SAN BERNARDINO COUNTY | Public Health

Uplift Prevention Efforts to Reduce Adverse Childhood Experiences

Learning the Importance of Trauma-Informed Care

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Pre-Knowledge Check

bit.ly/PreACEs

Objectives

To educate families on the impact of Adverse Childhood Experiences (ACEs) and toxic stress across the lifespan, and to promote the implementation of trauma-informed care practices by increasing awareness, screening, and prevention efforts that foster resilience and support healing in vulnerable populations.

Background

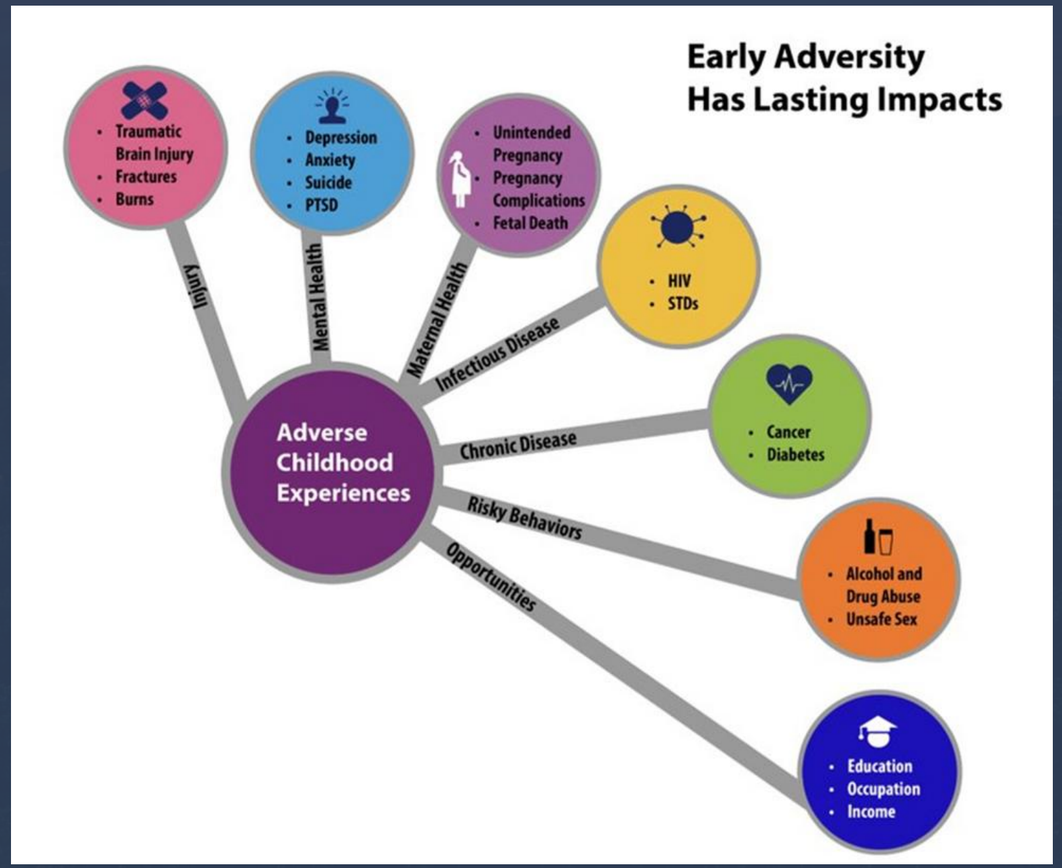
In the early 1990s, Dr. Vincent Felitti, working at Kaiser Permanente, discovered that some patients dropped out of a weight loss program because losing weight made them feel vulnerable. Many of these patients revealed they had experienced childhood sexual abuse and believed their excess weight served as protection. This insight led Dr. Felitti and Dr. Robert Auda from the CDC to start the CDC-Kaiser Adverse Childhood Experiences (ACE) Study.

The Original ACEs Study (1995-1997)

Adverse Childhood Experiences (ACEs): potentially traumatic events that occur in childhood (0-17 years).

The ACE Study concluded how ACEs are strongly related to the development of risk factors for disease and well-being.

About two-thirds of the participants reported at least one traumatic event, and more than one in five reported three or more ACEs.



