



COLORADO ASSOCIATION FOR
SCHOOL-BASED HEALTH CARE



What is right with you? Responding to ACEs by fostering youth resilience

**Rebecca Gostlin & Christy Boland
Colorado Association for School-Based
Health Care (CASBHC)
6.27.22**

Objectives

- 1) The participant will be able to identify at least three considerations to address prior to establishing screening youth for ACEs in school-based health center settings.
- 2) The participant will be able to describe how Healing Centered Engagement and HOPE frameworks extend traditional trauma-informed practices to promote resilience in youth.
- 3) The participant will identify two ways to incorporate the 5 principles of Healing Centered Engagement into their work with youth.





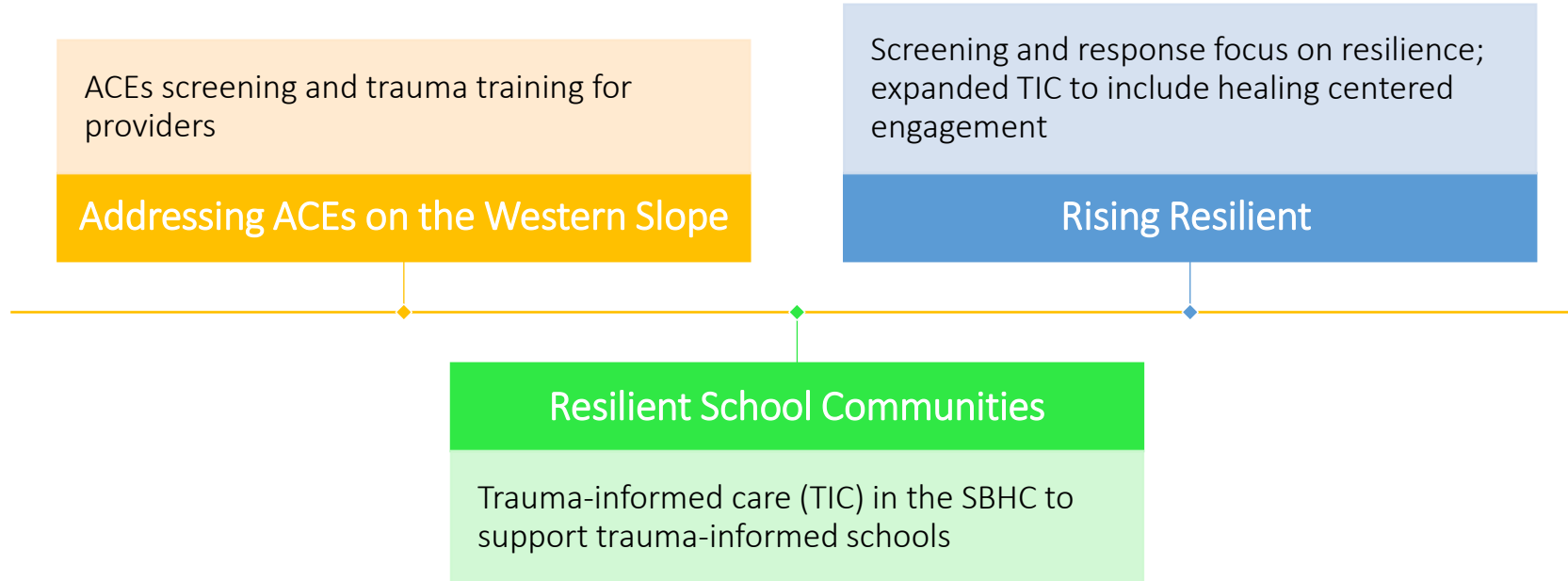
Introductions



Rebecca Gostlin, LPC, M.Ed.
Director of Clinical Initiatives at CASBHC

Christy Boland, MPH
Program Manager at CASBHC

Overview of CASBHC's Resilience and ACEs Work



Rising Resilient



Purpose:

Expand previous work on resilience and ACEs screening and move toward Healing Centered Engagement and inclusion of youth voice in SBHC response to ACEs

Goals

- Increase routine ACEs screening in SBHCs
- Increase provider competency in trauma-informed care, healing centered engagement, and youth engagement
- Apply these approaches and further youth engagement to foster youth resilience
- Create a toolkit that supports SBHCs use of ACEs screening and Healing Centered Engagement and fosters positive experiences



