



Relationship- and Engagement-Centered Healing:

Resources for Applying a Healing-Centered and Trauma-Informed Lens

BACKGROUND

In 2018 -2019, the Child and Adolescent Health Measurement Initiative (CAHMI), in partnership with the California Campaign to Counter Childhood Adversity (4CA) and with support from The California Endowment, convened a multidisciplinary Advisory Committee to advance healing-centered and trauma-informed approaches in the administration of certain marijuana tax funds through California's Proposition 64.

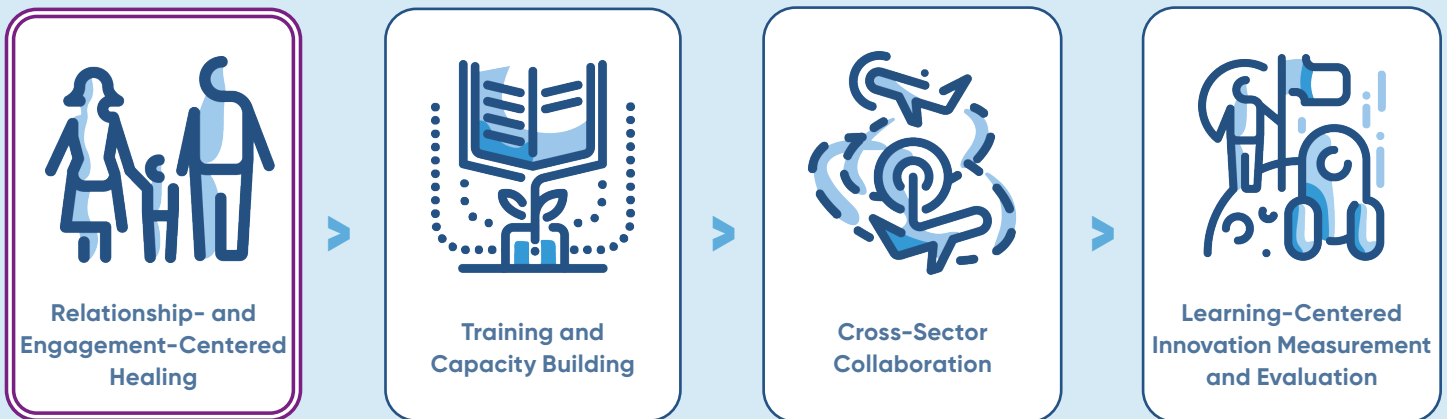
Leveraging a framework from the CAHMI's prior work to develop a [national agenda](#) to address adverse childhood experiences and promote healing, the CAHMI and consultants conducted an environmental scan, key informant interviews, policy analysis, and a series of Advisory Committee convenings that resulted in six policy criteria and four interrelated categories of recommendations to guide decision-making in certain Prop 64 expenditures. The full report entitled, RECOMMENDATIONS ROADMAP FOR CALIFORNIA PROPOSITION 64 EXPENDITURES: *Advancing Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience*, details these four interrelated categories of recommendations: (1) Relationship- and Engagement-Centered Assessment, Interventions, and Healing; (2) Training and Capacity Building; (3) Cross-Sector Collaboration; and (4) Learning-Centered Innovation, Measurement, and Evaluation.

These recommendations can inform any local, state, or national policies that aim to promote healing-centered and trauma-informed approaches.

This brief provides additional resources and tools aligned with the first of these recommendations: Relationship- and Engagement-Centered Healing.

Although the purpose of these recommendations targeted expenditures of California's marijuana tax initiative, the recommendations have much broader implications and can inform any local, state, or national policies that aim to promote healing-centered and trauma-informed approaches. Please visit Prop64Roadmap.org to view the full report and other resources.

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OVERVIEW

Recommendation 1 of the **Recommendations Roadmap** calls for relationship- and engagement-centered assessment, interventions, and healing. Safe, stable and nurturing relationships are critical to healthy development and healthier, more productive adulthoods. Such relationships are dependent on the proactive and positive engagement of individuals, families and communities and are an integral component to any community effort, program, or service aimed to prevent or heal individual and community trauma (see more detail in Recommendation 1 of the Recommendations Roadmap).

The resources included in this brief further describe qualities of relationships that facilitate the healing journey in the context of clinical care. As described in the Brown (2017) article, healing relationships occur within a socio-ecological system. Trusting, personal relationships between providers and patients are fundamental to a healing-centered and trauma-informed approach. Such relationships are essential for

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patients to disclose sensitive concerns and engage in treatment plans, and they require providers to develop nuanced relational skills. Yet patient encounters extend beyond primary care providers. Interactions that promote trusting provider-patient interactions begin at the front desk. Patients who describe more positive interactions with receptionists and medical assistants are more likely to feel positively about their interactions with their main provider. An organizational culture and climate that promotes effective interactions among practice staff members (i.e., mutual trust, respect for a diversity of perspectives, sensitive and respectful behavior towards others) and across specialties (i.e., trusting relationships and collaborative care) parallels the patient experience. Through this ecosystem of supportive relationships, patients can be supported to activate their own well-being, which then extends into more healing relationships with their families and networks.

