



Pathways to Professional Development

Building Foundations in Infant
and Early Childhood Mental Health



From Adversity to Grit and Greatness

A Webinar Series on Adverse Childhood
Experiences (ACEs): Part II

Presented by Damali M. Wilson, PhD, APRN and Uju Berry, MD, MPH

Pathways to Professional Development



Pathways to Professional Development; Building Foundations in Infant and Early Childhood Mental Health was developed to build workforce competence and to prepare professionals working in the perinatal and birth to 5 periods

- 30 webinars focused on the foundations of Infant and Early Childhood Mental Health.
 - Provided live virtually
 - Recorded for viewing as LMS modules
- Diagnostic Classification of Mental Health And Developmental Disorders of Infancy and Early Childhood (DC:0-5) offered virtually.
- View all offerings here → <https://www.mcsilverta.org/special-initiatives/pathways-to-professional-development/>

The aim is to develop a well prepared and competent workforce trained to **identify** and address mental health concerns early, to **promote** awareness of mental health, to **prevent** long-term problems and to **intervene** to help children stay on developmental track.



Who we are



These trainings are funded by the New York State Office of Mental Health (OMH) and provided by the New York Center for Child Development (NYCCD) in collaboration with CTAC.

- **New York Center for Child Development** (NYCCD) has been a major provider of early childhood mental health services in New York with a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice.
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

NYCCD and McSilver also run the **NYC Perinatal + Early Childhood Training and Technical Assistance Center (TTAC)** which offers ongoing training and technical assistance for those working during the perinatal period to age 5

<https://ttacny.org/>



Learning Objectives



- Participants will be able to explain the evolution of the development of the Expanded ACEs model
- Participants will be able to investigate how adverse social determinants of health intersect with the Expanded ACEs framework and contribute to health disparities
- Participants will be able to identify strategies for application of the Expanded ACEs model in the healthcare setting and think about upstream interventions that promote resilience



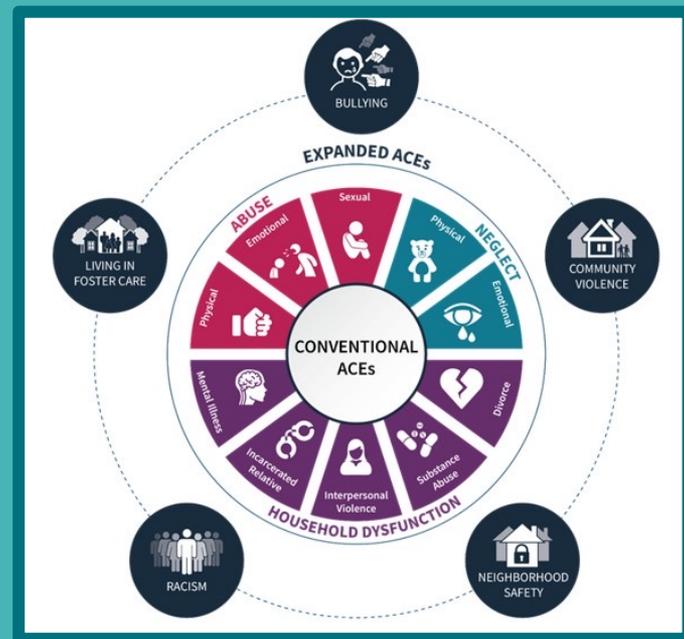
Financial Disclosures

None of the planners or presenters for this activity have relevant financial relationship(s) to disclose with ineligible companies.

Joint Providership

Drs. Wilson and Berry were equally involved in the planning and development of this learning activity.