3 Processes, 1 Goal: Youth Resilience



1. Increase SBHC staff's competence in TIC and healing center engagement with all patients.

- Trainings in trauma-informed care, healing centered engagement, youth development, and HOPE tied back to resilience building
- SBHC implementation of trauma-informed care and resiliency building activities
 - TIC with HCE is not a curriculum or an intervention; it is a culture shift
 - Successful implementation depends on clinic-wide adoption of the concept and practice.
 - TIC and HCE can be useful tools for responding to ACEs. It can be done independent of ACEs screening as well

2. Universal ACEs and resilience screening at SBHC.

- Universal means everyone is screened, which destigmatizes ACEs and their impact and minimizes provider bias on who might be impacted
- Screening is for ACEs, not trauma response. Trauma symptoms may or may not be present
- Understanding how ACEs impacts physical and behavioral health allows for early intervention to try to mitigate negative impact by increasing exposure to positive childhood experiences – aka, protective factors, ultimately building resilience
- Acknowledging and fostering assets brings in HOPE and HCE frameworks

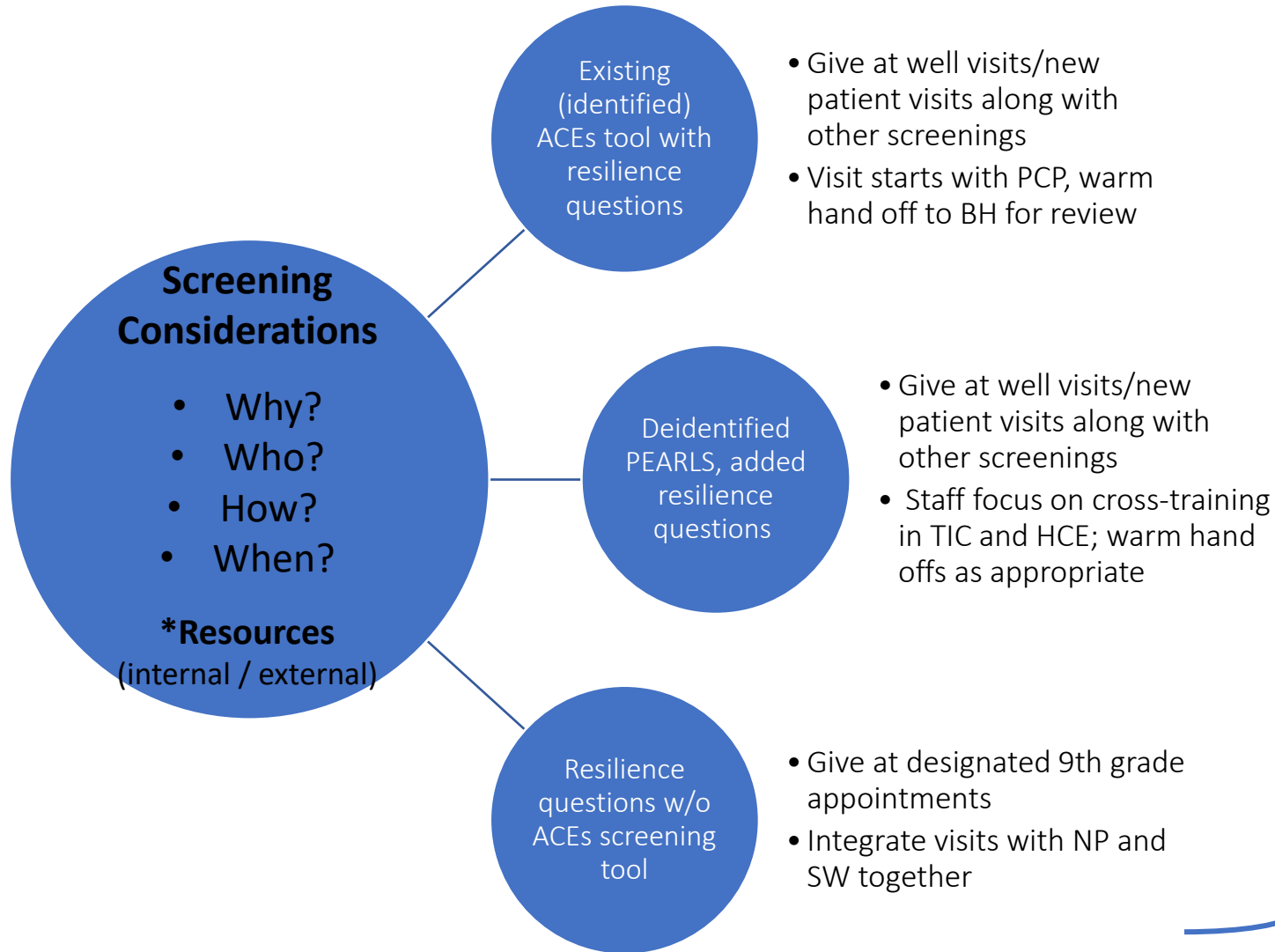
Youth Resilience Project

3. Placing resilience in the hands of youth

- Youth-led work facilitated through healing centered engagement frameworks
- Extended work outside of clinical practice and into the school
 - Enhanced the reach and impact of the work to community-level



