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Disclosures

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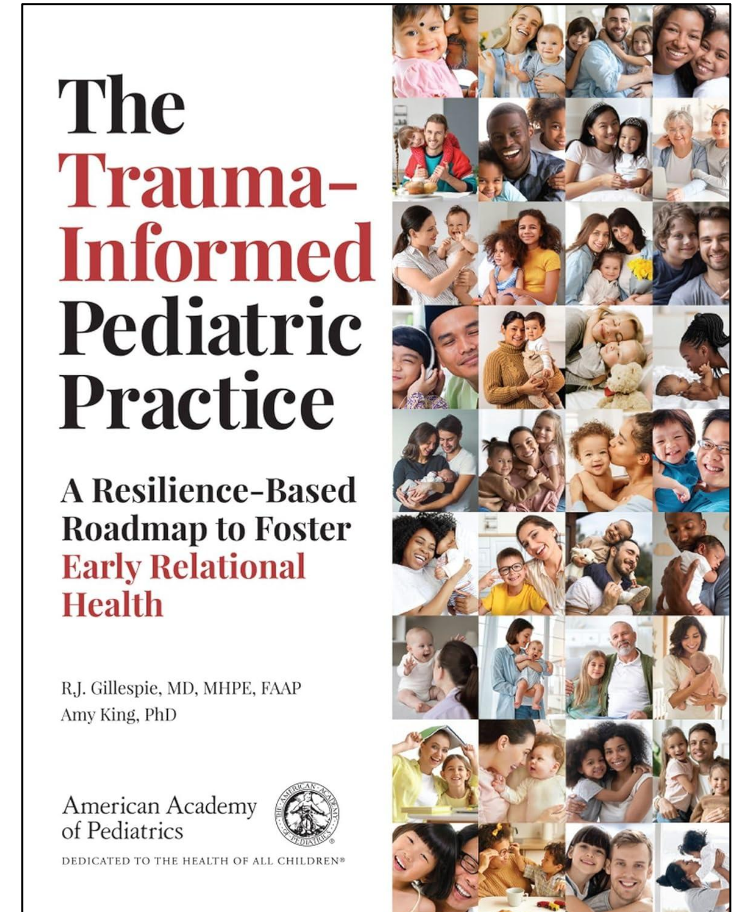

Objectives

- Discuss the connections between trauma-informed care and relational health in general pediatrics;
- Describe common barriers to safe, stable, nurturing relationships (SSNRs) that can be addressed to mitigate the effects of toxic stress;
- Recognize interventions that can be done to support relational health in early childhood.

Quick Case: The Angry Mom

- Mom of a four year old boy… her main concerns are about behavior.
- Whenever mom disciplines her son, he laughs.
- As mom describes how frustrating she thinks this behavior is, you can see the veins popping out of her neck…

Defining TIC

Trauma Informed Care is a perspective through which an organization realizes the impact of trauma on its families, recognizes the signs of trauma, and uses that understanding to improve client engagement, outcomes, and organizational services.

(Menschner & Maul, 2016; SAMHSA, 2014).

Now What?!!

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Trauma-Informed Care *is* Relational Care

- Trauma in the absence of buffering relationships can lead to biological changes that adversely affect lifelong physical and mental health.

- Trauma-informed pediatric care acknowledges that **relationships are the foundation** for both trauma *prevention* and *treatment.*

  - **Pediatricians can support the caregiver-child relationship!**
  - **Attachment:** the emotionally attuned give-and-take between the caregiver and child and the trust, safety, and security provided to the child that promotes healthy development and protection from trauma.
  - The relationship between a child and caregiver is a vital sign.

The Pediatrician's Role in Preventing Child Maltreatment – AAP Clinical Report

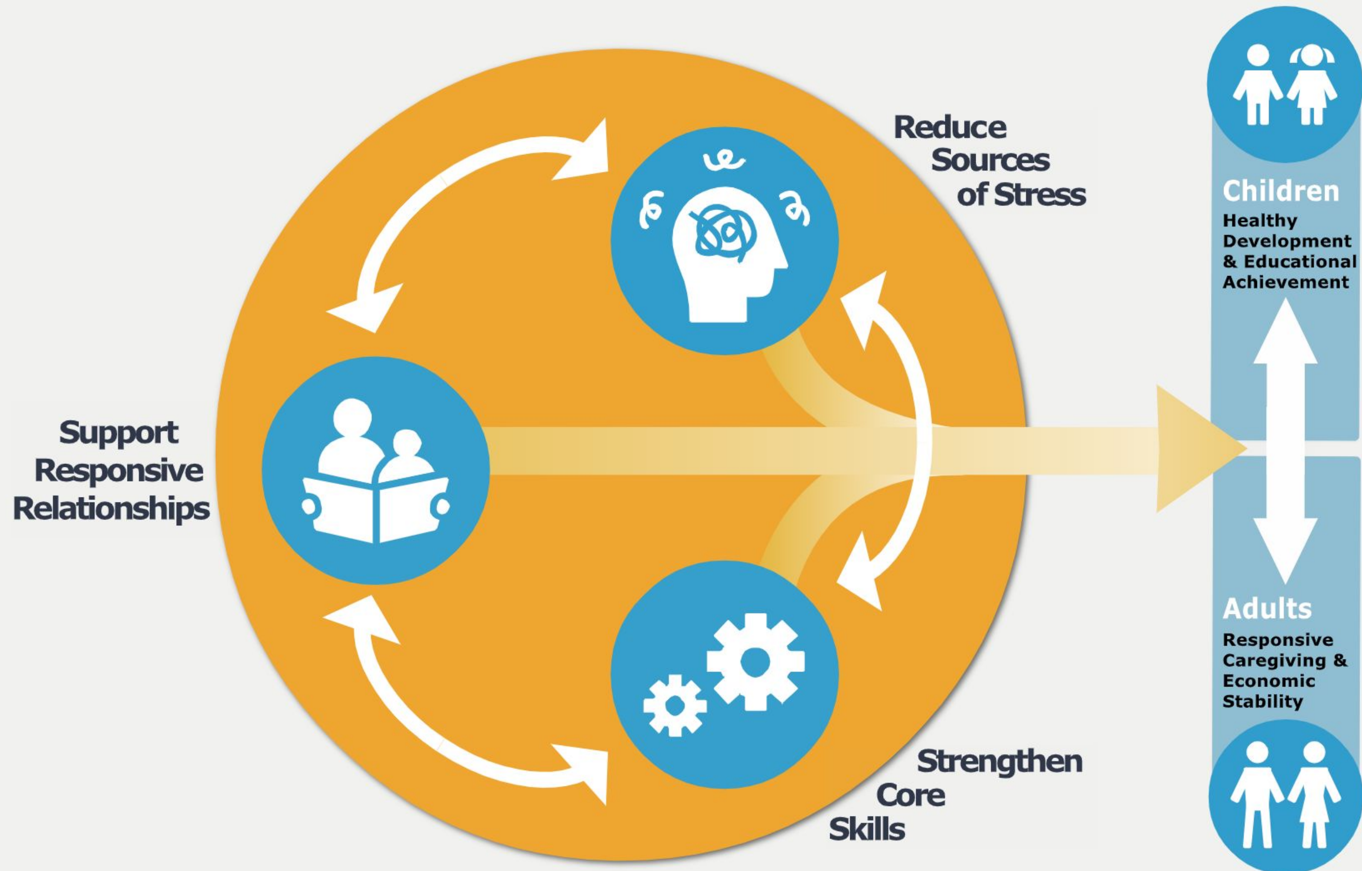
Universal & Targeted Interventions	
	Assessing risk and protective factors: Including relational health in history taking.
	Including relational health in anticipatory guidance.
	After maltreatment has occurred, preventing future harm.
	Socioeconomic support for families in need.
	Utilizing resources outside the medical facility.

