

## It Begins With Us!

### Building the EcoSystem for Youth Well Being

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

Christina Bethell, PhD, MBA, MPH  
 Professor, Bloomberg School of Public Health,  
 Johns Hopkins University  
 Director, Child and Adolescent Health Measurement Initiative  
 April 9, 2025



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*The resistance to the disturbance is the disturbance*

#### Transfixed (excerpt)

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

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

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

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

(Christina Bethell)

*Relational wounding requires relational healing*

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## From Awareness to Action

### The Positivity Paradox

Prioritizing Possibilities for Youth Flourishing “Through Every Door” and “In Every Encounter”

Christina Bethell, PhD, MBA, MPH



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#### Conceptual Framework for Defining Different Aspects of Flourishing (Bethell, C)

##### Flourishing of the remembering self

Retrospective assessment of life satisfaction (up until now)

##### Flourishing of the experiencing self

Current experience of positive emotions and enjoyment in life, etc.

##### Flourishing of the requiring self

Having fundamental needs met (safety, food, housing, social support)

##### Flourishing of the living and relating self (can be learned)

An approach to living and engaging with life and others in a way that fosters a sense of meaning, participation, positive relationships, identifying strengths and looking for the good, contributing and sense of belonging

Focus of a  
“eudaimonic”  
concept of  
well-being

Taken  
together,  
these  
comprise  
overall  
“lived”  
well-being

Source: Author’s conceptualization and synthesis (Bethell)

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## 7 Positive Childhood Experiences (PCEs)

### Moving from trauma as the problem to relational health as the solution. Positive Childhood Experiences (PCEs)

*Our research demonstrates the lifelong impact of PCEs on health—and a “positivity paradox”*

#### Prevalence of depression/poor mental health by PCEs

0-2 PCEs	48.2%
3-5 PCEs	25.1%
6-7 PCEs	12.6%

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

Bethell C, Jones J, Gombajay N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr.* 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007

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## Why Me? Paradise was not...

In Butte County, the age-adjusted drug induced death rate continues to be significantly elevated compared to the statewide rate (30.2 vs. 12.2).

**The rate of opioid-related overdose deaths per 100,000 residents in Paradise, California, jumped in 2018, the year of the Camp Fire.** At the same time, the county-wide rate declined. In 2018, **Paradise** saw more overdose deaths than any other zip code in **Butte County**, at a rate almost triple the **state** average.

### Faraway Star

(on cover of 8<sup>th</sup> grade poetry book)

Way out there  
Where there is no end  
There is a star  
That has no friend

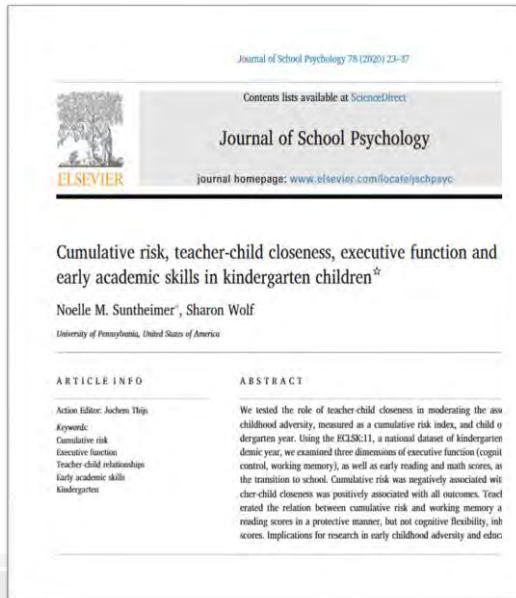
He's not too big  
He's not too tall  
He's really not much  
Of Anything at all

Way out there  
Where this is no end  
You can go far away  
And find no friend

Way down here  
Where there is an end  
You can go far away

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## Teacher-Child Closeness Mitigates Children's Cumulative Risks for Poor School Outcomes



### Relational Wounding Requires Relational Healing

*Reading, math, working memory, self regulation and cognitive flexibility scores declined with higher levels of cumulative risk, but teacher-child closeness moderated this negative association.*

Source: Suntheimer, N. Cumulative risk, teacher-child closeness, executive function and early academic skills in kindergarten children. November 2019

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## Our “Positivity Paradox” Message Is Flourishing! Science Friday March 14, 2025

### [How Positive Childhood Experiences Offset Adversity](#)



science Friday

AUDIO ▾ ARTICLES ▾ EDUCATE ▾ COMMUNITY ▾ ABOUT ▾ En Español

This article is part of the **The Science Of Mental Health** spotlight. [VIEW SPOTLIGHT](#)

How Positive Childhood Experiences Offset Adversity

*Adversity in childhood can affect our health later in life. But positive childhood experiences also have a profound impact.*

by [Preeti Sainan Surti](#), on March 14, 2025

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ISSUE REPORT

# Pain in the Nation:

## The Epidemics of Alcohol, Drug, and Suicide Deaths

# 2023

SPECIAL FEATURE: Youth Mental Health and Well-Being

SUMMARY RECOMMENDATIONS

Trust for America's Health (TFAH) calls for a multifaceted approach to reduce alcohol, drug, and suicide deaths and to improve mental health and well-being for all Americans. These recommendations focus on actionable items in three areas and are primarily aimed at federal and state governments. A summary of recommendations follows. The full recommendations begin on page 30.

Invest in Prevention and Conditions that Promote Health

- Support policies and programs that reduce adverse childhood experiences and the impact of trauma.
- Increase federal funding for substance misuse prevention, mental health, and resiliency programs and staff in schools across the country.
- Boost access to early prevention and family-support programs.
- Bolster the continuum of crisis-intervention programs and supports, including through the 988 Suicide and Crisis Lifeline.
- Expand comprehensive suicide prevention efforts.
- Support youth-serving programs that adopt trauma-informed and culturally and linguistically appropriate policies and practices, including in the juvenile justice system.
- Limit access to lethal means of suicide among individuals who are at risk for negative mental health outcomes through state and federal laws, increased funding of foundational research, and the adoption of counseling programs in healthcare systems.
- Promote policies and programs to address social determinants of health.

Prevent Substance Misuse and Overdose


- Target the prevention of substance misuse among youth with additional support for the Drug-Free Communities Support Program and direct funding from opioid litigation settlements to the primary prevention of youth substance misuse.

- Implement policies targeting psychostimulant use that complement current opioid-focused policies.
- Promote harm-reduction approaches to reduce overdose and blood-borne infections, including increased access to syringe service programs, naloxone, and fentanyl test strips.
- Reduce the availability of illicit drugs and unnecessary prescriptions through responsible opioid prescribing practices and hotspot monitoring for overdoses.
- Lower excessive alcohol use through evidence-based policies.

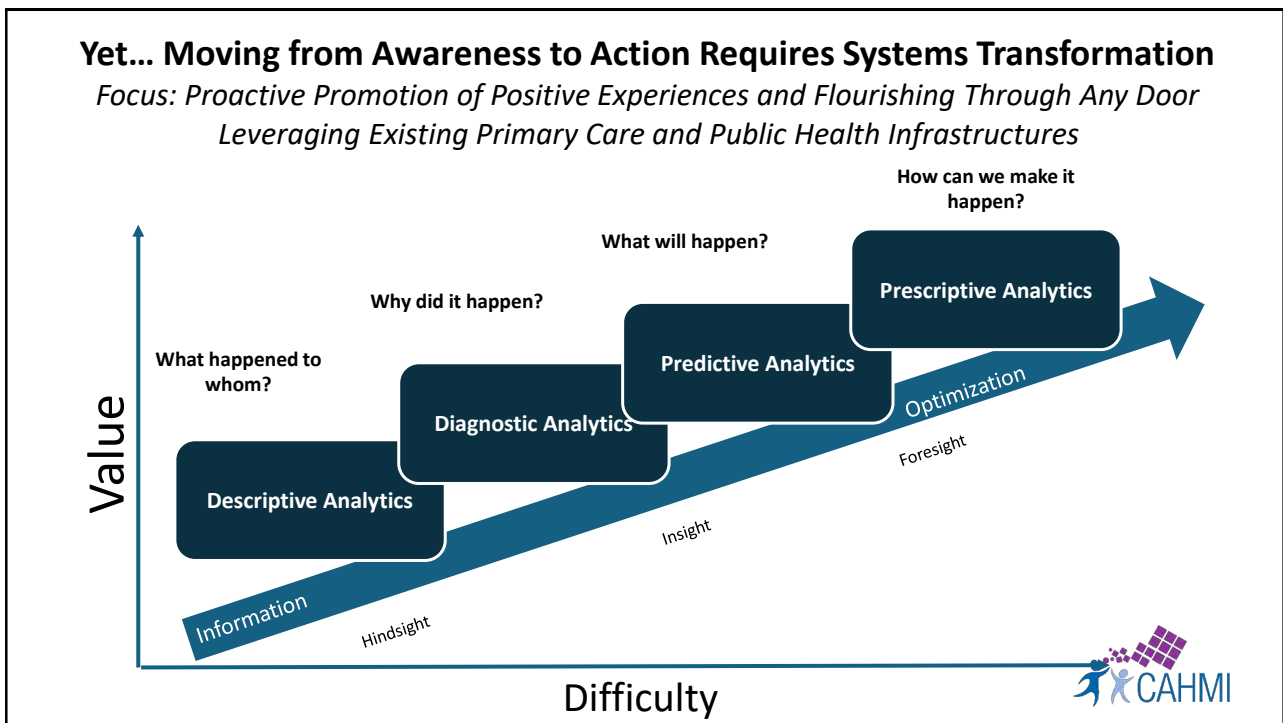
Transform the Mental Health and Substance Use Prevention System

- Promote equity in mental health, including through workforce diversity and culturally and linguistically appropriate services.
- Modernize mental health and substance use services by aligning healthcare provider payment, quality measures, service delivery, and training toward clinical models focused on the whole health of individuals.
- Increase access to mental health and substance use healthcare through full enforcement of the Mental Health Parity and Addiction Equity Act.
- Expand the mental health and substance use treatment workforce and build community capacity for treatment.
- Improve data accuracy, completeness, and timeliness through innovation and additional federal funding.
- Strengthen capacity to address the behavioral health impacts of climate change and weather-related disaster.
- Expand efforts to combat stigma and improve social attitudes toward mental healthcare.





# How Do We Help Youth Recognize and Leverage Challenges and Flourish?



Advances in the sciences of human development and healing create unprecedented opportunities to proactively advance flourishing and continuous growth through adversity.

**We are the Medicine.**

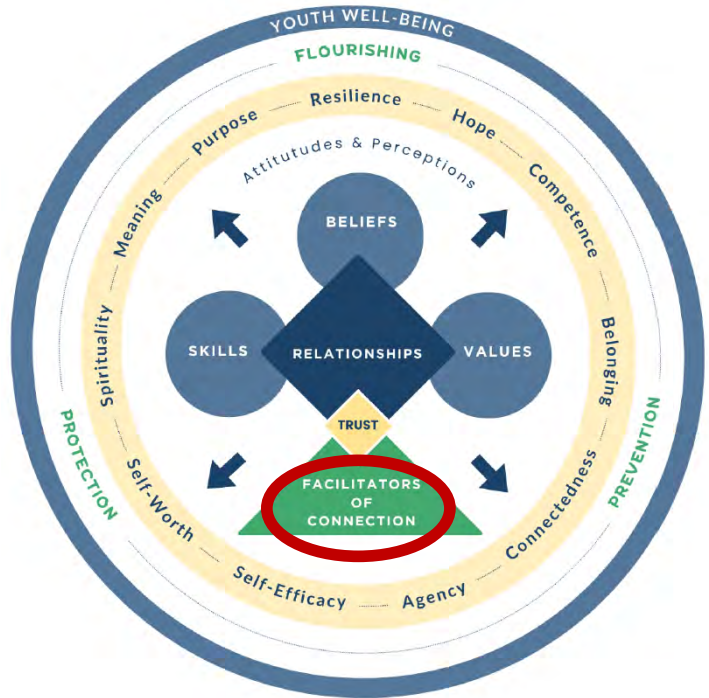
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**Health-Promoting Relationships Paradigm**

**TOOLKIT**

Fostering Beliefs, Values, & Skills in YOUTH to

PREVENT, PROTECT, & FLOURISH



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## OUR JOURNEY TOGETHER TODAY

Putting Yourself At the Center of the Equation!

**Consider** how your own flourishing and wellbeing impact the capacity to cultivate the connection needed to promote youth flourishing, prevent substance abuse and protect mental health

**Envision** your goals, needs and action plan for becoming a flourishing facilitator with the youth you serve

**Prioritize** opportunities to advance the relational systems of care essential to engaging youth and promoting their well being in your community

**Embrace** the journey and celebrate successes toward advancing the requirements and paradigm shift involved in creating systems that prioritize the promotion of promoting youth well-being

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## WE ARE THE MEDICINE

*YOUR BEING, THEIR WELL-BEING*



### BECOMING A FLOURISHING FACILITATOR

We are the link in the chain to create flourishing, moment by moment!

EMBRACE A  
POSITIVE  
CONSTRUCT OF  
HEALTH

UNDERSTAND  
THE SCIENCE  
AND PRACTICE  
OF FLOURISHING

TRANSLATE THE SCIENCE  
AND POSSIBILITIES INTO  
YOUR DAILY WORK AND  
LEADERSHIP

**Creating A  
Flourishing  
EcoSystem**

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## #1 REFLECTION AND DIALOGUE

6 minutes reflection; 6 minutes sharing in triads



### **DESIGNING YOUR ACTION PLAN FOR BECOMING A FLOURISHING FACILITATOR**

We are the link in the chain to create flourishing, moment by moment!

Name your strengths in terms of your own beliefs, values and skills to support your own flourishing?

Name your sources of support and needs to foster your own beliefs, skills that help youth flourish.

**YOUR ACTION PLAN: TOP TWO GOALS FOR DEVELOPMENT; TWO KEY STEPS YOU CAN TAKE NOW?**

***Becoming A Flourishing Facilitator!***

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## # 2 REFLECTION AND DIALOGUE

6 minutes reflection; 6 minutes sharing in triads



### **IDENTIFYING AND ENGAGING YOUR PARTNERS, POSSIBILITIES AND PRIORITIES FOR BUILDING RELATIONAL SYSTEMS OF CARE**

Who is a part of your team in prevention and youth flourishing? Who are your system partners? Are these the same?

What existing strengths and opportunities do you have to partner and create an intentional, integrated system for prevention and youth flourishing

**YOUR ACTION PLAN: TOP TWO OPPORTUNITIES OR ACTION TO TAKE TO FOSTER SYSTEMS TRANSFORMATION?**

***Creating Relational Systems of Care***

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## Memory of our experiences IS STORED IN OUR BODY

*When a baby feels safe, they explore and if a baby explores, they learn.*

Relational health in childhood leads to the co-created regulatory space between caregiver-infant interactions. This sets the foundations for later biological, stress system regulations that are important for long term health Restoration of this co-regulation is possible at any age and is just as essential for adults as children.

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### It Begins with You! Real Connection Requires Intentional Presence and Skills

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



BY PASCAL VRTICKA  
JANUARY 18, 2019

COMMENT 1



#### **Attunement and Connection Heals:**

1. Our brain chemistry and nervous systems are measurably affected by others (**limbic resonance**);
2. Our systems synchronize with one another in a way that has profound implications for our health and functioning (**limbic regulation**);
3. Negative adaptive patterns can be modified through the practice of attuning to and sharing emotional experience in real time (**limbic revision**).

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# SAFENESS FIRST!

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DOI: 10.1111/ps.12846

REVIEW ARTICLE

## Threat, safety, safeness and social safeness 30 years on: Fundamental dimensions and distinctions for mental health and well-being

Paul Gilbert

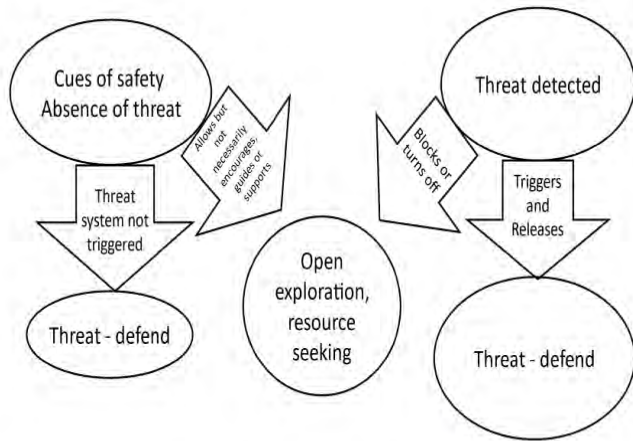
Centre of Compassion Research and Training, College of Health and Social Care Research Centre, University of Derby, Derby, UK

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Paul Gilbert, Centre of Compassion Research and Training, College of Health and Social Care Research Centre, University of Derby, Kedleston Road, Derby, DE22 1RH, UK  
Email: p.gilbert@derby.ac.uk

Abstract

In 1993, the *British Journal of Clinical Psychology* published my paper titled 'Defence and safety: Their function in social behaviour and psychopathology'. The paper highlights that to understand people's sensitivity to threat, we also need to understand their ability to identify what is safe. This paper offers an update on these concepts, highlighting distinctions that were implicit but not clearly defined at the time.

