

3 Realms of ACEs

ACEs Connection accelerates the global movement to prevent and heal adverse childhood experiences (ACEs), and supports communities to work collaboratively to solve our most intractable problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. The ACEs in these three realms intertwine throughout people's lives, and affect the viability of organizations, systems and communities.



Thanks to **Building Community Resilience Collaborative and Networks** and the **International Transformational Resilience Coalition** for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

ACE Study — Five Important Findings

- 1 ACEs are surprisingly common — 64% of the 17,000 in the ACE Study had one of the 10 ACEs; 12 percent had four or more.
- 2 There's an unmistakable link between ACEs and adult onset of chronic disease, mental illness, violence and being a victim of violence.
- 3 The more types of childhood adversity, the direr the consequences. An ACE score of 4 increases the risk of alcoholism by 700%, attempted suicide by 1200%; it doubles heart disease and lung cancer rates.
- 4 ACEs contribute to most of our health problems, including chronic disease, financial and social health issues.
- 5 One type of ACE is no more damaging than another. An ACE score of 4 that includes divorce, physical abuse, a family member depressed or in prison has the same statistical outcome as four other types of ACEs. This is why focusing on preventing just one type of trauma and/or coping mechanism isn't working.

ACEs are just ONE PART of ACEs science. The Five Parts of ACEs Science:

- The ACE Study and other ACE surveys (epidemiology).
- How toxic stress from ACEs damages children's brains (neurobiology).
- How toxic stress from ACEs affects our short- and long-term health.
- How we pass ACEs from parent to child through our genes (epigenetics).
- And how resilience research shows our brains are plastic, our bodies can heal.

We're Not Doomed!

Our brains are plastic. Our bodies want to heal. To reduce stress hormones in our bodies and brains, we can meditate, exercise, sleep and eat well, have safe relationships, live and work in safety, ask for help when we need it.

We can build resilient families. Educating parents about their own ACEs helps them understand their lives and motivates them to become healthy parents to prevent passing their ACEs on to their kids.

For resilient families, we need healthy organizations, healthy systems and healthy communities. The frontier of resilience research lies in creating communities and systems that prevent childhood adversity, stop traumatizing already traumatized people, and build resilience.

Many people, organizations and communities are integrating trauma-informed and resilience-building practices based on ACEs science, including pediatricians, schools, juvenile detention facilities, businesses, social services, people in the faith-based community, health clinics, etc. For examples, go to <https://acestoohigh.com/aces-101/>.

NON TRAUMA INFORMED

- POWER OVER
- YOU CAN'T CHANGE*
- JUDGING
- PEOPLE NEED FIXING FIRST*
- OPERATE FROM THE DOMINANT CULTURE
- PEOPLE ARE OUT TO GET YOU*
- RIGHT/WRONG
- HELPING*
- "YOU'RE CRAZY!"
- COMPLIANCE/OBEDIENCE*
- NEED-TO-KNOW BASIS FOR INFO
- PRESENTING ISSUE*
- "US AND THEM"
- LABELS, PATHOLOGY*
- FEAR-BASED
- I'M HERE TO FIX YOU*
- DIDACTIC
- PEOPLE MAKE BAD CHOICES*
- BEHAVIOR VIEWED AS PROBLEM
- WHAT'S WRONG WITH YOU?*
- BLAME/SHAME
- GOAL IS TO DO THINGS THE 'RIGHT' WAY*
- PRESCRIPTIVE
- PEOPLE ARE BAD*
- CONSIDER ONLY RESEARCH AND EVIDENCE
- EXPERT*

- POWER WITH
- YOUR BRAIN IS 'PLASTIC'*
- OBSERVING
- PEOPLE NEED SAFETY FIRST*
- CULTURAL HUMILITY
- PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM*
- MULTIPLE VIEWPOINTS
- LEARNING*
- "IT MAKES SENSE"
- EMPOWERMENT/COLLABORATION*
- TRANSPARENCY AND PREDICTABILITY
- WHOLE PERSON AND HISTORY*
- WE'RE ALL IN THIS TOGETHER
- BEHAVIOR AS COMMUNICATION*
- EMPATHY-BASED
- SUPPORT HEALING*
- PARTICIPATORY
- PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS*
- BEHAVIOR VIEWED AS SOLUTION
- WHAT HAPPENED TO YOU?*
- RESPECT
- GOAL IS TO CONNECT*
- CHOICE
- PEOPLE ARE DOING THE BEST THEY CAN*
- CONSIDER ALSO LIVED EXPERIENCE
- ENLIGHTENED WITNESS*

TRAUMA INFORMED CARE



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Communicating Through a Trauma-Informed Lens

