

ASPIRE Project Supplement

ACEs and Suicide Prevention in a Remote Environment

UNC Injury Prevention Research Center

September 2020

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— ACEs & SUICIDE PREVENTION —

ASPIRE

— IN A REMOTE ENVIRONMENT —

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I. Table of Definitions

| | |
|-------------------------------------|--|
| Adverse Childhood Experience | Potentially traumatic events that occur in childhood (0-17) years, and other aspects of the child’s environment that can undermine their sense of safety, stability, and bonding |
| Bullying | A form of youth violence, unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated |
| Child maltreatment | Experiencing violence, abuse or neglect in the home |
| Intimate partner violence | Physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse |
| Media violence | Violence that is depicted in online and offline media such as video games or music |
| Parental separation | Parents were ever separated or divorced |
| Prevention strategy | Strategies meant to achieve and sustain substantial reductions in a specific risk factor or outcome |
| Protective factor | Circumstances that make it less likely for people to experience violence |
| Risk factor | Circumstances that make it more likely for people to experience violence |
| Sexual violence | Attempted or completed forced alcohol/drug facilitated penetration, being made to penetrate someone else, verbal pressure that results in unwanted penetration, unwanted sexual contact, and non-contact unwanted sexual experiences |
| Social isolation | Lack of social connections |
| Suicide | Death caused by injuring oneself with the intent to die |
| Teen dating violence | Physical, or non-physical violence between teenagers in a relationship |
| Youth violence | When young people between the ages of 10 and 24 years intentionally use physical force or power to threaten or harm others |

II. The ASPIRE Project

Background of the ASPIRE Project

The ACEs and Suicide Prevention in a Remote Environment (ASPIRE) project is the result of a Centers for Disease Control and Prevention (CDC) COVID-19 response funding opportunity to examine how ACEs and suicide prevention can be adapted to meet evolving community needs during the current pandemic and future disasters (e.g., hurricane). This award was provided to 23 Core State Violence and Injury Prevention Program (Core SVIPP) states. As one of the Core SVIPP funded state agencies, the North Carolina Department of Health and Human Services Injury and Violence Prevention Branch (IVPB) received this award. The IVPB then contracted the UNC Injury Prevention Research Center to develop a project that would explore best practices and evidence-informed strategies for providing prevention and response remotely. Through two national webinars and a six-month Collaborative Learning Institute, the project will develop tools and resources demonstrating best practices.

ASPIRE Webinar Series

The ASPIRE project includes a two-part webinar series that will demonstrate how to leverage a systems thinking approach to begin or advance prevention and response initiatives related to population health issues, such as ACEs and suicide. The *first webinar* provides an introduction to two systems thinking tools uniquely suited to aid public health practitioners who need to disentangle complex problems, and/or collaborate with current or new stakeholders while in a changing environment (please see Section VI for more information) and transitioning to remote work. The *second webinar* will tie together several of the points from the first webinar through reporting on real-world implementation of the systems thinking tools and will describe key takeaways for those interested in leveraging the tools in the future.

Remote Collaborative Learning Institute

The aims of the Collaborative Learning Institute (CLI) are to:

- (1) describe systems thinking principles and approaches to multisector teams
- (2) demonstrate to teams how they can apply systems tools to ACEs and suicide prevention
- (3) build skills and competency needed for teams to apply systems thinking tools
- (4) develop a shared agenda and plan to sustain systems-informed work beyond the CLI

In between the webinar series, the ASPIRE team will host a six-month CLI. The CLI will consist of monthly remote sessions of targeted technical assistance for 5-6 multisector teams who are interested in practically applying systems thinking to their ACEs and suicide prevention work.

During the CLI, the teams will develop a deeper understanding of the systems thinking tools introduced during the first webinar, and will have the chance to apply them to current projects that could benefit from better or new stakeholder engagement or disentangling complex problems. Participants will also have access to systems thinking subject matter experts and several resources to enable them to facilitate this work amongst their teams and within their organizations.