Adverse Childhood Exposures



ACEs were defined with 3 categorizations



ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

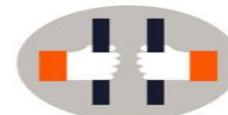


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Review – Adverse Childhood Experiences (ACEs)



Finding #1: ACEs are common

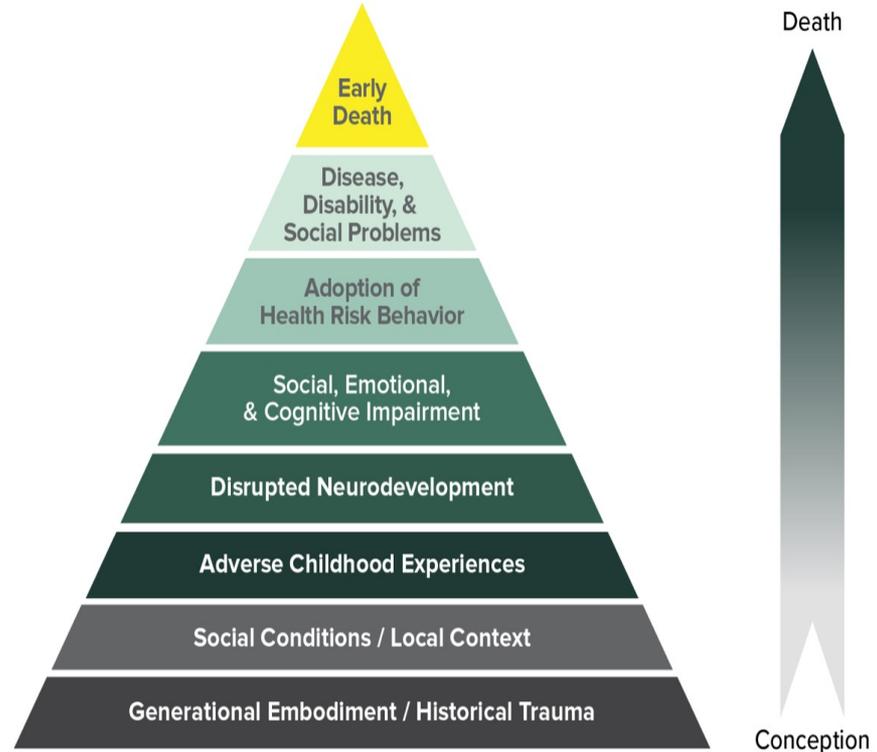
Review – Adverse Childhood Experiences (ACEs)



Finding #1: ACEs are common



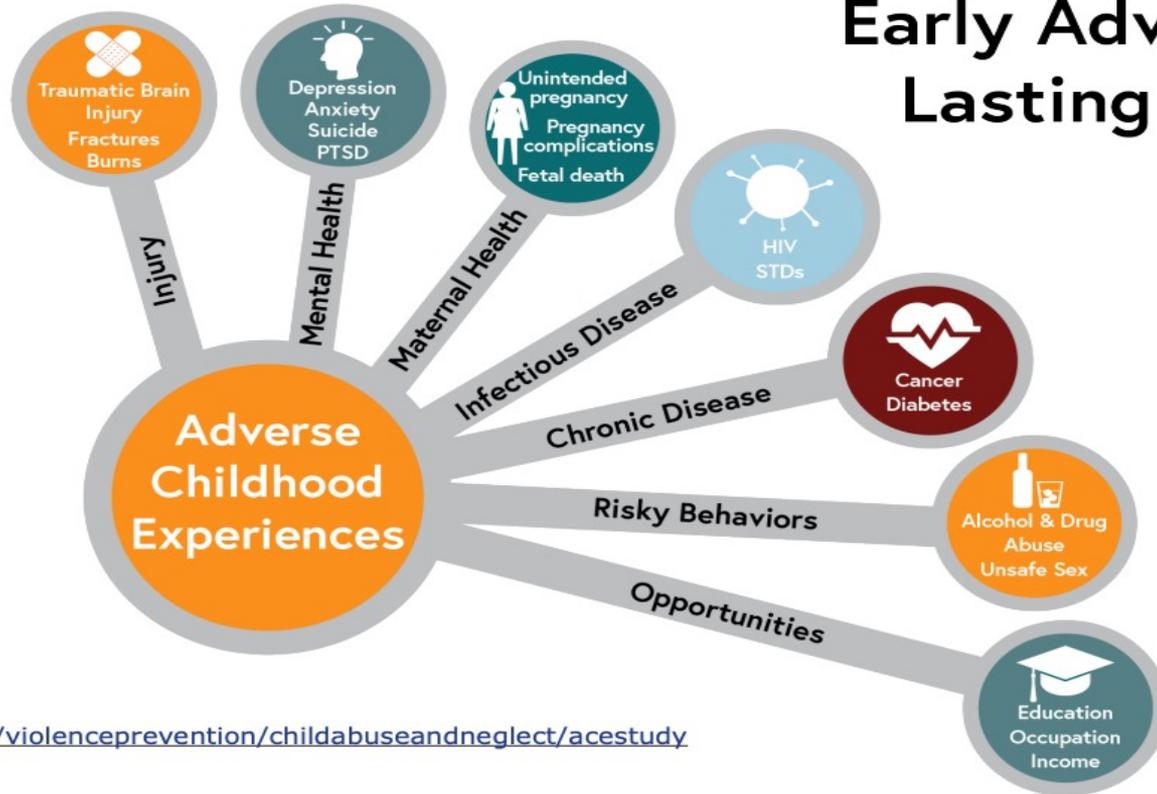
Finding #2: ACEs can have lasting impacts



