

A black and white photograph showing a young child on the left and an adult on the right, both with their hands raised in a clapping motion. The background is a soft-focus gradient from yellow on the left to blue on the right.

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RESILIENT BEGINNINGS COLLABORATIVE

April 24, 2019

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Webinar Reminders

1. Everyone is unmuted.

- Press *6 to mute yourself and *6 to unmute.

2. Remember to chat in questions!

3. Webinar is being recorded and will be posted on RBC Portal and sent out via the next newsletter.

4. Please fill out the feedback survey at the end!



Connected Parents Connected Kids: Moving From ACES Scores to Building Family Resilience

For free technical assistance and tools including:

- Patient and provider educational materials
- Training curricula
- Clinical guidelines
- State by state reporting law information
- Documentation tools
- Posters

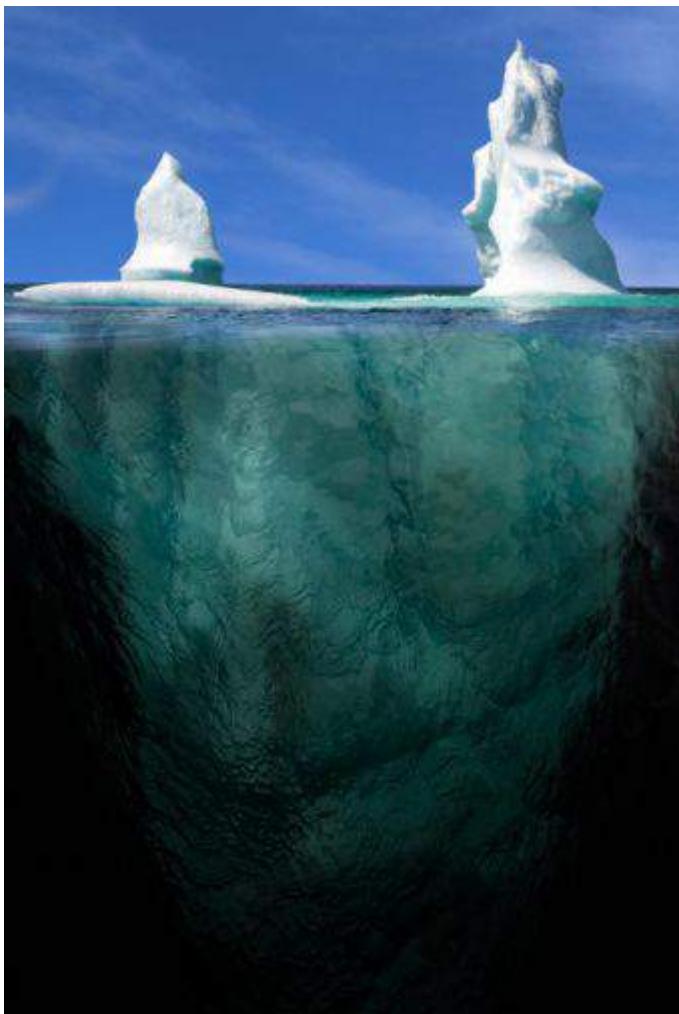
For more information, please refer to the [National Health Resource Center on Domestic Violence website.](#)





ACEs and Childhood Adversity

Tip of the Iceberg



- The ACE study was a huge contribution to the field
- ACEs help us better understand the connection to health, relationships and parenting
- ACEs are part of that story but not the whole story –there are other traumas that affect us

Thinking Bigger: Trauma Includes Poverty

- Poverty is tied to structural changes in several areas of the brain associated with school readiness skills (Hair et al., 2015)



Beyond ACEs

- Other types of trauma not included in the ACE study are important predictors of current challenges
- In national survey of 2030 youth (10-17 yrs. old), the following adversities were associated with depression, PTSD, anxiety & other distress symptoms:
 - Peer Victimization
 - Exposure to community violence
 - Parents always arguing
 - Someone close having an illness or bad accident
 - Having no good friends
 - Property victimization

Finkelhor et al., 2013



Racism: Makes You Sick



- Controlling for other factors that might cause stress, including socioeconomic status, health behaviors, and depression, researchers found that adults who had reported higher levels of discrimination when they were young had disrupted stress hormone levels 20 years later—and that African Americans experienced the effects at greater levels than their white counterparts.

