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ACEs and the Body: How Adverse Childhood Experiences Impact Occupational Therapy

Alison D. Peak LCSW, IMH-E ®

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Disclosures

- **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.
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Disclosures

- Alison D. Peak LCSW, IMH-E, received her Master's in Social Work from the University of Michigan with an emphasis in Interpersonal Practice with Children and Youth and Infant Mental Health. Alison is the Executive Director of Allied Behavioral Health Solutions (ABHS) located in Nashville. ABHS works to improve access to behavioral health services toward a goal of *better outcomes for all*. Alison is the Co-chair of the Association of Infant Mental Health in Tennessee (AIMHiTN) Endorsement Committee and a member of AIMHiTN's Leadership Cohort. In these positions, Alison assisting in leading efforts to bring professionalization to Tennessee's workforce that serves young children and families. Alison also has two post-graduate degrees, Integrated Behavioral Health in Primary Care and Pediatric Integrated Health Services. Alison is passionate about working with children with histories of early trauma, families with adopted children, and youth in DCS custody. Alison also believes that these populations are often best served where they most often present for assistance, their physician's office, and than in collaborating with primary care providers its possible to optimize services for children and families.

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Learning Outcomes

After this course, participants will be able to:

- 1) learn the development of Adverse Childhood Experiences (ACEs) as a research topic and as a method of assessing the early experiences of children.
- 2) Identify how ACEs manifest in "occupations" and can be assisted through Occupational Therapy.
- 3) Learn the connection between chronic trauma in early childhood and typical referring issues for Occupational Therapy

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What Are ACEs?

- Adverse Childhood Experiences (ACEs) are a series of 10 items that have been found to be directly linked to
 - Childhood Development
 - Brain Architecture
 - Academic Success
 - Health Outcomes
 - Job Satisfaction
 - Divorce Rates
 - Life Expectancy

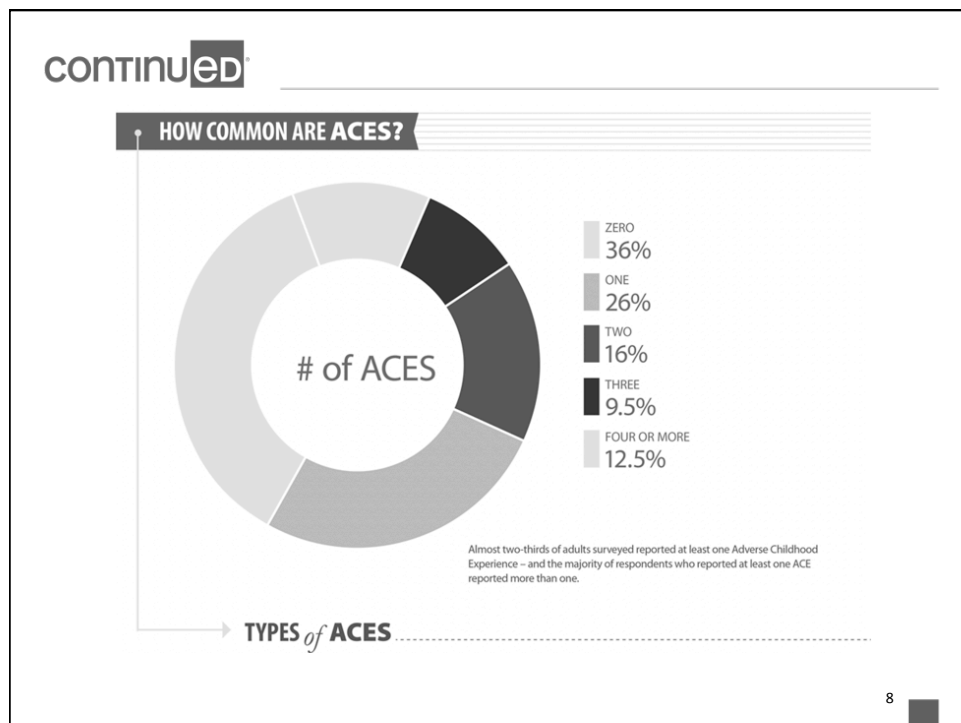
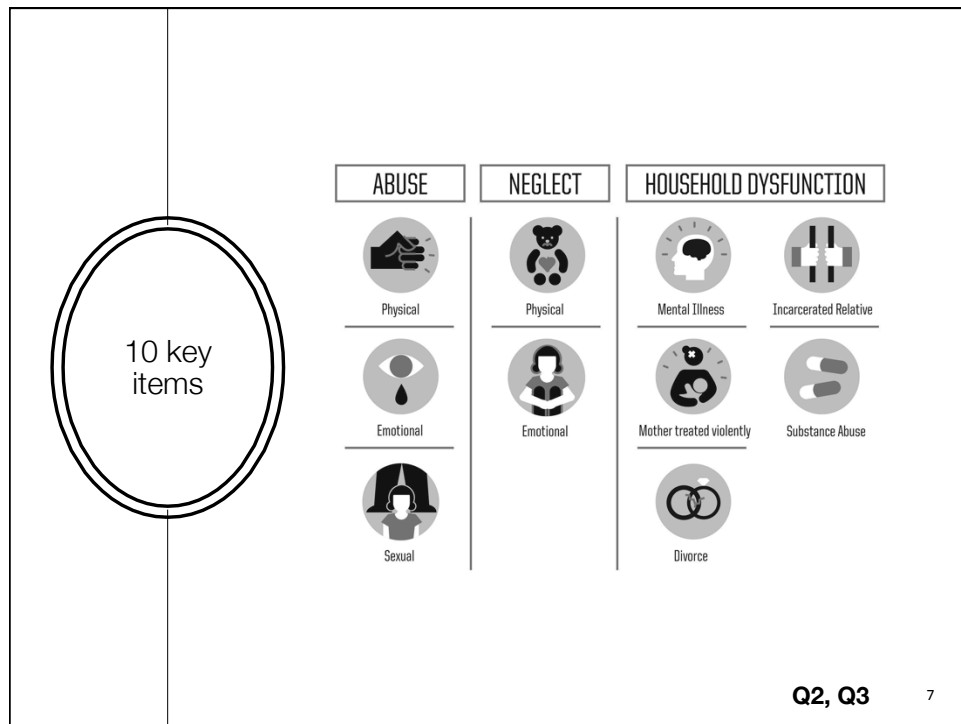
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The Story of ACEs

