

# Breathing Under Water

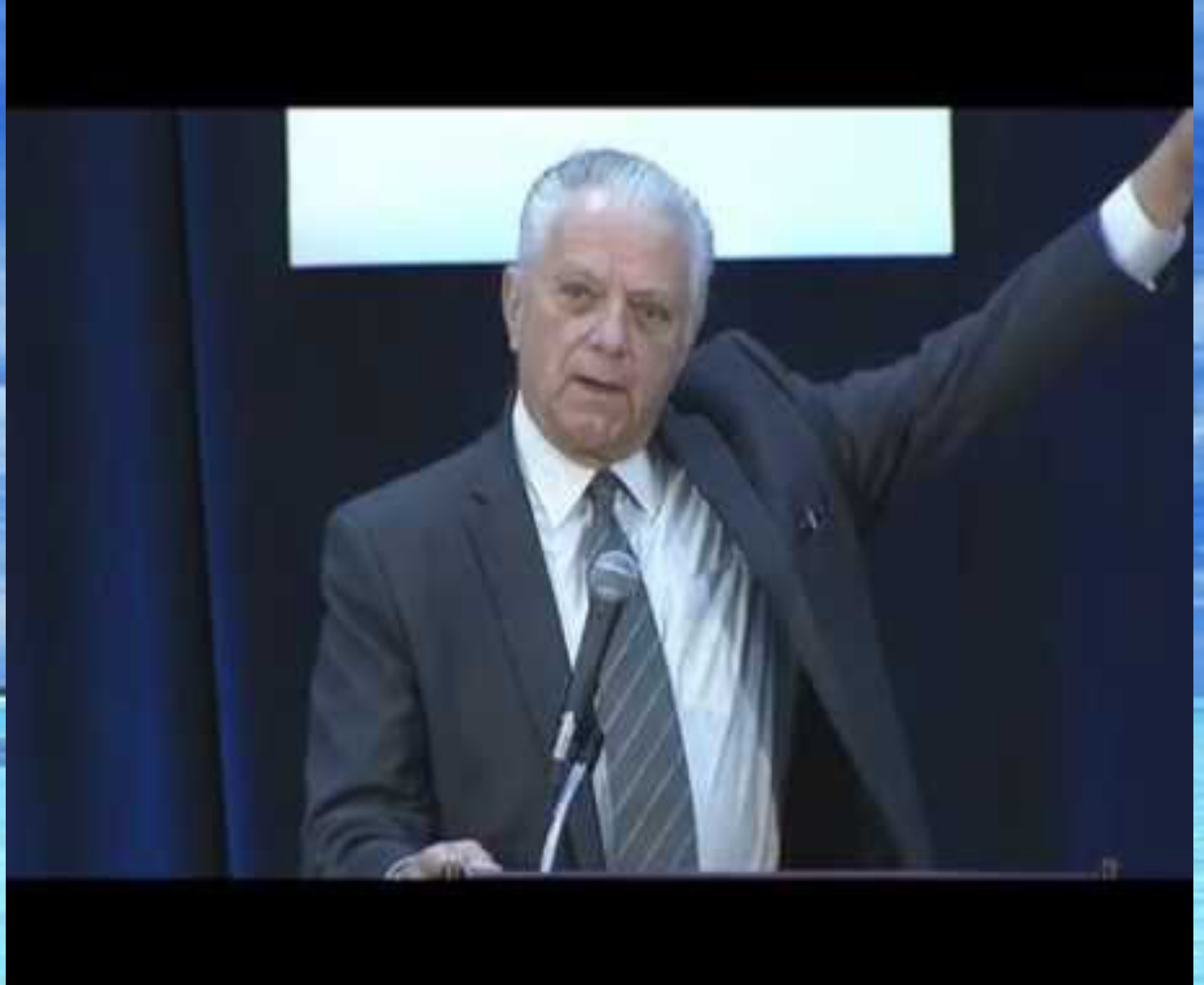
Adverse Childhood Experiences,  
Trauma Focused Care, and  
The Juvenile System

