Adverse Childhood Events: ACEs Science & Trauma Informed Care

Kenneth R. Yeager PhD
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ACEs Science refers to the research on the prevalence and consequences of adverse childhood events across the lifespan.

Conducted by the CDC and Kaiser Permanente, the ACE Study focuses on mostly white, middle to upper middle class, college-educated families that are employed and can afford Kaiser Permanente insurance!

A large scale, multi-site study with over 70 research papers/replications showing statistically significant outcomes and power; the initial study ($N=17,000$).
Building a Framework for Understanding
Children are unable to focus when their “immediate” basic needs for safety are not being met as a result of toxic stress.

What is Trauma?

3E’s

Trauma is:

- an **EVENT**, series of events, or set of circumstances that;
- is **EXPERIENCED** by an individual as physically or emotionally harmful or life threatening;
- and has lasting adverse **EFFECTS** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
Three Types of ACEs

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
ACEs Increase Health Risks

According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.

**BEHAVIOR**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**PHYSICAL & MENTAL HEALTH**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

*Source: Centers for Disease Control and Prevention*
Why ACE’s Are Significant

- ACEs are common...nearly two-thirds (64%) of adults have at least one.

Why ACE’s Are Significant

- ACEs don’t occur alone….if you have one, there’s an 87% chance that you have two or more.


Why ACE’s Are Significant

- People with an ACE score of 4 are twice as likely to be smokers and seven times more likely to be alcoholic.

Why ACE’s Are Significant

- Having an ACE score of 4 increases the risk of suicide by 1200%.


How the ACES Work

**Adverse Childhood Experiences**
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

**Impact on Child Development**
- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

**Long-Term Consequences**

**Disease and Disability**
- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

**Social Problems**
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan
Rates of Maltreatment by Age

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment

- Psychological Maltreatment: 7%
- Physical Abuse: 16%
- Sexual Abuse: 8%
- Medical Neglect: 2%
- Neglect: 67%

Rates of Child Maltreatment by Age Group

- 0-3: 6%
- 4-6: 3%
- 7-9: 4%
- 10-12: 3%
- 13-15: 2%
- 16-17: 1%

How ACES Cross Generations

Generation 1
- Child Abuse
  - Aggression Conduct Problems
  - Depression PTSD Anxiety
  - School Problems

Child
- Revictimization
  - Depression PTSD Anxiety
  - School Dropout
  - Substance Abuse

Adolescent
- Parenting Problems
  - Domestic Violence
  - Maternal Depression PTSD
  - Poverty
  - Substance Abuse

Adult

Generation 2
- Child Abuse
Cumulative ACES & Mental Health$^{1,2}$

1. Data from the National Comorbidity Survey-Replication Sample (NCS-R).
Cumulative ACES & Chronic Disease¹

Cumulative ACES & Impaired Worker Performance

![Bar chart showing the percent reported for absenteeism, financial problems, and job problems across different levels of ACES.]

In Summary... The ACE Pyramid

Trauma Informed Care
A Paradigm Shift

- Not simply trauma aware; but trauma informed.
- Shifts how we see our children asking: What happened to you? **Opposed to:** What’s wrong with you?
- Shifts how we go about providing care.
- Shifts our focus to trauma symptoms rather than problematic behavior
  - Instead of focusing on what is **not right** or **not good**, to focusing on what we can do to support movement toward healing.

A Paradigm Shift

- When we presume those we serve have a history of trauma and exercise “universal precautions” against re-traumatization we can create a system of care that is trauma informed.
- Within a trauma informed environment there is greater opportunity to address both physical and psychological healing.

Trauma – Organized Person

- Problems with cognition
- Communication Problems
- Problems with authority
- Confused sense of justice
- Inability to grieve and anticipate future
- Lack of basic trust /safety
- Loss of Emotional Management

Trauma Victim
Trauma Hiding in Plain Sight?

We see the impact of trauma . . .

