Taking the Leap to Create Relational Systems of Care to Take Healing, Equity and Flourishing to Scale

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Strengthening Families Training Institute
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Every new day, I discover my renewed journey.
Dark is the night, But never mind.
As long as love will make it bright. Nidale Noun
I have no financial relationships to disclose or conflicts of interest to resolve.

“In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Someone’s got to be crazy about that kid. That’s number one. First, last and always.” --Urie Bronfenbrenner¹
Well-Being is Upon Us  
(and within and between us)  
*When our science, lived experience, policies and engaged healing meet*

WE ARE THE MEDICINE: RELATIONAL WOUNDING REQUIRES RELATIONAL HEALING

Ours is a social brain. We need each other. Belonging is the root of well-being.

Healing developmental trauma and proactively promoting positive health are matters of public health.

Knowledge about the biology of human relationships, brain plasticity, epigenetics and the healing journey make self-awareness, healthy relationships and mindfulness key public health strategies.

C. Bethell, 2013 (RWJF National ACEs Summit)
Over 70 Years of Research Linking Health to Safe, Attuned, Nurturing Relationships, and Social Adversity and Stress to Early and Lifelong Health

1951

“..those who rated both parents low in terms of love and caring, 87%, by 1993, had been diagnosed with some form of serious illness”

1951

David Barker publishes landmark research and theories on the fetal and early life origins of health and adult disease, launching a now vital new field of study on the developmental origins of health and adult disease (DOHaD).

1956

John Bowlby publishes Attachment and Loss

1968

Herbert Benson of Harvard University publishes The Relaxation Response

1975

Norman Cousins (UCLA) publishes Anatomy of an Illness in the NEJM

1976

Richard Davidson publish first neuroscience paper evaluating the effects of meditation on brain physiology and attentional and affective capacities.

1982

Eugene Gendlin from University of Chicago publishes “Focusing” which lays out a 6 step process for changing the way thoughts and emotions impact the body.

1986

David Barker publishes landmark research and theories on the fetal and early life origins of health and adult disease, launching a now vital new field of study on the developmental origins of health and adult disease (DOHaD).

1990

Jon Kabat Zinn publishes bestselling Full Catastrophe Living -- the first textbook describing mechanisms of stress on the body-mind and role of mindfulness-based stress reduction approaches to reduce pain and improve mental and physical health.

1996

CDC/Kaiser Permanente launch the Adverse Childhood Experiences (ACE) Study to understand links between childhood social and emotional experiences and adult health.

1998

Daniel Siegel publishes The Developing Mind textbook that integrates multiple streams of neuroscience, biologic and human development sciences into a coordinated theory called Interpersonal Neurobiology

2000

The Institute of Medicine/National Academy of Sciences releases Neurons to Neighborhoods

Source: Bethell, C 2016
Over 70 Years of Research Linking Health to Safe, Attuned, Nurturing Relationships, and Social Adversity and Stress to Early and Lifelong Health

2010

Nobel Prize winning Elizabeth Blackburn’s research team finds mindfulness meditation may slow the rate of cellular aging and extend life expectancy.

The World Health Organization World Mental Health Survey Initiative documents impact of ACEs and other adversities across 21 countries, finding similar results as the CDC/Kaiser ACE study.

2011

The National Survey of Children’s Health includes questions about ACEs and resilience, providing first ever population based data for all US children, youth and families.

The US Centers for Medicare and Medicaid Services (CMS) issues its first (of several) State Medicaid Directors policy memos to advance screening for addressing interpersonal, social and emotional trauma in children served by Medicaid and child welfare systems in the US.

2012

The American Academy of Pediatrics issues first policy statement to pediatricians explaining and advancing the science and practice of preventing and addressing early childhood stress and trauma.

2013-2015

Numerous high profile studies published linking early childhood investments to adult health.

Precedent setting lawsuit launched against School District children with social and emotional trauma under the Americans With Disabilities Act.

2016-18

Exponential uptake of ACEs Study and other accumulated findings lead to national, state, local and international efforts that include paradigm shifting “trauma-informed” initiatives that incorporate mindfulness-based approaches in schools, policing, medicine, social work, community, city and public health.

The American Academy of Pediatrics will publish its first policy statement to US pediatricians on the use of mind-body methods to improve health of children and youth.

North Carolina ACO specifically studies Community Resilience Model as strategy for chronic disease management.

2019-22

Universal Screening California

Positive & Relational Health Studies and Policy Break Through

Source: Bethell, C 2016
"Adverse childhood experiences" has become a buzzword in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice, medical research and even business. The ACE Study - the CDC's Adverse Childhoood Experiences Study - has recently been featured in the New York Times, This American Life, and Salon.com. Many people say that just as you should what your cholesterol score is, so you should know your ACE score. But what is this study? And do you know your own ACE score?

http://www.acesconnection.com/collection/aces-101
The presence of mental health problems and absence of positive mental health are a key impact of unaddressed toxic stress and trauma that can result from ACEs.

