

Pediatric Resiliency Collaborative

Resource Guide



Pediatric Resiliency
COLLABORATIVE

Contents



Overview

Process and Workflow Tools

- PeRC Clinic Launch Checklist
- PeRC Clinic Process Flow Diagram
- Medical Assistant and Provider Script
- Screener
 - PEARLs Screener (English/Spanish)
 - ACEs Aware Revised Questionnaire for Parents (English/Spanish)
- Referral Algorithms and Workflows
 - ACEs Aware Clinical Algorithms
 - PeRC Clinical Algorithm

Provider Educational Materials

- Overview of ACEs and Resiliency
- Rationale for Screening
- Providing Anticipatory Guidance on ACEs and Toxic Stress
- Communicating with Caregivers

Patient and Family Handouts

(English/Spanish, unless noted)

- What are ACEs?
- How to Reduce the Effects of Toxic Stress
- Lower Toxic Stress Handout
- Parenting with ACEs
- Self-Care Tool for Pediatrics (English only)
- Exercise
- Nutrition
- Sleep
- Mindfulness

Overview





Overview

What is the Pediatric Resiliency Collaborative (PeRC)?

PeRC is a community partnership that has the goal of implementing ACEs screening and response in all pediatric clinics in Santa Barbara County.

Partners include Cottage Health, Child Abuse Listening Mediation (CALM), Santa Barbara Neighborhood Clinics, CenCal Health, Family Service Agency (FSA), Carpinteria Children's Project, Santa Barbara County Public Health Care Centers, and Resilient Santa Barbara.

PeRC supports clinics with technical assistance and training related to implementation of ACEs screening and provides critical staffing and supports to ensure that patients and families that screen positive are connected to high quality resources.

The key services provided by PeRC are outlined below:



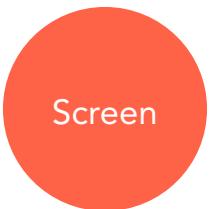
Train

PeRC trains all pediatric providers and staff on ACEs and resiliency



Launch

PeRC provides technical assistance with implementation



Screen

Clinics screen children 0-3 and parents, receive Medi-Cal reimbursement



Connect

Clinics connect to FSA advocate and CALM therapist as appropriate



Evaluate

PeRC evaluates clinic progress and community impact

PeRC Services and Supports to Clinics

Participating PeRC clinics receive up to five trainings from PeRC trainers on topics designed to prepare clinics to screen for ACEs and provide trauma-informed care. Training topics include:

- ACEs/Resilience Science
- Mandated Reporting
- Self-care and Preventing Secondary Traumatic Stress
- Motivational Interviewing
- Workflow and Protocol Design



All trainings are evidence-based and delivered by qualified trainers from CALM and Santa Barbara Neighborhood Clinics.

PeRC will also provide technical assistance related to billing and EMR documentation.

Importantly, PeRC clinics have access to dedicated CALM therapists and FSA navigators to assist families that screen positive for ACEs. A therapist and navigator will be on-site at the clinic one day per week.

To assess the impact of the PeRC program, Cottage Health will be collecting clinic data related to screening volume and utilization of services.

Process and Workflow Tools



Clinic Launch Checklist



Key Contacts

- Who will be the provider or physician champion?
- Who will be the point person for PeRC correspondence?
- Which staff person will assist PeRC with data collection?

Training

- Schedule all-staff trainings with PeRC trainers (4-5 sessions)
- Complete PeRC Trainings (4 or 5 depending on “Mandated Reporting” training needs)

Set-up Workflow and Planning

- Identify who will explain and administer the screener (e.g., reception, medical assistant, nurse, physician).
- Determine where the screener will be completed (e.g., waiting area, exam room, other).
- Establish who will discuss the screening results with parents.
- Determine where scores will be documented in the patients’ medical records.
- Select which parent and patient handouts to use in patient encounters. See examples in the PeRC Resource Guide.
- Identify who will follow-up with families to ensure they follow through with the treatment plan. Decide how and at what intervals follow-up will occur.
- Practice scripts and role play with staff.

Navigator / Therapist

- Identify space in clinic for the therapist and navigator.
- Decide which day(s) of the week the therapist and navigator will be onsite.
- Determine where the navigator and therapist will document visit notes in the electronic medical record.
- Determine how referrals will be tracked (i.e., how will the EMR assist with this?).
- Create login credentials for the navigator and therapist in EMR and any other required systems.
- Schedule a walk through with the navigator and therapist to go over the workflow, clinic space, and EMR flow.
- Decide on a date/time and frequency for a case conferencing meeting between clinicians, navigator and therapist for those families served by all three.
- Ensure that appropriate badges or IDs are created and working for therapist and navigator (if needed).
- Share dress code and any onsite policies with the navigator and therapist.
- Verify that the navigator and therapist have met all requirements for working onsite with patients in your clinic. For example, the navigator and therapist have HIPAA training and common vaccinations. Ensure that this training and these vaccinations meet the requirements for your clinic.



Parenting Interventions

- In partnership with FSA, decide which parenting interventions will be offered to families (brief in-clinic education, FSA 14-week parenting class, monthly parenting class at clinic, or all of the above)
- If offering an onsite monthly parenting class, determine location, day of week, and decide if you will offer childcare.

PeRC Clinical Workflow

Registration or clinical staff reviews patient's record to determine if PEARLs screen needed for visit. Staff provides screeners to caregiver using a script to describe the screening tools and explain their purpose.



Caregiver completes PEARLs for child and self.



Provider or medical assistant transcribes ACE score (from top box of PEARLs tool into EMR)



Assessment of ACE score, ACE-associated health conditions (if indicated), and buffering or protective factors



Provider reviews score with family and follows appropriate risk assessment algorithm:

- 1. Incomplete or no ACEs:** anticipatory guidance, parent education
- 2. Intermediate risk:** Child 2 or more with symptoms or 1 or more for under 1. Parent 3 or more; education, FSA, consider therapist
- 3. High risk:** Child 3 or more, parent 4 or more; education, FSA, parenting class, CALM therapist



Provider documents ACE score, billing code, and treatment plan, follow up in visit note.



Provider reviews ACE score, treatment plan, follow up prior to next visit; at next visit updates as needed.

Medical Assistant (**MA**) and Pediatrician (**PED**) Scripts



English:

MA: "We have some forms that we ask all of our patients to complete so that the doctor understands how your child is doing. The doctor will answer any questions you have about the forms, and I'm here if you need clarification on the instructions. One of the papers is called the "PEARLS Screener". This form asks some personal questions and screens for health risks due to exposure to stress. If you could please, review the statements and write down the number of statements in each section that apply to your child. You do not need to mark which ones. We also have a questionnaire that asks similar questions about your own childhood experiences. Please just mark the total number of statements that apply. When you have finished, return all of the forms to me. I will place everything in this folder and give it to the doctor before you and your child go in for your visit"."

PED: The Primary Care provider reviews the results of the ACES Screen with the family and counsels the parent.

Based on the response (**0 in child and 0-2 in the parent**), the parent is counseled about the effects of Toxic Stress and told by the doctor.

"*If in the future (Child's name) experiences any of these issues, please let us know because Early Intervention can lead to better outcomes*"

If response is 1 for an infant, 2 or more in the child or 3 or more in the parent.

"*We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount of stress hormones that a child's body makes and this can increase their risk for health and developmental problems. We also understand that experiences that parents have had as children also affect how they respond to stressful situations and may affect how they respond to these experiences with their children. I would like to refer you to some services that could be helpful.*"

Referral and appointment with Family Navigator and/or CALM therapist

Spanish Script:

MA: "Tenemos algunos formularios que pedimos a todos nuestros pacientes que completen para que el médico entienda cómo está su hijo/a. El/ La doctor/a puede contestar cualquier pregunta que tenga sobre estos formularios, y yo estoy aquí por si necesita ayuda con las instrucciones. Uno de los formularios se llama "PEARLS". Este formulario hace algunas preguntas personales para revisar riesgos en la salud debido a la exposición de estrés. Si pudiera revisar las declaraciones y anotar el número de declaraciones en cada parte que se aplican a su hijo/a y no anote cuáles. También, tenemos un formulario con preguntas similares para usted. Por favor, revise las declaraciones y anote el número de declaraciones que se aplican a usted. Cuando haya terminado, me devuelve todos los formularios a mí. Colocaré todo en esta carpeta y se lo daré al médico antes de que usted y su hijo/a vean al doctor/a."

PED: El Pediatría revisa los resultados del ACES con la familia y aconseja a los padres.

Si los padres responden (**0 en el niño y 0-2 en el ACES de los padres**), el padre es aconsejado sobre los efectos del estrés tóxico por el médico. Y el médico les dice a los padres...

"*Si en el futuro (nombre del niño) sufre cualquiera de estas experiencias, por favor háganoslo saber ya que la intervención temprana puede conducir a mejores resultados en el bienestar de su hijo.*"

Si los padres responden con 1 para infante, 2 o más en el ACES del niño o 3 o más en el ACES de los padres. El medico dice...

"Ahora entendemos que la exposición a experiencias estresantes o traumáticas como las que usted indica aquí, pueden aumentar la cantidad de hormonas de estrés que el cuerpo de un niño produce, y esto puede aumentar el riesgo de problemas en la salud y desarrollo de su hijo. También entendemos que las experiencias que los padres han tenido en su propia infancia también afectan cómo los padres responden a situaciones estresantes y pueden afectar cómo responden a las necesidades de sus hijos. Me gustaría referirle a algunos servicios que podrían ayudarle."

Introducir a la coordinadora o/y la terapista



PEARLS

Pediatric ACEs and Related Life Events Screener

CHILD

Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.



Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by “OR.” If any part of the question is answered “Yes,” then the answer to the entire question is “Yes.”

PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child’s biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child’s caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

Add up the “yes” answers for this first section:

Please continue to the other side for the rest of questionnaire →



PART 2:

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?

Add up the “yes” answers for the second section:





PEARLS

Pediatric ACEs and Related Life Events Screener

NIÑO(A)

Muchas familias pasan por experiencias estresantes. Con el tiempo, estas experiencias pueden afectar la salud y bienestar de su hijo(a). Queremos hacerle unas preguntas sobre su hijo(a) para ayudarle a ser lo más sano(a) posible.



CUESTIONARIO SOBRE ACE JUVENILES Y EVENTOS AFINES (PEARLS)

NIÑO(A) (Informa el o la Cuidadora) - A Ser Completado por el o la Cuidadora

En algún momento de la vida de su hijo(a), ¿él o ella ha visto o ha estado presente al suceder alguna de las experiencias descritas abajo?

Favor de incluir experiencias pasadas y recientes. Nótese que algunas preguntas son múltiples, separadas por (- o -). En caso que la respuesta a cualquier parte de esa pregunta sea 'Sí' entonces la respuesta a la pregunta entera es 'Sí'.

PARTE 1:

1. ¿Alguna vez su hijo(a) ha vivido con un padre, madre o cuidador(a) que fue encarcelado(a)?
2. ¿Alguna vez ha sentido su hijo(a) que no tuviera nadie que le apoyara, amara y protegiera?
3. ¿Alguna vez su hijo(a) ha vivido con un padre, madre o cuidador(a) que tenía problemas de salud mental?
(por ejemplo, depresión, esquizofrenia, trastorno bipolar, trastorno del estrés postraumático o un trastorno por ansiedad)
4. ¿Alguna vez un parent, madre o cuidador(a) ha insultado, humillado o despreciado a su hijo(a)?
5. ¿El parent o madre biológica o algún cuidador(a) de hijo(a) actualmente o alguna vez se ha abusado del alcohol, drogas o medicamentos recetados?
6. ¿Alguna vez le faltó a su hijo(a) el cuidado necesario?
(p.ej., *no estar protegido en situaciones peligrosas o que no le cuidaran cuando estuvo enfermo o lesionado, aunque ustedes tuvieran los recursos necesarios para hacerlo*)
7. ¿Alguna vez su hijo(a) ha visto o ha oído que alguien gritara, insultara o humillara a su parent, madre o cuidador(a)?
(- o -) ¿Alguna vez su hijo(a) ha visto o ha oído que alguien abofeteara, pateara, golpeara o lastimara con un arma a su parent, madre o cuidador(a)?
8. ¿Algún adulto de la casa con frecuencia ha empujado, sacudido, abofeteado o arrojado cosas a su hijo(a)?
(- o -) ¿Alguna vez un adulto de la casa golpeó a su hijo(a) con tanta fuerza que le dejó marca o le lesionó?
(- o -) ¿Alguna vez un adulto de la casa ha amenazado a su hijo(a) o actuado de un modo que hiciera que su hijo(a) tuviera miedo de que le lastimara físicamente?

