

# Faith and Health Webinar

## Faith Communities Fostering Resilience: The Power of Congregations to Heal the Effects of Adverse Childhood Experiences (ACEs)

April 20, 2016 | 11:30 am -12:30 pm CST

### **Moderator:**

Rev. Kirsten Peachey

### **Speakers:**

Dr. Pat Rush

Kimberly Konkel

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# Adverse Childhood Experiences

The Facts and the HOPE

Patricia Rush, MD MBA

Illinois ACE Response Collaborative

# My background



- Internal Medicine physician
- Specialty: complex chronic illness
- Retired faculty University of Chicago
- Previously Medical Director at Cook County  
Hospital Emergency Room

# Topics

1. Adverse Childhood Experiences (ACEs)
2. New Science - explaining Brain and Body Connections
3. Resilience and Hope

## Before we start discussion .....

- Healthcare providers and human service providers >> High likelihood of own trauma experience
- Many of us choose service >> Decrease suffering of others
- Hard to hear about trauma >> But the more we understand, the greater the HOPE

# Adverse Childhood Experiences ACEs

- Trauma or ACEs or Toxic Stress  
- a difference?
- 1998 ACE Study
- “ACE Score”

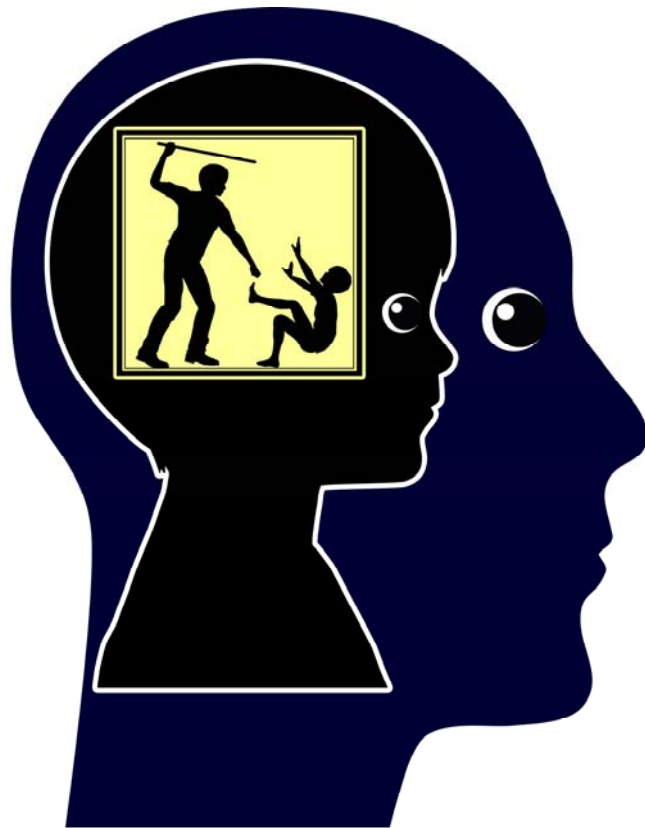


# Trauma or ACEs or Toxic Stress

## *A difference ?*

- Overall, **basically the same terms.**
- **Trauma** – a **deeply distressing or disturbing** experience.  
Most Americans experienced at least one trauma – as children and/or as adults.
- **Complex trauma** - multiple or prolonged distressing experiences, usually involving interpersonal violence.
- All terms recognize that **adversity in childhood (ACEs) affects brain development** with damaging impacts on attention, emotional regulation, learning, behavior and physical health across the lifespan.





