

Transforming Primary Care for Families and Youth through Resilience, Education & Compassionate Connection

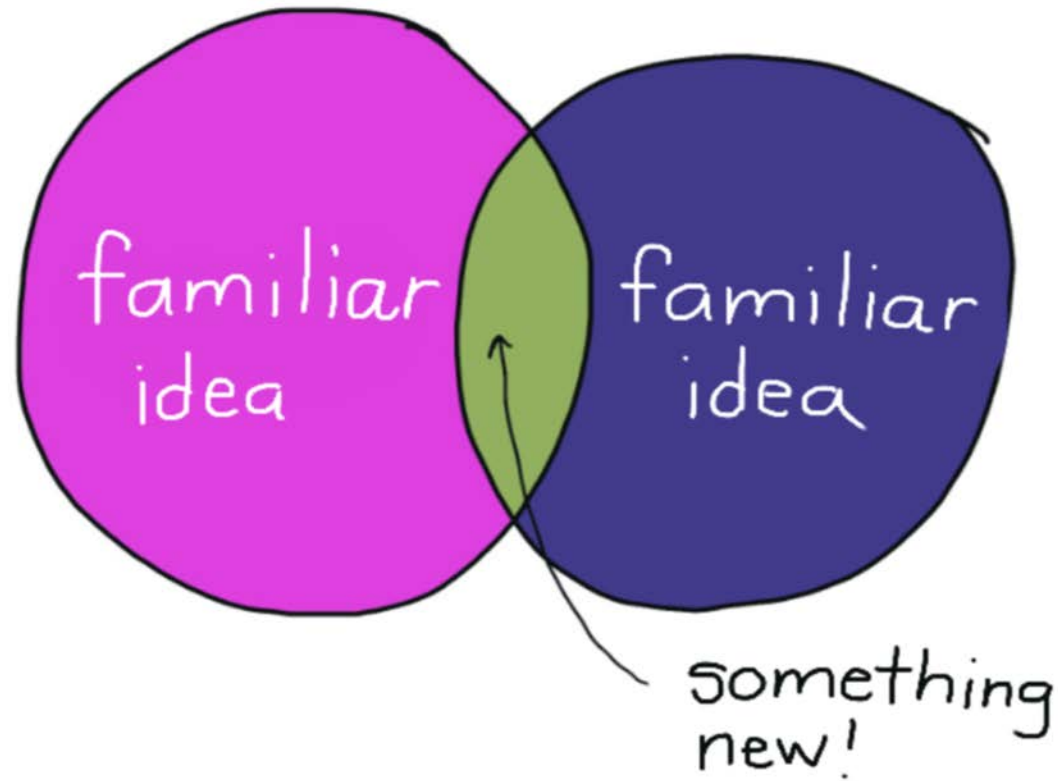
OPCA Conference

Portland, OR January 31, 2020

Dr. Amy Stoeber

This presentation is based upon original materials containing contributions from the Children's Health Foundation, Amy Stoeber, PhD, and others under the sponsorship of the Children's Health Foundation.

ACEs, Trauma, Resilience Intervention



Dr. Amy

Trauma-Informed Disclosure

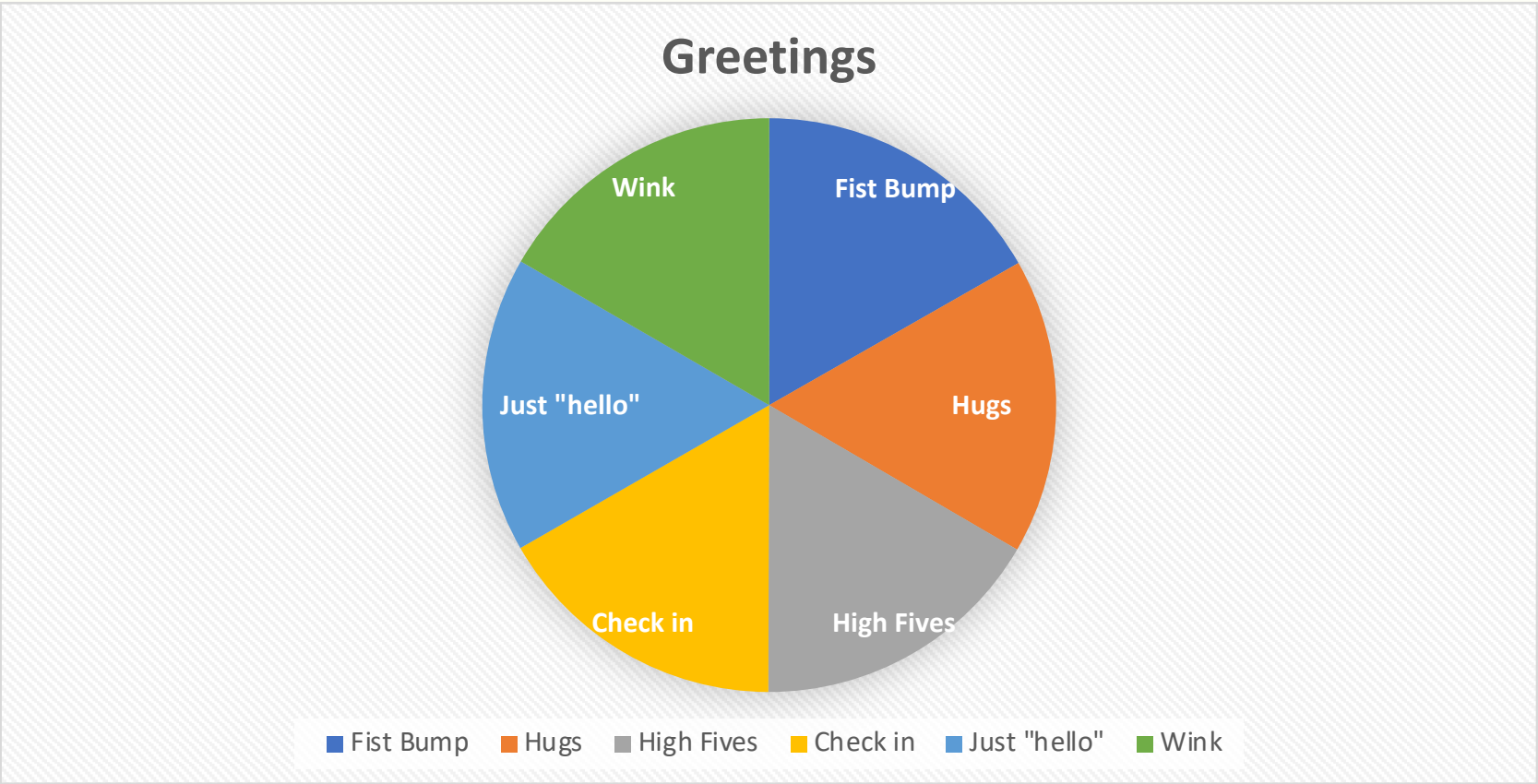
Anytime we deal with trauma, discuss it's origin or learn new ways to deliver trauma-informed work, there are inherent risks. Trainees or participants may feel triggered by the work or need space to process their own trauma, unresolved or current. Dr. Stoeber will be available to assist in this process and trainees can choose not to participate at any time.

