TRAUMA INFORMED CARE

ACE, Trauma and Parent Strategies

October 18, 2016

ELISE AGRELLA-O'ROURKE, LCSW
AFSANEH SAFAIE, LMFT
JENNIFER SLUSHER, LCSW

I. Trauma Research and Academics

- Focusing on academics while struggling with trauma is like “trying to play chess in a hurricane.”

--Mount Vernon High School teacher Kenneth Fox.

What do you see?

ACE Survey

https://acestoohigh.com/2016/04/05/five-minute-video-primer-about-adverse-childhood-experiences-study/

- **The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants)**

- Study participants were middle-class Americans from San Diego, 80% white, 74% attended college, average age of 57, split evenly between men and women (members of Kaiser through employers)

What are Adverse Childhood Experiences (ACEs)?

- **A term coined by researchers to describe ten potentially damaging childhood experiences and the long-term relationships between these experiences and a wide array of adult medical issues, incl. illnesses and poor quality of life:**

Adverse Childhood Experiences (ACEs) as defined by Felitti & Anda (2009)

- **Child physical abuse**
- **Child sexual abuse**
- **Child emotional abuse**
- **Emotional neglect**
- **Physical neglect**
- **Mentally ill, depressed or suicidal person in the home**
- **Drug addicted or alcoholic family member**
- **Witnessing domestic violence against the mother**
- **Loss of a parent to death or abandonment, including abandonment by parental divorce**
- **Incarceration of any family member for a crime.**

Study Findings and ACE score

Prevalence of adverse childhood experiences across this group:

- 28% had been abused physically as a child,
- 17% had a mentally ill, depressed or suicidal person in the home
- 27% had a drug addicted or alcoholic family member.
- 3+ types of childhood trauma – significantly higher risk of chronic disease, suicide, drug use, engaging in violence or being a victim of violence.

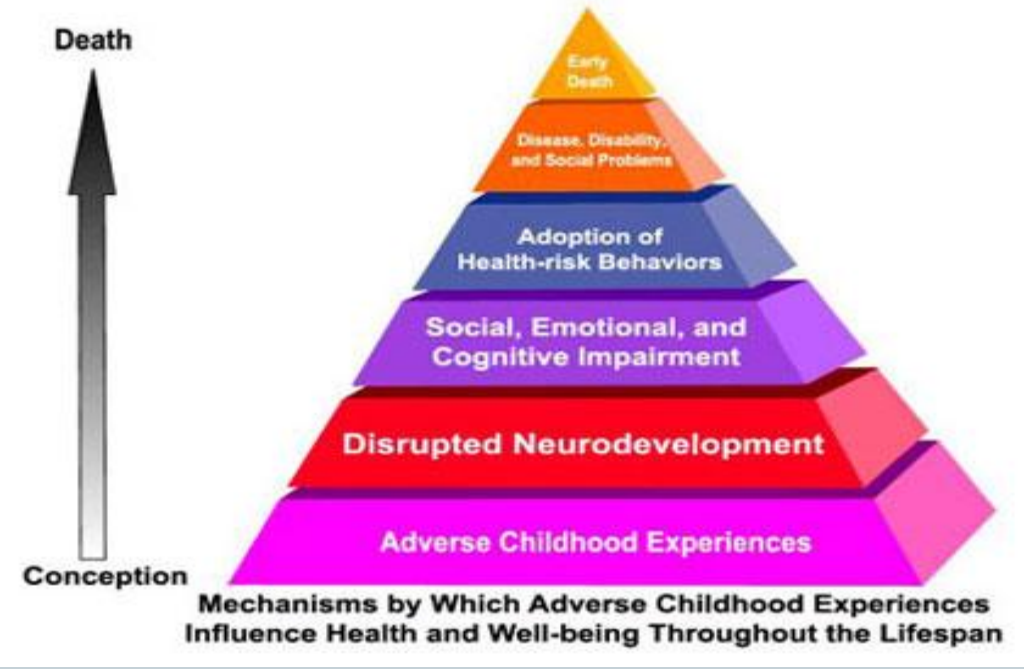
In the general population:

Most children are exposed to at least 1, and often multiple, traumatic events by age 17 (Finklehor, Turner, Ormrod,& Hamby, 2009).

* 71% of youth up to age 17 reported trauma in the past year (most 3+ events)
* Child sexual abuse: 17% boys; 28% girls
* Domestic violence: 20 - 40% of all children

The researchers made an especially significant finding: **the greater the number of ACEs, the greater the risk for an array of poor physical, mental and behavioral health outcomes for patients across their life spans.**

- CALCULATING PERSONAL ACE SCORE: 1- 10



It is important to recognize that:

- Adverse childhood experiences (ACEs) are common.
- ACEs tend to occur in clusters, rather than single experiences.
- The cumulative impact of multiple exposures can be captured in an “ACE Score”.
- The ACE score likely captures the cumulative (neuro)developmental consequences of traumatic stress.
- The ACE Score has a strong, graded relationship to numerous health, social, and behavioral problems throughout a person's lifespan

Students with higher ACE scores…

- are two-and-one-half times more likely to fail a grade;
- score lower on standardized achievement test scores;
- have more receptive or expressive language difficulties;
- are suspended or expelled more often; and,
- are designated to special education more frequently.

