

PAIRING ACES, HOPE AND PROTECTIVE FACTORS

SESSION B-2
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ACKNOWLEDGEMENTS

Kumeyaay Indian Nation. The Kumeyaay, referred to as Diegueño by the Spanish, were the original native inhabitants of San Diego County.




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OBJECTIVES

- Review adverse and positive childhood experiences and protective factor frameworks
- Explore how to integrate knowledge of ACEs, HOPE and protective factors into family engagement and service delivery approaches
- Identify strategies to identify and cultivate protective factors
- Demonstrate how medical providers and community organizations collaborate to support resiliency

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Game Plan

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Agenda

- ▶ Content review by presenters
- ▶ Individual participant reflections
- ▶ Case presentations
- ▶ Break out discussions
- ▶ Group dialogue

What you might want to have with you:

- ▶ Paper and writing tool
- ▶ Afternoon self care items (water, coffee etc.)

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ACEs

▶ ACEs (Adverse Childhood Experiences) which refers to a traumatic or stressful event(s) experienced by children aged 0-18.

▶ 10 categories of adversities in 3 domains:

ABUSE

Physical

Sexual

Emotional

NEGLECT

Physical

Emotional

HOUSEHOLD INSTABILITY

Mental Illness

Incarcerated Relative

Divorce

Mother Treated Violently

Substance Abuse

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WHY IT MATTERS

ACEs are common.


- About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE
- Nearly 1 in 6 reported they had experienced four or more types of ACEs.

Some children are at greater risk than others.

- Women & several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

Preventing ACEs could potentially reduce a large number of health conditions.

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Adversity and ACEs are not destiny!

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► <https://developingchild.harvard.edu/science/key-concepts/resilience/>

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► A public health approach to prevent childhood toxic stress is a public health approach to promote relational health

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Public Health Level	Types of Prevention	Approaches to Toxic Stress	Examples	Approaches to Relational Health
3	Tertiary	Indicated treatments for toxic stress related diagnoses (e.g, anxiety depression, PTSD)	ABC PCIT CPP TF-CBT	Repair strained or compromised relationships
2	Secondary	Targeted interventions for those at higher risk for toxic stress responses	Parent/Child ACEs SDoH BSTC	Identify and address potential barriers to SSNRs
1	Primary	Universal preventions for all	Positive parenting ROR Play Consistent messaging	Promote SSNRs by building 2-generational skills

Andrew Garner, and Michael Yogman Pediatrics doi:10.1542/peds.2021-052582

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THE GOOD NEWS!

Neuroplasticity

Our brain is able to grow, change & heal

Protective Factors

We can promote conditions that promote healthy development

Resilience

We can foster characteristics that help individuals bounce back and overcome difficulties

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CORE OF RESILIENCE

“The **positive connections** we have had with others in or outside of our families serve as a core of resilience that may have helped us to weather the storm of difficult times in the past. Fortunately, **even those of us** who had quite difficult childhoods often have had some positive relationships during those years that can offer a **seed of strength** to help us overcome early adversity.”

Dan J. Siegel MD

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INTERSECTION OF INDIVIDUAL EXPERIENCES

Roles & Identities

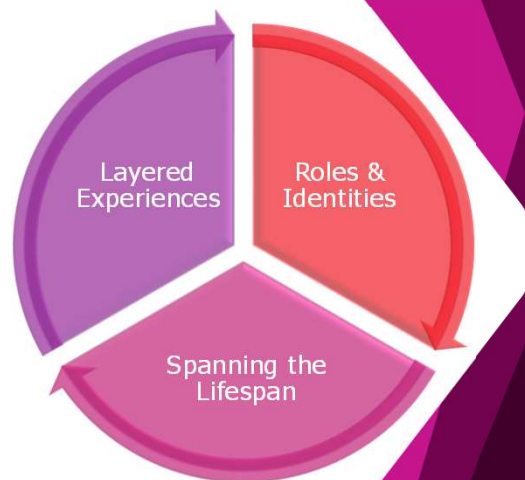
- Personal – Family, Friends, Community
- Professional – Coworkers, Discipline, Role

Spanning the Lifespan

- Upbringing
- Family Culture, Beliefs & Practices
- Messages Across Time

Layered Experiences

- Personal Experiences of Trauma
- Historical Experiences
- Systemic Racism & Oppression
- COVID - 19



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INDIVIDUAL PAUSE AND REFLECT

Consider...

