Re: ACEs articles from Gainesville Sun 2017

Nancy Hardt <nhardt@gmail.com>

Mon 7/13/2020 4:40 PM

To: Colin Murphy <cmurphy@childrenstrustofalachuacounty.us>;

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Happy to share them. It is a body of work to support what Sherry Kitchens said. ACEs are at the base of everything we are trying to do: health, safety, education, equity. The community is getting more and more trauma informed and trauma responsive. The Trust needs to be, too. Maybe it would be better to be on the agenda for our workshop/retreat? What do you think?
N

On Sun, Jul 12, 2020 at 11:07 PM Colin Murphy <cmurphy@childrenstrustofalachuacounty.us> wrote:

> Thank you.
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> I read "The Deepest Well".
>
> Would you like me to include these this in the next board packet?
>
> Colin
>
> ---
>
> **From:** Nancy Hardt <nhardt@gmail.com>
> **Sent:** Sunday, July 12, 2020 4:22 PM
> **To:** Colin Murphy <cmurphy@childrenstrustofalachuacounty.us>
> **Subject:** Fwd: ACEs articles from Gainesville Sun 2017
>
> CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.
>
> I think I promised to send these to you. Finally found them
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> Nancy Hardt: A physician's confession
> Gainesville Sun, The (FL) - January 13, 2017Browse Issues
>
> Author/Byline: Nancy Hardt Special to The SunSection: Opinion
>
> The most important thing I didn't learn in medical school is about adverse childhood experiences, also known as ACEs.

To be sure, if I had understood them then the way I do now, I would have been a better and more compassionate physician. Importantly, I would have avoided lots of mistakes.

What kind of mistakes, you ask?

I was pretty much a failure taking care of smokers, drinkers, drug addicts and morbidly obese people. People who were chronically depressed or in chronic pain were not helped by me either.

I never understood that addictions to food, drugs, alcohol and cigarettes are just imperfect solutions to the effects of toxic stress resulting from adverse childhood experiences. Toxic stress sets up pathways in the brains of traumatized children, pathways which persist into adulthood. We don't outgrow these pathways, so as we get older, we try "home remedies" to treat them.

My mistake was to try over and over to get people to give up cigarettes, alcohol, pills or overeating without addressing the reasons these things provide comfort. I was never taught that the stress receptors in our brain that are soothed by these substances are set up in early childhood.

Our early experiences create memories that become structural realities in our brains. To try to address chronic pain with pills simply compounds the problem by adding a new one: addiction.

I failed to find out what kind of pain people were facing. I was not taught to ask the right questions. The ACEs questions.

Doctors Vince Felitti and Rob Anda found the connection between adverse childhood experiences and chronic illness in adults during research on insured middle-class people. When I learned this, I became intrigued. Could this information help me understand health disparities better?

Indeed it did, leading my career away from caring for one patient at a time and toward caring for people. Lots of people. A neighborhood of people, a community of people.

I learned that there is hope accompanying learning about ACEs in our community.

Resilience can overcome the effects of toxic stress. As adults, we can't undo the early childhood trauma we experienced. But our ability to develop resilience starts in early childhood and never goes away.

We can develop resilience in ourselves, and we can help others develop it in themselves.

In fact, if you suffered ACEs as a child and are living an adult life free of addiction and chronic illness, you have someone to thank for it. Someone helped foster your resilience.

Our understanding of ACEs and the developmental effects of them have revolutionized the way communities think about young children. Investments in preschool education, health care for children and addressing behavior problems in school have been found to be not only wise but enriching. Yes, community money spent early saves enough to make a community prosper later.

A lot is happening in Gainesville and Alachua County to avoid trauma in pre-kindergarten children and their families. Gainesville For All teams are addressing important social structures and supports for young children, Peace4Gainesville is enhancing systems understanding of adverse childhood experiences and resilience, Partnership for Strong Families is providing supports to vulnerable families, and our County Commission is poised to make significant strategic investments in preschool children.

For older children, Alachua County Schools are coordinating with law enforcement to reduce disproportionate contact of minority youth with juvenile justice, and the River Phoenix Center for Peacebuilding is fostering reconciliation and enhancing resilience in those experiencing trauma.

