National Pediatric Practice Community on ACEs Screening Pilot

Training and Technical Assistance Guide





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A. Project Implementation





1. Background and Operations





What are Adverse Childhood Experiences (ACEs)?

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that children experience before age 18. Exposure without a positive buffer can cause a toxic stress response in children, which can lead to higher risk for health problems, like asthma and diabetes, as well as learning difficulties and behavioral issues.

The term "ACEs" was coined in 1998 following the publication of the Adverse Childhood Experiences Study (ACEs Study). ACEs are grouped into three categories: abuse, neglect, and household dysfunction (Felitti & Anda, 1998; RWJF, 2013). The ACEs Study and subsequent studies on ACEs and toxic stress have surfaced a public health crisis hidden in plain sight.



10 ACEs Identified in the ACEs Study

Source: Robert Wood Johnson Foundation, 2013

These 10 ACEs have been found to be associated with long-term health consequences among a large sample population. However, subsequent research is exploring the relationship between other early childhood events and circumstances on health.

ACEs are highly prevalent

The majority of people, irrelevant of socio-economic, racial and cultural background, are affected by some level of adverse childhood experiences. This widespread exposure is why public health leaders and child advocates have called the unaddressed exposure to ACEs a public health crisis.



Sources: Felliti & Anda, 1998; Bethell et al, 2014; Bright et al, 2015; Wing et al, 2015; Flaherty et al, 2013

Since 1990, many additional studies have replicated and expanded these findings around the ongoing and significant prevalence of this issue.

ACEs are associated with health impairment across the life course

The study also found that ACEs were strongly related to the prevalence of numerous health problems (Felitti & Anda, 1998). In children and adolescents, ACEs have been associated with:

- · Fair or poor general health (Bethell et al, 2014; Flaherty et al, 2013)
- · Illness requiring a doctor (Flaherty, 2013)
- · Increased risk for infection (Lanier et al, 2010; Wyman et al, 2007; Caserta et al, 2008)
- · Increased somatic complaints (e.g., headaches, nausea) (Flaherty et al, 2009)
- · Poor or disturbed sleep (Armitage et al, 2009; Wolke & Lereya, 2014)
- Fair or poor dental health (Bright et al, 2015)
- · Lifetime asthma (Bethell et al, 2014; Wing et al, 2015)
- · ADHD (Bethell et al, 2014)
- · Autism (Bethell et al, 2014)
- · Being overweight or obese (Bethell et al, 2014; Burke et al, 2011).

ACEs are associated with children's learning and behavioral issues

In addition, studies have found an association between ACEs in childhood and adolescence and significant cognitive delays and learning difficulties, as well as delinquent behavior, bullying, physical fighting, dating violence, and weapon-carrying (Burke et al, 2011; Duke et al, 2010; Enlow et al, 2012; Strathearn et al, 2001; Richards & Wadsworth, 2003).

ACEs are associated with increased risk for chronic disease in adults

In adults, ACEs have been found to have a strong, dose-response association with cardiovascular disease, chronic lung disease, cancer, diabetes, headaches, autoimmune disease, sleep disturbances, early death, obesity, smoking, general poor health, depression, posttraumatic stress disorder, anxiety, problematic alcohol use, substance abuse, sexual risk taking, mental ill health, interpersonal and self-directed violence (Kalmakis & Chandler, 2015; Hughes et al, 2017).

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What is Toxic Stress?

Exposure to Adverse Childhood Experiences (ACEs) without a positive buffer can cause a toxic stress response in the body.

The toxic stress framework was developed to bring to light decades of basic and clinical research conducted on the biological impacts of early life stress and childhood adversities. Since this initial work, the American Academy of Pediatrics (AAP) has published numerous policy statements calling for increased understanding and action to address toxic stress in pediatric populations impacted by adversity (Garner et al, 2012; Shonkoff 2012; Shonkoff 2010).

The toxic stress framework categorizes three types of stress responses:

- Positive stress response: A brief physiological state characterized by the activation of the hypothalamic-pituitary-adrenal (HPA) axis in response to a mild or moderate stressor. The body returns to homeostasis through the activation of the autonomic nervous system once the individual is no longer exposed to the stressor. Positive stress is a normal and important part of healthy development.
- Tolerable stress response: The physiological state resulting from exposure to a threat that is greater in severity or duration than positive stress. In the presence of the buffering effects of a supportive caregiver and effective coping mechanisms, the body can adapt to this type of stress and is able to return to homeostasis.
- Toxic stress response: An intense, frequent, and/or sustained activation of the body's stress response and autonomic nervous system, in the absence of buffering by a caring adult, results in a dysregulation of the neuroendocrine and immune (NEI) system. This dysregulation doesn't allow the body to return to homeostasis and therefore is considered "toxic" for the body, especially in children during their most critical years.

Systemic Impacts

Toxic stress can have far-reaching implications on the body through cumulative effects of a chronically dysregulated stress response system. The chronic dysregulation of the neuroendocrine immune system via the hypothalamic-pituitary axis (HPA) has been documented to compromise nervous, immune, cardiovascular, reproductive, & endocrine systems (Bucci et al, 2016). Multi-systemic alterations result in changes to the body's metabolic and epigenetic functioning (Bucci et al, 2016). Exposure to adversity early in life, particularly during sensitive periods of child and adolescent development, are especially problematic due to enhanced sensitivity and likelihood of permanent and long-term integration into regulatory biological processes (Johnson, 2013).

- Nervous system: Disruption to architecture and neurochemistry of the developing brain, including structural and functional changes to the hippocampus, prefrontal cortex, and amygdala, may lead to an increase in risk of cognitive impairment, attention deficits, learning disabilities, poor executive function, self-regulation, memory and attention, and anxiety (McEwen 2000; Shonkoff 2010; O'Connor 2000; Gallagher & Chiba 1996; LeDoux, 2007).
- Cardiovascular system: Activation of a chronic inflammatory response due to a chronically activated sympathetic response and persistent circulation of inflammatory markers may result in high blood pressure, damaged arteries, early atherosclerosis, risk

of cardiovascular disease, myocardial infarction, and stroke (McEwen 2007; McEwen 1998; McEwen 2004; Steptoe, Hamer & Chida 2007).

- Immune system: Alteration to the natural immune defense responses increase the risk of infections due to high levels of circulating cortisol, decreases in the T-helper mediated cellular immune response, chronic inflammation from persistent proinflammatory cytokines, and reduced capacity for white cells to respond to antiinflammatory signals. These compromised functions also increase the risk for autoimmune diseases such as asthma and irritable bowel syndrome (Johnson 2013; Steptoe, Hamer & Chida 2007; Shonkoff 2014; O'Connor 2000; Segerstrom & Miller 2004).
- Reproductive system: Hormonal imbalances lead to a number of changes, including inhibition of synthesis and secretion of gonadotropin-releasing hormone (GnRH), luteinizing hormone (LH) and follicle-stimulating hormone (FSH), decline in testosterone production, inhibition of steroids biosynthesis and action of LH on ovaries, apoptosis in testes and ovaries; these occurrences can ultimately result in infertility (Whirledge, 2001).
- Endocrine system: Persistently high cortisol levels impact several endocrine organs, including inhibitory effects on glucocorticoid secretion of growth hormone and somatomedin C, inhibition of thyroid prohormone T4 to T3, and inhibited secretion of thyroid-stimulating hormone due to increased levels of somatostatin resulting in metabolic disorders (McEwen 2000; O'Connor 2000; McEwen 1998; Johnson 2013; Pacak & Palkovits 2001; Bose 2009).