Overall, ACE score is highest predictor of academic failure

Source: (Delaney-Black et al, 2002; Sanger et al., 2000; Shonk & Cicchetti, 2001, Grevstad, 2007)

II. Biology of Stress

Trauma: A strong emotional response to an event or experience, emotional shock

Acute Trauma: refers to a single traumatic event that is limited in time, such as an auto accident, an illness, a parent's death, or a natural disaster.

Chronic Trauma: refers to repeated assaults on the child's mind and body, such as chronic sexual or physical abuse or exposure to ongoing domestic violence

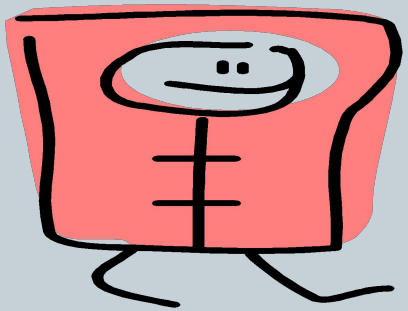
Complex Trauma: The experience of multiple or chronic and prolonged developmentally adverse traumatic events, most often of a personal nature (sexual or physical abuse, family/ community violence). These symptoms of complex trauma are developmental and therefore are often confused with symptoms of other learning problems.

Advances in science enable us to conclude that many behaviors observed in children who have experienced traumatic events, are the result of prolonged stress on their mind and body functions.

Traumatic Experiences

- Subjective: It is an individual's experience of the event, not necessarily the event itself that is traumatizing.

Protective Factors:

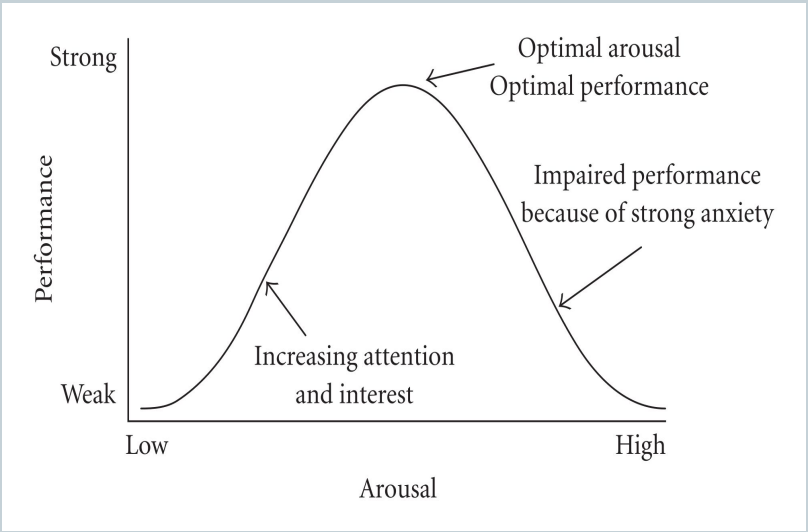


Parental resilience
Social connections
Knowledge of parenting and child development
Concrete support in times of need
Nurturing and attachment/social and emotional competence of children

- Trauma is under-reported and under-diagnosed

Types of Stress

- Positive: predictable, moderate, controlled=<u>resilient</u>
- Tolerable
- **Toxic** Stress: unpredictable, severe = <u>vulnerability</u>



- Long lasting, frequent, or strong intensity
- More extreme precipitants of childhood stress (**ACEs**)
  - * Physical, sexual, emotional abuse
  - * Physical, emotional neglect
  - * Household dysfunction

