“Understanding Adverse Childhood Experiences’ Impact on Health—Parenting for Prevention”

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Support and Disclaimer

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I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Objectives

- Detail different kinds of stress encountered by children, including toxic stress
- Describe epidemiology of toxic stress
- Discuss long-term impacts of toxic stress
- Identify ways to determine children’s exposure
- Describe strategies to help children develop resilience, and to manage children with toxic stress
Stress—Good, Bad or Indifferent?

- HPA axis—stress activates peripheral release of cortisol/epinephrine
• Amygdala—input from sensory, memory, and attention centers
  – Emotional memory system (the “alarm”)
• Hippocampus
  – Interface between cortex and lower brain areas
  – Major role in memory and learning (the “file cabinet”)
• Frontal cortex--executive function
  – Impulse control
  – Working memory
  – Cognitive flexibility
Exercise helps build muscle and prevent osteoporosis.
TA DA! WE'RE HERE!

GOOD OL' "ITCHY ISLAND," HOME OF THE NUCLEAR MOSQUITOES.

BUG BITES BUILD CHARACTER.

YEAH, AND LAST YEAR YOU SAID DIARRHEA BUILDS CHARACTER.

SO THINK WHAT A FINE YOUNG MAN YOU'RE GROWING UP TO BE.

...IF ALL THIS CHARACTER DOESN'T KILL ME FIRST.
Not Enough Challenge

- Growth Stagnates
- Steady State
- Practicing Skills
- May be less motivated

Too Much Challenge

- Step Three: Empathize and work on balancing their emotions.
- Step Two: Problem solve and move through the emotion.
- Step One: Acknowledge the challenge and emotion

Optimal Challenge

Learning, Growth, Change Occurs
WHY ZEBRAS DON'T GET ULCERS
A GUIDE TO STRESS, STRESS-RELATED DISEASES, AND COPING

ROBERT M. SAPOLSKY
<table>
<thead>
<tr>
<th>Positive stress</th>
<th>Tolerable stress</th>
<th>Toxic stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Normal and essential part of healthy development</td>
<td>• Body’s alert systems activated to a greater degree</td>
<td>• Occurs with strong, frequent, or prolonged diversity</td>
</tr>
<tr>
<td>• Brief increases in heart rate and blood pressure</td>
<td>• Activation is time-limited and buffered by caring adult relationships</td>
<td>• Disrupts brain architecture and other organ systems</td>
</tr>
<tr>
<td>• Mild elevations in hormonal levels</td>
<td>• Brain and organs recover</td>
<td>• Increased risk of cognitive impairment and stress-related disease</td>
</tr>
<tr>
<td>• Examples: tests, high-stakes game</td>
<td>• Examples: death of loved one, divorce, natural disaster</td>
<td>• Examples: abuse, neglect, caregiver substance dependence</td>
</tr>
</tbody>
</table>

Intense, prolonged, repeated, unaddressed

Social emotional buffering, parental resilience, early detection, effective intervention
Multisystem Impacts of Stress

• Circulatory
  – Increased plasma endothelin one, total peripheral resistance, diastolic blood pressure, and pulse wave velocity

• Endocrine
  – Long-term changes in cortisol, adrenaline, and other hormones

• Epigenetic
  – Differential gene expression of pro-inflammatory transcription factors and neurotransmitter receptors
Multisystem Impacts of Stress, cont’d

• Immunologic
  – Increased inflammatory mediators and markers of inflammation, such as interleukins, TNF-α, IFN-γ
  – Altered microbiome
Multisystem Impacts of Stress, cont’d

- Neurologic
  - HPA axis dysregulation
  - Ventral tegmental area (VTA)/reward center dysregulation
  - Hippocampal neurotoxicity
  - Neurotransmitter and receptor dysregulation

=== Impacts working memory, inhibitory control, and cognitive flexibility
Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

Front
Temporal lobes

Back

An Abused Brain
This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Front
Temporal lobes

