Complex Trauma (ACEs) & our response

Snohomish County Homeless Partners
July 27, 2012
Learning Targets

• Adverse Childhood Experiences/Complex Trauma
• Brain Development as it relates to Complex Trauma
• The Attachment, Self-Regulation and Competency Framework
Credits

- Ron Hertel, OSPI Compassionate Schools Initiative
- Dr. Rob Anda, CDC
- Family Policy Council
- Susan Martin, ESD 105
- Dr. Chris Blodgett, WSU CTTN
- Margaret Blaustein & Kristine Kinniburgh, Justice Resource Institute
- Julian Ford, University of Connecticut
The “Why”

- Think of a client/student
- Share information about this client/student with a table-mate
http://www.k12.wa.us/CompassionateSchools/HeartofLearning.aspx
Compassionate Schools—p 12-13

• Do your kids/clients have trouble...

  - Acquiring academic skills?
Compassionate Schools—p 12-13

- Do your kids/clients have trouble...
  - Processing information?
Compassionate Schools—p 12-13

• Do your kids/clients have trouble...

• Using language to relate to others?
Compassionate Schools—p 12-13

• Do your kids/clients have trouble...

Organizing, remembering and storing information?
Compassionate Schools—p 12-13

• Do your kids/clients have trouble...
  
  • Defining boundaries, solving problems and working in groups?

“Don’t invade his space.”
Compassionate Schools—p 12-13

• Do your kids/clients have trouble...

• With transitions
Compassionate Schools—p 12-13

• Are your kids/clients...
  ▸ Hyperactive,
  ▸ Impulsive,
  ▸ Reactive,
  ▸ Prone to mood swings?
If you answered “yes” to these questions...

• ...Then your students may have experienced Complex Trauma.
What are ACEs?

- Adverse Childhood Experiences study
- CDC and Kaiser Permante—HMO (1997)
- Relationship between childhood trauma and health and behavioral outcomes later in life
- Higher ACEs score related to higher prevalence of liver, lung, kidney, and heart disease
- Higher ACEs score related to higher prevalence of addictive disorders, mental health disorders, obesity
Do my kids/clients have ACEs?
1. Did a parent or other adult in the household **often or very often**... Swear, insult, put down, or humiliate the client or Act in a way that made him/her afraid that he/she might be physically hurt?
2. Did a parent or other adult in the household **often or very often**... Push, grab, slap, or throw something at the client? 

or

**Ever** hit him/her so hard that he/she had marks or were injured?
3. Did an adult or person at least 5 years older than the client ever... Touch or fondle him/her or have him/her touch their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with him/her?
4. Did the client **often or very often** feel that ...
No one in their family loved him/her or thought he/she was important or special? 
or
Their family didn’t look out for each other, feel close to each other, or support each other?
5. Did the client often or very often feel that ...
He/She didn’t have enough to eat, had to wear dirty clothes, and had no one to protect him/her?
or
His/her parents were too drunk or high to take care of them or take them to the doctor if they needed it?
6. Were the client’s parents ever separated or divorced?
7. Was the client’s mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
8. Did the client live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?
Add the “yes’s” to get an ACE score
What are Adverse Childhood Experiences?

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical/Emotional Neglect
- Mental illness in the home
- Substance Abuse in the home
- Witnessing domestic violence
- Loss of parent, especially to death or abandonment, including by divorce
- Incarceration of any family member
My Why is “K”

- Substance abuse in the home
- Absence of Parent through death or divorce
- Emotional Abuse
- Mental Illness in the home
- Sexual Abuse
- Neglect

- Domestic Violence
- Incarceration of Family Member
- Physical Abuse
What is Traumatic Stress?

- Overwhelming Experience (not day to day stress)
- Involves a threat
- Vulnerability/Loss of control
- Helpless and Fearful
- Interferes with relationships and beliefs

- Varies by person
- Can be layered
Complex Trauma

• Exposure to multiple traumatic events, frequently within the care giving system

• Impact of these events effects individual development and has both immediate and long term outcomes
Let’s talk about Brains
Brain Development

Key Points

1. The brain develops from the most primitive functions to the most complex

2. Normal development of systems and functions they mediate requires specific signals at specific times

3. These critical periods are times of sensitivity to environmental input—including traumatic experience

4. Different functions (regulation of anxiety, mood, abstract thought) develop or mature at different times in the life of a child

Source: Bruce Perry, MD, PhD
Brain Development: Adverse Childhood Experiences and Complex Trauma
BRAIN DEVELOPMENT PATTERNS
Adapted from the research of Martin Teicher, MD, PhD

