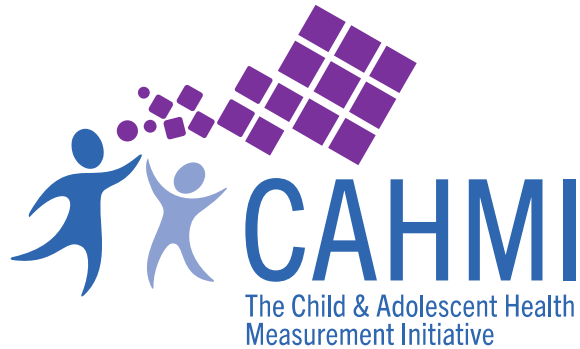


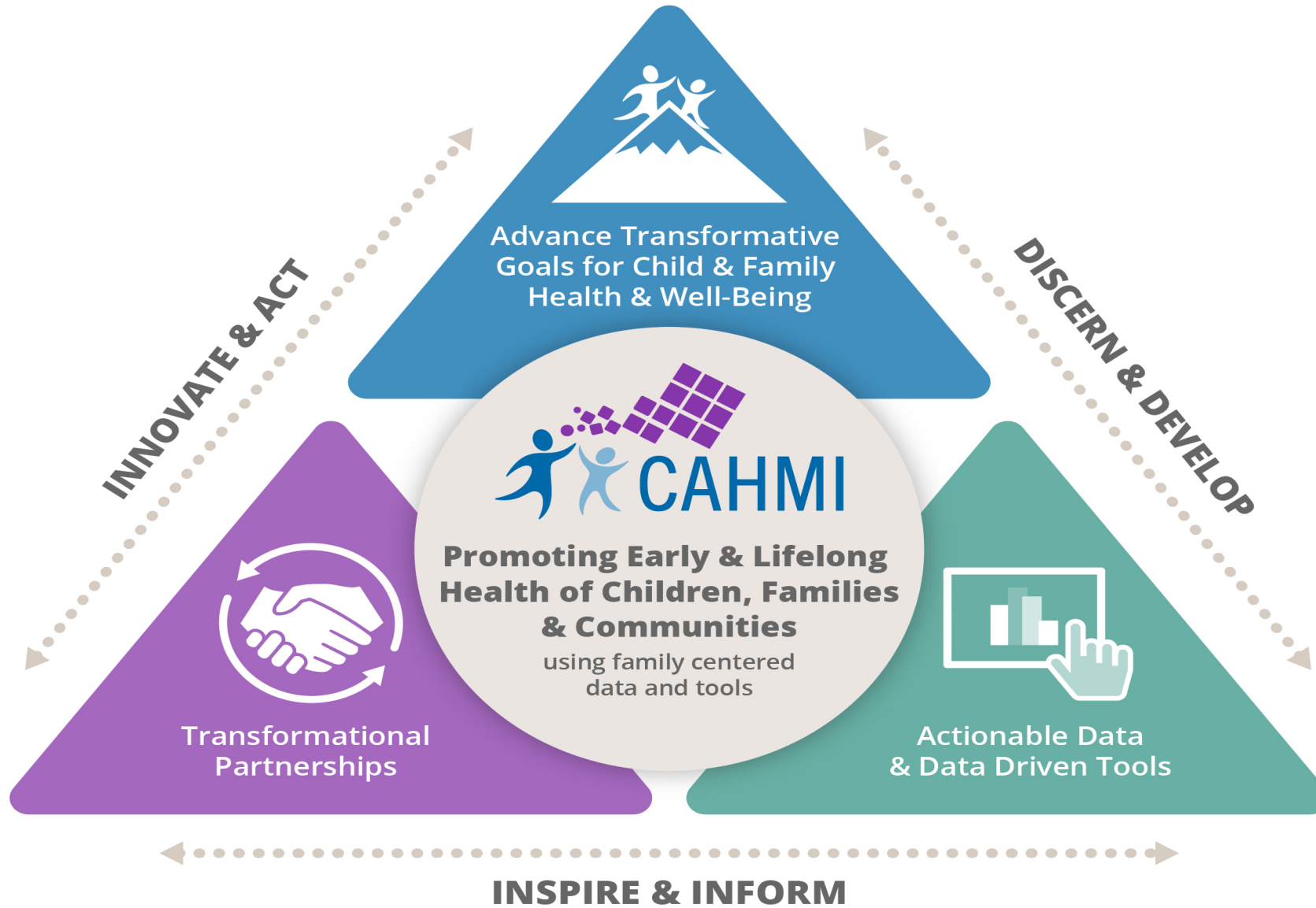
From Awareness to Action

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

Christina Bethell, PhD, MBA, MPH
Professor, Johns Hopkins University
Strengthening Families Training Institute
March 29, 2022

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.

Over 70 Years of Research Linking Health to Safe, Attuned, Nurturing Relationships, and Social Adversity and Stress to Early and Lifelong Health

1951

Mastery of Stress

Daniel H. Finkenstein, Stanley H. King, and Margaret E. Drolette

Harvard University Press

1968

John Bowlby publishes **Attachment and Loss**



Herbert Benson of Harvard University publishes **The Relaxation Response**

1975

1976

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

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



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.

1982



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



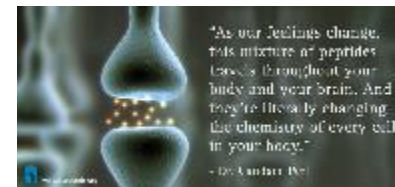
CDC/Kaiser Permanente launch the **Adverse Childhood Experiences (ACE) Study** to understand links between childhood social and emotional experiences and adult health.

1996



1998

Former JHU NIMH scientist central to Nobel Prize winning discovery of the opioid receptor site publishes **Molecules of Emotion** documenting the molecular underpinnings of the mind-body connection.



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**

1999

2000



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

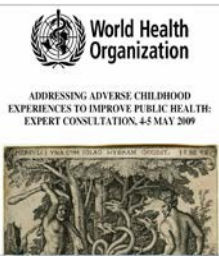
Source: Bethell, C 2016

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

Over 70 Years of Research Linking Health to Safe, Attuned, Nurturing Relationships, and Social Adversity and Stress to Early and Lifelong Health

2010

↓
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.



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



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 its first policy statement to pediatricians explaining and advancing the science and practice of preventing and addressing early **childhood stress and trauma**.



Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health
Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, Andrew S. Gartner, Jack P. Shonkoff, Benjamin S. Siegel, Mary T. Dolans, Marian F. Earls, Andrew S. Gartner, Laura McCann, John Pascoe and David L. Wood
Publication 2012;129:e224, originally published online December 26, 2011; DOI: 10.1542/peds.2011-2502

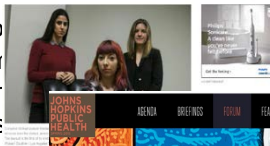
Exponential uptake of ACEs Study and other accumulated findings lead to national, state, local and international efforts that include paradigm shifting **"trauma-informed" initiatives that incorporate mindfulness-based approaches** in schools, policing, medicine, social work, community, city and public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

2013-2015

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

Precedent setting launched again: School District children with so emotional trauma under the American With Disabilities

Los Angeles Times
Compton Unified sued for allegedly failing to address trauma-affected students



2016-18
Trauma Informed Care Principles



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



The New Science of Thriving
The well-being - individually and as a society - depends on relationships.
Story by Christine Bethell - Illustrations by Joel Robinson
In the early 1970s, my grandfather had a disagreement with the Beatles. When he heard "All You Need Is Love" play on the radio, he would reply, "All you need is inside of you."

Positive & Relational Health Studies and Policy Break Through

2019-22



RESEARCH ARTICLE CULTURE OF HEALTH
HEALTH AFFAIRS • VOL. 38, NO. 5

Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity

Christina D. Bethell, Nanayenz Gombo, and Robert C. Whitaker

Universal Screening California

How Governor Gavin Newsom's Plan To Identify Early Childhood Trauma In Kids Might Make Healthier, Smarter Students



Source: Bethell, C 2016



HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or to Improve the Health of All Children



Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health

Andrew Garner MD, PhD, FAAP, Michael Nguyen MD, FAAP
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, CLINICAL ON EARLY CHILDHOOD

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

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

DOI: 10.1093/peds/kpaa001





Jane Ellen Stevens [Become a fan](#)
Founder, [AcesTooHigh.com/ACEsConnection.com](http://acesconnection.com)



The Adverse Childhood Experiences Study -- the Largest Public Health Study You Never Heard Of

Posted: 10/08/2012 9:02 am EDT | Updated: 12/08/2012 5:12 am EST



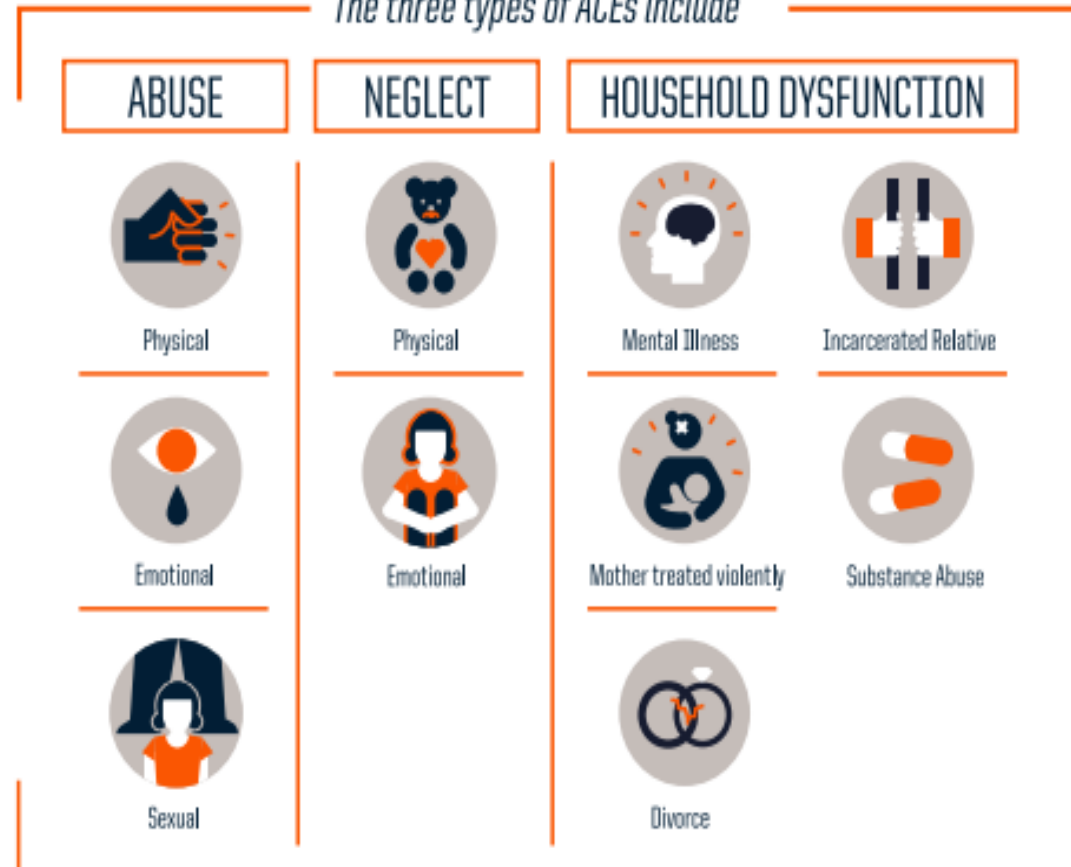
"Adverse childhood experiences" has become a buzzword in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice medical research and even business. The ACE Study - the *CDC's Adverse Childhood Experiences Study* -- has recently been featured in the *New 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>

ACEs are a risk factor for trauma, toxic stress and neuro-endocrine-immune effects

The three types of ACEs include



Truth About ACEs Infographic Robert Wood Johnson Foundation.

The presence of mental health problems and absence of positive mental health are a key impact of unaddressed toxic stress and trauma that can results from ACEs.

JAMA *THIS MONTH* REAFFIRMS ACES IMPACT

“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.”

JAMA Network™

JAMA Pediatrics Search All Enter Search

New Online Views 0 | Citations 0 | Altmetric 12

PDF Twitter Facebook More Cite Permissions

Review ONLINE FIRST

October 4, 2021

Association of Childhood Adversity With Morbidity and Mortality in US Adults

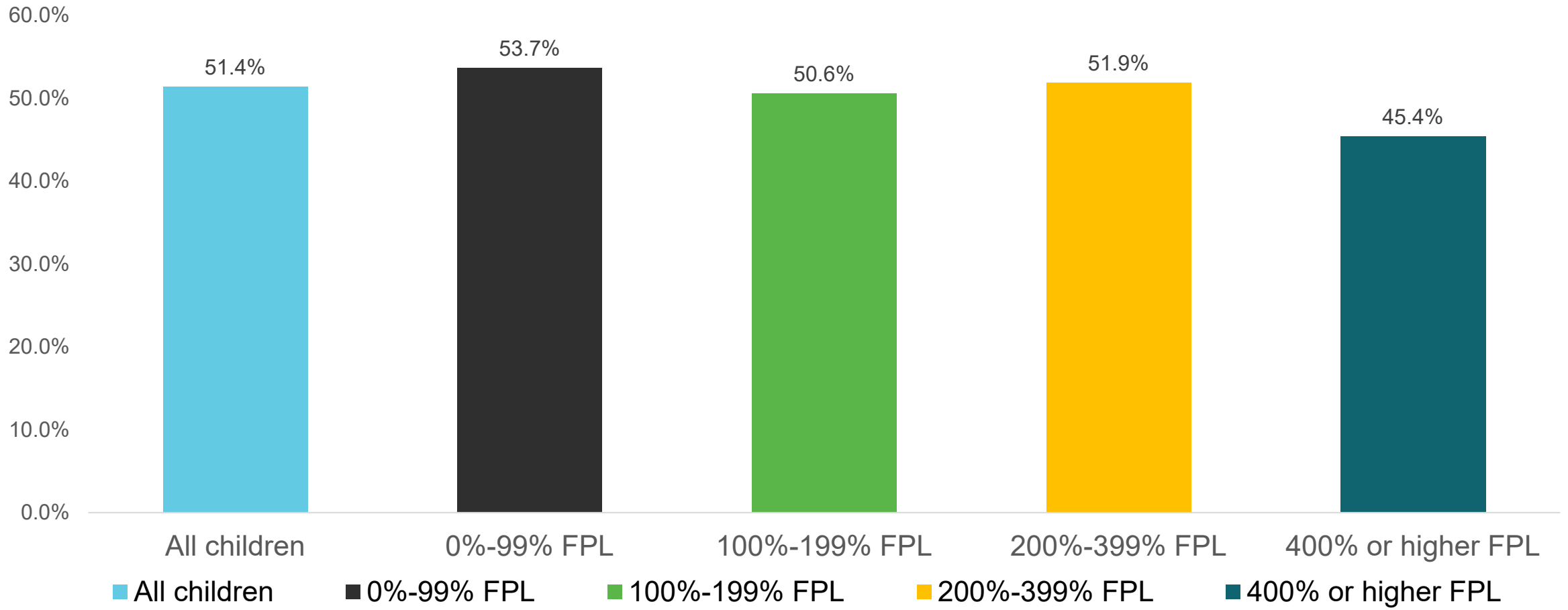
A Systematic Review

Lucinda Rachel Grummitt, BA^{1,2}; Noah T. Kreski, MPH²; Stephanie Gyuri Kim, MS³; et al

» Author Affiliations | Article Information

Equally Unequal: This is All of Us!

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



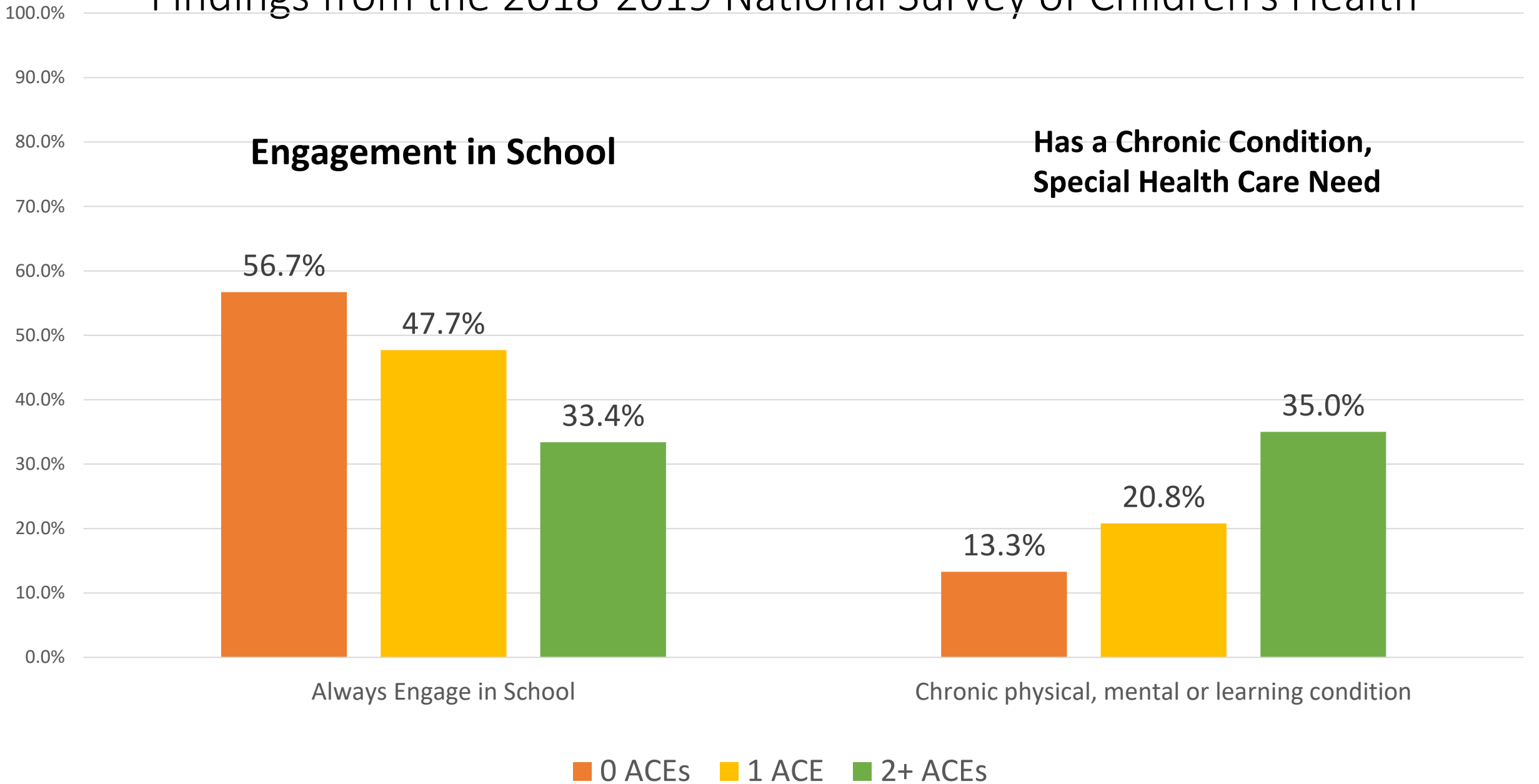
Children who qualify on CSHCN Screener emotional, behavioral or developmental criteria and/or have 1 or more reported mental, emotional, developmental or behavioral problems, age 3-17 (ADHD, depression, anxiety, behavioral problems, autism, developmental delay, Tourette Syndrome, speech, intellectual disability or learning disability)

Child Outcomes by Adverse Childhood Experiences

Findings from the 2018-2019 National Survey of Children's Health

Engagement in School

Has a Chronic Condition, Special Health Care Need



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”

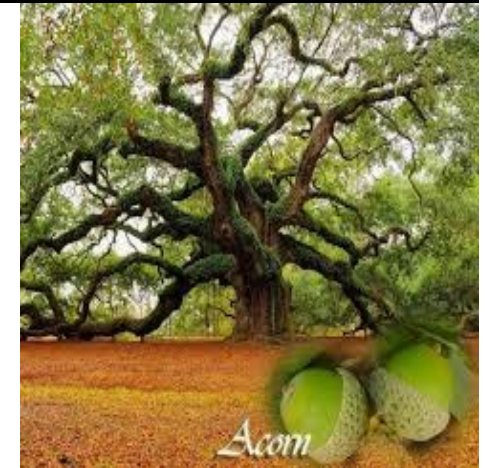
----the absence of illness or adversity is NOT the same as being well or flourishing

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



Entelechy.

