

ADVERSE CHILDHOOD EXPERIENCES SUMMIT: BC & Beyond

Poster Presentations



Image: 'Drowning in Sorrow' by Phoebe Bizzaro | Grade 10, Smithers Secondary School

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:

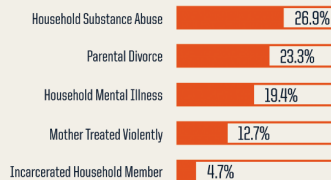
ABUSE



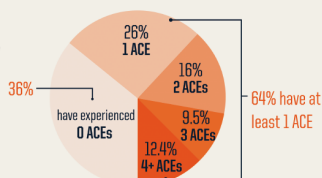
NEGLECT



HOUSEHOLD DYSFUNCTION

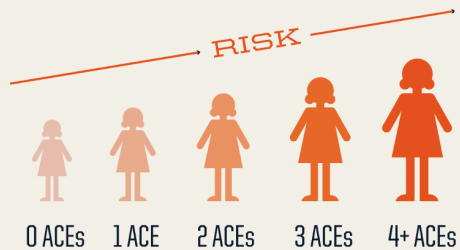


Of 17,000 ACE study participants:



WHAT IMPACT DO ACEs HAVE?

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



Possible Risk Outcomes:

BEHAVIOR



PHYSICAL & MENTAL HEALTH



ACEs IN BC: FROM AWARENESS AND UNDERSTANDING TO ACTION

HOW WE GOT HERE

Over the last four years, ACEs awareness and understanding has grown in BC in large part through the work of the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative, funded by the Doctors of BC and the BC government. The Collaborative (2013 – 2017) brought together over 2600 people — youth, families, doctors, mental health clinicians, teachers, counsellors, community agencies, municipalities, RCMP/police and more — to find ways to work together to improve access, integration, and outcomes in child and youth mental health and substance use. Among the Collaborative's 64 Local Action Teams (LATs), a number chose issues around ACEs awareness and prevention, and trauma-informed care as key team activities. LATs have tapped into the expertise of ACEs and trauma-informed care researchers and practitioners in BC, Alberta and the US, and hosted workshops, training, invited speakers, and fostered trauma-sensitive schools and communities. The Collaborative also featured ACEs experts such as Laura Porter in keynote presentations, connected with Vermont over its ACEs policies, and produced a comprehensive document, the [Trauma-Informed Practice and Services Resource List](#), with all trauma-informed care resources in BC. Additionally, physicians involved in the Collaborative started a Community of Practice, uniting doctors interested in ACEs and mental health to join together to try to address some of the issues. We already see the focus on ACEs is spreading well beyond the Collaborative to an even wider sector of British Columbians, many of whom have come together at this ACEs Summit, November 14 – 15, 2017.



The best time to influence the character of a child is 100 years before they are born.

—W.R. Inge

LEARN MORE ABOUT POSTER PRESENTATIONS AT THIS SUMMIT

This brochure contains short descriptions of numbered poster presentations at the ACEs Summit. These posters provide insight as well as contact details into the wide array of ACEs-related activities underway in BC, Alberta, Ontario, Florida and California. The desired goal is that all participants at the ACEs Summit can learn from the work of others, share successes and inspire more actions to reduce the toll of ACEs in BC and beyond.

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#action4ACEs



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1

ASPIRE

**Muslim Food Bank and
Community Services Society**

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ASPIRE works with low income families, immigrants, and refugees who are registered with the Muslim Food Bank and Community Services. ASPIRE aims to empower families who are using services by connecting them with volunteer caseworkers. We provide training to educate caseworkers about trauma informed practice. Majority of our clients are refugees who have experienced some form of trauma. Our client base includes children who have witnessed violence and been impacted by childhood poverty. ASPIRE works from a trauma-informed lens. We provide support that honors the dignity of each client. We are currently working with 600 families. We have been successful in providing for the physical and mental health support services. We have seen our clients progress due to the early intervention. ASPIRE has successfully formed connections with various support agencies and developed programs that cater to the needs of our client group.

2

Sardis Doorway

Sardis Doorway

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Sardis Doorway supports 40 mothers and 80 children in a year-long program. The goal is to help women heal from trauma and explore personal goals. Women attend personal development workshops as well as explore employment and transition to education. Doorway runs with 70 volunteers and one paid position. Doorway balances ACEs and trauma by fostering resiliency in a non-judgmental community setting. Children benefit from positive experiences at the program, and by healthy personal development of their mothers. Many graduates from our program pursue education including full university degrees, safely leave abusive relationships, work with the Ministry of Children & Family Development to regain custody of their children, combat addictions and unhealthy habits, gain employment, and develop lasting healthy relationships. Doorway welcomes involvement in the form of awareness, volunteering, and by donations, materials or supplies, or services.

3

Bridging Silos for Vulnerable Youth

BC Children's Hospital

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The RICHER – BC Children's Hospital Working Group was formed in response to concerns regarding the ability to secure follow up and ensure a safe discharge for vulnerable youth in Vancouver. Intersectoral members included representatives from health, community, education, mental health, child protection and police. Case reviews demonstrated that inadequate communication was a gap contributing to prolonged hospital stay and leaving against medical advice. This was decided as a direction for improvement. To date, the working group has developed two communication tools:



- (1) A “script” to report unaccompanied youth for child protection concerns when a responsible adult cannot be located
- (2) the SHARED Script for Community-Emergency Department Communication.

Training has been done to facilitated uptake of these tools and an evaluation is underway. The working group continues to meet and work on quality improvement for vulnerable youth.

