Mobilizing a Community to Address the Impact of Childhood Trauma
Teri Barilla…

Is coordinator of the Walla Walla County Community Network, part of the Washington State Family Policy Council system. Building community capacity is a key element of the Network’s mission, and we are bringing awareness of the impact of Adverse Childhood Experiences as the major determinant of adult- and public-health to our community through the Children’s Resilience Initiative. Teri has a Masters of Science in Fisheries Management and a Bachelor of Science in Biology.
Mark Brown…

has been the Executive Director of Friends of Children of Walla Walla, a mentoring organization serving 130 matches in the Walla Walla Valley, for the past four years. He has also as the director of a mental health clinic for children and families and then as the associate director for emergency services in the Seattle area. Mark has a Masters degree in Psychology and a Doctorate in Educational Leadership.
A community response to Adverse Childhood Experiences

- Broad-based CRI Team
- Raise awareness of ACEs
- Foster resilience
- Embed principles in the practice of organizations and programs
Children’s Resilience Initiative Team

Over 25 community members representing:

- School Districts
- Businesses
- Service Providers
- Community Coalitions
- Municipal Entities
Goal:
To create a community conversant in ACEs and Resilience through:

- Community education
- Parent awareness
- Learning tools
  - Interactive website
  - Playing Cards
  - Parent Handbook
  - Coloring Book
Iceberg as metaphor for "community shift"
Adverse Childhood Experiences (ACE) Study

Centers for Disease Control and Kaiser Permanente in San Diego, CA.
17,300 Adults
Tracked health outcomes based on childhood ACEs
WHAT ARE THE ADVERSE CHILDHOOD EXPERIENCES (ACEs)?

Abuse and Neglect
1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Neglect

Indicators of Family Dysfunction
5. Mentally ill, depressed or suicidal person in the home
6. Drug addicted or alcoholic family member
7. Witnessing domestic violence against the mother
8. Parental discord – indicated by divorce, separation, abandonment
9. Incarceration of any family member

ACE Score: the number of categories of adverse childhood experience to which a person was exposed.
ACE Study: A Paradigm Shift

Mechanisms by which Adverse Childhood Experiences influence health and well-being throughout the lifespan
KEY VARIABLES IN BRAIN OUTCOMES

CRITICAL TIME: AGE OF MALTREATMENT
The brain develops over time. The effects of maltreatment correspond to the region and/or function that is developing at the time of maltreatment.

TYPE OF ABUSE
Different types of maltreatment activate different processes that shape the brain, such as chemicals & hormones, electrical activity, cell growth, & specialization of cells.

GENDER
Although both boys & girls are affected by maltreatment the effects of sexual abuse are more profound in girls while the effects of neglect are more profound in boys.
HIPPOCAMPUS
The center for:
• Controlling emotional reactions
• Constructing verbal memory
• Constructing spatial memory

VULNERABLE TO:
All forms of maltreatment in the first 2-3 years of life.

CORPUS CALLOSUM
Integrates hemispheres & facilitates:
• Language development
• Proficiency in math
• Processing of social cues, such as facial expression

VULNERABLE TO:
Neglect in infancy.
Sexual abuse in the elementary school years.

RIGHT TEMPORAL GYRUS
Center for spoken language.
VULNERABLE TO:
Emotional abuse, especially between ages 7 and 9.
Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

Front
Temporal lobes

Back

An Abused Brain
This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Front
Temporal lobes

Back

CDC
CENTER FOR DISEASE CONTROL AND PREVENTION
Maltreatment, trauma & Adverse Childhood Experiences

Predictable adaptation during brain development cause cognitive, social, & behavioral traits

Cognitive, social, behavioral & health outcomes
(Brain Research & Epidemiological Findings)

Poor health & excessive use of healthcare systems

Early Death

Resilience is the key to countering this scenario!
CONSEQUENCES OF BIOLOGICAL OUTCOMES

COGNITIVE
• Slowed language development
• Attention problems (ADD/ADHD)
• Speech delay
• Poor verbal memory/recall
• Loss of brain matter/IQ

SOCIAL
• Aggression & violent outbursts
• Poor self-control of emotion
• Can’t modify behavior in response to social cues
• Social isolation—can’t navigate friendship

MENTAL HEALTH
• Poor social/emotional development
• Alcohol, tobacco & other drug abuse—vulnerable to early initiation
• Adolescent & adult mental health disorders—especially depression, suicide, dissociative disorder, borderline personality disorder, PTSD
ACES ARE HIGHLY INTERRELATED, SELF-PERPETUATING, & HAVE A CUMULATIVE STRESSOR EFFECT

The number of different categories of ACEs (ACE score) was found to determine health outcomes, not the intensity or frequency of a single category.

