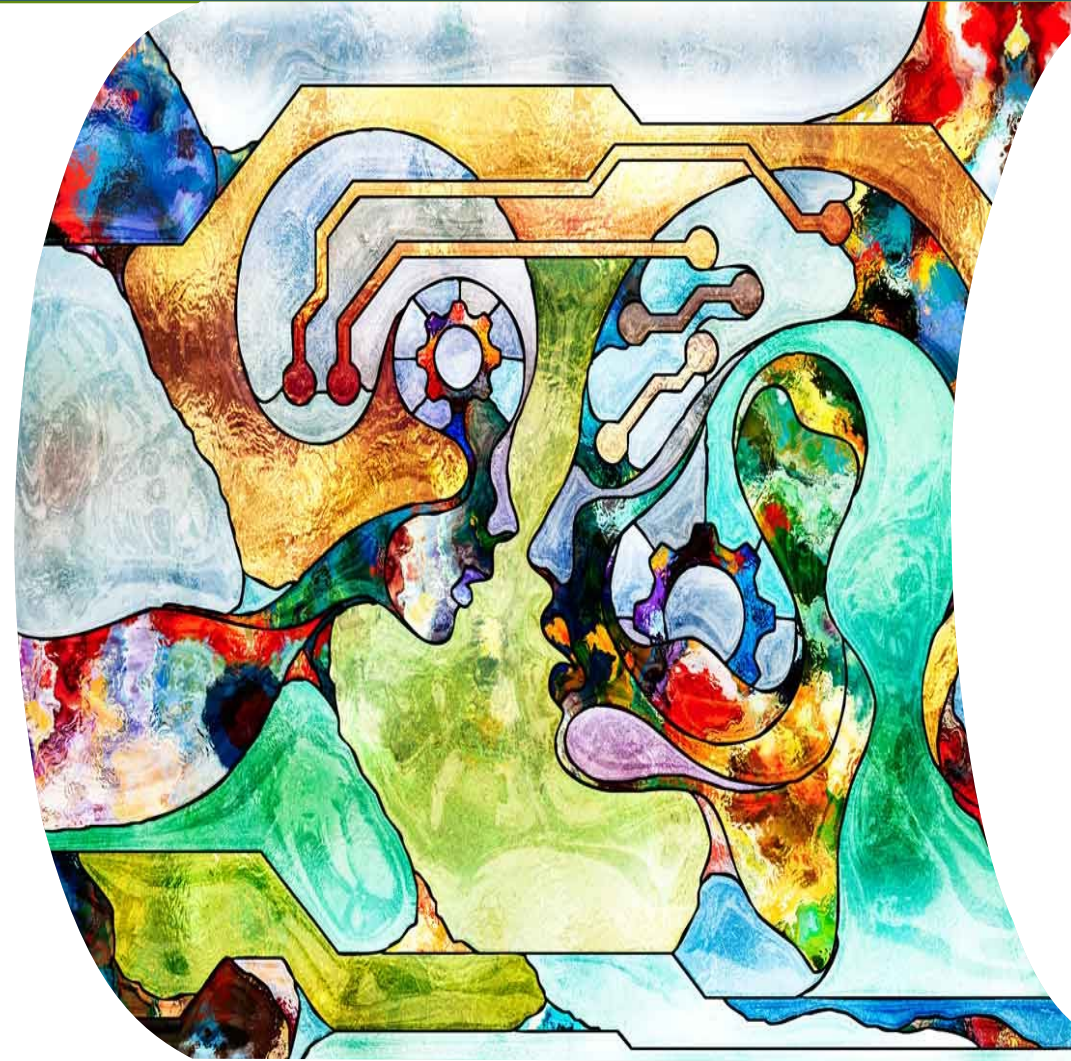


We Are the Medicine

Building Relational Systems of Care to Take
Positive Childhood Experiences to Scale

Christina Bethell, PhD, MBA, MPH
Professor, Johns Hopkins University

September 21, 2022
Suicide Prevention Conference
New York State Office of Mental Health



Disclosure

I, Christina Bethell, have no financial relationships to disclose or conflicts of interest to resolve.

Our Opportunity: Translate the science of healthy development, healing and thriving into practice, policy and culture—healing is prevention.

The Hypothesis: Advances in the sciences of human development and healing create unprecedented opportunities to proactively advance child and population well-being. Breakthrough findings across disciplines point to a new science of thriving that illuminate largely untapped capacities for self, family and community led healing through trauma and adversity. Given high rates of adversity, **healing is prevention. We are the medicine.**

Key to this possibility are policies and practices that enable and support families and communities to recognize and learn to heal and flourish in the face of stress and adversity.



Goal: Shine a light on opportunities to bring forth capacities, structures and norms to promote positive child, youth, family and community mental health and flourishing, even amid adversity

Objective 1:

Raise awareness about the **flourishing paradigm and implications for preventing and healing** impacts of childhood trauma on the mental health of children, youth and families.

Objective 2:

Activate **translation of the science of positive childhood experiences** and identify implications for services, training and policy

Objective 3:

Catalyze action to create the relational systems of care needed to translate the science to prevent and address the impacts of adverse childhood experiences and community trauma



The Flourishing Paradigm

Flipping the narrative to proactively promote positive health

C. Bethell March 26, 2021

C. Bethell March 26, 2021

The World Health Organization's definition of health emphasizes a positive construct of health

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

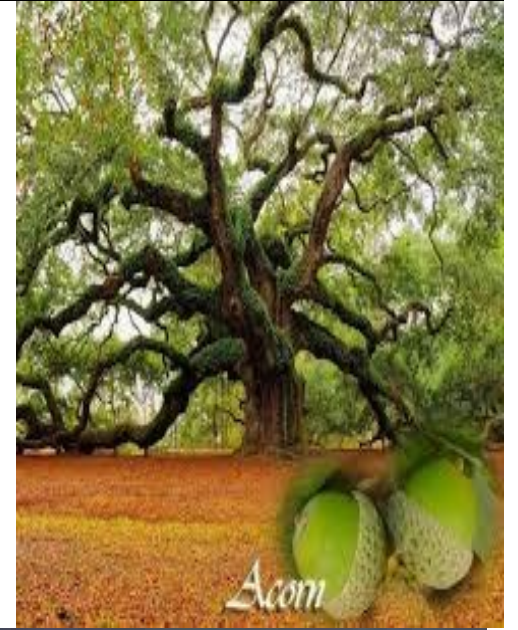
The Dual Continuum

The absence of illness or adversity is NOT the same as being well or flourishing. Many with no illness are not flourishing. Many with illness do flourish.



Entelechy.

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



Conceptual Framework for Defining and Assessing Flourishing (Bethell, C)

Flourishing of the remembering self

Retrospective assessment of life satisfaction (up until now)

Flourishing of the experiencing self

Assessing current experience of positive emotions and enjoyment in life, etc.

Flourishing of the requiring self

Assessing having fundamental needs met (safety, food, housing, social support)

Flourishing of the living and relating self:

Assessing one's approach to living and engaging with life and others in a way that fosters a sense of meaning, participation, positive relationships, seeking the good/optimism, contributing and sense of belonging

Focus of a
"eudaimonic"
concept of
well-being

Taken together, these aspects of flourishing may be assessed to determine "overall well-being"

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

An Integrated Look at Well-Being: Topological Clustering of Combinations and Correlates of *Hedonia* and *Eudaimonia*

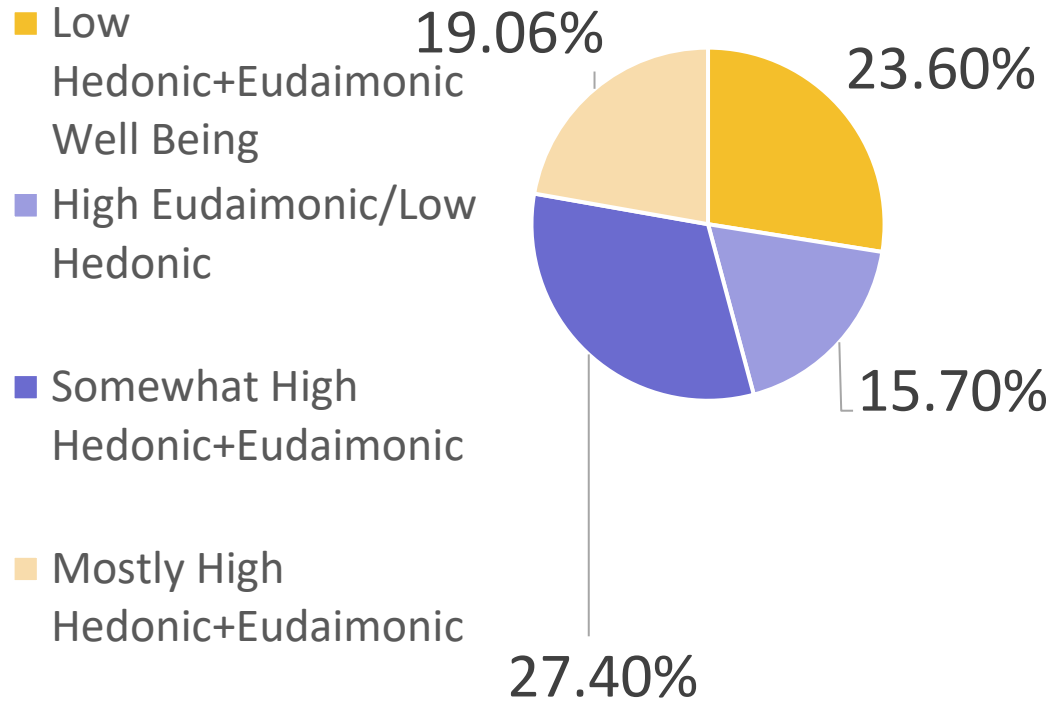
Marta G Pancheva ¹, Carol D Ryff ², Mario Lucchini ³

Affiliations + expand

PMID: 34326680 PMCID: PMC8315113 (available on 2022-06-01)

DOI: [10.1007/s10902-020-00325-6](https://doi.org/10.1007/s10902-020-00325-6)

Proportion of US Adults Midlife In the US Longitudinal Survey



Hedonic: Flourishing of Remembering and Experiencing Self
Eudaimonic: Flourishing of the Living and Relating Self

To Flourish or Not: Positive Mental Health and All-Cause Mortality

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

Schotanus Dijkstra et al. BMC Psychology (2016) 4:12
DOI 10.1186/s40359-016-0116-5

BMC Psychology

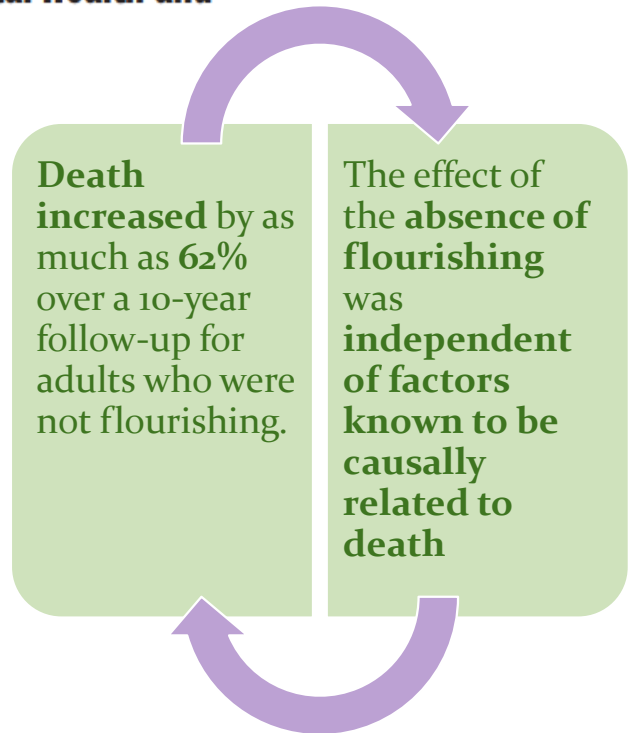
RESEARCH ARTICLE

Open Access



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

- __ 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



Salutogenesis--Study of Factors Supporting Well Being

A strong “**sense of coherence**” (SOC) is associated with 30% reduced all-cause mortality (Surtees 2003)

SOC: (1) comprehensibility/sense making, (2) manageability, self regulation and (3) meaningfulness, finding meaning

VIEWPOINT

Reimagining Health–Flourishing

Tyler J. VanderWeele,
PhD

Harvard T. H. Chan
School of Public Health,
Boston, Massachusetts;
and Human Flourishing
Program, Harvard
University, Cambridge,
Massachusetts.

Eileen McNeely, PhD,
NP

Harvard T. H. Chan
School of Public Health,
Boston, Massachusetts.

Howard K. Koh, MD,
MPH

Harvard T. H. Chan
School of Public Health,

Clinicians spend substantial time on managing adverse outcomes. By assessing social determinants of health, such as socioeconomic pressure, abnormal blood glucose, and mental health, clinicians may equate health. Public health officials, researchers, and policy makers apply a “deficits” framework to understand the leading causes of mortality and morbidity, while necessary and sufficient conditions for capturing what is most important to patients and communities. A patient cares not only about being healthy, but also about being happy, having meaning in life, and having fun. If health truly is “a state of being and social well-being and not a mere absence of disease or infirmity” (as defined by

Table. Flourishing Measure and Questions^a

Domain	Question/Statement ^b
Happiness	1. Overall, how satisfied are you with life as a whole these days?
	2. In general, how happy or unhappy do you usually feel?
Mental and physical health	3. In general, how would you rate your physical health?
	4. How would you rate your overall mental health?
Meaning and purpose	5. Overall, to what extent do you feel the things you do in your life are worthwhile?
	6. I understand my purpose in life.
Character	7. I always act to promote good in all circumstances, even in difficult and challenging situations.
	8. I am always able to give up some happiness now for greater happiness later.
Close social relationships	9. I am content with my friendships and relationships.
	10. My relationships are as satisfying as I would want them to be.
Financial stability	11. How often do you worry about being able to meet normal monthly living expenses?
	12. How often do you worry about safety, food, or housing?

^a Adapted from VanderWeele.¹

^b Each question or statement is evaluated 0 (lowest response) to 10 (highest response). More detailed scoring information is available in the Supplement.

