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The Why behind FEI

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Introductions & Purpose of the Meeting


- School Psych, Licensed Psych, Board Certified in School Psychology
- Succinctly: **My work is to Keep Kids in School & Out of Jail**
 - Clinical Practice, Research, Teaching
 - Kids who are justice involved & those experiencing intensive mental health needs
 - Addressing **Wicked Problems** – the types of problems where there is a **number and diversity of stake holders whose influence can undermine progress, if their priorities are not considered** (Conklin, 2001).

Purpose of the Presentation

- Identifying the Positive Childhood Experiences that mute ACEs
- How PCEs need to be **implemented**

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Agenda: Level Setting


- Quick review of ACEs
- To deliver Positive Childhood Experiences (PCEs)
- We begin by highlighting PCEs are not a set of manualized experiences, but rather an approach that supports **fundamentals of trauma recovery** for the child with ACEs.

Take Away: Trauma recovery is grounded in:

- Child's feeling of **safety**
- Child's use of **relationships** for **stress buffering**

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Level Setting: ACEs


Adverse Childhood Experiences
ARE COMMON

Household Dysfunction		Neglect		Abuse	
Substance Abuse	27%	Emotional	15%	Emotional	11%
Parental Sep/Divorce	23%	Physical	10%	Physical	28%
Mental illness	17%			Sexual	21%
Battered Mothers	13%				
Criminal Behavior	6%				

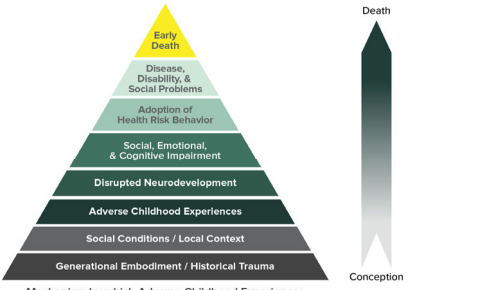
TOTAL 10 ACEs

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Level Setting: ACEs



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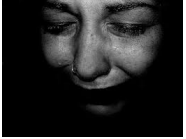
Level Setting: ACEs

ACEs are stressful or traumatic events during one's childhood that may **impact personal development** and frequency of health issues **throughout the rest of someone's lifespan** including those related to substance misuse. (Samhsa, 2018).

A traumatic event is a frightening, dangerous, or violent event that poses a **threat to a child's life or bodily integrity**.

Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their **sense of safety depends on the perceived safety of their attachment figures/loved ones**.

<https://www.nctsn.org/what-is-child-trauma/about-child-trauma>
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Level Setting: ACEs Disruptions

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ACEs can effect: Emotions, Social Relationships & Cognitions

Disruptions, Delays and Distortions in Development

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Level Setting: Trauma Disruptions

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Trauma: Emotions, Social Relationships & Cognitions **adds** Physiology (the body)

Results in: **Freeze, Fight or Flight, Fawn** priority impairing development or **accessing** previous learning.

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What Makes an Event Traumatic?

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Traumatic experiences initiate **strong emotions and physical reactions** that can persist long after the event. <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>

Physiology matters! PCEs, trauma informed practices and trauma treatments are to **change the physiology**.

Your role/s is to ask Qs and direct care to **ensure** children are getting the **right supports & treatments** and are **benefitting**.

I'm here to answer your Qs about the right Qs to ask.

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Abuse, Trauma & Aggression

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Typical response to threat:

1. **freeze**,
2. **flee** as a threat nears,
3. **fight** when it is clear there is no escape.

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Trauma's Impact on the Brain

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- The brain's primary function is to protect the person to whom it belongs
- **Brain stem** controls the autonomic nervous system that impacts heart rate, blood pressure and respiration, etc.
 - Trauma = brain stem works overtime - effects personal comfort and relaxed openness to learn.

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Trauma's Impact on the Brain

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The **limbic system** (middle of the brain) impacted from trauma.

- Emotional states, Long-term memory, Motivation
- Arousal, sexuality, attachment and emotions.
- Amygdala sends warning signs throughout the system.

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Trauma's Impact on the Brain

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The **frontal lobe** of the **neocortex** provides organization and decision making.

Logical thinking, Organization, Planning, Impulse control, Abstraction

Disruption can prevent a student from grasping the concepts and information used to learn in the classroom.



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Types of Trauma

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Type 1
trauma reactions are associated with a **discrete, relatively recent event**.
DSM V
Exposure Tx

Type 2
trauma reactions are characterized by **repeated or extended trauma over the lifespan**, and typically are experienced by persons with a history of abuse in destructive families.

