TOXIC STRESS TOOLKIT

FOR PRIMARY CARE PROVIDERS CARING FOR YOUNG CHILDREN

INFORMATION AND RESOURCES FOR ASSISTING RHODE ISLAND CHILDREN AND THEIR FAMILIES

RHODE ISLAND DEPARTMENT OF HEALTH

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Rhode Island Chapter

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INFORMATION AND RESOURCES FOR ASSISTING RHODE ISLAND CHILDREN AND THEIR FAMILIES

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Early Childhood Comprehensive Systems: Improving Outcomes for Young Children by Mitigating the impact of Toxic Stress and Trauma

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INTRODUCTION

This toolkit is a collection of resources about toxic stress and screening for toxic stress for primary care providers and their multidisciplinary teams serving young children in Rhode Island. The content is drawn from materials from the American Academy of Pediatrics as well as leading organizations pioneering research on this topic. It contains:

- Information about the negative health impacts of childhood adversity and toxic stress
- Screening tools for identifying those at highest risk for toxic stress and poor developmental and health outcomes
- An outline of resources housed electronically that medical home teams can use to assist their patients and families

It is organized to answer key questions that providers might have related to addressing toxic stress in their practices:

WHY ARE WE LOOKING AT TOXIC STRESS?

Many young children in Rhode Island are experiencing adversities that could lead to lifelong challenges with physical and mental health. This section includes:

- A definition of toxic stress and explanation of the biology of adverse experiences and trauma
- Rhode Island data showing the magnitude of challenges faced by many of our children

WHAT RISK FACTORS, SIGNS, OR SYMPTOMS ARE WE LOOKING FOR?

There are risk factors for the development of toxic stress. There are behavioral and physical signs and symptoms that may result from ongoing stress and indicate the presence of toxic stress. This section includes:

- An overview of developmental, behavioral and physical patterns that can be seen in children exposed to significant stress or trauma
- A review of the concept of resilience and protective child and family factors that can combat toxic stress

HOW DO WE SCREEN FOR AND IDENTIFY TOXIC STRESS?

Currently there are no established guidelines for the frequency or interval at which to screen children or their parents for adverse experiences or risk factors for toxic stress. However, many pediatricians around the country have implemented screening for adverse experiences and other risk factors. This section includes:

- Practical considerations for office-based toxic stress screening
- Descriptions and screenshots of screening tools and questionnaires that address adverse experiences and other risk factors for toxic stress

WHAT DO WE DO WHEN WE IDENTIFY TOXIC STRESS?

The goal of screening for toxic stress is detection early in childhood to connect children and families with resources that can address risk factors or treat symptoms of stress or trauma. This section contains:

- Resources for acting on positive screening results
- Information about and link to the medical Home Portal services directory online resources

WHY ARE WE LOOKING AT TOXIC STRESS?

DEFINING TOXIC STRESS

Stress is a part of everyday life, and most of us do not have long-lasting problems adjusting to stress. To cope with everyday events, children invoke biological, psychological, social, and/or physical-action responses. In the face of frequent or severe adverse or traumatic events, a child's mobilized responses are more likely to be ineffective, resulting in the stress response remaining active. Such prolonged activation increases the potential for enduring changes in physiologic and neurologic systems. **When such enduring changes compromise children's adaptation, we refer to this long-term series of events as *Toxic Stress*.** (Fig. # 1)

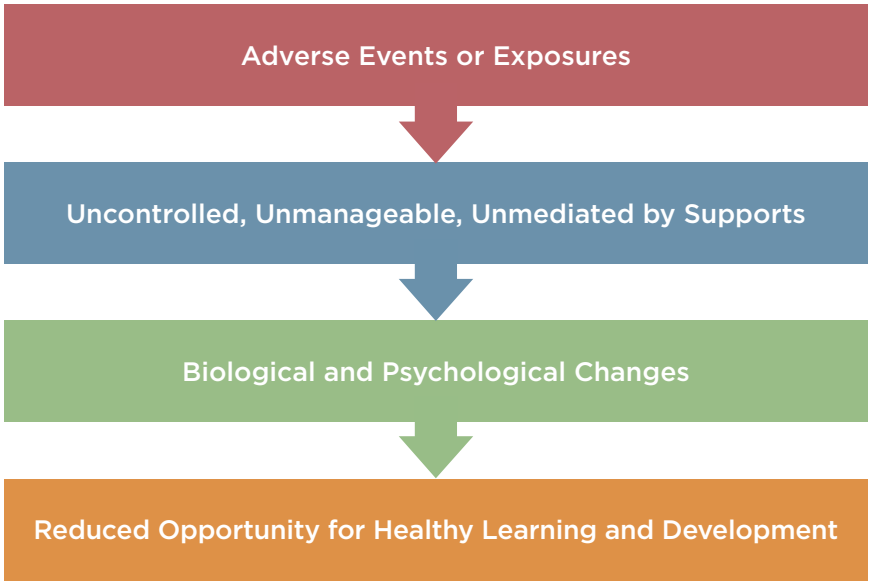

Figure 1: The Toxic Stress Cascade
http://www.health.ri.gov/publications/reports/AddressingToxicStressInRhodeIsland.pdf

A commonly used framework for discussing stress in childhood distinguishes between positive, tolerable and toxic stress as shown in Figure # 2 below. **Safe, stable and nurturing relationships** with caring adults can buffer children against toxic stress.[1]

Positive Stress	Tolerable Stress	Toxic Stress
Normal and essential part of healthy development Brief increases in heart rate and blood pressure Mild elevation in hormonal levels	Body's alert systems activated to a greater degree Activation is time-limited and buffered by a caring adult Brain and organs recover	Occurs with strong, frequent or prolonged adversity Disrupts brain architecture and other organ systems Increased risk of stress-related disease and cognitive impairment

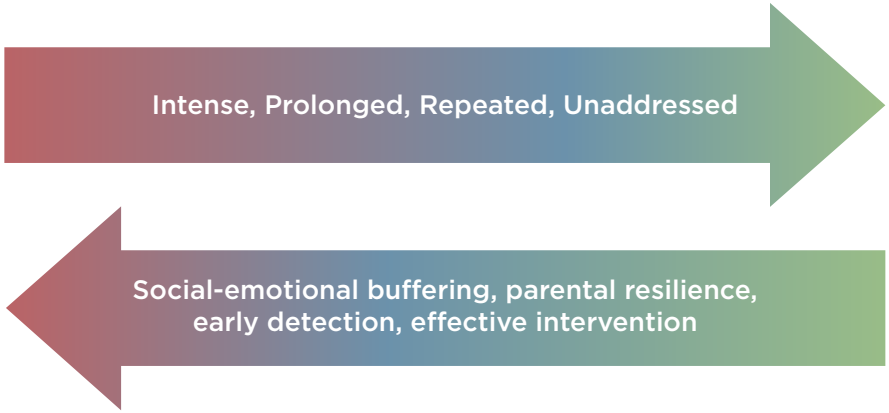

Figure 2: Responses to Stress.[1]

WHY ARE WE LOOKING AT TOXIC STRESS?

Continuous activation of the stress hormone response is the basis for the physical and behavioral symptoms of toxic stress (Fig # 3).

Stress triggers the release of hormones CRH and ACTH causing adrenal gland release of catecholamines and glucocorticoids and activation of the sympathetic nervous system which cause a variety of physiologic effects.

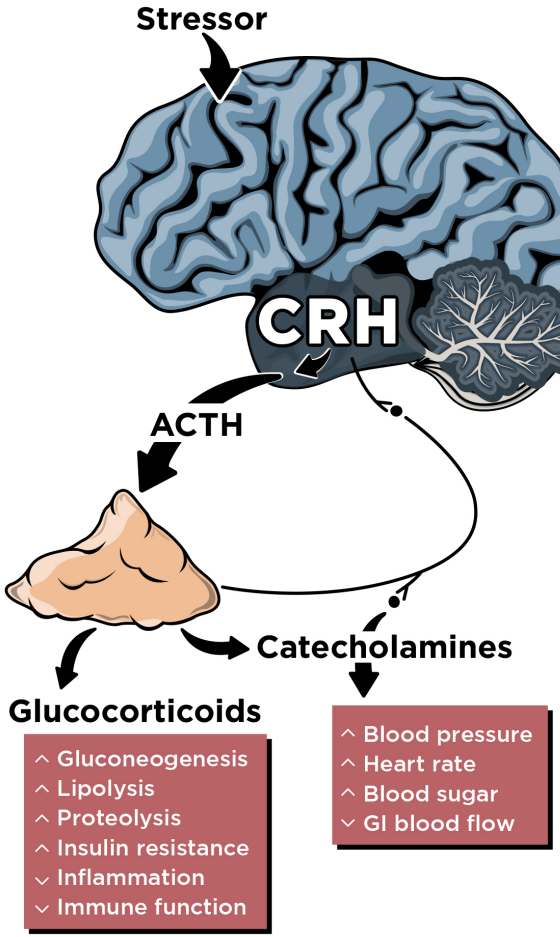

Figure 3: Stress Hormone Response

Prolonged stress can affect gene protein regulation and alter the function of neurons (Fig # 4).

Epigenetic modification occurs when early prenatal or postnatal experiences and exposures influence long-term outcomes by chemically altering the expression of genes.