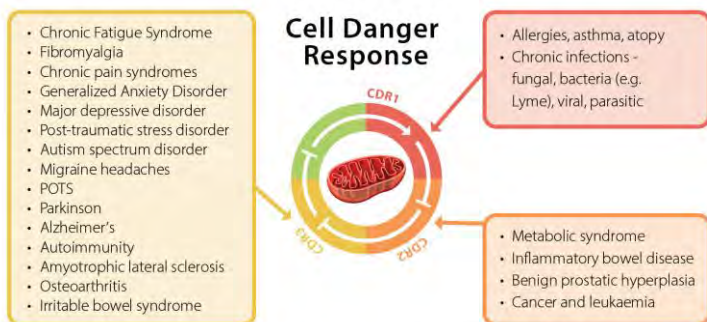


Safety and threat processing (slightly adapted from Gilbert, 2022a). © Paul Gilbert.

## Establishing SAFENESS is JOB #1!!!!

### SAFENESS is a Relationally Dependent Neurobiological Phenomenon

The cell danger response (CDR), a cellular defense mechanism activated by threats, can be triggered by childhood trauma, leading to chronic inflammation and potentially increasing the risk of various disorders. This response, when chronically activated, can disrupt brain function, immune responses, and energy production, impacting overall health and well-being.



Naviaux RK et al. Proc Natl Acad Sci U S A. 2016 Sep 13;113(37):E5472-80. doi: 10.1073/pnas.1607571113.

### CORE BELIEF

Your work has the chance to revitalize the fabric of safeness and belonging for youth using your own “being”. Fostering your own flourishing is essential!



*The roots of resilience are to be found in the felt sense of existing in the heart and mind of an empathic, attuned, self-possessed other.*  
— Diana Fosha

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### GROUP WORD CLOUD EXERCISE

What Do You Do to Foster the Relational Safeness Required to Establish Healing Relationships with Youth?



<https://www.menti.com/altdzss7xjjo> code 2208 2575

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## We Must Start Where We Want to End Up –Youth Flourishing!



### *The Flourishing Paradigm*

*Flipping the narrative to proactively promote positive health and healing –the absence of the negative (risk, illness) is not the same as the presence of well-being and flourishing.*

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### Three Components of the Youth Flourishing Index: National Survey of Children's Health



Work to finish tasks they start



Stay calm and in control when faced with a challenge



Show interest and curiosity in learning new things

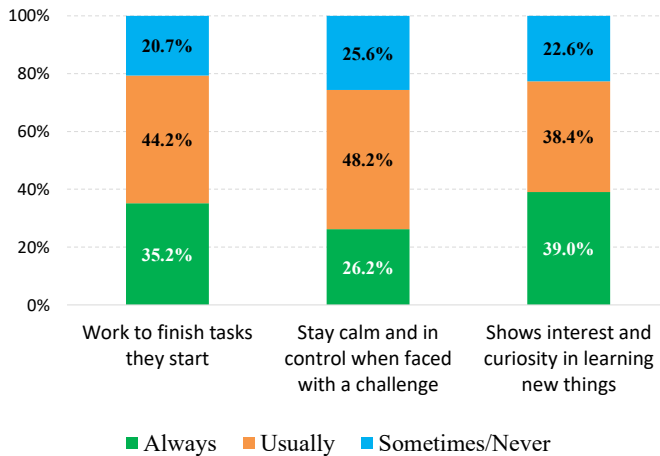
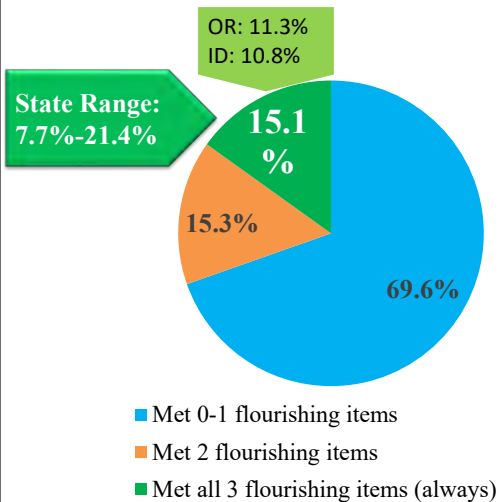
Interrelated attributes that reflect, contribute to or are precursors for flourishing of the "living and relating self" & supporting living a meaningful and engaged life

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## Prevalence of Children Ages 12-17 Years By Child Flourishing Index Score and Items Data: 2022-2023 National Survey of Children's Health

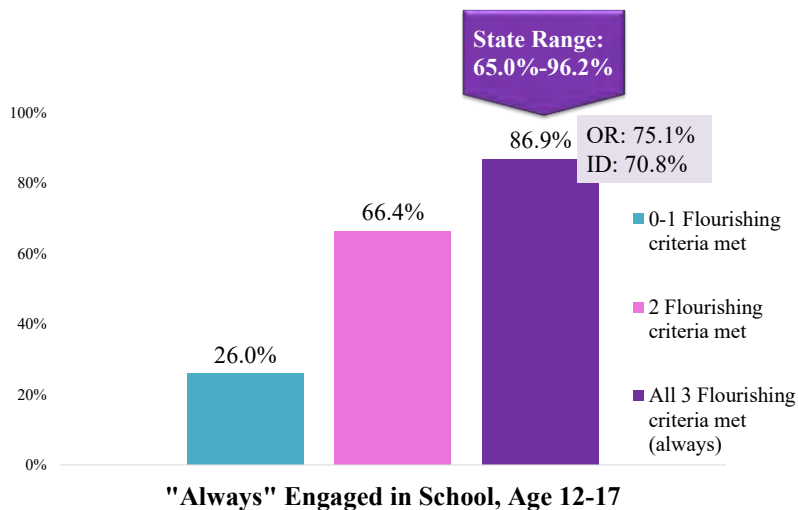
Prevalence of Child Flourishing, age 12-17 years

Prevalence by Individual Flourishing Items



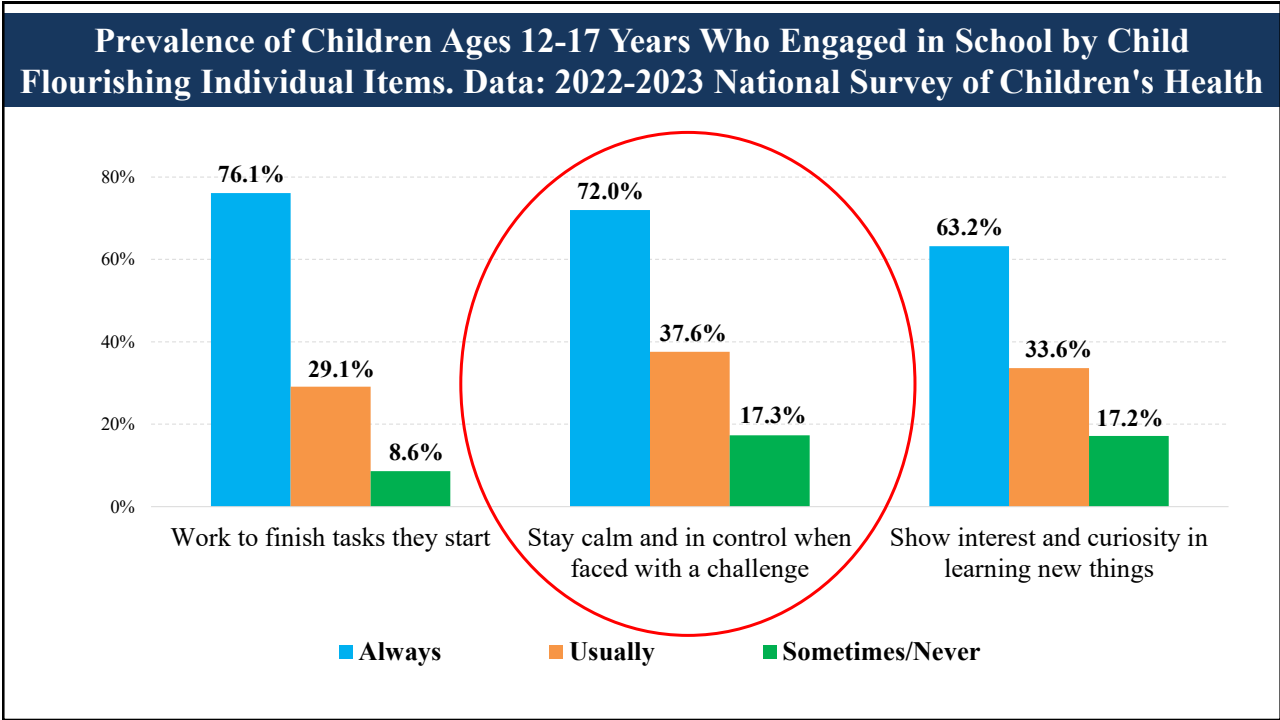
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## School Engagement by Child Flourishing, Age 12-17 Years\* Data: 2022-2023 National Survey of Children's Health

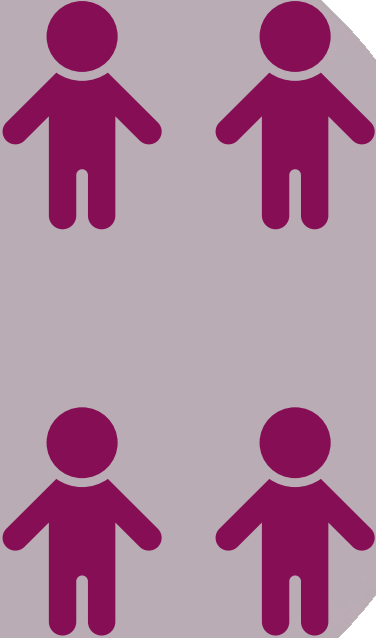


The absence of flourishing is more strongly associated with school engagement than the presence of ACEs\*\*

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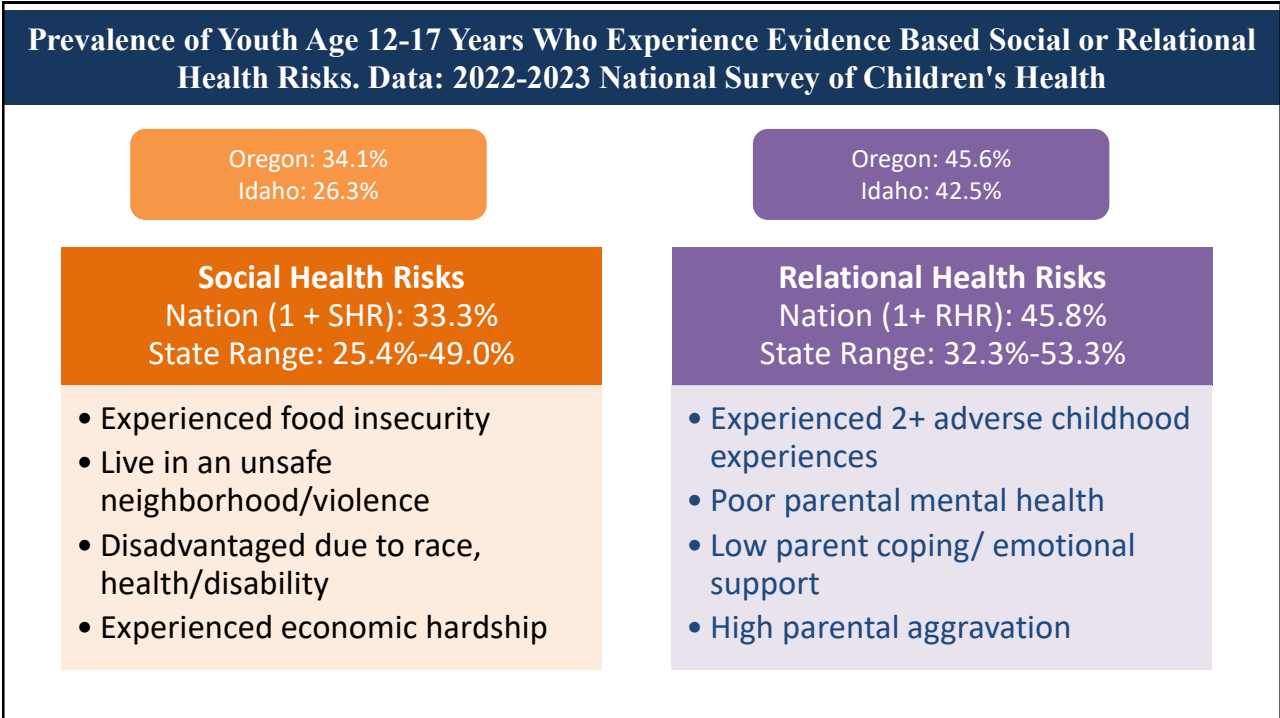


**Social Health Risks:**  
Poverty, food insecurity, exposure to community violence, racism, etc.

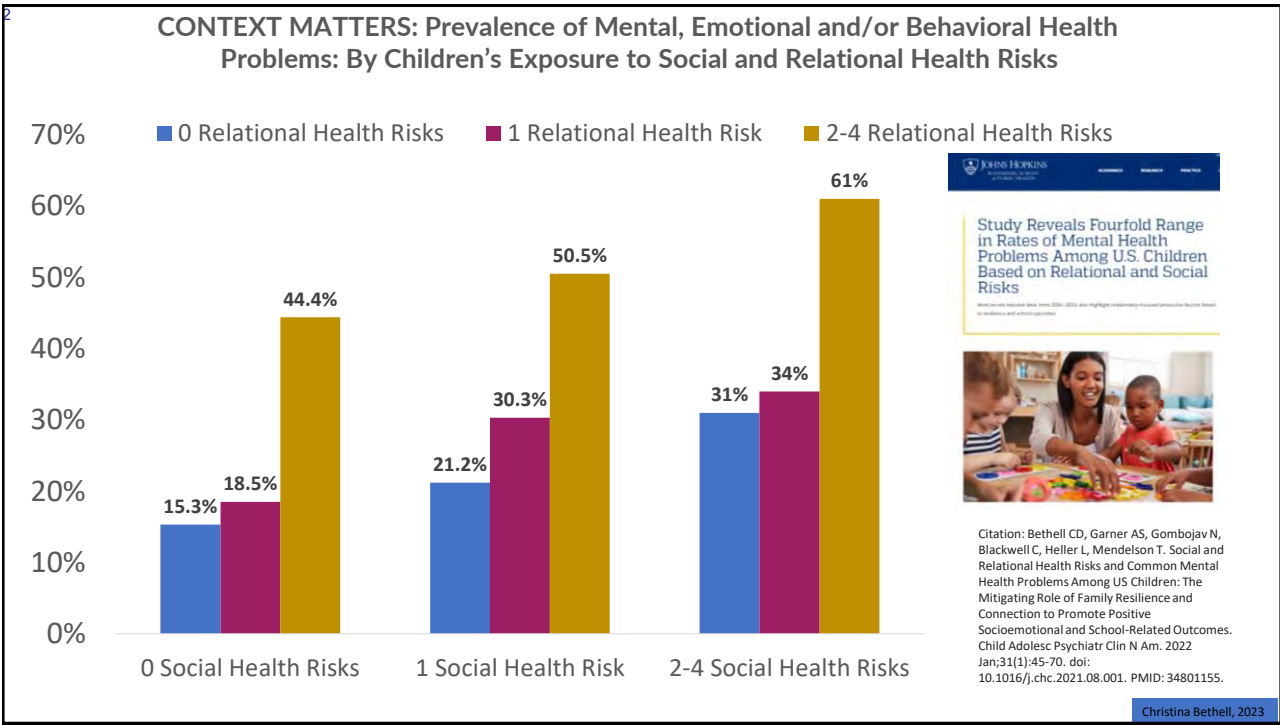
**Relational Health Risks:**  
Adverse childhood experiences (ACEs), low parental mental health, low parent emotional support, etc.

