



Supporting Change and Reform in Preservice Teaching in North Carolina

What You Don't Know About ACES

October 19, 2021

1:00 PM-2:00 PM EST



 FRANK PORTER GRAHAM
CHILD DEVELOPMENT INSTITUTE



Welcome & Introductions





George S. Ake III, Ph.D.
Duke University Medical Center



Cathy Collie-Robinson, M.Ed.
Durham Tech Community
College



Stephanie Lackey, M.Ed.
Forsyth Tech Community College



Cyndie Osborne, M.Ed.
Stanly Community College



Mary Olvera, Ph.D.
North Carolina Community
College System Office

Meet the presenters



Chih-Ing Lim



Camille Catlett



Jessica Amsbary

Meet the Team

SCRIPT-NC

Supporting Change and Reform in Preservice Teaching in North Carolina



**FRANK PORTER GRAHAM
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SCRIPT-NC Webinars emphasize...



embedding
**inclusion, equity,
and diversity** into
coursework



content that
reflects **evidence-
based and
recommended
practices**



opportunities to
build both
**knowledge
acquisition and
knowledge
application**



resources that are
**readily available
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Supporting Change and Reform in Preservice Teaching in North Carolina



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Housekeeping

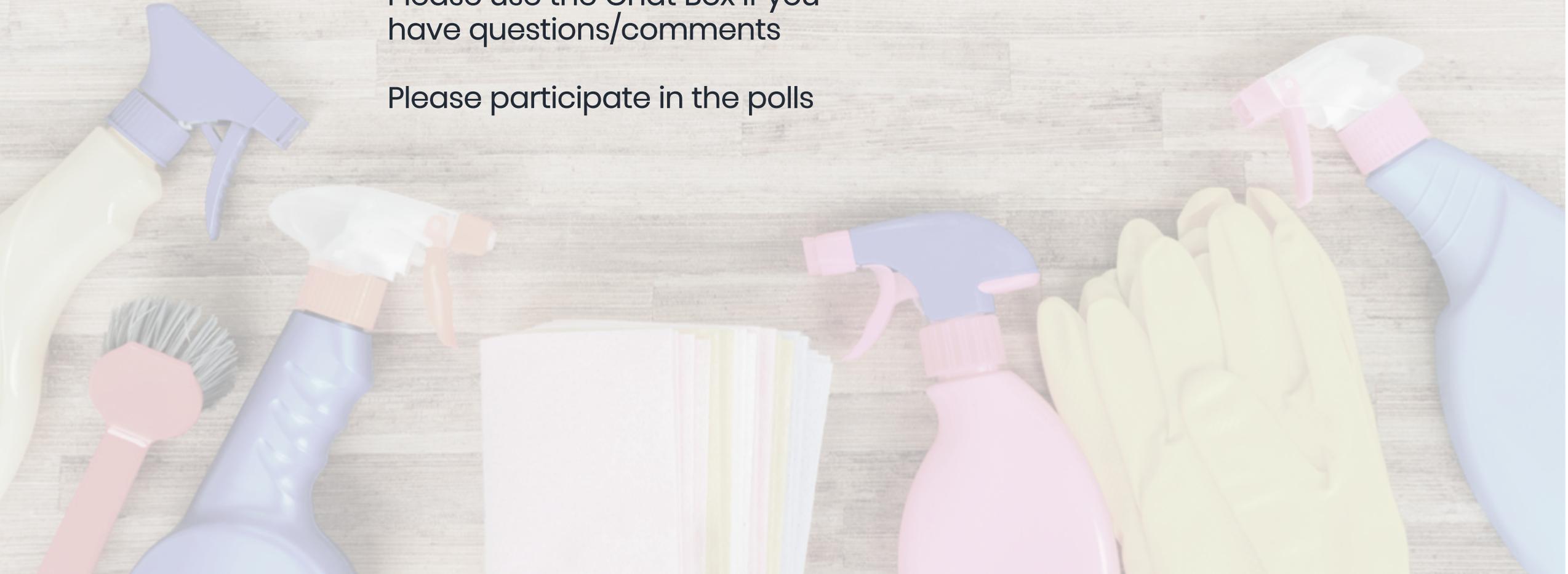
In order to reduce distractions...

Please mute your microphones.

We want to hear from you!

Please use the Chat Box if you have questions/comments

Please participate in the polls



Find all the materials from today's webinar here

SCAN ME



<https://scriptnc.fpg.unc.edu/script-nc-webinar-what-you-don't-know-about-aces>

SPECIAL THANKS

- Winer Family Foundation
- Child Trust Foundation
- Blue Cross Blue Shield of NC Foundation
- Anonymous Trust
- Dogwood Trust



OVERVIEW

- Importance of Trauma-Informed Education
- Project Purpose and History
- Overview of Courses
- Goals and Outcomes of Pilot
- Clarifying ACES and Screening

IMPORTANCE OF TRAUMA-INFORMED EDUCATION

PROJECT PURPOSE AND HISTORY

- March 20-21, 2019* – Two-day training for early childhood education faculty on trauma-informed practices for early childhood education professionals; 48 faculty representing 30 community colleges participated
- April 4, 2019 – Post-training faculty meeting with NC ACCESS faculty representatives
- October 18, 2019* – One-day training for early childhood education faculty on trauma-informed education and prevention of Secondary Traumatic Stress (STS) for early childhood community college students; 35 early childhood education faculty and child serving professionals representing 14 community colleges, 8 universities, and 4 agencies participated
- October 23, 2019 – Half-day planning workshop with community college faculty advisory committee to discuss future project phases
- The CCFH led March 2019 and October 2019 trauma-informed trainings collectively reached faculty from thirty-six North Carolina community colleges.

OVERVIEW OF COURSES SELECTED

- **Why these courses--** community college faculty agreed on the following three courses to add trauma-informed content in the form of single modules in each course.
 - The courses chosen are apart of the college degree's offered at each community college in NC and all three statewide certificates – Infant Toddler Care Certificate, Preschool Certificate, and Early Childhood Administration Certificate.
 - EDU 119 is the Introduction to Early Childhood Education course
 - EDU 131 is the Child, Family, and Community course.
 - EDU 153 is the Health, Safety, and Nutrition course.
- **What content was developed for each--** the team of faculty decided to include an introduction module that would include the content below in all three courses:
 - Class Care Statement
 - Definitions of traumatic events, trauma exposure, child traumatic stress
 - The difference between a Traumatic Event and an Adverse Childhood Experience (ACE)
 - How COVID-19 and racial injustice fits into the discussion of trauma
 - Criteria and protocol for DSS reporting

EDU 119 – INTRODUCTION TO EARLY CHILDHOOD EDUCATION

- In EDU 119 –
- In addition to the introduction module, students are provided with content on:
 - Trauma-Informed Care
 - The Impact of Trauma Exposure on children and families
 - Disparities in the classroom specific racial inequities in preschool discipline
 - An introduction to resiliency

EDU 131 - CHILD, FAMILY, AND COMMUNITY

- In EDU 131 –
- In addition to the introductory module, students are provided with additional information, including:
 - Recognizing the signs of child trauma inside the classroom
 - Working with families
 - Potential effects of working with children who have experienced trauma
 - An introduction to secondary traumatic stress
 - The impact of trauma in schools

EDU 153 – HEALTH, SAFETY, AND NUTRITION

- In EDU 153 –
- In addition to the introductory module, students are provided with:
 - More details about Secondary Traumatic Stress Prevention in the Workplace
 - Self-care and wellness of early childhood professionals
 - Self-care and wellness for children
 - Supports for helping children regulate emotions
 - Providing psychologically safe environments for children
 - Resiliency and protective factors
 - Recognizing child traumatic stress (reflecting on policies and procedures in child care settings).

