

Changing Your Perspective

From what's wrong with you?

to

What's happened to you?

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Community Paediatrician

Starship Child Health and ADHB





Nadine Burke-Harris TED talk



<http://www.cestudy.org/>

Kaiser Permanente Medical Group
Centers for Disease Control and Prevention (CDC)

ADVERSE CHILDHOOD EXPERIENCES (ACE)

- The largest scientific research project of its kind to date
- A decade long ongoing collaboration led by:
 - Vincent J. Felitti, MD
 - Robert F. Anda, MD, MS
- Analyzing the relationship between multiple categories of childhood trauma and health and behavioral outcomes later in life.

Adverse Childhood Experiences

A

- 17,000 adults
- 10 types of adverse experiences

C

- Only 1/3 had *NO* ACES
- 16% had *4 or more* ACES

E

- More ACES were **STRONGLY** correlated with significantly poor health outcomes and health risk behaviors

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative

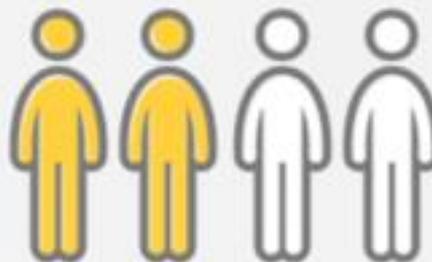


Substance Abuse

HOW COMMON ARE ACES?

Around half of all adults

living in England have experienced at least one form of adversity in their childhood or adolescence



Of all children and young people:

52% experienced 0 ACEs



34 22

23% experienced 1 ACE



16 8

16% experienced 2-3 ACEs



12 24

9% experienced 4+ ACEs



8 16



How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

Reduces ability to respond, learn, or process effectively which can result in problems in school

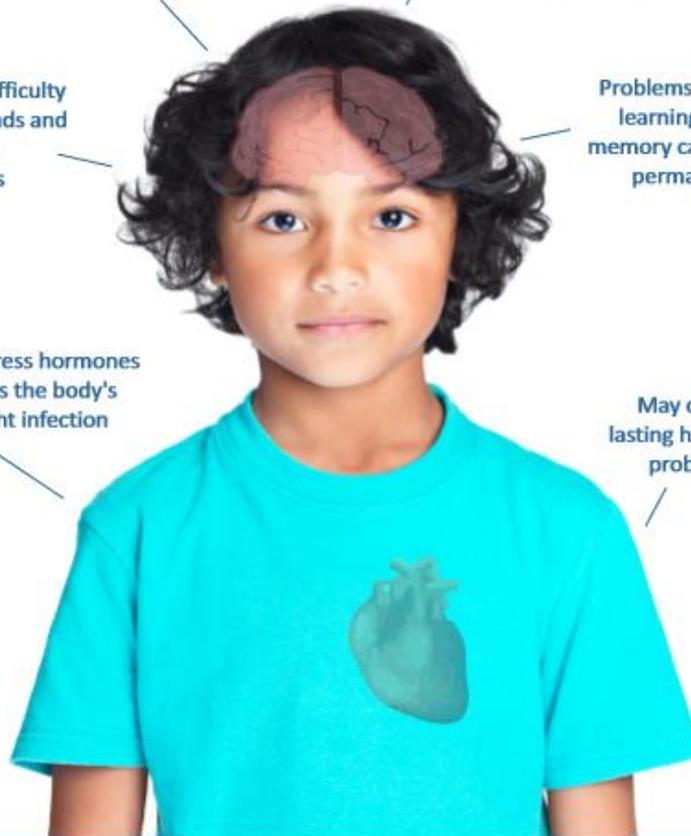
Lower tolerance for stress can result in behaviors such as aggression, checking out, and defiance

May have difficulty making friends and maintaining relationships

Problems with learning and memory can be permanent

Increases stress hormones which affects the body's ability to fight infection

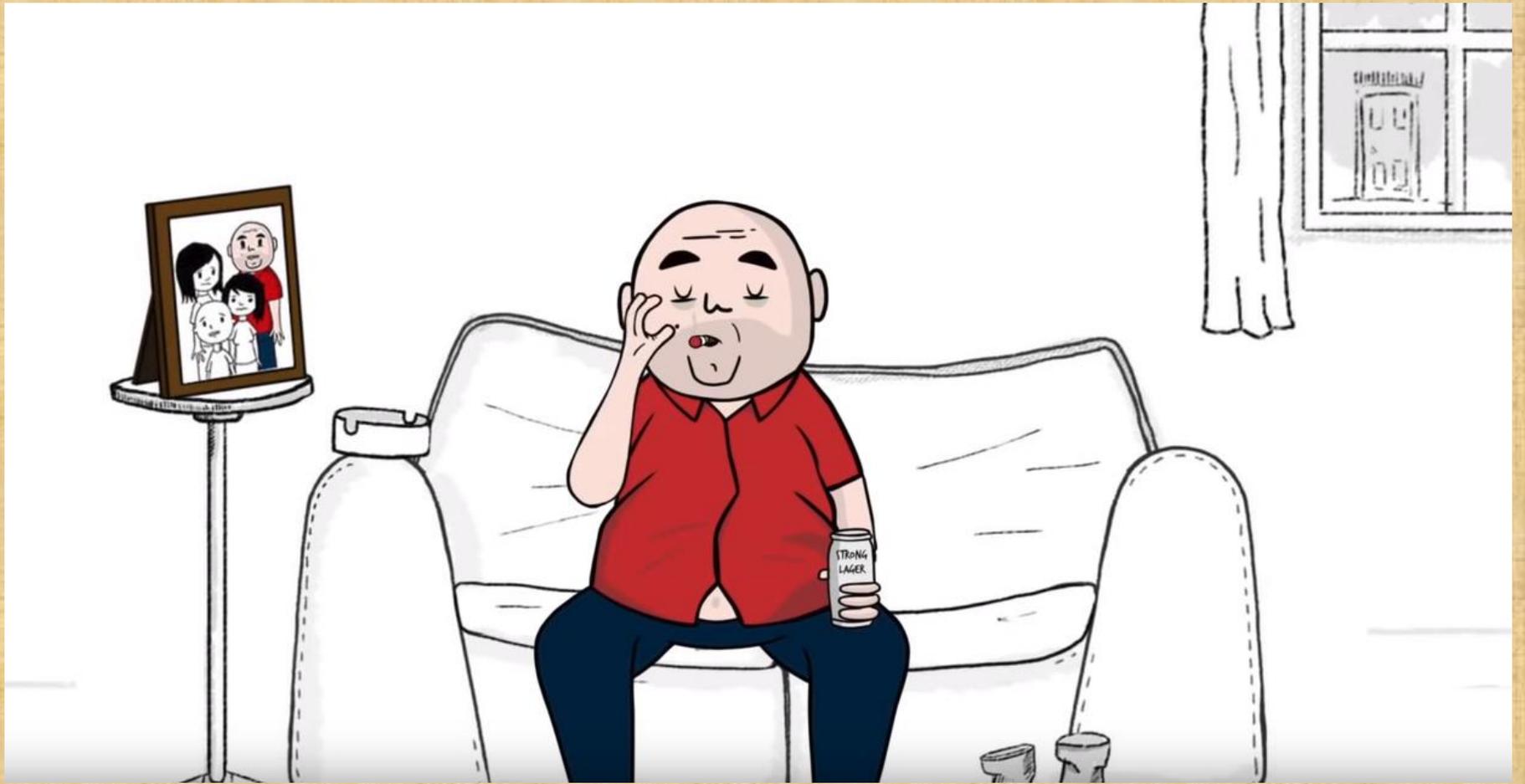
May cause lasting health problems



A **Survival Mode Response** is one that increases heart rate, blood pressure, breathing and muscle tension. When a child is in survival mode, self-protection is their priority. In other words:

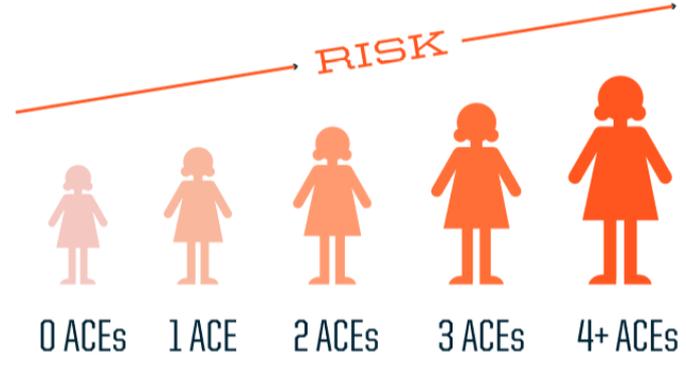
"I can't hear you, I can't respond to you, I am just trying to be safe."





WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

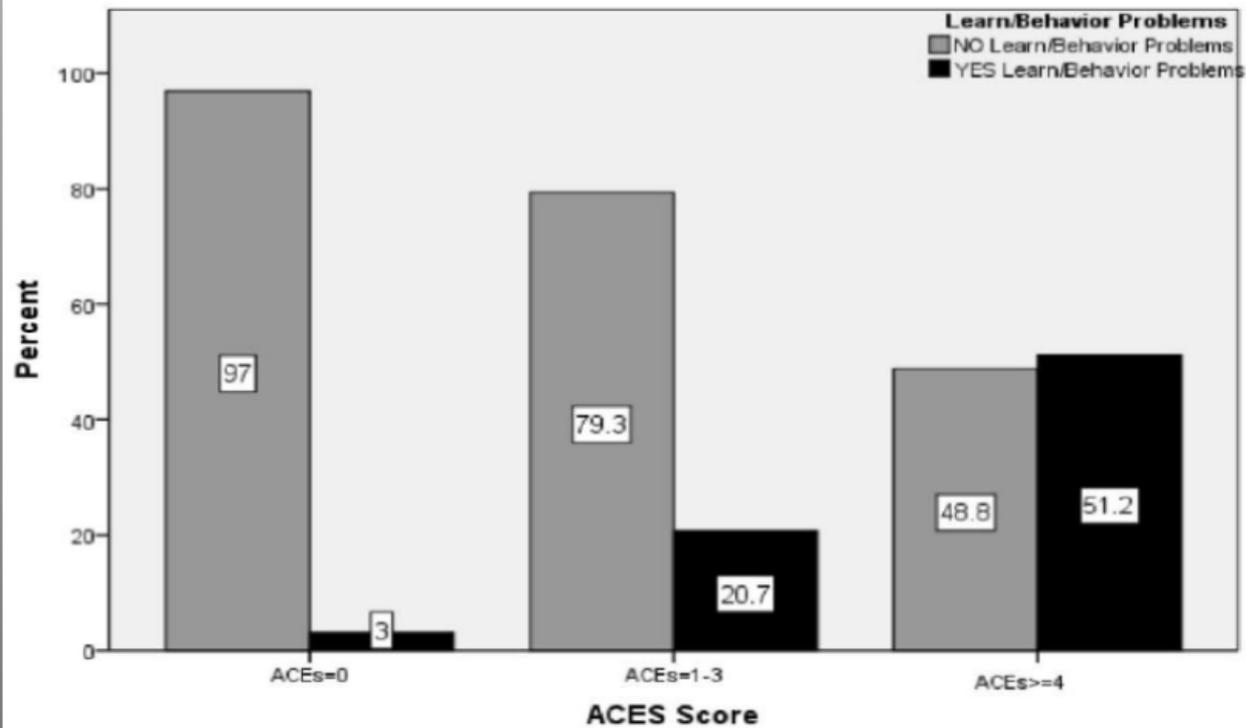


Possible Risk Outcomes:

| 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 |

| RISK FACTOR | % INCREASE |
|--------------------|-------------------|
| Smoking | 242% |
| Obesity | 22% |
| Depression | 357% |
| Illicit drug use | 443% |
| Injected drug use | 1133% |
| STD | 298% |
| Attempted suicide | 1525% |
| Alcoholism | 555% |

Figure 2: Learning/Behavior Problems by ACEs Score



N.J. Burke et al/Child Abuse And Neglect, 2011; 35(6):408-413.

Probability of Outcomes

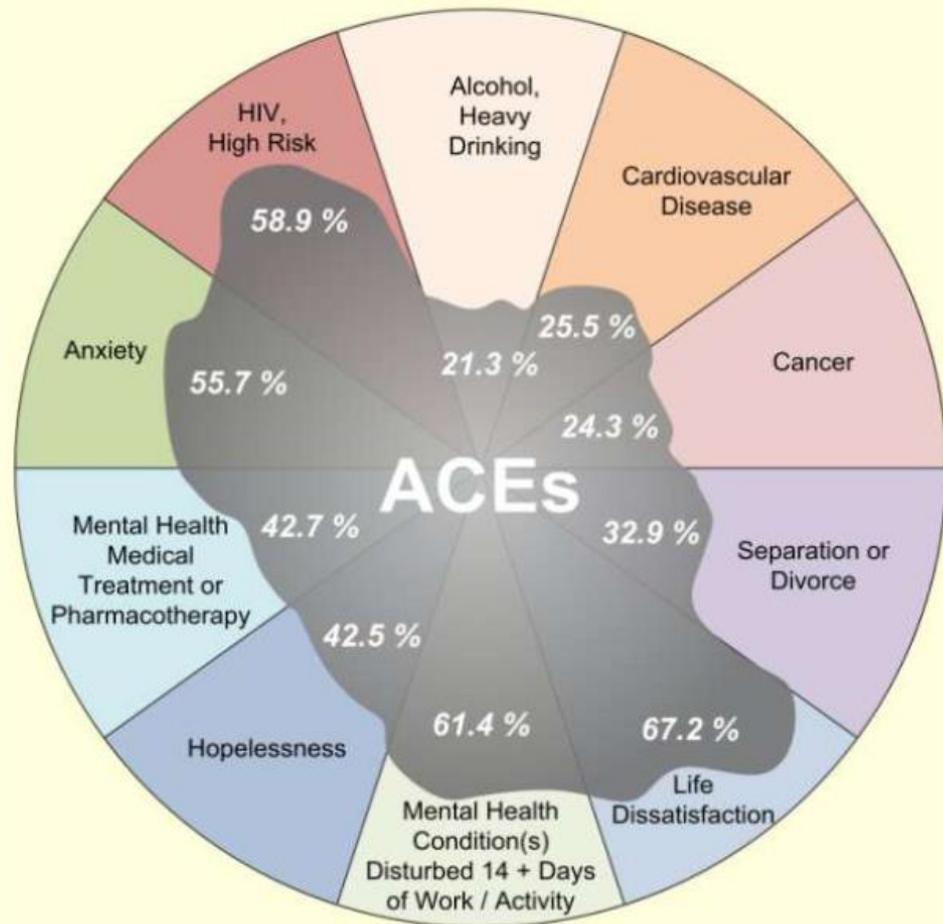
Given 100 American Adults

| 33 No ACEs | 51 1-3 ACEs | 16 4-8 ACEs |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <u>WITH 0 ACEs</u> 1 in 16 smokes | <u>WITH 3 ACEs</u> 1 in 9 smokes | <u>WITH 7+ ACEs</u> 1 in 6 smokes |
| 1 in 69 are alcoholic | 1 in 9 are alcoholic | 1 in 6 are alcoholic |
| 1 in 480 uses IV drugs | 1 in 43 uses IV drugs | 1 in 30 use IV drugs |
| 1 in 14 has heart disease | 1 in 7 has heart disease | 1 in 6 has heart disease |
| 1 in 96 attempts suicide | 1 in 10 attempts suicide | 1 in 5 attempts suicide |

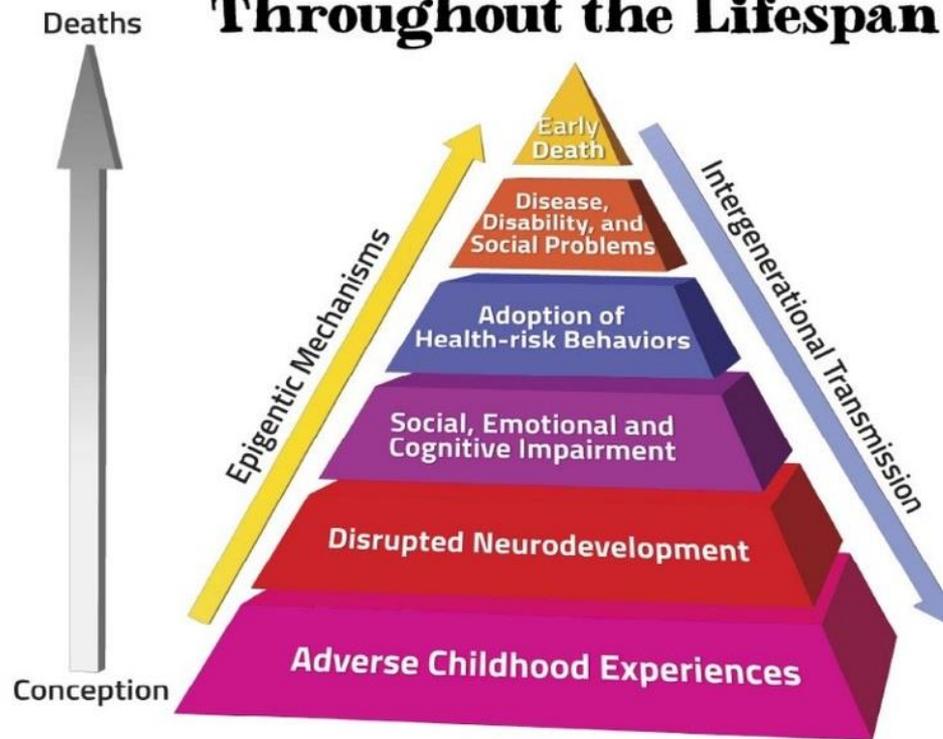
MAGNITUDE OF THE SOLUTION

ACE reduction reliably predicts simultaneous decrease in all of these conditions.