Today we launch a multi-part series with noted journalist Jane Stevens. She will bring us up to speed on the current understanding of early adversity and its effect on early childhood brain development.

Stevens has been writing on this topic for more than a decade, and will share content from ACEStoohigh.com and the ACEs Connection. Join me on this journey to learn about toxic stress and the power of resilience to overcome it.

- Nancy Hardt is a professor emerita in the University of Florida College of Medicine.

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Jane Ellen Stevens: A better understanding of childhood trauma
Gainesville Sun, The (FL) - January 13, 2017Browse Issues

Author/Byline: Jane Ellen Stevens Special to The SunSection: Opinion

It was 1985, and Dr. Vincent Felitti was mystified. The physician, chief of Kaiser Permanente's Department of Preventive Medicine in San Diego, couldn't figure out why more than half of the people in his obesity clinic dropped out.

A cursory review of all the dropouts' records astonished him - they'd all been losing weight when they left the program, not gaining. Why would people who were 300 pounds overweight successfully lose 100 pounds, and then drop out?

The mystery turned into a 25-year research project including the Centers for Disease Control and Prevention and more than 17,000 members of Kaiser Permanente. They discovered that adverse experiences in childhood were very common, and that these experiences are linked to every major chronic illness and social problem that the United States spends billions of dollars to address.

To solve the mystery, Felitti did face-to-face interviews with a couple hundred of the dropouts. He used a standard set of questions for everyone. For weeks, nothing unusual came of the inquiries.

The turning point came by accident. The physician was running through yet another series of questions with yet another obesity program patient: How much did you weigh when you were born? How much did you weigh when you started first grade? How old were you when you became sexually active? How old were you when you married?

"I misspoke," he recalled. "Instead of asking, 'How old were you when you were first sexually active,' I asked, 'How much did you weigh when you were first sexually active?' The patient, a woman, answered, '40 pounds.'"

He didn't understand what he was hearing. He misspoke the question again. She gave the same answer, burst into tears and added, "It was when I was four years old, with my father."

He suddenly realized what he had asked.

"I remembered thinking, 'This is only the second incest case I've had in 23 years of practice'," Felitti recalls. "I didn't know what to do with the information. About 10 days later, I ran into the same thing. It was very disturbing. Every other person was providing information about childhood sexual abuse. I thought, 'This can't be true. People would know if that were true. Someone would have told me in medical school.'"

Of the 286 people interviewed, most had been sexually abused as children. Another piece of the puzzle dropped into place during an interview with a woman who had been raped when she was 23 years old. In the year after the attack, she told Felitti that she'd gained 105 pounds.

"As she was thanking me for asking the question," Felitti said, "she looks down at the carpet, and mutters, 'Overweight is overlooked, and that's the way I need to be.'"

During that encounter, a realization struck Felitti. It's a significant detail that many physicians, psychologists, public health experts and policymakers haven't yet grasped: The obese people that Felitti was interviewing didn't see their weight as a problem. To them, it was a solution.

One way it helped was to soothe their anxiety, fear, anger or depression - it worked like alcohol or tobacco or methamphetamines.

The other way it helped was that, for many people, just being obese solved a problem. In the case of the woman who'd been raped, she felt as if she were invisible to men. In the case of a man who'd been beaten up when he was a skinny kid, being fat kept him safe, because when he gained hundreds of pounds, nobody bothered him.

For some people, both motivations were in play. Losing weight uncovered their anxiety, depression and fear to levels that were intolerable.

What Felitti learned had impact beyond a weight clinic in San Diego. Understanding adverse childhood experiences would provide a new understanding of the lives of hundreds of millions of people around the world who cope with their fear, anxiety, depression or anger by using alcohol, marijuana, food, sex, tobacco, violence, methamphetamines and even overachieving and thrill sports.

Public health experts, social service workers, educators, therapists and policy makers commonly regard addiction as a problem. Some, however, are beginning to grasp that turning to drugs is a "normal" response to serious childhood trauma, and that telling people who smoke or overeat or overwork or use drugs that these are bad for them doesn't sway or convince them when addiction provides a complicated yet temporarily gratifying solution.

