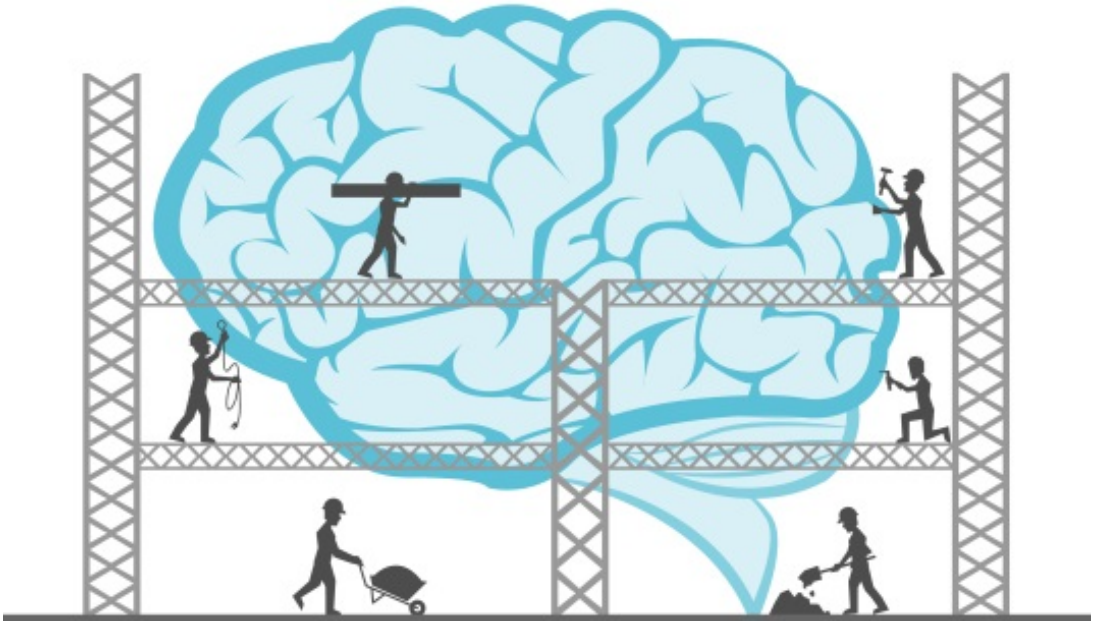
# BUILDING STRONG BRAINS

## TENNESSEE'S ACEs INITIATIVE



ACEs PROJECTS FUNDED FOR FY17

September 2016

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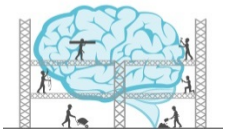

# ACEs PROJECTS FUNDED FOR FY17

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## I
## THE INFANT COURT PROJECT
## Davidson County

The Infant Court Project will bring an evidenced based infant court team model to Tennessee to address the unique needs of infants, toddlers, and their families with court involvement. The Association of Infant Mental Health in Tennessee (AIMHiTN) will develop and implement the first specialized infant and toddler court docket in the state.

The program will be initiated in Davidson County Juvenile Court in collaboration with Judge Sheila Calloway and Magistrate Melinda Rigsby. Modeled after Zero To Three Safe Babies Court Team demonstration projects, the team will focus on the unique needs of children in state custody between birth and age 3. The team will give specialized attention to these children and their families, providing more frequent professional and judicial oversight and monitoring of the family's progress. Training and consultation about the negative impact of ACEs and toxic stress on brain development and the importance of safe, stable, and nurturing relationships for very young children will be provided to professionals working in or with the Davidson County Juvenile Court involved in cases of maltreated infants and toddlers in the child welfare system.

AIMHiTN is a multidisciplinary, interagency association of mental health advocates and professionals whose mission is raising awareness about infant mental health, supporting infant mental health system development, and developing infant and early childhood workforce capacity. AIMHiTN will partner with Tennessee's Centers of Excellence for Children in State Custody (COEs) and its COE Infant Mental Health Collaborative, spearheaded by Dr. Giovanni Billings of the Vanderbilt COE, to provide expert clinical consultation and training support to the project.

