

BUILDING RESILIENCY

A PEDIATRIC
MENTAL HEALTH SUMMIT



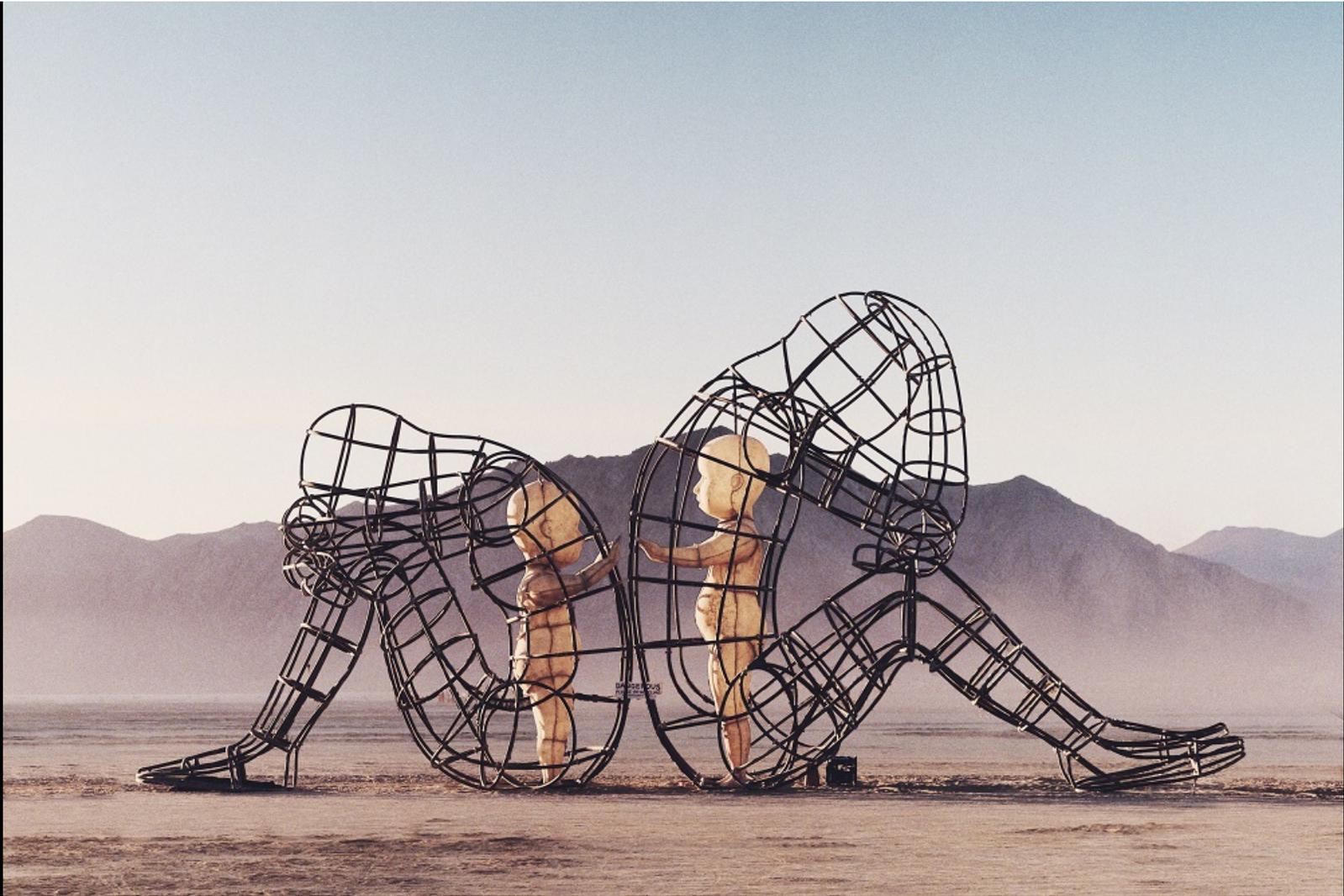
#BuildingResiliency19



MIKE DEWINE
GOVERNOR OF OHIO



Sarah Buffie
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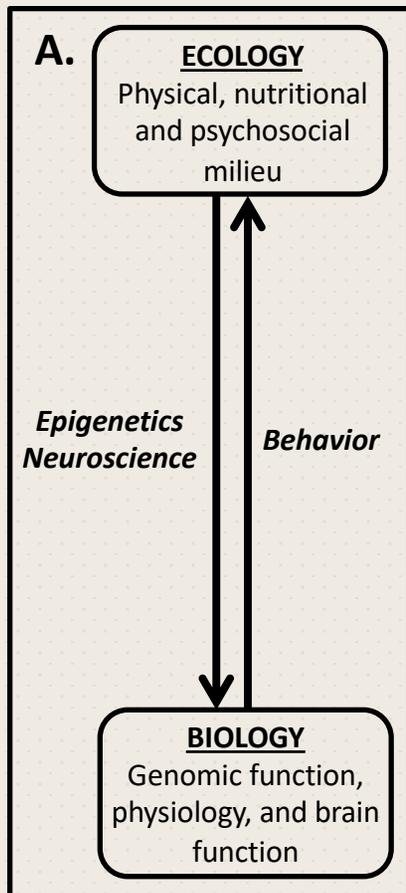
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RESILIENCE IS ABOUT RELATIONSHIPS



Andrew Garner, M.D., Ph.D., F.A.A.P.
University Hospitals Medical Practices,
Clinical Professor of Pediatrics,
CWRU School of Medicine

Eco-Bio-Developmental

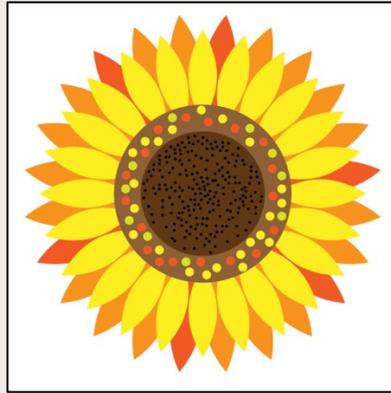


A Few Implications:

- No artificial distinction between physical and mental wellness
- Biological changes due to an on-going & cumulative dance between eco/bio
- Judging those changes as adaptive / maladaptive depends on the context
- To improve developmental outcomes, we must first **change the context!!!!!!!**

Slide adapted from Garner A, 2016. Thinking Developmentally: The Next Evolution in Models of Health. *J Dev Behav Pediatr* 37:579-584. Used with permission.

**“WHEN A FLOWER DOESN’T BLOOM,
YOU FIX THE ENVIRONMENT IN
WHICH IT GROWS,**



NOT THE FLOWER”

Alexander Den Heijer

Promoting Relational Mode

“In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have

an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last and always.”

- Urie Bronfenbrenner

Caregivers in Survival Mode

STEP 1: Provide Social Supports,
Meet Caregiver Deficiency Needs

Social Determinants of Health,
Unmet Caregiver Deficiency Needs

Caregivers in Relational Mode

STEP 2: Develop **Safe, Stable and
Nurturing Relationships** with Child

*Healthy Child Attachment
to the Caregivers*

Child in Relational Mode

STEP 3: Promote Develop-
mentally Appropriate Play

*Foundational Social,
Emotional & Language Skills*

Scaffolding of New Skills

Nationally, only **40.3 %** of children are “**flourishing**”
(curious, complete tasks, are in control when faced with a challenge)