These resources listed below provide recommendations and practices to cultivate healing relationships within a socio-ecological system of care, focusing on the following areas:

- **Relationship-Centered Engagement:** These resources describe frameworks and recommendations for relationship-building and qualities of healing relationships in the context of clinical care.
- **Relationship-Centered Assessment and Intervention:** These resources describe relationship-building as an essential component to screening for and intervening with childhood adversity and trauma and provide recommendations and practices for conducting relationship-centered screening and intervention planning.

RESOURCES

Relationship-Centered Engagement

Brown, JD, King, MA, Wissow, LS. (2017). [The Central Role of Relationships with Trauma-Informed integrated Care for Children and Youth](#). *Academic Pediatrics*.

Trusting, personal relationships between patients and providers, and among collaborating providers, are a critical element of successful trauma-informed integrated care. At the patient level, relationships promote disclosure of sensitive concerns, engage patients in care and developing treatment plans responsive to individual needs. Among providers and organizations, relationships are key to care coordination. This article elaborates on the role of relationships in trauma-informed integrated care at three levels: 1) therapeutic relationships between patients and health care providers, 2) relationships among providers at a given site that determine its work culture and climate, and 3) relationships among providers across sites, specialties, and organizations that need to work together to help families experiencing trauma. Recommendations for building relationships at the patient, practice, and systems level are provided.

Hassnik S. (2017). [Reclaiming the Patient Encounter](#). *Academic Pediatrics*.

This article describes the optimal patient encounter as one in which the parent and or youth is engaged not only in the conversation but also in a relationship that results in so much more than an information exchange. Its hallmarks might be the patient or family feeling heard, cared about, being seen and appreciated for the person they are, encouraged or motivated to take a new step toward health, or make a positive change. They can also experience “hope”—feeling better at the end of the visit than when they walked in the door as they see a way through their situation. In some cases, especially when there is no drug to treat a condition and when behavior change is needed, this relationship can be the engine of change.

Magen, E, and DeLisser, H.M. (2017). [Best Practices in Relational Skills Training for Medical Trainees and Providers: An Essential Element of Addressing adverse Childhood Experiences and Promoting Resilience](#). *Academic Pediatrics*.

Medical providers’ ability to form strong therapeutic alliances with patients is an essential clinical skill that is associated with a higher quality of care and improved provider well-being. However, comparatively few medical providers exhibit adequate relational skills, which serve to convey respect, communicate caring, and build trust between the medical provider and the patient. This article provides a set of best practices for relational skills training to support administrators who are considering the implementation (or improvement) of relational skills training in their organization. Best practices are based on a review the literature and the experience of clinical educators.

Nundy, S, and Oswald, J. (2014). [Relationship-centered care: A new paradigm for population health management](#). *Healthcare*.

This paper explores why relationship-centered care is fundamental to population health management, describes compatibilities with patient-centered care and discusses examples of early applications of this paradigm. Relationship-centered care is defined as healthcare that focuses on four types of relationships that the provider needs to address in the healthcare services that they provide: the relationship with the patient, relationships with other providers, relationships with the community and the provider’s relationship to them self.

Scott et al. (2008). [Understanding Healing Relationships in Primary Care](#). *Annals of Family Medicine*.

Through interviews with clinician and patient exemplars of healing relationships, the authors present a model that identifies how healing relationships are developed and maintained. Three key processes emerged as fostering healing relationships: (1) valuing/creating a nonjudgmental emotional bond; (2) appreciating power/consciously managing clinician power in ways that would most benefit the patient; and (3) abiding/displaying a commitment to caring for patients over time. Three relational outcomes result from these processes: trust, hope, and a sense of being known. Clinician competencies that facilitate these processes are self-confidence, emotional self-management, mindfulness, and knowledge.

Scott et al. (2017). [Healing journey: a qualitative analysis of the healing experiences of Americans suffering from trauma and illness.](#) *BMJ*.

This article describes findings from qualitative interviews with people who experienced healing after trauma. In their healing journey model, initial wounding leads to suffering. The manifestation and degree to which the initial wound causes suffering is dependent on people's personal characteristics, relationships and stage in the developmental life course. In the healing journey, bridges from suffering are developed to healing resources/ skills and connections to helpers outside themselves. These bridges often evolve in fits and starts and involve persistence and developing a sense of safety and trust. From the iteration between suffering and developing resources and connections, a new state emerges that involves hope, self-acceptance and helping others. Over time, this leads to healing that includes a sense of integrity and flourishing in the pursuit of meaningful goals and purpose.

