

Understanding High Risk Behaviors and Providing Trauma-Informed Care

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Goals

1. Describe the Adverse Childhood Experiences Study and the impact of ACE's in the homeless population.
2. Examine the relationship between adverse childhood experiences, toxic stress, and health outcomes.
3. Discuss opportunities to become more trauma informed in a HCH setting.

The ACE Study

- Kaiser Permanente, San Diego
- 17,000 volunteers
- About 50/50 male/female participants
- Almost half had college degrees
- Mean age was 57

Adverse Childhood Experiences

1. Recurrent physical abuse
2. Recurrent severe emotional abuse
3. Contact sexual abuse
4. Physical neglect
5. Emotional neglect

Growing up in a household...

6. where someone was in prison
7. where the mother was treated violently
8. with an alcoholic or drug user
9. where someone was chronically depressed, mentally ill, or suicidal
10. where at least 1 biological parent was lost to the person during childhood, regardless of the cause.

According to the study, ACE's:

- are vastly more common than recognized or acknowledged
- have a powerful relationship to adult health and behaviors a half-century later.

(Vincent Felitti, 2002)

ACE's were more common than expected:

More than half experienced 1 adverse childhood exposure.

25% had 2 exposures.

1 in 16 had 4 or more.

If a person had 1 exposure, there was an 80% chance they would have another, meaning that these exposures tend to happen in groups.

They have a powerful relationship to adult health and behaviors...

ACE scores were found to be correlated with the following behaviors and diseases:

- Smoking
- Alcohol use
- Illicit drug use
- Obesity
- COPD
- Diabetes
- Depression

**ACE's ARE IMPLICATED IN THE
10 LEADING CAUSES OF
DEATH IN THE US!**

ACE's and BEHAVIORS

- 3 times as likely to be smoking (0 vs. ≥ 4)
- 9 times as likely to have ever been addicted to street drugs(>5)
- 5 times as likely to have a problem with alcohol(≥ 4)
- As many as 75% of women in treatment for alcoholism have a history of sexual abuse.
- Approximately 50%-60% of women and 20% of men in chemical dependency programs report having been victims of sexual abuse.

- 5 times as likely to be a victim of IPV (>5)
- 2 times as likely to report frequent work absenteeism(>4)
- 10 times as likely to report sexual assault as an adult.(>=5)

ACE's and HEALTH OUTCOMES

- A person with an ACE score of 4 is 2.6 times, or 260% more likely to have COPD than an ACE score of 0.
- 2.4 times more likely to have Hepatitis C (≥ 4)
- Almost 3 times more likely to be obese (≥ 4)
- Women are 3 times more likely to report depression (≥ 4)
- Suicide attempt: 50-fold increase (ACE ≥ 6)

EARLY DEATH

People with 6 or more Adverse
Childhood Exposures die
nearly 20 years earlier than
those with ACE scores of 0.

Homelessness and ACE

“ We found that the combination of lack of care and either physical or sexual abuse during childhood to be associated with a dramatically elevated risk of adult homelessness.”

(Herman et al., 1997)

CASE STUDY: DONNA

Homelessness and ACE...

- 55.1% suffered the loss of a bio parent
- 50.3% reported having lived with a substance abuser
- 51.4% reported verbal abuse
- 40.5% reported physical abuse
- 29.7% had a sexual abuse background

- 92% of mothers reported a history of physical or sexual abuse (Larkin and Park)
- More than 87% had at least 1 (vs. 52%)
- Over half of the homeless respondents reported 4 or more ACEs (vs. 6%)
(Herman et al.)

HOMELESSNESS AND HIGH-RISK BEHAVIORS

70-80% of homeless adults in the US smoke tobacco.

38% report being alcohol dependent

26% report abusing other drugs

-National Coalition for the Homeless (2008)

- 20-25% of homeless population has a severe mental illness (vs. 6%)
- 43% of homeless women experience obesity compared to 35%. (Preidt et al)
- 6.3% of newly homeless had diabetes compared to 1.9% in the general population in NYC. (Gallant, 2013)
- COPD occurs at a rate 6 times higher in the homeless population compared to the housed population.

The average life expectancy of the homeless population is 42-54 compared to 78 in the general population.

