Report of Act 43 Legislative Working Group for :

Childhood Trauma /ACE’s

January , 2018

Committee Members:

Sen. Ginny Lyons	Rep. Anne Donahue
Sen. Becca Balint	Rep. Kate Webb
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INTRODUCTION :

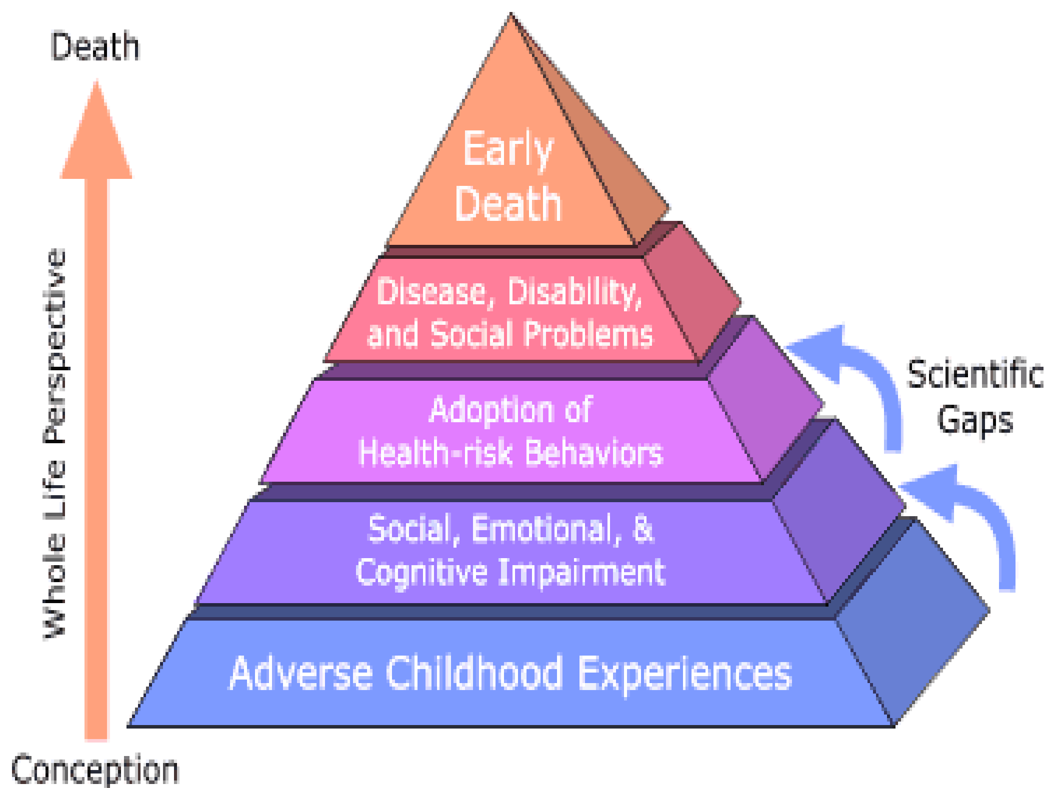
A bus pulls up to a school that serves students in Pre-K to grade 8. The older students come off the bus.

Then, a preschooler wearing only a diaper, and carrying a lunch box (which turns out to be empty) comes off the bus, leaving the adults shocked and questioning. What's going on here?

This was the testimony by Chief Justice Paul Rieber as he shared how trauma affects what judges are seeing, what educators and social workers are seeing and what is behind so much of the human suffering and monetary costs to our society as we try and help.

With the human suffering and enormous financial costs in health and human services, would it make sense to address a root cause of everything from special education, corrections, generational poverty and homelessness, addiction, chronic health care needs and early death?

Well, here it is: childhood toxic stress and trauma.



Definitions: Toxic Stress and Adverse Childhood Experiences (ACEs)

Toxic stress is a term used to describe the kinds of **experiences, particularly in childhood, that can affect brain architecture and brain chemistry**, such as severe abuse.

Adverse childhood experiences (ACEs) are **potentially traumatic events that can have negative, lasting effects on health and well-being**, typically occur in a person's life before the age of 18 and have lasting impact as an adult. ACEs can be toxic stressors, particularly if the adversity is not buffered or counterbalanced with supportive relationships and the types of experiences and emotions that comprise resilience.

