Title V Grantee Meeting
Trauma, ACEs and Resilience

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Framing the work

Goal:
Reduce exposure to toxic stress, trauma and adverse childhood experiences (ACEs); and promote resilience among Oregon’s children, youth and families, and communities.

Context for our work: MCH Public Health lens
- Science of neurobiology and toxic stress, and the impact of adversity and trauma on child development and adult outcomes
- Two generation prevention and resiliency
- Life course framework: lifelong impact of early years, sensitive periods
- Alignment with Modernization of Public health, health equity, and social determinants of maternal and child health
What is Trauma?

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. - SAHMSA

- Can be single event. More often multiple events, over time (complex, prolonged trauma).

- Interpersonal violence or violation, especially at the hands of an authority or trust figure, is especially damaging.

- Including experiences systemic oppression & targeted violence (eg. ableism, ageism, racism, sexism, classism)

Data shows cascade of experiences... societal response matters

- Historic Trauma
- Adverse Childhood Experience
- Adverse Peer &/or School Experience
- Adverse Adult Experience

Multiple mental, physical, relational, &/or productivity problems

ACE Transmission Risk
Why Now? Why is it Important?

- Enormous advances in neurobiology in the last two decades, understanding how toxic stress impacts the architecture of the developing brain.
- Adverse Childhood Experiences Study (Kaiser & CDC)
  - Link with mental, behavioral, and physical outcomes
  - Compelling evidence for a public health perspective
- Trauma affects brain function - cognitive and social/behavioral, decision-making, etc.
- Trauma affects how people approach societal institutions and services.
- Societal institutions and service systems have often been activating or re-traumatizing.

The Science

- Neurobiology
- Epigenetics
- Adverse childhood experiences
- Resilience
Adverse childhood experiences link adversities in childhood to adult health.


Resiliency (post-traumatic growth)

Resiliency can be defined as the ability of an individual or community to withstand, rebound and/or adapt to toxic stress, trauma or adversity.

Resiliency can buffer the effects of trauma – on both the individual and community level.

Key components of resilience for individuals

1. **Capability:** Self-regulation, self-efficacy and perceived control, intellectual and employable skills; social/emotional competence in children
2. **Attachment and belonging:** Strong adult/child relationship; social connections/positive relationships with friends, supportive adults
3. **Connection to Community:** Culture, spirituality
Key components of resilience for communities

1. **Equitable opportunity**: living wages, quality education, local wealth

2. **People**: connected to community and each other; strong, healthy relationships and community norms

3. **Place**: safe, supportive environment – safe parks and open spaces, cultural expression, access to healthy foods, quality housing, transportation, etc.

Public health approach to trauma

- **Work upstream to prevent adversity and trauma** (data and education, family friendly policies, social determinants, and equity)

- **Develop trauma informed systems and services** that understand and recognize trauma, assure equitable access and avoid re-traumatization

- **Promote resilience in communities, individuals, and families** (community and caregiver capacity, family protective factors)
Adverse Childhood Experiences (ACEs)

Childhood experiences of adversity are associated with a myriad of diseases and high risk behaviors in adulthood.

Number of ACEs among adults, Oregon, 2016

46% of Oregonians experienced 2 or more ACEs during childhood; 22% experience 4 or more.

Data source: Behavioral Risk Factor Surveillance System
Adults in Oregon with high ACEs score (4+)

Flourishing and ACEs (US Children Age 6-17)

Flourishing (based on factors possible for parents to observe):
1. Motivation: Curious and interested in learning new things
2. Resilience: Stays calm and in control when faced with a challenge
3. Attention: Follows through and finishes tasks

Source: Bethell, C 2016
Strategies: Trauma, ACEs and Resiliency

1. **Promote family friendly policies** that decrease stress and adversity, increase economic stability, and promote health.
   - Housing equity, paid family leave, earned income tax credit, etc.
   - Trauma informed systems and workforce – e.g. HCR 33

2. **Increase understanding** of NEAR science (neurobiology, epigenetics, ACEs, and resilience) and the impact of adversity of childhood adversity on lifelong health.
   - Lane County, OR PHD, and other communities showing and facilitated discussion of the Raising of America series, Paper Tigers, etc.
   - Presentations to providers, community partners, the Oregon Legislature, and others on early childhood, trauma and trauma-informed approaches

3. **Engage partners** to build capacity for safe, connected, equitable and resilient communities.
   - STEPP grant engaging community colleges to build supports for pregnant and parenting teens/young adults.

4. **Conduct assessment, surveillance, and epidemiological research.** Use data and NEAR science to drive policy and program decisions.
   - Oregon BRFSS survey, ACEs module
   - Oregon PRAMS – pregnancy stress, social support for mothers, etc.
   - ACEs as a state public health indicator, in the state health assessment, etc.
5. Develop trauma-informed workforce, workplace, systems and services.
   - Integration of TI policies and approaches (TI meeting guidelines, family friendly workplace policies, etc.)
   - Integration of ACEs screening and referral into Electronic Health records (Lane)

6. Strengthen protective factors for individuals and families;
   - Support programs that build parent capabilities, social emotional competence, and supportive/nurturing relationships; and foster connection to community, culture and spirituality.
     - Home visiting programs integrating NEAR (Lane, Washington, Clackamas)
     - Culturally-specific programs – Positive Indian parenting (Klamath Tribe)

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**Strategies: Trauma, ACEs and Resiliency**

**Trauma Informed Workplace & Strengthening Families in Home Visiting**

- Regional Trainings through 16 Early Learning Hubs
  - Foundations of Trauma Informed Care
  - Parallel Process & Application of Trauma Informed Trauma Care Principles
- Supervisor Workshop & Community of Practice
  - Discusses supervisor application of training course concepts through in –person workshop
  - Facilitated online discussion forum
Trauma Informed Workplace & Strengthening Families in Home Visiting

• NEAR@Home Toolkit
  – Tool to be used with families to educate, understand ACE histories and foster resilience
  – Addressing ACES in Home Visiting by Asking, Listening & Accepting

• Reflective Supervision
  – Facilitating Attuned Interactions (FAN) Approach
  – Training of Trainers & Agency Trainings

Questions?

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