



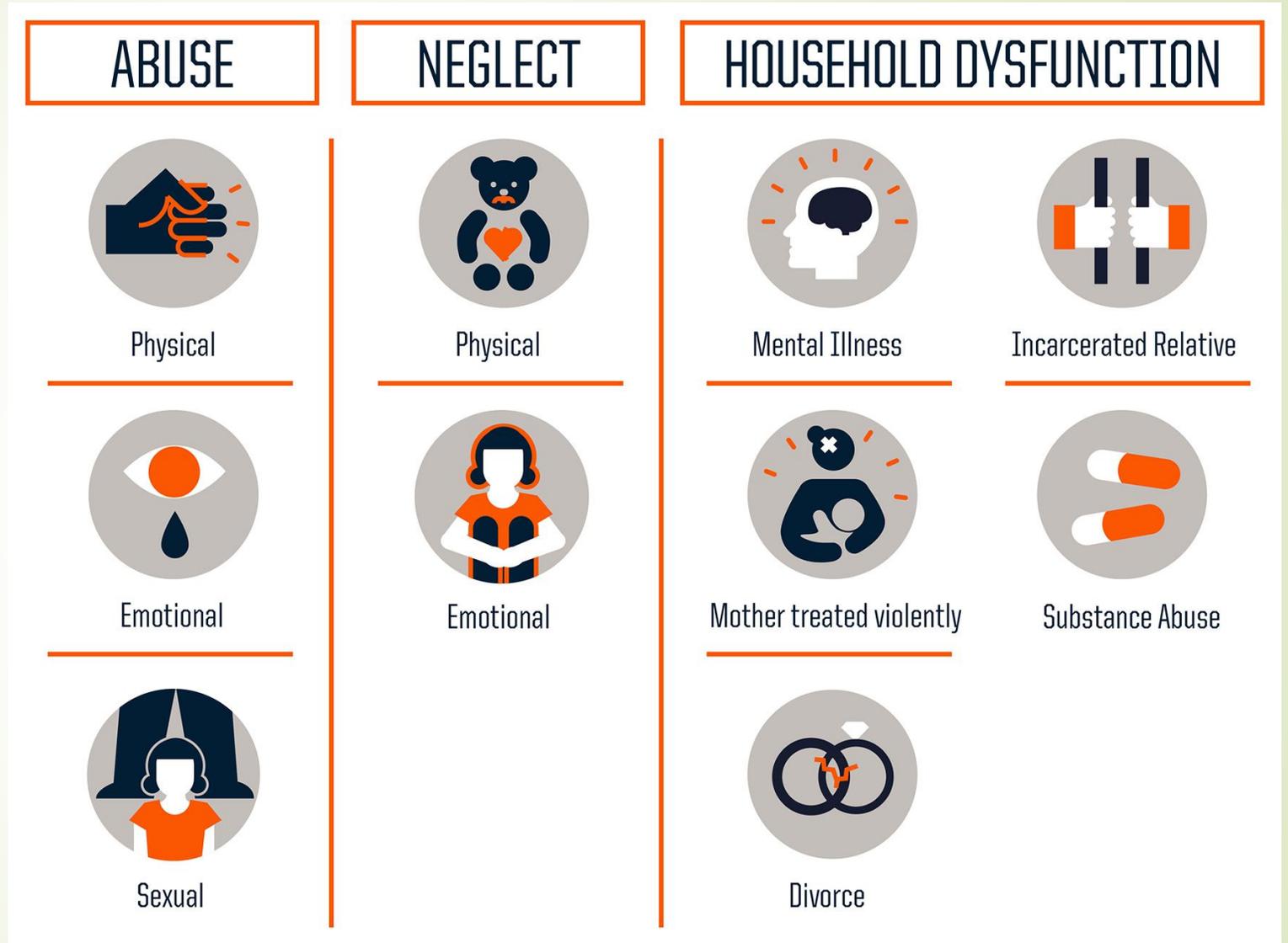
Understanding the Impact of Adverse Childhood Experiences (ACEs)

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What are Adverse Childhood Experiences (ACEs)?

