



Adverse Childhood Experiences

Cultural and Racial Differences in Understanding and Responding to Adversity, Trauma, Resilience and Healing

Presenter



Gatanya Arnic
CEO, Center for Youth Wellness

Gatanya brings over 19 years of experience in leadership development and healthcare, to her role at The Center for Youth Wellness. Prior to joining the team, she spent three years with a leading senior housing organization, in Chicago, where she was an Executive Director. Over the years, she has helped develop strong leaders, organized and executed organizational goals, and coordinated various volunteer activities, as well as larger community events. Gatanya holds a B.S. in Community Health from Illinois State University, is a LeadingAge Leadership Fellow, and is a current Gratitude Network Leadership Fellow. Gatanya has also held several different leadership and board membership roles and currently service on the Board of the Women's Health Care Executives. She is an Americorps VISTA Alumni, as well as a 2018 Honoring Excellence Award nominee. Gatanya practices Vipassana meditation, daily, and on the weekends, you can find her hiking, backpacking with her family, biking or playing The Sims 4 computer game.



Welcome



A little bit about CYW

- Founded in 2011 by California's first and current Surgeon General, Dr. Nadine Burke Harris and located in the San Francisco community of Bayview Hunters Point.
- Center for Youth Wellness (CYW) led the conversation on addressing Adverse Childhood Experiences (ACEs) and toxic stress through screening, interventions, and building resilience.
- CYW implements an Ecosystem Model with community partners that knits together clinical services, family supports, social services coordination, and community advocacy.
- We continue to address and heal toxic stress through a co-located partnership with Bayview Child Health Center.

Our Ecosystem

The Center for Youth Wellness operates as the collaboration catalyst to build capacity and remove barriers to care and treatment for children and families exposed to ACEs and toxic stress.



