



Building Self-Healing Communities



UNDERSTANDING

Adverse Childhood Experiences

Providing Connection, Hope & Healing
for Professionals and the Individuals
They Work With

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Cumberland Mountain CSB

Training Objectives

- Develop an understanding of the biologic and epigenetic adaptations to adverse childhood experiences and the basis and results of the ACE Study,
- Recognize individuals with Adverse Childhood Experience using the ACE score and the patterns related to domestic violence,
- Be able to advise individuals of community resources and resiliency support systems for children and families.
- Increase self-awareness of professional burn out, well-being and stress in making the ACE connection.

Creating Communities of Common Language

Community Services Boards, (CSB's) across Virginia have been trained as ACE Interface instructors , with support from the Virginia Department of Behavioral Health and Developmental Services. Trainings are designed to increase an individuals knowledge and understanding and to create common language around trauma and adverse childhood experiences.

Memory of our experiences
IS STORED IN OUR BODY

It's about you and me

CHANGING the future of PUBLIC HEALTH

DISCOVERY



01/12/14

NEWS

Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report



Dr. Robert Anda & Dr. Vincent Felitti
Investigators

Centers for Disease Control & Prevention,
Kaiser Permanente Study

Over 17,000 study participants

The ACE Study confirms, with scientific evidence, that adversity early in life increases physical, mental and behavioral problems later in life.

Professionals benefit from Understanding Routine Screening or treatment of ACES



- Fine-tune your noticing skills
- Finding a persons ACE Score (ACE Score Sheet review)
- Be aware of community resources

Adverse Childhood Experience (ACE) Questionnaire

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:

Swear at you, insult you, put you down, or humiliate you?

Or

Act in a way that made you afraid that you might be physically hurt?

☐ Yes ☐ No

If Yes, enter 1 _____

2. Did a parent or other adult in the household often:

Push, grab, slap, or throw something at you?

Or

Ever hit you so hard that you had marks or were injured?

☐ Yes ☐ No

If Yes, enter 1 _____

3. Did an adult or person at least 5 years older than you ever:

Touch or fondle you or have you touch their body in a sexual way?

Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

☐ Yes ☐ No

If Yes, enter 1 _____

4. Did you often feel that:

No one in your family loved you or thought you were important or special?

Or

Adverse Childhood Experience (ACE) Questionnaire

Your family didn't look out for each other, feel close to each other, or support each other?

☐ Yes ☐ No

If Yes, enter 1 _____

5. Did you often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

☐ Yes ☐ No

If Yes, enter 1 _____

6. Were your parents ever separated or divorced?

☐ Yes ☐ No

If Yes, enter 1 _____

7. Were any of your parents or other adult caregivers:

Often pushed, grabbed, slapped, or had something thrown at them?

Or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

☐ Yes ☐ No

If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

☐ Yes ☐ No

If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

☐ Yes ☐ No

If Yes, enter 1 _____

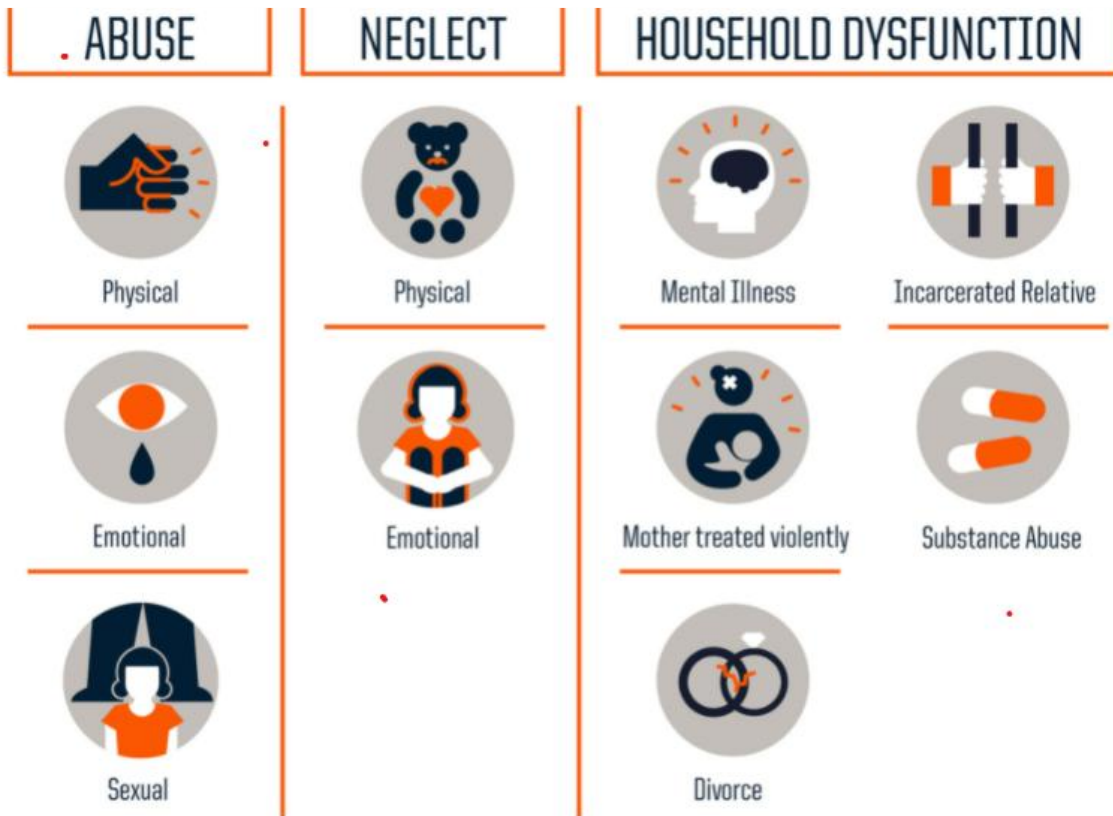
10. Did a household member go to prison?

☐ Yes ☐ No

If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____

Three Types of ACE's



Finding My
ACE Score

Early Exposure to ACE's

**Dramatically increases the risk
for 7 of the 10
leading causes of death
in the United States!**

High Dose Exposure to ACE's Can Effect:

- brain development
- the immune system
- the hormonal system
- and even the way our DNA is read

These exposures triple the likelihood of developing lung cancer, heart disease, immune problems and even a **20 year** difference in **life expectancy**.

Risk Shift From an ACE Score of 0 to 4

- 242% more likely to smoke
- 222% more likely to become a pregnant teen
- 357% more likely to experience depression
- 442% more likely to use illicit drugs
- 298% more likely to contract a STD
- 555% more likely to develop alcoholism

These exposures triple the likelihood of developing lung cancer, heart disease, immune problems and even a 20 year difference in life expectancy.

What is that “Jacked Up” Feeling?



