

FOR INTERNAL USE ONLY

Building Resilience After Adverse Childhood Experiences

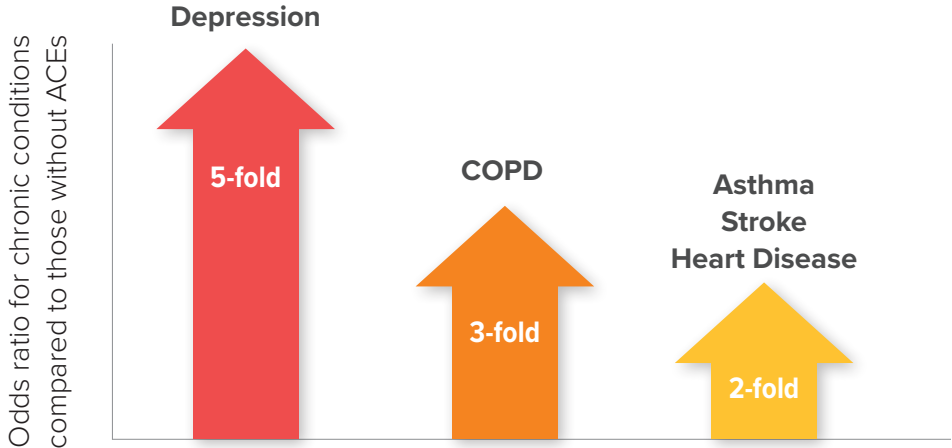
A GUIDE FOR ADULT PRIMARY CARE CLINICIANS



Adverse childhood experiences (ACEs) lead to health consequences in adults

ACEs are events or circumstances that are physically or emotionally harmful and may cause lasting effects on mental, physical, social, emotional, or spiritual well-being.¹

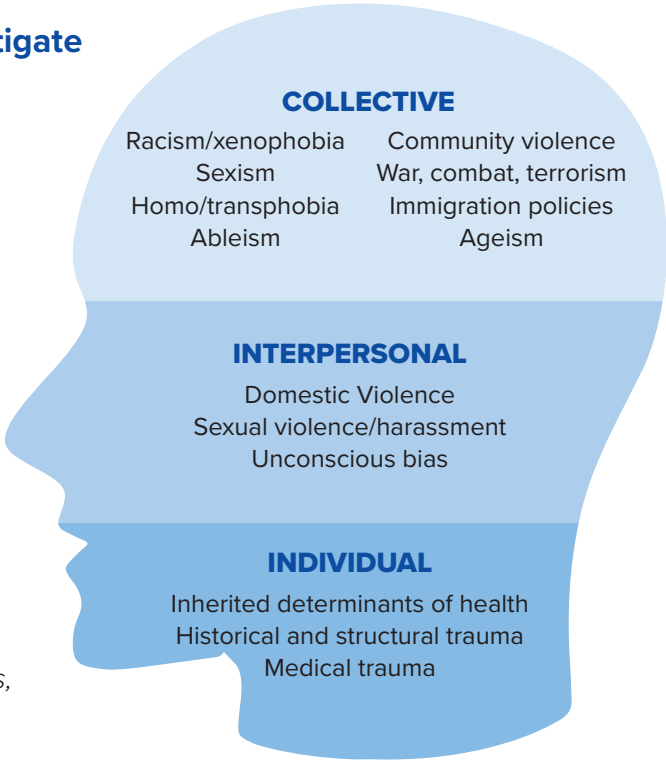
Figure 1. A history of ACEs leads to significant health consequences in adults²



Protective factors and resilience can mitigate health consequences from ACEs.

Figure 2. What constitutes a trauma?^{*3}

Traumatic experiences are intersectional. Traumas can be experienced individually, interpersonally, and/or collectively.

