**WAHCE Conference: Understanding ACEs**

**Adversity in Childhood-A Community Perspective**

**Lesson Plan**

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**Overview:**

This program has been developed to increase understanding of adversity in childhood and its impacts on growing brains. It is designed to be delivered in approximately 45 minutes utilizing the slides, video and handouts. Included in the teaching guide are recommended videos, articles and books that can be utilized for preparation.

Included in this presentation are; an outline, speakers notes included on the slide and a detailed teaching guide with suggested supplemental materials to support each slide. Facilitators can utilize one or more of these outlines to facilitate this session.

**Activities:**

* Powerpoint Slides (45 minute paced presentation)
* Optional Videos if you have more than 45 minutes

**Supplies Needed:**

* Name Tags
* Pens/pencils
* Copy of Powerpoint slides for each participant
* Cards/brochures to local agencies who can provide support in mental health
* Handouts listed below

**Handout List:**

* ACEs Handout
* TIC Resources
* Evaluation

**Learning Objectives:**

* Increased knowledge about the history of the ACE study
* Increased knowledge about the shift to include toxic stress and adversity
* Increased awareness about resilience as a skill to be nurtured
* Increased understanding that our communities are deeply impacted by this science and a shift in perspective from “them” to “us”.

**Preparing to Present:**

If you are new to this information utilize the handout “TIC Resources” to deepen your understanding of the history of the study and the impacts of adversity. I’ve included a prioritized listing of those videos and websites that I would strongly encourage some level of engagement with before facilitating this lesson.

Videos

Alberta Family Wellness Initiative. *How Brains are Built: Core Story of Brain Development.*

<http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-brain-development>

Anda, Robert. *Adverse Childhood Experiences (ACE).*

<https://www.youtube.com/watch?v=QLfUi4ssHmY>

Burke Harris, Nadine. *How Childhood Trauma Affects Health Across a Lifetime.*

<https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime>

Websites (with articles)

Resilience Trumps ACEs: Community Resilience Initiative

[http://www.resiliencetrumpsaces.org](http://www.resiliencetrumpsaces.org/)

**Format of Presentation:**

This presentation is best shown utilizing the slides and a computer. There are optional, valuable videos that will support the learning of participants.

**Session Outline**

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| --- | --- | --- | --- |
| Objective | Activity | Materials | Time |
| Introduction | Icebreaker: Optional  Have participants tell a partner who is sitting near them a story about how their childhood shaped one thing about their life. | Slide One | 2 Minutes |
| Introduction to the ACE Study | What are ACEs? | Slide Two | 2 Minutes |
| The brief history of the Ace Study | Tell the story of the Ace Origins  Discuss the survey | Slide Three | 5 Minutes |
| Original ACE | Discuss Dr Anda and the CDC  Ask, “What is missing?” | Slide Four | 2-3 Minutes |
| Expanded Experiences | Show the slide and lead a discussion about other possible events that might cause prolonged distress in children? | Slide Five | 2 Minutes |
| Wisconsin Data | Show the Wisconsin County Slide | Slide Six | 2 Minutes |
| How brains can change | Talk about the difference in a healthy brain grown in predictable environment and one in stress  Using the handout have the group brainstorm all the skills children need to be successful in school and adult need to be successful in adulthood | Slide Seven  And Stress and Early Brain Growth Handout | 4-5 Minutes |
| Brains Adapt | Discussion the ways that the brains of children in toxic stress are designed to keep them safe, they are perfectly suited and adapted for situations of danger but can over analyze and react to safe environments  Discussion:  Where do these brains thrive? Where are they overworked? | Slide Eight | 4-5 Minutes |
| Oil Slick | When we reduce the amount of Adversity that a child experiences we can shrink the long term community implications | Slide Nine | 2 Minutes |
| Resilience Characteristics | The Good News | Slide Ten | 2 mInutes |
| New Belief about Resilience | A skill to be learned | Slide Eleven | 4 Minutes |
| No getting over childhood | Addressing and recognition that the science supports them | Slide Twelve | 2 Minutes |
| Skill building Resilience | What can we do as a community to build resilient adults | Slide Thirteen | 5 Minutes |
| End |  | Evaluation | 5 Minutes |

**Leader Guide:**

**Slide One: 2 Minutes**

**Introduce yourself and have the group do a quick ice breaker of your choice.**

Give a brief overview of the content. Tell participants that we will be discussing adversity in childhood including abuse and neglect. This topic can be difficult for some and if you need to get up, move around, leave the room it is perfectly OK. We will not be asking participants to share their experiences, role play or complete the survey that will be discussed in a few slides. Afterwards, if a participant feels that they need someone to debrief with, you will provide a trusted resource.

**Slide Two: 2 Minutes**

**Topic Introduction**

Review the definition with the group and tell them that we are going to get into some specific examples next.

