Building Positive Experiences for Young People with Child Welfare Involvement

Carly Scudder, MS, LPC & Erinne Conner, LMSW
Presented by The Rees-Jones Center for Foster Care Excellence

children's health®

Every Child, Every Chance Wellbeing Summit
February 2026

childrens.com/fostercare

Learning Objectives

- Define trauma-informed care and review the impact of trauma on youth involved in the child welfare system
- Identify Protective and Compensatory Experiences (PACEs) and their impact on long-term outcomes for children facing adversity
- Brainstorm strategies to increase opportunities for building resilience individually in families and systemically in the child welfare system

Why This Matters

children's health®

Recognizing the Impact of Adverse Childhood Experiences (ACEs)

children's health®

The three types of ACEs include

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Incarcerated Relative

Mother treated violently

Substance Abuse

Divorce

Robert Wood Johnson Foundation

Parent death

Financial hardship

Neighborhood Violence

Family Separation

Racism and Discrimination

children's health®

ACEs impact adult health outcomes

Adverse Behavioral/Mental Health Outcomes	Adjusted Odds Ratio (95% CI)
Attempted suicide	**12.2** (8.5-17.5)
IV drug use	**10.3** (4.9-21.4)
Alcohol abuse	**7.4** (5.4-10.2)
Illicit-drug use	4.7 (3.7-6.0)
Depressed mood	4.6 (3.8-5.6)
Hypersexuality (≥ 50 partners)	3.2 (2.1-5.1)
Smoking	2.2 (1.7-2.9)
Physical Inactivity	1.3 (1.1-1.6)

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.

ACEs impact adult health outcomes

Adults with ≥4 ACEs:

Two to 4-fold increased adjusted odds of adverse physical health outcomes, including heart disease, cancer, and stroke.

Heart Disease

Cancer

Stroke

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.

ACEs impact childhood health outcomes

In children, ACEs are associated with:

Physical Health Outcomes	Mental/Behavioral Health Outcomes
 Asthma	 ADHD
 Obesity	 Depression
 Risk factors for heart disease	 Substance abuse

Trauma-Informed Care

children's health®

What is Trauma-Informed Care?

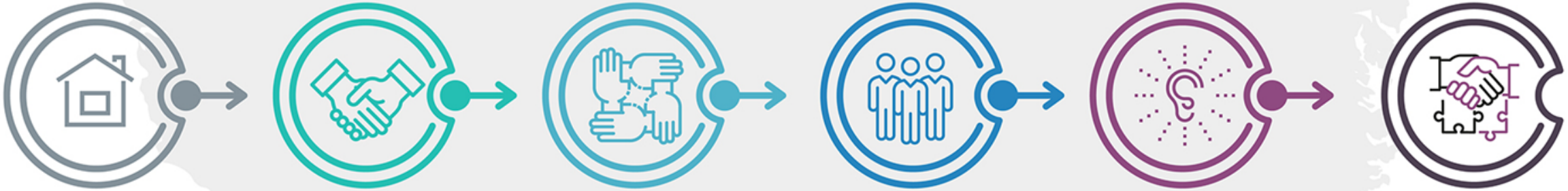
A program, organization, or system that is trauma-informed:

- **Realizes** the widespread impact of trauma
- **Recognizes** the signs and symptoms of trauma
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively **resist re-traumatization**

From Substance Abuse and Mental Health Services Administration
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



1. SAFETY

2. TRUSTWORTHINESS & TRANSPARENCY

3. PEER SUPPORT

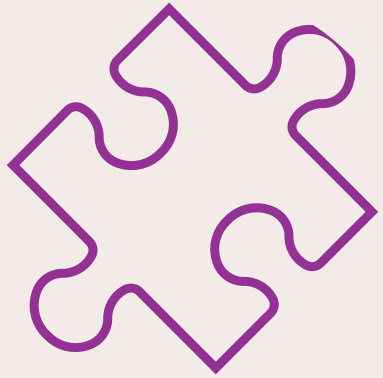
4. COLLABORATION & MUTUALITY

5. EMPOWERMENT VOICE & CHOICE

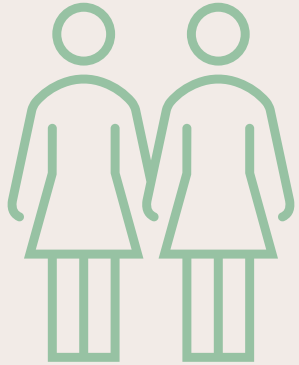
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Where do we start?



