

KN^{UCK} OUT OPIOID ABUSE

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Childhood Trauma: What Are We Seeing? What Can We Do to Prevent Substance Use & Abuse?

October 29, 2020



Dr. Viwek S. Bisen
Senior Medical Director,
Behavioral Health
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Jersey



Featured Panelists



Dr. Beth A. Pletcher, MD

Dr. Beth A. Pletcher is an associate professor of Pediatrics and Medicine at Rutgers New Jersey Medical School. She is a Fellow of the American Academy of Pediatrics and a Founding Fellow of the American College of Medical Genetics. She is part of the Trauma-Informed Care Health Education and Research (TICHER) group and works continuously to educate medical students, residents and colleagues about the short and long-term impact of ACEs on physical and mental health as well as TIC.



Christopher Jakim
Assistant Special Agent in Charge
DEA – New Jersey Division

Special Agent Christopher Jakim, a New Jersey native, began his law enforcement career with the Drug Enforcement Administration in New York City in 1991. In 2011, SA Jakim transferred to DEA Headquarters and was assigned to the Office of Congressional and Public Affairs. Two years later he was transferred from DEA Headquarters back home to New Jersey where he currently serves as the Assistant Special Agent in Charge of DEA's New Jersey Division and the Commander of the High Intensity Drug Trafficking Area for New York and New Jersey (HIDTA).



Sara Quigley
Deputy Attorney General
New Jersey Office of the Attorney General

Deputy Attorney General Sara M. Quigley is Acting Counsel to the Director of the Division of Criminal Justice in the Department of Law and Public Safety, where she works on policies, directives, and guidelines. She also co-leads the Division's COVID-19 Task Force and serves as the legislative liaison for the division. DAG Quigley holds a B.A. in business, as well as finance and government and law from Lafayette College and graduated from Rutgers Law School. She clerked for the Honorable Michele M. Fox, J.S.C., Superior Court, Criminal Division, in Camden County.



Dr. Beth A. Pletcher, MD



Adverse Childhood Experiences (ACEs)

What are they and what can we do?

Beth A. Pletcher, MD, FAAP, FACMG
Associate Professor of Pediatrics and
Medicine (joint)

Objectives

Following this presentation participants will be able to:

- 1) List some of the adult physical and mental health consequences of ACEs.
- 2) Describe the impact of resilience on mitigating the negative health consequences of ACEs.
- 3) Recognize how trauma-informed care is used to improve the health of patients exposed to adversity.

Definition of ACEs

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These **experiences** range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. childtrends.org

The First ACE Study

- First comprehensive retrospective study of early childhood exposure to adversity and subsequent health outcomes.
- Kaiser patients whose medical records were available for review were surveyed.
- Surveys were sent to almost 13,500 HMO members and close to 10,000 responded.
- Responses were grouped into 7 categories of adversity:
 - Abuse (3).... Psychological abuse Physical abuse Sexual abuse
 - Household (4)... Substance abuse Mental illness Domestic violence toward the mother
 - Criminal behavior/incarceration

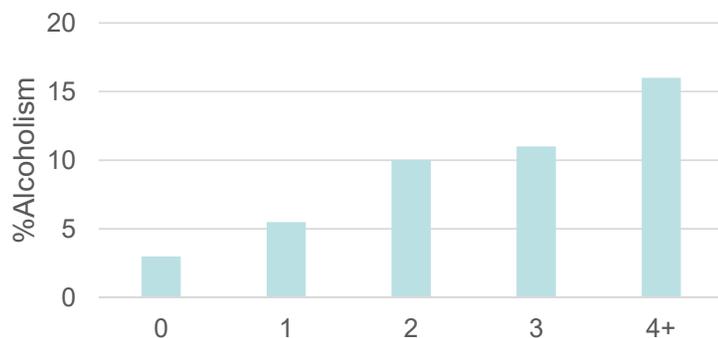
ACE Study Continued

- 10 significant health risk factors contributing to poor in adulthood were examined
- The risk factors were:
 - Morbid obesity - Physical inactivity - Depressed mood – Suicide attempts
 - Smoking - Alcoholism – Any drug abuse – Parenteral (IV) drug abuse
 - High lifetime number of sexual partners (>50) – History of an STD
- Also the presence of 8 specific conditions in the respondents
- The conditions included:
 - 1) Ischemic heart disease (MI or nitroglycerin use)
 - 2) Any cancer
 - 3) Stroke
 - 4) Chronic bronchitis
 - 5) COPD
 - 6) Diabetes
 - 7) Hepatitis/jaundice
 - 8) Skeletal fractures