Introducing: The Relational Health History

- Conceptually, similar to other components of health care histories: past medical history, history of present illness, family history, social history, etc.
- Encompasses experiences that are interfering with AND facilitating relational health in families.
- Includes some common assessment tools, but includes surveillance questions and open conversation as well.

Weaving Together the Pieces of RHH

- Past relational health history: what has happened to the family / parents / caregivers?
- Present relational health history: what is happening to the family now?
- Future relational health history: what does the family want to have happen?

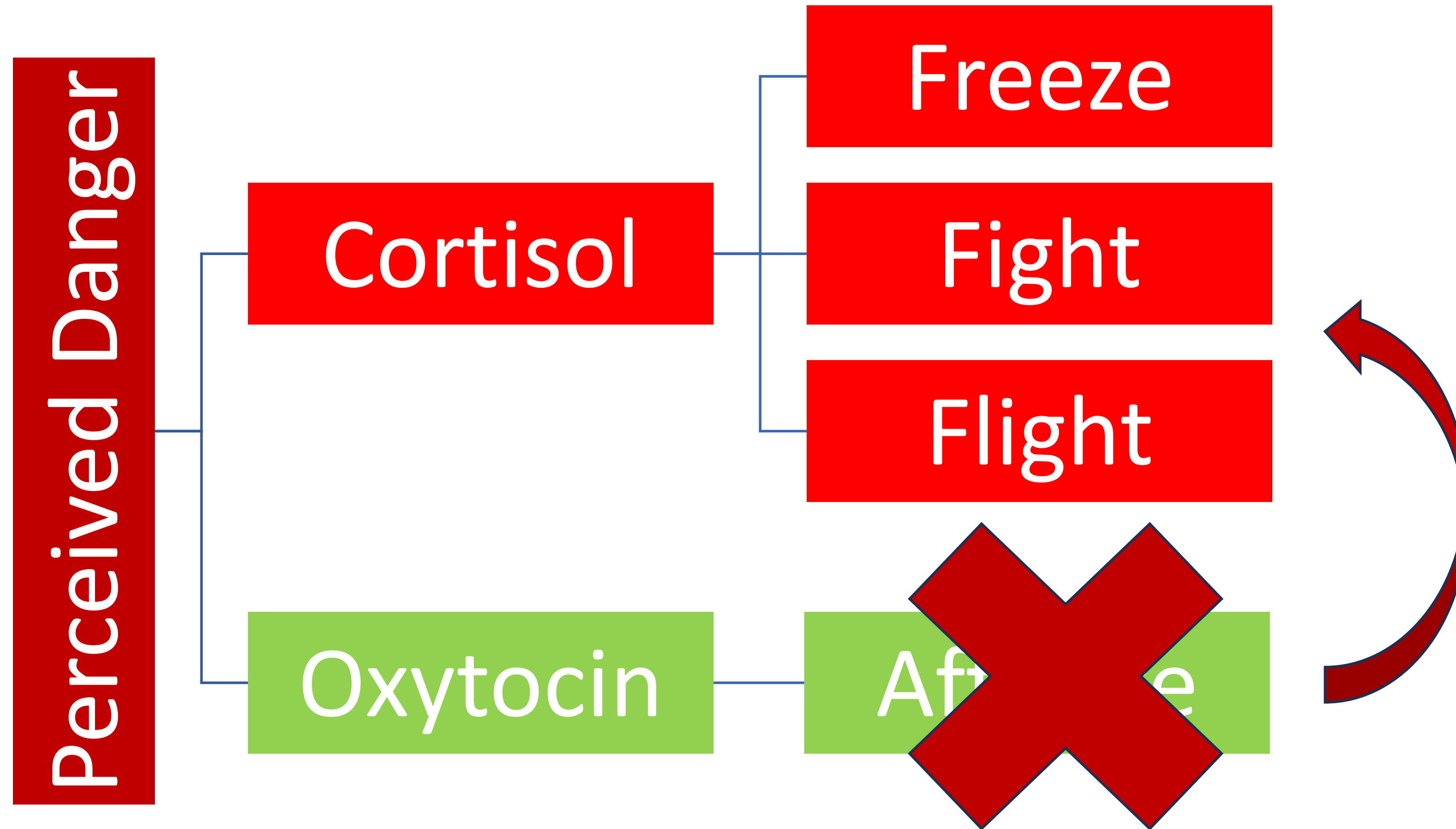


https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/#graphic-text

#1: Reducing Sources of Stress

- One of the primary roles of pediatricians is to assess for, and address, barriers to safe, stable, nurturing relationships for our patients.
- Anything that distracts a caregiver from their ability to parent can impact early relational health.
- Common barriers include: caregiver trauma histories, peripartum mood disorders / mental health disorders, and social drivers of health.

Trauma-Informed: Science of the Stress Response



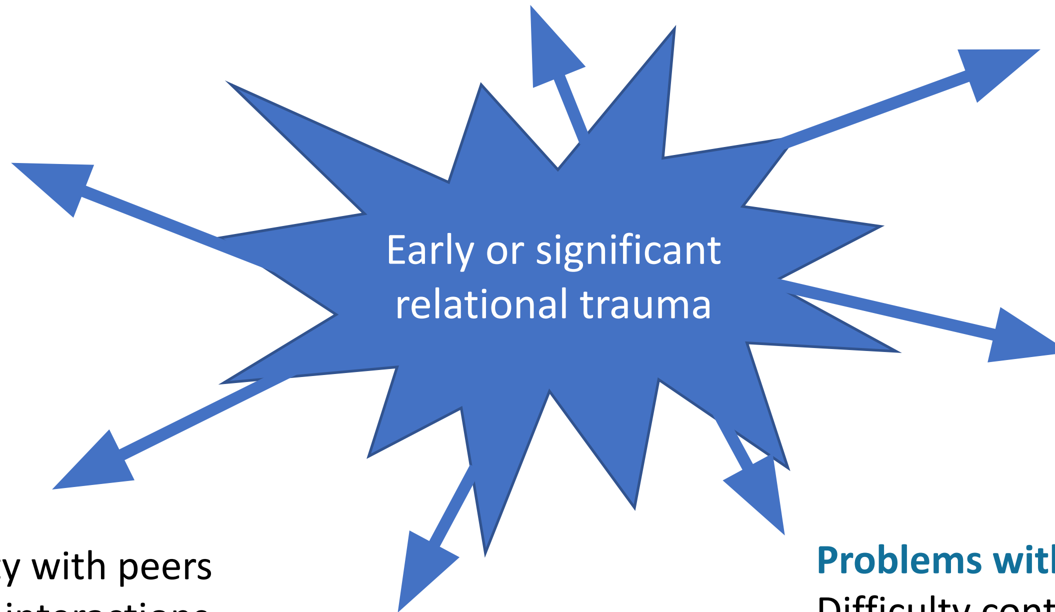
What Happens when the Affiliate Response is Not Available?