GOALS AND OUTCOMES



Module Development

- Regular meetings with faculty to develop module content
- Completed one trauma-informed intro module for all three courses in addition to three separate modules for each course



Module Pilot

- Successful completion of pilot in six courses (two faculty per course)
- Strong positive feedback from students and faculty



Framing Next Steps

- Completion of a presentation to the NC Community Colleges on project Feb 2021
- Initial compilation of feedback from students and faculty inform updates to content
- Faculty provided initial feedback on the process that would be best to train faculty

FEEDBACK FROM STUDENTS

"I am not sure I could work with a family who had that kind of situation..." *EDU 131 Student*

"This is hard, but so important that all teachers understand this and how to create a safe environment for children and families" *EDU 119 Student*

"Some insights I took from my reading is that Kindergarten prep begins from the crib and that children learn from whatever they are exposed to." *EDU 153 Student*

"The most helpful part for me was learning about trauma and the affects it can have on a child. Until I read about trauma and saw how it can affect a child, I never thought much about it." *EDU 153 Student*

FEEDBACK FROM FACULTY

”The content for students was eye opening and makes me want to teach these modules over and over.“ *EDU 131 Faculty*

” 1/2 students mentioned that they had trauma experience themselves”
EDU 119 Faculty

” Students didn’t know what trauma was...they thought it was something that happens in hospitals...like burn units.”
EDU 153 Faculty

CLARIFYING ACES AND SCREENING

Even the Experts are Confused as to Which Term is Best



What Is Child Traumatic Stress?



Exposure to events that involve threats of **injury, death, or danger** during which intense **terror, anxiety, and helplessness** are experienced.



Can occur via **direct experience, witnessing** the event, or even **hearing about** the event.



Intense physical effects, including rapid heartbeat and breathing, shaking, dizziness, and/or loss of bladder or bowel control.



Reactions vary with age, but even very young children experience intense reactions.

(Gerrity, 2013; NCTSN, 2010)

THE THREE “E”S

--

ANOTHER WAY TO THINK ABOUT IT

Event – actual or extreme threat of physical or psychological harm and/or neglect that impacts healthy development

Experience – how the individual interprets and is disrupted physically and psychologically by the trauma

Effects – deleterious impact of trauma that may be short or long in duration (e.g., heightened stress response, inability to concentrate)

RACIAL TRAUMA

- Racial Trauma (or race-based trauma) refers to the cumulative effects of stress, both physical and emotional, due to racism.
- Racial trauma involves ongoing exposure, re-exposure, and injury on the collective and the individual levels.
- It happens through unintentional comments, passive aggressive actions, omission or exclusion due to the color of someone's skin, failure to intervene or offer support during overt racism, or obvious behaviors rooted in racial biases.
- It also includes discrete events that look like harm or injury, humiliating or shaming, and witnessing harm to others based on race.

HISTORICAL TRAUMA



- Personal or historical event(s) or prolonged experience(s) that continues to have an impact over several generations
 - Slavery
 - Removal from homelands or relocation
 - Forced placement in boarding schools
 - Massacres, genocides, or ethnocides
 - AIDS epidemic

(Child Welfare Trauma Training Toolkit, Version 2.0)