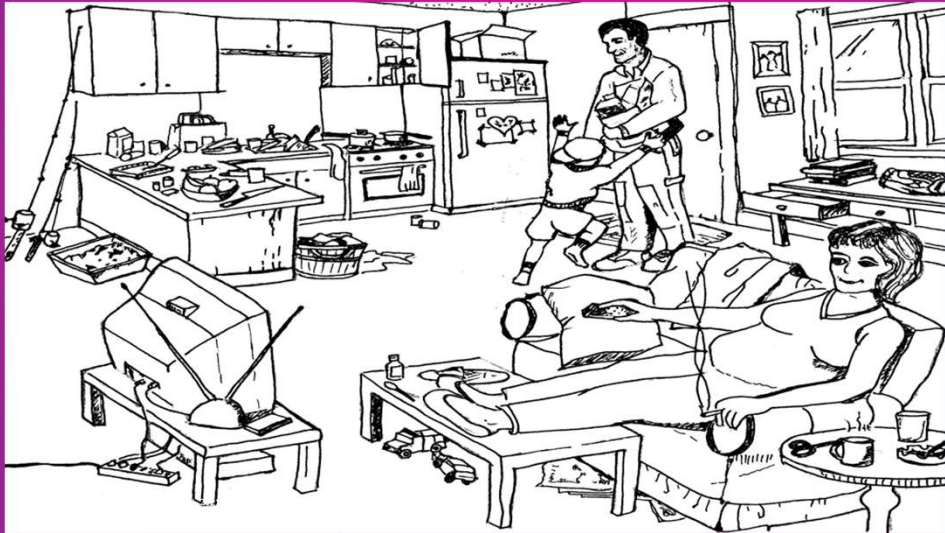
- What supports, relationships or resources have had a buffering effect during a hard time in your life?
 - What made them buffering?
- What buffering/ protective supports do you offer in your role/ work?

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WHAT DO YOU SEE?



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MAKING A DIFFERENCE



Responsive Relationships



Protective and Buffering Factors



Trauma Informed and Responsive Care

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Updated AAP
policy statement
2021

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Relational Health

The capacity to develop and maintain SSNRs (Safe, Stable, and Nurturing Relationships) with others,

- ▶ which in turn prevent the extreme or prolonged activation of the body's stress response.
- ▶ explains how SSNRs buffer adversity and promote the skills needed to be resilient in the future
- ▶ and is an important predictor of wellness across the life span.

"Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health" Andrew Garner, and Michael Yogman Pediatrics doi:10.1542/peds.2021-052582

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Science of
Positive
Childhood
Experiences
(PCEs)

