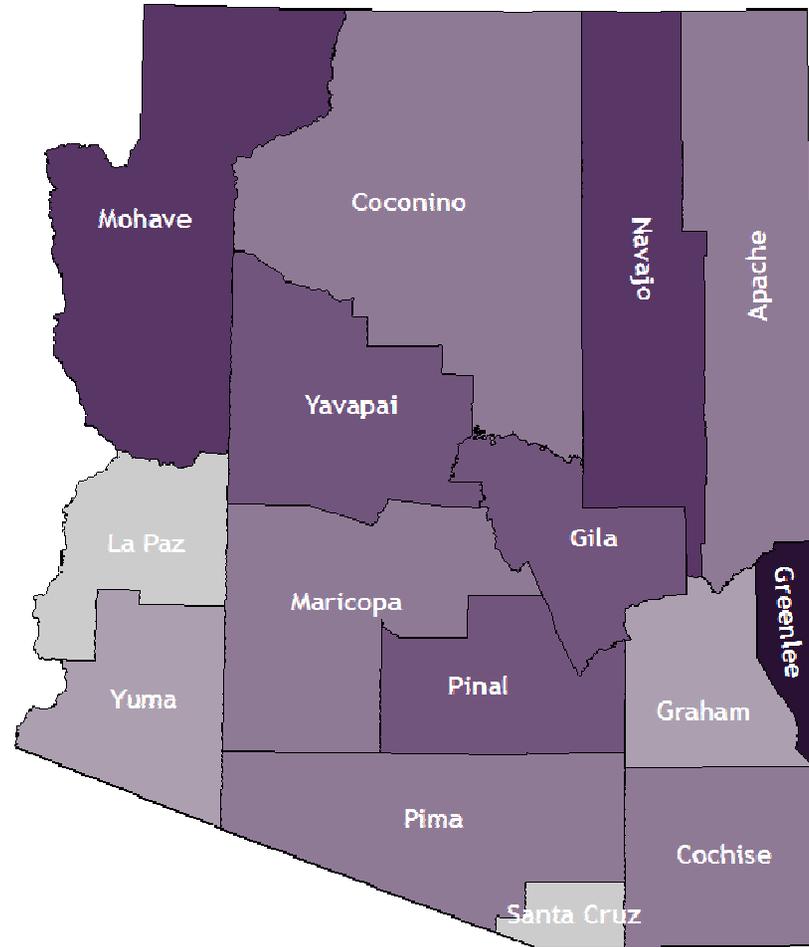
(2011/2012 National Survey of Children's Health)

“ **44.4%** have experienced **two or more** ACEs
(Natl. average **30.5%**)



AZ ACEs by County (all ages)

Percentage of Individuals
with 3 or more ACEs



Mohave Co Youth 2014*

- “ State Survey since 2010
- “ Mohave Co, > 50% 8th Graders rate as problem:
 - . Family Conflict
 - . Interaction with Antisocial Peers
 - . Perceived Risk of Drug Use
 - . Academic Failure
 - . Low commitment to School
- . *2014 Arizona Youth Survey; Arizona Criminal Justice Commission's Statistical Analysis Center

Youth responses

- “ Nearly 60% of 8th graders have used alcohol
- “ By 12th grade
 - . Nearly 80% use alcohol
 - . More than 50% use marijuana
 - . nearly 50% had engaged in any kind of gambling
 - . 25% use prescription drugs/pain relievers
 - . 20-30% :
 - “ Drank 5+ alcoholic drinks in a row in past 2 wks
 - “ Drove while drunk
 - “ Rode in car with driver who was drunk



12th Grader Responses

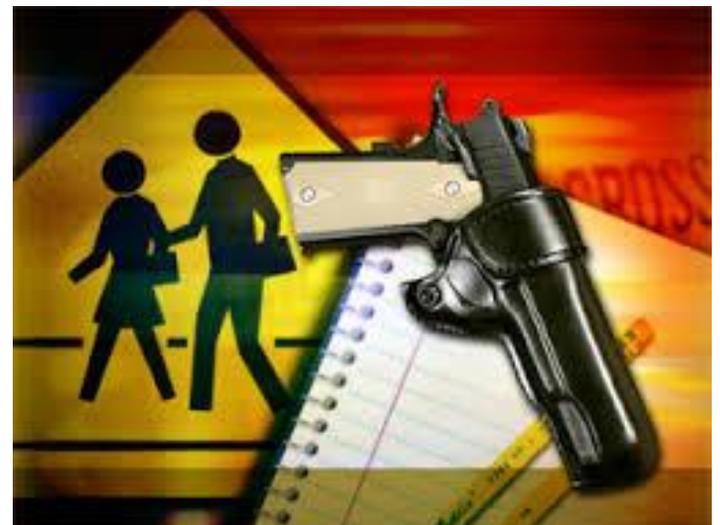
- “ > previous years and > State levels indicate:
- . Low Neighborhood Attachment
 - . Rewards for Antisocial Behavior
 - . Low Commitment to School
 - . Parent Attitudes Favorable to Antisocial Behavior
 - . Family History of Antisocial Behavior
 - . Interactions with Antisocial Peers
 - . Perceived Risk of Drug Use
 - . Parent Attitudes Favorable to Drug Use
 - . Laws and Norms Favorable to Drug Use
 - . Poor Family Management
 - . Family Conflict



