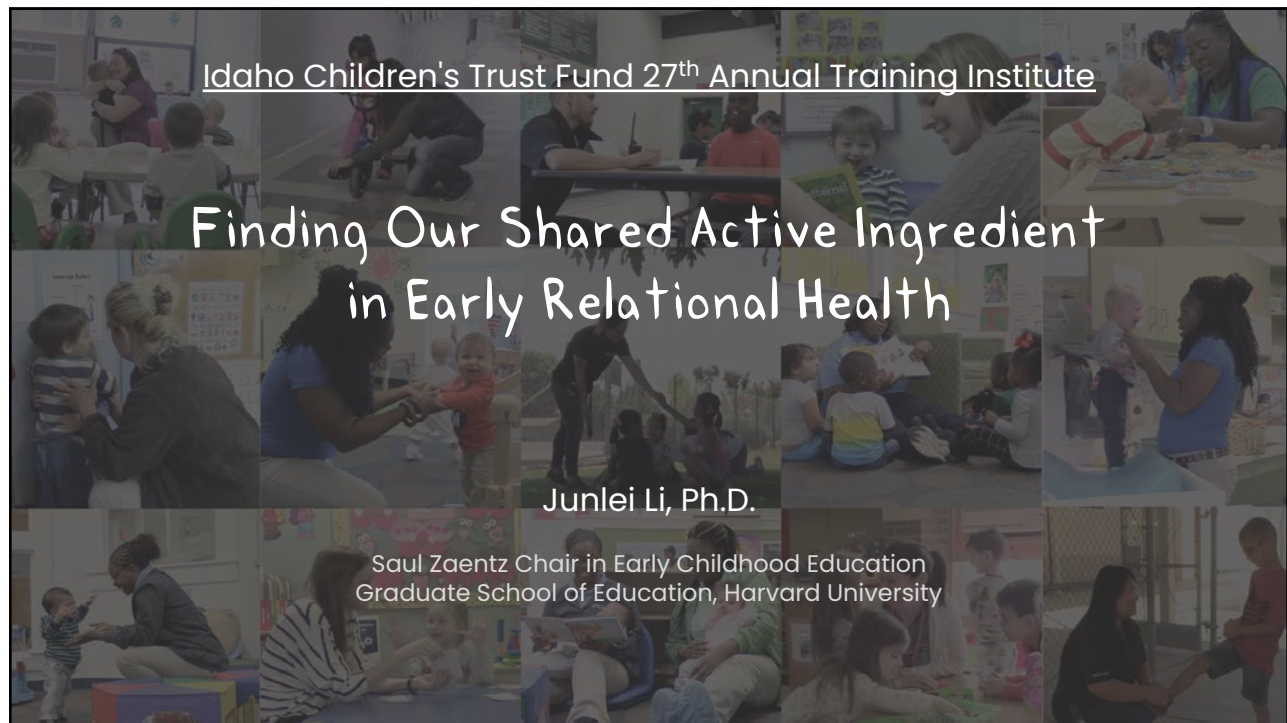




1

**HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES**

Dr. Bob Sege
Director, Center for Community-Engaged Medicine, Tufts University

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Keywords...

About Resources Research and Publications Blog News Events Train with Us Press

The HOPE framework can be used to promote PCEs for all children

The HOPE framework centers around the Four Building Blocks of HOPE, key types of positive childhood experiences that all children need to thrive, and helps organizations, communities, and individuals make changes to practices, policies, and programming to ensure that all children have equitable access to PCEs.

The Four Building Blocks of HOPE

The Four Building Blocks of HOPE provide an accessible, actionable way of talking about the key types of PCEs:

RELATIONSHIPS	ENVIRONMENT	ENGAGEMENT	EMOTIONAL GROWTH
Relationships Safe and supportive relationships within the family and with other children and adults.	Environment Safe, equitable, and stable environments where children can live, learn, and play.	Engagement Opportunities for social and civic engagement to develop a sense of belonging and connectedness.	Emotional Growth Opportunities for emotional growth where children feel supported through difficult events and emotions.

2

Everyday Actions That Help Build Protective Factors

Everyday Actions:

- Column 1:**
 - Considerate in multiple ways that parents are valued
 - Honor each family's race, language, culture, history and approach to parenting
 - Encourage parents to manage stress effectively
 - Support parents as decision makers and help build decision making and leadership skills
 - Help parents understand how to buffer their child during stressful times
- Column 2:**
 - Help families value, build, sustain and use social connections
 - Create an inclusive environment
 - Facilitate mutual support around parenting and other issues
 - Promote engagement in the community and participation in community activities
- Column 3:**
 - Model developmentally appropriate interactions with children
 - Provide information and resources on parenting and child development
 - Encourage exploration of parenting issues of
 - Provide opportunities to try out new parenting strategies
 - Address parenting issues from a strength-based perspective
- Column 4:**
 - Respond immediately when families are in crisis
 - Provide information and connections to other services in the community
 - Help families to develop skills and tools they need to identify their needs and connect to supports
- Column 5:**
 - Help parents foster their child's social emotional development
 - Model nurturing support to children
 - Include children's social and emotional development activities in programming
 - Help children develop a positive cultural identity and interest in a diverse society
 - Respond proactively when social or emotional development seems to need support

Protective Factors:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence of Children

Results:

- Strengthened Families
- Optimal Child Development
- Reduced Likelihood of Child Abuse and Neglect

CENTER FOR THE STUDY OF SOCIAL POLICY • WWW.CSSP.ORG

The Strengthening Families Protective Factors

Risk Factors (above umbrella): Poverty, Physical & Emotional Abuse, Lack of Employment Opportunities, Community Violence, Substance Use, Weak Community Sanctions Against Violence, Homelessness, Unsafe Housing, Domestic Violence, Incarcerated Parent.

Protective Factors (rainbow segments): Individual, Relational, Community, Societal; Parental Resilience, Social Connections, Knowledge of Parenting & Child Development, Concrete Support, Social-Emotional Competence.

