Adverse Childhood Experiences (ACEs)

Mohsen Malekinejad, MD, DrPH (moderator)
Director, GRACE Initiative and Assistant Professor, Philip R. Lee Institute for Health Policy Studies and Institute for Global Health Sciences

Joyce Dorado, PhD (panelist)
Director, UCSF Healthy Environments and Response to Trauma in Schools and Clinical Professor, Department of Psychiatry

William Martinez, PhD (panelist)
Director, Child and Adolescent Services and Assistant Professor, Department of Psychiatry

Melanie Thomas, MD, MS (panelist)
Director, Solid Start, Zuckerberg San Francisco General Hospital and Associate Professor, Department of Psychiatry
Panel Overview

1) Background on ACEs: Definition, Impacts, and how UCSF is responding to this major public health challenge (Malekinejad)

2) UCSF HEARTS: Creating Safe, Supportive, & Equitable Schools (Dorado)

3) ACES in Immigrant Youth: Prevention, Policy and Action (Martinez)

4) Maternal mental health as a window of opportunity to disrupt the inter-generational transmission of health disparities and negative impact of ACEs (Thomas)

5) Q&A
Overview and Definitions

Adverse Childhood Experiences

potentially traumatic events that can have negative, lasting effects on health and well-being.

These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.

Can be connected with negative behavioral and health outcomes, such as obesity, alcoholism, and depression, later in life.

Source: Childtrends.org
Adversities included in the Landmark ACE study – BUT, this is not all of them
Mechanism for effect of ACEs on endocrine system

Source: Advances in Pediatrics
Toxic Stress vs. Protective Factors

Positive Stress
Mild/moderate and short-lived stress response for healthy development

Tolerable Stress
More severe stress response limited in duration which allows for recovery

Toxic Stress
Extreme, frequent, or extended activation of the body’s response without buffering presence of a supportive adult

Social-emotional buffering, parental resilience, early detection, and/or effective intervention

Intense, prolonged, repeated and unaddressed

Source: ACEs Connection
How ACEs influence well-being throughout the lifespan

- Childhood Adversities
- Disrupted Neuro-development
- Socio-Emotional & Cognitive Impairments
- Increased Health Risk Behaviors
- Disease, Disability, Social Problems
- Early Death

Source: Adapted from Centers for Disease Control and Prevention
The more adversity you experience as a child the higher the risk factors.

Here we use Adult Heart Disease as an example.

Source: Center on the Developing Child
Consequences of lifetime exposure to violence and abuse.

Source: ACEs Connection
How Common are ACEs?
ACE Score Prevalence for Participants Completing the ACE Module from the 2011-2014 BRFSS

# of ACEs

BRFSS

- Zero: 38%
- One: 24%
- Two: 13%
- Three: 9%
- Four or More: 16%
Prevalence of ACEs in California (2014)

Figure 8: Percent of residents with at least one ACE across California counties

Source: Center for Health Journalism
PREVALENCE OF ACES IN CA AND 3 BAY AREA COUNTIES 2008-2013

Source: Kidsdata.org
The economic impacts of ACEs in the U.S are immense: costing $150 - $500 billion annually.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
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</table>
| Strengthen economic supports to families | • Strengthening household financial security  
• Family-friendly work policies                          |
| Promote social norms that protect against violence and adversity | • Public education campaigns  
• Legislative approaches to reduce corporal punishment  
• Bystander approaches  
• Men and boys as allies in prevention                          |
| Ensure a strong start for children   | • Early childhood home visitation  
• High-quality child care  
• Preschool enrichment with family engagement                          |
| Teach skills                         | • Social-emotional learning  
• Safe dating and healthy relationship skill programs  
• Parenting skills and family relationship approaches                          |
| Connect youth to caring adults and activities | • Mentoring programs  
• After-school programs                          |
| Intervene to lessen immediate and long-term harms | • Enhanced primary care  
• Victim-centered services  
• Treatment to lessen the harms of ACEs  
• Treatment to prevent problem behavior and future involvement in violence  
• Family-centered treatment for substance use disorders                          |
California ACEs Aware Initiative