Population attributable risk



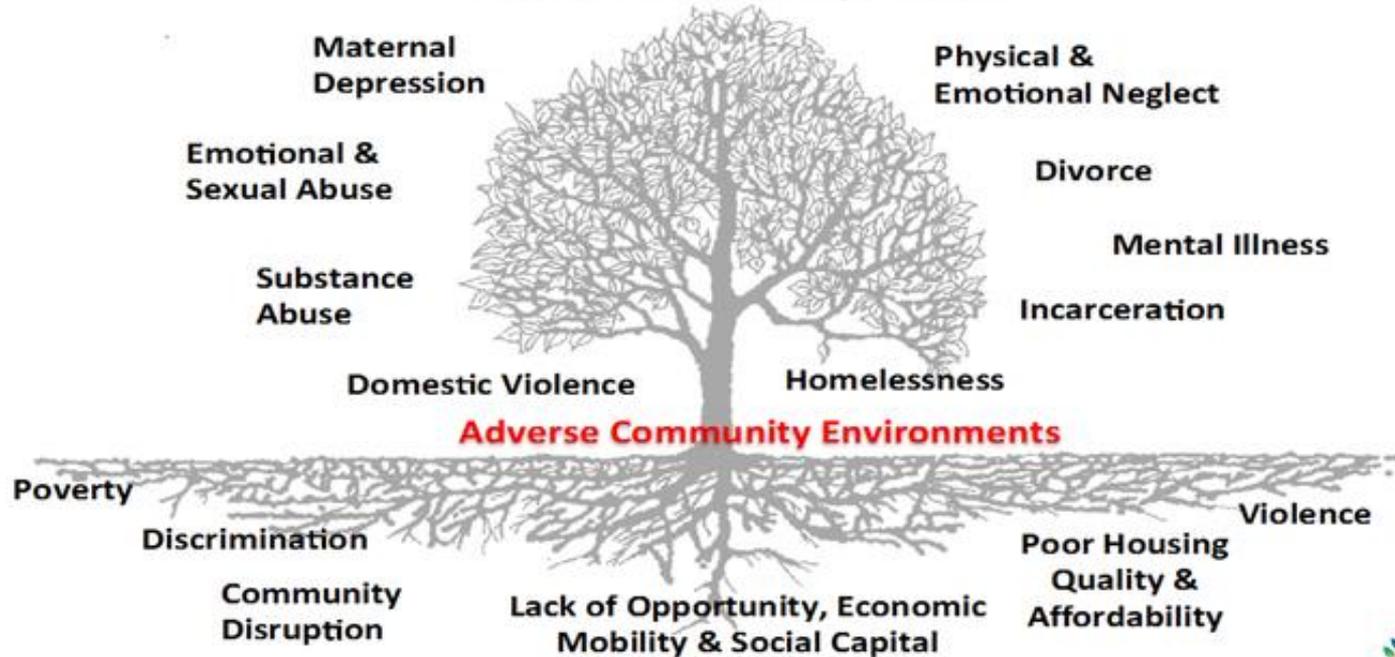
Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS

The Pair of ACEs

Adverse Childhood Experiences



Three Core Concepts in Early Development

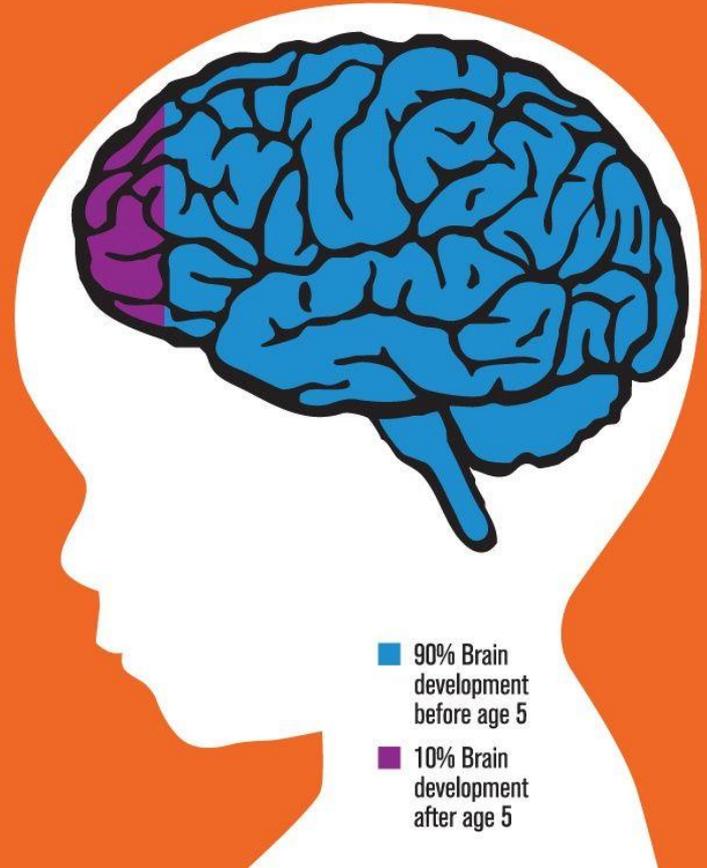
1 Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

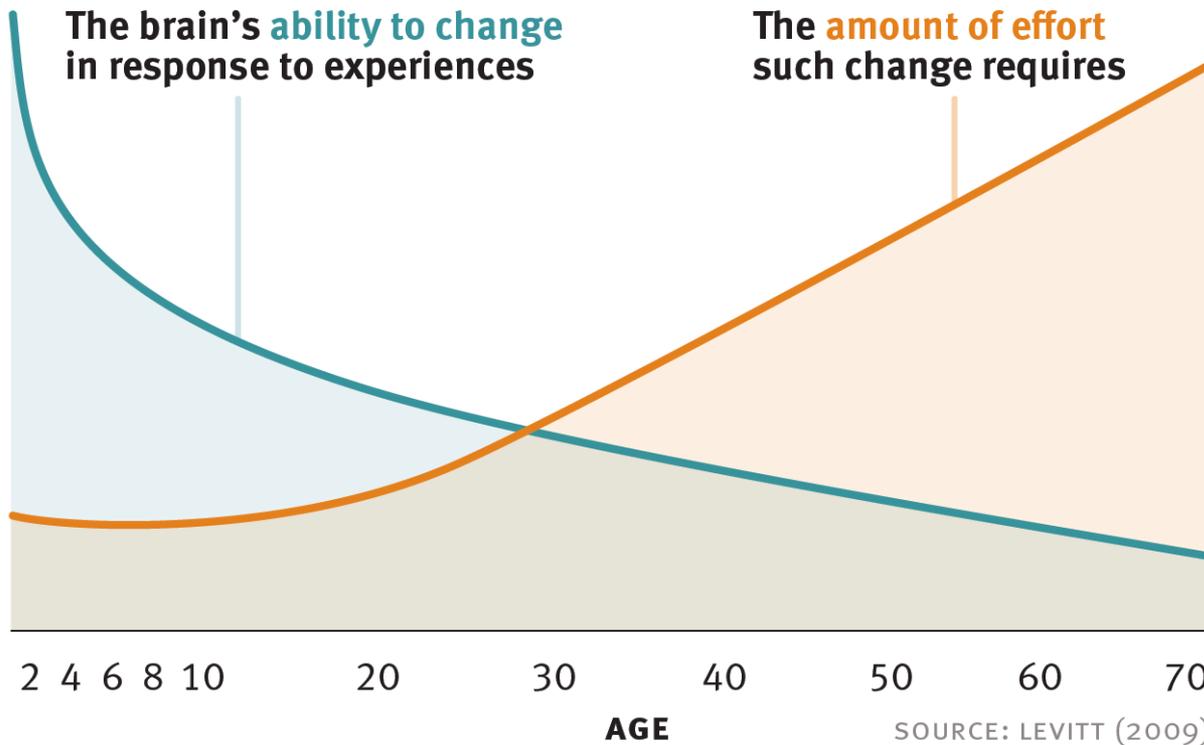
Center on the Developing Child  HARVARD UNIVERSITY