School Safety in 2014

- “ Improvements over 2010 for all grades in
 - . School safety
 - . Cyber bullying

- “ However 12th graders with a weapon on school property increased
 - . (<10%)

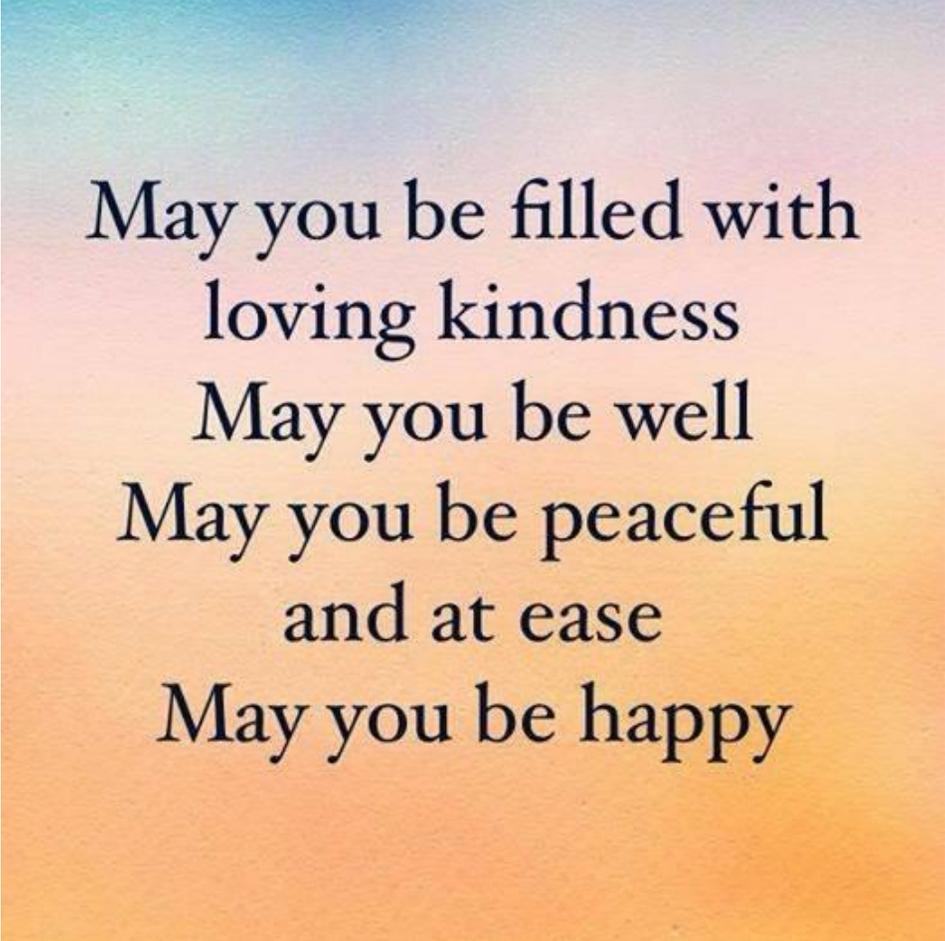


Protective Factors

- “ Mohave County below state average for all protective factors.
- “ Highest occurrences of Protective Factors:
 - . Opportunities for Prosocial Involvement in School (12th grade)
 - . Belief in Moral Order (8th and 10th Grade individuals)



Kindness Meditation



May you be filled with
loving kindness
May you be well
May you be peaceful
and at ease
May you be happy

