Focusing on the Smaller Adverse Childhood Experiences
The Overlooked Importance of Aces

The child is the father of the man
William Wordsworth, “My Heart Leaps Up”

At the turn of the 19th century, Wordsworth succinctly articulated what many developmental psychologists have gone on to prove. Our childhood determines what kind of person we become. His idyllic vision of childhood was bucolic frolicking in the hills of Tintern abbey. But the reality for many children is quite different: Abuse, neglect, parental substance abuse, and divorce are part of many children’s early experiences, enough so that we have developed an acronym for them. Adverse Childhood Experiences (ACEs) have been well described as precursors to children’s short- and long-term untoward functional outcomes. Estimates are that about 12% of children experience 4 or more of them. A growing body of evidence has documented the negative health implications of ACEs. In longitudinal studies, ACEs have been shown to be associated with increased risk of alcoholism, depression, smoking, obesity, and substance abuse among other things. Preventing ACEs or mitigating their effects is therefore an important public health issue.

Without denying the significant implications of ACEs, I want to focus some attention on what could be called “aces”: not the large capitalized Adverse Childhood Experiences but the smaller ones that arise mostly in the form of suboptimal or misguided parenting. Quotidian interactions between parents and children accumulate and have a profound impact on the grown-ups our children become. Parents are children’s first and most important teachers, and homes are their most important schools; unfortunately, many of our offspring are in failing schools or at least ones that could be significantly improved.

The examples are plentiful. Here are a few. We know that reading to children has enormous benefits when they are young and yet more than 50% of parents do not read to their children regularly. Furthermore, we know that while all reading is good, there are scientifically proven ways that the benefits of reading can be enhanced. So-called “dialogic reading” wherein a parent engages children verbally and asks open-ended questions improves language development compared with regular reading. We also know that early screen time, particularly with fast media, reduces children’s cognition and attention span but 90% of children regularly watch television before the age of 2 years with the typical child beginning at age 4 months. Finally, we know that poor sleep habits are associated with emotional and academic problems and yet most children do not have a healthy sleep routine. These and other shortfalls contribute to the grim reality that by varying estimates as many as 45% of children lack kindergarten readiness when they start.

These examples are highlighted not only for their saliency but because they are based on behaviors that are easily quantifiable. Equally important, but harder to estimate in epidemiological terms, are the effects of parenting writ large. How do parents talk with their children, engage with them? How do they support their emotional development and help them become compassionate, honest, and self-reliant people? How do they modify undesirable behaviors, which can become entrenched and be part of a causal pathway of social isolation and school failure? In short, how do we prevent “aces”?

The inconvenient truth is that children do not come with instruction manuals, but fortunately parents are eager for advice. When asked what topics parents most want to discuss with their pediatrician, help with their child’s behavior was the most popular one. Indeed parenting help is a multibillion dollar industry. While it is true that there are an extraordinary number of parenting books, columns, and blogs that dispense “expert” opinion with no scientific grounding, it is also true that there are evidence-based approaches to parenting that have been documented to improve children’s cognitive, social, and emotional development. The “Incredible Years” and the “Positive Parenting Program” are the most notable examples, but there are others as well. And of course pediatricians could be part of the solution as well by making “parenting” one of the vital signs they assess. Sweden, perhaps the most family-friendly country in the world, has offered free parenting classes to expectant parents for more than a decade. Recently, a randomized controlled effectiveness trial demonstrated a significant reduction in conduct problems and attention-deficit/hyperactivity disorder symptoms using their available options. Our focus on the larger challenges children face should not distract us from the more frequent and important ones especially given that we know we can have an impact on them. The only thing preventing us from adapting the Swedish approach is the political will to make it an economic priority. That is shameful. We simply must help parents do the most important, most rewarding, and most difficult job in the world: raise their children as best as they can.
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REFERENCES