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## II
## ACE HEALTH CARE PROVIDER EDUCATIONAL PROGRAM
## Baptist Memorial Hospital for Women
## Memphis

Baptist Memorial Hospital for Women has developed the ACE Health Care Provider Educational Program to educate physicians and other health care providers on adverse childhood experiences

(ACEs) and social determinants of health, and arm them with the information and tools they need to address ACEs in their practices. Educating physicians, and engaging them to ask the ACE questions of their patient families and referring patient families to Universal Parenting Places (UPPs) will impact parenting behavior in such a way as to prevent childhood adversities. The program will secure inclusion of ACE risk questionnaires in initial medical assessments at physician offices, including local primary care physicians, pediatricians and obstetricians. Inclusion of the ACE questionnaire will give physicians the information they need to recommend that parents seek additional support and counseling at the UPP sites. It also provides an opportunity for doctors to educate their patients on toxic stress and its effects, while following current American Academy of Pediatrics guidelines to look for toxic stress in their patients.

The ultimate goal of this program is to lessen and prevent the effects of ACEs by expanding ACE awareness within the Memphis community health care organizations and providers. By educating health care professionals, the intent is to prevent ACES from occurring in homes. For those cases where a child has already been exposed to ACEs, the program will seek to mitigate the effects of ACEs on the brains of the young children by educating their parents/caregivers on how behavior and environment impacts their child's brain architecture and brain development.

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III

BELMONT UNIVERSITY'S EDUCATING TRAUMA INFORMED PROFESSIONALS

Nashville

Belmont University's Educating Trauma Informed Professionals (BETIP) project will directly address the need to improve professional practices and promote cross-fertilization among professions that touch children and families during sensitive periods of development and beyond. Adverse childhood experiences (ACEs) are linked to negative mental and physical health outcomes in adulthood. Community-based providers can be effective in addressing ACEs, yet there are currently no standard trauma-informed care education models for undergraduates. BETIP has two initial aims: 1) to develop an evidence-based, cross-disciplinary, trauma-informed care curriculum for undergraduate nursing, public health and social work students and 2) to identify and address knowledge and training needs among recent graduates and practicing professionals in these disciplines. Community stakeholders will be engaged to identify knowledge gaps about ACEs; work with ACEs content, messaging and curriculum design experts and support faculty champions to lead development of the new curriculum. With a focus on improving long term outcomes for Tennessee's children and their families, these efforts also support Belmont's greater mission to help students from diverse backgrounds to engage and transform the world with disciplined intelligence, compassion, courage and faith. Investigators are Dr. Cathy R. Taylor, dean and professor and Dr. Sabrina Sullenberger, associate professor and Department of Social Work chair, Gordon E. Inman College of Health Sciences and Nursing at Belmont University.

IV

# BUILDING STRONG BRAINS AND STRONG FAMILIES: IMPLEMENTATION OF TRAUMA-INFORMED CARE (TIC) AT THE BOYS & GIRLS CLUB OF JOHNSON CITY/WASHINGTON COUNTY

This project, Implementation of Trauma-Informed Care (TIC) at the Boys & Girls Club of Johnson City/Washington County, is designed to determine whether implementing trauma-informed care (TIC) at the Boys & Girls Club will reduce the effects of toxic stress in at-risk children and their caregivers. There is a large body of evidence supporting the negative effects of toxic stress on learning and health. TIC emphasizes compassion, the belief that every person has value and should be treated with dignity, and that often symptoms that are observed (misbehavior, substance use, criminal behavior, mental illness) may be normal responses to past traumatic experiences.

Three facets of the project include

- Agency-wide TIC training in which all paid and volunteer staff will be educated by a full-time, on-site, TIC expert about the effects of ACEs and the potentially therapeutic impact of implementing TIC principles. Everyone who interacts with children and their families will be trained to interact with a TIC mindset.
- Creation of a quiet room at the B&GC which will be a safe space to de-escalate situations in which someone (e.g., child, parent, staff member) is angry or upset. This is a practice that has been found to be effective when implementing TIC.
- Parent/guardian training. The team will teach *Positive Parenting,* a manualized parenting program that infuses TIC principles and information about the outcomes associated with ACEs taught to a randomly selected group of 30 parents/guardians of children at the B&GC in one 2-hour session. A randomly selected comparison group of 30 parents/guardians will be taught a similar-length non-TIC-focused class to enable comparisons among interventions.

