

From ACES to P(A)CES and From Suffering to Buffering... *Strategies to Help Children Thrive*

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University of Michigan
Medical School



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Disclosure

- I have no conflicts of interest to disclose
- I will not be discussing off-label medications



Objectives

At the conclusion of this activity, participants should be able to:

1. Understand the risks associated with ACEs, and the symptoms of ACEs which may present in children
2. Describe the role of PCEs (Positive Childhood Experiences) to buffer the effects of ACEs, and recognize the role of Trauma Informed Care (TIC) to identify ACEs and PCEs
3. Identify relational health resources and trauma-informed care practices to promote PCEs in encounters with families



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3. Identify trauma-informed care practices, and relational health resources to promote PCEs in families

Types of ACEs



ABUSE

- Emotional
- Physical
- Sexual



NEGLECT

- Emotional
- Physical



HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity



- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism
- Systemic Racism
- Poverty

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.



The Cascading Effects of ACEs

The effects of ACEs can add up over time and affect a person throughout their life.



Children who repeatedly and chronically experience adversity can suffer from **toxic stress**.



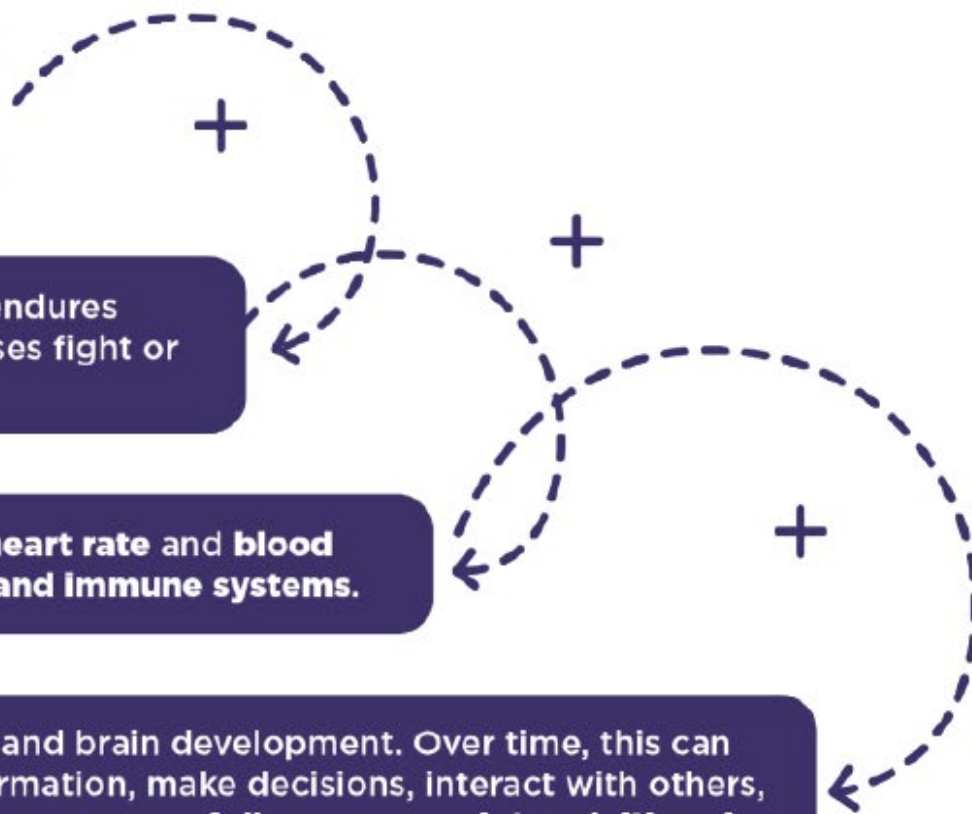
Toxic stress happens when the brain endures **repeated stress or danger**, then releases fight or flight hormones like cortisol.



This internal alarm system **increases heart rate and blood pressure** and **damages the digestive and immune systems**.

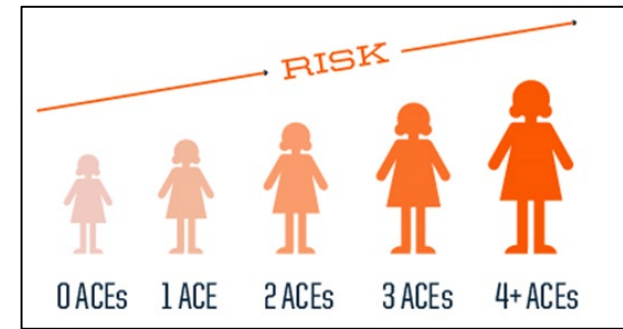


Toxic stress can disrupt organ, tissue, and brain development. Over time, this can limit a person's ability to process information, make decisions, interact with others, and regulate emotions. **These consequences may follow a person into adulthood.**





The Effects of ACEs



ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.



CHRONIC HEALTH CONDITIONS

- Heart Disease
- Diabetes
- Cancer



MENTAL HEALTH CONDITIONS

- Depression
- Anxiety
- Suicidality



HEALTH RISK BEHAVIORS

- Smoking
- Drug/Alcohol use
- ↓ Physical activity



SOCIAL OUTCOMES

- ↓ Education
- Missed Work
- Underemployment



Brain Areas Affected by Trauma

LEARNING

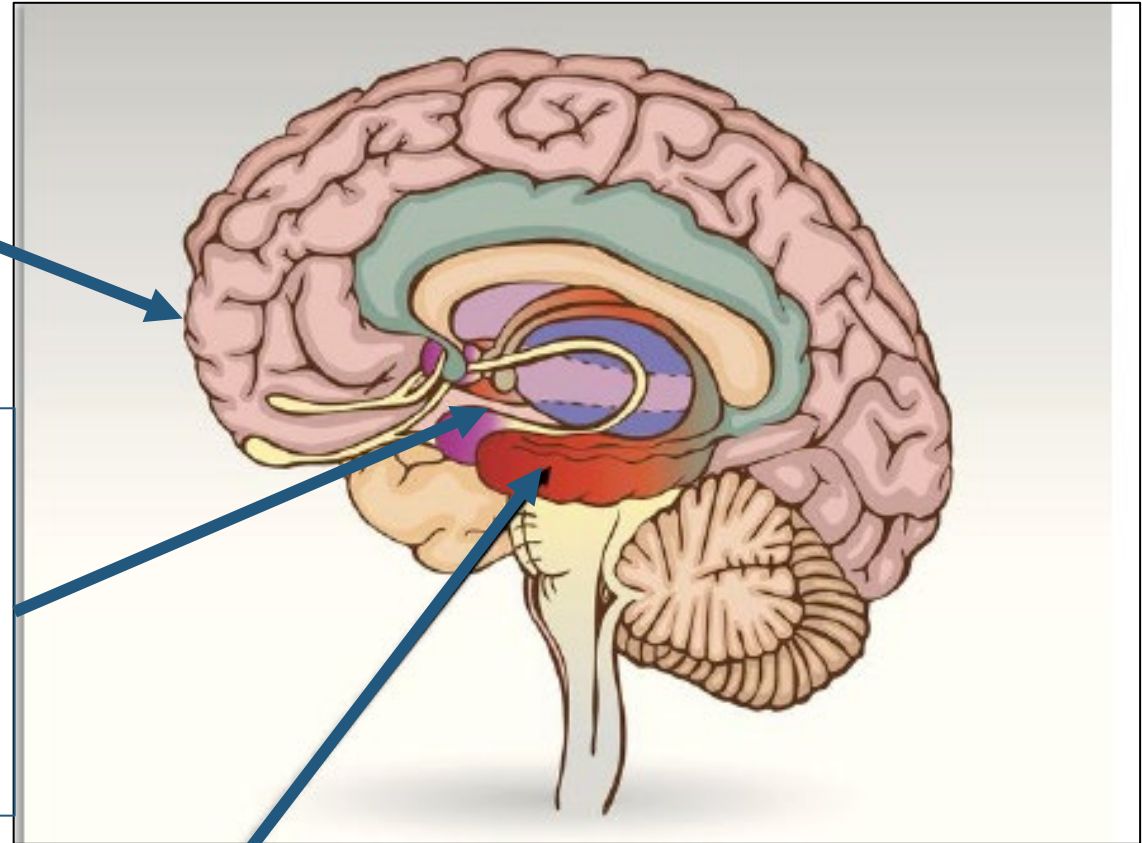
Prefrontal Cortex:

- Executive Function:
- Impulse control
- Working Memory
- Cognitive Flexibility

EMOTION
REGULATION

Amygdala

- Input from sensory, memory and attention
- Emotional memory
- Brain's "alarm system"



