Adverse Childhood Experiences (ACE) Through the Eyes of an Infant: Changing the social-emotional and developmental trajectories of our most vulnerable children

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A Little Bit About Me...
Now a Little Bit About You...

Who’s Here Today?
Workshop Objectives

Participants will learn:

- To describe an innovative, trans-disciplinary team model for addressing children’s needs, and the role of the caregiver on the team.
- How to apply the ACE survey clinically across the continuum of treatment: assessment; direct services provision; and care coordination.
- To practice evidence-informed techniques to support a positive trajectory for the child and to improve caregiver participation in a child’s treatment.
Hailey
ACE Pyramid

From http://www.cdc.gov
What to do with what we know….

- Education
- Correspondence with Dr. Felitti
- Roll out to team – dispelling myths
- Set guidelines to increase referrals for infants
- Training for Evidence Based Practices for therapists
- Definition of use / applications
Clinical Applications of the ACE

- Assessment
- Developmental treatment
- Mental health services
- Medical
- Family
- Care coordination
- Team
KidSTART

• Adapted from Ira Chasnoff’s SART model
• Serves children 0 - 5 years with complex
  • Developmental
  • Mental health
  • Medical
  • Family needs
• Uses a trans-disciplinary approach to referral process, assessment, and treatment
What does an “Eligible” child look like?

- Inconclusive assessment results
- Poor response to prior intervention
- Expulsions from early childhood education
- Multiple placements
- Chaotic family functioning
- Intensive care coordination needs
Integrated Clinical Team (ICT): KidSTART Partners

- Care coordinator
- Pediatrician
- Clinical / child psychologist
- Speech-language pathologist
- Occupational therapist
- Physical therapist
- Mental health therapist
- Behavioral therapist
- Child psychiatrist
- Peer-Family partner
- Community agencies
The Trans-Disciplinary Approach*

Multidisciplinary Teams perform tasks independently with little coordination or consultation.

Interdisciplinary Teams perform tasks independently but coordinate their efforts.

Trans-disciplinary Teams perform tasks collaboratively by sharing information and roles. Information, knowledge, and skills are transferred across disciplinary boundaries.

*Information adapted from the Nebraska “IFSP Web.”
http://ifspweb.org/team_functioning.html
Trans-Disciplinary Team Functions

- Exchange information
- Coordinate planning and intervention
- Share responsibility and accountability
- Pool resources and expertise
- Minimize duplication
- Ensure more authentic assessment
KidSTART’s Core Funders: First 5 San Diego and County of San Diego HHSA Behavioral Health Services

Worked with CWS and community stakeholders to create KidSTART with the goal to:

• Make a lifelong difference in children
• Be a catalyst to transform the system of care and clinical practice
• Focus on the gaps in the system of care
• Include families, caregivers, and early educators
• Focus on treatment
## Age of Children Served FY 2013-14

<table>
<thead>
<tr>
<th>Developmental Services (n = 390)</th>
<th>Mental Health Services (n=199)</th>
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</thead>
<tbody>
<tr>
<td>0-1 year: 11.0% (n=43)</td>
<td>0-1 year: 2% (n=4)</td>
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<tr>
<td>1-2 years: 19% (n=70)</td>
<td>1-2 years: 11% (n=21)</td>
</tr>
<tr>
<td>2-3 years: 27% (n=106)</td>
<td>2-3 years: 23% (n=45)</td>
</tr>
<tr>
<td>3-4 years: 27% (n=105)</td>
<td>3-4 years: 29% (n=58)</td>
</tr>
<tr>
<td>4-5 years: 14% (n=55)</td>
<td>4-5 years: 29% (n=57)</td>
</tr>
<tr>
<td>5+ years: 3% (n=11)</td>
<td>5+ years: 7% (n=14)</td>
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Scope of KidSTART Services: Mental Health for children 0 - 2 years

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>50%</th>
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</thead>
<tbody>
<tr>
<td>Trauma Assessment Pathway</td>
<td></td>
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<tr>
<td>Child Parent Psychotherapy</td>
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*Based on treatments provided in FY 13-14 of KidSTART
Over half of the children (n=46) had ACE scores of 3 or less.

Another 35% of children (n=29) scored between 4 – 6.

9% (n=7) had scores of 7 or above.

Mean = 3.2
ACE and Assessment

• Use with differential diagnosis (e.g. autism spectrum disorder vs. trauma response)
• Educate caregivers about potential impact of elevated ACE scores
• Normalize conversations about trauma
• Communicate with other providers (e.g. mental health)
ACE and Developmental Treatment

- Infant Massage
- Hanen
- Zones of Regulation
- Speech and Motion Group
- Behavior Services
- Occupational Therapy
- Physical Therapy
- Speech Therapy
ACE and Mental Health

• As part of parent self-report measures
• Used to initiate dialogue of caregiver and child’s life experiences
• Psychoeducation to caregiver(s) around impact on:
  • Parenting beliefs, practices, approaches
  • Parent – child relationship
  • Trauma in young children
• Collaborative exploration of “Ghosts and Angels” in the Nursery
ACE and Medical Care

• Open conversations about drinking during pregnancy
  • Dispelling myths and decreasing stigma
• Partnership with Fetal Alcohol Spectrum Disorders’ (FASD) Clinic
• Co-evaluations
  • Developmental evaluations and screenings
• Knowledge used for treatment planning and prevention
• Planning of conversation is important
FASD Screening Results
October 2013 through June 2015

236 –total number of children screened

97 (41%) screened positive, referred to UCSD’s FASD Clinic

51 (52%) of the 97 were evaluated by UCSD’s FASD Clinic

27 (53%) of the 51 were positive for FASD or deferred
ACE and Family

• Forum to talk about adverse early experiences
• Understand patterns of attachment that span generations
• Starting to give ACE survey to caregivers (parents and foster parents)
• Assessment of developmental competency
ACE and Care Coordination

- Care Coordinator serves as conduit for communication and coordination across disciplines and between families and providers
- ACE scores support increased:
  - Insight into caregiver and child stories
  - Informs approach to family
  - Promotes shared language / concepts
  - Normalization of taboo topics

Live Well San Diego
HHSA
Rady Children's Hospital San Diego
Funded in part by First 5 San Diego
ACE and Team

- Describe / define our population
- Shared language / concepts
- Infused in case presentations
- Trauma and developmentally informed trainings
- Co-treatment (e.g. Mental Health and Occupational Therapy)
- Documented in shared medical records
- Parent engagement in teaming process
Working Together IS a Protective Factor

- Supporting shared goal of promoting safe, stable, and nurturing relationships
- Emphasizing importance of primary relationships
- Helping child get back on track developmentally
Hailey
What Would You Do Now?
Changing the trajectory may mean creating your own, new path!
Questions?

“I fear what the past will do to me in the future”

- Yehuda Amichai, Concrete Poem