Conditions Associated with Relational Trauma

Mental health diagnoses
Depression and Anxiety,
PTSD and ASD
Dissociation,
Suicidality and self harm
ODD, Conduct disorder
Bipolar disorder
Schizophrenia
Borderline personality

Problems with cognition
Language delay, poor concentration,
Poor problem solving, academic failure

Physical health diagnoses
Endocrine dysfunction
Inflammatory disorders
Cardiovascular disease
Asthma
GI disorders
Poor pregnancy outcome



Behavior problems
Aggression, dissociation,
poor impulse control
Sexual acting out, substance misuse

Problems with relationships
Attachment problems, difficulty with peers
Difficulty understanding social interactions,
Problems in romantic relationships,
Intergenerational challenges

Functional problems
Sleep problems
Toileting issues
Eating disorders

Problems with emotions
Difficulty controlling emotions
Difficulty identifying emotions
Shame and guilt
Excessive worry
Hopelessness
Lack of efficacy

What We See Is Behavior

What We See Is Behavior

What We See Is Behavior

What interferes with relational health?

Caregiver trauma history

Social Drivers of Health

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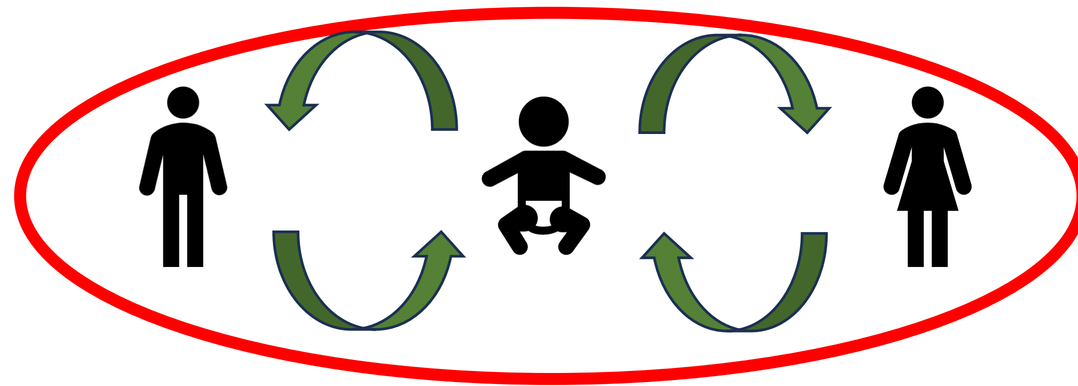
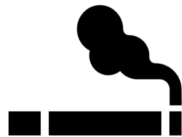
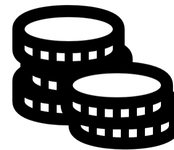
Caregiver depression / anxiety

Direct & Mediator Effects on Resilience



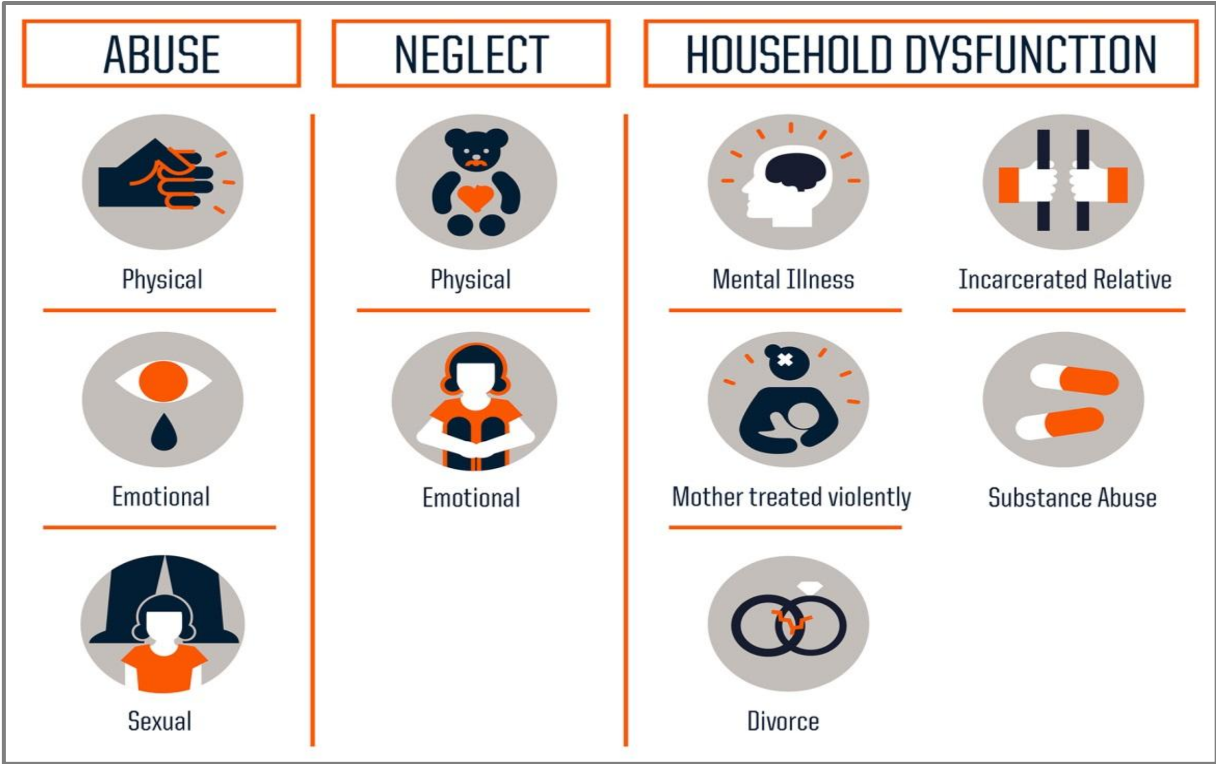




Adverse Childhood Experiences

“We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.”