- **Very Misunderstood / Overlooked in Systems Care**
Educational, Justice (dependency & delinquency) and Medical
- The **wrong treatments** are often considered and applied

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Neurobiology of Trauma Sx

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Trauma changes the brain

Post-trauma brain changes can culminate into **anxiety** and/or **mood** disorders.

Animal Models show

stress decreases myelin density in the prefrontal cortex,² while it **increases myelin density in the amygdala³ and hippocampus.⁴** These results suggest that severe stressors decrease communication efficiency in logical centers in the brain (PFC) and increase efficiency in emotional and **memory** brain areas.

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Neurobiology of Trauma Sx

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Individuals with **non-dissociative** PTSD exhibit an **increased heart rate, decreased activation of prefrontal regions, and increased activation of the amygdala** in response to traumatic reminders.

Individuals with **dissociative** subtype of PTSD show an **opposite pattern**. It has been proposed that dissociation is a regulatory strategy to restrain extreme arousal in PTSD through **hyperinhibition of limbic regions**.
(van Huijstee J, Vermetten E, 2018)

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Neurobiology of Trauma Sx

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Disassociation: **fragmentation** (compartmentalization) of memory: sensory, affective, and

cognitive aspects of the traumatic event are **encoded and stored as separate elements**, which may later **reoccur as implicit intrusive flashback memories**, accompanied by strong sensory impressions as if **the traumatic event was happening again in the present**


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Traumatized Youth:

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- Fail/ struggle in the **academic** setting.
- Show **Behavioral** (aggression and depression) challenges.
- **Hypervigilant**
- **Dissociate** from reality by daydreaming.
- **Lack trust in adults** and peers.
- **Feel victimized**
- **Lack self-regulation lack of ability to self monitor social and emotional behavior**
- **Have difficulty learning** in context and processing what has been learned.
- **Will become disruptive** to escape the challenges of attending school.
- **Pretend to be ill** so they can avoid school.
- **Anxiety disrupts work completion.**



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Trauma & Brain Development

Adapted from Holt & Jordan, Ohio Dept. of Education
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Informed Teams Understand:

Hurt people Hurt people

They can move from: What's wrong with this kid?
To: What happened to this kid?

Our challenge:

- To keep children *in school & in the community* and out of jail and other restrictive systems facilities.
- To coordinate care between home, school and service providers.

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Contributions to the Cycle of Trauma

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Focused on the wrong solutions

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Abuse, Trauma & Aggression

Youth with a **history of abuse** are at high-risk for displays of reactive aggression

Reactive violence = rely on **fight** responses to provocations rather than freeze or flight.

Intense emotional displays interfere with their ability to respond effectively to social demands (social problem solving deficits)

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Abuse, Trauma & Aggression

Neurocognitive findings:

increased amygdala response to threat, frustration and/or social provocation

increase response in the hypothalamus and periaqueductal gray (PAG)

PAG - interface between the forebrain and the lower brainstem, **major role in integrated behavioral responses** to internal (e.g., pain) or external (e.g., threat) stressors

Resulting in **more intensive reactions and retaliation, even when threats are distal.**

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Compare to Aggression with Callous / Unemotional Traits

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Planful (instrumental) violence:

Abnormalities in predicating & processing of cues **Punishment:**

Difficulty processing **emotional expressions of distress in others** fear, sadness or pain in others is reported to be less aversive to this group
(Dawel, O'Kearne, McKone & Palermo, 2012; Marsh & Blair, 2008; Pardini, Lochman, & Frick, 2003)

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Aggression & Callous / Unemotional Traits

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Neurocognitive findings:

decreased amygdala to distress cues, particularly to fear, shown by others
(Jones, Laurens, Herba, Barker & Viding, 2009; Marsh, Finger, Mitchell, Reid, Sims, Kosson, Towbin, Leibenluft, Pine & Blair, 2008; Sebastian et al. 2012; White, Marsh, Fowler, Schechter, Adalio, Pope, Sinclair, Pine & Blair, 2012)

The more reduced the response in the amygdala, the more risk for instrumental violence is indicated
(Lozier, Cardinale, VanMeter & Marsh, 2014)

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Reactive & C/U Aggression?

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Both impulsive & planful expressions of violence plan violence in response, or coupled with, a provocation

Cost or benefit (valence-based decision-making) of **selecting a violent response** is located in the **ventromedial frontal cortex** (vmPFC) = processing of risk and fear.
(Finger et al., 2008; Kimonis, Frick, Cauffman, Goldweber, & Skeem, 2012)

Typical individuals = inverse relationship between activity in ventromedial frontal cortex & PAG = **violent actions with high costs decreases retaliation.**

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Reactive & C/U Aggression?