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Review - Adverse Childhood Experiences (ACEs)

Early Adversity has Lasting Impacts



Expanded ACEs-History

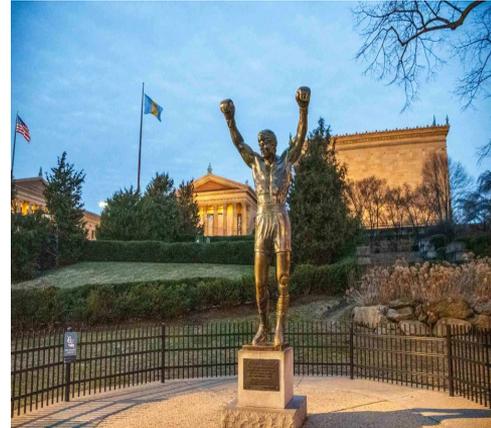


Question #1: Who participated in the ACEs Study?

- How *generalizable* is this study?

Question #2: What happens in an urban environment?

- Philadelphia ACE Project convened in 2012 and 2013 to explore and understand the impact of community-level adversities



Comparison of Demographics

Table 1. Demographic Characteristics of Participants in the Kaiser Study and BRFSS ACE Survey, and Philadelphia Residents, 18 years and older, 2013

Kaiser Study		Philadelphia Residents	
Race		Race	
White	74.8% (n=12,968)	White	38.8% (N=466,677)
Black	4.6% (n=798)	Black	36.1% (N=434,312)
Hispanic	11.2% (n=1,942)	Latino	11.4% (N=136,697)
Asian	7.2% (n=1,248)	Asian	6.2% (N=74,916)
Other	1.9% (n=329)	Biracial	7.4% (N=88,930)
Education		Education	
Not HS graduate	7.2% (n=1,248)	<high school	20.0% (N=202,166)
HS graduate	17.6% (n=3,051)	HS graduate	35.7% (N=359,983)
Some college	35.9% (n=6,224)	Some college	21.8% (N=220,191)
College graduate or higher	39.3% (n=6,813)	College graduate	22.5% (N=226,748)
All Participants	17,337	Total Residents	1,281,341

Data Source: Felitti, et al.^{vii} and Centers for Disease Control and Prevention^{viii} and Nielsen-Claritas 2013 Pop-Facts Database. Prepared by the Research and Evaluation Group at PHMC

Comparison of Demographics

Table 3. Abuse and Neglect Indicators among Philadelphia Urban ACE Survey and Kaiser ACE Study

	Philadelphia ACE Survey (N=1,784)	Kaiser ACE Study (N=17,337) ³
Emotional abuse ⁴	33.2% (n=1,190)	10.6% (n=1,838)
Physical abuse ⁵	35.0% (n=624)	28.3% (n=4,906)
Sexual abuse	16.2% (n=289)	20.7% (n=3,589)
Physical neglect ⁶	19.1% (n=340)	14.8% (n=2,566)
Emotional neglect ⁷	7.7% (n=136)	9.9% (n=1,716)

Data Source: Philadelphia Urban ACE Survey, 2013 and Felitti et al., 1998

Data Prepared by: The Research and Evaluation Group at PHMC

Philadelphia adults had higher rates of ACEs compared to rates from the original Kaiser study

