ACEs and Infant Mental Health
Prevention in the early years ...
“Slowly, I have come to see that Asking, and Listening, and Accepting are a profound form of Doing.”
Vincent J. Felitti, MD

Session Objectives

- Provide a brief overview of the foundations of NEAR@Home including ACEs, Epigenetics, and Resilience.
- Become familiar with the NEAR@Home Toolkit as a tool to support sensitive conversations with families.
- Become familiar with the Theory of Change for integrating NEAR Science in home visiting.

“BE MESSY AND COMPLICATED AND AFRAID AND SHOW UP ANYWAY”
- GLENNON DOYLE MELTON

“Slowly, I have come to see that Asking, and Listening, and Accepting are a profound form of Doing.”
Vincent J. Felitti, M.D.
Parents overall consistently underestimate just how early children can be affected by some critical experiences.

- When asked “at what age the quality of a parent’s care has a long-term impact on a child’s development,” half of all parents said this begins at 6 months or older, when in fact it starts at birth.
- When asked to identify the age at which children can begin to feel sad or fearful, 4 in 10 parents say one year or older. In fact, this happens as early as 3-5 months. The majority of parents, 6 in 10 (59%), believe this begins at 6 months or older.

There is an expectation gap when it comes to understanding children’s capabilities.

While parents underestimate how soon children are capable of feeling complex emotions and can be affected by the world around them, they overestimate the age at which children master some important developmental skills.

- 43% of parents think children can share and take turns with other children before age 2. In fact, this skill develops between 3 to 4 years.
- 36% said that children under age 2 have enough impulse control to resist the desire to do something forbidden and 56% say this happens before age 3. In fact, most children are not able to master this until between 3.5 to 4 years of age.

This is especially important because the way that parents interpret the meaning of a child’s behavior can influence the sensitivity of their responses—including when and how they discipline.
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NEAR@Home Toolkit: A Guided Process to Talk about Trauma and Resilience in Home Visiting

- NEAR@Home Toolkit: A Guided Process to Talk about Trauma and Resilience in Home Visiting
- Based on...  
  - Best practices &  
  - Implementation Science
- NEAR Science: It’s a cluster of fields of study that include Neuroscience, Epigenetics, ACEs and Resilience.
- ACEs: Adverse Childhood Experiences harm children’s developing brains. Each person can take a 10-question survey to determine his or her ACE score. ACEs are risk factors, not determinants.
- Working with evaluators from Portland State University (evidence-based practice)

NEUROSCIENCE

Neuroscience findings help us to understand how human beings adapt biologically to stress during development. Their recent discoveries give us answers to our questions about why ACEs have so much impact. Neuroscience helps us understand the structure and function of the brain and nervous system. Human brains are literally shaped by experience during childhood. Specific impacts to brain development reflect a biological assumption that adult life will continue to be as safe, or as dangerous, as childhood experience. Through biological adaptation, our brains become hard-wired for the world we anticipate we will be living in throughout our lives. Our experiences generate our “state of mind.”
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Epigenetics

How Early Life Experience is Written into DNA

http://bigthink.com/videos/epigenetics-explained
https://www.youtube.com/watch?v=k50yMwEOWGU
https://www.ted.com/talks/moshe_szyf_how_early_life_experience_is_written_into_dna

ACEs

The CDC's Adverse Childhood Experiences Study (ACE Study) uncovered a stunning link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. This includes heart disease, lung cancer, diabetes and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide.
ACE STUDY KEY FINDINGS

**ACEs Are Common**
- Two-thirds of the 17,400 study participants reported at least one ACE – and common in all socio-economic groups

**ACEs Tend to Occur in Groups**
- Those who reported at least one ACE, 87% reported at least one other ACE
- 70% reported 2 or more ACEs, and more than half had 3 or more ACEs!

**Accumulation Matters**
- The higher the ACE score the higher the population risk for mental, physical, behavioral, and productivity challenges.

Major findings from the ACE study include …

1. Common in all socio-economic groups.
2. Accumulation of ACE categories matters – the higher the ACE score the higher the population risk for mental, physical, behavioral, and productivity challenges.
3. ACE scores are a good proxy measure of the dose of toxic stress experience during development. While ACEs are not the only kinds of stress that shape neurodevelopment, the list of 10 categories of experience provides a solid indicator of toxic stress that children experience.
4. Dr. Robert Anda, after analysis of ACE prevalence in Washington explained: “For an epidemic of influenza, a hurricane, earthquake, or tornado the worst is quickly over; treatment and recovery efforts can begin. In contrast the chronic disaster that results from ACEs is insidious, constantly rolling out from generation to generation.”

**WHAT IMPACT DO ACEs HAVE?**

As the number of ACEs increases, so does the risk for negative health outcomes

0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
POSSIBLE RISK OUTCOMES (some)

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>PHYSICAL &amp; MENTAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of physical activity</td>
<td>Severe obesity</td>
</tr>
<tr>
<td>Smoking</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Depression</td>
</tr>
<tr>
<td>Drug use</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Missed work</td>
<td>Fracture</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

SHORTCOMINGS of ACEs

- Language of ACEs... (study is 20 years old)
- Focused only on trauma within the home (does not account for cultural trauma, historical trauma, community-based trauma, etc.)
- Does not consider trauma experienced as an adult
- Limited to HEALTH outcomes, not other risks
- IS NOT predictive!!!!

