Small Moments Big Impact

A relational health tool

Cyndie Hatcher, MD, MPH

Co-Director of Small Moments, Big Impact

South Carolina Chapter

INCORPORATED IN SOUTH CAROLINA

American Academy of Pediatrics

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Disclosure Statement

No conflicts of interest

***Contributions by*:**

- GBH public television (partnership for app version)
- Parents who were co-developers

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Learning Objectives

1. Define Early Relational Health (ERH)

2. Understand the biological implications of childhood psychosocial adversity and the role of early relational health (ERH)

3. Describe the **Small Moments, Big Impact tool** and its on families and healthcare providers

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Questions

What is early relational health?

A. An array of biological changes that occur at the molecular, cellular, and behavioral levels when there is prolonged or significant adversity in the absence of mitigating social-emotional buffers

B. A framework that explores the role of early relationships and experiences in healthy development.

C. A paradigm that supports the development and maintenance of safe, stable, nurturing relationships across the life course.

D. B and C

E. None of the above

Questions

What are the barriers, if any, to quickly building trusting relationships with patients in your practice?

A. Time
B. Language differences
C. Administrative tasks
D. Burnout
E. Other

Would you be interested in using this relational health tool in your practice?

A. Yes
B. No
C. Maybe


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What was it like for you when someone special held your baby for the first time?

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

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

Andrew Garner, MD, PhD, FAAP,[a,b] Michael Yogman, MD, FAAP[c,d]
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

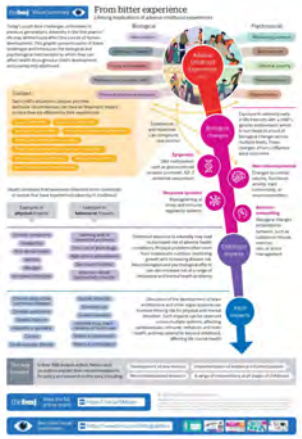
By focusing on the safe, stable, and nurturing relationships (SSNRs) that buffer adversity and build resilience, pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities, rewrite research agendas, and realign our collective advocacy. Driving this transformation are advances in developmental sciences as they inform a deeper understanding of how early life experiences, both nurturing and adverse, are biologically embedded and influence outcomes in health, education, and economic stability across the life span. This revised policy statement on childhood toxic stress acknowledges a spectrum of potential adversities and reaffirms the benefits of an ecobiodevelopmental model for understanding the childhood origins of adult-manifested disease and wellness. It also endorses a paradigm shift toward relational health because SSNRs not only buffer childhood adversity when it occurs but also promote the capacities needed to be

abstract

[a]Partners in Pediatrics, Westlake, Ohio; [b]School of Medicine, Case Western Reserve University, Cleveland, Ohio; [c]Cambridge Hospital, Cambridge, Massachusetts; and [d]Harvard Medical School, Harvard University, Boston, Massachusetts

Dr Garner collaborated in conceptualizing and drafting this document, took the lead in reconciling the numerous edits, comments, and suggestions made by many expert reviewers, and made significant contributions to the manuscript; Dr Yogman collaborated in conceptualizing and drafting this document and made significant contributions to the manuscript; and all authors approved the final manuscript as submitted.

Source: 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



thebmj Visual summary

From bitter experience

Lifelong implications of adverse childhood experiences

Today's youth face challenges unforeseen in previous generations. Adversity in the first years of life may deleteriously affect the course of human development. This graphic presents some of these challenges and introduces the biological and psychological mechanisms by which they can affect health throughout a child's development and journey into adulthood

Context

Each child's situation is unique, and their particular circumstances can have an important impact on how they are affected by their experiences

- Type of adversity
- Duration of adversity
- Number of adversities
- Interactions between adversities
- Timing and developmental status
- Child's temperament and reaction to adversity
- Pre-existing characteristics
- Family environment
- Health status and comorbidities

