

**Breaking The ACE*
Poor Health Cycle
With EMDR**

(*Adverse Childhood Experiences)

**Carol Forgash, LCSW
EMDRIA
©2016**

**THE
ACE
REPORT**

**A Groundbreaking
Public Health Study
Felitti and Anda: 1998**

**Reverse Alchemy in Childhood:
Turning Gold into Lead**



www.shutterstock.com · 3501100

What are Adverse Childhood Experiences?

- Household dysfunction
- Substance abuse
- Parental separation/ divorce/early death
- Mental illness
- Battered spouse
- Criminal behavior
- Abuse
 - Psychological
 - Physical
 - Sexual
- Neglect
 - Emotional
 - Physical
 - Educational
- Bullying/Community Violence/Poverty
- All possible EMDR Targets

The Cornerstone of The ACE Study

The Ace Questionnaire

- Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?
No___ If Yes, enter 1__
- Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?
No___ If Yes, enter 1__
- Did an adult or person at least 5 years older than you ever... touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?
No___ If Yes, enter 1__

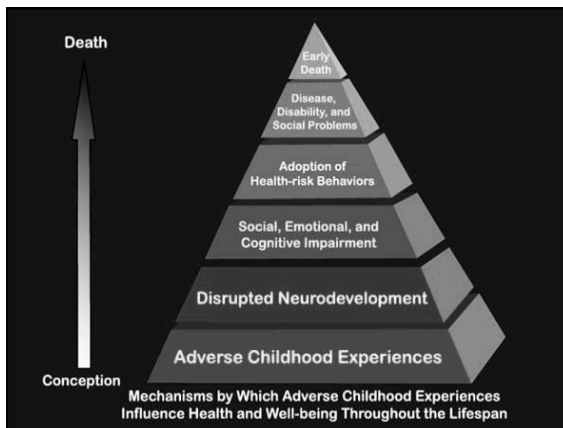
- Did you often or very often feel that ... no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?
No___ If Yes, enter 1 __
- Did you often or very often feel that ... you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No___ If Yes, enter 1 __

- Was a biological parent ever lost to you through divorce, abandonment, or other reason ?
No___ If Yes, enter 1 __
- Was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her or kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No___ If Yes, enter 1 __

- Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No___ If Yes, enter 1 __
- Was a household member depressed or mentally ill, or did a household member attempt suicide?
No___ If Yes, enter 1 __
- Did a household member go to prison?
No___ If Yes, enter 1 __
- If you add up your "Yes" answers: _
- This is your ACE Score

Some Surprising Facts

- Informal surveys of therapists show that they have ***higher ACE*** scores than the general population.
- The original ACE Study's participants were 17,000 mostly middle and upper-middle class college-educated Californians with good jobs and excellent health care.
- Subsequent studies with other populations had similar conclusions
- A substantial number of Americans (nearly four in ten) report having had adverse experiences in childhood that they believe have had a harmful effect on their later health.



"Adverse experiences in childhood are related to adult disease by two basic etiologic mechanisms:

1) Conventional risk factors that actually are attempts at self-help.. (smoking, drinking, eating)

There are long-term complications of various coping devices that are used for their short-term benefits.

Diabetes as an outcome of obesity from overeating to feel better.

Emphysema -smoking to get the immediate psychoactive benefits of inhaled nicotine.

Liver failure -hepatitis contracted by injecting impure street-versions of the antidepressant methamphetamine.

Various sexually transmitted diseases – risky sexual behavior.

These are fairly obvious."

Fellitti and Anda, in Lanius, R. et al. 2010

2) The vastly more complex effects generated by various systems in our brains that are hyperstimulated by chronic, major, unrelieved emotional stress. These are only relatively recently understood.

One pathway leads as an end result to immune system suppression. This leads to increased likelihood of infectious diseases, of cancers, and of autoimmune diseases like multiple sclerosis and Lupus.

Another pathway involves the release of pro-inflammatory chemicals (pro-inflammatory cytokines) that induce inflammatory changes in the lining of blood vessels thereby restricting blood flow and causing certain lung diseases and the common forms of heart disease. There are undoubtedly other pathways resulting from brain hyperstimulation, but these are the two major ones understood at present."

A third pathway, Epigenetics, was not considered at the time of the ACE Study, but is relevant now.

Epigenetics may also be related to ACE survivor illnesses

- "Epigenetics is an emerging frontier of science that involves the study of changes in the regulation of gene activity and expression that are not dependent on gene sequence. ...A definition of epigenetic modification, is.. literally meaning to act "on top of" or "in addition" to genetics.

- Epigenetics refers to both heritable changes in gene activity and expression, and also stable, long-term alterations in the transcriptional potential (controlling gene expression) of a cell that are not necessarily heritable."