About the Team

| | | | | |
|---|---|---|--|---|
|  |  |  |  |  |
| Belinda-Rose Young Project Director | Siarra Scott Project Manager | Ingrid Bou-Saada Project Consultant | Becky Naumann Project Consultant | Kristen Hassmiller-Lich Project Consultant |
|  |  |  |  |  |
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Project Timeline



III. ACEs and Suicide

Adverse Childhood Experiences (ACEs) are defined as traumatic events that occur in childhood (CDC, 2019). ACEs can appear in many forms, ranging from witnessing or experiencing violence or abuse, to being exposed to environmental instability. A particular form of violence that is also considered an ACE is suicide. *Suicide* is a form of self-directed violence in which a person commits injurious behavior with the intent to die as a result of the behavior (Stone et al., 2017). Both suicide and ACEs are highly prevalent public health issues that require targeted interventions (CDC, 2019; Stone, et al., 2017). While early ACEs and suicide response is important, exposure to these experiences can have detrimental long-term effects on health and quality of life.

During the present pandemic and other periods of disasters (e.g., hurricanes, terrorism), several risk factors related to ACEs and suicide can be exacerbated (Action Alliance, 2020). In these times, the mechanisms in which public health practitioners may normally observe and monitor ACEs may be disrupted. With closures of schools and the implementation of social distancing, there is a pressing need for targeted and innovative approaches to ACEs and suicide prevention and response through shared risk and protective factors (SRPFs).

IV. Shared Risk and Protective Factors

Risk and protective factors are conditions or circumstances that influence the likelihood of the occurrence of violence. Specifically, risk factors are classified as things that contribute to a higher likelihood that someone will experience a particular form of violence (e.g., economic instability), while protective factors are circumstances that contribute to a decreased likelihood (e.g., caring adult).

Violence is a complex problem, and the root factor(s) may be shared with other forms of violence. *Shared risk and protective factors* (SRPFs) are conditions or circumstances that increase or decrease risk for multiple forms of violence. These shared factors can occur at different levels of the socio-ecological model: individual, relationship, community, and society. These levels are different in scope. Individual-level aspects could relate to educational achievement, behavior control, or substance use. Factors on the relationship level relate to conflict among friends/family, while the community level describes neighborhood conditions. The societal level is much broader and explains how societal norms and policies might impact violence perpetration. Factors on each level of the socio-ecological model can influence factors on other levels.

CDC Technical Packages

Technical packages are resource guides that contain information regarding prevention strategies based on evidence from a variety of sources. The CDC has put together several technical packages on a variety of injury and violence prevention topics that can be accessed through their website.

The CDC's available technical packages cover numerous topic areas such as Adverse Childhood Experiences (ACEs), intimate partner violence, suicide, youth violence, sexual violence, and child abuse and neglect. The CDC also provides information and resources related to SRPF across multiple forms of violence. The *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence* package specifically mentions overlap in shared risk and protective factors among ACEs.

Developing a Crosswalk of ACEs and Suicide Risk and Protective Factors

There were three main steps to developing a crosswalk to illustrate the overlap in risk and protective factors between ACEs and suicide.

Utilizing five CDC technical packages (adverse childhood experiences, suicide, youth violence, sexual violence, and child abuse and neglect), a comprehensive list of ACEs was developed. Since the goal of the team was to gather a list of ACEs-related SRPF across multiple socio-ecological levels, the *Connecting the Dots* package (Wilkins et al., 2014) was leveraged. Specifically, the final list of ACEs selected were those that overlapped with the *Connecting the Dots* package. The crosswalk includes the following ACEs: child maltreatment, teen dating violence, intimate partner

violence, sexual violence, youth violence, bullying, and suicide. The *Connecting the Dots* package provides in-depth explanations on various forms of ACEs. Suicide does not have a significant focus in the *Connecting the Dots* package; however, it is explained fully in the Suicide Prevention section of the CDC website, which provides information that was used as a basis for drawing connections between ACEs and suicide for this crosswalk (Stone, 2017).

A list of shared risk and protective factors for the aforementioned ACEs was systematically organized into an initial table. Subsequently, a second review of the five CDC technical packages was done to gather additional risk and protective factors. Given that the technical packages were created after the *Connecting the Dots* package, it was imperative to capture the most up to date information.

The Crosswalk can be found in Appendix A.

V. Systems Thinking Tools

Systems Thinking

A *system* is a collection of interconnected components that interact with each other to form an interdependent whole. A system's components influence and are influenced by each other to produce a set of outcomes (Hassmiller Lich, 2019).