Short-term goals of these interventions are to reduce the amount of toxic stress children experience both at the B&GC and in their homes. Through increasing parents/guardians' skills, ACEs should be reduced not only for children who attend the B&GC, but for other children in the family as well. This should result in improved behavior and better learning in the children and improved parenting and coping in the parents/guardians. Long-term goals that will only become evident beyond this project are that health problems, substance abuse, and incarceration rates will be reduced and educational attainment and health will be improved, thereby reducing the need for resources and increasing the contributions of those affected.

Andrea Clements, PhD, Professor and Assistant Chair, Department of Psychology is Principal Investigator. Collaborators are Robin Crumley, President & CEO, Boys & Girls Club of Johnson

City/Washington County and Becky Haas, Community Crime Prevention Coordinator, Johnson City Police Department.

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V

MEDICAL COLLABORATIONS AND NURTURING PARENTS PROGRAM

Frontier Health

Northeast Tennessee

Frontier Health will develop a program, the Medical Collaborations and Nurturing Parents Program, to support high risk mothers and infants born with Neonatal Abstinence Syndrome (NAS) in collaboration with the medical community. The program will expose parents to positive parenting guidelines, and information and access to services which address substance use and mental health needs, creating a positive impact and increasing protective factors for their children prior to giving birth and continuing thereafter.

Frontier Health will incorporate the use of the *Nurturing Parenting Parent Educational Program,* an evidence based model of positive parent training, to give at risk parents additional skills and knowledge to help them be better prepared for the challenges of parenthood, especially the unique challenges of babies born with NAS. A behavioral health professional with trauma training will meet the new parents at their OB/GYN and PCP offices and follow them through their hospital stay and the extended stay of their infants to provide advocacy and support. Training on Adverse Childhood Experiences (ACES) will be provided to nurses and medical staff to promote understanding and care for high risk parents. Parent classes and support groups will be offered in other neutral locations such as area churches, community centers and housing complexes. With early intervention and prevention strategies that offer parents of NAS babies advocacy, education, and linkage to needed resources, it is thought there can be an immediate impact for these infants and mothers and a long lasting impact on their future health and wellbeing, the medical community and the population health of Northeast Tennessee.

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VI

DISCOVER TOGETHER

Tracy City, Grundy County

Discover Together is a collection of programs in Tracy City, TN, a rural community in Grundy County, designed to provide families with positive adaptive skills that help them thrive in the face of isolation and poverty. Focusing on social connectedness and narrative skills, programming includes: a summer camp for children ages 6-12; a family Co-op for children 0-5 and their caregivers; and an after-school learning lab that offers a visual narrative module. Discover Together also includes a Community Ambassador program, which trains community members in

early child development, family engagement, and ACEs awareness. Ambassadors' responsibilities are to find families in need, connect them to services around their community, and ensure families remain connected to programs and assistance.

Severe poverty is one of the key factors increasing the risk for adverse childhood experiences. Coupled with social isolation, severe poverty increases the stress on families especially in rural communities where there are few economic opportunities and necessary social services are often scarce and/or difficult to access. Further, as stated in the reports *The Importance of Being in School: A Report on Absenteeism in Public Schools* and *Chronic Absenteeism in Tennessee's Early Grades*, economically disadvantaged children experience chronic absenteeism more frequently and its effects more acutely than others. When children in rural areas growing up in severe poverty miss school, they miss opportunities to connect with others and gain important academic and social skills that prepare them to access additional educational and later work opportunities. Discover Together's *Building Strong Brains* project will leverage its Community Ambassador program to identify families suffering from or at risk for ACEs by using the school district's early warning system for chronic absenteeism. Brain science tells us that reducing chronic, often toxic, stress and building supportive, caring relationships in children's lives is the most effective combination to facilitate building healthy brains and life-long sturdy brain architecture. Through Community Ambassadors' efforts, Discover Together focuses on addressing immediately visible issues of absenteeism and some root causes of that absenteeism including family stress and isolation.

