

Trauma & Adverse Childhood Experiences: Implications for Preventing Substance Misuse

WEBINAR SUMMARY

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This webinar outlines SAMHSA's comprehensive approach to trauma-informed care, highlighting the mechanisms by which trauma and adverse childhood experiences (ACEs) influence substance misuse and related behavioral health problems, and the importance of focusing on individuals' strengths and resiliencies when developing trauma- and ACEs-informed prevention efforts.

Originally delivered to SAMHSA's Center for Substance Abuse Prevention staff members, this webinar may be useful to practitioners interested in ACEs, trauma, and developing a trauma-informed approach to substance misuse prevention.

SAMHSA'S CONCEPT OF TRAUMA & THE TRAUMA-INFORMED APPROACH

In an effort to create a shared framework for practitioners and organizations providing services and support to trauma survivors and communities, SAMHSA developed the following concept of trauma, referred to as the **three "E's" of trauma**:

*Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

To optimize outcomes for trauma survivors, SAMHSA also developed the concept of a **trauma-informed approach** grounded in four assumptions and six key principles.

Four R's of a Trauma-Informed Approach. A program, organization, or system that is trauma-informed:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** 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. Seeks to actively **resist** re-traumatization.

Six Key Principles of a Trauma-Informed Approach. A program, organization, or system that is trauma-informed should adhere to the following principles in their policies, governance, leadership, etc.:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

WHAT ARE ADVERSE CHILDHOOD EXPERIENCES?

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that can lead to social, emotional, and cognitive impairment, which, in turn, can lead to the adoption of high-risk behaviors, disease, and early death.

Many studies have examined the relationship between ACEs and a variety of known risk factors for disease, disability, and early mortality. The Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, conducted a landmark ACE study from 1995 to 1997 with more than 17,000 participants. Key findings included the following:

- **ACEs are extremely common.** More than a quarter of the study participants (28%) reported experiencing physical abuse, 21% had experienced sexual abuse, 15% had experienced emotional neglect, and 10% had experienced physical neglect. Substance misuse, mental illness of a parent, and divorce or separation were also common events experienced by roughly a quarter of patients in the original study.
- **Dose-response relationship.** The primary finding of the study was a dose-response relationship between ACEs and the development of poor physical, mental, and behavioral health over the lifespan. That is, as the number of ACEs increases, so too does the level of risk for experiencing negative health outcomes later in life.

WHAT OUTCOMES CAN ACES PREDICT?

ACEs are considered to be the most powerful predictor of health, not only because they drive many different problems, but because they also drive such a large percentage of each of these problems. The proportion of burden attributable to ACEs, known as the population attributable risk, can range anywhere from 14% – 80% depending on the problem. Therefore, ACEs can be predictive for problems such as substance misuse and other behavioral health issues. For example, **ACEs are predictive of:**

- Early initiation of alcohol use and continuing problem drinking into adulthood
- Early initiation of tobacco use, continuing tobacco use throughout adulthood, and nicotine-related disease

- Prescription drug use, misuse, and lifetime illicit drug use
- Lifetime depressive episodes
- Sleep disturbances in adults
- Increased risk of suicide attempts
- Anxiety disorders

STRATEGIES TO PROTECT AGAINST ACES

Due to the predictable patterns that early trauma and stress have on brain development, it is possible to predict how childhood adversity may lead to challenges in later stages of life. Resilience research shows that **strengthening protective systems** can improve ACE effects and reduce the likelihood of ACEs in the next generation.

Specifically, nurturing individual's development in these three domains can offer protection against the adversity associated with ACEs:

- **Capability/Self-Regulation.** Research has shown that activating social engagement (e.g., through exercise and play), in conjunction with calming physical tensions in the body (e.g., through movement, mindfulness) can help improve individuals' ability to self-regulate stress and other emotions.
- **Attachment and Belonging.** Bonds with parents and/or caregivers, positive relationships with competent, nurturing adults, and learning together are a few examples of ways to promote a sense of belonging that can in turn build an individual's resilience in the face of trauma.
- **Community, Culture, and Spirituality.** Co-creating art, movement, rhythm, and music, and developing ceremonies or rituals are other important ways to promote an individual's sense of belonging within their larger social and cultural environments.

LESSONS FROM THE FIELD: INTEGRATING ACES DATA INTO MONTANA'S PREVENTION EFFORTS

Montana conducted its own ACEs study in 2011. Results showed that about 43% of adults had experienced between one and three ACEs, and 17% had four or more. Recognizing an opportunity to address the developmental trajectory ACEs can have on various programs and services, Montana's Department of Public Health & Human Services (DPHHS) adopted a trauma-informed approach and implemented ACEs trainings for state-, program-, and community-level staff.

DPHHS's steps towards implementation:

- Gain buy-in from top leadership
- Use SAMHSA's six key principles of trauma-informed approaches as a template
- Adopt a common language for talking about trauma and trauma-informed care

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

- Modify mission and vision statements to reflect a trauma-informed approach (to help with the broader culture change)
- Identify which processes currently in place are trauma-informed
- Work with human resources to ensure the onboarding process for new staff included proper training
- Provide resources through the state agency website where staff can take training courses