Analysis of policy in legislation regarding Adverse Childhood Experiences (ACEs)

A search of trauma informed policy USA/Canada

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> *"Trauma and violence-informed approaches require fundamental changes in how systems are designed, organizations function and practitioners engage with people based on the following key policy and practice principles:*
>
> - *Understand trauma and violence, and their impacts on peoples' lives and behaviours*
> - *Create emotionally and physically safe environments*
> - *Foster opportunities for choice, collaboration, and connection*
> - *Provide a strengths-based and capacity-building approach to support client coping and resilience*
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> *Service providers and organizations who do not understand the complex and lasting impacts of violence and trauma may unintentionally re-traumatize. The goal of trauma and violence-informed approaches is to minimize harm to the people you serve—whether or not you know their experiences of violence.*
>
> *Embedding trauma and violence-informed approaches into all aspects of policy and practice can create universal trauma precautions, which provide positive supports for all people. They also provide a common platform that helps to integrate services within and across systems and offer a basis for consistent ways of responding to people with such experiences."* 'Trauma and violence-informed approaches to policy and practice', Public Health Agency of Canada

Analysis of legislation passed in USA and Canada since 2014 reveals a great awareness of the effect of ACEs. The following is a typical prelude to policy definition.

WHEREAS, there have been recent significant advances in neuroscience with increased understanding of how emotional neglect and exposure to serious trauma affect the way children perceive and interact with their world both during childhood and into adulthood;
WHEREAS, post-traumatic stress disorder and other trauma-related disorders in children and adults can be caused both by exposure to a single severe traumatic incident or by exposure to a cumulative series of serious traumatic events;
WHEREAS, such traumatic incidents and events include emotional and physical abuse and neglect, sexual abuse, separation from or loss of a parent due to divorce or other reasons, serious injury or death of a parent, exposure to family discord, domestic violence, parental mental illness, substance abuse, criminal activity in the home, and other traumatic and nonnurturing experiences and environments;
WHEREAS, abuse, neglect, and traumatic events compose part of what has been described in the medical literature as "adverse childhood experiences" or "ACEs," and the cumulative potential

impact to a child who has a significant history of exposure to neglect and trauma can be calculated using what is called an ACE score;
WHEREAS, it is now understood that significant exposure to severe traumatic events as outlined above can negatively affect the neurobiology and anatomy of a child's developing brain and result in a substantially impaired ability to absorb new information, develop healthy coping skills, and adapt to life's challenges as the child becomes locked into a "fight-flight-or-freeze" mode that becomes the child's and future adult's default approach when interacting with the world around them;
WHEREAS, children and adults whose brains have been negatively affected by exposure to severe or repeated serious trauma, often experience persistent and sometimes overwhelming dysfunctional emotions of fear, anxiety, depression, hopelessness, and anger, and may exhibit socially inappropriate labile and aggressive behaviors, or may exhibit socially inappropriate emotional detachment and avoidance behaviors;
WHEREAS, these negative coping behaviors and dysfunctional emotions limit a person's capacity to form healthy stable relationships, foster social capital, learn from experiences and mistakes, set and achieve short and long-term goals, and succeed in educational and vocational pursuits;
WHEREAS, in addition to the above negative outcomes, children and adults are more likely to attempt to self medicate trauma-related "fight-flight-or-freeze" anxiety and emotional dysfunction by using available substances such as tobacco, alcohol, prescription medications, and street drugs, including heroin, methamphetamine, cocaine, and cannabis;
WHEREAS, because of the cumulative adverse effects of the above negative outcomes on their physical health and emotional and cognitive capabilities, children and adults affected by severe traumatic events, despite their sincere and best efforts to succeed in life, are more likely to:

- perform poorly in school and other academic pursuits;
- struggle with work performance and sustainable employment;
- become chronically unemployed as adults, resulting in financial stress, reduced quality of life, and increased risk of experiencing long-term disability, homelessness, and other personal and family traumatic experiences;
- become dependent on and addicted to tobacco, alcohol, prescription medications, illicit drugs, and other substances;
- become directly engaged with law enforcement and the criminal justice system;
- suffer from significant mental illness including depression, psychosis, and severe anxiety leading to suicides and attempted suicides that otherwise would not have occurred;
- suffer from serious physical health problems with poor long-term outcomes that otherwise would not have occurred;
- engage in high-risk sexual behaviors as adolescents and adults, including onset of sexual activity at an early age and multiple sexual partners, resulting in increased risks of adolescent pregnancy and paternity, other unintended pregnancies, and sexually transmitted diseases;
- experience significant problems and failures in marriage and other intimate partner relationships; become victims or perpetrators of intimate partner violence as adults;
- struggle, despite their sincere efforts, to provide a stable and nurturing environment for their current and future children, resulting in increased likelihood of intergenerational trauma and intergenerational poverty; and
- face a life expectancy shortened by as many as years when compared to average life expectancy for adults who did not experience severe trauma as children;