Understanding the 3 stress responses



Fight



Freeze

Flight



HUMAN NERVOUS SYSTEM

Nervous system

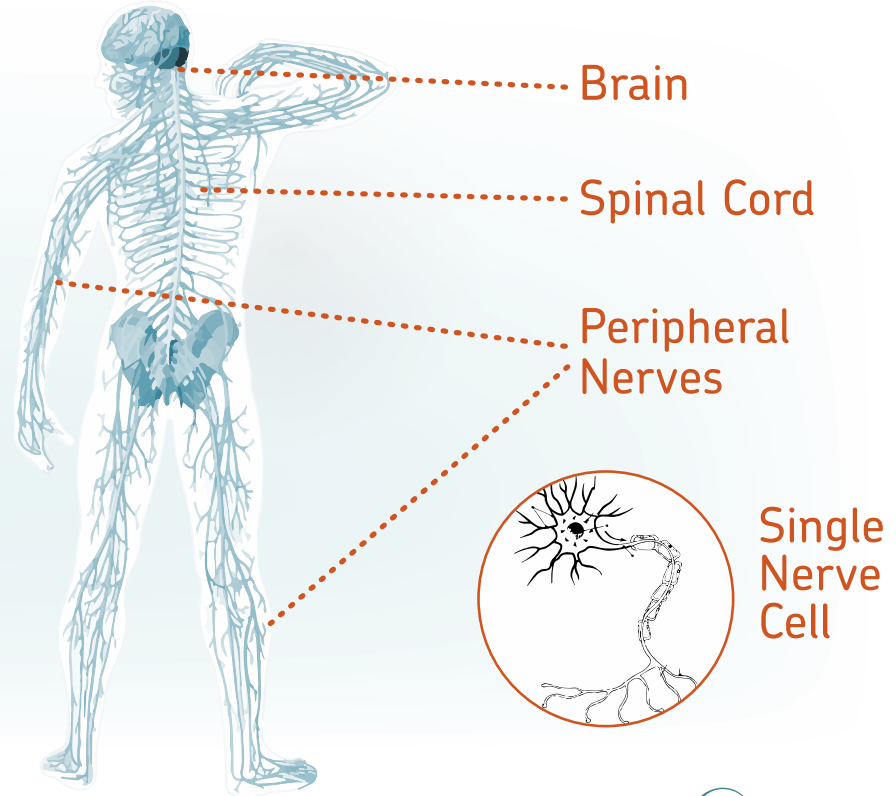
ORCHESTRATES BODY
FUNCTIONS & PERCEPTIONS

Neuroscience

HELPS US UNDERSTAND WHY

A C E s

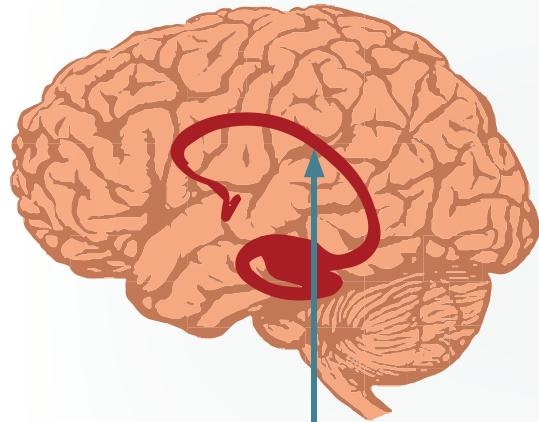
ARE SO POWERFUL



EXPERIENCE & ADAPTATION
sensitive periods
Cause-Effect



THE LIMBIC SYSTEM



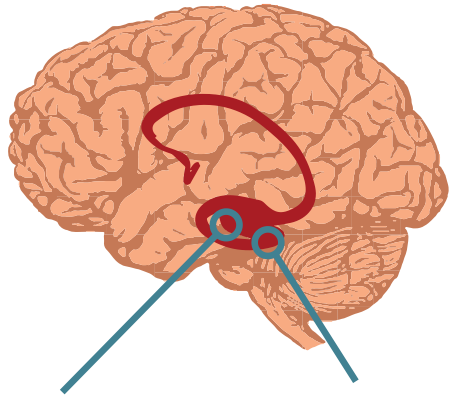
LIMBIC SYSTEM

FIGHT
or
FLIGHT

vital for
LEARNING
MEMORY
REWARD
REINFORCEMENT

regulates
HORMONES
MOOD
HEARTBEAT
SEXUAL BEHAVIOR

THE HIPPOCAMPUS AND AMYGDALA



Amygdala

Hippocampus

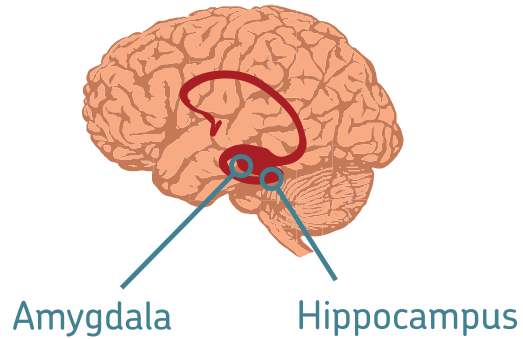
**VITAL
for
RELATIONSHIPS**



Panic & Fear | Attention | Memory | Social Cues

MALTREATMENT
0-3

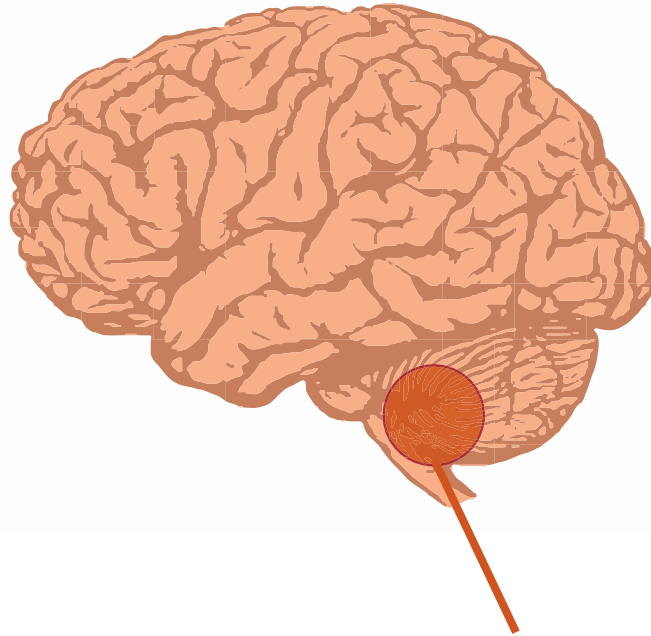
SEXUAL ABUSE
Age 0-5



POSITIVE FEELINGS

Perception

Attention



ADDICTION

Attention Problems

Mental Illness

Cerebellar Vermis



Cerebellar Vermis

BIOLOGICAL CONNECTIONS

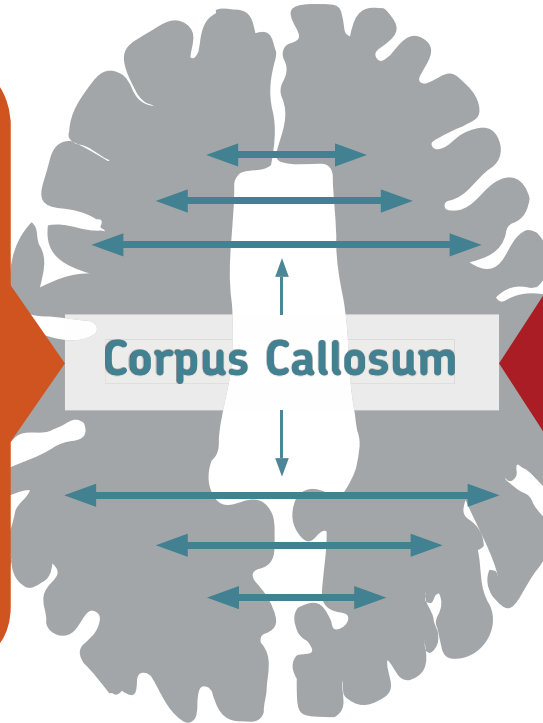
between trauma-induced
adaptations in the Vermis

——— and ———
serious and persistent
MENTAL ILLNESS

The Corpus Callosum

LEFT HEMISPHERE

Spatial Patterns
Math Calculation
& Fact Retrieval
Grammar &
Vocabulary
Processing Routine
Situations



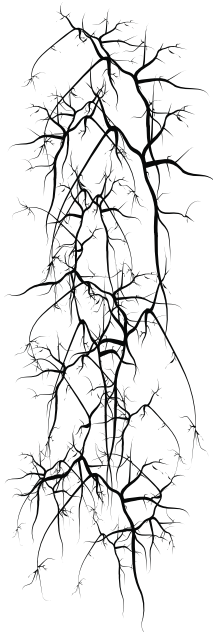
RIGHT HEMISPHERE

Visual & Auditory
Processing
Prosaic Language
Facial Perception
Processing Novel
Situations

