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# Shift the lens: Integrating positive and adverse childhood experiences into pediatric care

A GUIDE FOR PEDIATRIC PRIMARY CARE CLINICIANS

# Adverse childhood experiences impact lifelong health

Adverse childhood experiences, or ACEs, are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. These examples do not comprise an exhaustive list of childhood adversity.<sup>1</sup>

**Figure 1: The Pair of ACEs tree recognizes that quite often ACEs are rooted in social determinants of health, structural racism, and historical trauma.<sup>2</sup>**

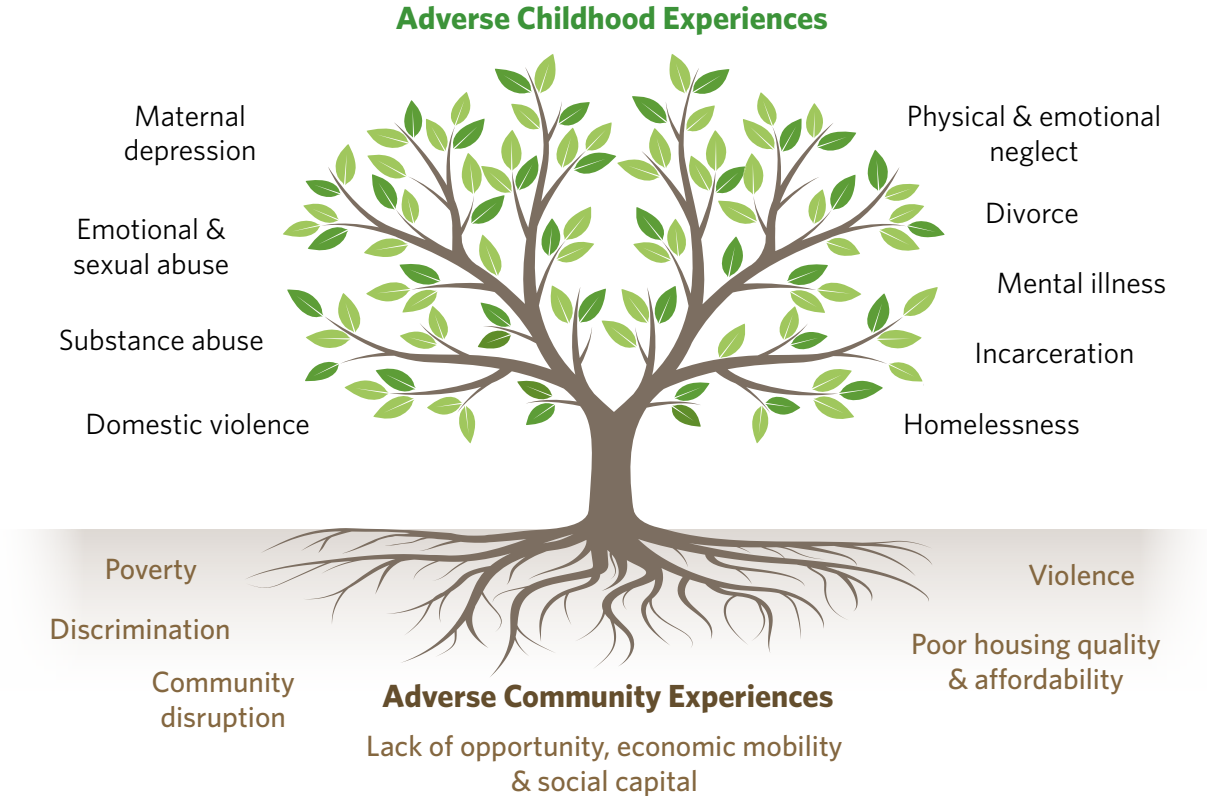
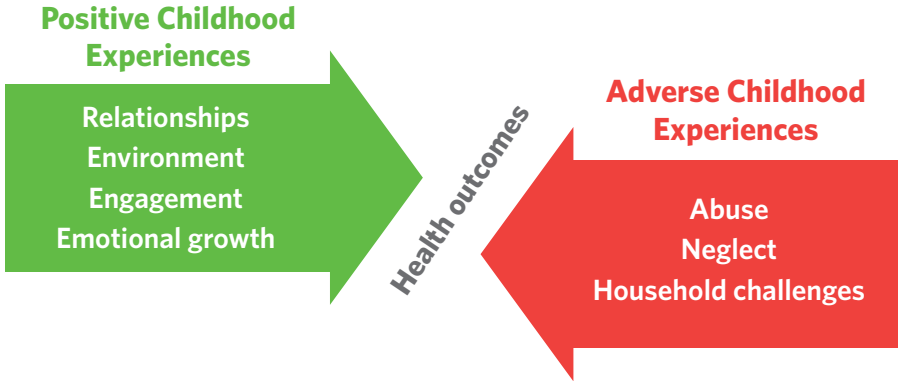