**NEUTRAL START**

1. **BRAIN**
   - Hormones, chemicals & cellular systems prepare for life in a benevolent world

2. **INDIVIDUAL**
   - Laid back
   - Relationship-oriented
   - Thinks things through
   - “Process over power”

3. **OUTCOME**
   - Individual & species live peacefully in good times; vulnerable in poor conditions

**TRAUMATIC EVENT**

1. **BRAIN**
   - Hormones, chemicals & cellular systems prepare for a tough life in an evil world

2. **INDIVIDUAL**
   - Edgy
   - Hot temper
   - Impulsive
   - Hyper vigilant
   - “Brawn over brains”

3. **OUTCOME**
   - Individual & species survive the worst conditions.

**Dissonance between biological expectations & social reality**
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 subtle.
<table>
<thead>
<tr>
<th>CRITICAL TIME</th>
<th>BRAIN REGION</th>
<th>FUNCTION</th>
<th>AFFECTED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 3 years</td>
<td>HIPPOCAMPUS</td>
<td>Emotional regulation, Verbal memory, Spatial memory</td>
<td>All maltreatment</td>
</tr>
<tr>
<td>Ages 3-5</td>
<td></td>
<td>With the <strong>AMYGDALA</strong>, Manages fear, panic, emotional understanding</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regulates emotionally-appropriate responses</td>
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<td></td>
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<td>Puts the brakes on outbursts &amp; tantrums</td>
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</tr>
<tr>
<td>Infancy</td>
<td>CORPUS CALLOSUM</td>
<td>Cross-brain function, Language &amp; math proficiency, Social cues</td>
<td>Neglect</td>
</tr>
<tr>
<td>Age 8-10</td>
<td>RT TEMPORAL GYRUS</td>
<td>Spoken language</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Age 7-9</td>
<td>CEREBELLAR VERMIS</td>
<td>Center for mental health, Navigation through space, Track periphery</td>
<td>Emotional abuse</td>
</tr>
<tr>
<td>Prior to puberty</td>
<td></td>
<td></td>
<td>All maltreatment</td>
</tr>
<tr>
<td>First 2-3 yrs</td>
<td>CORTEX</td>
<td>Thinking and judgment, Vision, Executive function, Long-term memory</td>
<td>All maltreatment</td>
</tr>
<tr>
<td>Age 8-10</td>
<td></td>
<td></td>
<td>Witnessing Family Violence</td>
</tr>
<tr>
<td>Age 15-16</td>
<td></td>
<td></td>
<td>Sexual abuse</td>
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How prevalent are ACEs/Complex Trauma?
ACEs in Snohomish County

• HYS Question # 108
  • Have you ever been physically abused by an adult?

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<th>8th</th>
<th>10th Grade</th>
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</thead>
<tbody>
<tr>
<td>Snohomish</td>
<td>15.4%</td>
<td>19.2%</td>
</tr>
<tr>
<td>State</td>
<td>15.6%</td>
<td>18.2%</td>
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</tbody>
</table>
ACEs in Snohomish County

- HYS Question #109
  - Not counting TV, movies, video games, and sporting events, have you seen an adult hit, slap, punch, shove, kick, or otherwise physically hurt another adult more than one time?

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<th>8th</th>
<th>10th</th>
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<tbody>
<tr>
<td>Snohomish</td>
<td>25.2%</td>
<td>27.6%</td>
</tr>
<tr>
<td>State</td>
<td>25.8%</td>
<td>27.6%</td>
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</tbody>
</table>
Washington School Classroom (30 Students)
Adverse Childhood Experiences (ACEs)

- 6 students with no ACE
- 5 students with 1 ACE
- 6 students with 2 ACEs
- 3 students with 3 ACEs
- 7 students with 4 or 5 ACEs
- 3 students with 6 or more ACEs

- 58% (17) students with no exposure to physical abuse or adult to adult violence
- 29% (9) of students exposed to physical abuse or adult to adult violence
- 13% (4) of students exposed to physical abuse and adult to adult violence

Population Average
What is the impact on learning?
From “The Heart of Learning and Teaching”

- Students with ACEs:
  - Are 2 ½ times more likely to fail a grade
  - Score lower on standardized tests
  - Have language difficulties
  - Are suspended or expelled more
  - Are designated to special education more frequently

- Have poorer health
ADVERSE CHILDHOOD EXPERIENCE

JUVENILE OFFENDERS:
ACES & SCHOOL EXPERIENCE

In the graph:
- **4+ Suspensions**
  - 0-1 ACEs: 43%
  - 2-3 ACEs: 61%
  - 4+ ACEs: 64%

