



ACES SUMMIT MAY 9, 2019

Connecting communities and leaders to
prevent and address Adverse Childhood
Experiences (ACEs) in British Columbia

#Action4Aces

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

Physical Abuse 28.3%

Sexual Abuse 20.7%

Emotional Abuse 10.6%

NEGLECT

Emotional Neglect 14.8%

Physical Neglect 9.9%

percentage of study participants that experienced a specific ACE

HOUSEHOLD DYSFUNCTION

Household Substance Abuse 26.9%

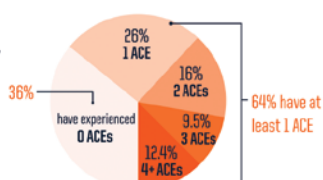
Parental Divorce 23.3%

Household Mental Illness 19.4%

Mother Treated Violently 12.7%

Incarcerated Household Member 4.7%

Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones

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- 3 Westminster 3 (Healing Room)
- 4 Steveston B (Quiet Room)
- 5 Steveston D & F (Resource & Exhibitor Tables)

MORNING & AFTERNOON BREAKOUT SESSIONS

- 6 Elmridge
- 7 Westminster 1 & 2
- 8 Richmond A & B
- 9 Coastal Mountain Ballroom Marriott Hotel (2nd Floor)
- 10 Cedarbridge

- A** Main Entrance to Sheraton Vancouver Airport Hotel
- B** Main Entrance to Vancouver Airport Marriott Hotel (1st Floor)
- Route 1** Exterior route to Marriott Hotel lobby. Proceed to second floor.
- Route 2** Interior route to Marriott Hotel lobby. Proceed to second floor.



We would like to begin by
acknowledging that the land on
which we gather is the unceded
territory of the Coast Salish Peoples.

WELCOME TO OUR SECOND ACEs SUMMIT!

Some of you may have attended the first Provincial ACEs conference in November 2017, which aimed to raise awareness of the impact of ACEs on individual and population health. It was after that first Summit that we arrived at the ACEs Consensus Statement: To Build Better Lives, We Need to Build Better Brains. Since then, we have seen cross-sector grassroots and organizational leadership move forward locally, regionally and provincially, to prioritize and embed strategies to mitigate and prevent ACEs.

At this second ACEs Summit, we will showcase some of these amazing activities with the goal of leveraging and spreading these examples of excellence. We will also disseminate evidence-informed practices to reduce childhood adversity and promote resilience. With prevention and mitigation of ACEs being paramount, our hope is for integrated, seamless, trauma-informed, and culturally safe care for our citizens in BC and beyond.

THANK YOU

On behalf of the Child and Youth Mental Health and Substance Use (CYMHSU) Physicians Community of Practice, we would like to acknowledge the generosity of the Shared Care Committee (a partnership of Doctors of BC and the BC government) for their support of both the first and second ACEs Summit.

We would also like to acknowledge the ongoing support and work with our cross-Ministry partners in Health; Mental Health and Addictions; Child and Youth Mental Health (MCFD); Education; Social Development and Poverty Reduction; and Policing.

Thank you for joining our “ACES Movement” at this second ACEs Summit.



The impact of a successful approach to ACEs might be as great as that of a major vaccine.

—Vincent J. Felitti, MD
co-author ACE study in
Acad Pediatr, 2009

AGENDA

MORNING

TIME	DESCRIPTION	SPEAKER(S)	ROOM
07:30 – 16:00	Healing Room Quiet Room Storyboard Presentations Resource & Exhibitor Tables		Westminster 3 Steveston B Britannia Foyer Steveston D & F
07:30 – 08:15	Registration & Breakfast		Britannia Foyer & Ballroom
08:15 – 08:55	Welcome First Nations opening & territorial welcome	Dr Shirley Sze Dr Shelley Ross Dr Matt Chow Jennifer Mervyn	Britannia Ballroom
08:55 – 10:00	Success Stories Highlighting work in BC and elsewhere, and discussing how we can take action in our own communities.	Dr Tahmeena Ali Dr Kirk Austin Mike Grandia Troy Forcier Jan Ference	Britannia Ballroom
10:00 – 10:45	Keynote Speaker The Healing Power of Fostering Resiliency	Liz Huntley	Britannia Ballroom
10:45 – 11:05	BREAK (Liz Huntley & Dr Gabor Maté Book Signing)		
11:05 – 12:05	Breakout Sessions ACEs: Overcoming the Challenges		
Session 1.1	Addressing ACEs in Your Primary Care Practice: Introduction	Dr Bruce Hobson Dr Rob Lehman Dr Linda Uyeda Dr Lawrence Yang	Elmridge
Session 1.2	Addressing ACEs in Your Primary Care Practice: Advanced	Dr Tahmeena Ali Dr Hayley Broker Jennifer Mervyn Dr Shirley Sze	Westminster 1 & 2
Session 1.3	ACEs in Maternity Care	Lucy Barney Tatiana Popovitskaia Christina Tonella	Richmond A & B
Session 1.4	Taming the Hungry Ghost: Addiction from Heroin to Workaholism, A Trauma-Informed Perspective	Dr Gabor Maté	Coastal Mountain Ballroom (Marriott Hotel – 2nd Floor)
Session 1.5	Mindfulness-Based Stress Reduction for Patients & Providers	Dr Janice McLaughlin	Cedarbridge

