

Adverse Childhood Experiences: What Does the Evidence Say and What Can We Do?

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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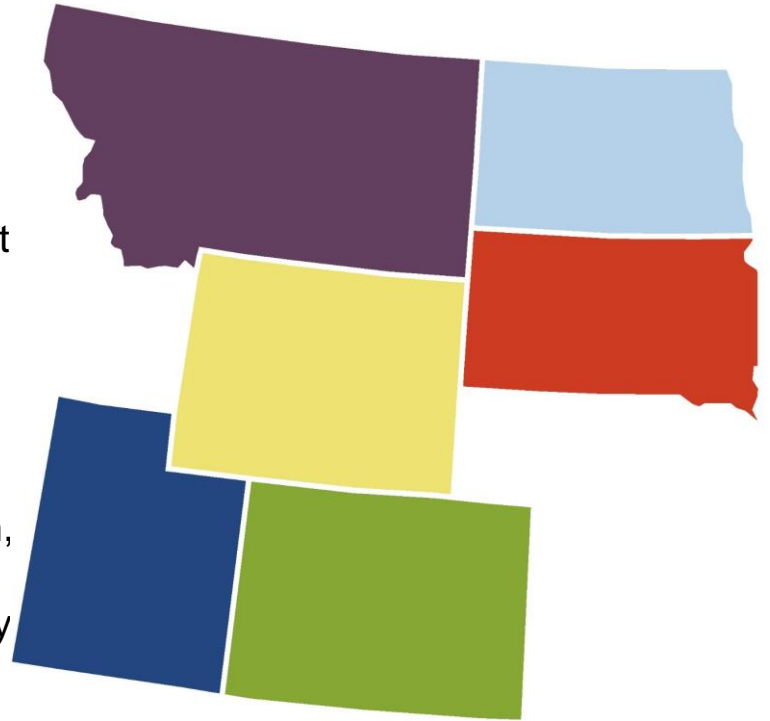
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

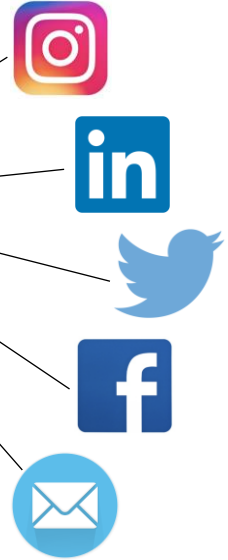
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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**Adverse Childhood Experiences:
What Does the Evidence Say and
What Can We Do?**

Melanie M. Wilcox, Ph.D., ABPP



Objectives

01. Define and Describe

Adverse Childhood Experiences (ACEs)

02. Review

The substantial empirical evidence on the mental and physical health outcomes of ACEs

03. Discuss

Ways of assessing for ACEs

04. Identify

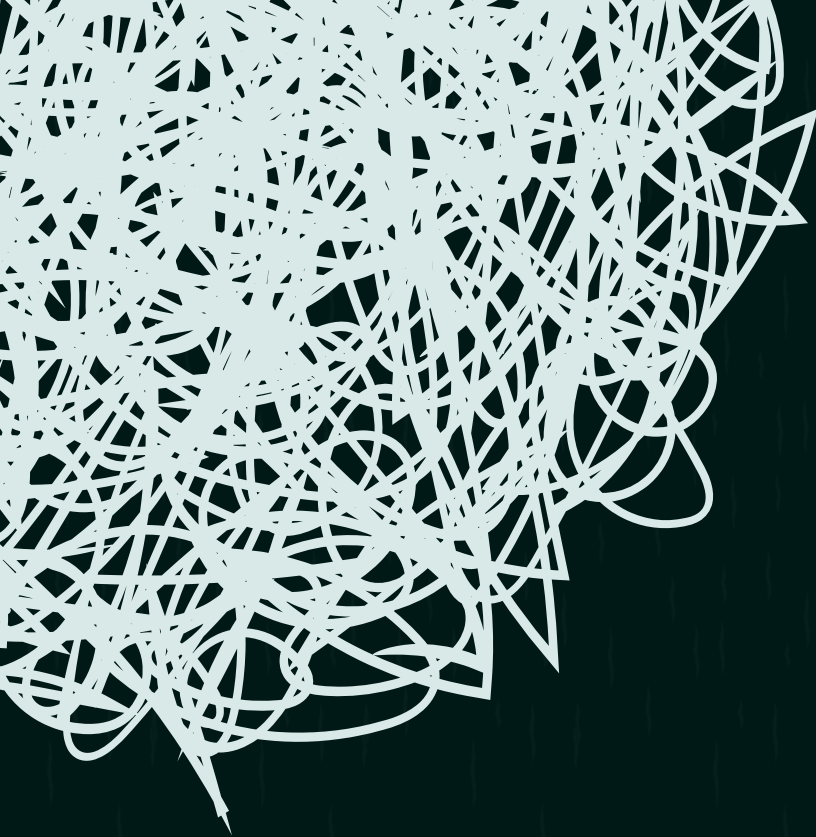
Strategies for addressing ACEs in treatment