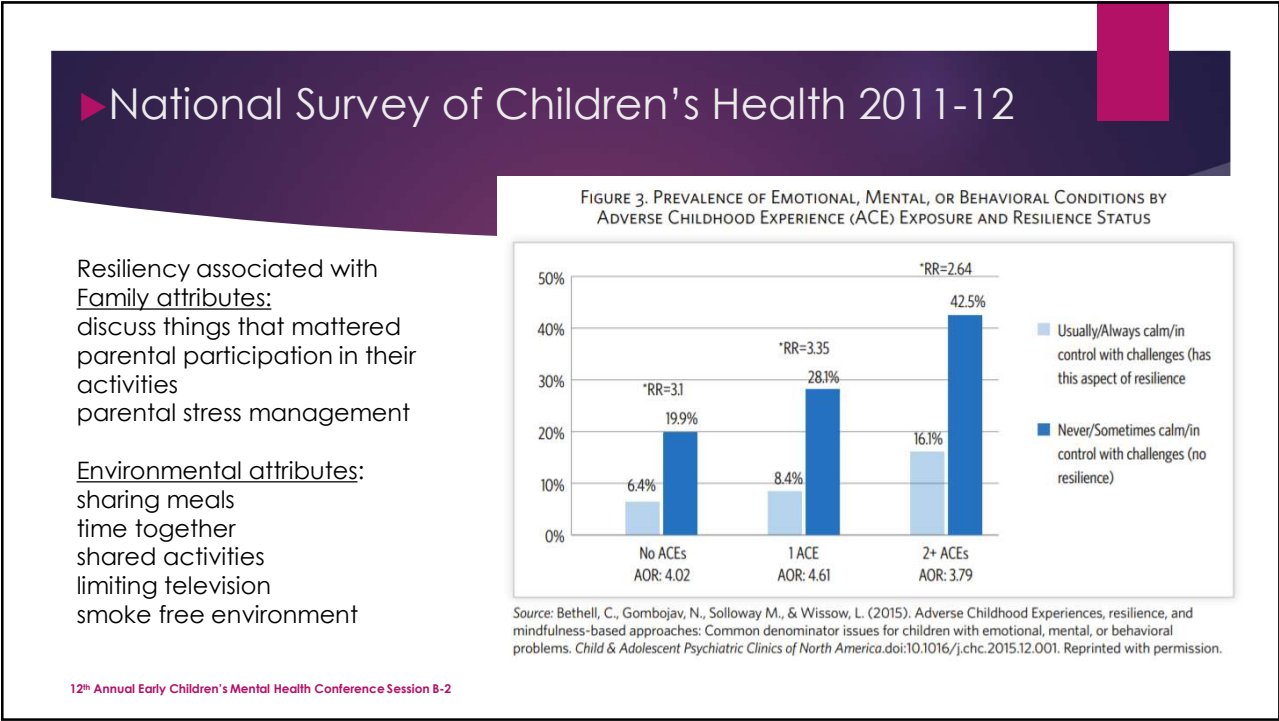
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- ▶ What are positive childhood experiences?

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ANTIDOTES TO ADVERSITY: KEY FACTORS IN FOSTERING HOPE, HEALING AND RESILIENCE

The Four Building Blocks of HOPE

Relationships within the family and with other children and adults through interpersonal activities.

Safe, equitable, stable environments for living, playing, learning at home and in school.

Social and civic engagement to develop a sense of belonging and connectedness.

Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

RELATIONSHIPS

ENVIRONMENT

ENGAGEMENT

EMOTIONAL GROWTH

HOPE

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Foundational Relationships

Having key foundational relationships:

- Having parents/caregivers who respond to a child's needs and have warm, responsive interactions
- Having adults outside of the family that take a genuine interest in a child and support their growth and development
- Having healthy, close, and positive relationships with peers

RELATIONSHIPS

Sege RD, Harper Browne C. Responding to ACEs With HOPE: Health Outcomes From Positive Experiences. Acad Pediatr. 2017 Sep-Oct;17(7S):S79-S85.

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Safe, stable, equitable environments

A safe, stable environment, secure in meeting a child's basic needs, including adequate food, shelter, and healthcare

- ▣ A nurturing home where a child is emotionally secure
- ▣ A stable school environment where children feel valued and receive high-quality education
- ▣ A community environment to play and interact with other children safely and equitably



Sege RD, Harper Browne C. Responding to ACEs With HOPE: Health Outcomes From Positive Experiences. Acad Pediatr. 2017 Sep-Oct;17(7S):S79-S85.
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Opportunities for Social Engagement

Opportunities for social engagement and to develop as sense of connectedness

- ▣ Being involved in projects, peer-mentoring, or community service through one's school or religious organization
- ▣ Partaking in family cultural traditions
- ▣ Participating in organized music, art, or sports



