

## ACES, Trauma Informed Care, and a New Player at the Table; Childhood outcomes and positive paternal engagement

Standing in the Eye of the Storm  
Mississippi Department of Mental Health, IV Conference  
28 September 2017/Jackson, Mississippi  
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Yale School of Medicine

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## TIC origins...

- ▶ Mental health pioneers trace serious MI to early trauma; railroad litigants 1890s, APA coins 'PTSD' 1980, and geared up in 1990s when CDC/ACE study changes 'what's *wrong* with you?' to 'what's *happened* to you?'
  - Service delivery begins to integrate understanding of significant bio-psycho-social fallout from ACES and trauma...
  - ...with aim of ameliorating effects
- ▶ Last five years...
  - Service systems implementing TIC in educational settings, human services, law enforcement, adult/juvenile corrections, health care, even whole cities

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## ACEs – Adverse Childhood Experiences –VJ Felitti

- ▶ 17,373 middle-aged individuals insured by Kaiser Permanente (CA) followed for 20 years, comparing 10 common categories of ACEs previously unrecognized as risk factors
- ▶ ACEs they had recalled and endorsed at beginning of study proven to shorten their lives and increase medical care (costs!) significantly

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### The Too Familiar Landscape

- ▶ Trauma as 'Public Health Epidemic' [SAMHSA]
- ▶ 67% population experienced ACEs
  - 33% say no ACEs
  - 51% say 1-3 ACEs
  - 16% report 4-10 ACEs

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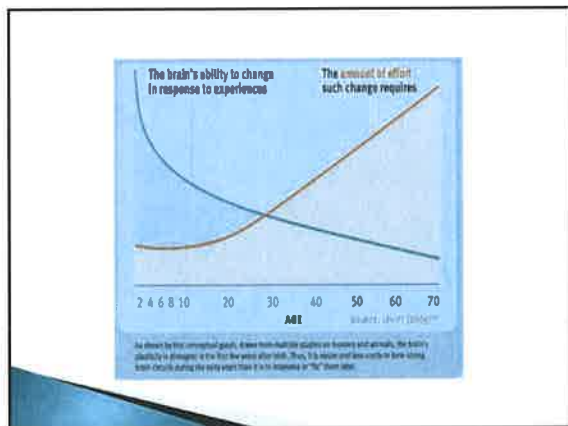
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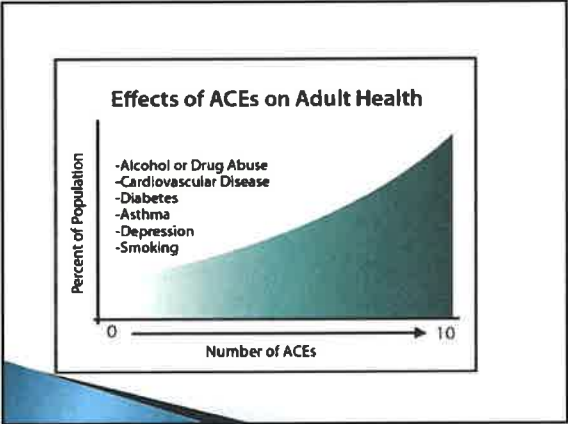
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Table 1. ACE-Related Odds of Having a Physical Health Condition<sup>1</sup>

Health Condition	0 ACEs	1 ACEs	2 ACEs	3 ACEs	4+ ACEs
Arthritis	100%	130%	145%	155%	236%
Asthma	100%	115%	119%	160%	231%
Cancer	100%	112%	101%	111%	157%
COPD	100%	120%	161%	220%	399%
Diabetes	100%	128%	132%	115%	201%
Heart Attack	100%	148%	144%	287%	282%
Heart Disease	100%	123%	149%	250%	285%
Kidney Disease	100%	83%	154%	178%	203%
Stroke	100%	114%	117%	180%	291%
Vision	100%	167%	181%	199%	354%

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**What are we doing with what we have learned? SAMHSA\* approach...**

- ▶ '4 Rs' of Trauma Informed Approaches
  - R ealize widespread impact of trauma
  - R ecognize signs and symptoms
  - R esist re-traumatization
  - R espond by fully integrating knowledge about trauma into our practices, programs, procedures and policies

\*Substance Abuse & Mental Health Services Administration

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### Effective?