About Me

- Assistant Professor, Augusta University (Fall 2024: Associate Professor, [University at Albany](#))
- Ph.D., Counseling Psychology (2015, UAlbany)
- Research:
 - Culturally and structurally responsive psychotherapy and training
 - Racial and socioeconomic inequity in higher education
 - Whiteness, antiracism, social justice
- President-Elect, APA Division 17 (Society of Counseling Psychology)
- Licensed Psychologist (GA) and Board Certified in Counseling Psychology (ABPP)
- Part-time private practice (100% telehealth), Aguirre Center for Inclusive Psychotherapy, Atlanta





01.

Define and Describe ACEs

Adverse Childhood Experiences



61%
of adults

Have an ACE score of at least 1



15-20%
of adults

Have an ACE score of **four or more** – substantially increasing poor outcomes



Up to
21 million

Cases of depression result from ACES

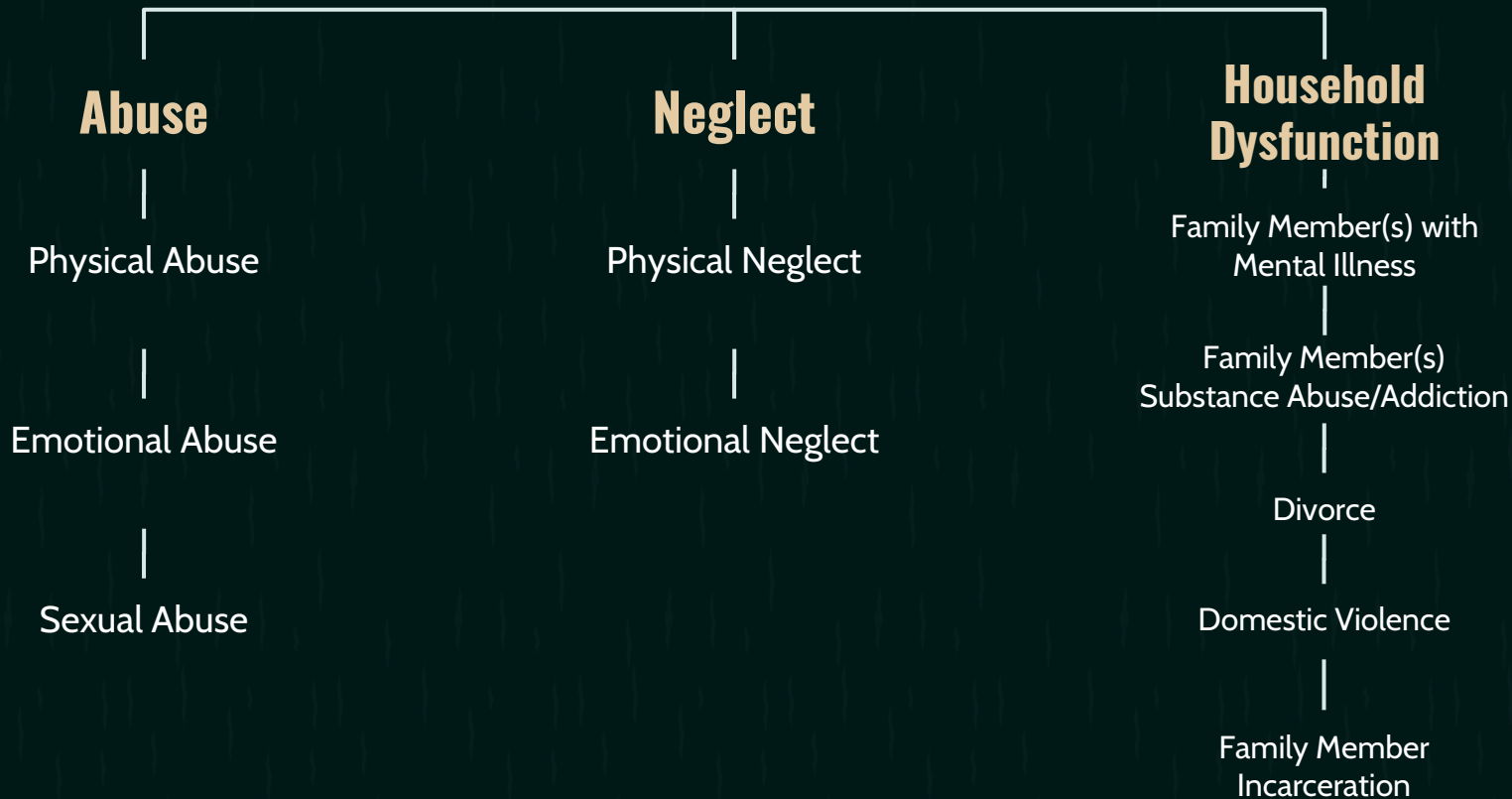
Toxic stressors occurring during childhood that include, but are not limited to, violence, abuse, growing up in a family with mental health or substance abuse problems, household dysfunction, parental loss, verbal abuse, neglect, and economic insecurity

