The Philadelphia ACE Study: Building Trauma Informed Systems of Care

2016 Midwest Regional Summit on Adverse Childhood Experiences

Healing Communities Together

Eagan, Minnesota

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Overview

The Adverse Childhood Experience Study

 The Philadelphia Adverse Childhood Experience Study

Keys to Addressing Toxic Stress

 Examples of Cross Systems Trauma Informed Approaches

Outcomes Associated with Adverse Childhood Experiences: A Life Course Perspective

Childhood:

Fetal Death

Developmental Delay

Behavioral Problems

Cognitive Impairment

Adolescence to Young Adulthood:

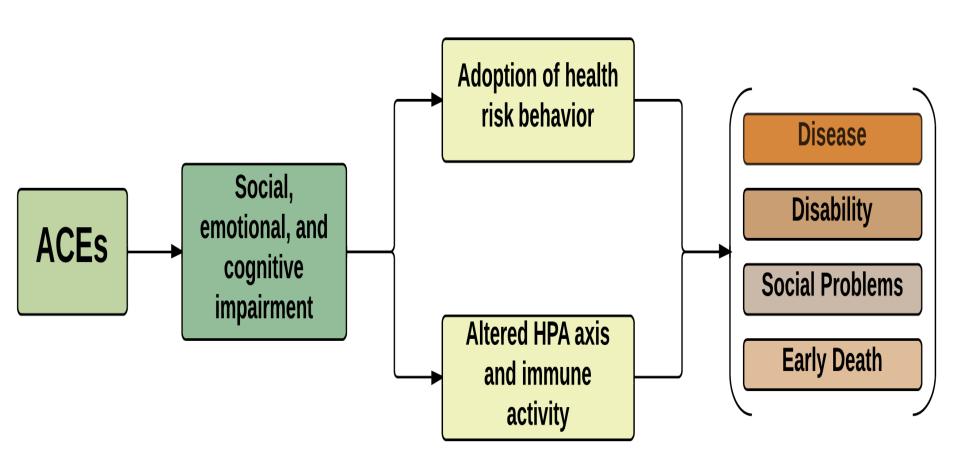
Mental Health
Academic
Achievement

Juvenile Justice

Adulthood:

Mental Health
Physical Health
Disability
Early Mortality

How Does Childhood Stress Get Under the Skin?



Adverse Childhood Experience Study

 Published by CDC/Kaiser in 1998

Surveyed 17,000 policy holders

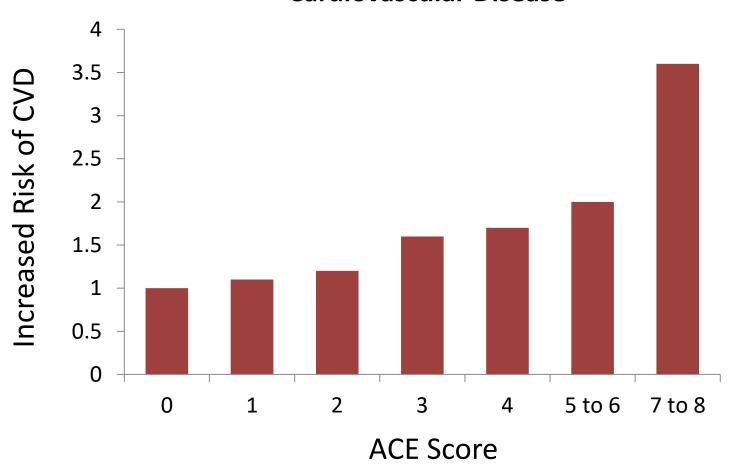
 Understand relationship between childhood adversity & adult health outcomes

Childhood Exposure	Subcategory	
	Psychological	
Abuse	Physical	
	Sexual	
	Substance abuse	
	Mental illness	
Household dysfunction	Intimate partner violence	
	Criminal behavior	
	Divorce	
	Emotional	
Neglect	Physical	

Adapted from Felitti et al., 1998

Graded Relationship Between ACE Score and Cardiovascular Disease

Association between ACE Score and Risk for Cardiovascular Disease



Graded Relationship Between ACE Score and Health Outcomes

Health Risk Behaviors Cond			Physical Health Conditions	
Smoking	Depression	on	Cardiovascular Disease	
	Anxiety		Diabetes	
Alcohol Abuse			Emphysema	
	PTSD		Cancer	
Drug Abuse/Illicit Drug	1 100		Obesity	
Use	Hallucinations		Liver Disease	
	Suicide		Headaches	
High Risk Sexual Behavior			Autoimmune Disease	
Health outcomes highlighted in red			Sexually Transmitted Infections	
are among the top ten leading causes of death in the US			Self-Reported Health	
			Disability	
			Fetal Death	

Individuals with 4 or More ACEs are at Highest Risk for Poor Outcomes

 4- to 12-fold increased risk for health risk behaviors

 1.4- to 1.6-fold increased risk for adult diseases

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ACE Study Population is not Representative of Urban Populations

Demographics	ACE Study	Philadelphia	
Mean age	56	34	
	79% White	45% White	
Race/ethnicity	5% African American	44% African American	
	5% Hispanic	14% Hispanic	
High school graduates	94%	81%	
College graduates	43% 24%		
Percent below FPL	Not measured 27%		

