Congressional Briefing: Addressing the Mental Health Impact of Violence and Trauma on Children

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Good morning – the state of Green Bay Packers and cheese-heads!... although I will say that I grew up in a home where you were grounded if you didn't root for the Redskins, so I do feel a sense of community here.

I additional come to you from the University of Wisconsin, School of Medicine and Public Health – that's where I'm employed. But my primary work is as a consultant to the Wisconsin Department of Health Services. Before that position I had worked for 20 years – on and off – as a domestic violence and sexual assault advocate, in addition to a clinician working with very young children impacted by trauma.

In the many years that I've done this work, the most persuasive piece of information I think I've come across in communicating the impact of trauma is the Adverse Childhood Experience (ACE) Study… and I see a few nods in the audience. You know, it's so interesting, almost 20 years later it is now becoming extremely important in the world of our policymakers.

I did want to give some information about the ACE Study, and then follow up on Commissioner Samuels' mention of the brain and give some brain basics, and then to give just a little bit of information about trauma-informed care because it is something that we're engaged in in the state of Wisconsin and are very excited about.

So the ACE Study, for those of you who haven't had exposure to it, in your briefing packet you can access quite a few slides and more detailed information, and also if you go to www.acestudy.org there is some rich information there. I want to bring you back to Dr. Vincent Felitti who we know is the person who really started this process of examining the correlation between adverse childhood experiences and later behavioral health issues.

As Vincent Felitti explains it, he is a physician working at Kaiser Permanente in the San Diego area and he was quite interested in the prevention obesity and addressing severe obesity. So he put together a program that was very effective – people were losing weight. They were losing dramatic amounts of weight. But what was interesting is that people were dropping out, even though they were very successful. So it got him thinking – what's going on? Let me ask as series of questions. He states that he really had no idea what he was looking for with the set of questions he put

together. One of the questions he asked was "Did you experience childhood sexual abuse?" With that question he found a high correlation with people who had dropped out of the study and lost lots of weight. He started to consider that the obesity and the eating dis-regulation wasn't the problem, that it is a response and strategy of coping.

So what they did then was to think about other adversities that other people experience. Let's go back to the group they have to work with. It's 17,000 people – so if you are a researcher, you are pretty excited. You have 17,000 people to work with in your research study. The population is about 65% over the age of 50 and they are predominantly white, they have insurance, employed, high school graduated and many exposed to a college education. This is an interesting group. The CDC got wind of the range of possibilities here. Rob Anda joined in as co-principal investigator and they put together a series of ten questions – those are listed on the PowerPoint slide in your briefing packet.

When they talk about having collected this information – Rob Anda talks about how they saw 2/3 of the population surveyed had experienced at least one adverse childhood experience, and one-in-six had experienced four or more, he said he walked into the elevators at Kaiser Permanente and he cried because he was a physician, and had been one for many years, and he never fully understood the lives of the people that sat before him as a physician. He had always looked at what the problems were, what the symptoms were, what the diseases were, but he never understood this underlying history that people were bringing with them.

In particular, they were really taken aback when you look at the population base – these were the folks, as Dr. Felitti says, are the ones who "made it." These weren't the folks that many people can say "well, this is those people – not us," this is us. This is the people in this room. It raised the awareness that there is a high level of prevalence and then it allowed us to look at the correlative factors of these 17,000 folks within the research setting. With each additional category of abuse came the high probability that there would be a correlation to a multitude of behavioral issues and also disease states. So we're looking at a high correlation between the indiscriminant sexual behaviors that we often see lead to things like HIV/AIDS, the use of alcohol and other illicit drugs that can lead to liver and heart disease, smoking and the relationship to COPD – so you get the gist. There's a high correlation between this behaviors that, for a long time we just viewed them as bad behaviors – but now we understand that these are methods of coping. These are ways of addressing underlying issues for events that happened before we were 18.

Reference the ACE Study Pyramid in your packet. When you live with impairment in these domains, it makes sense that you would adopt what we call health risk behaviors. So if you are operating with a dis-regulated nervous system, you are going to use a lot of different coping strategies – it might be alcohol and other substances, it might be relational engagement, it might be aggression due to the regulation issues. When you are engaged in those behaviors the next part of the

pyramid makes a lot of sense – disease, disability and social problems. By social problems we can talk about juvenile justice and corrections.

The tip of the pyramid is the most daunting – early death. What they are finding sis that those folks that are living with six or more ACEs before the age of 18, on average, are dying 20 years earlier than those experiencing zero adversity. This has huge implications as you can start to connect the dots with how we address our public health issues, the cost of healthcare, what we can do to be preventing many of the social conditions that lead to so many of our human services.

Now, to disrupted neurodevelopment. We know people suffer from health conditions and behavioral issues but we didn't have the connecting piece. We are just starting to learn about the connecting piece of neurobiology. I'm going to do a quick "brain basics."

I referenced Dan Siegel who authored "Parenting from the Inside Out" where he asks us to think of this very simple model of the brain. This is the spinal column, the brain stem, the limbic system and the frontal cortex. So there you have this very simple model of the brain in the palm of your hand. What we know about kids is that they come into the world with 100,000,000,000 neurons – they are basically all the neurons they are going to have in this life. It's their job and our job to create the neural connections and the pathways, as they develop.

So we are one of the only species that comes into this world not ready to live on our own. We demand – we require – relational connection in order to create the structure that will allow us to function well in the world.

(Show Dr. Ed Tronick Video: http://www.youtube.com/watch?v=apzXGEbZht0)

It is actually quite helpful for our young children and our adults to experience stress. This is what builds our resilience and our capacity to handle things in the world that are hard. But it is that assurance that there will be a reconnection and a re-stabilization of the infant system and the young person system – there will be the outside environmental capacity to help that child regulate because their neural systems are not equipped for them to do that on their own.

Now let's talk about children with parents who have addiction issues, parents who are unavailable due to imprisonment, environments that are very chaotic that are filled with physical violence and domestic violence… imagine that infant having to figure out how to regulate by the figures in that situation. If this regulatory part of the brain (the limbic system) if we get this to the point where it is solely focused on survival, the ability to really start making those important connections with the frontal cortex, those opportunities are not enhanced and that's where we start to see some of the difficulties with social, emotional and cognitive impairment.

In Wisconsin what we are starting to do – no we are not knitting little baby booty bootstraps and saying "figure it out little ones – pull yourself up by those bootstraps." That would seem ridiculous. But in many cases, that is what we are asking parents to do, it's what we are asking adults to do.

With this new science, we are starting to view this as a mental injury, one in which people may not be able to do that. It would be like asking someone to run a marathon with a broken leg. Just do it.

What we are doing in Wisconsin is a trauma-informed approach within all of our human service systems. What we are saying is that what kids need – if they aren't going to get it in their homes – is emersion into health, connection, attachment and safety. Trauma-specific interventions can be quite helpful, but they are never going to be enough, but what we can do is create systems of care and also communities that make a commitment to prioritize the needs that children have.