Figure 1 originally created by Wendy R. Ellis and William H. Dietz.<sup>2</sup>

## Positive childhood experiences (PCEs) support child development and tend to reduce negative health outcomes from ACEs.

**Figure 2: Both PCEs and ACEs affect long-term health outcomes.<sup>3</sup>**



# Positive experiences can support healthy development and strengthen connections

A mounting body of evidence demonstrates the need to identify PCEs in addition to ACEs.<sup>4,5</sup>

**Table 1: The four building blocks of HOPE: Healthy Outcomes from Positive Experiences (HOPE)<sup>5,6</sup>**



**Relationships** within the family and with other children and adults through meaningful interpersonal activities

- Secure attachments
- Safe, stable, nurturing relationships
- Trusting relationships with peers and other adults



**Safe, equitable, stable environments** for living, playing, learning at home and in school

- A safe and stable home
- Adequate nutrition and sufficient sleep
- High-quality learning opportunities
- Access to high-quality medical and dental care



**Social and civic engagement** to develop a sense of belonging and connectedness

- Involvement in social institutions and communities (e.g., schools, recreational facilities, spiritual communities)
- Enjoyment and inclusion in cultural customs and traditions
- A sense of belonging and personal value



**Emotional growth** through playing and interacting with peers for self-awareness and self-regulation

- Behavioral, emotional, and cognitive self-regulation
- Executive function skills
- Self-awareness and social cognition
- Functional, productive responses to challenges

Figure from <https://positiveexperience.org> with permission.

# Identify needed supports for healthy child development

Improving health outcomes in children begins with understanding how family and community environments impact growth potential. Screening and assessment should occur according to the periodicity schedule produced by the American Academy of Pediatrics (AAP).<sup>7</sup>

## Begin by asking about health-related social needs.

**Figure 3: The Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool asks about five core domains:<sup>8,9</sup>**



Additional questions can be included to address: **financial strain, employment, family and community support, education, physical activity, substance use, mental health, and disabilities.**<sup>9</sup>

## Inquire about ACEs.

When inquiring about adverse experiences, consider your role, your relationship with the patient/caregiver, how you may respond, and what resources are available.

One way to inquire about adversity is asking broad open questions that would allow for a dialogue. *"Has anything happened recently or in the past that you feel is affecting your health or well-being?"*

The focus of broad inquiry is not about 'a disclosure' but rather can be used to build a safe and transparent space. Any concern for safety should include a risk assessment that informs interventions.

Interventions may differ based on local resources. Tools to identify support include findhelp.org, 211, Aunt Bertha, and Help Me Grow.

