

**Adverse Childhood Experiences:
How the ACEs Study Informs
Home Visiting**



Jane Ellison and Michele Fallon
Home Visiting Coalition
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Adverse Childhood Experiences Q-1

- In a relatively educated, middle class population, what was the incidence of the following Adverse Childhood Experiences found in the study? (choose the correct %)

Substance abuse 12% 30% 27%

Adverse Childhood Experiences Q-1

In a relatively educated, middle class population, what was the incidence of the following Adverse Childhood Experiences found in the study? (choose the correct %)

Battered mother 13% 18% 5%

Adverse Childhood Experiences Q-1

In a relatively educated, middle class population, what was the incidence of the following Adverse Childhood Experiences found in the study? (choose the correct %)

Physical abuse 28% 12% 35%

Adverse Childhood Experiences Q-1

In a relatively educated, middle class population, what was the incidence of the following Adverse Childhood Experiences found in the study? (choose the correct %)

Sexual abuse 21% 7% 18%

Adverse Childhood Experiences Q-1

In a relatively educated, middle class population, what was the incidence of the following Adverse Childhood Experiences found in the study? (choose the correct %)

Physical neglect 15% 10% 25%

Adverse Childhood Experiences Q-2

Which Adverse Childhood Experiences can have an effect on adult illness and early death?

- A. Growing up with substance & alcohol abuse
- B. Neglect
- C. Witnessing Domestic Violence
- D. All of the above

Adverse Childhood Experiences Q-3

ACE's tend to occur in clusters. When a person has more than ____ ACE's they are ____ more likely to marry an alcoholic, have an STD, have lung disease, or attempt suicide.

- A. 1 ACE; more than 40%
- B. 2 ACE's; more than 75%
- C. 3 ACE's; more than 10%
- D. 4 ACE's; more than 50%

The more ACEs a child has:  The higher the risk to grow up and experience:

- | | |
|-----------------------------|---|
| • Verbal abuse | • Alcohol and/or drug abuse |
| • Physical abuse | • Risk for domestic violence |
| • Sexual abuse | • Depression, mental illness |
| • Witness domestic violence | • Early initiation of sexual activity & multiple partners |
| • Drug use problem | • Unplanned pregnancies |
| • Drinking problem | • Adolescent pregnancy |
| • Parental mental illness | • Chronic disease in adulthood |
| • Parental incarceration | |
| • Divorce/separation | |
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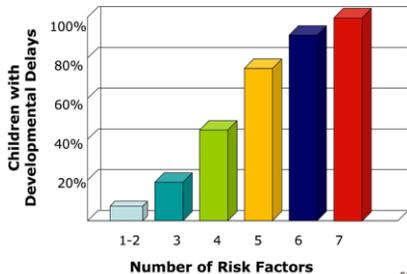
Adverse Childhood Experiences Q-4

Research suggests that only 3% of children with an ACE score of 0 had learning or behavioral problems. For children with an ACE score of 4, what percent had those problems?

- A. 13%
- B. 10%
- C. 51%
- D. 36%



Significant Adversity Impairs Development in the First Three Years



Source: Barth et al. (2008)

Adverse Childhood Experiences Q-5

ACE's increase the risk of what?

- A. Brain defects
- B. Home accidents
- C. Heart and Lung Disease

Adverse Childhood Experiences Q-6

A cholesterol reading above 240 milligrams per decilitre doubles your chance for heart disease. How do Adverse Childhood Experiences impact heart disease?

- A. Combined with cholesterol, a high ACE score increases risk by 12%.
- B. A high ACE score doubles your chance for heart disease.
- C. An ACE score of 2 triples your likelihood of heart disease.
- D. Adverse Childhood Experience, by themselves, do not impact heart disease

Adverse Childhood Experiences (ACEs): Another perspective on trauma



The Minnesota ACE study

In 2011 Minnesota became the 18th state to add the ACE questions to the Behavioral Risk Surveillance System (BRFSS).



