What Happens After ACE Screening? Effective Clinical Response Rachel Gilgoff MD

Objectives

- Describe methods for assessing **protective factors** and **symptoms** related to ACEs and toxic stress
- Describe evidence-based strategies for toxic stress regulation which can help patients reduce stress and build resilience:
 - Healthy relationships;
 - Sleep;
 - Nutrition;
 - Physical activity;
 - Mindfulness;
 - Access to Nature; and
 - Mental health.

DECEMBER 09, 2020

Roadmap for Resilience

The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health



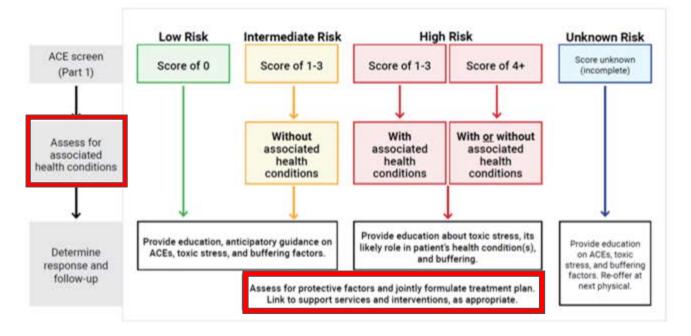


Clinical response to identification of ACEs and increased risk of toxic stress should include:

- 1. Applying principles of **trauma-informed care** including establishing trust, safety, and collaborative decision-making.
- 2. Supplementing usual care for ACE-Associated Health Conditions by providing patient education on toxic stress and offering strategies to regulate the stress response (using seven evidence-based strategies for toxic stress regulation)
- 3. Validating existing strengths and protective factors
- **4. Referrals** to patient resources or interventions, such as educational materials, social work, school agencies, care coordination or patient navigation, community health workers.
- **5.** Follow-up as necessary, using the presenting ACE-Associated Health Condition(s) as indicators of treatment progress.

ACEs and Toxic Stress Risk Assessment Algorithm - Pediatrics

Full algorithm is available at: ACEsAware.org/clinical-assessment









Assess for ACE-Associated Health Conditions

ADHD Aggression/fighting Alcohol/Drug Use Anxiety Depression **Developmental** Delay Enuresis Encopresis Headaches Learning Problems Pain PTSD

Cardiovascular Disease Diabetes Failure to Thrive Hepatitis Late menarche Overweight Obesity Stroke

Allergies Arthritis Asthma COPD Eczema Increased infections Urticaria

Assess for Protective Factors

Protective factors:

"intrinsic or extrinsic

conditions or attributes

that mitigate risk for toxic

stress"

Intrinsic Factors

- Curiosity in learning
- Ability to pay attention
- Ability to regulate emotions
- Neuro, Endo, Metabolic, Immune Genetic and Epigenetic factors

Extrinsic Factors

- Buffering relationships
- Supportive environments
- Community resources

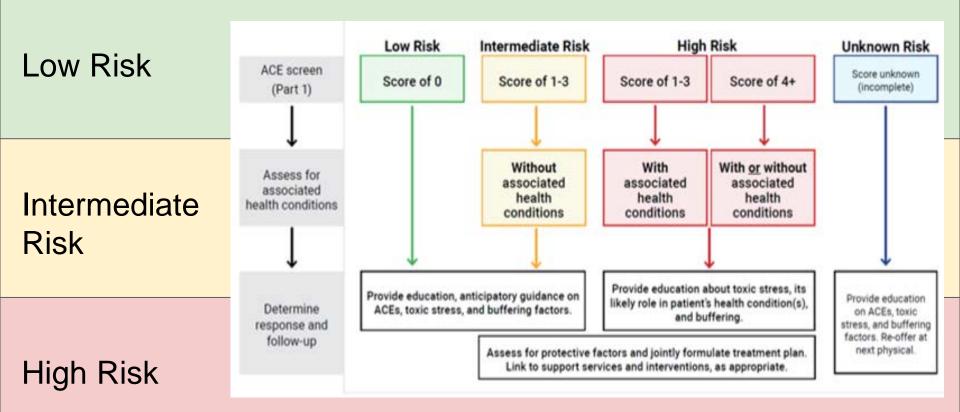
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Evidence-based Strategies for Toxic Stress Regulation



*Figure 9. Employing the evidence-based strategies for toxic stress regulation can help patients reduce stress and build resilience. Reproduced with permission from ACEs Aware.*²⁶

A Toxic Stress Action Plan!



Healthy Relationships

- Anticipatory guidance:
 - We live longer!
 - Hugs are protective!