The Original ACEs Study (1995-1997) (cont.)

Types of ACEs

Abuse

- Emotional
- Physical
- Sexual

Neglect

- Emotional
- Physical

Household Challenges

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce and Separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity

- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

Individuals with multiple ACEs are predisposed to developing many medical conditions, including diabetes, heart disease, heart attack, stroke, depression, and substance use disorder.

What is Stress?

Not all stress is bad.

Brief increases in heart rate, mild elevations in stress hormones levels.

Serious, temporary stress responses, buffered by supportive relationships.

Prolonged activation of stress response systems in the absence of protective relationships.

Impacts of ACEs and Toxic Stress

Babies

- Failure to thrive
- Growth delay
- Sleep disruption
- Developmental delay

School-Aged Children

- Increased risk of viral infections
- Pneumonia
- Asthma
- Difficulties with learning and behavior

Adolescents

- Increase in high-risk behaviors
- Teen pregnancy
- Sexually transmitted infections (STIs)
- Mental health disorders
- Substance use

Adults

- Diabetes
- Cardiovascular disease
- Stroke
- Cancer
- Depression
- Anxiety
- Substance use
- Chronic pain

Pediatric ACEs and Related Life Events Screener (PEARLS)

The Pediatric Early Adversity and Related Life Effect Screen (PEARLS) is a tool developed to identify and measure toxic stress. There are three versions of the tool available, in both English and Spanish, based on age and reporter.

- **1-PEARLS child tool**, for ages 0-11, to be completed by a parent/caregiver.
- **2-PEARLS adolescent tool**, for ages 12-19, to be completed by a parent/caregiver.
- **3-PEARLS for adolescent self-report tool**, for ages 12-19, to be completed by the adolescent.

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:	Please check "Yes" where apply. ☑
1. Has your child ever lived with a parent/caregiver who went to jail/prison?	☐
2. Do you think your child ever felt unsupported, unloved and/or unprotected?	☐
3. Has your child ever lived with a parent/caregiver who had mental health issues? *(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*	☐
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?	☐
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?	☐
6. Has your child ever lacked appropriate care by any caregiver? *(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)*	☐
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?	☐
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child? Or has any adult in the household ever hit your child so hard that your child had marks or was injured? Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?	☐
9. Has your child ever experienced sexual abuse? *(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*	☐
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? *(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*	☐

How many "Yes" did you answer in Part 1?: ☐

Please continue to the other side for the rest of questionnaire →

PART 2:	Please check "Yes" where apply. ☑
1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? *(for example, targeted bullying, assault or other violent actions, war or terrorism)*	☐
2. Has your child experienced discrimination? *(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)*	☐
3. Has your child ever had problems with housing? *(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)*	☐
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?	☐
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?	☐
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?	☐
7. Has your child ever lived with a parent or caregiver who died?	☐

How many "Yes" did you answer in Part 2?: ☐

This tool was created in partnership with UCSF School of Medicine.

Child (Parent/Caregiver Report) – Identified

Moving beyond ACE scores

What is an ACE score?
An ACE score is a tally of specific childhood traumatic events that an individual has experienced.

What do ACE scores tell you?
Higher ACE scores are associated with poor health outcomes at the population level.

Why ACE scores are not effective clinically

Adversity is not destiny. ACE scores predict population outcomes, not individual outcomes.

Does NOT include or measure trauma...

Does NOT include asking about **protective factors** in a child's life

Therefore, **does NOT predict individual health**

Provide Trauma-Informed Care

Move away from summing the suffering to building the buffering

GOAL

Fostering safe, stable, and nurturing **relationships** to build **resiliency**

Screen and treat for **trauma-related symptoms**

Create a **safe environment**

Use engagement strategies to **build trust**

Focus on strengths to **empower patients and families**

Have brief office-based approaches to **promote growth mindset**

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aap.org/PATTeR

Special thanks to Catherine Cyril

Defining Trauma and Trauma-Informed Care

Trauma: Events or circumstances experienced by an individual that are physical or emotionally harmful, which result in adverse effects on the individual.

Trauma-Informed Care (TIC) is an approach focused on understanding the impact of toxic stress and trauma. There are six key principles based on the knowledge of the impact of trauma, aimed at promoting an environment of healing and recovery.