3 Core Concepts in Early Brain Development

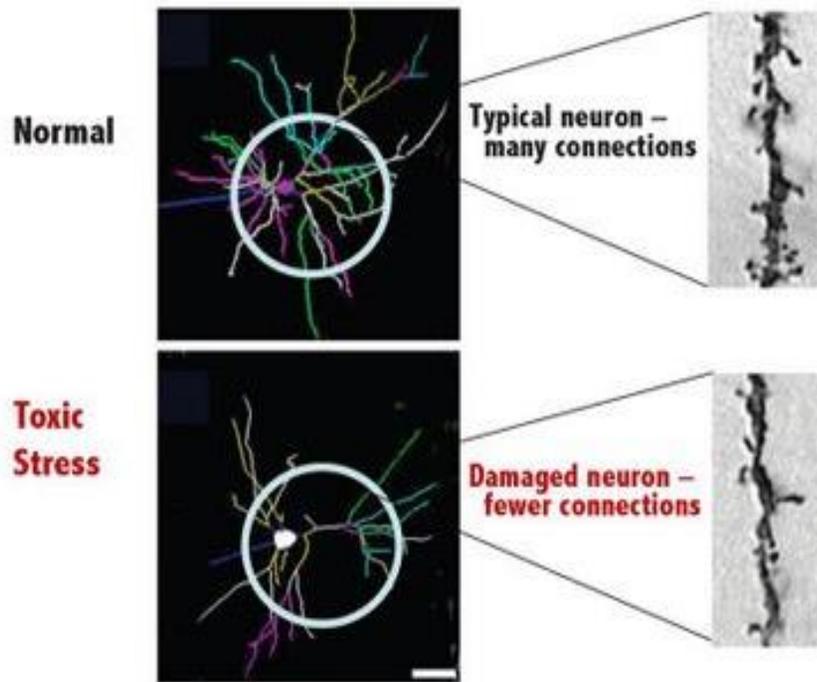


Harvard Center for The Developing Child

<http://developingchild.harvard.edu/science/key-concepts/>

1. Experiences Build Brain Architecture

Persistent Stress Changes Brain Architecture



<http://developingchild.harvard.edu/resourcetag/brain-architecture/>

2. “Serve and Return” Interaction Shapes Brain Circuitry

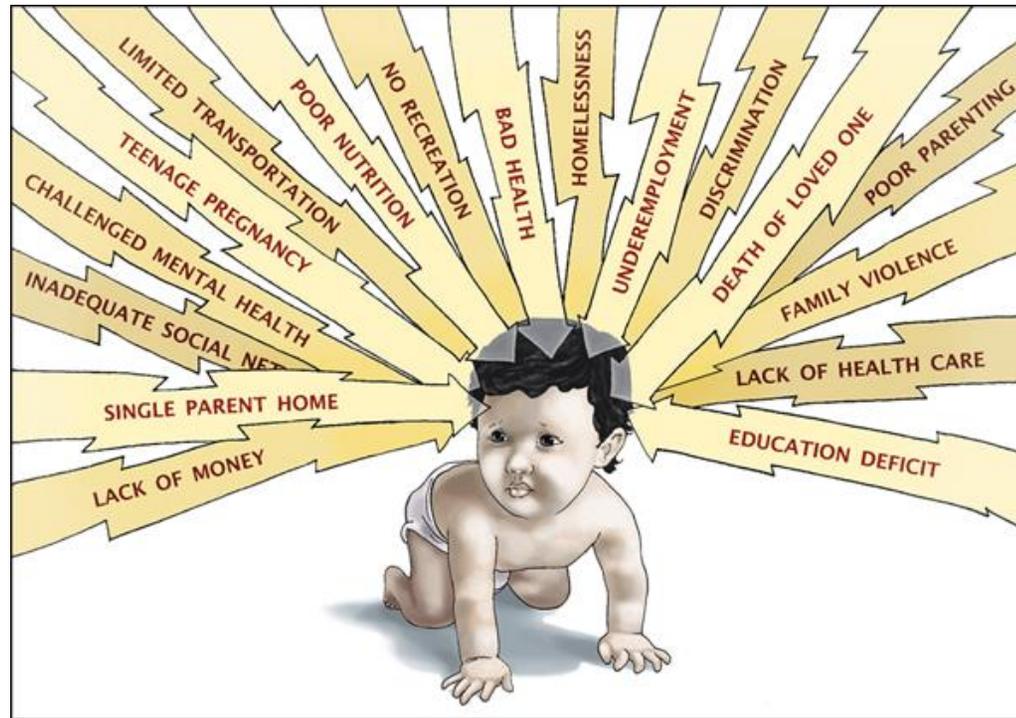
“Nurturing, responsive, and individualized interactions from birth build healthy brain structure



“ <http://developingchild.harvard.edu/science/key-concepts/serve-and-return>

3) Toxic Stress Derails Healthy Development

“Genes Load the Gun, but Environment Pulls the Trigger”



<http://developingchild.harvard.edu/science/key-concepts/toxic-stress>

How Does Trauma Get Created?