MEMORY

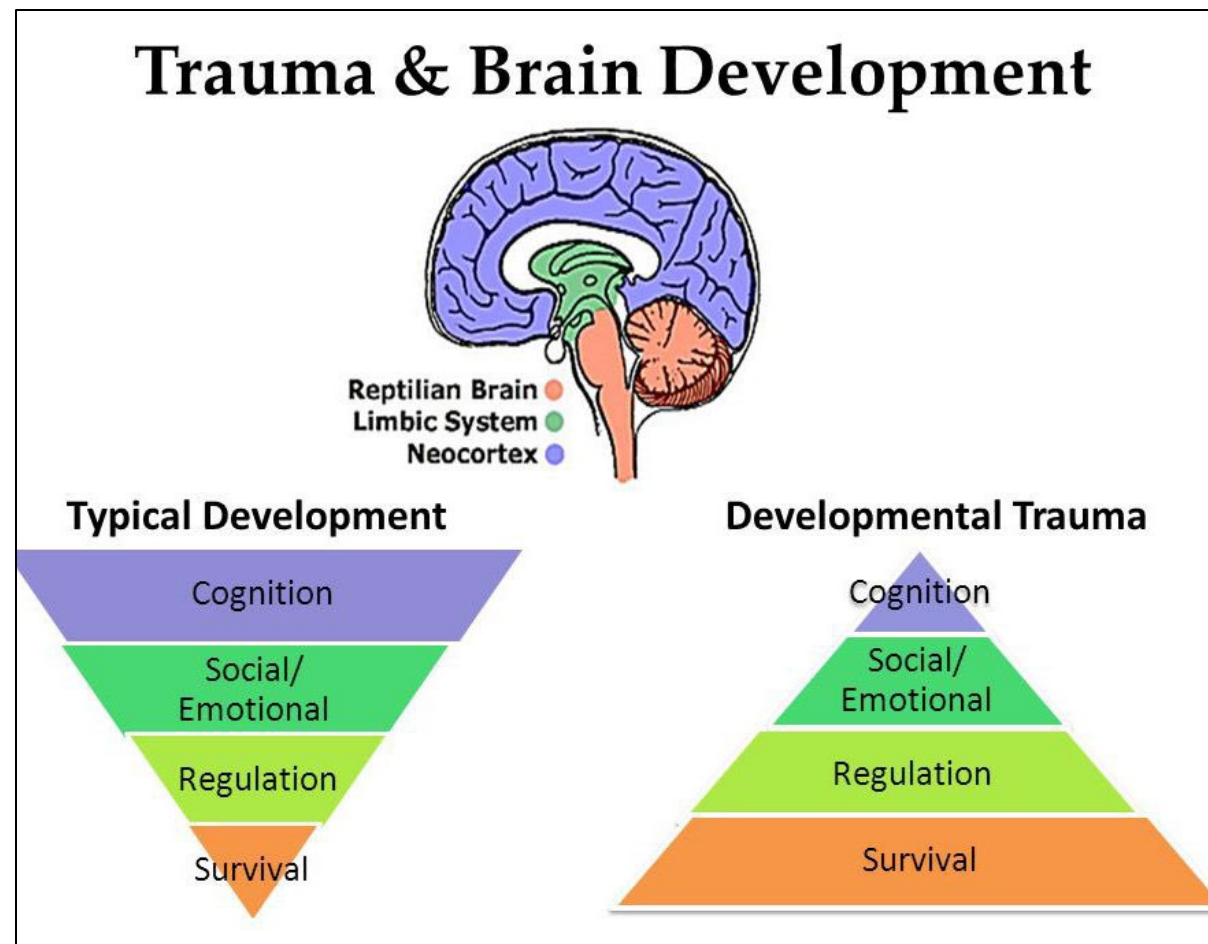
Hippocampus

- Brain's "file cabinet" or search engine
- Interface between cortex and lower brain areas
- Major role in memory and learning



Trauma and Child Behavior

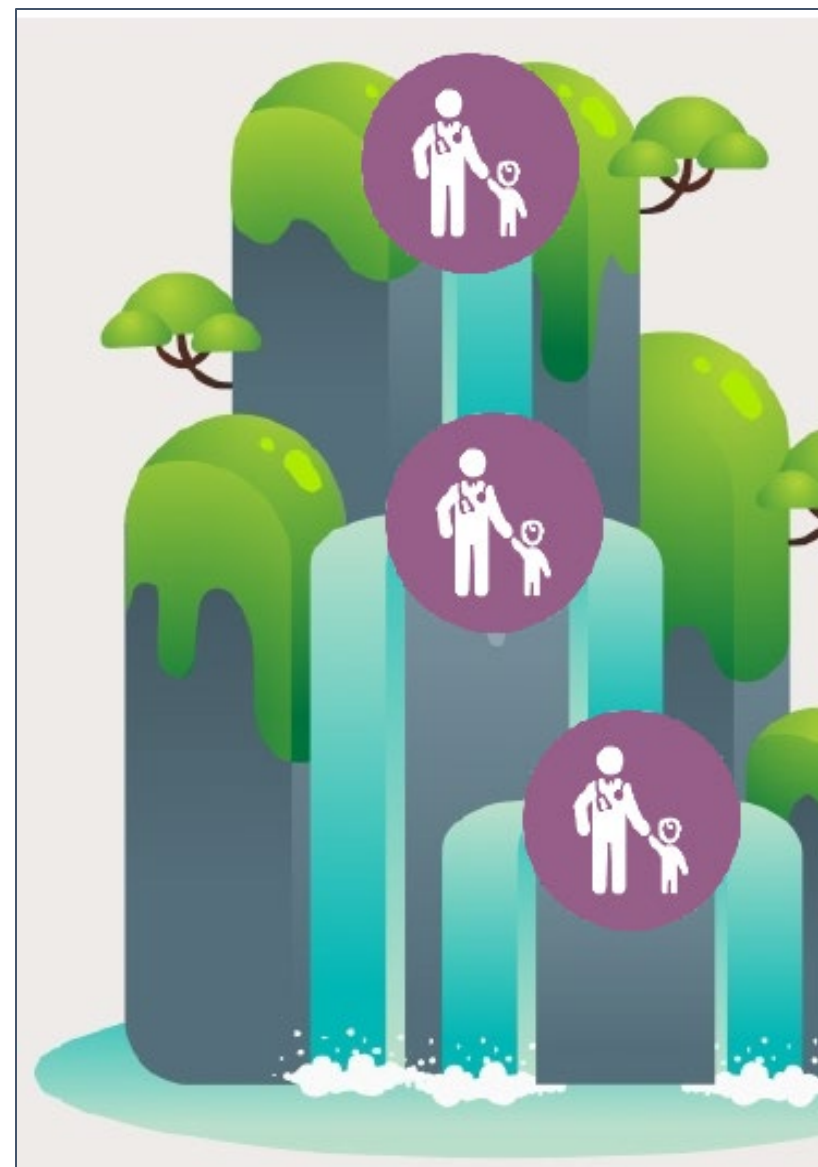
- Trauma affects emotion regulation by:
 - ↓ Ability to process emotions
 - ↓ Ability to encode, store and retrieve memories
 - Affects how child evaluates potentially threatening information
 - ↑ fear response
 - ↑ emotional reactivity to events





The “Cascade” of ACEs : What You May See

- **Problems in school performance**
 - Poor concentration
 - Poor academic performance
 - School failure
- **Behavior Problems**
 - Aggression
 - Poor impulse control
 - Difficulty with emotion regulation
- **Mental Health Concerns**
 - Anxiety / Depression
 - Sleep Concerns
- **Family Challenges**
 - Missed Appointments

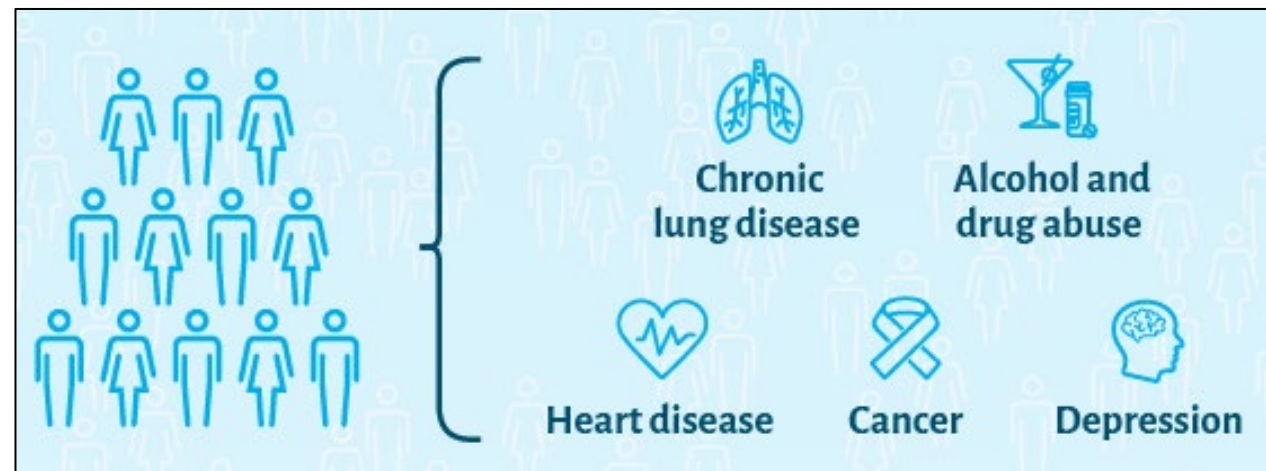




Limitations of ACEs: *What ACEs Don't Tell Us*

ACEs informs outcomes at a **POPULATION LEVEL**:

- \uparrow ACEs \rightarrow \uparrow Worse outcomes



ACEs do not inform outcomes at an **INDIVIDUAL LEVEL**:

- Does not include measures of **P(A)CEs**: Positive (Adaptive) Childhood Experiences
- Doesn't consider the role of **protective factors** that build resilience

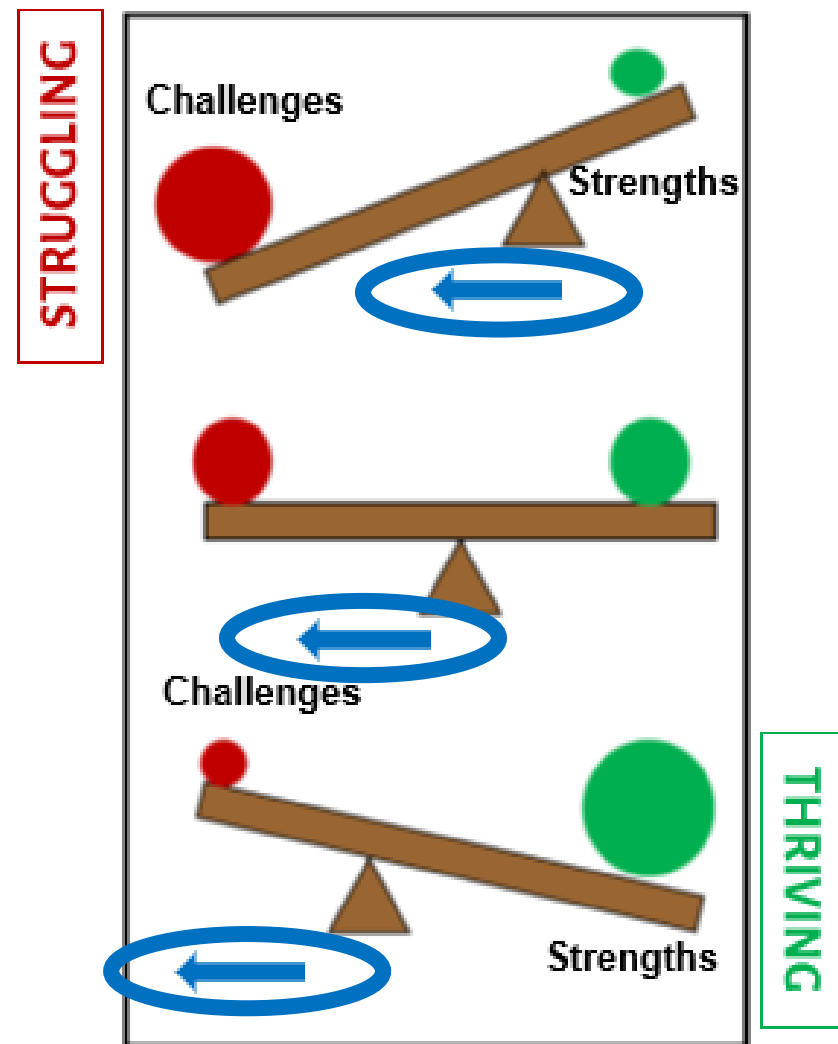




ACEs Are only HALF of the Story

- ACEs tell a “deficit story”
 - *Why are you struggling?*
 - *What happened to you?*
 - *What's **wrong** with you?*
- An “ACE’s only” approach fails to consider the **positive experiences** foundational to **thriving**
 - *What is **strong** in you?*
- The **provider’s role** is to shift the fulcrum:
 - From Challenge to Strength
 - From Suffering to Buffering

Promoting Positive
Childhood
Experiences (PCEs)





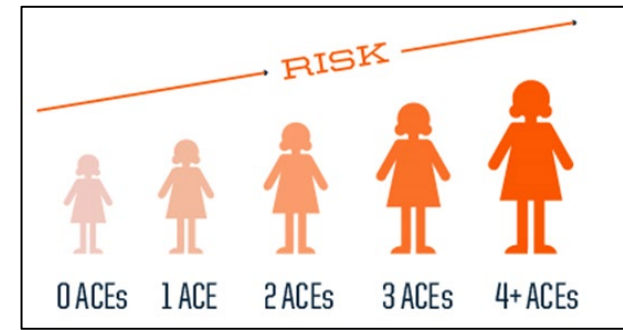
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From ACEs to P(A)CES



ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.

CHRONIC HEALTH CONDITIONS	MENTAL HEALTH CONDITIONS	HEALTH RISK BEHAVIORS	SOCIAL OUTCOMES

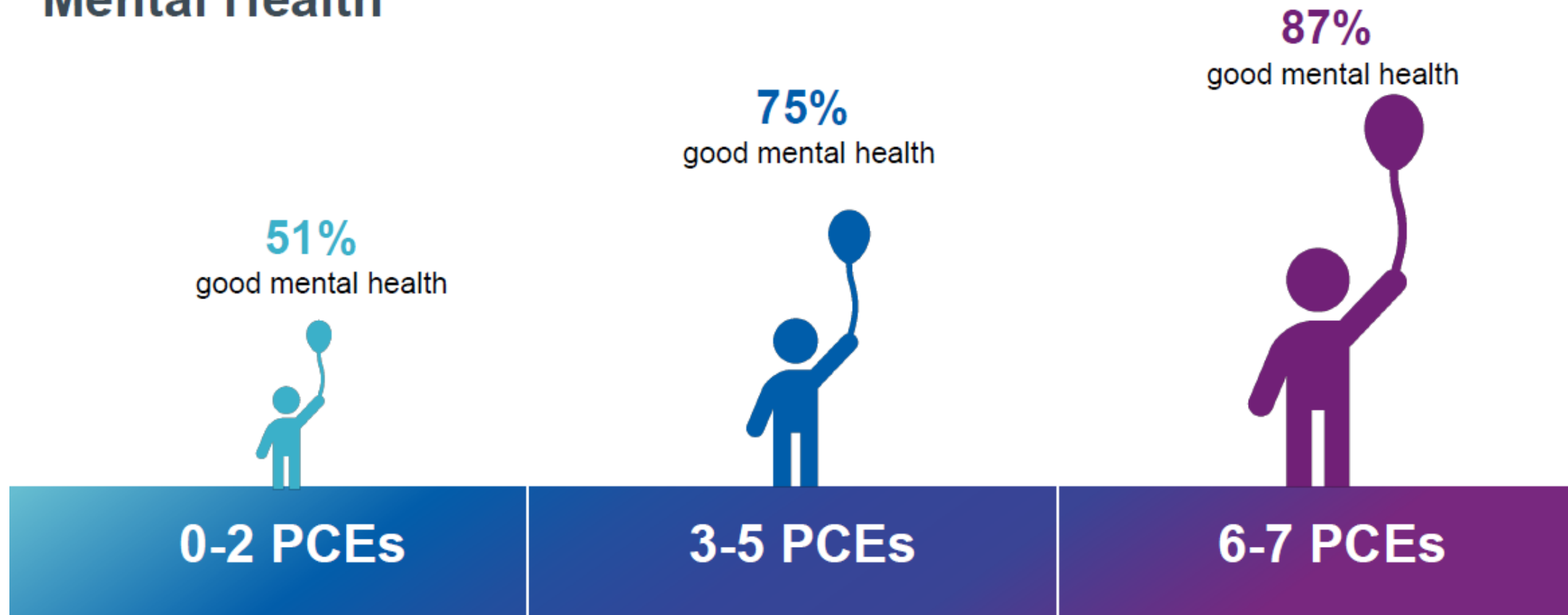
- | | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> • Heart Disease • Diabetes • Cancer | <ul style="list-style-type: none"> • Depression • Anxiety • Suicidality | <ul style="list-style-type: none"> • Smoking • Drug/Alcohol use • ↓ Physical activity | <ul style="list-style-type: none"> • ↓ Education • Missed Work • Under-employment |
|---|--|--|--|