ACE Scale Can Be Improved by Adding Additional Adversities to the Measure

Original

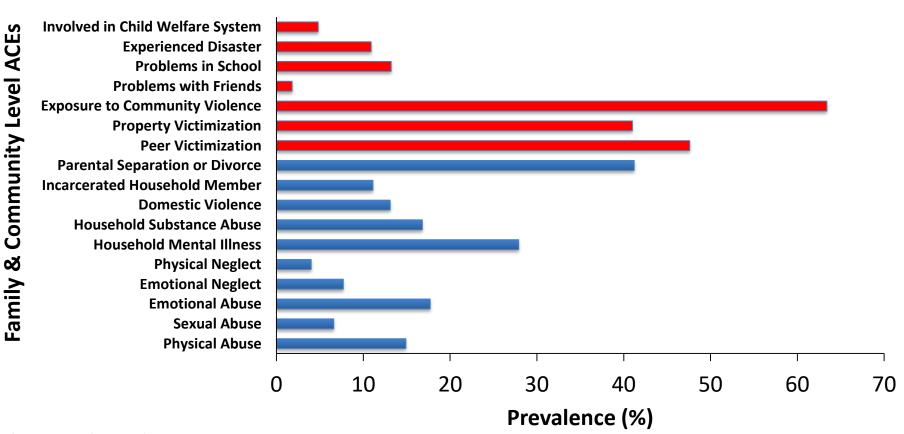
- Emotional abuse
- Physical abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Incarcerated household member
- Parental separation or divorce

Additional Adversities

- Property victimization
- Peer victimization
- Exposure to community violence
- Socioeconomic status
- Someone close had a bad accident or illness
- Below-average grades
- Parents always arguing
- No good friends

Exposure to Community Level ACEs is Common Amongst Youth

Prevalence of Family & Community Level ACEs Amongst a Nationally Representative Sample of Youth (N = 2030)



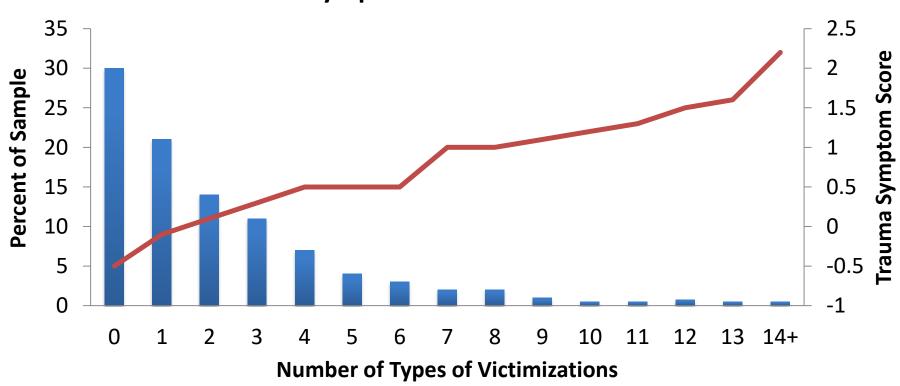
Blue – Family Level ACEs
Red – Community Level ACEs

Childhood Exposure to Community Level ACEs Associated with Poor Health

- Community level stressors associated with childhood behavior problems and mental health conditions
 - Childhood exposure to community violence associated with adolescent depression, anger, anxiety, and posttraumatic stress (explains ~30% of variance) - Singer et al., JAMA 1995.
- Association of community level ACEs with child physical health outcomes unclear
 - Adolescent perceived racial discrimination associated insulin resistance among African American girls but not boys – Chambers et al., J Natl Med Assoc 2004.
 - Perceived neighborhood safety associated with adolescent obesity in some studies but not others – Lumeng et al., *Pediatrics* 2010; Romero et al., *JAMA Pediatr* 2001.
- Few studies examining impact of childhood stressors across the life course
 - Adolescent exposure to community violence associated with poor health among women but not men – Olofsson et al., BMC Public Health, 2012

Childhood Exposure to Multiple Forms of Victimization is Common

Relationship Between Multiple Types of Victimization and Trauma Symptom Scores in the Past Year



The Philadelphia ACE Study

A collaborative, led by the Institute for Safe Families (ISF), to develop and implement research, practice, and policies in urban pediatric settings based on the Adverse Childhood Experiences (ACE) study.











Survey Methods

- Survey was completed as a follow up to the Southeastern Pennsylvania Household Health Survey (SEPA HHS).
 - Survey of over 13,000 children and adults in Southeastern Pennsylvania
 - Comprehensive survey on a broad range of topics
- Philadelphia ACE Survey re-contacted original SEPA HHS Philadelphia respondents who were 18 years or older
- Telephone survey (landline and cell phones)
- Completed by trained male and female interviewers
- Interviews were conducted in English and Spanish
- Interviewed 1,784 Philadelphia adults age 18 and older
- Response rate 67.1%

Philadelphia ACE Study Questions

Witnessing Violence	
Witnessing Violence	
ving in Uncafo Noighborhoods	
ving in Unsafe Neighborhoods	
Experiencing Racism	
Living in Foster Care	
Experiencing Bullying	
Experiencing dunying	