- Jane Ellen Stevens is founder and publisher of ACEs Connection Network, comprising the news site ACEsTooHigh.com and its accompanying social network, ACEsConnection.com.

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Jane Ellen Stevens: Childhood trauma linked to health issues
Gainesville Sun, The (FL) - February 10, 2017Browse Issues

Author/Byline: name: Jane Ellen Stevens Special to The SunSection: Opinion

So if you were Dr. Vincent Felitti, chief of Kaiser Permanente's Department of Preventive Medicine in San Diego, which audience would you think would be interested in your stunning findings that many morbidly obese people had been sexually abused during childhood? A group relatively informed about obesity — the North American Association for the Study of Obesity.

In 1990, Felitti flew to Atlanta to give a speech to the members — many of them psychologists and psychiatrists. The audience listened quietly and politely. When he finished, one of the experts blasted him. "He told me I was naïve to believe my patients, that it was commonly understood by those more familiar with such matters that these patient statements were fabrications to provide a cover explanation for failed lives!"

Seated next to Felitti at dinner was Dr. David Williamson, an epidemiologist from the U.S. Centers for Disease Control and Prevention. Far from critical of the findings, Williamson was intrigued. He leaned over and "told me that people could always find fault with a study of a couple of hundred people," Felitti said, "but not if there were thousands, and from a general population, not a subset like an obesity program. I turned to him and said, 'That's not a problem.'"

Williamson invited Felitti to meet with a small group of CDC researchers. Dr. Robert Anda, a medical epidemiologist, was among them. Anda is a physician intrigued with epidemiology and public health. When he met Felitti, he had been studying the effect of depression and feelings of hopelessness on coronary heart disease. He noticed that depression and hopelessness weren't random. "I became interested in going deeper, because I thought that there must be something beneath the behaviors that were generating them," Anda said.

Kaiser Permanente in San Diego was a perfect place to do a mega-study. More than 50,000 members came through the Department of Preventive Medicine each year and filled out a detailed biopsychosocial medical questionnaire. Adding another set of questions could be done. Felitti and Anda asked 26,000 people who came through the department "if they would be interested in helping us understand how childhood events might affect adult health," Felitti said. Of those, 17,421 agreed.

Before they added the new questions, Anda spent a year poring through the research literature, focusing on the eight major types of trauma mentioned so often in Felitti's original study and whose individual consequences were described. These eight included three types of abuse — sexual, verbal and physical. And five types of family dysfunction — a parent suffering addiction or mental illness, a mother who's a domestic violence victim, family member incarceration, a loss of a parent through divorce or abandonment. He later added emotional and physical neglect, for a total of 10 types of adverse childhood experiences, or ACEs.

The participants were followed for more than 15 years.

When the first results came in, Anda was at home in Atlanta. He logged into his computer to look at the findings. He was stunned. "I wept," he says. "I saw how much people had suffered and I wept."

This was the first time that researchers had looked at the effects of multiple types of trauma, rather than the consequences of just one. What the data has revealed is mind-boggling.

1. Childhood trauma is extraordinarily common. Nearly two-thirds of the 17,000 mostly white, college educated, people with jobs and great health care had at least one ACE. Twelve percent had four or more.

2. There's an unmistakable link between adverse experiences in childhood and adult chronic diseases, mental illness, perpetrating violence and being a victim of violence.

3. The more types of childhood adversity, the more dire the consequences. Compared to people with an ACE score of zero, people with an ACE score of four are twice as likely to smoke, 12 times more likely to have attempted suicide, seven times more likely to be alcoholic, and 10 times more likely to have injected street drugs. People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, more autoimmune diseases and more work absences. Without intervention, those with six or more ACEs experience shorter lives by an average of 20 years.

4. ACEs contribute to most of the nation's major chronic health, mental health, economic health and social health issues.

