

BASICS OF ACES, USING TRAUMA INFORMED APPROACHES AND FOSTERING RESILIENCE

Presenter – Patti Tiberi

Learning Objectives – Section 1

- Shared Understanding
- Identification of Trauma
- Awareness of the Effects to Brain Development



Understanding Trauma



- **Underlying Question**
“Not What’s Wrong with You but What happened to you?”
- **Symptoms =**
Adaptations to trauma
- **Healing Happens...In**
nurturing relationships and positive childhood experiences

Brene Brown on Empathy

<https://youtu.be/1Ewgu369Jw>





Trauma-informed Improved Outcomes

- The next concept will help organizations understand how using a trauma informed approach will benefit the effectiveness of service delivery.
- Using a trauma informed approach brings likelihood of greater outcomes.
- Example of Lincoln High School in Walla Walla Washington which the documentary “Paper Tigers” portrays.
- In the film when school staff understood childhood adversity as the backdrop to each of the five students whose stories that are told, and staff responding based on this understanding, the students began to succeed in school.
- In Johnson City - Topper Academy.
- The Principal and all staff received this training in 2017 and committed to using a trauma informed approach for at least one year.

Paper Tigers

how did one school and one community
take on toxic stress?



[HTTPS://WWW.YOUTUBE.COM/WATCH?V=NCPPVWHRLJS](https://www.youtube.com/watch?v=NCPPVWHRLJS)

Improved Outcomes

Topper Academy

Attendance up from
55%-90%

Credits earned
annually increased
from 200 -1,155

Graduations 8 - 65





What is Trauma? **The 3-E's**

Individual trauma results from an **event**, a series of events, or set of circumstances **experienced** by an individual that are physically or emotionally harmful or life threatening and that have lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Potential Traumatic Events

Abuse

- *Emotional*
- *Sexual/Physical*
- *Domestic violence*
- *Witnessing violence*
- *Bullying*
- *Cyberbullying*
- *Institutional*

Chronic Stressors

- *Poverty*
- *Racism*
- *Invasive medical procedure*
- *Community trauma*
- *Historical trauma*
- *Family member with substance use disorder*

Loss

- *Death*
- *Abandonment*
- *Neglect*
- *Separation*
- *Natural disaster*
- *Accidents*
- *Terrorism*
- *War*

Experience of Trauma Affected by :

- **How**
- **When**
- **Where**
- **How Often**

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



Effects of Trauma

The effect of trauma on an individual can be conceptualized as a **normal response** to an *abnormal situation*.





We don't see things as they are. We see things as WE are.

Survival mode is supposed to be a phase that helps save your life.

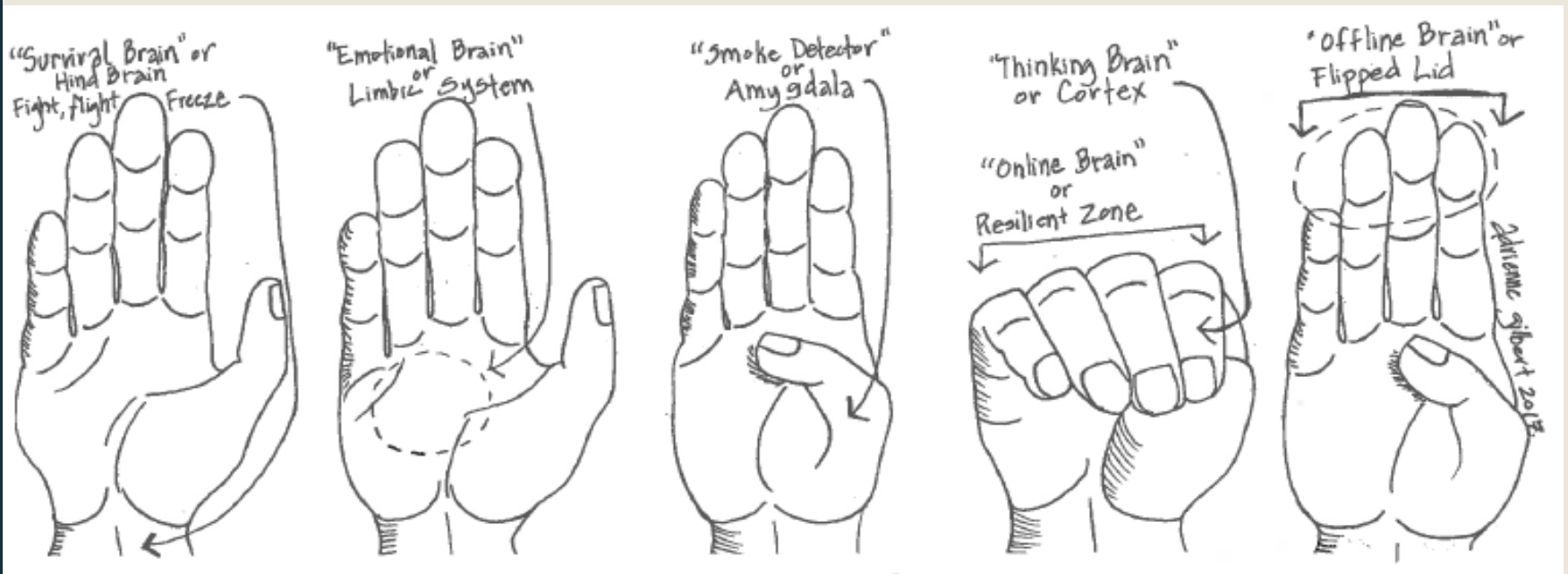
It is not meant to be how you live.

Michele Rosenthal
Author, *Your Life After Trauma*

How to Identify Trauma

 Physical	 Emotional	 Behavioral	 Cognitive
<ul style="list-style-type: none">• Low energy• Hyperarousal• Hypoarousal• Paleness• Lethargy• Somatic complaints• Lack of coordination or balance• Headaches• Digestive complaints	<ul style="list-style-type: none">• Anxiety• Emotional numbness• Anger• Depression• Guilt• Shame• Fear• Avoidance	<ul style="list-style-type: none">• Substance and alcohol use• Eating disorders• Compulsive behaviors• Changes in interpersonal relationships• Anger-related issues• Isolation and detachment from others	<ul style="list-style-type: none">• Inability to concentrate• Memory lapses• Learned helplessness• Increased distraction• Intrusive thoughts• Dissociation• Cognitive errors• Flashbacks

Understanding the Brain



Survival Brain

Sensation
Autonomic functions
Survival strategies:
fight, flight, freeze, submit, & collapse

Emotional Brain

Expression/
regulation of feeling
Memories
relationships/
attachment

Siegel (2012)

Amygdala

Smoke alarm

Thinking Brain

Critical thinking
Problem solving,
planning,
creativity,
beliefs, impulse control,
processes language

Offline Brain

Survival brain in control
Not able to access the thinking brain.