WHEREAS, with an increase in understanding about the impacts of trauma has come the development of evidence-based questionnaires that identify behaviors and health-related

disorders in children and adults that can be indicative of possible trauma-related exposures;
WHEREAS, using these questionnaires can provide the opportunity to identify and refer a child or adult for appropriate additional evaluation and treatment;
WHEREAS, the mental health profession can effectively diagnose and treat trauma-related disorders following evidence-based approaches that have been proven to be successful;
WHEREAS, one example of a well-studied, highly effective and widely available therapy is trauma-focused cognitive behavior therapy;
WHEREAS, early childhood offers an important window of elevated opportunity to prevent, treat, and heal the impacts of adverse childhood experiences and toxic stress on a child's brain and body;
WHEREAS, a critical factor in buffering a child from the negative effects of toxic stress and adverse childhood experiences is the existence of at least one stable, supportive relationship between the child and a nurturing adult;
WHEREAS, with the increase in scientific understanding and ability to identify, prevent, and treat trauma-related disorders, there is great hope for thousands of children and adults to begin healing from the negative effects of adverse childhood experiences, develop resiliency, and have brighter, more productive futures than was previously possible; and
WHEREAS, in order to maximize the potential for positive outcomes of evidence-based interventions in the treatment of severe trauma, it is imperative that employees of the state and other people who interface directly with vulnerable children and adults become informed regarding the effects of trauma on the human brain and available screening and assessment tools and treatment interventions that lead to increased resiliency in children and adults who struggle in life as the result of trauma-related disorders:
NOW, THEREFORE, BE IT RESOLVED

Knowing the above, legislation in the USA seems to be directed towards four main policy considerations:

a) Building knowledge and expertise of trauma-informed best practice
b) Building capability and capacity in services and communities for trauma-informed best practice
c) Collecting evidence of the extent of adverse childhood experiences
d) Innovating new models

Canada seems to take a different approach to legislation – relying instead on Public Health funding of initiatives and training.

1. Building knowledge and expertise of trauma-informed best practice

Strand: Creating a cross-government, multi-agency group of practitioners
A group of practitioners to promote trauma-informed practice by establishing best practices for identifying and supporting children that have experienced trauma and promoting their use.

Major sub-strands:

Consider findings from evidence-based, evidence-informed, and promising practice-based models, including from institutions of higher education, community practice, recognised professional associations, and programs of the Departments of Health, Education and Justice and other agencies

that reflect the science of healthy child, youth, and family development, and have been developed, implemented, and evaluated to demonstrate effectiveness or positive measurable outcomes.

Recommend models for settings in which individuals may come into contact with children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, including schools, hospitals, settings where health care providers, including primary care and pediatric providers, provide services, preschool and early childhood education and care settings, home visiting settings, after-school program facilities, child welfare agency facilities, public health agency facilities, mental health treatment facilities, substance abuse treatment facilities, faith-based institutions, domestic violence centres, homeless services system facilities, refugee services system facilities, juvenile justice system facilities, and law enforcement agency facilities.

Recommend best practices that are evidence-based, are evidence-informed, or are promising and practice-based, and that include guidelines for:

- training of front-line service providers, including teachers, providers from child- or youth-serving organisations, health care providers, individuals who are mandatory reporters of child abuse or neglect, and first responders, in understanding and identifying early signs and risk factors of trauma in children and youth, and their families as appropriate, including through screening processes.
- implementing appropriate responses including procedures or systems that are designed to quickly refer children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma to appropriate partners to ensure the children, youth, and appropriate family members receive, the appropriate trauma-informed screening and support, including treatment
- educating children and youth to understand trauma, identify the signs, effects, or symptoms of trauma and build the resilience and coping skills to mitigate the effects of experiencing trauma
- supporting, including through skills building, parents, foster parents, adult caregivers in fostering safe, stable, and nurturing environments and relationships that prevent and mitigate the effects of trauma for children and youth who have experienced or are at risk of experiencing trauma. Assisting parents, foster parents, and adult caregivers in learning to access resources related to such prevention and mitigation.
- collecting and utilising data from screenings, referrals, or the provision of services and supports, to evaluate and improve processes for trauma-informed support and outcomes.
- improving disciplinary practices in early childhood education and care settings and schools, including use of positive disciplinary strategies that are effective at reducing the incidence of punitive school disciplinary actions, including school suspensions and expulsions.