Goals of Building PFs with Individuals & Families:

1. Buffering the impact of risk factors
2. Decreasing the likelihood of negative outcomes
3. Increasing the likelihood of healing, health, and well-being

Goals of Building PFs in Communities & Society:

1. Counteracting, reducing, or eliminating adverse community and societal conditions, environments, and experiences

Charlyn Harper Browne
Senior Fellow
Contact: She, Her, Hers
charlyn.harperbrowne@cssp.org
[SEE FULL PROFILE ->](#)

3

Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience

Decades of research about **resilience**... the single most common finding is that children who end up doing well have had **at least one stable and committed relationship** with a supportive parent, caregiver, or other adult.

Center on the Developing Child  HARVARD UNIVERSITY

4

Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience

at least one
stable and committed relationship

Center on the Developing Child  HARVARD UNIVERSITY

5



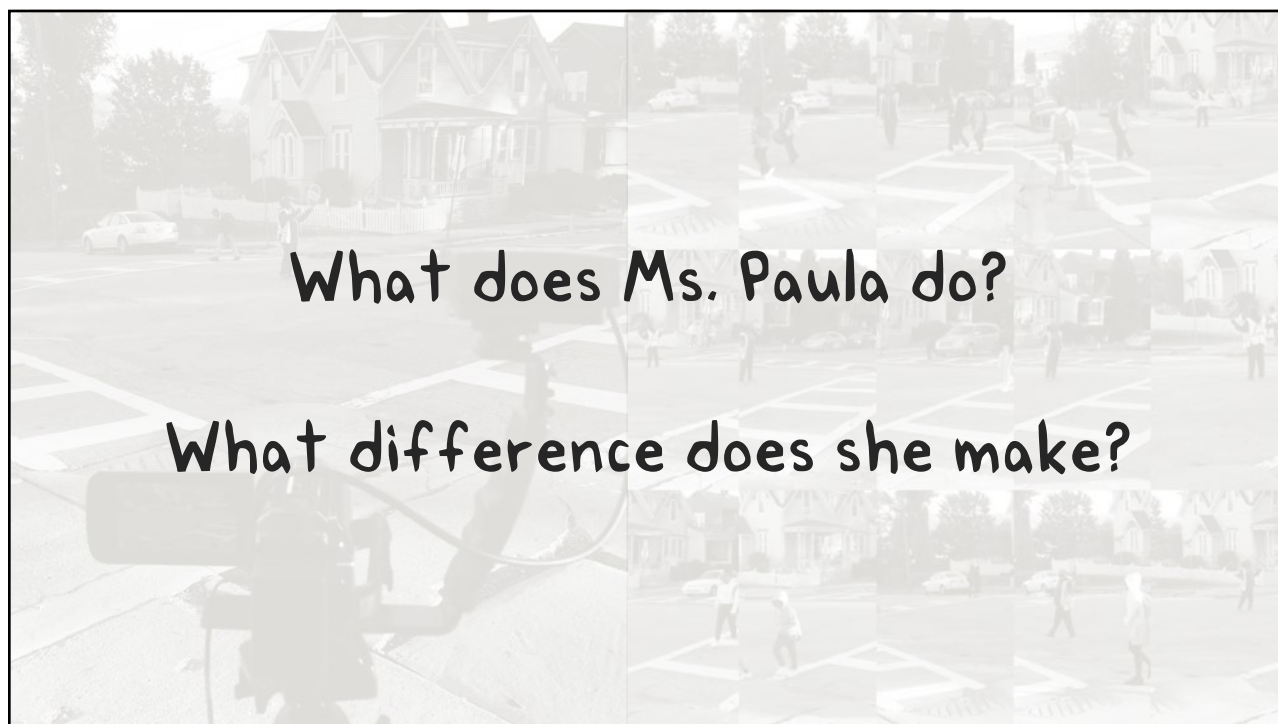
6

From a Foster Care Case Worker

"I agree with everything you said about
the importance of relationships ...

That is why I am thinking about quitting my job."

7



8



9

HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

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The Four Building Blocks of HOPE

The Four Building Blocks of HOPE provide an accessible, actionable way of talking about the key types of PCEs:

RELATIONSHIPS

Relationships

Safe and supportive relationships within the family and with other children and adults.

ENVIRONMENT

Environment

Safe, equitable, and stable environments where children can live, learn, and play.

ENGAGEMENT

Engagement

Opportunities for social and civic engagement to develop a sense of belonging and connectedness.

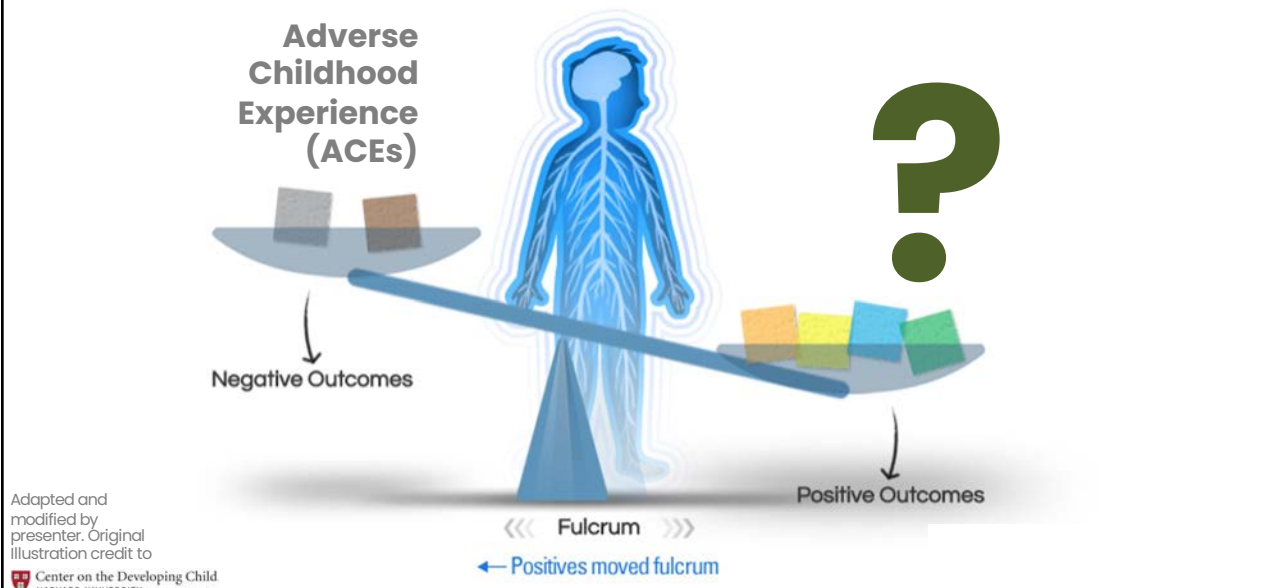
EMOTIONAL GROWTH

Emotional Growth

Opportunities for emotional growth where children feel supported through difficult events and emotions.