"Meaning" Results of this systematic review suggest that childhood adversity is a major contributing factor to early mortality; reduction of adversity exposure and early intervention on intermediate pathways that contribute to disease outcomes may promote health and longevity at the population level."
Equally Unequal: This is All of Us!

Prevalence of Mental, Emotional, Behavioral Problems* Among Children with 4+ ACEs: By Federal Poverty Level (FPL)

- All children: 51.4%
- 0%-99% FPL: 53.7%
- 100%-199% FPL: 50.6%
- 200%-399% FPL: 51.9%
- 400% or higher FPL: 45.4%

Children who qualify on CSHCN Screener emotional, behavioral or developmental criteria and/or have 1 or more reported mental, emotional, developmental or behavioral problems, age 3-17 (ADHD, depression, anxiety, behavioral problems, autism, developmental delay, Tourette Syndrome, speech, intellectual disability or learning disability
The World Health Organization’s definition of health

… (1948): Health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”

----the absence of illness or adversity is NOT the same as being well or flourishing

----the presence of illness does not mean the absence of flourishing

Built for Life. Built to Flourish.
Whether it is a person, a tree or an animal, what is alive seeks its own wholeness—reaches for the light—even through (and often because of) adversity. Loss of the instinct to be alive in this way—to heal and evolve—is almost always due to relational trauma. Relational wounding requires relational healing.
The New Science of Thriving

Leverages existing science, strengths and structures to build the ecosystem to take flourishing, connection and mattering to scale

Become a Flourishing Facilitator
We are the link in the chain to create flourishing, moment by moment!
To Flourish or Not: Positive Mental Health and All-Cause Mortality

Corey L. M. Keyes, PhD, and Eduardo J. Simoes, MD, MPH

Death increased by as much as 62% over a 10-year follow-up for adults who were not flourishing. (8 in 10 US adults).

The effect of the absence of flourishing was independent of factors known to be causally related to death.

Flourishing is a Science

Attuned mutual connection (presence) is a biologic imperative. Bio-Behavioral Synchrony & Limbic (Emotional) Resonance Associated with All Aspects of Flourishing—We are LITERALLY the Medicine.

Showing our positive feelings lowers depressive symptoms and improves levels of well-being... these associations are mediated by (strength of) social connections. Without connection we withhold positive and negative emotions and wall off possibilities to foster mattering.

...the positive health impact of mastery on physical health is mitigated by stressful life experiences
Salutogenesis is an area of research that focuses on the origins of health and factors that support health and well-being vs. factors causing disease.

Pronunciation:
Saw
Loo
Toe
Genisis
**Salutogenesis Research**

**Key Concept:** Sense of coherence (SOC) is the capacity of people to stay present and positively engaged in the presence of everyday stressors. SOC consists of three elements:

1. Empowered Sense Making
2. Self Regulation (emotions, behaviors)
3. Meaningfulness and Mindfulness/Presence

SOC is often considered to be possible to stabilize as a capacity if it is developed and learned in young adulthood and stabilizes around the age of 30.

**Strong empirical evidence:**

A strong “sense of coherence” is associated with 30% reduced all-cause mortality (Surtees 2003)
Flourishing of the remembering self
Life Satisfaction Evaluation

Flourishing of the experiencing self
Real time assessment of positive emotions, enjoyment in life, etc.

Flourishing of the requiring self
Assessment of having fundamental needs met (safety, food, housing, social support)

Flourishing of the living and relating self:
A way of living that is engaged and enables and reinforces a sense of meaning, growth, and positive relationships

Taken together, these aspects of flourishing could be assessed as “overall well-being”
How is your flourishing connected to helping foster flourishing among children and families?

Below are eight statements with which you may agree or disagree. Using the 1–7 scale, indicate your agreement with each item by picking the appropriate response for each statement.

<table>
<thead>
<tr>
<th>7 – Strongly agree</th>
<th>6 – Agree</th>
<th>5 – Slightly agree</th>
<th>4 – Neither agree nor disagree</th>
<th>3 – Slightly disagree</th>
<th>2 – Disagree</th>
<th>1 – Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I lead a purposeful and meaningful life.</td>
<td>My social relationships are supportive and rewarding.</td>
<td>I am engaged and interested in my daily activities.</td>
<td>I actively contribute to the happiness and well-being of others.</td>
<td>I am competent and capable in the activities that are important to me.</td>
<td>I am a good person and live a good life.</td>
<td>People respect me.</td>
</tr>
</tbody>
</table>

**Scoring:**
Add the responses, varying from 1 to 7, for all eight items. The possible range of scores is from 8 (lowest possible) to 56 (highest PWB possible). A high score represents a person with many psychological resources and strengths.
Can We Flourish Amid Adversity?

Sense of Meaning and Purpose

Engagement in Daily Life

Having/Seeking Positive, Supportive Relationships

Orient to/seek, experience & express positive emotions

Sense of Contribution to Others

Sense of Mattering (to self & others, just because!)

