

Promoting Positive Childhood Experiences in Military Children

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Binny Chokshi, M.D., M.Ed.
Associate Professor of Pediatrics,
Division of Military Child and Family Research,
Department of Pediatrics,
Uniformed Services University of the Health Sciences
Bethesda, MD

Presenter

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Dr. Binny Chokshi is a general pediatrician, with a focus on adolescent and young adults. Dr. Chokshi's research and education interests are focused on understanding the impact of early life stressors on health across the life course. To mitigate the effects of trauma and stress on children, Dr. Chokshi advocates for a trauma-informed approach to health care. She has developed web-based e-modules to train outpatient pediatricians in responding to childhood adversity with a trauma informed care approach and has also trained medical students and residents at George Washington University School of Medicine and Health Sciences (GWSMHS). In a prior role at Children's National Hospital, she also worked with hospital leadership to develop hospital wide trauma-informed practices. In her current role at USUHS, Dr. Chokshi will be examining how military specific factors may impact child and family health. Dr. Chokshi has a vested interest in medical education and completed Masters in Education at the George Washington University School of Education and Human Development.

Disclosure

- Dr. Chokshi has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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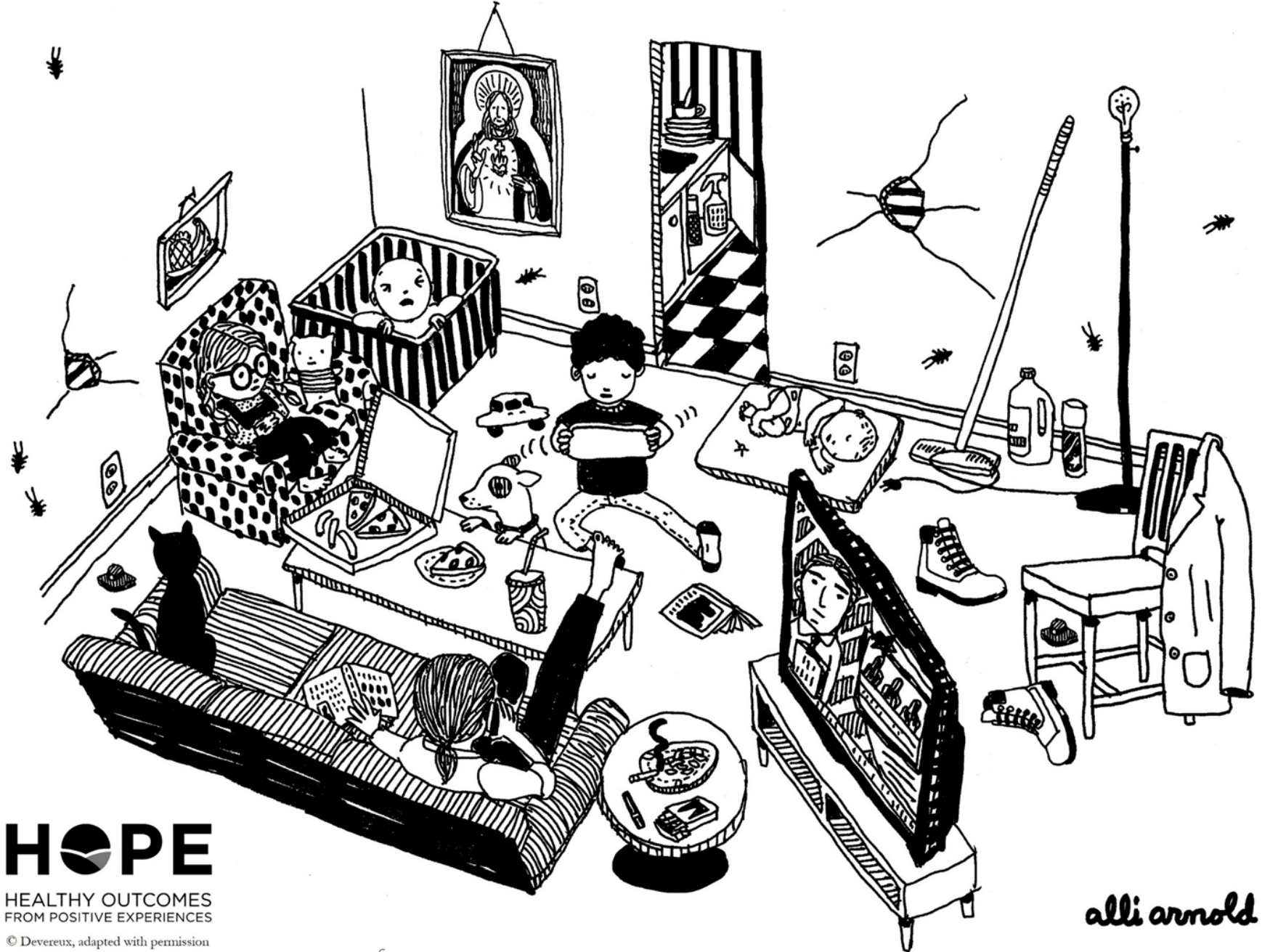
Learning Objectives:

At the conclusion of this activity, participants will be able to:

1. Summarize existing research linking adversity and positivity to long term health outcomes.
2. Describe the elements of the four Building Blocks of Health Outcomes from Positive Experiences (HOPE).
3. Apply the HOPE framework and identify opportunities to support and promote positive childhood experiences in military children.



Activity
Identify
childhood
protective
factors and
risk factors in
this picture.