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Rationale: Screening for Childhood Adversity

Screening can improve clinical decision-making and prevent negative health outcomes.

Universal screening for Adverse Childhood Experiences (ACEs) is critical. For some children the effects of toxic stress are seen in externalizing behaviors, such as poor impulse control and behavioral dysregulation. In these children, externalizing behaviors may be symptoms of the neurodevelopmental impacts of toxic stress. For other children, the effects of toxic stress may be more hidden. Routine screening offers the opportunity to identify individuals at high risk of toxic stress and offer anticipatory guidance before the child becomes symptomatic or shows effects on his or her health and well-being.

ACEs accumulate over time, providing opportunity for early detection and prompt intervention

Though there are children who experience multiple ACEs in their first few years of life, most children accumulate ACEs over the course of childhood. In a multi-site study of children exposed to or at risk for maltreatment, it was found that by age 6 children had an average ACE score of 1.94. Between ages 6 and 12, on average they accumulated an additional 1.53 ACEs, and then between ages 12 to 16, another 1.15 ACEs (Flaherty et al, 2013).

Age	Average ACE score
0-6 years	1.94
6-12 years	3.47
12-16 years	4.62

Source: Flaherty et al., 2013

One of the important characteristics of the Pediatric ACEs and Related Life-Events Screener (PEARLS) is that it allows for early detection and intervention of adverse experiences. While the plasticity in the brain during early childhood and adolescence is a source of vulnerability to ACEs, it is also an opportunity for intervention and treatment.

The pediatric primary care setting is an ideal setting for universal screening, health promotion and disease prevention

The primary care medical home is uniquely positioned to be the site for routine universal screening for childhood adversity. Some reasons why:

- Primary care physicians are trained in disease prevention and to understand the important role of parents and communities in determining a child's wellbeing.
- Interacting with children and their families at regular intervals can allow patients and providers to develop a trusting relationship, which can facilitate the disclosure of ACEs.

In a survey of 302 pediatricians, 81% agreed screening for family social emotional risk factors is within their scope and 79% agreed that their advice can impact how parents care for their children (Kerker et al, 2015).

With universal screening, we can:

- $\cdot\,$ Raise awareness of the importance of preventing further exposure to ACEs
- · Identify needed specialized treatment for children who have been exposed
- $\cdot\,$ Better tailor health care measures based on an understanding of the child's odds of illness or disease

The American Academy of Pediatrics (AAP) calls on pediatricians to identify and treat adversity and toxic stress

Particularly harmful and stressful relational experiences such as child abuse and neglect can compromise healthy development and negatively impact health in both childhood and later during adulthood (Johnson, Riley, Granger, & Riis, 2013; Felitti et al, 1998; Flaherty 2013; Kalmakis & Chandler, 2015; Oh, et al, 2016).

A dose-response relationship between the number of adversities and likelihood of disease has also been substantiated, with children experiencing a greater number of adversities being at greater likelihood of negative health outcomes (Bethell et al, 2016; Bright et al, 2016).

Given the tremendous research on the negative impacts of adversity on child health and opportunity for meaningful prevention, the AAP has called on pediatricians to play a role in identification and treatment of adversity and toxic stress (Garner et al, 2012).

ACEs screening is accepted by patients and can improve health care utilization

Research has shown that screening for adversity is acceptable among patients. In an adult primary care setting:

- · 79% of patients were comfortable being asked about ACEs
- · 86% felt comfortable being screened for ACEs (Goldstein, Athale, Sciolla, & Catz, 2017)

Inquiry of early adversity can also be met with appreciation. Published studies show that caregivers are receptive to ACEs screening and feel comfortable discussing ACEs with their pediatricians as long as there is a trusting relationship (Goldstein et al. 2017; Koita et al. 2018). Additionally, parents are largely unaware that adverse experiences can have a lasting health impact when children are exposed under the age of 5 (CYW Market Research, 2017). Given that medical providers are cited as one of the most trusted resources for parents on topics related to their children, this finding calls on clinicians to provide guidance in this area.

Addressing childhood adversity in the medical setting has great potential to improve health care utilization. One year after screening for Adverse Childhood Experiences (ACEs) in the Health Appraisal Clinic at Kaiser Permanente of San Diego, clinicians saw a 35% decrease in office visits and an 11% decrease in emergency room visits among participants compared to the prior year. In comparison to a control group that did not undergo screening, screened participants saw an 11% decrease in office visits (Felitti & Anda, 2014).

With screening	Without screening
35% decrease in office visits	11% decrease in office visits
11% decrease in ED visits	
	Source: Felitti & Anda, 2014

Clinical integration of screening into the workflow is possible

Pediatric clinics implementing adversity screening have found that screening can be feasible in a limited resource setting. For example, in an outpatient pediatric setting, office visits improved without impeding factors such as limited time or resistance from caregivers or providers (Gillespie & Folder, 2017).

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Getting Started

How should practices account for their time related to ACEs screening, if most payers aren't accepting claims? For now, organizations may want to take a two-pronged strategy in regards to coding for ACEs screening:

- 1. For tracking purposes, organizations should decide to use one CPT code consistently across an age group, or specific codes for children and for adolescents.
- For billing purposes, organizations can float a claim to payers to see whether or not the claim will be paid. The payer will indicate if it has enough information to reimburse and/or if the code is accepted. Family medicine physicians would have to bill under the child, not the mother, but clinicians could use the same standardized scores.

Following are some codes to try for both tracking and reporting purposes, as well as links to some resources that can provide you with additional information.

Current Procedural Terminology (CPT) Codes

Current Procedural Terminology (CPT) codes identify interventions that clinicians make after or during a patient visit (e.g., providing anticipatory guidance). The AAP formerly recommended using CPT code 99420 when assessing a child's health risk. However, in 2017, code 99420 was deleted and replaced with code 96160 and code 96161, which address administration and scoring of patient-focused and caregiver-focused assessments, but require the instruments used for screening be standardized and scorable to be reimbursable.

- 96160: Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument.
- 96161: Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

A list of commonly reported CPT codes for care for youth who have experienced ACEs can be found in the AAP Coding Fact Sheet For Treating Trauma.

ICD-10 Codes

ICD-10 codes refer to the visit itself (what type of visit it was). Although unspecified Z codes always get bounced back by payers, they can be valuable to for tracking purposes/pulling reports.

