

Promising Practices for Addressing Adverse Childhood Experiences in Children with Disabilities: Voices from the PacWest LEND Leadership Consortium

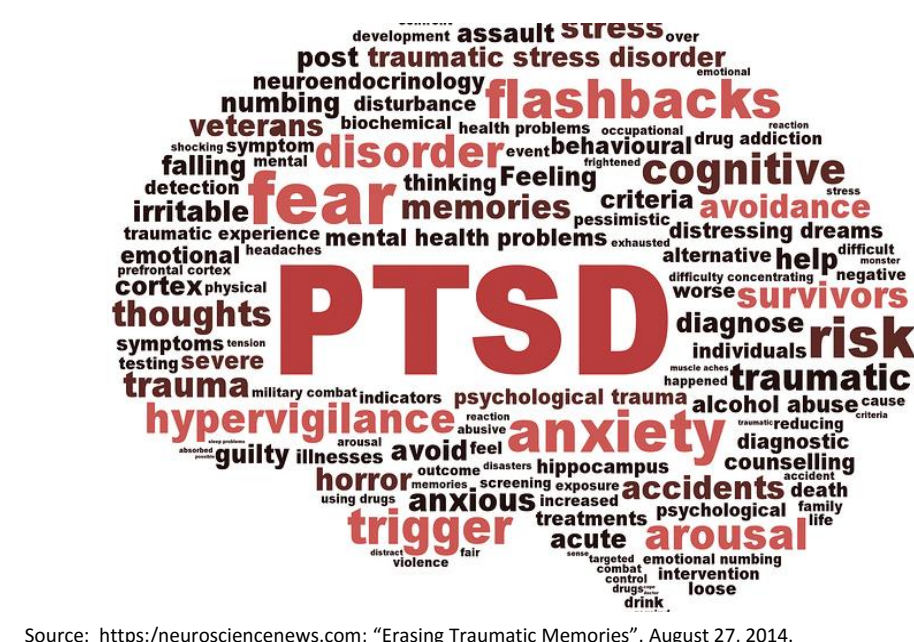
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Objectives

- Overview of 2011/12 National Survey of Children’s Health on Adverse Childhood Experiences (ACEs);
- Discuss the importance of awareness of ACEs within the field of neurodevelopmental disabilities;
- Describe examples of training activities within PacWest LEND programs that prepare trainees to recognize and screen for ACEs, evaluate its impact and implement trauma-informed care.

Practice Implications:

- Routinely seek history of ACEs from all children and families.
- Advocate for early childhood interventions and programs that support high quality early childhood.
- Advocate for evidence-based therapeutic services for maltreated children.
- Advocate for services that support parents (parenting, respite, quality affordable child care).



Create Resilience:

Help Children By:

- Gaining an understanding of ACEs in their life.
- Creating environments where they are safe, emotionally and physically
- Helping children 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 adult
- 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

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

What are they?

Experiences and exposures in childhood that are major risk factors for certain illnesses and poor quality of life.

Why are they important?