Biological

- Malnutrition
- Infectious diseases
- Injury and disability
- Premature or traumatic birth
- Prenatal substance exposure

Psychosocial

- Witnessing violence
- Maltreatment
- Extreme poverty
- Parental discord
- Stigmatisation

Adverse Childhood Experiences (ACE)

Experiences and responses can compound one another

Biological changes

Exposure to adversity early in life interacts with a child's genetic endowment, which in turn leads to a host of biological changes across multiple levels. These changes, in turn, influence adult outcomes

Epigenetic

DNA methylation, such as glucocorticoid receptor promoter, IGF-2 antisense vasopressin

Neurodevelopmental

Changes to cortical volume, functional activity, tract connectivity, or neurotransmitters

Response systems

Reprograming of stress and immune regulatory systems

Behavior embedding

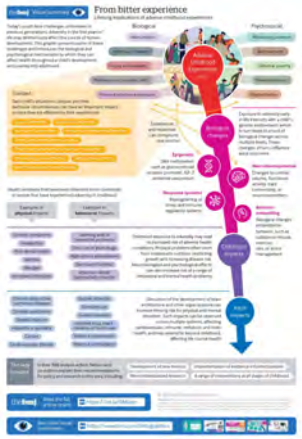
Biological changes

Health problems that have been observed more commonly in people that have experienced adversity in childhood

Examples of **physical** impacts

Examples of **behavioral** impacts

Source:
Nelson C A, Bhutta Z A, Burke Harris N , Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life; *BMJ* 2020; 371 :m3048 doi:10.1136/bmj.m3048



Examples of **physical** impacts

Examples of **behavioral** impacts

Reprogramming of stress and immune regulatory systems

Behavior embedding

Biological changes embedded in behavior, such as substance misuse, exercise, diet, or stress management

Somatic symptoms
Headaches
Poor dental health
Asthma
Allergies
Increased infections

Learning and/or behavioral problems
Early use of illicit drugs
High school absenteeism
Early use of alcohol
Attention deficit hyperactivity disorder

Childhood exposure to adversity may lead to increased risk of adverse health conditions. Physical problems often stem from inadequate nutrition, restricting growth and increasing disease risk. Neurobiological and psychological effects can also increase risk of a range of behavioral and mental health problems

Childhood impacts

Chronic obstructive pulmonary disease
Somatic symptoms
Skeletal fracture
Hepatitis or jaundice
Cancer
Cardiovascular disease

Suicide attempts
Cannabis use
Suicidal ideation
Injected drug, crack cocaine, or heroin use
Violence perpetration
Violence victimization

Disruption of the development of brain architecture and other organ systems can increase lifelong risk for physical and mental disorders. Such impacts can be observed across multiple systems, affecting cardiovascular, immune, metabolic and brain health, and may extend far beyond childhood, affecting life course health

Adult impacts

The way forward

In their BMJ analysis article, Nelson and co-authors explain their recommendations for policy and research in this area, including:

- Development of new metrics
- Implementation of evidence-informed policies
- More individualized research
- A range of interventions at all stages of childhood

Source:
Nelson C A, Bhutta Z A, Burke Harris N , Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life; *BMJ* 2020; 371 :m3048 doi:10.1136/bmj.m3048

