

## We Can't Wait

# The Past 15 Years: ECMH- where have we been? Where are we going?

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September 26, 2026

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## Disclosures

- We have no disclosures
- We will mention many people who we have learned from and with
- We will not mention everyone who has contribute to the field and our journey – sorry if we miss you
- We have developed a wonderful community

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## Session Objectives

### Attendees Will Learn

- A Brief History of ECMH and ECMH in SD
- Some key ECMH concepts
- How ECMH is changing MH
- ECMH delivery through systems
- What Needs to Change

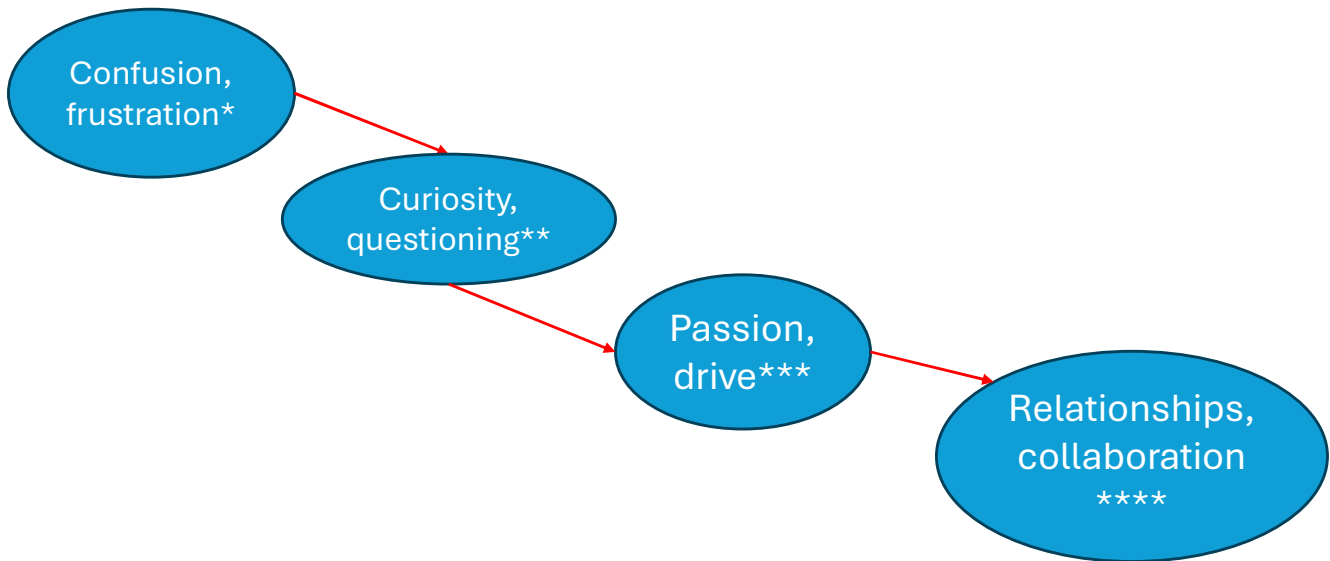
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## Section 1

### Introduction

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## How did Jeff get into ECMH?



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## Pradeep's Day Job...

Since January 2006, Medical Director on Healthy Development Services

- we have served over 362,000 children and their families

Since 2013, Medical Director of First Steps, a Healthy Families America, Family Support through Home Visiting program

- 2811 Families have been served (5313 people)

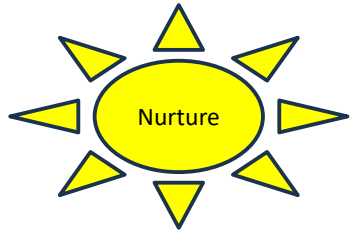
Served as President of the local Chapter of the AAP

- Through Reach Out and Read, the Chapter working its pediatricians reached the 2 million book mark this year!!!

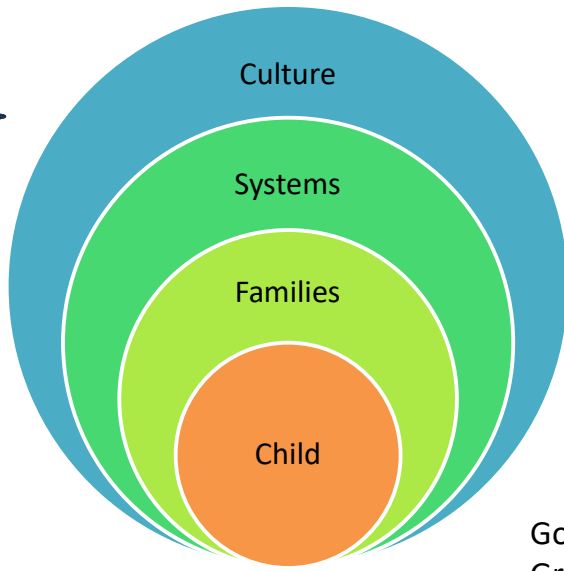
All are ECMH in action

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# What I think about.. (Pradeep)



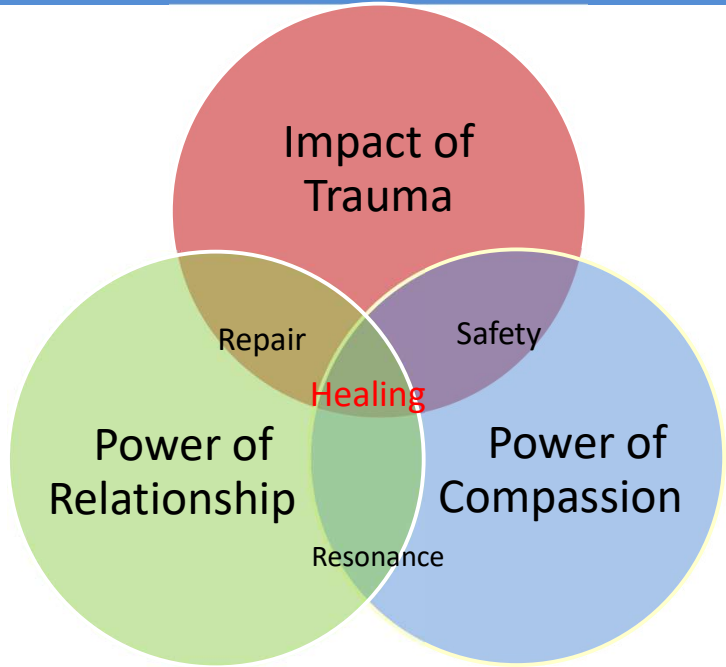
- 1. Nurture Across the Lifespan
- 2. The Culture of One
- 3. Human Development through the Lens of Child Development
- 4. Systems Building
- 5. Healing Relationships



Goodness, Growth, Groundedness, and Flow

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# Creating Healing Relationships



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## We have worked together for 20 years ago

- We joke about how we met in Juvenile Hall (Responding to a Suicide Attempt)
- Jeff played an important role in the TAC for Healthy Developmental Services
- We have served on the WCW planning committee
- Co-Facilitated the ECMH leaders' group for 14 years
- We worked together on the development of KidSTART Center for Children

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## Our Role - Supporting ECMH in SD

- We do not claim to be an experts - we are a dedicated students of ECMH and convene partners
- We share what have we learned
- We are grateful to luminaries, teachers, colleagues who have helped us
- We helped each other
  - “Wrong question” and learn by listening
- How do a pediatricians and child psychiatrists see the world differently?
  - Pediatricians focus on **physical health and development guidance**
  - Child psychiatrists focus on **pathology and try to help people heal**

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## Origins of ECMH

### Early Pioneers:

- Leo Kanner (1930): Considered a founder of child psychiatry
- Jean Piaget (1936):

### Mid-20th Century Developments

- Mental Hygiene Movement - MH in children – (development of child guidance clinics)
- Impact of World War II

### Modern Era (Late 20th Century - Present):

- Infant Mental Health Focus
- Early Intervention Programs like Head Start and Early Head Start incorporate mental health promotion and support into their programming.
- Research on Brain Development

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## SD Came Together for ECMH

### The First We Can't Wait conference

#### Our Local Luminaries

- Ruth Newton
- Chris Walsh
- Kristin Gist
- Gene Nathan
- Shulamit Ritblatt
- Susan Nevitt
- Roseann Myers
- Judge Milliken
- Liz Maruchau
- Mark Chenvan
- Kim Flowers
- Marilee Burgeson

Action Item – Create a group to keep the momentum

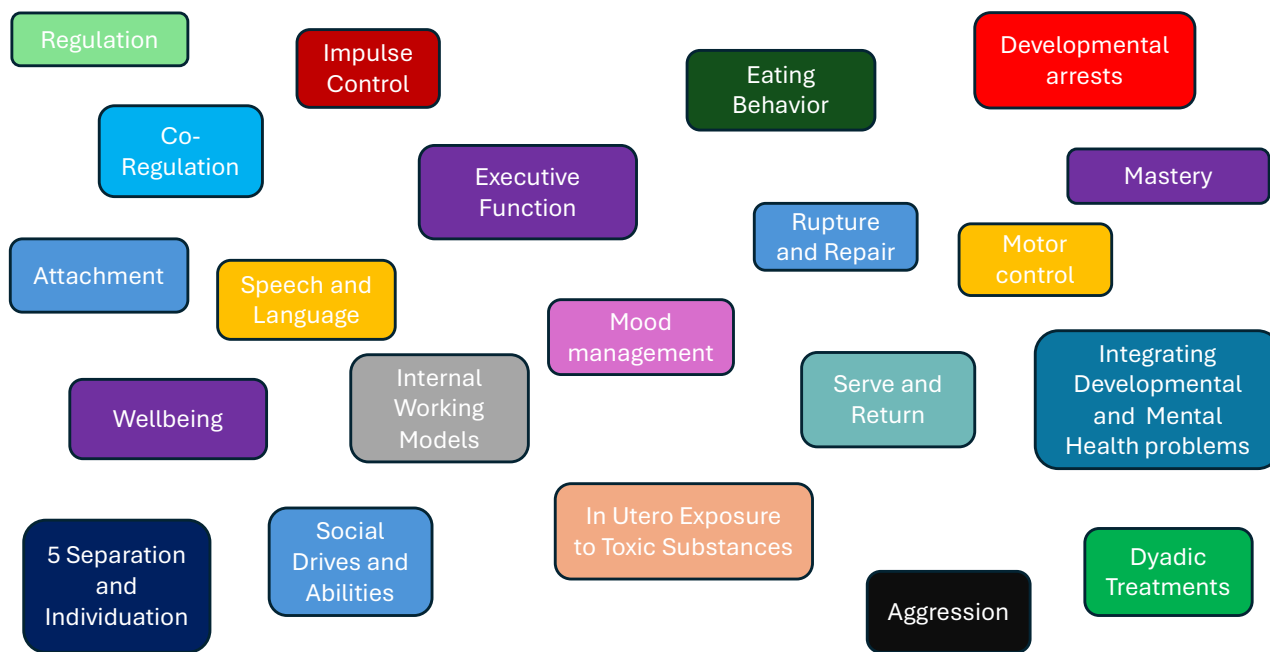
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## What We Learned from WCW

- Our Themes from Keynote Speakers
  - Key ECMH principles - Relationships/Attachment/Attunement/Regulation - Ruth Newton, Chris Walsh, Gene Nathan, Tina Payne Bryson, Kristie Brandt, Pat Levitt
  - Trauma – Bruce Perry, Chandra Ghosh Ippen
  - Importance of In Utero Exposures – Ira Chasnoff, Tina Chambers
  - Other Disruptions in Development – Jim Garbarino
  - Strengthening Families, HOPE, Pair of ACEs – Bob Sege, Wendy Ellis
  - Ways forward – Kate Rosenblum, Maria Muzic
  - Culture/DEIB – Chandra, Habeebah Grimes, Rajkumari Neogy

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## We Have Learned So Many Things



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## Our Why - ECMH Learning to Promote Love

**L**ife's

Unites Spiritual and Physics

**O**perating

Art and Science of Life

**V**ibrational

Art = Relationships

**E**nergy

Science = Skills

ECMH's focus is improving relationships (connection) and skills of living

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## Nurture is LOVE in action

- To care for and to encourage the growth or development of ....  
(Children, Pets, Plants, Co-Workers)



The Academic Field of  
Nurturology

Economy based on  
units of nurture

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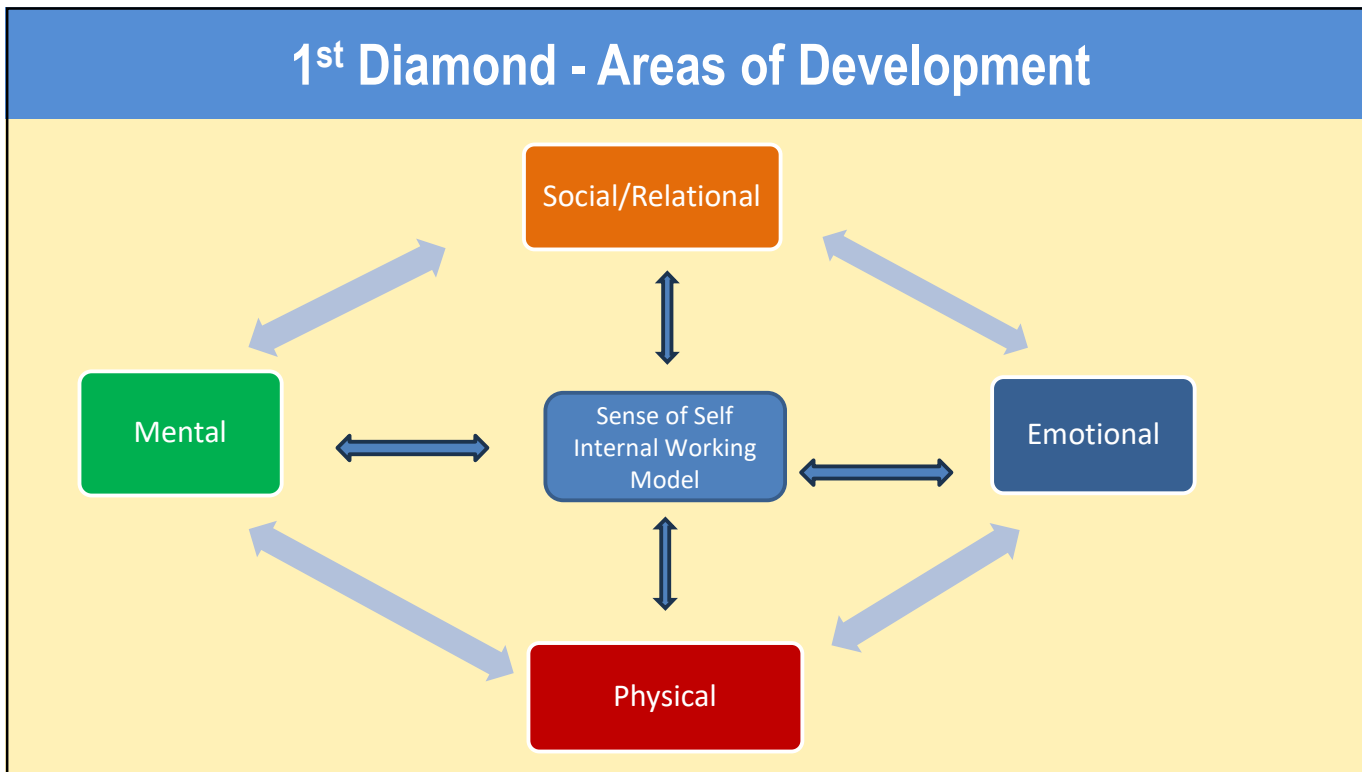