VanderWeele, McNeely, E., Koh,
JAMA, March 2019

Schotanus-Dijkstra et al. *BMC Psychology* (2016) 4:12
DOI 10.1186/s40359-016-0116-5

BMC Psychology

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 Klooster¹, Jan A. Walburg² and Ernst T. Bohlmeijer²

Abstract

Background: There is growing interest in mental well-being (alongside existing physical well-being). The Flourishing Scale (FS) assesses mental well-being. However, the FS has not yet been tested in people with low or moderate levels of well-being and, therefore, an important target population.

Methods: We extensively evaluated the psychometric properties of the FS in a sample of people with moderate levels of well-being in The Netherlands using a confirmatory factor analysis and a multitrait matrix.

Results: The unidimensional structure of the FS was supported. However, our sample showed positive skewness. The higher end of the social-psychological continuum (strong to weak correlation with psychological well-being) (3) positive eudaimonic traits. Nevertheless, relatively low correlation with the Continuum-Short Form (MHC-SF).

Conclusions: The FS seems a reliable and valid measure of mental well-being, but its use in people with suboptimal well-being, but its use in people with suboptimal well-being seems most suitable to include in epidemiological research to capture mental well-being. Future research should focus on the positive skewness and limited external validity.

Keywords: Mental well-being, Social-psychological well-being, Confirmatory factor analysis, Item response theory

Schotanus-Dijkstra M, et al. *BMC Psychol.* 2016;4:12. Published 2016 Mar 17.

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

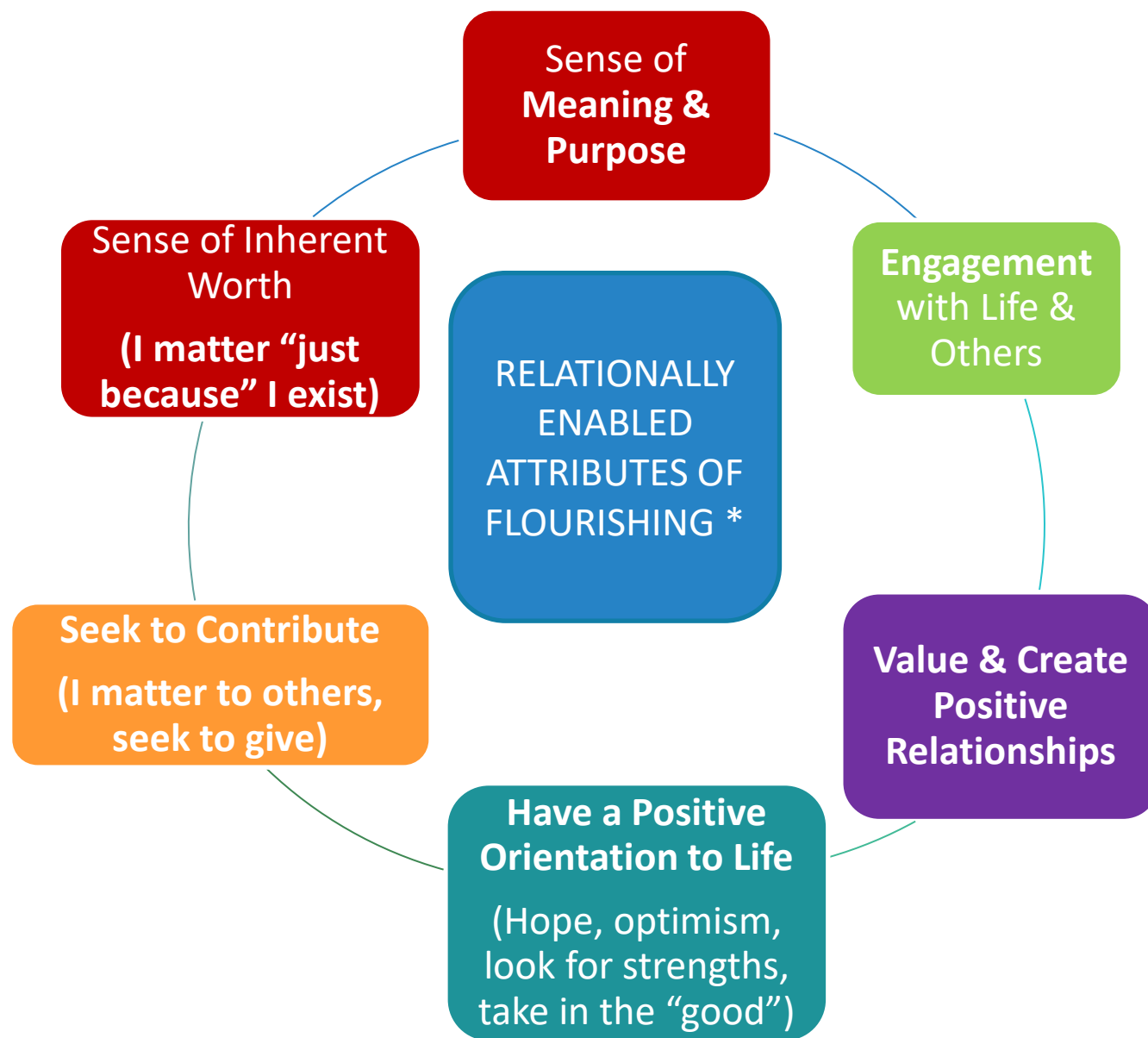
- ___ I lead a purposeful and meaningful life
- ___ My social relationships are supportive and rewarding
- ___ I am engaged and interested in my daily activities
- ___ I actively contribute to the happiness and well-being of others
- ___ I am competent and capable in the activities that are important 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 possible). A high score represents a person with many psychological resources and strengths.

Can We Flourish Amid Adversity?

How well do we address “problems” and collaborate with or without flourishing skills?



*Bethell, C: 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.

C. Bethell March 26, 2021

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



Group Poll:

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

1. 0-1
2. 2-3
3. 4-5
4. All 6

1. Sense of meaning, purpose
2. Engaged in life
3. Positive relationships
4. Positive emotions & orientation
5. Sense of contributing to others (at whatever level)
6. Sense that you matter (just because; belonging)

Prevalence of Flourishing, US Children, Age 6-17 Years

Child Flourishing Strongly Predicts School Readiness and Engagement, Social Success and Mental Health

Family Resilience and Connection, Caregiver-Child Connection and Positive Childhood Experiences Promote Flourishing Even Amid High Adversity

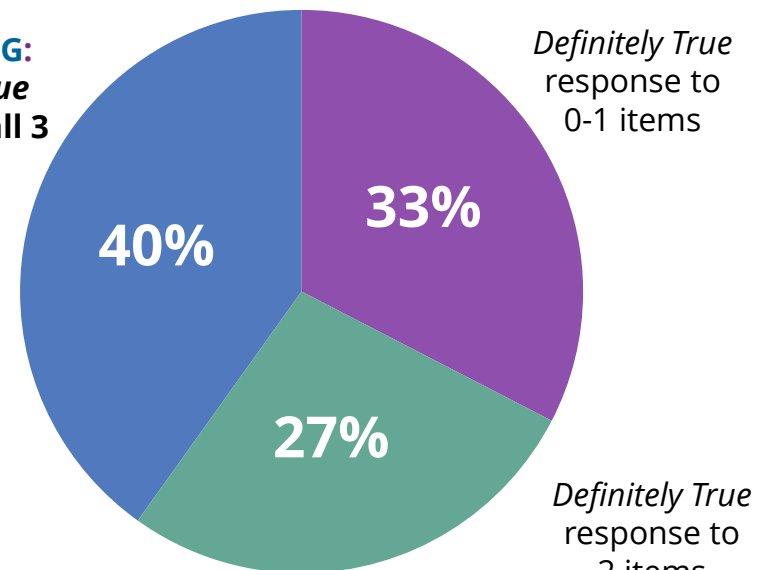
National Survey of Children's Health Child Flourishing Index

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



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.

Parent Well-Being, “Felt Sense” Parent-Child Attachment & Limbic Resonance: Biologic Imperatives (for children and parents)

Maternal stress affects fetal brain development

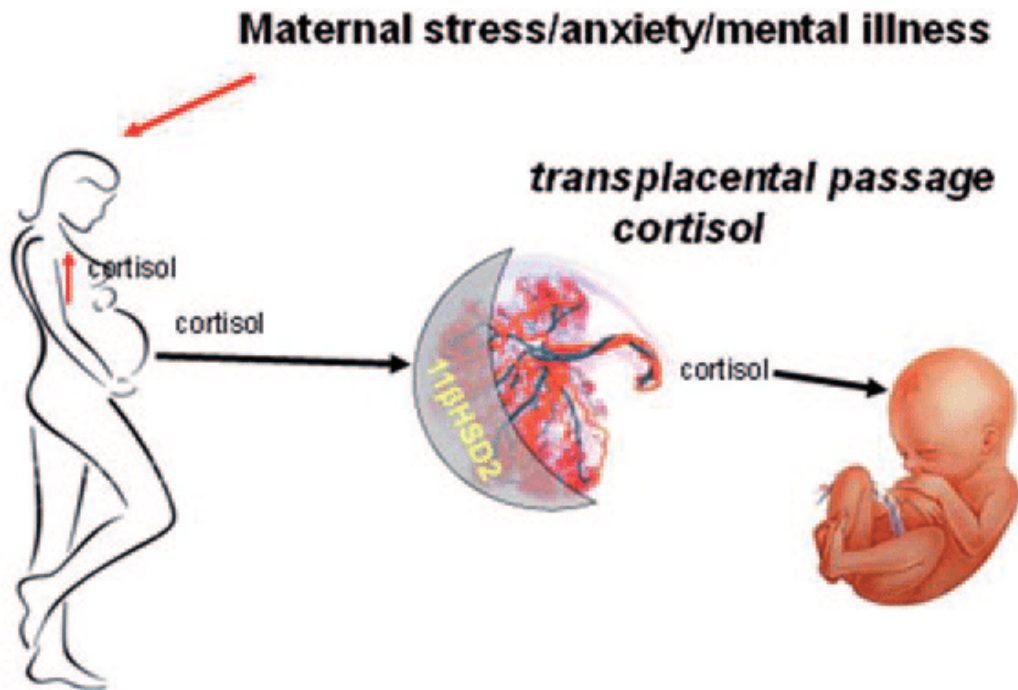
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By Dr. Liji Thomas, MD

Jan 13 2020

A new study published online January 13, 2020, in the journal *JAMA Pediatrics* reports that mothers who suffer severe mental stress during pregnancy may have babies with abnormal development in important areas of the brain even before birth. It is already



...oscillatory processes in the interacting individuals' brains have to become synchronized to one another so that information of any sort can flow between them.”

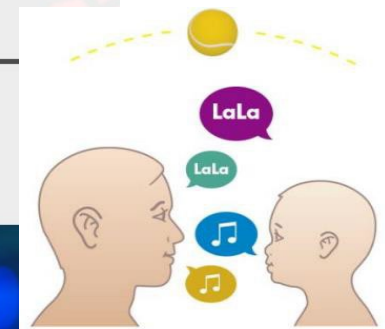
Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment



BY PASCAL VRTICKA

JANUARY 18, 2019

COMMENT 1



The Science of Childhood Adversity

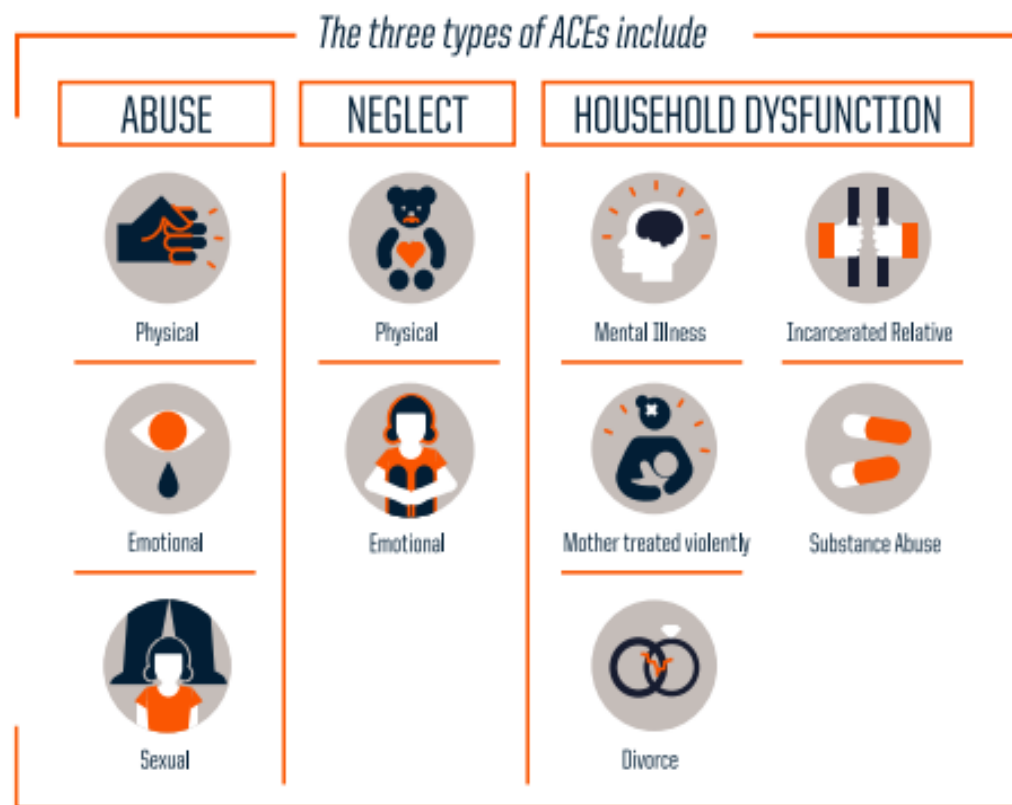
We are built for nurturing, stable, safe connection and belonging. Without this, our brains, bodies, minds and hearts suffer.



