ACEs and PACEs in Oklahoma: The Solution Starts with Us

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Overview of ACEs and PACEs

- Adverse Childhood Experiences (ACEs) are common, interrelated and cumulative.
- Are biologically embedded through exposure to toxic stress.
- ACEs impact the developing brain, impairing memory, attention, self-control, self awareness, empathy.
- ACEs often passed from generation to generation, with roots in historical or family traumas.
- Protective and Compensatory Experiences (PACEs) buffer the immediate and long-term effects of ACEs.
10 Categories of Childhood Adversity

- Verbal Abuse
- Physical Abuse
- Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Witness IPV
- Substance Abuse in Home
- Separated/Divorced Parents
- Family Member Incarcerated
- Family Member Mentally Ill or Suicidal

https://www.cdc.gov/violenceprevention/acestudy/
ACES can have lasting effects on….

- **Health**: obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones
- **Behaviors**: smoking, alcoholism, drug use
- **Life Potential**: graduation rates, academic achievement, lost time from work

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-being Outcomes

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.*

www.cdc.gov
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Stress response

Commonplace stressors
Body responds to stress in order to maintain stability
Stress responses in high ACEs family
Repeated exposure from chronic stress prevents recovery
Persistent Stress Changes Brain Architecture

Normal

Typical neuron – many connections

Toxic Stress

Damaged neuron – fewer connections
Observable effects on brain development
Effects of adversity on brain development
Diminished development of cortical region results in decreased Executive Function skills
The Progressive Nature of Adversity in the Life-Course

EARLY TRAUMA & STRESS
Predictable patterns of brain development, traits & behaviors

- Early use/abuse of alcohol, tobacco, illicit or prescription drugs
- Slowed language & reading
- Lateralization
- Diminished IQ
- Poor decision making skills
- Memory Problems
- Attention problems
- ADD
- ADHD
- Aggressive behavior
- Social isolation among peers
- Poor understanding of social cues = conflict

Intergenerational Risk

ADULT Adversity
- Low-wage jobs
- Unemployment
- Public Assistance
- Incarceration
- Chronic health problems
- Relational problems
- Mental health and substance abuse problems

Special education
- School failure
- Dropping out
- Suspension
- Expulsion
- Delinquency
- Prison pipeline

The Progressive Nature of Adversity in the Life-Course

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What does this mean for us? For our community?

How do we make sense of this in ways that make a difference?
ACEs in Oklahoma children

Oklahoma parents were surveyed about child’s ACEs (2011-12)

- 30% - Economic Hardship (ranked 45th)
- 30% - Divorce (ranked 50th)
- 17% - Parent abused alcohol or drugs (49th)
- 11% - Witnessed domestic violence (50th)
- 12% - Had a parent with a mental illness (43rd)
- 10% - Had a parent incarcerated (48th)
- 13% - Was a victim of or witnessed neighborhood violence (49th)
- 17% - Already experienced 3 or more ACEs (49th)
- Highest rates (with Montana and W. Virginia) of children with ≥4

Oklahoma history of trauma & stress
Extended ACEs Pyramid

- Early Death
- Burden of disease, distress, criminalization, stigmatization
- Coping
- Allostatic Load, Disrupted Neurological Development
- Complex Trauma/ACE
- Race/Social Conditions/Local Context
- Generational Embodiment/Historical Trauma

Trauma and social location

*http://www.cdc.gov/violenceprevention/acestudy/pyramid.html*
Development occurs in nested systems
What about protective factors? What promotes *resilience*?
## Protective and Compensatory Experiences (PACEs)

### Relationships

- Have someone who loved you unconditionally (you did not doubt that they cared about you)?
- Have at least one best friend (someone you could trust, had fun with)?
- Do anything regularly to help others or do special projects in the community to help others?
- Have an adult (not your parent) you trusted and could count on when you needed help or advice?
- Were you an active member of at least one civic group or a non-sport social group?

(Morris, Hays-Grudo et al 2015)
### Protective and Compensatory Experiences (PACEs)

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have an engaging hobby -- an artistic or intellectual pastime either alone or in a group?</td>
</tr>
<tr>
<td>Were you regularly involved in organized sports groups or other physical activity?</td>
</tr>
<tr>
<td>Live in a home that was typically clean AND safe with enough food to eat?</td>
</tr>
<tr>
<td>Have a school that provided the resources and experiences you needed to learn?</td>
</tr>
<tr>
<td>Were there rules in your home that were clear and fairly administered?</td>
</tr>
</tbody>
</table>

(Morris, Hays-Grudo et al 2015)
It starts with us
Trauma-Informed Care begins with each of us

The single most important issue for traumatized people is to find a sense of safety in their own bodies,

— Bessel van der Kolk —
Trauma-Informed Care

WHAT IS SELF-COMPASSION?

