



# Regulating the Stress Response for Kids: Practical Tips for Primary Care Providers – Webinar Transcript

**August 26, 2020**

Sam Mills: Hello and welcome to today's ACEs Aware webinar, Regulating the Stress Response for Kids: Practical Tips for Primary Care Providers. This is the seventh educational webinar in a series that offers practical information on screening for Adverse Childhood Experiences and providing trauma-informed care. My name is Sam Mills and I'm with the Aurrera Health Group, previously known as Harbage Consulting and it's our great privilege to be supporting the ACEs Aware initiative.

Sam Mills: I'll start today off with a few housekeeping items. If you run into any technical difficulties and get disconnected, please click on the join link you received earlier to return to the webinar and we'll be with you as soon as we can. All webinar participants are muted but you can submit questions at any point in time using the chat feature on the panel on the right hand side. And lastly, thank you for the tremendous feedback you all have shared through our webinar evaluations. We've used that data to update our format for today to create more time for question and answer, more examples and tips providers can use directly in clinical practice and hopefully less issues with technology. A recording, transcript and slides will all be available at [ACEsAware.org](https://ACEsAware.org) later this week.

Sam Mills: Now let's get started. The ACEs Aware mission is to change and save lives by helping providers understand the importance of screening for Adverse Childhood Experiences and training providers to respond with evidence-based interventions and trauma-informed care to mitigate the health impacts of toxic stress. Today we'll hear from three healthcare providers joining us to discuss tips and strategies for helping kids manage stress. Dr. Dayna Long is an attending primary care physician and co-director with the Center for Child and Community Health at UCSF Benioff Children's Hospital Oakland. Dr. Hilary Bowers is director of behavioral and mental health services at Children's Primary Care Medical Group and Dr. Pradeep Gidwani is the medical director for Healthy Development Services and



First Five First Steps Home Visiting Services with California chapter three of the American Academy of Pediatrics.

Sam Mills:

On today's webinar, Dr. Long will kick us off with an overview of definitions, research and resources on the clinical response to address toxic stress. She'll be followed by Dr. Bowers and Dr. Gidwani who will share some tips and best practices for primary care providers to help pediatric patients and parents manage stress. Near the end we'll also have all three presenters answer some audience questions. We received many questions in advance of today's webinar and we invite all of you to submit additional questions via the chat function during today's webinar. We will try to get to as many questions as we can today and we'll try to incorporate others into future activities. And finally, to wrap up the webinar I'll share some resources and tools the ACEs Aware had developed or identified to support providers in responding to toxic stress for pediatric patients. With that said, I'm excited to introduce our first speaker and we'll hand it over to Dr. Long to start us off.

Dr. Dayna Long:

Thank you Sam, my name is Dayna Long and today we're going to talk about the important topic of regulating the stress response in children: definitions, research and resources. The term Adverse Childhood Experiences comes from the landmark study in 1998 that was conducted by the Center for Disease Control and Kaiser Permanente. The ACEs study described 10 categories of adversity within three different domains. Abuse, neglect and household challenges. Abuse is physical, emotional or sexual abuse. Neglect is physical or emotional neglect and household challenges are a broad category that incorporates growing up in a household where a relative's incarcerated, where there are mental health concerns, substance dependence, parental separation or divorce or intimate partner violence.

Dr. Dayna Long:

Data from the state of California shows that 60% of Californians have experienced at least one adversity and 16% have experienced four or more ACEs. There are several decades of scientific research that have identified the biologic mechanisms by which early adversity leads to an increased risk for negative health and social outcomes across the lifespan. The ACEs Aware initiative is using the definition of toxic stress as being toxic stress is the repeated or prolonged activation of a child's stress response without the buffering protection of trusted, nurturing, safe caregivers in stable environments. Leading to long term changes in the structure and functioning of the developing brain, metabolic, immune and neuroendocrine responses and even the way in which DNA is read

and transcribed. These biologic changes play an important role in the clinical progression from ACEs exposure to negative short and long term health and social outcomes.

Dr. Dayna Long: In addition to ACEs, social determinants of health such as poverty, discrimination, racism, housing insecurity and food insecurity are associated with health risks and may be risk factors for toxic stress. While we have validated odds ratios that are available for large population-based studies, utilizing the 10 standardized ACEs criteria, the strength of association between social determinants of health and health outcomes has not yet been similarly standardized but we're working on it. The definition of toxic stress that's being used by the ACEs Aware initiative is in the ACEs Aware Provider Toolkit and it's adapted from the National Academy of Science, Engineering and Medicine's 2019 report, Vibrant and Healthy Kids: Aligning Science Practice and Policy to Advance Health Equity.

Dr. Dayna Long: So what we have learned is that early life adversity balanced by protective factors and predisposing vulnerabilities lead to chronic dysregulation of the neuroendocrine immune system and can lead to clinical implications ranging from epigenetic changes to changes in our endocrine system, our neurologic systems as well as our immune and cardiovascular system. So our stress response falls along a spectrum of three different types of stress responses and it's important to recognize that with toxic stress, we are focusing on that end of the stress response spectrum. There is positive stress and positive stress is the brief activation of a stress response, brief elevations in heart rate, blood pressure and hormonal levels and through the buffering effects of caring adults and other interventions, we can reach homeostasis once again. Tolerable stress is also short-term but it is also somewhat more severe but we have those buffering supportive relationships that allow us to regain homeostasis.

Dr. Dayna Long: Toxic stress is really the constant activation of a stress response in the absence of caring, stable, healthy, safe relationships. Especially during sensitive periods of early development that can be toxic to brain architecture and other developing organs. Long term changes in the brain and body are a result of this prolonged activation of this biologic stress response. There is a lack of the normal inhibition or the ability of a stress response to turn off normally which leads to stress-related disease and potentially cognitive impairments.