10

The Resilience Scale



11

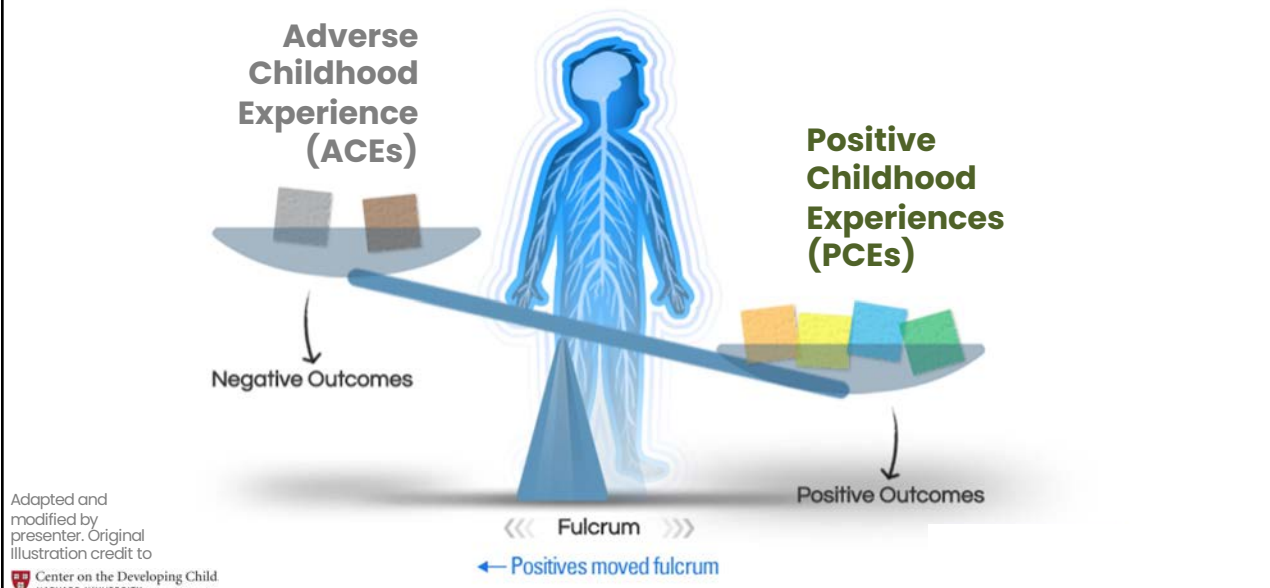
Positive Childhood Experiences (PCEs)

- **safe and protected** by an adult in their home;
- able to **talk to their family** about feelings;
- their **family stood by them** during difficult times;
- enjoyed participating in **community traditions**;
- a sense of **belonging** in school
- supported by **friends**
- had **at least 2 nonparent adults** who took genuine interest in them

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). *Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels*. JAMA Pediatrics, 173(11), e193007–e193007.

12

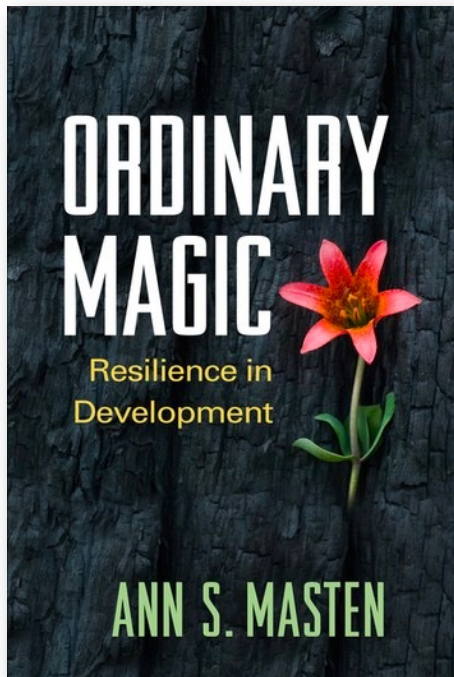
The Resilience Scale



13

Physical, behavioral, and mental health depend on the **health of our relationships.**