In California, some ICD-10 codes have been identified as being related to ACEs screening in the state3 (it will vary by state and payer), including:

- Z59.4: Lack of adequate food or safe drinking water
- Z63.0: Relationship problem between spouse or partners
- Z62.819: History of abuse in childhood
- Z63.5: Family disruption due to divorce or legal separation
- Z63.32: Absence of family member

- Z81.9: Family history of mental and behavioral disorder
- Z63.72: Alcoholism and drug addiction in family
- Z63.9: Problem related to primary support group

A list of commonly reported ICD-10 codes for care for youth who have experienced ACEs can be found in the AAP Coding Fact Sheet For Treating Trauma.

Payer Guidance

Payer guidance regarding coding for ACEs and trauma screening and treatment is not yet available and will vary across health plans. Reimbursement for ACEs screening will vary from state to state.

The AAP is helping to push the industry to catch up, with an active lobbying group that's seeking support for universal reimbursement for screening. With more consistent efforts and more providers billing with these codes, the thought is we'll see a faster response regarding reimbursement guidance from payers.

- 1 Coding for Pediatric Preventive Care, 2017. American Academy of Pediatrics. 2017.
- 2 Policy Statement: Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health, American Academy of Pediatrics. Jan. 2012.
- 3 Ariane Marie-Mitchell, MD, PhD, MPH. Loma Linda Whole Child Assessment presentation. California Pediatric Symposium 2016.

Developed by the National Pediatric Practice Community on ACEs NPPC Member website https://www.nppcacesmembers.org/operational-resources/define-policies/



2. Protocol Development





ACEs Screening Workflow Examples

The purpose of this document is to provide practices with suggested ways to incorporate ACEs screening into the workflow.

A Basic Workflow



Administration of ACEs Screening Tool: A Real-World Example from California Pacific Medical Center's Bayview Child Health Center (BCHC)

Medical Assistant administration of screening tool for well-child visits starting at 9 months and for new patients

- 1. Medical Assistant greets and welcomes the caregiver and patient.
- 2. Medical Assistant informs the caregiver that they will need to fill out several forms prior to the child/youth's appointment. The packet is provided on a clipboard. It is recommended that the ACEs screening tool be included earlier in the packet to increase completion rate.
- 3. Medical Assistant provides a general description of each form in the packet, providing context. She/he informs the caregiver that the Primary Care Provider will review the results with her/him and the child/youth.

Completion of Form

- 4. The caregiver completes the packet and returns it to the Medical Assistant.
- 5. For adolescent patients who complete a self-report (in addition to the caregiver report), the completed screen should be returned separately to the Medical Assistant upon completion.

Review & Score Interpretation

- 6. The packet is provided to the Primary Care Provider for review prior to the appointment.
- 7. The Primary Care Provider reviews the information prior to meeting with the patient.
- 8. The Primary Care Provider carries out the standard well-child check-up, and reviews results with the patient and caregiver. If the form is not filled out before the patient and caregiver meet with the Primary Care Provider, the Provider asks the caregiver and/or patient if she/ he would like to fill it out today, or save it for another visit. (Typically she/he fills it out then).

Patient & Family Education and/or Referral

9. If the ACEs score is "zero," the Primary Care Provider reiterates that this is a screening tool that is used for all patients, and provides anticipatory guidance explaining what ACEs

are and why this information is important. (Sometimes new patients enter "zero" and then later change the score during a follow-up visit, when they feel more comfortable with theProvider.) The Primary Care Provider may make a note in the patient chart to discuss the screening again at a future visit.

- 10. If screening reveals an ACE score, the Primary Care Provider explains why ACE screening has been conducted, and carries out next steps according to the established algorithm. Specifically, for a score of 0-3 with no symptoms, the Provider provides patient education. For a score of 1-3 with symptoms (see symptom list), the Provider provides anticipatory guidance. For a score of 4+, the Provider provides the appropriate referral (with a warm hand-off if possible). When a warm hand-off is not possible, the Primary Care Provider explains what resources are available and asks if the caregiver and/or patient would like a referral. Sometimes the caregiver and/or patient would like to think about it, and the Provider can schedule an extra visit to talk further, or coordinate care with an existing therapist, etc.
- 11. Through conversation with the patient and her/his caregiver, the Primary Care Provider may identify relevant symptoms that should be considered in determining whether a referral for services is clinically indicated. For patients with multiple symptoms, the Primary Care Provider may need to determine what is the most important issue to cover in the time she/he has for the visit; i.e., a child's asthma. Focusing on the most pressing symptom may provide an opening to also talk about interventions like nutrition and exercise, and to schedule future visits to address ACES-related health issues further.

Documentation & Tracking

12. When the Primary Care Provider reviews the ASQ Ages & Stages questionnaire and enters scores and follow-up decisions into the patient record, she/he also adds the ACE score in a specific "free text" field in one of the EHR (NextGen) standard templates.

Standardizing entry of the ACE score across the practice allows the practice to easily pull a monthly report that presents data in an Excel spreadsheet.

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Screening Workflow



Process

Example - Roles



National Pediatric Practice Community on Adverse Childhood Experiences

ACE-Q Scoring Interpretation

ACEs screening provides an indication of a patient's risk of toxic stress. The completed ACE-Q provides one cumulative score. If the patient's score equals zero (0) the patient is considered "low risk" for toxic stress and should be provided psychoeducation regarding ACEs and the impact of prolonged, repeated or severe stress on children's health. If the patient's score equals 1-3 and the patient does not present with additional symptomatology, the patient is considered "intermediate risk". The primary care provider should offer anticipatory guidance on toxic stress and potential symptomatology, education on building resilience, and assess for needed support services. If the patient's score is one to three (1-3) with symptomatology, or four (4) or higher, the provider should provide anticipatory guidance and education on intervention and make an appropriate referral/ linkages to treatment services.



Low Risk

Intermediate Risk

High Risk





ACEs Screening Pilot Decision Guide Checklist

Sc	Screening Protocol							
		Screening tool:						
		Target population:						
		Clinic location:						
Sc	Screening Protocol							
		Tool administration/workflow:						
		Scoring plan:						
		Documentation plan:						
		Evaluation plan/data collection:						
		Rollout date:						
Pc	Post-screening							
		Education plan:						
		Referral plan:						
		Next coaching call:						
		Coaching plan:						



Notes:

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B. Support Materials: Provider & Parent Education





1. Provider Informational Materials





Providing Anticipatory Guidance for ACEs Screening

Most parents are new to Adverse Childhood Experiences (ACEs) screening, so setting the stage with effective anticipatory guidance can help address questions and relieve possible worries. Anticipatory guidance can also help build parents' trust in the pediatrician and result in better information from the screening.

Tips for Introducing the ACEs Screen to Families

- Normalize the screening. Explain that the ACEs screening is standard protocol that provides the health care provider with information that will help her take better care of the patient. Tell the patients that you can make referrals if they are interested. Be empathic and nonjudgmental. Establish friendly professional boundaries early in the relationship so that the patient has appropriate expectations about the context and limits of your role and relationship.
- Avoid assumptions. It's important to not make assumptions about the meaning or impact of traumatic events for an individual. Any assumptions you make may be inconsistent with patients' and parents' feelings and experiences.
- Educate and motivate. Explain that treatment for trauma and possible toxic stress physiology can reduce emotional distress and improve overall functioning in many areas, both physical and emotional. Treatment can also support the use of positive parenting practices. Convey your shared goal of wanting to help their entire family not just survive, but thrive.
- Address barriers. Address information gaps or incorrect information, as well as barriers to seeking help. Parents may not know what ACEs are, or understand how ACEs can affect health. They also may not understand ways in which they can help themselves or their child cope with ACEs and heal from toxic stress.

