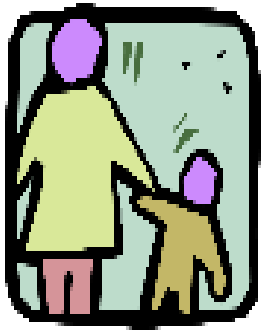
Trauma & Resilience – Informed Care

Two-Generational Care Supporting Early Childhood and Caregiver Mental Health and Well-Being



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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Training objectives

- #1 Articulate the evidence and best practices in implementing trauma-informed care in primary care practice

Session Objectives

At the completion of this session participants will:

- Understand the impact of Social Determinants of Health, ACEs and perinatal depression on the health of the child and family
- Understand the protective and risk factors that influence healthy social-emotional development
- Engage families with screening as conversation, and as partners in care
- Implement screening, primary care intervention, and processes for linking families with resources
- Implement outreach to build collaborative relationships with community partners

We'll be checking the chat box for questions and comments in intervals. Please chime in!

What We Know

- Impact of experience on brain development.
- Growth, development, and behavior are inextricably linked.
- Emotional development occurs in the context of a relationship (bonding, attachment, reading cues).

The "Big Picture"- Addressing Factors that Influence Healthy Social-Emotional Development

- Family/Environment Risks and Protective Factors
  - Social Determinants of Health
  - Caregiver mental health
- Healthy Social Emotional Development
  - Promotion
  - Prevention
  - Intervention for the dyad

Childhood Adversity

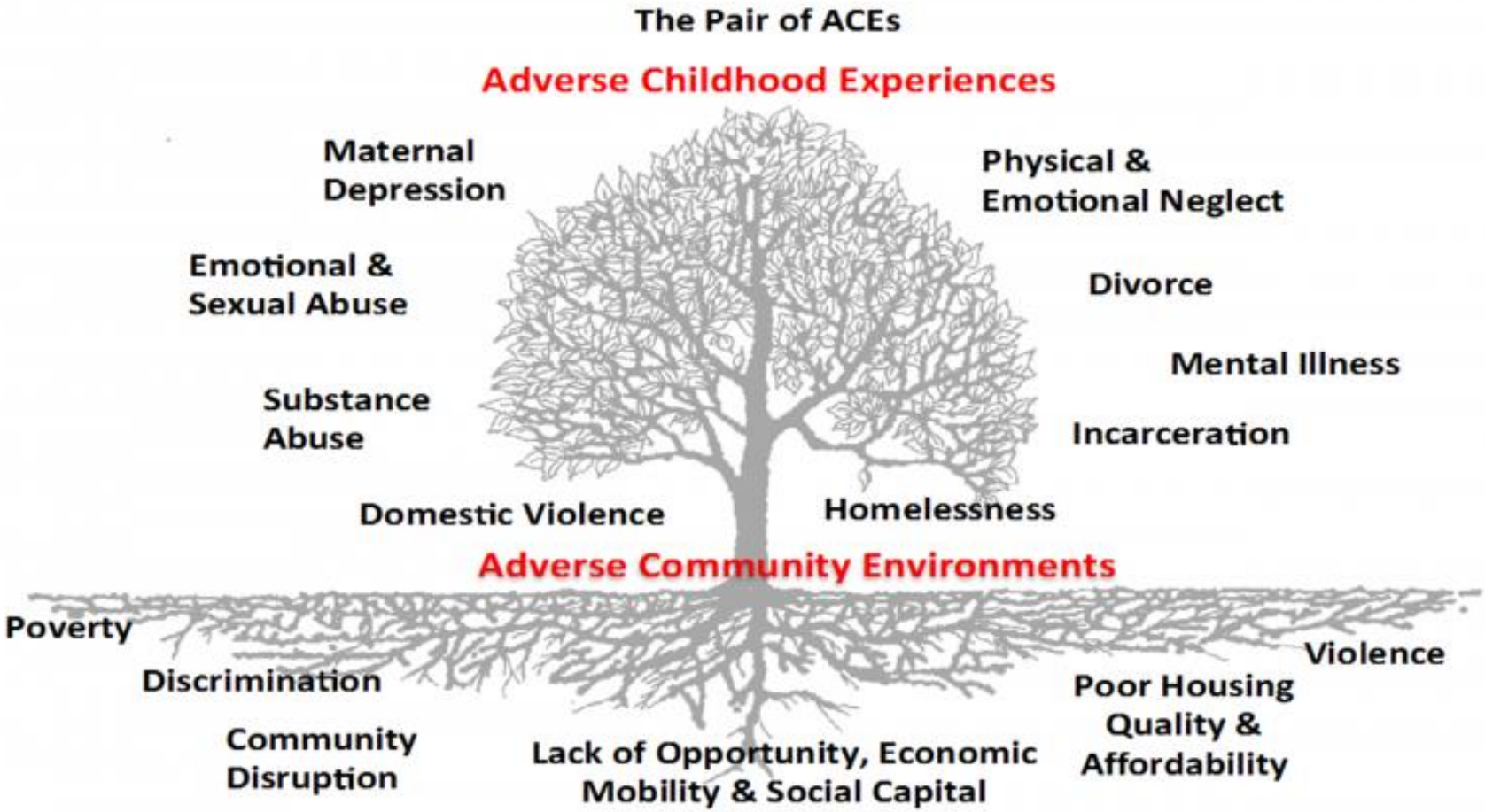
Science reveals that the environment in which children develop – family, community, and culture – impacts brain development, health and genetics