Safety

Trust and Transparency

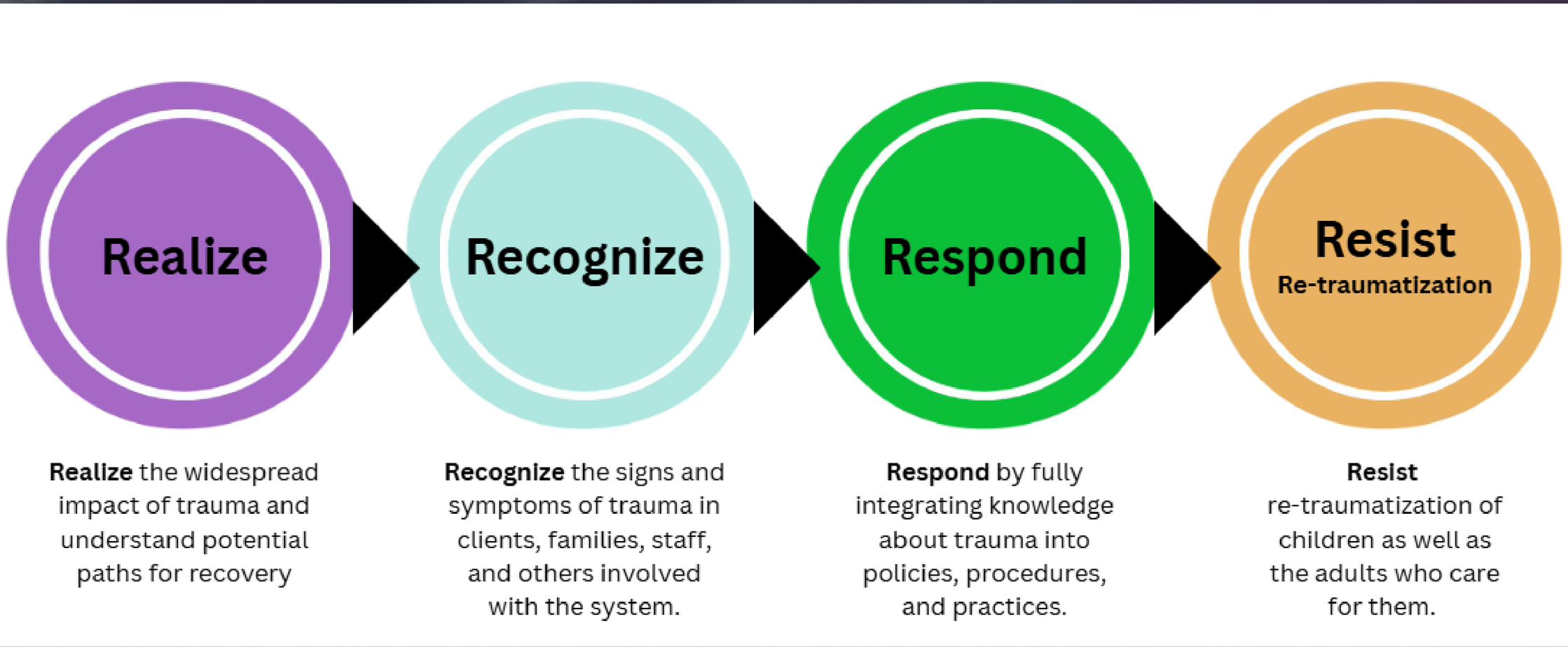
Peer Support

Collaboration and Mutuality

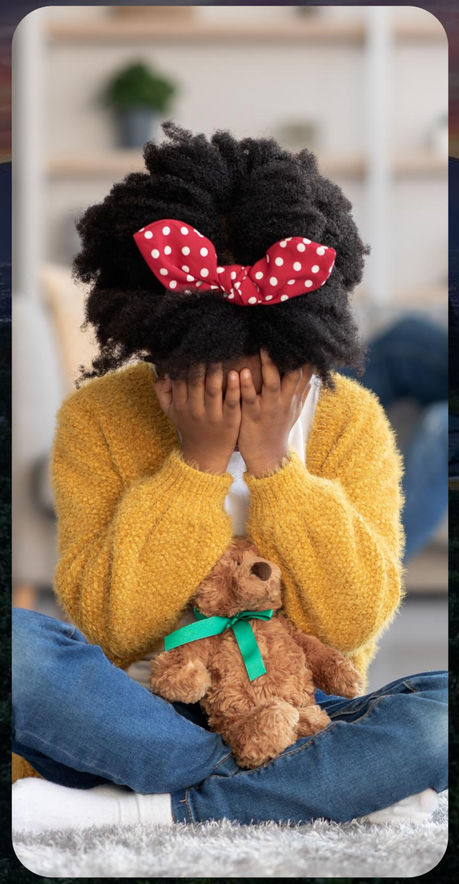
Empowerment, Voice, and Choice

Cultural, Historical, and Gender Issues

The Four Rs of Trauma-Informed Care



Signs and Symptoms of Trauma



FRAYED

- **F**its, frets, and fear
- **R**egulation disorders
- **A**ttachment disorders
- **Y**elling and yawning
- **E**ducational delays
- **D**efeated/dissociation

Children with intellectual and developmental disabilities (IDD)

- Increased anger
- Avoidance of certain people/situations
- Shutting down/loss of interest
- Regression from previously mastered skills (e.g., toileting)
- Separation anxiety

Populations Most Vulnerable to Trauma

ACEs are common and affects everyone; however, some populations are disproportionately affected.

- Women
- Unemployed or unable to work
- Have lower educational attainment or lower income
- Racially marginalized
- Uninsured or underinsured
- Involved in the justice system
- LGBTQ Youth
- Children in the foster homes
- Children with special healthcare needs.

Protective Factors

Individual and family: consistent health practices and routines; safe, stable, and nurturing relationships; positive friendships; caring and supportive adults; nonviolent approaches to problem solving.

Community and system: access to economic, medical, educational, and housing supports; nurturing, responsive, safe, and supportive childcare; community connections and involvement.

Case Examples

Becoming ACEs Aware in California

Mr. Jones has taken his son, Paul to his routine 30-month well-child visit. During this appointment, Mr. Jones was asked to fill out a routine screening and intervention for ACES.