RELATIONALLY LEARNED ATTRIBUTES OF FLOURISHING *

Are You Flourishing In this Time?

*C. Bethell March 26, 2021

Go to: www.mentimeter.com
Type in:

Poll #1:
Setting aside that you may also have negative experiences, how many aspects of flourishing do you experience today?

1. Sense of meaning, purpose  
2. Engaged in life  
3. Positive, supportive relationships  
4. Positive emotions & orientation  
5. Sense of contribution to others  
6. Sense of mattering (to other AND for others)

The Login for mentimeter is my email-taber.martin@ctf.idaho.gov and password: Winter20!!

https://www.mentimeter.com/s/a9b0e274ec757e7715a3e59acdb0a0d0/3f75de7458a9
Setting aside that you may also have negative experiences, how many aspects of flourishing do you experience today?

2022 Strengthening Families Training Institute Participants (n=218)

Percentage by Response Category
1. 5.5%: Experience 0-1 flourishing attributes
2. 30.3%: Experience 2-3 flourishing attributes
3. 34.0%: Experience 4-5 flourishing attributes
4. 30.3%: Experience all 6 flourishing attributes
The flourishing paradigm is a relational systems of care paradigm.
Shining a light on flourishing is important for all children and adults in the US!
Prevalence of Flourishing, US Children Age 6-17 Years

“Definitely True”

National Survey of Children’s Health Child Flourishing Index

Curiosity: Interested and curious in learning new things
Body/Emotion Regulation: Stays calm and in control when faced with a challenge. Fundamental to positive relationships & emotions, learning,
Persistence/Determination: Works to complete tasks started

Flourishing:
Definitely True response to all 3 items
Definitely True response to 0-1 items
Definitely True response to 2 items

Idaho Comparison
All 3: 34.2%
2: 29.3%
0-1: 36.5%
Publicly Insured: 31.3%
Privately Insured: 36.9%

Variation by Insurance Type
School Age (6-17)
Publicly Insured: 37.2% Nationally
Privately Insured: 45.3 % Nationally


Data: 2016-2017 NSCH; NOTE: Flourishing rates vary widely based on scoring. Evidence supports only including “Definitely” or “Always” responses and that “Sometimes” and “Usually” are more alike than they are to “Definitely” or “Always” when it comes to predicting outcomes.
Prevalence of **school engagement** among US children age 6-17 years, by Child Flourishing Index (CFI) individual items

- **Stays calm and in control when faced with a challenge**: 51.4% (Reference) vs. 82.8% (AOR: 3.98^s)
- **Works to finish the tasks he/she starts**: 34.9% (Reference) vs. 84.9% (AOR: 9.02^s)
- **Shows interest and curiosity in learning new things**: 28.7% (Reference) vs. 75.0% (AOR: 5.98^s)

*Adjusted odds ratios (AOR) are adjusted for age, sex, race/ethnicity, income, CSHCN status and ACEs. ^sAOR is statistically significant.*
Flourishing by Household Income: By ACEs

Prevalence of Flourishing, Age 6-17 Years

Rich or poor
The withholding of love
Pierces

May you be led to the mysterious transfiguration this piercing can allow

And open to the truth from within like the nautilus closing off all former layers

And slowly, patiently rising up into the love that always was

Mirrored or not
Always was
Always will be

Excerpt from “Breaking Ground”
Christina Bethell


Equally Unequal
Once ACEs occur, impacts on flourishing does not vary across income groups as might be expected

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% FPL</th>
<th>400%+ FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children</td>
<td>34.5%</td>
<td>46.1%</td>
</tr>
<tr>
<td>Children with 2+ ACEs</td>
<td>26.1%</td>
<td>27.4%</td>
</tr>
</tbody>
</table>
The science of child and human flourishing and relational health is central to addressing the nation’s mental health crisis.

U.S. Pediatricians, Psychiatrists Declare 'Emergency' in Child Mental Health

Youngsters already faced significant mental health challenges, and the pandemic has made them worse, lead health care groups say.

Oct. 19, 2021, at 11:56 a.m.
Findings highlight importance of relationship-focused protective factors to promote resilience and school outcomes

- Over two-thirds of children with mental health problems experience relational and/or social health risks.
- Over two-thirds of children whose parents report high levels of stress with parenting have mental health problems.
- Children with mental health problems are 6.2 times more likely to lack positive parent-child connection (vs. w/o mental health problems)
- Greater family resilience and connection mitigates negative impacts of MEB on children’s self-regulation, school engagement and flourishing.
- Eliminating risks is not enough to protect children. Children without any risks assessed are still 71% less likely demonstrate self-regulation if they also lack stronger parent-child connection.
Prevalence of School Engagement Among US Children with MEB by Child’ Self-Regulation Status: Across Levels of Social and Relational Health Risks

