"It is easier to build strong children than to repair broken men."

Frederick Douglass

(1817–1895)



NATIONAL AND STATE DATA ON ACE RISK AND RESILIENCE: THE CALL FOR MIND/BODY INTERVENTIONS

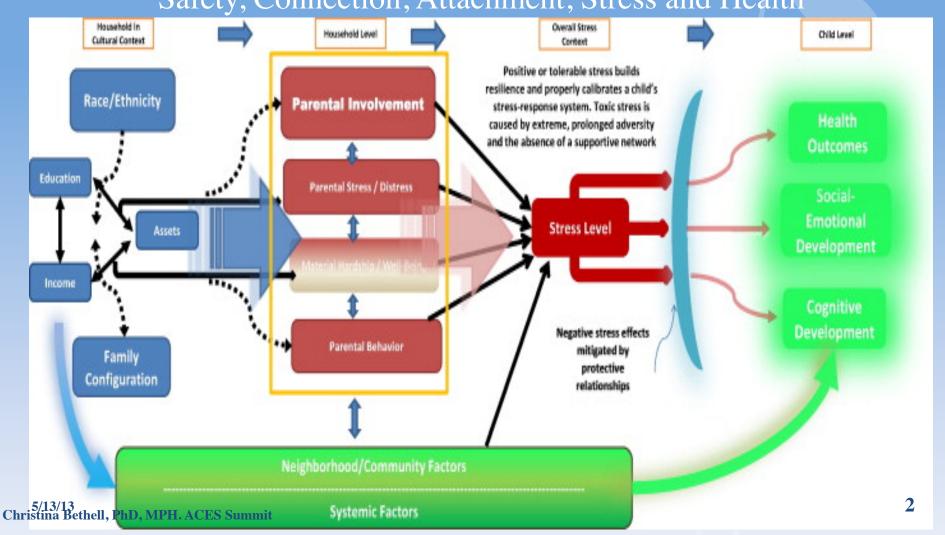
NATIONAL SUMMIT ON ADVERSE CHILDHOOD EXPERIENCES MAY 13-14, 2013 PHILADELPHIA, PENNSYLVANIA

CHRISTINA BETHELL, PHD, MPH, MBA
PROFESSOR, OHSU SCHOOL OF MEDICINE
DIRECTOR, THE CHILD & ADOLESCENT HEALTH
MEASUREMENT INITIATIVE



Healing is Upon Us! Where Science, Policy and Experience Meet

The Science of Linked Lives and Life Course Health: Safety, Connection, Attachment, Stress and Health



Healing is Upon Us! (and within and between us!) Where Science, Policy and Experience Meet



THE EFFECTS OF CHILDHOOD STRESS ON HEALTH ACROSS THE LIFESPAN



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION





OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS



5/13/13 Christina Bethell, PhD, MPH. ACES Summit

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, Andrew S. Garner, Jack P. Shonkoff, Benjamin S. Siegel, Mary I. Dobbins, Marian F. Earls, Andrew S. Garner, Laura McGuinn, John Pascoe and David L. Wood

Pediatrics 2012;129;e224; originally published online December 26, 2011; DOI: 10.1542/peds.2011-2662