Systems thinking is an approach to understanding how components function together to create a system, and how to modify various components of a system to address a problem or make change. All problems are affected by a system of interconnected elements, such as people, norms, laws, resources, barriers, infrastructure, and influential factors, and systems thinking aims to expand how you see the greater system affecting your problem (Hassmiller Lich, 2019). Rather than focusing on events or data when addressing a problem, systems thinking zooms out to identify patterns and understand the structures and components that shape those patterns (Goodman, 2018). Systems thinking can be particularly useful when collaborating across multiple sectors to address a problem (Eluru & Naumann, 2018; Hassmiller Lich, 2019).

When we address a problem, we are rarely creating something new, but rather changing something about the system so it produces more desirable outcomes. When we think about our actions in this way—as changing something within a system—we come up with more impactful solutions. We find new partners. We plan better for contingencies in a changing world (Hassmiller Lich, 2019).

We can utilize a variety of tools to understand a system and begin to drive changes that have a positive impact on the system. This supplement introduces two tools that can be useful for ACEs and suicide prevention practitioners who want to begin incorporating systems thinking in their work: *The Five Rs Framework* and *Conversation Mapping*.

The Five Rs Framework

The Five Rs Framework is a tool to help illuminate the key elements of a broad system, and create a common understanding about the system influencing a problem. The Five Rs can help you define meaningful measures, ensure you are engaging all relevant stakeholders, and design changes that are mindful of available resources and assets, rules (such as constraints and norms), and key relationships (United States Agency for International Development, 2016).

The Five Rs Framework allows us to think about what successful *results* look like, it helps us define who has a *role*, or who are the stakeholders, what are the *relationships* between them, what *resources* are available to push the work forward, and what *rules* govern the issue.

Taken together, the Framework helps us to visualize:

RESULTS that matter & outcomes to measure progress
Stakeholders or actors with a **ROLE** in the system
RESOURCES available within the system

RULES that shape how things are/could be done?
Critical RELATIONSHIPS in the system (Hassmiller Lich, 2019)

Please see the *Five Rs Framework* handout on the following page for examples.

The Five Rs Framework

The Five Rs

Connection to Adverse Childhood Experiences



Results are the outcomes we use to measure progress.

A reduction in the number of children who experience neglect

An increase in the proportion of households with access to affordable childcare.



Roles are the functions that actors (individuals, organizations, and other entities) play in a system. Roles are how actors affect a result. An actor can take on multiple roles in a system, and multiple actors can also take on the same role.

A state health department providing family-centered mental health services and community outreach.

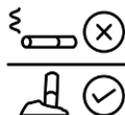
A school adopting trauma-informed practices and training for faculty and staff, so that they can recognize when a child's emotions and behaviors may be a reaction to traumatic stress.



Relationships are the critical interactions that occur between those playing a role in a system. They may involve connecting resources with stakeholders, or include effects of characteristics of the environment/ action on outcomes that matter.

Stable, supportive relationships between children and parents is a protective factor for adverse childhood experiences.

Coordinated care relationships between social service providers characterized by collaboration and ongoing communication.



Rules are the regulations, policies, incentives, norms, and expectations that shape the ways that a system operates. Rules can shape roles, impact availability and access to resources, and affect relationships. Rules can be formal or informal.

Divorce is stigmatized and abuse in marital relationships is considered a normal part of life in a community.

Mandated reporters are legally required to report suspected cases of child abuse or neglect.

A school's policy requires that a student receives a suspension after being absent from school for a certain number of days.



Resources are the inputs that are translated into results. Resources can be financial, skills, educational opportunities, knowledge, time, or human resources.

State-funded childcare and after-school programs offered at sliding scale costs, licensed staff, and early childhood educational curricula.

Programs that intervene on risk factors for adverse childhood experiences, such as family-centered treatment for substance use.

Liveable wages and stable employment opportunities in a community.

