Beacon Clinical Topic: **Adverse Childhood Experiences and their Outcomes**

The association between adverse childhood experiences (ACEs) and adult social functioning and mental and physical well-being has been well-established. The lifelong consequences of childhood neglect and abuse have potentially staggering effects on the lives of those affected, as well as on our health care systems. Understanding the connection between ACEs and outcomes throughout childhood, adolescence and into adulthood can guide us in developing interventions for children and families. That understanding may also help clinicians to develop appropriate treatment interventions for those who have a history of experiencing adverse events.

1. DEFINITION

To help understand this connection between childhood trauma and adult functioning and well-being, definitions of the various forms of trauma are provided below:

Adverse childhood experiences: Potentially traumatic events that can have negative, lasting effects on well-being. Those events may range from physical and sexual abuse and psychological neglect and abuse to exposure to mental illness, suicidality, domestic violence and criminal behavior.

Physical abuse: Intentional harm of a child by a caretaker that leads to injury, frequently occurring in the context of discipline

Neglect: Failure to appropriately provide for and protect children, such as failing to meet the child's nutritional, supervision or medical needs

Sexual abuse: Sexual behavior between a child and an adult, or between two children when one of them is significantly older or uses coercion.

Psychological abuse: When an adult repeatedly conveys to a child that he/she is worthless, defective, unloved, or unwanted and may involve threatened or actual abandonment

2. PREVALENCE

Unfortunately, American children are familiar with adverse childhood experiences, as revealed by the data below.

- At least one in four children has experienced child neglect or abuse (including physical, psychological, and sexual) at some point in their lives, and one in seven children have experienced abuse or neglect in the last year, according to self-report data from the Adverse Childhood Experiences (ACE) Study.
- An estimated 702,000 children in the United States were confirmed by child protective services as being victims of abuse and neglect in 2014.
- The ACE Study found that the most common adverse childhood experience reported by adults was exposure to substance use, with 25.6% reporting exposure as children.
- More than half (52%) of adults surveyed in the ACE study reported at least one adverse childhood experience, and 6.2% reported four or more adverse childhood experiences.

3. OUTCOMES

The data are clear regarding the implication of ACEs on the future of U.S. children. If the U.S. health care delivery system fails to address childhood trauma, today's children will remain at higher risk to suffer chronic diseases and mental illness, resulting in both reduced quality of life and increased care costs for these individuals. ACE studies reveal the following:

- Higher ACE scores increase the likelihood of suboptimal mental and physical health outcomes into adulthood.
- Abused and neglected children are at least 25% more likely to experience problems such as delinquency, teen pregnancy, and low academic achievement.
- Individuals with four or more adverse experiences were 12 times more likely to attempt suicide that those with no ACEs.
- Individuals with four or more adverse experiences reported a four-fold increase in depression when compared to those with no reported ACEs.

- The presence of four or more adverse childhood events has been significantly correlated with increased substance use and particularly with significant increases in alcoholism and injected drug use.
- Overall poor health outcomes and high ACE scores have also been correlated, with increases in obesity, diabetes, emphysema, hepatitis and sexually transmitted infections.

4. OPPORTUNITIES

Beacon is in a position to address ACEs in several areas, including proactive identification of at-risk individuals, improved provider collaboration, and evidence-based treatment options:

Proactive identification: Focusing on children younger than 3, early intervention programs that provide parenting education, and home-based and telephonic support by behavioral health clinicians for pediatricians have shown success. Consequently, Beacon should support treatment and early intervention strategies that prevent exposure to ACEs by identifying children and their families who are at risk in order to connect with resources and supports.

Provider collaboration: Increased communication and collaboration between medical and behavioral health providers promotes their mutual identification of children and families who would benefit from early intervention. This collaboration allows providers to develop coordinated treatment plans with referrals to appropriate support agencies and treatment programs.

Evidence-based treatment: There are several evidence-based treatment interventions that address the behavioral and psychiatric sequalae of ACEs. Those best-practice treatment interventions include targeted psychopharmacology and non-pharmacologic treatments, such as trauma-focused Cognitive Behavior Therapy (for those who have experienced trauma) and trauma-informed care (TIC); Dialectical Behavior Therapy (to improve mood and affect regulation and decrease self-injury); and Multisystemic Therapy (for children and adolescents exhibiting delinquent behaviors). By encouraging provider adoption of these therapies, Beacon can improve the likelihood that the cycle of ACEs will be broken.

5. SUMMARY AND TAKEAWAYS

Adverse childhood experiences are an all-too common occurrence for American children. Not only do ACEs affect adult functioning and well-being, but they also pose a tremendous burden on the U.S. health care system. However, understanding the connection between ACEs and adult health can help us to design appropriate treatments, and proactive identification of at-risk children and their families can help us to more effectively deliver these treatment interventions.

6. THREE QUESTIONS FOR CLINICAL TEAM DISCUSSION

a. What can you do to encourage provider adoption of therapies that address ACEs and ensure trauma informed care?

b. Based on your experience, what are the barriers to identifying at risk children for ACEs?

c. What can be done to remove those barriers?

7. REFERENCES AND RESOURCES

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.

Martin, A., Volkmar, F. *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook*

www.nctsn.org (National Child Traumatic Stress Network)

www.aacap.org (American Academy of Child and Adolescent Psychiatry) – *Facts for Families and Practice Parameters*

http://tfcbt.musc.edu/ (Trauma-Focused CBT)

https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/ (National Council for Behavioral Health)

https://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf (Substance Abuse and Mental Health Services Administration) – *Trauma-Informed Care in Behavioral Health Services*