(Adama, et al 2015)

Homophobia, Transphobia

- As with racism, trans/homophobia and discrimination based on heteronormative and gender binary principles negatively impact health and wellbeing. In addition, discrimination and harmful assumptions often times deny individuals access to necessary and competent resources and support.



Reflecting on Trauma

Historical, Cultural and Intergenerational

- **Cultural trauma:** is an attack on the fabric of a society, affecting the essence of the community and its members
- **Historical trauma:** cumulative exposure of traumatic events that affect a community and continue to affect subsequent generations
- **Intergenerational trauma:** occurs when trauma is not resolved, and thus is subsequently internalized and passed from one generation to the next



(D.S. BigFoot, 2007 ©)



RESILIENCE
NEXT EXIT 



The Science Behind What Works

Why Focus on Strengths & Resiliency?

- Protective factors have stronger influence on children who grow up with adversities than specific risk factors or stressful life events do
- Protective factors remain consistent across different ethnic, social class, geographical, and historical boundaries



(Bernard, 2004; Werner, 2001; Rutter, 1987 & 2000)

Resiliency and Protective Factors: What Works

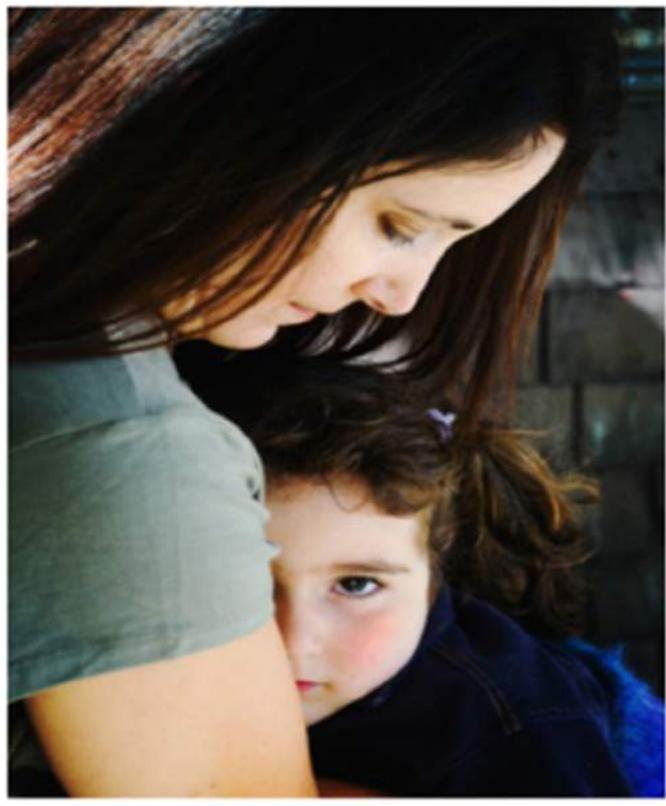
Multiple lines of research have identified a common set of factors that predispose children to positive outcomes in the face of significant adversity.

- Stable caring relationship between child and adult
- Helping a child build a sense of mastery
- Executive function and self regulation
- Affirming faith around cultural traditions

(Shonkoff et al., Center for the Developing Child, Harvard)



Some Children Will Need Significant Clinical Intervention



“How individuals respond to stressful experiences varies dramatically, but extreme adversity nearly always gets serious problems that require treatment.”

(Shonkoff et al., Center for the Developing Child, Harvard)

Simple Strategies for Mindfulness for Parents to Practice with Kids

Mindfulness calms the brain

- **AM:** take deep breaths together before rushing out the door
- **In car, bus, subway:** practice relaxing parts of your bodies together that may feel stiff such as shoulders & jaw
- **Bedtime:** put a stuffed animal on your child's belly and have him feel it move up & down as she/he breathes



(Rodgers, 2014)