POSITIVE (ADAPTIVE) CAREGIVING EXPERIENCES



Positive Childhood Experiences (PCEs) and Adult Outcomes

Positive Childhood Experiences (PCEs) Protect Adult Mental Health



Good mental health – those not reporting depression or poor mental health

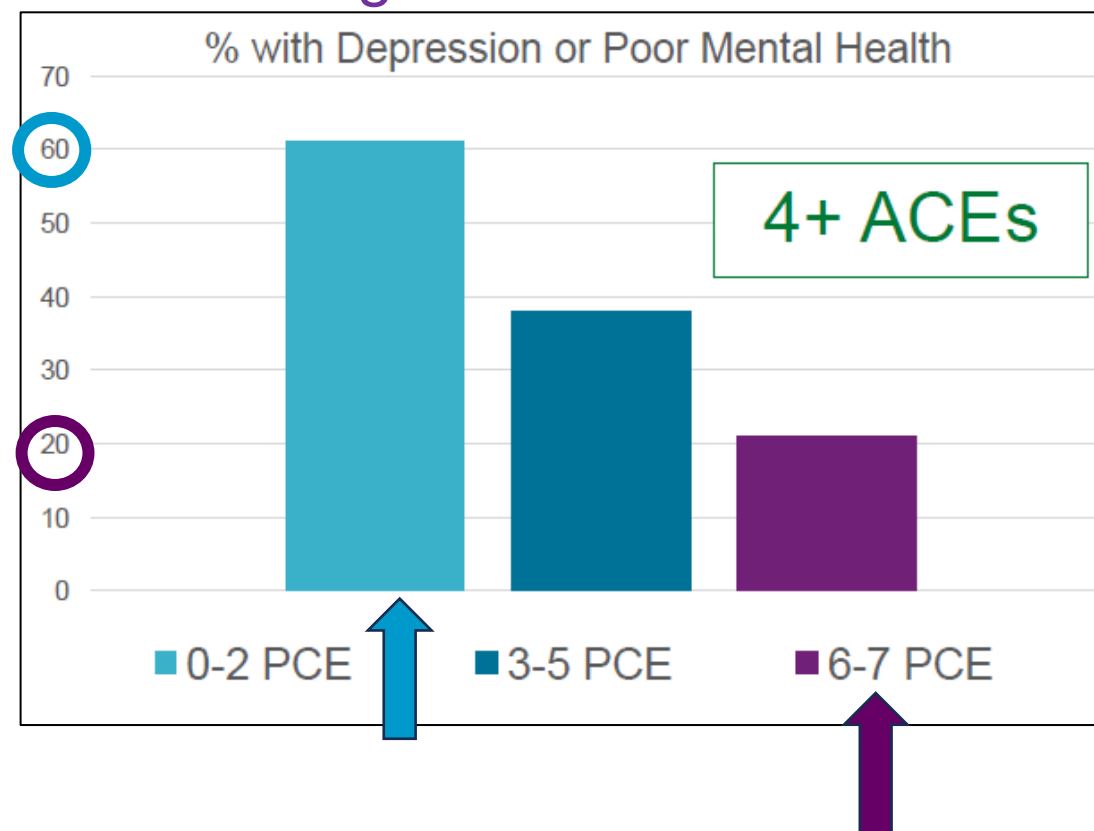


From Suffering to Buffering

Positive Childhood Experiences

1. Felt able to talk to family about feelings
2. Felt family stood by them in difficult times
3. Had at least 2 non-parent adults who took an interest in them
4. Felt safe and protected by an adult in their home
5. Enjoyed participating in community traditions
6. Felt a sense of belonging in high school
7. Felt supported by friends

Positive Childhood Experiences Mitigate ACEs Effects



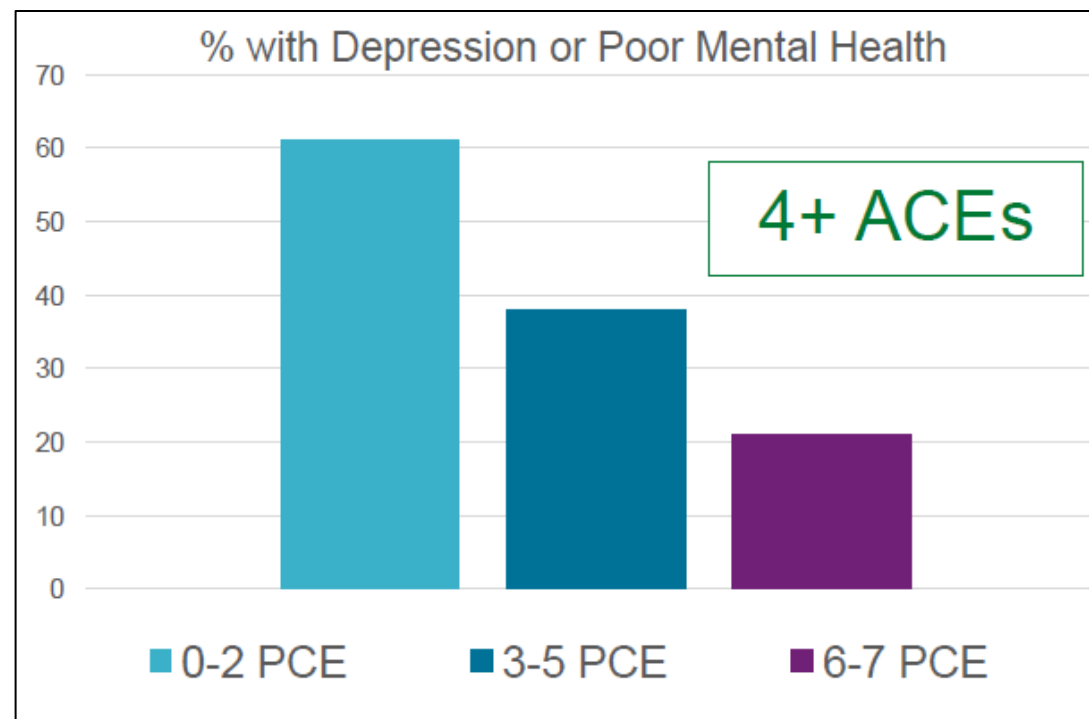


From Suffering to Buffering

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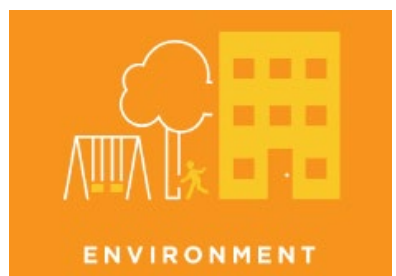




Fostering PCE's → Building H.O.P.E.



1. Being in safe, stable, nurturing, supportive, loving **relationships (SSNR)**



2. Living, developing, playing and learning in safe, stable, protective and equitable **environments**



3. Having opportunities for constructive social **engagement**, and to develop a sense of connectedness



4. Learning social and **emotional competencies**




Trauma Informed Care: Promoting P(A)CE

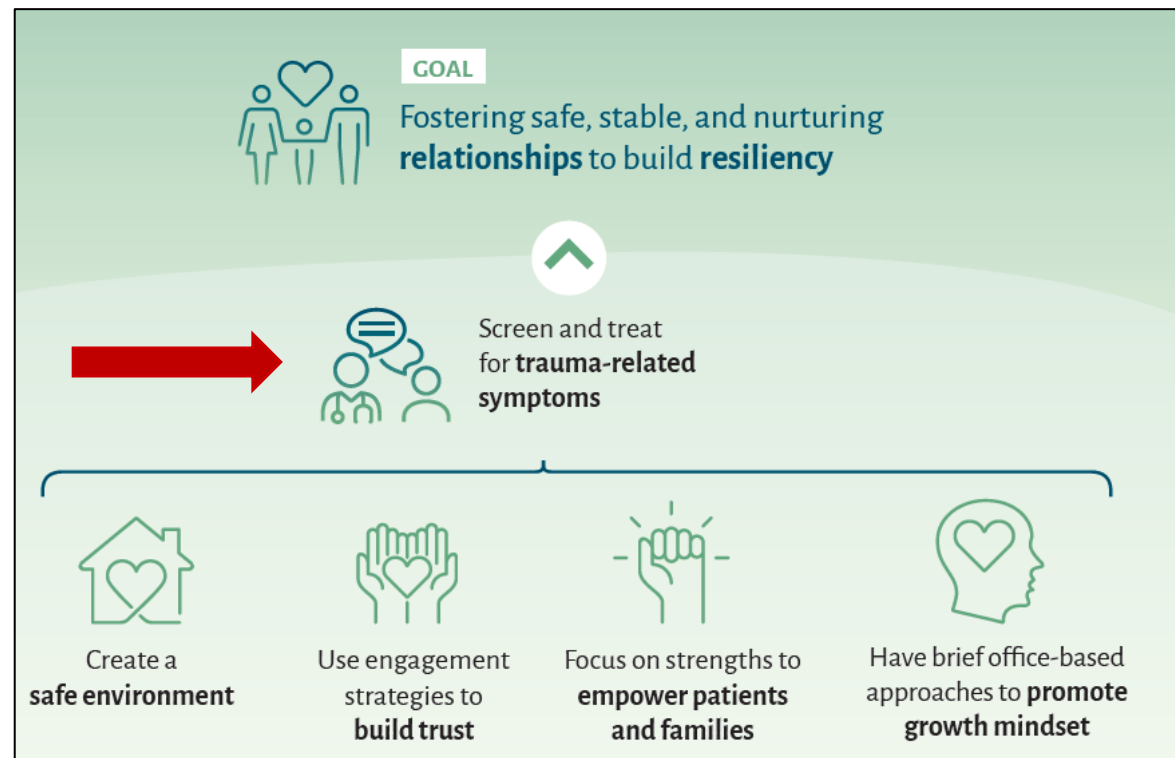
The Role of Providers → *From Suffering to Buffering*

