



PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER

Assessment for Social determinants of health: CDC's ACE question set



Allison Sampson-Jackson, PhD, LCSW, LICSW, CSOTP Integration Solutions, Inc.



PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER

Agenda

- Welcome and Introductions
- Learning Objectives
- Presentation:
 - Allison Sampson-Jackson, PhD, LCSW, LICSW, CSOTP
- Question and Answer Session



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Audience Notes

• There is no call-in number for today's event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don't appear to advance.

• Please use the "chat" feature below the slides to ask questions throughout the presentations. We will pose questions after the presentation and will address as many as time permits.

• A recording of today's session will be posted within one week to the Commission's website, <u>www.ccmcertification.org</u>

• One continuing education credit is available for today's webinar only to those who registered in advance and are participating today.



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Learning Objectives Overview

After the webinar, participants will be able to:

- 1. Verbalize at least five of the 10 Adverse Childhood Experience categories and how they relate to risk factors for physical well-being.
- 2. Describe three to four key medical conditions that are more likely to exist among individuals with higher ACE scores; and
- 3. Reflectively appraise two ways to incorporate ACE understanding into practice with clients.



PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER

- Webinars
- Certification Workshops
- Issue Briefs
- Speaker's Bureau







PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER



Research Article Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH Background: The relationship of health risk behavior and disease in adulthood to the breadth of the relationship of nearth risk behavior and discusse in adminious to the oreaction exposure to childhood emotional, physical, or sexual abuse, and household dysfunction A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. completed a standardized medical evaluation at a large HMU; 2,500 (10,5%) responded. Seven categories of adverse childhood experiences were studied; psychological, physical, or Seven categories or adverse enhanced experiences were sublice: psychological, physical, or sexual abuse; violence against mother; or living with household members who were sexual abuse; volence against momer; or aving with nonscribin members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories substance abusers, memany in or suicidat, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk of these adverse chudnood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of benavior, meanin status, and disease, Logistic regression was used to adjust to entere of demographic factors on the association between the cumulative number of categories of centographic ractors on the association between the cumulative number of categories of childhood exposures (range: 0-7) and risk factors for the leading causes of death in adult





PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER

Introduction



Allison Sampson-Jackson, PhD, LCSW, LICSW, CSOTP Integration Solutions, Inc.

Building Individual and Community Resilience



Dr. Allison Sampson-Jackson LCSW, LICSW, CSOTP Integration Solutions, Inc.

Defining Trauma

Individual trauma results from 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.

- SAMHSA definition 2014





Adverse Childhood Experiences

A Primer Video (https://vimeo.com/139998006)

- Emotional abuse
- Physically abuse
- Sexual abuse
- Not loved, not important
- Poverty
- Using drugs/substances
- Separation/divorce
- Mother- interpersonal violence
- Substance abuse
- Mentally health diagnosis
- Prison

*Remember this is a research tool or for your personal reflection now, not intended to be read to someone and used independently as a screen

ACEs Score

Adoption of At-Risk Health Behaviors

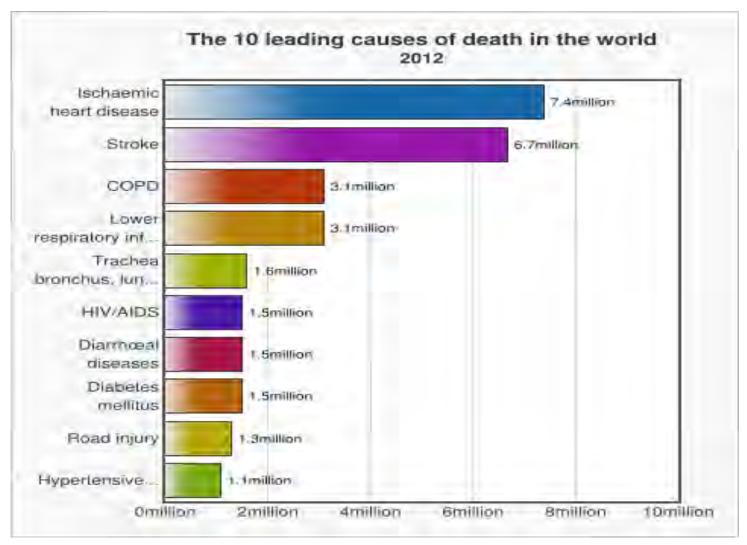
ACE Score	Risk
4	- 260% more likely to develop COPD
	- 500% more likely to develop alcoholism
	- Females are 500% more likely to become victims of domestic violence.
	- Females are almost 900% more likely to become victims of rape
	- 242% more likely to smoke
	- 222% more likely to become obese
	- 357% 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
6	- 250% more likely to become adult smoker
	- A male child with an ACE score of 6 has a 4,600% increase in the
	likelihood that he will become an IV drug user later in life
	- More likely to die 20 years younger than a person with no ACEs
7	- Adult suicide attempts increased 3,000%
	- Childhood and adolescent suicide attempts 5,100%
	- 5,000% more likely to develop hallucinations
	- Increased the risk of suicide attempts 51-fold among
	children/adolescents
	- Increased risk of suicide attempts 30-fold among adults