- TI schools use fewer suspensions, expulsions, write-ups
- Mental health settings use less seclusion/restraint; outpatient involvement shorter, save money
- Foster care settings see more placement stability
  - \*BUT...Empirical research support is weaker than the enthusiasm for doing 'it', whatever 'it' may be.*
  - most research consists of self report literature, 'white papers', theoretical or concept pieces
  - \*our tent may still be too small...

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### A word about fathers...

- In the world of TIC, often a negative association
  - For both mothers and practitioners
  - Not without reason...
  - Dads and ACEs...

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**ACEs = Adverse Childhood Experiences**

The three types of ACEs include:

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Domestic Violence
Emotional	Emotional	Mother-headed Household	Substance Abuse
Sexual		Divorce	

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But positively engaged fathering can be [& usually is] part of a resilient context, lifting child outcomes...

- Which ameliorate or moderate existing ACEs
- So what about fathering anyway?
  - What makes it different than mothering?
  - Does it matter to child outcomes?
  - Would they even come if invited?

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*It is the primary task of every society to teach men how to father.* – Margaret Mead, *Anthropologist*



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Evidence that Men Respond to Children

- Biological equity & the colicky infant
- Touch and smell recognition
- Spontaneous speech patterns

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Evidence that Children Respond Directly to Men

- › 6 wk olds respond differentially to mother/father
- › Toddlers use clearer behavioral cues to father
- › Preschoolers use more advanced speech with fathers

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Distinguishing Paternal Behavioral Trends

- › Preference for activation/stimulation vs. soothing
  - › Unpredictable vs. predictable/regulating style
  - › Preparation for place in the world vs. relationships; 'real world' discipline vs. relational
  - › Frustration tolerance vs. facilitating
  - › Strong support for autonomy and independence
- Especially from mother [are these *good* things?]

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'Attachment' Relationship to Father differs from Mother's

- › *Secure attachment to mother provides 'comfort when child is distressed'.*
- › *Father provides 'security during monitored controlled excitement through sensitive and challenging support when child's exploratory system is engaged'.*
- › Besides...children form multiple attachments

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**What Dads Bring to the Relationship**



Thank You Dad

First Time in Rain

slides copyright by Harold Pruett

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**Child outcomes of involved fathering**

**Behavioral**

- › Reduced contact with Juvenile Justice
- › Delay in initial sexual activity, reduced teen pregnancy
- › Reduced rate of divorce
- › Less reliance on aggressive conflict resolution

**Educational**

- › Higher grade completion and income
- › Math competence in girls
- › Verbal strength in boys and girls

**Emotional**

- › Greater problem-solving competence, and stress tolerance
- › Greater empathy, moral sensitivity and reduced gender stereotyping

- "Partnership Parenting" (Pruett & Pruett, 2009)

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**Adult Male Outcomes of Involved Fathering**

**Increased:**

- › Longevity
- › Length of marriage
- › Level of health
- › Responsibility for relationships

**Decreased:**

- › Accidental death
- › Suicide
- › Job Change
- › Aggression/impulsivity

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### ... and a new brain?

- Neurobiological changes seen on MRI at 2 weeks that are different than moms
- Highly involved fathers showed enhanced activity in regions of brain associated with:
  - 1) bond formation (not just with baby)
  - 2) auditory processing, especially with own baby's cry
  - 3) discriminating between crying/laughing

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### Risks to Fatherhood

- Unemployment/Guilt
- Inexperience
- Isolation
- Exclusion from child's life
  - [divorce, 'gatekeeping', child care/health/educational settings...'us']
- Work-family stress transcends gender, especially for men

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### Paternal engagement and infant mortality effects?

- Huge impact of prenatal involvement – particularly when encouraged by the mother (and us!)
  - *Fragile Families and Child Wellbeing Study*
    - 1,686 unmarried urban fathers showed prenatal involvement significantly and positively associated with paternal engagement @12,36 months (& overall measures of child wellbeing)
    - Partially explained by employment and cohabitation
      - Cabrera, N and Fagan, J, *Journal of Marriage and Family* 2008

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### Engaging Fathers in Programs

- Address maternal gatekeeping (domestic and institutional)–engage positively
- Address dad's needs (job, responsibility, his dad, peers)
- Ask explicitly; not simply message mom
- Use local male talent, cultural competence
- Don't forget prevention (parental leave, breast feeding, depression screening)

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### A good start, but...