Por favor, continúe al otro lado para el resto del cuestionario.



- 9.** ¿Su hijo(a) ha sufrido el abuso sexual?
(por ejemplo: ¿Alguien ha tocado a su hijo(a) o le ha pedido a su hijo(a) que le tocara de una forma que le hiciera sentirse incómodo(a) o alguien ha intentado o ha tenido relaciones sexuales orales, anales o vaginales con su hijo(a))
- 10.** ¿Ha habido algún cambio importante en las relaciones personales del padre, madre o cuidador(a) de su hijo(a)?
(por ejemplo, que una persona que lo cuidaba se haya divorciado o separado de su pareja o una pareja romántica se mudó o salió)

Anote la cantidad de respuestas 'Sí' para esta sección:

PARTE 2:

- 1.** ¿Alguna vez su hijo(a) ha visto, ha oído o ha sido víctima de violencia en su barrio, en la comunidad o en la escuela?
(por ejemplo, la intimidación (bullying), agresiones u otros actos violentos, guerra o terrorismo)
- 2.** ¿Ha sufrido su hijo(a) discriminación alguna vez?
(por ejemplo, que le molestaran o le hicieran sentirse inferior o excluido debido a su raza, origen étnico, identidad de género, orientación sexual, religión, problemas de aprendizaje o incapacidad)
- 3.** ¿Alguna vez tuvo su hijo(a) problemas de vivienda?
(por ejemplo, ser sin hogar, no tener un lugar estable dónde vivir, mudarse más de dos veces en un plazo de seis meses, estar en peligro de perder la casa o ser desahuciados o tener que compartir una residencia con varias familias)
- 4.** ¿Alguna vez le ha preocupado a usted no tener suficiente comida para su hijo(a) o quedarse sin comida para su hijo(a) antes de poder comprar más?
- 5.** ¿Alguna vez su hijo(a) tuvo que separarse de su padre, madre o cuidador(a) por motivos de colocación en un hogar de acogida o por la inmigración?
- 6.** ¿Alguna vez ha vivido su hijo(a) con un parent/madre/cuidador(a) que sufriera una enfermedad o discapacidad grave?
- 7.** ¿Alguna vez ha vivido su hijo(a) con un parent, madre o cuidador(a) que luego falleció?

Anote la cantidad de respuestas 'Sí' para esta sección:



Adverse Childhood Experiences Revised Questionnaire

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

Did you lose a parent through divorce, abandonment, death, or other reason?

Did you live with anyone who was depressed, mentally ill, or attempted suicide?

Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Did you live with anyone who went to jail or prison?

Did a parent or adult in your home ever swear at you, insult you, or put you down?

Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

Did you feel that no one in your family loved you or thought you were special?

Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

Your ACE score is the total number of yes responses.

Do you believe that these experiences have affected your health? Not Much Some A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

Cuestionario Revisado de Experiencias Adversas en la Infancia

Comité Consultivo Clínico del Cirujano General de California



Nuestras relaciones y experiencias, incluso las de la infancia, pueden afectar nuestra salud y bienestar. Las experiencias difíciles de la infancia son muy comunes. Díganos si ha tenido alguna de las experiencias enumeradas a continuación, ya que pueden estar afectando su salud hoy o pueden afectar su salud en el futuro. Esta información lo ayudará a usted y a su proveedor a comprender mejor cómo trabajar juntos para apoyar su salud y bienestar.

Instrucciones: A continuación hay una lista de 10 categorías de Experiencias adversas en la infancia (ACE por sus siglas en inglés.) De la lista a continuación, agregue el número de categorías de ACE que experimentó antes de cumplir 18 años y coloque el número total en la parte inferior. (No necesita indicar qué categorías se aplican a usted, solo el número total de categorías que aplican).

¿Sintió que no tenía suficiente para comer, tenía que usar ropa sucia o no tenía a nadie que lo protegiera o lo cuidara?

¿Perdió a uno de sus padres a causa de divorcio, abandono, muerte u otra razón?

¿Vivió con alguien que estaba deprimido, enfermo mental o intentó suicidarse?

¿Vivió con alguien que tuvo problemas del alcohol y/o drogas, incluyendo medicamentos recetados?

¿Sus padres o algún adulto en su casa alguna vez se golpearon o amenazaron con lastimarse?

¿Vivió con alguien que fue a la cárcel o prisión?

¿Alguna vez uno de sus padres o algún adulto en su casa le ha insultado o menospreciado?

¿Alguno de sus padres o algún adulto en su hogar alguna vez lo golpeó, pateó o lastimó físicamente de alguna manera?

¿Sintió que nadie en su familia lo quería o pensaba que era especial?

¿Experimentó contacto sexual no deseado (como manosear / penetración oral / anal / vaginal)?

Su calificación ACE es el número total de respuestas marcadas

¿Usted cree que estas experiencias han afectado a su salud?

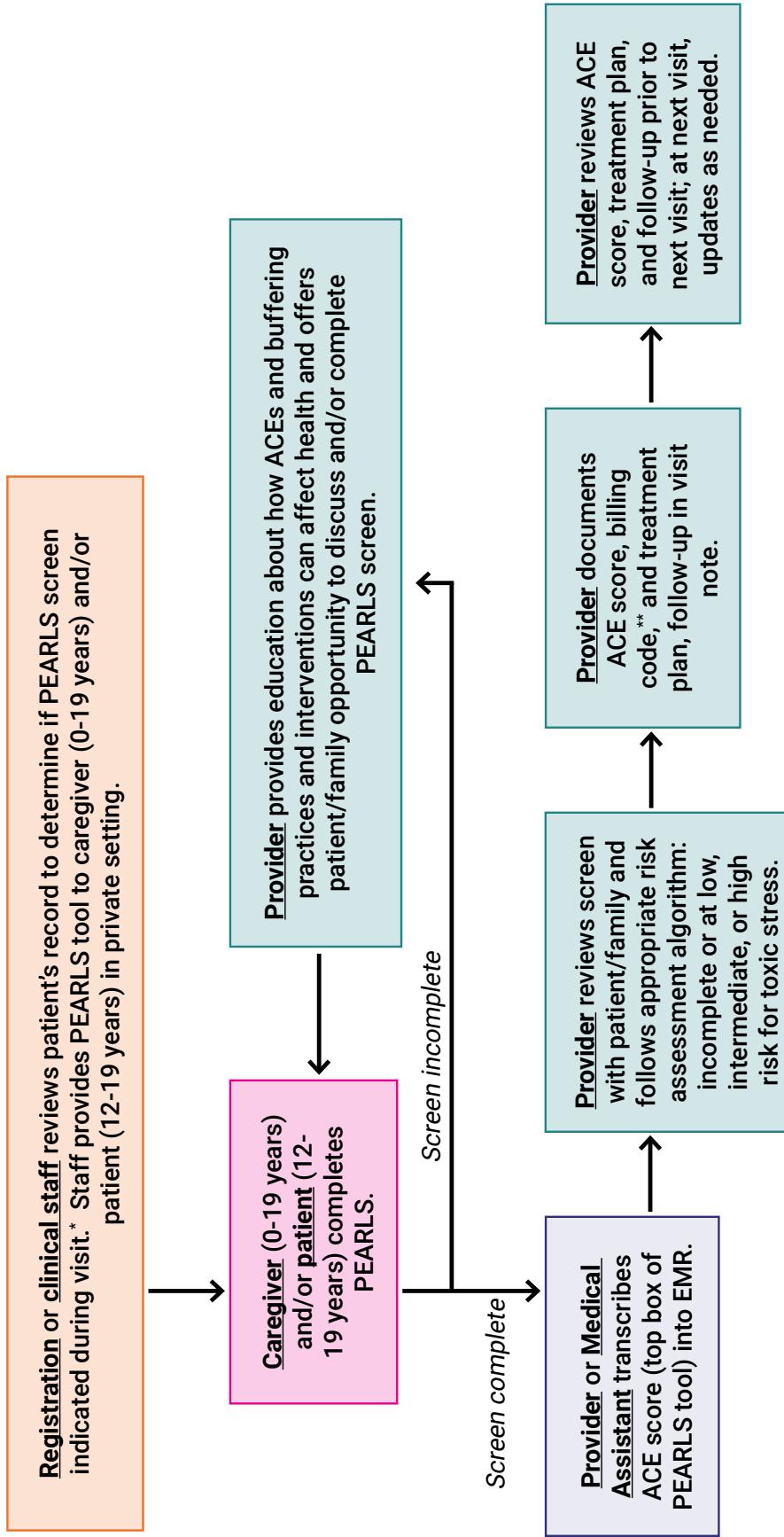
No mucho Algo Mucho

Las experiencias en la infancia son solo una parte de la historia de vida de una persona.

Hay muchas maneras de sanar a lo largo de nuestra vida.

Háganos saber si tiene preguntas sobre privacidad o confidencialidad.

Pediatric ACE Screening Clinical Workflow



*PEARLS to be completed once per year, and no less often than every 3 years

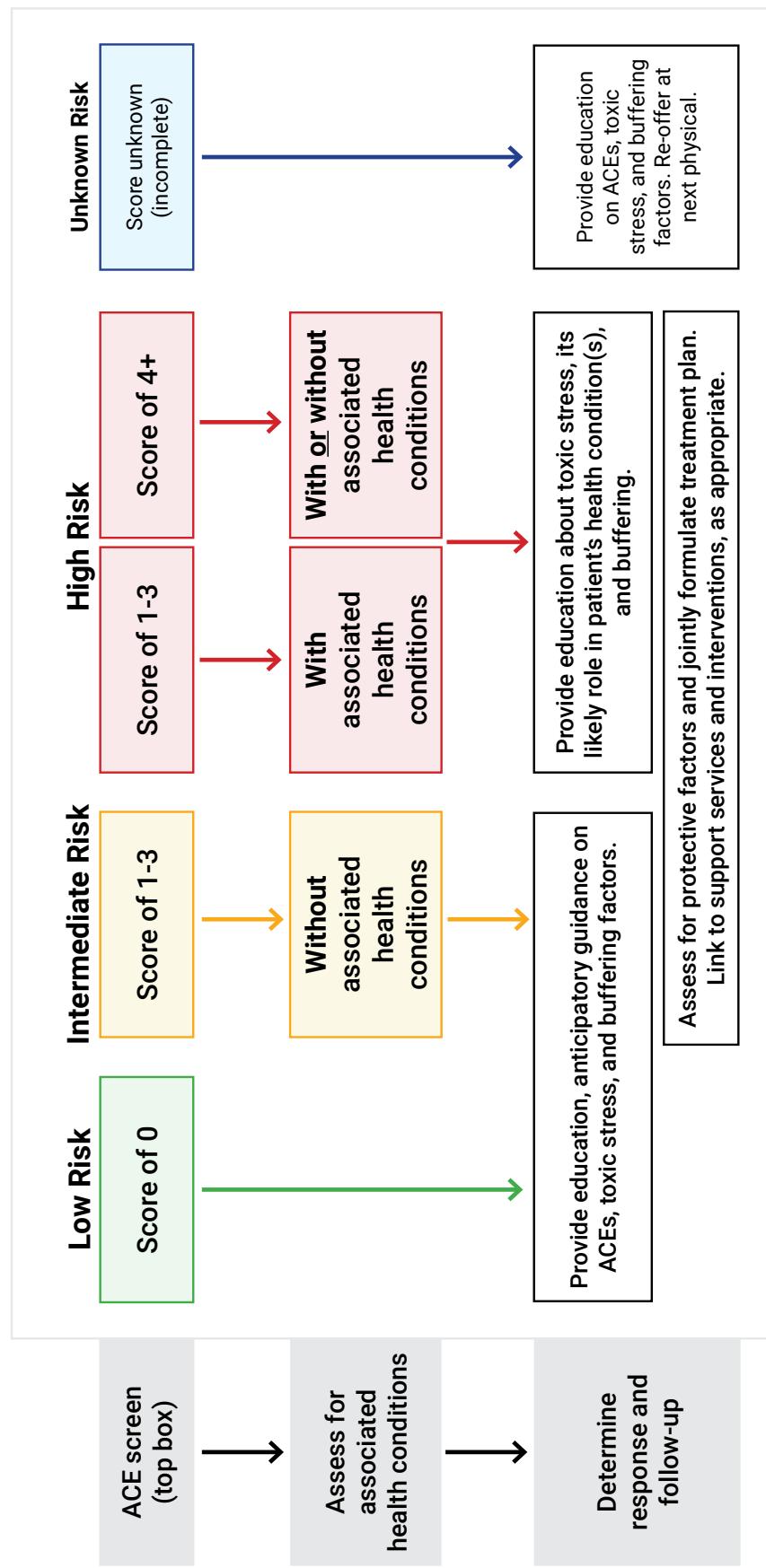
**Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

G9919: ACE score ≥ 4 , high risk for toxic stress

G9920: ACE score of 0 – 3, lower risk for toxic stress. For purposes of coding, scores of 1-3 with ACE-associated health conditions should be coded as G9920, even though patient falls into the high-risk category of the clinical algorithm.

Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm

Pediatrics



This algorithm pertains to the ACE score (top box of PEARLS), whose associations with health conditions are most precisely known. Social determinants of health (bottom box) may also increase risk for a toxic stress response and should be addressed with appropriate services, but should NOT be added to the ACE score for this algorithm. Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0, the patient is at "low risk" for toxic stress. The provider should offer education on the impact of ACES and other adversities on health and development as well as on buffering factors and interventions. If the ACE score is 1-3 without ACE-associated health conditions, the patient is at "intermediate risk" for toxic stress. If the ACE score is 1-3 and the patient has at least one ACE-associated condition, or if the ACE score is 4 or higher, the patient is at "high risk" for toxic stress. In both cases, the provider should offer education on how ACES may lead to toxic stress and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly formulate a treatment plan, and link to supportive services and interventions, as appropriate.

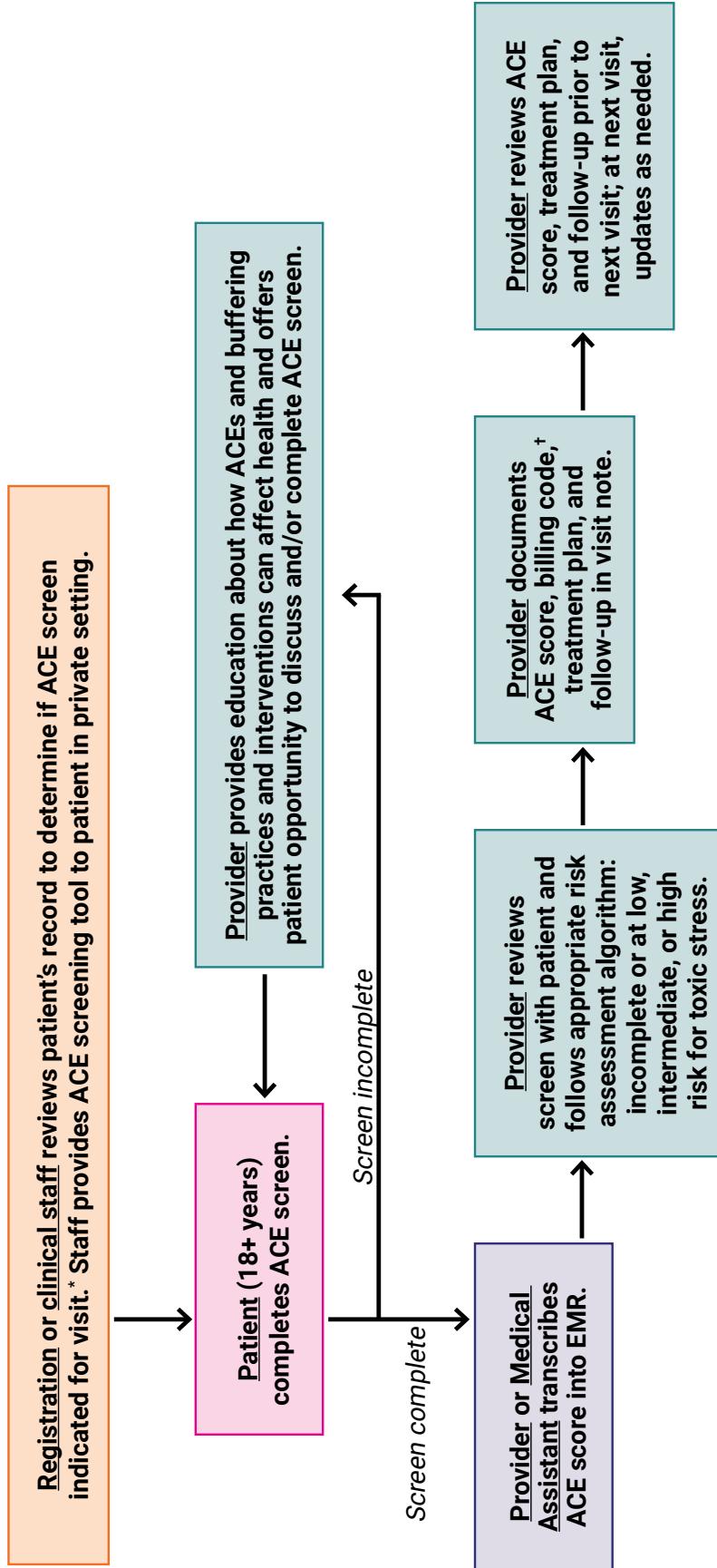
ACE-Associated Health Conditions: Pediatrics

Symptom or Health Condition	For ≥ X ACEs (compared to 0)	Odds Ratio
Asthma ^{26,33}	4	1.7 - 2.8
Allergies ³³	4	2.5
Dermatitis and eczema ³⁹	3*	2.0
Urticaria ³³	3*	2.2
Increased incidence of chronic disease, impaired management ²⁵	3	2.3
Any unexplained somatic symptoms ²⁵ (eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches ³³	4	3.0
Enuresis; encopresis ⁵	--	--
Overweight and obesity ³	4	2.0
Failure to thrive; poor growth; psychosocial dwarfism ^{5,2,41}	--	--
Poor dental health ^{16,22}	4	2.8
Increased infections ³⁹ (viral, URIs, LRTIs and pneumonia, AOM, UTIs, conjunctivitis, intestinal)	3*	1.4 - 2.4
Later menarche ⁴⁰ (≥ 14 years)	2*	2.3
Sleep disturbances ^{5,31}	5**	PR 3.1
Developmental delay ³⁰	3	1.9
Learning and/or behavior problems ³	4	32.6
Repeating a grade ¹⁵	4	2.8
Not completing homework ¹⁵	4	4.0
High school absenteeism ³³	4	7.2
Graduating from high school ²⁹	4	0.4
Aggression; physical fighting ²⁸	For each additional ACE	1.9
Depression ²⁹	4	3.9
ADHD ⁴²	4	5.0
Any of: ADHD, depression, anxiety, conduct/behavior disorder ³⁰	3	4.5
Suicidal ideation ²⁸	For each additional ACE	1.9 - 2.1
Suicide attempts ²⁸		1.8
Self-harm ²⁸		
First use of alcohol at < 14 years ⁷	4	6.2
First use of illicit drugs at < 14 years ¹⁰	5	9.1
Early sexual debut ²¹ (<15-17 y)	4	3.7
Teenage pregnancy ²¹	4	4.2

*Odds ratio represents at least one ACE, but also includes other adversities

**Prevalence ratio represents at least one ACE, but also includes other adversities

Adult ACE Screening Clinical Workflow



*ACE tool to be completed once per adult per lifetime

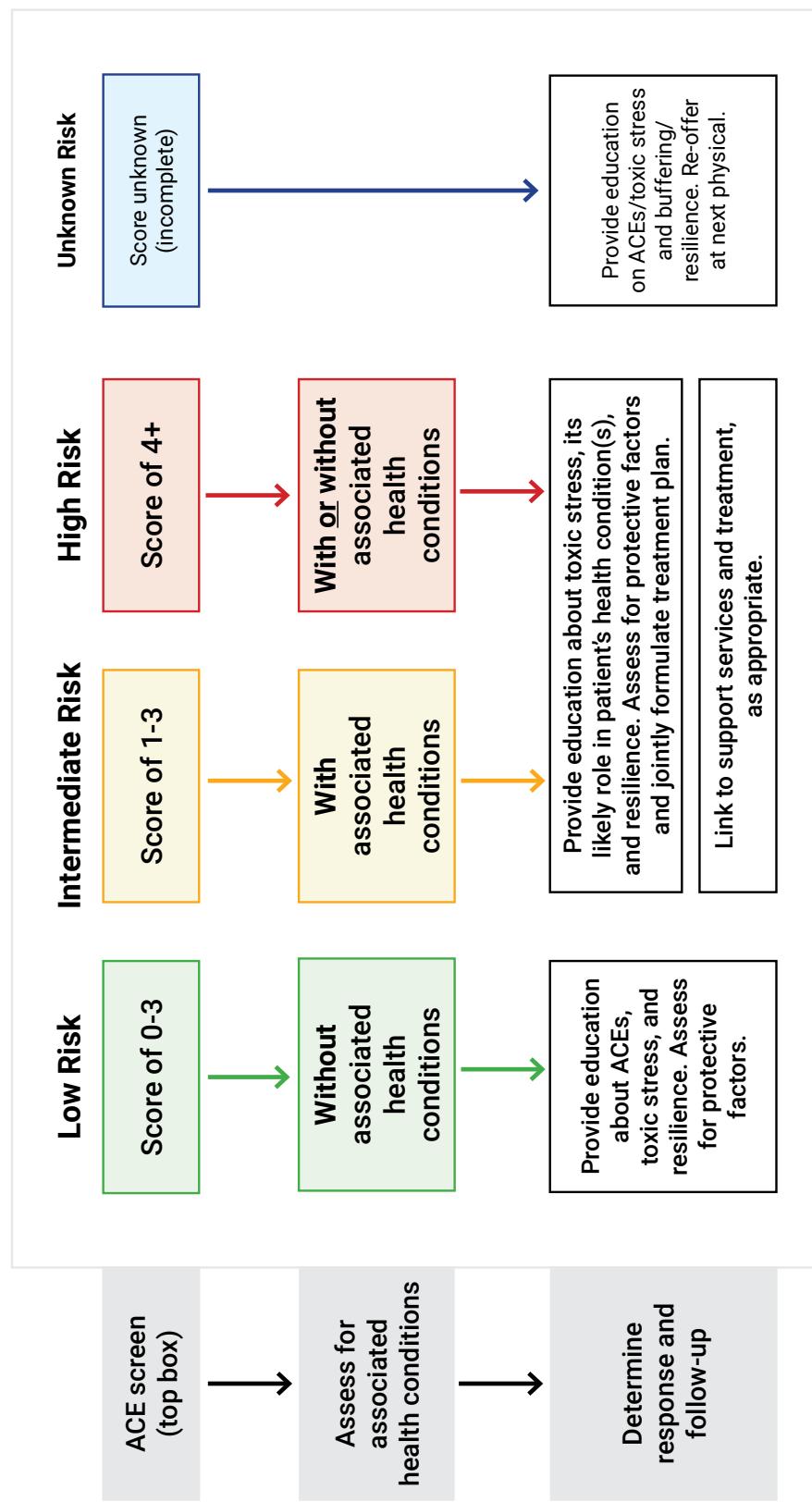
[†]Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

G9919: ACE score ≥ 4 , at high risk for toxic stress.

G9920: ACE score of 0 – 3, at lower risk for toxic stress (on algorithm, at either low or intermediate risk).

Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm

Adults



Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0-3 without ACE-associated health conditions, the patient is at "low risk" for toxic stress physiology. The provider should offer education on the impact of ACES and other adversities on health (including reviewing patient's self-assessment of ACES' impact on health), buffering/protective factors, and interventions that can mitigate health risks. If the ACE score is 4 or higher, even without ACE-associated health conditions, the patient is at "intermediate risk." If the score is 4 or higher, even without ACE-associated health conditions, the patient is at "high risk" for toxic stress physiology. In both cases, the provider should offer education on how ACES may lead to a toxic stress response and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly formulate a treatment plan and link to supportive services and interventions, as appropriate.