Source: Child and Adolescent Health Measurement Initiative Analysis of National Survey of Children's Health Christina Bethell, 2023

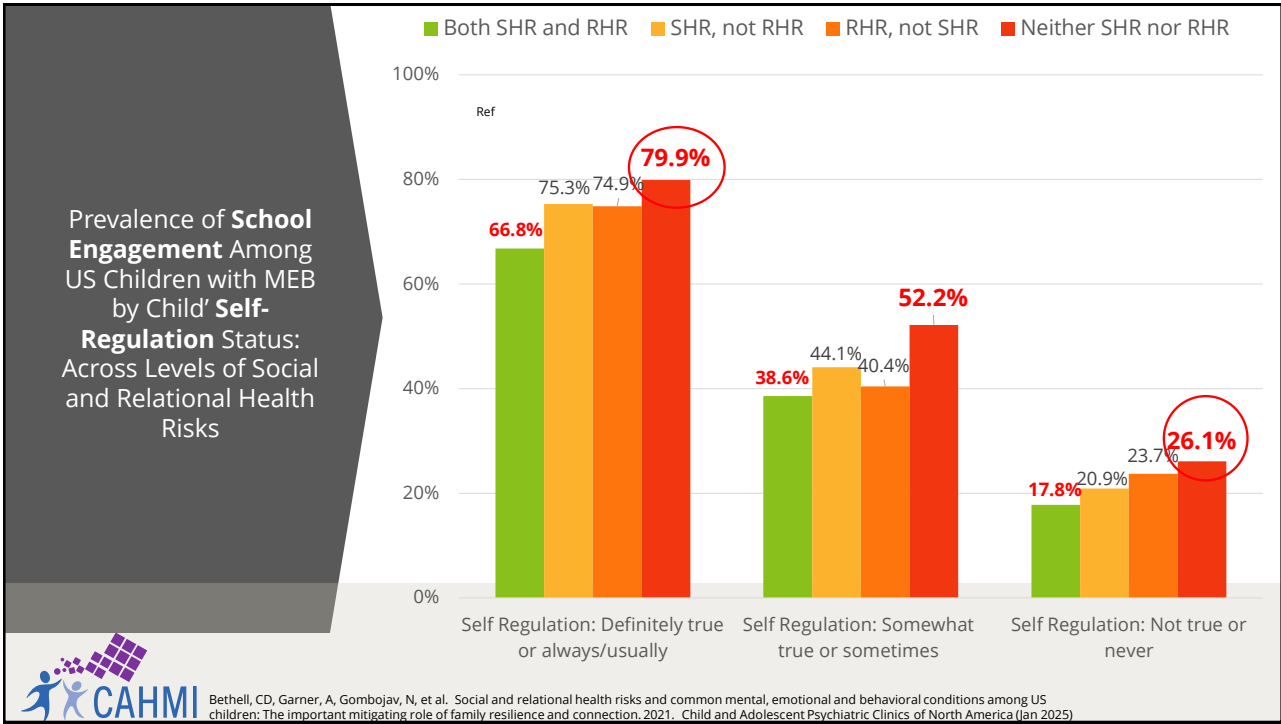
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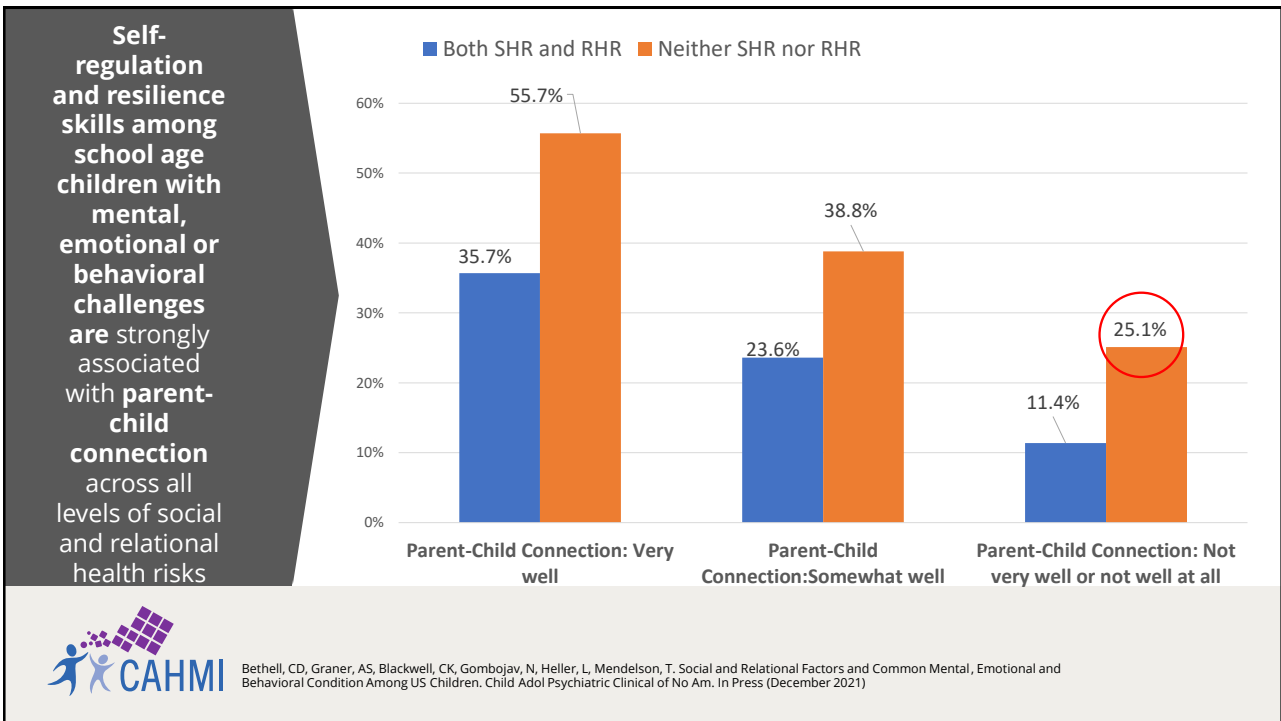
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A project of CAHMI  
Data Resource Center for  
Child & Adolescent Health

childhealthdata.org

Video on Using the Interactive Data Query

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Healing Is Prevention

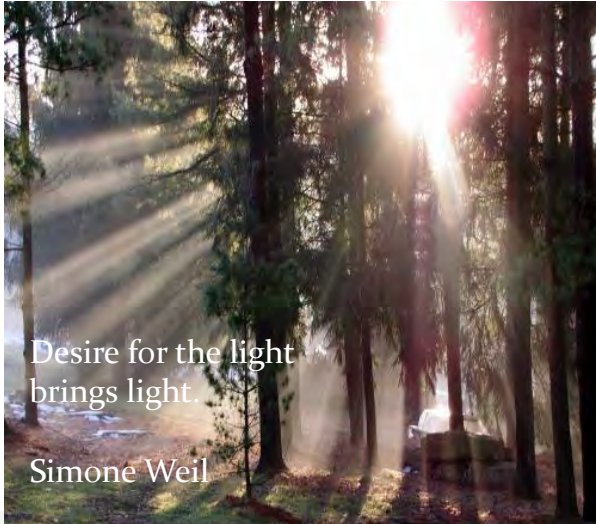
"How are you?"  
"Oh, I'm just..."

BROKEN - SAD - ALONE - DEAD  
FUCKED UP - INSECURE  
NOSTALGIC - SCARED  
EXHAUSTED - NUMB  
BETRAYED - BULLIED  
JUDGED - FADING  
FALLING - APART  
HOLLOW - EMPTY  
SCARRED - COLD  
IGNORED - UGLY  
BREAKING - DOWN  
NEVER - ENOUGH  
NOT - OKAY  
A WASTE - HATED

FINE

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To activate the will to be well and get help we need to deactivate shame—the biggest barrier to seeking connection and healing.



Desire for the light  
brings light.

Simone Weil

#### LEGACIES OF CHILDHOOD SHAME

“In 20 years of therapeutic practice, I have born witness to these results of powerful and sustained early shaming.”

- Self-doubt
- Distrust of one's needs
- Difficulty with creating boundaries
- Perpetual efforts to "fix" oneself
- Fundamentalisms of all kinds
- Little or no tolerance for criticism
- Critical and long held secrets
- Blaming oneself when getting hurt
- Believing it is wrong to be angry or defend oneself
- Unwillingness to almost ever be vulnerable
- Dismissing one's feelings
- Believing that one is not intelligent
- Believing that one is not beautiful
- A pattern of abusive relationships
- Most addictive and hurtful dependency patterns
- More physical symptoms than I can name

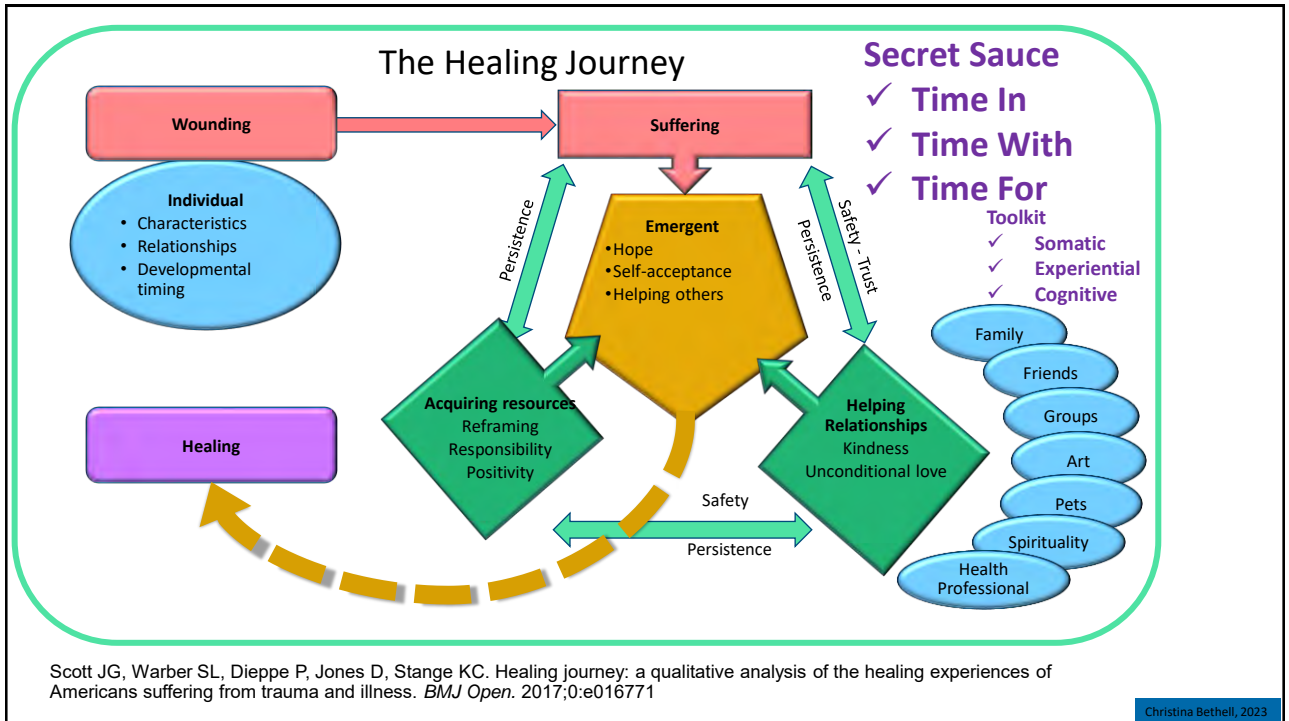
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*The roots of resilience are to be found in the felt sense of existing in the heart and mind of an empathic, attuned, self-possessed other.*  
— Diana Fosha

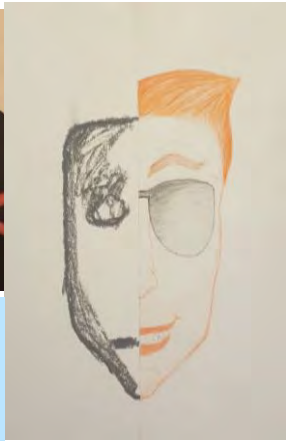
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# Time Check

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“...research would say, they shouldn't be this way

But love sprung out  
Their improbable outspout  
Until eventually even they ran dry

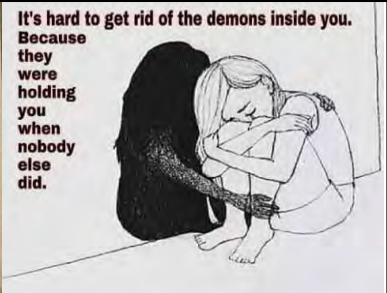
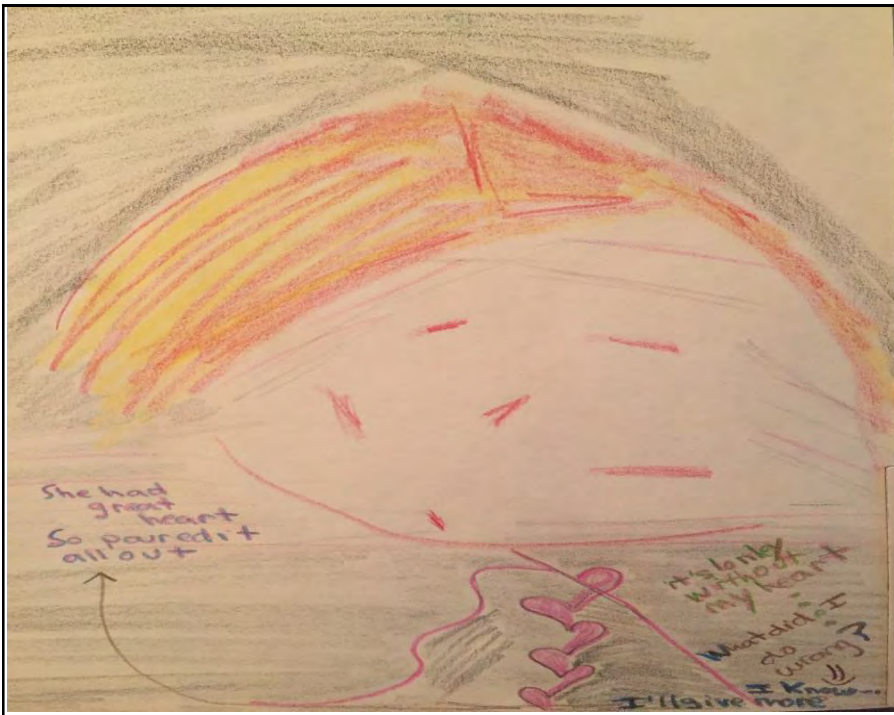
Improbably then  
The real journey begins  
Held down with a howl  
An in spout installed  
Pain rising up to be skimmed

Excerpt “Improbable Few” CB

Awareness is not enough. We must create a culture of healing to prevent further decline and meet his serious moment with hope, persistence, creativity and skill and restore flow from “that place that already knew”

Christina Bethell, 2023

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**It's what she knew, so she clung to it.**

Aspire to rewire...the brain can grow and change!

Christina Bethell, 2023

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## A Trauma-Informed Ode to Epigenetics and the Microbiome

*Only Begins* (April 2016)  
By "Sweetpea" (Christina Bethell)

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

Begins 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.

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

The Little Things, The Little Moment, Are Not Little. John Kabat Zinn

Every Interaction Creates a Reaction  
”

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*“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 20<sup>th</sup> century.”*

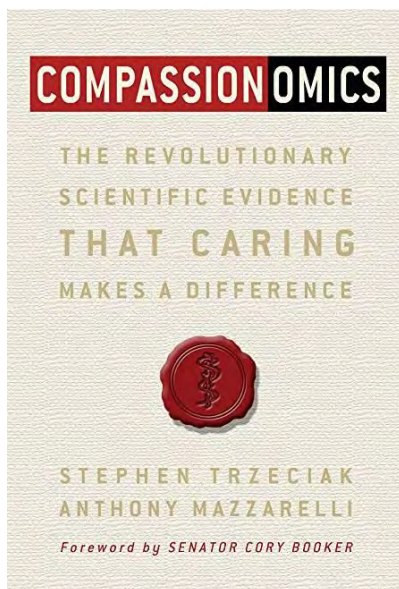
Peter B. Vail *Managing as a Performing Art*: 1989

**Table 1. Physician Factors That Can Lead to Difficult Clinical Encounters**

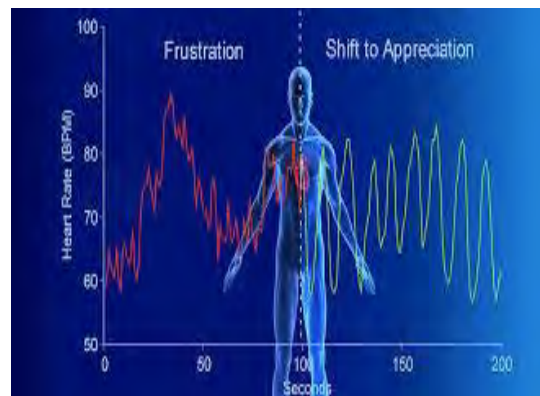
Attitudes	Conditions	Knowledge
Emotional burnout	Anxiety/depression	Inadequate training in psychosocial medicine
Insecurity	Exhaustion/overworked	Limited knowledge of the patient's health condition
Intolerance of diagnostic uncertainty	Personal health issues	<b>Skills</b>
Negative bias toward specific health conditions	Situational stressors	Difficulty expressing empathy
Perceived time pressure	Sleep deprivation	Easily frustrated
		Poor communication skills

*Information from references 2, 3, 5, 6, 11 through 13, 18, and 20.*

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Studies show that compassion improves health and reduces costs of care. In addition, internal experiences of compassion toward others also improves our own heart rate variability (well being)



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## RELATEDNESS ENERGIZES

From Fixing to Connecting


- 40%: emotional exhaustion
- 22%: depersonalization
- 10% low sense of personal accomplishment
- (Maslack Burnout Inventory)

"We've always heard that burnout crushes compassion. It's probably more likely that those people with low compassion, those are the ones that are predisposed to burnout," Trzeciak said. "That human connection — and specifically a compassionate connection — can actually build resilience and resistance to burnout."