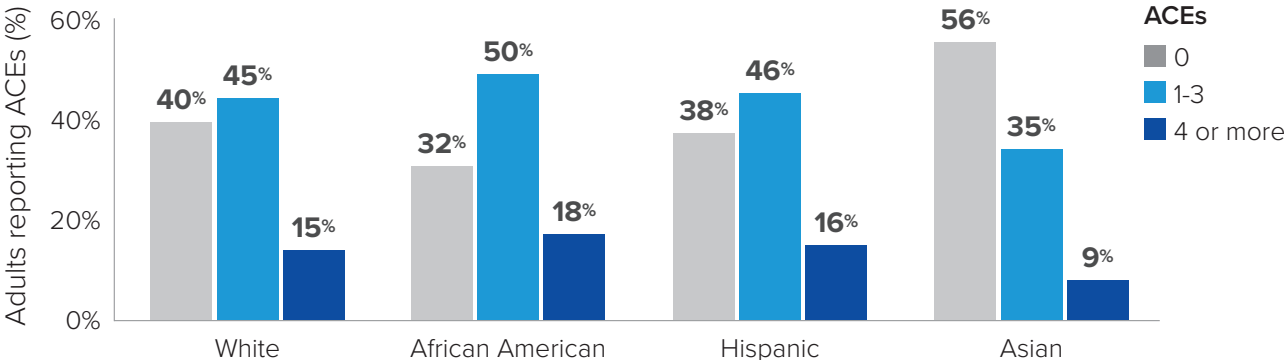


**This figure is not a comprehensive list of traumas, but rather a framework to illustrate the concept.*

ACEs are common

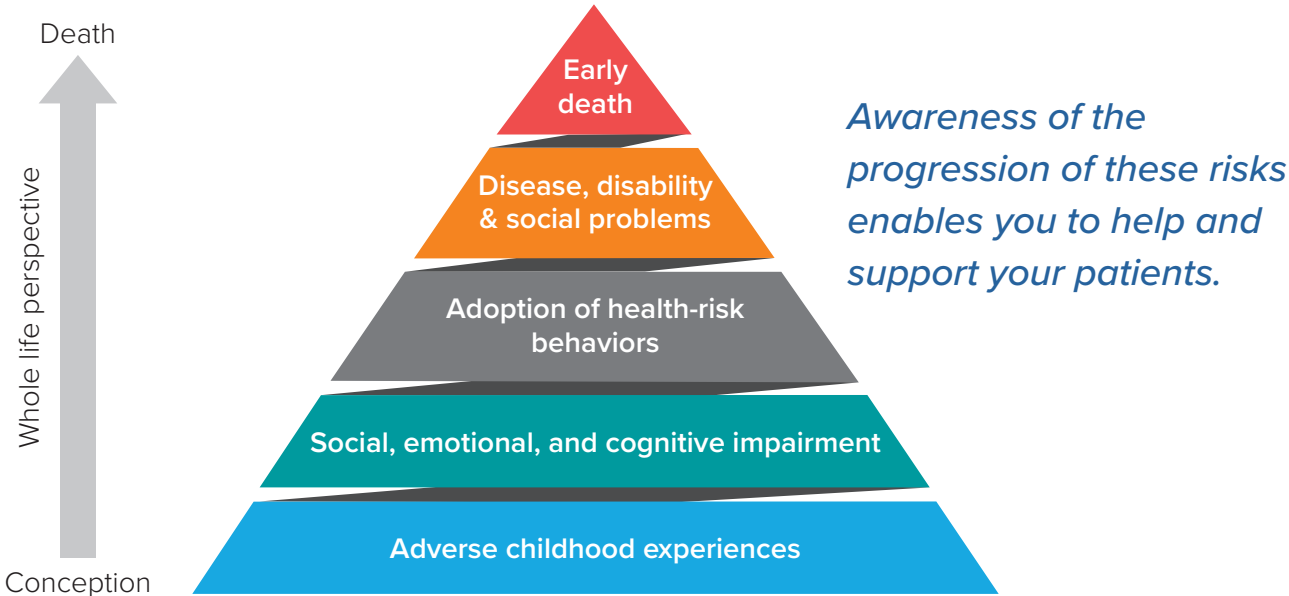
The original ACEs study, published in 1998, demonstrated the link between ACEs and problems in adulthood.⁴ More than 20 years after this landmark study, which included mainly white respondents from California, its findings have been replicated in communities of color, identifying a higher burden of ACEs in some groups.²

Figure 3. A large U.S. survey from 2015-2017 of over 63,000 adults from 25 states found about 61% had one or more ACE, with nearly 16% reporting four or more.²



The link between ACEs and clinical outcomes, while significant, is not fully understood. A framework for understanding the impact encompasses development throughout life.