Jane Ellen Stevens Become a fan
Founder, AcesTooHigh.com/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



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Review ONLINE FIRST

October 4, 2021

Association of Childhood Adversity With Morbidity and Mortality in US Adults

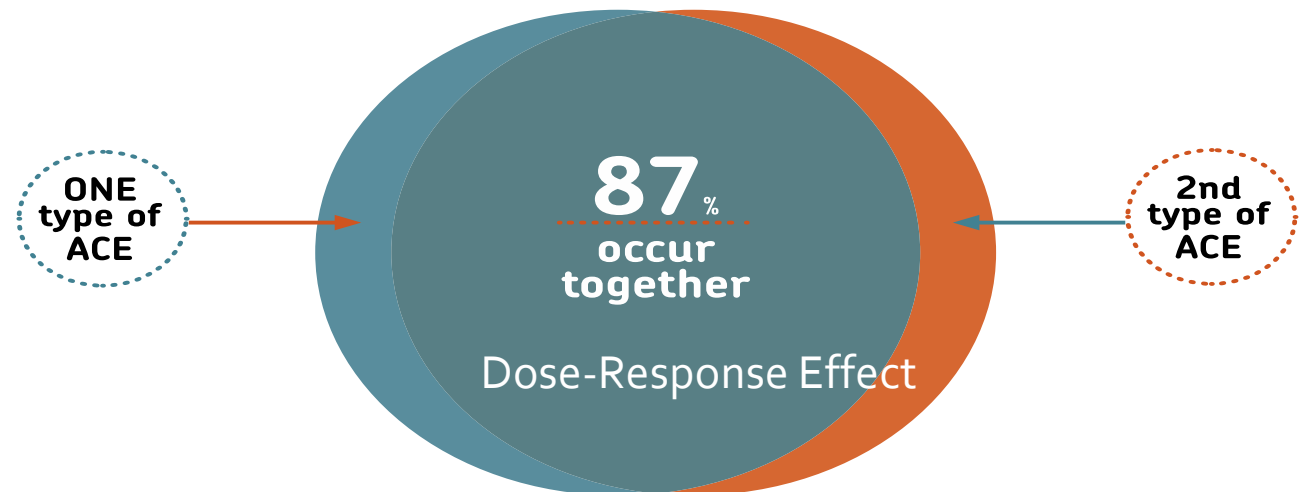
A Systematic Review

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

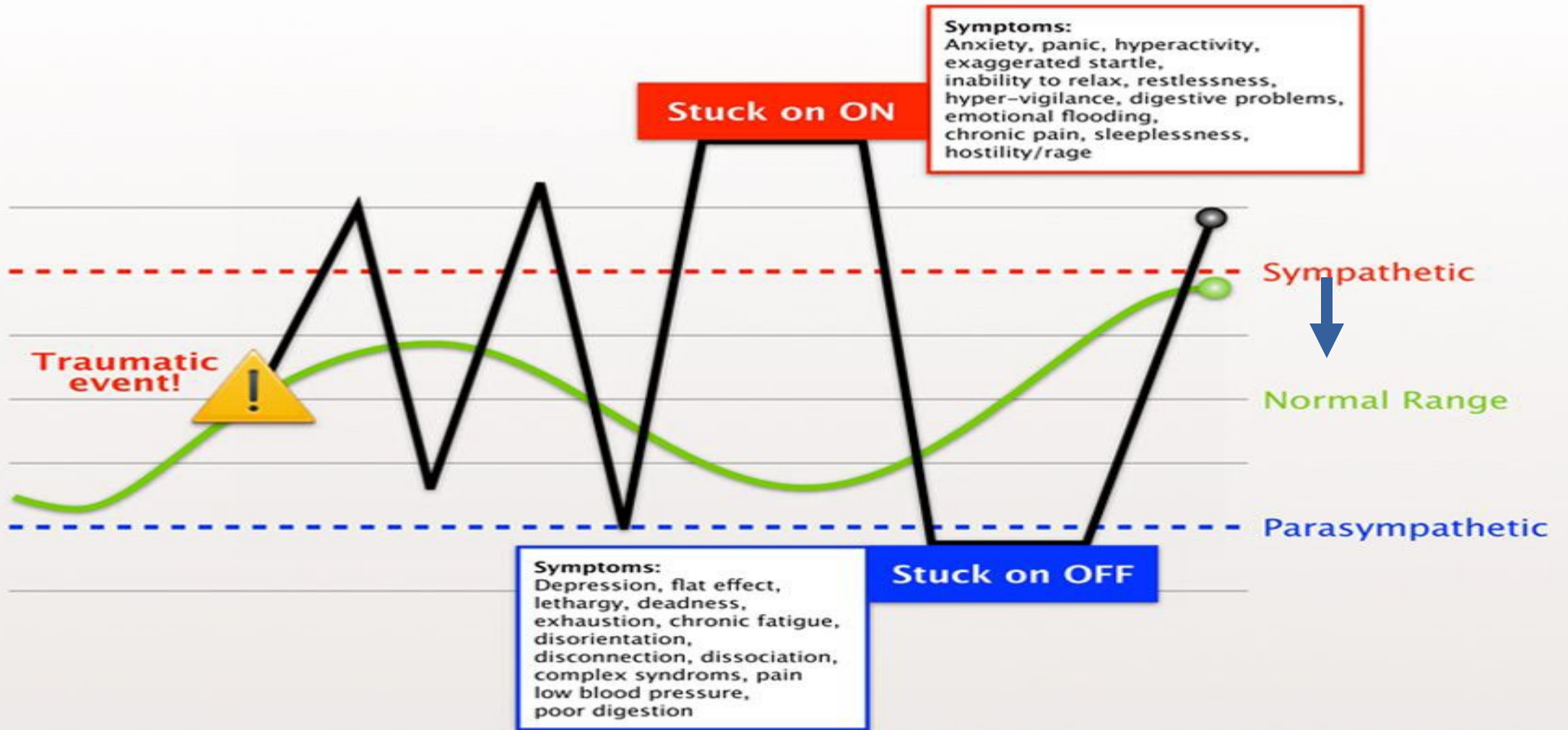
» Author Affiliations | Article Information

“....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.”

ACEs are Highly Interrelated:
Where One ACE Occurs,
There are Usually Others



Symptoms of Un-Discharged Traumatic Stress



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Rethinking Mental Health Diagnosis and Treatment

Developmental Trauma Disorder (DTD):
(National Traumatic Stress Network)

DTD is indicated with:

- (1) dysregulation of a child's stress response**, as exhibited by symptoms, behaviors and, potentially, biologic measurements; (often categorized as mental and behavioral health diagnoses now)
- (2) internalized negative attributions and diminished hope and expectations** for life;
- (3) difficulty with self-esteem** regulation; and
- (4) functional impairments** in key areas such as making social connections, participating in school, etc.

Source: Bessel Von Der Kolk, 2010

http://www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf



National Emergency in Children's Mental Health

Crisis pre-pandemic, now an emergency

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.



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)

Suicide

- 2nd leading cause of death age 10-24
- 60% increase between 2007-2018

Pandemic

- Higher rates of anxiety, depression, eating disorders among teens, especially among young people of color
- Half with diagnoses are untreated

Orphans

- Over 200,000 children lost a caregiver due to Covid 19
- Higher in black youth

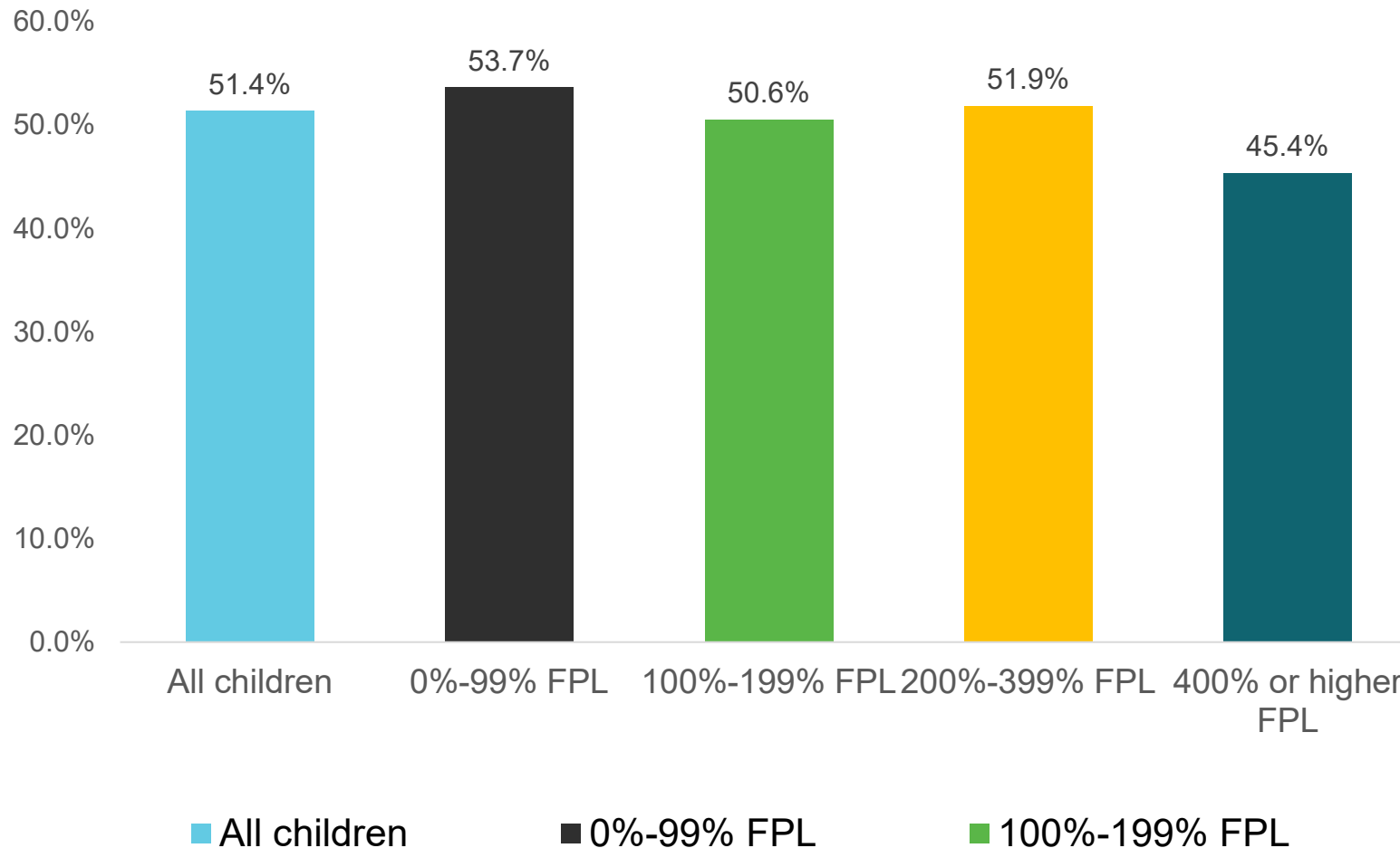
RECOI

HEALTH
NEWS
The Tr
Death

<https://www.pacesconnection.com/blog/healing-in-place-game-on-to-flip-the-covid19-threat-into-a-positive-experience-for-our-children>

Equally Unequal: This is All of Us!

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



Bethell, CD, et. al, Child Adolesc Psychiatr Clin N Am 2016 April, (25)2, 139-156

Defining MEB: 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, behavior al problems, autism, developmental delay, Tourette Syndrome, speech, intellectual disability or learning disability)

*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*

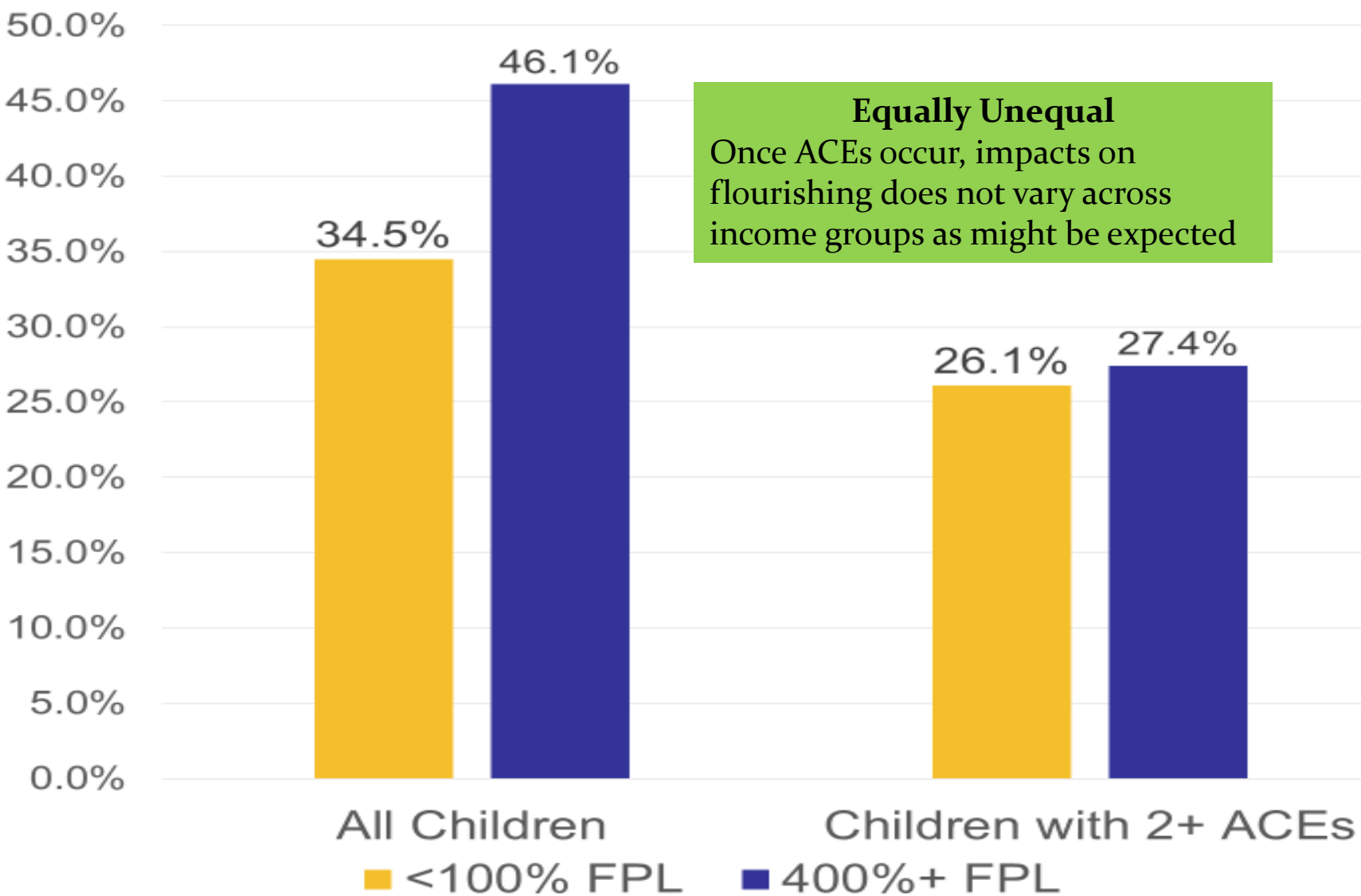
*And slowly, patiently rising up
into the love that always was*