Dr. Dayna Long: The clinical overview for how to identify toxic stress and ACEs includes five main steps. The first step is applying the principles of trauma-informed care. Next the identification and treatment of ACE-associated health conditions such as asthma, eczema, allergies, anxiety. By supplementing usual care with patient education on toxic stress and strategies to regulate the stress response, including the six stress-busting strategies that we're going to talk about in a minute. Third is validation of existing strengths and protective factors. To really focus on resiliency. The fourth is referral to needed patient resources or interventions and some of these resources are educational materials. Those are really connecting with our partners, our social workers, our care coordinators, navigators, community health workers as well as the six pillars that we're going to talk about next. The fifth really important element is follow up and we follow up as necessary using the ACEs presenting social health, the ACEs-presenting health condition as indicators of treatment progress.

Dr. Dayna Long: So now we're going to expand a little bit more on the identification and treatment of ACE-associated health conditions with a focus on the six stress busting strategies. Those strategies include physical activity, quality sleep, balanced nutrition, supportive relationships, mindfulness and mental health. So starting with exercise this is exercising for 60 minutes a day and it doesn't have to be all at once and exercise might be turning up the music and dancing around with your kids or going for a walk in your neighborhood, doing some jumping jacks or stretches.

Dr. Dayna Long: The next is healthy sleep and really encouraging good sleep hygiene which includes having a routine. Balanced nutrition is also important. What we do know is that when our hormonal system, when the toxic stress physiology is being activated we have higher levels of hormones such as cortisol that might predispose us to reach for higher fat or processed or higher sugar foods and recognizing that that's probably not good for our health and really trying to focus on healthy nutrition. We want to be able to practice mindfulness and whether this is prayer or a meditation, making sure that we really can sort of strengthen the brain pathways that actively buffer the stress response is important. We want to be connected to our loved ones and our families and our communities during this really stressful time.

Dr. Dayna Long: And the last strategy is about our mental and behavioral health. And whether it's engaging with a mental health practitioner, with our primary care physician, with apps or videos that really help us to focus on our

mental health. It's important that we take the time to take care of ourselves.

Dr. Dayna Long: I want to refer you to the ACEs Aware website. There are many resources on this website. If you look on under Heal, under ACEs Resources, what you'll see is that there are resources by type as well as by topic and we encourage you to check out those resources.

Dr. Dayna Long: I also want to refer you to the self care tool for our pediatrics and providers can use this self care tool with their patients and their families to collaboratively plan and set goals for each of the three domains that we referred to and they can follow up on this treatment plan as they go forward together.

Sam Mills: Thank you Dr. Long for that great presentation. Next up we'll go to Dr. Hilary Bowers and Dr. Pradeep Gidwani who will present and share tips about some stress-busting strategies for pediatric patients. With that, I'll kick it over to Dr. Hilary Bowers.

Dr. Hilary Bowers: Hello, my name is Dr. Hilary Bowers. I am the Director of Behavioral and Mental Health Services with Children's Primary Care Medical Group, CPCMG. We serve children and adolescents across San Diego and Riverside County and it is my pleasure to be here to share some of the tips with you that I also share with my patients and families. So I know a lot of families are struggling right now with change. There have been a lot of changes, kids are out of school, parents are out of work. People spending more time at home which should be a great joy but also is a big pain. Learning how to deal with the stress of change is a challenge that I talk about with my families.

Dr. Hilary Bowers: One thing I do talk about is you can only make about one to two changes a month and have them really stick and you can pick a change that is easy to make or you can pick a change that you think has the most impact. Often families like to start with the one that has the most impact because they want to just get moving and get going. I often recommend staying with what is the easiest change that you can make as a family, what's the easiest change that your child, when I'm talking to parents that their child can make and really be successful. When you make a little change and a little change and a little change, next thing you know when you're looking back you've made a whole mountain of changes. If you do one healthy

change a month, that equals 12 for the calendar year and so one step at a time to really make that big mountain.

Dr. Hilary Bowers: A few things I like to talk about are what are things you can do anywhere, anytime, any place? I like to think that we all carry an imaginary toolbox with us, kind of strapped on and when we're in a stressful moment we can start pulling things out and if somebody's only tool is to scream or yell or you know, punch a pillow, that isn't going to be as successful as they have A to Z and have you know, 26 different items that they can pull out of their toolbox.

Dr. Hilary Bowers: So three things that I think about that you can do anywhere, anytime, any place are conscious breathing, color visualization and painting your happy place. So conscious breathing is you breathe in through your nose, hold it, breathe out through your mouth and so some people may think of this as box breathing. You play a wind instrument, you want to breathe out longer than you breathe in. I've found and this is often a favorite item for stress reduction for parents but for my patients, their children, sometimes they don't really like it. And so even though we all as humans are breathing all the time and it's something we can carry with us, remember part of this is finding what works for you. What is your, goes in your toolkit.

Dr. Hilary Bowers: So conscious breathing, color visualization which is something I learned from one of my early mentors and you imagine a circle and I think you trace this circle on your head, on your chest, on your belly. And what you start is with a red circle. So there I'm putting in my chest and imagine things that are red. So strawberries, red apples, fire engines, stop signs, roses, so things that are red. And red is caught in an angry color. It's very vibrant, it's very . And as you're breathing in through your nose, out through your mouth so you can pair it with the conscious breathing, then you have concentric circles that are a little bit bigger so now I have an orange circle.