AFTERNOON

TIME	DESCRIPTION	SPEAKER(S)	ROOM
12:05 – 13:05	LUNCH		
13:05 – 14:05	Breakout Sessions ACEs: Overcoming the Challenges		
Session 2.1	Addressing ACEs in Your Primary Care Practice: Introduction	Dr Bruce Hobson Dr Rob Lehman Dr Linda Uyeda Dr Lawrence Yang	Elmridge
Session 2.2	Addressing ACEs in Your Primary Care Practice: Advanced	Dr Tahmeena Ali Dr Hayley Broker Jennifer Mervyn Dr Shirley Sze	Westminster 1 & 2
Session 2.3	ACEs & Indigenous Peoples	Dr Terri Aldred Lucy Barney	Richmond A & B
Session 2.4	Taming the Hungry Ghost: Addiction from Heroin to Workaholism, A Trauma-Informed Perspective	Dr Gabor Maté	Coastal Mountain Ballroom (Marriott Hotel – 2nd Floor)
Session 2.5	Mindfulness-Based Stress Reduction for Patients & Providers	Dr Janice McLaughlin	Cedarbridge
14:05 – 14:15	BREAK		
14:15 – 15:50	Next Steps – Locally, Regionally, Provincially Moving the work forward: Addressing ACEs in a shared care way at the provincial leadership, community, and individual practitioner level.		Britannia Ballroom
15:50 – 16:00	Evaluations, Closing & Thank You	Dr Matt Chow Dr Rob Lehman	Britannia Ballroom

BREAKOUT SESSIONS

ACES: OVERCOMING THE CHALLENGES

SESSION 1.1 & 2.1: Elmridge

Addressing ACEs in Your Primary Care Practice: Introduction

Presenters: Dr Bruce Hobson, Dr Rob Lehman, Dr Linda Uyeda, Dr Lawrence Yang

LEARNING OBJECTIVES:

At the conclusion of this activity, participants will be able to:

1. Recognize the impact of ACEs on individual and population health as a critical determinant of health.
2. Develop an individual approach to mitigating and preventing ACEs.
3. Determine the collective responsibility to address ACEs.

SESSION 1.2 & 2.2: Westminster 1 & 2

Addressing ACEs in Your Primary Care Practice: Advanced

Presenters: Dr Tahmeena Ali, Dr Hayley Broker, Jennifer Mervyn, Dr Shirley Sze

LEARNING OBJECTIVES:

At the conclusion of this activity, participants will be able to:

1. Summarize the impact of ACEs.
2. Assess the Trauma Informed Approach to ACEs on an individual and organizational level utilizing practical tools.
3. Determine the elements of Self-Healing Communities.

SESSION 1.3: Richmond A & B

ACEs in Maternity Care

Presenters: Lucy Barney, Tatiana Popovitskaia, Christina Tonella

LEARNING OBJECTIVES:

By the end of the session, participants will be able to:

1. Identify to what extent the ACEs questionnaire is feasible for maternity healthcare providers.
2. Identify to what extent the ACEs questionnaire is acceptable for women as a history-taking tool.
3. Understand the experiences that participating women have with the ACEs questionnaire.

SESSION 2.3: Richmond A & B

ACEs & Indigenous Peoples

Presenters: Dr Terri Aldred, Lucy Barney

LEARNING OBJECTIVES:

This session will:

1. Describe ACEs and trauma-informed care (TIC) in the context of Indigenous populations and community.
2. Demonstrate how mental and physical aspects of Indigenous peoples' personal and shared history in the context of how trauma shapes current health determinants in our communities.
3. Explore how Indigenous peoples' ways of knowing and spirituality are protective factors and help us be resilient.
4. Actively engage the audience to define our learning goals in the workshop and share resources with participants.