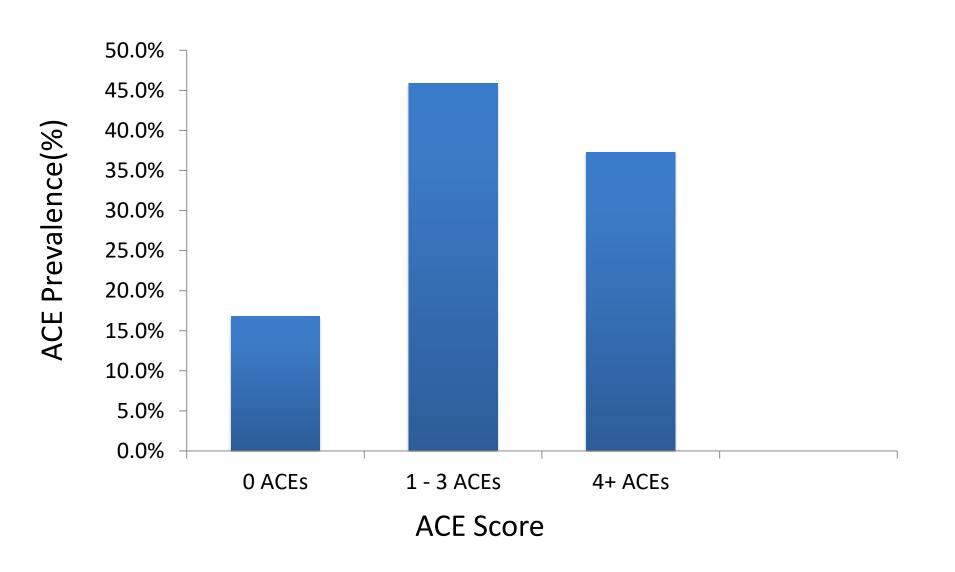
Many of the Traditional ACEs are More Prevalent in an Urban Setting

	Philadelphia ACE Study CDC-Kaiser ACE St (N = 1,784) (N = 17,337)	
Emotional abuse	33.2%	10.6%
Physical abuse	35.0%	28.3%
Sexual abuse	16.2%	20.7%
Physical neglect	19.1%	14.8%
Emotional neglect	7.7%	9.9%
Substance abusing household member	34.8%	26.9%
Mentally ill household member	24.1%	19.4%
Witnessed domestic violence	17.9%	12.7%
Household member in prison	12.9%	4.7%

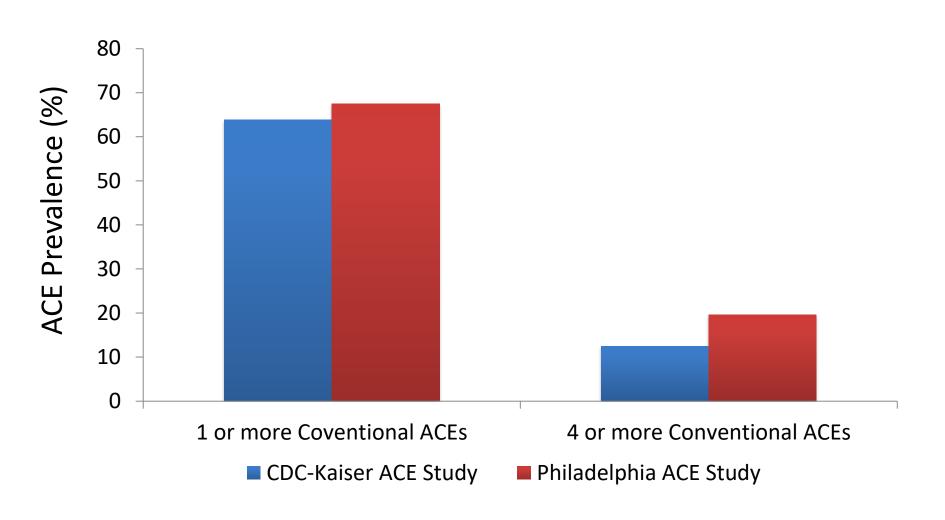
Prevalence of Expanded ACEs

Expanded ACE Indicators	Respondents (N = 1,784)
Witnessed violence	40.5%
Felt discrimination	34.5%
Adverse neighborhood experience	27.3%
Bullied	7.9%
Lived in foster care	2.5%

