

Coping with early adversity

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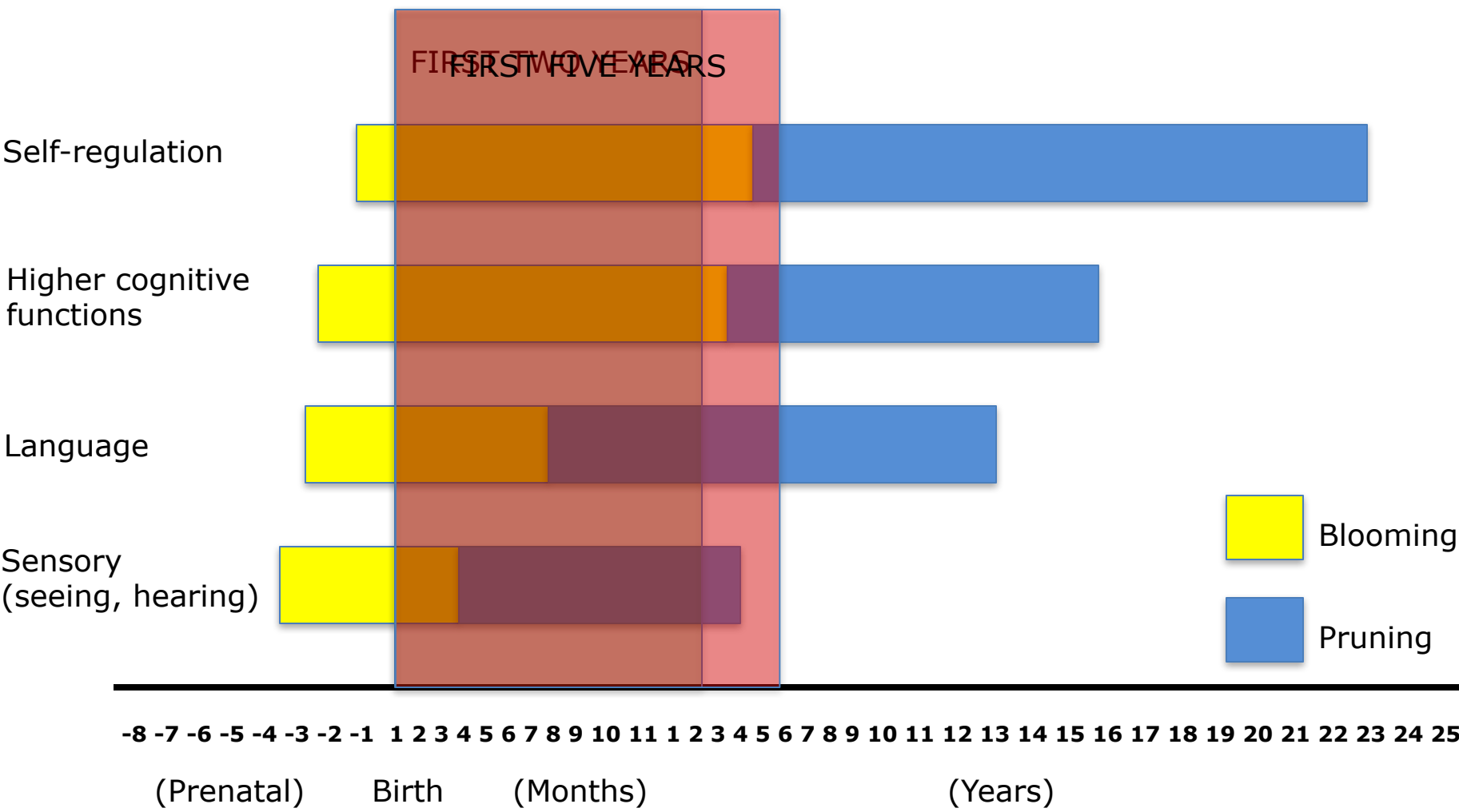