Consider introducing ACEs screening to families either in conversation or with a handout that *touches on the following points*:

- Normalize and give the rationale—this screening is done routinely to help your provider better understand and address your child's health risks.
- This screening is conducted on a voluntary basis, and they can decline to participate.
- All families have their challenges and strengths. ACEs are very common, and research shows that about two-thirds of adults have experienced at least one.
- The questions in this screening focus on your child's early experiences.
 - For practices that choose to conduct a de-identified screening, you can say: "You don't need to check off the ones that apply to you, only write the total number you've experienced."
- After the screening, we will discuss how early experiences may impact your child's health, behavior, and development in the present, and how it might affect your role as a parent.
- Your past experiences may make aspects of parenting a young child more difficult. We want to help connect you and your family to the resources you need and support you in the hard work of raising a family.

Allow families sufficient time to complete the ACEs questionnaire. If possible, offer to assist with reading the questionnaire for the parent, as literacy challenges may not be apparent.

Sharing results from the ACEs screening with families

When discussing ACEs screening results, consider the guidance below in helping parents make sense of their responses in the context of the parent–child relationship:

- Reinforce the fact that approximately two-thirds of adults have experienced at least one ACE.
- Reiterate that ACEs can impact their child's relative risk of physical, behavioral, and mental health issues, and they can also affect their child's healthy development.
- With early identification and treatment, conditions and delays are more easily managed.
- Tailor information to the parent's ACEs screening results, strengths, concerns, and goals. For
 example, if the parent shared that she experienced harsh physical discipline, exploring plans for
 limit-setting with her 12-month-old may be supportive and helpful. If the parent sees her role in his
 child's development as very important, encourage and expand upon that strength.
- Acknowledge the fact that the parent has experienced a range of ACEs (if this is true) and may
 have had a difficult childhood.
- Ask a variety of questions and provide strategies, resources, or related services to support the parent and respond to any questions/concerns.

- Do you feel that your experiences as a child make any part of your own parenting more difficult? In what ways?
- · How have thoughts, memories, or feelings about these experiences affected your life?
- Have they interfered with your relationships? Your work? How about with recreation or your enjoyment of activities?
- · What additional supports and services do you want or need, in light of your experiences?
- Explain that when a child has been exposed to ACEs, he especially needs a safe, loving, consistent relationship with an adult to grow up strong and healthy. Point out ways in which you see the parent supporting the child (for example, note how the baby follows the mother with her gaze or is comforted by her father's touch, or how the parent instinctively responds to the child's needs).
- Explain that ACEs are not destiny. Many parents feel guilty if they know their child has
 experienced ACEs. Aim to mitigate this guilt by helping parents understand that connecting with,
 loving and supporting their young child (and keeping him safe) is the best form of repair. Make
 the point that parents can choose a different path to parenting than they experienced as a child.
 Emphasize that they can give their child a strong foundation for the future by offering their child
 support and preventing exposure to further ACEs when possible.



If possible, schedule a follow-up visit or phone call to check in with the family. This follow up can be a useful as a reminder to access referred services, provide ongoing support to parents under stress, or address questions from parents that emerge following the visit. Checking in with the family can also be a helpful strategy if you develop concerns about the emerging parent–child relationship and want to touch base to offer support or additional resources.

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Communicating About ACEs

Talking about Adverse Childhood Experiences (ACEs) can sometimes be uncomfortable. Your first goal as a provider is to regulate yourself. Being aware of your own emotional reactions will help you remain calm in the presence of someone else who's upset and respond in a thoughtful and intentional way. Make sure your body language says that you're listening. Relax your shoulders and make eye contact, unless that seems to be overwhelming to the other person.

Start by explaining the following

- The reason the screening asks such personal questions is because research has shown that our childhood events, specifically parental separation or divorce, physical abuse, and emotional trauma, can have strongly negative, long-lasting effects on our bodies, behavior, and minds.
- These childhood experiences, often called ACEs, are common. Around two thirds of adults have experienced at least one ACE, and of those individuals, the majority have two or more. ACEs can be intergenerational, meaning they can affect the health of adults and also their children.
- The ACEs questionnaire was developed to help doctors identify risks early in a child's life and prevent or lower the risk of health problems.
- We want to know about your family's experiences so we can provide better health care, treatment, and more individualized support.
- Members of your child's care team who are directly involved may see your ACE screening. The total number of ACEs for you and your child will be noted, but specific ACEs may or may not be noted on the screening tool.

Lean in and listen

Active listening is the process of listening to families and validating their unique story, while also remaining attuned to nonverbal communication. Parents want to feel seen, heard, and understood. Active listening techniques can help with this, especially when compared to advice-giving or even simple acknowledgments.

Hearing vs listening

- Hearing is a biological act. It requires only that we receive the message using our sense of hearing.
- Listening is an intellectual and emotional act. Listening requires paying close attention, concentrating, and trying to understand what the message means.

Ask questions without pressure

Open-ended questions provide an opportunity for more details to be shared. They allow space for someone to begin talking about their story, if desired. For adults exposed to trauma, it is common that other professionals have focused on the parent's deficits. A trauma-informed approach allows the parent to share their life experiences which may, in many cases, provide some context for their actions and identify key strengths for recovery and healing. This empathic lens changes the discussion from "What's wrong with you?" to "What happened to you?" which is a critical component of trauma-informed care.





Provide supportive care and assistance as a first step, prior to referral

- Ask what parents want and need: "What can I support you with right now?"
- Recognize, respond to, and affirm the parent's current feelings. "It sounds as though you are feeling really overwhelmed." "I understand that you are angry right now."
- Determine which immediate factors can be changed. What does the patient have control over? Explore resources available in the community.
- Help patients and their families identify coping strategies while waiting to be referred to additional services.
- Explore past coping strategies—what stress reduction strategies have worked in the past?
- Discuss how the parent might support their child during times of family stress—for example, by making adjustments such as implementing a daily routine or making time for parent–child play each day.
- Facilitate referrals for patients as needed, by explaining the referral and staying with the parent while they call (if they wish). Follow up later with the parent or referral source to ensure the connection was made.





