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# ADVERSE CHILDHOOD EXPERIENCES & COMPLEX TRAUMA





TANA BRIDGE

PHD, LMSW, CTP, CCFP

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# CHILDREN & TRAUMA

- 1 out of 3 children will be exposed to some type of violence (1)
- 1 out of 10 children will be exposed to multiple types of trauma (1)
- 75-93% of those entering JJ systems have a history of trauma
  - The average number of ACE = 5
  - General population 25-34%

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- Increased number of traumatic events or adverse childhood experiences increases the likelihood of criminal behavior at a younger age and for increased number of years in criminal systems.
  - Children and youth who have experience trauma interpret the world different than those that have not.

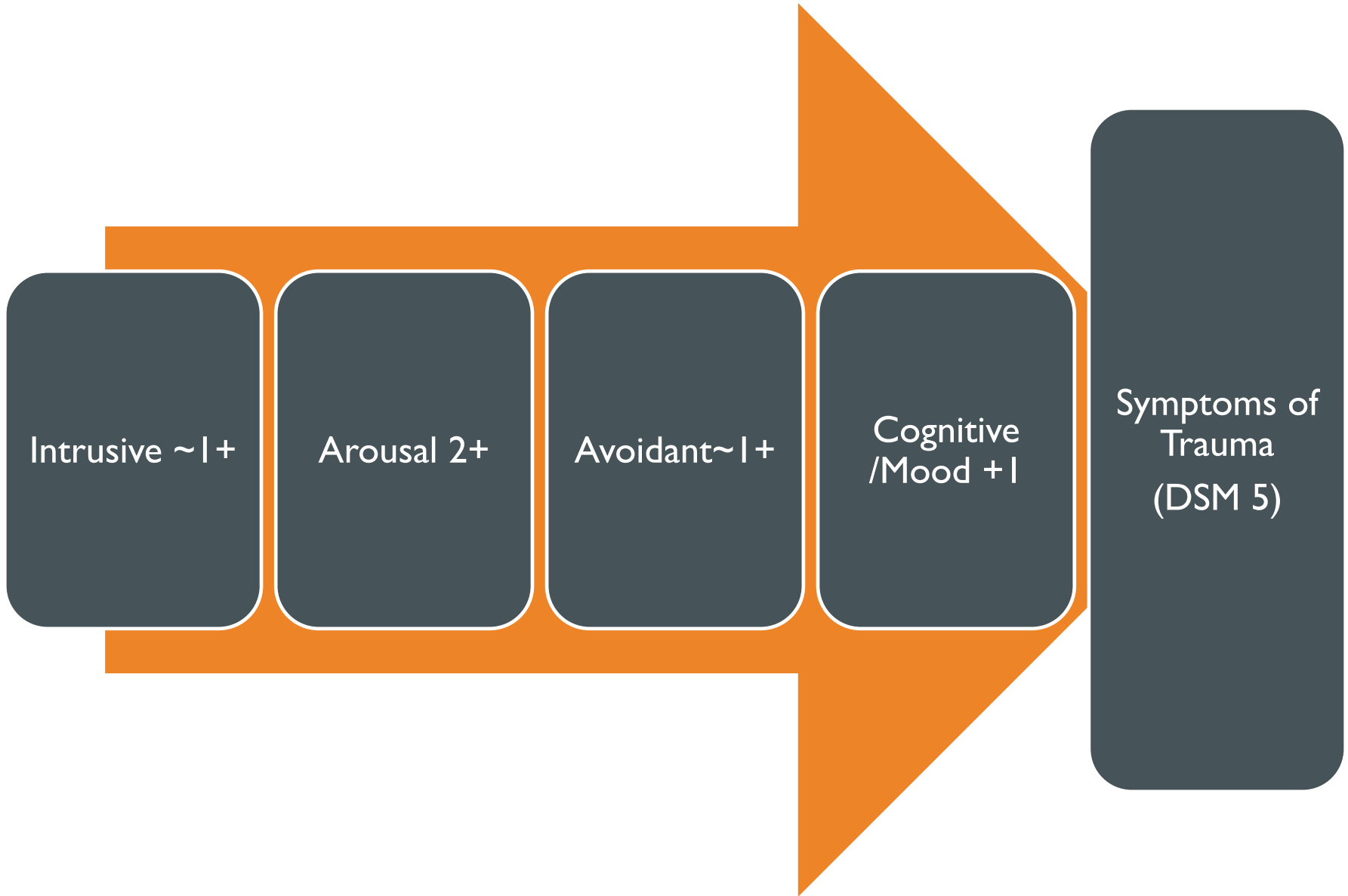
# SUBSTANCE USE & TRAUMA

- 30-60% of those in Substance Abuse Treatment meet the criteria for PTSD diagnosis
  - ~50% inpatient with SA-PTSD
- Women with substance abuse are 2-3X more likely than men to have a history of trauma.
- Increased numbers of childhood adverse experiences increases the likelihood for adult use.