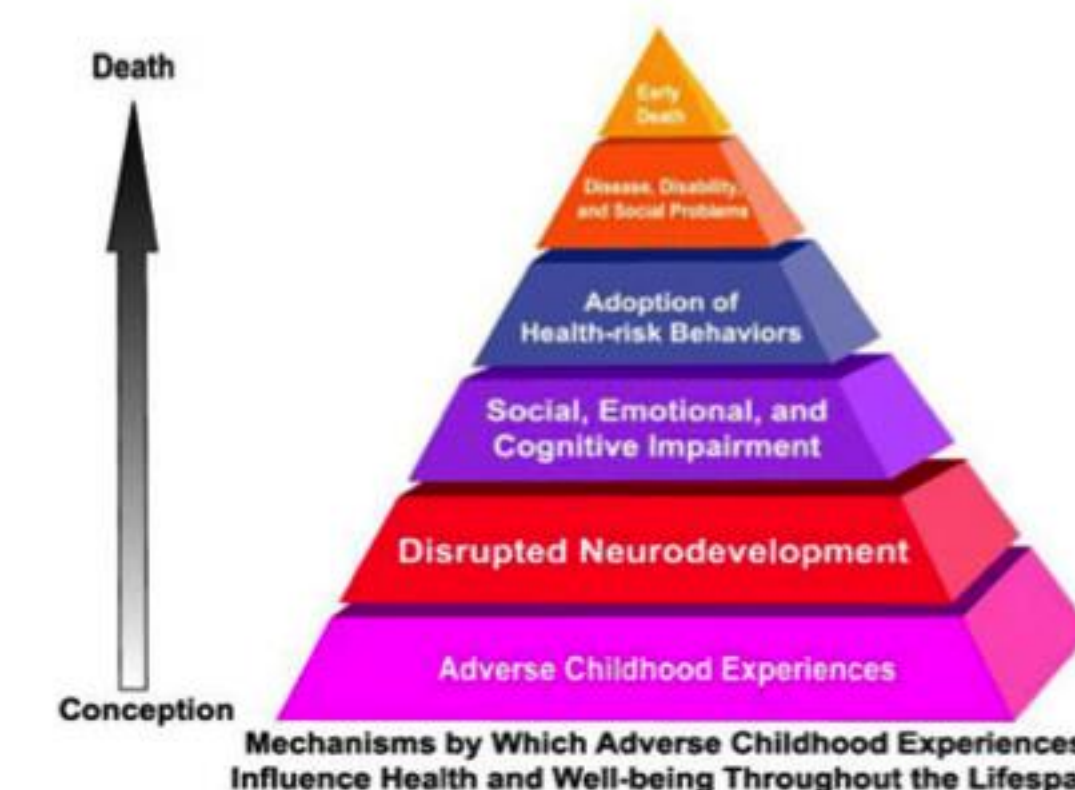
Findings from the Adverse Childhood Experiences Study demonstrate a link between specific stressors in childhood and risk behaviors and health problems in adulthood. (<https://www.cdc.gov/violenceprevention/acestudy/>).

Children with Neurodevelopmental Disabilities are at Increased risk for:

Neglect, Physical Abuse, and Sexual Abuse
(Sullivan & Knutson, 2000; Olson & Jacobson, 2014)

