



Spreading HOPE

January 19, 2023



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Why HOPE Exists

Positive experiences help children grow into more resilient, healthier adults. HOPE aims to better understand and support these key experiences.





Acknowledgment: A legacy of positivity

Science of the Positive - the Positive Exists

Strengthening Families – Protective Factors

Essentials for Childhood - Safe Stable Nurturing Relationships

Johns Hopkins – Flourishing -not just surviving

NICWA - Positive Indian Parenting

SEARCH Institute – 40 community assets

Bright Futures – Identifying strengths

Faith traditions bring communities together to support families





Poll

How much do you already know about Positive Childhood Experiences (PCEs)?

- A. Nothing what are PCEs?
- B. A little I have heard the term before.
- C. More than a little but probably still have a lot to learn.
- D. I am well versed in PCEs and their effects on health.
- E. I am a PCEs expert!





2015 population study in Wisconsin

Part of the BRFSS

Asked about ACEs

Asked about Positive Childhood experiences

Correlated with mental health

Developing the Positive Childhood Experiences (PCEs) score





Positive Childhood Experiences scale questions

As a child, how often did you ...

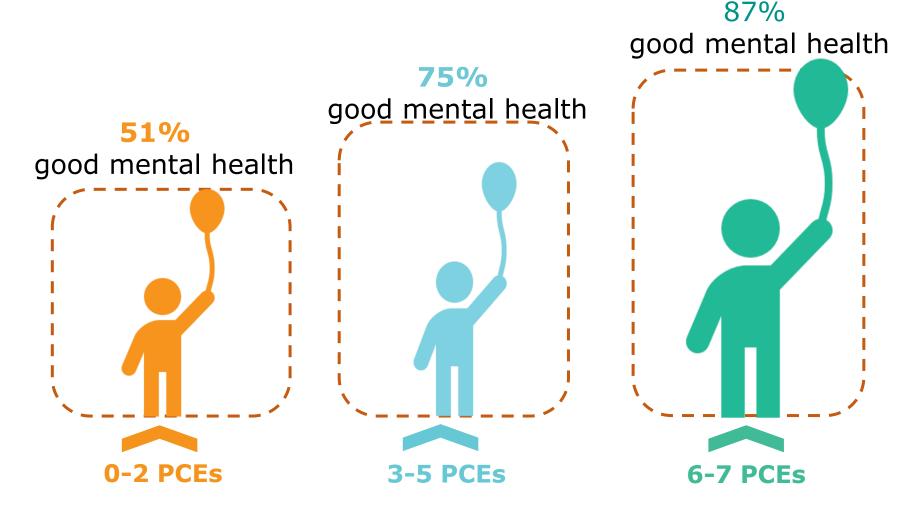
- 1. Feel able to talk to your family about feelings
- 2. Feel your family stood by you during difficult times
- 3. Enjoy participating in community traditions
- 4. Feel a sense of belonging in high school
- 5. Feel supported by friends
- 6. Have at least two non-parent adults who took genuine interest in you
- 7. Feel safe and protected by an adult in your home







Positive Childhood Experiences (PCEs) Protect Adult Mental Health

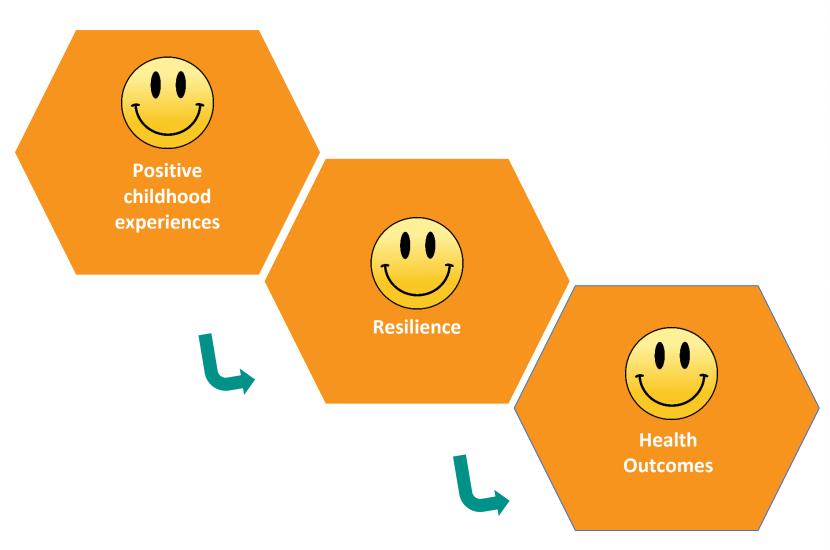


Good mental health - those not reporting depression or poor mental health





PCEs protect adult health







Poll

How much do you know about Adverse Childhood Experiences (ACEs)?

