

Child Abuse Action Network

Spring 2007 Newsletter

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ACES and HEARTS: Stacking the Deck in Favor of Maine Children

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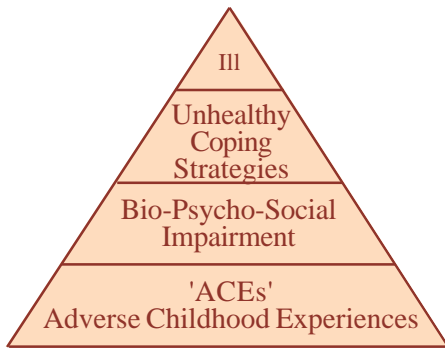
Maine's Child Abuse Action Network continues a three year series on the effects of Adverse Childhood Experiences (ACEs) on the behavioral and physical health of children and adults with its 2007 Conference focus on ways that Healthy Experiences And Relationships That Support (HEARTS) can help protect children from developing biopsychosocial impairment, maladaptive coping strategies, and a variety of negative adult outcomes.

In the ACE Study, (www.ACEStudy.org) retrospective survey data from over 17,000 members of the Kaiser Permanente health plan indicated that as the number of types of an individual's adverse childhood experiences increased, the risk of developing unhealthy patterns of coping with past adversity rose consistently and dramatically. Co-Investigators Dr. Vincent Felitti (Kaiser Permanente) and Dr. Robert Anda (National Institute of Health, Center for Disease Control) concluded that an individual's "adverse childhood experiences determine the likelihood of the ten most common causes of death in the US."¹

An article in the Fall 2005 CAAN newsletter² estimated that each year for Maine's foster children, unresolved adverse childhood experiences will contribute to more than 20 cases of obesity, 38 suicide attempts, 42 job related problems, 70 illicit drug users, 82 unwanted pregnancies, 90 tobacco smokers, and over 100 cases of depression, above and beyond the base rate in the population. This does not count ACEs of children not in foster care.

Adverse Childhood Experiences

- ✓ Physical Abuse
- ✓ Emotional Abuse
- ✓ Sexual Abuse
- ✓ Severe Neglect
- ✓ Domestic Violence
- ✓ Separation/Divorce
- ✓ Parental Substance Abuse
- ✓ Parental Incarceration
- ✓ Parental Mental Illness



To explain the pathway from child experience to adult ill health, Felitti suggested a pyramid of factors leading from ACEs to experience of psychosocial distress or impairment (e.g. anxiety, depression, suicide, hallucinations, neurological change, etc.) to unhealthy coping strategies which may temporarily reduce distress (e.g. health risk behaviors such as smoking, substance abuse, promiscuity, overeating, etc.), but can lead to chronic health problems (e.g. alcoholism, obesity, diabetes, chronic obstructive pulmonary disease) and to premature death.

However, many children who have experienced adversity do not develop a critical level of impairment, health risk behaviors, or chronic health problems. Research suggests that a healthy early environment and ongoing supportive relationships may provide protection from adversity and a foundation on which to build resilience and maintain healthy coping strategies. Whereas adverse childhood experiences increase the risk of later illness, there are positive childhood experiences that can increase the likelihood of later wellness.

At the foundation of the resilience pyramid, a **healthy environment and relationships that support (HEARTS)** are protective experiences that provide for basic physical and socioeconomic needs¹, protection from external adversity², and moderate the effects of biological complications³. This may begin within infant-parent relationships that activate the social engagement system⁴, that buffer sympathetic nervous stress arousal⁵, and that provide a secure base for attachment and competence development⁶, etc. Throughout childhood⁷ and adolescence⁸ positively engaged parent child relationships and effective parenting skills⁹ are associated with better short and long-term outcomes. At this environment level, families¹⁰ and cultures¹¹ also model and convey to children their Sense of Coherence¹², or understanding of the manageability, comprehensibility, and meaning of stressors, three factors which also predict health outcomes¹³.



The external experiences support a second level of the wellness pyramid involving the child's **internal experience of psychosocial health and resilience** (versus distress or impairment). Among the various definitions of resilience^{14,15} this level focuses on the child's perception of self in the world and expectations about relationships and experiences¹⁶, rather than innate characteristics, traits, or assets. A child's Sense of Coherence^{17,18} may be undermined, overwhelmed, or shattered by traumatic stress that challenges the child's ability to comprehend the challenge, to see it as manageable, or to find meaning in the experience.

Resilience Factors

- √ Sense of Security/Safety
- √ Sense of Parental Support
- √ Sense of Self-Efficacy
- √ Ability to Engage Supportive Relationships
- √ Ability to Achieve in School and Community
- √ Sense of Coherence
- √ Etc.

medical procedures, disaster, academics, inner city life, etc.; however, the research base documenting evidence for preventive effects of learning specific coping skills is in the early stages²⁰.

