Beyond ACEs: *Understanding Trauma and Building Resilience*

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Transitioning into the Shared Space

Breathe in
Overview

- Defining trauma
- Prevalence & impact
- Brain & Resilience
- Indirect Trauma and Self-Care
Our Time Together

Realize
Understand trauma as widespread

Recognize
Aware of signs & symptoms

Resist
Actively avoid retraumatizing

Respond
Put knowledge into practice: build resilience in self and others

(SAMHSA)
Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation/divorce
- Incarcerated parent

Neglect
- Emotional neglect
- Physical neglect

People with 6+ ACEs can die 20 yrs earlier than those who have none

1/8 of the population have more than 4 ACEs

4 or more ACEs

3x the levels of lung disease and adult smoking

14x the number of suicide attempts

4.5x more likely to develop depression

11x the level of intravenous drug abuse

4x as likely to have begun intercourse by age 15

2x the level of liver disease

Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today

Dr. Robert Block, the former President of the American Academy of Pediatrics

67% of the population have at least 1 ACE
The Pair of ACEs: What’s in your soil?
Interacting Layers of Trauma & Healing

**Distress/Dehumanization**
- Displacement, Cultural Hegemony, Economic Exploitation
- Systemic Subjugation
- Community Violence & Exposure
- Family Trauma
- Lack of Safety
- Personal Trauma

**Healing/Liberation**
- Reconciliation & Reparation
- Commitment to Social Justice
- Healing Centered/Restorative Practices
- Build Community/Relational Wealth
- Honor & Promote Resilience

Adopted from Ryse Center, 2017
ACE Scores Among Helping Professionals

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Original ACE Study</th>
<th>Esaki &amp; Larkin (2015)</th>
<th>Lee et al. (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 1</td>
<td>64%</td>
<td>70.1%</td>
<td>77.4%</td>
</tr>
<tr>
<td>4 or more</td>
<td>12.5%</td>
<td>15.9%</td>
<td>31.0%</td>
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</table>

*Bride (2007) found that the rate of PTSD in social workers due only to indirect exposure is *twice* that of the general population.*

*How might this impact providers, agencies & clients?*
Trauma is defined by the 3 E’s:

An EVENT, series of events, of set of circumstances that is EXPERIENCED by a person as physically or emotionally harmful or threatening, and has lasting EFFECTS on the individual’s physical, social, emotional, or spiritual well-being.

- Sexual abuse or assault
- Physical abuse or assault
- Emotional abuse
- Neglect
- Historical trauma
- School violence
- Trafficking
- Natural disasters
- War, terrorism, or political violence
- Military trauma
- Traumatic grief, separation/loss
- Police violence
- Community violence
- Bullying

61% of men and 51% of women report exposure to at least one lifetime traumatic event, and 90% of clients in public behavioral health care settings have experienced trauma.

(SAMHSA)

Trauma is a NORMAL human response to ABNORMAL events or experiences.
Trauma and the Brain: Overview

The 3 parts:

- Primitive brain (hindbrain)
  Focuses on keeping us alive
- Limbic brain (midbrain)
  Focuses on fear and other emotions
- Cortical brain (forebrain)
  Focuses on reasoning, planning

Keys to understanding:
- Brain develops from the bottom up
- Brain as ‘use dependent’ (use it or lose it!)
- Memories of trauma are stored differently
The Regulated Brain

No Threat

Thanks midbrain. I appreciate that. I’ll just keep doing my abstract thinking, reasoning, and making executive decisions.

Hey forebrain,
Hope you’re well. Just want to let you know that everything’s okay over here. No threat.
The Dysregulated Brain

Threat

Forebrain (logical)

Midbrain (emotional)

Hindbrain (Essentials)

DANGER! DANGER! DANGER!

ANS ACTIVATED!

Center on Trauma and Adversity
JACK, JOSEPH AND MORTON MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES CASE WESTERN RESERVE UNIVERSITY
Trauma can change the brain...

Typical Development

Cognition
Social/Emotional
Regulation
Survival

Traumatized Development

Cognition
Social/Emotional
Regulation
Survival

... but so can you.
The Role of Resilience: *Relational Health*

**Relational Wealth**

Presence of positive caregivers, extended family, teachers, mentors, faith leaders, community members.

Connectedness with others; availability/frequency of connections with others.

**Relational Poverty**
Relationships are more important than adversity

Child Trauma Academy, 2018
Serve & Return

Nurturing interactions build strong brain architecture

Serve: Child bids for interaction
Return: Caregiver responds

Can be songs, sounds, eye contact, facial expressions, etc.

Animation via Alberta Family Wellness Initiative
The Resilience Scale

*Early experiences change lifelong health outcomes*

Positive supports (relationships, serve/return, learning opportunities) increase the likelihood of health and wellness

Negative experiences increase the likelihood of poor health and wellness

Animation via Alberta Family Wellness Initiative
Building Resilience

Not everyone starts life with the same resilience

Fulcrum represents genetic starting position for resilience.

If the fulcrum starts left, negative experiences have less leverage
If the fulcrum starts right, there is more sensitivity to negative experiences

Animation via Alberta Family Wellness Initiative
Building Resilience

*We can shift the fulcrum to improve resilience*

It’s easiest to shift the fulcrum in childhood/adolescence, but we can become more resilient at any point in our lives.

No one can shift their own fulcrum: relational health is necessary.

Supportive relationships and communities can shift the position of the fulcrum over time.

Animation via Alberta Family Wellness Initiative
Applying the brain science...