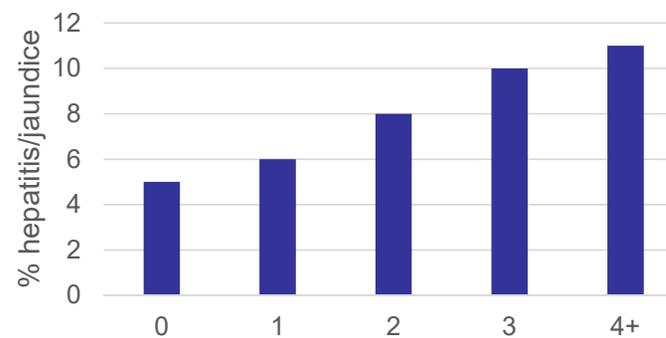
ACE Study Results

- Patients scored on a 0-7 scale – one point for each category of exposure
- More than half had at least 1 exposure and a quarter had 2 or more points
- Compared to individuals with 0 points, individuals with 4 or more points had a:
 - 4 fold to 12 fold increase chances for alcoholism, drug abuse, depression and suicide attempts
 - 2 fold to 4 fold increased in smoking, poor self-rated health as well as >50 sexual partners and STDs
 - 1.4 fold to 1.6 fold increase in physical inactivity and severe obesity

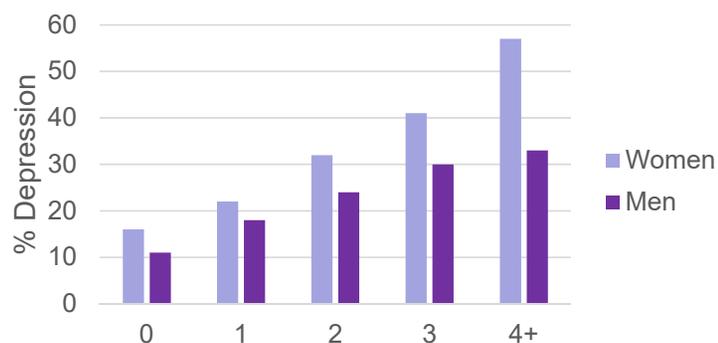
Childhood Experiences vs Adult Alcoholism



