



1

Objectives

1. Describe the HOPE framework, including the four building blocks of HOPE
2. Apply the HOPE framework to address implicit bias
3. List two examples of HOPE - informed approaches to ACEs

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Disclosures

1. Dr. Sege has no financial interests to disclose
2. Dr. Floyd has no financial interests to disclose
3. Drs. Sege and Floyd receive salary support for their work on HOPE.

3. HOPE is funded by grants from the JPB Foundation, several state and county agencies, the Centers for Disease Control and Prevention and the Tufts Clinical and Translational Science Institute (National Center for Advancing Translational Sciences, National Institutes of Health, Award Number UL1TR002544.)

- This presentation will not discuss off-label uses of any medications


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Dr. Robert Sege	Dr. Jeff Linkenbach	Dr. Baraka Floyd
		
Principal Investigator	Co-Investigator	Clinical Assistant Professor, Stanford University
Dr. Dina Burstein	Amanda Winn	Loren McCullough
		
HOPE Project Director	HOPE West Coast Project Manager	Research Assistant


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Our Mission


Develop approaches, GROUNDED IN SCIENCE, that build from the formative role of positive experiences in human development to inspire fundamental changes in how we advance health and well-being for our children, families, and communities.

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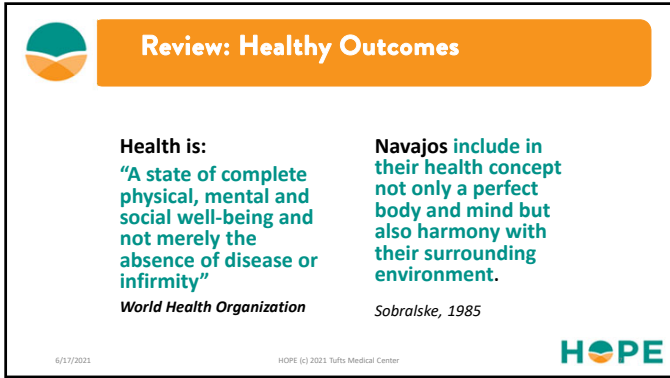


ACTIVITY
Take a moment to think about someone or something that defined your childhood in a positive way in the following four categories:

- One adult
- One place
- One friend
- One learning moment



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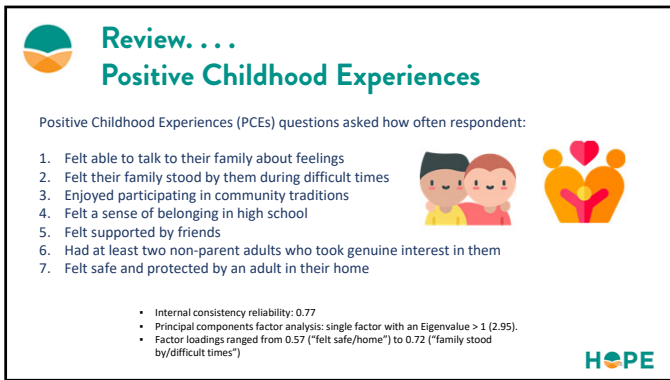
Review: Healthy Outcomes

Health is:
 "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"
 World Health Organization

Navajos include in their health concept not only a perfect body and mind but also harmony with their surrounding environment.
 Sobrales, 1985

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Review... Positive Childhood Experiences

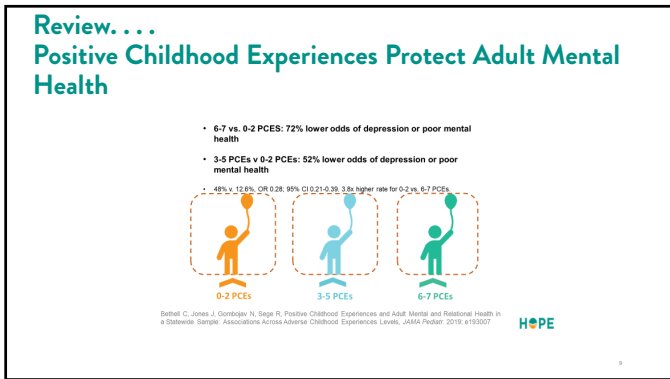
Positive Childhood Experiences (PCEs) questions asked how often respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 ("felt safe/home") to 0.72 ("family stood by/difficult times")

