



Mobilizing a Community to Address the Impact of Chilchocal Trouma





Teri Barilla...

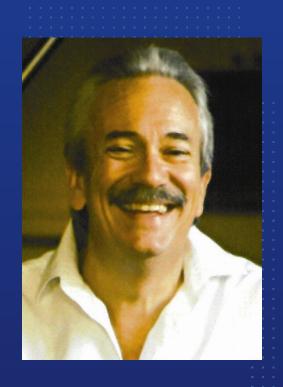


Is coordinator of the Walla Walla County Community Network, part of the Washington State Family Policy Council system. Building community capacity is a key element of the Network's mission, and we are bringing awareness of the impact of

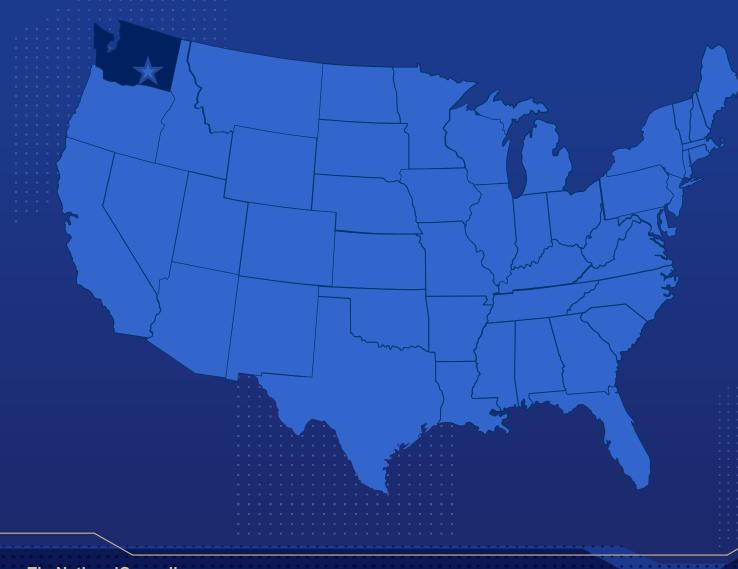
Adverse Childhood Experiences as the major determinant of adult- and public-health to our community through the Children's Resilience Initiative. Teri has a Masters of Science in Fisheries Management and a Bachelor of Science in Biology.



Mark Brown...



has been the Executive Director of Friends of Children of Walla Walla, a mentoring organization serving 130 matches in the Walla Walla Valley, for the past four years. He has also as the director of a mental health clinic for children and families and then as the associate director for emergency services in the Seattle area. Mark has a Masters degree in Psychology and a Doctorate in Educational Leadership.









A community response to Adverse Childhood Experiences

- Broad-based CRI Team
- Raise awareness of ACEs
- Foster resilience
- Embed principles in the practice of organizations and programs







Children's Resilience Initiative Team



Over 25 community members representing:

- School Districts
- Businesses
- Service Providers
- Community Coalitions
- Municipal Entities