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Adverse Childhood Experiences (ACEs) are often intergenerational, meaning that the children of parents with ACEs can be at greater risk themselves. Part of the reason for this situation is that parents who have experienced trauma in their childhoods, absent key protective factors, may have developed an overactive stress response, which can increase their risk for both physical, mental, and behavioral health concerns. These health issues can tax a family's resources and interfere with a parent's ability to be a healthy buffer for their child. In addition, parents with an overactive stress response may have more difficulty managing stress and emotions and self-regulating in a healthy manner when engaging with their kids, which can affect their parenting practices. This dynamic may create an additional vulnerability in parent–child interactions and a higher risk of adverse outcomes, and can perpetuate the intergenerational cycle. This intergenerational aspect is particularly important as *nurture* (the environment) shapes *nature* (genes) via gene expression—a process called "epigenetics." This process can put children with ACEs at higher risk for disease and other harmful health conditions throughout life. This is because the biochemical effects of chronic stress, absent protective factors, can be toxic to a child's healthy development.

Accordingly, early identification of ACEs in pediatric settings is essential, as caring for the health of a child means paying close attention to the health and well-being of the child's adult caregiver. Effectively addressing ACEs involves a two-generational approach to reduce the dose of adversity and enhance the ability of the caregiver to buffer their child's stress. This approach provides support for both children and their parents, with a goal of *breaking the intergenerational cycle*.

Why a two generation approach?

- Improving awareness, providing parenting education and mental health screening enhances the likelihood that caregivers will get the support they need.
- When parents and other caregivers receive support and other needed services, physical, mental, and behavioral health outcomes for children can improve.

• If parents build a positive, loving relationship with their child, it creates a buffer that can protect the child, interrupt the intergenerational cycle, and reduce the impact of trauma.

All parents hope that their children will experience a higher quality of life than they have had. Research shows that a parent's education, economic stability, and general health can have significant impact on a child's welfare and path in life. Without awareness, parents who have unaddressed ACEs can unknowingly impair their child's life trajectory. That is why protective factors, described below, are vital for children to thrive.

A parent-child approach to providing care

The entire family benefits when you address the needs of the family system. This care entails paying attention to the needs of the child, the parents, and the quality of their relationship. This approach recognizes that a child's health and well-being is directly affected by that of their caregivers and that parent wellness is an integral part of setting optimal conditions for the child to thrive. In this type of two-generation model, the quality of the attachment between the parent and child is continually assessed and supported.



How to implement a two-generation approach

- Identify parental health conditions such as anxiety or depression that may negatively impact their parenting, their children, or both.
- Assess social determinants of health, including parent mental health and the ACEs of both the child and their parents.
- · Inform parents about the impact of their social-emotional and mental health on their child.
- Share the positive effects and protective factors of a healthy parent-child attachment.
- Discuss the ways in which empathy and responsive care can support healthy development of the child's brain and body and protect her from stressful events. Note that *the number one protective factor* for a child's development is the presence of a loving, caring adult caregiver to buffer the biochemical impact of the toxic stress response.
- Discuss the importance of protective lifestyle factors, such as supportive relationships, healthy nutritional choices, exercise, sleep, mindfulness, and mental health support.

When parents learn healthy ways to manage stress, develop positive problem-solving skills, build strong social connections, and learn about parenting strategies as well as the basics of child development, they have better emotional and intellectual resources to enhance their own health and well-being, as well as that of their child and family. Behavioral health providers have an important opportunity to help parents better understand the critical role they play in shaping their child's life and long-term health, and they can offer key skills and support as parents navigate new ways to guide and nurture their children towards a healthy, happy, and productive life.

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Provider Resilience: Staying Healthy to Support Healthy Families

Working with children and families can be professionally meaningful and satisfying. Caring for families who have experienced trauma, mental health challenges, or other social needs may also, at times, feel draining, upsetting, or frustrating to the health care provider.

Burnout, compassion fatigue, and secondary stress

are concerns for all medical practitioners. This may be especially true during a period of excessive workload or heightened personal stress. When you are overstretched, it can reduce the pleasure you find in work and life activities. It can also impact professional efficacy, add tension to your team, or raise conflict with patients' families. Chronic stress, if not managed in a healthy manner, can take a toll on both you and your patients. Over time, if left unchecked, the biological byproducts of stress can accumulate in your body and brain, affecting your health and well-being. This can leave you feeling depleted and less able to care for your patients in the manner you'd like. Patients rely on your empathic, compassionate, and professional engagement. In order to address their needs, you must focus on your own first. You can't help people fill their "emotional gas tanks" if yours is empty.



Try the "ABCs" of self-care

A

Awareness:

Check in on your body and emotional state. This step requires you to focus on stress levels in a concrete way. Take 30 seconds (and maybe some deep breaths) before entering the next exam room to ask yourself: How am I feeling right now? Do I sense stress anywhere in my body, neck, shoulders, jaw, stomach, etc.? Take a deep breath and release it. Repeat if necessary.

B

Balance:

Consider how you divide your time between your personal and work life. You will be most productive when you make time to rest, relax, and recharge. Being mindful of work-life balance and implementing reasonable boundaries will help keep your battery charged, while at the same time giving you time and space to grow as both a person and provider. Maintaining balance will also help you manage your own stress-a big positive for you and your patients.

С

Connection:

Build supportive relationships with people in all areas of your life, including your work and home community. Make spending time with friends and family a priority. Identify the activities that make you feel the happiest and most fulfilled, and schedule these into your calendar to ensure they don't get "lost" in the shuffle of everyday life. The stronger your connections and social supports, the better you will feel.

Practicing self-care

Taking care of others is a vital part of your job. However, if you don't notice your own limitations or recognize when exhaustion strikes, it's simply not possible to care for your patients effectively. Think about the domains of intervention you talk to patients about that affect the regulation of the stress response: sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. Try to practice self-care strategies that address each of these six domains.

Placing "holds" into your calendar at regular times may help ensure that self-care actually happens. To increase awareness, you can use technology (e.g., apps, timer) to remind you throughout the day to engage in self-care activities related to the six domains such as drinking more water, taking a walk outside, or logging onto a mindfulness app for 5 minutes.





Red-flag stress responses

Anyone can be vulnerable to absorbing the intense emotions and experiences of the people around them. For individuals working with at-risk populations, combined with long hours and heavy workloads, the brain and body can very quickly get run down. It is your responsibility to take care of yourself, so that you can continue to do your job effectively and empathically. If you notice some of the red flags below occurring regularly, it might be time to re-focus on self-care.



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Physical reactions:

- Sleep disturbances
- · Changes in appetite
- Headaches or stomach aches
- Emotional reactions:
- Sense of vulnerability
- Increased mood swings
- Irritability



Behavioral reactions:

- Sense of isolation, withdrawal from social interactions
- Changes in alcohol or drug consumption
- Changes in relationships with others, personally and professionally

"Team-care" strategies

You may want to consider care strategies within your professional setting to manage work-related stress. Because patients today require teams of professionals to deliver comprehensive care, the well-being of the care team is vitally important. Feeling an integral part of a cohesive, healthy team is, by itself, an important protective factor against stress. Some strategies include:

- using active listening and offering empathy when colleagues discuss personal stress or challenging work situations
- accessing organizational support for employee well-being, such as employee assistance programs (EAP) or mental health coverage
- scheduling regular reflective supervision with individual check-ins for each team member
- establishing regular team meetings, debriefs, and planned connection time outside of the office
- balancing workloads when possible so team members have a fairly equal balance of families with intense, moderate, and low intensity of provider related needs





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2. Patient-Family Informational Materials





WE ASK EVERYONE...

about exposure to adversity and trauma because we know that stressful life events can have an impact on the health and wellbeing of children. Understanding what your child has experienced is part of giving you good care.