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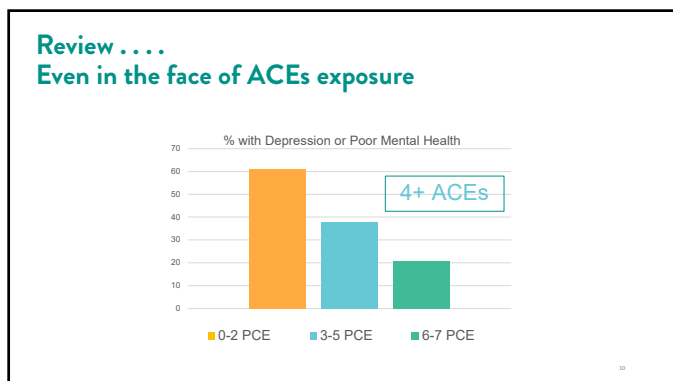


Review... Positive Childhood Experiences Protect Adult Mental Health

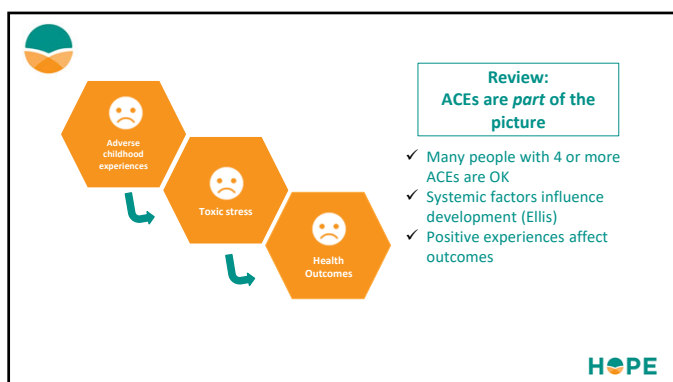
- 6-7 vs. 0-2 PCEs: 72% lower odds of depression or poor mental health
- 3-5 PCEs vs 0-2 PCEs: 52% lower odds of depression or poor mental health
- 48% x 12.6% OR 0.28; 95% CI 0.21-0.38; 3.0x higher rate for 0-2 vs. 6-7 PCEs

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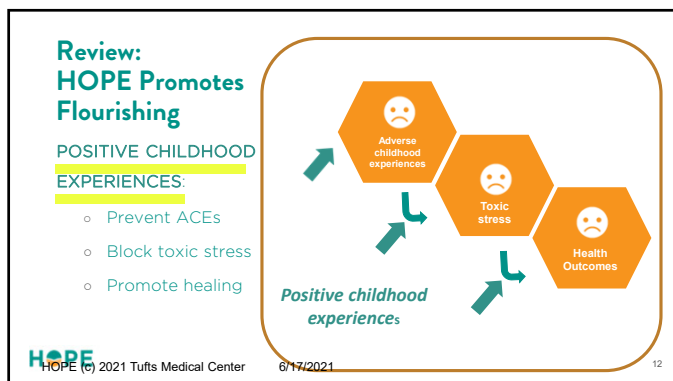
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Review
The Four Building Blocks of HOPE

- RELATIONSHIPS**: Relationships with other children and with other adults through interpersonal activities.
- ENVIRONMENT**: Safe, equitable, stable environments for living, playing, learning at home and in school.
- ENGAGEMENT**: Social and civic engagement to develop a sense of belonging and connectedness.
- EMOTIONAL GROWTH**: Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

Sege and Browne, Responding to ACEs with HOPE: Health Outcomes from Positive Experiences, Academic Pediatrics 2017; 17:579-585

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Diving in to HOPE

- Biology of Positive Experiences, part 2
- Case study - an impossible situation treated with HOPE
- Assessment of Positive Childhood Experiences
- HOPE resources and materials
- Discussion - HOPE and ACEs

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Biological mechanisms of action

Toxic stress model built on observed changes in brain architecture from adversity


Growing evidence of broader brain plasticity

Hormones in humans

Animal Models



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LG1

Impacts of Healthy Relationships and Social Engagement

HPA Axis	<ul style="list-style-type: none"> • Responsive parenting improves cortisol reactivity
ANS and Cardiovascular Reactivity	<ul style="list-style-type: none"> • Lower blood pressure • Lower catecholamines
Oxytocin	<ul style="list-style-type: none"> • Oxytocin receptors on the amygdala • Allows oxytocin to inhibit ANS and HPA response
Immune Function	<ul style="list-style-type: none"> • Decreased inflammation • Protects against the common cold • Decreased asthma symptoms

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Slide 18

RLG1 Dr. Sege - I added this slide for consideration.