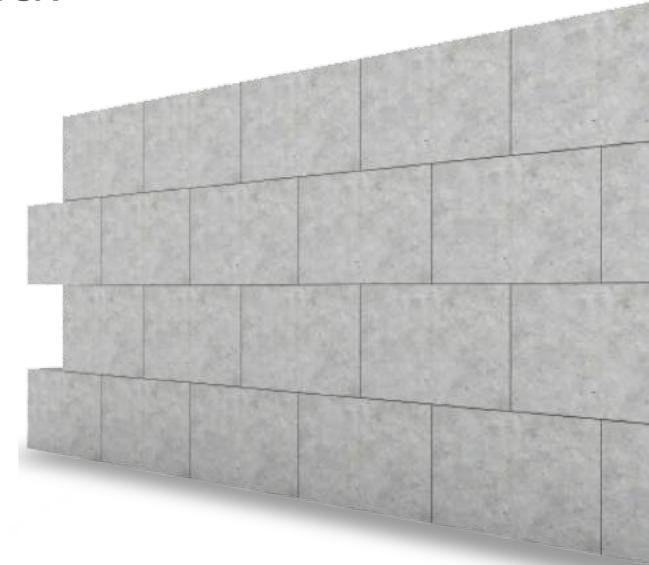


Universal Education: Moving Beyond Disclosure Driven Practice for Trauma

Breaking Down Institutional Barriers

What is getting in the way?

- Persistent systematic and personal barriers to screening
- Child protection services (CPS) reporting fears
- Staff's own personal and/or vicarious trauma
- Limitations of screening tools in this context



**What if we
challenge the
limits of
disclosure driven
practice when
addressing
childhood
adversity?**



Reflection

- How many of you have or know someone who has ever left something out of a medical history or intentionally misreported information to their health care provider?
- Why? What were you or they worried about?



What Is a Parent's Greatest Fear?



“If mandatory reporting was not an issue, she would tell the nurse everything about the abuse...”

- **“I say no [when my home visitor asks about abuse] because that’s how you play the game...People are afraid of social services. That’s my biggest fear....”**
- **“Like I was saying about my friend, the reason she don’t [disclose] is because she thinks the nurse is going to call children’s services...she avoids the nurse a lot”**



(Davidov et al., 2012)



Connected Parents Connected Kids: Universal Education to Promote Family Resiliency

Some programs may already require ACE or other trauma questionnaire

- If this is the case, it does not prevent you from providing universal education—**remember, everyone benefits from normalizing the issue, understanding the connections between ACEs/trauma, health, and parenting and learning self regulation techniques** —whether they disclose or not
- Consider universal education with the safety card approach rather than using the ACE questionnaire exclusively

Invest in Parents and Caregivers

- New investment in parents/caregivers is urgently needed to promote prevention and reduce intergenerational transmission of abuse and poor coping skills
- It's like the airline --help parents put their masks on first to help their children
- How do we spread 'what works' to parents and caregivers?



Connected Parents, Connected Kids

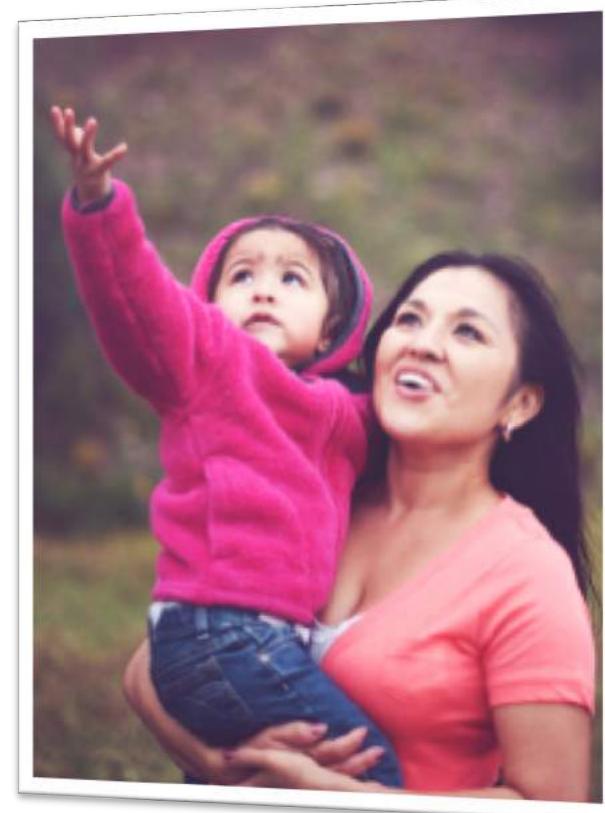


The following video clip demonstrates a tool that can be used with mothers, fathers and caregivers

<https://www.youtube.com/watch?v=J0mj5VVYyFO>

Universal Education with Parents about Trauma: Doesn't Exclude Those Who Can't Share Their Story