Fran B. Duane, LCSW  
February 17, 2020

## The Original Study Published 1998

*Relationship of childhood  
Abuse and Household  
Dysfunction to Many of  
the Leading Causes of  
Deaths in Adults*

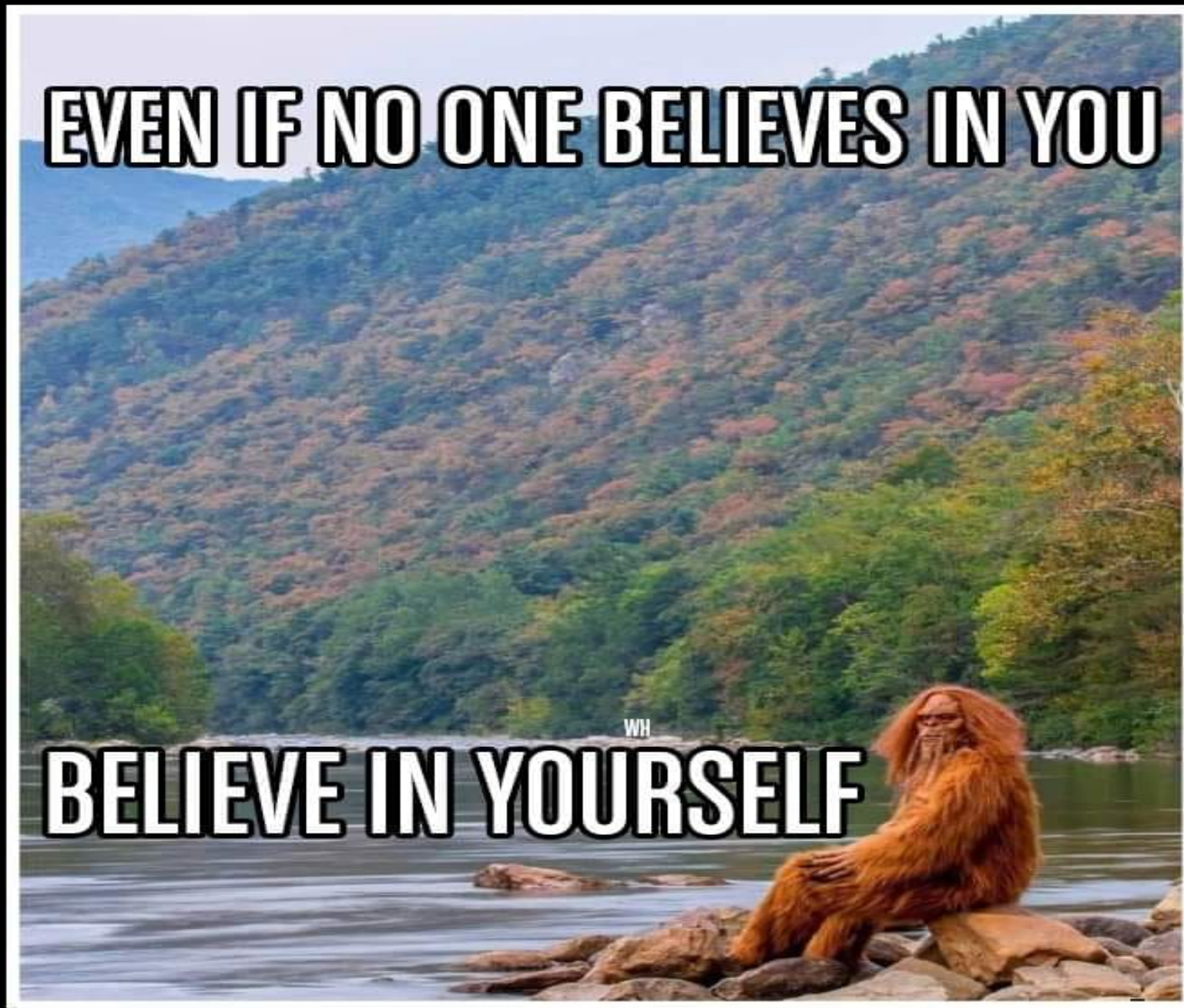
American Journal of  
Preventive Medicine,  
1998: 14 (4)