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## Section 2

### How Children (and Adults) Develop Some Key ECMH Concepts

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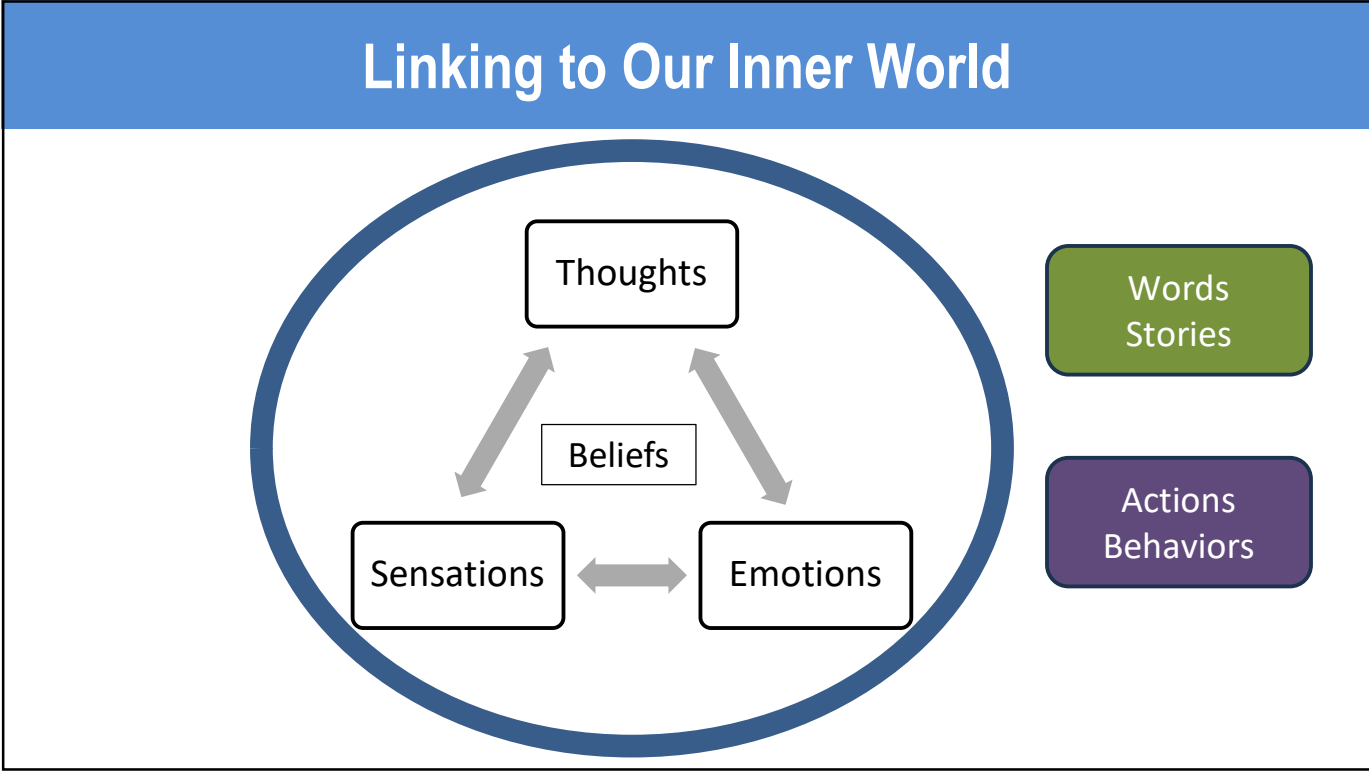


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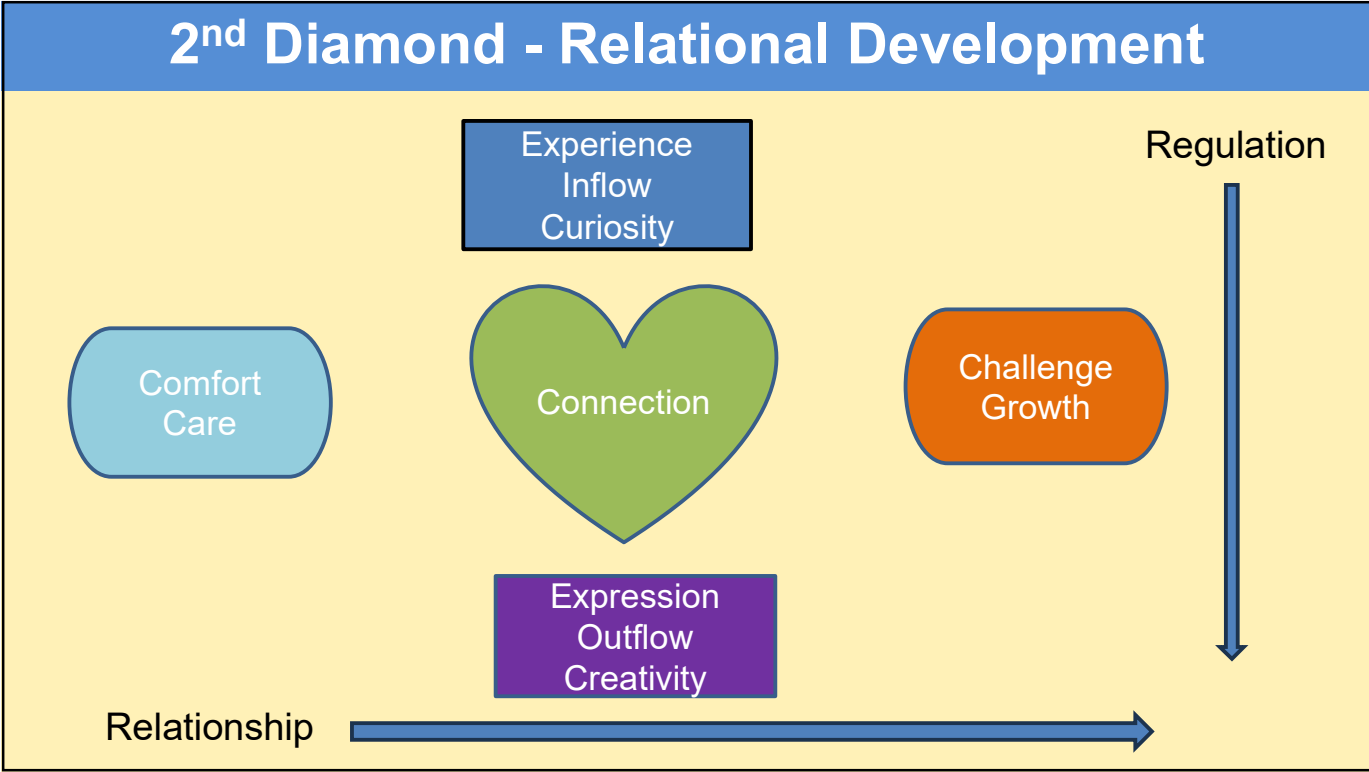
### Are Interconnected and Interdependent

<div style="border: 1px solid black; background-color: #e67e22; color: white; padding: 5px; border-radius: 10px; text-align: center; margin-bottom: 10px;">Social/ Relational</div> <div style="border: 1px solid black; background-color: #27ae60; color: white; padding: 5px; border-radius: 10px; text-align: center; margin-bottom: 10px;">Mental</div> <div style="border: 1px solid black; background-color: #3498db; color: white; padding: 5px; border-radius: 10px; text-align: center; margin-bottom: 10px;">Sense of Self</div> <div style="border: 1px solid black; background-color: #2980b9; color: white; padding: 5px; border-radius: 10px; text-align: center; margin-bottom: 10px;">Emotional</div> <div style="border: 1px solid black; background-color: #c0392b; color: white; padding: 5px; border-radius: 10px; text-align: center;">Physical</div>	<p>Attachment, Temperament, Attunement, Interactions, Relationships, Caring, Empathy, Compassion, Service</p> <p>Cognition, Concentration, Problem Solving, Communication (connects to physical), Imagination, Memory</p> <p>Self-Esteem, Identity, Mastery, Morality</p> <p>Understanding, recognizing, regulating emotions</p> <p>Gross Motor, Fine Motor, Proprioception, Interoception</p>	<div style="border: 1px solid black; background-color: #fff9c4; padding: 10px; text-align: center;"> <p><b>Role of:</b></p> <p>Relationships Play Regulation Co-Regulation Teaching Modeling</p> </div>
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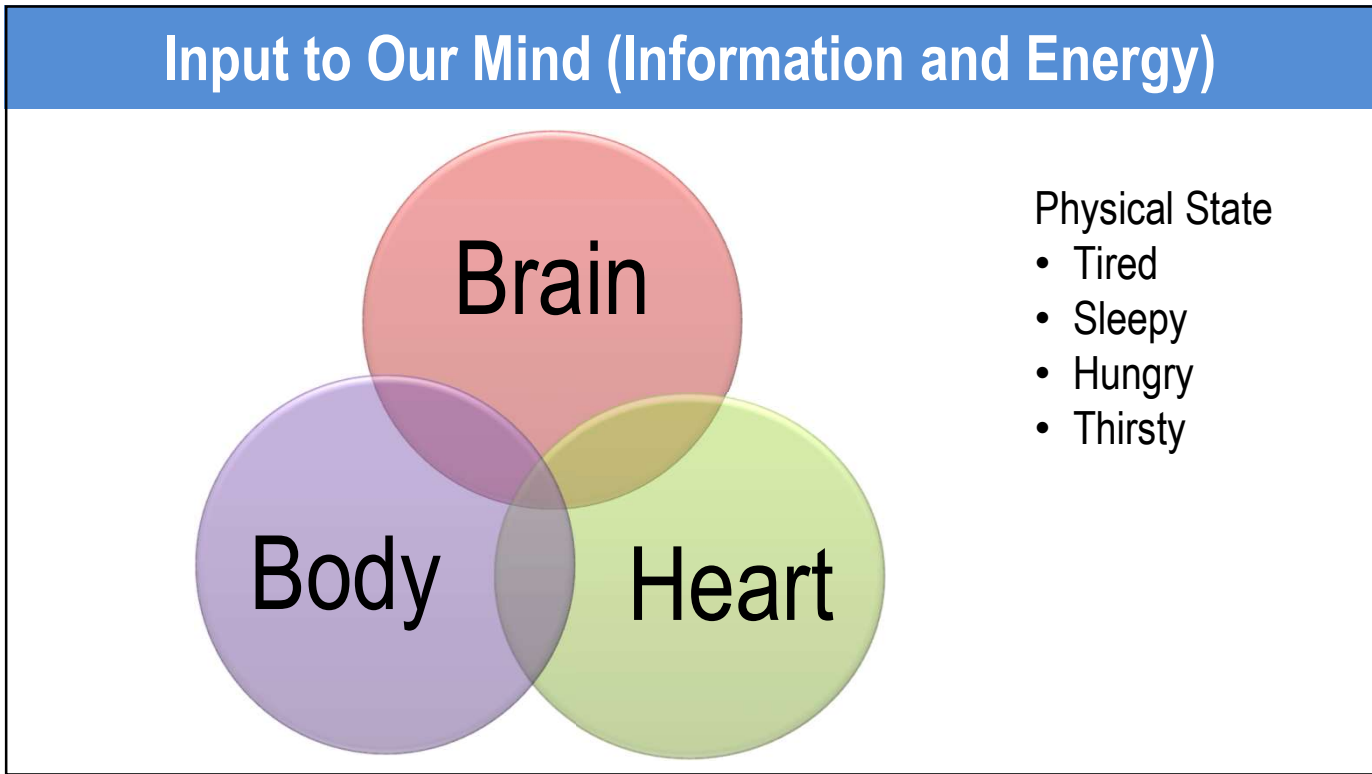
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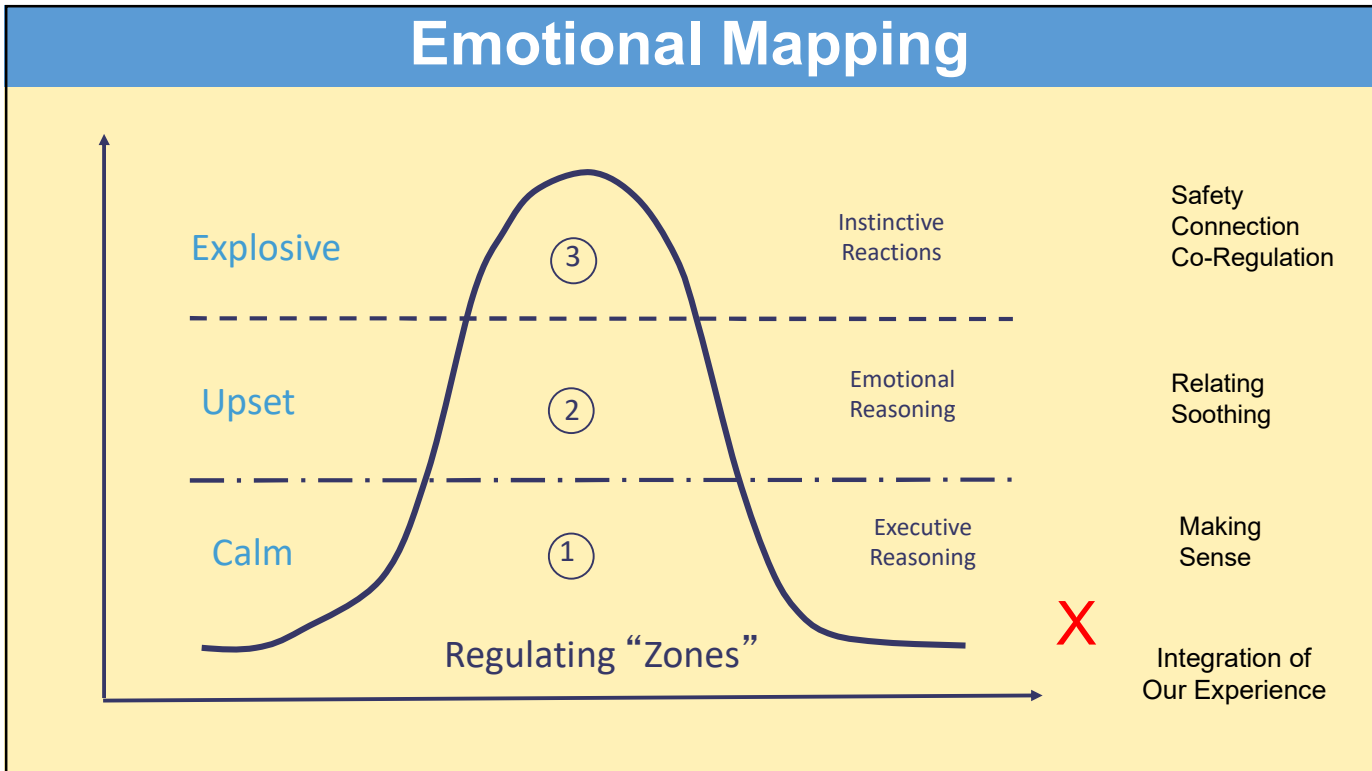
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## Giant Meltdown

- Sammy, 4, began screaming and hanging on to his mom's body while simultaneously pushing her away.
- His mom has learned that when Sammy is upset, he wants to be close, but he does not want to be held.
- His mom moved away a bit and suggested a calming strategy (counting and blowing out a candle), and told she told him "I am here for you."
- He continued to cry a little longer, then began to count.
- Sammy's voice gradually get calmer as he counted. When he reaches 30, he raised his finger to "blow out a candle."
- Her mom asked if he was ready for a hug, and he climbed into her lap and fell into her.