- Assumes **everyone** has trauma and triggers and will **benefit** from knowledge, tools, and support
- Normalizes the prevalence of trauma and assures that the conversation doesn't feel judgmental
- Empowers staff and clients to understand the connections to self, health, wellbeing, and parenting and what they can do next to help themselves and their kids



Connect
Parents
Connected
Kids:
**You might be
the first
person to help
a parent
understand
the connection**



CUES Universal Education approach

- C Confidentiality
- U Universal Education
- E Empowerment
- S Support

CUES: Trauma Informed Intervention

C: Confidentiality: See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment—How you frame it matters

Normalize activity:

"We're giving these cards to all the parents in our program—they have great info on how to build strong parents and kids. *We give two cards so you have the info for yourself but also so you can help friends or family so they have supports too.*"

Make the connection—open the card and do a quick review:

"We know lots of parents have had hard childhoods where there were things like neglect, drug and alcohol problems, abuse- things that make it harder to take care of yourself and your kids. We know kids may have had these kinds of experiences too—and need your help to heal."

S: Support:

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."

Why Altruism Matters

- “...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others.”

•(J.V. Jordan, 2006)



Promoting Prevention Strength-Based Approach

You Are a Good Parent

As a caregiver of children, you want the best for your kids.

For kids to get the best from you it helps:

- ✓ To be in a good place yourself
- ✓ To have tools and ideas that support your wellbeing
- ✓ To have a backup plan for bad days



Health care providers are discovering strategies and tools that support caregivers and kids, too. Scan the code above to see a cool video with more information.

Health Effects

Connect to Health:

“We now have science to show that these types of hard things in childhood really affect health and relationships and what helps us heal.”

Difficult childhood experiences can put you and your children at higher risk for:

- ✓ Repeating the cycle even if you're not aware of it
- ✓ Asthma, chronic pain, obesity
- ✓ Smoking, drinking, prescription and street drug abuse
- ✓ Anxiety, depression, suicide
- ✓ Adult relationships where you're being hurt or hurting your partner

But that's not the end of the story—the good news is that you can find your strength, work on your health and turn things around.



**“What kinds of things do you to reduce your stress?”
Here are some other strategies that might be useful for you.”**

Simple Steps Reduce Stress

What can you do right now, today, to help yourself and your kids?

-  Stop what you’re doing for a few minutes and take some deep breaths until you feel calmer. Check out “Tactical Breather Trainer,” a free cell phone app.
-  Identify parenting issues that are especially stressful (like potty training, homework, or bedtime) and if someone can help or do those things for you.
-  Talk with a trusted friend, family member, or find a support group for mothers or fathers to connect with other parents. For more parenting information, visit <http://www.nctsn.org/resources/audiences/parents-caregivers>

S-Support

S: Support “New science tells us what helps parents and kids when we get triggered, afraid or flooded with feelings. Simple things that help us feel more in control—like taking a deep breath pause when you are upset.”

“On the back is this anonymous 24/7 Child help hotline, its for parents who are feeling overwhelmed with their child and just need someone to talk to—they can give you ideas and strategies to reduce your frustration –they are super helpful and kind, I’ve called them myself...”

“Even on a bad day if you do three good things with your child it helps you both feel better.

Positive Parenting

Sometimes you forget there are simple things you can do to connect with your child and help them feel loved. These activities also help build their brains and social skills and help them do better in school.

- ✓ Read, play imaginary games, and laugh with your child.
- ✓ Help your child talk about how they are feeling and find the words to describe their emotions.
- ✓ Help your child find something they are really good at.

Write down 3 positive things you did today with your child. You'll be able to see how your choices help you be a better parent and help your child thrive.

Kaiser Focus Group: Fathers

- Wanted their provider to really go over the resources - not just hand it to them
- Another father said he could have used the hotline number at 3:00am when he was up with a screaming baby and needed help calming down



**Disclosure
is not the goal
AND
Disclosures do
happen!**

Support: What should be done when a client discloses they have had hard things happen to them?



Your initial response is important – GRATITUDE

Positive disclosure: One line scripts

- “I’m glad you told me about this. I’m so sorry this happened to you.”
- “Often talking about it can help you heal”
- “Is this something you would like support around?”
- WARM REFERRAL TO SOCIAL WORKER



Your recognition and validation of the situation are invaluable

How to Address Trauma: Breathe



Find here: http://youtu.be/_mZbzDOpyIA



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Intimate Partner Violence and the Role of the Health Provider

Prevalence



- **7 to 15.5** million children live in homes where IPV occurred at least once in the past year.

