Lamoille Family Center

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October 4, 2017

Act 43 - Adverse Childhood Experiences Working Group

Lamoille Site Visit

Project DULCE

Testimony Documents

Contact Person

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Lamoille Family Center

The Vermont Statutes Online

Title 33: Human Services

Chapter 37: Parent-child Center Program

§ 3701. Parent-child center program; eligibility

(a) For purposes of this chapter, "parent-child center" means a community-based organization established for the purpose of providing prevention and early intervention services such as parenting education, support, training, referral and related services to prospective parents and families with young children including those whose children are medically, socially, or educationally at risk.

(b) The Secretary of Human Services shall:

(1) upon applications made annually, award grants to eligible parent-child centers;

(2) establish, by rule, a formula for determining the amount of grants awarded under this chapter and minimum eligibility standards for such awards.

(c) In order to be eligible for a grant under this chapter, a parent-child center shall:

(1) Receive some funding from one or more private, local, or federal source. Contributions in kind, whether material, commodities, transportation, or office space, may be used to satisfy the contribution requirement of this subdivision.

(2) Qualify for tax exempt status under the provisions of Section 501(c) of the Internal Revenue Code.

(3) Have parent representation on its board of directors.

(4) Represent a designated geographic catchment area.

(d) A parent-child center funded under this chapter shall:

(1) provide leadership in the coordination of services for families with other community service providers;

(2) provide such financial or programmatic information as may be necessary to enable the Secretary of Human Services to evaluate the services provided through grant funds, the effect of such services on consumers of these services and an accounting of the expenditure of grant funds;

(3) participate in an annual peer review process conducted by the parent-child center network and the Agency of Human Services. (Added 1989, No. 269 (Adj. Sess.), § 2.)

§§ 3702Repealed. 1995, No. 188, § 4.

§ 3703. Repealed. 2013, No. 142 (Adj. Sess.), § 101. (Annual Reports)

VERMONT PARENT CHILD CENTER NETWORK

Parent Child Centers are the Answer

Parent Child Centers ***provide eight core services across the state.***

Home Visits
PCC's provide home visits to families with young children who request home-based support. The frequency and content of visits is determined by family goals and interest.

Early Childhood Services
PCCs provide developmental, inclusive, child care on-site or in strong collaboration with other early childhood services providers to ensure that families have quality options to meet full-time and part-time child care needs and children have group experiences with their peers. PCCs provide services through Learning Together and Strengthening Families programming.

Parent Education
PCC's offer parent education opportunities in a variety of formats and on a range of topics and themes responding to family issues. Educational opportunities are supportive, practically-oriented, and empowering. Information to assist families in understanding and coping with transition issues is included in education services and are also embedded in other services.

Information and Referral
PCC's serve as a clearinghouse for general information about child development and parenting as well as information about local and statewide resources for families. They contribute to the long-term health and well-being of children and families by sharing information about health care (insurance programs, medical homes and related resources). Service is provided through direct referral and follow-up, if requested. PCCs support services to welcome babies into the community.

peer support, healthy snacks, and information and resource sharing in a developmentally-appropriate setting.

Parent Support Groups
PCC's facilitate opportunities for families with common experience and interests to gain mutual support in a peer group setting.

Concrete Supports
Families have access to a welcoming environment which offers support and information about community services and resources to address the immediate needs of the family and/or contribute to the long-term well-being of the family.

Community Development
PCC's advocate for and contribute to family-centered services and events by taking a supportive and/or leadership role in broad-based promotion, prevention and early intervention efforts in the community. PCCs actively participate in the regional Building Bright Futures (BBF) Council to ensure that direct service activities funded or supported by this grant are aligned with the Vermont Early Childhood Action Plan and regional priorities as identified by the regional BBF Council.

VT Parent Child Center Network – Joe Ferrada, Chair - 802-498-5944 / josephf@fcwcvt.org
Amy Shollenberger – 802-793-1114 / amy@action-circles.com

Parent Child Centers are the Answer

Parent Child Centers can prevent Adverse Childhood Experiences.