Consider whether integration of school-based health centres with the larger health system or system of community clinics would advance measurable outcomes. Consider whether integration of other services to meet the needs of children, adolescents and families would advance measurable outcomes.

Recommend best practices that include practices that are culturally sensitive, age- and gender-relevant, appropriate for LGBT populations and can be applied across underserved geographic areas and engage entire organizations in training and skill building related to the best practices.

Recommend best practices that are designed not to lead to unwarranted custody loss or criminal penalties for parents or guardians in connection with children and youth who have experienced or are at risk of experiencing trauma.

NB There is an excellent review of methods and best practices called **Blueprint for Health** produced by the State of Vermont[1]. British Columbia have produced a **Trauma-Informed Practice Guide**[2] and a **Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families**[3]. Manitoba have produced a **Trauma-Informed Toolkit**[4]. There will be others like this.

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2. Building capability and capacity in services and communities for trauma-informed best practice

Strand: Amending current legislation and curricula to include trauma-informed best practice

Major sub-strands:

Review current legislation and include statutory requirement for health, education, justice, social service providers to be trauma informed.

Review curricula for professional training qualifications and continuous professional training, and ensure training on adverse childhood experiences and trauma is included as foundational and mandatory.

Establish guidelines for academic study and community practice related to trauma, its impact on mental and behavioural health outcomes, and appropriate interventions, which may include best practices within degree level training and certification of healthcare professionals.

Strand: Disseminating best practices for those who work with children.
Providing tools and funding for training for teachers, doctors, social service providers and first responders to help children who have experienced trauma.

Major sub-strands:

Create, with partners as appropriate, training programs, guides and tools for identified best practice. Create websites for schools and parents with information on trauma-informed approaches.

Training for parents, collaborative partners, and mental health providers on the impact of adverse childhood experiences and trauma. Development of websites to share information and strategies to promote resilience and prevent trauma.

Develop or adopt trauma-informed care training for employees who work directly with individuals with intellectual or developmental disabilities in living centres and intermediate care facilities.

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[1] https://blueprintforhealth.vermont.gov/sites/blueprint/files/BlueprintPDF/ACES-Report-Final-1-14-15.pdf
[2] http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
[3] https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf
[4] http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

Review funding programs for professional training and ensure trauma modules are funded.

Strand: Supporting workforce development.
Expanding clinicians who serve in high-need communities; developing training guidelines for non-clinical providers in trauma care.

Major sub-strands:

Make grants to areas where there are population groups that have experienced high levels of trauma and where there is a shortage of healthcare professionals.

Establish guidelines with respect to the training and certification of community figures, including community mentors, peers with lived experiences, and faith-based leaders, to build awareness of trauma and promote linkages to community services, provide case management services, and conduct appropriate trauma-informed screening for individuals who have experienced or are at risk of experiencing trauma.

Strand: Fostering community co-ordination.
Creating a grant program to bring together stakeholders to raise awareness, identify needs, collect data, and target efforts.

Major sub-strands:

Make grants to community groups to provide training to stakeholders re the best practices and/or help to establish local needs and actions to reduce adverse childhood experiences and address needs of those with trauma.

Strand: Creating trauma-informed law enforcement.
Creating a law enforcement centre that will share information, improve awareness, and enhance training on trauma's impact as it relates to law enforcement agencies in interacting with children and youth who have been exposed to violence or other trauma, and their families as appropriate.

Major sub-strands:

Disseminating information to law enforcement officers on best practices based on evidence-based and evidence-informed models, such as trauma-informed approaches to conflict resolution, de-escalation, and crisis intervention training, early interventions that link child and youth witnesses and victims, and their families as appropriate, to appropriate trauma-informed services and supporting officers who experience secondary trauma;

Providing professional training and technical assistance in implementing the best practices.

Awarding grants to provide training to law enforcement officers re the best practices and/or helping to establish, operate, and evaluate a referral and partnership program with trauma-informed clinical mental health, substance use, health care, or social service professionals in the community in which the law enforcement agency serves.

Strand: Home visiting.
Universal, voluntary service for families to promote child-wellbeing and prevent adverse childhood experiences.

Creating a home visiting service which delivers a variety of informational, educational, developmental, referral and other support services for families who are expecting or who have children who have not yet entered kindergarten and that is designed to promote child well-being and prevent adverse childhood experiences. Promotes parental competence and successful early childhood health and development by building long-term relationships with families and optimizing the relationships between parents and children in their home environments.

