ACES Aware Initiative and Learning Session

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Introductions & Opening Questions

Zoom:
- Please mute when not speaking
- Chat function to chime into discussion or ask a question at any time
- Rename yourself to include pronouns next to your name (Participants, hover over mouse)

- Overview: Operating Agreements
  1. Confidentiality
  2. One diva, one mic
  3. Move up, move up [speaking, listening]
  4. Be curious
  5. Other suggestions?
Introductions & Opening Questions

Presenter intros: Naomi Schapiro, Victoria Keeton

[INSERT Poll Everywhere Questions here]

Overview on ACES Aware and SBHC applications
What is ACES Aware?

ACES Aware

ACES Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.

Get Updates from ACES Aware >

https://acesaware.org
As of January 1, 2020 the California Department of Health Care Services will reimburse providers of all children/adults on MediCal $29 per approved ACES & related stress screens:

- Children (0-21) – yearly per provider/practice
- Adults (21+) – once per provider/practice

By July 1, 2020, providers who bill for screening will have to attest that they have taken the required training

- attest using NPI #

https://www.acesaware.org/screen/screening-tools/

https://www.dhcs.ca.gov/provgovpart/Pages/TraumaCare.aspx
Adverse Childhood Experiences: “Turning gold into lead.”

- Felitti & Anda began large retrospective study at S. California Kaiser in 1995/supported by CDC
  - 17,000 adults seeking preventive care queried about childhood adversity
  - 22% of sample had been sexually abused as children – most had not discussed this with their adult provider

Felitti, 2002

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

**Abuse**
- Emotional abuse
- Physical abuse
- Sexual abuse

**Neglect**
- Emotional neglect
- Physical neglect

**Household Challenges**
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

People with 6+ ACEs can die 20 yrs earlier than those who have none

1/8 of the population have more than 4 ACEs

67% of the population have at least 1 ACE

4 or more ACEs

- 3x the levels of lung disease and adult smoking
- 14x the number of suicide attempts
- 4.5x more likely to develop depression
- 11x the level of intravenous drug abuse
- 4x as likely to have begun intercourse by age 15
- 2x the level of liver disease

"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today"

Dr. Robert Block, the former President of the American Academy of Pediatrics

www.70-30.org.uk
#7030Campaign
### ACEs Dramatically Increase Risk for 9 out of 10 Leading Causes of Death in US

<table>
<thead>
<tr>
<th></th>
<th>Heart Disease</th>
<th>Cancer</th>
<th>Accidents</th>
<th>Chronic Lower Respiratory Disease</th>
<th>Stroke</th>
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<tbody>
<tr>
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<td>2.1</td>
<td>2.3</td>
<td>2.6</td>
<td>3.1</td>
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<tr>
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<td>Diabetes</td>
<td>Influenza and Pneumonia</td>
<td>Kidney Disease</td>
<td>Suicide (Attempts)</td>
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<tr>
<td>4.2</td>
<td>1.4</td>
<td>-</td>
<td>1.7</td>
<td>37.5</td>
<td></td>
</tr>
</tbody>
</table>

Source of causes of death: CDC, 201716; Sources of odds ratios: Hughes et al., 201712 for 1, 2, 4, 7, 10; Petrucelli et al., 20199 for 3 (injuries with fracture), 5 Center for Youth Wellness, 201417 for 6 (Alzheimer’s disease or dementia) Center for Youth Wellness, 201417 and Merrick et al., 201926 for 9
Annual Cost of ACEs to CA

Cardiovascular disease
- Smoking
- Heavy Drinking
- Obesity

Asthma
- Arthritis
- COPD
- Depression

$112.5 BILLION

ACE SCORE & CV HEALTH

School-based study of 6th-8th grade children, measuring BP, HR, BMI, WC, parent questionnaire re ACEs

Pretty et al, 2013

Combined with other childhood studies in an ongoing longitudinal CV study
ACE IMPACT ON URBAN YOUTH

- Retrospective chart review of 701 patients at Bayview Child Health Ctr, San Francisco (all seen 2007-2009)
- 9 ACE criteria + Community trauma score
- Correlated with BMI & learning/behavior problems

“toxic stress, can result from strong, frequent, or prolonged activation of the body’s stress response systems in the absence of the buffering protection of a supportive, adult relationship.” P. e236

Cautions: Parent/caregiver may be present and loving, yet overwhelmed by own trauma/toxic stress OR level of unremitting stress may contribute to feelings of hopelessness and lack of control in caregiver

“toxic stress, can result from strong, frequent, or prolonged activation of the body’s stress response systems in the absence of the buffering protection of a supportive, adult relationship.” P. e236

Interventions: compassionate, giving control back to parent/child; psychoeducation on effects of trauma; teaching coping skills; encouraging co-regulation; offering support to child/teen and caregiver

Policy changes to change community situations (poverty, racism, immigration policies, lack of services) that exacerbate chronic stress
How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

- Reduces the ability to respond, learn, or figure things out, which can result in problems in school.
- Increases difficulty in making friends and maintaining relationships.
- Increases stress hormones which affects the body's ability to fight infection.
- Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.
- Increases problems with learning and memory, which can be permanent.
- May cause lasting health problems.