SESSION 1.4 & 2.4: Coastal Mountain Ballroom *(Marriott Hotel – 2nd Floor)*

Taming the Hungry Ghost: Addiction from Heroin to Workaholism, A Trauma-Informed Perspective

Presenter: Dr Gabor Maté

LEARNING OBJECTIVES:

Participants will learn to:

1. Apply a bio-psycho-social perspective to the treatment of addictions and mental health issues.
2. Incorporate the latest findings of brain-developmental science to such issues.
3. Distinguish between overt trauma and relational trauma.
4. Understand how early childhood experiences may create coping patterns that later lead to pathology.
5. Distinguish between and reconcile harm-reduction abstinence-based approaches to addiction treatment, and between abstinence and full sobriety.

SESSION 1.5 & 2.5: Cedarbridge

Mindfulness-Based Stress Reduction for Patients & Providers

Presenter: Dr Janice McLaughlin

LEARNING OBJECTIVES:

By the end of the session the participant will be able to:

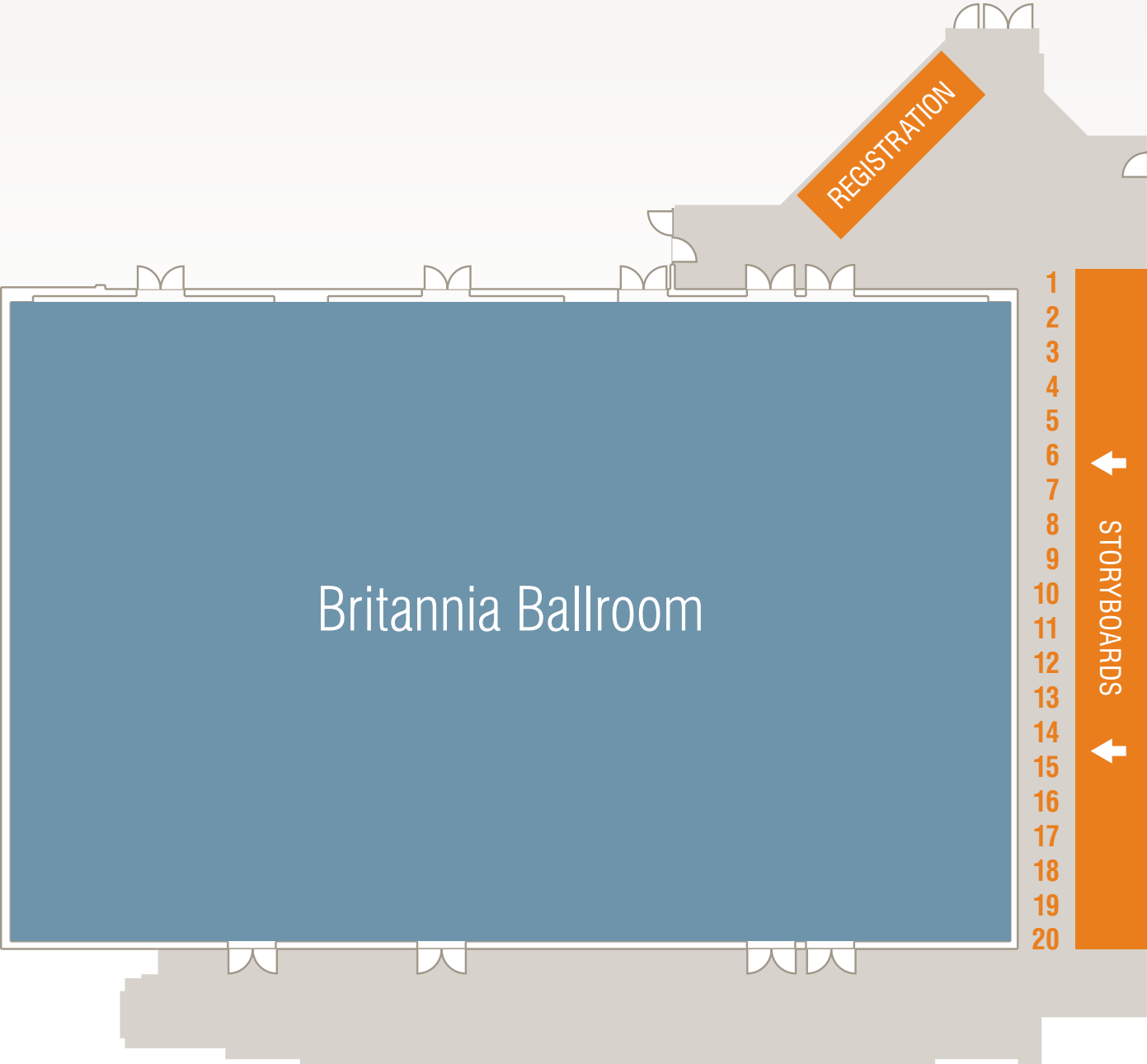
1. Describe the concept and practice of mindfulness.
2. Recognize the relationship between trauma, mindfulness and resilience.
3. See a pathway to providing group medical visits to deliver mindfulness-based interventions.



