Private Practice Cases

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Violence, Abuse & Toxic Stress in Pediatrics

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Objectives

• Describe one clinic’s approach to screening for parental ACEs.

• Review results and stories from this screening process...
  – How did providers respond?
  – How did patients respond?
  – What changed in our daily practice?
The Theory...

- Certain moments in the life of an infant or toddler will be stressful
  - Tantrums, colic, toilet training, hitting / biting, sleep problems are examples
- What happens to a parent who has experienced trauma? Will their response be:
  - Fight?
  - Flight?
  - Freeze?
  - Something else?
- How can we better prepare at-risk parents for these inevitable moments?

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And thinking further...

• If a parent experienced trauma, do they have appropriate skills/ideas for:
  – Taking care of themselves?
  – Identifying when they need help?
  – Modeling appropriate conflict resolution?
  – Discipline that is developmentally appropriate?
  – Playing with their child?
Our Logic Model

Standard Anticipatory Guidance

“Enhanced” Anticipatory Guidance

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What we did...

• Eight providers piloted screening
• At the four month visit, parents are given the ACE screener, along with a questionnaire about resilience and a list of potential resources.
  – Cover letter explaining the rationale for the screening tool, and what we plan to do with the information
• Created a confidential field in the EMR that does not print into notes, but perpetuates into visits to document results while minimizing risk to families.
• Spread screening to rest of site, then to our second site – now 27/28 providers screening.
Hypothesis #1

• Screening for parental Adverse Childhood Experiences is feasible.
  – In other words: our providers will do it, and our patients will accept it.
• This includes a thoughtful consideration of “burden”.
## Overall Results

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Percent</th>
<th>Average Resiliency</th>
<th>Resiliency Range</th>
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<tr>
<td>0</td>
<td>53.1</td>
<td>56.1</td>
<td>17-60</td>
</tr>
<tr>
<td>1</td>
<td>26.0</td>
<td>55.3</td>
<td>22-60</td>
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<tr>
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<td>7.7</td>
<td>52.7</td>
<td>31-60</td>
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<tr>
<td>3</td>
<td>5.1</td>
<td>50.5</td>
<td>36-60</td>
</tr>
<tr>
<td>4 or more</td>
<td>8.1</td>
<td>47.6</td>
<td>23-60</td>
</tr>
</tbody>
</table>

↑ Oregon BRFSS: 17%

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<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Total (n=1021)</th>
<th>Private Insurance (n=557)</th>
<th>Public Insurance (n=374)</th>
<th>Mothers (n=679)</th>
<th>Fathers (n=277)</th>
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<td>0</td>
<td>53.1</td>
<td>56.6</td>
<td>48.7</td>
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<td>3.9</td>
<td>6.4</td>
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<tr>
<td>4 or more</td>
<td>8.1</td>
<td><strong>6.6</strong></td>
<td><strong>10.7</strong></td>
<td><strong>9.4</strong></td>
<td><strong>5.4</strong></td>
</tr>
</tbody>
</table>
Pondering More ACEs

• 650 surveys collected with the four additional ACEs: bullying, discrimination, community violence and foster care.

• 116 “yes” answers
  – 11 moved the total ACE score from less than 4 to greater than 4
  – 40 parents moved from a score of 0 to a score of 3

• The remainder added on to an already high ACE score (polyvictimization).
Prevalence of Trauma Types (in %)

- Divorce / Separation: 36.2%
- Household Substance Abuse: 13.3%
- Household Mental Illness: 11.7%
- Verbal Abuse: 9.5%
- Bullying: 8.3%
- Emotional Neglect: 6.4%
- Physical Abuse: 5.1%
- Parent in prison: 5%
- Domestic Violence: 4.7%
- Sexual Abuse: 4.4%
- Community Violence: 4%
- Discrimination: 3.4%
- Foster care: 2.2%
- Physical Neglect: 2.2%

Oregon BRFSS: 20%
Oregon BRFSS: 13%

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Weird stuff about the data...

• Initial thought: Why is the ACE rate lower than expected? Is our population different?
  – In other survey data, 70% of our parents have college education or higher (!!).
  – But...original ACE study was in predominately middle class population...ACEs tend to cross SES lines.

