

## Robert Sege, MD PhD

2021 Resilient Beginnings Network



© COPYRIGHT TUFTS MEDICAL CENTER 2021

### **Robert Sege**



**Principal Investigator** 

#### Jeff Linkenbach



Co-Investigator
Montana Institute

### Baraka Floyd



Co-investigator, Stanford University

#### **Dina Burstein**



**Project Director** 

#### **Amanda Winn**



West Coast Project Manager

### **Allison Stephens**



Program Manager

### **Loren McCullough**



Research Assistant

### **Laura Gallant**



Research Assistant

### Isabella Pagnozzi



**Administrative Assistant** 

# The HOPE National Advisory Board 2020-21

#### Mayra Alvarez, The Children's Partnership

Corey Best, Mining for Gold

Renee Boynton Jarret, Vital Villages

Mary Crane, PhD, American Academy of Pediatrics

Stephanie Ettinger de Cuba, Children's Health Watch

Ronald Ferguson, PhD, The Basics

#### Baraka Floyd, MD, Stanford University School of Medicine

Andrew Garner, MD, Partners in Pediatrics

Nia Heard Garris, MD, Laurie Children's Hospital

Jennifer Jones, Prevent Child Abuse America

Danielle Laraque-Arena, MD, Columbia University

Cailin O'Connor, Center for the Study of Social Policy

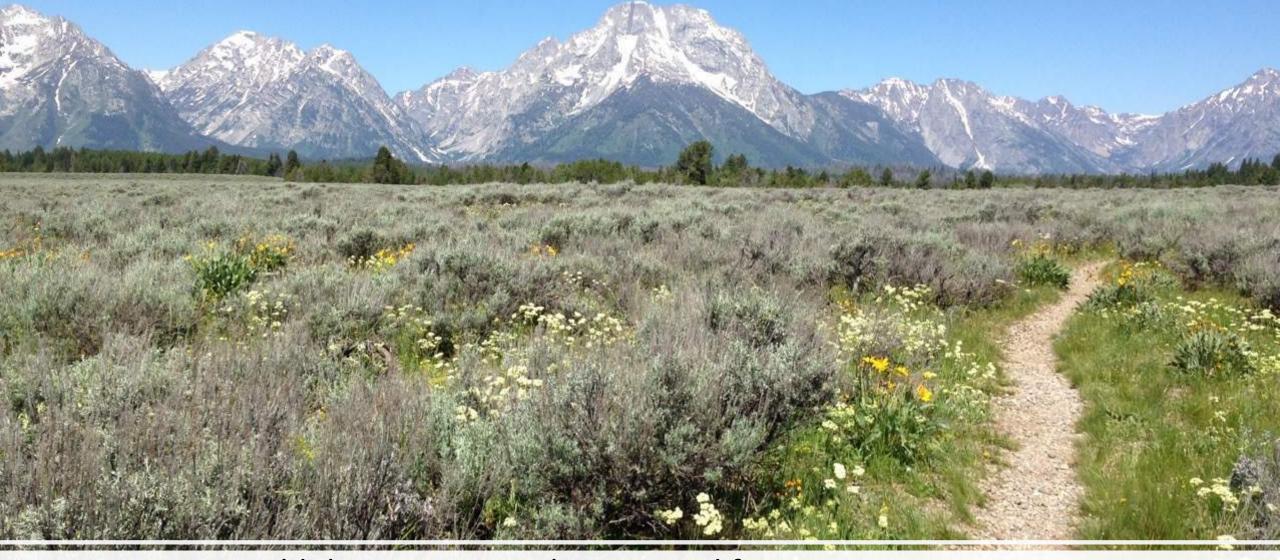
David Willis, MD, Center for the Study of Social Policy

Phyllis Niolon, PhD, *liaison to the Centers for Disease Control and Prevention* 





Join the path to HOPE



Vision: A world that recognizes, honors, and fosters positive experiences as being fundamental to people's health and well-being.