Since the original ACE study, other organizations — including pediatric clinics, social service agencies, cities and states — have integrated ACE surveys. In some cases other types of ACEs were included: experiencing racism, witnessing violence outside the home, bullying and involvement with the foster care system.

— Jane Ellen Stevens is founder and publisher of ACEs Connection Network, comprising the news site ACEsTooHigh.com, and its accompanying social network, ACEsConnection.com.

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Jane Ellen Stevens: Childhood trauma is focus of research, programs
Gainesville Sun, The (FL) - March 29, 2017Browse Issues

Author/Byline: Jane Ellen Stevens Special to The SunSection: Opinion

The first two parts of this series covered the groundbreaking study of adverse childhood experiences (ACEs) by Kaiser Permanente and the U.S. Centers for Disease Control and Prevention, which revealed that:

— Nearly two-thirds of us have at least one ACE. Twelve percent have four or more.

— ACEs lead to adult onset of chronic disease, mental illness, violence and being a victim of violence.

— The more ACEs, the more severe the consequences. People with high ACE scores have more broken bones, more marriages, more unwanted pregnancies, more prescription or illicit drug use, more obesity, more alcoholism.

— ACEs contribute to most of our major chronic health, mental health, economic health and social health issues.

This raises the questions: How do ACEs have such long-term effects? And what are people doing about it? The study of ACEs is just one of five research areas in ACEs science, which address both questions.

Basically, ACEs cause toxic stress, which damages the function and structure of children's developing brains. Not all stress is bad; we all need positive (non-toxic) stress to thrive. Tolerable stress is temporary, and children are helped to recover by supportive adults and community.

Toxic stress is extreme, persistent and results in chronic release of stress hormones. Kids who experience toxic stress don't have an adequate support system to help them recover.

This long-term toxic stress could come from living with a physically and verbally abusive alcoholic parent, for example. Or toxic stress results from persistent circumstances not included in the original ACEs study — racism, bullying and being homeless — that can also flood the brain with stress hormones without relief.

Kids with an overload of stress hormones survive in fight, flight or freeze mode. They can't focus. They can't sit still or they withdraw. When they're in survival brain, their thinking brain is offline. Without their thinking brain, they can't learn. If their behavior is disruptive, their schools respond by suspending or expelling them, which further traumatizes them.

When they get older, they cope by drinking, overeating, doing drugs, smoking or even over-achieving or engaging in thrill sports. They don't regard these coping methods as problems. Consciously or unconsciously, they use these methods to blunt their depression, anxiety, anger, fear and shame. Nicotine reduces anxiety. Food soothes. Some drugs are uppers, some drugs are downers; whatever feels best is used.

Overloading the body with stress hormones adds wear and tear to the body by interfering with normal inflammation. So even if people with high ACE scores haven't smoked or become obese, for example, they are at increased risk of heart disease, diabetes and autoimmune diseases.

Toxic stress can turn some genes on and off, and sometimes abnormal stress responses can be passed from parent to child. This is sometimes referred to as historical or intergenerational trauma.

With all this bad news about how trauma harms us, there's good news: Our brains are plastic. Our bodies want to heal. Resilience can be developed at any age.

We can heal ourselves by retraining our brain stress response. Practicing mindfulness or yoga; getting enough exercise, adequate sleep and nourishing food; having safe relationships, safe housing and someone to ask for help when we need it; and, if necessary, professional

counseling can increase resilience. We can build resilient families by educating parents about their own ACEs to help them understand their own childhoods and to motivate them to prevent ACEs for their kids by helping themselves, and by helping their kids.

The new frontier of resilience research lies in creating communities and systems that prevent childhood adversity and avoid re-traumatizing already traumatized people. And many local and national organizations are doing just that by integrating trauma-informed and resilience-building practices based on ACEs science.

Pediatricians and primary care clinics are assessing patients for ACEs and resilience. Hundreds of schools have integrated trauma-informed practices into classrooms, playgrounds and school policies. Head Start in Kansas City has integrated trauma-informed practices in a program called Head Start Trauma Smart, as has a home-based early childhood program called Child First.