Engaging Communities

Conducting targeted outreach and education campaigns

Highlighting ACEs through media advocacy

Developing wellness ambassador programs

Educating community organizations



Serving Families

Educating parents and caregivers on what they can do at home

Expanding referrals to community resources

Streamlining primary care and mental health

Offering mental health interventions



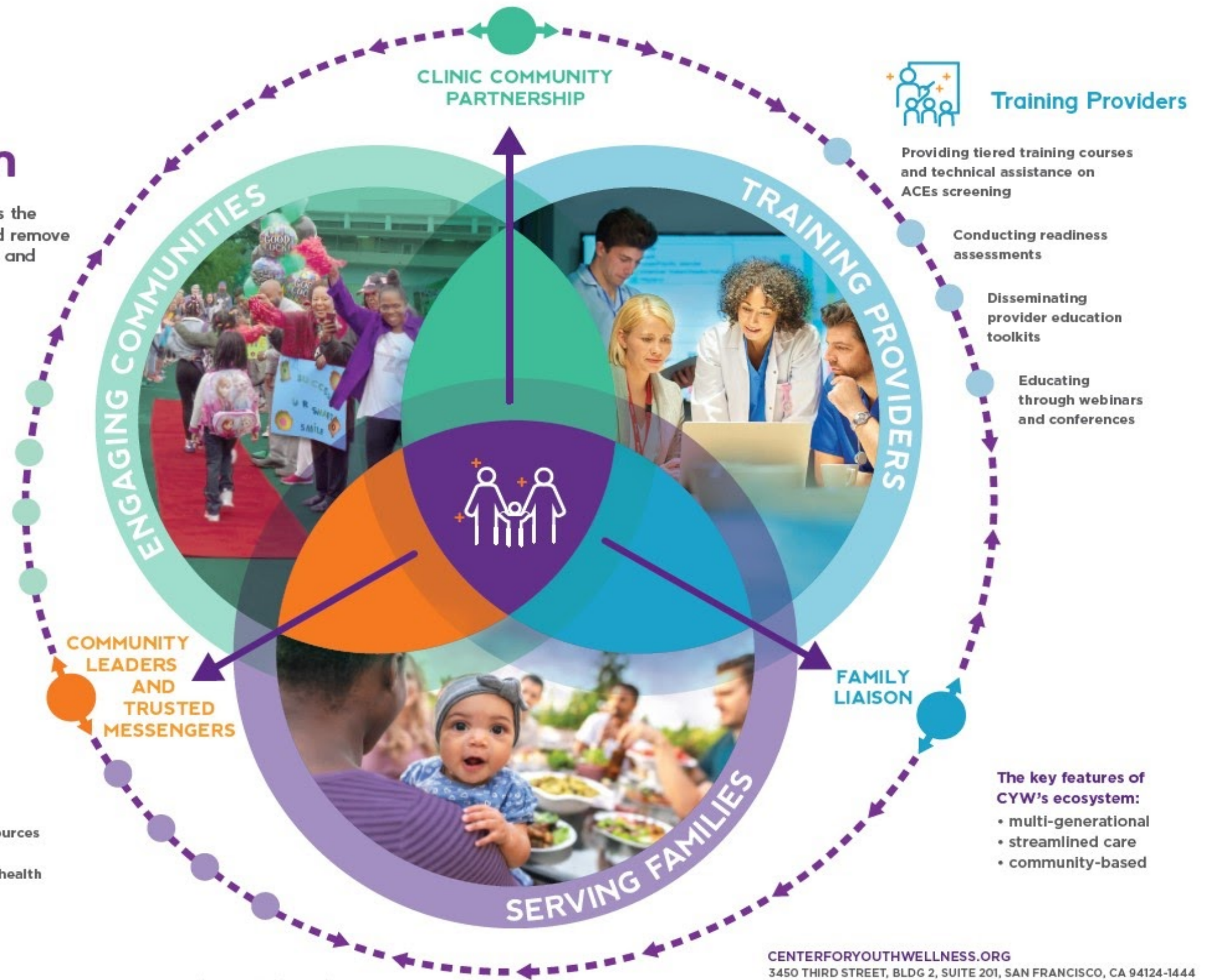
Training Providers

Providing tiered training courses and technical assistance on ACEs screening

Conducting readiness assessments

Disseminating provider education toolkits

Educating through webinars and conferences



Today's Objectives

- . Brief review of ACEs Science
- . Discuss implications of ACEs Screening and long-term health outcomes
- . Trust is earned – Why communities of color distrust the medical system and may be having a hard time getting screened
- . Review motivational interviewing and Trauma Informed Care principles and why they are important when working in a community of color
- . Provide a case study for the implications of how racial & cultural differences may prevent screening for ACEs and how to overcome them



The Science of ACEs

Toxic Stress Definition

“Prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years...”