- “Behavior Disorder”
- “Aggression”
- “Manipulation”
- “Self Injury”
- “Criminal behavior”
- “At risk behavior”
- “Addict”

But often fail to see or understand the person’s trauma experience.
Manifestations of Trauma Effects

- **Fight** – Non-compliant or combative OR struggling to hold on to some personal control/power?

- **Flight** – Resistant, uncooperative OR disengaging, withdrawing or titrating external stimulus/demands

- **Freeze** – Passive, unmotivated OR giving in to those in power, repeating cycle of surrender in order not to get hurt
Common Behavioral Manifestations of Trauma

- Splitting
- Manipulation
- Anger
- Argumentative
- Hypervigilant
- Control
- Avoidance

- Trust
- Intimacy
- Passive Aggressive
- Dependent
- Acting out
- Testing Boundaries

How a Trauma Informed System Differs?

**Realizes**
- Realizes widespread impact of trauma and understands potential paths for recovery

**Recognizes**
- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

**Responds**
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

**Resists**
- Seeks to actively Resist re-traumatization.

Ongoing Impact of Trauma

- Trauma occurs in layers, with each layer affecting every other layer. Current trauma is one layer.

- Former traumas in one’s life are more fundamental layers. Underlying and impacting each new trauma experience.

- Each impact is cumulative in nature, reinforcing prior trauma responses.

Building Resilience
Resilience Research

- The good news is the brain is plastic, and the body wants to heal.
- The brain is continually changing in response to the environment.
- If the toxic stress stops and is replaced by practices that build resilience, the brain can slowly undo many of the stress-induced changes.

Can you think of a person from a toxic environment that has thrived?
Resilience Research

There is well documented research on how individuals’ brains and bodies become healthier through:

- Mindfulness practices;
- Exercise;
- Good nutrition;
- Adequate sleep and
- Healthy social interactions.


Resilience Research

- Research on families shows that interventions – such as:
- Healthy Steps, and Child First can improve the lives of parents and children.
- Evidence-based parenting practices (Triple P Parenting, Incredible years, etc.) – increases the health of parents and children.

Building a New Approach
System Based Approaches

- We now know we must focus on those responsible for helping.
- Most in a position of responsibility have experienced vicarious traumatization.
- You can’t provide Trauma Informed Approaches if you are yourself a victim of trauma.
- Here is how it works...

Vicarious Trauma

- The psychological cost of caring for those who have been victimized...while feeling a sense of responsibility to help.

- Is a concept designed to provide a framework for understanding the negative effects of exposure to the trauma others have experienced.

- It is a process of change...leading to changes in: worldview, values, beliefs, trust, tolerance and control.

Vicarious Trauma

- The effects are very real, and potentially permanent and cumulative!
- Can emerge at anytime in your career.
- Results in impacts that last long after interactions with cases that created the trauma.
Building Resilience: Individual Response to Workplace Stressors

Input
- Population acuity
- Family expectations
- Complexity of work
- Work environment
- Few if any breaks

Expectations
- Consider leaving the profession
- Physical Distress
- Vicarious Trauma
- Question ability
- Compassion Fatigue

You
- Desire to help
- Sense of accomplishment
- Well-being

Demands
- Traumatic Stress
- Moral Distress

Output
- Stress
- Anxiety/Depression
- Presenteeism
- Compassion Fatigue
- Chronic Illness

Interventions Designed to Build Resilience and Coping

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Why Our Approach Matters?

- Each system is uniquely designed to attain the outcome it achieves.
- Services are singular in approach.
- Services are co-located rather than collaborative.
- Even when individuals perform to their full potential this system approach will fail.
A Collaborative Grid Approach

Thank you!

Kenneth R. Yeager PhD, LISW-S, LICDC
Associate Professor, The Ohio State University Department of Psychiatry

David E. Schuller MD, Professor for Patient Compassion

Director, STAR Program & STAR Trauma Recovery Center at The Ohio State University Wexner Medical Center

yeager.5@osu.edu
614-293-9648 (office)
614-293-STAR (STAR Trauma Recovery Center)