

POWER OF PREVENTION: EPISODE 12

ADVERSE CHILDHOOD EXPERIENCES, RESILIENCE, AND PREVENTION

Christin D'Ovidio:

Welcome to The Power of Prevention podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews with you of people who are working tirelessly for their professions, their families, and their communities to stop something unwanted from happening. In this case, substance misuse. This is a podcast for people who are looking for solutions and want to make New Hampshire a better place where we all have the opportunity to live, learn, and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention.

Christin D'Ovidio:

Our guest walks us through what providers can look for from kids dealing with toxic stress and behavioral health issues.

Christin D'Ovidio:

All behavior is communication. The children who have been traumatized, it can be difficult to know what they're saying through an innovative project. Pediatric practices around the state are learning to decode what these children are saying. The Institute for Health policy and practice at UNH with expertise from the Children's Hospital at Dartmouth bring proven strategies and resources in quality improvement science to help healthcare providers take the steps to improve care during routine well checks with children. We're so excited to have Felicity Bernard, the Director of the New Hampshire Pediatric Improvement Partnership, with us today. She is here to talk about how this project is helping pediatric practices look beyond what a child presents to understand how they feel and respond to stress. Welcome. Thank you so much for joining us today, Felicity.

Felicity Bernard:

Thanks for having me.

Christin D'Ovidio:

So Felicity, let's go into this. When I heard about your project, I really found it so interesting. So for our listeners, can you take a few minutes to describe what you are doing and what led you to offering this opportunity to healthcare workers?

Felicity Bernard:

Certainly, thanks. Let me start by saying that our work for this project is funded by the New Hampshire Children's Health Foundation. They are leaders in the community who have recognized the need for this type of intervention and are dedicated to make real change in our communities, to promote our children and families' health. I personally have been involved in learning about and teaching principles of trauma-informed care for about 20 years now. The research has demonstrated that there's significant short and long-term detrimental impacts of adverse childhood experiences or what we refer to as ACEs on a child's health and wellbeing. The American Academy of Pediatrics released a policy statement in 2012 and updated in 2021 outlining the critical role of the medical home in the identification and response to ACEs.

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Also boosted in the national conversation In July 2021, the surgeon general declared a national crisis on youth mental health. His recommendations for healthcare providers included implementing trauma-informed care principles, routinely screening for ACEs, identifying and addressing mental health needs of family members and combining effort with community partners.

So that is exactly in line with what we're doing in our project. Here in New Hampshire, there's been a growing momentum to address this in our communities. We at the New Hampshire Pediatric Improvement Partnership or the New Hampshire PIP, which is a state level collaborative of private and public partners dedicated to improving the quality of healthcare received by New Hampshire Children's. So prior to this, we did interviews with pediatricians around the state and found that there's a real need to build up primary care provider capacity to address and treat trauma, as well as public awareness about ACEs. Also, we know that preventing the problem saves resources, energy, and lives. Those are some of the factors that led us to offering this opportunity to healthcare providers. What we're doing starting in 2018, we presented onsite training for pediatric clinics across the state to 13 different clinics, trained 191 people and detail that connection between toxic stress and poor physical and mental health outcomes.

From that group, we recruited five clinics and brought them through a 15-month QI process to implement trauma informed care approach. We met them monthly for coaching sessions to educate and prepare the staff about this new cultural change. We offered three advanced trainings, one from our national expert, RJ Gillespie out of Oregon, on teaching those soft skills involved in talking about this with patients. We had one on self-care and we had other examples from medical systems across the country doing this work. We helped them build up in-office brief interventions and connect them to partners in the community doing similar work. This first cohort was so successful that our funding was expanded to keep doing this work. This past summer, I visited with 16 practices and had further training offerings to include a 102 or a deeper dive into how to do this in pediatric primary care settings.