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## The "ABCDE"s of Co-Regulation



**Attune**



**Be  
Reflective**



**Calm,  
Coregulate**



**Describe  
and  
Repair**



**Explore  
<sup>26</sup>  
Options**

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## Making Sense/Meaning - Coherent Narratives

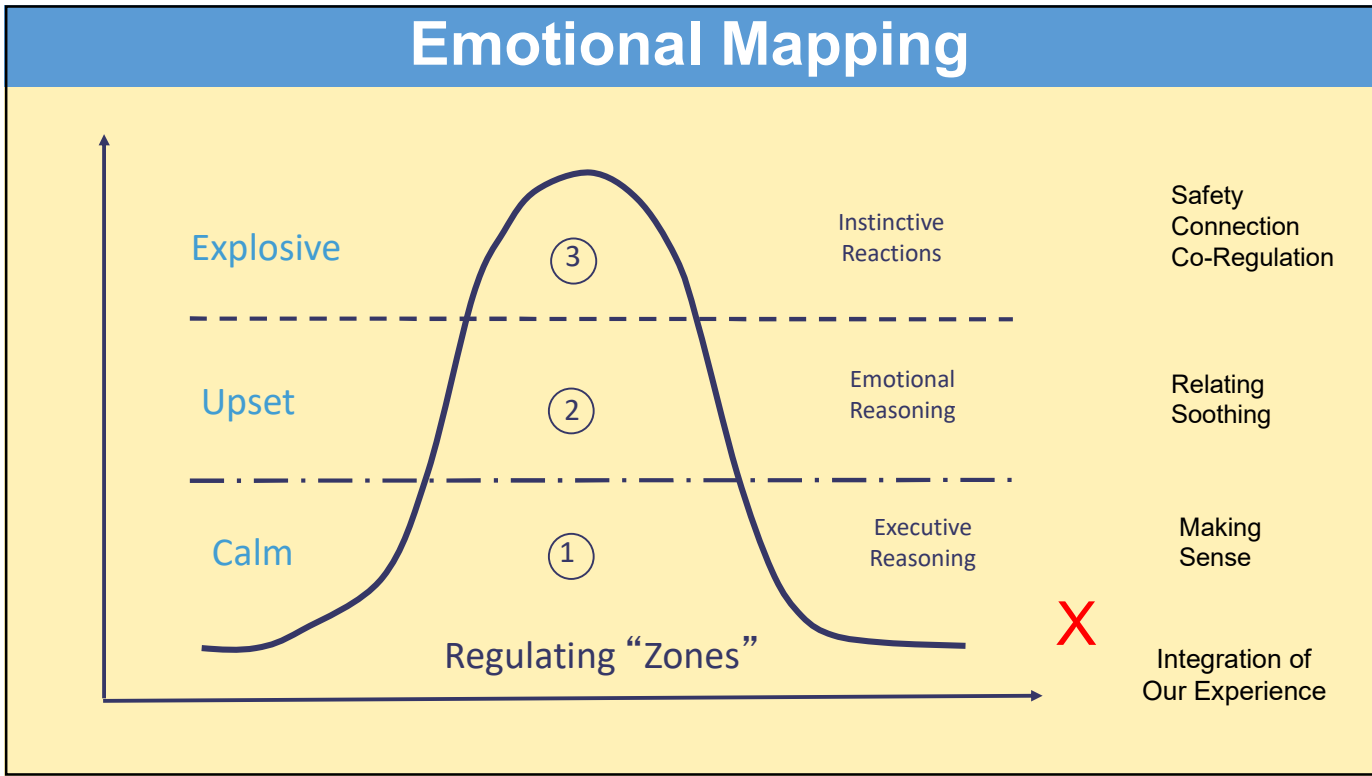
- We organize and make sense of internal and external worlds by weaving together thoughts, feelings, sensations and actions through language
- Connection of the past and present in the creation of an autobiographical sense of self-awareness
- Provides the developing brain with fundamental means of integrating data from disparate sources
- A way for explaining behavior—emotionally meaningful, causally-linked, serving as a means of education, understanding and change

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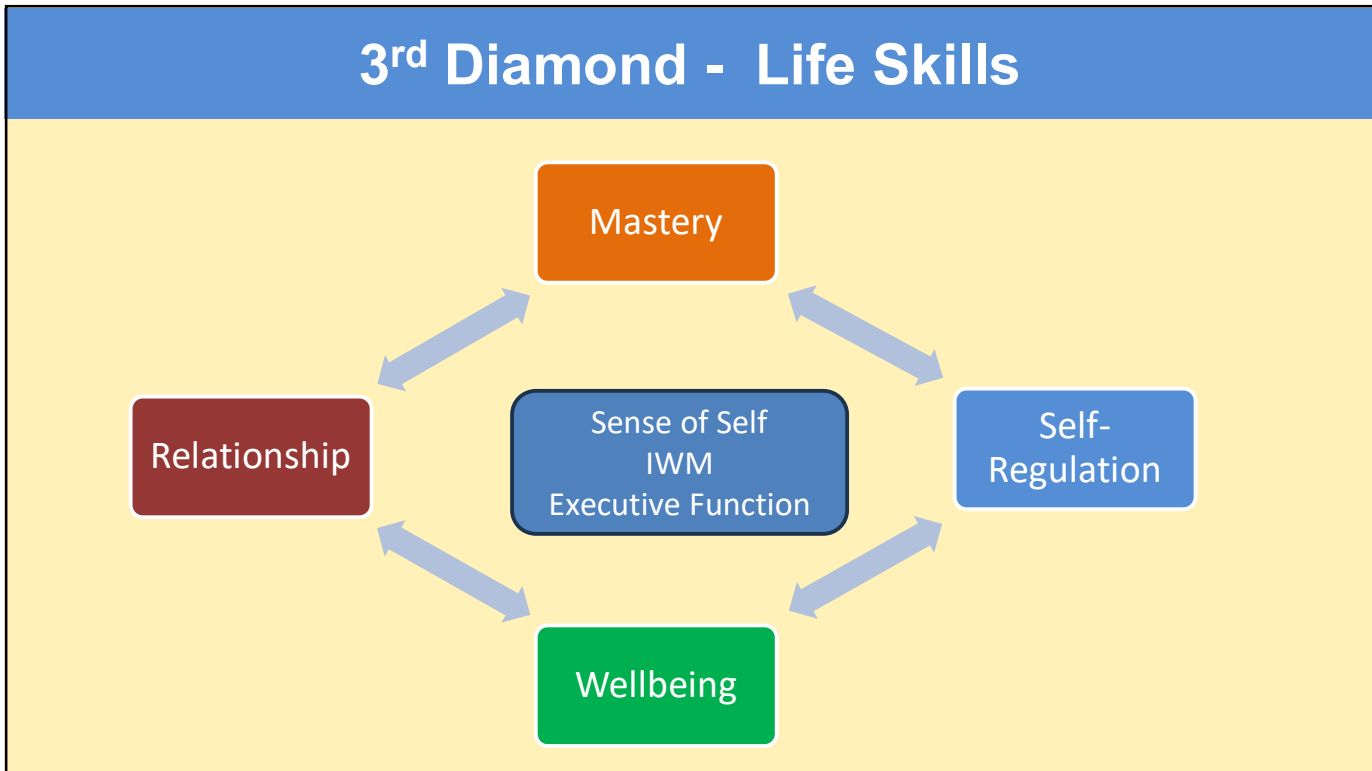
## Making Sense of Giant Meltdown

- Sammy's Mom can ask once he is calm
  - “Sammy, do you remember when you got so upset?”
  - “I wonder if ... made you upset?”
  - “You did such a good job calming down. Do you remember what helped you feel better?”
  - “It felt good to me that you hugged me when you felt better.”
  - “I will always try to help you when things get hard for you.”

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## Section 3

### What Can Go Off Track How ECMH is Changing MH

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#### During My Training, MH Problems Understood as

- Genetic or heritable vulnerability
- Congenital
  - Physical malformation
  - Exposure to chemicals or infection
  - Birth Trauma
- Learned Maladaptive Behavior
- Psychological Conflict
- Social relations problems
- Caregiver/child relationship
  - Attachment and Loss
  - Temperamental mismatch
- Medical problems
  - In child
  - In caregiver
- Physical trauma
  - Head injury
  - Broken bones, burned skin
  - Dog bites

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## Through My Experience, We Needed to Add 2 More

### 1. Psychological Trauma

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

### 2. Interruptions of development

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## Interruptions of Development

### 1. Inexperienced caregiver

- Lack of support for caregiver
- Lack of capacity of caregiver

### 2. Loss of Continuity of Affectionate care

- Removal from home; change of placement
- Loss of parent, nanny, sibling

### 3. Problems of Sensitive Responsiveness and Mutually Confirming interactions

- Inability to attune to child's states

### 4. Challenges that are not overcome early

- Sleeping
- Eating
- Speech and language
- Fine and gross motor development
- Social development
- Behavioral problems (aggression, lack of emotional control, anxiety, depression, attention)

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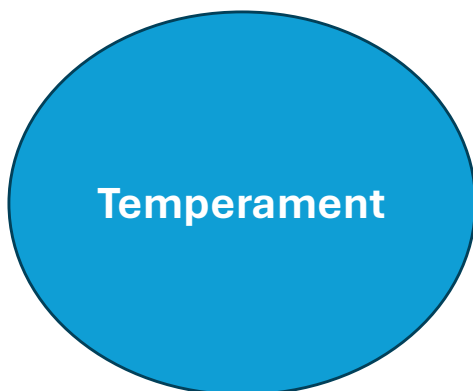
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## Emotional Arousal and Temperamental Mismatch

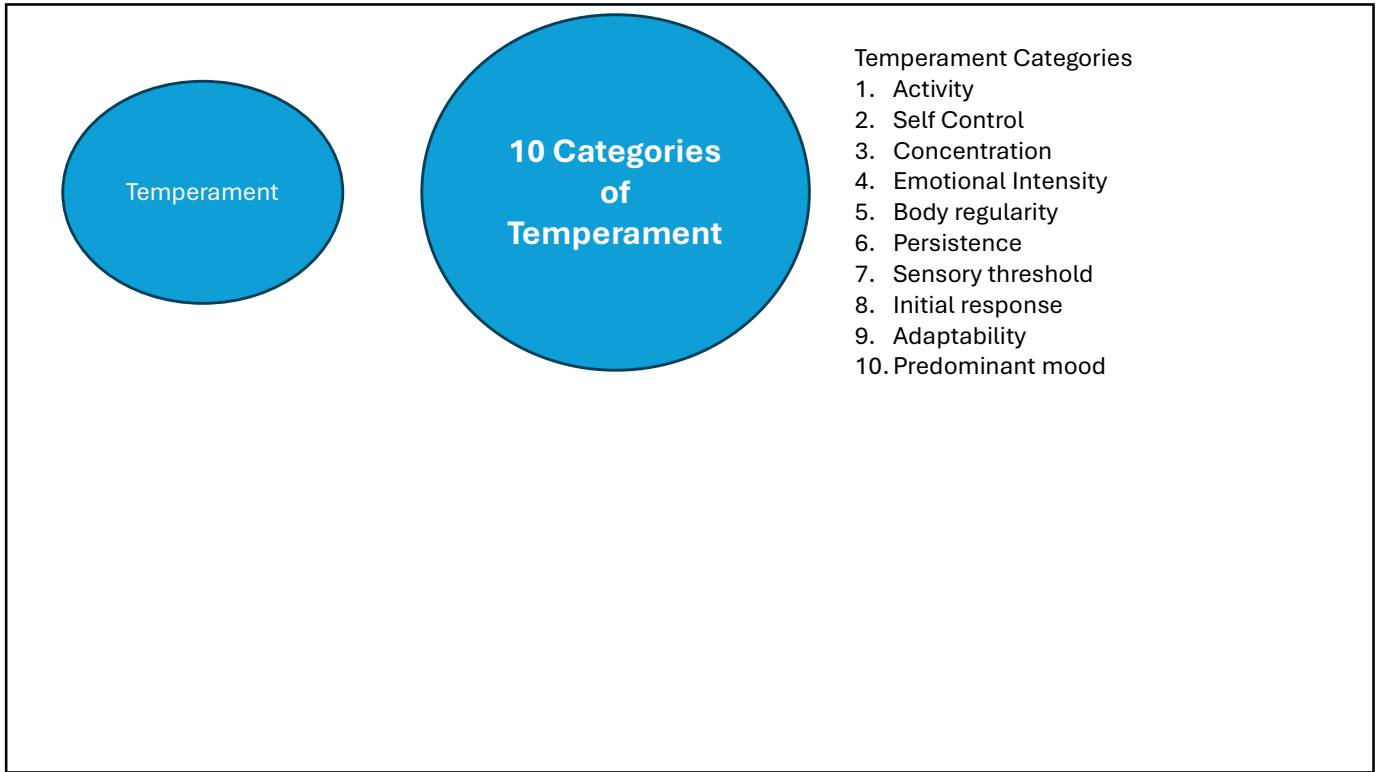
- Quantity of mood and behavior
  - Zones of Regulation
- Basic building blocks of personality and match with holding environment
  - Mismatch
- Intersect in emotional regulation

