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ACEs and Resilience:
Increasing patient knowledge of Adverse Childhood Experiences and stress coping techniques

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ACEs counseling at The Health Center

- At The Health Center (THC), a FQHC in Plainfield Vermont, providers initiate Adverse Childhood Experience (ACE) screenings and provide ACEs counseling for their patients.
- ACEs are traumatic events, incurred in childhood that have long term implications for patient physical, psychological, and behavioral health.[7]
- If patient elects to take part, the provider will discuss their score with them and counsel patients on the implications in terms of long term toxic stress, health outcomes and possible ways for coping with and limiting chronic stress.
- While the center has begun to screen hundreds of their patients for this metric, some providers report still feeling hesitant about having this conversation with patients.
Washington County: unique challenges

- ACEs are a widespread occurrence in all US populations; however, rural Vermonters such as patients of The Health Center cope with their effects in the setting of geographic isolation and relatively poor access to behavioral health providers.
  - When Vermonters were last surveyed, over 1/2 of Vermont adults reported past ACEs. More than 1/5 reported having experienced 3 or more [9].
- Washington county is comprised of mixed rural and urban populations in Central Vermont. Population density is 86 per square mile, and 10.8% live in poverty (as opposed to 262 per square mile and 9.2% in Chittenden County)[10].
- Insurance coverage for THC’s patient population: 48% Medicaid, 16% Medicare, and 11% uninsured.
- Washington county has 76.5 PCPs per 100,000 people; this level is considered an inadequate supply by the Vermont Department of health [11]
- In 2016, Central Vermont Medical Center conducted a community health needs assessment for Washington County and identified further need for more resources concerning
  - Substance abuse
  - Poor nutrition
  - Mental health [11]
Challenges of counseling and provider discomfort

- Despite the readily available screening tool, not all providers have found success in having this conversation with patients
  - This may be because beyond screening a patient for ACEs, there is much more that needs to be discussed, including basic education about ACEs and their effects, the effects of trauma on children and families, and coping strategies to promote resilience
  - In speaking to providers at THC and observing some provider-wide meetings concerning ACEs, some expressed uncertainty and hesitance over what exactly to say to patients
- There may be a need for specific tools/resources that will strengthen a caregiver’s ability to discuss ACEs with patients and guide a discussion that includes concrete suggestions. It is possible that part of the difficulty of conversations about ACEs is that there is no straightforward answer; different approaches will work well with different patients, and there is no singular resource to call on for reference.
Perspectives of providers...

- Interview with Kimberly Pierce PA-C. She has spearheaded the ACEs screening and education efforts in the clinic.

- In our interview, she stressed the enormous importance of educating patients about ACEs and their effects. For many, simply understanding that the trauma they suffered is not their fault, and that there are ways to reshape our response to toxic stress, is empowering.
  - She noted that the counseling session and screening must come at the right time—which varies from patient to patient—and that a provider must be comfortable with having the conversation with the patient in order for it to be most effective.

- When discussing stress-reduction techniques, she noted that silent mindfulness can be very difficult for people whose fight or flight response is activated. In addition to teaching patients about quiet mindfulness, she endorses activities that help allow patients movement, repetition, and solitude.
  - Examples include: walking, snowshoeing, walking a labyrinth, and EFT (emotional freedom tapping).

- A common theme that emerged in both this interview and the next: any sort of pamphlet or informational tool could not be a standalone or mail-out intervention. Any information provided to patients should be accompanied by in face-to-face counseling.
Interview with Caitlin Patterson RN and Katie Candido RN, nurses at both Cabot School (K-12) in Cabot, VT as well as The Health Center

They spoke to the unique challenges faced by rural towns such as Cabot and the effects they see in children who attend the school:

- Large families that rely on agriculture are financially insecure, or children suffering the effects of families disrupted by drug use, sexual or domestic abuse
- Widespread food insecurity at the school; they cited food insecurity for a measure of the adversity a child may be facing. In Cabot, more than 50% of students qualify for free lunch.

Both agreed on the importance of ACE counseling and education for patients, and felt that it **changed the lens through which they understood their patients** struggling with chronic health and behavioral problems.

They had advice for concrete tips to offer patients for coping with stress:

- Getting kids outside for field trips in nature, teaching children breathing techniques. They described successes at Cabot in teaching young children breathing techniques and establishing quiet “tea corners” for children near the nurses office.
- Teaching adults about yoga, breathing techniques, exercise in the outdoors, and the importance of connecting with their community
Methodology

- A pamphlet was developed to be provided to patients during ACE screenings and counseling sessions with their providers.

- The goal: to increase provider comfort as well as patient knowledge during clinic visits in which ACEs are discussed.

- The pamphlet includes:
  - Description of and health implications of ACEs
  - Suggestions for how to cope with toxic stress by promoting the relaxation response
  - Information regarding ACEs in childhood and techniques for building resilience
  - A list of Washington County emergency resources
Results/feedback

- Finished pamphlet was presented to physicians, PA-C’s, and NP’s in the clinic.
- Clinicians were receptive to the idea of distributing pamphlets during ACE counseling sessions; they acknowledged that they need informational tools to supplement their conversations.
- Providers also pointed out that, even if patients are not receptive to discussing their screening results or being screened, the pamphlet would be a good addition to the materials they send patients home with concerning trauma and childhood adversity.
- The clinic will start stocking pamphlets in the same area of clinic rooms where the ACE screening materials are kept.
Evaluation of effectiveness and recommendations

- Evaluation of effectiveness would focus on the effect of the tool in increasing provider confidence in conducting ACE screenings and interviews, as well as increasing patient knowledge concerning resiliency and toxic stress coping techniques.