Felitti, et al. Am J Prev Med 1998;14:245–258



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

Beyond ACEs… Stress and Toxic Stress

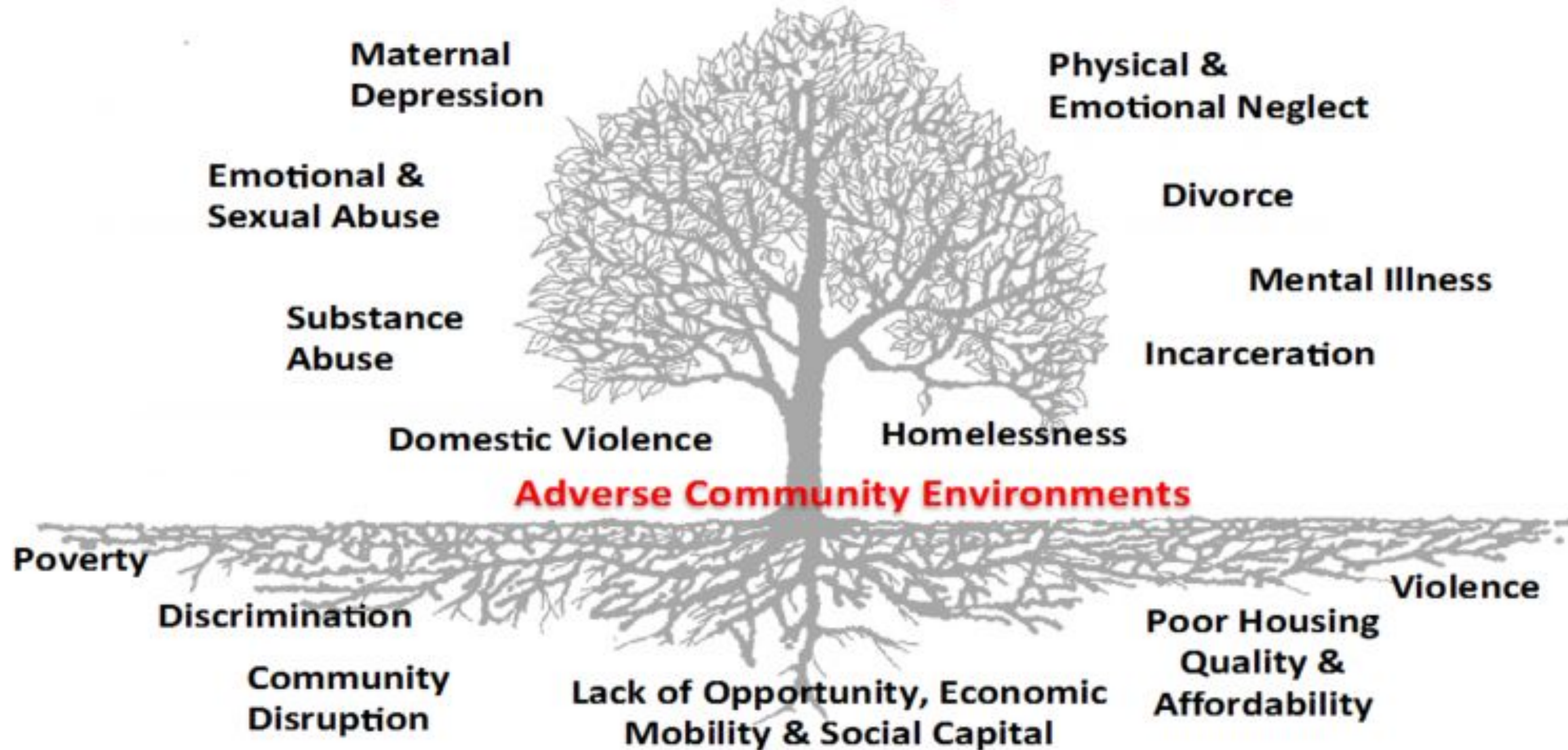
- Normal stress: Everyday pressure that pushes us to perform. Usually temporary and has an activating effect.

- Tolerable stress: Negative events (usually temporary or one-time) that are well-buffered by coping strategies and support of those around us.

- Toxic stress: Chronic, repeated stresses – often committed by those who are supposed to support us – and which overwhelm our capacity for coping.

The Pair of ACEs

Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Stories from the literature – why parent trauma matters…

1. Correlations exist between parent ACE scores and child's ACE score… the more ACEs a parent experiences, the more ACEs the child is likely to experience.

2. Parenting styles are at least in part learned: if a parent experienced harsh parenting, they are more likely to engage in harsh parenting styles themselves.

3. Parents have new brain growth in the first six months after their child's birth – in both the amygdala (emotional center) and frontal cortex (logical center) UNLESS they are experiencing stress, which impairs frontal cortex development.

4. Children who have experienced three or more ACEs before entering Kindergarten have lower readiness scores: literacy, language and math skills are lower – and rates of behavioral problems are higher.

Caregiver Trauma Associated With Child Outcomes

- General developmental delays
- Social-emotional delays
- Behavioral problems – internalizing, externalizing and attention concerns
- Overall health status – including higher rates of asthma
- Missed well visits

Adjusted risk for suspected developmental delay

	Relative Risk (95% CI)	
	[a]Maternal (n=311)	[b]Paternal (n=122)
[c]ACE		
≥ 1	1.25 (0.77, 2.00)	2.47 (1.09, 5.57)**
< 1 (Ref)	-	-
≥ 2	1.78 (1.11, 2.91)**	3.96 (1.45, 10.83)***
< 2 (Ref)	-	-
≥ 3	2.23 (1.37, 3.63)***	0.82 (0.12, 5.72)
< 3 (Ref)	-	-
Payer source		
Public	1.67 (1.05, 2.67)**	0.87 (0.37, 2.03)
Private (Ref)	-	-
Gestational age at birth		
< 37 weeks	1.70 (0.89, 3.24)	7.76 (3.12, 19.33)***
≥ 37 weeks (Ref)	-	-