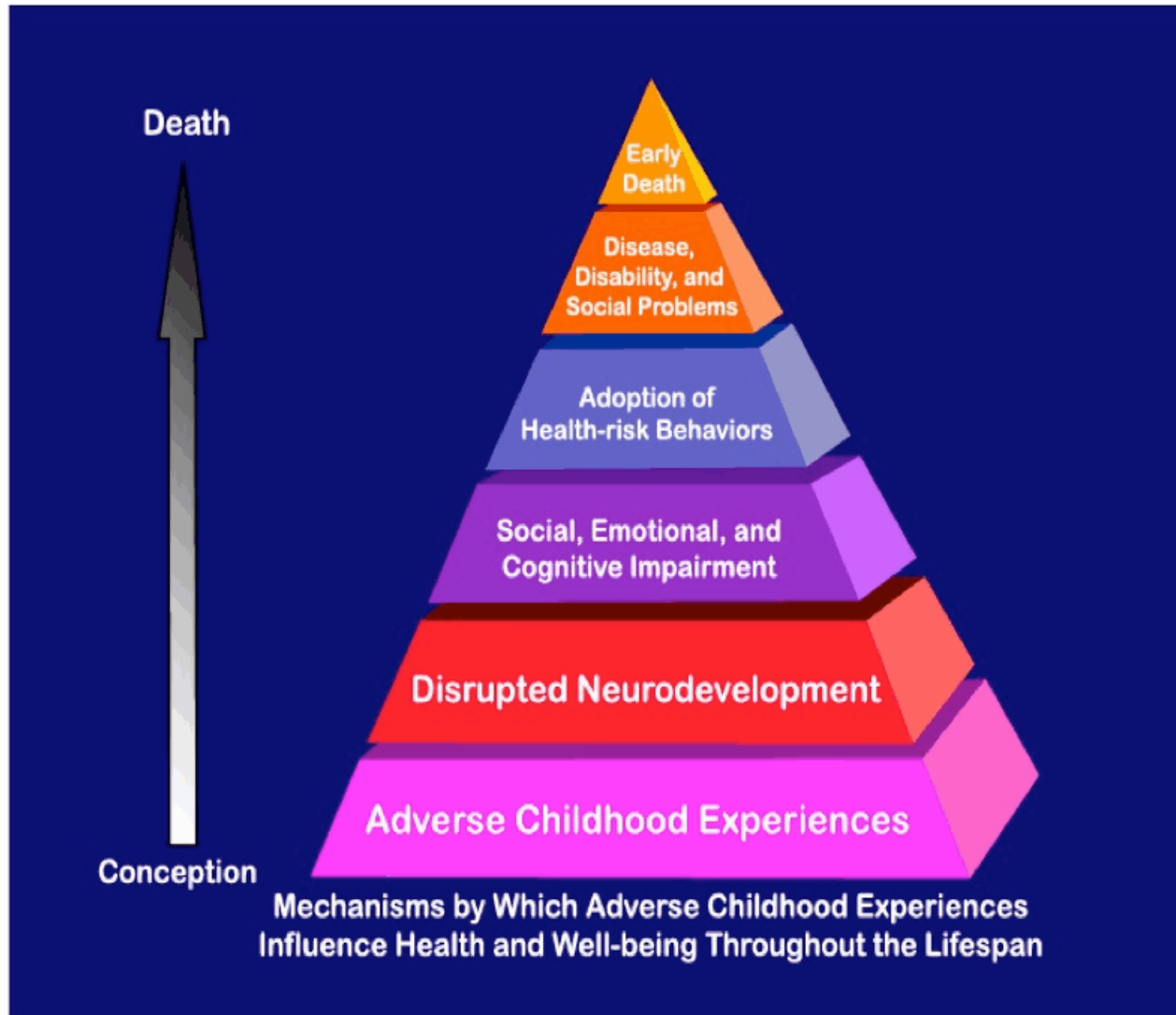
HOW DOES THIS HAPPEN?

What is the mechanism by which Adverse Childhood Experiences lead to poor outcomes in adulthood?

Toxic Stress and Complex Trauma

“Every adult was once a child”

Robert Block



Individual trauma is defined as *“an experience that creates a sense of fear, helplessness, or horror, and overwhelms a person’s resources for coping”*.