# TRAUMA

- ACEs – as originally studied 1998
- Experience of injustice  
(racial discrimination, LGBT, First Nation, and more)
- Poverty (food scarcity, homeless)
- Violence as adult
- Veterans
- Arrest & incarceration
- Refugees & Holocaust survivors

# Intuition into Deeper Causes of Disease

Co-investigators of landmark 1998 ACEs Research



**Vincent Felitti, MD**

Kaiser Permanente  
Studied sexual abuse in women  
with massive obesity



**Robert Anda, MD**

Senior Epidemiologist, CDC  
Center for Chronic Disease  
Prevention

# Adverse Childhood Experiences (ACEs)

1998 Research QUESTIONNAIRE – Kaiser Permanente & CDC

- >17,000 adult patients [largest study of Trauma ever performed]
- Average age 57. Female 54%, Male 46%
- Mostly White or Hispanic
- Middle class – Insured; 70% college

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

# ACE Score

From 1998 original ten questions,  
add up total number of Adverse  
Childhood Experiences

= ACE Score

(maximum = 10)



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# Info from CDC

## ACES can have lasting effects on....



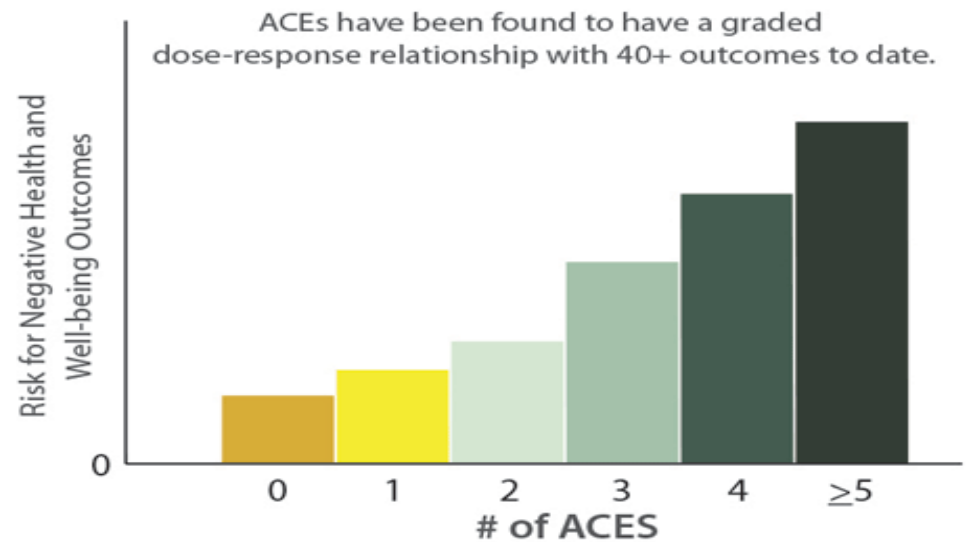
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)

