ACES AND RESILIENCE: SUPPORTING THOSE IMPACTED BY ACES

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Summit on Prenatal Substance Use and Infant Exposure
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OBJECTIVES

- Understand the effects of Adverse Childhood Experiences and toxic stress on health and development.
- Identify ways that communities and providers can promote resilience and reduce the effects of ACEs on adults and children.
- Understand how to implement ACE screening in your agency.
ACEs

WHAT ARE ACES?
ADVERSE CHILDHOOD EXPERIENCES (ACES)

- Large study sponsored by CDC and Kaiser Permanente
- Found the more ACEs in childhood, the stronger the link to poor outcomes in adulthood
- ACEs are linked to serious health and behavioral difficulties
- 4+ ACEs are reported by 15% of American women and 9% of American men

Source for Infographic: rwjf.org/aces
WHAT ARE ADVERSE CHILDHOOD EXPERIENCES?

The three types of ACEs include:

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLIGENCE**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

Source for Infographic: rwjf.org/aces
# ACEs ARE COMMON

## Household Dysfunction

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>27%</td>
</tr>
<tr>
<td>Parental Separation/Divorce</td>
<td>23%</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>17%</td>
</tr>
<tr>
<td>Battered Mother</td>
<td>13%</td>
</tr>
<tr>
<td>Criminal Behavior</td>
<td>6%</td>
</tr>
</tbody>
</table>

## Abuse

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>28%</td>
</tr>
<tr>
<td>Psychological</td>
<td>11%</td>
</tr>
<tr>
<td>Sexual</td>
<td>21%</td>
</tr>
</tbody>
</table>

## Neglect

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>15%</td>
</tr>
<tr>
<td>Physical</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: [https://www.cdc.gov/violenceprevention/acestudy/about.html](https://www.cdc.gov/violenceprevention/acestudy/about.html)
<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
<th>Neurobiological Impacts and Health Risks</th>
<th>Long-term Health and Social Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>The more types of adverse childhood experiences…</td>
<td>The greater the neurobiological impacts and health risks, and…</td>
<td>The more serious the lifelong consequences to health and well-being</td>
</tr>
</tbody>
</table>
Adverse Childhood Experiences vs. Smoking as an Adult

Source: ACEs Too High
Childhood Experiences vs. Adult Alcoholism

Source: ACEs Too High
ACE Score and Intravenous Drug Use

% Have Injected Drugs

ACE Score

N = 8,022    p<0.001
PARENTAL INCARCERATION AS AN ACE

1 in 6 MN youth has an incarcerated parent

Impact on Youth?

- Lower attendance
- Lower grades
- More discipline issues
- 3x more likely to Binge Drink
- 3x more likely to be in Alternative Schools
- 4.5x more likely to be in a Juvenile Correctional Facility
- 7x more likely to be Smoking
- 11x more likely to be in Substance Abuse Treatment
ACES, TOXIC STRESS, BRAIN DEVELOPMENT & HEALTH

A RECIPE FOR ADVERSITY
THE STRESS CONTINUUM FOR CHILDREN

**POSITIVE**
Stress that is essential to development

**TOLERABLE**
Significant adversity managed through relationships with adults & effective coping skills

**TOXIC (ACEs)**
Excessive, prolonged activation of the stress response in the absence of the buffering presence of a protective & supportive adult
WHAT IS THE STRESS RESPONSE?

Stressor Occurs (ACE)

Adrenal glands release adrenaline ("Emergency Response")

Fight, Flight, Freeze, or Faint

Long-term stress (toxic stress) results in the production of cortisol

High levels of cortisol over-stimulate the amygdala and damage the pre-frontal cortex (executive function of the brain), leading to differences in brain size and structure in children & neurological damage in adulthood

High levels of cortisol alter basic biological processes, especially the immune, endocrine, and neurologic systems, leading to hypertension, heart disease, cancer.
Nadine Burke Harris:

How childhood trauma affects health across a lifetime
A DIFFERENT NARRATIVE

It’s not what’s **WRONG** with you...

It’s what **HAPPENED** to you.
HOW CAN WE PROMOTE RESILIENCE TO COUNTERACT ACES?

A RECIPE FOR WELLNESS
The capacity of a system to adapt successfully to challenges that threaten its life, function, or development

- Ann S. Masten, PhD, LP
BUILDING RESILIENCY: STUNNING RESULTS

Research from Washington State BRFSS, 2009-2012

- Having positive relationships with family, friends, and neighbors (Support)
- Having two or more people who give concrete support/help when needed (Help)
- Family, friends, & neighbors doing favors for one another; watching out for children and intervening when they’re in trouble (Community Reciprocity)
- Family, friends and neighbors asking for resources and help for others when needed. (Social Bridging)
Unemployment: ACEs by Resilience

Resilience Measures: Social/Emotional Support, Positive View, Hope

Source: Laura Porter, DSHS ACE Partnerships
THE “SHORT LIST” FOR INDIVIDUAL RESILIENCE

- Positive attachment bonds with caregivers
- Positive relationships with other nurturing and competent adults
- Intellectual skills
- Self-regulation skills
- Positive self-perceptions; self-efficacy
- Faith, hope, and a sense of meaning in life
- Friends or romantic partners who are supportive and prosocial
- Bonds to effective schools and other prosocial organizations
- Communities with positive services and supports for families and children
- Cultures that provide positive standards, rituals, relationships, and supports
THREE CORE PROTECTIVE SYSTEMS FOR RESILIENCE

1) Individual Capabilities
2) Attachment & Belonging
3) Community, Culture, Spirituality

“Nurturing the healthy development of these protective systems affords the most important preparation or ‘inoculation’ for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals.”