*Mirrored or not
Always was
Always will be*

*Excerpt from "Breaking Ground"
Christina Bethell*

Flourishing by Household Income: By ACEs

Prevalence of Flourishing, Age 6-17 Years



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

Research would say
They shouldn't be this way
But love sprung out
Their improbable out-spout
Until, eventually, even they ran try

Improbably then
The real journey begins
Held down with a howl
An in-spout installed
Pain rising up to be skimmed

So, they start having fits
And taking long sips
And people smile wide
God beams with pride

Held strong in the love
That they grew
From that place that already knew
These, the improbable few

Excerpt from "Improbable Few"
Christina Bethell

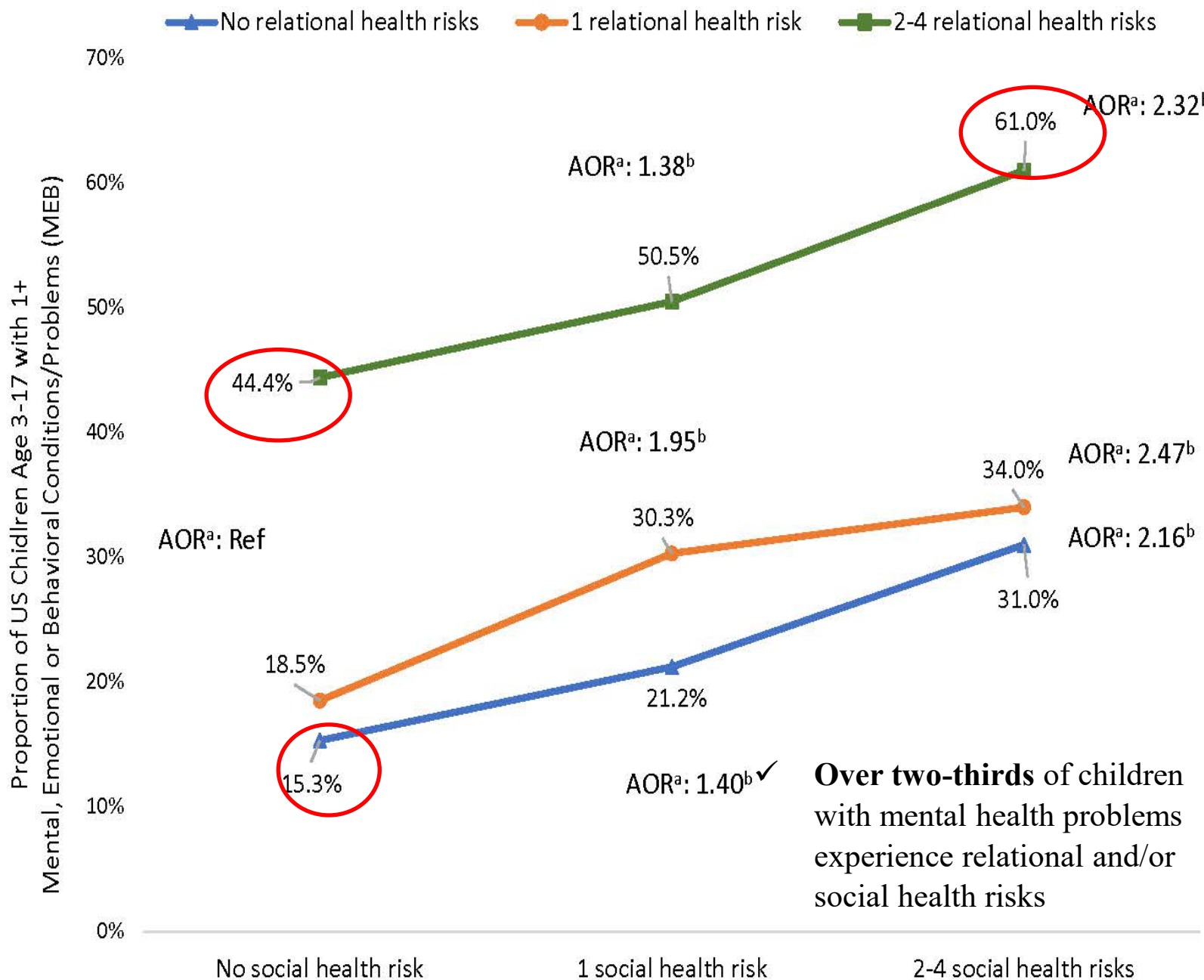
Bethell, C, Gombojav, N, Whitaker, RC. Family Resilience and Connection Promote Child Flourishing Despite Adversity. Health Affairs, May 2019.

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

Most recent national data, from 2016–2019, also highlight relationship-focused protective factors linked to resilience and school outcomes



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 . 1.25.22



Review > Child Adolesc Psychiatr Clin N Am. 2022 Jan;31(1):45-70.

doi: 10.1016/j.chc.2021.08.001.

Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes

Christina D Bethell¹, Andrew S Garner², Narangerel Gombojav³, Courtney Blackwell⁴, Laurence Heller⁵, Tamar Mendelson³

- ✓ **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)
- ✓ **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

Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021

Sherry Everett Jones, PhD¹; Kathleen A. Ethier, PhD¹; Marci Hertz, MS¹; Sarah DeGue, PhD²; Vi Donna Le, PhD²; Jemekia Thornton, MPA¹; Connie Lim, MPA¹; Patricia J Dittus, PhD¹; Sindhura Geda, MS³

April 2022: CDC REPORT

- 44.2% reported persistent hopelessness/sadness
- 37% reported symptoms of poor mental health
- 19.4% considered suicide attempt
- 9% attempted suicide –67% of suicides are attributable to ACEs based on CDC ACEs study

Protective Factor: Relational Health

Significant decrease in symptoms with:

- 1) **closeness to person at school** (46.6% yes; 28.4% vs. 45.2% poor mental health)
- 2) **virtually connected** to family ,friends, community (71.8% yes; 35.5% vs. 42.1% poor mental health)

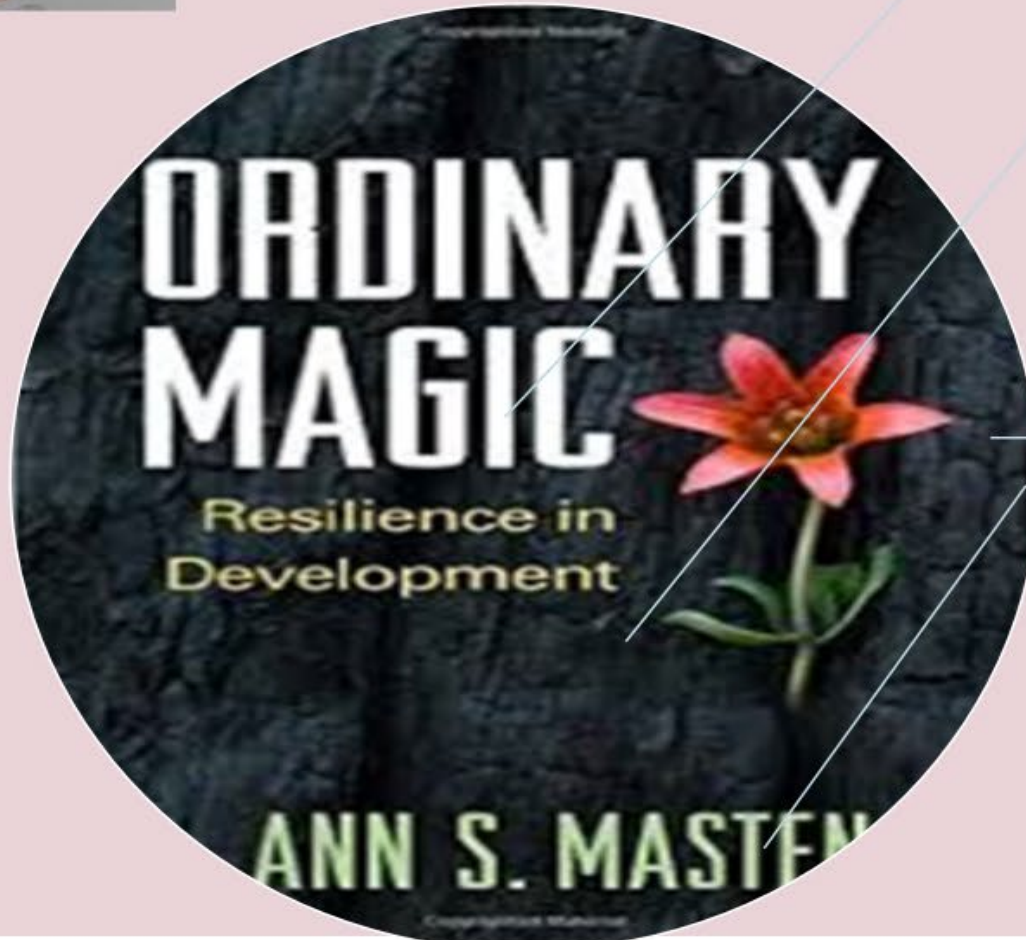
THE POSSIBILITIES TO FLOURISHING, EVEN AMID ADVERSITY



Relationships At the Core of Adaptive Systems: (Masten, '14)

MAGIC RATIO

5 POSITIVE
INTERACTIO
N FOR 1
NEGATIVE
INTERACTIO
N.



Relationships

- Safe, stable, nurturing
- Effective parents and caregivers
- Connections to other competent and caring adults

Child

- Awareness of sensations, feelings, meaning; self soothing
- Problem solving skills; resourceful;
- Positive beliefs about self
- Beliefs that life has meaning; goals
- Spirituality and faith; hope

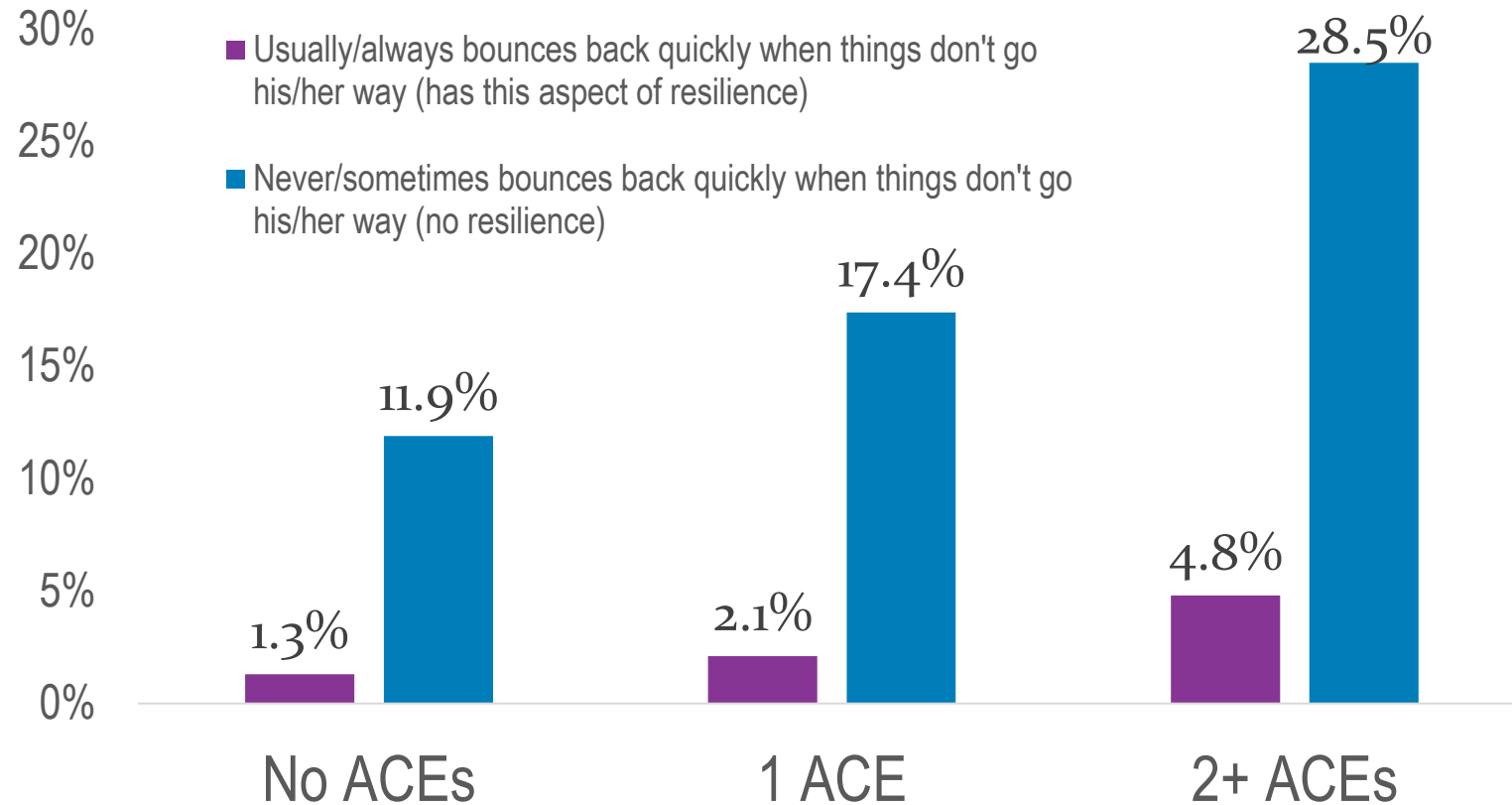
Community & Environment

- Socioeconomic sufficiency
- Pro-social culture and peers
- Effective teachers/schools
- Safety and trust
- Collective efficacy and capacity for problem solving

