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Increasing ACE Screenings in Wayne County

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Amber Anderson

Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

Please do not modify the content section, nor remove the hyperlinks.

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: Adverse Childhood Experiences, ACE's, poor mental health, Wayne County Michigan, primary care physician screening, depression, anxiety, suicide, suicide ideation

Increasing ACE Screenings in Wayne County

Goal Statement: The aim of this social change portfolio is to decrease Adverse Childhood Experiences (ACEs) in Wayne County by highlighting the need for increased physician training, screenings, and resources.

Significant Findings: The population of Wayne County, MI experiences a higher instance of poor mental health days per month than the national average (County Health Rankings, 2023). In fact, those citizens report having 14 or more poor mental health days per month which is significant considering that is more than half of each month. ACE screening can detect stressors earlier in life, allowing attention, resources, and education to be funneled to that area of concern before it magnifies (CDC, 2023). ACE screening in Michigan is only provided by social workers and mental health counselors, and unfortunately, many citizens fall through the cracks of being able to see a counselor. This issue can be fixed by training primary care physicians to administer ACE screenings to their patients, thus increasing their reach.

Objectives/Strategies/Interventions/Next Steps:

The objective of this portfolio is to shed light on the poor mental health status of the Wayne County Community and provide a method of improving mental health through spreading ACE screening prevention. ACE screening prevention can be increased through training and educating primary care physicians on how to perform screenings and then providing them with the

resources and referral information needed to be able to guide patients on the next steps they can take. Referrals can consist of many different routes depending on the results of the screening and what the patient chooses to discuss with their provider. For example, if a child has witnessed domestic violence at home, a referral for group therapy focusing on emotional healing, understanding emotional intelligence and surviving domestic violence might be appropriate. If an adult is screened and it is discovered that they've experienced repeated sexual abuse as a child, especially if other symptoms are present such as anxiety or depression, they might be referred to speak with a trauma therapist, who can help the individual heal from childhood wounds and perhaps alleviate the symptoms they're experiencing. Widening the scope of ACE screenings even further, we can look toward the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS), evidence-based program, which provides mental health screenings and therapy sessions within a school setting (Promising Practice Network, 2014). This program provides mental health screenings and therapy sessions within a school setting (Promising Practice Network, 2014). This model could be adopted here in Wayne County and would serve students who are silently struggling.

INTRODUCTION

Increasing ACE Screening in Wayne County

The issue of frequent mental stress is one that greatly affects my local community. Wayne County reports that 18% of its citizens experience 14 or more poor mental health days per month (County Health Rankings, 2023). This percentage is 4% higher than the national average and 1% higher than the state of Michigan as a whole. There are direct correlations between frequent mental stress and an overall reduced quality of life and health outcomes in the community (County Health Rankings, 2023). Many contributing

factors can cause mental stress, which must be addressed proactively to prevent and minimize long-term effects. Screening for Adverse Childhood Experiences (ACEs) can preventatively provide support and resources to children and adults before mental health conditions escalate. More than 64% of adults have reported that they've experienced at least one ACE before age 18 (CDC, 2023). ACEs can have lasting effects into adulthood, negatively impacting physical and mental health and overall quality of life (CDC, 2023). Counselors and other mental health professionals usually provide ACE screenings during intake among the adolescent population; however, for many people, counseling is not always an accessible option. This portfolio will discuss the benefits of training physicians and primary care doctors to administer ACE screenings here in Wayne County to help get resources and prevention to those who need it.

PART 1: SCOPE AND CONSEQUENCES

Increasing ACE Screening in Wayne County

The target problem that this portfolio will address pertains to the high rate of frequent mental stress that the Wayne County community experiences and how this problem is potentially causing other issues within the community. Residents of Wayne County report that for nearly half of each month or more, they are experiencing frequent mental stress (County Health Rankings, 2023). This report directly correlates with the overall quality of life, which can affect many different areas of life for citizens. 18% of Wayne County residents report this frequent mental distress, compared to 14% in the US. The consequence of frequent mental stress and low quality of life is multifaceted. There is a direct correlation between low quality of life and depression, low self-worth, and loss of will to live (Robinson et al., 2016). A startling example is

a recent news story of a woman in Wayne County who jumped to her death on the 20th floor of an apartment complex yesterday (Stitt et al., 2023). Another consequence of this problem is a financial one. Treatment for poor mental health requires a lot of resources and money. In keeping with the current example, 48 members of the local police department spent 12 hours trying to negotiate with the victim before she lost her life (Stitt et al., 2023). ACE-related treatment, on average, costs the US billions of dollars annually (CDC, 2023). Physical health also takes a toll when stress goes untreated. The more ACEs a person has experienced, the higher the correlation to developing a physical disease (Lovis-Schmidt et al., 2022).