They are often passed down intergenerationally

(Centers for Disease Control)



The Original 10 ACEs



Expanded Conceptualizations: Individual

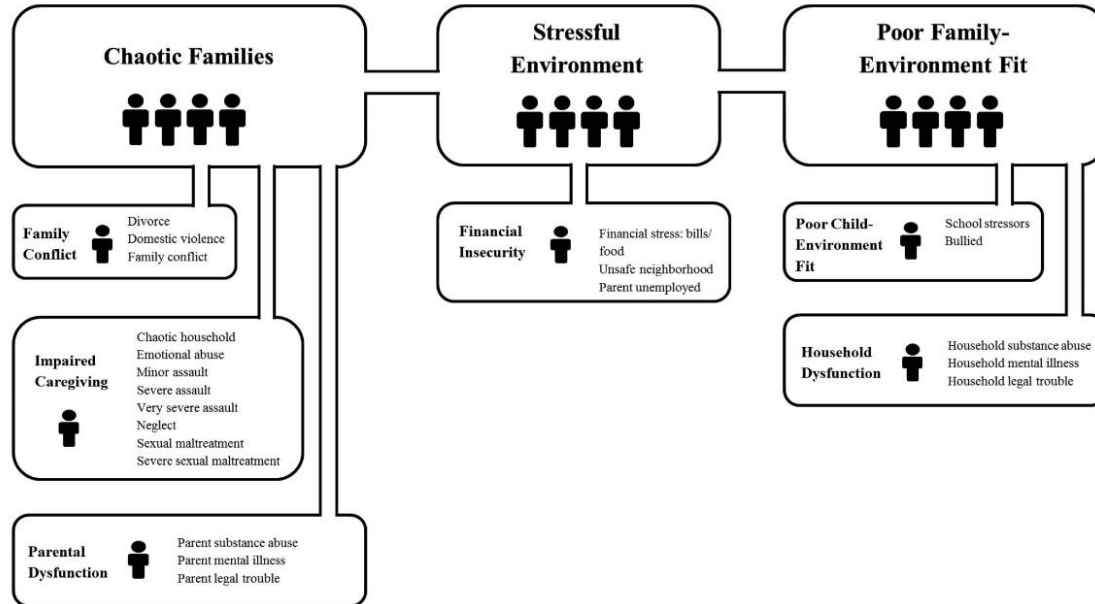


Figure 1. Illustration of between-family and within-family factors of childhood adversity. Financial stress: bills/food was removed from the within-family level in the final model, but was retained on the between-family level.