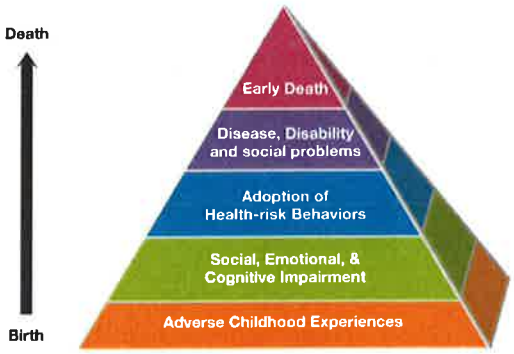
Childhood Sets the Stage for Everything

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ADVERSE CHILDHOOD EXPERIENCES:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member

57% of Vermonters have one or more ACEs and 22% have 3 or more ACEs.



Adverse Childhood Experiences have been linked to

- risky health behaviors,
- chronic health conditions, and
- early death.

As the number of ACEs increases, so does the risk for these outcomes. The wide-ranging health and social consequences of ACEs underscore the importance of preventing them before they happen.

What *can* be done about ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable, and nurturing relationship and environments (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential.

The Parent Child Centers use the Strengthening Families Framework and have a two-generation approach to both mitigate and prevent ACEs.

The Centers for Disease Control recommends these strategies for preventing ACEs, which resonate with the 8 core services that PCCs offer (see back of this sheet):

- Home visiting to pregnant women and families with newborns
- Parenting training programs
- Intimate partner violence prevention
- Social support for parents
- Parent support programs for teens and teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- High quality child care
- Sufficient income support for lower income families

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Act 113 Priorities for ACOs

In reviewing ACO budgets, the Board must consider:

1. Investments to strengthen primary care, including strategies to recruit providers, resources to expand capacity, and reduce administrative burden
2. Incentives for integration of community-based providers for seamless coordination
3. Incentives for investments in social determinants of health to prevent hospital admissions or readmissions, reduce length of stay, improve population health outcomes, reward lifestyle choices
4. Incentives for preventing impacts of trauma and improving partnerships with parent-child centers and designated agencies

In order to be certified, ACOs must demonstrate:

1. Strong care coordination model for high-complex patients
2. Capacity for using Electronic Health Records
3. Performance standards for quality and utilization of care
4. Shared decision-making

Project DULCE:

A community response to toxic stress

Center for the Study of Social Policy

The first six months following the birth of a child are a challenging time for most families. DULCE (Developmental Understanding and Legal Collaboration for Everyone) supports families by adding a Family Specialist to the infant's primary care medical home. DULCE builds family strengths by incorporating training and support from existing evidence-based programs: family development is supported by the Brazleton Touchpoints Center, the Medical Legal Partnership helps with concrete supports, and screening and referral are coordinated with the clinic's implementation of EPSDT. DULCE recognizes that parents are the most important people in an infant's life, and as such, parents direct the specific services they want and need from the Family Specialist.

Core Elements:

DULCE is offered to all infants and their families for the first six months of a child's life, through their routine primary care visits.

1 UNIVERSAL ACCESS

A family specialist who is part of the primary health care team works with families to promote health child development using the Touchpoints principles and the Protective Factors approach.

2 A FAMILY SPECIALIST

The family specialist is trained and supported by the local Medical-Legal Partnership entity; other MLP resources may also be available to the family.

3 MEDICAL-LEGAL PARTNERSHIP

Parents are experts; DULCE recognizes that parents are the most important people in an infant's life. Parents direct the services they want and need and have meaningful roles in program, design, implementation and accountability.

4 PARENTS AS EXPERTS

DULCE connects families with community supports, services and opportunities they need.

5 COMMUNITY CONNECTIONS

Data are collected and used for continuous learning and practice and program improvement.

