Addressing Adverse Childhood Experiences in Out-of-School Time

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Presenters

Siobhan Bredin
NCASE

Katari Coleman
NCASE

Heidi Ham
National Afterschool Association

Jennifer Drake-Croft
Tennessee Commission on Children and Youth
Research Brief

Voices from the Field

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This Research Brief is published by the National Center on Afterschool and Summer Enrichment (NCASE) to build awareness of research and promising practices in the field of school-age child care.

The goal of NCASE is to ensure that school-age children in families of low income have increased access to quality afterschool and summer learning experiences that contribute to their overall development and academic achievement. For more information, contact us at ncase@cesa.org

Adverse Childhood Experiences and the School-Age Population:
Implications for Child Care Policy and Out-of-School Time Programs

Adverse Childhood Experiences (ACEs) produce trauma that triggers adaptive behaviors which can disrupt a school-age child’s academic and social worlds. Out-of-school time (OST) programs can play a role in mitigation and prevention of ACEs. Often, state policies and initiatives are the catalysts that support OST programs in this critical work.

https://childcareta.acf.hhs.gov/resource/adverse-childhood-experiences-and-school-age-population
PASSION, PURPOSE, PERSISTENCE: HIGHLIGHTS FROM NAA19

Thursday, 21 March 2019 16:53
Session Objectives

- Understand the impact of Adverse Childhood Experiences (ACEs) on school-age children
- Explore mitigation strategies and approaches
- Share promising practices for addressing ACEs from your state, territory, Tribe, or program
Agenda

• School-Age Development
• ACEs and School-Age
• Strategies
  » Trauma Informed Practice
  » Healing Centered Engagement
• Building Strong Brains: Tennessee’s ACEs Initiative
Do you support the needs of families and school-age children affected by ACEs in your work?
School-Age Development

- Encompasses the ages 5-13
- The child is normally enrolled in/attending compulsory schooling
- Time of early and middle childhood
- This is a time of gradual yet complex development
Brain Development is robust:

• with neural connections still undergoing pruning,

• wiring still in progress,

• the fatty tissues surrounding neurons increasing and assisting with the fine-tuning of electrical impulses,

• and connections becoming more stable.

• The prefrontal cortex is just entering its maturation phase, which involves the control of impulses and decision-making.

### School Age Social-Emotional Development

<table>
<thead>
<tr>
<th>CASEL STRANDS</th>
<th>Self-awareness</th>
<th>Self-management</th>
<th>Social awareness</th>
<th>Responsible Decision-Making</th>
<th>Relationship Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age 5-7</strong></td>
<td>Think of ourselves as big kids. Powerful emotions</td>
<td>With emotions, can forget basic needs or jump, tantrum</td>
<td>Thrive on adult reassurance. Care about friends</td>
<td>Difficult to wait, think, or plan</td>
<td><em>Beginning</em> to play and work cooperative</td>
</tr>
<tr>
<td><strong>Age 8-10</strong></td>
<td>Can express feelings with words</td>
<td>When upset, can forget to use words</td>
<td>Concern about how other see us and popularity</td>
<td>Growing sense of moral responsibility and fairness</td>
<td>Able to recognize others have feelings</td>
</tr>
<tr>
<td><strong>Age 11-13</strong></td>
<td>Want opportunities to contribute</td>
<td>Can have mood swings and variation in energy</td>
<td>Feel and exert peer pressure. Curious about sex/sexuality</td>
<td>Beginning to do abstract reasoning</td>
<td>Friends are most important, some power struggles</td>
</tr>
</tbody>
</table>

*Wood. (2015).*
## Domains for Communities that Care

<table>
<thead>
<tr>
<th>Domains for Communities that Care</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
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</table>
| Individual/Peer                  | Early initiation of or friends with problem behavior | Social skills  
Emotional control  
Pro-social peers |
| Family                           | Family conflict  
Favorable parental attitudes to problem behaviors | Family attachment  
Recognition of prosocial involvement |
| School                           | Academic failure  
Low school commitment  
Bullying | Positive school attachment  
Recognition of prosocial involvement |
| Community                        | Community disorganization and violence  
Economic disadvantage | Opportunities for prosocial involvement and evidence-based programs |

*Communities that Care. (n.d.).*
Adverse Childhood Experiences (ACEs)

Potentially traumatic events that can have negative, lasting effects on health and well-being

Three Types of ACEs

Toxic Stress from ACEs

• Leads to changes in neurodevelopment
• Produces symptoms of dysregulation, hyper-arousal, sensory sensitivity, avoidance and dissociation
• Impacts cognition, memory and visual processing
• May lead to inattention, aggressiveness with other children, academic and social challenges at school

*Frederiksen. (2018).*
Trauma Impacted Youth May . . .