3 Organizations, 3 Workflows



Response to Screening

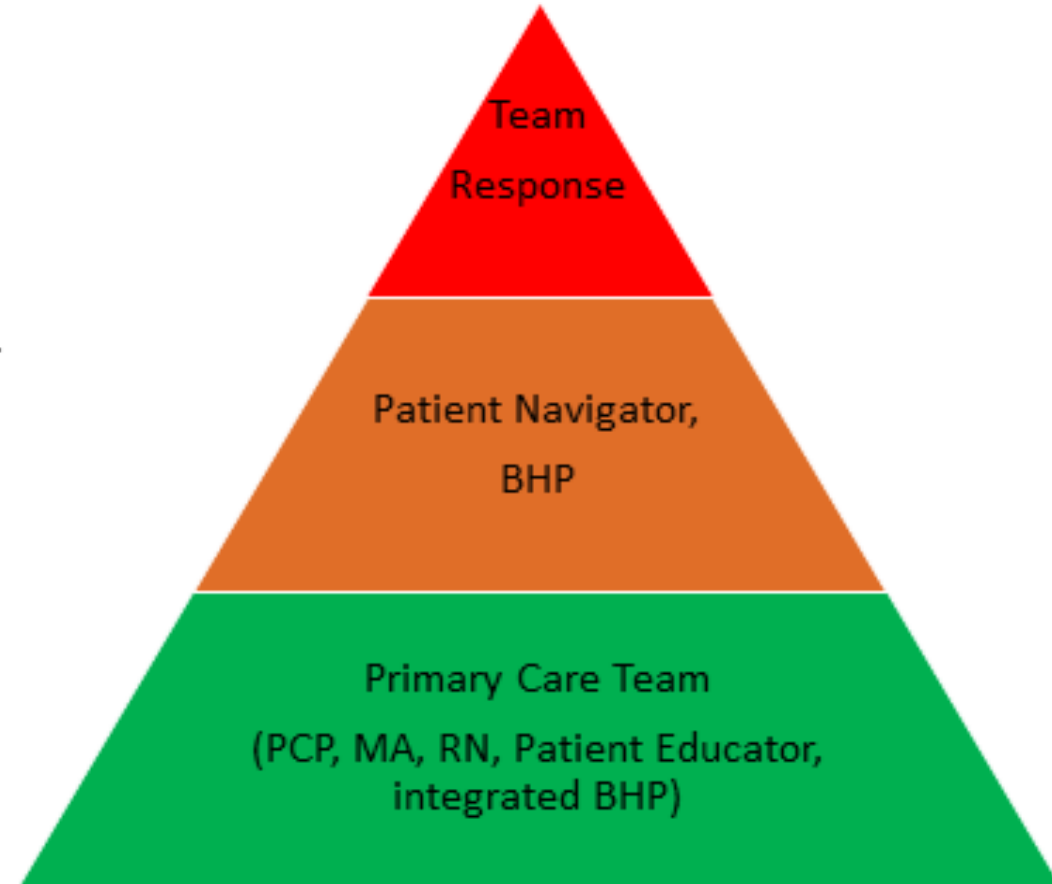
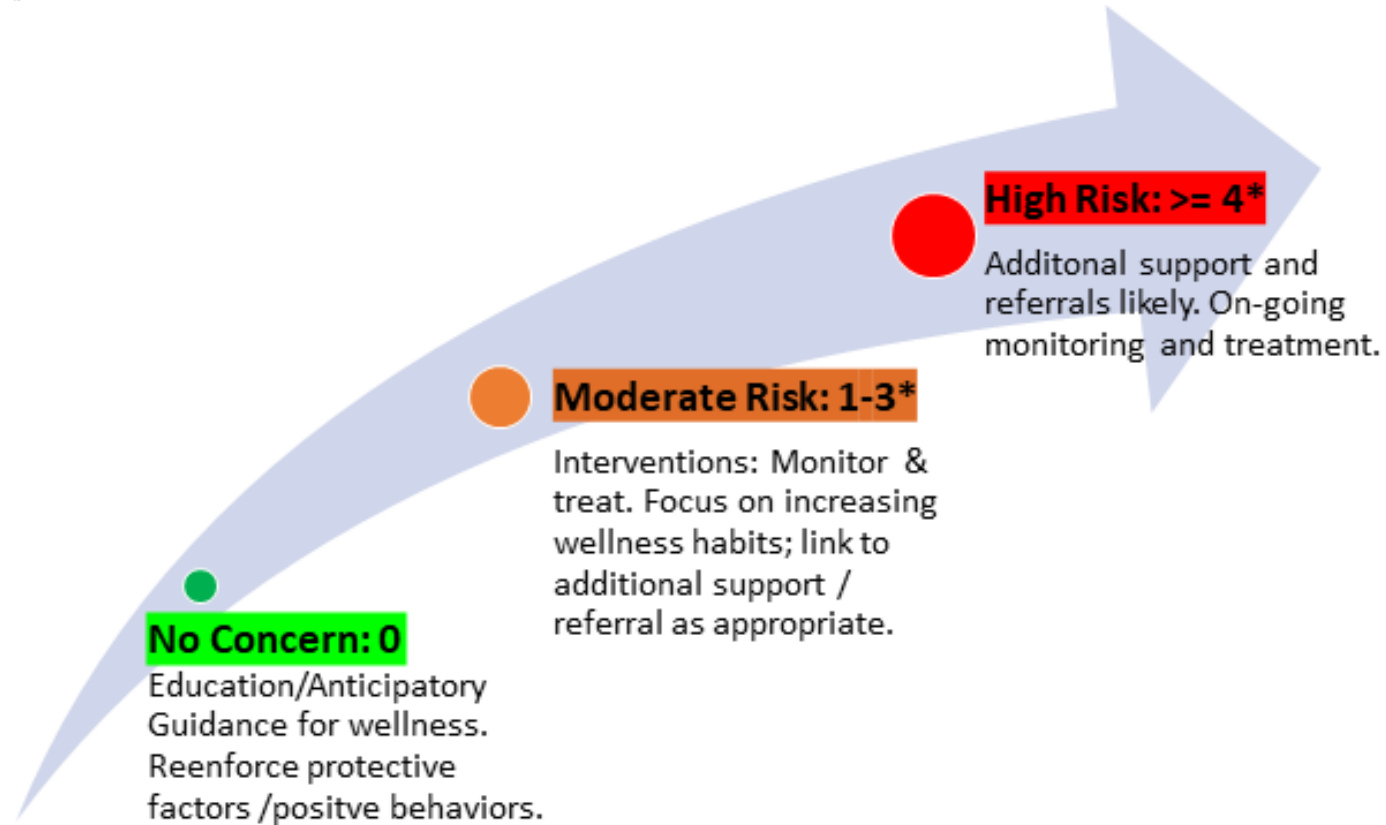
- TIC with HCE
- Tx planning
- Referrals (clinical & resilience opportunities)
- Follow-up

ACEs Screening Considerations



- **Adverse experiences are events. Trauma is how an event is experienced.**
 - ACEs screenings do not indicate whether a person experienced the adverse event as traumatic. Adversity and toxic stress can impact physical health as well as mental health.
- **Identified vs de-identified**
 - Identified refers to ACEs screenings in which the SBHC staff are aware of which adverse experiences a patient reports having experienced
 - De-identified refers to ACEs screenings in which the SBHC staff see the total number of adverse experiences a patient reports having experienced though do not know which experiences those are
- **Available resources (internal and external) to support emergent needs**
 - Support for patient reactions, disclosures, and treatment that screening may uncover
- **Other screenings done at SBHC**
 - Complimentary or redundant with ACEs screening

Workflow Response to ACES Screening



Response is linked to scoring algorithm and patient symptomology.