6 CONTINUOUS QUALITY IMPROVEMENT

Three structural elements help ensure that DULCE contributes to the development of an effective sustainable local early childhood system:

1 A LOCAL LEAD PARTNER to work with other local leaders to plan DULCE implementation, track the progress of the intervention and connect DULCE to other related interventions that promote an infant's healthy development

2 A SPREAD STRATEGY consisting of plans to expand the use of DULCE more broadly in the local jurisdiction

3 SUSTAINABLE FINANCING STRATEGY so that fiscal sustainability is considered from early on in implementation

Project DULCE Implementation Timeline

Moving to implementation in 7 clinical sites in 5 localities across the county with an eye toward spread and scale

Planning

- Sites selected
- National partners in place
- All-Site orientation for sites and national partners
- Continuous quality improvement and evaluation planning in place
- Development of training materials
- Local Medical-Legal Partnership partners in place

Launch

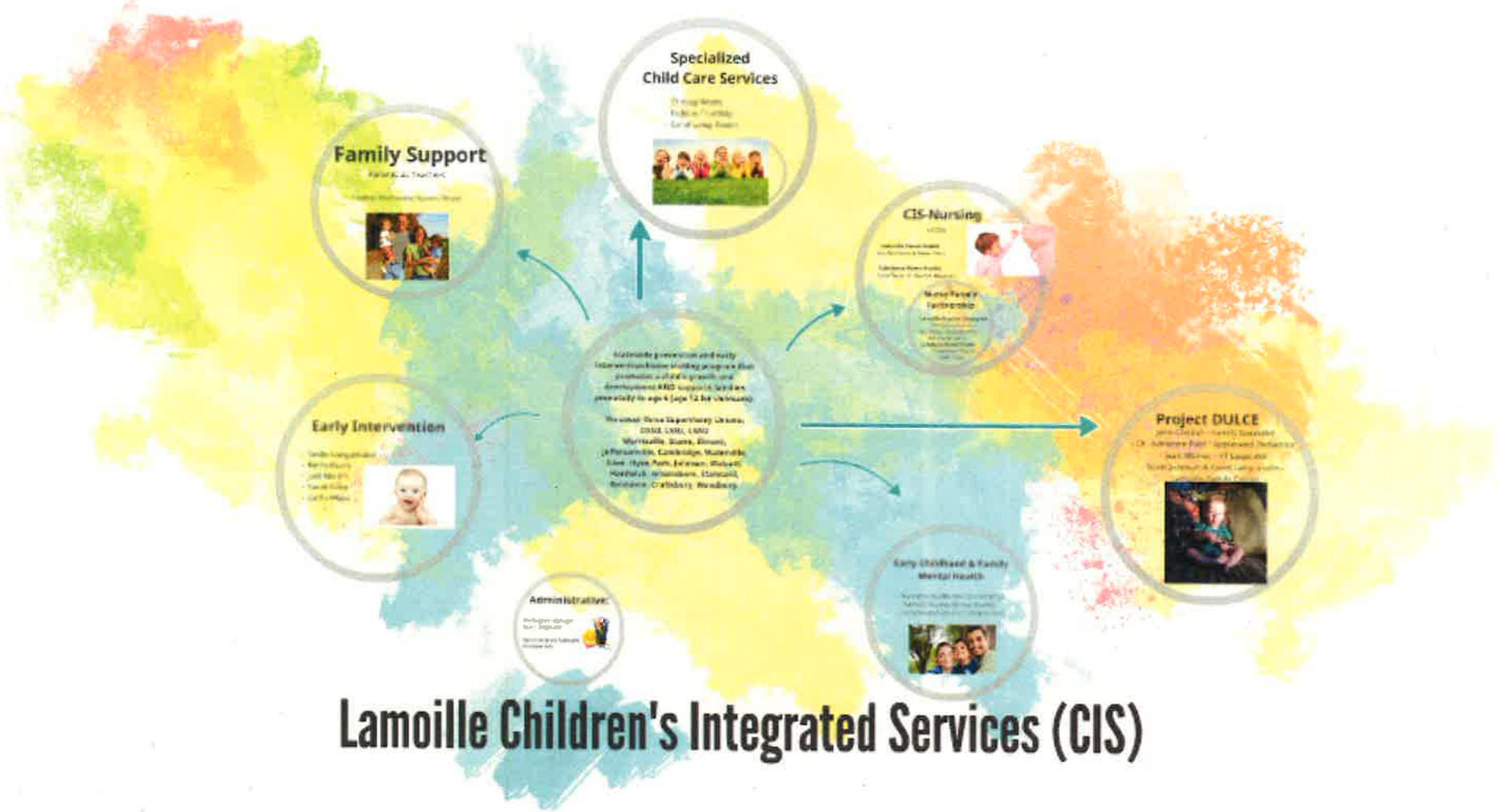
- Family Specialists hired and trained in Touchpoints
- All-Site Implementation training
- April 2016 local launch
- Monthly technical assistance opportunities
- Bi-annual site visits from national team