Minnesota Department of Health

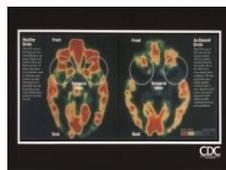
- To obtain a copy of the Minnesota Adverse Childhood Experiences--Executive Summary:

www.health.state.mn.us/divs/chs/brfss/ACE_ExecutiveSummary.pdf



Three Key Points about ACEs

- **ACEs are common**--55% of Minnesotans have one or more ACEs
- **ACEs are interrelated** —Of the Minnesotans with 1 ACE, 87% have more than one
- **ACEs are cumulative** — “biological stress dose” matters

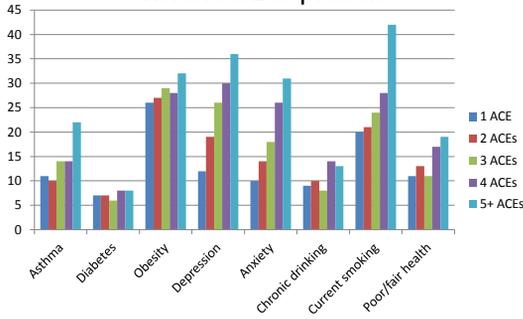


The Minnesota ACE Study

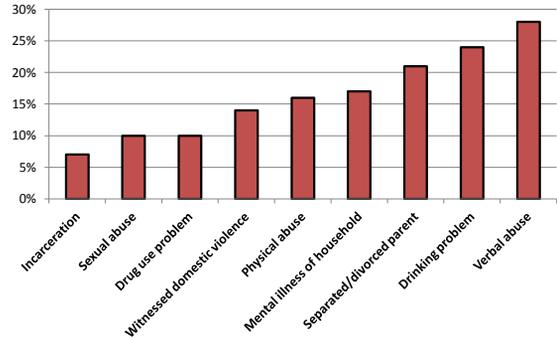
- ACEs are more common among Minnesotans who:
 - Did not graduate from high school
 - Rent rather than own
 - Are unemployed
 - Worry about rent, house payments, or buying food



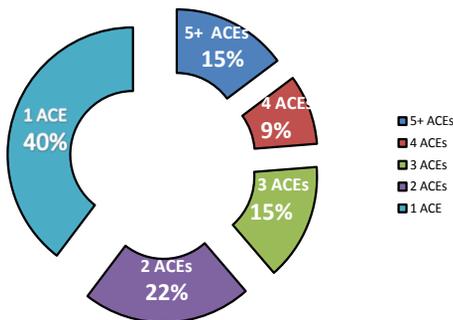
Increased risk of condition/behavior when ACE is present



Prevalence of Individual ACEs



Distribution of ACEs for 55% of Minnesotans having one or more ACEs



Linking ACEs and Trauma



The Trauma/Stress Continuum

- **Positive stress** refers to moderate, short-lived stress responses (e.g. mild elevated heart rate or mild changes in stress hormone levels) that are normal part of life. With adult support, the child develops a sense of mastery.
- **Tolerable stress** is related to something that happens (not ongoing) and can be managed with social support. May affect brain architecture, but allows time for brain to recover and reverse potentially harmful effects.



Toxic Stress: Another way to say 'trauma'

Toxic stress —excessive, prolonged activation of the brain's stress response system that overwhelms and interferes with development. Can change stress response system so it responds at a lower threshold, increasing the risk for stress-related physical and mental illness.

The "biological stress dose" of cumulative ACEs we are trying to mitigate



Need to work with at least two generations to end multigenerational transmission

“Connecting the dots” between past, present, and future promotes empathy, reflective capacity and self-efficacy (*You can CHOOSE what kind of parent you want to be.*)

- Do you remember a time when someone comforted you when you were hurt?
- What was that like for you?
- What would you like that to be like for your child?
- You seem to know what she needs—how did you learn that? (finding the Angels in the Nursery)

Sharing the ACE study with parents

- Key points of the study – for parents
 - Stress and trauma when we are young are bad for our physical as well as mental health. As caregivers we can help minimize these effects.
 - Developmental delays can come from adverse childhood experiences.
 - Everyone experiences some ‘bad stuff’. This study says the worst effects come when there are more than 4 ‘adverse experiences’ in childhood.
 - Not 4 events – 4 ongoing experiences, such as living in a household with domestic violence.