Expanded Conceptualizations: Community



Neighborhood Safety



Community Violence



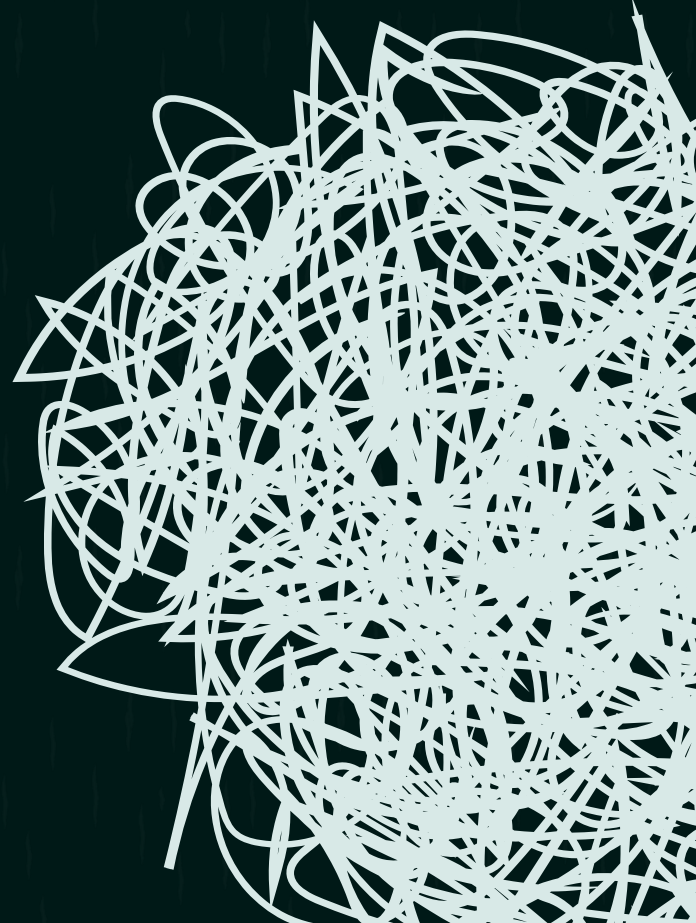
**Community Safety vs.
Violence**



Racial Trauma

Common (Professional) Sense

Based on psychological theory and science, what would activate anxiety and/or fear in children?




02.



Review

The empirical evidence on the
consequences of ACEs

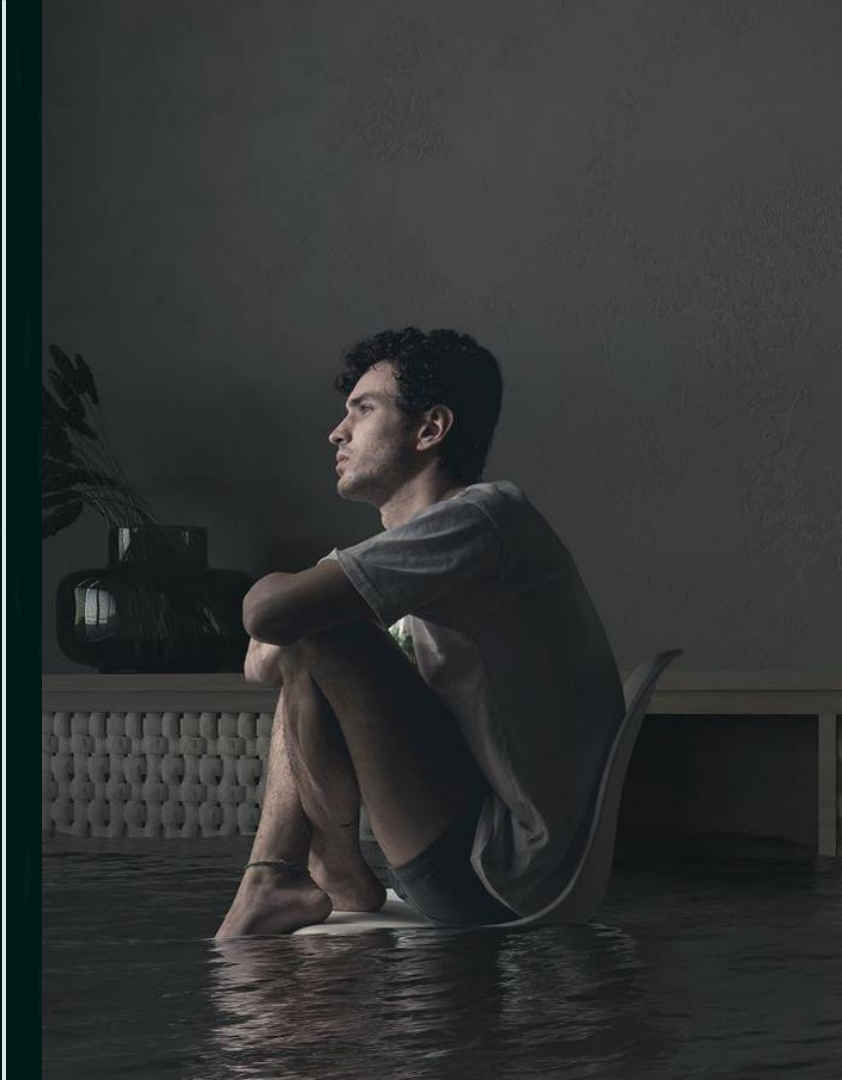




Presentations of ACES

Include but are not limited to:

- Executive function difficulties
- Social/Interpersonal difficulties
- Learning difficulties and delays
- Insomnia
- Anxiety
- Depression
- Substance use and abuse
- Eating disorders
- PTSD
- Higher rates of medical issues

