



Balancing ACEs with HOPE

THE ROLE OF POSITIVE EXPERIENCES IN CHILD DEVELOPMENT

On April 4th, 2018, CANTASD (the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center) hosted a Digital Dialogue with Robert Sege, M.D., Ph.D., FAAP, Tufts University School of Medicine, Senior Fellow, Center for the Study of Social Policy on the Health Outcomes from Positive Experiences (HOPE). This document summarizes the conversation with the 460 individuals from around the country who joined the call.

SETTING THE CONTEXT

Experience shapes brain growth and development, especially during periods of rapid growth such as early childhood and adolescence. Adverse childhood experiences (ACEs), however, can derail healthy development. ACEs can lead to toxic stress, which can lead to poor child and adult health. This understanding, informed by the ACEs study in 1998, has transformed our field and led to a focus on early adversity as an important pathway to poor adult health. What has not been explored, however, is the role of positive experiences early in life as powerful factors that can break the link between ACEs and poor health. The work of Dr. Sege and his colleagues focuses on four key questions related to positive experiences:

1. What are the short-term effects of positive parenting practices and maternal health?
2. What are the long-term effects of positive experiences?
3. What do American parents already believe and do?
4. How can larger systems promote positive childhood experiences?

POSITIVE EXPERIENCES THAT MATTER

Dr. Sege shared highlights of his research related to each of these questions, focusing on four key positive experiences that seem to make a difference in children's lives. For each positive experience, participants in the Digital Dialogue offered examples of how to put those experiences into practice when working with children and families.

1. Living, playing, and learning in safe, stable, protective and equitable environments

How do we ensure that the environments where children spend time help to nurture their sense of safety, of being cared for and of living in a world where they are respected and treated fairly? Participants offered the following suggestions:

- Invest in playgrounds, libraries, parks, and other spaces for children and families.
- Promote community events (block parties, art shows, music concerts) to build neighborhood culture.

Find Related Resources:

- Access the [Digital Dialogue recording and handouts](#).
- Go to CANTASD's page on [Promoting Resilience](#).
- [Read more about HOPE](#).
- [Stay connected](#) to our ongoing work in this area.

- Highlight existing free resources/programs in the community, such as libraries, gyms, parks, churches, shows, or museums.
- Transform the places where we know children and families spend time (e.g. waiting rooms, stores, our program spaces) to ensure they feel like safe and engaging spaces for children.
- Plan and participate in engaging activities, such as playing games, listening to music, and reading books.
- Help parents to focus on the types of changes they can make to enhance their home environment for their child.

2. Engaging in constructive social/civic activities that develop a sense of connectedness

How do we create communities around children and families that nurture their sense of belonging and worth? Participants offered these ideas:

- Create and support positive, cultural experiences.
- Identify supportive, safe adults, and encourage positive relationships/friendships.
- Create structured ways for children to volunteer and contribute to their community.
- Recognize and acknowledge children’s voices and contributions to the community.

3. Learning social and emotional competencies

How do we provide opportunities and support for children to develop the set of skills they need to develop deep and fulfilling relationships with others? Participants offered these suggestions:

- Listen, engage, and ask questions, and model good behaviors.
- Provide mindfulness activities (e.g., meditation and yoga).
- Offer home visiting programs.
- Encourage family engagement and family enrichment.
- Hold trainings, screenings, and classes for parents on a range of topics.
- Attend to children’s unique interests and goals.

4. Being in nurturing, supportive relationships

How do we nurture and support the foundational, intimate relationships which are core to a child’s well-being—especially the relationship between parent and child?

- Encourage parents to engage in meaningful dialogue with children and spend quality time with children.
- Create traditions.
- Model and teach positive interactions and help and support them along the way.
- Educate parents/caregivers, and offer support groups and trainings (such as ARC, ARC Grow, NHA, SEL).
- Provide family activities and use free community spaces.
- For children in foster care:
 - » Increase parental/caregiver contact.
 - » Connect siblings who have different foster care placements.

“It’s not enough to just look at adversity. Providers must create, or help families create, those positive experiences that support optimal brain development.”

– Robert Sege

Question and Answer

WHAT IS THE OVERARCHING MESSAGE THAT FUNDERS AND LEADERS MUST RECEIVE TO SUPPORT PROGRAMS ADDRESSING THESE ISSUES?

Sege: What we learned from ACEs and toxic stress is that children’s brains grow and develop in response to experience. Just as adverse experiences may increase risks for poor health, positive experiences can improve mental and physical health. Effective work with children and their families balances risk reduction with promotion of positive experiences. It’s not enough to just look at adversity. Providers must create, or help families create, those positive experiences that support optimal brain development.

What We Heard

Participants were asked to think about someone they know who has succeeded despite adversity and then reflect on what they think made a difference. The following is a synthesis of what we heard:

- Healthy, strong, caring relationship with an adult (e.g., mentor, teacher, coach)
- Positive relationships/friendships
- Community supports
- Nurturing environments
- Healthy outlets and coping skills
- Engaged family

HOW DOES THE CONCEPT OF HOPE APPLY IN TRANSIENT AND RURAL COMMUNITIES?

