

12 CME QUESTIONS

(References can be found on the TREEHOUSE website)

#1

Research has demonstrated that Adverse Childhood Experiences (ACEs) can lead to which of the following long term chronic health outcomes?

- a) Seizure disorders, liver disease and cancer
- b) Chronic lung disease, mental illness, and cancer
- c) Migraine, liver disease and cancer
- d) Thyroid disorders, mental illness, and liver disease

References:

Garner A, Saul R. Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health. American Academy of Pediatrics;2018. (Chapter 1)

Bucci M, Marques SS, Oh D, Harris NB. Toxic Stress in Children and Adolescents. *Adv Pediatr*. 2016;63(1):403-428.
doi:10.1016/j.yapd.2016.04.002

#2

Which of the following statements is true in reference to biological changes secondary to toxic stress?

- a) Toxic stress is the leading cause of poor kindergarten readiness skills in young children
- b) Children experiencing toxic stress are at high risk for having offspring with autism spectrum disorder
- c) The deleterious effects of toxic stress in children are largely irreversible even in the presence of safe, stable, nurturing relationships

d) Toxic stress can result in increased size and activity of the amygdala, has epigenetic effects including alteration in methylation, and modulates immune activity through the HPA axis

References:

Johnson SB, Riley AW, Granger DA, Riis J. The Science of Early Life Toxic Stress for Pediatric Practice and Advocacy. *PEDIATRICS*. 2013;131(2):319-327. doi:10.1542/peds.2012-0469

#3

The eco-bio-developmental model purports that:

a) Development, disease, and wellness over the life span is driven by the ongoing dynamics between ecology itself and biology

b) Ecological factors including the physical environment, nutrition and the psychosocial milieu are the chief drivers of development, disease, and wellness over the life span

c) Biologic factors including genomic function, physiology, and brain function are the chief drivers of development, disease, and wellness over the life span

d) The relationship between caregivers and their children is the chief driver of development, disease, and wellness over the life span

References:

Garner A, Saul R. Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health. American Academy of Pediatrics;2018. (Chapter 5)

Garner A, Yogman M. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Policy Statement of the Committee on Psychosocial Aspects of Child and Family Health, Section on Developmental and Behavioral Pediatrics, and the Council on Early Childhood. *Pediatrics*. 2021;148(2): 1-24

<http://pediatrics.aappublications.org/content/early/2021/07/23/peds.2021-052582>

#4

Which statement is accurate when comparing a Toxic Stress Framework with a Relational Health Framework?

- a) Both frameworks offer a problem focused approach
- b) A primary prevention approach to toxic stress should primarily seek to identify individuals at risk for poor outcomes using ACE scores
- c) A primary prevention approach should focus on the universal promotion of Safe, Stable, Nurturing Relationships
- d) Both models seek to explain the negative impacts of ACEs

References:

Garner A. Yogman M. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Policy Statement of the Committee on Psychosocial Aspects of Child and Family Health, Section on Developmental and Behavioral Pediatrics, and the Council on Early Childhood. *Pediatrics*. 2021;148(2): 1-24

#5

Which of the following is an accurate statement regarding *talking* regularly with young children?

- a) Parents should be encouraged to talk with their young children but when parents are not available, media- based games and children programming are suitable alternatives to building language skills
- b) Parents should focus on using language to interact with their children starting around age one year when they are more likely to have developed rudimentary receptive and expressive language skills
- c) Although reading and play are important, language development in young children is most likely to be influenced by talking with them

d) Research suggests that not only the frequency of participation in activities, but the quality of interactions between the parent and child (e.g. quality of language used, responsiveness between caregiver and child) are both central in promoting early childhood language development.

References:

Shah R, Sobotka S, Chen Y, Msall M. Positive parenting practices, health disparities, and developmental progress. *Pediatrics*. 2015;136(2):318-326. doi:10.1542/peds.2014-3390

#6

Which of the following is an accurate statement of AAP policy regarding *reading* between caretakers and young children?

a) Reading regularly with young children is important and should be introduced after age one year when children are better able to process language and better comprehend the reading materials

b) Reading regularly with young children stimulates optimal patterns of brain development and strengthens parent-child relationships at a critical time in child development, which, in turn, builds language, literacy, and social-emotional skills that last a lifetime

c) Reading regularly with young children is important and most effective if parents select the reading materials and repeatedly read the materials exactly as they appear on the page

d) Reading together with young children is important but other activities such as playing and singing and talking have a much greater influence on developmental outcomes

References:

Shah R, Sobotka S, Chen Y, Msall M. Positive parenting practices, health disparities, and developmental progress. *Pediatrics*. 2015;136(2):318-326. doi:10.1542/peds.2014-3390

#7

The most successful large scale primary care-based initiative in the USA that mitigates the effects of poverty on early child development related school readiness so far has involved the provision of:

- a) Books to families
- b) Adverse Childhood Experience (ACE) screening
- c) Referrals to early intervention
- d) Developmental screening

References:

Cates, C. B., Weisleder, A., & Mendelsohn, A. L. (2016). Mitigating the effects of family poverty on early child development through parenting interventions in primary care. *Academic Pediatrics*, 16(3), S112-S120.