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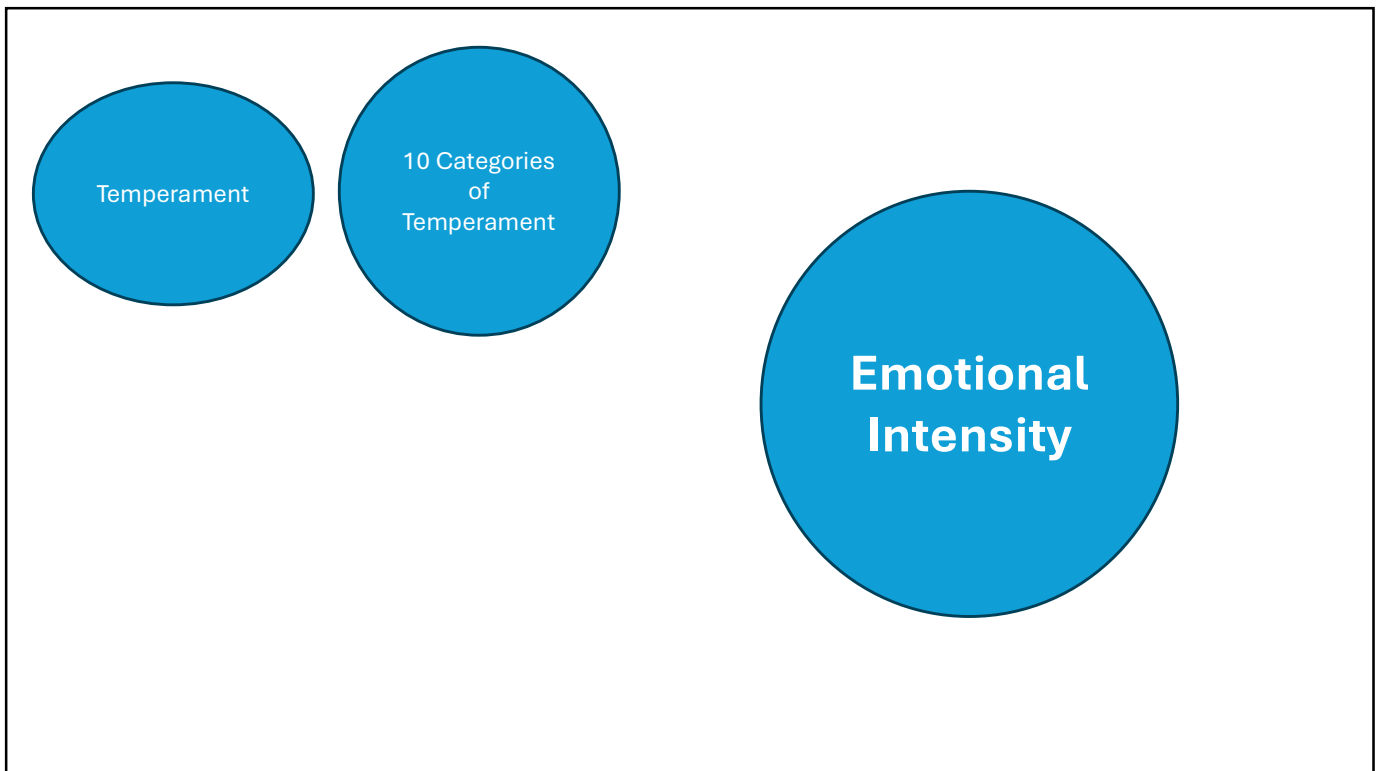
## Emotional Arousal



