TRAUMA AND PROTECTIVE FACTORS

WHAT SHOULD WE FOCUS ON?

Lessons from the National Survey of Children’s Health
2011-2012

WHAT WILL BE COMPARED

1. Health
2. Stress
3. Protective Factors
Children with Special Health Care Needs Screener
CSHCN Screener©

Qualifying Answers:

1. Prescription Drug Use
2. Elevated Service Need
3. Functional Limitations
4. Special Therapies
5. Ongoing Emotional, Development or Behavioral Conditions
The NSCH uses the **CSHCN Screener©** to identify children with special health care needs. The Screener is a five item, parent-reported tool designed to reflect the federal Maternal and Child Health Bureau’s consequences-based definition of children with special health care needs. It identifies children across the range and diversity of childhood chronic conditions and special needs, allowing a more comprehensive and robust assessment of children's needs and health care system performance than is attainable by focusing on a single diagnosis or type of special need.

This instrument has been used in several national surveys including the Promoting Healthy Development Survey, the CAHPS-CCC, the NSCH, the NS-CSHCN, and MEPS.

The CSHCN Screener was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). For more information, please visit the CAHMI website: [http://www.cahmi.org](http://www.cahmi.org) or contact us by email:

STRESS

Adverse Childhood Experiences

Qualifying Answers:
1. Witnessed Domestic Violence
2. Lived with Household Substance Abuse
3. Lived with Household Mental Illness
4. Experienced Separation or Divorce
5. Death of a Parent
6. Neighborhood Violence
7. Experienced Racism or Bigotry
8. Experienced Poverty
9. An Incarcerated Family Member
Adverse Childhood Experiences (ACEs) have been explored for the past 20 years in relationship to social, economic and health outcomes of Alaskan adults’. These data can be found at the Overcoming ACEs in Alaska website sponsored by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. Analysis of the affects of ACEs for both Alaskan children and adults are available there as well as economic analysis of how some of Alaska’s current spending on six health categories might be different if ACE scores were lower.

It is clear that Alaska has a high level of ACEs in the population but all around the state there are efforts to mitigate and prevent these experiences. Statewide efforts and local communities are recognizing the impact excessive childhood stress is having on their communities.
Population Attributable Fraction:

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<tr>
<th></th>
<th>CSHCN Present</th>
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<tbody>
<tr>
<td></td>
<td>Cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ Present</td>
<td>- Absence</td>
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\[
RR = \frac{a/(a+b)}{(c/(c+d))}
\]

\[
RR = \frac{a/(a+b)}{1.554152}
\]

\[
S \leq \text{Im}(R K) = SCKT \left( \frac{1}{a} \right) + \left( \frac{1}{c} \right) - \left( \frac{1}{c+d} \right) - \left( \frac{1}{a+b} \right)
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\[
SE = 0.008998
\]

\[
AF_P = \frac{RR - 1}{RR} = \frac{\text{Exposed Cases}}{\text{Overall Number of Cases}}
\]

\[
AF_P = 32.17\%
\]
Population Attributable Risk of ACEs for Each Qualify Need from the Children with Special Health Care Needs Screener

PROTECTIVE FACTORS

Various Questions and Scales to Which Measure Strengths

Qualifying Answers:

1. Family Structure
2. Detracting Neighborhood Elements
3. Neighborhood Cohesion
4. After School Activities
5. Self Regulation Skills
6. Parents Mental Health
Protective Factors, Assets, Resilience: What are they? What works?

There are many ideas about what works when it comes to mitigating traumatic childhood stress and preventing the poor outcomes associated with it. The National Survey of Children’s Health incorporated questions, which explored the strength of families and children, into the 2011-2012 questionnaire.
Family Structure

1. Single Mother No Father Present
2. Two Parent Step Family
3. Two Parent Biological or Adopted

Average Number of CSHCN Screener Conditions by ACE Score and Family Structure (Age 6-17)

Crude Odds Ratio of One Risk/Protective Factor on Special Health Care Conditions by ACE Score

Detracting Elements

1. Litter or Garbage About
2. Dilapidated Housing
3. Broken Windows or Graffiti

Average Number of CSHCN Screener Conditions by ACE Score and Number of Detracting Neighborhood Conditions (Age 6-17)

Neighborhood Cohesion

1. People Help Each Other Out
2. Watch Each Others Children
3. People to Count On
4. Adults I Can Trust

Average Number of CSHCN Screener Conditions by ACE Score and Neighborhood Cohesion (Age 6-17)

After School Activities

1. During the past 12 months, was your child on a sports team or did he/she take sports lessons after school or on weekends?

2. During the past 12 months, did he/she participate in any clubs or organizations after school or on weekends?

3. During the past 12 months, did he/she participate in any other organized activities or lessons, such as music, dance, language, or other arts?

Average Number of CSHCN Screener Conditions by ACE Score and Participation in After School Activities (Age 6-17)

Parents Mental Health

Poor/Fair
Good
Very Good/Excellent
Average Number of CSHCM Conditions by ACE Score and Father's Mental Health Status (Age 6-17)

Average Number of CSHCM Conditions by ACE Score and Mother’s Mental Health Status (Age 6-17)

Self Regulation

1. Finishes tasks and follows through on commitments
2. Stays calm and in control when facing a challenge
3. Shows interest and curiosity in learning new things

Self-Regulation

- Self-regulation serves as the foundation for lifelong functioning across a wide range of domains, from mental health and emotional wellbeing to academic achievement, physical health, and socioeconomic success. It has also proven responsive to intervention, making it a powerful target for change.
- Self-regulation is defined from an applied perspective as the act of managing cognition and emotion to enable goal-directed actions such as organizing behavior, controlling impulses, and solving problems constructively.
- Self-regulation enactment is influenced by a combination of individual and external factors including biology, skills, motivation, caregiver support, and environmental context. These factors interact with one another to support self-regulation and create opportunity for intervention.
- Self-regulation can be strengthened and taught like literacy, with focused attention, support, and practice opportunities provided across contexts. Skills that are not developed early on can be acquired later, with multiple opportunities for intervention.

Self-Regulation

• Development of self-regulation is dependent on “co-regulation” provided by parents or other caregiving adults through warm and responsive interactions in which support, coaching, and modeling are provided to facilitate a child’s ability to understand, express, and modulate their thoughts, feelings, and behavior.

• Self-regulation can be disrupted by prolonged or pronounced stress and adversity including poverty and trauma experiences. Although manageable stress may build coping skills, stress that overwhelms children’s skills or support can create toxic effects that negatively impact development and produce long-term changes in neurobiology.

• Self-regulation develops over an extended period from birth through young adulthood (and beyond). There are two clear developmental periods where self-regulation skills increase dramatically due to underlying neurobiological changes—early childhood and adolescence – suggesting particular opportunities for intervention.