

# Adverse Childhood Experiences and Trauma-Informed Care in Orthopedic Practice

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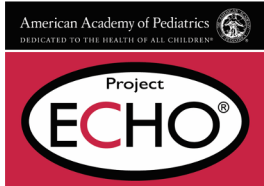
# Disclosure Statement

- I do not have any relevant financial relationships with any commercial interests.

# Outline

- Review the original Adverse Childhood Experiences (ACEs) Study
- Discuss the physiology of toxic stress and clinical manifestations of trauma
- Explore how ACEs may impact orthopedic care
- Equip providers with a framework of trauma-informed care

# American Academy of Pediatrics: Pediatric Approach to Trauma, Treatment, and Resilience



AAP, UMASS, & UCLA

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## LEARN MORE ABOUT THE ACES AWARE INITIATIVE

ACEs Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services. California is leading the way in training and reimbursing Medi-Cal providers for ACES screenings to significantly improve health and well-being across our communities. Learn more here: <http://www.ACesAware.org>.

## MY COURSES

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# What are Adverse Childhood Experiences?



- **Adverse Childhood Experiences, or ACEs**, are often discussed in the context of the landmark 1998 study by the Centers for Disease Control and Prevention and Kaiser Permanente.<sup>1</sup>
- Stressful or traumatic experiences people have by 18 years of age
- Identified as 10 categories of adversities across 3 domains
- Linked to chronic health problems, mental illnesses, and substance abuse in adulthood

<sup>1</sup>Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. Am J Prev Med. 1998;14:245-258.

# 10 Categories of Adverse Childhood Experiences

## ABUSE

Physical, emotional,  
or sexual



Physical



Emotional



Sexual

## NEGLECT

Physical or emotional



Physical



Emotional

## HOUSEHOLD CHALLENGES

Growing up in a household with incarceration, mental illness,  
substance dependence, absence due to separation or divorce,  
or intimate partner violence



Mental Illness



Intimate Partner  
Violence



Parental Separation  
or Divorce



Incarceration



Substance  
Dependence

# From Dr. Anda<sup>1</sup>, Co-Principal Investigator to the ACE Study

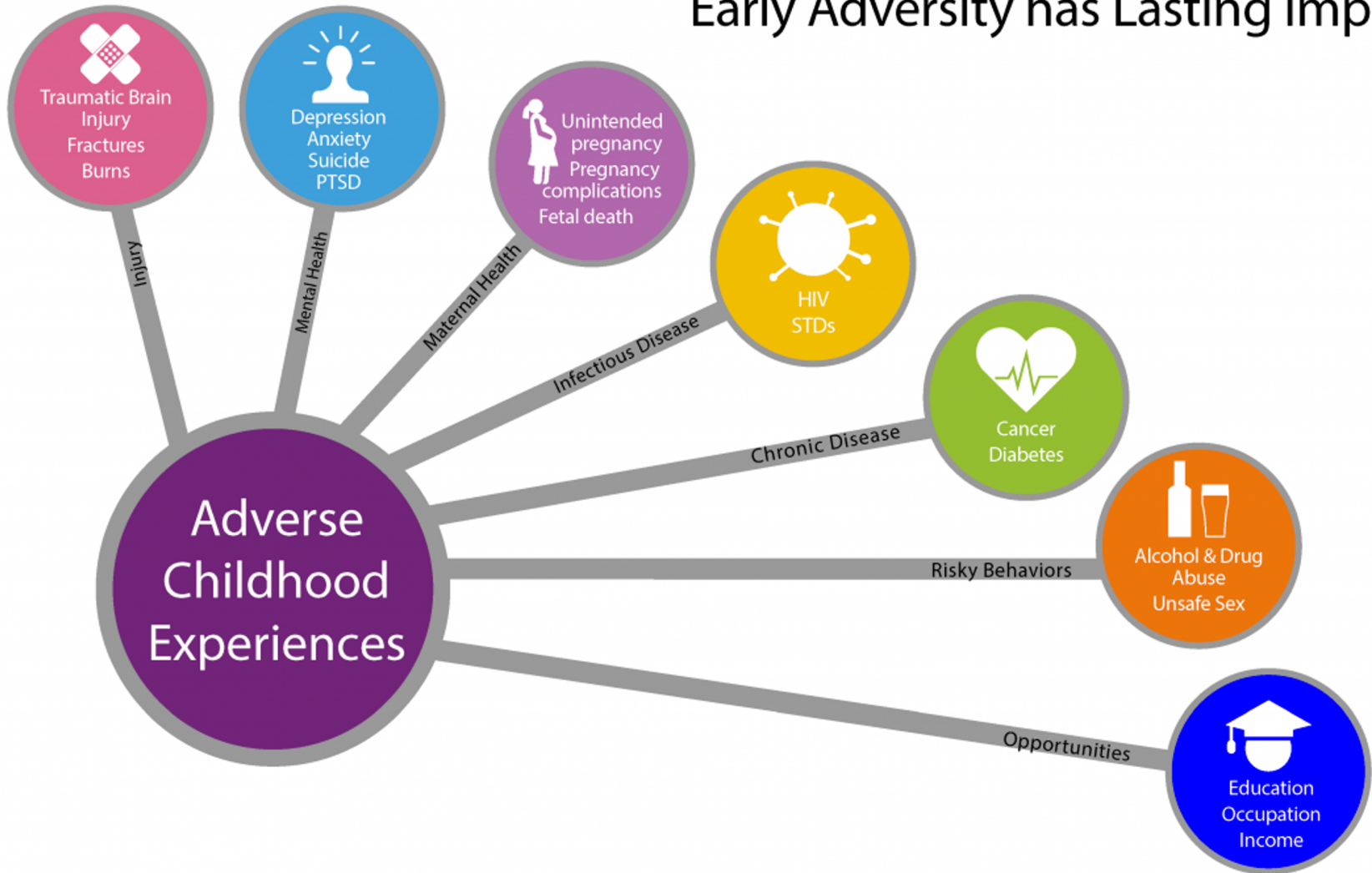
- ACEs are common.
- ACEs tend to occur in clusters, rather than single experiences.
- The cumulative impact of multiple exposures can be captured in an “ACE Score”.
- The ACE Score likely captures the cumulative (neuro)developmental consequences of traumatic stress.
- The ACE Score has a strong, graded relationship to numerous health, social, and behavioral problems throughout a person's lifespan.