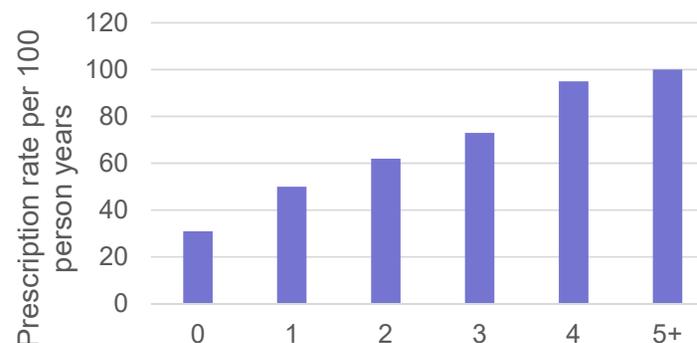
Childhood Experiences vs Liver Disease



Childhood Experiences vs Chronic Depression

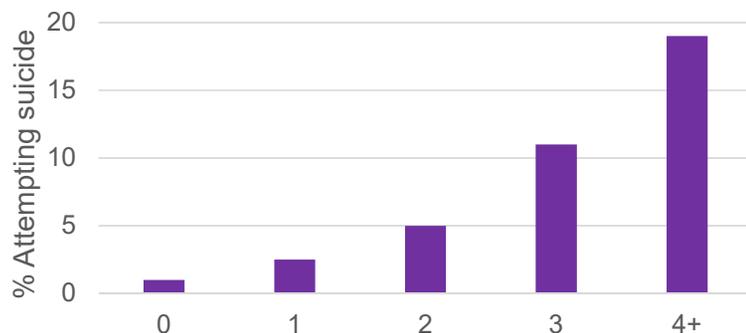


Childhood Experiences vs Antidepressant Prescription

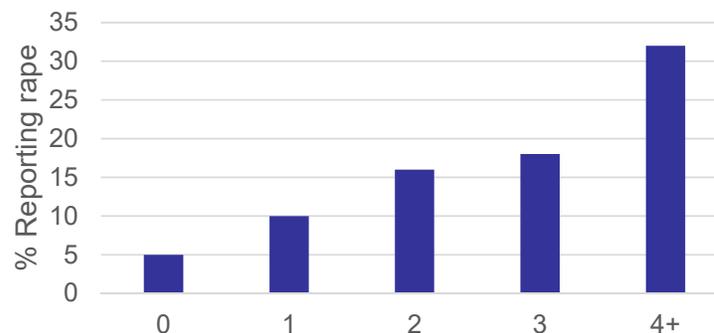


Felitti V and Anda R. The Impact of Early Life Trauma on Health and Disease. The Hidden Epidemic, edited by Lanius RA, Vermetten E, Pain C. Cambridge University Press, 2010

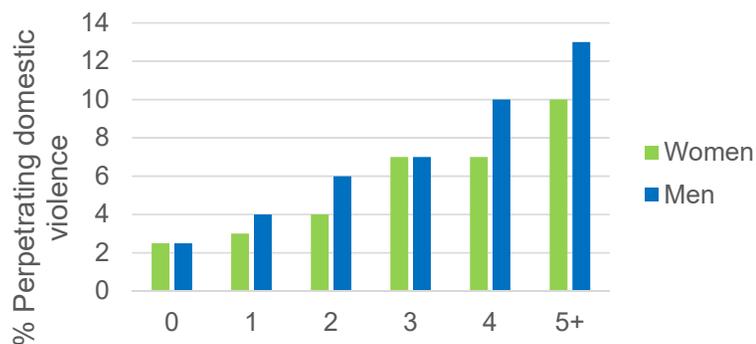
Childhood Experiences vs Suicide Attempts



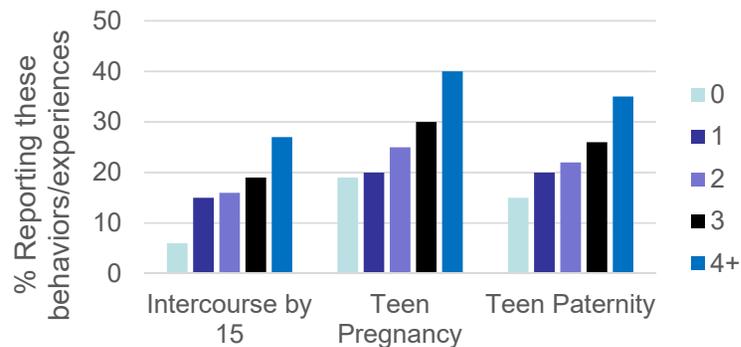
Childhood Experiences vs Later Being Raped



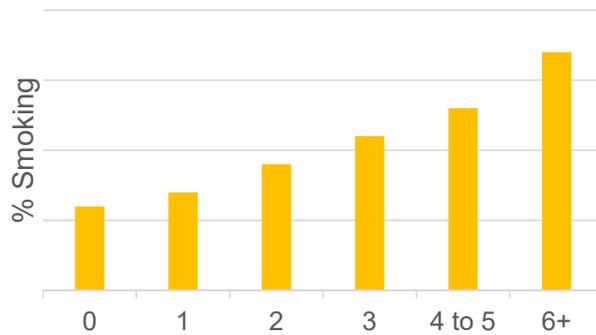
Childhood Experiences vs Perpetrating DV



