

Effective Interventions When Working with Urban Fathers Impacted by Adverse Childhood Experiences

Presenter

- **Dr. Eddie McCaskill, MSW, EdD, LPC, LCSW, CADAC, NCC, APA**

Purpose Statement

The purpose of this workshop is to examine the impact of adverse childhood experiences and examine effective interventions when working with Urban fathers who have experienced the indicators of adverse childhood experiences.

Introduction

- **Individuals who are exposed to adverse childhood experiences (ACEs) before the age of 18 may be at an increased risk of being depressed, unhoused, substance use, and experiencing anxiety at a higher rate than the regular population. Adverse events experienced in childhood may affect the person for a lifetime**

Adverse Childhood Experiences Defined

- **Adverse Childhood Experiences are stressful or traumatic events, including abuse and neglect that occurs before the age of 18.**

The Ten Indicators of Adverse Childhood Experiences defined by Felitti

Felitti (2002) identified the ten indicators in groundbreaking Kaiser Research Study as:

1. Physical neglect

2. Emotional neglect

3. Physical abuse

4. Emotional abuse

5. Sexual Abuse

6. Substance misuse in the home

7. Mental illness in the home

8. Parental separation or divorce

9. Domestic Violence

10. Incarcerated Member in the household.

Adverse Childhood Experiences Research Background

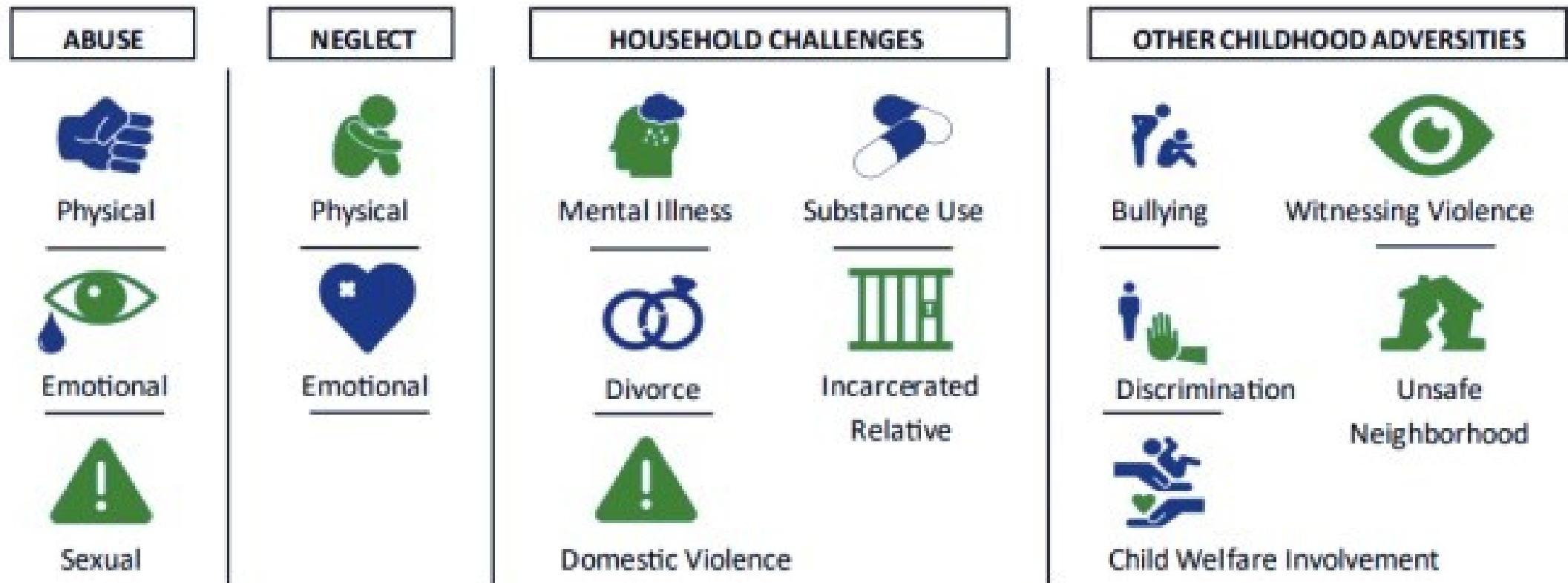
- **Adverse childhood experiences were initially identified in the groundbreaking research conducted at Kaiser Permanente from 1995 to 1997 by Felitti et al., (1998). Data were collected from 17,000 patients from 1995 to 1997. Felitti found that most patients who were experiencing health concerns and related problems had also experienced a minimum of one of the ten indicators of adverse childhood experiences.**
- **Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. The long-term effects of adverse childhood experiences (ACEs) occurring during childhood or adolescence; may lead to a wide range of physical and psychological health issues throughout a person's lifespan. The Consequences may be mild or severe and may affect the person's behaviors, or a combination of all three areas.**