ACE-Associated Health Conditions: Adults

Symptom or Health Condition	Odds Ratio (excluding outliers)
Cardiovascular disease ²¹ (CAD, MI, ischemic heart disease)	2.1 ≥ 1 ACE: 1.4
Tachycardia ³⁷	2.0
Stroke ²⁰	
Chronic obstructive pulmonary disease (emphysema, bronchitis) ²¹	3.1
Asthma ⁴³	2.2
Diabetes ²¹	1.4
Obesity ²⁰	2.1
Hepatitis or jaundice ¹	2.4
Cancer, any ²¹	2.3
Arthritis ^{32,7} (self-reported)	3 ACES, HR: 1.5 ≥ 1 ACE: 1.3
Memory impairment ²⁰ (all causes, including dementias)	4.9
Kidney disease ¹³	1.7
Headaches ¹¹	≥ 5 ACES: 2.1 1.2 1.3 ≥ 1 ACE: 1.8 2.0 - 2.7
Chronic pain, any ³⁸ (using trauma z-score)	
Chronic back pain ³⁸ (using trauma z-score)	
Fibromyalgia ³⁷	
Unexplained somatic symptoms, including somatic pain, headaches ^{20,2}	
Skeletal fracture ¹	1.6 - 2.6 ²⁰
Physical disability requiring assistive equipment ²³	1.8
Depression ²¹	
Suicide attempts ²¹	
Suicidal ideation ²⁰	
Sleep disturbance ²⁰	
Anxiety ²¹	3.7
Panic and anxiety ²⁰	6.8
Post-traumatic stress disorder ³⁷	4.5
Illicit drug use ²¹ (any)	
Injected drug, crack cocaine, or heroin use ²¹	
Alcohol use ²¹	
Cigarettes or e-cigarettes use ³⁵	
Cannabis use ³⁵	
Teen pregnancy ²¹	
Sexually transmitted infections, lifetime ²¹	
Violence victimization ²¹ (intimate partner violence, sexual assault)	
Violence perpetration ²¹	

Odds ratios compare outcomes in individuals with > 4 ACES to those with 0 ACES, except where specified

Provider Educational Materials



Rationale for ACEs Screening

Screening can improve clinical decision-making and prevent negative health outcomes.

Universal screening for Adverse Childhood Experiences (ACEs) is critical. For some children the effects of toxic stress are seen in externalizing behaviors, such as poor impulse control and behavioral dysregulation. In these children, externalizing behaviors may be symptoms of the neurodevelopmental impacts of toxic stress. For other children, the effects of toxic stress may be more hidden. Routine screening offers the opportunity to identify individuals at high risk of toxic stress and offer anticipatory guidance before the child becomes symptomatic.

ACEs accumulate over time, providing opportunity for early detection and prompt intervention

Though there are children who experience multiple ACEs in their first few years of life, most children accumulate ACEs over the course of childhood. In a multi-site study of children exposed to or at risk for maltreatment, it was found that by age 6 children had an average ACE score of 1.94. Between ages 6 and 12, on average they accumulated an additional 1.53 ACEs, and then between ages 12 to 16, another 1.15 ACEs (Flaherty et al., 2013).

Age	Average ACE score
0-6 years	1.94
6-12 years	3.47
12-16 years	4.62

Source: Flaherty et al., 2013

Additionally, outcomes associated with ACEs tend to appear in adulthood, suggesting a latency phase between exposure and disease outcome. The existence of a latency phase offers an opportunity to mitigate the potential long-term negative health outcomes.

One of the important characteristics of the ACEs screening tool is that it takes advantage of this latency phase—the hope is to improve outcomes by early detection/intervention. While the plasticity in the brain during early childhood and adolescence is a source of vulnerability to ACEs, it is also an opportunity for intervention and treatment.

The pediatric primary care setting is an ideal setting for universal screening, health promotion and disease prevention

The primary care medical home is uniquely positioned to be the site for routine universal screening for ACEs. Some reasons why:

- Primary care physicians are trained in disease prevention and to understand the important role of parents and communities in determining a child's wellbeing.
- Interacting with children and their families at regular intervals can allow patients and providers to develop a trusting relationship, which can facilitate the disclosure of ACEs.

In a survey of 302 pediatricians, 81% agreed screening for family social emotional risk factors is within their scope and 79% agreed that their advice can impact how parents care for their children (Kerker et al., 2015).

With universal screening, we can:

- Raise awareness of the importance of preventing further exposure to ACEs
- Identify needed specialized treatment for children who have been exposed
- Better tailor health care measures based on an understanding of the child's odds of illness or disease

The American Academy of Pediatrics (AAP) calls on pediatricians to identify and treat adversity and toxic stress

Particularly harmful and stressful relational experiences such as child abuse and neglect can compromise healthy development and negatively impact health in both childhood and later during adulthood (Johnson, Riley, Granger, & Riis, 2013; Felitti et al., 1998; Flaherty 2013; Kalmakis & Chandler, 2015; Oh, et al., 2016).

A dose-response relationship between the number of adversities and likelihood of disease has also been substantiated with children experiencing a greater number of adversities being at greater likelihood of negative health outcomes (Bethell et al 2016; Bright et al., 2016).

Given the tremendous research on the negative impacts of adversity on child health and opportunity for meaningful prevention, the AAP has called on pediatricians to play a role in identification and treatment of adversity and toxic stress (Garner et al., 2012).

ACEs screening is accepted by patients and can improve health care utilization

Research has shown that screening for adversity is acceptable among patients. In an adult primary care setting:

- 79% of patients were comfortable being asked about ACEs
- 86% felt comfortable being screened for ACEs (Goldstein, Athale, Sciolla, & Catz, 2017)

Inquiry of early adversity can also be met with appreciation. For example, in a pediatric setting, parents were reported to be engaging in conversations about trauma and found the topic to be of value to their child's care (Gillespie & Folder, 2017). Additionally, parents are largely unaware that adverse experiences can have a lasting health impact when children are exposed under the age of 5 (CYW Market Research, 2017). Given that medical providers are cited as one of the most trusted resources for parents on topics related to their children, this finding calls on clinicians to provide guidance in this area.

Addressing childhood adversity in the medical setting has great potential to improve health care utilization. One year after screening for Adverse Childhood Experiences (ACEs) in the Health Appraisal Clinic at Kaiser Permanente of San Diego, clinicians saw a 35% decrease in office visits and an 11% decrease in emergency room visits among participants compared to the prior year. In comparison to a control group that did not undergo screening, screened participants saw an 11% decrease in office visits (Felitti & Anda, 2014).

With screening	Without screening
35% decrease in office visits	11% decrease in office visits
11% decrease in ED visits	

Source: Felitti & Anda, 2014

Clinical integration of ACEs screening into the workflow is possible

Pediatric clinics implementing adversity screening have found that screening can be feasible in a limited resource setting. For example, in an outpatient pediatric setting, office visits improved without impeding factors such as limited time or resistance from caregivers or providers (Gillespie & Folder, 2017).

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Providing Anticipatory Guidance for ACEs Screening

Most parents are new to Adverse Childhood Experiences (ACEs) screening, so setting the stage with effective anticipatory guidance can help address questions and relieve possible worries. Anticipatory guidance can also help build parents' trust in the pediatrician and result in better information from the screening.

Tips for Introducing the ACEs Screen to Families

- Normalize the screening. Explain that the ACEs screening is standard protocol that provides the health care provider with information that will help her take better care of the patient. Tell the patients that you can make referrals if they are interested. Be empathic and nonjudgmental. Establish friendly professional boundaries early in the relationship so that the patient has appropriate expectations about the context and limits of your role and relationship.
- Avoid assumptions. It's important to not make assumptions about the meaning or impact of traumatic events for an individual. Any assumptions you make may be inconsistent with patients' and parents' feelings and experiences.
- Educate and motivate. Explain that treatment for trauma and possible toxic stress physiology can reduce emotional distress and improve overall functioning in many areas, both physical and emotional. Treatment can also support the use of positive parenting practices. Convey your shared goal of wanting to help their entire family not just survive, but thrive.
- Address barriers. Address information gaps or incorrect information, as well as barriers to seeking help. Parents may not know what ACEs are, or understand how ACEs can affect health. They also may not understand ways in which they can help themselves or their child cope with ACEs and heal from toxic stress.

Consider introducing ACEs screening to families either in conversation or with a handout that *touches on the following points*:

- Normalize and give the rationale—this screening is done routinely to help your provider better understand and address your child's health risks.
- This screening is conducted on a voluntary basis, and they can decline to participate.
- All families have their challenges and strengths. ACEs are very common, and research shows that about two-thirds of adults have experienced at least one.
- The questions in this screening focus on your child's early experiences.
 - For practices that choose to conduct a de-identified screening, you can say: "You don't need to check off the ones that apply to you, only write the total number you've experienced."
- After the screening, we will discuss how early experiences may impact your child's health, behavior, and development in the present, and how it might affect your role as a parent.
- Your past experiences may make aspects of parenting a young child more difficult. We want to help connect you and your family to the resources you need and support you in the hard work of raising a family.



Allow families sufficient time to complete the ACEs questionnaire. If possible, offer to assist with reading the questionnaire for the parent, as literacy challenges may not be apparent.

Sharing results from the ACEs screening with families

When discussing ACEs screening results, consider the guidance below in helping parents make sense of their responses in the context of the parent–child relationship:

- Reinforce the fact that approximately two-thirds of adults have experienced at least one ACE.
- Reiterate that ACEs can impact their child's relative risk of physical, behavioral, and mental health issues, and they can also affect their child's healthy development.
- With early identification and treatment, conditions and delays are more easily managed.
- Tailor information to the parent's ACEs screening results, strengths, concerns, and goals. For example, if the parent shared that she experienced harsh physical discipline, exploring plans for limit-setting with her 12-month-old may be supportive and helpful. If the parent sees her role in his child's development as very important, encourage and expand upon that strength.
- Acknowledge the fact that the parent has experienced a range of ACEs (if this is true) and may have had a difficult childhood.
- Ask a variety of questions and provide strategies, resources, or related services to support the parent and respond to any questions/concerns.

- Do you feel that your experiences as a child make any part of your own parenting more difficult? In what ways?
 - How have thoughts, memories, or feelings about these experiences affected your life?
 - Have they interfered with your relationships? Your work? How about with recreation or your enjoyment of activities?
 - What additional supports and services do you want or need, in light of your experiences?
- Explain that when a child has been exposed to ACEs, he especially needs a safe, loving, consistent relationship with an adult to grow up strong and healthy. Point out ways in which you see the parent supporting the child (for example, note how the baby follows the mother with her gaze or is comforted by her father's touch, or how the parent instinctively responds to the child's needs).
- Explain that ACEs are not destiny. Many parents feel guilty if they know their child has experienced ACEs. Aim to mitigate this guilt by helping parents understand that connecting with, loving and supporting their young child (and keeping him safe) is the best form of repair. Make the point that parents can choose a different path to parenting than they experienced as a child. Emphasize that they can give their child a strong foundation for the future by offering their child support and preventing exposure to further ACEs when possible.



If possible, schedule a follow-up visit or phone call to check in with the family. This follow up can be a useful as a reminder to access referred services, provide ongoing support to parents under stress, or address questions from parents that emerge following the visit. Checking in with the family can also be a helpful strategy if you develop concerns about the emerging parent-child relationship and want to touch base to offer support or additional resources.

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Communicating About ACEs



Talking about Adverse Childhood Experiences (ACEs) can sometimes be uncomfortable. Your first goal as a provider is to regulate yourself. Being aware of your own emotional reactions will help you remain calm in the presence of someone else who's upset and respond in a thoughtful and intentional way. Make sure your body language says that you're listening. Relax your shoulders and make eye contact, unless that seems to be overwhelming to the other person.

Start by explaining the following

- The reason the screening asks such personal questions is because research has shown that our childhood events, specifically parental separation or divorce, physical abuse, and emotional trauma, can have strongly negative, long-lasting effects on our bodies, behavior, and minds.
- These childhood experiences, often called ACEs, are common. Around two thirds of adults have experienced at least one ACE, and of those individuals, the majority have two or more. ACEs can be intergenerational, meaning they can affect the health of adults and also their children.
- The ACEs questionnaire was developed to help doctors identify risks early in a child's life and prevent or lower the risk of health problems.
- We want to know about your family's experiences so we can provide better health care, treatment, and more individualized support.
- Members of your child's care team who are directly involved may see your ACE screening. The total number of ACEs for you and your child will be noted, but specific ACEs may or may not be noted on the screening tool.

