Objectives

1. Describe the HOPE framework, including the four building blocks of HOPE
2. Apply the HOPE framework to address implicit bias
3. List two examples of HOPE-informed approaches to ACEs

Disclosures

1. Dr. Sege has no financial interests to disclose
2. Dr. Floyd has no financial interests to disclose
3. Drs. Sege and Floyd receive salary support for their work on HOPE.

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• This presentation will not discuss off-label uses of any medications
ACTIVITY
Take a moment to think about someone or something that defined your childhood in a positive way in the following four categories:
- One adult
- One place
- One friend
- One learning moment
Health is: “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”
World Health Organization

Navajos include in their health concept not only a perfect body and mind but also harmony with their surrounding environment.
Sobralske, 1985

Positive Childhood Experiences (PCEs) questions asked how often respondent:
1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.96)
- Factor loadings ranged from 0.57 (“felt safe/home”) to 0.72 (“family stood by/difficult times”)

Positive Childhood Experiences Protect Adult Mental Health
- 67% of 0-10 PCEs: 12% lower odds of depression or poor mental health
- 50 PCEs = 8-4 PCEs: 50% lower odds of depression or poor mental health

Review: Healthy Outcomes

Review. . . . Positive Childhood Experiences

Review. . . . Positive Childhood Experiences Protect Adult Mental Health
Review . . . .
Even in the face of ACEs exposure

<table>
<thead>
<tr>
<th>% with Depression or Poor Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 PCE</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

10

Review: ACEs are part of the picture
✓ Many people with 4 or more ACEs are OK
✓ Systemic factors influence development (Ellis)
✓ Positive experiences affect outcomes

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Review: HOPE Promotes Flourishing
POSITIVE CHILDHOOD EXPERIENCES
- Prevent ACEs
- Block toxic stress
- Promote healing

12
• Biology of Positive Experiences, part 2
• Case study – an impossible situation treated with HOPE
• Assessment of Positive Childhood Experiences
• HOPE resources and materials
• Discussion – HOPE and ACEs

Diving in to HOPE

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Biological mechanisms of action

Toxic stress model built on observed changes in brain architecture from adversity
Growing evidence of broader brain plasticity

Hormones in humans
Animal Models

Impacts of Healthy Relationships and Social Engagement

HPA Axis
  • Responsive parenting improves cortisol reactivity

ANS and Cardiovascular Reactivity
  • Lower blood pressure
  • Lower catecholamines

Oxytocin
  • Oxytocin receptors on the amygdala
  • Allows oxytocin to inhibit ANS and HPA response

Immune Function
  • Decreased inflammation
  • Protects against the common cold
  • Decreased asthma symptoms
RLG1  Dr. Sege - I added this slide for consideration.
Rachel Lee Gilgoff, 4/14/2021
Oxytocin

Oxytocin is also known as the love hormone:
- Supports childbirth and lactation
- Oxytocin increases in both fathers and mothers after the birth of their child
- Inhibits stress response
- Anti-inflammatory effects
- Enhances metabolic homeostasis
- Protects vascular endothelium

Pediatric Interventions that Improve Social Relationships can Improve Stress Hormones and Health

- Slopen 2014
  - Interventions designed to improve social relationships, environments or psychosocial functioning in children associated with improved cortisol activity.

- Marie-Mitchell 2018
  - Multicomponent interventions including parenting education, mental health support, and social service referrals were associated with improvements in parent-child relationship and behavioral and mental health problems.

- Purewal Boparai 2018
  - Three key intervention elements – a focus on strong parenting skills, earlier intervention placement, and greater intervention engagement – improved or even normalized stress hormone profiles and decreased the impact of toxic stress on brain development and epigenetic regulation.

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Slide 19

RLG3  Dr. Sege - I added 4 bullets as a suggestion on this slide
Rachel Lee Gilgoff, 4/14/2021

Slide 20

RLG2  Dr. Sege - I added this slide for consideration.
Rachel Lee Gilgoff, 4/14/2021
**HOPE for Challenging Interactions**

**Typical response to challenging behavior:** What did you do?
- Child is perpetrator and practitioner is doling out punishment

**Trauma-informed Response:** What happened to you that led to this behavior?
- Child is seen as a victim and practitioner offers therapy

**HOPE-informed Response:** You can do better. What happened here and how could it be different next time?
- Child is resilient, systems contribute, and practitioner acts as a coach

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**Finding HOPE in a HOPEless case...**

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**Step One**

- How do we see ourselves and our clients?
- Risk and strengths
- Cognitive re-framing
HOPE + Strengths-based principles

Identify and Validate Strengths

Offer HOPE building blocks to bolster existing strengths

Offer HOPE building blocks to bolster relative areas of weakness

11 year old well child visit

Medical history
- Learning difficulties
- Prior victim of bullying
- History of depression
- Obesity

Social history
- Lives with mom, 2 younger brothers
- Father not involved
- Chronic housing insecurity
- Witnessed multiple episodes of IPV
- Undocumented immigrant parent

Family history
- Younger brother with probable ADHD
- Asthma
Family’s Current Challenges and Concerns

• Mom recently laid off
• Mom with recent miscarriage
• Separation from partner after IPV
• Concerned about school progress
• Appropriate supports for all to handle stresses

Family’s Current Challenges and Concerns

• Mom recently laid off
• Mom with recent miscarriage
• Separation from partner after IPV
• Concerned about school progress
• Wants appropriate supports to handle stresses

Family’s Historical Challenges

- Chronic Housing Insecurity
- Immigration Status
- Sibling’s suspected ADHD

Stably housed in studio apartment
U Visa received, awaiting benefits
Still awaiting information for sibling’s ADHD assessment
What STRENGTHS does this family have?

