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Resilience and Case Planning: Focusing on What is Strong, Not What is Wrong

Presented by:

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Part One

Verbalize 5 of the 10 Adverse Childhood Experience categories and how they relate to risk factors for physical well-being.

Verbalize 3-4 key medical conditions that are more likely to exist among individuals with higher ACE scores.

Part Two

Verbalize how the CYW ACE-Q was developed and can be utilized with caregivers, children and teens.

Reflectively appraise 2 ways they might incorporate ACE understanding into their practices with members utilizing Resiliency Science.

Self-Care Alert!

- Step out and take a break
- Talk to someone you trust
- Do something relaxing

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ACEs Primer

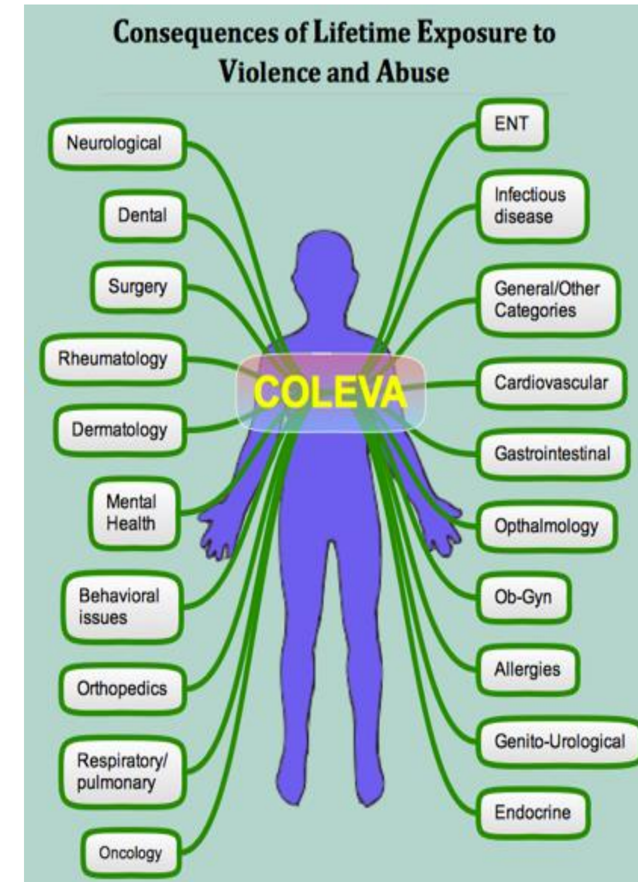
https://vimeo.com/139998006

Mental health
disorders
undetected
Psychiatr
for more fac

Unloved
and
Unwanted

Consequences of a Lifetime Exposure to Violence and Abuse

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



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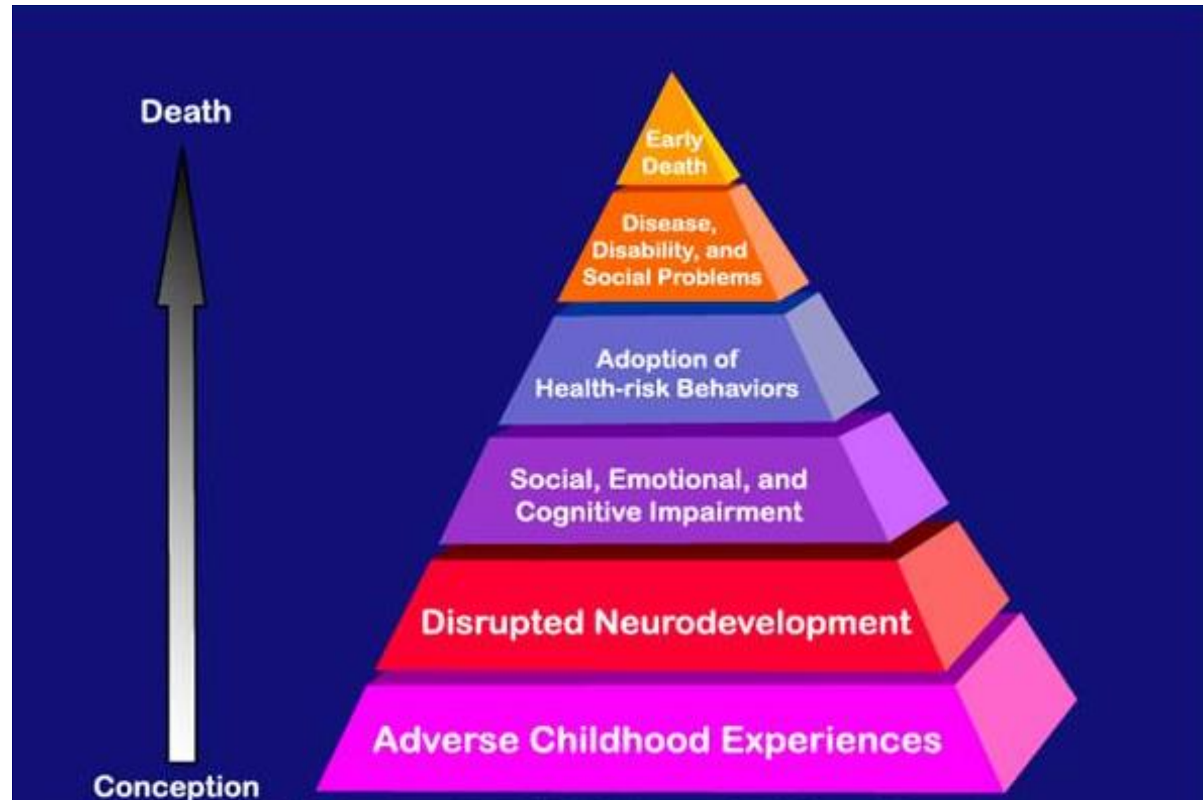
Shift from an ACE Score of 0 to 4 Population Health

- 242% more likely to smoke
- 222% more likely to become obese
- 357% more likely to experience depression
- 443% more likely to use illicit drugs
- 1133% more likely to use injected drugs
- 298% more likely to contract an STD
- 1525% more likely to attempt suicide
- 555% more likely to develop alcoholism

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



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Screening for ACEs

Short Version of the ACEs Tool for adults 18 or older

http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean

What's important to know about the ACEs Tool …

- Important to note that at this time, there are no psychometrically tested and validated ACEs screens for children
- ACEs measure was developed originally as a research tool to gather history from adults 18 years or older
- Dr. Anda and Laura Porter prefer to call it a history gathering tool versus a "screening" tool