High PC. Literacy Promotion: An Essential Component of Primary Care Pediatric Practice. *Pediatrics*. 2014;134(2):404-409.

doi:10.1542/peds.2014-1384

#8

Which of the following is an accurate statement of AAP policy regarding *play* between caretakers and young children living in poverty:

- a) Pediatric providers can educate parents about the importance of free, unstructured play in the normal development of children and use play as an opportunity to engage with their children
- b) When possible, parents should seek out more expensive toys that are likely to have more stimulatory effect than less expensive toys such as balls and jump rope
- c) It is best if parents oversee and direct play rather than let children take the lead in free unstructured play
- d) Children are better off engaging in cognitive play activities versus more physical activities which may pose heightened risk for injuries

References:

Shah R, Sobotka S, Chen Y, Msall M. Positive parenting practices, health disparities, and developmental progress. *Pediatrics*. 2015;136(2):318-326. doi:10.1542/peds.2014-3390

Yogman, M., Garner, A., Hutchinson, J., Hirsh-Pasek, K., Golinkoff, R. M., & Committee on Psychosocial Aspects of Child and Family Health. (2018). The power of play: A pediatric role in enhancing development in young children. *Pediatrics*, 142(3).

<https://www.aappublications.org/news/2018/08/20/play082018>

#9

The AAP recommended “prescription for play” by pediatric providers is designed to remind parents to

- a) Alternate daily reading with daily play activities
- b) Remind parents to play with their child as soon the child can engage in pretend play
- c) Spend quality time that involves daily play
- d) Take children for outdoor play every day

References:

Yogman, M., Garner, A., Hutchinson, J., Hirsh-Pasek, K., Golinkoff, R. M., & Committee on Psychosocial Aspects of Child and Family Health. (2018). The power of play: A pediatric role in enhancing development in young children. *Pediatrics*, 142(3).

<https://www.aappublications.org/news/2018/08/20/play082018>

#10

Which of the following statements is supported by research?

- a) Frequency of interactions between caretakers and their children is a significant factor in developmental outcome
- b) Among low-income families, less frequent participation in interactive parent-child activities is associated with increased risk of developmental delay
- c) Poverty does not appear to have any significant effect on developmental outcome
- d) Poverty is an overriding factor in developmental outcome regardless of parent interactions

References:

Shah R, Sobotka S, Chen Y, Msall M. Positive parenting practices, health disparities, and developmental progress. *Pediatrics*. 2015;136(2):318-326. doi:10.1542/peds.2014-3390

#11

Relational Health and Toxic Stress are currently thought to be best addressed through public health interventions that:

- a) provide primary universal services that support SSNRs, secondary services that provide additional resources for families in need, and tertiary services that provide intensive therapeutic services for families experiencing more intense mental health issues
- b) focus primarily on eliminating or reducing family exposure to toxic stress by addressing pressing issues such as food insecurity and homelessness
- c) focus primarily on eliminating or reducing community wide sources of toxic stress such as institutional racism, unsafe neighborhoods, and poor educational systems
- d) focus primarily on improved access to medical and mental health care particularly for families who are at high risk for ACEs

References:

Garner A. Yogman M. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Policy Statement of the Committee on Psychosocial Aspects of Child and Family Health, Section on Developmental and Behavioral Pediatrics, and the Council on Early Childhood. *Pediatrics*. 2021;148(2): 1-24

#12

Which of the following most accurately reflects the characteristics and conditions that favor resilience and good mental health outcomes in adults?

- a) growing up in a home that is free of ACEs and toxic stress
- b) having a positive easy-going temperament is the most essential factor
- c) secure attachment, good coping skills, nurturing caretaker and community supports and positive childhood experiences (PCEs)
- d) living in a safe neighborhood and community negates the impetus for resilience

References:

Forkey H, Griffin J, and Szilagyi M. *Childhood Trauma and Resilience: A Practical Guide*. Illinois: American Academy of Pediatrics; 2021 (Chapter 2)

Bethell C, et al. Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr*. 2019;173(11): e193007. doi:10.1001/jamapediatrics.2019.3007