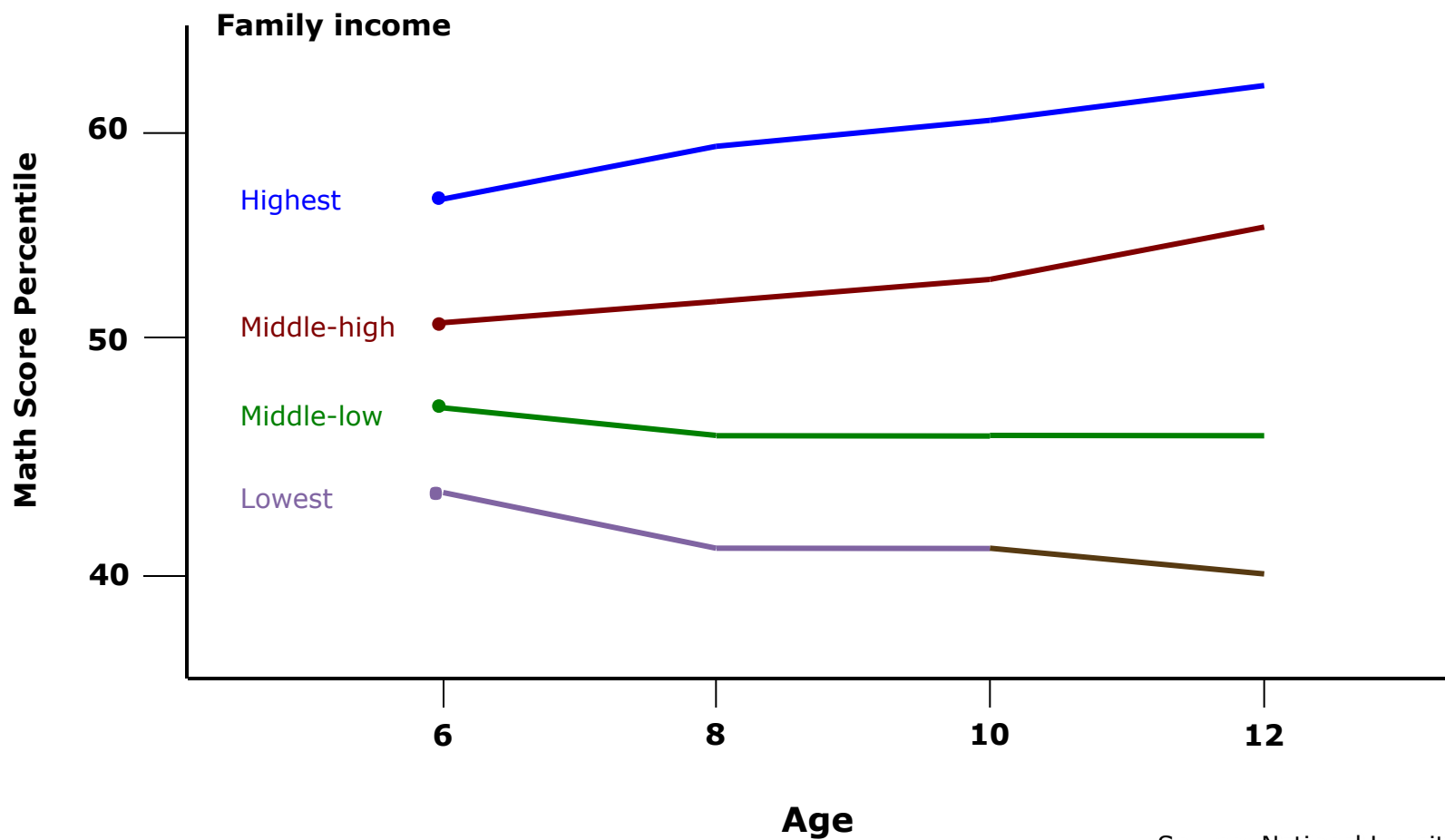




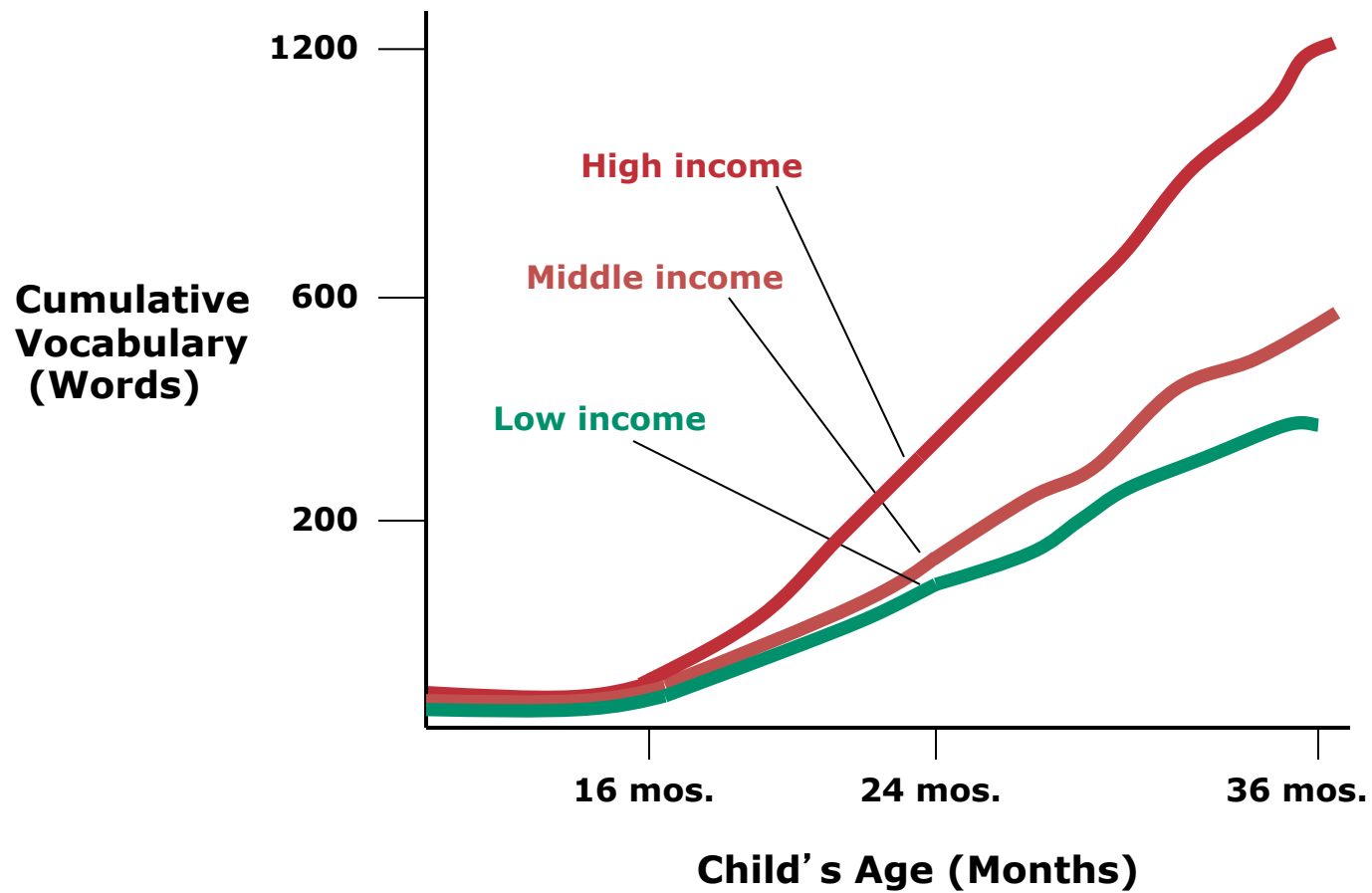
BLOOMING

PRUNING





Source: National Longitudinal
Study of Youth



Hart & Risley (1995)