Applying the Five Rs Framework to Systems Practice

Guiding questions can be helpful in applying the Five Rs to systems practice. Use these questions with your group and/or individual stakeholders to better understand the “system” surrounding your work and to highlight opportunities for system strengthening.

| | |
|---------------|---|
| Results | <ul style="list-style-type: none">• What are the most meaningful indicators of success?• What are the target results of the current system?• How are results evaluated or measured?• What positive results should the new system produce?• How will results be evaluated or measured? |
| Roles | <ul style="list-style-type: none">• Who are the people or groups of people that affect or are affected by these results?• What roles are actors currently performing? Are any performing multiple roles?• Are there any roles that seem to be missing?• What roles will actors need to perform in an updated system? |
| Relationships | <ul style="list-style-type: none">• What are the important relationships between roles in the system?• How strong are the current relationships?• Are there relationships that are missing, weak, or unnecessary?• What types of relationships would need to exist between roles in an updated system?• How can these relationships be constructed to be mutually beneficial? |
| Rules | <ul style="list-style-type: none">• What rules affect the way the system functions? What rules affect results?• What are the relevant formal and informal rules?• What rules are needed for the system to function effectively and produce results?• How effectively and equitably are rules enforced? |
| Resources | <ul style="list-style-type: none">• What resources are being used in the current system?• Are there resources needed that are missing, insufficient, or can be more effectively distributed?• What resources are available that can help improve results? |

Conversation Mapping

“*Conversation Map for Priority & Resource Alignment*” is a tool to help stakeholders across sectors, who share a common interest in addressing SRPFs, identify where their objectives, needs, and assets may align to create mutually beneficial opportunities. By illuminating potential win-win opportunities, this tool can help organizers establish ongoing relationships with different types of stakeholders. Conversation mapping can also help stakeholders work through many challenges that arise when adopting a SRPF approach, such as identifying buy-in for stakeholders across multiple sectors, or understanding the priorities and perspectives of other stakeholders.

Conversation maps are created through several high-level steps that can be completed over multiple sessions. An online program such as Google Jamboard can make this conversation and map construction easier to document when multiple stakeholders are working remotely. If possible, recording your sessions will allow you to capture greater detail and review anything that was not captured on the Jamboard. Key steps include:

1. Identify a core group of SRPFs that stakeholders want to prioritize. Write these on **blue** sticky notes or type in **blue** boxes.
2. Identify a stakeholder who could create change for at least one of your SRPFs. Ask them to identify 3 mission critical outcomes that they are working towards. These would be what the stakeholder is trying to accomplish at its core. Write these on **yellow** sticky notes or type in **yellow** boxes.
 - a. As an example, McDonald’s mission critical outcome may be to provide consistent food quality fast and affordably.
3. Ask your stakeholder what are the 3-4 biggest pain points or challenges they are facing right now in accomplishing their objectives. Write these on **orange** sticky notes or type in **orange** boxes.
 - a. As an example, McDonald’s pain points may be how to keep their workforce healthy during COVID-19 in order to keep the drive thru and supply chain running.
4. Ask your stakeholder to talk through connections between SRPFs (**blue**) and the objectives (**yellow**) and pain points (**orange**). Ask them to highlight the most important stories that connect their SRPFs to their objectives and pain points.
5. Ask your stakeholder what they can influence in these pathways, what they might already be doing to address these SRPFs, and if there is anything that they think their organization or entity can do to help address these SRPFs.

Please see the *Conversation Map* handout on the following page for an example map and additional details.