- ACEs scores are not predictive at the **individual level** therefore it should not be used to determine eligibility or diagnosis independent of a comprehensive psychosocial assessment with the use of valid and reliable tools that are shown to help in predicting likelihood of mental health challenges in living

Laura Porter (personal communication 10/16/2016)

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Center for Youth Wellness

Adverse Childhood Experiences Questionnaire

CYW ACE-Q

"Research suggests that individual risk factors in childhood do not determine individual outcomes in adulthood, but that the accumulation of multiple risk factors in childhood greatly increases the odds of a range of poor outcomes" (Marie-Mitchell & O'Connor, 2013, p.14)

So how do we then find a useful clinical tool to screen for ACEs in children so as to better engage in preventative care tailored towards risk factors?

CYW-ACE-Q Tool Kit Guidance …

“In a multisite study of children exposed to or at risk for maltreatment, it was found that by age 6 children had an average ACE score of 1.94. Between ages 6 and 12, on average they accumulated an additional 1.53 ACE, and then between ages 12 to 16 another 1.15 24. The gradual accumulation of ACEs suggests that there is an opportunity to identify children at risk for accumulating ACEs and the negative health outcomes associated with them.”

Burke Harris, N. and Renschler, T.
(version 7/2015).
Center for Youth Wellness ACE-Questionnaire
(CYW ACE-Q Child, Teen, Teen SR). Center for
Youth Wellness. San Francisco, CA.
Pg.8

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CYW-ACE-Q Tool Kit Guidance …

“In the American Academy of Pediatrics *(AAP)* policy statement, *“Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health, ”* the AAP explicitly calls on pediatricians to “actively screen for precipitants of toxic stress that are common in their particular practices” 26.”

Burke Harris, N. and Renschler, T.
(version 7/2015).
Center for Youth Wellness ACE-Questionnaire
(CYW ACE-Q Child, Teen, Teen SR). Center for
Youth Wellness. San Francisco, CA.
Pg.8

Garner AS, Shonkoff JP, Siegel BS, et al. Early
childhood adversity ,toxic stress, and the role of
the pediatrician: Translating
developmental science into lifelong health.
Pediatrics.
2011;129(1):e224-e231.