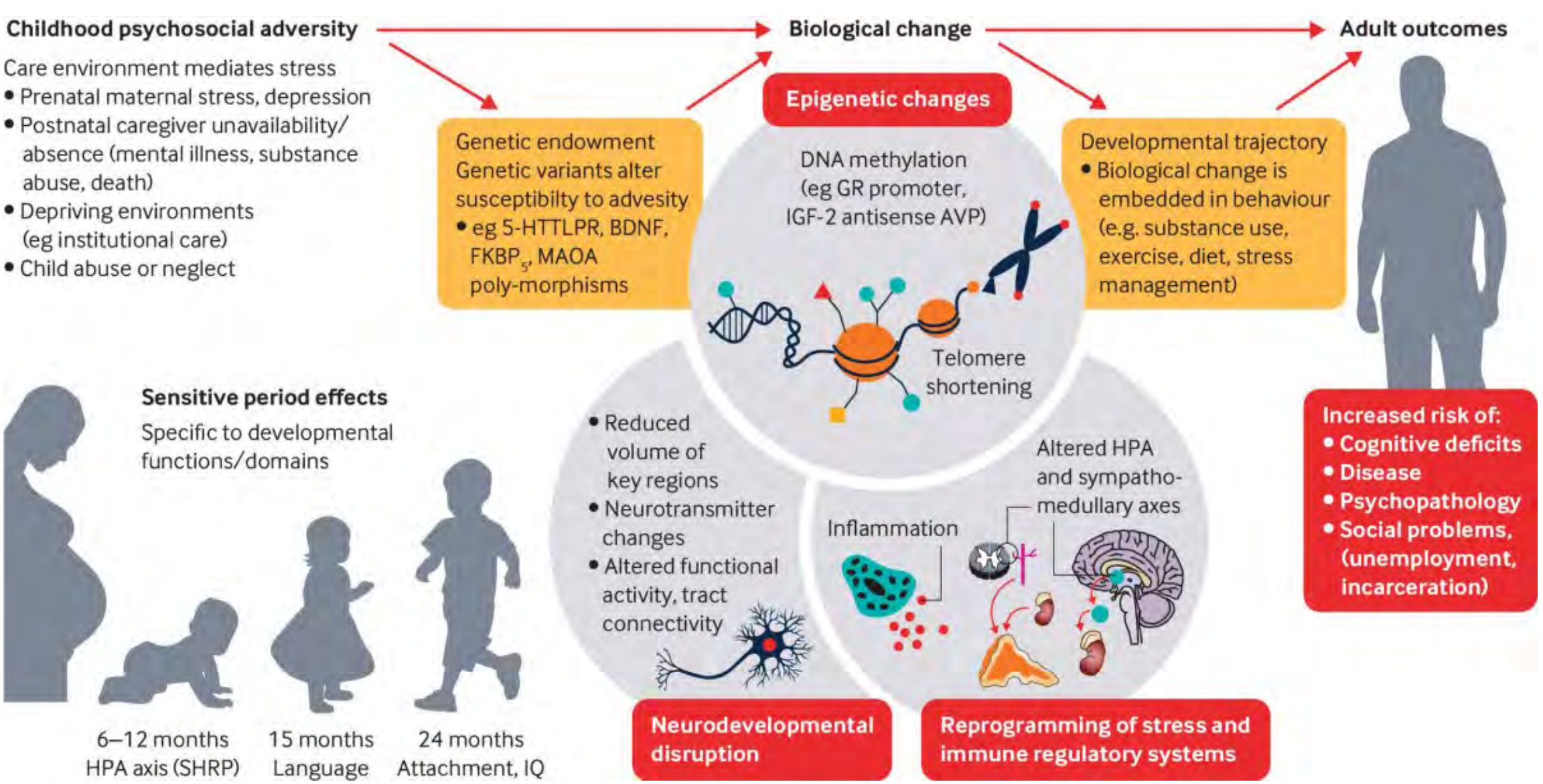


Fig 2 | Some of the pathways that mediate exposure to early adversity and adult outcomes. Exposure to adversity early in life interacts with a child's genetic endowment (eg variations in genetic polymorphisms), which in turn leads to a host of biological changes across multiple levels. These changes, in turn, influence adult outcomes (adapted from Berens et al[23]). HPA axis (SHRP)=hypothalamic pituitary adrenal axis (stress hyporesponsive period)

Source: Nelson C A, Bhutta Z A, Burke Harris N , Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life; *BMJ* 2020; 371 :m3048 doi:10.1136/bmj.m3048

What is Early Relational Health?