SYNAPTIC DENSITY



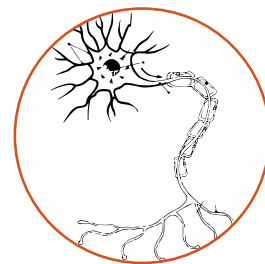
At Birth



Elementary Age



Puberty



Single
Neuron

EFFECTS OF MALTREATMENT



type of maltreatment

GENDER

A G E

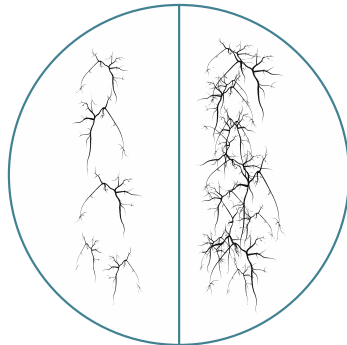


NEGLECT in Infancy



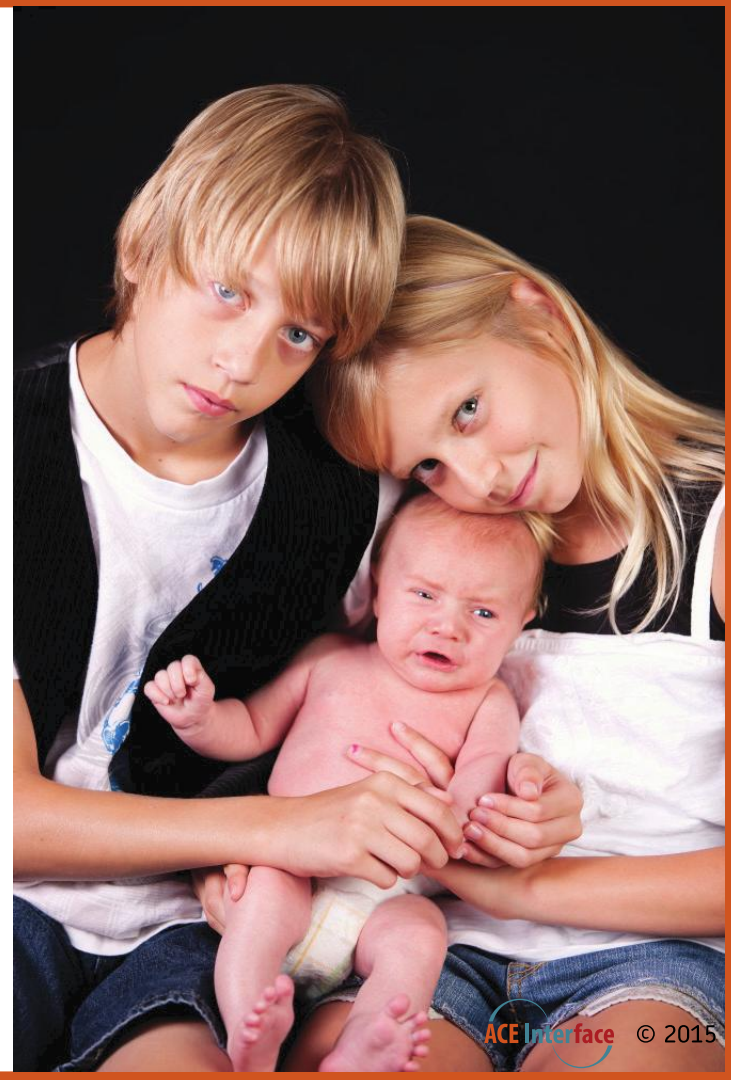
SEXUAL ABUSE Age 9-10

At Birth



Elementary Age

SYNAPTIC DENSITY



ADAPTATIONS VS EXPECTATIONS

WHEN BIOLOGY

collides

WITH SOCIAL
EXPECTATIONS
we run into

TROUBLE



STRESS

Interpretations Can Differ

set points in place by
EARLY ADULTHOOD



At Birth

SYNAPTIC DENSITY



Elementary Age



CONCEPTION



Childhood Experience

Adaptation

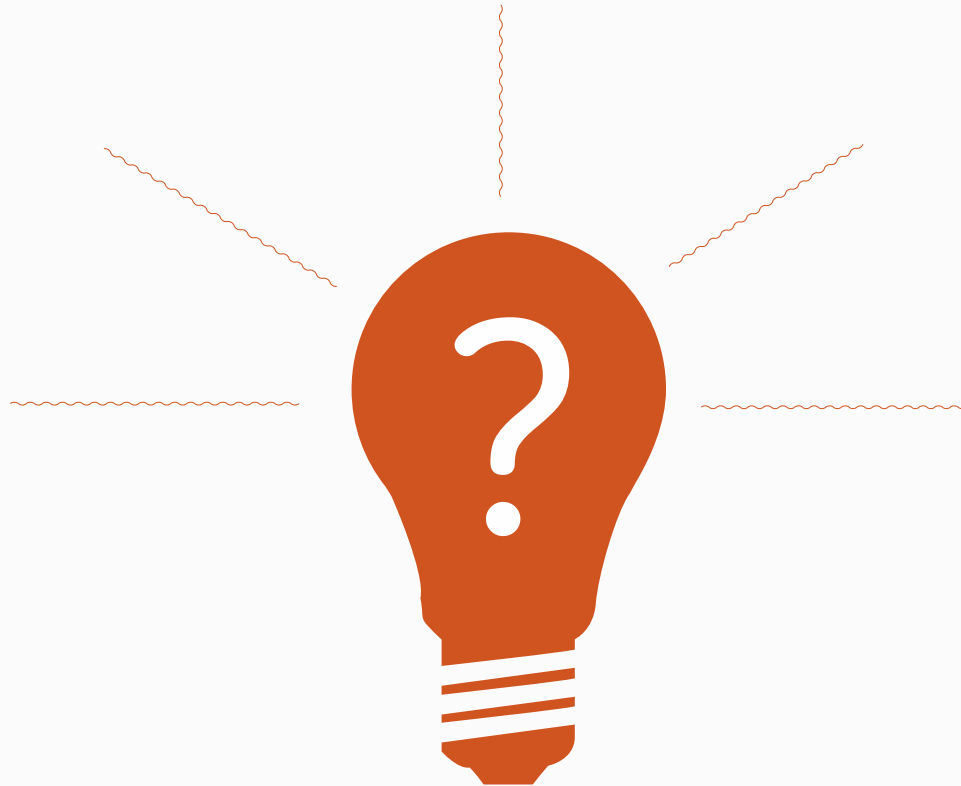
Adult Functioning





What kind of situations might be a good match for a person who tends to be edgy, hypervigilant, emotionally detached, or quick to act?