Healing is Economic! Where Science, Policy and Experience Meet

Many of our social problems, such as

The Economists Are Listening

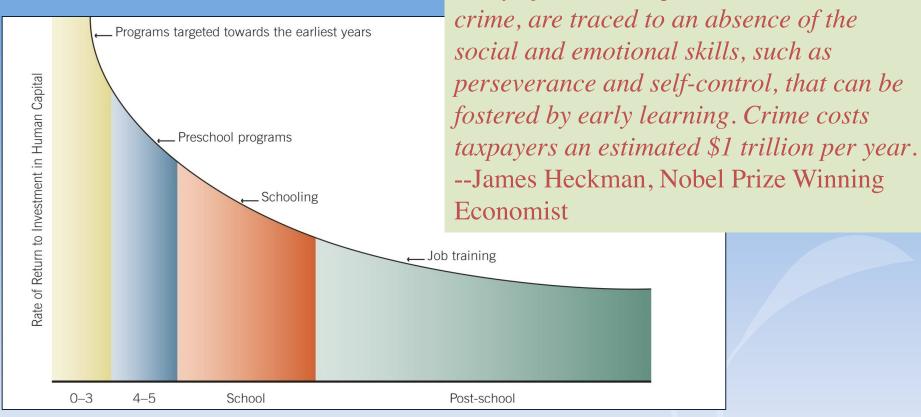
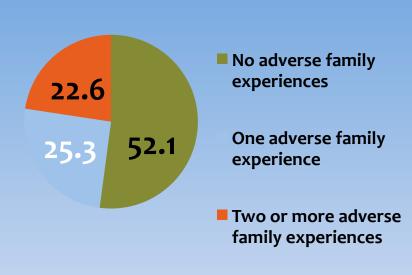
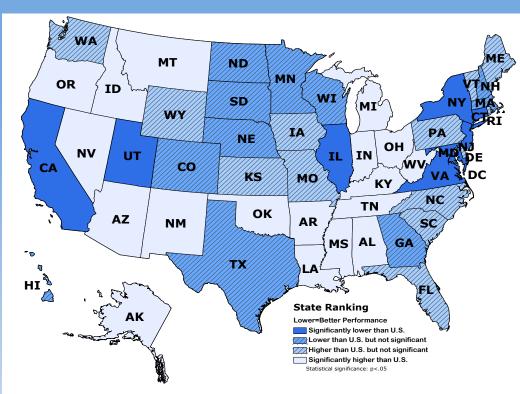


IMAGE SOURCE: Heckman & LaFontaine (2007)

And Now We Have National and State Data on Adverse Childhood Experiences and Resilience FOR CHILDREN (2011-12 NSCH (HRSA/MCHB/CDC)

47.9% of US Children 1+ (of 9) ACEs Age 0-17 years





State Variation In Prevalence of 2+ (of 9) ACES 16.3% (UT) – 32.9% (OK) across states.

Query for children in your state at www.childhealthdata.org





Adverse Child Experiences Included

nge

.5% (AZ)

.9% (OK)

Λd_{1}	vers	\triangle	hildl
\neg	v — ı >		

Child had one

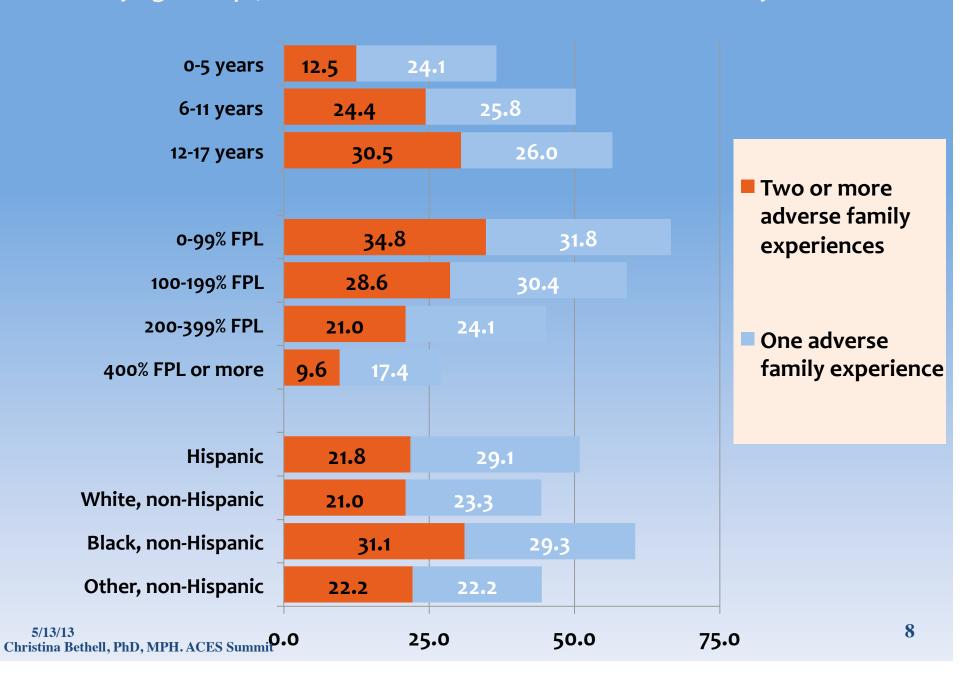
Child had two

IMPORTANT NOTE:

