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FAMILY MATTERS

Safely guiding children through traumatic events

by Chloe Learey

Years of research have demonstrated that ACEs – Adverse Childhood Experiences – have an impact on child development and ultimately adult health outcomes. Much of this information can be found at [ACESTooHigh](#), a news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress.

Prolonged exposure to trauma creates an environment of toxic stress that can change the architecture of the brain due to the physiological response stress produces. Fortunately, the human brain is elastic, particularly in the early years, and there are things we can do in our work with young children and their families to decrease exposure to ACEs or decrease the negative impact they may have.

One way to address the impact of ACEs is a “trauma-informed approach.” I have often said that you should not go into early childhood work just because you like children – you have to like adults, too, because we do not work with young children in isolation from their families. Understanding that parents may have experienced ACEs helps us implement a trauma-informed approach throughout our programs. This approach is based on a set of principles versus prescribed practices or procedures and includes: safety, trustworthiness and transparency, peer support, mutuality and collaboration, empowerment, voice and choice, and cultural, historical and gender issues (<https://www.samhsa.gov/nctic/trauma-interventions>). These broad principles can be applied in specific ways depending on the work being done. For instance, providing a safe environment in a school setting or in a home visit might look very different, but understanding what safety means for someone who has experienced trauma will inform how you work with them in that setting. This gives us a tool for joining families to help them build their capacity and resiliency.

Building capacity and resiliency are key components of another framework we use in our work to combat ACEs and their negative effect. The Strengthening Families Approach identifies five protective factors that contribute to families having what they need to successfully support their child’s development, and ultimately reduce the child abuse and neglect. These factors include: parents who are resilient and have the skills they need to deal with stress; families who are connected to a larger community, families with access to concrete supports, like financial assistance, when needed; parents who have an understanding of child development and have effective parenting skills; and children whose social emotional skills are developed (<https://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>).

What does this look like in our day-to-day work? It means families having access to prenatal and postpartum support, like a nurse from Children’s Integrated Services being able to visit them at home to help with breastfeeding. It means bringing parents of 3 to 5-year old children in a “Positive Parenting Solutions” training, offering learning and connection with other parents. It means teachers trained and coached in implementing The Pyramid Model in the classroom to support social-emotional development. It means developmental specialists available to help a family who has a child with Down’s Syndrome learn about their child’s development and what they can do to support her. It means Family Support Workers who can help families access resources to meet their basic needs.

In 2014, Vermont was the first in the nation to address adverse childhood experiences so specifically in health care at a legislative level. This year, the Vermont Legislature approved Act 43, “An Act Relating to Building Resilience for Individuals Experiencing Adverse Childhood Experiences.” According to the bill’s summary, it “establishes the interim Adverse Childhood Experiences Working Group that shall meet to analyze existing resources related to building resilience in early childhood and propose appropriate structures for the most evidence-based or evidence-informed and cost-effective approaches to serve children experiencing trauma.”

We can continue to pour resources into treatment for some of the chronic conditions we see, some of which are related to ACEs, and it is certainly needed, but if we do it without also investing in promotion and prevention we will be doomed to continue the cycle. Investing more in early childhood, including community based services like family support, early intervention, and nursing, is an important piece of the equation to decrease ACEs, build resilience and ameliorate the harmful impact of childhood trauma and toxic stress.

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