

**Targeting ACEs through Resilience Intervention: Becoming a Map of Safety**

Champions of Children Conference  
 March 12, 2019  
 Dr. Amy Stoerber

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This presentation is based upon original materials containing contributions from the Children's Health Foundation, Amy Stoerber, PhD, and others under the sponsorship of the Children's Health Foundation.

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**Objectives**

- Review of some stuff you're familiar with (ACES, Trauma)
- Learn some new stuff (Neurobiology, Resilience Interventions, Becoming a Map of Safety)
- Learn how to do the new stuff (This is the important stuff!)
- Feel good about all the stuff you've learned

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### ACEs, Trauma, Resilience Intervention

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### What Are We Dealing With?

Understand ACEs, Trauma and Resilience

Part One: Overview of Trauma

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### ACEs: What are they?

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual			Divorce

Image Source: The Robert Wood Johnson Foundation

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### Additional ACES

- Community Violence
- Homelessness
- Discrimination
- Foster Care
- Bullying
- Repeated medical procedures or life-threatening illness
- Death of Caregiver
- Loss of caregiver due to deportation or migration
  - Adapted from *The Deepest Well* (N. Burke-Harris, 2018)

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### ACEs are Common

At least 1 ACE

67%

4 or More ACEs\*

12.5%

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### ACEs are hazardous to our health

**With 4 or more ACEs:**

- 2.5X risk of chronic lung disease
- 2.5X risk of hepatitis
- 4.5X risk of depression
- 12X risk of suicidality

**With 7 or more ACEs:**

- 3X risk of lung cancer
- 3.5X risk of hypertension
- 3.5X risk of heart disease
- 20 year decrease in life expectancy

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

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### What is stress?

- Positive Stress**
  - Moderate, short lived stress responses that are a normal part of life and healthy development. A child can learn to manage and control these experiences with support of caring adults through safe, warm and positive relationships.
- Tolerable Stress**
  - Stress responses that could affect brain development, but usually occur for briefer periods that allow the brain to recover and reverse potentially harmful effects.
- Toxic Stress**
  - Strong, frequent or prolonged activation of body's stress management system. Stressful events that are chronic, uncontrollable and/or experienced without the child having access to support from caring adults.

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### What are 'traumatic experiences'?

Events that threaten one's safety, physical, and/or emotional health

- Assault**  
**Sexual abuse/rape**  
**Painful medical procedures**  
**Verbal abuse**  
**Intimidation**
- Bullying**  
**Neglect**  
**Homelessness**  
**Reclaim**  
**Discrimination**  
**Witnessing trauma of others**

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### Not All Trauma is Alike

**Acute Trauma**

- Single event
- Examples: 9/11, Boston Marathon bombing, car accident, medical procedure, school shootings, single bullying incident, house fire, witnessing a fight
- Can be optimistic for a cure: 80% recovery in 8 weeks with therapy

**Complex Trauma**

- Long term repetitive abuse
- Examples: physical, emotional or sexual abuse by a family member
- The issue is not the incident, but rather is the betrayal and trust issues incurred
- Specialized counseling is recommended and ongoing therapy is expected.

\* *New Frontiers in Trauma treatment*, 9/17/15. Bessel A. van derKolk, MD

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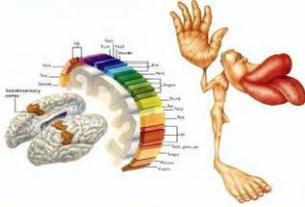
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### Brain Changes and Child Sexual Abuse



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Heim, et al, 2013

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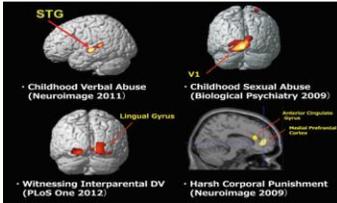
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### Structural Brain Changes and Childhood Abuse/Maltreatment



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Tomoda et al, 2017

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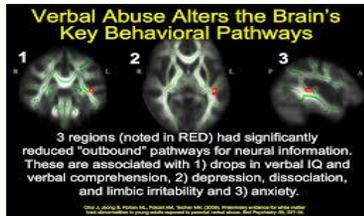
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### Impact of Verbal Abuse on IQ and Mental Health



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### Neurobiological Changes

- Trauma causes neurobiological changes
- Van der kolk says – the brain changes that occur due to trauma are REAL, not disordered
- Brain changes occur due to genuine adaptation to an environment that is unhealthy and traumatic

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### What Does This Mean?