The provider can help mitigate the effects of ACEs through the provision of **Trauma Informed Care**:

- From Suffering to Buffering
- From “Boulder” to “Backpack”

Opportunities to promote P(A)CEs:

- SCREEN (for ACEs and PCEs)
- EMPOWER (Building SSNRs)
- PARTNER 





Trauma Informed Care: Tools for Providers

→ *Screening for Challenges*

- Use validated, scorable screening tools
- Consider using both broad and condition-specific tools, based on concern(s)
 - **Broad Band** : screens for multiple areas of impairment (e.g., Pediatric Symptom Checklist)
 - **Condition specific** : Screens for a particular disorder (e.g., Trauma: CYW Adverse Childhood Experience Questionnaire (ACE-Q))

Child's Name _____ Record Number _____
 Today's Date _____ Filled out by _____
 Date of Birth _____

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

	Never (0)	Sometimes (1)	Often (2)
1. Complains of aches/pains	1	_____	_____
2. Spends more time alone	2	_____	_____
3. Tires easily, has little energy	3	_____	_____
4. Fidgety, unable to sit still	4	_____	_____
5. Has trouble with a teacher	5	_____	_____
6. Less interested in school	6	_____	_____
7. Acts as if driven by a motor	7	_____	_____
8. Daydreams too much	8	_____	_____
9. Distracted easily	9	_____	_____
10. Is afraid of new situations	10	_____	_____
11. Feels sad, unhappy	11	_____	_____
12. Is irritable, angry	12	_____	_____
13. Feels hopeless	13	_____	_____
14. Has trouble concentrating	14	_____	_____
15. Less interest in friends	15	_____	_____
16. Fights with others	16	_____	_____
17. Absent from school	17	_____	_____
18. School grades dropping	18	_____	_____
19. Is down on him or herself	19	_____	_____
20. Visits doctor with doctor finding nothing wrong	20	_____	_____
21. Has trouble sleeping	21	_____	_____
22. Worries a lot	22	_____	_____
23. Wants to be with you more than before	23	_____	_____
24. Feels he or she is bad	24	_____	_____
25. Takes unnecessary risks	25	_____	_____
26. Gets hurt frequently	26	_____	_____
27. Seems to be having less fun	27	_____	_____
28. Acts younger than children his or her age	28	_____	_____
29. Does not listen to rules	29	_____	_____
30. Does not show feelings	30	_____	_____
31. Does not understand other people's feelings	31	_____	_____
32. Teases others	32	_____	_____
33. Blames others for his or her troubles	33	_____	_____
34. Takes things that do not belong to him or her	34	_____	_____
35. Refuses to share	35	_____	_____

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help? () N () Y
 Are there any services that you would like your child to receive for these problems? () N () Y

If yes, what services? _____

©1988, M.S. Jellinek and J.M. Murphy, Massachusetts General Hospital

Key resource: [Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools](#) | [AAP Toolkits](#) | [American Academy of Pediatrics](#)

Source: massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist



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Screen for Trauma / ACEs

CYW Adverse Childhood Experience Questionnaire (ACE-Q)

Section 1: 10 questions about stressful life events

Section 2 : Specific events in the child's life

Cumulative score generated

<https://centerforyouthwellness.org/aceq-pdf/>

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 in the box 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 a troubled alcoholic
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member scolded, insulted, humiliated, or put down your child in a way that scared you or 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

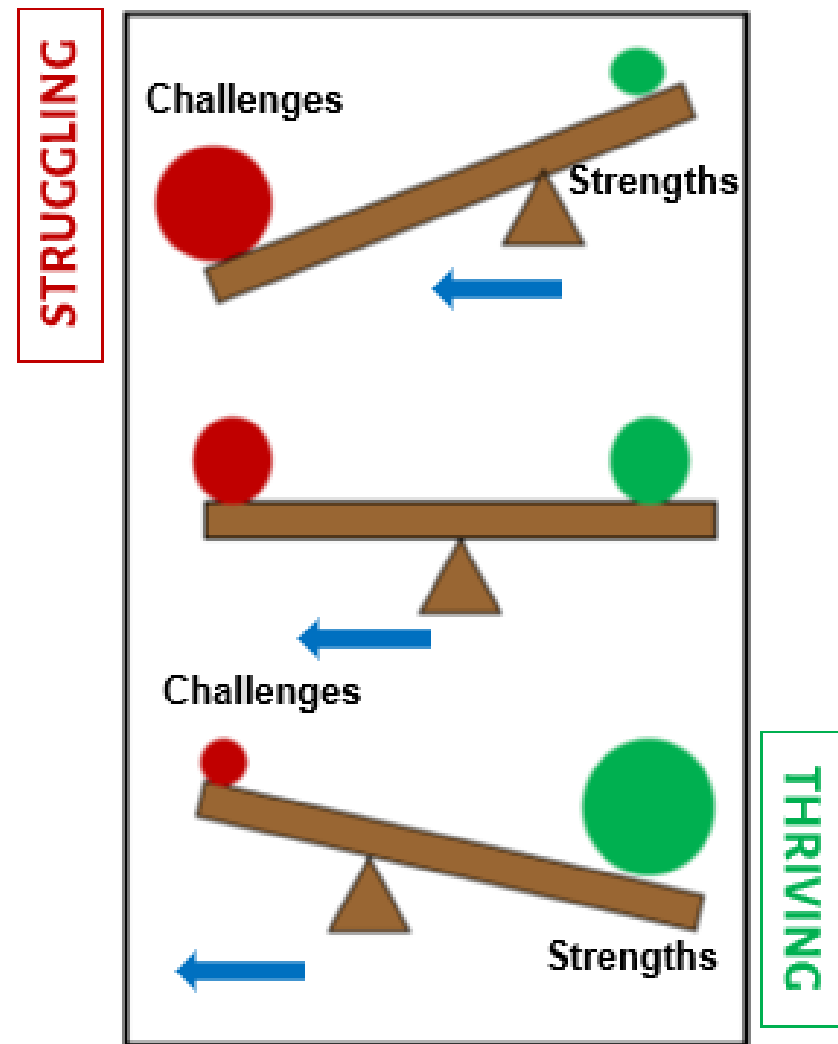


Trauma Informed Care: Tools for Providers

→ *Building H.O.P.E. by Fostering PCEs*

Taking a STRENGTHS based approach

- All families have strengths
- Emphasizing family strengths promotes family engagement and motivation
- Probe for family strengths:
 - *What are things you want to pass on to your child?*
 - *What are things you want to protect your child from?*
- A focus on strengths reveals how families have navigated challenges in the past

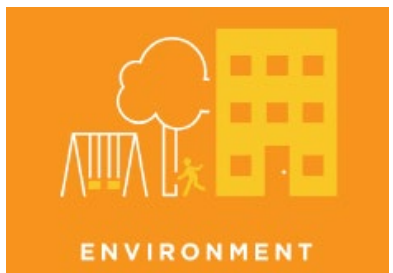




Fostering PCE's → Building H.O.P.E.



1. Relationships (SSNR): Have secure attachment relationships with primary caregivers



2. Safe Environments: Have a safe home environment where needs are met



3. Engagement: Have relationships with others that foster a sense of belonging and connection



4. Emotional Competencies: Have strategies to foster self-regulation, and positive responses to challenges



Probing for PCE's → Questions to Ask

Relationships:

1. Name 3 words (and examples) to describe your relationship with your child
2. What is your favorite thing about being a parent? What would you like to change?

Environment:

1. Do you feel safe in your home and in your community?
2. Do you ever worry about getting your daily needs met?

Engagement:

1. Who do you rely on for help and support? What activities do you enjoy participating in?
2. What are the rituals, traditions or experiences which foster a sense of connection for you?

Emotions:

1. How does your child manage big feelings like anger, frustration, disappointment?
2. What do you do in those moments when your child is displaying big feelings?



RELATIONSHIPS



ENVIRONMENT



ENGAGEMENT



EMOTIONAL
GROWTH



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At the conclusion of this activity, participants should be able to:

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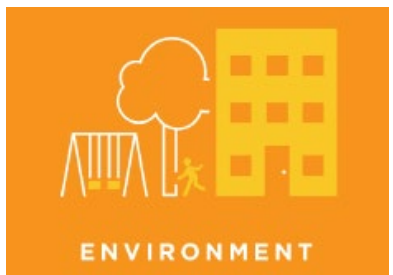


Fostering PCE's → Building H.O.P.E.



RELATIONSHIPS

1. Relationships (SSNR): Have secure attachment relationships with primary caregivers



ENVIRONMENT

2. Safe Environments: Have a safe home environment where needs are met



ENGAGEMENT

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EMOTIONAL
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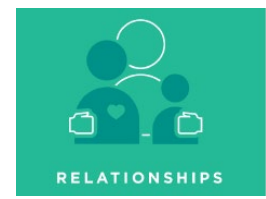
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Snapshots of Security...