Texas Health and Human Services Commission

Office of Mental Health Coordination

Trauma-Informed Care

The Three Es of Trauma

Substance Abuse and Mental Health Services Administration (SAMHSA) Concept

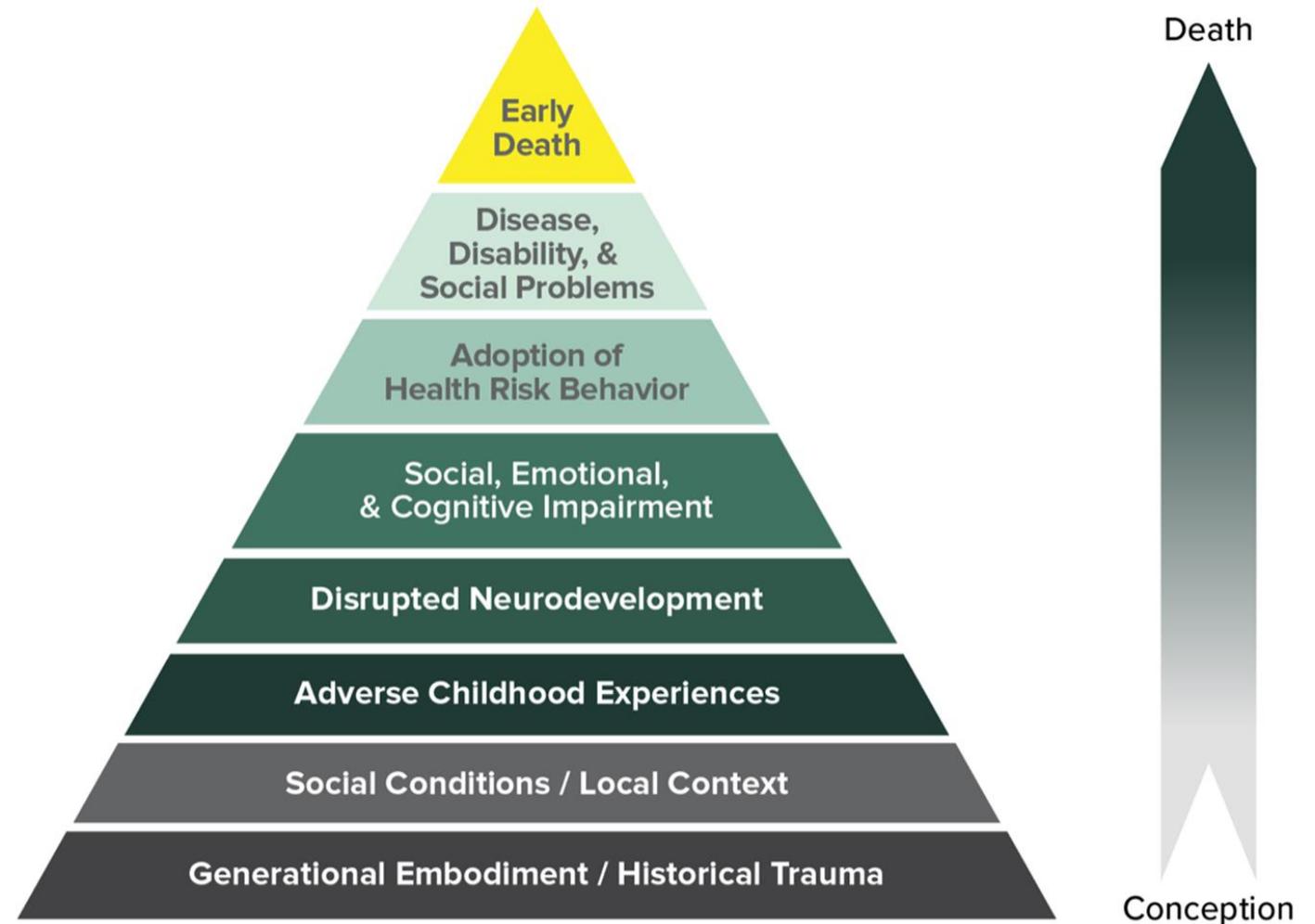
Individual trauma results from an event, series of **events**, or set of circumstances that is **experienced** by an individual as physically or **emotionally** harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



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Adverse Childhood Experiences

Our understanding of trauma is linked to our understanding of “Adverse Childhood Experiences” or ACEs, a term coined from the 1995-1997 Kaiser Permanente study of 17,000 HMO members receiving physical exams who completed confidential surveys regarding their childhood experiences and current health status and behaviors.



