We Are the Medicine: Leveraging the Power of Relationships and Engagement to Nurture Developing Minds

Christina Bethell, PhD, MBA, MPH
Professor, Johns Hopkins Bloomberg School of Public Health; Director, Child and Adolescent Health Measurement Initiative
The presenter documents that she has no financial relationships to disclose or conflicts of interest to resolve.
8 Conditions of the Competent Community

(Goeppinger and Baglioni, 1985)

- Commitment to Well-Being
- Self-Other Awareness
- Clarity of Definitions Situational Awareness
- Articulateness Effective Communication
- Conflict Accommodation and Containment
- Participation and Engagement
- Resourceful, Related to larger whole/society
- Machinery to facilitate participant interaction and decision making
Nearly 50 Years of Research Linking Well-Being to Safe, Stable, Nurturing Relationships and Stress

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>David Barker publishes landmark research and theories on the fetal and early life origins of health and adult disease, launching the now vital new field of study on the developmental origins of health and adult disease (DOHaD).</td>
<td></td>
</tr>
<tr>
<td>1975</td>
<td>John Bowlby publishes <em>Attachment and Loss</em></td>
<td></td>
</tr>
<tr>
<td>1976</td>
<td>Richard Davidson publishes first neuroscience paper evaluating the effects of meditation on brain physiology and attentional and affective capacities.</td>
<td></td>
</tr>
<tr>
<td>1982</td>
<td>Eugene Gendlin from University of Chicago publishes <em>Focusing</em> which lays out a 6 step process for changing the way thoughts and emotions impact the body.</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>The Institute of Medicine/National Academy of Sciences releases <em>Neurons to Neighborhoods</em>.</td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>Jon Kabat Zinn publishes bestselling <em>Full Catastrophe Living</em> -- 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.</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>CDC/Kaiser Permanente launch the Adverse Childhood Experiences (ACE) Study to understand links between childhood social and emotional experiences and adult health.</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>Former JHU NIMH scientist central to Nobel Prize winning discovery of the opioid receptor site publishes <em>Molecules of Emotion</em> documenting the molecular underpinnings of the mind-body connection.</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>The Institute of Medicine/National Academy of Sciences releases <em>Neurons to Neighborhoods</em>.</td>
<td></td>
</tr>
</tbody>
</table>

Bethell, C. 2015
Nearly 50 Years of Research Linking Well-Being to Safe, Stable, Nurturing Relationships and Stress

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.

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.

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.

2013-2015

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

2016

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.

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

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

The 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.

Precedent setting lawsuit launched against CA School District giving children with social and emotional trauma rights under the American’s With Disabilities Act.

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

Compton Unified sued for allegedly failing to address trauma-affected students.

Bethell, C. 2015 (updated 2016)
Advances in the sciences of human development create unprecedented opportunities to proactively advance child well-being. Breakthrough findings across disciplines point to a new science of thriving that illuminate often untapped capacities for the promotion of healthy development and healing despite adversity. Given high rates of adversity, healing is prevention.

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. Relationships and engagement are fundamental!

Bethell, C. We Are the Medicine: A framework to promote flourishing amidst adversity and improve child and population health. May 2014
Objective 1: Frame the importance of a positive health approach to promote flourishing even with adversity

Objective 2: Elucidate the central role of engagement and relationships to improving child well being

Objective 3: Offer resources and ideas to support the continued shift to a “We Are the Medicine” model for promoting early childhood and population health
Four Conversations
1. What we know
2. What we face
3. What we can do now
4. What we need
What we know

Requirements for healthy development and well-being
Hard Science Reveals Requirements for Healthy Development and Well-Being

Safe, Stable, Nurturing Relationships

Social and Emotional Development

Positive Health, Resilience, Protective Factors and Risks

If regulation requires connection—what does “self-regulation” mean?