## ACEs Dramatically Increase Risk for at Least 9 of the 10 Leading Causes of Death in the U.S.

Leading Causes of Death in the U.S., 2017		Odds Ratios for $\geq 4$ ACEs (relative to no ACEs)
1	<b>Heart disease</b>	2.1
2	<b>Cancer</b>	2.3
3	<b>Accidents</b> (unintentional injuries)	2.6
4	<b>Chronic lower respiratory disease</b>	3.1
5	<b>Stroke</b>	2.0
6	<b>Alzheimer's</b> or dementia	11.2
7	<b>Diabetes</b>	1.4
8	<b>Influenza and pneumonia</b>	Risk Unknown
9	<b>Kidney disease</b>	1.7
10	<b>Suicide</b> (attempts)	37.5

# Association between ACEs and negative outcomes

Early Adversity has Lasting Impacts



# How ACEs work

## Adverse Childhood Experiences

Abuse and neglect (e.g. psychological, physical, sexual)  
Household dysfunction (e.g. domestic violence, substance abuse, mental illness)



## Impact on Child Development

Neurobiological effects (e.g., brain abnormalities, stress hormone dysregulation)  
Psychosocial effects (e.g., poor attachment, poor socialization, poor self-efficacy)  
Health risk behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



## Long-term Consequences

### Disease and disability

- Major depression, suicide, PTSD
- Drug and alcohol abuse
- Heart disease
- Cancer
- Chronic lung disease
- Sexually transmitted diseases
- Intergenerational transmission of abuse

### Social Problems

- Homelessness
- Prostitution
- Criminal behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened lifespan

## Positive Stress

- Normal and essential part of healthy development
- Brief increases in heart rate and blood pressure
- Mild elevations in hormonal levels
- Example: Final exam  
Playoff game.

## Tolerable Stress

- Body's alert systems activated to a greater degree
- Activation is time-limited and buffered by caring adult relationships.
- Brain and organs recover
- Example: Death of a grandparent, car accident.

## Toxic Stress

- Occurs with strong, frequent or prolonged adversity
- Disrupts brain architecture and other organ systems
- Increased risk of stress-related disease and cognitive impairment
- Example: abuse, neglect, caregiver substance dependence or mental illness

Intense, prolonged, repeated, unaddressed;  
Child or family vulnerabilities, limited supports, devel. delays

Social-Emotional buffering, Learned skills, Parent/Child Resilience,  
Early Detection, Effective Intervention

# Definition of Toxic Stress



Brief increases in heart rate, mild elevations in stress hormone levels.