**Slide Three: 5 Minutes**

**The History of the ACE Study**

In the mid 1980’s Dr Vince Felitti of Kaiser Medical Group in San Francisco was struggling to understand why his obesity clinic had a 50% drop out rate. Many of those who dropped out were clinically successful in reducing their body weight. It didn’t make sense to him that those who were achieving success would leave the program. Many of those who left, would resurface after regaining their weight and then some. He decided to interview a couple of his clinical drop outs and what he found astounded him. during one interview he misspoke and asked the question, “How much did you weigh during your first sexual experience.” His participant disclosed that she weighed approximately 40 pounds, was four years old and it was with a relative”. What Dr Felitti realized was that he had encountered this same disclosure before and he realized that there was a pattern of negative childhood experiences that surfaced from his question and answer sessions. In 1990 he took his findings to a conference in Atlanta filled with experts in the field of obesity treatment and prevention. The overwhelming response to his summary was that he should not believe his patients who were most likely seeking an excuse for their failures to reduce their body size. He was introduced to Dr Williamson from the CDC who was intrigued and invited him to meet with Dr Rob Anda, a colleague. They worked together to create a standard research survey and administered to to more than 17000 people who were part of the Kaiser Permanente Group. Their demographic information is on this slide.

Supporting Article:

<https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/>

**Slide Four: 2-3 Minutes**

**The Original ACE Survey**

Dr Anda and his team designed this study to include these childhood experiences. He chose these based upon research around trauma in childhood and utilizing Dr Felitti’s preliminary research. As the results and science continues to focus on this, there are other experiences that we know have lasting impact upon a child’s developing brain.

**Slide Five: 2 Minutes**

**Expanded Experiences**

As the data emerged and this research was replicated in other states over the years we have come to the understanding that there are many experiences that can cause a long term impact on brain development. An adult can have an ace score of zero and a childhood that was built on stress and traumatic experiences. it is important to understand a few critical pieces of information about the survey. First, it is a reflective survey given to adults. Second, this survey relies upon memory, self-determination of a traumatic event and the willingness to share that experience with the researcher. Siblings in the same household could have very different scores for example if they viewed one of the ten instances differently What is traumatic to one person might not be to another. Third, there is no weight on what is more or less traumatic if physical abuse happened one time or repeatedly it is give a score of one. This information is not to discount the survey and the results. As we continue to discuss the results and the original findings it is important to know where the information comes from and some of the limitations of this study. What is important to also note that this study has been repeated in more than 30 states over the last two decades with a lot of similar findings. Aces are common (more than ⅔ of the population has experienced one of the events, they are interrelated and the more experiences and adult reports the more negative outcomes in medical social and mental health domains.

**Slide Six: 2 Minutes**

**Wisconsin Data**

In the interest of time we will be focusing on the Wisconsin data and the report. As you can see from this map published by the Child Abuse and Neglect Prevention Board of Wisconsin you can see that we have similar findings as the National Data. The Wisconsin Survey includes more than 25,000 Wisconsin Residents and utilizes five years of accumulated data from the Behavioral Risk Factor Survey. This is a local problem. This map, the newest version was published recently in the Milwaukee Journal Sentinel. Marquette County was the focus of the article, which explains the label. As you can see every county has at least six percent of the population reporting adversity in their childhood and some counties are as high at twenty-four percent. If six percent of the population had any type of condition we would be working towards a solution and plan for care. We can and should give these individuals the same consideration. Remember, these data points only include the original ten survey questions. Not the expansion categories. The point is, we should consider the idea that a connected, compassionate response and increased understanding of how these experiences shape our brains is critical.

Supportive Resource:

<https://preventionboard.wi.gov/Pages/OurWork/ACE.aspx>

<https://preventionboard.wi.gov/Documents/ACE-Brief_2018FINAL.pdf>

**Slide Seven: 5 Minutes (7 with Video)**

**How Brains Can Change**

**Refer to Early Brain Development Handout**

You can also show this 2.5 minute video <https://www.youtube.com/watch?v=Z4CD6jyWw2A>

As you can see, this slide provides us with evidence that the experiences in childhood shape the structure and function of our brains. The size is smaller and also their is less activity in the prefrontal cortex. This critical area is the one that allows for executive functions such as planning, reasoning, and emotional regulation. Looking at your handout you can see that the long-term implications are real and lasting. When a child goes to school without knowing basic things like colors, numbers or letters. What is our response (allow for answers)? Right, we teach them the skills they need to thrive. When a child arrives as school without their executive functioning skills, what often happens to them (allow for answers)? Often, we route them into behavior modification programs. What if we change our approach to both children and adults to include a compassionate commitment to recognizing that these are skills to be learned and that we have the ability to support their growth in self-regulation, trust, wellness and other categories?