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Dr. Nadine Harris and the Center for Youth Wellness

http://www.centerforyouthwellness.org/what-we-are-doing/overview/

CYW ACE-Q VERSIONS

1. CYW Adverse Childhood Experiences Questionnaire for Children *(CYW ACE-Q Child)*

   17 item instrument completed by the parent/caregiver for children age 0 to 12

2. CYW Adverse Childhood Experiences Questionnaire for Adolescents *(CYW ACE-Q Teen)*

   19 item instrument completed by the parent/caregiver for youth age 13 to 19

3. CYW Adverse Childhood Experiences Questionnaire for Adolescents : Self Report *(CYW ACE-Q Teen SR)*

   19 item instrument completed by youth age 13 to 19

Burke Harris, N. and Renschler, T.
(version 7/2015).
Center for Youth Wellness ACE-Questionnaire
(CYW ACE-Q Child, Teen, Teen SR). Center for
Youth Wellness. San Francisco, CA.
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CYW-ACE Q

ACE-Q Toolkit

ACE-Q for Children

ACE-Q for Teens

ACE-Q for Teens

ACE-Q Licensing Agreement

*** Available in Spanish and English**

Burke Harris, N. and Renschler, T.
(version 7/2015).
Center for Youth Wellness ACE-Questionnaire
(CYW ACE-Q Child, Teen, Teen SR). Center for
Youth Wellness. San Francisco, CA.

CYW-ACE Q

SECTION 1 *Ten items assessing exposure to the original ten ACEs*

** Population level data for disease risk in adults*

SECTION 2 *Seven or nine items assessing for exposure to additional early life stressors relevant to children/youth served in community clinics*

** Hypothesized to lead to disruption in neuro-endocrine-immune axis*
** Not yet correlated with population level data about risk of disease*

Burke Harris, N. and Renschler, T.
(version 7/2015).
Center for Youth Wellness ACE-Questionnaire
(CYW ACE-Q Child, Teen, Teen SR). Center for
Youth Wellness. San Francisco, CA.
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Whole Child Assessment

Child – Adverse Childhood Experiences Only

WCS C-ACEs

Key Points of Measure Development

- Physicians designed this measure to explore ability to distinguish early child outcomes of lower and higher risk children
- Goal was to demonstrate association between ACEs and specific early child outcomes using a brief measure that was feasible to use in clinical practice
- If links between exposure to adversity and childhood onset health conditions and/or behavioral problems arose … then this could shape their evidence based approaches to well-child care
- They could then look at if practice based interventions are effective in improving health and behavioral outcomes

Marie-Mitchell, A., & O'Connor, T. (2013). Adverse Childhood Experiences: Translating Knowledge into Identification of Children Risk for Poor Outcomes. *Academic Pediatrics, 13*(1), 14-19.

Population Studied in Pilot

- Cross Sectional Data on 102 children between ages of 4-5
- Presented in a Urban federally Qualified Health Center serving lower income inner-city population
- Medicaid was providing 90% of coverage for the pediatric population in the health center
- 149 selected eligible (female primary caretakers), 102 participated
- 171 children presented for well child visits during 6 month period
- African American (57%)
- Hispanic/Latino (43%)
- 50% male children
- 12% low birth weight (less than 2500 grams)

Marie-Mitchell, A., & O'Connor, T. (2013). Adverse Childhood Experiences: Translating Knowledge into Identification of Children Risk for Poor Outcomes. *Academic Pediatrics, 13*(1), 14-19.

Most prevalent ACEs factors in the Study

Variable	Prevalence
Maltreatment Suspected	24%
Domestic Violence	9%
Substance Use	11%
Mental Illness	**41%**
Criminal Behavior	22%
Single Parent	**76%**
***Maternal Education (no HS diploma or GED)**	**57%**
At least one of the above 6 risk factors	90%
At least 1 of the above 7 risk factors	94%

** Important predictor of vulnerability to developmental delay*

Marie-Mitchell, A., & O'Connor, T. (2013). Adverse Childhood Experiences: Translating Knowledge into Identification of Children Risk for Poor Outcomes. *Academic Pediatrics, 13*(1), 16 Table 1.