*the condition of a thing
whose essence is fully
realized.*



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!

The Dual Continuum of Health

The Absence of Risk and Illness Is Not the Same As Flourishing. Flourishing Can Be Learned and Exists Amid Adversity and Illness (& drives social change)

RESEARCH AND PRACTICE

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.

International Journal of Mental Health and Addiction
<https://doi.org/10.1007/s11469-020-00225-z>

ORIGINAL ARTICLE

Mattering, Insecure Attachment, Rumination, and Self-Criticism in Distress Among University Students

Gordon L. Flett¹ · Ron Burdo² · Taryn Nepon¹ 

Published online: 24 January 2020

Antecedents, correlates, and consequences of feeling like you don't matter: Associations with maltreatment, loneliness, social anxiety, and the five-factor model

Gordon L. Flett^a , Abby L. Goldstein^b, Ingrid G. Pechenkov^a, Taryn Nepon^a, Christine Wekerle^c

YOUR HEALTH

What's Your Purpose? Finding A Sense Of Meaning In Life Is Linked To Health

May 25, 2019 · 8:00 AM ET

MARA GORDON



Arch Gen Psychiatry. 2012 May ; 69(5): 499–505. doi:10.1001/archgenpsychiatry.2011.1487.

Effect of Purpose in Life on the Relation Between Alzheimer Disease Pathologic Changes on Cognitive Function in Advanced Age

Dr. Patricia A. Boyle, PhD. Dr. Aron S. Buchman, MD. Dr. Robert S. Wilson, F

Resilience to Interpersonal Stress: Why Mattering Matters When Building the Foundation of Mentally Healthy Schools

Gordon L. Flett

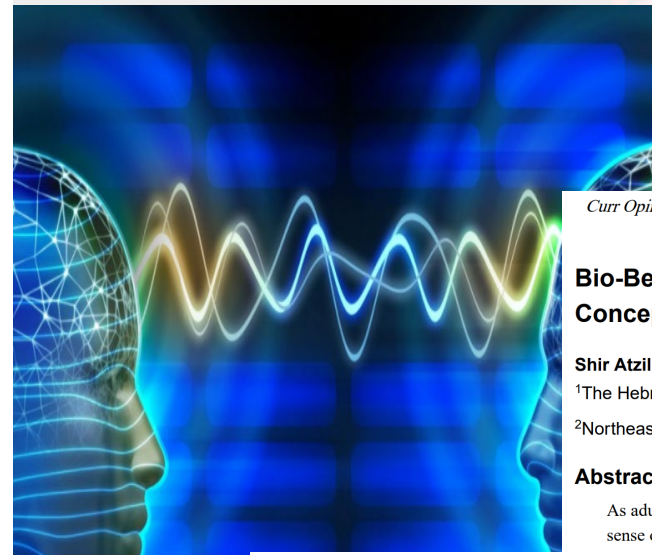
Don't Hide Your Happiness! Positive Emotion Dissociation, Social Connectedness, and Psychological Functioning

Iris B. Mauss, Amanda J. Shallcross, Allison S. Troy, Oliver P. John, Emilio Ferrer, F

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.**



Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment



Received: 18 June 2020 | Revised: 1 September 2020 | Accepted: 2 October 2020
DOI: 10.1002/da.23104

RESEARCH ARTICLE



Physiological and social synchrony as markers of PTSD and resilience following chronic early trauma

Shai Motsan^{1,2}  | Eran Bar-Kalifa³  | Karen Yirmiya^{1,2}  | Ruth Feldman^{1,4} 

Curr Opin Psychol. 2017 October ; 17: 162–169. doi:10.1016/j.copsyc.2017.07.009.

Bio-Behavioral Synchrony Promotes the Development of Conceptualized Emotions

Shir Atzil¹ and Maria Gendron²

¹The Hebrew University of Jerusalem, Mt. Scopus, Jerusalem, Israel

²Northeastern University, Department of Psychology, Boston, Massachusetts, United States

Abstract

As adults, we have structured conceptual representations of our emotions that help us to sense of and regulate our ongoing affective experience. The ability to use emotion concep

Stress Health. Author manuscript; available in PMC 2019 Oct 1.

Published in final edited form as:

Stress Health. 2018 Oct; 34(4): 552–562.

Published online 2018 Jun 7. doi: [10.1002/smi.2816](https://doi.org/10.1002/smi.2816)

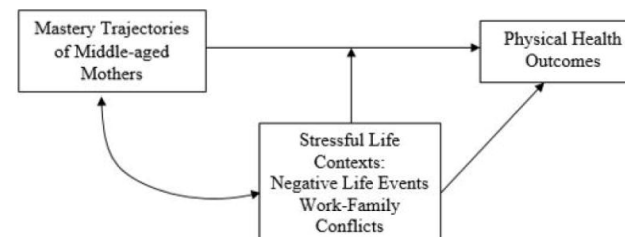
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NIHMSID: NIHMS966820

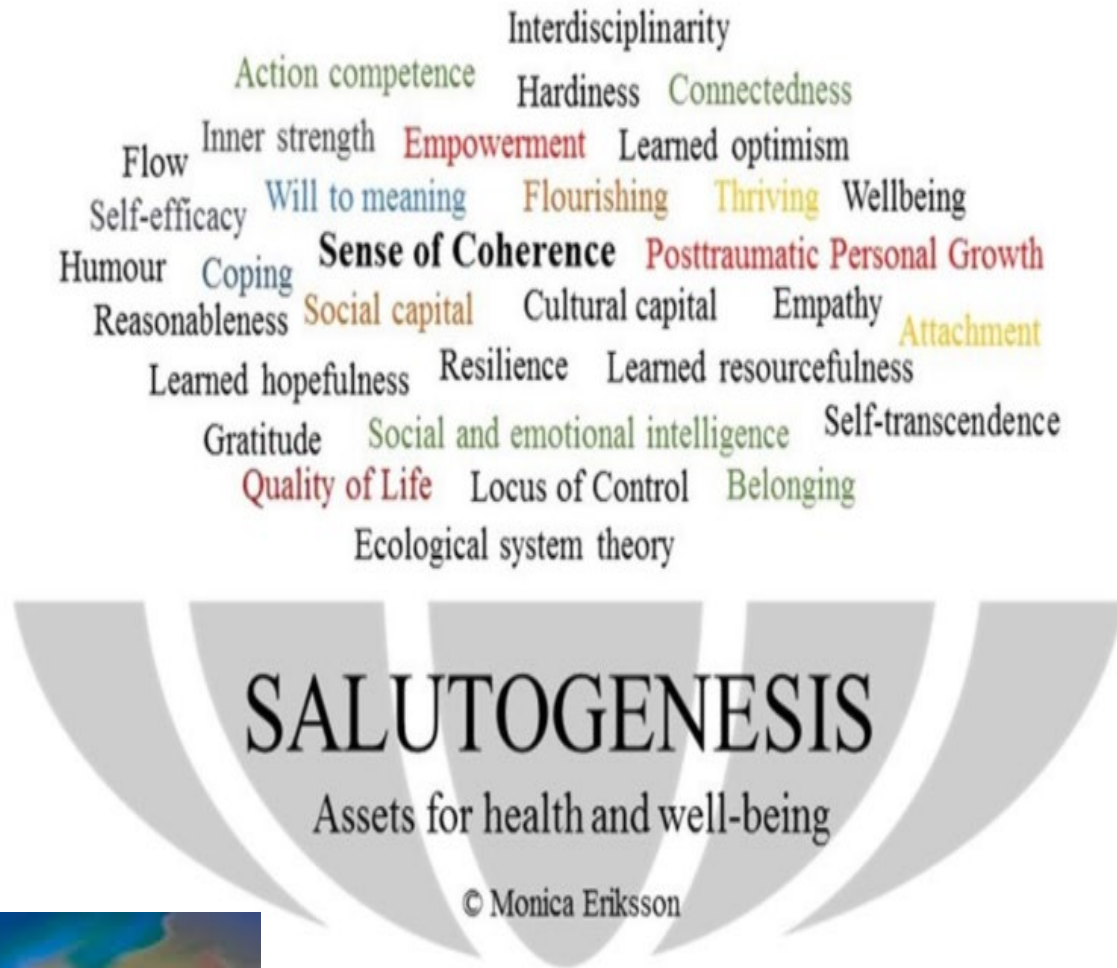
PMID: [29882335](https://pubmed.ncbi.nlm.nih.gov/29882335/)

The influence of mastery on mother's health in middle years: Moderating role of stressful life context

Victoria King, K.A.S. Wickrama, Erick Klopick, and Frederick O. Lorenz



...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

Genesis



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)

Conceptual Framework for Measuring Flourishing (Bethell, C 2019)

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)

Focus of
the Child
Flourishing
Index
(NSCH)

Flourishing of the living and relating self:

A way of living that is **engaged** and enables and reinforces a sense of **meaning** and **growth** and **positive relationships**

Taken together, these aspects of flourishing could be assessed as “overall well-being”

Source: Author's conceptualization and synthesis (Bethell, 2019)

RESEARCH ARTICLE

Open Access



Validation of the Flourishing Scale in a sample of people with suboptimal levels of mental well-being

Marijke Schotanus-Dijkstra^{1,2*}, Peter M. ten Klooster², Constance H. C. Drossaert², Marcel E. Pieterse², Linda Bolier¹, Jan A. Walburg² and Ernst T. Bohlmeijer²

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.

7 – Strongly agree

6 – Agree

5 – Slightly agree

4 – Neither agree nor disagree

3 – Slightly disagree

2 – Disagree

1 – Strongly disagree

___ I lead a purposeful and meaningful life

___ My social relationships are supportive and rewarding

___ I am engaged and interested in my daily activities

___ I actively contribute to the happiness and well-being of others

___ I am competent and capable in the activities that are important to me

___ I am a good person and live a good life

___ I am optimistic about my future

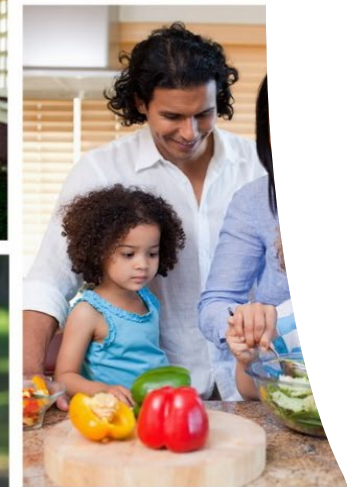
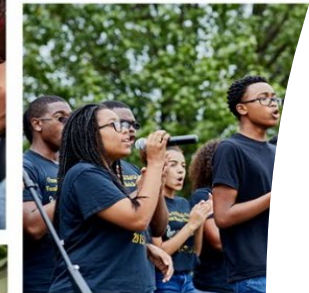
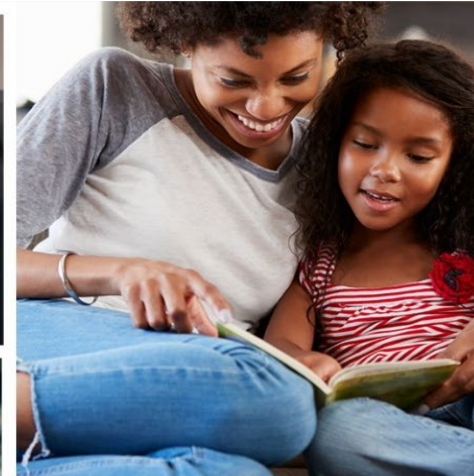
___ People respect me

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.

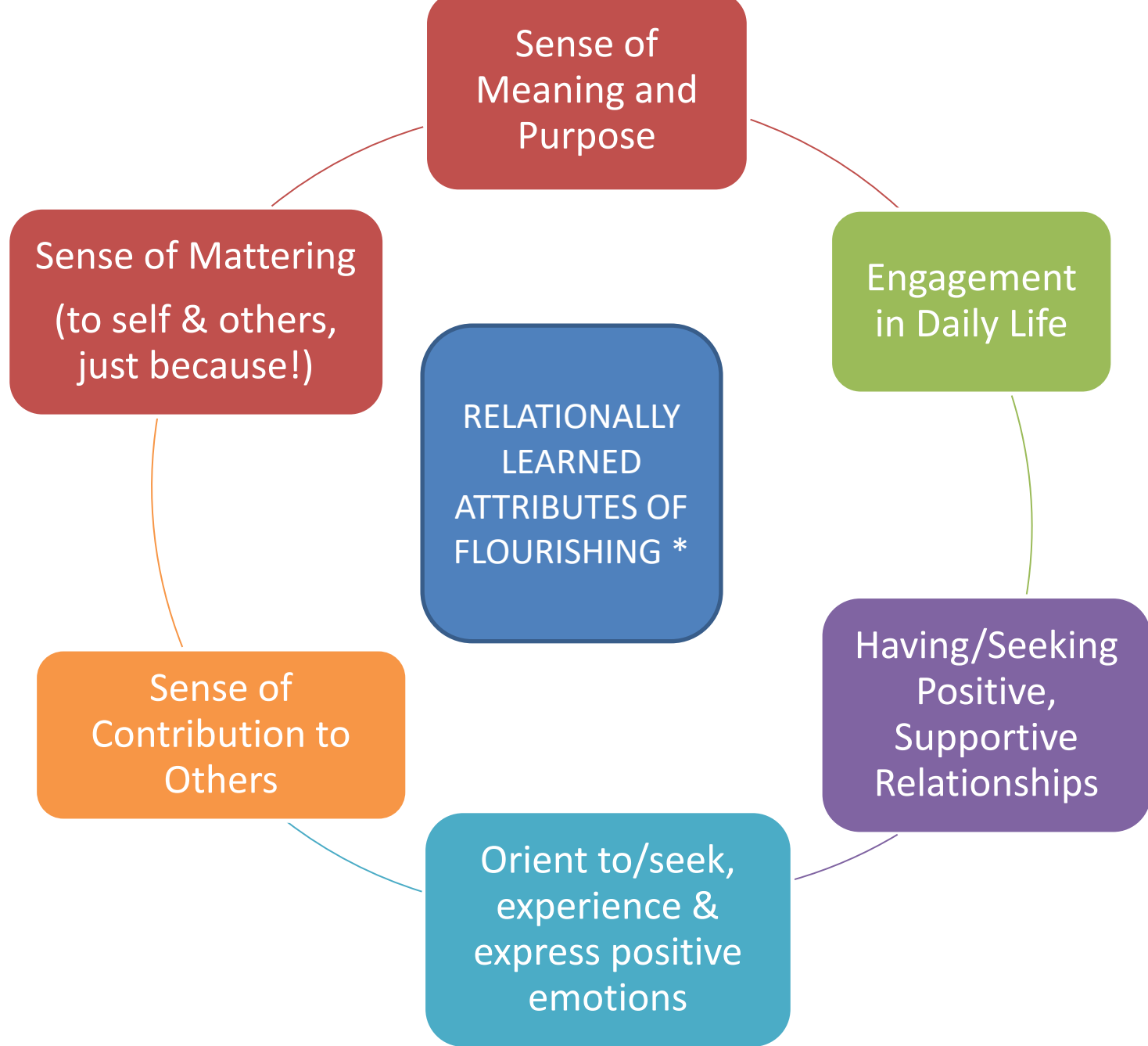
Schotanus-Dijkstra M, ten Klooster PM, Drossaert CH, et al. Validation of the Flourishing Scale in a sample of people with suboptimal levels of mental well-being. *BMC Psychol.* 2016;4:12. Published 2016 Mar 17. doi:10.1186/s40359-016-0116-5

How is your flourishing connected to helping foster flourishing among children and families?



Can We Flourish Amid Adversity?

Are You Flourishing In this Time?



C. Bethell March 26, 2021

*Adapted from: Agenor C, Conner N, Aroian K. Flourishing: an evolutionary concept analysis. Issues Ment Health Nurs. 2017;38(11):915-923. Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D, Oishi S, et al. New measures of well-being: Flourishing and positive and negative feelings. Social Indicators Research. 2010;39:247-266., Kern ML, Waters LE, Adler A, White MA. A multidimensional approach to measuring well-being in students: Application of the PERMA framework. J Posit Psychol. 2014;10(3):262-271.

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!!