Back
Trauma in Children

- May be more externalizing behaviors OR internalizing
<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>CENTRAL CAUSE</th>
<th>SYMPTOM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep</td>
<td>Stimulation of reticular activating system</td>
<td>1. Difficulty falling asleep</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Difficulty staying asleep</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Nightmares</td>
</tr>
<tr>
<td>Eating</td>
<td>Inhibition of satiety center, anxiety</td>
<td>1. Rapid eating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Lack of satiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Food hoarding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Loss of appetite</td>
</tr>
<tr>
<td>Toileting</td>
<td>Increased sympathetic tone, increased catecholamines</td>
<td>1. Constipation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Encopresis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Enuresis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Regression of toileting skills</td>
</tr>
</tbody>
</table>

AAP, 2013, Helping foster and adoptive families cope with trauma.
Trauma in Teens

- Edgy, hot tempered
- Impulsive
- Hyper-vigilant

- Behaviors may be coping devices
ACEs

• Adverse Childhood Experiences
  – Measurement of toxic stress
• First described by Felitti, 1998

Felitti, AJPM, 1998
ACEs--Components

• Abuse
  – Physical
  – Emotional
  – Sexual
• Neglect
  – Physical
  – Emotional
• Household dysfunction
  – Substance abuse
  – Mental illness
  – Mother treated violently
  – Criminal behavior in household/Incarcerated relative
  – *One or no parents (by death or abandonment)*
Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes   No   If yes enter 1  __________

2. Did a parent or other adult in the household often …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes   No   If yes enter 1  __________

3. Did an adult or person at least 5 years older than you ever…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes   No   If yes enter 1  __________

4. Did you often feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes   No   If yes enter 1  __________

5. Did you often feel that …
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes   No   If yes enter 1  __________
6. Were your parents ever separated or divorced?
   Yes  No  If yes enter 1  

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes  No  If yes enter 1 

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No  If yes enter 1 

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes  No  If yes enter 1 

10. Did a household member go to prison?
    Yes  No  If yes enter 1 

Now add up your “Yes” answers:  This is your ACE Score
Cual es el puntuage de mi ACE (Experiencias Adversas Durante la Niñez)?

Antes de tus 18 años:

1. Alguno de tus padres o algún otro adulto en tu casa **frequentemente o muy frequentemente**...
   Te gritó, insultó, te hizo sentir menos, o te humilló?
   O
   Se comportó de alguna manera que hizo que sintieras miedo o que te sintieras físicamente herido?
   **Sí** No
   Si la respuesta es sí marque 1

2. Alguno de tus padres o algún otro adulto en tu hogar **frequentemente o muy frequentemente**...
   Te empujó, te agarro bruscamente, te dio una bofetada, o te tiro con algo?
   O
   Te golpeó tan fuerte que te dejó marcas o heridas?
   **Sí** No
   Si la respuesta es sí marque 1

3. Algun adulto u otra persona por lo menos 5 años mas grande que tu **alguna vez**.....
   Toco tu cuerpo o te obligó a tocar su cuerpo de una manera sexual?
   O
   Atentó o tuvo sexo oral, anal, o vaginal contigo?
   **Sí** No
   Si la respuesta es sí marque 1
CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: ____________________________
Child's Name: ____________________________ Date of birth: ____________________________
Your Name: ____________________________ Relationship to Child: ____________________________

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion
ACEs--Epidemiology

- >2/3rds of children experience 1 ACE by age 16 yr
  - At one at-risk site, by age 6 children had an average score of two
- ~1/3 of children experience 2+
  - More likely to develop PTSD symptoms
• For both genders; heavier burden in females
ACE by Race and Ethnicity

- White
  - 4 or more ACEs: 16.4%
  - 2 to 3 ACEs: 36.7%
  - 1 ACE: 23.0%
  - 0 ACEs: 24.0%

- African American or Black
  - 4 or more ACEs: 16.5%
  - 2 to 3 ACEs: 34.3%
  - 1 ACE: 21.0%
  - 0 ACEs: 28.1%

- Hispanic or Latino
  - 4 or more ACEs: 17.3%
  - 2 to 3 ACEs: 35.7%
  - 1 ACE: 25.3%
  - 0 ACEs: 17.7%