CONVERSATION MAP

for
priority &
resource
alignment

Establish the stakeholders at the table



K-12 Schools



Mental health service organization



K-12 community education achievement alliance

Identify a core group of SRPFs that the stakeholders want to prioritize

Social support & community connectedness

Strong mental health & substance use services

Economic opportunity & housing stability

Identify organizational needs, priorities, and resources



K-12 Schools



K-12 community education achievement alliance

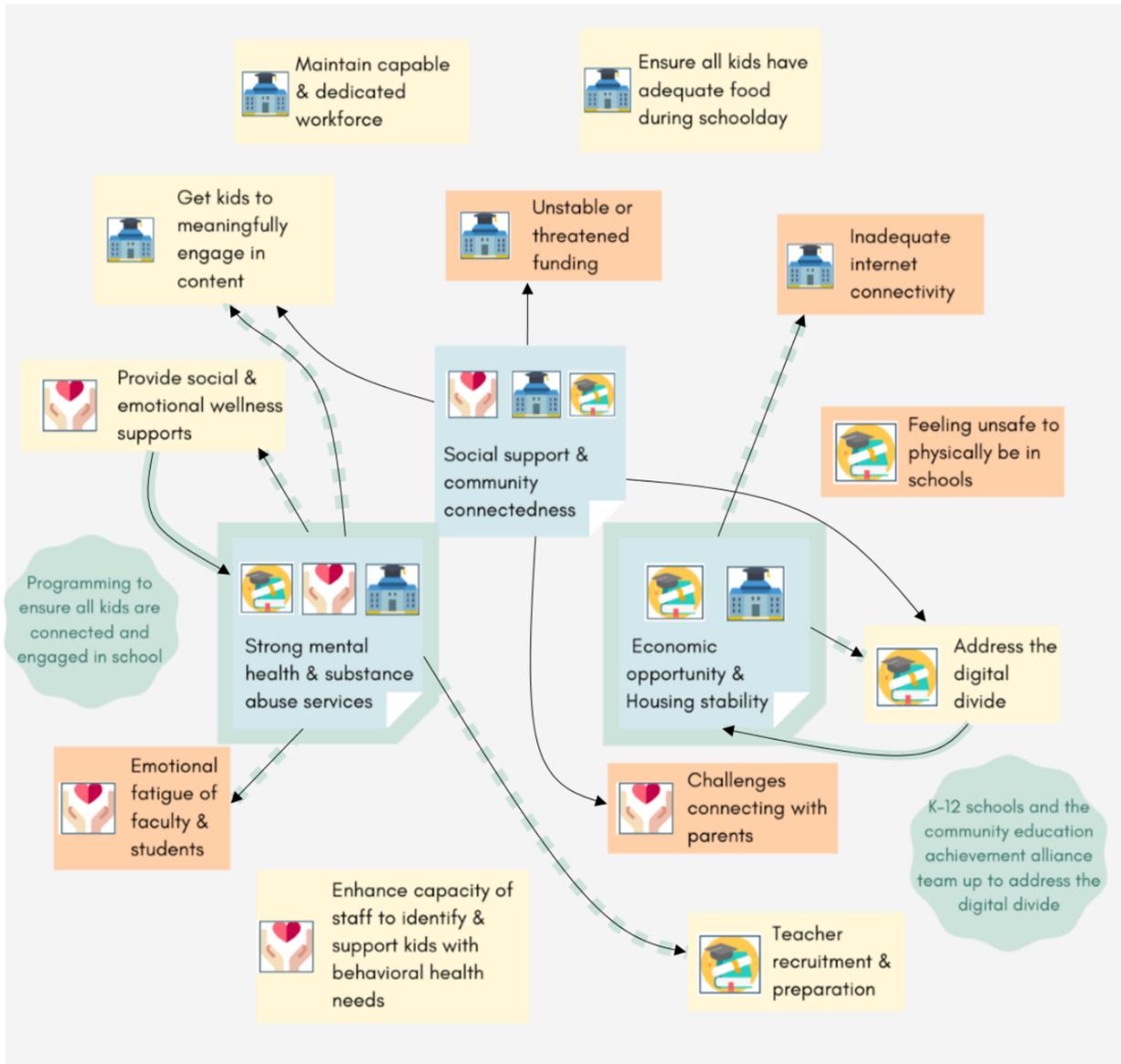


Mental health service organization

| | K-12 Schools | K-12 community education achievement alliance | Mental health service organization |
|---------------------------------------|--|--|---|
| Mission Critical Objectives | <ul style="list-style-type: none"> -Get kids to meaningfully engage in content -Maintain capable & dedicated workforce | <ul style="list-style-type: none"> -Teacher recruitment & preparation -Address the digital divide | <ul style="list-style-type: none"> -Enhance capacity of staff to identify & support kids with behavioral health needs |
| Needs & Pain Points | <ul style="list-style-type: none"> -Inadequate internet connectivity -Unstable or threatened funding -Feeling unsafe in schools | <ul style="list-style-type: none"> -Feeling unsafe in schools | <ul style="list-style-type: none"> -Challenges connecting with parents -Emotional fatigue of faculty & students |
| Prioritized Risk & Protective Factors | <ol style="list-style-type: none"> 1. Economic opportunity & Housing instability 2. Social support & community connectedness | <ol style="list-style-type: none"> 1. Economic opportunity & Housing stability 2. Social support & community connectedness | <ol style="list-style-type: none"> 1. Mental health services 2. Social support & community connectedness |
| Action Ideas | <p>K-12 schools and the community education achievement alliance team up to address the digital divide</p> | | <p>Programming to ensure all kids are connected and engaged in school</p> |