Powerful opportunities to mitigate impact of adversity exist: Build Resilience

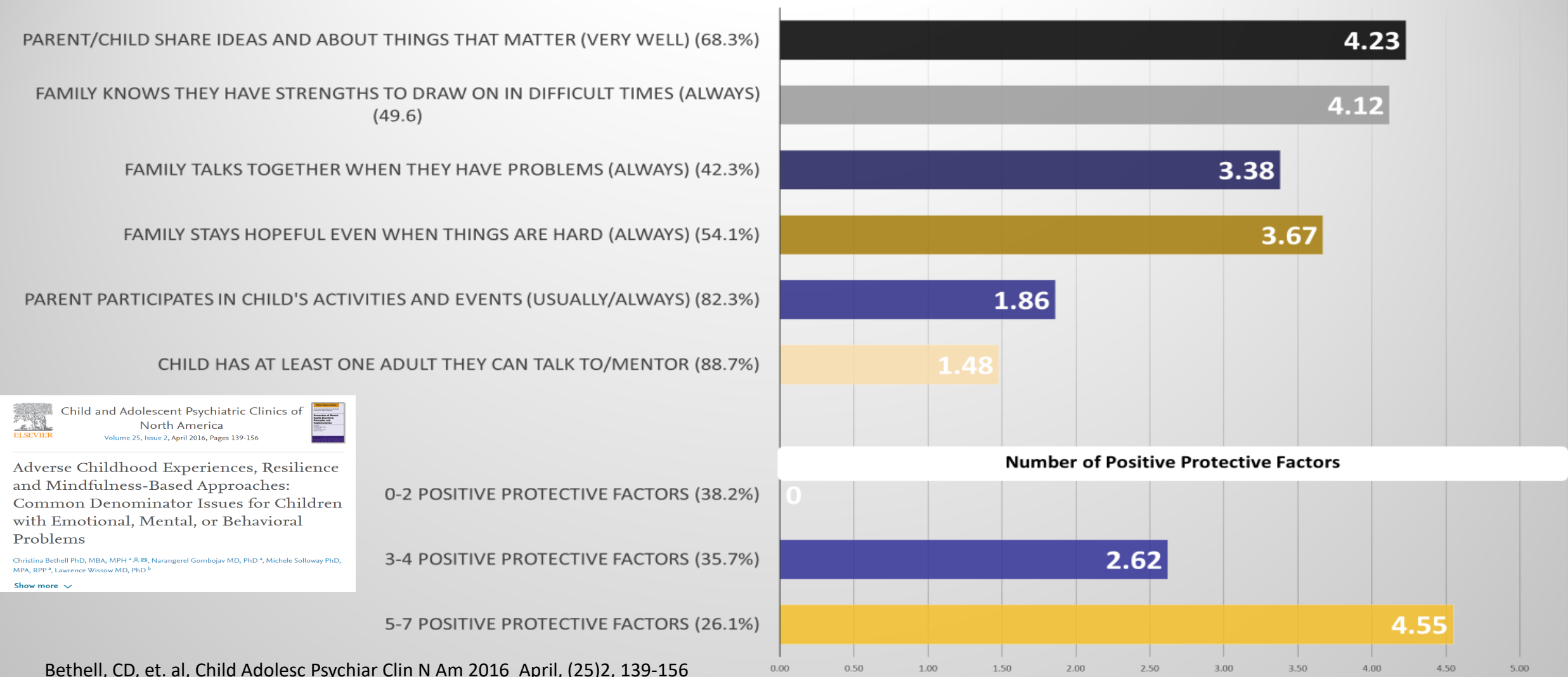
Prevalence of emotional, mental or behavioral conditions 3.6 times lower among children who experience 2 or more Adverse Childhood Experiences when they are taught resilience (all US children ages 6-17)


Prevalence of Emotional, Mental or Behavioral Problems, by Resilience and ACEs, age 6-17 years



No One Thing, No Magic Bullet: **Dose-response effects** observed for the impact of positive childhood experiences (cumulative positive) on child resilience, engagement & goal orientation

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)





Child and Adolescent Psychiatric Clinics of
North America
Volume 25, Issue 2, April 2016, Pages 139-156

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

Christina Bethell PhD, MBA, MPH, MPA, MPP, Narangerel Gombojav MD, PhD, Michele Solloway PhD,
MPA, RPP, Lawrence Wissow MD, PhD

Show more

Bethell, CD, et. al, Child Adolesc Psychiar Clin N Am 2016 April, (25)2, 139-156

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

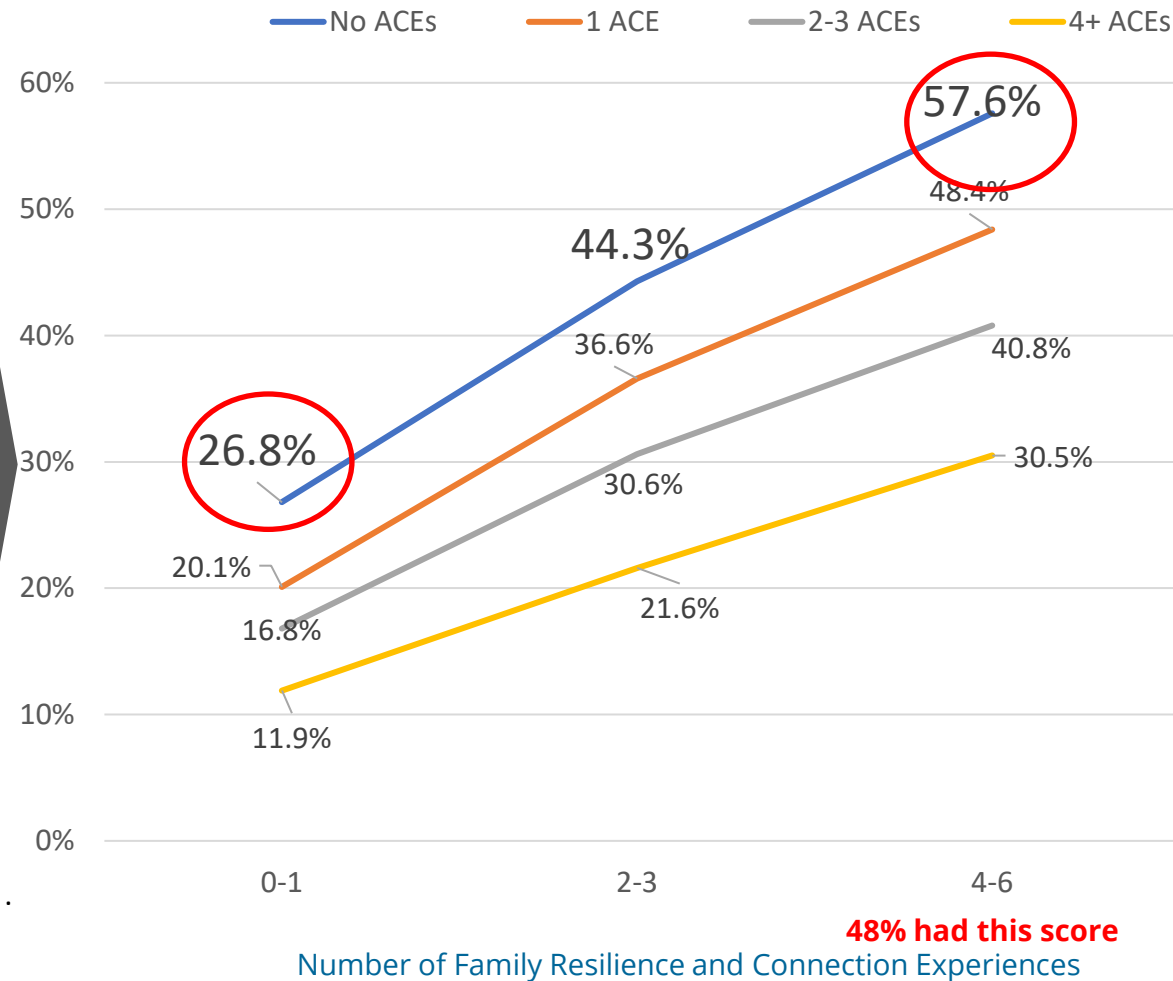
National prevalence US children age 6-17 years who demonstrate resilience and flourish (by family protective factors and ACEs status)

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](#)



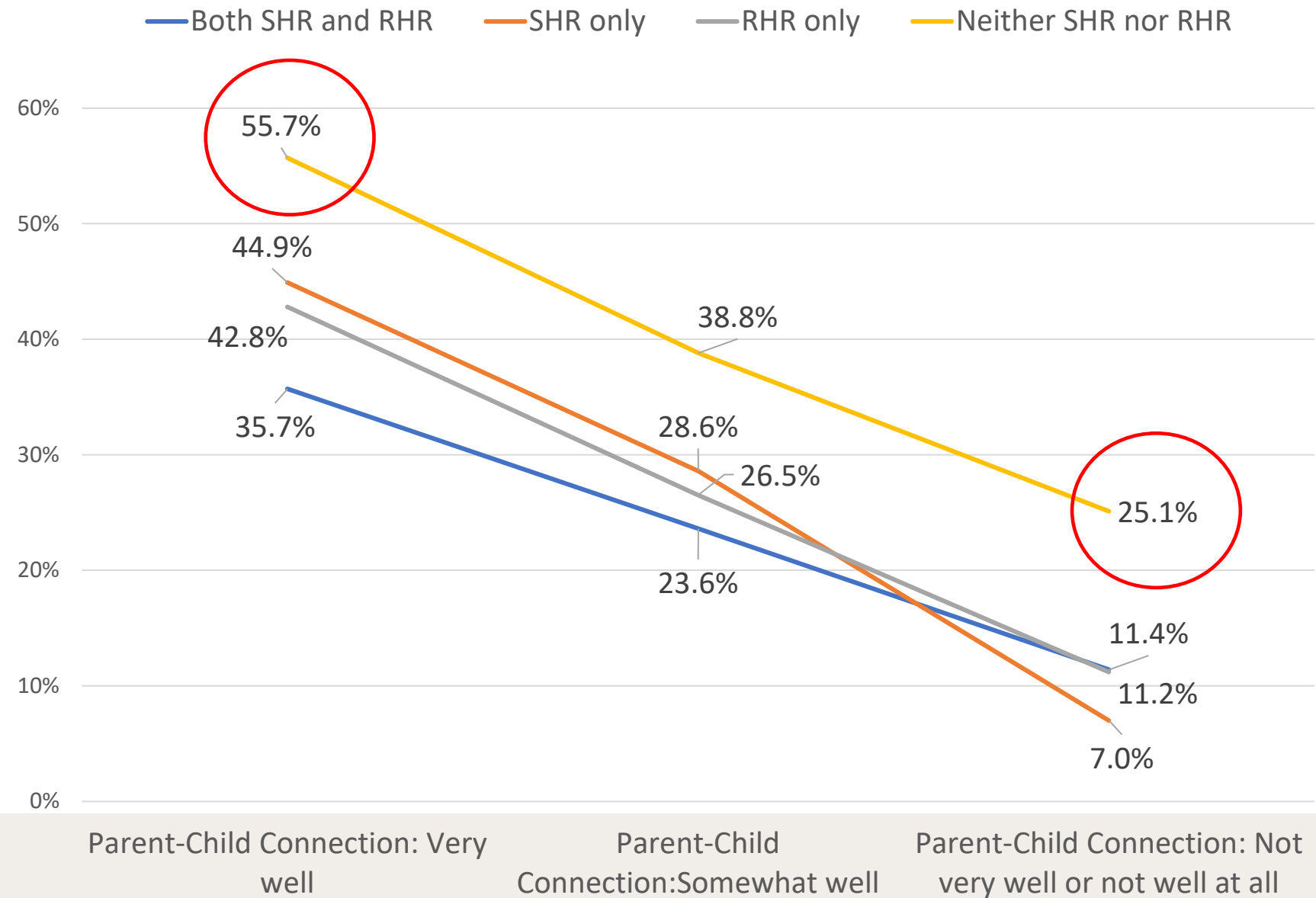
**Connection key
even for children
without adversity!**