4

Yin Yoga Healing – A Specifically Therapeutic Practice for ACEs

Vancouver Local Action Team

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Releasing trauma stored in the body and finding freedom from suffering. Yin Yoga Healing (YYH) is the fusion of using the traditional Hatha yoga postures in a slightly different way, Chinese Medicine focusing on the energy channels in the body, and Buddhism Mindfulness: grounding in a mental state of observation. Yin postures totally relax the body to allow the release of tension, trapped energy, and stored trauma. Naturally stretching through the fascia layers of held trauma. Maintaining closed eyes throughout the entire practice. Eliminating resistance to sensations that arise. Using mindfulness to radically accept passing thoughts. Using breathing techniques to end the retelling of traumas in the mind. Science and psychology has confirmed that trauma responses are held energetically in the cells of the body. For thousands of years, yoga has been based on the union of this holistic mind-biology connection. Website: www.thesoulfulbabe.com.

5

Trauma-Informed Yoga for Children Who Have Experienced Violence

BC Society of Transition Houses

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Reaching Out with Yoga (ROWY) is a research project investigating the potential benefits of trauma-informed yoga for children who have experienced violence. Trauma-informed yoga tailors traditional yoga techniques to make it more accessible for those with trauma histories and, in its focus on safety, is aligned with trauma-informed practice for children and youth. Some characteristics of trauma-informed yoga are: invitational language with a focus on choice; opportunities to be empowered and feel sensations in the body in a safe space; absence of verbal corrections or hands-on adjustments; and, tailoring the class to the specific group whom it is for (i.e. child-centred, age- and context-appropriate). In this poster session, preliminary data from the ROWY program for children will be shared, along with the project’s innovative trauma-informed research design (research protocols, data collection tools). Website: www.reachingoutwithyoga.ca.



6

Trauma-Informed Yoga for Inner City Youth

Providence Health Care

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This study sought to understand youth's experiences participating in an 8-week Trauma-Sensitive Yoga (TSY) Program. Youth were recruited from Vancouver's Inner City Youth program (ICY). Participants were asked about benefits of TSY, to describe motivations and barriers for attending, and how future iterations of TSY can be improved. Many youth who access ICY services have a history of adverse experiences including abuse, violence and substance misuse. TSY uses a strengths based approach and is designed as an adjunct treatment for survivors of trauma. A total of 14 youth with depression, anxiety and/or PTSD participated in this study. Thematic analysis of the interview data revealed the intervention decreased anxiety, increased motivation, and increased perceived calmness. The final results will be shared to enable interested healthcare services with similar populations to incorporate TSY.

7

Trauma Sensitive Schools – The Marie Sharpe

School District 27

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Our Local Action Team explored a trauma sensitive school initiative.

Schools that understand the educational impacts of trauma can become safe, supportive environments where students make positive connections. As students learn to calm their emotions, allowing them to focus and behave appropriately, they begin to feel confident enough to engage in their learning. We have taken a multi-pronged holistic approach to facilitate a variety of programs in our school addressing issues around: self-regulation, mindfulness and cultural identity as we looked towards building attachment and trust both. We are looking to include more quantitative evidence, as currently our results are based mainly on anecdotal observation. Moving forward we are developing a trauma informed toolkit, with the support of the Cariboo Action Team, to assist other schools in implementing a trauma informed approach to learning. Our goal is to provide a blueprint that can be tweaked to meet the needs of the local community.

8

ACEs and Trauma- Informed Practice in Mission

Mission Division of Family Practice

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Mission is actively engaged with inter-sectoral partners to raise awareness, identify action items and shift the public narrative around why so many of our young people and families are struggling to thrive, as well as contribute to a shift in how we view those living homeless, addicted and struggling. Mission is taking a grassroots community development approach to this work. To better understand our local landscape, we are engaged in school-based social work pilots, education with physicians, and dialogue with our school district. Our first school-based social work pilot is complete,



giving us new data around families facing multiple barriers; our second pilot starts January 2018. ACEs will be incorporated into the mental health module for local physicians, with a maternity doctor already incorporating ACEs into his practice. We are happy to talk with others about our approach and the importance of starting now – doing what you can, right now with what you have. We can't afford to wait.

9

Trauma-Informed Practice: Made in Community Solutions

Kootenay Boundary Division
of Family Practice

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The term 'trauma-informed' is widely used, and organizations and professionals around the world are striving to become clear about what it means when working with someone who is said to have experienced trauma. Leaders and service providers in Boundary – spanning the communities of Grand Forks, Christina Lake, Greenwood, Midway, Rock Creek, Beaverdell, Bridesville and Big White – have strived to deepen this understanding since 2008. Embracing the models developed by Dr. Bruce Perry and his team at The Child Trauma Academy, and the Complex Care Initiative (CCI) developed by Dr. Chuck Geddes in collaboration with the Ministry for Children and Family Development, a common language and framework of practice has developed within Boundary. Through our poster, we will share the story of a grass roots community movement to integrate principals of trauma, neuroscience and brain development into community practice in a rural area of British Columbia.

10

Becoming a Trauma Informed Community

Central Okanagan Local Action Team

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The Child and Youth Mental Health Substance Use (CYMHSU) Collaborative Local Action Team (LAT) of the Central Okanagan aims to support the transformation towards becoming a trauma informed community. The LAT has become increasingly aware that ACEs can result in compromised health in a myriad of ways and how traumatic episodes experienced as a child can affect health and risk behaviors decades later. With an increase in suicide deaths, overdose deaths, and substance use, a Suicide Prevention Project was launched, including several stakeholders in the community. A multipronged approach including educational campaigns on how to talk to your child about substance use were conducted throughout School District 23, and a series of trauma workshops are in process. The LAT recognizes the effects of ACEs, and has increased collaboration, education, and independent initiatives in order to bring light to these effects. This presentation will highlight successes, challenges and evaluation to date.