14

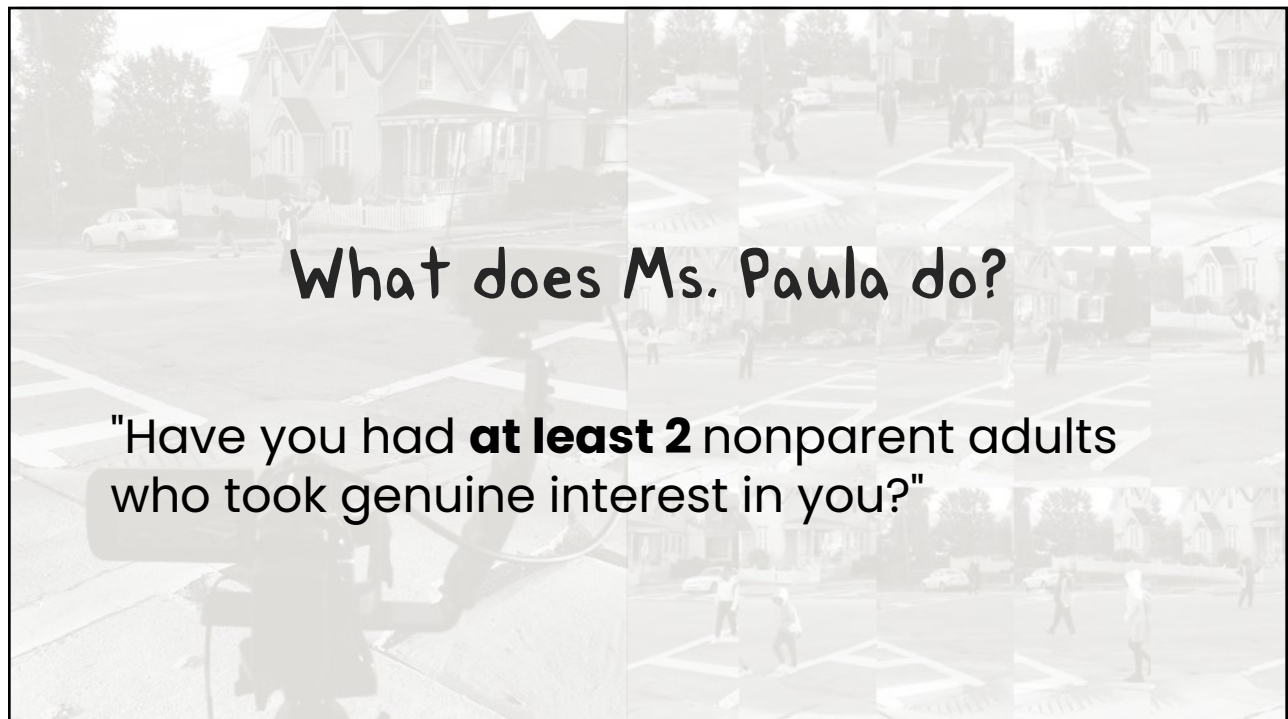


"The biggest surprise (from the study of resilience) was the ordinariness of the phenomenon.

Most of the time, the children who make it have ordinary human resources and protective factors in their lives."

Ann Masten (2014)

15



16

Physical, behavioral, and mental health
depend on the **health of our relationships.**

Early Relational Health

17

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

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

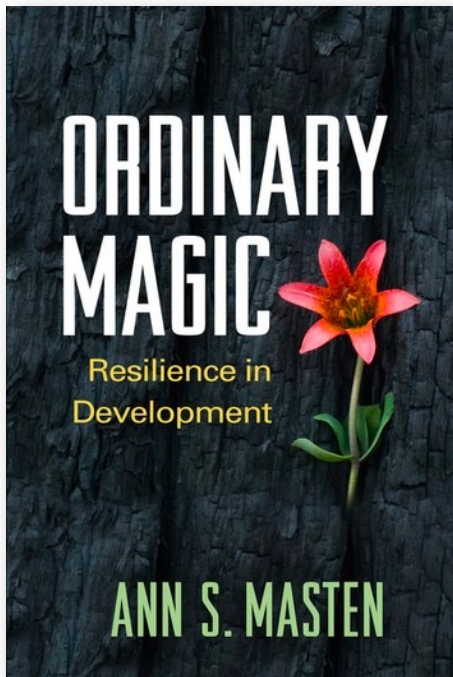
Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health

Andrew Garner, MD, PhD, FAAP^{a,b} Michael Yogman, MD, FAAP^{c,d}
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL
PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

18

20

10



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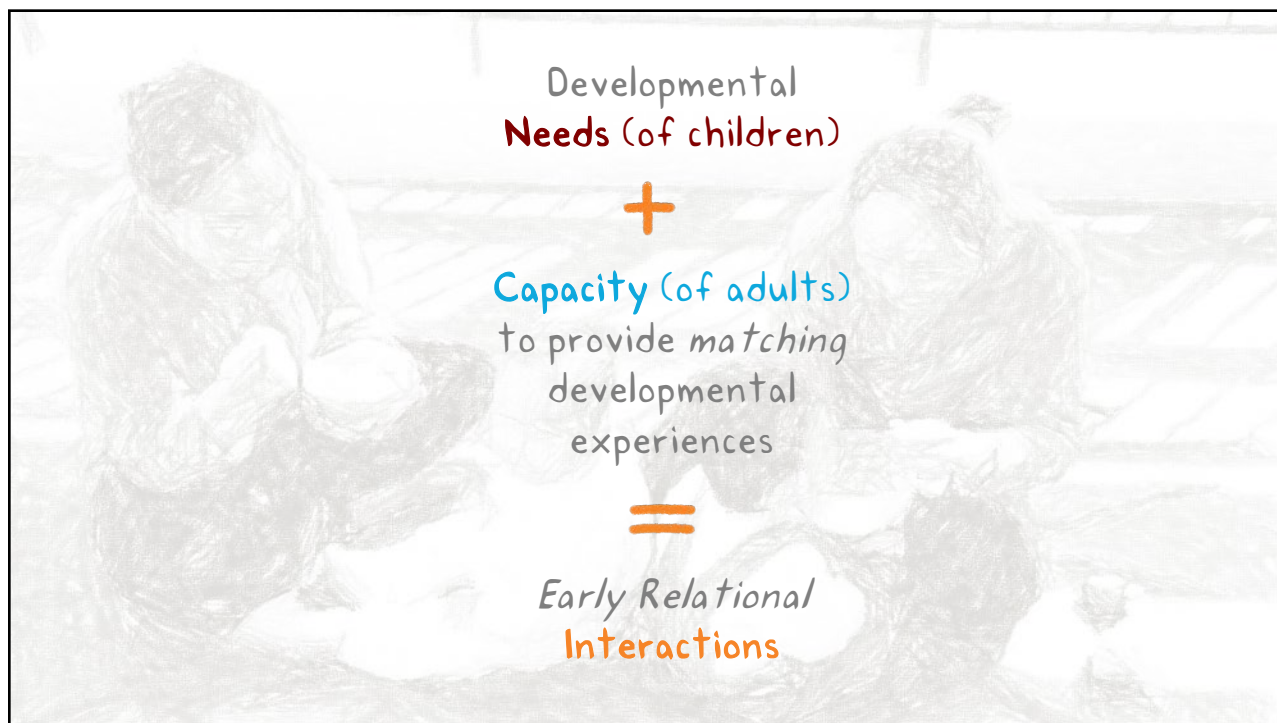
Ann Masten (2014)

21

#1. What does the child need?

#2. What does the caregiver provide?

22



23

Promoting *relational health* starts with understanding the relational **needs** of the child *and* respecting and supporting the relational caregiving **capacity** of the adults.

24

www.simpleinteractions.org

simple, ordinary interactions

are the basic building blocks of healthy, developmental relationships

25

Communities of "Relational Practice"

26

Positive Childhood Experiences (PCEs)

- **safe and protected** by an adult in their home;
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27

What Might Be Positive Family Experiences?