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Early relational health explores the role of **early relationships** and **experiences** in a child's **healthy development.**

Promotes the development and maintenance **of safe, stable, nurturing** relationships

Safe, stable, nurturing relationships (SSNR) have reciprocal connectiveness

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The Why:

SSNRs *buffer adversity* and turn potentially toxic stress responses into *tolerable or positive responses*.

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SMBI helps with this!

Types of Prevention	Approaches to Relational Health	Examples at the Provider Level	Examples at the Practice Level	Examples at the Community Level
Tertiary	Repair strained or compromised relationships	Build the therapeutic alliance; employ a common-factors approach; explain behavioral responses to stress; endorse referral resources.	Colocate counseling services (warm handoffs); facilitate, track, and follow-up on referrals offered.	Embrace restorative justice and social inclusion (over punitive measures and exclusion).
Secondary	Identify and address potential barriers to SSNRs	Build the therapeutic alliance; surveil for possible barriers to SSNRs; champion screening at practice level; endorse referral resources.	Universal screening for prevalent barriers seen in that practice; facilitate, track, and follow-up on referrals offered.	Identify and address sources of inequality, isolation, and social discord (poverty and racism).
Primary	Promote SSNRs by bulding 2-generational relational skills	Build the therapeutic alliance; promote positive parenting; encourage developmentally appropriate play.	Provide or support positive parenting classes; participate in ROR, VIP, and other programs that support the dyad.	Implement home visiting; support extended family medical care leave.

www.aappublications.org/news at American Academy of Pediatrics

Source: Early Relational Health Implementation Guide. https://downloads.aap.org/AAP/PDF/Final%20AAP%20ASHEW%20Implementation%20Guide%2006.14.22_ld.pdf

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What is SMBI?

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An online tool to help providers promote **relational health** by **stimulating conversations** and **providing a model** of open and honest communication

Expedited relationship building for partnership in the critical development time

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Examples of the Value of SMBI in practice

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1. **Value during the visit** (relationship building, improving patient care, improving parent partnership, and starting difficult conversations)

Have you ever disagreed with a loved ones' advice?

Can you relate to this mom's exhaustion?
Who can you call for help when you need it?

2. **Value after the visit** (Improving maternal insight and empathy, encourage positive parenting and self care, demonstrate developmentally appropriate play)

Value after visit: improving maternal insight and empathy

Mom and Baby

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What are your thoughts?
What is the baby feeling? What is the mom feeling?

Mom and Baby

" I love that video u showed us and I have more thoughts to share. I thought about it all day and all night. [My husband and] I both spend too much time on our phones. A great reminder to be careful of that, and to remember to remedy it with lots of love and attention after.

Mom and Baby

BTW I hesitated to answer about the mother because my first instinct was to say "neglectful" but [my husband] started saying "exhausted" and I was immediately made aware of the harsh judgement I had just made! Like I judge myself that harshly apparently! Good to know he doesn't see me that way and I see now I really should have more love for myself and other moms out there"

3. **Value for longitudinal care** (Partnering with parents on goals, increased provider/trainee learning, increased fulfilment/decreased burnout)

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What are your hopes and dreams for your baby?

Value for longitudinal care: increased provider fulfilment

Source: Forbes. The Epidemic of Physician Burnout. https://books.forbes.com/author-articles/the-epidemic-of-physician-burnout/

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In a recent study of SMBI, 85% of mothers rated the content of SMBI high or very high.

After use, they also reported lower stress, more growth mindset and great understanding of their baby's feelings compared to a matched control group.

ELSEVIER

Academic Pediatrics

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Brief Report

Small Moments, Big Impact: Pilot Trial of a Relational Health App for Primary Care

Barry Zuckerman MD [a], Katherine Edson BA [a], Laura Mesite EdD [b], Cyndie Hatcher MD, MPH [a], Meredith Rowe EdD [b]

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Abstract

Objective

To conduct a pilot trial of Small Moments, Big Impact: a relational health app.