Serious, temporary stress responses, buffered by supportive relationships.

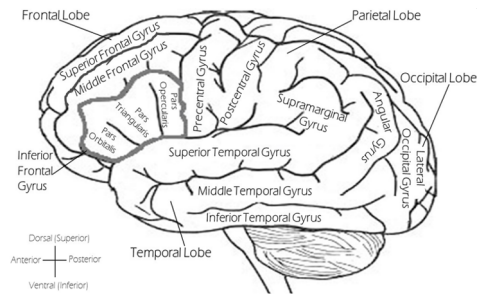


Prolonged activation of stress response systems in the absence of protective relationships.

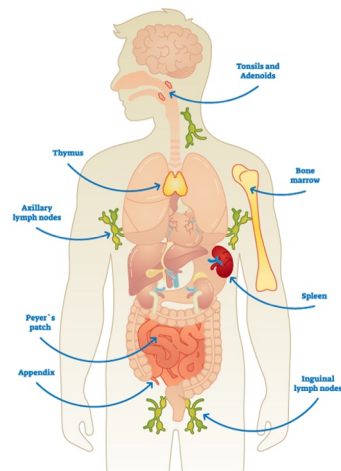


# Toxic stress triggers potentially permanent changes through 3 mechanisms:

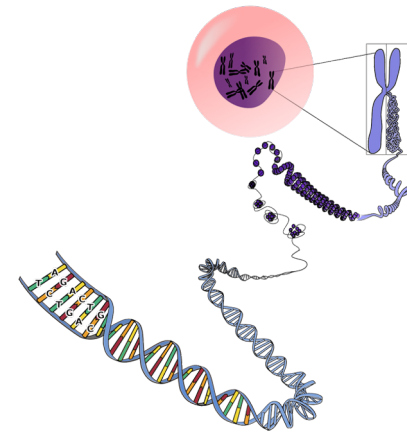
## Neurobiology



## Immunology



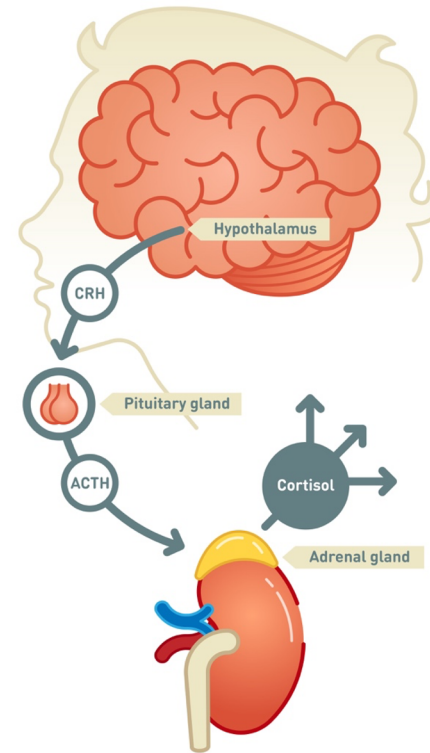
## Epigenetics



# Neurobiology of Trauma

## Hypothalamic-Pituitary-Adrenal Axis (HPA)

- Activated by stress
- Releases cortisol
- Stimulates multiple areas of body and immune system



# Trauma

## Stress and the tiger

- Bodies designed to respond to stress
- Adrenaline and cortisol help us run or hide from the tiger
- Duration of threat is short

