

Episode 3: Healthy Caregiver, Healthy Child: Featuring Dr. Nadine Burke Harris

Podcast transcript

“The most important ingredient for a healthy child is a healthy caregiver.

-Nadine Burke Harris, MD, MPH, FAAP

Robert Sege: Welcome to the HOPEful Conversations about Child Development podcast series. I'm Bob Sege, a pediatrician and director of the HOPE National Resource Center at Tufts Medicine.

Baraka Floyd: And I'm Baraka Floyd, a community pediatrician at Stanford and HOPE Facilitator and Champion. The Healthy Outcomes from Positive Experiences, or HOPE framework, emphasizes the Building Blocks that children need to thrive: relationships, environments, engagement, and emotional growth. In this podcast, we interview leaders in child health and development in order to learn more about how to support families in creating positive childhood experiences for their children. You can learn more about Hope by visiting our website, positiveexperience.org.

Sege: On today's episode, we're talking to Dr. Nadine Burke Harris. She's an award winning pediatrician, researcher and public health leader who has spent her career tackling some of the toughest health challenges of our time. As California's first ever Surgeon General, she helped guide the state through Covid, co-led vaccine allocation efforts, and launched a groundbreaking statewide initiative, training more than 20,000 clinicians to screen for adverse childhood experiences, bringing trauma-informed care into everyday medicine. Her work has always centered on vulnerable communities. After training at Harvard and Stanford, she founded a clinic in San Francisco, Bayview Hunters Point, where she identified childhood adversity as a major driver of poor health and helped develop one of the first clinical ACE screening protocols. She later founded the Center for Youth Wellness, led landmark research on toxic stress, and helped transform how pediatric medicine and society responds to childhood trauma. Dr. Burke Harris is the author of “The Deepest Well”, creator of one of the most watched TED talks of all time on childhood trauma, and a leading voice on the science of resilience and health equity. Her work has shaped national policy, public awareness, and how we care for children now and for the long term. Dr. Burke Harris, welcome to HOPEful Conversations.

Nadine Burke Harris: Hey, thank you so much for having me.

Sege: In your TED Talk, “In the Deepest Well”, you share narratives of patients' experiences with early childhood trauma and some of the impacts on their bodies. Can you share a story of trauma and resilience that sticks with you today?

Burke Harris: Yeah, absolutely. You know there is a story that I share in “The Deepest Well” which I think is just, like, it's one of my favorite examples, and it was a patient who had come to see me and she was a 2-year, 9-month old girl who came in for a well-child check, and her parents' only concern was that she was little, she wasn't growing very well, and, you know, when I plotted her height and weight and all of that stuff, they were right to be concerned. She was below the third percentile for height, weight, and head circumference. And, in fact, her previous pediatrician had made a diagnosis of failure to thrive and had prescribed PediaSure. Right. Like the number one treatment for failure to thrive, nutritional supplementation. But, it didn't seem to be working. Her mom said that it didn't, she



still wasn't growing. And, in my clinic at the time, we did one important thing that helped us get additional information that informed what was going on with the patient, but also our treatment approach. And that was the ACE score. So, it turned out this two-year, nine-month old girl had an ACE score of 7. And, what that told me was that she was at high-risk of having a dysregulated stress response. And, we know that one of the impacts of a dysregulated stress response, biologically, can be on growth. So, for that patient, in addition to usual care, right, we also prescribed child-parent psychotherapy, CPP, an evidence-based intervention. It's a dyadic intervention, and it's really about helping to enable parents to actually be able to deliver protective factors and positive childhood experiences. Right. Because we know that every parent wants to give their kids positive childhood experiences. But, the reality is that, for many parents, their own history of adversity can be impacting their ability to create safety in the home, to be able to have those moments. So, in addition to PediaSure, we added CPP, really built capacity for, in this case, the caregiver was the mom to be a buffer to her child's stress, and her growth rate went from 2.3 cm per year to 7 cm per year. Right. So, when we're talking about resilience and the body's ability to get back into that biological balance, like, literally we saw it physiologically in this child who then, you know, we saw it in her growth rate, in her body's ability to lay down long bone, you know, but, it really was biological resilience which was, it's one of those things that just makes me so exciting because that is the power of buffering care. Right.