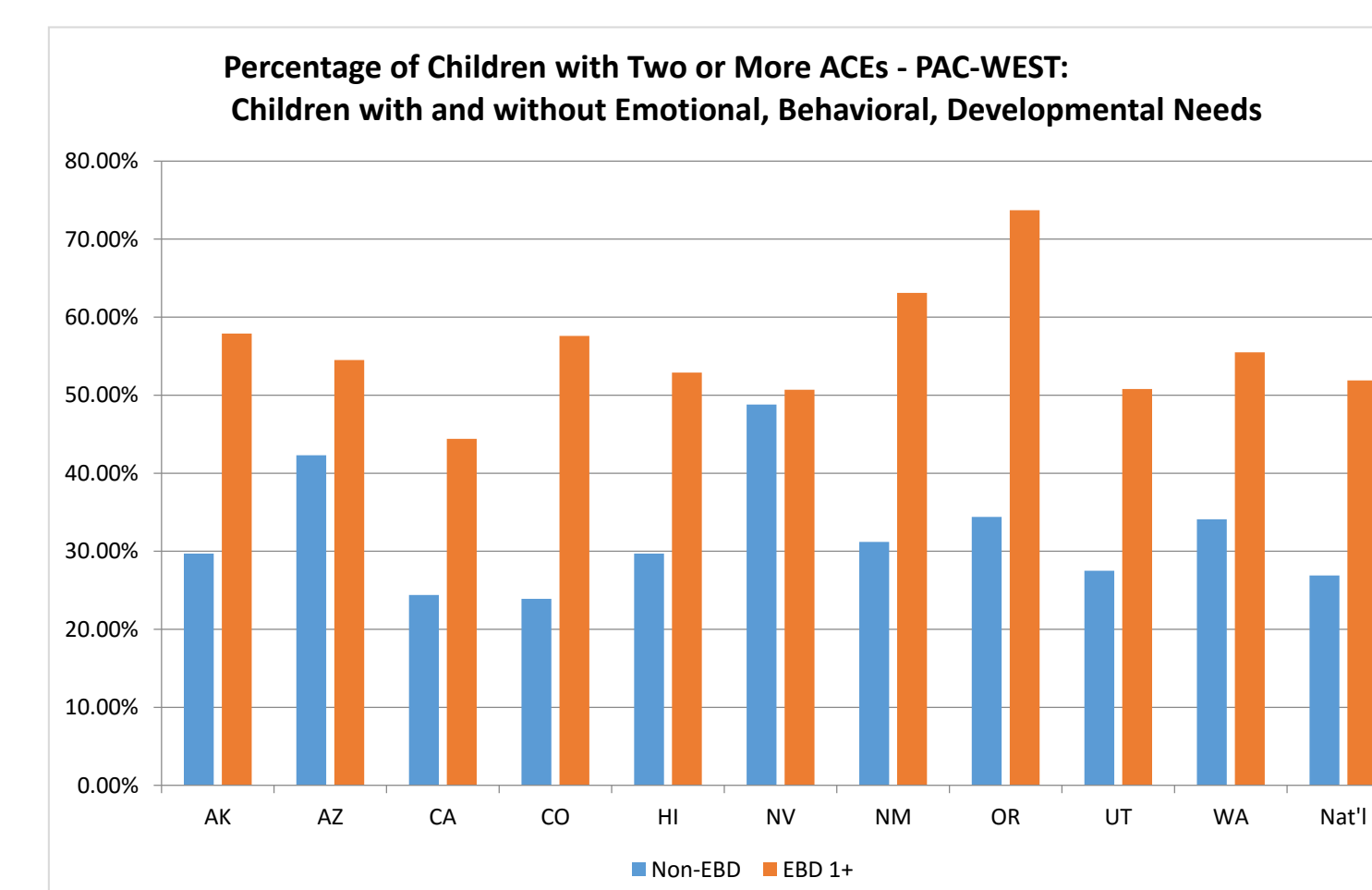
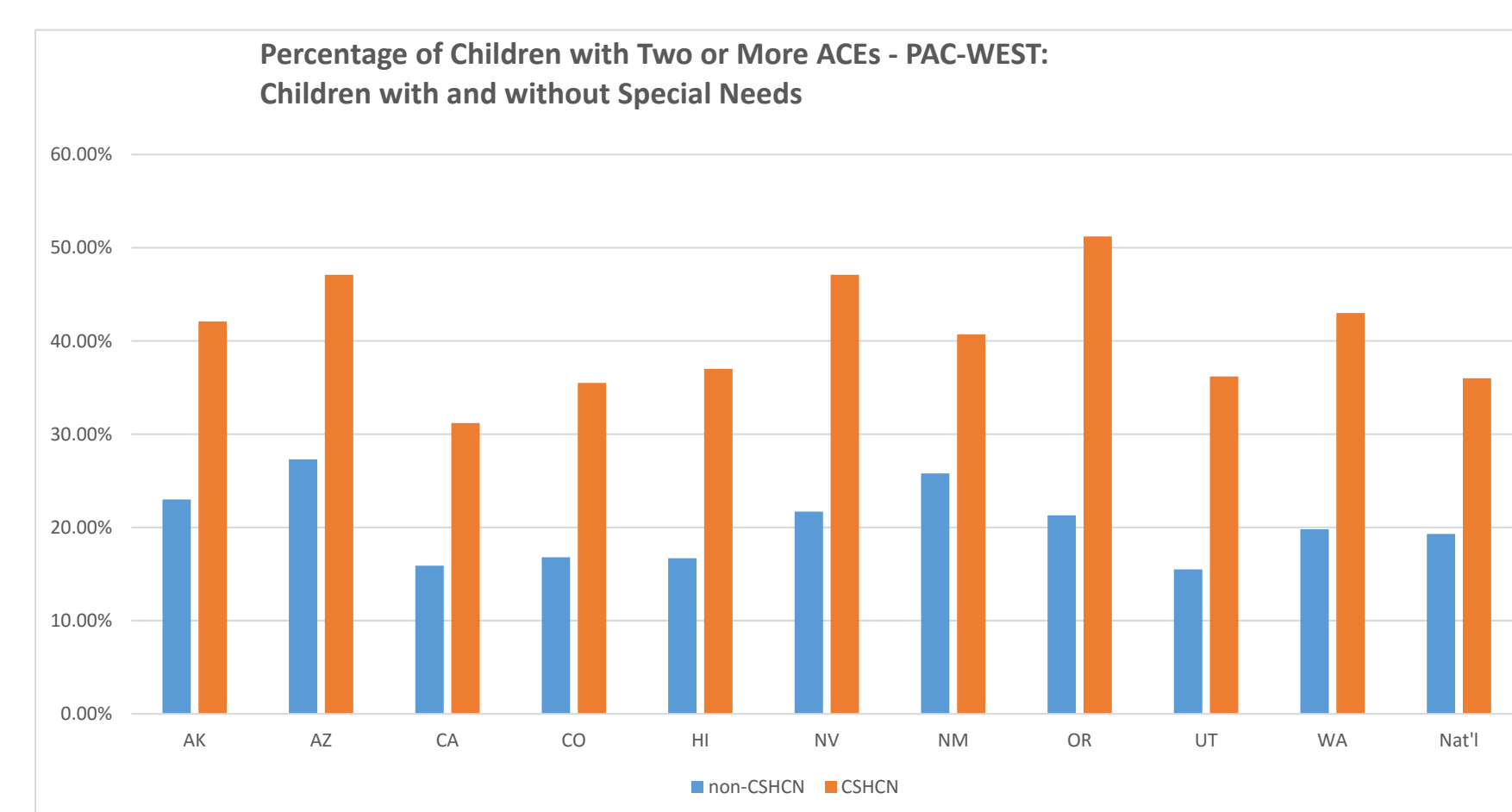
Contributing Characteristics:

Higher emotional, physical, economic and social demands on families
More family stress and social isolation in parent
Unable to cope with care and supervision required
Lack of respite/breaks in child care responsibilities
(Hibbard, et al. 2007; Olson & Jacobson, 2014)



The NSCH 2011/2012, modified the 10 experiences in the original ACEs Study to include the following nine adverse family experiences, (1) socioeconomic hardship, (2) divorce/separation of parent, (3) death of parent, (4) parent served time in jail; (5) witness to domestic violence, (7) lived with someone who was mentally ill or suicidal, (8) lived with someone with alcohol/drug problem, (9) treated or judged unfairly due to race/ethnicity.

The graphs below show the percentage of children with two or more ACEs as reported in the NSCH 2011-2012 for the Pac-West LEND leadership Consortium States. As illustrated, children with special health needs and children with emotional, behavioral and developmental needs experience more ACEs than children without.



PROMISING PRACTICES: VOICES FROM THREE PACWEST LEND TRAINING PROGRAMS

ALASKA:

- Seminar: Alaska Mental Health Board addressed national and state perspectives on ACEs data
- Presentations: ACEs and children with Intellectual and Developmental Disabilities; Trauma-Informed Care; *Tipping the Scales*; *The Resilience Game from the Center on the Developing Child: Harvard Univ.*
- Graduate Course: *ACEs in the North*, elective offered by public health graduate program; *Interdisciplinary Explorations of Alaska’s Critical Behavioral Health Issues*, LEND Faculty LEND Fellows are participating with the DDC on assessment of child care for children with disabilities, best practices and training needs.

NEVADA

- Didactic seminar on Trauma-Informed Care
- Leadership Projects: Video training on developmental disabilities for foster care parents; Evaluation of pilot program to prevent out-of-state institutional placement for children with both intellectual disabilities and behavioral health needs.
- Autism Assessment Clinic: From 2014-16, only 41% of those children referred for autism evaluation met criteria for an ASD diagnosis. Forty-five percent of the non-ASD diagnoses given were psychiatric diagnoses. Trainees learn diagnostic skills to differentiate symptoms of overlapping and co-morbid disorders.

WASHINGTON

- Washington State enacted legislation to prevent ACEs and mitigate effects in 2011.
- Leadership Projects: Adopt a County, LTTs prepare a report describing geography, demographics, health equity issues and needs assessment on ACEs, ASD or UDS.
- Seminars on ACEs: Early Brain Development and Toxic Stress; Adverse Childhood Experiences Part 2: A Case Study; Adverse Childhood Experiences Part 3: Policy and Advocacy
- Clinical: Quarterly Pre-Assessment Conferences on ACEs; LEND Clinicians and Fellows screen patients for ACEs

Solutions to address ACEs within the field of neurodevelopmental disabilities

- Education: Increase recognition of presence and impact of ACEs and trauma-informed practices.
- Research: Evaluate impact of ACEs on children with disabilities and outcomes of interventions.
- Policy: Bridge arbitrary divisions between the “mental health” and “disability” fields.

Conclusions:

- Information about the impact of early childhood experiences is highly relevant to the field of neurodevelopmental disabilities.
- As future leaders, LEND trainees must receive training on recognizing adverse childhood experiences, evaluating its impact and implementing trauma-informed care.
- Many opportunities exist to incorporate training within the LEND curriculum.
- Ultimately, research and policy innovations will need to address the significant public health problem of adverse childhood experiences.

REFERENCES AVAILABLE ON REQUEST