WE ASK EVERYONE...

about exposure to adversity and trauma because we know that stressful life events can have an impact on the health and wellbeing of children. Understanding what your child has experienced is part of giving you good care.





What are ACEs and Why Do They Matter?

Adverse Childhood Experiences (ACEs) are stressful events in a child or adolescent's life. They are very common, and most Americans have at least one. ACEs can happen to anyone and may have lasting effects on health.

Types of ACEs

ACEs include experiences like abuse, neglect, and other major stressors such as divorce, a parent's substance abuse, or witnessing violence in the home. Listed below are 10 ACEs that are linked to a child's current and future health. Other kinds of difficulty, including community violence, bullying, and poverty, can also lead to health issues without the right support.

Exposure to ACEs may cause harm

Children have both good and bad experiences, and both can affect their health. Science shows that negative experiences can have long-term effects on children's brains and bodies. Stress from an ACE is different than the everyday stress that all children experience. This type of stress can lead to health problems such as asthma, diabetes, and heart disease. It can also affect behavior, learning, and mental health.

What do ACEs mean for you and your child?

A higher number of ACEs can mean a higher risk of health problems. Your child's primary care provider may ask about your child's ACEs. Your provider can use this information to guide medical decisions, improve your child's care, and connect you to helpful services.



The Good News

ACEs increase risk, but they don't have to lead to health problems. When adults consistently care for children and offer support, kids feel safe and secure. They trust their caregivers will lovingly meet their needs. This feeling of security is good for their brains and bodies. Other positive lifestyle factors for your child include eating healthy food, getting regular exercise, getting a good night's sleep, practicing mindfulness, and getting mental health support when needed. Together, all of these important things can help turn the stress response down and can reduce the potential negative effects of ACEs.

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What Is Toxic Stress?

Everyone feels stress!

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And not all stress is bad. Stress can help bring attention to what's important and be a motivator for problem-solving. But too much of the wrong kind of stress can be unhealthy. For children, this kind of stress can become toxic over time, affecting the way their brains and bodies grow. Adverse Childhood Experiences (ACEs) like abuse or neglect can cause this kind of stress and can harm a child's long-term health. Because of this possible impact, it's important to know a little more about stress and the different ways people's bodies can respond.

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Positive stress response:

This is the body's response to temporary stress. Stress hormones help the body do what's needed in the moment. Once the event passes, the stress response turns off and the body goes back to its normal state. For example, starting a new child care arrangement or getting shots might lead to a positive stress response. Children can gain confidence and learn coping skills when supported through this type of stress.

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Tolerable stress response:

This is the body's response to more lasting and serious stress. With tolerable stress, a child needs the help of a supportive caregiver to help her stay calm and turn down the stress response. With this support in place, the body can more easily return to its normal state. Tolerable stress can occur during events like an injury or natural disaster.

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Toxic stress response:

This is the body's response to lasting and serious stress, without enough support from a caregiver. When a child doesn't get the help he needs, his body can't turn off the stress response normally. This lasting stress can harm a child's body and brain and can cause lifelong health problems. This type of stress results from exposure to things like abuse and neglect.

How does toxic stress affect children's bodies?



The brain:

Toxic stress can make it harder for children to sit still, pay attention, and learn. It can affect other behavior, too, causing children to have trouble remembering rules and to forget to think before acting. It can also affect a child's moods and feelings.

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The heart:

Toxic stress can increase a person's risk of developing high blood pressure, elevating levels of inflammation that can damage the arteries. These conditions can lead to heart disease, stroke and other serious health issues later in life.

How can adults protect children from toxic stress?

When caregivers consistently care for children and offer support, they feel safe. This feeling of safety is good for their brains and bodies. Other protective factors for your child include eating healthy food, getting regular exercise, getting a good night's sleep, practicing mindfulness, and getting mental health support when needed. Together, these factors help lower the stress response and can help reduce the potential negative effects of ACEs.



Immunity:

Toxic stress can make it harder for bodies to fight off infection and illness. For example, children may have more frequent colds and ear infections, or health conditions like eczema or asthma.



Hormones and development:

Toxic stress can impact growth and development. It can also lead to obesity and changes in the timing of puberty, as well as other issues.



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How to Reduce the Effects of ACEs and Toxic Stress

Adverse Childhood Experiences (ACEs) may increase a child's risk of health problems, but parents' consistent care and support help to protect children's health. Relationships with loving and supportive adults can reduce children's stress levels. Even simple activities like playing with bubbles, bear hugs, lullabies, listening to music together, and coloring can make a difference.

What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:

- Tune in and learn your child's signals. Help your child calm down when you sense that she is stressed or scared. Soothe your child, and teach ways to calm down when feeling upset.
- Talk and play with your child. Babies like to be rocked, cuddled, and massaged. Toddlers thrive on hugs, shared stories and songs, and daily routines. These actions can help children feel seen, heard, and understood.
- Focus on managing your own stress. This can help you better adjust the way these feelings impact how you respond to your child. Having a calm parent will help protect your child during periods of stress.
- Take your child to regular medical visits. Your medical provider can help you understand when your child's health may be at risk.

Other ways to help your child's body deal with stress:

- Stick to daily routines. They help children know what's happening next, which can reduce stress.
- Have your child exercise regularly. Make sure your child is getting at least an hour per day of active play.
- Help your child eat well. Good nutrition builds brain health and protects the body. Serve fruits and veggies at meals and avoid junk food.
- Turn to supportive relationships in your family and community.

- Ensure your child gets adequate sleep. Sleep gives the body time to grow and recharge and children who get adequate sleep manage stress more easily.
- · Seek mental health care if needed.
- Practice being in the moment; try breathing and meditation. It can help the body manage stress.
- Talk to your health care provider about whether your child's ACEs might be affecting his health and what you can do about it.

ACEs don't just affect children,

they affect families. Some of the most important things you can do to stop the effects of ACEs include learning to manage your *own* stress so you can be a healthy, stable, and caring presence for your child. This includes making lifestyle choices such as eating healthy food, getting regular exercise, making a good night's sleep a top priority, and practicing mindfulness. Getting mental health support can also be helpful if you experienced ACEs and trauma in your own childhood or are currently experiencing stressful or traumatic situations in your life. The good news is that science shows how bodies and brains grow and change *every minute of the day!* This means that by starting *today*, putting some of these lifestyle choices into action and getting the right help when you need it, can help build a healthier future for you and your family.

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Tips for Good Nutrition

Exposure to stress can make a person more likely to have unhealthy eating habits. This can happen partly because lasting stress increases levels of the hormone cortisol in the body, as well as the "hunger hormone" ghrelin - both which serve to increase appetite. In addition, our bodies are likelier to crave sugars and fats during times of stress, as well as engage in other unhealthy lifestyle behaviors, like exercising less. Together, these habits can lead to obesity, mood and sleep problems, and other health issues. The good news is that knowing and doing a few simple things about good nutrition can help bodies and brains operate at their very best.