Philadelphia Urban Study

The Philadelphia ACE Urban Study Examined the Original Ten indicators of adverse childhood experiences identified by Felitti along with the following;

- Neighborhood safety and trust. Felt safe in your neighborhood. People in your neighborhood looked out for each other, stood up for each other, and could be trusted.**
- Bullying-Bullied by a peer or classmate**
- Witness violence**
- Saw or heard someone being beaten up, stabbed, or shot in real life**
- Racism**
- Treated badly or unfairly because of your race or ethnicity**
- Spent time in Foster care**

ACE by Categories Including Philadelphia Urban Study



Key Findings of Philadelphia ACE Study

- **33.2 percent of Philadelphia adults experienced emotional abuse and 35 percent experienced physical abuse during their childhood.**
- **Approximately 35 percent of adults grew up in a household with a substance using members; 24.1 percent lived in a household with someone who was mentally ill; and**
- **12.9 percent lived in a household with someone who served time or was sentenced to serve time in prison.**
- **A total of 1,784 adults completed the Philadelphia Urban ACE Survey for a response rate of 67.1 percent. The survey found a higher prevalence of ACEs than found in previous studies.**

Philadelphia ACE Urban Study Results

- **The Philadelphia Urban ACE Survey also examined the stressors that exist in the communities where people live. The study found that 40.5% of Philadelphia adults witnessed violence while growing up, which includes seeing or hearing someone being beaten, stabbed or shot. Over one-third (34.5%) of adults reported experiencing discrimination based on their race or ethnicity, while almost three in ten adults (27.3%) reported having felt unsafe in their neighborhoods or not trusting their neighbors during childhood. In all, over 37% of Philadelphia respondents reported four or more ACEs. The findings from this study suggest the need for services that address the unique environmental stressors experienced in urban neighborhoods to mitigate their impact on individuals and to prevent ACEs.**

Demographic Characteristics of Philadelphia Residents, 18 years and older and Philadelphia Urban ACE Survey Respondents, 2013

RACE	Philadelphia Resident	Philadelphia Urban Study
White	38.8% (N=466,677)	44.1% (n=786)
Black	36.1% (N=434,312)	42.5% (n=758)
Latino	11.4% (N=136,697)	3.5% (n=63)
Asian	6.2% (N=74,916)	3.6% (n=63)
Biracial	2.1% (N=24,778)	3.8% (n=68)
Other	5.3% (N=64,161)	2.4% (n=43)

Adverse Childhood Experiences Impact

- **Individuals who are exposed to adverse childhood experiences and trauma may be at a higher risk for depressive disorders as adults. Those who are exposed to trauma and childhood adversities that occur before the age of eighteen have shown to have severe negative impact in their lives as children as well as poor outcomes in their adult lives (Salinas-Miranda et al., 2015). The victim may be at increased risk of being unhoused, substance misuse, suicide, failed interpersonal relationships, and mental health issues such as post-traumatic stress, depression, and anxiety at a higher rate than the regular population.**

Adverse Childhood Experiences Research

- **Adverse childhood experiences may have an enduring impact in the lives of adults. The impact may be in the form of risky health behaviors, inappropriate alcohol and drug usage, unhoused, post traumatic stress, depression, anxiety, and other emotional and psychological concerns (Jenna & Vinay, 2017).**
- **Crouch, Strompolis, Bennett, Morse, and Radcliff (2017) found individuals who were exposed to adverse childhood experiences at an elevated rate to have a greater risk for poor health as adults. For example, experiencing abuse or witnessing domestic violence in childhood may have negative effects on the health of those individuals as adults.**