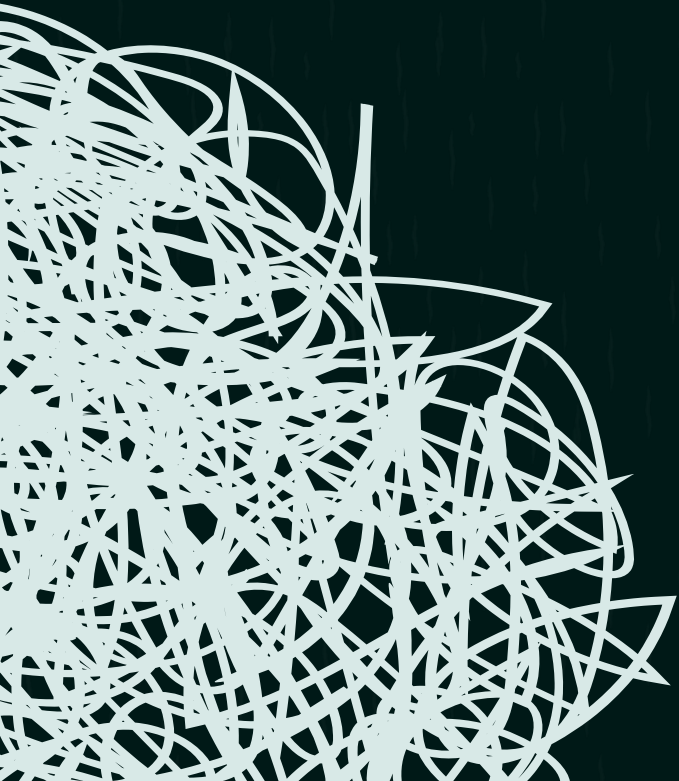


Biology-Environment Interaction

Said best by Cozolino:

“..the neural architecture of the brain comes to embody the environment that shapes it.”

- The brain is a “social organ of adaptation”
- Experiences change the brain
 - Including psychotherapy!
- For example, research has demonstrated that enriched environments lead to the development of more neurons and more neural connections



Biology-Environment Interaction



Distress creates a cascade of accumulating problems; *learning* from trauma itself creates changes in the brain, but distress (particularly chronic distress) also leads to over-activation of the *hypothalamic-pituitary-adrenal axis*, resulting in a complex process that causes chronically elevated cortisol levels.

HPA Axis



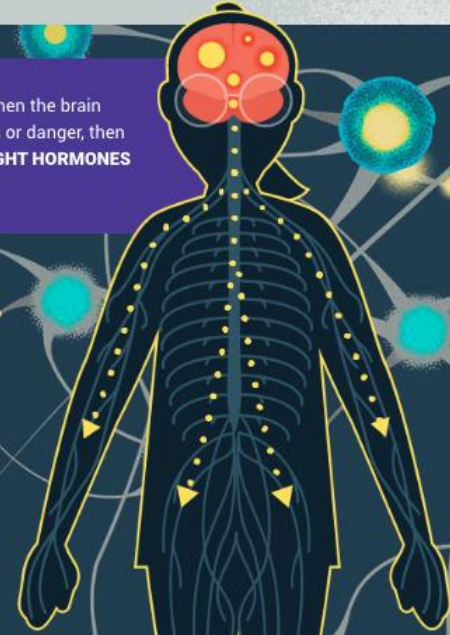
- The Hypothalamic-Pituitary-Adrenal (HPA) Axis is very important to understanding stress
- The *hypothalamus* signals the *pituitary gland* to secrete *adrenocorticotrophic hormone (ACTH)*, which stimulates the *adrenal cortex*, which then triggers the release of *corticosteroids*, including *cortisol*, which is then spread throughout the body to produce further arousal
- Although this is how the process works in everyone, each individual has their own idiosyncratic nervous system functioning, endocrine system functioning, and common responses to stress—informed in large part by our experiences, including ACES

The effects of ACEs can add up over time and affect a person throughout their life.

Children who repeatedly and chronically experience adversity can suffer from **TOXIC STRESS**.



Toxic stress happens when the brain endures repeated stress or danger, then releases **FIGHT-OR-FLIGHT HORMONES** like cortisol.



This **INTERNAL ALARM SYSTEM** increases heart rate and blood pressure and damages the digestive and immune systems.