Rachel Lee Gilgoff, 4/14/2021


LG3

Oxytocin

Oxytocin is also known as the **love** hormone:

- Supports childbirth and lactation
- Oxytocin increases in both fathers and mothers after the birth of their child
- Inhibits stress response
- Anti-inflammatory effects
- Enhances metabolic homeostasis
- Protects vascular endothelium



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LG2

Pediatric Interventions that Improve Social Relationships can Improve Stress Hormones and Health

Slopen 2014	Marie-Mitchell 2018	Purewal Boparai 2018
<ul style="list-style-type: none"> • Interventions designed to improve social relationships, environments or psychosocial functioning in children associated with improved cortisol activity. 	<ul style="list-style-type: none"> • Multicomponent interventions including parenting education, mental health support, and social service referrals were associated with improvements in parent-child relationship and behavioral and mental health problems. 	<ul style="list-style-type: none"> • Three key intervention elements – a focus on strong parenting skills, earlier intervention placement, and greater intervention engagement – improved or even normalized stress hormone profiles and decreased the impact of toxic stress on brain development and epigenetic regulation.


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LG1

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Slide 19


RLG3 Dr. Sege - I added 4 bullets as a suggestion on this slide

Rachel Lee Gilgoff, 4/14/2021

Slide 20

RLG2 Dr. Sege - I added this slide for consideration.

Rachel Lee Gilgoff, 4/14/2021




HOPE for Challenging Interactions

Typical response to challenging behavior: What did you do?
 Child is *perpetrator* and practitioner is *doling out punishment*


Trauma-informed Response: What happened to you that led to this behavior?
 Child is seen as a *victim* and practitioner *offers therapy*

HOPE-informed Response: You can do better. What happened here and how could it be different next time?
 Child is *resilient*, systems contribute, and practitioner *acts as a coach*



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Finding HOPE in a HOPEless case...




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Step One

- ✓ How do we see ourselves and our clients?
- ✓ *Risk and strengths*
- ✓ *Cognitive re-framing*



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HOPE + Strengths-based principles

```

    graph LR
      A[Identify and Validate Strengths] --> B[Offer HOPE building blocks to bolster existing strengths]
      B --> C[Offer HOPE building blocks to bolster relative areas of weakness]
  
```

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11 year old well child visit

<p>Medical history</p> <ul style="list-style-type: none"> • Learning difficulties • Prior victim of bullying • History of depression • Obesity <p>Family history</p> <ul style="list-style-type: none"> • Younger brother with probable ADHD • Asthma 	<p>Social history</p> <ul style="list-style-type: none"> • Lives with mom, 2 younger brothers • Father not involved • Chronic housing insecurity • Witnessed multiple episodes of IPV • Undocumented immigrant parent
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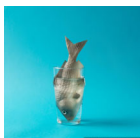
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Family's Current Challenges and Concerns

- Mom recently laid off
- Mom with recent miscarriage
- Separation from partner after IPV
- Concerned about school progress
- Appropriate supports for all to handle stresses




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Family's Current Challenges and Concerns

- Mom recently laid off
- Mom with recent miscarriage
- Separation from partner after IPV
- Concerned about school progress
- Wants appropriate supports to handle stresses

- Spending time outdoors daily as a family...playing Pokemon Go!
- Walking 13.6 km/wk
- Asked for IEP meeting
- Mom open to therapy, too!




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Family's Historical Challenges

- Chronic Housing Insecurity
- Immigration Status
- Sibling's suspected ADHD

- Stably housed in studio apartment
- U Visa received, awaiting ↑ benefits
- Still awaiting information for sibling's ADHD assessment



HOPE 30

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What STRENGTHS does this family have?

Family Protective Factors Center for the Study of Social Policy strengthening families A National Center for Children, Youth, & Families

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

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Which HOPE building blocks is the family accessing already?

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How can we address the family's concerns in a HOPE informed manner?

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How did we apply HOPE?

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We found HOPE in a HOPEless case...now what?

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Follow up 3 months later...

