Rising Out of Risk
Understanding the Real Time Risk and Response to ACEs in Children

Christopher Blodgett, Ph.D.
CLEAR Trauma Center
Washington State University

We don’t know much about trauma

Understanding the Need through the Eyes of the Child

Incarceration in the Family
Substance Abuse
Health Problems
Separation and Divorce
Community Violence
Homelessness
Neglect
Sexual Abuse
Physical Abuse
Emotional Abuse
Caregiver Mental Health Problems
Incarceration in the Family
Substance Abuse
Health Problems
Separation and Divorce
Community Violence
Homelessness
Neglect
Sexual Abuse
Physical Abuse
Emotional Abuse
Caregiver Mental Health Problems
Copyright WSU AHEC CLEAR Center 2013
The Adverse Childhood Experiences (ACE) Study

- ACE exposure
- With four or more categories of childhood exposure, compared to adults with no ACEs
  - 4 to 12 times increase in alcoholism, drug abuse, depression, and suicide attempt
  - 2 to 4 times increase in poor self-rated health
  - 3 to 4 times increase in chronic illness (heart disease, liver disease)

<table>
<thead>
<tr>
<th>ACE Study</th>
<th>MNS Work Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Reported ACEs</td>
<td>35%</td>
</tr>
<tr>
<td>One ACE</td>
<td>21%</td>
</tr>
<tr>
<td>Two ACEs</td>
<td>14%</td>
</tr>
<tr>
<td>Three ACEs</td>
<td>10%</td>
</tr>
<tr>
<td>4-5 ACEs</td>
<td>1%</td>
</tr>
</tbody>
</table>

Moving from ACES to complex trauma as the framework for action

- The process of exposure to ACEs and the process of adjustment.
- Toxic stress - persistent, unpredictable, inescapable.
- The 'complex' in complex trauma risk:
  - Early exposure at times of critical development
  - Multiple risks
  - Unpredictable and persistent.
  - Who you love is who you may not be able to count on.
- Natural responses to extraordinary circumstances.
- Complex trauma involves common challenges and responses that can be understood and guide our actions.
Mapping trauma’s risk

**Risk dimensions**

- Impaired relationships
- Threat-arousal regulation
- Social emotional development
- Emotional regulation
- Cognitive development
- Health risk

Three Part Model for Understanding Behaviors

- What is beneath the behavior?
- Safety Seeking Needs Fulfillment
- Physiological and Behavioral Response
- Safety Seeking/Need Fulfillment
- Interference from Developmental Delays on Alternative Adaptations
- Impacted Systems of meaning: Assumption of Danger

Spokane Study ACEs Exposure in elementary aged children

- 2,100 randomly selected children in 10 elementary schools
- >200 teachers, counselors, and building administrators reporting
- Exposure happens early
- Risk is greater as poverty increases
- 22% Two plus ACEs
- Abuse and caregiver disruption as two primary factors

<table>
<thead>
<tr>
<th>Event</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Divorced/Separated</td>
<td>36%</td>
</tr>
<tr>
<td>Residential Instability</td>
<td>9%</td>
</tr>
<tr>
<td>Domestic Violence Witness</td>
<td>9%</td>
</tr>
<tr>
<td>CPS Involvement</td>
<td>9%</td>
</tr>
<tr>
<td>Juvenile Family Member</td>
<td>9%</td>
</tr>
<tr>
<td>Substance Abuse in Family Member</td>
<td>7%</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>7%</td>
</tr>
<tr>
<td>Mental Health Disorder in Family Member</td>
<td>5%</td>
</tr>
<tr>
<td>Physical Disability in Family Member</td>
<td>3%</td>
</tr>
<tr>
<td>Community Violence Exposure</td>
<td>3%</td>
</tr>
<tr>
<td>Parent/Caregiver Death</td>
<td>2%</td>
</tr>
</tbody>
</table>
Odds for academic and health problems with increasing ACEs