(Dube, et. al., 2002, Krejci, et.al, 2008; Souza & Spates, 2008)

# SYMPTOMS

WHAT ARE  
SYMPTOMS  
OF  
TRAUMA  
OR PTSD?  
(DSM HUGE  
LIMITATIONS!!)



# SYMPTOMS OF PTSD IN ADULTS (DSM5)

- Recurrent recollection
- Dreams with content related
- Distress at symbolic events
- Dissociative reaction

Intrusive

- Hypervigilance
- Startle Response
- Sleep difficulty
- Concentration /memory problems
- Mood problems: irritable, anger

Arousal

- Avoiding thoughts feelings, activities or situations
- Avoiding external reminders
- Diminished interest
- Inability to connect with future

Avoidant

- Inability to remember aspects of event
- Negative belief about oneself
- Distorted cognitions
- Negative Emotional State
- Negative Relationships

Cognitive /Mood

# SYMPTOMS OF PTSD IN CHILDREN (DSM5)

- Recurrent recollection
- Dreams/nightmares
- Play/thematic behavior
- Reenactment
- Pre-occupation

Intrusive

- Hyper-vigilance
- Anxiety-school fear
- Sleep difficulty
- Changes in eating
- Mood problems: irritable, anger, confused
- Somatic illness

Arousal

- Avoiding thoughts feelings, activities or situations
- Diminished interest
- Regressive Behaviors
- Repressed memory

Avoidant

- Decreased memory
- Negative belief about self
- Distorted cognitions about cause
- Diminished interests in activities
- Detached from others
- Inability to experience positive emotion

Cognitive  
/Mood



“HOPE IS MORE THAN WISHFUL THINKING. HOPE TAKES COURAGE, STRONG FAITH, SOLID THINKING, CREATIVITY, WILLFUL ACTION, AND PERSISTENCE IN THE FACE OF THE UNKNOWN”.

BOLLMAN AND GALLOS, P218.



Choose Hope

What if we thought of the youth as injured ~does that change your approach?

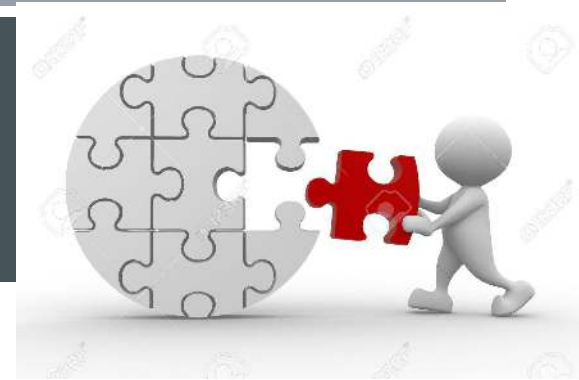


Lived experiences become guide to present.....

*Behavior may be a survival strategy and while not acceptable~ a sign of strength and resilience*

Neurobiological injury vs psychological illness/disorder

# LIMITATIONS AND TRUTHS



- You are one piece of the puzzle:
  - Safety in home, environment, friends, etc. are outside of your power.
  - You may never know the entire picture of the client's life.

## **TRUTH!**

- You can choose to work from a place of hope!
- Individuals that move through very difficult circumstances rarely credit 'a village' – they credit 'an individual'.
- Principles of trauma informed work are good for all – not only those experiencing trauma.

# RELATIONSHIPS AN EXPRESSION ~AN ACTION

## *Be Genuine*

- Be present, attuned
- Be consistent
- Be predictable
- Choice of Words ~Voice Tone
- Soft eyes
- Body posture
- Know clients specific interests
- Role Modeling respect



# NEGATIVE LEARNING OUTCOMES



Attending: organization and comprehension



Memory: brain is 'stuck' in the here and now, difficulty with recall



Use of language: Speaks to control others, difficulty expressing thoughts and feelings, difficulty with abstract thought and literacy



Sequencing: does not have template for first, second third...



Cause and Effect: Does not see a natural cause and effect



Empathy: Difficulty in taking the perspective of another



Executive functioning is compromised: internal mapping is not established, abstract reasoning not developed

# THINK CHOICE & EMPOWERMENT



- Do not assume the individual knows what to do (even if exhibited appropriate behavior before)
- Suggest options. Choice (MOST) always exists
- Trauma=powerlessness~  
*Empower every chance you can!*
- See and appreciate strengths; actions that are ‘wanted’ and healthy.
- Assure them you are willing to support them, listen to them.
- Empathize with emotions.

# PERSONAL POWER & CHOICE

## ‘Experience their Competence’

- Help client identify area
- Set up for success
- Upon achieving competence - highlight  
-make conscious the many steps it took to get there.



# TEACHING & LEARNING

## TO DO!

- Work with individual to articulate steps in completion
- Write down order/activities
- Call on them to use their card/reminder/planner
- Refer back to success in steps





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Thank You  
For the Important Work You Do!




Tana Bridge  
[tbridge@emich.edu](mailto:tbridge@emich.edu)

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