GOAL: Optimal Frustration

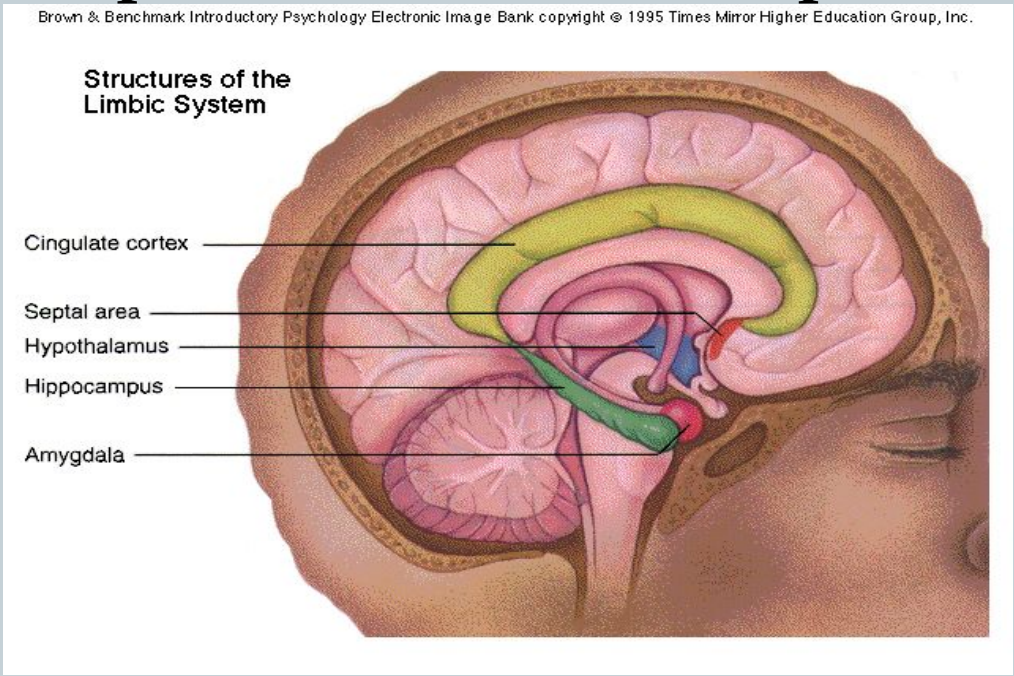
Optimal frustration occurs when a person experiences frustration that can lead to the development of new coping skills

"Tolerable disappointments … lead to the establishment of internal structures which provide the basis for self-soothing"

-Heinz Kohut

Stress and the Developing Brain

Brain develops from Bottom to Top (Back to Front)



Amygdala--Fight/flight/freeze

Hippocampus--episodic memory

Hypothalmus--endocrine sx/internal balance--stress response

Upstairs Brain and Hand Model

Cognitive Development

The part of the brain that develops most from ages 12 - 25 y.o. is the prefrontal lobe which controls:

Making decisions

Thinking ahead

Planning

Setting Priorities

Comparing risks and rewards-cause and effect

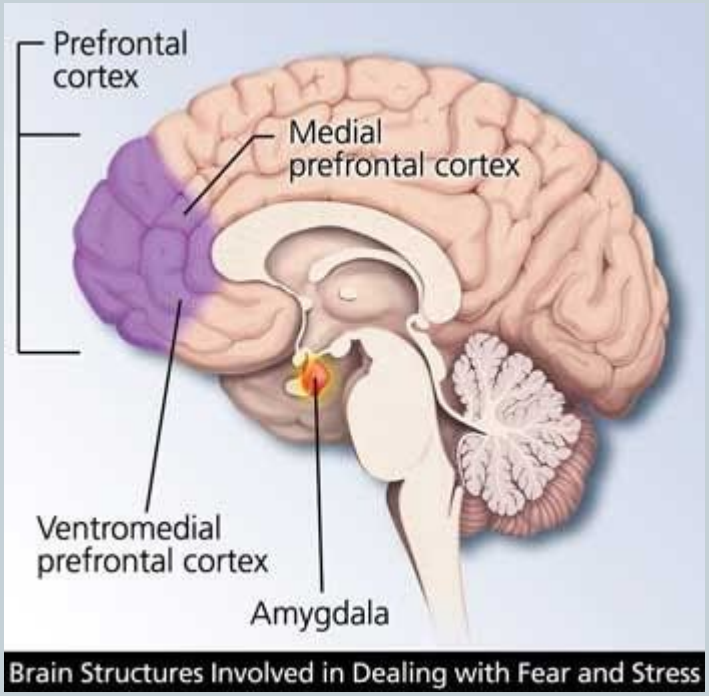
(Initiating appropriate Bx and inhibiting inappropriate)