- Talk Read Sing and Reach Out and Read
- Encourage "time in" with your children, friends and relatives!
- Connect with community programs
- Support groups
- Home visiting programs, Parenting programs
- Mental health, Family Therapy, and targeted dyadic interventions:
 - Attachment and Biobehavioral Catch-up (ABC), Child-Parent Psychotherapy (CPP), and Parent-Child Interaction Therapy (PCIT)

Sleep

- Anticipatory guidance:
 - Sleep disturbances are common.
 - Healthy sleep can improve neurological, endocrine, metabolic and immune regulation
 - Sleep hygiene
- Additional support: night light, weighted blanket, relaxation techniques, journaling, or conversations with a trusted adult/friend to address specific worries.
- Meditation, yoga, exercise during the day
- Medications
- Sleep Study and referral to sleep speciality
- Referral to mental health for cognitive-behavioral therapies.

Nutrition

- Anticipatory guidance:
 - Stress can INCREASE or DECREASE appetite
 - Stress can increase cravings for high-fat and high-sugar foods
 - Western diet associated with increased inflammation
 - Anti-inflammatory diet: fruit, vegetables, fish, whole grains
- Consider Omega-3 Fatty Acid supplementation
- Trauma-informed weight loss programs
- Tie into other domains eat with family and friends, physical activity, mindful eating
- Nutritionist or Dietician support
- Referral to needed specialist (anorexia clinics, obesity clinics, Cardiology, Endocrinology, GI, etc.)

Physical Activity

- Anticipatory guidance:
 - Physical activity improved memory, attention, cognition, mental health, immune function
 - May help promote the positive stress response, metabolize increased energy associated with anxiety or stress, and increase resilience factors
- Brief physical activity breaks to release excess energy
- Moderate-intensity aerobic activity, for longer durations, three times or more a week
- Activities that combine physical activity with self-regulation skills and breathing techniques, such as martial arts and yoga, may also be beneficial
- Low mood and stress have been identified as barriers to exercising; professional support may help patients overcome these barriers.

Mindfulness Practices

- Anticipatory guidance:
 - Nonjudgmental, moment-to-moment awareness that involves attention, intention, and a kind attitude
 - Can support trauma healing and regulation of stress
 - Improved cardiovascular and immune health

- Online and downloadable apps
- Other mind-body practices: including tai chi, yoga, acupuncture, breathing techniques, massage therapy, and neurofeedback.

Mindfulness-based stress reduction (MBSR)

Nature

- Anticipatory guidance:
 - Parks, local green spaces, playgrounds, and even indoor plants.
 - Decreases diabetes, depression, heart rate, blood pressure, and mortality
 - Calms the stress response system and increases healthy behaviors such as physical activity, mindfulness, and relational health
- Park Prescriptions! <u>Parkrx.org</u>
- Encourage green space.
- Providers can recognize that there may be cultural, community, and policy barriers to equal access to nature. Access to nature is a social justice health issue.
- Referral to ecotherapy, wilderness therapy, or adventure-based treatment programs.

Mental Health

- Anticipatory guidance:
 - Mental health providers can help patients build skills and capacities for resilience, directly address trauma-related symptoms, provide a safe, supportive, and trusting clinical relationship
 - Behavioral and mental health programs may improve physical health and neuro-endocrine-immune-metabolic dysregulation
- Address barriers to mental health services (access, engagement, stigma)
- Consider: multidisciplinary teams, integrated behavioral and mental healthcare, care coordination, and medical home models
- Linguistic and cultural congruence between provider and patient is critical
- Referral to Developmental and Behavioral Pediatrics
- Referral to Mental Health
- Medications

Evidence-Based Mental Health Therapies

Therapy	Ages	General Description
Child-Parent Psychotherapy	Birth to 6 years	Dyadic intervention for young children and their caregivers that supports family strengths and relationships. ^{586,587,994}
Parent-Child Interaction Therapy	2 - 12 years	Dyadic parent training treatment that emphasizes improving the quality of the parent-child relationship and interactions. ⁹⁹⁵⁻⁹⁹⁷
<u>Cue-centered therapy</u>	8 - 18 years	Protocol of 15 sessions through which children and caregivers learn about traumatic stress, how to cope rather than avoid, and the value of verbalizing their life experiences. ^{998,999}
Trauma-focused cognitive behavioral therapy (TF-CBT)	Verbal children and adults	A structured, short-term treatment model for children and adults who have experienced trauma. ¹⁰⁰⁰⁻¹⁰⁰²
Eve movement desensitization reprocessing (EMDR)	Verbal children and adults	Focuses on helping clients resolve unprocessed traumatic memories. ¹⁰⁰³⁻¹⁰⁰⁵
Family systems therapy	Verbal children and adults	Supports resolving family conflict or issues.1006,1007
Cognitive processing therapy	Adolescents and adults	A type of CBT, generally 12 sessions, that helps modify maladaptive thinking related to their trauma. ¹⁰⁰⁸
Prolonged exposure therapy	Adolescents and adults	A CBT approach that helps clients gradually approach their memories, feelings, and situations of trauma. ¹⁰⁰⁹

Thank you!

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