- Epigenetic research shows that the social and emotional environment including ACE, can turn genes on and off, thus affecting physical and mental health.

Human Epigenome Project

**When The ACE Survivor is a
Complex Trauma Patient
(ACE- C-PTSD)**



(Many ACE + Early Attachment Issues +
Human Relational Trauma = Increase in
Health Problems)

ACE Consequences

Childhood abuse and other ACEs puts people at risk of depression & PTSD, harmful activities, difficulties in relationships, negative beliefs, and attitudes towards self and others.

Having several of these problems increases the likelihood of negative health issues.

Health outcomes for adult survivors are unlikely to improve until each of these factors is addressed



Definition of Complex Trauma

History of high number of ACE:

In the home environment; chaos, violence, lack of attunement, neglect, abandonment, double messages

Traumas of long duration +

Post Traumatic Stress Disorder +

Dissociative disorders +

Attachment problems +

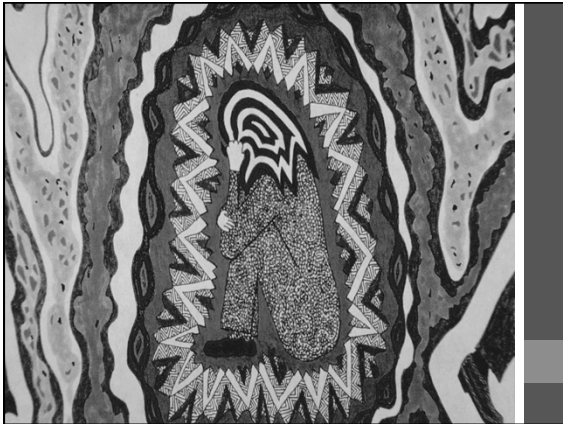
Personality disorders

Issues for High ACE C-PTSD Survivors

- PTSD: if untreated, intrusive and numbing symptoms continue across the lifespan
- Untreated PTSD depresses the immune system.
- PTSD may be a result of ACE, ill health, *iatrogenic* events

ACE C-PTSD Survivor Issues

- Survivors often do not believe they deserve good health, have shame & guilt issues.
- They may have issues about authority figures (MDs & dentists).
- Many aspects of healthcare treatment are triggering.
- There may be years of avoidance of healthcare treatment, resulting in serious health problems.
- Many Possible Targets for EMDR Treatment.



***This is Where
EMDR
Comes In***

• Breaking the ACE Cycle

- What are the desired outcomes of EMDR treatment with this population?
- To address how ACE/ PTSD influences current health.
- To eliminate risky health behaviors.
- To eliminate phobia/avoidance of healthcare.
- To improve medical and mental health.
- To improve general life functioning.

• EMDR Treatment of ACE Related PTSD and Health Issues

Is it possible to deduce that EMDR therapy, which is effective in treating PTSD in the general population, would be effective for ACE Survivors' health issues?

Can we hypothesize that since successful EMDR therapy minimizes or eliminates symptoms of PTSD, it could restore the balance in the neurobiological /chemical systems of the body, thus improving health or reducing risk factors of ACE survivors ?

Breaking the ACE Working with Children

- EMDR treatment is preventative.
- EMDR can break the ACE /PTSD Cycle early.
- (With collaborative services to child and family).
- EMDR can enhance resilience...make sure downward spiral is avoided.
- Provide treatment to parents as well.
- Projected savings to society ...reduced costs of dealing with a public health epidemic of addicted, dysfunctional, physically ill adults.

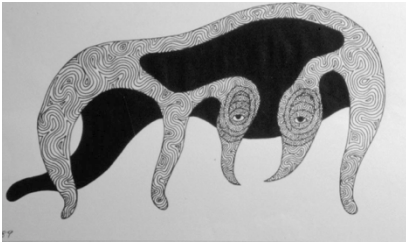
• Breaking the ACE Cycle

- Mental and physical health sequelae can not be separated
- The client must be treated as a whole person
- Collaborative work with health professionals needs to be part of the treatment plan

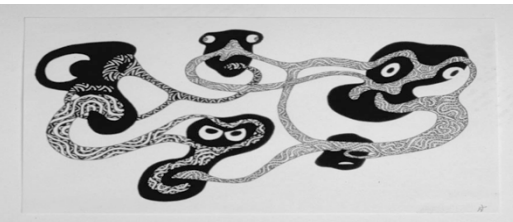
Breaking the ACE Cycle

- All underlying issues, past traumas need to be addressed for health to improve.
 - The ACEs and other negative core events and beliefs that drive harmful behavior, or avoidance of current problems must be addressed and resolved.
- Be prepared to address these in several phases of treatment as necessary.