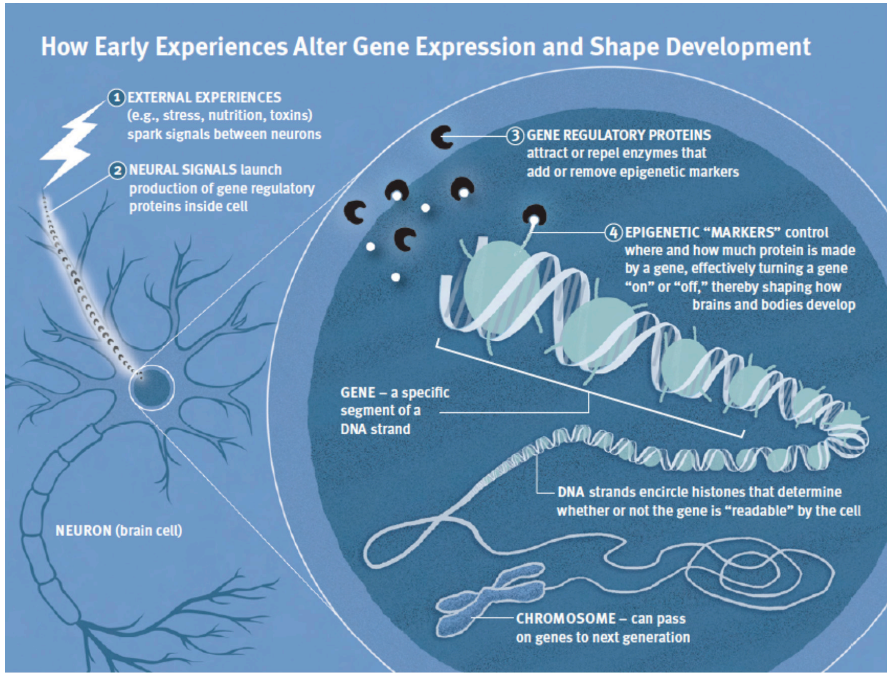

Illustration by Betsy Hayes. Credit: Center on the Developing Child at Harvard University. Retrieved from http://developingchild.harvard.edu/science/deep-dives/gene-environment-interaction/

Figure 4: Epigenetics: How the environment can affect gene production

WHY ARE WE LOOKING AT TOXIC STRESS?

ADVERSE CHILDHOOD EXPERIENCES

Studies of Adverse Childhood Experiences (ACEs) have shown that adversity in childhood greatly increases the risk for every poor health outcome studied and even for premature death in adults.[2] This pioneering research studied childhood experiences categorized as **abuse**, **neglect**, and **household dysfunction** (Fig. # 5) and found relationships between ACEs and adulthood unhealthy behaviors as well as chronic physical and mental health problems (Fig. # 6)

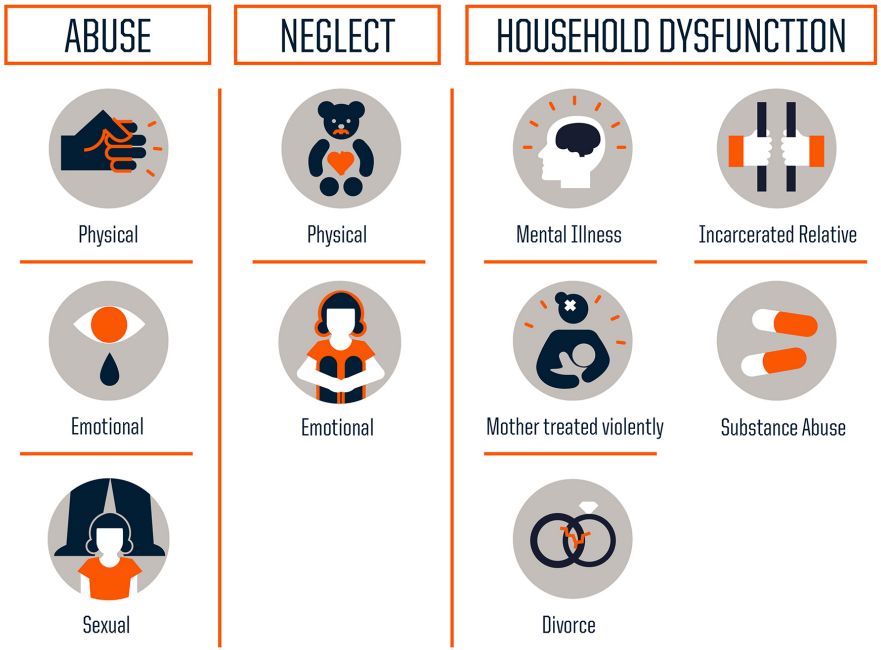

Figure 5: The Three Types of ACEs. Credit: Robert Wood Johnson Foundation Infographic: The Truth About ACEs. Retrieved from http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html#/download

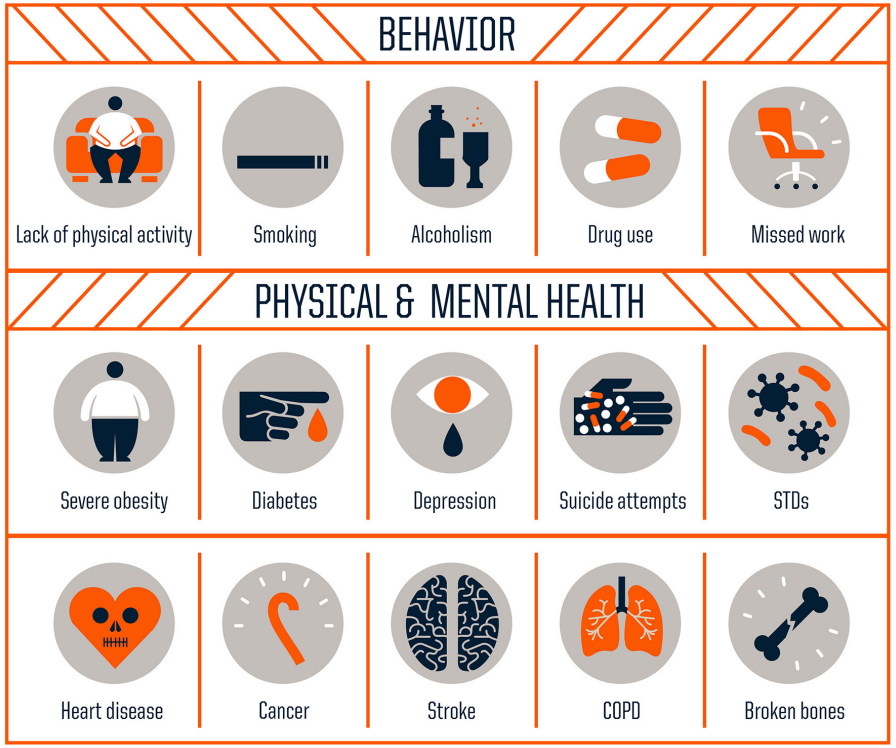

Figure 6: Possible Risk Outcomes of ACEs. Credit: Robert Wood Johnson Foundation Infographic: The Truth About ACEs. Retrieved from http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html#/download

WHY ARE WE LOOKING AT TOXIC STRESS?

The development of toxic stress includes four distinct but interrelated elements: **inputs to the individual, the individual response, consequences for the individual, and family context.**

Inputs to the Individual

- Physical or sexual maltreatment
- Caregiving neglect
- Extreme deprivation
- Witnessing violence
- Extreme family dysfunction
- Caregiver substance abuse
- Caregiver mental illness
- Environmental pollutants (i.e. lead ingestion)

Individual Response

- General health
- Temperament
- Genetic factors
- Current and past exposure to stresses
- Intensity of the events
- Persistence of the events
- Supports afforded by caregivers and others

What may be unmanageable and threatening for one child may be completely manageable and benign for another child.

Consequences for the Individual

- Physical alterations:
  - Brain architecture and connectivity
  - Gene activation and modification
  - Hormone secretion and metabolic processes
- Cognition and learning
- Psychological effects:
  - Anxiety
  - Depression
  - Social withdrawal
- Behavioral dysregulation

Family Context

- Caregiver experiences
- Caregiver response to experiences
- Caregiver supports to the child
- Cargiver promotion of resilience

Toxic stress is not permanent.

Safe, stable and nurturing relationships promote resilience.

WHY ARE WE LOOKING AT TOXIC STRESS?

ADVERSE EXPERIENCES OF RHODE ISLAND CHILDREN

Almost half of Rhode Island children experience one or more adverse childhood experiences (ACEs) and nearly one quarter experience two or more ACEs. Figure # 7 shows the proportion of Rhode Island children experiencing adverse circumstances as reported by their parents on the most recent National Survey of Children's Health. Socioeconomic hardship was the most frequently reported adverse experience (29%).

Figure 7: Rhode Island Children Experiencing Adversity

≥ 1 Adverse Childhood Experience	48%
≥ 2 Adverse Childhood Experiences	23%
Socioeconomic Hardship	29%
Parental Separation/Divorce	19%
Household Drug or Alcohol Problem	12%
Household Mental Illness	11%
Victim/Witness of Neighborhood Violence	9%
Witness Domestic Violence	7%
Parental Incarceration	5%
Experienced Racial Prejudice	3%
Death of a Parent	3%

National Survey of Children's Health 2011-12, http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

The following data details the scope of adversity faced by Rhode Island children and their families. Much of the information comes from the 2016 Rhode Island Kids Count Fact Book found at: http://www.rikidscount.org

POVERTY

- 19.8 % of RI children live in poverty according to most recent data
- 38.4% of children live in poverty in Providence, Pawtucket, Central Falls and Woonsocket
- In 2014, 19,151 children in RI lived in extreme poverty (<50% FPL), but only 7,675 received cash assistance through RI Works (Temporary Aid to Needy Families-TANF)
- Since 2008, fewer families can access TANF due to time limits on benefits-no more than 24 months of assistance within 60 months and a 48 month lifetime limit

HOUSING

- During the 2014-2015 school year, RI public schools identified 1,031 children as homeless
- In 2015, 482 families with 988 children stayed at an emergency homeless shelter, domestic violence shelter, or transitional housing facility in Rhode Island. Half (47%) of these children were under age six

WHY ARE WE LOOKING AT TOXIC STRESS?

FOOD

- In 2015, 24,227 women, infants, and children in Rhode Island were enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The program served 59% of the state's eligible women, infants, and children.
- Supplemental Nutrition Assistance Program (SNAP) is available to families with income <185% FPL. In 2015, 60,345 children under 18 received SNAP benefits (approximately 28.4 % of the RI child population).