(McDonald et al, 2006)

- Prevalence rates of IPV among mothers screened in pediatric practices ranges from **3.2% to 16.5%**.

(Holtrop et al, 2004)

Definition: Childhood Exposure to IPV

A wide range of experiences for children whose caregivers are being physically, sexually, or emotionally abused:



- observing a caregiver being harmed, threatened, or murdered
- overhearing these behaviors
- being exposed to the physical and/or emotional aftermath of a caregiver's abuse

(McAlister, 2001; Jaffe et al, 1990)



Making the Connection

- IPV **increases** the risk of physical punishment for children

(Taylor et al, 2010; Kelleher et al, 2008)

- The odds of physical child abuse is **2.7 times greater** among mothers who spanked their children

(Zolotor et al, 2008)

- More than **1 out of 3 (33.9%)** of children who witnessed IPV had also been maltreated in the past year by a parent or caregiver

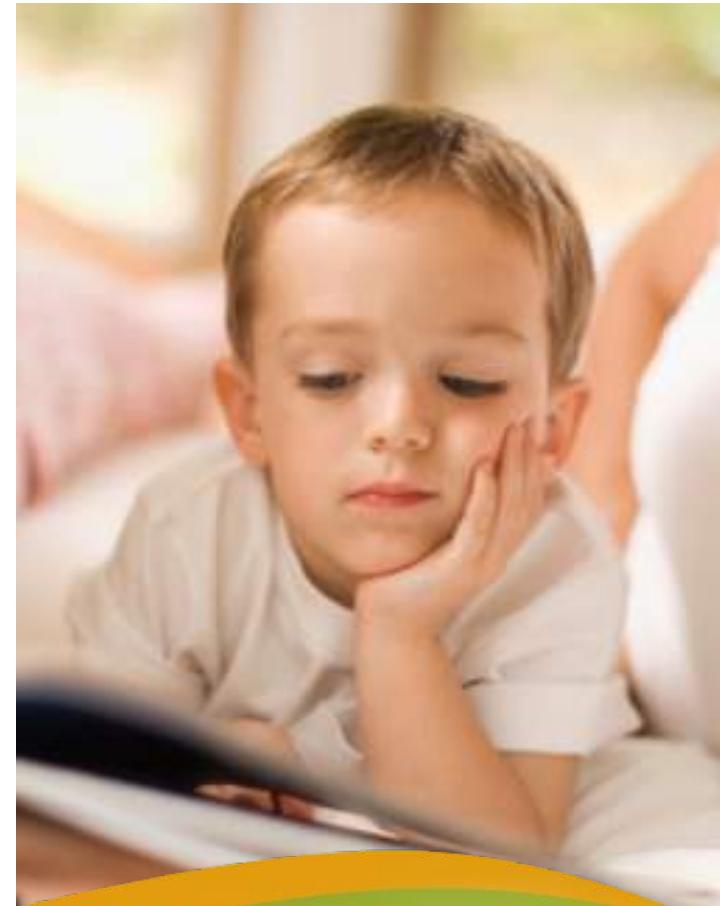
(Hamby et al, 2010)



Impact of Childhood Exposure to IPV on Brain Development

- Chronic exposure to IPV is associated with physical changes in the brain and altered brain chemistry
- Can lead to problems that interfere with a child's ability to self-regulate, focus, and learn

(Choi et al, 2012)



Resilience and Protective Factors

Important to Note:

Not all children are affected in the same way or to the same extent by their exposure to intimate partner violence.



Resiliency in Mothers Experiencing IPV

Some mothers who face severe stress may compensate for violent events by offering increased nurturing and protection of their children



(Levendosky et al, 2003)

IPV is a Barrier to Preventative Care

Children of mothers who disclosed IPV are:

- Less likely to have 5 well-child visits within the first year of life
- Less likely to be fully immunized at age 2

(Bair-Merritt et al, 2008)

HEALTH RECORD				IMMUNIZATION RECORD			
DATE		DRUGS		VACCINATION AGAINST SIMULUS (Number of previous vaccination event)		STATION	
				PRACTICE		PHYSICIAN'S NAME	
1							
2							
3							
4							
5				YELLOW FEVER VACCINE			
6				STATION		PHYSICIAN'S NAME	
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Pediatric visits may be the only access mothers are allowed to have with health care services