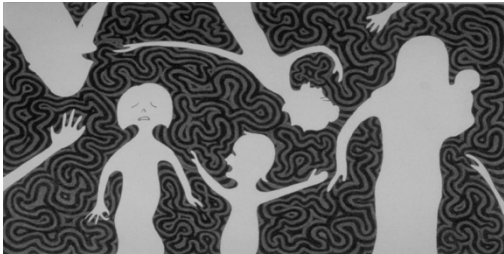
- **Address negative emotions:**
Shame, humiliation, confusion,
loneliness, rage, undeserving,
fear, distrust

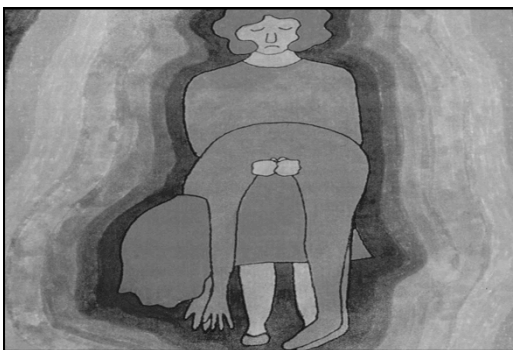


- **Address The Internal Family (Parts)**
Issues, conflicts, problems



Address dissociative symptoms





Explore depression, grief, remorse

Explore Patient Strengths and Behaviors

Determination	Continues healthful lifestyle
Curiosity	Willing to change/ open
Perseverance	Creativity
Faith	

They can access supports and resources, or, we teach them how to access them

What strengths do you notice?

Our task- to encourage accessing and building strength

• **Breaking the ACE Cycle**

- Use EMDR Phased Treatment Model:
- Stabilization
- Trauma Work
- Resolution

- Phase 1 Safety and Stability
- History Taking and Assessment
- Establishing Safety and Stability
- Exploring health risk behaviors
- Psychoeducation

Comprehensive Treatment Planning

- Case Conceptualization

- Include all realms
- Bio-psycho-social problems
- Current and life long health issues
- PTSD/ Dissociation symptoms
- Relational issues

The Importance of Comprehensive History Taking

- Always explain the need for a Health and Trauma history for client and their family members

- Use the ACE Questionnaire/ for possible diagnoses and to develop targets
- Explore types of attachment issues
- Dissociative screening

- Use *Genograms* to explore
- family relationship issues
- health of client (back to conception), parents and other family members..
- Check generational patterns
- Substance abuse /compulsive disorders

Taking a Health History

- ❖ Health history: include fevers, falls, fractures, hospitalizations, recurrent illnesses & iatrogenic problems, painful conditions.
- ❖ Ask about sexual, physical, emotional abuse & neglect, medical & dental trauma/abuse.
Current problems including pain and disability.
- ❖ Serious illnesses, mental health, medical & dental problems, and deaths in family members, particularly when client was young. This may have affected attachment

• Phase One: Safety and Stability

- Develop relationship
- Develop symptom management skills
- Self soothing, mindfulness, visualization
- Resource development
- Look for past or present helpers (Scientist/Lab) and strengths in overcoming ill health
- Begin working with parts (Ego State, Structural Dissociation, Internal family therapy models)

Phase One

Focus is on normalization of symptoms
Repair of attachment through the
building of rapport between
Client/ internal system/ therapist

- *Remember, some clients can be triggered during history taking. Physically ill people are especially vulnerable.*
- *Therapist must be attuned.*
- *Slow may be best.*

Preparation for Trauma Work

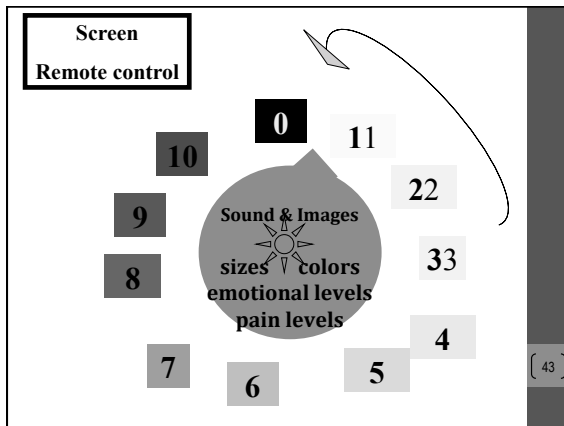
- Introduce EMDR concepts
- Explore Future Targets
- Developing boundaries
- Working with attachment issues
- Working with negative emotions
- Internal family/ parts