Police departments and baby courts have integrated trauma-informed approaches. Homeless shelters and the faith-based community are integrating practices based on ACEs research. Cities and states are integrating ACE- and trauma-informed practices and resilience-building practices. Gainesville is incorporating understanding of ACEs to reduce juvenile arrests.

In these organizations, agencies and communities, the results of trauma informed approaches are nothing less than astounding: the most hopeless of lives turned around; kids' test scores, grades and graduation rates increasing; and significant reductions in costs of health care, social services and criminal justice. Still, we have a long way to go. Awareness is the first step.

— Jane Ellen Stevens is founder and publisher of ACEs Connection Network, comprising the news site ACEsTooHigh.com and its accompanying social network, ACEsConnection.com.

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Jane Ellen Stevens: Schools becoming responsive to trauma
Gainesville Sun, The (FL) - May 3, 2017Browse Issues

Author/Byline: Jane Ellen Stevens / Special to The SunSection: Opinion

Adverse childhood experiences — or ACEs — predispose us to chronic disease and mental illness, and are common in people who perpetrate violence. ACEs cause toxic stress, overloading the body with stress hormones.

Long exposure to these hormones change the function and structure of children's developing brains, affecting their behavior. Chronic stress hormones add wear and tear to the body, increasing risk of heart disease, diabetes and autoimmune diseases and shortening life expectancy.

With all this bad news about how trauma harms us, there's good news: Our brains are plastic. Our bodies want to heal. Resilience can be developed at any age.

This column, the fourth in a series on ACEs, looks at what happens when schools use trauma-responsive and resilience-building practices based on ACEs science. Encouraging results give hope that trauma-responsive communities may effectively address our most intractable problems.

We know how to increase individual resilience: A safe place to live. Safe, caring, and nurturing relationships. Adequate nutrition. Enough sleep. Exercise. Mindfulness. What we're just figuring out is how to create trauma-responsive schools, service organizations and self-healing communities. Here's a story about a high school that used ACEs science to integrate trauma-responsive and resilience-building practices to deal with behavior and academic problems.

In 2010, when Jim Sporleder, principal of Lincoln High School in Walla Walla, Washington, learned about the ACE study and the effects of toxic stress on adolescent brains, he realized he was doing everything wrong when it came to disciplining his students. He guided the school in adopting trauma-responsive practices, so that when a teen threw a chair or yelled at a teacher, the staff didn't suspend or expel the teen, which would have re-traumatized the student. They understood that the behavior indicated the student was experiencing trauma. So, instead of yelling at a kid: "What's wrong with you? Why did you do such a stupid thing?" they asked: "What happened to you? How can we help you?"

Since the average ACE score for the teens at Lincoln is 5.5, students needed someone to listen to the overwhelming troubles they were having at home. Letting teens know that teachers cared about them, teachers referred students for counseling, food or a place to live if they'd been kicked out of their parents' home. Out-of-school suspensions stopped; instead they created an in-school suspension room staffed by a teacher who could counsel the youth and keep the school work going.

Within four years, Lincoln High School's suspensions dropped 90 percent, and they no longer needed to expel students. Student attendance improved, so test scores, grades and graduation rates increased. So did their students' hope for the future. More decided to continue their

education after high school.

This is basically what Lincoln High did differently:

• When students showed symptoms of stress, teachers intervened early to provide help — a quick conversation, a longer chat with a school counselor, or intervention with a nurse practitioner at the school-based health clinic.

• For behavior that required more follow-up, such as not complying with a teacher after numerous requests, teens talked with Sporleder, who asked them to assess where they were in their decision-making ability. Students were asked to characterize their stress as in the green, yellow or red zone. If they're furious, for example, they're in the red zone, and are unable to think clearly. Red zone situations call for a day to cool down and think about things before a student can consider how to handle future situations differently.

• In staff meetings, conversations switched from how to discipline students to how to help them and their families.

Through these practices, the staff, students and teachers all felt safer, and everyone was calmer. The teachers framed their work in values of hope, teamwork, a healthy school family, compassion and respect. They had more conversations with the teens because they asked how they were doing more often. Safe, caring and nurturing relationships developed. Students responded to the respect and kindness. Because of all this, more learning took place.