**Compassionomics**  
(released May 6, 2019)

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>





Review | News analysis  
Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants  
Karen O'Connor<sup>1</sup>, Denise Muller Neff, Steve ...  
<sup>1</sup>University of Portland, Portland, Oregon, USA, Harvard ...  
<sup>2</sup>University of Kentucky, Lexington, KY, USA, Harvard ...

O'Connor K, Muller Neff D, Pitman S. Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. Eur Psychiatry. 2018 Sep;53:74-99.

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# CORE CONCEPT

# EMERGENT LEADERSHIP

Your outer journey may contain a million steps; your inner journey only has one: the step you are taking right now. We take care of the future by taking care of the present now. What's essential? What's needed? What's seeking to emerge?

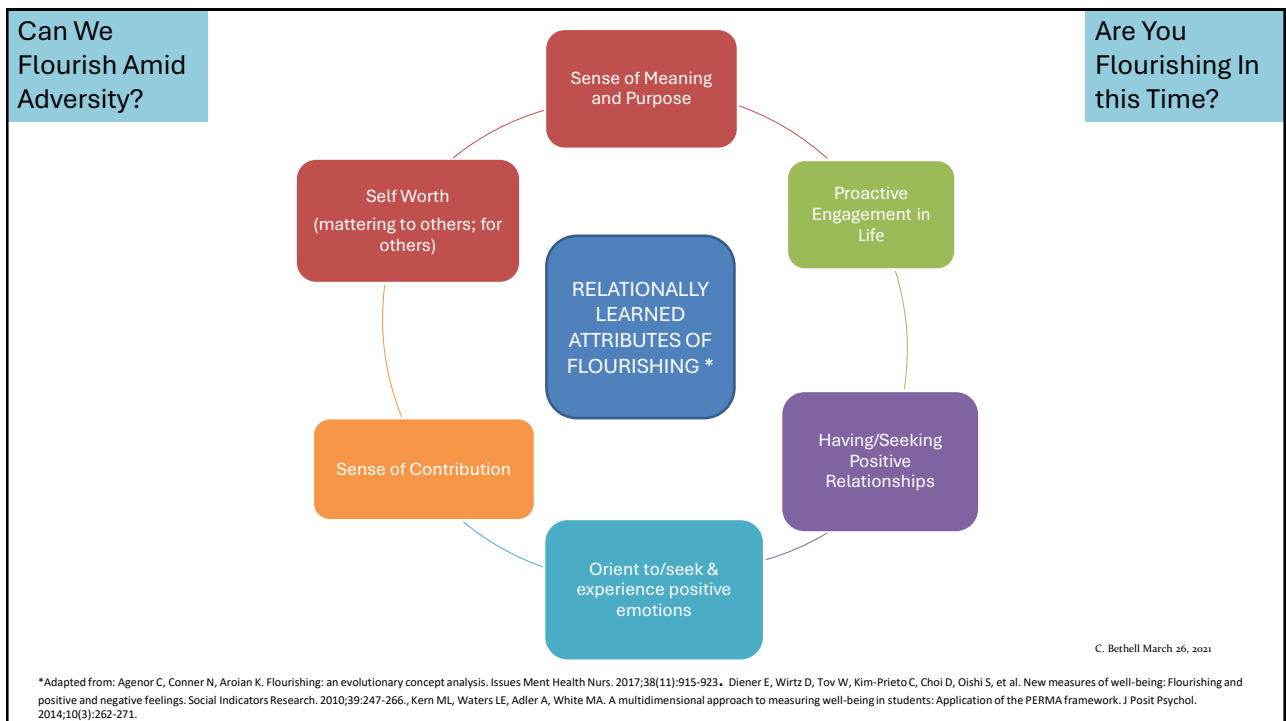


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## A Tall Order Emergent Leadership Capacities

- **Present** — the capacity to connect with inner presence and be in the moment.
- **Intentional** — the capacity to bring awareness and purpose to actions.
- **Connected** — the capacity to relate with ourselves and others in life giving ways.
- **Inclusive** — the capacity to create an environment that nourishes and lifts everyone.
- **Resilient** — the capacity to stay present and on purpose through challenge.
- **Adaptive** — the capacity to shift, change and grow in response to what's emerging.
- **Imaginative** — the capacity to envision and create new possibilities for our future.
- **Love-Fueled** — the capacity to express love through our work and relationships.

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Poll #1: Setting aside that we all have ups and downs, how many aspects of flourishing have you consistently experienced in the past week?

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

- Sense of meaning and purpose
- Engagement in daily life
- Fostering positive relationships
- Noticing and experience positive emotions
- Sense of accomplishment and contribution to others
- Sense of self worth and that you matter



<https://www.menti.com/al2ydzdgggh7q5>

**Access Code: 7912 7335**

C. Bethell 2025

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## #1 REFLECTION AND DIALOGUE

6 minutes reflection; 6 minutes sharing in triads



### DESIGNING YOUR ACTION PLAN FOR BECOMING A FLOURISHING FACILITATOR

We are the link in the chain to create flourishing, moment by moment!

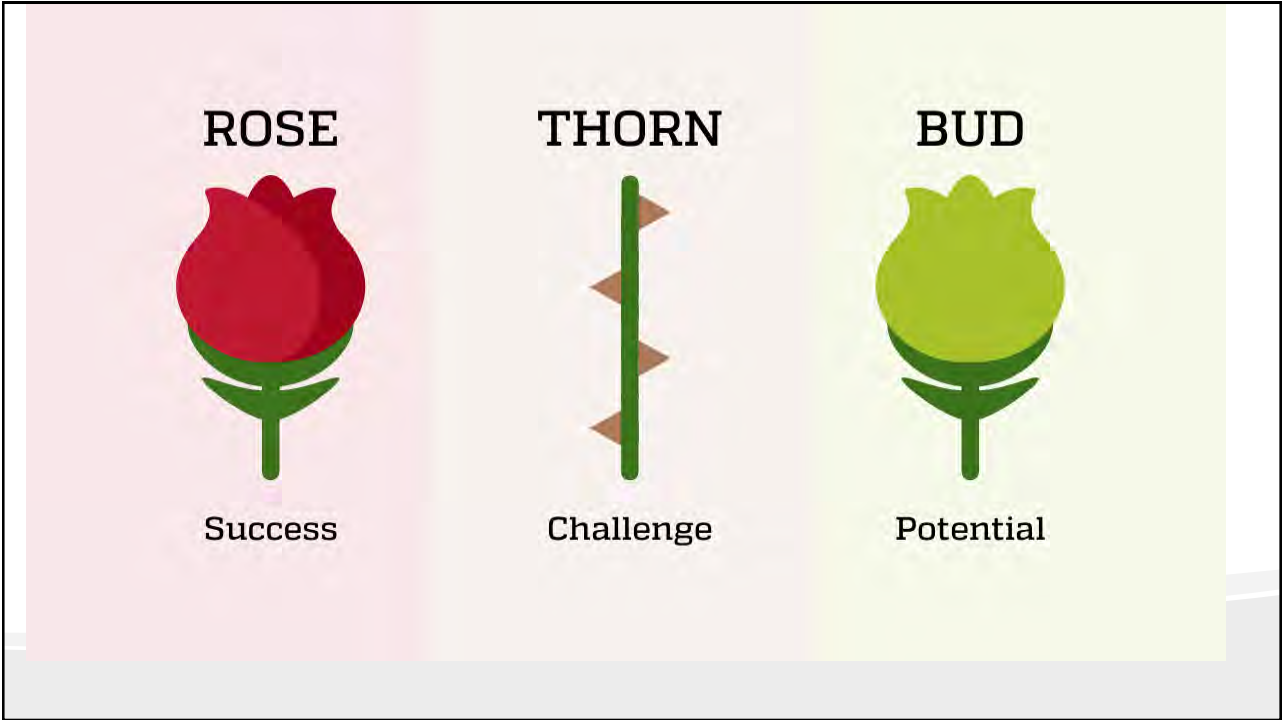
Name your strengths in terms of your own beliefs, values and skills to support your own flourishing?

Name your sources of support and needs to foster your own beliefs, skills that help youth flourish.

**YOUR ACTION PLAN: TOP TWO GOALS FOR DEVELOPMENT; TWO KEY STEPS YOU CAN TAKE NOW?**

***Becoming A Flourishing Facilitator!***

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# #1 REFLECTION AND DIALGOUE

6 minutes reflection; 6 minutes sharing in triads



## DESIGNING YOUR ACTION PLAN FOR BECOMING A FLOURISHING FACILITATOR

We are the link in the chain to create flourishing, moment by moment!

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YOUR ACTION PLAN: TOP TWO GOALS FOR DEVELOPMENT; TWO KEY STEPS YOU CAN TAKE NOW?

**Becoming A Flourishing Facilitator!**

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**Taking Prevention and Healing to Scale Requires Relationship Centered Teams and Systems**



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**CORE BELIEF**

Prevention and advancing health promoting relationships and youth flourishing amid adversity requires whole team and whole systems transformation. Your work includes fostering awareness, skills and transformation within your teams and organizations



56



Psychological Services

2022, Vol. 19, No. 4, 21–31

https://doi.org/10.1037/a0050000

# CORE CONCEPT

A sense of belonging to a team improves mental health and reduces burnout among front line workers!

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)

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

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## # 2 REFLECTION AND DIALOGUE



### **IDENTIFYING AND ENGAGING YOUR PARTNERS, POSSIBILITIES AND PRIORITIES FOR BUILDING RELATIONAL SYSTEMS OF CARE**

Who is a part of your team in prevention and youth flourishing? How and how well do team members support each other's well being?

What 1 or 2 simple things can you do now?

***Creating  
Relational  
Systems of  
Care***

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### Who Are Your System Partners?

We Need To Establish Relational Systems of Care With Shared Commitment  
 Implement A “Through Every Door” Positive and Relational Health Approach



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The Committee envisions a child and adolescent health care system a decade from now that builds from traditional knowledge in communities and empirical evidence on early life experiences, human development, and disease prevention to provide comprehensive, family-engaged, community-integrated, and equitable care focused on optimizing the healthy development and lifelong wellbeing of all children, youth, and their families.

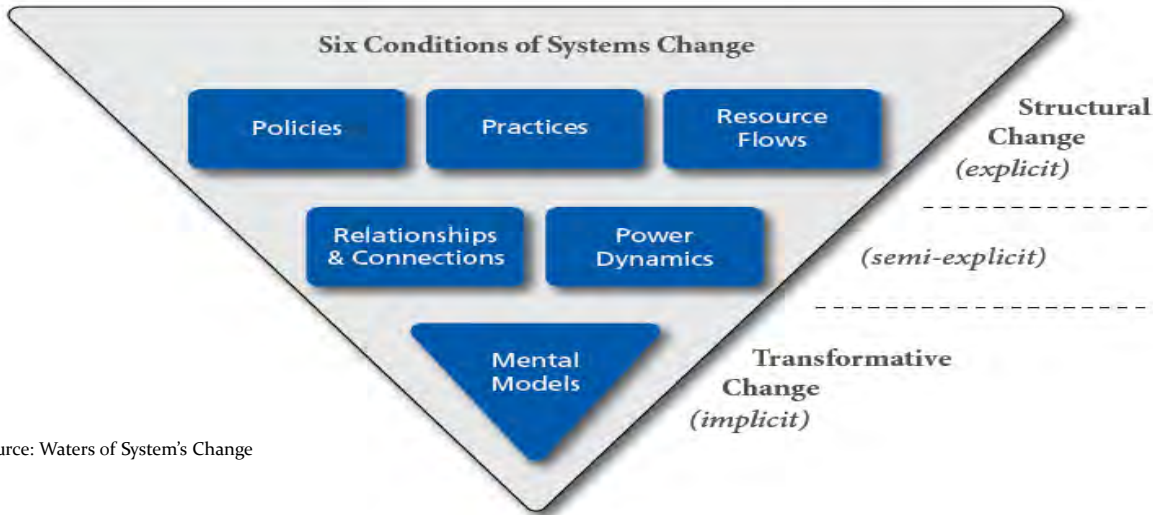
	OLD MODEL	FUTURE MODEL
WHO	Primarily doctors and nurse practitioners	Interdisciplinary teams, community health workers, co-production with families, communities, virtual
WHAT	Individual patient-oriented, 1:1	Individual patient, family, and public health-oriented, 1:many
	Clinical treatment	Whole child and family health, prevention, outreach
WHEN	Health maintenance and acute care	Visits with other team members, group visits, self management, virtual
WHERE	Clinic and hospital-focused	Community-based and community-integrated, networks, virtual
HOW	Continuity through visits and phone	Continuity through visits, phone and other information technology
	Reactive, episodic	Proactive, outreach, education/empowerment, coordination/navigation
	Funded through insurance	Insurance, block grants, braided and blended funding across sectors
	Lesson plan	Listen plan, co-design and co-creation with youth, families, communities
	Focus on medical conditions	Longer time frames, investment in lifelong health and prevention

**NASEM Consensus Study Report, 2024**

60

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

61

**The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System**  
Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative

**Framework Purpose: Whole Child Health**

The purpose of the EnAct! framework is to promote whole child health and improve child flourishing, school readiness and family resilience.

**Framework Goals:**

- 1 All In:** Universal provision of comprehensive, personalized, whole child and family preventive and developmental services.
- 2 Real Engagement:** Families are engaged to access and ensure services are personalized to their goals and needs and to shape improvements in practice, policy and systems of care
- 3 Seamless System:** All early childhood systems intentionally collaborate to optimize early screening, address social and relational health needs, and promote well-being

EnAct! Framework—**ONE Big Doable Thing!**

**Key Elements of the EnAct! Approach**



1. “Through any door” family engagement to activate trust and partner in care



2. Universal developmental and comprehensive whole child and family screening and assessments



3. Personalized, Strengths-Based Health Promotion and Supports



4. Coordinated, Warm Links to Quality Services and Interventions



5. Outcomes and Engagement -Based Quality Measurement and Improvement

**Four “Simple Rules”**

- Through any door
- In every encounter
- Everyone a leader
- No broken links

**IMPLEMENTATION ROADMAP**

**1**

**Action:** Establish a sustainable, cross-system, multi-level state leadership capacity

- **Outcome #1:** A cross-sector body has the structure, capacity and influence to sustainably advance state program and policy strategies that promote positive early childhood health
- **Outcome #2:** State leadership builds an across state agency infrastructure to coordinate strategies, resources, operations and performance measures that promote early childhood development
- **Outcome #3:** Local community coordinating bodies lead and link with state leadership to drive effective frontline systems change and improvements

**2**

**Action:** Create a culture of engagement among families, professionals, and system partners

- **Outcome #4:** Families are supported, included and activated to partner in care.
- **Outcome #5:** Families trust and experience authentic power-sharing and respect
- **Outcome #6:** Professional competencies and mechanisms for effective family engagement and partnerships are prioritized

**3**

**Action:** Catalyze, facilitate, study and spread cross-sector, practice-based implementation

- **Outcome #7:** A learning and communications network supports early adopters and spread
- **Outcome #8:** Launch and learn demonstrations inform spread and continuous improvement
- **Outcome #9:** Implementation resources are built, integrated and accessible
- **Outcome #10:** Professionals are trained to implement the science of healthy development and positive and adverse childhood experiences (PACEs) with all children and families

**4**

**Action:** Drive enabling and incentivizing policies and financing strategies critical to success

- **Outcome #11:** Policies support processes to facilitate coordination of healthcare and community based services and resources across organizations and state agency programs
- **Outcome #12:** Health plans, providers and early childhood development professionals are incentivized and financed to enable high quality care and improve

Source: Child and Adolescent Health Measurement Initiative, Feb. 2023



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## What are your leverage points to catalyze positive system change



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## # 2 REFLECTION AND DIALOGUE



### IDENTIFYING AND ENGAGING YOUR PARTNERS, POSSIBILITIES AND PRIORITIES FOR BUILDING RELATIONAL SYSTEMS OF CARE

Who are your system partners? What existing strengths and opportunities do you have to partner and create an intentional, integrated system for prevention and youth flourishing?



***Creating  
Relational  
Systems of  
Care***

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Our “One Big Doable Thing” Opportunity!  
Getting integrated primary prevention into the drinking water of every community!



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## One Key Opportunity

Optimize The Existing Youth Health Promotion and Prevention Well Visit Infrastructure to Streamline National Bright Futures Comprehensive Prevention and Health Promotion Using a Through Any Door Approach



**Bright Futures**<sup>™</sup>  
prevention and health promotion  
for infants, children, adolescents,  
and their families<sup>™</sup>

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN<sup>®</sup>



Find Funding	Maternal & Child Health Topics	Programs & Initiatives	Data, Epidemiology
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Home > Bright Futures

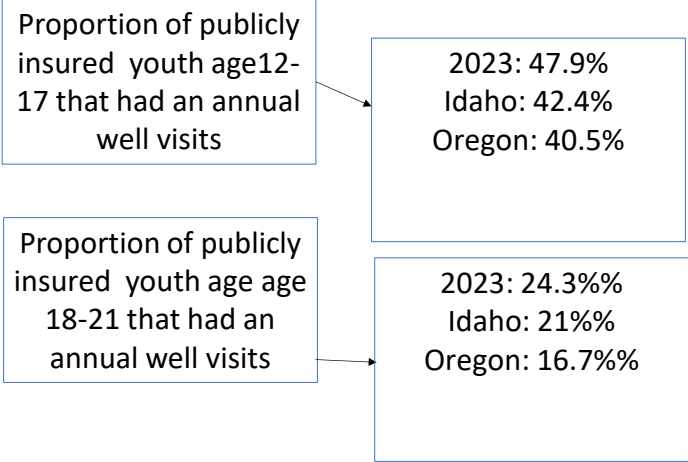
### Bright Futures



HRSA's Bright Futures Program aims to improve health outcomes for the nation's infants, children, and adolescents by increasing the quality of primary and preventive care through maintenance and dissemination of age-specific, evidence-driven clinical guidelines. HRSA launched the Bright Futures program in 1990 to address a need for unified guidance on how to design the most modern, efficient, and comprehensive pediatric checkup.