11

Reaching Past the Cycle of Trauma by Addressing ACEs at their Bases®

Bella Coola Local Action Team

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Studies show that the negative impacts of ACEs are diminished by having at least one supportive adult providing secure attachment-style experiences. Such repeated small experiences of secure-type relationships change neuronal wiring for relational behaviour (to self and others) thus enhancing one's ability to reach past the cycle of trauma. However, for this to occur, the survivor needs to have a chance to meet adults who are familiar with trauma effects and how to respond to them. Multipronged community wide education is underway in Bella Coola to improve local capacity to provide such positive relational experiences to respond to trauma-based effects by addressing the ACEs at the base. This poster will describe key aspects of this endeavor and participants' assessments, which have been overwhelmingly positive; there will also be information on how your community might share in this work.

12

Reducing Child Abuse and Neglect Informed by Hot Spot Mapping of Health

University of Florida –
College of Medicine

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To address health disparities, we addressed social determinants of health in neighborhoods identified with hot spot mapping. Community residents participated in needs assessment and design of services. Trauma informed health care was provided in a bus, food clothing and shelter were available at a walk-in resource center, and domestic violence calls to 911 received specialized responses by teams of law enforcement and community partners. Within 4 years, total births, premature births, and births with short inter-pregnancy intervals were reduced. At the same time, confirmed cases of child abuse and neglect decreased 45%. To rapidly build trust, we advise that health care and social service providers be selected for their non-judgmental attitudes and behaviors. We think we could have done even better if early childhood education had been available. Contact us for help starting in your community.

13

A Practice Paradigm Shift: Trauma-Informed Prenatal Care

Island Health

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The *Mother's Story* is a practice platform developed by the Nuuchahnulth Tribal Council that supports nurses to practice in a way that is client-centred, trauma-informed, culturally safe, and relational. In 2013, Island Health adapted the Mother's Story approach for application in our perinatal program. We believe this approach could be adopted by other health care providers and strengthen the care continuum. This poster presentation will emphasize the saliency and value of this care approach, describe the practice paradigm shift and outline evaluation results. Our goal is to explore relationships to ACEs and practice support for those who serve pregnant women experiencing heightened exposure to risk due to social vulnerabilities.



Structuring a practice environment to consider heightened risk influences the health outcomes of perinatal women and their children; enabled by a practice quality that values and is attuned to the lived experiences of the women to whom they are in service.

14

Supporting Maternal Child Health through Trauma Informed Care

Interior Health

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The **Maternal Child Health Program** has developed three projects to support mothers, children and youth who may have experienced ACEs:

- (1) The Nurse Family Partnership Telehealth Project offers young, first time, mothers (many who have experienced intergenerational trauma), who reside in rural/remote communities & on reserve a combination of in-person home visits and “virtual visits” prenatally and up to 2 years post-partum.
- (2) The Aboriginal Early Years Project provides culturally sensitive & meaningful health education/services for Aboriginal children 0 – 5 years and their families on reserve at an Aboriginal Early Years Centre.
- (3) The Child & Youth Mental Health School Based Project involves creating a network of education and health sector personnel to share resources, collaborate and increase knowledge of how ACEs impact student health, learning, and behavior. This project aims to train educators and staff on how to help students self-regulate and build resilience through a trauma informed lens.

15

Creating a Culture of Trauma Informed Care – Tertiary Mental Health

Interior Health

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Since 2013 the **leaders and clinicians of the Tertiary Mental Health Program**, which provides services to adolescents, adults and geriatrics with the most complex psychiatric conditions, have taken on the challenge of creating a culture of trauma informed care. Through staff training, hiring practices, and changes to policies and procedures we have worked towards a trauma informed practice system of care. A variety of changes in practice have been achieved, i.e. increased use of comfort plans and grounding techniques with clients; increased awareness of trauma history of clients by clinicians; clinicians reporting an increase in knowledge, confidence and skill providing services to clients with a trauma history; changes in environment to make settings more welcoming; and increase of utilization of self-care strategies for clinicians to counter potential vicarious trauma effects.



16

Balancing ACEs with HOPE at Family Resource Programs

BC Association of Family
Resource Programs

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Family Resource Programs support the development of diverse healthy families with children prenatal to 6-years old using a family-centred approach to care. This focus nurtures parent engagement and enables self-efficacy using a protective factors framework. "The science of thriving is based on the notion that resilience is a skill that can be learned and strengthened." ACEs are balanced by healthy outcomes of positive experiences, HOPE. Parent quote: "There is so many strands about raising a family... health... children... raising yourself. Your marriage changes... your community changes, how you interact with your own parents' changes. I was able to get support for all those strands and my children have benefited from that." The FRPs supports parents to regulate their children and increase family resilience. There are 1,000,000 annual visits from 100,000 unique adults and children. We want to collaborate with partners and organizations in health fields to strengthen healthy family development.

17

Intentional Connections: A Therapeutic Parenting Program for Caregivers

Ministry of Children &
Family Development/Trinity
Western University

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Children placed from foster care have an increased risk for social and emotional difficulties and health issues. This 10-session trauma-informed parenting group covers topics such as: Attachment, Trauma and the Brain, How Relationships and Experiences Affect Development, Emotion Coaching, and Positive Parenting Strategies. We endeavour to shift caregivers thinking about their children's behaviour, gain empathy through understanding how trauma impacts them, and cultivate skills to approach them therapeutically; ultimately ameliorating ACEs and increasing their child's resilience to possible future trauma. An evaluation was completed at the end of each program with 94% reporting increased understanding of the impact of trauma on the brain and 100% expressing increased skills to improve their attachment relationship with their child. My hope is that this program can be expanded into other communities to further educate and support those caring for our most vulnerable children.