ACE screening can detect stressors early and implement prevention methods to decrease or eliminate more severe outcomes. The aim of this social change portfolio is to decrease Adverse Childhood Experiences (ACEs) in Wayne County by highlighting the need for increased physician training, screenings, and resources.

PART 2: SOCIAL-ECOLOGICAL MODEL

Increasing ACE Screening in Wayne County

Viewing the lifespan through Bronfenbrenners's Bioecological Model, we recognize the reciprocal relationship between a person and their environment (Broderick & Blewitt, 2020). Not only do changes within a child's environment affect and change the child over time but changes within the child affect their environment as well (Broderick & Blewitt, 2020).

Due to children's dependency on their caregivers, many of the risk factors for Adverse Childhood Experiences do not happen without the influence of the microsystem.

Bronfenbrenner's microsystem consists of the child's immediate environment such as parents, siblings teachers, and peers (Guy-Evans, 2023). Adult parents who are coping with their own adverse experiences through drug abuse, domestic violence, and suicidality can directly inflict ACEs onto the next generation (Lopez et al., 2021). Individual risk factors for ACEs can begin on the genetic level before that child is even born. Children whose mothers experienced 3 or more stressful events while they were pregnant with them, experience higher levels of internal and external problems during early development (Broderick & Blewitt, 2020). ACE prevention truly begins with the mother of the child. Once the child is born, insecure attachment can happen as a result of maternal depression and trauma (Lopez et al., 2021). Parental traumatic experiences can affect the quality of parenting that a child receives. Although this ties in more with the mesosystem, it's important to note that regular instances of conflict between parents, neglect, abuse, and unaffectionate attachment from the mother, greatly increase a child's likelihood of developing mental and physical health disorders later on (Lopez et al., 2021). Preventative factors at this stage have a large focus on the mother and the quality of the home environment. Providing resources to make sure that the child's parents have the emotional support that they need during pregnancy and in the child's early life would greatly improve the child's own experiences. Bronfenbrenner mesosystem ties in closely with the microsystem because it examines the relationship between each of these systems and how they interact (Broderick & Blewitt, 2020).

The next level of Bronfenbrenner's model is the exosystem, which does not directly interact with the child but still influences the child's outcome (Broderick & Blewitt, 2020). The neighborhood that a child grows up in can have a significant impact on the outcome of a child. Children who grow up in areas with higher rates of violence, crime and excess noise may end up

with lasting trauma and increased stress (Lopez et al., 2021). Risk factors for children who grow up in areas more prone to deprivation may experience harsh conditions at school as well, such as bullying or fighting. Some may experience extreme temperatures within classrooms without a working heating or cooling system which can also interfere with learning. Protective factors for the exosystem consist of support for teachers parents and community as a whole. During a pilot project focusing on reducing violence and victimization in schools, researchers created a Student and Family Office that was designed off of the Bronfenbrenner model (Gouveia et al., 2019). The intervention of student behavior took place in the classroom but engaged all students as well as involved the educational community and parents (Gouveia et al., 2019). Over a 2 year period, this project implemented group interventions, personal and social skills training with students and teachers, group counseling focusing on peer mediation, and awareness practices that involved students, teachers, and parents (Gouveia et al., 2019). This type of universal, inclusive approach is needed to combat risk factors at the exosystem level. Additional funding for school systems and initiatives to help lower violence and crime are other protective factors that could positively impact a child. Children who can grow and learn in a safe and consistent environment have better emotional, social, and behavioral outcomes (Lopez, 2021).

The risk factors involved in the macrosystem tie in with community risk factors at the exosystem level. Children experiencing the trauma of poverty and the stressors that come with it tie directly into structural racism that's been enforced by government policies (Lopez et al., 2021). Racial discrimination and stereotyping can trigger stress responses and affect cognition and academic performance (Lopez et al., 2021). Protective factors at the macrosystem level consist of policy change, advocacy for marginalized groups, and education to break down stereotypes within our community and nation as a whole.

PART 3: THEORIES OF PREVENTION

Increasing ACE Screening in Wayne County

Adverse Childhood Experiences are developed as a result of numerous factors on the individual and environmental level. Due to that complexity, Social Cognitive Theory (SCT) would be the most applicable prevention theory. SCT examines the reciprocal interactions between individuals and their environment and the psychosocial factors of health behavior (National Cancer Institute, 2005). Using a theory that considers and examines the interaction between a person and the environment is important for understanding the aim of my social change portfolio. That is, using ACE screening to decrease Adverse Childhood Experiences (ACEs) in Wayne County by highlighting the need for increased physician training, screenings, and resources.