Empathy

Sensitivity to Feedback

Insight

"self control center": Self regulations



Brain Structures Involved in Dealing with Fear and Stress

https://www.youtube.com/watch?v=qFTljLo1bK8

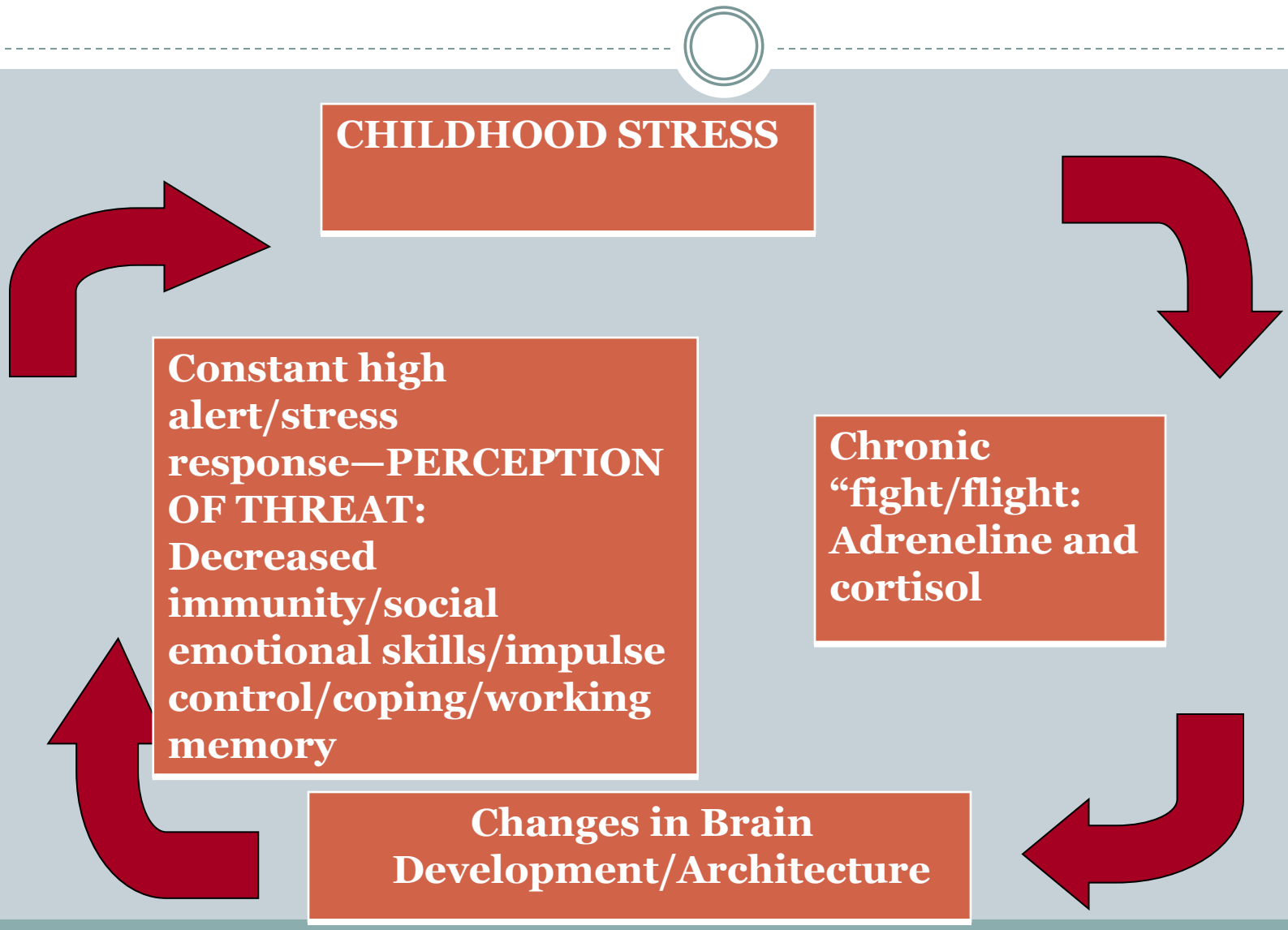
Effects of Toxic Stress on the Brain

* Over-development of regions of the brain affecting fear and anxiety (amygdala on alert—lid flipped)

* UNDER-DEVELOPMENT OF FRONTAL LOBE (KEY TO LEARNING, DECISION- MAKING)—DELAYS IN BRAIN MATURATION.

LATIONSHIP BETW TOXIC STRESS AND EMOTIONAL AND BEHAVIORAL WHEN PROLONGED STRESS OCCURS DURING INFAN HOOD, **THE STRESS HORMONE CORTISOL** IS RELEASED THROUGHOUT THE BRAIN AND BODY. THESE STRESS HORMONES COMPROMISE NORMAL BRAIN DEVELOPMENT AND THE IMMUNE AND NERVOUS SYSTEMS.

Impact of Early Toxic Stress



Impact on Development

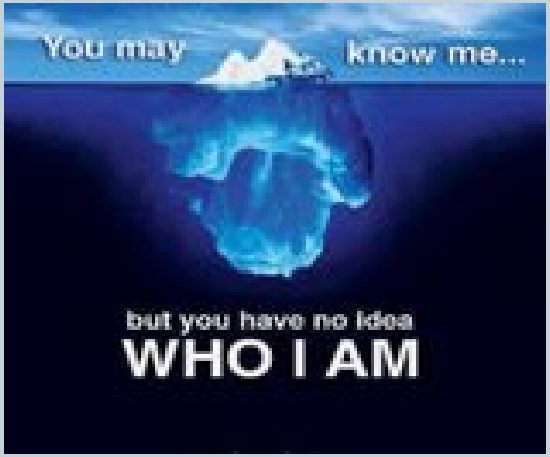
Children who experience chronic trauma lag behind their peers in development:

- difficulty with information processing,
- no connection of cause and effect
- trouble with concentration,
- external locus of control, low "personal agency"
- social wariness and poor relationships
- perceptions of threat
- SELF REGULATION: emotional volatility and impulsiveness
- aggression and bullying

Universal Precautions

- Universal Precautions

Acknowledge the tip of the iceberg: consider that the student behavior you are seeing may be a traumatic response to something bigger and more complex than what you are seeing in your classroom (The tip of an iceberg.)



