Toxic Stress & Beyond: Homelessness Among the Littlest Residents and Their Parents

Office of Child Development
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Who are we?

• Office of Child Development
  www.ocd.pitt.edu
• University-community partnership whose mission is to improve the lives of children, youth and families at risk
• Intermediate organization
• Collaborations across practice, program evaluation, and policy
Learning Outcomes

1. **Describe** an Early Childhood Mental Health Consultation (ECMH) **model** implemented in Housing programs across Allegheny County, Pa

2. Envision the experience of homelessness through the **lens of a young child and parent**
Learning Outcomes

3. Evaluate the **linkages** between data derived from ECMH, the ACE Study and the toxic stress literature to understand the **associations** between risk and protective factors, early childhood development, and later life outcomes.
Learning Outcomes

4. Identify the effect unmet needs and system gaps have on parents and children experiencing homelessness and the importance of utilizing their voices to shape policy and practice changes.
Typical yet Invisible

- Needs Assessment
  - Young Children
  - Parents
  - Housing System

42-53%
What Are We Doing?

Bridging Homeless and Early Childhood Fields

- Relationship building
  - One-on-one
  - Early childhood collaborative
- Creating a “buzz”
- Advocating for system level changes
- Emotion Coaching
- Early Childhood Mental Health Consultation
EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (ECMH)

From Early Care and Education to Homeless Program Settings
ECMH

• Began in early care and education (ECE) settings
• Housing instability identified as a trend
• Pilot was born
ECMH in Homeless Housing Programs

Initial Engagement

• Relationship & engagement is most important aspect
  – Listen; Validate; and Empathy so parents “feel felt”
  – Parent as “expert”
• IMH lens
• Gather developmental history
  – Entry point for parent’s story
ECMH in Homeless Housing Programs

Initial Engagement

• Ask about child’s strengths
  – What do you love most about; What is she good at; What makes you smile about him?
• Help think through concerns
  – “If you had a magic wand...”
ECMH in Homeless Housing Programs

Beyond Initial Engagement

- Conduct ASQ/ASQ:SE screenings
- Discuss Options
  - Action Plan if concern can be addressed in 5 visits; OR
  - Specialized referral
  - Referral and Closing Summary narratives
How are ECMH Referrals Generated?

• Homeless Providers/Parents/Stakeholders
  – Outreach to “advertise” services
  – Networking events
  – Hanging out
  – Emotion Coaching groups
  – Resource brochures
Top 3 reasons child is referred

• “Aggression”
• “Behavior”
• “Developmental delay”

“This kid is out of control”
“I’ve never seen anything like it”
“She’s off the chain”
ECMH Tools

- Asking permission
- Parent/child interaction facilitation
- Delighting in the child
- Complimenting parent
- Being a voice for the child
- “greeting card therapy”
Lessons Learned

• Model quickly needed to be changed
• **Relationships** must be nurtured
• Deprivation in context of relationship
• Staying **connected**?
• Systems not always **responsive**
Catch 22

• What makes ECMH so Great?
  – **Flexibility** (Wherever; Whenever)
  – **Small caseload; Time; and Ease of Access**
  – **Engagement** (Follow the client’s lead)
  – **Partnership** with housing staff

• But, Is it Sustainable?
  – Could it ever be billable?
  – Lack of MH diagnosis
  – Families *still* get lost
Listening to the Voices...

Because no one can tell their story better than them
Through the Eyes of the Littlest Residents
Toxic Stress and Beyond:
HOMELESSNESS AMONG THE LITTLEST RESIDENTS AND THEIR PARENTS

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Housing instability

Lack of security

Lack of stimulation

Changing relationships

Trauma

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All this baggage is **weighing** on me and it’s burdensome and I don’t know **how to tell you** or what it means, but I know I **will remember** it.

Toxic Stress and Beyond:  
**HOMELESSNESS AMONG THE LITTLEST RESIDENTS AND THEIR PARENTS**

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Behavior is their language

- High activity level OR inhibited activity
- Wide eyed stare OR lack of eye contact
- Defiant OR overly compliant behaviors
- Mature OR regressive behaviors
- Clinginess OR withdraw
Compared to Stably Housed Peers

(National Center on Family Homelessness, 2011)

• 4 x’s the rate of delayed development
• 2 x’s the rate of learning disabilities
• 3 x’s the rate of emotional and behavioral problems
• Sick 4 x’s more often
Through the Eyes of Parents

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Lack of POSITIVE parental role models
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Housing instability
Mental illness
Trauma
Lack of POSITIVE parental role models
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What Happens?

• Parent
  – Overwhelmed
  – Can’t understand; Unsure how to react to child
  – Feels inadequate & insecure; insecure attachment
  – Day-to-day survival vs. coping
  – “I can’t give what I don’t have”

• Child
  – “This doesn’t feel good to me”
  – “everything and everyone is out of control”
Healthy Development Occurs in the Context of Stable and Nurturing Relationships with Caring Adults!