Methods

Low-income mothers with 1 or no prior children, a full-term birth, above 18 years old, and without substance abuse were recruited. The control group was recruited prior to the intervention group to avoid contamination. Of the 117 mothers enrolled, 29 intervention and 29 control mothers completed the study. Five questionnaires were administered at baseline and 6-months to measure maternal depression, empathy, beliefs about children's emotions, intelligence mindsets, and app use. At 6 months

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How-To Guide

Small Moments Big Impact

How-To Use In Visits:

App:

Download Our App

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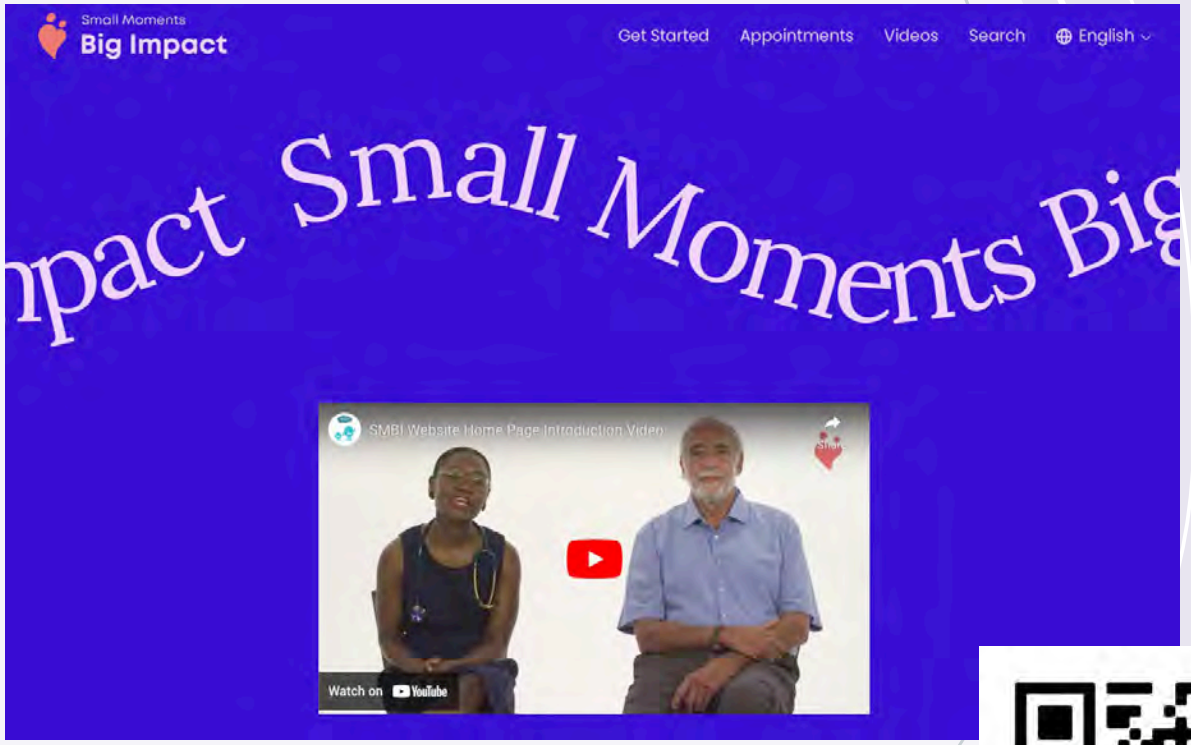
Website:



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Newborn Appointment

Your baby, your feelings

A new mom tries to unsuccessfully make eye contact with her infant by talking and singing but is disappointed. Have you experienced similar disappointments, or other things that have surprised you? If so, what are they?

Your special person's feelings

A father holds a newborn for the first time. How did you feel when someone special to you held your baby for the first time?

Appointment Videos

Watch one of the **Watch & Talk** videos below to discuss with your baby's provider and special people at home.

