

ABCs of ACES

Interview with Louisiana ACE Educators

Interviewed by Kellie J. Johnson

Caitlin LaVine and H. Clay Walker V are Louisiana educators on Adverse Childhood Experiences (ACEs). LaVine is the trauma and resilience strategy lead with the Louisiana Department of Health's Bureau of Family Health. Walker is the director of juvenile services for Caddo Parish.

Johnson: What are ACEs?

LaVine: ACEs stands for Adverse Childhood Experiences. The term is from a study conducted by the Centers for Disease Control and Prevention in partnership with Kaiser Permanente, a major California healthcare provider. The research team surveyed 17,000 adults about a certain set of 10 childhood experiences — emotional abuse, emotional neglect, physical abuse, physical neglect, sexual abuse, mental illness, incarcerated parent, substance abuse, parental divorce or separation, and domestic vio-

lence. The researchers found that, as the number of types of adverse experiences increased prior to the age of 18, individuals experienced a much higher risk for multiple chronic diseases, higher risk of homelessness and unemployment, lower educational achievement, higher risk of substance abuse, and higher rates of relationship conflict and domestic violence — all kinds of things relating to physical, emotional and social hardships.

Johnson: Can you each tell us why Louisiana is interested in ACEs?

Walker: I think of ACEs in two ways; as Caitlin explained, with all of the physical problems attributable to ACEs. The other is, to some extent, the social side caused by brain development. It is important to look at this in terms of public health because the general notion is that prevention is easier and cheaper than intervention later. I am interested in

the court system's response, the reactive side, because there are relatively simple solutions. If the court system, particularly juvenile court — but really all courts — understood ACEs better and reacted to families coming before the court in a more trauma-responsive way, we would actually help people solve their problems, heal and not re-offend.

Johnson: Caitlin, anything to add from the public health perspective?

LaVine: I have a statistic that supports everything Clay is saying. According to the CDC, 64% of the general U.S. population has experienced at least one ACE, and 97% of the prison population has experienced at least one ACE. There is a huge connection there and clearly a correlation. We want people to be productive, self-sustaining and lead satisfying lives. ACEs get in the way of healthy, productive lives on multiple levels. We

know that ACEs exist inter-generationally as well, so the more that we do to prevent ACEs today for people of all ages, the more we do to prevent ACEs for future generations as well.

Johnson: How do you deal with ACEs in your professional role?

LaVine: At the Louisiana Department of Health, we have the ACE Educator Program. It is both professional-capacity building and community-capacity building. The most exciting thing that we are working on right now is supporting an effort by First Lady Donna Edwards to convene stakeholders and create a plan for trauma-informed, multi-sector change in Louisiana. We are working with Louisiana Department of Education on trauma-informed education. We are also working on the final stages of a trauma-informed approaches training that can be used in multiple professional capacities.

Walker: I oversee juvenile detention and juvenile probation, so I am dealing with children coming into juvenile court. We now recognize that 73% of children in juvenile court have experienced four or more ACEs. This number causes an increased risk for things like suicide. We need to understand trauma so we can better serve the children and families who enter the court system. Long-term, we are using our understanding of ACEs to better inform the idea of rehabilitation.

Johnson: Can you elaborate on the ACE trainings?

LaVine: We have a network of trainers across the state. Clay is one of them. We offer a one-to-three-hour foundational talk, "Understanding Aces," where we discuss the ACEs study and community-capacity building. These are all free of charge and anyone can request a presentation by emailing ACEpresentation@la.gov. We also have a film, "Resilience," a moving documentary that speaks to many leaders in the field of ACEs research. We can screen that statewide. We use the Brain Game, an interactive, hands-on game where trainees pull random experiences from the life of a child aged 0-7 and build a brain. It helps one to see how supportive relationships can add

strength to the brain and how stressful experiences can tax the brain's resources.

Walker: I became an ACEs trainer and then trained our staff here and anyone who would listen. Frankly, the material speaks for itself. When people see it and hear it, they are really blown away.

Johnson: How do you evaluate someone's ACEs?

LaVine: The ACEs screener was developed as a public health tool to describe populations and to inform prevention. I am going to say something that Clay says, "If you have a room full of people, and they all have the same ACEs score, half of them may have these higher-risk outcomes, and half of them won't." ACEs are just one factor, among many, in a person's life-long health trajectory.

Walker: What's very important is that the danger of taking the screening tool alone is you can misinterpret it. It is not diagnostic. We use ACE screenings for children in juvenile court because it gives us a heads-up that we are dealing with a trauma history and we can look to see how it is impacting them, how they respond to situations, and their resilience. Some people have a sense that if you have an ACE score of 9, you must be unhealthy. That misconception is unfair.

Johnson: Are there specific methods of prevention that can show others how ACEs awareness is making a difference?

Walker: There are two things I would piece together: ACEs and juvenile justice reform. In 2013, the Louisiana Legislature passed the Juvenile Detention Center Standards. The Standards required that we remove all weaponry and mandated a certain-sized cell to house more than one child per cell. In July 2013, we were already years into de-escalation training, and we became a single-bed detention center. Children are now in cells by themselves. On July 2, 2013, incidents of violence in our detention center went down by 62%. The numbers plummeted overnight and stayed there. That alone, to me, speaks to better conditions of confinement and lower recidivism rates. There is a ton of stuff that goes into that, it is not just ACEs, but ACEs is the common philosophical change that we have

made: understanding ACEs and being trauma-informed.

