

IMPORTANCE OF ACES, PCES & TRAUMA INFORMED CARE

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MITIGATING POTENTIAL BIAS

▶ The information presented is based on current evidence and literature is cited and available upon request

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LEARNING OBJECTIVES:

1. Review the impact of ACEs, PCES and attachment theory on child and youth health and development across the lifespan.
2. Demonstrate how trauma-informed care and intersectoral partnerships support children and youth towards wellness and healing.
3. Apply approaches to better support your patients to improve their well-being, address past experiences and inspire hope.
4. Translate the newly released BC Guidelines ACEs Extended Learning document principles into their own practices

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ORIGINAL LANDMARK STUDY - 1995 - 1997
 Robert Anda, MD, MS;
 Vincent J. Felitti, MD; &
 David L. Corwin, MD

The Biggest Public Health Study that we have no knowledge about

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THE TRUTH ABOUT ACEs

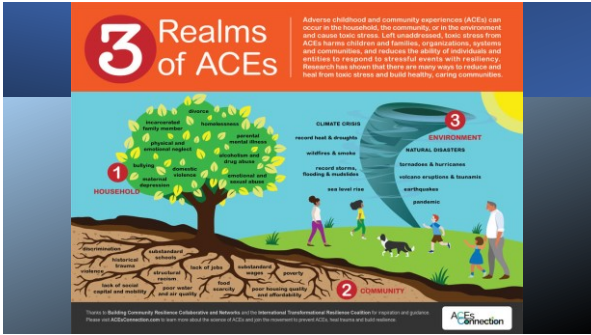
WHAT ARE THEY?
 ACEs are ADVERSE CHILDHOOD EXPERIENCES

HOW PREVALENT ARE ACEs?
 ACEs are common. In fact, 61% of people have at least one ACE.

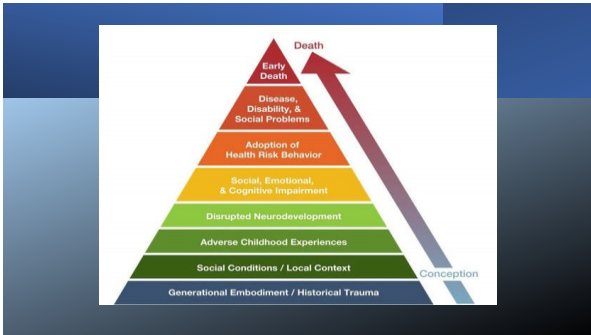
WHAT IMPACT DO ACEs HAVE?
 ACEs have a significant impact on health and well-being. For example, having four or more ACEs is associated with a 30% increase in the risk of heart disease, stroke, and cancer.

NEEDED RECOGNITION
 ACEs are a public health priority. They are a leading cause of chronic disease and disability.

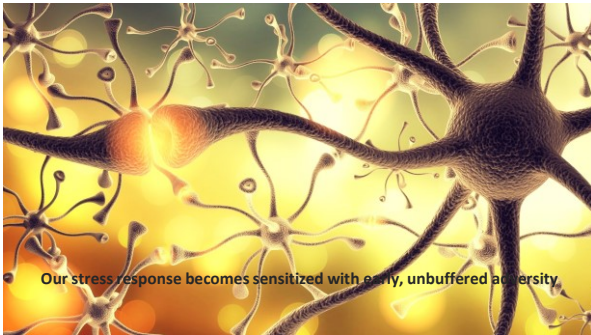
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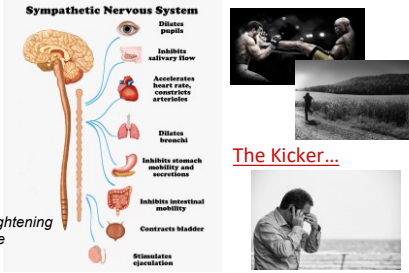


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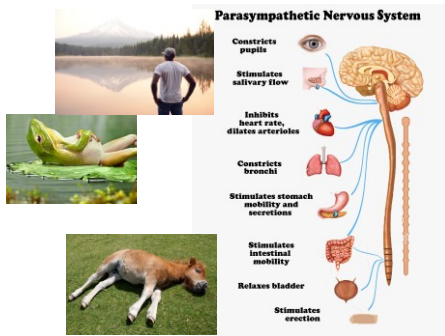
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The Stress Response



These are lightning fast, reflexive

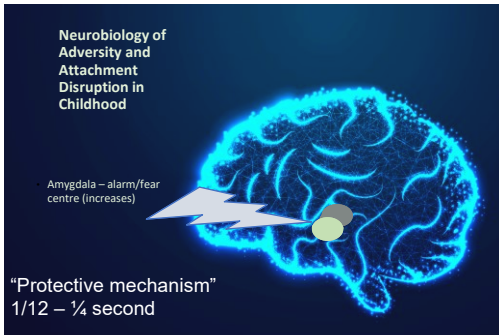
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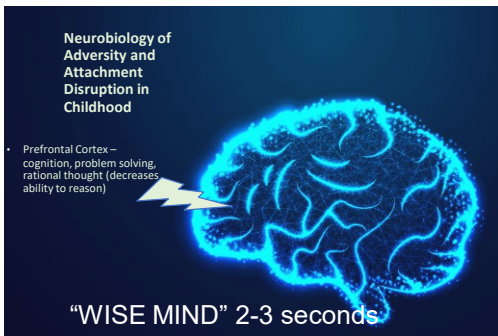
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Effects of Trauma on Our Nervous System: Stephen Porges - Polyvagal Theory

Porges, S. W (2017) The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe, New York, NY, W.W. Norton & Company Inc.