Brain Development

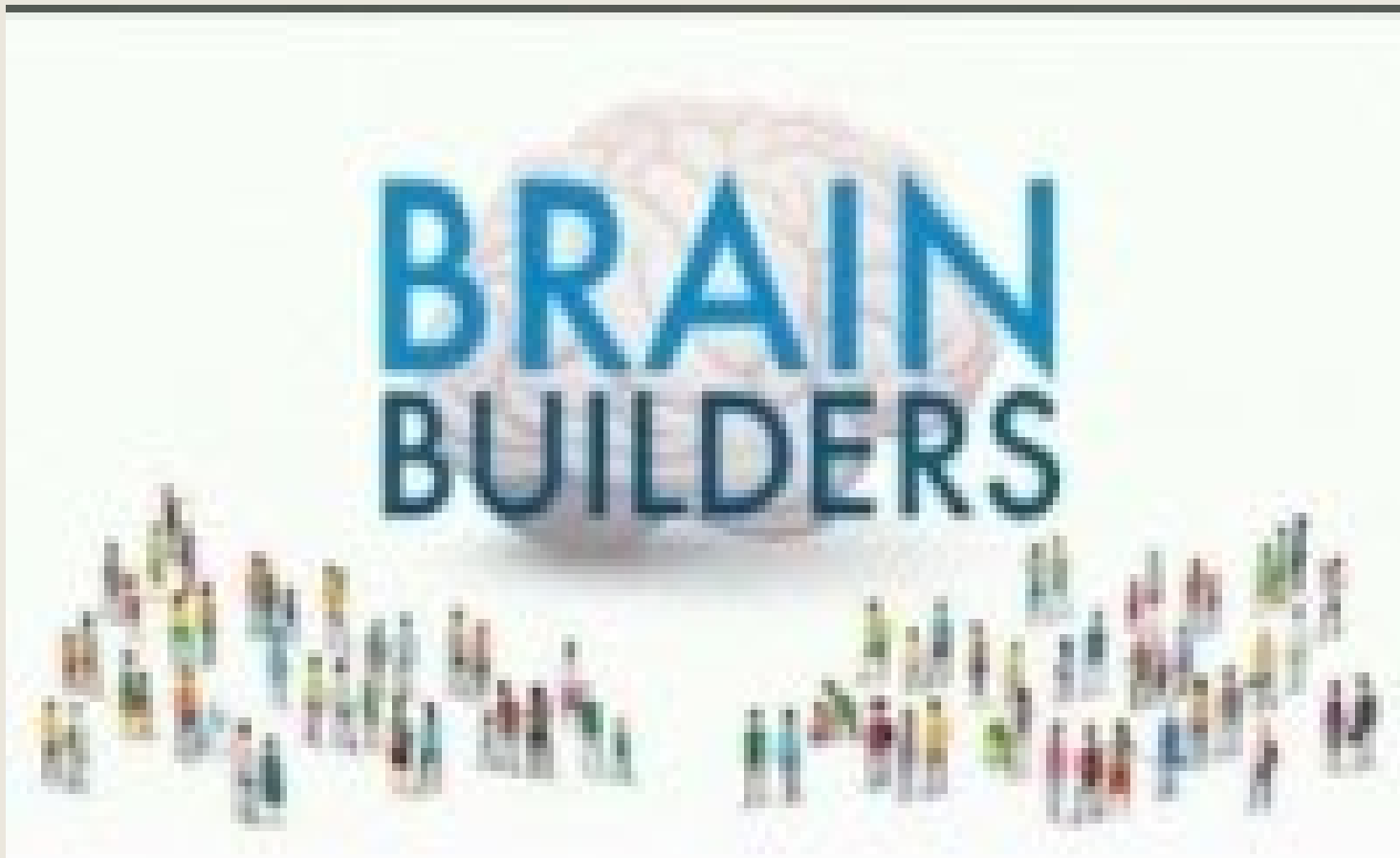


- The brain has a “bottom up” organization
- The bottom controls the most simple functions such as respiration, heart rate, and blood pressure
- The top areas control more complex functions such as thinking and regulating emotions

How Brains Are Built

How Brains are Built: The Core Story of Brain Development
Alberta Family Wellness

<https://www.youtube.com/watch?v=LmVWOe1ky8s&t=11s>



Brain Development Continued

- At birth, the brain is underdeveloped. Not all the brain's areas are organized and fully functional.
- During childhood the brain matures and brain related capabilities develop in sequence. For example, we crawl before we walk, babble before we talk.
- The process of sequential development is guided by experience.
- The brain develops and modifies itself in response to experience.

