

The Power of Positive Childhood Experiences

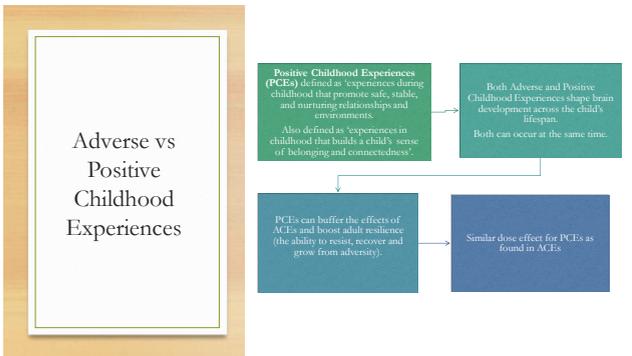
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Positive Childhood Experience and adult resilience

- Study by Dr. Christina Bethel (John Hopkins, 2019)
- Green bar – adults with PCEs
 - Less likely to experience depression and other mental illnesses

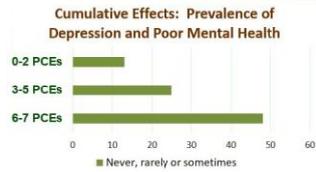
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Dose Effect of PCEs

More positive childhood experiences increases the likelihood of less depression and mental illness in adulthood

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Rebell, C., Jones, J., Greenberg, N., et al. Positive childhood experiences and adult mental and relational health in a statewide sample: associations across adverse childhood experiences levels. JAMA Network 2019;321:20190607.

Positive Childhood Experiences

- The ability to talk with family about feelings.
- The sense that family is supportive during difficult times.
- The enjoyment of participation in community traditions.
- Feeling a sense of belonging in high school.
- Feeling supported by friends.
- Having at least two non-parent adults who genuinely cared.
- Feeling safe and protected by an adult in the home.

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Positive Childhood Experiences Survey

1. Did you have someone who loved you unconditionally (you did not doubt that they cared about you)?
2. Did you have at least one best friend (someone you could trust, had fun with)?
3. Did you do anything regularly to help others (e.g., volunteer at a hospital, nursing home, church) or do special projects in the community to help others (food drives, Habitat for Humanity)?
4. Were you regularly involved in organized sports groups (e.g., soccer, basketball, track) or other physical activity (e.g., competitive cheer, gymnastics, dance, marching band)?
5. Were you an active member of at least one civic group or a non sport social group such as scouts, church, or youth group?
6. Did you have an engaging hobby – an artistic or intellectual pastime either alone or in a group (e.g., chess club, debate team, musical instrument or vocal group, theater, spelling bee, or did you read a lot)?
7. Was there an adult (not your parent) you trusted and could count on when you needed help or advice (e.g., coach, teacher, minister, neighbor, relative)?
8. Was your home typically clean AND safe with enough food to eat?
9. Overall, did your schools provide the resources and academic experiences you needed to learn?
10. In your home, were there rules that were clear and fairly administered?

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Relational Health and PCEs

- Positive Childhood Experiences are grounded in relational health
 - Relational health is the ability to form and maintain safe, stable, and nurturing relationships
 - Secure attachment relationships is the best means for building resilience in children
 - Context for promoting healthy brain development and adaptive skills
- PCEs can prevent and mitigate the impact of trauma
 - Attuned and engaged adults provide strong social-emotional supports that allows children to flourish in the midst of adversity
- Requires a two-generation approach that supports parents/adults so that they can provide safe, stable and nurturing relationships that build resilience

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Building Blocks for PCEs

Center on Child Well-Being and Trauma
(U Mass Medical Center)

- **Building Block #1: Relationships**
 - Secure attachments grounded in safe, nurturing relationships within and without the home.
- **Building Block #2: Environments**
 - Safe, stable and protective environments in which to live, learn and play.
- **Building Block #3: Engagement**
 - Sense of belonging and realizing that they matter to the people around them.
- **Building Block #4: Opportunities for Social and Emotional Development**
 - Need to develop social and emotional skills that will allow them to navigate adversity

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America's Promise Alliance

A call to action to fulfill the promise of America for every child...