After identifying children at risk of being chronically absent, an Ambassador will meet with families, identify their needs, and connect them with social supports. By facilitating these supports and ensuring that children are in school, Discover Together hopes to mitigate chronic family stress that in turn may reduce children's exposure to those adverse conditions described in ACEs. This whole-family strategy will not only allow students to spend more time in school receiving the education and social support needed to buffer the effects of adversity and stress, but will increase caregivers' social support and resources and assist them with underlying problems that led to their child's absenteeism.

Discover Together is a collaboration among Sewanee: The University of the South; the Yale Child Study Center, Scholastic, and community partners in Tracy City, TN.

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## VII
## TRAUMA INFORMED PRACTICES
## Metropolitan Nashville Public Schools

Metro Nashville Public School's project, Trauma Informed Practices, puts an emphasis on social-emotional support through its schools, beginning work on developing social emotional learning

competencies in all district initiatives. The new program called Trauma Informed Practices (TIPS) will work to incorporate extensive professional development (PD) to promote awareness of the impacts of adverse childhood experiences on neurobiological development and school success, and integrate evidence-informed, trauma-sensitive practices with existing school practices.

The main components of the program include:

- Promote awareness and drive practices through widespread PD:
  - Provide ongoing PD for direct service providers within district schools
  - Provide ongoing consultation to district educational professionals, with an emphasis on pilot schools
  - Develop and implement a Train the Trainer model for pilot schools and target groups (e.g., trauma-informed schools committee, Behavior Support Team, STARS counselors (Project PREVENT), Community Achieves site managers, trauma-informed schools specialists)
  - Develop and offer monthly full-day PD to all district staff
  - Monitor and streamline integrity of ACEs-related activities in the district
  - Participation in trauma-informed care work group
- Establish MNPS Trauma-informed schools committee to further promote awareness and organizational change.

The efforts of this project will also prevent ACEs for children attending MNPS and younger or yet to be born siblings of school-aged children through provision of parent training on the impacts of ACEs (e.g., Parent University, Family Engagement University, and interactions between trauma-informed school staff and parents/guardians). Grant funds will support a trauma support coordinator to facilitate district-wide professional development and allow the district to implement a pilot project of more targeted prevention and intervention strategies in 16 high schools.

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VIII
ADVERSE CHILDHOOD EXPERIENCE (ACES) INITIATIVE PROGRAM
Murfreesboro City Schools

The Adverse Childhood Experience (ACE) Initiative Program, funded through *Building Strong Brains: Tennessee's ACEs Initiative* grant, allows Murfreesboro City Schools (MCS) to further its vision to focus on the whole child assuring their success in a global community. Those few words encompass a great undertaking to assist our students and their families to meet academic, nutritional, medical, social and behavioral needs.

The ACEs Initiative Program will promote prevention of ACEs by educating school staff, parents, and community partners regarding childhood trauma and the impact of ACEs on children's physical and social development. As a protective factor against ACEs, this program will enhance social connections within the family and greater community. These programs and services help mitigate the effects of ACEs by providing small group intervention for students who are identified

at-risk and then linking the students to available school-based and community services. Likewise, parents will receive parent training and support and be linked with community partners to build positive social connections.

By promoting the prevention of ACEs and the mitigation of the impact of adverse childhood experiences, the ACEs Initiative Program will improve academic success, improve physical and emotional health, increase parent-child interactions, and strengthen social connections for students within Murfreesboro City Schools and their families.

Through a long-term partnership between the school, family and our community partners, the ACE Initiative positively impacts the physical and social/emotional health of our students and families.

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## IX
## HEAD START TRAUMA SMART
## South Central Human Resource Agency

South Central Human Resource Agency Head Start/Early Head Start will implement an inclusive intervention model, Head Start Trauma Smart, that mirrors a currently successful program in Kansas City, Missouri. To combat the long-lasting adverse effects of trauma, the Head Start-Trauma Smart program serves as a "reset" mechanism that helps adjust the way children and adults alike react to complex, traumatic experiences. Trauma Smart is grounded a research-based model by Kristine M. Kinniburg, LCSW: Margaret Blaustein and adapted by Avis Smith, ACSW, LSCSW, LCSW, referred to as ARC—Attachment, (Self) Regulation and Competency (ARC).

Head Start/Early Head Start is the ideal venue for this model because of the children's consistent exposure in the classroom every day. Additionally, the program currently has a very active parent engagement component that will facilitate the inclusion of families in the system of trauma education and intervention. Families currently participate in training and center meetings on a monthly basis. By utilizing the Smart Connections parent education curriculum, they will support the home to classroom link.