CONFUSION ABOUT TRAUMA AND COVID-19

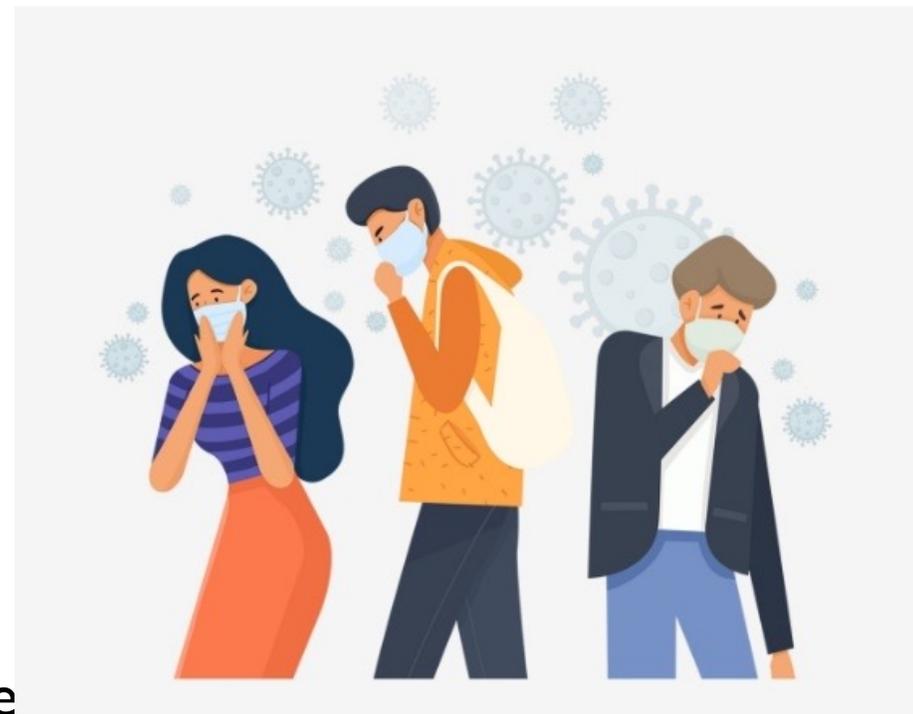


CONFUSION ABOUT TRAUMA AND COVID-19

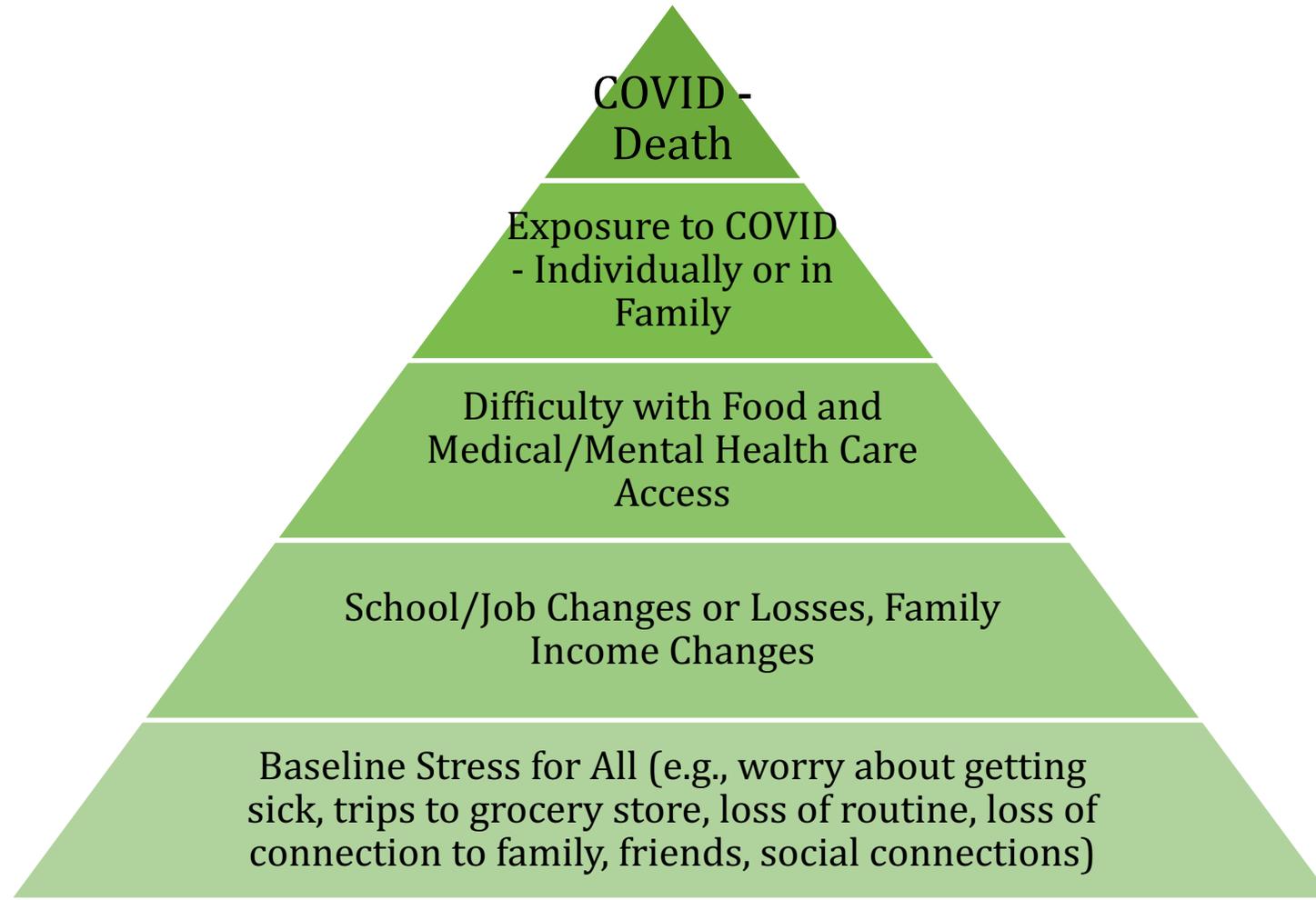


COVID-19: A DIFFERENT KIND OF CRISIS

- Infectious disease outbreaks are unlike other traumatic or distressing events
- Chronic crisis with insidious stressors that are chronic, silent, and impactful on multiple levels
- Some examples of potential stressors:
 - Health of loved ones
 - Health of self
 - Separation from family/Social Isolation
 - Food insecurity
 - Job insecurity
 - Moral duress
 - Anticipatory and/or traumatic grief
 - Discrimination based on ethnicity/culture
 - Vicarious trauma through media exposure
 - Others?

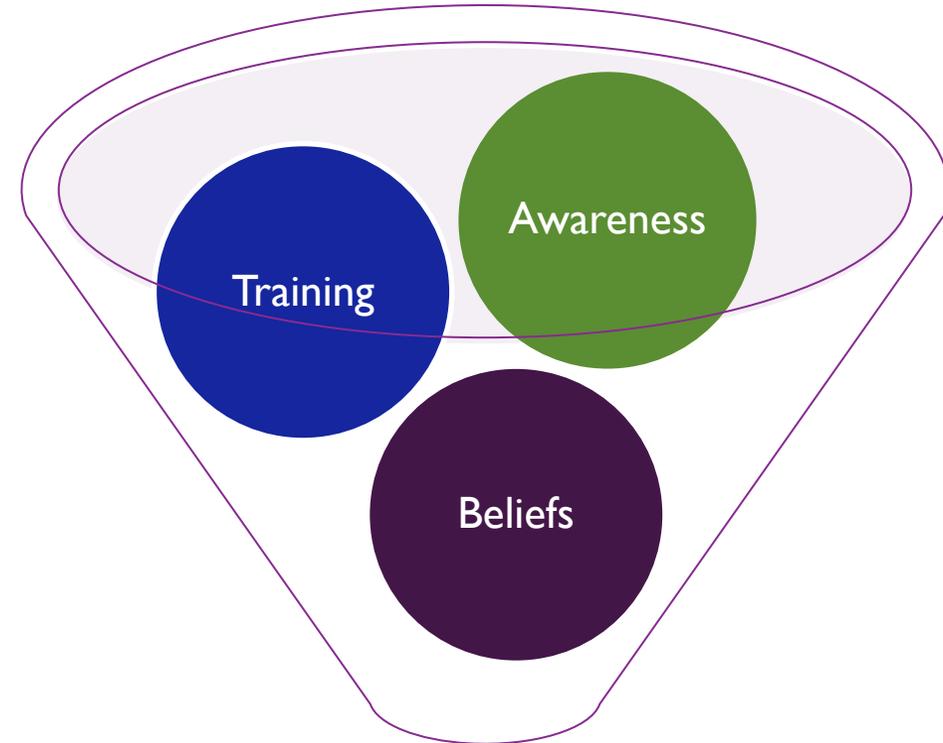


FRAMEWORK FOR EXAMINING IMPACT OF COVID-RELATED STRESS



(Adapted from Stoddard & Kaufman, 2020)

