Responding to Adverse Childhood Experiences: Hope As A Framework For Action

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Abstract

Research has long supported that Adverse Childhood Experiences (ACEs) are linked with reductions in well-being across the lifespan. However, less is known about the best practices for intervening with ACE to buffer the long-term negative effects. The current paper proposes that the positive psychology construct of hope offers 1.) guidance for understanding the mechanisms of the relationship of ACEs to lasting dysphoria, and 2.) a parsimonious framework for the development of hope informed interventions for ACE. Having such a framework is important because of the need for better clarity on the best practices for working with ACE survivors. The paper closes by calling on researchers to learn more about the relationship between ACEs and hope, and to use that knowledge to help us better understand how to assist ACE survivors.

Responding to Adverse Childhood Experiences: Hope As A Framework For Action

"The potential benefit of implementing the science of hope throughout society is enormous if we truly want to meet the needs of the currently unrecognized multitudes of trauma-exposed adults and children." -- Vincent Fellitti (2018)

In 1998 Dr. Vincent Felitti and Dr. Robert Anda published findings from their seminal Adverse Childhood Experiences study (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwarts,…et. al, 1998). Their study was pioneering because it was one of the first to empirically establish a dose response relationship between childhood trauma and long term, adverse effects on health and wellness. The study introduced the 10 item Adverse Childhood Experiences (ACEs) scale, which allowed for ease of measurement of individual differences in childhood trauma experiences (Felitti, et. al, 1998). Specifically, using the newly developed ACE scale, Felitti and colleagues (1998) investigated the association of childhood exposure to adverse conditions on health risk behaviors and disease conditions on a large sample of adults in the Keiser Permanente San Diego Health Appraisal Clinic. At least three key findings in the original ACE study include the prevalence of childhood adversity in adults, with approximately two-thirds of participants having experienced at least one adverse event. Second, this original research showed that those who were exposed to one category of child adversity were likely to have been exposed to at least one other adversity. That is, exposure to childhood adversities are likely to co-occur across the 10 events within the abuse, neglect, and dysfunctional household

categories. Finally, Felitti and Anda showed a dosage effect of childhood exposure to adversities on long-term health risk and disease conditions that include the leading causes of death in the US (e.g., ischemic heart disease, cancer, chronic lung disease, and liver disease).

These original findings demonstrated that exposure to childhood adversity leads to significant negative risk and health consequences. Moreover, the cumulative effects of adversities provided evidence of a dosage effect that increased the probability of risk behaviors and disease outcomes across the lifespan. Although such research formed the foundation of a long line of additional research further supporting ACEs have a lasting effect, surprisingly little is known about how to intervene to help ACE suffers to buffer the negative effect of ACEs (Finklehorn, 2018). Consequently, identifying intervention modalities for ACE survivors is the essential next step in dealing with the problems of ACEs, especially considering the magnitude of the problem (Dube, 2018). Our paper will suggest that the discipline of positive psychology, particularly the construct of hope (Snyder, 1994), provides insight both on a mechanism by which ACEs create long term negative effects and as a theoretical foundation on which better interventions for ACE survivors can be built.

ACE Research

In the 20+ years that has followed the original ACE study (Felitti, et al, 1998), research has continued to link ACEs to variety of negative health outcomes. Such research has revealed that ACEs are associated with an increased engagement in risk taking behaviors such as smoking, substance use and abuse, sexual practices, suicidality, self-injury, criminality, etc. Moreover, cumulative exposure to adverse events has been shown to incrementally increase the odds for these high risk behaviors (Layne, Greeson, Ostrowski, Kim, Reading, Vivrette,…Pynoos, 2014). Moreover, these risk-taking behaviors may reflect an individual's

attempt at short-term coping that evolves into long-term consequences to well-being (Felitti, 2003). A database search on PsycARTICLES using the terms "meta-analysis" and "adverse childhood experiences" produced 2,535 results demonstrating the plethora of research showing the deleterious effects of exposure to adverse childhood experiences on physical and mental well-being, social functioning, employment, and criminality (to name a few).

Rising Public Awareness of ACEs

The extensive research base linking ACEs to dysphoria of all sorts has led to a widespread awareness of the impacts of childhood aversity and ACEs among policy makers, psychologists, medical professionals, and other helping professionals. This recognition was evident in 2011-2012 President of the American Academy of Pediatrics, Bob Block's statement that "Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today." (Rubin, 2018). Today, the Centers for Disease Control and Prevention coordinates and reports on both national and state level screenings for adverse childhood experiences using the Behavioral Risk Factor Surveillance System (BRFSS – Dube, 2018). Moreover, in 2016 James Redford directed the film Resilience: The Biology of Stress & the Science of Hope (a follow up documentary to Paper Tigers) show a national appetite to create widespread awareness of ACE.