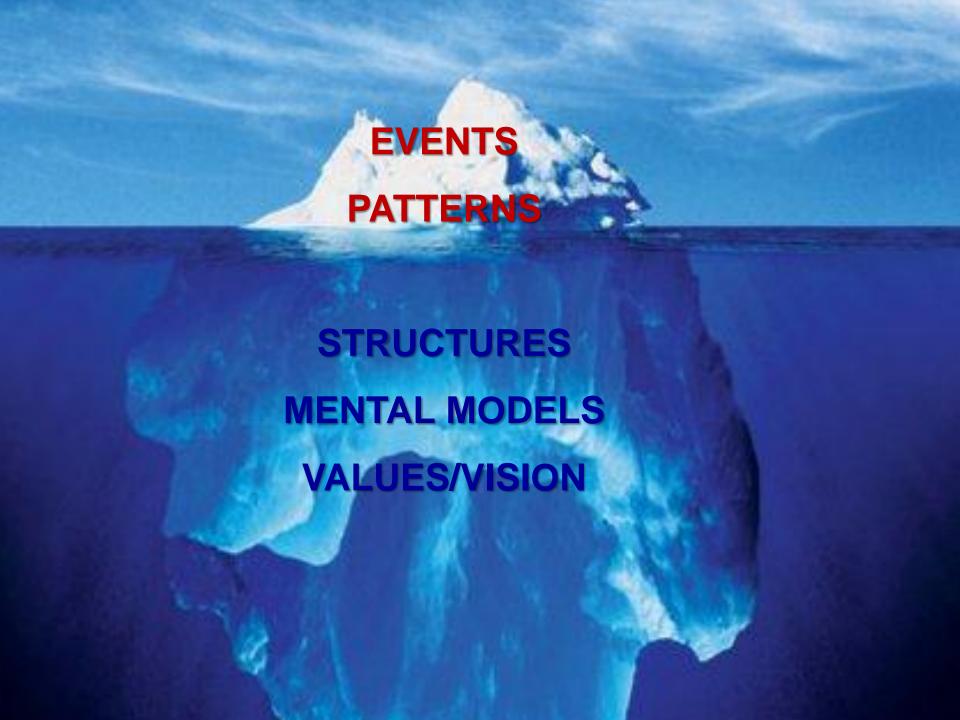




Goal: To create a community conversant in ACEs and Resilience through:

- Community education
- Parent awareness
- Learning tools
 - -Interactive website
 - -Playing Cards
 - -Parent Handbook
 - -Coloring Book









Adverse Childhood Experiences (ACE) Study



Centers for Disease Control and Kaiser Permanente in San Diego, CA.
17,300 Adults
Tracked health outcomes based on childhood ACEs





WHAT ARE THE ADVERSE CHILDHOOD EXPERIENCES (ACEs)?

Abuse and Neglect

- 1. Child physical abuse
- 2. Child sexual abuse
- 3. Child emotional abuse
- 4. Neglect

Indicators of Family Dysfunction

- 5. Mentally ill, depressed or suicidal person in the home
- 6. Drug addicted or alcoholic family member
- 7. Witnessing domestic violence against the mother
- 8. Parental discord indicated by divorce, separation, abandonment
- 9. Incarceration of any family member

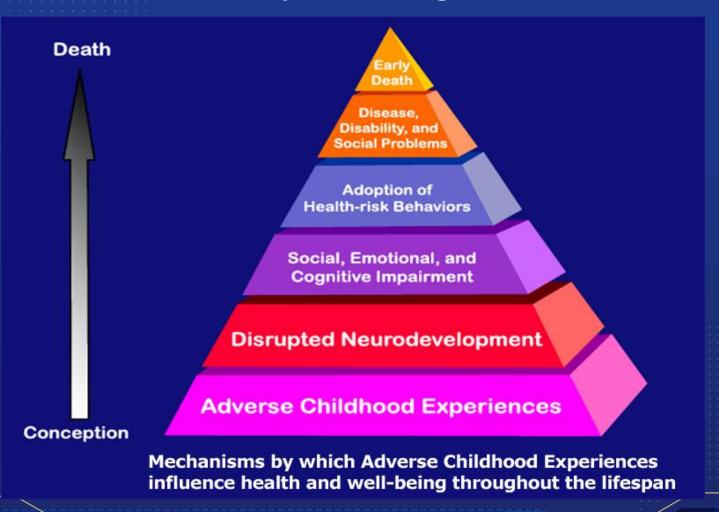
ACE Score: the number of categories of adverse childhood experience to which a person was exposed.







ACE Study: A Paradigm Shift



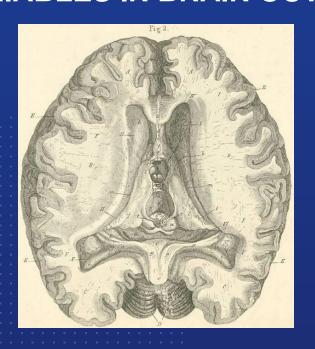




KEY VARIABLES IN BRAIN OUTCOMES

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 profound in boys.



HIPPOCAMPUS

The center for:

- Controlling emotional reactions
- Constructing verbal memory
- Constructing spatial memory

VULNERABLE TO:

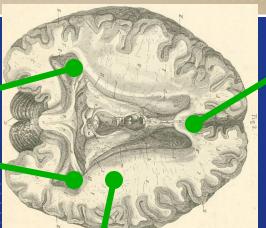
All forms of maltreatment in the first 2-3 years of life.

RIGHT TEMPORAL GYRUS

Center for spoken language.

VULNERABLE TO:

Emotional abuse, especially between ages 7 and 9.



