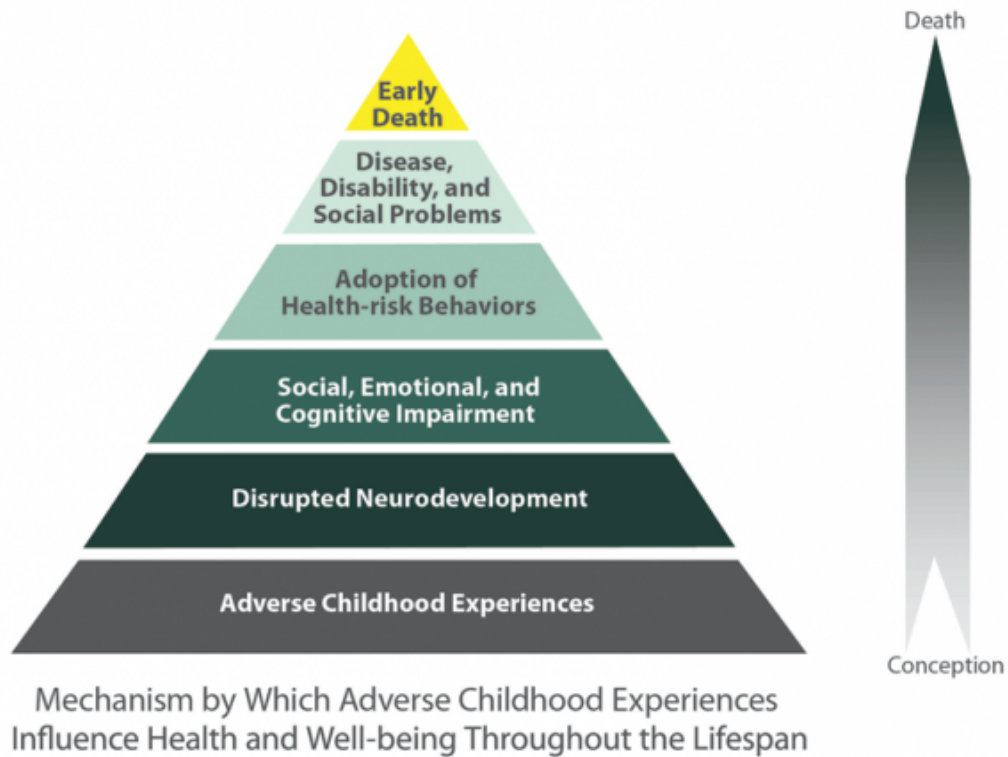


Strategies to Prevent and Mitigate the Effects of Adverse Childhood Experiences



New Mexico Statewide Epidemiological Outcomes Workgroup White Paper Series

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*Produced by Coop Consulting, Inc. on behalf of the
New Mexico Statewide Epidemiological Outcomes Workgroup*

Mission New Mexico’s Statewide Epidemiological and Outcomes Workgroup (SEOW) reviews and disseminates data about substance abuse and misuse and their consequences. It also identifies best practice information about evidence-based prevention strategies, policies and practices that can lead to successful outcomes for New Mexicans. The purpose of this two-fold work is to inform communities so that they can better target behaviors and risk factors that can be positively impacted by the implementation of well-chosen, evidence-based prevention approaches that are appropriate for the population. The important work of the SEOW is directed by the Office of Substance Abuse Prevention (Behavioral Health Services Division, Human Services Department) and supported by federal funding from the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

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Adverse childhood experiences (ACEs) are stressful or traumatic events during childhood and adolescence that research have been shown to be a serious risk factor for later life substance use and mental health disorders. Professionals across many different fields are working to prevent and mitigate the effects of ACEs, and a growing body of research has identified evidence-based strategies to address this issue. This brief summarizes the latest evidence-based primary and secondary prevention strategies aimed at reducing children’s exposure to ACEs and their impact on later life health outcomes.

Environmental Strategies – Community Education and Capacity Building

A key component of any initiative working towards preventing ACEs is to raise awareness and develop capacity within a community to identify and provide support for children at risk for experiencing ACEs. Activities such as developing marketing materials that teach about ACEs and resilience, holding public meetings, and conducting trainings on trauma-informed care can help to create an entire community that is prepared to identify children who have experienced ACEs and to mitigate the effects of that exposure.