STORYBOARD MAP

SHERATON VANCOUVER AIRPORT HOTEL

Britannia Ballroom & Foyer



POSTER #	TITLE
1	A Trauma Informed Approach for Children in Foster Care
2	ACEs and Social Determinant Screening in Ambulatory Clinics Within a Tertiary Children's Hospital
3	Assessing Paths to Self-Sufficiency: CUPS Calgary Resiliency Matrix
4	BEYOND BEHAVIOR: Connecting to the Unbreakable Through Honoring the Unbearable
5	Building a Self-Healing Community
6	Calling Forward the Greatness of Our Ways: Indigenous Trauma Therapy
7	Circle of the Child: Encircling ACEs & Advocacy
8	Compass
9	Cowichan Hopepunk Collective
10	Foundations for ACEs Screening & Supporting First Nations
11	Fun Feelings Group: A School-Based Dialectical Behavioral Model
12	Health Navigators: Co-Learning Between Medical Students & Independent Youth
13	Piloting ACE and Resiliency Interventions in Public Health Nursing in Fraser
14	Principles for Indigenous Approaches to FASD Prevention
15	Starting the Conversation: Community Dialogues on ACEs
16	Trauma and Chronic Pain
17	Trauma-Informed Yoga for Children Who Have Experienced Violence
18	We Won't Let You Die: Hospitalization for Youth After Drug Overdose
19	Web-Based, Trauma-Informed SBIRT Screening for Middle Schools
20	Young Families Program

STORYBOARDS

1

A Trauma Informed Approach for Children in Foster Care

Ministry of Children and Family Development

CONTACT:

Victoria Morton | Integrated Practice Clinician

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Ministry of Children and Family Development (MCFD) in Campbell River, BC, introduced a specialized Integrated Practice Clinician (IPC) in 2017, offering direct service to children In Care, and their caregivers, who present with problematic trauma symptomology.

Our aim is to increase caregiver capacity, reduce symptomology and create stability in foster placements, ultimately leading to permanency for some of the most at risk children in MCFD care. The program is comprised of a single clinician who works with families, and their care team to provide an individualized trauma informed and developmentally appropriate treatment plan and aid with implementation. Foster parents report better understanding of the needs of these children and social workers have reported the usefulness in helping plan for children and decrease placement changes. Clinician expertise was rated the highest benefit by participants. To date 18 children have received services through the IPC of which 50% remained in care placements for six months following discharge.

2

ACEs and Social Determinant Screening in Ambulatory Clinics Within a Tertiary Children's Hospital

BC Children's Hospital

CONTACT:

Christine Looch
Developmental Pediatrician

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We investigated how social determinants of health (SDoH) and adverse childhood experiences (ACEs) may influence the lives of pediatric patients and families. We created a 28 question survey to inquire about SDoH and ACEs and it was administered to 370 families in pediatric ambulatory surgical subspecialty clinic waiting rooms. While almost all families had a primary care provider (n=366, 94.3%), 23.1% reported not being able to turn to them for assistance. Half of participants reported having difficulty making ends meet (n=364), and one in five (n=352, 18.2%) stated the cost of medical supplies/medicines affected adherence to treatment plans. Key variables included resiliency, disability, and weak social capital. Twelve percent of children in our study had an ACE score of 4 or more (n=261). Our results demonstrate that SDoH/ACEs affect the lives of many pediatric patients/families and support interventions such as advocating for social screening and social work availability during clinic visits.