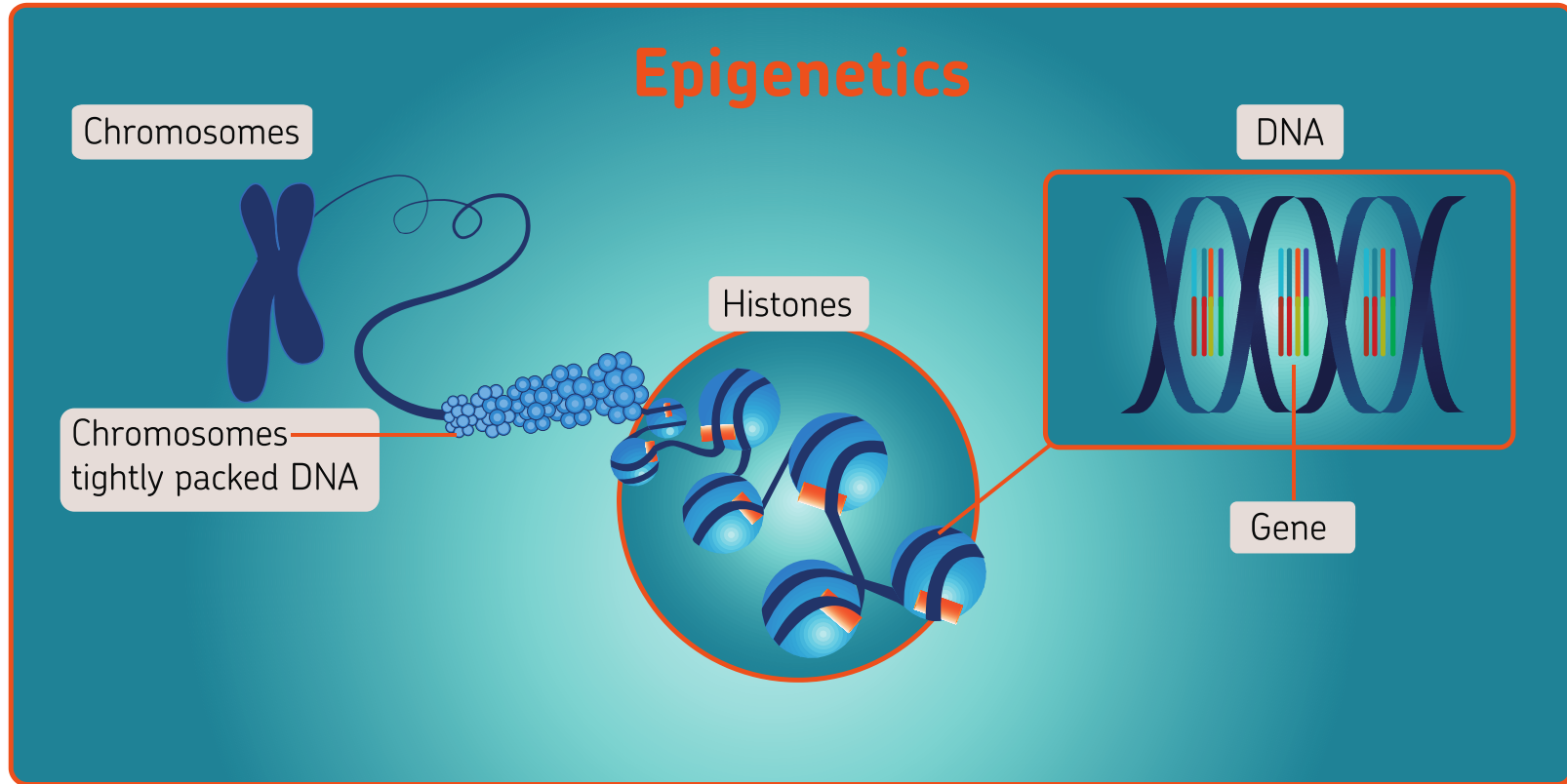
Does the Risk for Chronic Health Problems Originate in Childhood?

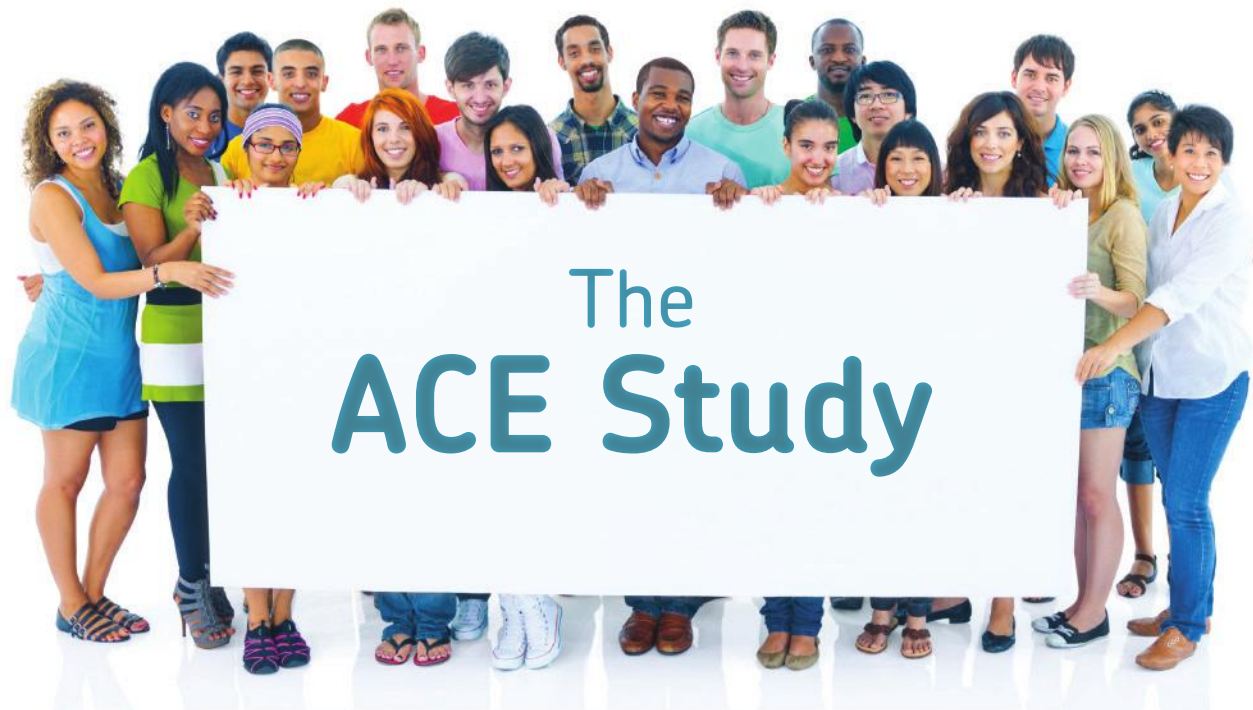


Epigenetics & Enduring Health



ACEs Influence Gene Expression





Understanding Health Behaviors

adaptations
to
ADVERSITY



Adverse Childhood Experiences **ARE COMMON**

Household Dysfunction

Substance Abuse	27%
Parental Sep/Divorce	23%
Mental Illness	17%
Battered Mothers	13%
Criminal Behavior	6%