- **Early Suspension**
  - 0-1 ACEs: 71%
  - 2-3 ACEs: 82%
  - 4+ ACEs: 85%
JUVENILE OFFENDERS: ACES & SCHOOL EXPERIENCE

<table>
<thead>
<tr>
<th>Special Education</th>
<th>Below 2.0 GPA</th>
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</thead>
<tbody>
<tr>
<td>0-1 ACEs</td>
<td>58%</td>
</tr>
<tr>
<td>2-3 ACEs</td>
<td>69%</td>
</tr>
<tr>
<td>4+ ACEs</td>
<td>74%</td>
</tr>
</tbody>
</table>

- 0% 20% 40% 60% 80% 100%

- ADVERSE CHILDHOOD EXPERIENCE

- Family Policy Council

- A Family, Community & State Partnership
Trauma impacts...

- A youth’s ability to **attach**
- A youth’s social emotional development
  - Communication and Connectedness
  - Empathy, Compassion & Respect
- Emotional **regulation**
  - Hopeless, inability to impact world
  - Unsure of needs or how to get them met
- Cognition and language
  - Survival trumps exploration and growth (i.e. learning)
  - Lack of executive functioning
Review & Questions--Trauma

• Adverse Childhood Experiences/Complex Trauma

• Brain Development and Complex Trauma
Strategies

The ARC Model
Attachment, Self-Regulation and Competency
Learning Targets

• Attachment, Self-Regulation and Competency Framework
• Current strategies you are currently using
• Strategies to add to your repertoire
Complex trauma leads to complex outcomes

Students/People who have experienced trauma tend to...

- ...expect harm from the world & others
- ...have difficulty forming relationships
- ...have difficulty managing, understanding & regulating feelings & behaviors
- ...have a damaged or fragmented sense of self
- ...have developmental challenges in the areas of problem solving & academic performance
- SURVIVAL TRUMPS NEW LEARNING
Ten Building Blocks

Developmental Tasks
- Executive Function
- Self-Development/Identity

Competency
- Affect Identification
- Affect Modulation
- Affect Expression

Self-Regulation
- Affect Management
- Attunement
- Consistent Response
- Rituals and Routines

Attachment
The Goal:
“Simple, Sustained Kindness”

The Heart of Learning and Teaching
Goal—Create an environment that is safe and supportive so that clients/students can focus on learning/functioning

- Manage staff affect
- Teaching staff to attune to client/student’s emotions
- Helping staff to respond predictably to client/student behaviors & emotions
- Recognizing the importance of rituals and routines
Goal—Help staff to monitor & regulate their own emotions so that they can support their clients/students.

Things that make it tough

- Clients/Students can be unpredictable—have triggers
- Staff bring in their own experiences to the relationship—have their own triggers
- History of interactions with clients/students
- Clients/Students don’t always know how to read emotions accurately—may read us inaccurately
Facial Expressions

How do we show:

- Anger
- Frustrated
- Stressed out
- Confused

They all look similar to kids.
What kids see & why

http://www.youtube.com/watch?v=apzXGEBZht0
Let’s talk

- Discuss with someone at your table
  - What client/student behaviors are particularly hard for you?
  - What client/student emotions are particularly hard for you?
  - What situations do you feel most/least effective?
  - What outside factors make it difficult to stay centered?
  - What have you found works for you?
Your toolbox for Affect Management—Share your strategies
Goals of Affect Management

• Do not fake emotions or pretend that you don’t have an emotional response
• Depersonalize child/client behaviors
• Validate caregiver experience
• Monitor affect and maintain boundaries
• Respond constructively
• Communicate to youth that adults around them are safe, calm and able to handle difficult experiences
Block A2—Attunement

- Become an emotion/feeling detective
- Learn client/student “triggers”
- Depersonalize the behaviors
- Listening skills (reflective)

- Help client/child learn to read adult behaviors
  Misread adult emotions (over read)
Attunement

• What is Attunement?
  • The capacity of caregivers and children to accurately read each other’s cues and respond accordingly
  • Respond to the client/child’s emotion rather than the behavior

- Goal—Learn to read cues and respond to underlying student emotions
  - Client/Students have difficulty understanding their own emotions and communicating them appropriately
  - Client/Students use behaviors to communicate their emotions
Common Triggers for Clients/Children who have experienced trauma

- Unpredictability (sudden changes)
- Transitions
- Loss of control
- Vulnerability
- Rejection

- Loneliness
- Over stimulation
- Intimacy
- Quiet
- Calm
- Confrontation
Communication Indicators

Watch for Changes in...

