

Working with Faith Communities to Prevent & Address

Adverse Childhood Experiences (ACES)

in Local Communities

A Training Guide for Prevention Leaders

PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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SAMHSA
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New England PTTC

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About the Author

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Language Matters

Words have power

Please note that this guide uses specific terms as it relates to faith communities and trauma. While many people may have preferred ways of describing and discussing the topics brought up in this guide, language has been chosen that is intentionally person-first language.



Land Acknowledgement

The New England PTTC acknowledges that we are all on the traditional lands of native people. In Augusta, Maine, the PTTC works from the ancestral lands of the Abenaki People, part of the Wabanaki Confederacy. We have a responsibility to acknowledge our Indigenous connections and the histories of Indigenous land dispossession. We encourage you to learn more about the stewards of the land you live and work on by working with your native neighbors, and by visiting https://native-land.ca/

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Overview

This is a training guide for prevention leaders looking to increase their impact with local communities in the areas of mental health and substance misuse prevention through partnership with faith leaders. This guide is meant to educate prevention leaders about Adverse Childhood Experiences (ACES), the ways these experiences impact locally, the way these experiences can show up in local faith communities, the best ways to engage faith leaders for maximum impact, and the role of community-led prevention in local efforts.

This training guide is meant to help prevention leaders prepare to build the capacity of local prevention specialists, outreach workers, and other frontline staff to engage and prepare faith leaders to be part of local community-led initiatives, ultimately reducing the siloes that currently exist in many communities.



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Introduction

Substance misuse is an issue that has negatively impacted communities of all ages, demographic backgrounds, and geographical locations. Substance misuse, as well as other mental health concerns, have been linked to potentially traumatic experiences occurring during childhood, also known as Adverse Childhood Experiences or ACES. Some adversity in life is common and expected, but these experiences are much more than regular adversity.

Over the last thirty years, public health researchers have been able to determine that the impacts of ACES are far-reaching and long lasting. Beyond the behavioral health impacts, which include substance misuse, mental health issues, and suicidal ideation, ACES have also been linked to many physical health issues, including cancer, diabetes, heart disease, and stroke.

Due to current lacks in service access, as well as cultural factors like stigma and trust, faith leaders tend to be on the front lines of addressing behavioral health needs in many communities. However, they often lack the capacity to address these issues in safe and ethical ways. This resource is an important tool in preparing faith leaders to work within their communities to support those struggling with the impacts of ACES, as well as prevent them in the future. By engaging and involving faith leaders in local prevention efforts, resilience can be increased for many communities.

Goal

To build more resilient communities in an effort to reduce the impacts of adverse childhood experiences and other types of trauma, including poor mental health and substance misuse.



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Adverse Childhood Experiences

According to the Centers for Disease Control and Prevention (CDC), Adverse Childhood Experiences (ACES) are "potentially traumatic events that occur in childhood (0-17 years)." [1]

Some examples of potentially traumatic events include:

- Experiencing violence, abuse, or neglect, including emotional abuse or neglect
- Witnessing violence, including domestic violence
- Having a family member with mental health or substance misuse issues in the home
- Having a family member who was incarcerated
- Experiencing parental separation, which may be due to divorce, incarceration, immigration, or other circumstances

ACES were investigated in a landmark study, known as the CDC-Kaiser ACE Study, which included data collection between 1995 and 1997 from more than 17,000 individuals in Southern California. [2]

This study found that while ACES are common across all populations, some groups are more vulnerable to ACES due to social and economic factors. Overall, close to two-thirds of individuals reported at least one ACE, while more than 20% reported three or more.

Figure 1 shows the relationship between personal and social factors, adverse childhood experiences, and health outcomes. There is a correlation between ACES, health risk behaviors, disease, and death.