- A. Nothing what are ACEs?
- B. A little I have heard the term before.
- C. More than a little but probably still have a lot to learn.
- D. I am well versed in ACEs and their effects on health.
- E. I am an ACEs expert!





ACEs and PCEs

ACEs

- ➤ 1998 study of employed people in Southern California
- Patients answered questions about their childhood
- Correlated with mental and physical health

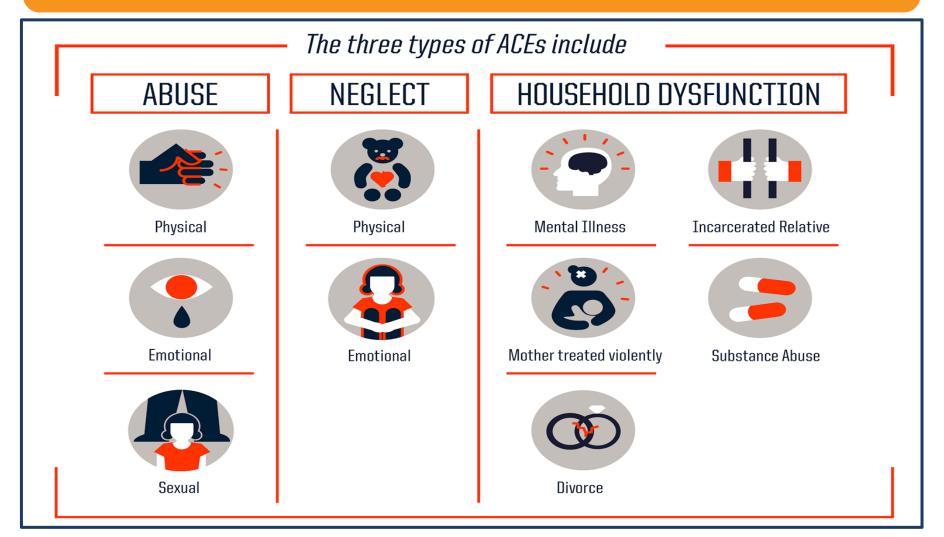
PCEs

- 2015 population study in Wisconsin
- Part of the Behavioral Risk Factor Surveillance Survey
- Asked about ACEs
- Asked about Positive Childhood Experiences
- Correlated with mental health

