



Fostering Family Resilience Through Trauma Informed Primary Care

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Ascension

Family Resilience in Primary Care

Objectives:

- Provide Overview of Trauma Informed Care
- Define Family Resilience
- Discuss how Primary Care Providers can Engage Families and Support Networks
- Identify Relevant Resources for Practice Settings

Trauma Informed Care

Trauma-Informed Approach

Realizes

Realizes widespread impact of trauma and understands potential paths for recovery.

Recognizes

Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system.

Responds

Responds by fully integrating knowledge about trauma into policies, procedures, and practices.

Resists

Seeks to actively **resist** re-traumatization.

Resilience

Builds the capacity of individuals, organizations, and systems to survive, adapt, and grow no matter what kinds of chronic stresses and acute shocks they experience.

Principle	Definition	Examples in Practice
Safety	Ensuring physical and emotional safety among patients and staff.	<ul style="list-style-type: none"> ● Allow patients to define safety and ensure it is a high priority of the organization. ● Create calm waiting areas and exam spaces that are safe and welcoming. ● Respect privacy in all interactions.
Trustworthiness & Transparency	Conduct operations and decisions with transparency with the goal of building and maintaining trust with patients, family members and staff.	<ul style="list-style-type: none"> ● Provide clear information on services. ● Ensure informed consent. ● Schedule appointments consistently.
Peer Support and Mutual Self-help	Promote recovery and healing by valuing and applying lived experience of peers and individuals with trauma histories.	<ul style="list-style-type: none"> ● Facilitate group and partner interactions for sharing recovery and healing from lived experiences. ● Include peer supporters in health teams as navigators.

Principle	Definition	Examples in Practice
Collaboration & Mutuality	Make decisions in partnership with patients and encourage shared power between patient and provider.	<ul style="list-style-type: none"> ● Give patients a significant role in planning and evaluating services.
Empowerment, Voice & Choice	Patients retain choice and control during decision-making and patient empowerment with a priority on skill building.	<ul style="list-style-type: none"> ● Create an atmosphere that allows patients to feel validated and affirmed with each contact. ● Provide clear and appropriate messages about patients' rights, responsibilities and service options.
Cultural, Historical & Gender Issues	The organization embeds principles of diversity, equity and inclusion to deliberately move past cultural stereotypes and biases and incorporate policies, protocols and processes that are responsive to the racial, ethnic, cultural and gender needs of patients served.	<ul style="list-style-type: none"> ● Ensure access to services that address specific needs of individuals from diverse cultural backgrounds. ● Display messages in multiple languages to ensure everyone feels welcome. ● Provide gender responsive services. ● View every policy, practice, procedure and interaction through a lens of diversity, equity and inclusion.



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Benefits of a TI Approach

- Safer spaces for staff and patients
- Improved clinical decision-making by equipping providers to identify and respond to trauma
- Building networks to increase capacity to addressing holistic needs - which leads to increased resilience for providers and patients

Resilience

“The Capacity of a Dynamic System to Adapt Successfully to Disturbances that Threaten System Function, Viability, or Development.”

~Ann Masten~

Family Resilience in Primary Care

Determinants of Resilience:

- Relational
- Ecological
- Developmental

Processes of Resilience:

- Recovery
- Adaptation
- Transformation



Determinants of Resilience

Relational

Resilience to hardship increases with 1 caring relationship.

- Create meaning of experience.

Ecological

Family, peers, school or work settings, & larger social systems are nested contexts for social competence.

- Understand interplay within families and contexts.

Developmental

Coping & adaptation are multidetermined processes extending over time.

- Acknowledge interrelated biological & psychosocial factors.

Processes of Resilience

Recovery

A system returning to the same level of functioning prior to encountered adversity.

Adaptation

A system changes to accommodate a disturbance and by doing so either survives or thrives.

Transformation

Environment is changed in ways that make it easier for a system under stress to do well.