90%

of a child's brain
development
happens
before age 5



Source: Harvard Center for the Developing Child



SOURCE: LEVITT (2009)

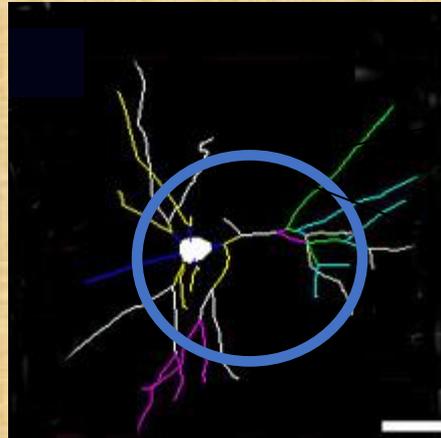
Normal



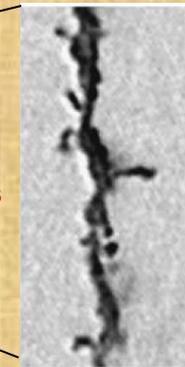
Typical -
neuron with many
connections



**Chronic
stress**



Neuron damaged by toxic
stress – fewer connections



Prefrontal Cortex and Hippocampus

Source: C. Nelson (2008)

Three Levels of Stress Response

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

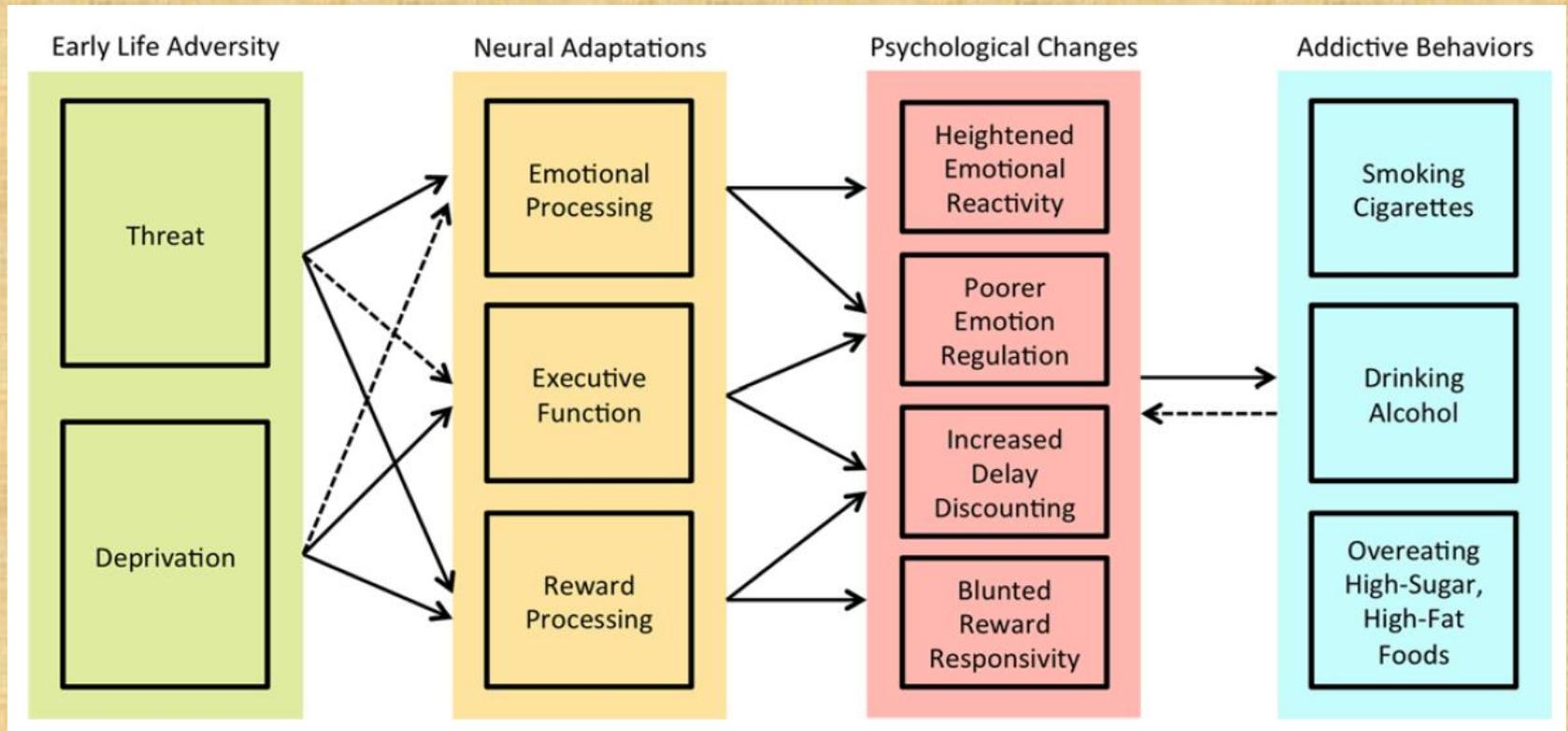
Prolonged activation of stress response systems
in the absence of protective relationships.

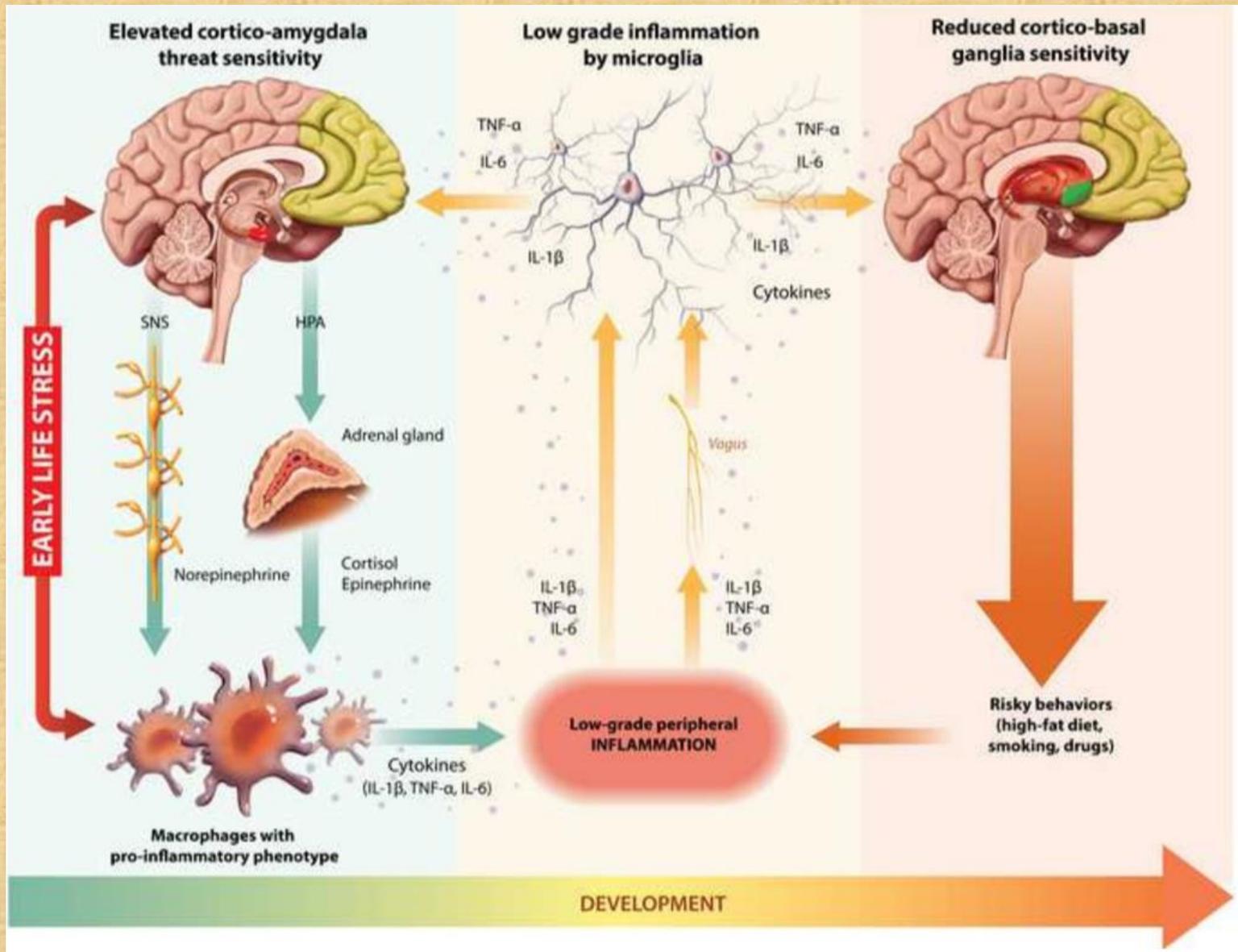
Three Core Concepts in Early Development