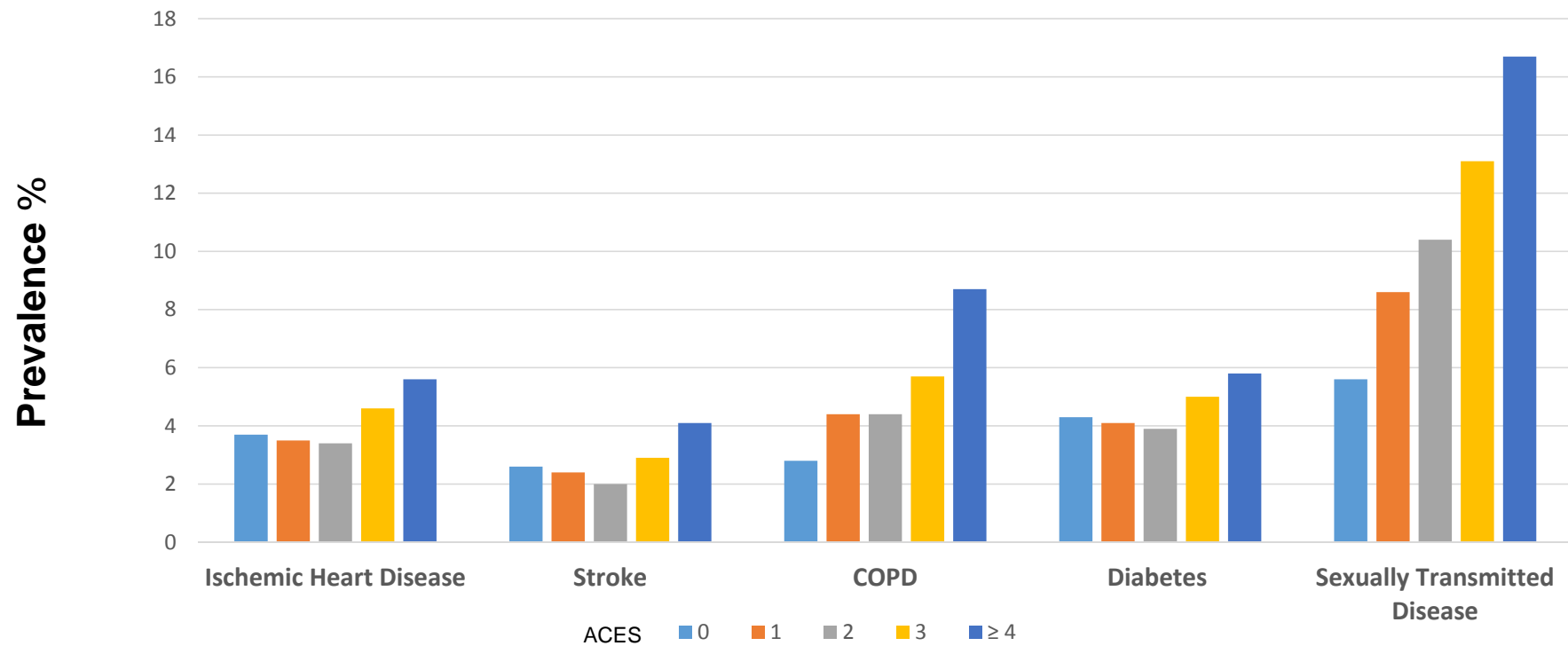


Life Potential (graduation rates, academic achievement, lost time from work)



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

# Cumulative ACES & Chronic Disease<sup>1</sup>



<sup>1</sup> Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.



# Effects of ACEs in Childhood

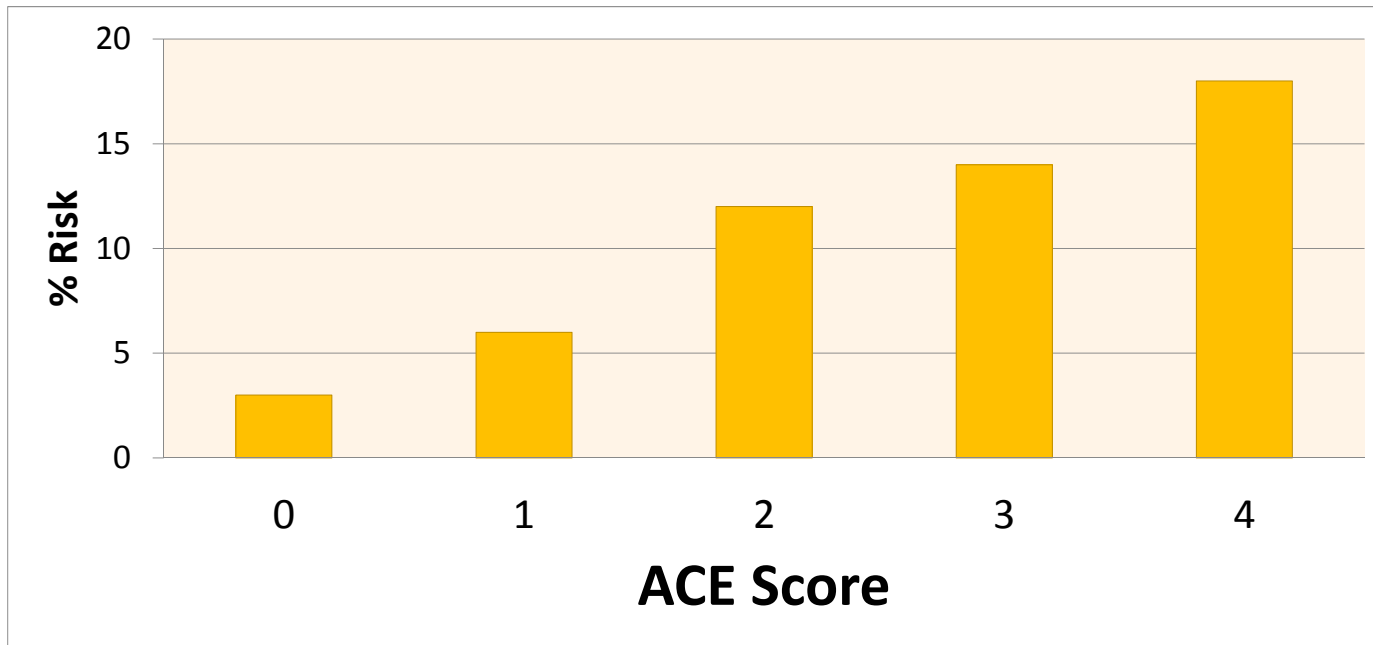
- Impaired brain development; language
- Score lower on standardized tests;  
Designated as special education
- Hard to stay calm or make friends;  
often suspended or expelled
- At risk for substance abuse and  
incarceration