- Asian, Pacific Islander, or Other
  - 4 or more ACEs: 11.1%
  - 2 to 3 ACEs: 54.6%
  - 1 ACE: 16.5%
  - 0 ACEs: 17.9%
ACEs are Highly Interrelated
Can have Symptoms in Childhood

- Sleep disturbance
- Weight gain or loss
- Enuresis, encopresis
- Constipation
- Hair loss
- Developmental regression
- School failure/absenteeism
- Failure to thrive
- Poor control of chronic disease (asthma, diabetes)
- Aggression
- Poor impulse control
- Frequent crying
- Restricted affect or numbing
- High risk behavior and adolescents
  - Early initiation of smoking
  - Early initiation of sex
- Unexplained somatic complaints (i.e., headache, abdominal pain, chest pain)

Felitti, AJPM, 1998; CDC, 2016
Stepwise Relationship in ACE vs Learning Behaviors/Problems

![Bar Chart showing the relationship between ACE scores and learning behaviors/problems. The chart displays the percentage of individuals with different ACE scores who exhibit no learning/behavior problems, or those with learning/behavior problems. The ACE score ranges from 0 to 4, with the highest percentage of problems occurring in the group with ACE scores of 1-3.](chart.png)
Stepwise Relationship in ACE vs Teenagers’ Sexual Behaviors
Can Last a Lifetime
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Life Expectancy and ACEs

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.
In adults: If 4+ ACEs

- 4-12x increased rates
  - Alcoholism, drug abuse
  - Depression
  - Suicide attempt

- 2-4x increase
  - Smoking
  - Poor self-rated health
  - ≥50 sexual intercourse partners
  - Sexually transmitted disease

Felitti, AJPM, 1998
In adults: If 4+ Categories

- 1.4- to 1.6x increase
  - Physical inactivity
  - Severe obesity

- # of categories of ACEs showed graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Felitti, AJPM, 1998
Stepwise Relationship
ACE vs Smoking as an Adult

![Bar graph showing the relationship between ACE score and smoking as an adult. The graph has bars for 0, 1, 2, 3, 4-5, and 6 or more ACE scores, with the percentage of smokers increasing as the ACE score increases.](image-url)
Stepwise Relationship
ACE vs Adult Alcoholism

![Graph showing the relationship between ACE score and percentage of alcoholics]
Leading Causes of Death in the United States and ACE ≥ 4

1. Ischemic heart disease  220%
2. Cancer           190%
3. COPD             260%
4. Accidents        
5. Stroke           240%
6. Alzheimer’s      420%
7. Diabetes         160%
8. Influenza and pneumonia 
9. Kidney disease   
10. Suicidality     1220%
Can Last a Lifetime, but Does Not Have To
The Good News

- The cycle can be broken
- Safe, stable, nurturing relationships heal parent and child
  - Ask questions and wonder
  - Become an active listener
  - Point out the positive
  - Be empathetic
- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete support in time of need
• Prevention
  – Primary – raising national awareness
  – Secondary
    • Routine screening for early detection and prevention
    • Reducing the dose of adversity
  – Tertiary
    • Home visiting, mental health, social work, two generation interventions
What Can Be Done about ACEs?

- **Home-Visiting Programs**
  - Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child’s home environment, and children’s development
    - Example: Nurse Family Partnership

- **Parenting Training Programs**

- **Intimate partner violence prevention**

- **Social support for parents** (-support for kids)
What Can Be Done about ACEs?

- Parent Support Group for Teen Parents/Pregnancy Prevention
- Mental Illness and Substance Abuse Treatment
- High Quality Child Care
- Head Start

CDC 2016
“Early childhood investments of high quality have a lasting effect... $10 return on investment for every $1 spent”

(James Heckman, Noble Laureate, Economics)
Social Buffering of the HPA Axis
Mitigating Factors—Hugs/Physical Contact

- Decreased risk of URI almost 1/3
- Harlow, monkeys and deprivation

Cohen, 2014
RISK OF CONTACT

TO REDUCE THE CHANCE OF TRANSMITTING SWINE FLU, DOCTORS ARE DISCOURAGING UNNECESSARY PHYSICAL CONTACT.