Sources: DNA Learning Center. https://www.dnalc.org/view/1226-Toxic-Stress.html, accessed 9/5/2017. Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Koss, M. P. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of Preventive Medicine 14(4), 245-258.

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Groundbreaking research first reached the public in 1998, when the Centers for Disease Control (CDC) and Kaiser Permanente released data collected from over 17,000 adults.
Almost 2/3rd reported at least one “Adverse Childhood Experience” – the study’s term for the specific topics it identified as potential childhood traumas -- and over 12% reported 4 or more - the level at which numerous problems will probably last a lifetime.

The survey asks about 10 types of childhood trauma. Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. The other five are related to the family environment: living with someone who was a problem drinker or who used street drugs, having a mother or stepmother who was abused, experiencing loss of a parent are due to divorce or abandonment, having a household member who was imprisoned, or having a household member with a mental illness or who attempted suicide. [The work group noted that these categories may be under-inclusive or make assumptions about a family environment that reflect social biases (such as only addressing abuse of one’s mother, or suggesting that a person with a mental illness would

presumptively create trauma for a child), and that the study did not distinguish upon relative impact or validity of any of these defined factors separately. This report does not attempt to change the factors that are used in the actual ACES questions, nor does it question the clear validity of the findings as a whole about the mental and physical impact of traumatic events. However it refers to the toxic stress and trauma that underlie the findings rather than adopting the term "ACES" as a generic substitute for toxic stress and trauma.]

While there is clear evidence that addressing childhood trauma can help reduce human suffering and the money we pour into health care and social services, there is no one easy answer to such a complex dilemma.

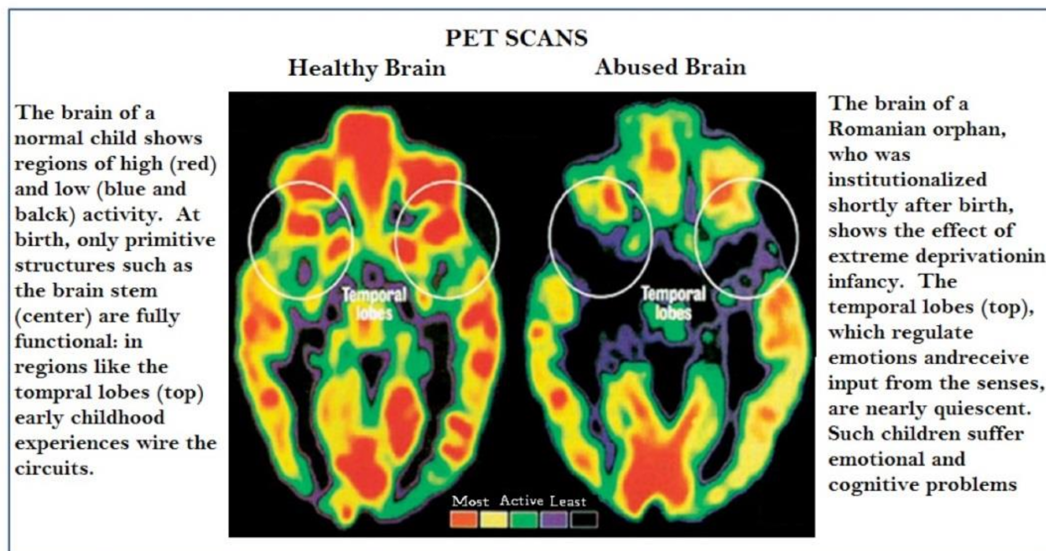
Members of the Act 43 Working Group will be suggesting several pieces of legislation, including restoring the state position of Trauma Coordinator, (which was cut during the recession of 2008).

Another vital part of already established services are Vermont's Early Care and Education system. From infant care to pre-school, this system is vital. Their help with early recognition of needs and serving those needs to promote both school readiness -and to help ameliorate the all too common lifetime issues common to those children with multiple Childhood Traumas and Toxic Stress, need increased support .

Maintaining budget considerations for Early Care and Education and recognizing the stresses on Parent Child Centers and Children's Integrated Services are paramount to continuing current work.