Figure 4. From conception, ACEs shape health outcomes as people age, culminating in an increase in disease, disability, and early death.⁵



The economic toll of ACEs has been estimated at **\$428 billion annually**, with over 85% of this attributed to reduced quantity or quality of life.⁶

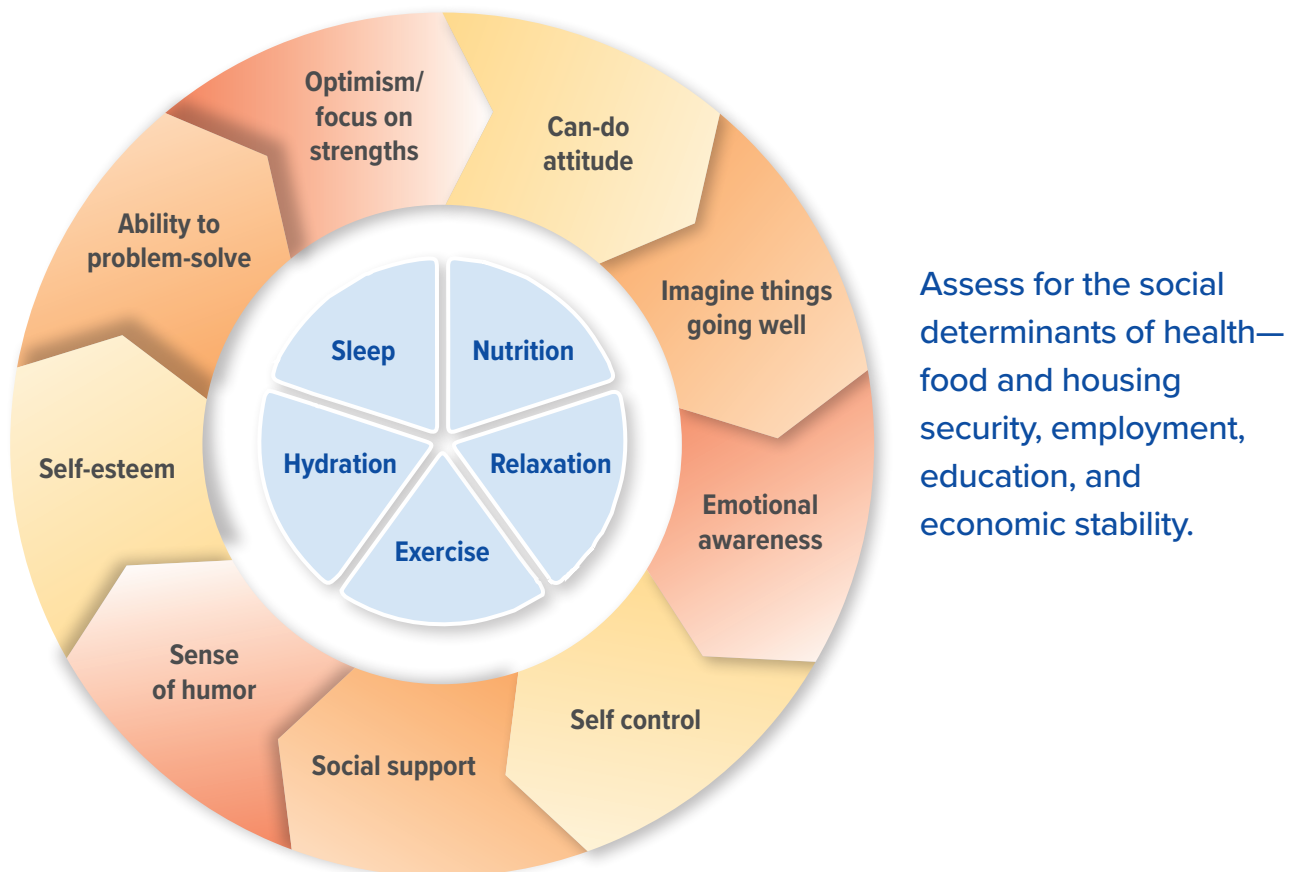
Resilience can alter the impact of ACEs

While evidence suggests a person with more ACEs is at greater risk for long-term harm, not all people who experience adversity are negatively impacted. Factors that create resilience can help off-set or reduce long-term consequences.

Even people with a high number of ACEs can be resilient.

A survey of adults age 18-69 found nearly 60% of adults with four or more ACEs had high resilience, as measured by the Resilience Research Centre Adult Resilience Measure.⁷

Figure 5. Resilience centers on maintaining physical health while strengthening behavioral, emotional, and mental components of resilience.



Resilience provides us with elasticity, so we bend—not break.

Some patients will undergo a process of post-traumatic growth, not only coping but making positive life changes as a result of trauma.⁸

All clinicians can support persons who have had ACEs. Adults benefit from trauma-informed care that can help reduce the effects of ACEs on long-term health.

Build support for patients with ACEs

Building a trauma-informed practice encompasses more than the one on one patient-clinician relationship.