This round we trained over 350 medical professionals. We're now starting our second round of QI implementation. We've shortened it to 12 months now with a new set of clinics. We're helping them identify screeners to use, how to build into their workflows, connecting them to community partners. That piece connecting to community partners and resources has been especially powerful. It builds that confidence of providers and helps them feel like they can address this because they're not alone and they have options for continued care for what they uncover. This round, we're also adding a piece to promote public awareness about this issue because there are so many terms, trauma, abuse, adverse childhood experience, toxic stress. In order to focus the conversation and engage a wider audience in our communities, we are working with community experts who hone our messaging.

Christin D'Ovidio:

Learn how we can all get connected to young people and help them heal from trauma.

Christin D'Ovidio:

What types of issues bring families or caregivers, people caring for children, in to seek help

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for their child in the first place? Like what's happening? What are they dealing with?

Felicity Bernard:

Yeah. So often what brings them in is a medical concern or a requirement. Immunizations, well child checks and then they're discovered to have other concerns going on. This is the main reason we work with pediatricians and their teams to get as upstream as possible to screen, educate and support families in a routine way. But if they do come in and seek specific concerns, it's often for unexplained stomach aches or headaches. Often ADHD or attention deficit hyperactivity disorder type symptoms, being easily distracted, difficulty concentrating, feeling disorganized, hyperactive. Those are all symptoms of toxic stress as well. Sometimes they present with anxiety, depression, or some generalized behavioral concern. My child is acting out and I don't know what to do about it.

Christin D'Ovidio:

When we ask about, listen to and accept the traumatic experiences of young people, we send a powerful message of hope, healing and recovery, and we reduce the stigma of getting them.

Christin D'Ovidio:

From your perspective, how is the project helping families and children heal and recover from this toxic stress?

Felicity Bernard:

Yeah, so what contributes to the healing and recovery and promoting health in our families are these safe, supportive and nurturing relationships and building resilience in their lives and communities.

Looking at it from a public health approach, primary, secondary, tertiary levels of prevention, you can see different benefits at each level. In primary prevention, for those who haven't experienced toxic stress, it helps them to recognize what it is, what it looks like, how it impacts lifelong health. Gets them started on that right foot, the right foot for prevention. For secondary prevention or identification of those who might be at risk, these folks can benefit from having a safe place and destigmatizing language that invite them into difficult conversations and getting connected to community resource centers such as family resource centers, community action programs, domestic violence centers. Then at that tertiary level, when the toxic stress situation is discovered, they can quickly connect families to those resources.

Having a trusted medical provider endorsing these interventions, providing hope and education, can all help to heal and recover from trauma. As Anda and Felitti said, who are the researchers from the original study that got this conversation started, said after decades of work that gradually they came to see that asking, listening and enabling a patient to go home feeling still accepted, is in of itself a major intervention. The clinical practice of asking, listening and accepting, is doing. The screening for ACEs is chronic disease prevention, it's

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suicide prevention, it's substance use disorder prevention. Early intervention can create conversations around these taboo and often uncomfortable conversations and helps to get families the help that they need. These conversations can be full of shame and guilt. They can also be full of insight and hope. By normalizing these conversations and in general, conversations about our emotional and behavioral health, we shift away from the stigma that is so often a barrier in seeking and receiving help for substance use disorder.

In specific, you can see it play out in a generational pattern. One of the original ACEs is having a parent or caregiver living with a substance use disorder. When I think about all these folks who have been swept up in this opioid epidemic, my first thought is always how that can exponentially sustain itself to the next generation and beyond if there's nothing there to disrupt that maladaptive coping response.

Christin D'Ovidio:

Linking patients with community services like family resource centers or local crisis centers is a big part of the intervention. Making those connections helps families.

Felicity Bernard:

So they make referrals out to these community partners and then in a closed loop referral fashion, they'll hear back from them. That's really a main priority of having those community connections, so that there can be a continuation of care and all of the providers can talk to each other and work together.

Christin D'Ovidio:

Does this bring the community closer together? Is this more localized? I'm just trying to imagine this support coming together around a family with a child that needs it.