Lean in and listen

Active listening is the process of listening to families and validating their unique story, while also remaining attuned to nonverbal communication. Parents want to feel seen, heard, and understood. Active listening techniques can help with this, especially when compared to advice-giving or even simple acknowledgments.

Hearing vs listening

- Hearing is a biological act. It requires only that we receive the message using our sense of hearing.
- Listening is an intellectual and emotional act. Listening requires paying close attention, concentrating, and trying to understand what the message means.

Ask questions without pressure

Open-ended questions provide an opportunity for more details to be shared. They allow space for someone to begin talking about their story, if desired. For adults exposed to trauma, it is common that other professionals have focused on the parent's deficits. A trauma-informed approach allows the parent to share their life experiences which may, in many cases, provide some context for their actions and identify key strengths for recovery and healing. This empathic lens changes the discussion from "What's wrong with you?" to "What happened to you?" which is a critical component of trauma-informed care.



“What happened to you?”

Provide supportive care and assistance as a first step, prior to referral

- Ask what parents want and need: “What can I support you with right now?”
- Recognize, respond to, and affirm the parent’s current feelings. “It sounds as though you are feeling really overwhelmed.” “I understand that you are angry right now.”
- Determine which immediate factors can be changed. What does the patient have control over? Explore resources available in the community.
- Help patients and their families identify coping strategies while waiting to be referred to additional services.
- Explore past coping strategies—what stress reduction strategies have worked in the past?
- Discuss how the parent might support their child during times of family stress—for example, by making adjustments such as implementing a daily routine or making time for parent-child play each day.
- Facilitate referrals for patients as needed, by explaining the referral and staying with the parent while they call (if they wish). Follow up later with the parent or referral source to ensure the connection was made.



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Patient and Family Handouts



What are ACEs and Why Do They Matter?



Adverse Childhood Experiences (ACEs) are stressful events in a child or adolescent's life. They are very common, and most Americans have at least one. ACEs can happen to anyone and may have lasting effects on health.

Types of ACEs

ACEs include experiences like abuse, neglect, and other major stressors such as divorce, a parent's substance abuse, or witnessing violence in the home. Listed below are 10 ACEs that are linked to a child's current and future health. Other kinds of difficulty, including community violence, bullying, and poverty, can also lead to health issues without the right support.

Exposure to ACEs may cause harm

Children have both good and bad experiences, and both can affect their health. Science shows that negative experiences can have long-term effects on children's brains and bodies. Stress from an ACE is different than the everyday stress that all children experience. This type of stress can lead to health problems such as asthma, diabetes, and heart disease. It can also affect behavior, learning, and mental health.

What do ACEs mean for you and your child?

A higher number of ACEs can mean a higher risk of health problems. Your child's primary care provider may ask about your child's ACEs. Your provider can use this information to guide medical decisions, improve your child's care, and connect you to helpful services.



Source: Robert Wood Johnson Foundation, 2013

The Good News

ACEs increase risk, but they don't have to lead to health problems. When adults consistently care for children and offer support, kids feel safe and secure. They trust their caregivers will lovingly meet their needs. This feeling of security is good for their brains and bodies. Other positive lifestyle factors for your child include eating healthy food, getting regular exercise, getting a good night's sleep, practicing mindfulness, and getting mental health support when needed. Together, all of these important things can help turn the stress response down and can reduce the potential negative effects of ACEs.

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¿Qué son las Experiencias infantiles adversas (ACE, por sus siglas en inglés) y por qué son importantes?

Las Experiencias infantiles adversas (ACE) son sucesos estresantes que ocurren en la vida de un niño o un adolescente. Son muy comunes y la mayoría de los estadounidenses han experimentado por lo menos una experiencia adversa. Una ACE puede ocurrirle a cualquiera y podría tener efectos duraderos en la salud.

Tipos de ACE

Algunas de las ACE resultan del maltrato, el descuido y otros sucesos estresantes como un divorcio, el abuso de sustancias por alguno de los padres o ser testigos de violencia doméstica. A continuación, figuran 10 experiencias infantiles adversas que están relacionadas con la salud actual y futura de un niño. Otros tipos de dificultades, como la violencia en la comunidad, el acoso en la escuela y la pobreza, también pueden ocasionar problemas de salud si la persona no cuenta con el apoyo adecuado.

La exposición a las ACE puede ser perjudicial

Los niños tienen experiencias buenas y malas y ambas pueden influir en su salud. La ciencia ha demostrado que las experiencias negativas pueden tener efectos de larga duración, tanto en el cerebro como en el cuerpo de un niño. El estrés ocasionado por una ACE es diferente del estrés de todos los días que viven los niños. Este tipo de estrés puede llevar a problemas de salud como asma, diabetes y enfermedad cardíaca. Asimismo, puede afectar el comportamiento, el aprendizaje y la salud mental.

¿Qué significan las ACE para usted y su niño?

Un número más elevado de experiencias infantiles adversas puede significar un riesgo más alto de sufrir problemas de salud. Es posible que el profesional de atención primaria que trata a su hijo le haga preguntas acerca de las ACE de su niño. Este profesional puede utilizar esa información para guiar las decisiones médicas, mejorar los cuidados para su niño y poner a los padres en contacto con servicios útiles.



Fuente: Robert Wood Johnson Foundation, 2013

Lo positivo

Las ACE aumentan el riesgo, pero no necesariamente tienen que causar problemas de salud. Cuando los adultos se ocupan de los niños y les ofrecen apoyo constante, ellos se sienten seguros y protegidos. Confían en sus cuidadores quienes satisfacen sus necesidades y les dan amor. Esta sensación de seguridad es positiva para el cerebro y el cuerpo de los niños. Otros factores positivos para su hijo relacionados con el estilo de vida son: una alimentación saludable, ejercicio regular, poder dormir bien, concentrarse en el momento presente y recibir apoyo de salud mental, cuando sea necesario. En conjunto, todos estos elementos importantes pueden contribuir a reducir la respuesta al estrés y disminuir los posibles efectos negativos de las experiencias infantiles adversas.

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How to Reduce the Effects of ACEs and Toxic Stress



Adverse Childhood Experiences (ACEs) may increase a child's risk of health problems, but parents' consistent care and support help to protect children's health. Relationships with loving and supportive adults can reduce children's stress levels. Even simple activities like playing with bubbles, bear hugs, lullabies, listening to music together, and coloring can make a difference.

What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:

- Tune in and learn your child's signals. Help your child calm down when you sense that she is stressed or scared. Soothe your child, and teach ways to calm down when feeling upset.
- Talk and play with your child. Babies like to be rocked, cuddled, and massaged. Toddlers thrive on hugs, shared stories and songs, and daily routines. These actions can help children feel seen, heard, and understood.
- Focus on managing your own stress. This can help you better adjust the way these feelings impact how you respond to your child. Having a calm parent will help protect your child during periods of stress.
- Take your child to regular medical visits. Your medical provider can help you understand when your child's health may be at risk.

Other ways to help your child's body deal with stress:

- Stick to daily routines. They help children know what's happening next, which can reduce stress.
- Have your child exercise regularly. Make sure your child is getting at least an hour per day of active play.
- Help your child eat well. Good nutrition builds brain health and protects the body. Serve fruits and veggies at meals and avoid junk food.
- Turn to supportive relationships in your family and community.
- Ensure your child gets adequate sleep. Sleep gives the body time to grow and recharge and children who get adequate sleep manage stress more easily.
- Seek mental health care if needed.
- Practice being in the moment; try breathing and meditation. It can help the body manage stress.
- Talk to your health care provider about whether your child's ACEs might be affecting his health and what you can do about it.

ACEs don't just affect children,

they affect families. Some of the most important things you can do to stop the effects of ACEs include learning to manage your *own* stress so you can be a healthy, stable, and caring presence for your child. This includes making lifestyle choices such as eating healthy food, getting regular exercise, making a good night's sleep a top priority, and practicing mindfulness. Getting mental health support can also be helpful if you experienced ACEs and trauma in your own childhood or are currently experiencing stressful or traumatic situations in your life. The good news is that science shows how bodies and brains grow and change *every minute of the day!* This means that by starting *today*, putting some of these lifestyle choices into action and getting the right help when you need it, can help build a healthier future for you and your family.

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Cómo reducir los efectos de las experiencias infantiles adversas y del estrés tóxico

Las experiencias infantiles adversas (ACE, por su sigla en inglés) pueden aumentar el riesgo de problemas de salud en un niño, pero el cuidado y el apoyo constantes de los padres ayudan a proteger su salud. Los vínculos con padres que los quieren y los apoyan pueden reducir los niveles de estrés. Hasta algunas actividades sencillas, como jugar con burbujas de jabón, un fuerte abrazo, canciones de cuna, oír música juntos y colorear pueden hacer una diferencia.

¿Cuál es la mejor manera de responder a una experiencia adversa en un niño?

De ser posible, lo mejor que puede hacer es prevenir esas experiencias. Además, usted puede:

- Estar atento y aprender lo que quieren decir las señales de su niño. Ayúdelo a calmarse cuando perciba que está estresado o asustado. Tranquilícelo y enséñele cómo puede calmarse cuando se siente alterado.
- Hable y juegue con su niño. A los bebés les gusta que los mezan, los abracen y les den masajes. Los niños pequeños florecen con abrazos, cuentos y canciones compartidos, y con las rutinas diarias. Estas acciones pueden ayudar a que los niños sientan que los adultos los ven, los oyen y los entienden.
- Concéntrese en controlar su propio estrés. Esto puede ayudarle a manejar mejor cómo repercuten estos sentimientos en la forma de responderle a su hijo. Tener un parent o madre que mantiene la calma ayudará a proteger a su niño en períodos de estrés.
- Lleve a su niño a consultas médicas regulares. Su médico le ayudará a entender cuándo podría estar en riesgo la salud de su niño.

Otras maneras de ayudar a que el cuerpo de su hijo maneje el estrés

- Siga las rutinas diarias. Ellas ayudan a que el niño sepa lo que pasará después y esto puede reducir el estrés.
- Ocúpese de que su hijo haga ejercicio regularmente. Asegúrese de que su niño participe a diario en por lo menos una hora de juegos activos.
- Ayude a que su hijo se alimente bien. La buena nutrición mejora la salud del cerebro y protege el cuerpo. Sirva frutas y verduras en las comidas y evite la comida sin valor alimenticio.
- Asegúrese de que su niño duerme bien. El sueño le da al cuerpo el tiempo que necesita para crecer y recuperar la energía; por eso, los niños que duermen bien manejan el estrés con más facilidad.
- De ser necesario, busque cuidado de salud mental.
- Practique concentrarse en el momento presente; trate de hacerlo por medio de respiración y meditación. Esto puede ayudar al cuerpo a manejar el estrés.
- Busque relaciones que le brinden apoyo, tanto en la familia como en la comunidad.
- Hable con el profesional de salud que lo atiende acerca de si alguna experiencia infantil adversa podría estar afectando la salud de su niño y lo que puede hacer para remediarla.

Las experiencias infantiles adversas no solo afectan a los niños, sino también a las familias.

Algunas de las cosas más importantes que puede hacer para detener los efectos de esas experiencias son: aprender a manejar su *propio* estrés para que usted sea una presencia sana, estable y afectuosa para su niño. Esto significa tomar buenas decisiones relacionadas con el estilo de vida, como consumir alimentos saludables, hacer ejercicio con regularidad, hacer que dormir bien sea una prioridad importante y concentrarse en el momento presente. Recibir cuidado de salud mental también puede resultar útil si usted vivió experiencias adversas y traumas en su propia niñez o está atravesando actualmente por situaciones estresantes o traumáticas en su vida. Lo bueno es que la ciencia ha demostrado que el cuerpo y el cerebro crecen y cambian *cada minuto del día*. Esto significa que, si a partir de *hoy*, empieza a hacer esos cambios en su estilo de vida y a conseguir el apoyo adecuado cuando lo necesite, podrá ayudar a crear un futuro más saludable para usted y su familia.

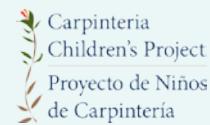
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To Lower Toxic Stress at Home

Create a Safe, Stable and Nurturing Environment for You & Your Children



Things you can do to improve your health and well-being if you have been exposed to ACEs:



Sleep

- Try to get 8 hours of sleep every day.
- Cut down on your use of caffeine, especially in the afternoon.
- Create a “bedtime routine” for yourself and your children.
- Don’t take your phone to bed with you!



