Rising Out of Risk
Understanding the Real Time Risk and Response to ACEs in Children

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We don't know much about trauma

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Understanding the Need through the Eyes of the Child

Emo... ...ce
Care...
Health ...
Incarceration in the Family
Caregiver Substance Abuse
Sepa... ...unity
Homelessness
...Violence

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The Adverse Childhood Experiences (ACE) Study

- ACE exposure
- With four or more categories of childhood exposure, compared to adults with no ACEs
  - 4 to 12 times increase in alcoholism, drug abuse, depression, and suicide attempt
  - 2 to 4 times increase in poor self-rated health
  - 3 to 4 times increase in chronic illness (heart disease, liver disease)

	ACE Study	BRFSS WA State
No Reported ACEs	38%	36%
One ACE	21%	26%
Two ACEs	14%	16%
Three ACEs	10%	10%
4-5 ACEs	17%	13%

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MENTAL HEALTH

≥14 of 30 Unhealthy Mental Health Days

DISABILITY

Missed Work ≥ 14 of 30 Days Due to Mental Health

Treatment for Mental Health Condition

Health Problems Require Special Equipment
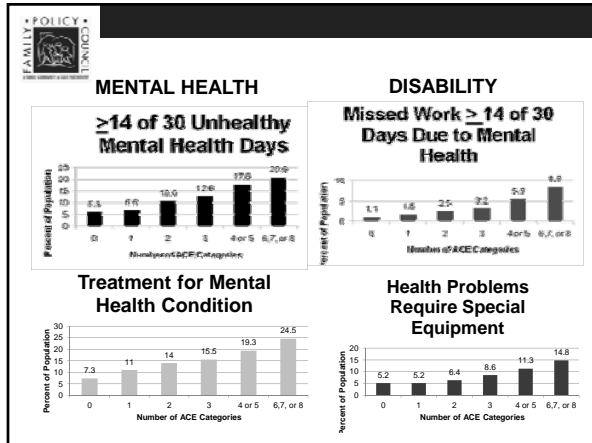
Moving from ACES to complex trauma as the framework for action

- The process of exposure to ACEs and the process of adjustment.
- Toxic stress- persistent, unpredictable, inescapable.
- The 'complex' in complex trauma risk:
  - Early exposure at times of critical development
  - Multiple risks
  - Unpredictable and persistent.
  - Who you love is who you may not be able to count on.
- Natural responses to extraordinary circumstances.
- Complex trauma involves common challenges and responses that can be understood and guide our actions.
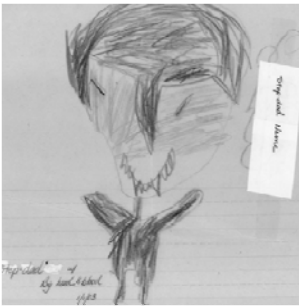
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Mapping trauma's risk

Risk dimensions

- Impaired relationships
- Threat-arousal regulation
- Social emotional development
- Emotional regulation
- Cognitive development
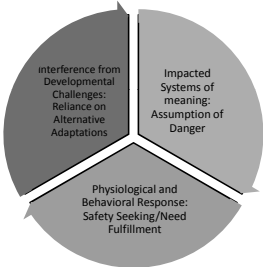- Health risk

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Three Part Model for Understanding Behaviors

What is beneath the behavior?

Interference from Developmental Challenges: Reliance on Alternative Adaptations

Impacted Systems of meaning: Assumption of Danger

Physiological and Behavioral Response: Safety Seeking/Need Fulfillment

Safety Seeking

Needs Fulfillment

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Spokane Study ACEs Exposure in elementary aged children

- 2,100 randomly selected children in 10 elementary schools
- >200 teachers, counselors, and building administrators reporting
- Exposure happens early
- Risk is greater as poverty increases
- 22% Two plus ACEs
- Abuse and caregiver disruption as two primary factors