- Missing appointments and not being up to date on immunizations should be clinical indicators that trigger consideration of IPV
- Providing comprehensive case management services helps
 - Referrals to domestic violence advocacy
 - Home visitation
 - Parenting supports
 - Safety planning
 - Partnerships with mental health and substance abuse programs

(Olds et al. 2004)



Tool for Educating Providers and Parents

- Explains the connection between brain development and witnessing IPV even in preverbal children
- Includes steps for parents/caregivers to support their children who've been exposed to IPV

- 15 minute video (available in English and Spanish)



For more information, please refer to the [First Impressions](#) webpage.

Case Study: Asthma



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IPV Increases Risk of Asthma Among Children



- Women with lifetime history of IPV are **more likely** to have children who have had or currently have asthma
(Breiding & Ziembroski, 2010)
- Presence of IPV in the household is associated with an **increased risk** of asthma among children
(Subramanian et al, 2007)
- Children of mothers experiencing chronic physical IPV are **twice as likely** to develop asthma
(Suglia et al, 2010; Suglia et al, 2009)

Supportive Maternal Caregiving Reduces Asthma Risk

- Low levels of educational/recreational toys associated with an **increased asthma risk** among children exposed to IPV
- Children of mothers chronically experiencing IPV with low levels of mother-child interaction were **2.7 times** more likely to develop asthma

(Suglia et al, 2009)



Patient resources for moms



A photograph of a woman and a young child lying on their backs in a grassy field. They are smiling and laughing, with the child's head resting on the woman's shoulder. The background is a bright, sunny lawn.

Healthy Moms, Happy Kids



A photograph of a woman and a young child lying on their backs in a grassy field, smiling and laughing. In the foreground, a portion of a brochure or booklet is visible, showing the title "If your son is going to..." and the first two steps of a list: 1. Teach your son to say "NO!" and 2. Teach your son to say "I'm not going to do that."

Healthy Moms, Happy Kids

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You might be
the first one
to talk with
her about
what she
doesn't
deserve in
her
relationship.

On Bad Days?

Is your relationship affecting your health and how you parent?

Ask yourself:

- ✓ How is my partner treating me and the kids?
- ✓ In the past year has my partner hurt me or made me afraid?
- ✓ Or tried to get me pregnant when I didn't want to be, to control me?

If you are worried about pregnancy, your doctor can give you birth control he doesn't have to know about. Knowing more about steps to take if your relationship is unhealthy supports you and your kids.



Help moms better understand their children's risk if they live in a home with violence.

How Are Your Kids Doing?

Studies show that, kids who live in homes where their mother has been hurt, are at greater risk for child abuse and more likely to experience learning and behavior problems and chronic health problems (asthma, obesity, and headaches). Here's how to help:

1. Let them know it isn't their fault.
2. Keep an open door for when your child is ready to talk.
3. If your kid's behavior concerns you, consult your child's health care provider for referrals and support.



“What moms in abusive relationships need from Pediatricians is a balance between education about negative outcomes and encouraging them to work with their children to help reshape their neural pathways, coping skills and health.”

Robert Block, MD Past President, American Academy of Pediatrics



Getting Specific About Mother Child Interactions



Supportive Maternal Caregiving is measured by how many days/week a mother gave her child physical affection and spent time with the child in various activities

- Reading stories
- Imaginary games/singing songs
- Help with food/bedtime
- Use of educational toys and hugs

**Have you
ever called
any of these
numbers to
learn more
about what
services are
available?**



Formerly Family Violence Prevention Fund

FuturesWithoutViolence.org

American Academy of Pediatrics

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Funded in part by the U.S. Department of Health and Human Services' Office on Women's Health (Grant #1 ASTWH110023-01-00) and Administration on Children, Youth and Families (Grant #90EV0414).

National confidential hotlines can connect you to your local resources and provide support:

For free help 24 hours a day, call:

**National Domestic Violence Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224**

**Teen Dating Abuse Hotline
1-866-331-9474**

If you have concerns about parenting or need support call:

**Childhelp National Child Abuse Hotline
1-800-4-A-CHILD (1-800-422-4453)**



Healthy Moms, Happy Kids

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PROMISING FUTURES PROMOTING RESILIENCY

among children and youth experiencing domestic violence

PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

INDIVIDUAL

Temperament

Individual temperament or sense of humor



Relationships

Ability to form relationships with peers



Mastery

Opportunities to experience mastery



Expression

Opportunities to express feelings through words, music, etc.



