Unearthing ACES:
Meeting Families Where They Are

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The New Morbidity Revisited: A Renewed Commitment to the Psychosocial Aspects of Pediatric Care AAP
Committee on Psychosocial Aspects of Child and Family Health, 2001

- School problems, LD, ADHD/ADD
- Child and Adolescent mood and anxiety disorders
- Increase in adolescent suicide and homicide
- Firearms
- School Violence
- Drug, alcohol and tobacco misuse/abuse
- HIV and AIDS
- Effects of media on violence, obesity and sexual activity

2011 BRFSS Survey Oregon
ACES added to CDC Behavioral Risk Factor Surveillance System in 2009

PREVALENCE OF INDIVIDUAL ACES IN OREGON

Harvard Center on the Developing Child

- ACES well documented connection with lower school achievement, high rates of criminal behavior and chronic disease
- Reducing burden of significant adversity on families with young children must be a critical part of our investment in the next generation
- Bear in mind, not all children exposed to stressful circumstances experience detrimental consequences.
Other Examples of ACES

- Hardships of poverty
- Parental substance abuse
- War
- Threats of recurrent violence
- Chronic neglect
- Bullying

By adolescence, youth numb the pain:

- Drinking alcohol
- Smoking tobacco
- Sexual promiscuity
- Using drugs
- Overeating/eating disorders
- Delinquent behavior

Seeking to Cope

- The risk factors/behaviors underlying these adult diseases are actually effective coping devices.
- What is viewed as a problem is actually a solution to bad experiences.
- Dismissing these coping devices as “bad habits” or “self-destructive behavior” misses their functionality.

Foundations of Resilience

1. Supportive relationships
2. Adaptive skill building
3. Positive experiences

The essence of resilience: a positive adaptive response in the face of significant adversity.

Resilience

Term is used in variety of ways and contexts, but its use in research is defined by the following features:

1. Capacity of a dynamic system to adapt successfully to disturbances that threaten its function, viability or development
2. The ability to avoid deleterious behavior and physiological changes in response to chronic stress
3. A process to harness resources to sustain well-being
4. The capacity to resume positive functioning following adversity
5. A measure of the degree of vulnerability to shock or disturbance
6. A person's ability to adapt successfully to acute stress, trauma or more chronic forms of adversity
7. The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress
In Short

Resilience transforms potentially toxic stress into tolerable stress.
Resilience is the result of multiple interactions among protective factors in the social environment AND highly responsive biological systems.

Lessons from Nelson Mandela

1. Emotional Regulation – Absence of rancor
2. Empathy – (Truth and Reconciliation Commission – healing through story telling)
3. Connection - “Courageous people do not fear forgiving, for the sake of peace.”
4. Self-Efficacy – Belief in yourself
5. Authenticity – Gaining momentum and focus from alignment with core values.

The Hope

• Opportunity for more favorable life outcomes for disadvantages children and families.
  o Reduce exposures
  o Design better ways of building coping skills and adaptive capacities

Children who do well?

• Single most common findings (decades of research in behavioral and social sciences) have at least one stable and committed relationship with a supportive parent, caregiver or other adult
  – Personal responsiveness
  – “Trauma filter”
  – Scaffold
  – Protective buffer from developmental disruption
  – Build key capacities
    o Ability to plan, monitor and regulate behavior
    o Adapt to changing circumstances
    o Enable children to respond to adversity and thrive

The Focus

• Extensive scientific evidence shows that the development of health brain architecture is influenced by consistent “serve and return” interactions between young children and their primary caregivers
• Absence of these experiences (unavailable or repeatedly disrupted) is perceived as a serious threat and the body activates stress response systems

Stress Response

• Immediately protective
• https://www.youtube.com/watch?feature=player_detailpage&v=apzXGEbZht0#t=0 Still Face Video Dr. Edward Tronick 2007
### Toxic Stress

- Excessive or prolonged activation of normal stress response causing “wear and tear” effects:
  - Developing brain
  - Cardiovascular system (coronary arteries)
  - Immune function
  - Metabolic regulatory systems