A child's general expectations about security, efficacy, optimism, etc., support a third pyramid level of specific health maintenance and promotion behaviors that the child engages in, including general **'coping strategies'**¹⁹. Other specific coping skills may be useful in facing discrete challenges involved in divorce, maltreatment, foster care, bereavement, parental incapacity, chronic illness, teen pregnancy,

Coping Strategies

- √ Problem-Solving
- √ Thinking Skills
- √ Managing Stress
- √ Engaging Support
- √ Withdrawal
- √ Humor
- √ Situation-Specific Coping Skills (Divorce, Bereavement)
- √ Etc.

Protective environmental conditions, resilience expectations, and coping skills contribute to indicators of **"wellness"**^{21,22,23} which can result in a fulfilling life, rather than illness or premature death. They are also likely to contribute to protective and health promoting experiences for the next generation of parents and children.

Bad experiences are not good for kids. Love and support are good for kids. Surprising? Of course not, yet we may overlook how powerful their long-term impact can be and remain unaware of the opportunities for change, even before children become impaired. We may also focus on one adversity at a time and miss how critical is the cumulative impact of multiple ACEs on a child's development and resilience. ACE and resilience research provide models for screening and early intervention to prevent behavioral and physical problems from developing.

The long-term health consequences of ACEs provide a unique opening for primary health care providers to proactively screen, track, provide guidance, and initiate intervention for experiences that might otherwise seem outside their territory or expertise. Likewise, broadening the perspective from adversity to include resilience provides opportunities for non-mental health providers to play roles in building and supporting resilience and reducing the negative impact of adversity.

A public health approach has been proposed²⁴ for dealing with ACEs and their effects at a policy and population level, for example :

- Prevent/Reduce ACE exposure in children
- Promote protective factors (HEARTS) across the population
- Screen and identify cumulative risk from ACE exposure beginning early in an individual's history, e.g. in primary care
- Provide resilience support and coping skill-building for those who have been exposed before they develop impairment or unhealthy coping strategies
- Provide early and intensive treatment and resilience recovery for individuals or groups where illness is indicated (prior to more serious health problems or transmission of ACEs to the next generation)
- Develop tools for identifying protective factors and assessing resilience, as well as ACEs and impairment
- Develop tools to communicate risk and resilience across systems and agencies
- Evaluate outcomes across systems

Exposure to adverse childhood experiences could be viewed narrowly in terms of 'silos' of child protection, mental health, law enforcement, etc. Yet, the variety of long-term physical and behavioral health and societal

Thrive Update

By Tina Clark, Thrive Initiative

The Trauma Informed System of Care has been renamed Thrive by our families, youth and community stakeholders. The tag line, "Working Together for a Brighter Tomorrow", is our vision for the System of Care in Maine.

The Thrive Initiative has entered its second year and is pleased to welcome a Cultural and Linguistic (C&L) Coordinator and a Family Resource Coordinator. The C&L Coordinator will begin work in conjunction with system partners, families and youth that will pave the way towards creating a culturally sensitive and competent system of care.

The Family Resource Coordinator is a family peer who will guide families through the Child Welfare process, providing both education and support to families. This individual will bridge families and youth to services in the System of Care while assuring that family and youth voices are integrated into the System of Care.

The Thrive team has been busy presenting to community stakeholders and offering trainings on trauma, youth involvement, collaboration and service delivery. Child Welfare, Community Concepts and Child Case Management agencies have been the first wave of system partners to benefit from these offerings all with the goal of enhancing the service structure of the System of Care. Additional trainings are on the horizon as the recommendations of the Clinical & Evidence Based Committee are put into practice. This committee, made up of professionals and family members, has met over the past four months and reviewed the literature on trauma treatments. The committee selected those treatments that best met System of Care principles.

The Social Marketing arm of Thrive has also been busy managing special events, outreach, and creating communication tools, including the website at www.thriveinitiative.org, brochures, and information 'kits'. They are also planning and filming a Public Service Announcement with Fox news. This PSA focuses on youth and combats the stigma of mental health by offering facts about mental health and resources. The PSA has been completely youth guided. Youth met with Fox representatives, wrote the script, directed, and acted in the PSA!

For more information on this new initiative, please see the website listed above.

HEARTS Trump ACEs CAAN's 2007 Annual Conference

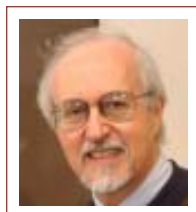
For the past two years the CAAN conference has focused on adverse childhood experiences (ACEs). This year we will focus on how to “trump ACEs”. We know that healthy experiences and relationships that support (HEARTS) can overcome much of the devastation that difficult childhood experiences create. We have a full day planned that will explore resiliency, coping and culture. Join us on May 17 in Augusta. Our main speakers will be Dr. Laurie McCubbin and Dr. Irwin Sandler. We will also include some Maine experts and young people who have overcome adverse childhood experiences.