- Mom still unemployed
- Mom -6 weeks pregnant
- Kiddo acting out x 6 weeks
- Younger siblings acting out
- Not even sure what they need

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Family's Current Challenges and Concerns

- Mom still unemployed
- Unexpected pregnancy
- 11 yo acting out
- Siblings acting out
- Overwhelmed

- SNAP, TANF, work permit in place
- Established prenatal care
- Depression and anxiety screens positive
- Never connected with therapy

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HOPE + Strengths-based principles

Identify and Validate Strengths → Offer HOPE building blocks to bolster existing strengths → Offer HOPE building blocks to bolster relative areas of weakness

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What STRENGTHS does this family have?

Family Protective Factors strengthening families

- Parental resilience
- Social connections
- Knowledge of parenting and child development
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Which HOPE building blocks is the family accessing already?

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How can we address the family's concerns in a HOPE informed manner?


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How did we apply HOPE?

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Diving in to HOPE

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Screening for PCEs

Checklists

Benevolent Childhood Experiences

- 10 items
- Validated in small samples


Positive Childhood Experiences

- 7 items
- Validated in population surveys


Conversational

- Based on four building blocks
- *Tell me about a time when things worked out OK for you*
- **Identify**, honor, and promote PCEs

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Screening for PCEs

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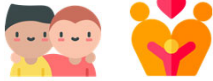
45



Positive Childhood Experience (PCE) Scale


Thinking back to your childhood, how often did you:

1. Feel able to talk to their family about feelings
2. Feel their family stood by them during difficult times
3. Enjoy participating in community traditions
4. Feel a sense of belonging in high school
5. Feel supported by friends
6. Have at least two non-parent adults who took genuine interest in them
7. Feel safe and protected by an adult in their home



- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 ("felt safe/home") to 0.72 ("family stood by/difficult times")

Bentall, C., Jones, J., Gonzalez, N., Sage, R. Positive Childhood Experiences and Adult Mental and Physical Health
© Behavioral Science Association of Health Services Researcher Childhood Experiences Study, 2019. v10102017



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Benevolent Childhood Experiences

When you were growing up, during the first 18 years of life

- Did you have at least one caregiver with whom you felt safe?
- Did you have at least one good friend?
- Did you have beliefs that gave you comfort?
- Did you like school?
- Did you have at least one teacher who cared about you?
- Did you have good neighbors?
- Was there an adult (non-parent / caregiver) who could provide you with support and advice?
- Did you have opportunities to have a good time?
- Did you like yourself or feel comfortable with yourself?
- Did you have a predictable home routine, like regular meals and a regular bedtime?

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Benevolent Childhood Experiences Scale Evidence

Clinical Validation

Merrick et al. J of Family Psych 2019
Narayan et al. Child Abuse & neglect 78 (2018) 19-30


- Validated in homeless and high-risk pregnant people
- Only "modestly" correlated with ACEs
- Protected against psychological stress
- Neither ACEs nor BCEs predicted parenting stress

BCEs as Counter-ACEs


Crandall et al Child Abuse and Neglect 2019

- Study done on Amazon-Turk (N=264)
- Protection against poor health
- Better adult wellness

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Screening for PCEs

Checklists

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- 10 items
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Positive Childhood Experiences

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Conversational

- Based on four building blocks
- *Tell me about a time when things worked out OK for you*
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The Four Building Blocks of HOPE



RELATIONSHIPS



ENVIRONMENT



ENGAGEMENT



EMOTIONAL GROWTH

Relationships with other children and with other 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.

Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. *Academic Pediatrics* 2017; 17:579-585



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Relationships with other children and with other adults through interpersonal activities.





RELATIONSHIPS



ENVIRONMENT



ENGAGEMENT



EMOTIONAL GROWTH

HOPE Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. *Academic Pediatrics* 2017; 17:579-585

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Questions to find out about relationships

Type in to chat box -

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




RELATIONSHIPS **ENVIRONMENT**

ENGAGEMENT **EMOTIONAL GROWTH**

HOPE Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:579-585

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Questions to find out about environments:

Type in to chat box -

54

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




HOPE Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:579-585

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Questions to find out about engagement

Type in to chat box -

56

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





HOPE Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:579-585

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Questions to find out about emotional growth

Type in to chat box -


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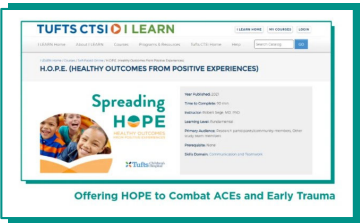
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HOPE Resources and Materials



