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AVA Global Summit

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Objectives

- Recognize the importance of children’s social-emotional development, and the role of parental health and wellness in promoting safe, stable, nurturing relationships necessary for optimal SE health.

- Understand the potential role of assessing parental trauma in the broader context of early childhood screening tools, and how these tools collectively form an integrated view of family health.

- Stimulate thinking in how we approach pediatric primary care in a new, more trauma-responsive way.

The Road Thus Far

- The Oregon Pediatric Society START program
  - 2007 – developmental screening and autism
  - 2008 – maternal depression screening
- Adverse Childhood Experiences, Johns Hopkins Pediatric Integrated Care Collaborative
  - 2013 – parental ACE screening, parental resilience screening
- Addressing Social Health and Early Childhood Wellness (ASHEW)
  - 2020 – social determinants of health and social-emotional screening
- Building resilience and promoting Positive Childhood Experiences
  - 2020 – universal resilience interventions
  - 2021 – parental PCE screening

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What is Social-Emotional Health?

Social and emotional health refers to a child's ability to:

- Form secure relationships
- Experience and regulate emotions
- Explore and learn

- SE health is the child-centric interpretation of "early relational health", which emphasizes the centrality of the caregiver relationship in appropriate SE development.

Attachment and Attunement: Foundations of Relational Health

- John Bowlby – 1907-1990
- Emotional bonds are basic for survival
- Care seeking and care giving are complementary
- Current conceptualization refers to “safe, stable, nurturing relationships” (SSNRs) as foundational to SE health

Attachment and Mirror Neurons

Why Focus on Early Relational Health?

- A child's developmental trajectory – both positive and negative – is dependent on their early relationships.
- Problems in early social, emotional, and behavioral development will predict early school failure… which predicts later school failure.
- Intervening early helps to prevent the need for later, and more expensive interventions – both in the educational system and the mental health system.
- According to parents, social-emotional health significantly contributes to Kindergarten success, but is also the area where parents need the most support.

Georgetown University Center for Child and Human Development, OHA Metrics & Scoring / HAKR Workgroups

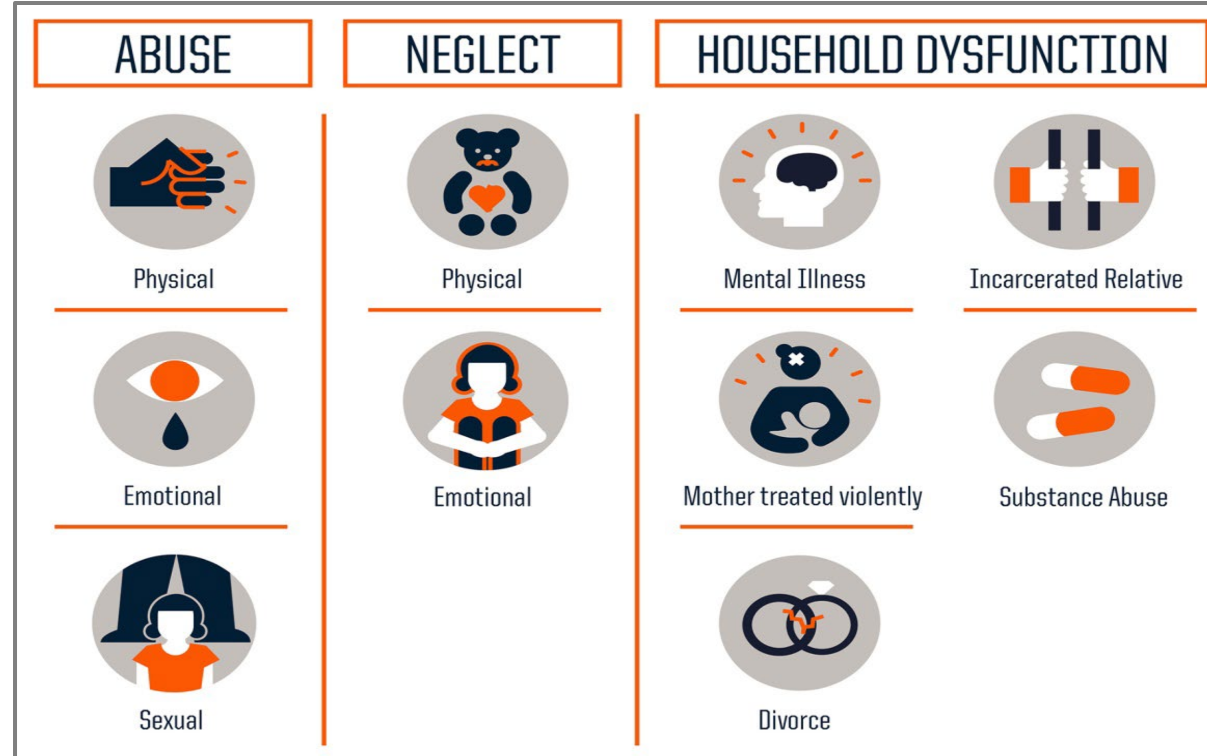
What Gets in the Way of Early Relational Health?