18

Confident Parents: Thriving Kids

Canadian Mental Health
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Healthy development in children is supported by consistent, effective parenting. Positive parenting plays a crucial role in supporting children to recover from traumatic events and circumstances. The *Confident Parents: Thriving Kids* program, rooted in the evidence based model Parent Management Training – Oregon (PMTOTM), is a free telephone based coaching service effective in reducing mild to moderate behaviour problems in children between the ages of three to 12. Stress from adverse situations can result in difficulty for parents to respond to their children's behaviours calmly and effectively. The



Confident Parents: Thriving Kids program offers sessions on emotion recognition and regulation, using positive communication (active listening) and collaborative problem solving to support parents to respond to challenging situations successfully. In 2016 – 17 81.3% of families report that the challenging behaviours that brought them to the program are resolved or significantly improved.

19

The Youth Factor

Blue Door Youth Services

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The Youth Factor will present eight tangible, youth-driven approaches to providing trauma-informed care. The poster will illustrate the ways in which people can move beyond the language and into their day-to-day interactions with youth. Small changes, such as providing a youth with the option of sitting with their back to a wall (instead of a door or window), can eliminate a barrier that would otherwise impede their ability to feel safe. These approaches and practices, designed and co-presented by a youth with lived experience, will provide service providers and other professionals with new perspectives on integrating effective trauma-informed practices. Using these practices as guiding principles, we have seen rapid results in youth. It has allowed us to establish trusting relationships with youth, which is a conduit to additional needs being identified. These approaches can be easily implemented within multiple sectors and are adaptable to various environments and workplaces.

20

Bounce Back®: Increasing Access to Cognitive Behavioural Therapy for Youth

**Canadian Mental Health
Association, BC Division**

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Bounce Back® is a free, evidence-based cognitive behavioural therapy program that is now available to support youth 15 years and older across British Columbia experiencing mild to moderate depression and anxiety symptoms. Delivered by CMHA BC and funded by the Ministry of Health and Provincial Health Services Authority, the program intervention is comprised of a series of educational workbooks with coaching via telephone, videoconference or text to reinforce the application of cognitive-behavioral strategies for overcoming difficulties such as inactivity, unhelpful thinking, worry and avoidance. This self-dosed, skills-based program helps individuals build resiliency and developing healthy coping and problem-solving skills. Since 2008, adult participants have reported significant improvements including decreases in depressive and anxious symptoms and increases in life enjoyment and physical health ratings. The program has been available to youth since early 2017 and an evaluation is in development.



21

Group-Based CBT Skills: Living Life to the Full for Youth

Canadian Mental Health
Association, BC Division

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Living Life to the Full for Youth is a group-based resilience course for youth aged 13 – 18. It teaches key skills to help youth how to cope with life's challenges and build resilience, using a proven cognitive-behavioural therapy-based (CBT) approach. In eight modules the course covers dealing with stress, depression, anxiety, anger, unhelpful behaviours and low self-esteem, and builds skills in healthy thinking, problem-solving, confidence building and more. Its weekly group format also builds social support in a fun and engaging atmosphere. We are finalizing a lower-literacy version to reach the more vulnerable or marginalized groups, such as Indigenous, low-income, immigrant, etc. In the 2014 pilot, the participants' self-reported well-being had improved after completing the course; 100% agreed the course was useful to them. In addition, they reported it helped to improve their self-esteem (90%), their ability to deal with stress (86%) and their social relationships (83%).

22

On the Road to Prevention and Effective Intervention: ACEs, Trauma & DBT

Ministry of Children
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Consistent with ACEs the association of severe childhood trauma with the adult psychiatric disorders of Borderline Personality Disorder and Post-Traumatic Stress Disorder has been illustrated. By extension, adolescents are at high risk of exposure to traumatic events and of developing PTSD. Youth with suicidal high risk behaviors along with PTSD and challenges such as substance use need effective treatment that addresses both the PTSD and suicidal behaviors. Untreated PTSD can lead to difficulties in adulthood, including depression, increased suicide attempts, psychiatric hospitalizations, creating the potential for another generation with exposure to adverse childhood experiences. Dialectical Behavior Therapy is an evidence - based treatment for severe emotional dysregulation and related high risk suicidal self-injurious behaviors. This poster considers DBT as a trauma focused treatment along with implications for implementation.

23

Stress Management and Resiliency Techniques (SmartEd) Mindfulness Training

School District 46

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SmartEd helps to increase resilience and create emotionally balanced, compassionate school settings. Immersed in 8 weeks of mindfulness practice in a group setting, participants:

- › develop greater emotional awareness in self and others;
- › create effective strategies for responding to difficult situations;
- › apply mindfulness to interactions with students, colleagues & others;
- › manage stress by recognizing, tolerating, and transforming responses to challenging emotions.



While ACEs can lead to reduced ability in emotional self-regulation, executive function and communication, it is essential that educators and other supporters maintain a trauma lens and remain non-judgemental. Maintaining such support increasingly leads to personal stress and burnout. SmartEd helps to build resilience and mitigate caregiver stress. Past participants have reported increased attention and mindfulness, decreased occupational stress and burnout, and increased compassion for self and for challenging students.

Website: <http://smartubc.ca/>.

24

ANTS in your PANTS: A Guide to Trauma- Informed Teaching

Collective Therapy

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ANTS in your PANTS: A Guide to Trauma Informed Teaching is a framework that was developed by an Occupational Therapist and a Special Education Teacher. This framework was developed using principles of trauma-informed care integrated with key understandings of attachment, self-regulation, and social-emotional learning. The poster will highlight the importance of recognizing and responding to challenging behavior in the school environment using a trauma-informed lens. This guide is currently in a pilot project stage, being delivered to school staff through professional development workshops. Initial data regarding learning outcomes indicates that more than half of all participants reported increased understanding of trauma-informed principles and practical strategies to create security and connection for students within the school environment.