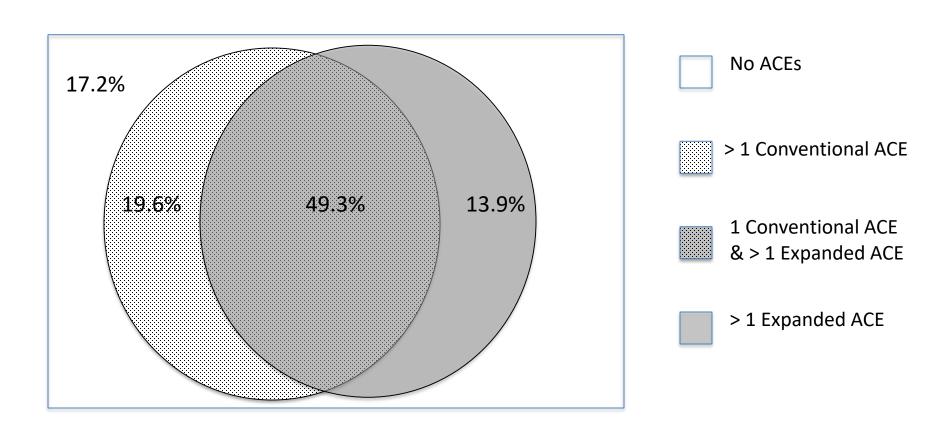
Distribution of Total ACE Scores



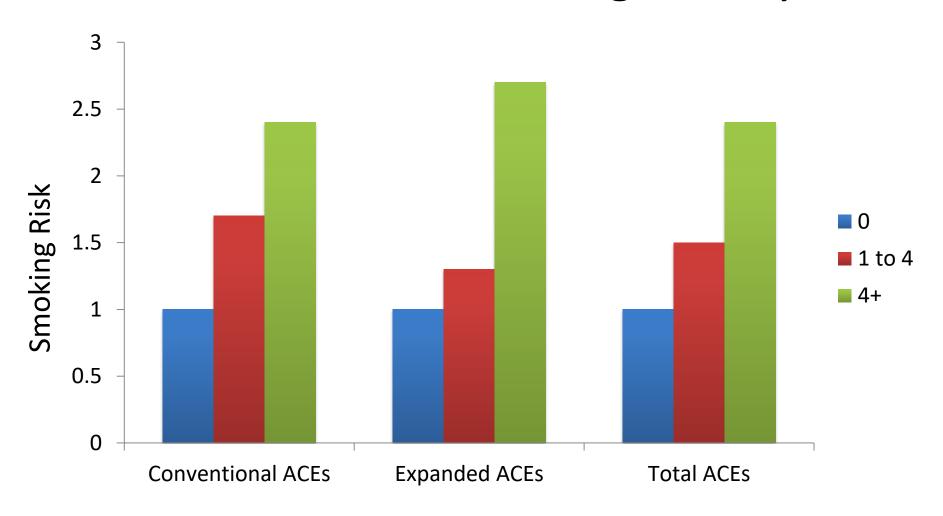
Prevalence of Conventional ACEs CDC-Kaiser vs. Philadelphia ACE Study



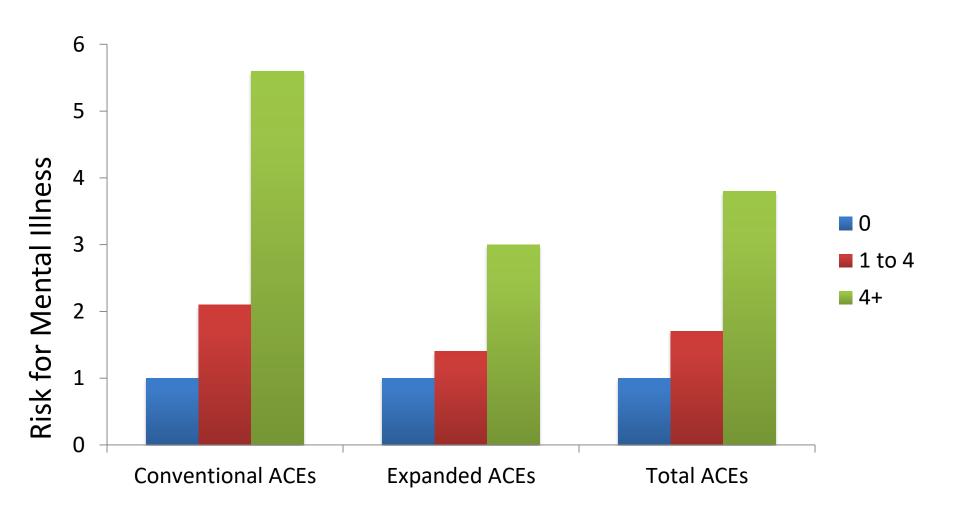
Overlap Between Exposure to Conventional and Expanded ACEs



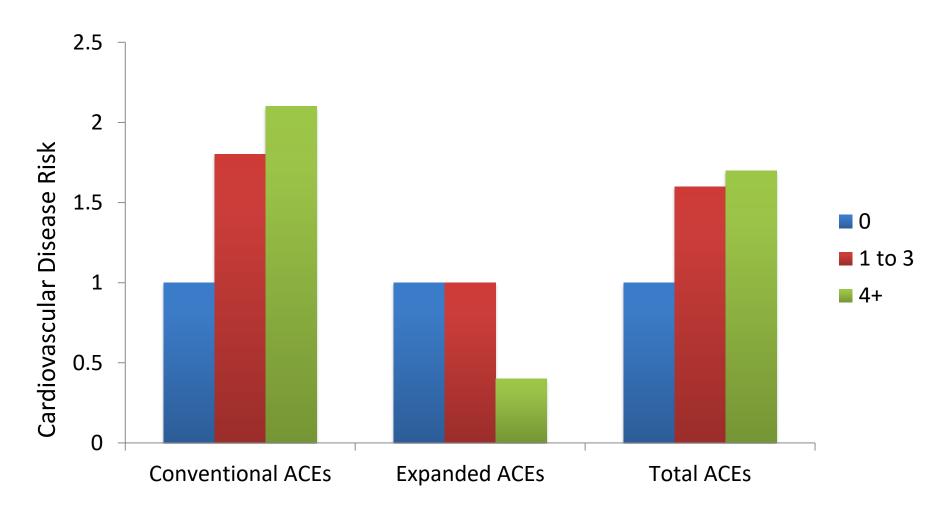
Relationship Between Philadelphia ACE Score and Smoking History



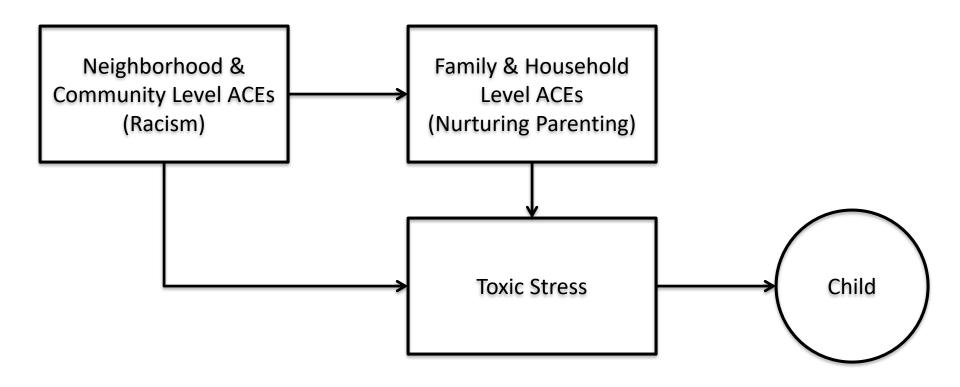
Relationship Between Philadelphia ACE Score and Mental Health