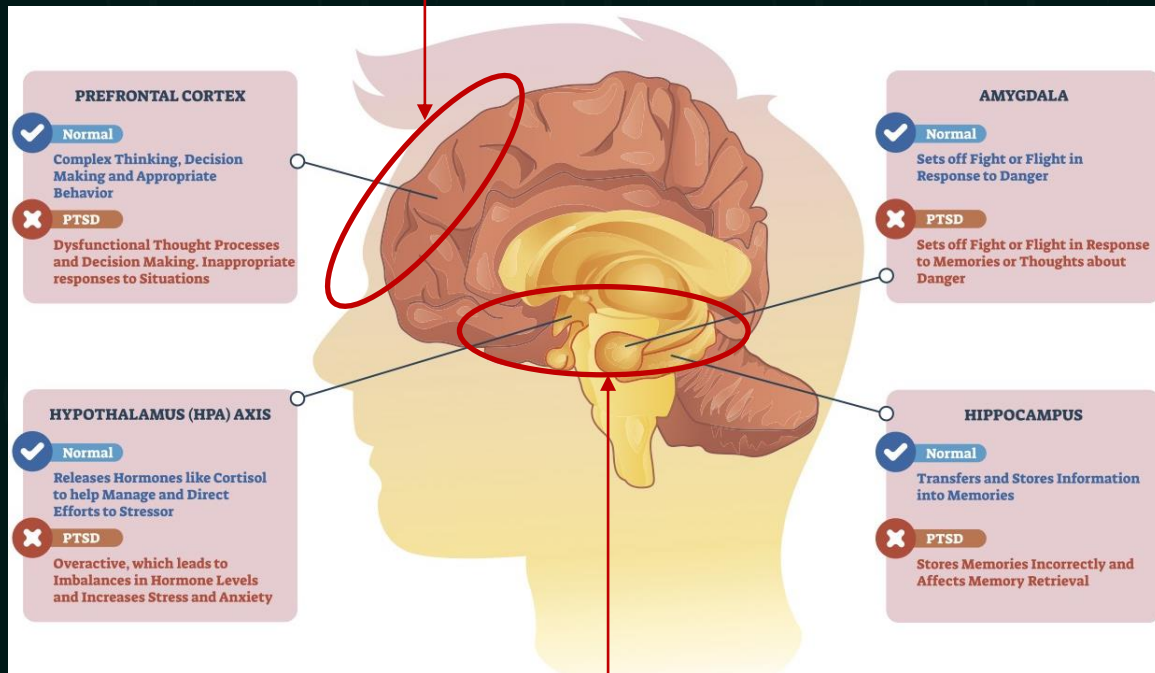
Executive Function and the Brain



 <p>Attention</p>	 <p>Concentration/ Focus</p>	 <p>Working Memory</p>
 <p>Mental Flexibility</p>	 <p>Self-Regulation and Control</p>	 <p>Planning</p>
 <p>Organizing</p>	 <p>Multitasking</p>	 <p>Time Management</p>

Think about
How the most
When you are
In your worst
these have been
you are anxious, deep-
for you in that
panicked
state?
you've ever
been.

This goes offline (bye bye,
executive functioning!)



Executive Functions and the Brain

So this can come online

Arousal and Dissociative Symptoms

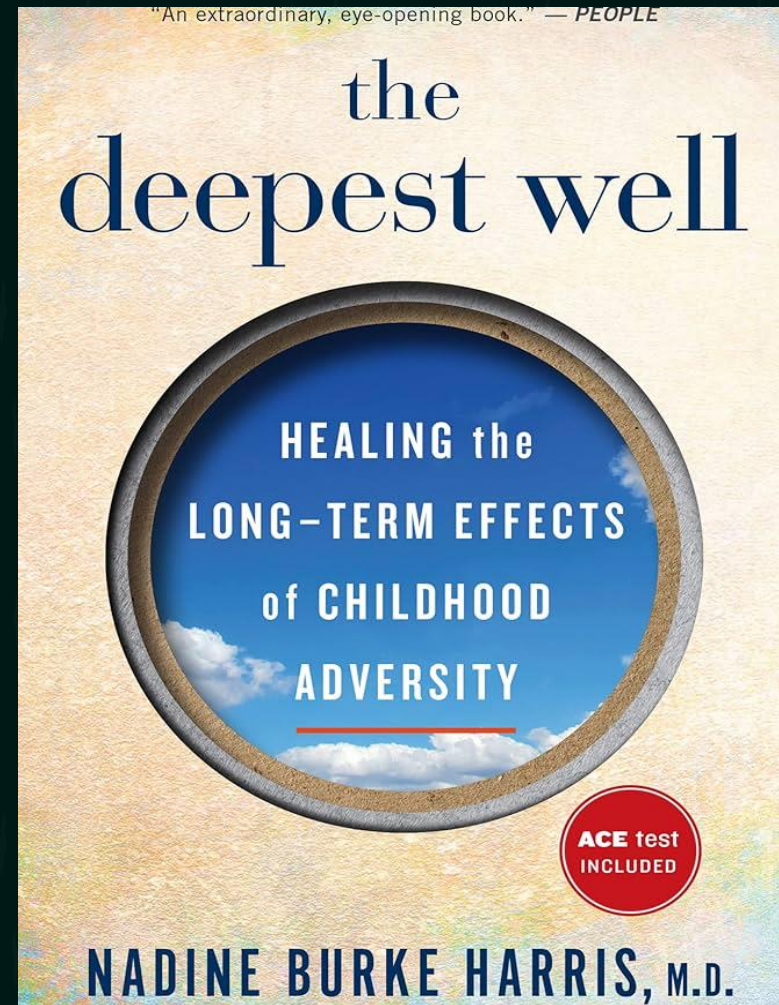
- Arousal symptoms, suggestive of sympathetic nervous system activation, include excessive alertness (hypervigilance), extreme startle response, or sleep disturbances
 - *Alertness actually inhibits executive functioning*
- Dissociative symptoms are essentially *reduced responsiveness*. May occur as:
 - Feeling detached from other people
 - Feeling dazed
 - *Difficulty remembering*
 - *Loss of interest in things*
 - **Depersonalization** or **Derealization**
 - **Depersonalization:** Feeling as though one's conscious state or body are unreal
 - **Derealization:** Feeling as though the environment is unreal or strange; for example, some say it is as though color is more dull or as though the world is now seen through a sepia filter
- Can't remember something you weren't mentally present for!