3. Collecting evidence of the extent of adverse childhood experiences

Strand: Understanding the scope of trauma exposure.
Requiring authorities to improve data collection on trauma prevalence and identifying barriers to coordination.

Major sub-strands:

Understand the scope of trauma exposure. Government shall authorise local authorities, health organisations collect and report data on adverse childhood experiences through a standardised system.

Introduce legislation to require age-appropriate developmental, social and emotional screenings for children as part of their school entry health examinations, developing rules and appropriate revisions to health examinations in conjunction with agencies representing school boards, paediatricians, school support personnel, children's mental health experts, school principals.

Conduct and publish analyses re the prevalence of child, youth, and adult trauma experienced in the nation, including assessments of the types of the most prominent adverse childhood experiences, and disparities by race and ethnicity, by geographic distribution, and by socio-economic status.

Analyse the public health impact of adverse childhood experiences, including the correlation of such experiences with trends in life expectancy and whether the scope of such experiences constitutes a public health epidemic.

Measure and evaluate the utilization and efficacy of trauma-informed interventions, such as mental health services or other clinical or sub-clinical care.

Report on what communities can do to mitigate the impact of adverse childhood experiences and how social service providers, law enforcement, health care practitioners, public health agencies, educational institutions, and other community stakeholders may collaborate to improve efforts to identify, connect to appropriate services, and provide treatment and support for children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma.

Identify through data collected, specific populations or geographic locations with a high incidence of measured Adverse Childhood Experiences, including by considering such data when awarding grants and contracts to entities serving such populations or locations.

Identify the barriers to, and the opportunities for increasing, the early identification and treatment of children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma.

4. Innovating new models

Strand: Evaluating new models
Funding to evaluate new strategies for improving trauma-informed prevention and care.

Major sub-strands:

Award grants to, or enter into contracts or cooperative agreements with educational agencies for the purpose of increasing student access to quality trauma support services and mental health care by developing innovative programs to link local school systems with local trauma-informed support and mental health systems.

Run pilots with primary and secondary schools in different types of locations that; fund the training of the teachers and administrators of the schools chosen regarding the trauma-informed approach and how to become trauma-informed schools, monitor the progress and report benefits.

Make grants to agencies to conduct demonstration projects to test innovative, trauma-informed approaches for delivering early and periodic screening, diagnostic, and treatment services to eligible children.

Sources:

The Trauma-Informed Care for Children and Families Act 2017 (S. 774, H.R. 1757) [5]

California ACR-155: Childhood brain development: adverse experiences: toxic stress[6]

Utah H.C.R. 10: Resolution encouraging identification and support of traumatic childhood experiences survivors[7]

Wisconsin Senate Joint Resolution 59: early childhood brain development.[8]

Illinois SB 565, Public Act 99-0927: Health examinations and immunizations[9]

Massachusetts: Safe and supportive schools framework[10]

Missouri: Trauma-Informed Schools Initiative[11][12]

Oregon: Address chronic absences of students in public schools[13]

Washington State Chapter 70.305 RCW: Adverse Childhood Experiences[14]

Arizona: Office of child welfare investigations; training; responsibilities; annual report[15]

Minnesota 245.4889: Children's Mental Health Grants[16]

Texas SB 1356: Care of juveniles who have experienced traumatic events[17]

Texas H.B. 2789: Trauma-Informed Training for Employees[18]

Oregon ORS 414.629: Community health improvement plan[19]

Vermont H 508 Act 43: Building resilience for individuals experiencing adverse childhood experiences[20]

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[5] https://www.congress.gov/bill/115th-congress/house-bill/1757
[6] http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140ACR155
[7] https://le.utah.gov/~2017/bills/static/HCR010.html
[8] https://docs.legis.wisconsin.gov/2013/related/enrolled/sjr59
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[16] https://www.revisor.mn.gov/statutes/cite/245.4889
[17] https://capitol.texas.gov/BillLookup/History.aspx?LegSess=83R&Bill=SB1356
[18] https://legiscan.com/TX/text/HB2789/2015
[19] https://www.oregonlaws.org/ors/414.629
[20] https://legislature.vermont.gov/bill/status/2018/H.508

New Mexico SB0106 : Early Childhood Services Department Act[21]

Wisconsin 48.545: Brighter futures initiative[22]

Florida CS/SB 7078: Child Welfare[23]

Canada: Trauma and violence-informed approaches to policy and practice[24]

[21] https://www.nmlegis.gov/Sessions/17%20Regular/bills/senate/SB0106.html
[22] http://docs.legis.wisconsin.gov/statutes/statutes/48/XI/545
[23] https://www.flsenate.gov/Session/Bill/2015/7078/
[24] https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html