By Heather Larkin

Adverse Childhood Experiences (ACE)

An Adverse Childhood Experience (ACE) is defined as surviving any of the following categories of abuse, neglect, or loss prior to age 18:

- Emotional abuse by a parent
- Physical abuse by a parent
- Sexual abuse by anyone
- Emotional neglect
- Physical neglect
- Loss of a parent
- Domestic violence
- Growing up with an alcohol and/or drug abuser in the household
- Living with a family member experiencing mental illness
- Experiencing the incarceration of a household member

An ACE Score is derived by adding the number of "yes" responses (0-10).

The ACE Study demonstrated a "dose-response" relationship between ACE Score and a staggering number of later-life health risks and conditions. For example, higher ACE Scores were strongly associated with obesity, substance abuse, and depression, as well as lung, heart, and liver disease.

ACEs are also linked to homelessness and criminal justice involvement.

ACEs may be detrimental to development and increase vulnerability to costly subsequent problems. Integral Theory explains how a range of developmental processes take place within cultural and systemic contexts.

ACEs occur when foundational development, prior to age 18, is still unfolding. Thus, earlier psychosocial and neurodevelopmental stages can be derailed. Inadequate resources to manage ACEs may contribute to adoption of health risk behaviors. For example, if a child is unable to process an ACE, a solution of using substances to feel better could turn into a health risk.

Risk behaviors, or ACE correlates such as depression, in parents are often ACEs for the next generation. This helps explain how service interventions that prevent ACEs or their consequences could prevent high cost health and social consequences, as well as inter-generational ACE transmission.

ACE-informed programs that mobilize resilience and recovery are likely to save high human, social, and health costs.

Larkin, H.; Records, J. (2007). Adverse Childhood Experiences: Overview, response strategy, and Integral Theory. *The Journal of Integral Theory and Practice, 2*(3), 1-25.

By Heather Larkin

Healthy Environments And Relationships That Support (HEARTS)

HEARTS seek to enhance services to reduce costly, later life consequences of adverse childhood experiences (ACE).

Programs often provide services designed for individuals and families. HEARTS bring awareness to the idea of simultaneously attending to the whole community for a more powerful impact.

There is an opportunity to incorporate locally available evidence-supported interventions (ESIs) and emerging practices (consistent with practitioner skills and client characteristics) within the context of HEARTS.

HEARTS emphasize leadership and include resources to promote the self-care of helping professionals. This is important because the attitude and behaviors of providers, who offer relationship-building and role modeling for those served, are seldom included within ESIs.

HEARTS are likely to enhance the impact of a variety of evidence-supported programs and interventions offered in agencies and communities.

Agencies that are becoming ACE-informed may have different types of ESIs and emerging practices that address ACEs or their consequences at various points along the lifespan. Agencies can also develop unique HEARTS to enhance these services.

HEARTS can include any of the following:

- Restorative cultures / healthy social networks
- Therapeutic milieu / therapeutic community
- Culture of Recovery / recovery-oriented systems of care
- Organizational climate
- The Sanctuary Model
- Attachment, Self-Regulation, & Competency (ARC) Model

HEARTS can help prevent provider burnout and vicarious traumatization to promote effective service. Leaders set the tone for the culture and create policies to support the development of HEARTS.

Regardless of the type of HEARTS your ACE-informed program develops, the keys are: leadership, culture, and policies.

Larkin, H.; Beckos, B.; Shields, J. (2012). Mobilizing resilience and recovery in response to adverse childhood experiences (ACE): A Restorative Integral Support (RIS) case study. *Journal of Prevention & Intervention in the Community, 40*(4).

By Heather Larkin

Service Outcomes Action Research (SOAR)

SOAR is a team-based research approach relevant to agencies evaluating the impact of combined interventions for comprehensive ACE Response. In addition to researching the efficacy of on-site evidence-supported interventions (ESIs), SOAR brings emerging practices to research. Local data is generated on how services work together to influence outcomes.

SOAR starts with the agency. The SOAR team includes researchers and all agency members, highly valuing the viewpoints of those providing and receiving services. The first task is to help agencies articulate their own theory of change, developing program logic models that show how processes and interventions are connected to their own identified outcomes.

In order to generate evidence relevant to practice, SOAR fosters a culture of inquiry among agency providers who already care about their clients and seek positive outcomes.

Both quantitative and qualitative methodologies are employed within an ongoing inquiry process that includes the identification of research questions, assessment, planning, intervention, determination of results, and the development of new questions.

Researchers work closely with practitioners to identify and determine how to implement measures of treatment process and client outcomes at multiple points in time, including the influence of staff. Staff interviews, focus groups, and participant observation shed additional light on staff perspectives, agency processes, practices, and data collection.

SOAR creates a continuous data-informed practice process (DIPP) with the purpose of revealing the direct impact of comprehensive services. Data is one element of practice decision-making that also takes into account client characteristics, practitioner skills, and local context.

Practitioners and researchers work together to consider findings. Agencies make the choices about practice and program development. Data can be used as a policy advocacy tool to guide resources toward the development of programs that directly respond to client characteristics by combining practitioner skills with data in local settings.

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Larkin, H.; Beckos, B.; Martin, E. (2012). Applied Integral Methodological Pluralism: Designing Comprehensive Social Services Program Evaluation. In S. Esbjorn-Hargens (Ed.), *Enacting an Integral Future.* SUNY Press.

By Heather Larkin

Restorative Integral Support (RIS)

ACE-informed programs may prevent costly health and social problems. Policymakers have an opportunity to promote the design and evaluation of programs responding to ACEs sooner. Restorative Integral Support (RIS) develops ACE-informed programs to mobilize resilience and recovery.

RIS is a flexible, whole person approach for populations with background ACE characteristics who are experiencing multiple problems. RIS empowers participating agencies to identify how their own programs and interventions address ACEs or ACE consequences while strengthening social networks within and across agencies for a coherent, comprehensive ACE response.

RISing agency leaders engage staff in identifying values and principles that pervade the culture and inform programming. Leaders set an example to staff who provide relationship-building and role modeling for those served. Agency policies and procedures are adjusted to facilitate healthy cultures.

RIS unites services within diverse HEARTS (Healthy Environments And Relationships That Support) and involves practical steps:

- Raise awareness of client/population ACE Score characteristics
- Integrate knowledge of trauma, resilience & recovery
- Prevent vicarious trauma and promote positive role modeling & relationship building by supporting staff self-care
- Engage staff in identifying best practices & articulating values and principles of ACE-informed programs
- Strengthen social networks within and across agencies
- Advocate for policies and funding streams to support comprehensive, whole person ACE Response
- Develop team-based research partnerships to determine impact

RIS inspires agencies toward their own uniquely expressed next evolution. Comprehensive ACE Response is expected to have a more powerful impact.

Larkin, H. & Park, G. (2012). Adverse childhood experiences (ACE), service use, and service helpfulness among people experiencing homelessness. *Families in Society, 93*(2), 85-93.

Larkin, H.; Beckos, B.; Shields, J. (2012). Mobilizing resilience and recovery in response to adverse childhood experiences (ACE): A Restorative Integral Support (RIS) case study. *Journal of Prevention & Intervention in the Community, 40*(4).