Today, several hundred schools across the U.S. are in the process of becoming trauma-responsive. In Alachua County Public Schools, for example, the System of Care program is called upon to address youth and family needs. For more information about what schools are doing, and for resources such as toolkits, books, webinars, etc., go to the "ACEs in Education" group on ACEsConnection.com.

— Jane Ellen Stevens is founder and publisher of ACEs Connection Network, comprising the news site ACEsTooHigh.com and its accompanying social network ACEsConnection.com.

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Nancy Hardt and Jane Stevens: Trading addictions for healthy behaviors
Gainesville Sun, The (FL) - August 4, 2017Browse Issues

Author/Byline: Nancy Hardt / and Jane Stevens / Special to The SunSection: Opinion

Opioid addiction is a problem for many in Alachua County. The University of Florida's Mobile Outreach Clinic had frequent requests for drugs when it was first started, but policy did not allow prescribing drugs known for abuse.

Understanding that addiction is a real medical condition, UF psychologist Carol Lewis developed a tool to help patients address their distress through daily healthy behaviors. Patients are asked to sleep 7-9 hours, exercise 20-30 minutes, eat something nutritious three times, do five minutes of deep breathing, do something pleasurable and adopt a mindfulness practice.

It turns out that Dr. Daniel Sumrock, a family physician and director of the Center for Addiction Sciences at the University of Tennessee, calls opioid addiction an unhealthy ritualized compulsive comfort-seeking behavior. His clinics in rural Tennessee and Memphis includes an approach like the Mobile Clinic uses: encouraging patients to adopt healthy comfort-seeking behaviors.

Importantly, he finds that the solution to changing the comfort-seeking behavior of opioid addiction is to address a person's adverse childhood experiences (ACEs) individually and in group therapy. Indeed, the clinic treats people with respect, provides medication assistance if needed and helps them find a comfort-seeking behavior that won't kill them or put them in jail. He finds this approach also useful when dealing with addictions to alcohol, food, sex, gambling, etc.

ACEs are the types of childhood trauma known to increase risk of health and social problems later in life, as a groundbreaking study by Kaiser Permanente and the U.S. Centers for Disease Control and Prevention found. The traumas include physical, emotional and sexual abuse; physical and emotional neglect; living with a family member mentally ill or addicted to alcohol or other substances; experiencing parental divorce or separation; having an incarcerated family member; and witnessing a mother being abused.

The study found that the higher someone's ACE score — the more types of childhood adversity a person experienced — the higher their risk of chronic disease, mental illness including addiction, perpetrating violence, being a victim of violence and other consequences. For example, an ACE score of four nearly doubles the risk of heart disease and cancer, increases the likelihood of becoming an alcoholic by 700 percent and the risk of attempted suicide by 1,200 percent.

High ACE scores are also associated with other addictions besides alcohol. Compared with people who have zero ACEs, people with ACEs are two to four times more likely to use alcohol or other drugs and to start using drugs at an earlier age. People with an ACE score of five or

higher are seven to 10 times more likely to use illegal drugs, report addiction and inject illegal drugs. Research shows that the brain changes associated with ACEs can increase vulnerability to addiction, especially when exposure to addictive substances occurs during adolescence.

In other words, to deal with the anxiety, depression, hopelessness, fear, anger and/or frustration associated with the trauma experienced as children, people with ACEs are more likely to resort to unhealthy ritualized compulsive behaviors.

Sumrok's approach shows respect and empathy for patients with addiction, as he explains that their coping behavior was adopted in the absence of healthy alternatives. He explains to his patients the science of ACEs and how their addictions are almost a predictable result of their childhood trauma.

His approach is significant because he helps his patients get at the root of why they're addicted. Policies that focus on just one addiction don't work. If people don't understand why they use opioids or alcohol or cigarettes, or all three, they will move on to another, more easily accessible drug when the current drug they're using becomes more difficult to find.