- Have difficulty paying attention
- Be quiet or withdrawn
- Have frequent tears or sadness
- Talk often about scary feelings and ideas
- Have difficulty transitioning from one activity to the next
- Fight with peers or adults
- Have changes in school performance

- Want to be left alone
- Eat much more or less than peers
- Get into trouble at home or school
- Have frequent headaches or stomachaches with no apparent cause
- Exhibit behaviors common to younger children (thumb sucking, bed wetting, fear of the dark)

1998 Adverse Childhood Experiences (ACEs) Study

- 68% of participants experienced at least one type of trauma.
- ACE scores of 4 or more resulted in:
  - four times the risk of illnesses like emphysema or chronic bronchitis
  - over four times the likelihood of depression
  - 12 times the risk of suicide
- ACE scores were directly related with:
  - early initiation of smoking and sexual activity
  - adolescent pregnancy
  - risk for intimate partner violence

Centers for Disease Control and Prevention. (n.d.)
Expansion of Original Research

• Since 2009, 32 states and the District of Columbia have conducted ACEs surveys and identified information similar to the original study.¹

• National Conference of State Legislatures performed non-exhaustive legislative scan of bills in 2017 that revealed approximately 40 bills in 18 states, with a result of 20 statutes in 15 individual states.²

2: Center for Health Care Strategies, Inc. (2018.).
• Has your state, territory, tribal nation conducted an ACEs or a Behavioral Risk Factor Surveillance System (BRFSS) survey?

• What department or departments were involved with the execution of the survey?
Evolution of SEL

What is Trauma-Informed Practice?

A program, organization, or system is trauma-informed when it:

1. Realizes the impact of trauma and potential paths for recovery
2. Recognizes signs and symptoms of trauma in families and stress
3. Integrates knowledge about trauma into policies, procedures, and practices
4. Seeks actively to resist re-traumatization

Substance Abuse and Mental Health Prevention. (n.d.).
Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and transparency
- Peer Support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Substance Abuse and Mental Health Prevention. (n.d.).
• Maintain structures and routines
• Provide safe space and belongingness
• Be a source of positive regard
• Maintain high expectations
• Check your assumptions about youth and avoid power struggles
• Integrate restorative justice and life skills
• Encourage mindfulness and body movement, and ways to self-soothe

“I am more than what happened to me”

Four elements

1. Strengths-based, asset driven
2. Communities and individuals who experience trauma are agents in restoring their well-being
3. Pathway to healing is found in culture and identity
4. Support adult providers with trauma

Participant Check-in

What resources do you have to share about ACEs, trauma informed practice, or healing centered engagement for out-of-school time?
**Building Strong Brains Mission**

*Building Strong Brains Tennessee*

works to change the culture of Tennessee so the state’s overarching philosophy, policies, programs and practices for children, youth and young adults utilize the latest brain science to prevent and mitigate the impact of adverse childhood experiences.
Adverse Childhood Experiences: Prevention, Mitigation, and Recovery
Anticipated Multi-Sector, Multi-Level, Public and Private Impacts

Diagram showing the interrelated components of professional practice, programs and services, policies and funding, philosophy and approach, and their extensions to community, businesses and corporations, philanthropy, faith-based communities, higher education and academia, education and early care, child welfare, mental health and substance abuse services, health care services and financing, human services, juvenile and adult justice, media, and community health care services and financing.
Building Strong Brains
Public Private Partnerships

- Coordinating Team
  Guided by
  - Public Sector Steering Group
    Balanced by
    - Private Sector Steering Group
      Supported by
      - Foundations & In-kind Resources
      Tennessee State Government
Public Sector Accomplishments

- **CHILDREN’S SERVICES**: Inclusion of BSB TN values, metaphors and related brain development constructs in PATH [Parents As Tender Healers] Training for Foster Parents; development of a webinar about ACEs and trauma-responsiveness made available to all DCS workers; expanding Safe Baby Courts to five additional regions.