- “ High Intensity Episodic Events,
(domestic violence, abuse and neglect, etc.)
- “ Low Intensity with High Frequency
(chaotic, aggressive, punitive environments,
inconsistent child rearing practices, family
instability – financially, emotionally, residentially)
creates cumulative harm
- “ Low Intensity with Continual
Environmental Activation
(bullying, constant bickering in the home)



Trauma

- “ Activation of threat response systems respond with **reactive adaptation** -- survival strategies at expense of states that facilitate growth, learning and rest
- “ Activation does not require actual trauma; just the repeated **perception** of threat is adequate
- “ From: Being Trauma Sensitive: What you need to know to create a better life for children and families, Robert Rhoton PSY.D; D.A.A.E.T.S



Assumptions

- “ Kids (and Parents) are acting exactly as their history has wired them to act
- “ Most poor behavior is consequence of **reactive adaptation**
- “ Behavior shouldn't be starting point of Intervention (*except for immediate danger, etc.*)



Parents With Trauma History

- “ Difficulty making decisions that keep them and their children safe
- “ Hard to trust others - results in poor relationships, particularly with people in positions of power
- “ Unhealthy coping mechanisms
- “ Difficulty controlling emotions, behaviors, and words
- “ “Shut down” and fail to respond children when under stress



Talk with Parent

- “ Private
- “ Compassionate
- “ Verify
- “ Non-judgmental
- “ See child with new eyes
- “ Each is unique
- “ Use ACE questionnaire?
- “ Parents may benefit from knowing about the ACE Study
- “ Give them the ACE Survey
(<http://acestoohigh.com/go-t-your-ace-score/>)
- Be available to talk if they want



Use Trauma Informed Concepts

- “ In talking with parent:
- “ Ask
- “ LISTEN – Wait, wait, wait for response
- “ Accept
- “ Help to make meaning of ACEs