ESTIMATED LEVELS OF RISK FOR DIFFERENT KINDS OF GREETINGS

- **Elbow Rub**: Very Low
- **Fist Bump**: Low
- **Handshake**: Mild
- **"Bro-Hug"**: Moderate
- **Full-Body Hug**: High
- **Mouth, Cheek or Air Kiss**: Very High

Ross MacDonald illustration for the New York Times
Interventions can Decrease Cortisol

• 18 out of 19 interventions showed some improvement; not long-term however

• Basic treatments:
  – Treatment for parents’ issues or enhance training for foster parents
  – Social/educational enrichment for children

Slopen et al 2014
Increase protective factors

- Parental resilience
- Social connections
- Concrete help in times of need
- Parent knowledge of child development
- Social and emotional competence of children

Life supplies the challenges to test and strengthen the protective factors

Risk factors: increase likelihood of poor outcome

Protective factors: increase resilience
What FPs Can Do

• AAFP: many interventions are part of routine child care
  – Anticipatory Guidance, including parenting support
  – Early visits should include discussions about parent risk factors of ACEs
    • Treating maternal depression can positively impact child
    • FPs can detect and manage alcohol problems
  – Home visits
    • Impacts all the way up to fewer arrests in teenagers!
  – Interventions to increase nurturing
  – Modeling behavior
  – Discussing discipline—enough, not too much

Riley et al 2011; Friemoth 2014; Weissman 2006; Mersy 2003;
• Just asking about ACEs significantly decreases office visits and costs
• “Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?”
Trauma-Informed Care

• Ask: “What happened to you?”
  – Not “what’s wrong with you?”
Resources from AAP

- Connected Kids
- Early Brain and Child Development (EBCD)
- Practicing Safety
- Sexual Violence Prevention
- The Resilience Project

Strengthening Families Approach

• Be prepared
• Help parents understand the link between taking care of themselves and taking care of a child
• Identify easy opportunities to build protective factors

Strengthening Families Approach: Responding to Trauma

• Be prepared
• Look for signs
• Ask questions
• Follow-up

Walla Walla County Community Public Health and Safety Network
Strong Communities Raise Strong Kids

Impetus for Community Action
Center for Youth Wellness Model

• Routine screening
• Symptom assessment
• Anticipatory guidance
• Integrated primary care behavioral health
  – Psychotherapy (including child parent psychotherapy and client-centered therapy)
  – Psychiatry
CYW Adjuncts

- Home visits
- Health education (toxic stress, nutrition, self-regulation)
- Biofeedback
- Exercise
- Nutrition
- Mindfulness and coping
- Tracking biological markers
Mindfulness

• Decreases serum cortisol levels and systolic and diastolic blood pressure, as well as pulse (Sudsuang)

• Decreases interferon $\gamma$ and natural killer cell production of IL 10 with increased T-cell production of IL-4 (anti-inflammatory) after a week mindfulness program (Carlson)
Arterial Wall Thickness in Mindful Meditation vs Control (Education)

![Graph showing change in IMT (mm) for TM and HE groups, with P = 0.04.]
Mindfulness in schools

- Effective for children and adolescents with aggression, ADHD, and anxiety
- Improves attention, reduces stress, improves emotional regulation, and improves capacity for compassion and empathy
  - Brain scans show cortical regions with attention and sensory processing thicken with practice
  - Decrease of thinning seen with aging
- Kids like it – 97% would recommend to others
  - Sleep better, feel less stressed and better able to focus
Mindfulness for Parents!
Nurture and Thrive

“Next time your child has a meltdown, see their smallness. Observe how their emotions are larger than they are. In that moment, you will feel empathy instead of exasperation.”

Ashley Soderlund Ph.D.
5 Steps to Calm and Centered
(Even When Your Child is Out of Control)

Observe
Your child’s emotions with an open-heart. See their smallness and how the emotions are bigger than they are.

Get Centered
Your emotions are separate from your child’s. Root yourself to the earth and engage your core. Say your mantra. Ride this wave Mama!