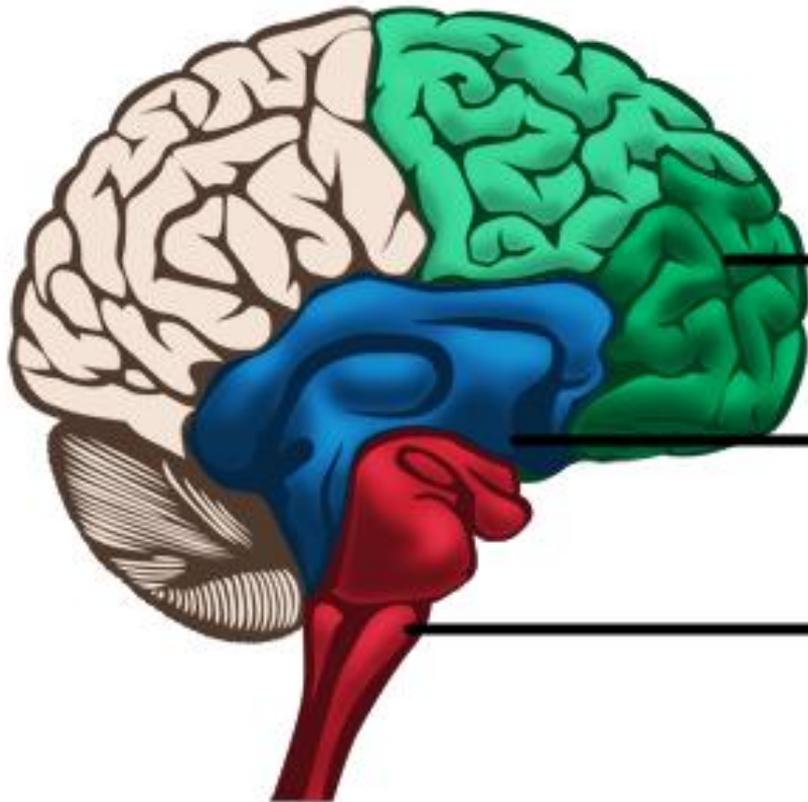
3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY







Executive State

Prefrontal Lobes

What can I learn from this?

Emotional State

Limbic System

Am I loved?

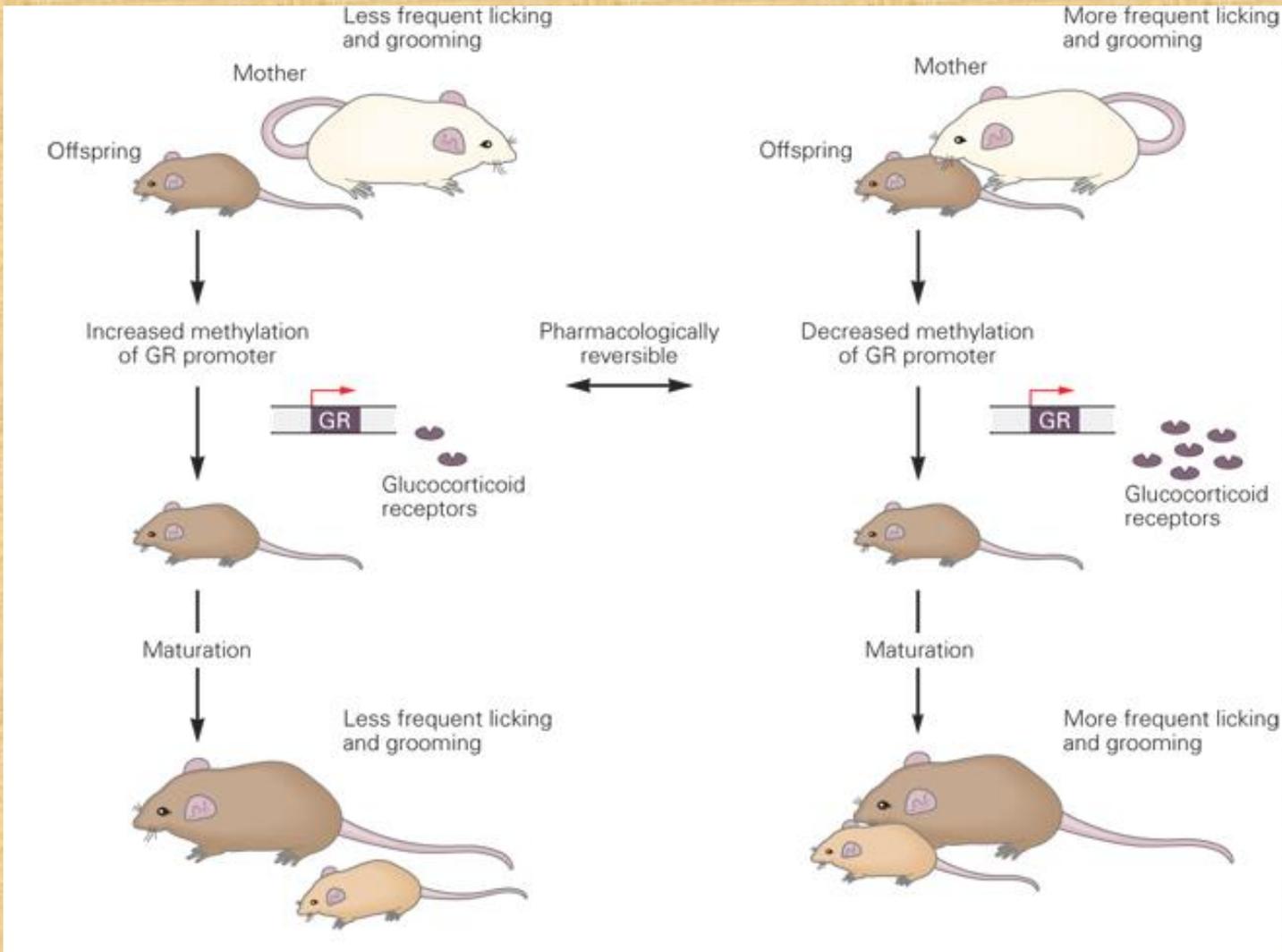
Survival State

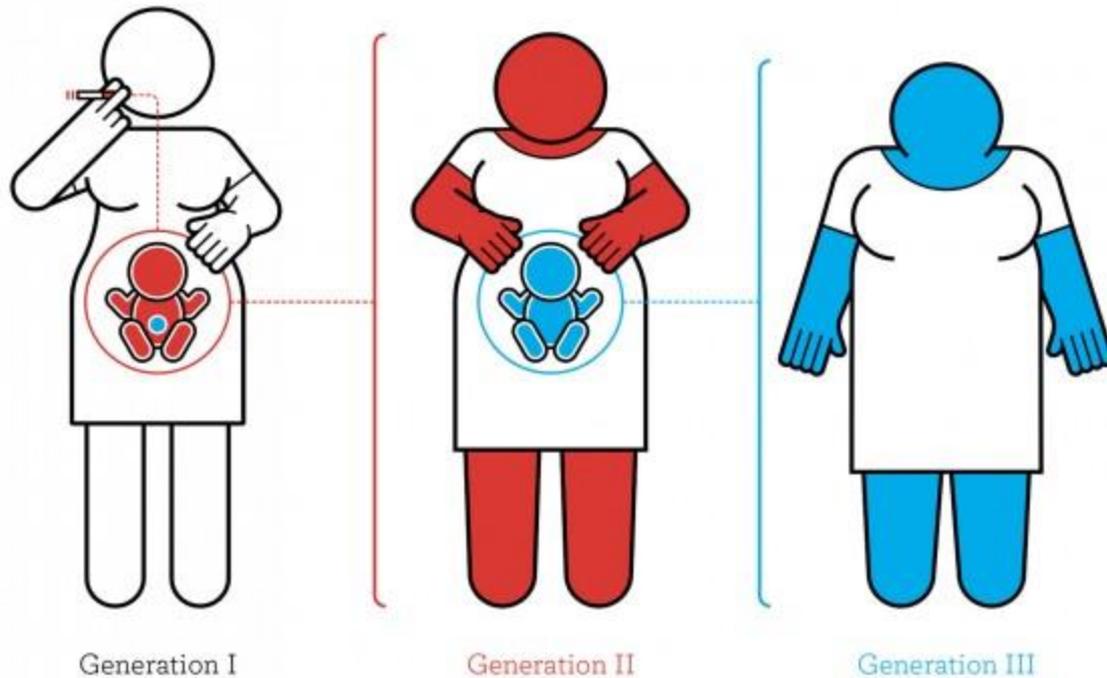
Brain Stem

Am I safe?