- Adverse Childhood Experiences, or ACEs, are distressing or traumatic events occurring before the age of 18.
- ACEs are strongly related to poorer mental, physical, and psychosocial outcomes.



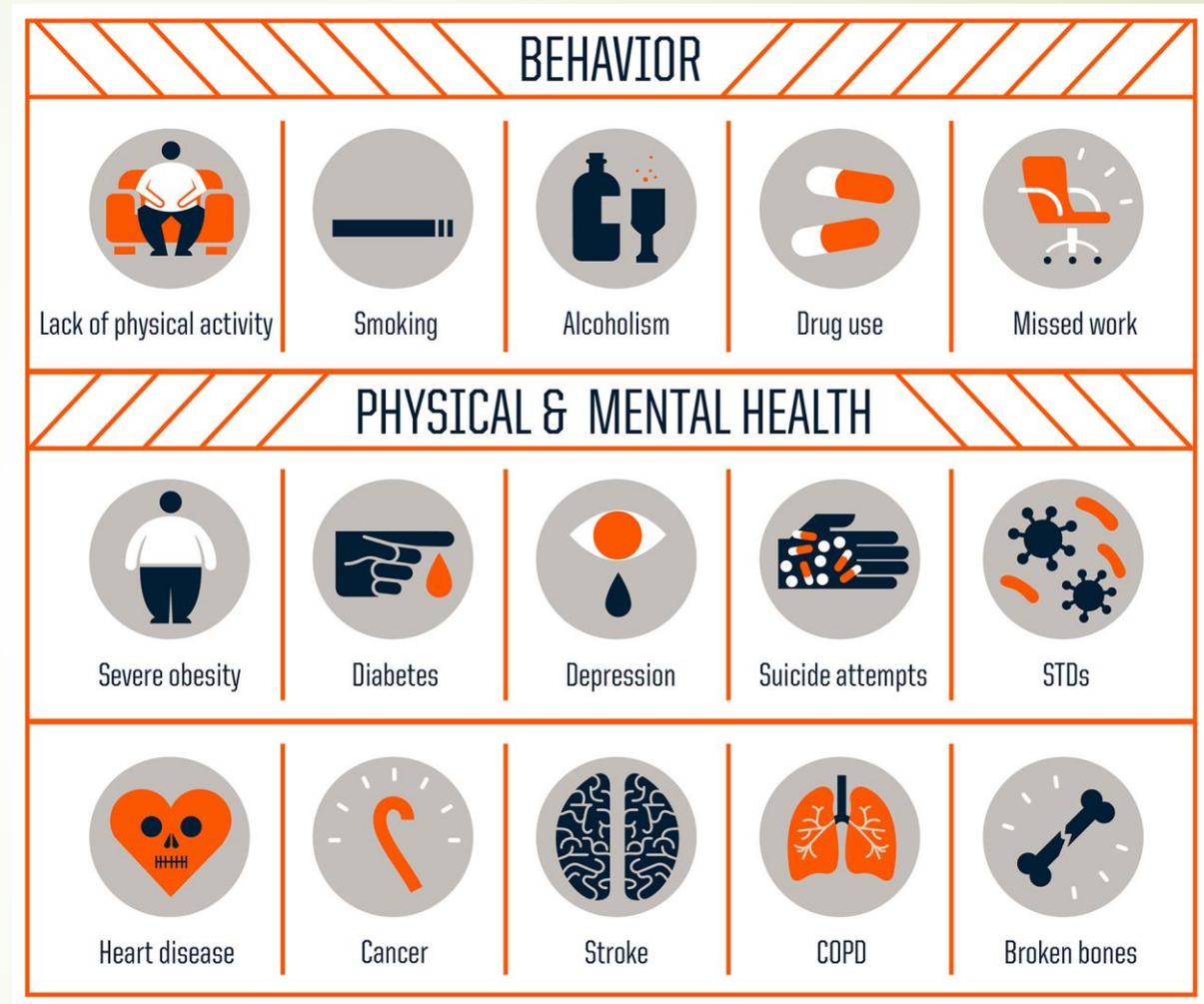


The Adverse Childhood Experiences (ACE) Study

- ▶ In the late 1990's, ACEs were assessed in over 17,000 patients during routine evaluations.
- ▶ Common - two-thirds of the sample reported at least one ACE and over 1 in 5 patients reported 3 or more ACEs.
- ▶ Co-occurring - having suffered one ACE significantly increased the likelihood of having had at least one other ACE.
- ▶ Cumulative - as ACEs increased so did risk factors for physical and mental health.