Initial Cohort Implementation

- All-Site Implementation meeting
- Launch of website for training, technical assistance and communication
- Launch of Registry for CQI and evaluation
- Evaluation launch

EARLY SIGNS OF SUCCESS

- As of March 2017, seven clinic sites have enrolled 900 families — 98 percent of all eligible families. 87 percent of enrolled families have completed the program; the primary reason for attrition is families moving out of the area.
- Clinic directors are enthusiastic about DULCE as they see significant improvement in the efficiency of clinic operations including lower no-show rates and increased on-time immunizations.
- DULCE incorporates Touchpoints and Medical-Legal Partnership, is aligned with the revised Bright Futures, 4th Edition, and is a natural transition to Help Me Grow and home visiting programs as appropriate, all while nested in the child's medical home.
- County-level early childhood leads have used DULCE to build connections between healthcare and the early childhood system, capitalizing on the nearly universal reach of healthcare.



Lamoille Children's Integrated Services (CIS)

Promoting Lifelong Health for Children and Families

DULCE Vermont: A Community Response to Toxic Stress

(Developmental Understanding and Legal Collaboration for Everyone)

with Appleseed Pediatrics and the Lamoille Family Center

Project Update September 2017

Overview: Project DULCE (Vermont) is a pilot project sponsored by the Center for the Study of Social Policy taking place in seven sites across the country. The DULCE model consists of an interdisciplinary and integrated practice team, made up of a pediatrician, a family support specialist, a legal partner, and a program/clinical supervisor. The team works together using a whole family approach to meet the needs of the child(ren) and the parents.

In Vermont, the Lamoille Family Center is the facilitative engine for DULCE. In this rural model, a family specialist from the Parent Child Center (PCC) is integrated in a pediatrician's office to voluntarily meet with and remain engaged with all families of newborns at their first and all well-child visits in their first six months of life. This provides support to new families with issues that arise in the context of the health visit, and also importantly, helps families connect to such concrete supports as transportation, food, and housing, and when needed, coordinates care with the local Children's Integrated Services (CIS) team. These connections to needed community-based supports and services occur seamlessly because the family specialist is part of the PCC.

Why is DULCE effective:

Early identification of family strengths and risks stabilizes and strengthens families and improves health outcomes for the children.

- 96-98% of Vermont infants receive routine health care with a child health provider in the first month of life. The healthcare setting offers three key advantages in providing parenting support:
  - Universality: Potential to reach virtually all families, including highly vulnerable ones
  - Acceptability: Lack of social stigma attached to using medical care
  - Credibility: High level of trust families extend to their child's healthcare provider whose active endorsement encourages engagement in other services
- Concrete strategies to mitigate toxic stress and prevent ACEs by early identification and addressing the major risk factors in Vermont's new families:
  - Parental substance use including alcohol, tobacco and other drugs
  - Maternal depression
  - Social isolation

Results of Pilot Thus Far: 98% of families have accepted the screening and support from the family specialist who serves as a trusted member of the patient's care team and has knowledge of, and makes seamless connections with, community resources.