- **safe and protected.**
- able to **talk** about feelings;
- have people **stand by them** during difficult times;
- participate in **community traditions**;
- feel a sense of **belonging**;
- feel **supported**;
- have people who take **genuine interest** in them.

28



About Educ

Home » faculty » facultydb » view

Alison Volpe Holmes, MD, MPH

Title(s):
 Associate Professor of Pediatrics
 Associate Professor of Medical Education
 Associate Professor of The Dartmouth Institute

Addit:
 Direc:
 Vice:
 Direc:



HEALTHCARE JUNE 16, 2016 / 3:05 PM / A YEAR AGO

COLUMN-I'm a doctor caring for opioid-addicted newborns. Here's what I need to help them.

About Us Research News Events Get Involved



Patricia Janssen

BScN, MPH, PhD

Investigator, BC Children's Hospital
 Co-Theme Leader, Maternal Child Health, School of Population and Public Health, University of British Columbia
 Associate Member, Department of Family Practice, Obstetrics and Gynecology and School of Nursing, University of British Columbia

Academic Affiliations
 Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia

Overview

I am a perinatal epidemiologist with a clinical background in obstetrical nursing. I undertake clinical trials to evaluate methods of pregnancy and labour management and interventions for mothers at particularly high risk for experiencing adverse perinatal outcomes. I



'Mother Teresa' of ex-inmates helps women deal with life after prison

"She's a one-woman show. Mo's like a Mother Teresa around here."

TIFFANY CRAWFORD Updated: December 25, 2017

29

Rooming-in care for infants of opioid-dependent mothers

Implementation and evaluation at a tertiary care hospital

Adam Newman MD CCFP FCFP Gregory A. Davies MD FRCSC FABOG Kimberly Dow MD FRCP
 Belinda Holmes MSW RSW Jessica Macdonald Sarah McKnight MD Lynn Newton RN(EC) MEd IBCLC

Table 1. Neonatal outcomes

OUTCOMES	NICU GROUP (N = 24)	ROOMING-IN GROUP (N = 21)	P VALUE
Infants requiring morphine, n (%)	20 (83.3)	3 (14.3)	<.001
Mean (SD) LOS, d	24.8 (15.6)	7.9 (7.8)	<.001

LOS—length of stay, NICU—neonatal intensive care unit.

Canadian Family Physician • Le Médecin de famille canadien | VOL 61: DECEMBER • DÉCEMBRE 2015

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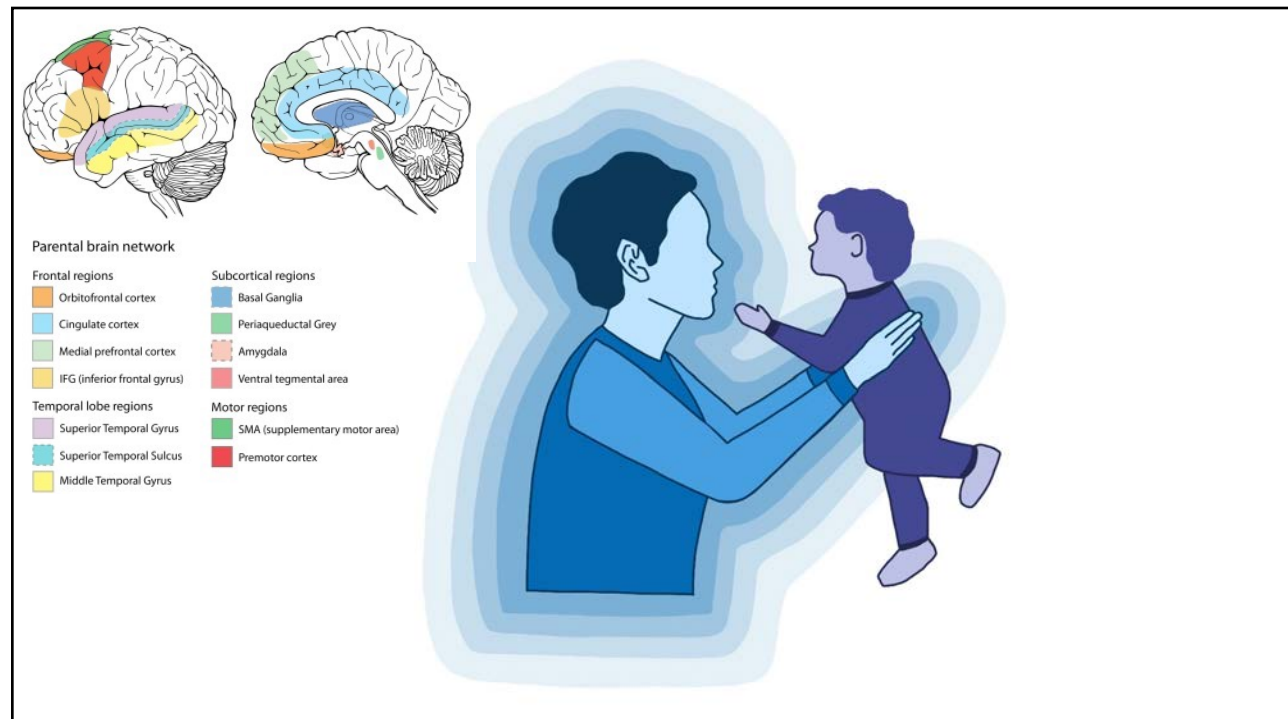
32

