WELCOME: TOXIC STRESS/ACEs

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Welcome to the Maine Resilience Building Network

Join the Conversation

Join today! How can you build resilience in your community?

ACE Study

Start a conversation. Adverse Childhood Experiences (ACEs)

The Maine Resilience Building Network

Here you will find information about the Adverse Childhood Experiences (ACEs) study and learn more about resilience.

VISIT US AT:
http://maineaces.org/
Vision Statement

To promote resilience in all people by increasing and improving our understanding of traumas and stressors such as Adverse Childhood Experiences (ACEs), as well as protective factors and why they matter.

We aim for a comprehensive, systematic approach to fostering education, awareness and action. We strive to assure that conversations are safe, productive and impactful.
Opportunities

- ACEs and Resilience Presentations/Professional Development Workshops ranging from Grand Rounds (45 minutes) to 6.5 hour Intensives
  - Moving to CEU/CME credited opportunities
- On-site, phone and e-mail Technical Assistance to support ACEs-related initiatives, resilience promotion, teaming, etc.
- Bi-weekly Resources and Good Reads
- Facilitated access to national resources, in-state opportunities and partners
- Quarterly MRBN Meetings – 5th Thursday of the month (when that occurs), usually held in Waterville 9:00 a.m. - 1:30 p.m.
  - Professional Development presentation
  - MRBN Updates, committee work and relevant information to our work
  - Networking with others from across the state
Outreach/Engagement Efforts (as of 12/31/14)

- Site Engagement/Outreach/Training Sessions (N=152)
  - 2012 – 32 sessions conducted (8 months)
  - 2013 – 84 sessions conducted (12 months)
  - 2014 - 36 sessions conducted (12 months)

- Technical Assistance Sessions (new in 2014) (N=34)
  - 2014 – 34 sessions conducted

- Research Collaboration
  - Muskie School of Public Service
  - UMaine School of Social Work (Public School Survey)
  - Husson University (2014 Maine ACEs Survey student support)

- National Consultation/Collaboration

5,347 Participants across all efforts 2012-2014
Outreach/ Engagement Efforts
(Data as of 12/31/14)

- **ACEs Summits (N=14)**
  - **2013** (First ACEs Summit held in Auburn sponsored by CCCYF-TF; became the template for future MRBN sponsored/led Summits (April 12, 2013)
    - 6 ACEs Summits conducted over the remaining 8 months
  - **2014 – 12 months**
    - Seven (7) ACEs Summits conducted
- **“Bring It On” (BIO) Skill Building Sessions (N=6)**
  - **2014 – 12 months**
    - First scheduled for June 12, 2014 sponsored by the Penquis District Health Coordinating Council in Bangor/Brewer area
    - Five (5) “Bring It On” sessions delivered
Telling young people what not to do makes them aware of problems, but does little to create change. In fact, it engenders shame and can therefore backfire. An approach that addresses risk by building on the strengths of youth promotes positive changes by building young people’s confidence and helping them understand how much they matter. Youth who understand that others expect the best from them gain self-worth and are poised to THRIVE.

Reaching Teens:

- Is a comprehensive body of work that prepares professionals TO APPLY the principles of positive youth development and resilience to guide youth towards healthy behaviors and wise decisions.
- Is theoretically-rooted and evidence-informed. It is guided by experts with decades of youth-serving experience and infused with the voice of teens.
- Has 69 chapters which offer strength-based, trauma-informed communication strategies on building trustworthy relationships, working with parents, addressing stress and its behavioral and mental health outcomes, and approaching specific “risk behaviors.” Concluding chapters address professional longevity, offer strategies to stem burnout, and prepare us to serve over a lifetime.
- Includes 445 cloud-based films that share professional and youth wisdom and offer demonstrations of key concepts.
- Offers health professionals 65 CME hours from The American Academy of Pediatrics.
- Offers youth serving professionals 65 credits from the National Board of Certified Counselors and 60 CEU hours from The National Association of Social Workers.
- Offers suggested group learning and discussion strategies in each chapter because learning is best reinforced in the setting it is to be applied.

This body of work has been thoughtfully priced so that it can be accessible to all youth serving professionals and agencies.

Contact the American Academy of Pediatrics at aapsales@aap.org to explore multiple electronic copies or licensing the product for your institution.
Three Levels of Stress

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

Tolerable
Serious, temporary stress responses, buffered by protective relationships.