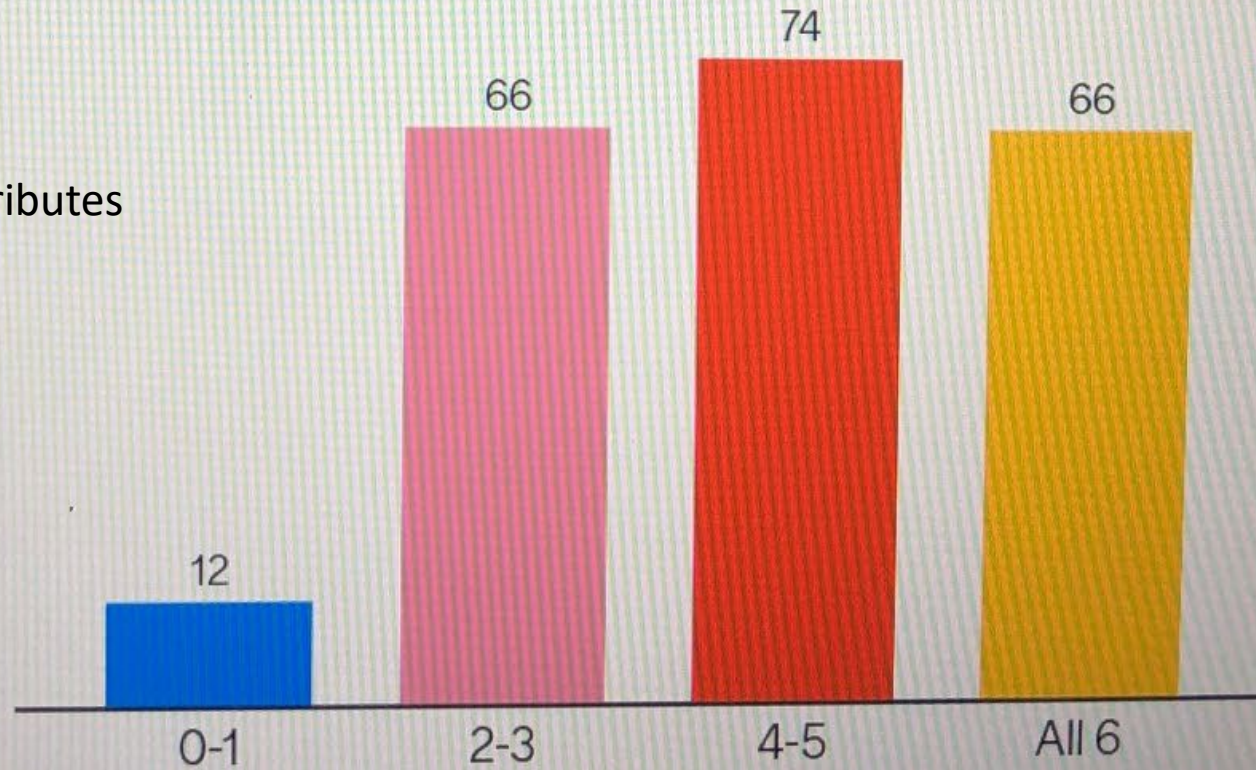
<https://www.mentimeter.com/s/a9b0e274ec757e7715a3e59acdb0a0d0/3f75de7458a9>

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

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!*

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

Prevalence of
Flourishing, US Children
Age 6-17 Years

"Definitely True"

Idaho Comparison

All 3: 34.2%

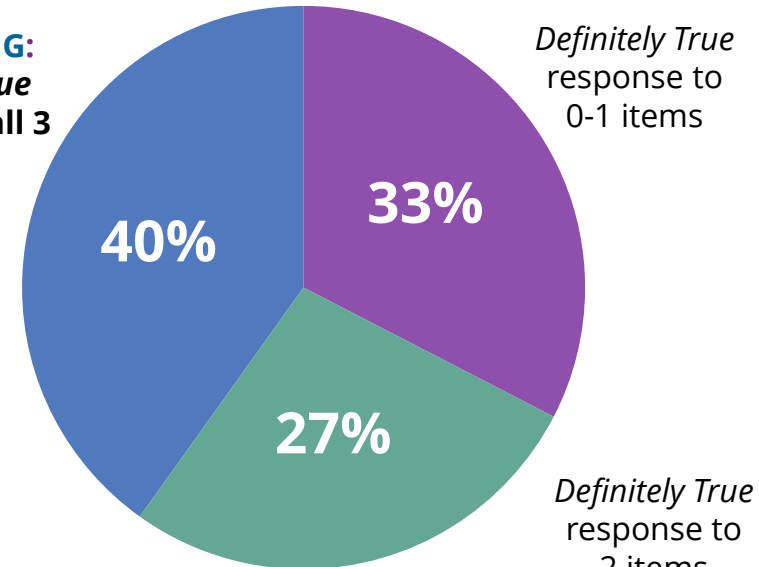
2: 29.3%

0-1: 36.5%

Publicly Insured: 31.3%

Privately Insured: 36.9%

FLOURISHING:
Definitely True
response to all 3
items



Variation by Insurance Type School Age (6-17)

Publicly Insured:
37.2% Nationally

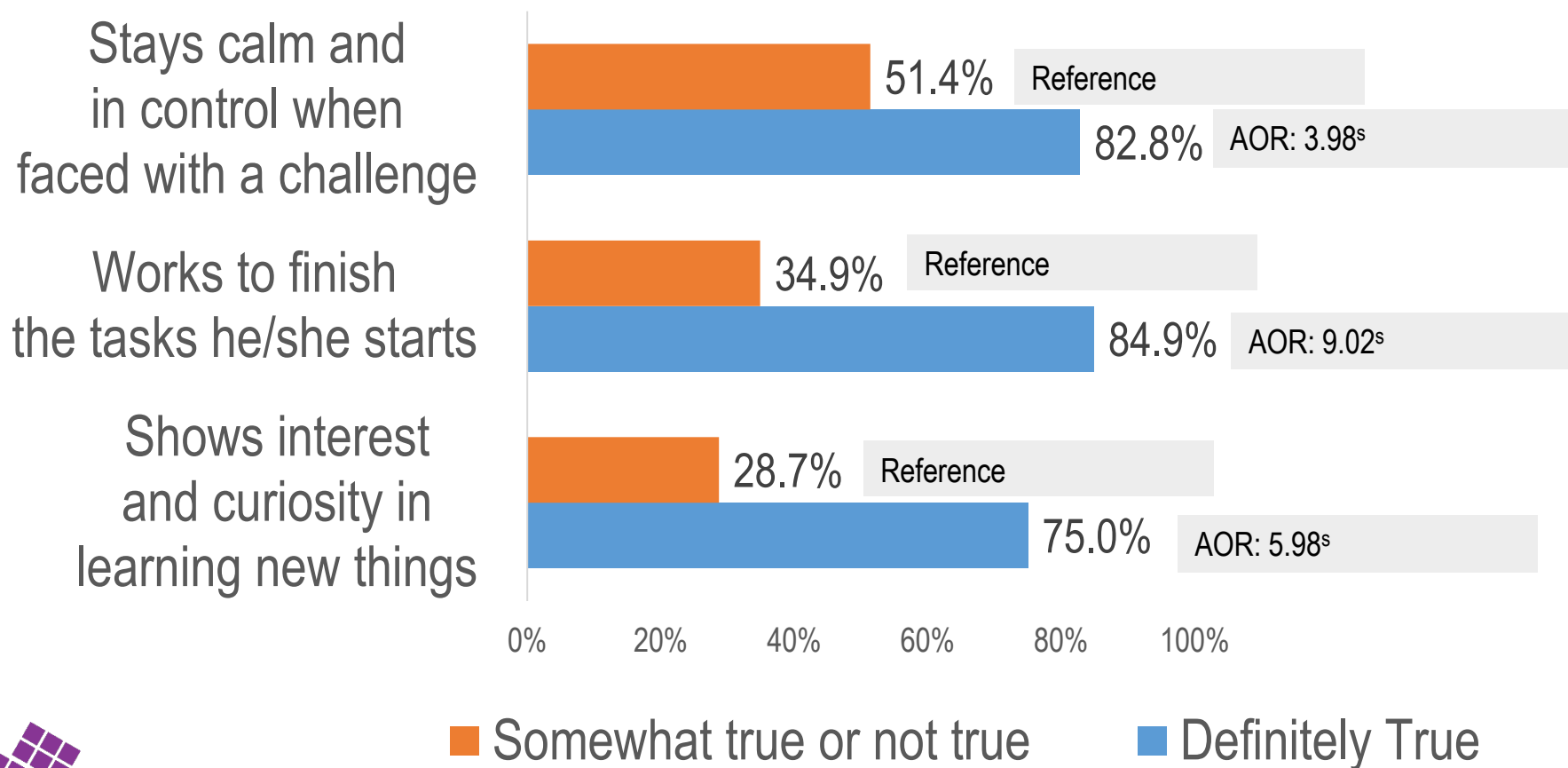
Privately Insured:
45.3 % Nationally



Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425

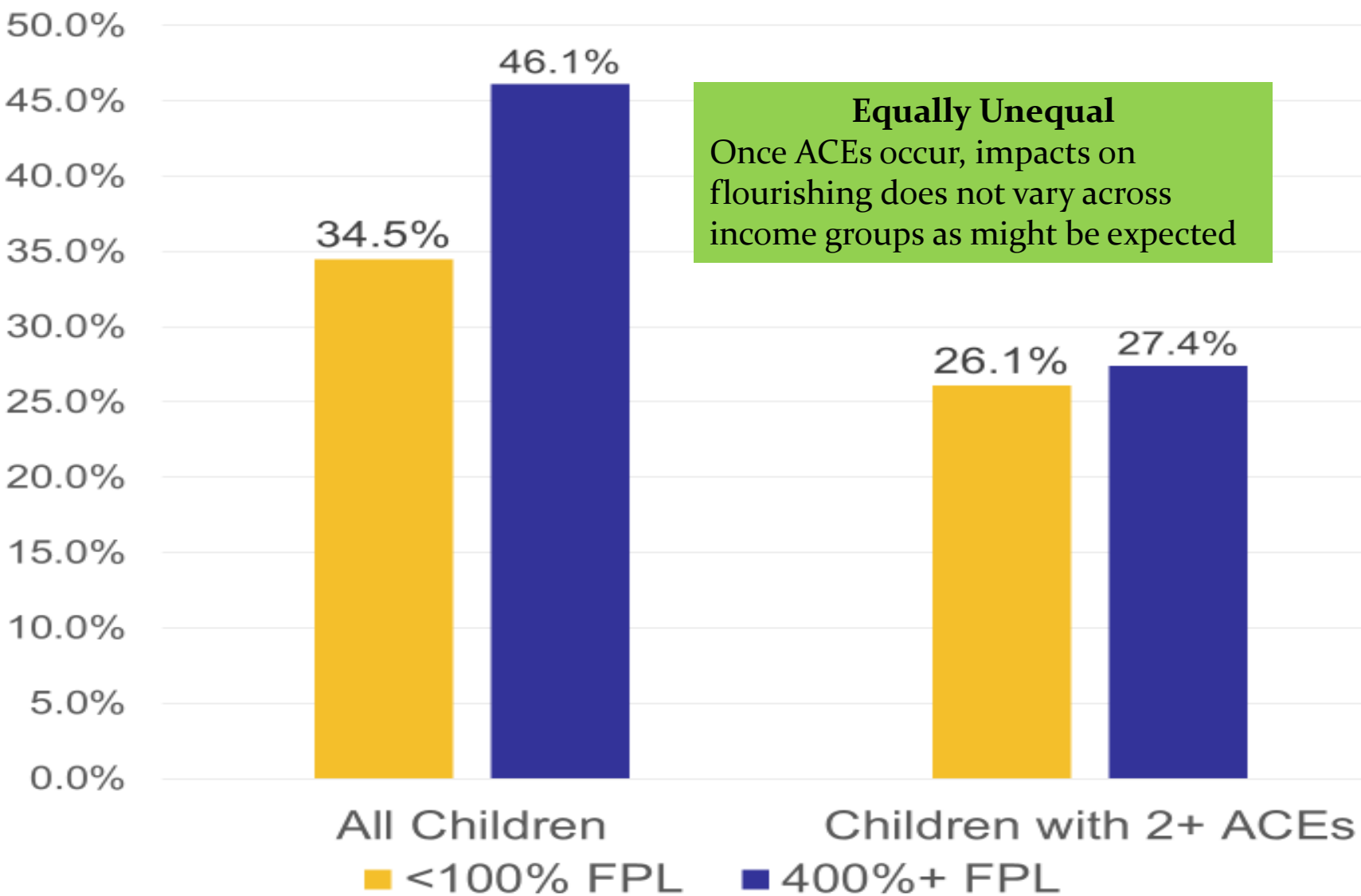
Data: 2016-2017 NSCH; NOTE: Flourishing rates vary widely based on scoring. Evidence supports only including "Definitely" or "Always" responses and that "Sometimes" and "Usually" are more alike than they are to "Definitely" or "Always" when it comes to predicting outcomes.

Prevalence of **school engagement** among US children age 6-17 years, by Child Flourishing Index (CFI) individual items



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*

Resilience and Connection Promote Child
Flourishing Despite Adversity. Health Affairs, May
2019.

The science of child and human flourishing and relational health is central to addressing the nation’s mental health crisis

Home / News / Health News

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.

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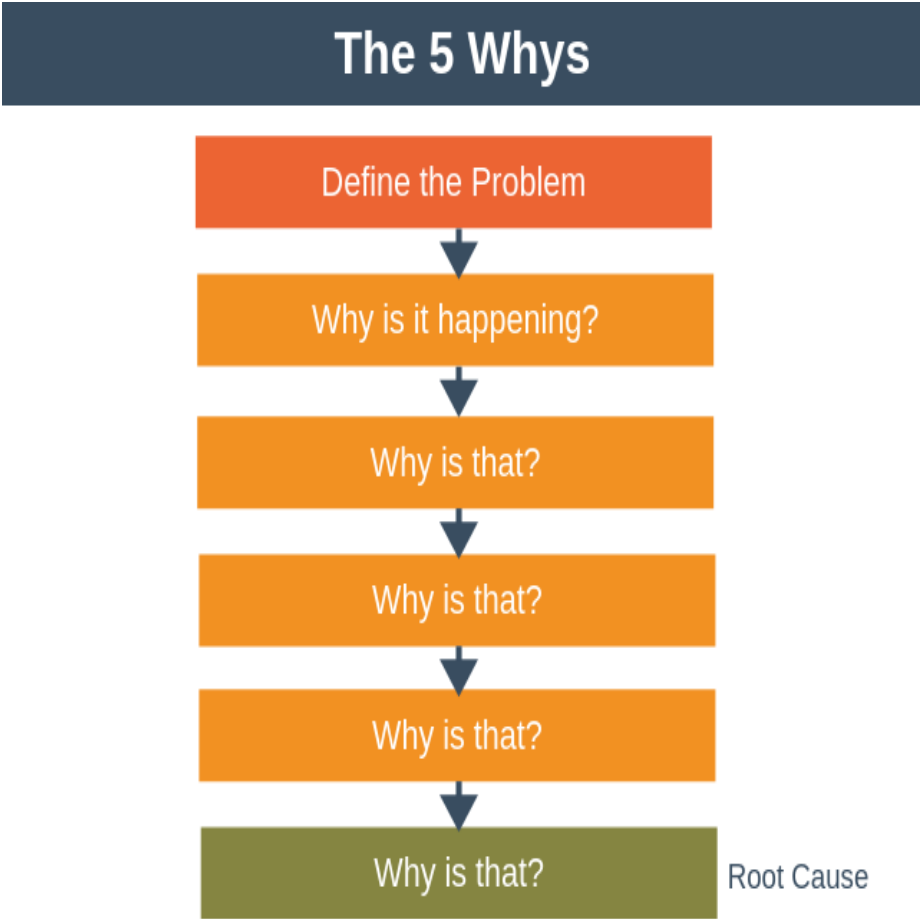
Recent data shows that more than 140,000 U.S. children have suffered the loss of a primary or secondary caregiver during the pandemic. (ISTOCKPHOTO)



RECOI

HEALTH NEWS
The Tr
Death

https://www.google.com/search?q=InCK+and+the+five+whys&rlz=1C1GCEA_enUS866US866&source=Inms&tbm=isch&sa=X&ved=2ahUKewjiwlu37_TzAhWkhXIEHYXjB5wQ_AUoAXoECAEQAw&biw=980&bih=727#imgrc=1V7g9zPv4kHIBM

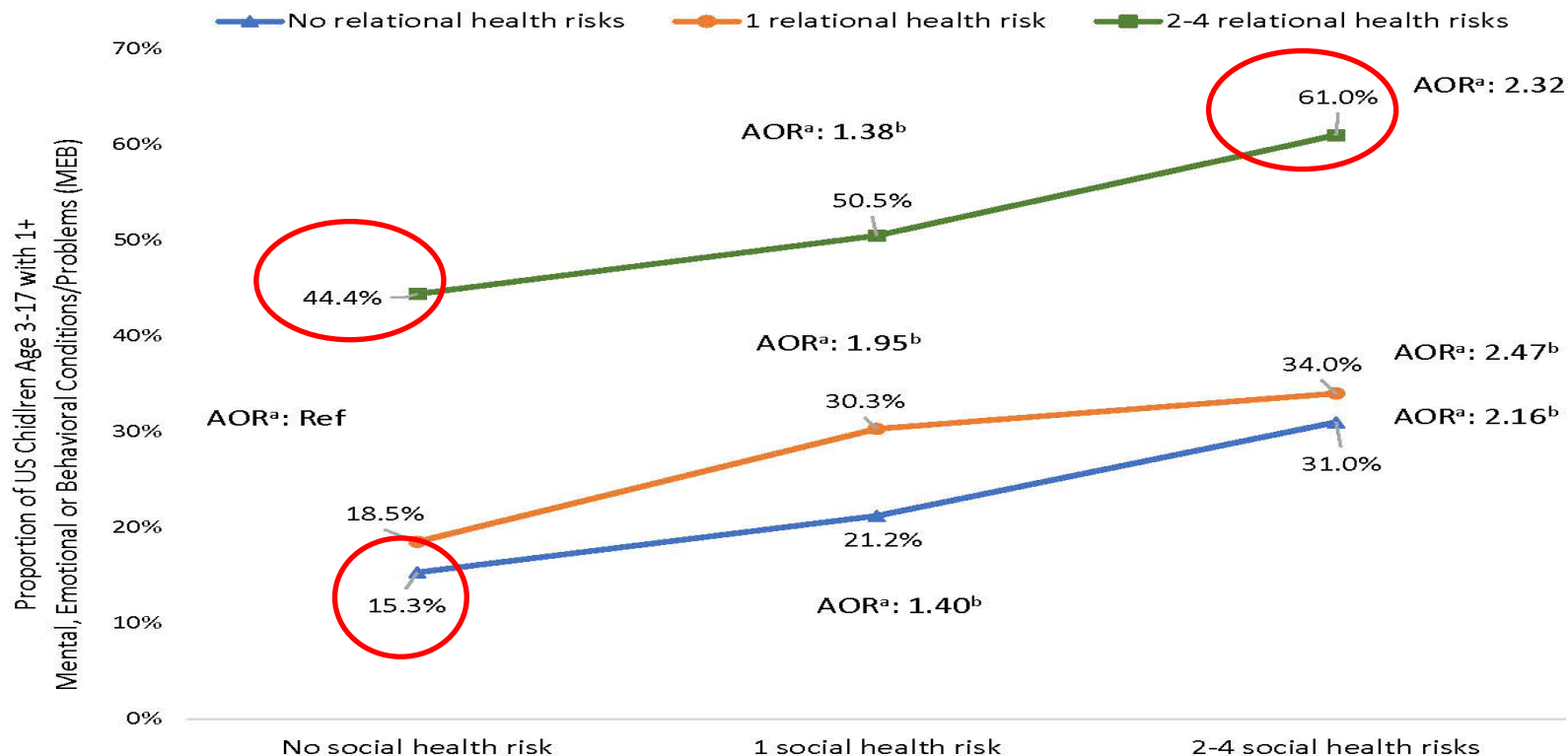


January 25, 2022

Study Reveals Fourfold Range in Rates of Mental Health Problems Among U.S. Children Based on Relational and Social Risks