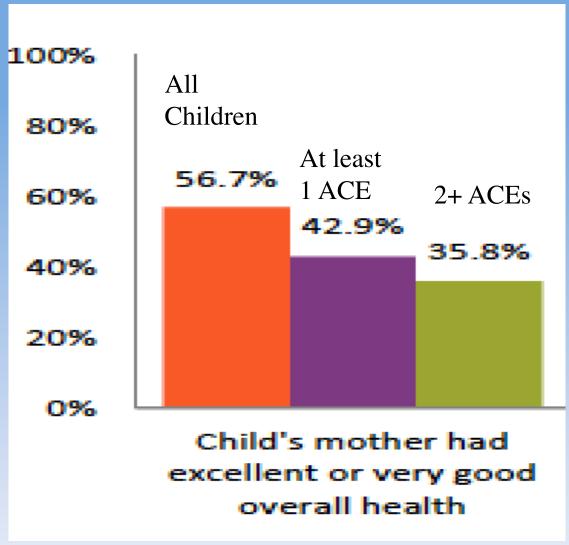
Questions about child abuse and neglect were not directly asked about in the survey—though are unlikely to lead to substantially different overall rates since ACES are so commonly co-occurring.

Socioeconomic hardship	25.7%	20.1% MD – 34.3% (AZ)
Divorce/separation of parent	20.1%	15.2% (DC) – 29.5 (OK)
Death of parent	3.1%	1.4% (CT) - 7.1% (DC)
Parent served time in jail	6.9%	3.2% (NJ) – 13.2% (KY)
Witness to domestic violence	7.3%	5.0% (CT) - 11.1% (OK)
Victim or witness of neighborhood violence	8.6%	5.2% (NJ) – 16.6% (DC)
Lived with someone who was mentally ill or suicidal	8.6%	5.4% (CA) – 14.1% (MT)
Lived with someone with alcohol/drug problem	10.7%	6.4% (NY) – 18.5% (MT)
Treated or judged unfairly due to race/ethnicity	4.1%	1.8% (VT) – 6.5% (AZ)

Prevalence of Adverse Child and Family Experiences, by Age Groups, Household Income Level and Child Race/Ethnicity