Dr. Hilary Bowers: The orange circle could be filled with California poppies and oranges and then the next circle is yellow and usually at this point when I'm teaching my patients, whether they be in person or via telehealth, I ask the patient to give me something that's yellow and that way you make sure that they're engaged and that they're really listening and learning the skill that you're trying to teach them. So things that are yellow, bananas, lemons, sunflowers, sunshine, minions, that one usually gets a laugh and then green. So the next big circle is green like grass and clover and pine trees.

Blue like the ocean and blue jeans and then you have purple, like eggplant, violets, sunset.

Dr. Hilary Bowers: So by the time you get to purple, you have this big purple circle that's covering you in purple, is a much calmer color than red. And then you can kind of breathe out. Whatever that stress is that has been building up. And again, you can do it in the middle of math class, you can do it lying down on your bed, you can do it while you're taking a walk with a friend. Because people don't know what's sort of, what's going on in your head.

Dr. Hilary Bowers: So the third item is painting your happy place. What does it look like, smell like, feel like, taste like, sound like? Where would you rather be? And you can do this out loud, you can do it on the piece of paper, you can even just do it in your head and you want to be so descriptive with it that you actually are transported to that location.

Dr. Hilary Bowers: Because when we're thinking of a place that makes us calm or thinking of a place we'd rather be, decreases our heart rate, decreases our respiration rate, makes us be more in the moment. So again, we can then step forward and address any stressors that we have.

Dr. Hilary Bowers: So those three things are conscious breathing, painting your happy place and color visualization. Another item, especially with the younger kids is I'll talk about the cool down corner. So often parents are pretty familiar with timeouts. And I like to really differentiate that timeouts are discipline-worthy. So your kid ran out in the middle of the street, they were playing with the heirloom, they broke it. There was something that was safety or infection controlled and they violated the house rule in that way. And so that is a timeout.

Dr. Hilary Bowers: A timeout is something that is parent controlled and parent directed. So your child is removed, for example say you hit your sister, no hitting. Hitting hurts, you're in timeout. So very short, six words, you're done, you're gone and you go to the timeout zone and then how long the timeout is based on the kid's age. Usually say about one minute per age but again that is parent directed. Cool down time is what we do before timeout time. So this is you're seeing the kids, they're starting to get a little amped up.

Dr. Hilary Bowers: Maybe dinner taking a little longer than you wish it would, everybody's hungry. Starting to get a little fussy, nothing's happened yet but this requires you as the caregiver to make sure that you are really in tune with your children and when it's cool down time you say hey, it's cool

down time and cool down time is where the child is directing it. So it means they go to the pre-designated cool down corner and maybe there's a box or some container which has things that they can then utilize during cool down time. So it may be a pillow that they can punch, it could be some slime or some putty. It could be a fidget, paper and crayons.

Dr. Hilary Bowers: If the kids are trustworthy in that age you could have scissors, otherwise just paper and rip it up into tiny pieces. An old magazine can be useful, so maybe a fan. A pinwheel, I actually like to use pinwheels quite a bit because by making a pinwheel blow, you are forcing the person to take a big breath in and a long, slow breath out. So you're actually teaching them how to do conscious breathing without saying breathe. You're just having them use the pinwheel. So having all those things in a cool down corner and then how long does a child stay in cool down? That's up to them.

Dr. Hilary Bowers: Cool down corner is all about social, emotional self regulation and when they feel they can come out and interact in a way that's healthy, they're allowed to come out. So if it's five seconds, five minutes, three hours, it's really up to them and the family. I, as a provider you can educate your parents to model the behavior they want their children to do.

Dr. Hilary Bowers: So I tell, I'll give an example of say, you're making dinner, your kids are starting to get a little squirmy. You can turn and say wow, I am feeling frustrated. All right, you always want to name your emotions. You can name it, detain it. You say what you're feeling, then kids can help understand what they're feeling. So you could say wow I'm really frustrated. I've asked people three times to help set the table, nobody's started. I spent a lot of time today looking up a new recipe to make for my family, I took a lot of pride and joy in that and I don't feel appreciated as a parent right now. I'm really frustrated. I'm going to go to cool down time and you know, make sure the kitchen's safe. You've turned off the stove and oven, nobody can get hurt and then you make a big deal of it.

Dr. Hilary Bowers: You march right over to cool down time, you sit down in the chair, pick up the magazine, punch the pillow, whatever it is that's in your cool down corner and that helps you and you can breathe and you can huff and you can puff and I always tell my parents, use my name. Say oh Dr. Bowers said cool down corner is going to be really helpful. I don't know but I'm going to try it and so you go out and you do it, and over time as a parent, as a caregiver then you start slowly coming back down and you're cooling



down and maybe you're just flipping pages angrily but over time you're like oh my gosh, that's so funny.

Dr. Hilary Bowers: And you're like "he he, I really want to tell someone about what I just read." And then when you're done you're like wow, I feel so much better. I am so glad that I took the time for myself. And then you can go out, like wow, I really feel like I want to give somebody a hug because I feel so good. Does anybody like a hug? You always want to ask permission before getting in someone else's personal bubble.

Dr. Hilary Bowers: You don't want to force children to hug or have physical contact if they're not open to it. So if they are, you're like great. Thank you, that hug felt so good and if they don't want a hug. You say that's okay, I'm going to go hug myself. I'm going to give myself a high-five and say way to go mommy, way to go daddy. Way to go grandma or grandpa, or aunty or uncle. Whoever modeled that behavior, thank you so much for taking the time for myself and then you go back and you do the other activities.

Dr. Hilary Bowers: Often the first few times that a caregiver models this behavior, especially if it's really different, children will watch you with very big eyes and you're like oh my god, what's happening. And maybe they'll even approach you because children are very empathetic. They'll come over, they may pat you. They may try to give you a hug or sit close and get quiet and they'll watch you because they're always watching you.