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

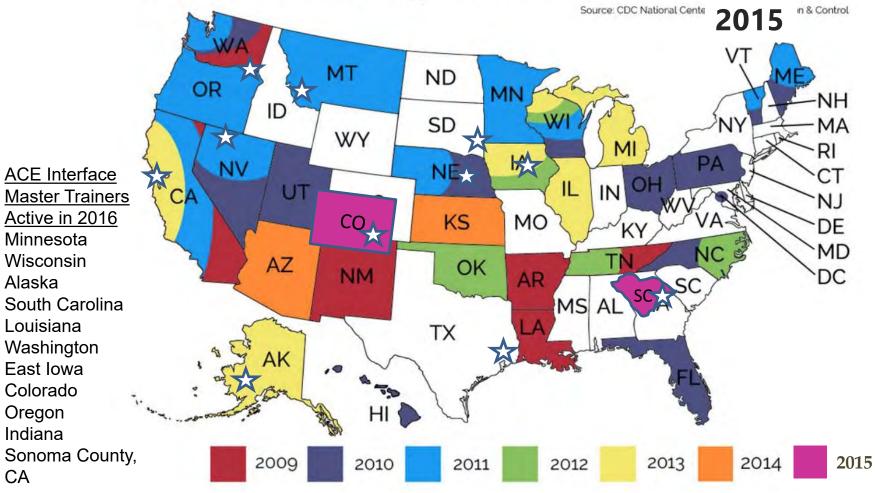
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