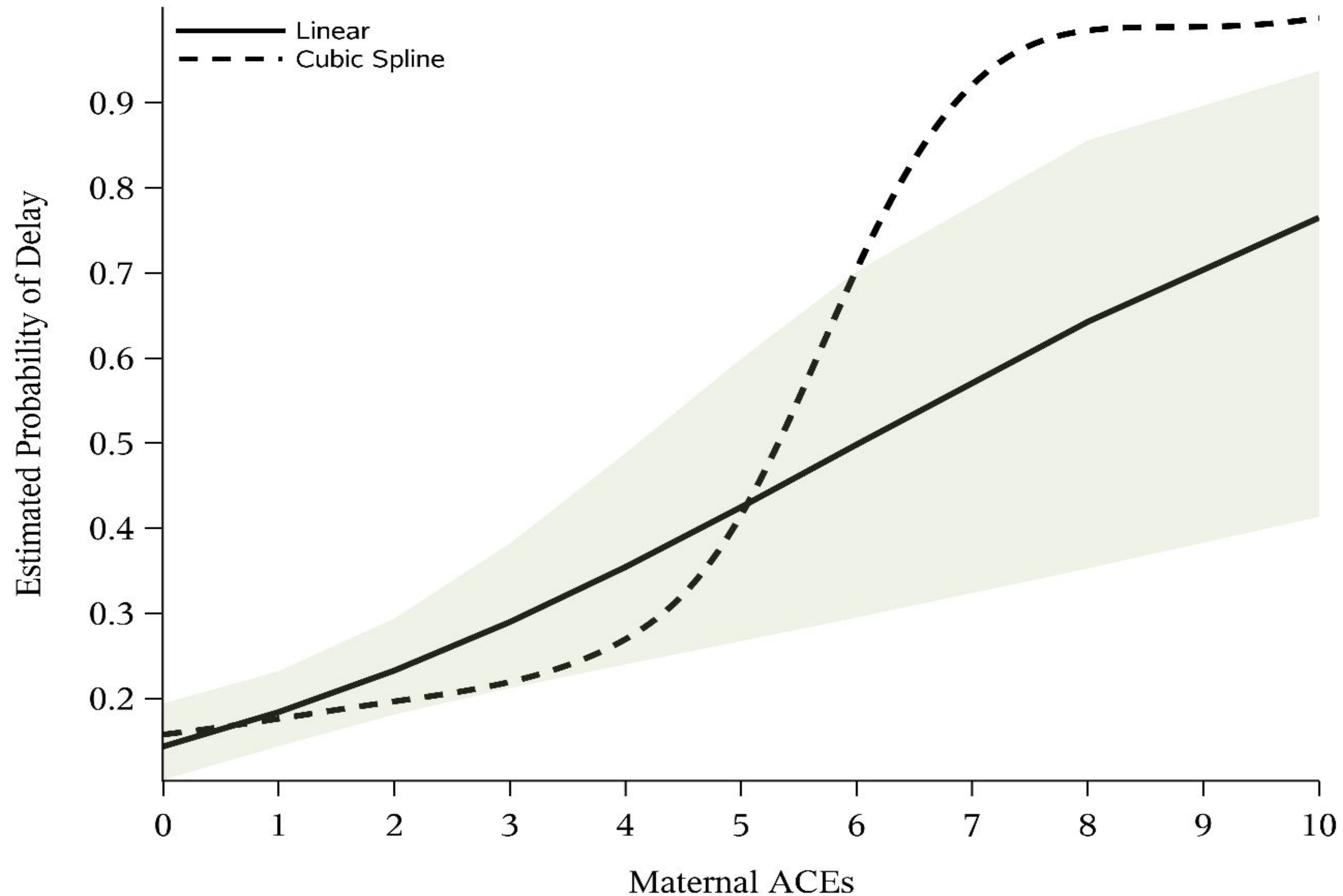
* = p <0.1, ** = p <0.05, *** = p <0.01

Domain-specific developmental risk by Maternal ACE exposure

	Maternal ACEs		Relative Risk (95% CI)
	≥ 1 (*n*=149)	<1 (*n*=162)	
Communication, *n* (%)	24 (16.3)	18 (11.1)	1.47 (0.83, 2.60)
Gross Motor, *n* (%)	20 (13.5)	17 (10.6)	1.28 (0.70, 2.35)
Fine Motor, *n* (%)	18 (12.1)	16 (9.9)	1.22 (0.65, 2.31)
Problem Solving, *n* (%)	17 (11.6)	8 (5.0)	2.31 (1.03, 5.20)**
Personal-Social, *n* (%)	19 (12.9)	17 (10.6)	1.22 (0.66, 2.26)
	≥ 2 (*n*=60)	<2 (*n*=251)	
Communication, *n* (%)	12 (20.3)	30 (12.0)	1.69 (0.92, 3.11)*
Gross Motor, *n* (%)	12 (20.0)	25 (10.0)	1.99 (1.06, 3.73)**
Fine Motor, *n* (%)	9 (15.0)	25 (10.0)	1.51 (0.74, 3.06)
Problem Solving, *n* (%)	11 (18.3)	14 (5.7)	3.23 (1.55, 6.76)***
Personal-Social, *n* (%)	9 (15.0)	27 (10.9)	1.38 (0.68, 2.77)
	≥ 3 (*n*=39)	<3 (*n*=272)	
Communication, *n* (%)	10 (26.3)	32 (11.8)	2.23 (1.19, 4.16)**
Gross Motor, *n* (%)	9 (23.1)	28 (10.4)	2.23 (1.14, 4.36)**
Fine Motor, *n* (%)	8 (20.5)	26 (9.6)	2.15 (1.05, 4.40)**
Problem Solving, *n* (%)	6 (15.4)	19 (7.1)	2.17 (0.92, 5.10)*
Personal-Social, *n* (%)	8 (20.5)	28 (10.4)	1.97 (0.97, 4.01)*

* = p <0.1, ** = p <0.05, *** = p <0.01

Dose response relationship between Maternal ACE and risk for suspected developmental delay



Caregiver Trauma & Social-Emotional Health

- Retrospective cohort study of 1172 maternal-child dyads in early childhood home visiting program – examining relationship of maternal interpersonal trauma and ASQ:SE results.
- Interpersonal trauma associated with a 3.6 point higher ASQ:SE score, indicating higher developmental risk.
- Conclusion: maternal interpersonal trauma can negatively impact child social emotional development (but we still need to study why).

Folger, et al. Paediatric and Perinatal Epidemiology. 2017.

Stories from the literature – why parent trauma matters…

There is a correlation between parental ACEs and their child's developmental risk.

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Back to our Case: The Angry Mom

- Mom of a four year old boy… her main concerns are about behavior.
- Whenever mom disciplines her son, he laughs at her.
- As mom describes how frustrating she thinks this behavior is, you can see the veins popping out of her neck…

Understanding Developmental Stages

- I asked mom why she thought he was laughing.
  - Mom has a history of verbal abuse… she interpreted her son's laughing as humiliation.
  - After a minute or two, the boy would always apologize and say "sorry, mommy."
- I asked if maybe she thought he laughed because he was embarrassed… her shoulders immediately dropped.
- We then talked about ways to center herself when needing to correct his behavior… take a deep breath, remind yourself why you're doing the correction, and focus on your goal.

Punchlines

- Understanding children's development helps keep parents from misinterpreting their reactions.
  - Toddlers aren't mean, stubborn, selfish, spoiled, etc.

- Help parents understand that "kids do well when they can."

- The million dollar question: does this kind of open conversation and intentional intervention work to prevent child abuse?

Peripartum Mood Disorders

- Studies of Kindergarten Readiness demonstrate that exposure to maternal depression was associated with:
  - **Difficulties in social competence** (aRR = 1.28; 95% CI: 1.20–1.38),
  - **Poor physical health and well-being** (aRR = 1.28; 95% CI: 1.20–1.36)
  - And **poor emotional maturity** (aRR = 1.27; 95% CI: 1.18–1.37).
  - For most developmental domains, exposure to maternal depression before age 1 and between ages 4 and 5 had the strongest association with developmental vulnerability.

(Wall-Weiler, Pediatrics 2020)

Social Determinants of Health

“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.”

World Health Organization

Social Drivers of Health

- A majority (68%) of parents of children under 18 reports experiencing at least one social or lifestyle factor that limits their family's ability to live a healthy life.
  - Insufficient income / employment: 41%
  - Unsafe housing, communities, or exposure to violence: 34%
  - Poor schools and/or low-quality child care: 29%
  - Worried they'd run out of food: 23%
- 32% said they've missed at least one of their child's medical appointments in the last year because they were unable to get to it or pay for it.
- 30% said they don't have time to worry about their child's health unless it's a medical emergency.

(Redefining Health for the Well-Being of Children, Nemours Health, 2019)

"It's hard to be in relational mode when you're in survival mode."

Promoting SSNRs in caregiver-child dyads requires careful support of caregiver health and wellness, and helping build core skills.

#1: Reducing Sources of Stress

- One of the primary roles of pediatricians is to assess for, and address, barriers to safe, stable, nurturing relationships for our patients.
- Anything that distracts a caregiver from their ability to parent can impact early relational health.
- Common barriers include: caregiver trauma histories, peripartum mood disorders / mental health disorders, and social drivers of health.