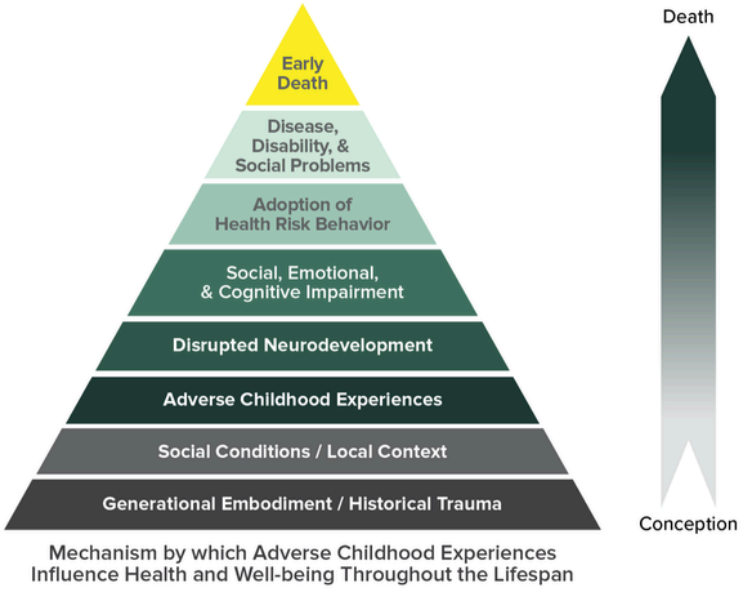

Figure 1. The ACE Pyramid. CDC

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The Lasting Impacts of ACES

As part of the CDC-Kaiser ACE Study, participants were given a score based on how many experiences they had during childhood. The study found that individuals with a higher ACE score were more likely to experience negative health outcomes. The outcomes experienced can vary depending on the person, and may include:

- Injury
- Poor Mental Health Outcomes
- Poor Maternal Health Outcomes
- Infectious Diseases
- Chronic Diseases
- Substance Misuse
- Limited Educational and Economic Opportunities [1]

