

# Supporting Resilience in Primary Care Pediatrics:

How we Model & What we Teach

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## Objectives

- Describe a framework for responding to trauma in the course of a primary care office visit.
  - Understanding the “why me?” question.
  - Embracing the role of the primary care provider.
  - Preparing for and managing the conversation.
  - Supporting resilience skills in parents and families.
- Improve providers' competence, confidence and control in navigating conversations about patients' and families' trauma histories.

## **Assumption: You've Already Detected Toxic Stress...**

- Either by signs and symptoms, screening, or surveillance.
- Today we'll address the "now what" question.
- Acknowledges that we're in new territory, at odds with our training, and creating a culture shift with our patients and families...
- However, parent stresses matter to the health and wellness of children and families.

## **Reflection...**

Think about the last time a parent revealed toxic stress or adversity to you...

**What word or words best describe how you felt... or how you feel now when you think back on the experience?**

# A few facts to chew on...

Embracing our role in healing families

## **Pediatricians' Advantage: Addressing Toxic Stress**

- The AAP recommends 8 visits even before the child turns 1 year of age
- So...we have a lot of opportunity to do this...and it makes a difference when we do.
- Many parents have unspoken fear that their traumas will be passed on to their children – bringing their history out of the closet and providing compassion and support helps with healing.

## Modifiable Resilience Factors in Pediatrics

- Positive appraisal style and executive function skills
- Responsive / positive parenting skill building
- Treating maternal mental health problems
- Self-care skills and routines
- Enhancing trauma understanding

Traub & Boynton-Jarrett, Pediatrics 2017

## National Survey of Children's Health 2016

- **Teaching resilience skills can mitigate the effects of ACEs.**
- Children ages 6-17 who have had 2+ ACEs but learned to stay calm and in control when faced with challenges are over three times more likely to be engaged in school compared to peers who have not learned these skills.

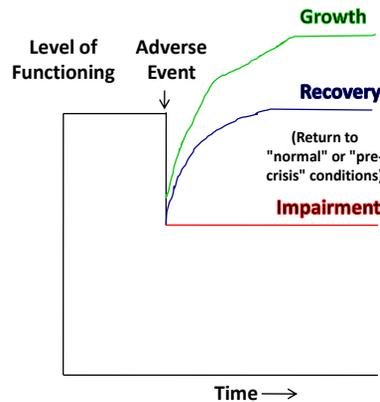
## More NCSN Data...

- **Positive relationships with providers matter for building resilience.**
- Children with 2+ ACEs whose parents report that their child's health care providers "always" listen, spend needed time, and give needed information are over 1.5x more likely to live in families that practice four basic resilience skills
- Children whose parents report "always" having positive communication with their child's health care providers are over 1.5x more likely to practice 3 or more (of 5) recommended protective family routines and habits.

## Steps in Trauma Informed Care

- Individual: can I take care of myself while addressing the trauma of others?
- Interpersonal: can I listen effectively to the trauma history my patients and families?
- Organizational: is my clinic a safe place to reveal trauma and address it?
- Environmental: are there community resources that I can use to help patients and families who have experienced trauma?

## Our Ultimate Goal in Promoting Parental Resilience: Growth in the Midst of Adversity



Adapted from S. Joseph, *What Doesn't Kill Us* (pp. 69)

**Adversity-Based Growth:** moving beyond previous levels of functioning while learning from the pain of stress and adversity

**Requires a Choice:** continue to suffer, or decide to get on with living by deciding what really matters to you

**Choice Depends on Values**  
Our choice should help us move toward and live by what we care about most

## Parallel Process

- Children learn more from what they see than from what they hear... so do parents...
- Parallel process is about using your own example to benefit the parent or patient.
- In other words, use the clinical visit to model what we want parents to do / say / feel when interacting with their child.

# Why me?

I mean, isn't this a job for a mental health provider?

## Addressing Every Provider's Greatest Fear...



- Listening is therapeutic.
  - “When something becomes speakable, it becomes tolerable”.
  - Drawing the connection between the emotional brain and the thinking brain is the first step toward healing and integration.
- Principles of Motivational Interviewing 101.
  - Abandon the “righting reflex”.
  - Solutions to patients’ problems often can be found within the patients themselves.
- Put your own oxygen mask on first.
- **Key message: “you aren’t alone, it’s not your fault, and I will help.”**

## Listening is Therapeutic... But Who the Listener is Matters

- For a person who has experienced trauma, authority figures (including parents / caregivers, schools, health care systems, mental health institutions, etc.) were often those inflicting the trauma.
- When an authority figure becomes the listener, that authority becomes a positive, strategic force for healing.
  - Can the adults around us tolerate the conversation?
  - The message of silence or ignoring: history is not important or speaker is not safe.