Phase One: Preparation/ Stabilization

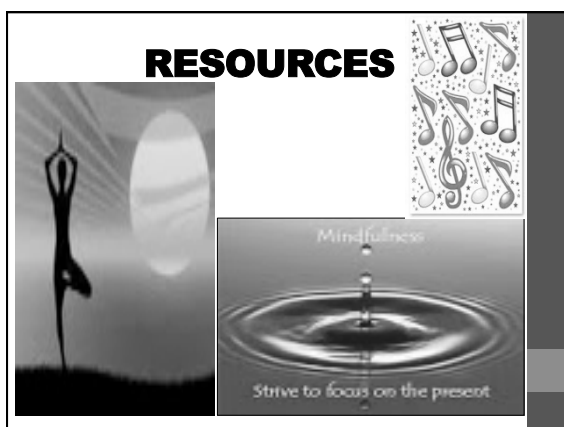
- Introduce EMDR concepts when appropriate
- Develop positive and healing resources with client for support and ego strengthening. (Use short sets of BLS if safe). This can be an informal spontaneous approach..if you see or hear something positive...describe BLS and explain resource enhancing. Very important with complex trauma patients..slow, positive introduction to EMDR concepts and practice
- Help patient develop mindfulness, to understand, notice, describe ,visualize triggers and symptoms i.e pain: If pain had a color, size, place in body, texture, weight, a voice and message (will also use in processing phase). Add in Light stream as appropriate

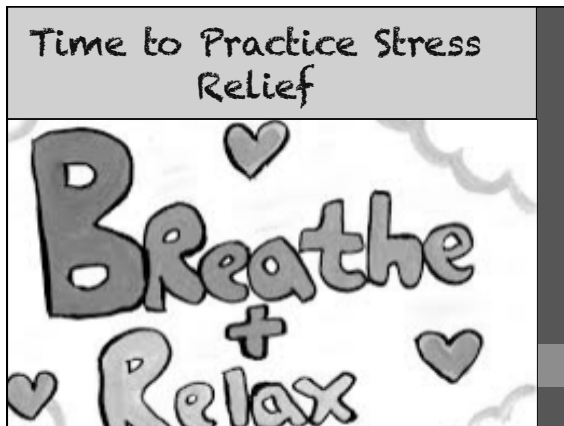
• Screen Work

- Remote/Affect Dial
- Containment
- Dial down pain
- Control over images
- Dial emotions and pain up/down
- Instills confidence, skills
- Reduces fear/ anxiety



- Working with the 'screen'
- Start with benign images
- Therapist: imagine a large tv screen..you have an imaginary 'remote control'..with all kinds of buttons ..
- Put your favorite fruits, vegetables, animals on the screen.
- Make them larger, smaller, change color, black and white.
- Blank them out. Put them in a box.
- As skill develops, can put worries, fears about their illness on the screen/blank it out.
- Can also devise imagery for specific conditions
- Scrubbing Bubbles washing away cancer cells, plaque in arteries.
- Visualize learning how to use a prosthesis
- Rehearsal of worrisome events
- Imagining wearing a wig





Positive Body Resource Exercise

- Imagine that you can gently scan your body and find the most relaxed, calm place
- Vocabulary for physical sensations of relaxation may need to be taught
- Size is not important: the place can be small or big
- When you find it, just notice the physical sensations of relaxation.
- Just keep your focus there
- Notice what is going on in the rest of your body

• P. Levine

Positive Body Resource Exercise

- When this exercise becomes routine for the client,
- it can be used to reduce stress and pain (either physical or emotional) through pendulation
- Pendulation: Focus on the positive body resource;
- then focus on something annoying, or distressing.
- Notice what that feels like.
- Go back to the positive body part. Focus.
- Return to distress, or distressed body part.
- Pendulation usually reduces the level of distress.

Introduce Emotional Strategies

Providing Inner Safety and Support

- Self soothing and resources, practical measures.
For some, safe scene doesn't work. May need picture/time when person felt in control, strong and effective

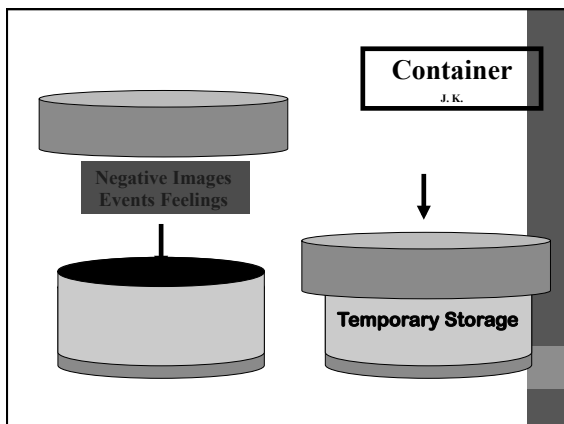
Reconnecting with feelings

- Learning how to control stressful feelings and pain
- Changing thinking
- Building Resilience, efficacy, control

• M.Grant

Crisis Work: Immediate Need for Health Treatment (In Any Phase or For All Clients)

- Life goes on prior to processing
- What happens if there is a need for medical/ dental visits prior to stabilization and target development?
- How do we support clients?
- Review containment, stress reduction work
- Provide information.