The Missing Piece: What to do to help ACE survivors

Yet, despite efforts that have increased the awareness and understanding of the effects of ACEs across disciplines and institutions (i.e., physicians, public schools, law enforcement, etc.), much remains to be understood about how to best intervene to assist ACE survivors (Finkelhor, 2018). Short of building a time machine to return to their client's childhood to prevent the ACE experience, what the best practices are for the helping professional working with ACE survivors

is a muddled picture. For the moment, the research literature offers scant guidance. In fact, Finkelhor (2018) urged caution in the use the ACEs scale as a clinical screening tool because it is “not at all clear” that helping professionals have evidence-based interventions at their disposal to employ for ACE survivors. The awareness of what to do next is so limited, some have even begun to say that administering ACE scale is an intervention (Felitti, 2010). Perhaps such views are a result to practitioners not knowing what to do post assessment in regard to delivering an evidenced based intervention.

However, rather than wave the white flag by simply concluding the ACE assessment alone is an intervention, what psychology needs is a theoretically driven framework to guide researchers, practitioners, and policy makers alike in further research into the development of best practices for intervening with ACE survivors. This theoretical framework should provide an easily understandable a common language across diverse disciplines in a coordinated community response.

Hope theory provides this much needed framework as it is both conceptually parsimonious and has a solid grounding in research-based evidence in many of the areas impacted by adverse childhood experiences. In this paper, the authors will outline Hope Theory (Snyder, 2000) as a unifying conceptual, and empirically based, framework to guide researchers, clinicians, and policy makers, as they respond to the ACE epidemic (Dube, 2018). The result of future research into hope with ACE survivors will result in a hope centered, trauma informed practice approach that holds the potential to assist ACE survives cope with the lasting effects of trauma.

Hope Theory

Hope theory is associated with a segment of modern psychological research known as positive psychology (Seligman & Csikszentmihalyi, 2000). Like ACEs, positive psychology was born 20+ years ago and was borne out of the recognition that historically, psychology research has centered on understanding pathology. While this focus of research has led to immense gains in treating pathology, positive psychologists recognize our disciplines' traditional research focus is myopic, leading to a limited understanding of the complete human condition. As a result, positive psychology expanded existing research to the study of the "good life". Moreover, such research has not only helped us understanding positive psychological states, since positive psychology is the flip side of traditional research into pathology, positive psychology research has also led to a greater understanding of dysphoria. One variable of positive psychology that has had a large impact on advancing our understanding of the human condition is hope (Snyder et al, 1991).

Hope has been long been recognized as a central variable of the positive psychology family. In fact, some have described (Peterson & Seligman, 2004) have described hope as a Velcro construct because it is positively correlated with so many other variables of well-being. One of the most well developed and researched theories of hope belongs to Snyder (2000), who held that hope is a cognitive process centered on the future expectations for goal attainment. In this context, hope is comprised of three main tenants, goals, pathways, and agency. *Goals* represent the cornerstone of hope theory as the cognitive endpoint to planned behavior (Snyder, 2000, 2002). Goals can exist in the short- or long-term but must be of sufficient value to motivate behavior. Behavior motivated by hope requires the goal to be perceived as potentially attainable, clearly defined, and possess identifiable criteria for measured success. Motivated

behavior requires the capacity to conceive of one or more viable pathways to goal attainment. *Pathways* represent a mental road map allowing one to consider strategies that will lead to the desired outcome. Viable pathways are within the individual's capacity to pursue and are developed with a future orientation of successful goal attainment. In this manner, the hopeful individual can consider potential barriers with workable solutions or possess the capacity to find alternative pathways when needed. Hopeful individuals will generate multiple pathways toward their goal pursuits. Comparatively, lower hope individuals experience difficulty in managing barriers and will experience difficulty in their ability to develop alternative pathways (Snyder, 2002). *Agency* represents the goal-directed motivational thinking for hope theory. Agency refers to the capacity to exert mental energy (willpower) to the pursuit of pathway. Hopeful individuals exhibit self-control, regulating their thoughts, feelings, and behaviors during goal pursuits especially while experiencing stress and adversity (Gailliot & Baumeister, 2007; Valle, Huebner, & Suldo, 2006).

Pathways and agency are reciprocal and will influence each other. Achieved successes in the pursuit of pathways toward a goal fuels motivation and desire (agency) to sustain these plans. Likewise, energized and intentional thinking about a goal encourages planning and strategizing how to achieve the goal (pathways thinking). Finally, successful goal pursuits result in an increased tendency to set and pursue more difficult goals in the future. In this context, hope begets hope. As both pathways and agency are required, any deficit in this cognitive process (goal setting, agency, pathways) will result in low hope. It follows, that a lower hope individual recognizes their deficiency in pathways and/or agency when presented with a goal reacting with negativity and a focus on failure (e.g., the "I can't attitude).

The benefits of hopeful thinking are associated with various psychological indicators of well-being including life satisfaction, affect regulation, meaning in life, and decreased depression and suicidal ideations (Cheavens et al., 2006; Hellman et al., 2018; Park et al., 2004).