- ☐ 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

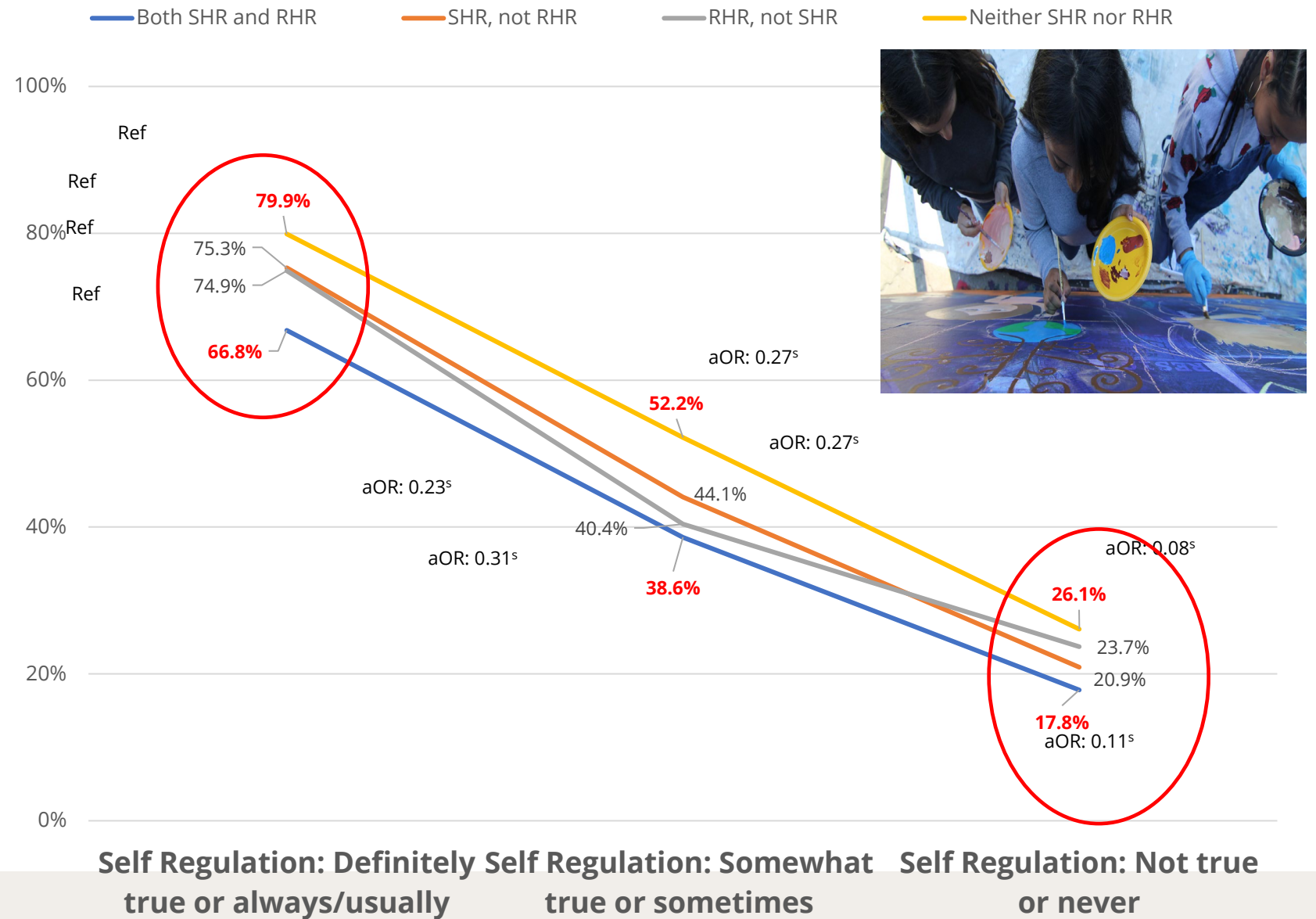


National prevalence of the self-regulation status of children with mental health problems by the strength of parent-child connection--- across levels of social and relational health risks



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)

Prevalence of **School Engagement** Among US Children with MEB by youth **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)

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

JAMA Pediatrics

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Enter Search Term

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This Issue

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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](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Pediatr. 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007

7 Positive Childhood Experiences (PCEs)



feeling able to talk to your family about feelings



feeling your family stood by you during difficult times



enjoying participation in community traditions



feeling safe and protected by an adult in your home



have at least two non-parent adults who took genuine interest in you



feeling a sense of belonging in high school



feeling supported by friends



mezzosolutions.com

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

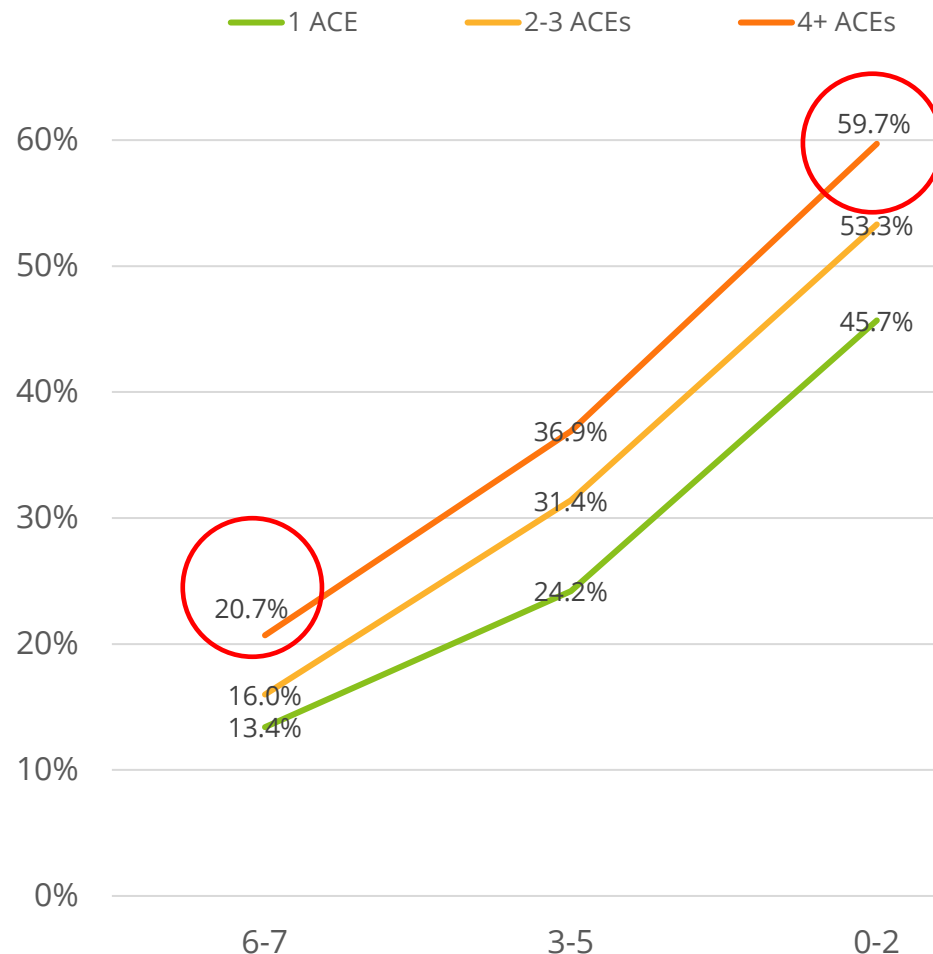
We Are the Medicine—Building Our Caring Capacity is Imperative

(1) “Through Any Door” (2) “In Every Encounter” (3) “No Broken Link”

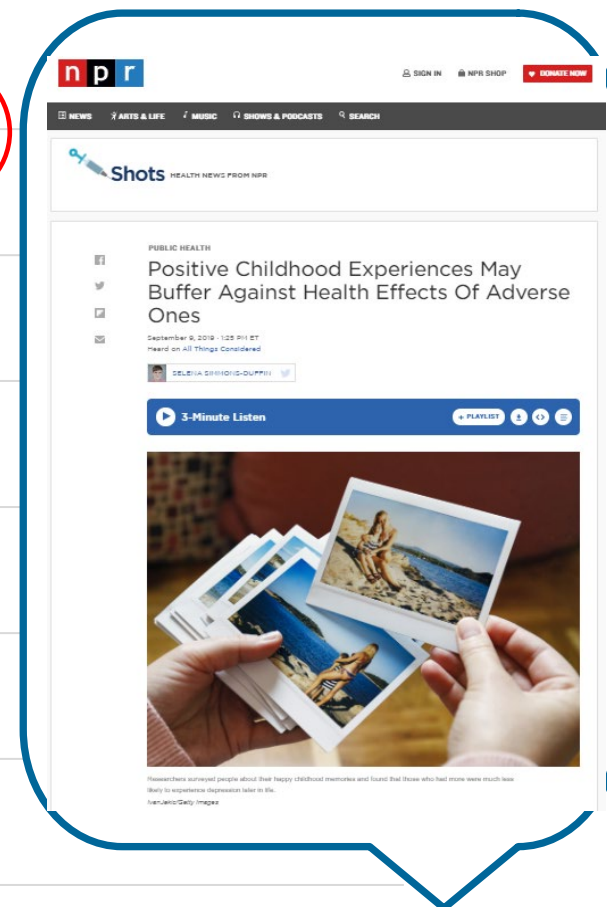
Simple rules for a complex system!

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

Depression/Poor Mental Health, %



Count of Positive Childhood Experiences (PCEs)



*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



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

Relational health refers to the **experience of and capacity to develop and sustain SSNRs**, which in turn prevent the extreme or prolonged activation of the body’s stress response systems.

Three levels: 1.**Dyadic** level--parent/caregiver and child.
2. **Provider/practice** level. 3. **Community** level

Moving Beyond Toxic Stress ... Towards Relational Health	
<p><u>Summary (2013):</u></p> <p>Toxic stress defines the problem.</p> <p>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.</p>	<p><u>Summary (2020):</u></p> <p>Relational health defines the solution.</p> <p>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.</p>

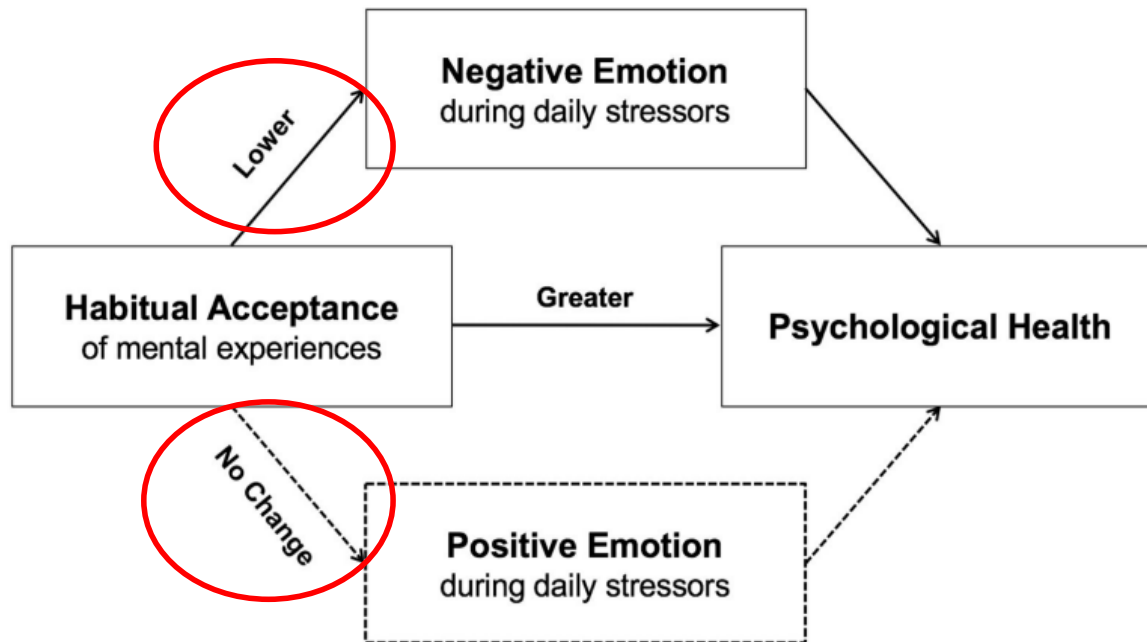
The paradox of positive experiences

It is in recognizing negative experiences and 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



Journal of Consulting and Clinical Psychology
1988, Vol. 56, No. 2, 239–245

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0022-006X/88/\$00.75

Disclosure of Traumas and Immune Function: Health Implications for Psychotherapy

James W. Pennebaker
Southern Methodist University

Janice K. Kiecolt-Glaser
Department of Psychiatry and Comprehensive Cancer Center
Ohio State University College of Medicine

Ronald Glaser
Department of Medical Microbiology and Immunology
and Comprehensive Cancer Center
Ohio State University College of Medicine

Can psychotherapy reduce the incidence of health problems? A general model of psychosomatics assumes that inhibiting or holding back one's thoughts, feelings, and behaviors is associated with long-term stress and disease. Actively confronting upsetting experiences—through writing or talking—is hypothesized to reduce the negative effects of inhibition. Fifty healthy undergraduates were assigned to write about either traumatic experiences or superficial topics for 4 consecutive days. Two measures of cellular immune-system function and health center visits suggested that confronting traumatic experiences was physically beneficial. The implications for psychotherapy as a preventive treatment for health problems are discussed.

There is little doubt that psychotherapy reduces subjective distress and yields positive behavioral outcomes. In recent years, a small group of researchers has sought to learn whether psychotherapy can also reduce health problems. Two promising reviews have indicated that the use of mental health services is associated with fewer medical visits, fewer days of hospitalization,

Health Maintenance Organization (HMO), tend to be some of the highest users of the medical system (see also Tessler, Mechanic, & Diamond, 1976). Finally, these studies have not distinguished between actual health problems and unnecessary medical visits.