Engaging Families & Support Networks

Identifying Risk Exposure

Three Tools for Screening Social Determinants of Health:

- **Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)**-National Association of Community Health Centers
 - 15 core questions, 5 supplemental
- **Social Needs Screening Tool**-American Academy of Family Physicians
 - 11 questions
- **Health-Related Social Needs Screening Tool (AHC-HRSN)**-Center for Medicare & Medicaid Services Accountable Health Communities
 - 10 questions

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Identifying Risk Exposure

Key Principles of Effective Screening for Social Determinants:

- Ensure Patient & Family Centered Approach
- Integrate Screening with Referral & Linkage to Community-Based Resources
- Remain Aware of Community System-Building Efforts
- Utilize a Strength-Based Approach
- Do not Limit Screening Practices Based on Apparent Social Status



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Identifying Risk Exposure

Need to Know:

- Severity
- Chronicity
- Impact
- Internalization
- Meaning



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Family Resilience in Primary Care

Strengthening Families & The Protective Factors Framework

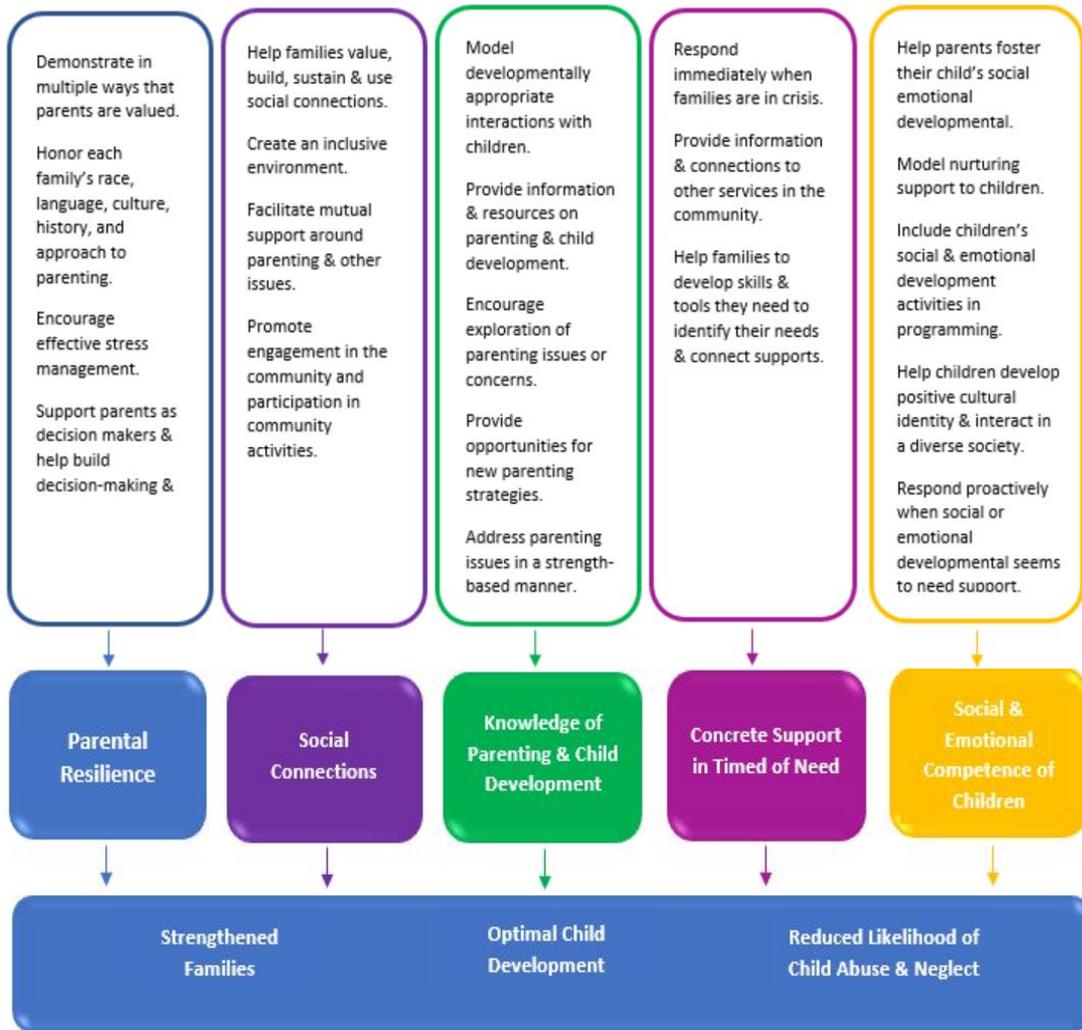
5 Key Protective Factors:

- Parental Resilience
- Social Connections
- Knowledge of Parenting & Development
- Concrete Support in Times of Need
- Social & Emotional Competence of Children



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Building Protective Factors



Center for the Study of Social Policy, 2020

Case Study #1

- 12 year old female presents with her mother with a concern for abdominal pain >2 months that has resulted in frequent absenteeism from school.
- A detailed history and physical reveals no red flags for an organic cause. The abdominal pain never occurs on weekends or holidays, and never wakes the patient from sleep. Review of the chart shows your patient had an elevated ACE-Q score at her well child check 5 months ago, but family refused a referral at that time.
- You discuss the likely diagnosis of Functional Abdominal Pain with the patient and her mother. You validate her pain and provide reassurance that there are treatments that will help and that this type of pain will eventually resolve. You also discuss with family how these symptoms were likely provoked given their known connection to stress and anxiety in addition to the patient's past history of numerous ACEs. Mother agrees that she had the same thoughts but worries her daughter doesn't communicate as openly with her as she used to.

Case Study #1- Resiliency Plan

- You review with patient and mother the antispasmodic agent you would like to try as well as any signs or symptoms that would require prompt evaluation.
- Next, you address treating the root cause. The patient's mother is more open to a counseling referral at this time but is worried about the impact on school attendance meanwhile. Through shared decision-making you, the patient, and her mother find encouraging ways to motivate the patient to attend school in despite of her discomfort. The patient's mother will ask the school to assign her daughter a mentor. This type of adult volunteer often has breakfast with a student a few days during the school week. Additionally, the patient will sign up for the school's girl scout troop that meets just after school twice a week.
- The patient and her mother both like the idea of her having someone else to talk to, that the patient will get some direct attention from another caring adult, and will engage in adult-supervised peer activities.

Case Study #2- Resiliency Plan

- 15 year old male is seen for a follow up weight visit with his mother. His weight has consistently been >99th% and he recently developed elevated blood pressure.
- By using motivational interviewing techniques you have guided the patient and his mother to decide upon their own goals for change. You have also encouraged their family to keep the goals small and obtainable without drastic lifestyle changes.
- Today, even though the patient's weight went up 2 pounds he is excited to see you and report back that he has switched from 6 Cokes a day to just 4 Diet Cokes. Also, he and his mother have successfully walked around their block 3-4 times each week. He admits he hasn't tried a new vegetable on "Tasty Tuesdays" yet, but he has been looking at some recipes online that intrigue him.
- You do a "happy dance" with the family and congratulate them on their accomplishments. You praise them for picking good goals and their hard work. You help the family establish new goals for the next 2 months and they excitedly state they can't wait to see you then.

Resources

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Resources

Screening for Adversities

- Center for Youth Wellness [CYW] <https://centerforyouthwellness.org/cyw-aceq/>
- National Pediatric Practice Community on ACEs [NPPC] <https://nppcaces.org/>

Screening for Resilience

- Health Resilience Stress Questionnaire (HRSQ) <https://trcutah.org/hrsq>
- Resilience Research Centre <https://resilienceresearch.org/>

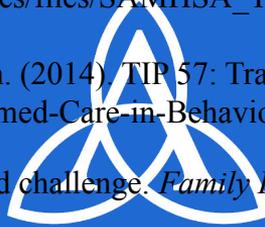
Screening for Social Determinants of Health

- Social Determinants Screening Tool
https://www.chcs.org/media/AccessHealth-Social-Determinant-Screening_102517.pdf
- Self-Sufficiency Outcomes Matrix
https://www.chcs.org/media/OneCare-Vermont-Self-Sufficiency-Outcome-Matrix_102517.pdf
- Social Needs Assessment
https://www.chcs.org/media/VCU-Health-Social-Needs-Assessment_102517.pdf

Questions?

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