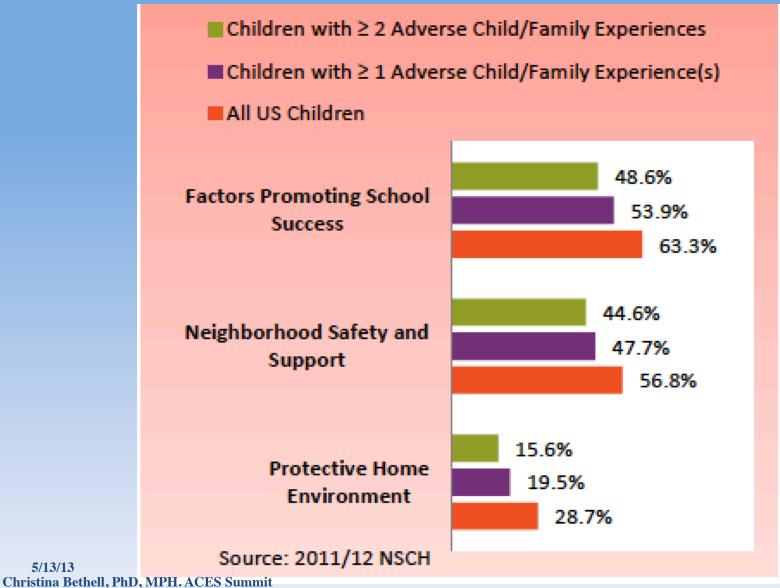


Compounded Risks ACES and the Health and Stress of Parents



9

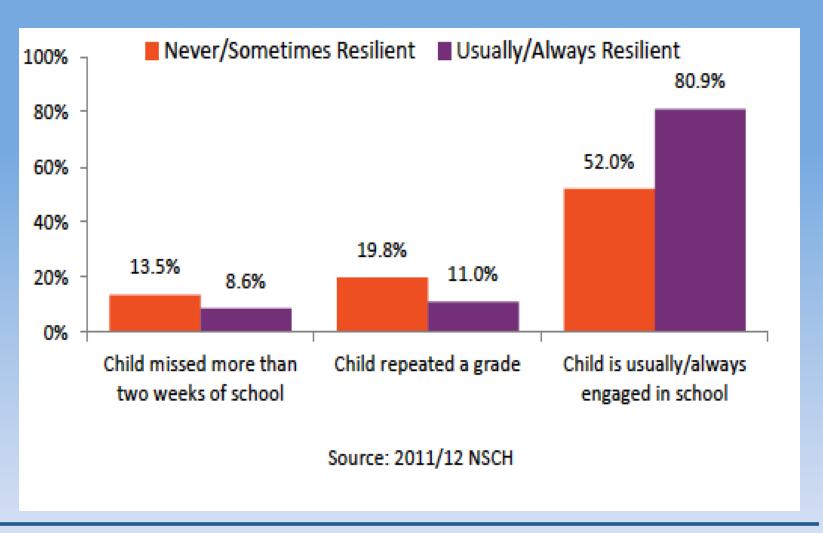
Compounded Risks ACES and Home, School, Community



5/13/13

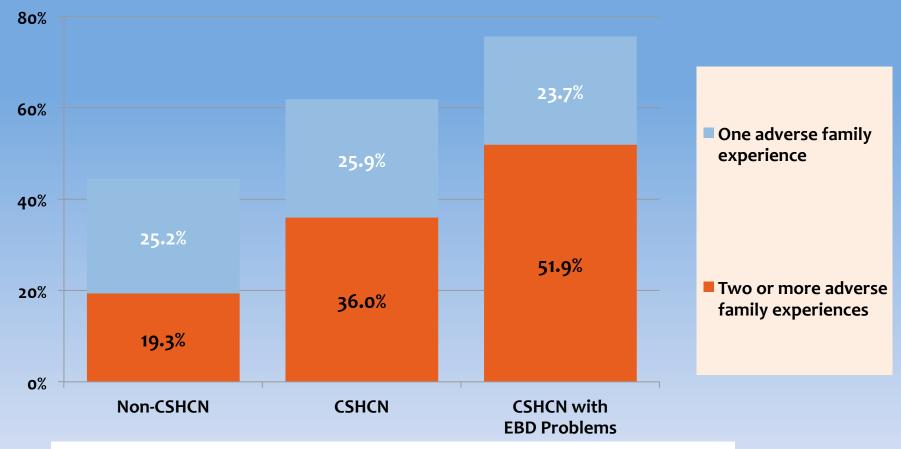
10

Protective Effect of Resilience





Chicken and Egg Observations Adverse Childhood Experiences and Health Children With Chronic Conditions Are More to Experience ACES. Children With ACES Are More Likely to Have Chronic Conditions



CSHCN: Children With Special Health Care Needs

EBD: Emotional, Behavioral, Developmental Problems

12

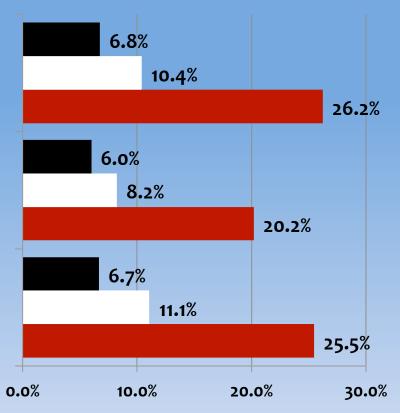
5/13/13

Prevalence of Individual Adverse Experiences, by CSHCN Status and EMB Problems

Child was a victim of violence or witnessed violence in his/ her neighborhood

Child saw parents hit, kick, slap, punch or beat each other up

Child lived with anyone who was mentally ill or suicidal, or severity depressed for more than a couple weeks