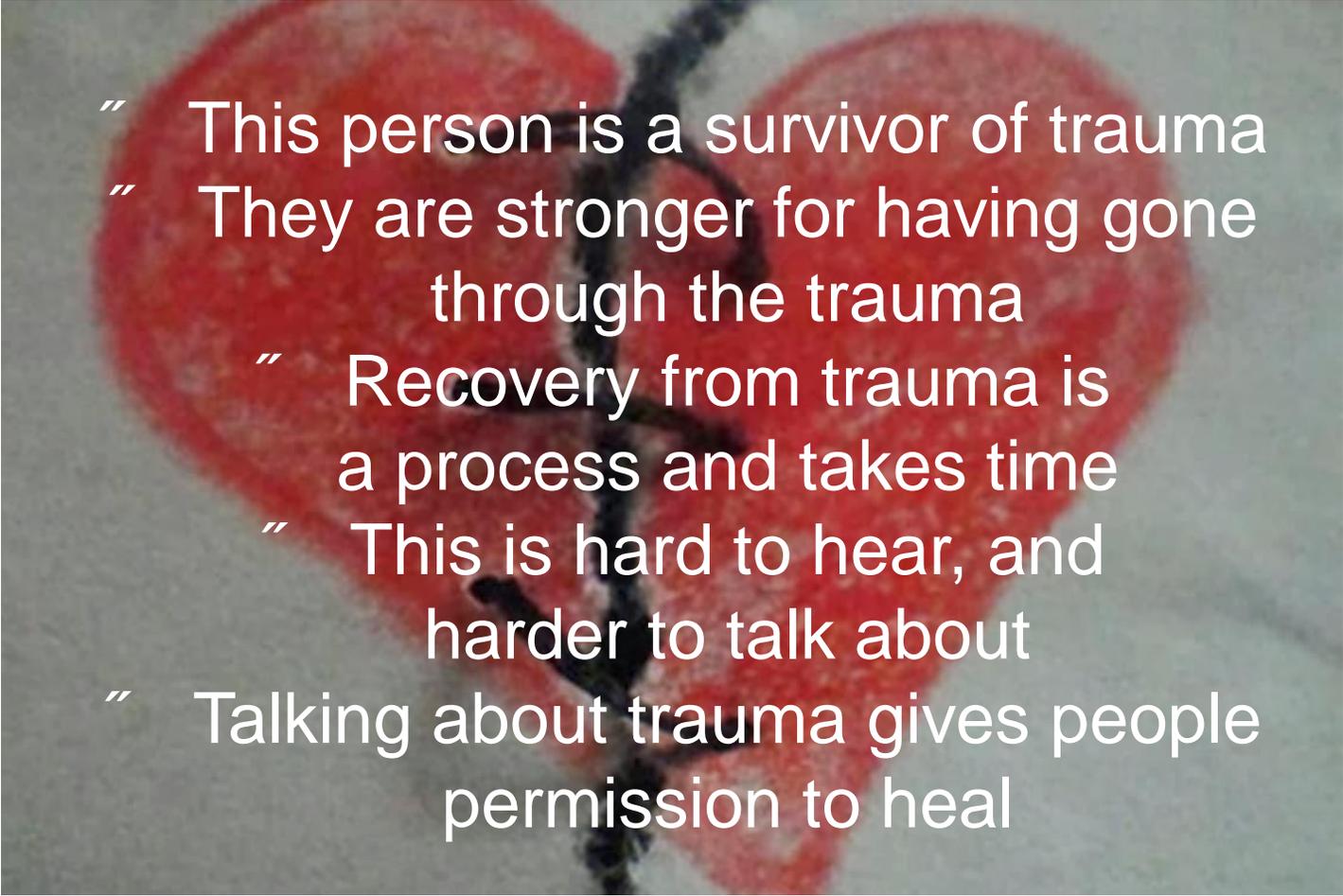


Core Trauma Informed Concepts

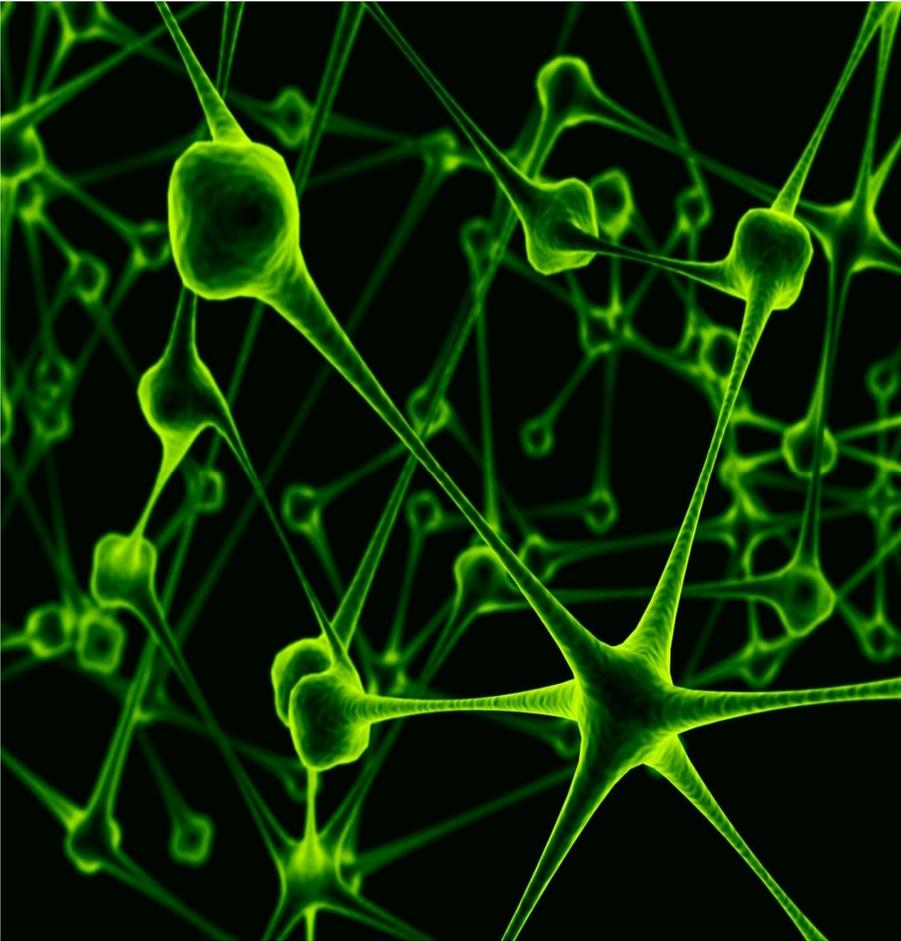
- “ Each person is expert on his/her life
- “ Focus on strengths
- “ Only a small change is needed
- “ Assume his/her intentions are for the best
- “ Relationships are KEY



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

ACEs are Interrelated and Predictive

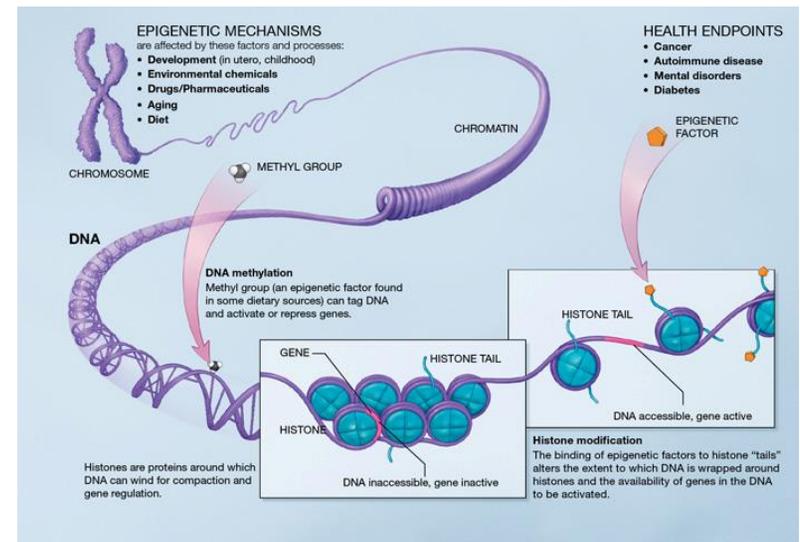


Without interruption,
ACEs escalate across
generations

Epigenetics

“ Toxic stress can alter genes and cause long-term changes in all parts of our bodies and brains