Felicity Bernard:

That is the intended outcome here is to get folks talking about it and communicating with each other. It's just raising awareness in general and having these conversations that can be very difficult. Again, providers that we've worked with didn't know about these resources that are out there and helping families do this. There is a family resource center right down the street from one of our clinics, and they didn't know that they provided all these wonderful services, parenting support groups and educational classes and things like that, playgroups. Even through the pandemic, these things were still going on. To make those connections really is inviting the whole community to support these families, which is the approach we need to work towards.

Christin D'Ovidio:

The language we use to talk about child abuse or child maltreatment can have an impact on how we deal with it. Efforts are underway to develop a common understanding and description to raise awareness and support about trauma.

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Felicity Bernard:

So we're working with a communication specialist to come up with some common messaging. Because often we'll go into a community and ask about their experience with this and people have so many different ways of talking about this or not talking about this. Is it abuse that we're talking about? Are we talking about child abuse? Are we talking about violence in our communities? Are we talking about racism? All of these disparate things can all be about trauma and impact the health and wellbeing of our children. To really get into a simplified, agreed upon language that we can all rally around and really advocate for, because we know we're talking about the same thing and we know we're working towards the same goals, I think will really help us to garner that support and get more people in the community involved.

Christin D'Ovidio:

What are plans for futures? You did two years of funding, but there's so many other practices and providers out there and people that touch families like this. What are future plans for this?

Felicity Bernard:

We're developing tools for replication, and this project is really about demonstrating the power of doing this. Our next steps would include things like influencing policy. These folks don't get paid to screen for this even though it's very beneficial and they uncover all sorts of great interventions that help with the health of our communities and don't get reimbursed for it in a medical visit. They have so many competing demands in those medical visits. Finding some financial mechanism like the screening for developmental, the M-CHAT is what they call it, was piecemeal accepted until it was funded and then it was widely accepted. Now everyone in New Hampshire screens for developmental delays. Really getting the policy mechanisms to keep it in place and incentivize doing this in the communities. Proving now that it's very powerful so that we can influence on a state level what kind of incentives and things that we want our medical homes to work towards.

Christin D'Ovidio:

It seems like it falls directly in line with screening, brief intervention, referral to treatment for substance use. It's a best practice we've seen in other areas, so that's great. Let's hope it's implemented and funded.

Felicity Bernard:

Yes, that's what we're hoping for. The more people that know about it, the more people who care about it, understand that it's very common. That's another thing is that we know that it happens and we just don't talk about it. It's this powerful force that doesn't have a name, so we just have to name it and we have to come to terms that it is happening in our communities. In order for us to have healthier communities, we need to be addressing this early and often. Helping those communities feel safe, helping our homes feel safe. That's what promotes healing.

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Christin D'Ovidio:

That's great. Like you mentioned power in what you were saying because as you know, the name of the podcast is The Power of Prevention. We like to ask all our guests the same question. How do you describe prevention or what is your definition of prevention?

Felicity Bernard:

Well, I would say that it's understanding the source of a problem, figuring out how upstream we can get and intervening in ways that promote a different outcome. How's that sound?

Christin D'Ovidio:

That is great. I like that.

Felicity Bernard:

Okay. We really have to understand it first though, and then hope for a different outcome.

Christin D'Ovidio:

Well, I'd like to thank you so much for coming today to talk about the program and the work that you are leading and the impact that's being made in New Hampshire with our families and communities. It's wonderful.

Felicity Bernard:

I really appreciate the opportunity. Any opportunity to talk about my work. More people who know the better. So thank you so much for having me.

Christin D'Ovidio:

The New Hampshire Pediatric Improvement Partnership, is helping medical practices build the skills and systems to identify and respond to trauma among their young patients and families. When healthcare professionals have meaningful conversations with their young patients about any type of trauma that they have experienced over time, they are then validating the experiences. They normalize their feelings and they help reduce the shame or secrecy of the trauma, and it makes healing positive.