	Lifetime
Parents Divorced/Separated	36%
Residential Instability	9%
Domestic Violence Witness	9%
CPS Involved	9%
Jailed Family Member	9%
Substance Abuse in Family Member	7%
Basic Needs	7%
Mental Health Disorder in Family Member	5%
Physical Disability in Family Member	3%
Community Violence Exposure	3%
Parent/Caregiver Death	2%

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Odds for academic and health problems with increasing ACEs

Spokane Elementary School Students	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequent Reported Poor Health
Three or More ACEs N =248	**3**	**5**	**6**	**4**
Two ACEs N=213	**2.5**	**2.5**	**4**	**2.5**
One ACE N=476	**1.5**	**2**	**2.5**	**2**
No Known ACEs =1,164	1.0	1.0	1.0	1.0

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Percent of Students with One or More Academic Concerns by ACE Exposure

	No Known Adverse Events	One Reported Adverse Event	Two Reported Adverse Events	Three or more Adverse Events
One or More Academic Concerns	34%	56%	71%	80%
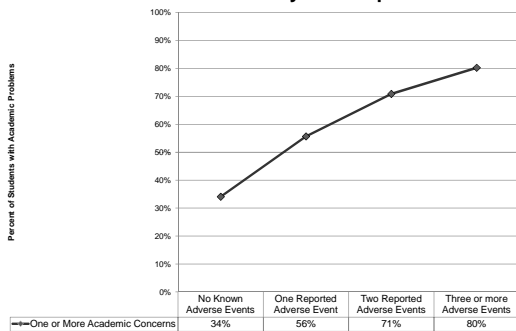
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Screening for ACEs and impact in complex systems- Spokane Safe Start

- The case for and against screening
- Head Start system becoming a trauma informed organization
- Adapting screening to manage organizational and family risk
- Staff education and engagement as key steps
- 70% voluntary completion

- In this low income general population:
  - **54% of children have 2+ ACEs**
  - **73% of caregivers have 2+ ACEs**
- As parental ACEs increase so does child ACEs
  - 25% of parents have 6 + ACEs, and 60% of their children have 3+ ACEs
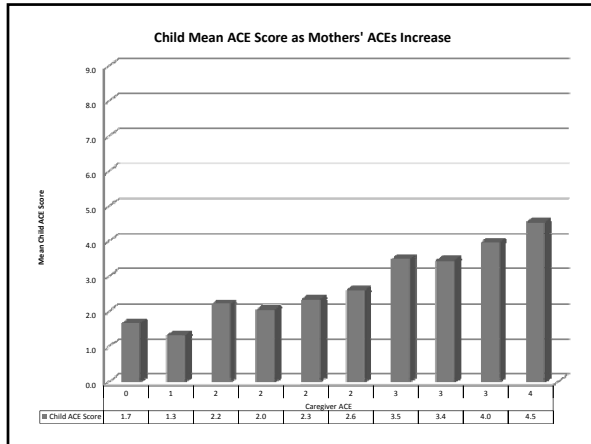
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Child Mean ACE Score as Mothers' ACEs Increase

	0	1	2	2	2	2	3	3	3	4
Child ACE Score	1.7	1.3	2.2	2.0	2.3	2.6	3.5	3.4	4.0	4.5

Caregiver ACE

Increasing ACEs in preschool link to social and cognitive risk

ACEs Exposure in Head Start Children by
Attachment Success and Behavioral Concerns
based on Parental DECA reports

	No Reported ACEs N=25	One ACE N=20	2-3 ACEs N=30	4 or more ACEs N=29
Attachment Typical Development	66%	60%	87%	67%
Reported Behavior Concern	28%	45%	47%	69%

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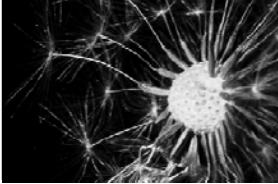
- Principle 1: <u>Our first responses are based in non-conscious, reflexive, and conditioned responses.</u> We feel and then we think.
- Principle 1: <u>Our brains are designed to benefit from rich and supportive intimate social relationships.</u>
  - "Serve and Return"
- Principle 3: <u>Brain development is 'use dependent.'</u>
- Principle 4: <u>Brain systems change with use throughout life.</u>
  - <u>Adapted from B. Perry</u>

Core brain development principles

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Managing threat response and self-regulation challenges

- We need to calibrate our relationship and goals to the arousal level of the child
  - New learning can not occur effectively in high states of painful arousal.
  - Response options available to children reflect their level of present arousal and their range of skills and learning.