A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words: "I can't hear you! I can't respond to you! I am just trying to be safe!"
HOW STRESS AFFECTS THE BODY

BRAIN
Difficulty concentrating, anxiety, depression, irritability, mood, mind fog

CARDIOVASCULAR
higher cholesterol, high blood pressure, increased risk of heart attack and stroke

JOINTS AND MUSCLES
increased inflammation, tension, aches and pains, muscle tightness

IMMUNE SYSTEM
decreased immune function; lowered immune defenses, increased risk of becoming ill, increase in recovery time

SKIN
hair loss, dull/brittle hair, brittle nails, dry skin, acne, delayed tissue repair

GUT
nutrient absorption, diarrhea, constipation, indigestion, bloating, pain and discomfort

REPRODUCTIVE SYSTEM
decreased hormone production, decrease in libido, increase in PMS symptoms

Image Source: https://adrenalfatigue.org/str...stress-affects-body/
AC Es/Toxic Stress vs. Acute/Chronic Trauma

Impact of interventions to mitigate impact of ACES still under investigation

We don’t yet know how hx of ACEs affect the youth’s ability to perceive, process and heal from acute/chronic trauma in adolescence

- Or- individual impacts of different ACES
Young adults in N. Philadelphia stated that watching their parents stress over finances is more traumatic than physical abuse.

Youth living in E. Oakland critique PTSD screens as pathologizing survival skills: being on guard, sleep difficulties, not backing down from a fight.

• Single parenting but not divorce seen as a stressor

• Both groups expressed feeling a lack of love from parents/within themselves as a major stressor
For Children & Adolescents – Pediatric ACEs Screening and Related Life-events Screener (PEARLS) Tool

- PEARLS for children ages 0-11, to be completed by a caregiver
- PEARLS for adolescents 12-19, to be completed by a caregiver
- PEARLS for adolescents 12-19, self-reported

PEARLS identified OR de-identified acceptable - some evidence that more acceptable in pediatric settings

For Adults (20+00 - ACES Screening Form developed by Kaiser)
PEARL Screener Parent Form 0-12, de-identified
Available in 17 languages
PEARL Screener Adolescent Self-Report, de-identified
Available in 17 languages
Disrupting Toxic Stress in Children to Prevent Long-Term Health Impacts

By Kate Vidinsky

Grew out of FIND program at UC B CHO, led by Dayna Long, MD – currently a randomized controlled trial about value of interventions in reducing effects of toxic stress.

Children who screen + on PEARL questionnaire randomized to tailored interventions vs. group therapy, measure cortisol levels and other biomarkers over time.
Discussing screening results & next steps

Utilize the core principles of trauma-informed care and systems to discuss screening results and next steps for children and families with elevated ACES scores.

Positive screening - and how to present

<table>
<thead>
<tr>
<th>Timely, attuned</th>
<th>Right model</th>
<th>Trauma-informed</th>
<th>Strengths-based</th>
<th>Engaging family</th>
</tr>
</thead>
</table>

Awareness | Safety | Trustworthiness | Choice | Collaboration | Skills Building | aces aware | GRANTEE
Trauma-Informed Care

“What’s wrong with you?”

“What happened to you?”

“What’s right with you?”
Strengths-based approach is important in Trauma Treatment:

- 1) allows person responding to feel known more than just negative life events and corresponding problems
- 2) gives fuller picture, so that likelihood of “armoring” - the hard shell that workers can develop when faced with client problems that seem insurmountable, decreases, and sense of manageability increases
- 3) increases likelihood that strengths can be used during the service delivery process
- 4) in research it provides richer understanding of the relationship between the independent and dependent research variables and can increase the explanatory power of the analysis

van der Kolk, 2014. The Body Keeps the Score
**Trauma-Reactive**
- Fragmented
- Reactive
- No felt safety
- Overwhelmed
- Fear-driven
- Rigid
- Numb

**Trauma-Informed**
- Resists re-traumatizing
- Recognizes socio-cultural trauma
- Realizes widespread impact
- Recognizes effects
- Responds by shifting practice

**Healing Organization**
- Integrated
- Reflective
- Collaborative
- Relationship-centered
- Growth and Prevention-Oriented
- Flexible & adaptable
- Equitable & inclusive

**Trauma Inducing to Trauma Reducing**
Strengths & challenges of implementing ACES screening in SBHC

- Insert poll everywhere questions here
Strengths & challenges of implementing ACES screening in SBHC

Strengths:
- Potential outreach to all students
- Ability to see frequently for follow-up, teaching coping skills, check in about readiness to address
- Potential collaboration with school personnel
- Flexible connections with caregivers

Challenges:
- Current model emphasizes parental involvement – challenges when providing confidential care
- Need to develop model for addressing ACES with adolescent/young adult alone
- Involving stakeholders in parent organization, school
Strengths and challenges of implementing ACES screening during pandemic

- **Strengths**
  - Research shows teens may be more comfortable screening on a computer/phone than in person or on paper.
  - Can be creative about questions (chat, yes/no) when confidentiality in home not possible.
  - Outreach may be easier with isolated/rural teens.
  - Teens with social anxiety may feel more comfortable on telehealth format.

- **Challenges**
  - Shelter in place exacerbates health inequities.
  - Youth without adequate cell or wifi connection may be cut out.
  - “Deidentified” ACES screening may be more difficult, especially on phone or some web platforms.
  - More difficult to read “the room,” body language.
  - Youth may have less access to trusted SBHC staff (front desk, MA, HE).
  - Less ability to drop in.
Prevalence
PTSD: 4-8%

Furst M et al. The Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region
DOI - 10.13140/RG.2.2.18766.97606
Preventing ACES

https://www.cdc.gov/violenceprevention/childabuseandneglect/acesstudy/ace-graphics.html