# **Core Assumption**

of The Science of the Positive:

The POSITIVE exists, it is real, and is worth growing

Linkenbach, J. (2007, 2018). The Science of the Positive: The Seven Core Principles Workbook: A Publication of The Montana Institute, LLC.



## Positive experiences

- Promote children's long-term health and wellbeing
- Help children to form strong relationships
- Cultivate positive self-image and **self-worth**
- Provide a sense of **belonging**
- Build coping skills that promote **resilience**





# Yet, many systems focus on the negative

Screening tools, many of which codify implicit bias, create a presumption of deficit



### HOPE SHIFTS THE NARRATIVE

People are defined by their strengths as well as the challenges they face.





Developing the positive childhood experiences score

### **PCEs**

- 2015 population study in Wisconsin
- Part of the BRFSS
- Asked about ACEs
- Asked about PositiveChildhood experiences
- Correlated with mental health





### Positive Childhood Experiences (PCEs) questions asked how often respondent:

- 1. Felt able to talk to their family about feelings
- 2. Felt their family stood by them during difficult times
- 3. Enjoyed participating in community traditions
- 4. Felt a sense of belonging in high school
- 5. Felt supported by friends
- 6. Had at least two non-parent adults who took genuine interest in them
- 7. Felt safe and protected by an adult in their home



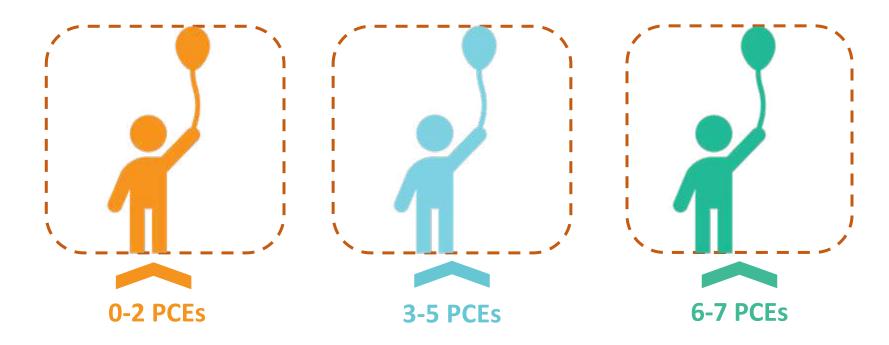


- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 ("felt safe/home") to 0.72 ("family stood by/difficult times")



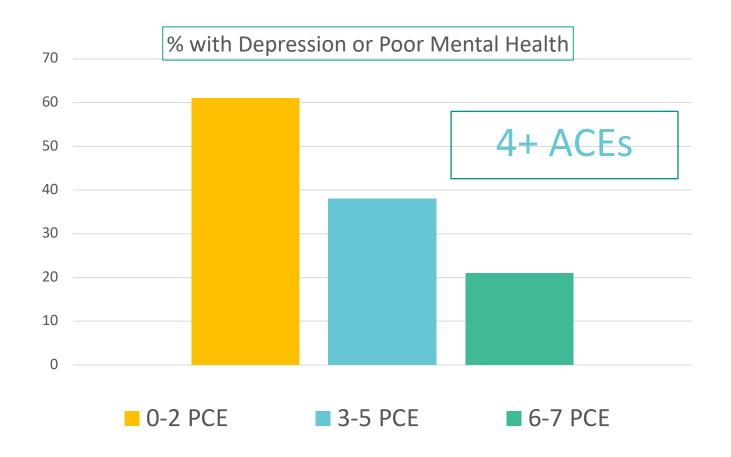
### Positive Childhood Experiences (PCEs) Protect Adult Mental Health

- 6-7 vs. 0-2 PCES: 72% lower odds of depression or poor mental health
- 3-5 PCEs v 0-2 PCEs: 52% lower odds of depression or poor mental health
- 48% v. 12.6%, OR 0.28; 95% CI 0.21-0.39. 3.8x higher rate for 0-2 vs. 6-7 PCEs.