Have a Plan
Build up your parenting toolbox so you have a plan on how to help your child regulate.

Take Care of Yourself
You cannot pour from an empty cup. Live in the moment. Find ways to take breaks and savor, even with the kids around.

Don’t be Perfect
It’s impossible! Know what to do when you do lose it. Own it. Apologize, and Identify.

Ashley Soderlund Ph.D.
For more on how to implement this guide visit NurtureandThriveBlog.com
• “Practicing calm is like taking vitamins” (Benattar)
Parenting Styles (culturally variable!)

• Permissive parenting—reluctant to impose rules and standards, prefer to let children regulate themselves

• Authoritarian parenting—demand obedience

• Authoritative parenting—gives child power and choice within a boundary, with emotional support
  – Give rules (like authoritarian), but explains reasons

Baumrind 1966
Cultural Variation

• Authoritative parenting in nondemocratic societies (in general)
  – Do not take child’s preferences into account when making plans
  – Do not allow child to voice opinions if you disagree with parents
  – Do explain reasons for rules (inductive discipline)

• Variation in results by country

Hanf Theory

• Initial stage of positive discipline (i.e., rewarding children for good behavior)

• **ONE** warning for noncompliance

• Moves into more authoritative parenting techniques (i.e., timeout)

• Eventually # of timeouts declines, while the necessity and effectiveness of timeout remains
  
  — “Over time both parent instructions and warnings becoming increasingly effective, reducing the necessity of timeout for noncompliance”

Roberts 2015
Day 19
I have successfully conditioned him to smile and write in his book every time I drool.
- Pavlov's dog.
Timeouts

• Works well if used correctly
  – Need to not be capricious
  – Have a *behavior contingency*
  – Predetermine and explain specific behaviors and use consistently
  – “Sit and decide”
“Time-in” Key

• Positive contact
• Debrief/what else could do?
• Forgive, and “You’ll remember next time”
Study of Discipline Type

- 102 mothers of toddlers
  - Discipline for hitting, whining, defiance, negotiating or not listening
  - Immediately and 2 months later
- Compromise
  - Helps in short run for any behavior
  - In longer term, makes hitting/defiance worse
- Reasoning
  - Most effective for mildly annoying behavior
  - Not effective in short run when child acting defiant or hitting
    - Most effective in long term
- Punishments (timeouts or taking something away)
  - Least effective for negotiating and whining
  - More effective when child acting defiant or hitting
    - Moderate use (<16%) improved behavior in long term

Larzelere, 2015
Punishment on Trial

Ennio Cipani

A Resource Guide to Child Discipline
So often, children are punished for being human. Children are not allowed to have grumpy moods, bad days, disrespectful tones, or bad attitudes, yet we adults have them all the time! We think if we don’t nip it in the bud, it will escalate and we will lose control. Let go of that unfounded fear and give your child permission to be human. We all have days like that. None of us are perfect, and we must stop holding our children to a higher standard of perfection than we can attain ourselves. All of the punishments you could throw at them will not stamp out their humanity, for to err is human, and we all do it sometimes.”

— Rebecca Eanes, The Newbie’s Guide to Positive Parenting
“Triple P”—Positive Parenting Program

• Aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support
Playful Parenting
Children don’t say
“I had a hard day, can we talk?”

They say
“Will you play with me?”

— Patricia Celano, Playful Parenting
Playful Parenting

An exciting new approach to raising children that will help you:

- Nurture close connections
- Solve behavior problems
- Encourage confidence

Lawrence J. Cohen, Ph.D.