<table>
<thead>
<tr>
<th>Self Regulation: Definitely true or always/usually</th>
<th>Self Regulation: Somewhat true or sometimes</th>
<th>Self Regulation: Not true or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both SHR and RHR</td>
<td>SHR, not RHR</td>
<td>Neither SHR nor RHR</td>
</tr>
<tr>
<td>Ref</td>
<td>Ref</td>
<td>Ref</td>
</tr>
<tr>
<td>79.9%</td>
<td>52.2%</td>
<td>26.1%</td>
</tr>
<tr>
<td>66.8%</td>
<td>38.6%</td>
<td>38.6%</td>
</tr>
<tr>
<td>aOR: 0.27*</td>
<td>aOR: 0.23*</td>
<td>aOR: 0.31*</td>
</tr>
<tr>
<td>73.3%</td>
<td>44.1%</td>
<td>40.4%</td>
</tr>
<tr>
<td>74.9%</td>
<td>38.6%</td>
<td>38.6%</td>
</tr>
<tr>
<td>aOR: 0.27*</td>
<td>aOR: 0.23*</td>
<td>aOR: 0.31*</td>
</tr>
<tr>
<td>75.3%</td>
<td>52.2%</td>
<td>26.1%</td>
</tr>
<tr>
<td>44.1%</td>
<td>52.2%</td>
<td>52.2%</td>
</tr>
<tr>
<td>aOR: 0.27*</td>
<td>aOR: 0.27*</td>
<td>aOR: 0.27*</td>
</tr>
<tr>
<td>23.7%</td>
<td>20.9%</td>
<td>20.9%</td>
</tr>
<tr>
<td>aOR: 0.08*</td>
<td>aOR: 0.11*</td>
<td>aOR: 0.11*</td>
</tr>
</tbody>
</table>

National prevalence of the self-regulation status of children with mental health problems by the strength of parent-child connection—across levels of social and relational health risks

- Both SHR and RHR: 55.7%
- SHR only: 44.9%
- RHR only: 38.8%
- Neither SHR nor RHR: 25.1%

Parent-Child Connection: Very well
- SHR and RHR: 42.8%
- SHR only: 28.6%
- RHR only: 26.5%
- Neither SHR nor RHR: 23.6%

Parent-Child Connection: Somewhat well
- SHR and RHR: 35.7%
- SHR only: 23.6%
- RHR only: 23.6%
- Neither SHR nor RHR: 23.6%

Parent-Child Connection: Not very well or not well at all
- SHR and RHR: 0%
- SHR only: 10%
- RHR only: 20%
- Neither SHR nor RHR: 30%

Attuned mutual connection (presence) is a “felt sense” and biologic imperative: BioSynchrony and Limbic (Emotional) Resonance

“...oscillatory processes in the interacting individuals’ brains have to become synchronized to one another so that information of any sort can flow between them – “analogous to a wireless communication system in which two brains are coupled via the transmission of a physical signal (light, sound, pressure or chemical compound) through the shared physical environment” (Hasson et al., 2012).
Navigating Positive and Relational Health Research Nuances
No one thing!
Effects are related to cumulative positive factors.
Family Resilience
(talk & work together, hopeful, sees strengths)

Parent-Child Emotional Connection

Parents Cope with Demands of Parenting

Connection is more powerful than “parenting behaviors” (Protective Family Routines and Habits)

48% of US children lived households exhibiting high levels of family resilience and parent-child connection

National prevalence
US children age 6-17 years who flourish
(by family protective factors and ACEs status)

Number of Family Resilience and Connection Experiences

- Talk together about what to do when the family faces problems
- Work together to solve the problem
- Know they have strengths to draw on
- Stay hopeful even in difficult times
- Share ideas and talk about things that really matter

Connection key even for children without adversity!
“Through Any Door” moment by moment positive childhood experiences is highly protective, even amid high adversity.
Statewide (WI) Prevalence of Adult Depression and/or Poor Mental Health by Positive Childhood Experiences (PCEs) Scores and ACEs*

*Bethell, Jones, Gombojav, et al. Positive Childhood Experiences and Adult Mental and Relational Health Across Adverse Childhood Experiences Exposure Levels in a Statewide Sample, September, 9, 2019 Journal of the American Medical Association Pediatrics
Pivoting from Deficits-Based Models To Strengths-Based Models

Moving Beyond Toxic Stress ... Towards Relational Health

Summary (2013):
Toxic stress defines the problem.
Toxic stress explains how many of our society’s most intractable problems (disparities in health, education and economic stability) are rooted in our shared biology but divergent experiences and opportunities.

Summary (2020):
Relational health defines the solution.
Relational health explains how the individual, family and community capacities that support the development and maintenance of safe, stable and nurturing relationships also buffer adversity and build resilience across the life-course.
The Paradox of Positive Experiences

Going from fixing to connecting!

When a child is learning how to walk and falls down 50 times, they never think to themselves "maybe this isn't for me".

C. Bethell March 26, 2021
The paradox of positive experiences

It is in recognizing and feeling with care and compassion negative emotions that positive experiences emerge to mitigate negative impacts of ACEs to awaken hope and wellbeing.