– *National Academies of Sciences, Engineering, and Medicine*

Adverse Childhood Experiences

Abuse



Physical



Emotional



Sexual

Neglect



Physical



Emotional

Household instability



Mental Illness



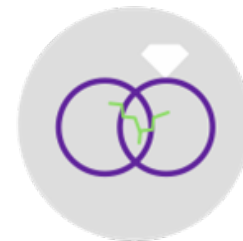
Incarcerated Relative



Mother treated violently



Substance Abuse



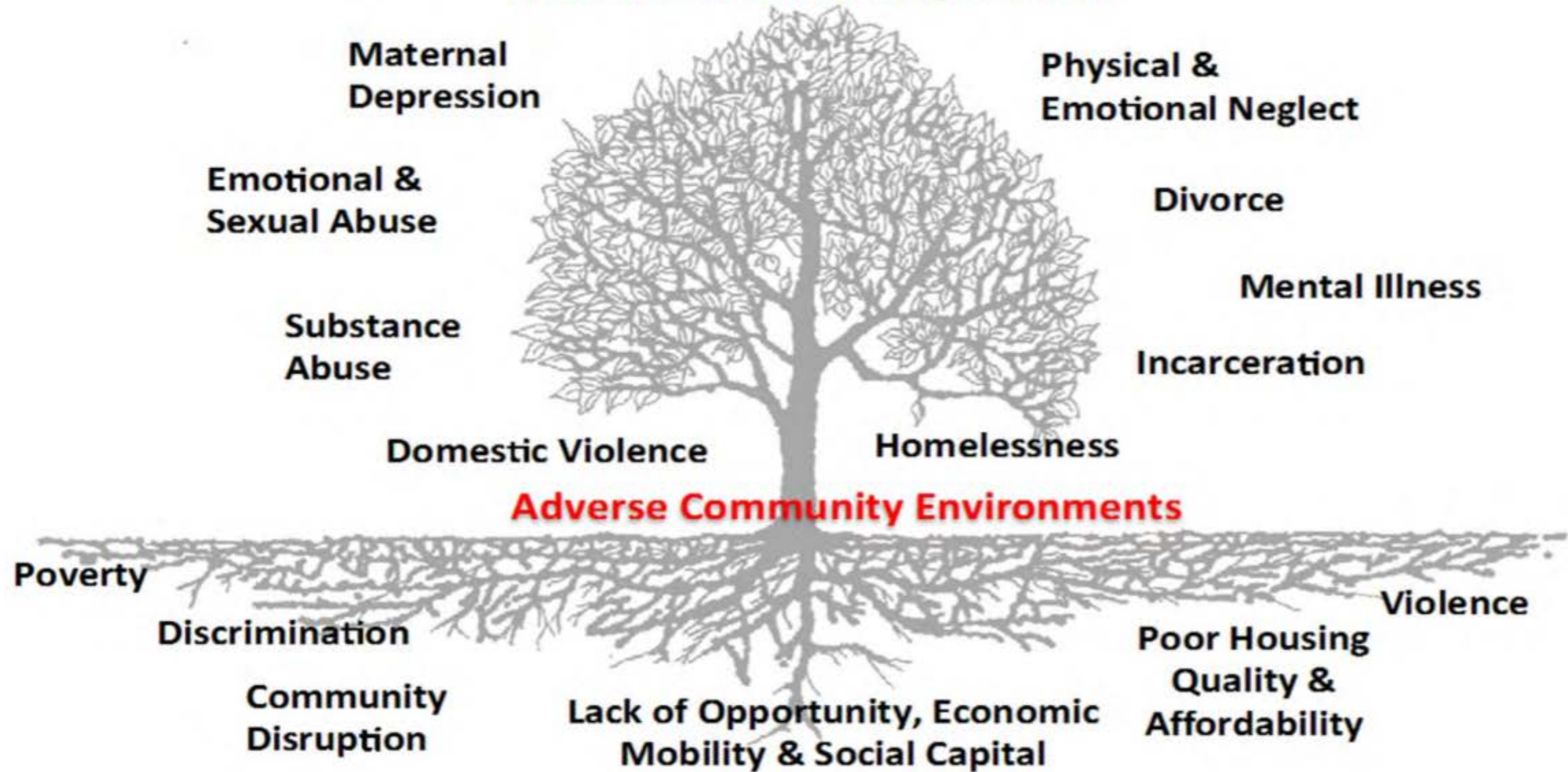
Divorce

Additional Adversities

- Community or school violence
- Experiencing Racism, Social Injustice, Discrimination
- Homelessness, or housing instability
- Food Instability
- Separation from family (Foster care, Immigration/Deportation)
- Caregiver's serious physical illness
- Caregiver Death

The Pair of ACEs

Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



The Importance of Screening

ACE Score + Clinical Symptoms

Inflammatory Responses

- Frequent asthma exacerbations
- Frequent eczema flaring
- Frequent colds
- Frequent infections such as ear infections or pneumonia

Endocrine System Responses

- Diabetes
- Difficulty keeping weight on
- Frequent abdominal pain
- Obesity
- Poor growth
- Constipation
- Weight gain or loss
- Difficult/irregular menses
- Early or late onset of menses/puberty

Neurological System Responses

- New onset, or recent increase in anxiety
- New onset, or recent increase in depression
- Enuresis/Encopresis
- Behavior problems- impulsivity, oppositional defiance
- Frequent headaches/migraines
- Inconsolable crying
- Difficulty sleeping or nightmares
- Disassociation/apathy
- Regular Drug, alcohol, tobacco use
- Risky sexual behavior- frequent sexual activity, multiple partners, lack of use of condoms/contraception
- Self-Harm –cutting, suicidal Ideation/attempt
- School problems- school avoidance, frequent absence, poor/failing grades
- Learning problems- increase in ADD, ADHD symptoms