Dr. Hilary Bowers: So if you are modeling the behavior that you want them to be doing, they will be much more successful in learning those behaviors. Research in ACEs with children showed that having even one supportive adult gives them more resilience to get through whatever stressors they're living in with their life. So then I talk with my families. How can you help foster those relationships?

Dr. Hilary Bowers: One of the most important things for parents to think of is just listen. Just being there, just being present, your child will come to you. Usually at the time that you're stressed, that you're busy, that you wish you could be going to bed but that's the time that they really need to talk and what they don't want usually, especially teenagers, they don't necessarily want a quick fix. What they want is a listening ear. They want to know that they are heard, that you care about them, that you love them and that you'd be willing to listen again in the future.

Dr. Hilary Bowers: So I tell my families, just listen and hear. Often by asking reflective questions, the child will come up with their own solution to their

challenge. In addition, thinking about how can we connect with people outside of our household. So are we having Zoom meetings? I know in our family we've connected with grandparents via Zoom. We actually set up with my grandfather at his retirement facility a piano concert. So my children play piano on the iPad, they had one set up on their side and he was able to participate. He could hear their music, he could see their faces. They got to feel the joy of sharing their gift with somebody else and so things like that, maybe connecting with the senior center in your community would be something if you don't have extended family nearby. Thinking about how we can take walks. Maybe a playdate on the driveway. Something when again, you can see another person. You can connect with these people.

Dr. Hilary Bowers: One thing we've been doing as well is baking for others. This is something that people will accept is a baked good from somebody else's home is to do that and then we call it sprinkling. We leave a little note and a little, a little something and it doesn't have to be much but again, the children finding some way of sharing themselves and getting outside of their own head, finding purpose to their day is very important.

Dr. Hilary Bowers: One of the things I'd really like to convey is that the words behavioral and mental health can, that sound very scary and daunting and how can I as a general pediatrician in a busy practice, nurse practitioner, PA, social worker, teacher. Who am I who's taking care of kids and adolescents across the spectrum, how can I bring something to the table as their caregiver to help them and their families cope with stress, anxiety, worry. In addition to making connections with other humans, it's also important to make a connection with yourself.

Dr. Hilary Bowers: You know often this can be thought of under the umbrella of mindfulness and how do we become attuned to our own emotions and learn a little more social, emotional self regulation. One of the tools I often recommend to families is journaling. But journaling can come in a lot of different formats. There's the traditional journal where it's, what I think of as a closed journal where you are writing your own feelings and thoughts and pictures but then it's closed and it's kept for yourself. So it's really for your own self reflection.

Dr. Hilary Bowers: I also really like recommending what I call an open journal and this could be where the child or the parent or caregiver, one of them writes something down. Because we all know our best ideas come late at night or when we're having quiet time. And we write down something or we

draw a picture and then we shifted and you can have, some families I've done a mailbox so they get to decorate that. So that's a fun arts and crafts activity to make a mailbox by your bed and then you can write a letter to your parent or caregiver when the need strikes you and you put it in their mailbox and then the parent reads it. Whether it's the mail or whether it's a spiral-bound notebook then they read it on their own time.

Dr. Hilary Bowers: And then they write a response and then they give it back to the child and the child can read it on their own time. And so this is really a wonderful thing that works across ages. Because often it's very hard to say something that's very important to us, that's really deep in our sticky bits. It's hard to say it eyeball to eyeball and so when we're able to share that with a piece of paper and then give it to our caregiver and then the caregiver can give it back to the child or adolescent, it is something that really helps keep the conversation moving.

Dr. Hilary Bowers: The third way of journaling I actually learned from one of my own patients who shared it with me. And this is what we are calling a color journal. So instead of words we use colors. So across the top of the page or across the front of the journal, you would do a rainbow of colors. Whatever colors you want. And you assign each color a mood. Happy, sad, contemplative, whatever thought and then every day, when you draw a calendar and so every day you assign one or two colors to that day and then at the end of the week, at the end of the month you have a very good visual of what things were like over that past week, two weeks, month and for some families, this is actually the breakthrough moment where they understand how much their child has been struggling because often the words maybe don't convey, we all know especially with adolescents they want to put on a brave face.

Dr. Hilary Bowers: They don't want anyone to feel like anything is wrong and they may not fully express how much they're struggling but the color isn't a word and it's hard to deny when you, if blue is sad, to see a whole month of blue. And then that can then really open some doors, then you as their pediatrician or other doctor be able to then help facilitate that conversation.

Dr. Hilary Bowers: Another thing I like to think about is language and how much language really matters. Often families will come in and again, sort of more the traditional Western medicine model where something's broken and then it needs to be fixed. So parents will talk about their children's behavior as in I need to fix this.

