ADVANCING PREVENTION PROJECT

Support the Prevention Agenda by

Building a Trauma-Sensitive and Resilient Community

You can support the Prevention Agenda goal of **preventing and reducing the occurrence of mental, emotional, and behavioral disorders** by building a trauma-sensitive, trauma-informed and resilient community.

AIM:
Build a trauma-informed, trauma-sensitive and resilient community to increase well-being

Why address trauma in your county?

Adverse Childhood experiences (ACES) are potentially traumatic events that can have negative, lasting effects on health and wellbeing.[1] These experiences range from physical, emotional, or sexual abuse to parental divorce or incarceration of violence or effects of a natural disaster. A growing body of research has sought to quantify the prevalence of ACES with negative behavioral and health outcomes, such as obesity, alcoholism, and depression later in life. The ACES Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.[1,2]

Prevalence of ACES in New York State

A survey of 807 adult respondents in New York State by the Council on Children and Families[3] in 2009 found that six in 10 respondents, 59.3%, experienced at least one adverse event compared to 52% nationally. Of these, seven in 10 (69.1%) had exposure to violence. Between 40 and 60% experienced more than two common ACES. Among children ages birth through 17 years, an analysis of data from questions extracted from the 2011-12 National Survey of Children's Health (NSCH) by Child Trends researchers[4] estimated that, in New York State, 34% of children had one or two ACES compared with 35% nationally; 8% had more than three ACES compared with 11% nationally.

Resilience

A growing network of leaders in research, policy, and practice recommend preventing adverse childhood experiences (ACEs) and mitigating their impact through building resilience. Resilience is the capacity to cope with stress, overcome adversity and thrive despite (and perhaps even because of) challenges in life. Addressing trauma, and building resilience is likely to improve efforts towards prevention and recovery.

Developed by the New York State Department of Health, Office of Alcoholism and Substance Abuse Services, Council on Children and Families, and the New York State Office of Mental Health, with the New York Academy of Medicine.

Wellness Deposits Increase Resiliency

- Researchers have proposed thinking of wellness as a resource and suggested shifting from the simplistic health-or-illness model.[4] Wellness can be thought of as a bank account: wellness increases as "deposits" are made into the account, and it decreases with each "withdrawal" made in order to achieve goals and adapt to challenges.
- Wellness deposits come in through multiple channels, and this model focuses on (1) caring relationships; and (2) wellness-promoting routines and practices. Withdrawals from the "wellness account" result from either (1) surviving, that is minimizing negative outcomes; or (2) thriving, that is maximizing positive outcomes by, for example, practicing resilience. Withdrawals for "surviving" may be adaptive in the short run, but in the long run will drain wellness reserves. In contrast, withdrawals in the service of thriving will "pay interest" over the long run.
- Key principles[5] that support trauma-informed and trauma-sensitive approaches relate to safety, trustworthiness and transparency, peer support, collaboraboration and mutuality, empowerment, and understanding of cultural, historical and gender issues.
- Interventions to support "wellness as a resource"model are informed by risk and protective factors (in Table 1 at the end of this paper), and address the following ten domains:[5] (1) Governance and leadership (2) Policy; (3) Physical enviornment; (4) Engagement and involvement; (5) Cross sector collaboration; (6) Screening, Assessment, and Treatment Services; (7) Training and Workforce Development; (8) Progess Monitoring and Quality Assurance; (9) Financing; (10) Evaluation.

Figure 1: "Wellness as a Resource"Model[3]

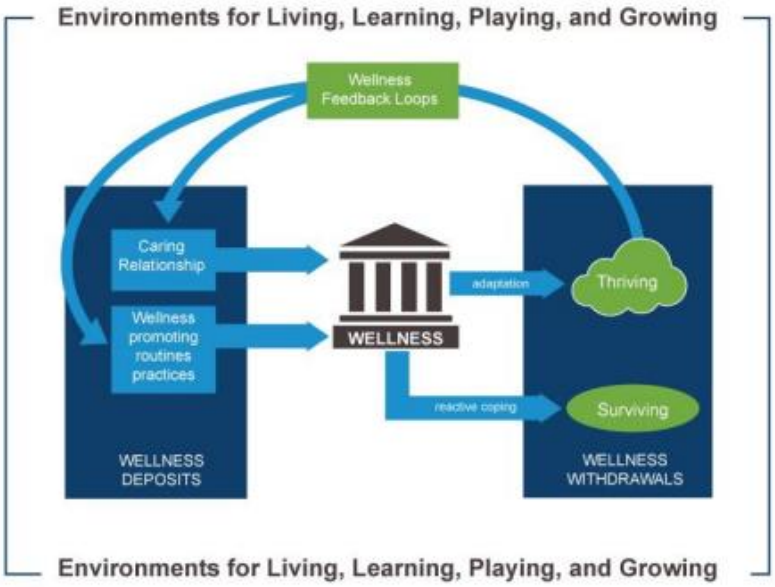


Table 1: Risk and Protective Factors for Adverse Childhood Experiences[7,8,9]