CORPUS CALLOSUM

Integrates hemispheres & facilitates:

- Language development
- Proficiency in math
 Processing of social cues, such as facial expression

VULNERABLE TO:

Neglect in infancy.

Sexual abuse in the elementary school years.

Healthy Brain Front Front **An Abused** Brain This PET scan of This PET scan of the brain of a northe brain of a Romal child shows remanian orphan. gions of high (red) who was instituand low (blue and tionalized shortly black activity. At after birth, shows birth, only primithe effect of extive structures such treme deprivation as the brain stem in infancy. The tem-(center) are fully poral lobes (top), functional; in rewhich regulate Temporal lobes Temporal gions like the tememotions and reporal lobes (top). ceive input from the early childhood exsenses, are nearly periences wire the quiescent, Such children suffer circuits. emotional and cognitive problems. Back Back





INTEGRATING BRAIN & EPIDEMIOLOGY RESEARCH

Brain Research Findings

Maltreatment, trauma & Adverse Childhood Experiences

Predictable
adaptation during
brain development
cause cognitive,
social, & behavioral
traits

Cognitive, social, behavioral & health outcomes

(Brain Research & Epidemiological Findings)

Epidemiology Findings

Poor health & excessive use of healthcare systems

Early Death

Resilience is the key to countering this scenario!





CONSEQUENCES OF BIOLOGICAL OUTCOMES

COGNITIVE

- Slowed language development
- Attention problems (ADD/ADHD)
- Speech delay
- Poor verbal memory/recall
- Loss of brain matter/IQ

SOCIAL

- Aggression & violent outbursts
- Poor self-control of emotion
- Can't modify behavior in response to social cues
- Social isolation—can't navigate friendship

MENTAL HEALTH

- Poor social/emotional development
- Alcohol, tobacco & other drug abuse—vulnerable to early initiation
- Adolescent & adult mental health disorders—especially depression, suicide, dissociative disorder, borderline personality disorder, PTSD





ACES ARE HIGHLY INTERRELATED, SELF-PERPETUATING, & HAVE A CUMULATIVE STRESSOR EFFECT



The number of different categories of ACEs (ACE score) was found to determine health outcomes, not the intensity or frequency of a single category.

The evidence suggests that ACEs are a causal agent for many health challenges. Without interruption, ACEs escalate across generations.



A SIGNIFICANT PORTION OF DISEASE ACROSS THE POPULATION IS ATTRIBUTABLE TO ACES

54% of depression

58% of suicide attempts

39% of ever smoking

26% of current smoking

65% of alcoholism

50% of drug abuse

78% of IV drug use

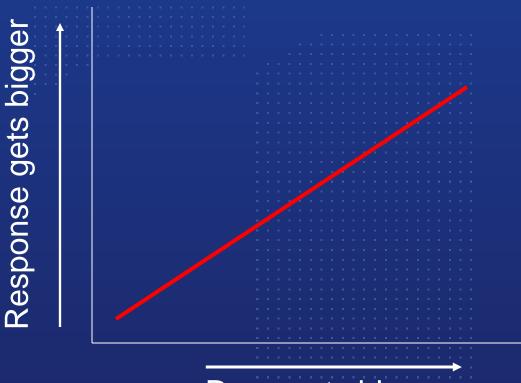
48% of promiscuity (having more than 50 sexual partners)

...are attributable to ACEs





A CLASSIC CAUSAL RELATIONSHIP MORE ACEs = MORE HEALTH PROBLEMS



Dose-response is a direct measure of cause & effect.

The "response"—in this case the occurrence of the health condition—is caused directly by the size of the "dose"—in this case, the number of ACEs.

Dose gets bigger



LIFE LONG PHYSICAL, MENTAL & BEHAVIORAL OUTCOMES OF ACES

- → Alcoholism & alcohol abuse
- → Chronic obstructive pulmonary disease & ischemic heart disease
- → Depression
- → Fetal death
- → High risk sexual activity
- → Illicit drug use
- → Intimate partner violence
- → Liver disease

- → Obesity
 - → Sexually transmitted disease
- → Smoking
- → Suicide attempts
- → Unintended pregnancy