The Adverse Childhood Experiences (ACE) Study

- Having 4 or more ACEs was associated with 4-12 fold increases in behavioral, physical, and mental health risk factors.
- On average, individuals with six or more ACEs died nearly 20 years earlier compared to individuals with no ACEs³.

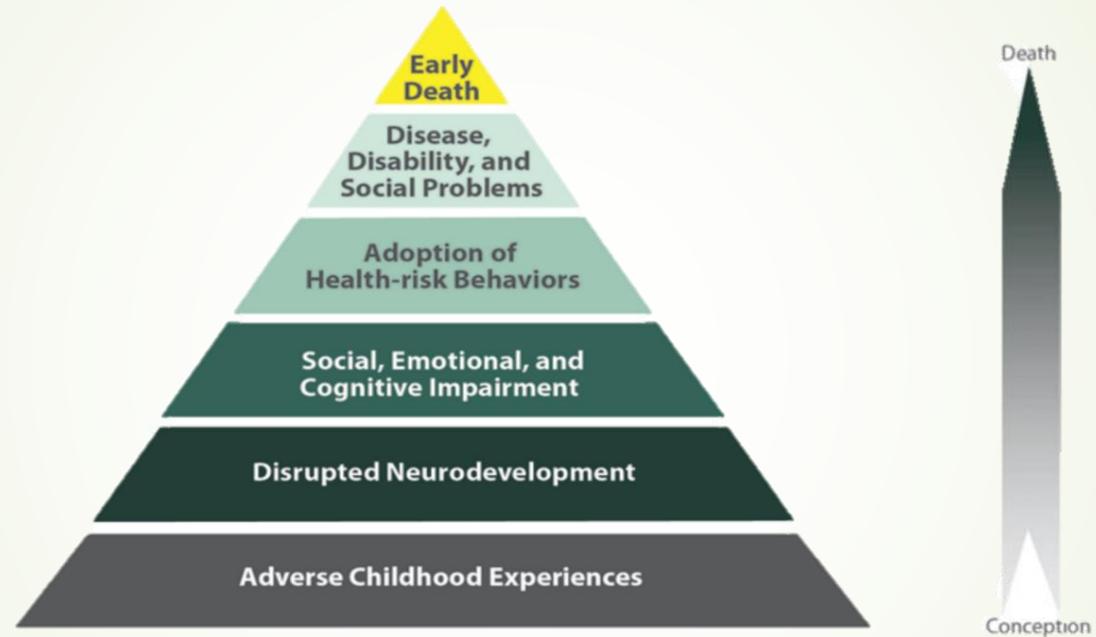




Effects of ACEs in Children and Adolescents

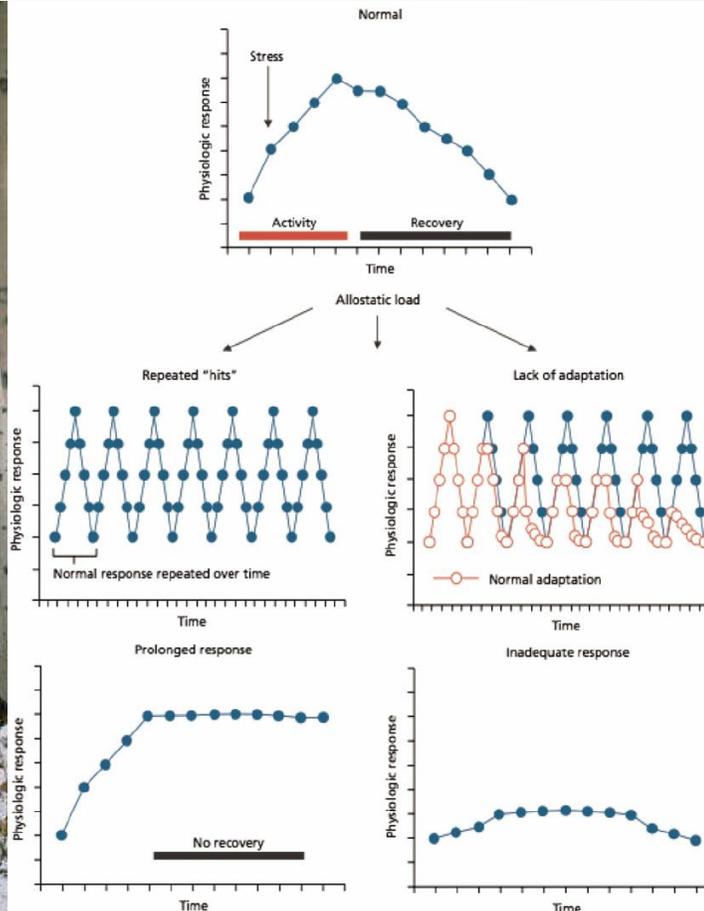
- ▶ 20 to 48% have experienced more than one ACE before the age of 18⁵
- ▶ Currently, Oklahoma has the highest percentage of reported ACEs with 32% of children with 2 or more ACEs and 17% with 3 or more ACEs⁶.
- ▶ 3 times more likely to have to repeat a grade⁷
- ▶ At a 10-fold increase in risk for having a diagnosed learning or behavior issue⁷
- ▶ Twice as likely to be overweight at age 9⁷
- ▶ Populations at an increased risk for ACEs:
 - ▶ Children in the child welfare system
 - ▶ Children in the juvenile justice system
 - ▶ Children in impoverished and/or violent neighborhoods