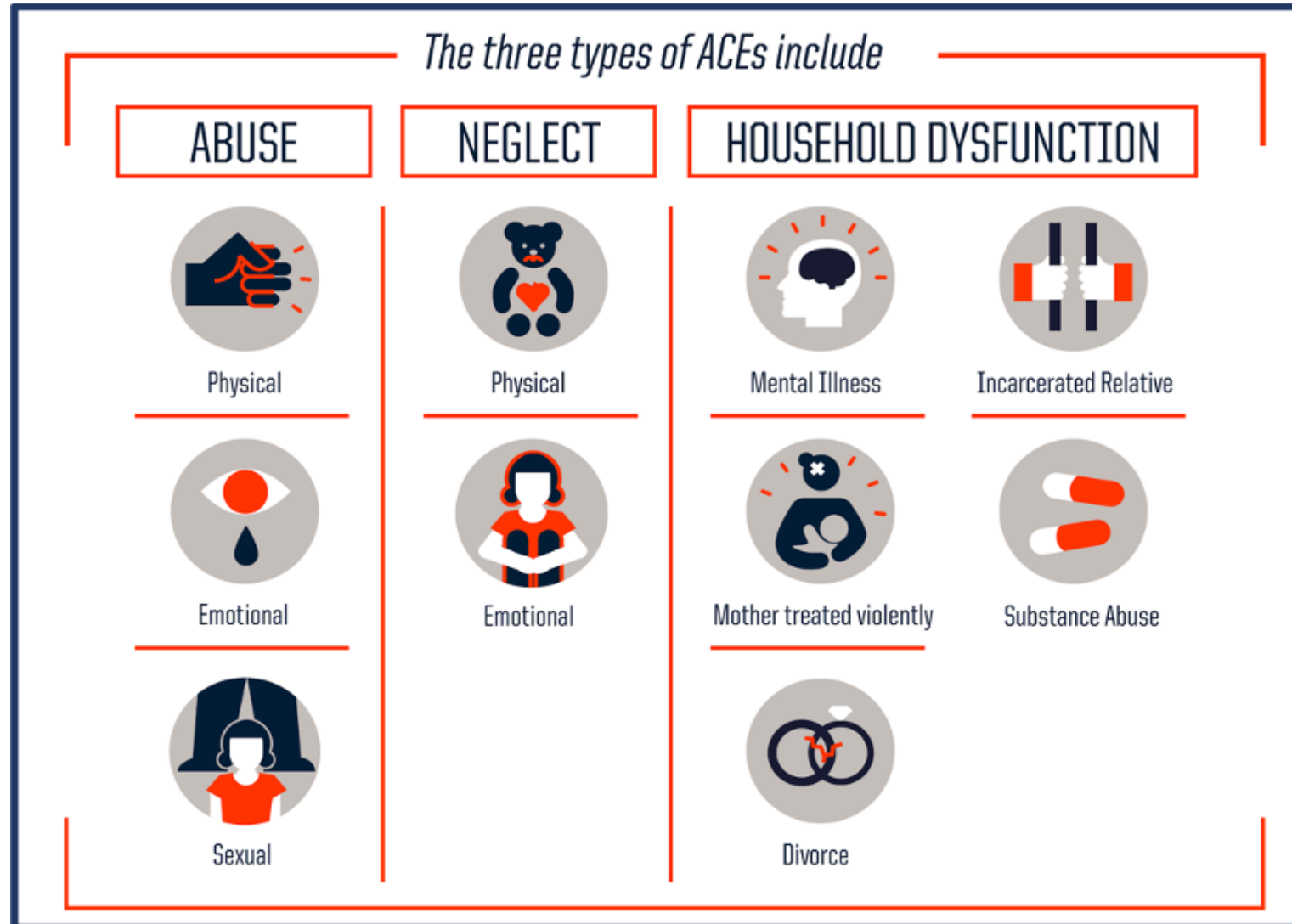


HOPE

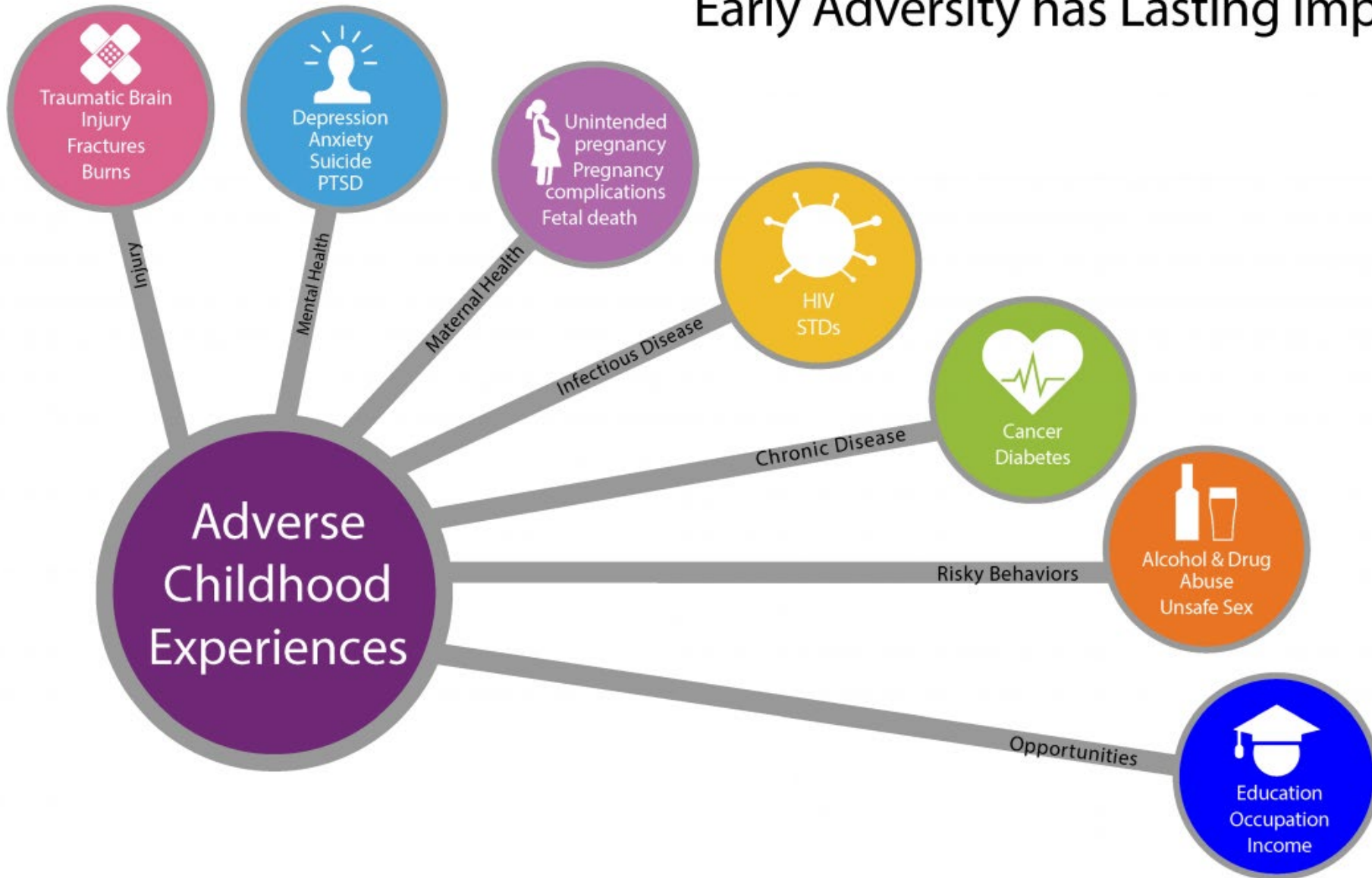
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

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Adverse Childhood Experiences (ACEs):