- Environmental risk factors – unsafe communities, lack of resources for parents, poor quality child care
- Family risk factors – maternal depression, adverse childhood experiences such as household mental health or substance use, poverty, intimate partner violence
- Child factors – difficult child temperament, chronic medical problems, developmental delays

Adverse Childhood Experiences

"We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

Felitti, et al. Am J Prev Med 1998;14:245–258



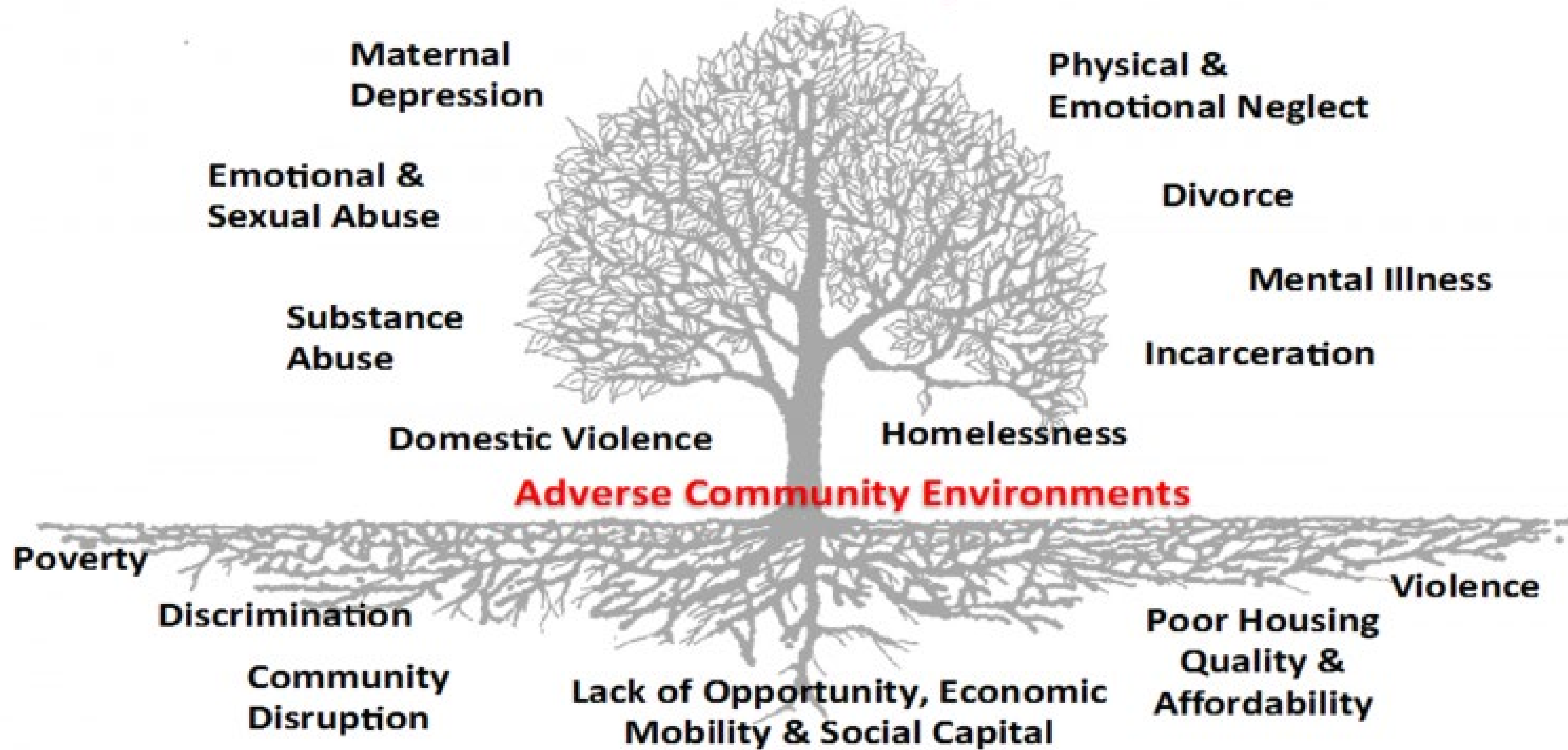
Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