Early interventions:

- 89% Immunization compliance with recommended vaccines based on age compared to a state rate of 76%
- 9% positive screens for depression and referred for further assessment
- 27% of households screened positive for tobacco use and referred
- 10% of households screened positive for 1 parent with a drug history and referred

"In the past, a parent might share if she is facing food insecurity or inter-personal violence, but now I'm hearing about these issues more consistently and reliably," explains Dr. Pahl. "With DULCE, I am able to provide better care because I know more about what's going on with my patients, even when the family is no longer participating in the program." --- pediatrician on DULCE team

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October 4, 2017 – for Act 43 Legislative Committee
September 2017, Interview with Dr. Adrienne Pahl by Donna Cohen Ross, Center for the Study of Social Policy

"With DULCE, conversations about non-medical health needs lead somewhere."

Appleseed Pediatrics, a busy health clinic serving over 2,000 children in Morrisville, Vermont, is dedicated to delivering the best care possible to its young patients and their families. The DULCE project, which works with families of infants from birth to six months, helps ensure Appleseed is meeting this goal. Dr. Adrienne Pahl, an Appleseed pediatrician, says the DULCE Family Specialist, who helps connect patients to concrete supports like housing and food, is extending the medical care she provides. "The Family Specialist asks families about social needs and issues like maternal depression, which the American Academy of Pediatrics considers critical to the pediatric well-child visit," explains Dr. Pahl. "As a physician, I want to screen for all 'social determinants of health' but there's a time management issue and my questions are often brief. Our Family Specialist can take the time to open up a discussion and screen more effectively."

And, since the Family Specialist is part of the Children's Integrated Services agency, she's tied to the social service system. Dr. Pahl says this means, "the conversations she has with families lead somewhere."

Having the Family Specialist on the health care team is a direct benefit to families, but also enhances the care Dr. Pahl provides. "In the past, a parent might share if she is facing food insecurity or inter-personal violence, but now I'm hearing about these issues more consistently and reliably," explains Dr. Pahl. "With DULCE, I am able to provide better care because I know more about what's going on with my patients, even when the family is no longer participating in the program,

Dr. Pahl adds, "DULCE is offered to all families, so we are reaching everyone, even people who may not qualify for other services."

The DULCE Family Specialist establishes a trusting relationship with families and, as a result, parents may share information they otherwise would have been reluctant to discuss with their doctor. "The Family Specialist isn't just a friend," says Dr. Pahl. "She an *educated* friend." Dr. Pahl relates the story of a patient who was not growing well. When the Family Specialist learned that the family did not have transportation to pick up WIC formula, she took the mother to the store and then searched for a more permanent solution. This included helping the family address a host of other problems, including an unsuitable housing situation. The family is now has better housing and can walk to the store. "This family is in a better spot now," says Dr. Pahl.

Another story highlights a special feature of DULCE -- access to legal assistance. Dr. Pahl's patient was very fussy. It seemed that the mother was extremely anxious and the baby was reacting to her discomfort. When the mother revealed that the baby's father was harassing her, she was connected to a legal aid attorney. While the attorney and the mother determined that taking action against the father was unwarranted at that time, the attorney helped the mother understand how interactions with the father could affect her options later on. This advice helped dissipate her anxiety – and the baby's.

Dr. Pahl has been telling her colleagues and peers about her DULCE experience. They understand the value of this model and are wondering when DULCE will be available at their own clinics. "I hope the model will spread widely," states Dr. Pahl, "it is a great program with clear benefits for both families and practices."

October 4, 2017 – for Act 43 Legislative Committee
September 2017 Interview with Ashley by Donna Cohen Ross, Center for the Study of Social Policy

"I'll Just Call Jen"

Ashley, a first-time mother, took her new baby, Abigail, to her first doctor's appointment. When she arrived, meeting Jen was another "first." Jen is the Family Specialist at Appleseed Pediatrics, Vermont's DULCE site. As she does with all DULCE families, Jen reached out and gave Ashley her phone number. At the time, Ashley thought it was a nice gesture, but she didn't need any help.