Vocabulary at age 3 **predicts** 3rd grade reading score **predicts** High school graduation rates





stress

Three kinds of stress

Positive

Common, manageable, limited in time and severity

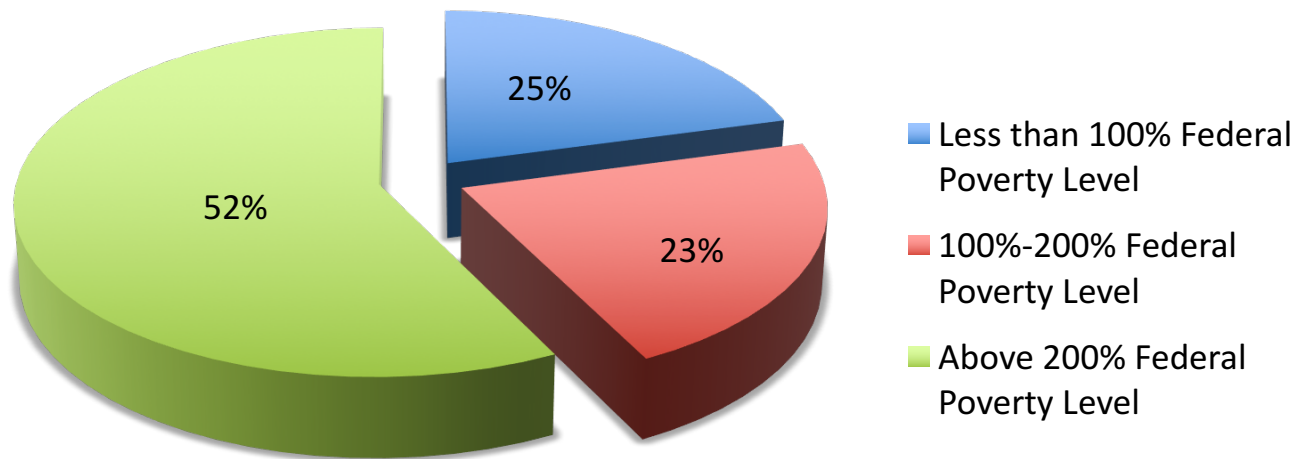
Tolerable

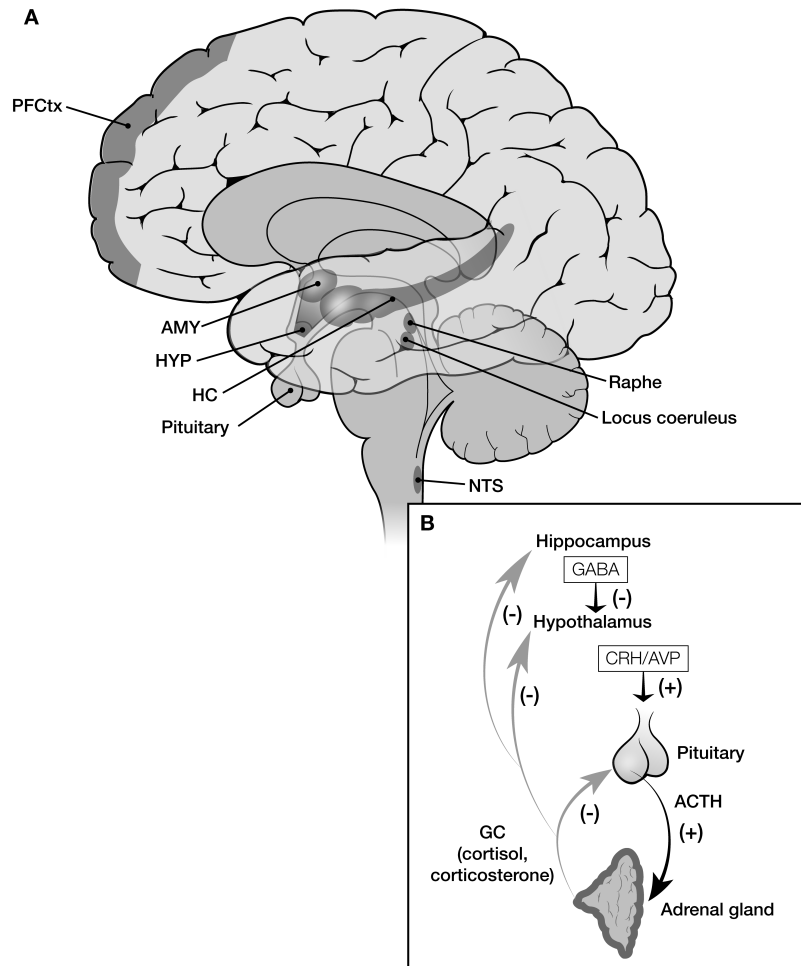
Serious, potentially overwhelming, buffered by social support