Risk Factors	Protective Factors (wellness deposits, as in the Wellness as a Resource model)
Social and Environmental Factors • Systems (education, health, mental emotional behavioral health, criminal justice), lack of understanding of needs, child development and empathy training • Segregation of population along economic and racial/ethnic lines leading to concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets) • Disenfranchised • Few spaces or low access to spaces for communities to gather and build social connections • Non-supportive environments and/or policies (e.g. poor quality housing, food deserts, poverty, inflexible work environments, no or poor quality childcare, access to poor quality schools) • Community violence	**Social and Environmental Factors** • Trauma-informed and trauma-sensitive systems where providers and caregivers have the skills and knowledge to address trauma • Supportive environment – quality housing, schools, neighborhood • Parent employment • Social connectedness
Family Factors • Caregiver lack of understanding of children's needs, child development and parenting skills • Family history of child maltreatment in family of origin • Substance abuse and/or mental health issues including depression in the family • Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income • Social isolation • Family disorganization, dissolution, and violence, including intimate partner violence	**Family Factors** • Positive and warm relationships • Supportive family environments • Clear boundaries and consistent follow-through • Help from extended family • Stable relationship with parents • Role models • Family expectations of pro-social skills • Parental education
Child Factors • Children younger than 4 years of age • Special needs that may increase caregiver burden (e.g., physical, mental, and developmental disabilities and related chronic illnesses) • Personality Factors: temperament, disposition, coping style • Difficult peer relationships	**Child Factors** • Good health • Good peer relationships • Hobbies and interests • Good peer relationships • Personality factors: temperament, disposition, coping style, positive self-esteem, social skills, internal locus of control

Interventions to support the Wellness as a Resource model are informed by risk and protective factors listed above and address the following ten domains:[5] (1) Governance and leadership; (2) Policy; (3) Physical environment; (4) Engagement and involvement; (5) Cross sector collaboration; (6) Screening, Assessment, Treatment Services; (7) Training and Workforce Development; (8) Progress Monitoring and Quality Assurance; (9) Financing; (10) Evaluation.

ACTION

	Domain	Brief Description of Recommended Steps[3,5]
1	**Governance and Leadership**	• Assess prevalence of ACES among children and/or adults in the community and efforts to support trauma-informed and trauma-sensitive approaches. • Communicate through the agency's mission and/or written policies and procedures a commitment to a trauma-sensitive approach. • Ensure policies and structures are in place to meaningfully engage participants, consumers, and patients, who have trauma histories and other non-traditional participants.
2	**Policy**	• Advocate for guaranteed, paid work leave for all new parents. • Increase access to high-quality child care and early childhood education, particularly for low-income families. • Start schools for adolescents later in the day to help them get enough sleep.
3	**Physical environment**	• Develop community capacity for respite care for caregivers of a child with mental illness. • Assess aspects of the physical environment that promote a sense of safety and calming. • Assess and address mechanisms to ensure gender-related physical and emotional safety concerns.
4	**Engagement and involvement**	• Use media campaigns, both universal and those targeted for specific audiences, to reduce stigma associated with mental illness and treatment. • Identify and support key principles of safety, trust, transparency, support, collaboration, and empowerment in program mission, policies, and structures.
5	**Cross-sector collaboration**	• Identify, engage and clarify roles of partners across sectors in supporting a trauma-sensitive environment. • Identify and communicate mechanisms in place to promote cross-sector training to support trauma-sensitive environments.