Epigenetics





A woman who smokes while pregnant induces epigenetic changes in three generations at once: in herself, her unborn daughter, and her daughter's reproductive cells.

Maternal Early Life Experiences and Parenting: The Mediating Role of Cortisol and Executive Function

Andrea Gonzalez, Ph.D., Jennifer M. Jenkins, Ph.D., Meir Steiner, M.D., Ph.D.,
Alison S. Fleming, Ph.D.

Intergenerational Transmission of Maternal Childhood Maltreatment Exposure: Implications for Fetal Brain Development

Claudia Buss, Ph.D., Sonja Entringer, Ph.D., Nora K. Moog, MSc, Philipp Toepfer, MSc,
Damien A. Fair, Ph.D., Hyagriv N. Simhan, MD, MS,
Christine M. Heim, Ph.D., Pathik D. Wadhwa, MD, PhD

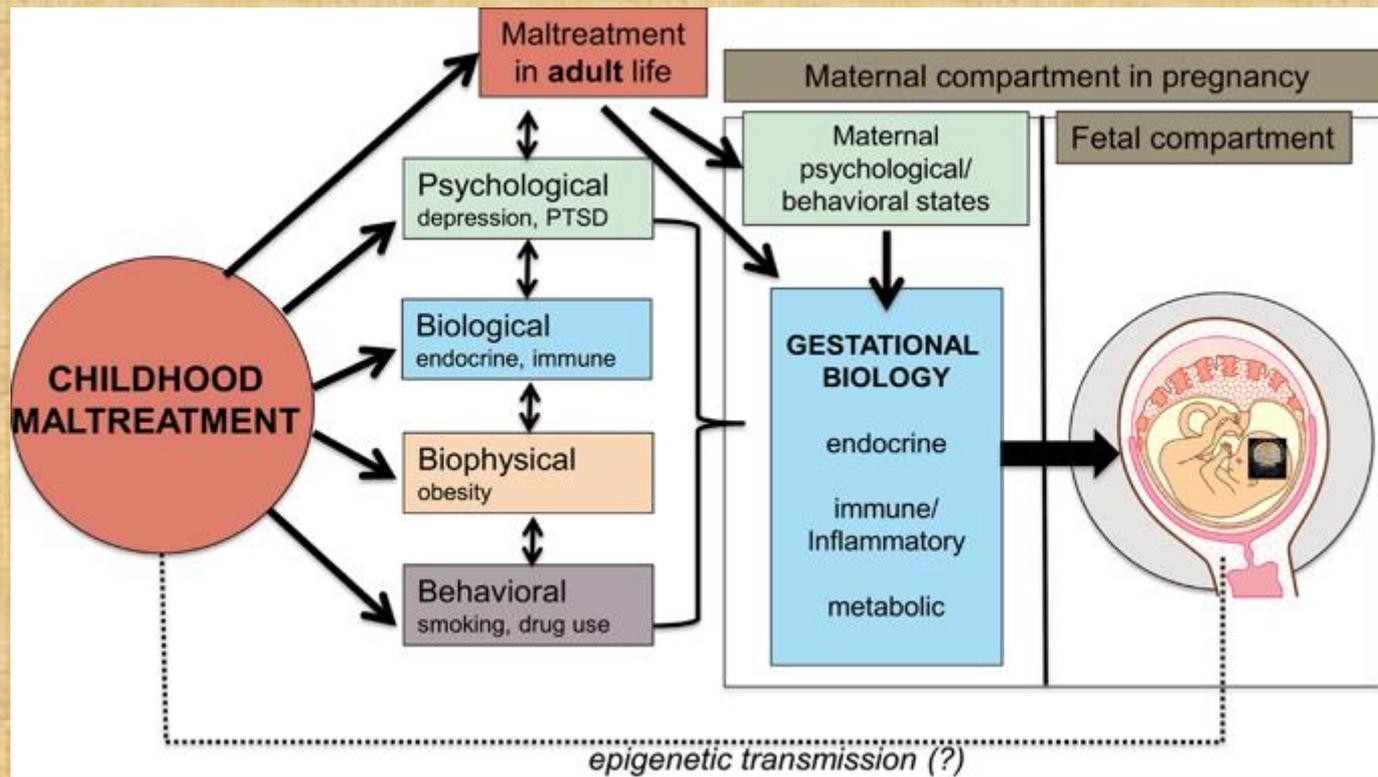
Thinking Across Generations: Unique Contributions of Maternal Early Life and Prenatal Stress to Infant Physiology

Sarah A.O. Gray, Ph.D., Christopher W. Jones, BA, Katherine P. Theall, Ph.D.,
Erin Glackin, MA, Stacy S. Drury, MD, PhD

Child Abuse, Depression, and Methylation in Genes Involved With Stress, Neural Plasticity, and Brain Circuitry

Natalie Weder, MD, Huiping Zhang, Ph.D., Kevin Jensen, Ph.D., Bao Zhu Yang, Ph.D.,
Arthur Simen, MD, Ph.D., Andrea Jackowski, Ph.D., Deborah Lipschitz, MD,
Heather Douglas-Palumberi, MA, Margrat Ge, MA, Francheska Perepletchikova, Ph.D.,
Kerry O'Loughlin, BA, James J. Hudziak, MD, Joel Gelernter, MD, Joan Kaufman, Ph.D.

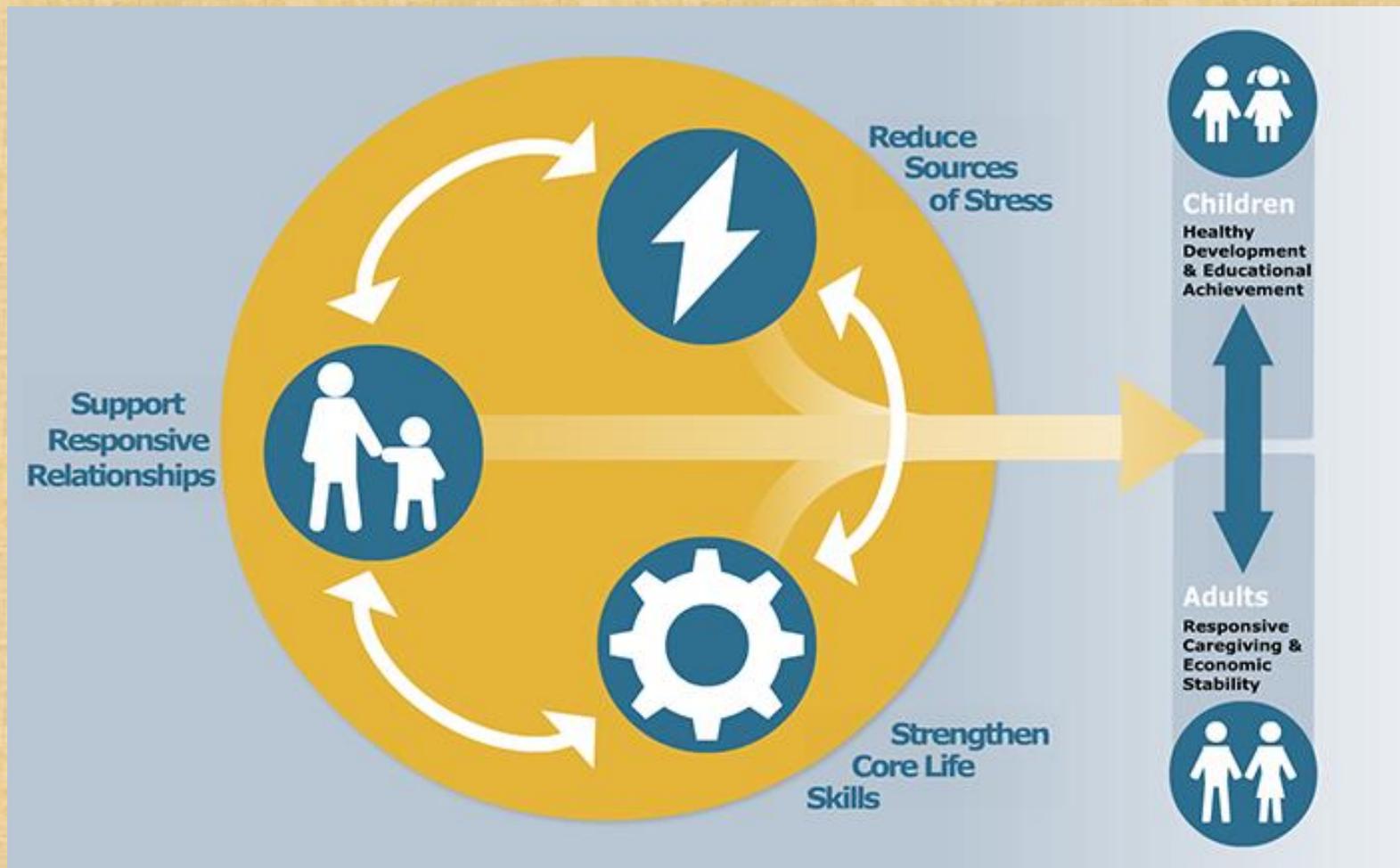
Journal of Child and
Adolescent Psychiatry