Additional ACE Research

- **Youssef et al. (2017) conducted a cross-sectional study of 413 participants ages 19 and above who had experienced traumatic experiences prior to age 18. The researchers examined the role of resilience and how it affected African Americans and European Americans. They looked at ACEs, depressive symptoms, and the effects of race and ethnicity. Participants were assessed for depression. The researchers concluded that ACEs were highly associated with the severity of depression in that the higher the number of ACEs, the greater the impact of depression on the participant.**
- **Depression is one of the most common diagnosed mental illnesses, but minimal information is known regarding the impact of depression on African American men (Plowden et al., 2016). African American men are often misdiagnosed based on the different presentation of depression but are at a greater risk for depression (Plowden et al., 2016). Suicide is often linked to depression.**
- **Markkula et al. (2017) concluded from their quantitative study that multiple childhood adversities were one of the risk factors for depression.**

Results of Research Conducted at FFSC 2020

There were significance differences in the depression scores of Black fathers who experienced emotional abuse, physical abuse, emotional neglect, physical neglect, domestic violence, substance misuse, mental illness, parental separation, and incarcerated household member. There was no significant difference for those who experienced sexual abuse. The findings are consistent with previous results that showed ACEs affect individuals in terms of depression. Youssef et al. (2017) concluded ACEs were highly associated with the severity of depression. The results of the study showed Black fathers who experienced one of the 10 indicators of ACEs had significantly higher depression scores than Black fathers who did not experience one of the 10 indicators of ACEs. Black Fathers who experienced sexual abuse did not have significance higher mean scores than Black Fathers who did not experience sexual abuse. This may be the result of Black Fathers feeling ashamed to disclosed they were sexually abused (McCaskill, 2020).

Key findings from Dr McCaskill's Research regarding the Impact of ACE-10 on Depression in Black Fathers

	<u>ACE present</u>			<u>ACE not present</u>		
Variable	N	M	SD	N	M	SD
Emotional abuse	64	9.11	6.59	87	5.61	6.33
Physical abuse	52	9.44	6.77	99	5.86	6.28
Sexual abuse	24	6.04	2.40	127	2.98	2.33
Emotional neglect	51	5.61	2.03	100	2.38	2.12
Physical neglect	28	6.75	1.60	123	2.72	2.15
Parental separation	103	4.44	2.32	48	1.40	1.80
Parental violence	39	6.03	2.01	112	2.58	2.14
Household substance misuse	70	5.27	2.02	81	1.91	1.93
Household mental illness	37	4.86	2.21	114	3.02	2.54
Household member incarcerated	55	5.35	2.18	96	2.40	2.16

APA Treatments Recommendations:

The APA panel strongly recommends the use of the following psychotherapies/interventions for adult patients with PTSD:

- Cognitive Behavioral Therapy (CBT)**
- Cognitive Processing Therapy (CPT)**
- Eye Movement Desensitization and Reprocessing (EMDR)**
- Narrative Exposure Therapy (NET).**
- For medications, the panel suggests offering the following (in alphabetical order): fluoxetine, paroxetine, sertraline, and venlafaxine. There is insufficient evidence to recommend for or against offering risperidone and topiramate.**

Treatment Interventions

- **Cognitive Behavioral Therapy;** the goal is to reframe the client's faulty thinking and to let go of the past and focus on the present. The effect of CBT has been mediated mostly by the change in maladaptive cognitive distortions associated with trauma.
- **Reality Therapy:** Assist the clients to regain control of their lives and environment and to take the steps to initiate change and growth.
- **# 3 Basic questions:**
 - (1) Are you satisfied with your life?
 - (2) What are you doing to change your present situation?
 - (3) Is what you doing working for you?
- **Daily Groups (Daily updates):** the client talk about their progress daily with the focus on learning and practicing productive choices. The therapeutic goal of the group is to build a bond with group members and a support system. The FFSC client learn how to choose effective behaviors to verbalize their Interpersonal needs and to be empowered with interpersonal social skills to build healthy relationships. The focus is to assist the clients to concentrate on the things they can control in their lives.
- **Narrative Exposure Therapy: (NET)** This treatment helps individuals establish a coherent life narrative in which to contextualize traumatic experiences. It is known for its use in group treatment. What's it been like for you as a father; This exercise usually assist the clients to become unstuck emotionally and to move their lives forward in a positive manner.
- **Music:** Various studies have demonstrated that listening to music can be an effective tool for reducing stress. Music has the power to evoke emotions, relax the mind, and even change brain functioning.

Narrative Exposure Therapy (NET)

What's it been like for you as a parent;

Many of the parents are emotionally and psychologically stuck for various reasons. The parent tells his life story to the group and what's it been like for him as a parent. This exercise usually assist the parents to move their lives forward in a positive manner.

