



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: Maine Relay 711

Lori K. Gramlich

154 Temple Ave.
Old Orchard Beach, ME 04064
Phone: (207) 232-1067
lori.gramlich@legislature.maine.gov

April 21, 2023

Testimony of Rep. Lori K. Gramlich presenting

LD 1360, An Act Requiring Training Regarding and Screening for Adverse Childhood Experiences

Before the Joint Standing Committee on Health and Human Services

Good morning, Senator Baldacci, Representative Meyer and my distinguished colleagues on the Committee of Health and Human Services. My name is Lori Gramlich, and I represent House District 131, the lovely seaside community of Old Orchard Beach, and I am here today to present **LD 1360, An Act Requiring Training Regarding and Screening for Adverse Childhood Experiences.**

I have sent you all an amended iteration of this proposed legislation, which strikes and replaces the bill, creating a resolve directing the Department of Health and Human Services to establish a pilot project for adverse childhood experiences and resiliency factors at a health care center with embedded social work or mental health support. Please note that this amendment was the result of collaborative work with providers and advocates, including Maine Coalition Against Sexual Assault (MECASA) and the Behavioral Health Community Collaborative.

This testimony will be in reference to the amendment, which replaces the initial language of this bill but does not alter the intent.

Adverse childhood experiences, commonly and otherwise known as ACEs, can have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.

ACEs research shows the correlation between early adversity and poor outcomes later in life. Toxic stress explains how ACEs can trigger biological reactions that lead to those outcomes. In the early 2000s, the National Scientific Council on the Developing Child¹ coined the term “toxic

¹ <https://developingchild.harvard.edu/science/national-scientific-council-on-the-developing-child/>

stress”² to describe extensive, scientific knowledge about the effects of excessive activation of stress response systems on a child’s developing brain, as well as the immune system, metabolic regulatory systems, and cardiovascular system. Experiencing ACEs triggers all of these interacting stress response systems. When a child experiences multiple ACEs over time — especially without supportive relationships with adults to provide buffering protection — the experiences will trigger an excessive and long-lasting stress response, which can have a wear-and-tear effect on the body, like revving a car engine for days or weeks at a time.

The more ACEs a child experiences, the more likely they are to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.

An ACEs score is determined through a 10-point yes or no questionnaire, which I have attached for your reference. Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.
- Reduce risky behaviors like smoking and heavy drinking.
- Improve education and employment potential.
- Stop ACEs from being passed from one generation to the next.

Having this type of data has significant implications on health care outcomes for adults. It can change how people think about the causes of ACEs and who could help prevent them. It shifts the focus from individual responsibility to community solutions. It can reduce stigma around seeking help with parenting challenges or for substance misuse, depression, or suicidal thoughts, and can help to promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Conversely, ascertaining one’s resilience helps in determining how one might navigate a higher ACEs score. I have also included samples of a couple of resilience questionnaires for your reference and information.

This resolve directs the Department of Health and Human Services to establish a funded pilot project for adverse childhood experiences at a health care center with embedded social work or mental health support that would provide staff in-depth training about adverse childhood experiences, resiliency factors, the medical impacts of adverse childhood experiences and ways to advise patients to address those impacts.

Patients would self-screen using the ACEs and the resilience questionnaire as part of their intake paperwork with trained staff available to ask patients in this pilot about adverse childhood experiences scores and advise patients based on their responses. Through these patient surveys,

² <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

data on adverse childhood experiences scores will be tracked so that any increased services necessary to meet the health care needs of patients can be implemented.

The resolve further directs the department to report its findings about the pilot project to the Legislature by January 1, 2024. However, given the importance of this project, I would respectfully suggest that this committee examines this time frame so that we can ensure success of this initiative.

I appreciate your attention, consideration and indulgence in this resolve. Thank you, and I would be happy to try to answer any questions for you.

Proposed Committee Amendment from Rep. Gramlich

Proposed Amendment to LD 1360, An Act Requiring Training Regarding and Screening for Adverse Childhood Experiences

Amend the bill by striking the title and inserting in its place the following:

‘Resolve, to Establish a Pilot Project for Training and Use of Screening for Adverse Childhood Experiences’

Further amend the bill by striking out everything after the enacting clause and inserting the following:

Sec. 1. Department of Health and Human Services to establish a pilot project for training and using screening for adverse childhood experiences. Resolved: That the Department of Health and Human Services shall establish a funded pilot project for adverse childhood experiences at a healthcare center with embedded social work or mental health support that would: (1) provide staff in-depth training about adverse childhood experiences, resiliency factors, the medical impacts of adverse childhood experiences and ways to advise patients to address those impacts; (2) have patients self-screen using the adverse childhood experiences and the resilience questionnaire as part of intake paperwork; (3) train staff to ask about adverse childhood experiences scores and advise patients based on responses; and (4) through patient surveys, track data on adverse childhood experiences scores and any increased services as a result of this pilot and patients’ responses to their experiences; and be it further

Sec. 2. Reporting date. Resolved: That the Department of Human Services shall report its findings about the pilot project to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2024. The findings shall include, but are not limited to, the experiences of providers and patients with the program, the rates of any increased services to patients, and any physical or behavioral health outcomes of the program. Upon receiving the report, the committee may report out legislation to the First Session of the 132nd Legislature.