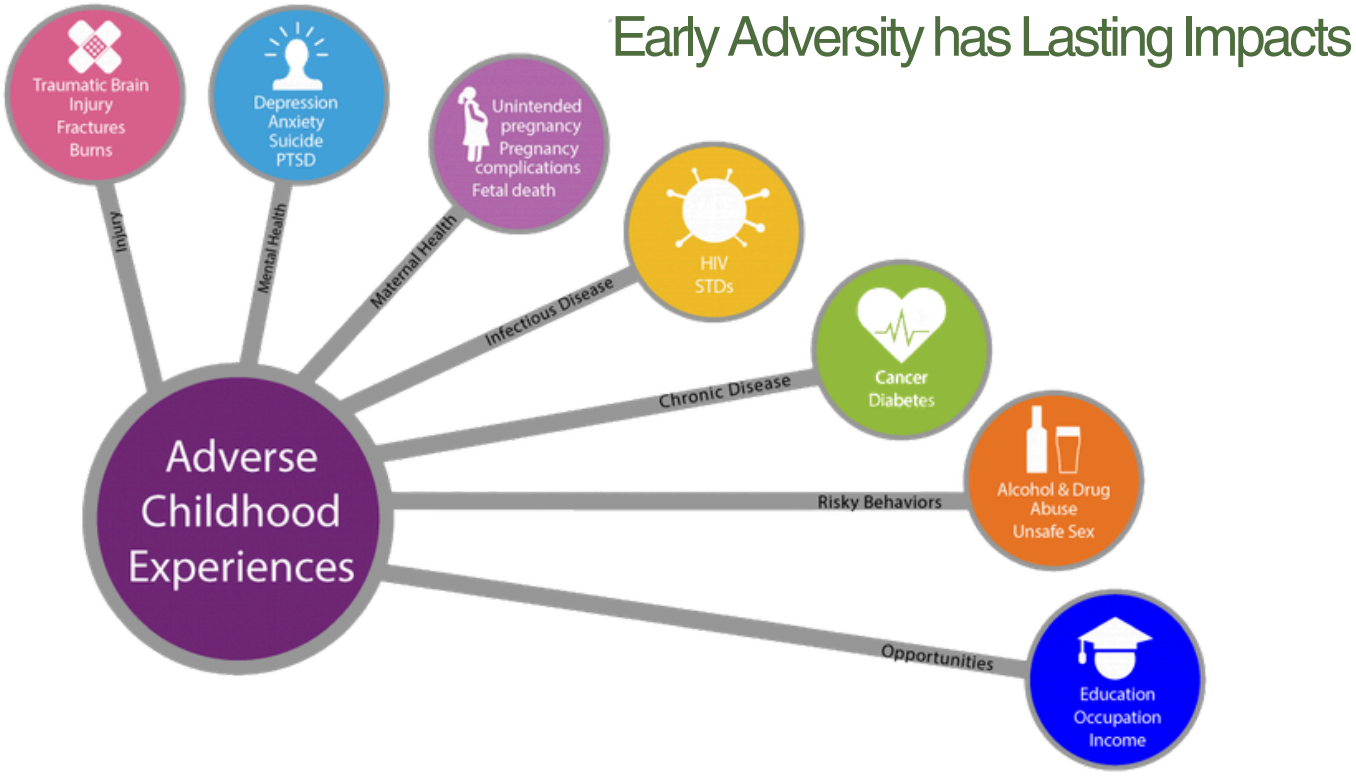


Figure 2. CDC

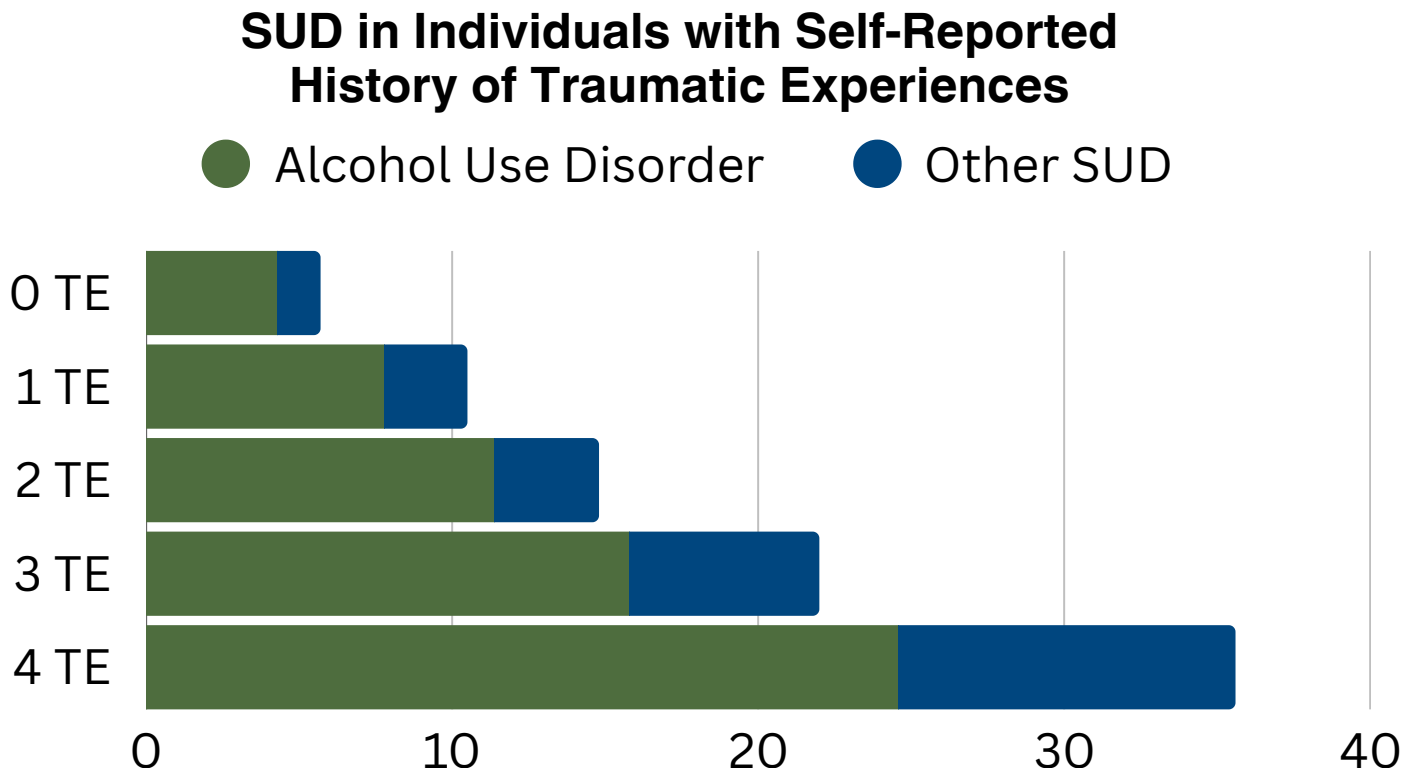
The Connection

Between Trauma & Substance Use Disorder

While trauma can occur at any time during one's life, **youth are particularly vulnerable** to the impacts of trauma because their brains and resiliency skills are still developing.