Sege: I love this story because it shows how those positive experiences can help somebody heal. Even though already at that tender age she had suffered adversity, she could heal and grow again. And also it really talks about the multi generational approach. You can't just take a two-year, nine-month old baby and say get better the parent cycle. Parent-child psychotherapy really works for the parents as well. Can you just make a comment on how the mom did with that? Did was there a change in her personality, her enjoyment of life?

Burke Harris: So, it was really interesting because when I did the ACE screen and initially when I saw that it was a 7, the ACE score was 7. I literally thought mom accidentally put her own ACE score down instead of her child's. And, when I explained like, oh, you know, let me say we're asking about these exposures for your child because we understand it can affect her biology. Her mom was like, "Yeah, absolutely. I noticed that when there's stuff going on in the household, when her dad is upset, that, that really impacts her." Like, it made intuitive sense to this mom. And, one of the power of this work was when that mom was able to understand the dynamic between violence in the home, like stress and trauma. And, I said to that mom, "The most important ingredient for a healthy child is a healthy caregiver." And, that mom was able to understand that how she was doing had actually had a profound impact on how her daughter was doing. Over the 18-month treatment period, we saw not only a transformation in mom, right, which is, like, amazing, right? The idea of her own safety. Because, for mom, there was a lot of work that we had to do. Child-parent psychotherapy really helps to explore the parents' history of adversity and helps them to be able to set boundaries, right? To be able to put in place the structures so that mom could have her own safety. So, that was transformative. But, for this particular family, what we also saw was that dad got insight into his ACEs. So, mom had lots of ACEs and that was part of the process. And, so doing this dyadic intervention helped to support mom in supporting her own safety and well-being. So, we saw a huge transformation in mom. But, interestingly, in this, ultimately for this case, I ended up writing a letter to the court because CPS ended up getting involved. I ended up writing a letter to the court saying, you know, dad's, what was going on in terms of the violence at home was actually impacting the child's health. And, the court mandated dad to be able to do trauma therapy for himself. And, that dad, ultimately, was able to say to his child, "I know that because of what I did that that was really harmful and daddy is working on healing." So, we actually saw whole family transformation in that particular situation.



Floyd: That's amazing. And I think about just how much you opened access to the positive childhood experience of relationships for that child. Identifying that ACEs score of 7, connecting that child to child-parent psychotherapy, seeing that change in the family, building that strong relationship between the child and her mom, the child and the dad, and then availability of trauma therapies, for adults, really helping to open up healing for dad as well. That, in and of itself, is really kind of all around. And, then thinking about how that probably had a big change in that child's environment and that Building Block of environment as well. I mean, like, over the moon.

Burke Harris: This is exactly right. And in order to change the environment, this is one of the pieces that was so key to be able to say to kind of everyone in this family system. Right. So for mom, it was because of what your daughter has experienced, her body's making more stress hormones than it should, and it's affecting her growth. So, that's why the safe and stable environment at home is so important. But, that's not where it ends. The next step is mom, because of what you've experienced, your own ACEs that can impact your ability to establish safety in the home. And, so we are going to address your stress response. Right? And then the next step was with dad saying, because dad's ACEs was the highest. Right. And so he said, dad, because of what you've experienced, your stress response is dysregulated. And how does that show up? That shows up in you. Something happens, you feel threat, you respond with this huge surge of stress hormones, and that ends up in violence. You know, your executive functioning goes offline. Right. And so here are tools to help you, dad, when you are feeling that overwhelm and your stress response is getting really activated. And, so for everyone in the household, underpinning our interventions with an understanding of the biology was absolutely critical for, especially for the parents to be able to have empathy for themselves and to be able to understand why environment is so important, why the power of the relational interaction. So, the idea that what was happening in the home was actually arresting this child's growth, that biological understanding was something that, you know, this mom said she had never heard before.

Sege: Nadine, you mentioned the surge of cortisol, but we've talked about this, the other thing that happens when you fall in love or you see a new baby or you have one of these wonderful interactions and is you get a surge of oxytocin. So, what we know is that our brains respond to all of our experiences. And, that's the beauty of your story, is you started with all the stress stuff, but then all these other things happened. And, seeing the family heal was amazing.

Burke Harris: So, this is exactly right. And this is one of the things that we shared with this family is that when you have, when you have that snuggle, when you have that sweet time, that parent-child interaction, it releases oxytocin, and oxytocin directly inhibits the activation of the biological stress response. And so, that truly is the antidote to trauma, but it has, how do we do that in a way that is supporting families so that is sustainable, so that they get enough of a dose of these supportive relationships, interactions, and environments?

