



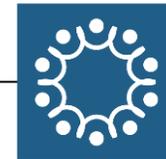
Early Relational Health (ERH)

An Introduction

David W. Willis, MD FAAP
Senior Fellow
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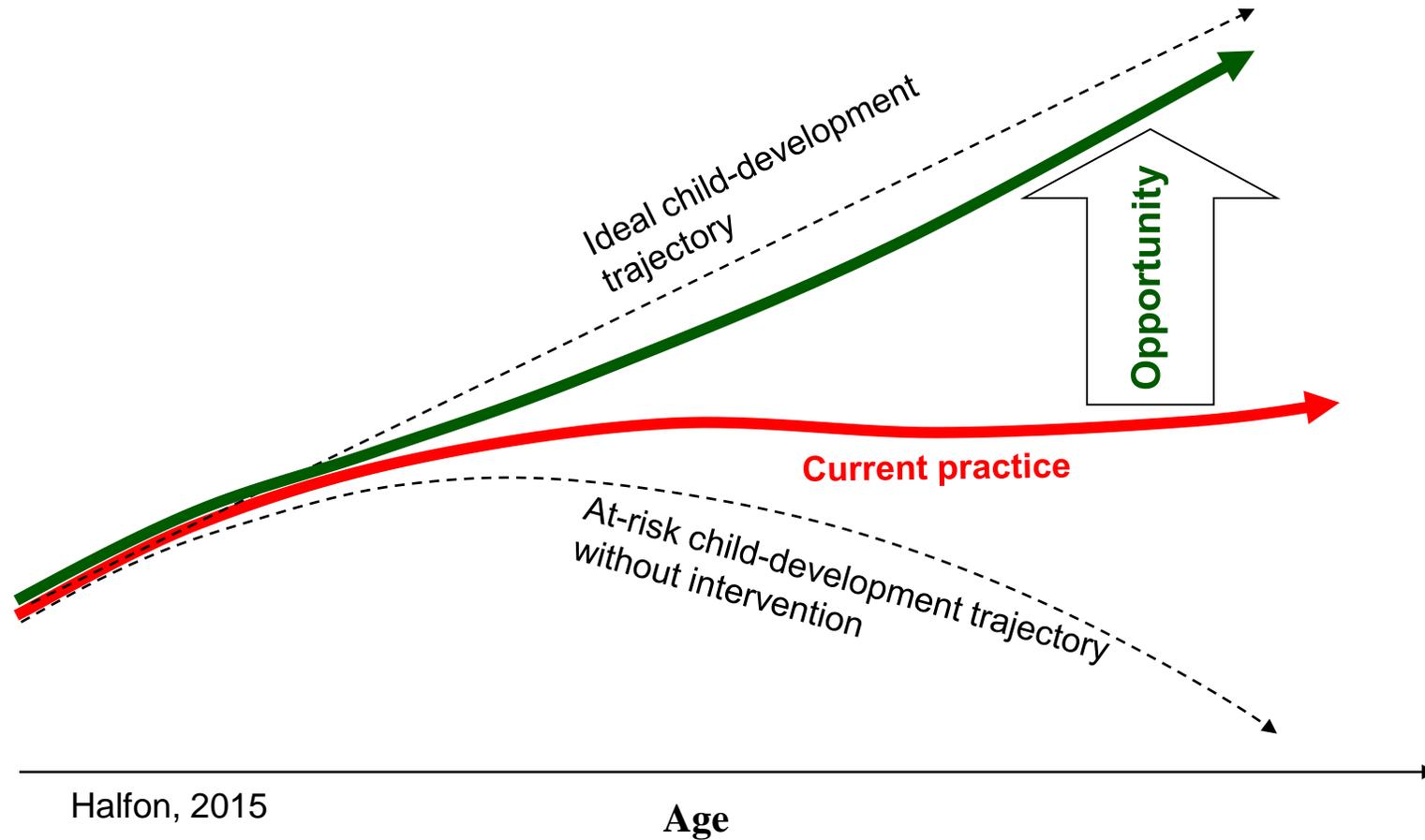
**Center for the
Study of
Social Policy**
Ideas into Action





Optimizing Healthy Development

Addressing the factors shaping healthy developmental trajectories over the lifespan



Halfon, 2015

Age



The Core Story of Child Development

- Early experiences in life build “brain architecture”
- Children develop in an **environment of relationships**
- Genes and environments interact to shape the architecture of the brain
- Cognitive, emotional and social capacities are inextricably intertwined
- “Toxic stress” and adverse experiences derail healthy child development
- Brain plasticity and the ability to change behavior decrease over time