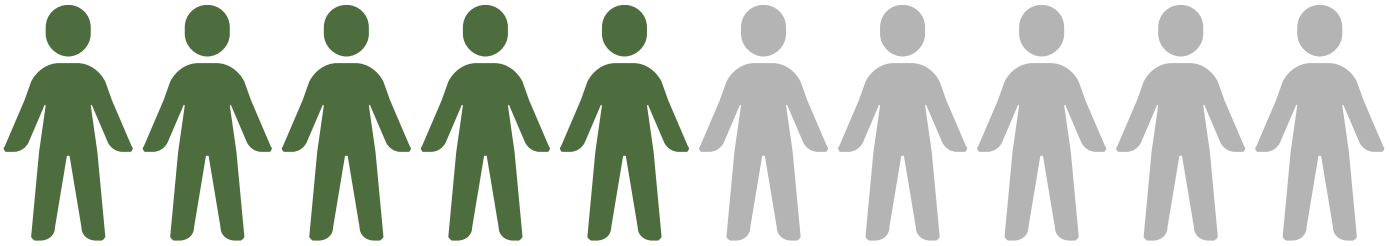
The World Health Organization conducted the World Mental Health Survey (n=65,165), which showed:

- 71.0% of participants had experienced at least one traumatic event (>80% in the US), and one-third experienced three or more traumatic events.
- Substance Use Disorder (SUD) in trauma-exposed adults was 14.5%, compared to 5.1% in non-exposed adults.
- Survey data showed a dose-response between trauma and substance use [2]



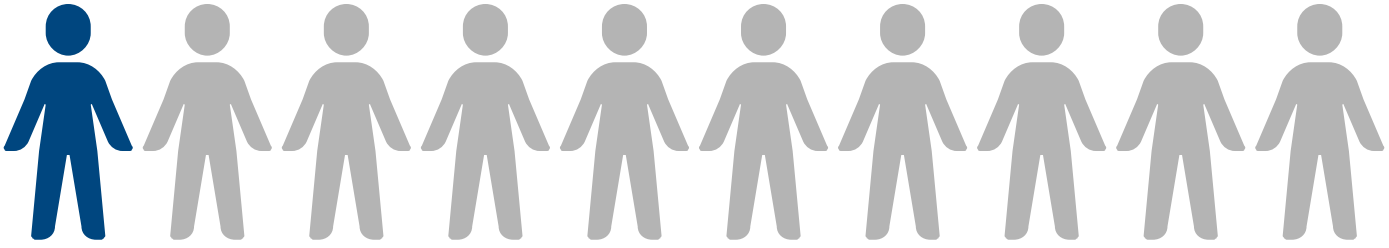
The Impact of ACES:

How common are ACES in general?



*45% of children in the United States have experienced at least **one** ACE*

[3]



*One in ten children have experienced **three or more** ACES* [3]

Training Overview

In many communities, faith leaders are some of the only universally trusted individuals that exist. During times of crisis, they are often the first people someone may turn to. However, they are often not involved with local prevention efforts.

This training aims to build the local capacity of prevention specialists and other frontline staff to engage and partner with local faith leaders and the communities they serve. This training has several goals:

- **Reduce misinformation and stigma as it relates to behavioral health among faith leaders and communities**
- **Increase trust between faith leaders and local agencies**
- **Increase partnerships between faith communities and local agencies**
- **Reduce siloes in local communities pertaining to behavioral health prevention efforts**
- **Increase linkages to care for people impacted by behavioral health concerns**







Training Overview

This training is comprised of four sessions:

- **Session 1: Understanding ACES within the context of the faith community**
- **Session 2: Introduction to religious coping and why it matters to prevention**
- **Session 3: Introduction to community-led prevention**
- **Session 4: Strategies for engaging faith communities**

After completion, participants will be able to provide this training to staff, coalition members, and volunteers who will be engaging local faith leaders. With some adaptation, these training sessions can also be provided directly to local faith leaders.