The ACEs Model

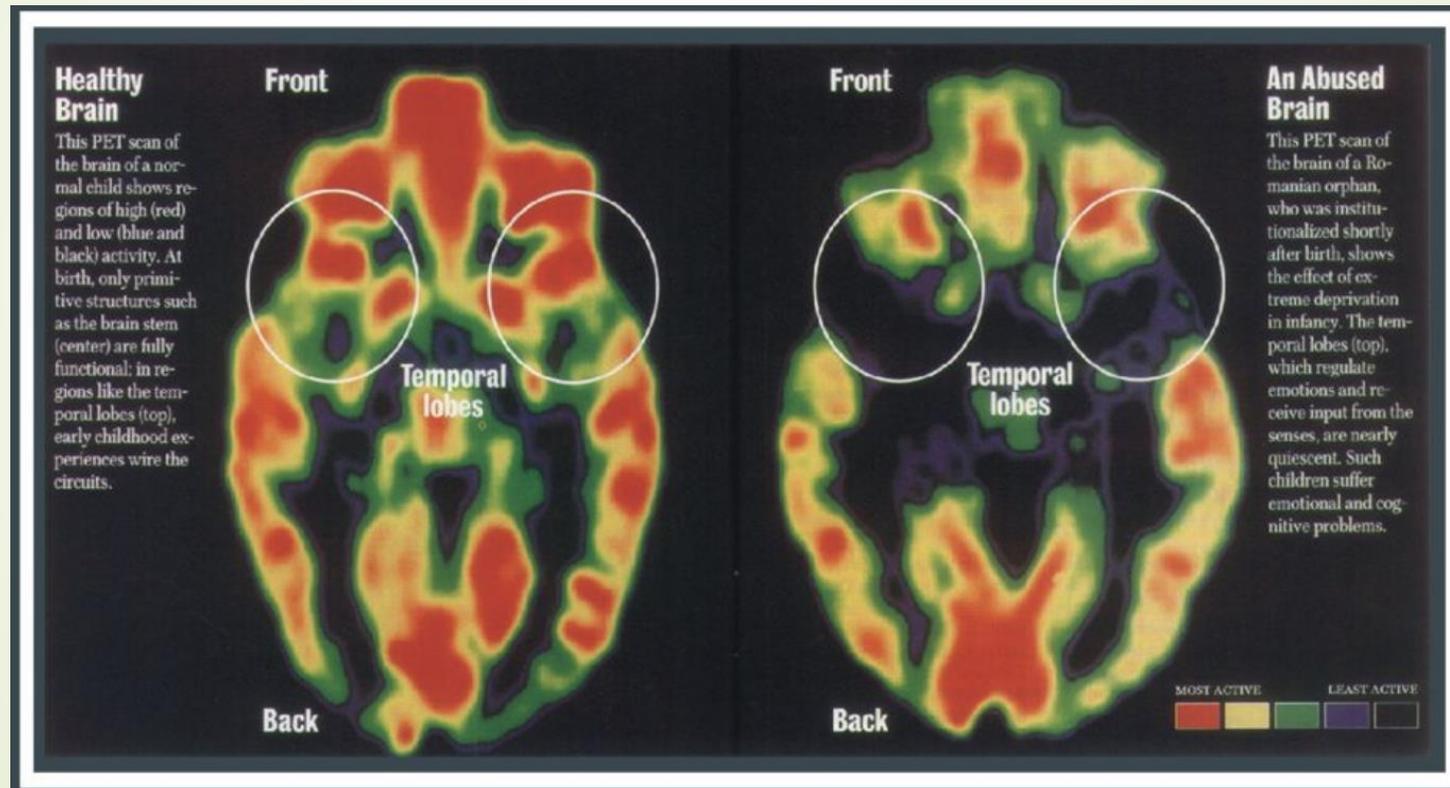


Mechanisms by Which ACEs Influence Health and Well-being Throughout the Lifespan

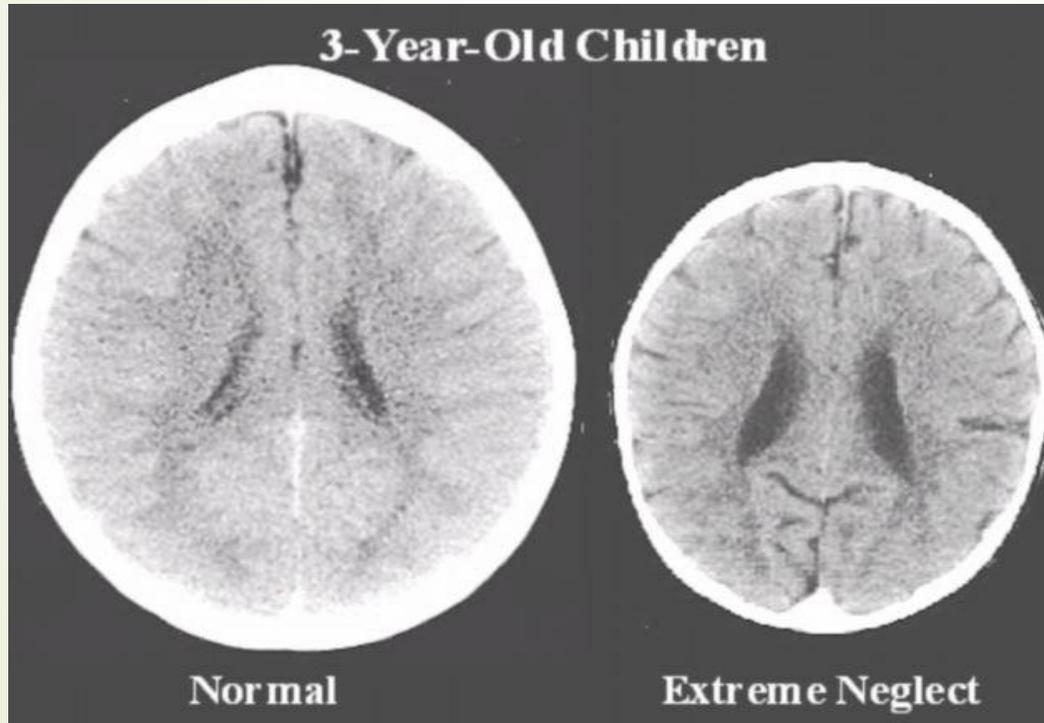