3

Assessing Paths to Self-Sufficiency: CUPS Calgary Resiliency Matrix

CUPS Calgary

CONTACT:

Robert Perry | Senior Director,
Program and Service Assessment

robertp@cupscalgary.com

Integrated supports and services are critical to break the cycle of intergenerational trauma and poverty, and allow those people who have experienced adversity in childhood to thrive. In the past, evaluation integrated programming was limited by lack of reliable and valid scales to capture concepts of relevance to strengthening resiliency. Consistent with theories of behavioral neuroscience and developmental origins of health and disease, CUPS Calgary developed the Resiliency Matrix© for intake interviews. With a deeper understanding of economic, social-emotional, health, and developmental resiliency domains, clients and staff formulate precise care plans designed to achieve individual and family self-sufficiency. As clients achieve milestones in their path to self-sufficiency, CUPS Calgary uses a reliable and valid scale, CUPS Resiliency Questionnaire, to monitor progress from crisis to thriving. We will present results of psychometric assessment of their Resiliency Matrix and Questionnaire.

4

BEYOND BEHAVIOR: Connecting to the Unbreakable through Honoring the Unbearable

Someway Development

CONTACT:

Talia Camozzi | Registered
Clinical Counsellor

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The Goal: To transform people's perception of challenging behaviors by teaching them how to see beyond the immediacy of the moment with a focus on responding versus reacting.

The Importance: Commonly care providers are asked why some children are so disruptive, bad-on-purpose, time consuming, and headache-inducing. When adults understand the importance of connection, acceptance, curiosity, and being regulated, they naturally facilitate positive, meaningful, and impactful change.

The Trainers: Hayley Yarish and Talia Camozzi are RCCs with a combined 18 years' experience. They are informed by emergent research in neuroscience, existential theory, attachment and attachment repair, ancient wisdom, trauma, somatic therapy, and the restoration of the mind/body/spirit connection.

The Next Step: Beyond Behavior is offered in 1 and 2 day trainings for service providers, schools, agencies, and the general public. All inquiries can be sent to somewaydevelopment@gmail.com

STORYBOARDS

5

Building a Self-Healing Community

**White Rock South Surrey
Division of Family Practice**

CONTACT:

Kay Abelson | Project Coordinator
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A movement to cultivate a self-healing/caring community is beginning in the White Rock and South Surrey community. Our local Adverse Childhood Experiences (ACEs) Working Group, comprised of community members and stakeholders, has been focusing its attention on engaging members of the public about the impact of building resilience and ACEs, in order to prevent inter-generational transfer of ACEs. Over the course of a year, we engaged over 300 residents in three community events. To build on the growing community awareness, we hosted our first monthly community conversation to strategize and take our next steps forward together, leading to the formation of a grassroots 'self-healing/caring community'. Sharing their knowledge of ACEs and trauma-informed care, our group endeavors to equip each community member with tools and support to feel empowered to take their health into their hands, increasing their capacity to build resilience and engage in the on-going process of healing.

6

Calling Forward the Greatness of Our Ways: Indigenous Trauma Therapy

**Aboriginal Health,
Vancouver Coastal Health**

CONTACT:

Riel Dupuis-Rossi | Aboriginal
Wellness Counsellor
riel.dupuisrossi@vch.ca

This project identifies how adverse childhood experiences faced by Indigenous peoples is connected to historical and systemic colonization. The trauma of the reservation system, the residential school system and the sixties scoop are historical, collective, transgenerational and complex and challenge Indigenous peoples over the course of our lives, especially in childhood. This project offers Indigenous therapists a way of working with the trauma of colonization. Concrete culturally informed therapeutic interventions and positive clinical outcomes for Indigenous clients are featured. The vital role that Indigenous Elder's and Indigenous Elder-led Ceremony play in the process of collective healing is also honoured. An ethical framework for non-Indigenous clinicians engaging in therapeutic work with Indigenous clients is an additional part of this project.

7

Circle of the Child: Encircling ACEs & Advocacy

BC Children's Hospital – RICHER

CONTACT:

Tessa Diaczun | Pediatric
Nurse Practitioner

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The Circle of the Child model is a medical-legal-community partnership in Vancouver's inner city that uses a consensus-based dispute resolution process to address concerns related to a child's well-being. It is a partnership between Ray-Cam Cooperative Centre, RICHER Social Pediatrics Program, ALIVE and Our Place. The goals are to: put the child at the centre of a network of supportive family and community resources; convene and mobilize the group to create a plan to enhance the child's wellbeing; empower the family network by involving them as full participants and decision makers in the planning process; build trust and connections among all the participants in the child's family and social networks. The RICHER program aims to provide place-based care, developing trust with community members, service providers and vulnerable children, youth and families, many of whom have multiple ACEs. With these relationships, there is opportunity to connect with the model through bridged trust.