- Patient/caregiver education and anticipatory guidance
- Ongoing monitoring and treatment
- Additional support and referrals

Responding to ACEs while fostering resilience

- **All staff have a role.**
 - SBHCs provide trauma-informed care infused with healing centered engagement practices and environments
 - Policies and procedures to support implementation and on-going PD
 - Clinical response to individual needs combines with connection to opportunities to develop strengths and interest
- **Response fosters positive and protective experiences for individuals, families, and communities.**
 - Strength and hope based rather than deficit and problem focused
 - HOPE framework & Healing Centered Engagement: community healing
 - Center for Youth Wellness cites Seven Domains of Wellness



- **Collaboration and engagement outside of the SBHC is key!**
 - It takes a village to address collective trauma and social toxins





Project Takeaways

- **Flexibility and openness to change**
- **One size does not fit all**
 - Organizational differences, staffing, school and community needs/resources shape the work
- **Team-based, integrated approach provides the foundation**
 - Training, on-going PD for ALL SBHC staff (admin, support, clinical)
 - Projects with the most integration saw greatest success
- **Positive impact of HCE and HOPE on SBHC providers**
 - Ability to do something and see the impact
- **Youth-led projects positively impact SBHC-school relationships**
 - School engagement and collaboration increase with SBHC staff leading the work and building a strong referral network (coaches, club leaders, counselors, teachers)
- **SBHCs can play an important role in upstream, preventative work while still attending to downstream intervention and response services.**

Project Resources

[Online toolkit](#)



The screenshot shows the website for the Colorado Association for School-Based Health Care. The header includes the organization's logo, a search bar, and buttons for 'JOIN' and 'DONATE'. The main navigation menu contains links for 'HOME', 'ABOUT CASBHC', 'ABOUT SBHCs', 'RESOURCES', 'TRAINING EVENTS', and 'CONTACT'. The featured article is titled 'Building Resilience in SBHC Patients through Primary Care' and includes a detailed description of the toolkit's purpose and scope.

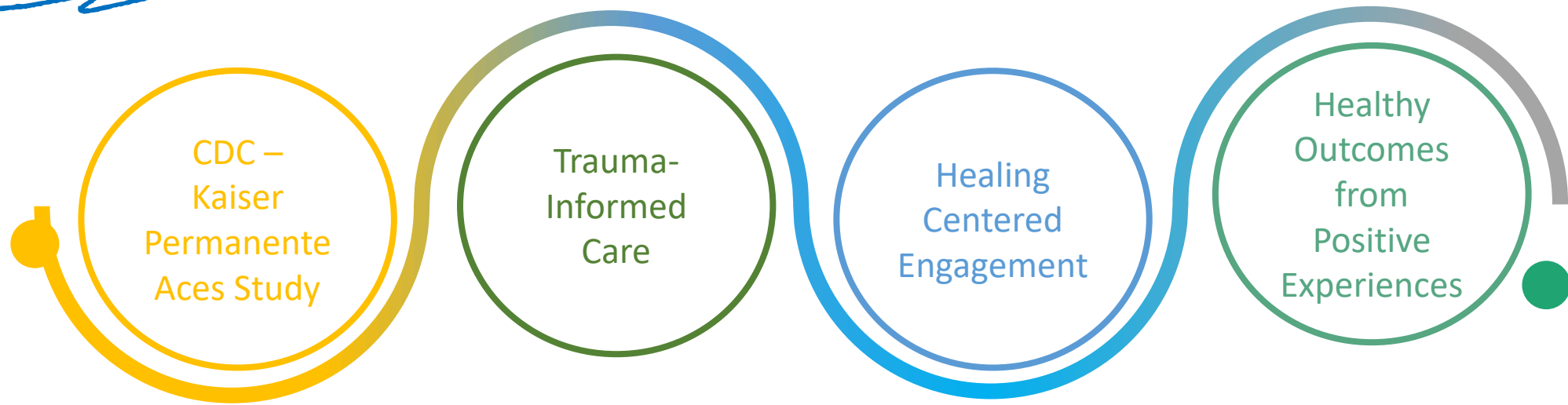
Building Resilience in SBHC Patients through Primary Care