Sumrok's patients participate in group therapy where talking with others helps each person normalize their own experiences. The group helps each other find ritualized compulsive comfort-seeking behaviors that won't kill them or put them in jail, such as coaching their kid's soccer team or volunteering at a food bank. (Sumrok often quotes Forrest Gump: "Helping helps the helper."). Like Carol Lewis, he also encourages them to integrate other behaviors into their lives, such as walking 30 minutes a day or other exercise, joining a 12-step group or finding a path to encourage a spiritual awakening.

Dr. Nancy Hardt is a professor emerita in the University of Florida College of Medicine who launched the Mobile Outreach Clinic. Jane Stevens is founder and publisher of ACEs Connection Network, comprising the news site ACEsTooHigh.com and its accompanying social network ACEsConnection.com.

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Nancy Hardt and Jane Stevens: Consider trauma in providing services
Gainesville Sun, The (FL) - November 28, 2017Browse Issues

Author/Byline: Nancy Hardt / and Jane Stevens / Special to The SunSection: Opinion

In earlier columns in this series, we described adverse childhood experiences, or ACEs, as early life events that change brain structure and function, but can be healed by the presence of nurturing adults and the development of resilience skills. In the absence of safe, stable and nurturing relationships, health and social outcomes can be negatively affected not only in childhood, but also in adulthood.

Communities and service providers, now understanding the long-term impact of ACEs on well being, are taking a hard look at their provision of services to address trauma. What improvements to the usual and customary provision of services need to be made?

Because ACEs are bad, sad or scary events beyond one's control with long-term behavioral impact, encounters with authority figures (such as teachers, health professionals, law enforcement and other service providers) can cause flashback memories to adverse events and can be associated with "freezing" of emotions or violent outbursts. Even well-meaning authority figures may react by imposing even more control, only making the situation worse.

To improve effectiveness, providers of services to traumatized individuals will avoid repeating the sensation of loss of control. This is done by providing clients with choices and employing non-judgmental service providers who are comfortable giving up some control to their clients.

An excellent example of ACEs-informed service provision in our community is the Mobile Outreach Clinic. In that clinic, patients walk in on a convenient day for them. Services are offered in neighborhoods free of charge to avoid cost and transportation barriers.

Patients have a choice of the service to be provided, and can choose who they want to accompany them. Service providers are selected for their ability to be non-judgmental and, by example, they teach health professions students these behaviors.

Indeed there are challenges. Because providing services in such an environment transfers control from the provider to the client, strategies to avoid burnout of valued staff are important. Not all service providers are temperamentally suited to this care setting. Indeed, service providers with their own early adversities may find it difficult and exhausting to give up so much control.

Trauma-informed service organizations must take measures to preserve their valued providers. The Mobile Clinic uses flexible scheduling for providers and support for routine tasks (such as scribing the first draft of clinic notes and follow-up phone calls). This allows providers to focus on creating professionally satisfying, nurturing relationships with patients. Partnerships are fostered and valued by the clinic, so that challenges of caring for this vulnerable population on a shoestring budget are shared across the community.

In turn, providers and students regain some control by providing valued input into clinic policies and procedures, fostering continuous quality improvement to meet the needs of patients.

Organizations who wish to be more ACEs or trauma informed need to ask themselves these questions: Are clients able to get services at times and in locations they choose? Are they given choices as to which services will be provided? Can they be accompanied by a support person?

Are service providers respectful of the culture, language spoken by, and literacy level of their clients? Are providers aware and understanding of transportation and financial challenges their clients face?

Are staff aware of ACEs, the brain science of ACEs and the impacts of ACEs on behavior? Does the organization address ACEs of staff, and take opportunities to foster resilience in them?

Transforming services from provider-centered to client-centered cannot happen overnight. Starting the conversation with ACEs education for leadership and valued employees is a worthwhile first step. For resources, visit ACEsConnection.com. For an educational program designed to meet your needs, contact Peace4Gainesville (www.peace4gainesville.org).

Dr. Nancy Hardt is a professor emerita in the University of Florida College of Medicine who launched the Mobile Outreach Clinic. Jane Stevens is founder and publisher of the ACEs Connection Network.