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For individuals with C/U the ventromedial frontal cortex has been shown to be compromised

C/U is **not attuned to the cost of the violence for others** it thereby increases the risk of reactive aggression as well

This group of youth with C/U would have a **histories of abuse and emotional problems** that is **similar** to the youth displaying **reactive aggression only.**
(White, VanTieghem, Brislin, Sypher, Sinclair, Pine, Hwang, Blair (2016))

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PCEs

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Children with PCEs become adults who are able to seek **social and emotional support.**

1. The ability to **talk with family** about feelings.
2. The sense that **family is supportive** during difficult times.
3. The enjoyment of participation in **community traditions.**
4. Feeling a sense of belonging in high **school.**
5. Feeling supported by **friends.**
6. Having at least **two non-parent adults** who genuinely cared.
7. Feeling **safe** and protected by an adult in the home.

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PCEs: Justice involved youth


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For youth with **four or more ACEs** who have **six or more PCEs**, **reconviction** was 23% **lower** and **rearrest** 22% **lower** when compared to those youth with four or more ACEs and less than six PCEs, controlling for a host of demographic and criminal history measures.

Findings indicate that among youth with high PCE scores the positive association between ACEs and recidivism is no longer significant.
(Baglivio, & Wolff, 2020)

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PCEs: System involved youth 

Most studies found direct, **promotive effects of PCEs** for more favorable outcomes.


Higher levels of PCEs were **significantly but modestly** associated with lower levels of **childhood adversity**.

Higher levels of PCEs were associated with outcomes reflecting **mental health**, psychosocial functioning, physical health and health behaviors, and psychosocial stress.

Few studies found significant interaction effects between childhood adversity and PCEs on outcomes, suggesting that **PCEs may more frequently directly promote positive outcomes rather than moderate the effects of adversity** on outcomes.
(Narayan, Merrick, Lane, & Larson, 2023)

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PCEs: System involved youth 

Participation in **after-school activities**


- improved school absenteeism
- decreased grade retention

Crouch, E., Radcliff, E., Merrell, M.A. et al. 2021

As the field develops there are calls change Public Policy & Public Health Initiatives
(Merrick, & Narayan, . (2020).

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PCEs : ACEs 

To **build resilience** in kids who have experienced trauma

- Entry level to addressing the effects of ACEs
- All systems of care can address immediately

****Coordinating systems to work together is the top priority**

- School
- home/ families
- service providers

Calibrating these efforts is our challenge

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Very few psychological problems are the result of deficits of understanding.

Most results from pressures from deeper regions in the brain that drive our perceptions and attention

The Body Keeps the Score
(Van Der Kolk, 2014)

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Four Truths 

- People can destroy **or heal** in equal measure
- **Language** is essential to find meaning and heal
- We can **regulate** our **physiology**, even involuntary functions
- We can foster **social** connectedness to protect (feelings of **safety**) and support (**development**) in children and adults
(Van Der Kolk, 2014)

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Action Plan: PCEs 

- PCEs provide new **possibility** for positive outcomes **while** appropriate trauma treatments are located
- PCEs promote benefits from a child's "natural" environments
 - School
 - Peers
 - Family
 - Neighborhoods and Community
- PCEs **support the required foundations of trauma treatment (feelings of safety and use of relationship for stress buffering)** so kids can benefit from interventions.

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Action Plan: PCEs 

- Appreciate that - for those who are **recounting** trauma, they are having the **same biological response** as though they are living it
- Understand, for those who are **repeatedly subjected to trauma**, there is a **chemical dependency on remaining in the situation** that causes it.
- One should not expect entirely logical thinking from those who experience PTSD (Van Der Kolk, 2014)

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Trauma Treatments: The Short Story 

Nobody can “treat” trauma – it can’t be undone

- We can **deal with the imprints on the mind, body, soul**
 - the **crushing sensations** (feelings labeled in many ways),
 - **fear of losing control**,
 - always being **alert to danger or rejection**,
 - **self-loathing**,
 - **nightmares and flashbacks**,
 - **fog** that keeps you from staying on task and engaging in what you are doing,
 - **being able to open our heart to others.**
- **1st is to establish ownership of our body – mind = yourself** (Van Der Kolk, 2014)

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Trauma Treatments: The Short Story 

- Most need to **find a way to know what they know** without becoming overwhelmed, enraged, ashamed, or collapsed.
- **Treatment is to learn to**
 - o Become **focused and calm**
 - o **Maintain calm** in **response** to thoughts, feelings, images from the past
 - o Be **alive and present with people around us**
 - o How to **not keep secrets from yourselves including the ways we survived** (Van Der Kolk, 2014)

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Trauma Treatments: The Relationship 