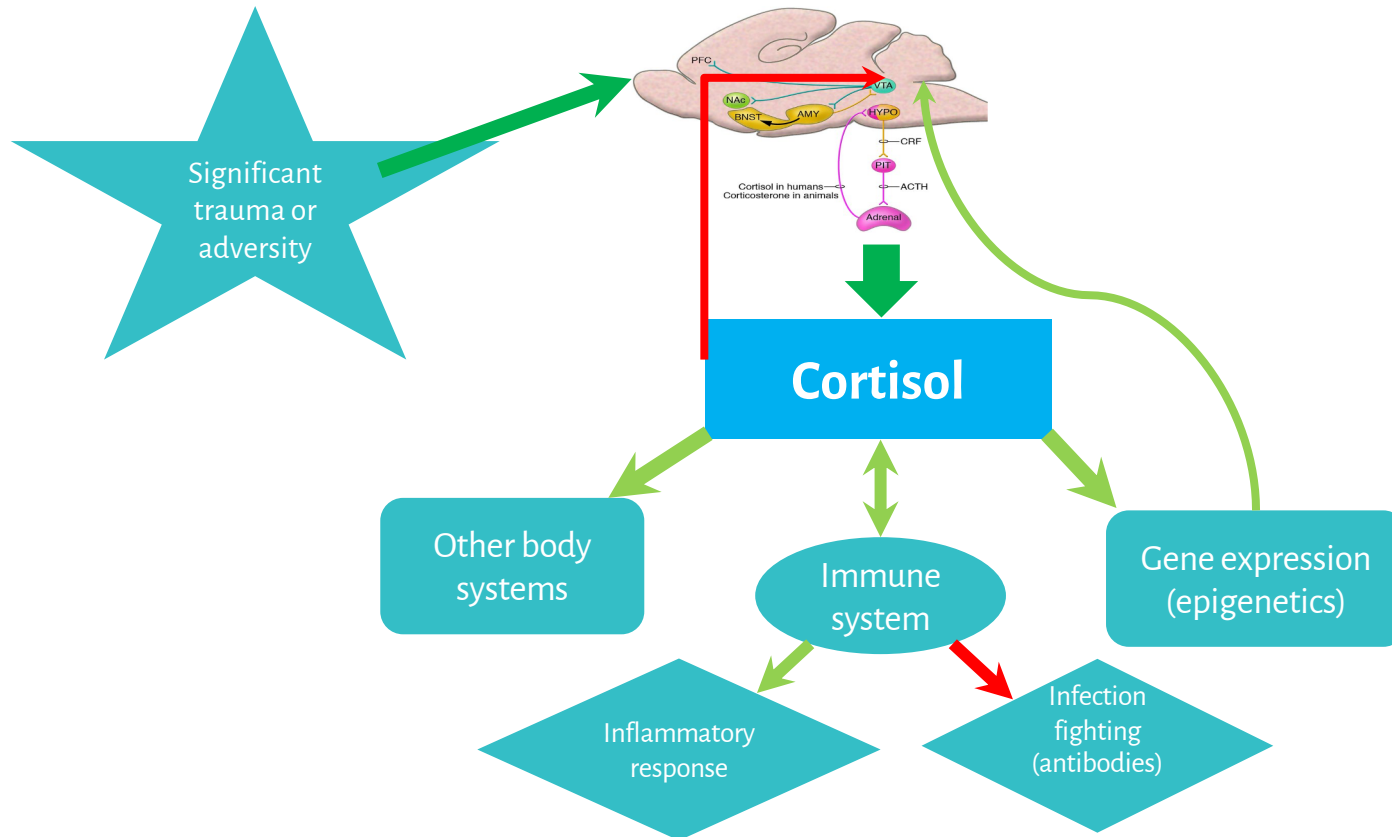




**But...when the  
tiger lives in your  
home...or life...**

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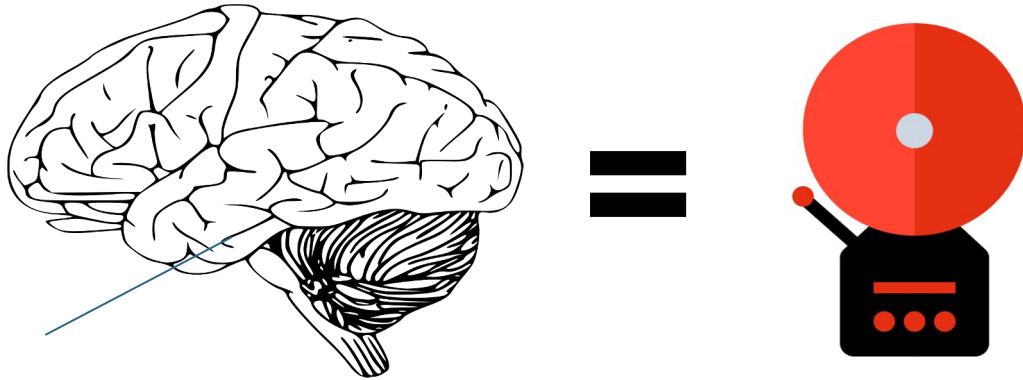




Source: Johnson SB, Riley AW, Granger DA, Riis J. The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics*. Feb 2013;131(2):319-327.