Neglect

Emotional	15%
Physical	10%

Abuse

Emotional	11%
Physical	28%
Sexual	21%

5

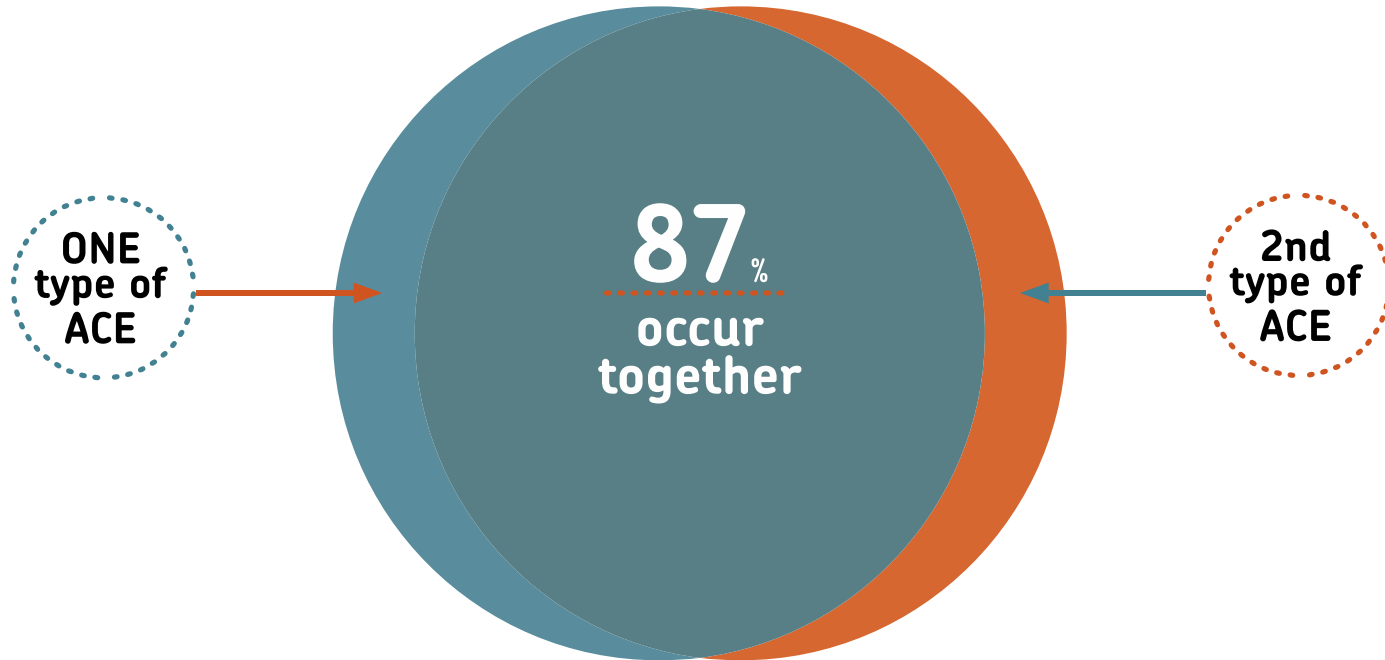
2

3

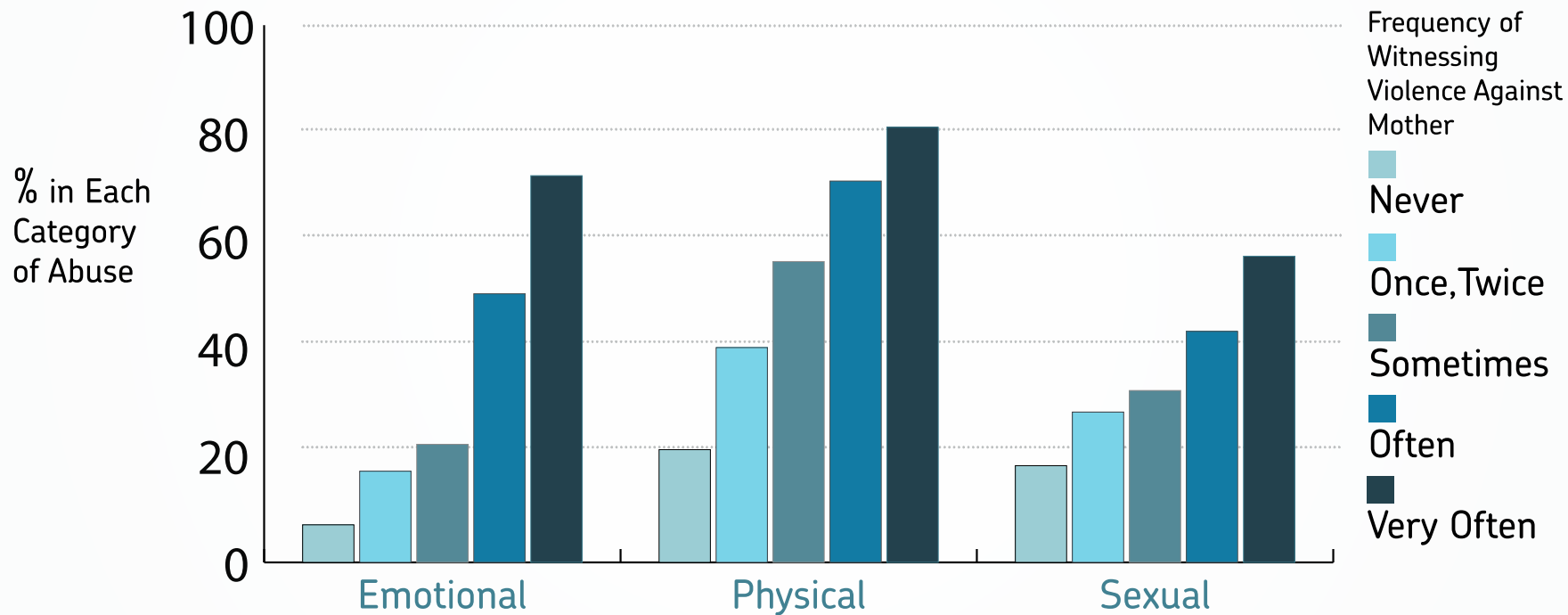
TOTAL 10 ACEs

ACEs are Highly Interrelated:

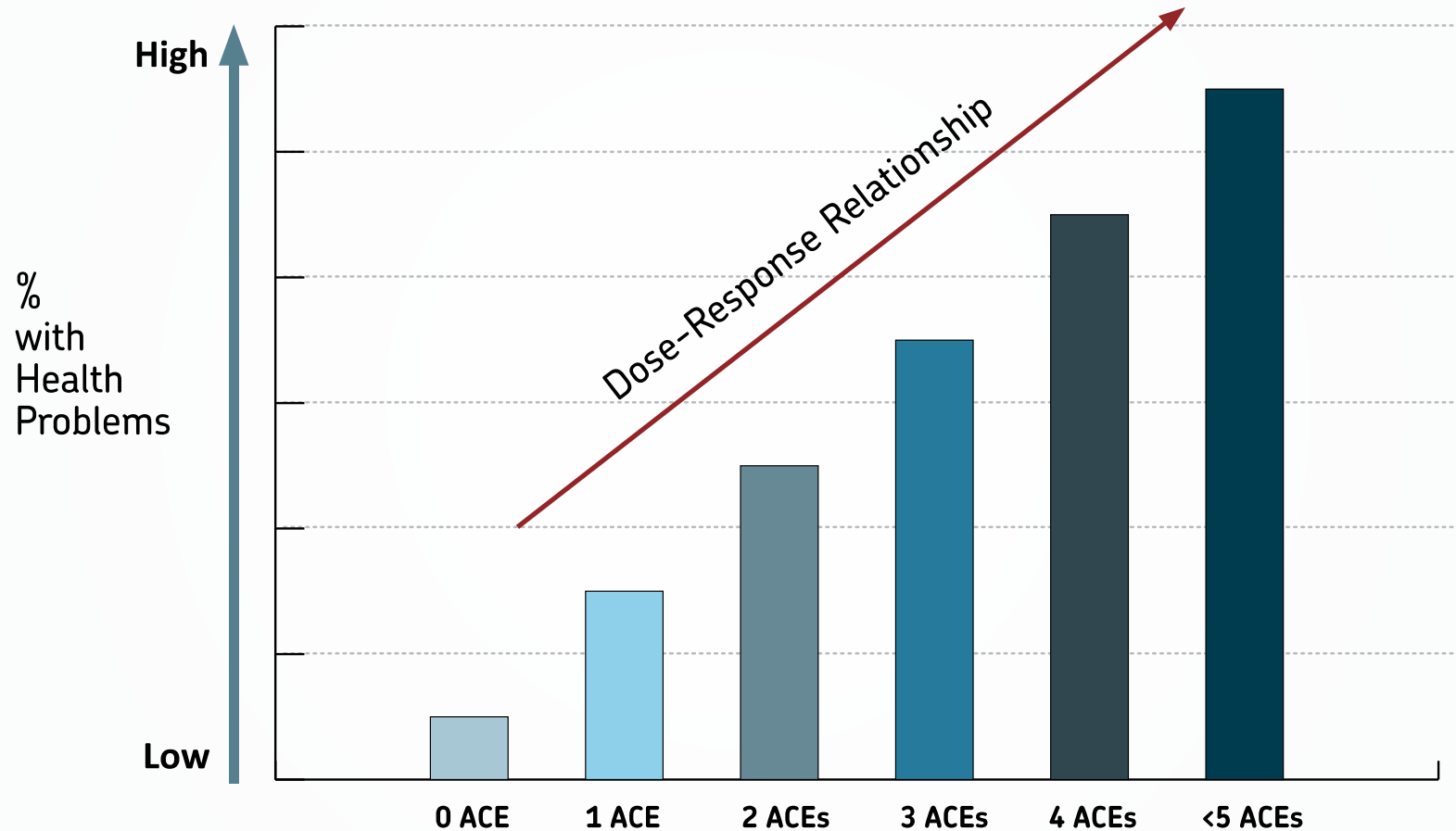
Where One ACE Occurs,
There are Usually Others