Sege: In many rural areas, the problem of isolation is huge. Addressing it requires some out-of-the-box thinking. In rural Oregon, the [Fostering Hope Initiative](#) hosts “parent cafes” which occur either weekly or monthly. Pizza is provided and the hosts facilitate a discussion of parenting issues. Creating that gathering spot for parents—particularly parents of young children who may feel isolated—is powerful. One can also look at partnering with faith-based organizations or other physical places or programs where families already go.

Program Example: Fostering Hope Initiative

The Fostering Hope Initiative in central Oregon is a neighborhood-based collective impact initiative. It is designed to promote the positive development of children, strengthen families, and build community by mobilizing natural neighborhood supports and building an integrated system of community support and services. Watch the [Building Community, Building Hope](#) short film about the Fostering Hope Initiative to learn more.

There are also list serves and other ways people can interact online even at a distance. There’s a growing trend in mental health, for example, to provide therapy through telehealth. This can be effective in helping with depression, which is not only common, but is also amongst the most treatable mental health disorders.

Transient populations are also very difficult. One of the communities where I’m working now serves migrant farm workers, and they don’t stay very long; but even when they pass through, they can have that opportunity for support. Military OneSource’s [Nine Ways to Help Your Kids Cope with Moving](#) has helpful tips for families where transience is a known and foreseeable issue. Remember that families persist for children, even when circumstances force families to move often.

CAN YOU DISCUSS THE INTERSECTION BETWEEN POSITIVE EXPERIENCES AND ACEs?

Sege: One important thing to remember about ACEs is that, while there are a host of negative outcomes associated with ACEs, the research also demonstrates that many people with multiple ACEs don’t experience those negative outcomes. Part of the impetus for researching the impact of positive experiences is to better understand the role positive experiences can play in helping to buffer and mitigate the impact of ACEs.

Someone who has a solid foundation, has a good attachment, and feels connected to the community may be more resilient in the face of trauma and may recover more fully or more quickly than someone who doesn’t. In the absence of those positive experiences—even without trauma—children don’t grow up with optimal brain development. They need positive experiences such as opportunities for social-emotional learning or having easy and equitable access to safe environments to play.



WHAT ONE PIECE OF ADVICE WOULD YOU GIVE TO A TRAUMA-INFORMED CARE COMMITTEE THAT IS BEGINNING IMPLEMENTATION?

Sege: Work towards seeing and augmenting all the love and support that children need. For example, when I care for a substance-exposed newborn who is with the biological mother, I try to hold in my mind that the baby's mother decided to carry the pregnancy to term, sought treatment and met the program requirements, and fought successfully to care for her baby. Holding this love, courage, and persistence in mind allows me to engage with the mother empathically and effectively while still addressing the challenges presented by her chronic relapsing condition (substance use disorder).

WHAT IS THE BEST SOURCE OF INFORMATION ON THE BRAIN SCIENCE RELATED TO POSITIVE EFFECTS OF THESE INTERVENTIONS?

Sege: There is not a lot of research about resilience rather than risk, but this field is rapidly evolving. The [Center on the Developing Child at Harvard University](#) has wonderful videos that help explain the brain science.

IS THERE A CASEWORKER MANUAL TO HELP MAKE THESE IDEAS PRAGMATIC FOR THOSE DOING FRONTLINE WORK WITH CHILDREN AND FAMILIES?

Sege: The set of resources from the [Strengthening Families](#) approach from the Center for the Study of Social Policy can help. They include several dimensions of family strengths and toolkits for how to achieve them. I would start by looking at the family level for how we can support families.

DO YOU HAVE A RECOMMENDATION FOR A TOOLKIT FOR CASE MANAGERS TO BUILD HOPE WITH CLIENTS WHO HAVE EXPERIENCED HIGH ACES?

Sege: We are working on developing one. In the meantime, I recommend looking at the [Essentials for Childhood](#) parent information as a national resource and investigate state and local resources. The [Well-Visit Planner](#) helps parents and caregivers prepare for health care visits, where they can discuss the child's behavior and temperament.

DO YOU THINK THERE SHOULD BE UNIVERSAL SCREENING FOR ACES?

Sege: This is a controversial area. In my opinion, we're not ready for it until we can provide support for families that makes them feel supported, rather than labeled. We need to avoid having people walk out of an ACEs screening and say, "my number is four or five, and I'm destined to fail." The idea that ACEs determine one's destiny may be discouraging. ACEs screening in a supportive context, with equal attention to sources of resilience and support for healing when needed, offers the potential to help individuals and families thrive.

Additional Resources

- [The Adverse Childhood Experiences Study](#)
- [Balancing Adverse Childhood Experiences with HOPE](#)
- [Building Community, Building Hope](#) film series: The Fostering Hope Initiative
- [CDC's Essentials for Childhood](#)
- [Center on the Developing Child at Harvard University](#)
- [National Survey of Children's Health](#)
- [Center for the Study of Social Policy's Strengthening Families framework](#)

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