

Getting to Know Your Baby TREE Supplement

Session 6: Early Relational Health Definitions

(TREE Program Maryland Chapter AAP <https://www.mdaap.org/tree/>)

Early Relational Health (ERH) can be defined as the quality foundational relationships between a young child and their caregivers that advance physical health and development, social wellbeing and resilience. The American Academy of Pediatrics (AAP) describes relational health as the capacity of both the child and caregiver to enter into a safe, stable, nurturing relationship (SSNR) that allows both to thrive. The AAP also emphasizes that strong foundational relationships buffer stress in children and help mitigate the effects of Adverse Childhood Experiences (ACEs).

Safe, Stable, Nurturing Relationships (SSNRs) refer to relationships between children and their caregivers (parents, family members, or other consistent adults) that provide safety from harm, stability and predictability over time, and emotional nurturing through responsive, supportive interactions leading to enhanced resilience. Responsive interactions between children and engaged attuned adults also promote healthy brain development, particularly during the critical periods of rapid neural plasticity in the first years of life and influence neurobiological processes such as regulation of the hypothalamic-pituitary axis and inflammatory pathways.

Positive Childhood Experiences (PCEs) are the affiliate experiences in early life that afford biobehavioral synchrony via neurologic and endocrine systems, buffer adversity and promote safe, stable, nurturing relationships (SSNRs). PCEs are defined as a set of **positive interpersonal experiences with family, friends, and in school/community settings** that promote resilience, healthy development, and better lifelong health outcomes.

The most widely used PCE measures include:

Positive Childhood Experiences scale adapted from the Child and Youth Resilience Measure–28 (CYRM-28), asks adults to retrospectively report how often, as a child, they:

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 2 nonparent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, 173(11), e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>

The Benevolent Childhood Experiences (BCEs) Scale

The 10 items ("When you were growing up, in your first 18 years of life...") are: [3]

1. Did you have at least one caregiver with whom you felt safe?
2. Did you have at least one good friend?
3. Did you have beliefs that gave you comfort?
4. Did you like school?
5. Did you have at least one teacher who cared about you?
6. Did you have good neighbors?
7. Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?
8. Did you have opportunities to have a good time?
9. Did you like yourself or feel comfortable with yourself?
10. Did you have a predictable home routine, like regular meals and a regular bedtime?

Narayan AJ, Merrick JS, Lane AS, Larson MD. *A Multisystem, Dimensional Interplay of Assets Versus Adversities: Revised Benevolent Childhood Experiences (BCEs) in the Context of Childhood Maltreatment, Threat, and Deprivation.* Development and Psychopathology. 2023;35(5):2444–2463. doi:10.1017/S0954579423000536. PMID: 37282577.

PCES have been associated with improved language development in young children, better general academic performance and lower rates of depression, suicidal ideation, anxiety and substance use in adolescents. In adults, PCEs have also been associated with lower rates of depression, lower prevalence of chronic diseases (e.g. asthma, COPD, diabetes, heart disease, arthritis, stroke and obesity) and health risk behaviors (e.g., tobacco use). Adults also

demonstrate an increase likelihood of higher income and educational attainment. PCEs also appear to mitigate the negative effects of Adverse Childhood Experiences (ACEs).

Flourishing Child describes the capacity to be affectionate with caregivers, self-regulate by bouncing back quickly when frustrated, engage in the world with positive emotions, and display openness and curiosity in learning new things.



Serve and Return: is a metaphor borrowed from tennis to describe the **back-and-forth, reciprocal interactions between a young child** that helps to build and strengthen neural connections that underpin language, cognition, social-emotional skills, and self-regulation. The concept was popularized by the Harvard Center on the Developing Child and has become a central construct in the ERH literature and AAP guidance.

This back-and-forth exchange, repeated thousands of times in everyday moments, builds and strengthens neural connections that underpin language, cognition, social-emotional skills, and self-regulation.



Rupture and Repair refers to the natural, recurring cycle of **momentary breakdowns in attunement** (ruptures) between a caregiver and child, followed by the **restoration of connection** (repair), which is considered foundational to secure attachment and healthy socioemotional development.

The concept is deeply rooted in the work of Ed Tronick and colleagues, whose **Face-to-Face Still-Face Paradigm** provided the first experimental demonstration of rupture and repair in infancy. In this paradigm, a parent engages normally with the infant (play episode), then adopts a neutral, unresponsive expression (still-face episode — the "rupture"), and finally resumes interaction (reunion episode — the "repair"). Through this work infants were noted to actively attempt to re-engage an unresponsive caregiver. Tronick estimates that 70% of encounters lead to rupture. The essential point is whether rupture is followed by repair.

Youtube video: <https://www.youtube.com/watch?v=f1Jw0-LExyc>

Beebe and colleagues extended this work by describing "**mid-range contingency**" — the idea that optimal parent-infant interaction is not characterized by perfect synchrony, but rather by repeated cycles of attunement, rupture, and repair. Interaction within this mid-range, where the caregiver flexibly regulates both their own internal states and their responsiveness to the infant, is associated with **secure attachment** at 12 months. In contrast, interaction that is "over-contingent" (hypervigilant, intrusive — as seen in anxious parents) or "under-contingent" (inhibited, withdrawn — as seen in depressed parents) falls outside this mid-range and is associated with insecure or disorganized attachment.

Youtube video: <https://www.youtube.com/watch?v=vIQ8-F6PIYA>