- Childhood adversity – wide range of circumstances that pose a threat to health and well-being
  - ACEs – a subset of Childhood Adversities
  - Social disadvantage, including homelessness, discrimination, community violence, historical trauma, structural racism
  - Trauma – one possible outcome of exposure to adversity
- Toxic Stress – occurs when adversity is extreme, long-lasting and severe (such as chronic neglect, domestic violence, severe economic hardship, ACEs) without the buffer of a caring adult

Historical Trauma

"A constellation of characteristics associated with massive cumulative group trauma across generations" (Brave Heart, 1999).

- cumulative emotional and psychological wounding, over individual lifespans and across generations,
- emotional, physical, and political violence directed toward particular peoples or communities
- experienced by any individual or group whose past includes persecution, discrimination, and attempts to deny or destroy their language or culture



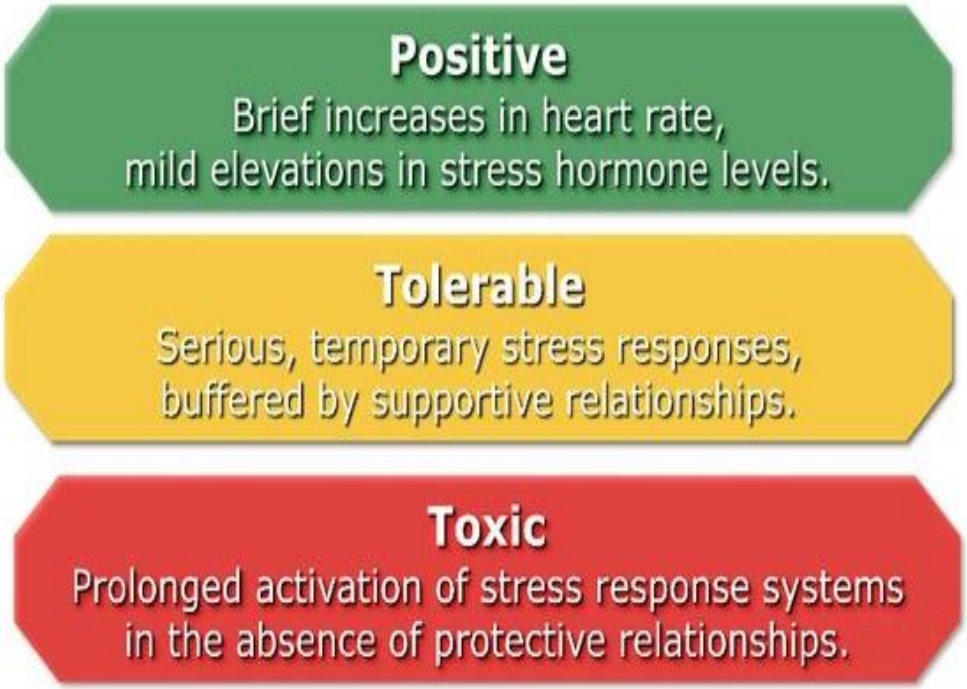
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Threats to Healthy Brain Development

- Lack of Stimulation/Neglect
- Poverty
- Poor nutrition (e.g. iron deficiency anemia)
- Unstable Housing
- Environmental Toxins (e.g Lead)
- Adverse Childhood Experiences/Toxic Stress

LET'S CHECK THE CHAT BOX….