Any participants looking to adapt these training sessions for delivery directly to faith leaders and communities should reach out to the New England PTTC for assistance.







Session 1: Understanding ACES within the context of the faith community



Session Overview

This session will provide an introductory understanding of ACES, their impact, and how they may be impacting local communities. This session will also provide information of how childhood trauma is often dealt with in faith communities, some common misconceptions around the consequences of early trauma, and the ways in which religious trauma can play a role in power dynamics among local communities.

Things to Consider

- Different faith communities come with their own understanding of things like trauma, mental health, and substance misuse. As a result, a good portion of this work requires knowledge setting and combatting some of the myths that exist within faith settings related to these issues.
- Some pre-work that may be helpful before engaging with and educating faith leaders and communities may be assessing the commonly held beliefs around trauma, mental health, and substance misuse.
- Identifying local faith leaders with a higher capacity related to behavioral health may be helpful in engaging other leaders.

Session 2: Introduction to religious coping & why it matters to prevention

Session Overview

Similarly to other areas of life, coping mechanisms exist within faith communities to address trauma and stressors that come up. Religious coping is a type of coping that occurs when individuals hold a religious worldview. This session will provide an introduction to religious coping, how it shows up in local communities, and the ways in which religious coping can help to build resilience. This session will also discuss spiritual bypassing and ways to combat it to increase greater protection against behavioral health consequences.

Things to Consider

- Religious coping is never completely positive or completely negative.
- Treating people with grace and support when they are struggling with spiritual bypassing is an important aspect of working with faith communities.
- Working with faith communities impacted by ACES can be complex and should be done with care.

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Session 3: Introduction to community-led prevention

Session Overview

This session focuses on transitioning from top-down prevention planning to collaborative and community-led approaches. This session presents the CAEL Community-led Prevention Framework and the Public Participation Spectrum as tools to assist prevention specialists in building up community-led structures for future prevention efforts.

Things to Consider

- Engaging communities in local prevention efforts is a process and may take time.
- Perceived low self-efficacy may need to be addressed throughout the planning and implementation process.
- Authentic community engagement can be achieved through transformational partnership building. Refraining from transactional relationships is an important part of this work.



Session 4: Strategies for engaging faith communities

Session Overview

Engaging faith communities can be complicated at times, especially in diverse communities. As a result, trust building is an important aspect of this work. This session will present strategies for engaging with faith leaders, including solutions to some of the barriers that may come up during this process. This session will also share lessons learned from working with faith communities from traditionally hard to reach populations.

Things to Consider

- Not all communities are the same, and the strategies and solutions presented in this session may or may not be effective in your particular community.
- The best resource to inform local efforts to engage the faith community will always be the faith leaders in your community.

Related Resources

Action Planning Resources

https://ctb.ku.edu/en/developing-strategic-and-action-plans

https://dmh.mo.gov/media/pdf/action-planning-prevention-and-recovery

Community-Initiated Care Model Resources

https://library.samhsa.gov/product/community-initiated-care-behavioral-health-funding-mechanisms-substance-use/pep25-04-008

https://wellbeingtrust.org/wp-content/uploads/2021/07/Community-Initiated-CareFAQJune2021.pdf

Community Assessment Resources

https://www.cdc.gov/public-health-gateway/php/public-health-strategy/public-health-strategies-for-community-health-assessment-health-improvement-planning.html