Aligning to reach a common goal:

Map linkages between objectives, pain points, and action ideas. Note where connections or shared goals between stakeholders may exist.



VI. Next Steps

The content provided in this supplemental packet was intended to provide you with a more in-depth overview of the concepts discussed during the *Leveraging a Systems Thinking Approach for ACEs and Suicide Prevention in a Remote Environment* webinar. After reviewing the materials within this document, you should have developed a better understanding of SRPFs as they relate to ACEs and suicide, the concept of systems thinking, and you should now be familiar with two practical systems thinking tools that you can leverage while attempting to tackle complex problems in your prevention and response work.

There are several factors to take into consideration when transitioning prevention and response work to take place in a virtual format, and particularly when adapting a traditionally in-person approach such as systems thinking to be done remotely. Fortunately, there are several already existing resources that can be referenced to help support someone interested in making the necessary adaptations to their work for successful learning and collaboration in a remote environment, such as the *Adult Learning Principles Guide* from the Injury-Free NC Academy (see appendix C). Throughout the course of this project, the ASPIRE team will be exploring these considerations for remote learning and collaboration as we engage with practitioners throughout the webinar series and the CLI. Based on what is observed and the feedback received during these events, the team will continue to seek and/or develop resources meant to support practitioners as they adapt their work to account for the considerations of working in a remote environment and resources will be continuously added to the website for public access.

If you are interested in gaining a deeper understanding of these systems thinking tools and developing skill sets that will enable you to apply this new knowledge to projects and initiatives in need of an innovative approach, consider applying to participate in our CLI. The applications for the CLI open on Monday, September 28th and close on Thursday, October 15th at 11:59 PM EST. More information and the application can be accessed [here](#).

You can find additional resources, updates on the ASPIRE project activities, and announcements about upcoming events on our website – remotepublichealth.org

VII. References

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VIII. Appendices

Appendix A: Crosswalk of Shared Risk and Protective Factors Among ACEs and Suicide

| | Child Maltreatment | Teen Dating Violence | Intimate Partner Violence | Sexual Violence | Youth Violence | Bullying | Suicide |
|---|--------------------|----------------------|---------------------------|-----------------|----------------|----------|---------|
| Risk Factors | | | | | | | |
| Individual | | | | | | | |
| Low educational achievement | X | X | X | | X | X | X |
| Lack of nonviolent social problem-solving skills | X | X | X | X | X | X | X |
| Poor behavioral control/ impulsiveness | X | X | X | X | X | | X |
| History of violent victimization | X | X | X | X | X | X | X |
| Witnessing violence | X | X | X | X | X | X | X |
| Psychological / mental health problems | X | X | X | | X | | X |
| Substance use | X | X | X | X | X | X | X |
| History of depression or mental illness/ hopelessness | | | | | | | X |
| Previous suicide attempts | | | | | | | X |
| Genetic/biological determinants | | | | | | | X |
| | | | | | | | |
| Relationship | | | | | | | |
| Social isolation/ lack of social support | X | X | X | | X | X | X |
| Poor parent-child relationships | X | X | X | X | X | X | X |
| Family conflict | X | X | X | X | X | X | |
| Economic stress | X | | X | | X | | X |
| Associating with delinquent peers | | X | X | X | X | X | |
| Gang involvement | | X | X | X | X | | |
| High conflict or violent relationships | | | | | | | X |
| Financial and work stress | | | | | | | X |
| | | | | | | | |
| Community | | | | | | | |
| Neighborhood poverty | X | | X | X | X | | X |
| High alcohol outlet density | X | | X | | X | | X |
| Community violence | X | | | X | X | X | |