**EVEN IF NO ONE BELIEVES IN YOU**

**BELIEVE IN YOURSELF**

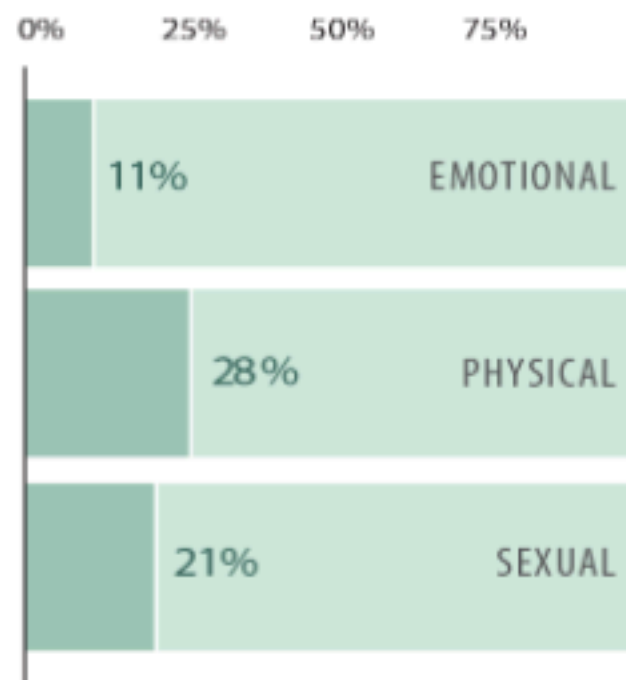


# What are the Original Adverse Childhood Events?

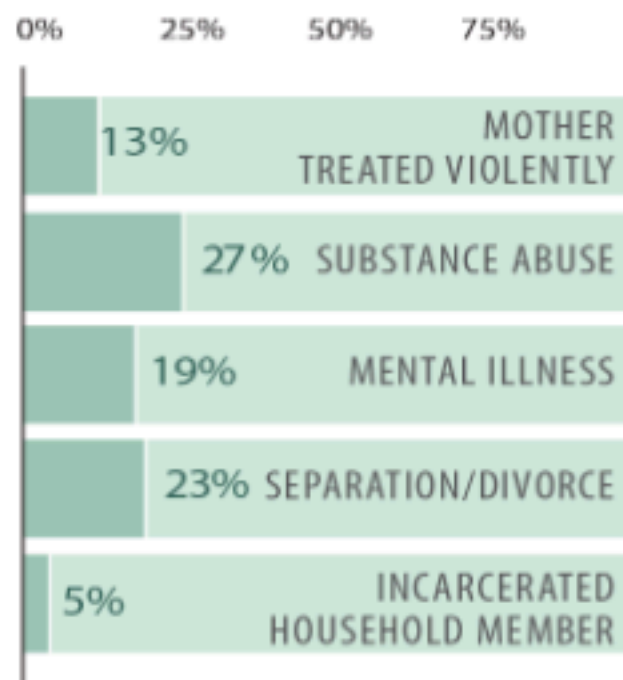
- 1. Physical Abuse**
- 2. Psychological Abuse**
- 3. Sexual Abuse**
- 4. Family Mental Illness**
- 5. Family Substance Abuse**
- 6. Family Member in Prison**
- 7. Mother treated Violently**