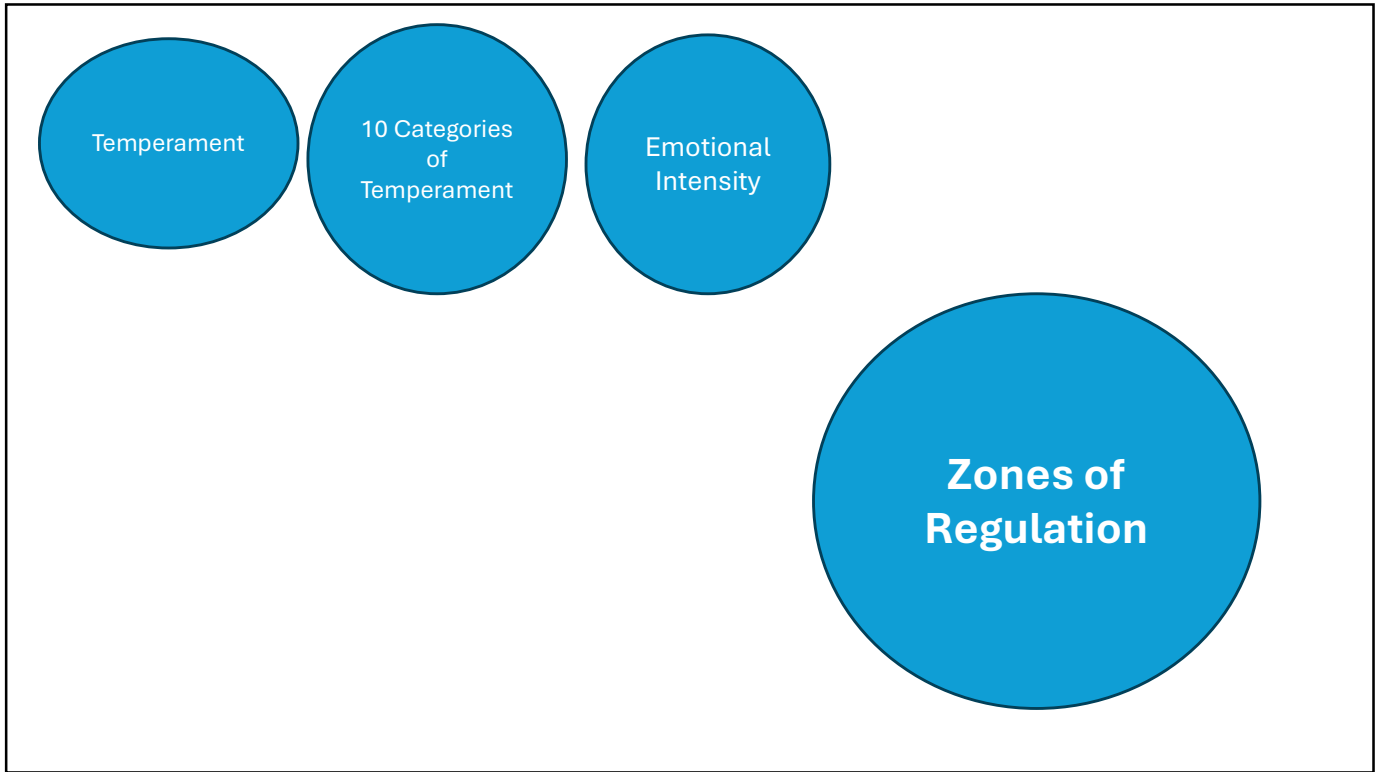
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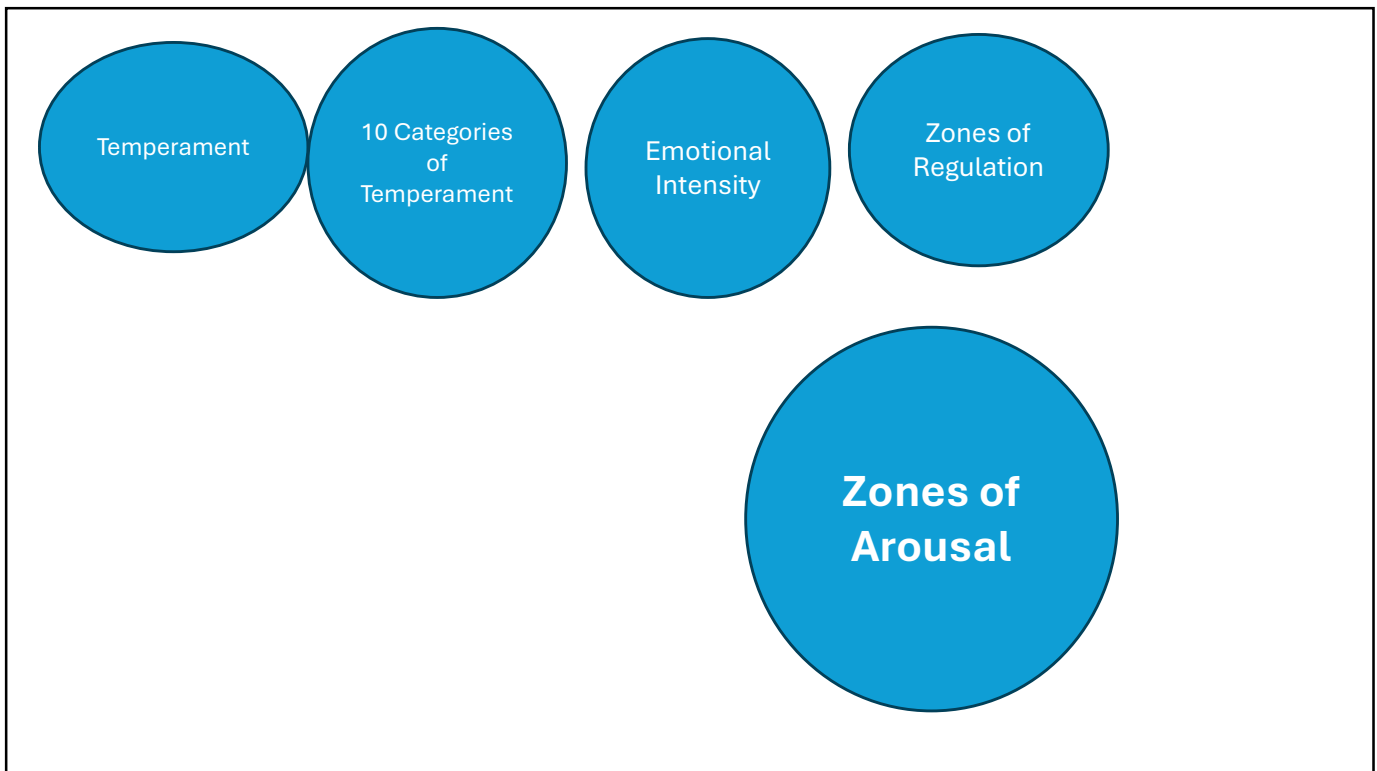
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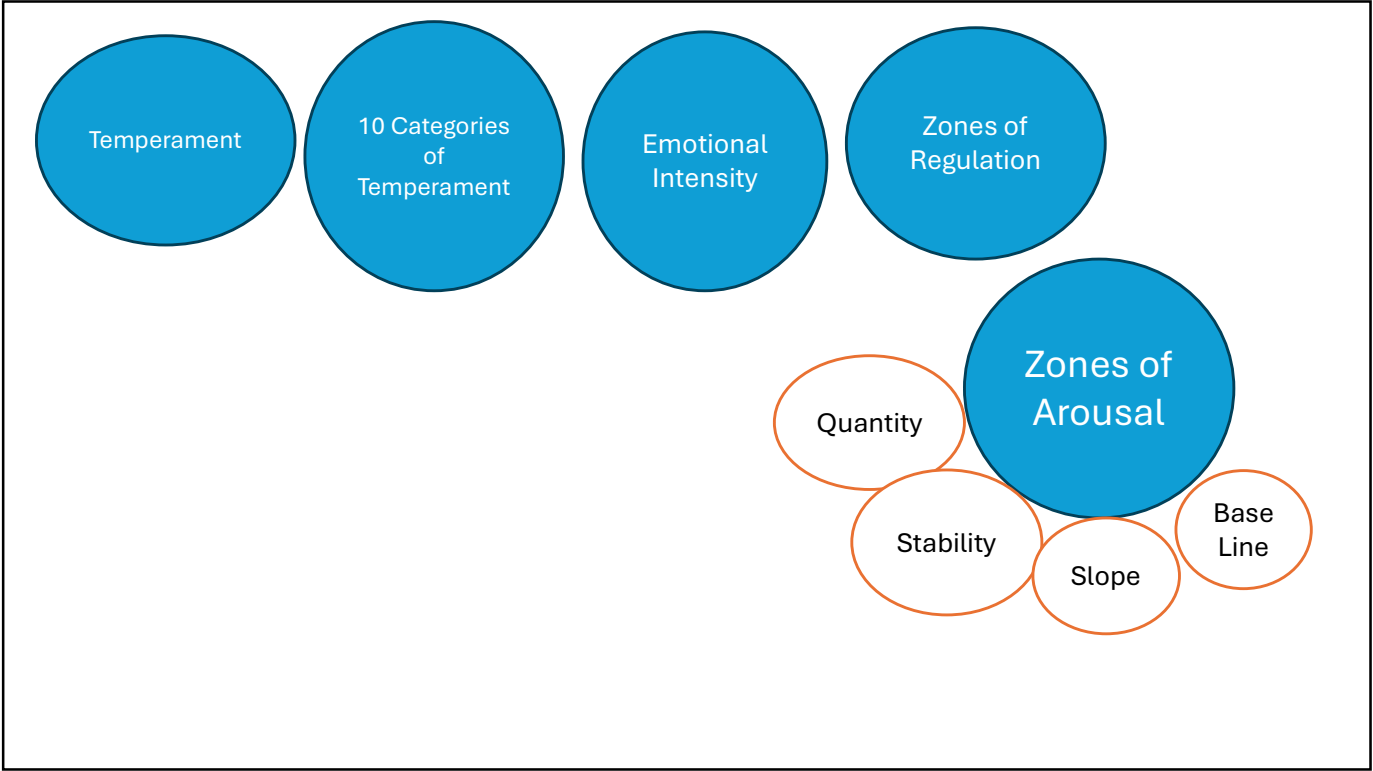
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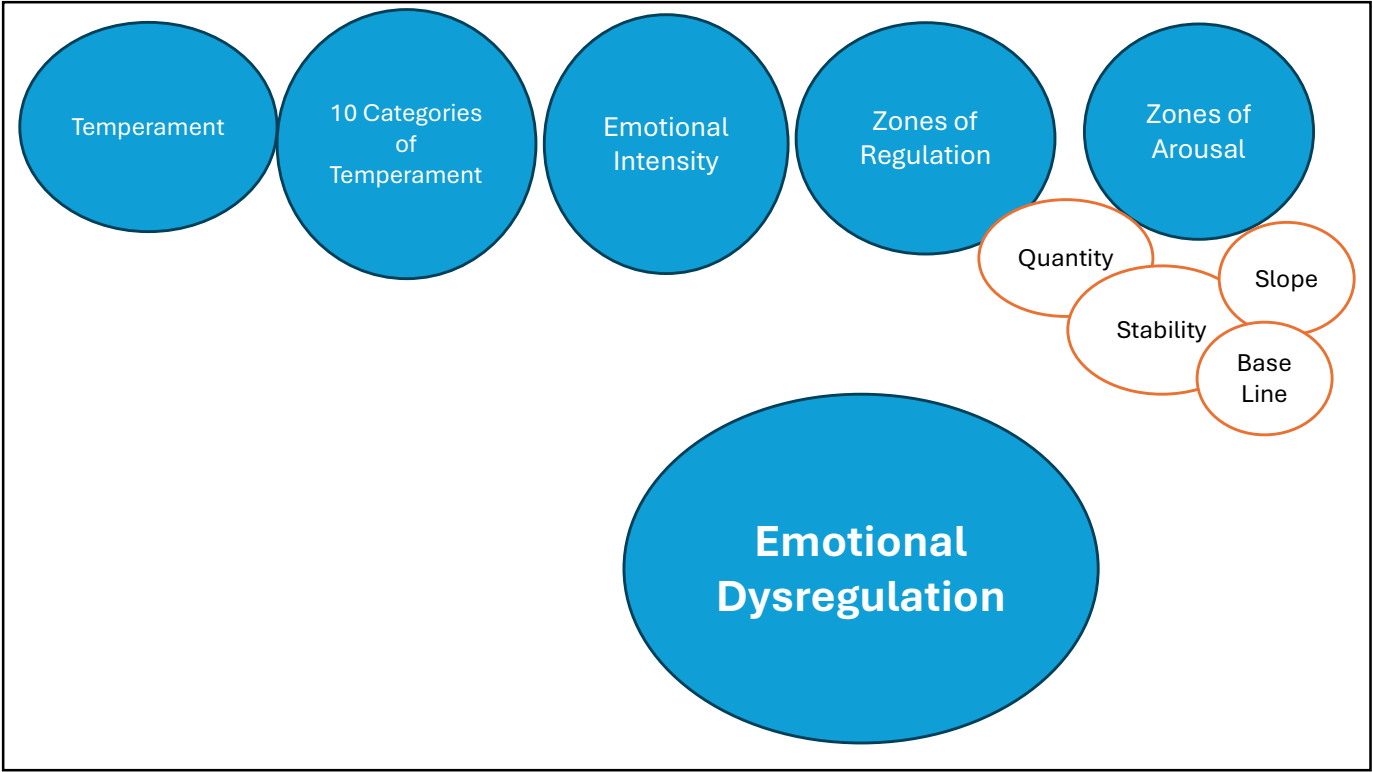
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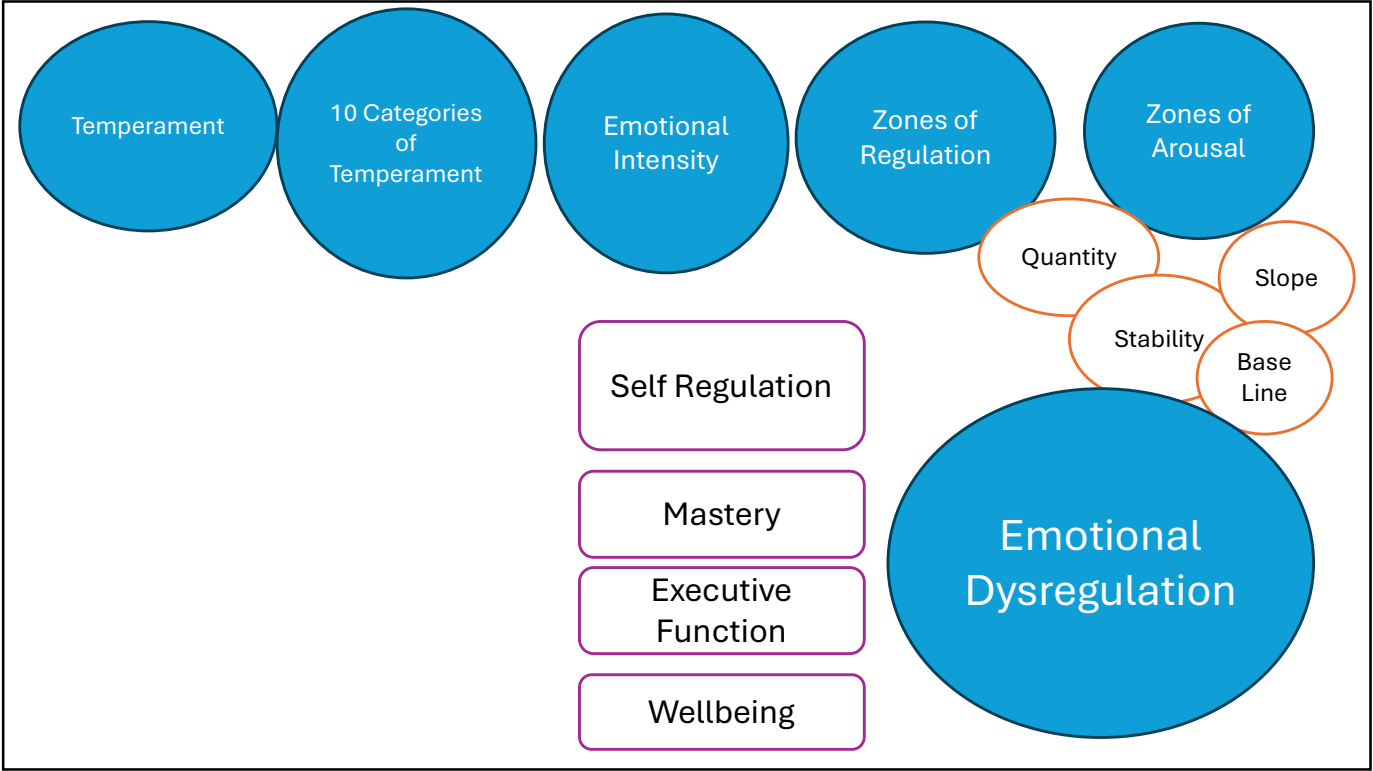
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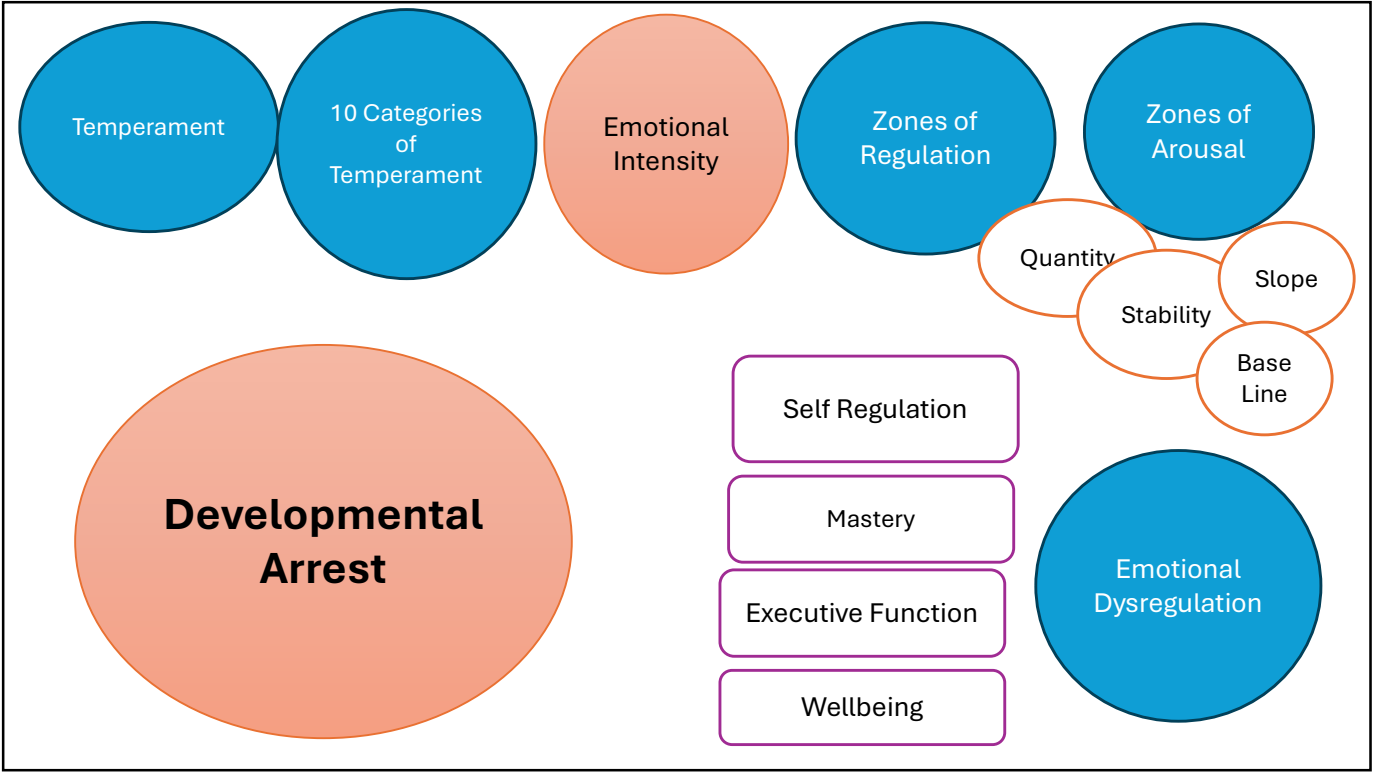
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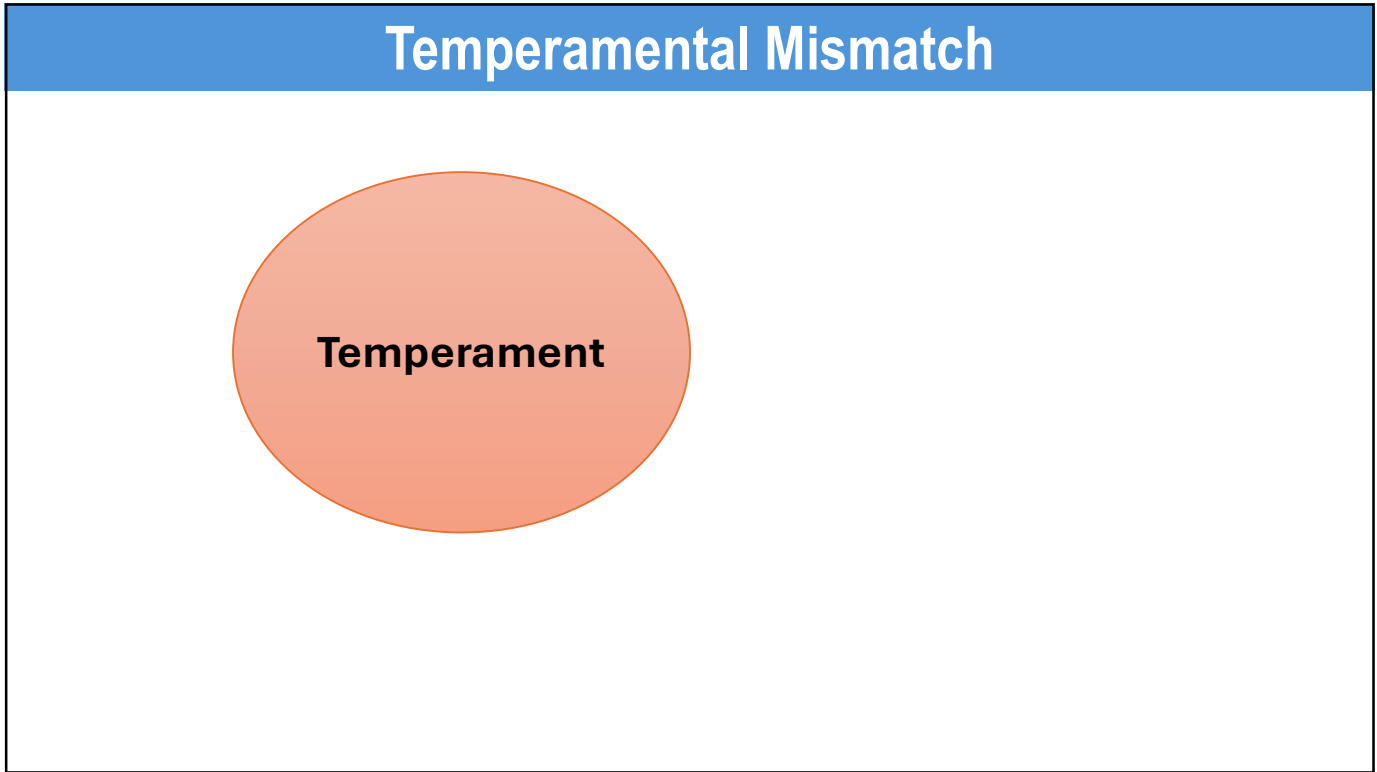
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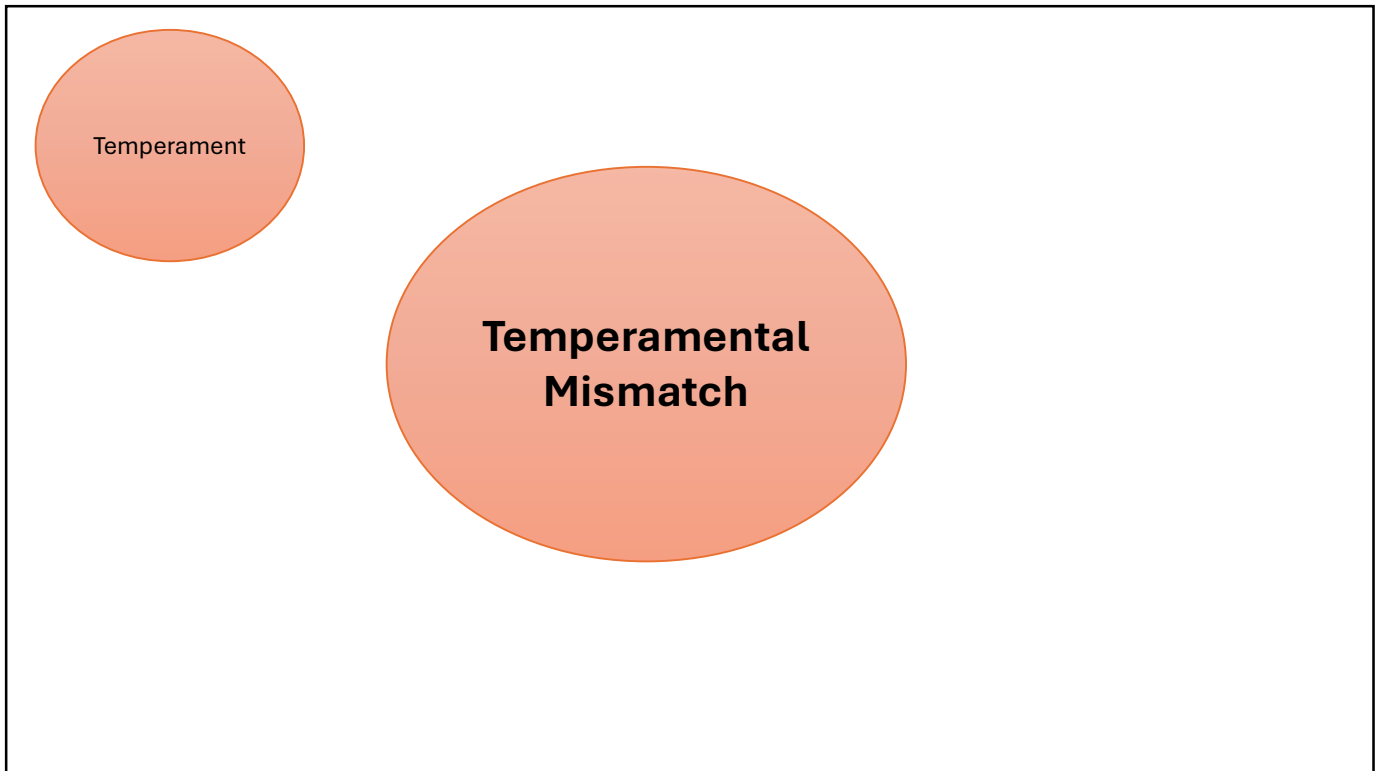
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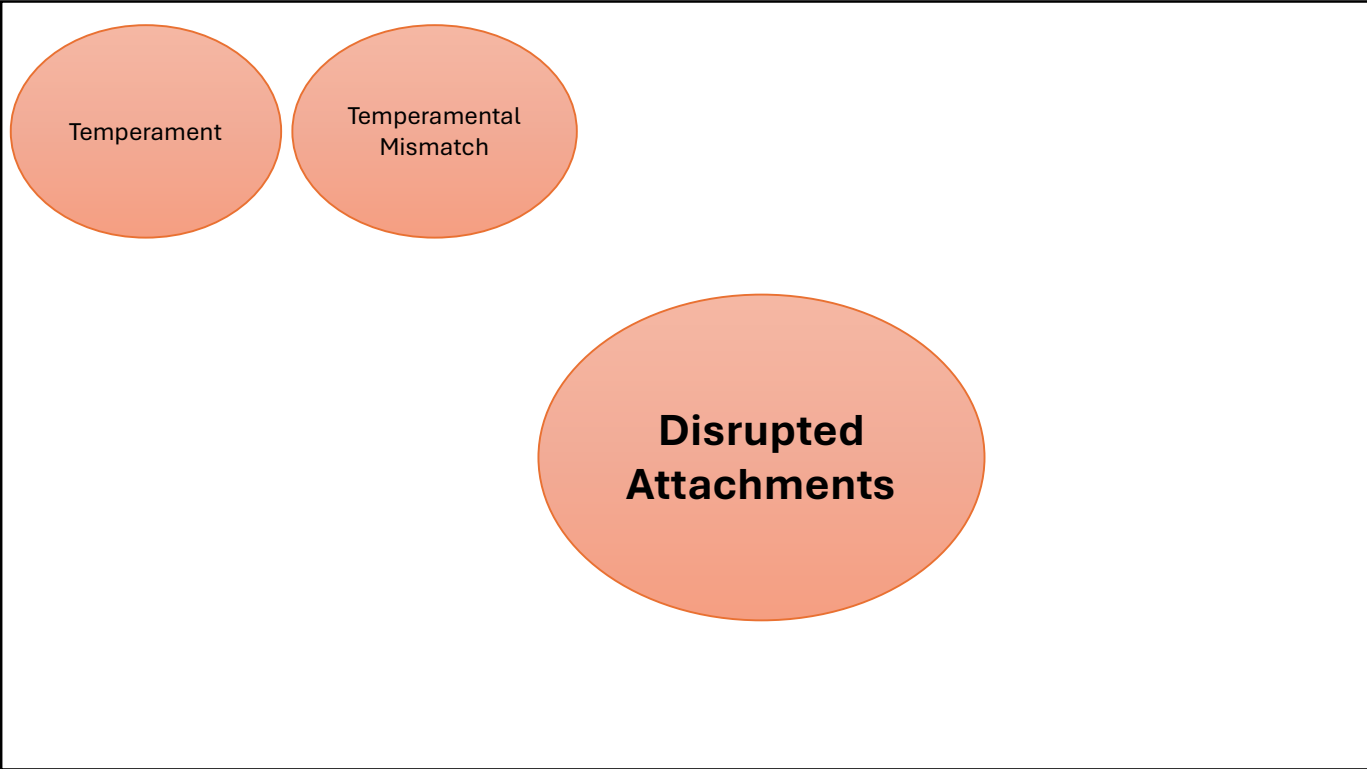
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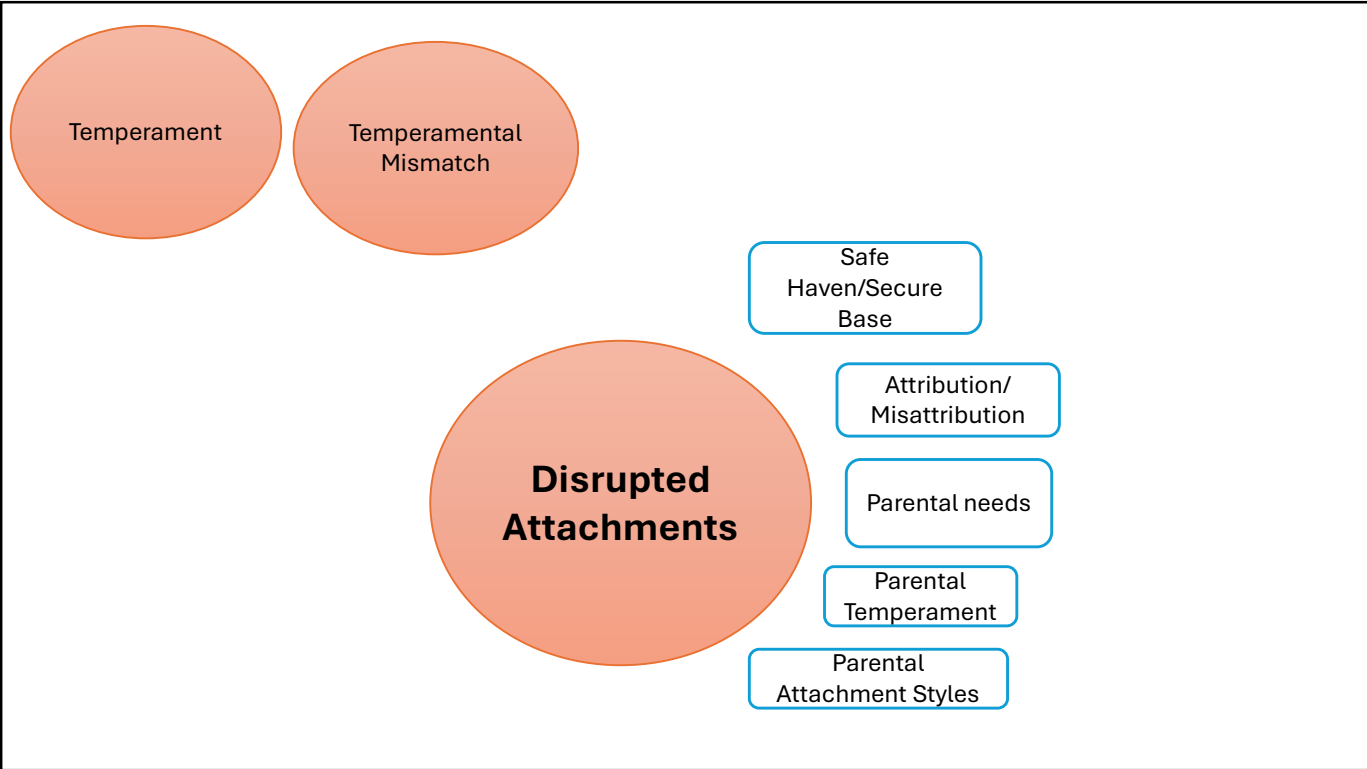
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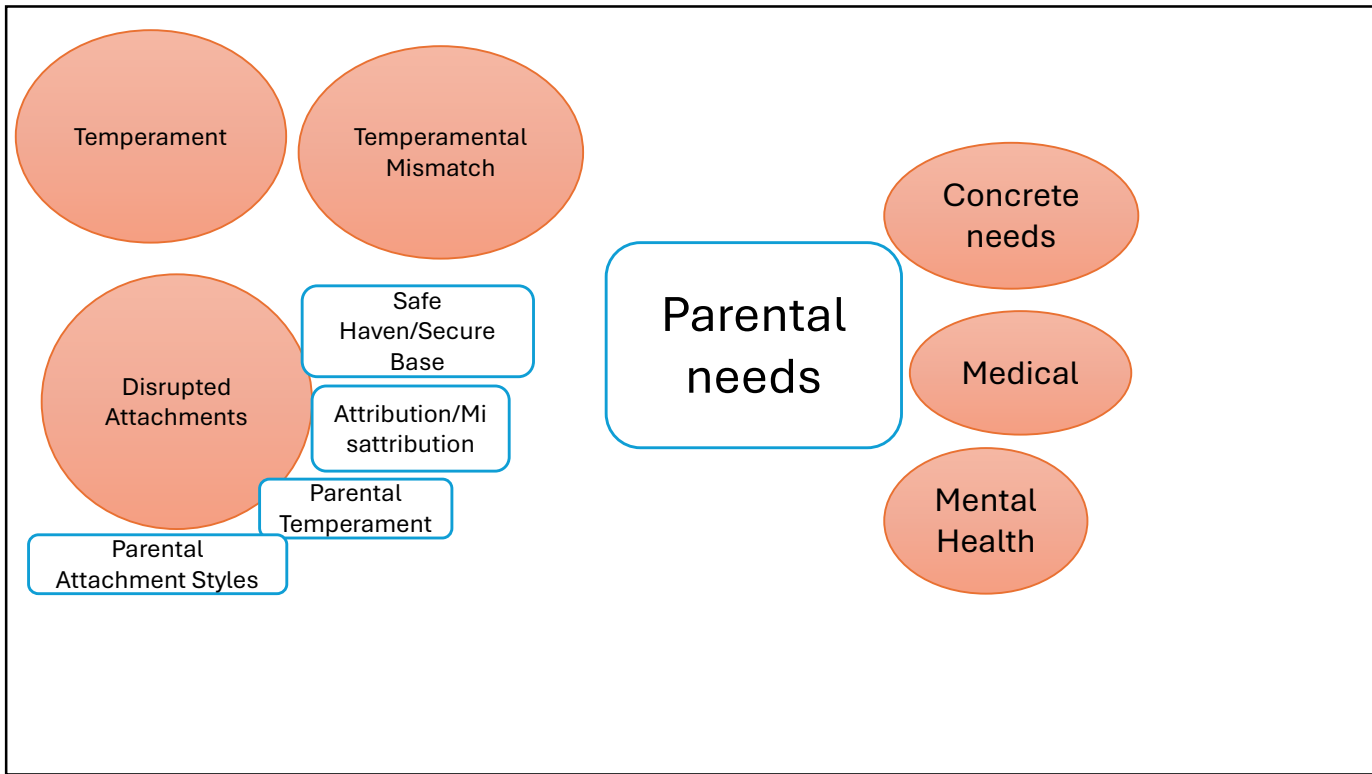