Figure 6: Five elements can aid a clinic or practice in providing trauma-informed care.⁹

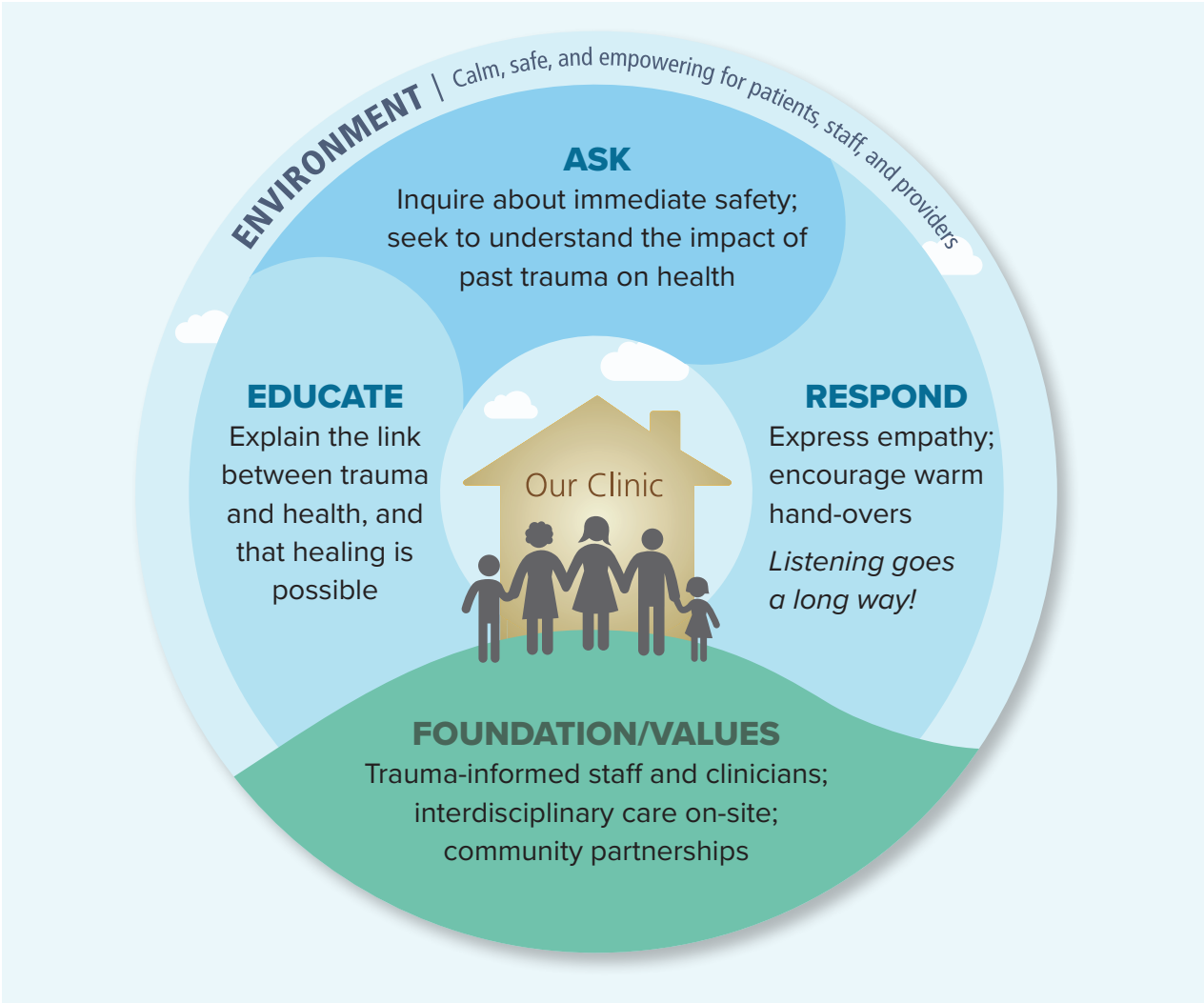


Figure adapted from Machtiger EL, Davis KB, Kimberg LS, et al. From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care. *Womens Health Issues*. 2019;29(2):97-102

Establish a toolkit of resources and support options for patients with ACEs.




Begin the conversation about ACEs with patients

Clinicians can offer critical support and navigate personal interactions in ways that reinforce resilience and positive coping strategies.¹⁰ Trauma-informed care starts with the patient in front of you.

1

Ask about impact of ACEs on life and health

- **Keep questions broad and related to overall health today** to encourage sharing.³
 - Example question: *Have you had any life experiences that you feel have impacted your health and well-being? How has that experience(s) affected you?*
- **Ask the questions face-to-face** (either virtually or in person), avoiding reliance on questionnaires to extract responses.
- **Remember that sharing the details of an ACE can be traumatic.** 

2

Listen

Listening can be one of the most important services clinicians can give their patients.