California’s Approach

- Establish primary prevention by addressing systemic and structural factors and deploying a coordinated public education campaign.
- Systematically deploy broad scale screening to enable early detection and early intervention of ACEs and toxic stress.
- Interrupt vertical transmission of ACEs by advancing screening and children in adults – with special focus on the prenatal and early parenting years.
- Coordinate and strengthen the network of referral and treatment systems to make them more effective, accountable and easy to navigate for children, adults and providers.
- Advance the science of toxic stress, identify potential therapeutic targets and improve efficacy of interventions.
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<td>Improving mental health integration and general health care of marginalized communities and vulnerable populations.</td>
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<td>Utilizing innovative approach to study and monitor social disparities in health and health care.</td>
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<td>Developing effective strategies to prevent and treat chronic diseases in disadvantaged communities, with a recent focus on homelessness.</td>
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<td>Developing nature-based behavioral interventions for psychologically traumatized children.</td>
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<td>The Family Information and Navigation Desk (FIND)*</td>
<td>Provide medical care and help connect families to community resources that provide for basic needs.</td>
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Globally Reduce Adverse Childhood Experiences (GRACE) Initiative

Mission: To advance and translate the science of adverse childhood experiences (ACEs) to improve the lives of children and families worldwide.
Objectives

1) Promote coordinated and evidence-based ACEs policies and programs in health care and other sectors.

2) To develop resilience-enhancing interventions via play to reduce the burden of ACEs among forcibly displaced children.
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3) To expand and cultivate the network of ACEs community
THANK YOU GRACE TEAM & Partners at ACEsConnections

Volunteers & Staff

Sonia Ghandi M.S
Teresa Moeller B.S.
Erin Barker M.A
Rafael Maravilla B.S.

Leadership & Advisors

George W. Rutherford, MD, AM
Claire D. Brindis, DrPH
Jess H. Ghannam, PhD
Tom Boyce MD
Bennett Leventhal, MD
James Kahn MD, MPH
Thank You!

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https://tiny.ucsf.edu/GRACE

Twitter: @Dr_Malekinejad
UCSF HEARTS: Promoting Resilience & Healing in Schools

UCSF Healthy Environments and Response to Trauma in Schools (HEARTS)

Joyce Dorado, PhD
Director and Co-Founder, UCSF HEARTS
Clinical Professor, Psychiatry Dept.

Division of Infant, Child, & Adolescent Psychiatry
UCSF-Zuckerberg San Francisco General Hospital

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UCSF HEARTS
(Healthy Environments and Response to Trauma in Schools)

**Mission:** To promote school success for trauma-impacted students by collaborating with school systems to create more trauma-informed, safe, supportive, and equitable school cultures and climates that foster resilience and wellness for everyone in the school community.

HEARTS.ucsf.edu

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Trauma-Informed Principles for Promoting School and Community Success

- Understanding Trauma & Stress
- Cultural Humility & Equity
- Safety & Predictability
- Empowerment & Collaboration
- Resilience & Social Emotional Learning
- System & Leadership
- Staff & Caregivers
- Students

Modified from SFDPH Trauma Informed Systems Initiative, 2015

J. Dorado (2015)
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Understanding Trauma & Stress

Trauma-Informed Principles for Promoting School and Community Success

Modified from SFDPH Trauma Informed Systems Initiative, 2015

J. Dorado (2015)
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Trauma = Event, Experience, & Effect

Event: Danger or extreme threat of harm
Experience: “Fight, flight or freeze” + Helpless to escape
Overwhelms brain and body
Effect: Dis-integration → Dysregulation
Lasting adverse effects

(Herman, 1997; Van der Kolk, 2005; DSM-IV-TR; SAMHSA; Siegel, 2012; Bloom, 2013)
Shift Your Perspective

What is wrong with you?!

What has happened to you?

