

Title V Grantee Meeting Trauma, ACEs and Resilience



Nurit Fischler
MCH Policy Lead and Title V Coordinator
Maternal Child Health Section



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



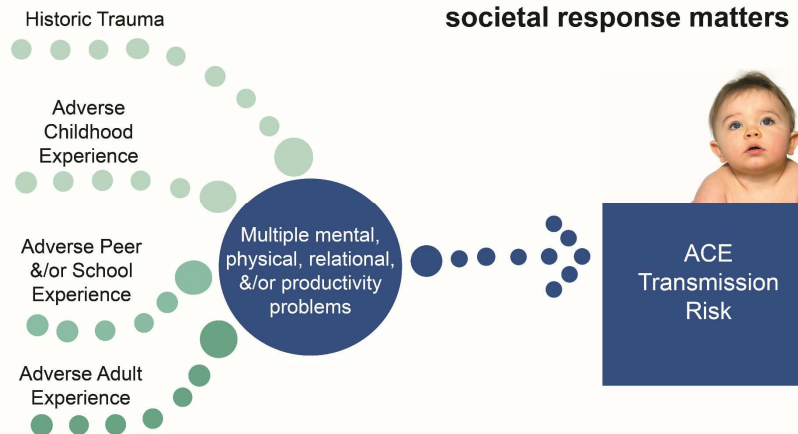
What is Trauma?

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



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.

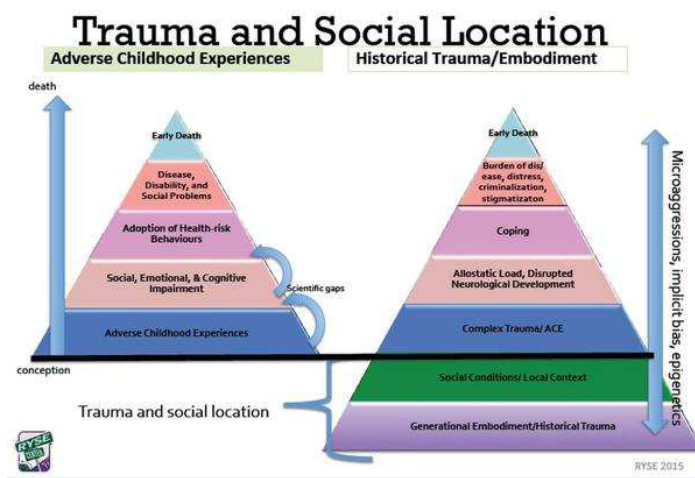


The Science

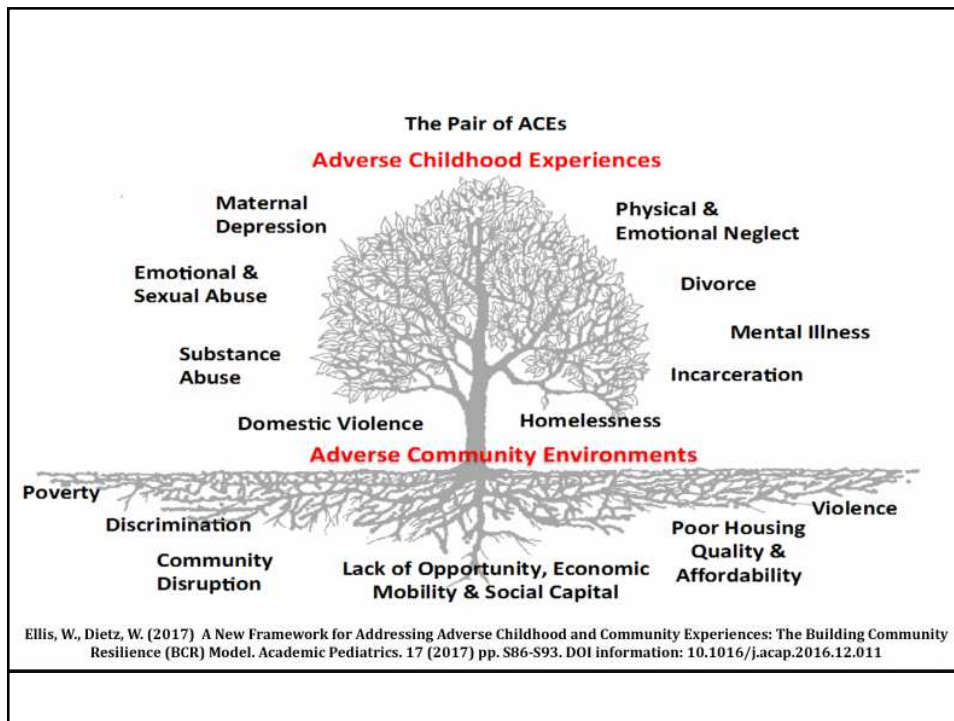
- **Neurobiology**
- **Epigenetics**
- **Adverse childhood experiences**
- **Resilience**