LEAD

- There has been a significant reduction over the past three decades in the number of young children exposed to lead in Rhode Island
- However, 8.5% of our state's children are entering Kindergarten lead exposed
- Significant disparities exist between lead exposure in our poorest communities (12.5%) as compared to the remainder of the state (5.2%)

EDUCATION

- Chronic school absence (>10% days missed) in the early grades can lead to lower academic achievement
- 14% of RI children in grades K-3 were chronically absent in the 2014-2015 school year. Chronic absence was nearly twice as common in the poorest communities with 23% of children missing > 10% of school days in the core cities.
- 3rd grade reading level is a predictor of future academic success and high school graduation
- Fewer children living in the core cities are meeting 3rd grade expectations in English Language Arts (17%) as compared to the remainder of the state (47%)

ABUSE AND NEGLECT

- Almost half (46%) of the victims of child abuse and neglect in Rhode Island in 2015 were young children under age six and almost one-third (33%) were age three and younger
- In 2014, the child abuse and neglect rate for Rhode Island as a whole was 13.8 per 1,000 children under age 18. The rate in the four core cities was 20.3 per 1,000 children, compared to 10.6 per 1,000 in the remainder of the state.

PARENTAL INCARCERATION

- Of the 3,168 Rhode Island inmates awaiting trial or serving a sentence at the ACI who were surveyed as of September 2015 and answered the question on number of children, 1,870 inmates reported having 4,222 children
- In the four core cities, there was a higher rate of children with incarcerated parents (25.5/1,000) as compared with the rest of the state (6.5/1,000)

DOMESTIC VIOLENCE

- Children are exposed to domestic violence in several ways. They may witness or hear violent events, become directly involved by trying to intervene, or experience the aftermath of violence by seeing their parent's emotional and physical injuries or damage done to their homes.
- In Rhode Island in 2014, there were 5,265 domestic violence incidents that resulted in arrests, up 5% from 5,028 incidents in 2013
- Children were reported present in 35% (1,856) of incidents in 2014

WHY ARE WE LOOKING AT TOXIC STRESS?

SUBSTANCE EXPOSURE

- In Rhode Island in 2014, 97 babies were diagnosed with Neonatal Abstinence Syndrome at birth, a rate of 92.0 per 10,000 births, more than double the rate of 37.2 in 2006
- 88% of babies born with NAS between 2010 and 2014 in Rhode Island were born to white mothers and 34% lived in the four core cities and 85% had Medicaid coverage

MATERNAL DEPRESSION

- 8.8% of Rhode Island mothers were diagnosed with depression during pregnancy and, 11.2% report postpartum depressive symptoms (PRAMS 2009-2011)
- Depression during pregnancy was reported more frequently by mothers with fewer than 12 years of education, those covered by public health insurance, and those participating in the WIC program

Most Rhode Island children are accessing primary care regularly. Primary care providers can play a critical role in identifying toxic stress or its risk factors in young children

PEDIATRIC PRIMARY CARE

- **In 2014, 96.7% of Rhode Island's children under age 18 had health insurance**
- **84.4% of children under 18 in RI had a preventive visit in the past year (NSCH 11/12)**

THE ROLE OF PRIMARY CARE

AMERICAN ACADEMY OF PEDIATRICS POLICIES AND RECOMMENDATIONS

Primary care providers in medical homes are uniquely positioned to assist children and their families in identifying and addressing childhood adversity and risk factors for toxic stress.

- Pediatricians have regular contact and long-term relationships with families
- Pediatricians may be the family's only contact with a health care provider of any kind
- Pediatricians have an opportunity to identify problems and link children and families to much-needed resources

The American Academy of Pediatrics (AAP) has released recommendations and policy statements addressing toxic stress as well as poverty, child maltreatment, and behavioral and emotional problems.[3,4,5,6,7,8]

TOXIC STRESS

The AAP encourages pediatric providers to:

- Develop a screening schedule that uses age-appropriate, standardized tools to identify factors that put children at risk for toxic stress that are highly prevalent or relevant to their particular practice setting (eg, maternal depression, parental substance abuse, domestic or community violence, food scarcity, poor social connectedness)
- Provide anticipatory guidance to support children's emerging social-emotional-linguistic skills and to encourage the adoption of positive parenting techniques
- Consider participating in innovative service-delivery adaptations that expand the ability of the medical home to support children at risk
- Identify local resources that address those risks for toxic stress that are prevalent in their communities

WHY ARE WE LOOKING AT TOXIC STRESS?

The AAP policy statement *Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health* can be found at: http://pediatrics.aappublications.org/content/pediatrics/129/1/e224.full.pdf

The accompanying technical report *The Lifelong Effects of Early Childhood Adversity and Toxic Stress* can be found at: http://pediatrics.aappublications.org/content/pediatrics/129/1/e232.full.pdf

POVERTY

The AAP recommends that pediatric providers and care teams:

- Screen patients and their families for poverty related risk factors and basic needs such as food, housing, and heat
- Identify community resources to link families for services such as: cash assistance, health insurance coverage, child care assistance and Head Start or Early Head Start enrollment, nutrition support through the WIC program, and home visiting programs

The AAP policy statement *Poverty and Child Health in the United States* can be found at: http://pediatrics.aappublications.org/content/pediatrics/early/2016/03/07/peds.2016-0339.full.pdf

The accompanying technical report *Mediators and Adverse Effects of Child Poverty in the United States* can be found at: http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0340

SCREENING FOR BEHAVIORAL AND EMOTIONAL PROBLEMS

The clinical report focuses on the need to increase behavioral screening and offers suggestions for changes in practice and the health system, as well as the research needed to accomplish this. The report includes:

- An outline of steps that practices can take to implement behavioral and emotional screening:
  - Readying the practice
  - Identifying resources
  - Establishing office routines for screening and surveillance
  - Tracking referrals
  - Seeking payment
  - Fostering collaboration
- A table of behavioral and emotional screening measures for use in primary care in the public domain

The AAP clinical report *Promoting Optimal Development: Screening for Behavioral and Emotional Problems* can be found at: http://pediatrics.aappublications.org/content/pediatrics/135/2/384.full.pdf

CHILD MALTREATMENT

This clinical report explains how pediatricians can:

- Identify family strengths
- Recognize risk factors for child maltreatment
- Provide helpful guidance
- Refer families to programs and other resources with the goal of strengthening families, preventing child maltreatment, and enhancing child development

Also included in the report are examples of office-based and community-based prevention and intervention programs and guidance for pediatricians on incorporating child maltreatment prevention into the health supervision visit.

The AAP clinical report *The Pediatrician's Role in Child Maltreatment Prevention* can be found at: http://pediatrics.aappublications.org/content/pediatrics/126/4/833.full.pdf

SYMPTOMS OF STRESS OR TRAUMA

What does toxic stress look like and how does it present in the pediatric office?

- Significant child or family stress may go undetected if it has not been prolonged or if family supports are buffering the negative effects of stress. Screening early affords an opportunity to address the climate inside a family or household and offer family supports to reduce stress.
- Prolonged or significant stress can lead to behaviors or symptoms in pediatric patients and/or in their caregivers. When parents are struggling to meet basic needs, survive and/or have experienced a lifetime of stress, the social-emotional needs of young children can go un-prioritized and often unmet.
- Responses to maltreatment and other significant events can present immediately (behavioral indicators, emotion regulation problems, physical well-being) or can have longer term impact (e.g., relationship problems, substance dependency, etc.)
- Risks, when manifested, become significant for future generations via parenting practices, presence of risk factors, emotional climate, or chronic illness

Table 1 displays some of the symptoms which can be associated with traumatic experiences. When a child presents with such symptoms, eliciting a medical or social history of significant or prolonged stress can assist in developing an optimal treatment plan. Conversely, if it is known that a child has endured significant stress or trauma, asking about symptoms affecting sleep, appetite, or toileting are particularly relevant. Discussing the link between stress and bodily functions in children can help caregivers understand and feel better equipped to address these symptoms.

Table 1: Response to Trauma: Bodily Functions

Response to Trauma: Bodily Functions		
Function	**Central Cause**	**Symptom(s)**
Sleep	Stimulation of reticular activating system	1. Difficulty falling asleep 2. Difficulty staying asleep 3. Nightmare
Eating	Inhibition of satiety center, anxiety	1. Rapid eating 2. Lack of satiety 3. Food hoarding 4. Loss of appetite
Toileting	Increased sympathetic tone, increased catecholamines	1. Constipation 2. Encopresis 3. Enuresis 4. Regression of toileting skills

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf

EFFECTS OF TRAUMA ON LEARNING AND DEVELOPMENT

How is screening for toxic stress related to developmental screening?

To have the greatest impact, screening for toxic stress, like developmental screening, should begin in early childhood during windows of opportunity – crucial periods when significant brain development is occurring. Developmental screening aims to identify potential areas of concern in domains of milestone acquisition. Screening for toxic stress can identify factors impacting developmental progress (including environmental exposures like lead), especially if there are concerns for developmental delay.

Stress and trauma can impact development and learning by interfering with working memory, inhibitory control, and cognitive flexibility (Table 2). These "executive function" skills are acquired at a critical time in early childhood and lay the foundation for future learning and academic achievement. Identifying challenges early offers the best opportunity for providing effective resources and supports.

Table 2: Response to Trauma: Development and Learning

Response to Trauma: Development and Learning			
Age	**Impact on Working Memory**	**Impact on Inhibitory Control**	**Impact on Cognitive Flexibility**
Infant / toddler / pre-schooler	- Difficulty acquiring developmental milestones	- Frequent severe tantrums - Aggressive with other children - Attachment may be impacted	- Easily frustrated
School-aged child	- Difficulty with school skill acquisition - Losing details can lead to confabulation, viewed by others as lying	- Frequently in trouble at school and with peers for fighting and disrupting	- Organizational difficulties - Can look like learning problems or ADHD
Adolescent	- Difficulty keeping up with material as academics advance - Trouble keeping school work and home life organized - Confabulation increasingly interpreted by others as integrity issue	- Impulsive actions which can threaten health and well-being - Actions can lead to involvement with law enforcement and increasingly serious consequences	- Difficulty assuming tasks of young adulthood which require rapid interpretation of information: ie, driving, functioning in workforce

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf

RESILIENCE

How is resilience related to toxic stress?