Toxic
Serious, prolonged elevated stress responses, in the absence of protective relationships.

## Ten Adverse Childhood Experiences (ACEs) (<age 18)

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Household Trauma</th>
<th>Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physical Abuse</td>
<td>• Repeated losses of caregivers</td>
<td>• Physical neglect</td>
</tr>
<tr>
<td>• Sexual Abuse</td>
<td>• Domestic violence</td>
<td>• Emotional neglect</td>
</tr>
<tr>
<td>• Psychological Abuse</td>
<td>• Family member incarcerated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Witness to parental abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Familial substance abuse or mental illness</td>
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Infographic Snapshot

ABUSE
- 11% Emotional Abuse
- 21% Sexual Abuse
- 28% Physical Abuse

FAMILY DYSFUNCTION
- 11% Incarcerated Relative
- 13% Mother Treated Violently
- 19% Mental Illness
- 23% Parental Divorce
- 28% Substance Abuse

NEGLECT
- 10% Physical
- 15% Emotional

http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html
ACEs Are Universal

- Equal Opportunity Experience
- Crosses all economic groups

- ACEs like company
  - If *any* one ACE is present, there is an 87% chance *at least* one other ACE category is present, and a 50% chance of 3 others
  - *Women are 50% more likely than men to have an ACEs score >5*
Measuring ACEs: Two Important Points

- **Volume**
- **Velocity**
- **Redundancy**
Almost 53% of Maine children have experienced at least one of the following adverse experiences:

- socioeconomic hardship
- divorce/separation of parent
- death of parent
- parent served time in jail
- witness to domestic violence
- victim of neighborhood violence
- lived with someone who was mentally ill or suicidal
- lived with someone with alcohol/drug problem
- treated or judged unfairly due to race/ethnicity.

One in four Maine children have had two or more adverse experiences.

![Pie chart showing the distribution of adverse experiences among Maine children.]

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**Children in Maine & US with two or more adverse experiences by family income level**

- **0-99% FPL**: 34.80% (USD) 42.90% (US)
- **100-199% FPL**: 28.60% (USD) 35.80% (US)
- **200-399% FPL**: 21.00% (USD) 19.70% (US)
- **400% FPL or higher**: 9.60% (USD) 9.30% (US)

FPL = Federal Poverty Level

In 2012, the FPL for a family of 4 (2 adults/2 children) was $23,383.

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Cumulative ACEs increase the risk of negative outcomes:
ACEs and Academics

Percent of Students with One or More Academic Concerns by ACE Exposure

<table>
<thead>
<tr>
<th>Percent of Students with Academic Problems</th>
<th>No Known Adverse Events</th>
<th>One Reported Adverse Event</th>
<th>Two Reported Adverse Events</th>
<th>Three or more Adverse Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or More Academic Concerns</td>
<td>34%</td>
<td>54%</td>
<td>71%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Susan Savell, Spurwink Services
ACEs: The Fast Track to Poverty

EARLY TRAUMA & STRESS

Predictable patterns of brain development, traits & behaviors

- Slowed language & reading
- Lateralization
- Diminished IQ
- Poor decision making skills

- Attention problems
- ADD
- ADHD

- Aggressive behavior
- Social isolation among peers
- Poor understanding of social cues = conflict

Significant risk of early use/abuse of:
- Alcohol, tobacco, illicit & prescription drugs

- Special education
- School failure
- Dropping out

- Suspension
- Expulsion
- Delinquency
- Dropping out

- Low-wage jobs
- Unemployment
- Public Assistance
- Prison
- Chronic health problems
- Debilitating mental health
- Substance Abuse
Why is This Important?

Because ACEs are:

• Surprisingly common
• Often the basis for many common public health problems
• Strong predictors of later social functioning, well-being, health risks, disease and early death

• Costly to society in financial and HUMAN terms

This combination of findings makes ACEs one of the leading, if not THE leading determinant of the health and social well-being of our nation.