- Dr. Hilary Bowers: Which implies that their kid's broken and I sort of reframe that and say well you know, your child's not a car, it's not a bike. You know your child's a human and what we have is we have a challenging behavior and your child doesn't have the tools to really express themselves in a way that we say is healthy. So what are they doing? They may be kicking and biting other kids at school. They may be breaking the toys and the parents that want to quote, fix that negative, destructive behavior and I like to think a little deeper as to why is the child acting this way.
- Dr. Hilary Bowers: What can we do to give the child the tools to express themselves in a way where they can be heard and they can have their needs met. I often use a sports analogy and say you know, we have a bench of people around us that support us. So there's the child in the middle and they have parents and caregivers and grandparents and extended family and teachers and you know, also with that, you know we may have the orthopedist who lives on the bench. So when we have a broken bone we can go to them and we can get a cast.
- Dr. Hilary Bowers: We may have a counselor that's on the bench. So when we're struggling a little bit more with our emotions we can go to them and learn our skills of how do we express ourselves in a healthier way. And so thinking about it more as a coach, and more as a, this is a bench and these are lots of different people and often our parents are the first people that we go to for help, and sometimes parents don't have all the answers. So that's why come to the pediatrician and that's why you know, we go to the specialty care and so thinking of it in that way that we're getting coaches to learn the skills we don't have and that we're, had challenges in life and what we're looking for is ways to express ourselves in healthy, productive ways so that everyone can get what they need and be able to feel heard.
- Dr. Hilary Bowers: So we've talked about some things such as journaling, mindfulness, being aware. So things you can teach their caregiver to help them. Things you can teach your patients are the following. You can teach them to keep a journal. So be that the open or closed or the color journal that we talked about earlier. That would be very helpful and again that's a concrete, actionable item that they can have and then they can take with them. Just the act of writing down the food or keeping track of your intestinal habits can really make something that seems, oh I don't know when it happens and it seems so scary and daunting, now I have, there's a pattern to it.

- Dr. Hilary Bowers: I can understand that and often I'll tell my families, keep the journal for two weeks, four weeks and then make an appointment when you're here today to come back and see me and bring the journal with you and I tell them, often you're going to look at the journal, you're going to figure out the pattern yourself, you're going to be able to make the healthy changes on your own but it's okay if you don't because I am here as part of your journey and I am here and I will be here to listen.
- Sam Mills: Thank you, Dr. Bowers, for those great tips and stress mitigation strategies. Next up, we'll hear from Dr. Pradeep Gidwani on some other stress busing strategies related to mindfulness and supportive relationships.
- Dr. Pradeep Gidwani: Hello, I'm Pradeep Gidwani. I'm a pediatrician in San Diego. I work for the American Academy of Pediatrics, the San Diego and Imperial County Chapter and I'm the Medical Director for one of our projects. Healthy Development Services as well as a home visiting program called First Five First Steps.
- Dr. Pradeep Gidwani: So today I'm going to talk about some tips about how we can reduce stress in our pediatric patients and of course, when we think about stress for our pediatric patients, we have to think about how we can help their parents. Both the parent and the child need to have the opportunity to regulate their stress. So one of the things that works really great for stress is breath work and when you think about breathing, it's a way that helps us connect our emotions and our mind. And it helps us calm down and slow down. So depending on the child you can do a variety of activities that I like to teach parents.
- Dr. Pradeep Gidwani: One of my favorites is one where you actually draw on one side of a paper, you draw a candle and on the other side, you draw a flower. You have the child smell the flower, then you turn the paper over and you have them blow out the candle. It's a really fun way for the parent and the child to interact and of course, it also works for parents as well. So teaching parents how to breathe, just to breathe in through their noses and slowly out through their mouth and watch them actually feel different as they're doing that.
- Dr. Pradeep Gidwani: What's really interesting about that is it takes a really short period of time to do it. With parents, you don't need the visual as much as you do with children but with kids, the visual always works beautifully. One of the things we have all the time handy is bubbles. Blowing bubbles is a

great way to do the same piece and again, what you're trying to do is help them slow their minds down and to be more present in their bodies.

- Dr. Pradeep Gidwani: So actually that's another piece that we do. Whenever we're talking about these pieces, we ask kids and parents to feel themselves in their bodies and there's so many different ways that you can help kids and families get into their bodies. Particularly as kids get older you can do things like push against a wall, touch furniture. Simple things where you can really teach ways for people to regulate.
- Dr. Pradeep Gidwani: Another great one, particularly in this day and age is going for a walk together. There's two things that happen when you walk together. One is you get into that rhythm of walking and in that walking, it really helps us calm down and it helps us really truly become grounded. So this whole piece about learning how to regulate our emotions and understand our emotions and how they work with our thoughts is so important for all of us. And again, kids can start learning these skills very early.
- Dr. Pradeep Gidwani: So one of the things we like to do with kids as they get older is to use their imagination and create a special place. So when a child is upset and they need a little time to collect themselves and get their emotions more clear, we talk about creating a special place and that can be fun and it really depends on the child. So if a child really likes animals, then they could go to a zoo or they could go to the forest and they could talk with the animals. They can use their imagination, they can just have a lot of fun with this. Some kids like castles and you can have this whole thing about going to a castle and who you meet there and you know, again, have them really think about things to really get their mind active so that they're really allowing their emotions to calm. One of the things we know when we have really strong emotions is it takes time to recover and it takes time for that to calm.
- Dr. Pradeep Gidwani: Another trick that we use particularly with younger kids is the idea of a balloon breath and so the idea around a balloon breath is, you have them take their hands and put their hands on their belly and you have them blow up their belly when they breathe through their nose and then breathe out their mouth and they let the balloon out. So that idea is again very helpful because what you do with that is the mind calms as we take longer breaths. Particularly breathing in the nose and out of the mouth really helps calm kids down. So that whole idea of thinking, having them think of their belly as a balloon and they blow into the balloon, and then they blow the air out. And at the same time they have their hands

on their belly and the belly goes down. So they get that really cute idea of really feeling how it works to do, what's known as belly breaths.

Dr. Pradeep Gidwani: Another thing that's really helpful is to ask kids to check in with their bodies and so what you can actually do is ask them to check into different parts of their body. You can ask them to listen to your heart, feel your belly. These are really simple things that are super helpful for kids. Another set of strategies that are particularly useful for adults because again, adults don't always understand that kids can't always regulate their emotions by their-self but they need help to be co-regulated. So the idea of telling a parent of walking through a situation with the parent when their child really got upset and helping them understand that their child may not be able to reason when they're very upset and that you have to let them calm down. And that if a parent stays calm, that helps the child come down. There's a really important concept.