Toxic Stress

Burke Harris (2018): We have an extraordinary amount of research clearly demonstrating the lasting impacts of psychological and physiological impacts of toxic stress, yet rarely is this taught or learned—in part because this is scary, emotional stuff.



Toxic stress can disrupt **ORGAN, TISSUE, AND BRAIN DEVELOPMENT**. Over time this can limit a person's ability to process information, make decisions, interact with others, and regulate emotions. These consequences may follow a person into adulthood.



Centers for Disease Control
<https://vetoviolence.cdc.gov/apps/aces-infographic/home>

ACEs Can Increase Risk for Poor Social Outcomes, Disease, and Death

Research shows that experiencing a higher number of ACEs is associated with many of the leading causes of death like heart disease and cancer.

Chronic Health Conditions

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

Health Risk Behaviors

- Smoking
- Excessive alcohol use
- Substance misuse
- Physical inactivity
- Sexual risk behaviors
- Suicidal thoughts and behavior

Social Outcomes

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Mental Health Conditions and Substance Use Disorders

- Depression
- Substance use disorder including alcohol, opioids, and tobacco

The dangers



Poor health outcomes (physical and psychological)

Copious research makes clear that ACEs are directly related to myriad physical and psychological health detriments; at 4 or more, there is an outcome cliff (Burke Harris, 2018)



Intergenerational transmission

In the absence of adequate identification and healing, ACEs will continue to transmit intergenerationally (see Gibson, 2015).





03.

Assessing for ACEs



Clinical Assessment



- There is no substitute for an incredibly thorough background history
- ACE screener at a minimum
 - Consider expanded questionnaires
- Trauma inventories
 - *Trauma Symptom Inventory—2*
 - *Trauma Symptom Checklist for Children (TSCC)*
 - *Trauma Symptom Checklist for Young Children (TSYCC)*
- Intervene on obvious concerns—thorough psychological assessment may not be worth the resources yet if toxic stress is clearly at play
 - Parent/Child, family interventions
 - School interventions
 - Psychotherapy

Seeing These Issues?

Anxiety

**Depression and other
Mood Disorders**

Eating Disorders

**Substance Abuse and
other Compulsive
Behaviors**

Personality disorders

**Functional
Difficulties**

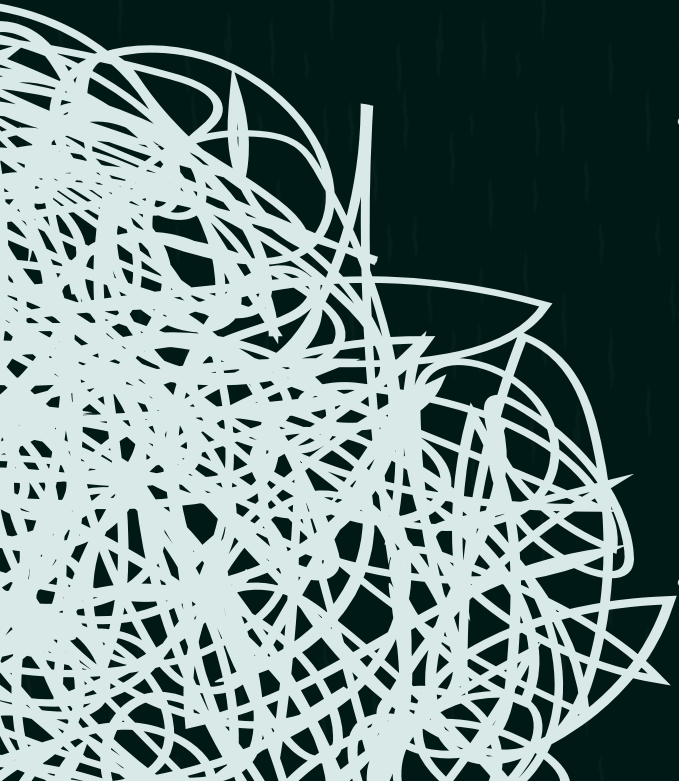
Think ACEs!