• Are our parents under-reporting ACEs?
  – Some parents are still relatively new to the practice...has trust been truly established?
  – Household dysfunction was far easier to report than abuse or neglect.
  – When parents come in with new siblings, will their reports change?
Differences in our Spanish Speaking Population

• While the overall rates of ACEs didn’t vary, the types of ACEs experienced did:
  – 4+ ACES (English vs. Spanish): 8.1% vs. 8.6%
• Divorce / separation and Parental Substance Abuse remained the top two reported ACEs.
  – #3: Emotional neglect higher (12.8% vs. 6.4%)
  – #4: Discrimination (10%)
  – Parental mental health lower (7.1% vs. 11.7%)

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Surveying Providers

• Survey sent to TCC providers asking about their experiences.
• 14 questions rated on a Likert scale, remainder were more qualitative.
• Sent out similar questions to a group about to start screening to check perspectives before starting ACE screening.
Overview of results

• Providers generally **DISAGREE** that parents were unwilling to discuss ACEs.
• Providers generally **AGREE** that ACE screening provided important information for providing care.
• Providers generally **DISAGREE** that time was a barrier.
• Provider **COMFORT** with discussing ACEs was mixed.

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Before starting to screen, what is / was your greatest fear?

- time
- not feeling confident
- opening a can of worms...opening Pandora’s box
- not knowing what to say
- triggering a full emotional / mental collapse
- no resources
- I won’t be able to help

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Has what you feared actually happened?

- No: 17
- Yes: 1
- Somewhat: 1

- Both the “yes” and “somewhat” referred to their lack of confidence as their greatest fear.
How has screening for ACEs changed your practice?

- better insight
- there is no subject that is “off the table”
- improved communication
- cultivates a trusting relationship
- more empathy
- I know the parents better
- better understanding of the forces shaping parental responses
- my office is a safe place to talk about things

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Was it as scary as you thought?

NO
Have you had any huge surprises?

- The parents’ willingness to discuss difficult experiences.
- One of my patients in with her 4\textsuperscript{th} kid (but first time we did ACE) and I was amazed by what she had endured as a child and how much she has had to overcome.
- How grateful parents are at our asking the question...and the sense of relief they expressed at no longer having this be a secret.
- How easy it has been.
What referrals have you needed to do?

• Most say none.
• Parenting classes, parenting support groups, reading materials.
• Rarely counseling for parents (referred back to their PCP).
What Else Did We Find?

• “I would never go back to the way we did things before.”

• Average initial conversation lasts 3-5 minutes.

• Most effective “trigger question”: How do you think these experiences affect your parenting today?
What Else Did We Find?

• How providers address parental ACEs is organic, creative, and tailored to the family.
• Most are not using additional anticipatory guidance materials...but “going with the flow” of conversation depending on parents’ needs.
Parents’ Responses

• I think this questionnaire is an excellent idea.
• Thank you for letting us participate in this.
• I feel confident I’m going to be a great mom.
• The life I have experienced has taught me to provide a better life for my children. (6/52)
Parents’ Responses

• This is weird.

• What does my past/childhood have to do with my children? My past as a child doesn't determine my ability to love and protect my children nor my ability to be a good parent. (ACE 7 / Resilience 45)

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Conversations we Might Otherwise Have Missed...

- Brother suffers from severe mental illness, bipolar and multiple personality disorder, several suicide attempts. (ACE 4 / Resilience 57)
- Abusive sibling relationship, excessive fighting and bullying. I was the youngest. (ACE 0 / Resilience 53)
- I had eating disorder, worried that will effect my parenting. Poor communication in my family in childhood. (ACE 3 / Resilience 55)
- I grew up in ideal household, my husband the opposite. Should I be concerned? (ACE 1 / Resilience 57)
All ACEs are not Created Equal...

I was an only child with a single mother; the survey seems over simplified. (ACE 1, Resilience 37)
ACTUAL CONVERSATIONS...AND WHAT WE LEARNED
What didn’t really happen...
The Yelling Infant

• 4 month old infant in for a well visit. Primary concern is colic. Infant spends 3-4 hours crying every evening.

• Two parent household, 7 year old sister at home.
  – Mom works full time, dad is in training to be a firefighter.
  – Generally mom leaves work, immediately drives through traffic to get home to relieve the nanny.

• He feeds fine, growth is great, not spitting up. Remainder of physical exam and review of systems doesn’t add anything to the story.
Fight, flight or freeze?