- Memories are difficult to remember sequentially
- Memories can feel distant
- Memories can be hard to express in words

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### What These Changes Imply

- Sexual assault victims are often unable to physically resist, move or cry – referred to as tonic immobility (McEwen et al., 2015).
- This can last seconds to hours (Bovin, et al., 2008)
- Poor memory encoding
- Decreased executive level cognitive thinking (ability to evaluate options, plan an escape)
- Altered feelings of consciousness
- B/c the brain is fixated on certain aspects of the experience and ignores extraneous information

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## Previous Lines of Thinking

- Making things up
- Can't get their story straight
- Inconclusive
- "Unfounded" stories

### Has led to:

- Disbelief
- Fewer prosecutions
- Misunderstanding = false reports of rape (not true)

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## Becoming Trauma Informed

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## How do we do this?



Understand ACEs,  
Trauma and Resiliency  
Trauma Informed  
Care

Part 2: Becoming Trauma-Informed

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### Stress and Adversity Happen

*What happens if we assume that stress and adversity happen to all of us?*

*What does it look like if we treat all of our clients and colleagues with compassion-informed care?*

Remember, almost 70% of the population studied by Kaiser had 1 or more ACEs

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### What Is Trauma-Informed Care?

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

-National Center for Trauma Informed Care (NCTIC, www.samsha.gov/nctic, 2013)

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### Evidence to Support a TI-Approach

- 2016, Utah Courts recognized the impact of trauma on victims and the science of neurobiology (after hearing a violent assault case)
- It was determined that the inconsistencies in testimony were not a result of poor credibility, but rather resulting from the trauma experienced

• -Kelly & Valentine

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**What Does Trauma Informed Care Look Like?**

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**Empathy**

- Acknowledgement of Pain
- Everyone has a story

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**Respect**

- Acceptance and non-judgement
- Avoid prejudice
- Build Relationship
- Speak in native language or provide translator

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**Support**

- All parts of the system
- Give Choices
- Focus on Strengths
  - Child
  - Family
  - Advocate

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**Provide Safety**

- Physical Safety
  - Calm Environment
  - Comfortable Environment
- Emotional Safety
  - Ask questions, and listen to the child
  - Be sensitive to trauma triggers
  - It is OK to set limits on behavior
  - Be predictable
  - Be trustworthy

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**Resources**

- Know resources in the community
- Ask about needs
- Every site is different

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### Tips and Tricks for Compassion-Informed Care

- Assume that everyone may have had trauma in their past or currently (including your coworkers)
- It doesn't just mean being nicer, it means truly caring about people you interact with, but also knowing when to set up boundaries
- Set up common language that is used around your family/group, e.g., "How can we help them?"
- Explain the "why"
- Examples of language to use:
  - Choice: "We can either all go into a room together, or \_\_\_name\_\_\_ can watch Bobby while you (parent) and I (provider) have a short discussion."
  - Validation/Empathy: "I see that you are upset, and I know you are not upset with me but at the situation; I will find a way to help you."
  - Teamwork: "This is a great opportunity for us to work as a team to develop a solution."
  - Repeat back: "What I hear you saying.... It sounds like..."

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### J. Boardman and Acute Trauma: Disclaimer

- Example: Officer responds to a DV case
- Officer's mere presence might lead to use of force
- So, it's important to be trauma-informed AND safe - it's a balance

SAFE FIRST.....and then Trauma-Informed

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### Shifting the Lens

- Instead of asking, "What's wrong with that child (family/person)?" ask,
- "What happened to that person and how can I help?"



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**Case Study from Cache County**

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**From Cache County DA's office: Kidnapping and Sexual Assault**

- Credibility of victim was questioned - fabricating accounts and inconsistencies
- Hired expert to educate jury on neurobiology of trauma
- Convicted defendant on all counts (had previously walked on other charges and was suspected of strangulation and assaults for over a decade)
- Jurors later indicated that the information on the neurobiology of trauma helped them understand how trauma effects the brain and memory

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**Unsolicited Letter to the Prosecution**

"The defense kept hammering on the fact that the victim's testimony was not the same every time. This was not effective because we sympathized with her...Instead of making us think she was a liar, it convinced us she was human and was traumatized. Her testimony had not been well-crafted. She had not been coached. Her previous testimony was never actually inconsistent. Details were simply added over time. This was totally consistent with our experience of retelling stressful events."

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**Targeting ACEs:  
Building Resilient Children and Families**



- Understand ACEs, Trauma and Resiliency
- Compassion Informed Care
- Building Resilient in Children and Families

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**Resilience: Our Solution**

The ability to recognize, face, and manage or overcome challenges, and to be strengthened, rather than defeated, in the process.

We are all born with resilience

It can also be taught, modeled and improved on.