People who try to resist negative emotions are more likely to experience psychiatric symptoms later, compared with those who accept such emotions.

Those who showed greater acceptance of their negative feelings and experiences—also showed higher levels of well-being and mental health.

C. Bethell 2021
You don’t need to drown the darkness with light. You don’t need to replace negativity with positivity. You bring the darkness to the light. Like an offering.

That means you honor what is first, before you try to change it. You meet yourself where you’re at, before moving forward.

Then you can even bring light to the places and situations where there’s barely any left. You can give someone love even though they’re not acting with love. You can light another candle.

You can handle hard things.

Jennifer Healy
Relational Wounding Requires Relational Healing
Possibility Pitfalls

Avoiding the “Hard-Easy” Cognitive Bias

A low-cost, one-time intervention that educates teens about the changeable nature of personality traits may prevent depressive symptoms often seen during the transition to high school, according to new research from The University of Texas at Austin.
I don't even know his name, and he apologized for what had happened to me when I was 17. All this time, all I ever needed was an apology. That's all I needed. Because my walls came crashing down once I heard the apology, and I was able to hear what the police officers were saying.

The police officer’s apology captures a central tenet of Trauma to Trust, which involves shifting perspective from, “What’s wrong with you?” to “What’s happened to you?”

Making present what has been “absented” heals.
Possibility Pitfall: Mistaking numbness for being okay. Blaming others for not seeking help.
“…feelings of not mattering are associated with perceived stigmatization by others for seeking help.

Levels of mattering were not linked with help-seeking attitudes or self-stigma for seeking help.

Rather, “…results suggest that individuals who feel as though they do not matter may be especially vulnerable to perceptions of being stigmatized.

…this may promote a tendency for people to avoid seeking help and perhaps isolate themselves from others.”
Mattering is a biologic and social need—we do not sprout our own sense of mattering without others!

### Elements of Matterting

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Importance</th>
<th>Reliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am the object of other’s attention</td>
<td>I am an object of other’s concern</td>
<td>Other chooses/looks to me</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notices me*</td>
<td>Invests resources in me*</td>
<td>Seeks my advice*</td>
</tr>
<tr>
<td>Recognizes me*</td>
<td>Promotes my welfare*</td>
<td>Depends on me</td>
</tr>
<tr>
<td>Is familiar with me*</td>
<td>Is attentive to my needs*</td>
<td>Seeks support from me*</td>
</tr>
<tr>
<td>Remembers my name*</td>
<td>Provides emotional support for me</td>
<td>Seeks resources from me*</td>
</tr>
<tr>
<td>Is aware of my presence*</td>
<td>Takes pride in me*</td>
<td>Needs me*</td>
</tr>
<tr>
<td>Focuses attention on me*</td>
<td>Cares about what I do*</td>
<td>Misses me</td>
</tr>
<tr>
<td>Does not ignore me*</td>
<td>Criticizes me for my own good*</td>
<td>Trusts me to be there*</td>
</tr>
</tbody>
</table>

**Note.** Items with asterisks are those covered in the final 24-item index.
Mattering: (1) Being seen and valued “just because you exist”; (2) Adding value and being looked to by others. Giving voice & opportunity.

- Tested if childhood maltreatment contributes to a sense of not mattering.
- Investigated the links between mattering and psychosocial adjustment.
- Mattering was linked with higher emotional maltreatment and neglect.
- Mattering was further linked with greater loneliness and social anxiety.
- Mattering mediated the associations between maltreatment and maladjustment.
MATTERING AS A HEALTH PROMOTION AND PREVENTION RELATIONAL SYSTEMS CHANGE STRATEGY

Preventing the 4D’s that manifest without mattering

» Prevents devaluation of people
» Prevents relational disconnection
» Prevents disengagement
» Prevents community disintegration
**Medical Health Risk (MHR) – 4 criteria**

- Children with More Complex Special Health Care Needs
- Overall Health Status Fair or Poor
- Two or More Chronic Conditions (Across 25 conditions)
- Experiences Functional Difficulties - 11 difficulties (frequent, chronic, serious)

**Social Health Risk (SHR) - 4 criteria**

- Food Insufficiency/Insecurity
- Economic Hardship/Difficulty paying for housing, transportation, basic needs
- Unsafe Neighborhood/Exposure to Violence
- Treated or Judged Unfairly Due to Race/Ethnicity

**Relational Health Risk (RHR)- 4 criteria**

- Two or More Household Adverse Childhood Experiences
- Frequent Parental Aggravation and Anger With Child
- Poor/Fair Caregiver Mental Health
- Low Parental Coping/ Emotional Support

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**Prevalence of children and youth experiencing risks on 2-3 domains (NSCH: 2016-2020 combined data)**

1+ Domain: ID: 61.2%; Nation: 63.6%
Policy, program and research recommendations/opportunities focused on promoting early and life long health of children and families.
The Opportunity of Pediatric Preventive Services—Well Visits

Tremendous opportunities are presented by the large gaps in child flourishing, school readiness and engagement, family resilience, parent-child connection, protective family routines and habits.