National Scientific Council on the Developing Child, 2015

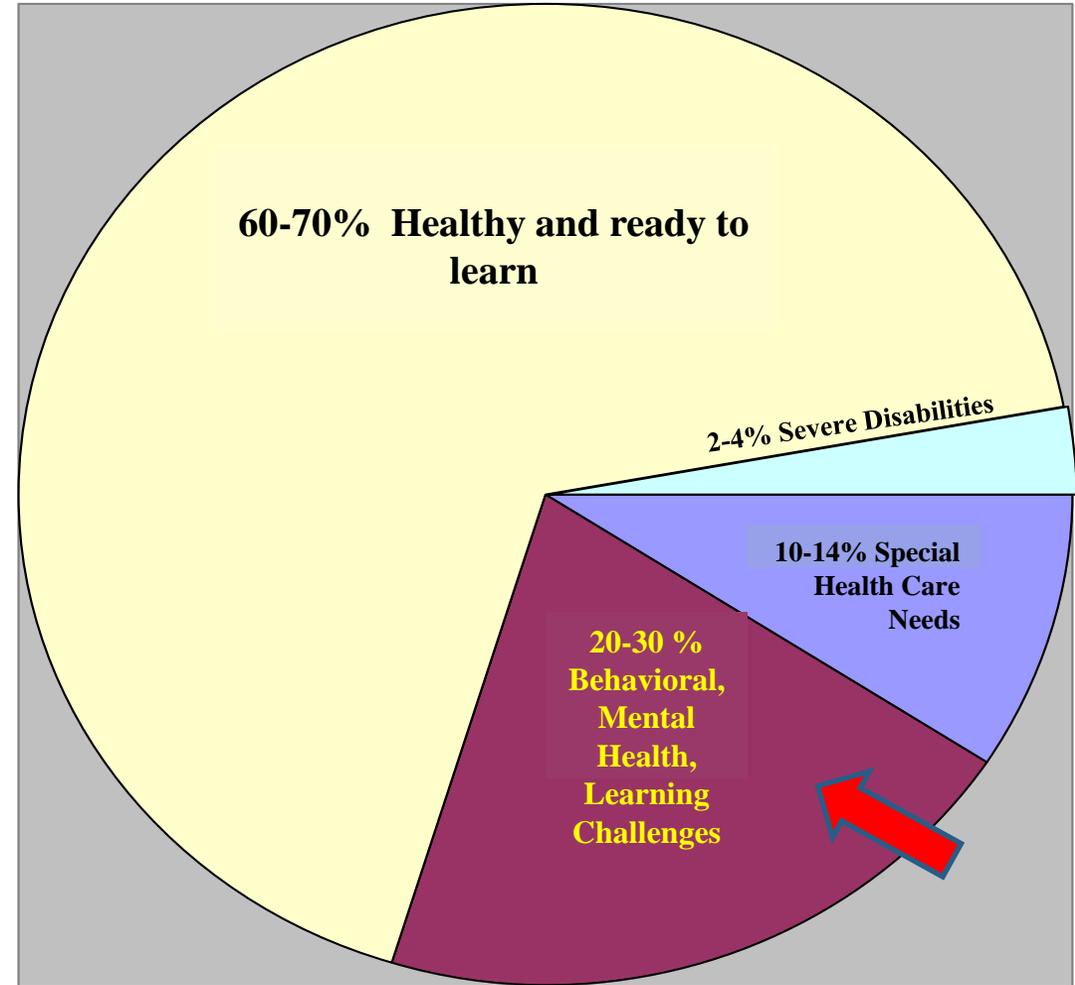


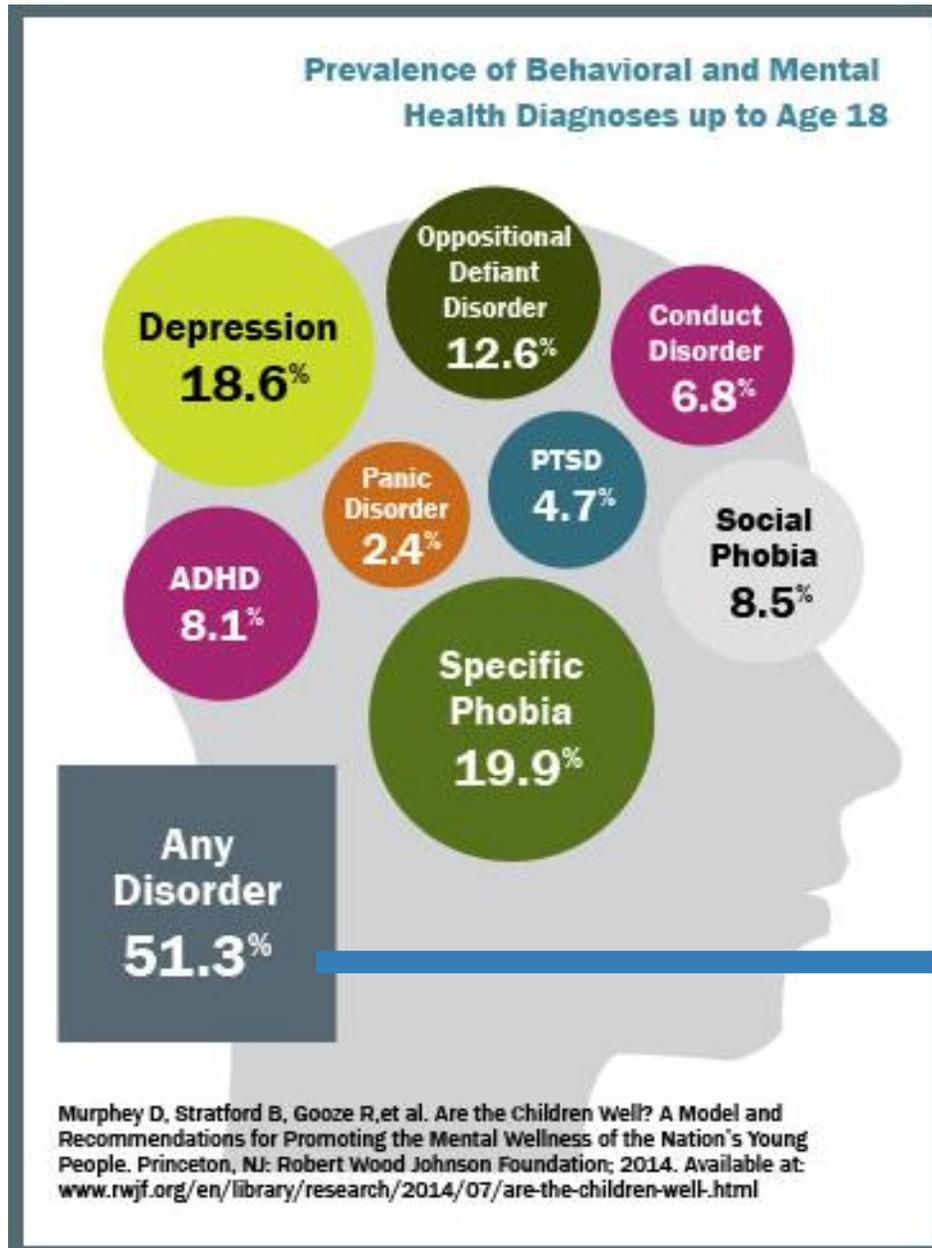
What's the picture of our nation's young children?

- 6.8 million children under 3 (61%) have at least one risk factor for poor health, social, or developmental outcomes.
- 5.7 million children under age 3 (48%) live in low-income families.
- At age 2, children in the lowest socio-economic group are behind more affluent children in measures of language, cognitive abilities, and attachment.
- 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder
- 2017-2018 WaKIDS data showed only 43.2% of kindergarteners showed “social-emotional skills expected of 5-year-olds”.



Population Health: Young Children





Psychopathology Drivers:

- ACEs and Trauma
- Neglect
- Insecure attachment
- Parental Mental Illness
- Genetics

Lifetime Prevalence among 18 yrs. olds.

By age 18, nearly 51.3% of youth will have had one or more diagnoses at some point in their lives!



Predictors of Poor School Readiness in Children without Developmental Delay at Age 2

- Four variables were both predictive of academic and behavioral risk:
 - **Parental education below bachelor's degree**
 - **Little/no shared reading at home**
 - **Food insecurity**
 - **Fair/poor parental health**
- Analysis of longitudinal data from ECLS-B (N=6350)
- Excluded children likely eligible to EI (N=1450, 13% e.g. DD, LBW, prematurity)
- 24% of all 2 yr. olds were ineligible for EI at 2 yrs. of age but still had poor academic or behavioral outcomes at school entry (N=1350)
- BW and Gestational age was not predictive