Crisis Management

- Teach how to deal with a visit to the medical/ health care provider office, and with medical and dental procedures ,etc.
- Utilize imaginal rehearsal of an office visit if appropriate (may be repeated as future template work) Introduce and use BLS if safe.
- Postpone if triggering, or negative.
- If client is still avoidant....introduce Constructive Avoidance.

Constructive Avoidance

- Goal:
- Teaching client/ and parts to stay safe “when Client/ “Adult” has to do “Adult tasks” such as visit to healthcare provider. *Can be taught to all clients who become overly stressed in these situations..*
“Imagine that the part of yourself who.....”
- Dealing with major health stressors in current life may trigger traumatized dissociative parts- or previously unremembered illness..etc..

Constructive Avoidance

- Can lead to avoidance of treatment.
- Examples: Physical examination, Surgery,
- Cancer Treatments
- Meeting new physician
- Steps In Constructive Avoidance
- Introduce ego state/ parts work
- Client explains upcoming situation to parts

Constructive Avoidance

- Parts stay in a safe place while adult client deals with the situation
- Rehearse in session/ use Bilateral Stimulation
- Debrief with parts afterwards

Constructive Avoidance Case

- Liz 53 y/o woman..5 ACES
- She was physically abused by father and sexually abused by 2 brothers. Her mother was very depressed and 'forgetful'. Often did not pick her up after school. Parents divorced... she was 14. Dad remarried..'abandoned her"
- Processed many traumatic events. Dissociation and PTSD symptoms now very reduced
- Her marriage improved.
- She finished graduate school
- Felt 'life is good'
- Began to rehearse visits to doctors and dentists.
- She needed a colonoscopy

Constructive Avoidance Case

- We rehearsed visit to doctor as future template, using BLS. She liked the idea of seeing physician in a sitting up position first. She was able to visualize asking for that. Left with minimal anxiety
- Next session. She had had an easy first visit and made appointment for colonoscopy.. Planned and practiced relaxation strategies. Asked friend to drive her. Planned for a relaxing day afterwards.
- Next session. Felt wonderful that the results were negative and that she was able to follow through. Then begins to cry. "Oh no..I'm such a terrible mother"

Constructive avoidance case

- A child part said she woke up during the procedure.. "went up to the ceiling". Thought Liz was dead, and "she'd never get home again"
- Liz apologized and said 'We'll figure out how to fix this'
- Decision: Parts need to be left at the 'lake house' so they don't have to go with Liz to any future doctor appointment. Will rehearse frequently until the appointment.
- She was avoidant in the past because her internal system was terrified due to childhood experiences that were not remembered until now. New targets to process!
- She rehearsed the next medical appointment by telling the parts the date and time, how long it would take etc. They agreed to stay at the 'lake house' and watch a video and eat popcorn. Used the screen to visualize this. All went well. The parts 'stayed home'.

Treatment Planning Decisions

Determine if health issues are related to

- A) Developmental/attachment trauma
- B) Shock trauma (including iatrogenic)
- C) Normal health issues that client:
is lacking skills to deal with
- D) Family illnesses/ patterns
- E) Chronic health problems
- F) Pain Issues
- G) PTSD symptoms and fears that prevent
patient from engaging with the health care
system?

Unique Themes and Targets in dealing with health issues

Lifelong conditions:

unmourned losses

Life threatening/terminal illness:

loss of control

loss of future

unmet goals

Illness/ accidents:

loss of power, efficacy

losses of income, self worth

Secondary gains:

disability status, enhanced status as patient

Phase Two: EMDR phases 3-7

- Find Negative Core Beliefs
- Process Trauma Issues/ ACE /Illnesses/ Medical experiences
- Keep returning to preparation phase strategies as needed/ Deal with dissociation. Stay in window of tolerance
- Negative emotions such as shame, guilt, helplessness, remorse, and loss need to be understood and processed.

Phase Two-Trauma Work

- Acceptance of Responsibility for attachment issues, neglect, maltreatment or abuse is correctly assigned to the responsible party
- Internal conflicts can be addressed and resolved.
- New Targets may emerge

Specific Stage 2 Problems

- Low energy due to illnesses or processing. Pacing important
- Poor concentration, looping (parts?)
- Confusion
- Fear and Anxiety, dissociation.
- Titrate/fractionate work
- Frequent returns to stabilization phase soothing/relaxing strategies
- Debriefing important

Phase Two

- The patient can slowly begin to give up the victim role.
- Practice new more assertive behaviors and beliefs, including taking responsibility for health care..visits to doctor, etc.
- Begin to 'deserve' good health.
- Additionally, the patient begins to review and predict where they may have difficulties, and apply some of the basic principles of 'relapse prevention'.

Phase 3

Resolution/Reconnection

In this phase, patients work to regain control of their lives.