With the guidance of the group facilitator, the parent establishes a chronological narrative of his life, concentrating mainly on their traumatic experiences, but also incorporating positive events and relationships. It is believed that this contextualizes the network of cognitive, affective and sensory memories of a parent's trauma. By expressing the narrative, the parent fills in details of fragmentary memories and develops a coherent autobiographical story. In so doing, the memory of a traumatic episode is refined and understood.

Music Therapy

- **Music can be an effective tool for reducing stress and building relationships. Music has the power to evoke emotions, relax the mind, and even change brain functioning, leading to a significant reduction in stress levels. When we experience stress or anxiety, our cardiovascular system responds by accelerating our heartbeat and increasing blood pressure levels. However, listening to relaxing music can help counteract these physiological responses. listening to calming music can induce a relaxation response in our bodies, leading to a decrease in heart rate and blood pressure. The role of music in therapy has an impact on emotional well-being through mitigation of anxiety, depression and trauma symptoms.**

Example of an exercise with music (Cloud Watching)

INTERVENTIONS STRATEGIES

- **Every Interaction can be an intervention**
- **Give Yourself Credit for Small Steps**
- **Self Assessment**
- **Change Happens in Layers**
- **Emotions are for Healing. Encourage verbalization of emotions.**
- **Identify and Define your Emotions.**
- **Yesterday is History, Tomorrow is a mystery.**

Assessment and Screening Tools

PHQ-9-Patient Health Questionnaire (depression)

GAD-7-Generalize Anxiety Disorder Scale (Anxiety)

ACE-Adverse Childhood Questionnaire (childhood adversity)

BTQ-10-Brief Trauma Questionnaire (trauma)

DAST-10 Drug Abuse Screening Tool (drugs usage)

Audit Screening Tool (alcohol usage)

PHQ-9

Patient Health Questionnaire (PHQ-9)	
Over the last two weeks, how often have you been bothered by any of the following problems?	
Little interest or pleasure in doing things?	
Feeling down, depressed, or hopeless?	
Trouble falling or staying asleep, or sleeping too much?	
Feeling tired or having little energy?	
Poor appetite or overeating?	
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	
Trouble concentrating on things, such as reading the newspaper or watching television?	
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	
Thoughts that you would be better off dead, or of hurting yourself in some way?	
Total = /27	

Nearly Every Day 3

Over half the days 2

Several Days 1

Not at all or unsure 0

GAD 7

Generalized Anxiety Disorder 7-item (GAD-7) scale

- Over the last 2 weeks, how often have you experienced the following problems?
- 1. Feeling nervous, anxious, or on edge
- 2. Not being able to stop or control worrying
- 3. Worrying too much about different things
- 4. Trouble relaxing
- 5. Being so restless that it's hard to sit still or sleep
- 6. Becoming easily annoyed or irritable
- 7. Feeling afraid as if something awful might happen