Consistent, healthy routines can help children feel safe and trusting of the world around them—and mealtime is one of a family's most important daily routines. Here are some ways to encourage healthy eating habits:

• Eat together as a family.

Set aside a specific time for meals, and eat together as often as possible. Age doesn't matter even babies can join everyone at the family table! Mealtimes are a great opportunity to create strong family bonds by talking about what's going on in our lives. Avoid screens (watching television and using cell phones) during mealtimes, try to avoid interruptions by phone calls, and use the time to talk, share, and connect.

• Eat a healthy breakfast every day.

Eating a healthy and complete breakfast helps your child start the day with good energy. Include fruit, protein, and whole grains when possible. Children and adults who eat breakfast daily are less likely to be overweight.

Serve lots of colorful vegetables and fruits.

Choose fresh, frozen, or canned options (watch for added sugar). Think about adding these to foods your children already eat. Try slicing fruit into their cereal or adding greens to smoothies.

Offer whole grains

(like brown rice and quinoa) or foods made of whole grains (like whole-grain pasta or 100% whole-wheat bread).

Serve healthy protein

like fish, eggs, poultry, and plant-based options like beans, lentils, peas, nuts, and seeds when possible.

Drink water with each meal and snack.

Help your child develop the habit of reaching for water first. Limit juices, soda, and sugary drinks.

Get your kids involved.

Offer your child a choice between two healthy food options. For example, "Would you like an apple or an orange?" Involve your child in meal planning, shopping, and meal preparation. Cooking is a great way to teach your child basic kitchen skills, and it is a wonderful way to talk, laugh, and have special time together.



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Good Sle<mark>ep</mark> Habits



A good night's sleep

Getting a good night's sleep plays a big role in children's mental health, physical health, and overall well-being. In fact, sleep is just as important to children's development as nutrition and physical activity!

Unfortunately, Adverse Childhood Experiences (ACEs) can disturb sleep. Paying special attention to your child's sleep can help in many ways. Research shows that children who get the right amount of sleep are sick less frequently, focus and behave better in school, and manage stress more easily.

Here are some ideas to help your children get enough sleep:

Keep regular routines.

Children thrive with predictable routines and love quality time with their parents or caregivers. If you do the same activities with your child at naptime and bedtime, it can help everyone relax and help your child settle more easily into sleep. Try reading a book, singing a quiet song, or just talking quietly with your child. Ask her about the best part of her day, and then share yours!

• Keep bedtimes and wake-up times consistent.

Our bodies are healthier and our brains work better when our sleep schedules are regular and predictable. It also helps the bedtime routine go more smoothly when kids know what to expect. Try to have your child go to bed around the same time each night. A consistent bedtime can also make waking up the next morning much easier!



• Stay active during the day.

Make physical activity, like a walk to the park, a visit to the playground, or playing a favorite sport together, a family routine. Children who get enough exercise also have an easier time going to bed at night.

- Limit screen usage, especially in the evenings. Avoid screens (television, phones, and tablets) in the sleep space. Research shows that the light from the screens keeps children and adults from feeling sleepy and relaxed in the evening. Screen use before bed can make it more difficult for children to fall asleep and stay asleep.
- Pay attention to the bedtime environment. Create a space that helps children fall asleep. Keep lights dim and noise levels low. The temperature should be cool (high 60s to low 70s) rather than cold or hot. Beds should be comfortable places for sleep, not play.
- Seek support from a health care provider. Talk to your pediatrician if your child experiences frequent awakenings, frequent nightmares or night terrors, or sleepwalking.



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Promoting Exercise



Exercise is a great way for children to manage stress and ease feelings of anxiety and depression. Being physically active with your children is even better! It's healthy for your brain and body, and it can be a lot of fun for both of you!

Exercise is also a good way to fight the effects of toxic stress. It can reduce the risk of obesity and other health problems such as diabetes and heart disease. Daily physical activity for children can help improve behavior and concentration, boost the immune system, and reduce stress hormones—all are areas that can be affected by Adverse Childhood Experiences (ACEs).

Here are some ideas to help your children get enough exercise:

• Turn off the screens.

Encourage active play inside or outside. Make physical activities like a regular walk or a swim part of family life. Limit screen time, including phones, televisions and other screen devices, to 1 hour per day. For children under 18 months old, screen time other than video chatting (so that they can talk to family, friends or grandparents) should be discouraged. Children 18–24 months old should not watch screens alone.

Plan ahead for play.

Make sure your child has a time and place to play. If exercise isn't a priority, it won't happen. Put it on your calendar and plan active family outings. Playing together will promote strong family health and also provide a great bonding opportunity!

Provide active toys.

Think balls and hula-hoops. Keep an eye out for used bikes, tricycles, and ride-on toys. Just having these things around can help you and your child sneak in active time. Look for a list of nearby community parks and other resources that support active play.



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Improving Mental Health

Mental health is just as important

as physical health. For example, depression can be just as crippling as a broken arm or leg. Seeking mental health treatment is about taking action as soon as you notice a problem, so your child or other family member can get the help they need and feel better.

Mental health support can play an important role in protecting children from the effects of toxic stress. Counseling and other kinds of mental health treatment can be helpful for children who have faced difficulties in life. This kind of support may also help you if you've experienced trauma as a child or adult.

If your child has experienced adverse childhood experiences (ACEs), or if someone has expressed concern about your child's mental health or behavior, you might consider seeking professional help. Another reason to seek help is if your child's physical health seems to be affected. Some examples of this include if your child:

- gets colds or stomach aches often
- · has difficulty falling or staying asleep
- · screams or cries a lot
- has a "flat" expression that doesn't seem to show much emotion



- · is anxious or gets very upset when separating from a caregiver
- · is defiant or has frequent tantrums
- · shows the behaviors of a younger child, such as clinginess or unexpected toileting accidents
- · has symptoms of asthma, which can get worse under stress

Share any worries you may have with your health care providers. They can connect you with a mental health specialist who is a good fit for your family. You may be referred to a social worker, psychologist, or psychiatrist. Sharing your child's struggles, and your own worries, is an important first step. You can also explore lifestyle choices to support better emotional health. These choices include: eating healthy food, getting regular exercise, promoting healthy sleep routines, practicing mindfulness, and having caring, trusted relationships to lean on. These activities will support healthy minds and healthy bodies for parents and children alike!

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The Benefit of Supportive Relationships



Relationships are important

for the health and well-being of every family. All families face difficulties. For some, the challenges are intense or too frequent for a child to manage. When a child is stressed often, is stressed for a long period of time, or experiences a severe stressor without the support of a caring adult, her body may react with a what is called a "toxic stress" response. Over time, without the right support from a trusted caregiver, this toxic stress response can harm a child's developing brain and body. But the good news is *—it doesn't have to*!