43.5% of children with EMB have parents who report usually or always feeling aggravated with their child

■ Non-CSHCN

- **CSHCN** without Mental/Emotional Problems
- CSHCN with Mental/Emotional Problems



Evidence is Building to Support the Use of Mind-Body Methods for Toxic Stress and Trauma



- Fewer than 5% of US children using MB Methods
- More likely among older youth (AOR: 2.99 for 12-17)
- 3. Less likely among lower income households (AOR: .46 100-199% FPL; .54 <100% FPL)</p>
- 4. Parent use highly predictive:(AOR 7.4)

Your Being, Their WellBeing
MINDFULNESS & PEDIATRICS
A Conversation Facilitated by The Child & Adolescent Health Measurement Initiative
5/13/Joinus: mindfulmedicine@ohsu.edu

Mind-Body Modalities

Deep breathing exercises

Yoga

Meditation

Support group

meetings

Progressive relaxation

Guided imagery

Stress management

class

Biofeedback

Tai Chi

Hypnosis

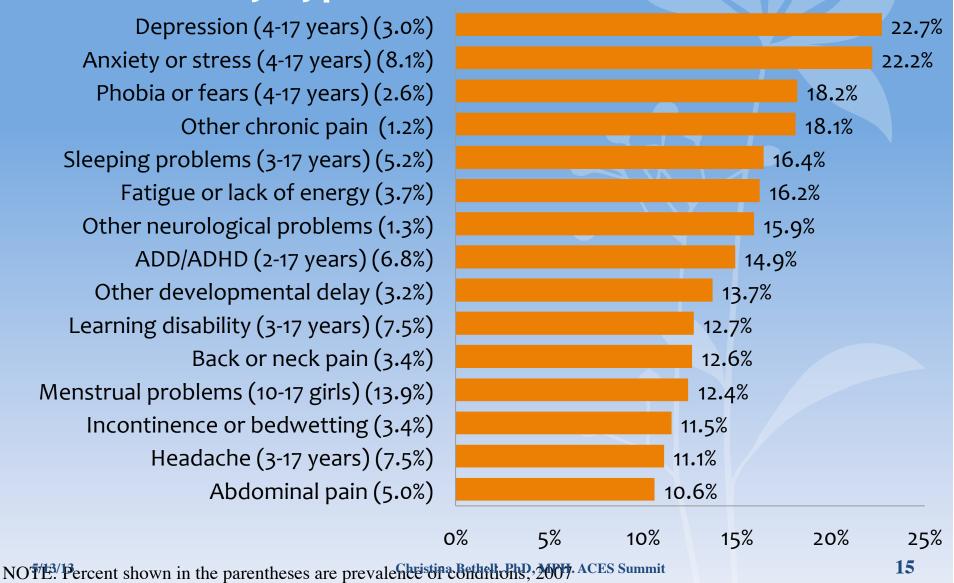
Qi Gong

"Without mindfulness, there is no therapy...Without mindfulness, there is no growth."

Bessel van der Kolk

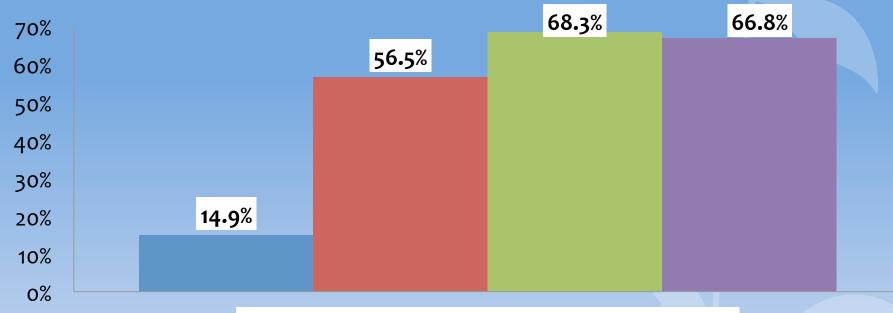
Professor of Psychiatry, Boston University. Author: Treating Traumatic Stress in Children and Adolescents (April, 2013)

Prevalence of the Use of Mind-Body Methods by Type of Health Concern



ADHD and Trauma: A Balanced Treatment Plan?