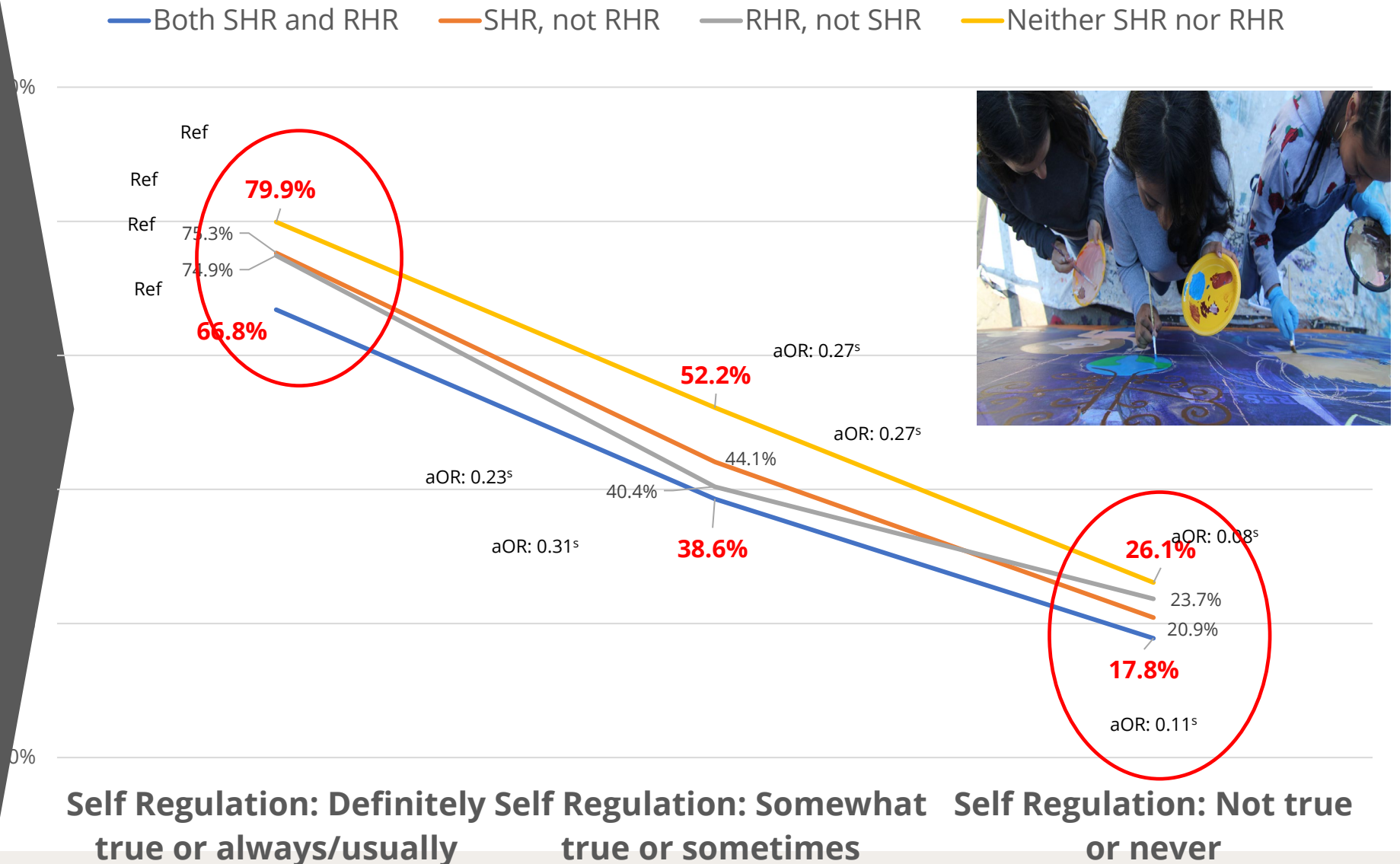
Findings highlight importance of relationship-focused protective factors to promote resilience and school outcomes

Most recent national data on resilience and school outcomes



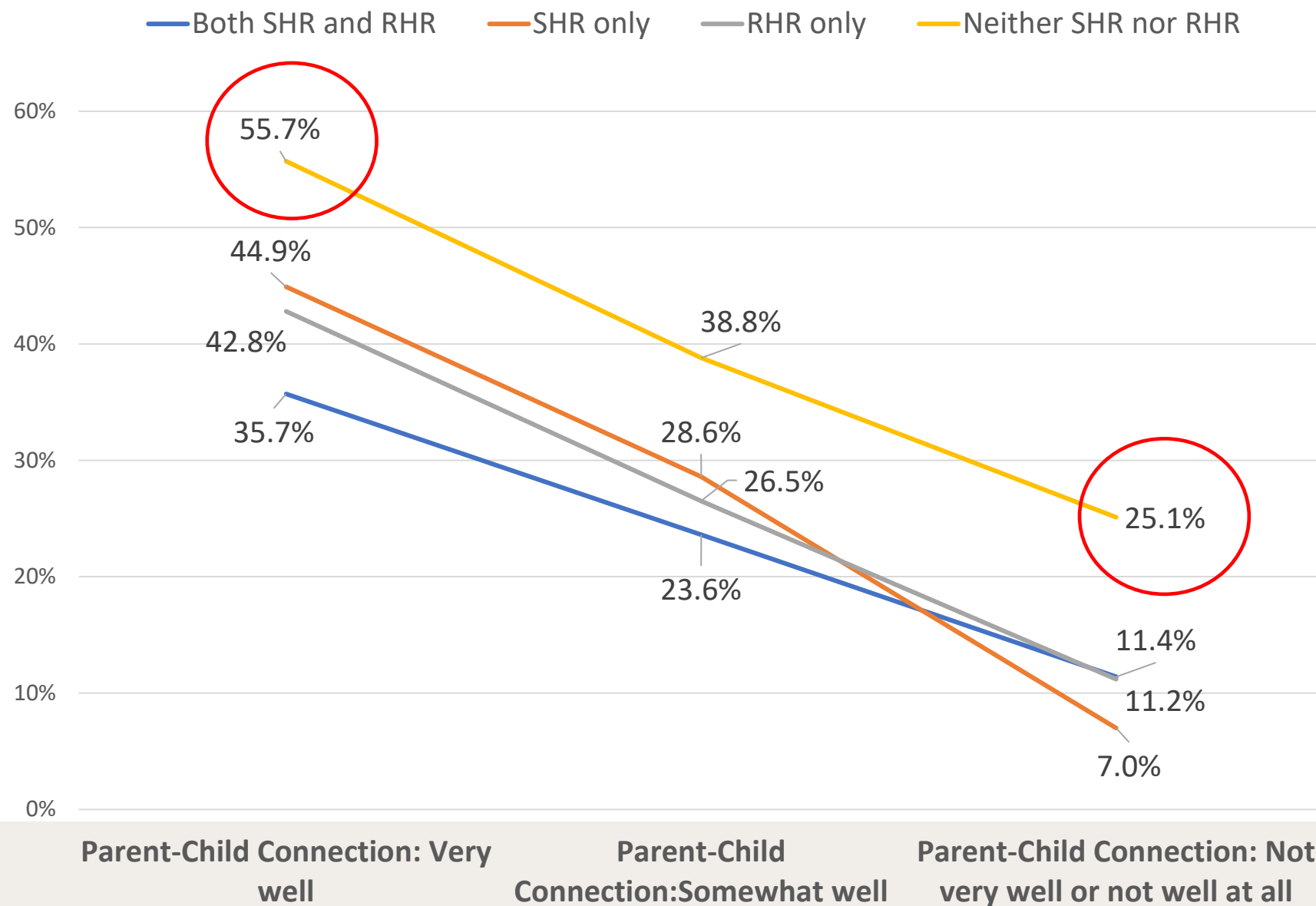
- ✓ **Over two-thirds** of children with mental health problems experience relational and/or social health risks
- ✓ Over **two-thirds** of children whose parents report high levels of stress with parenting have mental health problems.
- ✓ Children with mental health problems are **6.2 times more likely 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



Bethell, CD, Garner, A, Gombojav, N, et al. Social and relational health risks and common mental, emotional and behavioral conditions among US children: The important mitigating role of family resilience and connection. 2021. Child and Adolescent Psychiatric Clinics of North America (In Press)

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

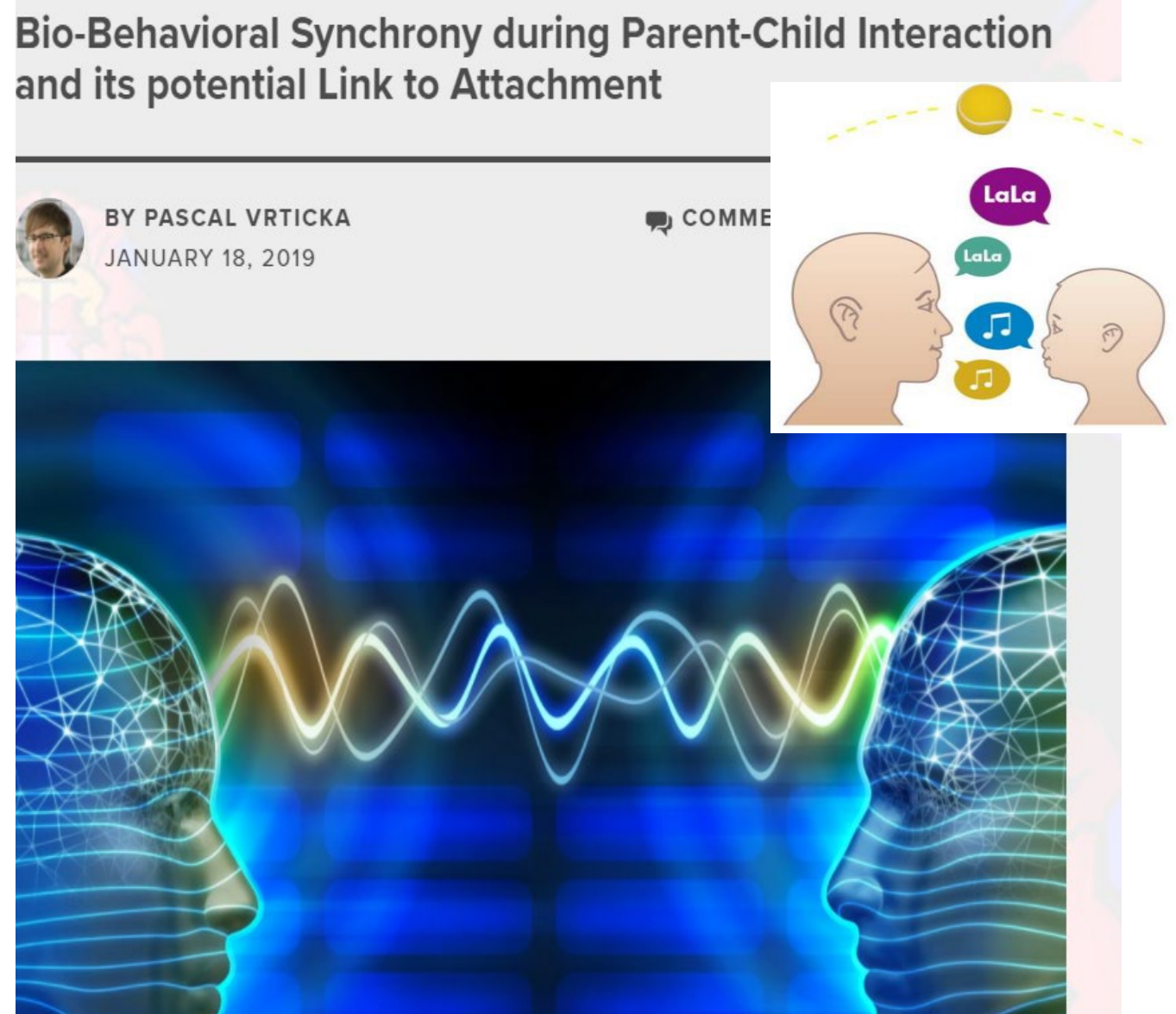


Bethell, CD, Garner, A, Gombojav, N, et al. Social and relational health risks and common mental, emotional and behavioral conditions among US children: The important mitigating role of family resilience and connection. 2021. Child and Adolescent Psychiatric Clinics of North America (In Press)

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](#)).

Slide: C. Bethell 2021





Navigating Positive and Relational Health Research Nuances



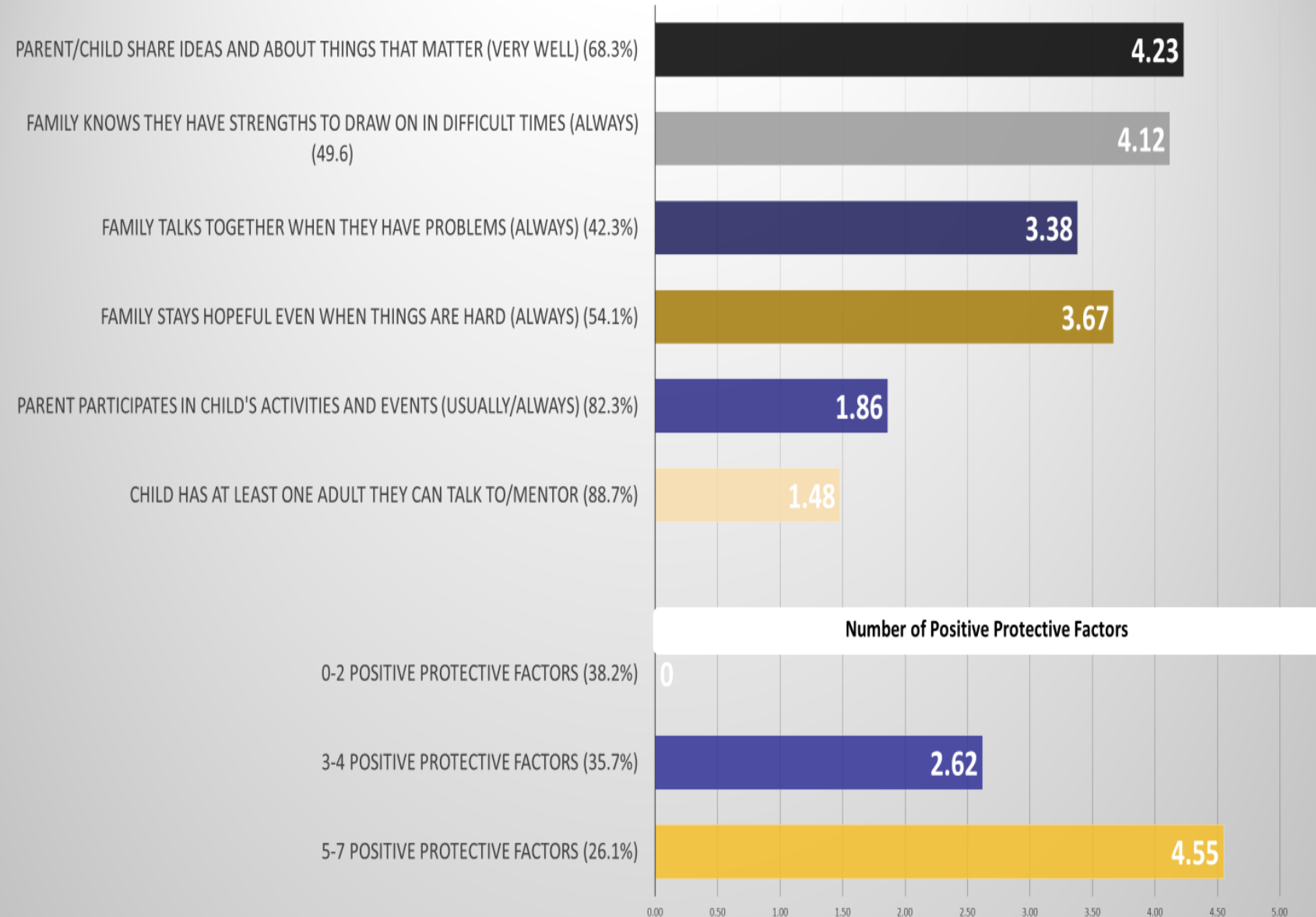
Adverse Childhood Experiences, Resilience and Mindfulness-Based Approaches: Common Denominator Issues for Children with Emotional, Mental, or Behavioral Problems

Christina Bethell PhD, MBA, MPH ^a,^b, Narangerel Gombojav MD, PhD ^a, Michele Solloway PhD,
MPA, RPP ^a, Lawrence Wissow MD, PhD ^b

[Show more](#) ▾

No one thing!
Effects are
related to
cumulative
positive factors.