# Risk of Substance Abuse by ACE Score

Source: SAMHSA

U.S. Substance Abuse and Mental Health Services Administration - HHS



# Most surprising of all ACE Score and Life Expectancy

ACE  
Score

0



80 years

6+



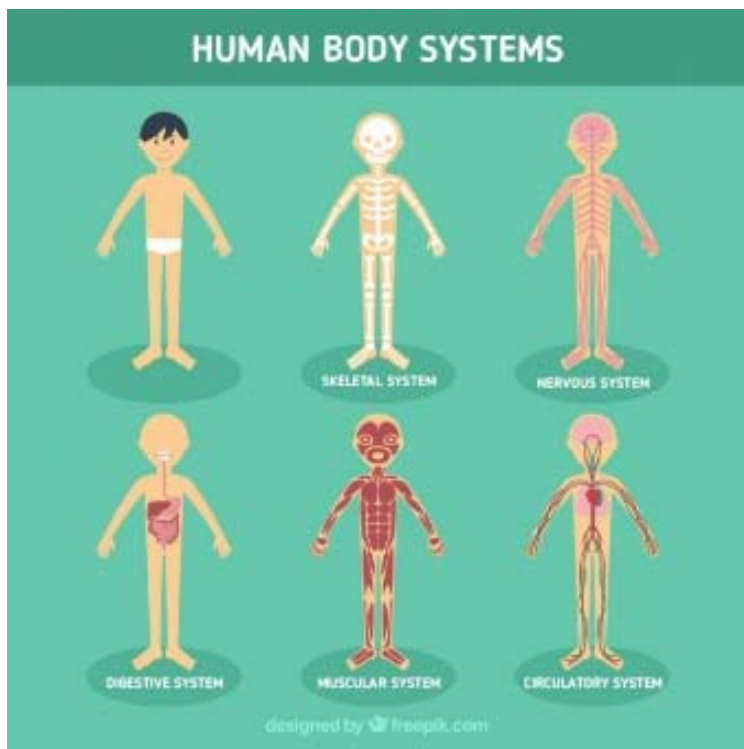
60 years

# NEW SCIENCE of BRAIN

## Neurobiology

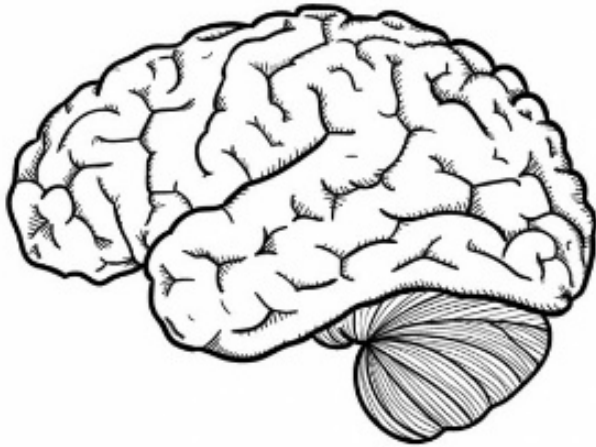
1. Old Ideas
2. New Science - explaining Brain and  
Body connections
3. Why does it matter?      HOPE