Paul scored 7 on the PEARLS Screener, putting him at high risk for health problems. He was diagnosed with failure to thrive and given PediaSure for nutrition.

He has no other health, behavioral, or developmental issues. His physical exam and vital signs are normal.

Paul's weight improves when his mom is away but drops when she returns. There is a lot of stress in the household.

Paul's stress is most likely causing high stress hormones, which might be slowing his growth. Things that can help lower stress hormones are good relationships, sleep, healthy food, exercise, mindfulness, being outside, and mental health support.

It's also important for caregivers to take care of themselves and manage their own stress.

Paul was referred to a behavioral health specialist to help find ways to reduce his stress hormones.

He should keep taking PediaSure twice a day, and he's been referred to the WIC program for extra nutrition support.

Nina has taken her son for a follow-up from a visit one month ago for Ajay's picking eating habits and a 2-month history of stomach pains. She says Ajay often doesn't finish his food and cries that his "tummy hurts."

Ajay is otherwise healthy, with normal growth and development.

During the exam, Dr. Williams noticed that Nina seemed very uneasy. She was worried that the doctor was being too rough with Ajay.

Due to Nina feeling uneasy, Dr. Williams asked Nina if she would like to reschedule or return later in the afternoon. Nina opted to return in the afternoon.

Notes from past visits show that Nina has a history of childhood sexual abuse, which makes her uncomfortable with certain types of physical exams on her son.