Nutrition

- Try to eat fresh whole foods from the farmers market or your local grocery store.
- Avoid foods that are very processed or contain a lot of sugar.
- Make sure you drink at least 8 glasses of water a day.



Exercise

- Get at least 30 minutes of gentle exercise every day, including walking, swimming, biking. Walking your pet counts!
- Include weight-bearing exercise in your routine. Both strength and cardiovascular training are important.



Relationships

- To support your relationships, practice good, honest and open communication.
- Spend quality time focused on those you love. It doesn’t need to be expensive; dinners can be made special with a candle, playtime with a paper airplane.
- Do or say something daily to show appreciation to those you care about.



Mental Health

- Life experiences, biological factors, and family history can affect mental health.
- Early warning signs of mental health issues can include trouble sleeping, pulling away from usual activities, feeling helpless, and unexplained aches and pains.



Mindfulness

- Daily take a few minutes to sit quietly, notice your breath, and feel your feet on the floor.
- When you are angry or upset count to 10 or take 3 deep breaths before you do anything else.



Financial Stability

- If you can, put money from your paycheck into savings or an emergency fund automatically, before you start spending.
- Set up autopay for bills or pay immediately to avoid late payment and interest fees.

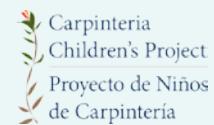


Parenting Knowledge

- Parents are their children’s most important people. Showing love includes having empathy, setting boundaries, and buffering children from toxic stress.

Para Disminuir el Nivel de Estrés Tóxico

Crea un Entorno Seguro, Estable y Cariñoso: para Adultos



Cómo mejorar tu salud y bienestar si has estado expuesto a los eventos adversos de la niñez



Dormir

- Intenta dormir ocho horas todas las noches.
- Disminuye el consumo de cafeína, especialmente por la tarde.
- Crea una "rutina para acostarte" para ti y para tus hijos.
- ¡No lleves el teléfono a la cama!



Nutrición

- Intenta consumir alimentos naturales del mercado campesino o del supermercado local.
- Evita los alimentos altamente procesados o que contengan mucha azúcar.
- Asegúrate de beber los menos ocho vasos de agua por día.



Ejercicio

- Haz ejercicio por los menos treinta minutos al día. Puedes caminar o nadar o andar en bicicleta. ¡Pasear con tu mascota también cuenta!
- Incluye ejercicios con pesas en tu rutina de ejercicios. Los ejercicios de fortalecimiento y el ejercicio aeróbico son igual de importantes.



Relaciones Interpersonales

- Para fortalecer tus relaciones comunícate de buena manera y de forma honesta y abierta.
- Dedícate a pasar tiempo de calidad con tus seres queridos. Esto no tiene que ser costoso. Una cena puede ser especial con una val, o juega con un avioncito de papel.
- Todos los días haz o di algo para demostrarles a tus seres queridos lo mucho que los aprecias.



Salud Mental

- Las experiencias de vida, los factores biológicos y tu historial familiar pueden afectar tu salud mental.
- Los primeros síntomas de problemas de salud mental incluyen: problemas con el sueño, evitar actividades de las que solías participar, sentirte desamparado y tener dolores y molestias.



Contemplación

- Tómate unos minutos todos los días para sentarte en silencio, prestando atención a tu respiración y observa cómo se posan los pies en el suelo.
- Cuando te sientes enojado o molesto, cuenta hasta diez o respire profundamente tres veces antes de hacer algo.
- Busca aplicaciones gratuitas en la red para la meditación



Estabilidad Financiera

- Si puedes, deposita una porción de tu cheque de pago en una cuenta de ahorro o un fondo para emergencias antes de comenzar a gastarlo.
- Utiliza el pago automático o pague sus cuentas lo más pronto posible para evitar cuotas de retraso e intereses.

Adapted from the Carpintería Children's Project



Parenting with ACEs



As an adult, you may still feel the effects of your own Adverse Childhood Experiences (ACEs). What does this mean for your own health? This depends on how many ACEs you experienced as a child. It *also* depends on whether you've had certain positive experiences that help reduce the effects of stress. These positive experiences are known as "protective factors." Did a friend, family member, or mental health care professional provide support during your childhood? Do you have a good support system in place now? These experiences help reduce the effects of ACEs. The impact of ACEs also depends on factors such as how you personally manage stress. Let's start by talking about how stress works.

The stress response

Your body's stress response is designed to help you survive. When you sense danger or any kind of threat, your body's natural reaction is to increase blood pressure and heart rate so you have the energy to run or fight back. Another reaction is to freeze and shut down. These reactions are your body's way of trying to keep you safe. When used from time to time, these stress responses work well. However, when you experience frequent or severe stress during childhood, your body may learn to respond to small problems as if they were big ones. This could be why little things, even a toddler's tantrum or spilled milk, can feel overwhelming. It can also explain why you may sometimes feel anxious and threatened even when in a safe and calm place. When you're only a little stressed, you may feel alert, aware, and able to cope well. But when you become overly stressed, you may feel panicked and anxious. You may also feel numb, exhausted, or emotionally drained.

Parenting is demanding, and it can easily trigger this stress response. Very simply, because of how brains and bodies react to stress, it is harder to process information when stress levels are too high. You may experience feelings of *stress overload* such as:

- difficulty calming down
- a quicker-than-normal temper and feelings of impatience
- difficulty thinking logically
- a limited ability to "read" others and judge the needs of your children
- difficulty modeling good skills and behavior for your children.



Breaking the ACEs Cycle

Some adults who had ACEs when they were children have a harder time providing a safe and nurturing environment for themselves and their children. In addition, being a parent with ACEs can increase the risk that your children will also have ACEs. It's important to know about this connection. Ensuring that you and your child live in a safe, trusting and healthy environment is one of the most important steps you can take to protect your child. If you need resources, your health care provider or a mental health professional can help.

The good news!

Although people with ACEs may be at higher risk for many health issues, it's never too late to get support! Because bodies and brains are constantly growing and changing, things you do to improve your health *today* can make a *big difference* over time! Learning healthy ways to cope with stress and build resilience can help. This skill-building means developing healthy habits for stress management now that improve your ability to handle difficult situations *in the future*. Also, learning about what's age-appropriate for your child can give you perspective when his behavior is challenging.



How to reduce the effects of ACEs

Many lifestyle changes can help reduce the effects of ACEs. Relationships with other supportive adults can help your brain and body *turn down the stress response* and build resilience. Making time to relax, engage in a fulfilling hobby, or participate in a fun activity can help a lot, too! Good sleep habits, healthy eating, and regular exercise are other important tools to manage stress. Mindfulness practices can also help. Some parents find it helpful to seek out mental health professionals for their own exposure to ACEs and trauma. Talk to your own doctor about the health risks associated with ACEs at your next medical visit. Together, these protective factors can help *improve the health and well-being* of your whole family!

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La crianza y las experiencias infantiles adversas



Aunque usted sea adulto, es posible que todavía sienta los efectos de sus propias experiencias infantiles adversas (ACE, por su sigla en inglés). ¿Qué significa esto para su propia salud? Todo dependerá de cuántas de esas experiencias haya vivido cuando era niño. También va a depender de si usted ha tenido ciertas experiencias positivas que ayudan a reducir los efectos del estrés. Estas experiencias positivas se conocen como “factores de protección”. ¿Recibió apoyo de un amigo, familiar o profesional de salud mental durante su niñez? ¿Tiene actualmente un buen sistema de apoyo? Estas experiencias ayudan a reducir los efectos de las ACE. El impacto de las ACE también dependerá de otros factores, como la manera en que usted maneja el estrés. Empecemos por hablar acerca de cómo funciona el estrés.

La respuesta al estrés

La respuesta de su cuerpo al estrés tiene como finalidad ayudarle a sobrevivir. Cuando el cuerpo percibe el peligro o algún tipo de amenaza, la reacción natural será aumentar la presión arterial y la frecuencia cardíaca de manera que usted tenga la energía para correr o defenderse. Otra reacción es quedarse inmóvil y no hacer nada. Estas reacciones son las maneras que usa su cuerpo para tratar de mantenerlo seguro. Cuando se usan de vez en cuando estas respuestas funcionan bien. Sin embargo, si usted experimentó estrés constante durante la niñez, su cuerpo podría responder ante problemas pequeños como si fuesen grandes. Esta podría ser la causa de que algunas cosas pequeñas, como la rabietita de un niño pequeño o la leche que se derramó, se perciban como situaciones abrumadoras. Esto también podría explicar por qué algunas veces usted se siente ansioso y amenazado, aunque se encuentre en un lugar tranquilo y seguro. Cuando usted esté solamente un poco estresado, es posible que se sienta alerta, consciente y capaz de soportar bien la situación. Pero, si está demasiado estresado, tal vez sienta temor y ansiedad. También podría sentirse paralizado, exhausto o emocionalmente agotado.

La crianza de los hijos es exigente y puede fácilmente desencadenar esta respuesta al estrés. La explicación es muy sencilla: debido a la forma en que el cerebro y el cuerpo reaccionan ante el estrés es más difícil procesar la información cuando los niveles de estrés son demasiado altos. Es posible que experimente sensaciones de *sobrecarga de estrés* como:

- dificultad para calmarse
- decisiones equivocadas
- reacciones de mal genio más rápidas que lo usual y sentimientos de impaciencia
- dificultad para pensar lógicamente
- habilidad limitada para entender a los demás y determinar cuáles son las necesidades de sus niños
- dificultad para dar ejemplos de destrezas y comportamientos adecuados para sus niños

Cómo romper el ciclo de las ACE

Para algunos adultos que vivieron experiencias adversas cuando era niños es más difícil crear un ambiente seguro y enriquecedor para ellos y sus hijos. Además, el hecho de ser un padre o madre que tuvo este tipo de experiencias aumenta el riesgo de que su niño también las tenga. Es importante conocer esta conexión. Velar por que usted y su hijo vivan en un ambiente seguro, de confianza mutua y saludable es uno de los pasos más importantes que puede dar para proteger a su niño. Si necesita recursos, el profesional de salud que lo atiende o un profesional de salud mental puede ayudarlo.

Lo positivo

Aunque las personas que han tenido alguna experiencia infantil adversa podrían encontrarse expuestas a un riesgo mayor de sufrir muchos problemas de salud, nunca es demasiado tarde para buscar apoyo. Debido a que el cerebro y el cuerpo están creciendo constantemente, lo que haga *hoy* para mejorar su salud puede representar una *gran diferencia* a lo largo del tiempo. El aprendizaje de maneras saludables para sobrellevar el estrés y crear resiliencia, puede ayudarle. Este desarrollo de destrezas significa crear hábitos saludables para el manejo del estrés *ahora* que mejoren su habilidad para manejar situaciones difíciles en el *futuro*. Además, aprender lo que es apropiado según la edad del niño puede aportarle otra perspectiva cuando su comportamiento sea difícil.



Cómo reducir los efectos de las ACE

Muchos cambios del estilo de vida pueden ayudar a reducir los efectos de las experiencias infantiles adversas. Las relaciones con otros adultos que le apoyen pueden ayudar a que su cerebro y su cuerpo *rechacen la respuesta al estrés* y aumenten la resiliencia. Asignar tiempo para relajarse, dedicarse a un pasatiempo que le guste o participar en una actividad divertida también puede ser muy útil. Los buenos hábitos de sueño, la alimentación saludable y el ejercicio regular son otras herramientas importantes para manejar el estrés. La práctica de la concentración en el momento presente también puede ayudar. Algunos padres encuentran útil buscar a un profesional de salud mental para tratar su propia exposición a las experiencias infantiles adversas y a los traumas. La próxima vez que vaya a una consulta con su médico, háblele acerca de los riesgos para la salud asociados con las ACE. En conjunto, estos factores de protección pueden ayudar a *mejorar la salud y el bienestar* de toda su familia.

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ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child's physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children's brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child's health. [Check the goals that you are picking for yourself and your family!]

Healthy relationships. We've set a goal of...

- Using respectful communication even when we are upset or angry
- Spending more high-quality time together as a family, such as:
 - Having regular family meals together
 - Having regular "no electronics" time for us to talk and/or play together
 - Talking, reading, and/or singing together every day
- Making time to see friends to create a healthy support system for myself and our family
- Connecting regularly with members of our community to build social connections
- Asking for help if a relationship or environment feels physically or emotionally unsafe
 - The National Domestic Violence hotline is **800-799-SAFE (7233)**
 - The National Sexual Assault hotline is **800-656-HOPE (4673)**
 - To reach a crisis text line, **text HOME to 741-741**
- Create your own goal: _____

Exercise. We've set a goal of...

