A Two Generation Approach to Trauma: NJ Pilot Projects Educating about ACEs Science in the Classroom and Implementing ACEs Screening in Pediatric Primary Care

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NEW JERSEY CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
Objectives

- Review of ACEs science
- Why focus on ACEs
- Why we believe all pediatricians should screen for ACEs
- Review of the Healthy SPPACEs program in Camden
- Share our successes and challenges with our statewide program
- Share next steps
What do we mean by Adverse Childhood Experiences?

- Experiences that represent medical and social problems of national importance.
- Childhood abuse and neglect
- Growing up with domestic violence, substance abuse or mental illness in the home, parental loss, or crime
The three types of ACEs include

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

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

**FIGURE 1: Types of Adverse Childhood Experiences**
Image courtesy of the Robert Wood Johnson Foundation
The Relationship of Adverse Childhood Experiences to Adult Health Status

A COLLABORATIVE EFFORT OF KAISER PERMANENTE AND THE CENTERS FOR DISEASE CONTROL

VINCENT J. FELITTI, M.D.
ROBERT F. ANDA, M.D.
Many chronic diseases in adults are determined decades earlier, in childhood.
The True Nature of Preventive Medicine

Mechanisms By Which Adverse Childhood Experiences Influence Adult Health Status

Slide from A. Garner, 2013
## ACE Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Women (n=9,367)</th>
<th>Men (n=7,970)</th>
<th>Total (17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>13.1%</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Physical</td>
<td>27.0%</td>
<td>29.9%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual</td>
<td>24.7%</td>
<td>16.0%</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>Household Dysfunction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>13.7%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>29.5%</td>
<td>23.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>23.3%</td>
<td>14.8%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>24.5%</td>
<td>21.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2%</td>
<td>4.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>Neglect</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>16.7%</td>
<td>12.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Physical</td>
<td>9.2%</td>
<td>10.7%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

* Wave 2 data only (n=8,667)  
Data from [www.cdc.gov/nccdphp/ace/demographics](http://www.cdc.gov/nccdphp/ace/demographics)

* Adapted from A. Garner, 2013
ACE Scores

Number of categories of adverse childhood experiences are summed …

<table>
<thead>
<tr>
<th>ACE score</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>36%</td>
</tr>
<tr>
<td>1</td>
<td>26%</td>
</tr>
<tr>
<td>2</td>
<td>16%</td>
</tr>
<tr>
<td>3</td>
<td>9.5%</td>
</tr>
<tr>
<td>4 or more</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

• More than half (almost 2/3) have at least one ACE
• 1 in 8 have 4 or more ACEs
• Average pediatrician will see 2-4 children with an ACE score of 4 or more each day

Childhood Adversity has Lifelong Consequences.

Significant adversity in childhood is strongly associated with unhealthy lifestyles and poor health decades later.

* Slide- A. Garner, 2013
## Toxic Stress

### Positive Stress

Moderate, short-lived stress responses that are normal part of life and healthy development. A child can learn to manage and control these experiences with support of caring adults in context of safe, warm, and positive relationships.

### Tolerable Stress

Stress responses that could affect brain architecture but generally occur for briefer periods which allow brain to recover and thereby reverse potentially harmful effects.

### Toxic Stress

Strong, frequent or prolonged activation of body’s stress management system. Stressful events that are chronic, uncontrollable, and/or experienced without child having access to support from caring adults.
Toxic Stress Can Affect Brain Development

Organizational changes
Brain chemistry imbalances
Structural changes

Centers for Disease Control and Prevention
Keys to Resilience

CAPABILITY
- Skills
- Knowledge
- Self-regulation
- Mindfulness
- Focus
- Discipline

ATTACHMENT AND BELONGING
- Family bonds
- Caring adults
- Relationships
- Inclusion
- Intrinsic and extrinsic value

COMMUNITY CULTURE FAITH
- Faith
- Hope
- Meaning
- Traditions
- Network of services
- Belonging
Universal Precautions as a Core Trauma informed Concept

Presume that every person in a treatment setting has been exposed to abuse, neglect and other traumatic experiences.
Key Protective Factors

- CONNECTION WITH A CARING ADULT
- SAFE, COHESIVE NEIGHBORHOOD
- PARENTAL WARMTH AND MONITORING
- PARENT WITHOUT TRAUMA SYMPTOMS
Why pediatricians should screen for ACEs?