ACEs and Resiliency

- Resiliency is “positive adaptation within the context of significant adversity.”
- *The hope of the research is to demonstrate that by reducing ACEs, we can reliably expect a reduction in many ACE-related health and social problems.*



Adverse childhood experiences in Minnesota: Executive Summary (2013)

Promoting Resilience in the Face of Stress (remember Harmon/Siegel)

- Resilience is the ability to ‘bend without breaking’, ‘successful adaptation and coping....in spite of risks’
- Resilience is a developmental process
- Resilience is a complex system versus an inborn capacity



Promoting Resilience in the Face of Stress (remember Harmon/Siegel)

- Typical development of resilience
 - Regulatory skills
 - Developed through effective partnering with adult
 - Which sets up neurological system
 - Learn to regulate emotions, behavior, attention, learning & interpersonal relationships.
 - Resilience
 - Manage strong feelings
 - Social skills
 - Attend, learn, build confidence and self-esteem
 - Develop friend and mentor relationships.



Contributors to Resilience (See Harmon & Siegel Webinar)

- Basic needs met
- Protection from violence, chronic stress & trauma
- Caring and supportive relationships
- Capacity to manage strong feelings & impulses
- Positive view of self
- Skills in executive functioning



SO – it really is about Relationship

- Secure attachment is the best protective factor: building/repairing the protective shield
- Regulatory skills are built through effective partnering with an adult
- Neurobiology of resilience is built within the relationship between child and primary caregiver



Using Relationship to Build Resilience

- Building caregiver's relational capacity
- Building caregiver's reflective capacity
- Building caregiver's regulatory capacity



Building Relational Capacity



Using Parallel Process

Remember: The way you want the caregiver to treat the child is the same as the way you need to treat the caregiver



Listening Activity

- Think of the person you would most like to go talk to when something really difficult has happened in your life.
- Think of the person you would least like to go talk to when something really difficult has happened in your life.



Supporting Attachment

- Sacred time
- Be a regulatory partner
- Interactive activities
- Sharing a trauma frame to facilitate understanding of behavior



The Power of Delight

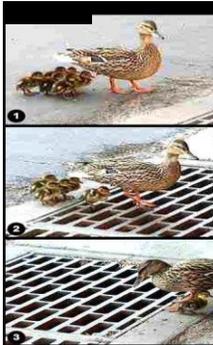
- Love chemicals: opioids, oxytocin and prolactin
- Key chemicals for well-being and contentment
- Trigger bonding behavior
- Lessen isolating and aggressive behavior



First Steps Activities

- Cotton ball play
 - Egg hunt
 - Sports announcer
 - Hide and seek
- Help caregivers understand the connection between interactive activities and calming the child's stress response system: remember ACE – calming the system can have long term health benefits.

What is “reflective capacity” and why does it matter?



What is reflective functioning?

- The capacity to **recognize “mental states”**-- feelings, thoughts, intentions--in yourself & others
 - *My child is probably crabby because she is tired.* (vs. “She’s just trying to make me mad!”)
 - I’m feeling anxious about this home visit--I wonder why?*
- The capacity to **link mental states to behavior**
 - *I think I’m irritable because I’m so behind in my paperwork.*
 - *I wonder if that mom is ‘no showing’ because she is worried that I will judge her.*
- A necessary skill for **relationship-based work** (and parenting)



Reflective Functioning, then...

- Is the necessary capacity for attunement to the thoughts, feelings and intentions of ourselves and others—
- Which allows us to read, interpret, and respond empathically to the cues of others,
- And is necessary for self-regulation.

Thus, a critical skill for healthy parenting

Reflection and regulation



When the child is held in mind, he feels it and knows it. There is a sense of safety, of containment, and most important, existence in that other... Jeree Pawl (1995)

Reflective abilities are inherently linked to regulation: A mother’s recognition of the link between her infant’s mental state and behavior will make it possible for her to make a mental model of his experience and thus aid in his developing capacities for self-regulation. Likewise, her capacity to appreciate the dynamics of her own affective experience is regulating as well. Arietta Slade(2002)

Building reflective capacity

- Need for multiple perspectives—
- Validating the experience of both parent and child--
- *Being held in the mind of another*

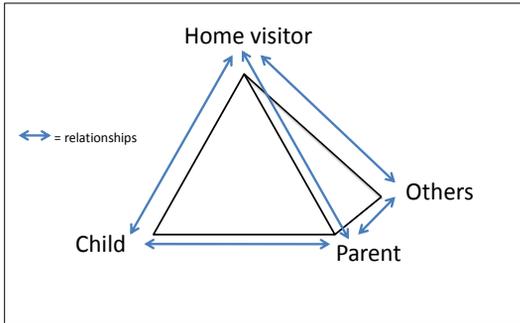


Implications for home visiting, regardless of curriculum



Without an emotional understanding of the child, parenting skills are of little use, and remain empty recipes that bear little relation to the child's internal experience and needs. Arietta Slade (2002)

The Need for Multiple Perspectives What's It Like to Be the....?