Nelson, B., et al, Pediatrics 2016



Exposure to Poverty and Early Childhood Outcomes

- Linked administrative databased of 46,589 children in Manitoba, Canada, 2000-2009 to age 7.
- Five outcomes assessed:
 - School readiness between ages 5 and 7
 - Placement in out of home care
 - Externalizing MH problems
 - Asthma
 - Hospitalization for injury
- Children born into poverty had greater odds of not being ready for school and higher rates of these outcomes than children not born into poverty
- And for those born in neighborhood poverty, the odds of school readiness were higher only if children moved before age 2.
- **CONCLUSION: The level of poverty (household or neighborhood) and its duration modify the relationships between poverty and childhood outcomes**

Roos, L. Wall-Wieler, E., and Lee, JB, Pediatrics, 2019



The Two-Generation Continuum



Two-generation approaches provides opportunities for and meet the needs of children and their parents **together**



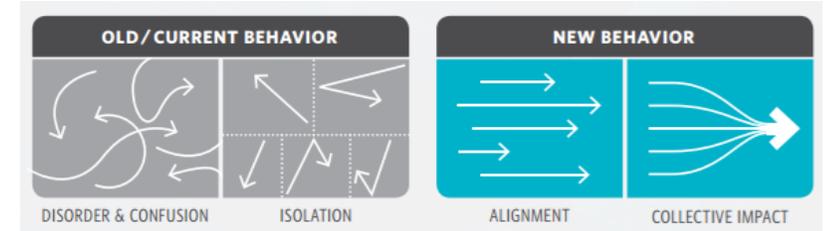
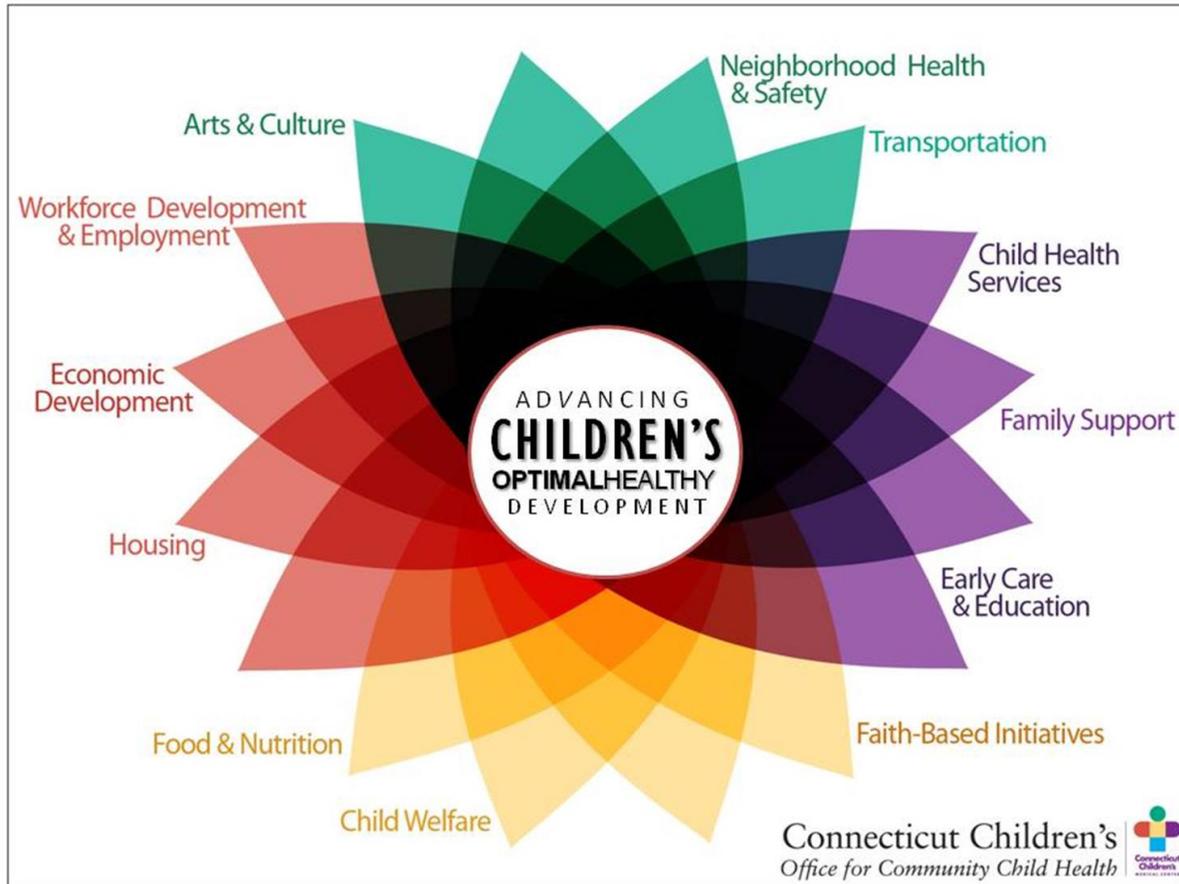
Maternal Wellbeing:

Hope, recovery and resiliency

- Postpartum depression screening in pediatric care
- Integrated behavioral health and dyadic therapy
- Parenting supports in primary care and community
- MIECHV and advancing home visiting
- Public attention to maternal mortality
- CDC and ACOG focus on preconception and 4th Trimester
- Advancing community health workers, doulas and peer supports
- The advancing science of trauma and recovery



Early childhood system building with a place-based focus



and Impact
Families Building to
Engagement + Systems
System Collective Sustainable
Communities Our Sustainability
Engaging Partners path



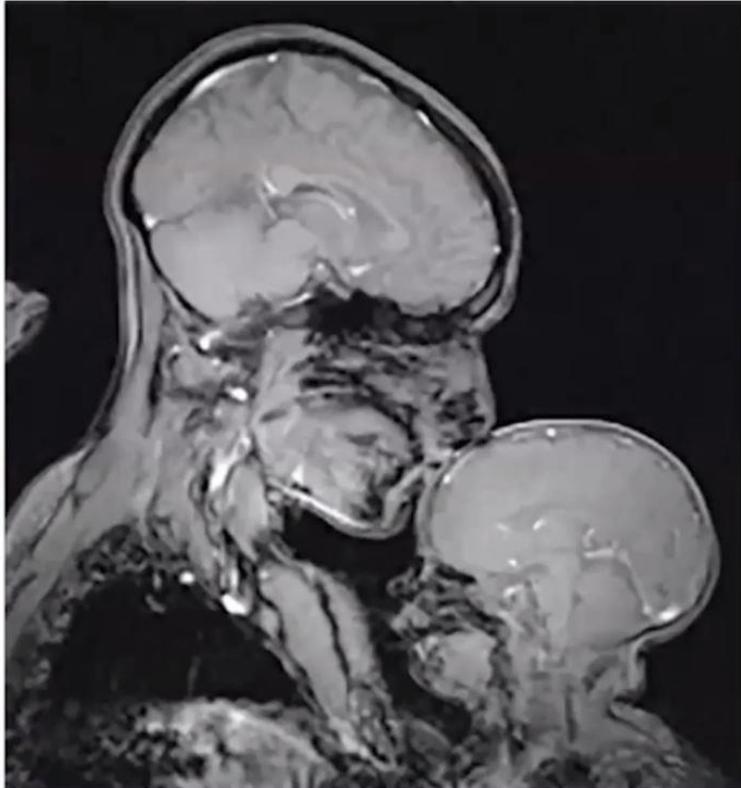
“Early Childhood requires nurturing care....

***....health, nutrition, safety and security,
responsive caregiving, and early education.”***

The Lancet *Early Childhood Development Series*,
2016



The ascendance of Early Relational Health (ERH)



R. Saxe, 2017

"All of the research [on ACEs] is telling us that relationships are healing."