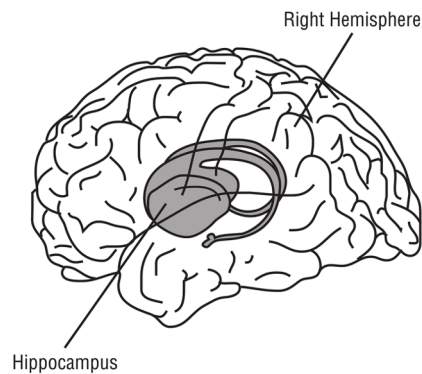
## Amygdala

- Input from sensory, memory, and attention center
- Emotional memory system
  - The brain's alarm system



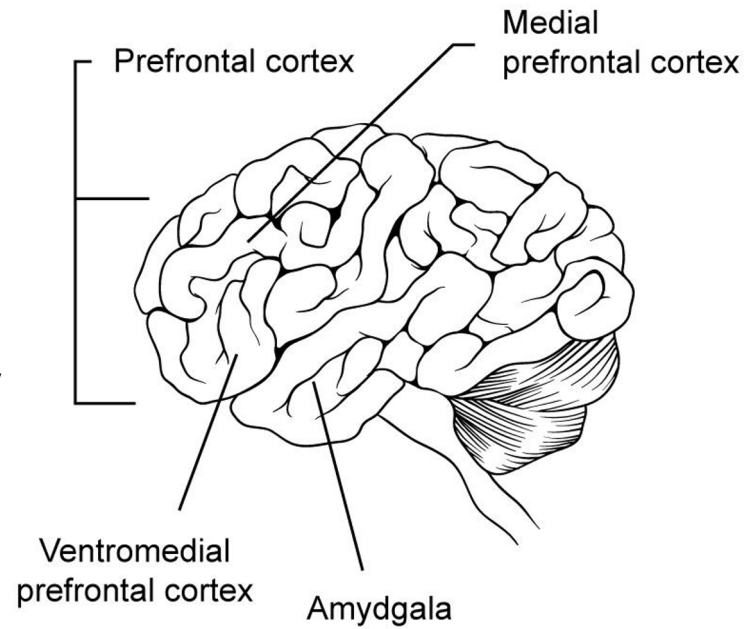
## Hippocampus

- Interface between cortex and lower brain areas
- Major role in memory and learning
  - The brain's file cabinet or search engine