How moms and babies rooming together can help combat opioid dependency

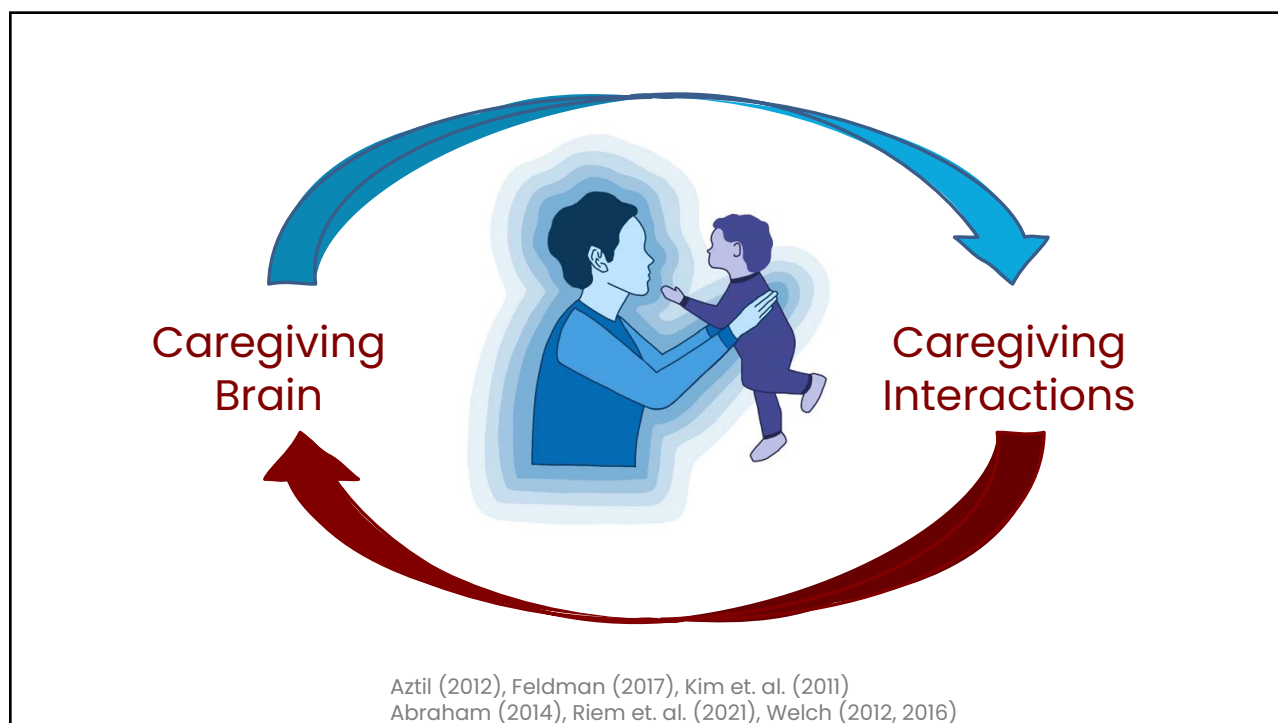


Babies born to opioid-dependent mothers are typically whisked away to intensive care units and given morphine. But an innovative program is seeing shocking results with far simpler treatment

33



34



35

"Safe, stable, and nurturing relationships (SSNRs) are promoted in safe, stable, and nurturing families that have access to safe, stable, and nurturing communities *with a wide range of resources and services.*"

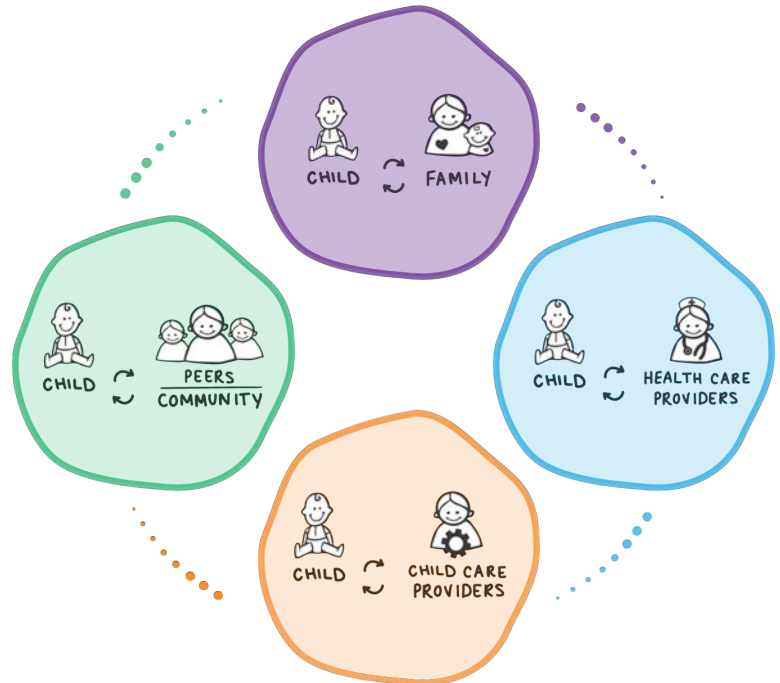
Andrew Garner, MD, PhD, FAAP, Michael Yogman, MD, FAAP