Three Levels of Stress Response



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Effects of Toxic Stress

- The activation of the physiologic stress response system results in increased levels of stress hormones
- Persistent elevation of cortisol, can disrupt the developing brain's architecture in the areas of the amygdala, hippocampus, and prefrontal cortex (PFC), and therefore ultimately can impact learning, memory, and behavioral and emotional adaptation
- Suppresses the immune response, affects other organ systems and makes an infant, child or adult more vulnerable to infections and chronic health problems
- Different exposures to stressors at critical times can affect how a gene is expressed (epigenetics) or how a pathway develops and subsequently the behaviors and health conditions that are manifested over the life of that person

ACEs Areas

- Abuse – physical, emotional, sexual
- Neglect – physical, emotional
- Household Dysfunction – mental health, substance use, incarceration, separation/divorce

Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Neglect (physical and/or emotional)
- Alcoholic or substance abuse in household family member
- Imprisoned household family member
- Mentally ill, depressed, or institutionalized household family member
- Mother treated violently
- Parental separation or divorce

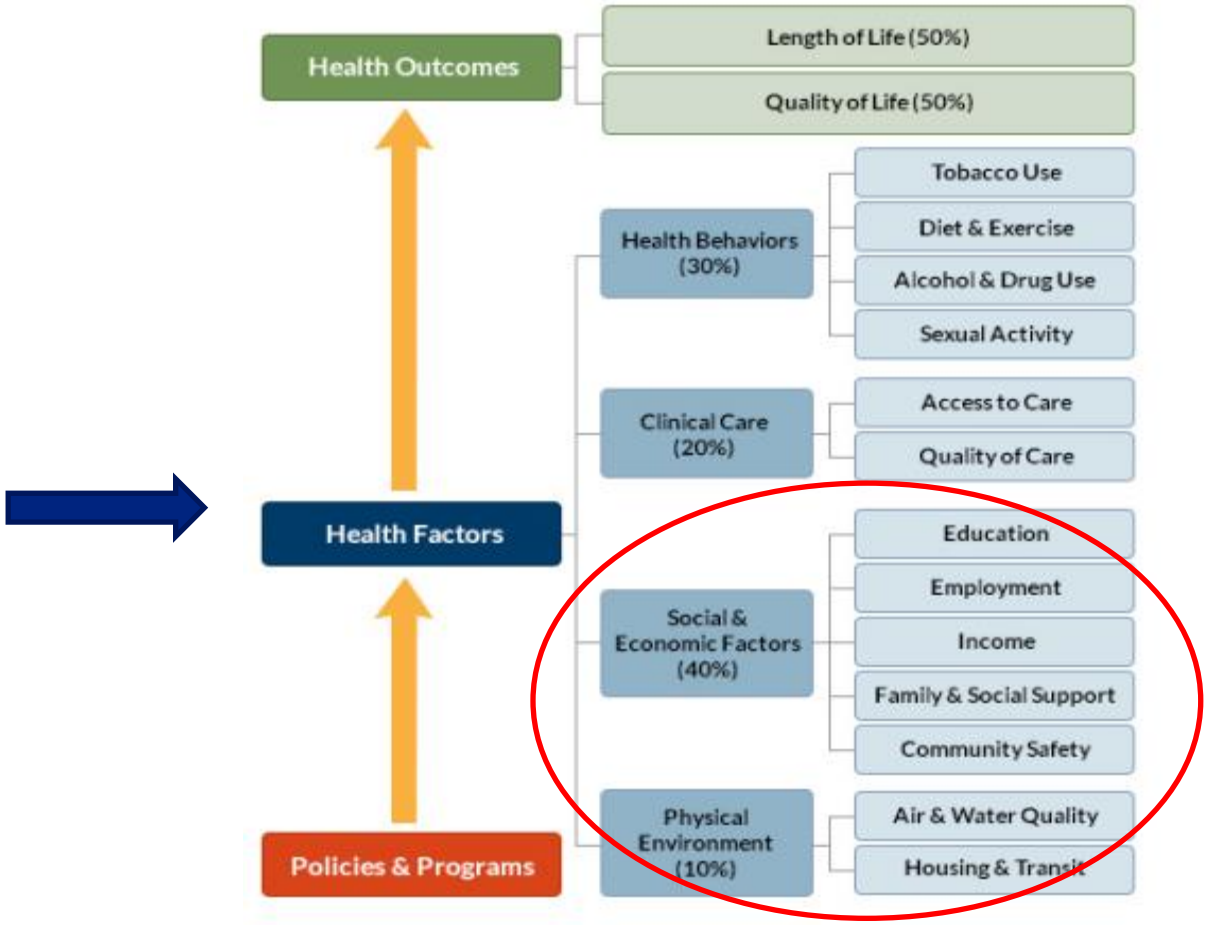
ACEs Dose-Response