### **Positive Childhood Experiences Mitigate ACEs Effects**





# HOPE Promotes Flourishing

### POSITIVE CHILDHOOD EXPERIENCES:

- Prevent ACEs
- Block toxic stress
- Promote healing







# The Four Building Blocks of HOPE









Relationships with other children and with other adults through interpersonal activities.

Safe, equitable, stable environments for living, playing, learning at home and in school.

Social and civic engagement to develop a sense of belonging and connectedness.

Emotional growth through playing and interacting with peers for self-awareness and self-regulation. Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:S79-S85





### Relationships

# The Four Building Blocks of HOPE



Relationships with other children and with other adults through interpersonal activities.





- Early relational health
- Parental well-being
- Safe Stable Nurturing Relationships
- Paid Parental Leave





### **Environment**

# The Four Building Blocks of HOPE



Safe, equitable, stable environments for living, playing, learning at home and in school.





- Social Determinants of Health
- Concrete supports in times of need
- Positive school environments
- Access to nature
- Safe home environments





### Engagement

# The Four Building Blocks of HOPE



social and civic engagement to develop a sense of belonging and connectedness.





- Parent Cafes
- Positive youth engagement
- Group activities
- Classroom tasks





### **Emotional Growth**

# The Four Building Blocks of HOPE



Emotional growth through playing and interacting with peers for self-awareness and self-regulation.





- Child-centered play
- Out of school-time activities
- Extended families
- Recreational facilities open to all



# Adversity and the Building Blocks of HOPE









#### **Child Abuse & Neglect...**

- Disrupts foundational relationships
- Disrupts safe home environments

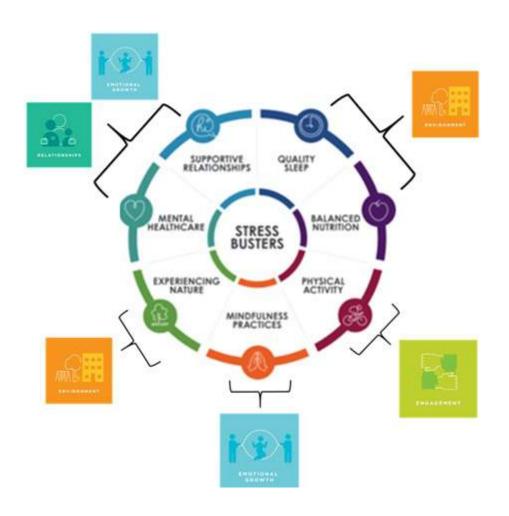
### Family Disruption...

 Disrupts safe environments (home and SDoH)

## Adverse Community Environments...

- Reduce *engagement*
- Reduce opportunities for emotional growth (peer play)

### **HOPE** and Stressbusters



### Relationships

• Supportive relationships

### Environment

- Quality Sleep Housing security
- Balanced nutrition -Food security
- Experiencing Nature

### • **Engagement**

• Physical Activity – after school

### Emotional Growth

- Mindfulness practices
- Mental health care



# Assessing HOPE and PCEs

### Standard scales:

- Positive Childhood Experiences –
  - 7 items
  - Validation in populations surveys
- Benevolent Childhood Experiences –
  - 10 Items
  - Validation in small high risk populations

### Narrative approaches:

- Tools to elicit child and family experiences with the 4 building blocks
- From Narrative Therapy:
   "Tell me about a time when things worked for you"
- HOPE-Informed approaches to risk screening





## Assessing HOPE and PCEs

### **Standard Scales**

- Positive Childhood Experiences
  - 7 items
  - Validated in population survey
- Benevolent Childhood Experiences
  - 10 items
  - Validated with small high-risk samples
  - "anti-ACEs"