### Tolerable Stress

- Provision or restoration of responsive interactions with caring adults
  - Stress response systems to return to normal baseline function
  - Children are assisted in developing coping skills to deal with adversity

### Not All Stress Harms

Manageable stress is actually necessary: promotes positive growth and strengthening of ability to cope with life’s physical & mental obstacles and challenges:

- Skinning your knee
- Failing a test
- Not making try out for team
- Respect of curfews and house rules

### Yin and Yang

Children who do well despite adversity:

- Exhibit both intrinsic resistance to adversity (individual)
  - Strong relationships with important adults in their families and communities (environment)

### Resilience results from a dynamic interaction between internal predispositions and external experiences

**Extrinsic – Factors Predisposing to Positive Outcomes**

- Caregiving (at least one stable, caring and supportive relationship – can include neighbor, early childcare provider, teachers, coaches or social workers)
- Sense of mastery over their life circumstances
- Strong executive function and self-regulation skills
- Affirming faith or cultural traditions

**Intrinsic – Biological Factors Controlling “Sensitivity”**

- Genes sequence and expression
- Brain circuitry
- Immune function

### Misunderstood Facts

- Resilience requires relationships, not rugged individualism
  - Supportive relationships & multiple opportunities for developing effective coping strategies are critical
- Capabilities that underlie resilience can be strengthened at any age
  - Age-appropriate activities and routines that confer widespread health benefits (for brain and body) hold considerable promise: ROAR, exercise, sleep, mindfulness mediation
- Resilience can be situation specific
- Extreme adversity nearly always generates serious problems requiring treatment
  - Threat or catastrophe of historic magnitude
  - Genocide
  - Famine
  - Environmental devastation
### Promoting Foundation for Early Brain Development

- **Caregiver Capacity**
  - Time and commitment
  - Financial, psychological, emotional, social resources
  - Skills and knowledge (parent education)

- **Community Capacity**
  - Services and organizations devoted to child’s healthy development
  - Supportive structures: parks, schools, child care & after-school programs; medical, dental, mental health clinics
  - Strategies: available affordable child safety seats, bike paths, farmers markets, community organizers that can mobilize collective actions

### PCP

- Identify and support children whose needs are not being addressed adequately – “one size fits all” fails to recognize individual differences in resilience and vulnerability among children facing adversity
- Enhance “serve and return” interactions – the knowledge and skills of parents, teachers and caregivers greatly influence the responsiveness of their interactions with children

### Home Reading Environment and Brain Activation in Preschool Children Listening to Stories

In preschool children listening to stories, greater home reading exposure is positively associated with activation of brain areas supporting mental imagery and narrative comprehension, controlling for household income.

### Pay Attention to

Local CON of the AAP, New York District II, Chapter 2, 2007

“In order to prevent iron deficiency and to reduce lead absorption, all toddlers should be placed on daily suplemental iron (10 mg of elemental iron) when switched to regular cow milk, via a standard iron-fortified vitamin until age 3.”
“Universal Prevention: ACES”

Infancy & Early Childhood
Screening for family or community level factors that put children at risk for toxic stress (PNDs, parental substance abuse, food insecurity, residential instability, social isolation); anticipatory guidance

Middle Childhood & Adolescence
HEADSS, SSHADESS, CRAFF; Adolescent Depression Screening, SBIRT; screening SBIs, BMI; shared decision making

Bright Futures 1/1/2015 (email before 9/25)
Bright Future and Preventive Medicine Coding Fact Sheet

Universal Prevention: Child Maltreatment and Child Neglect

• Assess caregiver’s strengths and deficits
• Connect family with community resources – “eyes inside”
• Provide continuity of care across developmental arc
  – Assess parenting practices and expectations
  – Begin targeting anticipatory guidance based on new and possibly challenging child behaviors
  – Clarify family circumstances: is family’s ability to nurture and protect the child compromised?
  – No abuse, no report
  – Concern for parent’s ability to protect; safety of child in question; maltreatment suspected – contact FAP, CPS
• Reinforce effective parenting: building strength and sense of competence