https://ctb.ku.edu/en/assessing-community-needs-and-resources

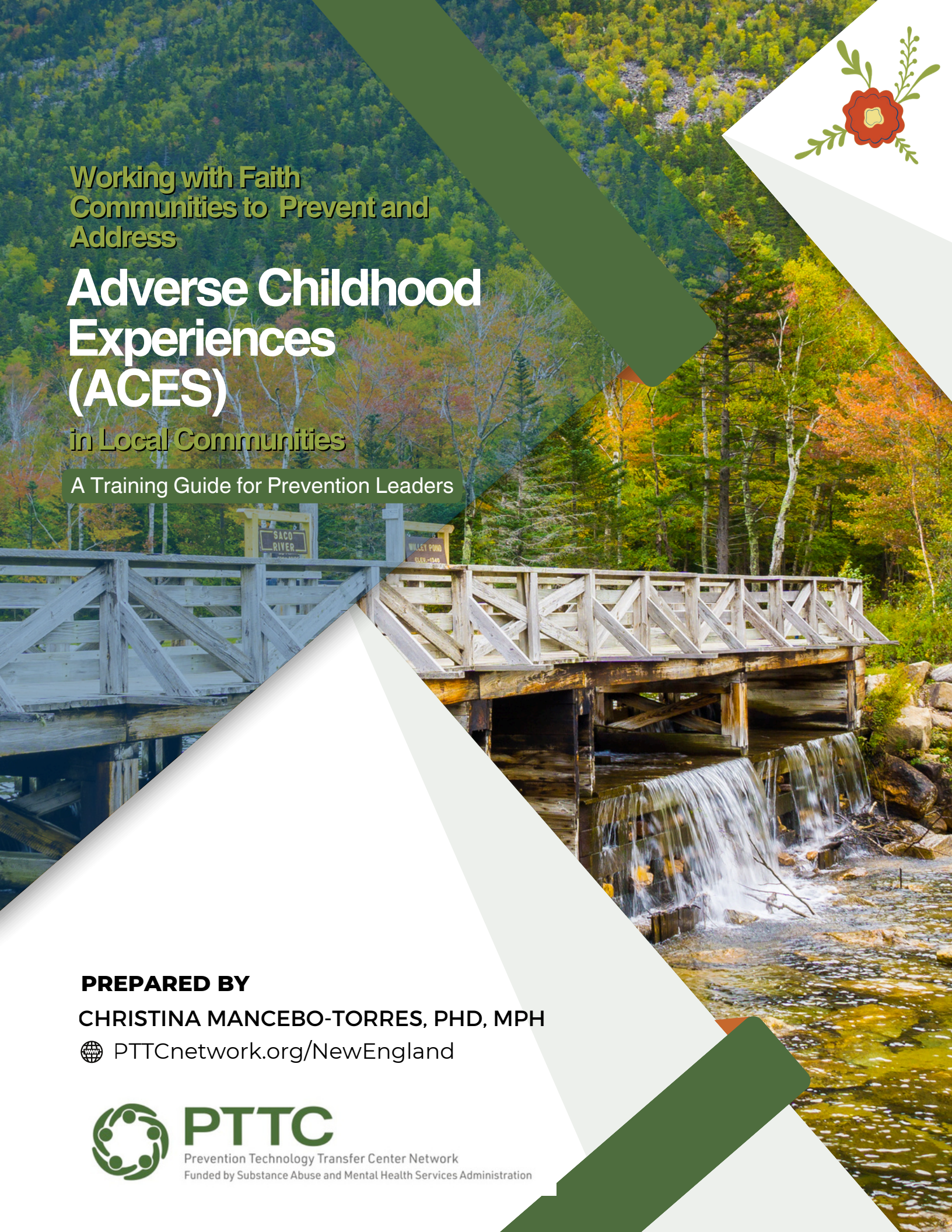
Authentic Community Engagement Resources

https://www.urban.org/research/publication/authentic-community-engagement

https://engagementforequity.org/toolkits/

References

1. Centers for Disease Control and Prevention. (2020). Preventing adverse childhood experiences. Www.cdc.gov. https://www.cdc.gov/violenceprevention/aces/fastfact.html
2. Degenhardt, L., Bharat, C., Glantz, M. D., Bromet, E. J., Alonso, J., Bruffaerts, R., Bunting, B., de Girolamo, G., de Jonge, P., Florescu, S., Gureje, O., Haro, J. M., Harris, M. G., Hinkov, H., Karam, E. G., Karam, G., Kovess-Masfety, V., Lee, S., Makanjuola, V., & Medina-Mora, M. E. (2022). The associations between traumatic experiences and subsequent onset of a substance use disorder: Findings from the World Health Organization World Mental Health surveys. Drug and Alcohol Dependence, 109574. https://doi.org/10.1016/j.drugalcdep.2022.109574
3. Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity - Child Trends. Child Trends. https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity
4. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine, 14(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8
5. US Census



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