25

Healing Families, Helping Systems

Ministry of Children
& Family Development

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Healing Families, Helping Systems: A Trauma-informed Practice Guide for Working with Children, Youth and Families was released by the Ministry of Children & Family Development (MCFD) in April 2017. This cross-sector guide aims to improve the capacity of practitioners to respond to the needs of children and youth and their families in a trauma informed way, to reduce the impact of trauma on their lives and reduce the likelihood of further traumatization. In addition to advancing four key principles as a framework upon which a trauma-informed approach may be incorporated, the guide advances a model for integrating an understanding of trauma into all levels of care, support system engagement, workforce development, agency policy and interagency work. The guide has been developed to be relevant across MCFD service lines and Delegated Aboriginal Agencies, as well as by those working with children, youth and families in other settings such as schools, hospitals and other community-based settings.



26

The Earlier the Better

Ministry of Children
& Family Development

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The Earlier the Better: Practice Guidelines for Supporting Children and Youth at Risk for or Experiencing Complex Needs will be released by the Ministry of Children & Family Development (MCFD) soon. These practice guidelines provide a framework for working with children and youth at risk for or experiencing complex care needs. They utilize an ACEs-related matrix to help determine the “cumulative risk load” of the young person and to explore the protective and/or risk factors that the child/youth may be experiencing across several domains. This helps to determine what kinds of supports would be best suited to their unique needs. The matrix also considers other risk factors that have been identified in research on child development. The guidelines share the ACEs focus of looking at adverse experiences and other risk events in an intentional way early in planning so that children and youth have earlier identification of their needs and quicker access to the right types of supports and services.

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ACE Questionnaire: Can it Inform Healthcare Management and Evaluation?

CASA Child, Adolescent a
nd Family Mental Health

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To ensure that youth have a solid foundation for lifelong health and resilience, we need effective mental health treatment programs that incorporate knowledge of the impact of adverse childhood experiences (ACEs). At CASA Child, Adolescent and Family Mental Health in Edmonton, we have been exploring the utility of the ACE questionnaire in healthcare service delivery as part of the Change in Mind initiative. Preliminary results for our Current Addiction and Mental Health Program (CAMP) show that youth admitted to the program are almost three times more likely than the general population to have 4+ ACEs. We found that their ACE score predicted the severity of mental health symptoms and the quality of the parental environment at admission, but not the severity of substance abuse. The ACE score did not predict the number of visits or treatment outcome. We share our lessons learned and next steps in supporting the design, delivery, and evaluation of family-centred, trauma-informed care.

28

CUPS' Shift to ACEs and Resiliency: Learnings and Insights

CUPS

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ALBERTA

In 2012 CUPS made a shift to apply the brain science of adversity to the forefront of our programs and services. We developed a theory of change with brain science at the core, and also designed a Resiliency Matrix to assess individuals' current state and provide integrated care plans. The poster will contain content on CUPS' Theory of Change and Resiliency Matrix, both which have the brain science of adversity embedded within.

Applying the brain science throughout CUPS has shown that all services are on the same continuum with the goal of building self-



sufficiency within vulnerable populations. The Resiliency Matrix asks questions on four domains of resilience: economic, social-emotional, health and developmental ranking each into a category ranging from in-crisis to thriving. Results from an initial sample of 1200 clients show the matrix has proficient reliability. We are now collecting follow-up data to monitor clients' progression along the matrix to self-sufficiency.

29

Building Resilience: A Proposed Provider and Citizens SDH Network

BC College of Family Physicians

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The impact of the social determinants of health (SDH) and Adverse Childhood Experiences (ACEs) on health and wellbeing are known.

Physicians and other primary care providers are well placed to screen for these factors and to provide support to their patients, yet many barriers exist that prevent effective incorporation of SDH and ACEs assessment into routine practice. While some progress has been made with resources such as the Poverty Intervention tool it is acknowledged that a larger, coordinated and inter-sectoral approach is required to bring about a meaningful system change and to incorporate SDH and trauma-informed practice into the Patient Medical Home. Building upon the work of the Division of Family Practice SDH Working Group, the BC College of Family Physicians proposes a SDH Network that will bring together citizens, providers and organizations to work together to address SDH and ACEs. The ultimate goal of the network is to build resilience for patients, care providers and the system as a whole.

30

ACEs Made Visible: A Website for Students in Healthcare Professions

University of British Columbia
– Continuing Professional Development

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The goal of this project was to develop a comprehensive website called *ACEs Made Visible* to serve as a resource specifically for students in healthcare professional programs. ACEs are not a topic of broad discussion in healthcare curricula even though nearly 70% of adults in North America have experienced at least one ACE. AMV is a learning tool students can use to better understand what ACEs are, how ACEs relate to health across the lifespan, solutions for healing and prevention, and how to take action to better prevent, mitigate, and treat the consequences of ACEs in their future practices and for themselves. Images and text for AMV were created to maximize intrigue, engagement, and ease of navigation. It is designed to be self-paced and autonomous. This project seeks a Vancouver-based team to conduct user testing and data analysis at UBC and other institutions in North America. **Website:** www.acesmadevisible.com



31

Addressing ACEs: What Can Physicians and Other Health Care Professionals Do?

Interior Health

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Physicians and other health care professionals are growing in their recognition of ACEs as a critical risk factor for a host of chronic health and behavioural outcomes, but frequently ask “What can I do about it?” In order to have maximal population impact, interventions must focus upstream on prevention of ACEs, early identification, and immediate intervention to alter trajectories of impacts of ACEs (Frieden, 2010). Health care professionals are in key positions to affect this public health crisis. They can be most effective in non-traditional roles that build on their clinical expertise and social influence by focusing on:

- (1) community education
- (2) program design
- (3) advocacy for policies that address underlying social determinants of health.

Opportunities for fulfilling these roles will be discussed with a focus on implementation of primary care homes, prenatal care, and collaborative partnerships.