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

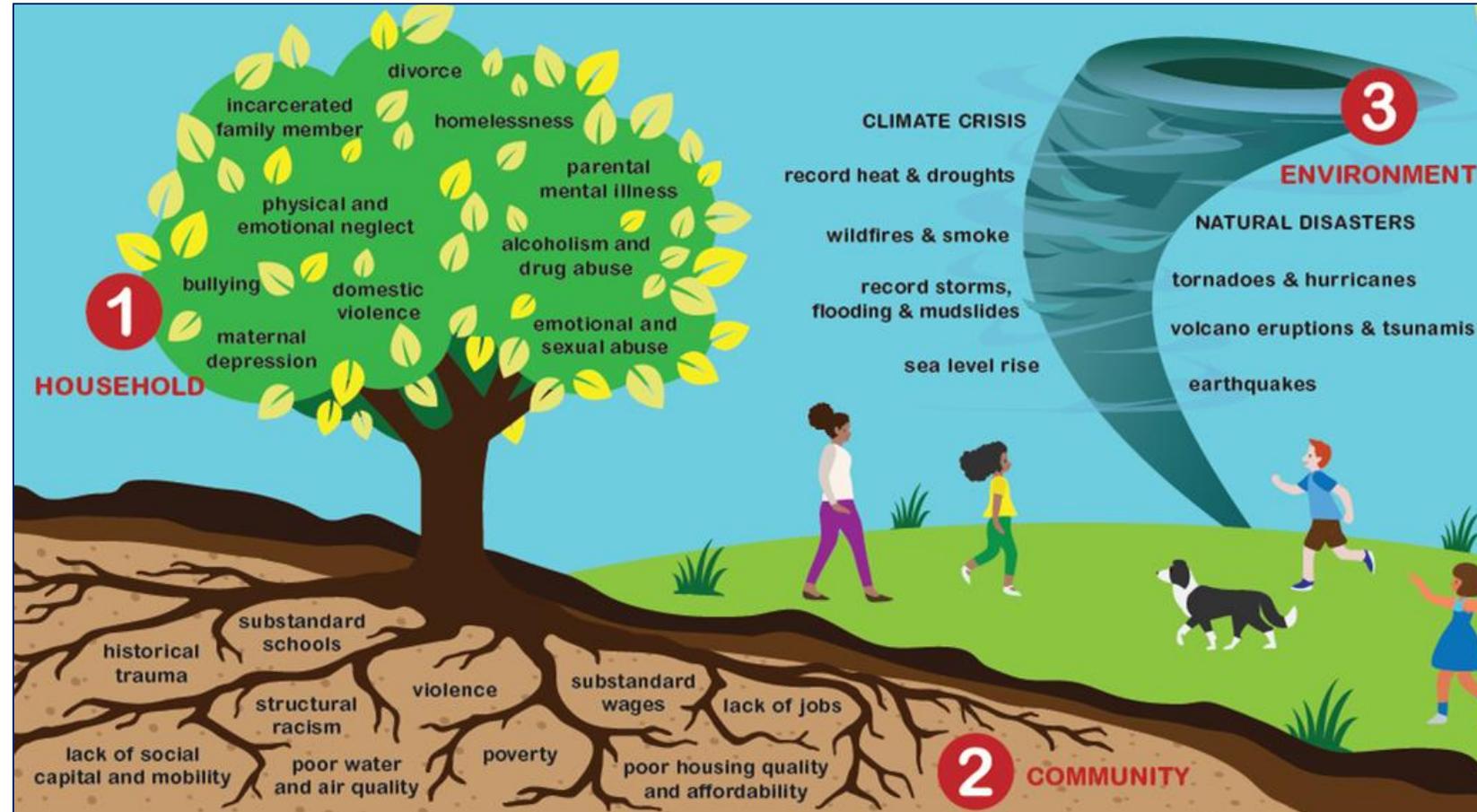


Combined Lenses

We must recognize and address the intersections between trauma, race, identity, environment, community, access, bias, physical-mental- and behavioral health, substance use, and more.