- Limiting screen time to less than one hour per day
- Walking at least 20 minutes every day
- Finding a type of exercise that we enjoy and doing it together as a family
- Getting my child involved in a sport, dance class, or other form of regular exercise
- Create your own goal: _____



Nutrition. We've set a goal of...

- Eating a healthy breakfast daily (with protein, whole grains, and/or fruit)
- Drinking water instead of juice or soda
- Eating at least 5 vegetables and/or fruits every day
- Choosing whole wheat bread and brown rice instead of white bread or rice
- Create your own goal: _____

Sleep. We've set a goal of...

- Turning off screens 30 minutes before bedtime
- Helping my child go to bed at the same time every night
- Making a routine of reading a book to my child before bed (or, if older, letting my child read to me)
- Creating a calm place for sleep
- Using mindfulness or other stress reduction tools if worry is keeping my child up at night
- Create your own goal: _____

Mindfulness. We've set a goal of...

- Taking moments throughout the day to notice how we're feeling, both physically and emotionally
- Finding at least one thing to be thankful for each day
- Practicing mindful breathing or other calming technique(s) during stressful situations
- Creating a regular routine of prayer, meditation, and/or yoga
- Downloading a mindfulness app and doing a mindfulness activity every day
- Create your own goal: _____

Mental health. We've set a goal of...

- Having a conversation as a family about emotional and mental health
- Learning more about mental health treatment options (e.g., counseling, therapy, psychiatric services)
- Identifying a local mental health professional



- Scheduling an appointment with a mental health professional or keeping regular appointments
- If I am feeling like I or my child is in crisis, I will get help
 - The National Suicide Prevention Lifeline is **800-273-TALK (8255)**
 - To reach a crisis text line, **text HOME to 741-741**
- Create your own goal: _____

Remember, the most important ingredient for healthy kids is a healthy caregiver. Here are some other goals that you can set for yourself to help your whole family be healthier.

- Self-Care.** I've set a goal of...
 - Making a plan for what to do when I'm feeling stressed out, angry, or overwhelmed
 - Planning with my partner, friends, or family to get the support I need
 - Seeking help if I am not emotionally or physically safe
 - Making regular appointments with my medical provider(s), including for preventive care
 - Getting my ACE score and talking to my medical provider about how to improve my health
 - Identifying my strengths and learning more about building resilience
- Create your own goal: _____

For more information, please visit:

From First 5 California: <http://www.first5california.com/>

From the American Academy of Pediatrics: <https://www.healthychildren.org/>

From ACEs Aware: <https://www.acesaware.org/heal/resources/>

Mental Health:

- **The National Alliance on Mental Illness (NAMI):** <https://www.nami.org/help>
 - 1-800-950-NAMI (6264); Crisis Text Line – Text NAMI to 741-741

Promoting Exercise



Exercise is a great way for children to manage stress and ease feelings of anxiety and depression. Being physically active with your children is even better! It's healthy for your brain and body, and it can be a lot of fun for both of you!

Exercise is also a good way to fight the effects of toxic stress. It can reduce the risk of obesity and other health problems such as diabetes and heart disease. Daily physical activity for children can help improve behavior and concentration, boost the immune system, and reduce stress hormones—all are areas that can be affected by Adverse Childhood Experiences (ACEs).

Here are some ideas to help your children get enough exercise:

- **Turn off the screens.**

Encourage active play inside or outside. Make physical activities like a regular walk or a swim part of family life. Limit screen time, including phones, televisions and other screen devices, to 1 hour per day. For children under 18 months old, screen time other than video chatting (so that they can talk to family, friends or grandparents) should be discouraged. Children 18–24 months old should not watch screens alone.

- **Plan ahead for play.**

Make sure your child has a time and place to play. If exercise isn't a priority, it won't happen. Put it on your calendar and plan active family outings. Playing together will promote strong family health and also provide a great bonding opportunity!

- **Provide active toys.**

Think balls and hula-hoops. Keep an eye out for used bikes, tricycles, and ride-on toys. Just having these things around can help you and your child sneak in active time. Look for a list of nearby community parks and other resources that support active play.



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Promover el ejercicio



El ejercicio es una manera excelente de que los niños manejen el estrés y alivien los sentimientos de ansiedad y depresión. Mantenerse físicamente activo con sus niños es todavía mejor. Es saludable para su cerebro y su cuerpo y puede ser divertido para todos.

El ejercicio es también una buena manera de luchar contra los efectos del estrés tóxico. Puede reducir el riesgo de obesidad y de otras dificultades de salud, como la diabetes y la enfermedad cardiovascular. La actividad física diaria para los niños contribuye a mejorar el comportamiento y la concentración, estimular el sistema inmunitario y reducir las hormonas del estrés, aspectos que podrían mostrar las repercusiones de las experiencias infantiles adversas.

A continuación, figuran algunos consejos para aumentar el nivel de actividad física de su familia:

- Apague las pantallas y dispositivos con pantalla táctil.**
Aliente la actividad física dentro de la casa o al aire libre. Haga que las actividades físicas, como una caminata o la natación, se conviertan en parte de la vida familiar. Limite a una hora diaria el tiempo que los niños pasan frente a una pantalla, ya sea de teléfonos, televisores u otros dispositivos. Para los niños menores de 18 meses, es aconsejable que no pasen mucho tiempo frente una pantalla a menos que sea para videollamadas con miembros de la familia, como los abuelos, y con los amigos. Los niños de 18 a 24 meses no deberían ver las pantallas solos.





- **Haga planes para los juegos.**

Asegúrese de que su hijo tiene una hora y un lugar para jugar. Si el ejercicio no se considera como una prioridad no se hará. Póngalo en su calendario y planifique salidas con la familia que incluyan actividad física. Jugar juntos promoverá la buena salud de la familia, además de ser una gran oportunidad de fortalecer los vínculos.

- **Tenga a mano juguetes que exijan actividad física.**

Por ejemplo, pelotas y hula-hulas. Consiga bicicletas, triciclos y otros juguetes de segunda mano que tengan ruedas. Si estos juguetes están cerca, será más fácil que usted y su hijo encuentren tiempo para las actividades físicas. Pídale al especialista de HealthySteps una lista de los parques cercanos en su comunidad y de otros recursos que apoyen los juegos activos.

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Tips for Good Nutrition



Exposure to stress can make a person more likely to have unhealthy eating habits. This can happen partly because lasting stress increases levels of the hormone cortisol in the body, as well as the “hunger hormone” ghrelin - both which serve to increase appetite. In addition, our bodies are likelier to crave sugars and fats during times of stress, as well as engage in other unhealthy lifestyle behaviors, like exercising less. Together, these habits can lead to obesity, mood and sleep problems, and other health issues. The good news is that knowing and doing a few simple things about good nutrition can help bodies and brains operate at their very best.

Consistent, healthy routines can help children feel safe and trusting of the world around them—and mealtime is one of a family’s most important daily routines. Here are some ways to encourage healthy eating habits:

- **Eat together as a family.**

Set aside a specific time for meals, and eat together as often as possible. Age doesn’t matter—even babies can join everyone at the family table! Mealtimes are a great opportunity to create strong family bonds by talking about what’s going on in our lives. Avoid screens (watching television and using cell phones) during mealtimes, try to avoid interruptions by phone calls, and use the time to talk, share, and connect.

- **Eat a healthy breakfast every day.**

Eating a healthy and complete breakfast helps your child start the day with good energy. Include fruit, protein, and whole grains when possible. Children and adults who eat breakfast daily are less likely to be overweight.

- Serve lots of colorful vegetables and fruits.**
Choose fresh, frozen, or canned options (watch for added sugar). Think about adding these to foods your children already eat. Try slicing fruit into their cereal or adding greens to smoothies.
- Offer whole grains**
(like brown rice and quinoa) or foods made of whole grains (like whole-grain pasta or 100% whole-wheat bread).
- Serve healthy protein**
like fish, eggs, poultry, and plant-based options like beans, lentils, peas, nuts, and seeds when possible.
- Drink water with each meal and snack.**
Help your child develop the habit of reaching for water first. Limit juices, soda, and sugary drinks.
- Get your kids involved.**
Offer your child a choice between two healthy food options. For example, “Would you like an apple or an orange?” Involve your child in meal planning, shopping, and meal preparation. Cooking is a great way to teach your child basic kitchen skills, and it is a wonderful way to talk, laugh, and have special time together.



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Consejos para la buena nutrición



Verse expuesto al estrés puede aumentar la probabilidad de que una persona tenga malos hábitos de alimentación. Esto se debe parcialmente debido al aumento de la hormona cortisol en el cuerpo, como también a la “hormona del hambre” ghrelina, —ambas contribuyen al aumento del apetito. Además, nuestro cuerpo está más propenso a consumir azúcares y grasas durante momentos de estrés como también a llevar una vida menos saludable, como hacer menos ejercicio. Todos estos hábitos pueden resultar en obesidad, mal humor y trastornos del sueño y otras cuestiones de salud. Lo bueno es que si sabemos y hacemos unas cuantas cosas sencillas sobre nutrición es posible ayudar al cuerpo y al cerebro a funcionar de manera óptima.

Las rutinas uniformes y saludables pueden ayudar a los niños a sentirse seguros, protegidos y confiados en el mundo que los rodea; por eso, la hora de la comida es una de las más importantes de las rutinas diarias de la familia. A continuación figuran algunas ideas para fomentar hábitos de alimentación saludables:

- **Coman juntos, en familia.**

Asignen una hora específica para las comidas y coman juntos con la mayor frecuencia posible. La edad no importa, hasta los bebés pueden sentarse a la mesa con toda la familia. Las horas de comida son una gran oportunidad para forjar vínculos familiares fuertes hablando de lo que pasa en nuestras vidas. Evite las pantallas (ver televisión y usar teléfonos celulares) durante la hora de comida, no conteste si suena el teléfono y utilice esos momentos para hablar, compartir y conectarse.



- **Coma un desayuno saludable todos los días.**

Comer un desayuno saludable y completo ayudará a que su niño empiece el día con buena energía. Incluya frutas, proteína y cereales integrales, siempre que sea posible. Los estudios muestran que la probabilidad de tener sobrepeso es menor para los niños y los adultos que desayunan todos los días.

- **Sirva muchas verduras y frutas de distintos colores.**

Elija entre las opciones naturales, congeladas o enlatadas (cuidado con el azúcar agregada). Vea la posibilidad de combinarlas con los alimentos que sus hijos ya comen. Pruebe agregar frutas rebanadas al cereal o verduras a los batidos.

- **Ofrézcale cereales integrales.**

(como arroz integral y quínoa) o alimentos preparados con cereales integrales (como pasta integral o pan de 100% de harina de trigo integral).

- **Sirva proteínas saludables.**

como pescado, huevos, pollo y opciones vegetales como frijoles, lentejas, chícharos, nueces y semillas, cuando sea posible.

- **Beba agua con cada comida y merienda.**

Ayude a su niño a formarse el hábito de servirse primero el agua. Limite el consumo de jugos, bebidas gaseosas y azucaradas.

- **Haga que sus niños participen.**

Ofrézcale a su niño que elija entre dos opciones de alimentos saludables. Por ejemplo, “¿Te gustaría una manzana o una naranja?” Incluya a su niño en la planificación, las compras y la preparación de las comidas. Cocinar es una gran manera de enseñar a su niño destrezas básicas de la cocina, además de una forma maravillosa de hablar, reírse y pasar juntos esos momentos especiales.



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Good Sleep Habits



A good night's sleep

Getting a good night's sleep plays a big role in children's mental health, physical health, and overall well-being. In fact, sleep is just as important to children's development as nutrition and physical activity!

Unfortunately, Adverse Childhood Experiences (ACEs) can disturb sleep. Paying special attention to your child's sleep can help in many ways. Research shows that children who get the right amount of sleep are sick less frequently, focus and behave better in school, and manage stress more easily.

Here are some ideas to help your children get enough sleep:

- **Keep regular routines.**

Children thrive with predictable routines and love quality time with their parents or caregivers. If you do the same activities with your child at naptime and bedtime, it can help everyone relax and help your child settle more easily into sleep. Try reading a book, singing a quiet song, or just talking quietly with your child. Ask her about the best part of her day, and then share yours!