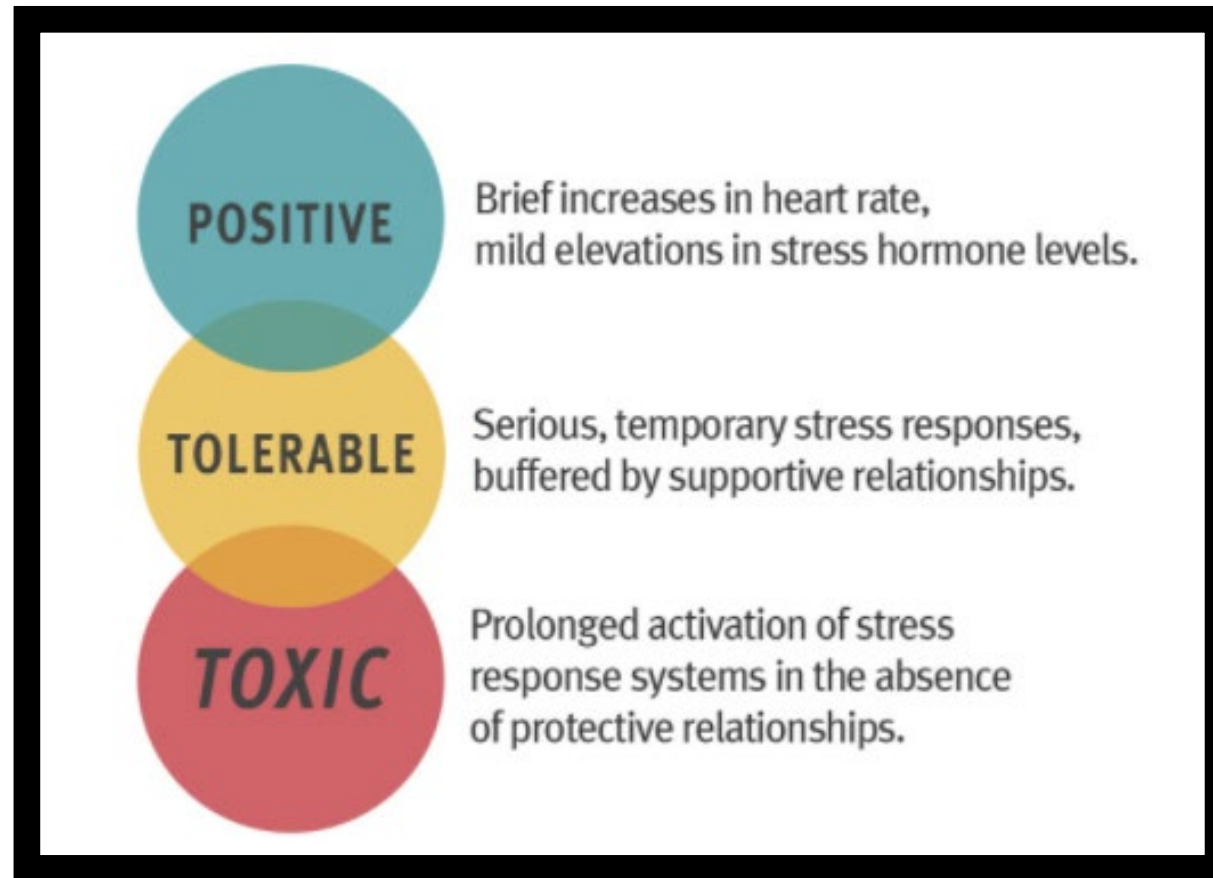


Early Adversity has Lasting Impacts



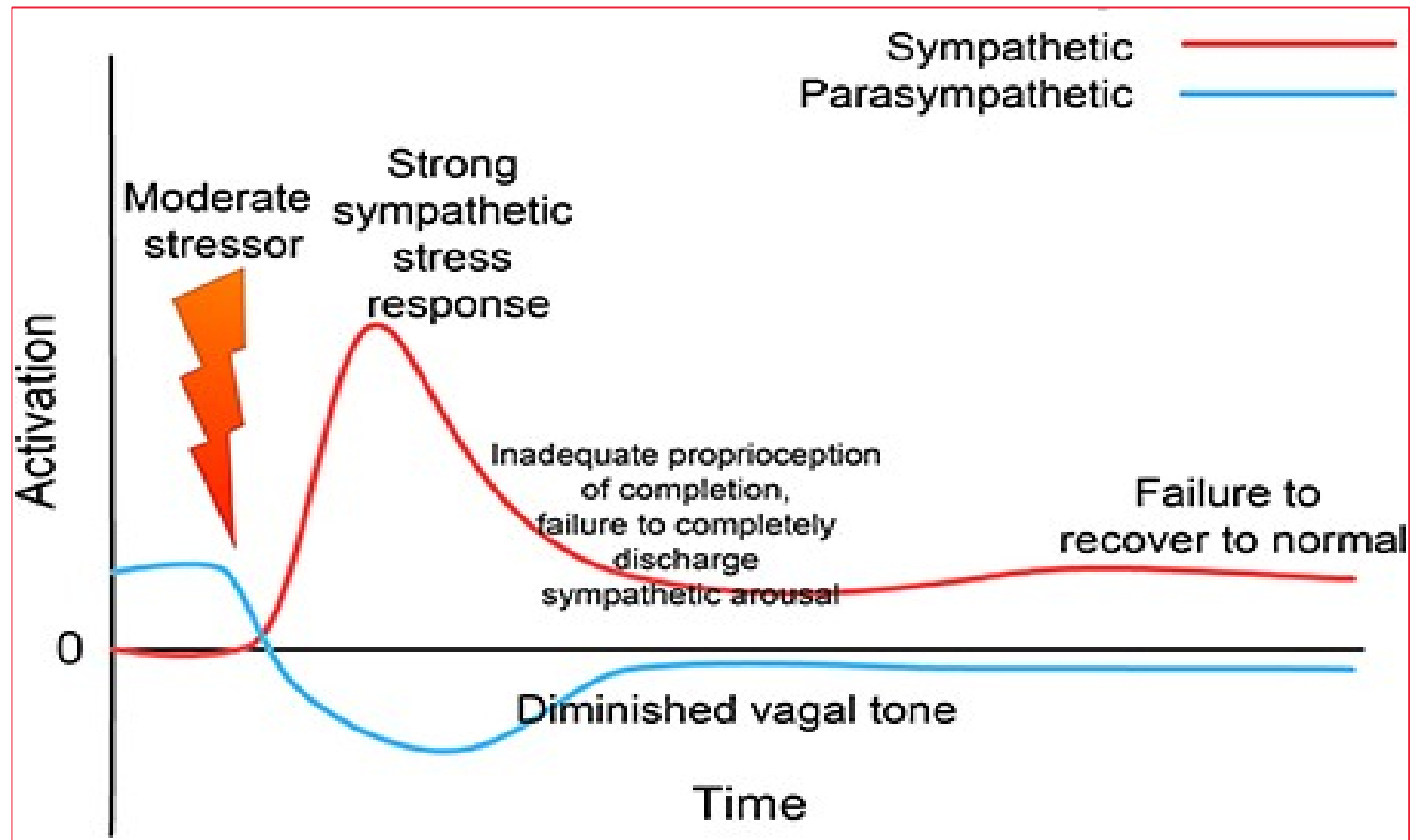
<https://www.mha-em.org/end-the-stigma/impact-of-adverse-childhood-effects>

The Biology of Toxic Stress



<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

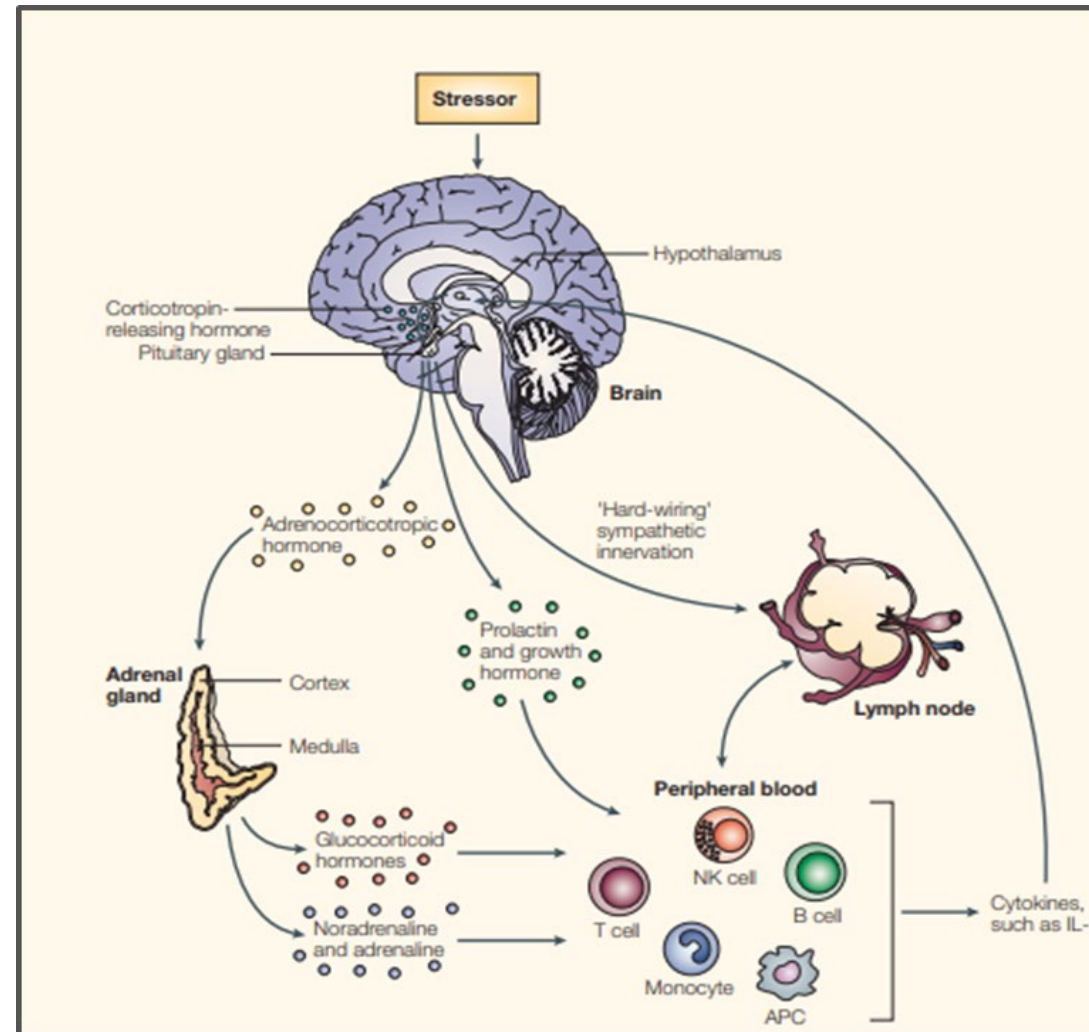
The Biology of Toxic Stress



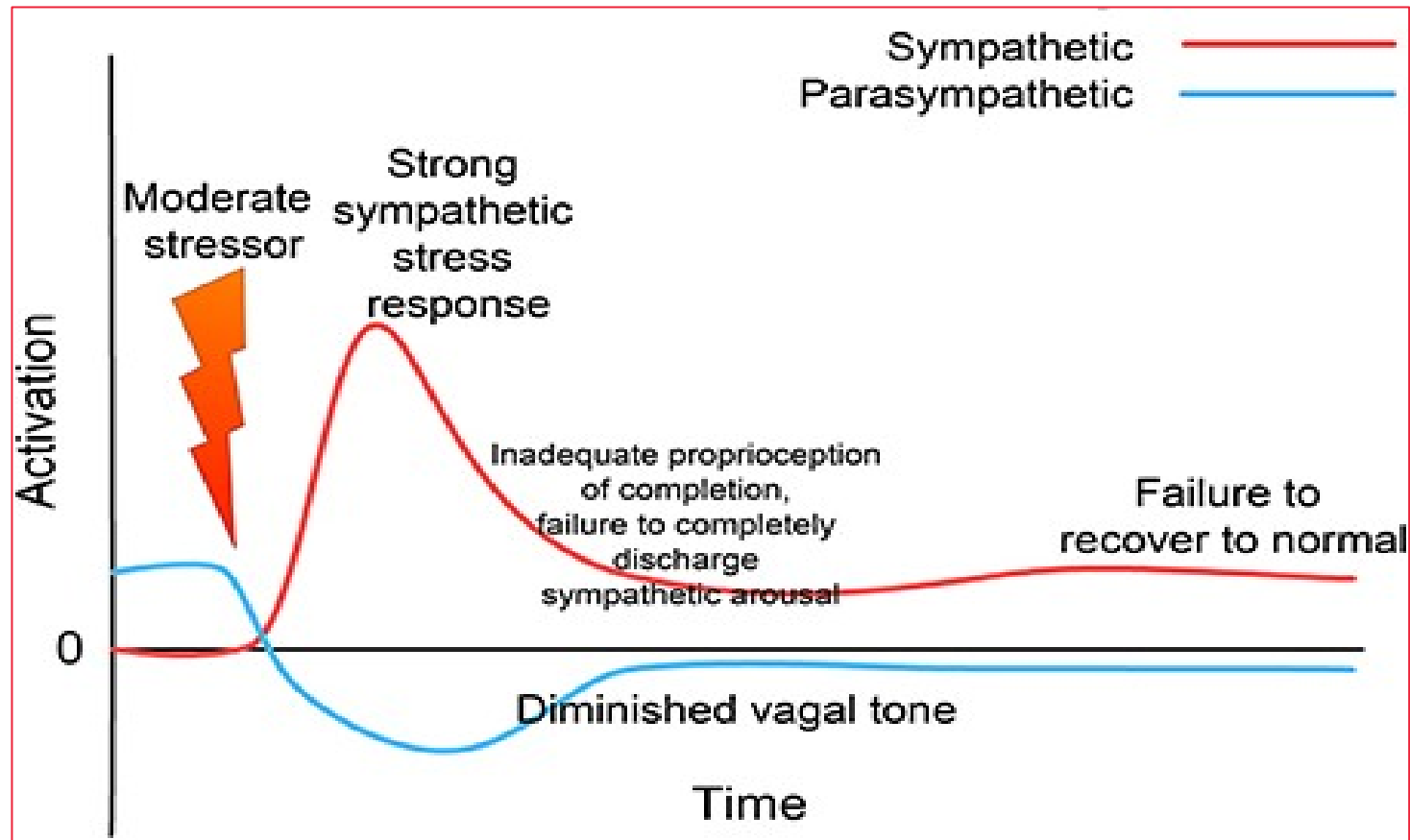
https://www.researchgate.net/figure/Chronic-stress-response-If-the-stressor-is-above-a-certain-intensity-or-duration-the_fig7_272519064

How does trauma exposure impact?

→ whole body



The Biology of Toxic Stress



https://www.researchgate.net/figure/Chronic-stress-response-If-the-stressor-is-above-a-certain-intensity-or-duration-the_fig7_272519064

Why is this Important to Military Pediatrics?

Disparities in adverse childhood experiences among individuals with a history of military service

John R Blosnich ¹, Melissa E Dichter ², Catherine Cerulli ³, Sonja V Batten ⁴, Robert M Bossarte ⁵

Affiliations + expand

PMID: 25054690 PMCID: PMC8981217 DOI: 10.1001/jamapsychiatry.2014.724

Men with military service were more likely to report all forms of ACE than their non-military experienced male peers, with odds ratios ranging from 1.81–2.43 on the 11 ACE items.

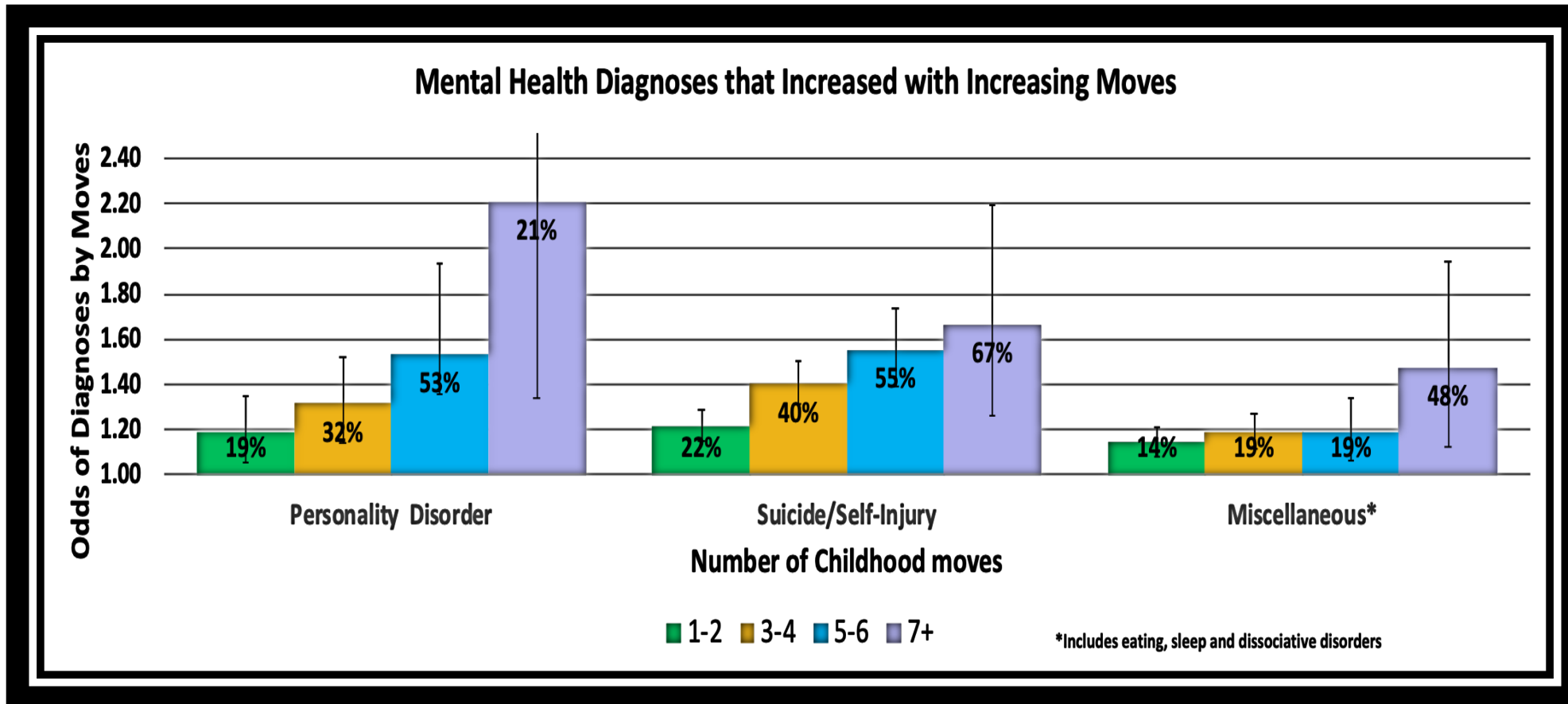
Deployment

- 11% increase in outpatient visits for mental and behavioral health care complaints for children of military parents during a parent's deployment.
- 11% decrease in all health care visits for this population when a parent was deployed.
- A meta-analysis of 27 studies also found that children of deployed parents have higher rates of mental health problems compared to civilian samples.



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Relocations

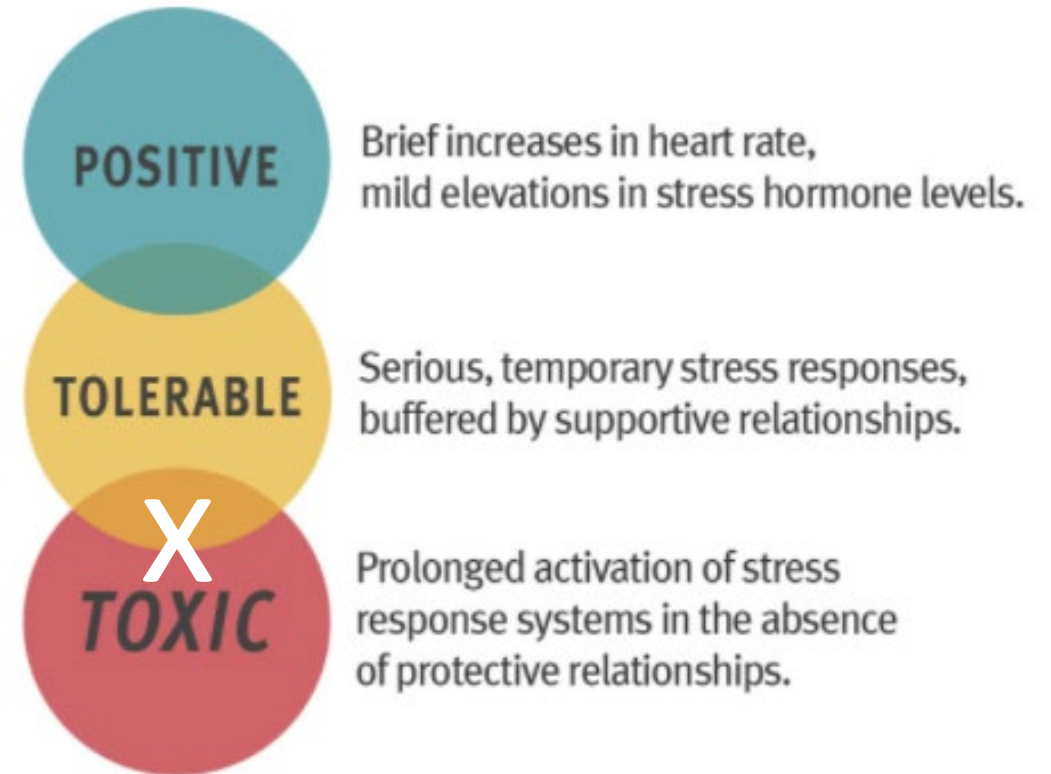


(White, J., et al, 2020)

Parental Injury

	Mental health care visits	Psychiatric medication days
UNADJUSTED IMPACT		
Parental injury	1.47****	1.37****
Male ^a	1.95****	2.19****
Years deployed ^a	1.00	0.99****
Child age (years) ^a	1.03****	1.23****
ADJUSTED IMPACT		
Parental injury ^b	1.55****	1.77****
Secondary analysis		
Parental physical injury (n = 294,662)	1.58****	1.70****
Parental PTSD (n = 88,355)	1.52****	1.94****
Parental TBI (n = 54,556)	1.40****	1.62****
Parental PTSD and TBI (n = 47,429)	1.56****	2.15****

What can we do?



<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>



HOPE

HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

Why HOPE Exists

Positive experiences help children grow into more resilient, healthier adults. HOPE aims to better understand and support these key experiences.

<https://positiveexperience.org/>



Core assumption

from the Science of the Positive:

The **positive** exists, it is real and worth growing.

Positive experiences:

- Promote children's **health and well-being**
- Allow children to form strong **relationships** and connections
- Cultivate positive self-image and **self-worth**
- Provide a sense of **belonging**
- Build skills that promote **resilience**



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Positive Childhood Experiences scale questions

As a child, how often did you . . .

1. Feel able to talk to your family about feelings
2. Feel your family stood by you 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 you
7. Feel safe and protected by an adult in your home

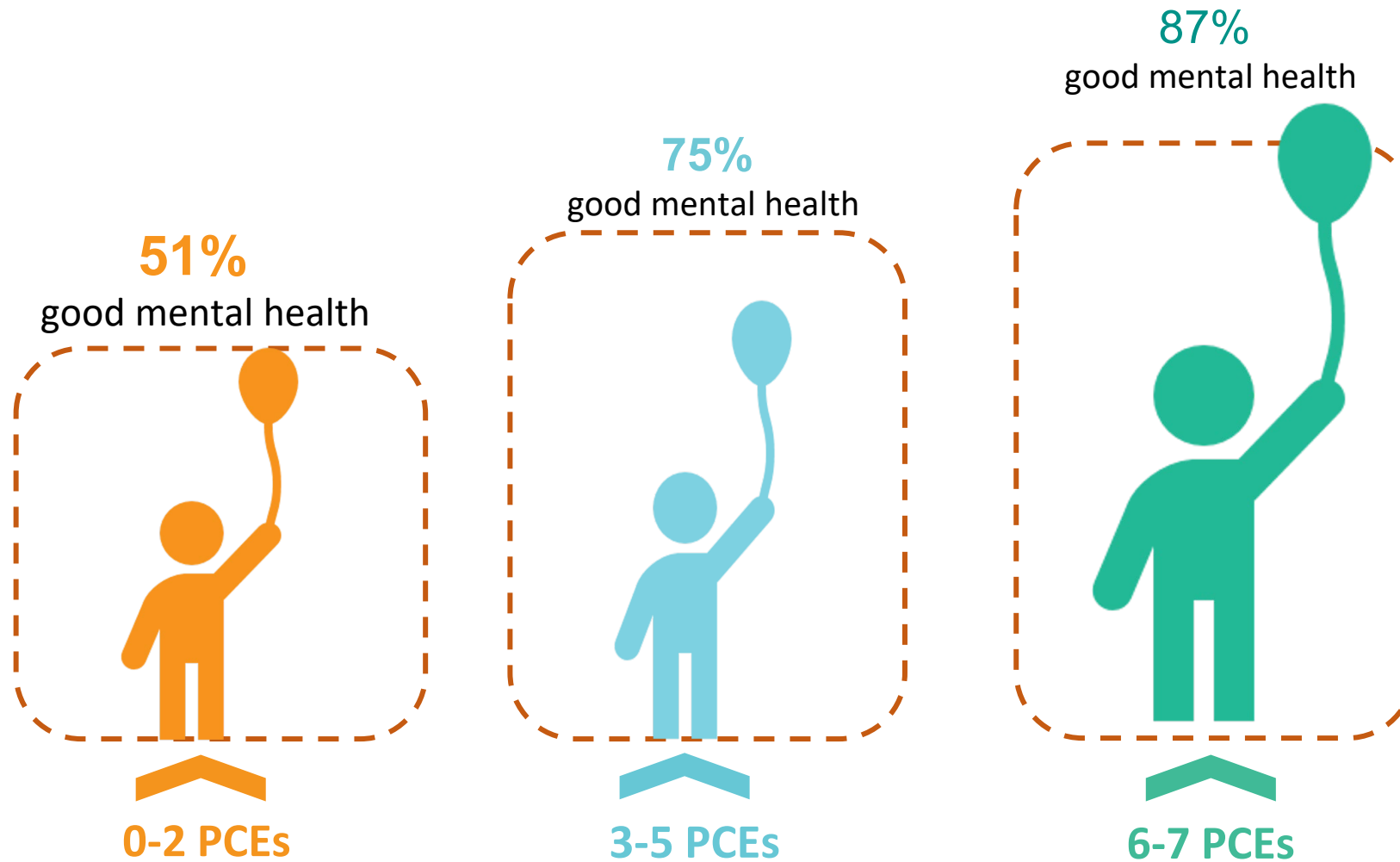


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**Research indicates that the absence of
Positive Childhood Experiences
may be more damaging to long-term
health outcomes than the presence of
ACEs.**

Positive Childhood Experiences (PCEs) Protect Adult Mental Health



Good mental health – those not reporting depression or poor mental health

<https://positiveexperience.org/>

(Bethell, C., et al, 2019)

Adversity and the Building Blocks of HOPE



<https://positiveexperience.org/>

Child Abuse & Neglect...

- Disrupts foundational **relationships**
- Disrupts safe home **environments**

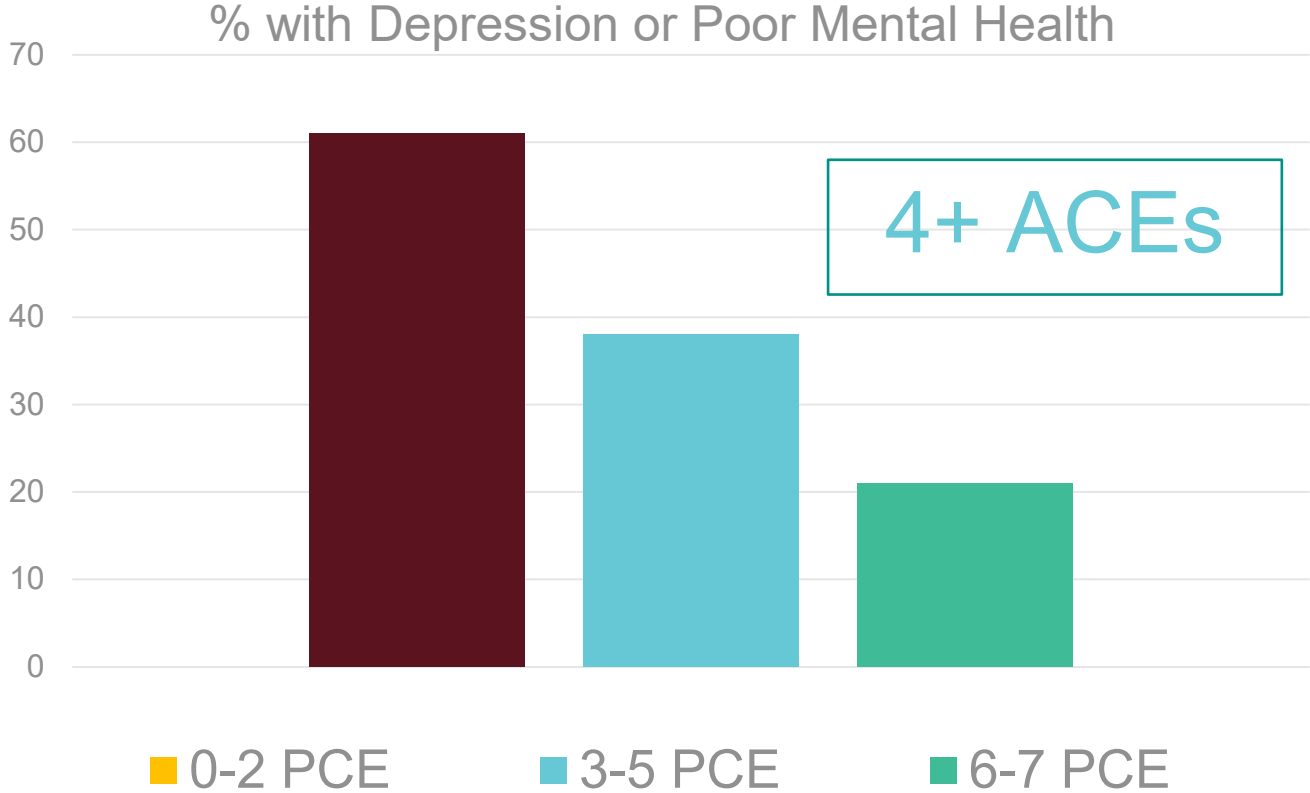
Family Disruption...

- Disrupts safe **environments** (home and Social Determinants of Health (SDoH))

Adverse Community Environments...

- Reduce **engagement**
- Reduce opportunities for **emotional growth** (peer play)

Positive Childhood Experiences Mitigate ACEs Effects



<https://positiveexperience.org/>



Positive Childhood Experiences

- Prevent ACEs
- Block toxic stress
- Promote healing

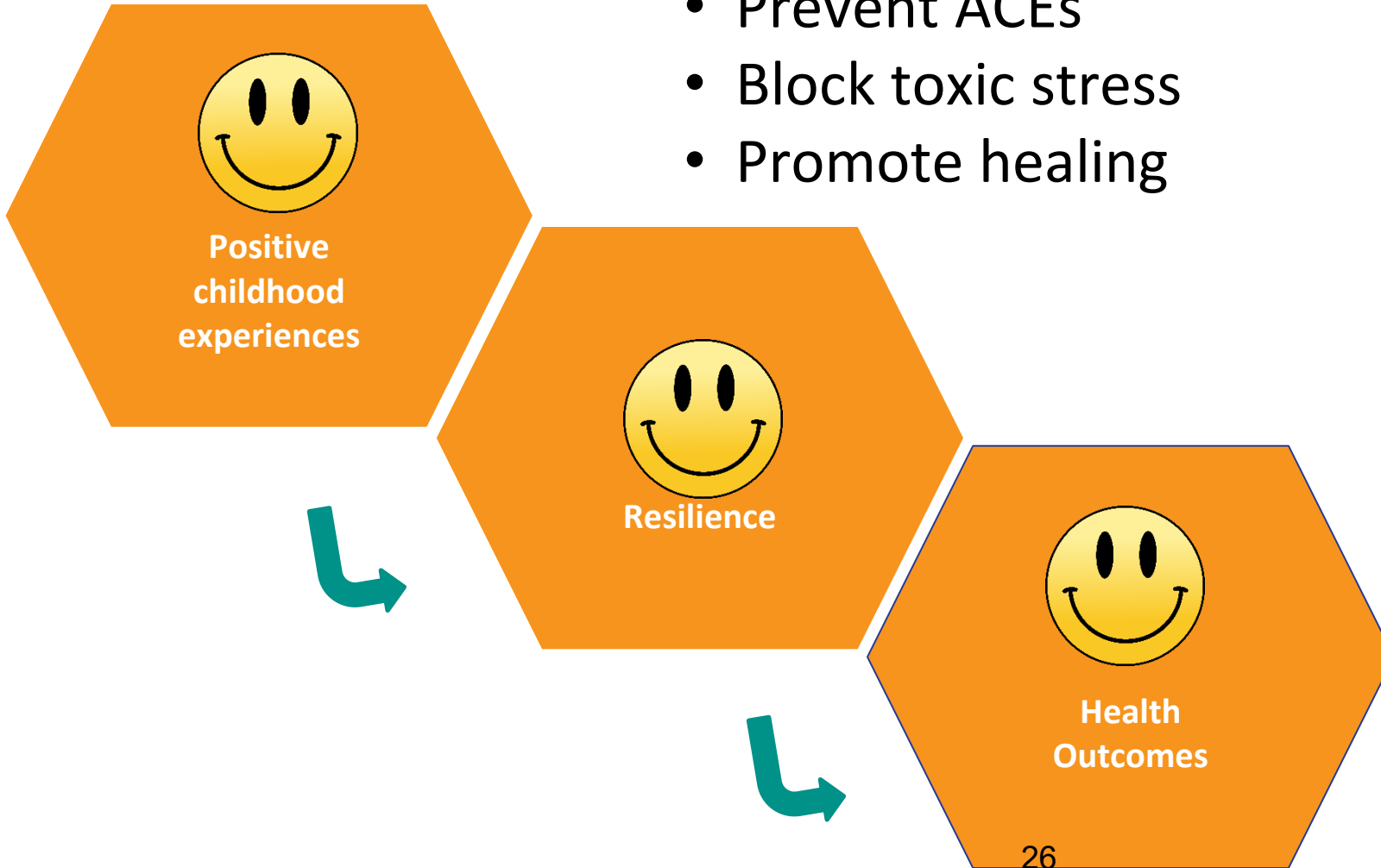


Photo by [Nathan Dumlao](#) on [Unsplash](#)



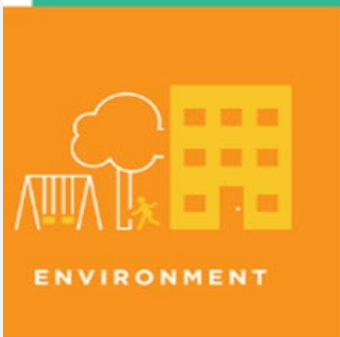


The Four Building Blocks of HOPE



RELATIONSHIPS

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



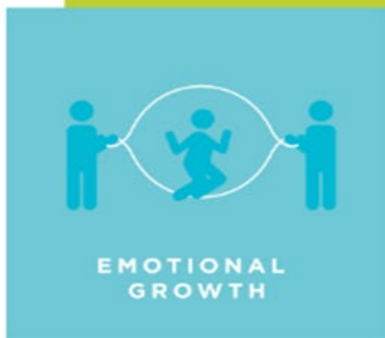
ENVIRONMENT

Safe, equitable, stable environments for living, playing, learning at home and in school.



ENGAGEMENT

Social and civic engagement to develop a sense of belonging and connectedness.



EMOTIONAL GROWTH

Emotional growth through playing and interacting with peers for self-awareness and self-regulation.



Relationships

The Four Building Blocks of HOPE



<https://positiveexperience.org/>

Relationships with other children and adults through interpersonal activities.



Environment

The Four Building Blocks of HOPE



<https://positiveexperience.org/>

Safe, equitable, stable environments for living, playing, learning at home and in school.



Engagement

The Four Building Blocks of HOPE



<https://positiveexperience.org/>

Social and civic engagement to develop a sense of belonging and connectedness.



Emotional Growth

The Four Building Blocks of HOPE



<https://positiveexperience.org/>

Emotional growth through playing and interacting with peers for self-awareness and self regulation.



<https://positiveexperience.org/>

Many systems focus on the negative

Screening tools, many of which codify implicit bias, create a presumption of deficit

HOPE shifts the narrative: people are defined by their strengths as well as their challenges.

HOPE creates a presumption of strength

HOPE Informed Care:

Review the science of PCEs and the power to reduce toxic stress

Respond with PCEs and existing strengths as the foundation

Screen for or discuss PCEs

HOPE Informed Treatment Planning:



Communicate and celebrate the strengths and work that the patient (and family) are already participating in



Brainstorm ways to create PCE's with the patient (And family)



Integrate HOPE-Informed messaging into the care plan

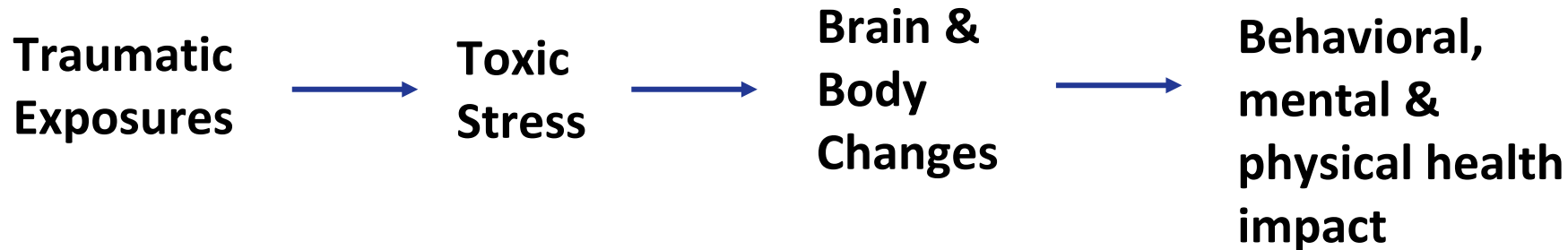


Moments of HOPE

In each encounter:

- During intake and assessments
- During anticipatory guidance
- When sharing referrals or community resources
- When creating or revising policies
- When designing programming

Review:



- A trauma-informed approach realizes the impact of trauma, recognizes the signs and symptoms of trauma exposure, and responds appropriately.
- **Military Relevance:**
 - (1) Those who enlist in the military are more likely to have had ACE exposure
 - (2) Military life can be associated with stressful life experiences

Military culture can contain PCEs, and military specific interventions can foster PCEs

Case Study

**1- Identify the HOPE
building blocks present
in the case**



Case 1

Chief Complaint: 15-year-old male presenting to primary care for sad mood and anxiety.

Pas Medical History (PMHx): Eczema, anxiety (discharged from therapy 1 year ago)

Social History (Hx): Lives with mom, 4 younger siblings in an apartment for the past 6 months since father abruptly left. Completing 10th grade at same charter school as 9th grade, which is in their neighborhood. He was an A student in advanced classes and is now getting Cs in most classes and 2 Ds. Favorite teacher helped develop a plan to ask for extra credit and a study plan to get grades back up, since he is interested in attending college and being a lawyer. He enjoys spending time with his mom and siblings at their faith home, and his 2 best friends—one who was experiencing anxiety; he supported and encouraged them to seek therapy. He is an active member of the theater club and show choir, but thinks he needs to drop out due to his grades dropping. Denies alcohol, tobacco, or drug use. He is attracted to women but is not sexually active. Denies suicidal ideation (SI).

Case 1

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Resources and Referrals

“We can refer to you a free, confidential, non-medical counseling program that can help with this transition”

MILITARY
ON  SOURCE

Key Takeaways

- Research links childhood exposure to adversity and positivity to long term health outcomes
- **Four Building Blocks of Health Outcomes from Positive Experiences (HOPE):**
 1. Relationships
 - Relationships with other children and adults through interpersonal activities
 2. Environment
 - Safe, equitable, stable environments for living, playing, learning at home and in school
 3. Engagement
 - Social and civic engagement to develop a sense of belonging and connectedness
 4. Emotional growth
 - Emotional growth through playing and interacting with peers for self-awareness and self-regulation
- Many systems focus on the negative. HOPE shifts the narrative that people are defined by their strengths as well as their challenges

References

- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample. *JAMA Pediatrics*, 173(11). <https://doi.org/10.1001/jamapediatrics.2019.3007>
- Blosnich, J. R., Dichter, M. E., Cerulli, C., Batten, S. V., & Bossarte, R. M. (2014). Disparities in adverse childhood experiences among individuals with a history of military service. *JAMA Psychiatry*, 71(9), 1041. <https://doi.org/10.1001/jamapsychiatry.2014.724>
- Cunitz, K., Dölitzsch, C., Kösters, M., Willmund, G.-D., Zimmermann, P., Bühler, A. H., Fegert, J. M., Ziegenhain, U., & Kölch, M. (2019). Parental military deployment as risk factor for children's mental health: A meta-analytical review. *Child and Adolescent Psychiatry and Mental Health*, 13(1). <https://doi.org/10.1186/s13034-019-0287-y>
- Hisle-Gorman, E., Susi, A., & Gorman, G. H. (2019). The impact of military parents' injuries on the health and well-being of their children. *Health Affairs*, 38(8), 1358–1365. <https://doi.org/10.1377/hlthaff.2019.00276>
- Linkenbach, J. (2018). *What is the science of the positive?* The Montana Institute. <https://www.montanainstitute.com/what-is-the-science-of-the-positive>
- Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Corrigendum: Somatic experiencing: Using interception and proprioception as core elements of trauma therapy. *Frontiers in Psychology*, 6. <https://doi.org/10.3389/fpsyg.2015.00423>
- Sege, R. D., & Harper Browne, C. (2017). Responding to ACES WITH HOPE: Health Outcomes from positive experiences. *Academic Pediatrics*, 17(7). <https://doi.org/10.1016/j.acap.2017.03.007>

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 - b. Complete the Evaluation
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Questions?