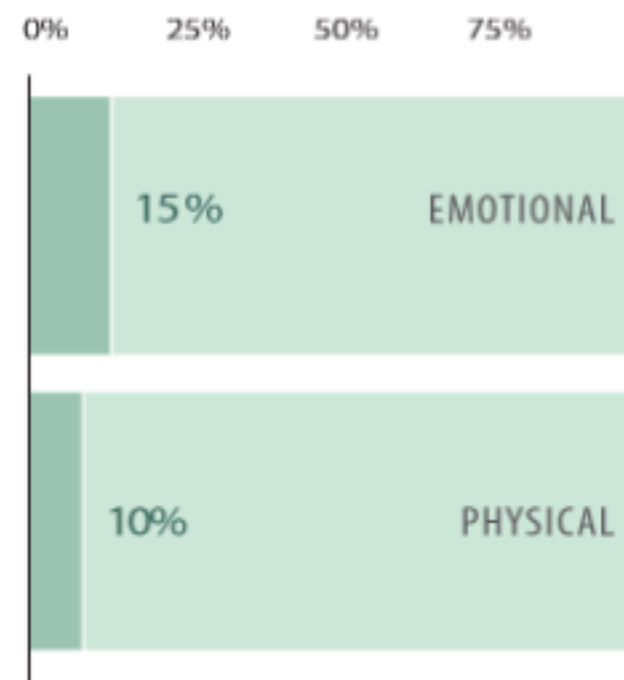
## ABUSE



## HOUSEHOLD CHALLENGES



## NEGLECT

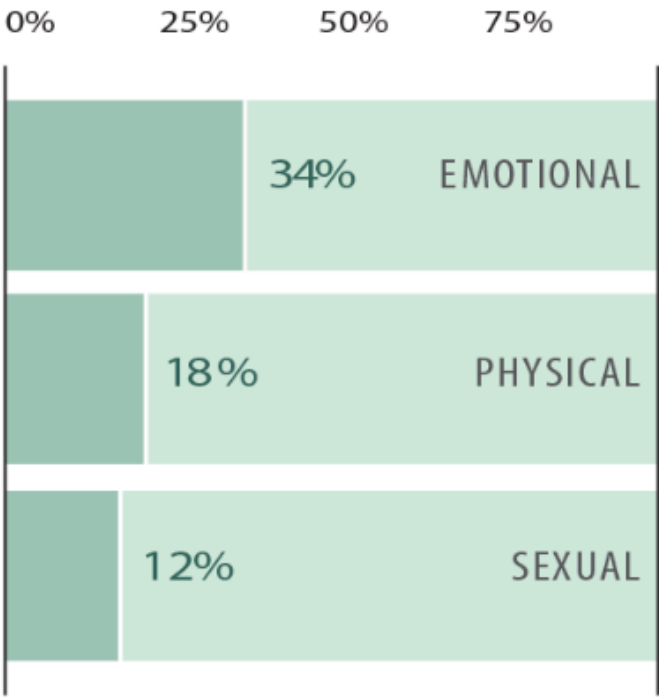


Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

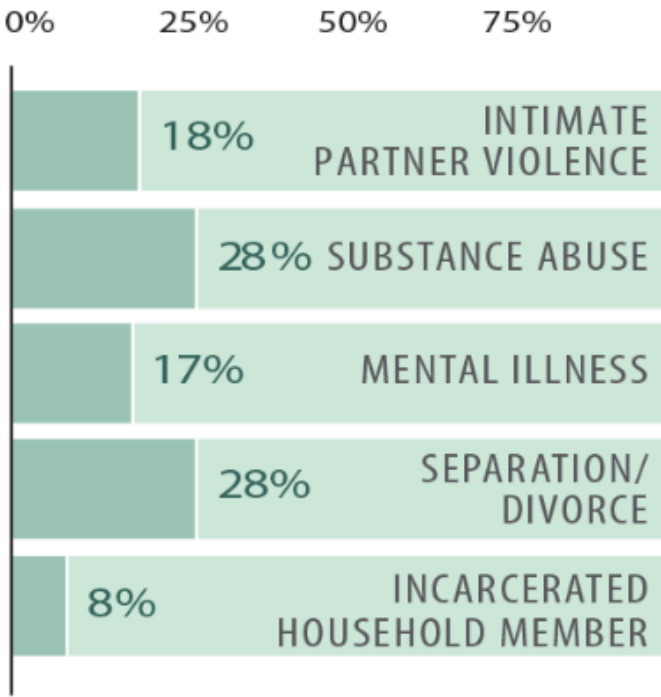
Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

# Prevalence of ACEs by Category for Participants Completing the ACE Module from the 2011-2014 BRFSS

## ABUSE



## HOUSEHOLD CHALLENGES



Note: Reports and articles that use data from other years and/or other states may contain different estimates.