The first concept of SCT is reciprocal determinism. This concept examines interactions between behavior, personal factors, and environment, which influence each other (National Cancer Institute, 2005). The more ACEs a child has experienced, the higher the likelihood of those traumas resulting from personal, environmental, and societal factors. SCT states that changes to the environment and/or a person's attitude can improve reciprocal determinism (National Cancer Institute, 2005). The next concept in SCT is that of behavioral capability. Behavioral capability recognizes that in order for a person to perform a behavior, a person must know what to do and how to do it (National Cancer Society, 2005). This is achieved by promoting learning through skills training. An example of this for ACE screening would be a referral for a workshop on emotional intelligence or anger management for a child who has

experienced violence at the hands of one or both of their parents. This workshop could teach skills on navigating difficult emotions and allow the child to recognize there are more ways to handle things than what they've seen in their household. Expectations are the results that a person would expect from taking action (National Cancer Institute, 2005). Modeling positive behavior is a great way to improve expectations for those who are recovering from trauma. One example would be a referral to a mentoring program for youth. Self-efficacy, the next concept, is a person has confidence in their ability to overcome difficulty (National Cancer Institute, 2005). Building self-efficacy could also occur within a mentorship program or through referral to a counseling program. The next concept of observational learning or modeling states that people learn through others' experiences rather than their own experiences (National Cancer Institute, 2005). This could be achieved through mentorship or through referral to community programs that provide stories or examples of others who have achieved the healing that they desire. Lastly, reinforcements are responses to behavior that increase or decrease the likelihood of recurring behavior (National Cancer Institute, 2005). Since reinforcements can be internal or external, this can be modeled in several ways.

An evidence-based program that would work well with this initiative is the school-based trauma program that was implemented at the Los Angeles Unified School District by the University of California Los Angeles (Promising Practice Network, 2014). This initiative is important because, for many children who experience trauma, their school is one of the only resources for mental health care that they have access to. This program, the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) provides mental health screenings and therapy sessions within a school setting (Promising Practice Network, 2014). These sessions are specifically aimed at reducing a child's traumatic symptoms and increasing their skills to handle

future stress (Promising Practice Network, 2014). This program could work as a united front with physicians screening for ACEs to provide solid and consistent care and resources to those who need it.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Increasing ACE Screening in Wayne County

A particular subgroup within Wayne County that may be more susceptible to developing mental health challenges is the LBGTQ community. Of the 311,000 LBGTQ members living in Michigan, 61,000 are youth (Mallory et al., 2019). A higher prevalence of mental health issues has been well documented among those who identify as lesbian, gay or bisexual, as opposed to those who identify as straight (SAMHSA, 2023). In fact, LBGTQ individuals report feelings of depression 1.5 times more than the general population (Kaniuka et al., 2018). While members of this community also have stressors that overlap with their straight counterparts, members of the LBGTQ community face additional, unique stressors (Gnan et al., 2019). LBGTQ persons experience chronic stress related to their identities, stigmatization, prejudice, and discrimination, and isolation (Gnan et al., 2019). Essentially LBGTQ members experience an intersectionality of stress that consists of those shared by the general population of the portfolio and additional stressors specific to their LBGTQ orientation. Additionally, research has shown that LBGTQ youth who label themselves within that community at a younger age are at a much higher risk for abuse than those who come out at an older age (Gnan et al., 2019).

When discussing prevention, its important to recognize that members of this sexual minority actually seek out mental health services more often than those of the sexual majority

but do not receive the inclusive and culturally sensitive treatment they need (Gnan et al., 2019). They reported lower satisfaction levels and stated that their mental health needs were unmet (Gnan et al., 2019). This data shows that a need is present, and those in need are willing to seek support. Because ACE screenings are primarily targeted toward the younger population, the additional consideration of LGBTQ status could go a long way during an assessment. The lives and needs of LGBTQ youth aged 16-25 were investigated during a study conducted through the Youth Chances project. In addition to general assessment questions such as mental health status, self-harm, suicide risk, social support, and lifetime abuse, they also assessed LGBTQ-related factors such as coming out, LGBTQ friends, and support networks, along with any victimization they've experienced (Gnan et al., 2019). This additional assessment mechanism could provide extra support for LGBTQ youth here in Wayne County, Michigan, and work preventatively to lower the number of poor mental health days they experience.