# Old Ideas



- Each body system works independently
- Brain and body don't communicate

# Old Ideas



- Brain never changes or grows
- Children too young to remember

# NEW SCIENCE



- Brain CAN change (“plasticity”)
- Memories are complex and stored as emotions, sounds, touch, smells, and words
- Brain and body constantly communicating

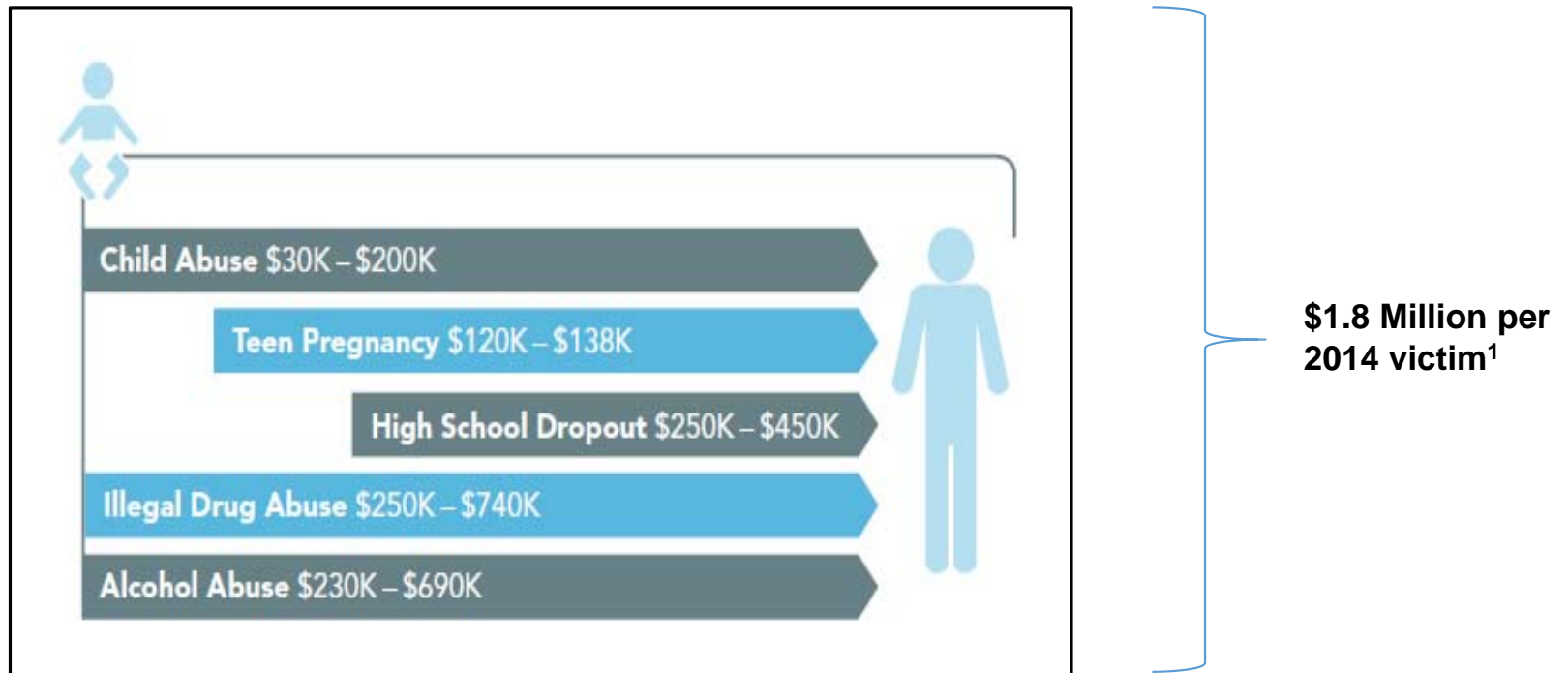
## Why does this matter?