Factor & Characteristics That Place Child at Risk of Maltreatment

<table>
<thead>
<tr>
<th>CHILD</th>
<th>PARENT</th>
<th>ENVIRONMENT/COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional/behavioral</td>
<td>Depression or other mental</td>
<td>Social isolation</td>
</tr>
<tr>
<td>difficulties</td>
<td>illness</td>
<td></td>
</tr>
<tr>
<td>Chronic illness</td>
<td>Abused as child</td>
<td>Family violence, domestic violence</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>Young age: mom &amp;/or dad</td>
<td>Single parent home</td>
</tr>
<tr>
<td>Developmental disabilities</td>
<td>Substance abuse/alcohol abuse</td>
<td>Low educational achievement</td>
</tr>
<tr>
<td>Premature birth</td>
<td>Poor impulse control</td>
<td>Unemployment</td>
</tr>
<tr>
<td>Unwanted</td>
<td>Low self esteem</td>
<td>Poverty</td>
</tr>
<tr>
<td>Unplanned</td>
<td>Poor knowledge of child</td>
<td>Non-biologically related male caretaker living in home</td>
</tr>
<tr>
<td></td>
<td>development; unrealistic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>expectations for child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Negative perception of</td>
<td>Financial crisis</td>
</tr>
<tr>
<td></td>
<td>normal child behavior</td>
<td></td>
</tr>
</tbody>
</table>

Protective Factors That Mitigate Risk

<table>
<thead>
<tr>
<th>Disposition of Child Temperament</th>
<th>Warm &amp; Secure Family Relationships</th>
<th>Availability of Extra Familial Support</th>
</tr>
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<tbody>
<tr>
<td>Above average cognitive ability</td>
<td>Presence of caring and supportive adult</td>
<td>Structured school environment</td>
</tr>
<tr>
<td>High ego control and ego resilience (modify impuls; self-regulation: insulate themselves from environmental distractions)</td>
<td>Positive family changes (i.e., family interventions, restraining orders, supervised visitations)</td>
<td>Involvement with a religious community</td>
</tr>
<tr>
<td>Internal locus of control (belief in control of own destiny)</td>
<td>Involvement in extracurricular activities</td>
<td></td>
</tr>
<tr>
<td>External attribution of blame (attribute cause to outside influence i.e., external pressure)</td>
<td>Hobbies, Sports</td>
<td></td>
</tr>
<tr>
<td>Presence of spirituality</td>
<td>Access to good health, educational and social welfare services</td>
<td></td>
</tr>
<tr>
<td>High “self esteem” or sense of self worth</td>
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Recommendations for the Pediatric Medical Home


(1) strengthen their provision of anticipatory guidance to support children’s emerging social-emotional-linguistic skills and to encourage the adoption of positive parenting techniques;
(2) actively screen for precipitants of toxic stress that are common in their particular practices;
(3) develop, help secure funding, and participate in innovative service-delivery adaptations that expand the ability of the medical home to support children at risk;
(4) identify (or advocate for the development of) local resources that address those risks for toxic stress that are prevalent in their communities.
AAP POLICY RECOMMENDATIONS:

- Prenatal or 1st visit: who is at home; MH; SA; ACE; how were parents’ disciplined; financial stress/poverty; planned pregnancy; who will care for child; Family Care Plan?
- Newborn: Infant crying; parental expectations; identify 3 family or friends who can help; social and spiritual supports?
- First months: Infant crying; normal development and expectations; PPD screening; family, social, spiritual supports; “loving” is not spoiling
- Cruiser: Consistent discipline & teaching; toilet training; normal development and age appropriate expectations

AAP POLICY RECOMMENDATIONS:

- Preschool: Teach child names for genitalia; safe touch/unsafe touch; normal sexualized behavior; Normal development and age appropriate expectations; consistent discipline = teaching; model non-violent anger and conflict resolution
- School: Consistent discipline = teaching; model non-violent anger and conflict resolution; appropriate supervision; respect privacy (your own and others); personal safety, peer pressure; internet use
- Adolescence: Consistent discipline & teaching; dating violence; model nonviolent anger management and conflict resolution (HEEDSSS)

Preverbal Children with Behavior Concerns

- Universal versus selective screening re: trauma exposure or external stressors
- Any recent trauma or loss
- Any exposure to violence in home
- Any change to environment or daily routine
- Any change in caregivers
- Any change in family/household composition – additions and subtractions (TRO, MPO, CPO)
- “Since the time when we were last together, have there been any significant changes or life events at home, school, daycare, extended family?”