8

Compass

BC Children's Hospital

CONTACT:

Jennifer Russel | Clinical
Director, Compass

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Compass is a province-wide multi-disciplinary phone consultation program that rolled out in September 2018 to treat youth (ages 0 – 25) who have mental health concerns, substance abuse issues, or both. Interventions include phone coaching, case conferences, telehealth assessments, webinars and the development of on line learning modules. We are universally screening for trauma and substance use, and customizing our treatment recommendations to each youth. Our philosophy is to support the community in providing care for these youth closer to home, so that youth are able to stay with their families. We are also sensitive to the extent of compassion fatigue and burnout in British Columbia, and aim to provide support to clinicians through the process of our involvement. We will report the initial findings related to implementation, focused on impact of trauma and highlight some clinical examples to date. We conclude with a summary of key learnings and future directions of care.

STORYBOARDS

9

Cowichan Hopepunk Collective

Cowichan, Vancouver Island

CONTACT:

Maki Ikemura | Maternity Physician
makiikemura@icloud.com

The Fishing Boat, the Storm and the Marina: Toward an Interconnected System of Care and Wraparound Services for Families in Cowichan.

The Cowichan region reports a higher proportion of children in care. We feel that a multi-systems approach is key to reducing this statistic. Families with child welfare agency involvement struggle with a combination of poverty, domestic violence, problematic substance use, homelessness, and mental health. While recognizing these challenges and acknowledging risks to child safety, we strive through the “Hopepunk” lens of radical kindness and collaborative process to create integrated social systems that support families to increase capacity.

WE WILL PRESENT THE FOLLOWING:

- Fishing boat story; how we can use the power of narrative to counter silos, foster healthy advocacy, and educate in order to broaden understanding of complex social issues.
- New care plan protocols; supporting families prenatally and post-partum until they are thriving.
- Supportive housing project and system integration; clients access co-located services and create wraparound service plan.

10

Foundations for ACEs Screening & Supporting First Nations

FNHA

CONTACT:

Lucy Barney | Cultural Advisor,
Patient Experience
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The goal is to challenge people to recognize and value the need to view ACE screening with a holistic lens. Think about the most traumatic time in your life. You might want to have a trusted provider to share this with, but would you want to share this information: In a waiting room? Before meeting the provider? As a questionnaire? When you don't know who sees the information? The information from ACE screening is undeniably vital to healing. The importance of foundational learning and practice before incorporating ACEs screening is preventing harm. The history of Indigenous people, cultural safety / humility, and trauma informed care are key learnings. This poster will also share ways to provide support with clients, highlighting the values of respect, building relationships, a strengths-based approach to care, and family focused resources. A safe space must be created to allow for meaningful sharing which may take time, but the client's well-being is at stake.

11

Fun Feelings Group: A School-Based Dialectical Behavioral Model

Aboriginal Child and Youth Mental Health Services, Ministry of Children and Family Development

CONTACT:

Lisa Isaac | Registered Psychiatric Nurse
lisa.isaac@gov.bc.ca

Fun Feelings Group started in 2013 and is a school based Dialectical Behavioral Therapy informed program designed in partnership with the Ministry of Education and the Ministry of Children and Family Development. Its goal was to address the complex and intergenerational effects of trauma in local indigenous communities. An elementary school with a population that was 97% indigenous was targeted with its intention being twofold; to teach students how to effectively deal with life's challenges and, as a preventive service, would reduce the number of children requiring 1:1 intervention. It is run by a psychiatric nurse and a support worker, and teachers and education assistants participate so that skills can be generalized. It is the hope that a program like this will become part of school curriculum and this would require a systems change involving multiple personnel from various levels of government.

12

Health Navigators: Co-Learning Between Medical Students & Independent Youth

University of British Columbia

CONTACT:

Maya Rosenkrantz | Medical Student
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Health Navigators connect medical students with Independent Youth (IY) transitioning out of government care or marginalized due to social factors. ACEs have a significant impact on IY's health; they face unique barriers to accessing health resources and trauma-informed care. This project aims to bridge gaps preventing youth from engaging with healthcare through mentorship with medical students, while facilitating experiential learning for students. To date, 15 students engaged with youth weekly for 7 months at 4 community agencies (Broadway Youth Resource Centre, Eastside Boxing, Aunt Leah's and Pinnacle School), guided by a paid coordinator after 5 weeks of training. Participants fostered relationships, engaged in discussions about health, and learned from each other's experiences. Although most relationships did not last beyond the program, feedback from youth, agencies and students was promising for a lasting impact through mutual empowerment to engage in compassionate care.