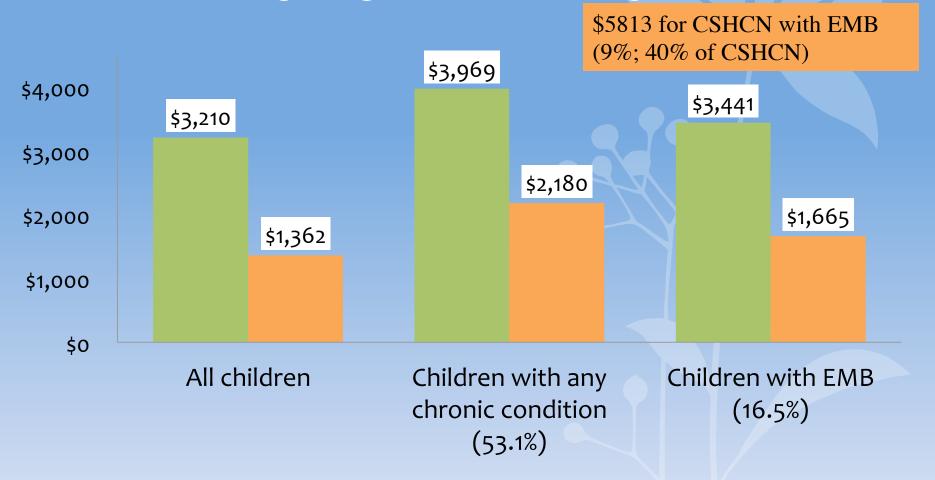
Children with ADHD more likely to have ACES (adjusted odds 1.6 or greater).



Among children with ADD/ADHD, 2-17 years (6.8%)

- Mind-body therapies (4.7%)
- Any Rx meds for 3+ months (12.3%)
- Rx for emotions, concentration, behavioral problems, 4-17 years (7.0%)
- Rx for concentration/hyperactivity/impulsivity, 4-17 years, (5.9%)

Too Little, Too Late? Are Parents/We Waiting Until Needs Escalate Before Integrating Mind-Body Healing Methods



Children who used MBT (4.7%)
Children who DID NOT use MBT (95.3%)

^{*2-}part model adjusting age, gender, race/ethnicity, family income and US region child

Christina Bethell, PhD, MPH. ACES Summit

17



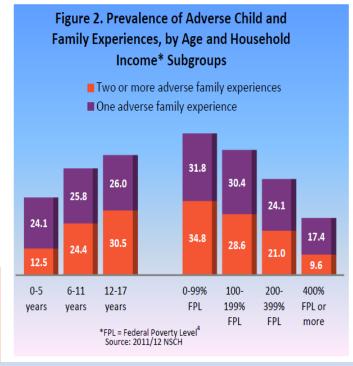


Overview of Adverse Child and Family Experiences among US Children

Adverse childhood experiences (ACEs) can have profound effects on the lifelong health of adults. ¹⁻³ Many studies on ACEs have been retrospective in nature, asking adults to recall their childhood experiences and then examining the prevalence of various chronic conditions and economic outcomes. The recent 2011/12 National Survey of Children's Health (NSCH) provides cross-sectional, parent-reported data on nine ACEs among US children age 0 to 17 years (Table 1). Nearly half (47.9%) of US children age 0-17 years experienced one or more of the nine ACEs asked about in this survey (Figure 1). This translates into an estimated 34 825 978 children nationwide.