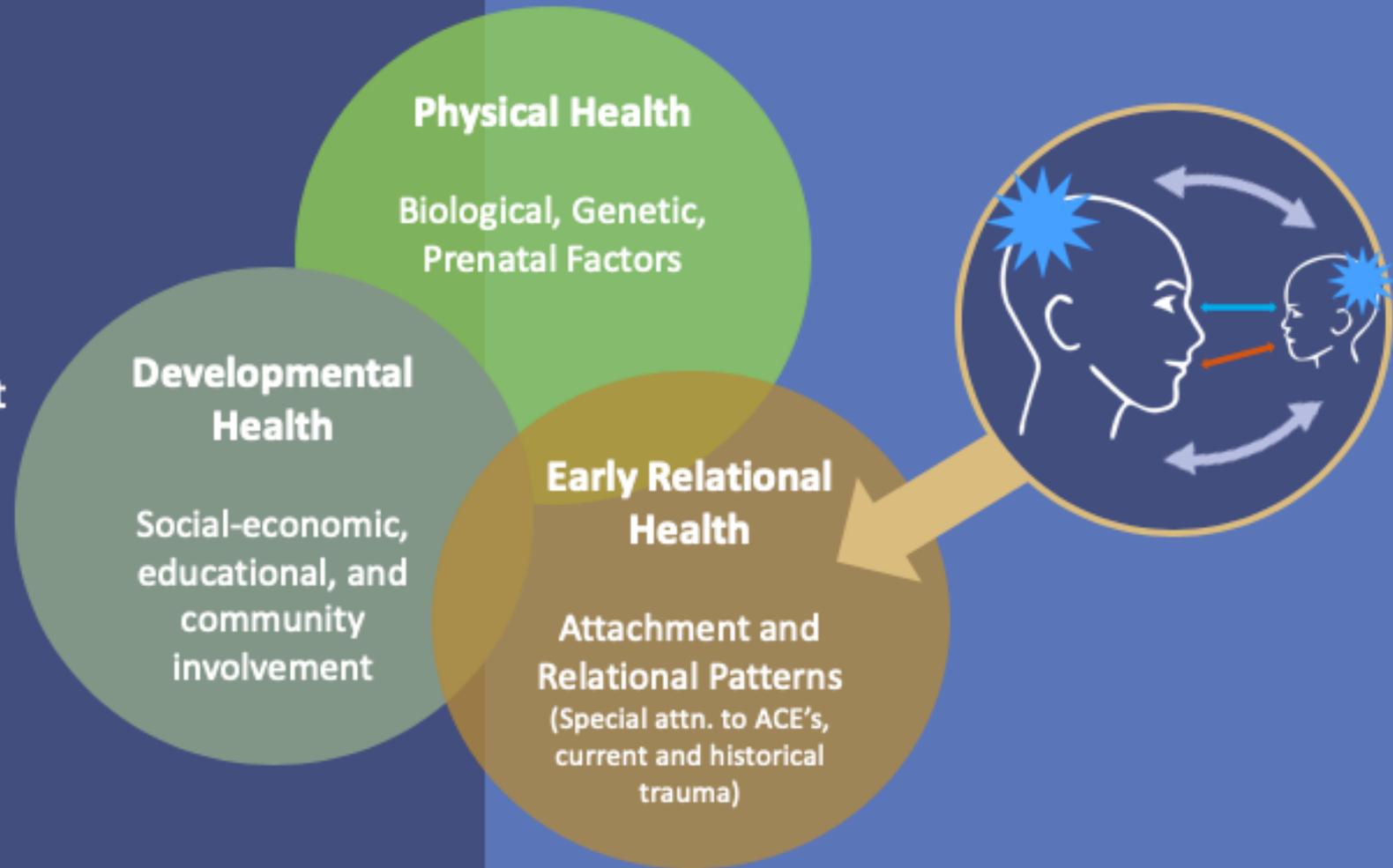
Nadine Burke Harris, MD

Center for Youth Wellness, SF
CA Surgeon General

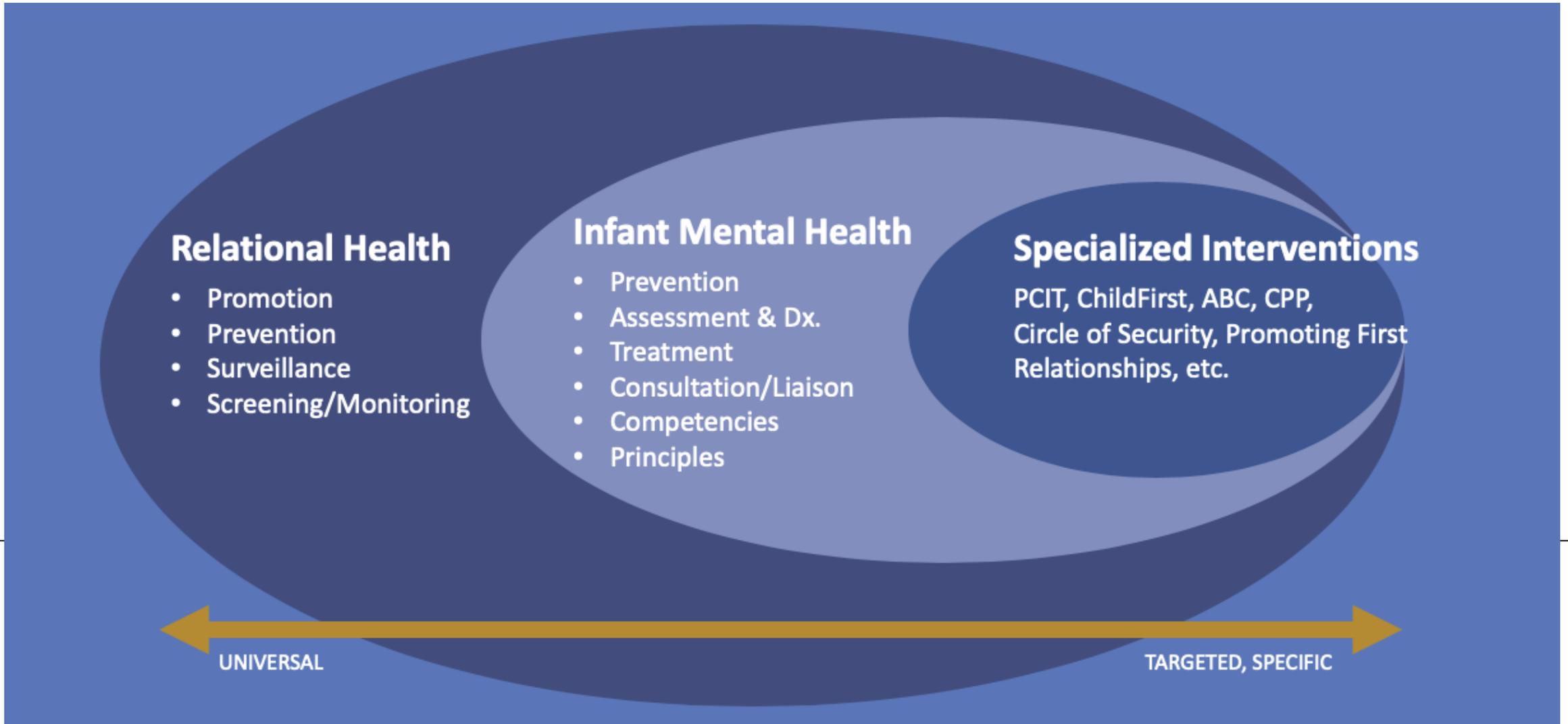


Early Relational Health

Early Relational Health is a multi-dimensional and dyadic construct established by the caregiver-child interactions during the First 1000 Days of life that build lifelong health, early learning, social-emotional capacities, self-regulation and resiliency.



Early Relational Health





And the concept of ERH

- Is not just about mothers and babies and attachment/bonding
- Includes all caretakers and relationships – fathers, extended family members, childcare providers, and siblings/peers
- Is respectful of multi-culturalism and culturally-based EC practices
- Is not about parenting, but about early family relationship building
- Is strength-based and not about finding another quality for parents "to fail at"
- Is compatible with the concepts of brief high-quality moments of the relational interactions in ECE
- Provides explorative opportunities across sectors of policy, communities, professionals and parents/caretakers