Remember that compassionate strategies that are effective for children experiencing toxic stress are useful for most children

A Nurturing/Compassionate Model

- Provides a new paradigm for parenting:

What's WRONG with you?

to

> What has HAPPENED to you?
> What uncomfortable feelings are you feeling?
****What can I do in this very moment to improve my relationship with my child? ****

III. Parent Strategies

Adults ordinarily fail to recognize the incidence and magnitude of stress in the lives of children. Studies have shown that "parents perceive children as having lower levels of stress than children perceive themselves as having." (Humphrey, *Helping Children Manage Stress*, 1998, p.8)

DOMAINS of "Compassionate Parenting"

1.) Always Empower. Never Disempower.
"I notice….name behavior"

2. Provide Unconditional Positive Regard.

3. Maintain High Expectations.

4. Check Assumptions. Observe. Question. (monitor our own values, beliefs, judgments, triggers) : Explore "disruptive behavior" by questioning who's problem is this?

5. Meet the child where they are at developmentally.

6. Be a Relationship Coach.

CONNECT

Since it is in the emotional states of fear that damage happens, it stands to reason that it is in the relationship and emotional states of safety and love that repair and healing happen.

"Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community."

-Judith Herman
"Trauma and Recovery"

Active Listening

“Seek First to understand, then to be understood.”

Understand and feel another’s experience for yourself

LISTENING with the EYES, EARS, HEART

Types of Listening

→ Fix it/Judging

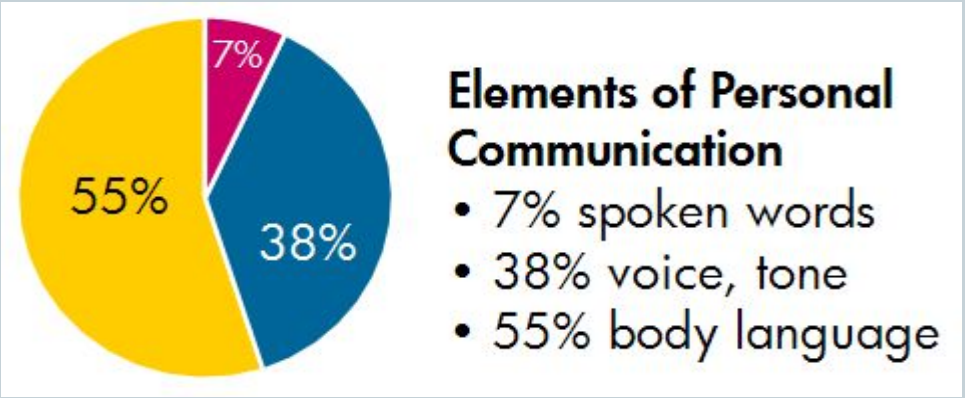
→ Pretend (“Uh-huh.Right”)

→ Word (pay attention only the words being said)

→ Self-centered

Non Verbal Communication

→ more likely to contain the truth



Nonverbal Communication

- It influences the way a message is interpreted by the receiver
- Includes all unwritten and unspoken messages
- Non-verbal cues speak louder than words
- These cues contain up to 93% of the meaning of a message
- In a clash between the verbal and the non-verbal the receivers tend to believe the non-verbal messages

Brain Science in Practice

- "Name it to Tame it" : Label Feelings: helps a child manage strong emotions by putting to words their experience

- "Connect and redirect" : Validate: does not mean that you agree Problem solve

Processing=molding the brain and building relationship

Brain Science in Practice

Timing is important!!!

> parent and child both need to be regulated.

>Stress= short term memory loss

Behavior communicates ???

Behavior is:

Automatic responses NOT determined by mindful considerations at the level of the neocortex.

- Consequences>ignite these responses even more because it is perceived as more of a threat.

- Issues are not behavioral but regulatory

EXAMPLE: INSIDE-OUT CLIP

Redirecting behavior

Consequences= help children learn

The deliverance can often send the message of rejection

Redirecting behavior

Use a language that relates love and care for Billy

Example : “Time in” “ cool down” vs. “ Time out”

More regulated kids> brainstorm how to “ fix it” or “re-do”

Empathetic statements: “I notice you’re doing your homework, I wonder if it’s because you don’t understand.”

Avoid asking questions but only to re-affirm boundaries.

Rules and Boundaries are important!

CHILDREN NEED RULES AND BOUNDARIES TO FEEL SAFE

> "Nevertheless"

> "Yes…but"

> Routines

> Schedules

> Warnings before transitions

* Please be mindful that Some children are not developmentally ready for certain demands*

Redirecting behavior

Avoid control battles:

"you can eat your cookie now or have it for dessert, which would you like to chose?"

>Non-negotiable> "Nevertheless"

Acknowledge choices and consequences of those choices. Accept their choice with no judgment or argument.

