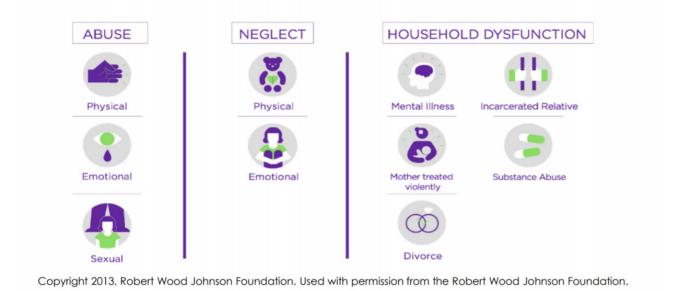
OBJECTIVES:

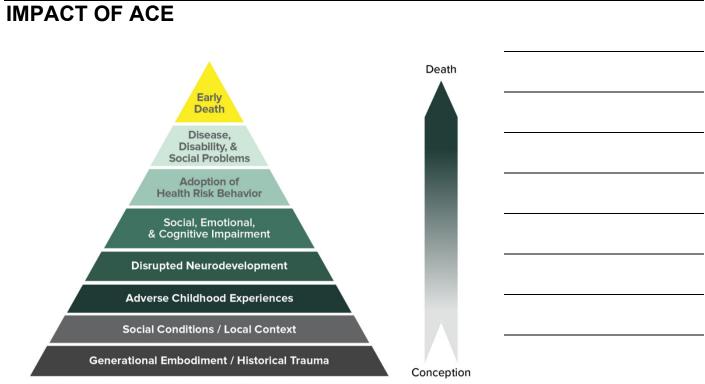
- Identify symptoms that should prompt ACE screening
- Discuss with families the impact of ACEs
- Understand principles of dyadic treatment and appropriate referrals to communicate with families
- Demonstrate how pediatricians and mental health clinicians can best partner to keep families engaged in trauma treatment.

CASE PRESENTATION	Notes: What else would you want to know?
18 MO, PEDS CLINIC HISTORIAN: MOTHER	
CONCERN: DECREASED APPETITE	
WEIGHT FOR LENGTH- 10 [™] PERCENTILE, DOWN FROM 25 [™] PERCENTILE	
EXAM: NORMAL LIMITS SOCIAL HISTORY: LIVES WITH MOTHER (23 Y/O), 5 MONTH OLD AND 3 Y/O SIBLING	
SUPPORTS: GRANDMOTHER	

10 Categories of Adverse Childhood Experiences



WHAT OTHER FORMS OF ADVERSITY AFFECT YOUR CLIENTS HEALTH?



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Physical	Behavioral

Physical and Behavioral Health Symptoms Associated with ACEs

REFLECTION: How would you respond to the parent's concern about his weight changes and decreased appetite? How would you explain to the parent that one possible reason for the change may be related to the traumatic experience of witnessing violence and experiencing violence?

BREAKOUT DISCUSSION: Case Assessment and Planning

- What does this parent need in this moment?
- What does the child need in this moment?
- What does this child need to heal?

RESPONDING TO IDENTIFICATION OF ACE

Referrals:

Medical, Mental health, Developmental services, Community supports, Financial resources

Trauma Sensitive Guidance:

Routines, nutrition, exercise, sleep, positive relationships, developmentally appropriate coping skills

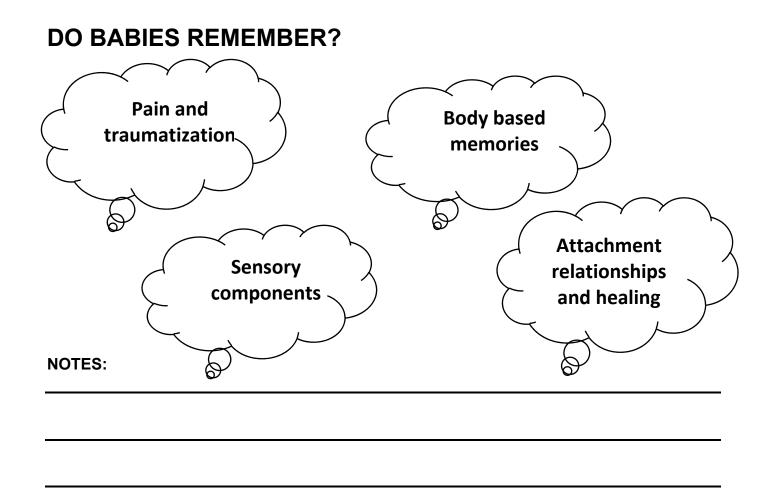
Saftey:

Assessment and planning for parent and child

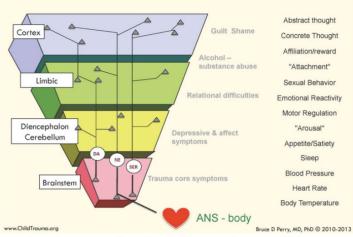
INFANT MENTAL HEALTH

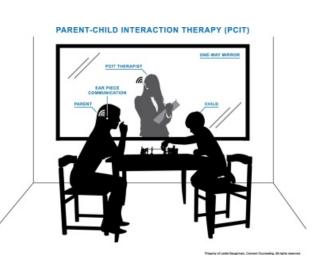
Treatment for these young children is critical for brain development, attachment relationships, and social emotional functioning.

NOTES:



DYADIC THERAPIES CHILD PARENT PSYCHOTHERAPY (CPP) PARENT CHILD INTERACTION THERAPY (PCIT) THERAPLAY CIRCLE OF SECURITY PLAY THERAPY AND NEURODEVELOPMENTAL LENS

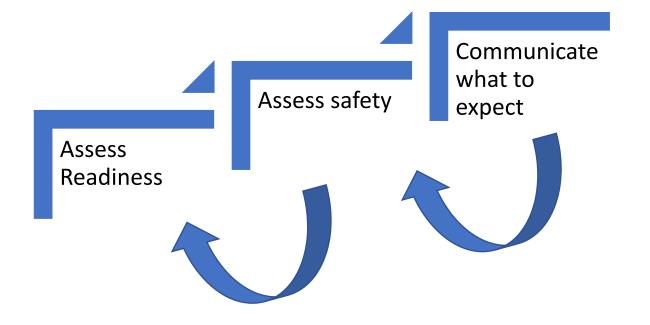




Dr. Perry's graphic presentation of the brain's levels of function. Photo: Dr. Bruce Perry

NOTES:

What resources do you have these resources in your area?



Preparing Families for Engagement in Therapy

BREAKOUT DISCUSSION:

Think about one of your clients/patients under 2 years old

- Why are thinking of this this family?
- What therapy modalities would make sense for referral?
- How would you explain this therapy to parents?
- What barriers do you think you would encounter?
- How would you encourage families to have hope?

KEY TAKEAWAYS

- Many medical and behavior health concerns are associated with ACEs and trauma
- Infants and young children remember traumatic events
- Treatment is critical for brain development, attachment relationships, and social emotional functioning
- Family support and engagement is critical to access and sustaining treatment
- Partnership between medical and behavioral health providers is fundamental

NOTES:

RESOURCES

O ACEs Aware :

- Initiative led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.
- **O** <u>American Academic of Pediatrics Trauma Guide Trauma Toolbox for Primary Care</u>
- **O** <u>https://childparentpsychotherapy.com/</u>
 - For information on the model, to find a rostered clinician and find brochures
- O www.PCIT.org
 - For information on the model, videos and brochures for parents