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

American Academy of Pediatrics 2021 Policy Statement

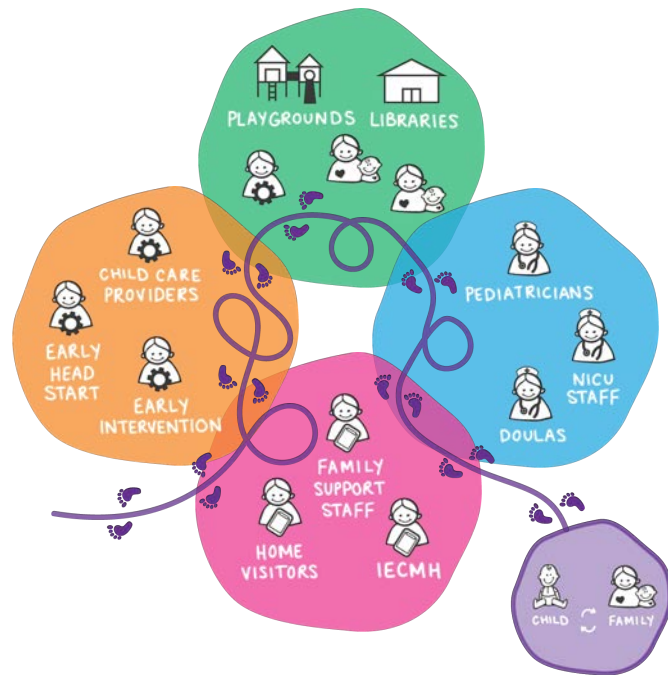
36

early relational experiences



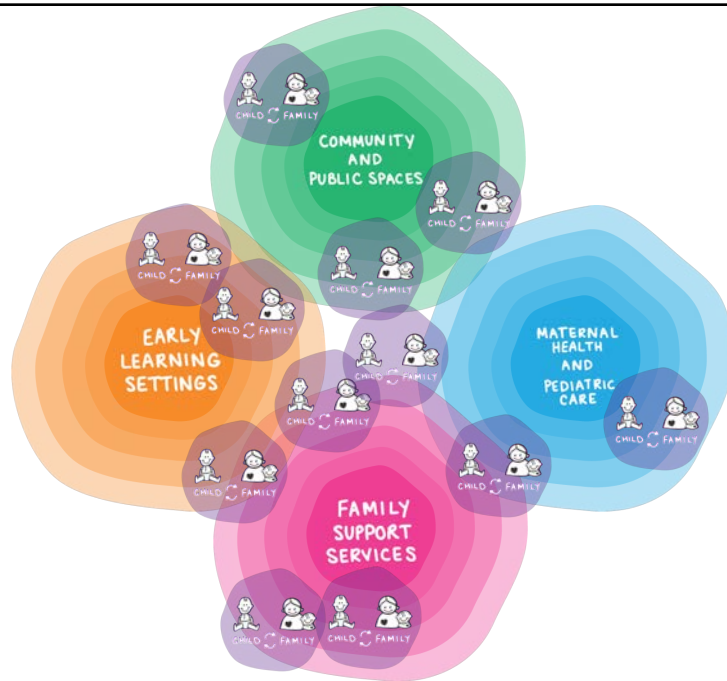
37

early relational supports



38

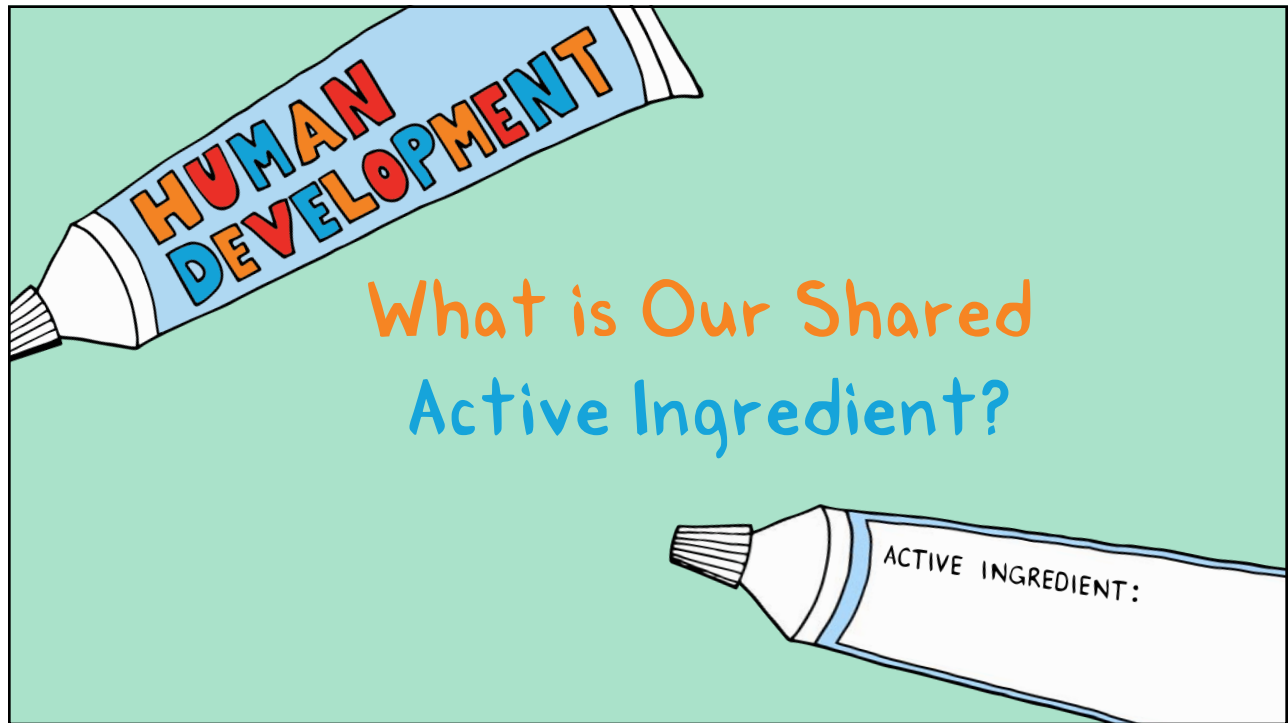
early relational ecosystem



39

Drug Active Stannous fluoride (0.16% w/v fluoride ion)	Active ingredient Stannous fluoride 0.454% (0.16% w/v fluoride ion)	Purposes Anticavity, antigingivitis, antisensitivity toothpaste
Uses • aids in the prevention of cavities • helps prevent gingivitis • helps interfere with the harmful effects of plaque associated with gingivitis • helps control plaque bacteria that cause gingivitis • builds increasing protection against teeth to cold, heat, acids, sweets and sugar	Control Center right away.	• this Crest is specially formulated to help prevent staining • see your dentist regularly
Warnings When using this product do not use for four weeks unless recommended by your dentist. Stop use and ask a dentist if the sensitivity persists.	Directions Inactive ingredients glycerin, hydrated silica, sodium hexametaphosphate, propylene glycol, PEG-6, water, zinc lactate, trisodium phosphate, flavor, sodium lauryl sulfate, sodium gluconate, carrageenan, sodium saccharin, polyethylene, xanthan gum, titanium dioxide, blue 1	

40



41



42

The (practice, program, or policy) can help children learn and grow **if and only if** it encourages, enriches, and empowers the **human relationships** around the child.