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**Resilience**



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## Resilience Trumps ACEs

"Using compassion(trauma)-informed work both minimizes the potential for further trauma and provides emotional support for the entire family." (Marsac, 2016)

Positive coping tools and anticipatory guidance provide the framework for trauma-informed work that reduces the of impact of adverse experiences on children.

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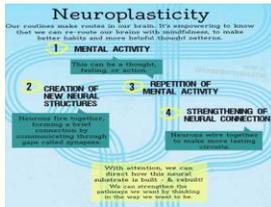
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## Experiences Change the Brain



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## Importance of Professionals at Each Developmental Stage

Present Supportive Other (Sege, Project Hope)



- What's a PSO?
- A healthy adult who is available to a child for support, comfort, and guidance.
- Someone who exudes the 3 core assumptions for adults in a child's life
  - Unconditional love, modeling, & expectations
- A PSO can be a family member, a community member, a teacher, coach, etc.
- YOU are a PSO!

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## Listening

*Being heard is so close to being loved that for the average person, they are almost indistinguishable...*

d.w. Augsburger



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## How Do We Really Listen

- Whole Body Listening - Nonverbal cues
- Lay down your goals
- Validate
- Empathize
- Don't personalize
- Support
- Respond to your fears and the other's fears
- Ask for the help you need or ask how you can help

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## You must be a Map of Safety!

"Our brains continually form maps of the world – maps of what is safe and what is dangerous."

- Dr. Bessel van der Kolk



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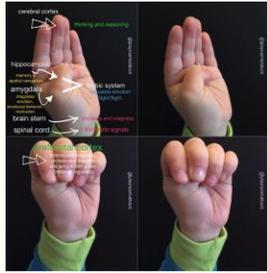
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# When We Lose It!

Dan Siegel's Model of Flipping Your Lid



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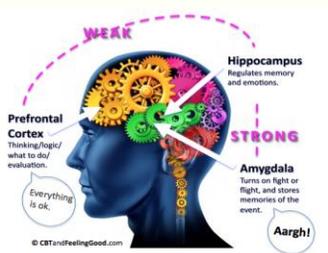
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# Creating a Map of Safety



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# Musical Intermission

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**A Walk On The Beach**



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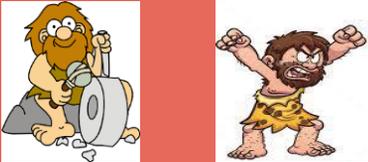
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**Here, not here...**



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### So What Do We Do?

- Don't ask sequential, linear questions
- Don't interrupt narratives, let the victim talk
- Allow others to be present for support and get advocates sooner
- Ask somatic questions
- Trauma-informed interviews take longer and our systems aren't set up for this, so we must advocate for more time!

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### Trauma-Informed Non-verbals

- Warm eyes
- Soft, calming voice
- Get down on victim's level
- Reassure safety
- Give choices
- Be predictable
- No fast movements
- Allow a safe person to be present

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### For Institutions

- MDT's need trauma-informed response trainings
- All interviewers should understand what they are seeing and hearing from the perspective of trauma
- Utilize Trauma-Informed Victim Interview protocols
- Regular feedback to officers, attorneys, and peer reviews
- Prosecutors must learn how to present trauma in court
- Higher reliability on expert testimony

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### And What Will It Mean If We Do It Differently?

- Education for all MDTs about neurobiology of trauma
- TI interviewing
- Improved outcomes of criminal cases

In one city, one day study focused on:

- \* neurobiology of sexual assault
- \* background of TI approaches to investigation
- \* specific guidelines and protocols for conducting a TIVI

Increased successfully prosecuted cases from 6% to 22% (Kelly & Valentine)

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### Case Study

- Being a PSO Matters
- Utilizing a Trauma-Informed Approach Works
- Becoming a Map of Safety is straightforward but requires practice
- Victims Remember

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**"People will forget what you said, people will forget what you did, but people will never forget how you made them feel" - Maya Angelou**

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**Thank you!**

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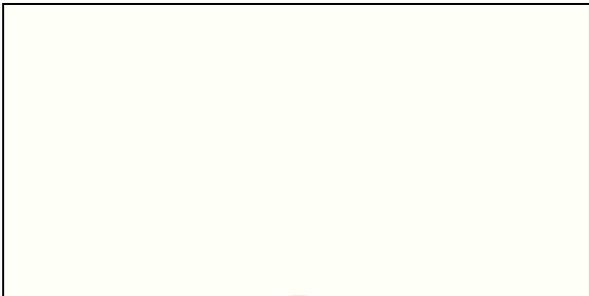
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