Provides context, fosters compassion, helps us to see strengths in face of adversity

M. Merchant, J. Dorado (2015)
Trauma “Wears a Groove” in the Brain

“The Fear Song”

J. Dorado (2015)
“Flipping One’s Lid”

Prefrontal cortex
P.F.C.
“THE WISE LEADER”

“Flipped Your Lid”

The big emotions, anger, fear, anxiety etc...
The AMYGDALA - The alarm center
Acts on instinct
fight, flight or freeze

Credit: Daniel Siegel, M.D. is the creator of this metaphor
and acronym “Flipped Lid” - Copyright © 2015 www.SelbySelby.com

Sharon Selby © 2015 www.SharonSelby.com
At Systemic Level: Chronic Stress and Trauma Can Lead to Dis-organization

Address stress & secondary trauma on organizational level

J. Dorado (2015)

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Cultural Humility
& Equity

Modified from SFDPH Trauma
Informed Systems Initiative, 2015

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Sociocultural Trauma

Historical
- Racism
- Sexism
- Classism
- Implicit Bias
- Xenophobia
- Oppression
- Homophobia
- Violence
- Inequity
- Injustice
- Sexual assault
- Abuse
- Neglect
- Trauma
- Microaggressions
- Medical trauma
- Loss
- Forced displacement
- Serious accident
- Natural disaster

Interpersonal
- Implicit Bias
- Xenophobia
- Oppression
- Homophobia
- Violence
- Inequity
- Injustice
- Sexual assault
- Abuse
- Neglect
- Trauma
- Microaggressions
- Medical trauma
- Loss
- Forced displacement
- Serious accident
- Natural disaster

Individual
- Racism
- Sexism
- Classism
- Implicit Bias
- Xenophobia
- Oppression
- Homophobia
- Violence
- Inequity
- Injustice
- Sexual assault
- Abuse
- Neglect
- Trauma
- Microaggressions
- Medical trauma
- Loss
- Forced displacement
- Serious accident
- Natural disaster

Institutional
- Racism
- Sexism
- Classism
- Implicit Bias
- Xenophobia
- Oppression
- Homophobia
- Violence
- Inequity
- Injustice
- Sexual assault
- Abuse
- Neglect
- Trauma
- Microaggressions
- Medical trauma
- Loss
- Forced displacement
- Serious accident
- Natural disaster

Synergistic
- Trauma
- Medical trauma
- Loss
- Forced displacement
- Serious accident
- Natural disaster

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Trauma-Informed Principles for Promoting School and Community Success

- Understanding Trauma & Stress
- Cultural Humility & Equity
- Safety & Predictability
- Compassion & Dependability
- Empowerment & Collaboration
- Resilience & Social Emotional Learning

Students & Caregivers

Modified from SFDPH Trauma Informed Systems Initiative, 2015

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- Compassion & Dependability

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Modified from SFDPH Trauma Informed Systems Initiative, 2015
Program Evaluation Highlights
(end-of-year surveys across schools where HEARTS implemented for at least two years)

HEARTS schools’ staff report

• 68% increase in knowledge about trauma-informed practices
• 49% increase in use of trauma-informed practices
• 28% increase in students’ ability to learn
• 35% increase in students’ time spent in the classroom (vs. out of class due to behavioral issues)
Program Evaluation Highlights
(in school where HEARTS implemented for longest time)
(pre-post design without control group)

• **Decrease in disciplinary office referrals**
  • 32% after Year 1
  • 87% after Year 5

• **Decrease in student aggression incidents**
  • 43% after Year 1
  • 86% after Year 5

• **Decrease in suspensions**
  • 95% after Year 5

J. Dorado (2017), UCSF HEARTS
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Changing the World

J. Dorado (2014)
Acknowledgements

• Miriam Martinez, PhD, Co-Founder, UCSF HEARTS
• Lynn Dolce, MFT, collaborated on UCSF HEARTS Training of Trainers Curriculum
• San Francisco Unified School District
• Oakland Unified School District
• Massachusetts Advocates for Children: Trauma and Learning Policy Initiative
• UCSF Center of Excellence in Women’s Health
• UCSF HEARTS made possible through generous funding from Metta Fund, as well from the John and Lisa Pritzker Family Fund; the SF Dept. of Children, Youth, and Their Families (Mayor’s Wellness Fund); Lieff, Cabraser, Heimann & Bernstein, LLP; The Tipping Point Foundation; SFUSD School Improvement Grant (SIG) funds; and the SoMa Fund (Mayor’s Office of Housing and Community Development)
ACES in Immigrant Youth: Prevention, Policy and Action