Table 1. National Prevalence of Adverse Child or Family Experiences based on the 2011/12 NSCH

Adverse Child or Family Experiences	National Prevalence	State Range
Child had ≥ 1 Adverse Child/Family Experiences	47.9%	40.6% (CT) – 57.5% (AZ)
Child had ≥ 2 Adverse Child/Family Experiences	22.6%	16.3% (NJ) – 32.9% (OK)
Socioeconomic hardship	25.7%	20.1% (MD) – 34.3 % (AZ)





Query for children in your state at www.childhealthdata.org



Healing is Upon Us! (and within and between us!)





Contact Information

- E-mail: bethellc@ohsu.edu
- Connect with the DRC to Join the Conversation!
 - Like us on Facebook: Facebook.com/childhealthdata
 - Follow us on Twitter: @childhealthdata

Additional Resource Slides

"You can't go to good places with your mind if you can't go good places with your body. "Stephen Porges, PhD Professor Emeritus, University of Illinois at Chicago. Director, Brain Body Center in the Department of Psychiatry. Author: The Polyvagal Theory

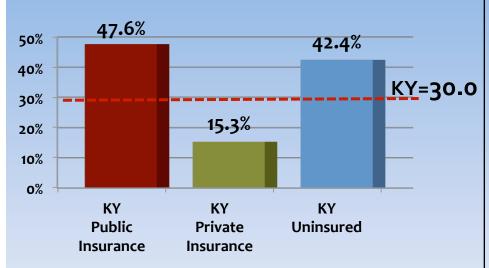
"It is always a good thing to help a person rejoin the human race." Ronald Siegel, MD, Harvard Medical School

NSCH Measurement Domains

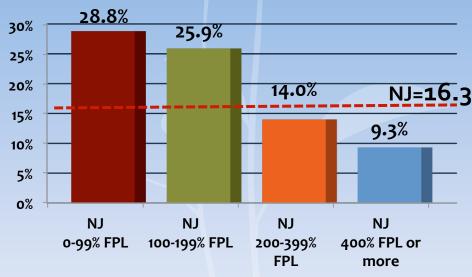




Within State Disparities
Kentucky, the state with the
third highest rate of
Adverse Child/Family
Experiences (2+), had the
greatest variation by
insurance type.



Within State Disparities
New Jersey, the state with
the lowest rate of Adverse
Child/Family Experiences
(2+), had the greatest
variation by household
income level.



Empowering Parents To Improve Psychosocial Screening and Referral During Well Visits (www.wellvisitplanner.org)





Answer a Questionnaire about your child and family.

The questionnaire is composed of (# of questions) and takes approximately 10 minutes to complete.



Pick Your Priorities

for what you want to talk or get information about at your child's well-visit.

Based on Bright Futures Guidelines



Get Your Visit Guide

that you and your child's health care provider will use to tailor the visit to your child & family needs. See next page for sample visit guide.



Making the "CAACE" for Mindfulness

"Without mindfulness, there is no therapy. Mindfulness is a necessary state to be in to live your life. All growth occurs because you are in a state of mindfulness. Without mindfulness, there is no growth."

Bessel van der Kolk

Professor of Psychiatry, Boston University. Author: Treating Traumatic Stress in Children and Adolescents

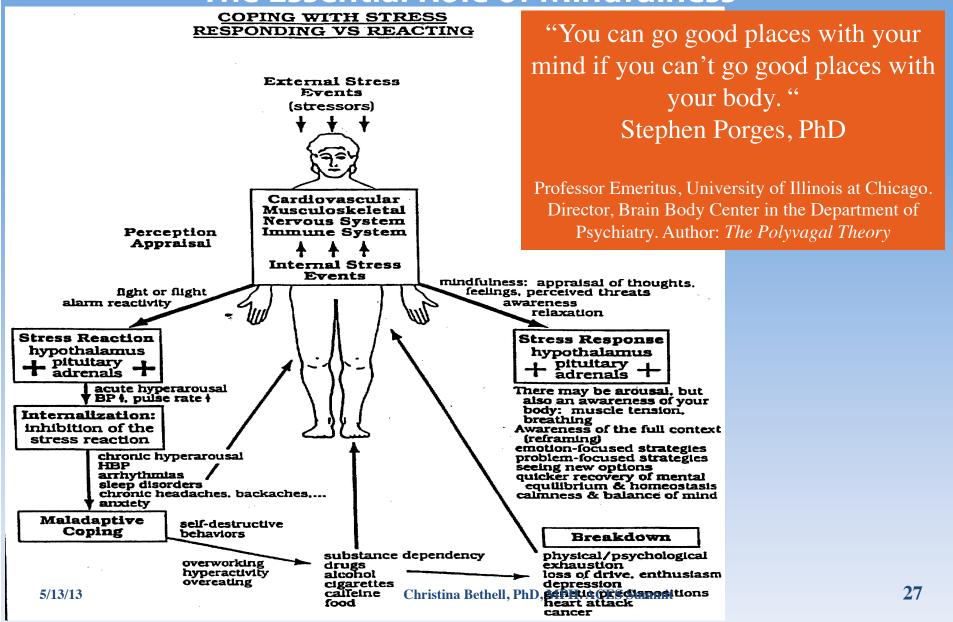
- > Cross-Cutting
- > Accessible
- > Adaptable
- > Connecting
- > Enabling