**Newly Launched:
Spreading HOPE
Online Learning
Course**

Offering HOPE to Combat ACEs and Early Trauma

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HOPE Resources and Materials

HOPE Resources for Parents and Providers

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HOPE Resources and Materials

Toolkit: HOPE as an Anti-Racist Framework in Action

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HOPE Resources and Materials

Toolkit: HOPE as an Anti-Racist Framework in Action

1. Start with the data
2. Engage the community
3. Change Policy

Examples:

- Pre-school expulsion
- Asthma and housing


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Type 1 vs. Type 2 thinking


Type 1 Thinking

- ✓ Fast, intuitive, unconscious thought
- ✓ Everyday activities
- ✓ Effortless
- ✓ Training and experience



Type 2 thinking


- ✓ Slow, calculating, conscious thought
- ✓ Solving a problem
- ✓ Takes more effort!
- ✓ Something novel



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Type 1 vs. Type 2 thinking

Implicit biases are imbedded in Type 1 thinking




Unconscious, immediate reactions to difference

Type 2 thinking can help us notice and navigate our biases




Slow, conscious strategies to mitigate bias



Project Implicit®

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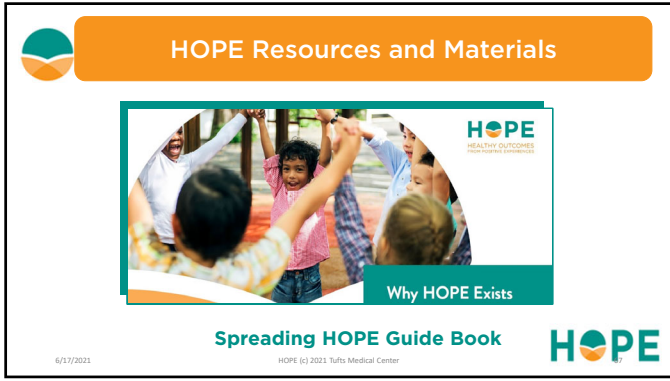
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Strategies to Combat Implicit Biases

- 1
Stereotype Replacement | Recognizing stereotypic responses within oneself, labeling them, and replacing them with non-stereotypic responses
- 2
Counter-stereotypic Imaging | Imagining examples of out-group members who counter popularly held stereotypes
- 3
Individuating | Viewing others according to their personal, rather than stereotypic, characteristics
- 4
Perspective Taking | Adopting the perspective in the first person of a member of a stigmatized group
- 5
Contact | Increasing exposure to out-group members

Burgess, D., van Ryn, M., Davidoff, J., & Salas, S. (2007). Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology. *Journal of General Internal Medicine*, 22(6), 882-887. ©
Devine, P. G., Forstner, P. S., Austin, A. J., & Cox, W. T. L. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology*, 48(6), 1267-1276.

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HOPE Resources and Materials

HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

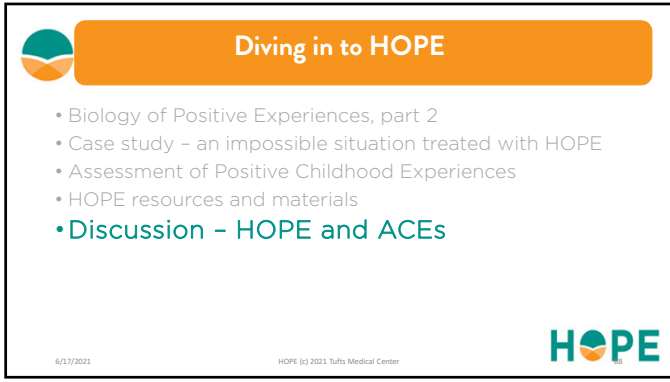
Why HOPE Exists

Spreading HOPE Guide Book

HOPE

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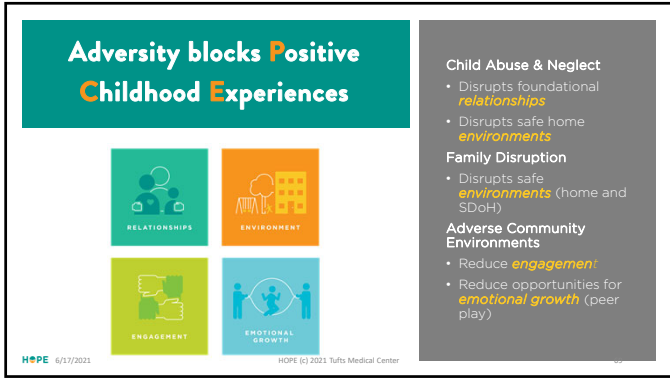
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Adversity blocks Positive Childhood Experiences