The goal of the project is to implement a trauma-informed system of interaction in the classroom that transcends into the home. The expected outcome is that children will develop coping skills that allow them to achieve greater mental wellness, a necessity to being successful in the school setting. This early intervention will aid in the prevention of ACES and toxic stress affecting the brain architecture of young children and help reduce the likely re-occurrence of events in the child's life. The immediate goal is to provide training and support for Head Start/Early Head Start staff and families to arm them with coping tools in the classroom and at home.

The model gives staff and parents training to create calm, connected classrooms and home environments that recognize and address behavioral and other problems triggered by trauma, and provide the supports for children to learn and thrive. The goal is to provide practical, hands-on tools with effective coping strategies and bring them into the classrooms where children learn and play every day.

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X

## ACES ON-LINE LEARNING FOR EARLY CHILDHOOD WORKFORCE PROJECT
Tennessee State University

Tennessee State University's Center of Excellence for Learning Sciences (COELS) housed in the Division of Research and Sponsored Programs will create an online training module to support *Building Strong Brains: Tennessee's ACEs Initiative*. This module will be a comprehensive, sustainable, accessible, dynamic professional development tool for the state's early childhood workforce.

To develop the module, COELS's team of early childhood experts will garner the latest research information, and collaborate with ACEs leaders within the state to create and implement this innovative training option. Using a modified framework of Gallagher's Model *"Factors that contribute to quality professional practices and ultimately improving child outcomes",* COELS believes the content and activities within the Tennessee Child Care Online Training System (TCCOTS) can elevate learning within a supportive work environment. The training module will provide participants with the knowledge-base to understand key ACEs concepts and strategies to assist children and families.

Early childhood professionals must have access to numerous quality training opportunities, and though traditional training venues are needed, this online option allows the broadest access for early childhood professionals across the state. The ACEs module will reside on TCCOTS, which is also managed by COELS at Tennessee State University. The module is targeted to go live in the summer of 2017.

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XI

## PROTECTING CHILDREN FROM ACES AND TRAUMA (PCAT)
University of Tennessee Health Science Center

The University of Tennessee Health Science Center (UTHSC) will develop the Protecting Children from ACEs and Trauma (PCAT) program with the funding received for the Building Strong Brains: Tennessee's ACEs Initiative that will incorporate a wraparound approach with trauma-focused interventions to address the needs of children and families that have been impacted by trauma and other adverse experiences in childhood. The PCAT provider network includes Compass Intervention Services, the Family Institute of Tennessee, Shelby County Schools and FACES of Memphis, to offer wraparound and trauma-focused therapies in school and in the community to

mitigate the effects of the adverse events experienced and assist with the child and family's recovery.

PCAT will utilize existing community organizations to provide the services and build community awareness and understanding of the impact of adverse childhood experiences (ACEs) on child development, promote recovery from the damaging effects of childhood adversity, and recommend policy and funding changes that promote the kind of safe and nurturing environments that contribute to healthy brain development and reduce ACEs.

PCAT will also work with local groups to address childhood adversity and build on the foundation of existing ACEs and childhood exposure to violence initiatives currently being implemented. PCAT will use community education and outreach principles based on evidence-informed and culturally defined messaging to improve the community's understanding of these issues and how they can play a role in assuring that children and families get the services and supports needed.

UTHSC has an established reputation for creating programs designed to address challenging community issues and create the infrastructure to support the study of health policy and economics needed to advocate for policy changes to address the needs of the area's underserved populations. Through PCAT, UTHSC will assist families, community members, policy makers, funders, community organizations and other key stakeholders in understanding the importance of all the work underway to create trauma-informed and engaged communities throughout Memphis and Shelby County. Finally, UTHSC will join the other initiatives in support of local efforts working to take steps at the community level as "change makers" in addressing ACEs and toxic stress early.

Dr. Altha J. Stewart, associate professor, Department of Psychiatry and director, Center for Health in Justice Involved Youth will direct the program.