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## Key Opportunity: Optimize Partnerships with Health Care Ensuring Youth Have a Trusted Provider and Attend Well Visits

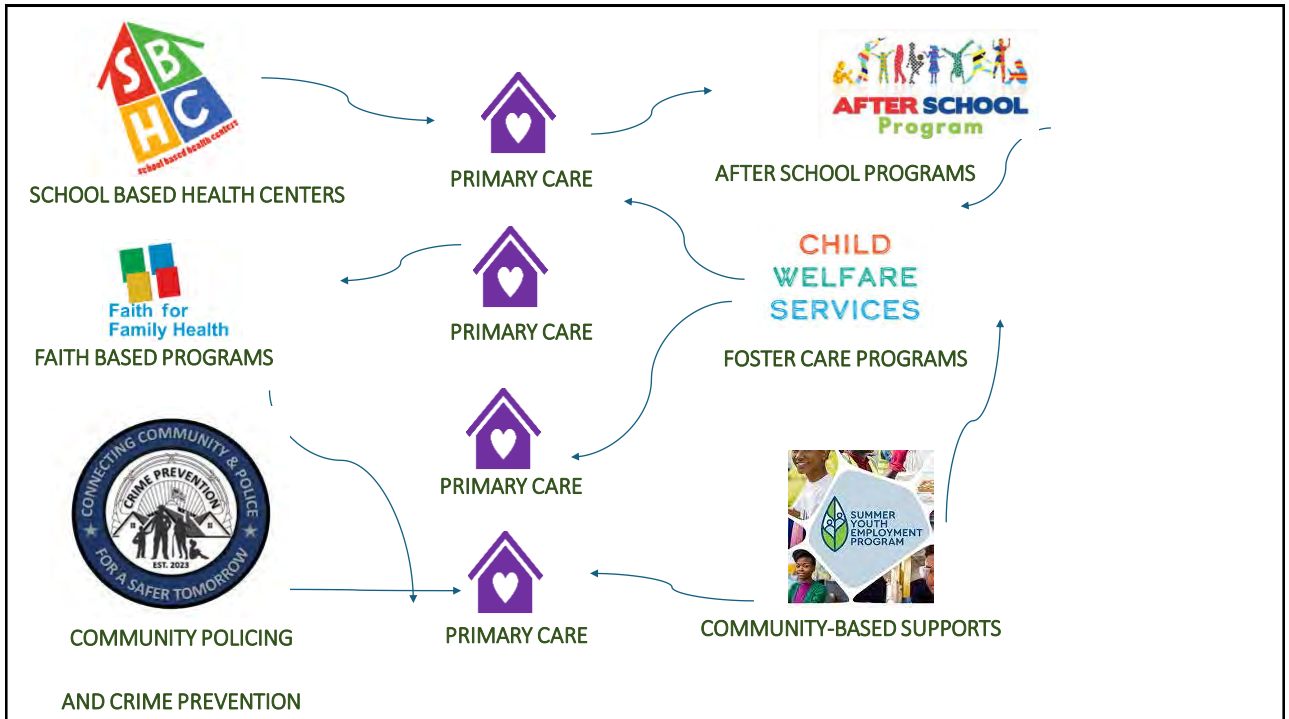


Closing the Gap!

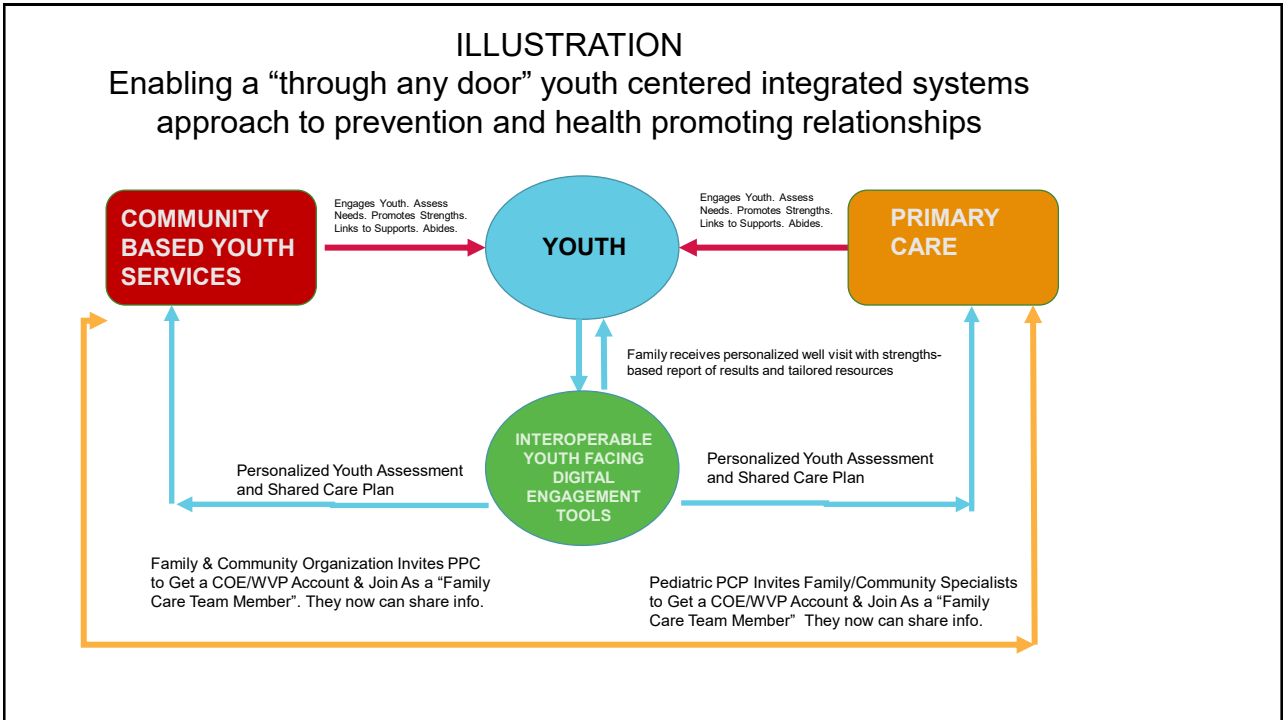
Well Visit Rates (CMS Data)\*

\*<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>


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## # 2 REFLECTION AND DIALOGUE

**IDENTIFYING AND ENGAGING YOUR PARTNERS, POSSIBILITIES AND PRIORITIES FOR BUILDING RELATIONAL SYSTEMS OF CARE**

Who are your system partners? What existing strengths and opportunities do you have to partner and create an intentional, integrated system for prevention and youth flourishing?

➔

***Creating Relational Systems of Care***

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## # 2 REFLECTION AND DIALOGUE

6 minutes sharing in triads



### IDENTIFYING AND ENGAGING YOUR PARTNERS, POSSIBILITIES AND PRIORITIES FOR BUILDING RELATIONAL SYSTEMS OF CARE

Who is a part of your team in prevention and youth flourishing? Who are your system partners? Are these the same?

What existing strengths and opportunities do you have to partner and create an intentional, integrated system for prevention and youth flourishing

**YOUR ACTION PLAN: TOP TWO OPPORTUNITIES OR ACTION TO TAKE TO FOSTER SYSTEMS TRANSFORMATION?**

**Creating Relational Systems of Care**

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### We are Being Called to Foster More Than A “Bounceback” Definition of Resilience to Foster Real Flourishing Amidst Adversity

- Resists disorder
- Resists change
- Numb, Wall Off, Protect
- The Resistance to the Disturbance is the Disturbance



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When faced with a limitations or adversity, individuals typically go through three stages of response: Victim, Neutralizer, and Transformer.

In the "Transformer" stage we are proactive to identify, leverage and actively draw on strengths and view constraints with curiosity and creativity. To lean into the opportunities they may present to innovate and achieve better results, rather than simply trying to work around them.

## It Is A Living Process

*Moment by moment intention is required*

	Foundational Premise	Types of Strategies
<b>Victim Stage</b>	This constraint will necessarily inhibit our ability to realize our ambition.	Avoidance strategies: denial of the constraint or Reduction strategies: reduce level of ambition to fit perceived impact of constraint.
<b>Neutralizing Stage</b>	Our ambition is too important to allow this constraint to inhibit it.	Workaround strategies: neutralize the effect of the constraint by finding another way around it.
<b>Responsive Transformer Stage</b>	This constraint that we need to respond to could catalyze arrival at a better solution.	Transformative strategies: use the constraint to prompt different, potentially breakthrough new approaches and solutions.
<b>Proactive Transformer Stage</b>	What constraints should we impose on ourselves to stimulate better thinking or new possibilities?	

Table 1: Stages in response to constraints

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## Finding the Jewel

*Underlying every pain is longing and knowing of what is good and right and true!*



[https://www.google.com/search?q=Finding+the+Jewel&ssrf=AleKkooYpnOKmaBoHuLj7pokdtnhVIWVZg:1616719512727&source=lnms&tbm=isch&sa=X&ved=2ahUKewi6jYfC3czvAhVBMIkFHdJlCQ8Q\\_AUoAuoECAEQBA&biw=1280&bih=609&dpr=3#imgrc=v37EQthLbZtuM](https://www.google.com/search?q=Finding+the+Jewel&ssrf=AleKkooYpnOKmaBoHuLj7pokdtnhVIWVZg:1616719512727&source=lnms&tbm=isch&sa=X&ved=2ahUKewi6jYfC3czvAhVBMIkFHdJlCQ8Q_AUoAuoECAEQBA&biw=1280&bih=609&dpr=3#imgrc=v37EQthLbZtuM)

C. Bethell March 26, 2021

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We Are the Pioneers In Moving Beyond Waiting for Tragedy to Strike to Give Our Best to One Another

*“When Mother (or Human) Nature is at its worst, human nature is at it’s best”*

# Embrace the Challenge!®

State of Public Health



## Love as a Public Health Intervention

Marissa J. Levine, MD, MPH; Mary Ann Cooney, MPH, MSN, RN

*Would actions of compassion, care, helpfulness, respect and devotion improve community health?*

**H**urricane Harvey demonstrated that, in the words of expert *CBS* storyteller Steve Hartman, “When Mother Nature is at its worst, human nature is at its best.”<sup>1</sup> Love and caring were in full display without regard to race, ethnicity, political beliefs, or other superficial differences. People came together in ways we see repeated in times of crisis: Neighbors caring for neighbors. Maybe John Lennon was correct. “Love is all you need.” Fifty years ago

epidemiologists may not directly reference “love” per se, they are now finding that developing strong individual and community connections builds a sense of well-being and reduction in the areas of interpersonal crime, domestic violence, and substance abuse. Love, as a context within which we live, may have powerful public health implications.

This may be very good news, since public health officials find themselves at an important crossroad in

astho: Association of State and Territorial Health Officials

“Has our thinking to date resulted in the design of systems (organizations, communities, governments) devoid of or inhibitory to the basic human need of establishing and maintaining loving and caring relationships?... the infrastructure we are talking about is the human systems that are needed to ensure we are working together in an intentional, aligned, and focused manner... from the perspective of relationships based on love and caring.”

Levine MJ, Cooney MA. Love as a Public Health Intervention. *J Public Health Manag Pract.* 2018 Jan/Feb;24(1):87-89. doi: 10.1097/PHH.0000000000000736. PMID: 29189547.



A culture persistently dedicated to promoting the early and lifelong health of children and youth is the most important priority for the health and well-being of the US population and society.



Child and Adolescent Health Measurement Initiative



# We Are the Medicine®



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

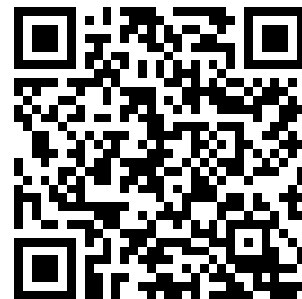
Source: Bethell, C 2016

77

## Required Continuing Education Feedback Survey

Thank you for your time!

[https://ubalt.qualtrics.com/jfe/form/SV\\_dfZcd71i7jYXoEu](https://ubalt.qualtrics.com/jfe/form/SV_dfZcd71i7jYXoEu)

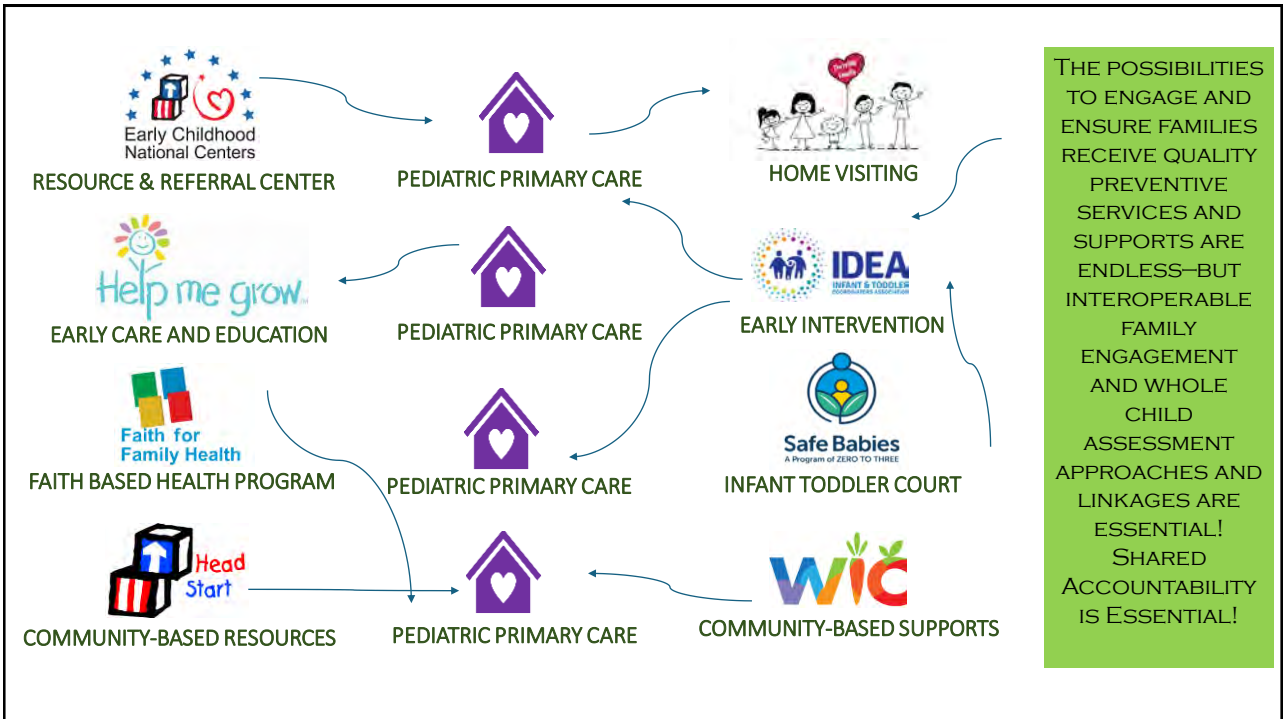


78

**Healing Ecosystems Prioritize Healing Relationships (which are messy)**



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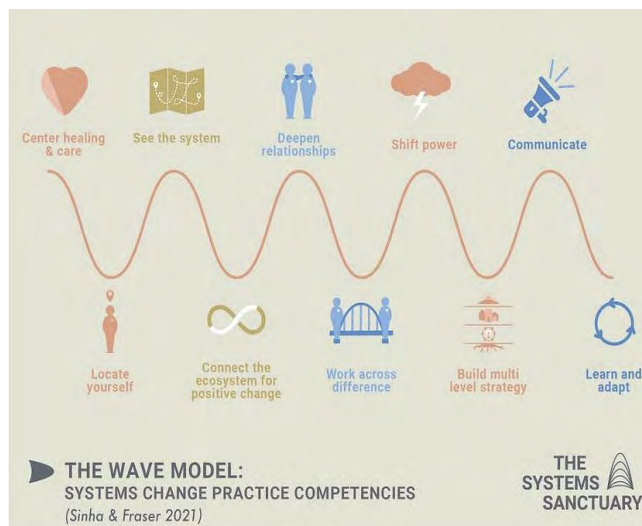
80