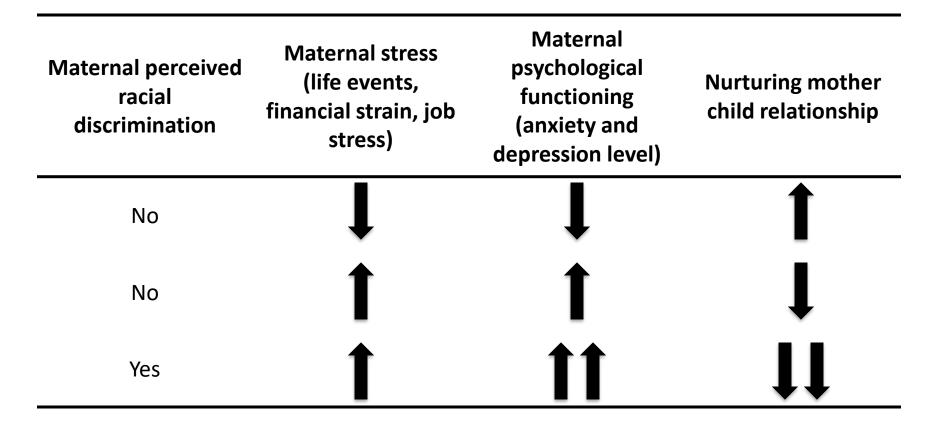
Relationship Between Philadelphia ACE Score and Cardiovascular Disease



Direct and Indirect Influences of Neighborhood ACEs on Toxic Stress



Perceived Discrimination Decreases the Quality of Mother-Child Relationships



Demographic Characteristics for Philadelphia Adults with Four or More ACEs

Demographics		Respondents (N = 1,784)
Sex**	Male	58.2%
Sex	Female	41.8%
D***	Black	48.6%
Race***	White	34.0%
Poverty Level***	Below 150% of poverty guidelines	68.2%
Poverty Level***	Above 150% of poverty guidelines	31.8%

^{*}p<0.05; **p<0.01; ***p<0.001

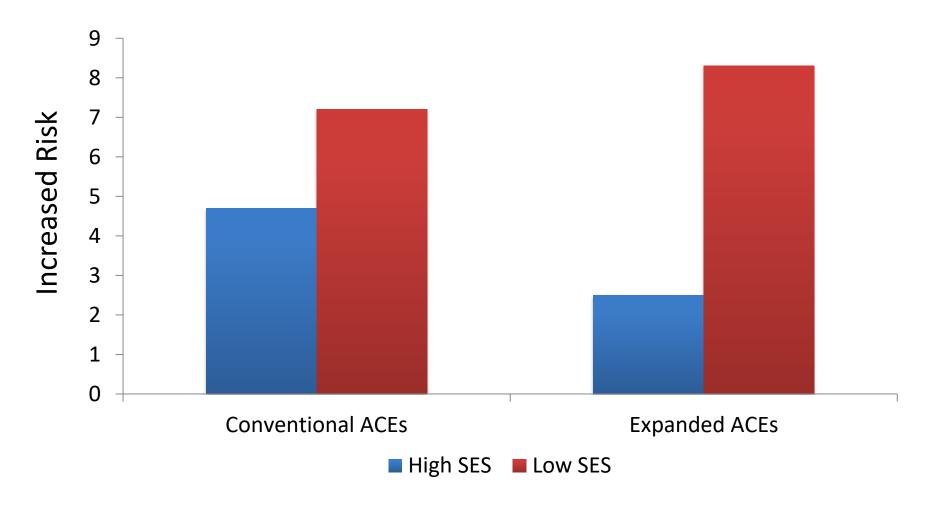
Socioeconomic status, ACEs, & Health

ACEs increase risk for adult poverty

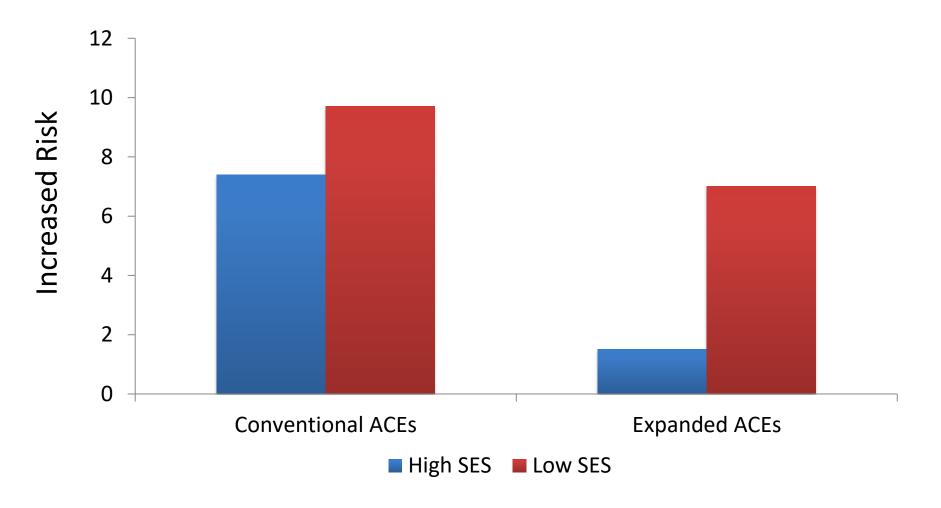
 Adult SES and ACEs have separate influences on poor health