Toxic Stress Derails Healthy Brain Development

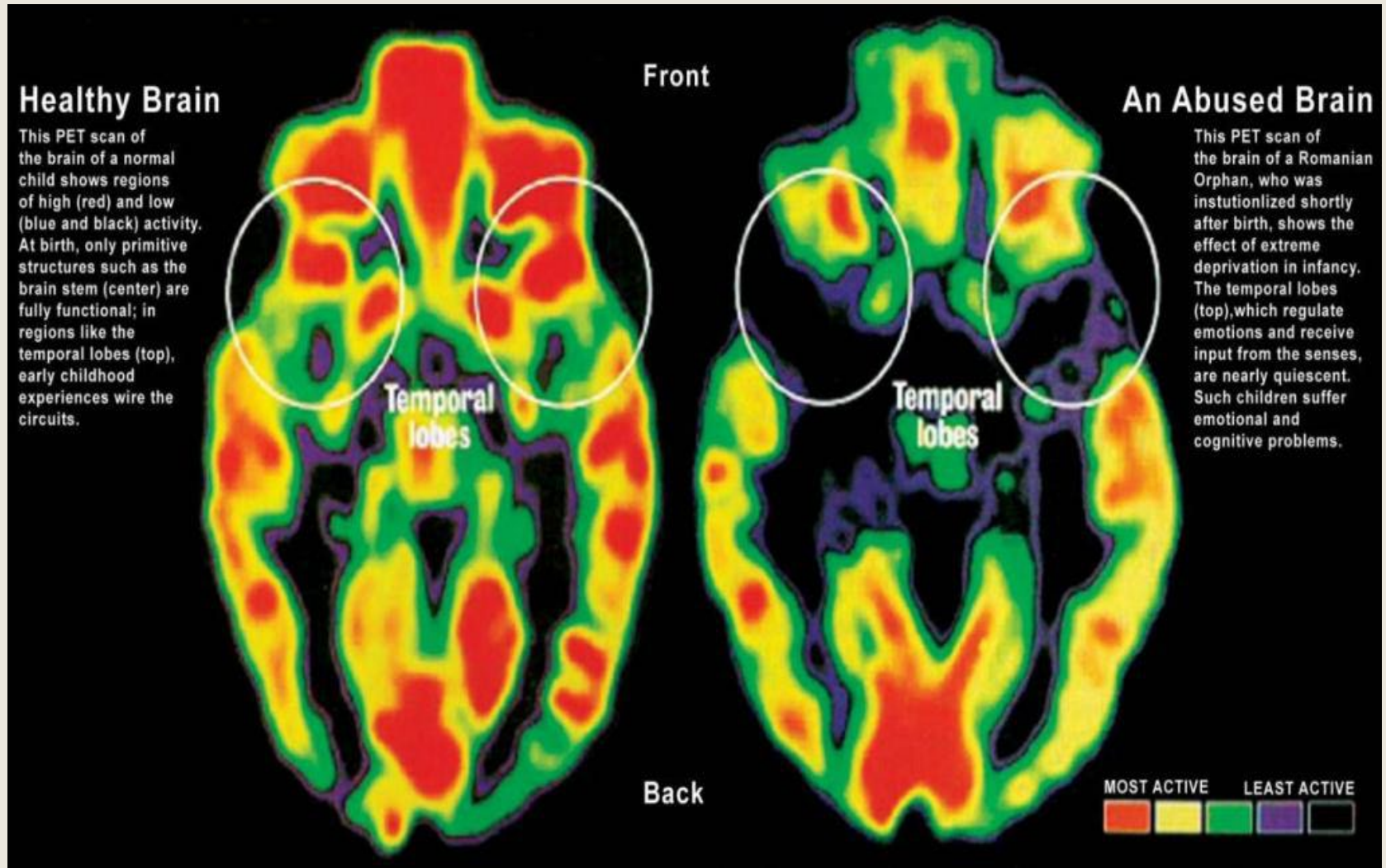


[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

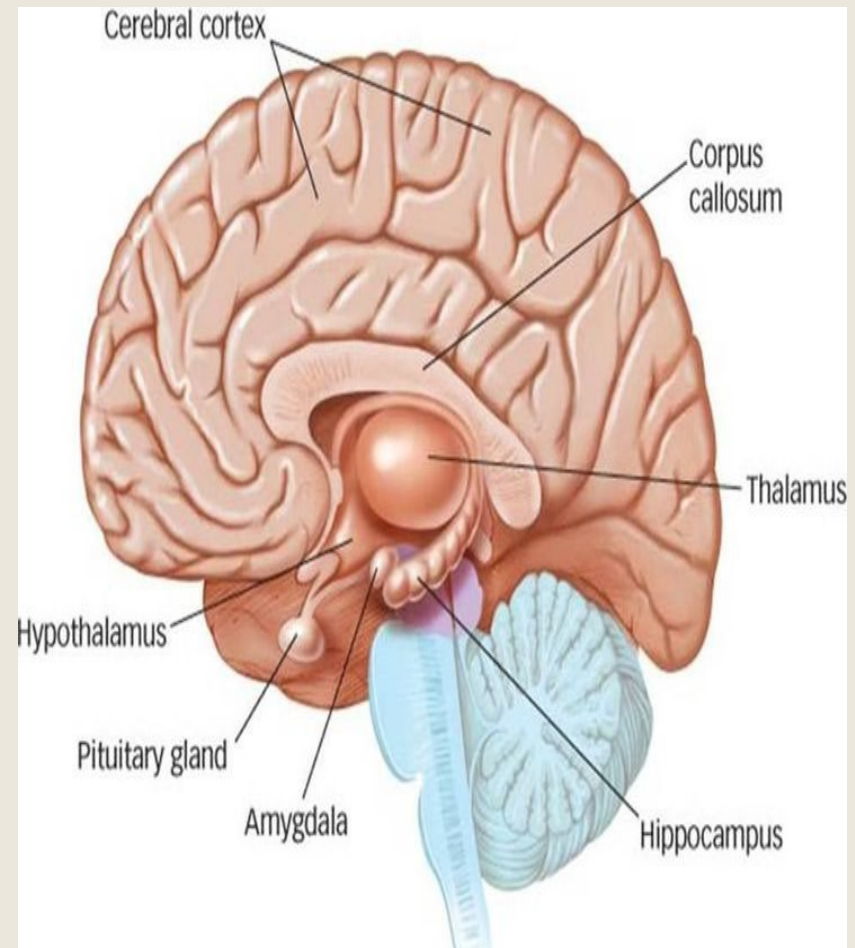
(C) BeckyHaas.com 2021



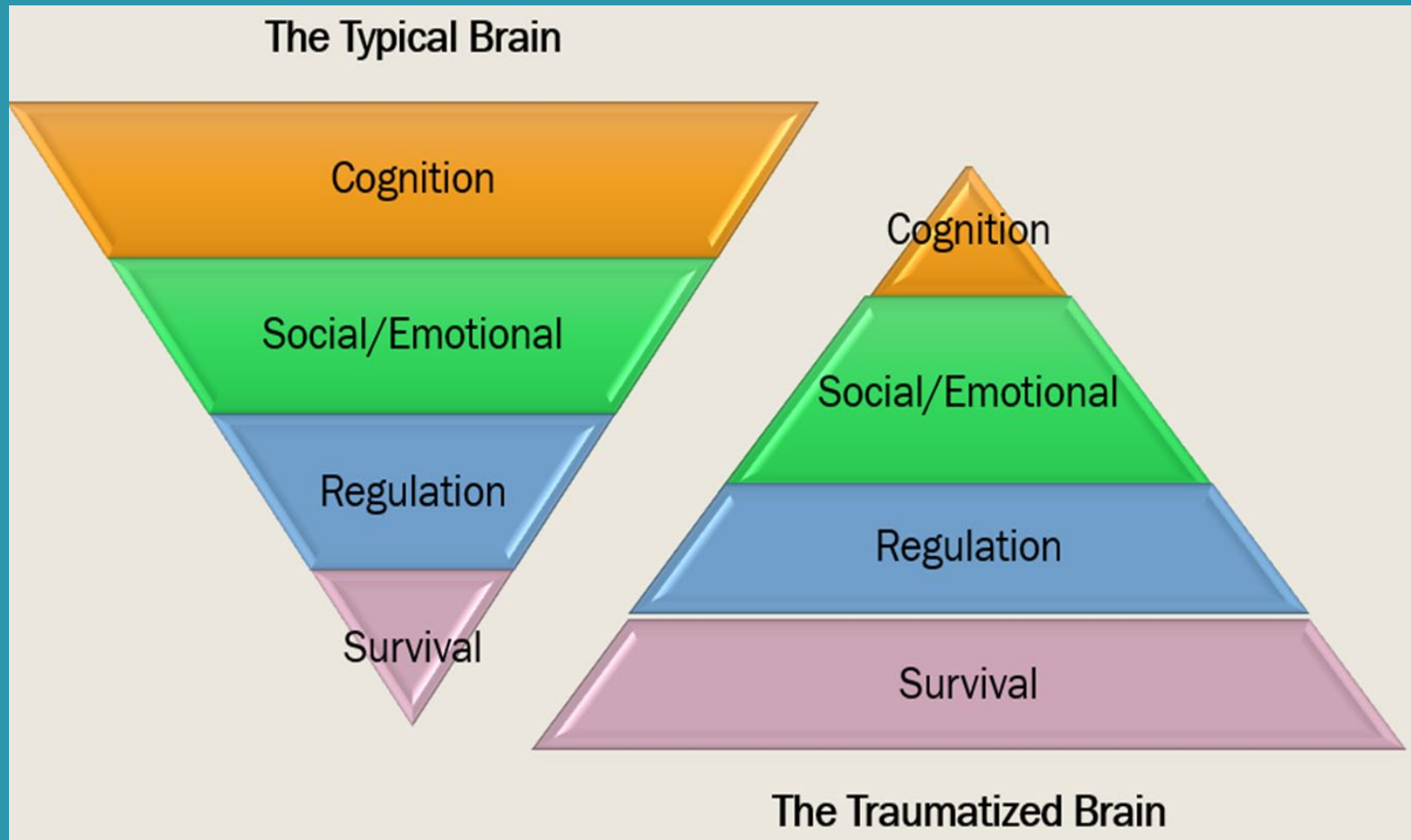
How Trauma Affects the Brain



- The “fire alarm” of the brain is located in the **amygdala**.
- The frontal lobes of the cortex - at the top or the thinking part of the brain – shut down to make sure a person is focusing completely on survival.
- That’s why it’s hard to think when in a crisis.