## Strategic Alignment Across Early Childhood Health System Partners Is Already Great

	Early Childhood Flourishing and School Readiness	Prevention of relational and social risks (ACEs, Food, Housing)	Provision of comprehensive well child care including screening and education	Leading to establish cross-system collaboration, capacity and coordination	Leading to establish policies and practices essential for effective care
Early Childhood Comprehensive Services Grantees (ECCS) (HRSA)	•	•	•	•	•
Maternal, Infant and Early Childhood Home Visiting (MIECHV/HRSA)	•	•	•	•	•
Community Health Centers (CHCs/HRSA)	•	•	•		
Medicaid/CHIP (Health Plans & Providers/CMS)	•	•	•	•	•
Head Start/Early Head Start (ACF)	•	•	•		
Early Care and Education (CCDF/ACF)	•	•		•	
Early Intervention (IDEA Part C/B) (DOE)	•	•	•	•	•
WIC/SNAP Program (USDA)	•	•	•		
Healthy Start programs (HRSA)	•	•	•		•
Child Welfare and Infant-Toddler Court Program	•	•	•	•	•
Prenatal Development Grant-Birth-5 Grantees (ACF)	•			•	•
Transforming Pediatrics for Early Childhood Grantees (HRSA)	•	•	•	•	•

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## Systems Change Practice Competencies



1. Center prevention and healing care
2. See the system –programs, people, data, incentives, connections, etc.
3. Locate yourself in the system
4. Connect the ecosystem for positive change (gain early wins/actions)
5. Deepen relationships
6. Work across differences
7. Shift power
8. Build multi-level strategy
9. Communicate
10. Learn and adapt

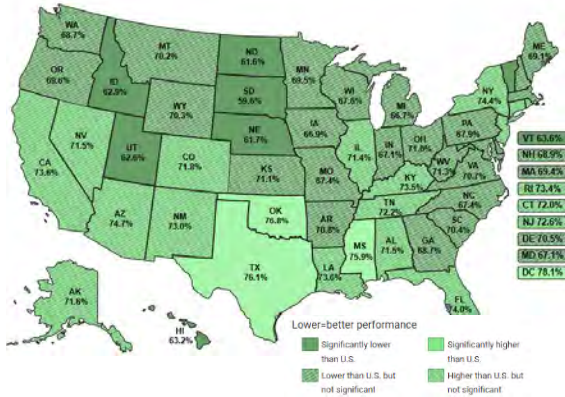
Our Systems Change Frameworks, by Rachel Sinha and Tatiana Fraser | by rachel sinha | Refuge for systems leaders | Medium

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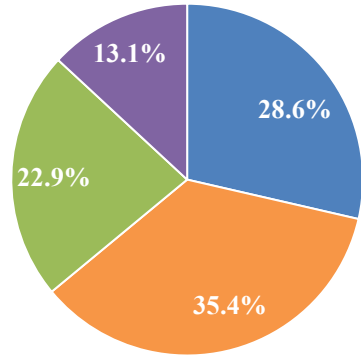
## Prevalence of Children Who Experience Whole Child Risk Index Domains, Age 12-17 Years, (Medical/Mental, Social and/or Relational); Data: 2022-2023 National Survey of Children's Health

### Prevalence of Children Ages 12-17 Years Who Experience 1+ Whole Child Risk Domains

- National Average: 71.4%
- State Range: 59.6%-78.1%
  - OR: 69.6%
  - ID: 62.9%



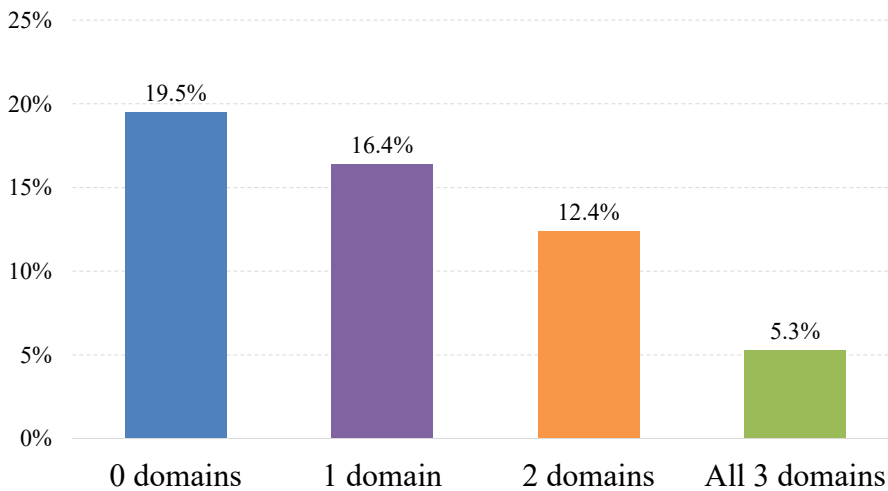
### Number of Whole Child Risk Index Domains



- 0 domain
- 1 domain
- 2 domains
- All 3 domains

83

## Prevalence of Flourishing by Whole Child Risk Index Domains, Age 12-17 Years Data: 2022-2023 National Survey of Children's Health



84

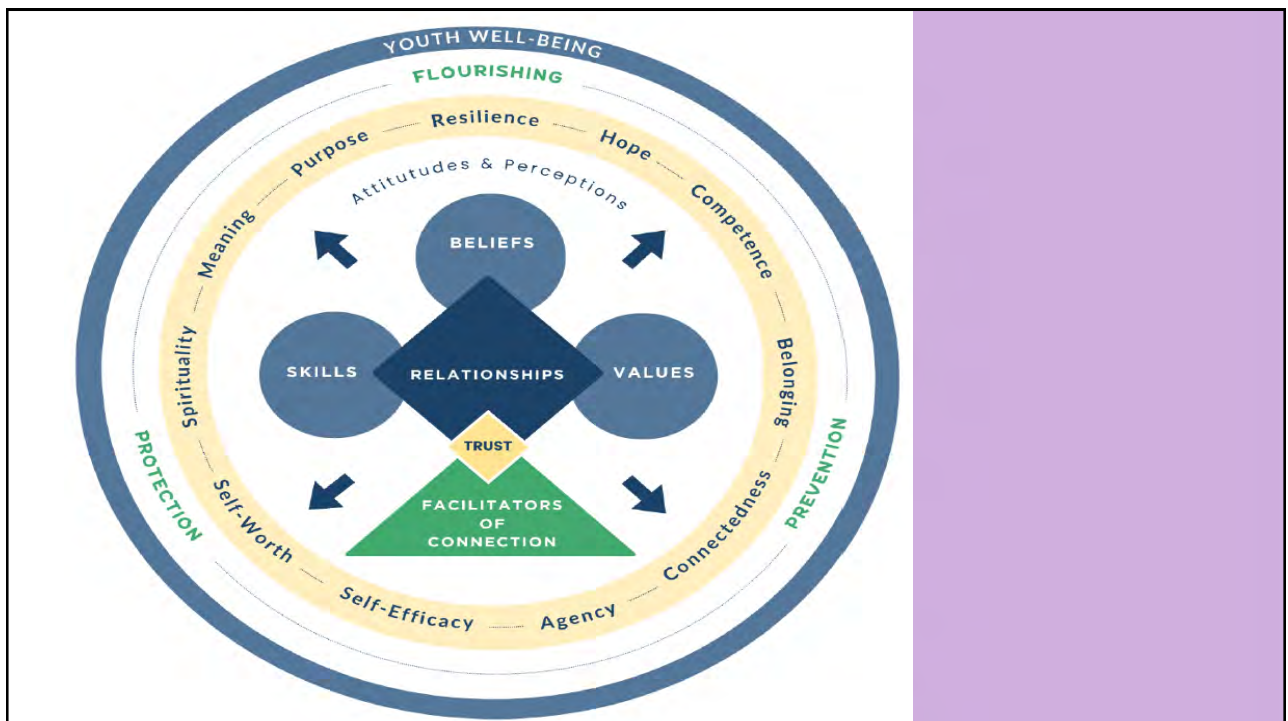
## 4 Minute Writing

*Think about using this science in your spheres of influence to create transformational improvement in people's lives...*

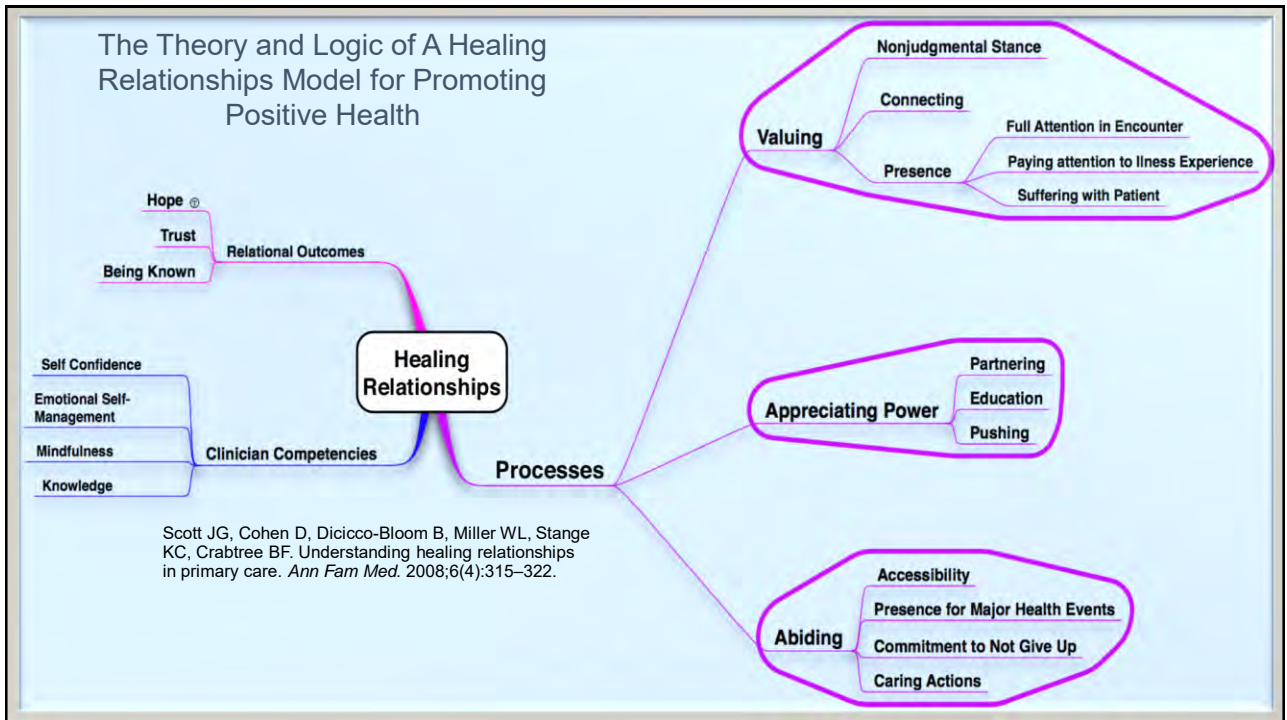
*What would you like to be doing?  
What more would you like to learn?*



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## Beliefs Requiring Intention Emergent Leadership Principles

- Small is good, small is all. (The large is a reflection of the small.)
- Change is constant. (Be like water, flow. "I am here in this now.")
- There is always enough time for the right work. (Keep asking "what is most essential right now?")
- There is a conversation "in the room" that only those who are there can have. Find it. Have it.
- Never a failure, always a lesson.
- Trust the people (their innate knowing, strengths and capacity)
- **Move at the speed of trust. (Focus on critical connections– build resilience by building relationships.)**
- Less prep, more presence.
- What you pay attention to grows.

(Adapted From Adrienne Maree Brown's Emergent Strategy)

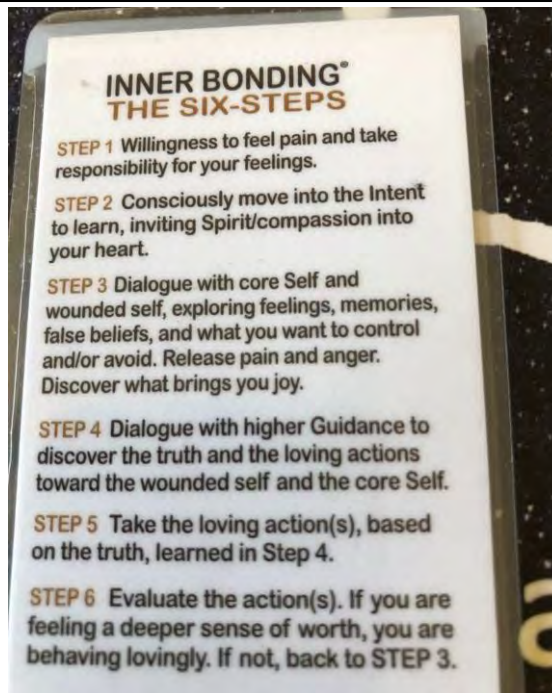
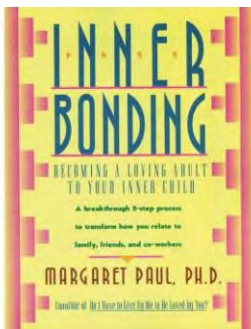
88

Mindfulness practice involves paying attention to your body, thoughts, feelings ON PURPOSE and WITHOUT JUDGEMENT (even if there is judgement, you don't judge that you have judgement).



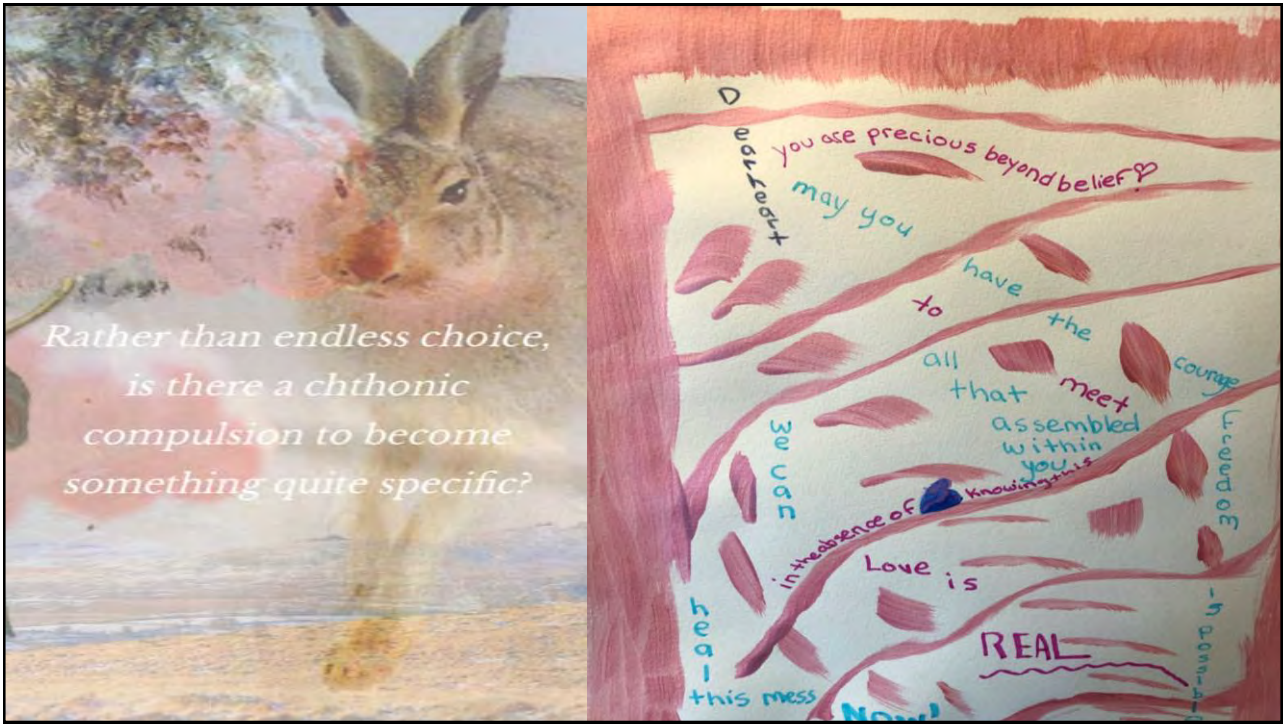
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Company name - Presentation

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FACT SHEET  
October 2017

## A National Agenda to Address Adverse Childhood Experience

**What are ACEs and Why Do They Matter?**

In 2016,<sup>1</sup> nearly half of U.S. children – 34 million kids – had at least one Adverse Childhood Experience (ACE) and more than 20 percent experienced two or more. The new brain sciences and science of human development explain how ACEs can have devastating, long-lasting effects on children's health and wellbeing. These events resonate well beyond the individual child to have far-reaching consequences for families, neighborhoods, and communities.