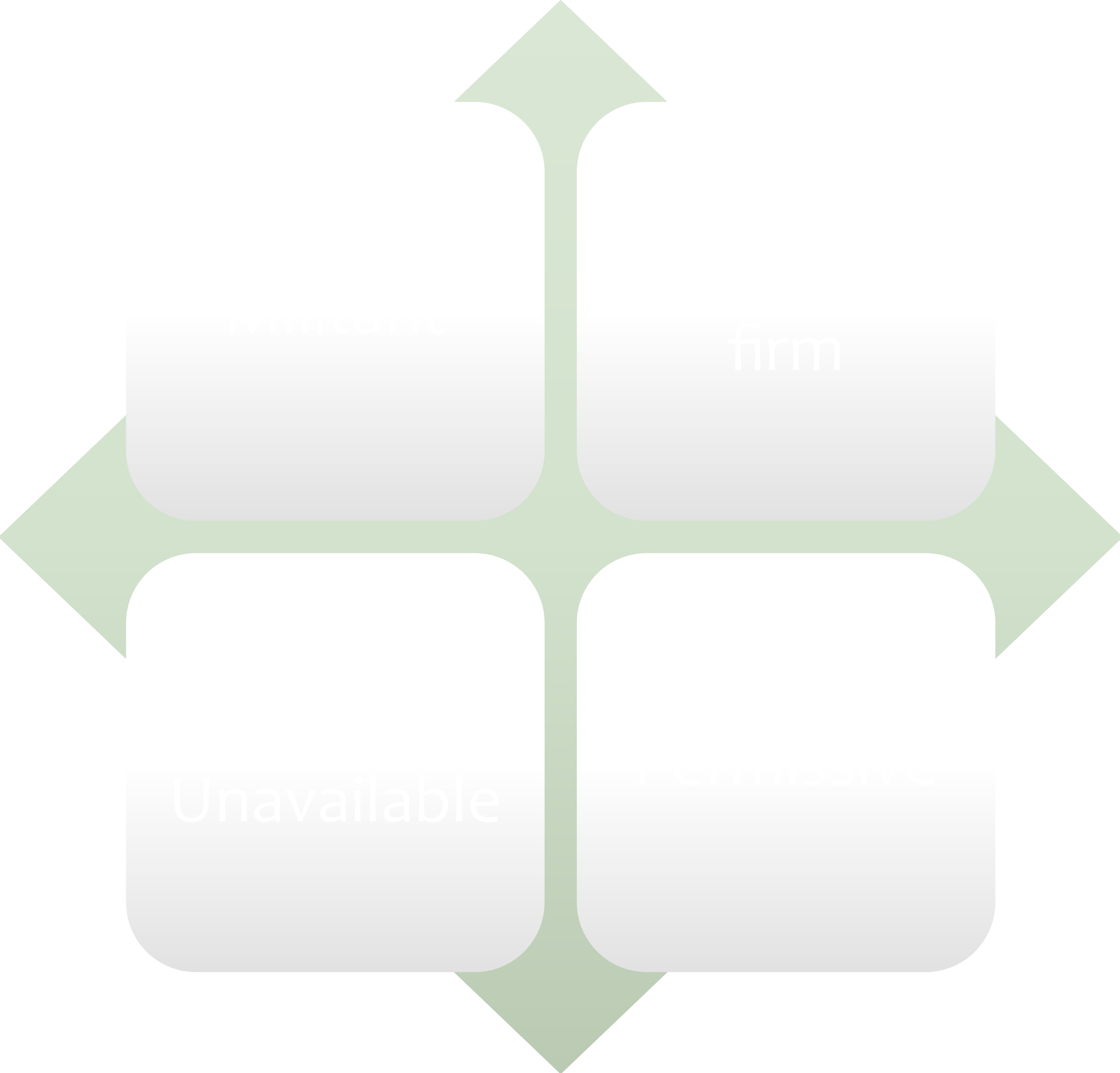
Potential Items to Implement

Subject Area	Easy	Medium	Advanced
Caregiver Trauma	Implement caregiver trauma surveillance questions	Combine with discipline intervention	Assessment Tool • ACEs & PCEs • IPV Screening
Caregiver Depression / Mental Health	Standard Assessment Tool • EPDS • PHQ/PHQ9	• Add Substance Abuse questions (from SEEK) • Add diaper insecurity questions	Expand into other age groups – e.g., SEEK or add to other standardized tools
Social Drivers of Health	Hunger Vital Sign	Expanded core domains • Food • Transportation • Housing	Broader screening tool • WECARE • PRAPARE • SEEK • SWYC

Surveillance Questions to Assess Caregiver Trauma

- Can you tell me how you were raised? What do you want to repeat with your kids, and what do you want to do differently?
- Did anything scary or upsetting happen in your childhood? How do you think that affects your parenting now?
- Can you tell me a little bit about your childhood? How was it overall?
- What did you learn from your parents that you want to bring to your parenting experience? What do you want to do differently?

Expectations



Empathy

The Power of Positive Childhood Experiences

- Adults with more PCEs have fewer mental health problems and better social systems.
  - Adults reporting more PCEs showed 72 percent lower levels of adult depression and/or poor mental health and were 3.5 times more likely to get the social and emotional support they need as an adult (Bethell, et al, 2019).
- More PCEs also associated in adulthood with better diet, fewer sleep problems, less substance use and less high-risk sexual behavior (Crandall et al., 2019 & 2020)
  - "When ACEs scores are moderate, counter-ACEs largely neutralize the negative effects of ACEs on adult health. Ultimately, the results demonstrate that a public health approach to promoting positive childhood experiences may promote better lifelong health."

Balancing ACEs: Asking About PCEs

- Before the age of 18, I…
  - Was able to talk with the family about my feelings
  - Felt that my family stood by me during difficult times
  - Enjoyed participating in community traditions
  - Felt a sense of belonging in high school
  - Felt supported by friends
  - Had at least two non-parent adults who took a genuine interest in me
  - Felt safe and protected by an adult in my home

- From Bethell C, et al (2019). JAMA Pediatrics 173(11), e193007

Rounding out the conversation

- Which of these positive childhood experiences are you most excited to have happen for your child?
- How are you doing with making that experience happen?
  - I’m doing great
  - I need some help with this
  - I don’t need to discuss this right now
- Is there anything that you think would be helpful for your pediatrician to provide right now?

#2: Support Responsive Relationships

- In the context of trauma, the difference between a tolerable stress and a toxic stress is the presence or absence of a safe, stable, nurturing relationship.
- Part of responsive relationships is helping caregivers navigate challenging behaviors – particularly within the context of trauma.
- For caregivers who have experienced trauma, there may not have been good modeling for how to understand a child's developmental context.
- Anticipatory guidance – one of our well visit mainstays – can be transformed to become "100 little conversations" about relational health.
- Remember the "5 R's": routines, regulation, reassurance of safety, reading the child, and relationship building.

Consider 100 Little Conversations…

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Routines

- Predictability of routines communicates safety to the child, and helps with co-regulation. "Kids like things boring!"
- After a major trauma, a rapid return to routines helps alleviate stress… but this means the routines have to be there in the first place.
- Shifting anticipatory guidance scripts to create relational health based routines helps to give more specific meaning to how we're counseling our patients.
- Key components of "stress health" include supportive relationships, sleep, nutrition, exercise, getting out in nature, mindfulness, good mental health.