Stress Response to Trauma



Effects of Adversity on Brain Development - Abuse

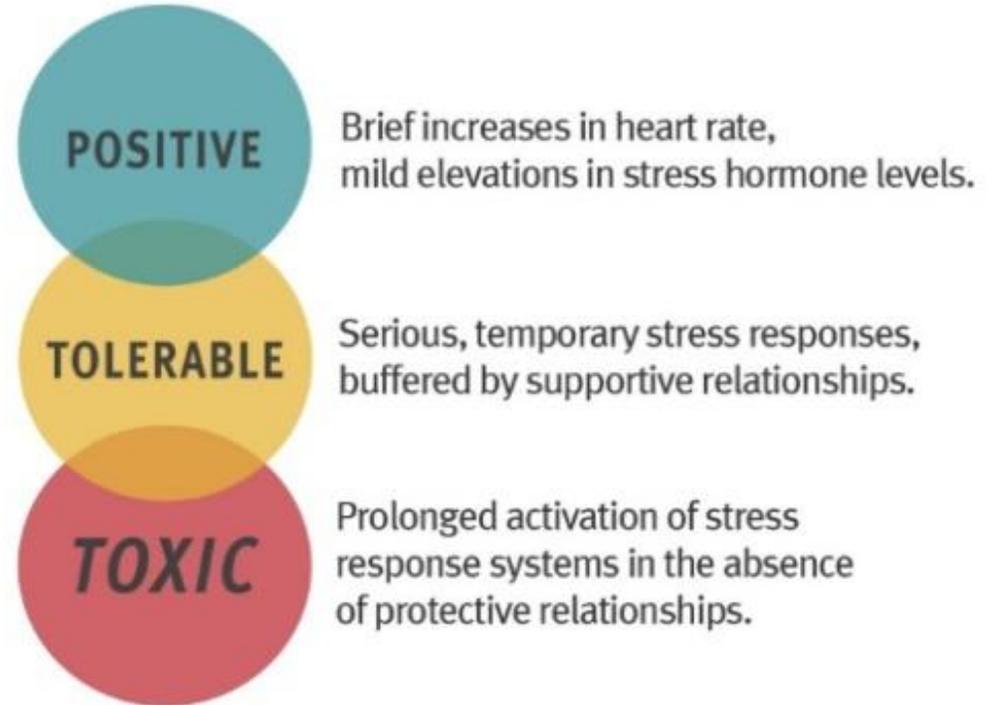


Effects of Adversity on Brain Development - Neglect



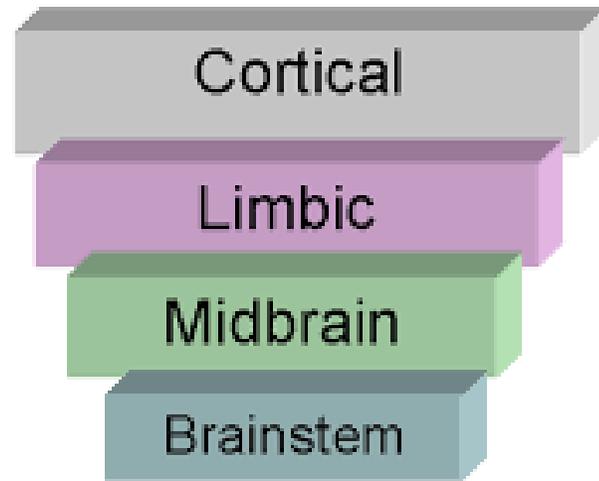
Toxic Stress

- Toxic stress in childhood is sustained and experienced without adequate adult support, causing damage to the developing body and brain.