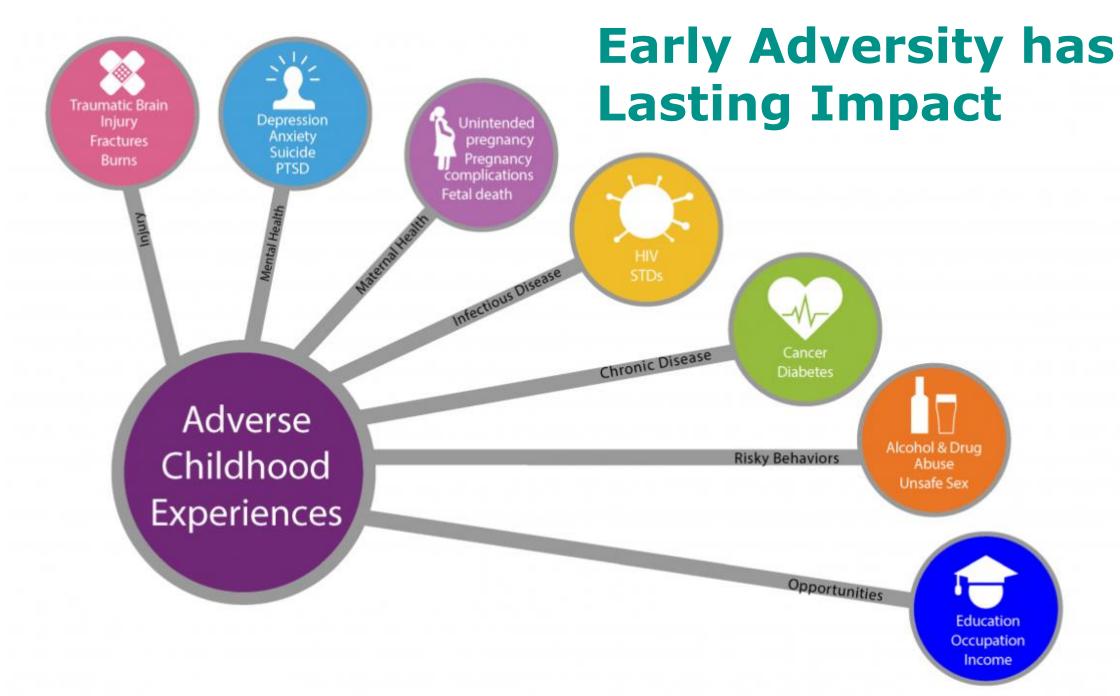




Adverse Childhood Experiences (ACEs)











Adverse Community Environments are the root causes of ACEs



Adverse Childhood Experiences

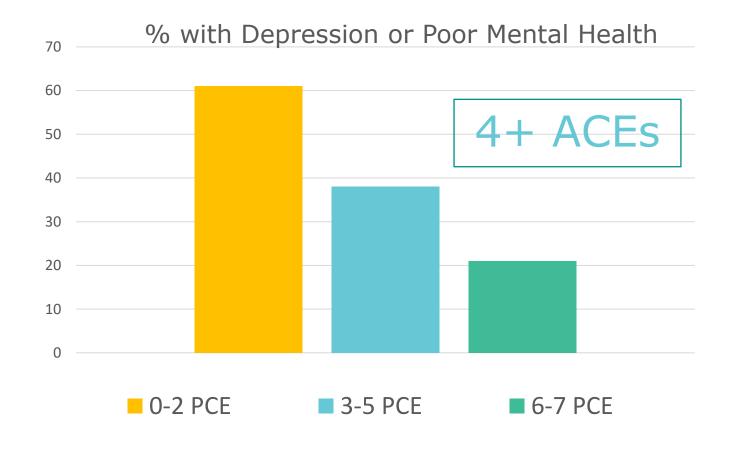


Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011





Positive Childhood Experiences Mitigate the Effects of ACEs







5 lessons from the Trauma-Informed Care Revolution

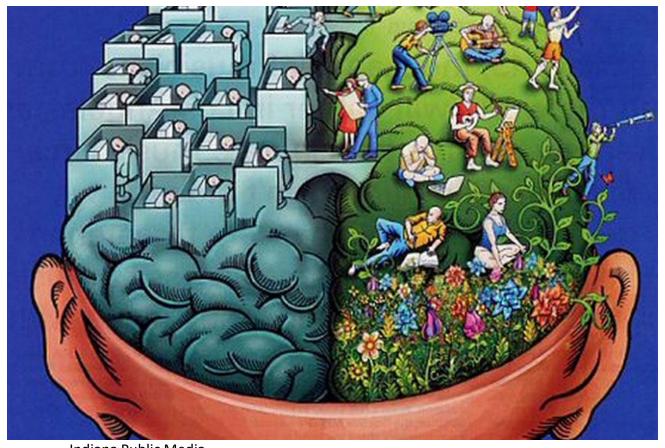
- 1. Children's brains respond to experience
- 2. Birth-3 and adolescence are sensitive stages
- 3. Therapeutic importance of childhood experiences
- 4. Most adults understand why childhood experience matters
- People can heal, even after past trauma





Take Home Lesson: The Brain is Not Static!

Exposure to PCEs can strengthen brain pathways and promote resilience and recovery.



Indiana Public Media





Research indicates that the absence of PCEs may be more damaging to long-term health outcomes than the presence of ACEs.













Relationships with other children and with other adults through interpersonal activities.

Safe, equitable, stable environments for living, playing, learning at home and in school.

social and civic engagement to develop a sense of belonging and connectedness.

Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

The Four Building Blocks of HOPE

.









Relationships

with other children and adults through interpersonal activities.









Safe, equitable, stable environments for living, playing, learning at home and in school.









Social and civic engagement to develop a sense of belonging and connectedness.









Emotional growth

through playing and interacting with peers for self-awareness and self regulation.





Families let providers know what goes into the buckets!







Strengthsbased, Childcentered, **Family-led** innovating around promoting access to the **Four Building Blocks**





Families are Resilient. HOPE celebrates their strengths.









HOPE in Practice - initial encounter

- Parents want to be trusted and valued
- Providers want to be trusted and valued
- But . . . how do we form those initial impressions?