Trauma and Brain Development



Positive Stress



Short, stressful events like meeting new people or starting the first day of school are healthy for brain development. They prepare the brain and body for stressful situations later in life.

Tolerable Stress



Tragic, unavoidable events like a natural disaster or losing a loved one aren't good for us. But if supportive caregivers are around to buffer the stress response, these events won't do lasting damage to the brain and body.

Toxic Stress



Ongoing, repeated exposure to abuse or neglect is bad for brain development. If no supportive adults are present to help buffer the stress response, stress hormones will damage developing structures in the child's brain. The result is an increased vulnerability to lifelong physical and mental health problems, including addiction.



Types of stress responses

POSITIVE



A normal and essential part of healthy development

EXAMPLES

*getting a vaccine,
first day of school*

TOLERABLE



Response to a more severe stressor, limited in duration

EXAMPLES

*loss of a loved one,
a broken bone*

TOXIC



Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES

*physical or emotional abuse,
exposure to violence*



Factors Increasing Impact



- Early occurrence
- Blaming or shaming
- Being silenced or not believed
- Perpetrator is a trusted caregiver



Problems OR Adaptations?

- The **amygdala** responses are: fight, flight or freeze and these are activated by danger.
- Three sets of “problems” often attributed to children or adult clients we serve show how these behaviors may really be a survival mechanism.
- Recognize “symptoms” and “problem behaviors” as adaptations to trauma

FIGHT

- Non-compliant, combative OR struggling to regain/hold onto personal power

FLIGHT

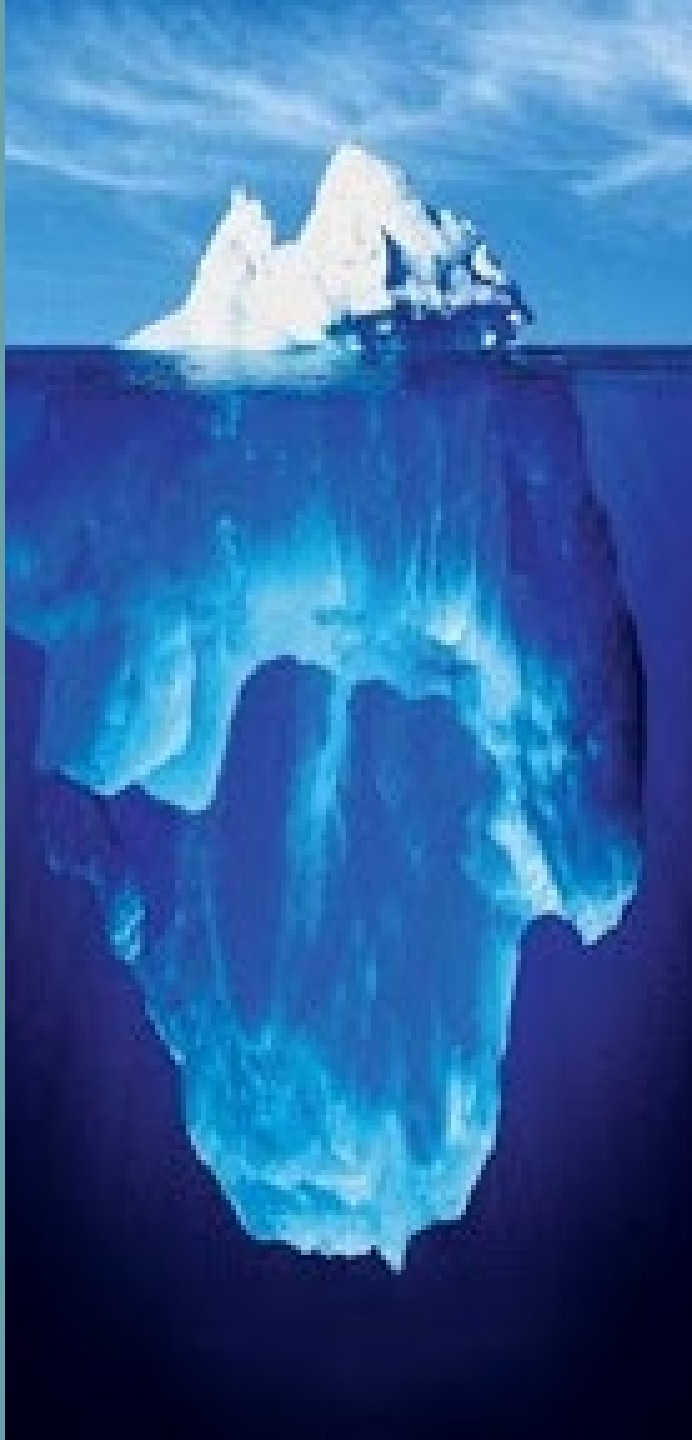
- Resistant, uncooperative OR disengaged, withdrawing

FREEZE

- Passive, unmotivated OR giving in to those in power

Problems or Adaptations

- Professionals of every kind need to understand that negative behaviors:
 - *Should not be taken personally*
 - *Are a way of communication*
 - *Are adaptations to trauma*



- Behavior is like an iceberg
→ we only see the small portion above the surface.
- Below the surface are the feelings and emotions driving the behavior.
- The misbehavior we see is often a child's attempt to solve another problem of which we are unaware.

What Does Trauma Look Like?