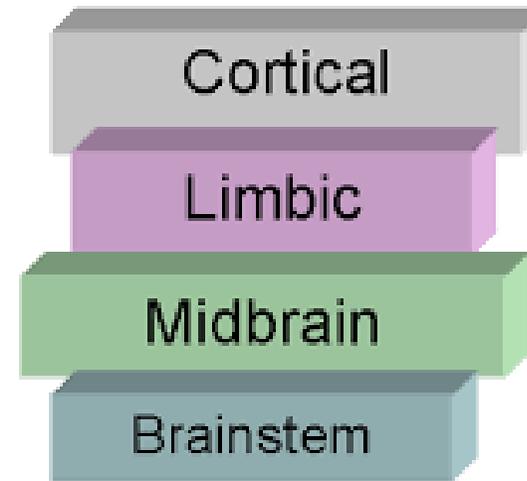


Effects of Adversity on Brain Development

PROPORTIONED DEVELOPMENT OF THE BRAIN



DEVELOPMENTAL NEGLECT AND TRAUMA



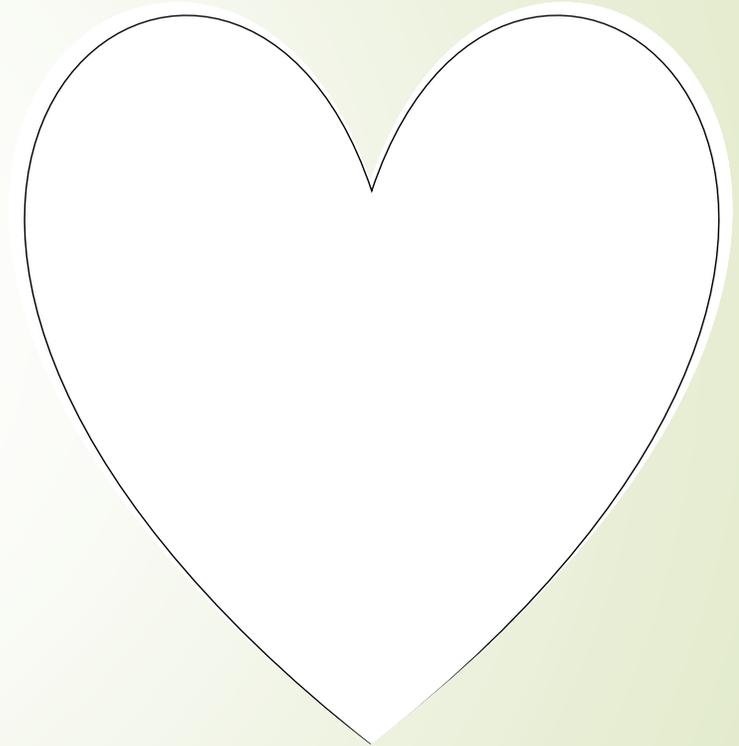


Protective and Compensatory Experiences (PACEs)

1. unconditional love from a parent/caregiver
2. having a best friend
3. volunteering in the community
4. being part of a social group
5. having support from an adult outside of the family (mentor)
6. living in a clean, safe home with enough food
7. having resources and opportunities to learn
8. engaging in a hobby
9. regular physical activity
10. having daily routines and consistent and fair rules

The PACEs Heart Model

- ▶ Protective and compensatory experiences lay the foundation for the PACEs heart model¹⁰.
- ▶ From strong relationships and enriching resources, optimal neurodevelopment leads to healthy social, emotional and cognitive functioning, thus individuals adopt healthy behaviors resulting in health and longevity.





Caring for Children and Adolescents with ACEs

- ▶ Caring for children and adolescents with ACEs can be difficult, requiring patience, consistency, and nurturance.
- ▶ Teens with caring adults/mentors in their lives are:
 - ▶ Less likely to experience psychological distress and academic difficulties.
 - ▶ Less likely to engage in high risk behaviors.
 - ▶ More likely to experience positive academic outcomes.
- ▶ Having a mentor can mitigate the effects associated with negative parenting.
- ▶ An adult advocate/mentor can be someone that a child turns to for advice when it is not comfortable to ask a parent (dating, bullying).