**Figure 4: A tiered approach to responding to inquiry and assessment<sup>10</sup>**



# Assess impact of ACEs and PCEs on the child's health

## Suggestions for assessment of adverse and positive childhood experiences

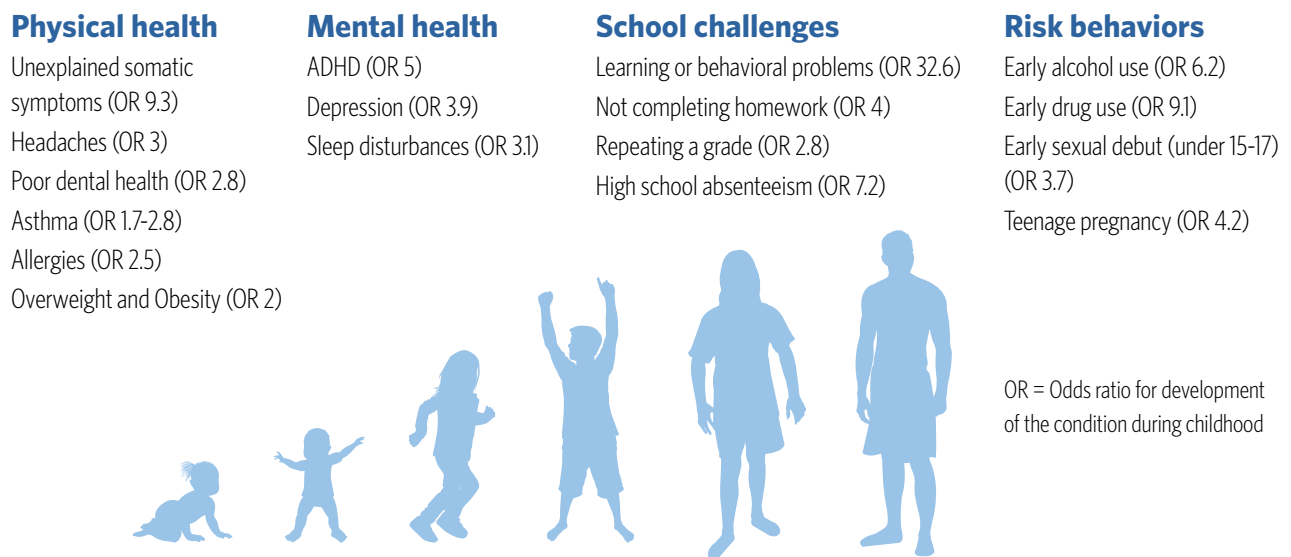
Routine screening of all patients for the presence of ACEs is not currently recommended.<sup>11</sup>

	Asking about ACEs	Eliciting PCEs
<b>Parents of children under 5:</b>	<ul style="list-style-type: none"> <li>Have there been any family problems?</li> <li>Has anyone in the family had any mental health issues, substance disorder, or been in trouble with the law?</li> </ul>	<ul style="list-style-type: none"> <li>Who helps you with your child?</li> <li>Who could you call to help if there was an emergency?</li> </ul>
<b>School aged children:</b>	<ul style="list-style-type: none"> <li>Tell me two things you like about your family. Now, tell me two things you don't like.</li> </ul>	<ul style="list-style-type: none"> <li>Which adults besides your parents is/are important part(s) of your life?</li> </ul>
<b>Teenagers:</b>	<ul style="list-style-type: none"> <li>Have you witnessed anything that upset you or disturbed you?</li> <li>What happens when you and your partner disagree?</li> </ul>	<ul style="list-style-type: none"> <li>Tell me about a time when things went well, or when you overcame a challenge.</li> <li>Tell me what you are proud of.</li> </ul>

Formal questionnaires provide a more structured way to identify adverse and positive childhood experiences. Some screening tools have been designed specifically for use with children.<sup>12,13</sup>

ACEs often occur together, can result in toxic stress, and are associated with a wide range of adverse behavioral, health, and social outcomes. On average, children who have experienced ACEs have more health- and behavioral-related problems than their peers who had no ACEs.<sup>14</sup>



**Figure 5. Children who have had adversity were more likely to have problems with physical and mental health, and shorter life expectancy.<sup>14</sup>**



# Create opportunities to enhance the four building blocks of HOPE

Talking with parents or guardians about these activities to identify which ones are of greatest interest or concern to them can help create a plan for building a plan for healing.