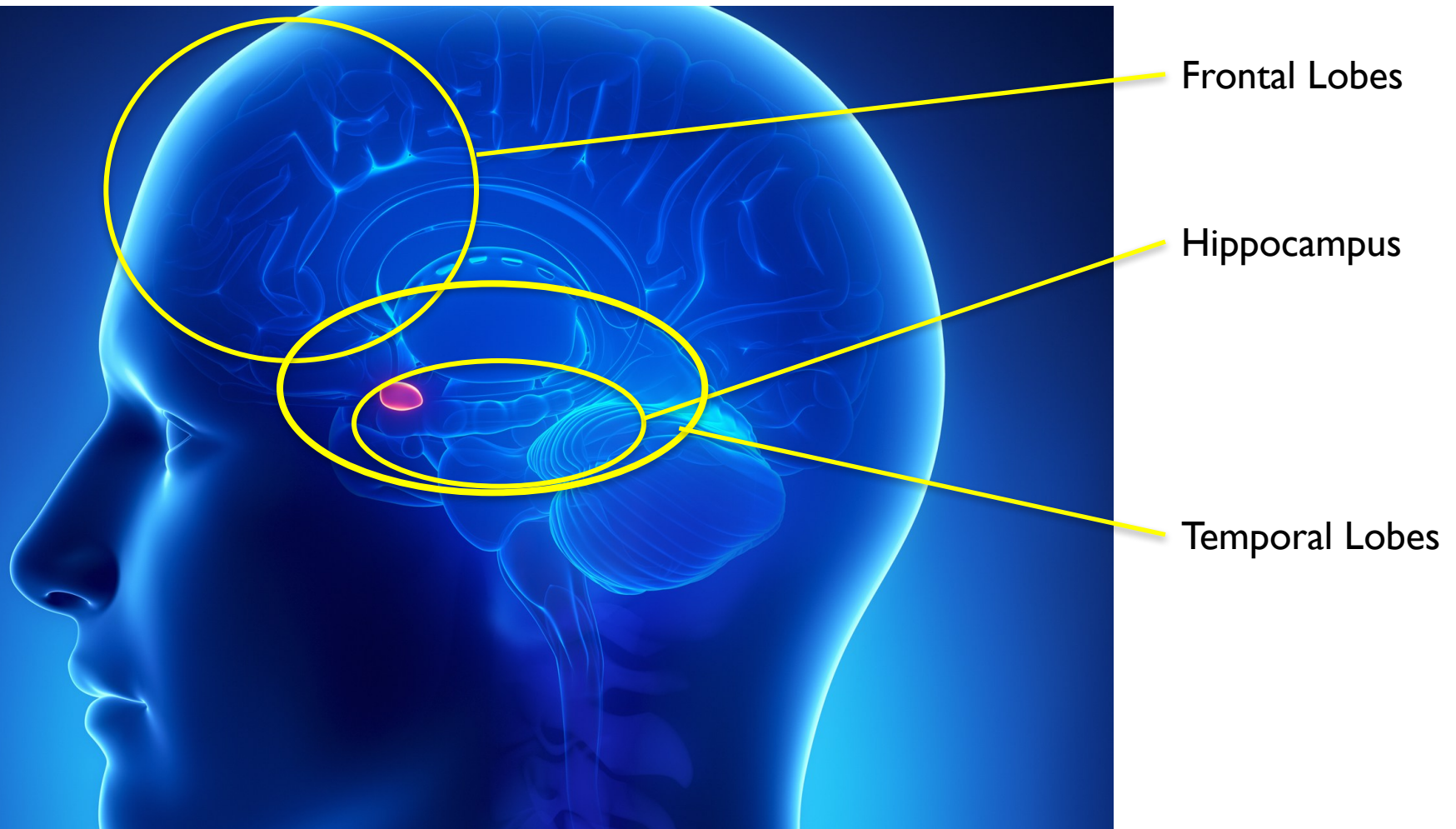
Toxic

Serious, sometimes prolonged, social support absent

Children under 3 by Family Income in the United States







Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY



POLICY STATEMENT

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

abstract

Advances in a wide range of biological, behavioral, and social sciences are expanding our understanding of how early environmental influences (the ecology) and genetic predispositions (the biologic program) affect learning capacities, adaptive behaviors, lifelong physical and mental health, and adult productivity. A supporting technical report from the American Academy of Pediatrics (AAP) presents an integrated ecobiodevelopmental framework to assist in translating these dramatic advances in developmental science into improved health across the life span. Pediatricians are now armed with new information about the adverse effects of toxic stress on brain development, as well as a deeper understanding of the early life origins of many adult diseases. As trusted authorities in child health and development, pediatric providers must now complement the early identification of developmental concerns with a greater focus on those interventions and community investments that reduce external threats to healthy brain growth. To this end, AAP endorses a developing leadership role for the entire pediatric community—one that mobilizes the scientific expertise of both basic and clinical researchers, the family-centered care of the pediatric medical home, and the public influence of AAP and its state chapters—to catalyze fundamental change in early childhood policy and services. AAP is committed to leveraging science to inform the development of innovative strategies to reduce the precipitants of toxic stress in young children and to mitigate their negative effects on the course of development and health across the life span. *Pediatrics* 2012;129:e224–e231

FREE

COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON EARLY CHILDHOOD, ADOPTION, AND DEPENDENT CARE, AND SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

KEY WORDS

advocacy, brain development, ecobiodevelopmental framework, family pediatrics, health promotion, human capital investments, new morbidity, toxic stress, resilience

ABBREVIATIONS

AAP—American Academy of Pediatrics

EBD—ecobiodevelopmental

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Killing Me Softly: The Fetal Origins Hypothesis

Douglas Almond and Janet Currie

In the late 1950s, epidemiologists believed that a fetus was a “perfect parasite” that was “afforded protection from nutritional damage that might be inflicted on the mother” (Susser and Stein, 1994). The placenta was regarded as a “perfect filter, protecting the fetus from harmful substances in the mother’s body and letting through helpful ones” (Landro, 2010). Nonchalance existed with regard to prenatal nutrition. During the 1950s and 1960s, women were strongly advised against gaining too much weight during pregnancy (Paul, 2010). During the baby boom, “pregnant women were told it was fine to light up a cigarette and knock back a few drinks” (Landro, 2010). Roughly half of U.S. mothers reported smoking in pregnancy in 1960 (Aizer, Stroud, and Buka, 2009).