Prevalence's of Interest

"… prevalence of behavior problems and developmental delay was 2 to 4 times greater in the higher risk ACE group, and injury visits were 5 times more likely." p. 16

Marie-Mitchell, A., & O'Connor, T. (2013). Adverse Childhood Experiences: Translating Knowledge into Identification of Children Risk for Poor Outcomes. *Academic Pediatrics, 13*(1), 16

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Survey Work has continued since 2010 when it started

1) We are having physicians review and counsel in response to the questions. I don't think you need someone with MD expertise, but I would recommend someone with clinical training (psychologist, social worker, or graduate student in same).

2) What I sent you is a work in progress. We are currently collecting data on this tool which will be able to address the question of cut-offs, but at this point I don't have that information. However, in general the literature supports the use of 3 or 4 risk factors as an indicator that the child is at higher risk for chronic diseases, and therefore that child/family may benefit from a higher level of services.

Dr. Ariane Marie Mitchell, Personal Communication October 2016

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Whole Child Assessment (C-ACEs Only) Supporting Article

WCA C-ACEs Tool

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ACEs and Resilience
Treatment Planning Tools

Resilience Trumps ACEs

Children's Resilience Initiative

Empowering community understanding of the forces that shape us and our children

Website: www.resiliencetrumpsaces.org

From Trish Mullen, Chesterfield Community Services Board

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SKILL BUILDING

Think: lack of skill not intentional misbehavior

Think: building missing skills not shaming for lack of skills

Think: nurture not criticize

Think: teach not blame

Think: discipline not punishment

ORIENTATION TO PHASE ORIENTED TREATMENT

Core areas of focus in Complex Trauma

Courtois, C. & Ford, J. (2009), Introduction (p.2)

Self-Regulation

- Affect Regulation
- Disassociation (difficulty in being “present”)
- Somatic Dysregulation

Positive Self-Identity

- Impaired Self-Concept
- Impaired Self-Development

Co-regulation

- Secure working model of caring relationship
- Disorganized Attachment Patterns

Phase Oriented Treatment
"Gold Standard"

Phase I: Safety and Stabilization

Phase 2: Trauma Reprocessing

Phase 3: Reintegration

Courtois, C., Ford, J., & M. Cloitre (2009), pp.90-100

Phase Oriented Treatment
Courtois, C., Ford, J., & M. Cloitre (2009), pp.90-100

PHASE ONE: Safety and Stabilization

- Personal and Interpersonal Safety Established: Education/Support/Safety Planning
- Enhance Client's ability to manage extreme arousal (hyper/hypo)
- Active engagement in positive/negative experiences (deal with automatic avoidance behaviors, self awareness of avoidance, increase coping skills and use of coping skills)
- Education (psychotherapy, trauma, skills to be learned)
- Assess and develop relationship capacity (decrease avoidance of relationships or negative thoughts about relationships, build support network, define client's attachment network)

Making a Treatment or Case Plan

TRAUMA AND RESILIENCE INTERVIEW

Ask the client to state what he or she observes.

Guide the client through this exercise by using statements like, "You seem to feel very scared/angry right now. You're probably feeling things related to what happened in the past. Now, you're in a safe situation. Let's try to stay in the present. Take a slow deep breath, relax your shoulders, put your feet on the floor; let's talk about what day and time it is, notice what's on the wall, etc. What else can you do to feel okay in your body right now?"

Source: Melnick & Bassuk, 2000.

Ask the client to inhale through the nose and exhale through the mouth.

- **Have the client place his or her hands on his or her abdomen and then watch the hands go up and down while the belly expands and contracts.**

Source: Melnick & Bassuk, 2000.

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Communicating Emotion: Validation

Six Levels by Marsha Linehan, Ph.D
(Using the Top 3)

Level One: Being Present (Deep Listening)

Level Two: Accurate Reflection (So if I hear you correctly ….)

Level Three: Mindreading (I am guessing that you are feeling ....)