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Jane Stevens: Jailing or firing harassers won't solve problem
Gainesville Sun, The (FL) - February 8, 2018Browse Issues

Author/Byline: Jane Stevens / Special to The SunSection: Opinion

So, Harvey Weinstein has gone to ground, along with Charlie Rose, Matt Lauer, Kevin Spacey and federal Appeals Court Judge Alex Kosinski. who retired after 15 women accused him of sexual misconduct. Do a search for "sexual harassment" and stories about dozens of men across a variety of professions appear.

Sexual harassment is everywhere — all professions, including higher education and automobile assembly plants. The U.S. Equal Employment Opportunity Commission says that 60 percent of women report having experienced sexual harassment. That's 45 million women. A much smaller, but still in the millions, number of men have been sexually harassed by their male or female bosses.

The solutions so far — Fire them! Jail them! Destroy them! — might garner headlines and short-term satisfaction. The solutions certainly fit our traditional approach of using blame, shame and punishment to attempt to change human behavior.

But we can't fire or imprison our way out of this — it's too big and too complex. Here's why: Assuming a one-to-20 ratio between harasser and victims, 2 million men have sexually harassed others.

Sure, we could fire them all. But we can't throw them all in jail. We've already learned that we can't incarcerate our way out of our opioid problem, and we can't expel or suspend our way out of school behavior problems.

If we don't get to the common roots of these problems, we'll just keep growing children into adults who harm others by violence, bullying or sexual abuse.

That's because all of these problems have the same roots: ACEs, which stands for adverse childhood experiences.

ACEs comes from the Centers for Disease Control and Prevention-Kaiser Permanente Adverse Childhood Experiences study (ACE study), groundbreaking research that looked at how 10 types of childhood trauma affect long-term health.

They include physical, emotional and sexual abuse; physical and emotional neglect; living with a family member with an addiction or a mental illness, such as depression; experiencing parental divorce or separation; having an incarcerated family member; and witnessing a mother being abused.

Subsequent ACE surveys include racism, witnessing violence outside the home, bullying, spanking, losing a parent to deportation and living in an unsafe neighborhood.

Thirty-eight percent of children in every state have at least one ACE, according to a recent Johns Hopkins analysis. That's 34 million children. Many of those children will accumulate more ACEs. Some will grow up to harm others or themselves. Many will do both.

ACEs science — besides the survey itself — also includes how toxic stress from ACEs damages children's developing brains and how it affects adult brains; how toxic stress from ACEs affects health; and how it affects our genes and is passed from one generation to another (epigenetics).

Most important for addressing the crisis is resilience research, which shows the brain is plastic and the body wants to heal.

Resilience research demonstrates positive changes in behavior are possible when individuals, organizations and systems integrate trauma-informed and resilience-building practices — for example, in education and in the family court system.

We could continue our Whac-a-Mole approach to workplace issues: One program to go after sexual harassment, another to stop bullying, another to address absenteeism, with a combination of training and punishment. And we all know how well that works.

Or we could address them all at once with a comprehensive ACEs science approach. This would mean changing our culture by integrating into every organization in every community the trauma-informed and resilience-building practices and policies, based on ACEs science, to create environments that no longer traumatize people.

This means moving from a blame, shame and punishment culture, to a ubiquitous culture of understanding, nurturing and helping people heal themselves.

Jane Stevens is founder and publisher of the ACEs Connection Network and editor of ACEsTooHigh.

On Tue, Oct 15, 2019 at 8:28 AM Crabbe, Nathan <nathan.crabbe@gvillesun.com> wrote:

> Yes -- give me some time and I'll get back with you.
>
> Thanks,
>
> Nathan Crabbe
>
> On Mon, Oct 14, 2019 at 10:23 PM Nancy Hardt <nhardt@gmail.com> wrote:
>
> > Hi, Nathan,
> >
> > I am trying to locate the copies of the ACEs series we did with Jane Stevens. My login and password for my digital subscription is being rejected. Can you help find them? It was in late 2017-early 2018.
> >
> > Nancy Hardt 352-514-3991
>
> --
>
> Nathan Crabbe
> Opinion and engagement editor
> Gainesville Sun
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