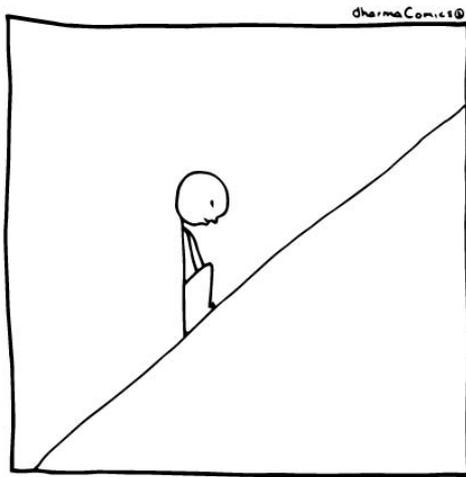
Child Neglect and Maltreatment and Childhood-to-Adulthood Cognition and Mental Health in a Prospective Birth Cohort

Marie-Claude Geoffroy, PhD, Snehal Pinto Pereira, PhD, Leah Li, PhD, Chris Power, PhD

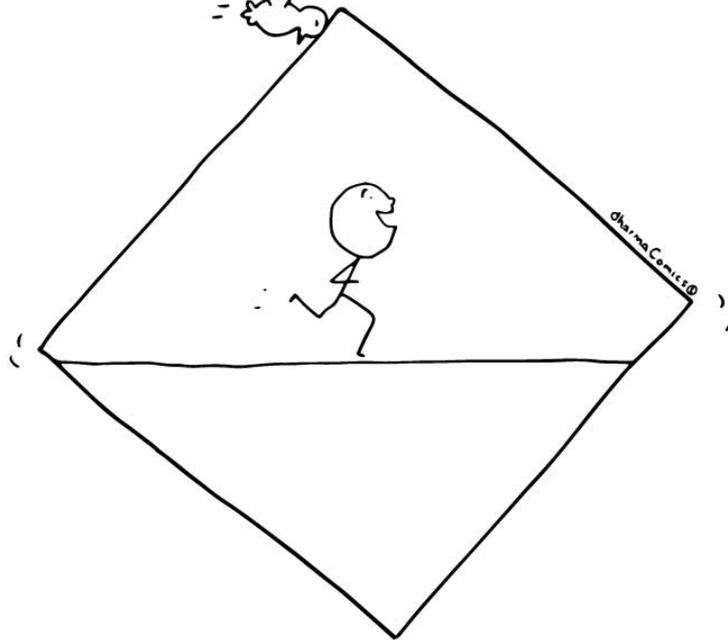




Harvard Center on the Developing Child



when life seems hard...



...try changing perspectives.





Trauma-Informed Care

- A strengths-based approach
- Grounded in an understanding of and responsiveness to the impact of trauma
- Emphasises physical, psychological, and emotional safety for both providers and survivors
- Creates opportunities to rebuild a sense of control and empowerment

(SAMHSA, 2014, p. 10)

NON TRAUMA INFORMED

- POWER OVER
- YOU CAN'T CHANGE
- JUDGING
- PEOPLE NEED FIXING FIRST
- OPERATE FROM THE DOMINANT CULTURE
- PEOPLE ARE OUT TO GET YOU
- RIGHT/WRONG
- HELPING
- "YOU'RE CRAZY!"
- COMPLIANCE/OBEDIENCE
- NEED-TO-KNOW BASIS FOR INFO
- PRESENTING ISSUE
- "US AND THEM"
- LABELS, PATHOLOGY
- FEAR-BASED
- I'M HERE TO FIX YOU
- DIDACTIC
- PEOPLE MAKE BAD CHOICES
- BEHAVIOR VIEWED AS PROBLEM
- WHAT'S WRONG WITH YOU?
- BLAME/SHAME
- GOAL IS TO DO THINGS THE 'RIGHT' WAY
- PRESCRIPTIVE
- PEOPLE ARE BAD
- CONSIDER ONLY RESEARCH AND EVIDENCE
- EXPERT

- POWER WITH
- YOUR BRAIN IS 'PLASTIC'
- OBSERVING
- PEOPLE NEED SAFETY FIRST
- CULTURAL HUMILITY
- PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM
- MULTIPLE VIEWPOINTS
- LEARNING
- "IT MAKES SENSE"
- EMPOWERMENT/COLLABORATION
- TRANSPARENCY AND PREDICTABILITY
- WHOLE PERSON AND HISTORY
- WE'RE ALL IN THIS TOGETHER
- BEHAVIOR AS COMMUNICATION
- EMPATHY-BASED
- SUPPORT HEALING
- PARTICIPATORY
- PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS
- BEHAVIOR VIEWED AS SOLUTION
- WHAT HAPPENED TO YOU?
- RESPECT
- GOAL IS TO CONNECT
- CHOICE
- PEOPLE ARE DOING THE BEST THEY CAN
- CONSIDER ALSO LIVED EXPERIENCE
- ENLIGHTENED WITNESS

TRAUMA INFORMED CARE

Key Features

- Valuing the individual in all aspects of care
- Neutral, objective and supportive language
- Individually flexible plans and approaches
- Avoid shaming or humiliation at all times

(Fallot & Harris, 2002; Cook et al., 2002; Ford, 2003; Cusack et al. 2003; Jennings, 1998; Prescott, 2000)

We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*

(Hodas, 2005)

I

So Why Be Trauma-Informed?

- Trauma is pervasive and its impact is far reaching and long lasting
- Trauma affects how people approach services designed to help them
- Services designed to help people can be and often have been inadvertently re-traumatizing
- Recovery and healing are possible
- Protective factors facilitate healing and resilience
- ***Healing occurs within the context of RELATIONSHIPS***

(Fallot and Harris, 2002)

Trauma-Informed Language/Thinking

- What is wrong with you? →
- Symptoms
- Disorder
- Attention-seeking
- Borderline
- Controlling
- Manipulative
- What has happened to you?
- Adaptations
- Response
- Trying to connect the best way they know how
- Doing the best they can given their early experience
- Trying to assert their power
- Individual has difficulty asking directly for what they want

Table 1. *Definitions of Workforce Trauma*

| Workforce trauma | Definition |
|----------------------------|---|
| Burnout | The cumulative psychological strain of working with many different stressors. It often manifests as a gradual wearing down over time, and of having physical and emotional exhaustion. |
| Vicarious trauma | The cumulative effect of working with people who have experienced trauma and includes cognitive changes resulting from empathic engagement and a change in worldview. |
| Secondary traumatic stress | Workers' sub-clinical or clinical signs and symptoms of post-traumatic stress disorder (PTSD) that mirror those experienced by clients, friends, or whānau. While not formally recognised as a clinical disorder, many clinicians note that those who witness traumatic stress in others may develop symptoms similar to, or associated with, PTSD. |
| Compassion stress | Characterises the stress of helping or wanting to help people who have experienced trauma. Compassion stress is seen by some as a natural outcome of knowing about trauma experienced by a client, friend, or family, rather than a pathological process. |

Source: Trauma Informed Oregon (n.d.).