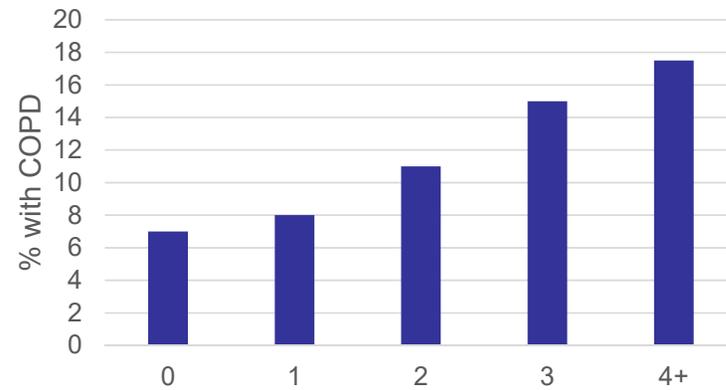
Childhood Experiences vs Teen Sexual Behaviors



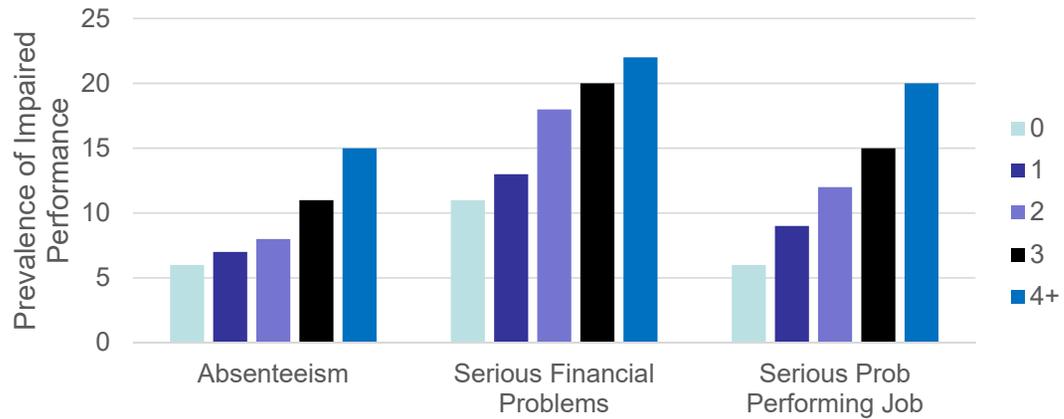
Childhood Experiences vs Smoking as an Adult



Childhood Experiences vs COPD



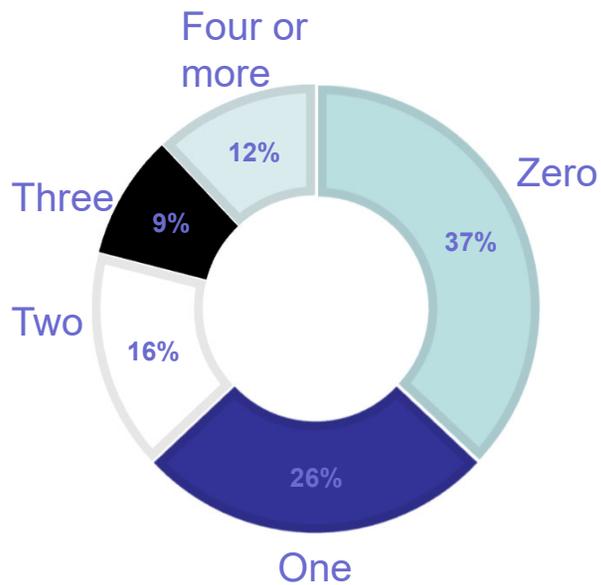
Childhood Experiences vs Impaired working performance