TRAUMA-INFORMED PRACTICES

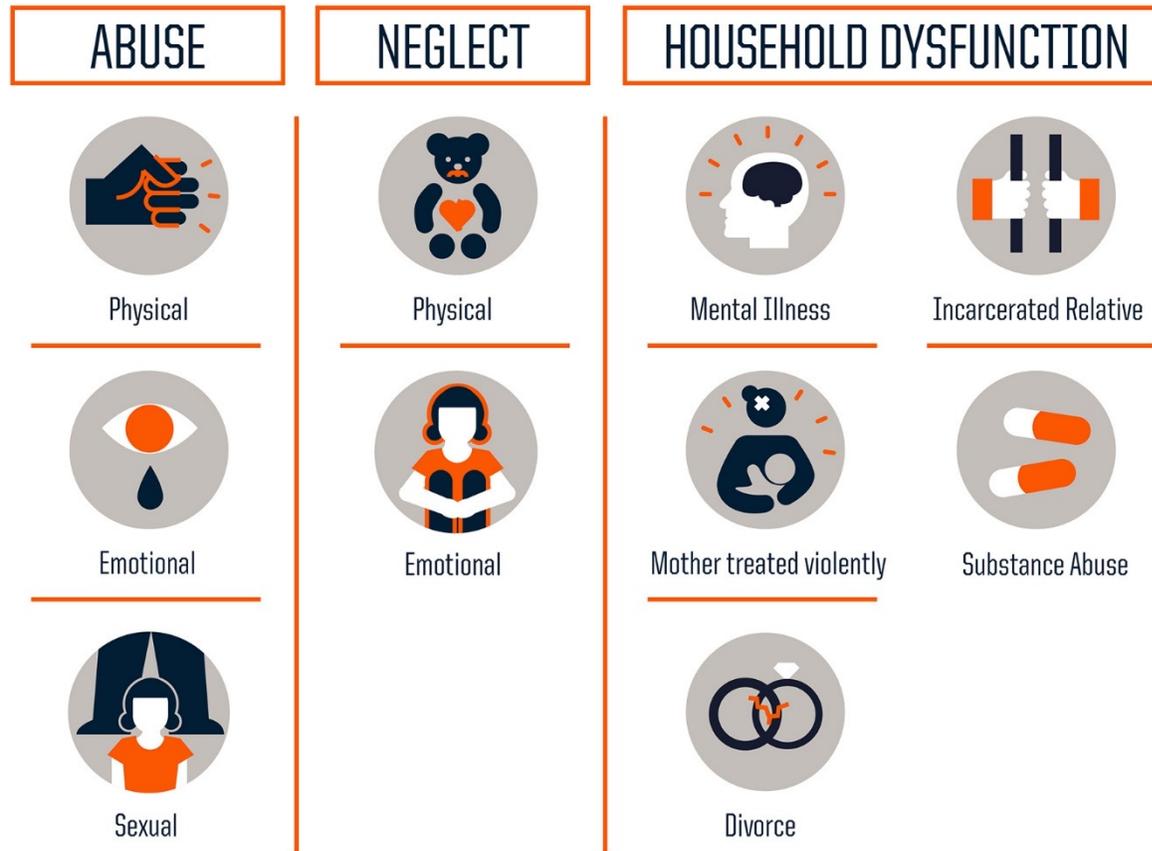


Daily Interactions with
Children and Families

THREE DIFFERENT GEARS AT WORK



Adverse Childhood Experiences (ACEs)



OTHER TYPES OF TRAUMA

- Traumatic loss, separation, bereavement
- Sexual assault
- Physical assault
- Community violence
- Serious illness or medical trauma
- Accidents/fires
- Natural disasters
- War, terrorism, political violence
- School violence
- Bullying

(Felitti et al., 1998)

Significance Of ACEs: Helpful But Not Sufficient

- Original study raised public awareness of the high prevalence and impact of negative life events in children's lives.
 - Developed as an epidemiological (public health) research tool, not as a mental health screening tool for children and adolescents.
- The ACEs questionnaire **does not**:
 - Address all types of trauma exposure and adversity
 - Consider the frequency, duration, and intensity of childhood experiences
 - Address strengths and resilience of children and families

RESILIENCY



Well, there's general agreement that resilience refers to positive adaptation to adversity, but there are different perspectives on how to exactly define resilience.

My own view is that we need to think of **resilience as the capacity of a system**, whether that system is a person, a family, an economy or a community to adapt successfully to challenges that threatened the functioning, the survival or the development of that system.

All of us as individuals, we depend on many other systems for our resilience. I think what we're seeing right now, in the midst of this catastrophic pandemic, is that we all depend on the **resilience of many systems in our lives.** We're learning how interdependent we are, and how much we depend on the support of other people, our health care system and many other emergency systems in our communities.”

-Ann Masten, Ph.D.



RESILIENCY CAPACITY IS MORE LIKE...

How many Seats are in the Stadium?
Or how much capacity do you have for resiliency today?



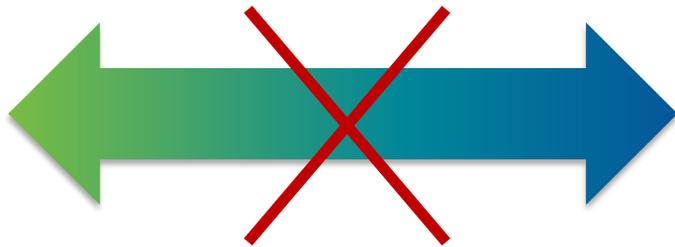
Instead of...
Do you have capacity for resiliency ...yes/no?



WHAT RESILIENCY IS AND IS NOT

RESILIENCY IS NOT
on the opposite end of the continuum
from being Trauma-Informed

Resiliency
Informed



Trauma
Informed

RESILIENCY IS
a part of being Trauma-Informed

NCTSN The National Child
Traumatic Stress Network



What is the ACE Study? *Quick Overview*

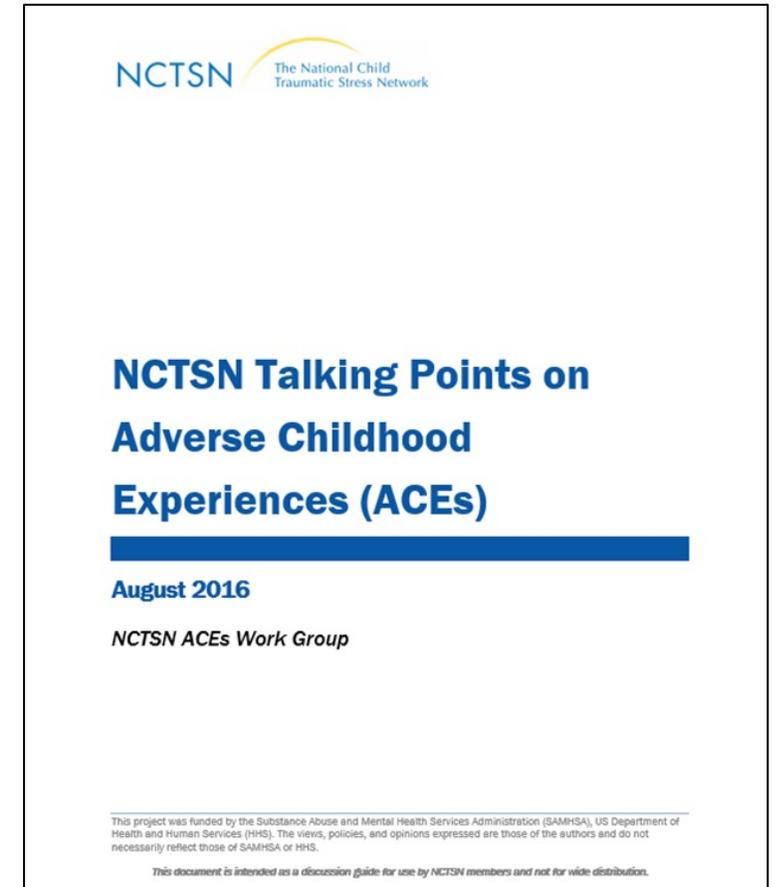
- Felitti & Anda's 1995 ACE Study was landmark epidemiological study in public health literature:
 - Major epidemiological (N=17,000 adult, retrospective) study to document powerful connection b/t childhood traumas/adversities & physical health outcomes of high morbidity & mortality in adulthood.
 - Lots of publications (JAMA) + 10 years later lots of Social Media attention + TED talks
- Examined 10 categories of adverse childhood experiences & significant Mental Health, Physical Health, & Functioning
 - psychological, physical, or sexual abuse,
 - physical or emotional neglect,
 - violence against mother;
 - living with household members who were substance abusers, who had a mental illness or were suicidal, or who had ever been imprisoned;
 - losing a parent to separation or divorce.