Beyond ACEs… Stress and Toxic Stress

- Normal stress: Everyday pressure that pushes us to perform. Usually temporary and has an activating effect.

- Tolerable stress: Negative events (usually temporary or one-time) that are well-buffered by coping strategies and support of those around us.

- Toxic stress: Chronic, repeated stresses – often committed by those who are supposed to support us – and which overwhelm our capacity for coping.



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

Cumulative Burden of Recurrent or Persistent Exposure to Trauma

- Alterations in brain architecture
- Changes in gene expression
- Endocrine and immune imbalance
- Decreased executive function and affect regulation
- **Interference with relational health**
- Behavioral allostasis
- Chronic illness, health disparities, decreased quality and length of life

Adjusted risk for suspected developmental delay

	Relative Risk (95% CI)	
	[a]Maternal (n=311)	[b]Paternal (n=122)
[c]ACE		
≥ 1	1.25 (0.77, 2.00)	2.47 (1.09, 5.57)**
< 1 (Ref)	-	-
≥ 2	1.78 (1.11, 2.91)**	3.96 (1.45, 10.83)***
< 2 (Ref)	-	-
≥ 3	2.23 (1.37, 3.63)***	0.82 (0.12, 5.72)
< 3 (Ref)	-	-
Payer source		
Public	1.67 (1.05, 2.67)**	0.87 (0.37, 2.03)
Private (Ref)	-	-
Gestational age at birth		
< 37 weeks	1.70 (0.89, 3.24)	7.76 (3.12, 19.33)***
≥ 37 weeks (Ref)	-	-

* = p <0.1, ** = p <0.05, *** = p <0.01

Parental ACEs and Behavioral Outcomes

- Compared to children whose parents have no ACEs, a child whose parent has 4+ ACEs has:
  - 2.3 point higher score on the Behavior Problems Index (BPI)
  - 2.1x higher odds of hyperactivity
  - 4.2x higher odds of emotional disturbances
- Correlations were stronger for maternal ACEs than paternal ACEs.

Schickedanz et al., *Pediatrics*. 2018;142(2).

Parental ACEs and Health Outcomes

- For each additional parental ACE:
  - Worsening overall health status (aOR 1.19)
  - Increase rates of asthma (aOR 1.19)
  - Increase in excessive media use (aOR 1.16)

- Since these effects are cumulative, if a parent has 6+ ACEs, their child has 6.38x the risk of asthma.

Lê-Scherban et al., *Pediatrics*. 2018;141(6).

Parental ACEs and Utilization Patterns

- For each additional maternal ACE, there is a 12% increased risk of missing well visits in the first two years.
- This did not result in missing immunizations.

