A Pivotal Point for Pediatrics:

"Back to the Future?" ... or "Oh, Canada!"

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The BIG Questions are…

Given that toxic stress mediates the well-established link between adversity in childhood and poor adult outcomes, it raises the following BIG questions:

• Are there ways to:
  – treat,
  – mitigate, and/or
  – immunize against the effects of toxic stress?

• If so, what is the role of the family-centered, pediatric medical home?
Addressing **Toxic** Stress

- **Indicated treatments**
  - Consequences are **Biological Mal-adaptations**  
    (“what’s wrong with you,” vs “what’s happened to you”)
  - PCIT, CPP, and TF-CBT are evidence-based
  - Efficacy linked to age / chronicity (brain plasticity)
  - REACTIVE – mal-adaptations are happening!
  - ACCESS – interventions must be local
    - More providers / better reimbursement / advocacy
    - Need a universal but local platform (medical home?)
      - Better identification
      - Better coordination / communication between silos
Addressing **Toxic Stress**

- **Secondary / Targeted Preventions**
  - Focused, targeted interventions for those deemed to be "at high" or the "highest risk"
  - Home Visiting Programs (NFP, PAT, Child First, etc.)
  - Parenting Programs (PPP, Nurturing Parenting, Legacy)
  - More likely to minimize "biological disruptions" and yield a positive ROI
  - Still issues with stigma; numbers of/access to providers/programs
  - Who is "at high risk?" Requires screening

  (Not perfect! No 'OMNI-screen! Child vs Family? Dysfunction vs Risk?)
Addressing Toxic Stress

- **Primary / Universal Prevention**
  - Proactive, universal interventions to make stress positive, or tolerable instead of toxic
  - Acknowledges that preventing all childhood adversity is impossible and even undesirable
  - Actively building resiliency ("immunizing" through positive parenting, 7Cs, promoting optimism, formalized social-emotional learning)

- **SE Buffers** allow the physiologic stress response to return to baseline
  - Parenting/Caregiving skills for younger children
  - SEL skills for older children ([www.casel.org](http://www.casel.org))
Parenting as **Primary Prevention**

- Promoting **PARENTING SKILLS** in the first 1000 days
  - Parenting is personal – makes pediatricians **NERVOUS**!
  - “Positive/Nurturing/Supportive” Parenting
  - A Poor investment?
    - Are parenting skills “**TEACHABLE**?” **YES!!**
    - Is there a “**CEILING EFFECT**” on returns?
    - Or the “**GOLD STANDARD**?”
      - Shouldn’t **SAFE, STABLE, and NURTURING RELATIONSHIPS** be
        THE reference point (NOT routine, general, or control populations)

- Significant Challenges:
  - Define what the basic, **BIOLOGICAL NEEDS** of children are
  - Utilize a **TWO GENERATION APPROACH** to meet those needs
  - Utilize a **PUBLIC HEALTH APPROACH** to match the **FAMILY’S NEEDS** with the indicated, local services
Universal Primary Preventions
AG “Plus” (ROR / PFR / BF Grid)
Consistent messaging (CTC)

No identification
No stigma
Ceiling effects = Limited evidence base

Targeted Interventions
(for those “at risk”)
Home visiting (NFP/PAT)
Parenting programs (Legacy/PPP)
Early Intervention (Ideally!)
Less ceiling = More evidence
Requires screening
Issues with stigma

Evidence-Based Treatments
(for the symptomatic)
PCIT; TB-CBT; Pharmacotx
Treatment works!

Screening / stigma / access

Social-Emotional Safety Nets
A Public Health Approach to “Toxic Stress”

ALL are necessary – NONE are sufficient!
A Broader Vision for Pediatrics?

NOT just about children ... But about their families and communities

NOT just about physical health ... But about social-emotional or relational health

NOT just about child development ... But about life course trajectories

NOT just about acute or chronic care ... But about proactively building WELLNESS ... ... NOT a new idea!!
“The study of psychopathology and the management of disturbed children is a legitimate and socially necessary function. But pediatricians are concerned primarily with the developmental process and prevention, which I submit is a quite different frame of reference ...”
Will it be “BACK TO THE FUTURE?”

“I refer to the dynamic development of individual differences in behavior patterns, the observation of child rearing practices and their consequences, the emergence of curiosity, learning patterns, coping behavior, and personality, and the capacities of children and families to master adversity.”

JULIUS RICHMOND, receiving the AAP’s Aldrich Award, October 23, 1966
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<th>Type of Prevention</th>
<th>Chronic Care</th>
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<tr>
<td>Population</td>
<td>Tertiary</td>
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<tr>
<td>Indicated (those who are diagnosed)</td>
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<td>Primary Objective</td>
<td>To reduce negative impact of known disease by restoring function and reducing disease-related complications</td>
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<td>Essential Elements</td>
<td>On-going disease education and management</td>
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<td>Minimizing disease progression</td>
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<td>Example Resources</td>
<td>Health Supervision for Tri-21, Asthma, DM</td>
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<td>Possible Venues</td>
<td>Medical Homes</td>
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<td>Specialty Care Clinics</td>
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<td>Wellness Care</td>
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<tr>
<td><strong>Type of Prevention</strong></td>
<td>Primary</td>
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<tr>
<td><strong>Population</strong></td>
<td>Universal</td>
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<td><strong>Primary Objective</strong></td>
<td>To avoid the occurrence of disease</td>
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<td><strong>Importance of Continuity (Therapeutic Partnership)</strong></td>
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<td><strong>Importance of Context (Social + Family Histories)</strong></td>
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<td><strong>Amenable to Algorithms</strong></td>
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<td><strong>Incentivized Through Reimbursements</strong></td>
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<td><strong>Long Term Returns on the Initial Investment</strong></td>
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A Broader **Mission** for Pediatrics?

To support and empower parents, caregivers and communities as they nurture their children’s development

This mission will require:

- A nested/layered/tiered/’public health’ approach
- A “train the trainer” approach (*relationships!*)
- A grass-roots, community-based, team approach
CONCLUSION

To remain relevant and to bring value to an emerging “well-care” system, pediatrics must:

- Bridge the gap between what we know and what we do (translate the science)
- Give parents what they want (developmental reassurance and guidance)
- Focus on WELLNESS – and that demands a public health approach and medical homes that are integrated into if not actually coordinating the broader efforts of their local communities