- Allow the patient to share whatever they feel comfortable disclosing.
- Express gratitude and understanding that the process of sharing an ACE is difficult.
- Focus on what the patient is saying they need, rather than how to fix a specific problem.
- Keep questions to a minimum while a patient is sharing their story.

3

Understand the patient's strengths

- **Seek to understand the patient's strength and resources. (See page 4.)**

Example questions:

- *What are you proud of?*
- *What are your strengths?*
- *Can you tell me about your support system?*
- *Do you have any cultural, religious, or spiritual practices that are important to you?*
- **Use reflection or teach-back methods.¹¹**

4

Support & follow-up

- **Focus on the supports for which the patient expressed the greatest need.**

Example questions:

- *What are ways or things we can do to make you feel safe?*
- *Would you like me to help you find support from others who have been through what you have been through?*
- **Provide links to services and resources** whenever possible.
- **Establish a plan to reconnect** to follow-up on referrals or services
- **Share relevant information** with members of the healthcare team when possible.

Offer support and resources to patients based on their preferences⁹

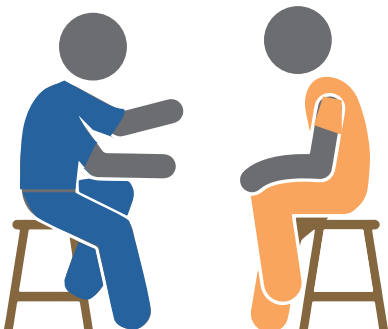
Trauma-specific interventions	General interventions*
<ul style="list-style-type: none"> • Individual or group therapies • Somatic interventions (e.g., mindfulness, yoga, acupuncture) • Medications for symptoms (e.g., insomnia, anxiety, depression) 	<ul style="list-style-type: none"> • Support groups or behavioral counseling for risk behaviors (e.g., substance use) • Mindfulness-based stress reduction, yoga, or art-based therapies • Practices that build connection, comfort, and meaning (e.g., faith/spirituality, exercise, caring for people or pets, nature, work)

*for patients who don't want trauma-specific care

5

Document

- **Provide a summary of relevant information to the care team.**
- Ask the patient: *How would you like me to document what you have shared with me?*



You don't have to be a therapist to be therapeutic.

Listen, reflect, and acknowledge the patient's needs.

For more about ACEs, go to
cdc.gov/violenceprevention/acestudy/index.html

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1. Substance Abuse and Mental Health Services Administration. *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD U.S. Department of Health and Human Services;2014. **2.** Merrick MT, Ford DC, Ports KA, et al. Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention - 25 States, 2015-2017. *MMWR Morb Mortal Wkly Rep.* 2019;68(44):999-1005. **3.** Lewis-O'Connor A, Warren A, Lee JV, et al. The state of the science on trauma inquiry. *Womens Health (Lond)*. 2019;15:1745506519861234. **4.** Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245-258. **5.** Centers for Disease Control and Prevention. Adverse childhood experiences resources. Updated April 10, 2020. Accessed June 17, 2020. **6.** Peterson C, Florence C, Klevens J. The economic burden of child maltreatment in the United States, 2015. *Child Abuse Negl.* 2018;86:178-183. **7.** Hughes K, Ford K, Davies AR, Homolova L, Bellis MA. Sources of resilience and their moderating relationships with harms from adverse childhood experiences. Report 1: Mental illness. Wrexham, UK: Policy, Research and International Development Directorate, Public Health Wales; 2018. **8.** Tedeschi RG, Calhoun LG. The Posttraumatic Growth Inventory: measuring the positive legacy of trauma. *J Trauma Stress.* 1996;9(3):455-471. **9.** Machtinger EL, Davis KB, Kimberg LS, et al. From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care. *Womens Health Issues.* 2019;29(2):97-102. **10.** Levy-Carrick NC, Lewis-O'Connor A, Rittenberg E, Manosalvas K, Stoklosa HM, Silbersweig DA. Promoting Health Equity Through Trauma-Informed Care: Critical Role for Physicians in Policy and Program Development. *Fam Community Health.* 2019;42(2):104-108. **11.** Shersher V, Haines TP, Sturgiss L, Weller C, Williams C. Definitions and use of the teach-back method in healthcare consultations with patients: A systematic review and thematic synthesis. *Patient Educ Couns.* 2020 Aug 1:S0738-3991(20)30399-2.