- **Keep bedtimes and wake-up times consistent.**

Our bodies are healthier and our brains work better when our sleep schedules are regular and predictable. It also helps the bedtime routine go more smoothly when kids know what to expect. Try to have your child go to bed around the same time each night. A consistent bedtime can also make waking up the next morning much easier!



- **Stay active during the day.**
Make physical activity, like a walk to the park, a visit to the playground, or playing a favorite sport together, a family routine. Children who get enough exercise also have an easier time going to bed at night.
- **Limit screen usage, especially in the evenings.**
Avoid screens (television, phones, and tablets) in the sleep space. Research shows that the light from the screens keeps children and adults from feeling sleepy and relaxed in the evening. Screen use before bed can make it more difficult for children to fall asleep and stay asleep.
- **Pay attention to the bedtime environment.**
Create a space that helps children fall asleep. Keep lights dim and noise levels low. The temperature should be cool (high 60s to low 70s) rather than cold or hot. Beds should be comfortable places for sleep, not play.
- **Seek support from a health care provider.**
Talk to your pediatrician if your child experiences frequent awakenings, frequent nightmares or night terrors, or sleepwalking.



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Buenos hábitos de sueño



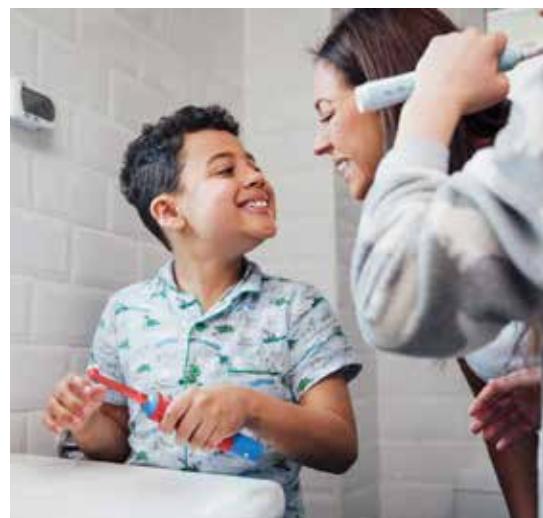
Los buenos hábitos de sueño desempeñan una función primordial en la salud física, la salud mental y el bienestar general de los niños. En realidad, el sueño es tan importante para el desarrollo de los niños como lo son la nutrición y la actividad física.

Lamentablemente, las experiencias infantiles adversas (ACE, por su sigla en inglés) pueden alterar el sueño. Prestar especial atención al sueño de su niño puede ser útil de muchas maneras. Los estudios demuestran que los niños que duermen las horas de sueño que necesitan se enferman con menor frecuencia, se concentran más y se comportan mejor en la escuela, además de manejar el estrés con mayor facilidad.

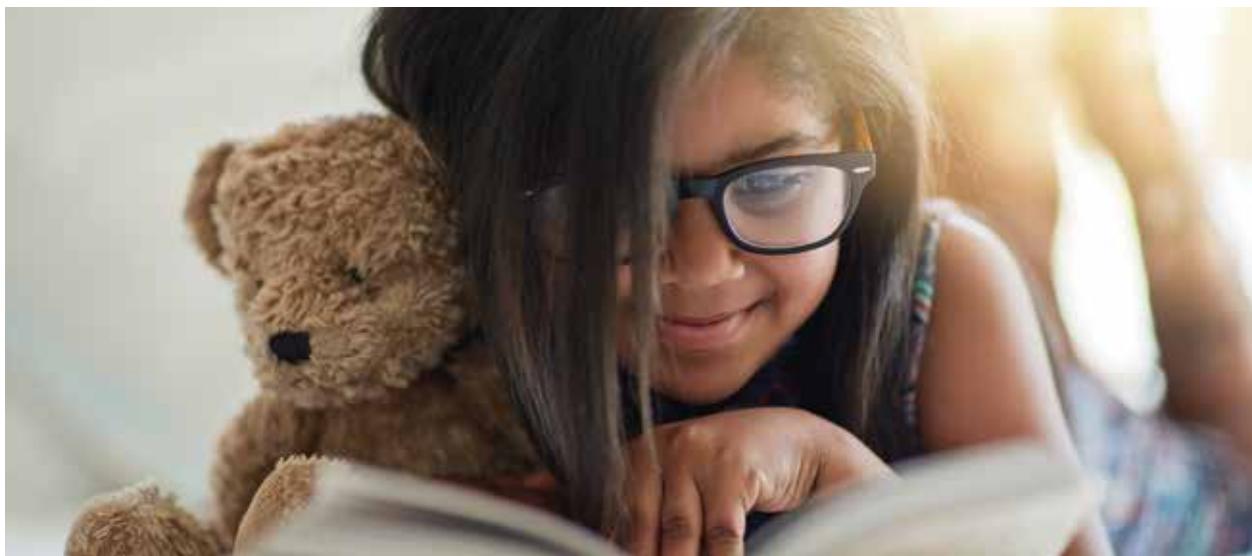
A continuación algunas ideas para ayudar a que su niño duerma lo suficiente:

- **Mantenga rutinas regulares.**

Los niños se desarrollan mejor cuando sus rutinas son predecibles y ellos pueden disfrutar de las horas que les dedican sus padres o cuidadores. Si usted hace siempre las mismas actividades con su niño a la hora de la siesta y antes de acostarlo a dormir en la noche, esto puede ayudar a que todos estén calmados y a que su hijo se quede dormido más fácilmente. Pruebe leyéndole un libro, cantándole una canción de cuna, o hablándole en voz baja. Pregúntele cuál fue la mejor parte de su día y después cuéntele qué fue lo mejor para usted.



- **Haga que día tras día las horas de dormirse y de despertarse sean siempre similares.** Nuestro cuerpo será más sano y nuestro cerebro funcionará mejor si nuestros horarios para dormir son regulares y previsibles. Si los niños saben lo que pueden esperar, la rutina a la hora de dormir transcurrirá con menos tropiezos. Trate de que el niño se acueste a dormir casi a la misma hora todas las noches. Un horario para dormir uniforme, también puede hacer que el despertar a la mañana siguiente sea mucho más fácil.
- **Mantenerse activo durante el día.** Haga alguna actividad física, como una caminata, una visita al parque infantil o practiquen juntos un deporte favorito y convierta esta actividad en una rutina familiar. A los niños que hacen suficiente ejercicio les resultará más fácil acostarse a dormir en la noche.
- **Limite el uso de las pantallas y dispositivos con pantalla táctil especialmente en la noche.** Evite las pantallas (televisión, teléfonos y tabletas) en el espacio para dormir. La investigación demuestra que la luz de las pantallas les impide a los niños y a los adultos sentirse relajados y soñolientos en la noche. El uso de las pantallas antes de acostarse puede hacer que sea más difícil para los niños conciliar el sueño y quedarse dormidos.
- **Preste atención al ambiente a la hora de acostarse.** Organice un espacio que ayude a los niños a quedarse dormidos. Haga que la luz en la habitación sea tenue y que los niveles de ruido sean bajos. La temperatura debe ser fresca (entre 65 y 72 grados) en lugar de fría o caliente. La cama debe ser un lugar cómodo para dormir, no para jugar.
- **Busque ayuda de un profesional de salud.** Hable con el pediatra si su niño se despierta varias veces en la noche, tiene pesadillas o terrores nocturnos frecuentes o es sonámbulo.



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Using Mindfulness

Mindfulness is paying attention to the present moment.

It is the process of being aware of the thoughts, feelings, and sensations happening inside you, *and* tuning in to what is happening around you.



Mindfulness exercises can help turn the stress response down! Doing mindfulness everyday can improve your and your child's physical and emotional health.



It is easier to be mindful in your everyday life when you practice regularly. The good news is that you can practice *anytime!* The more you do, the faster it becomes a habit, and the more easily your stress response calms down! Apps and websites provide easy ways to try different kinds of mindfulness practices—you can even practice with your child or a friend! Other ways to practice include paying close attention to details while playing with your child, walking, driving home, or exercising. Research shows that mindfulness can help reduce all kinds of stress, including the stress of parenting.



Children who have experienced Adverse Childhood Experiences (ACEs) may have difficulty getting themselves back to a relaxed state once they become stressed. Belly breathing is one easy strategy you can teach to your children, and *also* try yourself:

- Have your child sit or lie down.
- Have your child place one hand over the belly, the other hand over the chest.
- Model how to inhale through the nose and feel the belly rise.
- Exhale through the mouth and feel the belly lower.
- Repeat three to five times.
- Make it fun by pretending to blow out a candle or that you're blowing up a balloon as they inhale and exhale. You can also have your child hold a stuffed animal on his belly and watch it move up and down while they breathe deeply. These "breathing buddies" can help children see and feel what deep breathing looks like, so that both their brains and bodies remember. This will help make mindfulness and breath relaxation exercises a *healthy habit for life!*

Breathing practices can be a nice addition to your child's bedtime routine. Prompt your child to try breathing deeply when she feels stressed or worried. Set a good example by doing it yourself, and model how to take deep breaths when *you* are stressed. For example, you might say, "I am so frustrated by this traffic. But I can't change it! Please help me calm my body and mind by taking three deep breaths with me." Afterward, talk to your child about how it felt. This might be "Wow, I was very upset, but then I took three deep breaths and I feel *much* better now!"

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Cómo usar la atención plena

La atención plena, también conocida como conciencia plena, consiste en prestar atención al momento presente. Es el proceso de estar consciente de los pensamientos, sentimientos y sensaciones que tienen lugar dentro de la persona y estar en sintonía con lo que pasa a su alrededor.



Los ejercicios de concentración pueden reducir la respuesta al estrés. La concentración practicada a diario puede mejorar la salud física y emocional de su niño o niña. .



Es más fácil concentrarse en su vida diaria cuando se practica con regularidad. Lo bueno es que puede practicarse en *cualquier momento*. Mientras más se hace, más rápido se convertirá en un hábito y su respuesta al estrés se calmará más fácilmente. Varias aplicaciones y sitios web ofrecen maneras fáciles de probar distintos métodos de concentración, que incluso podrá practicar con su hijo o un amigo. Otras maneras de practicar son prestar mucha atención a los detalles mientras esté jugando con su niño, caminando, conduciendo de regreso a la casa o haciendo ejercicio. La investigación muestra que la concentración en el momento presente puede reducir todos los tipos de estrés, incluso el estrés de ser padres.

Es posible que los niños que han vivido experiencias infantiles adversas tengan dificultad para volver a un estado de relajación una vez que se han estresado.

La respiración abdominal es una estrategia fácil que puede enseñarles a sus niños (de 2 años en adelante) y que usted *también* puede probar hacer:



- Haga que su niño se siente o se acueste.
- Haga que su niño coloque una mano sobre el abdomen y la otra mano sobre el pecho.
- Muéstrelle cómo inhalar por la nariz y sentir que el abdomen se levanta.
- Exhale por la boca y sienta cómo baja el abdomen.
- Siga mostrándole esta respiración profunda hasta que su niño la entienda.
- Repita el proceso de tres a cinco veces.
- Haga divertida la actividad simulando que apaga una vela o que está inflando un globo mientras que el niño inhala y exhala. También puede hacer que el niño sostenga un juguete de peluche en el abdomen y lo vea cómo sube y baja mientras respira profundo. Estos “amiguitos de respiración” pueden ayudar a los niños a *ver* y a *sentir* cómo es la respiración profunda, de manera que tanto su cuerpo como su cerebro la recuerden. Esto hará que los ejercicios de concentración y de relajación de la respiración se conviertan en un hábito saludable para *toda la vida*.

Las prácticas de respiración pueden ser un buen complemento a la rutina de su niño antes de acostarse. Dígale a su niño que trate de respirar profundo cuando se sienta estresado o preocupado. Dé el buen ejemplo, haciéndolo usted también y muéstrelle cómo hacer respiraciones profundas cuando *usted* está estresado. Por ejemplo, podría decir, “Estoy tan frustrada con este tráfico. Pero puedo sentirme mejor. Por favor, ayúdame a calmar mi cuerpo y mi mente haciendo tres respiraciones profundas conmigo”. Después, hable con su niño acerca de cómo se sintió usted. Esto podría ser: “¡Vaya! Estaba muy molesta, pero hice tres respiraciones profundas y me siento *mucho* mejor ahora”.

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