STORYBOARDS

13

Piloting ACE and Resiliency Interventions in Public Health Nursing in Fraser

Fraser Health Authority

CONTACT:

Sarah O'Connor | Public Health Manager
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Adverse Childhood Experiences is not a new phenomenon.

ACEs are stressful or traumatic events that are clearly related to the development and prevalence of a wide range of physical and emotional health problems including but not limited to mental health challenges and problematic substance use, unplanned pregnancies, heart disease, liver disease, and diabetes. When using a population and public health approach it is simple to see the link between implementing ACEs and resiliency conversations with the work of improving the life course approach to disease causation and prevention. We believe that Public Health Nurses can improve life-long health and social outcomes for families by promoting resiliency as a way to reduce the incidence of ACEs on children and the impact of ACEs on the parent. Little research exists to demonstrate the efficiency and or effectiveness of nurses using the ACE tool with vulnerable clients, hence the reason this pilot study was undertaken.

14

Principles for Indigenous Approaches to FASD Prevention

**Centre of Excellence
for Women's Health**

CONTACT:

Lindsay Wolfson | Research Coordinator
Lindsay.wolfson@gmail.com

This poster highlights opportunities for collaborative action on the Truth and Reconciliation Commission's Call to Action #33.

This poster describes a Consensus Statement and its 8 tenets for Fetal Alcohol Spectrum Disorder (FASD) Prevention developed in a meeting of FASD prevention and Indigenous wellness experts. The Consensus Statement was collaboratively developed during and following the national meeting. The tenets align with Indigenous wellness models including the First Nations Mental Wellness Continuum Framework and provides guidance for developing community and culture-led FASD prevention programs. This poster will visually capture the 8 tenets and a timeline of Indigenous Approaches to FASD prevention in Canada starting in the late 1970s; it will highlight what decolonizing FASD prevention might look like; and offer reflective questions about FASD prevention and reconciliation. The poster invites critical thinking and action on trauma- and culturally-informed FASD prevention.

15

Starting the Conversation: Community Dialogues on ACEs

**Local Action Team, Surrey/North
Delta (Division of Family Practice)**

CONTACT:

Lynne Godfrey | Project Lead
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The Surrey/North Delta Local Action Team is a collection of collaborative community partners who, since June of 2015, have committed to being catalysts of change for Child and Youth Mental Health in our communities. Through the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative, and the Division of Family Practice, we have offered awareness and education on ACEs through our public-facing film screenings of the documentaries: Resilience, Paper Tigers, and now our two newest films Broken Places and Wrestling Ghosts. By offering audience engagement through Q & A sessions with local panelists after the screening, these films have been attended by well over a thousand people and created a ripple effect around ACEs dialogue and trauma-informed practices. This has led to; 2 Physician ACEs Sessions; 3 community events on the Opioid Crisis: and ACEs and Addiction; and our fifth Youth Event in our series called ENGAGE!. We have learned, as a team, that the possibilities are endless, and the work we do best is something we all can be doing... start the conversation on ACEs!!

16

Trauma and Chronic Pain

Heiho Clinic

CONTACT:

Judy Dercksen | Medical Director
judydercksen@shaw.ca

I created <https://painimprovement.com> as an internet-based chronic pain care program. More than fifty percent of clients presenting in my office suffer from chronic physical and emotional pain. Medications are not enough to alleviate their suffering. There is a critical lack of resources and time available to help patients. Patients and communities will need all the help they can get to find ways to help themselves deal with the traumas that have caused their pain. Adverse child events play a key role in physical and mental health. By helping patients recognize the effects of adverse child events and complex PTSD, we can help them heal and prevent further harm. The website contains tools for education on pain, stress, complex PTSD, stretching, exercises and medications. It can be used by physicians to assist their patients in their healing journeys, and by patients by themselves. The website also references other internet-based pain websites, like selfmanagementbc.ca and Painbc.ca.

STORYBOARDS

17

Trauma-Informed Yoga for Children Who Have Experienced Violence

BC Society of Transition Houses

CONTACT:

Nicola Bowman | Research Coordinator
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Reaching Out with Yoga is a research project investigating potential benefits of trauma-informed yoga (TIY) for children who have experienced violence. TIY tailors traditional yoga techniques to make it more accessible for those with trauma histories and is aligned with trauma-informed practice in its focus on safety. Some characteristics are: invitational language with a focus on choice; opportunities to feel sensations in the body in a safe space; absence of verbal corrections or hands-on adjustments; and tailoring the class to the group (i.e. being child-centred, age-and context-appropriate). Preliminary findings suggest many participants enjoy the classes; have noticed improvements in mood after class; and have learned some self-regulation techniques to use in daily life when difficult situations arise. This poster session will share preliminary data and the project's trauma-informed research design. For info or to get involved, please visit: www.reachingoutwithyoga.ca