Effect of Six Positive Protective Factors on Probability of Flourishing Among US School Age Children and Youth: Adjusted Odds Ratios* for Single Items vs. Cumulative Score (Data: 2016 NSCH)



*Adjusted odds ratios are significant after adjusting age, sex, race/ethnicity, income. Effects similar when further adjust for ACEs and CSHCN/EMB.

Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity

Christina D. Bethell, Narangerel Gombojav, and Robert C. Whitaker

AFFILIATIONS ▾

PUBLISHED: MAY 2019 [Open Access](#)

<https://doi.org/10.1377/hlthaff.2018.05425>

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



Family Resilience
(talk & work together,
hopeful, sees strengths)

**Parent-Child
Emotional
Connection**

Parents Cope
with Demands of
Parenting

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



Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425

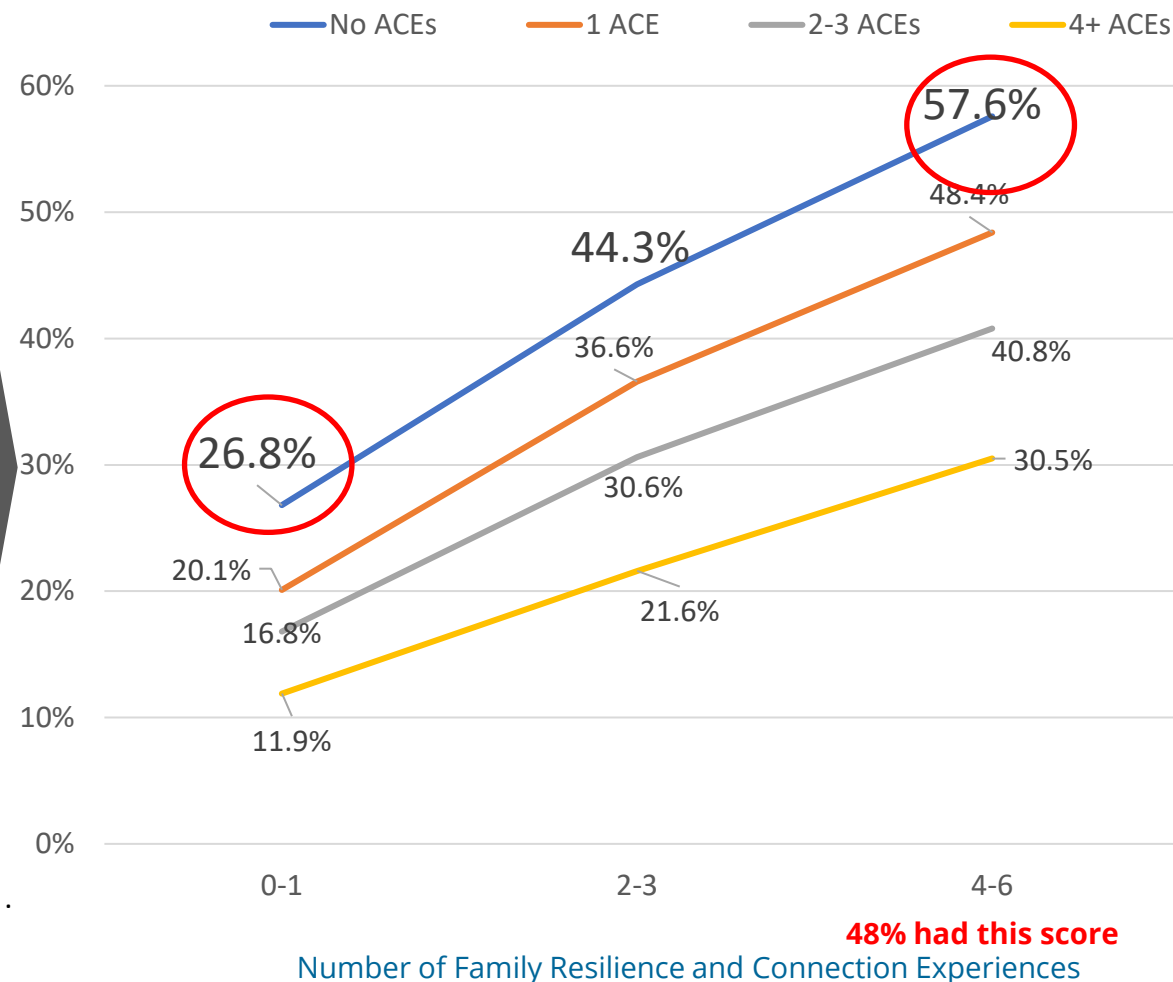
National prevalence US children age 6-17 years who flourish (by family protective factors and ACEs status)

RESEARCH ARTICLE | CULTURE OF HEALTH

[HEALTH AFFAIRS](#) > [VOL. 38, NO. 5](#) SOCIAL DETERMINANTS, CHILDREN & MORE

Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity

[Christina D. Bethell](#), [Narangerel Gombojav](#), and [Robert C. Whitaker](#)



**Connection key
even for children
without adversity!**

- ☐ 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



Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425

“Through Any Door” moment by moment positive childhood experiences is highly protective, even amid high adversity.

JAMA Pediatrics Search All Enter Search

This Issue Views **80,515** Citations **90** Altmetric **896**

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Original Investigation

ONLINE ONLY

September 9, 2019

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample

Associations Across Adverse Childhood Experiences Levels

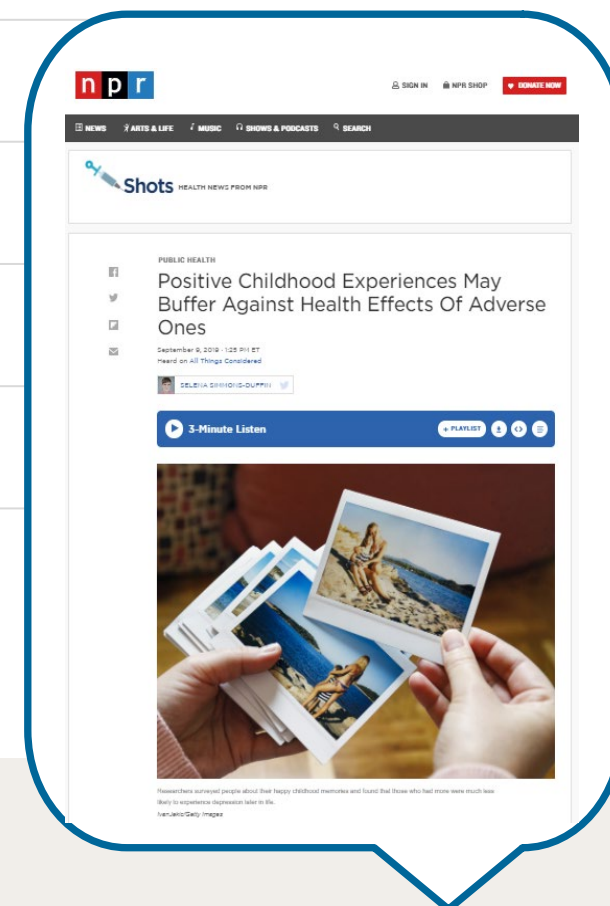
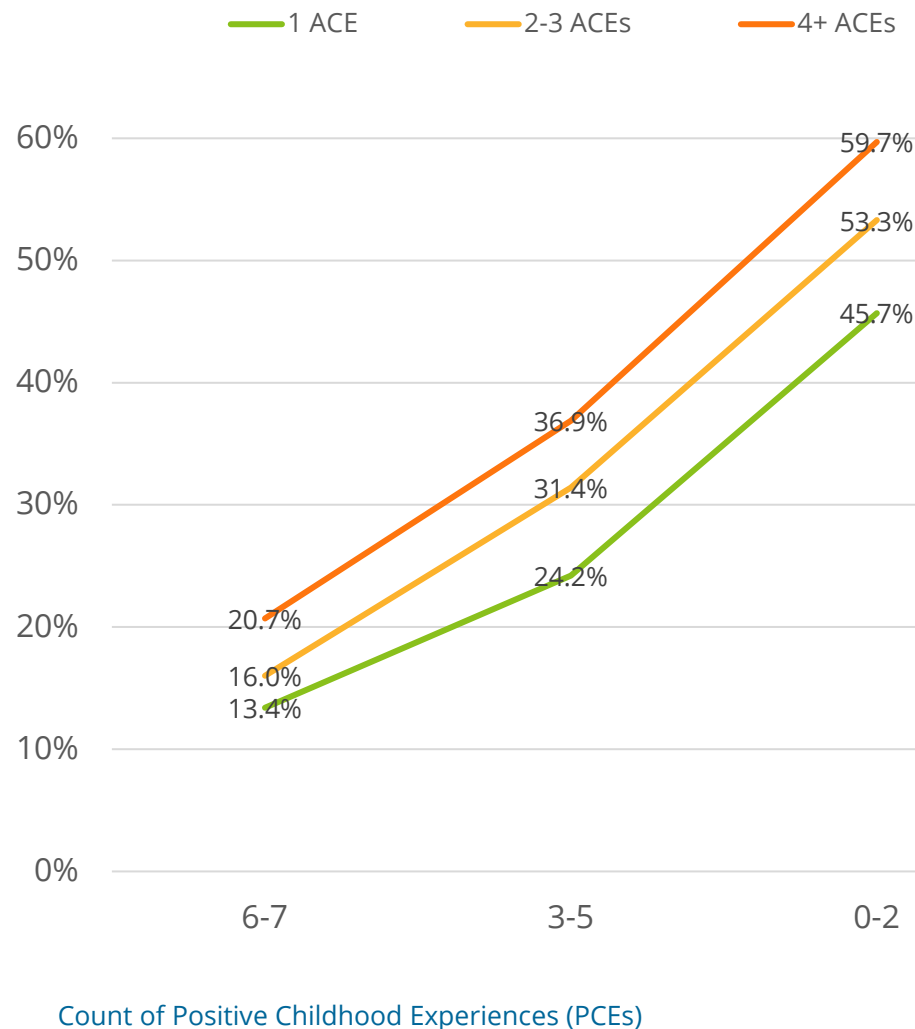
Christina Bethell, PhD, MBA, MPH¹; Jennifer Jones, MSW²; Narangerel Gombojav, MD, PhD¹; [et al](#)



<https://www.pacesconnection.com/resource/7-positive-childhood-experiences-pces>

Statewide (WI) Prevalence of Adult Depression and/or Poor Mental Health by Positive Childhood Experiences (PCEs) Scores and ACEs*

Depression/Poor Mental Health, %



*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.



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

The Paradox of Positive Experiences

Going from fixing to connecting!

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

J Pers Soc Psychol. 2018 December ; 115(6): 1075–1092. doi:10.1037/pspp0000157.

The Psychological Health Benefits of Accepting Negative Emotions and Thoughts: Laboratory, Diary, and Longitudinal Evidence

Brett Q. Ford^{1,*}, Phoebe Lam^{2,*}, Oliver P. John², and Iris B. Mauss²

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.

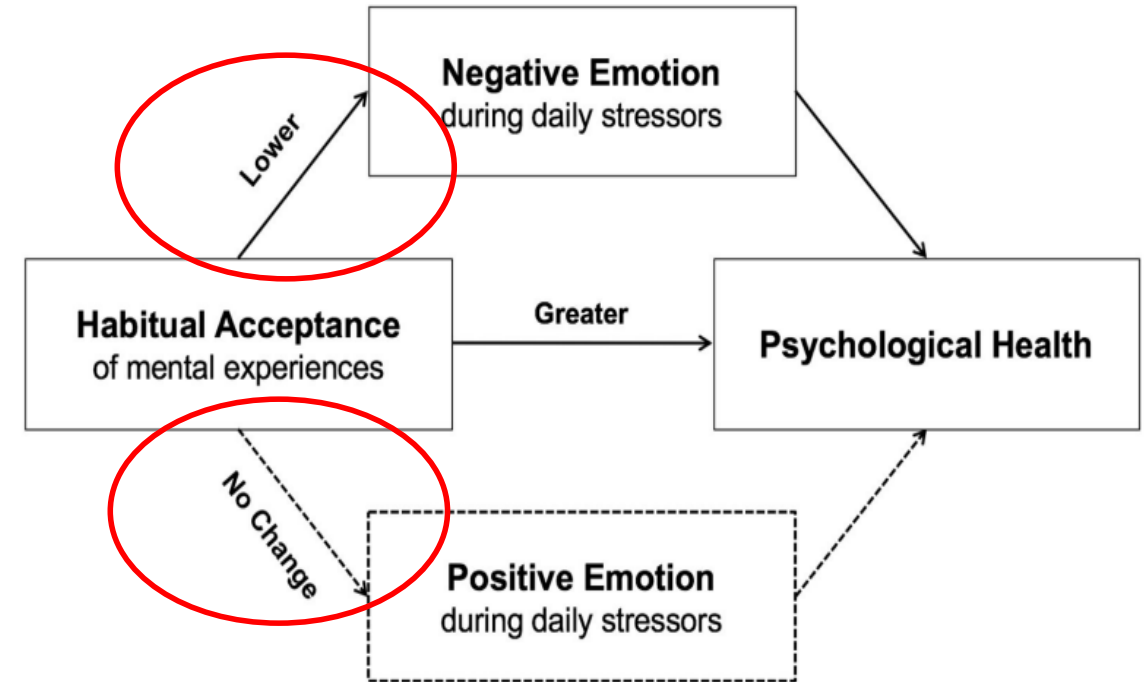


Figure 1.

Conceptual model wherein habitually accepting one's mental experiences (i.e., emotions and thoughts) contributes to greater psychological health via lower daily negative emotion (and not via daily positive emotion) experienced during daily stressors.



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

YOUR FEELINGS
ARE ALSO YOUR
SUPER POWERS

TUS SENTIMIENTOS
SON PURA
MAGIA

YOU'RE
DOING
GOOD,
BABY

REMEMBER:
HEALING IS
NOT LINEAR

Relational Wounding Requires Relational Healing

e.LA

#WhyWeRise

Possibility Pitfalls

Toxic Positivity *(noun)*

The overgeneralization of a happy, optimistic state that results in the denial, minimization and invalidation of the authentic human emotional experience.

@the psychology group

Avoiding the “Hard-Easy” Cognitive Bias

UT News

The University of Texas at Austin



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UT News > Press Releases > Depression Lowers When Teens Learn They Can Change, Study Shows

Depression Lowers When Teens Learn They Can Change, Study Shows

Sept. 23, 2014



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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.



Trauma to Trust uses ACEs science to heal wounds between community members, police

By Laurie Udesky, ACEs Connection reporter

In September 2016, 30 years after Al-Tariq-Best's harrowing encounter with police, he made his way over to the Newark Police Department to participate in the Trauma to Trust program. However, just minutes after Best stepped inside, he felt an overwhelming desire to turn on his heels and flee.

...But as the heat was rising in the room, another police officer stood up and started to talk. "And it's crazy," Best says. "I don't even know his name, and he

THE RESISTANCE TO THE DISTURBANCE IS THE DISTURBANCE

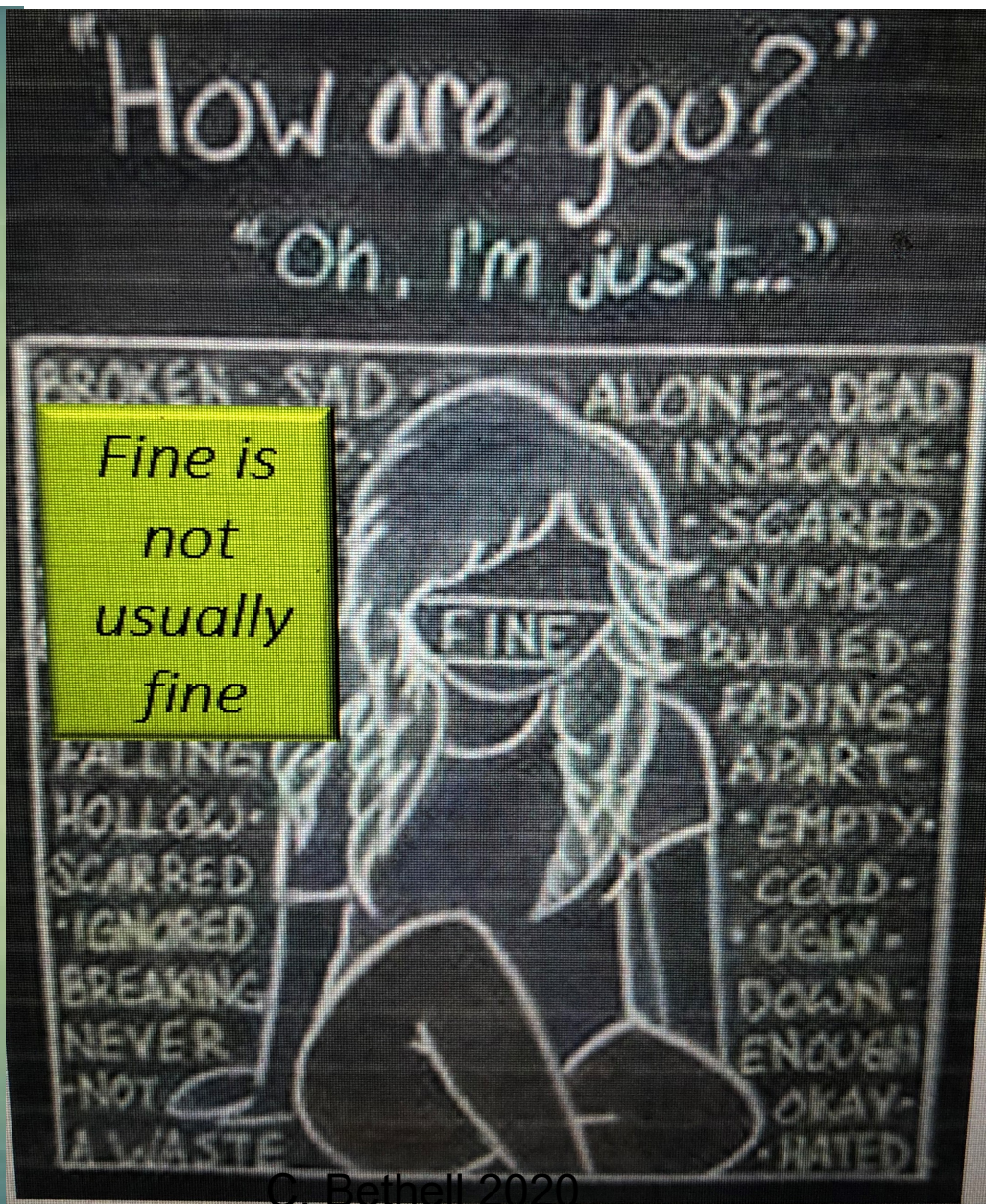
"I don't even know his name, and he apologized for what had happened to me when I was 17. **All this time, all I ever needed was an apology.** That's all I needed. Because my walls came crashing down once

**Making present what has
been "absented" heals**

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?"