Centers for Disease Control (CDC)
PROBABILITY OF SAMPLE OUTCOMES GIVEN 1,000 AMERICAN ADULTS

330 (33%) Report No ACEs
- WITH 0 ACEs
  - 1 in 16 smokes (20)
  - 1 in 69 are alcoholic
  - 1 in 480 uses IV drugs
  - 1 in 14 has heart disease
  - 1 in 96 attempts suicide

510 (51%) Report 1-3 ACES
- WITH 3 ACEs
  - 1 in 9 smokes
  - 1 in 9 are alcoholic
  - 1 in 43 uses IV drugs
  - 1 in 7 has heart disease
  - 1 in 10 attempts suicide

160 (16%) Report 4-8 ACEs
- WITH 7+ ACEs
  - 1 in 6 smokes (27)
  - 1 in 6 are alcoholic (27)
  - 1 in 30 use IV drugs (50)
  - 1 in 6 has heart disease
  - 1 in 5 attempts suicide
So, what makes the difference?

• Not everyone with ACEs experiences negative outcomes
• Would/could we prevent bad things from happening in the first place?
• Bothered vs. Not Bothered?
• Role of resilience in becoming “not bothered”
Definition of Resilience

Resilience is the ability to work with adversity in such a way that one comes through it unharmed or even better for the experience. Resilience means facing life’s difficulties with courage and patience – refusing to give up. It is the quality of character that allows a person or group of people to rebound from misfortune, hardships and traumas.

Resilience is rooted in a tenacity of spirit—a determination to embrace all that makes life worth living even in the face of overwhelming odds.

Much of our resilience comes from community—from the relationships that allow us to lean on each other for support when we need it.

(Used with permission from www.wisdomcommons.org)
Mary had called with a request for ADHD medication for her four year old son, Jimmy, because his preschool had been sending notes home about his rough, reckless and sometimes dangerous behavior. Recently, there was warning that he might be unable to continue there if his behavior didn't improve. She arrived with Jimmy and her 18 month old daughter, Rinnai, who was fussy and clingy and a distraction to Mary's attention to doctor and Jimmy. Mary apologized that she hadn't been able to find anyone to babysit Rinnai and she had thought it would have worked to bring her because, usually, Rinnai was very quiet and easy to manage. Past history and the two previous well-child visits since Mary transferred to the practice had been unremarkable.
Next Steps?

• "Surveillance" suggests...?

• Next steps clinically?

• Question? "Have there been any stressful events, since the last visit?"
Mary reported that she and her husband had separated .... Weeks ago. Jimmy was asking about him and complaining that daddy's rules weren't as mean as hers. Rinnai seemed less withdrawn, but this was a challenge to respond to in the midst of chaos. Bedtime routine had been upset because Mary worked into the evening waitressing and dad was no longer available to put kids to bed. They usually went to her mother's home to sleep and Mary picked them up in the morning. Dad was going to court to seek visitation.
Next Steps...

- Screening for cumulative risk (other stresses beyond separation?)

- Screening for protective factors

- Using screening to plan next steps, e.g.; Developmental guidance, motivational interviewing re: goals and planning, specific skill building, referral for onsite or offsite behavioral health,

- Support for protective factors, recommendations, referrals
Cumulative Risk

• Screening for exposure to adversity indicated that in addition to parents' separation, the children had experienced father physically assaulting mother, alcohol abuse by both parents, and a two month incarceration of father for one of the domestic violence incidences.

• Following up how this may have affected the children. Mary described Rinnai as tending to "freeze" when parent conflict escalated, alert and watchful but very passive and unresponsive. This occurred less frequently since separation, but she was more clingy and seemed to have regressed in independence and language.

• Jimmy had become much more demanding and aggressive in his father's absence. Both children were more difficult to get to sleep and average two hours of sleep less than before,
Protective Factors / Resilience

- Social supports (no longer has support from in-laws for child care) hasn't made new friends outside of work or connected with other parents.

- Access to services. Unsure how to manage court and visitation issues. Good relations with child care services have been strained by Jimmy's behavior. Keeping up with well child care.

- Skills / knowledge re child needs (relate to understanding of KidsFirst recommendations, maintaining a familiar routine, soothing child stress, etc.)

- Parental resilience (ACE score of 6 and 3 still bother/ 3 have been mastered, coping skills, complicating factors with DV triggering memories from childhood, etc.)

- Child resilience factors. Like books, Jimmy enjoys school and had done well in past.
Health Care Issues

• How to introduce questions regarding stresses?

• Steps in responding to ADHD medication request

• Impact of sleep deprivation and hygiene

• Sympathetic / parasympathetic responses

• Primary care in relation to other systems, education, court, community and family resources, etc.

• Etc.