OPENING WITH RESILIENCE

Opening with Resilience

Show the resilience list

Highlight 42 resilience factors vs. 10 adversity factors

Normalize:

- 50% of youth will have at least one ACE
- 70% of adults will have a least one ACE

Resilience Skills

Showing empathy

Critical thinking skills

Helping appreciate cultural & ethnic heritage

Sense of belonging

Learning to accept help

Hope

Trust

Sense of Belonging

Letting Child Know you are Available for Help

Resilience Skills

Learning Responsibility

Teach Self Discipline

Establish Consequences

Model Problem Solving

Sharing Something Important

Family Meetings

Clear Rules and Expectations

Help a Child Learn to Express Feelings

Accept Ownership for Behavior

Resilience Skills

Work as a team

Learn to show appreciation

Master a Skill

Assign a Responsibility

Sense Triggers that create negative behavior

Develop Communication Skills

Helping a Friend

Allowing Experience of Success or Failure

Resilience Skills

Respect ability to make decisions

Model appropriate behavior

Help child develop problem solving skills

Learning to ask for help

Acknowledge when you are wrong

Learn to self advocate

Give back to community

Giving a choice

Ability to Calm Self

Resilience Skills

Verbally say “I love you”

Express Feelings

Experience Success

Develop Friendships

Develop Self Esteem

Attach to Caring Adult

Learn to Solve Problems

Talk to me about your skills

Get them to share 2-3 skills they have that they see on the table with the cards

Give a story that they used one of those skills in

Bad Chapter Titles, not Book Contents

TALKING ABOUT THE TOUGH STUFF