- However, given the risk of developmental delays, it is likely that:
  - Parents are not receiving anticipatory guidance on developmental promotion.
  - There may be an increased risk of missing on-time administration of standardized developmental screens, meaning a potential delay in referral to services.

Eismann EA et al.(…Gillespie RJ), J Pediatr 2019;211:146-51.

So what?

- We believe the correlations between parental trauma and their child's developmental and behavioral outcomes are due to disruptions in ERH.
- Therefore, in order to promote SE health, primary care providers must promote early relational health by assessing barriers experienced by the family.
  - Parents who have experienced ACEs (particularly in the absence of PCEs), may not have experienced appropriate modeling in positive parenting, self care, and an understanding of normal child development.
  - Parents who experience SDoH may be physically and / or emotionally unavailable to build relational health with their children.
  - Parents who experience peripartum depression or anxiety may have challenges observing and responding to infant's cues, and may not have the energy to actively promote their child's development.

Promoting SSNRs in caregiver-child dyads requires careful support of caregiver health and wellness.

Screening Tools and Recommendations

Current State:

Maternal Depression at 2 weeks, 2 months, 4 months, 6 months

Development

Autism at 18 a

Social-Emotio

rvals

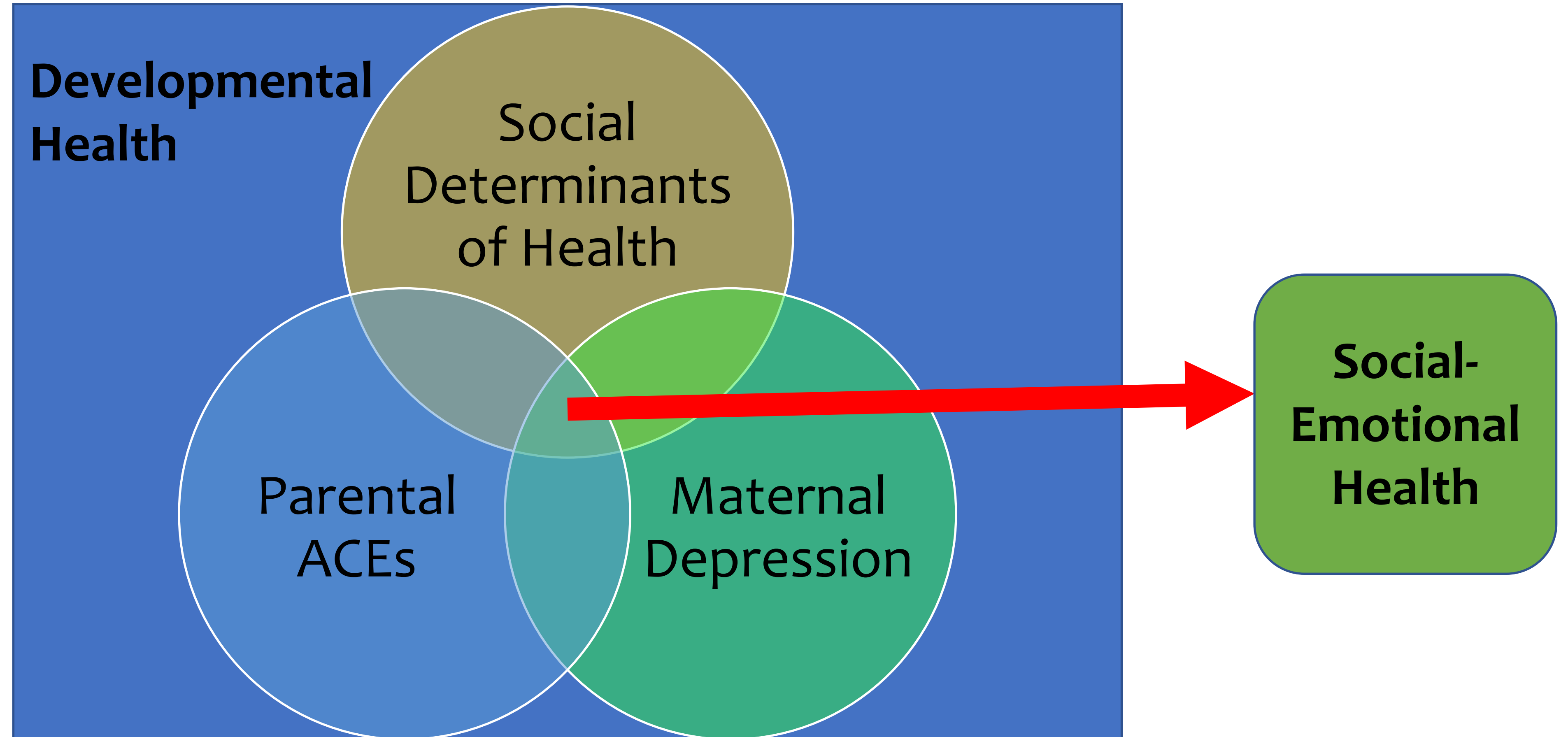
Pass / Fail?