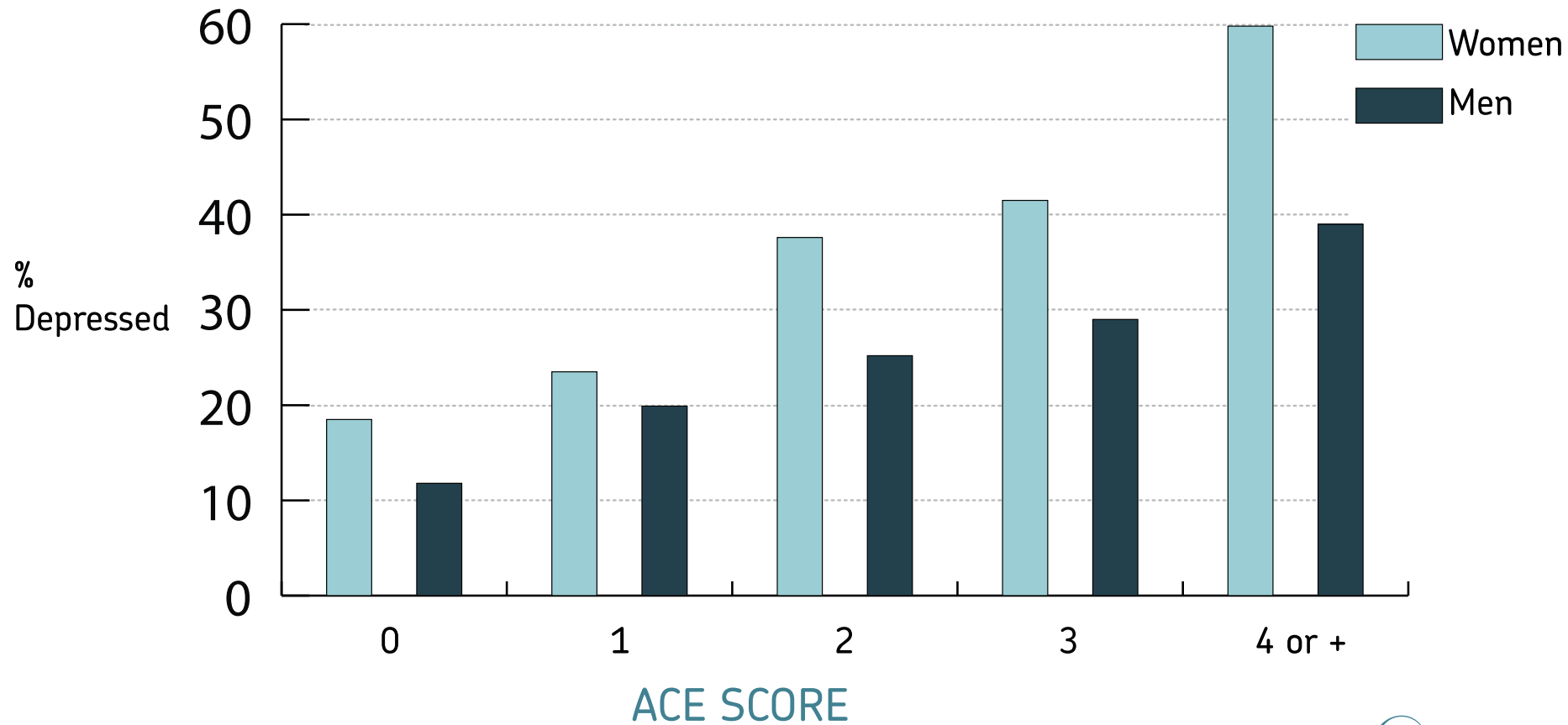
Witnessing Domestic Violence and the Risk of Childhood Abuse