Source: Bethell, C 2016
CAHMI – A National Agenda to Address ACEs

Children’s Well-being and Healthy Physical, Cognitive, Social, and Emotional-Behavioral Development

Household Material Well-Being
- Income and employment
- Food security
- Housing affordability and quality
- Transportation
- Other basic needs

Parent Personal Well-Being
- Mental health, depression
- Substance use/addiction
- Stress
- Mindfulness
- Resiliency

Family Social Well-Being
- Partner support or conflict/violence
- Social ties and connections
- Membership, civic participation
- Inclusion or discrimination
- Community social capital

Parental Relationship Well-Being
- Bonding and attachment
- Positive activity, reading, play
- Knowledge of development
- Knowledge of parenting
- Relationship security, stability

Maslow Rewired: The primacy of belonging and love to physical and mental health throughout life

“....there is recent evidence that individual differences in self-esteem and locus of control, positive psychological attributes that emerge early in life and modify the appraisal of environmental stressors, are associated with hippocampal volume and related changes in HPA regulation in both young and elderly people.”

Bruce McEwen and Peter Gianaros

Central role of the brain in stress and adaptation: links to SES, health and disease (Ann. N.Y. Acad Scie, 2010)

Source: Bethell, C 2016
Components of the Family Resilience and Connection Index
Created using data from the combined 2016 and 2017 National Survey of Children’s Health

Interrelated attributes that reflect, contribute to or are precursors for family resilience and connection

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

Parent-Child Emotional Connection

Parents Cope with Demands of Parenting

Source: Bethell, C 2018
Three Components of the Child Flourishing Index from the National Survey of Children’s Health

- Curious & Interested in Learning New Things
- Persists & Works to Complete Tasks
- Stays Calm & In Control When Faced With Challenges

Interrelated attributes that reflect, contribute to or are precursors for flourishing of the “living and relating self” & supporting living a meaningful and engaged life.
Prevalence of Flourishing, US Children Age 6-17 Years

United States Flourishing

- Definitely True response to 0-1 items: 40%
- Definitely True response to 2 items: 27%
- Definitely True response to all 3 items: 33%

South Carolina Flourishing

- Definitely True response to 0-1 items: 28%
- Definitely True response to 2 items: 38%
- Definitely True response to all 3 items: 34%

Shining a light on flourishing is important for all children in the US!

Variation by Insurance Type

School Age (6-17)

- Publicly Insured: 37.2% Nationally (26.3% SC) meet all 3 criteria
- Privately Insured: 45.3% Nationally (47.3% SC) meet all 3 criteria
What we face

Requirements for healthy development and well-being
ACEs are a risk factor for trauma, toxic stress and neuro-endocrine-immune effects.

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

“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 know your cholesterol score, 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

How has your awareness about ACEs impacted your life and work?

The three types of ACEs include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional
  - Mother treated violently

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Substance Abuse
  - Divorce

Truth About ACEs Infographic Robert Wood Johnson Foundation.
When a baby feels safe, they explore and if a baby explores, they learn.
Source: Adapted from Bucci, M., et al. Toxic Stress in Children and Adolescents, 2016

http://www.kscourts.org/court-administration/Legal_Institute_on_Adverse_Childhood_Exp/Toxic%20Stress%20in%20Children%20and%20Adolescents%20(Bucci%20et%20al%202016).pdf
Criteria for Causal Association

Bradford Hill’s criteria for making causal inferences -
1. Strength of association
2. Dose-Response relationship
3. Lack of temporal ambiguity
4. Consistency of findings
5. Biologic plausibility
6. Coherence of evidence
7. Specificity of association
Clemson Memorial Stadium Can Hold 82,000 fans

USC Williams-Brice Stadium Can Hold 80,000 fans

About 44.9%—Approximately 481,071—of children in SC have 1 or more ACEs

That’s Memorial Stadium AND Williams-Brice Stadium combined, times three!

Children who flourish only fill both stadiums 1.7 times

How far would a line of school buses span if they were filled with children with ACEs in South Carolina?

With 1+ ACEs: 66.3 miles
This is 5x the length of Hilton Head Island

With 2+ ACEs: 30.9 miles
This is 3x the length from the Nurturing and Developing Minds Conference to the Airport!