Sec. 3. Appropriations and allocations.

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Office of Children and Family Services**

Initiative: Provides one-time funding for the Department of Health and Human Services to establish and fund a pilot project for training and using screenings for adverse childhood experiences and resiliency factors at a healthcare center with embedded social work or mental health support.

GENERAL FUND	2023-2024	2024-2025
Positions – Legislative Count		
Personnel Services	\$	\$
All Other	\$	\$
GENERAL FUND TOTAL		

SUMMARY

This amendment strikes and replaces the bill and creates a resolve directing the Department of Health and Human Services to establish a pilot project for adverse childhood experiences and resiliency factors at a healthcare center with embedded social work or mental health support that would: provide staff in-depth training about adverse childhood experiences, the medical impacts of adverse childhood experiences and ways to advise patients to address those impacts; have patients self-screen using the adverse childhood experiences and resilience questionnaire as part of intake paperwork; train staff to ask about adverse childhood experiences scores and advise patients based on responses; and through patient surveys, track data on adverse childhood experiences scores and any increased services as a result of this pilot and patients' responses to their experiences. The department is directed to report its findings about the pilot project to the joint standing committee having jurisdiction over health and human services matters by January 1, 2024, and upon receiving the report, the committee may report out legislation. The amendment also includes an appropriations and allocations section to provide one-time funding for the pilot project.

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family **didn't** look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True?") _____

Of these circled, how many are still true for me? _____

This questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in February 2013. Two psychologists in the group, Mark Rains and Kate McClinn, came up with the 14 statements with editing suggestions by the other members of the group. The scoring system was modeled after the ACE Study questions. The content of the questions was based on a number of research studies from the literature over the past 40 years including that of Emmy Werner and others. **Its purpose is limited to parenting education.** It was not developed for research.

How resilient are you?

This is an abbreviated version of the Nicholson McBride Resilience Questionnaire (NMRQ). For each question, score yourself between 1 and 5, where 1 = strongly disagree and 5 = strongly agree. Be honest: understanding the specific areas in which you lack resilience will enable you to get the most out of our 10 point booster plan.

Resilience Questionnaire	Score
1. In a difficult spot, I turn at once to what can be done to put things right.	
2. I influence where I can, rather than worrying about what I can't influence.	
3. I don't take criticism personally.	
4. I generally manage to keep things in perspective.	
5. I am calm in a crisis.	
6. I'm good at finding solutions to problems.	
7. I wouldn't describe myself as an anxious person.	
8. I don't tend to avoid conflict.	
9. I try to control events rather than being a victim of circumstances.	
10. I trust my intuition.	
11. I manage my stress levels well.	
12. I feel confident and secure in my position.	
TOTAL	

Your score

0 – 37	38 - 43	44- 48	49 -60
<p>A developing level or resilience. Your score indicates that, although you may not always feel at the mercy of events, you would in fact benefit significantly from developing aspects of your behaviour.</p>	<p>An established level of resilience. Your score indicates that you may occasionally have tough days when you can't quite make things go your way, but you rarely feel ready to give up.</p>	<p>A strong level of resilience. Your above-average score indicates that you are pretty good at rolling with the punches and you have an impressive track record of turning setbacks into opportunities.</p>	<p>An exceptional level of resilience. Your score indicates that you are very resilient most of the time and rarely fail to bounce back – whatever life throws at you. You believe in making your own luck.</p>

How to boost your resilience

The following 10 steps will help you become more resilient.

- 1. Visualise success**
- 2. Boost your self – esteem**
- 3. Enhance your efficacy, take control**
- 4. Become more optimistic**
- 5. Manage stress**
- 6. Improve decision – making**
- 7. Ask for help**
- 8. Deal with conflict**
- 9. Learn**
- 10. Be yourself**

1. Visualise success

Resilient people create their own vision of success. This helps them achieve their goals by providing a clear sense of where they're headed. Your vision needs to be rounded and vibrant and based on what is currently possible; resilient people don't waste time on impossible dreams or hankering after things they'll never have. They recognise the fine line between stretching goals and unrealistic goals.

2. Boost your self-esteem

Some people are naturally blessed with high self-esteem. Others – perhaps most of us – need to work on self-esteem, which involves understanding where it comes from and what makes you feel good about yourself. The checklist below may help.