	Domain	Brief Description of Recommended Steps[3,5]
6	**Screening, Assessment, Treatment Services**	• Identify and remove structural and financial barriers that discourage clinicians from providing preventive care and MEB health screening. • Promote integration of mental health practitioners with other care providers, through Delivery System Reform Incentive Payment (DSRIP) Program and Performing Provider Systems (PPS). • Include mental health consultation in all Child Protective Services' investigations to identify youth and families in need of care and support.
7	**Training and Workforce Development**	• Support training for "warm and firm" parenting though comprehensive parenting programs or other outreach. • Support the provision of basic mental health "first aid" training for youth and adults. • Support the implementation of whole-school tiered approaches to promote positive school climate and the mental wellness of all students. • Support gatekeeper training including to adults who work with youth, expand the scope of such training beyond suicide prevention to encompass a broader focus on wellness. • Support training for pediatricians and other primary care physicians to strengthen their competence and comfort in discussing and referring for MEB health concerns.
8	**Progess Monitoring and Quality Assurance**	• Link community environmental improvement efforts with child mental health and wellbeing, enhance efforts to rid neighborhoods of toxins, and to improve them with playgrounds, community centers and other youth-friendly facilities. • Identify and implement an infrastructure and system that tracks short term progress. • Ensure there is a feedback loop to increase effectiveness of processes.
9	**Financing**	• Identify, advocate, and secure resources in MEB health in areas that balance wellness and prevention focus with treatment and maintenance. • Identify tools that can be used to measure the prevalence of ACES, well-being e.g., YRBS, BRFSS or other survey tools. • Identify, advocate, and secure resources in MEB health aligned with what is known about increased risks among vulnerable populations.
10	**Evaluation**	• Identify structures and processes that allow perspectives of people who have experienced trauma to inform program implementation and/or policies. • Conduct a trauma-sensitive organizational assessment or have measures that show the level of trauma-sensitive approach being implemented.

ACHIEVEMENT

Overarching Objective 2.2:

- **Objective 2.2.1**: By December 31, 2017, reduce the percentage of adult New Yorkers reporting 14 or more days with poor mental health in the last month by 10% to no more than 10.1%. (Baseline: 11.1%, 2011 BRFSS) – Tracking Indicator
- **Objective 2.2.2:** By December 31, 2017, reduce the number of youth, grades 9-12, who feel sad or hopeless by 10% to no more than 22.4%. (Baseline: 24.9 %, 2011 YRBS) – Tracking Indicator

Short-Term Performance Measures (Method for collecting data)

Consider tracking 3-5 process measures, and at least one intermediate outcome measure.

Examples of Intermediate Outcome Measures

- Prevalence of ACES in community among adults and/youth.
- Number and/or percent of adults and/or young people who have experienced caring relationships and good mental health well-being.
- Number and/or percentage of adults and/or young people impacted by policies that promote trauma-sensitive environments and resiliency.
- Number and/or percent of adults and/or young people who experience an increased opportunity to build resiliency.

Examples of Process Measures

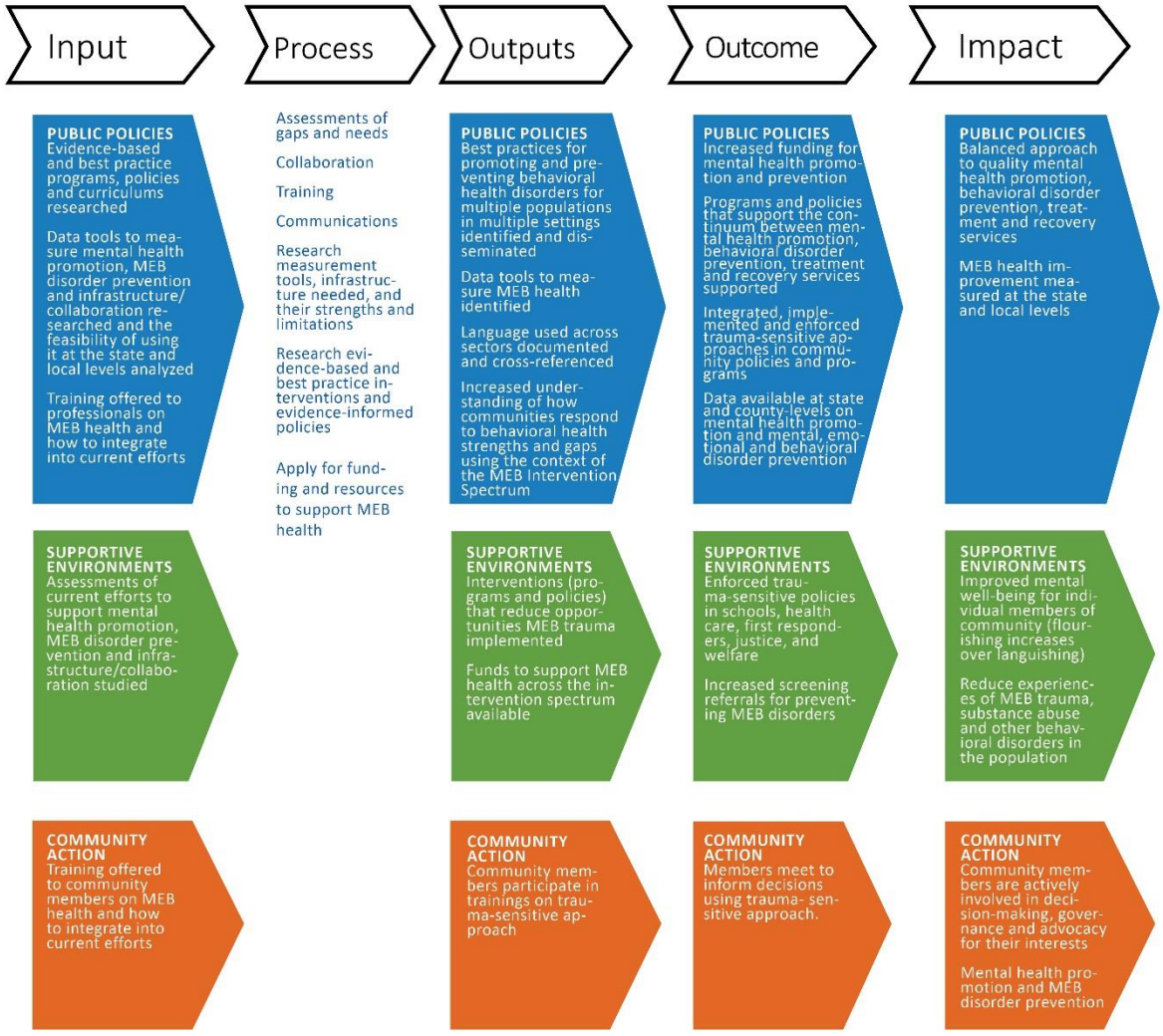
- Number and/or percent of agencies that have communicated through the agency's mission and/or written policies and procedures a commitment to a trauma-sensitive approach and building resiliency.
- Number and/or percent of agencies engaged in developing and/or promoting policies that promote trauma sensitive environments and resiliency.
- Number and/or percent of agencies that have assessed aspects of the physical environment that promotes a sense of safety and calming.
- Percent of agency screenings that incorporate questions related to trauma.
- Percent of employees trained in trauma-informed approach.
- Number of agencies that have assessed structural and financial barriers, and opportunities to integrate mental and physical health.