- ACE score for mom: 5
- Parents went through an acrimonious divorce. Verbal abuse, domestic violence, substance abuse were common in her household.
- Her reaction to a “yelling” infant? The infant’s reaction to her reaction?
Tapping into Resilience

• Mom used to do yoga before the new baby.

• How can mom return to this mindfulness activity?
  – If no time for yoga class, can she carve out 15 minutes out of her day to breathe, relax, recharge?

• Two months later...much more relaxed! Colic wasn’t entirely gone, but stress was less, crying was less, and perceptions were improved.
Punchlines

• Parents often need “permission” for self-care.
• Parents may not be entirely aware of how their own experiences affect how they handle parenting, stressful situations, or work-life balance.

“...Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”
The Sleepless Household

• Second time mom...fills out the ACE tool for the first time.
• Screening reveals that mom was abandoned by her own mother at age 2... her father experienced depression.
• Trigger question: How do you think this affects your parenting?
• “Do you remember how you told me to let my first son cry it out when he wouldn’t sleep? I couldn’t do it because I felt like I was abandoning him.”
Tailoring Advice and Anticipatory Guidance

• Conversation turned to other methods of sleep training...
  – What is mom comfortable with in terms of training?
  – How can dad be involved to serve as an anchor with a different perspective?

• Once mom said the words about her fears out loud, she immediately felt differently about sleep training.
Punchlines

• Drawing the connection between the thinking brain and feeling brain is the first step toward helping people integrate their experiences and start to heal.

• When our advice isn’t heeded or doesn’t seem to work...it may not be for the reasons we think...
The Quietly Failing Teen

• 12 year old male in for a well visit...first time with this office.
• Mom concerned that his grades are slipping: he used to be a B student, now C-D student.
• In a new school this year, patient cries when talking about how he has made no friends.
• Not disruptive in the classroom.
• Past history of anxiety.
• No thoughts of self-harm.

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How would you respond if...

• Both parents are actively involved in the teen’s life?
• Home life is “typical”?
• He lives in an affluent neighborhood?

• Learning evaluation, sleep history, further mental health screens (depression, anxiety, attention deficit), physical causes of fatigue?
What if...

• Father is in jail?
• Both parents have a history of substance abuse?
• Parents are divorced?
• Mother has a history of anxiety and depression and “can’t get on the right medications”?
• Used to live with his grandmother, but now that mom “has her act together” he has moved across town and not only is in a new school but also is no longer allowed to talk with his grandmother?
• **ACE score: at least 4...**
Factors in Resiliency: The 7 C’s

• Connection
• Confidence
• Competence
• Character
• Coping
• Control
• Contribution

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Addressing Some of the 7 C’s

• **Connection**: Big Brother, school counselor, other mentoring programs.

• Asking about his strengths, interests and passions assesses **Competence** and **Confidence**:
  
  — Really likes skateboarding...Boys & Girls Club has competitions...

• **Coping**: exercise, meditation, Youth Contact for counseling.
Punchlines

• Screening for ACEs in ANY context in our practice has made us aware of ACEs in ALL contexts.

• This fundamental culture shift towards Trauma-Informed Care changes how we view patients and their problems.

• Instead of just asking “what’s wrong with this patient?”, think “what happened to this patient?”
The Mom Who Cried

• Hispanic mother, three children: 16 years, 5 years and 4 months.
• When discussing the ACE screening tool, mom reveals that her father was an alcoholic, she witnessed domestic violence to the point that she feared for her mother’s life, and that father was physically and verbally abusive to her and to her sister.
• Mom’s sister is married to the same kind of man.
• The 16 year old daughter has dropped out of school, is already been pregnant and moved back to Mexico to live with extended family.
Mom’s Primary Concern...

“I don’t want to make the same mistakes again. I want better for my children than what I had.”
Punchlines

• Listening is therapeutic.
• Most parents come to the conversation about ACEs with incredible strengths, despite past adversity.
• We deal with parents’ emotions all the time...and we don’t necessarily have to have answers.
• My key message: you’re not alone, it’s not your fault, and I will help you.
“One does not need to be a therapist to be therapeutic.”

J. Ford, C. Wilson
Hypothesis #2

• Screening for parental ACEs will make a difference.