Dr. Laurie McCubbin is an assistant professor in the department of Educational Leadership and Counseling Psychology at Washington State University. She received her Ph.D. in counseling psychology at the University of Wisconsin-Madison with a focus on multicultural counseling, and her master’s degree in mental health counseling from Boston College. Dr. McCubbin’s research interests and expertise include: risk and protective factors among people of color, cultural identity development, and multiracial family processes. She is the Chair for the Section on Ethnic and Racial Diversity for the Division of Counseling Psychology for the American Psychological Association. She has served as a community research consultant, serving Native Americans, Pacific Islanders, and Asian Americans, focusing on positive adaptation among children, adolescents, youth in foster care, and older adults. She is the author of several publications including: *Kanaka Maoli: Native Hawaiians and Their Testimony of Trauma and Resilience* and “Culture and Ethnic Identity in Family Resilience: Dynamic Processes in Trauma and Transformation of Indigenous People”.



Dr. McCubbin

Dr. Irwin Sandler, Ph.D. is the Director of the Prevention Research Center and the Program for Prevention Research and is the Principal Investigator on the Family Bereavement Program. He has been conducting research on children and families in high stress situations for



Dr. Sandler

over 20 years. His current interests focus on understanding the role of coping and coping efficacy in promoting health adaptation to stress, the assessment of stress events and ongoing chronic difficulties and preventive interventions for children of divorce and bereaved children. His most recent books are the “Handbook of Children’s Coping” (Plenum Press, co-edited with Sharlene Wolchik) and “The Promotion of Wellness in Children and Adolescents” (Sage, co-edited with Cichetti, Rappaport, and Weissberg).

Susan Savelle, Executive Director of Communities for Children and Youth will lead a noontime presentation on two programs that are working to promote resiliency.

The day will end with a dramatic presentation by the Youth Leadership Advisory Team (YLAT) called *Challenge, Epiphany and Action: the Stories Behind Change*.

As always, the CAAN conference is multidisciplinary. A sampling from each discipline will be registered for the conference ensuring that we get the word out to as many people as possible. For more information about the HEARTS Trump ACEs conference, call the CAAN office at 207-626-5256.

Correction:

In the Fall 2006 CAAN Newsletter, we featured an article entitled "The Maine High Court Speaks to the Importance of Permanency for Maine Foster Children" the author of this piece is Greg Bernstein, Assistant Attorney General, not Janice Stuver. We apologize for the error.

consequences of *cumulative* ACEs could also engage and integrate a wide cross-section of services and state departments, e.g. prevention of youth smoking, suicide, substance abuse, obesity, criminal activity, risky sexual behavior, academic and vocational underachievement, etc. (as well as preventing transmission of ACEs to the next generation).

Utilizing the ACE and resilience model for screening and service development with children is currently a promising practice in need of evidence for efficacy (in the research setting) and effectiveness (in community applications). Pilot programs are needed to assess, change, and evaluate both adverse and protective childhood experiences, impairment and resilience factors; maladaptive and adaptive coping strategies, and illness and wellness outcomes.

Maine may be uniquely prepared to pioneer ACE and resilience-based program and policy development, integrating child welfare, public health, behavioral health and child development within the Department of Health & Human Services. Maine has the opportunity to build on the priority placed on ACEs within the Children's Cabinet, a working group on resilience within Public Health, resource and community team development within the Maine Chapter of the American Academy of Pediatrics, the strength-based focus within the THRIVE Trauma Informed System of Care grant (www.THRIVEINITIATIVE.org), several integrated primary care and mental health projects through Maine Health Access Foundation, to liaison with the National Child Traumatic Stress Network (www.NCTSNet.org) and the innovation dissemination (www.IHI.org) within the Maine Youth Overweight Collaborative, and the Maine Practice Improvement Network. Maine has been building that momentum across more than three years of Child Abuse Action Network conferences.

Selected References (Complete bibliography available on CAAN website: www.maineaan.usm.maine.edu)

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YLAT Youth Leadership Advisory Team

Maine's Youth Leadership Advisory Team is a group of older youth in care who are working together to improve Maine's child welfare system, by educating the community, advocating for needed changes and working to improve policies and programs.

In their presentation at the CAAN conference on May 17, 2007, YLAT members will emphasize how we all can make a change. Each person's voice is important and we all need to use it! They will show how their personal stories motivated their leadership experiences. Using a combination of narration, acting, images, poetry and music they will portray significant moments in their lives that the audience might identify with (challenges, epiphanies, and action). Themes for the presentation include the importance of sibling relationships, succeeding despite stereotypes and statistics, the importance of community, and youth impacting policy and legislation.