YOU DON'T GET A SECOND CHANCE TO MAKE A POSITIVE FIRST IMPRESSION

OSCAR WILDE



What RISK factors do you see?





What PROTECTIVE factors do you see?





Poll

Were risk or protective factors easier to see?

- A. Protective factors were easier to see
- B. Risk factors were easier to see
- C. They were about the same





Brain Changes

We've talked about how a child's brain responds to experiences. Now let's talk about how YOUR brain responds via cognitive reframing.





Type 1 vs. Type 2 thinking

Type 1 thinking

- ✓ Fast, intuitive, unconscious thought
- ✓ Everyday activities
- Effortless
- ✓ Training and experience
- ✓ Implicit bias



Type 2 thinking

- ✓ Slow, calculating, conscious Solving a problem
- ✓ Takes more effort!
- ✓ Something novel
- ✓ Perceiving variability
- ✓ Perspective taking





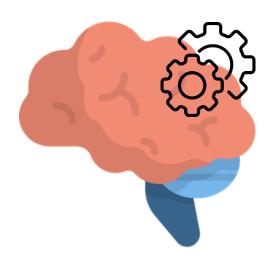
Type 1 vs. Type 2 thinking

Implicit biases are imbedded in Type 1 thinking

Type 2 thinking can help us notice and navigate our biases







Unconscious, immediate reactions to difference

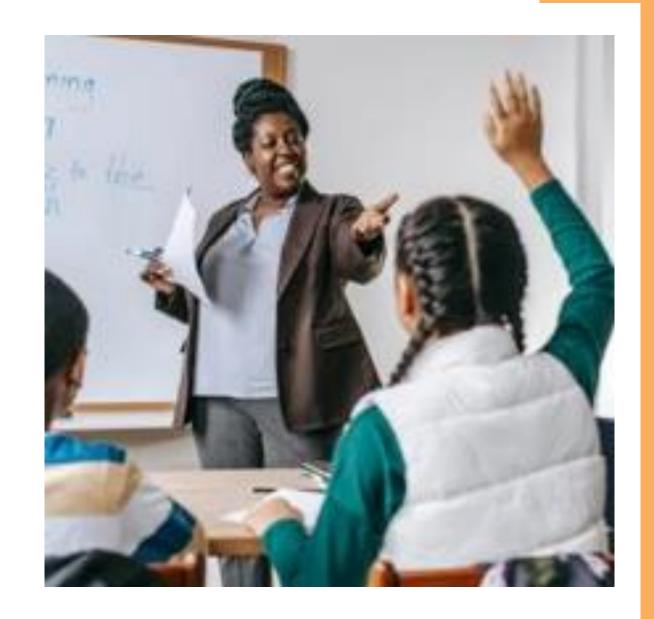
Slow, conscious strategies to mitigate bias





Forms

The forms an organization uses to carry-out family interactions set the tone and define organizational priorities.







Forms

Some can be changed.

Some can't.





QUESTION: Type in the Chat or Come off Mute

How do ACEs screenings happen in your clinic?





Breakout Room

- Why do you screen for ACEs?
- How does it change your work with families?
- What are your goals in conducting the screening?





HOPE-informed ACEs Screen

Preparing

- Provide information about screening
 - Explain ACEs study and kinds of questions study will ask
 - Explain why you are conducting the screening
 - Explain what is and is not reportable
 - Remind family that this is optional
- Schedule for a time in the future when parent can feel prepared to discuss





HOPE-informed ACEs Screen

- Conducting the Screener
- Briefly review power of the brain to change
- Review science of Positive Childhood Experiences and the power to offset health outcomes
- Create a safe space to share, acknowledging that parent should not feel obligated to go into detail
- Conduct ACEs screen





HOPE-informed ACEs Screen

After the Screener

- Review PCEs that you have witnessed in the family
- Celebrate with the parent the work they are already doing to offset long term health outcomes associated with ACEs
- Ask parent if they are interested in brainstorming more ways to create PCEs for children
- Close with positive, HOPEful messaging



Building Blocks for Health

These four building blocks are important factors in growing up healthy. Share what's working & your provider will brainstorm with you for solutions to anything that not working.

Engagement:

What is one thing you like to do as a family outside the home? Where do you feel most connected to others?

