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*The unified voice for Maine's community behavioral health providers*

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**Testimony in Support of LD 1360**

**"An Act Requiring Training Regarding and Screening for Adverse Childhood Experiences"**

**Sponsored by Representative Gramlich**

April 21, 2023

Good morning Senator Baldacci, Representative Meyer, and esteemed members of the Health and Human Services Committees. My name is Malory Shaughnessy and I am the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community based mental health and substance use treatment providers, providing services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in support of LD 1360, "An Act Requiring Training Regarding and Screening for Adverse Childhood Experiences." This bill requires a health care provider to receive training on adverse childhood experiences and resources in the State for survivors of domestic violence and sexual assault as part of the provider's requirements for licensure and screen all patients 18 years of age or older for adverse childhood experiences at annual physical exams and at the time behavioral or reproductive health services are provided. There is a myriad of reasons why this is an important proposal. I will share just a couple with you today. But, should you want to read more, I have included links to resources in my testimony.

Studies have shown that exposure to childhood trauma is a dose-dependent risk factor for a wide range of learning, behavioral, and health problems in childhood and adulthood. Patients with a history of ACEs are more likely to engage in unhealthy behaviors such as overeating, physical inactivity, and smoking. These patients have been shown to disproportionately experience alcoholism, substance abuse, and depression. Individuals with a history of childhood trauma are also more likely to have sleep disturbances, obesity, diabetes, ischemic heart disease, chronic obstructive airway disease, and cancer as an adult. As a result, these patients are also at increased risk of early mortality.<sup>1</sup>

However, a recent study<sup>2</sup> revealed that physicians' familiarity with and clinical use of the ACE questionnaire was low and that most physicians surveyed reported no personal history of childhood trauma. Of physicians reporting a history of childhood trauma, women were disproportionately affected. Physicians in this study reported a lower prevalence of ACEs than the population they serve.

<sup>1,2</sup> Adverse Childhood Experiences (ACEs) and Community Physicians: What We've Learned. Brian R Stork, MD, FACS, Nicholas John Akselberg, Yongmei Qin, MD, MS, and David C Miller, MD, MPH

According to the Substance Abuse and Mental Health Services (SAMHSA) guide, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, "with appropriate supports and intervention, people can overcome traumatic experiences." That is why physicians – in addition to behavioral health professionals need to understand trauma and address it as an essential part of health service delivery. SAMSHA further states that "Our response to trauma is most effective when multiple agencies and organizations provide coordinated, trauma-specific assessment and treatment."

In conclusion, screening for ACEs is an important tool to help improve health outcomes for Mainers. I urge committee members to vote ought-to-pass on this important proposal. I'd be happy to answer any questions you have for me. Thank you.

For more information on health and Adverse Childhood Experiences:

1. Felitti VJ, Anda RF, Nordenberg D, et al. ***Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults.*** The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998 May;14(4):245–58.
2. Richards M, Wadsworth ME. ***Long term effects of early adversity on cognitive function.*** Arch Dis Child. 2004 Oct;89(10):922–7.
3. Burke NJ, Hellman JL, Scott BG, Weems CF, Carrion VG. ***The impact of adverse childhood experiences on an urban pediatric population.*** Child Abuse Negl. 2011 Jun;35(6):408–13
4. Kerker BD, Zhang J, Nadeem E, et al. ***Adverse childhood experiences and mental health, chronic medical conditions, and development in young children.*** Acad Pediatr. 2015 Sep-Oct;15(5):510–7.
5. Wade R, Jr, Cronholm PF, Fein JA, et al. ***Household and community-level Adverse Childhood Experiences and adult health outcomes in a diverse urban population.*** Child Abuse Negl. 2016 Feb;52:135–45.
6. Hughes K, Bellis MA, Hardcastle KA, et al. ***The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis.*** Lancet Public Health. 2017 Aug;2(8):e356–66.
7. Felitti VJ. ***The origins of addiction: Evidence from the Adverse Childhood Experiences Study.*** [German] Pract Child Psychol Child Psychiatry. 2003 Oct;52(8):547–59.