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Promise - **Caring Adults:**

Promise 2- Safe Places:

Promise 3- A Healthy Start:

Promise 4- An Effective Education:

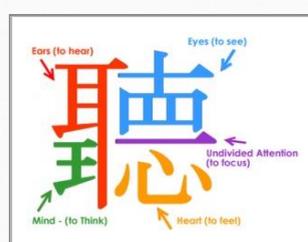
Promise 5- Opportunities to Help Others:

Nurturing PCE's

Child and Adolescent Behavioral Health
(Trauma informed behavioral health org)

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Ask	Ask child/adolescent to share thoughts, feelings and concerns
Listen	Listen carefully – give the child/adolescent your full attention
Let	Let the child's questions guide you • "What questions do you have about what's happening?"
Don't force	Don't force the discussion, find different opportunities to open the conversation
Offer	Offer compassionate empathy rather than solutions
Let	Let the child/adolescent know that you care and love them
• SAY THE WORDS	



Chinese character for listening

- Ears – to listen (words, tone, pace)
- Eyes – to connect and give undivided attention
- Mind – to consider the words spoken and our attitude while listening
- Heart – connect on a deeper, emotional level (empathize and feel compassion).

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PCE's and School-Based Health Centers



Never too late to build resilience

School-based health centers' primary focus is on improving the physical, mental and social well-being of the child/adolescent

For school-aged children and adolescents the brain architecture is not fixed. It is still growing and pruning itself.

Building positive and supportive relationships can lead to changes in the brain structure that can increase adaptive behaviors responsible for mitigating the toxic affects of earlier or concurrent adverse experiences.

Our work is based on building positive relationships with and between students*, families, school personnel and community, all of which contributes to building resilience.

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SBHCs building resilience

- Routine student services
 - Identifying and addressing the physical and socioemotional needs of patients
 - Serving as 'that caring adult' that listens, supports, and provides buffers for trauma
 - 'Student sanctuary'
- Strengthening parent-child and child-school relationships.
- Facilitating parent-school interactions
- Supporting socioemotional needs of teachers, staff and administrators.
- Establishing trauma informed practices (within and without clinic space)
 - Integrated care models (clinic, school, community) – improves school climate/provides safe places

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Research

- A study demonstrated that students with high-risk behaviors (suicidality, sexually active, victimized) accessed the SBHC more frequently than those with less risk and were more likely to report that they receive needed mental health, reproductive and support services.
 - Chakrabarti, S., Chakrabarti, S., Lurie, R., & N. S. (2019). Risk and Resilience Factors Associated With Frequency of School-Based Health Center Use. *J Sch Health*, 2022, 92(2), 75-79. doi: 10.1111/josh.12176. Epub 2022 May 11. PMID: 3524699.
- Studies have shown that students may be 10 to 21 times more likely to use school-based mental health services than those students who do not have access through a school clinic
 - Jones, L., Minkovitch, P., Kaplan, D. 2010. "Use of health and mental health services by adolescents across multiple delivery sites." *Journal of Adolescent Health*, vol. 45, pp. 108-116.
 - Kaplan, D.P., Calonge, R.N., Greenberg, M.P., Hanlon, M.H. 1998. "Managed care and School-based Health Centers: Use of Health Services." *Archives of Pediatric and Adolescent Medicine*, vol. 152, no. 5, pp. 20-25.
- Additional studies have demonstrated that school-based mental health programs are associated with strong satisfaction by students, families and school staff; improved student emotional and behavioral functioning; increased school connectedness, and improved school climate.
 - Stein, D., Gidycz, J. 2010. "The Relationship Between School-Based Health Centers and the Learning Environment." *Journal of School Health*, vol. 80, no. 3, pp. 153-157.

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Resources

- California School-Based Health Alliance 'Trauma Informed Services at SBHCs' page - <https://www.schoolhealthcenters.org/resources/sbhc-operations/trauma-informed-sbhcs/>
- The Role of School-Based Health Centers in the Aces Awareness Initiative: Current Practices and Recommendations (Aces Aware professional learning collaborative initiative, Nadine Burke-Harris)- <https://www.acesaware.org/wp-content/uploads/2022/01/ETR-ACES-Aware-SBHC-Practice-Paper.pdf>
- School-Based Health Alliance 'Trauma Informed' page- <https://www.sbh4all.org/tag/trauma-informed-care/>

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GROUP EXERCISE



Discuss how your SBHC addresses trauma and fosters positive childhood experiences.



Share a success story that captures these efforts.



Discuss barriers to addressing trauma and building resilience.

For example:

- Student engagement;
- Integrating your efforts into the school environment;
- Engaging families, community partners, etc.

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CME and CE Information

In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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- Commission on Dietetic Registration (CDR)

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