Bad Chapter Titles

Note that the transition is going to happen now to the “bad” chapter titles

Present the ACEs information

Offer options

- Can be asked the questions
- Can read the questions
- Can take listen to a recording of the questions

First give the number

Identify events that have happened

Remember the ground rules

Resilience and ACEs game

Bread meat Bread

Pick an ACE you experienced

Pick 2-3 Resilience Skills/Cards you want to build

For every adversity, there are resilient skills you can build

http://resiliencetrumpsaces.org

UNDERSTANDING OUR
COPING STYLES

Behavior Wheel

When tough stuff happens ….

- **Your body and brain change to cope**
- **You choose coping skills that meet your needs then**
- **Sometimes these coping skills help in some ways and cause big problems in other ways**
- **These coping skills can be bad for our wellbeing**
- **We want to look at the coping behaviors that may be causing you a hard time**
- **Think abou the needs behind those coping behaviors**
- **And figure out are there other ways you can practice coping that are more healthy**
- **We want to offload the negative coping skills and increase the positive skills**

Interviewing Skills

NORMALIZING

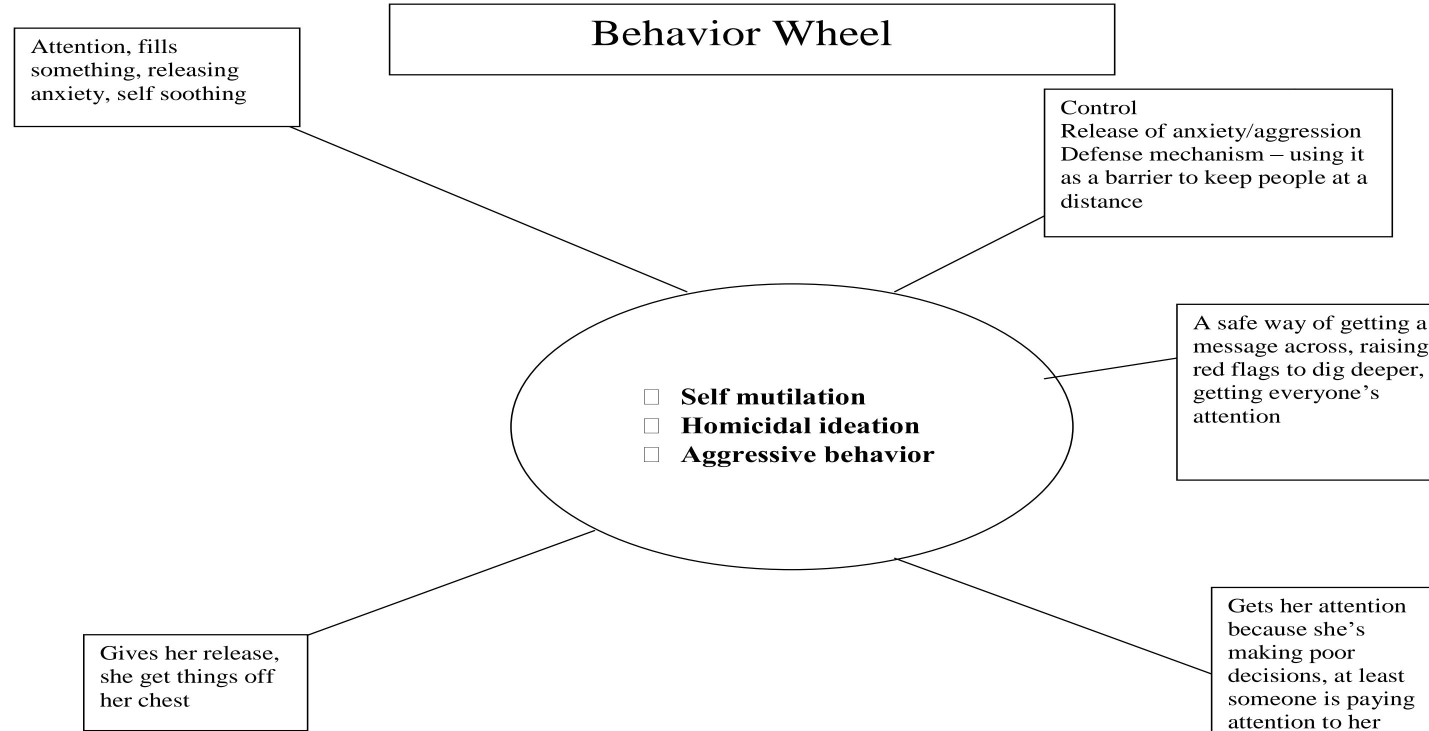
Rationale: Normalizing is intended to communicate to clients that having difficulties while changing is not uncommon, that they are not alone in their experience, or in their ambivalence about changing. Normalizing is not intended to make clients feel comfortable with not changing; rather it is to help them understand that many people experience difficulty changing.