Bio-behavioral synchrony and dyadic neurodevelopment

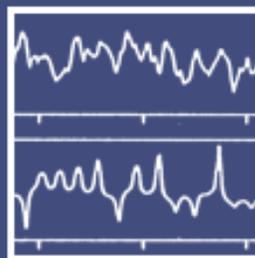
Bio-behavioral synchrony in human attachments



Behavioral Synchrony

Synchronized behavior in gaze, affect, vocal, and touch

Mother-specific
Father-specific



Heart Rate Coupling

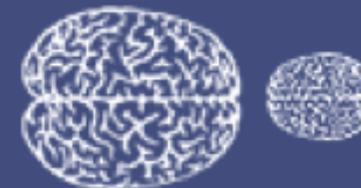
Synchronized HR during synchronized interactions



Endocrine Fit

Coordinated OT response following contact

Coordinated cortisol response to stress



Brain to Brain Synchrony

Coordinated brain oscillations in alpha and gamma rhythms

Feldman, Ruth., The Neurobiology of Human Attachments, Trends in Cognitive Science, Feb 2017.



<https://youtu.be/buikyhSz3i0>







Early Relational Health Development

Mutual Attention 2-3mo



Mutual Engagement 2-3mo



Mutual Responsiveness 2-4 mo.



Mutual Enjoyment 3-5mo



Early Relational Health Development

Mutual Pacing 4-6mo.



Mutual Initiation 7-10 mo.



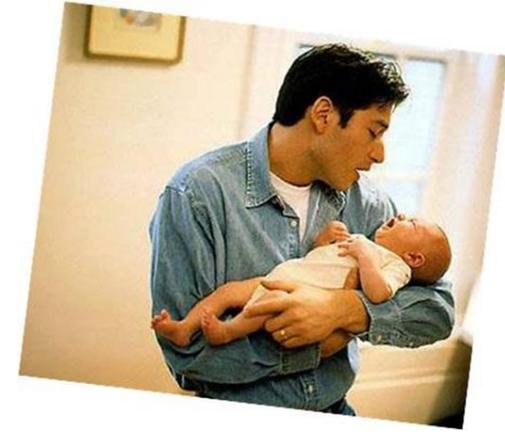
Mutual Imitation 9-12mo



Shared Goal 15-18mo.