SAMSHA, 2010

Acute Trauma

- Significant event or events
- *big* events

Serious injury

Loss of a loved one

School shootings

Sexual assault

Complex/Chronic Trauma

Exposure to multiple traumatic events, that are:

Relational

Chronic

Long Term

Acute

- One or few traumas
- Flashbacks
- Exaggerated startle
- Avoidance
- Nightmares
- Some dissociation
- Hypervigilance
- Anxiety and depression

Complex

- Chronic, inescapable
- Flashbacks
- Easily overwhelmed
- Night terrors/ insomnia
- Fragmented sense of self
- Hypervigilance
- Severe alteration in affect regulation

*“Young children cannot manage most dangers”-
Patricia Crittendon, PhD*

Positive

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

Tolerable

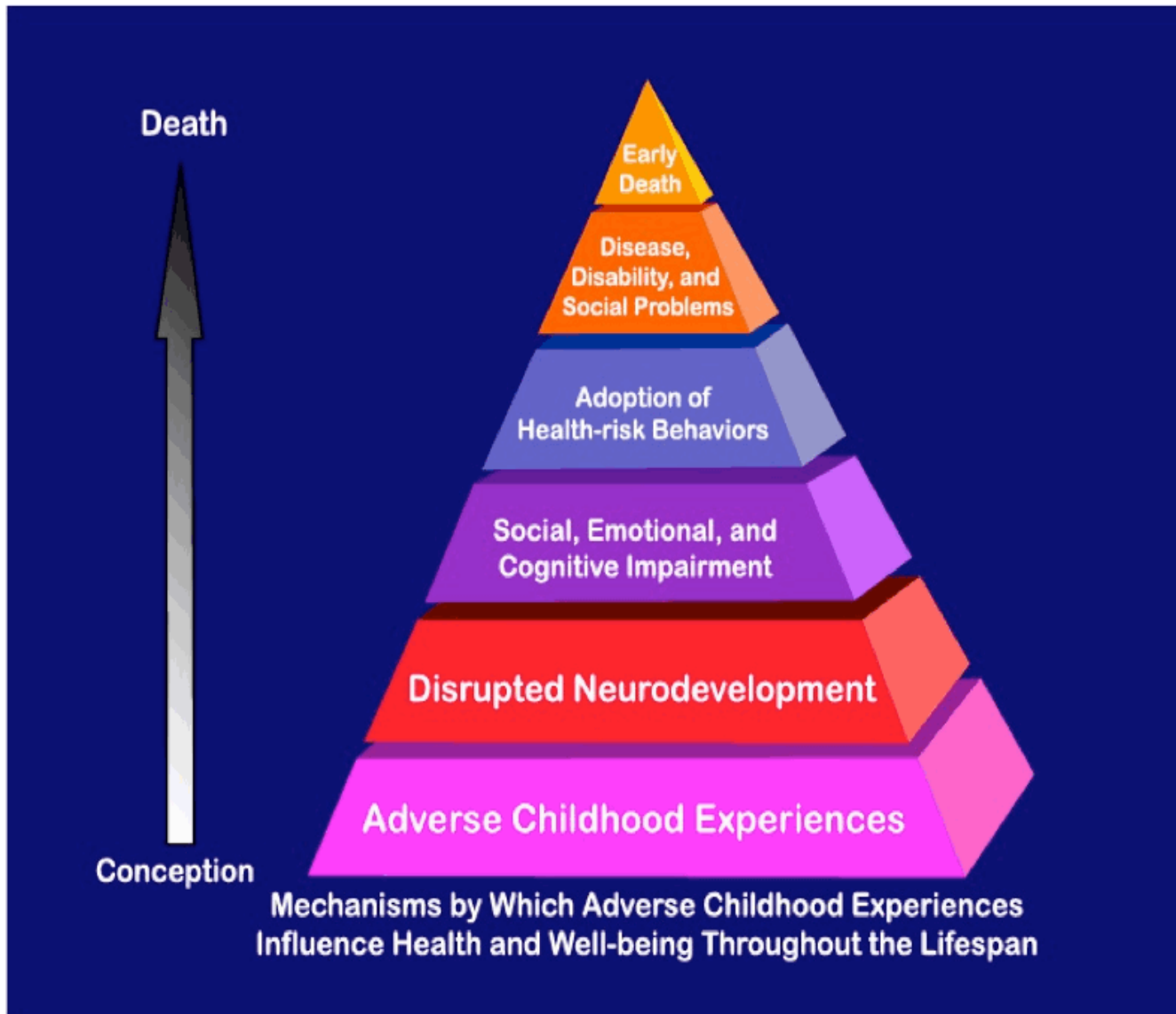
Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