Sege RD, Harper Browne C. Responding to ACEs With HOPE: Health Outcomes From Positive Experiences. Acad Pediatr. 2017 Sep-Oct;17(7S):S79-S85.
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Opportunities for social and emotional development

- Developing a sense of emotional and behavioral self-regulation
- Having the ability to respond to challenges in a productive manner
- Developing key socially and culturally appropriate communication and interpersonal skills



Sege RD, Harper Browne C. Responding to ACEs With HOPE: Health Outcomes From Positive Experiences. Acad Pediatr. 2017 Sep-Oct;17(7S):S79-S85.
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Protective and Promotive Strategies




<https://covid19.ca.gov/manage-stress-for-health/> Patient and Provider Resources: <https://www.acesaware.org/>


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FAMILY STRENGTHENING FRAMEWORK: 5 PROTECTIVE FACTORS




Parental Resilience




Social Connections



Knowledge of Child Development




Social and Emotional Competence



Concrete support in times of need


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Trauma and resilience informed care promotes SSNRs in our healthcare setting


“Without strong therapeutic alliances with patients, caregivers, and families, few of the recommended universal primary preventions will be implemented, few of the targeted interventions will be used, and few of the indicated treatments will be sought.”




Safety




Choice



Collaboration



Trustworthiness



Empowerment

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Pediatric
Clinic Case
Narrative

Lily and her
mother Jane

Lily is a 9 month old F, coming for routine WCC. Your office is now engaged in ACE screening. Parent completes the PEARLS for Lily (score on section 1 = 4).

PMH: 38 week GA, AGA, elective c-section

Maternal history: Hep C, Herpes, h/o SUD, history injecting opioids, sober since first trimester, started Vivitrol when Lily was 3 months old

SH: Jane initially living in a group sober home with Lily, then in a home with father of Lily and now lives with Lily's Maternal Grandfather.

CWS involvement at 3 months of life because of a DV issue, Jane now has sole custody

Immunizations: UTD

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CASE DISCUSSION


Did you see evidence of Positive Childhood Experiences, HOPE or protective/ buffering factors?

What is your strengths assessment using the HOPE and Strengthening Family Frameworks discussed?

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Lily and Jane

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HOPE approach	Strengths Assessment	Plan
Relationships	Consistent mother/child relationship – very caring. Mother has a supportive relationship with grandfather and aunt	Acknowledge and affirm parent in her continued sobriety, anticipatory planning on challenges Reach Out and Read book and guidance on interactive reading
Environment	Healthcare screenings and immunizations Safe housing with grandfather WIC enrolled Access to a yard	Discuss stability of housing with grandfather, connect to housing supports if needed
Engagement	Enjoys regularly play with cousins	Discuss enrollment high quality early education/preschool Continued participation in group development classed through
Emotional Growth	Regular play with cousins Mother is parenting classes and actively engaged in play with child	Mother is teaching her how to swim and looking forward to toddler swim group at the YMCA

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Lily and Jane

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Strengthening Families Approach	Assessment	Plan
Parenting Support	Enrolled in toddler development classes Aunt and grandparent actively supporting mother	Ongoing participation in parenting classed though Healthy Developmental Services
Social Connections	Mother has social connection with her sister and parents	Maintenance and expansion of relationships with parents in her area
Social Emotional Competence	Mother is enrolled in her own therapy and substance use treatment program that has psych educational components	Continued engagement with therapy
Concrete Supports	Health insurance stable, housing stable, food secure with WIC	Ensure paperwork is update to keep Lily and mom enrolled in insurance and WIC
Resilience	Mother has successfully engaged with substance use treatment services, protected herself and her child in the face of DV, retained custody of Lily, leveraged her family resources and relationships	Collaboration medical visits (example routine screening labs grouped per parental request) Asked for more discipline guidance and support

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Childhood
Mental Health
Consultation
Case Narrative

Darius and his
mother Rosa


Darius is a 4 year old male; Iranian and Ecuadorian. Darius is bi-lingual (English/ Spanish) and Rosa's primary language is Spanish. Parents recently went through a tough divorce including a history of domestic violence; mom has current restraining order against dad.