Another option is a Tri-Branch Council bringing together all three branches of government at the same table, at the same time, with other stakeholders. This group would help disseminate information to the general public and educate as to the prevalence and effects of childhood trauma, share best practices, create a common metric for measuring the efficacy of programs, map current services to identify where needs are and help coordinate efforts among the three branches of government. In this way, duplication of efforts can be avoided and there can be coherence in how we help.

Other areas for recognizing good work already happening, that can use greater support related to childhood trauma are public school education, early care and education, health care (including mental health and substance use disorders), judicial interventions, and human services (including services related to generational poverty and homelessness.)



Another clear takeaway is to better understand the nature of trauma:
- Trauma doesn't just go away.
- Trauma affects the body as well as the brain, and effective treatment needs to include a somatic component.
- Trauma is not confined to one demographic. However, for those in generational poverty, trauma is often perpetuated from generation to generation.
- Both physical and emotional trauma cause damage to brain development. Because of brain plasticity, some of this can be overcome, but some has permanent effects.

Without addressing the Trauma underlying many non-productive behaviors, we are just spinning our wheels and "putting Band-Aids" on serious injury.

Take away points…adverse experiences are…

- very common and often largely unrecognized
- interrelated, not solitary
- strong predictors of social malfunction, mental illness, health risks, disease and premature death
- the basis for much of adult medicine and of many common public health and social problems
- a leading determinant of the health and social and economic outcomes of our state and nation
- although the original ACE study is more than 20 years old, we are just now making these linkages and embarking on a public health approach to raise community awareness and response

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PURPOSE OF THE WORKING GROUP -
Act 43 empowered a legislative working group to meet 6 times and take a look at the health and human services landscape with regards to childhood trauma and in light of the knowledge gained from the ACEs (Adverse Childhood Experiences) study.

As we heard from professionals and from those with lived experiences of trauma, the prevalence of trauma and its effects became clearer.

It also became clear that most of us would do well to better know about and understand this root cause of so many of the challenges in human services, education, and corrections.

SUMMARY -
Over the past 20 years, since the first research by the CDC-Kaiser Permanente , was released concerning childhood trauma, a body of research has been growing that makes the connection between childhood trauma and many of our societal problems.

That research shows clearly that trauma is all too often the link between generations that keeps families stuck in the cycles of generational poverty, special education needs, lack of success in school, drug/alcohol abuse/ addiction, chronic homelessness, having chronic health needs, and in many cases, early death. While many of these

impacts may be intuitive, the direct health care effects were one of the most dramatic findings of the study.

During our 6 hearings we heard from over 60 witnesses, and from a spectrum of perspectives.
We heard from educators, social workers, corrections staff, medical providers, and most importantly, we heard some heart wrenching and powerfully informative testimony from people who have lived the experience of childhood trauma.

THE PROBLEMS ;

More and more of our children, for generations now, have been subject to trauma at a level that affects their ability to function as healthy, productive citizens. Educators are seeing dramatic increases in the severity of behavioral impacts, and many of the chronic health conditions that adults are experiencing are directly related to childhood trauma.

Clinical Psychologist Dr. Martha Straus shared in her testimony about how trauma delays or stops brain development. As the brain develops from back to front, when trauma occurs early on, there can be some development holes in the brain and in a child's development. When trauma is ongoing, the conditions of toxic stress bathe the brain in Cortisol, the "fight or flight" hormone. All humans share this response to stress, but not all of us have this as a constant experience. Constant release of cortisol can damage the brain in the same way a car accident or battlefield trauma can.