- **CORRECTION**: Implemented trauma-informed practices in the “Children’s Gallery” program at the West TN Women’s Rehabilitation Center to help incarcerated mothers bond with their children in structured yet age-appropriate ways.

- **EDUCATION**: T4T reaching over 5000 educators and school administrators w/ BSB TN: Strategies for Educators; in FY19 training provided to 72 school selected competitively to become Trauma-Informed Schools.

- **HEALTH**: Recognized ACEs as primary factor in public health outcomes as underlying other major health concerns; a lead person has been identified in all local Health Departments to assure staff are trained; implementing CHAD program training in all counties; committed substantial federal funding to move BSB TN forward.
Public Sector Accomplishments (cont.)

- **HUMAN SERVICES**: ACEs training has been added as part of licensing expectations for child care providers. ACEs was included in Phase 1 of the Two Gen Capacity Building from DHS University which was available to all DHS staff. All TANF partners were engaged/trained.

- **MENTAL HEALTH/SUBSTANCE ABUSE SERVICES**: Incorporating BSB/ACEs into local System of Care Across TN [SOCAT] practices; included BSB/ACEs requirements into scopes of services in FY19 contracts; the Training and Technical Assistance Center (TTAC) has partnered with BSB/ACEs trainers throughout the state to offer trainings as requested and on a quarterly basis.

- **Office of Criminal Justice Programs**: Funded ACEs Public Awareness Campaign; promoted grant announcement: Serving Youth and Young Adults w/ Trauma; increased awareness of Handle with Care through training of law enforcement; and supported appropriate BSB work in relevant grant funded projects.
Public Sector Accomplishments (cont.)

- **TCCY**: Has led two major areas of focus relative to Knowledge Mobilization—(1) Training For Trainers for over 950 people who have reached over 39,000 constituents and (2) initiation of various approaches to promote community action plans [More about that....]

- **TENNCARE: Amerigroup**: Internal training to MCO Case Management and Utilization Management associates; clinical and non-clinical associates incorporate the training tenants from ACEs into outreach and care plans as deemed appropriate; utilizing ACEs training links and FAQ materials to assist in outreach effort. External: member events, member educational fliers; collaborating with providers during case management coordination efforts to address members potential ACEs. **BlueCare**: Internal training to case managers and any staff who is interested; external staff include providers and community members. They have trained 600 since 2018 and is provided in 1, 2, and 3 hour increments. Their goal is to instill an understanding of the latest brain science to prevent and mitigate the impact of ACEs.
BSB Training for Trainers

- Over the past 2.5 years, 956 diverse sector individuals have become BSB Trainers.
- These individuals have presented to more than 39,800 community members.
BSB Training for Trainers

Trainings have been conducted in 67 out of 95 counties.

There have been community members trained in 93 out of 95 counties.
Private Sector Accomplishments

- Served as extenders of BSB TN principles, values and metaphors to respective participating agency boards, staffs, programs and practices
- Have incorporated expectations for grantees to address ACEs prevention, mitigation and recovery strategies when appropriate to the purpose of fund sources
- Have implemented BSB TN-related trainings within some large organizations
- Utilized collective impact strategies to address and advocate for continued focus on social/emotional health and well-being
- Special recognition to the Sycamore Institute for publication of The Economic Cost of ACEs In Tennessee, which has garnered nationwide attention
- Successfully demonstrated the value of Community Innovations that resulted in an increase in state appropriations for ACEs-related activities in the recurring budget beginning w/ FY19
- And much, much more......
Community Innovations

Funds support Innovations in these sectors

- **Academia**
  - Belmont University
  - ETSU Biostats/Epidemiology
  - MTSU College of Education
  - TSU COE in Learning Sciences
  - UT College of Social Work

- **Child Welfare**
  - Camelot Care Centers
  - CASA Nashville

- **Early Childhood/Childcare**
  - Allied Behavioral Health Solutions
  - Baptist Memorial Thrive By 5
  - UT Extension Services