32

Parenting Through Trauma with Culture and Connection for Indigenous Children

Surrounded By Cedar Child
& Family Services

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This poster will summarize a project by *Surrounded By Cedar Children & Family Services and Indigenous Perspectives Society*, that uses the latest research in Trauma Informed Practice and Indigenous Modalities of Helping to support caregivers, caring for Indigenous children impacted by trauma. Guided by local Elders and knowledge keepers, interventions address domains of trauma using cultural knowledge and promote ongoing cultural continuity for long term healing and cultural permanency. Projected outcomes include: enhanced cultural identity, reduced stress response, improved belonging/connection, higher self-esteem, behavioral and emotional regulation; caregivers will learn to support cultural identity development and a sense of historic consciousness for children, and understand the impacts of intergenerational trauma; children and families will learn how to restore and reclaim Indigenous cultural modalities of helping and healing to resolve trauma in their home.

33

Cultural Identity Development in Trauma Interventions for Indigenous Youth

University of Victoria

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This poster will summarize a literature review of cultural identity development for Indigenous children and youth impacted by trauma. Findings include traditional knowledge and scholarly research of the role cultural identity development plays in promoting positive outcomes for children and youth with adverse childhood experiences. Models of Indigenous cultural identity are presented and challenges for intervention and evaluation are included. Cultural safety and cultural competency in addressing identity development using trauma informed practice with Indigenous youth are discussed.



34

Rural Remote First Nations, ACEs and Trauma-Informed Land Based Recovery

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The layers of intergenerational trauma amongst First Nation people are well-known. Recently coming off the biggest wildfires in BC history, the Tl'etinqox community is interested in both assessing levels of trauma in the community, and developing a recovery, healing, and leadership program using psychotherapy and relational horsemanship. This may be an incredible opportunity to understand trauma using the ACEs assessment while also researching the positive effects of Indigenous, land-based, & trauma-informed healing modalities.

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Teen Drop-In – Ashcroft Bonaparte Indian Band

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Teen Drop-In at the Bonaparte Indian Band HUB is led and organized by a teen leader. She creates a safe place for youth to come to play games and sports, laugh and eat. There is community resource information available for the youth to access. The number of participants are growing every week with fantastic feedback from the youth that attend. We have provided training opportunities for the teen leader to support her in her role with the youth, which includes Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid. We also receive support from service providers, including Ministry of Children & Family Development, Interior Health, and School District 74. There is trauma, mental health and substance use info sharing with the youth. The adults who support the teen in her role are invited to all training opportunities. Our poster will demonstrate our success!

36

Social and Cultural Factors Influencing Indigenous Healthcare Uptake First Nations Health Authority

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Using data from the 2012 Aboriginal Peoples Survey, this exploratory study examines relationships between cultural determinants of healthcare uptake and instances of Indigenous persons in Canada not receiving healthcare that is needed. Indigenous focused health research has become increasingly prioritized by Canadian health researchers (Adelson, 2005), but focus has largely been on quantifying rates of disease and mortality rather than exploring the processes and underlying causes of health inequalities (Richmond & Ross, 2008). Past research has investigated healthcare distribution as it relates to health outcomes, but seldom has it considered culture or trauma as a determinant of healthcare uptake. Following the precedent set by Hallett, Chandler and Lalonde (2007), this research seeks to investigate whether or not culture, trauma and intergenerational trauma are determining factors in not receiving healthcare when it is needed among Indigenous populations.



37

Screening for ACEs and Resiliency in Prenatal Visits

Kaiser Permanente

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Women with adverse childhood experiences (ACEs) are at increased risk for obstetric problems. Screening pregnant women for ACEs can help identify patients who may need extra services. Including a resiliency screening tool (CD-RISC) may provide additional important information. This four month pilot incorporated ACEs/resiliency screening during a routine prenatal visit in two Kaiser Permanente clinics. Clinicians received education about ACEs/resiliency, how to screen and provide appropriate resources. Clinicians participated in post pilot focus groups. Patients completed phone surveys about their screening experiences. The majority of prenatal patients were screened for ACEs/Resiliency (78%). Clinicians' comfort and ability improved. Most patients reported comfort in completing the ACEs/resilience questionnaire (91%) and discussing it with their clinician (93%). ACEs/resiliency screening is feasible and acceptable, and should be considered for inclusion in standard prenatal care.

38

Effect of Welcome to Parenthood on Depressive Symptoms in Mothers with ACEs

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ALBERTA

We evaluated *Welcome to Parenthood (W2P)*, a three-component, community-based intervention to support first-time parents in the transition into early parenthood. W2P included:

- (1) neuroscience-based parenting education
- (2) mentorship from a member of the families' social network, and
- (3) an engagement tool (bassinet-sized box with essentials for mothers and newborns).

In Alberta, we recruited 555 mother/infant dyads and 543 mentors at 32 weeks gestation, and measured depressive symptoms and ACEs at recruitment, and depressive symptoms at 2 and 6 months postpartum. Over the duration of the study, mothers' mental health improved. However, when we controlled for mothers' total ACE scores, these results were no longer significant. That is, more adverse childhood experiences negatively affected the likelihood that W2P would improve mothers' mental health. Mothers with adverse childhood experiences may need more intensive supports during the transition from pregnancy to early parenthood.



39

Addressing ACEs through 'RICHER' Social Pediatrics Principles

University of British Columbia

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Aims of our 'RICHER' Social Pediatrics Program are to provide access to prevention/early intervention services for families at higher risk due to adversity including ACEs, and work collaboratively to improve health outcomes and transition to adult care. The RICHER Program, distributed in neighbourhood spaces, links primary to specialist care. Following established realist synthesis methodology, built on earlier mixed methods research, a literature review was undertaken to identify key mechanisms linking context to outcomes. Key features of engagement, trust and parental empowerment were identified. There was a 'critical difference' in decreasing vulnerability on the HELP EDI. Key mechanisms were:

- (1) willingness to share power
- (2) brokered trust
- (3) inter-professional training, and
- (4) family/community empowerment

These findings improve our understanding of how to decrease the impact of ACEs and improve health outcomes for disenfranchised children, youth and families.