### **Narrative Approaches**

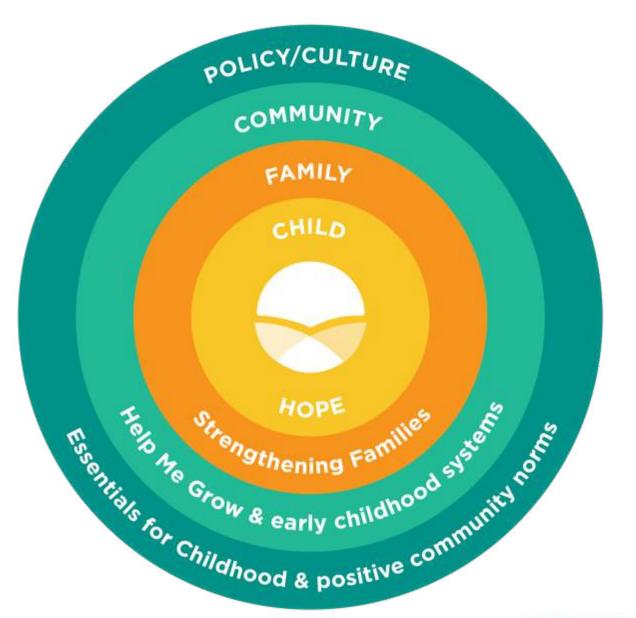
- Tools to elicit child and family experiences with the 4 Building Blocks
- From Narrative Therapy: "Tell me about a time when things worked for you?"
- HOPE-informed approaches to risk screening