<ul style="list-style-type: none"> GREEN - (Ventral Vagal) Safety - spontaneous eye contact, prosody of speech, normal facial expressions, and homeostasis of the gut 	
<ul style="list-style-type: none"> Red - (Sympathetic) Danger - body mobilizes energy - FIGHT OR FLIGHT 	
<ul style="list-style-type: none"> Blue- (Dorsal Vagal) Life threat - Extreme Parasympathetic activity - body feigns death, cardiovascular collapse - FREEZE - increased risk of trauma 	

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John Bowlby
(1907-1990)
Attachment
Theory is the
Basis for the
ACEs

Bowlby, J. (1950). The nature of the child's tie to his mother. *The international journal of psychoanalysis*, 30, 350-373.

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Attachment Theory and Patterns of Attachment

• In times of stress infants use their caregiver as a source of comfort to provide security in order to **co-regulate** their emotions:

- 1. **Secure**
- (Insecure)
- 2. **Ambivalent/anxious** - turning up emotions
- 3. **Avoidant/dismissive** - turning down emotions
- 4. **Disorganized** - caregiver is a source of fear

Ainsworth, M. D., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachment. Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern.



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"Adaptive as a child, maladaptive as an adult" ~ Terry Real

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Attachment across the lifespan

- Insecure attachment in infancy has been linked with illness in adulthood:
- Mental Health Disorders (depression, anxiety, major mental illness, personality disorders)
 - Physical Health Problems (asthma, COPD, hypertension, cardiovascular disease)^{1,2,3,4,5,6}
 - Relationships difficulties (with peers, co-workers, children, romantic partners, **physician-patient relationships**)^{7,8,9}

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The Window of Tolerance: Dr. Daniel Siegel



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Trauma Shrinks the Window of Tolerance

Hyperarousal = hypervigilant, anxious, angry, overwhelmed => fight/flight



Hypoarousal = shut down, numb, frozen, empty, withdraw, depressed => freeze

Adapted from NICABM www.nicabm.com

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Window of Tolerance and Healing

Hyperarousal = hypervigilant, anxious, angry, overwhelmed,



Hypoarousal = Shut down, numb, frozen, empty

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As a care provider, recognizing 'triggering' is key

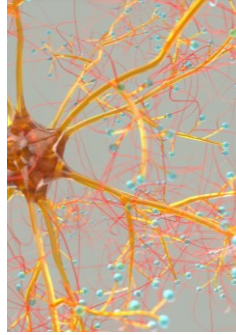
- The brain is **unavailable** for connection
- Can you begin to recognize where you, your patient, co-worker, or loved one is on the spectrum of availability?
- Can you use your nervous system to: **recognize your own "dis-ease"** then regulate and balance another?



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Brain Rules

- **Repetition** Strengthens Neuronal Pathways
- **Lose What We Don't Use** – brain is constantly being molded
- **Neurons that Fire Together are Wired Together**
- **Behaviour Observed is Behavior Practised** and Learned by the Brain = Mirror Neurons



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Poverty of Relationships – Dr. Bruce Perry

- Positive social interactions**
- Rewarding – dopamine, practice and confidence
 - Regulating – decreased stress response
- Social Isolation**
- Physical and mental health problems
 - Poverty of reward -> substance use, gambling, overeating, overworking



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Buffering through healthy CONNECTION



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The Four Cs of Trauma-Informed Care

- Calm
- Contain
- Care
- Cope

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Key Takeaways:

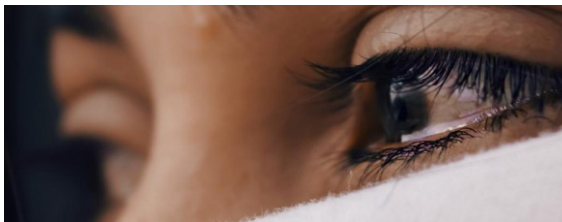
The benefits of secure attachment holds across all relationships

ACES are common and we are not immune

What is predictable is preventable

Connection is key: Calm, Contain, Care, Cope

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ACES, Attachment and PCES

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Critical Ingredients for Optimal Child Development

- ❖ Attachment
- ❖ Emotions
- ❖ Rest
- ❖ Play



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Applying the Trauma Informed Approach

- ❖ Not a Treatment
- ❖ Not a Technique
- ❖ Instead, a PARADIGM SHIFT

Trauma is common –
Use Universal Precautions



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<https://www.albertafamilywellness.org/resources/video/brains-journey-to-resilience>

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KEY LEARNINGS FROM NEUROSCIENCE

Human Mammals Need:

- ✦ CONNECTION
- ✦ Stability and Structure
- ✦ Safety

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Trauma in a Nutshell and the Triple S of Healing

Too much aloneness



Not enough

Not enough

SENSING

STABILITY

SAFETY

Experience being
Seen, Heard, Held
& Valued (SHHV)

Enough

Enough



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THE IMPORTANCE OF NEAS

Neurobiologically Effective Adult Support

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Knowing yourself
is the beginning of all wisdom
- Aristotle -

THE ABCs



Assess:

- What you can do, what do you need to turn away.

Build:

- Resiliency and self-sufficiency for yourself and then for those you care for

Care:

- To self-regulation (mindful of body language and facial expression)

Check-In:

- Do I need something prior to engaging in a difficult interaction?
- Breathing, short meditation, hydrate or bathroom break, soothing music

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Key Take-Ways
What We Can Do To Support
Parents, Patients, and Children

- ❖ Be Trauma Aware (Universal Precaution)
- ❖ Take Care of SELF (Sensing Dis-Ease)
- ❖ Listen & Validate
- ❖ Empower (MI, EFFT)
- ❖ Celebrate Resiliency
- ❖ Refer & Maintain ongoing contact

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