



**Testimony to House Health Care Committee
By Samantha Stevens, Program Manager, VNA Family Room**

February 18, 2014

Thank you for inviting me here today to talk about H. 762, a bill related to the Adverse Childhood Experience Questionnaire and its use. My name is Samantha Stevens and I am the Program Manager for the VNA Family Room located in the Old North End of Burlington.

The Family Room is one of the 15 Parent Child Centers in Vermont. As a PCC, we provide wrap around services to families who have children 0-6 years of age. These include center-based programs and home visiting as well as connecting families to community resources.

The goal of Family Room is to ensure the socio-emotional development and school readiness for children whom we serve through early childhood services and parenting education and support. Family Room serves approximately 500 families and 1,200 individuals a year. This is double the number we saw just five years ago.

While all PCCs are dedicated to the goal of healthy early childhood development, the Family Room's model is unique in that it serves the whole family together. We do this through play-based programming where children can explore and experience the environment and their peers while parents, grandparents and other caregivers can engage with each other and our highly trained staff.

We meet all families as they come to us, some days this may mean providing essential crisis intervention to a family who may be experiencing homelessness, food insecurity, difficulty managing mental health or substance abuse issues, or transitioning from incarceration. While not all families are in crisis, every family we see seeks relationships that will support them in their role as parents.

The Family Room seeks to nurture and encourage families to develop relationships that will sustain them and build their internal strengths beyond the point which they can no longer attend Family Room programs. We do this through:

- Drop-in play groups with experienced educators and social support workers
- Parenting education and discussion groups;
- Wellness programming such as cooking classes, gardening, yoga and walking groups;
- Parent enrichment and skill building classes such as English as second language, book group, sewing, and career development.

All of this takes place with the primary purpose of strengthening the protective factors of families. And none of it could happen without a foundation of nurturing and supportive relationships that build trust and open communication.

Nurturing and attachment for the parent who may have had adverse and traumatic experiences can be the first step in longer-term intervention that helps protect against the intergenerational transmission of detrimental parenting practices and personal health habits that we now know contribute to health challenges and chronic disease later in life. For parents who have not experienced nurturing and attachment as a child, it is unlikely that they will in turn be able to offer this to their children.

We must address the shame and isolation that adverse childhood experiences such as physical and sexual abuse, alcohol and substance abuse, and mental health diseases can cause. Parent child centers, especially one such as the Family Room, are perfectly positioned to provide this intervention. We can not only reduce the risk of future chronic conditions for parents today but can also prevent this future for their children.

We feel that it is important for you as health care policy makers who understand the connection between childhood trauma and chronic conditions to know of effective intervention and preventive models that exist in the community and to advocate for their inclusion in any discussion to address this challenge. And as

you seek through this legislation to identify and address the needs of people who have been impacted by these experiences, it is imperative to also be thinking about ensuring the viability of programs such as ours that can make a difference for these Vermonters.

From my work, I estimate that 50% or more of the families that we serve have experienced multiple ACE risk factors. This is a conservative estimate as 40% of the families that we serve are from the refugee community who by definition have experienced great trauma both at home and through the resettlement experience. But it is important to recognize that traumatic experiences in early childhood are not unique to these refugee families or even families in poverty. They can impact any of us.

Let me leave you today with a story to illustrate just how we can change the course for these families.

When the Family Room first met her, "Sarah" had recently given birth to her second child, was in the beginning stages of recovery from drug addiction, and was homeless. At the suggestion of shelter staff and others she was attending some community playgroups without much success. A skilled nursing home visitor from the VNA began to see her and her two children at the shelter with the goal of helping Sarah's new infant increase in weight and make it past concerns of a "failure to thrive" diagnosis. The VNA nurse quickly brought in an infant massage facilitator from the Family Room, knowing that massage encourages growth in low-birth weight babies, and attachment between parent and child, a bond under some stress considering the complexity of this family's circumstance.

The Family Room facilitator was able to help Sarah overcome her nervous feelings about coming to a new group, and over time Sarah and her two children became regular visitors to our programs. This was no small effort-past trauma experiences and her progress through recovery led Sarah to struggle with anxiety about fitting in and connecting with new people. Sarah was connected with a Family Support Worker at the Family Room who was able to step in when the skilled nursing visits ended, and together

they were able to continue to work on nutrition, housing, and sobriety goals. Sarah was even able to participate in a small group parenting education and support class, Strong Families, co-facilitated by her Family Support Worker who helped her feel safe, encouraged her to share her wisdom with other moms, and helped develop her confidence as both a parent and a community member. With the wrap-around support offered by the Family Room, Sarah has made fantastic strides in her life and in the life of her family. Sarah said, "I would hate to see our lives without the Family Room. The people that I meet here, rich or poor, staff or participant, are my family."

Please feel free to contact me if you have any questions or want any additional information in the future. I can be reached at (802) 862-2121 or at stevens@vnacares.org. Remember the doors of the Family Room are always open, please feel free to come and visit us.