Your client has a high ACE score…

What next?
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My goals for this hour…

Provide you with some talking points about ACESs, trauma, toxic stress, …and resilience.

* Provide some tools for how to respond with a “trauma lens”.

* And hopefully, spark some ideas for further thinking about your own work and organization.
What do we mean by…

ACES?
Trauma?
Toxic stress?
The ACE Study

- Adverse Childhood Experiences
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability and social problems
- Early Death
- Death
Some things the ACE study tells us…

- ACEs are common.
- ACEs cluster. The more ACEs you have, the greater risk for chronic disease.
  - For example, having 4+ ACES significantly increases the risk of heart disease, cancer, diabetes, alcoholism and suicide.
- ACEs have been linked to workplace absences and higher health care costs.
- ACEs contribute to our major economic and social issues.

So why don’t more people know about it???
What is psychological trauma?

Trauma is not just an *event* itself, but a *response* to a stressful experience in which a person’s ability to cope is overwhelmed.
THE TRAUMA TREE

- adult
- teenager
- childhood
- infancy/toddler
- birth
- prenatal

www.STEAMPoweredFamily.com
“Trauma is not a story of what happened to you a long time ago, it is what is in your body.”

Bessel van der Kolk
Brain Builders video

https://www.youtube.com/watch?v=LmVWOe1ky8s
Toxic Stress

Disruption of the development of a child's brain architecture that can result from prolonged activation of the stress response systems, especially in the absence of adequate adult support.

- Jack Shonkar, Harvard Center for the Developing Child
What is Developmental (or Complex) Trauma?

- A biological injury that results from toxic exposure to stressful events during critical periods of brain development.
- Derails typical development across all domains.
- Experiences occur within the caregiving system.
- Impact is immediate and long term.
How does having a “trauma lens” make a difference?

Patty’s story
THE PARADIGM SHIFT

what's wrong with you?

what happened to you?
The “how” of screening

- Use a universal precautions approach.

- Anyone who screens is trained and prepared in how to ask questions and manage the responses.

- Screening needs to happen in the context of a relationship.

- If we ask the question, we ‘own the answer’.
  (and…If we don’t ask the question, we still own the problem!)

- Have resources for referral (ideally a “warm handoff”).

Adapted from Margaret Joyal, WCMHS
What kinds of screens are out there?

- **Event** based screens (ie. ACEs or ACEs-informed)

- **Functional** based screens (ie. PTSD-5)

- **Screening questions** (ie. “Have you ever been in a situation when you thought that you might die or be hurt very badly?”)

- Make your own screen (ie. WCMHS)
“The ACE Antidote” - Nadine Burke Harris

Six elements critical for healing from toxic stress:

- Sleep
- Nutrition
- Healthy Relationships
- Mental Health
- Exercise
- Mindfulness
What is Resilience?

Commonly *resilience* has come to mean ‘an individual’s ability to overcome adversity.’

I prefer Michael Ungar’s definition:

**Resilience is:**

“The capacity of individuals to *navigate* their way to psychological, social, cultural and physical resources,* AND *

“Their capacity individually and collectively to *negotiate* for these resources to be provided in culturally meaningful ways.”
Dr. Michael Ungar

https://www.youtube.com/watch?v=15D1QuNLH0c
Transforming Our Organizations

**TRAUMA-ORGANIZED**
- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

**TRAUMA-INFORMED**
- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

**HEALING ORGANIZATION**
- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

From Trauma Transformed
Maine THRIVE trauma-informed guiding principles:

**Physical and Emotional Safety** assesses whether secure reception/waiting areas, non-judgmental treatment and flexible scheduling, among others, promote a sense of safety.

**Youth and Family Empowerment** is whether policies and practices empower clients through strength-based participation and/or community-based partnerships.

**Trustworthiness** is whether factors such as consistency, accessibility of staff and interpersonal boundaries foster trust between an agency, the staff, and the consumer.

**Trauma Competence** is the extent to which staff, policies, procedures, services and treatment serve the unique experiences and needs of trauma survivors.

**Cultural Competence** is the extent to which staff, policies, procedures, services and treatment accommodate the cultures, traditions and beliefs of youth and family consumers and staff.

**Commitment to Trauma-Informed Philosophy** is the extent to which all agency staff members integrate a trauma-informed philosophy in everything they do.
Applying Trauma-Informed Principles
Resilience and Recovery

What steps will you take to take care of yourself?
What are some things you can do for/with each other?
What do you need from your workplace to enhance well-being for all?
Dr. Nadine Burke Harris

https://www.youtube.com/watch?v=95ovIj3dsNk
Resources

- Michael Ungar, Resilience Research Centre, Halifax, NS
- Nadine Burke Harris, Center for Youth Wellness, San Francisco, CA
- Bruce Perry, Child Trauma Academy, childtrauma.org
- Attachment, Regulation, Competency (ARC), arcframework.org
- Center on the Developing Child, Harvard University; developingchild.Harvard.edu
- Trauma lens on Facebook
- National Child Traumatic Stress Network, nctsn.org
Creating Cultures of Trauma-informed Care, Fallot and Harris, 2009.

Developing Trauma-informed Organizations, 2014, Institute for Health and Recovery, MA.

Trauma Transformed.org

THRVIE, Maine Dept of Health and Human Services