The evidence suggests that ACEs are a causal agent for many health challenges. Without interruption, ACEs escalate across generations.
A SIGNIFICANT PORTION OF DISEASE ACROSS THE POPULATION IS ATTRIBUTABLE TO ACES

54% of depression
58% of suicide attempts
39% of ever smoking
26% of current smoking
65% of alcoholism
50% of drug abuse
78% of IV drug use
48% of promiscuity (having more than 50 sexual partners)

...are attributable to ACEs
A CLASSIC CAUSAL RELATIONSHIP
MORE ACEs = MORE HEALTH PROBLEMS

Dose-response is a direct measure of cause & effect.
The “response”—in this case the occurrence of the health condition—is caused directly by the size of the “dose”—in this case, the number of ACEs.
LIFE LONG PHYSICAL, MENTAL & BEHAVIORAL OUTCOMES OF ACEs

→ Alcoholism & alcohol abuse
→ Chronic obstructive pulmonary disease & ischemic heart disease
→ Depression
→ Fetal death
→ High risk sexual activity
→ Illicit drug use
→ Intimate partner violence
→ Liver disease

→ Obesity
→ Sexually transmitted disease
→ Smoking
→ Suicide attempts
→ Unintended pregnancy

The higher the ACE Score, the greater the incidence of co-occurring conditions from this list.
ACE STUDY DOSE RESPONSE FINDINGS

Intravenous Drug Use

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>% Reporting IV Drug Use</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>4+</td>
<td>4</td>
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</tbody>
</table>

Attempted Suicide

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>% Ever Attempting Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
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</tr>
<tr>
<td>4+</td>
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</tbody>
</table>
PROBABILITY OF SAMPLE OUTCOMES GIVEN 1,000 AMERICAN ADULTS

WITH 0 ACEs
1 in 16 smokes
1 in 69 are alcoholic
1 in 480 uses IV drugs
1 in 14 has heart disease
1 in 96 attempts suicide

WITH 3 ACEs
1 in 9 smokes
1 in 9 are alcoholic
1 in 43 uses IV drugs
1 in 7 has heart disease
1 in 10 attempts suicide

WITH 7+ ACEs
1 in 6 smokes
1 in 6 are alcoholic
1 in 30 use IV drugs
1 in 6 has heart disease
1 in 5 attempts suicide

330
Report No ACEs

510
Report 1-3 ACES

160
Report 4-8 ACEs
POPULATION ATTRIBUTABLE RISK

A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

ACE reduction reliably predicts a decrease in all of these conditions simultaneously.
ACES TEND TO CO-OCCUR / CLUSTER
In the lives of Washingtonians

- Among adults exposed to physical abuse, 84% reported at least 2 additional ACEs
- Among adults exposed to sexual abuse, 72% reported at least 2 additional ACEs
What we see in this research...

ACEs drive:

• Health outcomes & healthcare costs
• Special education needs
• Rates of school failure
• Intergenerational patterns of high-cost social problems
• Caseloads for the highest-cost social problems

We also see that we can prevent and protect children from ACEs.

We have the power to reduce ACEs in the next generation, and the privilege of helping people with many ACEs to live joyful and fulfilling lives.
> Website
> Resilience tools for Parents
> “New Parent” Tips
> Lincoln Alternative High School
> The Health Center at Lincoln
> Children’s Home Society – Walla Walla
> Commitment to Community
> One Woman’s Story
Resilience TRUMPS ACEs

Start Here!

Click here for an introduction

Enter Parents
Enter Providers
Enter Community

Children's Resilience Initiative

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CRI Walla Walla Wa: Teri Barila, 509-386-5855 and Mark Brown (509) 527-4745
Emotional Abuse

Emotional abuse is defined as emotional or psychological injury to the child as evidenced by a substantial change in behavior, emotional response or anxiety, depression, withdrawal, or aggressive behavior.

Many organizations and programs in our community offer direct services to help with the impact of ACEs, other organizations and programs offer help by building resilience. Some do both.

Each segment of this model represents an important part of creating a thriving community and improving the quality of life in a child's life.