Achieve healthy functioning and efficacy in life domains.

They work on gaining positive self worth and identity and a sense of empowerment.

Try on new healthy behaviors, activities.

Phase 3

Resolution/Reconnection

The patient often reports seeing old events and relationships from more of an adult perspective.

Additionally, they frequently express feelings of competence and can attend to their healthcare needs as an adult.

Typical ACEs Case

- 55 year old female
- ACE Factors: 5 ACE events
- Childhood sexual abuse of long duration/ many perpetrators
- Physical abuse
- Physical, Educational & Emotional Neglect
- Witness to other family violence/ sibling abuse
- Alcoholic, abusive grandfather who lived with family

Case Description

- Unemployed on Federal disability
- Complex Emotional Problems
- Chronic PTSD
- Poor Boundaries
- Dissociative Disorder (DDNOS)
- Lack of confidence
- Chronic depression/anxiety

Medical Conditions

- Hyperlipidemia
- Diabetes Type 2
- Heart Valve problems
- Psoriatic Arthritis
- Coronary Artery Disease
- Hypertensive
- Erratic in keeping medical appointments, following through

**Case Description
Phase One**

Negative Core Beliefs
 I'm bad and dirty (Sexual abuse)
 It's all my fault (abuse, family situations
 was always blamed)
 I'm helpless and powerless (doesn't control
 diet- food connected with abuse)
 I'll be ill forever (many past/current
 illnesses)

**Case Description
Phase One Strategies**

- Nurturing Work
- Heart work
- Somatic work
- Stress reduction exercises
- Home Base/ Conference Room
- Back of the Head Scale
- Constructive Avoidance

**•Phase Two
• Targets and Processing**

- I'm bad and dirty (Sexual abuse episode with
 food as reward).
- It's all my fault (blamed for sibling stealing food).
- I'm helpless and powerless
 (overeating sugar)
- I'll be ill forever (untreated illnesses beginning in
 childhood).

Phase Two

- New targets emerged
- Losses/ missed opportunities-
- Not taking care of herself throughout her life
- Dealing with new NC..I'm unlovable
- Memories of mother refusing to hold her/ emotional pain/ she would eat to keeps memories from surfacing

Phase Three

Tasks: Rehearsal and practice of new, competent behaviors
 Saw nutritionist, began to journal and exercise
 General Health improvement:
 With diet control and exercise,
 Lowered insulin and lipid, blood pressure medication, lost weight

• Case Description

- 40 y/o married mother of 2
- Dx: PTSD, Anxiety, poor self esteem, past inability to cope with work stress. Stable., catastrophizes; has intrusive thoughts about her worthlessness, lack of pain free future
- Supportive husband and in laws
- Loves husband and children, but often feels that she is not worth loving
- ACE History: 5 ACEs
- Parental arguments: verbal, occasionally physical
- Parents divorced
- Mother depressed and not emotionally available in Joanne's childhood
- She felt unloved by father who left the family. Low self worth
- Father never bonded with her.
- Attachment: chaotic, inconsistent. Disconnected from self/parts

- Both parents, alcoholic. Mother sober for many years. Other relatives who were often living in the same house, also alcoholic.. Very chaotic. Did not feel safe.
- Felt close to mother intermittently
- Would go into bedroom and go to bed when she heard yelling.. remembers feeling numb and frozen, hypervigilant.
- Health history:
Digestive problems: date back to parents fighting.
- Pelvic pain post partum. Aggravated by unsuccessful pelvic surgeries
- Takes medicine as prescribed. Follows through with medical appointments
- Has had pelvic floor physical therapy. Exercises, stretches daily.

- Used safe space imagery (Great Aunt's beach house) lightstream, breathing exercises. She has many techniques for reducing pain
- Parts exploration: Identified 'little girl', independent teen, strong mother, (to her children) Began to include parts in relaxation work, spending 'time' with them.
- First target: childhood experience with dad showing up on first communion without letting family know. (He had been out of family for months before that event) Did not speak to her while he was at church . She processes with the 'little girl'
- NC/PC . I'm worthless / I'm worth being treated with respect. 10/1, 0/7
- CPC I'm worth having good feelings about myself ..Subsequently added 'and good health'
-

- Second target: Telling father not to contact her again (Age 35). He calls drunk. Wants to re-enter her life. Tells her she's lucky he called her. He's too needy. And intrusive. Her conflict is: . can he ever be a real father to her? All parts want to be present during the processing
- NC/PC I'm invisible/I'm important. 9/3, 0/7
- After processing targets 1 and 2, Joanne reports that pain is lower in general . When we began working, she had many episodes of pain (Average SUD 8). Now some days pain free. Other days: 3-4
- New target 3: Medical and surgical treatment post partum . Some physicians refused to listen to her. She felt unbelievably and invisible.. Had poor treatment which resulted in more pain. For the first time, she feels realistically hopeful that she can heal from these experiences.