If...

- We can identify parents, children and adolescents who are at greatest risk
- Bring their trauma histories out of the closet
- Agree to support them when they feel most challenged in a non-judgmental way

*We will be able to create a new cycle of healthier parenting!*
How it changed practice

Better insight  More empathy  Know parents better  Office became a safe place

Cultivates a trusting relationship  Improved communication
What did they find?

- Average conversation lasted about 3-5 minutes
- Most effective trigger question: “How do you think these experiences affect your parenting today?”
- Few referrals were needed. Of those that were referred, they were referred to parenting classes, support groups, or provided reading materials.
Trauma-informed care: How do I do it?

- Create a safe environment
- Maintain trustworthiness/transparency
- Utilize peer support
- Eliminate power struggles
- Empower your families
- Recognize roots of trauma
Healthy SPPACEs Camden

Program Overview
Program Overview
Partners

Camden Coalition of Healthcare Providers
CAMcare FQHC
Camden City School District
Mi Casita Child Care Center
Center for Youth Wellness
Michael McNight

Robin Cogan, MEd, RN, NCSN
- The Relentless School Nurse
Three-pronged approach

- School Nurse-Pediatric Roundtable
- ACEs Education @ Mi Casita Day Care Center
- ACEs Screening & Education @ CAMcare Pediatric Healthcare Team
When are our practice teams screening?

At all well-child and/or new patient visits
Who are our practice teams screening?

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Birth– 5 years</th>
<th>6 – 12 years</th>
<th>13 – 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental ACE-Q</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACE-Q Child (Parent/Caregiver Report)</td>
<td></td>
<td></td>
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<tr>
<td>ACE-Q Teen (Self-Report)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ACE-Q Teen (Parent/Caregiver Report)</td>
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</tbody>
</table>
2018 Statewide ACEs Screening

Quality Improvement Program
9 pediatric practices
33 team members, including 11 pediatricians
21 random charts/month for 6 months to measure their rates of screening
Screenings Completed

843 chart reviews
384 ACEs Parent Screens
155 ACEs Child (Parent/Caregiver Report)
121 ACEs Teen (Self-Report)
107 ACEs Teen (Parent/Caregiver Report)
# Results: ACE Score Distribution

<table>
<thead>
<tr>
<th>ACES Screening Tool</th>
<th>Range of scores</th>
<th>Total mean score</th>
<th>RDTC mean score</th>
<th>Private practice mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Screen</td>
<td>0-11</td>
<td>1.94</td>
<td>3.10</td>
<td>0.70</td>
</tr>
<tr>
<td>Child (Parent/caregiver report) Screen</td>
<td>0-12</td>
<td>2.31</td>
<td>3.73</td>
<td>0.45</td>
</tr>
<tr>
<td>Teen (Self-report) Screen</td>
<td>0-14</td>
<td>3.44</td>
<td>5.25</td>
<td>0.38</td>
</tr>
<tr>
<td>Teen (Parent/caregiver report) Screen</td>
<td>0-14</td>
<td>2.64</td>
<td>4.27</td>
<td>0.30</td>
</tr>
</tbody>
</table>
Referrals for Community Services

186 referrals to community services

- 18.3% Child/adolescent mental/behavioral health services
- 9.1% Child counseling
- 7.5% Parent and child counseling
- 3.3% Parenting support groups/Parenting classes
- 24.2% Other services (Child Study Team, IEP, and speech services)

42 cases had two or more referrals
Lessons Learned from 2018

- Start small – focus on one screening at a time
- “Clustered” education in counties most in need
- Saturating communities with prevention-focused education
- Hands on support for pediatric practice teams
- Phasing in education – small “nuggets” at a time
Self care
Contact us

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