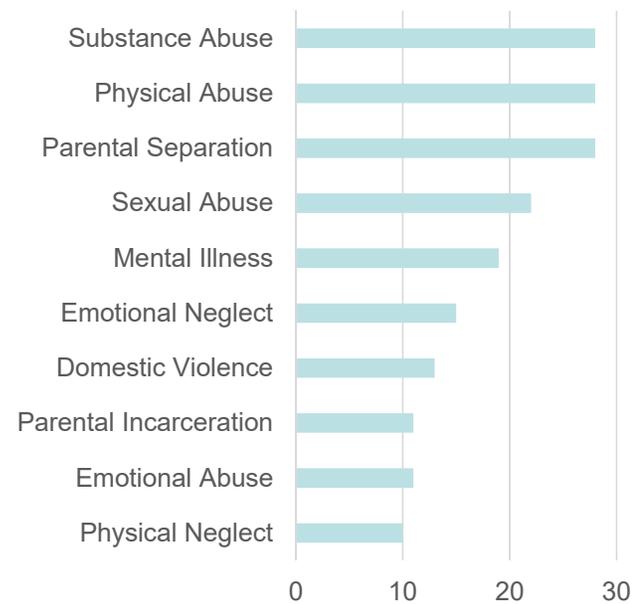
Felitti V and Anda R. The Impact of Early Life Trauma on Health and Disease. The Hidden Epidemic, edited by Lanius RA, Vermetten E, Pain C. Cambridge University Press, 2010

How Common Are ACEs?

% of Study Respondents Reporting # of ACEs



Types of ACEs Reported



https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html

<p>Did a parent, step-parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?</p>	<p>YES or NO</p>	<p>Was your parent, step-parent or another adult who was helping to raise you: Often or very often pushed, grabbed, slapped, or had something thrown at her/him? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?</p>	<p>YES or NO</p>
<p>Did a parent, step-parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?</p>	<p>YES or NO</p>	<p>Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?</p>	<p>YES or NO</p>
<p>Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?</p>	<p>YES or NO</p>	<p>Was a household member depressed or mentally ill, or did a household member attempt suicide?</p>	<p>YES or NO</p>
<p>Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?</p>	<p>YES or NO</p>	<p>Did a household member go to prison?</p>	<p>YES or NO</p>
<p>Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?</p>	<p>YES or NO</p>	<p>Did you see or hear someone being beaten up, stabbed, or shot in real life multiple times?</p>	<p>YES or NO</p>
<p>Were your parents ever separated or divorced?</p>	<p>YES or NO</p>	<p>Did you often, very often or sometimes feel that you were treated badly or unfairly because of your race or ethnicity?</p>	<p>YES or NO</p>
		<p>Did you feel unsafe in your neighborhood some, most or all of the time?</p>	<p>YES or NO</p>
		<p>Were you bullied by a peer or classmate all of the time or most of the time?</p>	<p>YES or NO</p>
		<p>Were you ever in foster care?</p>	<p>YES or NO</p>

Brief ACE Scale Calculation

Going back to the original ACE scale with only 7 items, please consider for **yourself**, how many of these applied to you during the first 18 years of your life.

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Parental Substance Use Disorder
- Parental Mental Illness
- Domestic Violence
- Parental Incarceration/Criminal Behavior

Defining The Problem

ACEs:

- Can affect anyone
- May disproportionately impact children living in poverty
- May be considered social determinants of health and may underlie health disparities in some communities
- Result in consequences not simply stemming from lifestyle decisions
- Are therefore NOT a social dilemma
- Are medical problems and healthcare providers need to take this on and own it
- Significantly impact both adult and child health

Trauma-Informed Care

Should foster an organizational approach to patients, families and staff which includes:

- Seeing trauma's widespread impact
- Knowing about pathways for recovery
- Acknowledging signs and symptoms of trauma as it impacts all involved in the healthcare arena
- Using knowledge to develop a comprehensive program embedded in office/practice/institutional policies and procedures
- Efforts to prevent re-traumatization