Refer or observe?

Move on…

Toxic stress / trauma history (patient or parent), Social Determinants of Health at undefined intervals

Future State: An Integrated Screening Model



Beyond Screening

- That said, screening is necessary but not sufficient for promoting SSNRs between caregivers and their children.
- In order to effectively promote SSNRs, we have to actively work on enhancing them, or building and supporting them when they are threatened.

Public Health Level	Types of Prevention	Approaches to Toxic Stress	Examples	Approaches to Relational Health
3	Tertiary	Indicated Treatments for toxic stress related symptoms and diagnoses (e.g., anxiety, PTSD)	ABC PCIT CPP TF-CBT	Repair strained or compromised relationships
2	Secondary	Targeted Interventions for those at higher risk of toxic stress responses	Parent/Child ACEs SDoH	Identify / Address potential barriers to SSNRs
1	Primary	Universal Preventions (anticipatory guidance, consistent messaging)	Positive Parenting ROR Play	Promote SSNRs by building 2-Gen relational skills

Slide adapted from *Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health*, Garner and Saul, 2018. Used with permission.

Universal Resilience Interventions

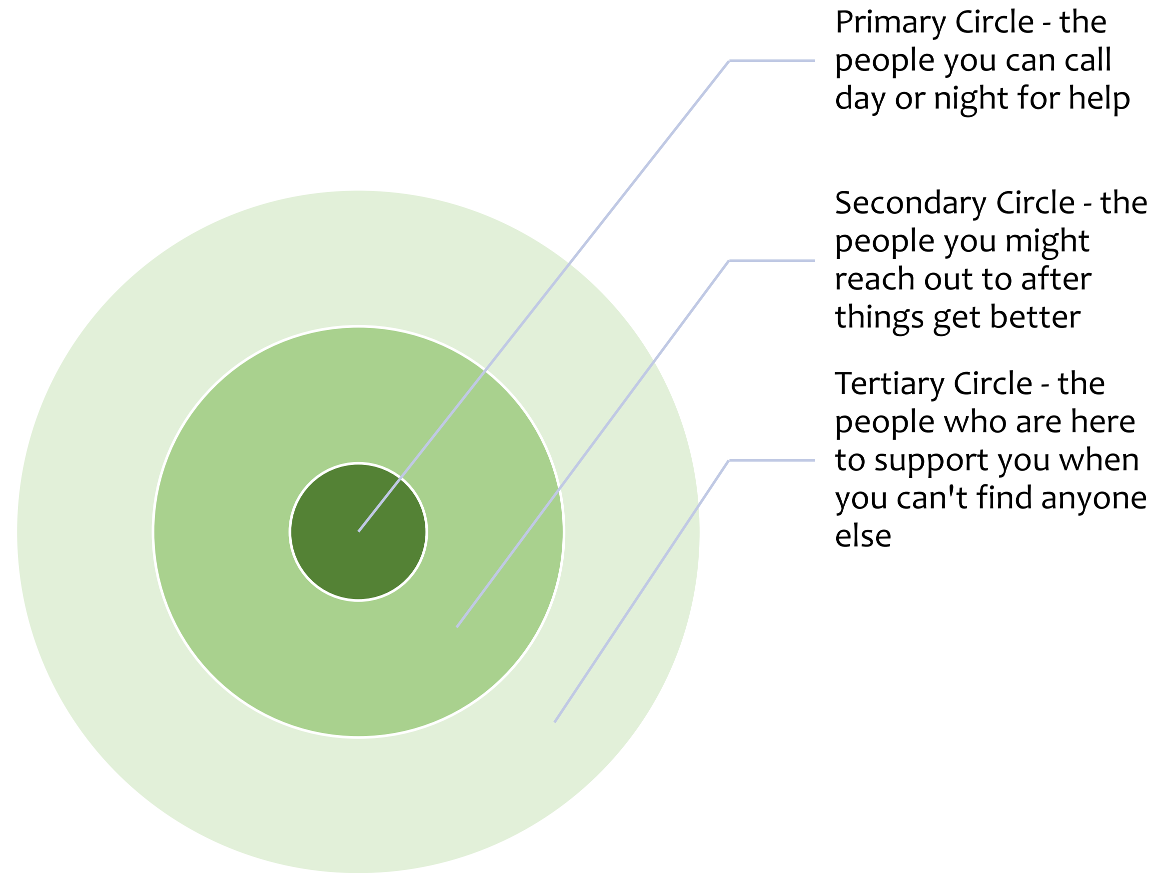
- Complements of Amy Stoeber, PhD – all providers are trained in a series of interventions that are implemented universally at well visits.
- Assuming that ACEs interfere with parent-child attachment…
  - Interventions relate to parent self-care, promoting attachment / attunement, and building resilience in parents.
- Building in data collection to measure outcomes for kids based on whether interventions were delivered (and which ones).

Creating a Culture of Safety…and a Space to Heal

- **Positive relationships with providers matter for building resilience.**
  - Children with 2+ ACEs whose parents report that their child's health care providers "always" listen, spend needed time, and give needed information are over 1.5x more likely to live in families that practice four basic resilience skills.
  - Children whose parents report "always" having positive communication with their child's health care providers are over 1.5x more likely to practice 3 or more (of 5) recommended protective family routines and habits.

