

Addressing ACEs To Improve People's Lives

Triangle Asthma Coalition Sip & Learn
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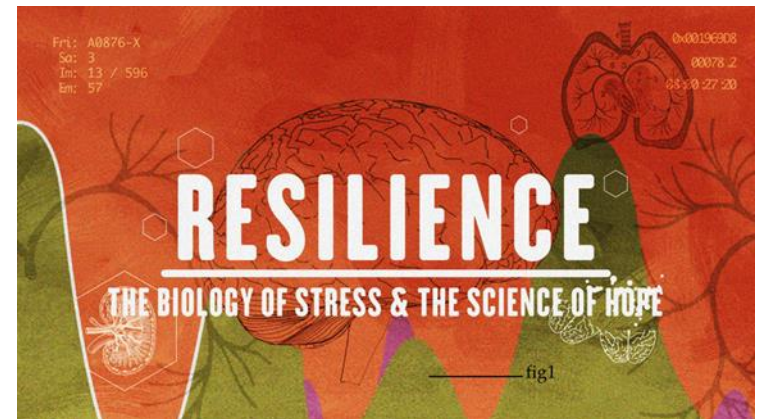
Today

- Why ACEs (Adverse Childhood Experiences)
- PTSD, Complex Trauma, and how they “show up” in kids and adults
- What can we all do *right now*?
- ACEs Resilience Initiative in Wake County
- How to Connect

What are ACEs?

10 Adverse Childhood Experiences – common traumas experienced before age 18:

- Physical, emotional and/or sexual abuse
- Physical or emotional neglect
- Household substance abuse or mental illness
- Witnessing domestic violence at home
- Parental divorce
- A parent in jail
- Some doctors and service providers are adding other experiences



What do the CDC, World Health Organization, and Robert Wood Johnson Foundation say?



A person with an ACE score of **4** out of **10**

is **3 times** as likely
to suffer depression



A person with an ACE score of **6** out of **10**

will have **20 years**
lower life expectancy

“ACEs have now been linked, in a graded dose response relationship, to more than 40 health outcomes. ACEs are often interrelated and co-occur.” – Betsey Tilsen, MD, NC State Medical Director

How prevalent are ACEs?

CDC/Kaiser Permanente Study/San Diego

- 0 ACEs: 36%
- 1 ACE: 26%
- 2 ACEs: 16%
- 3 ACEs: 9.5%
- 4 or more ACEs: 12.4%

Study of 17,000 insured individuals – general population #s likely higher.

# of ACEs in Children now	Nationally	NC
1	24.6%	25.8%
2+	21.7%	23.8%

Self reported by parents – likely higher.

ACEs and Asthma

- 12 studies... 31,524 individuals...
- “Evidence suggests that chronic stress exposure and maternal distress in pregnancy operate synergistically with known triggers such as traffic related air pollution to increase asthma risk.”
- “Chronic stress in early life is associated with an increased risk of asthma onset.”
- “**There is evidence** that ACEs increase the impact of traffic-related air pollution and **inconsistent evidence** that adverse childhood experience has an independent effect on asthma onset.”

Source: Exley, Norman, Hyland, European Respiratory Review 2015 24: 299-305

ACEs and Asthma, Kaiser and CDC

- Verbatim! From Elliott Attisha DO, Henry Ford Health System:
- 1 ACE: increases odds of developing asthma by 28%
- Odds increase with each additional ACE
- 4 ACEs: increases odds by 73%
- Family conflict is associated with greater # of hospitalizations for asthma
- Adolescents with higher levels of parental criticism respond better to inpatient program
- Several studies also show links between parental mental health problems and increased asthma among youth

What Do Researchers Say?

Ordinary and extraordinary events

- 52% adult orthopedic patients then diagnosed with full-on PTSD
- 33% of children experiencing orthopedic trauma show PTSD symptoms
- Soldiers returning from war – do far better in communal societies

Biological Impact

- Neural pathways & brain development. AND – we can “re-wire” the brain.
- Chemical stress reaction – the body learns it, and does it more. So we want to interrupt that, before it’s happening, and during.

Opioid connection

- Up to two-thirds of drug use problems may be traced back to ACEs. “We can’t talk opioids without talking ACEs, and we can’t talk ACEs without talking opioids.”
– Betsey Tilsen, MD, MPH, North Carolina State Medical Director

What Do Researchers Say?

- **What helps build resilience/mitigate toxic stress:**
 - Counseling, group/family support, healthy eating, physical activity, adequate sleep, mindfulness (especially meditation).
 - See “resilience” survey along with the ACEs survey. Reframes to see your assets/skill development/beliefs.
 - **Connection with others.** Like eye contact, talking, the 20-second hug, “co-regulation”
- Levine, Peter A., PhD. *In an Unspoken Voice*. North Atlantic Books, 2010
 - Physiological focus - body & brain responses
 - Shaking and trembling, uncontrolled movement is a necessary discharge of trauma. Physical restraint/tranquilizing prevents this and increases PTSD
 - Fight, flight, or freeze

What Do Researchers Say?

- Levine Continued: Describes astronauts' super-resilience as a skill even highly traumatized people can activate
- van der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Publishing, 2015
- ACEsConnection.com
 - Rapidly evolving
 - “Community of practice” network
 - Relevant to varied fields

What Does it Look Like?

- One example: Community Resiliency Model (CRM)
- Social worker of the year, from WCPSS with support from WCPSS leadership
- “Universal” model. Used with everyone
- CRM Components
 - Grounding
 - Mindfulness
 - Remembering your resources, feeling the good feelings
- WCPSS piloting, 2 schools
- Training, logistics a challenge

What does it REALLY look like?