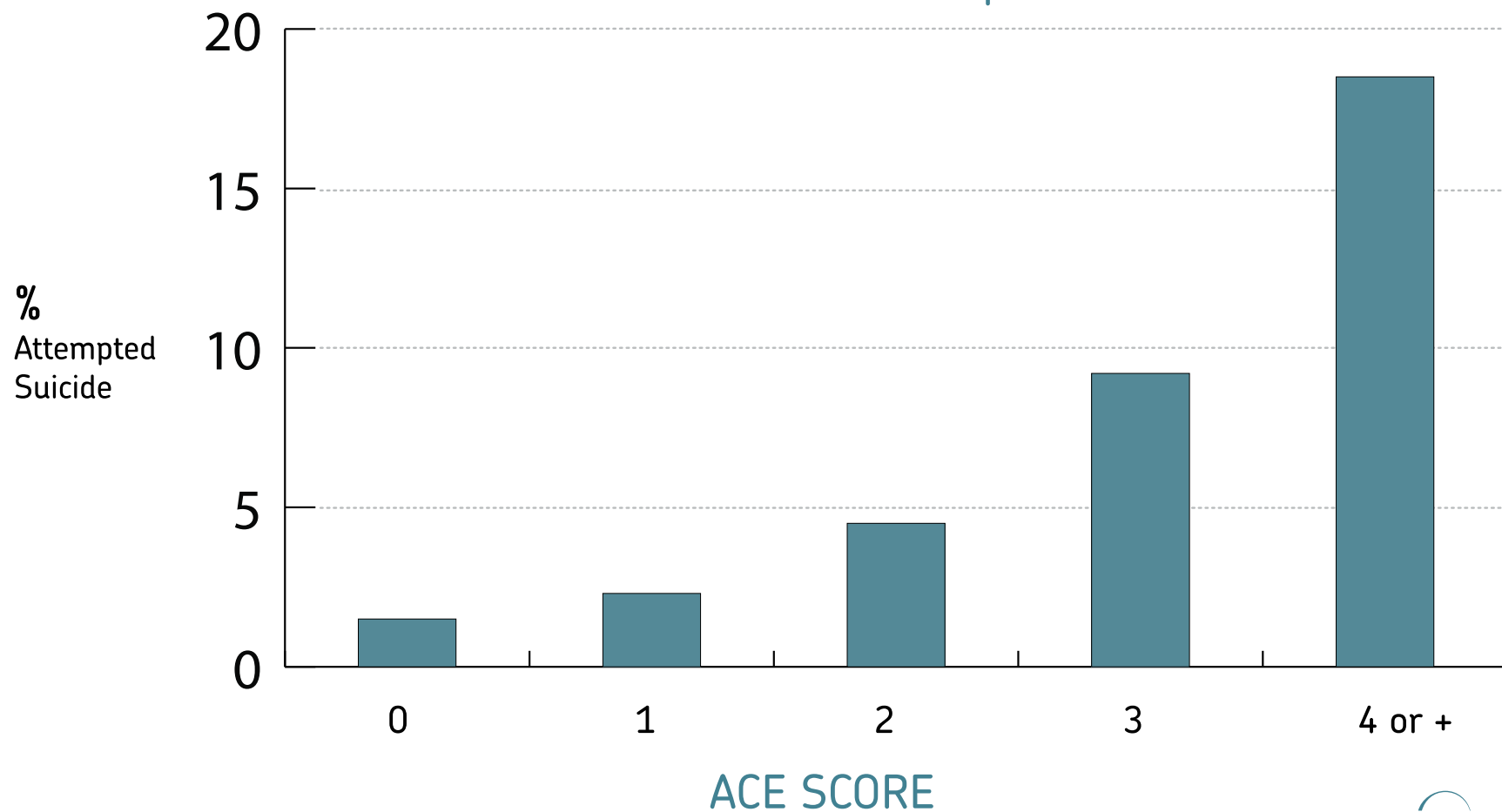
ACE Score and Health Problems



ACEs & Depression



ACEs & Suicide Attempt



EXAMPLES OF ACE-ATTRIBUTABLE PROBLEMS

Alcoholism & Alcohol Abuse

Chronic Obstructive
Pulmonary Disease

Coronary Heart Disease

Depression

Drug Abuse & Illicit Drug Use

Fetal Death

Intimate Partner Violence

Liver Disease

Mental Health Problems

Obesity

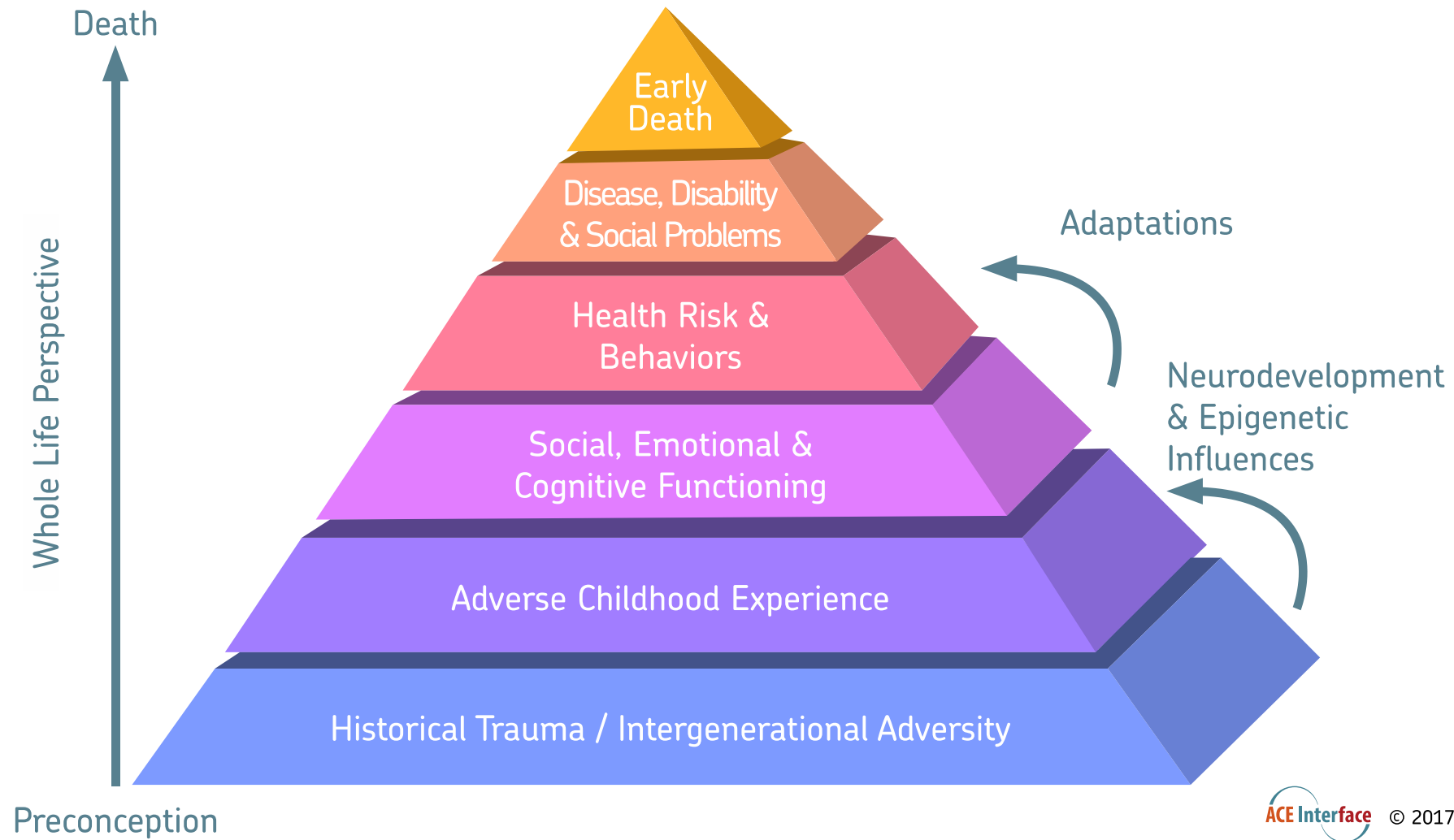
Sexual Behavior Problems

Smoking

Unintended Pregnancy

Violence

Workplace Problems



EXAMPLES OF ACE-ATTRIBUTABLE PROBLEMS

Alcoholism & Alcohol Abuse

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Pulmonary Disease

Coronary Heart Disease

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Fetal Death

Intimate Partner Violence

Liver Disease

Mental Health Problems

Obesity

Sexual Behavior Problems

Smoking

Unintended Pregnancy

Violence

Workplace Problems

*What is the story of **your** life?*





have a collective
CHOICE



Knocking Down ACE Scores ———— will prevent ————



3

homelessness, unemployment, incarceration

2

disability, learning problems

1

poverty

0

ACEs are Common, Interrelated, Powerful



High ACE Scores
in Population



Increased Risk of Multiple
Health and Social Problems



Intergenerational
Transmission of ACEs

Pathways to Poverty and Homelessness

A photograph of a woman lying on a cardboard box, wearing a brown jacket and blue jeans. She is looking directly at the camera. A sign with the words 'HELP PLEASE' is visible in the foreground. The background is a dark, textured surface.

Adaptations To Toxic Stress

Cognition
Attention
Behavior

Risks

Academic Failure
Early Substance
Use/Abuse
Kicked Out
Dropped Out
Adult Adversity

Productivity

Low Wage Jobs
Worker Injury/Illness
Disabilities
Chronic Health
Problems



COMMON CAUSE

everyone can contribute
prevent accumulation

of ACEs

We

have the power to
shift the dynamics
that lead to
high ACE scores.



Promoting Resiliency A Collective Response



Exposing Children to Protective Factors that Promote Resiliency in their Home, School & Community

- Caring, supportive adults
- High expectations for success
- Opportunities to make decisions
- Recognition & reinforcement of positive behavior
- A safe, predictable environment
- Clear messages that children are not to use tobacco alcohol or other drugs
- Clear messages promoting non-violent behavior

Core Protective Systems

Capabilities

Attachment
&
Belonging

Community
Culture
Spirituality

“Nurturing the healthy development of these protective systems affords the most important preparation or ‘inoculation’ for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals.”

Ann Masten, 2009

Creating A Common Language of ACE's....

- **Realize** the widespread impact of trauma
- **Recognize** the signs and symptoms
- **Respond** with fully integrated policies procedures and practices
- Actively seek to **resist re-traumatization**



Promoting Resiliency: Responding to Individuals



Responding to the Need Rather Than Reacting to the Behavior...

- “Help me understand how you feel.”
- “Lets talk about ways I can help you if you are ready to talk.”
- “I’m sorry this has happened.”
- “It makes sense why you are feeling this way.”
- “How can I help?”

