

Office of the Child Advocate  
Childhood Trauma Task Force Meeting Minutes  
Monday June 7, 2021  
1:00pm-3:00pm  
Meeting held virtually

**Task Force Members or Designees Present:**

Maria Mossaides (Chair, OCA)  
Andrea Goncalves-Oliveira (DMH)  
Dawn Christie (Parent)  
John Millet (Probation)  
Tammy Mello & Rachel Gwaltney (Children's League of MA)  
Laura Brody (DCF)  
Rachel Wallack (Juvenile Court)  
Maggie Randall (Sen. Boncore's Office)  
Yvonne Sparling (DYS)  
Nicole Daley (DPH)  
Claudia Dunne (CPCS)

**OCA Staff:**

Melissa Threadgill  
Alix Rivière  
Kristi Polizzano  
Alicia Raphalian  
Karen Marcarelli  
Lorimar Mateao  
Jessie Brunelle  
Judy Touzin (Summer Research Fellow)

**Other:**

Dr. Robert Sege (HOPE Institute)  
Dr. Dina Burstein (HOPE Institute)  
Brian McHugh (HOPE Institute)  
Sarah Gottlieb & Brooke Arrigo (Suffolk County District Attorney's Office)  
Katherine Hughes  
Jennifer Hallisey (Children's Behavior Health Initiative)  
Members of the Public

**Meeting Commenced:** 1:02pm

### **Welcome and Introductions:**

Ms. Threadgill welcomed the attendees to the Childhood Trauma Task Force (CTTF) meeting. CTTF members and guests introduced themselves.

### **Review and Approval of Minutes from May 2021 Meeting:**

Ms. Threadgill held a formal vote on the approval of the May meeting minutes. No one was opposed or abstained from voting on the May meeting minutes.

The meeting minutes for May were approved.

### **Healthy Outcomes from Positive Experiences (HOPE): Presentation by Dr. Robert Sege and Dr. Dina Burstein**

Ms. Threadgill introduced Dr. Robert Sege and Dr. Dina Burstein from the Center for Community-Engaged Medicine at Tufts Medical Center, who presented on Health Outcomes from Positive Experiences (HOPE).

Dr. Burstein introduced the group to the HOPE framework, which uses a strength-based approach to health and recovery from adversity. She summarized the Adverse Childhood Experiences (ACEs) study, which highlighted the relationship between ACEs and poor health outcomes. She explained Dr. Wendy Ellis added “root causes” to the ACEs model including community and society factors over time.

Next, Dr. Burstein delved into the science behind Positive Childhood Experiences (PCEs). She asked the group to indicate their level of knowledge on the topic. Overall, the group indicated less knowledge about PCEs than ACEs. She gave a brief history of how the PCEs research developed in the last few years. Dr. Sege et al’s 2019 study found that PCEs protect adult mental health. Individuals who reported 6-7 vs. 0-2 PCEs had 72% lower odds of depression or poor mental health. Dr. Burstein reported that ACEs lead to toxic stress and poor health outcomes, but research shows PCEs prevent ACEs, block toxic stress, and promote healing. Dr. Burstein presented on the CDC funded project with MA DPH.

Dr. Burstein continued to explain the plausible biological mechanisms behind these findings. Toxic stress can lead to high levels of cortisol that can change brain architecture and functioning. Meditation, learning to read, post-traumatic growth and myelin in the brain all show brains can change with positive experiences. A member asked how quickly the architecture of the brain can change. Dr. Sege referred to a study of scientists in Antarctica whose brains got smaller in just one winter. For children, it can depend on several factors.

Dr. Sege presented on the four building blocks of HOPE based on their research into PCEs: *Relationships, Environment, Social and civic engagement* and *Emotional growth*.

Next, Dr. Sege shared a drawing of a family's living room for the group to think about risk and protective factors in child welfare. It was somewhat harder for the group to identify protective factors than risk factors. He explained that this phenomenon is common and can be thought about in terms of two different types of thinking: automatic, unconscious, immediate reactions (type 1) thinking and more intentional, problem solving (type 2) thinking. Dr. Sege explained to the group how practitioners can think about three different responses to interactions with youth and families: Typical responses, trauma-informed response, and the HOPE-informed response.