- A good support network is the **single most powerful protection** against becoming traumatized (**PCEs**)
 - **Safety and terror are incompatible**
- **Traumatized humans recover in the context of relationships**
 - PCEs provides physical and emotional safety from feeling shame, being judged, admonished
 - PCEs bolsters the courage to tolerate, face, and process the reality of what has happened

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Trauma Treatments: The Relationship 

If **parents** are the **source of trauma**, this natural resource is disrupted **dissociation, despair, addiction, panic, and relationships marked by alienation, disconnection and explosions result.** (Van Der Kolk, 2014)


If **parents** are the **source of trauma**, there is **rarely an experienced connection** between **what happened** and how that is related to how they currently **feel and behave now.** (Van Der Kolk, 2014)

- **Everyone on a care team needs to understand this fully**
 - **willful non-compliance** is a widespread assumption of many adults
 - **editorializing** the intentions of youth behavior is common

PCEs are an opportunity to offer supports

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Trauma Treatments: The Relationship 

Therapeutic relief doesn’t follow until they understand the demons they are dealing with. (Van Der Kolk, 2014)

The therapist must have mastered techniques to

1. Stabilize and calm people down
2. Help lay traumatic memories to rest
3. Help reconnect folks with fellow wo/men

**** some kids can start top down others bottom up**

This is **not** a cookie cutter, packet-based, manualized program.

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Goal: Learning to Live in the Present 

TRAUMA TREATMENT Not only dealing with the past but living in the present

When traumatic memories dominate it is difficult to feel alive now.

When you can't be fully here now, you go to when you can be – even if that was filled with horror and misery.

Many therapies use exposure to the past as if it will desensitize them. This is not what is needed.


Instead, they need to help to live fully and securely in the present.

We need to **bring the brain structures that deserted them back on line.**

Desensitization may help you be less reactive, but it will not bring satisfaction to ordinary life experience. (Van Der Kolk, 2014)

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Preparation Facts 

Being prevented from action (held down during a rape, blocked from running by parent) **keeps the** (fight or flight) **sequence going.**


Flashbacks – Reliving the experience but **worse**. Actual experience has a beginning middle and end. Reliving don't know when or where It will start or end

Freeze / Dissociation = Can't think, feel, remember
- Talk therapy: contraindicated

Often a survival technique used in childhood to hide from abuse / chaotic household (Van Der Kolk, 2014)

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Your Role & PCEs 

1. The ability to **talk with family** about feelings.
2. The sense that **family** is **supportive** during difficult times.
3. The enjoyment of participation in **community** traditions.
4. Feeling a sense of belonging in high **school**.
5. Feeling supported by **friends**.
6. Having at least **two non-parent adults** who genuinely cared.
7. Feeling **safe** and protected by an adult in the home.

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Judges Set the Tone / Set Expectations 


Require PCEs information at each hearing
– provided to you, in writing, in advance for your review

Set a an expectation of 6 PCEs for each child
- Insist on after-school activities
- to address school absenteeism; prevent grade retention

Confirm / Ask Directly About PCEs at the hearing
- feedback from child, caregivers, attorney's, community agencies
- triangulate information (compare reporters & records)

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Judges Set the Tone / Set Expectations 

Ask about community involvement
- what is the child doing?
- what is the quality of the involvement?
- is it trauma-informed? How do you know?
- what is the child' perception of the experience?

Is the right types of therapy in place?
Is there evidence the child is benefitting?
- is accountability documented?
- for the agency delivering services?
- evidence they are using training materials?
- for the child's benefit?

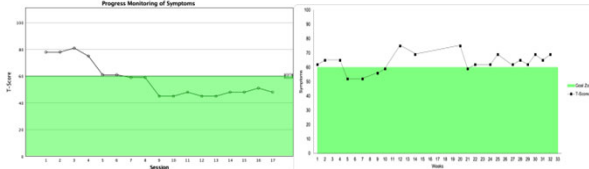
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Judges Set the Tone / Set Expectations 

Track Promotive Effects and Protective Effects
- Non-delinquency, educational attainment (promotive)
- Desistance from delinquency (ISS, OSS, Expulsion, JJ contact (protective)

Track Therapeutic Effects: Green is the Goal Zone



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Judges Set the Tone / Set Expectations

Public Policy & Public Health Initiatives needed in the Commonwealth

- what needs to be considered before removal from the community?
 - best outcomes occur when treatment is in the community
- what needs to be considered before removal from the family?
 - best outcomes with kinship
- what does it mean to disrupt the dependency-to-prison pipeline

How can I help :)

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Your Role & PCEs

1. The ability to **talk** with **family** about feelings.
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