Examples of Normalizing

- *"A lot of people are concerned about changing their* [insert risky/problem behavior].*"*
- *"Most people report both good and less good things about their* [insert risky/problem
- behavior].*"*
- *"Many people report feeling like you do. They want to change their* [insert risky/problem
- behavior]*, but find it difficult."*
- *"That is not unusual, many people report having made several previous quit attempts."*
- *"A lot of people are concerned about gaining weight when quitting."*

Region X ACE Planning Team (2015) *NEAR@Home: Addressing ACEs in Home Visiting by Asking, Listening and Accepting.* Washington: Region X ACE Planning Team.
Retrieved from https://thrivewa.org/nearhome-toolkit-guided-process-talk-trauma-resilience-home-visiting/

Behavior Wheel Example



Process of Building a Behavior Wheel

Interview your client and
build a behavior wheel with them

Now with the unhealthy behaviors

Again with new behaviors they can select

Closing with “Good” Chapter Titles

Talk about the best things that have ever happened you

Make the list of good things

- Time you felt happy
- Time you felt excited
- Supportive Adult Story

If possible get the age and SUD scale

MAKING A PLAN

Making a Plan

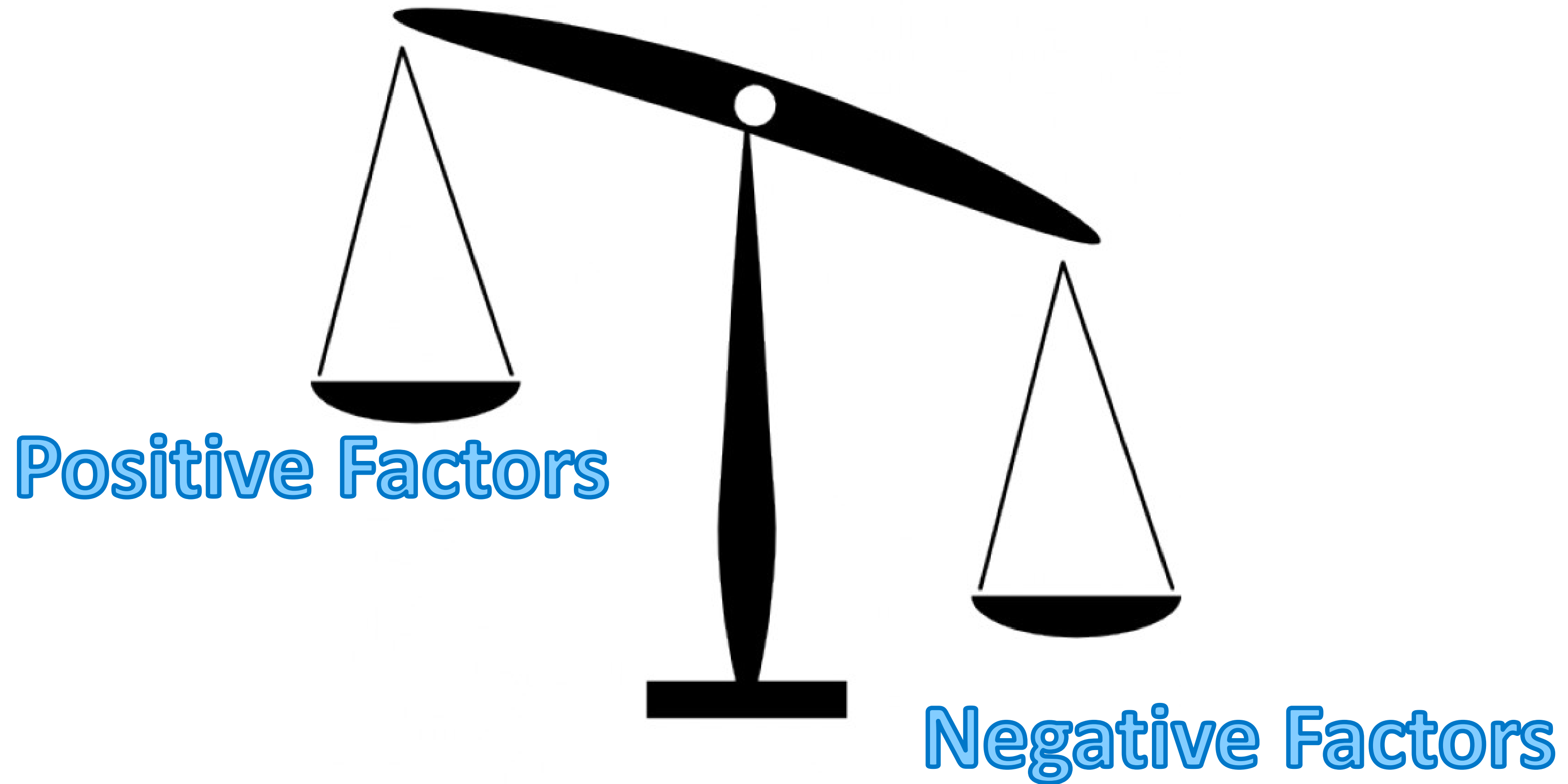
Look at the table in the Trauma/Resilience Case Planning Tool

What Resilience Skills/Replacement Coping Strategies does your client want to build based on the ACEs/Resilience Table, their Behavior Wheel, and the “good stuff” they want to increase ?

What Resources will they need?

What is their time line?