Sexual Behaviors Children 2 – 6 Years Age

<table>
<thead>
<tr>
<th>Normal, Common Behavior</th>
<th>Less Common/Normal Behavior*</th>
<th>Uncommon Behaviors in Normal Children#</th>
<th>Rarely Normal$</th>
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<tbody>
<tr>
<td>Touching/physical contact genitalia in public/private</td>
<td>Rubbing body against others</td>
<td>Asking powerful adults to engage in specific sexual act</td>
<td>Any sexual behaviors that involve children who are 1 or more years apart</td>
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<td>Viewing/looking at or even rubbing genitalia</td>
<td>Trying to insert tongue in mouth while kissing</td>
<td>Having objects inserted</td>
<td>A variety of sexual behaviors displayed on a daily basis</td>
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<td>Choosing genitalia in peers</td>
<td>Touching own genitalia</td>
<td>Explicitly instructing roleplay</td>
<td>Sexual behavior that results in individual distress or physical pain</td>
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<td>Standing/setting too close</td>
<td>Causing/engaging in movements associated with sexual acts</td>
<td>Touching a sexual genital</td>
<td>Sexual behaviors associated with other physically aggressive behaviors</td>
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<td>Trying to view/patient notice</td>
<td>Sexual behaviors that are occasionally not persistent, discontinuous to observers</td>
<td>Sexual behaviors that</td>
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<td>Behaviors are transient, few, and distracting</td>
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*Assessment of situational factors (family, child, caretaker, new sibling, etc.) contributing to behavior is recommended.
#Assessment of developmental factors and family characteristics (behavior, access, support) is recommended.
$Assessment of all family and environmental factors and report to child protective services is recommended.

## Optimizing Outcomes

A stable source of adult nurturance can foster resilience to a number of common disease outcomes in adulthood

### Sexual Behaviors Children 2 – 6 Years Age

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Responding to Trauma Narratives: The Seven C’s

You didn’t CAUSE it  
You can’t CURE it  
You can’t CONTROL it  
You can help take CARE of yourself  
By COMMUNICATING your feelings,  
Making healthy CHOICES, and  
CELEBRATING being yourself

https://www.youtube.com/watch?v=OjOn5WYi91Q Connected Parents, Connected Kids
Avoiding Malpractice Claims

- Communicate clearly & document conversations
- Assess health literacy, English proficiency
- Use evidence-based pediatric protocols for telephone triage and advice (RN, LIPs)
- Never delete information in the medical record – amend record, time and date

Websites of Value – Parents and Providers

- http://www.futureswithoutviolence.org/connected-parents-connected-kids/ Futures Without Violence resources
- http://www.healthychildren.org/English/healthy-living/emotional-wellness/Bullying-Resilience/Pages/default.aspx - divorce, death, fear, stress, discipline
- https://www.healthychildren.org/English/healthy-living/emotional-wellness/Bullying-Resilience/Pages/Bullying-Resilience-Resources.aspx adolescent health, character development, safety, extreme life events
- https://www.parentbooks.ca/Child_Abuse_Resources_for_PARENTS_%26_TEACHERS.html children’s booklist

Websites of Possible Value – Providers

- http://www.reachoutandread.org/ - positive parenting ideas from University of Washington
- https://healtrafficking.wordpress.com/ - human trafficking
- http://www.proqol.org/ProQol_Test.html - professional quality of life scale; screening for provider trauma
- http://www.sbirtoregon.org/ - everything you need to address drug and alcohol screening and intervention

Simplicity

- “The desire to find a helpful strategy or intervention sometimes leads professionals to forget that the basic tool of establishing relationships is the greatest weapon against hopelessness and vulnerability in children.”
  McAlister-Groves, B, Children Who See Too Much, 2003
- We do not need to wait for published evidence to make an impact in this way.
  Dowd M D, Commentary, Pediatrics, March, 2013