C:\Users\cbethell\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\8ZQLVRGZ\email (003).mht

Possibility Pitfall: Mistaking numbness for being okay. Blaming others for not seeking help.



*Fine is
not
usually
fine*

Mattering, stigma and reaching youth

International Journal of Mental Health and Addiction (2020) 18:1294–1303

<https://doi.org/10.1007/s11469-019-00138-6>

ORIGINAL ARTICLE

Feelings of Not Mattering, Perceived Stigmatization for Seeking Help, and Help-Seeking Attitudes among University Students

Amy Shannon¹ • Gordon L. Flett¹ • Joel O. Goldberg¹

Published online: 23 October 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

“...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!

TABLE 1 Elements of Mattering

Awareness	Importance	Reliance
I am the object of other's attention	I am an object of other's concern	Other chooses/looks to me
Other:	Other:	Other:
Notices me*	Invests resources in me*	Seeks my advice*
Recognizes me*	Promotes my welfare*	Depends on me
Is familiar with me*	Is attentive to my needs*	Seeks support from me*
Remembers my name*	Provides emotional support for me	Seeks resources from me*
Is aware of my presence*	Takes pride in me*	Needs me*
Focuses attention on me*	Cares about what I do*	Misses me
Does not ignore me*	Criticizes me for my own good*	Trusts me to be there*
	Inconvenienced self for me*	Values my contribution
	Sees me as an ego-extension*	
	Listens to me*	

Note. Items with asterisks are those covered in the final 24-item index.

Elements of Mattering

Self and Identity, 3: 339–354, 2004
Copyright © 2004 Psychology Press
ISSN: 1529-8868 print/1529-8876 online
DOI: 10.1080/13576500444000119

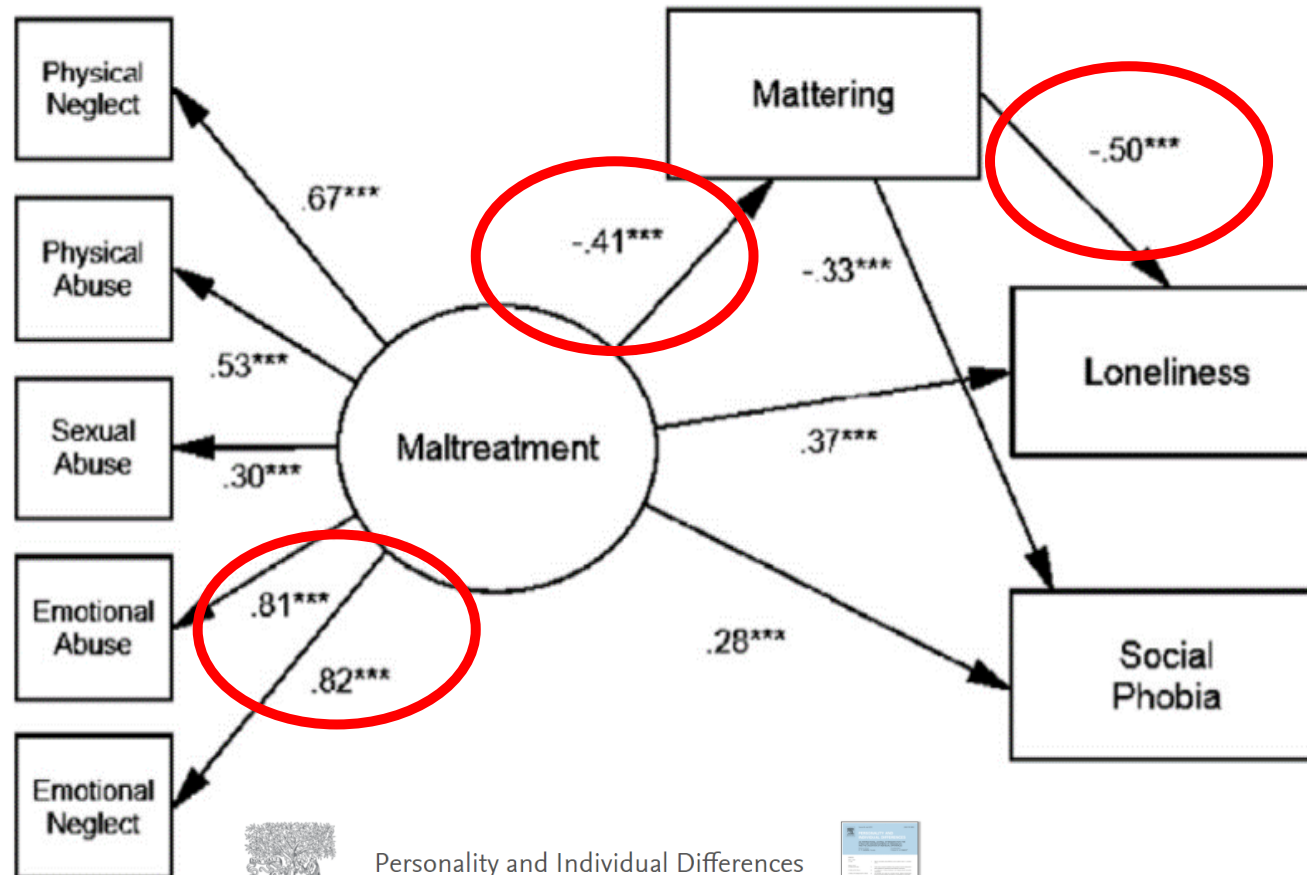
 Psychology Press
Taylor & Francis Group

Mattering: Empirical Validation of a Social-Psychological Concept

GREGORY C. ELLIOTT
SUZANNE KAO

Brown University, Providence, Rhode Island, USA

Tapping into the inner and relational pharmacy! Relational wounding requires relational health. In this You Are the Medicine!



Personality and Individual Differences
Volume 92, April 2016, Pages 52-56



Antecedents, correlates, and consequences of feeling like you don't matter: Associations with maltreatment, loneliness, social anxiety, and the five-factor model

Gordon L. Flett ^a, Abby L. Goldstein ^b, Ingrid G. Pechenkov ^a, Taryn Nepon ^a, Christine Wekerle ^c

- **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

Am J Community Psychol (2020) 65:16–34
DOI 10.1002/ajcp.12368

ORIGINAL ARTICLE

Mattering at the Intersection of Psychology, Philosophy, and Politics

Isaac Prilleltensky

Highlights

- Reviews the construct of mattering.
- Discusses mattering in the context of contemporary political debates.
- Relates mattering to existing constructs within community psychology.

© 2019 Society for Community Research and Action

The Integrated Child Risk Index: Measurement for a Whole Child Health Policy

Bethell, C, Blackwell, C, Gombojav, N, Davis, M, Bruner, C, Garner, A. Toward Measurement for a Whole Child Health Policy: Validity and National and State Prevalence on the Integrate Child Risk Index, AcadPeds (Dec. 2021).

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

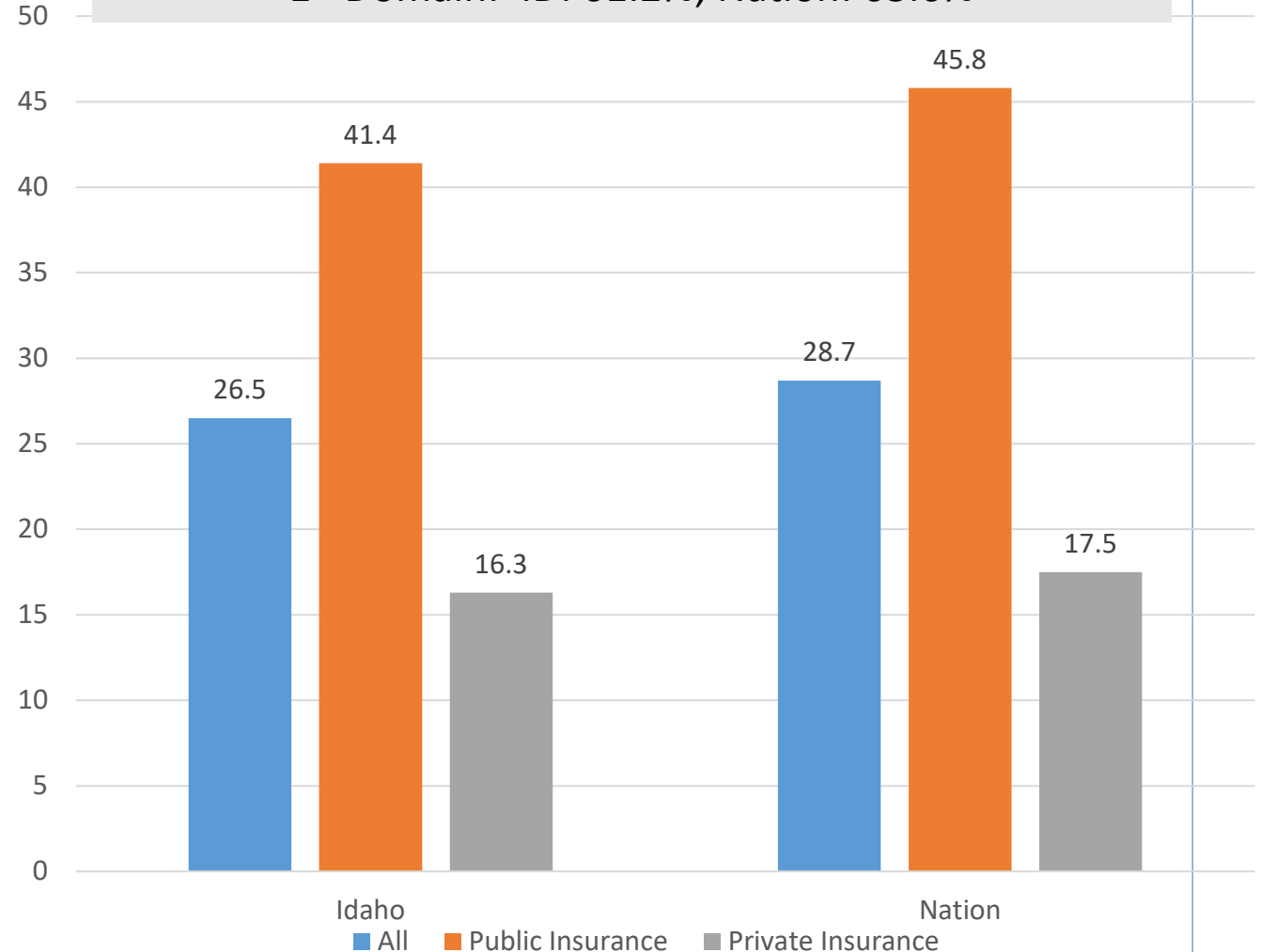
- Food Insufficiency/Insecurity
- Economic Hardship/Difficulty paying for housing, transportation, basic needs
- Unsafe Neighborhood/Exposure to Violence
- Treated or Judged Unfairly Due to Race/Ethnicity

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

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

1+ Domain: ID: 61.2%; Nation: 63.6%



Community Integrated Child Health Services Transformation

Common Recommendations

Policy, program and research recommendations/opportunities focused on promoting early and life long health of children and families

Payment for Progress: Investing to Catalyze Child and Family Well-Being Using Personalized and Integrated Strategies to Address Social and Emotional Determinants of Health

A report on strategic priorities emerging from the "Payment transformation to address social and emotional determinants of health for children" project. Prepared for the Children's Hospital Association by the Child and Adolescent Health Measurement Initiative, Johns Hopkins University, and AcademyHealth.

Christina Bethell, PhD, MBA, MPH; Susan Kennedy, MPP, MSW

Opportunities for Medicaid to Transform Pediatric Care for Young Children to Promote Health, Development, and Health Equity

CHCS Center for Health Care Strategies, Inc.
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

BEHAVIORAL HEALTH PROVIDER PARTICIPATION IN MEDICAID VALUE-BASED PAYMENT MODELS:

AN ENVIRONMENTAL SCAN AND POLICY CONSIDERATIONS

www.TheNationalCouncil.org



JUNE 2019

Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change

Donna Cohen Ross, Center for the Study of Social Policy
Jocelyn Guyer, Alice Lam, Madeleine Toups, Manatt Health

Bright Futures

FOURTH EDITION

Guidelines for Health Supervision of Infants, Children, and Adolescents



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
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Well-Child Visits

- Comprehensive well child visits as required under EPSDT.
- Adherence to AAP Bright Futures scope and schedule.
- Screening for physical, developmental, social-emotional-behavioral health, maternal depression and other social determinants of health.
- Anticipatory guidance and parent education, as required in EPSDT and Bright Futures.
- Family engagement, focused on two-generation approaches to ensuring child health
- Other primary care practice augmentations (e.g., Reach Out and Read).

Care Coordination / Case Management

- Individualized, with intensity commensurate with need.
- Routine care coordination for all as part of medical home.
- Intensive care coordination/case management for those with higher needs identified.
- Structured, family-focused approach to assess and respond to medical and non-medical health-related needs.
- Linkages to community resources, with active identification and engagement of those resources.

Other Services

- Child/family support programs, including those designed to be collocated in primary care (e.g., Healthy Steps, Project DULCE).
- Integrated behavioral health in primary care setting.
- Referrals to and integration with other services such as home visiting, family support, early intervention, early childhood mental health, and other programs.

* InCK Marks Working Paper; Johnson and Bruner and HE & YC papers (2017-2019).

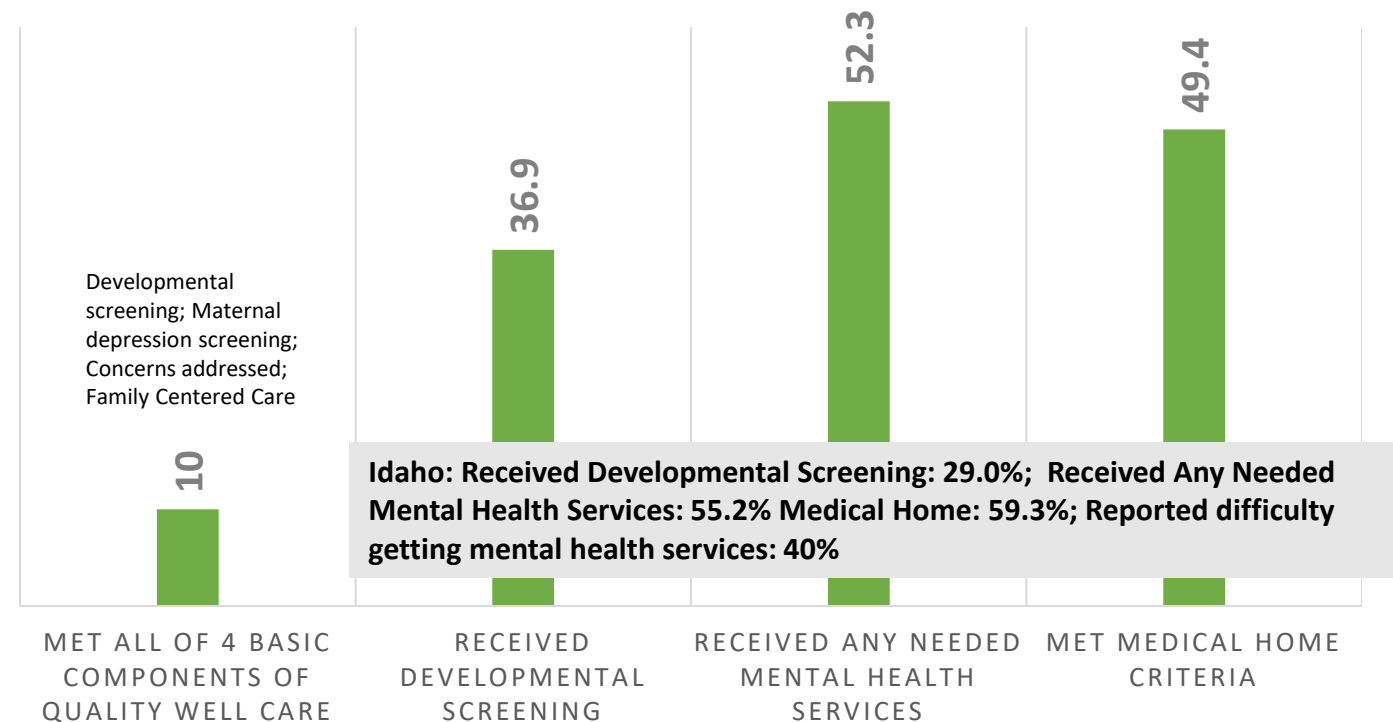
The Opportunity of Pediatric Preventive Services—Well Visits

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



Sources: Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. *Pediatrics*. 2004 Jun;113(6 Suppl):1973-83. PMID: 15173469; Hirai AH, Kogan MD, Kandasamy V, Reuland C, Bethell C. Prevalence and Variation of Developmental Screening and Surveillance in Early Childhood. *JAMA Pediatr*. 2018;172(9):857-866. Medical Home/ MH Service Data: Child and Adolescent Health Measurement Initiative, Data Resource Center, Accessed 3/27/22 at www.childhealthdata.org

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

	Family often practices 4 qualities of resilience when facing problems	3 or more of 5 protective family routines and habits practiced
How often providers spend enough time*		
Always	73.1%	74.7%
Sometimes/Never	47.9%	53.6%
How often providers listen carefully to parents*		
Always	71.0%	72.6%
Sometimes/Never	46.1%	56.0%
How often specific information needed is provided*		
Always	70.7%	72.5%
Sometimes/Never	45.9%	51.9%

*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”).