“ These changes can be transferred from generation to generation



Genes and Environment



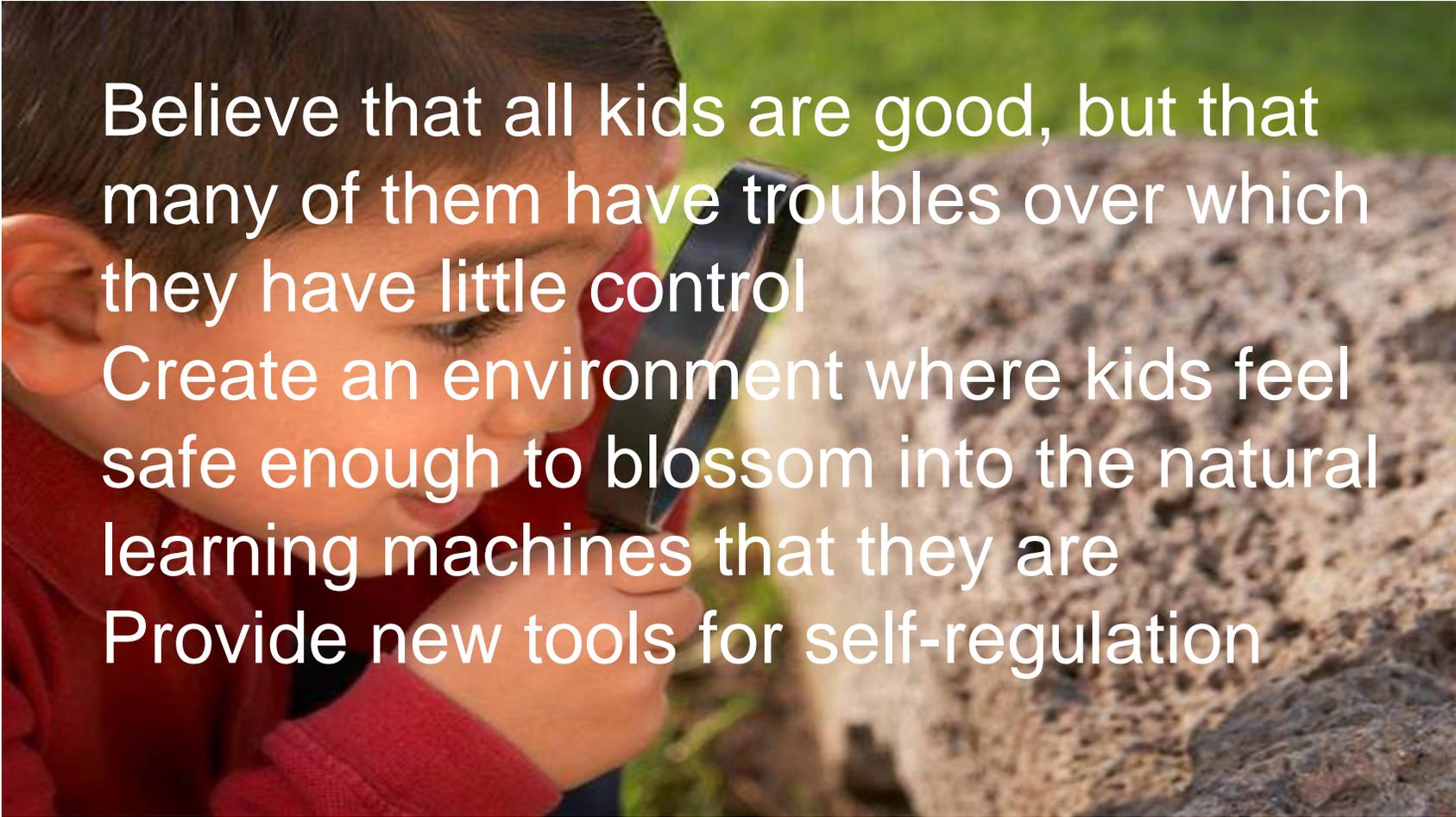
- “ Some people have genetic variations that can protect against depression/other behaviors expected due to ACEs
- “ Some people have genetic variations making them more affected by some adverse experiences AND more able to benefit from secure attachment
- “ Romania’s Abandoned Children: Deprivation, Brain Development, and the Struggle for Recovery. 2014. Nelson, Fox, Zeanah