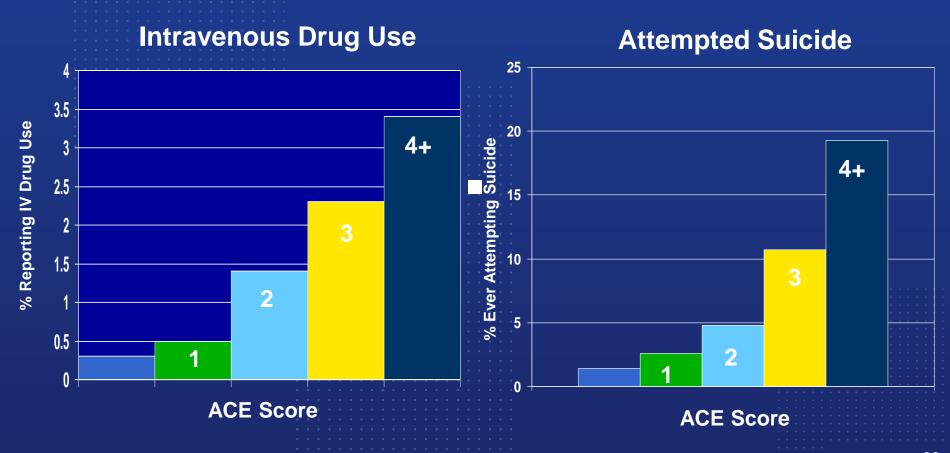
The higher the ACE Score, the greater the incidence of co-occurring conditions from this list.







ACE STUDY DOSE RESPONSE FINDINGS







PROBABILITY OF SAMPLE OUTCOMES GIVEN 1,000 AMERICAN ADULTS

330 Report No ACEs 510 Report 1-3 ACES 160 Report 4-8 ACEs

WITH 0 ACEs
1 in 16 smokes
1 in 69 are alcoholic
1 in 480 uses IV drugs
1 in 14 has heart disease
1 in 96 attempts suicide

WITH 3 ACEs

1 in 9 smokes

1 in 9 are alcoholic

1 in 43 uses IV drugs

1 in 7 has heart disease

1 in 10 attempts suicide

WITH 7+ ACEs

1 in 6 smokes

1 in 6 are alcoholic

1 in 30 use IV drugs

1 in 6 has heart disease

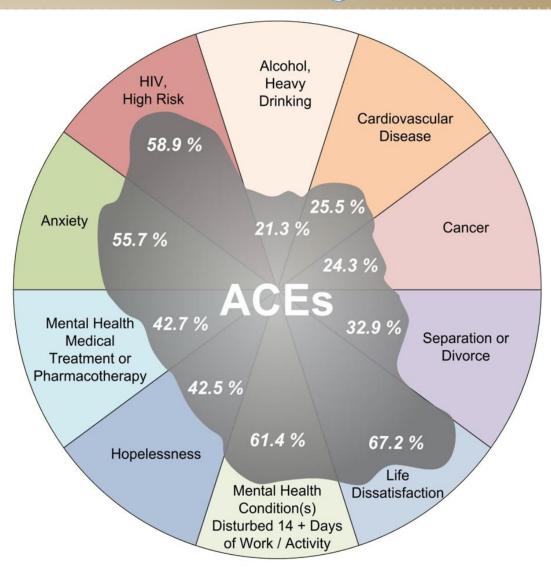
1 in 5 attempts suicide



POPULATION ATTRIBUTABLE RISK

A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

ACE reduction reliably predicts a decrease in all of these conditions simultaneously.







ACES TEND TO CO-OCCUR / CLUSTER

In the lives of Washingtonians



- Among adults exposed to physical abuse,
 84% reported at least 2 additional ACEs
- Among adults exposed to sexual abuse,
 72% reported at least 2 additional ACEs



What we see in this research...

ACEs drive:

- Health outcomes & healthcare costs
- Special education needs
- Rates of school failure
- Intergenerational patterns of high-cost social problems
- Caseloads for the highest-cost social problems