Biological Stress Response: DHEA/Cortisol Connection

2 Stress Hormones:

Cortisol—suppresses digestion and other functions

DHEA—*dehydroepiandrosterone; helps your brain grow (increases neuroplasticity) and helps brain LEARN from experience of stress*

DHEA to Cortisol ratio = Growth Index of a stress response

Higher growth index is associated with thriving during and after a stressful experience.

Helps students persist and predicts better performance!

RESEARCH: Being good with one type of challenge makes us better at handling other types of challenges. Learning and growing from difficult experience is like a vaccine (stress innoculation).

Resource: *The Upside of Stress: Why Stress Is Good for You, and How to Get Good at It* - *Kelly McGonigal, PhD*

Redirecting behavior

Building a positive relationship is key:

>Mistakes are ok

>Extra time

>Touch

>Listening and validating

>Love Notes

"When the heart speaks, listen. Then respond compassionately and consistently."

– Mona M. Johnson

Redirecting Behavhior

What doesn't work:

Anger, irritation, annoyance

Shaming

Sarcasm

Yelling

Criticizing

Arguing

Threats

Time outs

Lectures

Bribes

Questions (guess work is better)

Punishments

Overpraising >Makes them think you're stupid and not real

Calm=effective

Children pick up on our stress level!!

If we flip our lid, it's ok, we are human!! Go back and fix it:

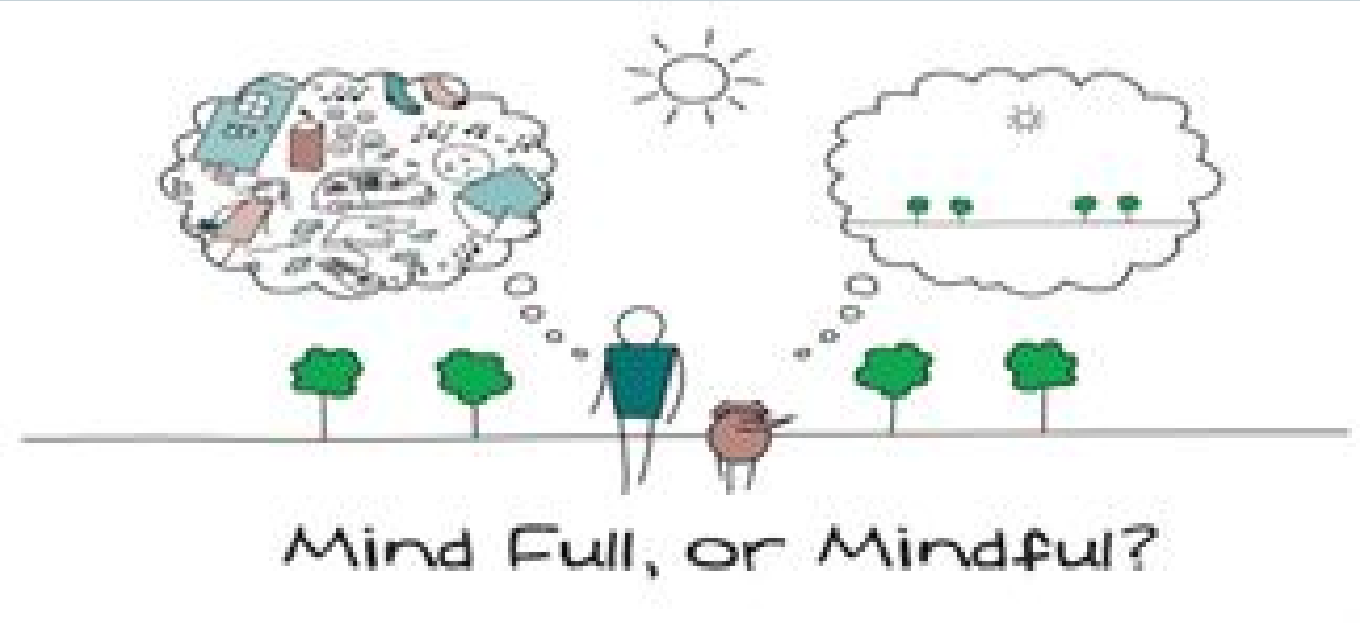
> It sends the message that you care about them

>Role model accountability

> Mistakes are ok

> Builds the relationship!!!