Source: Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. JAMA Pediatrics, 172(11), 1038-1044.

# Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and well-being.



People with 6+ ACEs can die

**20 yrs**

earlier than those who have none.



1/8 of the population have more than 4 ACEs

## 4 or more ACEs

**3x** the levels of lung disease and adult smoking



**11x** the level of intravenous drug abuse



**14x** the number of suicide attempts



**4x** as likely to have begun intercourse by age 15

**4.5x** more likely to develop depression



**2x** the level of liver disease



Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.



Dr. Robert Block, the former President of the American Academy of Pediatrics

**67%**  
of the population have at least 1 ACE




**ANNE MARIE  
PROJECT**

For more info or to schedule a class, contact :  
Julie Gramlich, Founder  
annemarieproject.org@gmail.com  
573-644-4965 • annmarieproject.org



www.70-30.org.uk © 7030Campaign

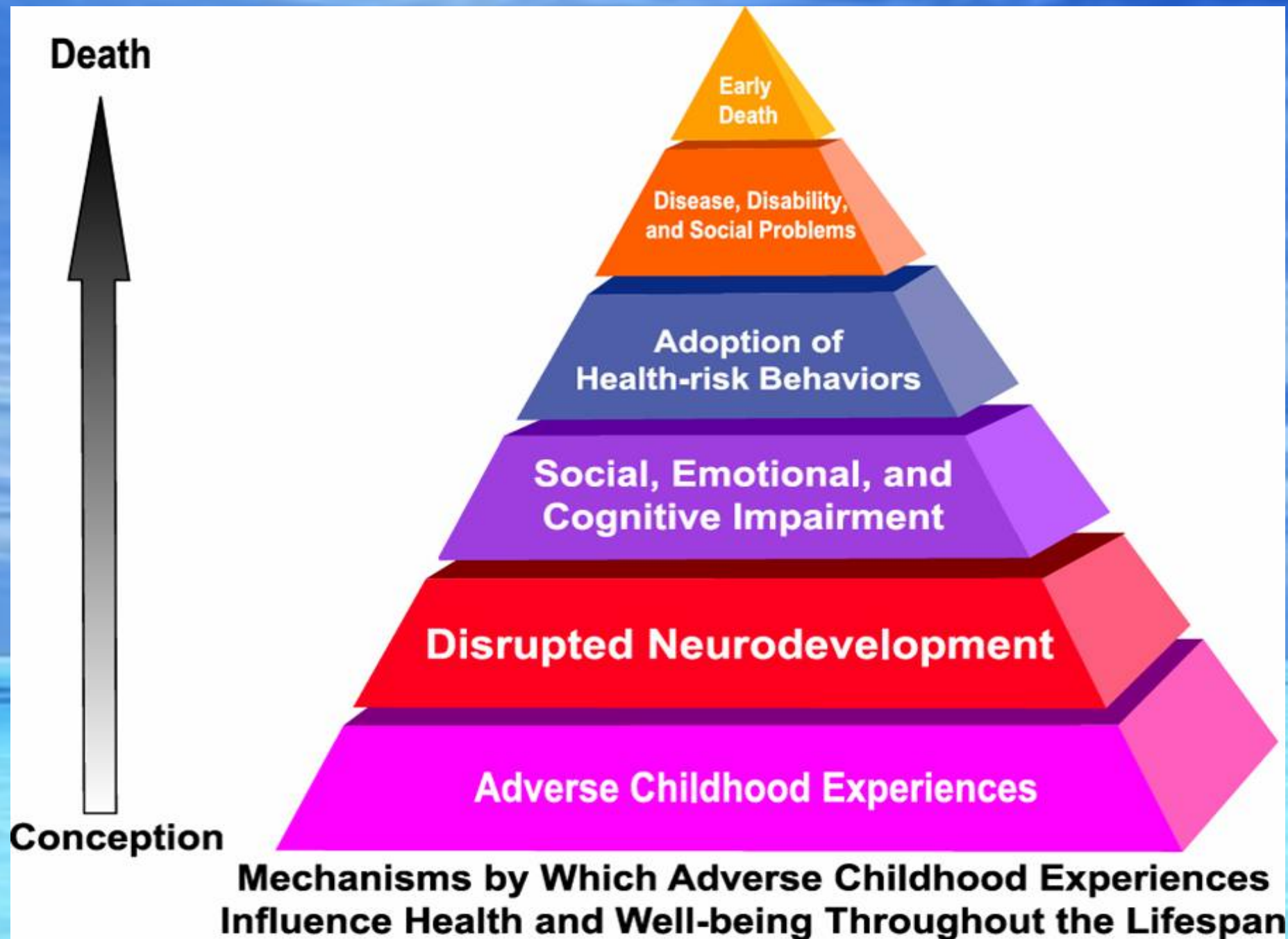




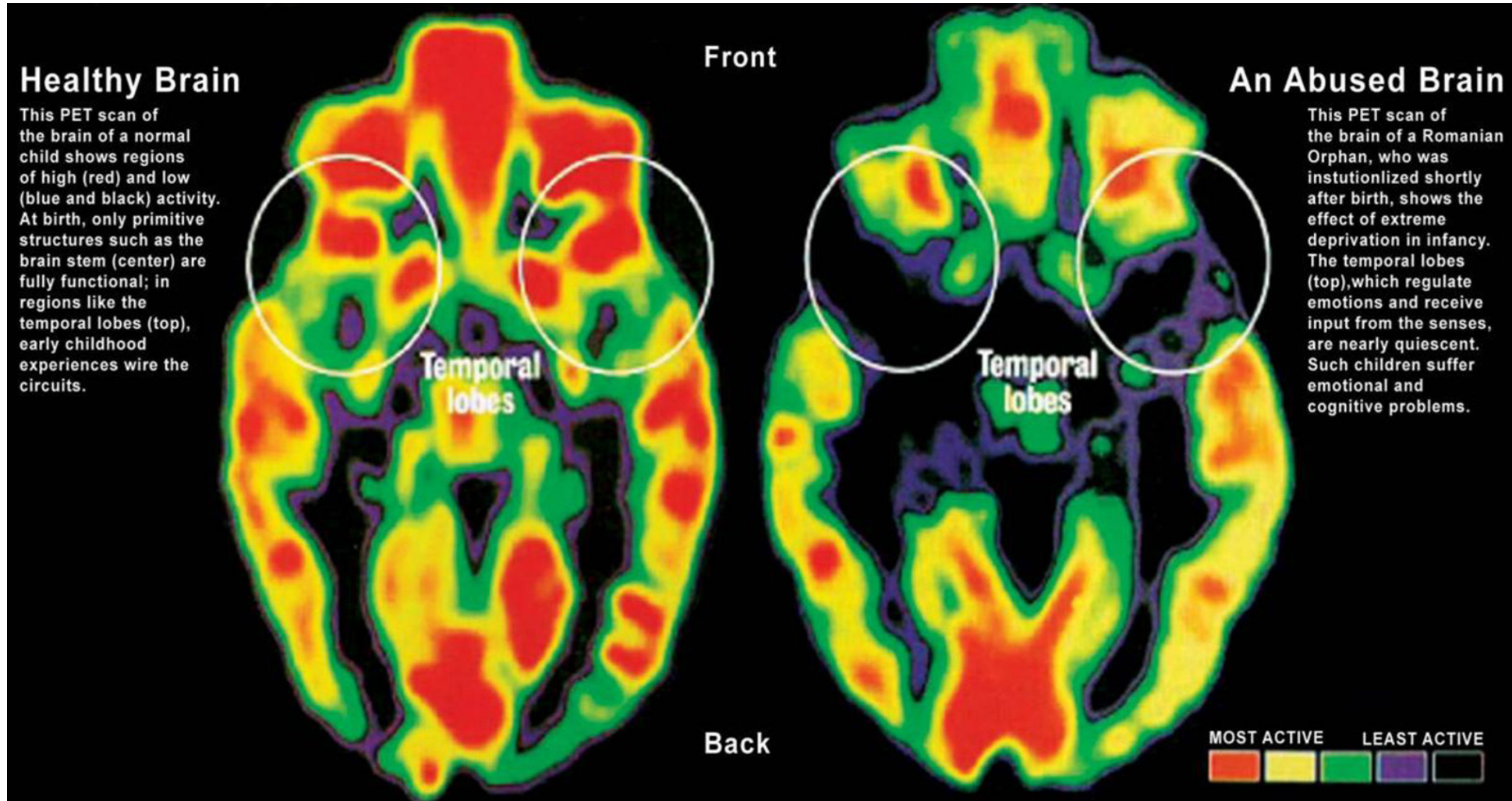
Be kind.  
Everyone is fighting  
in a  
Fight club  
You know nothing  
about.