Children who have experienced at least one ACE can make up 2/3 of the length is takes from Greenville, SC to the South Carolina State House in Columbia!
Flourishing by Adverse Childhood Experiences (ACEs), 2016-2017 NSCH

Prevalence of Flourishing by ACEs, Age 6-17 Years
Nation vs. South Carolina

<table>
<thead>
<tr>
<th>No ACEs</th>
<th>1 ACE</th>
<th>2-3 ACEs</th>
<th>4+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation</td>
<td>47.9%</td>
<td>37.8%</td>
<td>30.6%</td>
</tr>
<tr>
<td>SC</td>
<td>45.4%</td>
<td>38.5%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>

https://www.childhealthdata.org/browse/survey/allstates?q=5373

ACEs Rates US Children Age 0-17: No ACEs: 55.0%; 1 ACE 23.9%; 2+ ACEs 20.9%

Source: Bethell, C 2019
Equally Unequal: This is All of Us

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

- All Children: 14.2%
- 400% FPL: 37.2%
- 200-399% FPL: 35.4%
- 100-199% FPL: 37.7%
- 0-99% FPL: 41.8%

Source: Bethell, C 2016

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


Source: Bethell, C 2016
Prevalence of Flourishing (age 6-17) Among Children with 2+ ACES

Source: Bethell, C. 2018

Improbable Few

Improbable people
Always lay low
They take short sips
And never throw fits
There are things that
only they know

Like
Love is real
But hard to feel
When the screen
was so blank
And only God to
thank
For that nightlight
Hung on the soul...

(Excerpt: Christina Bethell)

Source: Bethell, C. 2018
What we can do now: Part 1

Requirements for healthy development and well-being
Health operates on a dual continuum: absence of illness and adversity does not equal positive health and positive health can exist in the midst of disease and adversity.
Event(s) causing actual or perceived physical or psychological harm

Experience
One’s experience of the event – differs across individuals – depends on beliefs, availability of supports, developmental stage, meaning making

Effects
The resulting effects or symptoms – neurobiological and behavioral adaptations

Trauma

Source: SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)
Relationships At the Core of Adaptive Systems: (Masten, ‘14)

- 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

Source: Bethell, C 2016
Prevalence US children age 6-17 years who flourish using the Child Flourishing Index: by Family Resilience and Connection Index (FRCI) Score and Adverse Childhood Experiences (ACEs) Exposure Level*

About 25% of US children age 6-17 meet flourishing criteria and have a FRCI score of 4-6

Source: Authors’ analysis of the combined 2016 and 2017 National Survey of Children’s Health. Adjusted odds ratio (AORs) reflect odds of flourishing associated with an FRCI score of 4-6 vs 0-1 and are adjusted for age, sex, race/ethnicity, income and CSHCN status.

Shining a light on ACEs is more than a “Courtesy Alert”

“In my beginning is my end.” (?)
T.S. Eliot, Four Quartets

“Where you stumble, there your treasure lies” Joseph Campbell
ACEs cut across many pediatric practice transformation efforts

**Well-Child Care—health promotion and preventive services**

1. **Nearly half (45.7%)** of all US children age 4 months – 5 years at **HIGH or MODERATE** risk for developmental, behavioral or social problems have had ACEs.
2. **Children with even 1 of nine ACEs asked about on the NSCH are 2 times less likely** to live in homes where families practice each of five **protective routines and habits** recommended by Bright Futures (TV limits, breastfeeding, share meals, read...)

**Behavioral Health Integration**

1. **69%** of all children in the US with **emotional, mental and behavioral problems** also had/ have ACEs.
2. **About two-thirds of children age 6-17 who bully, pick on or exclude other children—or are themselves bullied, picked on or excluded**—have ACEs.
3. **Over three-quarters (76.4%)** of US children age 3-5 who were expelled from pre-school had ACEs.

**Coordinated Complex Care**

1. **Large variations in complexity exist within DX** categories that may be associated with the effects of ACEs.
2. **66%** of children with special health care needs whose needs are “**more (vs. less) complex**” have ACEs and **41%** have 2 or more where we see more significant impacts on social and emotional challenges, health problems/symptoms and school readiness and engagement, etc.

**Social Determinants of Health Efforts**

1. **62.4%** of all children whose parents reported they had some type of **problems affording food** (ranging from some to a lot of problems) had ACEs.
2. Only **16%** of those without ACEs reported such problems.
3. **People with ACEs can struggle with self care, asking for help, trusting and following through.**
4. We know many referred for help with food insecurity and many other issues do not seek to access those services.
5. Healing involves activating self care, resourcefulness and receptivity to receiving help and support.

(Source: Author’s analysis of the 2016 NSCH, Bethell, C. 2017)
Developmental Trauma Disorder (DTD):
National Traumatic Stress Network suggests that 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 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.

Activating the Self-Care Instinct!