Watch & Talk

Your baby, your feelings

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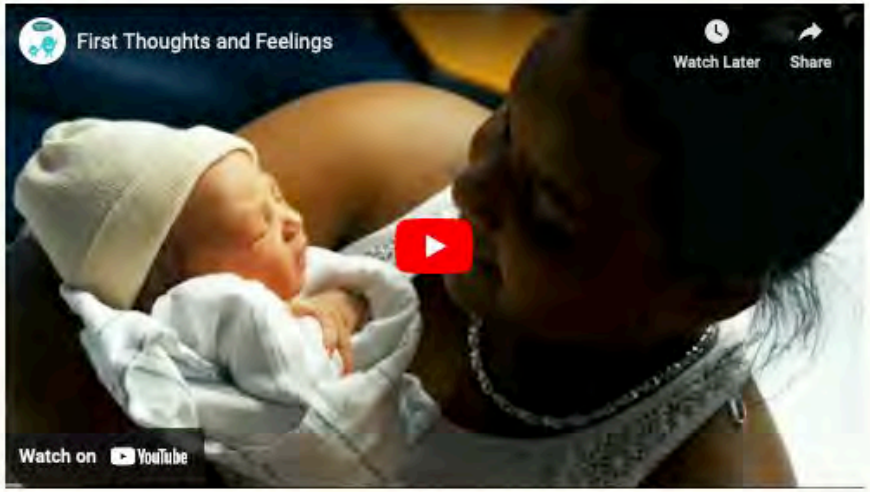

After Visit Videos

Watch the videos below at home with friends and loved ones and discuss what relates to your life.

Interacting With Baby

The look and sound of love

In the newborn period, eye contact and the sound of your voice promotes healthy attachment and bonding. Talk, sing and look your baby in their eyes like this mom to build and strengthen a positive relationship with your baby.

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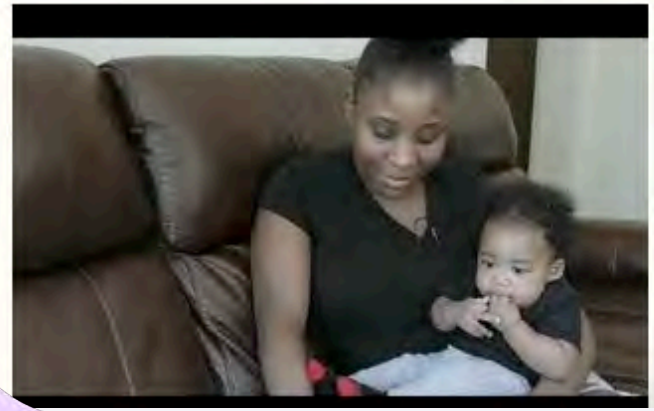
Created by Parents, For Parents

All | Trauma | Exhaustion | Baby Interactions | Immigration | Hopes For Baby | Finances | Fathers |
Different Mindset | Unique Stories | Baby Behavior | Feelings | Dr. Cyndie's Tips



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Something For You

Mind & Body

Relieving shoulder tension helps soothe you from the inside out. Do you notice when you body feels good your mind feels better?