<table>
<thead>
<tr>
<th>Spokane Elementary School Students</th>
<th>Academic Failure</th>
<th>Severe Attendance Problems</th>
<th>Severe School Behavior Concerns</th>
<th>Frequent Reported Poor Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three or More ACEs N = 248</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Two ACEs N=213</td>
<td>2.5</td>
<td>2.5</td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td>One ACE N=476</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>2</td>
</tr>
<tr>
<td>No Known ACEs =1,164</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Percent of Students with One or More Academic Concerns by ACE Exposure

Screening for ACEs and impact in complex systems - Spokane Safe Start

- The case for and against screening
- Head Start system becoming a trauma informed organization
- Adapting screening to manage organizational and family risk
- Staff education and engagement as key steps
- 70% voluntary completion

- In this low income general population:
  - 54% of children have 2+ ACEs
  - 73% of caregivers have 2+ ACEs
- As parental ACEs increase so does child ACEs
  - 25% of parents have 6 + ACEs, and 60% of their children have 3+ ACEs
Increasing ACEs in preschool link to social and cognitive risk

ACEs Exposure in Head Start Children by Attachment Success and Behavioral Concerns based on Parental DECA reports

Core brain development principles

- Principle 1: Our first responses are based in non-conscious, reflexive, and conditioned responses. We feel and then we think.
- Principle 1: Our brains are designed to benefit from rich and supportive intimate social relationships.
- "Serve and Return"
- Principle 3: Brain development is use dependent.
- Principle 4: Brain systems change with use throughout life.
- Adapted from B. Perry

Copyright WSU AHEC CLEAR Center 2013
Managing threat response and self-regulation challenges

• We need to calibrate our relationship and goals to the arousal level of the child
  – New learning can not occur effectively in high states of painful arousal.
  – Response options available to children reflect their level of present arousal and their range of skills and learning.

Relationship is the Evidence-Based Practice

• Trauma results primarily from disrupted relationships
• Focus on relationship as the vehicle for life success
• Attachment key to well-being across the life span
  – Critical role of core caregiver-infant relationships
  – Early learning creates persistent but potentially modifiable responses
  – Progressive role of extended caregivers and intimate relationships

Build Resilience

• Resilience- positive adaptation despite adversity
• In early childhood, successful secure attachment
• In later childhood, mastery of school and establishing meaningful peer and adult relationships
• In adults, meaningful intimate and loving relationships
• A virtuous cycle- Reduces exposure to vulnerability and increase access to protective resources
Why There is Reason for Hope: Trauma Informed Education and Youth Development

- Social support and resources build resiliency at any age. Resiliency buffers the effects of trauma.
- Creating safety and predictability creates opportunity for new learning.
- Understanding trauma creates opportunities for new behaviors.
- Professionals can create powerful relationships.
- Managing trauma’s effects may result in increasing success for systems.
- We need phased, needs-based integrated action.

Trauma informed response

- If we assume trauma, how are we different in our response?
- Create safety/create relationship/create trust
- Accountability v. punishment
  - High standards
  - Managing behavior and setting standards
  - Redemption as possible
- Create hope and a sense of power in the parent and the child
  - Build on strengths
  - Build skills
  - Avoid labels
  - Determining when specialized treatment is needed

Collaborative Learning for Educational Achievement and Resilience

CLEAR

- Targeted Supports Based on School Capacity
- Social Emotional Learning practices
- High Standards for All
- Trauma Sensitive Strategies
The ARC Model

Lessons from implementation development in P-12 systems

- Persistent professional development to support
  - Depth of practice
  - Culture and system change
  - Adapting to what we learn
- Safety and arousal management as foundation
  - Hierarchical brain function as planning tool
- Not reliance on other systems but key partnerships to fill gaps
  - Public health partners
- Data driven decision making
  - Screening, assessment, evaluation of decisions
- Dedicated supports to the most impacted