- To evaluate, clinics conducting ACE screenings with their patients would be provided with the pamphlet and subsequently surveyed:
  - Providers would fill out surveys concerning comfort and confidence in ACE counseling both prior to tool use and after
  - Patients would fill out surveys about knowledge of resilience and coping techniques after their ACE screenings (whether or not they were provided with the pamphlet)

- The data captured could be used to further refine the content of the pamphlet and further support providers and patients having these conversations.
Recommendations for future interventions

- The pamphlet created is a tool for increasing the ease and efficacy of ACE screening conversations and patient counseling/education.

- Future measures should work toward the same goals. Based on the recommendations of those interviewed for this project, future interventions could include:
  - A survey of providers in the state determining opinions on how ACE screenings should be used, if they should be used, and how they inform provider decisions about patient care.
  - Support group and/or group education sessions for adults trying to limit the effects of toxic stress.
Sources


Thank you for agreeing to be interviewed. This project is a requirement for the family medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she explained the nature and purpose of this project. The interviewee affirms that he/she has consented to the interview.

Yes\_/\_/No____
Name (printed): Caitlin Patterson
Signature: [Signature]
Date: 4/18/18

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.
Name______________________________

Thank you for agreeing to be interviewed. This project is a requirement for the family medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she explained the nature and purpose of this project. The interviewee affirms that he/she has consented to the interview.

Yes\_/\_/No____
Name (printed): Kaitie Candido
Signature: [Signature]
Date: 4/19/18

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.
Name______________________________

Name______________________________
What do we Know about ACEs?

Adverse Childhood Experiences, or ACEs, are COMMON.

When last surveyed, over 1/2 of Vermont adults reported past ACEs. More than 1/5 reported having experienced 3 or more.

ACEs affect our health:

Traumatic events in childhood can result in a chronic stress and the hormone that accompanies it—cortisol. We need cortisol to navigate life challenges, but too much for too long is toxic.

Persistent stress changes our overall health and how we interact with the world.

ACEs during childhood increase our risk for: heart disease, infection, COPD, obesity, depression, poor work and school performance, drug and alcohol abuse, intimate partner violence, suicide attempts, and more...

RESILIENCE: BREAKING THE CYCLE

We can change the impact that ACEs have on our lives and our children’s lives.

Resilience is our ability, either as children or as adults, to recover and thrive in the face of adversity.

People best able to to cope with sustained stress:

◊ Forge strong social connections. Reach out to neighbors and become involved in your community. Having individuals that you can talk to, that you can trust, is key.

◊ Keep to routines. Prioritize regular sleep, exercise, and balanced meals.

◊ Exercise. Regular physical activity has been shown to enhance physical and cognitive health, as well as to diminish stress.

Get out and explore!
During all seasons, Vermont’s outdoors are a wonderful asset to its communities. Explore the nature areas in and around your community.

RELAXATION RESPONSE

Promoting our relaxation response counteracts the physiological and mental impacts of stress. Like anything, this takes practice!

Activities that put us in a quiet place, reduce distractions, allow our bodies to be still, or have a repetitive noise or motion can help achieve a relaxation response.

Try:

◊ Walking, snowshoeing, or hiking
◊ Yoga, Meditation
◊ Mindful breathing or sitting quietly—even for just 5 minutes

Tapping exercises

◊ Tap your collarbone while repeating a short “reminder” phrase, such as “I know I have this ___ (problem/worry/memory), but I accept myself.”
◊ Repeat 3 times while seated in a quiet place.
CHILDREN AND ACES

Helping children to learn to shut off their stress response in a healthy way is key to helping them build resilience.

The most important factor in childhood resilience are consistent, trusted, nurturing caregivers. A child only needs 1 or 2 to “buffer” their response to the stresses of learning, growing, and adversity.

Minimizing children’s exposure to ACEs is important but so is simply being there for them.

◊ Know what’s going on in your child’s life. Stress in the importance of communication and trust.
◊ If you are stressed or angry, explain WHY.
◊ Children can tap into the relaxation response just like adults. Take your children outside and help them explore natural areas. Or, help them try a breathing exercise to slow down and:

Hold your hand in front of you. With your opposite index finger, trace up and down your fingers as you breathe in and out.

WASHINGTON COUNTY RESOURCES:

Emergencies: 911
General Information/Local and State Wide services: 211
The Health Center, Plainfield: 434-8326
Central Vermont Medical Center: 373-1100
Planned Parenthood: 476-6066
Washington County Mental Health: 229-0591
Green Mountain Transit: 223-7287
Family Center of Washington County: 262-3352
WIC: 800-639-1023
Good Beginnings of Central VT: 597-7953

Learn more about what ACEs mean for you:

◊ Ask your PCP: Providers are beginning to understand the impact that ACE scores have on individuals and families, and can work with you to identify resources and techniques that may be helpful moving forward.
◊ Learn more about the research behind ACEs at CDC.gov:
  ◊ https://www.cdc.gov/violenceprevention/acestudy
◊ Learning mindfulness techniques:
  There are many free mobile apps and websites that offer simple, brief mindfulness techniques.

ACEs and Building Resilience