This toolkit intends to assist school-based health centers (SBHCs) in using trauma-informed approaches to foster resilience in youth, especially those who present with adverse childhood experiences (ACEs). A recommendation of this toolkit is to create a team-based plan to implement universal ACEs screening in SBHCs. The resources in this toolkit are intended to support all SBHC staff members. This toolkit provides resources to support that shift, drawing on the science behind ACEs and the work being done on resilience building to mitigate the impact of ACEs. This toolkit also recognizes limitations of a trauma-informed approach and heeds caution expressed around focusing solely on individual brain science without considering systemic factors outside of the individual. Healing Centered Engagement and Healthy Outcomes through Positive Experiences (HOPE) frameworks are recommended to support the need to address the presence and impact of ACEs in communities and respond through empowerment, advocacy, and the engagement of community members and stakeholders as extensions of this work.



Background information, overview of approaches, screening and workflow considerations, resource list.

Connecting the Dots



ACES

Demonstrated link between adverse experiences and health outcomes. Showed prevalence in US population. Launched efforts to address ACEs in primary care.

TIC

Approach to acknowledge that experiences impact health and behavior. Moved focus from “what’s wrong with you” to “what happened to you.”

HCE

Emphasis on addressing environmental and community trauma through meaningful engagement using principles of CARMA. Asks “what’s right with you.”

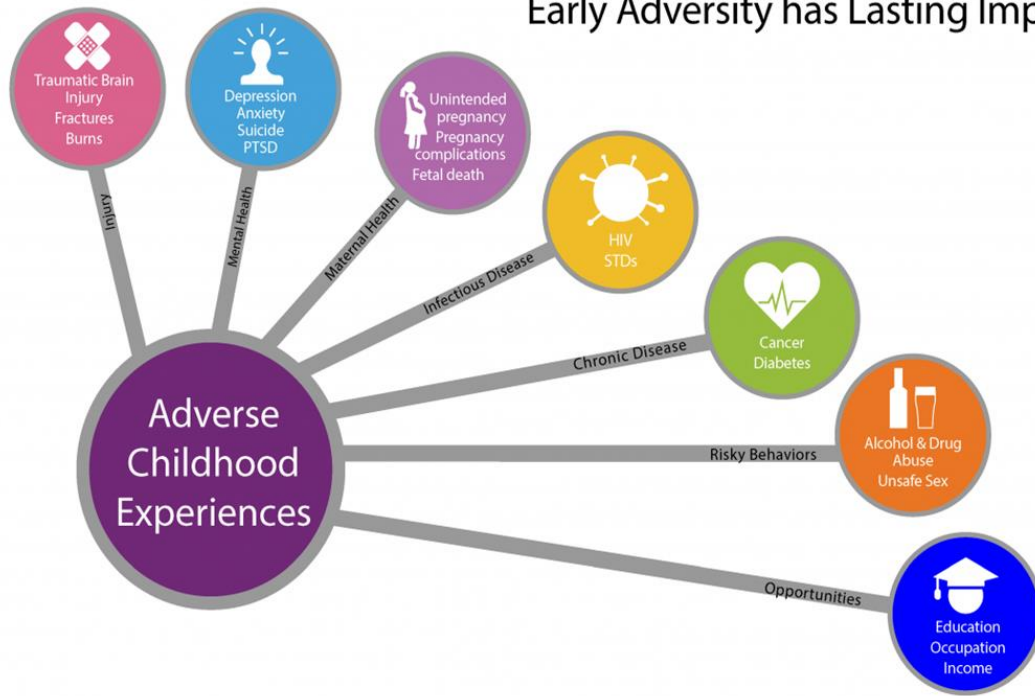
HOPE

Focuses on link between positive childhood experiences and health outcomes. Defines 4 building blocks to foster these experiences, especially within primary care.

ACEs Study



Early Adversity has Lasting Impacts



The [CDC and Kaiser Permanente's 1998 study](#) demonstrated that exposure to Adverse Child Experiences (ACEs) can contribute to health disparities over an individual's lifespan.