Adverse childhood experiences link adversities in childhood to adult health



<http://www.acesconnection.com/blog/adding-layers-to-the-aces-pyramid-what-do-you-think>



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



9

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.



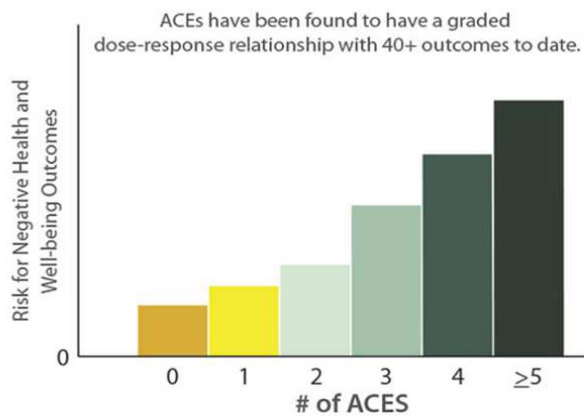
Public health approach to trauma

- *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)

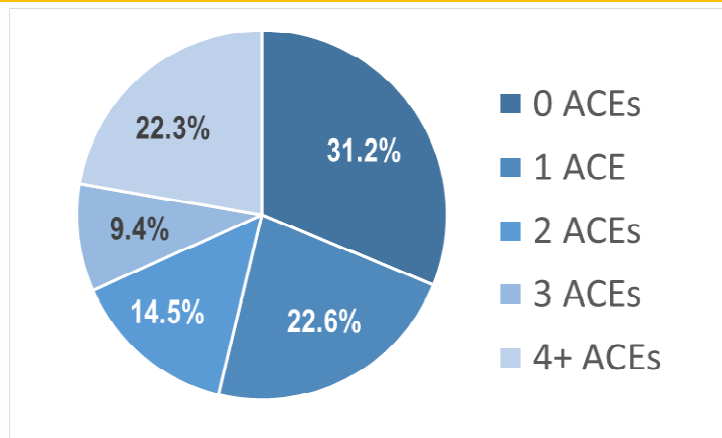
Childhood experiences of adversity are associated with a myriad of diseases and high risk behaviors in adulthood.



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Source: https://www.cdc.gov/violenceprevention/acestudy/ace_brfs.html