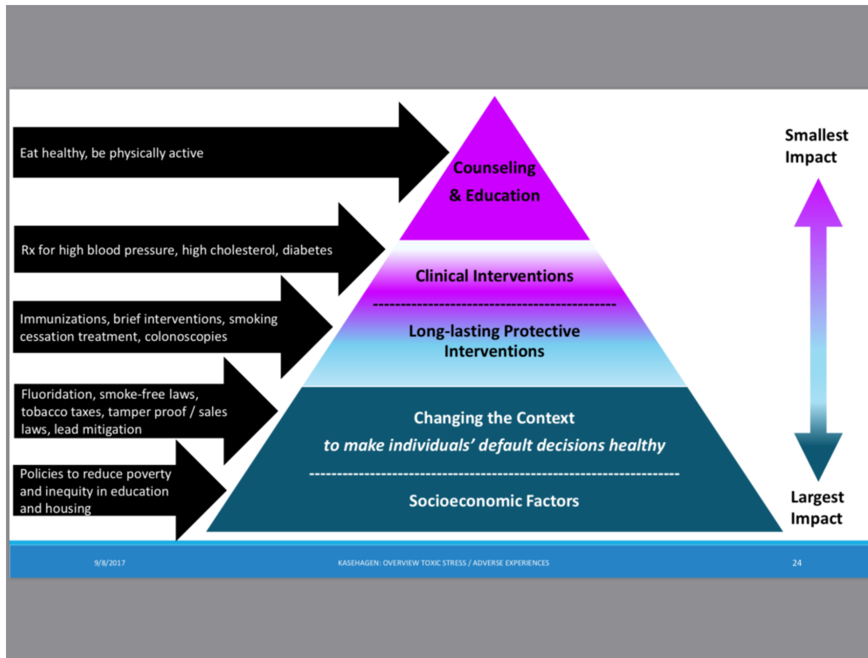
For some children, the damage and developmental delays prevent normal functioning and can become barriers throughout their lives. For many, it is why regular therapeutic modalities become ineffective, and individuals - and even families - can get stuck in the cycles of generational poverty, homelessness, addiction/ substance abuse and chronic health care needs.

The first study from 1995 to 1997 included over 17,000 individuals from the general population. Many were followed for 15 years. Most researchers look at this as a strong sampling, which makes the results that much more revealing.
The study indicated that a score over 4 on a scale of 10 usually meant the individual had an increased probability of serious problems in adult life. Altogether, 87% of those surveyed had a score of at least 1 or 2, and16% had a score of over 4 or higher. (The higher the score, the greater the severity of long term problems in the future.)

While Vermont's Youth Risk Behavior Study doesn't measure childhood trauma, our committee work suggested,
 it may be helpful to do so.

At our hearing in Brattleboro, we heard testimony from several teachers, guidance counselors and administrators in the local school system. Several said a survey of their classrooms and their peers' classrooms, led them to estimate that 35% of their students are presenting behaviors that would correlate to the experience of childhood trauma reflected by a high score on an ACEs questionnaire.

SOLUTIONS :
What can make a difference?
Many of us experience events and circumstances that can be classified as traumatic.
Protective factors such as supportive, stable families and being part of supportive community with supportive adults can help children develop a **resilience t**o the traumas they've encountered.



Establishing these systems of support are, at best, difficult, when the entire family is struggling with similar problems.

One opportunity to help was shared in testimony from Darah Kehnemuyi, recently retired Director of the Brattleboro Community Justice Center.
COSA's, or Circles of Support and Accountability are support groups for people who just been released from prison. They meet regularly with the individual and provide supports that range from someone to talk to, someone to help shop or find a job or apartment, to someone who can be depended on when times get stressful and old methods of coping won't be helpful.
The outcomes for COSAs are encouraging. The recidivism rate for those without COSAs is in the range of 80%, while those receiving support from a COSA only have about a 30% recidivism rate.
An idea is to transpose this modality of support into other areas of support for those struggling to break the cycles of generational poverty, etc. and provide the ongoing, positive support that has been so helpful to those working with Justice Centers.

A common theme throughout the service providers we heard from is that trauma is often experienced by multiple generations within many families. Any effective services need to address multiple generations.

Primary prevention efforts utilizing pediatric offices and social service nets show promise. The DULCE program in Lamoille County and the PROUTY Center for Children and Family Development in Brattleboro, utilize comprehensive treatment for the whole family.

AHS/ DCF utilizes the Strengthening Families program as a basis for services and building resilience in both individuals and families.
Having all staff in education and human services be "trauma informed "is an essential part of the service paradigm. Justice Reiber has also suggested that court staff, including judges, would also do well to have training in being "trauma informed"- or being aware of how people with trauma react in certain situations, and how they might behave differently from many others due to having their trauma "triggered" (when old trauma is brought to the surface by some similar event.)