- Kaiser-Permanente
 - Health Insurance Provider
 - Silicone Valley
 - 1995-1997
- Assessing factors that contribute to the high cost of health care
- Originally undertook a study that assessed hundreds of questions around early experiences and health behaviors

Q1

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Understanding the Research

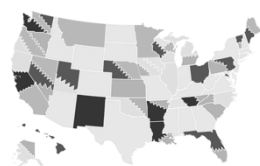
- Research was completed in 1990s, but did not reach common discussion until approximately 2010
- Research was initially completed on a sample of predominantly White, middle-class, educated individuals
- Since the original study, extreme poverty and incidents of racism have been added to the original 10 ACEs
- All ACEs are trauma, but all trauma is not an ACE

Q4

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ACEs research has now been duplicated multiple times across numerous states and other countries

THE ACE STUDY CONTINUES



Although the study ended in 1997, some states are collecting information about ACEs in their population through the Behavioral Risk Factor Surveillance System (BRFSS).

What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments (SSEs)** can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:



Q5

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ACEs in Early Childhood

- ACEs have been shown to directly link to chronic stress.
- Chronic stress is characterized by cortisol production in the brain
- Cortisol “bathes” necessary portions of the brain and selects only the pieces necessary for survival.
 - Brain functioning is the most essential in the lower regions of the brain
 - Executive Functioning is stored in the frontal regions of the brain (Decreased access)

Q6

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Brain Architecture

- Positive development and neurological formation in early childhood uses relationships as its foundation
- Increased chronic stress damages the brain's access to impulse control, analytical thinking, and cause and effect.
 - Feelings fuel behavior
- Safe, predictable, relationships allow children to decipher safety from danger to regulate their stress hormones



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Executive Functioning

- The Executive Functions of the brain often act as an air traffic control system.
- They direct emotions, information, and reactions to “land safely.”
- Children with numerous ACEs, and subsequent high chronic stress, often behave as if there is no one in their control tower.
- Chronic stress results in the brain's inability to navigate emotions and communicate effectively

Q7

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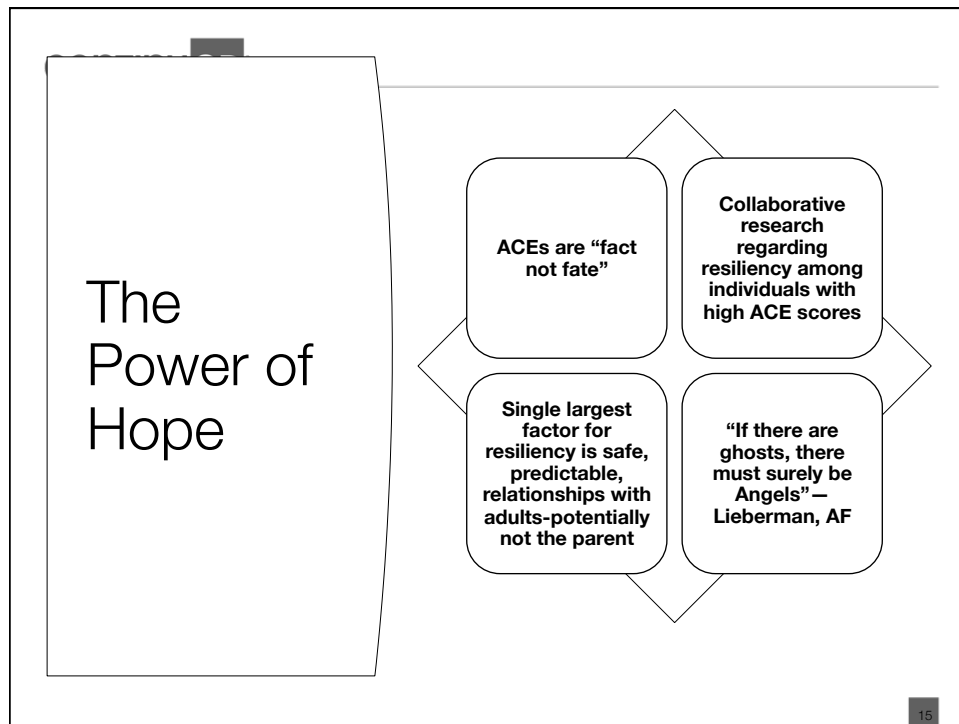
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Intergenerational Transmission of ACEs