- **Community**
  - ACE Nashville
  - Boys & Girls Clubs Knoxville
  - ETSU/Boys and Girls Clubs
  - ETSU System of Care
  - Grundy County Discover Together
  - LeBonheur Triple P
  - LeBonheur START
  - UT Health Sciences Center Fayette County
  - UT Health Sciences Center
  - United Way of Greater Chattanooga
Community Innovations

Funds support Innovations in these sectors

- **Education**
  - Gibson County School District
  - Greene County Schools
  - Metro Nashville Public Schools
  - Murfreesboro City Schools

- **Justice/Courts**
  - Davidson County Infant Court
  - Family Center
  - Jackson Police Department
  - West TN Healthcare Fndtn

- **Faith-based Community**
  - Bethany Christian Services Chattanooga
  - Bethany Christian Services Nashville

- **Medical**
  - Baptist Memorial Health Care
  - ETSU Department of Pediatrics
  - Frontier Health
  - VU Medical Center Pediatrics Clinic
  - VU Medical Center Pediatrics Division

- **Media**
  - WCTE Upper Cumberland
BUILDING STRONG BRAINS TENNESSEE
FY19 Funded Community Innovations

Statewide Projects:
- Boys & Girls Clubs in Tennessee
- Camellot Care Centers
- UT College of Social Work Knoxville

UT Extension Services
Wilson, Robertson, Campbell

ETSU Biostatistics & Epidemiology

ETSU Department of Psychology

Greene County Schools

Harmony Family Center Maryville

Hope Center, Inc. McMinn/Bradley

Jackson Police Department

LeBonheur Tipton/Crockett

LeBonheur Well Being Memphis

UT Health Science Center (UTHSC) Provider Ed

UTHSC PCAT

Baptist Memorial Hospital for Women

UTHSC Fayette County

Middle TN State University

Murfreesboro City Schools

CASA Nashville

United Way of Metro Nashville

TN Voices for Children
Macon, Trousdale, Sumner

ETSU Department of Psychology

Frontier Health NE

Big Brothers Big Sisters of Middle Tennessee

Bethany Christian Services Nashville

Belmont University

Metro Nashville Public Schools

VU Medical Ctr Pediatrics Division

VU Pediatrics Residency School
2018 Summit
Celebrating Successes | Imagining Possibilities
September 11, 2018
Country Music Hall of Fame

https://www.tn.gov/dcs/program-areas/child-health/aces/2018-building-strong-brains-summit.html
VISION FOR SUCCESS

- Universal Awareness and Commitment
- Competent, Committed, Inspirational Leaders at All Levels
- Broad Community Engagement
- Common Practice Implementation
- A System to Organize Data for Analysis and Shared Results
- Targeted System-specific Marketing Strategies
- Business Engagement, Advocacy & Investment
- Formalized Infrastructure Support
STRATEGIC PRIORITIES

- **Engaging**
  Engaging Stakeholders, Key leaders, Communities

- **Supporting**
  Supporting with Financial Models, Marketing & Infrastructure

- **Equipping**
  Equipping Providers and Communities with Tools and Trainings

- **Connecting**
  Connecting Learnings and Sharing Information
How Will We Get There?

- Sustaining and enhancing effective strategies used to date to increase public awareness and action
- Supporting extension of the scientific and practical learnings through Learning Communities
- Good stewardship of generous appropriations for ACEs-related activities
- Cultivating 2 Gen and 3 Gen approaches to community solutions
- Continuing to seek input from stakeholders
- Engaging the business community to recognize the investment in children today is an investment in the workforce of tomorrow.
How Will We Get There?

• KNOWLEDGE MOBILIZATION TEAMS
A Word About the FY19 AOF

- Two areas of focus
  - Child development interventions and/or direct services to children, youth, young adults and their caretakers
  - Community conditions that are or may contribute to ACEs

- Responses to questions about the AOF are at https://www.tn.gov/dcs/for-providers/procurement.html

- Proposals are due Friday, March 15 by 4:00 p.m. Central

- Applicants will be notified of the results of the evaluation on March 29 at which time all proposals will be open for inspection for approximately one business week

- Contracts will be planned to begin July 1
Conclusion

With this effort, there is Confidence in our Collective Ability to Change the Culture

from

What is wrong with this child?

to

What happened to this child?
Thank you!!

Questions?
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Thank You!

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Thank You!


Resources