Attitude Can Create Change

- “ Bessel van der Kolk (2005): Child can heal when feel safe and joy
- “ Bruce Perry (2006): Child can heal when sense of safety is enhanced and repetition can occur to develop new neuronal models
- “ Jean Ayres (2005): With the “optimum for growth” situation, child “turns on” with an obvious zest



We Can

A young child with dark hair, wearing a red long-sleeved shirt, is shown in profile, looking intently through a black magnifying glass. The child is holding the handle of the magnifying glass with their right hand. The background is a blurred outdoor setting with green grass and a large, textured rock in the foreground. The text is overlaid on the left side of the image.

Believe that all kids are good, but that many of them have troubles over which they have little control
Create an environment where kids feel safe enough to blossom into the natural learning machines that they are
Provide new tools for self-regulation

Self Regulation Tools

- “ Meditation
- “ Rocking
- “ Music
- “ Breathing
- “ Yoga
- “ Movement
- “ Writing/Art



JOY

IS PORTABLE
BRING IT WITH YOU

Copyright © Ideal Company

Trauma in Child Care

- “ Classrooms are designed for Regulated Kids
- “ Some kids have Trauma History
- “ Can't teach kids in dysregulation
- “ Kids can't reflect on behavior until they are Regulated



Downtime

“ Everyone can benefit from opportunities for mental rest, daydreaming, and opportunities to process new information, but traumatized children in particular need downtime in order to regroup, relax, and get a break from both the cognitive exertion of the child care day and the emotional stress of a chaotic home life.

Listen

“ Teachers don’t need to solve children’s problems in order to help. Listening to them when they want to talk can make all the difference to a child struggling with ACEs. Listen, reflect back to them that they have been heard, validate the child’s feelings without judgment, and thank the child for sharing with you.

“ <http://www.theatlantic.com/education/archive/2014/12/how-teachers-help-kids-heal/383325/>

Build Self-Efficacy

- “ Belief that actions influence what happens to child
- “ Focus on choice vs control
- “ Offer options, ask about preference
- “ Facilitate opportunities build skills
- “ Be the relationship that helps child find balance between knowing effort is valuable, and accepting not all within our control

Essential Interventions

- “ Avoid Activating Stress Response System
- “ Regulate Child Relationally
- “ Love and Relationship Before Rules - “Connection Before Correction”
- “ Create Environment of Felt and Real Safety



Essential Interventions

- “ Adults Must Regulate Themselves No Matter What Kids Do
- “ When Environment is Regulated, Behaviors Will Change
- “ Change Takes Time

(after child is regulated it can take 2 – 3 months per year for behaviors to stop.
Ex: 4 year-old could take 8-12months)



"Short moments, many times."

- “ 30 Second Pause
- “ Take a deep breath
- “ Notice your body
- “ Stay in the present, focus on your breath
- “ Re-engage with the world, without hurry, try to maintain calm, grounded feeling



Trauma Informed Care

- “ It is not the event that determines whether something is traumatic, but the individual’s experience of the event.
(Unknown)
- “ Apply to Parent and Child

"Perhaps the reason teens isolate themselves when they're overwhelmed instead of coming to us for help with their problems is because when they're toddlers we isolate them when they're overwhelmed instead of helping them with their problems."

L.R. Knost



Trauma Informed Care

- “ Not “What’s **wrong** with you?”
- “ Instead “What happened **to** you?”
- “ Symptoms are adaptations to trauma