Avoidant



Disconnected



Angry

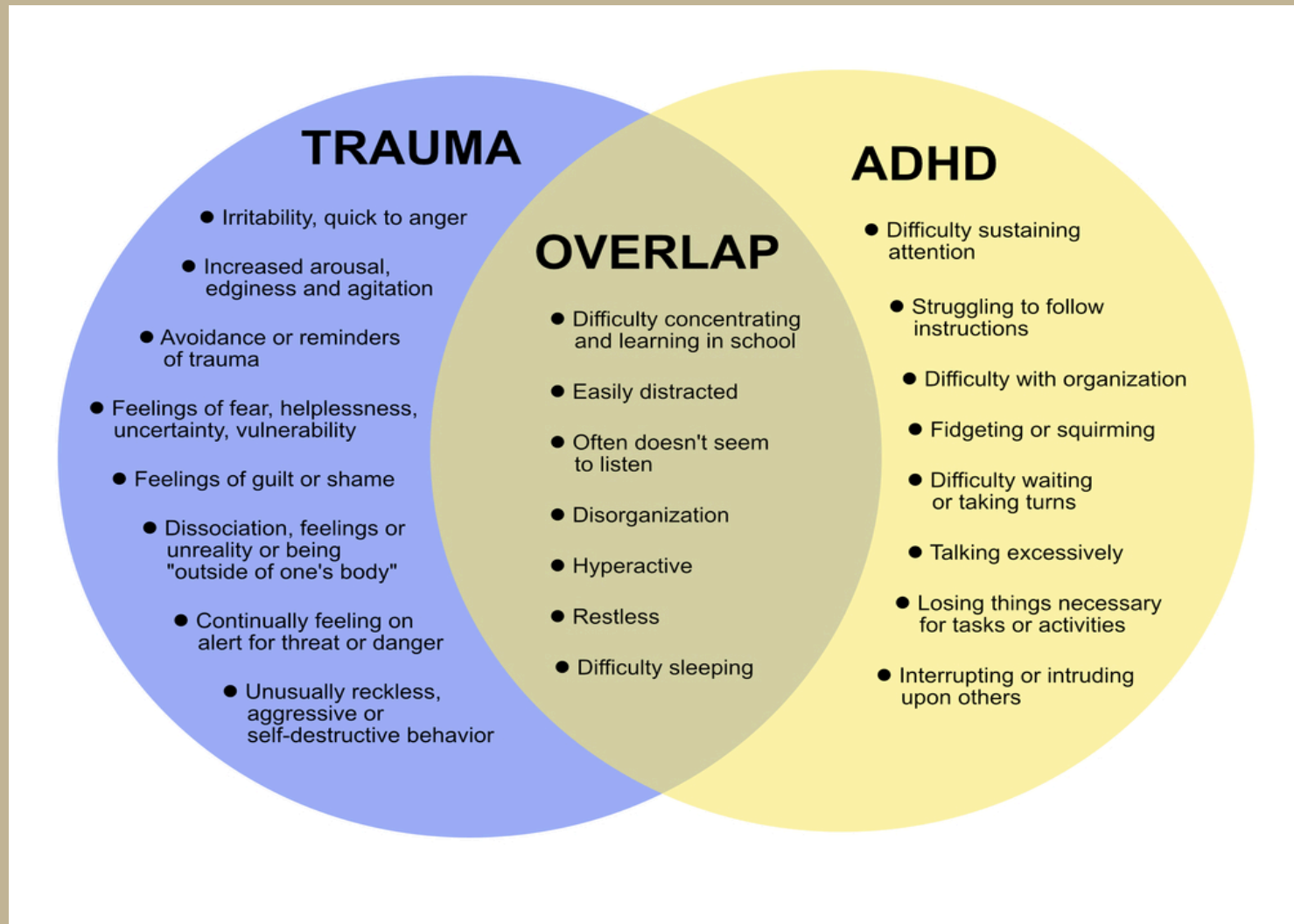


Hypervigilant



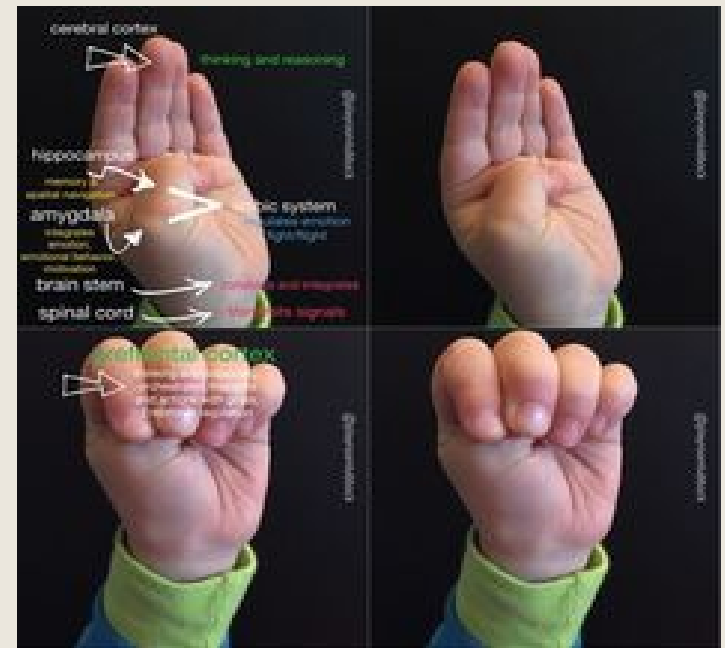
Trauma and ADHD

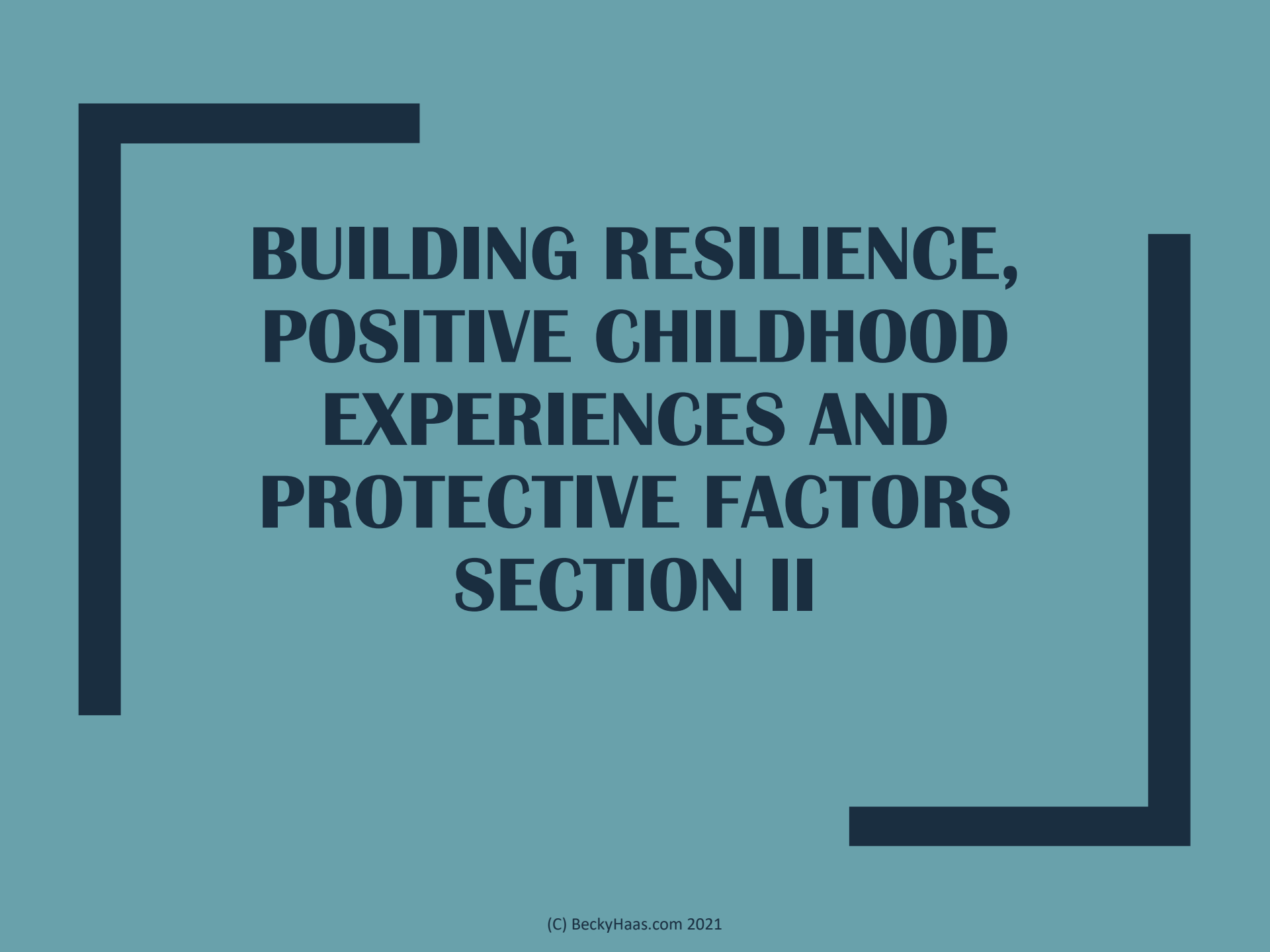
National Child Traumatic Stress Network



Understanding the “Whole Brain”