Balancing



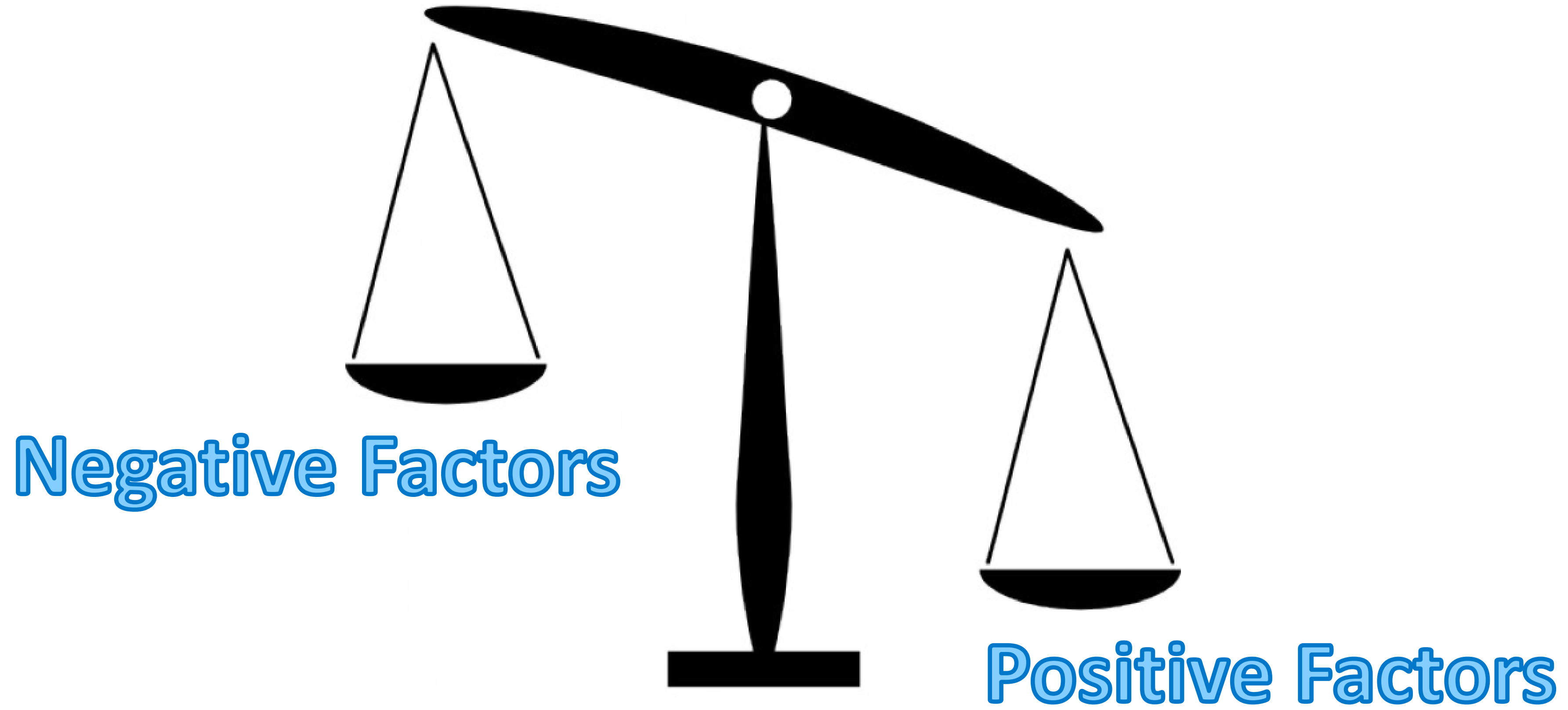
Expanding to Resilience

Helps case planning

Approach vs Avoidance Case Planning Goals

Helps know services and activities to link to

Balancing



http://www.healthygen.org/resources/nearhome-toolkit

HOW COULD THIS LOOK IN CASE PLANNING

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Resiliency Toolkit – IOWA

http://www.iowaaces360.org/resiliency-toolkit.html

Be a **F.O.R.S.E.** *in your community*

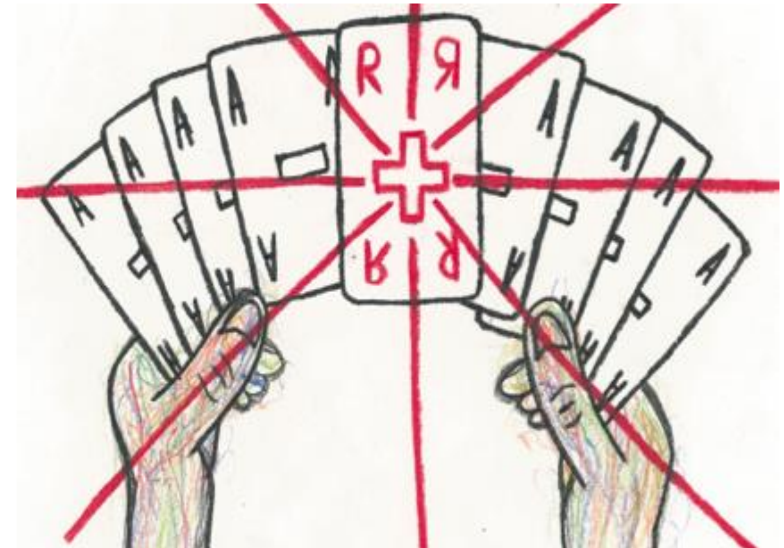
Focus

On

Resilience &

Social-**E**motional
(competence)

Image by Lincoln High student Brendon Gilman



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