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

Toxic Stress Response

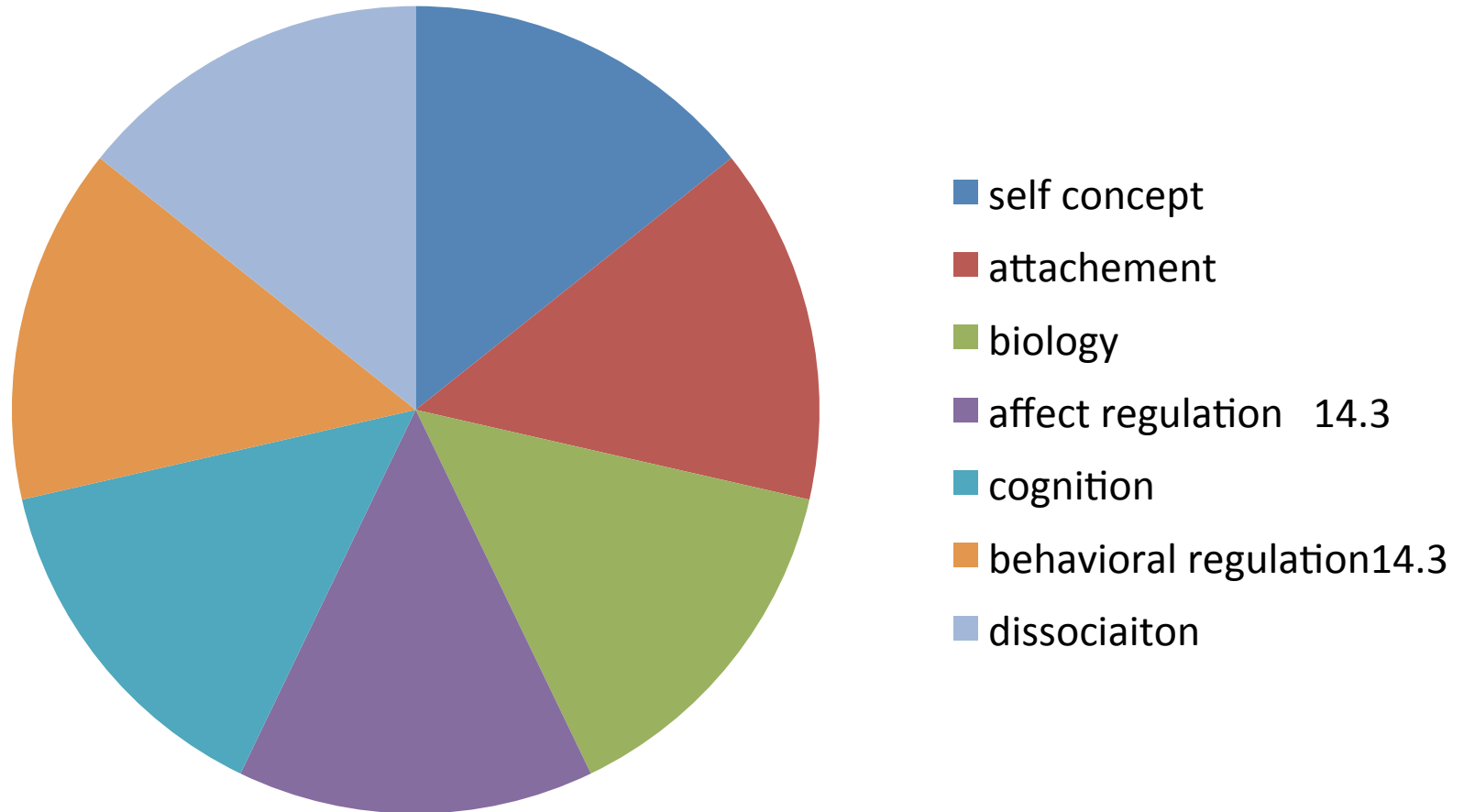
- [Toxic Stress in the Developing Child](#)



TOXIC STRESS CAN...