Resilience... Talking about ACEs helps to NORMALIZE trauma experience... Trauma is very isolating – “Not Crazy”

RESILIENCE

https://thrivewa.org/work/trauma-and-resilience-4/

Brains Adapt to Their Experiences

Stressful or traumatic childhood experiences include abuse, neglect, witnessing domestic violence, as well as growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home.

Science tells us that these experiences are a common pathway to social, emotional, and cognitive barriers. That means people with traumatic childhood experiences have an increased risk of unhealthy behaviors, violence or re-victimization, disease, disability and early death.
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“Understanding a parent’s adverse childhood experience takes nothing away from understanding her resilience. It puts into perspective how spectacularly resilient she may be, the strengths she is building upon for the next phase of her life, and opens the space to talk about the life she wants for her family and her new baby.”

Laura Porter
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The NEAR@Home toolkit was created, reviewed, and tested by home visitors, mental health providers, and other experts in the field of NEAR and home visiting in Region X (Alaska, Idaho, Oregon, and Washington). The toolkit is based on a theory of change with five core elements: Preparing, Asking, Listening, Affirming and Remembering. It is designed for home visitors who have some basic knowledge of NEAR science and have at least one year of experience in their model home visiting.

Home visiting professionals are uniquely positioned to talk with parents about what we are calling NEAR Science — especially about how their ACE histories may be impacting their lives and may influence their parenting. Because home visiting is relationship based and occurs within each family’s comfort zone, home visitors have the opportunity to ask, listen, and affirm. They are highly skilled in building trust and creating safe spaces for meaningful conversations, and they are practiced in the art of family support.
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What parents say after learning their ACE scores:

- "The ACE Study gave me my humanity – my mind and body adapted to the experience I had as a child just like everyone else’s did. I just had more adversity."
- "I feel human now. When I want something for my children, people know it’s because I want something better for them than I had for myself."
- "No wonder I’m so messed up! ... Sick all the time ... Can’t quit using."
- "Now my life makes sense."

THEORY OF CHANGE

- Resources
- Strategies
- Capacities of Parents
- Goals for Parents
- Goals for Children
- Goals for Home Visitors
RESOURCES

Prepare
Leadership is knowledgeable about and committed to bringing ACEs/NEAR into the program.
High quality, accurate education, coaching, and support in ACEs/NEAR science provided for program supervisors and home visitors so they can be safe and effective in bringing ACEs/NEAR to families.
Home visitors are supported by reflective supervision and agency policies on safety.
Community stakeholders and partners are knowledgeable about and committed to supporting ACEs/NEAR integration into programming.

THEORY OF CHANGE

31

STRATEGIES

Ask, Listen, Affirm, Remember
Home visitors build trust and model safety with parents through the use of the ACEs/NEAR framework:
• Educate about ACEs and associated health risks
• Offer the ACE questionnaire to all parents
• Focus on resilience while acknowledging trauma.
Home visitors communicate with respect and curiosity:
“How have these childhood experiences affected you?”
“How have you done so well with safe discipline when you have had such a difficult childhood?”
“How would you like your child’s life to be different?”

THEORY OF CHANGE

32

CAPACITIES OF PARENTS

Parents have Opportunity
Parents have opportunity for a change moment: the experience of feeling heard, understood, and accepted.
Parents know about the most powerful determinate of public health.
Parents have a chance to talk about how ACEs have affected their lives and to develop compassion for themselves in the context of a safe and capable relationship.
Parents have the opportunity to identify and build on their core gifts in terms of resilience – the ways they have managed to navigate a life with ACE-related challenges.

THEORY OF CHANGE

33
GOALS FOR PARENTS

Aspire
Parents make decisions and are able to take actions in their lives that protect their children.
Parents engage with available community and professional supports to continue to develop parenting skills, manage stress, and build health and resilience.
Parents take steps to develop their capacity to be more sensitive and responsive to their child’s needs.

GOALS FOR CHILDREN

Flourish
Children reach their full potential by growing and developing in relationships that are healthy and build resilience.
The next generation of children has lower ACE scores than this parenting generation.
All ACE attributable problems are concurrently reduced in the next generation.

GOALS FOR HOME VISITORS

Flourish
Home visitors feel respected and safe in their work.
Home visitors build skills in having sensitive conversations.
Home visitors discover increased compassion, patience, and stamina in their work with families.
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“Who you are is as important as what you do.”