- Facial Expressions
  - Intense/Lack of
- Tone of voice
  - Pitch/volume
- Extent of speech
  - Verbose/quiet/rate
- Physical
- Approach
  - Withdrawn/clingy
- Mood
Steps

• Be attuned (watch for shifts)
• Keep yourself centered
• Ask yourself questions (energy level)
• Reflect out loud to child/client (name energy level)
• Cue client/child
• Model for client/child (“When I...”)
• Reinforce
• Reflect
Consider the following

• What behaviors are we concerned with?
• What has the client/child experienced?
• Other factors (i.e. culture, parent situation)
• How might these have impacted the client/child?
• What patterns have developed as a result of these experiences?
• Are there triggers?
• Current stressors?
• What are the client/child’s strengths?
Let’s Practice

- Select an action and discuss with partner possible emotions/feelings behind these actions:
  - Sleeping in class
  - Angry outburst
  - Refusal to move to new seat/anger over new seating arrangement or another transition
Block A3—Consistent Response

- Goal—Respond in consistent way to both positive and negative client/student behaviors.
  - Predictability
  - Reduce vulnerability (reduce “out of control”)
  - Learn cause and effect; boundaries; standards
  - Care givers provide safety (remind parents)
Recommendations

- Pay attention to praise/correction to see how client/student responds
- Focus on building success
- Be specific
- Empower rather than dis-empower (*Compassionate Schools*)
- Predictability is key so client/student doesn’t feel like he/she needs to adapt his/her behavior to elicit desired response from staff
Praise and Trauma

- Praise doesn’t match self-view
- Fear of attachment to adult
- Praise led to or followed traumatic event

Keep in mind...
- Don’t take it personally
- Be persistent
- Don’t argue with rejection
- “Stay tuned”
- Maintain standards
Things to consider

- Traumatized clients/children need control
- Provide choices (illusion of control)
- Use attunement to determine reason for non-compliance
- Break large tasks into small ones
- Offer to help
- Choose your moments
- Be aware of triggers
- Link limits to behavior (cause and effect)
- Move on (don’t rehash events)
Goal—Help establish routines and rituals for the client/student

- Build predictability and sense of control
- Clients/Children may have strong reaction to change
- Routines & predictability increase sense of security & sense of safety
- Make shift from survival to healthy development
Routines

- Target transitions--lunch routines, recess routines, changing classes, arriving, leaving...
- Encourage parents to build routines at home
  - Bedtime
  - Homework
- Lack of predictability has become rule rather than exception
Rituals

• Repeated practice of traditions, celebrations, patterns of behavior
• Connects client/child to others (family, school, culture)
• Provide sense of belonging
Considerations

It’s about attachment...

- Consistency
- Rules (safety, boundaries)
- Developmental needs
- Transitions are important
  - Time/punctuality
    - Time Cues
    - Break up activities
  - Location
- No all rituals/routines have been positive
Let’s Talk

- **Consistent Response**
  - What consistent responses do you currently employ?
  - What client/student behaviors trigger responses from you?

- **Routines and Rituals**
  - What routines/rituals do you have?
  - What routines/rituals does your school/classroom/office have?
  - What routines can you add that would help client/students?
Second Tier—Self-Regulation

- Overarching Goal—Help clients/students learn to identify, control, and communicate their emotions.
  - Identify emotions
  - Modulate emotions
  - Effectively communicate and express their emotions to staff and others
Typical Modulation Development

• Reflection “You look like you are getting sleepy”
• Modeling—Caregiver experiences stress and calms himself
• Stimulation and Soothing—physiological organization
The Human Brain

**Doing Brain**
- Where response to threat and danger occurs
- Acts like an alarm and signals us when we might be in danger
- Medina—the 4 Fs
  - Fight, flight, freeze...

**Thinking Brain**
- Responsible for planning, organizing and problem solving
- Assesses if there is actual danger
- Complicated by triggers
Block R1—Affect Identification

- Goal—awareness of emotions; why they are feeling that way; plus learning how to read others’ emotions
  - Clients/Students may be unaware of emotions (their own and others)
  - Unaware of the connection between what is happening and how they are feeling, both emotionally and physically.
  - Use literature, pictures, music, film to help kids learn to identify emotions.
Steps to build affect identification

• Build vocabulary
• Talk your thoughts
• Connect emotions with:
  • Body sensations
  • Thoughts associated with feelings
  • Behaviors—manifestations of feelings
• Context
  • External: Identification of triggers
  • Internal: Tired, hungry
Possible Activities

