Young Children Experiencing Homelessness, Adversity, and Trauma: An integrated look at improving outcomes and services

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http://www.ocd.pitt.edu/
My Own Four Walls

http://www.hearus.us/projects/my-own-four-walls-video.html
Learning Objectives

1. Understand the impacts of trauma and adversity on the health and development of young children and the parent-child relationship.

2. Apply the concepts of toxic stress, a life course perspective, and results from the ACE Study to challenges in serving families.

3. Brainstorm to improve cross-system service integration, data collection, and collaboration to improve practice and policy.

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Some Background

• Family homelessness
  – The homeless housing system
  – “Doubled up”
  – An invisible problem
  – Service silos
  – Missing the prevention boat
Needs Assessment in Allegheny County

- Relationships with 15 housing agencies
- Interviews with staff and parents
- Partnership with the Dept. of Human Services
- Early Childhood Mental Health Consultation
- Emotion Coaching
- Resource Coordination
- Working groups
- Best Practice Tip Sheets
- Literature and practice review
Opportunities

• Apply trauma-informed, strengths-based approaches
• Training, technical assistance, and support
• Culture change in housing programs
• Break down silos
• Understand the importance of quality
• Unify and streamline the housing system
Outcomes

- 5 concept papers for Human Services Block Grant call for proposals
- Building a buzz
  - Constant communication
  - Presentations
  - Data sharing
  - Voicing concerns
  - Offering support
  - Making linkages
- Review of the homeless system
- Service coordination pilot in emergency shelters
- Developmental screening
- Conferencing and Teaming
- Bright Spaces pilot

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Objective 1

Understand the impacts of trauma and adversity on the health and development of young children and the parent-child relationship.
Typical Yet Invisible

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All of this baggage is weighing on me. I don’t know how to tell you what it means but I will remember it.
Compared to Stably Housed Peers

- **4 x’s** the rate of delayed development
- **2 x’s** the rate of learning disabilities
- **3 x’s** the rate of emotional and behavioral problems
- **Sick 4 x’s** more often
Through the Eyes of Parents
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“Fire can warm or consume, 
Water can quench or drown, 
Wind can caress or cut.

And so it is with human relationships; we can both create and destroy, nurture and terrorize, traumatize and heal each other.”

- Bruce Perry, 2006

Relationships Make a Difference!
Objective 2

Apply the concepts of toxic stress, a life course perspective, and results from the ACE Study to challenges in serving families.
The Adverse Childhood Experiences (ACE) Study, 1998 – ongoing

- Researched psychosocial origins of major public health problems
- Assessed exposure to multiple types of abuse, neglect, violence, and household dysfunction during childhood
- 17,000 participants from general population
Adverse Childhood Experiences Study

• Exposure to ten ACE including:
  – *Abuse* (Emotional, Physical, Sexual)
  – *Neglect* (Emotional, Physical)
  – *Household Dysfunction* (Mother treated violently; Household member substance abuse, mental illness, incarceration; Parental separation or divorce)
Major findings

• Very strong relationship between ACEs and poor health
• Individuals who suffer trauma in childhood remain at risk throughout their lives
• If you have one ACE, you are likely to have more than one
ACE Study Findings

• Adults with ACE scores of 4 or more were:
  – 12 x’s more likely to have attempted suicide
  – 7 x’s more likely to be alcoholic
  – 10 x’s more likely to inject street drugs
• Adults with 6+ ACEs died 20 years earlier than those without ACEs
Public Health Effects

ACES linked to leading causes of death

- Heart Disease
- Cancer
- STIs, HIV/AIDS
- Obesity

Social effects

- Teen pregnancy
- Relational difficulties
- Difficulty with job performance
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Allegheny County Data

- 46 children from 13 housing programs
- Ages 0-10*
- Threshold for significant risk is 4 ACEs
  - 62% had 4 or more ACEs
    - Vs. 6% in the original study (age 0-18)
  - Only 2 children had no ACEs
  - One 3 year old had 10 ACEs
  - An infant had 5 ACEs
## Prevalence of ACEs

<table>
<thead>
<tr>
<th>Type of Adverse Experience</th>
<th># of children (out of 46)</th>
<th>% of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental marital discord</td>
<td>42</td>
<td>91%</td>
</tr>
<tr>
<td>Mentally ill / suicidal household member</td>
<td>40</td>
<td>87%</td>
</tr>
<tr>
<td>Witnessing DV</td>
<td>33</td>
<td>72%</td>
</tr>
<tr>
<td>Incarcerated family member</td>
<td>29</td>
<td>63%</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>28</td>
<td>61%</td>
</tr>
<tr>
<td>Alcohol / substance use in home</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>12</td>
<td>26%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>7</td>
<td>15%</td>
</tr>
</tbody>
</table>
Frequency of ACEs

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Snapshot of 5 moms

• 4/5 had 4 or more ACEs
• 80% of their children had 4 or more ACEs

Repeating a cycle from the previous generation?
Continuing the cycle for the future generation?

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Early Development and Toxic Stress

Center on the Developing Child, Harvard University

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/
Types of Stress

- Toxic stress
- Tolerable stress
- Positive stress
What is toxic stress?

- Long term and intense
- Experienced without adequate supports
- Increases the risk for stress-related disease and cognitive impairment
Toxic Stress can cause:

• Problem behaviors
• Permanent changes to brain structure, size, and function
• Effects learning, memory, and executive function
• Disruption of other developing organ systems
• Permanent elevation of stress hormones
• Prolonged activation of the stress response systems (fight, flight or freeze)
Corrosive to Healthy Development

- Smaller brain and body size
- Prone to illness
- Impaired learning, memory, mental flexibility, self-regulation
- Difficulty discriminating emotions, boundaries, forming relationships
- Responds quicker and more intensely to future stress
- Poor school performance
A Biodevelopmental Framework for how early experiences “get into the body”
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A Life Course Perspective

- Timeline
- Timing
- Environment
- Equity
Objective 3

Brainstorm to improve cross-system service integration, data collection, and collaboration to improve practice and policy.
Policy questions

• Where do we get the biggest bang?
• How do we reduce toxic stress and prevent ACEs at a community level?
• How do we build the political will to do so?
• What are effective communication strategies?
Practice Implications

• Promote nurturing relationships
• Listen
• Be trauma informed and strengths based
• Build partnerships with quality services
• Support transitions
• Use a holistic perspective
• Demand structural supports, policies, and guidelines
Preventive interventions

• Education, training, and professional development
  – Social workers, foster parents, preschool teachers, pediatricians, judges, police….

• Invest in new ideas to reduce adversity while enhancing protective supports

• Build collaborations across providers and perspectives
Helpful Resources

The Adverse Childhood Experiences Study, [http://www.acestudy.org/home](http://www.acestudy.org/home)
Centers for Disease Control and Prevention Adverse Childhood Experiences (ACE) Study, [http://www.cdc.gov/ace/index.htm](http://www.cdc.gov/ace/index.htm)
Center on the Developing Child, Harvard University, [http://developingchild.harvard.edu/](http://developingchild.harvard.edu/)
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