Brief Resilience Calculation

- Looking at the childhood resilience survey with 6 items, please consider for **yourself**, how many of these applied to you during the first 18 years of your life.
 - Someone in my family often stood by me in hard times
 - I had someone in my family to talk with about difficult feelings
 - I often felt supported by friends
 - I often felt a sense of belonging in high school
 - I often enjoyed community traditions
 - I often had at least 2 adults, other than my parents, who took an interest in me

Devereaux Adult Resilience Survey

Category	Items	Yes	Sometimes	Not yet
Relationships	I have good friends who support me			
	I have a mentor or someone who shows me the way			
	I provide support to others			
	I am empathetic to others			
	I trust my close friends			
Internal beliefs	My role as a caregiver is important			
	I have personal strengths			
	I am creative			
	I have strong beliefs			
	I am hopeful about my future			
Initiative	I am lovable			
	I communicate effectively with those around me			
	I try many different ways to solve a problem			
	I have a hobby that I engage in			
	I seek out new knowledge			
	I am open to new ideas			
	I laugh often			
	I am able to say no			
Self-control	I can ask for help			
	I express my emotions			
	I set limits for myself			
	I am flexible			
	I can calm myself down			

Mackrain, M. (2007). Devereux Adult Resilience Survey. In M. Mackrain & N. Bruce, Building Your Bounce: Simple Strategies for a Resilient you (p.10). Lewisville, NC: Kaplan. Found at: <https://www.centerforresilientchildren.org/>. Accessed May 16, 2018.

Tips For Having These Difficult Conversations

- Check your own pulse – stay calm
- Individualize the discussion based on the patient circumstances and normalize their experiences as much as possible
 - “Scientists have shown that things that happen to you when you are young (both good and bad) can affect your health for your whole lifetime.”
 - “Thank you for sharing your experiences so we can work together to help you stay healthy.”
 - “How do you think your childhood experiences have affected you?”
 - “Many people with high ACEs scores find lots of things in life difficult; how have you managed to do so well?”
- Ask, accept, affirm, remember (for your next encounter) and follow-up
- Use your best active listening skills

ACEs Start in Childhood BUT May Affect Us Across Our Lifespan



Thanks for Listening
Please Save Your
Questions for the
End





Christopher Jakim
Assistant Special Agent in Charge
DEA – New Jersey Division







Handle with Care (HWC)



- The goal of the Initiative is to mitigate negative affects experienced by children’s exposure to trauma, and to increase knowledge and awareness of this issue.
- Build and reinforce relationships between Law Enforcement and Educators
- Adopted from Mary C. Snow West Side Elementary School in Charleston, WV in 2013. Referred to as “West Virginia Defending Childhood Initiative” or “HWC”.
- Purpose is to address childhood trauma (ACEs) as soon as possible to avoid its potentially negative consequences on childhood development.



The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Substance Abuse

Mental Illness

Domestic Violence

Homelessness

Incarceration

Adverse Community Environments

Poverty

Discrimination

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Poor Housing Quality & Affordability

Violence

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



What is HWC?

- When law enforcement encounters a child who they perceive was exposed to a traumatic event they obtain the following information:
 - Name
 - Age
 - Name of school





Form A

HANDLE WITH CARE NOTICE

To: _____ (Name of School) From: _____ (Law Enforcement Agency)

Date of Incident: _____ Time of Incident: _____

Date of Referral to Child's School: _____

PLEASE HANDLE CHILD WITH CARE

Child's Information:

Name: _____ Age: _____

School: _____ Grade: _____

Signature: _____ (Name of Sending Officer) Date: _____

**Do not include any information other than the information requested on this form. Details of the incident are prohibited to protect the privacy of the parties involved.*

School name,
LE agency,
date & time of
incident

Child's
information

Signature of
sending Officer
& date



HWC Notice Procedure

Notice is forwarded to the school/child care agency before school starts the next day. The school takes appropriate action by silently monitoring the child. If a child needs more intervention, on-site trauma-focused mental health services will be provided.





An “Upstream” Initiative

Preventing problems rather than reacting to them.