43

ASK THE RELATIONAL QUESTION

How do our _____ help to

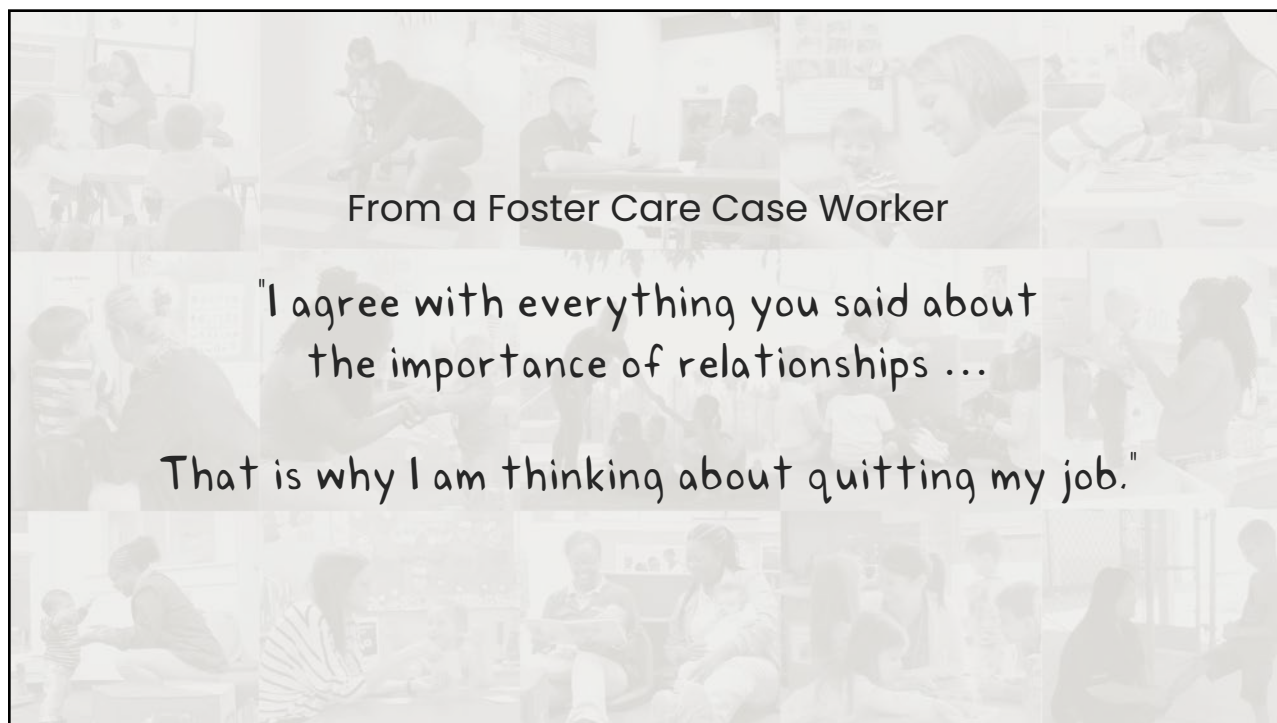
(Practices, Programs, Policies)

encourage, enrich, and empower

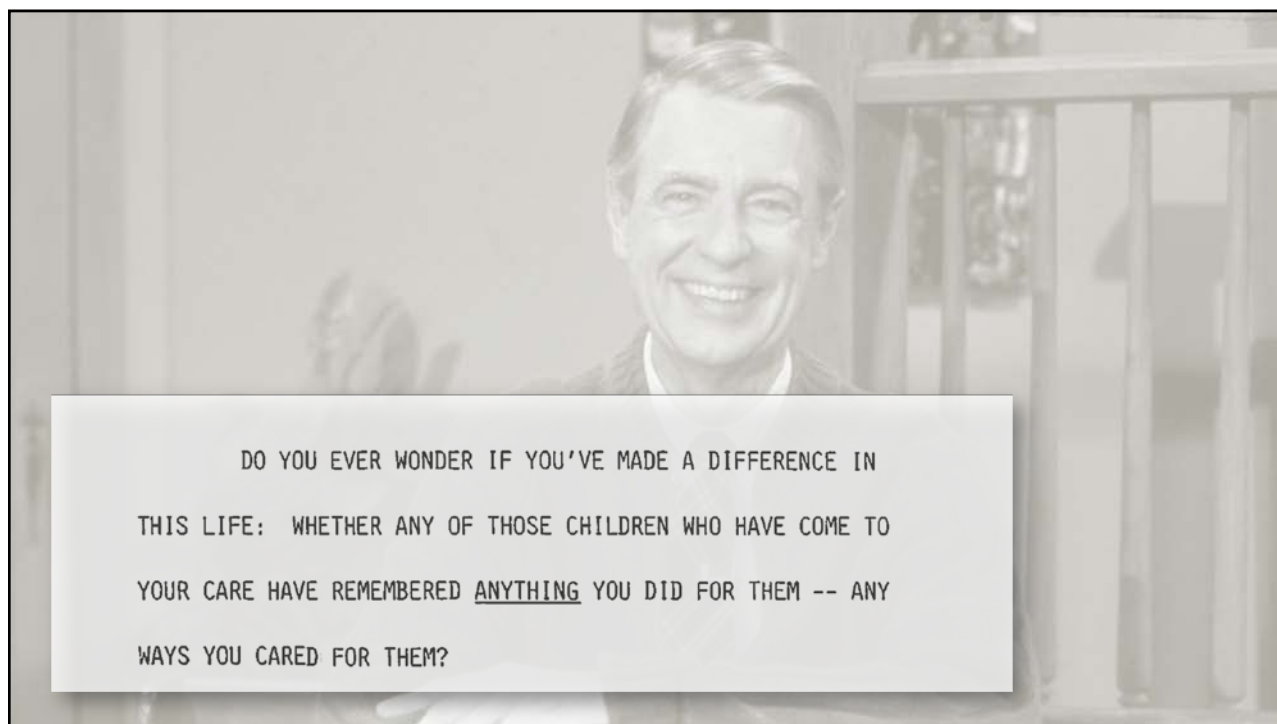
healthy and developmental relationships

around children, families, and helpers?

44



45



46

“How do you know you’ve made a difference in your work: whether any of the **children**, **families**, and **providers** who have come to you have been impacted by the ways you cared for them?”

47



Physical, behavioral, and mental health depend on the **health of our relationships**.

Promoting **relational health** begins with understanding and supporting **both** the children and the adults.

Our collective work across professions can build the **early relational foundation** for the **well-being** of all children, families, and communities ...

48

Care for the Caregivers and Help the Helping Professionals

Be as invested in the families and professionals
as they are in our children. **We cannot make a
lasting impact on children by skipping over
the adults in the middle.**

Nonie Lesaux
Stephanie Jones



49

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of all children, families, and communities ... and of
the helping professionals.

50