From Anticipatory Guidance to Relational Health Intervention Opportunities

Stress Buster / AG topic	Conversation prompt	Intervention
Sleep	How is it going creating a good bedtime routine?	Literacy-based sleep routine Bedtime songs Picture charts for older kids
Nutrition	What opportunities do you have to eat together as a family? What do you talk about?	Highs and lows or Roses and Thorns Three good things
Exercise / Getting out in Nature	What opportunities do you and your family have to move your bodies together?	Brainstorm activities that they can do together as a family. Consider providing resources for safe play environments.
Mindfulness	What do you do to keep calm and in-control when faced with a challenge?	Belly Breathing Square Breathing Fall-off breathing
Good Mental Health	How is your child progressing on learning how to regulate emotions?	Physical touch / loving touches
Supportive Relationships	What opportunities do you have to spend one-on-one time with your child?	Time-ins, or Special time

Regulation & Reassurance of Safety

- To help children regulate, consider the developmental process:

  Model the skill → practice with the child → independent mastery
- In other words:

  Do it for me → do it with me → help me do it → I can do it alone
- Physical touch – toddlers who get 30 loving touches a day have fewer tantrums!
- Caregivers should consider themselves an “emotional container” when facing tough behaviors – remain calm, get down to the child’s level, and keep their voice soft and even.
- Voice modulation / “motherese” – for infants and toddlers, higher pitched, sing-song voice communicates safety; low-pitched sounds trigger danger.
- Breathing exercises help… consider working them into regular touchpoints, like dinner time, bedtime routine, driving to and from daycare / preschool.

Reading the Child

- Also known as "Keeping the Mind in Mind", or studying your child.
- "Don't get furious, get curious."
- Encourage parent or caregiver to step back when seeing a challenging behavior and reflect on what the child is thinking or feeling.
- Break it down into the "ABC" of behavior:
  - Antecedent (what happened right before the behavior?)
  - Behavior (what did they see, and what might it mean?)
  - Consequence (what did the child achieve through the behavior?)
- When witnessing a "big feeling", have parents name what emotion they saw, once the child is calm… this helps with emotional literacy.

Relationship Building: Time-Ins (aka "Special Time")

- Have caregivers commit to spending 5-10 minutes a day, one-on-one with the child, playing.
- During time-ins, the child chooses the activity (caregivers provide context for infants).
- Comment, praise, and describe constantly… but don't correct, question, or criticize.
- If a child does something disruptive, stop talking right away. Start talking as soon as they go back to the good behavior.
- Remember that time-ins are important for older kids as well… structure may change but the concepts remain.

Self-Care Intervention

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Other interventions: Mirror Neurons

- Explaining mirror neurons and “serve and return” interactions helps caregivers of young infants understand the importance of their interactions.
- Mirror neurons actually become active within about 45 minutes after birth.
- Can consider referencing the Still Face Experiment, or even sharing it with parents.

Bids for ~~Attention~~ *Connection*

- Based on term from John Gottman, in describing how adults engage with each other in their relationships.
- In infants and toddlers, some bids are obvious but others are more subtle.
- Also known as “being a baby observer”.
- When an infant or toddler does something, what are they trying to communicate?

#3: Strengthening Core Life Skills

- When asked, parents and caregivers who have experienced trauma are most interested in
  - Information about trauma & its effects,
  - parenting skills,
  - and parent support groups.
- Caregivers also want more information about social-emotional health, and how to promote it.
- Positive parenting skill-building, trauma education and developmental promotion are within our wheelhouse to address as pediatricians.

Executive functioning – what is it?

- "Mounting research from neuroscience and psychology tells us that there is a set of underlying core capabilities that adults use to manage life, work, and parenting effectively. These include, but are not limited to: **planning, focus, self-control, awareness,** and **flexibility**. To scientists, these capabilities fall under the umbrella of self-regulation and executive function."

- A lot of executive function coaching may feel out of our wheelhouse, but effectively supporting caregivers in positive parenting means they can model some of these skills to their children.
- Adopting a strengths-based approach to anticipatory guidance and counseling also helps positively impact executive functioning by improving feelings of self-efficacy.

- For example, telling a new mom that she's doing a good job improves feelings of self-efficacy that endures for several years!

What is Positive Parenting?

- Parent-child relationship that is “responsive to child’s needs and feelings and combines warmth and thoughtful, firm limit setting consistently over time”
- Therefore, positive parenting is positive in its:
  - Intention from the parent / caregiver
  - Regard for the child
  - Outcome for the behavior

Caregiver trauma and Parenting Skills

- From the psychology literature, we know that parenting styles are at least partly inherited – if a caregiver experienced harsh parenting styles, they're more likely to use those same techniques.
  - Modeling of good parenting skills.
  - Tendency to "revert to what you know" when under stress.
- That said, when asked about their trauma history, most caregivers state that they want to do differently for their child.
- Parents also know that social-emotional health is critical to their kids' success in school, but acknowledge that it's the area where they get the least advice and support.

Teaching families about Social-Emotional Health?

Social-emotional health refers to a child's ability to:

- Form secure relationships
- Experience and regulate emotions
- Explore and learn

And as such, is an important foundation for all other areas of development.

Positive Reinforcement, 5:1 ratio

- For every one time you have to correct or discipline a child, try to find five things that they are doing right.
- Reinforcing the good behavior – by giving attention for what you want to see – will help increase the good behaviors and decrease the bad ones.

50-100 Loving Touches a Day

Hugs and kisses

High fives

Shoulder rubs / back rubs

Fist bumps

Behavior A-B-C

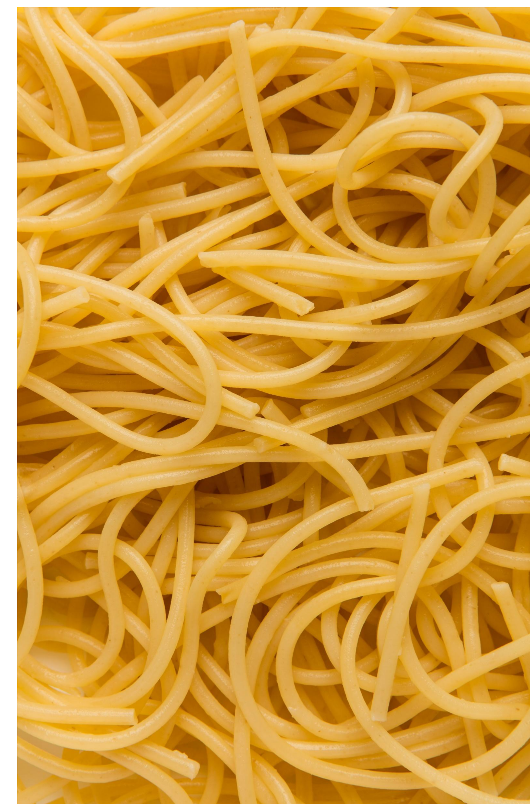
- When faced with a challenging behavior, encourage the parent to look at the behavior as though they were watching a movie of it.
- What happened right before?
- What happened right after?

Antecedent → **B**ehavior → **C**onsequence

- Helps parents to understand the context of the behavior and how to respond to it.

Name it to Tame it

- When witnessing a big behavior, encourage caregivers to name the emotion that they're witnessing once the child begins to regulate.
- Then follow up with a comment about what to do when feeling that emotion.
- When parents are having their own emotions, call it out, say what you're going to do about it, and invite the child to participate.
  - "I'm feeling really angry right now. I'm going to go for a walk (take big breaths, etc.) to calm down. Do you want to go with me?"