Conflict Resolution

Development of conflict resolution & relaxation techniques



Culture

Strong cultural identity

FAMILY

Role Models

Adults who role model healthy relationships



Health

Healthy caregivers



Networks

Relationships with extended family members and others



Supportive Relationships

Positive child-caregiver relationships



Stability

Stable living environment

COMMUNITY

Access to Services

Basic needs, advocacy, health



School

Positive school climate and supports



Mentors

Role models & mentors, i.e. coach, faith leader



Neighborhood Cohesion

Safe & connected communities



Almost 30 million American children will be exposed to family violence by the time they are 17 years old.^[2] Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother.^[1]

 Get started at www.PromisingFuturesWithoutViolence.org
National Domestic Violence Hotline: 1-800-799-7233 (SAFE)
National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence

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Formerly Family Violence Prevention Fund

nchdv.org

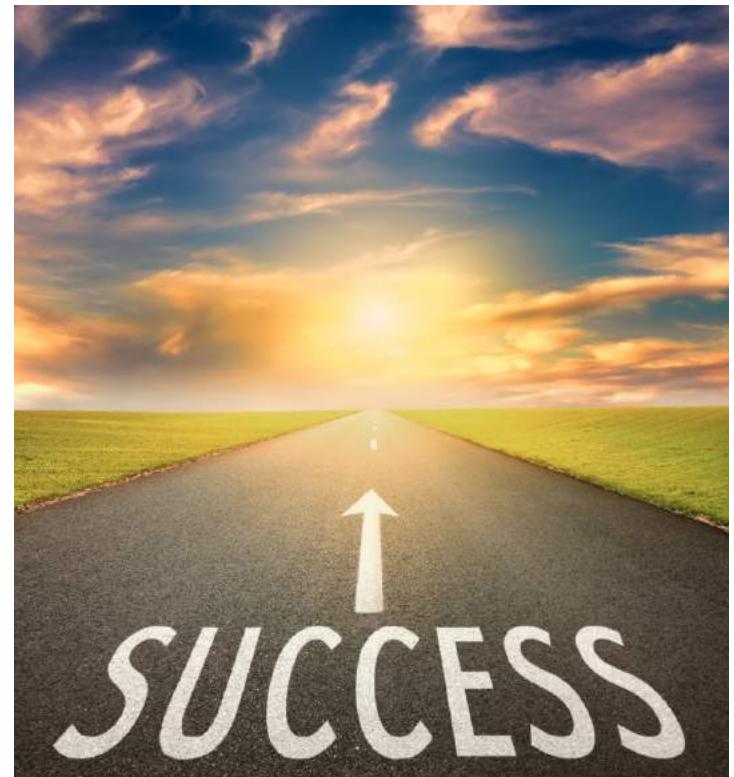


April 28–30, 2020
Chicago, Illinois

NATIONAL CONFERENCE ON
HEALTH AND DOMESTIC VIOLENCE

DEFINING SUCCESS

- ✓ Promoting Policies that recognize the intersections between CAN and other forms of violence
- ✓ Training providers to identify child abuse AND to promote prevention
- ✓ Supporting policies re: Universal education vs. disclosure driven practice
- ✓ Resiliency Focused interventions
- ✓ Supporting staff exposed
- ✓ Quality Improvement - evaluating the programs in the military context



Thank You



Lisa James
Director of Health
ljames@futureswithoutviolence.org

Please contact me for materials, consultation and follow-up



May 15th Updates

May 15th Session & Agenda

When/Where:

- Wednesday, May 15 from 8:30-4:00pm (with optional faculty time until 4:30pm)
- Genentech Campus
- You should bring 4-6 team members

Agenda

- Changes within the PICC Framework
- Learning From the Experiences of Others
- Team Pair Share
- Futures Without Violence
- Team Time
- Optional: Faculty Office Hours

Last minute
addition of
Children Now!

Team Pre-work

1. Create a 10 minute storyboard & send any slides or materials to Angela by 5/10
2. Get started on your Year 2 Action Plan

Thank you!

For questions contact:

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