(among individuals, families, communities and organizations)

Improbable people
Always lay low
They take short sips
And never throw fits
There are things that only they know

Like, love is real
But hard to feel
When the screen was so blank
And only God to thank
For that night light
Hung on the soul

Excerpt from “Improbable People”, Christina Bethell
Education and intervention

Screening
Prompt intervention
Enhance protective factors
Appropriate treatment
What we can do now: Part 2

From Fixing to Connecting
One mistake the arts would never make is to presume that a part or role can be exactly specified independent of the performer, yet this is the idea that has dominated work organizations for most of the 20th century.

Peter B. Vail  Managing as a Performing Art: 1989
Moving from “i”llness to “we”llness: Relational wounding requires relational healing
Consistently trusting and respectful relationships matter.
“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.”
The Theory and Logic of A Healing Relationships Model for Promoting Positive Health

What we can do now: Part 3

Turn on the Learning Switch
The non-negotiable and science-based mandate to fully engage and empower children, youth and families to promote early and lifelong health

Child and Adolescent Health Measurement Initiative

Family Engagement at the AAP: History and Policy

Information about the AAP Family Partnerships Network, how to join, activities, and the executive committee.

CMS.gov
Centers for Medicare & Medicaid Services

Person and Family Engagement

We're Putting Patients First

We need your help to bring patients and their families into the health care system to work on the design, delivery, and evaluation of their care. Our Person and Family Engagement Strategic Plan guides our work to put patients first by asking them and their families to work with us on our policies and programs.

What is the CMS Person & Family Engagement (PFE) strategy?

Our PFE strategy explains:

- The goals of person and family engagement.
- How we will work with our partners and stakeholders to meet our goals.

What is our PFE strategic plan about?

Our strategic plan gives specific, actionable goals and objectives for making more people aware of and involved in person and family engagement.

How did we develop our PFE strategy?
Distinguishing Among Aspects of Family Engagement

Communication between families and providers to build trust
- Open and honest interactions
- Child- and family-centered care
- Building trust and relationships

Family involvement to share decision making and plans of care
- Participation in decision-making
- Joint treatment and goal planning
- Joint input on EMR/patient portal

Active collaboration with organizations and systems for results
- Youth and family advisory boards
- Partner in program design and care delivery
- Participation in policy/program evaluation

Engage to improve health and well-being
- Proactive health seeking and pursuit of well-being
- Capacity and will to heal, change and learn
- Health promoting behaviors
- Self-management of conditions

Common themes:
- Active partnership at all levels levels
- Family-centered approach
- Collaborative decision making
- Building relationships
- Planning, setting goals, delivering, and evaluating health care

Source: Bethell, C 2018. For HRSA ENRICH Webinar
CARE_PATH
for Kids
The CARE_PATH for Kids Model and Tools
Engage, Partner, Improve
Child and Adolescent Health Measurement Initiative

Engaging Families to Improve
Despite decades of research and effort, care for children with special needs has not improved markedly from the point of view of families.

I think the nursing staff and the front desk staff is really important. When I call up they’re able to remember me... quality means that my needs are assessed quicker because they appreciate the context.

And it's been numerous of times when my kids could have been in ICU, been intubated, but she stepped in to get them what they need or prevent what they don't.

I think doctors have to have faith in what the parents are saying. And not to be afraid. If they don't know what's going on, not to be afraid not to say, at least I just think of his pediatrician—every time I called, he didn't even want to talk to me, you know. It was like, "Oh God, here's Lisa again." I mean to be like, “Lisa, I don't know, but I'm going to try and get the information for you.”

But they don't do that. It’s a cop out.

Source: Foundation for Accountability, 1999
The CARE_PATH for Kids Tools in Practice

Basic Work Flow

Family completes the Family Foundations Planner and shares responses with the care coordinator.

Care coordinator translates family responses into Family Foundations Plan and preps for CARE_PATH Encounter.

Care Coordinator and family complete the CARE_PATH Planning Process and the Family Foundations Plan.

Family Foundations Plan is given to the provider, and updated regularly or as needed.

Families and their providers develop a shared plan of care grounded in the information collected from the CPK tools.

Engaging Families to Improve Outcomes for CSHCN. PI: Bethell, 2016-present. Funded by the LPFCH.
Engaging Families in Well Child Care Services

PARENTS

We’d like to partner with you!
If you have a child 6 years old or younger, we will be asking you to complete an online tool prior to each of his or her well-visits. This will help us to focus on topics important to you and to give your child the best care possible.