Curiosity



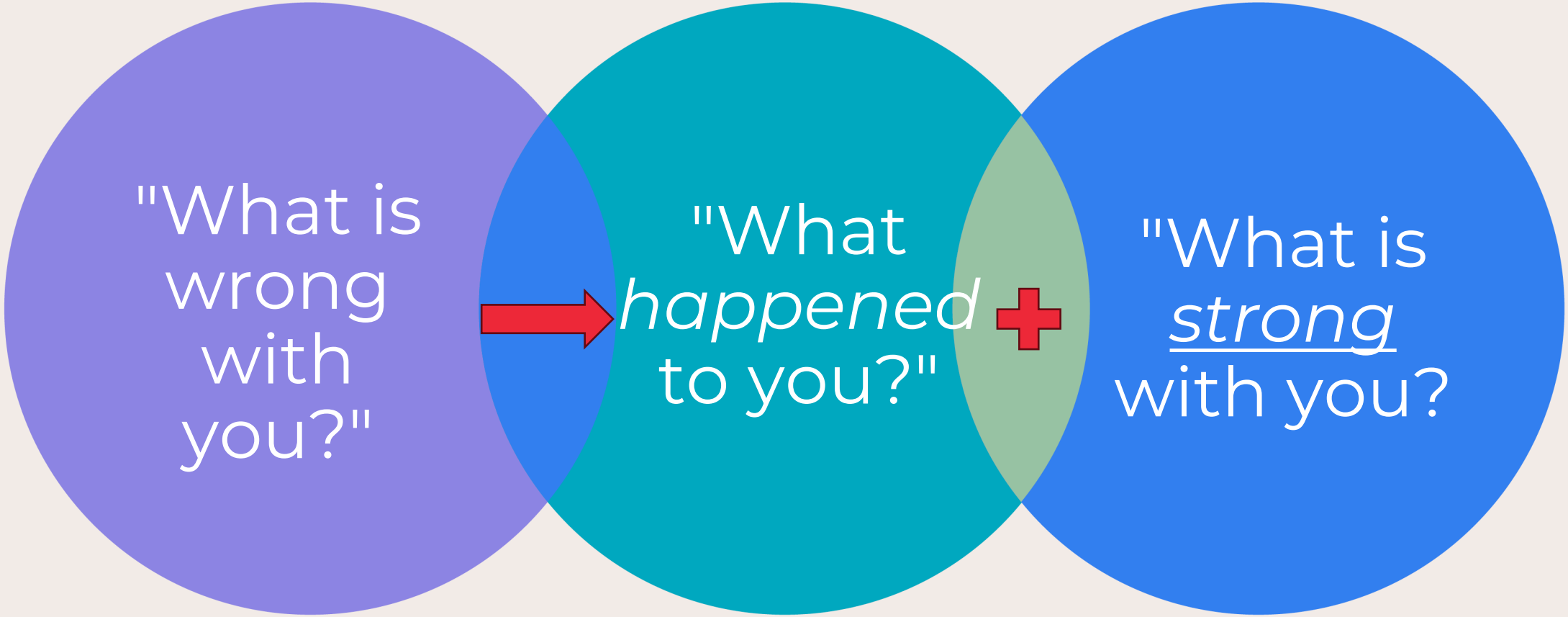
Empathy

Respect

- Practice ***cultural humility*** = openness and respect for differences
- Promote ***cultural safety*** = recognition of power differences and inequities in clinical encounters that result from social, historical, economic, and political circumstances

Source: AAP Policy Statement: Providing Care for Children in Immigrant Families, AAP Immigrant Health Toolkit

Shifting our framework from:



Protective & Compensatory Experiences (PACEs)

children's health®

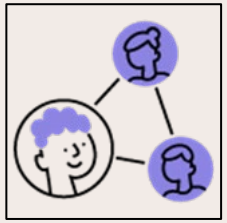
Protective and Compensatory Experiences (PACEs)

- Positive experiences that buffer the negative impact of ACEs and the reduce risk of mental and physical health problems in adulthood
- Also referred to in some literature as *Positive Childhood Experiences (PCEs)*
- May be existing or developed through relationships and environmental resources

Types of PACEs: Supportive Relationships

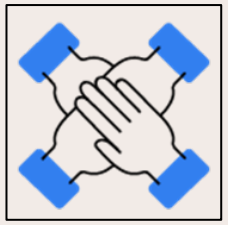
Unconditional love from a parent/caregiver

Having a mentor outside of the family



Having at least one best friend

Helping others or volunteering



Involvement in a social group

Types of PACEs: Enriching Resources

Having one or more hobbies

Engaging in sports

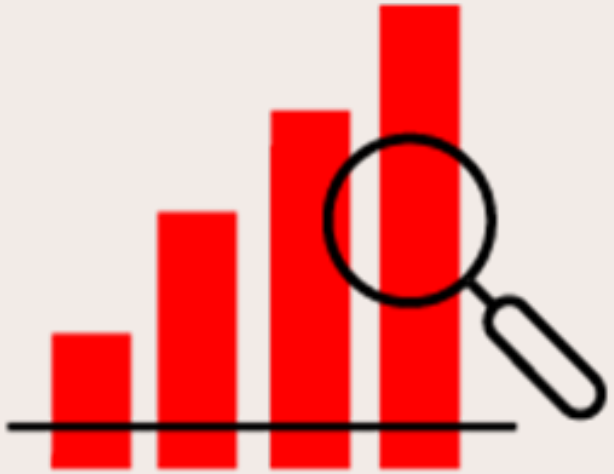
Having enough food and a clean, safe living space

Having routines and fair rules at home

Having learning opportunities

PACEs in Research

- Adults with fewer ACEs are more likely to report a higher number of PACEs
- Individuals reporting more PACEs also report:
  - Lower levels of depression
  - Lower levels of anxiety
  - Lower levels of substance abuse
  - Decreased life stress
  - Fewer difficulties with emotional regulation



PACEs & Parenting

- Consider the impact of generational trauma
  - Research suggests PACEs improve parenting attitudes in the presence of ACEs
- Parent mental health is influenced by their child's mental health
  - PACEs can be protective for the parent as well
  - Parenting interventions may positively affect the parent's overall wellbeing as well as the child's
- PACEs may decrease stress during pregnancy

PACEs in Practice

Unconditional love from a parent/caregiver

Having enough food and a clean, safe living space

Having at least one best friend

Helping others or volunteering

Involvement in a social group

Having one or more hobbies

Having a mentor outside of the family

Engaging in sports

Having learning opportunities

Having routines and fair rules at home

PACEs in Practice: Parenting

NURTURE & PROTECT KIDS AS MUCH AS POSSIBLE

Be a source of safety and support.

MAKE EYE CONTACT

Look at kids (babies, too). It says, "I see you. I value you. You matter. You're not alone."

SAY, "SORRY"

We all lose our patience and make mistakes. Acknowledge it, apologize, and repair relationships. It's up to us to show kids we're responsible for our moods and mistakes.

GIVE 20-SECOND HUGS

There's a reason we hug when things are hard. Safe touch is healing. Longer hugs are most helpful.

HUNT FOR THE GOOD

When there's pain or trauma, we look for danger. We can practice looking for joy and good stuff, too.

HELP KIDS TO EXPRESS MAD, SAD & HARD FEELINGS

Hard stuff happens. But helping kids find ways to share, talk, and process helps. Our kids learn from us.

MOVE AND PLAY

Drum. Stretch. Throw a ball. Dance. Move inside or outside for fun, togetherness and to ease stress.

SLOW DOWN OR STOP

Rest. Take breaks. Take a walk or a few moments to reset or relax.

BE THERE FOR KIDS

It's hard to see our kids in pain. We can feel helpless. Simply being present with our kids is doing something. It shows them we are in their corner.

KEEP LEARNING

Understand how ACEs impact you and your parenting.

More tips & resources for parents on back.

Unconditional love from a parent/caregiver

Having routines and fair rules at home

PACEs in Practice: School Supports

Having learning opportunities

Involvement in a social group

Having one or more hobbies

Engaging in sports

Structured supports like IEPs or 504 plans

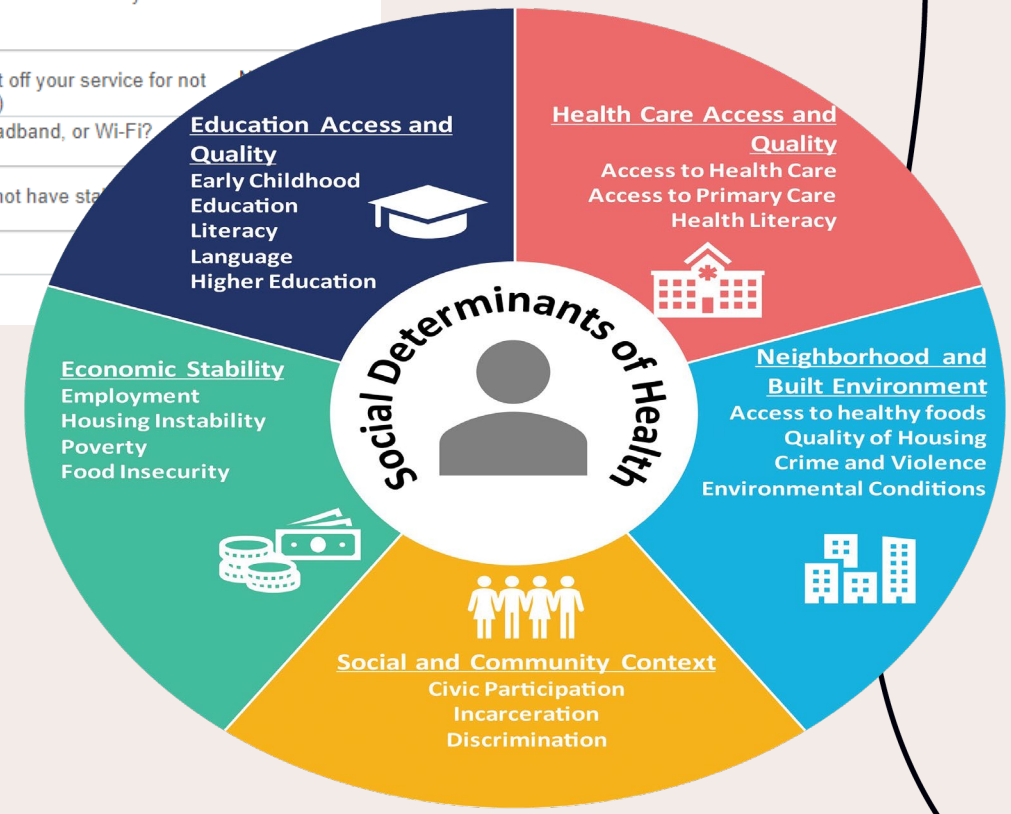
Elective courses

Extracurricular opportunities

Caregiver contact with teachers

PACEs in Practice: Social Determinants of Health

Health Literacy	
Do you ever need help to read health information or to fill out medical forms?	No
Social Support	
Do you have someone you can call when you need help with your child?	No
Food Insecurities	
In the past 12 months, we worried whether our food would run out before we got money to buy more.	Often True
In the past 12 months, the food we bought just didn't last, and we didn't have money to get more.	Never True
Transportation Need	
In the past 12 months, has your child missed health care appointments because you didn't have a way to get there?	No
In the past 12 months, did your child go without medicine because you didn't have a way to pick it up?	No
Financial Insecurity	
In the past 12 months, has your utility company shut off your service for not paying your bills? (electricity, gas, water, phone, etc)	
Do you have Internet access at home - such as broadband, or Wi-Fi?	
Housing	
Are you worried that in the next 2 months you may not have st	
Tobacco Usage	
Is your child often around someone who smokes?	
Does your child smoke?	