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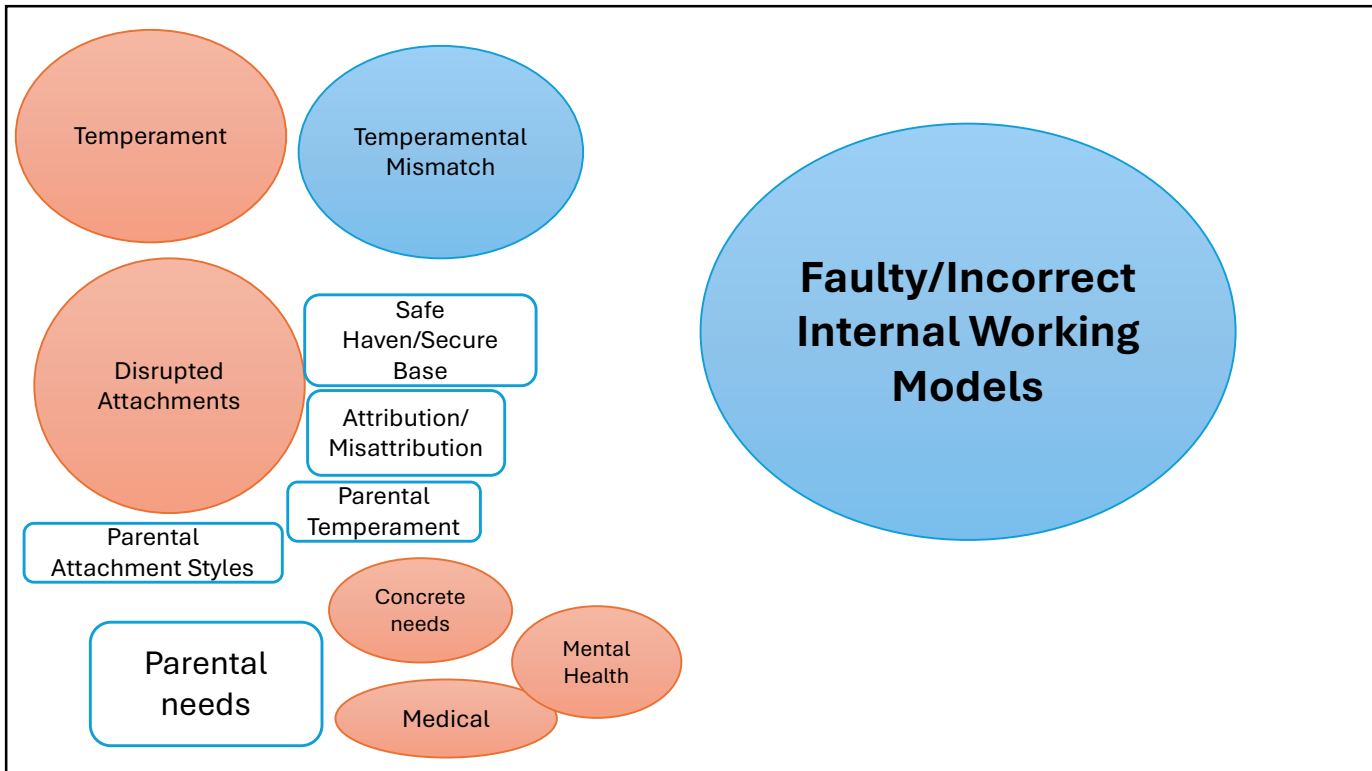