- Using a fist, you can teach how the brain works
- **Upstairs brain** – where you make decisions and do the right thing, even when you feel upset
- **Downstairs brain** – where BIG feelings come from. Like letting people know you love them or when you feel sad, mad or angry





**BUILDING RESILIENCE,
POSITIVE CHILDHOOD
EXPERIENCES AND
PROTECTIVE FACTORS
SECTION II**

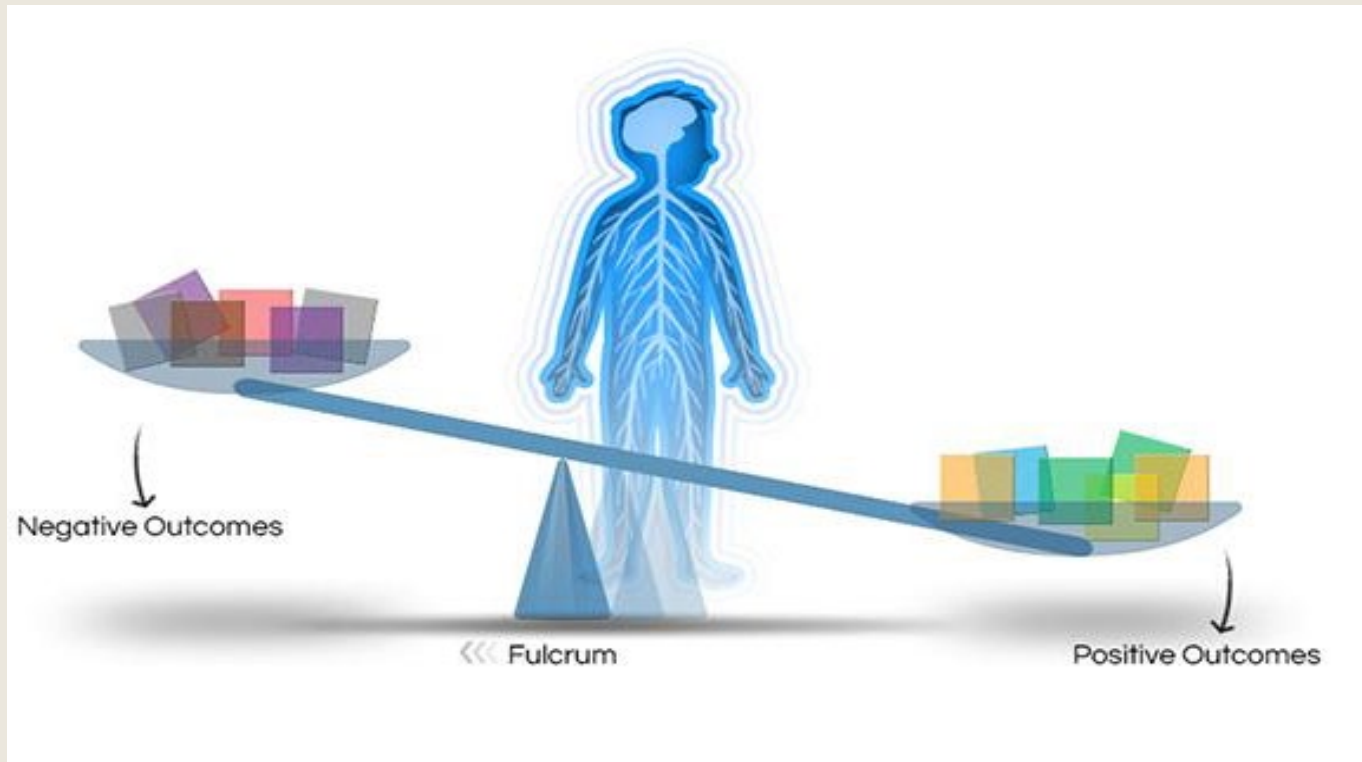
Learning Objectives – Section II

- Understanding PACES
- Identification of protective factors
- Awareness of how resilience is built



Frameworks Resilience Scale Video

<https://vimeo.com/106322359>



Resilience Case Study #1

Chad's Story



Resilience Case Study #2

Josh's Story



Increasing Positive Childhood Experiences

- In 2019 John's Hopkins published the “Protective Childhood Experiences” Study showing how positive experiences acted to counter traumatic childhood experiences
- Of 6,188 adults surveyed they identified 7 categories of childhood experiences that are connected to improved mental health and social connectedness in adults

https://positiveexperience.org/wp-content/uploads/2020/01/jamapediatrics_bethell_2019_oi_190057.pdf

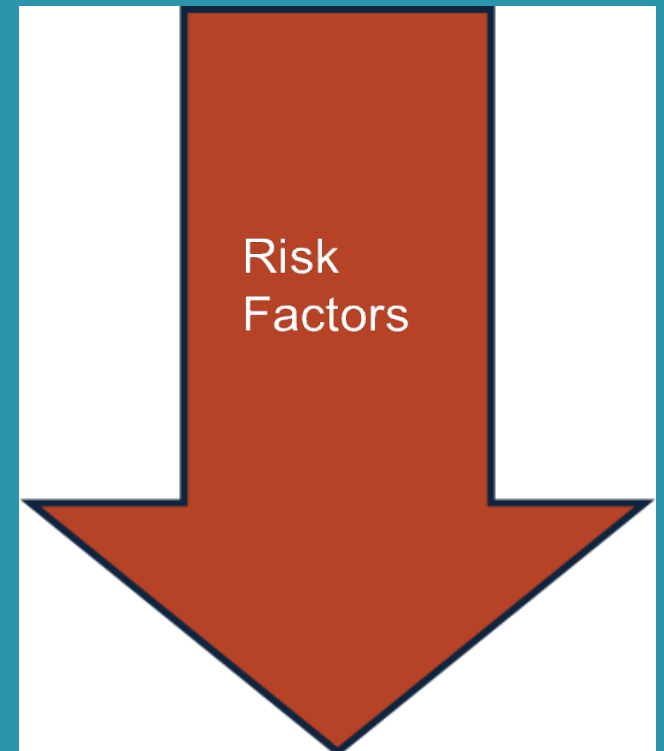
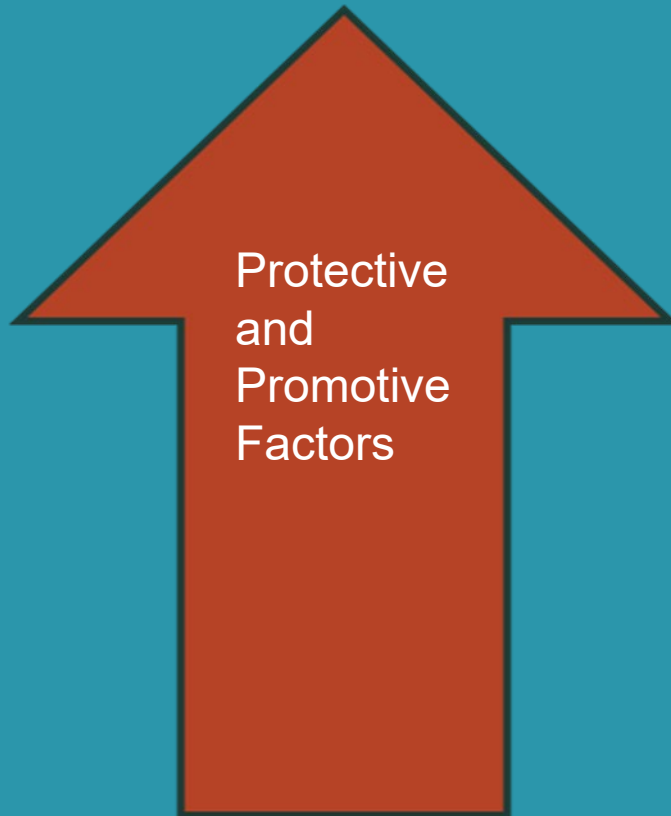
7 Positive Childhood Experiences