The American Academy of Pediatrics defines resilience as: the process by which a person moves through a traumatic event, utilizing various protective factors for support, and returning to "baseline" in terms of an emotional and physiologic response to the stressor. Resilience provides a buffer between the person and the traumatic event, mitigating the negative effects that could result, such as physical, emotional, and behavioral health issues that can last even into adulthood. (AAP - The Resilience Project)

- *Resilience can be fostered and developed through the cultivation of one's protective factors. The presence of protective factors can mitigate the negative effects of toxic stress.*
- *For children, protective factors include parental resilience, social connections, concrete/tangible help in times of need, parent knowledge of child development, and social and emotional competence of the child*
- *Many studies show that the primary factor in resilience is having **caring and supportive relationships within and outside the family.** Relationships that create love and trust, provide role models and offer encouragement and reassurance help bolster a person's resilience.*[9]

A goal in identifying risk factors for toxic stress is to also identify child and family strengths and other sources of family and community supports that can foster resilience and thriving.

HOW DO WE IDENTIFY TOXIC STRESS?

WHO TO SCREEN AND WHEN?

Optimal timing and intervals for screening for adverse experiences and toxic stress in children and families have not been established. Screening tools or questionnaires can identify risk factors for toxic stress. Some screening tools can also identify behavioral or physical symptoms that may be indicative of toxic stress or trauma. Pediatricians across the country are utilizing a variety of approaches in addressing toxic stress in their practices. Some practices are screening for parent ACEs while others are screening pediatric patients exclusively. While screening for difficulties early in infancy makes sense intuitively, providers may prefer to screen later in infancy based on the workflow of the well visit. Also, screening tools vary in the types of questions included. Some tools focus on basic needs, some on traumatic events, and some address resiliency and protective factors.

In planning an approach to screening for toxic stress, providers might want to consider some practical issues:

- How to explain concepts like ACEs and toxic stress and the rationale for screening to families
- Who to screen: parents, patients, or both
- When to screen: first visit, or a visit after parents have adjusted to the routine of a new baby and have established a relationship with the provider or, at particular ages
- Screening frequency: only once, annually, or some other interval
- What resources are available to address identified needs

CPT code 99420: ***Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)*** is applicable to screening for toxic stress. Insurance payment may vary, but coding is an important way to track the number and outcome of screenings. This practice data can help make the case to insurers of the importance of and need for payment for this important screening.

CPT code 96127 ***Brief emotional/behavioral assessment with scoring and documentation*** is for use only with standardized screening tools (e.g. Vanderbilt Assessment Scales, Pediatric Symptom Checklist, PHQ-9 Depression screening tool)

The following are brief descriptions of screening tools or questionnaires that address poverty related factors, social determinants of health, or other risk factors for toxic stress. Some also address protective factors and resilience. This list is not exhaustive and is meant to provide examples of available screening tools. For specific scoring and interpretation instructions as well as how to obtain copies please refer to the developer website.

The Experience Screen: Developed by the Rhode Island Toxic Stress project team, this tool includes questions about basic needs and past experiences for both children and parents. The screening tool has been piloted by the First Connections family visiting program. It is freely available for use. http://www.health.ri.gov/programs/detail.php?pgm_id=1075

The Survey of Wellbeing of Young Children (SWYC): is a freely-available, comprehensive screening instrument for children under 5 years of age used widely in RI. It includes sections on developmental milestones, behavioral/emotional development, and family risk factors such as household tobacco, alcohol and drug use, food insecurity, caregiver depression, and household conflict. https://sites.google.com/site/swycscreen/home

ACE Q: The Adverse Childhood Experiences Questionnaire (ACE Q) and User Guide (CYW ACE-Q) is freely available to pediatric offices however, it does require log-in for ascertainment. The CYW ACE-Q is administered by a health care professional and is completed confidentially by parents and caregivers of children from 0 to 19 years old or by adolescents ages 13 to 19. The User Guide offers background information on the original ACE study findings, the rationale for screening in children, along with suggestions on how to present and score the CYW ACE-Q. http://www.centerforyouthwellness.org/healthcare-professionals/

SEEK PQ: The Safe Environment for Every Kid Parent Questionnaire (SEEK PQ) screens for common problems that are risk factors for child maltreatment: maternal depression, alcohol and substance abuse, intimate partner (or domestic) violence, harsh parenting, major parental stress, and, food insecurity. For those interested in implementing SEEK, the University of Maryland requires a signed User Agreement which describes the University's copyright ownership and terms for using the copyrighted information. http://theinstitute.umaryland.edu/frames/seek.cfm

HOW DO WE IDENTIFY TOXIC STRESS?

WE CARE: This screening tool is a component of the Well-child Care Visit, Evaluation, Community Resources, Advocacy, Referral, Education project. The tool screens for ten family psychosocial problems: lack of high school education, unemployment, smoking, drug abuse, alcohol abuse, depression, intimate partner violence, child care need, homelessness, and inadequate food supply. http://api.ning.com/files/JXndiEzV63s0hlzerJdlVgjpY1dX1*yaMqRYwjuPbr58TTZ*ggm8lhfcTv7g8kSD8nKFY0JkbpsdKIAXVzklpdW92BeC7Nyd/Pediatrics2007Garg54758.pdf

Family Psychosocial Screen: The Bright Futures™ Pediatric Intake Form, also known as the Family Psychosocial Screen, as a whole can help the primary care health professional develop a general understanding of the history, functioning, questions, and concerns of each family. Areas of the screener can be scored to provide further insight into specific areas of a family's functioning: parental depression, parental substance use, domestic violence, parental history of abuse, and family social support. http://brightfutures.org/mentalhealth/pdf/professionals/ped_intake_form.pdf

I HELLP Social History Questions: Adapted from the National Center for Medical-Legal Partnership, screens for family income, housing, education, legal status, literacy, and personal safety. This screening tool is being promoted by the AAP FACE poverty campaign which encourages pediatricians to screen for social determinants of health. http://www2.aap.org/sections/ypn/r/advocacy/facepoverty.html http://www2.aap.org/sections/ypn/r/advocacy/IHELLPPocketCard.pdf

Protective Factors Survey: An instrument to assess protective factors in high-risk families is available through the FRIENDS National Resource Center. The Protective Factor Survey is used to assess current status as well as change over time in family resiliency, social connectedness, quality of attachment, and knowledge of child development. http://friendsnrc.org/protective-factors-survey

Resilience Questionnaire: This tool developed by Dr. and Mrs. Burtt and Gladys Richardson from Resilience Trumps Aces assesses for parental resilience and support systems. http://www.healthycommunitiesme.org/assets/files/Healthy%20Start/ARCPamphlet(1).pdf

SAMPLE SCREENING TOOLS AND QUESTIONNAIRES

Experience Screen

This is a questionnaire about life events that can be very stressful. These life events can affect families and young children. If you have experienced any of these and are concerned about them, we will try to help.

- First, please check if you have experienced any of the below items

	Have you ever….	Yes	No
1	Had difficulty with (worried about, no money for, felt unsafe):		
	food		
	housing		
	heat		
	clothing		
	getting help when you were sick		
	work or school		
2	Lived in a house that had lead, cockroaches, mice, or tobacco smoke		
3	Experienced a serious accident, injury, or disaster (such as a car accident, house fire, near drowning, animal attack, or something else)		
4	Experienced a serious loss or separation from a family member or person close to you (such as the person died, divorce, left the country, incarceration, foster placement, or something else)		
5	Drunk alcohol or used drugs more than you or anyone else in your home meant to		
6	Witnessed violence or physical abuse other than on TV (such as seeing a person hit, beat-up, shoot, or injure another person)		
7	Experienced violence or physical abuse (such as being hit, beat-up, shot, or being injured in another way)		
8	Witnessed sexual abuse or sexual assault (such as seeing someone else receive an unwanted sexual act, raped, attempted rape, or some other form of sexual assault)		
9	Experienced sexual abuse or sexual assault (such as an unwanted sexual act, rape, attempted rape, or some other form of sexual assault)		
10	Do any of the above experiences continue to upset you or cause you to be afraid of being hurt?		
11	Do you often feel under extreme stress?		

- Next, please check if any of your children have experienced any of the below items

	Have any of your children ever….	Yes	No
1	Not had good enough (worried about, no money for, felt unsafe):		
	food		
	housing		
	heat		
	clothing		
	getting help when they were sick		
	work or school		
2	Lived in a house that had lead, cockroaches, mice, or tobacco smoke		
3	Experienced a serious accident, injury, or disaster (such as a car accident, house fire, near drowning, animal attack, or something else)		
4	Experienced a serious loss or separation from a family member or person close to them (such as the person died, divorce, left the country, incarceration, foster placement, or something else)		
5	Drunk alcohol or used drugs more than they or anyone else in their home meant to		
6	Witnessed violence or physical abuse other than on TV (such as seeing a person hit, beat-up, shoot, or injure another person)		
7	Experienced violence or physical abuse (such as being hit, beat-up, shot, or being injured in another way)		
8	Witnessed sexual abuse or sexual assault (such as seeing someone else receive an unwanted sexual act, raped, attempted rape, or some other form of sexual assault)		
9	Experienced sexual abuse or sexual assault (such as an unwanted sexual act, rape, attempted rape, or some other form of sexual assault)		
10	Do any of the above experiences continue to upset your child or cause them to be afraid of being hurt?		
11	Do you think any of your children are often under extreme stress?		

Rhode Island Toxic Stress Screening Tool Tool in Development; 09/2015 Draft

HOW DO WE IDENTIFY TOXIC STRESS?

