

ADVERSE CHILDHOOD EXPERIENCES AND THE BENEFITS OF TRAUMA-INFORMED CARE

FEBRUARY 2020

ADVERSE CHILDHOOD EXPERIENCES

The state of an adult’s physical and mental health is often influenced by the life experiences he or she had as a child. Traumatic events that occur during childhood can impact the individual’s development, which may result in long-term consequences. The connection between childhood experiences and adult health outcomes was first identified in a landmark 1998 study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente (CDC-Kaiser study). The study, conducted from 1995 to 1997, surveyed over 17,000 people about their childhood experiences, health status, and behavior as an adult.

In the CDC-Kaiser study, researchers asked participants about the presence of any “adverse childhood experiences” (ACEs) that occurred prior to age 18. The term ACE, developed during the study, describes a negative or traumatic experience that a child might witness or endure in childhood. The study inquired about 10 potential ACEs within three categories, as shown below.

For each ACE a participant experienced, researchers added one point; the sum of the individual’s points being his or her ACEs score, a number between zero and 10. Nearly two-thirds of the participants in the study identified at least one ACE, and more than one in five participants had an ACEs score of three or more.

Abuse	Household Challenges	Neglect
<ul style="list-style-type: none"> • Emotional • Physical • Sexual 	<ul style="list-style-type: none"> • Mother treated violently • Substance misuse • Mental illness • Parental separation or divorce • Incarcerated household member 	<ul style="list-style-type: none"> • Emotional • Physical

Impact of ACEs on Health Outcomes as an Adult

Importantly, the CDC-Kaiser study showed a correlation between ACEs and negative health and well-being in adults. The higher an individual’s ACEs score, the higher the risk that the individual will likely suffer negative health outcomes over time. The theory is that ACEs result in toxic stress, which is the “prolonged activation of the stress response system [that disrupts] the development of brain architecture and other organ systems,” and that toxic stress is believed to trigger biological reactions in an individual that lead to poor health outcomes later in life.

High ACEs scores are linked to chronic health problems and mental illness in adults. Those individuals with high ACEs scores are at a higher risk of developing cognitive and behavioral problems and have a higher rate of unintended pregnancy, depression, post-traumatic stress disorder, and injury. Studies also show that with people with an ACEs score of four or more, the risk of cancer and heart disease is nearly doubled, and the likelihood of suicide increases 12-fold.

Impact of ACEs on Substance Use Disorder

There is evidence to establish a significant relationship between ACEs and substance use disorders (SUDs). Individuals with ACEs scores above zero are two to four times more likely to start using alcohol or drugs at an early age, while individuals with ACEs scores of five or higher are up to 10 times more likely to become substance dependent, including opioid dependent. People with ACEs scores of five or more are three times more likely to misuse prescription pain medications. The number of ACEs suffered by one individual is correlated with “three landmarks in the trajectory of opioid use: age of initiation, ongoing intravenous drug use, and lifetime experience of overdose.”

The increased risk of developing an SUD associated with a high ACEs score is rooted in the individual’s inability to develop proper coping skills as a result of the individual’s history of childhood trauma. Self-medicating with drugs or alcohol may be a way for the individual to cope with and escape from the overwhelming emotions associated with his or her trauma. Those with SUD and high ACEs scores also experience higher rates of relapse and worse treatment outcomes compared to those who have not experienced childhood trauma. The high chance of relapse associated with ACEs may be because individuals with higher scores have fewer resources and support systems in place to help them adhere to their treatment programs. Given the evidence that supports a connection between ACEs and SUD, it is important for policymakers to consider ACEs when identifying populations to target and for treatment providers to consider ACEs to better identify patients who may be at a higher risk for overdose and relapse.

TRAUMA-INFORMED CARE

Since the existence of ACEs impacts health outcomes in adults, medical professionals should strive to become aware of a patient’s ACEs in order to develop a proper treatment plan for him or her. “Trauma-informed care is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma.” Trauma-informed care is not meant to be therapy or a way to treat the symptoms of trauma but is a way to provide medical and social services in a manner appropriate for individuals who experienced trauma at some point in their life. Providing services through a trauma-informed approach—*i.e.*, being cognizant of things that might trigger feelings or reactions in the individual that are associated with past trauma—helps to prevent re-traumatization of the individual. Put simply, trauma-informed care shifts the provider’s focus from “what is wrong with you?” to “what do you need?”

Traditionally, a trauma-informed care approach follows five guiding principles to create an environment where there is a reduced likelihood of re-traumatization:

- Safety - ensuring physical and emotional safety;
- Choice - ensuring that the individual has choice and control;
- Collaboration - making decisions with the individual and sharing power;
- Trustworthiness - ensuring task clarity, consistency, and interpersonal boundaries; and
- Empowerment - prioritizing empowerment and skill building.

In addition to being guided by these principles, a provider of trauma-informed care adheres to four R’s. He or she: “(1) *realizes* the widespread impact of trauma and understands potential paths for recovery; (2) *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) *responds* by fully integrating knowledge about trauma into policies, procedures, and practices; [and] (4) *resists* re-traumatization.”

Using a Trauma-informed Approach for the Treatment of SUD

Because of the strong connection between ACEs and SUD, it is beneficial to incorporate a trauma-informed approach into the treatment of SUD. When substance use recovery specialists are trauma-informed, they are better able to tailor treatment and recovery plans to each individual. For example, screening all patients with SUD for

ACEs when they enter treatment may increase the chances that those with ACEs achieve long-term recovery. Likewise, incorporating a trauma-informed approach to the treatment of SUD results in treating patients with more respect instead of blaming or shaming them for using. In SUD treatment programs that use a trauma-informed approach and focus on ACEs, patients gain a better understanding of the relationship between ACEs and SUD. A recent study showed that after learning of the connection between ACEs and SUD, patients reported feeling relieved to learn that they are not “damaged goods” and reassured that they are not “crazy;” additionally, patients spoke more openly about traumatic childhood events once learning about the link. Helping an individual understand why he or she might suffer from SUD—as opposed to focusing only on use or misuse of a substance—gives him or her a better chance at recovery. Incorporating the role of ACEs in SUD treatment and recovery can reduce the feeling of shame of the individual and bring a holistic approach to treatment by properly addressing past traumas

RESOURCES

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