The City of Walla Walla, Washington received funding from Washington’ ACEs Public-Private Initiative (APPI) to conduct an ACEs awareness campaign in their

community. This multi-faceted campaign, which included traditional marketing materials, social media, and public events, was coupled with an effort to form neighborhood coalitions that foster more community cohesiveness through things like block parties and neighborhood cleanup days. The evaluation of this program found residents had increased awareness of ACEs and more positive attitudes about their community after these efforts, although it is unclear if increased awareness translated into changes in behavior.¹

The Washington State Family Policy Council conducted a cross-site evaluation comparing 28 community public health coalitions funded by the Council to 10 community coalitions that were not funded. The funding was used to develop the capacity of the coalitions, which included the “development of a shared focus, collaborative leadership, continuous learning and improvement, and a system-wide focus on results”. The study found that after a 7-year funding period, ACE prevalence was significantly lower among young adults in high capacity communities and that funded communities showed greater improvements in other related socioeconomic indicators.²

¹ Verbitsky-Savitz, Natalya, et al. *Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings*. Washington, DC: Mathematica Policy Research (2016).

² Hall, Judy, et al. "Reducing adverse childhood experiences (ACE) by building community capacity: A summary of Washington Family Policy Council research findings." *Journal of Prevention & Intervention in the Community* 40.4 (2012): 325-334.

Environmental Strategies – Law Enforcement and School Disciplinary Policies

Reexamining how juvenile justice personnel deal with adolescent substance use and antisocial behavior can help to mitigate the effects of ACEs on adult outcomes and consequentially the intergenerational transfer of ACEs. Alternatives to traditional juvenile incarceration practices, such as the Missouri Model on which New Mexico’s juvenile corrections program is based, have shown promising results in reducing recidivism and other negative outcomes later in life.³ A recent study of juvenile offenders in Texas observed over a five-year period found that those who were incarcerated had a significantly greater likelihood of recidivism compared to similar youth offenders who were placed in a community-based corrections program.⁴



Out-of-school suspensions and expulsions also raise serious questions about how schools treat students who may exhibit mental health problems as a result of ACEs. Students who have developmental disabilities or other mental issues are disproportionately represented in school suspensions and expulsions.⁵ The American Academy of Pediatrics argues that those who are expelled or given out-of-school suspension have a higher risk of future antisocial behavior and problematic substance use.⁶

Lincoln Alternative High School in Walla Walla, Washington gained national attention by implementing ACEs-related initiatives through the Washington ACEs Public-Private Initiative. The goal of these initiatives was to create an entirely “trauma-informed school”. The school aimed to reduce stress among students and faculty by developing positive student-teacher relationships and creating a safe and supportive community within the school. This included changes in disciplinary policies that led to the school using primarily in-school suspensions for infractions and spending time exploring the root causes of bad behavior with a student. Consistent improvement was seen over a five-year period – the number of office referrals per student decreased by 69% and graduation rates increased by 75%.⁷ The transformation of the school was documented in a critically-acclaimed 2015 movie, *Paper Tigers*.

³ Mendel, Richard A. *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders*. Annie E. Casey Foundation. 2010.

⁴ Fabelo, Tony, et al. *Closer to home: An analysis of the state and local impact of the Texas juvenile justice reforms*. Council of State Governments Justice Center. 2015.

⁵ Ford, Tamsin, et al. "The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007." *Psychological Medicine* 48.4 (2018): 629-641.

⁶ Lamont, Jeffrey H., et al. "Out-of-school suspension and expulsion." *Pediatrics* 131.3 (2013): e1000-e1007.

⁷ Verbitsky-Savitz, Natalya, et al. *Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience: APPI Cross-Site Evaluation Findings*. Washington, DC: Mathematica Policy Research (2016).

School-Based Prevention – Building Resilience among Youth through Cooperative Learning

Cooperative learning is an educational approach that emphasizes “positive interdependence” in classrooms, in which students can only attain their desired academic and social goals if others around them also achieve theirs. This approach promotes mutual assistance and sharing, which in turn improves students’ social acceptance and reduces rejection or exclusion.