- No ACEs: 30%--Philadelphia vs 48%--Kaiser
- 4+ ACEs: 21.5%--Philadelphia vs 6.8%--Kaiser
- Overall, ~70% of Philadelphia adults experienced at least one ACE

ACEs-Expanded and Social Determinants of Health



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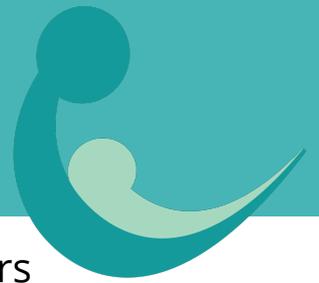


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Context



- ACEs are prevalent and some communities experience more ACEs than others
 - In Philadelphia 69.9% of the population experienced at least one ACE
- Certain adversities are more salient than those traditionally captured in traditional ACEs
 - Parental separation was deemed a less salient stressor during childhood than community violence and economic hardships
 - Adversities that occurred in the community correlated more strongly with symptoms of mental health concerns than did individually
- Traditional ACEs do not capture the lived experiences of children of color, who are more likely to be exposed to traumatic environments compared to their white counterparts due to systemic inequities
- Goal: Measuring a greater number of adversities in different contexts may improve the generalizability of ACE assessment tools.

Social Determinants of Health (Healthy People, 2030)

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks
- Stronger predictors of health than medical services alone (Zerden 2020)



**Philadelphia Expanded ACE Questions
look at
Community-Level Adversity**

Witness Violence

How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?

Felt Discrimination

While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?

Adverse Neighborhood Experience

Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?

Bullied

How often were you bullied by a peer or classmate?

Lived in Foster Care

Were you ever in foster care?

Comparison of Demographics—Need for Disaggregation

Table 10. Urban ACE Indicators by Race

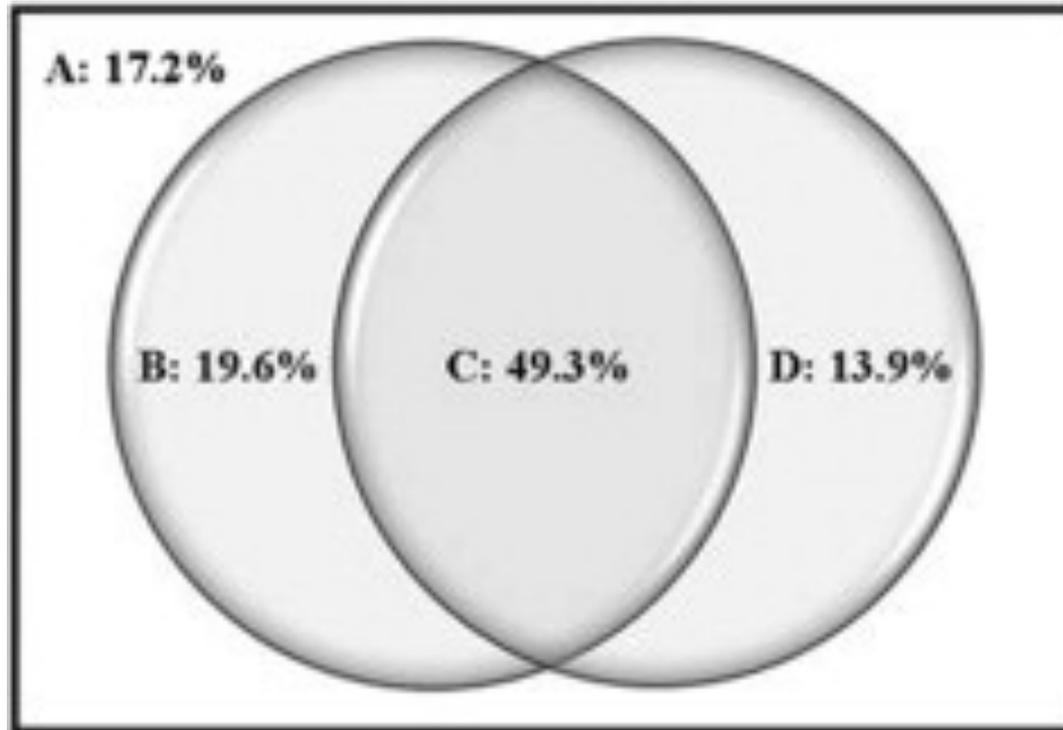
	White	Black	<i>All Respondents</i>
Witnessed violence	25.9% (n=203)	52.0%*** (n=390)	40.5% (n=718)
Felt discrimination	15.8% (n=124)	49.5%*** (n=372)	34.5% (n=613)
Adverse neighborhood experience	19.3% (n=152)	29.2%*** (n=221)	27.3% (n=487)
Bullied	9.0% (n=70)	6.4% (n=48)	7.9% (n=140)
Lived in foster care	1.0% (n=8)	4.1%*** (n=31)	2.5% (n=44)