- Children with 3 or more ACEs
  - 3X academic failure
  - 6X behavior problems
  - 5X attendance problems
- Adults with 4 or more ACEs
  - 7X alcoholism
  - 2X cancer
  - 4X emphysema
- 6 or more ACEs
  - 30X suicide

Parental ACEs and Child Development

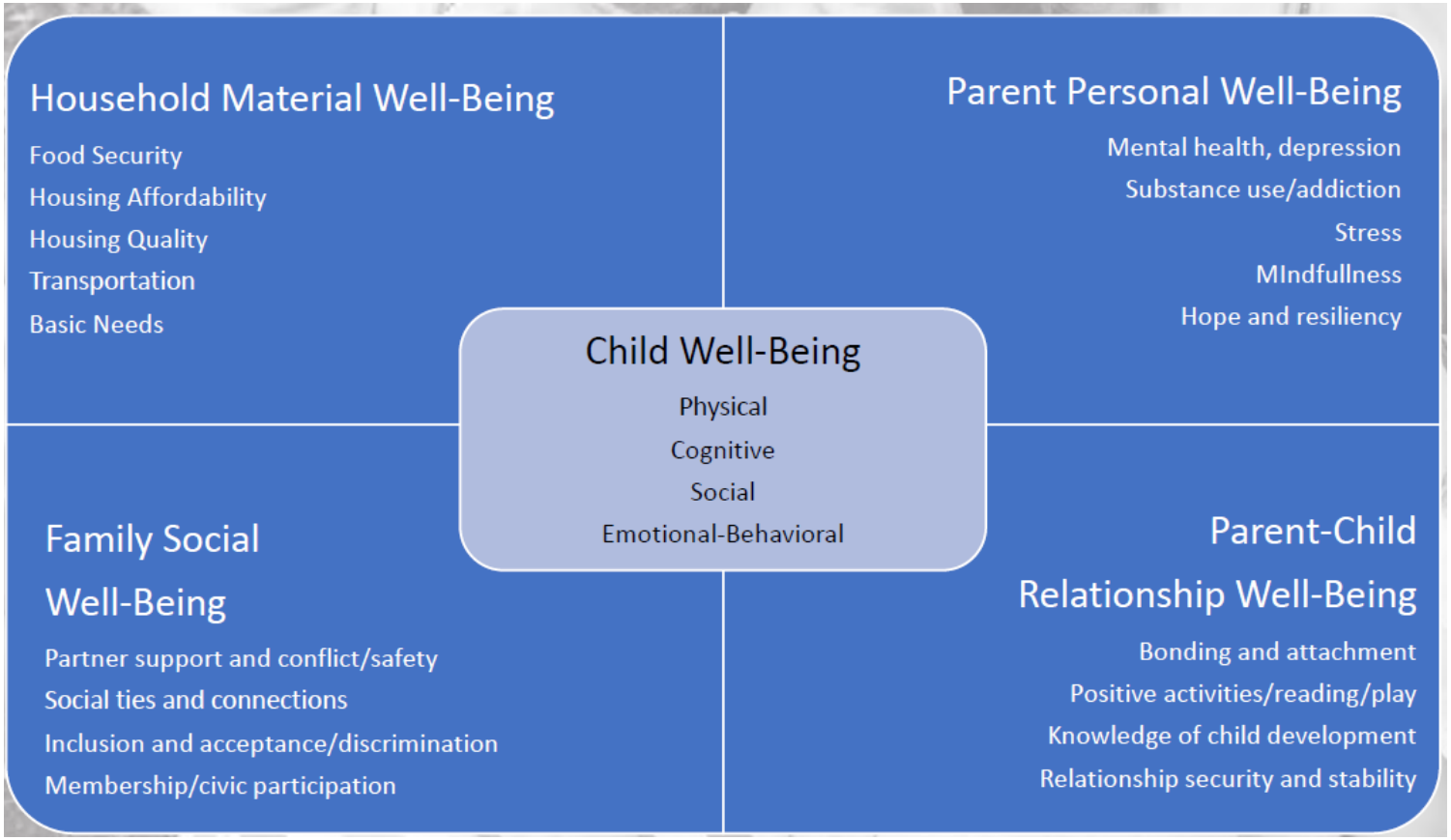
- Perinatal depression
  - Maternal depression in infancy is predictive of cortisol levels in preschoolers, which is linked with anxiety, social wariness and withdrawal
  - When mothers experienced major depression, then attachment disorders, behavior problems, and depression and other mood disorders can occur in childhood and adolescence
  - In Israel, cohort 125 mother-child pairs, mothers with depression, followed from birth to age 10; at age 10 mothers had increased cortisol and s-IgA and showed more negative parenting; children had more Axis I disorders, higher s-IgA, and social withdrawal. Ulmer-Yaniv et al, DEPRESSION AND ANXIETY, August 2018
- Parental ACEs and infant toddler development
  - Pediatric practice in Oregon – 3 or more maternal ACEs associated with increased risk for developmental delay in multiple domains. Folger et al, PEDIATRICS, Vol 141, Number 4, April 2018
  - Canada, women recruited during pregnancy – psychosocial and health risks in pregnancy confer risk through maternal ACEs to developmental outcomes. Racine et al, PEDIATRICS, Vol 141, Number 2, April 2018