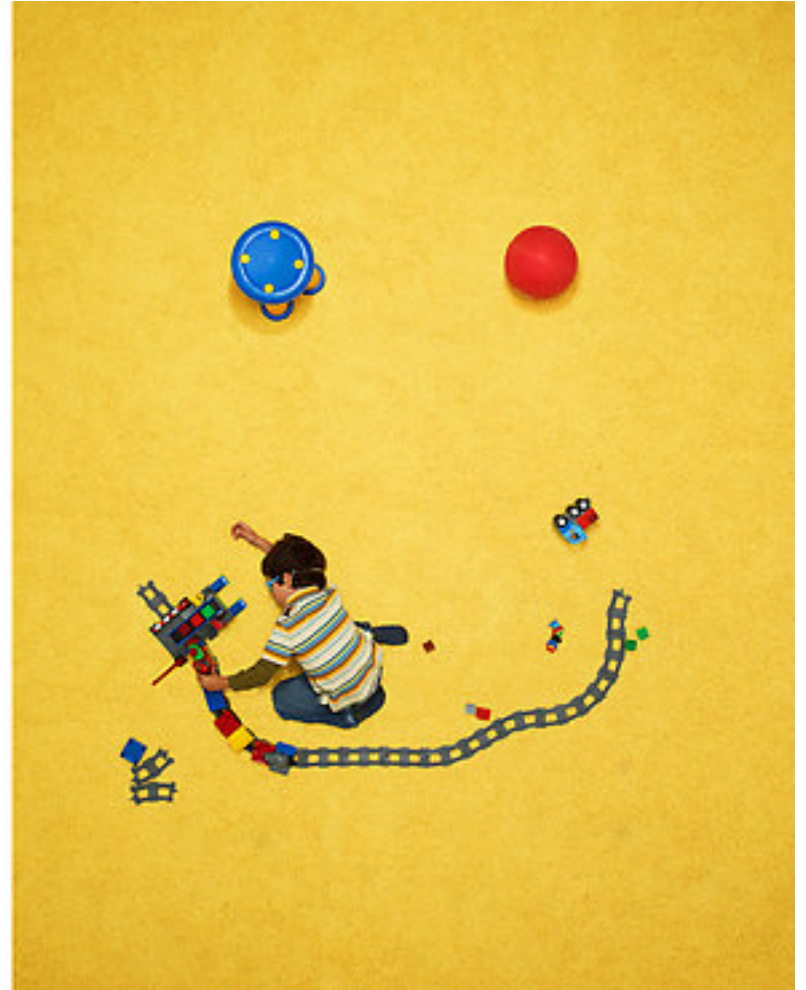
But what if the nine months *in utero* are one of the most critical periods in

The emotional lives of young children
are deep, rich – and vulnerable

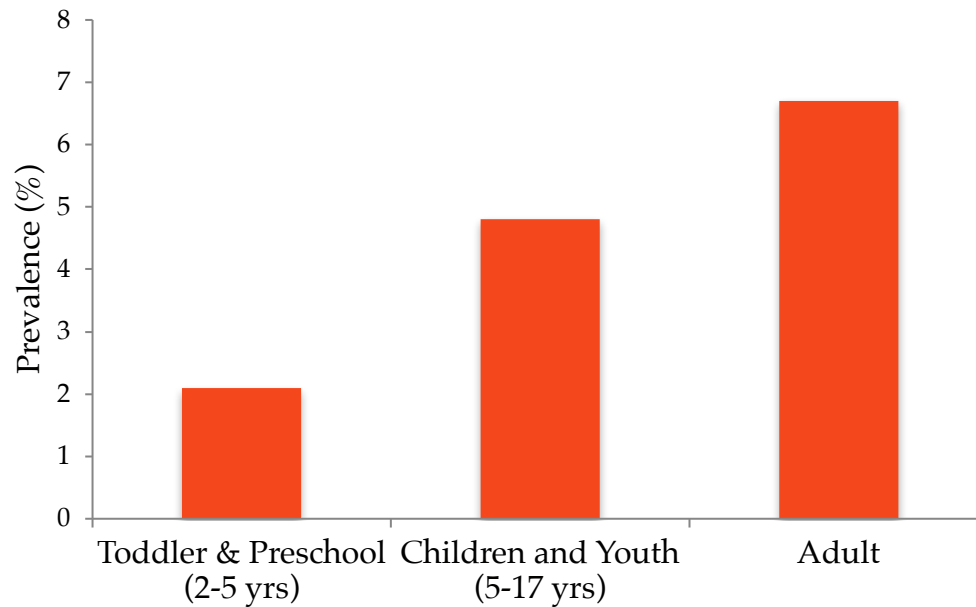
The New York Times

August 25, 2010

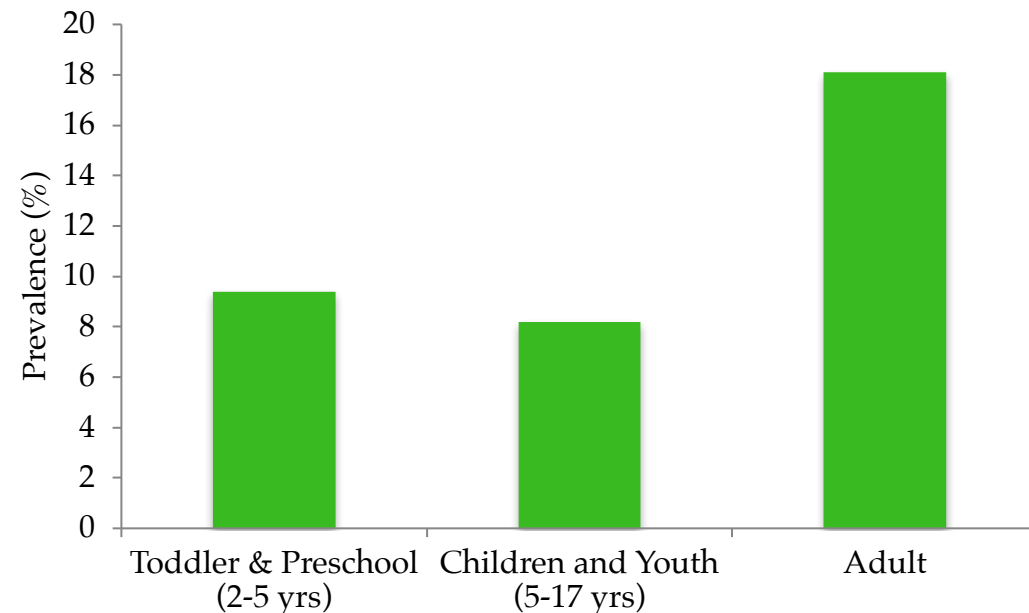
Can Preschoolers Be Depressed?



