Perspectives on Early Relational Health Video Discussion Guides
About the Video Series
The Perspectives on Early Relational Health Series brings together a diverse group of parents, pediatricians, researchers, and providers to share their perspectives on why Early Relational Health matters, and what they are doing to support and promote foundational early relationships. We hope these conversations inspire new insights and motivate you to join us in our collective movement to support healthy early relationships, so every child and their caregivers thrive—now and into the future.

All four videos, and related resources for each session, can be found at https://cssp.org/perspectives-on-erh-series/.

How to Use the Discussion Guides
We encourage you to watch one or more of the videos with a group of colleagues, partners, or community members. You might watch a video as a group or individually, prior to a meeting. A set of questions is provided to provoke discussion among groups after watching each video.

As a facilitator, choose the questions that you think will prompt a rich discussion for your group. Feel free to adapt the questions to your group or to add your own! You may choose to share the discussion guide with your group or simply pose the questions and see where the conversation goes.

Tell Us How It Goes!
We are curious to hear about how you use the videos and discussion guides, and what conversations and activities take place as a result. Please send an email to ERH@cssp.org to tell us all about it!
Discussion Guide: Session 1
The Principles and Framework of Early Relational Health

1. What are your main takeaways about Early Relational Health?

2. Where can you identify Early Relational Health in your own experiences (personal, professional)?

3. Policy level: In what ways can our work contribute to building communities and environments that support ERH?

4. Individual level: What are some ways to center family perspectives and experiences to build trust and partnership with families in direct practice?

5. Reflect on what it looks like to use the individual caregiver/family voice to build a plan, instead of it being driven by the professional working with the family.

6. What long term outcomes do you hope for in improving Early Relational Health for the next generations?
1. What stood out to you the most in this conversation?
2. When you are working with a family, what does ERH support look like? What questions could you ask?
3. Reflect on what it means to “regulate, relate, reason.” What does that look like for you, and how might it look different for a parent? For a child? How do you self-regulate?
4. What might an ideal “therapeutic alliance” team look like to you?
5. How can all of us be part of that team in better supporting families in ERH/development?
6. What are some systemic, structural, physical or individual barriers to ERH? What contributes to destabilization and disconnect?
7. What are some of the positive influences on ERH? What contributes to resilience and connection?
1. What stood out in the video?

2. Consider “universality without uniformity” in sensitive caregiving: What is universal about the needs and capacities of young children and adult caregivers?

3. Consider health equity, cultural humility, and antiracist practice: How can the bidirectionality of child-caregiver relationships insulate against structural adversities?

4. What are some structural and environmental barriers in caregivers’ lives that might be getting in the way of building ERH?

5. What can we do to address barriers and ensure that all caregivers are supported in building their capacity to provide nurturing care and develop ERH with their children?

6. Think of the people that were involved in your own early childhood experience, or your children’s. What message would you to give to those caregivers now?
Discussion Guide: Session 4  
Parent and Provider Relationships Grounded In ERH  

Dr. Dayna Long  
Nai Pharn  
Jerome Traylor  

1. What resonated from this video?  
2. What can we as a health community do to better support families?  
3. How do staff build trust with parents and families?  
4. What steps can we take to move toward a future state where we lift up the voices of families in policy and practice?  
5. What approaches are most effective and meaningful in building relationships where parent voices are centered?  
6. It’s clear that the Resiliency Clinic benefits parent participants. How do you think it benefits the providers and clinic staff?  
7. What are your reflections about this team working together – pediatrician, community health worker, and parents?