Srinivasan M. et. al. (2020). [Enhancing patient engagement during virtual care: A Conceptual model and rapid implementation at an academic medical center.](#) *Innovations in care Delivery*.

This article describes the lessons learned from the Stanford Healthcare Virtual Health program during its rapid deployment of virtual clinical visits during the 2020 Covid-19 pandemic. The article presents the Stanford Virtual Health Patient Engagement Model, which describes patient engagement as a key driver of high quality health care outcomes and results from the interactions between: (1) the health system and technology teams; (2) clinical support teams; and (3) customized patient self-care necessary to support patient engagement.

Traub F and Boynton-Jarret R. (2017). [Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice.](#) *Pediatrics*.

This article reviews the state of resilience research, with a focus on recent work, as it pertains to protecting children from the health impacts of early adversity. It identifies and documents evidence for five modifiable resilience factors to improve children's long- and short-term health outcomes, including fostering positive appraisal styles in children and bolstering executive function, improving parenting, supporting maternal mental health, teaching parents the importance of good self-care skills and consistent household routines, and offering anticipatory guidance about the impact of trauma on children. The authors provide ten recommendations for pediatric practitioners to leverage the identified modifiable resilience factors to help children withstand, adapt to, and recover from adversity. Taken together, these recommendations constitute a blueprint for a trauma-informed medical home.

Zulman, D.M., Haverfield, M.C., and Shaw, J.G. (2020). [Practices to Foster Physician Presence and Connection with Patients in the Clinical Encounter.](#) *JAMA*.

This article presents findings from a mixed-methods systematic review to determine the most promising practices to foster physician presence and connection with patients. The study identified five practices that may enhance physical presence and meaningful connection with patients in the clinical encounter: (1) prepare with intention; (2) listen intently and completely; (3) agree on what matters most; (4) connect with the patient's story; and (5) explore emotional cues.

Relationship-Centered Assessment and Interventions

Bethell (In Progress). Relationship-Centered Screening in Pediatric Primary Care.

This brief defines relationship-centered screening as “an approach to screening children, youth and families for physical, mental, developmental and social health, strengths and risks. Relationship-centered screening seeks to: (1) **establish** the respect, trust, care and collaboration essential to (2) **enable** the open dialogue and disclosure and mutual understanding needed to (3) **engage** families and youth to learn, and define and take needed action to (4) **ensure** child, youth and family strengths are leveraged and threats to well-being are addressed in a way that (5) **enriches** the lives of both families and pediatric providers through the inherently beneficial experience of mutually trusting partnership and relationships.” Child and family experiences of safety, trust and engagement are central to open disclosure, the brain’s ability to learn and activating the motivation and skills to both discover access and benefit from resources. In turn, the caring presence and authentic intention of providers to partner with families in discovering their priorities, needs and resources through the screening process is required to foster these experiences.

Bethell CB, Jones J, and Gombojav N. (2019). [Positive Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels.](#) *JAMA Pediatrics.*

This article demonstrates the dose-response associations between positive childhood experiences and adult depression/poor mental health (D/PMH) and social and emotional support after accounting for exposure to ACEs. The proactive promotion of positive childhood experiences for children may reduce risk for adult D/PMH and promote adult relational health. The article concludes that the assessment of both positive and adverse childhood experiences may better target needs and interventions and enable a focus on building strengths to promote well-being. Findings support prioritizing possibilities to foster safe, stable nurturing relationships for children that consider the health outcomes of positive experiences.

Brown, JD, King, MA, Wissow, LS. (2017). [The Central Role of Relationships with Trauma-Informed Integrated Care for Children and Youth.](#) *Academic Pediatrics.*

This article highlights that little attention has been given to relationship-building prior to embarking on trauma screening and treatment and provides recommendations for relationship-building at the patient, practice, and system levels to promote disclosure of sensitive concerns and engage patients in developing responsive treatment plans.

Leitch L. (2017). [Action steps using ACEs and trauma-informed care: a resilience model.](#) *Health and Justice.*

This article presents a brief overview of adverse childhood experiences and trauma-informed care and discusses the unintended consequences that can influence practices and programs. Recommendations are discussed that include: incorporating key neuroscience concepts into trauma-informed care, the use of neuroscience-based self-regulation skills for staff and clients, and a specific framework for designing information gathering processes including research and evaluation as well as client intakes.

The framework includes attention to protective experiences and characteristics and promotes research and evaluation design in a way that explicitly is intended to create a rhythm or pattern of questioning that enhances resilience and decreases distress and potential re-traumatization.

Prepared by the Child and Adolescent Health Measurement Initiative, in partnership with a stakeholder and expert Advisory Committee and the California Campaign to Counter Childhood Adversity with support from The California Endowment (September 2020).