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Identifying ACEs and Social Adversity in the Paediatric Inpatient Setting

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There is significant evidence that social adversity in childhood, specifically Adverse Childhood Experiences, leads to toxic stress and poor health outcomes. Most children accumulate ACEs over the course of their childhood, so there is an opportunity to identify children at risk for accumulating ACEs. Screening is an important tool for early intervention. Pediatricians in Canada do not provide primary care, so hospitalization may be a window for screening. Goals 1) implement screening for ACEs in pediatric inpatient units at BC Children's Hospital; 2) understand the prevalence of social adversity and ACEs in this population. The patient care team will inquire about social adversity during each hospital admission using a standardized questionnaire. Teams will receive education prior to implementation. Data regarding project uptake will be collected, and average number of ACEs will be calculated. Project will begin in early November; early outcomes will be shared during the poster session.



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Reducing the Impact of ACEs: A CCI Program Evaluation

Complex Trauma Resources

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The Complex Care and Intervention (CCI) program works exclusively with children who have experienced Adverse Childhood Experiences (ACEs). The CCI therapeutic process includes:

- › educating the child's care team regarding the effects of complex trauma on childhood development;
- › conducting an in-depth Functional Developmental Assessment (FDA) for each child; and
- › building and facilitating a personalized intervention for each child based on their FDA data

FDA's are conducted to establish a baseline, and at 6-month intervals to track progress. A program evaluation of CCI was conducted. FDA data for 82 children was evaluated. Data represented a 12-month period for each child. Findings suggest that the CCI program creates effective positive change in the lives of children who have experienced adverse childhood experiences. Further, as the CCI program is designed to equip care-teams in trauma-informed theory and practice, benefits of the program extend to their communities.

42

Making the Race Fair: A Targeted Mental Health Prevention Program

Offord Centre for Child Studies/
McMaster Children's Hospital

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There is an urgent need for early interventions that prevent the onset and entrenchment of emotional and behavior problems (EBP) in young children, whose brains and behaviour are more likely to be malleable to changes in parenting practice and adverse childhood experiences. However, Canada lacks an infrastructure for child mental health prevention and early intervention. At the Offord Centre for Child Studies/McMaster Children's Hospital, we have developed an innovative clinical research program that studies the effects of the "Family Check-Up" – a brief, targeted preventive intervention developed in the US. We will evaluate its effects on children's developing self-regulation and stress responses as a pathway to improved mental health, with a randomized controlled trial underway in Hamilton, ON. We look forward to discussing opportunities for collaborative research.

43

Pattern of ED/Inpatient Utilization of Homeless Youth in Metro Vancouver

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This study was a retrospective chart review designed to measure the emergency department (ED) and inpatient care utilization of a group of homeless and street involved adolescents. The purpose of this study was to generate insights exploring which youth are at higher future risk of ED visits thus facilitating the implementation of prevention strategies. Results will be distributed to the local community. We used a convenience sample of youth, ages 11 – 19, discussed at the bimonthly Broadway Commercial Youth Meetings held by NICCSS June – October 2014. We accessed individual paper



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Identifying Youth Violence Using a Digital Tool in a Clinic Setting

Shift Health

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and electronic chart records from 6 hospitals in the Metro Vancouver area from Jan 1/09 to June 1/15. Our n=60. Our results showed significant ED utilization (median # visits per youth = 5, total visits to ED for sample = 388), longer lengths of ED stay vs all visits to BCCH 2014 (300 min vs 185) and a higher level of acuity primarily due to substance use/intoxication (84% urgent/emergent vs. 50% all visits BCCH 2014).

While pre-visit questionnaires (PVQs) have been used to discuss mental health with adolescents, Adverse Childhood Experiences (ACEs) such as Youth Violence (YV) are not included. Digital PVQs can increase reporting for some health risk behaviors.

Objective: Determine efficacy of a digital PVQ in identifying/prompting YV discussions in primary care.

Method: 183 adolescents, 13 – 19 years, completed a digital PVQ on TickiT, a low literacy, graphic digital patient reported data platform. Four YV questions (2011 Youth Risk Behavior Survey) and questions from the Adolescent Stress Questionnaire were added to TickiT HEADSSS. Physicians received PVQ results before the visit. The frequency/helpfulness of YV discussions was measured.

Results: 30% adolescents reported YV involvement. 66% adolescents rated the YV discussion with their doctor as very helpful.

Conclusion: A digital PVQ with YV questions is acceptable and feasible. It significantly improves frequency of patient/provider YV discussion.

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Can a Brief Behavioral Health Intervention Be Delivered by College Students?

University of Florida –
Department of Psychiatry

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Given the prevalence of ACEs in the United States and the serious adverse physical and mental health outcomes associated with childhood trauma, it is imperative that the US behavioral healthcare delivery system adapt and innovate to deliver effective prevention and early intervention services across the population. This project aimed to provide brief psychoeducation about easy-to-use evidence-based resilience skills to a medically-underserved population at a free mobile health clinic, delivered by briefly trained undergraduate volunteers. Baseline ACEs data are now being collected in this setting. Fifty-four subjects were enrolled in the study. One-third of the subjects received the brief intervention called the *6 Steps to Emotional Health*. Follow-up proved difficult with this population. Further research is needed to explore the effectiveness of this resilience-focused low-intensity brief behavioral health intervention. The project team would love to share our tool for clinical and research purposes.