RWJF County Health Rankings Components



Social Determinants of Health

CAHMI Technical Working Group on SDOH Screening



From Charles Bruner

Social Determinants of Health and Early Childhood

Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders (MBDD) in Early Childhood- United States, 2011-2012, MMWR, March 11, 2016, 65(9); 221-226.

Factors associated with MBDD –

- *inadequate insurance,*
- *lacking a medical home,*
- *fair/poor parental mental health,*
- *difficulty getting by on family income,*
- *employment difficulties due to childcare issues,*
- *neighborhood without support/amenities/in poor condition.*

LET'S CHECK THE CHAT BOX….

Good News: Life Trajectories are NOT Set in Stone

- Interactive processes
  - The development of health over a lifetime is an interactive process, combining genes, environment and behaviors
  - *Patients/families have varying abilities and strengths that can be developed to increase their protective factors*
- Lifelong development/lifelong intervention
  - At all stages of life, even for those whose trajectories seem limited, risk factors can be reduced, and protective factors enhanced, to improve current and subsequent health and well-being

Examples of Social Determinants That Protect Health

- Parental knowledge and skills about child development and caretaking
- Good parental or caregiver physical and mental health
- Positive father involvement
- Strong emotional bond or attachment between infant/child and parent/caregiver
- Social supports (i.e., friends, neighbors, relatives, faith-based groups, and other agencies)
- Safe and good housing
- Stable/secure home life
- High school education level or higher for parents/caregivers
- Opportunities for stable income/employment for household
- Food security for household
- Safe neighborhood with no violence
- Community resources for fresh produce, exercise, social interactions

Strengthening Families' Five Protective Factors Framework

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

Protective Factors: CSSP & AAP Guidance for PCCs

Handout in Agenda Book

https://www.cssp.org/reform/strengthening-families/messaging-at-the-intersection/Messaging-at-the-Intersections_Primary-Health.pdf

Promotion of Protective Factors

Examples:

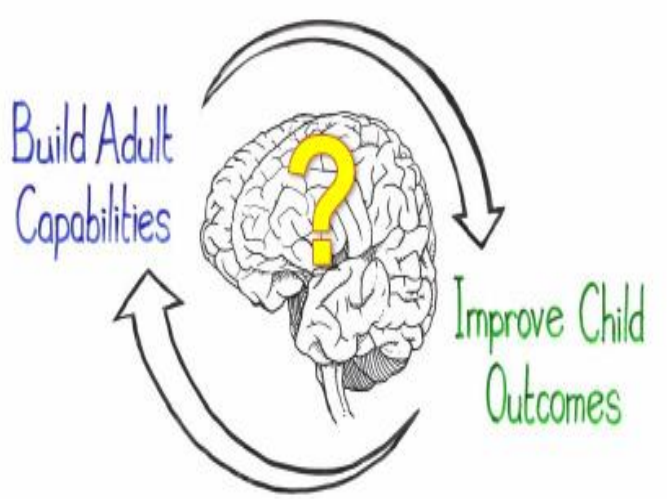
Reach Out and Read

Learn the Signs, Act Early

Two Generational Approach to Health

- The individual and interpersonal development, health and well-being of children and their parents are linked
- Parents and children can learn together skills to adapt positively to risk and adversity and thrive (i.e., executive functioning and mindfulness)
- Additional components are needed to support a two generation approach which include early childhood through postsecondary education, employment pathways, economic assets, and social capital

Source: Two Generation Approach from the Aspen Institute: www.ascend.aspeninstitute.org/pages/the-two-generation-approach



If we really want to achieve breakthrough outcomes for children experiencing toxic stress, then we have to transform the lives of the adults who care for them.

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Source: developingchild.Harvard.edu/science/deep-divers/adult-capabilities/

RESILIENCE

Resilience is the process by which a person moves through a traumatic event, utilizing various protective factors for support, and returning to "baseline" in terms of an emotional and physiologic response to the stressor. It is the process of utilizing one's protective factors to navigate successfully through a stressful situation. Resilience provides a buffer between the child and the traumatic event, mitigating the negative effects that could result, such as physical, emotional, and behavioral health issues that can last even into adulthood. (excerpted from *AAP Resilience Project*)

www.aap.org/resilience (>Children Exposed to Violence & Toxic Stress > Promoting Resilience)

What is Trauma- and Resilience-Informed Care?

AWARENESS	• Realizes the widespread impact of trauma and understands potential paths for recovery
DETECTION	• Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
INTEGRATION	• Responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization

Trauma- and Resilience-Informed Care

- Integrates an understanding of the prevalence of adverse childhood experiences and their impact on lifelong health
- In the medical home, being trauma-informed is essential for prevention and amelioration of this impact
- Recognizes the importance of patient/family involvement in service design
- Recognizes the importance of multi-generational care
- Integration has to include community services that address "social determinants of health" – truly integrated into diagnosis and treatment planning
- Services and treatment have to address historical trauma and ongoing discrimination, institutional racism

National Child Traumatic Stress Network (NCTSN)

- Routinely assess for trauma exposure and related symptoms
- Use evidence-based, culturally responsive assessment & treatment
- Make resources available to children, families and providers on trauma, its impact, and treatment
- Engage in efforts to strengthen the resilience and protective factors
- Address parent and caregiver trauma and its impact on the family
- Emphasize continuity of care and collaboration across systems

National Recommendations: Children and Families

- Recommendations:
  - Bright Futures, 4th Edition, 2017
    - Screenings
    - Ask about parental strengths and Social Determinants of Health (SDOH) at every well-visit
  - AAP Screening in Practices Project
    - National Advisory Board and Project I-SCRN
    - Developmental and behavioral (including social emotional), autism, perinatal depression, social determinants of health
  - AAP Mental Health
    - Psychosocial assessment (social-emotional, SDOH, ACEs) at every well visit
    - Brief mental health update at acute visits

The Role of the Medical Home

- Support of the dyad and family
- Promote healthy social-emotional development
- Implement screening
- Identify and use community resources
- Coordinate access to treatment

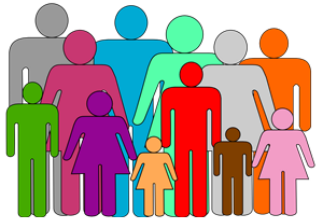
- All of the above are consistent with:
  - Bright Futures – elicit parental strengths and assess social determinants of health
  - AAP Mental Health Competencies for pediatric practice

LET'S CHECK THE CHAT BOX….