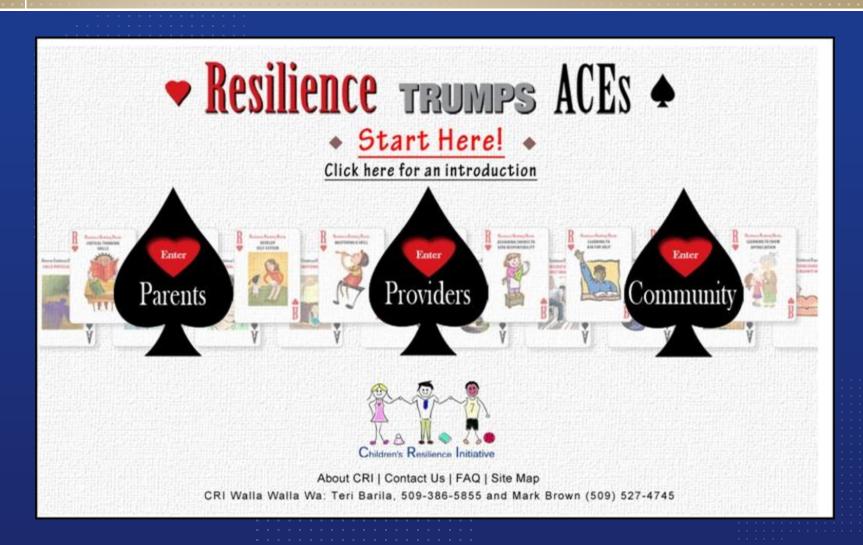




- > Website
- > Resilience tools for Parents
- > "New Parent" Tips
- > Lincoln Alternative High School
- > The Health Center at Lincoln
- > Children's Home Society Walla Walla
- > Commitment to Community
- > One Woman's Story

lebinars





Webinars







nitiative

When a child experiences....

Parents Home

What is Resilience? Deck of Cards & Handbook

Providers Home

What is Resilience?
Building a thriving community
Resources

News & Events Deck of Cards & Handbook

Community Home More ACES - Greater I

More ACES = Greater Risks What is Resilience? Building a thriving community

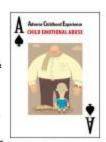
Emotional Abuse

Emotional abuse is defined as emotional or psychological injury to the child as evidenced by a substantial change in behavior, emotional response or anxiety, depression, withdrawal, or appressive behavior.

Many organizations and programs in our community offer direct services to help with the impact of ACEs; other organizations and programs offer help by building resilience. Some do both.

Each segment of this model represents an important part of creating a thriving community and improving the quality of life in Walls Walls.

By hovering your computer mause over any number below, you can learn more about services available. The numbers in the circle represent programs and organizations providing services in the Wiella Walla Valley. For a full list of these organizations, click here. Click on the heart in the center for more information about building resilience.



Learn what can happen without help

Find us on Facebook

Children's Resilience Initiative Resilience Trumps ACES

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Early Learning Private/ Local/ Civic/ University Youth Development & Substance Use 12b Law. Justice. & 18 236 Victim Assistance 33d 40 22 19a School Success Prevention & Completion 128 Intervention Child Safety Crisis 120 25e 4 8b 24b 278 36 Work Force 35 4d 8d 39a Training Health: Physical & Mental Parenting/ Home Basic Needs: Economic, Visits Food, Housing, etc.

www.TheNationalCounc









Parents | Providers | Community | Site Map

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Walla Walla organizations that build resilience

Parents Home What is Resilience?

Deck of Cards & Handbook

Providers

Home What is Resilience? Building a thriving community Resources News & Events

Deck of Cards & Handbook

Community More ACES - Greater Risks What is Resilience? Building a thriving community

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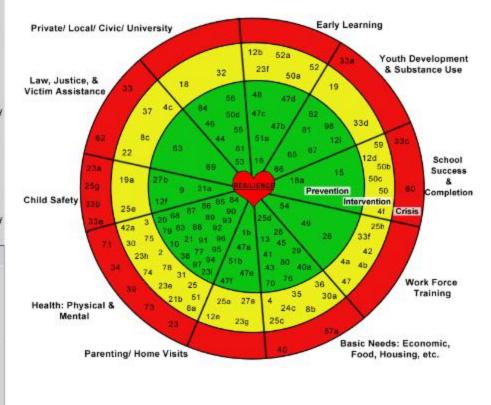
Resilience Trumps ACES

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© CRI Walla Walla Wa: Terl Barlla, (509) 386-5855 and Mark Brown (509) 527-4745





What is **RESILIENCE?**

Adapted from research of Masten, Boss, Brooks & Goldstein

The ability to recover from or adjust to change How?

Give choices

Give chores/affirmation

Give opportunity for mastering skills

Give sense of connecting to the world





WHAT IS RESILIENCE?

The natural human capacity to navigate life well.