Environment:

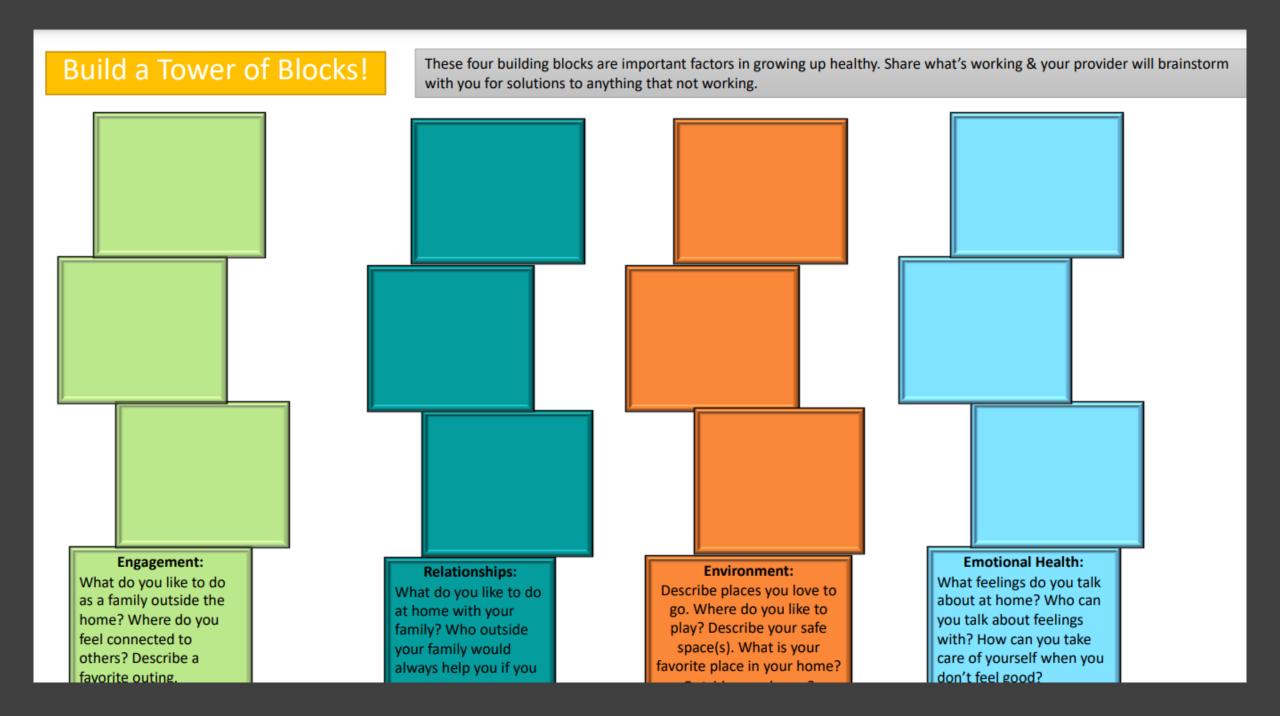
Describe a place you love to go or play. Where is your safe space?

Relationships:

What do you like to do at home with your family? Who is someone outside your family that really cares about you?

Emotional Health:

What feelings do you talk about at home? Who can you talk about feelings with? How can you take care of yourself when you have big feelings?



Strengths Based Building Block Conversations

Engagement:

- · Suggest afterschool programs
- Explore summer camps, community programs
- Identify local YMCA can they connect? Scholarships?
 Transportation Barriers?
- Parenting resources positive parenting resources, community groups
- Youth programs, outreach, school, community groups
- Offer list of local churches or spiritual centers, resources
- Identify parent support groups online or in person

Relationships:

- How are things at home? What is hard for parents?
- · Are parents able to play with kids, Read?
- What is parent proud of?
- · How high is the stress level at home?
- Are there specific things or times of day that are hardest?
- Name the non-parent adults that can help; identify barriers to asking them for help
- Identify community resources that can reduce barriers/decrease isolation
- · Provide list of community groups and supports
- Give Reach out and Read books/library resources

Environment:

- Provide list of local housing resources
- Provide list of food pantries
- Provide list of transportation options
- Review Gun safety
- Review Medication safety
- Brainstorm about safe play areas
- Brainstorm about options for trips, outings
- Offer list of community resources for outdoor activities
- Trail/Park Maps and resources (i.e. state park passes or maps)

Emotional Health:

- Ask parents if they feel like they know how to help their child when they are angry, frustrated, worried or scared
- Ask parents how they take care of themselves when they are stressed, sad, angry or frustrated
- Make a "Family Feelings Chart" & encourage them to ask "how do I know I am feeling this way" & "how can I take care of myself while this feeling is here?"
- Teach at least one breathing exercise (glitter jar, box breathing or 5 big deep breaths)
- Teach one strategy for anger (playing "angry" ball with nerf ball, Daniel Tiger, outside to run around)
- Teach one mindfulness strategy: i.e. toes-to-nose or using all 5 senses



inquiring about strengths, learning proxy measures for restlence, and promoting access to positive childhood experiences are key components of the HOPE framework. While there is not a single, endence-based approach providers can use to ack about positive chirdhood experiences, the following options represent research-informed methods currently being used in the field.