1. Ability to talk with family about feelings
2. Felt experience that family is supportive in difficult times
3. Enjoyment in participation in community traditions
4. Feeling of belonging in high school
5. Feeling of being supported by friends
6. Having at least two non-parent adults who genuinely care
7. Feeling safe and protected by an adult at home

What Was Learned

- ACEs may be fact but are not fate
- Kids who experience many positive childhood experiences during childhood become adults who can seek support, get care – and adults who can seek support and get care have improved symptoms even if mental health is present.
- The relationship between positive experiences and good mental health is dose-responsive; that means the more PCE's a child has the better their adult mental health is likely to be.

Focus on Protective Factors



Family Protective Factors

■ For Families

- *Concrete support in time of need*
- *Social connections*
- *Parenting skills*
- *Personal resilience*
- *Ability to help children develop social/emotional competence*
- *Ability to foster nurturing attachment with children*

- *Strengthening Families: A Protective Factors Framework. Center for the Study of Social Policy. <https://www.cssp.org/young-children-their-families/strengtheningfamilies/about#protective-factors-framework>. Accessed July 26, 2018*

Community Protective Factors

- Safe neighborhoods
- Safe schools
- Stable and safe housing
- Access to nutritious food
- Access to employment
- Access to medical care including behavioral health and mental wellness
- Transportation
- Access to safe, high quality and affordable child care
- Inclusion and equity related to race, ethnicity and disability

Charging Stations

- Think of stress and resilience as a smart phone or iPad needing a “charging station”.
- Stresses drain our batteries, but resilience factors can recharge us.
- We all need *charging stations*. Young children have to be *charged* by those nurturing adults who know what they need.
- Charging stations will change over time and will be different for different people.
- These can be a supportive parent, grandparent, coach, exercise, your faith, a hobby.

Resilient Organizations and Communities Include

Having a trauma informed approach is the norm at every level of service. From providing program information, scheduling appointments to the actual delivery of services, efforts are made to not re-traumatize consumers



Mentoring and case management opportunities readily available in a non-judgmental fashion





There is clear access to clinical and behavioral health resources

Healing Begins

- Trauma can be overcome through resilient skills and the caring support from others.
- “Research shows that Positive Childhood Experiences (PCEs) buffer against the health effects of adverse ones. The proactive promotion of positive childhood experiences for children may reduce risk for adult depression, poor mental health and promote adult relational health.”

[JAMA Pediatrics, Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample](#)



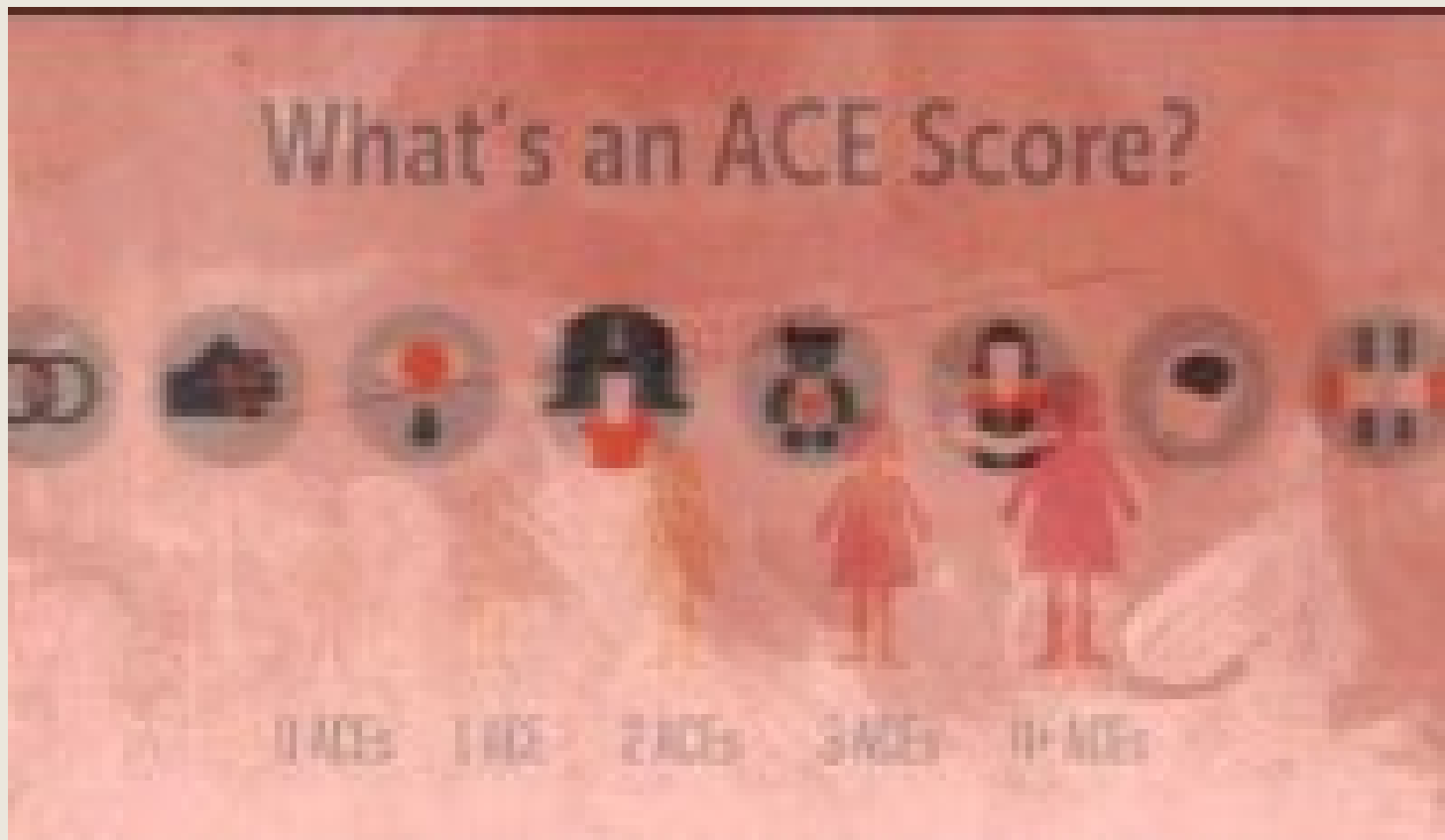
UNDERSTANDING ACES & THE PREVALENCE OF TRAUMA SECTION III

Learning Objectives – Section 3

- Understanding ACEs
- The Prevalence of Trauma
- A Trauma Survivor's Story



Adverse Childhood Experiences (ACEs)