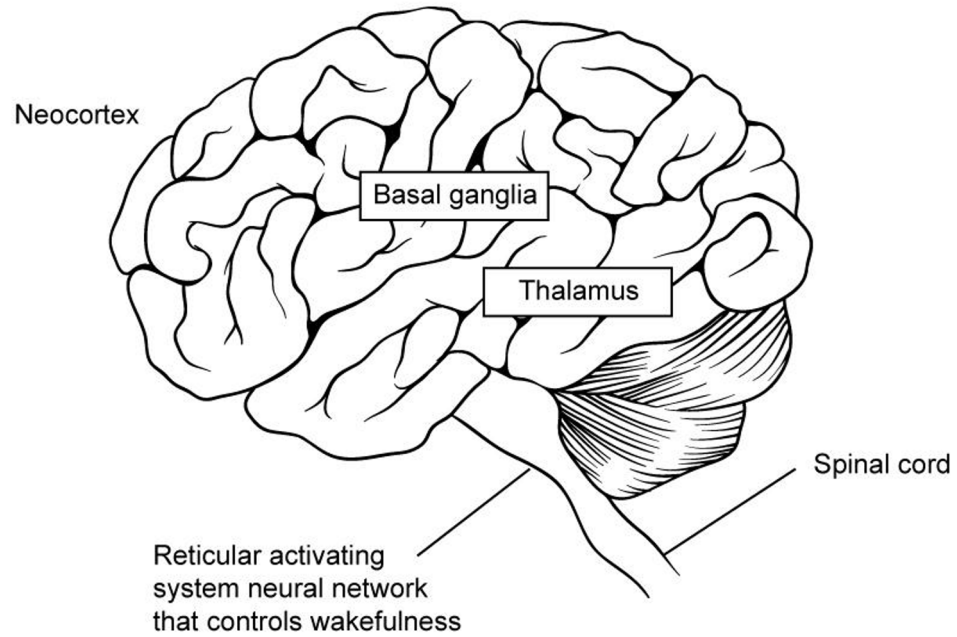
## Prefrontal cortex

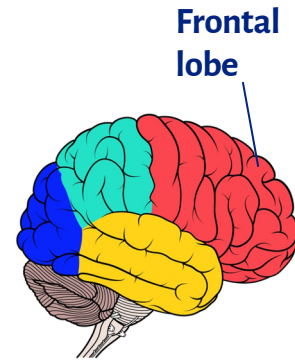
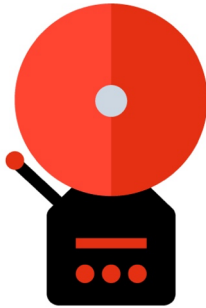
- Executive function
  - Impulse control
  - Working memory
  - Cognitive flexibility





# Not Sleeping





# What does trauma look like in children?

## Response to Trauma: Development and Learning<sup>15,16</sup>

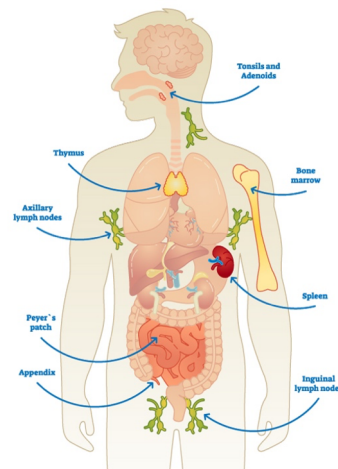
AGE	IMPACT ON WORKING MEMORY	IMPACT ON INHIBITORY CONTROL	IMPACT ON COGNITIVE FLEXIBILITY
Infant / toddler / pre-schooler	Difficulty acquiring developmental milestones	Frequent severe tantrums  Aggressive with other children  Attachment may be impacted	Easily frustrated
School-aged child	Difficulty with school skill acquisition  Losing details can lead to confabulation, viewed by others as lying	Frequently in trouble at school and with peers for fighting and disrupting	Organizational difficulties  Can look like learning problems or ADHD
Adolescent	Difficulty keeping up with material as academics advance  Trouble keeping school work and home life organized  Confabulation increasingly interpreted by others as integrity issue	Impulsive actions which can threaten health and well-being  Actions can lead to involvement with law enforcement and increasingly serious consequences	Difficulty assuming tasks of young adulthood which require rapid interpretation of information: ie, driving, functioning in workforce

# Toxic stress triggers potentially permanent changes through 3 mechanisms:

Neurobiology

Immunology

Epigenetics



# The Impact on the Immune System

## Immune consequences

- Suppression of immune system
- Inflammatory pathways not responsive to cortisol - upregulated
- Impact on areas of brain can lead to depression (subset of depression - inflammatory mediated)

## Developing system is chronically pressed into action

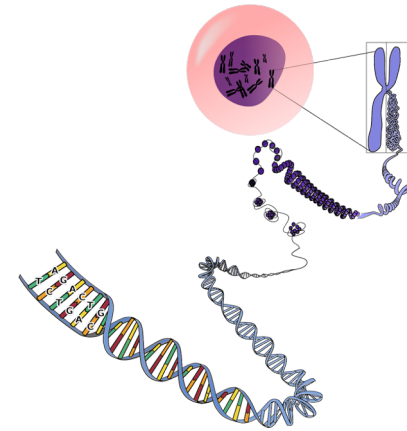
- Excessive cortisol suppresses humoral immunity, increasing risk of infection
- Inflammatory response persists after it is no longer needed
- Somatic perception impaired

# Toxic stress triggers potentially permanent changes through 3 mechanisms:

Brain connectivity

Immune function

Epigenetics



# The Impact on Epigenetics

- Challenges us to look beyond genetic predispositions to examine how environmental influences and early experiences affect when, how, and to what degree different genes are actually activated



A pup that is raised by an anxious, low-nurturing mother becomes an anxious adult.



A pup that is raised by a relaxed, high-nurturing mother becomes a relaxed adult.