ACEs and Leading Causes of Death Linked to 7 out of the 10



http://www.who.int/mediacentre/factsheets/fs310/en/

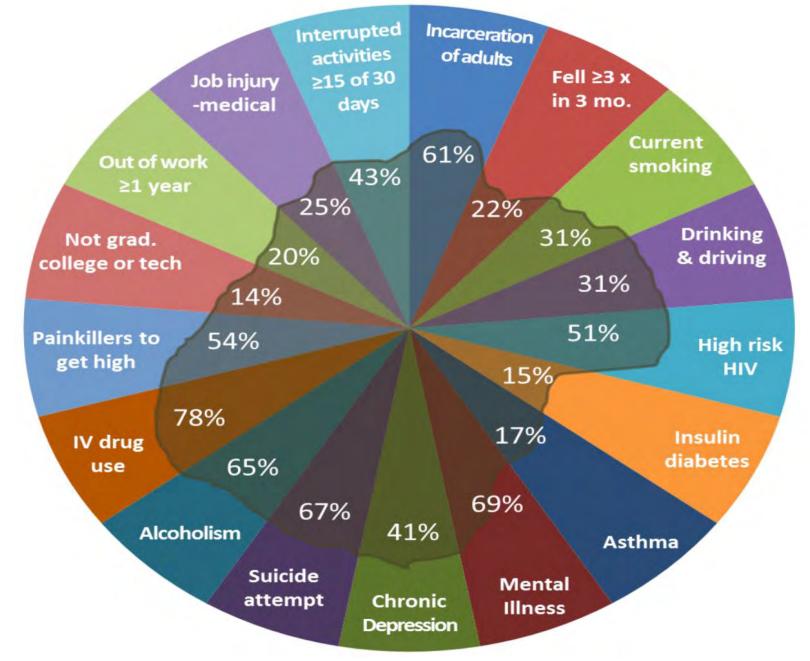
States Collecting ACEs Data 2009 - 2014



Population Attributable Risk

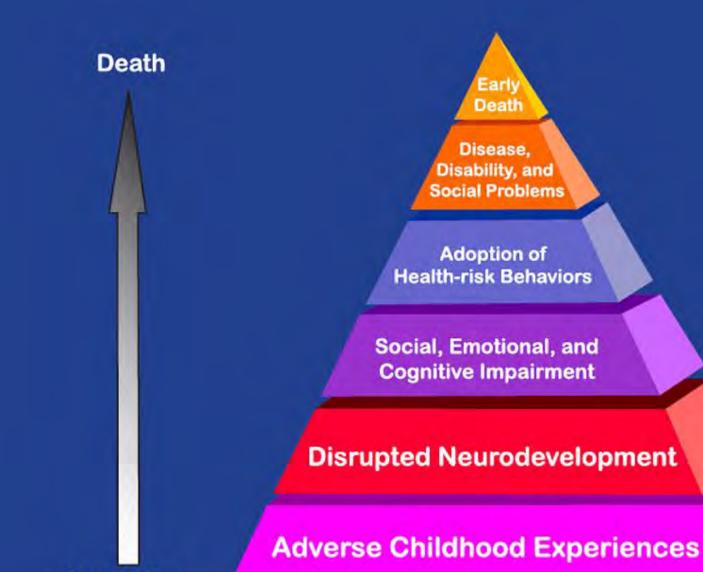
- A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.
- ACE reduction reliably predicts a decrease in all of these conditions simultaneously

Foundation for Healthy Generations . (2014-2015). *Health, Safety and Resilience: Foundations for Health Equity*. Seattle: Foundation for Healthy Generations .



Foundation for Healthy Generations .

(2014-2015). Health, Safety and Resilience: Foundations for Health Equity . Seattle: Foundation for Healthy Generations .

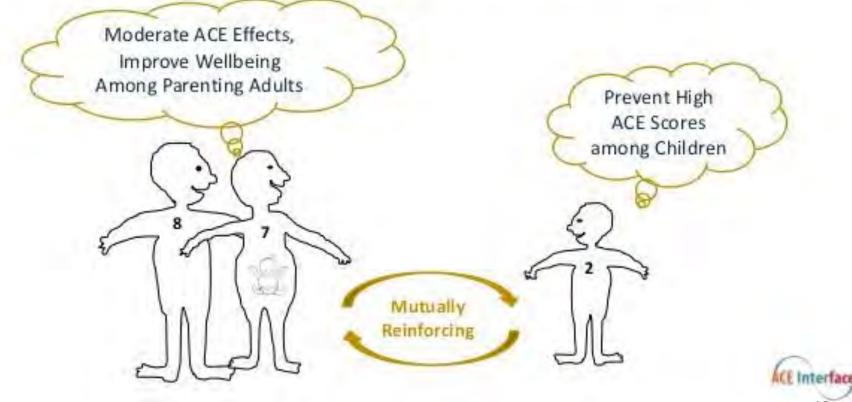


Conception

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

Creating the Virtuous Cycle

Promote Virtuous Cycle of Health



Resilience

Resilience has been shown to buffer the impact of suffering or stress. Resilience isn't just a gift of nature or an exercise of will; resilience grows through positive experiences, supportive environments and the caring intervention of others.

<u>http://communityresiliencecookbook.org/whats</u> <u>-cooking-here-and-why/</u>

Community Resilience Goals

 Increase the Resilience of the Youth and Parents with Higher ACEs and Higher Risk by promoting INDIVIDUAL youth and parent resilience

 Change the communities POPULATION health by decreasing the NEXT GENERATION's ACE Scores through PARENTAL RESILIENCE

NEAR SCIENCE

- Neuroscience
- Epigenetics
- Adverse Childhood Experiences
- Resilience

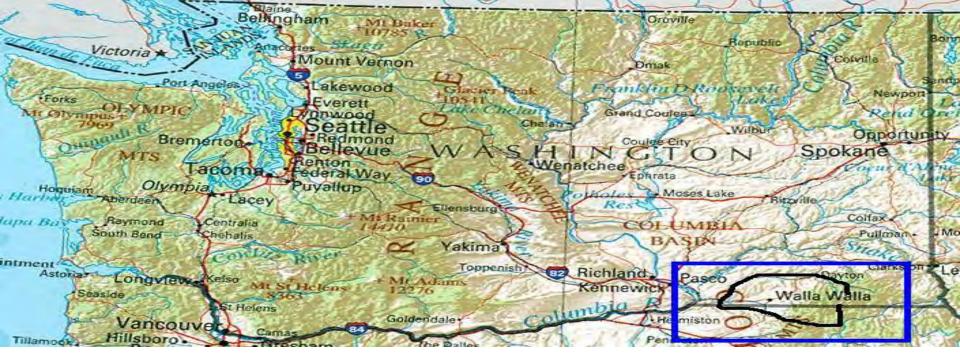
http://www.healthygen.org/resources/nearhome-toolkit

http://www.healthygen.org/resources/laura-porter-keynoteaddress-near-science-wa-state-resilience-findings

NEAR: What Help actually Helps ?