Traumatized children are often ‘stuck’ in the brainstem. Children who receive support, care, consistency, and compassion can build neural networks that had not received stimulation. This stimulation should be:

**Relational** (offered by a safe adult)
**Relevant** (developmentally-matched to the child rather than matched to their actual age)
**Repetitive** (patterned)
**Rewarding** (pleasurable)
**Rhythmic** (resonant with neural patterns) **80 bpm**
**Respectful** (of the child and family)

Image via Beacon House; Bruce Perry research

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**Center on Trauma and Adversity**

Jack, Joseph and Morton Mandel School of Applied Social Sciences
Case Western Reserve University
Challenging our Thinking

How many hours do traumatized children typically spend in “therapy” each week? (outpatient/school-based level of care)

What does this treatment look like?

Is this enough time to create truly meaningful change?
Toward a New Model

Challenge yourself to re-envision “child therapy” as continuous care for a child in the presence of a stable, caring adult.

“There must always be outstretched hands within a suffering child’s reach” Dr. Terry Stancin
What might this look like?

Patterned, sensory experiences
- Music
- Swimming
- Swinging
- Riding bike
- Coloring
- Martial arts

Increasing relational health
- Consistent presence
- Parallel play
- Non-directive attention
- Child in control
- Cultural activities
Building Resilience

- Balanced nutrition
- Meditation practices
- Quality sleep
- Relational health
- Regular exercise/physical activity
- Psychotherapy

Burke Harris, N. 2018
Impact of Trauma on the Workforce
Creating Common Language

Definitions:

**Retraumatization**: reactivating trauma-related symptoms signaled by exposure to material reminiscent of an earlier traumatic event.

**Secondary Traumatic Stress (STS)**: the development of trauma-related symptoms in the clinician following the disclosure of trauma-related material by the client (Figley, 1995).

**Vicarious Trauma (VT)**: caregiving individuals own internal experience becomes transformed through engagement with the client’s traumatic material (McCann & Pearlman, 1990).

**Compassion Fatigue (CF)**: can occur with any client and refers to a practitioner’s inability to empathize (Collins & Long, 2003)

**Indirect Trauma**: range of reactions, such as STS, VT, CF (Knight, 2009)
<table>
<thead>
<tr>
<th>Symptom</th>
<th>VT</th>
<th>STS</th>
<th>CF</th>
<th>BO</th>
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<tbody>
<tr>
<td>Exhaustion - Physical, Mental, and Emotional</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Somatic Responses - Physical Illness and Pain</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Reduced Sense of Accomplishment</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Depersonalization/Cynicism (Mental Distancing from People or Work Role)</td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Reduced Capacity to Connect with Others or to Be Empathic</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Countertransference</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Intrusive Thoughts Related to Traumatic Exposure</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance of Thoughts Related to Traumatic Exposure</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Hyperarousal due to Traumatic Exposure</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distressing Emotions: Fear, Anxiety, Depression</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Occurs from Empathic Engagement with One Client or Trauma Story</td>
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<td></td>
<td>X</td>
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<tr>
<td>Occurs as an Accumulation of Empathic Engagement</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Occurs as an Accumulation of All Types of Job Stress/Pressure</td>
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<td>X</td>
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<tr>
<td>Alterations in Worldview, Beliefs, and Schema</td>
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</table>

VT = Vicarious Trauma; STS = Secondary Traumatic Stress; CF = Compassion Fatigue; BO = Burnout
Secondary Traumatic Stress (STS)

A syndrome of symptoms nearly identical to PTSD except that exposure to a traumatizing event experienced by one person becomes a traumatizing event for the second person” (Figley, 1999, p.11).

- Can result from detailed/graphic retelling of traumatic event or media exposure to graphic details or imagery

- Who is at risk?
  - First Responders
  - Social workers, medical personnel, child welfare personnel, teachers and school personnel
  - Family and Friends of survivors
Symptoms of STS

- Intrusive imagery of the traumatic material
- Numbing or avoidance
- Distressing emotions
- Increased arousal
- Somatic complaints
- Impairment of functioning in social, familial, and/or professional roles
Impact of STS

Cognitive
- Difficulty concentrating
- Decreased self-esteem

Emotional
- Anxiety
- Guilt
- Depression

Behavioral
- Irritable
- Withdrawn
- Sleep/appetite issues

Interpersonal
- Isolation
- Mistrust
- Impact on relationships

Physical
- Headaches
- GI issues

Professional
- Poor quality of care
- Absenteeism
- Low morale
We should not be taught to expect...

- Frustrated
- Overwhelmed
- Tired
- Stressed
- Hopeless
- Burned Out
- Ineffective

We have a right not to be harmed by our work

Korsch-Williams 2018 *Awareness* *Intentionality* *Change*
Be aware of the signs

Don’t go it alone

Recognize STS as a potential hazard

Seek help with your own traumas

If you see signs in yourself, get help

Attend to SELF-CARE

What can we do?
Charging Your Battery

(Berry, 2012)
Self-Care (or Self-Keeping) as a 2-Step Process

1. Healing
   - Addressing basic needs
   - Listening to your body
   - Setting boundaries

2. Energizing
   - Cultivating happiness, joy
   - Manage perfectionism
   - Find ways to center yourself
What’s Fun For You?

*Jot down things that are fun for you. Put them into columns according to the amount of time they take. Some ideas for fun may fit in more than one column. If so, put it in one column and draw an arrow across all the columns where it fits.*

<table>
<thead>
<tr>
<th>&lt; 1 min.</th>
<th>2-5 mins.</th>
<th>5-30 mins</th>
<th>30 mins- more</th>
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Self-Care Planning

“I want you to be able to do the work that sets your heart on fire without being consumed by the flames.”

Nicole Steward, Steward Project Podcast

Resources:
What programs & policies do you know of that already exist that support building resilience?

What might you do differently after today’s training?

How can we support our colleagues in taking the next steps?
Save the Date
October 5, 2019
Expanding the Toolkit:
Trauma-Informed Training Institute

Thank you!!

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