# ACE-Associated Health Conditions – Pediatrics

Symptom or Health Condition	For $\geq X$ ACEs (compared to 0)	Odds Ratio
Asthma <sup>26,33</sup>	4	1.7 - 2.8
Allergies <sup>33</sup>	4	2.5
Dermatitis and eczema <sup>39</sup>	3*	2.0
Urticaria <sup>39</sup>	3*	2.2
Increased incidence of chronic disease, impaired management <sup>25</sup>	3	2.3
Any unexplained somatic symptoms <sup>25</sup> (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches <sup>33</sup>	4	3.0
Enuresis; encopresis <sup>5</sup>	–	–
Overweight and obesity <sup>3</sup>	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism <sup>5,2,41</sup>	–	–
Poor dental health <sup>16,22</sup>	4	2.8
Increased infections <sup>39</sup> (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche <sup>40</sup> ( $\geq 14$ years)	2*	2.3
Sleep disturbances <sup>5,31</sup>	5**	PR 3.1
Developmental delay <sup>30</sup>	3	1.9
Learning and/or behavior problems <sup>3</sup>	4	32.6
Repeating a grade <sup>15</sup>	4	2.8
Not completing homework <sup>15</sup>	4	4.0
High school absenteeism <sup>33</sup>	4	7.2
Graduating from high school <sup>29</sup>	4	0.4
Aggression; physical fighting <sup>28</sup>	For each additional ACE	1.9
Depression <sup>29</sup>	4	3.9
ADHD <sup>42</sup>	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder <sup>30</sup>	3	4.5
Suicidal ideation <sup>28</sup>	For each additional ACE	1.9
Suicide attempts <sup>28</sup>	For each additional ACE	1.9 - 2.1
Self-harm <sup>28</sup>		1.8
First use of alcohol at < 14 years <sup>7</sup>	4	6.2
First use of illicit drugs at < 14 years <sup>10</sup>	5	9.1
Early sexual debut <sup>21</sup> (<15-17 y)	4	3.7
Teenage pregnancy <sup>21</sup>	4	4.2

For more details, see the ACEs and Toxic Stress Risk Assessment Algorithms at: [ACEsAware.org/clinical-assessment](https://ACEsAware.org/clinical-assessment)



# ACE-Associated Health Conditions – Adults

Symptom or Health Condition	Odds Ratio (excluding outliers)
Cardiovascular disease <sup>21</sup> (CAD, MI, ischemic heart disease)	2.1
Tachycardia <sup>37</sup>	≥ 1 ACE: 1.4
Stroke <sup>20</sup>	2.0
Chronic obstructive pulmonary disease (emphysema, bronchitis) <sup>21</sup>	3.1
Asthma <sup>43</sup>	2.2
Diabetes <sup>21</sup>	1.4
Obesity <sup>20</sup>	2.1
Hepatitis or jaundice <sup>1</sup>	2.4
Cancer, any <sup>21</sup>	2.3
Arthritis <sup>32,7</sup> (self-reported)	3 ACEs, HR: 1.5 ≥ 1 ACE: 1.3
Memory impairment <sup>20</sup> (all causes, including dementias)	4.9
Kidney disease <sup>43</sup>	1.7
Headaches <sup>11</sup>	≥ 5 ACEs: 2.1
Chronic pain, any <sup>38</sup> (using trauma z-score)	1.2
Chronic back pain <sup>38</sup> (using trauma z-score)	1.3
Fibromyalgia <sup>37</sup>	≥ 1 ACE: 1.8
Unexplained somatic symptoms, including somatic pain, headaches <sup>20,2</sup>	2.0 - 2.7
Skeletal fracture <sup>1</sup>	1.6 - 2.6 <sup>20</sup>
Physical disability requiring assistive equipment <sup>23</sup>	1.8
Depression <sup>21</sup>	4.7
Suicide attempts <sup>21</sup>	37.5
Suicidal ideation <sup>20</sup>	10.5
Sleep disturbance <sup>20</sup>	1.6
Anxiety <sup>21</sup>	3.7
Panic and anxiety <sup>20</sup>	
Post-traumatic stress disorder <sup>37</sup>	4.5
Illicit drug use <sup>21</sup> (any)	5.2
Injected drug, crack cocaine, or heroin use <sup>21</sup>	10.2
Alcohol use <sup>21</sup>	6.9
Cigarettes or e-cigarettes use <sup>35</sup>	6.1
Cannabis use <sup>35</sup>	11.0
Teen pregnancy <sup>21</sup>	4.2
Sexually transmitted infections, lifetime <sup>21</sup>	5.9
Violence victimization <sup>21</sup> (intimate partner violence, sexual assault)	7.5
Violence perpetration <sup>21</sup>	8.1

For more details, see the ACEs and Toxic Stress Risk Assessment Algorithms at: [ACEsAware.org/clinical-assessment](https://ACEsAware.org/clinical-assessment)