THANK YOU



To view the Handle With Care video, scan the QR code with your phone’s camera

SCAN ME



HANDLE WITH CARE – New Jersey



Sara Quigley
Deputy Attorney General
New Jersey Office of the Attorney General

Attorney General Directive 2020-9

Handle With Care



Sara M. Quigley, Acting Counsel to the Director
Division of Criminal Justice

Purpose and Goal

HWC initiative is designed to promote communication and partnerships between law enforcement and schools to help provide a safe and supportive academic environment for children who were recently exposed to traumatic events (ACEs).

- When a child experiences ACEs, they often are forced to continue about their day and attend school as if nothing happened – the school is unaware that the child was just exposed to a life-altering event.
- Without communication between law enforcement and educators, teachers may compound the problem by disciplining the child for behavioral or performance issues when those issues may be linked to the child's traumatic exposure.
- Unaddressed exposure to childhood trauma may, therefore, lead to truancy, drug use, depression, and suicide among our most vulnerable population, as well as contribute to poor physical and mental health in adulthood.

Purpose and Goal



Law enforcement who respond to these events are in a unique position to help the affected child by advising the child's school to simply handle that child with care.

Directive Definitions

Child/Children

- A child or children refers to any student, regardless of age, enrolled in pre-school through twelfth grade at either a public or private school.

Point of Contact

- The point of contact refers to a school employee identified by the head of the school or Board of Education. This individual will be responsible for receiving all HWC Notices for children enrolled in that school and for disseminating the HWC Notices to the child's teacher(s).

Traumatic Event

- Events that are broadly construed and may refer to, but are not limited to, the following incidents when a child is a victim or witness:
 - the arrest of an individual who resides in the home where the child is present.
 - a search warrant executed at the residence.
 - drug/alcohol overdose of an individual who resides in the home where the child is present.

How It Works

When a law enforcement officer responds to, or encounters, an incident involving a traumatic event where a child is present, the officer must complete a HWC Notice promptly following the encounter.

- Completed regardless whether the child attends a public or private school.
- A completed HWC Notice for each child that is present.

HANDLE WITH CARE NOTICE

To: _____
(Name of School)

From: _____
(Law Enforcement Agency)

Date of Incident: _____

Time of Incident: _____

Date of Referral to Child's School: _____

PLEASE HANDLE CHILD WITH CARE

Child's Information:

Name: _____

Age: _____

School: _____

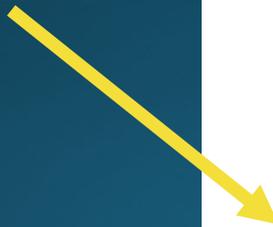
Grade: _____

Signature: _____
(Name of Sending Officer)

Date: _____

**Do not include any information other than the information requested on this form. Details of the incident are prohibited to protect the privacy of the parties involved.*

Privacy protection



How It Works

LE immediately sends HWC Notice to the appropriate Point of Contact at the child's school:

- Immediately = prior to the next school day or prior to the child arriving at school, whichever is sooner.

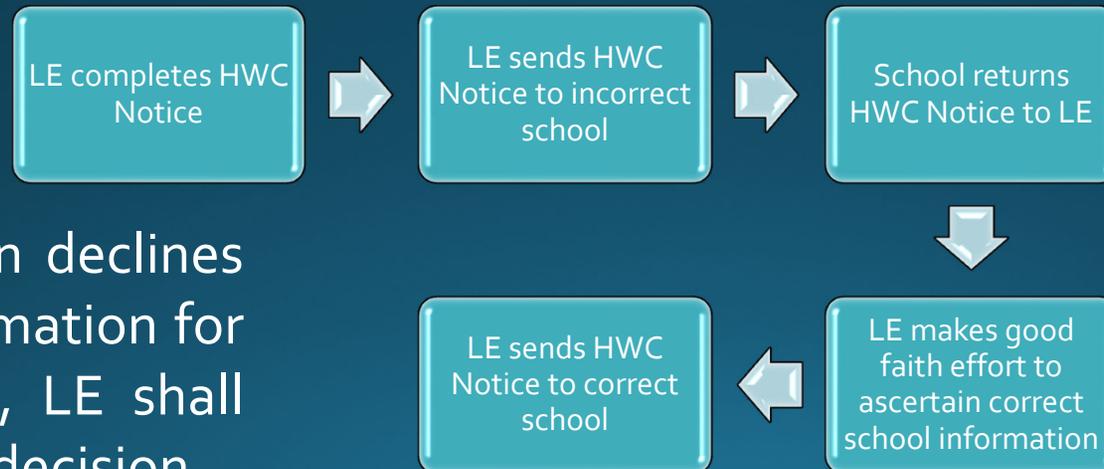
Notice to schools outside of LE's area of responsibility (AOR):