Here is what parents of children 6 years old or younger can expect for well-visits:

1. Before the visit – at home, online tool
   We will ask you to go to www.WellVisitPlanner.org to:
   - Answer questions about topics or concerns you want addressed at the visit and general child and family health issues.
   - Read educational information about promoting your child’s health.
   - Receive a personalized Visit Guide summarizing your priorities to be discussed with your provider.

2. During the visit – use your responses
   - Share your responses with your child’s health care provider to focus the visit on your child and the information you would like to receive.
   - Completing the online tool before the visit will give the health care provider more time during the visit to discuss both your concerns and your child’s strengths!

3. After the visit – get information
   - You can return to the Well-Visit Planner online tool at www.WellVisitPlanner.org anytime to review the educational information about topics in which you are interested for your child.

www.WellVisitPlanner.org

Thank you for partnering with us!

The need for concrete tools to engage families to drive their health, health care and improvements in care.

**The Well-Visit Planner** (WVP) is a family engagement pre-visit planning tool to help parents and family members plan their child's upcoming well-visits.

**Promoting Healthy Development Survey** (PHDS) is a family engagement based post-visit assessment of well-child care quality.

**The Cycle of Engagement** tools are based on the mutual-participation and the elaboration-likelihood health communication models; further supported by neuroscience of health behaviors and well-being research.

The Well Visit Planner produces a Summary Visit Guide that includes information about the parent’s priorities for the visit and issues about the child and family identified in the questions.

The parent can download, print, save and/or email the Summary Visit Guide to their provider or others as they wish.
Produces population-based, provider, clinic or community level data on child and parent strengths, concerns, developmental milestones, psychosocial issues, priorities and status of developmental screening and more.

Relevance for meaningful use, MOC, medical home and value based payment efforts, etc.

Priorities: Most common priorities reported by parents during their children’s 6 years routine visit

<table>
<thead>
<tr>
<th>Priority</th>
<th>All children</th>
<th>CSHCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Helping your child express feelings and control behaviors</td>
<td>(39.9%)</td>
<td>(40.0%)</td>
</tr>
<tr>
<td>2. Teaching your child to make healthy food choices</td>
<td>(29.8%)</td>
<td></td>
</tr>
<tr>
<td>3. Succeeding in social situations</td>
<td>(28.6%)</td>
<td></td>
</tr>
<tr>
<td>4. Helping your child make good decisions and gain independence</td>
<td>(26.2%)</td>
<td></td>
</tr>
<tr>
<td>5. Continuing to improve in listening, reading, and math</td>
<td>(23.8%)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Bethell, C, Gombojav, N. Analysis of population based data from the CAHMI’s Well Visit Planner Online Engagement Tool. 2014
What we hear!

Parents:
“I didn’t get my email!”

Providers:
“I can’t live without my CAHMI visits”
Online and Mobile Optimized Tool for Families

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.

Don't yet have an account? Register Now!

Create An Account

About You

Your Full Name

Account Information

Email Address

Password

Confirm Password

Already have an account? Sign In

www.wellvisitplanner.org

www.cahmi.org
Parent completes the Well-Visit Planner and receives visit guide

Provider prepares for the upcoming visit with the help of visit guide shared by family-prepares resource linkages, brief interventions, etc

Well-child visit is conducted & customized to family and child priorities and needs

Parent completes Online PHDS survey and receives feedback report After 25 completed surveys, provider receives summary report

Provider prepares to implement the COE model in practice

Provider uses the results from the summary report to improve quality of care

Provider prepares for the upcoming visit with the help of visit guide shared by family-prepares resource linkages, brief interventions, etc
Sample WVP Intervention Diagram

1. Families call in to HMG Centralized Access Point
2. Refer parents to Well Visit Planner
3. Parents visit site-specific URL
4. Parents engage with the WVP
5. Parents print or save and e-mail results
6. Families share Visit Guide with provider at next well-child visit
7. Parents and providers review results together
8. HMG staff follow up with parents after their visit
What we need

Enabling environments—outside and in!
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. Sokoloway, PhD, MPA; Stephanie Giannos, PhD, MPH; Sandra Hassink, MD, FAAP; Aditi Srivastav, MPH; David Ford, BA; Lisa A. Simpson, MB, BCH, MPH, FAAP

From the Child and Adolescent Health Measurement Initiative, Department of Population, Family and Reproductive Health (Dv Bethell and Sokoloway), John Hopkins Bloomberg School of Public Health; Baltimore, MD; Child and Adolescent Health Measurement Initiative, California School-Based Health; Mirano D. Giannos, Berkeley, Calif; Center for Pharmacoeconomics and Translational Research, Division of Pediatric Weight Management; Department of Pediatrics, University of Florida; Children’s Hospital at Main Line, Malvern, PA; and Health Care Systems Group (D Ford), Woodside, Wash.