Percent flourishing, by Family Resilience & Connection

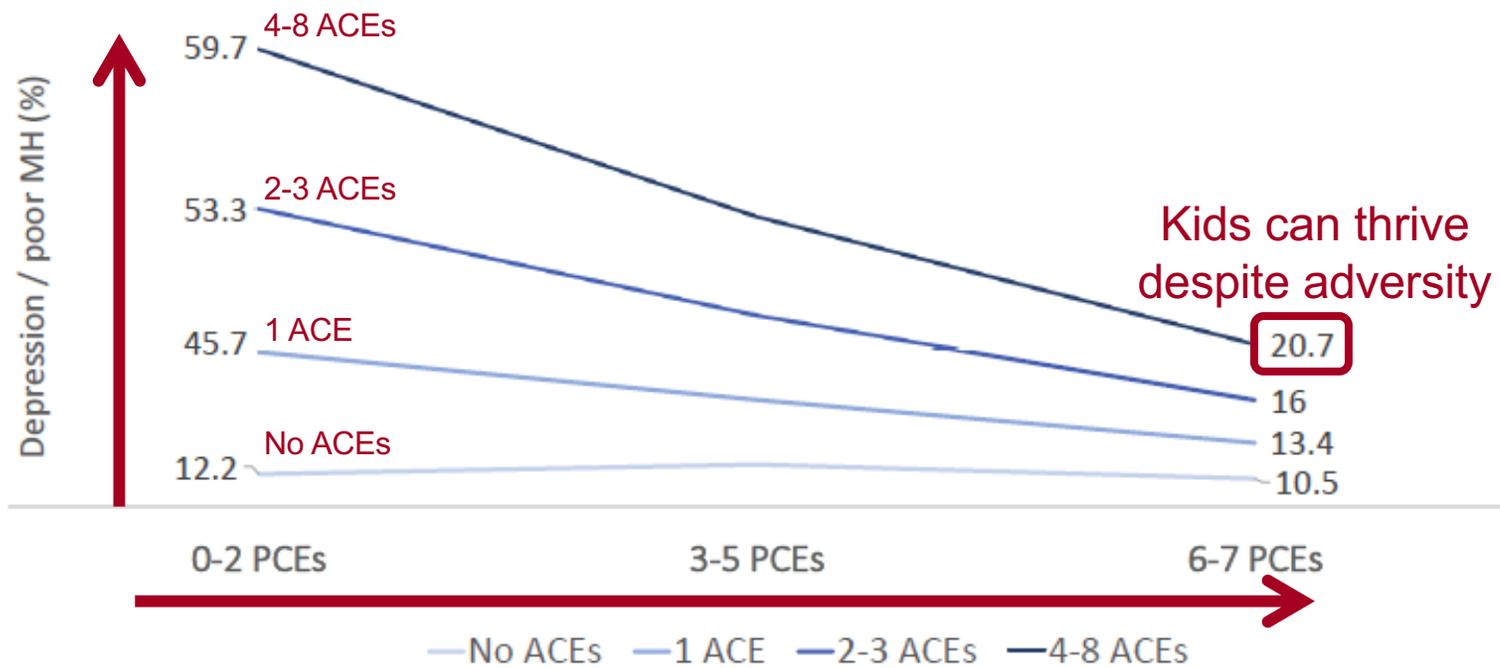
	<u>0 or 1</u>	<u>2 or 3</u>	<u>4 – 6</u>
All children:	21.5	38.1	51.5
Number of ACEs:			
0	26.8	44.3	57.6
1	20.1	36.6	48.4
2 or 3	16.8	30.6	40.8
4 – 9	11.9	21.6	30.5

Bethell et al., 2019. *Health Affairs* 38:729-737

**IF WE ARE ONLY LOOKING AT ADVERSITY, WE ARE MISSING THE POINT:
ALL KIDS NEED RELATIONAL HEALTH TO FLOURISH**



Positive Childhood Experiences Mitigate ACEs Effects



Bethell , Jones, Gombojav Linkenbach and Sege. *Positive Childhood Experiences . . . JAMA Pediatrics* 2019

SUMMARY:

- 1) Kids are like **chameleons**: they adapt to their **context**
- 2) Changing the context requires a **2-gen policies**
- 3) **Resilience** is about **relationships** (not always parental):
 - SSNRs **buffer adversity** when it occurs
 - SSNRs build the child's **capacity for resilience**:
to respond to future adversity in an adaptive, healing,
and even growth-promoting manner

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