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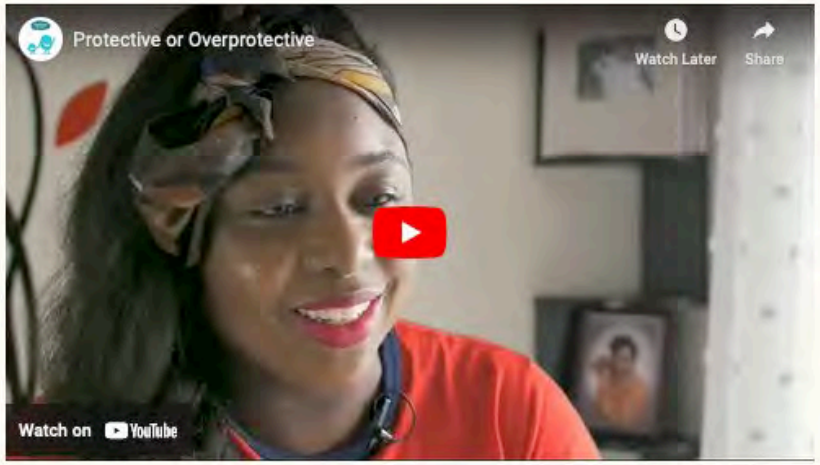
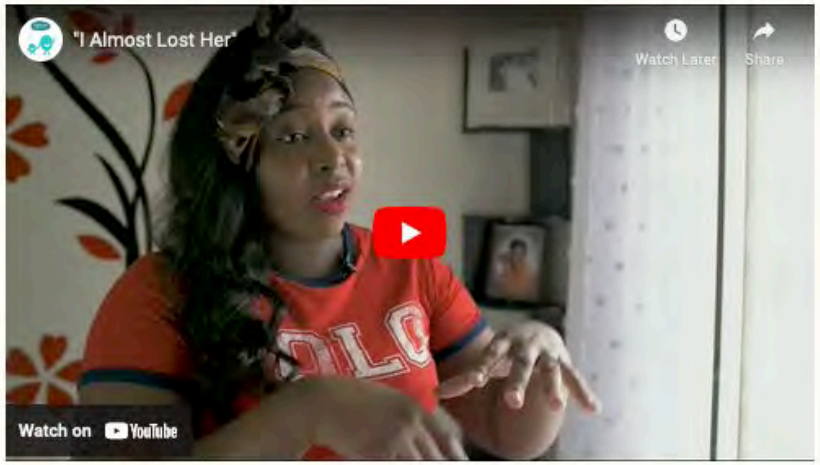
Special Circumstances

Premature babies

Many parents of premature babies feel their babies are especially fragile after they get home. How is your experience similar or different?





Questions

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B. A framework that explores the role of early relationships and experiences in healthy development.

C. A paradigm that supports the development and maintenance of safe, stable, nurturing relationships across the life course.

D. B and C

E. None of the above

Questions

What are the barriers, if any, to quickly building trusting relationships with patients in your practice?

A. Time
B. Language differences
C. Administrative tasks
D. Burnout
E. Other

Would you be interested in using this relational health tool in your practice?

A. Yes
B. No
C. Maybe

In summary:

- Relational health is paramount in our work in with families
- SMBI is a free tool that can help you promote parent-child relationships and build therapeutic alliances with families

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App:

Scan me

Website:

Q & A

Cyndie Hatcher, MD, MPH
Cyndie.hatcher@gmail.com

THANK YOU!

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Citations

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The third thing (Parker Palmer)

Parker describes third things as follows in his book, A Hidden Wholeness

“In Western culture, we often seek truth through confrontation. But our headstrong ways of charging at truth scare the shy soul away. If soul truth is to be spoken and heard, it must be approached ‘on the slant.’ I do not mean we should be coy, speaking evasively about subjects that make us uncomfortable, which weakens us and our relationships. But soul truth is so powerful that we must allow ourselves to approach it, and it to approach us, indirectly. We must invite, not command, the soul to speak. We must allow, not force, ourselves to listen.”

“We achieve *intentionality* by focusing on an important topic. We achieve *indirection* by exploring that topic metaphorically, via a poem, a story, a piece of music, or a work of art that embodies it. I call these embodiments ‘third things’ because they represent neither the voice of the facilitator nor the voice of a participant. They have voices of their own, voices that tell the truth about a topic but, in the manner of metaphors, tell it on the slant. Mediated by a third thing, truth can emerge from, and return to, our awareness at whatever pace and depth we are able to handle — sometimes inwardly in silence, sometimes aloud in community — giving the shy soul the protective cover it needs.”