- What does this mean to **your** families in **these** times with their unique blend of strengths and vulnerabilities?
  - California has an answer...and it's evidence-based, from its Office of Child Abuse and Prevention

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### Supporting Father Involvement

A research and preventive intervention project  
Funded by the California Department of Social Services,  
Office of Child Abuse Prevention

Marsha Pruett (Smith), Kyle Pruett (Yale)  
Carolyn & Phil Cowan (UC Berkeley)  
California DSS (CCAP)

- 2 hours per week for 16 weeks [sometimes 11]
- Both parents welcomed briefly in both conditions at first session
- Two sessions (5 and 13), fathers and children in supervised activities
- In two sessions (5 and 13), mothers meet separately

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### Father Involvement?

- Direct care (feeding, dressing, soothing)
- Indirect care (preparing meals, arranging doctors' appointments)
- Active thinking, feeling, planning for child
- Play and recreation with the child
- Financial support

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### IN BOTH PHASES I AND II...

When fathers attended all/almost all meetings, outcomes significantly better than those who attended fewer...

- **Father involvement** in child care tasks **increased** most
- Fathers showed the most **reduction in anxiety symptoms**
- Mothers' **parenting stress declined** most
- Both parents **maintained satisfaction with their relationship** as a couple

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- Mothers reported **decline in violence in disagreements** as couple
- Mothers reported **less harsh physical punishment** of the children
- Mothers described the **children as less aggressive**

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*CWS and Non-CWS; Immediate vs. Delay:  
Preliminary Data: 9 mos. Posttest (N=207)*

INDIVIDUAL	COUPLE	PARENT-CHILD
<ul style="list-style-type: none"><li>• Anxiety decreased non CWS</li><li>• Depressive symptoms decreased non CWS</li><li>• Drug use decreased non CWS</li><li>• Drinking decreased CWS</li></ul>	<ul style="list-style-type: none"><li>• Couple conflict decreased CWS</li><li>• Conflict re: kids decrease CWS</li><li>• Violent problem-solving decreased</li><li>• Avoidant/Violent problem-solving (both) decreased</li><li>• Positive co-parenting increased CWS</li><li>• 4k income up CWS</li></ul>	<ul style="list-style-type: none"><li>• Father involvement Increased non CWS</li><li>• Harsh parenting decreased CWS</li><li>• Parenting stress decreased</li><li>• CAPQ showed red risk (both)</li></ul>

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**Non-abusing v. abusing families...**

Show almost no differences on pre-or post-intervention measures; *except* for child abuse potential and domestic violence assessment.

Except for specific indicators of violence and abuse, the responses of the service protective and non-protective service families that we screened are very similar.

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**FINDINGS SHOW SUPERIORITY OF GROUPS FOR COUPLES AND FOR FATHERS  
- COMPARED WITH CONTROLS**

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**The intervention was equally effective for:**

- Lower-income and higher-income participants
- Mexican-American and Anglo participants
- Married/cohabiting couples
- More/less depressed parents
- More/less happy with couple relationship

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**Positive Benefits Endure Over Time**

Baseline    9 months    18 months    2.5 years

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**...and Women**

- ▶ Treat fathers not as 'helpers', but as **partners**
  - Gold standards differ; his is probably his father, yours...?
- ▶ Support and praise are money in the bank; criticism – not so much
- ▶ Mind the gatekeeping to promote coparenting
- ▶ ...now, back to TIC with this added perspective

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**Key Approaches to TIC from SAMHSA**

- ▶ Safety
- ▶ Trustworthiness/transparency
- ▶ Collaboration/mutuality
- ▶ Empowerment/voice/culture
- ▶ Responsiveness to cultural, historical & gender
- ▶ Peer support

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**Effective2?...**

- ▶ Thin research support leaves TIC supporters to struggle with some doubts, despite the appeal of SAMHSA's approach
  - Not a specifically treatable entity or diagnosis
  - Risk objectifying the 'victim', losing tack of the need to be seen and heard as unique
  - Risk oversimplifying; failing to form the relationship that is essential before searching for suspected trauma and its suspected perps
  - Little consensus about what trauma competence is, powerful though its language may be, rendering us psychologically savvy, empathic, and clinically 'hip'.