A few weeks went by and one day, Abigail was very fussy and Ashley was at a loss. It was Abigail's father who remembered the first visit to Appleseed and suggested, "What about calling Jen?" Ashley picked up the phone and asked Jen for advice. Jen did more than that – she came over and showed Ashley swaddling and comforting techniques that helped Abigail settle down.

After that, when another "first" was challenging for Ashley, her response was simple: "I'll just call Jen."

Once, worried that Abigail might be having a reaction to her first set of vaccines, Ashley called Jen and followed up with a photo of the baby's swollen legs. Jen shared the photo with Abigail's pediatrician, and then reported back: The baby was fine.

"I'm lucky," explains Ashley. "I haven't had other needs, but if I did, I wouldn't hesitate to ask Jen." Ashley says Jen's help is invaluable when she's at home and when she visits the clinic: "She reminds me about things I need to ask the doctor when I bring Abigail in for a well-child visit."

Abigail is now six months old and is "aging out" of DULCE. Ashley says she's a little sad that Jen won't be at Abigail's well-child appointments and she'll miss the support she's received from DULCE. "I've told friends to go to Appleseed so they can get signed up for DULCE," says Ashley. "They think it sounds amazing ...and it is!"

October 4, 2017 for Act 43 Legislative Committee – Daniela Caserta

THE RESEARCH - Are we **NEAR** the solution to ending chronic illness?

What we know from 20 years of research is that intentional communities have the ability to dramatically alter the effects of toxic stress for children and families and eliminate the presence of social determinants that increase the risk factors attributed to chronic diseases.

We care about this because when implemented fully, these concepts amount to significant health care cost savings. There is a body of knowledge that indicates that if we focus a portion of our health care dollars on upstream and preventative efforts, we can reduce the amount of money spent in this country on downstream intervention services such as treating chronic illness. Using a trauma informed, two generational approach allows us to impact the biological manifestation of disruptive early childhood experiences, altering the trajectory of major chronic diseases, such as diabetes, heart disease, lung disease and hypertension.

NEAR is an acronym that stands for **N**euroscience, **E**pigenetics, **A**dverse Childhood Experiences (ACE'S) and **R**esiliency. It is a cluster of sciences that when implemented as a unit, has significant ability to mitigate the long lasting effects which result from prolonged exposure to toxic stress and adversity. There are several avenues that communities, organizations or service providers can utilize to implement strategies and create policy that compliments and supports the evidence of **NEAR** science in families and in our communities.

At the very core of any of these concepts and strategies is the biology embedded in all human development, specifically early brain development or our **Neuroscience.** Simply put, continued exposure to adversity, or toxic stress at an early age, (0-5), will permanently alter our neurobiology or brain architecture rendering the person more compromised in their ability to self-regulate, and with an overactive internal alarm system. The more we can reduce the stressors associated with parenting, living in poverty, and managing all that life throws at us, for families with young children, the more we will reduce the deficiency that unhealthy early brain development yields.

Understanding **Epigenetics,** and using a two-generational approach to service delivery and policy development, allows us to focus on the history that we are born with, that we may or may not be aware of. Epigenetics is the science of linking the previous experiences of our ancestors to the current display of our genetic composition. The significance lies in the recognition that the interaction between our genes and environment shape human development, and that early experiences can determine whether certain genes are turned on or off throughout generations having strong influence on present behaviors and health over the life span.

https://thrivewa.org/work/trauma-and-resilience-3/

Adverse Childhood Experiences or ACE's, refers to a study done between 1995 and 1997. The ACE Study is one of the largest investigations ever conducted to assess connections between chronic stress caused by early adversity and later-life health. The study began with a partnership between Kaiser Permanente and the U.S. Centers for Disease Control and Prevention. It looked at multiple categories of childhood physical and emotional abuse and neglect, as well as measures of household dysfunction like domestic violence, parental mental illness, substance abuse and separation/divorce.

Research over the last two decades confirms that children carry the effects of childhood experiences into adulthood. The challenges they face in school, life and ultimately, the state of their health are often the

symptoms of toxic stress. Toxic stress, unlike manageable stress, refers to the long-term changes in brain architecture and organ systems that develop after extreme, prolonged and repeated stress goes untreated. Exposure to ACEs may put our children at higher risk for learning difficulties, emotional problems, developmental issues and long-term health problems.