## Validating the Experiences

- When survivors said that they had been listened to with compassion they were 2.9 times more likely to report being mostly or completely healed.
- When survivors believed that people understood the impact of trauma on their lives they were 2.2 times more likely to report being mostly or completely healed.
- When survivors believed that people knew how to help them heal they were 2.3 times more likely to report being mostly or completely healed

From: Survivor Voices Study, 2009 & 2011, Trauma Healing Project, Eugene, OR

## Redefining Our Role & Goal: Understanding the “Righting Reflex”

- “Success” in our conversations about ACEs and trauma is relational.
  - Is the door open to further conversation?
- Conversation should be validating, safe and non-threatening.
- If we’re leaning on our training to “fix everything” we may not be present to hear the stories.
- Parents’ behaviors make more sense if you understand their story.
  - Instead of “what’s wrong with this person?”, think “what happened to this person?”

## What Can I Do?

Remembering my role as a primary care provider

## The Four Agreements

- Be impeccable with your word
- Don't take anything personally
- Don't make assumptions
- Always do your best

Don Miguel Ruiz, 1997

## Self-compassion

- Being understanding toward ourselves when we fail, suffer, or feel inadequate
- Recognizing that these feelings are part of the human experience
- Balance our approach to negative emotions – they are not good or bad, and do not be suppressed or exaggerated.

## The Provider as a Resilience Factor

- Listen.
- Be open to the conversation.
  - Not a time to appear rushed, distracted, or uninterested.
  - Have some trigger questions to help build the conversation.
- Be a protective factor.
  - One of the most important resilience factors is connection with a caring adult.
  - Modeling warmth, compassion and caring shows a parent how to interact with their child.
- Help the parent move from the feeling brain into the thinking brain.
  - Allows for regulation around the trauma.

## The Provider as a Resilience Factor

- Remember why parent histories matter.
  - Strengths for parents to build on.
  - Making sense of their challenges.
  - Understanding the role of unresolved ACEs in health and mental health.
- Stay emotionally regulated – be “a container for the conversation.”
  - Survivors are sensitive to a change in demeanor.
  - Better to be upfront – “this is a tough question / conversation”
  - Consider how you keep yourself resilient.



# Preparing for the Conversation

Or, put your own mask on before helping others.

## Preparing for Difficult Conversations

- “Stop, drop and breathe”
  - Use a common touch point to orient yourself to the situation
  - While washing hands, before knocking on door / entering room
- Recognize the nature of the conversation
  - Regulated? Opportunity for education
  - Not regulated? May be best to focus on listening and support
- Adopt a strength-based approach to anticipatory guidance
  - Task yourself with finding something that the parent is doing well that can be built on.
- Supporting parents is as simple as letting them know “someone gets me and I’m not bad”
  - The parent matters, the parent’s childhood hurts matter, and the parent is in a position to do better

## Keeping Parents Engaged in the Conversation

- Important to read parents and family's reaction to conversation
- Are they engaged, participating, sharing?
- Or are they closing down, withholding, or retreating?

Status

Certainty

Autonomy

Relatedness

Fairness

## Tools for “Head-to-Toe” Self-regulation & Deactivation

**Orienting**  
**Centering**  
**Grounding**

- Consider how to use this process – for yourself and for teaching your parents, patients

2008 Yoga Ed. Training Manual

## Orienting: Head / Brain

- Simply looking around and noticing our surroundings with all senses (vision, hearing, smell, touch, and feeling) can cause a decrease in unnecessary arousal.
  - On a physical level, orienting has to do with the muscles of the neck and back – when we look around there is a physiologic relaxation that occurs

## Centering: Heart / Abdomen

- Being centered means knowing where your center of existence and personal power is. Being un-centered can mean not having a strong sense of self, having your center in other people or situations, or not feeling like you have any control in your life.
  - Physically centering oneself by getting in touch with the muscles of the abdomen is a powerful resource in the navigation of trauma.

## Grounding: Body, Legs & Feet

- Anxiety and disassociation both move energy up the body and away from the legs. When we are not grounded we cannot feel safe, secure, or relaxed.
  - Literally inviting someone to feel their feet on the floor or to feel their legs can be a resource that changes tension patterns.