PAX Good Behavior Game (GBG) is a teaching strategy that promotes cooperative learning. Children in GBG classrooms learn to regulate their emotions and monitor their classmates' behavior in a game-like setting, reinforcing on-task and pro-social behavior. A long-term study of students in GBG classrooms found reductions in substance abuse, antisocial personality disorder, and the use of mental health services in young adulthood.⁸



Family-Based Prevention – Reducing Children’s Exposure to ACEs through Direct Service

Home Visitation Programs provide information, support, and training about child health, development, and care to families in their homes. Home visiting programs may be delivered by nurses or other professionals, and the content of programs vary depending on the model used.



The Nurse-Family Partnership (NFP) model arranges home visits from registered nurses to low-income first-time mothers. Evaluations have found evidence that the NFP model can 1) reduce child abuse and neglect, 2) reduce prenatal smoking, and 3) improve cognitive and academic outcomes of children born to mothers with low resources.⁹

Parenting and Family Skills Programs are interventions aimed at reducing substance use in the household and improving parent-child relationships by teaching various communication, problem-solving, and other skills to both parents and their children.

The (SFP) is a 14-session evidence-based parenting skills and family life skills training program specifically designed for families currently involved with or at risk of involvement with child protective services. Research has showed that the SFP significantly improved the reunification rate for families in which one or more parents had a substance use disorder and the child was in out-of-home placement.¹⁰

⁸ Poduska, Jeanne M., et al. "Impact of the Good Behavior Game, a universal classroom-based behavior intervention, on young adult service use for problems with emotions, behavior, or drugs or alcohol." *Drug and Alcohol Dependence* 95 (2008): S29-S44.

⁹ Laura and John Arnold Foundation. *Evidence Summary for the Nurse Family Partnership*. 2017.

¹⁰ Brook, Jody, Thomas P. McDonald, and Yueqi Yan. "An analysis of the impact of the Strengthening Families Program on family reunification in child welfare." *Children and Youth Services Review* 34.4 (2012): 691-695.

Trauma-Informed Practice and Prevention in Medical Settings

A trauma-informed practice is a treatment approach used by doctors and other medical professionals that involves understanding, recognizing, and responding to the effects of trauma. An emerging field of research has shown how this approach can help prevent re-traumatizing individuals seeking care for substance abuse or mental health problems and help them to embrace a message of hope and recovery.

While many pediatricians are aware of ACEs and the effect they have on children, many still do not screen their patients for ACEs. One reason for this is that they often cannot bill insurance companies or Medicaid for prevention services, even though many rigorous cost-benefit analyses of preventative services for youth have shown their benefits to society outweigh their costs by reducing future behavioral health problems.¹¹ Including screening for ACEs and offering behavioral health services and family-based interventions in a primary care setting could reduce the stigma associated with accessing these services and increase the number of children and families utilizing them.¹²

ACEs Training Resources

- The University of New Mexico ACTION Program offers training to medical professionals, school workers and others in the community on a variety of topics related to childhood trauma and trauma-informed care. Training topics include trauma-informed systems of care, screening and assessment, and school-based care.
<https://psychiatry.unm.edu/>
- The Southwest Family Institute provides professional development and training opportunities to medical professionals and other community health organizations. The Thriving Students program provides specialized training to assist educators in addressing the needs of students who have serious social, emotional, and academic challenges.
<http://swfamily.com/institute-programs-resources/>
- The CDC has launched a new free online training on preventing adverse childhood experiences. Module 1 is an ACEs overview. Module 2 is a public health approach to preventing ACEs. Additional modules for specific professions such as mental health providers and medical providers are coming soon.
<https://vetoviolenace.cdc.gov/apps/aces-training/>

¹¹ Biglan, Anthony, Mark J. Van Ryzin, and J. David Hawkins. "Evolving a more nurturing society to prevent adverse childhood experiences." *Academic Pediatrics* 17.7 (2017): S150-S157.

¹² Leslie, Laurel K., et al. "Primary health care: potential home for family-focused preventive interventions." *American Journal of Preventive Medicine* 51.4 (2016): S106-S118.