SWYC: 2 months

1 months, 0 days to 3 months, 31 days
V1.03, 10/7/15

Child's Name:
Birth Date:
Today's Date:

DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Makes sounds that let you know he or she is happy or upset	0	1	2
Seems happy to see you	0	1	2
Follows a moving toy with his or her eyes	0	1	2
Turns head to find the person who is talking	0	1	2
Holds head steady when being pulled up to a sitting position	0	1	2
Brings hands together	0	1	2
Laughs	0	1	2
Keeps head steady when held in a sitting position	0	1	2
Makes sounds like "ga," "ma," and "ba"	0	1	2
Looks when you call his or her name	0	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2

********** Please continue on the back **********

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	○	○	○
Do you have any concerns about your child's behavior?	○	○	○

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone smoke tobacco at home?	Y	N
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	Y	N
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	Y	N
4 Has a family member's drinking or drug use ever had a bad effect on your child?	Y	N
5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	Y	N

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	○	○	○	○
7 Feeling down, depressed, or hopeless?	○	○	○	○

8 In general, how would you describe your relationship with your spouse/partner?	No tension ○	Some tension ○	A lot of tension ○	Not applicable ○
9 Do you and your partner work out arguments with:	No difficulty ○	Some difficulty ○	Great difficulty ○	Not applicable ○

HOW DO WE IDENTIFY TOXIC STRESS?

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box. ☐

Section 1. *At any point since your child was born…*

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box. ☐

Section 2. *At any point since your child was born…*

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

Table 3 is the Symptom Checklist used at the Center for Youth Wellness when administering the ACE-Q

Table 3: Symptomatology Accompanying Adverse Childhood Experiences (ACE) Screening

Symptomatology check-list
❑ Sleep disturbance
❑ Weight gain or loss
❑ Failure to thrive
❑ Enuresis, encopresis
❑ Constipation
❑ Hair loss
❑ Poor control of chronic disease (e.g. asthma, diabetes)
❑ Developmental regression
❑ School failure or absenteeism
❑ Aggression
❑ Poor impulse control
❑ Frequent crying
❑ Restricted affect or numbing
❑ Unexplained somatic complaints (e.g., headache or abdominal pain)
❑ Depression
❑ Anxiety
❑ Interpersonal conflict

The Parent Screening Questionnaire

SEEK
Safe Environment for Every Kid

Dear Parent or Caregiver: Being a parent is not always easy.

We want to help families have a safe environment for kids. So, we're asking everyone these questions. They are about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Child's Name: _____ Today's Date: ___/___/____
Child's Date of Birth: __/___/____

PLEASE CHECK

▫ Yes	▫ No	Do you need the phone number for Poison Control?
▫ Yes	▫ No	Do you need a smoke detector for your home?
▫ Yes	▫ No	Does anyone smoke tobacco at home?
▫ Yes	▫ No	In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more?
▫ Yes	▫ No	In the last year, did the food you bought just not last and you didn't have money to get more?
▫ Yes	▫ No	Do you often feel your child is difficult to take care of?
▫ Yes	▫ No	Do you sometimes find you need to hit/spank your child?
▫ Yes	▫ No	Do you wish you had more help with your child?
▫ Yes	▫ No	Do you often feel under extreme stress?
▫ Yes	▫ No	In the past month, have you often felt down, depressed, or hopeless?
▫ Yes	▫ No	In the past month, have you felt very little interest or pleasure in things you used to enjoy?
▫ Yes	▫ No	In the past year, have you been afraid of your partner?
▫ Yes	▫ No	In the past year, have you had a problem with drugs or alcohol?
▫ Yes	▫ No	In the past year, have you felt the need to cut back on drinking or drug use?
▫ Yes	▫ No	Are there any other problems you'd like help with today?

Please give this form to the doctor or nurse you're seeing today. Thank you!

Resilience Score

Please answer the questions below using the following scoring guide:

0	1	2	3	4
Definitely Not True	Probably Not True	Not Sure	Probably True	Definitely True

1. I believe my mother loved me when I was little. **0 1 2 3 4**
2. I believe that my father loved me when I was little. **0 1 2 3 4**
3. When I was little, other people helped my parents take care of me and they seemed to love me. **0 1 2 3 4**
4. I've heard that when I was an infant, someone in my family enjoyed playing with me and I enjoyed it too. **0 1 2 3 4**
5. When I was a child, there were relatives in my family who helped me feel better when I was sad or worried. **0 1 2 3 4**
6. When I was a child, neighbors or my friends' parents seemed to like me. **0 1 2 3 4**
7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me. **0 1 2 3 4**
8. Someone in my family cared about how I was doing in school. **0 1 2 3 4**
9. My family, friends neighbors and friends talked about making our lives better. **0 1 2 3 4**
10. We had rules in our house and were expected to keep them. **0 1 2 3 4**
11. When I felt really bad, I could almost always find someone I trusted to talk to. **0 1 2 3 4**
12. As a youth, people noticed that I was capable and could get things done. **0 1 2 3 4**
13. I was independent and a go-getter. **0 1 2 3 4**
14. I believe that life is what you make it. **0 1 2 3 4**
15. There are people I can count on now in my life. **0 1 2 3 4**

Total Score: _____

HOW DO WE IDENTIFY TOXIC STRESS?

WE CARE SURVEY

Our goal at the Harriet Lane Clinic is to provide the best possible care for your child and family. We would like to make sure that you know all the resources that are available to you for <u>your</u> problems. Many of these resources are free of charge. Please answer each question with an "X" and hand it in to your child's doctor at the beginning of the visit. Thank You!

1. Do you have a high school degree?

YES ☐

NO ☐ **If NO, would you like help to get a GED?** → YES ☐ NO ☐ MAYBE LATER ☐

2. Do you have a job?

YES ☐

NO ☐ **If NO, would you like help with finding employment?** → YES ☐ NO ☐ MAYBE LATER ☐

3. Do you smoke cigarettes?

YES ☐ **If YES, would you like help to quit?** → YES ☐ NO ☐ MAYBE LATER ☐

NO ☐

4. Do you or does anyone else in your home use drugs?

YES ☐ **If YES, would you like help with it?** → YES ☐ NO ☐ MAYBE LATER ☐

NO ☐

5. Do you or does anyone else in your home have a problem with alcohol?

YES ☐ **If YES, would you like help with it?** → YES ☐ NO ☐ MAYBE LATER ☐

NO ☐

6. Are you feeling sad or hopeless a lot of the time?

YES ☐ **If YES, would you like help with it?** → YES ☐ NO ☐ MAYBE LATER ☐

NO ☐

7. Does your partner hit or verbally abuse you? YES NO MAYBE LATER

YES ☐ **If YES, would you like help?** → ☐ ☐ ☐

NO ☐

8. Do you need daycare for your child? YES NO MAYBE LATER

YES ☐ **If YES, would you like help finding it?** → ☐ ☐ ☐

NO ☐

9. Do you think you are at risk of becoming homeless? YES NO MAYBE LATER

YES ☐ **If YES, would you like help with this?** → ☐ ☐ ☐

NO ☐

10. Do you need help in getting food by the end of the month? YES NO MAYBE LATER

YES ☐ **If YES, would you like help with this?** → ☐ ☐ ☐

NO ☐

In case your child's doctor cannot address all these issues at this visit, please rank the 3 items that you wish to talk about in order of importance.

1.

2.

3.

Most important ↓ **Least important**

BRIGHT FUTURES TOOL FOR PROFESSIONALS

Pediatric Intake Form

Our practice is dedicated to providing the best possible care for your child. In order for us to serve you better, please take a few minutes to answer the following questions. Your answers will be kept strictly confidential as part of your child's medical record. Ongoing evaluations of our care may involve chart reviews by qualified persons, but neither your name nor your child's name will ever appear in any reports.

Circle either the word or the letter for your answer where appropriate. Fill in answers where space is provided.

Child's Name _____ Today's Date _____

Are you the child's
A. Mother D. Foster parent G. Self (*Are you the patient?*)
B. Father E. Other relative
C. Grandparent F. Other

How many times have you moved in the last year? _____ times

Where is the child living now?
A. House or apartment with family C. Shelter D. Other
B. House or apartment with relatives or friends

Besides you, does anyone else take care of the child? If yes, who? _____ Yes No

Has child received health care elsewhere? If yes, what? _____ Yes No

Does the child have any allergies to any medications? If yes, what? _____ Yes No

Has the child received any immunizations? Which ones? _____ Where? _____ Yes No

Has the child ever been hospitalized? When? _____ Where? _____ Why? _____ Yes No

How would you rate this child's health in general?
A. Excellent B. Good C. Fair D. Poor

Do you have any concerns about your child's behavior or development? If yes, what? _____ Yes No

What are your main concerns about your child?

How old are you? _____ years old

Are you
A. Single D. Divorced
B. Married E. Other
C. Separated

What is the highest grade you have completed?
1 2 3 4 5 6 7 8 9 10 11 12 (High School/GED) 13 14 15 16 17 18 19
Some college or vocational school College graduate Postgraduate

FAMILY MEDICAL HISTORY

Do the child's mother, father, or grandparents have any of the following? If yes, who?