Mindfulness



"**Mindfulness** is paying attention to your life, here and now, with kindness and curiosity" --Amy Saltzman

Breath and Body connection

High Alert

- Sensory stimulation
- Chronic stress
- Persistent anxiety

The **Breath** can shift the body so that it may heal, digest, learn, and grow

Benefits of a regular practice

- Alleviates stress- calming the mind and body
- Enhances self awareness and resiliency
- Improves focus and self control
- Improves attention
- Improves creativity

Self Care Begins With You

- Be kind to yourself
- Enhance your awareness with education and self awareness
- Accept where you are on your path at all times
- Seek support from close friends and relatives
- Clarify your personal boundaries, what works for you; what doesn't

Consider this parable from Stephan Covey's book, *The 7 Habits of Highly Effective People* (1989, p. 287):

Suppose you were to come upon a man in the woods working feverishly to saw down a tree. "What are you doing?" you ask. "Can't you see?" comes the impatient reply. "I'm sawing down a tree." You exclaim: "You look exhausted! How long have you been at it?" The man replies: "Over 5 hours, and I'm beat! This is hard work." You inquire: "Well, why don't you take a break for a few minutes and sharpen your saw? I'm sure it will go a lot faster." The man emphatically replies: "I don't have time to sharpen the saw. I'm too busy sawing."

Resources

Resources

Figley, C.R. (2002). Treating compassion fatigue. New York: Routledge.

Forbes, Heather T., LCSW. Help for Billy: A Beyond Consequences Approach to Helping Challenging Children in the Classroom (2012).

Fox, G. K. & Serlin, I.A. (1996). High-risk youth and the transition to adulthood. The Humanistic

Psychologist, 24(3), 349-363.

Fox, G.K. (1995). A multiple case study of a coping skills group for high-risk, high school students.

Unpublished doctoral dissertation, Saybrook Institute, San Francisco.

Helping Traumatized Children Learn: http://www.massadvocates.org/helping_traumatized_children_learn

Herman, J. (1992). Trauma and recovery. New York: Basic Books.

Joinson, C. (1992). Coping with compassion fatigue. Nursing, 22(4), 116-122.

Joslyn, H. (2002). Defeating compassion fatigue. Chronicle of Philanthropy, 12,(14)37-40.

Siegel, Dan. The Whole Brain Child

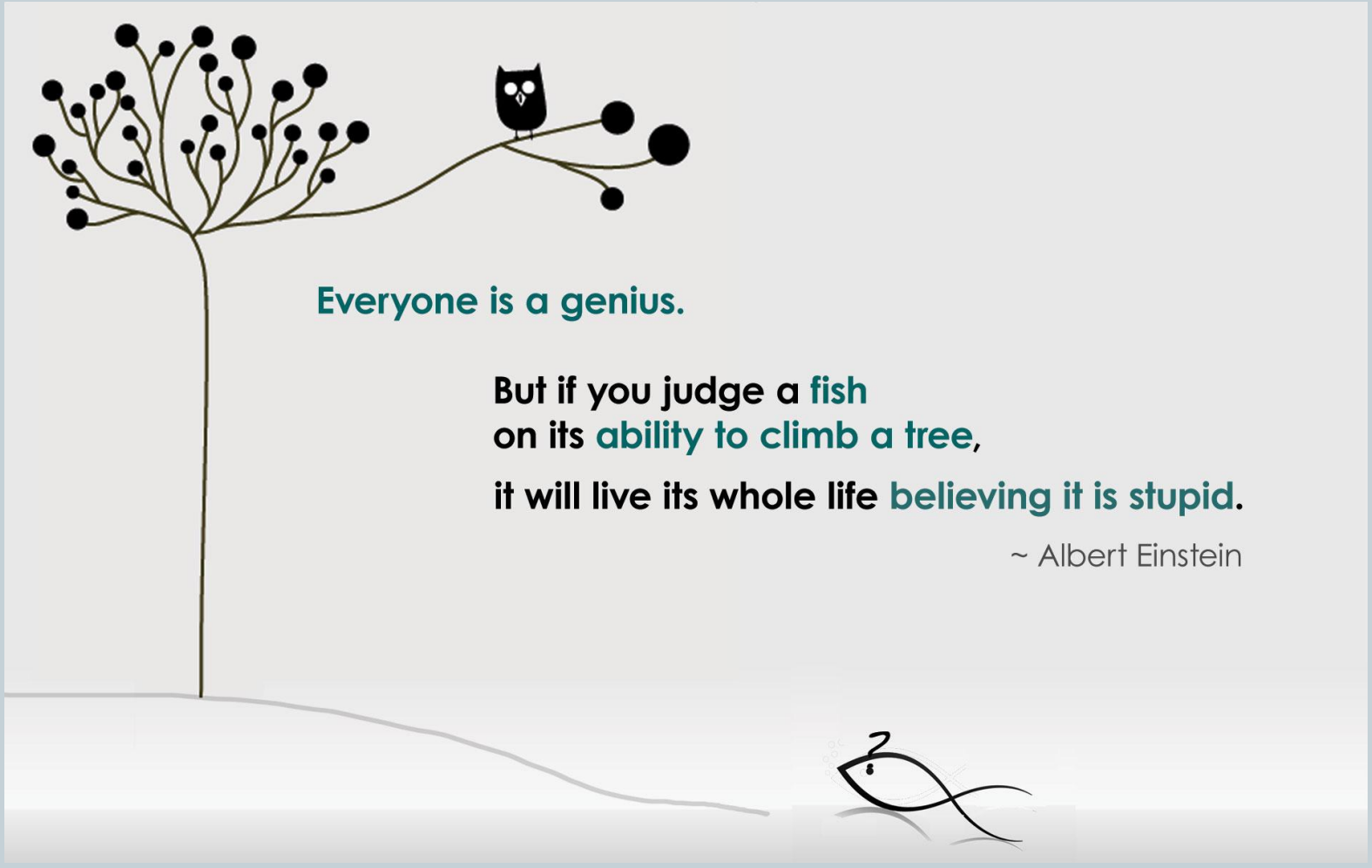
Siegel, Dan. Brain Storm: The Power and Purpose of the Teenage Brain (2015).