William Martinez, Ph.D.
Assistant Professor
Director of Child and Adolescent Services
Zuckerberg San Francisco General Hospital
Division of Infant, Child, and Adolescent Psychiatry
Department of Psychiatry
University of California, San Francisco
Overview

- Background
- *Fuerte* Program
- Current Study

*El Inmigrante*. Street mural located at Shotwell St. and 23rd Street, La Mision, San Francisco, CA.
© Joel Bergner (2005).
Behavioral Health Concerns

- **ACES**
  - Pre-migration, en route, post-migration\(^1\)
  - 58%+ eligible for international protection\(^2\)

- ACES associated with:
  - PTSD
  - Depression
  - Anxiety
  - Risk-taking behaviors

Treatment Access and Use

- Disparities in treatment access and use\(^1,2\)

- Confluence of causes
  - Poverty/SES
  - Language
  - Undocumented status
  - Low mental health literacy
  - Isolation

- Strengths
  - Family
  - Community
  - Cultural

School-based Prevention Programs

- Frontline for addressing behavioral health concerns among this population\(^1,2\)
  - Early identification
  - Facilitate linkages/initiation
  - School participation = resilience\(^3\)
  - Local development/smaller scale

Community-based Participatory Research

- “Democratized” Research

Source: Burns et al. (2011)
School-Based Groups

- Grassroots efforts
- Since 2014:
  - 9 SFUSD middle/high schools
  - Over 150 youth served
- Pilot data
  - Early evidence of feasibility and positive outcomes
  - Youth report increased social connectedness
- No systematic program evaluation has taken place
Components

- Collaborative Initiative
- Innovative Service Delivery Model
- Led by Trained Mental Health Providers & School Staff
- Target Youth Ages 12-18
- Evidence-based & Trauma-Informed

Modules

- Module 1 – Introduction and Goals
- Module 2 – Routines, Rituals, and Traditions
- Module 3 – Affect Identification
- Module 4 – Affect Management
- Module 5 – Stress of Immigration
- Module 6 – Attunement and Communication Skills
- Module 7 – Conclusion
Collaborators
CA Mental Health Services Act Funded Program

Mental Health Services Act

Generates state tax revenues based on a 1.5% tax on annual income above $1 million for the Mental Health Services Fund.

5%
Supports state operations and administration.

95%
Supports 59 local mental health agencies to expand services in 6 components. Counties also maintain a prudent reserve to preserve levels of care during years of extreme revenue decreases.

1. Community Services and Supports
60% of the funds counties receive are dedicated to improve integrated mental health and support services for people with serious mental health needs. Services are driven based on a client-centered, family-driven wellness, and recovery-focus approach.

2. Prevention and Early Intervention
20% of the funds counties receive must be dedicated to support early response programs, particularly for underserved communities.

3. Innovation
5% of CSS and PEI must be set aside for innovative projects intended to improve mental health outcomes.

4. Workforce Education and Training

5. Capital Facilities and Technological Needs

6. Prudent Reserve

Local Mental Health Funding in Fiscal Year 2016/17

Fuerte Study Aims

I. Conduct RCT within at least 8 SFUSD middle and high schools and include 400 youth.

II. Develop provider “playbook” that will inform adaptation of Fuerte to other newcomer immigrant groups.

III. Create framework for interagency and partner collaborations to prepare for large-scale implementation across other counties in California.
RESEARCH TEAM

William Martinez, PhD
Principal Investigator

Tatiana Baquero-Devis, MS
Senior Clinical Research Coordinator

Alex Quintanilla, LCSW
Training Coordinator

Daman Pannu, BS
Clinical Research Coordinator

Nouf Al-Rashid, PsyD
Postdoctoral Fellow
Clinical Trial Outcomes

- Screening and linkage to specialty mental health
- Mental health literacy
- Social connectedness
Adaptation to MENA

- Middle Eastern North African focus groups
- 40 youth
- 30 community providers
THANKS!