Describe what you see...





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Fostering PCE's → Building H.O.P.E.

1. Relationships (SSNR): Have secure attachment relationships with primary caregivers



→ Sportscasting

→ Special Time

→ Promoting P.R.I.D.E. Skills



ENVIRONMENT



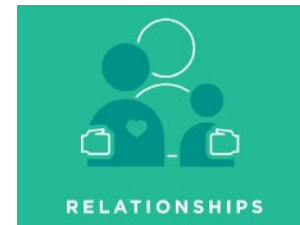
EMOTIONAL



PHYSICAL



Sportscasting

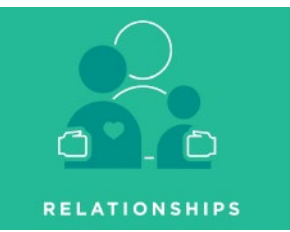


- Describing child's behavior - what you observe
 - Neutral – positive tone
 - Observe with curiosity and interest what we are seeing
 - Describes a “play by play” of what you see happening
- What the child experiences when the parent sportscasts
 - “I have my parent's attention. They are noticing me.”
 - **DELIGHT** : The child feels “delighted in.”
 - **SEEN** : The child feels seen by the parent - even from a distance
 - **JOY** : To be held in the “mind's eye” of the other.”



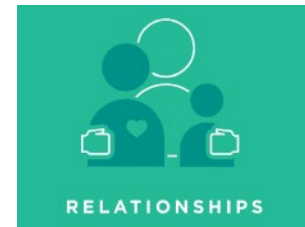
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Sportscasting





Special Time



- Dedicated amount of time (10-15 minutes, 2-3 x/ week) where the parent plays and **FOLLOWS THE CHILD'S LEAD**

1. [Child's Name] Time
2. Rules : 1:1 time; Child chooses activity; No phones; No books;
 - Toys that can promote cooperative play , and shared JOY
3. Set a timer
4. GOAL – Play together, and have fun
5. Follow Child's lead (and sportscast!)
6. Special Time should not be structured
7. Happens consistently – not a reward for good behavior;



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Special Time



RELATIONSHIPS



<https://youtu.be/LHTR6EmStSI>

1:10 – 2:03



P.R.I.D.E. Skills

P

- **PRAISE:** Tell the child specifically what you liked about their behavior:
→ *“I like the way you used your words to tell me your feelings ...”*

R

- **REFLECT:** Repeat or paraphrase what the child says,
→ **C:** *“Tall tower. P:* *“Yes, what a tall tower! You made it so big!”*

I

- **IMITATE:** Join in the child’s play and mirror what the child is doing, following the child’s lead in play

D

- **DESCRIBE:** Narrate what the child is doing.
→ *“You are making a long racetrack for the cars. The cars go zoom!”*

E

- **ENJOY:** Demonstrate enjoyment and enthusiasm in facial expression, body posture and tone of voice. (This is a phone-free time!)
→ *Have Fun! (or fake it till you make it!)*



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Fostering PCE's → Building H.O.P.E.



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Fostering PCE's → Building H.O.P.E.

→ Fostering Emotion Regulation
through the 3 R's of
Trauma Informed Care



4. Emotional Competencies: Have strategies to foster self-regulation, and positive responses to challenges





Fostering PCE's → Through Building Self Regulation

3 R's of Trauma Informed Care

Reassure: Reinforce feelings of SAFETY and SECURITY 

Routine: Restore experiences of predictability

Regulation: the act of managing thoughts, and feelings to engage in goal-directed behavior

→ Help children to develop skills to:

1. Identify what they feel
2. Calm their stress response
3. Develop strategies to manage emotions



Available at AAP Website : Professional Tools and Resources (AAP.org)




Fostering Self-Regulation What Do You See?.....





Fostering PCE's → Through Building Self Regulation

3 R's of Trauma Informed Care

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Promoting Regulation:

1. Finding Ways to Describe "Big Feelings"...

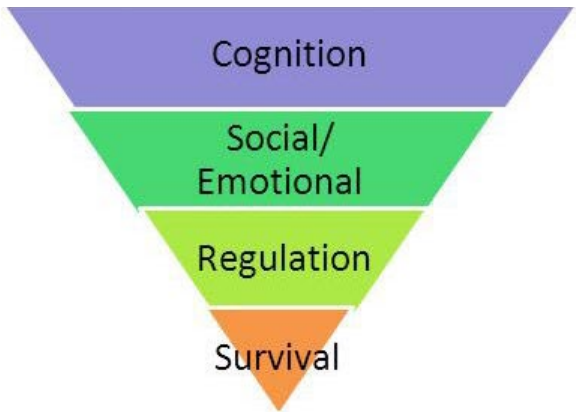
UPSTAIRS BRAIN:
"The Thinking Brain"



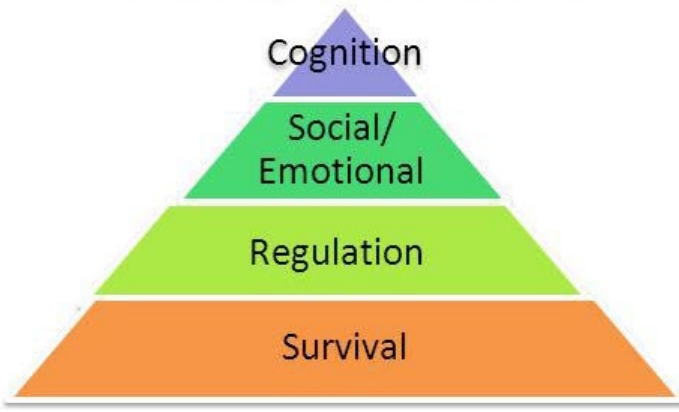
Reptilian Brain
Limbic System
Neocortex

DOWNSTAIRS BRAIN:
The Feeling "T-Rex" (Dinosaur) Brain

"Right Side Up/ Outside-In"



"Upside-Down/ Inside Out"



<http://www.youtube.com/watch?v=DD-lfP1FBFk>

"FLIPPING YOUR LID"

ORBITOFRONTAL CORTEX

Place your thumb in the middle of your palm as in this figure.

CEREBRAL CORTEX

Now fold your fingers over your thumb as the cortex is folded over the limbic areas of the brain.

LIMBIC REGIONS:
Anterior cingulate
Hippocampus
Amygdala

Orbitofrontal Part of the Prefrontal Cortex

Spinal Cord

Brain Stem

FIGURE 5
Dan Siegel's Brain Hand Puppet from Siegel & Hartzell (2003), *Parenting from the inside out*. P.173



Zones of Regulation

- Cognitive –behavioral approach to teach children to develop social, emotional & sensory regulation
- Identify Feelings / Alertness (4 Zones: Blue/ Green/ Yellow / Red)

What Zone Are You In?			
Blue	Green	Yellow	Red
Sick Sad Tired Bored Moving Slowly	Happy Calm Feeling Okay Focused Ready to Learn	Frustrated Worried Silly/Wiggly Excited Loss of Some Control	Mad/Angry Mean Yelling/Hitting Disgusted Out of Control

- Identify strategies to return to the **GREEN ZONE**

 <p>Blue Zone <u>Tools:</u> Rest Stop</p> <ul style="list-style-type: none"> • Take a break. • Think happy thoughts. • Talk about your feelings. • Ask for a hug. • Draw a picture 	 <p>Green Zone <u>Tools:</u> Go Time</p> <ul style="list-style-type: none"> • Complete your work. • Listen to the teacher. • Remember your daily goal. • Think happy thoughts. • Help others.
 <p>Yellow Zone <u>Tools:</u> Slow Down</p> <ul style="list-style-type: none"> • Take a break. • Talk to the teacher. • Squeeze my stress ball. • Go for a walk. • Take three deep breaths. 	 <p>Red Zone <u>Tools:</u> Stop</p> <ul style="list-style-type: none"> • Take a break. • Squeeze my stress ball. • Take three deep breaths. • Count to ten. • Talk about my problem.



Promoting Regulation:

2. Mindfulness Techniques to Calm the Stress Response

Calming the stress response does not need to be elaborate.



Belly Breathe

Put one hand on your stomach and one hand on your chest. Slowly breathe in from your stomach (expand like a balloon) and slowly breathe out (deflate).



Color

Color something. Focus on the colors and designs.



Mindful Meal

Pay attention to the smell, taste and look of your food. No multitasking.



Blow Bubbles

Notice their shapes, textures, and colors.



Squeeze Muscles

Starting at your toes, pick one muscle and squeeze it tight. Count to five. Release and notice how your body changes. Repeat exercise moving up your body.



Meditate

Sit in a relaxed, comfortable position. Pick something to focus on (eg, a religious passage, words of affirmation). When your mind wanders, bring your attention back to the passage.



Listen to Music

Focus on the whole song or listen specifically to the voice or an instrument.