ACEs dramatically increase risk for 7 out of 10 leading causes of death

	Leading Causes of Death in US, 2015	Odds Ratio Associated with ≥ 4 ACEs
1	Heart Disease	2.1
2	Cancer	2.3
3	Accidents (Unintentional Injuries)	2.6
4	Chronic Lower Respiratory Disease	3.0
5	Stroke	2.0
6	Alzheimer's	11.2*
7	Diabetes	1.4
8	Influenza and Pneumonia	Unknown
9	Kidney Disease	1.7
10	Suicide (Attempts)	37.5

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3	Accidents (Unintentional Injuries)	2.6
Without intervention, there can be a 20-year difference in life expectancy		
7	Diabetes	1.4
8	Influenza and Pneumonia	Unknown
9	Kidney Disease	1.7
10	Suicide (Attempts)	37.5

Factors to Build Resilience and Buffer Trauma through the Domains of Wellness



Supportive Relationships



Sleeping Well



Supporting Mental Health



Eating Healthy



Using Movement



Spending Time with Nature

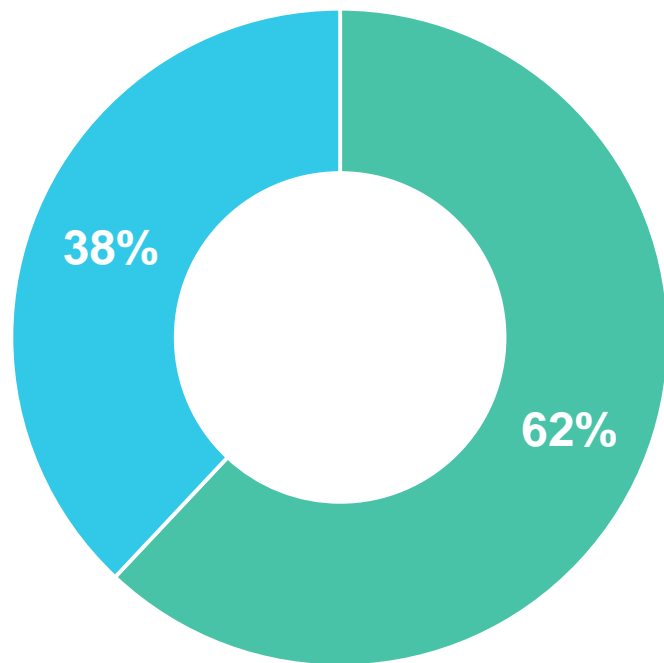


Practicing Mindfulness

Prevalence of ACEs in California

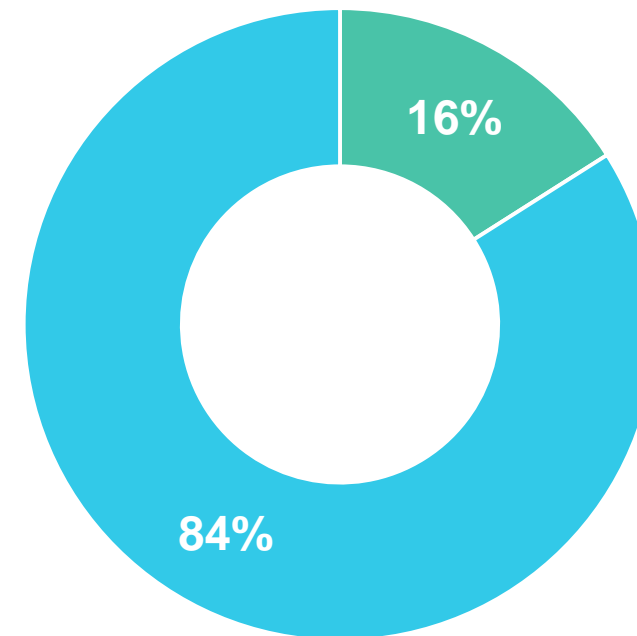
Californians who have experienced at least 1 ACE

■ Have experienced at least 1 ACE



Californians who have experienced 4 or more ACEs

■ Have experienced 4 or more ACEs



Sources: California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017.