William Martinez, Ph.D.
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Maternal mental health as a window of opportunity to disrupt the inter-generational transmission of health disparities and negative impact of ACEs

Melanie Thomas, MD, MS
February 27, 2020
University of California, San Francisco
melanie.thomas@ucsf.edu
Scope of the problem

• 50% of pregnant women in the U.S. are on Medicaid

• 1 out of 8 U.S. babies born here in California

• In California, of pregnant women living at <100% of poverty level...
  • 24.3% experience prenatal depressive symptoms
  • 41.5% had a mis-timed or unwanted pregnancy
  • 33.2% experience food insecurity
  • 13.1% experience physical or psychological IPV
Transgenerational Impact of Maternal Stress and Mental Health

Intergenerational ACEs at ZSFG

Hope in the ACEs

Where would you place yourself on this ladder right now, compared to everyone else in the U.S.? Where do you imagine your new baby will be on this ladder when he or she is your age, compared to everyone else in the U.S.?

I'd put myself at a 3. I hope my baby is at a ten but to be realistic, I'll put them at an 8.

I'm worried about the future of my baby boy. It's hard for black men in this society to not get into trouble and have a good future.
ZSFG and Solid Start

1,200 births
5,000 families with children aged 0-3 years
Steering committee across 4 departments
Numerous clinics and providers
Hospital and SFDPH leadership support
Community-based programs and partners
UCSF Affiliation
A Tiered Approach to Care…

Fig. 1 Conceptual model of stepped-care to address the psychosocial needs and provide enhanced treatment for at-risk pregnant and post-partum women

- Psychiatrist co-located in OB/GYN clinic for assessment and treatment
- Attachment-based infant-parent psychotherapy
- Social support, empowerment, group prenatal care, and attention to mental health needs through CenteringPregnancy®
- Community-based assistance with social needs at Homeless Prenatal Program

Across the Perinatal Journey…
To address multi-factorial needs…

Overarching Theme: Vulnerability for Perinatal Depression is Multifactorial

"[For] mental health, what I hear people say all the time [is that] someone or a woman is stressed, independent of what the cause is. It could be homelessness, it could be lack of resources or whatever. But when they come through, when they get to us, most of the time it's 'I'm stressed,' [or] 'I'm having difficulty navigating the system, some difficulty in parenting…' There are a lot of people with primary anxiety and depression or PTSD, but then there is a large group of people that are just having a really hard time with things." – Therapist

"We are in desperate need of more preventative support before families even get to the crisis point." – Community Health Worker

Perinatal Depression

- Financial Stress
- Unstable Housing
- Trauma/IPV
- Inadequate Social Support
- Pregnancy & Parenting Stresses

Why Community Health Workers…

- CHWs have been shown to be more effective than clinical providers at eliciting psychosocial needs of low-income pregnant women, including self-report of depressive symptoms.

- In a randomized controlled trial among Medicaid-eligible women in Michigan, Nurse-CHW home visitation teams more effectively improved depressive symptoms for postpartum women on Medicaid when compared with nurses alone.


Our pilot program

Perinatal Health Navigator (CHW) engages with pregnant person

Perinatal Health Navigator supports patient to prioritize goals

Family is followed across perinatal continuum from prenatal to pediatric care
Preliminary Results

- More than 40 women have attended Wellness Orientation
- CHWs have worked with >25 individual patients in OB psychiatry clinic
- Clinicians and Clients come looking for the CHWs
- Tracking across institutions in place
- Gaby has gone back to school, Maisha is making plans…

"Having community health workers embedded in (our clinic) has made a huge difference in the lives of our patients- increased sense of connectedness in the community, stabilizing sometimes chaotic lives with connection to much needed resources… Gaby has really helped me in connecting to Spanish speaking patients"
Future Possibilities...

We improve population health, especially for the most vulnerable, through:

- Radical collaborations to meet priority health needs and achieve health equity in our increasingly diverse communities
- Preeminent education that challenges convention and develops diverse leaders who transform the health of our communities
- Transformational research on the major public health threats and opportunities of today and tomorrow
Immense thanks to Partners and Collaborators: