Overview
Promotion of optimal early brain and child development is essential for the health and well-being of children. This online learning module is designed to take about 30 minutes. Options for additional learning activities are provided.

Guided Questions
These guided questions are designed to expand on the content provided in module three and to encourage learners to think about how the ACE information can be used in their practice and/or training.

These questions can be used in either large group decisions and in small break-out groups by given each group a question(s) and asking them to report back to the larger group.

Please note: These questions are provided to serve as a starting point for your teaching and presentation use. You are encouraged to adapt these questions as you see fit to meet your learners’ needs and/or add your own questions to the list. Sample responses are provided. However, the responses provided should not be viewed as the only way to answer the questions.
1. **Evidence from the ACE study suggests that chronic diseases in adults are often determined decades earlier, by the experiences of children. What is the role of the pediatrician in helping prevent chronic diseases in adulthood?**

- Apply an ecobiodevelopmental framework and recognize that adverse psychosocial factors (poverty, domestic violence, parental mental illness or substance abuse) are no less biological than lead poisoning or poor nutrition.

- Collaborate with families and local service providers to improve the early childhood ecology, both to improve life-course trajectories and to address the biologic mediators underlying disparities in health and education.

- Pediatricians need to assist families in recognizing and encouraging rudimentary yet foundational skills as they emerge. The social smile at 6 weeks sets the stage for cooing conversations, which in turn leads to babbling and, eventually, spoken language.

- Pediatricians must work with families and daycares to ensure that the brain’s wiring is right the first time. Remediation, while possible, is much more difficult.

- Pediatricians must be advocates for “whole child” development and education. Efforts to improve social-emotional skills increase cognitive test scores.

- Pediatricians must advocate for a public health approach to address toxic stress, including
  1) “Common messaging” to prevent or minimize toxic stress (campaigns to discourage corporal punishment and to encourage Reach Out and Read)
  2) Screening families and children for common precipitants of toxic stress (poverty, domestic violence, parental mental illness or substance abuse)
  3) Collaborating with local resources to address the consequences of toxic stress.
2. The ACE study suggests that for something like depression or obesity may be a typical consequence of ACEs. How might you approach treatment and providing services given the statement above?

- Obtain a history of adverse childhood experiences from all patients
- Connect and build alliances with mental health services providers to provide a seamless connection to addressing the ACE-related underpinnings of the primary issue.
- Advocate for behavioral health treatment components in therapy for these types of issues, not just “medical management”.

3. What local resources do you have or that you could get to help a family similar to the one in the case study?

- Access to resources that provide high quality day care. Do you know if your community has a resource that provides information on high quality child care programs? Does your state have a child care QRIS (Quality Rating and Improvement System)?
- The name of early intervention and early childhood screening programs in your community
- The contact information for Head Start, Early Head Start, and at-risk pre-school programs
- The contact information for respite and other support programs/services for parents
4. Think about the child in the case study or a child that has experienced an adverse childhood event(s). What might the child be like 5 or 10 years from now? What are some key things that could change their story?

- The child could be a thriving, healthy child especially if the following take place as the child grows and develops:
  - The child is enrolled in a high quality daycare center and/or a high quality school that provides the type of environment and interactions needed for healthy development.
  - The child has a medical home and routinely accesses it.
  - The child and family are screened for common precipitants of toxic stress (poverty, domestic violence, parental mental illness or substance abuse.
  - The child’s family knows about and uses resources that help to mitigate or minimize the effects of stressors on the family.

- If nothing is done for the child (or even despite our best efforts), the child could be experiencing:
  - Relationships with adults that do not mitigate or lesson the efforts of stressors that the family is experiencing, including adults in the home that are substance abusers.
  - Enrollment in after school care that is not high quality
  - Difficulties in school

Source: Many of the answers to the questions above were adapted from materials and information on the AAP Early Brain and Child Development web site at www.aap.org/ebcd