# Consider implications in orthopedic care...

- ACE-Associated Health Conditions<sup>1-3</sup>
  - Skeletal fractures
  - Physical disability req assistive equipment
  - Comorbidities: obesity, diabetes, cardiovascular disease
  - Mental health: depression, substance abuse
- Risk factor for adult-onset chronic pain<sup>4</sup>
- Barriers to post-operative care and recovery
  - ACEs raise the risk for failure
  - Trauma history can influence adherence with treatment plan
  - Trauma history may be contributing to negative health behaviors
  - Patients perceived as "non-compliant" or "difficult"

<sup>1</sup>Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. Am J Prev Med; : 14.

<sup>2</sup>Petrucelli K, Davis J, Berman T. Adverse childhood experiences and associated health outcomes: A systematic review and meta-analysis. Child Abuse & Neglect 2019; 97: 104127.

<sup>3</sup>Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health 2017; 2: e356-66.

<sup>4</sup>Davis DA, Luecken LJ, Zautra AJ. Are reports of childhood abuse related to the experience of chronic pain in adulthood? A meta-analytic review of the literature. Clin J Pain. 2005; 21:398-405.

# ACEs and Obesity

- The ACEs Study began in an obesity clinic
- While interviewing patients who had dropped out, Dr. Felitti recognized ACEs to be a major determinant of the health and social well-being of members
- Childhood abuse and other early-life stressors have been associated with being overweight or obese later in life and with unhealthy weight control behaviors
  - Downstream effects of toxic stress, living in constant danger, fight or flight mode, overloaded with stress hormones
- In adults, obesity associated with higher risk of arthritis of the hip and knee, back pain, and spinal stenosis
- In pediatric obese patients, higher risk of knee and hip deformities, including slipped capital femoral epiphysis (SCFE)

# Does recognizing trauma impact care?



The bottom line: **Yes.**

- Significant adversity results in less than optimal outcomes later in life.

# How does recognizing trauma impact care?



Trauma responses are adaptive and protective when in threatening situation



Same bodily functions and behaviors may be maladaptive when removed from the stressor



When not examined within the context of past traumas, they can be misinterpreted as pathologic



Shift from “What is wrong with you?” to  
**“What happened to you?”**

**Trauma-informed care is good care  
even for those who have not  
experienced trauma.**



**Trauma-informed care understands, recognizes, and responds to the various effects of trauma to better support the health needs of patients who have experienced ACEs and toxic stress.**

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# What is trauma-informed care?

**Trauma-informed care provides safe and sensitive care that intentionally avoids re-traumatization.**

- **Understanding** the prevalence of trauma and adversity and their impacts on health and behavior.
- **Recognizing** the effects of trauma and adversity on health and behavior.
- **Training** leadership, providers, and staff on **responding** to patients with best practices for trauma-informed care.
- **Integrating** knowledge about trauma and adversity into policies, procedures, practices, and treatment planning.
- **Resisting** re-traumatization by approaching patients who have experienced ACEs or other adversities with non-judgmental support.



# Trauma-Informed Care Principles

Safety	Establish the physical and emotional safety of patients and staff
Trustworthiness and transparency	Build trust between providers and patients
Peer support	Recognize the effects of trauma exposure on physical and mental health and utilize peers to promote recovery and healing
Empowerment voice and choice	Promote patient-centered, evidence-based care
Collaboration and mutuality	Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
Sensitivity	Provide care that is sensitive to the patient's racial, ethnic, and cultural background, and gender identity

# What does trauma-informed care look like?



Appropriate whether or not there is a known history of trauma



Empathetic, nonjudgmental, and therapeutic

*Example - Your chart indicates that you had been homeless at one point; that must have been very difficult for you.*



Open-ended questions:

*What is it you would like to discuss today?  
Has your home life changed in any significant way?  
What questions do you have?*



Surveillance question:

*Since the last time I saw you, has anything happened to you or your family?*



Anticipatory guidance:

*The symptoms you describe may indicate that the brain and body are responding to a stress or threat. Do you have any concerns that your child is being exposed to stress or something that would be scary to them?*

# Additional Resources:

- California ACEs Aware
- The National Child Traumatic Stress Network (NCTSN)
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- The American Academy of Pediatrics (AAP)
  - Pediatric Approach to Trauma, Treatment and Resilience Project
  - The Resilience Project
  - Trauma Informed Care



**Thank you.  
Questions?**