What if such relationships are lacking?
Every Aspect of Development is Affected!

Intellectual, social, emotional, physical, and behavioral
Stress in Early Childhood

• Normal
• Learning to cope important for healthy development
• Physiological changes
  – Elevated heart rate, blood pressure
  – heightened awareness
  – Stress hormones; Adrenaline rush
• Growth Promoting, Tolerable, or Harmful
When is Stress Response Toxic?
(Center on the Developing Child, Harvard University)

• Strong, frequent, prolonged adversity in absence of supportive, caring adults
  – Remember the suitcases?

• Stress response (fight/flight) stays activated
  – Weaken brain architecture and developing organ systems
Corrosive to Healthy Development

- Smaller brain & body size
- Prone to illness
- Impaired learning, memory, mental flexibility, self-regulation
- Difficulty discriminating emotions; boundaries; forming relationships
- Respond quicker and more intensely to future stress
- Poor school performance
Relationships Make a Difference!

“Fire can warm or consume, Water can quench or drown, Wind can caress or cut.

And so it is with human relationships; we can both create and destroy, nurture and terrorize, traumatize and heal each other.”

- Bruce Perry, 2006
Tip Sheets

• Fostering precious moments
  – Parents
  – Housing staff
• Bedtime, bath time, mealtime, play time
  – Child friendly music at mealtime
Adverse Childhood Experiences Study: What Are the Effects of Toxic Stress In Later Life?
Adverse Childhood Experiences Study
CDC and Kaiser Permanente’s Health Appraisal Clinic
Initial phase: 1995-1997

- Examined and established the link between childhood stressors & reduced health/well-being in adulthood
- Retrospective survey—17,000 participants—routine clinic visits
Adverse Childhood Experiences Study

CDC and Kaiser Permanente’s Health Appraisal Clinic
Initial phase: 1995-1997

• Exposure to ten ACE including:
  – *Abuse* (Emotional, Physical, Sexual)
  – *Neglect* (Emotional, Physical)
  – *Household Dysfunction* (Mother treated violently; Household member substance abuse, mental illness, incarceration; Parental separation or divorce)
What’s your ACE score?
Fill out the quick questionnaire!
ACE Study Findings
(Anda & Felitti, 2003)

• Adults with ACE scores of 4 or more were:
  – 12 x’s more likely to have attempted suicide
  – 7 x’s more likely to be alcoholic
  – 10 x’s more likely to inject street drugs

• Adults with 6+ ACEs died 20 years earlier than those without ACEs
Public Health Effects

(Anda, 2007)

ACES linked to leading causes of death

Graded relationship to:

• Heart Disease
• Cancer
• STI’s; AIDS
• Obesity

Social effects

• Teen pregnancy
• Relational difficulties
• Difficulty with job performance

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ECMH Data and ACES

• Themes derived from client’s story
• Themes repeated
• ACES!!!
Adverse Childhood Experiences
Early Childhood Mental Health Consultation (n=45)

62% of children have an ACE score of 4 or more

Most Common:
- Marital discord (91%)
- Household mental illness (80%)
- DV (71%)
- Incarceration of Household Member (62%)
- Household substance abuse (44%)

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How many ACEs does it take to be **TOXIC**?
Snapshot of 5 moms

- Clinical hypothesis
- 80%: 4 or more ACEs
- 80%: of their children had 4 or more reported ACEs!

Repeating a cycle from the previous generation; Continuing the cycle for the future generation?
Call to Action!

What are the policy and practice implications?
Practice Implications
What can you and your program do?

• Promote nurturing relationships; Listening
• Be trauma informed; adopt trauma theories
• Foster external partnerships and linkage to high quality services
• Support transitions
• Demand structural supports, policies, and guidelines

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Policy Implications

• Standards, Guidelines & Expectations
  – Contractual (intake assessments, service plans, outcome measures)
  – Training standards (e.g. mandated reporting)
  – Linkage to high-quality services (e.g. Doula, EI, HV)
Policy Implications

• Biggest Bang? Reducing the sources of toxic stress in early childhood
  – Most effective; less costly
  – Invest in relationships and skill building among staff
  – Utilize the resources already available in communities
With your help, this can still be a positive and nurturing experience!
Questions?
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Discussion

1. What is the need for ECMH consultation in your jurisdiction?
2. Is anyone delivering a service similar to ECMH within your programs?
3. How are you or your program reducing the sources of toxic stress among your early childhood population?
4. What impacts of toxic stress do you see among your early childhood population?
5. What supports are in place to equip your homeless housing staff with needed knowledge and skills for working with a highly traumatized population?
6. How are you and your program supporting transitions for young children and parents?