The results of the ACE Study had two striking findings. First, ACEs are incredibly common—67 percent (2 out of 3 people) of the study population had at least one ACE and 13 percent (1 out of 8 people) of the population had four or more ACEs. Secondly, there was a dose-response relationship between ACEs and numerous health problems. This means that the more ACEs a child has, the higher the risk of developing chronic illnesses such as heart disease, chronic obstructive pulmonary disease (COPD), depression and cancer.

https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/

Resilience refers to an individual's ability to overcome adversity and bounce back from hardship. Developing the ability to be resilient is a learned process and is influenced by a number of factors. The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. Children who do well in the face of serious hardship typically have a biological resistance to adversity and strong relationships with the important adults in their family and community. Learning to cope with manageable threats is critical for the development of resilience.

http://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/

THE APPROACHES

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

•Parental resilience: Managing stress and functioning well when faced with challenges, adversity and trauma

•Social connections: Positive relationships that provide emotional, informational, instrumental and spiritual support

•Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development

•Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

•Social and emotional competence of children: Child and parent interactions that help families develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships

https://cssp.org/young-children-their-families/strengtheningfamilies

Youth Thrive™ is both a research-informed framework based on a synthesis of research on positive youth development, resilience, neuroscience, stress and impact of trauma on brain development and the name of

CSSP's national initiative to improve the well-being outcomes of all youth (ages 9-26), with a particular focus on youth in, or transitioning from, foster care. The Youth Thrive™ Framework functions as a 'lens' for assessing current efforts and for making changes to the policies, programs, training, services, partnerships and systems that impact young people.

Youth Resilience: Managing stress and functioning well when faced with stressors, challenges or adversity. The outcome is personal growth and positive change.

Social Connections: Having healthy, sustained relationships with people, institutions, the community and a force greater than oneself that promote a sense of trust, belonging and feeling that s/he matters.

Knowledge of Adolescent Development: Understanding one's behavior and stage of maturation in the context of the unique aspects of adolescent development (e.g., brain development, the impact of trauma); services that are developmentally and contextually appropriate (e.g., positive youth development strategies).

Concrete Support in Times of Need: Understanding the importance of asking for help and advocating for oneself; receiving quality services designed to preserve youth's dignity, providing opportunities for skill development and promoting healthy development (e.g., strengths-based, trauma informed practice).

Cognitive and Social-Emotional Competence: Acquiring skills and attitudes that is essential for forming an independent identity and having a productive, responsible and satisfying adulthood (e.g., self-regulation, executive functioning and character strengths).

Youth Thrive™ is not a specific program or intervention; rather it is an approach that is relevant to everyone who works with young people including: public child welfare system administrators, supervisors and caseworkers, teachers, staff at private agencies and nonprofits, judges and legal advocates, parents, caregivers and others who are concerned about teenagers and young adults.

https://cssp.org/reform/child-welfare/youththrive

Building Flourishing Communities (BFC) is a concept which applies to the work that is done to create self-healing communities which work across sectors to create an atmosphere of trauma informed approaches from every community member, recognizing that having trauma in one's background, is a more common occurrence that once suspected. Given this, a collective approach to creating self-healing communities is needed. Building Flourishing Communities is a framework that helps guide this work.

https://www.resiliencetrumpsaces.org/images/Self-healing_community_report.pdf

Health Outcomes of Positive Experiences (HOPE) is a body of research that indicates that children, who receive positive experiences early in life, are less likely to engage in risky behaviors which may lead to unhealthy outcomes such as heart disease, high blood pressure, smoking, and diabetes. Additionally, children who receive a preponderance of positive experiences from their caregivers will develop the brain capacity needed for self-regulation, executive functioning, and resiliency, and most likely will not require elevated health care intervention services as a result of chronic diseases.