The Well Visit Is:

- The most accessible and used portal into young families
- Opportunity to leverage and prioritize trusting relationships between pediatricians and families to promote health
- Essential venue to recognize and address risks and link to concrete supports

NATIONAL PERFORMANCE FOR YOUNG CHILDREN

<table>
<thead>
<tr>
<th>MET ALL OF 4 BASIC COMPONENTS OF QUALITY WELL CARE</th>
<th>RECEIVED DEVELOPMENTAL SCREENING</th>
<th>RECEIVED ANY NEEDED MENTAL HEALTH SERVICES</th>
<th>MET MEDICAL HOME CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>36.9</td>
<td>52.3</td>
<td>49.4</td>
</tr>
</tbody>
</table>

Idaho: Received Developmental Screening: 29.0%; Received Any Needed Mental Health Services: 55.2%; Medical Home: 59.3%; Reported difficulty getting mental health services: 40%

Consistently trusting and respectful relationships with providers impact parent coping, family protective factors and, in turn, positive child health (flourishing)*

<table>
<thead>
<tr>
<th>Family often practices 4 qualities of resilience when facing problems</th>
<th>3 or more of 5 protective family routines and habits practiced</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often providers spend enough time*</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>73.1%</td>
</tr>
<tr>
<td>Sometimes/Never</td>
<td>47.9%</td>
</tr>
<tr>
<td>How often providers listen carefully to parents*</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>71.0%</td>
</tr>
<tr>
<td>Sometimes/Never</td>
<td>46.1%</td>
</tr>
<tr>
<td>How often specific information needed is provided*</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>70.7%</td>
</tr>
<tr>
<td>Sometimes/Never</td>
<td>45.9%</td>
</tr>
</tbody>
</table>

*Odds ratios adjusted for income/FPL and race/ethnicity all significant: With “always” responses to each experience of health care factors, odds are 2.68-2.79 greater that families often practice 4 resilience qualities than with “sometimes/never” (1.46-1.54 for “usually”). Odds 41-50 less for practicing 2 or fewer (vs. 3-5) protective family routines and habits with “always” responses compared to “sometimes/never” (“usually” responses did not differ from “sometimes/never”).

*Bethell, Whitaker, Gombojav, 2018
The COE’s Well Visit Planner® Approach to Preventive and Developmental Services (COE and PHDS began in 1997; WVP concept ‘98; funded 2008)

Clinical Summary Data Dashboard

Get visit guide on family dashboard or save, print, send, show/phone

Partnersing with Parents to Improve Well Child Care

Clinical Summary Data Dashboard

Get visit guide on family dashboard or save, print, send, show/phone

Create An Account

About You

Your Full Name

Account Information

Email Address

Password

Confirm Password

Already have an account? Sign in

Don't have an account? Register now

Mobile Optimized English & Spanish

Data Dashboard
Your child’s next well visit is on: 12/23/2021

Use the Well Visit Planner® on your computer, tablet or phone in English or Spanish! Takes about 10 minutes before each well visit.

Once completed, you and your provider receive a Well Visit Guide containing results and resources specific to you!

We will use this to prepare for and focus your upcoming visit on what matters most.

How do I get started?
You have 3 options:

1. Use this link:
   www.wellvisitplanner.org/CAHMTEST
   We will automatically receive a copy of your personalized visit guide and use it to prepare for your child's well visit.

2. Scan this QR code on your mobile phone:
   [QR code]
   [QR code]

3. Go to www.wellvisitplanner.org and type in this code when prompted:
   CAHMTEST

Please contact us at innovatehealthca@gmail.com if you need help. Contact info@cahn.org for any website errors.

Welcome to the Well Visit Planner®
Your Child, Your Well Visit
A quick and free pre-visit planning tool to focus care on your unique needs and goals.

Get started now:
Covers 14 agespecific well visits from your child's first week of life to age 6
Enter provider code Continue without code

Take about 10 minutes to get a personalized Well Visit Guide to help you get the best care focused on your child and family's unique needs and goals.

What families like about using the Well Visit Planner (WVP):

✓ Saves time filling out forms during visits.
✓ Gives you immediate results via your personalized Well Visit Guide
✓ Provides easy to read resources about what matters most to you
✓ Helps you and your child's providers focus care on your goals and needs
✓ Builds confidence that your child's care meets expert guidelines
Caregivers/Parents Learn, Engage and Partner

- Would recommend to other parents 92%
- Creates more time to talk with the pediatrician 100%
- I like using the WVP to ensure that the visit is based on my priorities 100%
- I was comfortable sharing about the questions asked 89%
- Does not takes too much time 86%

- "For me, having the Well-Visit Planner would be a necessity to have a tele- well visit" - a caregiver
- "I thought it [VG] was helpful. I liked having it in my phone, as I always don’t have time to get it printed." - a caregiver
- "I thought it [WVP] was a helpful way to organize my thoughts and it kind of gives you a structured plan and some kind information to take with you and take notes for the visit" – a caregiver
- “I didn’t find time to be an issue. I think the very first time it [filling WVP] took me a little longer..But once we get used to it, it is set up in a way that it is pretty simple" – a caregiver
What Provider's Say?