Yes No High blood pressure _____
Yes No Diabetes _____
Yes No Lung problems (asthma) _____
Yes No Heart problems _____
Yes No Miscarriages _____
Yes No Learning problems _____
Yes No Nerve problems _____
Yes No Mental illness (depression) _____
Yes No Drinking problems _____
Yes No Drug problems _____
Yes No Other _____

FAMILY HEALTH HABITS

How often does your child use a seatbelt (carseat)?
A. Never B. Rarely C. Sometimes D. Often E. Always

Does your child ride a bicycle? If yes, how often does he/she use a helmet?
A. Never B. Rarely C. Sometimes D. Often E. Always
Yes No

Do you feel that you live in a safe place? Yes No

In the past year, have you ever felt threatened in your home? Yes No

In the past year, has your partner or other family member pushed you, punched you, kicked you, hit you, or threatened to hurt you? Yes No

What kind of guns are in your home?
A. Handgun B. Shotgun C. Rifle D. Other_____ E. None

If you have a gun at home, is it locked up? N/A Yes No

Does anyone in your household smoke? Yes No

Do you currently smoke cigarettes? If yes, how many cigarettes do you smoke per day? _____cigarettes/day Yes No

(continued on next page)

Pediatric Intake Form (continued)

DRINKING AND DRUGS

In the past year have you ever had a drinking problem? Yes No

Have you tried to cut down on alcohol in the past year? Yes No

How many drinks does it take for you to get high or get a buzz? 1 2 3 4 5 6 7 or more

Do you ever have five or more drinks at one time? Yes No

Have you ever had a drug problem? Yes No

Have you used any drugs in the last 24 hours? If yes, which one(s) Yes No
Cocaine Heroin Methadone Speed Marijuana Other: _____

Are you in a drug or alcohol recovery program now? If yes, which one(s) _____ Yes No

Would you like to talk with other parents who are dealing with alcohol or drug problems? Yes No

WHEN YOU WERE A CHILD

Did either parent have a drug or alcohol problem? Yes No

Were you raised part or all of the time by foster parents or relatives (other than your parents)? Yes No

How often did your parents ground you or put you in time out?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often did your parents ridicule you in front of friends or family?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often were you hit with an object such as a belt, board, hairbrush, stick, or cord?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often were you thrown against walls or down stairs?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

Do you feel you were physically abused? Yes No

Do you feel you were neglected? Yes No

Do you feel you were hurt in a sexual way? Yes No

Did your parents ever hurt you when they were out of control? Yes No

Are you ever afraid you might lose control and hurt your child? Yes No

Would you like more information about free parenting programs, parent hotlines, or respite care? Yes No

Would you like information about birth control or family planning? Yes No

FAMILY ACTIVITIES

How strong are your family's religious beliefs or practices?
A. Very strong B. Moderately strong C. Not strong D. N/A

Do you have a religious affiliation? If so, what is your religion? _____

How often do you read bedtime stories to your child?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often does your family eat meals together?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

What does your family do together for fun? _____

How often in the last week have you felt depressed?
0 1–2 3–4 5–7 days

In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed? Yes No

Have you had two or more years in your life when you felt depressed or sad most days, even if you felt OK sometimes? Yes No

HELP AND SUPPORT

Whom can you count on to be dependable when you need help (just write their initials and their relationship to you):
A. No one D. _____ G. _____
B. _____ E. _____ H. _____
C. _____ F. _____ I. _____

How satisfied are you with their support?
A. Very satisfied C. A little satisfied E. Fairly dissatisfied
B. Fairly satisfied D. A little dissatisfied F. Very dissatisfied

Who accepts you totally, including both your best and worst points?
A. No one D. _____ G. _____
B. _____ E. _____ H. _____
C. _____ F. _____ I. _____

How satisfied are you with their support?
A. Very satisfied C. A little satisfied E. Fairly dissatisfied
B. Fairly satisfied D. A little dissatisfied F. Very dissatisfied

Whom do you feel truly loves you deeply?
A. No one D. _____ G. _____
B. _____ E. _____ H. _____
C. _____ F. _____ I. _____

How satisfied are you with their support?
A. Very satisfied C. A little satisfied E. Fairly dissatisfied
B. Fairly satisfied D. A little dissatisfied F. Very dissatisfied

Source: Adapted, with permission, from Kemper KJ, Kelleher KJ. 1996. Family psychosocial screening: Instruments and techniques. *Ambulatory Child Health* 1:325–339. (*Ambulatory Child Health* published by Blackwell Science, http://www.blacksci.co.uk.)

PROTECTIVE FACTORS SURVEY

Page 2

Part I. Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please *circle* the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

This survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.

PROTECTIVE FACTORS SURVEY

Page 3

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or **DOB** ____/____/____

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

This survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service through funding provided by the US Department of Health and Human Services.

HOW DO WE IDENTIFY TOXIC STRESS?

IHELLP® Social History Questions

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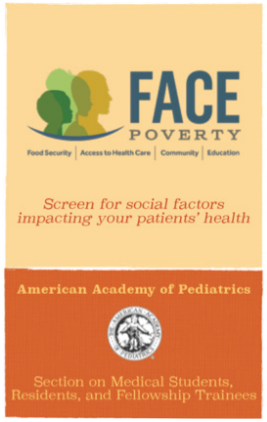
Domain	Example Questions
Income	
General	Do you ever have trouble making ends meet?
Food Income	Do you ever have a time when you don't have enough food? Do you have WIC? Food Stamps?
Housing	
Housing	Is your housing ever a problem for you?
Utilities	Do you ever have trouble paying your electric/heat/telephone bill?
Education	
Appropriate Education Placement	How is your child doing in school? Is he/she getting the help to learn what he/she needs?
Early Childhood Program	Is your child in Head Start, preschool, or early childhood enrichment?
Legal Status	
Immigration	Do you have questions about your immigration status? Do you need help accessing benefits or services for your family?
Literacy	
Child Literacy	Do you read to your child every night?
Parent Literacy	How happy are you with how you read?
Personal Safety	
Domestic Violence	Have you ever taken out a restraining order? Do you feel safe in your relationship?
General Safety	Do you feel safe in your home? In your neighborhood?



WHAT DO WE DO WHEN WE IDENTIFY TOXIC STRESS?

A PUBLIC HEALTH APPROACH

A critical aspect of implementing a screening process for toxic stress involves planning for conversations about results with families and gathering the resources that will be needed to address issues identified. From a population or public health standpoint, screening all children can over time raise the collective community awareness of the importance of environmental and social influences on child well-being.

Because the essence of toxic stress is the absence of buffers needed to return the physiologic stress response to baseline, the primary prevention of its adverse consequences includes those aspects of routine anticipatory guidance that strengthen a family's social supports, encourage a parent's adoption of positive parenting techniques, and facilitate a child's emerging social, emotional, and language skills.

Figure # 8 displays one possible population health approach to toxic stress screening.

Figure 8: A Public Health Approach to Toxic Stress

Adapted from: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Social-Emotional-Safety-Net-Diagram.aspx

WHAT DO WE DO WHEN WE IDENTIFY TOXIC STRESS?

RESOURCES FOR PRACTICES

Identifying families experiencing Toxic Stress can be unsettling since finding solutions isn't always clear cut and each family has unique needs and strengths. Helping families identify supports is critical. Pediatricians cannot be expected to have all of the answers but can be supportive in partnering with families to explore solutions to their needs. A discussion around survey results or toxic stress symptoms is an important opportunity for providers to build relationships, educate families and provide resources. Providers can join with families by acknowledging "You are not alone, it is not your fault, and I will help."

EXPLAINING TOXIC STRESS SCREENING AND RESULTS TO FAMILIES

Practices choosing to screen for toxic stress may want to have printed materials or scripts for office staff that can be used to explain to caregivers the concepts of toxic stress and its impact on healthy development. Below are examples of how practices can frame toxic stress screening for their families:

Figure 9: Examples of how to explain Toxic Stress screening to families

To the parents in my practice,
None of us grew up in a perfect family. Some of us, however, grew up in very dysfunctional or unsafe homes. As your pediatrician, it is helpful for me to know specifically what you experienced while growing up. It helps me to better think about how to support your own parenting skills through what might be challenging times or experiences. For example, if you grew up in a household where you did not have enough to eat, will that make it harder to know how much your child should eat at any given age? If you were physically abused as a child how will you feel or react when your toddler hits you out of frustration or anger?

***AND**, it is also very important to know that an unsafe or dysfunctional home is only part of anyone's story. We also know that resilience, the ability to 'bounce back', is just as important as adversity. On the reverse side of this letter is a questionnaire asking about your own Adverse Childhood Experiences (ACEs) followed by a questionnaire about resilience. Thank your for sharing this information with me. Your personal information will be kept confidential. We will track overall information in order to make decisions about services to offer within the clinic. For more information about ACEs and the importance of resilience, the following websites may be helpful: acestudy.org; resiliencetrumpsaces.org*

Sample Script
New research has shown that children's exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. As a result, at this clinic we now screen all of our patients for Adverse Childhood Experiences. Once again, you don't have to tell us which ones your child experienced, only how many. I'd like to take a moment to review your responses.

(Caregiver answers no and that the patient is doing fine)

We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child's body makes and this can increase their risk for health and developmental problems. At this time, it doesn't seem like [Child's Name] is experiencing those issues, but if, in the future, s/he does start showing symptoms, please let us know because early intervention can lead to better outcomes.

WHAT DO WE DO WHEN WE IDENTIFY TOXIC STRESS?

MATERIALS FOR PRIMARY CARE PROVIDERS

The following is a list of materials and handouts for families and information about types of interventions for Toxic Stress for primary care providers. It is adapted from materials created by the AAP Early Brain and Child Development (EBCD) Initiative.