Rosa reached out for parenting support after observing Darius being very emotional and crying easily, especially after returning from visits with Dad. Darius reported Dad "bad mouths" mom to him and says he's going to kill her.


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BREAK OUT CASE DISCUSSION



Did you see evidence of Positive Childhood Experiences, HOPE or protective/ buffering factors?



How would you formulate your next steps (based on your current professional discipline) to support this family?



With whom would you want to collaborate?

the Y

YMC

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Darius and Rosa

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Strengthening Families Approach	Assessment	Plan
Parenting Support	Mom is loving, caring and attentive to child	Intake, observation and screenings informed Consultation coaching sessions
Social Connections	Mom has very little support in San Diego; family and supports live in Ecuador	Behavior Consultant provided support until resources were in place
Social Emotional Competence	Mom is concerned about the impact and confusion related to conflict with father, history of violence and son's ability to manage his "big feelings"	Behavior Consultant explored ways to talk about "hard things" with child; how to notice, acknowledge and hold space for his feelings of safety, security, worries and sadness.
Concrete Supports	Mom is enrolled in CIE, has accessed multiple services, and has identified needs for legal and counselling supports	Referral was made to low-income legal and DV support services; warm-hand off was facilitated to Youth and Family Services Counselling (Spanish speaking therapist)
Resilience	Mom is active, consistent and engaged in services; committed to supporting child and accessing supports herself	Client requested and received case file for custody hearing

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Darius and Rosa

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HOPE approach	Strengths Assessment	Plan
Relationships	Parallel Processes: Mom and Behavior Consultant; child and Behavior Consultant; mom and child	Consultant modelled holding mom and child's big emotions; increase connectedness between mom and child
Environment	Physical and emotional safety; custody arrangement	Movement made to ensure physical and emotional safety for mom and child
Engagement	Strong connectedness between mom and child; need for increased social connections and supports	Facilitated connections to resources
Emotional Growth	Opportunity to grow emotional regulation and management; navigate through adversity; build resilience	Consultation sessions focused on social emotional development; identifying behavior triggers and building coping skills to responding to strong emotions

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BREAKOUT DISCUSSION



In what ways have you built resilience (for yourself or with others) in your work?



What opportunities do you see in your work to increase or further integrate strengths-based and trauma informed approaches?



What might be some challenges in further adopting these approaches?

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Take Away Points

- ▶ Trauma informed and trauma responsive care must include strengths-based approach
- ▶ We can't change the past, but we can affirm and build resilience skills
- ▶ We will need to strengthen, through practice, our own professional skills at seeing resiliency and protective factors in our patients/clients
- ▶ Promoting positive experiences will require cross-sector collaboration

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Resources

- ▶STRENGTHENING FAMILIES: A GUIDE TO PROTECTIVE FACTORS | YMCA of San Diego County (ymcasd.org)
- ▶Buffering Effects of ACES: [aces - manual digital english 2021.pdf](#) (ymcasd.org)
- ▶Bouncing Forward: [schoolagejournal 2020.pdf](#) (ymcasd.org)
- ▶Behavior Support Services: [Behavior Support Services - San Diego | YMCA Childcare Resource Service](#) (ymcasd.org)
- ▶HOPE Healthy Outcomes from Positive Experiences <https://positiveexperience.org/>
- ▶Forkey, Heather C. et al. Childhood Trauma & Resilience: A Practical Guide. American Academy of Pediatrics, 2021.
- ▶Sesame Street in Communities <https://sesamestreetincommunities.org/>
- ▶Number Story <https://numberstory.org/>
- ▶AAP CA3 Website <https://aapca3.org/aces/>

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Thank you!



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