**Table 2: Nurturing the four building blocks of HOPE<sup>6,15</sup>**

Practical steps to support families and children	
 <p><b>RELATIONSHIPS</b></p>	<ul style="list-style-type: none"> <li>Encourage parents to play and connect with their child(ren) regularly (e.g., read a book, dance and be silly)</li> <li>Promote positive connections with other caring adults (e.g., aunts, uncles, coaches, pastors)</li> </ul>
 <p><b>SAFE, EQUITABLE, STABLE ENVIRONMENTS</b></p>	<ul style="list-style-type: none"> <li>Ask about safety issues in the house (e.g., access to guns, medications, alcohol, and drugs)<sup>16-18</sup></li> <li>Talk about safety in school and relationships with peers</li> <li>Make home feel like a great place to live, learn, and play by addressing problems as they come up</li> </ul>
 <p><b>SOCIAL AND CIVIC ENGAGEMENT</b></p>	<ul style="list-style-type: none"> <li>Find a safe place to play when possible</li> <li>Participate in community activities with your child(ren)</li> <li>Celebrate family, cultural, or religious traditions</li> <li>Enroll your child(ren) in organized music, art, or sports</li> </ul>
 <p><b>EMOTIONAL GROWTH</b></p>	<ul style="list-style-type: none"> <li>Help your child(ren) name their emotions and talk about feelings</li> <li>Normalize disagreements with friends</li> <li>Encourage unstructured play with friends and siblings</li> </ul>

**Establish a list of community resources to address health-related social needs or those that require options other than those presented in the chart above.**

# Develop and implement a plan to support post-traumatic growth

Improving health outcomes in children begins with understanding how family and community environments impact growth potential.



**When a child or parent discloses a history of trauma or adversity, the first step is to make sure the child is now safe.** Is the abuse, neglect, or family disruption ongoing? If so, there may be an immediate need to intervene. Be aware of mandatory reporting guidelines for your state.

## Provide support and follow-up for children who are currently safe.

Determine what effects the past adversity has had, and if any further support is needed. Include patient preferences and use shared decision-making at every step of the process.

- ▶ **Focus on the supports for which the patient expressed the greatest need.**  
**Example questions:**
  - *What are ways or things we can do to make you feel safe?*
  - *Is the child having behavioral or educational problems? These may relate to their trauma.*
  - *In addition to getting treated for these problems, Would you like me to help you find support from other parents in the area who are facing similar problems?*
- ▶ **Discuss practical opportunities to facilitate PCEs.**  
 (e.g., encouraging a schedule, having family dinner, other options as in Table 2)
- ▶ **Provide links to services and resources whenever possible.**
- ▶ **Establish a plan to reconnect to follow-up on referrals or services.**
- ▶ **Share relevant information** with members of the healthcare team when possible.

Depending on the severity of the adversity and the level of supports, the patient or family may not need further intervention beyond an accepting manner and an ongoing invitation to discuss these issues in the future.

## Parents are people too.

Many parents have problems related to their own histories that interfere with their ability to be the kind of parents that they want to be. When these issues arise in the context of child-raising, many parents may be ready for help.



# Summary

- **Identifying positive experiences and strengths of children** can help pediatric clinicians provide support for healthy child development and counterbalance the potential negative effects of adverse childhood experiences.
- **Asking about social determinants of health** in relation to the patient's health and using broad open questions to inquire about ACEs can create opportunities to identify and offer resources and interventions for patients and families.
- **Exploring collaborative, strength-focused interventions** to address ACE challenges through effective problem-solving can foster and encourage post-traumatic growth.

## Resources for parents:

- **Parental Stress Line:** 800-632-8188
- **SAMHSA National Hotline:** 800-662-HELP (4357)
- **National Domestic Violence Hotline:** 800-799-SAFE (7233) or Chat 24/7/365: [thehotline.org](https://www.thehotline.org)

## Resources for parents and providers:

- **positiveexperience.org:** HOPE (Healthy Outcomes from Positive Experiences) offers a variety of resources for parents and providers
- **CDC ACE resources:** [cdc.gov/violenceprevention/aces/index.html](https://www.cdc.gov/violenceprevention/aces/index.html)
- **AAP ACE resources:** [healthychildren.org](https://www.healthychildren.org)

## References:

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