Long-Term Performance Measures (Method for collecting data)

- Improved mental well-being for individual members of community (survey)
- Reduced Adverse Childhood Experiences (ACES) in the population (survey)
- Community members are actively involved in decision-making, governance and advocacy on the promotion of well-being (survey)

Theory of Change Logic Model for Supporting a Trauma-Informed and Trauma-Sensitive Approach

Overarching Principle: Community action, supportive environments and public policies support health



ASSUMPTIONS THAT OUTPUTS WILL ACHIEVE OUTCOMES:

1. Mental and physical health are inseparable
2. General agreement that some mental, emotional and behavioral disorders are preventable
3. Value "wellness" as a resource
4. Believe, listening, and understanding reasons behind behavioral problems can facilitate prevention

Resources

Ready to get started? These resources can help:

- Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People. Child Trends and Robert Wood Johnson Foundation. Policy Brief. July 2014.
- Trauma-Informed Approaches and Trauma-Specific Interventions. SAMHSA: Explains six key principles of a trauma-informed approach and trauma-specific interventions address trauma's consequences and facilitate healing.
- Community Resiliency Cookbook: Highlights the process used by five cities and four states highlighted in this cookbook to address ACEs research in their communities.

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1. Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Koss, M. P. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood.
2. Robert Wood Johnson Foundation. Infographic: The truth about ACES. http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html.
3. Council on Children and Families. Adverse Childhood Experiences Among New York's Adults, 2010. http://ccf.ny.gov/files/4713/8262/2276/ACE_BriefTwo.pdf.
4. Child Trends Research Brief. Sacks V., Murphey D, Moore K., Adverse Childhood Experiences: National and State Level Prevalence, July 2014. http://www.childtrends.org/?publications=adverse-childhood-experiences-national-and-state-level-prevalence.
5. Child Trends and Robert Wood Johnson Foundation. Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People. Policy Brief. July 2014. http://www.childtrends.org/wp-content/uploads/2014/07/2014-33AreChildrenWellRWJF.pdf
6. SAMHSA. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. July 2014. http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf
7. Adapted from Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention. Child Maltreatment: Risk and Protective Factors. http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html
8. Resilience trumps ACES. http://resiliencetrumpsaces.org/non_menu.cfm?ID=9
9. US DHHS. Child Welfare Information Gateway. Factors that contribute to child abuse and neglect. https://www.childwelfare.gov/topics/can/factors/contribute/