Because we don't  
talk about Fight Club





# Disrupted Neurodevelopment





# ACE and Trauma changes at the Cellular level

Hippocampus

Prefrontal cortex

Amygdala

Neural pruning

Telomeres

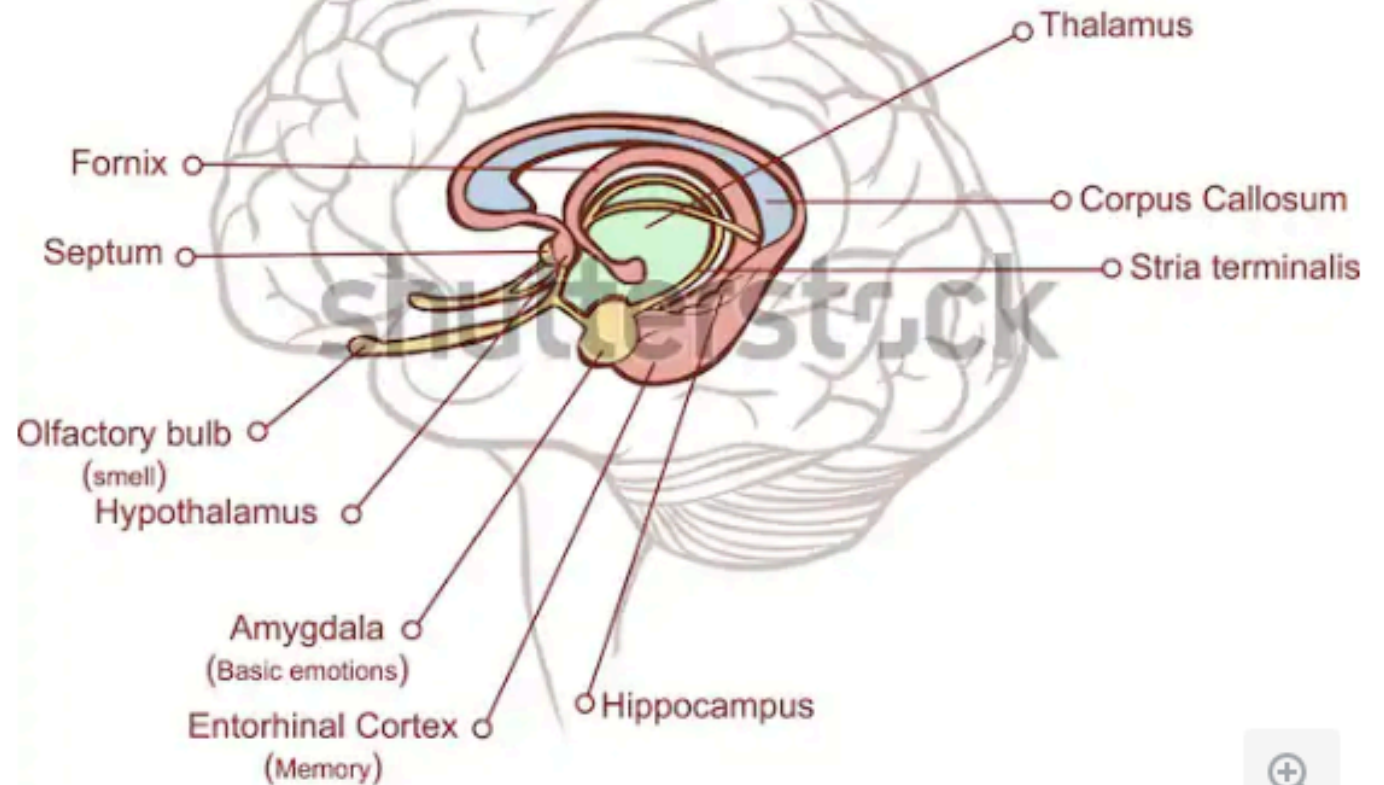
Default mode network

Brain Body Pathway

Brain Connectivity

Epigenetics

## The Limbic System



# Epigenetics





# *Trauma*

Trauma has to do with the reactions and response to the event.

Depending on our history, our support systems, our age-----how we respond to the trauma.



# TRAUMA

- Feelings of fear, helplessness, uncertainty, vulnerability
- Increased arousal, edginess and agitation
- Avoidance of reminders of trauma
- Irritability, quick to anger
- Feelings of guilt or shame
- Dissociation, feelings of unreality or being "outside of one's body"
- Continually feeling on alert for threat or danger
- Unusually reckless, aggressive or self-destructive behavior

## OVERLAP

- Difficulty concentrating and learning in school
  - Easily distracted
  - Often doesn't seem to listen
- Disorganization
  - Hyperactive
    - Restless
  - Difficulty sleeping

# ADHD

- Difficulty sustaining attention
  - Struggling to follow instructions
- Difficulty with organization
  - Fidgeting or squirming
    - Difficulty waiting or taking turns
  - Talking excessively
- Losing things necessary for tasks or activities
- Interrupting or intruding upon others



# The Juvenile System

## Original Premise:

- Youth are fundamentally different from adults:
  - Level of responsibility
  - Potential for rehabilitation
- Maintain Public Safety
- Skill Development
- Habilitation
- Rehabilitation
- Addressing Treatment Needs
- Successful reintegration of youth into the community





**There comes a point where we need to stop  
just pulling people out of the river.**

**We need to go upstream and find out why  
they're falling in.**

A Case for Refocusing Upstream: The Political Economy of Illness,  
John B. McKinley