Depression

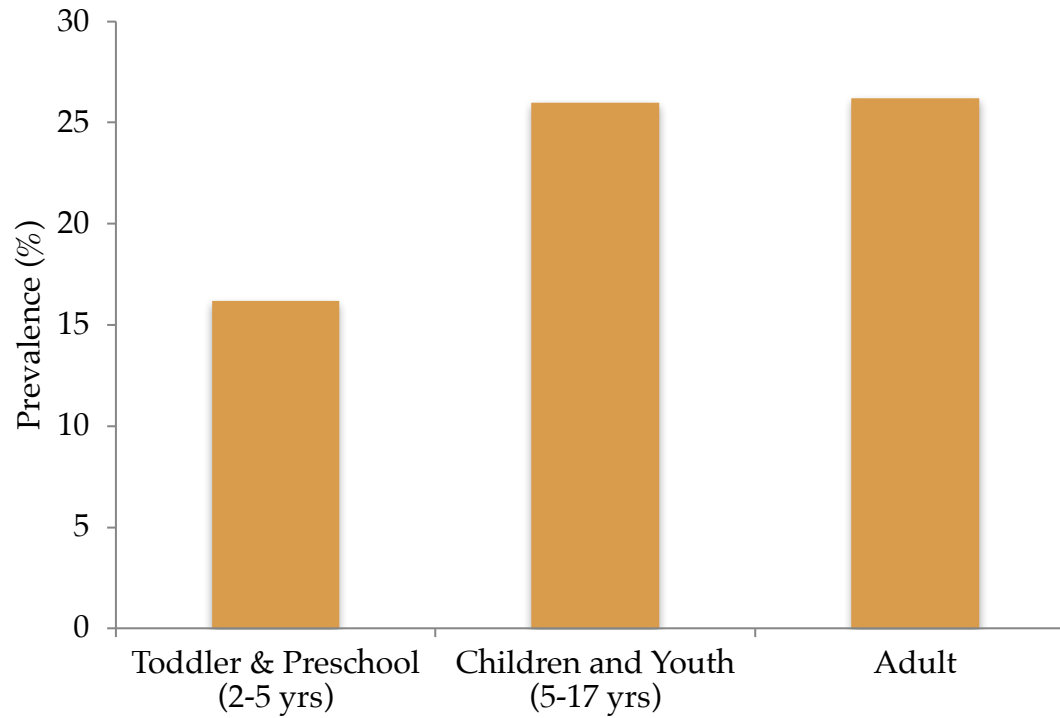


Anxiety Disorders

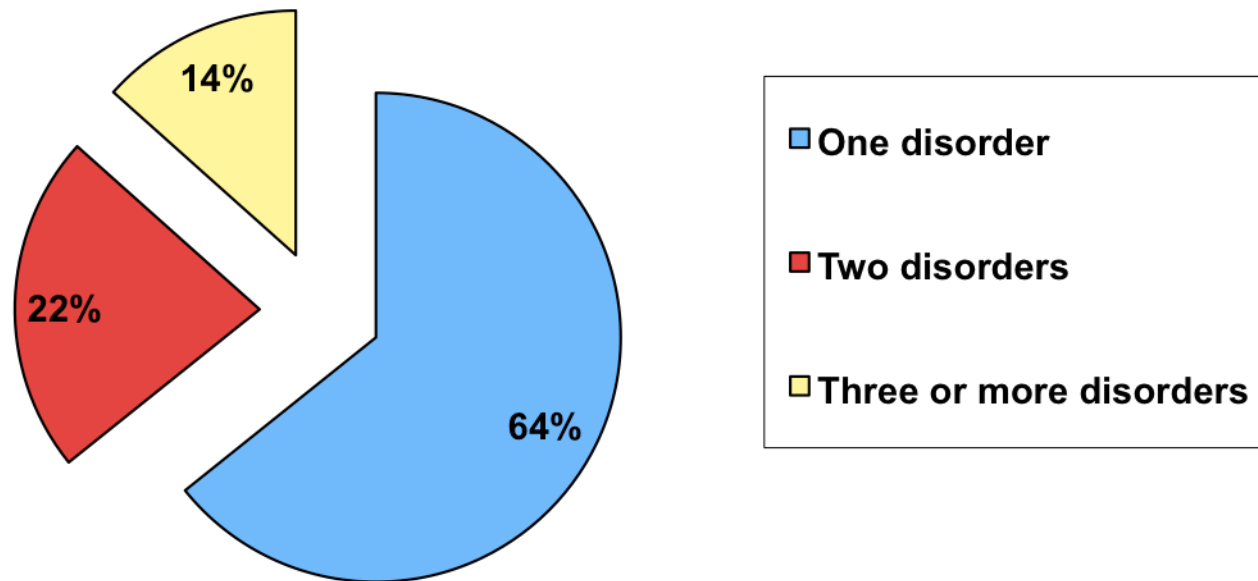


Sources: Costello, Egger, & Angold, 2005; Kessler, Chin, Demler, & Walters, 2005; Egger & Angold, 2006; and data from the Duke Early Childhood Study, courtesy Dr. Helen Egger, Duke Univ. Medical Center