 Low SES adults with a significant history of childhood adversity may be at increased risk for poor health outcomes

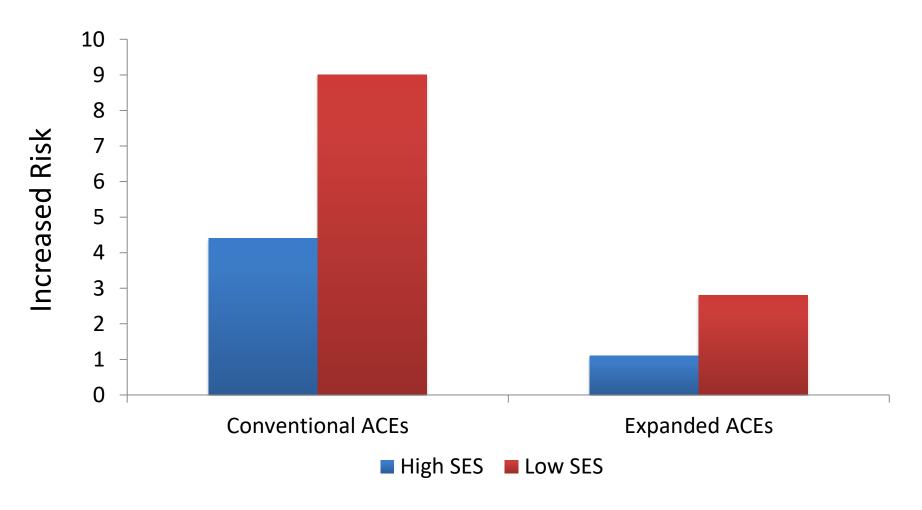
SES Magnifies Risk for Sexually Transmitted Infections Among High ACE Individuals



SES Magnifies Risk for Substance Abuse Problems Among High ACE Individuals



SES Magnifies Risk for Mental Illness Among High ACE Individuals

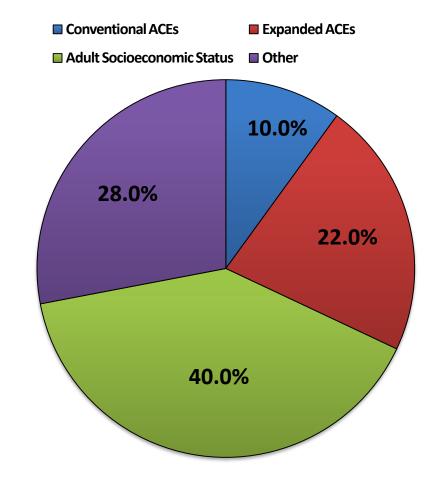


ACEs Explain Racial Disparities in Health Outcomes

Prevalence of Health Outcomes by Race - Philadelphia

Percentage of black-white difference in adult substance abuse attributable to ACEs & SES

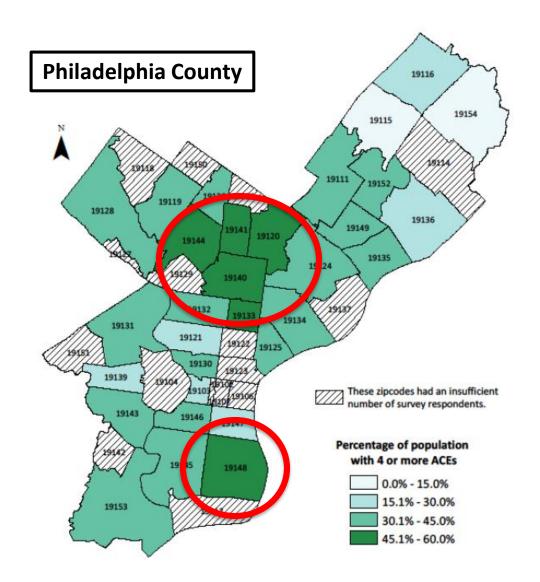
Health Outcome	Blacks	White	p- value
Sexually transmitted infections	21.4	7.1	<0.01
History of substance abuse problems	16.5	7.6	<0.01
Diabetes	23.2	11.7	<0.01
Obesity	46.6	26.1	<0.01



Total ACE Score ≥ 4 by Zip Code

Health Statistics from these 5 Zip Codes

- 22% of adults unemployed
- 46% of residents live in poverty
- Life expectancy for males age 68
- 22% of children obese
- Homicide rate 30 to 40 deaths per 100,000



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Three Levels of Stress

Positive Stress:

Brief increases in heart rate, mild elevations in stress hormone levels

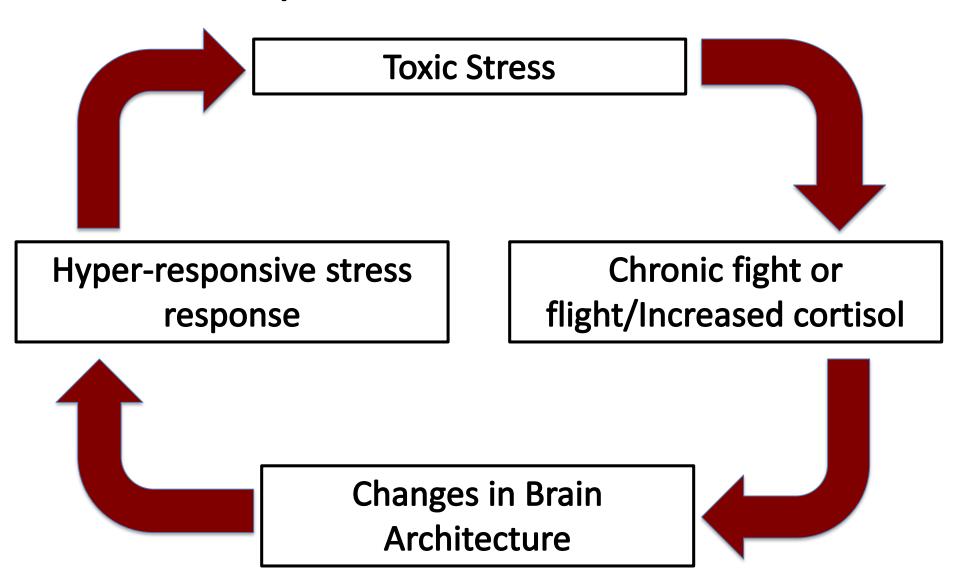
Tolerable Stress:

Serious, temporary stress responses buffered by supportive relationships

Toxic Stress:

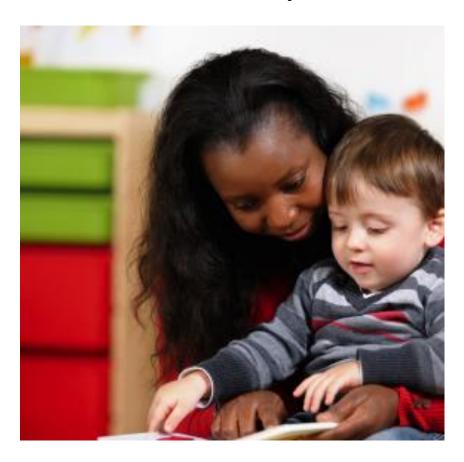
Prolonged activation of stress response systems in the absence of protective relationships

Impact of Toxic Stress



Breaking the Cycle of Trauma

Nurturing Supportive Relationships



Approaches to ACE Informed Care

- Assessment
- Anticipatory guidance
- Promoting awareness
- Referral to community services
- Training for providers
- Guidance on decision making

The Importance of ACEs Knowing

- Trauma informed approaches
 - Adjusting office/provider processes to decrease patient stress
 - Morning huddles to anticipate patient needs
 - Provider mindfulness
- Helping patients rewrite their narrative
- Helping patients build capacity for emotional control
 - Learn self regulations skills
 - Identify triggers
 - Effective use of mindfulness and exercise
- Collaborative care plans

Strategies to Address Toxic Stress

- Parenting programs
 - Home Visiting programs
 - Parent Child Interaction Therapy
- Trauma Focused Cognitive Behavior Therapy

Mindfulness training

Promoting Non-Cognitive skills

AAP Policy Statement on ACE

POLICY STATEMENT

Identifying children at high risk for toxic stress is the first step in providing targeted

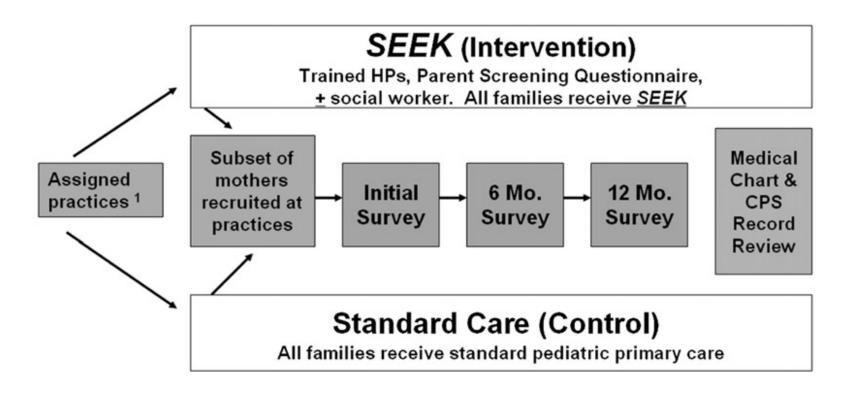
e Role of cience

... Pediatric practices have been asked to consider implementing standardized measures to identify other family- or community-level factors that put

... the AAP and others have encouraged pediatric providers to develop a screening schedule that uses age-appropriate, standardized tools to identify risk factors that are highly prevalent or relevant to their particular practice setting.

innovative strategies to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span. *Pediatrics* 2012;129:e224–e231

The Safe Environment for Every Kid Model



Adapted from Dubowitz et al., 2012

Decreased CPS Reports and Physical Assault in SEEK Intervention Group

	Intervention (N = 308)	Control (N = 250)	Odds Ratio	р
Families With at Least 1 CPS Report, n(%)	41 (13.3)	48 (19.2)	1.5	0.045
Physical assault severe or very severe, Mean (SD)*	0.11 (0.75)	0.33 (1.96)		0.04

^{*} Scores from Parent-Child Conflict Tactics Scale

- Health professionals endorsed increased comfort in screening and addressing risk factors for ACEs
- Intervention increased clinic screening rates for risk factors for ACEs – 25% increase
- Addressing patient psychosocial problems DID NOT require additional provider time
- Implementation of SEEK cost approximately \$5.12 per family