- Disrupt the development of neural circuits in the brain in early childhood and lead to a low stress threshold.
- High levels of stress hormones can suppress the body's immune system and impact physical health.
- Sustained high levels of cortisol can damage the hippocampus, an area of the brain responsible for memory and learning.
- (CDC, 2008)

Seven Domains of Impairment in the Traumatized Child

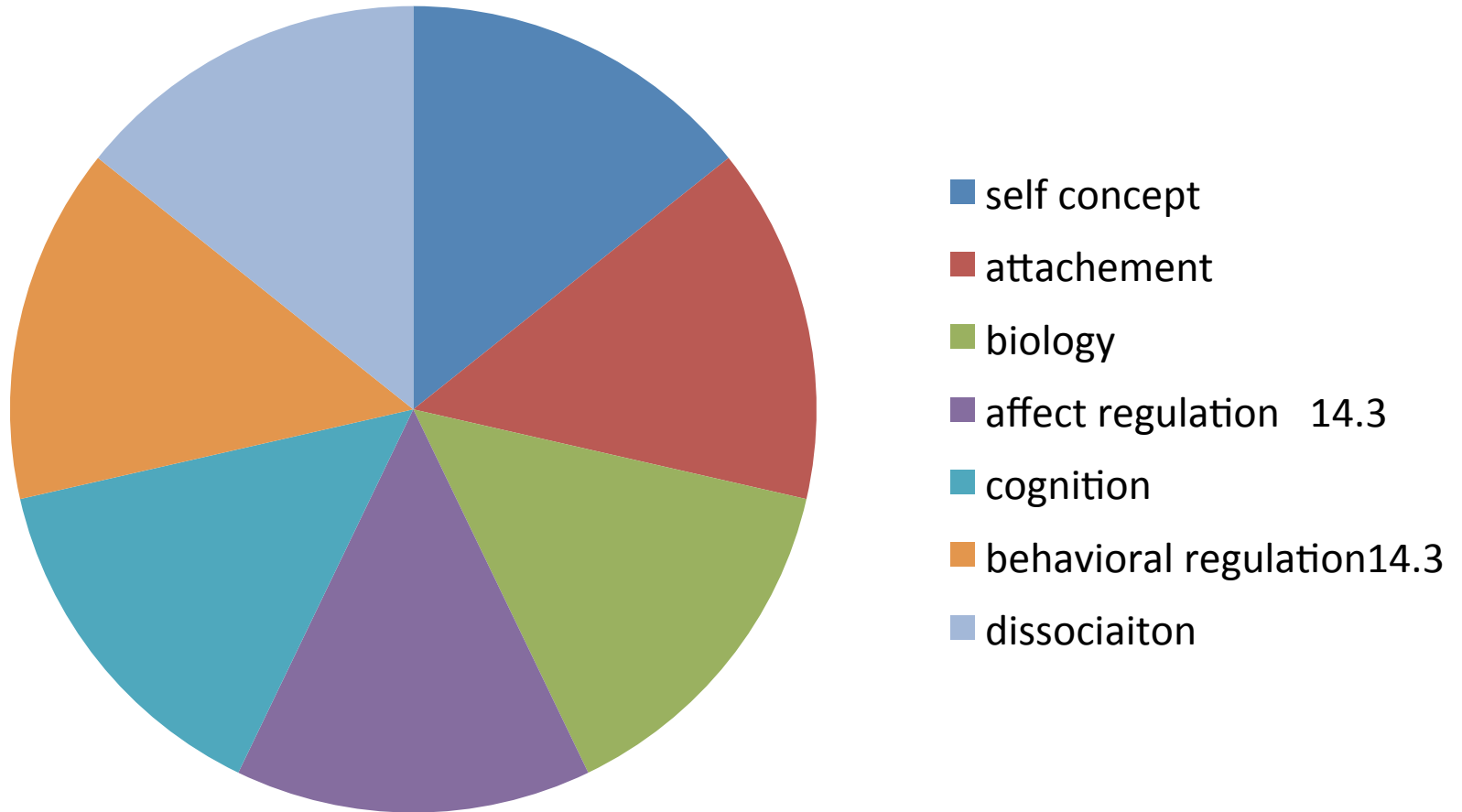


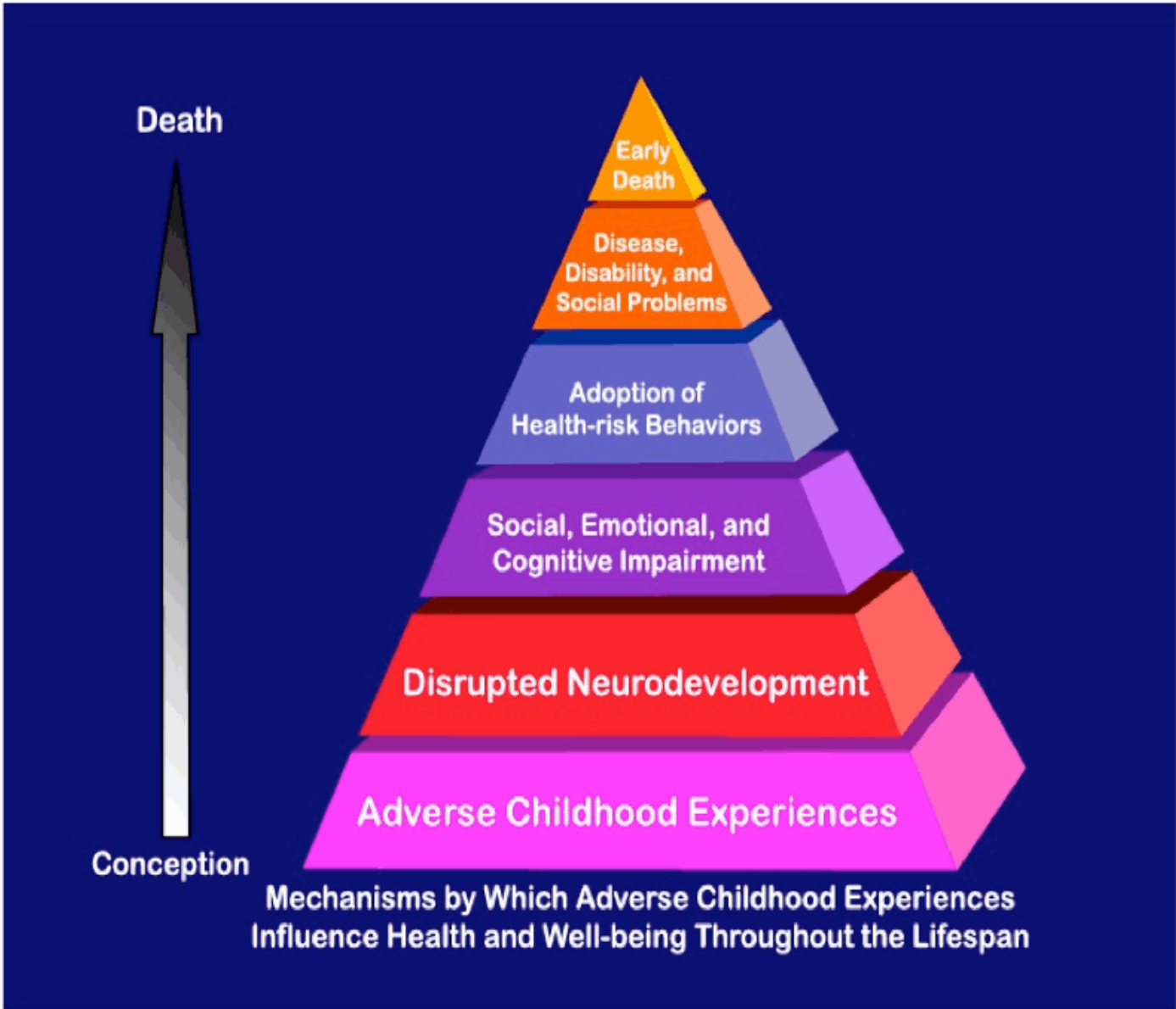
Adapted from Aimie Zale, Umass Pediatrics, FaCES Clinic

Toxic Stress in Adolescence

- Prefrontal cortex development promotes:
 - Assessing behavioral consequences
 - Appraising of danger and safety
 - Meeting long term goals

Impairments in Adolescents





What does it take to accessing care?

- Trust vs. Mistrust
- Safety vs. Danger
- Response vs. reaction
- Future oriented vs. fatalism
- Self-efficacy vs. ineffectiveness
- Self-care vs. self loathing
- Organization vs. disorganization
- Reaching for long term goals vs. avoiding short term distress and discomfort
- Advocating for self vs. feeling victimized

CASE STUDY 2

BRENDA

Homelessness as Trauma

Toxic Stress and Trauma experience make it more difficult to maintain housing and, once homeless, manage the obstacles to becoming housed again.