Self-Regulation Strategies

1. Take a Time In
2. Listening Break
3. Rainbow Breath
4. Sing Vowel Sounds
5. Face Painting
6. Move like Animals
7. Tense and Release
8. Freeze Dance
9. Reflect together

12 SELF-REGULATION STRATEGIES

FOR YOUNG CHILDREN



Alert and Engaged



heartmindonline.org



Secure and Calm

1. Take a Time-In



Spend 5 minutes in a calm, quiet space with the child. Connection is a key component of self-regulation.

2. Listening Break



Auditory stimulation such as a meditation, soothing music, or an audio book can help re-focus children's attention.

3. Rainbow Breath



Inhale and raise your arms above your head, painting a rainbow with your fingers! Exhale and return arms to your sides. Deep breathing regulates the vagus nerve.

4. Sing Vowel Sounds



Singing long, open vowel sounds such as "ahh" and "ohh" can balance sympathetic and parasympathetic nervous systems.

5. Face Painting



Pretend to "paint" the child's face in imaginary hues with the tip of your finger to provide sensory input.

6. Cool Down



Offer the child a cool glass of water or a popsicle, or run their wrists under cold water to help their nervous system reset.

7. Smell the Flowers



The scent of lavender can reduce anxiety. Mindfully smell fresh or dried lavender flowers with the child, focusing on how the smell makes them feel.

8. Move Like Animals



Invite the child to move like an animal that they would like to feel like, such as a carefree bird or proud lion. Somatically, this can help them shift their state.

9. Smiling Contest



See how long you can smile for together! Turning a frown upside down can really make you feel happier!

10. Tense and Release



Invite the child to clench their fists as tight as they can, then exhale to release. Repeat with various body parts to lower cortisol levels and heart rate.

11. Freeze Dance



Play upbeat music and instruct the child to freeze every time the music stops. Linking movement to their senses helps children regulate their bodies and minds.

12. Reflect Together



Fostering a self-reflective environment can help children learn to make better self-regulation choices in the future.

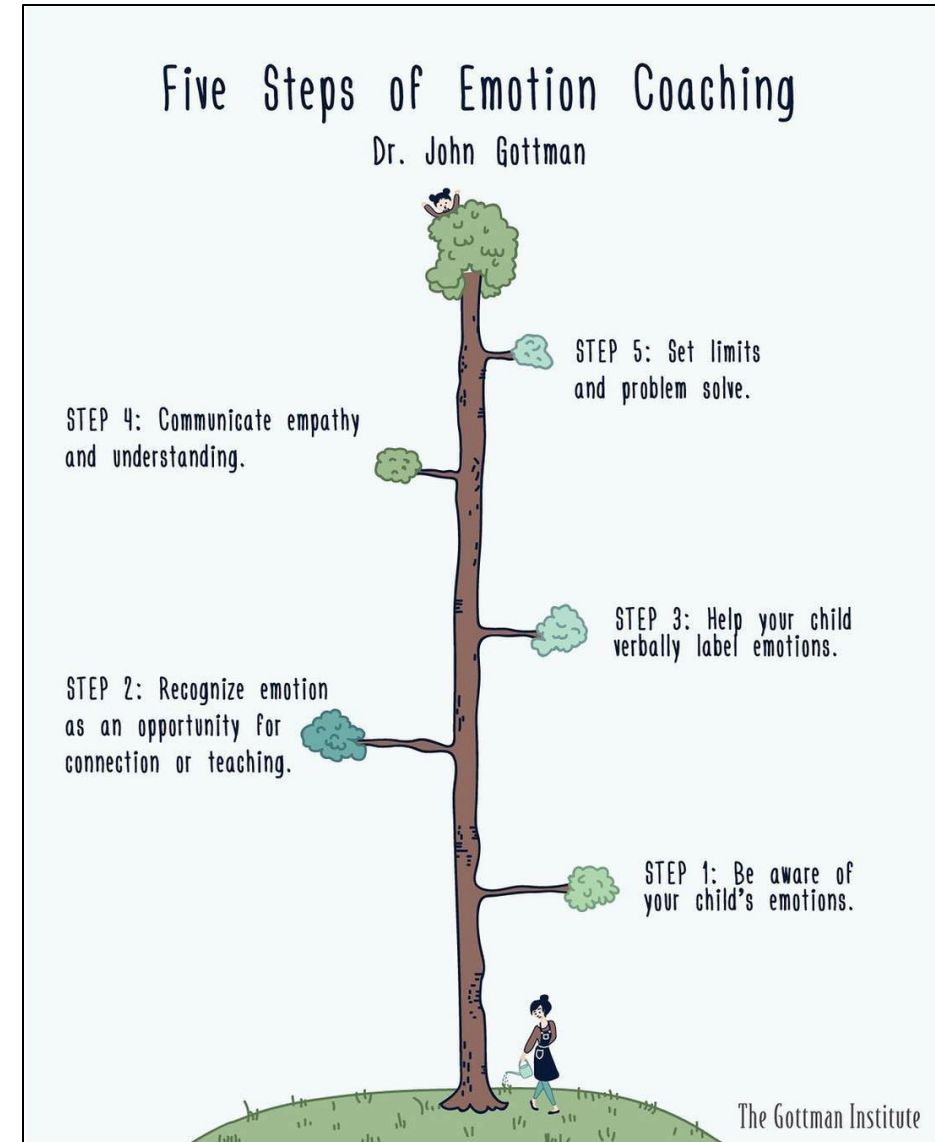


Promoting Regulation:

3. *Develop Strategies to Manage Emotions*

Emotion Coaching 101: 5 Simple Steps

1. Be aware of your child's emotions
2. Recognize emotion as an opportunity for connection and teaching
3. Help your child verbally label emotions
4. Communicate empathy and understanding
5. Set limits and problem solve





Emotion Coaching- 101



Attend to the emotion
acknowledge somethings wrong

01

1. Wow, I see that you have some big feelings now.

Name the emotion
Put the emotion your child's experiencing into words

02

2. You look mad /angry / scared / disappointed / frustrated

Validate the emotion
Remember - all emotions are valid, even if the behavior accompanying them is inappropriate.

03

3. It makes sense that you feel [EMOTION] because of [REASON]

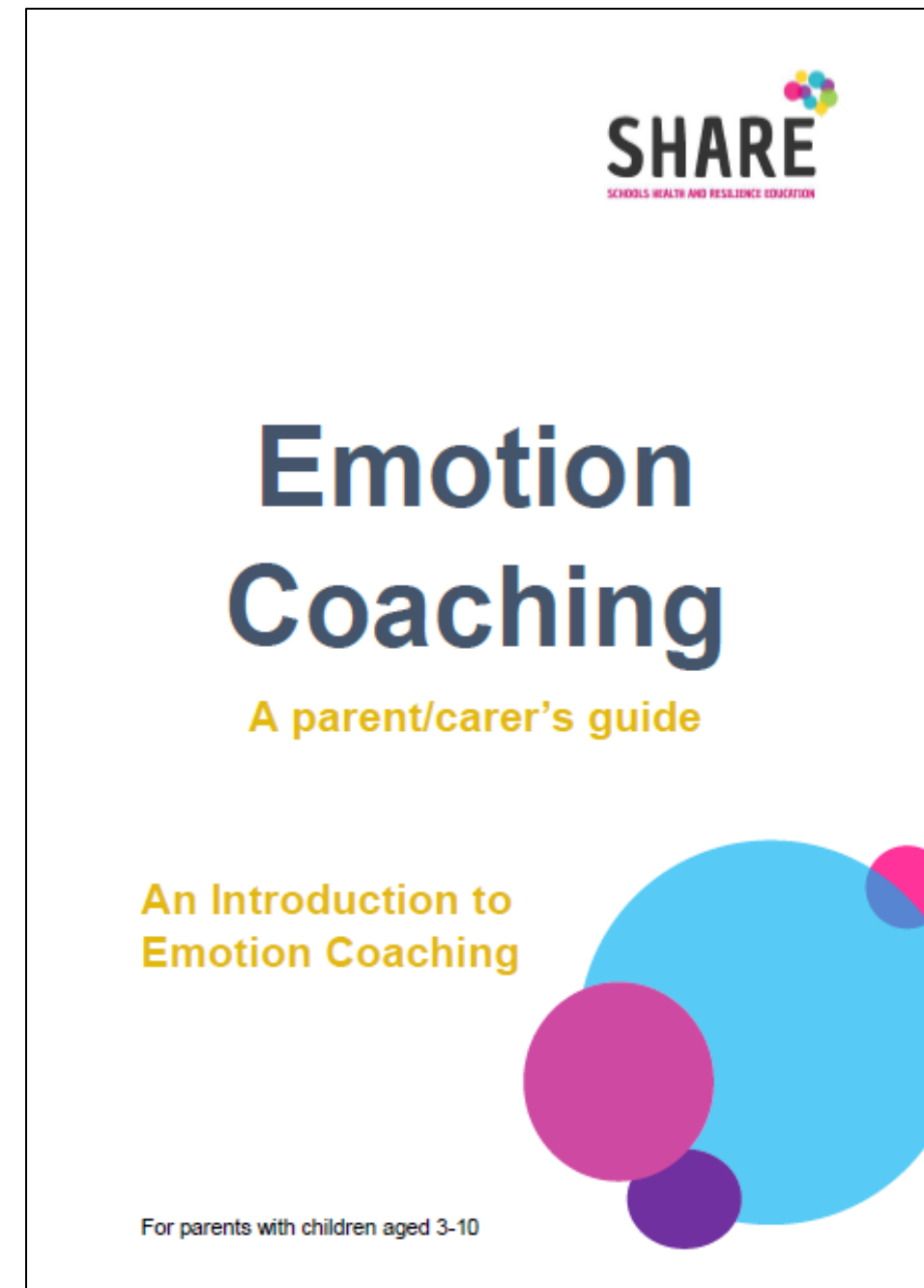
Meet the Need of the Emotion
Help your child get through the emotion until it passes