What Practitioners Need

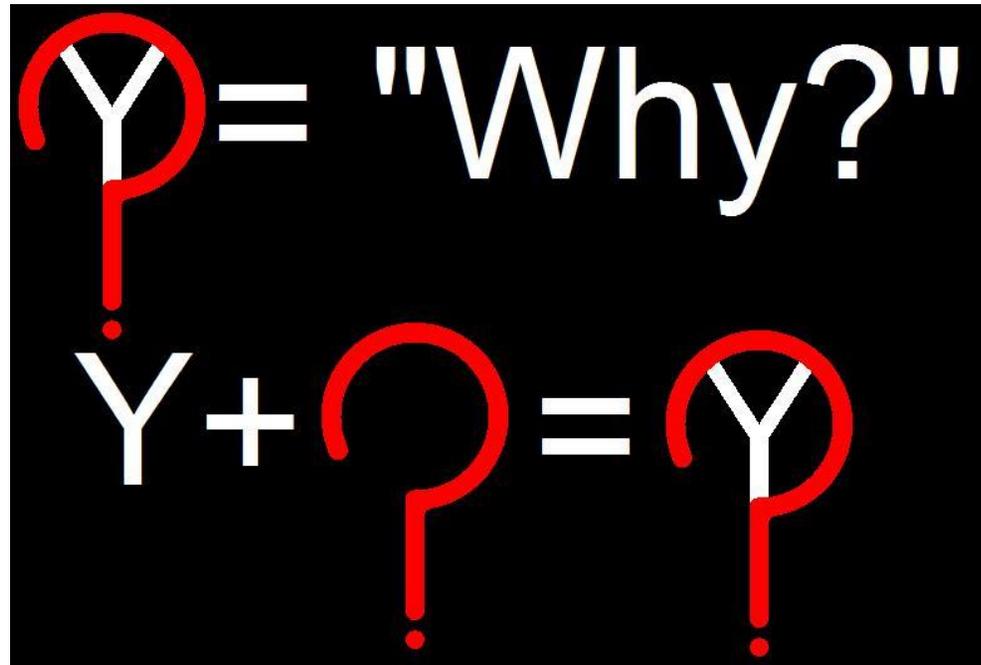
- “ Knowledge of own ACEs, to be sensitive
- “ Self regulation skills, ability to co-regulate
- “ Be fully present, not distracted/distracting
- “ Access to Reflective Supervision



Positive Factors That Counterbalance Adversity



ACEs Don't Explain Everything



Many individuals with High ACE Scores do Not have poor health outcomes.

At Least 1 Stable, Caring and Supportive Relationship



Building Sense of Mastery over Their Life Circumstances



Affirming Faith or Cultural Traditions



Resilience



KELLY CESTARI/ASP VIA GETTY IMAGES

Like Surfing

- “ Requires continuous balance
- “ Ability to spontaneously respond to demands of unforeseen
- “ Eagerness to learn, use new skills
- “ Maintenance of physical & emotional health
- “ Spiritual joy

Promoting Parental Resilience

- “ Recognize Early Signs of Stress
- “ Connect to Resources
- “ Develop a Trusting Relationship
- “ Provide Support
- “ Look For and Point Out Inner Strengths



Effective Self-Care Activities

” You can do

- . Friends
- . Physical activities (sports, yoga—participate, not just watch)
- . Meditation

” Your Admin can do

- . Comp Time
- . Provide RS



Here's the Hope



- “ Better understanding of mechanism
- “ ACEs are not destiny
- “ Helps us develop better responses and reduces *judgment*
- “ Multiple evidence-based approaches to *healing*

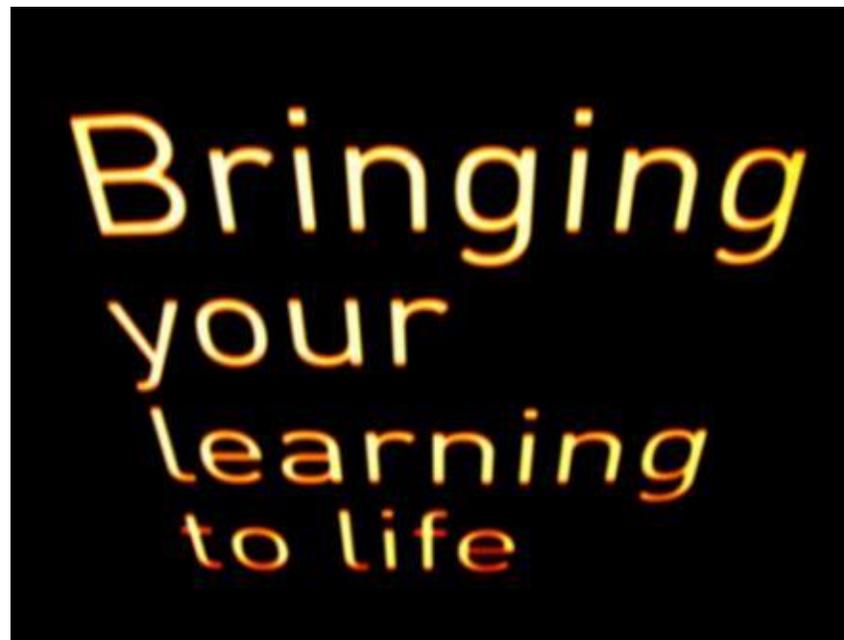
ACEs Often Last a Lifetime . . . But They Don't Have To

- “ Healing can occur
- “ The cycle can be broken
- “ Safe, stable, nurturing relationships heal



Turn to Your Neighbor

- “ Share what resonated the most with you today
- “ How are you going to use this information?



In Summary

“It is easier to build strong children than to repair broken men”

~ Frederick Douglass (1817-1895)



Marcia Stanton, MSW, mstanto@phoenixchildrens.com

Mary Warren, PhD, IMHE(IV) maryw@pcaaz.org