- If brain can change > Explains why harsh experiences affect brain function (thinking, learning, behavior)  
Gives HOPE that brain can heal
  
- If body & brain communicate > Explains why harsh experience cause disease  
Gives HOPE that relief of emotional trauma improve mental and physical health



# What does it cost to do nothing?

First-Time Case of Child Maltreatment Costs U.S. Economy  
Approximately \$1.8 Million in Total Expenditures over their Lifetime (2014) <sup>1</sup>



<sup>1</sup> Suffer the Little Children: An Assessment of the Economic Costs of Child Maltreatment. The Perryman Group, [info@perrymangroup.com](mailto:info@perrymangroup.com) AND The Pew Issue Brief, Jan 2011

# Resilience and Hope

- **Resilience** - ability to recover quickly from difficulties; toughness.  
Children can live in challenging environment but with protection from ONE caring adult  
>> resilient >> thrive
- **Hope:** Treatment can restore normal biology in brain and stress response systems



# Addressing ACES Offers Critical Public Health Opportunities<sup>1</sup>



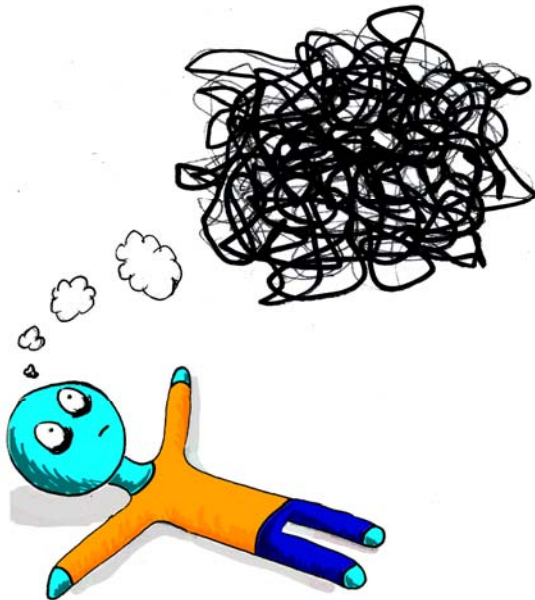
- ACES are MOST preventable cause of serious mental illness
- ACES are MOST preventable causes of drug and alcohol abuse in women
- ACES are MOST preventable causes of HIV
- ACES are significant contributor to heart disease, cancer, stroke, diabetes, suicide

<sup>1</sup> IOM (Institute of Medicine) and NRC (National Research Council). 2013. *New Directions in child abuse and neglect research*. Washington, DC: The National Academies Press.

# American Academy of Pediatrics

*“Adverse Childhood Experiences  
are the greatest unaddressed  
public health crisis in America”*

# Secondary Trauma



- Can be traumatic to witness the fear and pain that our clients have experienced.
- Hearing client stories can bring back our own traumatic memories.
- Through training, providers can take steps to
  - minimize secondary trauma from others' stories,
  - become aware of their own history, and
  - avoid burnout while working on own recovery

# What can I do?

- Self-care >> SO important
- Open our minds to think differently
  - Public Health – look for deep cause of behaviors and disease
  - How we judge each other – and how we judge how others cope with trauma

# What can I do?

Think differently



- “Traditional school discipline is not working.”
- Instead of asking, “What’s wrong with you?”  
Let’s ask, “What happened to you?  
How can I help?”

Jim Sporleder

Visionary principal & ACE Expert  
“Paper Tigers”

Lincoln Alternative High School  
Walla Walla, Washington

# What can I do?

Learn More  
Join Us !



Illinois ACE Response Collaborative  
[www.hmprg.org](http://www.hmprg.org)