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Philadelphia ACE Task Force



Philadelphia Alliance for Child Trauma Services

- Network of child serving systems and organizations providing the most effective practices for traumatized youth and their families
- Led by Philadelphia DBHIDS and funded SAMHSA
- Goals
 - Develop a system of care for traumatized children
 - Provided trauma-informed and trauma-focused services
 - Increase number of Philadelphia children receiving trauma focused and informed care

Strawberry Mansions Sanctuary for Hope

Shared Shared Values Language Shared Shared Four Knowledge Practice Sanctuary Model **Pillars**

A Youth Informed Approach to Assessing ACEs

- Series of focus groups with young adults
- Nominal Group Technique
 - Generate list of adverse childhood experiences
 - Prioritize items on list based on relative significance
- Analyze ranked lists for common themes
- Develop final ranked list of adverse experiences
- Member checking process & discussion of context surrounding each theme

Study Participant Demographics

Demographics		Percent of Individuals (N = 119)
Sex	Male	55%
Race/Ethnicity	Caucasian	5%
	Hispanic	18%
	Non-Hispanic Black	71%
	Other	6%
Neighborhood Poverty Level (100% FPL)	Less than 10%	5%
	10 to 20%	11%
	20 to 40%	51%
	Greater than 40%	33%

Domains of Most Stressful Experiences

Domain	Number of Responses
Family Relationships	195
Community Stressors	119
Personal Victimization	72
Economic Hardship	67
Peer Relationships	35
Discrimination	23
School	22
Health	17
Child Welfare/Juvenile Justice	8
Media/Technology	5

Family Relationships

Family Relationship Subdomains	Number of Responses
Family Members Abusing Alcohol & Drugs	37
Lack of Love & Support in the Family	33
Single Parent Homes	30
Death & Illness of Family Members	21
Violence in the Home	20
Poor Parenting & Lack of Guidance	20
Criminal Activity by Family Members	15
Having to Take on Adult Responsibilities	14
Violent Victimization of Family Members by Individuals Outside of the Home	4

Developing a New Childhood Adversity Measure

- Literature review and key informant interviews
- Semi-structured interviews children ages 8 to 18
 - Revise childhood adversity framework
 - Develop additional childhood adversity measures
- Cognitive interviews and reading level analysis with children and parents

Context	Domain
Personal	Discrimination Illness Personal Stressors Victimization
Home/Family	Household safety Family relationships Family belonging Family involvement Family structure Food insecurity Housing insecurity Job insecurity Family stressors
Peers	Peer relationships Social isolation Bullying Peer stressors
School	Teacher connectedness School engagement Academic performance Attendance School environment
Community	Crime Neighborhood safety Community violence Social and health service systems

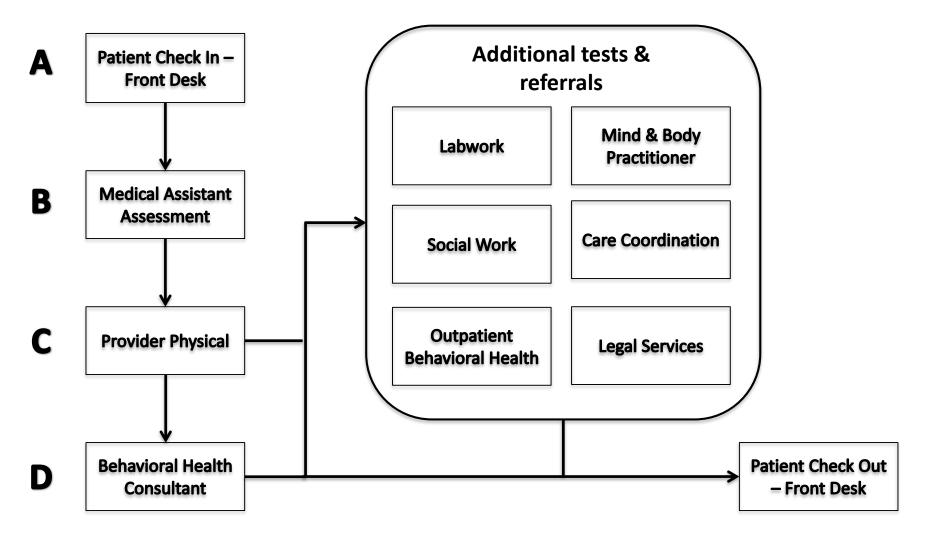
Barriers to Universal Childhood Adversity Assessment

- Limited time
- Limited skills in addressing ACEs
- Concerns for patient confidentiality and privacy
- Respondent honesty to screening questions
- Lack of education in assessing childhood adversities

Developing an ACE Screening Tool

- CDC state survey of ACEs 2011 2012
- Total respondents 71, 412
- 97% of individuals with four or more ACEs endorsed
 - Living with anyone who was a problem drinker or alcoholic
 - Parents or adults in home swore at them, insulted them, or put them down more than once
- Tool composed of these two items shows equivalent odds ratios to full measure when tested for association with health outcomes

Implementation of Childhood Adversity Screening in Primary Care



Accuracy and Acceptability of ACE Screening in Primary Care

- Self administered and provider approach most accurate approach to assessment
- Provider approach least acceptable
 - Too much time
 - Limited provider comfort
- Patients concerned that providers done acknowledge ACEs using self administered approach

Summary

- ACEs are common across sociodemographic backgrounds
- ACEs impact outcomes across sectors and throughout the lifecourse
- Important to broaden understanding of childhood adversity
- Certain populations at higher risk for ACEs
- Numerous approaches to addressing ACEs & building trauma informed systems of care

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