By hovering your computer mouse over any number below, you can learn more about services available. The numbers in the circle represent programs and organizations providing services in the area. For a full list of these organizations, click here. Click on the heart in the center for more information about building resilience.
Walla Walla organizations that build resilience

- Private/Local/Civic/University
- Early Learning
- Law, Justice, & Victim Assistance
- Youth Development & Substance Use
- Child Safety
- School Success & Completion
- Health: Physical & Mental
- Workforce Training
- Basic Needs: Economic, Food, Housing, etc.
- Parenting/Home Visits
- About CRI | Contact Us | FAQ | Site Map

© CRI Walla Walla WA: Teri Barila, (509) 386-5555 and Mark Brown (509) 527-4745
What is RESILIENCE?
Adapted from research of Masten, Boss, Brooks & Goldstein

The ability to recover from or adjust to change

How?

Give choices

Give chores/affirmation

Give opportunity for mastering skills

Give sense of connecting to the world
WHAT IS RESILIENCE?

The natural human capacity to navigate life well.

(HeavyRunner & Marshall, 2003)

The capacity to absorb disturbance and re-organize while undergoing change, yet still retain essentially the same function, structure, identity, feedbacks.

(Walker et al., 2002)

The ability of an individual, system or organization to meet challenges, survive, and do well despite adversity.

(Kirmayer, 2009)

RESILIENCE OCCURS AT ALL LEVELS:

- Individual
- Family
- Community
- National, Global, Ecosystem
Three basic building blocks to success:

Adapted from the research of Dr. Margaret Blaustein

**Attachment** - feeling connected, loved, valued, a part of family, community, world

**Regulation** - learning about emotions and feelings and how to express them in a healthy way

**Competence** - acting rather than reacting, accepting oneself and making good choices
NOW WHAT AM I SUPPOSED TO DO?!  
a guide for new parents
Survival Mode Response

- Respond
- Learn or
- Process effectively

Allow time to de-escalate

Stressed Brains Can’t:
Lincoln Alternative High School

Out of school suspensions: 798 to 135
Discipline referrals: 50% decrease
Expulsions: 50% decrease
SRO Police Reports: 48-17 (2010-11)

This shift resulted from the paradigm shift that “traditional” disciplinary protocol for students with trauma history was not effective.

Accountability was maintained or even increased
One strategy for helping child identify emotional state.

Great for role modeling too!
The Health Center at Lincoln
(student-based health center adjacent to Lincoln High School)

Mental health support = 80% of visits

Staff uses same trauma-informed, empathic response with students

http://vimeo.com/37975761
Children’s Home Society, Walla Walla
(Family resource center)

- Parenting classes
- Counseling/relationship sessions
- Parent Aide Home Team Program
- Field tested CRI parent products
- Nominated CRI to national Exchange Club conference
Commitment to Community
(neighborhood outreach)

Embedded resilience strategies into daily practice

Measure performance via Protective Factors

Six years of reducing social isolation and enhancing collective empowerment in low income neighborhoods
One Woman’s Story
From the individual to the collective: lessons being learned

- Community mental models → emphasize understanding and sensitivity → trauma history

- Providers, parents and community → shame and blame → positive healing → social support → positive change

- A community can come together → work collectively → build resilience into the daily life experience of a child
Children’s Resilience Initiative

Empowering community understanding of the forces that shape us and our children

Website: www.resiliencetrumpsaces.org
National Council Resources

> Trauma-Informed Care Organizational Self-Assessment Guidance
> Trauma-Informed Care Learning Communities
> Tailored consulting, training and technical assistance
> National Council Website: http://www.thenationalcouncil.org/cs/behavioral_health_overview
> Trauma Track at National Council 42nd Annual Conference – Caesar’s Palace, Las Vegas, Nevada, April 8 – 10th, 2013
Webinar: Does Your Organization Measure Up?: Are You Really Trauma-Informed?
Thursday, October 18, 2 –3:30 pm EDT

Speakers: Cheryl Sharp, MSW, ALWF, Special Advisory for Trauma-Informed Services and Linda Ligenza, LCSW, Clinical Services Director — National Council for Community Behavioral Healthcare

Register FREE at https://www2.gotomeeting.com/register/546649018
Contact Information

Cheryl Sharp, MSW, ALWF
Special Advisor for Trauma-Informed Care
National Council for Community Behavioral Healthcare
cheryls@thenationalcouncil.org
202/684-7457, EXT. 254