December
Mental Health Awareness Days

December 1
World AIDS Day
Show your support in the fight against AIDS and those who are impacted by the disease on this day by wearing a red ribbon, or donating to the National AIDS trust.

December 3
International Day of Persons with Disabilities
Disability inclusion is an essential part of upholding human rights. Show your support for individuals with disabilities on this day by educating yourself on disability inclusion and the prevalence of disabilities worldwide.

December 10
Human Rights Day
The Universal Declaration of Human rights "proclaims the inalienable rights which everyone is entitled to as a human being - regardless of race, colour, religion, sex, language, political or other opinion, national or social origin, property, birth or other status,". Show your support for human rights on this day by addressing inequalities and encouraging participation in organizations that promote human rights.
Adverse Childhood Experiences (ACEs)

ACEs are potentially traumatic events that occur in childhood (0 - 17 years of age) including, but not limited to, violence, abuse or neglect, and growing up in a household that experienced issues associated with mental health, substance abuse or instability. Experiencing one or more ACE can negatively impact one’s health, access to life opportunities, and increases risk of a range of chronic diseases, sexually transmitted infections and involvement in risky behaviors. ACEs can also cause toxic stress that leads to changes in brain development - affecting attention, decision making, and learning.

10 Categories of ACEs

- Physical Abuse
- Sexual Abuse
- Verbal Abuse
- Physical Neglect
- Emotional Neglect
- Family member depressed or diagnosed with mental illness
- Family member addicted to alcohol or other illegal substances
- Family member in prison
- Witnessing physical abuse in the home
- Loss of a parent due to separation, divorce or death
Adverse Childhood Experiences (ACEs)

Why is learning about ACEs important?

61% of adults surveyed in 25 states reported having experienced at least one ACE - 1 in 6 of which had experienced two of more ACEs

ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood

ACEs can negatively impact education, job opportunities, and earning potential

The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.

Strategies to Prevent ACEs

- Strengthen economic supports of families
- Promote social norms that protect against violence and adversity
- Ensure a strong start for children
- Teach social-emotional and parenting skills
- Connect youth to caring adults and activities
- Intervene with children who have experienced trauma to lessen immediate and long-term harm by enhancing primary care and providing treatment for the harms of ACEs

VISIT HTTPS://WWW.CDC.GOV/VIOLENCEPREVENTION/ACES/INDEX.HTML FOR MORE INFORMATION ON RISK AND PROTECTIVE FACTORS AND PREVENTION STRATEGIES
Evidence-Based Intervention: The Trauma Healing Club

In July of 2021, a group of professors from the University of Memphis School of Social Work published their Evidence-Based Intervention - The Trauma Healing Club- in the Journal of Child & Adolescent Trauma. The intervention utilized evidence-based trauma intervention, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) with slight adaptations to include culturally responsive programming in the form of African Drumming, mindfulness, meditation, guided relaxation, and 2 weeks of extended programming. Additional adaptations to the intervention included a Pyramid Mentoring process, which engaged former graduates of the Trauma Healing Club with current members as a method of providing social support.

The goal of the intervention was to address the needs of African refugee children and their families who had experienced adverse experiences - specifically Adverse Childhood Experiences (ACEs)- by increasing student's ability to function by utilizing coping skills, and building supportive networks. Refugees living in the United States experience a wide variety of adverse experiences while seeking asylum such as facing racism and discrimination, marginalization of cultural practices, social inequities, and health disparities. Most often, refugees are relocated to areas of the U.S. that are considered to be representative of the refugee group, often leading to these individuals being placed in some of the poorest metropolitan areas where they are likely to experience additional adverse experiences and social inequities.

Potential participants of the study were identified based on behavioral needs reported by a community partner. Participants were selected based on their score on The Child PTSD Symptoms Scale (CPSS). Out of 100 possible participants, 88 were selected to participate in the 12-week Intervention. During the intervention, parents participated in educational trainings on ACEs where they learned about how these experiences impact childhood development. Child participants were asked to complete a variety of assessment tools to measure PTSD symptomology and distress throughout the 12-week intervention, which was used to determine effectiveness of the intervention. Compensation for participation included three $50 Amazon giftcards for continued participation, snacks during intervention sessions, and a djembe drum upon graduation from the program.
At the end of the 12-week intervention, participants showed significant improvements in their CPSS scores, in addition to decreased measures of distress determined by pre and post intervention scores on the Subjective Units of Distress Scale (SUDS). At the conclusion of the program participants were also given the Child Intervention Rating Profile (CIRP) to measure their satisfaction with and perception of the intervention. Respondents reported that the intervention "was very helpful" and that "they would recommend the intervention to their peers".

Overall, results of The Trauma Healing Club research support the reported results of CBITS intervention and was successful in decreasing PTSD symptomology and developing healthy coping skills in participants. Additional components added including African Drumming, extended interventions and culturally responsive terminology and practices contributed to participant acceptance of treatment and the overall success of the intervention.

The following individuals played an instrumental role in the research and publication of this data:

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TO READ THE FULLY PUBLISHED RESEARCH ARTICLE, PLEASE VISIT HTTPS://DOI.ORG/10.1007/S40653-021-00387-5
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