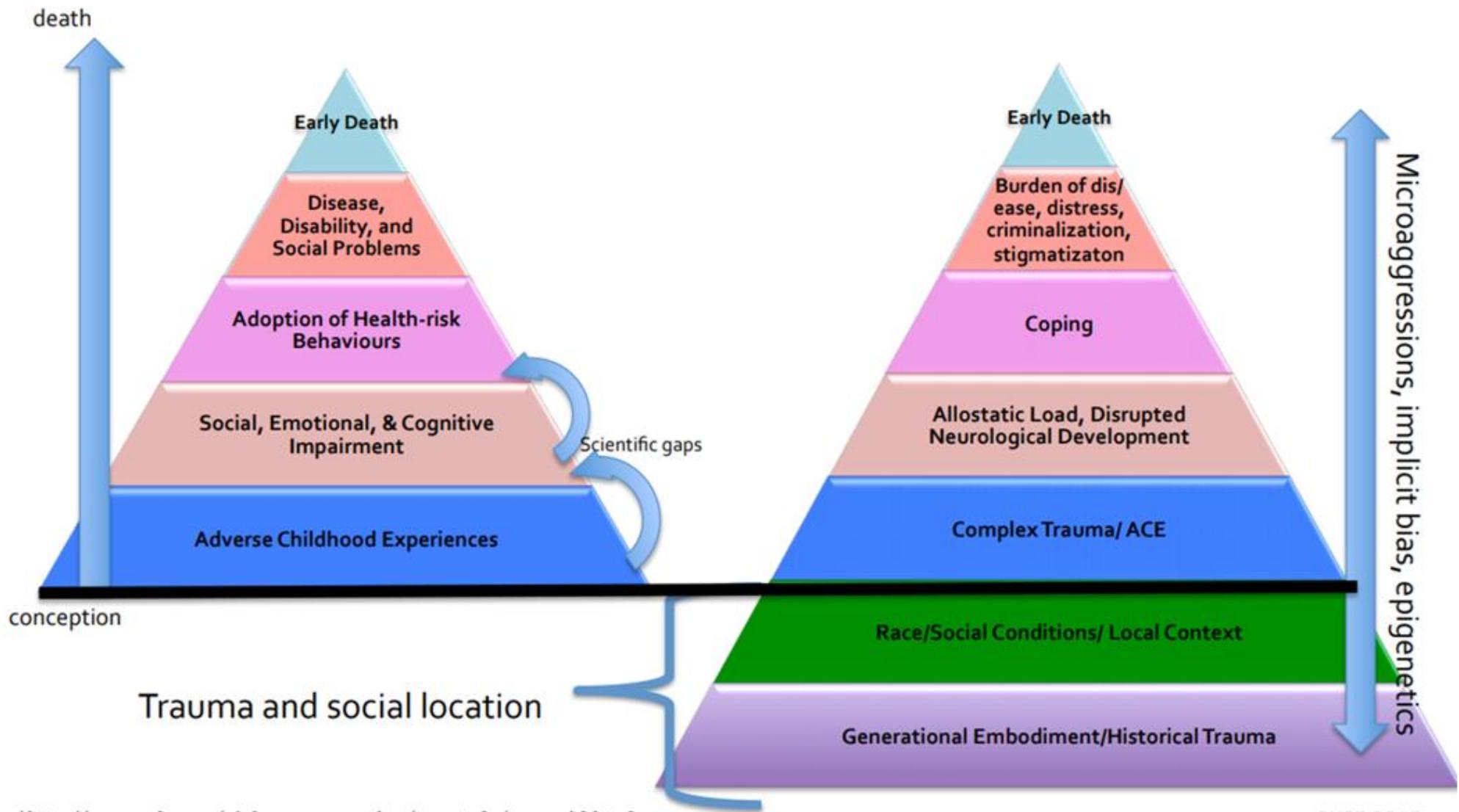
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Trauma and Social Location

Adverse Childhood Experiences*

Historical Trauma/Embodiment



*<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>

The Four Rs of Trauma-Informed

SAMHSA Concept

A program, organization, or system that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and
- Seeks to actively **Resist** re-traumatization.



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What Does this Mean for JJAEP?

At Referral

- Understand known trauma history;
- Identify trauma-related needs;
- Consider barriers and solutions to support and treatment; and
- COVID-19 and current events: What impact on the youth and family?



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What Does this Mean for JJAEP?

Preparation

- Prepare WITH, not FOR;
- Ask and listen: What would be helpful?
- Offer a support person's presence when possible; and
- Plan a check-in strategy.



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What Does this Mean for JJAEP?

Initial Meeting

- Room set up: Consider felt safety and basic needs – whether in-person or virtual;
- Intentional creation of safe space for discussion;
- Use of language;
- Include family/youth voice; and
- Virtual meetings: Respect the family's needs and time.



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What Does this Mean for JJAEP?

Follow Up

- Intentionality and connection (not just a “check in”);
- What is working, what is not?
- Consider ongoing impact of COVID-19, and current events; and
- Empowerment and follow through.



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Trauma-Informed Communication

- X** Labels, Pathology
- ✓ Behavior as Communication

- X** Fear-based
- ✓ Empathy-based

- X** People Make Bad Choices
- ✓ People Who Feel Unsafe Do Unsafe Things

- X** What's Wrong With You?
- ✓ What Happened to You?





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Questions?



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Thank you!

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