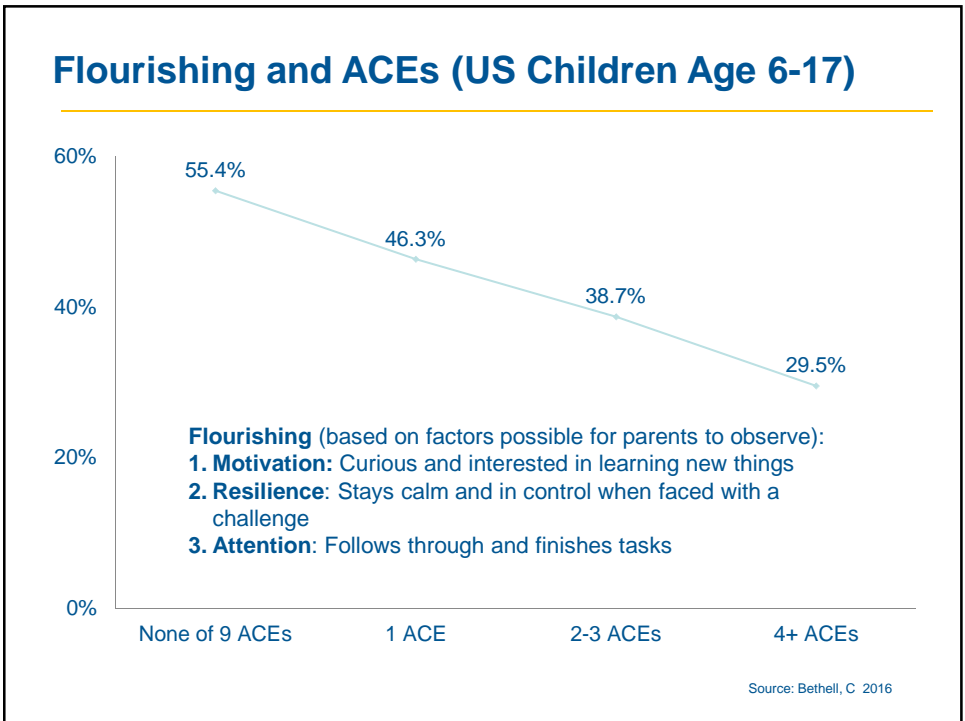
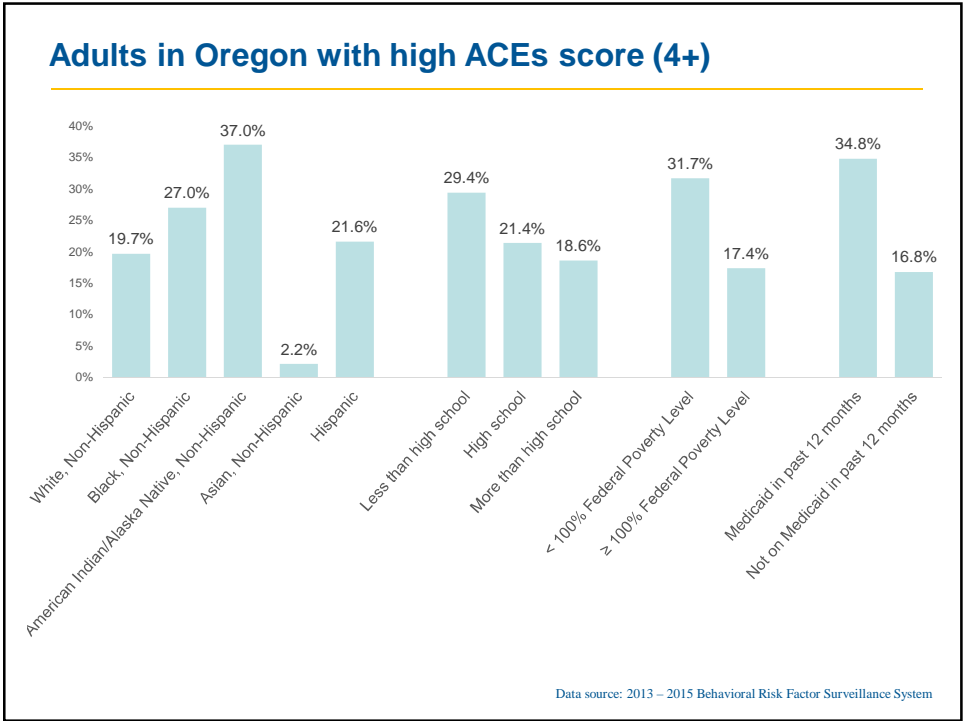
Number of ACEs among adults, Oregon, 2016



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

Data source: Behavioral Risk Factor Surveillance System





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



17

Strategies: Trauma, ACEs and Resiliency

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.

18

Strategies: Trauma, ACEs and Resiliency

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)

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

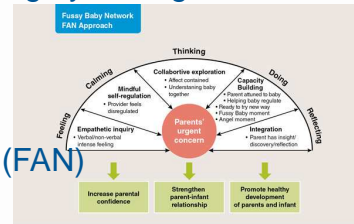


Trauma Informed Workplace & Strengthening Families in Home Visiting

NEAR@Home

- 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



21

Questions?

Nurit Fischler
MCH Policy Lead and Title V Coordinator
nurit.r.fischler@state.or.us

Maria Ness
Title V Research Analyst
maria.n.ness@state.or.us

Kerry Cassidy Norton
Home Visiting Workforce Development Coordinator
kerry.l.cassidynorton@state.or.us