Nearly Every Day 3

Over half the days 2

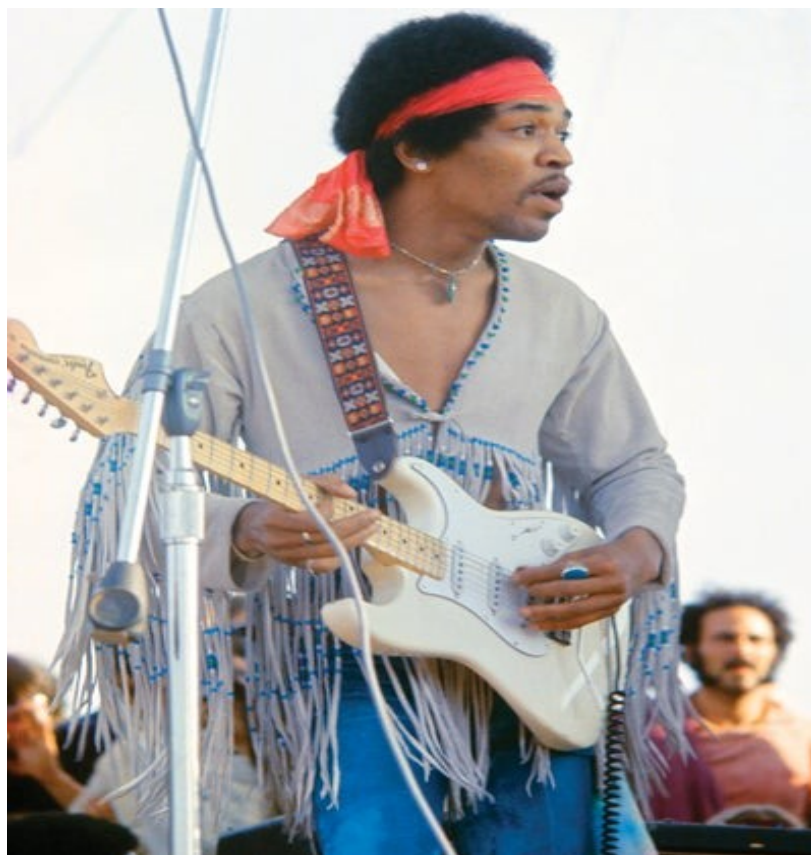
Several Days 1

Not at all or unsure 0

Adverse Childhood Experiences Screening

- 1.) Before your 18th birthday, 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? Yes No
- 2.) Before your 18th birthday, 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? Yes No
- 3.) Before your 18th birthday, did an adult or person at least at least five 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? Yes No
- 4.) Before your 18th birthday, 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? Yes No
- 5.) Before your 18th birthday, 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 of you or take you to the doctor if you needed it? Yes No
- 6.) Before your 18th birthday, was a biological parent ever lost to you through divorce, abandonment, or other reason? Yes No
- 7.) Before your 18th birthday was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often 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? Yes No
- 8.) Before your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? Yes No
- 9.) Before your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No
- 10.) Before your 18th birthday, did a household member go to prison? Yes No
- 11.) Before your 18th birthday, Did you ever spend time in foster care or a juvenile facility? Yes No
- 12.) Before your 18th birthday did you experienced a recent death of a family member or close friend? Yes No
- 13.) Before your 18th birthday, were you a victim of violence or witness violence against someone else? Yes No
- 14.) Before your 18th birthday, were you a victim of racism or racial discrimination? Yes No
- 15.) Before your 18th birthday, did you lose family members or friends to neighborhood violence? Yes No

Guess Who



Guess Who





Guess Who



QUESTIONS AND DISCUSSION

Thanks for your Participation

Please feel free to contact me at:
cmxond@726xshs.com
314 486-9984

References

- **American Psychological Association. (2022). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC:**
- **Crouch, E., Strompolis, M., Bennett, K. J., Morse, M., & Radcliff, E. (2017). Research article: Assessing the interrelatedness of multiple types of adverse childhood experiences and odds for poor health in South Carolina adults. *Child Abuse & Neglect*, 65204-211. doi: 10.1016/j.chiabu.2017.02.007**
- **Felitti, M. J., Anda, M. F., Nordenberg, M. D., Williamson, M. F., Spitz, M. M., Edwards, B. V., & Marks, M. S. (1998). Original Articles: 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*, 14245-258. doi:10.1016/S0749-3797(98)00017-8**
- **Jenna, B., & Vinay K., C. (2017). Social and emotional support as a protective factor against Current depression among individuals with adverse childhood experiences. *Preventive Medicine Reports*, Vol 5, Is C, Pp 127-133 (2017), (C), 127. doi: 10.1016/j.pmedr.2016.11.018**
- **Markkula, N., & Suvisaari, J. (2017). Prevalence, risk factors and prognosis of depressive disorders. *Duodecim; laaketieteellinen aikakauskirja*, 133(3), 275-282.**
- **McCaskill, E (2020) The Impact of Adverse Childhood Experiences on Depression in Black Males. Grand Canyon University, Phoenix, AZ.**
- **Merritt M, Cronholm P, Davis M, Dempsey S, Fein J, Kuykendall S, Pachter L, & Wade R. (2013). Findings from the Philadelphia Urban ACE Survey. Institute for Safe Families.**
- **Salinas-Miranda, A. A., Salemi, J. L., King, L. M., Baldwin, J. A., Berry, E. L., Austin, D. A., ... & Salihu, H. M. (2015). Adverse childhood experiences and health-related quality of life in adulthood: revelations from a community needs assessment. *Health and Quality of Life Outcomes*, 13, 1-12.**
- **Youssef, N. A., Belew, D., Hao, G., Wang, X., Treiber, F. A., Stefanek, M., ... & Su, S. (2017). Racial/ethnic differences in the association of childhood adversities with depression and the role of resilience. *Journal of affective disorders*, 208, 577-581.**