- Support: Feeling socially and emotionally supported and hopeful
 - Social Emotional Competence Building
 - Hope and a Sense of Future
- Help: Having two or more people who give concrete help when needed
 - Concrete Supports (not Facebook Friends)
- Community Reciprocity: Watching our for children, intervening when they are in trouble, and doing favors for one another
 - Primary network of protection in your community
 - People you see each day and see you
- Social Bridging: Reaching Outside one's immediate circle of friends to recruit help for someone inside that circle
 - Asking for help
 - Trusting Systems and People outside your circle to respond and be safe

http://www.healthygen.org/resources/laura-porter-keynote-address-near-science-wa-state-resilience-findings



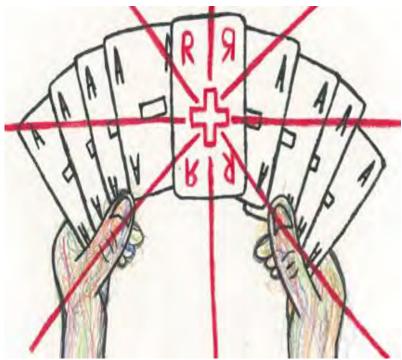
WALLA WALLA MODEL



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

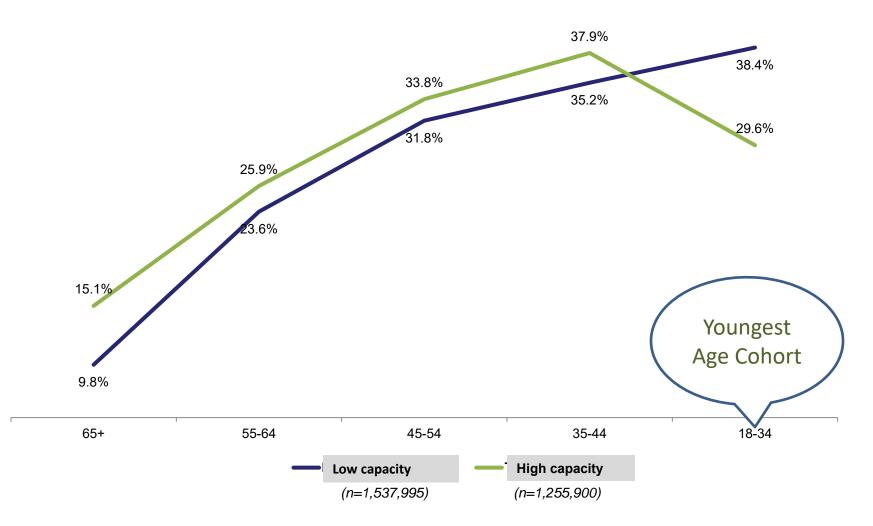
Image by Lincoln High student Brendon Gilman

Focus On Resilience & Social-Emotional





HIGH CAPACITY COMMUNITIES REDUCE PERCENT OF YOUNG ADULTS WITH ≥ 3 ACEs



ACE REDUCTION IS A WINNABLE ISSUE

Washington

- Funded Community Networks showed significant improvement in Severity Index
 - Out of home placement
 - Loss of parental rights
 - Child hospitalization rates for accident and injury
 - High School Drop Out
 - Juvenile Suicide Attempts
 - Juvenile arrests for alcohol, drugs, and violent crime
 - Juvenile offenders
 - Teen births
 - Low birth weights
 - No third trimester maternity care
 - Infant mortality
 - Fourth grade performance on standardized testing

SO WHAT MIGHT "THAT" LOOK LIKE WHERE I WORK ?

Center for Youth Wellness Adverse Childhood Experiences Questionnaire CYW ACE-Q

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.

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. Pg. 9

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. Pg. 10

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.

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.