## Helping Families to be More Resilient

Or, what do I do now that I've learned that a family has experienced trauma?

## What do I do Once I've Found It?



## What do I do Once I've Found It?

- Assessment of child and family safety
- Assets, resources and resiliencies in the family
- Follow up tools for assessing mental health in patients as needed
  - PSC, Emotional Distress Screening, PTSD Reaction Index
- Connecting with appropriate resources



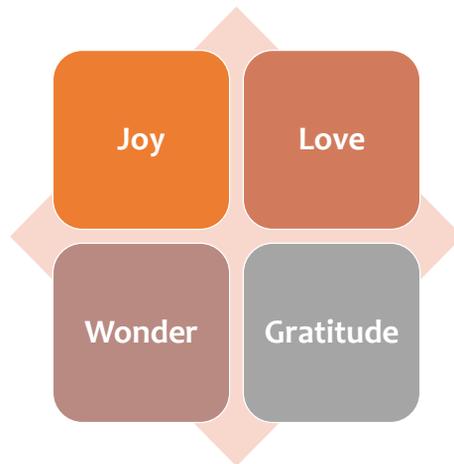
## Initiating the Conversation to Help Families Understand their own Experiences

- Thank parents for opening up about their experiences, validate the importance of the conversation.
- Are there any of these experiences that still bother you now?
- Of those that no longer bother you, how did you get to the point that they don't bother you?
- How do you think these experiences affect your parenting now?

## “The Four Challenges of Parenting”



## But also... The Rewards of Parenting



## Teach Parents What Resilience Means

- Defining Resilience: the ability to resist, recover from, and grow from adversities.
- If parents understand resilience factors, they can identify where they need to strengthen their own systems.
  - Include the message of hope... ACEs are not our destiny – resilience gives us the chance to shape our future.
- Once parents have understood and worked on resiliency, they can model that for their children.
- Remember that what we're doing is also what we are asking parents to do.

## One Framework for Resilience: The 7 C's

- Connection
- Confidence
- Competence
- Character
- Coping
- Control
- Contribution



*From Ken Ginsburg, MD*

## Help Parents Notice What They're Doing Well: Competence and Confidence

- **Notice and acknowledge something the parent is doing well.**
- Tell me something you love about being a parent?
- Tell me something that you're good at as a parent?
- What's something you're proud of having accomplished as a parent?
- Reinforce that they taught the good skills to the child

## Help Parents Notice That They Like Their Child: Connection

- **Notice what you as a provider like about the child... and show that to the parent.**
- Tell me something that you enjoy about your child.
- Tell me something that your child is good at doing.
- When your child does something well, how do you let them know?
- Since the last time I saw you, tell me something fun you did together as a family.

## Help Families Set Goals: Control & Character

- A person who can set (and accomplish) goals is resilient – requires a degree of future focus and planning.
- Goals can focus on a wellness activity (getting more exercise), accomplishing a developmental milestone, overcoming a troubling behavior, or improving self-care.
- Celebrate small successes.
- Focus on “toward” responses (accomplishing something) instead of “away” responses (getting rid of a bad behavior).

## Encouraging Contribution

- Do parents have a chance to share their parenting experiences, wisdom, and skills with other families?
- Do children have an opportunity to give back to schools or communities?
- Do parents recognize their child's contributions to the household, or is it taken for granted?

## Find Communities that Promote Self-Regulation: Coping

Yoga

Meditation

Art

Play time

Exercise groups / classes

Martial arts



## **Apps & Programs that Promote Wellness: Personal Favorites: Coping**

- Headspace
- Tactical Breathing
- Mind Yeti (web-based)
- Simply Being
- Youtube: “Five Minute Body Scan” (or Ten, Fifteen or Twenty)
- Breathing Stars
  
- Reach out & Read: beyond literacy, promotes shared attention, self-regulation, attachment / bonding, “time in” with parents and kids.
  
- For providers: Provider Resilience

## **And now...**

Give yourself a deep breath... and then think:

**What word or words best describe how  
you’re feeling now about addressing trauma  
and adversity?**

## Final Thoughts

- Listening is therapeutic.
- Most parents come to the conversation about ACEs with incredible strengths, despite past adversity.
- We deal with parents' emotions all the time... and we don't necessarily have to have all the answers.
- Take care of yourself before taking care of others.
- My key message: **you're not alone, it's not your fault, and I will help you.**

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