- **ACEs are common (64% of adults report at least one)**
 - ACEs often do not occur alone (if you have one, there's an 87% chance that you have two or more).
- **ACEs are associated with adult onset of chronic disease**
 - Including cancer and heart disease, as well as mental illness, violence, and being a victim of violence
- **Primary care can play an important role in mitigating, and even preventing negative health outcomes associated with ACEs**
 - Discussing ACEs may increase patient adherence to treatment plans
 - Knowledge of how ACEs can impact the body can influence what medication and/or approach is most likely to be successful

CDC [update on ACES data](#) in 2019 found:

- **5 of the top 10 causes of death** in the United States are associated with ACEs.
- Estimated that **preventing ACEs could significantly reduce many health conditions** including up to 21 million cases of depression, up to 1.9 million cases of heart disease, and up to 2.5 million cases of overweight/obesity.

Trauma-Informed Care (TIC)

The Substance Abuse and Mental Health Administration's refers to the "four Rs" to describe the framework of trauma-informed care.

- **Realize** the widespread impact of trauma and understand potential paths of recovery.
- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seek to actively **Resist Re-traumatization**.

To be a trauma-informed practice is to apply these concepts at an **Organizational, Clinical, Individual** level.

Paradigm Shift: "What's wrong with you" becomes "What happened to you"





Healing Centered Engagement (HCE)

Conceived by Dr. Shawn Ginwright, it is an extension of trauma-informed practices that moves from the trauma-informed approach framework of “what happened to you” to the lens of “what is right with you.” It is not a clinical response, rather a framework for people who work with youth to engage in meaningful, restorative ways.

- Considers the impacts of individual traumas as well as social-ecological traumas, especially as they relate to communities of color
- Emphasizes the power of relationships and strengths to foster healthy outcomes
 - Promotes transformative rather than transactional relationships with youth
- Uses the principles of **CARMA** at individual, interpersonal, and institutional levels
 - **Culture and Identity:** The values and norms that connect us to a shared identity and community
 - **Agency:** The individual and collective power to act, create, and change personal conditions and external systems
 - **Relationship:** The capacity to create, sustain, and grow healthy connections with others
 - **Meaning:** The profound discovery of who we are, why we are, and what purpose we were born to serve.
 - **Aspirations:** The capacity to imagine, set, and accomplish goals for personal and collective livelihood and advancement

Healing Centered Engagement in Practice



- **Acceptance, inclusion, and equity as healing agents**
 - Healing harms to identity and race to increase well-being
 - Having open, honest conversations
- **Hope, power, and purpose**
 - **Building Agency:** Assist youth in identifying the conditions that may be limiting their control over their lives to enable forward movement toward wellbeing
 - Understanding ACEs impact, roots of adversity outside of an individual
 - Steps for establishing healthy habits to civic engagement
 - **Fostering culture, identity, meaning and aspirations:** Exploration of interests and strengths
 - Discussing answers to questions about resilience
 - Connection to school and/or community opportunities to build/strength resilience and agency
- **Relationship:** Power of narrative and authentic connection
 - Seeing the whole person (what happened to you *and* what's right with you)
 - Supporting skills to build connection

H.E.A.R.

Responding to the person in front of you.

<p><u>Honor</u></p>	<p>Holding a safe space for patients to share life events that impact their well-being is a way of honoring who they are, where they've come from, what they've experienced, and how it impacts them. Acknowledging all aspects of a person is validating and normalizing.</p>	<p>Validate the presence of ACEs ["You've been through a lot." "I appreciate your openness to sharing difficulties you've faced."] AND the presence of resilience and positive experiences ["You're making it to school and holding a job." "You have friends you trust." "Basketball is important to you."]</p> <p>Normalize: Explain the commonality of ACEs in the US population and the link between ACEs exposure and health, therefore addressing ACEs is an important part of addressing an individual's health.</p> <p>Acknowledge the individual: "Thanks for sharing. Understanding your experiences helps me understand your health and make a plan that fits for you." "Thanks for sharing about ___ with me, I think I understand you better now."</p>
<p><u>Educate</u></p>	<p>Provide information about the negative impact ACEs can have on health; make sure to cover physical and behavioral health risks. Then, provide education on protective factors and ways to decrease chances of negative health outcomes and build on patient specific needs and interests.</p>	<p>Anticipatory guidance: * Plant seeds for how they can set themselves up for a healthier future. * Connect present actions to future outcomes "Your desire to run track in college makes it really important to get enough sleep now. Sleep is an important part of strength training."</p> <p>Make connections to healthy habits that build resilience. The Center for Youth Wellness recommends that providers work with patients to integrate seven domains of wellness into their care.</p> <p>Educate patient on all areas of health and healthy decision-making and how they interact and have tips ready.</p>
<p><u>Advocate</u></p>	<p>Advocate for changes that are within your patient's control (use Motivational Interviewing).</p> <p>Advocate for resources to support your patient (this may include advocating to other adults in the patient's life).</p> <p>Empower your patient to advocate for themselves.</p>	<p>Create a referral list for community resources (lists for internal use as well as to give to patients)</p> <p>Encourage student engagement in school and community activities</p> <p>Create opportunities for student engagement in the clinic through youth wellness councils, student advisory board, school wellness campaigns, etc.</p> <p>Connect to resources in the clinic and/or school who can help patients learn skills for communicating their needs</p>
<p><u>Resource</u></p>	<p>Connect your patient to resources as appropriate (health navigator, behavioral health provider, after school programs, local food bank).</p> <p>Help your patient to identify personal resources to tap into to build resilience (positive adult relationships, personal successes/strengths/character traits, community engagement opportunities, future goals).</p>	<p>Review Healthy Outcomes from Positive Experiences (HOPE) articles and handouts</p> <p>Consider the level of concern for risk if ACEs were identified, the presence of additional symptomology (physical health concerns as well as behavioral) and develop an appropriate resource response</p> <p>Remember non-clinical resources as referral options when appropriate. Not everyone needs referrals for counseling or follow-up physical care</p> <p>Add resources to build on strengths/increase resilience.</p>