- **http://www.acestudy.org/**
- **http://www.cdc.gov/ace/index.htm**
- **http://www.cavalcadeproductions.com/ace-study.html**
- **http://acestoohigh.com/about/**

Full downloadable PDF Articles on Major ACE Study Findings:

- **http://www.annafoundation.org/ACE%20STUDY%20FINDINGS.html**

A New Outlook



Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

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

The Neurological Effects of Trauma

Area of the Brain	Function(s)	Possible Effect of Traumatic Stress
Amygdala	Part of the limbic system. Plays an important role in the control of emotional behavior. This section of the brain helps us to manage fear and panic. It helps us to assess how upsetting or dangerous a situation may be before we respond. Results from human MRI studies suggest that the amygdala is activated when reading threat words, during viewing masked fearful faces, and during conditioned fear acquisition.	Overstimulation of the amygdala and its associated neurotransmitter and neuroendocrine systems activates fear centers in the brain and results in behaviors consistent with anxiety, hyperarousal, and hypervigilance. Can result in an inability to calm down, melt downs, or over-reactions to mistakes. MRI studies link pervasive exposure to stress with reduced amygdala volume.
Hippocampus	Plays an important role in the encoding and retrieval of information. Crucial to capacity to consolidate short-term memory into long-term memory, especially verbal memory. Actively involved in time and spatial recall.	High levels of stress may result in forgetfulness and/or problems with retention of academic learning. MRIs of Vietnam combat veterans and women sexually abused in childhood revealed decreased size of hippocampus directly proportional to PTSD symptoms.
Corpus Callosum	The two cerebral hemispheres of the brain are connected by this bridge of axons. Each side of the brain has its own specialized function, and the corpus callosum helps coordinate their work.	Decrease in size and function results in uncoordinated and therefore less effective brain activity, as well as problems learning academics. Decrease in size of this bridge is correlated with sleep disturbances in children, and PTSD in adults.
Cerebellar Vermis	The midline region of the posterior outgrowth of the brain, called the vermis, separates the two lateral cerebellar hemispheres from each other and sends output to the brain stem. This region helps regulate cognitive, linguistic, social-behavioral, and emotional activities.	Diminished cerebellar vermis activity due to stress may help to explain why children affected by trauma don't do well as "reading" a situation, paying attention to nuance, or changing their behavior when irritating others.
Cerebral Cortex	The "higher" or "thinking" part of the brain, which influences abilities such as language, abstract thinking basic aspects of perception, movement and adaptive responses to the outside world. The pre-frontal lobe of the cerebral cortex serves executive functioning such as planned behaviors, decision making, working memory, and attention. It is activated during dangerous situations.	Severe stress and its associated activation of stress hormones can "turn off" this pre-frontal lobe inhibition of the limbic system, leading to poor judgment and impulsivity. One study of adolescents who had been maltreated in early childhood revealed substantially smaller left-cortical size of the hemisphere responsible for language development and reasoning.

Adapted from De Bellis, 2005; De Bellis & Kuchibhatla, 2006; Diseth, 2005; Goldstine-Cole, 2007; Rick & Douglas, 2007; and Watts-English et al., 2006

The DANCE

Make it WORSE:

- Lose your temper (yelling and sarcasm never work).
- Talk for a long time or use long lectures.
- Engage in interaction in front of other students.
- Try to persuade the student – or bribe him.
- Threaten him.
- Add more consequences.
- Try to embarrass the student or put him down.
- Don't follow through with consequences – or be inconsistent.
- Bring up the past.
- Let the dance go on way too long.
- Crowd him.
- Use negative body language.
- Get annoyed by every little thing he does wrong.
- Blame yourself or others.
- Make assumptions or label the student.

Make it BETTER:

- Use a calm, neutral voice – no matter what.
- Give clear directions and use short explanations (no more than 10 words).
- Discuss things briefly and privately.
- Make eye contact, control facial expressions, watch body language.
- Talk about what is happening right now.
- Focus on solutions, not problems.
- Ask questions, listen to his responses, and consider what he is saying.
- Have clear boundaries and predetermined consequences for behavior.
- Remove yourself from the dance if you are about to lose it.
- See the child as a complete person with strengths and weaknesses. (firm convictions, high spirited, a sense of adventure, bold, etc.)
- Analyze the dance...what invitation did you accept?