What is the ACE Study? *Quick Overview*

- Over 1/2 respondents reported exposure to at least 1 ACE; 1/4 reported exposure to ≥ 2 .
- Findings showed a stepwise increased relationship between number of ACEs & presence of adult diseases (e.g., heart disease, cancer, chronic lung disease, obesity) as well as to Major Psychiatric Conditions & Suicide, & to Functioning (occupation performance) ACEs were strongly interrelated & participants who reported multiple categories of childhood exposure were likely to have multiple health risk factors later in life.
 - Those who reported “4 or more” ACEs had greatly increased health risks such as alcoholism, drug abuse, obesity, depression, & suicide attempts.
- Limitations in socioeconomic demographics, but replicated in many other datasets. (including the NCTSN CDS).
- Opened doors to discussion on child adversity & trauma in ways not seen before across many systems of care, public.

NCTSN Concerns

- ↑↑ Awareness of ACEs over the past decade.
- Variations of the 10-item ACEs used as screening tools ([self-administered online](#)/by a provider/paraprofessional in communities) generating an ACE Score.
- 2015 NCTSN ACEs Work Group
 - General & specific to children
- New Concerns:
 - a) Misapplication of an epidemiological survey to create a “Screen” & “Score” or more.
 - b) Inadequate measure. Incomplete list, mis-weighted, missing key elements (frequency, duration, age, level of distress).
 - c) Messaging & use. (wide dissemination w/o cautions, without attention on ability to intervene treatment & prevention).



Being cautious about inferences

- In 2020, one of the ACES original study lead authors published this paper:
- “Inferences about an individual’s risk for health or social problems should not be made based upon an ACE score, and no arbitrary ACE score, or range of scores, should be designated as a cut point for decision making or used to infer knowledge about individual risk for health outcomes.
- California’s recent release of statewide guidelines for MediCal patients as part of the ACEs Aware initiative provides a useful example for consideration of these issues.”

ARTICLE IN PRESS

American Journal of
Preventive Medicine

CURRENT ISSUES

Inside the Adverse Childhood Experience Score:
Strengths, Limitations, and Misapplications

Robert F. Anda, MD, MS,¹ Laura E. Porter, BA,² David W. Brown, DSc, MScPH, MSc³

INTRODUCTION

Despite its usefulness in research and surveillance studies, the Adverse Childhood Experience (ACE) score is a relatively crude measure of cumulative childhood stress exposure that can vary widely from person to person. Unlike recognized public health screening measures, such as blood pressure or lipid levels that use measurement reference standards and cut points or thresholds for clinical decision making, the ACE score is not a standardized measure of childhood exposure to the biology of stress. The authors are concerned that ACE scores are being misappropriated as a screening or diagnostic tool to infer individual client risk and misapplied in treatment algorithms that inappropriately assign population-based risk for health outcomes from epidemiologic studies to individuals. Such assumptions ignore the limitations of the ACE score. Programs that promote the use of ACE scores in screening and treating individuals should receive the same rigorous and systematic review of the evidence of their effectiveness according to the standards applied to other screening programs by the U.S. Preventive Services Task Force (USPSTF).

INSIDE THE ADVERSE CHILDHOOD EXPERIENCE SCORE

The ACE study, a collaborative effort between the U.S. Centers for Disease Control and Prevention and Kaiser Permanente to examine the relationships among 10 childhood stressors and a variety of health and social problems, has demonstrated how abuse, neglect, witnessing domestic violence, and childhood exposure to household dysfunctions are common and highly inter-related.¹ This inter-relatedness led the investigators to develop the ACE score, an integer count of 10 adverse experiences during childhood (range, 0–10), which has repeatedly demonstrated a strong, graded, dose-response relationship to numerous health and social outcomes (e.g., mental illness, illicit drug use, suicide risk, and risk for chronic diseases).¹ As a result, the ACE study has attracted significant scientific and policy attention.^{2–5} More recently, the ACE score has

gained attention through lay press and websites,^{6,7} and the ACE score is increasingly being used and promoted as a screening tool for use at the individual level.^{8,9}

Because the ACE score has a powerful relationship to the risk of many public health problems, it is useful for research and public health surveillance. ACE score use has expanded to most states in the U.S. via the Centers for Disease Control and Prevention–supported Behavioral Risk Factor Surveillance System¹⁰ and internationally through the efforts of WHO.¹¹ The findings from these applications are similar to those of the ACE study and have raised awareness of the childhood origins of public health problems for policymakers and legislators.

However, the questions from the ACE study cannot fully assess the frequency, intensity, or chronicity of exposure to an ACE or account for sex differences or differences in the timing of exposure. For example, 2 people, each having an ACE score of 4, may have different lifetime exposures, timing of exposures (during sensitive developmental periods), or positive experiences or protective factors that affect the biology of stress. A person with an ACE score of 1 may have experienced intense, chronic, and unrelenting exposure to a single type of abuse, whereas another person who has experienced low-level exposure (intensity, frequency, and chronicity) to multiple adversities will have a higher ACE score. As a result, projecting the risk of health or social outcomes based on any individual’s ACE score by applying grouped (or average) risk observed in epidemiologic studies can lead to significant underestimation or overestimation of actual risk; thus, the ACE score is not suitable for screening individuals and assigning risk for use in decision making about need for services or treatment. Researchers are actively working to modify, improve, and expand the set

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<https://doi.org/10.1016/j.amepre.2020.01.009>

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Reminder of the original purpose

Another lead author of the original ACES Study:

- “Some experts have advocated for use of the original 10-item ACE survey as a means to explore possible childhood trauma.
- The original ACE survey was developed and used as a research tool to explore the relationships between ACEs and health consequences. It is neither a comprehensive nor a diagnostic clinical tool.
- Research has demonstrated that additional stressors such as being the victim of bullying or racism and being exposed to community violence are equally or more traumatic than some of the original ACEs.”