• Emotion collage
• Emotion flashcards
  • Potential reason for emotion
  • What kinds of things might make child feel that way
• Emotion Charades
• Single word “acts”
  • Yes, No, Hmmm
• Emotion – Behavior Pairing
Block R2—Affect Modulation

- Influences on Modulation
  - Attachment
    - Generally children rely on parents to be “external modulators”
  - Traumatic Stress Response
    - Extreme regulation
  - Stress leads to immediate “danger zone”
Affect Modulation

- **Goal**—Help client/student learn to regulate their emotions and energy level
  - Without substances
  - Avoid Extremes (emotional or physical)
  - Avoid Shutting down

- **Client/Students** need to be able to get to the center so they can learn/work
  - Identify initial state (comfort zone)
  - Recognize changes in emotional states
  - Recognize ability to change emotional state (expand comfort zone)
Can’t work/learn at the extremes
Steps to teach Modulation

• Normalize “energy”
• Link energy to feelings
• Understand “comfort zone”
• Understand energy in context (playground/pep assembly/sporting event versus classroom/office/church)
• Sense of control over energy
<table>
<thead>
<tr>
<th>Excitement</th>
<th>Anger</th>
<th>Sadness</th>
<th>Worry</th>
<th>Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small objects to manipulate</td>
<td>Push against wall/door</td>
<td>Object associated w/ comfort</td>
<td>Paper to write down worries</td>
<td>Picture of a safe place</td>
</tr>
<tr>
<td>Bubbles</td>
<td>Stress ball</td>
<td>Soothing sensory object</td>
<td>List of distractions</td>
<td>Think of someone who makes you feel safe</td>
</tr>
<tr>
<td>Exercise</td>
<td>Clay</td>
<td>Draw/journal</td>
<td></td>
<td>Scents</td>
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Block R3—Affect Expression

- Goal—Help clients/kids learn to express their emotions in a way that helps them meet their needs
  - Previously have experienced inconsistencies with sharing their emotions
  - Can lead to vulnerability
  - The inability to express emotions makes it difficult to form healthy relationships
  - Context matters (sharing with counselor versus classmate)
Affect Expression Skill Targets

- Help clients/students understand why it is important to communicate emotions and how to do so
  - Who is safe to share information with?
  - Picking the time to share
  - Initiating conversation
  - Using non-verbal communication
Competency

- Overarching goal—Help clients/students become more resilient and continue to learn and develop
  - Helping to build executive functioning skills
  - Target self-development
  - Identify key developmental tasks
Goal—Help clients/students develop the ability to evaluate the situation, control impulses, and make appropriate choices.

- Help clients/students achieve goals, anticipate consequences, evaluate outcomes, come up with solutions
- Occurs in the prefrontal cortex which is often underdeveloped due to complex trauma
- Provides sense of control
- Builds resilience
Block C2—Self-Development and Identity

- Goal—Help clients/kids understand their own positive identity
  - Internalize negative experiences
  - May have missed out in early childhood on experiences that help them relate to others
  - May have missed out on development of values
  - May not understand the link between their actions and their future
  - May be afraid to try new things—fear of failure
Self-Development & Identity

- Unique Self—Identify individual attributes: values, talents, opinions, cultural influence
- Positive Self—Identify positive attributes.
- Cohesive Self—How past experiences make you what you are; integrate multiple aspects of self
- Future Self—Envision future, connect current activities with future outcomes
Block C3--Trauma Experience Integration

- Work with client/student to explore & process past experiences to help them live effectively in the present.
  - Negative past experiences can interfere with the students ability to navigate in their current life.
  - Current experiences may elicit responses that were helpful in their past, but might not be in current setting
  - Already have developed a pattern of responding.
Vicarious Trauma

- Client/Students’ needs come before our needs
- Too much to do
- Guilt

- Self Care ABC’s
  - Awareness
  - Balance
  - Connection

- Reset your body—physically
- Check in with yourself at least once per week
Self-Care

- Vicarious Trauma—Natural part of working directly with people who have experienced complex trauma.
  - Managing behaviors
  - Empathizing
  - Rescuing
  - Hearing stories
- Important to take care of ourselves
- Watch for burnout
The book...

- *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation and Competency*

-Margaret E. Blaustein
-Kristine M Kinniburgh
Dedications

• Kayla
• Wyatt
• Jamie
• Justin
• Kate
• ...and all of the Josh’s, Jeremy’s, Jacobs, Jessica’s and other “J” names that have inspired me to learn
Questions/Comments

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