Another promising idea comes from Paul Dragon, policy specialist with AHS. Paul suggested that to comprehensively address childhood trauma, we would do well to treat it as a public health problem, much the way we did with smoking back in the 1960's. At the time ant-smoking efforts started, 53% of Americans smoked. With education across society, regular publicity campaigns, cessation programs, prevention programs and supports for those quitting, the number of Americans who now smoke has been reduced dramatically to about 18%.
Such a widespread, comprehensive and generational approach may be the best way to educate the public as to the prevalence and effects of childhood trauma.

AHS looks to provide trauma informed services throughout their array of services. The Strengthening Families Curriculum is research based methodology that is used in work with families.
Throughout AHS, and the array of current services, again and again, it was noted that services would be helped by reinstating the position of a State Trauma Coordinator.

When we look at the growing populations in Special Education and Corrections, and experiencing chronic health care conditions, addiction, generational poverty and homelessness, Childhood Trauma is clearly prevalent. Our goal must be to reduce and, or, to provide support for those who experience early childhood trauma

Having data and a better understanding of the stories that accompany that data, is one key to better addressing this challenge here in Vermont.

VetoViolence Home

ADVERSE CHILDHOOD EXPERIENCES

looking at how ACEs affect our lives & society

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The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **$124 billion.**

CONCLUSIONS / NEXT STEPS ;

Our collective work as a House-Senate Committee was wonderfully collaborative and productive. However, it was also limiting in one area - our ability to forge one bill for consideration. With different drafting deadlines and limited committee time, we decided to have individual members have bills drafted, pertinent to topics of interest, and/or their committee's jurisdiction. From there, we will coordinate work in each body, with the collective goal of moving this work in as comprehensive manner as possible.

The Working Group is clear that childhood trauma is an issue whose time has come, to be recognized and understood by the general public. The prevalence and effects of childhood trauma are evident, though we may need more data specific to Vermont.

Bad news … there is no silver bullet …

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vaccine, pill or singular, "one-size fits all" intervention that can "cure" cumulative toxic stresses

Individual-level interventions do not change the underlying conditions in communities that enable toxic stress to continue

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The costs, monetary and in human suffering, are staggering. Likewise, though, we would do well to pull together real numbers and solid data that can help articulate the problem. Short term investments can have long term positive results.

The Working Group believes that common, statewide standards for addressing trauma are key. Evidence informed programs can turn the tide on drug addiction, homelessness abuse and other trauma, that Vermont families are facing.

And, gaining recognition from the public for greater support for addressing the prevalence and effects of Childhood Trauma is a clear goal- alongside with maintaining the current systems from Early Care and Education, Mental Health, Chronic Health Care and the Social Safety Net

Good news …

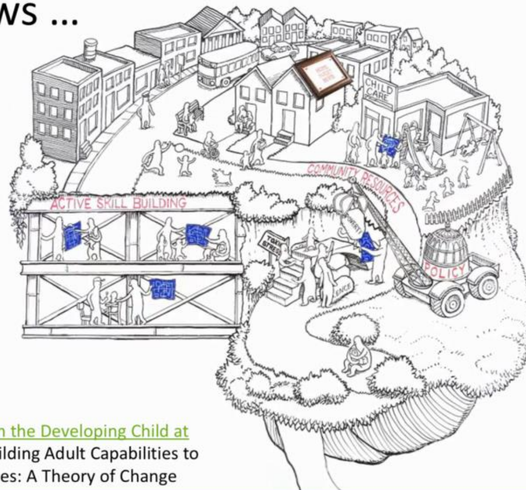

Image from: Center on the Developing Child at Harvard University, Building Adult Capabilities to Improve Child Outcomes: A Theory of Change

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Together we can build better systems of helping our children and families be the best they can be- for the benefit of all of us, in our great state of Vermont.

The following bills are currently being proposed ;

H.578 An Act Related to Establishing the Coordinator of Trauma Informed Systems and the Childhood Trauma Tri-Branch Commission

H.579 An Act related to Trauma Informed Care in Mental Health Settings

H.580 An Act Related to Trauma Informed Policies in Educational Settings

S.261 An Act Relating to Mitigating Trauma and Toxic Stress During Childhood by Strengthening Child and Family Resilience