Family Protective Factors

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

Which HOPE building blocks is the family accessing already?

How can we address the family’s concerns in a HOPE informed manner?
How did we apply HOPE?

- Parental resilience
- Concrete supports
- Knowledge of parenting and child development
- Relationships
- Safe equitable environments
- Discussed future opportunities for engagement

We found HOPE in a HOPEless case...now what?

Follow up 3 months later...

- Mom still unemployed
- Mom ~6 weeks pregnant
- Kiddo acting out x 6 weeks
- Younger siblings acting out
- Not even sure what they need
Family's Current Challenges and Concerns

- Mom still unemployed
- Unexpected pregnancy
- 11 yo acting out
- Siblings acting out
- Overwhelmed
- SNAP, TANF, work permit in place
- Established prenatal care
- Depression and anxiety screens positive
- Never connected with therapy

Family Protective Factors

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

What STRENGTHS does this family have?

HOPE + Strengths-based principles

- Identify and validate strengths
- Offer HOPE building blocks to bolster existing strengths
- Offer HOPE building blocks to bolster relative areas of weakness
Which HOPE building blocks is the family accessing already?

How can we address the family's concerns in a HOPE informed manner?

How did we apply HOPE?

Parental resilience
Concrete supports
Safe equitable environments
Relationships
Engagement
Emotional Growth
Diving in to HOPE

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Screening for PCEs

**Checklists**

- Benevolent Childhood Experiences
  - 10 items
  - Validated in small samples
- Positive Childhood Experiences
  - 7 items
  - Validated in population surveys

**Conversational**

- Based on four building blocks
- Tell me about a time when things worked out OK for you
- Identify, honor, and promote PCEs

Screening for PCEs

**Checklists**

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**Conversational**

- Based on four building blocks
- Tell me about a time when things worked out OK for you
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Robert Sege & Baraka Floyd. (c) Tufts Medical Center 2021
Thinking back to your childhood, how often did you:

1. Feel able to talk to their family about feelings
2. Feel their family stood by them during difficult times
3. Enjoy participating in community traditions
4. Feel a sense of belonging in high school
5. Feel supported by friends
6. Have at least two non-parent adults who took genuine interest in them
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- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95). Factor loadings ranged from 0.57 (“felt safe/home”) to 0.72 (“family stood by/difficult times”).

Positive Childhood Experience (PCE) Scale

Benevolent Childhood Experiences

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

- Did you have at least one caregiver with whom you felt safe?
- Did you have at least one good friend?
- Did you have beliefs that gave you comfort?
- Did you like school?
- Did you have at least one teacher who cared about you?
- Did you have good neighbors?
- Was there an adult (non-parent/caregiver) who could provide you with support and advice?
- Did you have opportunities to have a good time?
- Did you like yourself or feel comfortable with yourself?
- Did you have a predictable home routine, like regular meals and a regular bedtime?

Benevolent Childhood Experiences Scale Evidence

Clinical Validation

- Validated in homeless and high-risk pregnant people
- Only “modestly” correlated with ACEs
- Protected against psychological stress
- Neither ACEs nor BCEs predicted parenting stress

BCEs as Counter-ACEs

- Study done on Amazon-Turk (N=264)
- Protection against poor health
- Better adult wellness

HOPE (c) 2021 Tufts Medical Center 6/17/2021
Checklists
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Positive Childhood Experiences
- 7 items
- Validated in population surveys

Conversational
- Based on four building blocks
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- Identify, honor, and promote PCEs

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

Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:S79-S85
Questions to find out about relationships

Type in to chat box -

Questions to find out about environments:

Type in to chat box -
Social and civic engagement to develop a sense of belonging and connectedness.

Questions to find out about engagement

Type in to chat box -

Emotional growth through playing and interacting with peers for self-awareness and self-regulation.
Questions to find out about emotional growth

Type in to chat box -

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HOPE Resources and Materials

Newly Launched:
Spreading HOPE
Online Learning Course
1. Start with the data
2. Engage the community
3. Change Policy

Examples:
- Pre-school expulsion
- Asthma and housing
Type 1 vs. Type 2 thinking

Type 1 Thinking
- Fast, intuitive, unconscious thought
- Everyday activities
- Effortless
- Training and experience

Type 2 Thinking
- Slow, calculating, conscious thought
- Solving a problem
- Takes more effort!
- Something novel

Implicit biases are imbedded in Type 1 thinking
Unconscious, immediate reactions to difference

Type 2 thinking can help us notice and navigate our biases
Slow, conscious strategies to mitigate bias

Strategies to Combat Implicit Biases

1. Stereotype Replacement | Recognizing stereotypic responses within oneself, labeling them, and replacing them with non-stereotypic responses
2. Counter-stereotypic Imaging | Imagining examples of out-group members who counter popularly held stereotypes
3. Individuating | Viewing others according to their personal, rather than stereotypic, characteristics
4. Perspective Taking | Adopting the perspective in the first person of a member of a stigmatized group
5. Contact | Increasing exposure to out-group members


HOPE Resources and Materials

Spreading HOPE Guide Book

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Adversity blocks Positive Childhood Experiences

Child Abuse & Neglect
• Disrupts foundational relationships
• Disrupts safe home environments
Family Disruption
• Disrupts safe environments (home and SDoH)
Adverse Community Environments
• Reduce opportunities for emotional growth (peer play)
Your Commitment

What are YOU going to do tomorrow to infuse HOPE into your work?

We carry our past with us