The first two techniques are based an standardized, validated quaries and will poserate scares. Higher scores are associated with stranger resilience. The questions can be included in any standard incohe form, pointed with an ACEs screen, or youd as a strand afterer screening total.



Positive Childhood Experiences scale (Notherlet at 2010)

Its a population survey conducted in a largely White-sample in Wisconsin, this scale has been shown to protect actuit reental health. A score is calculated based on the number of questions that were arowered "sheays" or "simost sheays".

Thinking back to your dividhood, up to the age of 18, please indicate how often you.

- · Felt able to sale to they family about heings.
- Net their family stood by them during officult times.
- Enlayed purisdicating in community traditions.
- · Reft a sense of belonging in high school
- · Felt supported by friends
- Rad at least two non-povert abuts who took genuine interest in them.
- · Helt safe and promoted by an adult in their home



Benevolent Childhood Experiences Claravan, Journ Fernando Harris, S. Linberman, 2015. This instrument was developed for clinical use at the primary care clinic at the towersty of CAI San francisco, it has been validated in small studies conducted among high risk populations. the Positive Childhood Experience scale above, a total score is generated by tallying the efficiently answers

When you were growing up, during the first 18 years of life

- Did you have at least the caregiver with selection your left stafe?"
- . Did you have at least one good hierd?
- Did you have beliefs that gave you comfort? . A Did you have opportu
- · Did you like school?

- Was there an adult promparent who could provide you with s

Resource:

Four Ways to Assess **Positive Childhood** Experiences





Breakout Room

What feels immediately actionable?





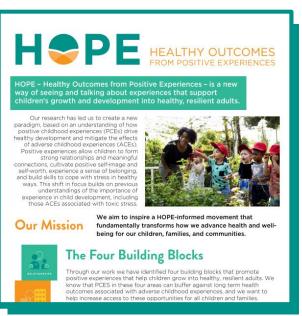
What are you going to do to create HOPEful ACEs screenings this month?













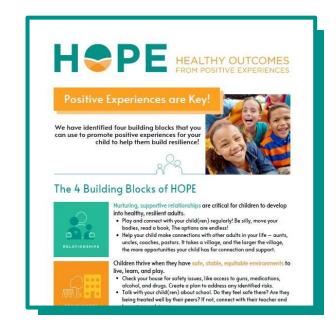


Many of us are concerned about increased stress for our children and families, especially during COVID-19. We aren't powerless, though, and the unique circumstances of our current environment actually allow for new ways to engage and connect with our children. Using HOPE (Healthy Outcomes from Positive Experiences) as a guide, here are 10 suggestions to promote Positive Childhood Experiences now:

- . Think about social connection and physical distance, not social distance. The new way of the world rionically allows for increased connections with friends and loved ones far away. Take advantage of the extra time at home by having virtual story-time with Grandma, trivia night with cousins, or Zoom holiday dinners.
- Talk with your children. Like us, children may be fearful or simply missing their routines. Connect with them. Ask them about their concerns. Their answers will guide you on how to talk with them. Reassure them that life will return to some semblance of normal at some point.
- Reach out for support when you need it! Model for your child that everyone needs help sometimes, and it's ok to ask for it when you need it.
- Reach out to support. Reach out to your friends or relatives, encourage your children to touch base with their friends, and check in on how they're feeling. Increase opportunities for your child to practice empaths and listening skills.

https://positiveexperience.org/resources/







Join us in the HOPE transformation

LEARN

Visit our website

Download our material

Watch our videos

Complete our online modules

SHARE

Tell your colleagues

for a workshop about implementing HOPE

ACT

Sign up for a Train the Facilitator

Use the Anti-racism Toolkit to increase access to the 4 Building Blocks in your community

Revise your intake and assessment forms to be HOPE-informed





Evaluation Link: https://forms.gle/f8agsK9LZR9JG1BS6



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Spreading







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