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**Effective2 cont'...**

- ▶ Failure to distinguish TIC from Trauma Specific Treatment
- ▶ TIC; Knowledge **about** trauma in all aspects of service delivery, but is not treatment design [e.g. NCTIC]
- ▶ TST; Evidence-based, relationship-based treatment models that facilitate recovery by directly addressing the impact/consequences of trauma on the individual
  - *Risking Connection®*, *Essence of Being Real*, *ATRIUM\**, *Sanctuary Model®*, *TAMAR\*\**
  - \*Addiction and Trauma Recovery Integration Model
  - \*\* Trauma, Addiction, MHealth & Recovery

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### But to change behavior, must begin by changing attitudes

- › Specifically attitudes **about** TIC; what it is/is not, how it works/or not, am I ready for it/or not, we're supposedly already doing 'it'/right?...
- › Urgent need for reliable tools to measure TIC outcomes so that it does not stall out as an over-used buzzword or clinical 'icon'
- › Need measure that would reflect current knowledge about TIC, assess providers' attitudes relevant to TIC, be easily and inexpensively administered/scored by diverse settings

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### Attitudes Related to Trauma-Informed Care [ARTIC]\*

- › 75/45/10 items including attitudes about
    - Underlying causes of problem behavior
    - Impact of trauma
    - Responses to problem behavior and symptoms
    - On-the-job behavior
    - Self-efficacy at work
    - Reactions to the work
    - Personal support of TIC
    - System-wide support for TIC
- \*first psychometrically validated measure of TIC

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### What it measures

- › Horizontal and vertical support; i.e. 'cannot do this alone'
- › Attitudes favorable [and unfavorable] to TIC held by service providers who will or do embody organizational TIC/or not
- › Higher the score, the more favorable the attitude, and [one assumes] the behavior!
- › Changes in attitude over time, i.e. the efficacy of training(s) in moving the needle

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## One Way to Measure?

**ARTIC** *Assessing Resilience to Trauma Informed Care Scale*  
FOR THE HEALTH AND HUMAN SERVICES

**TRAUMATIC STRESS INSTITUTE**

People who work in human services, health care, education, and related fields have a wide variety of beliefs about their clients, their jobs, and themselves. The term "clients" is interchangeable with "student," "person," "resident," "patient," or other terms to describe the person being served in a particular setting.

**Trauma-informed care** is an approach to engaging people with trauma histories in human services, education, and related fields that recognizes and acknowledges the impact of trauma on their lives.

**INSTRUCTIONS**  
 For each item, select the circle along the dimension between the two options that best represents your personal belief during the past two months at your job.

**Sample**

Ice cream is delicious.       Ice cream is disgusting.

▶ Note: In this SAMPLE ITEM, the respondent is reporting that he/she believes that ice cream is much more delicious than disgusting.

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**I believe that...**

**1 2 3 4 5 6 7**

<p>1. Clients could act better if they really wanted to. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>2. Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>3. If clients say or do disrespectful things to me, it makes me look like a fool in front of others. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>4. The ups and downs are part of the work so I don't take it personally. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>5. It's best not to tell others if I have strong feelings about the work because they will think I am not cut out for this job. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>6. Clients do the right thing one day but not the next. This shows that they are doing the best they can at any particular time. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>7. Clients need to experience real life consequences in order to function in the real world. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>8. I realize that clients may not be able to apologize to me after they act out. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>9. I feel able to do my best each day to help my clients. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>10. The most effective helpers find ways to toughen up - to screen out the pain - and not care so much about the work. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>1. Clients are doing the best they can with the skills they have. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>2. Rules and consequences are the best approach when working with people with trauma histories. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>3. If clients say or do disrespectful things to me, it doesn't reflect badly on me. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>4. The unpredictability and intensity of work makes me think I'm not fit for this job. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>5. It's best if I talk with others about my strong feelings about the work so I don't have to hold it alone. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>6. Clients do the right thing one day but not the next. This shows that they could control their behavior if they really wanted to. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>7. Clients need to experience healing relationships in order to function in the real world. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>8. If clients don't apologize to me after they act out, I look like a fool in front of others. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>9. I'm just not up to helping my clients anymore. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>10. The most effective helpers allow themselves to be affected by the work - to feel and manage the pain and to keep caring about the work. <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
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## SAMHSA approach...remember?

- ▶ '4 Rs' of Trauma Informed Approaches
  - ▶ R ealize widespread impact of trauma
  - ▶ R ecognize signs and symptoms
  - ▶ R esist re-traumatization
  - ▶ R espond by fully integrating knowledge about trauma into our practices, programs, procedures and policies

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