Notes: *p<.05 **p<.01 ***p<.001, Chi-square

Data Source: Philadelphia Urban ACE Survey, 2013

Data Prepared by: The Research and Evaluation Group at PHMC

Underestimating the Prevalence of Adversity



A: No ACEs

B: ≥ 1 Conventional ACE

**C: ≥ 1 Conventional ACE
and ≥ 1 Expanded ACE**

D: ≥ 1 Expanded ACE

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ACEs-Expanded: Witnessing Violence

Mattheiss *et al.*
Behavioral and Brain Functions (2022) 18:15
<https://doi.org/10.1186/s12993-022-00201-8>

Behavioral and
Brain Functions

RESEARCH

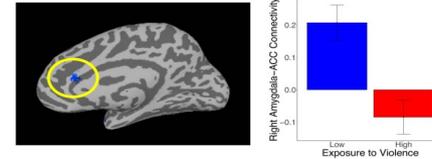
Open Access



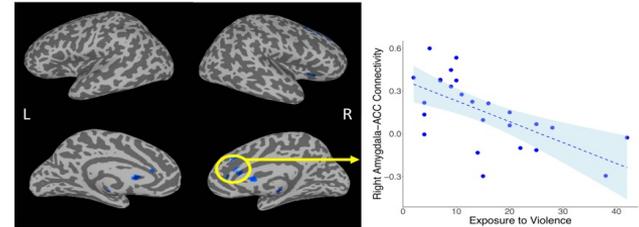
Exposure to violence is associated with decreased neural connectivity in emotion regulation and cognitive control, but not working memory, networks after accounting for socioeconomic status: a preliminary study

Samantha R. Mattheiss^{1*}, Hillary Levinson², Miriam Rosenberg-Lee² and William W. Graves²

A Contrast of high – low exposure to violence for right amygdala seed



B Continuous analysis of exposure to violence controlling for parental SES with right amygdala seed connectivity



C Continuous analysis of exposure to violence controlling for parental SES with left amygdala seed connectivity

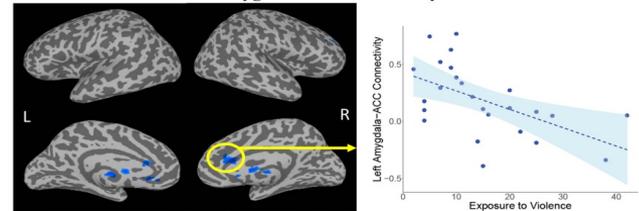


Fig. 2 Functional connectivity results from the right amygdala seed. **A** The contrast of resting state functional connectivity with the right amygdala seed for High Violence—Low Violence. **B** Continuous analysis of exposure to violence controlling for parental SES and with right amygdala seed connectivity. **C** Continuous analysis of exposure to violence controlling for parental SES and with left amygdala seed connectivity

ACEs Expanded: Discrimination



Current Psychiatry Reports (2021) 23: 23
<https://doi.org/10.1007/s11920-021-01240-0>

CHILD AND ADOLESCENT DISORDERS (TD BENTON, SECTION EDITOR)

Social Determinants of Health: the Impact of Racism on Early Childhood Mental Health

Obianuju O. Berry^{1,2}  • Amalia Londoño Tobón³  • Wanjikū F. M. Njoroge^{4,5} 

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- Indirect and direct exposure to racism affects social-emotional development
- Maternal exposure to racism impacts infant and early childhood mental health
- Mediated by maternal depression
- At higher levels of maternal exposure to trauma, indirect effect of maternal experiences of racism on childhood depression