Universal, Primary **PREVENTIONS** for Toxic Stress

- **Connected Kids** includes a Clinical Guide and 21 handouts for parents and teens topics such as bullying, discipline, interpersonal skills, parenting, suicide, and television violence https://www2.aap.org/connectedkids/
- **Bright Futures** anticipatory guidance https://brightfutures.aap.org/about/Pages/About.aspx
- **Building Piece of Mind Handouts** http://ohioaap.org/projects/building-mental-wellness/building-piece-of-mind-handouts/
  - "Face" time and Caregiver Mental Health (initial visit)
  - Emotions are the First Language (9 month visit)
  - Tantrums, Time Out, and Time In (18 months)
  - Building Emotional Intelligence (36 months)
- **Books Build Connections Toolkit** to promote early literacy includes information for pediatric providers and handouts for parents keyed to each well child visit https://littoolkit.aap.org/Pages/home.aspx
- **AAP Early Brain and Child Development (EBCD)** initiative for promoting EBCD at well child visits https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/EBCD/Documents/EBCD_Well_Child_Grid.pdf

Targeted, Secondary **INTERVENTIONS** for Toxic Stress

- **Safe Environment for Every Kid (SEEK):** This program offers a practical approach to the identification and management of targeted risk factors for child maltreatment for families with children aged 0-5, integrated into pediatric primary care. By addressing these problems, SEEK aims to strengthen families, support parents, and thereby enhance children's health, development, and safety, while helping to prevent child maltreatment. http://theinstitute.umaryland.edu/frames/seek.cfm
- **Video Interaction Project (VIP):** a study that videotapes parent/child interactions and analyzes them to improve the child's cognitive, language, and social development http://www.videointeractionproject.org/
- **Evidence Based Family Home Visiting Programs:** Programs to help pregnant women and families of children from birth to age three find resources, and develop skills needed to raise physically, socially and emotionally healthy children. Rhode Island has Nurse Family Partnership, Healthy Families America, and Parents As Teachers. http://health.ri.gov/programs/detail.php?pgm_id=176/

Indicated, Tertiary **TREATMENTS** for Trauma and/or Toxic Stress

- **Parent-Child Interaction Therapy:** Empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns
- **Child-Parent Psychotherapy:** A dyadic, relationship-based treatment for parents and young children, which aims to help restore normal developmental functioning in the wake of domestic violence and trauma
- **Trauma-focused cognitive behavioral therapy:** An evidence-based treatment approach shown to help children, adolescents, and their caregivers overcome trauma-related difficulties

See more at: http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Vertical-Integration.aspx#sthash.lqeDCuA0.dpuf

In addition, the Florida AAP chapter has created materials about toxic stress for professionals and families: American Academy of Pediatrics: Florida Chapter Tip Sheets http://cpeip.fsu.edu/mma/pediatrician/pediatrician_resources.cfm#pedetipsheets

RESOURCES ABOUT CHILD TRAUMA

The following tables (Tables # 4 & # 5) are from the AAP publication Helping Foster Families and Adoptive Families Cope with Trauma: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf

The scripts and anticipatory guidance may be helpful in educating office staff as well as families of children who have endured significant trauma. Creating an environment where the needs of traumatized children are understood and addressed are elements of trauma informed care.

Table 4

Scripts for Helping Families Understand Trauma and Impact	
Affirmation that trauma response is a healthy response to unhealthy threat	- Symptoms (sleep difficulty, aggression, acting out, etc) are the body's way of protecting itself from threat
Describe Pathophysiology of trauma response	- Our bodies are made to help us live in the wild where being able to deal with danger, like a hungry tiger, is how we protect our bodies - Our bodies and brains are wired to fight, run or hide at times of threat, NOT to learn to remember facts about the event - These responses are meant to be strong, but in short bursts. After the threat, the body is supposed to be able to relax.
Help caretaker recognize feeling of trauma	- Parents and older children should be told to remember a time when they felt threatened or anxious (car accident, fight), and remember how their bodies felt. The heart raced, muscles were ready to go. - While they may remember very well the minutes before the accident or threat, the may have little memory of the actual scary time
Help caretaker extrapolate own experience to situation of toxic stress	- Parents should think about what it is like if "the tiger" is in the house. This causes the fight, run, or hide response, but instead of lasting for just a short time, it keeps going.
Brain Response	- When a baby is learning to walk, they practice over and over and then one day they can walk without thinking about it because the brain links are so strong - Response to trauma is the same. Once the brain links are made and strengthened, something little causes a strong response. - Parts of the brain that respond to trauma grow larger and grow connections. Parts of the brain used in learning and logic get smaller.

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf

Table 5

Trauma-Specific Anticipatory Guidance		
What you will see	**Why it occurs**	**How Families can respond**
- Traumatized children will respond more quickly and more forcefully than other children to anything they think is a threat - Traumatized children are more likely to misread facial and non-verbal cues and think there is a threat where none is intended	- Areas of the brain responsible for recognizing and responding to threats are turned on. This is called hypertrophied. - Brain does not recognize that this new situation does not contain the same threats	- Do not take these behaviors personally - Helping the child understand your facial expression or the tone of your voice will help lessen the chance of the child's behavior escalating in situations that otherwise do not seem threatening
- Traumatized children need to be redirected or behavior may start to escalate	- Responding with aggression will trigger the child's brain back into threat mode - Logic centers shut down; fight, flight, or hide response takes over	- Avoid yelling and aggression - Lower the tone and intensity of your voice - Comedown to the child's eye level, gently take hold of the child's hand, and use simple, direct words. Give directions without using strong emotions.
- Children don't always know how to say what they are feeling. It can be hard for them to find words. Often they are not told that how they feel is okay.	- Emotion and language centers are not well connected. Memory centers that hold words are blocked.	- Tell the child it is okay to feel the way she feels and to show emotion - Give the child the words to label her emotions
- Traumatized children do not have the skills for self-regulation or for calming down once upset	- Children have had to constantly be watchful for danger. Parts of the brain that keep us alert stay turned on, but the parts of their brains used for self-regulation and calming have not grown with the child.	- Develop breathing techniques, relaxation skills, or exercise that the child can do when getting upset. Praise the child for expressing feelings or calming down. - Guide the child at first, then just remind the child to use his skills when you start to see the child getting upset
- Traumatized children will challenge the caretaker, often in ways that threaten placement	- Children come with negative beliefs and expectations about themselves (worthless, powerless) and about the caregiver (unreliable, rejecting) - Children often reenact or recreate old relationships with new people. They do this to get the same reactions in caretakers that they experienced with other adults because these lead to familiar reactions. - These patterns helped the child survive in the past, prove negative beliefs, help the child vent frustration, and give the child some sense of mastery	- Give messages that say the child is safe, wanted, capable, and worthwhile and that you as the caretaker are available, reliable, and responsive - Praise even neutral behavior - Be aware of your own emotional responses to the child's behavior - Correct when necessary in a calm unemotional tone - Repeat, repeat, repeat - Do not take these behaviors personally

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf

PUTTING IT ALL TOGETHER

PARTNERING WITH FAMILIES

Screening for adverse experiences and toxic stress will identify children and families who can benefit from various types of assistance. Emphasizing the connection between child or family stress and child development can be an effective motivator for families wanting to take action. However, there may be instances when families are not ready or willing to accept help. Exploring and accepting family preferences are important to building a trusting relationship. Partnering with families and allowing them to determine next steps is an essential, but sometimes difficult, role for the primary care team.

A common and often effective technique for assisting patients and families to create a plan for addressing a health concern is motivational interviewing (MI). It is a patient-centered approach incorporating empathy and nonjudgmental support. This conversational style facilitates patient or family problem solving. Elements of MI include asking open-ended questions, reflective listening, sharing the agenda setting, eliciting pros and cons of change, and summarizing the conversation.

Below are resources to learn more about MI including video examples.

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/communicating-with-families/Pages/Motivational-Interviewing.aspx#sthash.B9weUhaD.dpufief sessions

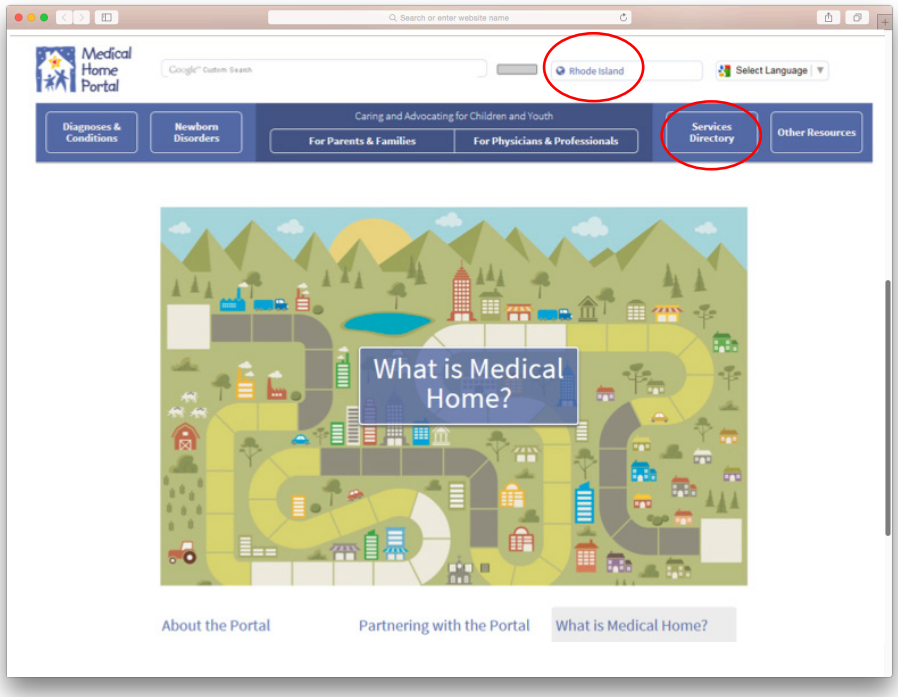
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/motivational-interviewing.aspx

LINKING FAMILIES TO SUPPORTS AND SERVICES

Navigating resources to meet complex family needs is challenging and not all issues can be addressed from within the primary care practice.

Page 32 includes an outline of the resources in a new resource guide of community and state resources to assist primary care providers in connecting families to the services and supports they may need.