Having a mentor outside of the family

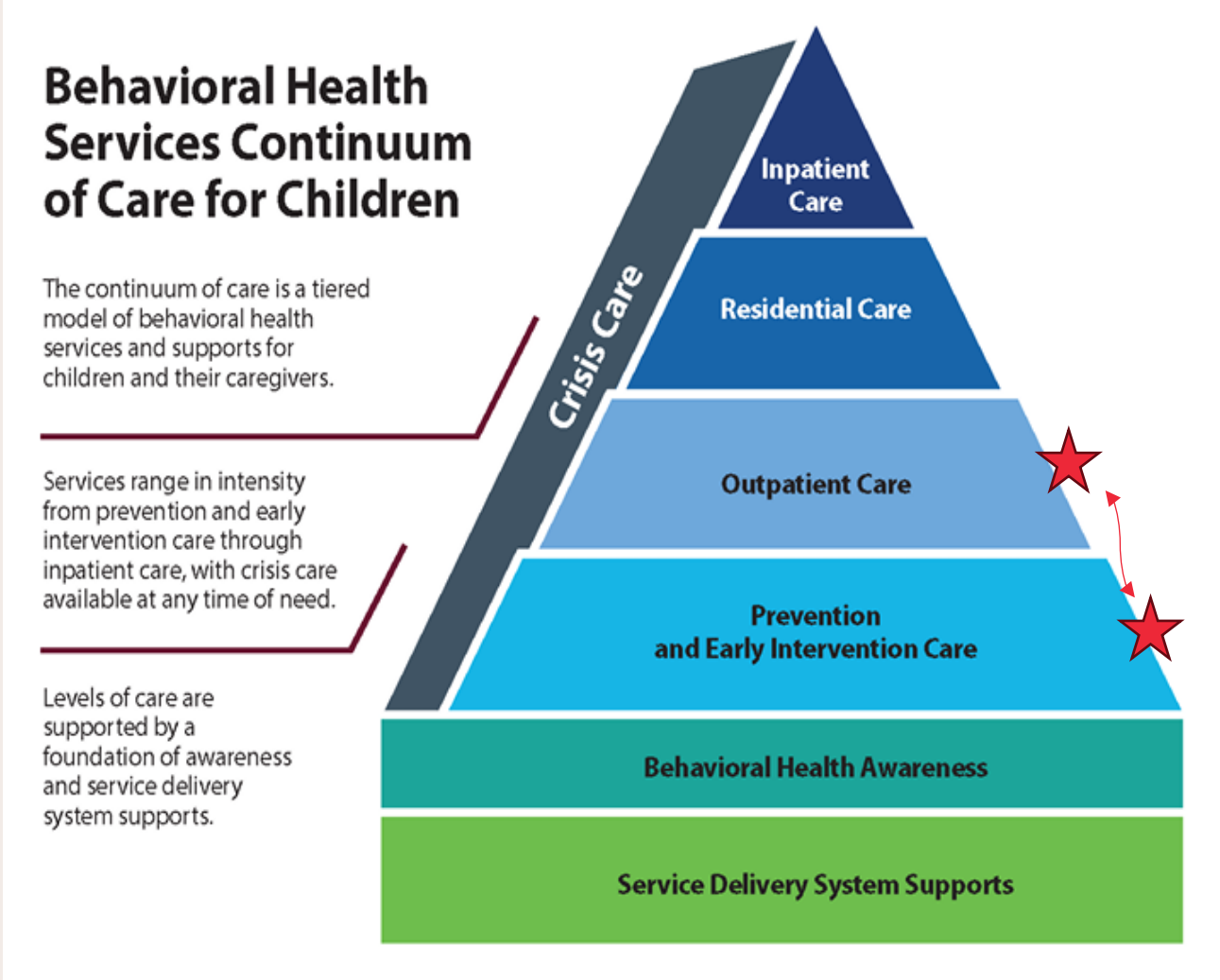
Having enough food and a clean, safe living space

Having learning opportunities

Involvement in a social group

Therapy and PACEs

- PACEs do not include mental health services
- Think holistically
- PACEs and therapy work in partnership
  - Therapy is used when clinically indicated
  - PACEs are ongoing
  - Work best when aligned
- Levels of care



PACEs in Action

children's health®

PACEs in Practice

Unconditional love from a parent/caregiver

Having enough food and a clean, safe living space

Having at least one best friend

Helping others or volunteering

Involvement in a social group

Having one or more hobbies

Having a mentor outside of the family

Engaging in sports

Having learning opportunities

Having routines and fair rules at home

Family PACEs

- PACEs are ACTIONABLE things you can do to support resilience in your child's life, no matter their experiences.

- Remember: You don't have to be perfect caregiver to provide PACEs.

PACEs as a Caregiver

- Nurturing Care: Using sensitive, consistent responses to help children develop trust.
- Emotional Guidance: Help children name their emotions and respond with empathy
- Constructive Discipline: Clearly state unwanted behaviors and set reasonable consequences without physical punishment
- Consistent Routines: Maintaining predictable schedules to help children feel secure

Building Family PACEs

Nurturing care

- Focuses on sensitivity, or noticing a child's needs, and response.
- "Serve and Return"
- Healthy risks and success

Emotional Guidance

- Validating a child's inner world while helping them navigate their big feelings.
- Label and validate
- Celebrating "wins"

Building Family PACEs

Constructive Discipline

- Not just stopping the behavior, but building emotional regulation, problem-solving, and secure attachment
- Natural consequences
- "Do-Over"

Consistent Routines

- Creates predictability, belonging, and knowing
- A special handshake or dance
- Anchor meals

Tips for Success

- Start small
- Flexibility with structure
- Use visuals, especially for routines
- You're not perfect, it's what you do after that matters most

PACEs as a Child Welfare Professional

Different than a direct caregiver, your goal is reparative

Building PACEs as a Child Welfare Professional

Relentless Advocate

- Move beyond "checking the box" during visits.

Social Capital

- Act as a connector to encourage normalcy whenever possible

Voice and Choice

- Giving control back in structured ways

What is Strong with You

- Provide a different mirror

Strategies for Building PACEs

Strategy	Traditional Approach	PACE-Informed Approach
Placement	Taking the first available bed.	Prioritizing proximity to the child's original school.
Visits	Only asking questions about what is needed for a court report	Engaging in a "shared activity" like a board game or puzzle
Case Planning	Telling the youth what the Judge requires	Asking the child's input and who they trust to represent them best.
Life Skills	Showing the child how to do laundry	Connecting the youth with volunteer opportunities

PACEs as a Healthcare Provider

- Shifting from clinical model to relational model
- Validating experiences
- Providing the "Compensatory" part of PACEs

Strategies for Building PACEs as a Healthcare Provider

Strength-Based Assessments

- Screen for both ACEs and PACEs, helping highlight resilience

Side-by-Side Communication

- Sit beside or at level with children and youth to build rapport

Providing Education for Caregivers

- Coach caregivers on how to regulate their own systems and provide needed resources

Bridging to Community Resources

- Warm hand-off to community-based PACEs

Community PACEs

- Structural and social "safety nets" outside the home
- Ensure that a child's resilience doesn't depend solely on their parents
- Providing "Resiliency Equity"
- Buffer against systemic stress
- Social cohesion

Examples of Community PACEs

For Early Childhood:
- United Way Help Me Grow
- Child Care Group
- Head Start
- ECI

For School-Aged Kids:
- United Way Help Me Thrive
- Boy Scouts/Girl Scouts
- Boys and Girls Clubs

For Teens:
- La La Land Workforce Program
- TRAC
- Big Brothers, Big Sisters
- ISD Extracurriculars

For Everyone:
- Public Libraries
- Parks and Rec Programs
- Faith-Based organizations
- Social media (with caution)

Discussion: What resources have you found in the community that promote PACEs that you can share with the group?

Reference and Resources for TIC

- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. American journal of preventive medicine. 2019 Jun.
- CDC - Adverse Childhood Experiences (ACEs)
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- AAP Trauma Guide
- Harvard's Center on the Developing Child: Toxic Stress

References

Bethel, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). *Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experience Levels.* JAMA Pediatrics.

Hays-Grudo, J., & Morris, A. S. (2020). Protective and compensatory experiences: The antidote to ACEs. In J. Hays-Grudo & A. S. Morris, *Adverse and protective childhood experiences: A developmental perspective* (pp. 23–40). American Psychological Association. https://doi.org/10.1037/0000177-002

Hunt, E., Peskin, M., Hoelscher, D., & Kelder, S. (2022). Adverse Childhood Experiences (ACEs). UT Health and the Texas Research-to-Policy Collaboration Project.

La Charite, J., Khan, M., Dudovitz, R., Nuckols, T., Sastry, N., Huang, C., Lei, Y., & Schickedanz, A. (2023). *Specific domains of positive childhood experiences (PCEs) associated with improved adult health: A nationally representative study.* SSM: Population Health.

Ohio Center of Excellence for Behavioral Health Prevention and Promotion- Fostering Childhood Resiliency Through PACEs.

PACEs Connection (2025)

thank you

Questions?

www.childrens.com/fostercare

reesjonesecenter@childrens.com

children's health®