Adverse Childhood Experiences: Informing Best Practices
Online Collaborative Living Document Version 1.0 – 3/14/15

Clinical Approaches for Adult ACE Survivors Experiencing Unexplained Physical Symptoms and Health Problems

David Clarke, MD; Elliott Schulman, MD; David McCollum, MD;
and Vincent Felitti, MD

NEW NCTSN RESOURCE ON ACES SCREENING

NCTSN

The National Child
Traumatic Stress Network



Beyond the ACE Score: Perspectives from the NCTSN on Child Trauma and Adversity Screening and Impact

Amaya-Jackson, L., Absher, L.E., Gerrity, E.T., Layne, C.M., & Halladay Goldman, J. (2021)

New NCTSN Resource

- Developed to address NCTSN concerns re: the limitations of an ACEs only approach to screening.
- Anchored around 4 key messages:
 - Terms Overlap but are not Interchangeable
 - Not All ACEs are Created Equal
 - Exposure to Trauma & Adversity Interacts Significantly with Child Development
 - Early Intervention and Prevention can Stop Progression of Problems
- Provides recommendations for providers, family advocates, and policymakers

<https://www.nctsn.org/resources/beyond-the-ace-score-perspectives-from-the-nctsn-on-child-trauma-and-adversity-screening-and-impact>

The image shows the cover of a report from the National Child Traumatic Stress Network (NCTSN). The title is "Beyond the ACE Score: Perspectives from the NCTSN on Child Trauma and Adversity Screening and Impact". The cover features the NCTSN logo and a blue and yellow color scheme. Below the title, there is a summary paragraph, a "Background and Introduction" section, and a concluding paragraph. At the bottom, there is a small footnote and a funding acknowledgment.

NCTSN The National Child Traumatic Stress Network

Beyond the ACE Score: Perspectives from the NCTSN on Child Trauma and Adversity Screening and Impact

This document is a guide for providers, family advocates, and policymakers who are interested in understanding the concept of Adverse Childhood Experiences (ACEs)—including the use of ACE scores or checklists as an approach to screen for childhood trauma and adversity – and the limitations of an “ACEs only” approach.^{1,2,3} This guide highlights the gaps that remain in our understanding of the impact of childhood trauma and adversity on mental and physical health, how these terms (childhood trauma vs. adversity) differ, and recommendations for ways in which ACEs and other childhood trauma-related concepts and resources can be combined to advance care for children and families who have experienced trauma.

Background and Introduction

The original ACE Study was a landmark public health survey with results that revealed a connection between specific childhood experiences and physical health outcomes related to high morbidity and mortality in adulthood.⁴ These and other research findings in the areas of trauma, maltreatment, and cumulative risk have raised public awareness about the high prevalence and impact of negative events on children’s lives. Public health discussions related to ACEs have helped to re-define ways in which clinicians, researchers, policymakers, and the public understand the impacts of adversity and childhood traumatic events on physical and mental health.

The ACE Study was designed as a retrospective epidemiological survey for adults and not as a comprehensive mental health screening tool for use with adults or children. In fact, one of the authors of the instrument now cautions against its use as a tool for risk screening or intervention and service planning for individuals until it has been reviewed by the US Preventive Services Task Force.⁵ However, as the concept of ACEs has gained momentum, so have efforts to use ACE checklists as a screening tool to produce an ACE score, which reflects the total number of specific types of traumatic events and adversities that a child or adult reports having experienced, but does not capture the frequency, severity, duration, or developmental timing of exposure to such events. For example, a child could experience sexual abuse many times by multiple adults and still have an ACE score of “one”. The 10-item list used in the original ACE study also captures a narrow experience of childhood adversity, excluding experiences such as traumatic bereavement, medical trauma, natural disasters, racial trauma, community violence, and more. Although knowledge about ACEs has opened many doors in healthcare and community mental health programs, the ACE survey’s use as a screening or assessment tool is incomplete and can be misinterpreted and misused. This is because an ACE score alone cannot—and should not—be used to determine a child’s risk for poor lifetime outcomes, nor the specific clinical and service needs of children who experience trauma and adversity.⁶ An ACEs checklist approach can also overlook important public health or clinical health needs for a child, which has direct implications for service, research, and policy initiatives.

The National Child Traumatic Stress Network (NCTSN) is committed to building on the foundation of the ACEs research and broadening the national conversation to reflect the rich and practically useful context that a trauma-informed approach can provide in addition to ACEs and the ACE score. These ideas can be integrated to promote the well-being and recovery of children and families who experience trauma and adversity. The NCTSN offers the following considerations for providers, family advocates, and policymakers that help illustrate why an ACE score alone is insufficient to understand the nature and role of trauma and adversity in a child’s life.⁸

¹In this document, ACEs (Adverse Childhood Experiences) is defined as the adversities included in the original 10-item questionnaire that was part of the Felitti and Anda study, which has been further advanced by the Centers for Disease Control and Prevention. Those items were: 1) physical abuse, 2) sexual abuse, 3) emotional abuse, 4) physical neglect or 5) emotional neglect, 6) violence against the mother, 7) household member who were substance abusers, 8) household member who had a mental illness or were suicidal, 9) household member ever been imprisoned, and 10) losing a parent to separation or divorce.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Amaya-Jackson, L., Absher, L.E., Gerrity, E.T., Layne, C.M., Halladay Goldman, J. (2021).

Terms Overlap but are not Interchangeable

- What is a Trauma? What is an Adversity?
- Why does this matter?
 - Understanding impact
 - Treatment
 - Policy
- Scoring and Screening
 - What's Your Number?
 - Why these 10? Or 12? Or 22?
 - Intensity, duration, frequency

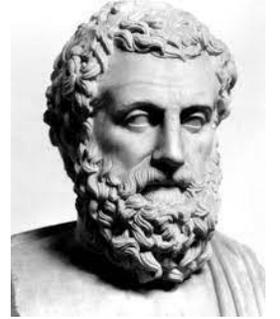
Child Adversities & Trauma Types Collected in NCTSN

with ACEs highlighted(Felitti)

1. Sexual Abuse	13. Separation from Family Member
2. Physical Abuse	A. Parent Incarceration
3. Emotional Abuse/ Psychological Maltreatment	14. Death or Bereavement of Loved One
4. Neglect	15. Illness/Medical Trauma
5. Domestic Violence	16. Serious Injury or Accident
6. Impaired Caregiver	17. Natural Disaster
A. Substance Abuse	18. Kidnapping
B. Parental Mental Illness	19. Forced Displacement
7. (Parent Divorce or Separation)	20. Extreme Interpersonal Violence
8. Sexual Assault/Rape	21. Bullying
9. Physical Assault	22. Other Trauma (Including Sex Trafficking)
10. War/Terrorism/ Political Violence	
11. Community Violence	NCTSN Core Data Set 2016
12. School Violence	NCTSN Clinical Improvement Through Measurement Initiative, 2015

Amaya-Jackson, L., Absher, L.E., Gerrity, E.T., Layne, C.M., Halladay Goldman, J. (2021).