**Developing a National Agenda**

Over a four-year period, the Child and Adolescent Health Measurement Initiative (CAHMI) and Academy Health engaged more than 500 people across multiple sectors in a rigorous process to establish a national agenda to address ACEs. It began with the first-ever available national and state level data on ACEs, resilience, and family functioning from the 2011–12 National Survey of Children's Health. To develop the agenda, a series of in-person meetings and

**SUMMARY FROM NATIONAL AGENDA AND FIELD BUILDING COLLABORATION**

**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. Bethel, PhD, MBA, MPH; Michele R. Soloway, PhD, MPH; Stephanie Guhnson, PhD, MPH; Sandra Hassink, MD, FAAP; Aditi Srivastava, MPH; David Fort, BA; Lisa A. Simpson, MB, BCH, MPH, FAAP

From the Child and Adolescent Health Measurement Initiative, Department of Population, Family and Reproductive Health, Johns Hopkins and Baltimore, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Child and Adolescent Health Measurement Initiative, California State University Fullerton, Fullerton, CA; Center for Program Integration and Transformation Research, Division of Pediatric Hospital Epidemiology, Department of Pediatric Neurooncology, Children's Hospital of Orange County, Orange, CA; American Health Care Association and its Strategic, Washington, DC; and Health Care Access Group (H-CAG), Woodland, CA

The Child and Adolescent Health Measurement Initiative is supported by the National Institutes of Health, National Cancer Institute, and the Robert Wood Johnson Foundation. © 2017 by the Child and Adolescent Health Measurement Initiative. All rights reserved.

**ABSTRACT**

**OBJECTIVE:** A consensus of identified and emerging evidence on the science of human development, flourishing, resilience, and ACEs will likely be key to addressing adverse childhood experiences (ACEs), promoting resilience, and leading pathways to better health. This article will explore the evidence and research that will be needed to address these challenges and to advance the science of human development, flourishing, resilience, and ACEs.

Coverage & Coding

Coordination Within and Across

Communication Within and to the Public & Consumers

Costs and Payment

Credentialing & Integration

Contracting & Accountability

Capacity & Training

- 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

**CANNABIS, EQUITY, & RACIAL JUSTICE**  
VIRTUAL CONVENING SERIES

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## Our Greatest Public Health Opportunity! Prioritizing Youth Flourishing



Leverage existing strengths to build a health promotion and prevention-focused, integrated education, healthcare, public health and social services system.



Collaboration across sectors to address whole youth, family and community wellbeing and close wide gaps and disparities in positive health outcomes.



Need for continued engagement from all partners for the work to continue.



Frameworks like the Engagement In Action Framework (EnAct!) and person-centered, digital tools enabling interoperable data sharing can drive progress, creating a healthier future for all youth and the adults they become.

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## Systems Change Agent Survival Skills

### *Systems Thinking, Design Thinking and a Growth Mindset*

#### Systems Thinking

"Systems are perfectly designed to achieve what they are achieving right now". Peter Stroh

To change a system that is not achieving the purpose and outcomes we want we must be able to see the current interconnected elements and structures (rules, rewards, processes) that shape behaviors and outcomes. We must find ourselves in the system and identify partners and strategies that can shift the system.

#### Design Thinking

"We spend a lot of time designing the bridge, but not enough time thinking about the people who are crossing it." -Dr. Prabhjot Singh

Design thinking is a non-linear, **iterative process** that teams use to **prioritize the needs of "consumers"**, challenge assumptions, redefine problems and create **innovative solutions to prototype** and test that focus on achieving outcomes. Small tests of change are often **possible without first having to shift larger system structures** and afford us all the capacity to be a systems change agent!

#### Growth Mindset

"The world is full of magic things, patiently waiting for our senses to grow sharper." -W.B. Yeats

A growth mindset is the belief that **people can develop** their talents, abilities, and intelligence through effort, practice, and support from others. People with a growth mindset **view challenges and setbacks as opportunities** to learn and grow, and they believe that by staying the course progress will be made. **Modeling a growth mindset is a key to enabling real systems change!**

C.Bethell, 2024

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> J Happiness Stud. 2021 Jun;22(5):2275-2297. doi: 10.1007/s10902-020-00325-6. Epub 2020 Oct 13.

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

Marta G Pancheva<sup>1</sup>, Carol D Ryff<sup>2</sup>, Mario Lucchini<sup>3</sup>

Affiliations + expand

PMID: 34326680 PMCID: PMC3915113 (available on 2022-06-01)

DOI: 10.1007/s10902-020-00325-6

### Proportion of US Adults “Midlife In the US Longitudinal Survey”

Cluster	Proportion
Low Hedonic+Eudaimonic Well Being	19.06%
High Eudaimonic/Low Hedonic	23.60%
Somewhat High Hedonic+Eudaimonic	27.40%
Mostly High Hedonic+Eudaimonic	15.70%

**Hedonic:**  
Flourishing of the Remembering and Wanting Self

**Eudaimonic:**  
Flourishing of the Living and Relating Self

95

*“Led by a new paradigm, scientists adopt new instruments....and see new and different things when looking with familiar instruments.”*

*Thomas Kuhn, The Structure of Scientific Revolutions, 1962*

**5th Wave: Well-Being**  
(Hanlon, 2011)

Emerging.....

- Focus on positive health & socio-emotional well-being
- Recognize interdependence & subjective information

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## We Have A Whole School, Whole Community, Whole Child (WSCC) Model Centers for Disease Control and Prevention

Prevention efforts should encourage student and school connectedness as building connectedness is one of the most important protective factors against substance use.

Connectedness is defined as a students' belief that peers and adults in the school care about their well-being.



<https://www.cdc.gov/healthyschools/wsc/index.htm#:~:text=The%20Whole%20School%20Whole%20Community,for%20addressing%20health%20in%20schools.>

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We have had evidence since the 80's that disclosing what is difficult supports health

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

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0893-3200/88/00000239-07

### 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 hospitaliza-

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/>

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# The paradox of positive experiences

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

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

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

Brett Q. Ford<sup>1\*</sup>, Phoebe Lam<sup>2,\*</sup>, Oliver P. John<sup>2</sup>, and Iris B. Mauss<sup>2</sup>

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

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

<https://www.psychologytoday.com/us/blog/the-new-resilience/201709/can-embracing-negative-emotions-increase-your-well-being#:~:text=For%20example%2C%20the%20researchers%20point,than%20trying%20to%20avoid%20them.>

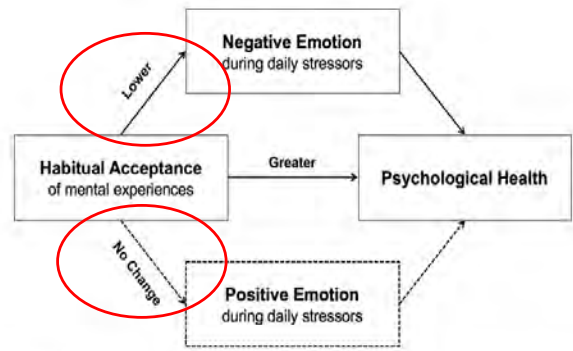
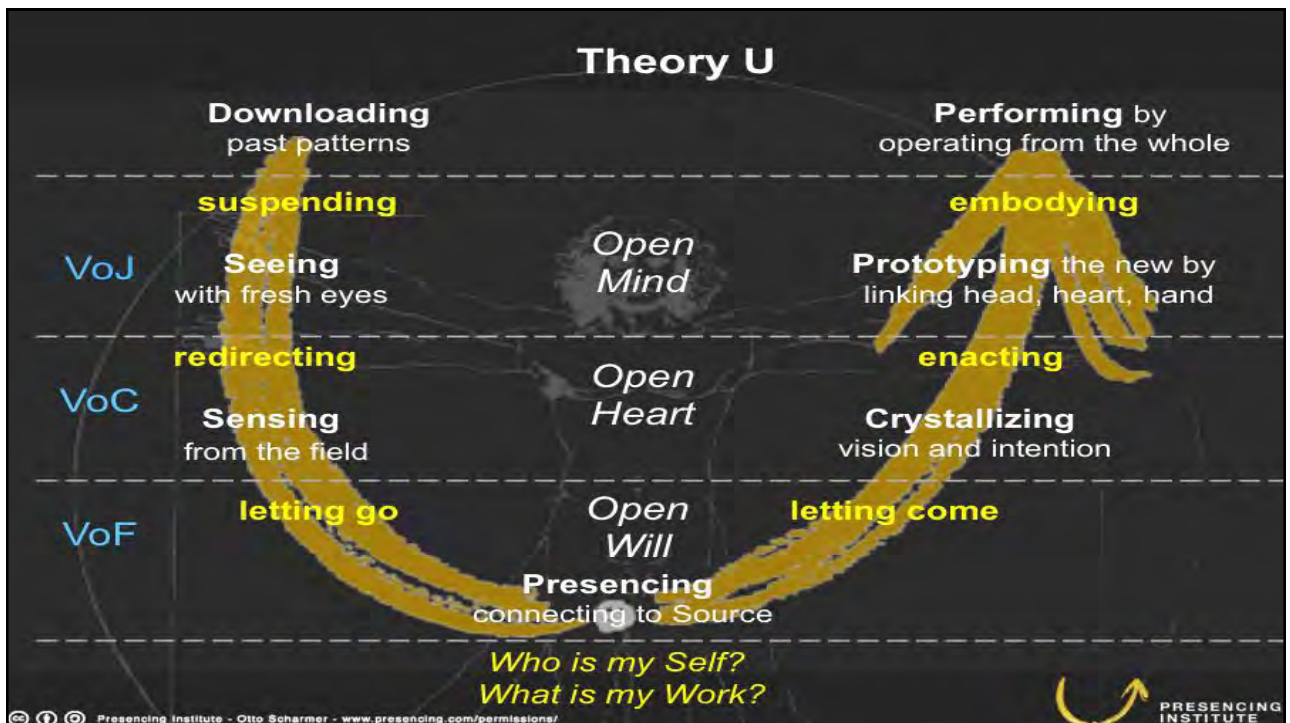
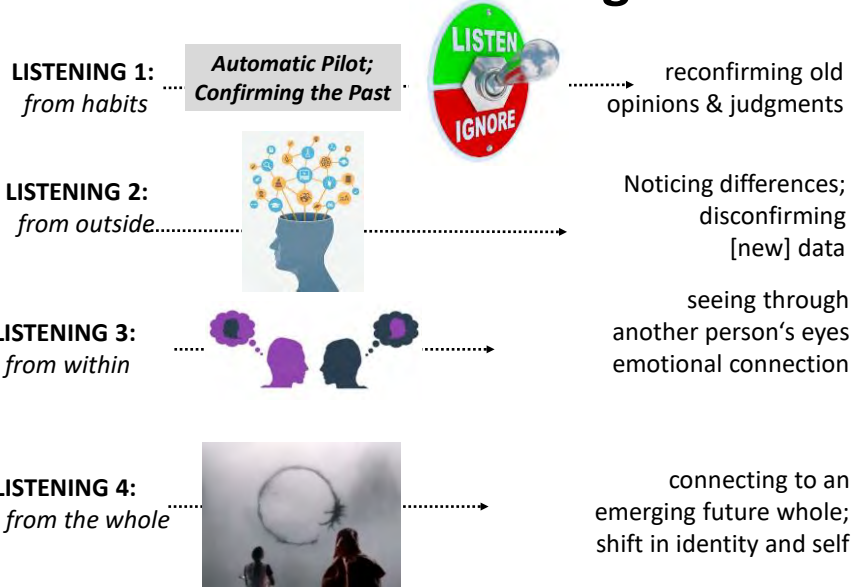


Figure 1. Conceptual model wherein habitually accepting one's mental experiences (i.e., emotions and thoughts) contributes to greater psychological health via lower daily negative emotion (and not via daily positive emotion) experienced during daily stressors.



# Levels of Listening



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# Collective Mindfulness & System Performance

**THE QUALITY JOURNEY**

By Mark R. Chassin and Jerod M. Loeb

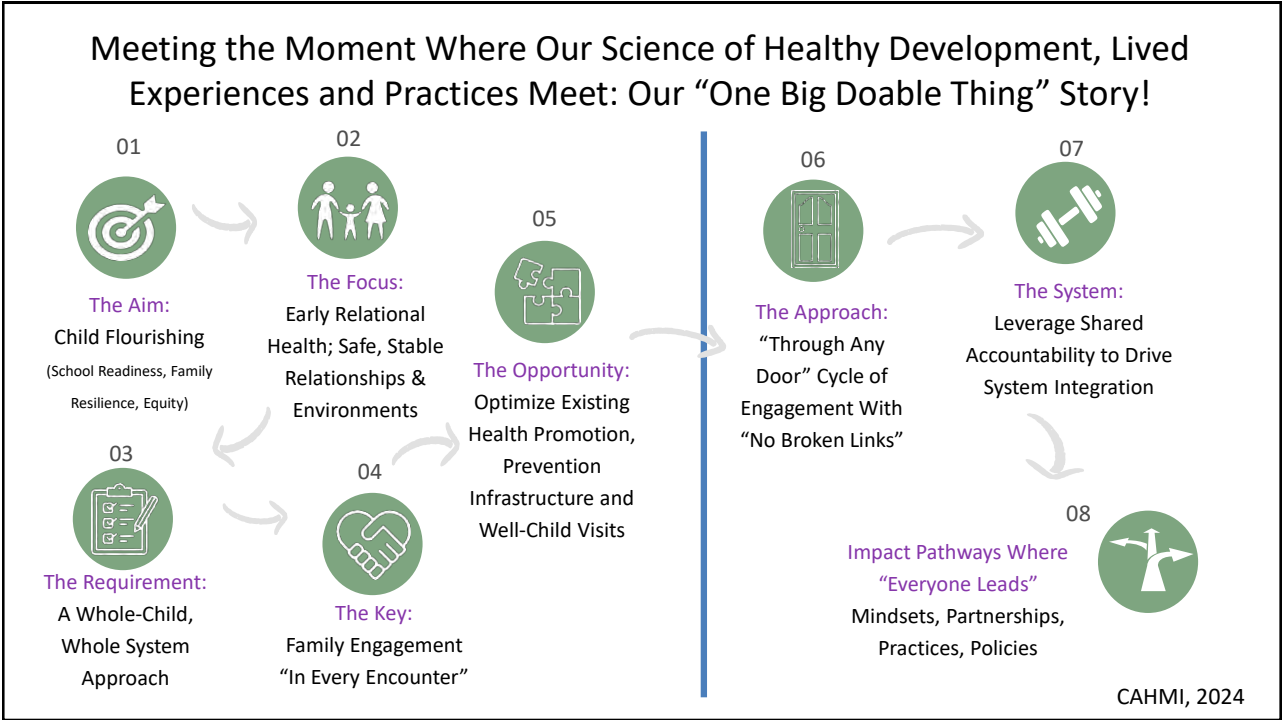
**The Ongoing Quality Improvement Journey: Next Stop, High Reliability**

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

**“collective mindfulness...is the dominant attitude or cultural feature that all high-reliability organizations display.”**  
 Mark Chassin  
 President, The Joint Commission (2011)

- Capacity to update situational awareness**
- Preoccupation with failure** (or fascination with learning and change)
- Reluctance to simplify** (what is inherently complex and uncertain)
- Sensitivity to Operations** (even in standardized processes)
- Deference to Expertise** (engage brilliance where it exists; okay to say "I don't know")
- Commitment to Resilience** (change; failure; uncertainty normed)

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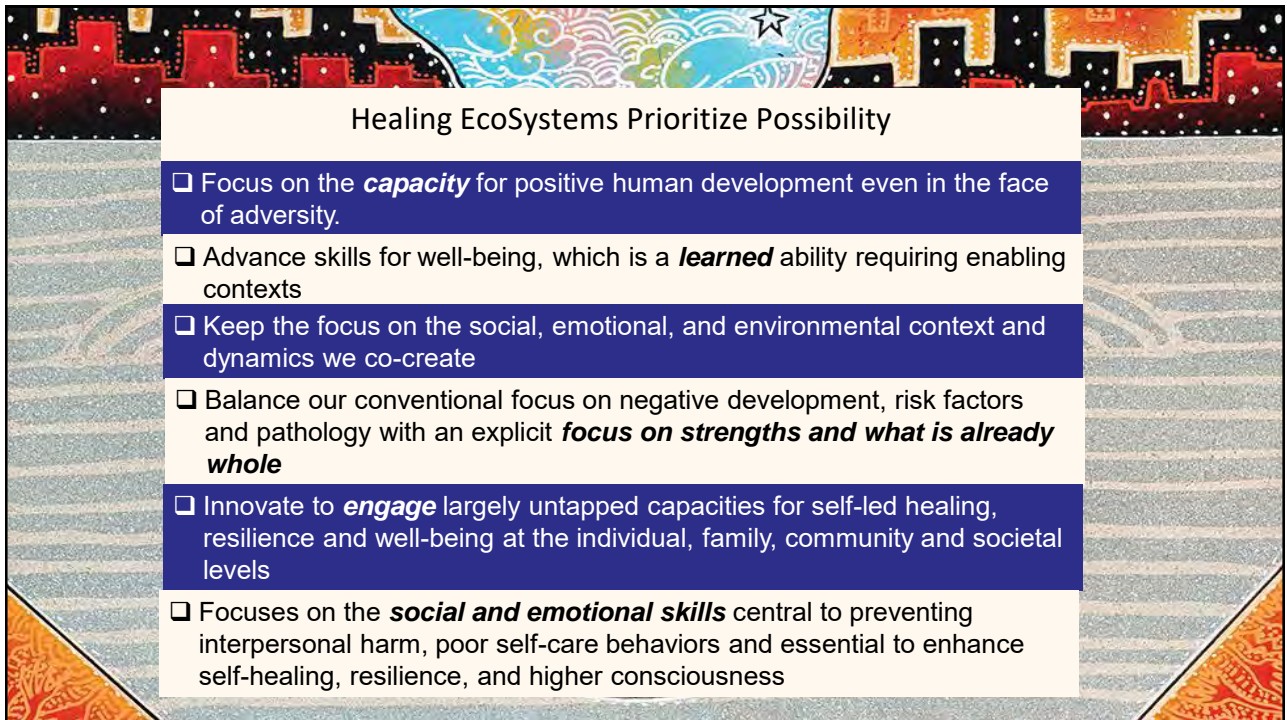
## Core Skill:

### Integrating a “growth mindset” with a flourishing-mindset

<b>FIXED MINDSET</b>	<b>GROWTH MINDSET</b>
<p><b>Intelligence is static</b></p> <ul style="list-style-type: none"> <li>Avoid challenges</li> <li>It's too hard</li> <li>Expect reward without effort</li> <li>Ignore feedback</li> <li>Threatened by success of others</li> </ul>	<p><b>Intelligence can be developed</b></p> <ul style="list-style-type: none"> <li>Embrace challenges</li> <li>I can train my brain.</li> <li>Effort is a path to mastery</li> <li>Learn from feedback</li> <li>Inspired by success of others</li> </ul>

**“In the pursuit of our goals, every challenge we encounter is an invitation to rise stronger; true success lies in our ability to adapt, learn, and flourish in the face of adversity.”**

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## Healing EcoSystems Prioritize Possibility

- Focus on the **capacity** for positive human development even in the face of adversity.
- Advance skills for well-being, which is a **learned** ability requiring enabling contexts
- Keep the focus on the social, emotional, and environmental context and dynamics we co-create
- Balance our conventional focus on negative development, risk factors and pathology with an explicit **focus on strengths and what is already whole**
- Innovate to **engage** largely untapped capacities for self-led healing, resilience and well-being at the individual, family, community and societal levels
- Focuses on the **social and emotional skills** central to preventing interpersonal harm, poor self-care behaviors and essential to enhance self-healing, resilience, and higher consciousness

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



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

Norman Spitzer, MD, PhD, FAAP<sup>SM</sup>, Member, National Academy of Medicine  
COMMITTEE ON PROFESSIONAL ASPECTS OF CHILD AND FAMILY HEALTH SYSTEMS IN DEVELOPING AND EMERGING  
PEOPLES, COUNCIL ON LIFECOURSE DEVELOPMENT

Relational health refers to the **experience of and capacity to develop and sustain safe, stable and nurturing relationships**, 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

Summary (2013):	Summary (2020):
<p><b>Toxic stress defines the problem.</b></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><b>Relational health defines the solution.</b></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>

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## Requirements for A Relational Health Public Health Approach

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



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

Norma Garner, MD, PhD, FAAP<sup>1</sup>; Matthew Popman, MD, DABP<sup>2</sup>  
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, COUNCIL ON EARLY CHILDHOOD. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Pediatrics. 2021;148(2):e2021052582

Garner A, Yogman M. COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, COUNCIL ON EARLY CHILDHOOD. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. Pediatrics. 2021;148(2):e2021052582

- ❑ To translate the promotion of relational health into **clinical practice, generative research, and public policy**, the entire pediatric community needs to adopt a public health approach that **builds relational health by partnering with families and communities**.
- ❑ Approaches to promoting relational health need to be **strengths based, solution oriented and integrated both vertically** (by including primary, secondary, and tertiary preventions) **and horizontally** (by including public service sectors beyond health care)
- ❑ **Adults with core life skills** are essential, not only to form and **maintain SSNRs** with children but also to **scaffold and develop** the basic social and emotional skills that enable children to be **resilient and flourish despite adversity**

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## Level 1 – Universal **Preventions** that actively promote Relational Health SSNRs-Safe, Stable, Nurturing Relationships

### Promote the development of SSNRs by:

- Loving the child (if not the behavior)
- Understanding child development (and what specific behaviors mean)
- Promoting positive but authoritative (not authoritarian) parenting styles
- Encouraging large amounts of developmentally appropriate play (ROR, VIP)

### Proactively build the foundational skills for resilience through SSNRs that:

- Model social capacities, emotional regulation, language skills and adaptive functioning (2 generational; parallel processes)
- Nurture foundational social, emotional and language skills as they emerge developmentally (Touchpoints)
- Identify the child's passions and healthy distractions (sports, music, art, hobbies, volunteering)
- Provide opportunities to practice and implement these foundational skills (developmentally appropriate play, sibling rivalry, everyday disappointments)

### When adversity occurs, buffer it through SSNRs that:

- Meet a child's most basic needs in order to prevent additional adversity (safe)
- Provide routines and predictability to decrease additional stress (stable)
- Encourage the use of healthy distractions and adaptive behaviors (nurturing)

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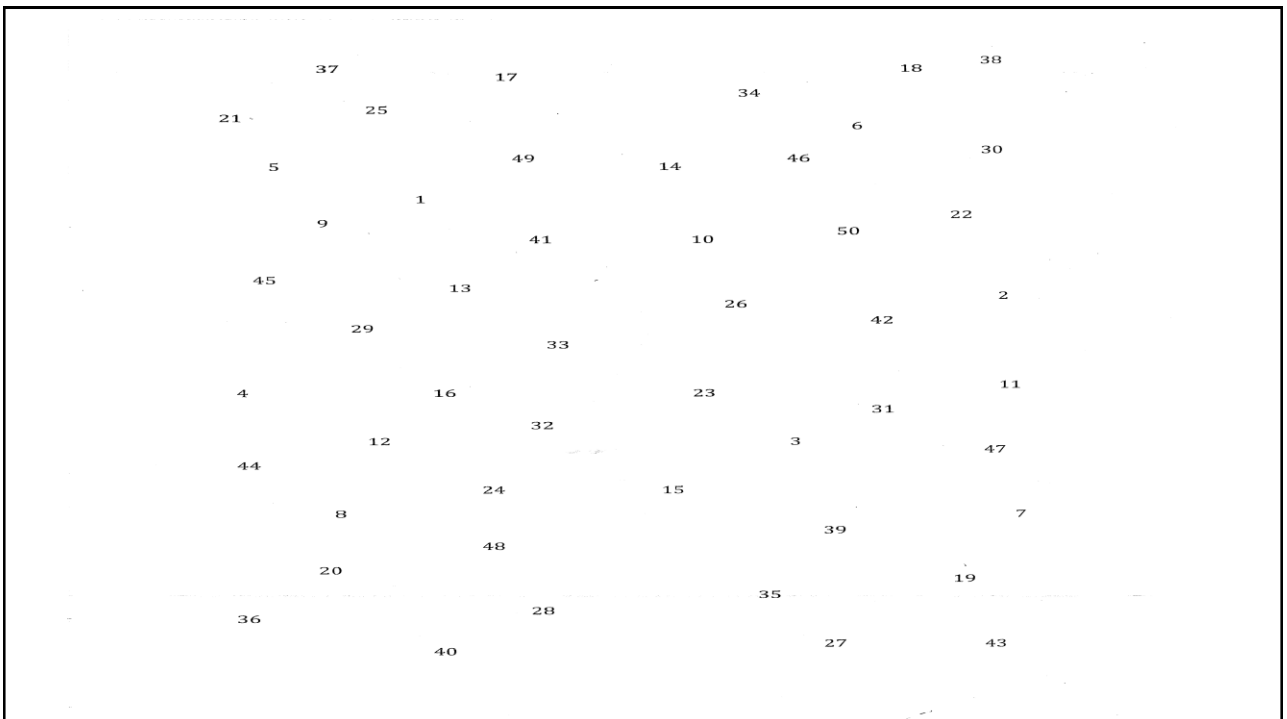
## HOW to Build Culture of Relational Health?

### Three “Lenses” to Operationalize Relational Health

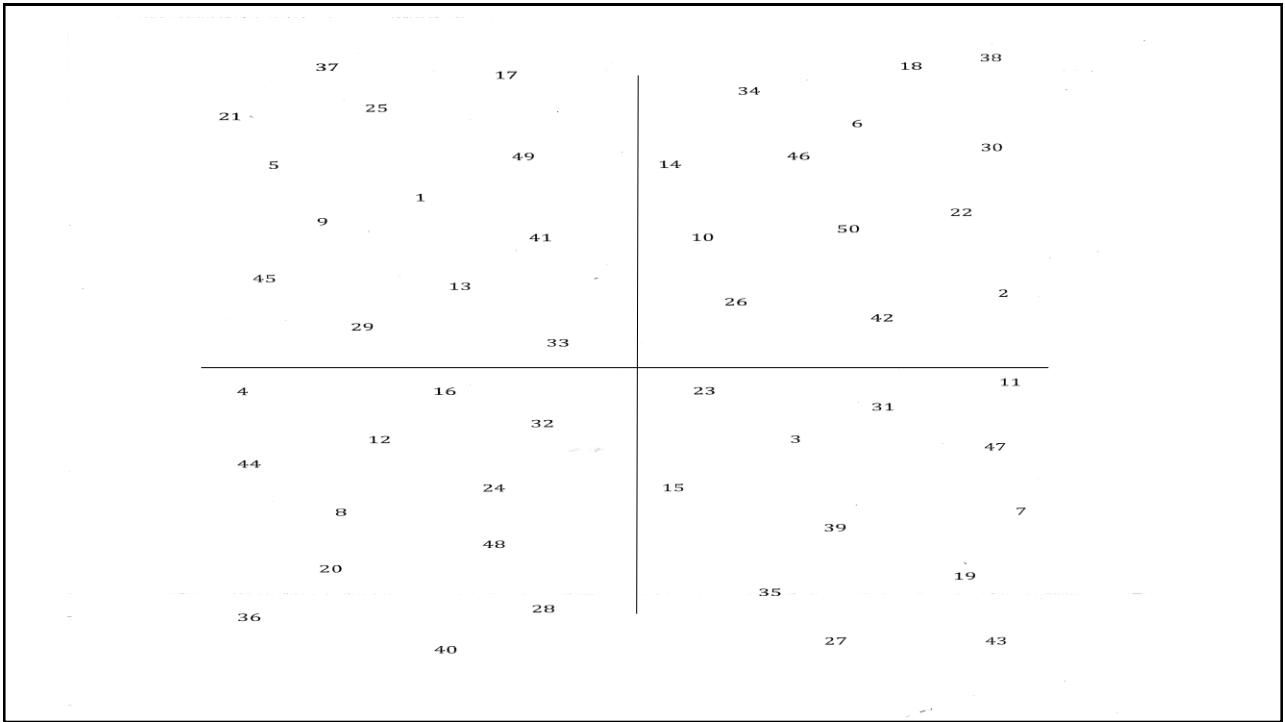


- **Two-Generational Approach**
  - Partner with caregivers in order to help the children
- **Developmental Approach**
  - Affect regulation and relational health are moving targets. Ongoing relationships, learning and development is required
- **Public Health Approach**
  - Layered efforts are needed across systems of care

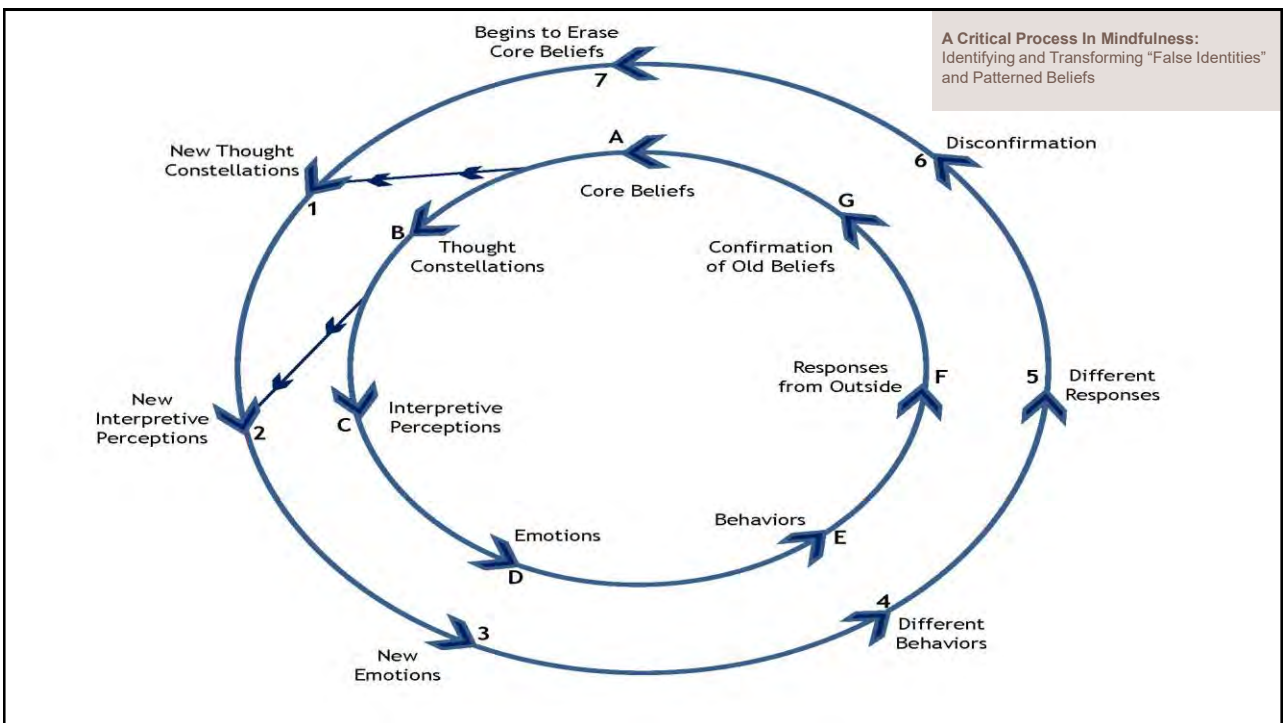
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## Emerging Culture

### Moving From

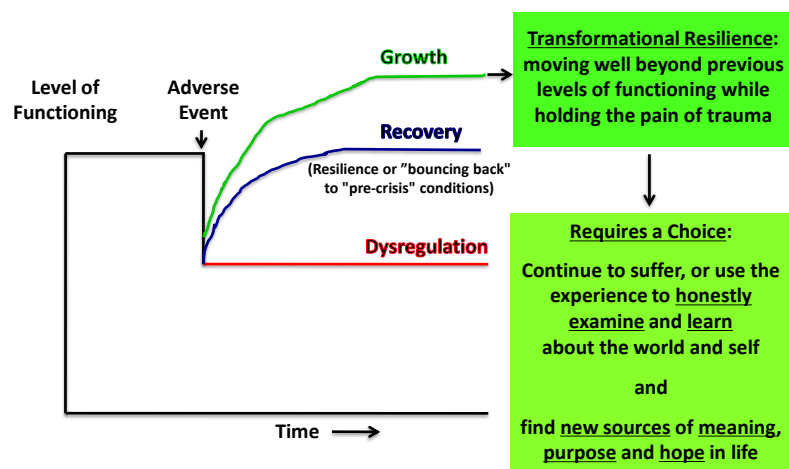
Fear Control Isolation  
 Individual (Me) Rigidity  
 Never Enough/Shame Mechanistic  
 Perfectionism Over Analysis  
 Overlay Strategy Fixed Mindset  
 Urgency Quantity  
 One Right Way Either/Or  
 Power Hoarding Conflict Avoidant  
 Right to Comfort Exclusion

### Moving Towards

Trust Vulnerability  
 Connection Collective (We)  
 Adaptivity  
 Enough/Risk-Taking Humanistic  
 Learning/Experimentation Act in an  
 Instant Emergent Strategy Growth  
 Mindset  
 Rhythm Quality Many  
 Ways  
 Creativity in Complexity Power Sharing  
 Conflict Engaged Discomfort =  
 Growth/Learning  
 Inclusion

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## **"Purposing":** **The Choices We Make In Midst of Adversity Determine Our Path**



Source: <https://www.acesconnection.com/blog/webinar-slides-and-recording-transformational-resilience-for-climate-change-traumas-and-toxic-stresses-with-bob-doppelt>

Christy Bethell: April 9, 2020, Butte Heals Webinar, NVCF

Adapted from S. Joseph, *What Doesn't Kill Us* (pp. 69)

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# THE ANGEL AND THE ASSASSIN



DONNA JACKSON  
NAKAZAWA

In stores and available online January 21, 2020

- **When triggered by childhood adversity, microglia can destroy *wanted and necessary* brain circuits and synapses.**
- Too much pruning of synapses – not enough connectivity.
- Can result in neuropsychiatric disorders years later.
- In healthy, nurturing environments, microglia are the **Angels** of the brain (secrete nutrients to stimulate new healthy neurons to grow, create brand new synapses, strengthen brain connectivity, help mend sick neurons, prevent synapse loss).
- **In unhealthy or toxic environments, microglia are the brain's untimely Assassins.**