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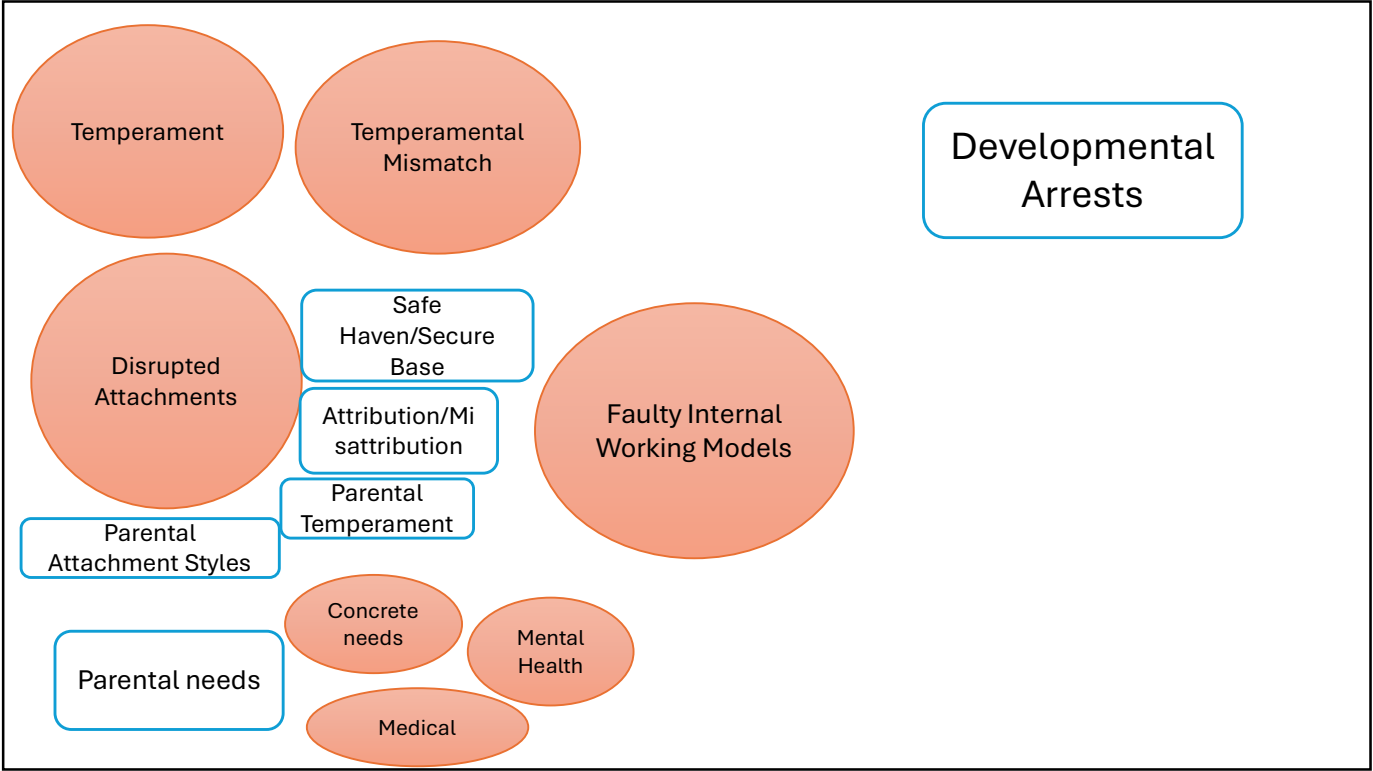




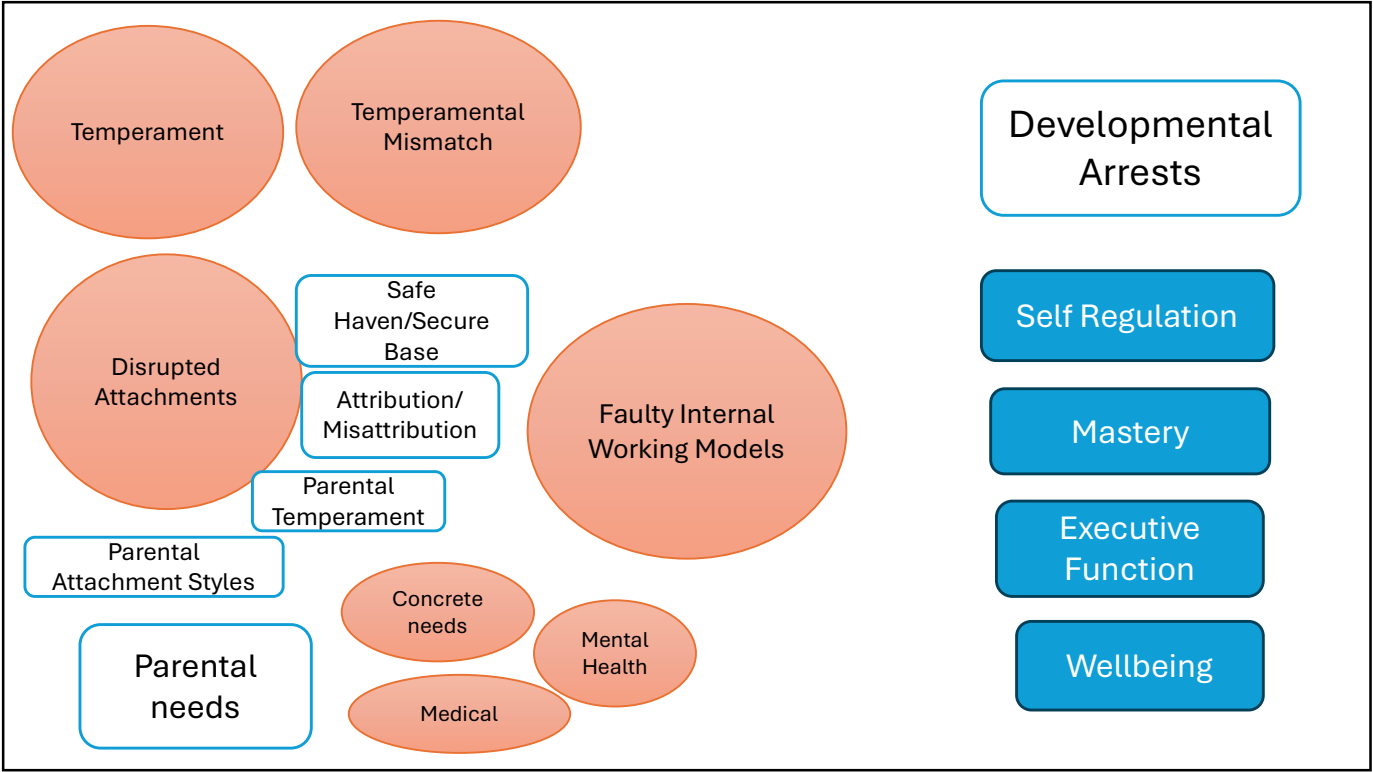
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## Section 4

### What Changed in My Practice

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How has my clinical and supervision practice changed since learning these new things?

Dyadic  
Interventions  
\*

Reflective  
Practice\*\*

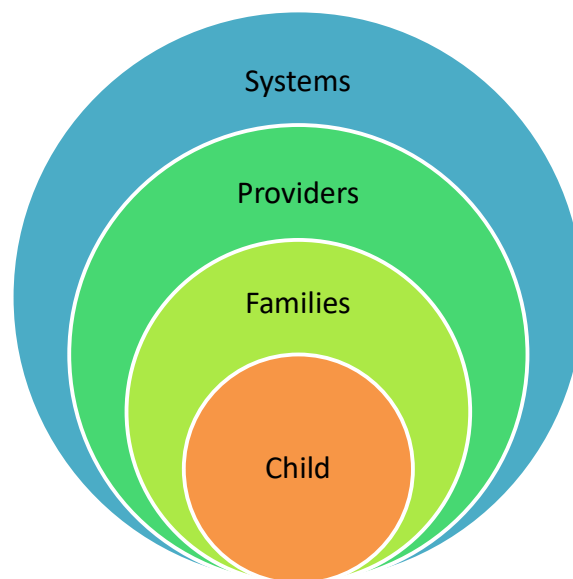
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## Rowe's new types of interventions

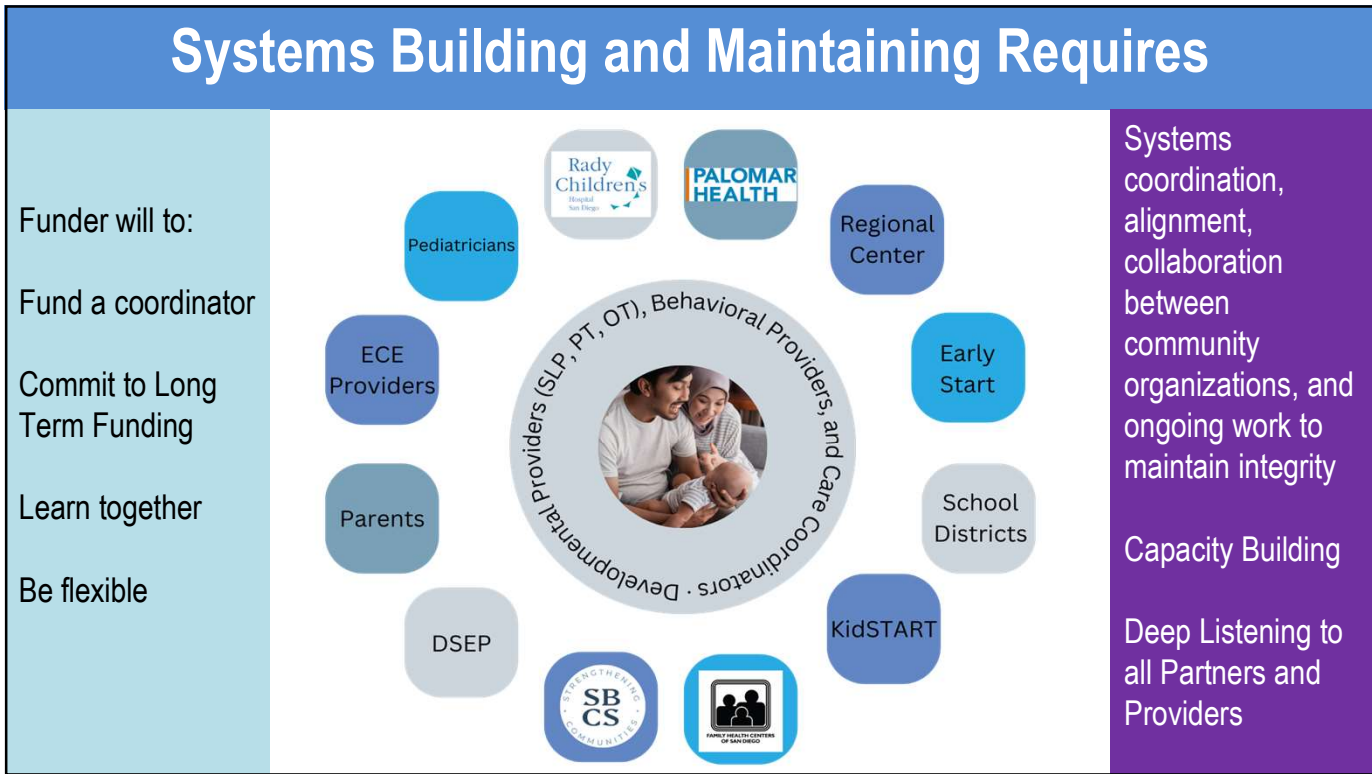
- Help parents emotionally regulate themselves
- Help parents become aware of the child having a separate mind
- Help parents and children become attuned to each other
- Teach about emotional dysregulation (Zones of Arousal) and temperamental mismatch (How to Manage Challenging Behavior)
  - Improves parents' sense of competence, change attributions for the troubles, build reflective capacity
- Meaning making- a new family story about the trouble
- Sacred Work!!!\*

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## Section 5 – Delivering ECMH Through Systems



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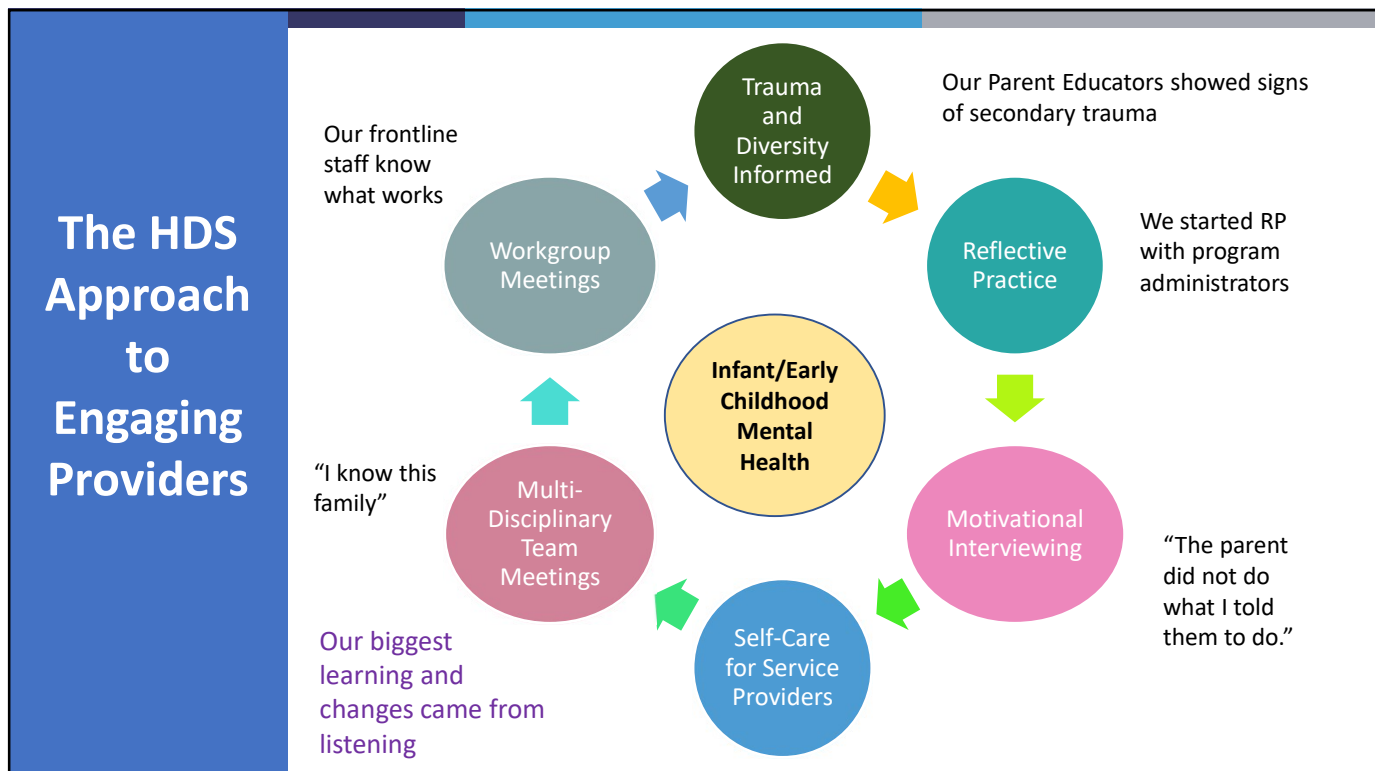