ACEs Expanded: Adverse Neighborhood Experience

AGGRESSIVE BEHAVIOR
Volume 33, pages 207–219 (2007)

Impact of Neighborhood Disadvantage on Overt Behavior Problems During Early Childhood

Emily B. Winslow^{1*} and Daniel S. Shaw²

¹Department of Psychology, Arizona State University, Tempe, Arizona

²Department of Psychology, University of Pittsburgh, Pittsburgh, Pennsylvania

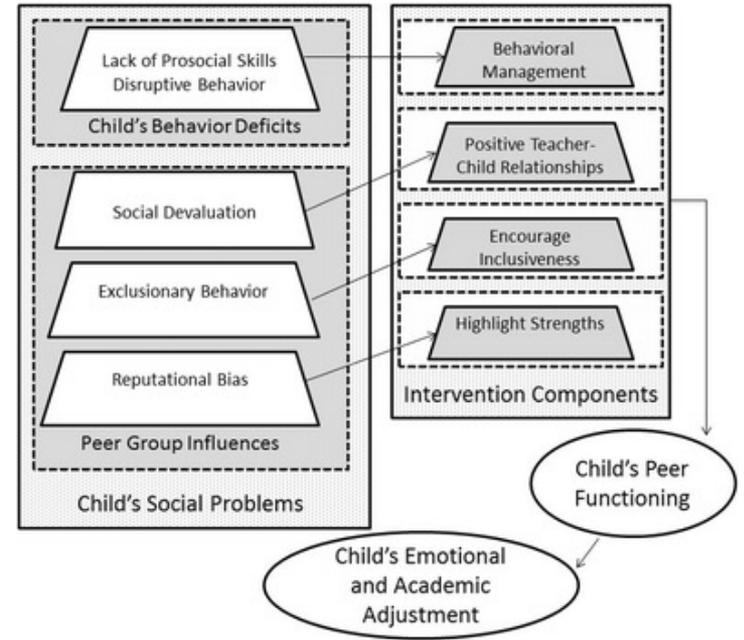
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- Longitudinal sample of 281 Non-Hispanic Black and Non-Hispanic White children from age 2 to 6
- Neighborhood effects on boys' behavior was most pronounced for extreme neighborhood disadvantage

ACEs Expanded: Bullying



- Peer rejection and lack of friends are associated with the development of many disorders
- Impact of Peer Rejection
- Consequences of Friendlessness.
- The Cycle of Social Distress
- Long-Term Effects



ACEs Expanded: Foster Care or Separation



**Philadelphia Expanded ACE Questions
look at
Community-Level Adversity**

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Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?

Bullied

How often were you bullied by a peer or classmate?

Lived in Foster Care

Were you ever in foster care?

Others...



“In fact, there are likely even more domains of childhood adversity that might be measured and added that could further improve its predictive ability, for example, parental death, poverty, war, food scarcity” (Finkelhor, 2013).

Applications of Expanded ACEs and Screening Practices



Caution



Caution



- Each ACE is weighed the same
- Lack of predictive validity
- Labeling patients

- “A trauma-informed system to conduct screenings includes properly training providers to conduct and discuss screening, sufficient time to conduct the screening and discuss the health risks of these past (or current, for children) traumas, knowledge about services available to address ACEs, and the ability to refer patients to proper follow-up care if needed. Without these elements, screening risks offering no benefit to the patients.”