| | | | | | | | |
|--|---|---|---|---|---|---|---|
| Diminished economic opportunities/ high unemployment rates | X | | X | X | X | | X |
| Poor neighborhood support and cohesion | X | X | X | | X | | X |
| Barriers to health care | | | | | | | X |
| Society | | | | | | | |
| Cultural norms that support aggression toward others | X | X | X | X | X | | |
| Media violence | | | | X | X | X | X |
| Societal income inequality | X | | X | | X | X | |
| Weak health, educational, economic, and social policies/laws | X | | X | X | | | X |
| Harmful norms around masculinity and femininity | X | X | X | X | X | X | |
| Exposure to toxic stress from trauma due to systemic racism or multigenerational poverty | X | X | X | X | X | X | |
| Availability of lethal means of suicide | | | | | | | X |
| Stigma associated with help-seeking and mental illness | | | | | | | X |

| | Child Maltreatment | Teen Dating Violence | Intimate Partner Violence | Sexual Violence | Youth Violence | Bullying | Suicide |
|---|--------------------|----------------------|---------------------------|-----------------|----------------|----------|---------|
| Protective Factors | | | | | | | |
| Individual | | | | | | | |
| Skills in solving problems non-violently | X | X | | | X | | X |
| Moral objection to suicide | | | | | | | X |
| Relationship | | | | | | | |
| Family support/connected-ness | X | X | | | X | X | X |
| Connection to a caring adult | | X | | | X | | X |
| Association with prosocial peers | | X | | | X | X | |
| Connection/commitment to school | | X | | X | X | X | X |
| Community | | | | | | | |
| Coordination of resources and services among community agencies | X | | X | | | | X |
| Access to mental health and substance abuse services | X | | | | | | X |

| | | | | | | | |
|--|----|----|----|----|----|----|----|
| Community support/ connectedness | X | | X | X | X | | X |
| High quality childcare, primary care, and afterschool programs | X | X | X | X | X | X | |
| Reduced access to lethal means | | | | | | | X |
| | | | | | | | |
| Society | NA |

* Note green text indicates factors that are not shared between suicide and ACEs.

Appendix B: Additional Shared Risk and Protective Factor Resources

1. Connecting the Dots

This technical package from the CDC has a comprehensive overview of the links that exist between Shared Risk and Protective Factors and different forms of violence (Child Maltreatment, Teen Dating, Intimate Partner, Sexual, Youth, Bullying, and Suicide).

https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

2. Safe States Alliance

Non-profit and professional association that strives to ensure the prevention of injury and violence. Their website includes discussions of ACEs, Suicide, COVID-related resources, mental health and substance use resources. More information can be found in the SRPF connections lab section of the website.

<https://www.safestates.org/page/ConnectionsLabDefiningSRPFApproach>

3. Veto Violence

An online training module created by the CDC that focuses on violence prevention, and provides tools and training for community prevention efforts. In the context of this project, Veto Violence provides an informative visual module that lays out the connections between SRPFs and different forms of violence, much like the Connecting the Dots package.

<https://vetoviolence.cdc.gov/apps/main/home>

Appendix C: Incorporating Adult Learning Principles into Injury-Free NC (IFNC) Academy: Guidance for Trainers/ Presenters/Facilitators¹

I. Purpose of this document: Having a comprehensive understanding of adult learning principles (ALPs) is important to designing training sessions that result in participant engagement and facilitate learning. This document provides brief guidance and tips for IFNC Academy trainers/presenters/facilitators to ensure training content and instructional design methods incorporate ALPs. It includes information about the different ways adults learn and principles to consider when designing your training content/ presentation/ learning activity for the Academy.

II. How Adults Learn: There are three primary learning styles. Although many adults have one dominant learning style, many learn through a combination of the three learning styles. It is different for everyone, and how one learns often depends on many factors, including the topic/content. For this reason, trainers/ presenters/ facilitators are encouraged to consider all three learning styles when designing their training content/activity.