https://www.cssp.org/publications/documents/Balancing-ACEs-with-HOPE-FINAL.pdf

STRESS & EARLY BRAIN GROWTH
Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

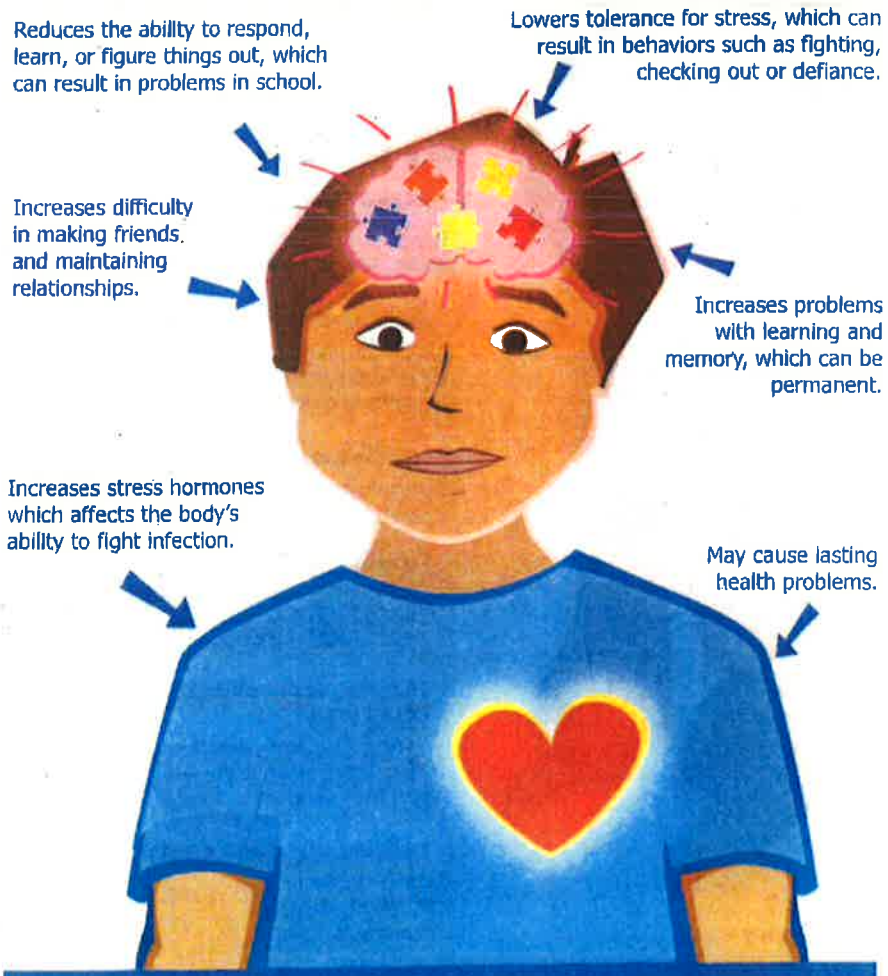
1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority, in other words:

"I can't hear you! I can't respond to you! I am just trying to be safe!"

The good news is resilience can bring back health and hope!

What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Helping children identify feelings and manage emotions
- Creating safe physical and emotional environments at home, in school, and in neighborhoods

What does resilience look like?

1. **Having resilient parents**
Parents who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with their children.

2. **Building attachment and nurturing relationships**
Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. **Building social connections**
Having family, friends and/or neighbors who support, help and listen to children.

4. **Meeting basic needs**
Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. **Learning about parenting and how children grow**
Understanding how parents can help their children grow in a healthy way, and what to expect from children as they grow.

6. **Building social and emotional skills**
Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.

Resources:

ACES 101
http://acestoohigh.com/aces-101/

Triple-P Parenting
www.triplep-parenting.net/glo-en/home/

Resilience Trumps ACEs
www.resiliencetrumpsACEs.org

CDC-Kaiser Adverse Childhood Experiences Study
www.cdc.gov/violenceprevention/acestudy/

Zero to Three Guides for Parents
http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/

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