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Relationship is the Evidence-Based Practice

- Trauma results primarily from disrupted relationships
- Focus on relationship as the vehicle for life success
- Attachment key to well-being across the life span
  - Critical role of core caregiver-infant relationships
  - Early learning creates persistent but potentially modifiable responses
  - **Progressive role of extended caregivers and intimate relationships**

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Build Resilience

- Resilience- positive adaptation despite adversity
- In early childhood, successful secure attachment
- In later childhood, mastery of school and establishing meaningful peer and adult relationships
- In adults, meaningful intimate and loving relationships
- A virtuous cycle- Reduces exposure to vulnerability and increase access to protective resources

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Why There is Reason for Hope-
Trauma Informed Education and Youth Development

- Social support and resources build resiliency at any age. Resiliency buffers the effects of trauma.
- Creating safety and predictability creates opportunity for new learning.
- Understanding trauma creates opportunities for new behaviors.
- Professionals can create powerful relationships.
- Managing trauma's effects may result in increasing success for systems.
- We need phased, needs-based integrated action

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Trauma informed response

- If we assume trauma, how are we different in our response?
- Create safety/create relationship/create trust
- Accountability v. punishment
  - High standards
  - Managing behavior and setting standards
  - Redemption as possible
- Create hope and a sense of power in the parent and the child
  - Build on strengths
  - Build skills
  - Avoid labels
  - Determining when specialized treatment is needed

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Collaborative Learning for Educational Achievement and Resilience
CLEAR

Targeted Supports Based on School Capacity

Social Emotional Learning practices

High Standards for All

Trauma Sensitive Strategies

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The ARC Model

Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005
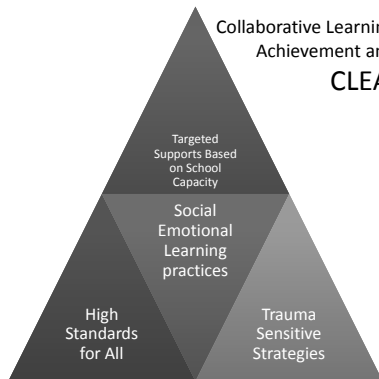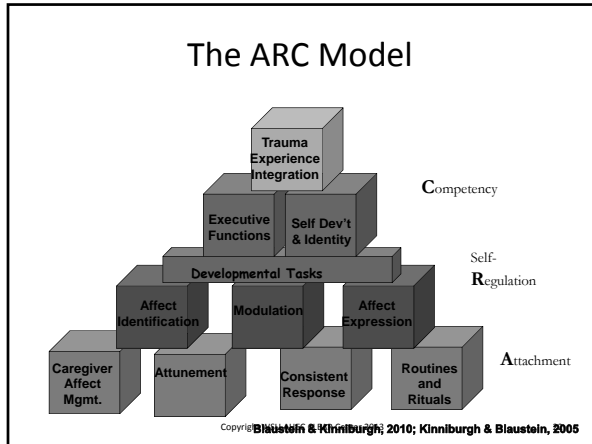
Lessons from implementation development in P-12 systems

- Persistent professional development to support
  - depth of practice
  - Culture and system change
  - Adapting to what we learn
- Safety and arousal management as foundation
  - Hierarchical brain function as planning tool
- Not reliance on other systems but key partnerships to fill gaps
  - Public health partners
- Data driven decision making
  - Screening, assessment, evaluation of decisions
- Dedicated supports to the most impacted

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