Dr. Pradeep Gidwani: So this idea of co-regulation, sometimes when I explain it to parents it's like a light bulb. They think oh, I thought if my child's upset and I get upset they'll understand. No they actually just get scared. If your child is upset and you stay calm and you can hold that space, that gives room and space for the child's emotion to run its course. Then when the child's emotion has run its course, you have the chance to reconnect with the child and actually help the child reason and figure out what happens. Sometimes when we're trying to help children calm down and we use words, they sometimes get more frustrated.

Dr. Pradeep Gidwani: So a trick that I would love to teach kids is their own ability to use their sense of touch and their sense of imagination. So you can ask a child just to rub their hands together and then put their hands to where they want to put the energy and you can actually have them put it where it hurts but sometimes it's really easy just to have them rub their hands and then just put them on their heart. Or rub their hands and give themselves a hug. It's a really interesting thing that when words don't work, sometimes we actually have to use the physical body to calm down. And again, that rubbing your hands together and putting your hands on your heart, it's one of those pieces that is so simple but it's a trick that once you teach a child, it's always amazing what they actually get comfortable with that and see that it works, that they'll do it themselves.

Dr. Pradeep Gidwani: You know another strategy that's really, really helpful for parents at this time and this is really that important part of, relationships can be very helpful in strengthening us. One strategy that I use with parents that

really helps comes from narrative medicine and when I have a moment with a family I'll ask them, what or who is helping the most right now? As the family starts talking about that, they really start feeling that support that individuals give them. So questions like what or who supports you? Or what is giving you strength right now is really helpful. We really want to meet families where their strengths are. You can also ask them about in the past, who or what has helped you in the past get through tough times. And another piece just to take it a little further is as you ask those questions, you can ask the parent to think about how does it feel in their body.

Dr. Pradeep Gidwani: So remember, as much as it's important to build skills in kids, we want to build skills in parents as well. With the parents, if we can really help them think about who's there, who helps them, that's a really important piece. Okay so another really important stress-busting technique is exercise and it's really interesting. Again, each individual has what works for them. I've found a lot of our patients really, really resonate with exercise and it doesn't have to be anything as big as running a marathon.

Dr. Pradeep Gidwani: Actually just taking a 15 to 20 minute walk can go a long way. I really do recommend walking, it's very easy. It's a, it has less injuries. The other part you can do it with somebody. So there is that other piece of regulating relationships where you have a relationship that helps you. So you get two things, you get the walking and you get the relationship.

Dr. Pradeep Gidwani: Trying to help families get to mental health services can be a really touchy subject. Families can become very resistant. One of the things that we've done that really helps with families is helping them realize that we all need someone to talk to and sometimes it's good to talk to somebody who is a professional. Who doesn't have any relationship with you but can really offer you a place where it's safe and what they say, what you say will stay with them. So often we kind of help families understand what it looks like and why it would be helpful for them to get mental health services and again, it's really about that piece of helping them understand, taking care of themselves helps them better take care of their kids. So today we've given you so many different tools and techniques.

Dr. Pradeep Gidwani: It's really important to find the ones that are easier for you and what work for you. Most importantly, have the ones that are your go to and also have enough because really, the goal here is what works for families.



You don't have to try on all of these and you don't have to do all of these. Find the ones that work for you and work for your families.

Dr. Pradeep Gidwani: One of the important pieces is many of these tips can be done in this environment where we're seeing patients in a virtual way. I always like the ones that are easy to describe or easy to show on the video screen. The other part is have fun with these because it really is a great way to connect with your families in a way that they know that you care about them as a person and I just find that these actually help build that relationship, that we always want for our families and they really do feel supported.

Sam Mills: Thank you Dr. Gidwani and thank you to Dr. Bowers. For those great tips and strategies. Now we're going to go to some questions from our audience members. Our first question comes from Marjorie and Marjorie wants to know, what can we do on a daily basis to help build childhood resiliency for patients? Dr. Bowers, I'll have you start.

Dr. Hilary Bowers: Thank you so much, that is an excellent question Marjorie. It's all about what can you, as a caregiver, help for your child. So one thing, things I like to think about are having children being seen and being heard. So just even being present. I think often as parents we try to feel like we have to come in with a solution for our child.

Dr. Hilary Bowers: Every challenge, every problem must have a solution but with resiliency what we're trying to cultivate is to have their own problem solving, challenge solving skills and to just being, having them being seen, being heard, you being present for them and having a good listening ear helps build resiliency because then they know, the next time they have a challenge, they have a trusted adult they can come to. Soothing is also important. So always asking permission but giving touch. So letting a child just sit in your lap, giving that hug, holding their hand, stroking their shoulder. Whatever is an appropriate one for them, that soothing is again calming and breathing. So a couple things that you can implement now to help your child.

Sam Mills: Dr. Long, how would you follow up to Marjorie's question on building resiliency for patients?

Dr. Dayna Long: So I agree with everything Dr. Bowers just said and I think that skill building is really important for resiliency. And so when we think about breathing, there actually is a technique that I teach to my patients and that technique is called 415 breathing and it's actually a way to ground

yourself and on a biologic level it helps us to flip between our sympathetic to our parasympathetic nervous system which helps to regulate the toxic stress response.

Dr. Dayna Long: And so 415 breathing, it's really about sitting with your feet grounded on the floor, sitting up straight, taking a moment to close your eyes and then you breathe in to the count of four. You hold it and you breathe out to the count of five and it actually helps to do this technique throughout the day, it helps us to stay focused.