Mindfulness
Self-compassion involves recognising when we're stressed or struggling without being judgmental or over-critical.

Self-Kindness
Being supportive and understanding towards ourselves when we're having a hard time, rather than being harshly self-critical.

Connectedness
Remembering that everyone makes mistakes and experiences difficulties at times. We are not alone!
Beyond Self-Care: CE-CERT Model

Components for Enhancing Clinician Engagement and Reducing Trauma Model

- NOT traditional “self-care”
- Part of everyday routines
- Mindfulness and emotion regulation
- Oklahoma training underway (OKDMHSAS, Gwen Downing, Director of Hope and Resilience)
5 Elements of CE-CERT

1. **Experiential engagement** - the effort needed to inhibit the intensity of the feelings generated during trauma treatment is fatiguing, but there are benefits to experiencing distressful feelings and skillfully responding to them.

2. **Regulating rumination** – actively control the cognitive processes away from a wandering state to a focused, goal-directed activity

3. **Intentional narrative** – conscious direction of the narrative is central protective against what will otherwise be a reactive and incoherent experience of the arousing events.
Elements of CE-CERT (cont)

4. **Reducing emotional labor** – by developing mindfulness of the sources of suppression of negative feelings and false affective expression; intentionally nurture skills for creating empathy when it doesn’t naturally occur.

5. **Parasympathetic recovery** – real-time activation of strategies to monitor internal states, intentionally produce a state of physical, psychological and emotional regulation.
Mindfulness exercise
First round of questions (reflection)

• What comes to mind as you reflect on the ACE Study findings?
• How does your work relate to ACE prevention or mitigation?
Loving-Kindness Meditation
It takes a village
<table>
<thead>
<tr>
<th>Non Trauma-Informed</th>
<th>Trauma-Informed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power over</td>
<td>Power with</td>
</tr>
<tr>
<td>You can’t change</td>
<td>Your brain is “plastic”</td>
</tr>
<tr>
<td>People need fixing first</td>
<td>People need safety first</td>
</tr>
<tr>
<td>People are out to get you</td>
<td>People can live up to the trust you give them</td>
</tr>
<tr>
<td>Right/wrong</td>
<td>Multiple viewpoints</td>
</tr>
<tr>
<td>Helping</td>
<td>Learning</td>
</tr>
<tr>
<td>“You’re crazy!”</td>
<td>“It makes sense”</td>
</tr>
<tr>
<td>Compliance/obedience</td>
<td>Empowerment/Collaboration</td>
</tr>
<tr>
<td>Non Trauma-Informed</td>
<td>Trauma-Informed Care</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Need to know basis for info</td>
<td>Transparency and predictability</td>
</tr>
<tr>
<td>Presenting issue</td>
<td>Whole person and history</td>
</tr>
<tr>
<td>“Us and them”</td>
<td>We’re in this together</td>
</tr>
<tr>
<td>Labels, pathology</td>
<td>Behavior as communication</td>
</tr>
<tr>
<td>Fear-based</td>
<td>Empathy-based</td>
</tr>
<tr>
<td>I’m here to fix you</td>
<td>Support healing</td>
</tr>
<tr>
<td>Didactic</td>
<td>Participatory</td>
</tr>
<tr>
<td>People make bad choices</td>
<td>People who feel unsafe do unsafe things</td>
</tr>
<tr>
<td>Non Trauma-Informed</td>
<td>Trauma-Informed Care</td>
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<td>---------------------</td>
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<tr>
<td>Behavior viewed as problem</td>
<td>Behavior viewed as solution</td>
</tr>
<tr>
<td>What’s wrong with you?</td>
<td>What happened to you?</td>
</tr>
<tr>
<td>Blame/shame</td>
<td>Respect</td>
</tr>
<tr>
<td>Goals is to do things the “right way”</td>
<td>Goal is to connect</td>
</tr>
<tr>
<td>Prescriptive</td>
<td>Choice</td>
</tr>
<tr>
<td>People are bad</td>
<td>People are doing the best they can</td>
</tr>
<tr>
<td>Consider only research and evidence</td>
<td>Consider also lived experience</td>
</tr>
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Second round of questions (*reflect, imagine*)

- Given what you have heard today, what conversations could you have with your colleagues and co-workers that could really make a difference in your organization?
- Given what you have heard today, what opportunities do you see to work in partnership with others to prevent and reduce the effects of ACEs? What might you be able to do with others that are difficult to do alone?
Breathe