According to Joiner's Interpersonal Theory of Suicide, unmet interpersonal needs, lack of belonging, and unfulfilled need for reciprocal relationships contribute to a risk for suicide (Kaniuka et al., 2018). A group of LGBTQ individuals were assessed during a study on the effect that LGBTQ community connectedness has on anxiety and depression within that community (Kaniuka et al., 2018). In addition to being assessed for perceived stigma, depressive symptoms, anxiety symptoms, and suicide-related behaviors, participants were also asked about the connectedness they felt within their community (Kaniuka et al., 2019). This study showed a negative correlation between suicidal behavior and connection to their community (Kaniuka et al., 2018). Based on this study, a beneficial mechanism to offer preventative support would be to help establish connections within the LGBTQ community either through establishing and funding community-based programs or through an LGBTQ mentorship program.

One of the most alarming pieces of information pertaining to this subgroup was that members of the LGBTQ community seek out mental health care at a higher rate than their straight counterparts but are left feeling severely underserved. The ACA Code of Ethics section A.4a Avoiding Harm states that as professional counselors, we are not to cause any harm to our clients while trying to remedy or minimize any unavoidable harm (American Counseling Association, 2014). Following that, section A.4.b Personal values states that we should always avoid imposing our personal values or beliefs onto clients while respecting the diversity of each person (American Counseling Association, 2014). Counselors appear to be underserving the LGBTQ community in large numbers when they come seeking guidance. Unfortunately, this can be extremely harmful for clients seeking help and not receiving what they need. They may be less inclined to seek help in the future and become more discouraged, further exacerbating their mental unwellness. Regardless of a professional counselor's personal beliefs on the validity of LGBTQ persons, they should always uphold the Code of Ethics and not allow their personal values to interfere.

PART 5: ADVOCACY

Increasing ACE Screening in Wayne County

Perhaps the most important aspect of creating social change is advocacy. Advocating for increasing ACE screening in Wayne County could come with its own barriers. At an institutional level, the Multicultural and Social Justice Counseling Competencies (MSJCC) recommends that we first speak with our clients to determine which social institutions are offering support (Social Justice Counseling Competencies, 2015). Since most of those receiving ACE screenings will be

minors, they may be unable to articulate which institutions have helped or harmed them fully. Communication and client knowledge might be a barrier for this step. Additionally, on the institutional level, the MSJCC states that we should connect clients with supportive individuals within the institutions who are able to create change and fix inequities affecting clients (Social Justice Counseling Competencies, 2015). A barrier for this step would be our own limitations as a counselor. Having professional connections within the counseling field is important in situations like this. It would be much easier to reach out to someone within a certain institution and receive their help if a professional working relationship is already formed. As an advocacy action, we as professional counselors or our supervisors have an obligation to be as well connected as possible to serve our clients effectively.

On a community level, the MSJCC recommends conducting qualitative and quantitative research on how community norms influence clients (Social Justice Counseling Competencies, 2015). While this research could certainly be beneficial, a barrier to conducting research would be maintaining the confidentiality of the research being gathered and the confidentiality of the client-counselor relationship. One of the first steps to conducting research on community norms is to get involved with the community by talking to community members and better understanding the norms and values in place. However, getting involved in the same community that a client lives in could threaten the confidentiality of that relationship. Additionally, the MSJCC recommends discussing and exploring with clients how community norms and values and regulations help or hinder their growth (Social Justice Counseling Competencies, 2015). A barrier to this discussion might be the lack of a therapeutic relationship. Often times communities are tight-knit about things that they uniquely face, and a client may feel uncomfortable discussing details about community norms and values. Understanding their community better is a great way to build rapport with a client. Making even a small reference to

something specific within their own community might be helpful in building trust between the counselor and the client.

On the public policy level, the MSJCC recommends discussing public policies with our clients that they feel have helped or harmed them (Social Justice Counseling Competencies, 2015). A barrier to this discussion might be lack of knowledge. Many younger people are not as familiar with public policy and don't understand how it affects them. By researching how public policy affects clients, we can better understand what needs to change or be improved (Social Justice Counseling Competencies, 2015). This is the second suggestion of the MSJCC, and a barrier to conducting this research might consist of getting in touch with policymakers in office. Often times when we have questions and concerns for our policy makers, it can be difficult to get clear and concise answers from them. This might interfere with the research process. One advocacy action for this barrier is community organizing. Gathering a team of like-minded individuals who are also passionate about researching public policy and understanding how its affecting their community would be a great way to get more voices heard and more people contacting the offices of those policymakers.

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