Best Practices and Trauma-Informed Care



- (1) Training providers and staff involved in screening so it is completed in a sensitive manner;
- (2) Establishing a workflow, including deciding which screening tool to use (likely determined by payor reimbursement) and who, how, and when it will be conducted;
- (3) Avoiding rescreening of adults to reduce potential retraumatization, but screening children and adolescents periodically to capture new ACEs that may occur after initial screening; and
- (4) Having an established referral network, recommended interventions, patient education, and other follow-up actions in place to support patients after screening

Riti Shimkhada, Jacqueline Miller, Elizabeth Magnan, Marykate Miller, Janet Coffman and Garen Corbett. The Journal of the American Board of Family Medicine July 2022, 35 (4) 862-866; DOI: <https://doi.org/10.3122/jabfm.2022.04.210454>

Screening Tools

Children

- PEARLS
- TESI
- WCA

Adults

- ACE Study
- ACEs Questionnaire
- BRFSS Ace Module
- PHL ACEs Survey
- CES

Pediatric ACEs and Related Life Events Screener (PEARLS)



Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
OR has your child ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
OR has any adult in the household ever hit your child so hard that your child had marks or was injured?
OR has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

Add up the "yes" answers for this first section:

PART 2:

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
6. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Has your child ever lived with a parent or caregiver who died?

Add up the "yes" answers for the second section:

Conclusion



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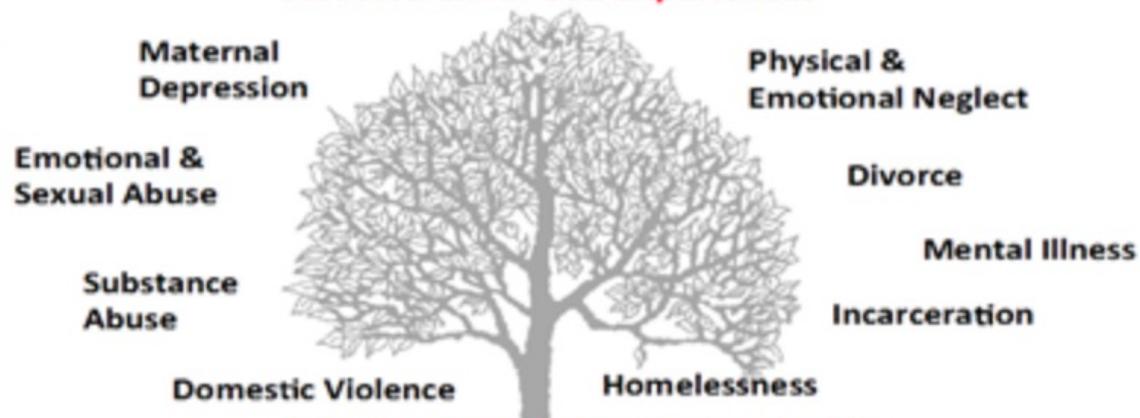


ctac

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The Pair of ACEs

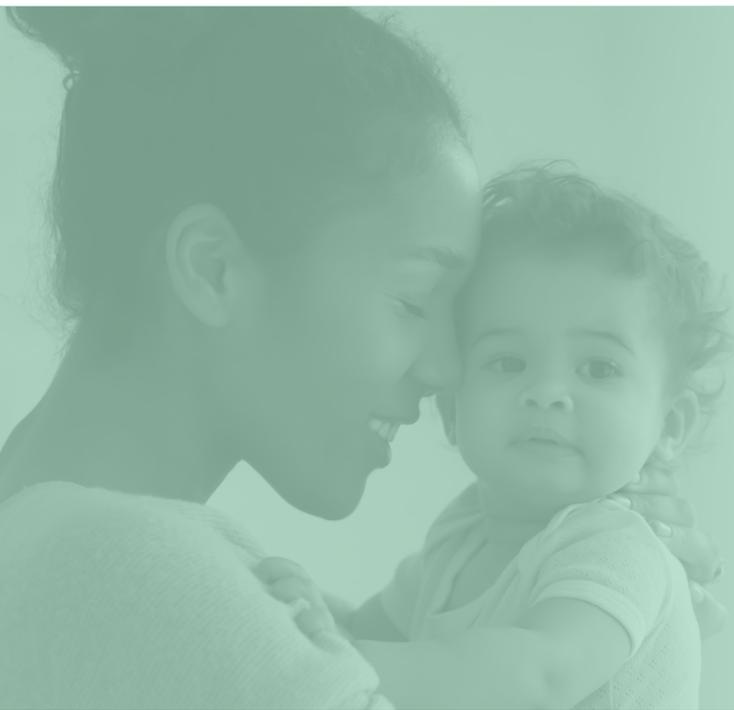
Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (2017) pp. S86-S93. DOI information: [10.1016/j.acap.2016.12.011](https://doi.org/10.1016/j.acap.2016.12.011)



PACEs Connection thanks Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit PACesConnection.com to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.