Hope in the Face of Adversity

While research supports that hope is an important part of the healthy human condition, theory and accompanying data suggests hope is particularly important for those coping with severe adversity (Snyder, 2000). For instance, among domestic violence survivors, hope is associated with a sense of empowerment (Munoz, Brady, & Brown, 2017) and life satisfaction (Munoz, Hellman, & Brunk, 2017). Among homeless individuals, hope has been linked to less physical pain and greater feelings of health (Munoz et al., 2016). Among children in foster care, hope has positively correlated with self-control, grit, and curiosity (Hellman & Gwen, 2017). Hope has also been modeled as a coping resource for providers that predicts less secondary traumatic stress and burnout among Child Abuse Pediatricians (Passmore, et al., 2020). Furthermore, hope has been shown to operate as coping resource for perpetrators of child trauma, providing an important buffer to parental stress (Hellman et al., 2018). Finally, hope has also been shown to promote coping and adjustment to stressful posttraumatic experiences (Chang & DeSimone, 2001), including trauma exposed veterans receiving mental health care (Hassija et al., 2015).

ACEs and hope. Considering the importance hope has demonstrated in populations facing adversity, it follows that hope theories holds promise as a tool to help psychologists better understand ACE survivors. A growing body of research suggests hope is an important psychological trait to coping with ACEs (cf. Hellman & Gwinn, 2017). For instance, among ACE survivors, hope has demonstrated stronger predictive power for psychological flourishing

than resilience (Munoz, Hanks, & Hellman, in press). Hope theory also has value to illuminating the mechanisms that link ACEs to reductions in well-being later in life. Understanding the mechanisms between ACEs and dysphoria across the life span is essential if psychologists are ever to answer the call to establish best practices for helping ACE survivors (Finklehorn, 2018).

Hope as a mechanism. One of the prerequisites for developing effective interventions to buffer the effects of ACEs is to understand the mechanisms that link ACEs to reductions in psychological well-being. Snyder offered a hope theory-based explanation for the link between ACEs and long-term dysphoria. For instance, Snyder (1994) described how trauma experiences siphon hope long term:

> Persons with PTSD no longer think with willpower and waypower for their goals. Instead, their minds are often frozen by the traumatic event. The trauma, *as relived in the mind*, becomes an all-encompassing event. In terms of the dimensions of the blockage, the traumatizing event for the person with PTSD is large in magnitude (this is so by definition); the trauma serves to block goal-directed thinking for important life goals; it incapacitates the person across a range of goals; and it endures over time. (p. 140, emphasis added)

Consistent with Snyder's contention that trauma causes lower hope because trauma experiences can be relived in the mind, research has shown that ACEs are predicters of lower hope via rumination (Munoz & Hanks, 2019). Rumination is detrimental to hope because rumination involves regularly filling the mind with intrusive thoughts and images of past traumas (Long & Gallagher, 2018). As a result, ACE survivors as they experience rumination, may have fewer cognitive resources to identify and navigate pathways to goals, thereby hampering hope.

A second potential avenue of research that may lead to better interventions for ACE survivors is exploring the link between ACEs and interpersonal relationships into adulthood. Hope theory borrows from attachment theory by noting that an individual's hope arises in the context or early childhood relationships with caregivers (Snyder, 1994). Individuals who experience supportive relationships with caregivers develop high hope (Snyder, 1994). In contrast, ACE survivors, by definition, have experienced some form(s) of maltreatment from parents and/or early caregivers. As a result, such individuals can develop a distrust of others that is associated with an insecure attachment styles (Snyder, 1994). Because relationships with others are important pathways to our goals, the resulting social isolation that comes from ACEs can adversely impact hope (Snyder, 1994; Sympson, 2000). Early research supports Snyder's views on the link between trauma and lower hope, as ACEs have been empirically shown to be a driver of lower hope mediated by insecure attachment style (Munoz, Pharris, & Hellman, under review).

Hope Based Interventions

Although the research with hope in the context of ACEs remains relatively new, theory and early research suggests the positive psychology construct of hope offers potential as new tool to both understand and treat survivors of ACEs. The simplicity of hope theory lends itself to a trauma informed and hope centered framework to assist survivors of childhood trauma find the capacity to thrive. This theory is buttressed by research that supports hope can be easily measured and nurtured via intervention (Cheavens & Guter, 2018; Hellman & Gwinn, 2017; Munoz et al, 2016; Sulimani-Aidan, Melkman, & Hellman, 2018).

Broadly speaking, hope theory could assist agencies and clinicians in responding to ACEs. This conclusion is furthered by the fact that hope theory-based interventions have already

been developed that could form a foundation for future hope informed interventions for ACE survivors (Cheavens & Guter, 2018). Such interventions use hope theory to shape intervention modalities and track outcomes (Cheavens & Guter, 2018). Using such hope-based interventions as a foundation, further research into hope informed interventions developed specifically for ACE survivors may yield useful results.

Potential avenues for research and practice should also include efforts to help understand how certain ACE survivors develop secure attachments with others, while others do not. Understanding the attachment process and how it undermines hopeful thinking would provide additional direction for intervention research. While the possibilities for future research with ACEs and hope are numerous, hope theory and associated research offers a promising foundation for answering the call of others who see a need for clarity on how to best intervene for ACE survivors.

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