Early Relational Health



- A dyadic and two-generational focus
- A bidirectional perspective for parent-child development with the centrality of shared positive affect
- Foundational to equity, resiliency, recovery and protection
- Health, early learning, and social-emotional competencies are outcomes of ERH
- Science-based, strength-based and family-centric
- Recognizes cultural variability in parenting, but sees ERH as universal
- A paradigm shift for early childhood, society and our culture



Early Relational Health in action: In child health systems



- Reach Out and Read (ROR)
- Promoting First Relationships in Pediatrics (PFR)
- Video Interaction Project (VIP)
- Early Relational Health Screen (ERHS) and video feedback
- Welch Emotional Connection Scale (WECS)
- Filming Interactions to Nurture Development (FIND)
- Healthy Steps and DULCE



MIECHV Program





Early Relational Health in action: ERHS Video review in primary care

THRIVE WITH YOUR BABY CLINIC

Do you have a baby between 3-14 months of age?
Let's Make a Movie of You and Your Baby!

DAY, MONTH XX, YEAR at X:XX a/p.m.
At Briarwood Center for Women, Children, and Young Adults



PLAY TOGETHER. WATCH TOGETHER. LEARN TOGETHER.

zero TO THRIVE
734-232-0547, zerotothrive@umich.edu
zerotothrive.com

Get to know your baby.
Sign up at the front desk



Promoting Relational Health in Primary Care through Brief Video Feedback Review



What is relational health?

Early relationships are the foundation for infant social, emotional, and cognitive health and well-being. Positive, involved, nurturing early parent-child interactions across the first 1000 days lay a foundation for developmental success.



Why does relational health matter?

Stress and challenging experiences are a normal part of life for all families. Strong relationships with caregivers can help lessen the impact of stress and trauma on children and can help them feel safe. Responsive parenting promotes resilience in children.

Why make a video of a parent and baby interacting?



Every time a parent and baby visit the doctor, the provider checks the baby's vital signs—heart rate, blood pressure, and temperature. The Relational Health Screen is a new video-based vital sign that primary care providers are using to strengthen positive parenting and to connect families with extra support.

How will the video be made?

Starting at the 6 month well-child visit, the clinician makes a short video of the parent and child playing together. After the video is complete, the clinician asks the parent—the expert on the child—about his or her impressions of the play time. Then, the parent and clinician review the video together. They look for moments of enjoyment and engagement, and they wonder together about any confusing or difficult moments. If the parent wants additional support in developing his or her relationship with their baby, clinicians help connect them to programs in their community. They also discuss upcoming Relational Health Screenings at 12 months, 18 months, and 24 months of age. It is a fun process that many families have found helpful



Questions?

Please email Natalie Burns, LMSW at the University of Michigan
Department of Psychiatry: Neburns@med.umich.edu

Kate Rosenblum, PhD, Univ. of Michigan



Early Relational Health in action:

In early childhood, place-based communities

- Evidence-based home visiting
- Teaching “High quality moments of interactions” *in ECE*
 - <https://www.simpleinteractions.org/>
- Bridgeport Prospers - *in an all-in community effort*
 - Baby Bundles Strategies
- Project Nurture – *in perinatal opioid use disorder (OUD)*
 - <https://www.myoregon.gov/2019/04/03/project-nurture-a-path-forward-for-mothers-living-with-substance-use-disorder/>



Early Relational Health: toward the future

Programmatic impacts

- Home Visiting
- Redesigned pediatric medical home
- Early care and education programs
- Child welfare

Population health and developmental impacts

- Improved health and development disparities
- Improved kindergarten readiness
- Preventative mental health
- Breaking the generational transmission of ACE's
- Bending the cost curve of health



Cultural context challenges

“Hyper-individualism”

“The crisis of connection”

“Social fragmentation is the core challenge of our day.”

David Brooks, NYT



Person- and object-directed parent-infant interactions

Developmentally significant because they promote children's later competencies:

- **Person-directed interactions** relate to social-emotional development
- **Object-directed interactions** relate to children's cognitive and communication development

Observed maternal initiation vs. responsiveness in dyadic interactions was correlated with cultural value of individualism

Cote and Bornstein, 2018

Bornstein, Cote, and Kwak, *Infancy*, 2019.



Early relational health is about advancing a model that.....

- Builds social emotional competences in children (and in society) through positive family child interactions (social competence)
- Intentionally strengthens the relationships of “the first 1000 days”
- Is not one program, but an “all-in approach” across all place-based, community efforts with young families
- Expands the social capital in a community to support all families
- Is strength-based and builds resilience and recovery in face of trauma
- Is not about teaching parenting, but about developing healthy relationships
- Is a mind shift to a relational focus

Questions and discussion