Supportive Resources

van der Kolk, Bessel. *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma.*

<https://www.amazon.com/Body-Keeps-Score-Healing-Trauma/dp/0143127748/ref=sr_1_1?s=books&ie=UTF8&qid=1529416486&sr=1-1&keywords=Bessel+Van+Der+Kolk.+The+Body+Keeps+The+Score.+Brain%2C+Mind%2C+and+Body+in+the+Healing+of+Trauma>.

Video

<https://www.youtube.com/watch?v=Z4CD6jyWw2A>

**Slide Eight: 4-5 Minutes**

**Brains Adapt**

The ways that the brains of children in toxic stress are designed to keep them safe, they are perfectly suited and adapted for situations of danger but can over analyze and react to safe environments

Discussion:

Where do these brains thrive? Where are they overworked?

Supportive Resources:

Video <https://www.acesconnection.com/clip/dr-teicher-on-the-developing-brain-7-min>

**Slide Nine: 2 Minutes**

**Oil Slick**

The black oil slick represents the population of individual who experiences these negative pieces of the wheel AND have experienced one or more of the ACE survey experiences. Of course, it’s important to understand that there are many cases of individuals who are experiences one of these health experiences that have no history of adversity. It’s critical to not make assumptions that every negative outcome in adulthood can and should be attributed to a stressful childhood. What we can see is that if we can decrease toxic stress in childhood we can reduce the number of individuals who have greater risk for negative health implications. Your ACE score or experiences during childhood are not a road map to doom and a life filled with challenges. It is a screening tool that allows others to place greater protections and services around those who might be at greater risk. Similar to someone who genetically screen positive for cancer. They get tested more frequently and also are often engaged with additional medical services and support. We can look at childhood in the same manner. If we know that a child is experiencing stressful situations we can engage deeply with them and their caregivers to provide additional services and support. If we know that an adult has had a tough childhood we can respond in a similar manner.

**Slide Ten: 2-3 Minutes**

**Resilience Definition and Characteristics**

The American Psychiatric Association defines resilience as: “Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of [stress](http://www.apa.org/topics/stress/index.aspx)” As we think about this definition some things stand out. There is a shift away from surviving a stressor to thriving with adversity. This is a strengths-based approach to thinking about resilience. It provides each of us with a map to increased resilience and well-being.

Most important to note, is this list of character traits is not complete. Resilient people show a lot of different qualities. There are definitely some that are more common; the belief in hope is important. Knowing that you will make it through your adversity is really critical.

Healthy, supportive relationships are key, in a bit my colleagues are going to dig deeper into the research of relationships and give you some resources and tools.

Let’s talk about Planning, when life gets really hard, it’s so important to go back to basic life skills. Supporting each other in making lists, utilizing reminders, and creating space for mistakes is fundamental when a major life stressor is present. Reminding ourselves that our brains have a limited capacity to process and focus when under duress is so important. We need to have some support mechanisms in place for those times of stress.

Communication and Problem Solving becomes even more important when someone is needing to grow more resilient. WE will discuss that further in a few minutes.

Feelings and managing impulses are a part of growing socially and emotionally competent. These skills are also ones that you can learn and teach. We give you some concrete examples and ideas in the resources section.

Let’s move on to some skills we can begin to teach to increase resilience.

**Slide Eleven: 2-4 Minutes**

**New Belief About Resilience**

Please take just a moment to ponder this quote…..GIVE them 30 seconds….I want you to jot down your thoughts on how this might be different than what you have been told about resilience….it’s incredibly hopeful to understand that resilience can be learned and grown. That no matter how difficult circumstances might become we can do something to weather the storm.

**Slide Twelve: 2 Minutes**

**Why the “Bootstrap” Ideology Doesn’t Work**

Here is another perspective that comes out of the ACE research with Dr Felitti. We need to pay attention to the fact that the experiences in childhood make a lifelong impact on people. Our ability to create safe and compassionate interactions will build trust within people. That trust is a starting point to a safe and healthy way of responding to challenges. If we give people the opportunity to talk about their history we begin to support change and positive experiences. We can support people as they assess their strengths and identify areas of potential growth.

**Slide Thirteen: 5 Minutes**

**Skill Building and Resilience**

This list is not comprehensive, it is a summary of the themes around resilience, relationships, self-care, stress management and life skills (Problem Solving and planning). Some stressors are going to happen to families that no amount of planning can prevent however, many of the additional burdens of that situation can be alleviated by healthy relationships and a plan in place. For example….teaching parents to rely upon reliable people for their concrete support network (child care, rides, advice) is so important. Many family systems begin to falter when they choose people who are not able to meet their needs. WE need to assist people in creating diverse and wide systems of support and we need to normalize asking for help. As we come to the end of this presentation, I want to leave you with the third bullet. Parents are the first and best person to help their child become resilient. In order to care effectively for children, we need to look at and care of their caregivers with the same compassionate attention. What are some programs in your community that are designed to build resilience?

Supportive Resources:

http://www.resiliency.com/

**Slide Fourteen: Closing**

Refer to the resources you have collected and brought with