

Promoting early identification and partnerships between families, primary health care providers and the community.



Spring 2016

Adverse Childhood Experiences (ACEs)

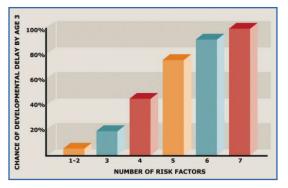
ACEs are significant incidents during childhood which can result in harm to social, cognitive and emotional functioning. Resulting changes in brain development can affect a child's learning ability and social skills, as well as impact long-term adult health outcomes and quality of life. Research at the Centers for Disease Control (CDC) finds, worst case, that childhood trauma can take as many as 20 years off life expectancy. The CDC views ACEs as one of the major health issues of the 21st century. While not guaranteeing bad outcomes, ACEs increase the odds. And they are largely preventable!





An ongoing collaboration of the CDC and Kaiser Permanente

The ACES Study is one of the largest investigations ever conducted to assess associations between childhood stressors and well-being later in life. Participants provided detailed information about childhood experiences of abuse, neglect and family dysfunction by completing a questionnaire at a routine health examination. Over 17,000 members of the Kaiser Health Plan in San Diego County, CA, at an average age of 57 years, participated in the initial phase from 1995 to 1997 and continue to be tracked. This work helped build a new understanding of the cumulative effect of adverse experiences on human development and health. The likelihood of risky behaviors and/or poor health outcomes increases as the number of ACEs increases. Although not every adult with a history of ACEs will experience health problems, many will and some will have serious difficulties.



Barth, R. P., et al. (2008). Developmental status and early intervention service needs of maltreated children. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. http://aspe.hhs.gov/hsp/08/devneeds/ ch2.htm#B (accessed 11/12/14)

ACEs, Related Stressors and Developmental Delay

When children, birth to 36 months of age investigated by the child welfare system due to an exposure to maltreatment, are grouped according to the number of exposures to additional risk factors, one sees an increase in the percentage of children demonstrating developmental delay by age 3 years. There is a cumulative effect of multiple risk factors. Reduction of these risk factors would be anticipated to positively affect child outcomes. Additional adverse risk factors include exposures such as low income status, teen and/or single parent household, low caregiver education, four or more children in the home, and minority status.

Distributed by: This newsletter provides physicians, nurse practitioners, primary health care providers, public health centers and community partners with current information regarding identification and management of special health issues for children. This issue was written by Gwen Glew, MD, MPH, reviewed by Kathy TeKolste, MD, developmental pediatricians, and Kate Orville, MPH, UW Center on Human Development and Disability. Contributors include Maria Nardella, Marilyn Gisser and Tory Henderson of the Washington State Department of Health.

Key Findings: ACEs are strong predictors of health risks and disease in adolescence and beyond

Adverse Childhood Experiences Are Common*

Household dysfunction			
	Substance abuse	27%	
	Parental sep/divorce	23%	
	Mental illness	17%	
	Battered mother	13%	
	Criminal behavior	6%	
Abuse			
	Psychological	11%	
	Physical	28%	
	Sexual	21%	
Neglect			
	Emotional	15%	
	Physical	10%	
*from the	original ACEs Study		

rom the original ACEs Study

ACEs Increase Risk For:

- Ischemic heart disease
- Cancer •
- Chronic lung disease, smoking •
- Sexually-transmitted diseases
- Liver disease
- Autoimmune disease •
- **Skeletal fractures** •
- Multiple medication use
- Depression and/or anxiety •
- PTSD
- Sleep and memory disturbances
- Poor anger control

- Suicide
- Learning disability and/or attention problems
- Poor social skills, family relationships
- Teen/unintended pregnancy
- Absenteeism, impaired school • or job performance, dropping out
- Addiction alcohol, illicit drugs
- Poor self-assessed health or quality of life
- And more

ACEs rarely occur in isolation - but rather come in groups and have a cumulative stressor effect. Of persons reporting at least one ACE, 87% reported at least one other ACE. 70% reported 2 or more others and more than half had 3 or more additional ACEs!



Creating Resilience

As compelling as the predictive power of ACEs is, many people do well despite exposure to adversity. As articulated by former president of the American Academy of Pediatrics, Dr. Robert Block, "Rather than saying to parents, 'You have a problem', we can say, 'There are some things going on in your life that are having a tremendous effect on you and your child. Let's see if we can figure out a way to help and make that situation better."

