Shift the lens: Think about positive and adverse childhood experiences

A GUIDE FOR PEDIATRIC PRIMARY CARE CLINICIANS
Adverse childhood experiences impact growth

ACEs are event(s) or circumstances that are physically or emotionally harmful and may cause lasting effects on mental, physical, social, emotional, or spiritual well-being.¹

Figure 1: The Pair of ACEs tree recognizes that quite often Adverse Childhood Experiences are rooted in social determinants of health, structural racism, and historical trauma.²

Figure 1 originally created by Wendy R. Ellis and William H. Dietz.²

Positive experiences support child development and tend to reduce negative health outcomes from ACEs.

Figure 2: Not all adverse experiences result in long-term effects.³
Positive experiences can encourage growth and strengthen roots

A mounting body of evidence demonstrates the need to identify positive experiences in addition to the challenges.4,5

Table 1: The four building blocks of HOPE: Healthy Outcomes from Positive Experiences (HOPE)5,6

| Relationships within the family and with other children and adults through interpersonal activities | • Secure attachments  
• Warm, responsive, sustained 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 |
Identify needed supports for growth and development

Improving health outcomes in children begins with understanding how family and community environments impact growth potential. Screening should occur during infant well child exams and at least annually thereafter.7

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.8,9

- Housing insecurity
- Food insecurity
- Transportation needs
- Utility needs
- Interpersonal safety

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

Inquire about adverse childhood experiences.

When inquiring about adverse exposures consider your role, your relationship with the patient/caretaker, and how you may respond.

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’ rather can be used to build a safe and transparent space. Any concern for safety should include a risk assessment that informs interventions.

Figure 4: A tiered approach to trauma or ACE assessment and inquiry.10
Assess impact of experiences on the child’s health

On average, children who have experienced ACEs have more health- and behavioral-related problems than their peers who had no ACEs.

**Figure 5. On a population level, people with four or more ACEs were more likely to have problems with physical and mental health, and shorter life expectancy.**¹¹

<table>
<thead>
<tr>
<th>Physical health</th>
<th>Mental health</th>
<th>School challenges</th>
<th>Risk behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexplained somatic symptoms (OR 9.3)</td>
<td>ADHD (OR 5)</td>
<td>Learning or behavioral problems (OR 32.6)</td>
<td>Early alcohol use (OR 6.2)</td>
</tr>
<tr>
<td>Headaches (OR 3)</td>
<td>Depression (OR 3.9)</td>
<td>Not completing homework (OR 4)</td>
<td>Early drug use (OR 6.1)</td>
</tr>
<tr>
<td>Poor dental health (OR 2.8)</td>
<td>Sleep disturbances (OR 3.1)</td>
<td>Repeating a grade (OR 2.8)</td>
<td>Early sexual debut (under 15-17)</td>
</tr>
<tr>
<td>Asthma (OR 1.7-2.8)</td>
<td></td>
<td>High school absenteeism (OR 7.2)</td>
<td>(OR 3.7)</td>
</tr>
<tr>
<td>Allergies (OR 2.5)</td>
<td></td>
<td></td>
<td>Teenage pregnancy (OR 4.2)</td>
</tr>
<tr>
<td>Overweight and Obesity (OR 2)</td>
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</tbody>
</table>

**Suggestions for assessment of adverse and positive childhood experiences**

Routine screening of all patients for the presence of ACEs is not currently recommended.

<table>
<thead>
<tr>
<th>Asking about ACEs</th>
<th>Elicit positive childhood experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parents of children under 5:</strong></td>
<td><strong>School aged children:</strong></td>
</tr>
<tr>
<td>• Have there been any family problems?</td>
<td>• Tell me two things you like about your family. Now, tell me two things you don’t like.</td>
</tr>
<tr>
<td>• Has anyone in the family had any mental health issues, substance disorder, or been in trouble with the law?</td>
<td>• Which adults besides your parents is/are important part(s) of your life?</td>
</tr>
<tr>
<td><strong>Teenagers:</strong></td>
<td><strong>Teenagers:</strong></td>
</tr>
<tr>
<td>• Inquire about bullying, witnessing violence, dating relationships</td>
<td>• Tell me about a time when things went well, or when you overcame a challenge.</td>
</tr>
<tr>
<td>• Tell me what you are proud of.</td>
<td><strong>Teenagers:</strong></td>
</tr>
</tbody>
</table>

Screening tools such as the ACE questionnaire¹³ and Benevolent Childhood Experiences¹⁴ or Positive Childhood Experiences¹⁵ questionnaires are more structured ways to identify adverse and positive childhood experiences.
Opportunities to enhance the 4 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. Many of these can be done at home or another safe place with a bit of investment in time.

Table 2: Nurturing the four building blocks of HOPE

<table>
<thead>
<tr>
<th>Practical steps to support families and children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RELATIONSHIPS</strong></td>
</tr>
<tr>
<td>• Encourage parents to play and connect with their child(ren) regularly (e.g., read a book, dance and be silly)</td>
</tr>
<tr>
<td>• Promote positive connections with other adults (e.g., aunts, uncles, coaches, pastors)</td>
</tr>
<tr>
<td><strong>SAFE, EQUITABLE, STABLE ENVIRONMENTS</strong></td>
</tr>
<tr>
<td>• Check the house for safety issues (e.g., access to guns, medications, alcohol, and drugs)</td>
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<tr>
<td>• Talk about safety in school and relationships with peers</td>
</tr>
<tr>
<td>• Make home feel like a great place to live, learn, and play by addressing problems as they come up</td>
</tr>
<tr>
<td><strong>SOCIAL AND CIVIC ENGAGEMENT</strong></td>
</tr>
<tr>
<td>• Find a safe place to play</td>
</tr>
<tr>
<td>• Participate in community activities with your child(ren)</td>
</tr>
<tr>
<td>• Celebrate family cultural traditions</td>
</tr>
<tr>
<td>• Enroll your child(ren) in organized music, art, or sports</td>
</tr>
<tr>
<td><strong>EMOTIONAL GROWTH</strong></td>
</tr>
<tr>
<td>• Help your child(ren) name their emotions and talk about feelings</td>
</tr>
<tr>
<td>• Normalize disagreements with friends</td>
</tr>
<tr>
<td>• Encourage unstructured play with friends and siblings</td>
</tr>
</tbody>
</table>

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.
Developing and implementing a plan for 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.

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 positive childhood experiences** (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.
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 live 24/7/365: thehotline.org

Resources for parents and providers:

- [positiveexperience.org](http://positiveexperience.org): HOPE (Healthy Outcomes from Positive Experiences) offers a variety of resources for parents and providers

References:

11. Nelson CA, Bhutta ZA, Burke Harris N, Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life. BMJ. 2020;371:m3048.