• **In conclusion:**

- Further research into EMDR treatment of the sequelae of ACE in all realms: bio/psycho/social, is needed.
- Many current articles on the successful use of EMDR with a variety of health problems
- Consider utilizing EMDR treatment for your ACE clients, who otherwise, will continue to live unfortunate lives where gold has been turned into lead.

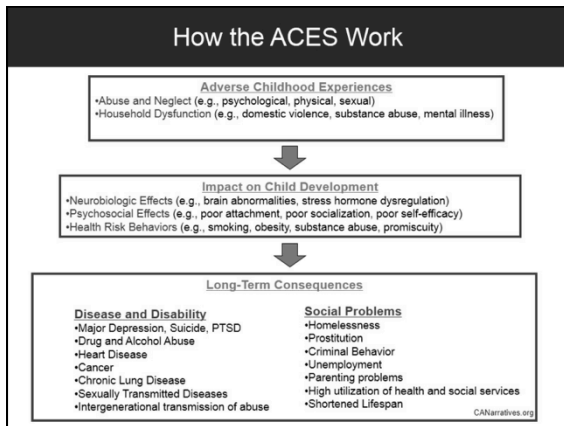
• **Appendix**

• **Additional Information about the ACEs effect on health and mental health**

ACES (Adverse Childhood Experiences)¹

- In this Narrative, ACES is used generically to refer to overlapping sets of traumatic and adverse childhood experiences and home environment factors that substantially increase a child's risk for serious, lifelong medical and mental illnesses.
- As the number of ACES increases, the negative outcome of interest (e.g., mental, medical, social, fiscal) increases in a graded (roughly stepwise) fashion.
- This cumulative "ACES-effect" occurs at multiple levels from biological markers of stress within a person to population-based markers of health such as rates of childhood asthma in a neighborhood.

¹<http://www.cdc.gov/violenceprevention/acesstudy/prevalence.html>



ACES Prevalence (%) of Abuse and Neglect In the Original Study¹

ACE	Women N=9367	Men N=7970	Total N=17337
Abuse			
Physical Abuse	27.0	29.9	28.3
Sexual Abuse	24.7	16.0	20.7
Emotional Abuse	13.1	7.6	10.6
Neglect			
Emotional Neglect	16.7	12.4	14.8
Physical Neglect	9.2	10.7	9.9

¹<http://www.cdc.gov/violenceprevention/acesstudy/prevalence.html> CANarratives.org

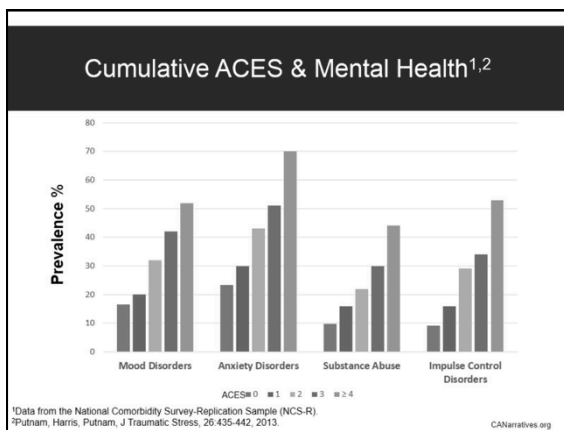
ACES Prevalence (%) of Household Dysfunction In the Original Study¹

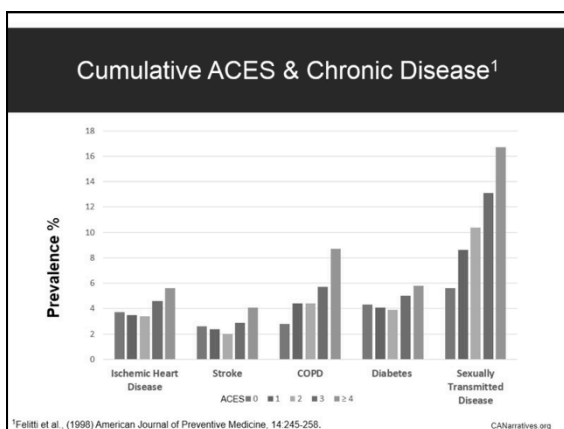
ACE	Women N=9367	Men N=7970	Total N=17337
Household Dysfunction			
Household Substance Abuse	29.5	23.8	26.9
Parental Separation or Divorce	24.5	21.8	23.3
Household Mental Illness	23.3	14.8	19.4
Mother Treated Violently	13.7	11.5	12.7
Incarcerated Household Member	5.2	4.1	4.7

¹<http://www.cdc.gov/violenceprevention/acesstudy/prevalence.html> CANarratives.org