18

We Won't Let You Die: Hospitalization for Youth after Drug Overdose

BC Children's Hospital / UBC

CONTACT:

Eva Moore | Adolescent
Medicine Pediatrician
eva.moore@cw.bc.ca

Families, individuals and agencies caring for youth have called for a developmentally appropriate approach for youth who present to hospital with overdose. BC Children's Hospital is developing and piloting 'Stabilization Care' for youth who present with severe, life-threatening overdoses. Instead of discharging youth from the emergency department often to the same extreme high-risk environment from which they came – youth are admitted to the pediatric ward for 2 – 7 days. The purpose is to: meaningfully assess their mental health, substance use and psychosocial situations; engage in motivational interviewing; offer medication assisted treatment; address medical problems; and establish a safer discharge plan. To date there have been 15 admissions over 9 months. These youth have a very high degree of adversity and trauma. 10 were successfully connected with addiction treatment. Next steps are to develop a care pathway, order set and procedure guidelines to offer provincial level guidance.

19

Web-Based, Trauma-Informed SBIRT Screening for Middle Schools

Tickit Health

CONTACT:

Sandy Whitehouse | CEO
sandy@tickithealth.com

There is association between ACEs and risky behaviors in youth.

Early signs of behavioral health difficulties emerge, but are missed, in middle school. Schools struggle to implement effective school-wide public health-oriented strategies to identify emerging behavioral health difficulties like depression, suicidality, and substance use to proactively engage youth, caregivers and treatment teams in a coordinated response. We collaboratively developed an innovative adaption of Screening, Brief Intervention and Referral to Treatment (SBIRT) tailored specifically for middle schools in Washington State, that uses a web-based, trauma-informed, strengths-based, youth-friendly screening and triage tool, Tickit. Pairing Tickit with developmentally appropriate and motivational brief intervention elements adapted from Reclaiming Futures youth SBIRT model, is showing promise in early identification and response to emerging behavioral health issues, aimed at optimizing future outcomes.

20

Young Families Program

**Greater Vancouver
Youth Unlimited**

CONTACT:

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Program Manager
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Young Families is a program of Youth Unlimited, a faith-based organization dedicated to providing care to the whole person no matter the youth's background.

Young Families provides caring, committed and genuine support to parenting youth, aged 12 to 24. Through our programs, we provide practical support like baby necessities, transportation costs and child minding; mental and emotional support like counselling and relational support through our programs. Our commitment to long term relationships makes us unique. We have staff and volunteers from 10 years ago still supporting our programs and participants from 7 – 15 years back who are now volunteering with us or still connecting with us. Since learning about ACEs, we have had Dr. Jennifer Mervyn and Dr. Linda Uyeda teaching our parents about ACEs and how to combat the effects of ACEs for themselves (majority have 4+). How to be involved: We have need for guest speakers, community partnerships, mentors and volunteers in our programs! We need sharing of knowledge and connections with community services, resources and providers in Surrey. www.youngfamilies.ca

PLANNING COMMITTEE

NAME	ROLE	ORGANIZATION
Christina Tonella	Provincial Director, Prevention and Primary Care	Perinatal Services BC
Eileen Janel	Senior Project Coordinator	Shared Care Committee, Doctors of BC
Dr Jana Davidson	Psychiatrist, Vancouver	CYMHSU Physicians Community of Practice Steering Committee
Jennifer Mervyn	Psychologist, White Rock	ACEs Working Group - CYMHSU Physicians Community of Practice
Dr Matthew Burkey	Psychiatrist, Williams Lake	CYMHSU Physicians Community of Practice Steering Committee
Dr Matthew Chow	Psychiatrist, Vancouver	CYMHSU Physicians Community of Practice Steering Committee
Ray Grewal	Liaison	Shared Care Committee, Doctors of BC
Dr Rob Lehman	Family Physician, Gibsons	CYMHSU Physicians Community of Practice Steering Committee
Dr Shelley Ross	Family Physician, Burnaby	ACEs Working Group – CYMHSU Physicians Community of Practice
Dr Shirley Sze	Family Physician, Kamloops	CYMHSU Physicians Community of Practice Steering Committee
Dr Tahmeena Ali	Family Physician, White Rock	ACEs Working Group – CYMHSU Physicians Community of Practice
Tatiana Popovitskaia	Project Manager	Perinatal Services BC