"When it feels disheartening to learn that trauma changes the brain, remember that healing changes the brain, too." – @howhumansheal

Positive Childhood Experiences (PCEs)

- PCEs describe a set of interpersonal relationships between family, friends, in school, and in community that fosters a child's capacity to thrive.
 - Feel able to share their feelings with their family
 - See their family as a source of support.
 - Feel like their family looks out for each other and stands by each other during difficult times.
 - Enjoy participating in community traditions (e.g. spiritual events, clubs, and festivals).
 - Feel a sense of belonging in school
 - Have someone to take them to a doctor if needed



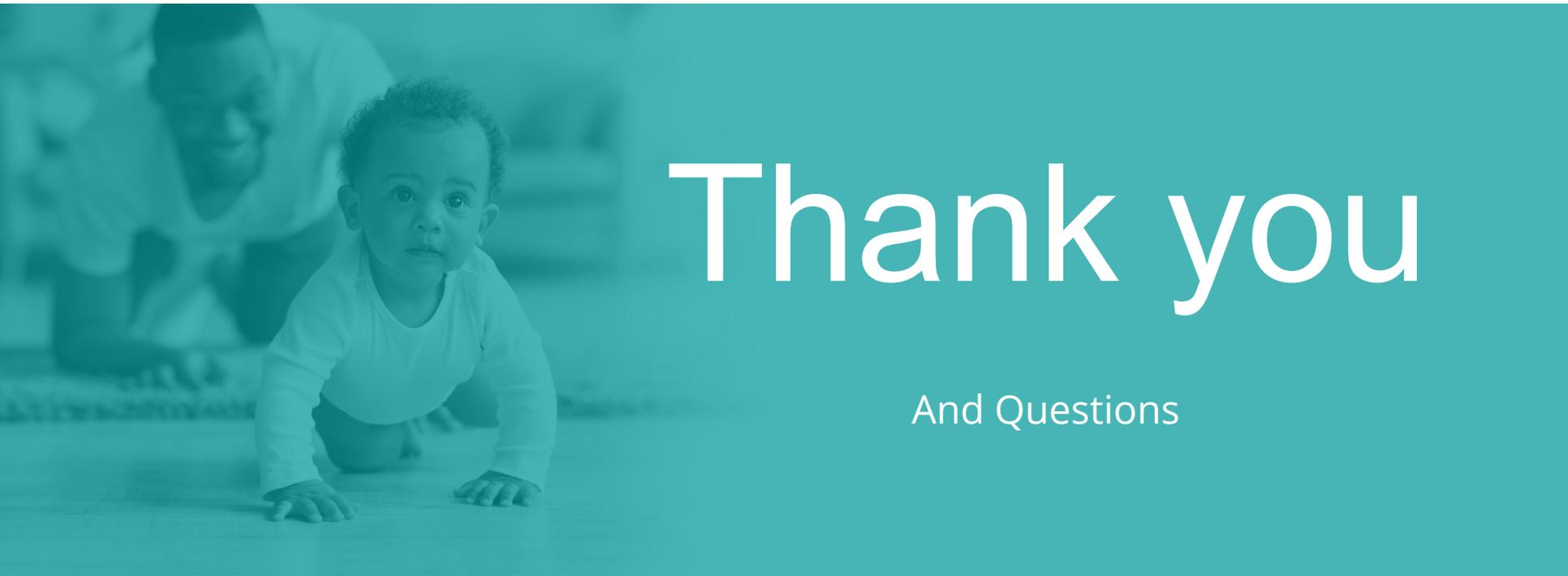
APA Foundation: <https://www.apaf.org/getmedia/9458d8f9-fcf9-4bb0-bcde-4d3f6472ad99/PCEs-Infographic.pdf>



In summary

- ACEs are common
- Some communities are more impacted by ACEs than others
- Community level disadvantages should also be factored in
- Various ways to document ACEs
- Be mindful of bias and structural discrimination
- There are positive childhood experiences





Thank you

And Questions



Office of
Mental Health



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