Not All ACEs are Created Equal



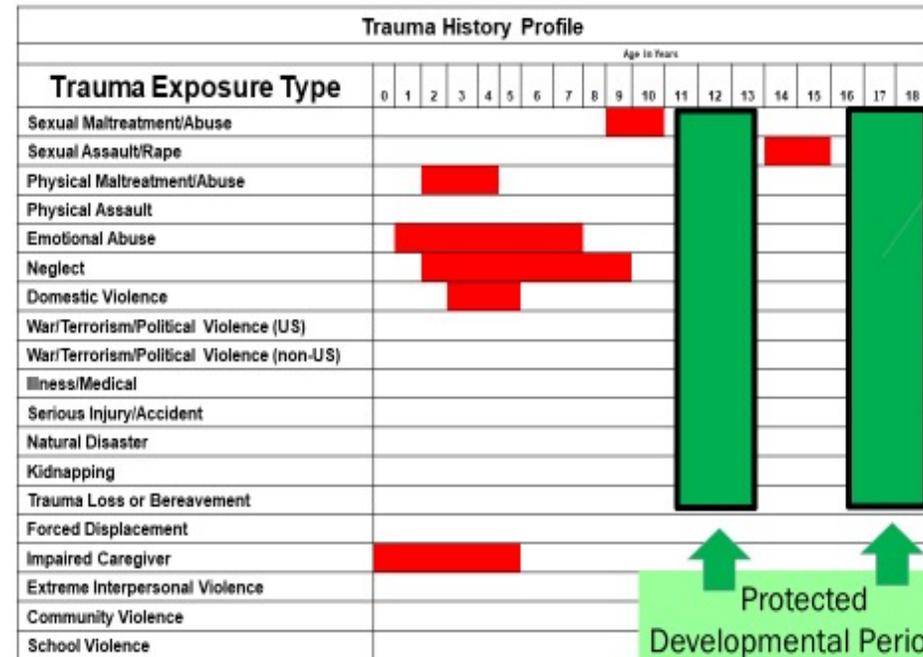
- Aristotle was right – the whole is greater than the sum of its parts
- Why?
 - Not all ACEs have the same impact
 - Age of the child at the time of the event, severity of fear of life threat, duration or intensity of exposure, other complications that occurred in a child’s life as a result of the trauma
 - Certain pairs of traumatic events interact “synergistically”
 - Example
- Why does this matter?
 - Cut off – criteria for identification and treatment
 - Understanding impact
 - More than a number

Putnam, F.W., Amaya-Jackson, L., Putnam, K., & Briggs, E.C. (2020). Synergistic adversities and behavioral problems in traumatized children and adolescents. *Child Abuse and Neglect*. 101, 1-10. <https://doi.org/10.1016/j.chiabu.2020.104492>

Exposure to Trauma & Adversity Interacts Significantly with Child Development



“Reading” the life of a tree using tree rings



Protected Developmental Periods offer respite & (given sufficient resources) opportunities for recovery

- Symptom reduction
- Repair disturbances in developmental trajectories
- Make up for lost developmental opportunities

“Reading” a child’s trauma history using the Trauma History Profile

Amaya-Jackson, L., Absher, L.E., Gerrity, E.T., Layne, C.M., Halladay Goldman, J. (2021).

Early Intervention and Prevention can Stop Progression of Problems

- **Guiding principles for assessing developmental impacts:**
 - Developmental **tasks** that are currently underway, or recently achieved, are most vulnerable to disruption.
 - Upcoming developmental **transitions** are most vulnerable to disruption.
 - Interrupted developmental tasks and transitions can set in motion **developmental cascades** that carry forward across development.
 - Severe adversities can alter developmental **trajectories** (regressions, interruptions, accelerations) and fundamentally alter the life course.
 - Look for developmental strengths, leverage them whenever possible.

Amaya-Jackson, L., Absher, L.E., Gerrity, E.T., Layne, C.M., Halladay Goldman, J. (2021).