We can help children by:

- Gaining an understanding of ACEs in their life •
- Creating environments where they are safe, emotionally • and physically
- Helping them identify feelings and control emotions •
- Creating protective factors at home, in schools and in communities •

Protective Factors

- Parental resilience and supportive relationships
- Nurturing relationships with caring adults •
- Supportive social connections and peer relationships •
- Concrete supports for basic needs (food, housing, health care, etc.) •
- Knowledge of parenting and child development •
- Social emotional competence



For More Information

A few of the efforts in Washington State

- Spokane's trauma-informed schools http://acestoohigh.com/2013/08/20/spokaneschools/
- Children's Resilience Initiative (Walla Walla, WA) www.resiliencetrumpsaces.org
- Local public health efforts http://www.nwcphp.org/training/opportunities/ webinars/adverse-childhood-experiences-and-public-health-practice
- Report on public health and social burden of ACES on population scale http://resiliencetrumpsaces.org/docs/ACEs_in_Washington_2009_BRFSS_Final_Report_7_7_2010.pdf

American Academy of Pediatrics

• Addressing ACEs and other types of trauma in the primary care setting

http://www.aap.org/en-us/Documents/ttb_addressing_aces.pdf

- The Resilience Project: Stopping Toxic Stress http://www.aap.org/theresilienceproject
- Tools to identify CEV (Children's Exposure to Violence) http://www.aap.org/en-us/advocacy-and-policy/ aap-health-initiatives/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence/Pages/ Diagnostic-Tools.aspx

Additional Resources

- ACEs Connection Network (ACEsConnection.com)

 the companion social network to ACEs Too High (ACEsTooHigh.com). Great resources and news stories about ACEs and trauma-informed care from across the US, including sections for WA and for pediatric health providers.
- The Adverse Childhood Experiences Study http://www.acestudy.org/survey
- The Center for Disease Control and Prevention http://www.cdc.gov/violenceprevention/acestudy

Spokane County Special Needs Information and Referral Resources

Children birth to age 18	Spokane Regional Health District Children & Youth with Special Health Care Needs 509.324.1665	
Children under age 3	Spokane Regional Health District Infant Toddler Network 509.324.1651 http://www.srhd.org/services/itn.asp	
Children age 3 and older	Contact your local school district Child Find liaison to request developmental assessment. See next page for school district contacts.	
Family Support	The Arc of Spokane http://www.arc-spokane.org/advocacy-family-support	
WithinReach Family Health Hotline	800.322.2588, 800.833.6388 TDD, www.parenthelp123.org Developmental Screening: 800.322.2588, www.parenthelp123.org/ask-now	
ACEs Information	WSU CLEAR Trauma Center http://ext100.wsu.edu/ahec/complex-trauma-2/	
Handouts for Parents & Professionals	http://www.acesconnection.com/blog/handouts-for-parents-about- aces-toxic-stress-and-resilience	
1-2-3 Care Toolkit: A Trauma-Sensitive Toolkit for Caregivers of Children	www.srhd.org/123care.asp	

School District Contact Information

SPOKANE PUBLIC SCHOOL DISTRICT #81

Spokane Public Schools

200 N.Bernard, 3rd Floor Special Ed. Spokane, WA 99201

509.354.7947 509.354.5910 FAX

CENTRAL VALLEY SCHOOL DISTRICT #356

Special Services

19307 East Cataldo Greenacres, WA 99016-9404

509.228.5520 509.228.5509 FAX

Adams Elementary

14707 East 8th Avenue Veradale, WA 99037

509.228.4000 509.228.4009 FAX

Early Learning Center 10304 East 9th Avenue Spokane Valley, WA 99206

CHENEY SCHOOL DISTRICT #360

Special Education

12414 S. Andrus Road Cheney, WA 99004 509.559.4507 509.559.4517 FAX

DEER PARK SCHOOL DISTRICT

Special Services

PO Box 190 Deer Park, WA 99006 509.464.5640 509.464.5665 FAX

FREEMAN SCHOOL DISTRICT #358

15001 South Jackson Road Rockford, WA 99030-9755 509.291.4791 509.291.7339 FAX

EAST VALLEY SCHOOL DISTRICT #361

Curriculum Center

12325 East Grace Spokane, WA 99216

509.927.9511 509.927.3222 FAX

GREAT NORTHERN SCHOOL DISTRICT #312

School Psychologist

31125 North Spotted Road Spokane, WA 99204-9182

509.747.7714 509.838.5670 FAX

LIBERTY SCHOOL DISTRICT #362

S. 29818 North Pine Creek Road Spangle, WA 99031-9706

509.245.3211 509.245.3530 FAX

MEAD SCHOOL DISTRICT #354

Special Services

2323 E.Farwell Road Mead, WA 99021 509.465.7616 509.465.7646 FAX

MEDICAL LAKE SCHOOL DISTRICT

Special Services PO Box 128 Medical Lake, WA 99022-0128 509.565.3145 509.565.3149 *FAX*

All Transition Conferences held at:

Medical Lake Alternative High School

317 North Broad Medical Lake, WA 99022

NINE MILE FALLS SCHOOL DISTRICT #325

Lake Spokane Elementary

6015 Hwy 291 NMF, WA 99026

509.340.4064 509.340.4301 FAX

ORCHARD PRAIRIE SCHOOL DISTRICT

7626 North Orchard Prairie Road Spokane, WA 99207-9766 509.467.9517

REARDAN-EDWALL SCHOOL DISTRICT

PO Box 109 Reardan, WA 99029-0225

RIVERSIDE SCHOOL DISTRICT

Special Services

3802 East Deer Park-Milan Road Chattaroy, WA 99003 509.464.8366 509.464.8365 or 509.464.8447 FAX

WEST VALLEY SCHOOL DISTRICT

Millwood Grade School

8818 East Grace Spokane, WA 99212 509.927.1138 509.921.5259 FAX