Trauma-Informed Care

Non Trauma-Informed Care	Trauma-Informed Care
Power over	Power with
You can't change	Your brain is "plastic"
People need fixing first	People need safety first
People are out to get you	People can live up to the trust you give them
Right/wrong	Multiple viewpoints
Helping	Learning
"You're crazy!"	"It makes sense."
Compliance/obedience	Empowerment/collaboration



Trauma-Informed Care

Non Trauma-Informed Care	Trauma-Informed Care
Need to know basis for info	Transparency and predictability
Presenting issue	Whole person and history
“Us and Them”	We’re in this together
Labels and pathology	Behavior as communication
Fear-based	Empathy-based
I’m here to fix you	Support healing
Didactic	Participatory
People make bad choices	People who feel unsafe do unsafe things



Trauma-Informed Care

Non –Trauma-Informed Care	Trauma-Informed Care
Behavior viewed as problem	Behavior viewed as solution
What's wrong with you?	What happened to you?
Blame/shame	Respect
Goal is to do things the “right way”	Goal is to connect
Prescriptive	Choice
People are bad	People are doing the best they can
Consider only research and evidence	Consider also lived experiences

Trauma-Informed Care

WHAT IS SELF-COMPASSION?



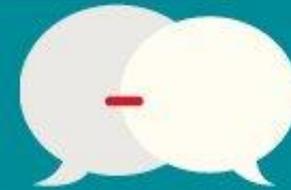
Mindfulness

Self-compassion involves recognizing when we're stressed or struggling without being judgmental or over-reacting.



Self-Kindness

Being supportive and understanding towards ourselves when we're having a hard time, rather than being harshly self-critical.



Connectedness

Remembering that everyone makes mistakes and experiences difficulties at times. We are not alone!



Adults with a History of ACEs

Ways to practice self-care and compassion:

- ▶ Forming and maintaining relationships with others can be healing for adults with ACEs¹¹.
- ▶ Getting involved in community organizations, having and being a mentor, and volunteering are good ways to develop relationships and avoid loneliness and isolation¹².
- ▶ Establishing and maintaining healthy habits and routines, such as regular physical activity, healthy meals, and enjoyable hobbies, including reading, yoga, crafts, and sports¹².
- ▶ Getting professional counseling can be helpful in developing new coping behaviors and support further healing from trauma¹².



Additional Resources

- ▶ **ACEs Connection**
www.acesconnection.com
- ▶ **Centers for Disease Control**
<https://www.cdc.gov/violenceprevention/cestudy/>
- ▶ The **Substance Abuse and Mental Health Services Administration (SAMHSA)**
<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>
- ▶ **The National Child Trauma Support Network**
<https://www.nctsn.org/>

References

- ¹Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . . Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, *256*(3), 174-186. doi:10.1007/s00406-005-0624-4
- ²Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ace) study. *American Journal of Preventive Medicine*, *14*(4), 245-258.
- ³Brown, D. W., Anda, R. F., Tiemeier, H., Felitti, V. J., Edwards, V. J., Croft, J. B., & Giles, W. H. (2009). Adverse childhood experiences and the risk of premature mortality. *American Journal of Preventive Medicine*, *37*(5), 389-396.
- ⁴Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of adverse childhood experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 states. *JAMA pediatrics*, *172*(11), 1038-1044.
- ⁵Saunders, B. E., & Adams, Z. W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics*, *23*(2), 167-184
- ⁶Hays-Grudo, J. & Morris, A.S. (under review). *ACEs and PACEs: A developmental perspective on childhood adverse and protective experiences*. Washington DC: APA Press.
- ⁷Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, *35*(6), 408-413. doi:10.1016/j.chiabu.2011.02.006
- ⁸Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ace) in the lives of juvenile offenders. *Journal of Juvenile Justice*, *3*(2).
- ⁹CDC. (2018). Adverse childhood experiences presentation graphics. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html
- ¹⁰Morris, A. S., Hays-Grudo, J., Treat, A. E., Williamson, A. C., Huffer, A., Roblyer, M. Z., & Staton, J. (2015). *Assessing resilience using the protective and compensatory experiences survey (paces)*. Paper presented at the Society for Research in Child Development, Philadelphia, Pennsylvania
- ¹¹Hays-Grudo, J. & Morris, A.S. (under review). *ACEs and PACEs: A developmental perspective on childhood adverse and protective experiences*. Washington DC: APA Press.
- ¹²ACEs Connection (2018) Communities. <https://www.acesconnection.com>



Questions?