Ann Masten, 2009
THREE CORE PROTECTIVE SYSTEMS FOR RESILIENCE

1) Individual Capabilities
   - Positive view of self
   - Self-efficacy
   - Self-regulation
   - Hope
THREE CORE PROTECTIVE SYSTEMS FOR RESILIENCE

2) Attachment & Belonging
- Relationships with caring and competent people
- Relationships that provide security and belonging
THREE CORE PROTECTIVE SYSTEMS FOR RESILIENCE

3) Community, Culture, Spirituality
   - Community, faith and cultural processes
STRATEGIES FOR POSITIVE CHANGE

- Risk-focused
  Prevent-reduce risk, adversity, trauma exposure

- Asset-focused
  Boost resources or access to resources

- Adaptive system-focused
  Restore, mobilize, or harness the power of human adaptive systems

Ann Masten
RISK-FOCUSED STRATEGIES

- Prenatal care to prevent premature birth
- Reduce stress of pregnant women
- Screen & treat depression in parents
- Reduce child maltreatment
- Reduce family violence
- Prevent homelessness
- Reduce neighborhood violence
ASSET-FOCUSED STRATEGIES

- Food, shelter, medical care, dental care
- Add financial resources
- Educate parents
- Educate all professionals who serve children & families, including teachers
- Quality childcare & early education programs
- Scholarships from early childhood to adulthood
- Quality schools, playgrounds, libraries
- Quality community services
- Quality, affordable housing
ADAPTIVE SYSTEM-FOCUSED STRATEGIES

- Foster secure attachment relationships
- Promote bonds with competent/caring adults
- Support healthy family life and function
- Protect & nurture brain development
- Facilitate school bonding and engagement
- Foster friendships with prosocial peers
- Integrate systems of care
- Provide opportunities to succeed
- Support cultural traditions
A questionnaire developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine in 2006, and updated in February 2013.

The content of the questions are based on a number of research studies from the literature over the past 40 years, including that of Emmy Werner and others.

Its purpose is limited to parenting education. It was not developed for research.
HOW CAN WE PROMOTE POSITIVE PARENT-CHILD RELATIONSHIPS & PREVENT ADVERSE CHILDHOOD EXPERIENCES?
TOXIC STRESS AND PARENTING

Parenting Adults

*Have the most power for preventing ACEs in the next generation.*

*and… Parenting can feel harder for people with ACE-attributable problems because it IS harder – biologically*
IMPROVE WELLBEING AND PREVENT ACES

Promote Virtuous Cycle of Health

Moderate ACE Effects, Improve Wellbeing Among Parenting Adults

Prevent High ACE Scores among Children

Mutually Reinforcing
FAMILY HOME VISITING

- **What is it?**
  - Relationship-based, supportive home-based visits that promote the parent/child relationship, child development, parental resiliency and self-sufficiency, and decrease child maltreatment.

- **When does it occur?**
  - Prenatally to Kindergarten

- **Who is served?**
  - Families with risks associated with poor child development and parenting outcomes
IMPLEMENTING ACE SCREENING IN FAMILY HOME VISITING
WHY DO ACES SCREENING IN FHV?

- All experiences are wired into our biology
- Parents and caregivers deserve to know
- Two generational approach
TOOLS FOR IMPLEMENTING SCREENING

NEAR@Home; Addressing ACEs in Home Visiting by Asking, Listening and Accepting — by Region X ACE Planning Team

The Adverse Childhood Experiences (ACES) Survey Toolkit for Providers — by The National Crittenton Foundation
HOW OUR AGENCY COMPLETES THE ACE SCREEN WITH PARENTS

1. Preparing:
   - Is it a good time to complete the screening.
   - Complete prior to 32 weeks gestation, if possible.
   - Ask the parent if it is OK to discuss personal information

2. Asking:
   - Introduce the tool-handout and/or video https://vimeo.com/139998006
   - Describe the questionnaire
   - Give choices
   - Watch for trauma
3. Listening:
   - Discuss the parent’s ACEs score
   - “You are not alone - ACEs have happened to a lot of people and are very common.”

4. Accepting and Affirming:
   - Accept the score
   - Offer support and anticipatory guidance
   - Thank them and plans to check back
5. Following-Up:
   - Document Results

6. Remembering:
   - During subsequent visit, ask how parent has felt
   - Notice successes and challenges in parenting
An example of how one nurse discussed ACEs and Resiliency.
“For every ACE that we can prevent or mitigate...
We are improving a child’s chances for a healthy future.”

NW Children’s Fund Annual Report, 2012
Resources

ACES Study  http://www.cdc.gov/violenceprevention/acestudy/


Dr. Nadine Burke Harris TED Talk


Questions