- ACEs frequently repeat themselves in family generations.
 - Parents who have experienced abuse and neglect are likely to have children who experience abuse and neglect
- We parents as we were parented or in direct contrast to how we were parented
 - High back vs. Low back pup licking
 - Changes to our DNA
- Ghosts in the Nursery

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ACEs in our Occupations

- Social Work and OT hold a similar grounding framework of understanding individuals in the context of Person-in-Environment
- ACEs frequently manifest through this lens as behaviors that result in difficulties of navigating one's environment.

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ACEs in our Occupations

- Children who experience physical abuse and neglect are more likely to experience reduced sensory sensitivity than their same age peers
- Children who have experienced chronic trauma are more likely to experience developmental delays across all domains than their same age peers
- IDEA Part C requires that all children under 3 who are removed from a family by a child welfare system must receive an EI assessment as the link between neglect and poor development is so great

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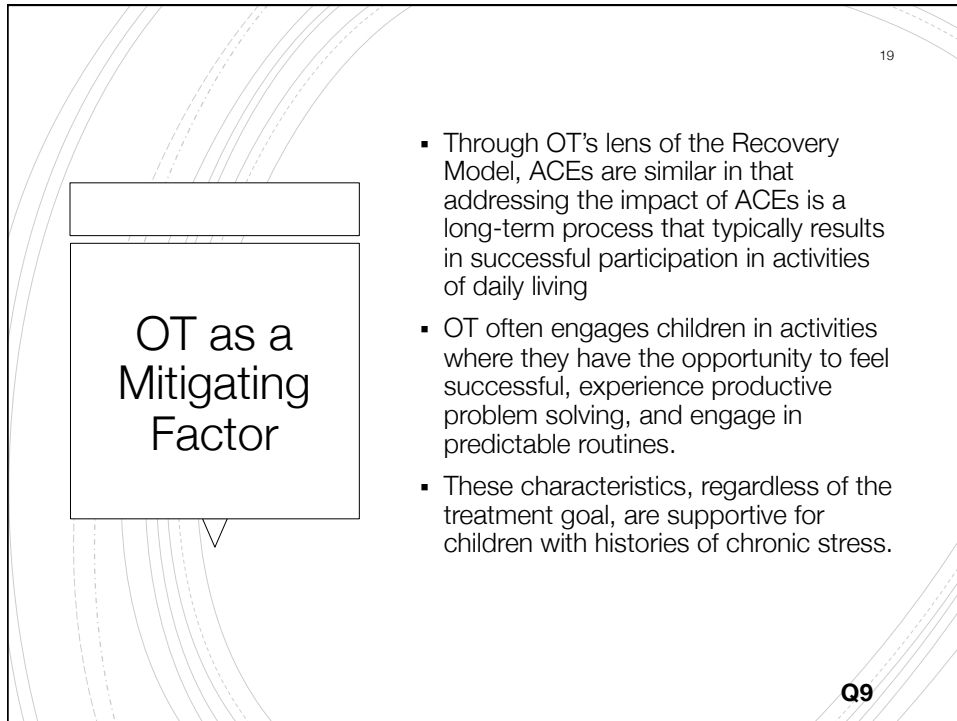
ACEs and OT Intervention

- Children with high ACE scores often experience:
 - Difficulty with self-regulation
 - Sensory Integration concerns
 - Poor fine motor development
- These children also struggle in identifying their roles within social situations and in creating imaginative play.
 - Imaginative play and social skills require higher levels of thinking that lie in the frontal cortex and are not generally as well developed when children's brains have been living in survival mode

Q8

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OT as a Mitigating Factor

- Through OT's lens of the Recovery Model, ACEs are similar in that addressing the impact of ACEs is a long-term process that typically results in successful participation in activities of daily living
- OT often engages children in activities where they have the opportunity to feel successful, experience productive problem solving, and engage in predictable routines.
- These characteristics, regardless of the treatment goal, are supportive for children with histories of chronic stress.

Q9



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OT as a Mitigating Factor

- Additionally, OT has an incredible role in creating consistent relationships with both the client and their family
- The promotion of co-regulation through family work is one of the largest mitigating factors of the impact of ACEs
- Bessel Van de Kolk often talks about how families should be in some form of physical rhythm with each other. Structured, reciprocal, activities can promote this attunement.

Q10 20

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Questions??
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