- Family stress
 - Agencies
- Personal safety
- Food, weather etc.

What is being Trauma Informed??

- “A trauma informed approach is based on the recognition that many behaviors and responses (often seen as symptoms) expressed by survivors and consumers are directly related to traumatic experiences that often cause mental health, substance abuse, and physical health concerns.”
 - National Center for Trauma Informed Care
 - Substance Abuse and Mental Health Service Administration

TIC Guiding Values

- Understand the impact & prevalence of trauma
- Communicate with compassion
- Promote safety
- Earn trust
- Embrace diversity

TIC guiding values continued

- Provide holistic care
- Respect human rights
- Pursue the person's strengths, choice, and autonomy
- Share power
 - Barnes, Meyer, and Williamson

TIC in HCH Setting

- Some challenges:
 - Privacy- curtains, small spaces, lack of anonymity
 - Feeling 'less than' in terms of the space
 - Time limitations, waiting
- Some benefits:
 - Convenient
 - We are all equal on a big blue van
 - Shared experience
 - Holistic care

CASE STUDY 3

CORA

“The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation”.

(Herman, 1997)

References:

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., White, 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. *Eur Arch Psychiatry Clin Neurosci*, 256(3), 174-186.
- Barnes, B., Meyer, C., & Williamson, M. (2010) *Trauma-Informed Care* [Power Point Presentation]. Retrieved from county.milwaukee.gov/.../TIC-PPT.ppt
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families In Society: The Journal of Contemporary Human Services* 84(4), 463-470.
- Bloom, S. (2000). Double trouble: The perils of substance abuse and PTSD. *Psychotherapy Review* 2(7) 1-6.
- Bornstein, D. (2013, 10 30). Protecting children from toxic stress. *New York Times*. Retrieved from opinionator.blogs.nytimes.com.
- Cave, C. (2009). *Trauma and Its Impact* [PowerPoint Presentation]. Retrieved from bbi.syr.edu.
- Danese, A., & McEwen, B. (2011). Adverse childhood experiences, allostasis, allostatic load, and age-related disease. *Physiology & Behavior*, doi:10.1016/j.physbeh.2011.08.019

References:

- Family Policy Council (2011) *Reducing ACEs – High Leverage* [PowerPoint Presentation]. Retrieved from www.beginningsguides.com
- Crittenden, P. (2013). *Trauma: A Dynamic-Maturational Perspective on Danger, Attachment, and Adaptation across Generations* [PowerPoint Presentation]. Retrieved from www.familyrelationsinstitute.org.
- Felitti, V. J. (2002). The relationship of adverse childhood experiences to adult health: Turning gold into lead. *Z Psychosom Med Psychother*, 48(4), 359-369.
- Lyons-Ruth, K., Bureau, J-F, Holmes, B., Easterbrooks, A., & Brooks, N. H. (2013). Borderline symptoms and suicidality/self-injury in late adolescence: Prospectively observed relationship correlates in infancy and childhood. *Psychiatric Research*, 206, 273-281.
- McEwen, B. S. (2013). Brain on stress: How the social environment gets under the skin. *PNAS*, 110(4). www.pnas.org/cgi/doi/10.1073/pnas.1221399110.
- Ott, D., Suarez, C., & Brien, K. (2000). *Trauma Informed Care: Top 10 Tips for Caregivers and Case Managers* [Powerpoint Presentation]. Retrieved from ncwwi.org/index.php/resource-library-search/resource-topics/evidence-based-trauma-informed-practice/item/709-trauma-informed-care-top-10-tips-for-caregivers-and-case-managers.

References:

- United States. Department of Health and Human Services (2008). *The effects of childhood stress on health across the lifespan* by Middlebrooks, J. S. & Audage, N. C. Atlanta GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- United States. Department of Health and Human Services. (2012, November). *Adverse childhood experiences associated with behavioral health problems in adolescents: Findings from administrative data for youth age 12 to 17 enrolled in Medicaid* by Lucenko, B., Sharkova, I., Mancuso, D., & Felver, B. E. M. (RD Report 11.178). Retrieved 4 November 2013, from the Department of social and Health Services Web Site:www.dshs.wa.gov/pdf/ms/rda.../178.pdf
- www.cestudy.org
- www.acesconnections.org