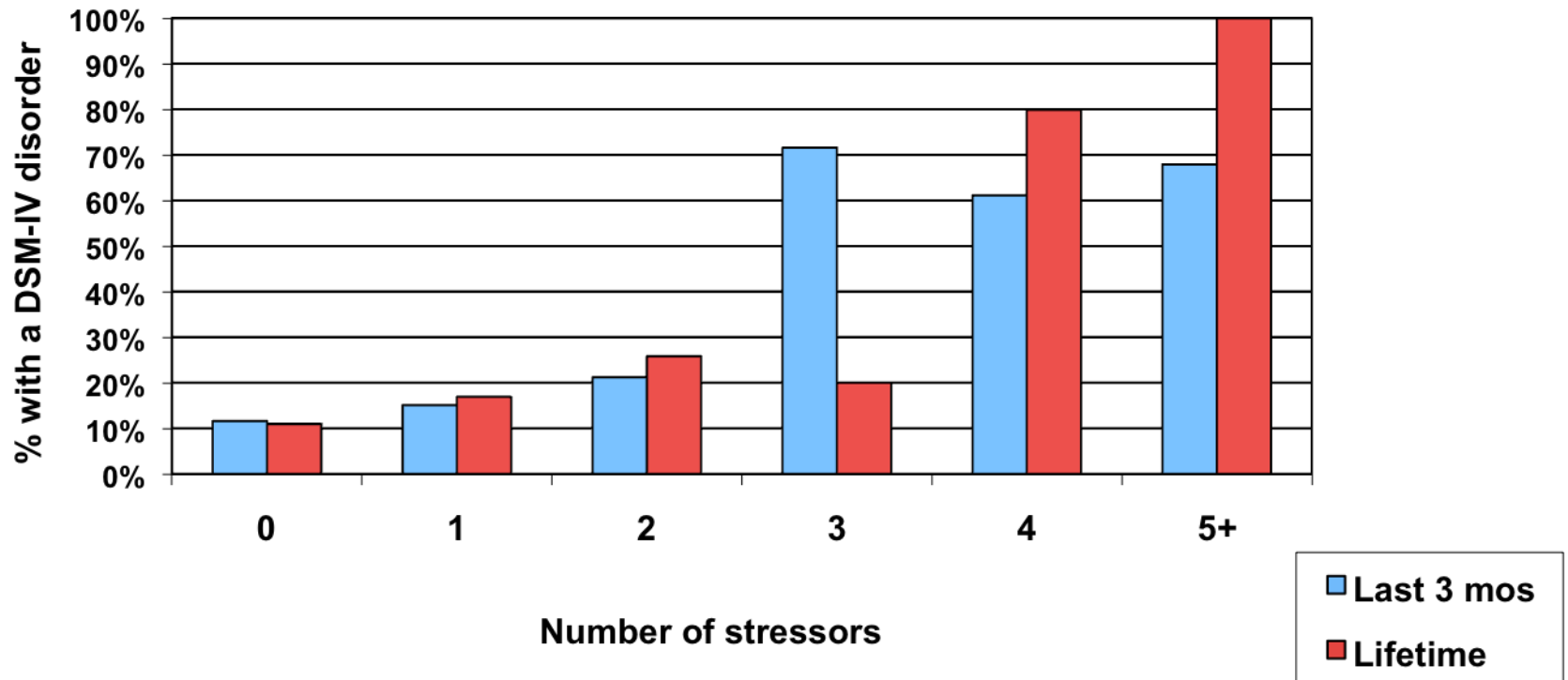
Any Psychological Disorder



Comorbidity in Preschoolers with a Psychiatric Disorder



Cumulative Stressors in Childhood and Psychiatric Disorders



Data from Duke Early Childhood Study, courtesy Dr. Helen Egger, Duke University Medical Center

Early childhood mental health: The new frontier

- Preschoolers do not display mental health as older children and adults do. Their understanding and regulation of emotions and stress are more limited, and how they express emotional problems differs.
- The **environment of relationships** for young children means that relationships are crucial to understanding the origins, prevention, and treatment of early disorders.
- Many early emotional and behavioral problems are **transient**, facing parents and practitioners with the problem of “when to worry”.
- Disruptive behavioral and emotional problems sometimes result in school expulsions, which undermines children's academic progress.
- **Promising prevention and therapeutic strategies** are being developed that are especially suited to young children.

How can we support young children
who experience chronic stress?

Practices of trauma-informed care

- Don't ask "What's wrong with this child?" Ask "What might have happened to this child?".
- Create a safe, responsive child-centered classroom environment that is helpfully structured to be predictable and secure.
- Be aware of classroom challenges: unexpected transitions, confrontations, a child feeling vulnerable or frustrated, failure, sensory overload. Anticipation can contribute to preventing problems before they occur or redirecting the child in more positive ways.
- Ensure that children have at least one reliable primary caregiving relationship to draw on. *Assume this relationship will be tested by the child.*
- Use your words to clarify what is happening at a moment of difficulty, and why. Encourage children to use their words to regain self-control.
- Use casual conversation to open avenues for the child to talk about his or her experiences within and outside the classroom.

more ...

- Provide an individual safe haven where a child can regain self-control. Help the child learn strategies of stress management.
- Ensure that behavioral expectations are communicated clearly and enforced consistently, fairly, and with more communication.
- Try to find ways to engage children constructively in the classroom, especially with peers, and in activities that build self-confidence.
- Try to build bridges to the family (including extended family) for two-way communication and assistance for the child.
- Enlist professional networks to enable consultation with early childhood mental health experts, pediatric practitioners, special education, and/or other service providers. Have referral resources.
- Work as providers of care to colleagues as well as to children, and take care of yourself. Learn how to reduce your own stress.