Acknowledging the experience of both child and parent....



- *It looks like everyone is having a hard day!*
- *You look worried because Mom is talking about some scary things that happened, but Mom will keep you safe. Do you want Mom to tell you that?*
- *Your hair is so pretty—somebody sure must love you!*

Being held in the mind of another

Everyone deserves the experience of existing in someone's mind. If a parent cannot provide this, perhaps a special teacher can, a social worker, a great-grandmother. I believe that some potential to create that experience with another continues to exist over a person's lifetime, though it grows increasingly more arduous.

(Pawl, 1995)

- **Five of the most important words we can use:**
I've been thinking about you....



Being therapeutic when you are not a therapist

It's about the **present**: *So your history of being abused makes it scary to set limits for your child. We can work on that.*

It's NOT about digging



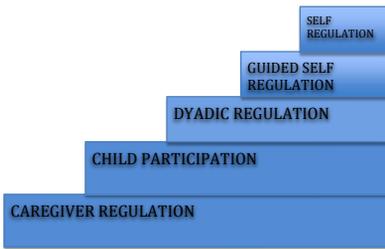
And a parting message....



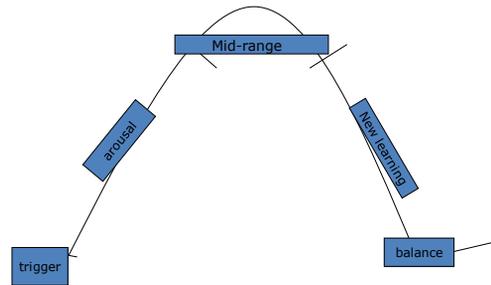
Building Regulatory Capacity



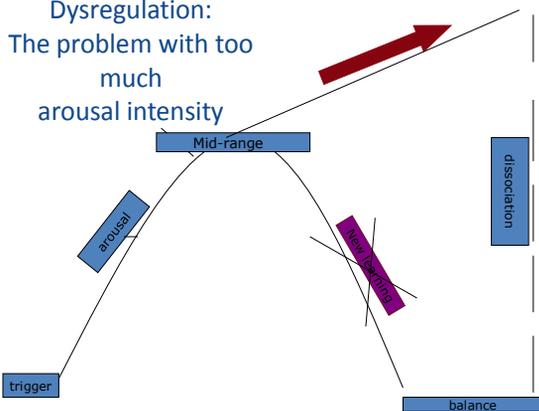
Stairsteps to Regulation



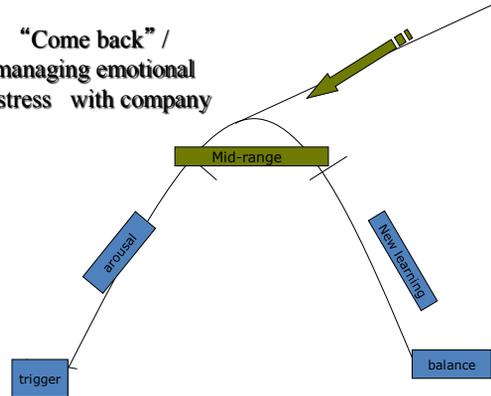
Normative arousal
From Developmental Repair by Anne Gearty



Dysregulation:
The problem with too
much
arousal intensity



“Come back” /
managing emotional
distress with company



Quieting Intense Arousal: children & parents from Developmental Repair by Anne Gearity

- Be quiet
- Breathe slowly and intentionally
- Use eye contact – or not
- Verbally match
- Stay in the present experience
- Remain physically nearby
- Find distractions that can be shared
- Recognize and admire when child 'comes back'

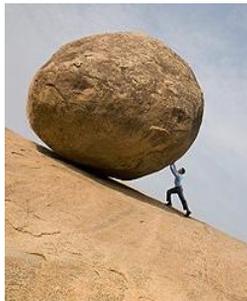


Addressing Bodily Sensations



Using the ACE study to find our political will to protect children

- The ACE study provides even greater evidence that adverse childhood experiences cost our society. We must use these results to continuously make the case for a commitment of resources and passage of policies that help protect our children.



The Value of Home Visiting

Home visitors can take a bow – you are not only supporting families from emotional stress, you are addressing health and longevity.