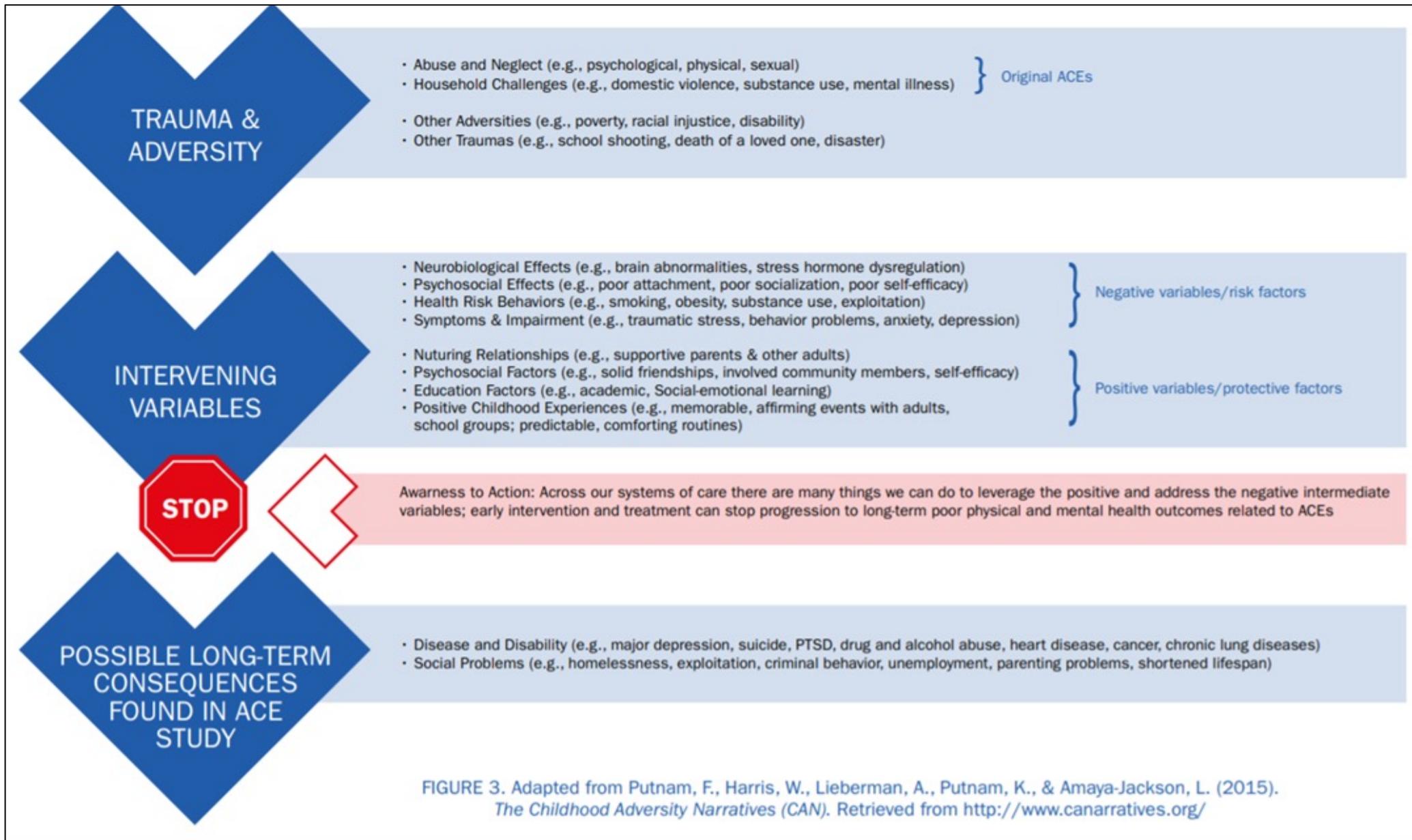


FIGURE 3. Adapted from Putnam, F., Harris, W., Lieberman, A., Putnam, K., & Amaya-Jackson, L. (2015). *The Childhood Adversity Narratives (CAN)*. Retrieved from <http://www.canarratives.org/>

WHAT THE SCORE CAN AND CAN'T TELL YOU

What Counting ACEs Can Tell You	What Counting ACEs Can't Tell You
<p>ACEs allows us to talk about prevalence, risk, and related outcomes of 10 common traumas, adversities, and household difficulties that occur within families.</p>	<p>Other traumas are not included as standard ACEs and are therefore unaccounted for. Many types of trauma not typically included in ACEs checklists have high prevalence rates and are strongly associated with negative outcomes.</p>
<p>The ACE Study demonstrated that adverse childhood experiences (focused on those that occur in one's household) carry significant risks for a broad range of major long-term physical and mental health consequences.</p>	<p>Counting ACEs using ACE score checklists do not allow consideration of frequency, duration, severity, age of onset, synergy between ACEs, current distress and functioning, or interrupted developmental tasks, that are often critical mediators of short and long-term consequences.</p>
<p>The ACE Study showed that ACEs have a cumulative impact with a stepped increase with each additional ACE, such that the higher the ACE score, the higher the risk with a broad range of negative physical and mental health outcomes. Thus, an ACE score (total number of ACEs types) provides useful information in surveys about general risk in a large community, state, or national population.</p>	<p>Simple screens generating ACE scores are not clinically useful, as they are incomplete trauma profiles and leave out information regarding distress (e.g., posttraumatic stress reactions), risky behavior, and functioning. This information is needed to determine next steps, including assessment, treatment, referral, or legally mandated child abuse reporting.</p>
<p>In provider-client discussions about ACEs, obtaining ACE histories can "open the door" to helping parents and child clients understand that adverse household (intrafamilial) experiences carry some risk of negative physical and mental health outcomes.</p>	<p>Risks identified in large-scale epidemiologic studies do not necessarily generalize to, or support the use of, individual ACE scores to gauge risks for specific individuals. Serious questions have been raised over the use of ACE scores for individual screening, assessment, or eligibility thresholds for services (e.g., scores of 4 or more ACEs qualify). ^{20,21,22}</p>
<p>Asking about ACEs can provide some clients with the language to articulate what they have experienced and why it is important. Labeling their experiences in this manner can be empowering. For some individuals, "ACEs" as a concept also carries less stigma than "trauma."</p>	<p>Some family, youth, and adults don't know what to do with the idea of an ACE score. Resistance to labeling, e.g., "I am not a score," and feeling doomed are concerns clients express that require appropriate processing about what the score means or assisting them when action is warranted.</p>

Find all the materials from today's webinar here

SCAN ME



<https://scriptnc.fpg.unc.edu/script-nc-webinar-what-you-don't-know-about-aces>

SCRIPT-NC Website

<https://scriptnc.fpg.unc.edu>



The screenshot shows the homepage of the SCRIPT-NC website. At the top left is the logo "SCRIPT-NC" with the tagline "Supporting Change and Reform in Preservice Teaching in North Carolina". To the right of the logo is a search bar and a navigation menu with links for "HOME", "ABOUT US", and "RESOURCES". Below the navigation is a large banner image showing a teacher interacting with young children in a classroom. A semi-transparent dark bar is overlaid on the bottom of the banner with the text "Supporting Change and Reform in Preservice Teaching in North Carolina". Below the banner is a paragraph of text: "SCRIPT-NC is working with community college faculty in North Carolina to better prepare preservice early childhood educators to meet the diverse needs of children in their community." Below this text is a "LEARN MORE" button. The bottom section of the page is a dark grey area with four columns, each featuring an icon, a title, a short description, and a "LEARN MORE" button. The columns are: 1. "COURSE SPECIFIC RESOURCES" with a book icon, describing free high-quality resources for enhancing coursework and practica, focusing on inclusion. 2. "TOOLS FOR ENHANCING PROGRAM QUALITY" with a wrench and pencil icon, describing rubrics and matrices for enhancing early childhood Associate's degree programs. 3. "FACULTY WEBINARS" with a laptop icon, describing access to archived webinars and registration for upcoming ones. 4. "MONTHLY NEWSLETTER" with an envelope icon, describing access to current and archived "Natural Resources" newsletters.

SCRIPT-NC
Supporting Change and Reform in Preservice Teaching in North Carolina

HOME ABOUT US RESOURCES

Supporting Change and Reform in Preservice Teaching in North Carolina

SCRIPT-NC is working with community college faculty in North Carolina to better prepare preservice early childhood educators to meet the diverse needs of children in their community.

LEARN MORE

COURSE SPECIFIC RESOURCES
Find free high quality resources to enhance coursework and practica. These resources are focused on the inclusion of young children with disabilities and who are culturally, ethnically, and linguistically diverse.

LEARN MORE

TOOLS FOR ENHANCING PROGRAM QUALITY
Find rubrics, matrices, and other tools to enhance your early childhood Associate's degree program.

LEARN MORE

FACULTY WEBINARS
Access archived webinars, learn more about, and register for upcoming webinars.

LEARN MORE

MONTHLY NEWSLETTER
Access current and archived Natural Resources newsletters

LEARN MORE



Look out for registration
for the follow up webinar!

February 2022

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SCAN ME



https://unc.az1.qualtrics.com/jfe/form/SV_a3MQq5jkXZghaGG

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