• Getting people on the planner–no problem!
  
  “They were tickled that they were asked about strengths.”

• The WVP helped to discover important things to address with the family, that otherwise escape detection.

  "Taking eye contact out of the initial worry they express [regarding emotional and social problems] is very important, it kind of feels anonymous and that was very helpful"

• Overall this was a great illustration of why we do WCV’s, and the potential power.

• None of these were my patients, so establishing rapport/trust had to be approached each visit and the WVP helped with this a great deal!

  "[WVP] helped me understand and approach certain things or family dynamics. For uncomfortable things they [families] don't want to be verbal about it, the [WVP] is extremely helpful"
H = Hope: Hope facilitates coping. Increase hopefulness by describing expectations for improvement. Reinforce strengths and assets. Encourage concrete steps.

E = Empathy: Communicate empathy by listening attentively, acknowledge struggles and distress, and share happiness experienced by the child and family.

L = Language, Loyalty: Use the child or family’s own language (not a clinical label). Communicate loyalty and your support and commitment to help now and in the future.

P = Permission, Partnership, Plan: Ask permission to ask more in-depth and sensitive questions or make suggestions.
Evidence and Supportive Policies Don’t Translate Innovations—People Do!

Fig. 1 | The full translational spectrum of prevention science model showing the following six basic stages of translational research: T0 Discovery Science, T1 Methods and Program Development, T2 Efficacy and Effectiveness Trials, T3 Real-World Applications and Dissemination, T4 Scaling and Policy Reform, and T5 Globalization and Public Opinion.

What We Need: Create Critical Community Synapses
A Call for Relational Integrated Community Systems of Care
The Practical and the Political Always Follows the Personal
Exhibit B: California Recommendations Roadmap to Advance Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience (www.prop64roadmap.org The Commonwealth Fund)

1. Relationship & engagement-based, integrated and equitable screening, interventions, and healing

2. Sustainable cross-sector collaborations to integrate services, heal collective trauma & drive equity & systems change

3. Cross-agency, cross-sector, training, coaching & workforce and resource capacity building

Healing-centered, trauma informed approaches to promote early and lifelong health of children, families and communities.

4. Community and family-centered "launch & learn" innovation, measurement, and evaluation

Training and Capacity Building Resources:
On Becoming Healing-Centered and Trauma-Informed

BACKGROUND
In 2018–2019, the Child and Adolescent Health Measurement Initiative (CAHMI) in partnership with the California Campaign to Counter Childhood Adversity (CCA) and with support from The California Endowment, convened a multidisciplinary Advisory Committee to advance healing-centered and trauma-informed approaches in the

Relationship- and Engagement-Centered Healing:
Resources for Applying a Healing-Centered and Trauma-Informed Lens

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Learning-Centered Innovation, Measurement and Evaluation:
Tools for Applying a Healing-Centered and Trauma-Informed Lens

BACKGROUND
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A fish is swimming along one day when another fish comes up and says “Hey, how’s the water?”
The first fish stares back blankly at the second fish and then says “What’s water?”

Source: Waters of System’s Change
Healing EcoSystems Prioritize Possibilities by Activating the New Science of Thriving

- Focus on the **capacity** for positive human development even in the face of adversity.

- Advance skills for well-being, which are **learned** abilities requiring enabling social, relational and environmental contexts.

- Keep the focus on the social, emotional, and environmental context and dynamics we co-create.

- Balance our conventional focus on negative development, risk factors and pathology with an explicit **focus on strengths, what is possible and what is already whole**.

- Innovate to foster and **engage** largely untapped capacities for self-led healing, resilience and well-being at the individual, family, community and societal levels.

- Focuses on the **social and emotional skills** central to preventing interpersonal harm, poor self-care behaviors and essential to enhance self-healing, resilience, and higher consciousness.
My Six Wishes: Catalyzing a “We Are the Medicine” Paradigm Shift to Build an EcoSystem to Take Healing and Flourishing to Scale In Policy and Practice

- Free Our Brilliance
  - Align Reward Systems & Financing with Values for Health

- Brave Being
  - (Your Being, Their Well-Being)
  - and Empower a "First Focus on Self" Accountability

- Take on Trauma
  - Restore Relational Safety, Trust, Resilience, Brain Health and Hope

- Prioritize Possibilities
  - Embed an Unstoppable Habit of Hope & Healing Leveraging our New Sciences of Thriving

- Take on Transparency
  - Embed a Healthy Alert & Continuous Feedback System

- Become “We Ninjas”
  - Fully Engage the Affiliative System to go from Fixing to Connecting

- Brave Being
  - (Your Being, Their Well-Being)
  - and Empower a "First Focus on Self" Accountability
We Are the Medicine®

Healing is Upon Us!
(and within and between us!)