READYING THE PRACTICE

- Develop and foster a trauma and resilience-informed environment
- Build relationships with the community to support patients and families
- Engage with families in their own care
- Assess whole family health and resilience
- Address whole family health and resilience
- Coordinate services and supports for families

ENVIRONMENT



- Involve families at organizational level (planning, implementation, evaluation)
- Educate staff regarding trauma, resilience, SDOH, and trauma-informed care
- Create and support healthy office environment

Build Relationships

- Understand the community's strengths and needs
- Develop relationships with community partners (eg, housing food security, employment assistance, Child welfare, transportation, etc.)
- Develop partnerships medical and mental health specialists

Engage Patients/Families in their Own Care

- Plan and make decisions collaboratively with patients/families, asking about their goals and preferences
- Engage parents as experts on their child

LET'S CHECK THE CHAT BOX….

Assess Whole Family Health and Resilience

- Ask about risks and protective factors
- Choose a screening tool/validated questions
- Develop and utilize a standardized, respectful, culturally appropriate message about the reason for screening
- Always acknowledge completion of the screen and discuss

The Conversation

- Screening is an opportunity to engage the patient/family and to build trust
- Screening always involves a conversation
- Inquire about social determinants that are protective as well as those that confer risk
- The purpose is not to “solve” every issue immediately
- The question is “where should we start together?”

Primary Care Intervention

- Transdiagnostic Approaches
  - Common Factors communication skills
    - Components of interventions common to diverse therapies; coming from family therapy, cognitive therapy, motivational interviewing
    - See HELP mnemonic
  - Common Elements
    - Components of therapies that apply to a group of related conditions (such as anxiety, low mood, ADHD)

Skills to Engage the Child and Family: the "Common Factors" Approach

HELP build a therapeutic alliance:

- H = Hope
- E = Empathy
- L^2 = Language, Loyalty
- P^3 = Permission, Partnership, Plan

Source: Wissow LS, Gadomski A, *et al*. Improving Child and Parent Mental Health in Primary Care: A Cluster-Randomized Trial of Communication Skills Training. Pediatrics. 2008;121(2): 266-275

Coordinate Services and Supports

- Provide coordinated, integrated care
- Standardize co-management processes
- Work across sectors

Systems Building, Cross-sector Collaboration

- Needed to provide support to Pediatricians for the "heavy lift"
- Role of the AAP Chapter as convener and advocate?
- Need to engage state partners
- Goal: to remove barriers, align policies and payment with priorities for children and families

"Closing the Loop"

Practice Level

- It is possible to measure rates of screening in practice, BUT
- Continued challenges:
  - Tracking referrals – need for registry functionality in EHRs; navigators as part of practice
  - Obtaining feedback – how to standardize communication with "non-medical" partners
  - Assessing **outcomes** for children and families by obtaining family feedback
- Possibilities – eg, CHADIS

Systems/Population Level

- Examples of community/state systems for feedback and follow-up
  - North Carolina NCCare360 and Healthy Opportunities
  - Unite Us exploration by other states
  - Help Me Grow
  - CHADIS

What We Are Learning

- Routinely eliciting patient/family strengths is transformative to practice
- Clinicians and patients/families can discuss social determinants- those that increase risk, and those that are protective
- Adverse Childhood Experiences (ACE's) are common, but resiliency can ameliorate their impact
- Trauma-informed care needs to include a focus on promotion and prevention as well as intervention
- Engaging the patient/family as a partner is key
- Promoting resiliency is central to addressing social determinants of health

LET'S CHECK THE CHAT BOX….

Trauma–Informed Resources

- Implementing Trauma-Informed Integrated Care (toolkit)

  https://picc.jhu.edu/the-toolkit.html

- The National Child Traumatic Stress Network

  https://www.nctsn.org/

Break Time!

11:55-12:10 PT

1:55-2:10p CT

2:55-3:10 ET