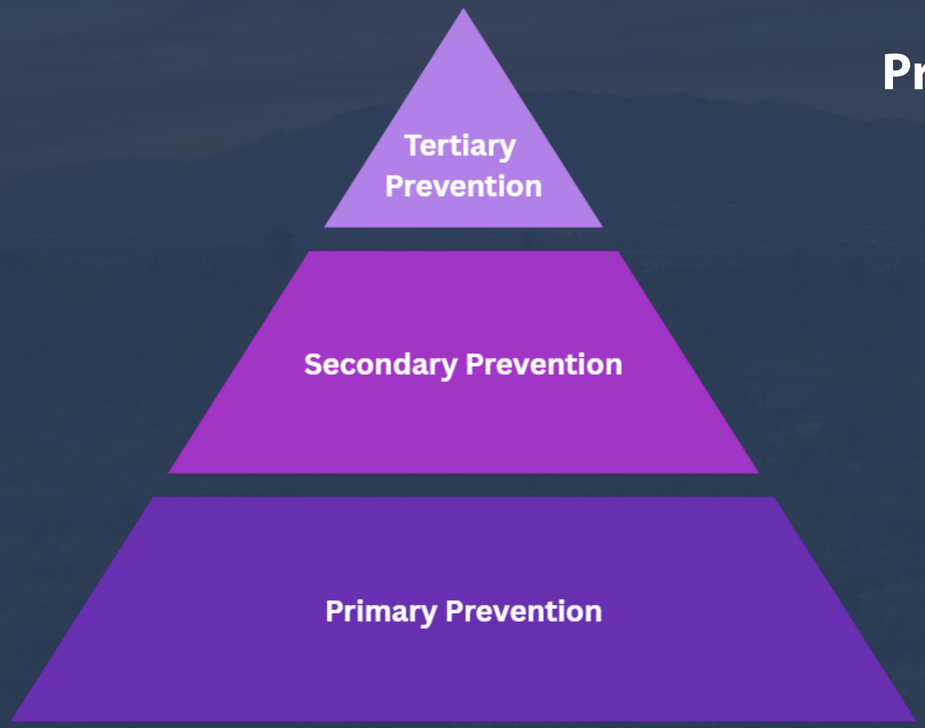
Nina and her son returned several hours later. While preparing for the exam, Dr. Williams explained everything upfront and described the body parts he planned to examine. He also asked for permission to lift Ajay's clothes.

Dr. Williams takes the time to smile and communicate with Nina throughout the exam, emphasizing that he was pressing very gently. He also checked in with Nina midway through the exam and asked, "Is this okay?"

It was concluded that Ajay's symptoms might be related to constipation. Some basic dietary changes were recommended, along with increased fluid intake.

Dr. Williams reassured Nina that they would continue to monitor Ajay's growth, eating habits, and stomach issues. He also made sure she had time to ask any questions.

Prevention Efforts



Preventing ACEs through public health interventions

- Strengthen socioeconomic support.
- Promote protection against violence and adversity.
- Promote a strong start for children.
- Skills learning.
- Connection to caring and supportive caregivers who advocate for their needs to avoid additional trauma.
- Quickly intervene to reduce the short and long-term impact of trauma.

Lifestyle Interventions

Sleep

- Sleep disturbances are common outcomes of childhood adversity.
- Sleep requirements vary by age.

Nutrition

- Stress and trauma lead to negative effects on appetite.
- A healthy diet leads to healthy brain development.
- MyPlate

Physical Activity

- Engage in regular exercise.
- For children with trauma, it also supports emotional regulation and stress relief.

Mental Health

- Promote co-regulation and self-regulation to build resilience.
- Managing stress in early childhood years.
- Trauma-Focused Cognitive Behavioral Therapy.

Healthy relationships

- Ensure safe, stable and nurturing relationships and environments.
- Engage with organizations that align with individual/family's belief and values.

Resources

ACEs Resources – San Bernardino County

To access resources by region, scan corresponding QR code with mobile device or visit link.

East

Highland – Mentone – Muscoy – Redlands – Yucaipa

East Regions

Central

Bloomington – Colton – Fontana – Grand Terrace – Loma Linda – Rialto – San Bernardino

Central Regions

West

Chino – Chino Hills – Montclair – Ontario – Rancho Cucamonga – Upland

West Regions

High Desert

Adelanto – Apple Valley – Barstow – Hesperia – Lenwood – Lucerne Valley – Phelan – Piñon Hills – Victorville

High Desert

Morongo Basin

Fort Worth – Joshua Tree – Morongo Valley – Needles – Twentynine Palms – Yucca Valley

Morongo Basin

Mountain

Big Bear Lake – Big Bear City – Crestline – Lake Arrowhead – Running Springs – Skyforest – Wrightwood

Mountain

Post-Knowledge Check

bit.ly/PostACEs

Contact

(909) 383-3023

dph.sbcounty.gov/programs/fhs/mcah

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