- Identify what you're good at. What can you feel positive about?
 - Remind yourself of these things regularly.
 - Recognise what other people appreciate about you.
 - Allow others to praise you, and resist the temptation to brush compliments aside.
 - When something goes wrong try to avoid beating yourself up unnecessarily; others will undoubtedly do it first!
 - Don't compare yourself with other people.
 - When things go well for others feel genuinely pleased for them.
 - Enjoy it when something goes better than you thought it would.
 - Praise yourself.
-

3. Take control

Resilient people believe they can make a difference and be successful. Others suffer from unhelpful beliefs, or 'drag anchors'. Here are 6 of the most common:

I am the victim of my personal history – Your past must have an impact, but is no excuse for not improving yourself now.

There's so much to do it's not even worth trying – Life is complex, and you now have to do more with less. As a result, you may come to believe there are simply so many imperatives that you can't see where to start. Psychologists call this 'agglomeration' – feeling overwhelmed by the volume and complexity of the issues. Break the problem down, establish priorities and take first things first.

You only get one shot – Occasionally this may be the case, but not often – especially in circumstances where even the experts can't predict the right way to go. It then becomes a question of trial and error, always being alert to the worst-case scenario and unintended consequences.

There's a right answer to everything – Analysts dream that by scrutinising data hard enough, the 'correct' answer will emerge. This rarely happens in real life. The danger is that analysis becomes a substitute for, rather than a prelude to, action.

I'm on my own – It's easy to believe that you are the only one suffering and that you have to weather the storm alone. The old adage 'a problem shared is a problem halved' works well in these circumstances; talking things through is a source of strength, not a sign of weakness.

This isn't fair – Doctors claim that perpetrators of crimes heal more quickly than their victims. More generally, if you believe you have in some way contributed to a problem, you may feel more motivated to resolve it. If you are not to blame you tend to dwell on the unfairness of the situation rather than on what can be done.

Slip these drag anchors by **reframing**. Recognise when your thinking is negative and immediately turn it around so that it becomes positive.

4. Become more optimistic

Optimism is one of the most important characteristics of resilient people; it is vitally important to look on the bright side, have confidence in your own abilities, and salvage what you can from problematic situations. Even those who lean towards the glass-half-empty mindset can learn.

5. Manage stress

Psychologists see stress as an energising force – up to a point, beyond which it becomes debilitating. Highly resilient people have a higher tipping point and, when things threaten to get them down, they know how to deal with it. Sources of stress are unique to you: to boost your resilience, you need to identify what your stressors are and how to counteract them. There are also personality traits that make some individuals more stress-prone. Look at the list below. If you tend towards any of these, discipline yourself to reduce or eliminate them:

Displaying hostility Hiding feelings Being unable to listen properly
Being over-perfectionist Having difficulty relaxing Being generally critical

Stress management falls into 2 categories – distraction and resolution. Distraction techniques include exercise, breathing deeply, walking or extracting yourself from the situation. Resolution is focused on solving the problem.

6. Improve decision-making

Resilience requires you to make rather than avoid decisions. Resilient people trust their own judgement, but aren't afraid to challenge their minds. They know that decisions are rarely irreversible and that procrastination is the enemy of resilience. Understanding your preferred decision-making approach is a critical step towards building resilience. Tips for shifting your style are given below.

Becoming more intuitive – Build experience – understand your decision-making shortcuts – trust your gut – establish the worst-case scenario – take a risk – learn

Becoming more rational – Stand back/don't rush to judgement – gather data – talk to the relevant parties – establish criteria – use a rational process – 'sense check' the answer

7. Ask for help

You don't have to do this alone; resilient people know when to reach out to others – and who is best to turn to. Do you have this strength of network? If not, map it out. Draw a circle on a sheet of paper – this is you. Draw your network, with others depicted as circles too: the more important they are to you, the larger the circle; the stronger the relationship, the closer they are to you. Draw lines linking you to others and others to one another, dotted lines for indirect relationships. Consider what you want from them and what you can offer and add this to the map. What actions do you need to take to get and give support?

8. Deal with conflict

Conflict occurs when our views differ from those of another person – so we have to deal with conflict every day. The ability to handle it constructively is an important part of resilience – ensuring that the style of resolution is appropriate, given the nature of the conflict and the other party. The 'Conflict Resolution' panel below gives examples and suggested tactics.

Nature of problem	Possible approach
Although I'm annoyed, it's a trivial matter	This is one to let drop – get over it.
My solution is better than the other person's but their approach could work.	It's not worth fighting over. Win credit for your flexibility.
This is important, something that requires a well-thought-through solution. I have strong views but so does the other person.	Honest, constructive talking and listening. Collaborate to find a solution acceptable to both parties.
I'm convinced I'm right and the other person is wrong.	Use your powers of influence and persuasion. Sell the benefits of your idea or say it's the way it has to be – but in a way that preserves your relationship.

9. Learn

Thinking regularly about what lessons can be drawn from your experience strengthens your 'learning muscle' and helps you build resilience. Figure out how you learn best and take the most from the experiences life throws at you.

10. Be yourself

You may be determined to enhance your resilience but you won't succeed if your plan for doing this offends your core identity and values. The most resilient leaders are as self-aware as they are self-confident!