- Responding LE completes HWC Notice and sends it immediately to the local law enforcement agency where an affected child's school is located.
- The receiving local law enforcement agency shall be responsible for sending the completed HWC Notice to the school's appropriate Point of Contact.

How It Works

Returned HWC Notices

- If an HWC Notice is returned, LE must make a good faith effort to identify the child's correct school of enrollment.

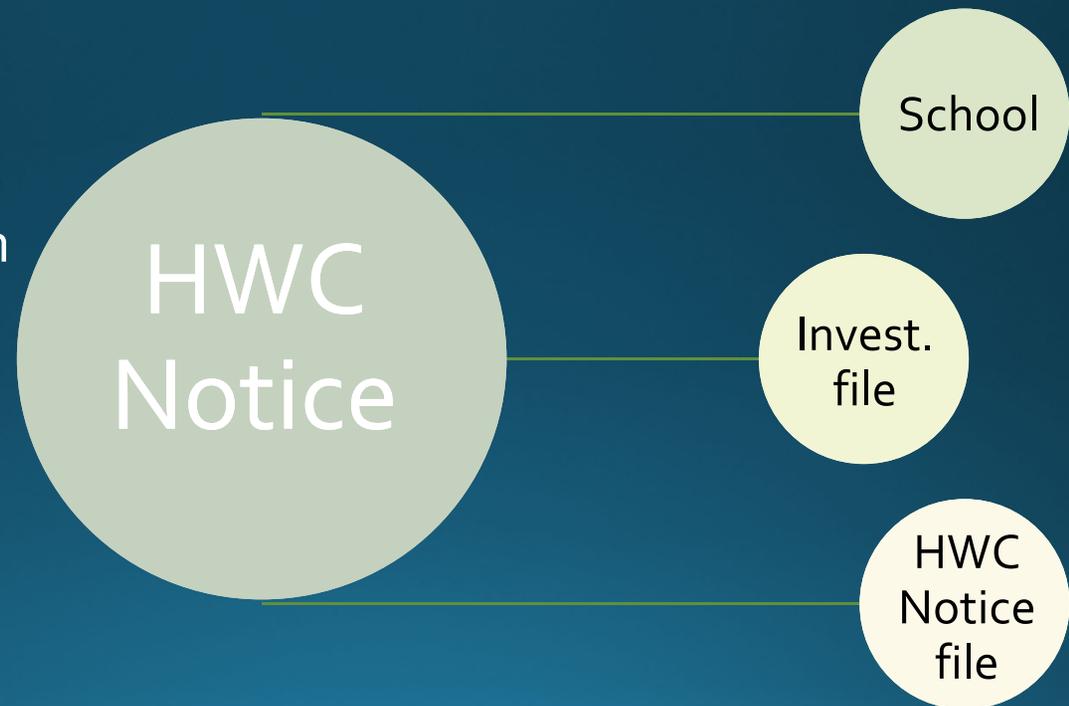


*** If person declines to give information for this purpose, LE shall respect that decision.

How It Works

Record Keeping

- HWC Notice shall be placed in the investigative file & a copy together with all HWC Notices to date.
- HWC Notice transfers = kept on file with BOTH agencies.



Moving Forward



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NEXT WEBINAR

Pharmacists: On the Front Line of the Opioid Crisis During the COVID Pandemic

November 19, 2020

11 am – 12 pm