Jeree Pawl

NEAR@Home

CORE ELEMENTS of a NEAR@Home Visit:

- PREPARING
- ASKING
- LISTENING
- ACCEPTING & AFFIRMING
- REMEMBERING
**CORE ELEMENTS OF A NEAR HOME VISIT**

**Preparing**

The home visitor needs to feel calm and self-regulated, and able to be fully present with the client. If the home visitor is having a bad day, is not feeling well, or the home environment doesn’t feel safe, consider postponing the NEAR discussion. Consider balancing the day’s schedule so that some visits are likely to be lighter in content.

**Preparing**

The home visitor’s state of mind is critical for a safe and respectful NEAR visit. People with a trauma history, whether ACEs or other trauma, will be very sensitive to a home visitor who is not fully present.

As many home visitors themselves contend with significant ACEs history, they too are sensitive and may have unintentional emotional responses to the discussion if they are engaging in it while under personal stress.

**Asking**

“Thank you for thinking about these difficult questions. Did these questions make sense to you? I see you have had many of these difficult childhood experiences. How do you think these experiences have affected you?”

“Thank you for thinking about these difficult questions. Many of us who have had these experiences find we have to work harder at just about everything in life: staying healthy, quitting smoking, being a good mom.”

“As your baby grows we will keep talking about how brains work, how to manage stress. We will talk about things you can do to make sure your child has a lower ACE score.”
CORE ELEMENTS OF A NEAR HOME VISIT

**Asking**

This is also an opportunity for reducing shame by normalizing having ACEs as part of one’s life story. The home visitor can choose to make a joining, normalizing statement by subtly sharing that she has ACEs in her life story. Of course, it would be inappropriate to share details of either the home visitor’s ACE score or specific experiences. Consider discussing as a team how you can develop a shared peer culture of openness about ACE scores. As with clients, the details do not need to be shared; it is the cumulative load of ACEs that has power.

“Many of us with high ACE scores have found we have to work harder to achieve our goals but we get there!”

“You might not have known this, but many people, all kinds of people, have high ACE scores: doctors, teachers, and others.”

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**Listening**

After you have asked, “How have these experiences affected you?” Wait, wait, wait. 30 to 60 seconds of waiting for her response can seem like forever. Focus on keeping yourself calm, receptive and present. Notice how your body feels. You can count your breaths or pulse your feet into the floor to stay calm and alert.

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**Listening**

Listening is the critical intervention!

You honor her life story through your spacious listening. Self-regulation and being fully present is vital at this moment. Home visitor responses such as chattering to fill the silence, flipping papers or changing the topic suggest a need for support and reflective supervision.
CORE ELEMENTS OF A NEAR HOME VISIT

Accepting & Affirming:
Before you move away from the discussion of her ACE score, offer her some anticipatory guidance on how she might feel some extra stress after the visit.

“Sometimes after talking about ACEs people find they are extra sensitive or touchy. Maybe they don’t sleep well that night, or maybe they feel very tired. This is a good time to be gentle and patient with yourself. Take good care of yourself. Maybe go for a walk, take the kids to the park, talk to a friend and eat some healthy food. Who would you call if you were feeling pretty stressed? I’ll be thinking about you and check in with you on our next visit. Or call me sooner if you want.”

Accepting & Affirming:

WHAT: Sometimes the home visitor will know enough about the client to know that an ACE score of 0 does not accurately reflect the client’s life story. The home visitor should accept the client’s stated ACE score.

WHY: A client might not feel ready or safe to disclose her ACE history and will indicate no or low ACEs. We assume she has a really good reason for not disclosing. It is the client’s right to protect herself in this way. Even if she appears to be ignoring you, know you have planted a seed and assume her best intentions.

“Thank you for thinking about these difficult experiences. This is hard work! We can talk more about this another visit.” (Pause) “Are you ready to have some fun now? Do you want to try this new activity I brought for you and your baby?”

“We hope all parents can learn about this science of stress and brains. Maybe you have a friend or sister you can share this pamphlet and information with.”

Remembering:

- Find a strategy to remind yourself to be sure on the next visit to check in on the NEAR process.

“Last time we talked about some difficult things related to your ACE score. That was hard work! I imagine you’ve been thinking about it since then. How has this last week been for you? Any thoughts you want to share with me today?”

- Find opportunities in the course of your relationship to bring up and link her ACE history to activities, challenges, events. Use natural or program anniversaries to offer a thought that links her ACE score to her accomplishments.

“I see how gently you respond to your baby’s crying. I wonder how you are able to do this when you did not experience this kind of parenting as you shared with me when we looked at your ACE score.”
CORE ELEMENTS OF A NEAR HOME VISIT

Remembering:

- If during the NEAR home visit you didn’t respond to her in the way you wished you had, you can revisit it. It is better to repair than avoid talking about NEAR because you feel you don’t have the skills.
- Messing up presents a golden opportunity for repairing and strengthening the relationship. Acknowledge that everyone can mess up. This is an opportunity to model healthy relationships.
- Even the most skilled, experienced home visitor will have an opportunity to practice repairing the interaction or relationship. Reflective supervision is a crucial support.

“In our last visit when we talked about your ACEs history, I wish I had given you more time to talk. I’m sorry I rushed you. Would you like to talk about it some more now?”

For more information:

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