The ACEs Study

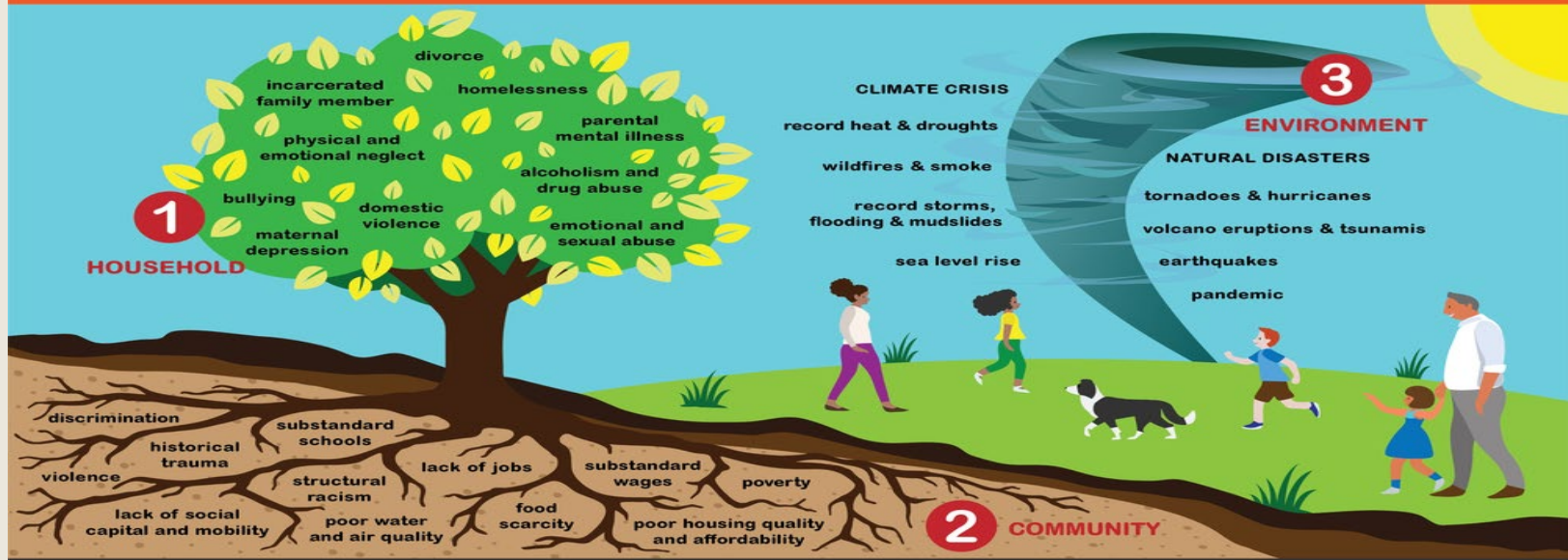
- The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. Over 17,000 adults were surveyed.
- The study was a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
- The initial phase of the ACE Study was conducted at Kaiser Permanente from 1995 to 1997.

ACEs Study

- The ACE Study findings suggest that certain adverse experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.
- It is critical to understand how some of the worst health and social problems in our nation may be partially explained by adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.
- ACEs survey consists of 10 questions, 5 questions, “did you have this happen to you before age 18” and 5 questions, “did you see this in your home before age 18?”
- The higher one’s score the more possibility for mental and physical illness throughout the life-span.

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.



Awareness Needed on Impact of Childhood Trauma

- The American Heart Association says that individuals who do not exercise are **1.4** times as likely to have a heart attack.¹ If you are a smoker you are **1.6 – 2.1** times as likely.²
- Look at the amount of public education exists related to exercise and smoking cessation.
- The ACEs study determined “that a male with an ACE score of **6 is 46** times as likely to become an IV drug user than a male with an ACE score of 0.”
- An ACE score of 6 doesn’t mean drug addiction is inevitable, but implies an individual could be quickly heading toward it!

¹Warren, T. Y., Barry, V., Hooker, S. P., Sui, X., Church, T. S., & Blair, S. N. (2010). Sedentary behaviors increase risk of cardiovascular disease mortality in men. *Medicine and science in sports and exercise*, 42(5), 879–885. <https://doi.org/10.1249/MSS.0b013e3181c3aa7e>

²Lubin, J. H., Couper, D., Lutsey, P. L., Woodward, M., Yatsuya, H., & Huxley, R. R. (2016). Risk of Cardiovascular Disease from Cumulative Cigarette Use and the Impact of Smoking Intensity. *Epidemiology (Cambridge, Mass.)*, 27(3), 395–404. <https://doi.org/10.1097/EDE.0000000000000437>

Trauma and Substance Abuse

- Around 65% of all substance abuse treatment clients report experiencing childhood abuse
- Around 75% of women in substance abuse treatment report a history of trauma
- Around 92% of homeless mothers have severe trauma histories



Trauma and Mental Health

- In the Mental Health area – a history of childhood trauma predicts:
 - *Earlier first admissions*
 - *More frequent and longer hospital stays*
 - *More time in seclusion or restraint*
 - *Greater likelihood of self-injury or suicide attempt*
 - *More medication use*
 - *Increased symptom severity*

Trauma Prevalence In Children

- 60% of American children are exposed to violence, crime or abuse in their homes, schools and communities
- 40% of children are direct victims of two or more violent acts
- One in ten children are victims of violence five or more times before 18
- In 2017, suicide was the second leading cause of death among children ages 10-17 (National Institute of Mental Health, 2017)
- 3.5-10 million children witness violence against their mother or stepmother
- In a study of juvenile justice settings, 94% of children had experienced trauma

Why Focus on Trauma In Children?

Eradicating child maltreatment in America could potentially reduce many things predicted by ACEs:

- Depression
- Alcoholism and drug use
- Suicide
- Domestic violence
- The need for incarceration





PRINCIPLES OF TRAUMA INFORMED APPROACHES

Learning Objectives – Section 3

- Why Trauma Informed Programs operate with the universal precaution that trauma has occurred
- The 4 “R’s” of a Trauma Informed Program, Organization, or System
- Understanding SAMHSA’s principles and why each is important

Trauma Informed Services are...

- Focused on understanding the whole individual and context of his or her life experience.
- Infused with knowledge about the roles that violence and victimization play in the lives of survivors.
- Non shaming and non blaming
- Designed to minimize the possibilities of victimization and re-victimization.
- Hospitable and engaging for survivors.
- Designed to facilitate recovery, growth, resilience, and healing.

A Trauma Informed Program's 4 R's

- **Realizes** widespread impact of trauma and understands potential paths for recovery.
- **Recognizes** signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeks to actively **Resist** re-traumatization.

SAMHSA's Key Principles of a Trauma Informed Approach

- Principles that guide a trauma informed change process
- Developed by national experts, including trauma survivors
- Goal: Establish a common language/framework
- Values based
- Not a checklist, but a **way** of being

SAMHSA's Key Principles of a Trauma Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues



Resources

- [SAMHSA National Center For Trauma Informed Care](#)
- [Child Trauma Toolkit for Educators](#)
- [Helping Traumatized Children Learn](#)
- [Aces Too High](#)
- [Tennessee Building Strong Brains](#)

Contact Information

Patti Tiberi- ptiberi@mountainprojects.org