Dr. Dayna Long: The other part of building resiliency is knowing when we are dysregulated that there are these three principles about centering, collaborating and connecting and that in order to move through our day, we as adults have to center ourselves and to recognize when we're not centered to take the time to really be mindful of that about making sure that we are connecting to our children and our loved ones and then lastly, that we are collaborating. Collaborating with our coworkers and our communities so that we can get through this together.

Sam Mills: Thanks Dr. Long, Dr. Gidwani. Follow up for you, what are things you think we can do on a daily basis to build resiliency in patients?

Dr. Pradeep Gidwani: Well I think the most important thing when we're thinking about resiliency is to understand that resiliency is built in the context of relationships. So it really is your relationship with your child and what really helps is the regulation and co-regulation. When babies are little, they need external co-regulation. As kids get older, they still need that regulation. I often think with teenagers, that's another period of time when there's so much growth and change happening in the body we forget that they need some help regulating themselves.

Dr. Pradeep Gidwani: So some of the techniques you've heard about breathing and some of the other pieces are there but the real important part for parents is to connect with your child, allow their regulation to calm. You can't really reason with them when they're feeling really upset. So let them regulate. Whether it's through touch, whether it's through talk but let them, let their level of emotion come down and when that comes down you connect with them and then you can reason with them. So it's a real process around regulate, relate and reason and it's just a nice simple way to remember that this is a skill that's built over time and it happens in the context of relationships and as an adult, as Dr. Long said, you need to be able to center yourself.

Dr. Pradeep Gidwani: So make sure you always check in and calm yourself and work with your own emotions as an adult and connect with your children and help them build that skill of understanding their emotions and understanding how they can calm themselves and how you're there for them. And I think that piece that, that both Dr. Bowers and Dr. Long talked about is being there. That's the important part, that regular routine, person being there is such an important key to resiliency and it happens over time.

Sam Mills: Thank you all for those great responses. Our next question comes from Norma, who's a healthcare provider, and Norma wants to know, what type of follow up care can we do? Whether face to face or via telemedicine to follow up on stress regulation strategies for patients? Dr. Bowers I know that you talked about telemedicine visits earlier in your presentation. I'll have you go first.

Dr. Hilary Bowers: So I definitely have a combination of face to face and telemedicine. Although I feel like at this point it's about 70% is telemedicine. The families love it because at first you think, oh are they going to connect through telemedicine, is it going to feel like an awkward thing but as was said earlier, they're at their own home. I found patients to be far more relaxed, they haven't been in my office, waiting if I'm running late. They can go and play a game, they can be running outside. Often I get to meet all the family pets and so things that you won't see normally in an office setting which sometimes can feel artificial even if we have all of our tools there. We can feel much more intimate and connected with our families via telemedicine because they're coming to their living room, their bedroom, their car, the garage, I've been to Costco, several other places on telehealth visits. So it's a really excellent way.

Dr. Hilary Bowers: Another thing I'd like to bring up is sometimes families are on vacation and normally they would cancel the appointment because they're not going to drive back two hours to keep it. So this way you can stay on track with your follow up even if they're on vacation, they can dial in. Have that connection, have that follow up appointment and you know, the care is still being delivered.

Sam Mills: Thank you Dr. Bowers, that's a great segue to our next question that comes in from Katrina. Katrina is asking how do we address toxic stress during this time of COVID-19? With our patients and our families. Dr. Gidwani, let's start with you.

Dr. Pradeep Gidwani: Well that actually really builds on the whole opportunity of connecting through telemedicine and telehealth. We've really found that you can

really provide a lot of support, even in short blocks of time. It's also important when you're working in telemedicine to work with the family to see where they're comfortable. Sometimes because there's a lot of people around and it can be a sensitive topic, sometimes it is actually worthwhile doing it on the phone so that they can have that privacy.

Dr. Pradeep Gidwani: So it's really always finding what's comfortable for your patients and the important part is to always remember to think about safety. It's something that we think about but when they're coming into our office, we know we can provide a safe environment. We want to make sure that that telemedicine or the medicine by phone, really without the video, is really something that feels safe for our clients and our patients, when they feel safe they build that trust and it really has been surprising how well families have been doing with video and with phone calls but it really becomes important to have touchpoints, have multiple touchpoints and also make sure that you're helping them with routines and what they can do on a day to day basis to help ground themselves and to help themselves feel safe and have the resources that they need.

Dr. Pradeep Gidwani: Another technique that I really like is just asking them, who is helping you or what helps you in this time. Whether it's church, whether it's friends, many of our families really do have resources and we want to remind them, this is the time you need to reach out to those resources and not think you're going to be a burden on others. It's actually really a good feeling when someone calls you and needs your help. So to help them remember, it's giving the help but it's also receiving the help.

Sam Mills: Thank you Dr. Gidwani. We have another question from Grace. This question will be for Dr. Bowers who's a provider in mental health. Grace wants to know what can you do as a provider when we have limited resources in our community around mental health.

Dr. Hilary Bowers: So one thing you can do is talk to your coworkers. So this is, I'm the question from providers about providers. Talk to your coworkers. You'd be surprised what people know. Either through professional or personal experience and even among providers, behavior and mental health can still be a stigmatized topic and people may not be as forthcoming in sharing what they know as if they were with the latest or tightest media guidelines or pneumonia guidelines.

Dr. Hilary Bowers: So having that conversation, making it be a weekly or twice a month conversation with all the providers in your office to say what, what have you learned, what have you talked about? The American Academy of

Pediatrics has a nice podcast about the Behavioral and Mental Health Minute which is great. In Southern California, in the San Diego County, Riverside County area we have SmartCare which is an excellent resource to help connect you with services for your patients as well as giving information from a provider to provider level to help keep patients in the home. Talking to your local preschools. Talking to your local schools and seeing who they are connected with.