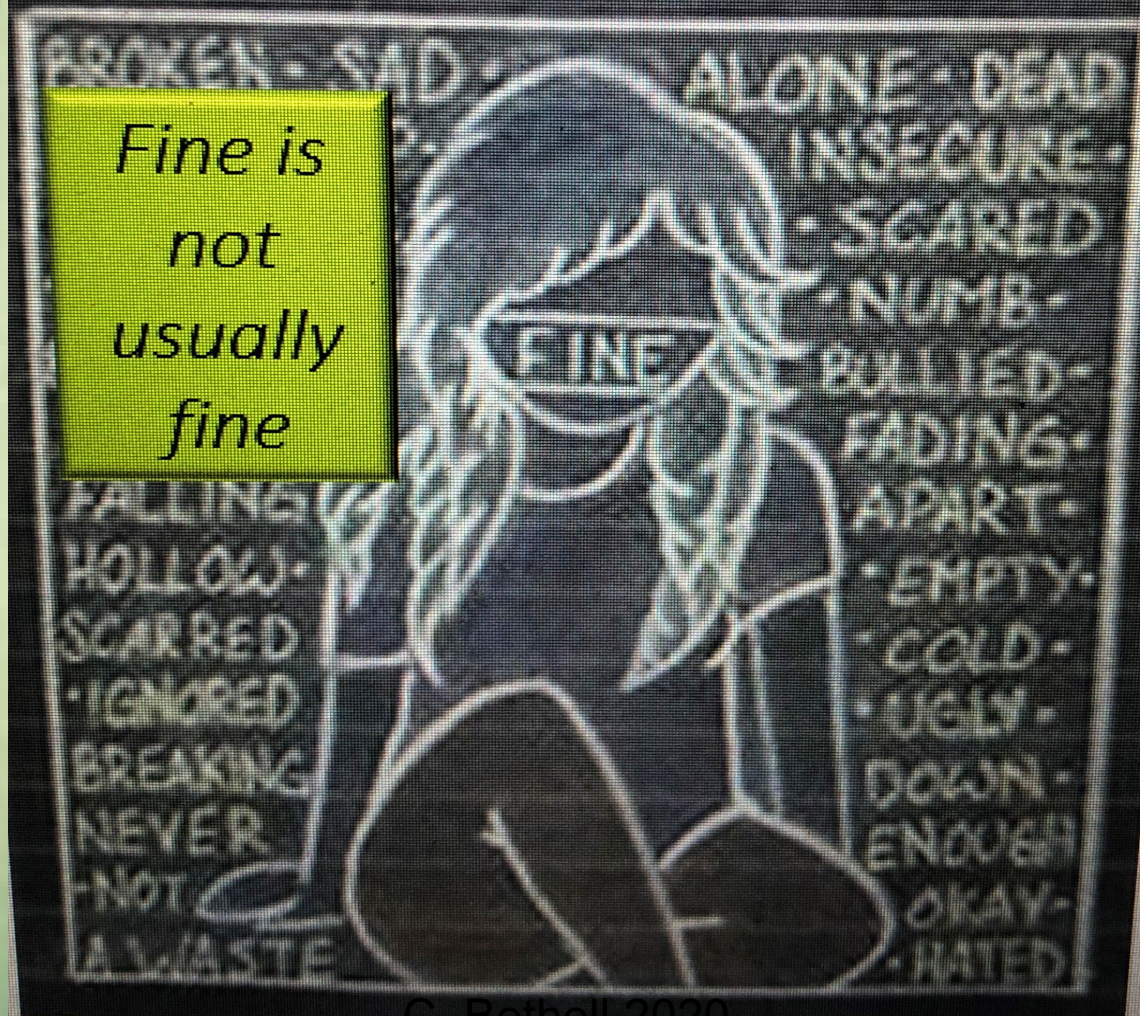
Ironically, in the fields of psychosomatics and health psychol-

J Consult Clin Psychol. 1988 Apr;56(2):239-45.
<https://pubmed.ncbi.nlm.nih.gov/3372832/>



"How are you?"
"Oh, I'm just..."

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.

However, levels of mattering were not linked with help-seeking attitudes or self-stigma for seeking help.

...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. “

The Mattering Wheel

(Prillentsky, 2020)

Feeling Valued (by self & others)

“Others care about me and I feel seen and known by them.”

1. Need to survive
2. Need to belong
3. Existential need for dignity-sense of being worthy, honored, esteemed by others

Adding Value (to self & others)

“I can act for myself and contribute to others”

1. Need for self-determination –having a self-compass (autonomy)
2. Need for self-efficacy and having something to contribute
3. Need for meaning and purpose
4. Need for mutually supportive social connections

Am J Community Psychol (2020) 65:16–34

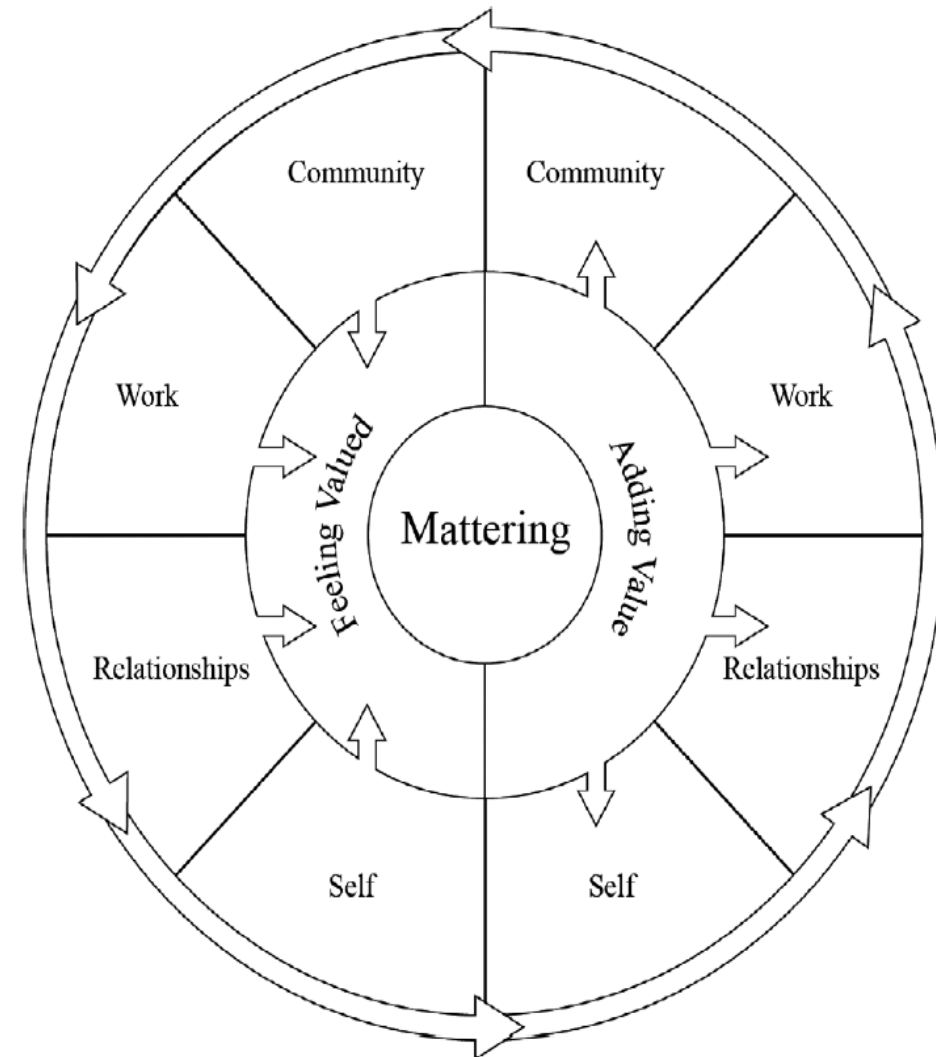


Fig. 1 The mattering wheel: A conceptual framework



WE ARE THE MEDICINE
YOUR BEING, THEIR WELL-BEING



“The success of the intervention depends upon the interior condition of the intervenor(s)”

Are Not Little

Lessons from National Behavioral Health-Primary Care Integration Learning Collaboratives on Trauma Informed Care

“The Central Role of Relationships With Trauma-Informed Integrated Care for Children and Youth”

Jonathan D. Brown, MHS; Melissa A. King, PhD, MPAff; Lawrence S. Wissow, MD, MPH. Academic Pediatrics Child Well-Being and ACEs September 2017 Suppl

“For trauma patients, knowing that you’ll be respected, that people will explain things to you, that you’ll have choices and won’t be trapped, all of this is important to achieving good outcomes,” Wissow says.

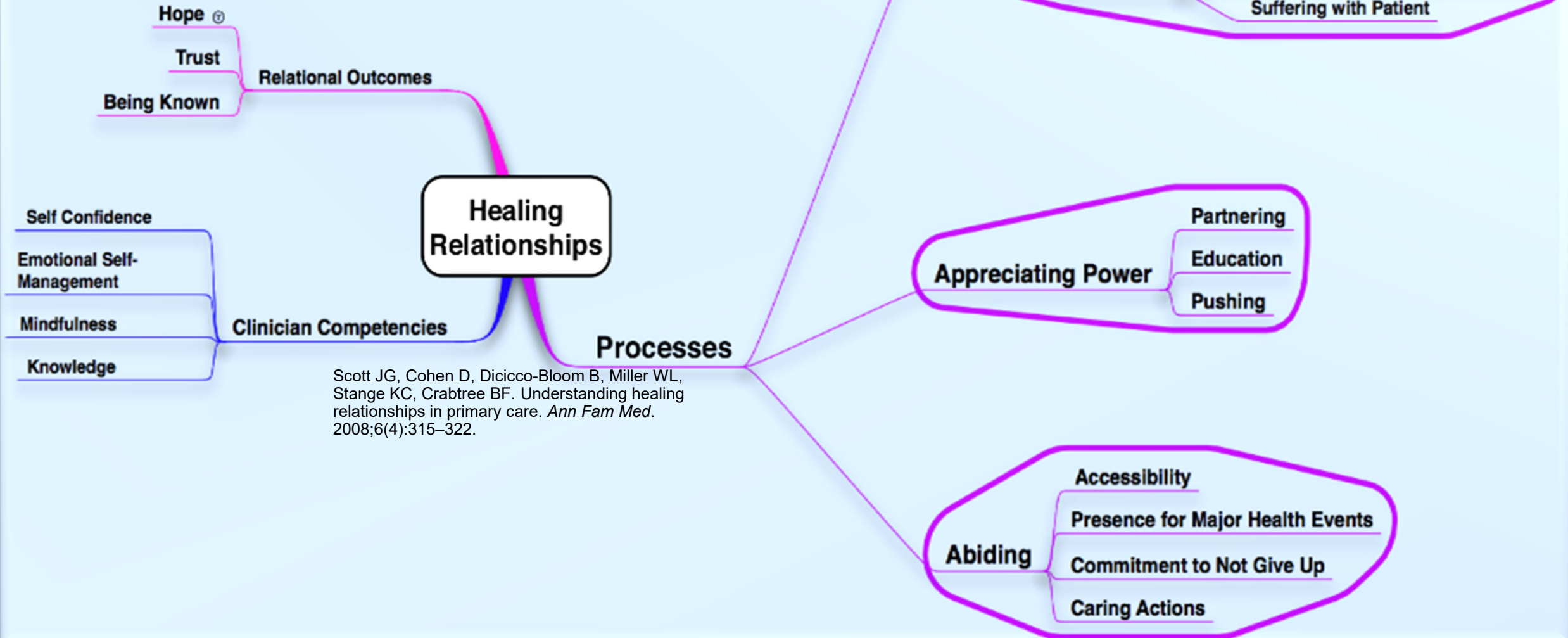
“This research suggests that it’s vital for patients to form healthy relationships with staff from the moment they contact a care facility, not only including those that directly provide healthcare, but also those that answer phones or check them into appointments. “

“Trauma care really depends not only on what you do for patients but how you do it,” says Wissow

“...research shows that having staff at the same healthcare practice who collaborate well despite constant exposure to patients’ crises, as well primary care providers who have personal relationships with specialists and community organizations that also assist trauma patients, is key to getting patients the resources they need to heal.”

Creating Relational Systems of Care: Everyone is a Healer

Becoming a Healer, Advocate and Change Agent



COMPASSIONOMICS

THE REVOLUTIONARY
SCIENTIFIC EVIDENCE
THAT CARING
MAKES A DIFFERENCE



STEPHEN TRZECIAK
ANTHONY MAZZARELLI

Foreword by SENATOR CORY BOOKER

LIFE KIT

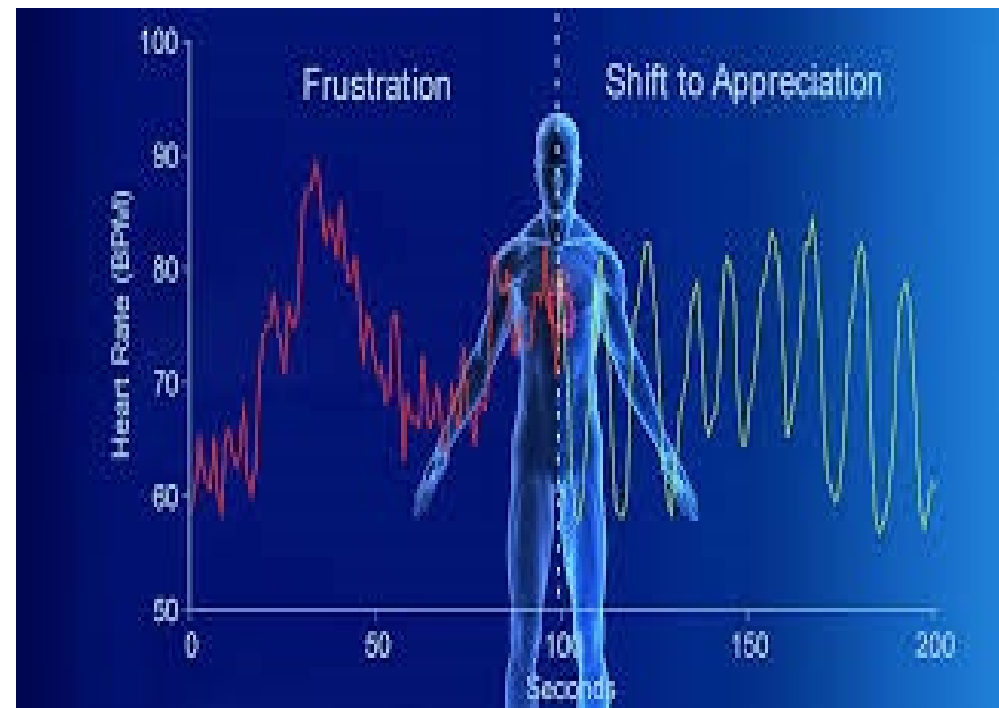
Does Taking Time For Compassion Make Doctors Better At Their Jobs?

April 26, 2019 · 10:17 AM ET

L. CAROL RITCHIE



One study they cite shows that when patients received a message of empathy, kindness and support that lasted just 40 seconds their anxiety was measurably reduced.



Here's the npr story:

<https://www.npr.org/sections/health-shots/2019/04/26/717272708/does-taking-time-for-compassion-make-doctors-better-at-their-jobs>

<https://www.prweb.com/releases/osmosis-and-the-tcu-and-unthsc-school-of-medicine-announce-partnership-to-drive-compassion-and-empathy-into-curriculum/prweb16324699.htm>



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ISSN: 1541-1559



Psychological Services

2022, Vol. 19, No. S1, 23-33
<https://doi.org/10.1037/ser0000580>

The Protective Effects of Perceived Cohesion on the Mental Health of First Responders

Mary O. Smirnova, Samantha J. Meckes, and Cynthia L. Lancaster
Department of Psychology, University of Nevada, Reno

Perceived cohesion is an individual's sense of belonging to a particular group and feelings of morale corresponding to this group affiliation (Bollen & Hoyle, 1990)

Findings suggest that among first responders, perceived cohesion/belonging is associated with increased resilience and decreased PTS, STS, depression, and burnout, even after controlling for the protective effects of perceived social support.