Talking Points

You do a lot to support your family and it sounds like you enjoy movie nights together.

Your track coach sounds like a great listener who gets you.

Can you share more about how you celebrate Ramadan?

You are really in-tune with how your body tells you when you are stressed out. What helps you when you feel that way?

You've been through some very hard situations and are still showing up to take care of yourself and make it school. That's dedication. Can I share some resources that other patients I work with have found helpful for support?



HOPE: Healthy Outcomes from Positive Experiences

Just as with adverse events, a person's experience of positive events, especially in the face of adversity, leads to changes in brain function. The [Four building blocks of positive childhood experiences](#) that encourage positive health outcomes are:

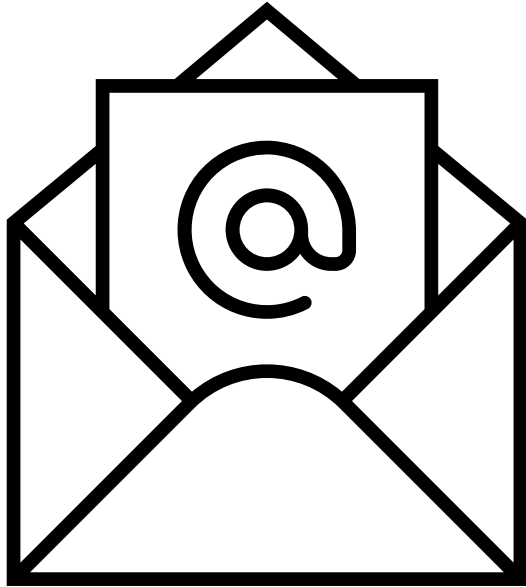
1. **Nurturing and supportive relationships**
 2. **Safe, stable, protective and equitable environments in which to develop, play, and learn**
 3. **Constructive social engagement and connectedness**
 4. **Social and emotional competencies**
- **Dose gradient relationship**
 - Like ACEs, there is a cumulative positive impact on the number of positive experiences an individual has on health outcomes
 - **Brain Science**
 - Post-traumatic growth
 - Positive brain changes accompanying positive experiences

HOPE Framework Applied

- **Look for what *is* working**
 - Approach youth and families from a strength-based perspective
 - Celebrate strengths and connect them to ways to address challenges
 - Think motivational interviewing skills
- **Engage families and youth in opportunities to foster more positive experiences**
 - Have referrals to school and community resources and handouts and ideas that build on each of the 4 Building Blocks
 - Encourage youth to brainstorm strengths and solutions to challenges
- **Resources on [HOPE website](#)**
 - [Four Ways to Assess HOPE](#)
 - [Four Building Blocks of HOPE Interactive Worksheet English and Spanish](#)



Contact



Rebecca Gostlin, LPC
Director of Clinical Initiatives
Colorado Associate for School-Based Health Care
(CASBHC)

- email: gostlin@casbhc.org
- phone: 970-676-1096
- CASBHC website: www.casbhc.org