Early childhood mental health consultation



CENTER FOR
Early Childhood
Mental Health
Consultation

Georgetown University Center for Child and Human Development



Two generational strategies



Two generational strategies

Home visitation



Two generational strategies

High quality child care

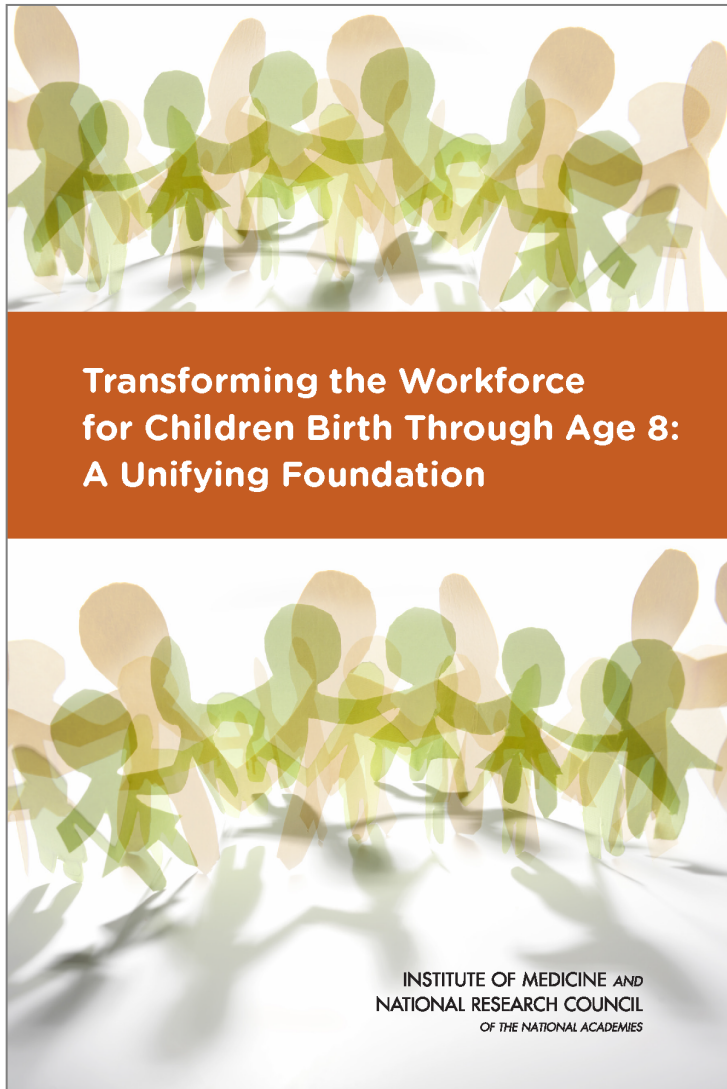


Two generational strategies

Attachment-based programs



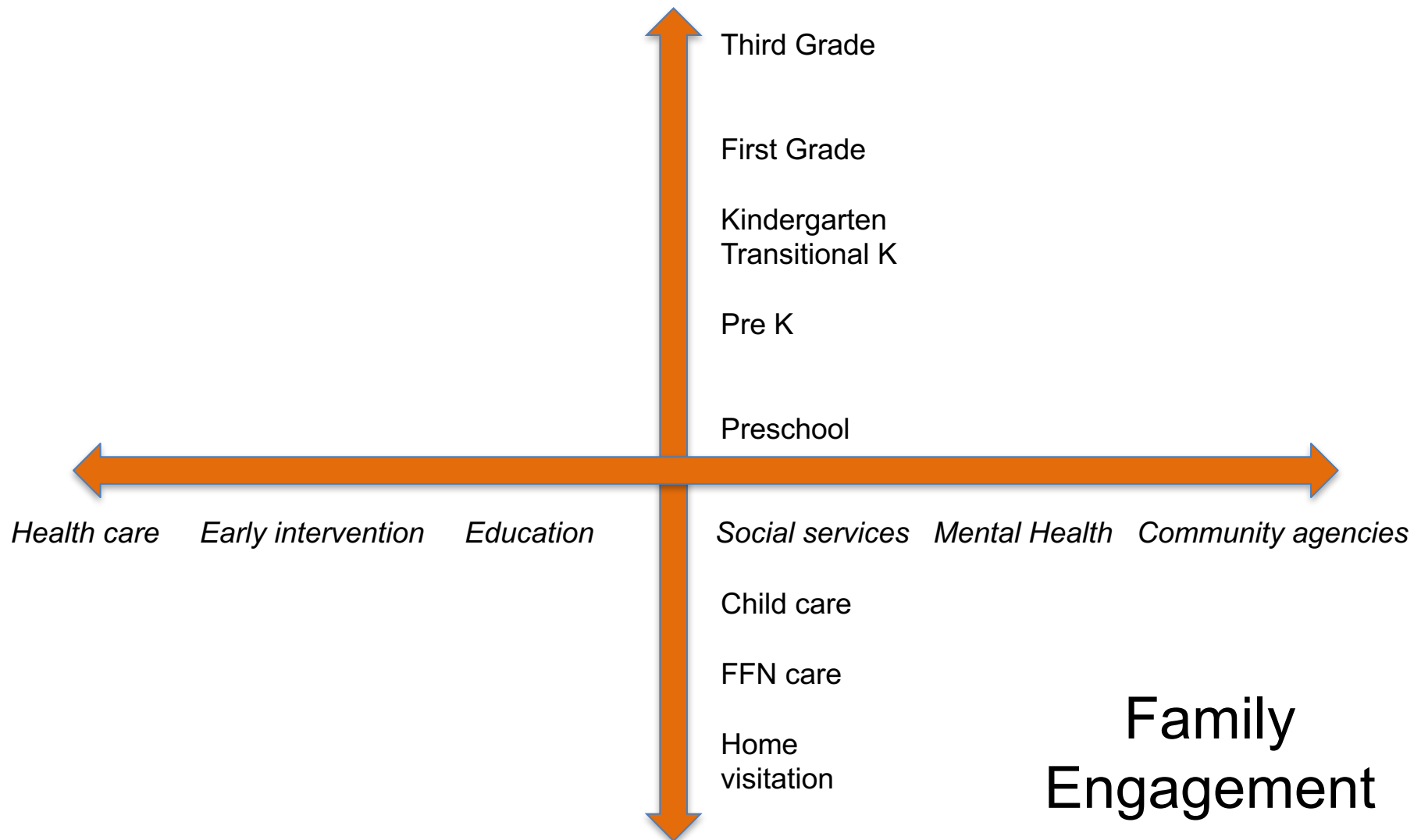
Integrated services



Transforming the Workforce for Children

Birth Through Age 8:
A Unifying Foundation

The system of early childhood services is fractionated



Strengthen the safety net

SNAP (food stamps)

EITC

WIC

child tax credit (refundable)

child care subsidy

expanding low income housing tax credits

minimum wage

What amount of income support would be
enough to make a difference?

Social support for families



Children develop in an environment of relationships



Provide support
to those who are
providing support



Thanks !

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What are the challenges that young children in your experience are trying to cope with?

How does it affect them?

What kinds of things are helpful to them?
(What kinds of things make their lives more difficult?)

What resources exist in your community to help children like this?

What resources exist to help families?

What more is needed?