

# ACEs Connection Network

*Join the movement to prevent ACEs, heal trauma, build resilience.*



## An ACE-Informed Pediatrician:

### Dr. Claudia M. Gold

Transcript from 7/11/17 Parenting with ACEs Chat

#### **About Dr. Claudia M. Gold**

Dr. Gold specializes in early childhood mental health and has practiced general and behavioral pediatrics for 25 years. She is on the faculty of the University of Massachusetts Boston Infant-Parent Mental Health Program, William James College, and the Austen Riggs Center.

She is developing a new community-based infant-parent mental health program under the sponsorship of the Austen Riggs Center as part of its new Human Development Program. She's authored several works of nonfiction. The one released just a few months ago is *The Developmental Science of Early Childhood: Clinical Applications of Infant Mental Health Concepts from Infancy Through Adolescence*.

She writes for *Psychology Today* and her blog, *Child in Mind*. More about her resume can be found on [her website](#).



Please find the full transcript [online](#). This version has been slightly edited for clarity, sequencing and readability.

# Q&A with an Dr. Claudia Gold

## LISTENING

**ACN (ACEs Connection Network):** You talk a lot about the powerful role listening has in your book. But when a family comes in and you have only 8 minutes, or whatever insurance now allows, is it possible to listen and attend to health issues?

**Dr. Gold:** While a primary care clinician may be tremendously pressed for time, the relationship that develops over the course of multiple visits can be an invaluable asset. **Five minutes of the full listening presence of a respected caregiver is potentially of much greater value than lists of behaviors parents are instructed to follow.**

**ACN:** Can you say more about this quote from The Silenced Child:

“Giving advice, as well as parent training and behavior management, sometimes collectively referred to as psycho-education, are left-brain, thinking activities. To change the way we behave, we need to change the way we feel.”

**Dr. Gold:** In my many years of clinical experience I have observed that dramatic shifts occur in families when we experience strong feelings during a visit. The predominantly right brain centers that control emotions change when they are actually firing. The powerful feelings associated with having a struggling child may make the higher left-brain thinking centers inaccessible. Moving through emotions in a safe caregiving environment helps us to feel calm and think clearly, making us more available for meaningful change.



ACEs are intimately intertwined with stories of loss. When we can listen for loss and allow parents a safe space to grieve, we help them to move through mourning to healing.

Here's an example with details changed to protect privacy. Jamie was diagnosed with postpartum depression and "failure to bond" after the birth of her second child, a son.

Further exploration over a couple of visits revealed the following story, Jamie's infant brother died when she was 3 years old, and her mother in a sense "disappeared" with a severe prolonged depression. When her son experienced some transient distress at birth, despite multiple reassurances from multiple doctors, Jamie feared he would die.

The losses from long ago came rushing back. Only when she wept rivers of tears in my office could she move past these painful feelings and access her deeply loving feelings for her son.

## PARENTING ADVICE

*ACN: Why do you think there's so much emphasis on advice, parent training and behavior management of parents?*

**Dr. Gold:** First of all, we live in a culture of experts.

Second, these approaches are quick and easy, while listening takes time (though not necessarily a lot of time) and an ability to stay present in the face of difficult feelings.

Last and perhaps most importantly, advice carries certainty, while it takes courage to embrace the uncertainty inherent in raising a child. When parents feel stressed, overwhelmed, and alone that courage can be hard to come by. Certainty may seem preferable to both parent and clinician. Some developmental guidance from a more experienced family member or professional can be useful. But this step only works when there is time to understand the story and provide a feeling of safety

*ACN: What do you think works better for parents (than giving advice)?*

**Dr. Gold:** When we respect parents as the expert with regards to their child, we support self-confidence and self-efficacy, which have been shown to have a significant positive impact on

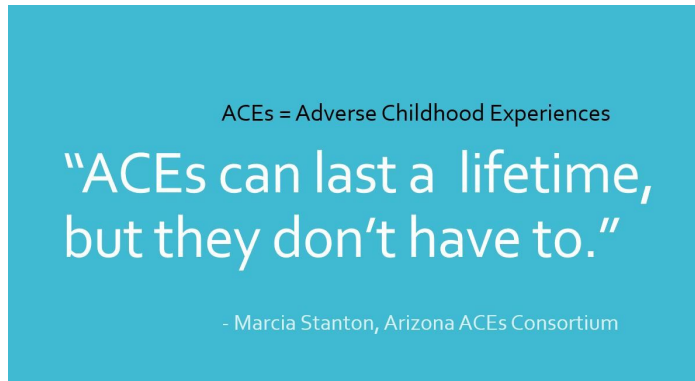
## ATTACHMENT



child development. The following quote speaks to the idea that stress can get in the way of a parent's natural intuition.

## ALLEVIATING STRESS

**Dr. Gold:** "We need to help alleviate that stress rather than instruct parents in "what to do." That stress takes many forms: the stress of a fussy baby, the everyday challenges of managing a family and work in today's fast-paced culture, often without the support of extended family, are



frequent causes. Stress may come from more complex relational issues between parents, between siblings, between generations. It is not that they don't know how to parent, but that their natural abilities have been inhibited by stress, by negative models in the past, or both. Parents who say, "I don't want to raise Charlie the way I was raised" do not need "expert" advice. They need to develop confidence in their natural intuition. The goal is to support parents'

efforts to find a way of raising their children that is in keeping with themselves, with each other, and with their child."

**Karen Clemmer RN, BSN, MN, PHN** is an ACN Regional Community Facilitator who asked the following: *What is the best action to take when a parent seems to be too harsh on their child - like their expectations are not developmentally appropriate (asking a 2 yo to do \_\_\_). My concern is that doing nothing is not right, but I don't want to risk making the parent more stressed and thus impatient with their child?*

**Dr. Gold:** I think that I would stick with my overall approach and to try to listen to what's going on for the parent, *"I notice you and Joey are having a hard time...."* I think finding our empathy for the parent is difficult but it's our way in.

**"Having empathy for the parent will lead you to a place  
where the parent will be able have empathy  
for the child."**

## ACEs AWARENESS

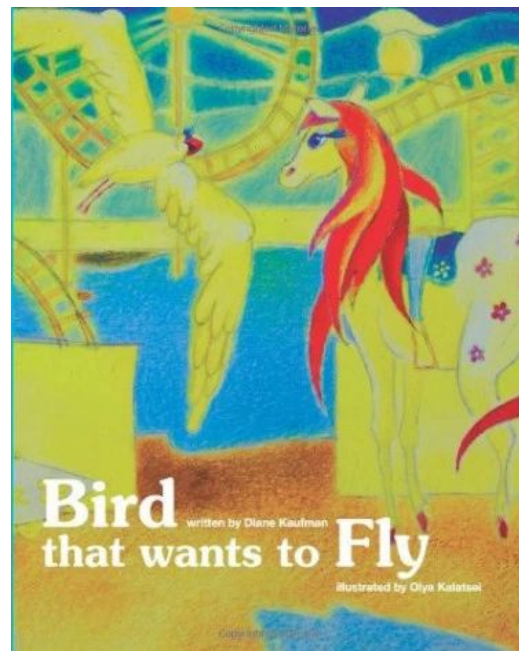
**Melissa C:** What do you believe is the best way to get ACEs information to the general public as we all try to build resilience in our communities. I don't really see much about it in the media.....other than, of course on [acesconnection.com](http://acesconnection.com) & [acestoohigh.com](http://acestoohigh.com)?

**Dr. Gold:** I think it's a very good question. I don't have an easy answer. It's hard for people to hear (about ACEs) when the resources aren't available to support parents and children in the way the ACEs study shows us we should be.

People telling their story. I think the more books that tell people's stories the more compelling it is rather than the science on the CDC website. I've tried to do my part in my books. Another thing is the film Resilience... and Paper Tigers. Those are two things for a more broader general audience that can hopefully bring these further into people's awareness.

**Jane Stevens:** To add to Dr. Gold's answer about how to get this out to the public, children's books is another way. Educating kids so that they'll have the language to address these issues early will help them when they're adults and living their own lives and developing public policies!

**Linda Chamberlain:** Have you found strategies that use breath, movement, and other simple strategies that connect more with the lower primitive brain to be of use with parents and their children to help with stress and self-regulation--things that build a personal toolkit of coping skills for parents and children? If yes, any questions, apps etc. would be great to hear about.



**“I think it's critically important to find self-regulating strategies for parents *and* children.”**

## Talking ACEs with TEENS

**Dr. Gold:** I've outlined some of that (in book). It (the specific strategies) has to be what suits them. A couple of things:

- parent and child do martial arts together
- drumming is another really wonderful experience
- getting bodily self-regulation.
- Recognizing when you and/or a parent or child is provoked is not at their best and then employing basic breathing such as walking. When you walk your brain becomes more well-regulated - even walking around the house.

**Ginger Gentile:** What recommendations do you give for a pediatrician or primary care physician to explain ACEs and how it can impact health to teens and young adults? So they feel empowered and not "doomed" to be sick? There is a lot of talk with young people about being "traumatized" and "triggered", sometimes it seems to me it comes from a place of being "disempowering" (I can't deal with conflict, it triggers me).

**Dr. Gold:** I think it's such a brilliant question. I think it's rooted in the language of trauma and (that can make) people feel like victims rather than empowered. **There's tremendous evidence that our brains change throughout our lives in the setting of attuned care relationships.**

**“You are absolutely not doomed  
from having ACEs!  
There's plenty of evidence (about that).”**

It (ACEs) should be empowering but there's potential for the trauma language to make people feel disempowered. It's kind of analogous to disease model of mental illness, (if people think) *It's just my disease and I can't do anything about it...* But if people feel like, it's not a disease or are not disabled because of ACE's. (Having ACEs) means you have to find ways to heal, grow and change.

**Jane Stevens:** And the ACE Study, and all the subsequent ACE surveys, shows that ACEs are NORMAL!!

**Dr. Gold:** Yes, ACEs are very common.

Parenting  
with  
ACEs



## Support Parents

**David Dooley:** Would you comment on Dr. Felitti's words:

*“If you were to ask me what my thoughts are on the most effective public health advance that I can think of in current times, I would say to figure out how to improve parenting skills across the nation.”* Vincent J. Felitti, MD ACE Study author

**Dr. Gold:** (Parents need) quality child care and quality day care. It's not as much about parenting skills as supporting parents. I agree with what Dr. Felitti said in spirit, it's about (supporting) parents but not teaching parenting skills.

**Jane Stevens:** Can you add more to what you mean by "it's not parenting skills"?  
Towards Supporting Parents (as Opposed to Teaching Parenting Skills)

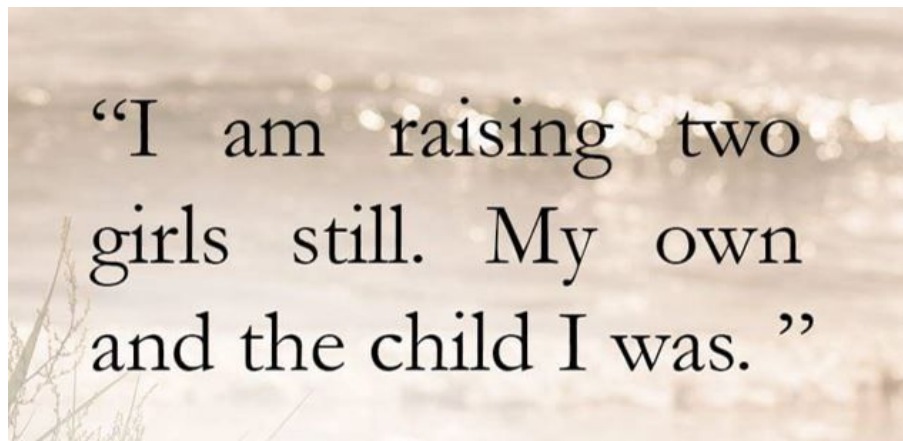
**Dr. Gold:** This is the whole idea that the parent is the expert with regard to their own child. When they are stressed and overwhelmed they are not able to access their own expertise. So the point of

intervention is to relieve the stress on the parent not to teach the parent skills.

You know, within reason.

Usually, parents who need help are stressed and overwhelmed. We

have to address that first and listen to their stories and understand their unique situation.



**Jane Stevens:** Thanks, Dr. Gold. That clarifies.

**Linda Chamberlain:** Thank you for your response, I've just got back from a project overseas and sharing these types of strategies with families in domestic violence shelters, am anxious to read your book (just ordered!) and thrilled to know that it includes simple brain-based strategies like drumming, breath, walking etc. that we can refer families to!

I greatly appreciate the earlier comments regarding the issues on the language of trauma/ACEs as this has been a barrier in bringing ACEs into other highly correlated settings such as domestic violence services. How we find language that is not "toxic" to families and highly traumatized communities (urban, indigenous, refugees etc.) and really convey what you are saying here--the capacity for all of our brains-bodies to heal...I hope this topic can be expanded in the future to learn more about "trigger" language and empowering language for both service providers/gatekeepers and clients. I believe the approach you describe of meeting the parent(s) where they are at relative to their level of stress, fear, etc. is so the first building block in the foundation!

### **Normalizing Language: Loss vs. Trauma**

**Dr. Gold:** I think the stigmatizing nature of the language is important. For ex., When we use language like "high risk" groups.... (Instead) I think normalizing parenting struggles and(the) struggles (parents had) growing up.

I think it's related to the use of the word trauma. ACEs is meant to be more normalizing but it's used often in a way equated with trauma. I use the word loss. Loss is universal experience. So when we think of universal experience of loss and (the) normalized challenges of raising children under multiple external stresses I HOPE it decreases stigma and make people more open to ideas.

**Jane Stevens:** Loss is a great word!



**Karen Clemmer:** With my own children - I have noticed that when they had difficulty with their language (both had delayed language development) they often became frustrated at their inability to communicate. This would result in behaviors that could be seen a "bad" - unless we looked at the situation leading up to the behavioral meltdown! My question is, sometimes our family members (grandparents) seem to think that we are "babying" the kids and want us to punish them for their behavior. How do we get them to understand this newer way of looking at and responding to "bad" behaviors.

**Dr. Gold:** It's especially difficult to trust your judgement when your family is questioning you.



## Practical ACEs & ACE-Informed Practice

**Joan:** I'm a pediatrician interested in incorporating the science of toxic stress into how we provide primary care. In addition to listening and empathy, anything else we can do to support families encountering toxic stress? Given the shortage of pediatric mental health professionals and difficulty in getting therapy for kids, anything else we can do besides identifying families in need and referring to therapy that may not exist?

**Dr. Gold:** To recognize the extraordinary power you have with the family and not to underestimate the value of you spending time listening. Even the way the question is posed suggests that (listening) doesn't feel important, but it's very important. Doing that before you refer a family is of tremendous value.

If you refer a family within five minutes it's understandable they are not going to take that referral. But if you have a relationship with the family and can even take a couple of 30 min. Visits where all you do is listen. That can really help shift things in a really different direction. It helps if you have some basic knowledge of contemporary development science. My most recent book is a primer for clinicians to help them know how and what to listen for.

ACN:What does being ACE informed mean to you?

**Dr. Gold:** Respecting the importance of protecting time and a safe space for listening to the story. The idea that childhood experiences have long-term impact is not new. Our scientific understanding of how early experience gets into the body and brain is new and growing every day. This rapidly expanding field (see my most recent book *The Developmental Science of Early Childhood*) shows us how to apply that science to prevent long-term impact of ACES.

**ACN:** When did you learn about the ACE study? Did it change your views or work?

**Dr. Gold:** I first learned of it while practicing general pediatrics in 2000, but I did not fully appreciate its significance until I became immersed in early childhood mental health. I think the greatest power of the ACE study lies in the way it offers a common language that is based in evidence, and supports devoting resources to promoting healthy early parent-child relationships.

**Jane Stevens:** Do you include ACEs questions when taking a history....either ACEs questions for the parent or the child?

**Dr. Gold:** I have (a) frame in mind for listening to ways in which relationships (have been) disrupted... Marital conflict..... Substance Abuse..... Violence..... I'm listening to story for were those things there. In the spirit of listening, I don't try to guide by asking a lot of questions. I like to say, "Tell me about your pregnancy." Openness allows them to go where they go. I don't like to organize a visit by asking close ended questions like that.



**Jane Stevens:** Is this a good example? This is what a pediatrician in Arizona once told me: “Asking all these questions can mean the difference between a healthy and an unhealthy child, says Bode. She tells the story of a woman and her young son, who was born with a heart condition. Over the last couple of years, when the mother brought him in for checkups, the physicians talked with her about the child’s medical complexities and urged her to make sure he was given a specialized formula. “I’ve seen him at least six times,” says Bode. “And he hasn’t been doing well. We finally did an ACEs and basic needs screening and found out that the mother was a victim of domestic violence, was intermittently homeless because she wanted to leave her partner but was unable to afford it, and couldn’t afford the child’s specialized formula. “I thought I had been doing a good job because I had been telling her about his medication needs, and how to promote his health. But because I didn’t ask the other questions, I didn’t find out about the things that were affecting his health even more than his heart condition. Yes, they’re social problems, but we know as pediatricians that they are just as important.”



**Dr. Gold:** It's the benefit of the ACE questions but (In that case) the benefit is more to the doctor than the patient because you open the doctor's eyes to the importance of talking to the person about their whole life circumstance. As long as the Dr. is available to talk about all these things that's exactly the benefit of the ACE questionnaire.

**Ginger Gentile:** Thank you for your response. To follow up, what advice could a MD give to seek treatment or things a teen could do? Often MDs have limited time, how would you quickly encourage them to see this as an opportunity to improve as opposed to just another risk factor? (assuming you see the teen alone with no parent).

**Dr. Gold:** I like to be very creative with teens:

- Dance
- Theater
- Not necessarily go talk to a therapist.

“Developmentally, talking to an adult about problems is not where teens are. (Find) creative ways to regulate. Once that’s done,(they) may be able to access insight-oriented therapy.”

*ACN: How can ACE assessments be done in a pediatric practice? Any concerns, considerations?*

**Dr. Gold:** Use of ACE assessments is of value when it occurs together with opportunity for listening. I think the questionnaire is helpful in calling attention to the importance of a person’s life story in understanding their behavior and current physical and emotional health.

**Linda Chamberlain:** Thank you! The word "loss" speaks empathy and can include anything that has been a source of trauma/suffering for that parent/family. I also appreciate you using the word"hope" as we are now studying the science of hope and bringing that language and those stories into the resources we share!



**Dr. Gold:** Great. I think it's very important to include a positive frame, a hopeful frame so people don't fall into the victim role.

**Jodi Mueller:** We need experts dealing w parental alienation/pathogenic parenting in IOWA. THERE IS NOBODY HERE!! Iowans are suffering and losing children in family court due to this and TITLE IV D funding.

**Dr. Gold:** That struggle is reflected all over our county. People feel alone and unheard. It's having deep impact on multi-generations. Some work we are doing, I work with Brazelton Institute on supporting listening to infants and parents starting at birth. it has to start early to prevent court issues you are talking about. It's a big problem. I don't have an easy answer. I hope people who are under-resourced find some comfort in the books.

## **Self-Care & Self-Regulation for Parents**

**David Dooley:** Are you familiar with the nonprofit, [Advancing Parenting](#), and do you believe their activities are worthwhile?

**Dr. Gold:** Unfortunately, I'm not familiar with that.

**Jane:** we can add images, and here's one from Advancing Parenting (right) ...the tips that David's made available for free to his community in CA, and to anyone who wants them!



**Dr. Gold:** Parents who need help are not able to hear these things when they are stressed.

Self-care is critical for parents. I use the airline metaphor of needing to adjust your own oxygen mask first. Recognizing the way a child's behavior provokes you, and taking steps to manage your reactions can be essential.

(The work of) Stephen Porges. I discuss his work (in my book) about how when people are feeling threatened, it literally distorts function of middle ear and they can't take in info. It distorts facial muscles. It's physiology of dissociation. They can't take in words, advice... First, make people feel safe. When they feel safe, even the most distressed parents that many would judge to be bad parenting, who on their own come up with their own really good decisions once they are given an opportunity talk about their own experience and relax enough to be curious about their child.

**Melissa C:** I like the story, because so much of medical care can be siloed. with incorporation of the ACEs screen and doing that needs assessment, you learn about all of the things that are impacting health and then can plan how to impact some of those things

**Christine Cissy White:** As a parent with ACEs, I found Dr. Gold's work to be the most compassionate that spoke to me as a parent and about parenting and including difficulties and that, for me, made it all so readable and relatable and made me want to be a better parent... but it wasn't yelling at me. It's such a visceral feeling (the compassion) and I fear that doctors or people without ACEs don't realize how much we parents with crisis, from whatever, feel that (compassion) when it's present AND when it's absent.

**Ginger Gentile:** Thank you for the tips on dealing with this other than therapy, Christine, as many people unfortunately cannot afford it. Dr Gold and others: How can an MD follow up to see effectiveness? Are there tests that can be done to see how toxic stress is affecting the body?

**Dr. Gold:** Toxic stress exerts effects through excess of corticosteroids over long term has impact on the respiratory system, the cardiac system. It's not something you can do a specific test for. The behavior of the person is a better test of their stress. It they can function adaptively... to be old-fashioned here, to quote Freud, "to love and work, work and love" That's the best test of how they are doing.(If doing those things) they are doing really well.

*ACN: Do you use ACEs with families and if so, how? If not, how come? In what way/s?*

## **Suggestions for Parents in Crisis**

**Dr. Gold:** My work is very much informed by Bruce Perry's neurosequential model of therapeutics. When individuals have experienced early developmental/relational disruption (another term for ACEs), in times of stress they may revert to more primitive levels of brain functioning. If significant disruption occurred early in infancy such as being raised in a neglectful home with substance abuse and mental illness, development may move forward but in a stressful situation the individual may regress to function at developmental level more like an infant.

**Dr. Gold:** Gentle physical touch and speaking in a soft voice, as one would treat an infant may be needed to help that person return to a level of function more appropriate to their chronological age. Rational thought may not be possible.

"Both parent and child need to pay attention to basic things like breathing. Activities such as:

- walking,
- swimming
- or others that consist of rapidly alternating movements can help regulate emotions.
- Martial arts
- dance
- and drumming can also be useful.

These activities occur in the context of relationships that can be healing. Only when the lower centers of the brain are functioning properly can the higher centers of the brain come online. Only at that time can talk therapy be useful, and developmental guidance, which can have a role to play, might be heard."

**ACN:** Where do parents go for support when vulnerable, in crisis, having ACE-related issues come up while also balancing work, life and parenting?

**Dr. Gold:** Similar to the above answer:

- Anything that helps you breathe and feel connected.
- Recognizing your limits and what you need to do to take care of yourself. For example you may need permission from an employer to come in 15 minutes late and leave 15 minutes late in order to attend an early morning yoga class.
- Find relationships that give you emotional support, whether that be a family member, mental health professional, friend, colleague, or even a swing dance instructor.

## Sharing Tools & Improving the Doctor / Parent Relationship

**Dana Brown: ACN Southern CA Regional Community Facilitator**, who usually co-hosts chats couldn't be on the chat but wanted all to know about the the Whole Child Assessment of Dr. Ariane Marie-Mitchell in San Bernardino who developed and is "truly inspirational." Jane Stevens wrote about Dr. Marie' Mitchell's pioneering [ACEs work on the ACEs Too High website](#).



Dr. Marie-Mitchell [wrote](#): "If you are a California physician and would like to use the WCA, then you may make this request through your local managed care plan and, since the WCA has already been approved by the state, the process should be quite simple. If you are serving non-Medicaid patients or practicing outside of California, you have the option of using the WCA in its current form, or modifying it to fit your practice." (see

**ACN:** What can we do as parents to improve our relationships with our pediatricians?

**Dr. Gold:** As Dr. Spock famously said, "Trust yourself."

**ACN:** *Do you feel like there are some misconceptions parents have about pediatricians?*

**Dr. Gold:** Many parents do not view their pediatrician as a potential source of guidance and support with the emotional aspects of raising children. This expectation may be well founded but many pediatricians are interested and knowledgeable.

**ACN:** *Do you feel like there are some misconceptions pediatricians have about parents?*



**Claudia M. Gold**

@childinmind

**Dr. Gold:** When pediatricians are pressed for time and they do not have opportunity to listen and make sense of the story, they may be judgmental and critical of parents. For example when a parent wants time to understand their young child's behavior rather than diagnose them with ADHD, the parents may be labeled as "non-compliant" or "in denial."

**ACN:** *Do you feel like there are some misconceptions parents have about pediatricians? Do you feel like there are some misconceptions pediatricians have about parents?*

**Dr. Gold:** This issue has roots in the medical education system, health care system, and even the health insurance industry, where the role of listening may not be valued. Pediatricians need to feel valued and rewarded for taking time to listen, and educated in the science showing how listening changes the brain. The broad reach and compelling data of the ACEs study is certainly having an impact in this direction.

**Louis Allen:** *Thanks to all for such rich questions and thought-filled responses. I do believe the conversations with provider and parent in these ways is critical. I've wondered much about the office setting and just hope we might reach pcps better to afford a resonate experience in addition to expert advice. Can there be a shift so this is a possibility for aces solutions? Are our health providers going to welcome this opportunity?*

**Dr. Gold:** I'm happy to have found this community. I hope my thoughts have been helpful.