# **HOPE** focuses on the child





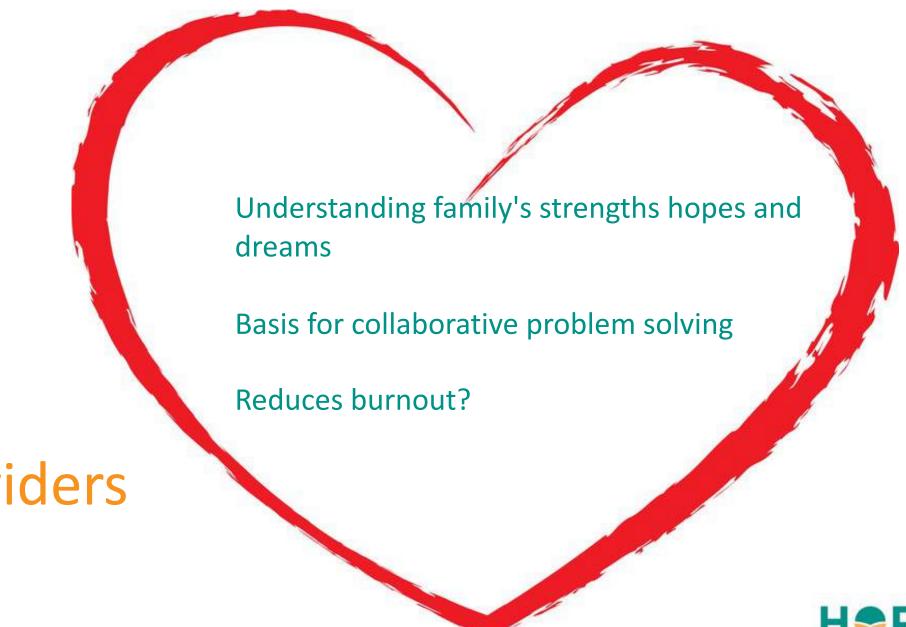


### **Common Framework**

**HOPE** links related ideas







**Helps Providers** 



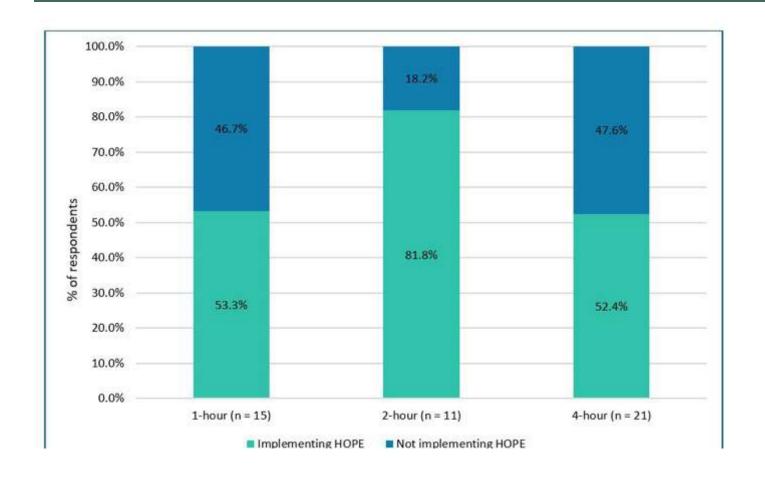


Promotes human dignity





# **HOPE** is spreading



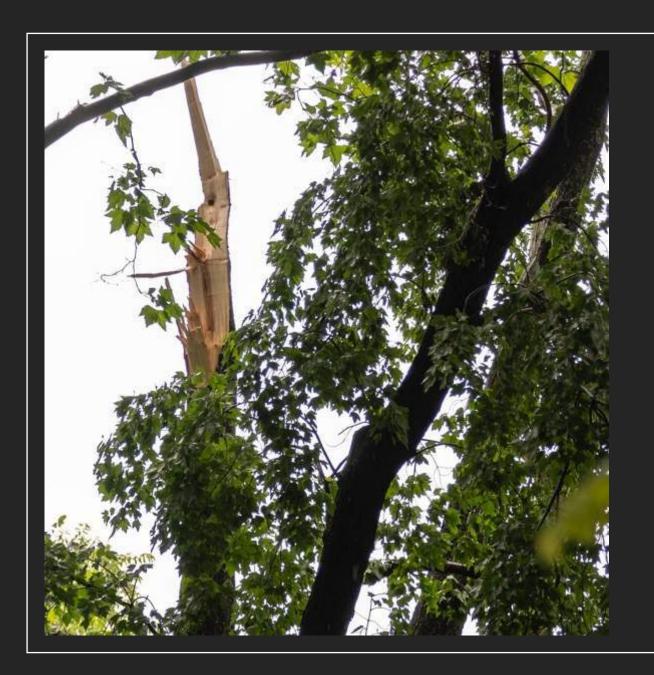
- Over 12000 providers in 18 states, plus keynotes and workshops at national meetings
- Collaboration with leading home visiting models, PCAA, AAP, and several First 5 agencies
- Scaling our training capacity