04

4. IF SADNESS → Provide comfort
- IF FEAR → Provide security
- IF ANGER → Provide kindness & boundaries

Emotion Coaching Guide

1. Uses **EMPATHY** to connect
2. **All emotions are OK**, and healthy, (but not all behaviors are OK)
 - It's OK to be angry
 - It is not OK to hit or destroy things
3. The job of **adults** is to **remain CALM** and help the child solve the problem
4. The **adult is aware** of their **emotions**
5. An emotion coach **doesn't dismiss the emotion**, but helps the child work through the emotions





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From Suffering to Buffering Fostering Resilience Through Simple ROUTINES

Relationships / Routines / Regulation



The importance of regular routines: EVERY DAY...

- **EAT:**
 - Regular, healthy meals
- **PLAY**
 - Regular exercise
 - Every day, do something fun and joyful
- **LOVE**
 - Reinforce stable nurturing relationships
- **SLEEP**
 - Regular and consistent sleep





The Power of Play



FROM THE AMERICAN ACADEMY OF PEDIATRICS | CLINICAL REPORT | SEPTEMBER 01 2018

The Power of Play:

A Pediatric Role in Enhancing Development in Young Children

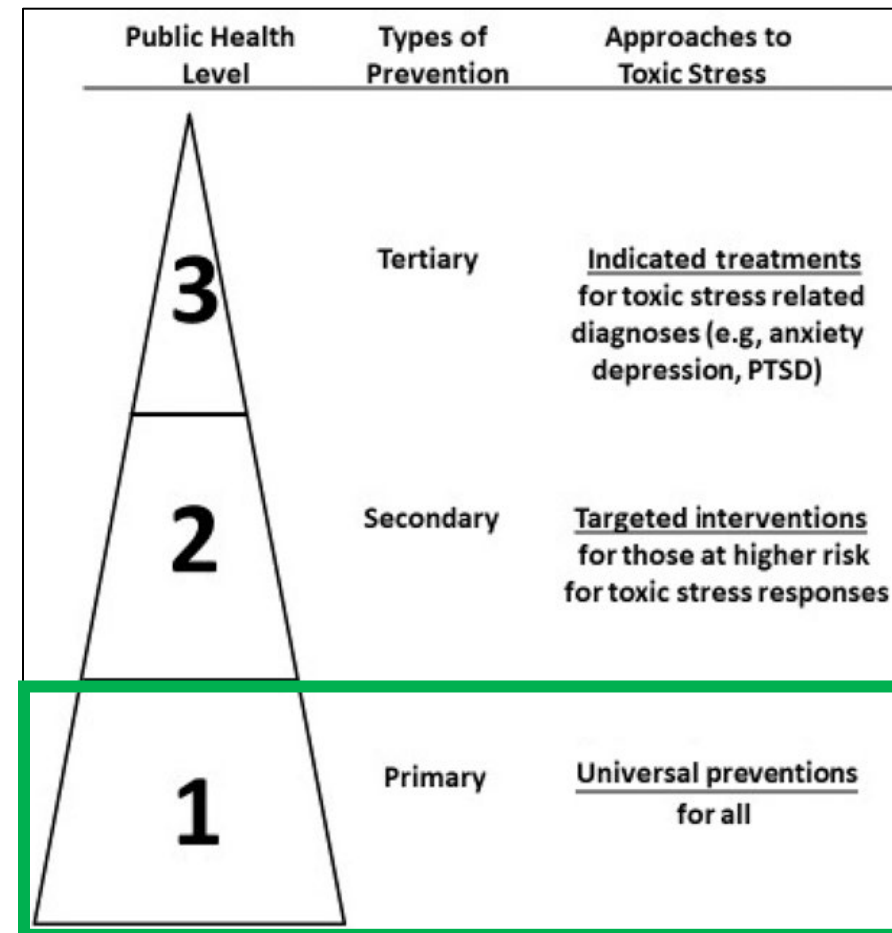
2018 Policy statement published by the AAP:

1. Reiterated the importance of play to build cognitive and social-emotional skills
2. Advocated for unstructured play time for children
3. Recommended “playful learning” with parents, by prescribing play at every well child visit.
4. Focus on playful learning in schools – allowing children to follow their own curiosity



Play as a Primary Prevention Strategy

- **PLAY** is characterized by:
 - Activity that is **intrinsically motivated**
 - Entails **active engagement**
 - Has **no extrinsic goals**
 - Results in **joyful discovery** (Yogman, 2018)
- **PLAY** is **EQUITABLE**
- **PLAY** is **INCLUSIVE**
- **PLAY** promotes **LEARNING** and **SELF REGULATION**



Andrew S. Garner; Michael Yogman, Pediatrics 2021;148 (2)

Michael Yogman, et. al. Pediatrics 2018;142 (3)

Early Supportive Experience, and a Potential Buffer Against Toxic Stress



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★ The Power of Play! ★



American Academy
of Pediatrics



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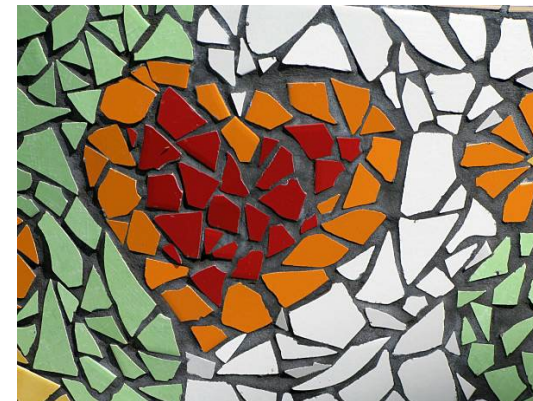


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Promoting P.A.C.E.s through Early Relational Health

- **Early Relational Health...**
 - Is the mosaic that is created from a lifetime of relational moments and shared joy
 - Fills parents with delight and self-efficacy
 - Fills children with security and confidence
 - Builds the resilience of the human person

→ And it has the power to
transform our world





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PROMOTING P.A.C.E.s TOOLS FOR THE TOOLBOX

- **POSITIVE PARENTING TECHNIQUES**
 - **BUILDING PRIDE SKILLS**
 - **SPORTS CASTING**
- **EMOTION COACHING**
- **SPECIAL TIME**
- **PRESCRIPTION FOR PLAY**





Practice Change:



In my practice I will do the following:

Promote ERH Strategies	Special Time Sportscasting Emotion Coaching
Provide Trauma Informed Care	<u>AAP Trauma-Informed Care</u>
Practice Parent Coaching :	P raise ♦ R eflect ♦ I mitate ♦ D escribe ♦ E njoy



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Promoting P.A.C.E.S.....





Resources

- Self-Regulation

- <https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/PromotingSelf-RegulationIntheFirstFiveYears.pdf>
- <https://heartmindonline.org/sites/default/files/12%20Self-Regulation%20Strategies%20for%20Young%20Children%20Infographic.pdf>

- Emotion Coaching

- <https://hes-extraordinary.com/how-to-use-emotion-coaching-to-teach-children-self-regulation>
- https://files.schudio.com/milverton-primary-school/files/documents/Emotion_Coaching_Guide_for_Parents.pdf

- The Power of Play

- <https://publications.aap.org/pediatrics/article/142/3/e20182058/38649/The-Power-of-Play-A-Pediatric-Role-in-Enhancing>



Additional Resources

- [AAP Child and Adolescent Mental and Behavioral Health Principles](#)
- [AAP Early Relational Health](#)
- [AAP Mental Health Initiatives](#)
- [AAP Mental Health Practice Tools and Resources](#)
- [AAP Pediatric Mental Health Minute Series: *Mental Health in Infants and Young Children*](#)
- [AAP Trauma-Informed Care](#)
- [Bright Futures - Building Positive Parenting Skills Across Ages \(PediaLink\)](#)
- [Bright Futures Mini Training Modules: Promoting Social-Emotional Health in Infancy; Promoting Social-Emotional Health in Early Childhood](#)
- [HealthyChildren.org: *Creating Positive Experiences for Your Infant*](#)
- [HRSA Pediatric Mental Health Care Access](#)
- [National Network of Child Psychiatry Access Programs](#)



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Thank you!



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