How Do professionals Best Respond to Individual With ACEs?

- When to give the ACE screening?... Screening is best performed by having individuals complete the survey before their visit, at home or in a professional setting, using an electronic device.
- Ask ?..."I see you said yes to this question. Can you tell me how that has affected you later in your life?"
- Asking, listening, and accepting are a powerful form of providing relief to individuals.
- Professional discussions of the ACE score is helpful for the both individuals to understand gain insight about the connection between ACEs and health outcome, with the insight pointing to what areas need to be addressed or supported with resources.



**Is your place of
employment a trauma
informed system?**

**Know your community
resources!**

Resources

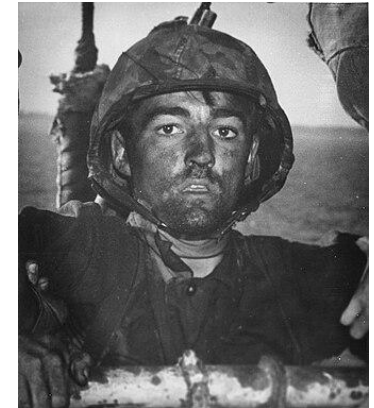
[StopSubstanceAbuse.com](https://www.stopsubstanceabuse.com)

- Adult Education
- Community Organizations
- Crisis Center
- Disaster Response
- Domestic Violence
- Elder Care
- Emergency Shelter
- Family Support
- Food/clothing
- Housing
- Legal Aid



- Medical Dental
- Mental health Counseling
- Psychiatry
- Recreation
- Residential SUD Facilities
- Prevention Information
- Support Groups
- Suicide Prevention
- Veteran Services
- Workforce Development
- Narcan Training

As Individuals, Lets Take Moment to Reflect....



What is Vicarious Trauma?

- Vicarious trauma, also known as secondary trauma, occurs **indirectly through empathic engagement with trauma survivors** rather than from direct personal trauma exposure. It can result from listening to clients recount traumatic events, reviewing graphic case files, witnessing the aftermath of violence, or repeated exposure to distressing media.
- **Cumulative exposure** can gradually **alter** an individual's worldview, emotional state, and sense of safety, potentially leading to negative, neutral, or even positive outcomes

Vicarious Trauma... Who is at Risk?

- Professionals most at risk include therapists, social workers, emergency responders, law enforcement officers, and healthcare providers who regularly interact with trauma survivors.
- Factors increasing vulnerability include prolonged exposure, lack of support, personal trauma history, and high empathy levels

Symptoms and Effects of Vicarious Trauma

Vicarious trauma manifests across **psychological, physiological, and occupational domains**:

- **Psychological**: anxiety, depression, irritability, emotional detachment, cynicism, diminished empathy, feelings of helplessness or hopelessness
 - **Physiological**: chronic fatigue, sleep disturbances, headaches, gastrointestinal issues, hyperarousal, and immune system changes
 - **Occupational**: reduced job satisfaction, burnout, avoidance of work tasks, and impaired professional functioning
- Symptoms may resemble PTSD but arise from indirect exposure rather than direct trauma.

ACE Exposure and Professional Burnout

BURNOUT ASSESSMENT

Exhaustion

Please rate each statement using the labeled Likert scale.

LIKERT SCALE

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

STATEMENT

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

1

I feel mentally exhausted

☐☐☐☐☐**2**

Everything I do requires a great deal of effort

☐☐☐☐☐**3**

At the end of the day, I find it hard to recover my energy

☐☐☐☐☐**4**

I feel physically exhausted

☐☐☐☐☐**5**

When I get up in the morning, I lack the energy to start a new day

☐☐☐☐☐**6**

I want to be active, but somehow I am unable to manage

☐☐☐☐☐**7**

When I exert myself, I quickly get tired

☐☐☐☐☐**8**

At the end of my day, I feel mentally exhausted and drained

☐☐☐☐☐

Select one response for each statement.

ACE Exposure and Professional Burnout

BURNOUT ASSESSMENT

Mental Distance

Please rate each statement using the labeled Likert scale.

LIKERT SCALE

1Never2Rarely3Sometimes4Often5Always

STATEMENT	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
9 I struggle to find any enthusiasm for my work	☐	☐	☐	☐	☐
10 I feel a strong aversion towards my job	☐	☐	☐	☐	☐
11 I feel indifferent about my work	☐	☐	☐	☐	☐
12 I'm cynical about what my work means to others	☐	☐	☐	☐	☐

Select one response for each statement.

2

Developed by Lori Gates-Addison, LCSW

ACE Exposure and Professional Burnout

BURNOUT ASSESSMENT

Cognitive Impairment

Please rate each statement using the labeled Likert scale.

LIKERT SCALE

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

STATEMENT

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

13

I have trouble staying focused

☐☐☐☐☐

14

I struggle to think clearly

☐☐☐☐☐

15

I'm forgetful and distracted

☐☐☐☐☐

16

I have trouble concentrating

☐☐☐☐☐

17

I make mistakes because I have my mind on other things

☐☐☐☐☐

Select one response for each statement.

ACE Exposure and Professional Burnout

BURNOUT ASSESSMENT

Emotional Impairment

Please rate each statement using the labeled Likert scale.

LIKERT SCALE

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

STATEMENT

1

Never

2

Rarely

3

Sometimes

4

Often

5

Always

18

I feel unable to control my emotions

☐☐☐☐☐

19

I do not recognize myself in the way I react emotionally

☐☐☐☐☐

20

I become irritable when things don't go my way

☐☐☐☐☐

21

I get upset or sad without knowing why

☐☐☐☐☐

22

I may overreact unintentionally

☐☐☐☐☐

Select one response for each statement.

ACE Exposure and Professional Burnout

Add your totals in all categories to notice areas of focus:

Exhaustion _____

Mental Distance _____

Cognitive _____

Emotional _____

Total:

Low: 22-44

Moderate: 45-77

High: 78-100

ACE Exposure and Professional Burnout

- **Low**: Symptoms are minimal. Focus on prevention and maintaining balance.
- **Moderate**: Some burnout signs are present. Focus on adjustments, support, and recovery routines.
- **High**: Burnout symptoms may be significant. Focus on recovery, boundaries, and professional support.

Professional Burnout....Next steps

- **Prioritize** rest and recovery (sleep, pacing, breaks)
- **Reduce** overload / adjust expectations where possible
- **Increase** support (trusted person, clinician, supervisor)
- **Practice** stress regulation skills (breathing, grounding, mindfulness)
- **Revisit** boundaries and protected personal time

Trauma Exposure and Positive Outcomes

Not all effects are negative!

- Vicarious resilience and vicarious transformation describe how exposure to survivors' strength can enhance the caregiver's own emotional resilience and sense of purpose.
- **Compassion satisfaction** reflects the fulfillment gained from helping others, which can buffer against negative impacts.

Vicarious Trauma and Positive Outcomes Cont;

Coping and Prevention Strategies To Mangae Vicarious Trauma

- **Self-care:** regular rest, exercise, mindfulness, and maintaining personal boundaries.
- **Professional support:** supervision, peer support, and counseling to process emotional responses.
- **Organizational measures:** trauma-informed policies, workload management, and training to recognize and address vicarious trauma.

Vicarious Trauma and Positive Outcomes Cont;

- **Limiting exposure** through mindful engagement with media and case materials to reduce cumulative stress.
- **Recognizing early signs and implementing coping strategies** can prevent long-term psychological and occupational consequences.

Vicarious trauma is a **common occupational hazard** for those working with trauma survivors, but with awareness, support, and self-care, individuals can mitigate its negative effects while at the same time experience **personal growth and resilience!**

Thank
You!!





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for Professionals and the Individuals
They Work With

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Please scan with phone to complete survey