BUILDING RELATIONAL SYSTEMS OF CARE





Trauma Organized

Organizational policies and practices are reactive, avoiding, numbing and fragmented.



Trauma Informed

Organizations have a shared understanding of trauma, are aware of the prevalence of trauma among clients and staff, and have integrated principles into their daily practice and organizational policies.



Healing and Flourishing Centered

The goals of healing and flourishing become central goals for assessing for trauma and mental health problems.



Prioritize Possibilities

Circa 2019



**EcoSystem Requirement:
Scale the Mindsets and
Commitment to
Transformation**



**DON'T LISTEN TO
"OLD WIVES' TALES"**

No shock can mark an unborn baby
No horrible sight can deform him.

BUT

WORRY, FEAR and ANGER
may affect his mother's blood,
which supplies his food.

THEREFORE

she should be **CALM, HAPPY**
and **SWEET-TEMPERED.**

NATIONAL CHILD WELFARE ASSOC., 1919



[HOME](#) / [BLOG](#)

/ UNPRECEDENTED CHILDHOOD TRAUMA HEARING IN U.S. CONGRESS ON JULY 11 TO FEATURE DATA FROM NEW STATE FACT SHEETS

Unprecedented childhood
trauma hearing in U.S. Congress
on July 11 to feature data from
new state fact sheets on ACEs
prevalence, impacts



ELIZABETH PREWITT, ACES CONNECTION STAFF ○ 7/11/19 @ 4:00 AM *

ALABAMA | FACT SHEET 2019
Strong Roots Grow a Strong Nation
Advancing Policies to Catalyze Well Being by Addressing



About this FACT SHEET

All findings reported here are based on
analysis of data from the 2016-2017 National
Survey of Children's Health (NSCH) and
most recent data from the Behavioral Risk



National Agenda Priorities to Promote Child and Family Well-Being, Address Adversity & Restore Relationships

SUMMARY FROM NATIONAL AGENDA AND FIELD BUILDING COLLABORATION

1

Educate about and translate the science of human development, flourishing, resilience, & ACEs

2

Cultivate the conditions for cross-sector collaboration to incentivize shared action and address structural inequalities

3

Fuel “launch and learn” research, innovation, and implementation efforts (change funding, evaluation metrics and methods)

4

Restore and reward for safe and nurturing relationships and self-, family-, and community-led prevention and healing

Requires addressing the 7 C's: Coverage, coding, costs, contracting, credentialing, capacity, coordination

Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics

Christina D. Bethell, PhD, MBA, MPH; Michele R. Solloway, PhD, MPA; Stephanie Guinosso, PhD, MPH; Sandra Hassink, MD, FAAP; Aditi Srivastav, MPH; David Ford, BA; Lisa A. Simonsen, MB, BCh, MPH, FAAP



ation, Family and Reproductive Health (Drs Bethell and and Adolescent Health Measurement Initiative, California genomics and Translational Research, Division of t Hospital for Children (Dr Hassink), Wilmington, Del; mmons Group (Mr Ford), Woodland, Wash
Hopkins Bloomberg School of Public Health, 615 N Wolfe

al trauma, promote resilience, and prevent ACEs; and unch and learn” research, innovation, and implement-
nts. Four research areas arose as central to advancing ities in the short term. These are related to: 1) family-
litical protocols, 2) assessing effects on outcomes
3) capacity-building and accountability, and 4) role
r self-care to quality of care. Finally, we identified
rm actions to leverage existing policies, practices,

CTIPP
Campaign for Trauma-Informed Policy and Practice

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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Effective Frameworks, Evidence and Supportive Policies Don't Translate Innovations—People Do!

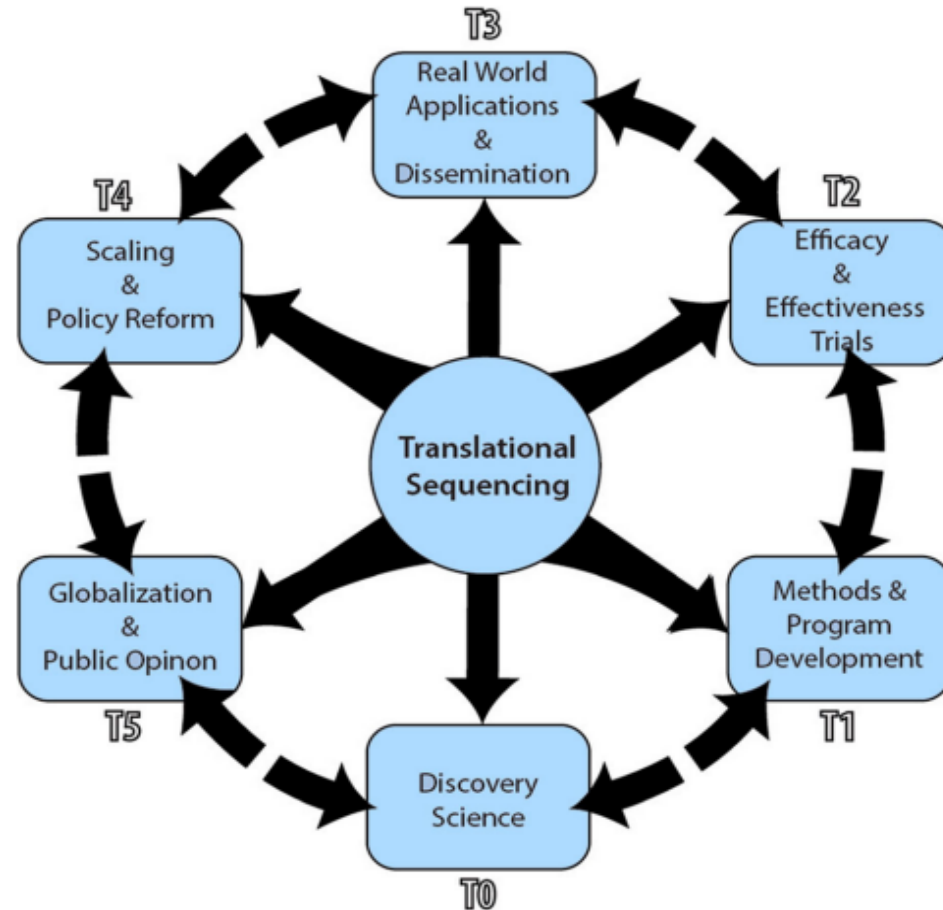
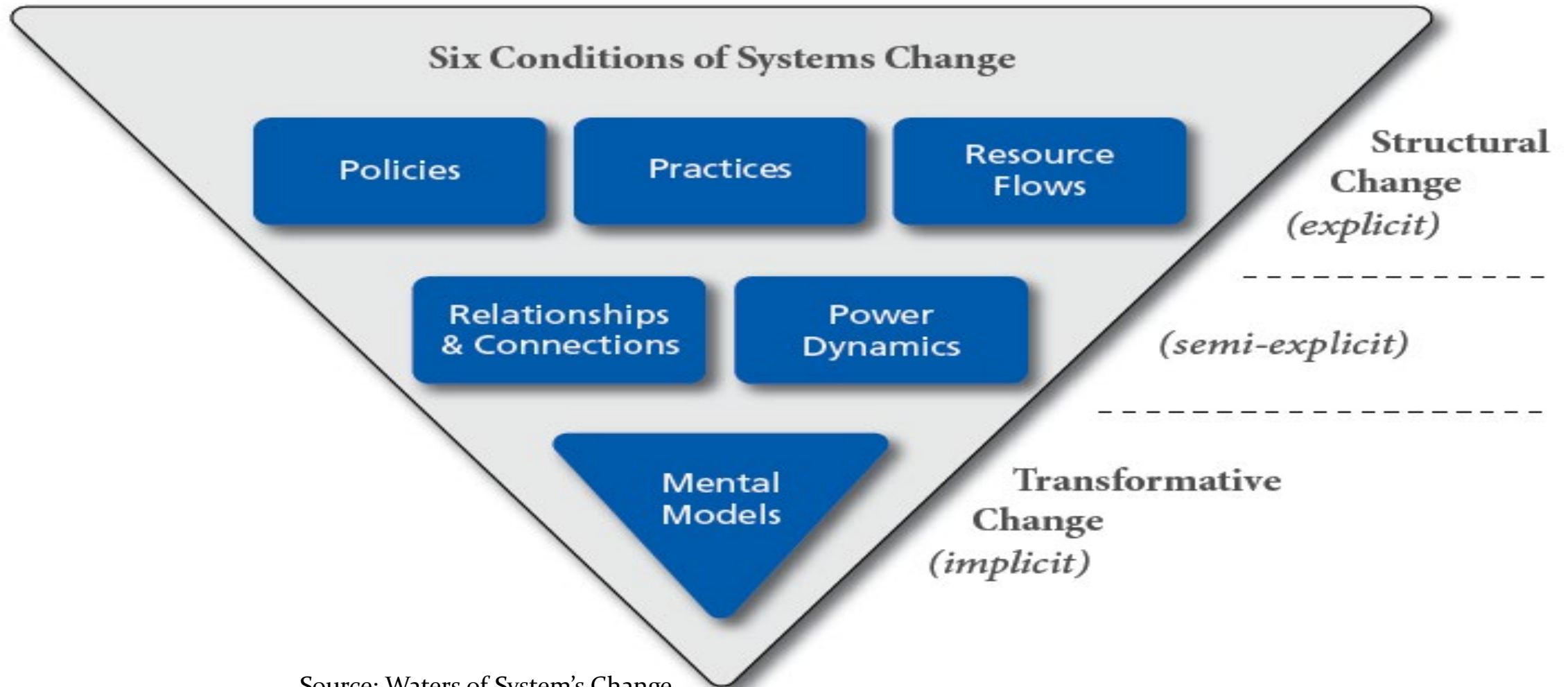


Fig. 1 | The full translational spectrum of prevention science model showing the following six basic stages of translational research: *T0* Discovery Science, *T1* Methods and Program Development, *T2* Efficacy and Effectiveness Trials, *T3* Real-World Applications and Dissemination, *T4* Scaling and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

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



RETHINKING

The New Science of Thriving

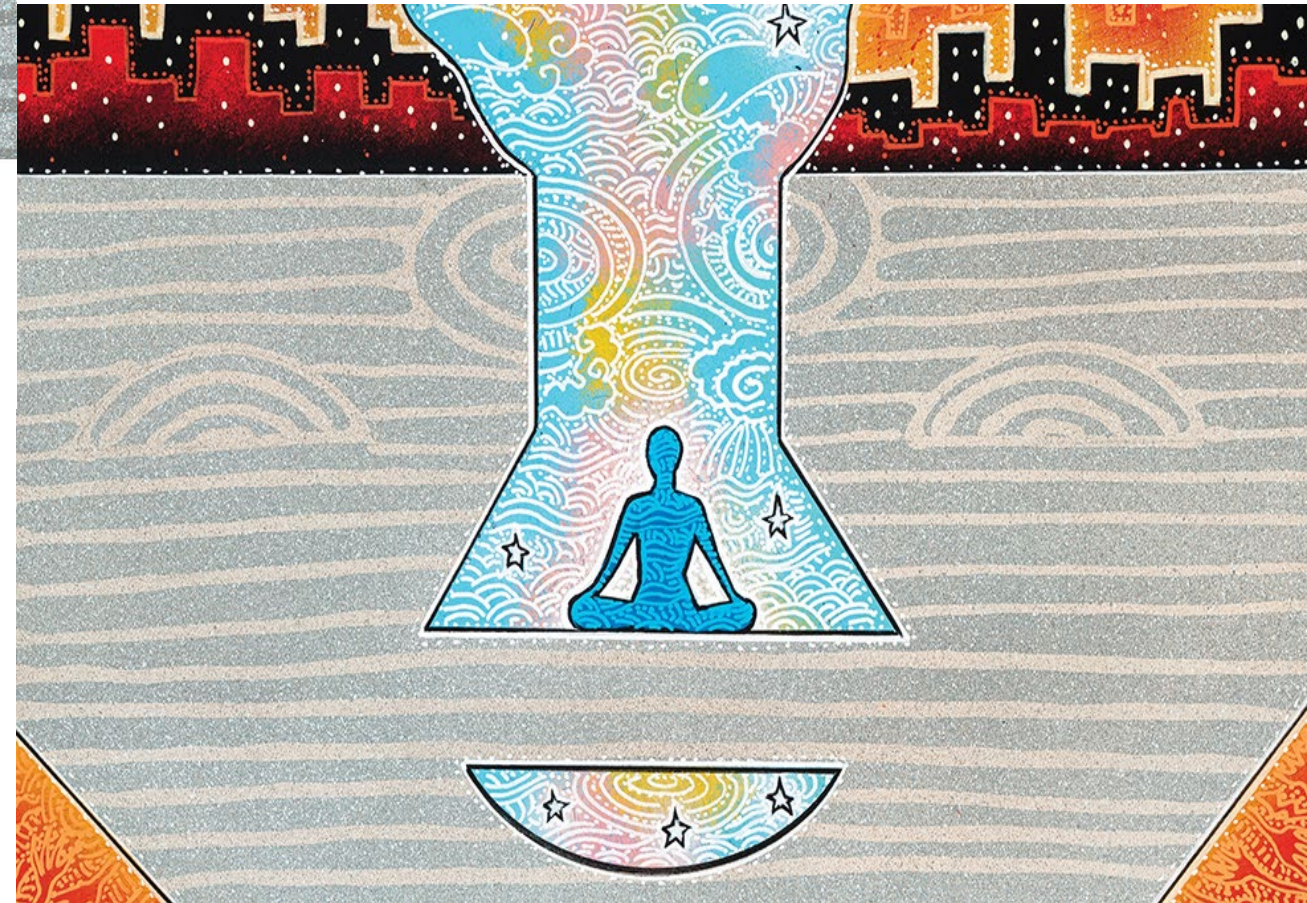
Our well-being—individually and as a society—depends on mindfulness.

Story by Christina Bethell • Illustrations by Joel Nakamura

Mindsets to match the mandate

Metrics to match the mindset

Methods to move the metrics



Source: Bethell, C 2016

We Are the Medicine®



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