Your Being, Their WellBeing

MINDFULNESS & PEDIATRICS

A Conversation Facilitated by The Child & Adolescent Health Measurement Initiative Join us: mindfulmedicine@ohsu.edu

Coping with Stress and the Body The Essential Role of Mindfulness



Your Being, Their WellBeing

Healthy Attachment and Parental Well-Being The Importance of ACEs Healing for Parents

The best predictor of a child's security of attachment is not what happened to his parents as children, but rather how his parents made sense of those childhood experiences. Daniel Siegel, Mindsight

Population Attachment Profile:

5/5/9% secure, 25% avoidant, and 11% anxious.

Your Being, Their WellBeing

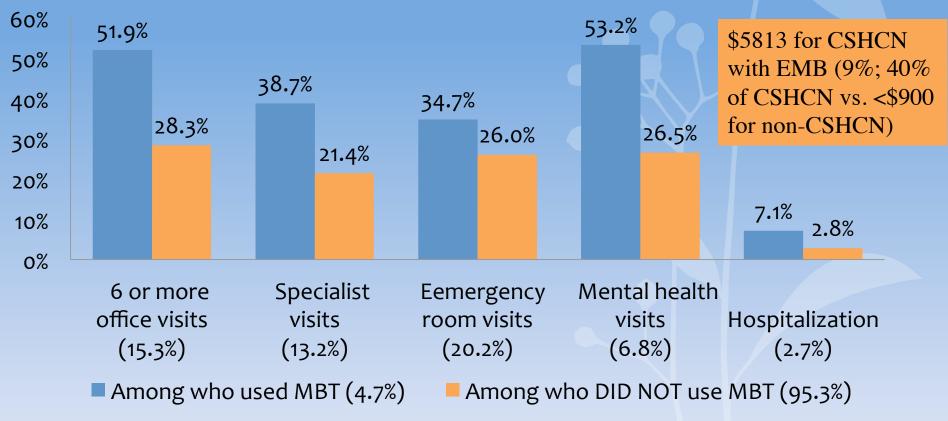
Making sense of yourself is a source of strength and resilience for your child!

Making sense means being able to put your story into words and convey it to another person. **Your story includes:**

- how your mind has shaped your memories of the past to explain who you are in the present.
- the way you feel about the past
- your understanding of why people behaved as they did
- the impact of those events on your development into

Conventional Care Use Among Children With Emotional, Behavioral and Developmental Problems (EMB) Missed opportunities for improving efficiency?

Among children with **EMB conditions/problems*** (2-17 years):



EMB conditions/problems: anxiety/stress, depression, ADD/ADHD, phobia/fears, insomnia/trouble sleeping, incontinence including bedwetting

Christina Bethell, PhD, MPH. ACES Summit



Bias Patient's Face

Mind-Body Therapy Users non-Users

All children

70.5%

90.4%

Among CSHCN

90.8%

Thinking about the types of medical, traditional and alternative treatments that you are happy with, does a medical person **Usually/Always** show respect for these treatments?