RELATIONSHIPS ENVIRONMENT ENGAGEMENT EMOTIONAL GROWTH

Child Abuse & Neglect

- Disrupts foundational *relationships*
- Disrupts safe home *environments*

Family Disruption

- Disrupts safe *environments* (home and SDoH)

Adverse Community Environments

- Reduce *engagement*
- Reduce opportunities for *emotional growth* (peer play)

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**Your
Commitment**

What are YOU going to do tomorrow to infuse HOPE into your work?




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We carry our past with us

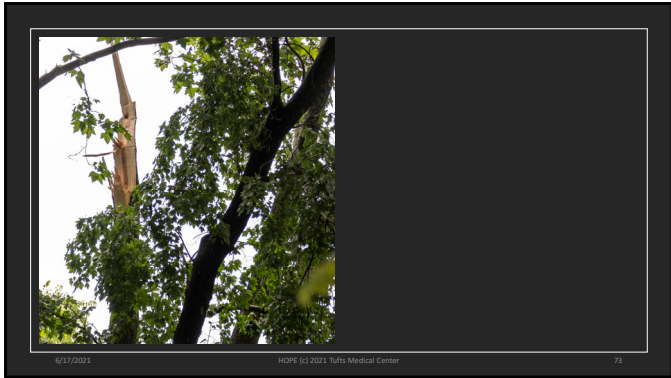




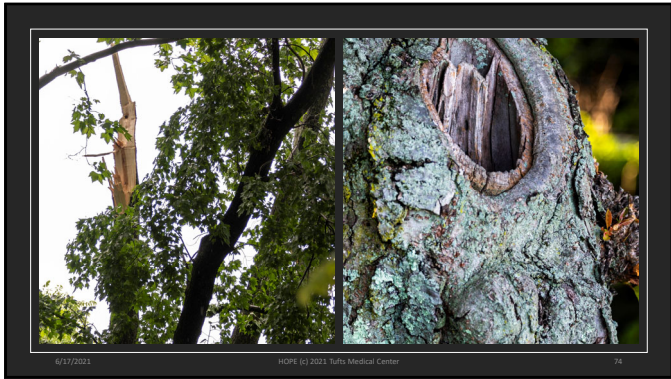
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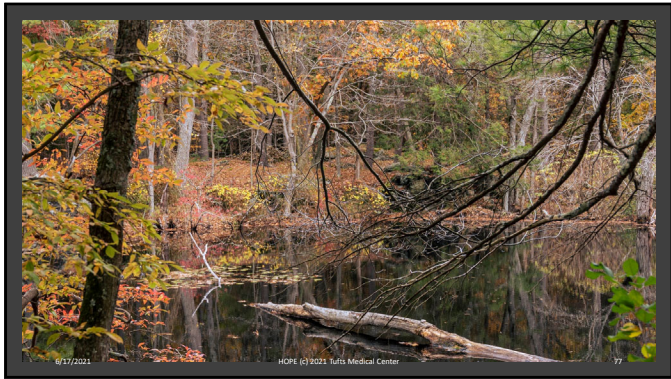
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Join us in the HOPE transformation

<p style="text-align: center; font-weight: bold; margin: 0;">LEARN</p> <p style="font-size: small; margin: 5px 0 0 0;">Visit our website Download our material Watch our videos Complete online course</p>	<p style="text-align: center; font-weight: bold; margin: 0;">SHARE</p> <p style="font-size: small; margin: 5px 0 0 0;">Tell your colleagues Encourage your agency to sign up for a HOPE workshop</p>	<p style="text-align: center; font-weight: bold; margin: 0;">ACT</p> <p style="font-size: small; margin: 5px 0 0 0;">Sign up for a Train the Trainer Use the Anti-racism Toolkit to increase access to the 4 Building Blocks Make intake and assessment forms HOPE-informed</p>
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HOPE

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