# ACES and the Juvenile System Population

- 2016 article estimates  $\frac{3}{4}$  of youth involved in the justice system have been exposed to traumatic stressors.
- Punishment for lack of capacity
- Detainment for coping behaviors
- Conviction due to “damaged”
- Risk of disclosure of emotional disturbance
- Trauma of detainment:
  - Separation from family
  - Removal from school
  - Isolation
  - Cold
  - Hunger
  - Strip searches
  - Violence, phab and sxab
  - Threats of violence
  - Adult intimidation-abuse

# Trauma Focused Interventions

- Agreement in best interest of the child (maybe not the best interest of the school, or the police or the property)
- Detainment should always be the LAST RESORT.
- Visits with family should not be withheld due to behavior – we don't hold stabilizing factors hostage
- Treatment over Punishment (punishment does not work)
- The District Attorney, the Judge and the Defense agree and understand the trauma history and agree that the child is important, valuable and can be helped.
- Teachers must be included and cannot use probation status as a threat.
- SRO training and limitations –SB1707
- School to prison pipeline
- Quiet
- Comfortable
- slow interactions
- Resources – must be able to provide resources
- Stability, consistency flexibility, grace



# Trauma Focused Interventions

Both in how we manage the juvenile and what we provide as treatment

- Skill building:
  - Emotion identification
  - Processing and self-regulation
  - Anxiety management
  - Cognitive behavior interventions
  - Communication
  - Problem solving
  - Acknowledge trauma history
  - Respect the PTSD
- Consistency between probation
- Looking at conditions and ensure ability to be successful
- Avoid detention
- Stay in school
- Tutoring, organization, remediation without retainment
- Supplies
- Support in School/ SRO as an advocate and not adversary

Do the best you can until  
you know better.

Then when you know better,  
do better.

-Maya Angelou