Dr. Hilary Bowers: Often we really operate in a silo and taking you as the provider who's interested in us saying I'm going to take responsibility for breaking down these barriers and making better connections. And not the last item but one more item is I actually get a lot of information from families. That they, someone they've connected with, it was mentioned earlier religious groups have many services.

Dr. Hilary Bowers: Other community groups that are out there, so finding and this I think really tells your patients that this is a two way relationship. That you are there for them and they're there for you and as was mentioned earlier, it is a wonderful feeling to help and to give and to share your knowledge and hearing that from a patient, letting a parent give you information and then you saying: Wow that's great, I'm totally going to share that with my next patient could be the lift that they need in a day. Especially now when things are quite a bit more stressful for many families.

Sam Mills: Our next question will be for Dr. Long. This person is asking how can we promote resilience in the time of the pandemic when many of the ones who need it most aren't connecting with us?

Dr. Danya Long: So thank you for this question because I do agree that a lot of our families have benefited from telehealth and are either coming in person or were able to connect over the internet and there is a subset of our families who we haven't yet been able to reach out to and this is where the proactivity comes in. And so if as a clinic and as a provider, you recognize that there are patients that you haven't reached out to.

Dr. Danya Long: It's definitely the time for either you to call as a provider and say hey, I just want to check in or to have office team call a family and see if you can schedule a visit. It's really important that we figure out the best way and it might be that some families actually don't feel comfortable having conversations via Zoom and would come in and get your vaccines or your developmental assessment or just to say you know: "hello we have a concern." And so being able to reach out to diverse populations is important as well as messaging from our clinics that we are here for you.

We are open that we care and please come see us in that we are providing safe spaces.

Sam Mills: Thank you Dr. Long, Dr. Gidwani is there anything else that you would like to add?

Dr. Pradeep Gidwani: I think the important thing is there's always going to be a shortage of mental health services and I think what's really important is for all of us to understand that you don't have to be a therapist to be therapeutic. Our relationships which really support our families and particularly because we have relationships with them can really be such a big uplift and so again, I think it's so important to convey to them that they are safe, they can speak with you and it's important to hear their stories and if you can hear their stories, often that makes such a big difference.

Dr. Pradeep Gidwani: People are holding so much in their mind right now. There's so much depression, there's so much anxiety and if we can encourage our families to talk with us you can actually see their shoulders drop. You can see a visible change in their faces. And again, we have to also be aware of what we can do. Not always aware of what we can't do and what's not that. That becomes really draining for us when we are focused on how much we want for our patients. If we really could, we would provide so much more in the way of mental health, child development. All of the stuff we'd love to provide but in the meantime, what you do makes a big difference. Listening to, being supportive is such a powerful, powerful tool. You as a person make such a big difference to your families' lives.

Sam Mills: And now for our last question. This one will be for Dr. Long. How do you start anticipatory guidance following a PEARLS screen?

Dr. Dayna Long: Thank you so much for the question Sam. We have spent a long time doing years of research around the PEARLS tool. As we were developing it and piloting it with our families. In the process of piloting it, we interviewed providers within our clinic and collated using thematic analysis, all of the responses.

Dr. Dayna Long: And we were able to create a very simple acronym for providers to use when they're giving anticipatory guidance for PEARLS. That acronym is NOTE. As doctors we write a lot of notes and so the N stands for noticing the relationship between the caregiver and the child. Notice it and comment on it. You can say every time you look at Sally, she smiles back at you. You are a hero in her life. Or I love the fact that Johnny wants to give you a hug.



- Dr. Dayna Long: The O is for offering the science and I always say the same thing. That what we know is that stress can effect the hearts, the minds and the bodies of children. The T is for tools. That in this clinic we have tools and resources to share with you so that we can get through this together and the E is that, you are a good parent. You're doing a good job. Every single day is a day to start over. You are a hero in the life of your child and you got this. And I am here with you in this every single day. So the NOTE acronym is really helpful as we start to talk to families about what the PEARLS screen means and what our response is.
- Sam Mills: Thank you to our great speakers and for their thoughtful responses and many thanks to all of our attendees who submitted questions in advance and during today's presentation.
- Sam Mills: Now I'd like to highlight some key resources and tools that have been developed by ACEs Aware and other organizations to support providers as they screen and respond to ACEs and toxic stress. ACEs Aware has developed a free, comprehensive training for providers that offers continuing medical education and maintenance of certification credits. It covers the science of ACEs and toxic stress, how to screen for ACEs and how to implement trauma-informed care. Once you take the training and self attest, Medi-Cal health providers are eligible for a \$29 payment for conducting ACEs screenings for pediatric and adult patients covered by Medi-Cal. More information is available at our training site including the self attestation form at [ACEsAware.org](https://www.ACEsAware.org).
- Sam Mills: As Dr. Long pointed out earlier, we have many resources available on our website that we'd encourage you to check out. One of those resources is the ACEs Aware Provider Toolkit which has comprehensive information about the initiative, including all of the topics you can see highlighted here on the screen.
- Sam Mills: We will also continue to hold webinars on a wide range of topics that are responsible to your feedback, shared through our webinar evaluations. Please stay tuned for more information on our upcoming September webinar.
- Sam Mills: In wrapping up today's webinar, I want to thank all of our wonderful speakers for sharing their expertise, time and experience and to thank all of you for attending and participating by submitting questions in advance or via the chat. Later today we will be emailing you a webinar evaluation.



Sam Mills:

Please be sure to submit your feedback as it helps us to plan for future webinars and materials. Finally, our recording of this webinar will be emailed to all attendees and posted on the ACES Aware website later this week. So please be sure to share it with your colleagues and others that might be interested. Thank you again and take good care.