CRM examples

- Don't necessarily have to "talk about it"
- Counselor with 1 day of training:
 - "Do you want to go for a walk outside with me?"
 - Gave a kid a choice (agency)
 - They walked outside (grounding)
 - Leaned against a wall (grounding)
 - "Look around, tell me what colors you see." (mindfulness)
 - "Are you ready to go back in?"
 - And the teacher asked, "What did you DO??"
 - Because....
- "What happened, John?"
"Ah, I got bumped out of my resilience zone"

“Resilient Zone”

- Concept used in CRM and Resources for Resiliency – both branded trainings based on data, research, evidence-based practices.
- There’s a “zone” we function in where life is normal, good, up and down but moderate.
- We can get “knocked out” of our zone.
- There are ways to get back into it.
- And we can broaden that zone so we are “in” more of the time.

What Are Organizations Doing?

- Trauma-aware, trauma-sensitive, “trauma-informed” response
- Trainings
- Examples:
 - When someone comes to your office to meet, walk in front of them, not behind.
 - Juvenile detention facilities, domestic abuse/homeless shelters, some dim the lights but rooms aren’t fully dark. Past traumas can lead people to feel unsafe in the dark.
 - Waiting room furniture – if you get new furniture, use chairs with arms - structured separation so there is a boundary so people don’t have strangers sit close.
 - No jumping into “trust” exercises. You don’t tell veterans to close their eyes!
 - Involve staff in decision making, AND when it simply must be done a certain way, tell people why.
 - Feelings of control = some degree of safety

Principles of Trauma-Informed Care

Not Just for Patients!

- **Safety** – Culturally, emotionally, physically; awareness of discomfort or unease
- **Transparency and Trustworthiness** – Full and accurate info on what's happening and what's likely to happen next
- **Choice** – Approach that honors dignity
- **Collaboration and Mutuality** – Healing happens in relationships and partnerships with shared decision-making
- **Empowerment** – Recognition of an individual's strengths – build on them and validate those strengths

Source: Roger D. Fallot and Maxine Harris, 2006

The “three E’s” and the “four R’s”

- Events
- Experiences
- Effects

- Realization
- Recognize
- Respond
- Resist Re-traumatization

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma-Informed Care in Clinical Settings

- It's a process
- ALL staff. Include reception & cafeteria staff, not just all medical providers. (Johnson City, TN)
- Work environment and culture
- Self-care
- Welcome, use name, eye contact, let people know what to do
- Environment – kid-friendly. Chairs where parents can see their children (not have to turn to see them); toys for kids
- Choice - “Do you want me to look at your eyes first or your ears?”
- How to give a freaked out kid a shot: simultaneous lollipop, screentime looking toward the OTHER side of the body, parent holding, numbing cream, the buzzing bee. Rather than restraint

ACEs Resilience in Wake County Initiative

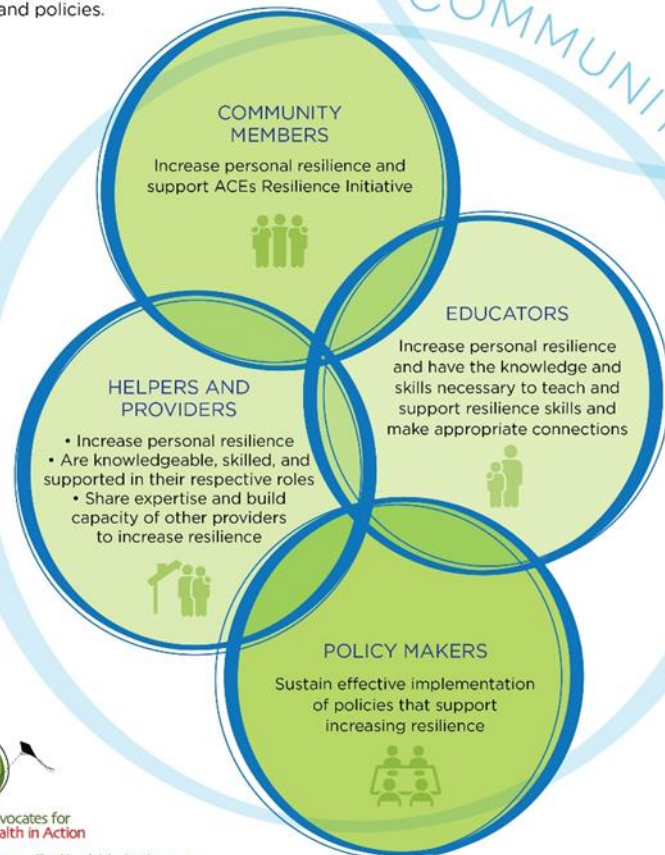
ACEs Resilience IN WAKE COUNTY

Adverse Childhood Experiences (ACEs) affect all of us directly or indirectly, regardless of income level, and impact lifelong health and social well-being. Together, we can lessen these effects by teaching and learning resilience skills, and adopting trauma-informed practices and policies.

VISION

Wake County community members value and practice resilience skills to improve their health, well-being and success.

COMMUNITY



- **ACEs affect all of us directly or indirectly** regardless of income level, and impact lifelong health and social well-being. Together, we can lessen these effects by teaching and learning resilience skills, and adopting trauma-informed practices and policies.
- **Vision:** Wake County community members value and practice resilience skills to improve their health, well-being and success.
- **Work Groups:** Community Members, Educators, Providers/Helpers and Policy-makers



Your Thoughts?

“Aha” moments?

What does this mean to you?

Thank you!

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