Sege: I think it's so beautiful that the body is so complicated, that there are, in all of us, mechanisms for healing as well as mechanisms for trauma. And, that listening to these stories is just, it's wonderful being a doctor because we get to see all these things play out in real time.

Floyd: Yeah, I, one of the things I think that is so important to bring to the forefront is during your tenure as California Surgeon General, you made sure that in screening for adverse childhood experiences, that we didn't overlook the social determinants of health, including discrimination. And, I think as we're thinking about addressing adverse childhood experiences in treating and preventing toxic stress, I would love for you to share with my audience why that was important. I mean, I have my thoughts, and obviously it's clear that I am aligned with the decision that you made.



Burke Harris: Yeah, so, the ACE data, like, when we look at the traditional 10 ACEs, it doesn't include discrimination. Right. And, but, what it does do, it gives us a powerful understanding, like ACE, we understand when we look at the science is that ACEs dramatically increase the risk of developing a dysregulated stress response. And, we know that that's associated with changes to brain, immune system, hormonal system, even the way our DNA is read and transcribed. And, biologically, we understand that as the toxic stress response. But, what the science shows is that ACEs are not the only risk factors for the development of the toxic stress response. And, ultimately, the ACEs Aware Initiative was, the whole point of it, was to do early detection of risk of toxic stress and then treating that underlying biology. If we know that discrimination is a risk factor for developing the toxic stress response, we want to identify that and connect individuals and families to services that can help to address that underlying biology. Because, like, ultimately came to this work the way that I even started reading the science of ACEs and all of this other stuff was, the focus of my clinic was around addressing health disparities. Like, I was working in this underserved neighborhood in San Francisco, Bayview, Hunter's Point, shout out to HP, and what we were seeing over and over again. And, this is why understanding discrimination as a risk factor for toxic stress is so important. Is that not only do we know that experiencing that sense of threat and that absence of buffering can, can lead to dysregulation of the stress response, we also know, and I saw this in clinic over and over again, was that when a person shows symptoms of a dysregulated stress response, poor executive functioning, difficulty with impulse control, right, for certain communities and particular, let's just say like black and brown communities, they're much more likely to be met with harsh, harsh punitive responses. So, we have a biological problem that's viewed through this social lens and the consequence I just saw it over and over again in my patients. Just outsized consequences. And, so being able to respond to, particularly to communities of color and moving from that what's wrong with you to what happened to you frame and supporting, doing early identification to support kids and families with those evidence-based buffering interventions. That is what it's all about.

Floyd: So, really telling the truth through the lens of the evidence that we see.

Burke Harris: And also, I think it's really important, like, I think that early identification and early connection to supports also has the ability to transform outcomes.

Floyd: It does. It can completely change the trajectory. Like, I think all three of us on the call have seen that.

Burke Harris: That is what your work and HOPE is all about. Right? Is that when we do early detection and we are connecting kids and families to support, that literally is...

Floyd: It's literally what it's all about.

Burke Harris: What it's all about. Yeah.

Sege: So, Nadine, I want to add a friendly amendment. I think everyone needs support even before they experience trauma,

Burke Harris: 100%.

Sege: I don't want to have playgrounds that are set aside for children who need to recover from trauma. Every child needs the opportunity for child centered play. And, I think as a society we can really do this and make people more resilient and help prevent some of the toxic stress that you spent your career working on. And, I know you do a lot of work on prevention, but just to emphasize that



positive experiences aren't just for some people, they're for all people. And, that's, it's really one of the, one of the things. In our next episode, we're going to talk with you about how we make systems change. So, we've heard a lot from you today, about your work with patients and what you've learned about ACEs and toxic stress and the healing power of positive experiences, which has been great. So, I hope people tune in next week when we have the next episode and we get to talk with you about how we develop systems that can help us have more resilient children and help us all heal. Thank you so much, Nadine, and looking forward to seeing you next week.

Burke Harris: It's my joy. Thank you for having me.

Sege: The HOPEful Conversations About Child Development podcast was produced by Kris Markman and Patricia Reyes at the Tufts Clinical and Translational Science Institute. Funding for this podcast was provided by the Freedom Together Foundation. For more information, a transcript, and resources related to today's HOPEful conversation, please visit us at positiveexperience.org or follow us on LinkedIn.