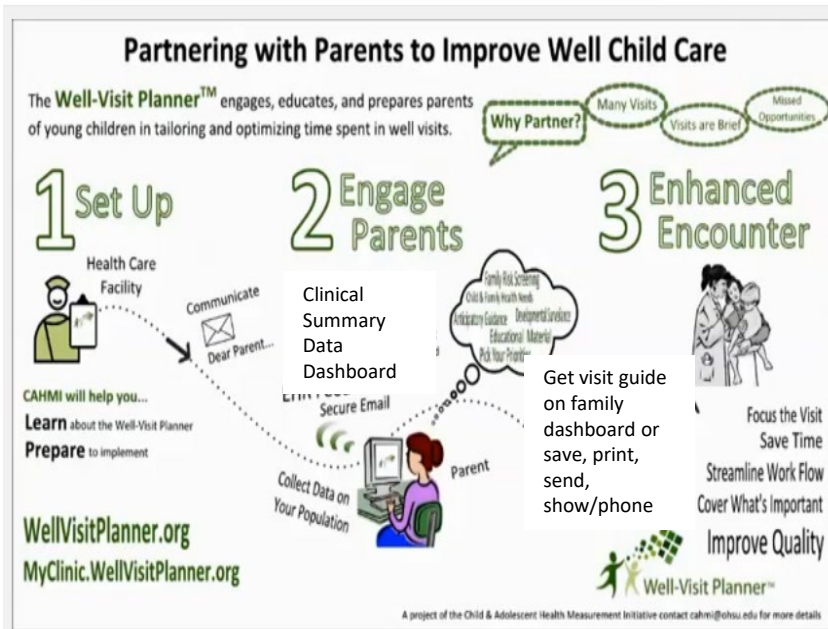
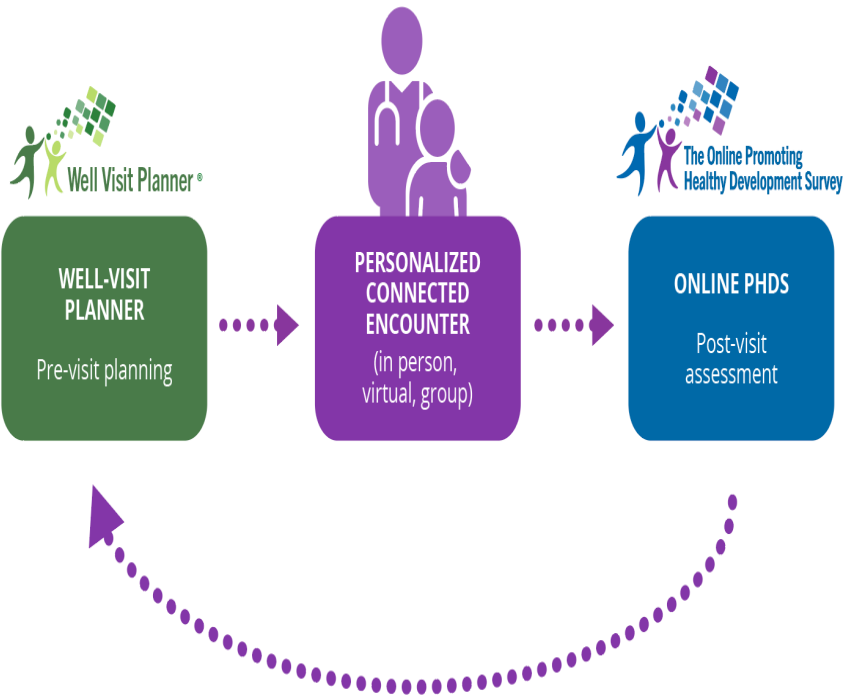
*Bethell, Whitaker, Gombojav, 2018

The COE's Well Visit Planner® Approach to Preventive and Developmental Services (COE and PHDS began in 1997; WVP concept '98; funded 2008)



Exploring the "Cycle of Engagement": Quality Improvement Tools to Educate and Engage Families in Well Child Care and the Health of their Children

Christina Bethell, PhD, MBA, MPH
Child and Adolescent Health Measurement Initiative
Johns Hopkins Bloomberg School of Public Health
Department of Population, Family and Reproductive Health



Partnering with Parents to Improve Well Child Care

Create An Account

About You

Your Full Name

Account Information

Email Address

Password

Confirm Password

SUBMIT

Already have an account? [Sign In](#)

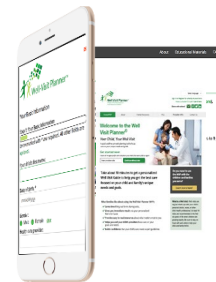
Register Your Site to Use the Well-Visit Planner Implementation Portal

This is where you will register to get a dashboard to personalize the Well-Visit Planner (WVP) for use with your families. The WVP is an online family engagement tool and based off the American Academy of Pediatrics Bright Futures (4th edition).

Please start by registering and confirming your email address. After confirming your email address, you will be able to log into the site using the credentials you provided.

LOGIN

Don't yet have an account? [Register Now!](#)



Mobile Optimized
English & Spanish

Well Visit Planner® **LIFEBRIDGE HEALTH**

Data Dashboard

Get Well Visit Planner Well Visit Guides and Clinical Summaries

Access below available Well Visit Planner Family Well Visit Guides and provider Clinical Summaries. Use the search feature to the right if you wish to search for a Well Visit Guide or Clinical Summary by a child's birth month and year. Initial, the visit age (e.g., 12 months, 18 months, etc.) will be shown. You can also filter Well Visit Guides and Clinical Summaries by the date the family completed the Well Visit Planner or the date of the child's visit. To download Well Visit Guides and/or Clinical Summaries, click "View PDF". The Well Visit Guides include a PDF of the Well Visit Guide, and the Well Visit Guides include a PDF of the Well Visit Guide.

Showing 11 Results

Child Name	Visit Age	Family Special	Date of Child's Visit	Date WVP Completed	Clinical Summary	Clinical Summary View Status	Clinical Summary View Status	Well Visit Guide	Well Visit Guide View Status
20000	15 Month Well Visit	Test/Consult/Referral	5/14/2021	5/11/2021	15	Download PDF	View	15	Download PDF

WVP Family Website

View Your Customized WVP Family Website

Get Your Well Visit Planner Data

WVP Family Website

Update Content/URL Name or Logo

Update Account and Resource Links

Update Ways to Get Child Visit Guides

WVP Implementation Review

Clinical Summary of Well Visit Planner® Findings: 15 Month Well Visit
Date of Well Visit: 5/14/2021 • Date WVP Completed: 5/11/2021 • Birth Month & Year: 3/2020

Key: ☐ Limited important clinical risk or concern ☐ Family member indicated clinical risk or concern ☐ Family member indicated clinical risk or concern

Screening and Assessments Summary and Topics to Address: Assess & Address	About This Child
Child Development Developmental Surveillance and Screening <input type="checkbox"/> Developmental Screening SWYC milestones score: 18 (met age expectations; score may or may not indicate a delay. Clinical review with family needed.) Very Much • Copies sounds that you make • Calls you "mama" or "dada" or similar name • Follows directions - like "Come here" or "Give me the ball" • Looks around when you say things like "Where's your bottle?" or "Where's your blanket?" • Names at least 5 body parts - like nose, hand, or tummy • Names at least 5 familiar objects - like ball or milk • Runs • Walks across a room without help • Kicks a ball • Walks up stairs with help <input checked="" type="checkbox"/> Awareness of developmental screening: Family not aware of having had developmental screening <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Lazy or crossed eyes <input checked="" type="checkbox"/> Caregiver's overall level of concern about child's development/learning/behavior: A little (I have some concerns about fighting naps) <input type="checkbox"/> Flag for potential alcohol misuse <input type="checkbox"/> Recreational/non-prescription drug use <input checked="" type="checkbox"/> Smoking: Child exposed to smoking	Relational Health <input type="checkbox"/> Intimate partner violence risk <input type="checkbox"/> Intimate partner violence risk: Caregiver and partner work out arguments with some difficulty Social Factors/Determinants <input checked="" type="checkbox"/> Lives with both parents: Yes <input type="checkbox"/> Concerns with meeting basic needs <input type="checkbox"/> Treated unfairly due to racism <input type="checkbox"/> Positive impact of COVID-19: Somewhat <input type="checkbox"/> Negative impact of COVID-19: A little <input type="checkbox"/> Impact of COVID-19 on family's well-being: We've been able to spend more time together as a family, but have definitely missed our extended family Caregiver Emotional Health <input checked="" type="checkbox"/> Caregiver social support: Does not have at least one person they trust and can go to with personal difficulties <input type="checkbox"/> Depression risk: PHQ-2 Score of 4: • Down, depressed, or hopeless several days over the past 2 weeks • Little interest or pleasure in doing things several days over past 2 weeks <input type="checkbox"/> Caregiver self care/hobbies <input type="checkbox"/> Caregiver parent coping Other assessments added by provider: None Additional caregiver/parent concerns to address during the visit (open-ended): (Sleep routines and when to drop a nap)
Anticipatory Guidance Priorities Selected by the Family: Coach & Educate View educational materials for the 15 Month Well Visit here: https://www.wellvisitplanner.org/Education/Topics.aspx?ID=5 This child's parent/caregiver selected the following top 4 priorities across each of the 30 recommended Bright Futures anticipatory guidance topics for the 15 Month Well Visit. You may use the resources on the next page to address these priorities. 1. Behaviors to expect in the next few months 2. Sleep routines and sleep habits 3. Temper tantrums: tips for dealing with them and avoiding triggers 4. Your child's moods and emotions	General Health and Updates Child's Health and Health History <input checked="" type="checkbox"/> Child has ongoing health problem requiring above routine services (CSHCN screener): Chronic health condition managed primarily through prescription medication <input type="checkbox"/> Fluoride <input type="checkbox"/> Dental care <input type="checkbox"/> New medications <input type="checkbox"/> Bowel movements/urination concerns <input type="checkbox"/> Currently taking vitamins/herbal supplements Family History and Updates <input checked="" type="checkbox"/> Recent family changes (e.g. move, job change, separation, divorce, death in the family): Move <input type="checkbox"/> New medical problem in family <input checked="" type="checkbox"/> Parent/grandparent had stroke or heart problem before age 55 <input type="checkbox"/> Parent has elevated blood cholesterol Strengths to Celebrate! Connect & Celebrate Caregiver self care/hobbies: Caregiver/parent has spent time in the last 2 weeks doing hobbies, self care, or spare-time activities they enjoy One thing that is going well for the caregiver/parent as a caregiver/parent: I feel like we are able to communicate a bit more as she gets older One thing the child can do that caregiver/parent is excited about: She has started running and it's really fun to watch her move a bit more on her own Caregiver coping: Caregiver is coping very well

SWYC Milestones: The developmental screening instrument of the Survey of Well-Being of Young Children (SWYC), which meets American Academy of Pediatrics' developmental screening guidelines. ☒ Intimate partner violence risk assessed using the Woman Abuse Screening Tool-Short (WAST-Short), a two-question abuse screening tool. ☒ The Pediatric ACEs and Related Life Events Screener (PEARLS) screens for a child's exposure to adverse childhood experiences (ACEs) and risk factors for toxic stress. ☒ Caregiver depression risk is assessed using the Patient Health Questionnaire-2 (PHQ-2) for the 9 month well visit and beyond. ☒ The Children with Special Health Care Needs (CSHCN) Screener is a validated 5-item screening tool for children with chronic conditions and above routine services.



A pre-visit, age-specific
online tool for families
of children up to
6 years old!

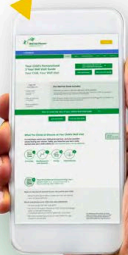
Your child's next well visit is on:
12/23/2021



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.



What families like about this tool:

- ✓ **Saves time** filling out forms and teaches you **what to expect** during well visit appointments
- ✓ **Focuses visit time on your needs and priorities** and helps to build a stronger relationship with your child's provider(s)
- ✓ Helps ensure your child and family get the **best care** based on **Bright Futures expert recommendations**
- ✓ Shows you the **value of each well visit** to help your child and family thrive during the first 6 years of life
- ✓ **Highlights what is going well** and provides educational resources to **build your confidence to care for your child**

How do I **get started?**
You have 3 options:

1. Use this link:

www.wellvisitplanner.org/CAHMITEST

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:



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

[CAHMITEST](#)

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



Select language ▾

Sign in or Register for a Family Account here
Have a provider ID code? [Use it here](#)

Share with others!



Home/WVP

About

Family Resources

FAQ

Provider Info

Contact Us

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 all 14 age-specific 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.

Do you want to use
the WVP with the
children and families
you serve?

[Learn more here!](#)

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

What is a Well Visit: Well visits are regular check-ups with your child's personal doctor, nurse, or other child health professional. At least 14 visits are recommended in the first six years of life when children are growing rapidly. Be sure to stay on track with well visits to help your child and family thrive.



- 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%

Caregivers/Parents Learn, Engage and Partner

- ❖ "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

- ❖ "[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"

What Provider's Say?

[Home](#)[About](#)[Learn More](#)[Request a Demo](#)[Try it Out!](#)[Request an Account](#)

- **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!



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.



Recent data shows that more than 140,000 U.S. children have suffered the loss of a primary or secondary caregiver during the pandemic. (ISTOCKPHOTO)



Common Elements to H.E.L.P Children and Families

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!

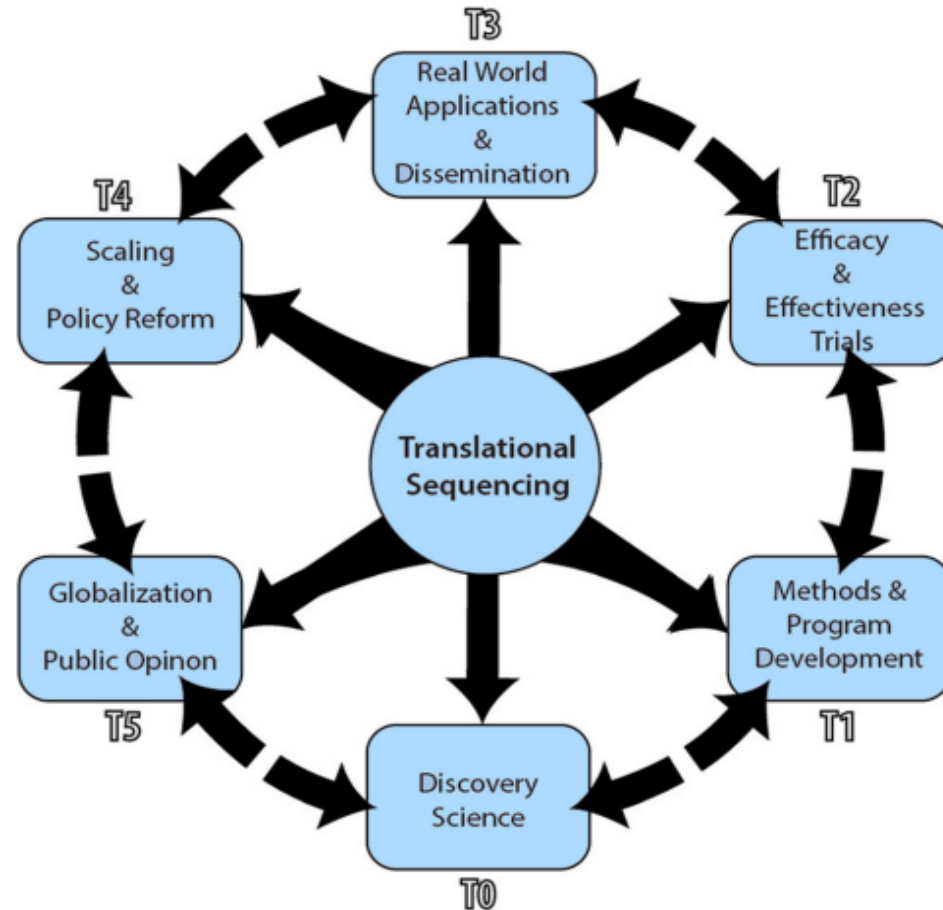
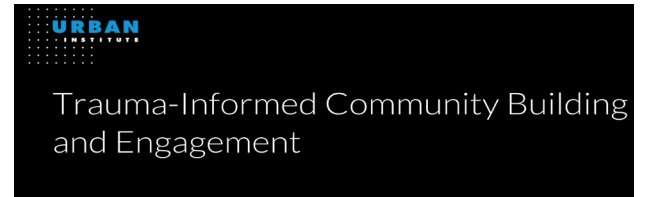


Fig. 1 | The full translational spectrum of prevention science model showing the following six basic stages of translational research: *T0* Discovery Science, *T1* Methods and Program Development, *T2* Efficacy and Effectiveness Trials, *T3* Real-World Applications and Dissemination, *T4* Scaling and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



Elsa Falkenburger and Olivia Arena
URBAN INSTITUTE
Jessica Wolin
SAN FRANCISCO STATE UNIVERSITY
April 2018

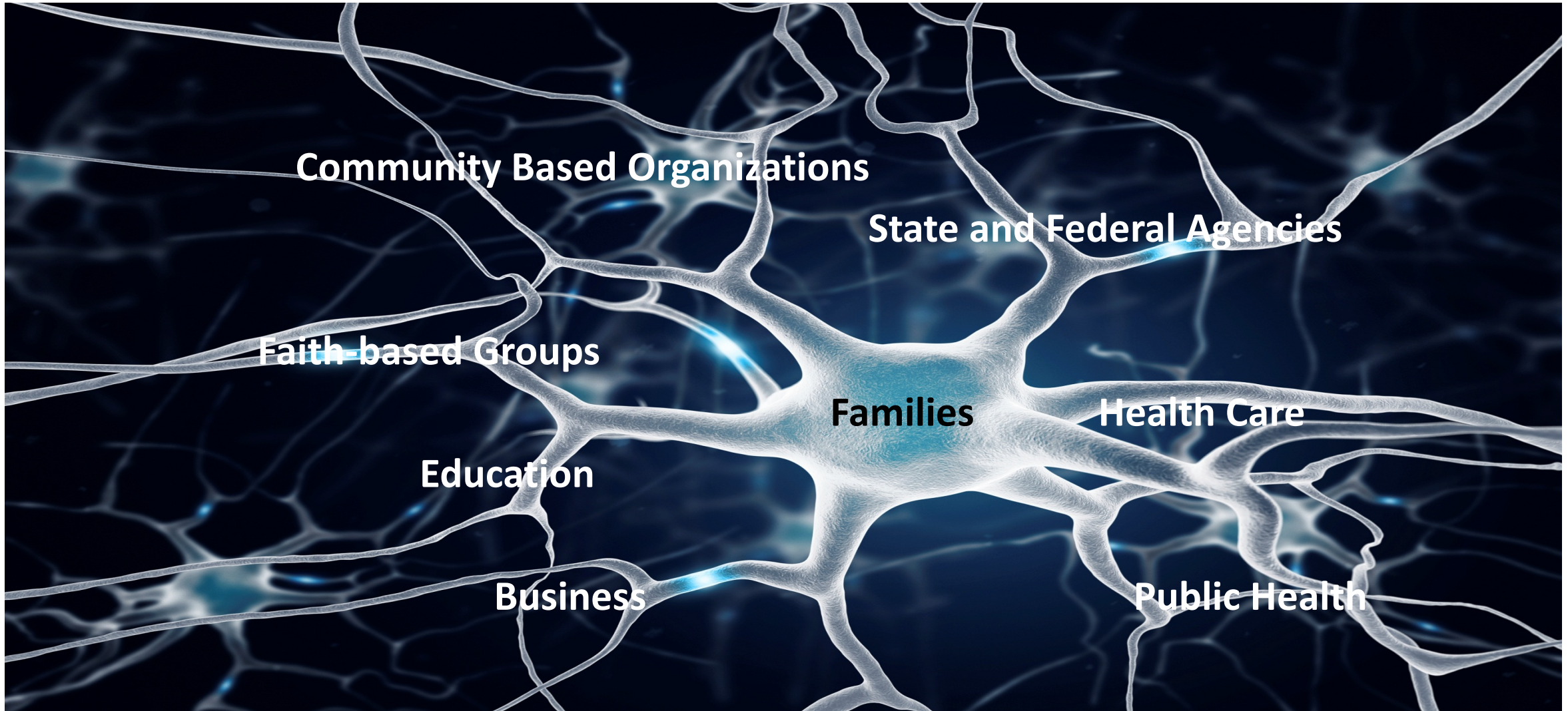


Exhibit B: California Recommendations Roadmap to Advance Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience

(www.prop64roadmap.org The Commonwealth Fund)



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



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



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



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

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



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 (4CA) 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

BACKGROUND

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Learning-Centered Innovation, Measurement and Evaluation:

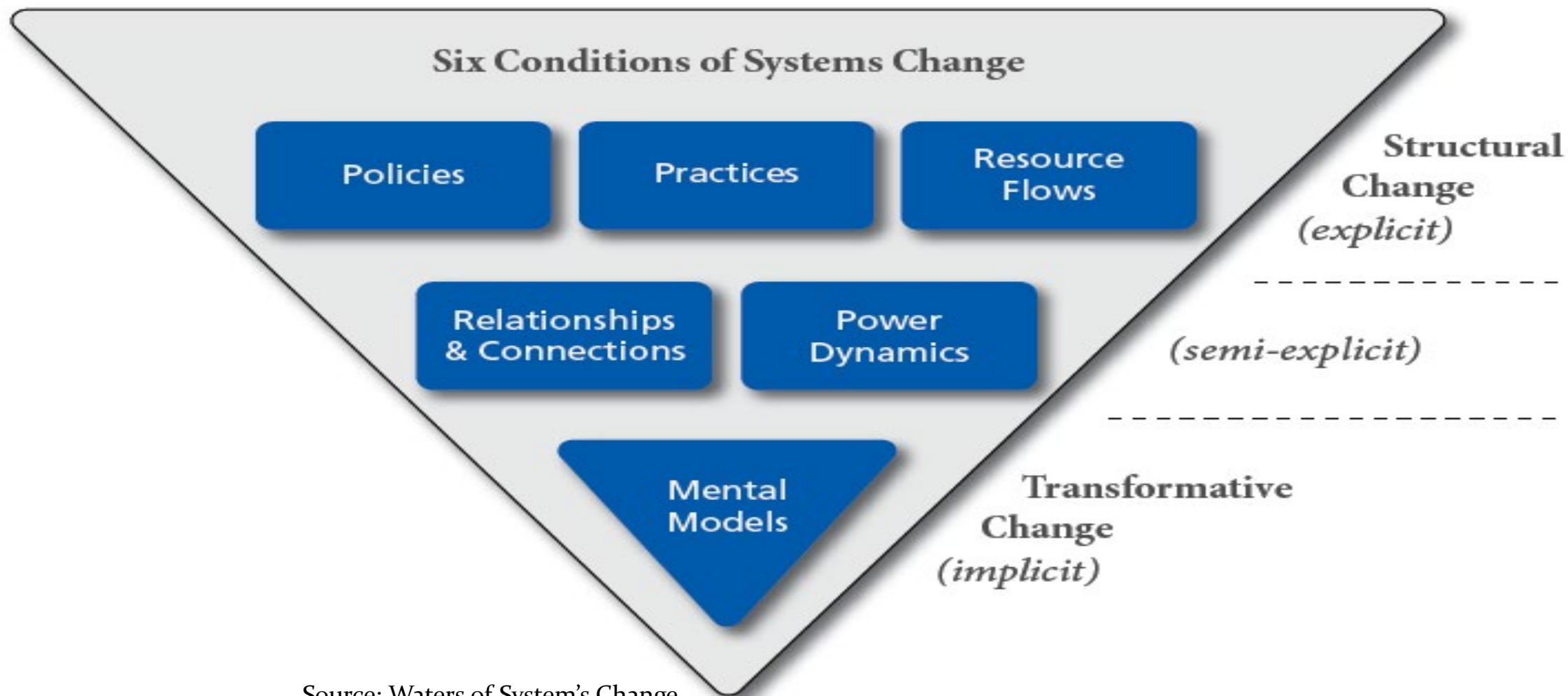
Tools for Applying a Healing-Centered and Trauma-Informed Lens

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?”

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE



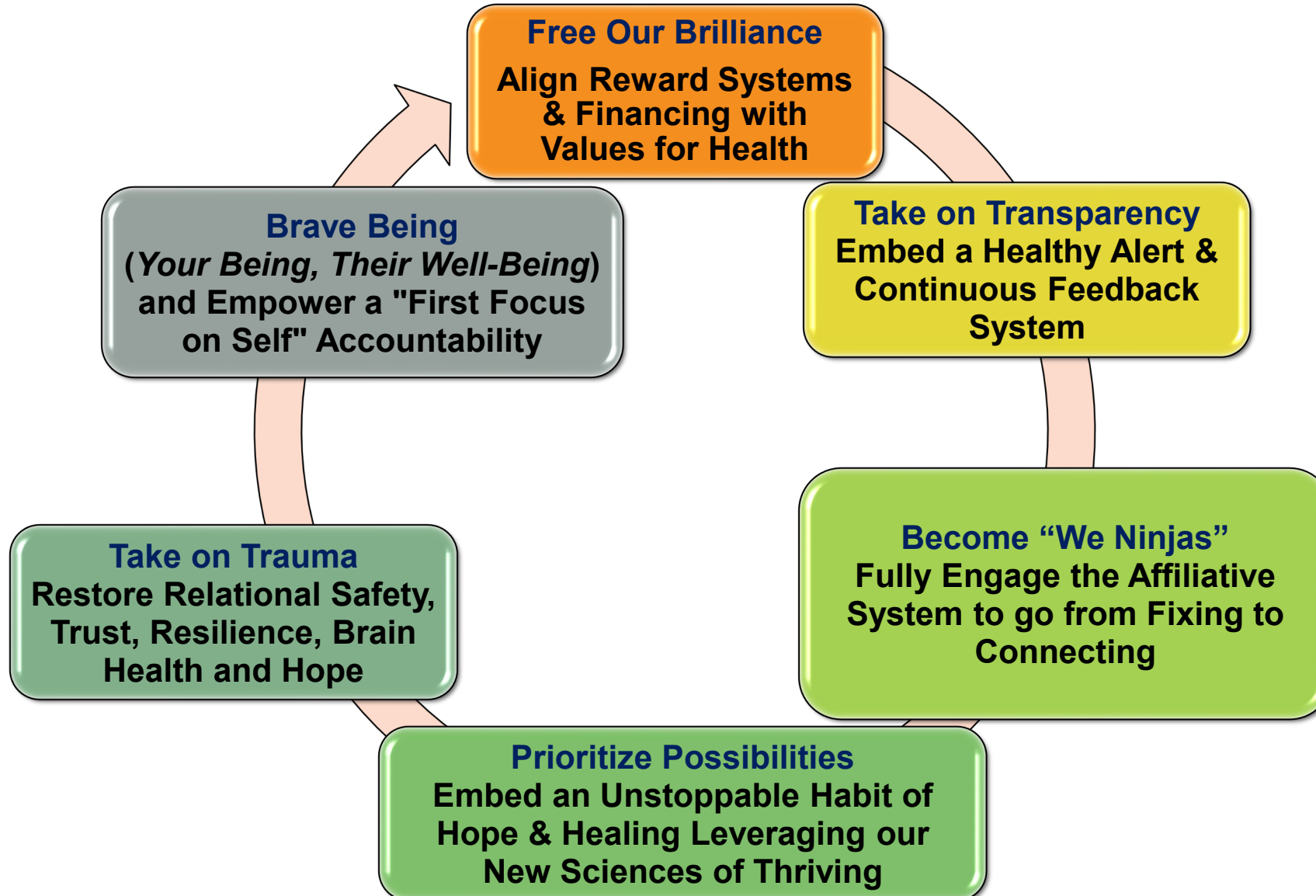
Source: Waters of System's Change



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



We Are the Medicine®



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



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.

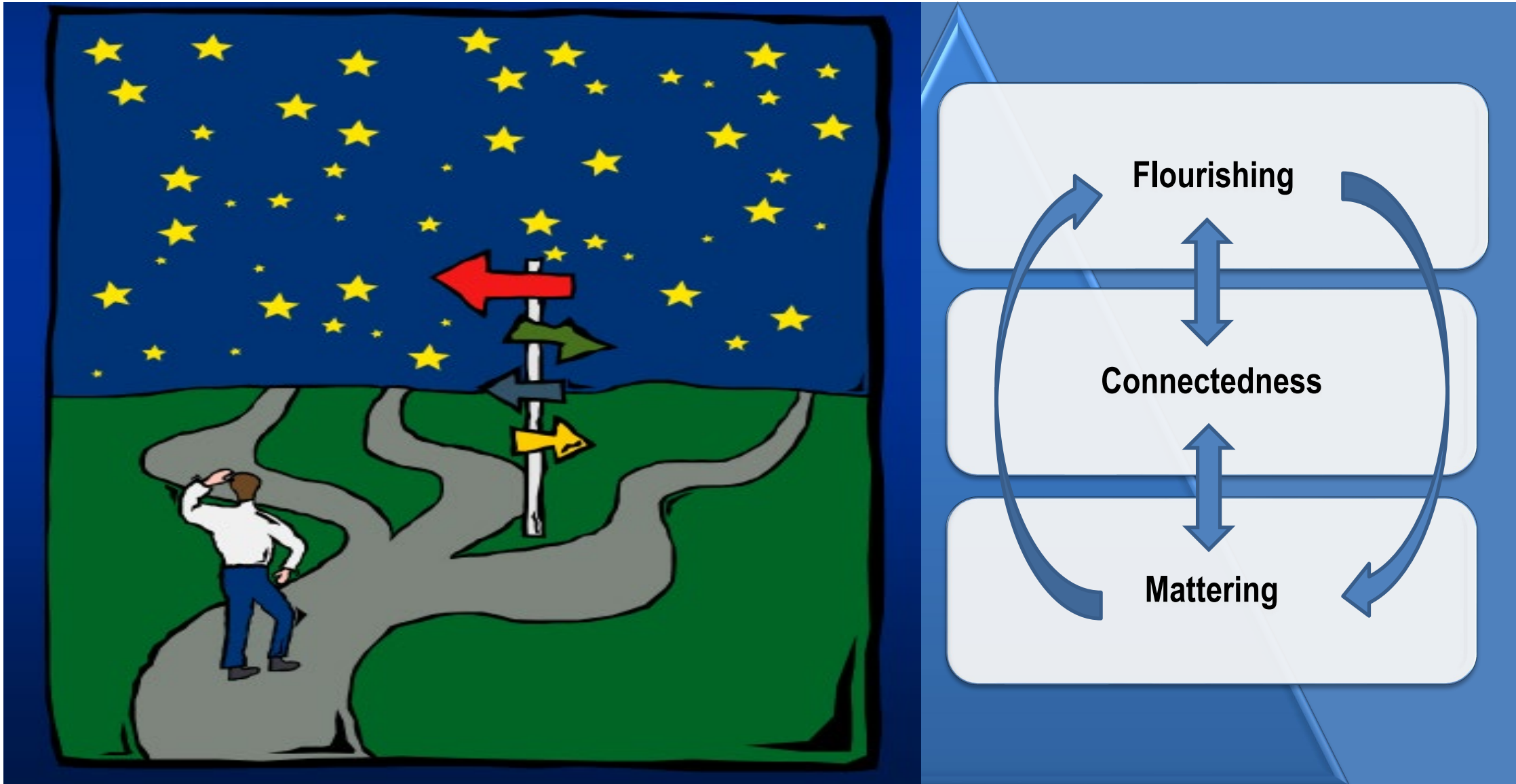


Principle 1: Supporting responsive relationships is a critical factor in building resilience across the lifespan.



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

Start Where We Want to End Up





The resistance to the disturbance is the disturbance

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)



<https://www.ifgic.org/the-citizen-is-present-goes-climate/>

**“The success of an intervention depends on
the interior condition of the intervenor.”**
William O’Brien, former CEO, Hanover Insurance

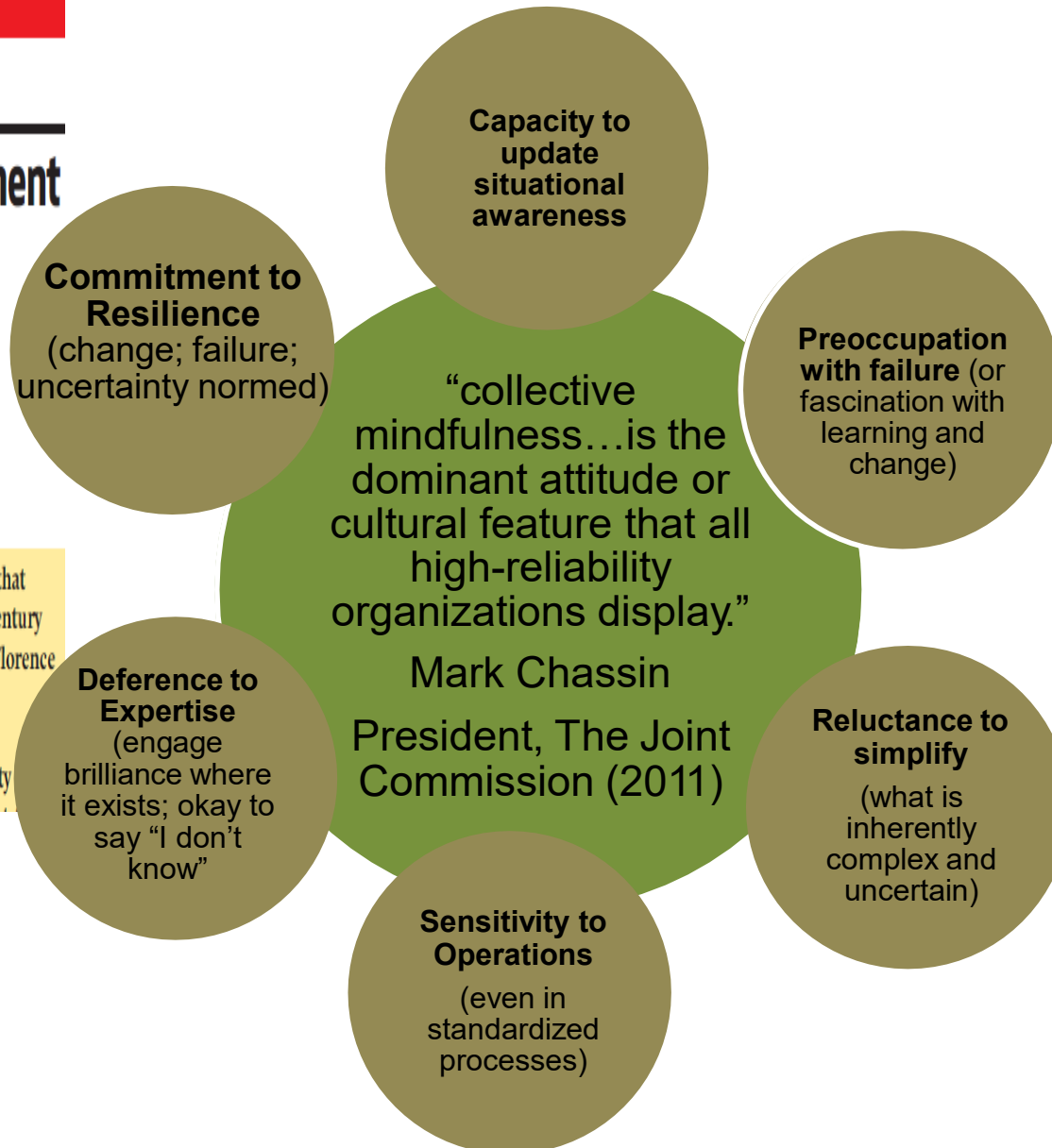
Collective Mindfulness & System Performance

THE QUALITY JOURNEY

By Mark R. Chassin and Jerod M. Loeb

The Ongoing Quality Improvement Journey: Next Stop, High Reliability

ABSTRACT Quality improvement in health care has a long history that includes such epic figures as Ignaz Semmelweis, the nineteenth-century obstetrician who introduced hand washing to medical care, and Florence Nightingale, the English nurse who determined that poor living conditions were a leading cause of the deaths of soldiers at army hospitals. Systematic and sustained improvement in clinical quality





Thinking Cognitive Skills

Critical thinking

Skills in critically reviewing
the validity of views,
evidence and plans

Complexity awareness

Understanding of and skills
in working with complex
and systemic conditions
and causalities.

Perspective skills

Skills in seeking, understanding
and actively making use of insights
from contrasting perspectives

Sense- making

Skills in seeing patterns, structuring
the unknown and being able
to consciously create stories

Long-term orientation, Visioning

Long-term orientation and ability
to formulate and sustain
commitment to visions relating
to the larger context

Relating

Caring for Others
and the World

Appreciation

Relating to others and to the world
with a basic sense
of appreciation, gratitude and joy

Connected- ness

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



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 being willing to disrupt conventional patterns

The Journey From Childhood Trauma to Positive Health

From the work
of Pia Melody—
The Meadows