The first thing you can do is get support for yourself. A healthy, stable parent can more easily provide his child with a loving and supportive home life. Safe and nurturing relationships can protect children's brains and bodies from the harmful effects of stress and adversity. Other things, like healthy nutrition, daily exercise, making a good night's sleep a priority, practicing mindfulness, and getting mental health support if needed, can also help. These practices are great for you, and also for your child!

Supportive Relationship

Parents also need reliable and supportive relationships for sharing thoughts and feelings. You can build strong relationships in your community by connecting with family, friends, faith communities, and local resources such as parenting groups. Making healthy relationships a priority will help you feel more supported, which can *improve your ability to do the following:*

- · Parent in ways that help your child feel safe, cared for, and protected.
- Provide a safe space for your child to explore, learn, and grow.



- Teach your child words for different feelings, like sad, happy, and mad. Help them recognize how
 and where they feel these emotions in their bodies. Sometimes the first sign of feeling stress is
 having a tight chest or a clenched jaw! Labeling and understanding these emotions is an important
 step in learning to manage feelings in a healthy way—for both adults and children!
- Set age-appropriate limits, state expectations clearly, and be consistent with age-appropriate discipline that focuses on teaching, not punishment.
- · Treat everyone in the household with respect.
- Keep adults in your household from using violent or abusive language around or directed at children.
- · Avoid physical discipline with children.
- · Use daily routines to provide structure and a sense of safety.
- Tell your child when there will be changes to the daily routine, and what these changes will mean for him.
- Give your child some choices—like asking if she would like to brush her teeth before or after bath time.
- · Pay attention to your child's signals and respond with love and care.
- Make sure you enjoy special one-on-one time through play, stories, bath time, and shared meals.
- Let your child take the lead by letting him choose an activity and paying attention to him without distraction when you do something together.
- *Recognize when you are feeling stress!* When this happens, have an action plan. For instance, you might think about taking an "adult time out" for a few minutes. This will allow you to take a deep breath, refocus, and return to your family in a calmer state of mind. This is important! Because when kids see adults around them manage stress in a healthy way, they learn to do the same thing.

These practices help create safe and stable homes that are good for everyone in the family.

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Mindfulness is paying attention to the present moment.

It is the process of being aware of the thoughts, feelings, and sensations happening inside you, *and* tuning in to what is happening around you.



Mindfulness exercises can help turn the stress response down! Doing mindfulness everyday can improve your and your child's physical and emotional health.



It is easier to be mindful in your everyday life when you practice regularly. The good news is that you can practice anytime! The more you do, the faster it becomes a habit, and the more easily your stress response calms down! Apps and websites provide easy ways to try different kinds of mindfulness practices-you can even practice with your child or a friend! Other ways to practice include paying close attention to details while playing with your child, walking, driving home, or exercising. Research shows that mindfulness can help reduce all kinds of stress, including the stress of parenting.





Children who have experienced Adverse Childhood Experiences (ACEs) may have difficulty getting themselves back to a relaxed state once they become stressed. Belly breathing is one easy strategy you can teach to your children, and *also* try yourself:

- Have your child sit or lie down.
- Have your child place one hand over the belly, the other hand over the chest.
- Model how to inhale through the nose and feel the belly rise.
- Exhale through the mouth and feel the belly lower.
- · Repeat three to five times.
- Make it fun by pretending to blow out a candle or that you're blowing up a balloon as they inhale and exhale. You can also have your child hold a stuffed animal on his belly and watch it move up and down while they breathe deeply. These "breathing buddies" can help children see and feel what deep breathing looks like, so that both their brains and bodies remember. This will help make mindfulness and breath relaxation exercises a *healthy habit for life!*

Breathing practices can be a nice addition to your child's bedtime routine. Prompt your child to try breathing deeply when she feels stressed or worried. Set a good example by doing it yourself, and model how to take deep breaths when *you* are stressed. For example, you might say, "I am so frustrated by this traffic. But I can't change it! Please help me calm my body and mind by taking three deep breaths with me." Afterward, talk to your child about how it felt. This might be "Wow, I was very upset, but then I took three deep breath and I feel *much* better now!"

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Parenting with ACEs



As an adult, you may still feel the effects of your own Adverse Childhood Experiences (ACEs). What does this mean for your own health? This depends on how many ACEs you experienced as a child. It *also* depends on whether you've had certain positive experiences that help reduce the effects of stress. These positive experiences are known as "protective factors." Did a friend, family member, or mental health care professional provide support during your childhood? Do you have a good support system in place now? These experiences help reduce the effects of ACEs. The impact of ACEs also depends on factors such as how you personally manage stress. Let's start by talking about how stress works.

The stress response

Your body's stress response is designed to help you survive. When you sense danger or any kind of threat, your body's natural reaction is to increase blood pressure and heart rate so you have the energy to run or fight back. Another reaction is to freeze and shut down. These reactions are your body's way of trying to keep you safe. When used from time to time, these stress responses work well. However, when you experience frequent or severe stress during childhood, your body may learn to respond to small problems as if they were big ones. This could be why little things, even a toddler's tantrum or spilled milk, can feel overwhelming. It can also explain why you may sometimes feel anxious and threatened even when in a safe and calm place. When you're only a little stressed, you may feel alert, aware, and able to cope well. But when you become overly stressed, you may feel panicked and anxious. You may also feel numb, exhausted, or emotionally drained.

Parenting is demanding, and it can easily trigger this stress response. Very simply, because of how brains and bodies react to stress, it is harder to process information when stress levels are too high. You may experience feelings of *stress overload* such as:

- · difficulty calming down
- · a quicker-than-normal temper and feelings of impatience
- · difficulty thinking logically
- · a limited ability to "read" others and judge the needs of your children
- · difficulty modeling good skills and behavior for your children.

Breaking the ACEs Cycle

Some adults who had ACEs when they were children have a harder time providing a safe and nurturing environment for themselves and their children. In addition, being a parent with ACEs can increase the risk that your children will also have ACEs. It's important to know about this connection. Ensuring that you and your child live in a safe, trusting and healthy environment is one of the most important steps you can take to protect your child. If you need resources, your health care provider or a mental health professional can help.

The good news!

Although people with ACEs may be at higher risk for many health issues, it's never too late to get support! Because bodies and brains are constantly growing and changing, things you do to improve your health *today* can make a *big difference* over time! Learning healthy ways to cope with stress and build resilience can help. This skill-building means developing healthy habits for stress management now that improve your ability to handle difficult situations *in the future*. Also, learning about what's age-appropriate for your child can give you perspective when his behavior is challenging.



How to reduce the effects of ACEs

Many lifestyle changes can help reduce the effects of ACEs. Relationships with other supportive adults can help your brain and body *turn down the stress response* and build resilience. Making time to relax, engage in a fulfilling hobby, or participate in a fun activity can help a lot, too! Good sleep habits, healthy eating, and regular exercise are other important tools to manage stress. Mindfulness practices can also help. Some parents find it helpful to seek out mental health professionals for their own exposure to ACEs and trauma. Talk to your own doctor about the health risks associated with ACEs at your next medical visit. Together, these protective factors can help *improve the health and well-being* of your whole family!

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