Winner of the NAPPA 2001 Gold Award

Coauthor of Best Friends, Worst Enemies
7 Habits of Highly Playful Parents

1. Master the super silly face response -- the perfect response for a tired and whiny kid.

2. Bring play into the every day -- when in doubt make it a game!

3. Appreciate (potty) humor -- never underestimate the power of laughter.

4. Make family traditions out of everyday situations -- Name it, Repeat it, and BOOM a new tradition is formed.

5. Understand that Fun = Connection.

6. Roughhouse -- Physical play helps kids (and adults) destress and connect.

7. Share the beauty of the world with your kids -- Be spontaneous and live this one life to it's fullest.

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• “A good parent is someone who makes you laugh”
Humor

• #1 characteristic one looks for in a spouse (Bressler 2005)
• A great sense of humor indicates high emotional intelligence, cheerfulness, and is a key part of social competence--RESILIENCY

Yip 2006; Vernon 2009; Cann 2014
How Laughter Relieves Stress

• Laughter is a form of emotional release
• Physical act of laughter affects the body like exercise
• Laughter and humor predict emotional well-being
  – Greater self-efficacy positive emotions, optimism, perceptions of control
  – Significant decreases in perceived stress, depression, anxiety, and stress levels

Rothbart, 1973; FASEB 2010; Dowling 2003; Crawford 2011
Children’s Humor Development

- 6 to 12/15 months: anything unexpected and spontaneous (peekaboo)
- 15 months-3/4/5 years: using objects differently, things in unexpected places, pretending opposites (heavy versus light)
- 2/3/4: wrong names (start of wordplay)
- 3 to 5 years: wordplay (tongue twisters, rhyming)
- 5 to 7 years: riddles and jokes, knock knock
Resiliency is also an important trait in children. We cannot always protect our children from experiencing stress and distress, but we can help them to develop skills to be able to handle those moments well, grow in the face of challenge, and continue on, perhaps not untouched but hopefully undamaged.
Resilience

Traumatic event occurs
- Everything from taking a test, to the loss of a loved one, to experiencing abuse or bullying

Child stabilizes
- Improves own internal strengths
- Learns to utilize external supports

Child experiences stress
- Emotional response
- Physiological response

Child receives support
- Parental reassurance
- Social supports
- Internal strengths
20 Ways to Build Resilience

- Resilience needs relationships, not uncompromising independence
- Increase their exposure to people who care about them
- Let them know that it is okay to ask for help
- Build their executive functioning
- Encourage a regular mindfulness practice
- Exercise

From http://www.heysigmund.com/the-proven-way-to-build-resilience/
20 Ways to Build Resilience, cont’d

• Build feelings of competence and a sense of mastery
• Nurture optimism
• Teach how to reframe
• Model resiliency
• Facing fear, with support
• Encourage them to take safe, considered risks
• Do not rush to the rescue

Southwick 2005
20 Ways to Build Resilience, cont’d

• Meet them where they are
• Nurture a growth mindset (we can change, and so can others)
• Let them know you trust their capacity to cope
• Builder problem-solving toolbox
• Make time for creativity and play
• Let them talk
• Try “how” not “why”
• Let them know they are loved unconditionally

Yeager 2014
• When you “rescue” child from failure, they do not learn how to deal with it
  – Actually makes it harder for them long-term, especially if keep managing the situation after assistance is no longer needed (Grolnick 1998)

• If you let them manage their own conflict, it teaches them that they are competent and successful to do so and also that conflict is a part of life and not everybody gets along (Safranski)
“Laps Not Apps”
“A good parent is someone who does not tell you the answer, but tells you that ‘something does not look right and let’s sit together to figure out what the right answer is’”
When Arousal Starts

- Grounding statements ("I am safe")
- Distractions/sanctioned alternative behavior
  - Ideally not also arousing, like punching bag
  - Game, music, call a friend
- Safe place to go for own "timeout"
- Relaxation or visualization
Teach the Seven C’s

You didn’t CAUSE it
You can’t CURE it
You can’t CONTROL it
You can help take CARE of yourself
By COMMUNICATING your feelings,
Making health CHOICES, and
CELEBRATING being yourself
CALM DOWN YOGA FOR KIDS

I am strong.
I am kind.
I am brave.
I am friendly.
I am wise.
Mitigating Factors--Praise

• Praising innate talent versus effort leads to less persistence and task enjoyment

• Ambiguous praise ("yay," high 5, thumbs up) similar to effort (gestures highest, and for self-positivity)
• Frederick Douglass: “It is easier to build strong children than to repair broken men”
Questions?

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Thank you!