The authors have no conflicts of interest to declare.
Address correspondence to Christina D. Bethell, PhD, MBA, MPH, CAHMI, Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe St, FL 64152, Baltimore, MD 21205 (e-mail: cbethell@jhu.edu).

ABSTRACT

OBJECTIVES: A convergence of theoretical and empirical evidence across many scientific disciplines reveals unprecedented possibilities to advance much needed improvements in child and family well-being by addressing adverse childhood experiences (ACEs), promoting resilience, and fostering maintenance of the social and emotional roots of healthy child development and lifelong health. In this article we synthesize recommendations for four structural actions needed to achieve these goals. These actions involve advancing basic science, developing and implementing community-based strategies, translating evidence to routine practice, and engaging and mobilizing communities.

In the following sections we present recommendations that have been advanced and supported by a wide array of sources and include evidence to substantiate each of our recommendations. In the first section we show how addressing ACEs can improve mental health outcomes. In the second section we present evidence on the impact of the three E’s—early identification and intervention, early childhood education, and early childhood mental health services—in the birth to age 3 years period, which is a critical time for children’s development.

The key elements and principles that underlie the recommendations are presented in Table 1.

<table>
<thead>
<tr>
<th>Element</th>
<th>Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic Science</td>
<td>Research that advances the understanding of the mechanisms underlying ACEs and their impact on health outcomes.</td>
</tr>
<tr>
<td>2. Implementation</td>
<td>Strategies that facilitate the translation of research findings into practice.</td>
</tr>
<tr>
<td>3. Community Engagement</td>
<td>Approaches that mobilize and involve communities in the improvement of health outcomes.</td>
</tr>
</tbody>
</table>

November 2018
The Role Can Smother

“Often…people’s identities become shrunken into their work identities. They become seduced by the practice of self absence. To practice only the linear external side of your mind is very dangerous. …if you engage only the external side of yourself, and stay on this mechanical surface, you become secretly weary. Gradually, years of this practice make you desperate.”

Anam Cara, John O’Donahue
“You can go good places with your mind if you can’t go good places with your body.”
Stephen Porges, PhD
Professor Emeritus, University of Illinois at Chicago. Director, Brain Body Center in the Department of Psychiatry. Author: The Polyvagal Theory

“Without mindfulness, there is no therapy. Mindfulness is a necessary state to be in to live your life. All growth occurs because you are in a state of mindfulness. Without mindfulness, there is no growth.”
Bessel van der Kolk
Professor of Psychiatry, Boston University. Author: Treating Traumatic Stress in Children and Adolescents
“The Body Keeps the Score”

Source: Kabat Zinn, J, Full Catastrophe Living, 2009
Mindfulness Practices Develop and Restore Pre-Frontal Brain Functions and Mind-Body Integration, Which is Fundamental to Flourishing and Healing From Toxic Stress and Trauma

- Bodily Regulation
- Attuned Communication
- Emotional Balance
- Fear Extinction
  - Flexibility
  - Insight
  - Empathy
  - Morality
  - Intuition

Not only is mindfulness an antidote to stress and capable of improving our emotional and physical well being, research studies indicate it improves our memory, learning, concentration, coherence and creativity.