This resource guide can be found at the Medical Home Portal web site under the Services Directory tab: https://www.medicalhomeportal.org/



IMPLEMENTING TOXIC STRESS SCREENING

The following checklist, adapted from the AAP clinical report on screening for behavioral and emotional problems, may be useful to practices in planning for and implementing screening for toxic stress.[10]

1. READYING THE PRACTICE

- ❑ Describe and evaluate current efforts already in place
- ❑ Identify a practice champion
- ❑ Train all staff
- ❑ Consider incremental screening and actively monitor implementation
- ❑ Develop a screening roadmap from providing the screen through the referral process
- ❑ Problem solve challenges that arise across the entire practice
- ❑ Determine how to best publicize new screening practices to families
- ❑ Consider additional costs for procuring screening tools, etc
- ❑ Prepare for psychiatric emergencies that may present in the office

2. IDENTIFYING RESOURCES

- ❑ Identify referral resources that include the following:
  - ❑ Areas of expertise
  - ❑ Hours of operation
  - ❑ Payment methods
  - ❑ Ability to treat non–English speakers
- ❑ Develop a plan for bidirectional communication
- ❑ Learn about emergency mental health services
- ❑ Partner with adult providers and community resources to help parents with identified psychosocial risk

3. ESTABLISHING OFFICE ROUTINES FOR SCREENING AND SURVEILLANCE

- ❑ Implement screening in the first year of life and at intervals determined by the practice
- ❑ Incorporate screening for family psychosocial risks and strengths
- ❑ Partner with parents to formulate a plan when there is a failed screen
- ❑ Identify strengths of the child and communicate these to the family
- ❑ Screen when the child, family, or provider has concerns
- ❑ Establish a registry of children with positive screens and family psychosocial risk
- ❑ Monitor children with significant risk factors with heightened surveillance and more frequent screening

4. TRACKING REFERRALS

- ❑ Develop a mechanism to track progress of children referred for assessment or treatment (e.g., successful referral, evaluation or initiation of treatment)
- ❑ Collect information about families' experience with referral resources

5. SEEKING PAYMENT

- ❑ Familiarize the practice with appropriate CPT codes for screening, care plan oversight, face-to-face and non–face-to-face services and reimbursement by different insurance companies
- ❑ Track billing and reimbursement for screening efforts

6. FOSTERING COLLABORATION

- ❑ Explore co-located or other innovative models of care and partnerships with mental health professionals

GUIDE TO RESOURCES FOR CHILDREN AND FAMILIES

OUTLINE OF RESOURCES ON THE MEDICAL HOME PORTAL WEBSITE

To access this list of resources, go to www.medicalhomeportal.org, select Rhode Island from the list of available states, then click on the Services Directory tab.

ADOPTION/FOSTER CARE

- Adoption Agencies
- Adoption Information
- Foster Care

ADVOCACY

- Child Advocacy
- Community Advocacy Agencies
- Disability/Diagnosis-Specific Advocacy
- Educational Advocacy
- Family Advocacy
- State Advocacy Agencies
- Victim Advocacy

BREASTFEEDING

- Breastfeeding Information & Support

CARE COORDINATION

- Care Coordination Agencies

CHILD ABUSE/NEGLECT/VIOLENCE

- Child Abuse/Neglect
  - Child Abuse Prevention

CHILD CARE AND RESPITE

- After School Programs
- Child Care, Special Needs
- Crisis/Emergency Respite
- Day Care
- Respite Care

CHILD DEVELOPMENT

- Developmental Evaluation
- Early Intervention Programs

COMMUNITY CULTURAL ACTIVITIES

- Community Cultural Organizations

DISABILITY SERVICES

- Disability Employment
- Residential Services, Disability
- State Disability Agencies

EDUCATION/SCHOOLS

- Alternative Schools
- Community & Adult Education
- Education About Disabilities/Diagnoses
- Head Start/Early Head Start
- Parent/Family Education
- Preschool/Early Childhood Education
- School Districts
- Special Needs Schools
  - Public Schools
  - Schools for Children with Autism
  - Special Needs Schools, Other
- Tutoring
- Vocational Education

EQUIPMENT

- Assistive Technology
- Durable Medical Equipment

FINANCIAL ASSISTANCE

- Day Care Assistance
- Emergency Financial Assistance
- Financial Assistance, Other
- Food & Nutrition
  - Food Assistance
  - Food Banks
  - WIC Clinics

GUIDE TO RESOURCES FOR CHILDREN AND FAMILIES

FINANCIAL ASSISTANCE (CONTINUED)

- Housing, Assistance & Special
  - Housing Repar
  - Housing, Other
- Utility Assistance

HEALTH INSURANCE/FUNDING

- Health Insurance Advocacy
- Health Insurance, Other
- Medicaid
- Medicare Special Needs

HEALTHCARE, DENTAL

- Dental Care Expense Assistance
- General Dentistry for Children
- Pediatric Dentistry

HEALTHCARE, MEDICAL

- Adult Care Physicians
  - Adult Specialists, CSHCN-related
  - Family Medicine
- CSHCN Clinics
- Clinical Trials Research
- Clinics, Other
- Clinics, Pediatric Condition-Specific
  - Brain Injury Clinics
  - Diabetes Clinics
  - Muscular Dystrophy Clinics
  - Spina Bifida Clinics
- Community Health Centers (CHC)
- Emergency Medical Care
- Hospitals
- Pediatric Medical Homes
- Pediatric Sub-Specialists
  - Developmental - Behavioral Pediatrics
  - Developmental Pediatrics
  - Pediatric Cardiology
  - Pediatric Endocrinology
  - Pediatric Gastroenterology
  - Pediatric Metabolic Genetics
  - Pediatric Nephrology
  - Pediatric Neurology
  - Pediatric Physical Medicine & Rehab
  - Pediatric Pulmonology
  - Pediatric Sleep Medicine
- Pediatric Surgery
  - Pediatric Ophthalmology
  - Pediatric Orthopedics
  - Pediatric Urology
- Pregnancy-related Services
  - Genetics, Prenatal

HEALTHCARE, RELATED SERVICES

- Autism Treatment/Behavioral Specialists
- Departments of Health, State
- Genetic Counseling
  - Pediatric Genetic Counseling
- Hearing Services
- Home Health, In-home Services
- Home Visiting
- Music Therapy
- Neuropsychology
- Nutrition, Metabolic
- Nutrition/Dietary
- Occupational Therapy, Pediatric
- Physical Therapy
- Recreation Therapy
- Social Skills
- Social Work
- Speech/Language Therapy
- Vision Services

INFORMATION & REFERRAL

- Information & Referral/Hotlines
- Information Services, Phone
- Information Services, Web

GUIDE TO RESOURCES FOR CHILDREN AND FAMILIES

LEGAL/LAW SERVICES

- Crime Victims
- Legal Services, General

MENTAL HEALTH/COUNSELING

- Behavioral Programs
- Bereavement Counseling
- Clinical Social Worker (LCSW, MSW)
- Crisis Intervention Mental Health
- Family Counseling
- Mental Health Counselors (LPC, CMHC)
- Mental Health Evaluation
- Mental Health Infant/Preschool
- Mental Health, Other Services
- Neuropsychological Evaluation
- Psychiatrist, Child-18
- Psychologist, Child-18
- Residential Treatment Facilities, Children/ Adolescent
- Sexual Abuse Counseling
- Substance Abuse - Inpatient Facilities
- Substance Use Disorder Treatment

RECREATION

- Adaptive Recreation
- Art Programs
- Community Service Opportunities
- Community Youth Groups
- Recreation Programs/Activities

SUPPORT SERVICES/SUPPORT GROUPS

- Ethnic, Religious, Cultural Support
- Family Support Organizations
- Family Support, General
- Mentoring
- Support Groups, Local
  - Local Support Groups, Addiction
  - Local Support Groups, Disability/Diag
  - Local Support Groups, General

TRANSITION TO ADULTHOOD

- Career Counseling
- Group Homes
- Independent Living
- Social & Recreational Opportunities

TRANSPORTATION

- Emergency Medical Transportation
- Transportation, General
- Travel Information & Assistance

ADDITIONAL INFORMATION

The following list of resources includes excellent sources of information for pediatricians wanting to learn more about toxic stress and its health effects on children.

American Academy of Pediatrics Early Brain and Child Development Resources: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Resource-Library.aspx

American Academy of Pediatrics: Poverty and Child Health in the United States: http://pediatrics.aappublications.org/content/pediatrics/early/2016/03/07/peds.2016-0339.full.pdf

American Academy of Pediatrics Early Brain and Child Development materials: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx

American Academy of Pediatrics Trauma Toolbox for Primary Care: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx

American Academy of Pediatrics Resilience Project: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx

Center on the Developing Child at Harvard University: http://developingchild.harvard.edu/science/CME presentation by Dr. Pamela High on approaches to fostering healthy early brain development and mitigating the effects of adversity in young children: http://www.mycme.com/optimizing-the-early-environment-pediatric-nutrition-and-supportive-caremeasures-for-long-term-health---clinical-consult-1/activity/3315/

Center for Youth Wellness. Based in the Bay Area of California, this medical home has led the way in screening pediatric patients for ACEs and toxic stress. http://www.centerforyouthwellness.org/

Screening for Adverse Experiences in an Integrated Pediatric Care Model. http://www.zerotothree.org/assets/docs/2016-01-purewal.pdf

Inspirational TED talk from Dr. Nadine Burke Harris of the Center for Youth Wellness. https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

Addressing Trauma and Toxic Stress through Pediatric Practice. Materials for pediatricians developed by the Florida chapter of the AAP including tips sheets for pediatricians and for parents: http://cpeip.fsu.edu/mma/pediatrician/pediatrician_resources.cfm

Resilience Trumps Aces. The story of pioneering work on ACEs, toxic stress, and resilience in Walla Walla Washington: https://www.facebook.com/ResilienceTrumpsAces/videos/vb.194804447282921/894994250597267/?type=2&theater or http://www.resiliencetrumpsaces.org/

National Child Traumatic Stress Network. This web site is a wealth of resources on trauma biology, symptoms and treatment. The Continuing Education section houses excellent webinars. Creating Trauma-Informed Child-Serving Systems: Pediatric Health Care webinar is especially relevant to primary care pediatricians: http://learn.nctsn.org/course/view.php?id=252 or http://learn.nctsn.org/

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[3]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, David L. Wood. Pediatrics Jan 2012, 129 (1) e224-e231; DOI: 10.1542/peds.2011-2662

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[10]Promoting Optimal Development: Screening for Behavioral and Emotional Problems. Carol Weitzman, Lynn Wegner, the Section on Developmental and Behavioral Pediatrics, Committee on Psychosocial Aspects of Child and Family Health, Council on Early Childhood, and Society for Developmental and Behavioral Pediatrics. Pediatrics Feb 2015, 135 (2) 384-395