Johnson: Can you think of any other instances where the effects of ACEs have a far reach?

LaVine: Yes, we have a high rate of substance abuse and chronic diseases in Louisiana and dealing with ACEs can help with those issues. It also makes something like a hurricane strike harder for parts of the population. ACEs make your community a lot less resilient to disasters and pandemics because you already have some fragility.

Walker: Knowledge about ACEs is insightful to everyone and relevant to the general population in talking about the cost to society for things such as incarceration, preventative health issues, dropouts and needs systems. We could save billions of dollars if we were focused more on prevention.

Johnson: Why is it important that all entities involved in a child's life be included in this process?

LaVine: We want as many settings as possible that children move through to be safe, stable and nurturing to the utmost degree. Those benefit all children, whether they have experienced ACEs and trauma or not. The same goes for trauma-informed healthcare; it benefits all clients. A lot of things that we are advocating leads to a better environment for all consumers of services and leads to better overall health and well-being outcomes.

Walker: On an individual level, hurt people hurt other people. We have a portion of our community that is hurting. We have 37% of children in Caddo Parish under the age of 5 who live in poverty. It is untenable, and we cannot afford it. We cannot afford to have people continue hurting this way, and we will get to the point where the cost of incarceration and the cost of social service needs are too expensive. It is not just reaching back to help these people, which is what we should do because they are human beings. It is for all of us to make Louisiana healthier. We have to do something.

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Johnson: What suggestions would you have to those who are in courts of general jurisdiction to promote ACEs education?

Walker: Judges have incredible authority to call a meeting and have people attend. Judges, working in their communities in general jurisdictions, can reach out to school board members, superintendents, city council members, mayors, sheriffs, public health and mental health officials. Form a group to determine if parishes or judicial districts are doing things that are trauma-informed. Reach out to your local juvenile detention center or local prison. You can get ACEs training and that is a good start. You can form committees to address problems you want to solve. Judge David N. Matlock (Caddo Parish Juvenile Court) has an outline that he will share with anyone who will listen. First Lady Donna Edwards is planning to convene those meetings to determine how we can systematically create a playbook for judges, parish presidents and others. There is a lot going on, but it is not necessarily orchestrated. Judges are good conveners to put all of the necessary people together.

LaVine: A lot of systems and service providers have similar issues across settings. If our traditional approaches worked, the same problems would not continue to be problems day after day. What trauma-informed approaches provides us are new perspectives that address all those things at once. This one shift in perspective can solve many issues that service providers have historically been dealing with across the state. So, why not try it?

Johnson: How did you get people on board?

Walker: To some extent, the material did it by itself. Two things happened in Caddo Parish that made a difference. One, Judge Matlock was seeing an intergenerational cycle of abuse and neglect that was repeating itself over and over again. It was this cycle that got his attention. He was just driven to do something different. Two, Community Foundation: They came in and said that more people need to hear about ACEs. It went from just me being a trainer to having 27 peo-

ple as trainers. This changed the pace and scope of things.

LaVine: One of the strategies that has been the most helpful is the ACEs Educator Program. It has allowed us to start at the beginning as many times as we need to with each new group that wants to get involved. We give everyone the same language, the same foundational understanding of what we are talking about when we say ACEs. One of the things that has also been important is building hope that things can change. I think there is a lot of frustration, especially when we are talking about statewide systems and the levers of government and changing generations-old cycles. It can be easy to feel like this is always how it has been, that this is how it is always going to be. But, there is so much evidence that change is possible, that trauma awareness does make a difference, that healing is possible for every individual and every community. ACEs are not destiny. The systems that provide care can elevate the quality and responsiveness of the care they provide.

Johnson: If someone was hesitant to fill out the ACE assessment, what would you say to them?

LaVine: I would say that no one has to fill out the ACE assessment to understand himself or herself. I think that whatever strategies a person has employed have worked because that person is still here. This is the important thing. They have learned how to survive, and that is what matters. I think something to understand from the professional perspective is, if you are working with a client and the client does not want to talk about his/her trauma with you, it is possible that talking about the trauma in that setting is a trigger and that may be a secondary trauma experienced on top of the original traumatic experience.

Walker: It should not be a fear-filled situation. Most people, when they learn about ACEs, experience an incredible epiphany of understanding about issues and patterns in their life. Most people that I have worked with are almost relieved to understand that this is a thing, this has affected my brain development, and there are paths to healing.

Johnson: Any final thoughts?

Walker: The legal community can have a significant influence on the community's understanding of trauma and its effects. ACEs understanding is becoming a part of the professional development in our school system. It should be part of the professional development in many different disciplines. This impacts so many different areas.

LaVine: As one person learning about ACEs within a system, you can have a lot of impact. But when you are educating the entire system, when you are giving personnel across the system access to the information, that is when you really start to see change happen.

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H. Clay Walker V has been the director of juvenile services in Caddo Parish since 2011. He oversees 85 employees who run the parish's Juvenile Detention Center and the Probation Services for Caddo Juvenile Court. Previously, he was appointed as the director of juvenile defender services for the State Public Defender Board. He has worked with the Southern Poverty Law Center on its Juvenile Justice Initiative.



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