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Anxiety Following ACEs: The Roles of Emotional Regulation and Resilience

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ALBERTA

ACEs have been identified as risk factors for increased symptoms of anxiety across the lifespan. Little is known, however, about the processes by which ACEs set the stage for increased symptoms of anxiety in adulthood. The present study evaluated whether emotion dysregulation and psychological resilience influence the association between ACEs and anxiety. 4,006 participants completed self-report measures related to these constructs. A moderated mediation analysis showed that emotion dysregulation mediated the association between ACEs and anxiety symptoms, and that this mediation was further moderated by psychological resilience. These findings have implications for the conceptualization of ACEs, emotion dysregulation, and psychological resilience in etiological models of anxiety. Further, they suggest that among individuals with a history of ACEs, it may be important to address both emotion dysregulation and psychological resilience in the treatment and prevention of anxiety disorders.

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Childhood Adversity and Adult Depression: The Protective Role of Resilience

Southport Psychology

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ACEs have been identified as risk factors for the development of depression. Although resilience has been demonstrated to be a modifiable intervention target, the influence of resilience on depression among individuals with a history of ACEs has not been adequately examined. To assess the extent to which resilience moderates the relationship between ACEs and depression, 4,006 participants aged 18-90 (M=44) were recruited from primary care clinics in Calgary. Regression analyses were used to determine the role of resilience as a moderator. Results indicated that the interaction between ACEs and resilience explains a significant increase in variance in depression. Specifically, the relationship between ACEs and depression was stronger in individuals with low resilience relative to those with high resilience. Findings will inform the development of a treatment program aimed to enhance resilience and reduce symptoms of depression among Canadian primary care patients with a history of ACEs.

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Adverse Childhood Experiences, Resilience, and Drug Education

Centre for Addictions Research of BC

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Research shows that there is a clear relationship between ACEs and the health, social, and behavioral problems that individuals experience as they grow up. While trauma can significantly harm a child's healthy development, there are children who become successful adults despite facing trauma. Helping children build skills and competencies can play a fundamental role in counterbalancing the adversities and increasing children's well-being and resilience. Resilience focuses on the capacity and strengths of children to promote their healthy development. For decades, human development research focused on pathology and reducing risk to



promote health. The notion of resilience has created a paradigm shift in research by using a strength-based model rather than a problem-oriented approach. This poster shows the role of resilience in effective 'drug education' and introduces iMinds drug education program developed by Centre for Addictions Research of BC and its benefits for children's health.

49

The At-Risk Youth Study (ARYS)

BC Centre on Substance Use

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The At-Risk Youth Study (ARYS) is a longitudinal cohort of over 1,000 street-involved youth who use drugs in Vancouver. Established in 2005, ARYS research seeks to inform interventions to improve the health and well-being of young people. Adverse childhood experiences (ACE) are highly prevalent among ARYS youth and found to be associated with multiple health and social harms including: injection drug use; suicidality; high school incompleteness; child welfare system involvement; and engaging in sex work. In the context of the escalating opioid crisis, these findings underscore the importance of having trauma-informed services for youth, and point to the need for early interventions that both support vulnerable families in an effort to prevent ACEs, and support young people living with ACE.


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Balancing ACE with ARC (Assessment of Recovery Capital): Treating Addiction

Cedars at Cobble Hill

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Recovery Capital is a paradigm for treating addiction that identifies resources for sustaining recovery from SUD and other addictions. Those with childhood trauma are more at risk for addiction, and for relapse. As part of treatment planning, we identified those with high ACE scores on admission and used ARC to determine deficits in recovery capital, ARC was repeated at discharge. Outcome measures include follow-up to monitor ARC scores and relapse rates. The average ACE on admission was 4.4. No apparent correlation was found between ACE and ARC. By discharge ARC scores had improved in most. Working collaboratively, interdisciplinary clinical professionals have been able to adjust existing programming to meet individual's RC deficit needs. Promising results reinforce the value of approaching addiction treatment from a recovery capital perspective rather than from just a problem-focused one, including for those with high ACE scores. ARC is suitable for use in any treatment setting.



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Screening for Childhood Adversity by Pediatricians and Pediatric Residents

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Adverse Childhood Experiences (ACEs) have been correlated with **health risk behaviours**, and poorer health status later in life. There is limited information about how front-line pediatricians incorporate screening for social determinants of health and ACEs in their clinical work. Our objective is to gather information regarding pediatrician and pediatric resident knowledge and screening of childhood adversity in day-to-day clinical encounters. Pediatricians and pediatric residents at British Columbia Children's Hospital will be given the opportunity to fill out an electronic survey. Included in the survey are questions regarding the perceived proportion of patients in their practice affected by ACEs, and the effect that patient adversity experience has on care plans. Results are not yet available. We hypothesize that knowledge and implementation of ACEs into clinical practice by pediatricians and pediatric residents will be limited.

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Pediatric Surgery and Society

University of British Columbia/
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Aims:

- (1) Explore how surgeons and staff at BC Children's Hospital modify care for families with adverse social determinants of health (ASDoH) and adverse childhood experiences (ACEs), and
- (2) Gather data on families' SDoH at BC Children's Hospital.

Methods: We developed a survey to collect data on surgeons' and staff's perceptions about SDoH and ACEs in their patient population, their interventions to lessen the burden of ASDoH and ACEs, and how caring for patients with ASDoH and ACEs influences their practice.

Results: Preliminary results show that surgeons modify care to accommodate families living with ASDoH, such as filling out forms free of charge, providing free bandages, and liaising with colleagues in the families' communities.

Future directions: We intend to explore the SDoH in the lives of patients by analyzing existing patient databases for demographics and through patient interviews. Results will be used to inform interventions to reduce impact of ASDoH and ACEs, and to advocate for vulnerable patients.