Who do ACEs Impact?

- . Individuals who are racially marginalized (Black, Latinx, Native American, or multi-racial)
- . High school nongraduates
- . Unemployed or unable to work
- . Populations in lower income brackets
- . Uninsured or underinsured
- . People involved in the justice system
- . Women
- . Identify as lesbian, gay, or bisexual



Trust is earned ...

Lack of trust is an expected response to
historically untrustworthy behavior

~ Dr. Kim F Rhoads

UCSF Helen Diller Family Comprehensive Cancer Center

Why the distrust of the medical system

- Father of modern Gynecology – Dr. James Marion Sims
- Medical experimentation
- Tuskegee Experiment
- Henrietta Lacks
- Multiple studies on Race and medical treatment



What can your practice do?

Tips to becoming more culturally aware

- . Become aware of your own biases
- . Be aware of microaggressions
- . Learn by asking, researching, and doing the work
- . Ask questions during cultural exchanges
- . Make connections with people who have a different culture
- . Pay attention to non-verbal behaviors
- . Recognized, acknowledge, and drop your assumptions
- . Practice active listening

Motivational Interviewing

"Meeting families where they are."

"Motivational Interviewing is a collaborative conversational style for strengthening a person's own motivation and commitment to change."

~ Miller & Rollnick, 2013

Scott Glassman, PsyD, Brief Motivational Interviewing in Medical Homes: Applications and Best Practices; PCMH World Congress, 2017.

Skill	Description	Purpose
<p>O</p> <p>Open Questions</p>	<ul style="list-style-type: none"> • Ask the patient open-ended questions • Allow the patient to reflect and elaborate in response to questions • Let the patient do most of the talking 	<ul style="list-style-type: none"> • Establish a safe environment, and build a trusting and respectful relationship • Explore, clarify, and gain an understanding of the patient's world • Learn about the patient's past experiences, feelings, thoughts, beliefs, and behaviors • Gather information
<p>A</p> <p>Affirmations</p>	<ul style="list-style-type: none"> • Recognize and reinforce success • Express a positive statement about what the patient has already done or a personal strength or ability • Show empathy for the patient's situation 	<ul style="list-style-type: none"> • Build rapport and affirm exploration into the patient's world • Affirm the patient's past decisions, abilities, and healthy behaviors • Build the patient's confidence and self-efficacy
<p>R</p> <p>Reflective Listening</p>	<ul style="list-style-type: none"> • Mirror what the patient is saying • Rephrase what the patient says in your own words 	<ul style="list-style-type: none"> • Reflect the patient's thoughts, feelings, and behaviors • Demonstrate to the patient that you're listening and trying to understand his or her situation • Offer the patient the opportunity to "hear" his or her own words, feelings, and behaviors reflected back to him or her
<p>S</p> <p>Summarizing</p>	<ul style="list-style-type: none"> • Apply reflective listening when closing the conversation or transitioning to a different part of the conversation • Paraphrase and/or pull out key points from the conversation 	<ul style="list-style-type: none"> • Keep the patient and care team "on the same page" • Close the conversation with a plan of action • Help the patient see the bigger picture • Highlight the most important elements of the conversation

Trauma-Informed Organizations:

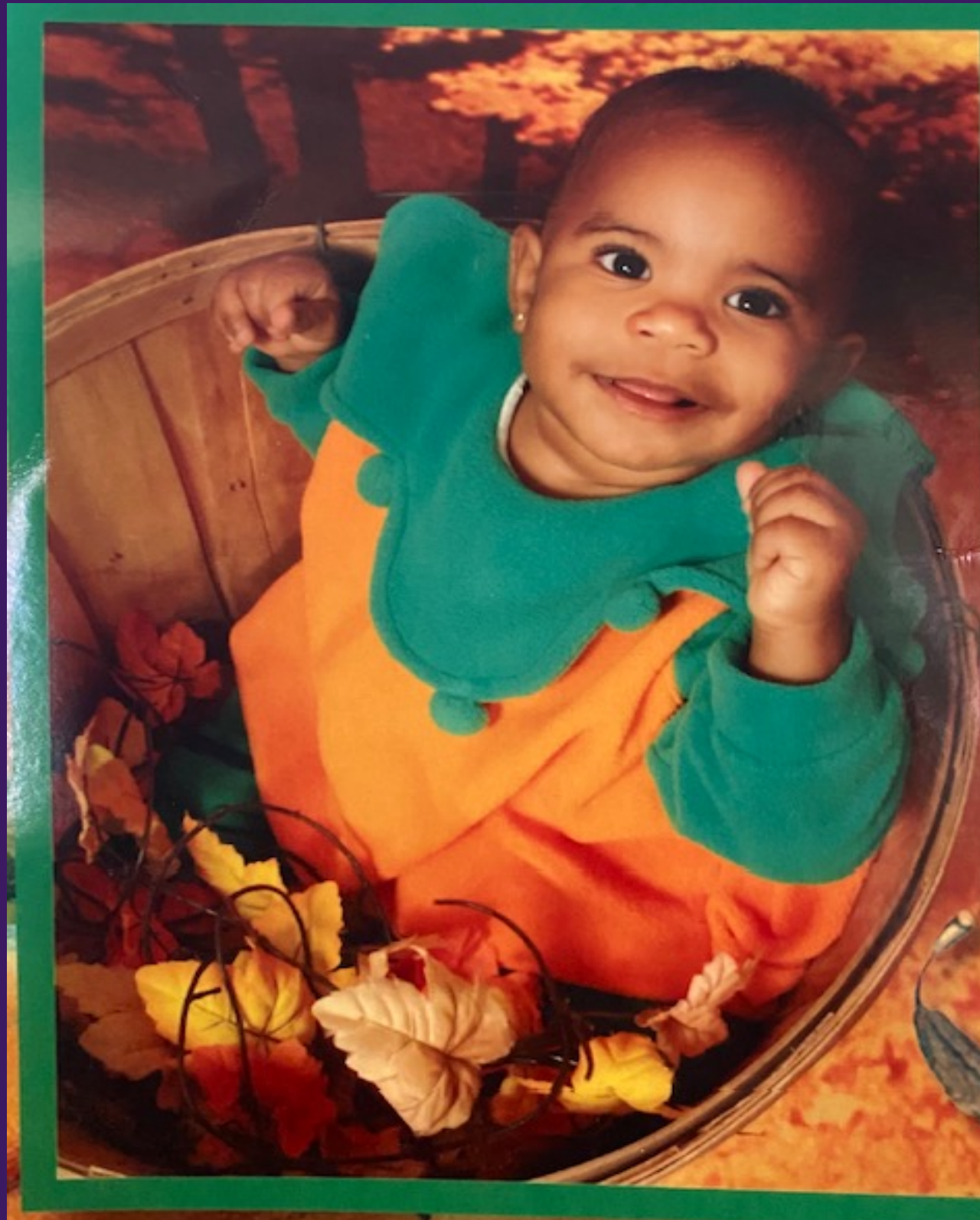
- Realize the widespread impact of trauma and understands potential paths for recovery and healing
- Recognize the signs and symptoms of trauma in clients, families, and staff
- Respond by fully integrating knowledge about trauma into policies, procedures, and practices
- Resist re-traumatization

Principles of Trauma-Informed Care (TIC): How does it show up in your practice?

- **Safety:** Staff is trained on how to de-escalate conflicts
- **Trustworthiness & Transparency:** Develop a family-friendly roadmap of the care delivery model with the family
- **Peer Support:** Develop support groups for families, youth and patients with certain conditions
- **Collaboration & mutuality:** Incorporate the voice of families as key stakeholders (e.g. Community Advisory Committee)
- **Empowerment, voice & choice:** Incorporate approaches such as family case conferencing and case plans that are strength-based
- **Cultural, historical, & gender issues:** Staff trained in cultural humility and historical trauma to prevent re-traumatization



Let me tell you a story...







CENTER *for*
YOUTH
WELLNESS

Questions?