    - National Survey of Children's Health, www.cahmi.org

Circle of Support Intervention



Self-Care Intervention

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Balancing ACEs: Asking About Positive Childhood Experiences

- Before the age of 18, I…
  - Was able to talk with the family about my feelings
  - Felt that my family stood by me during difficult times
  - Enjoyed participating in community traditions
  - Felt a sense of belonging in high school
  - Felt supported by friends
  - Had at least two non-parent adults who took a genuine interest in me
  - Felt safe and protected by an adult in my home

- From Bethell C, et al (2019). JAMA Pediatrics 173(11), e193007

Rounding out the conversation

- Which of these positive childhood experiences are you most excited to have happen for your child?
- How are you doing with making that experience happen?
  - I’m doing great
  - I need some help with this
  - I don’t need to discuss this right now
- Is there anything that you think would be helpful for your pediatrician to provide right now?

Supporting Families

- Screen for risks
- Identify strengths and support resilience
- Refer when needed

- But more importantly… **change the culture of practice**.
  - Radical acceptance… suspending judgment, blame and stigma.
  - Recognize that children develop in the context of a healthy family.
  - Remember that resilience is learned and improved upon in relationships… it can't be done alone.

The Road Ahead

- How do we ensure social-emotional PROMOTION in our support of families, rather than just responding to a screen that identifies a patient or family as "at-risk"?
- How do we help parents and families understand social emotional health – and the concept of SSNRs – and their roles in wellness?
- How do we create a culture where parent trauma, social determinants of health, and other barriers to SSNRs are just part of the way we do business in primary care?
- How do we collectively – primary care providers and CBOs – respond appropriately to family needs?

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