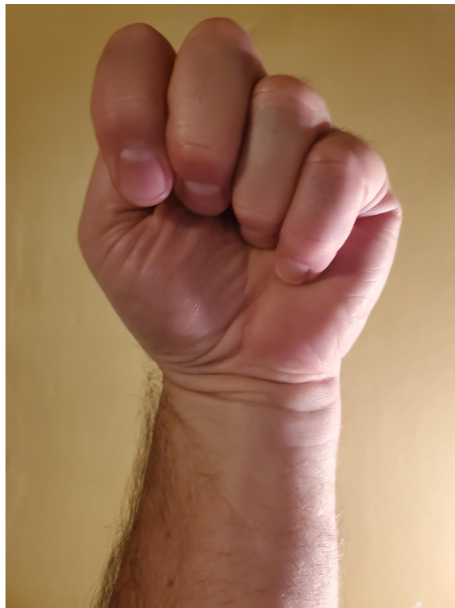


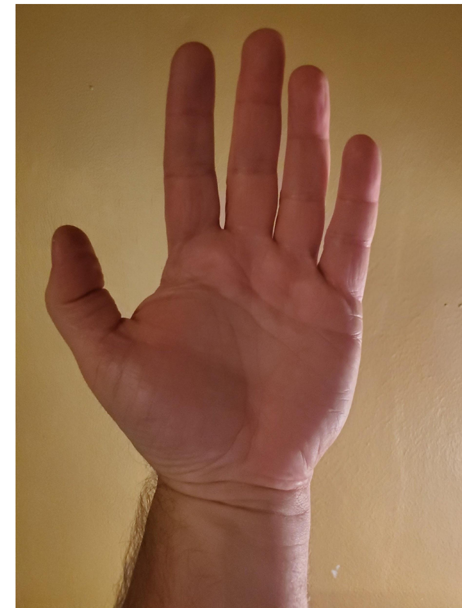
Time-ins

- Commit to spending five minutes a day, one-on-one with your child, playing on the floor.
- During time-ins, the child chooses the activity.
- Comment, praise, and describe constantly… but don't correct, question, or criticize.
- If a child does something bad, stop talking right away. Start talking as soon as they go back to the good behavior.

Regulate-Relate-Reason: Flipping your Lid

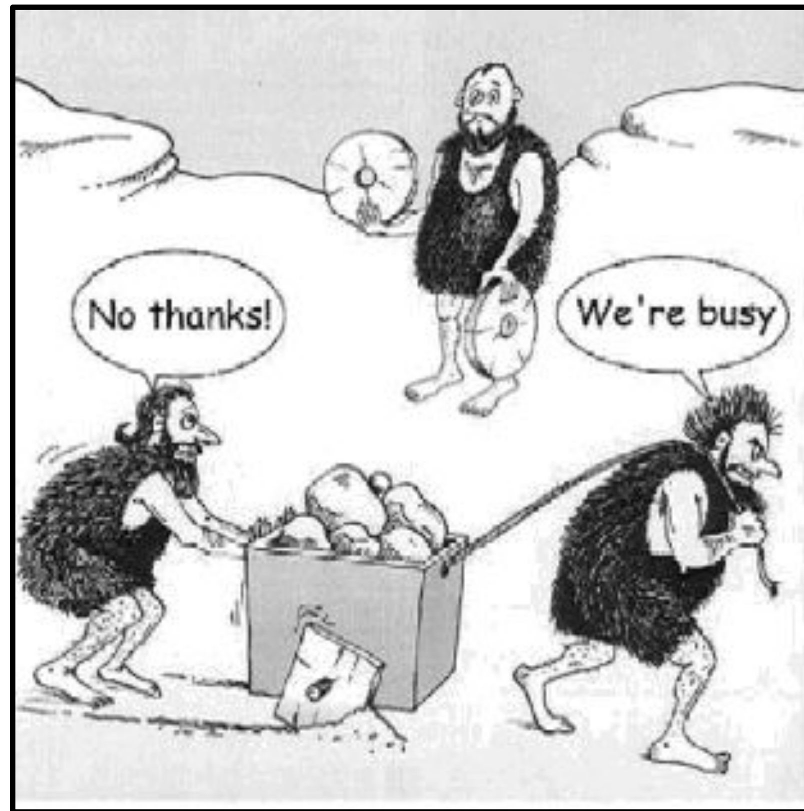
- From Dan Siegel's work – model for helping caregivers (and children) learn about emotional regulation.





But…

Primary care can't do it alone.



Adverse Childhood Experiences Prevention - CDC

Strategies

- Strengthen Economic Supports to Families
- Ensure a Strong Start for Children
- Teach Skills
- Connect Youth to Caring Adults
- Intervene to Lessen Immediate and Long-Term Harms

The Pediatrician's Role in Preventing Child Maltreatment – AAP Clinical Report

Universal & Targeted Interventions	
	Assessing risk and protective factors: Including relational health in history taking.
	Including relational health in anticipatory guidance.
	After maltreatment has occurred, preventing future harm.
	Socioeconomic support for families in need.
	Utilizing resources outside the medical facility.

U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents

Communities, Community Organizations & Schools	
	Foster dialogue about parental stress, mental health, and well-being in culturally appropriate ways.
	Equip parents and caregivers with resources to address parental stressors and connect to crucial support services.
	Create opportunities to cultivate supportive social connections among parents and caregivers.
	Elevate the voices of parents and caregivers to shape community programs and investments.
	Strengthen and establish school-based support programs.

U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents

Health & Social Service Systems and Professionals	
	Prioritize preventive care.
	Screen parents and caregivers for mental health conditions.
	Foster partnerships with community organizations that provide support and resources for parents and caregivers.
	Recognize parents and caregivers who are at a higher risk for mental health conditions.
	Support interdisciplinary partnerships between primary care and mental health professionals

U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents

Parents & Caregivers	
	Remember, caring for yourself is a key part of how you care for your family.
	Nurture connections with other parents and caregivers.
	Explore opportunities to secure comprehensive insurance coverage for yourself and your family.
	Empower yourself with information about mental health care.
	Recognize how mental health challenges manifest and seek help when needed.

Punchlines

- We have a lot of things to try to advocate for, including:
  - Policy changes
  - Concrete supports to families / caregivers under stress
  - Better coordination between health care, schools, CBOs
  - Better funding for primary care and community based organizations (and literally everything else)
  - And…

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Programs That Promote ERH

Positive Parenting / Parent Training Programs	Dyad Therapies (evidence-based for trauma treatment)	Social Support Programs
• Triple P • Conscious Discipline • The Incredible Years • Safe Care • Chicago Parent Program • Healthy Steps	• Parent-Child Interaction Therapy (PCIT) • Attachment and Biobehavioral Catch-up (ABC) • Child-Parent Psychotherapy (CPP) • Circle of Security	• Nurse Home Visitation Programs (Nurse Family Partnerships, Healthy Families) • Family Check-Up • Promoting First Relationships • Child First

Supporting Families

- Screen for risks
- Identify strengths and support resilience
- Refer when needed

- But more importantly… **change the culture of practice**.
  - Radical acceptance… suspending judgment, blame and stigma.
  - Recognize that children develop in the context of a healthy family.
  - Remember that resilience is learned and improved upon in relationships… it can't be done alone.

The Road Ahead

- How do we ensure social-emotional PROMOTION in our support of families, rather than just responding to a screen that identifies a patient or family as “at-risk”?
- How do we help parents and families understand social emotional health – and the concept of SSNRs – and their roles in wellness?
- How do we create a culture where parent trauma, social determinants of health, and other barriers to SSNRs are just part of the way we do business in primary care?
- How do we collectively – primary care providers and CBOs – respond appropriately to family needs?

On Being a Snowflake…

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