Trauma in the Workplace

- Increased irritability or impatience with clients
- Difficulty planning and implementing work responsibilities
- Decreased concentration
- Denying that traumatic events impact clients or feeling NUMB or DETACHED (“I just don’t care”)
- Intense feelings or intrusive thoughts about clients
- Dreams about clients/sleep problems
- Changes in eating—more or less
- Increased use of stimulants, alcohol, cigarettes, spending or food to make it through the day/wk

Becoming Trauma Informed

- Trauma Aware
- Trauma Sensitive
- Trauma Responsive
- Trauma Informed

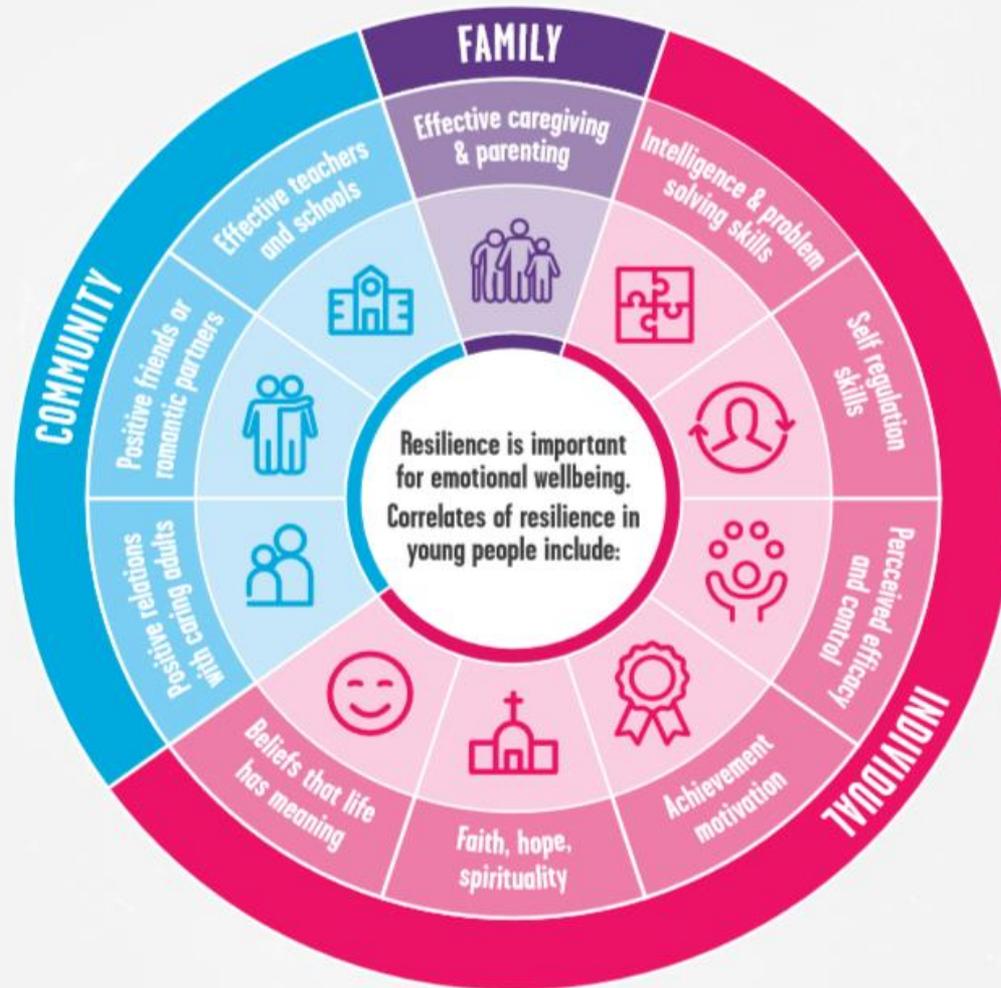




- Identify protective factors:
 - Encourage nurturing and positive relationships
 - Provide knowledge of parenting and child development
 - Assist in developing parental resilience
 - Social connections
 - Concrete support in times of need



- **Build Strong Communities:**
 - Inform and Educate
 - Enhance Skills
 - Provide Support
 - Enhance Access And Reduce Barriers
 - Community Activities
 - Modify/Change Policy

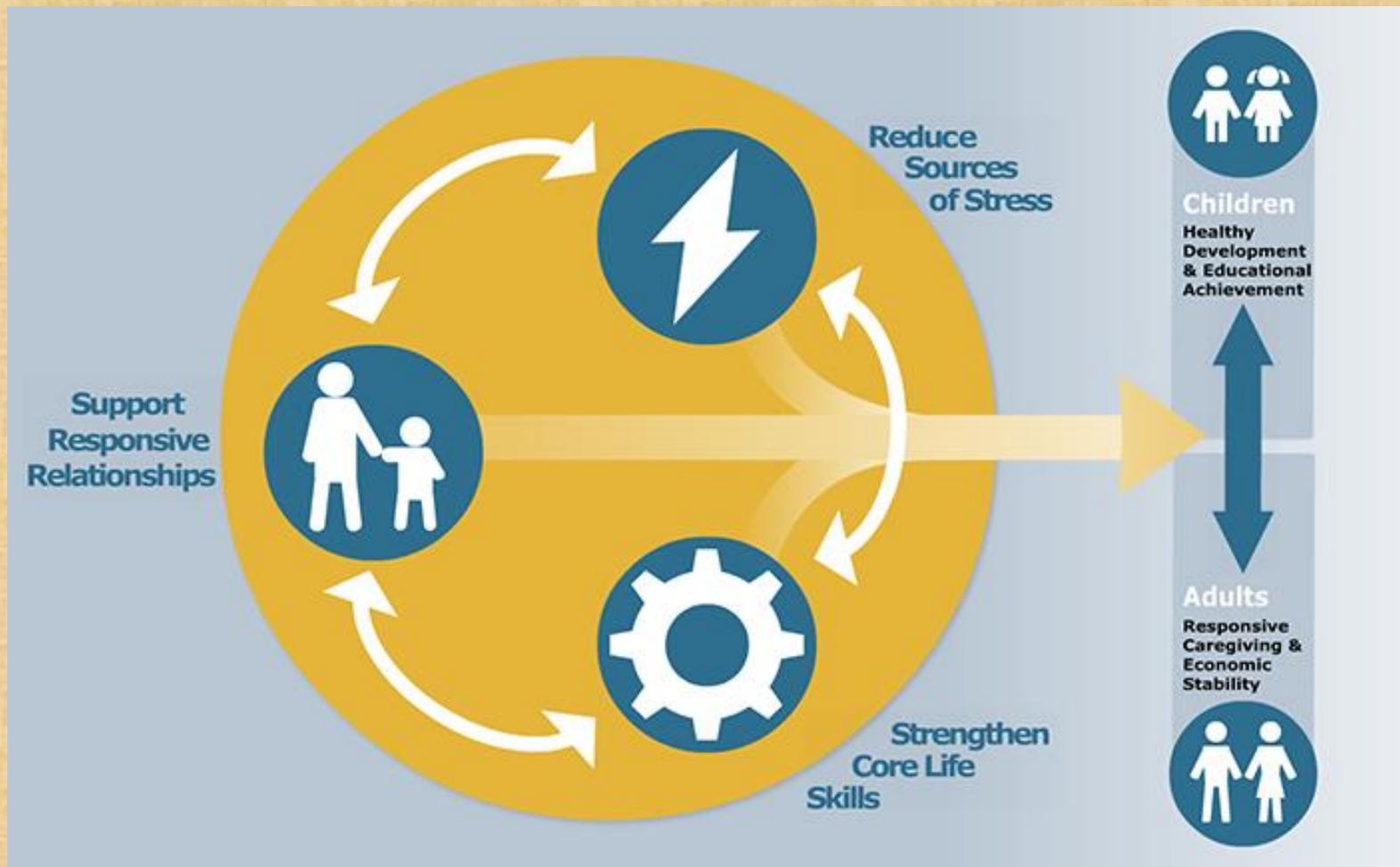


Source: PHE (2016)



Social Justice

Parents have the right to know
the most powerful determinant
of their children's future health, safety and productivity



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ACES and Trauma-Informed Care

- ACES are common and have long lasting effects
- Outcomes are not destiny
- Perspective is key: Trauma Informed
- We can affect change



I've learned that
people will forget what you said,
people will forget what you did,
but people will never forget
how you made them
feel.

- Maya Angelou

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EVERWISE