Prevalences 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

<u>Whole Child Assessment (C-ACEs Only)</u> <u>Supporting Article</u>

RESILIENCE & ACES CASE PLANNING

Children's Resilience Initiative

Three basic building blocks to success:

Adapted from the research of Dr. Margaret Blaustein

Attachment - feeling connected, loved, valued, a part of family, community, world

Regulation - learning about emotions and feelings and how to express them in a healthy way

Competence - acting rather than reacting, accepting oneself and making good choices





ONE MODEL FOR INDIVIDUAL RESILIENCE INTERVIEWING



STARTING WITH WHAT IS STRONG... NOT WHAT IS WRONG

Walla Walla Washington

- Resilience Trumps ACEs Campaign
 - 10 ACEs
 - 42 Ways to Build Resilience
 - Focusing on Parent/Caregiver Resilience
 - Engaging Youth and Families to take the evidence and make it accessible

Starting the Interview

Checking In

Ask questions about room temperature, comfort in chair, thirsty Teach Significant Units of Distress Scale (SUDS) scale (1-10)

Offering tools to focus on during questions

Having something available for parents to do with their hands (ex: crayons, stress balls, markers, etc.)

Ground rules and setting expectations

What I am going to be asking about?

Skills you have, bad chapters in life, good chapters in life, experiences of your family

Why am I asking?

Explain ACEs and Resilience Normalize prevalence of ACEs Use educational tools to aid in discussion

When will I "tell" this information to someone (mandated reporting)?

If gives permission or if someone is in danger (including them)

Who is going to see this?

Explain where this information will be housed and who sees that information

Book chapter titles, not book contents

Safety signal if beginning to feel too overwhelmed

Ex: Hand Signal, "I don't want to answer that"

Begin Brief Resilience Interview

- Review Resilience Factors and Assets
 - Show Resilience Cards vs. Adversity Cards (poster or cards)
 - Use the List within this Document
- Have client pick skills he/she has (1-3)
- Lay out ACEs cards as these last questions are asked, what ACEs would they pick out that they have experienced in their family?
- Have client pick skills he/she would like to develop to help with this coping development
- Have client pick skills he/she would want his/her family or support system to develop (1-3)

Give information sheet about resources

Expanding to Resilience

- Helps case planning
- Approach vs. Avoidance Case Planning Goals
- Helps know services and activities to link families to and how to coordinate with other agencies in a resilience plan

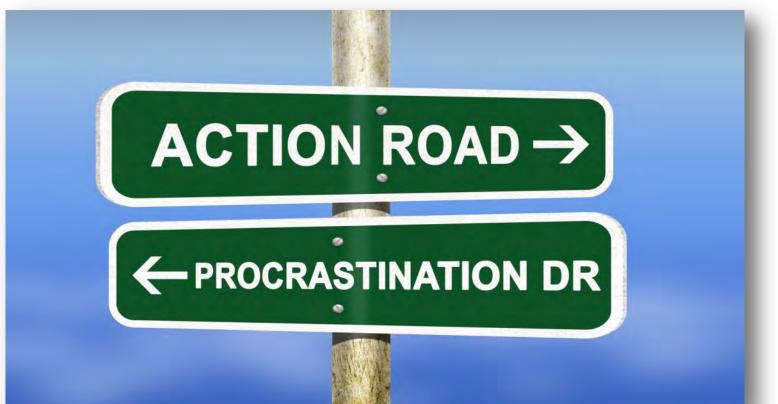
https://thrivewa.org/nearhome-toolkit-guided-process-talk-traumaresilience-home-visiting/

NEAR HOME VISITING TOOLKIT

Short Version ... What will you do next?

In helping folks you work with build Resilience?

In being a part of building Your Communities' Resilience



Question and Answer Session



Allison Sampson-Jackson, PhD, LCSW, LICSW, CSOTP

Commission for Case Manager Certification

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www.ccmcertification.org





Commission for Case Manager Certification

Thank you!

- Please fill out the survey after today's session
- Those who signed up for continuing education will receive an evaluation from the Commission.
- A recording of today's webinar and slides will be available in one week at <u>http://ccmcertification.org</u>





Commission for Case Manager Certification

50

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RESOURCE SLIDES

- 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

- 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

- 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

- Verbally say "I love you"
- Express Feelings
- Experience Success
- Develop Friendships
- Develop Self Esteem
- Attach to Caring Adult
- Learn to Solve Problems

Bad Chapter Titles

- Note that the transition is going to happen now to the "bad" chapter titles
- Lay out the ACE cards
- Offer options
 - Can be asked the questions
 - Can read the questions
 - Can take listen to a recording of the questions
- First give the number
- Pick out the cards that have happened
- Remember the ground rules

Showing Resilient Cards





www.Resiliencetrumpsaces.org