— Yale Research/The Week Health and Science Section

Source: Bethell, C 2016
Comprehensive Neural Integration

Body Proper, Nervous System, Brain Stem, Limbic System and Cortex

When horizontal and vertical neural integration occurs, we become more:

Flexible Adaptive Creative Energized Stable (in a dynamic way)

(Reference: Dr. Dan Siegal, Director of the MindSight Institute)
Mindfulness

A four pronged learned skill enabling individuals to

(1) Pay attention; (2) On purpose; (3) In the present moment; (4) and non-judgmentally

Mindfulness training involves:
1. Dedicated reflection time
2. Micro-practices
3. Transparent communication (“from the balcony”)

Peter Senge, MIT
Author: The Fifth Discipline: The Art and Practice of Learning Organizations
The Presencing Institute

“Teams that cannot tell the truth about their emotional state limit their strategic, creative thinking because the cognitive and the emotional are inextricably connected.”
— Peter Senge
12 Minute Wheel of Awareness Exercise

http://drdansiegel.com/resources/wheel_of_awareness/
The success of an intervention depends on the interior condition of the intervener.

William O’Brien, former CEO, Hanover Insurance

How might the science and practice of mindfulness be leveraged to promote your well being as a powerful force for contributing to the well-being of your patients, family, community, workplace and society?

Collective Mindfulness & System Performance

The Ongoing Quality Improvement Journey: Next Stop, High Reliability

By Mark R. Chassin and Jerod M. Loeb

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 in health care is a relatively recent development. Understanding the cultural features that enable high-reliability organizations to achieve excellent care is important to achieving high standards of quality in medicine. A dominant attitude or cultural feature of these organizations is collective mindfulness — the awareness that all high-reliability organizations display.

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

Mark Chassin
President, The Joint Commission (2011)
Mindfulness-Based Stress Reduction

Mindfulness is a way of shifting directly to whatever is happening in your life, meeting your experience without judgment and with an open heart. Mindfulness training can unblock the habitual response patterns that are at the root of many health problems.

By learning Mindfulness-Based Stress Reduction techniques, you will be able to create more awareness, both inside and out, and thus be able to notice and respond in a more mindful way to life’s challenges.

If you’re feeling stressed, we have a mindfulness class designed just for you. This class will help you to:

- Gain new tools and techniques for managing stress and anxiety
- Develop a greater sense of well-being and vitality
- Improve your ability to focus and concentrate
- Enhance your relationships with others
- Cultivate a greater sense of calm and peace

In this 8-week course, you will be guided through a variety of mindful practices, including:

- Mindful awareness of breath
- Body scan meditation
- Mindful listening
- Mindful movement
- Mindful eating

By attending all 8 sessions, you will gain a deeper understanding of mindfulness and its benefits.
Emphasizes: cross-cutting role of safe, stable, nurturing relationships to healthy child brain development and health across life

Legitimizes: the known impact of embedded and chronic stress on child development and well-being and adult health

Calls Out: the syndemic of adverse childhood experiences, links to early & lifelong health and the possibilities arising from the new science of thriving and self-led individual, family and community healing

Recognizes: that child development depends on adult development and the urgency to promote greater research and policy action

Concludes: that the health of children and our nation calls us to squarely address trauma and promote positive health—and the foundational role of safe, stable, nurturing relationships and neuro-repair to healing

Citation: Bethell, C. We Are the Medicine: Human Development and Child Well-Being in an Era of Ordinary Magic. Center for the Advancement of Innovative Health Practices.
It’s what she knew, so she clung to it.

Aspire to rewire...the brain can grow and change!
I am in the world
And the world is in me
From my toes, to my nose, to my belly,
to my knees
What’s in is out
What’s out is in
Endings can’t be endings
‘Cause there’s only begins

Begin are like flowers
That lean toward the light
When I am aware of what is there
It’s never really night
The scariest of scaries
Are just frights from before
I’m almost never afraid
Of what’s actually at my door

Healing Wisdom Learned

I am impacted by my experiences. **It’s not what’s wrong with me, it’s what happened to me.**
My body and brain are all effected in seen and unseen ways. It’s *not what happened, it’s how it impacted me.* My reactions to life are patterns I learned before. They impact others, just as others impact me (mutuality).

When I get quiet and notice the moment inside I can meet each one new, choose to be present for my life and not stuck in the patterns and a trance of trauma.

When I stay present I can remind myself to focus on what is really happening and ask for help if I need it. Most of the time I am safe; If not, I know what to do. I (and my body) may never forget, but I can use skills to heal for my whole life.

Noticing that I do not feel afraid all the time anymore helps me know what feeling good is like—then I can choose things that feel good like I could not do before.
To Beauty

....and the translation of the science and practice of promoting positive health and healing for children, youth and families.
We Are the Medicine

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

Source: Bethell, C 2016