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XII

COMMUNITY RESILIENCE: EDUCATE, ACT, TRAIN, INSPIRE, VALUE, EMPOWER (CREATIVE) PROGRAM

United Way of Greater Chattanooga

The Community Resilience: Educate, Act, Train, Inspire, Value, Empower (CREATIVE) Program is based in evidence, experience, and a theory of change specific to thoroughly understanding early childhood education, ACES, and reform. Created using strong Harvard Family Research specific to early childhood education, learning, community/business, and family involvement, United Way of Greater Chattanooga will implement a program that drives change, building a case for empowering child-invested stakeholders and advancing sustainable community change. The CREATIVE effort will be informed and executed by a cross sector of leaders in business, family, early childhood, pediatrics, politics, neighborhoods and faith based organizations.

The CREATIVE Program will impact (1) philosophy, (2) policy, (3) programs, and (4) practice by addressing mindsets and scripts, politicians and agendas, current childcare programs, and existing

best practices. Designed at the preventive intervention level, the CREATIVE Program is an extension of Chattanooga 2.0, intended to "change the conversation on social issues" and build "public will and understanding." Specifically, the program will address abuse and neglect beyond physical abuse to emotional abuse as part of engaging people in conversations, motivating them to act, and helping them overcome roadblocks.

Key actions include a community summit, professional education and training, awareness through social media and neighborhood based engagement, and measuring our work. Dedicated resources and a timeline ensure: realistic and measurable goals; participant-centered activities; spheres of influence engagement; threaded best practices and evidence; challenge/barrier discussions; and improved outcomes.

CREATIVE's six goals target: Championing the business community; Recognizing and responding to our community's signs and needs; Equipping people with knowledge and tools; Incorporating the Five Protective Factors in program activities; Building brains, bodies of knowledge, and bridges between stakeholders; and Measuring our impact.

From philosophy to practice, a successful project can help reduce long-term trauma and related damage to children, reduction in scarcity of resources impacting our most vulnerable, and greater involvement from policy makers and local government and business investing at the ground level through influence and action.

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XIII

## MITIGATING ACES IN PEDIATRIC PRIMARY CARE

Vanderbilt University Medical Center

The goal of Mitigating ACEs in Pediatric Primary Care is to affect policy and practice related to Adverse Childhood Experiences (ACEs) screening and intervention in pediatric primary care. This research project will include, first, developing and testing a new ACEs screening tool that is brief, has a pediatric perspective, builds on parents' strengths, and measures parenting-related ACEs that can be treated. The new ACEs screening tool, the Parenting and Family Stressors Assessment (PAFSA), will measure parenting-related ACEs (e.g. corporal punishment, threatening, humiliation) and family stressors (e.g. divorce, incarceration, mental illness). A research assistant will invite approximately 1000 parents to complete the PAFSA in the Vanderbilt Pediatric Primary Care Clinic. Measures will include child behavior problems hypothesized to be associated with elevated PAFSA scores.

The second part of the project will be to recruit English and Spanish-speaking parents for a randomized controlled trial (RCT) to determine if educational interventions can help educate parents about ACEs and decrease ACE scores two months post-intervention. In preparation for the RCT, an evidence-based parent training intervention, Vanderbilt's Play Nicely online multimedia

program, will be further developed so that it can be viewed for free on smart phones and tablets. In the RCT, 300 to 400 parents will be recruited to participate in the study. Parents in the intervention group will receive 1) a copy of the Play Nicely Healthy Discipline Handbook, 2) information about how to view the Play Nicely multimedia program online and 3) the Tennessee ACEs Handout developed as a joint effort of the Tennessee Chapter of the American Academy of Pediatrics and the Tennessee Department of Health. Parents in the Control Group will receive routine primary care. The correlation between the PAFSA score and child behavior problems will be analyzed. For parents in the RCT, the PAFSA score of children in the intervention group will be compared with PAFSA score of children in the control group at two months. Attitudes toward spanking, parenting behaviors, and knowledge about ACEs between parents in the intervention group and parents in the control group will be compared.

Deliverables from the project will include: 1) a new pediatric ACEs screening tool (PAFSA) that has been tested in a pediatric primary care clinic; 2) knowledge about whether the PAFSA is associated with child behavior problems; 3) knowledge of the effect of office-based interventions for children with high ACE scores, and 4) further development of a free, evidence-based parent training program.