Dr. Sege briefly spoke to the group about screening for both ACEs and PCEs. The AAP does not recommend universal screening, and he told the group ACEs questionnaires can indicate how much trauma a youth has faced, but that they are not predictive of individual health outcomes. He mentioned two PCE screenings Practitioners can use: *Benevolent Childhood Experiences scale* (10 items) and the *Positive Childhood Experiences* (7 items). Dr. Sege showed a video case example of screening for PCEs.

The group discussed timing and dosage of PCEs impacting a person's development. Dr. Sege explained the more positive experience, the better. He cited research supporting sensitive times of human development (0-3 years old, puberty/adolescence) that would likely be important times for PCEs as well. There is some evidence that positive experiences shape brain development even during childbirth. Members appreciated the strength-based framework and emphasis on positive experiences. Members discussed how the HOPE framework in tandem with a Trauma-Informed and Responsive (TIR) practice can promote healing.

The presenters thanked the group for their time and encouraged them to think about the HOPE model in their own work.

### **Discussion of COVID-19 Follow Up Report**

Ms. Threadgill asked Dr. Sege and Dr. Burstein for insights into the next part of the agenda regarding the pandemic's impact on youth's well-being and the juvenile justice system's response.

Dr. Sege cited a recent survey conducted by the AAP, Prevent Child Abuse in America, and the CDC, which indicates that many parents found the pandemic stressful and disruptive, but for 60% of parent respondents, the time home with their families has helped them have positive, deeper relationships with their children. He stated that one thing learned from these surveys is that the opportunity to slow down has been helpful for some families and having to go through the experience together has helped. He emphasized the transition back to work and school might be stressful for families.

Ms. Threadgill thanked the presenters for their time and turned the group's attention to the COVID-19 report discussion. She thanked those members who have reached out to the OCA

already. She explained to the group that the JPAD report focuses on how the pandemic affected Massachusetts' youth current and possible future involvement with the juvenile justice system. Two key themes have emerged in the JPAD Subcommittee conversations: 1) The ways in which the pandemic has increased risk of delinquency and 2) the silver linings from innovations the system should consider keeping.

Ms. Threadgill presented to the group the domains the report will use to explain the link between the pandemic's impact on risk of delinquency and areas of policy and practice recommendations that can promote protective factors or mitigate negative impact. The domains include: Family, Mental Health & Trauma, Education, Substance Abuse, and Social Connectedness. .

Ms. Threadgill presented on each domain and how the pandemic impacted children's lives relative to that domain. She also asked the Task Force for feedback on each domain and what else the report should consider. Ms. Threadgill told the group that some information will not be known by the time the report is published and the group discussed interpreting current data carefully. Some members reminded everyone that some communities are being hit hard by the pandemic still and the "new normal" has not started for them yet. Ms. Threadgill noted that while the pandemic is ongoing, the state urgently needs to make policy recommendations now and continue to collect data on the topic. The group agreed that noting the data the state should continue to monitor can help ensure timely problem solving.

Members highlighted other sources of data the report could consider, including the COVID-19 Community Impact Survey administered by DPH.

Some members recommended economic support for families due to the disproportionate impact the pandemic had on poor and working families. Other members highlighted the need to solve the workforce shortage challenges that exist.

One "silver lining" of the pandemic that was discussed was less opportunity for school-based arrests. The Task Force discussed highlighting positive supports and prosocial recommendations that the state should consider in its FY23 budget. For example, supporting programs that help pay for court services for youth, such as the non-profit [One Can Help](#).

### **Closing Comments:**

Ms. Threadgill thanked the group for their time. She told the group the OCA would incorporate their feedback into the JPAD report. She updated the group on new CTF meeting dates over the next several months:

- The July 19<sup>th</sup> meeting will be focused on screening in healthcare settings
- The August 2<sup>nd</sup> meeting topic has not been determined yet

- During the September 13<sup>th</sup> meeting the group will hear from the Child Health and Development Institute in Connecticut

**Adjournment:** 3:00pm