DO NOT Make Assumptions!

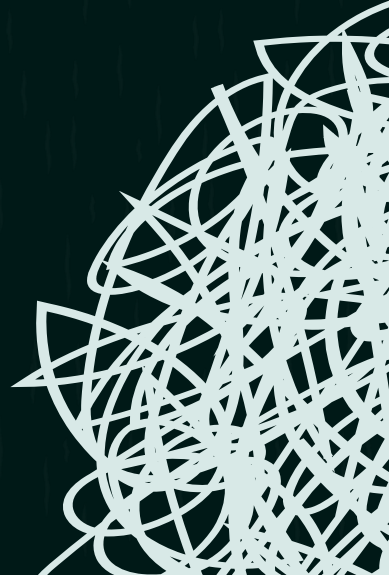
No Assumptions When Assessing

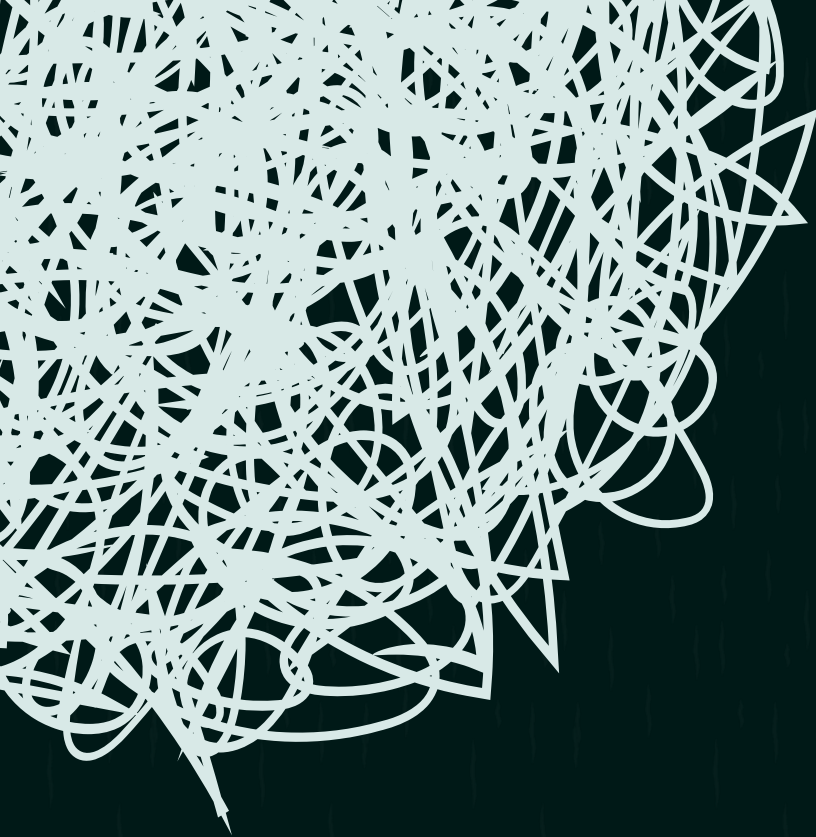
- Certainly, people from minoritized groups are at greater risk of ACES and toxic stress
- However, the reported stats (> 60% at least one; > 16%, for or more) is based on multiple *white, upper middle class, well-educated samples*
 - Thus, prevalence will be *even higher* amongst people of color, lower SES people, LGBTQ+, etc!
 - And, prevalence is *very high* amongst more privileged groups—and also *hides more easily*
- **Don't assume that because a family looks "picture-perfect," that there is no dysfunction.**



A Word of Caution: **Sometimes the** **Numbers Lie**

People seem to underreport; this is why the clinical interview is so important.





04.

**Identify Strategies
for Addressing ACEs**

What Can We Do?



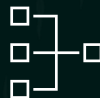
Assess for ACEs



Talk About ACEs



Back to Basics



Treat Systems





Talk About ACEs

- Provide psychoeducation and awareness-raising
- Validate and talk about the impact of toxic stress – including with children!
 - It is a myth that children do not understand or remember the things that happen to them, or that they cannot participate in age-appropriate conversations about stressors.
- Help clients understand the mind-body relationship of toxic stress





Back to Basics – Don't Minimize These!



Good Sleep

Absolutely critical

Good Nutrition

Good Mental Health

Meditation/
meditative practices
very beneficial for
CNS activation

Healthy Relationships

Exercise



Treat Systems

Relevant in Multiple Ways	
Parent-Child Interaction Therapy	When caught during childhood, can be hugely helpful
Family Therapy	Potentially helpful at any life stage
School System Interventions	Remember that all behavior has a function
Advocacy	Our current systems make it hard to be, or become, healthy

Thank You!

Does anyone have any questions?

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