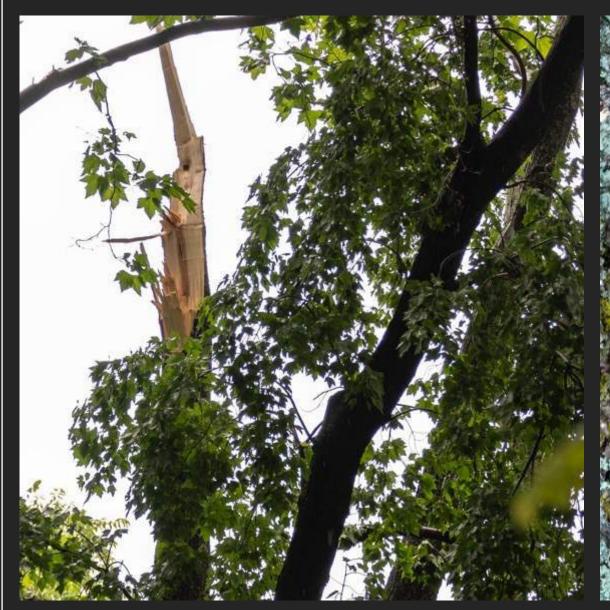


We carry our past with us



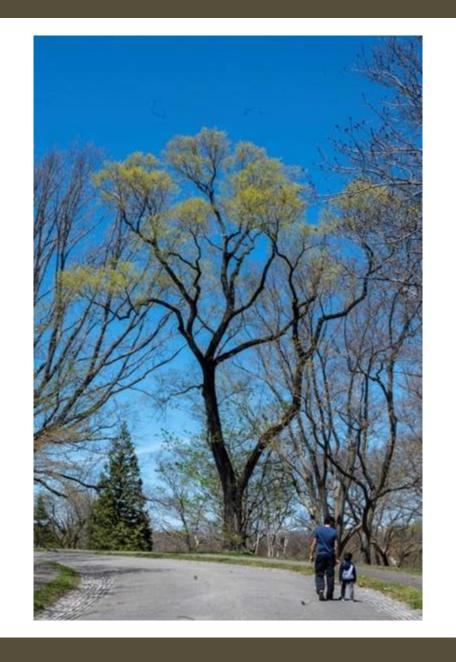


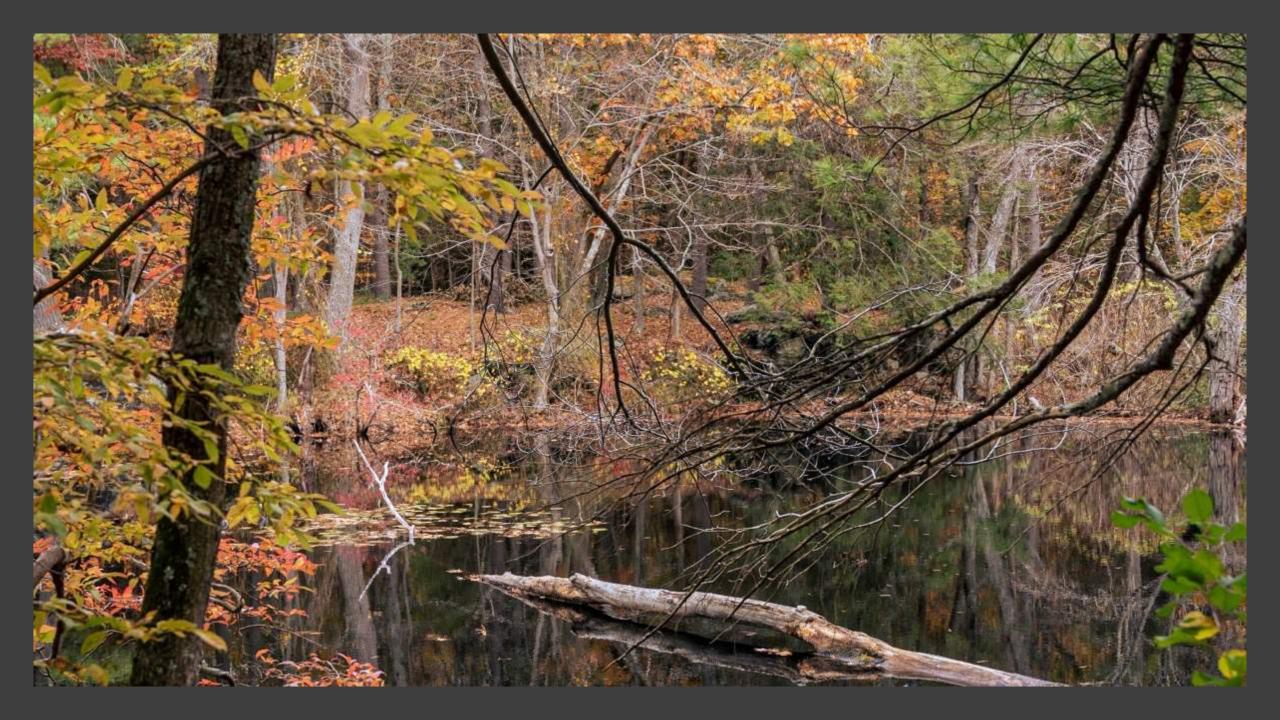














# Spreading







E M A I L: HOPE@tuftsmedicalcenter.org W E B S I T E: positiveexperience.org