Source: Bethell, C  2016
**Principle 1: Supporting responsive relationships** is a critical factor in building resilience across the lifespan.

**Principle 2: Strengthening core life skills** shifts the balance point, or fulcrum, of the scale.

**Principle 3: Reducing sources of stress** protects from the harmful buildup of toxic stress, which depletes the energy the brain needs for healthy development throughout one’s life.
Start Where We Want to End Up

Flourishing

Connectedness

Mattering
Transfixed
(excerpt)

One day
The glacier said
Quite kindly
To the sea…
I would never want to be like thee…

Like this I can be
My own earth
My own sky
Were I to melt
Surely, I’d die

Such powers you have
The sea answered back
And she meant every word
For there was nothing
He lacked

Rather he had
Just one thing to shed
The fear of the melting
The mistaken dread

(Christina Bethell)

The resistance to the disturbance is the disturbance
“The success of an intervention depends on the interior condition of the intervenor.”

William O’Brien, former CEO, Hanover Insurance

https://www.ifgic.org/the-citizen-is-present-goes-climate/
Collective Mindfulness & System Performance

"collective mindfulness...is the dominant attitude or cultural feature that all high-reliability organizations display."

Mark Chassin
President, The Joint Commission (2011)
Being Relationship to Self

- Inner compass: Having a deeply felt sense of responsibility and commitment to values and purposes relating to the good of the whole
- Presence: Ability to be in the here and now, without judgement and in a state of open-ended presence
- Integrity, Authenticity: A commitment and ability to act with sincerity, honesty and integrity
- Self-awareness: Ability to be in reflective contact with own thoughts, feelings and desires; having a realistic self-image and ability to regulate oneself
- Openness, Learning mindset: Having a basic mindset of curiosity and a willingness to be vulnerable and embrace change and grow
Thinking
Cognitive Skills

- **Critical thinking**: Skills in critically reviewing the validity of views, evidence and plans.
- **Long-term orientation, Visioning**: Long-term orientation and ability to formulate and sustain commitment to visions relating to the larger context.
- **Complexity awareness**: Understanding of and skills in working with complex and systemic conditions and causalities.
- **Sense-making**: Skills in seeing patterns, structuring the unknown and being able to consciously create stories.
- **Perspective skills**: Skills in seeking, understanding and actively making use of insights from contrasting perspectives.
Relating: Caring for Others and the World

- **Appreciation**: Relating to others and the world with a basic sense of appreciation, gratitude, and joy.
- **Connectedness**: Having a keen sense of being connected with and/or being a part of a larger whole, such as a community, humanity or global ecosystem.
- **Empathy, Compassion**: Ability to relate to others, oneself and nature with kindness, empathy and compassion and address related suffering.
- **Humility**: Being able to act in accordance with the needs of the situation without concern for one's own importance.
Collaborating Social Skills

- **Communication skills**: Ability to really listen to others, to foster genuine dialogue, to advocate own views skillfully, to manage conflicts constructively and to adapt communication to diverse groups.

- **Mobilization skills**: Skills in inspiring and mobilizing others to engage in shared purposes.

- **Co-creation skills**: Skills and motivation to build, develop and facilitate collaborative relationships with diverse stake-holders, characterized by psychological safety and genuine co-creation.

- **Trust**: Ability to show trust and to create and maintain trusting relationships.

- **Inclusive mindset and intercultural competence**: Willingness and competence to embrace diversity and include people and collectives with different views and backgrounds.
Acting

Driving change

Perseverance
- Ability to sustain engagement and remain determined and patient even when efforts take a long time to bear fruit

Courage
- Ability to stand up for values, make decisions, take decisive action and, if need be, challenge and disrupt existing structures and views

Optimism
- Ability to sustain and communicate a sense of hope, positive attitude and confidence in the possibility of meaningful change

Creativity
- Ability to generate and develop original ideas, innovate and be willing to disrupt conventional patterns
The Journey From Childhood Trauma to Positive Health

Natural Characteristics of a Child

Valuable
- Less than ---- Better than
- Low or inappropriate self-esteem
- Strong self-worth separate from what you "do"

Vulnerable
- Too vulnerable -- invulnerable
- Difficulty setting appropriate boundaries
- Feeling safe, ability for authentic connection

Imperfect
- Bad/Rebellious --- Good/Perfect
- Difficulty feeling and expressing adult needs, wants
- Self-acceptance, sense of mattering

Dependent
- Overly dependent – Anti-dependent
- Difficulty taking care of adult needs and wants
- Self-care, ability for self-reflection, self-love

Spontaneous Open
- Immature, chaotic --- overly mature, controlling
- Difficulty experiencing/expressing one’s reality
- Ability to learn, change and be “present”

Developmental Trauma (Reaction Formation)

Dysfunctional Symptoms as an Adult

Positive Health, Healing Outcomes

From the work of Pia Melody—The Meadows

C. Bethell 2020