We retain approximately **10 percent of what we see; 30-40 percent of what we see and hear; and 90 percent of what we see, hear, and do.**

| Visual Learners | Auditory Learners | Kinesthetic Learners |
|---|--|---|
| <p>Visual learners tend to learn by looking, seeing, viewing, and watching. Visual learners:</p> <ul style="list-style-type: none"> • need to see a trainer’s facial expressions and body language to fully understand the content being presented • tend to sit at the front of the room to avoid visual distractions • tend to think in pictures and learn best from visual displays • tend to take detailed notes to absorb information during a lecture or discussion • tend to have difficulty following verbal instructions | <p>Auditory learners tend to learn by listening, hearing, and speaking. Auditory learners:</p> <ul style="list-style-type: none"> • learn best through lectures, discussions, and brainstorming • interpret underlying meaning of speech by listening to voice tone, pitch, and speed and other speech nuances • don’t absorb written information until they hear it • benefit from reading text out loud and listening to recordings • tend to have difficulty following written instructions | <p>Kinesthetic learners tend to learn by experiencing, moving, and doing. Kinesthetic learners:</p> <ul style="list-style-type: none"> • learn best through a hands-on approach and actively exploring the physical world around them • tend to have difficulty sitting still for long periods of time tend to easily become distracted by their need for activity and exploration |

III. Training Methods that Incorporate all Three Learning Styles: When possible, trainers/ presenters/facilitators should design their training sessions to appeal to all three learning styles and provide both verbal and written instructions.

Below are some training methods that often appeal to visual, auditory, and kinesthetic learners:

For example, a trainer could start with presenting key information about a topic using PowerPoint slides, incorporating large group discussion and brainstorming throughout the presentation of key information (call and answer), followed by an activity that uses case studies, role plays, practice sessions (for knowledge/skill-building) and other activities that involve participants “doing” something to apply the information that was

| Visual | Auditory | Kinesthetic |
|-----------------------|------------------------|-------------------------|
| Videos | Lectures | Role plays |
| Slides | Group discussions | Simulations |
| Flip charts | Informal conversations | Practice demonstrations |
| Readings/case studies | Stories and examples | Writing/note-taking |
| Demonstrations | Brainstorms | Activities/exercises |

IV. Adult Learning Principles. Consider the following adult learning principles as you plan your training:

- 1. Adults are autonomous and self-directed.** Adults like to direct their own learning. As much as possible, the trainer/facilitator should actively involve adult participants in the learning process, guiding participants to their own knowledge rather than supplying them with all of the facts. Engage participants in discussions, presentations, and group-based tasks.
- 2. Adults bring knowledge and experience to each learning activity.** Adults have accumulated a wealth of life experiences and knowledge. This may include family memories, work-related experiences, and previous education. Linking new material to learners’ existing knowledge and experience creates a powerful and relevant learning experience. Acknowledging participants’ wealth of experience/knowledge and recognizing the value of these experiences/knowledge throughout the training is important. Avoid speaking from a position of authority and having all the answers.
- 3. Adults need learning to be relevant and practical.** Every day, the human brain takes in hundreds of thousands of sensory inputs. As the brain processes these inputs, it begins to sort out information it deems relevant and important. Relevancy increases the likelihood that information will be retained.
- 4. Adults need to see a reason for learning something and the learning must be applicable to their work or other responsibilities in order for it to be valuable for them.**

5. **Adults are goal-oriented.** Adults primarily participate in learning programs to achieve a particular goal. Therefore, they appreciate an educational program that is organized and has clearly defined learning objectives. These need to be communicated to participants at the beginning of each training module/activity.
6. **Adults are problem-oriented and want to apply what they've learned.** Adult learners want to be able to apply their learning to their work immediately. Using examples to help them see the connection between what they are learning in the Academy and practical application; utilizing problem-solving activities as part of the learning experience; and giving them the opportunity to create action plans will help participants understand how they can apply what they are learning in their work.
7. **Adults have different learning styles.** As mentioned previously, a learning style refers to how a person learns, categorizes, and processes new content. Each person may have multiple preferred learning styles. When designing and delivering training sessions, use mixed training methods that appeal to different learning styles and to keep participants engaged.

ⁱInformation synthesized from:

1. National Highway Institute. [*Principles of Adult Learning & Instructional Systems Design*](#). No date.
2. Solution Design Group. [*Training: Principles of Adult Learning*](#). No date.
3. Pedialink: The AAP Online Learning Center. [*Principles of Adult Learning: A Brief Overview*](#). No date.

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