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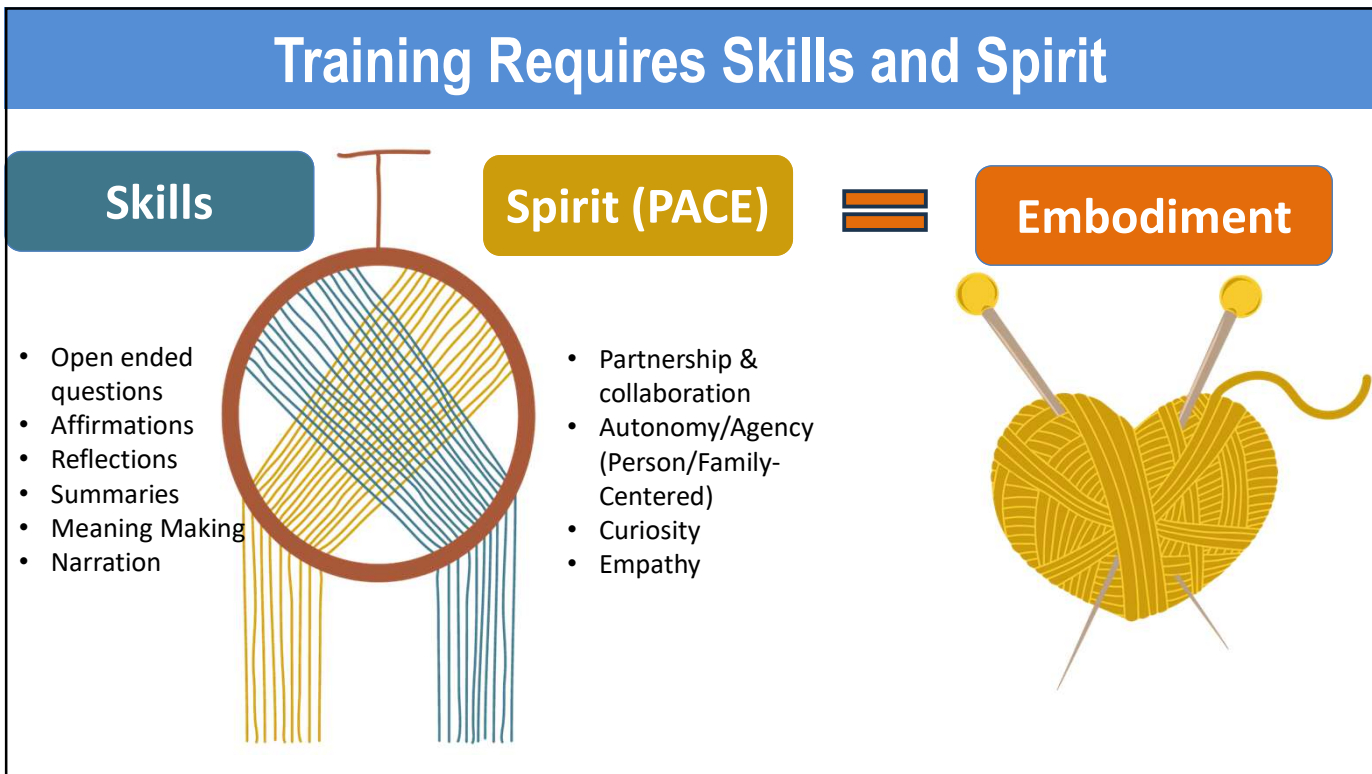
## Families' Unspoken Questions

- Are you safe? (physically, emotionally, mentally, and relationally)
- Can you see me? Or am I a number, a case, a stereotype?
- Can you actually help me?
- Will you be there in the long run? When things get tough?
- “Yeah, I have heard that before”
- Families will push you away at a certain point of vulnerability from fear of being hurt – Can you stay open, non-judgmental and patient?

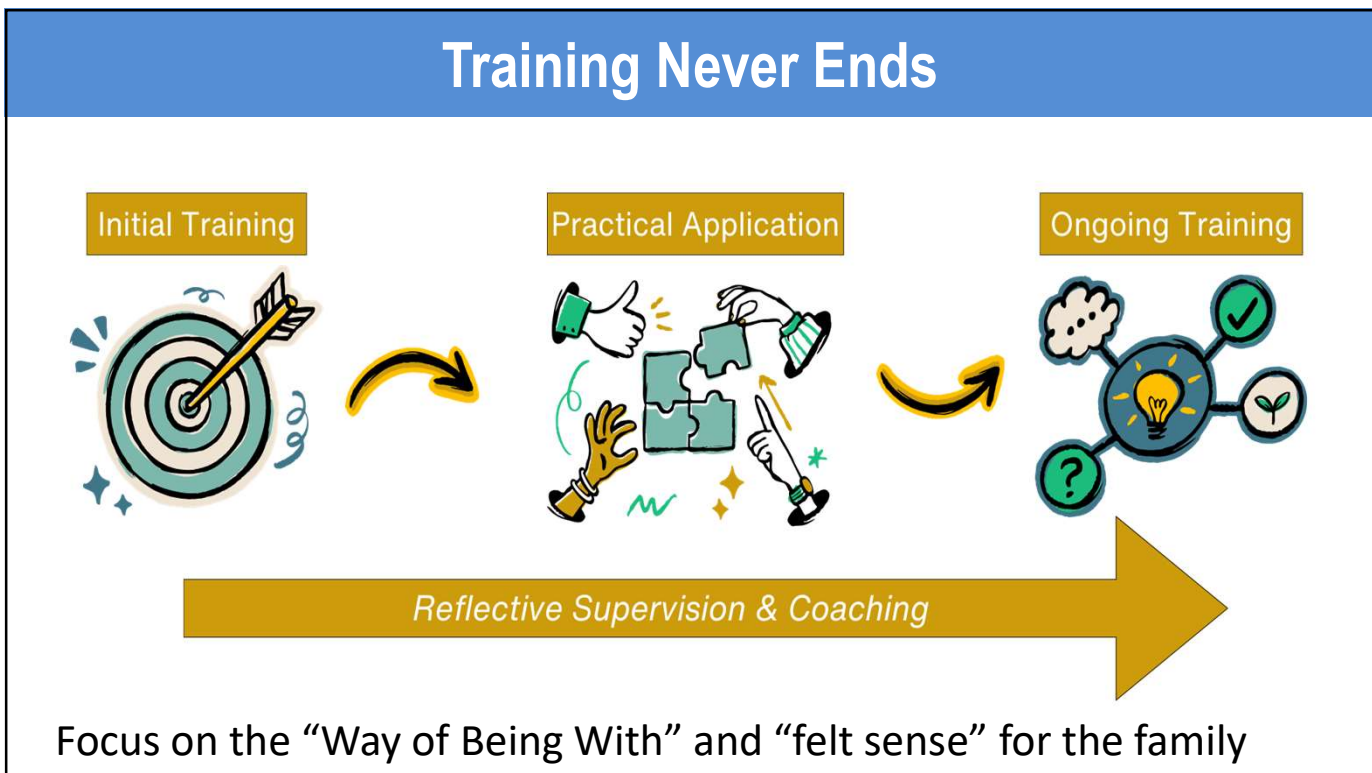
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# Supporting Our Providers

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# Supporting Our Parents and Caregivers

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## When a Provider say, “I know this family.....” Care Coordination Become Caring Coordination



## When a Family Feels They Matter and Belong - Attachment

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## To Support the Parent/Caregiver

Create safety  
no agenda, no  
judgment approach

Shift intake to a  
conversational,  
relationship building  
process

Address Social  
Drivers of Health

Build the relationship  
through asking about  
difficulties situations  
and trauma

Honor Parents are  
Agents of Change

Address parental  
mental health

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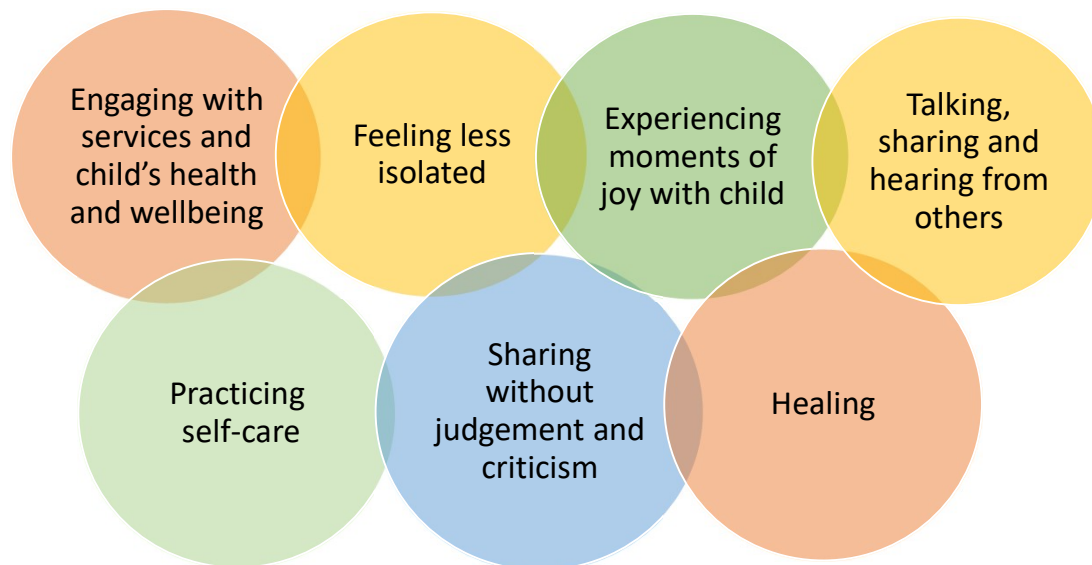
# Integrated Parallel Process

When System Coordination Exists, Care Coordination Becomes Focused on Help Families Through Services



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# We Stay Focused on What We Want for Our Families



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## What Needs to Change

- The necessity of sorting cases into 3 groups
  - Uncomplicated (one or two diagnoses)
  - Moderately complicated or severe (3-4 diagnoses or suicidal ideation, psychosis, mania)
  - Complex or significantly severe (multiple diagnoses, developmental arrests, old problems-new problems)
- Measure Meaningful Outcomes
  - Deciding on what matters in terms of outcomes
  - Having simple, useful measures
  - Use these measures to help children and families see their progress

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## Interventions for Category #1 “Sorted Cases”

- Use practice parameters from AACAP, AAP, or other professional organization
  - Oppositional Defiant Behaviors
    - PCIT
    - Behavioral Therapy
    - Structured Family Therapy
  - Major Depression
    - CBT for depression
    - Dialectical Behavioral Therapy
  - Medications for Category #1 problems can be done following the AACAP Practice Parameters or the Texas Medication Algorithms

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## Category #2 “Sorted Cases”

- There are no current standards for practices or modalities for treatment of children with 2 or 3 co-occurring conditions.
  - Special training in multiple modalities of care needs to be down in order to tailor the treatment to the multiple conditions- clinical experience, family preferences, consultation with supervisors or colleagues help determine target symptoms, clinical formulation of the child’s case, and strategies for helping
  - Medication treatments should follow the same process- training, experience, consultation, target symptom identification, developing a clinical formulation and strategy

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## Category #3 “Sorted Cases”

- Similar to Category #2, but more expertise, collaboration and cooperation between treaters, and a team approach is necessary
- Ancillary services like Home Visiting, Clinical Care Coordination, School Support services, Developmental Specialists, Medical Specialists all may be needed depending on complexity or seriousness
- Consideration to building a “Disease Management Model” similar to that used with Serious Asthma or Diabetic Conditions

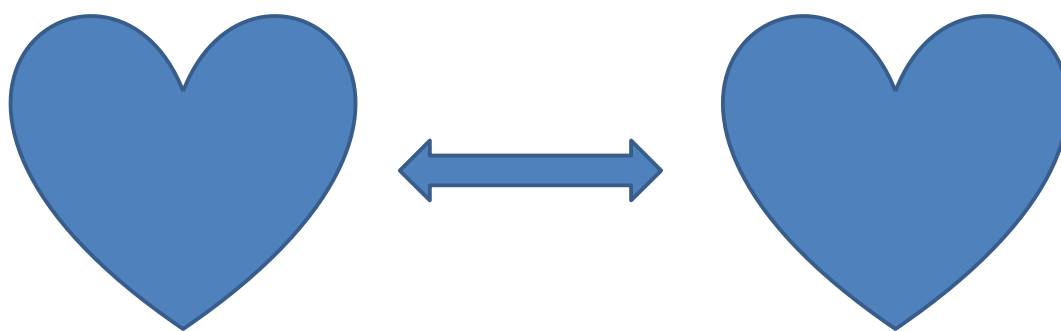
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## Measures?\*

- There are no standard measures that address all clients
  - Do you have the same measures for an ear infection and a broken leg? Cancer? Difficult pregnancy?
- Identifying target symptoms and building a F.I.D.\*\* scale
  - Goal of 50% reduction in each- naming what that would be for FID
- Predicting and planning for setbacks of the targets
  - New stresses, loss of protective factor, developmental challenges (parent/child challenges, going to school, interacting with people outside of the family)\*\*\*

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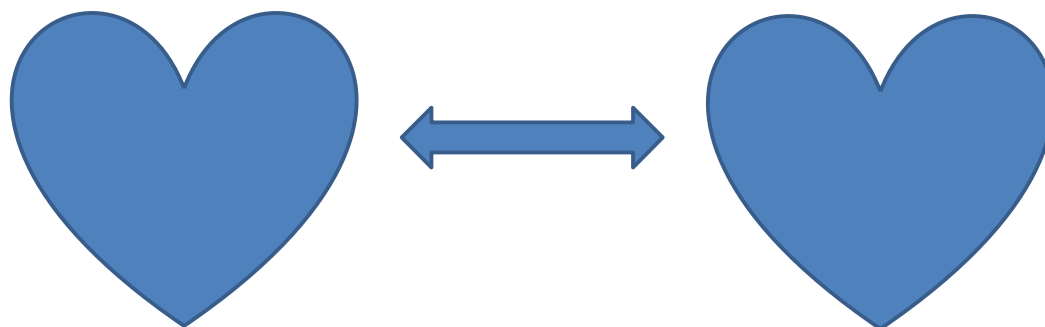
## Our Work is Heart to Heart



- Consider only contracts with funding for reflective practice, time for renewal, adjusting case load by intensity
- We must care for the hearts of our providers, so they can care for the hearts of our parents/caregivers

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## Our Work is Heart to Heart



## Our Systems are Transactional

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## What Needs to Change

- Approach to MH and Wellbeing – What Happened to You and How to Heal (to become whole)
- Understand the complexity of needs and create a continuum to services to meet our community's needs
- Change contracting - Relationship based, Expert informed, Focus on Staff Support and Development, Meaningful Measures
- Infuse society with ECMH principles
- Over the last 15 years, we have infused ECMH principles into our program and our providers and families live ECMH principles
- As we will transform the systems to be ECMH informed next, we have an opportunity to create a society based on ECMH principles

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