Percent of Cumulative Adverse Childhood Experiences ACES in the Original Study ¹			
Number of ACES	Women N=9367	Men N=7970	Total N=17337
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

¹<http://www.cdc.gov/violenceprevention/acesstudy/prevalence.html> CANarratives.org





As the number of ACEs increase in a child's life - the *risk* for the following health problems *increases throughout the life cycle*:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life issues
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease

• ACE Issues

- Individuals with PTSD are more likely to have experienced multiple traumatic events in their lifetime
- There is a relationship between trauma exposure, PTSD, and chronic medical conditions
- Individuals with PTSD had the highest likelihood of chronic medical conditions and non-traumatized individuals had the lowest risk

Nanni et al. 2012

- ACE survivors also are not only at risk for medical illness, but have additional health related problems.
- They frequently overutilize emergency and specialty care and underutilize routine healthcare.
- ACE also associated with adult vulnerability to chronic stress-related gastrointestinal, metabolic, cardiovascular immunological illness.
- Typical problems: Respiratory, musculoskeletal, chronic pain, fibromyalgia, chronic fatigue, eating disorders, headaches, IBS, gynecological problems including pregnancy, regional pain syndromes, pseudo neurological symptoms, sleep disorders.
- Ford, J. in R. Lanius et al. 2010

IN FACT:

As your ACE score increases, so does the risk of disease, social and emotional problems.

- With an ACE score of 4 or more, things start getting serious.
- The likelihood of chronic pulmonary lung disease increases 390 percent
- hepatitis, 240 percent
- depression 460 percent
- suicide, 1,220 percent.
- Think about how EMDR Intervention could change these statistics.

Also, ACE Survivors have increased risk for:

- Intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

Issues for High ACE Survivors

- Hygiene practices and social skills may not have been modeled or practiced.
- Medical care may have not been consistent or not effective.
- Fear and avoidance of health care professionals 'who didn't help'.
- Frequently no consistent experience in having comfort / self soothing, no skills training in managing affect.

• Implications For the ACE Survivor's Health

- Neglect may have reverberations for many health and mental health conditions
- The survivor may lack the primary belief that he/she is an individual of worth, deserving to take care of their physical health

- In addition to PTSD, attachment deficits and dissociative symptoms, survivors often have issues with trust, self-hatred, & abandonment
- The ability to be an educated health consumer, to ask questions during medical exams, and ability to follow-up with annual visits and diagnostic testing, may all be compromised.

Roots of Health Problems in C-PTSD Clients

- Specific injuries, accidents, illnesses – Family may have over/ under-reacted or ignored these issues.
- Symptoms in child victims often caused by abuse.
No linking of symptoms with possible cause.
- With adult ACE survivor, more complicated reactions due to earlier dissociation, often detached from body, different reactions to pain .

Specific Health Issues

- ACE C-PTSD survivors do not always link current difficulties with treatment with previous trauma; resulting in greater re-traumatization in medical settings.
- Are mystified by their level of anxiety about healthcare.
- May dissociate &/or have flashbacks in the medical/dental/therapy office.
- May not be able to ask for help.
- May be confused/ disoriented regarding problems.

• ACE and Family of origin issues

- When caregivers are abusive, absent, neglectful, or helpless in the face of trauma, children cannot develop a sense of safety and stability.
- In a 'healthy family' those healthy states emanate from the caregiver.
- The ACEs children cannot rely on the caregiver to restore calm and reliability.

• ACE and Family Issues

- The child's responses to stress become impaired.
- The ability to self-soothe and emotionally regulate – manage stress, impulsivity, and anxiety is negatively affected.
- A significant issue is that the child experiences a sense of betrayal and perceives the world as a hostile and attacking environment.

ACE Related Attachment Problems in Complex Trauma Clients

- In family of Origin parents possibly ACE survivors.
- Insecure, avoidant, disorganized attachment styles in parents and children.
- Early losses/ breaks in attachment without regularity or consistency of attempts at restoration.

(100)

Family of Origin Issues

Few teachable moments experienced.

Lack of skills training.

Lack of consistency with regard to health care and hygiene.

Consumer Health Information Psycho-education

- Provide basic information about “patient rights”.
- Normalize attitudes and symptoms.
- Convey that you are well informed about trauma/ health issues and know why some people are reluctant health consumers .
- Have information about resources that help deal with illness/ problems: also trauma issues.

Psycho-education

- Provide psycho-education re: dissociation, trauma, internal parts, patient rights, how to become pro-active as health consumer
- Introduce general concepts about improving health, stress and pain.
- Normalize trauma symptoms and their effects on health.
- Introduce stress reduction work.
- Discuss psychosomatic symptoms.
- Explore goal setting, hopes and plans.
- This is critical with attachment disordered clients.