(HeavyRunner & Marshall, 2003)

The capacity to absorb disturbance and reorganize while undergoing change, yet still retain essentially the same function, structure, identity, feedbacks.

(Walker et al., 2002)

The ability of an individual, system or organization to meet challenges, survive, and do well despite adversity.

(Kirmayer, 2009

RESILIENCE OCCURS AT ALL LEVELS:







Three basic building blocks to success:

Adapted from the research of Dr. Margaret Blaustein

A **Rechmen** - feeling connected, loved, valued, a part of family, community, world

Regulation - learning about emotions and feelings and how to express them in a healthy way

Competence - acting rather than reacting, accepting oneself and making good choices

NOW WHAT AM I SUPPOSED TO DO?! a guide for new parents

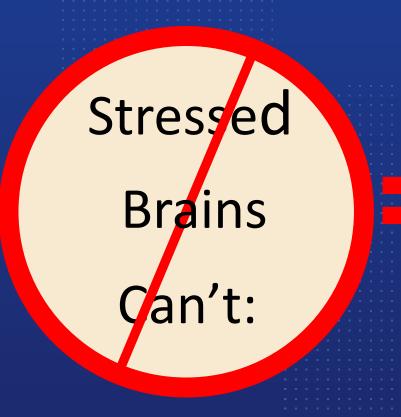


www.TheNation





Survival Mode Response



- Respond
- Learn or
- Process effectively

Allow time to de-escalate





Lincoln Alternative High School

Out of school suspensions: 798 to 135

Discipline referrals: 50% decrease

Expulsions: 50% decrease

SRO Police Reports: 48-17 (2010-11)

This shift resulted from the paradigm shift that "traditional" disciplinary protocol for students with trauma history was not effective.

Accountability was maintained or even increased



Stress Zone earning Zone

One strategy for helping child identify emotional state

Great for role modeling too!





The Health Center at Lincoln

(student-based health center adjacent to Lincoln High School)

Mental health support = 80% of visits

Staff uses same trauma-informed, empathic response with students

http://vimeo.com/37975761





Children's Home Society, Walla Walla

(Family resource center)

- Parenting classes
- Counseling/relationship sessions
- Parent Aide Home Team Program
- Field tested CRI parent products
- Nominated CRI to national Exchange Club conference





Commitment to Community

(neighborhood outreach)

Embedded resilience strategies into daily practice

Measure performance via Protective Factors

Six years of reducing social isolation and enhancing collective empowerment in low income neighborhoods

NATIONAL COUNCIL LIVE

Webinarswww.albertafamilywellness.of NATIONAL COUNCIL

One Woman's Story







From the individual to the collective: lessons being learned

- Community mental models → emphasize understanding and sensitivity → trauma history
- Providers, parents and community→ shame and blame
 →positive healing→ social support→ positive change
- A community can come together

 work collectively

 build resilience into the daily life experience of a child

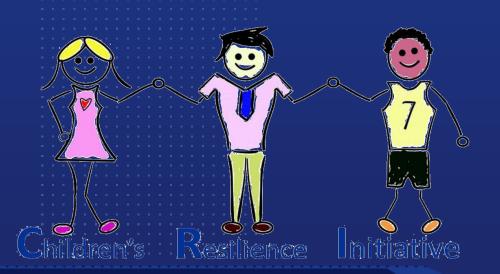




Children's Resilience Initiative

Empowering community understanding of the forces that shape us and our children

Website: www.resiliencetrumpsaces.org







National Council Resources

- > Trauma-Informed Care Organizational Self-Assessment Guidance
- > Trauma-Informed Care Learning Communities
- > Tailored consulting, training and technical assistance
- National Council Website:
 http://www.thenationalcouncil.org/cs/behavioral_health
 h overview
- Trauma Track at National Council 42nd Annual Conference – Caesar's Palace, Las Vegas, Nevada, April 8 – 10th, 2013





Upcoming Events

- > Webinar: Does Your Organization Measure Up?: Are You Really Trauma-Informed? Thursday, October 18, 2 –3:30 pm EDT Speakers: Cheryl Sharp, MSW, ALWF, Special Advisory for Trauma-Informed Services and Linda Ligenza, LCSW, Clinical Services Director — National Council for Community Behavioral Healthcare
- > Register FREE at https://www2.gotomeeting.com/register/54664 9018





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