Dr. Amy

Learning Outcomes

- Participants will learn steps in creating a trauma-informed environment in primary care settings.
- Participants will learn both catalysts and barriers to create a shift in the medical work place.
- Participants will learn resilience interventions that are developmentally appropriate and efficacious.

Trauma Informed Introductions



Dr. Amy

Compelling Reasons We're Doing This!

TWO CTA'S!!

Dr. Amy

Implementing Trauma-Informed Care in Pediatric Primary Care

4 R's (adapted from NCTSN; Children's Hospital of Philadelphia)

- **Realize:** % of children in PC with traumatic incidents
- **Recognize:** Understand the potential role of early life adversity in etiology of mental and physical health problems
- **Respond:** Addressing distress and providing emotional support for the family, encouraging family coping resources, and providing anticipatory guidance regarding recovery
- **Resist Retraumatizing:** For Children/Families & Practitioners

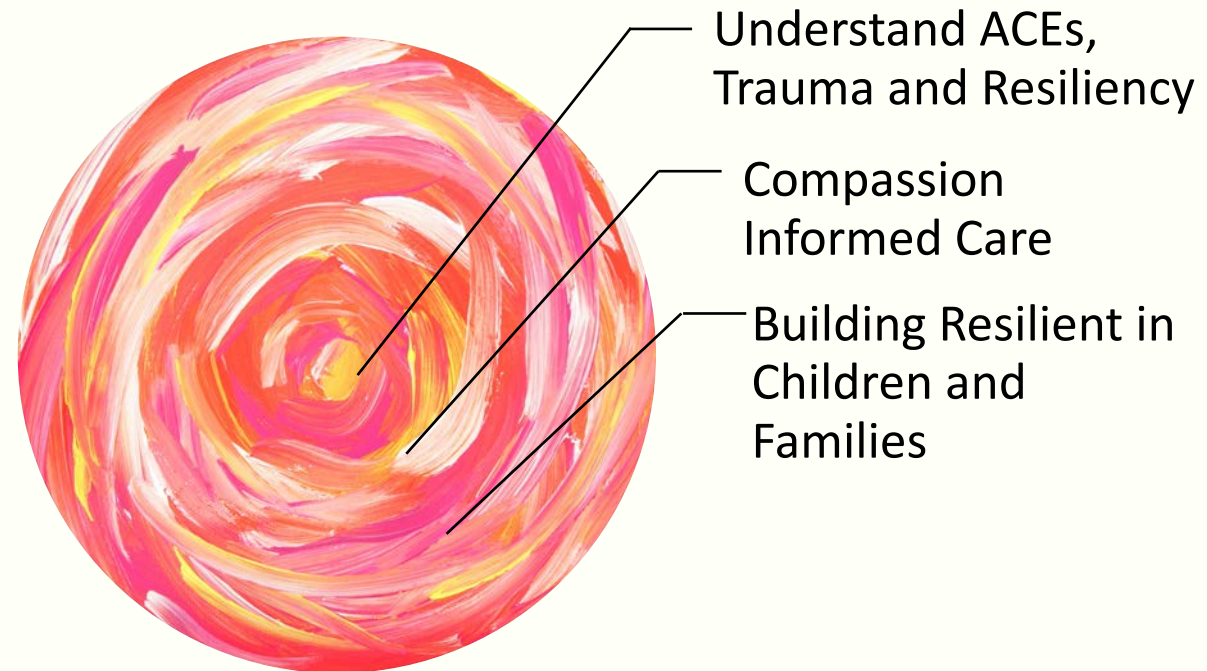
CCO 2.0 – Social Emotional Learning

- The 2020 CCO contracts contain a variety of new and updated requirements regarding behavioral health integration, including a focus on children's behavioral health.
- New CCO contract requirements around early childhood mental health, foundational information regarding the importance of addressing mental health issues in early childhood, and the landscape of early childhood mental health in Oregon.

- Adapted from OHA

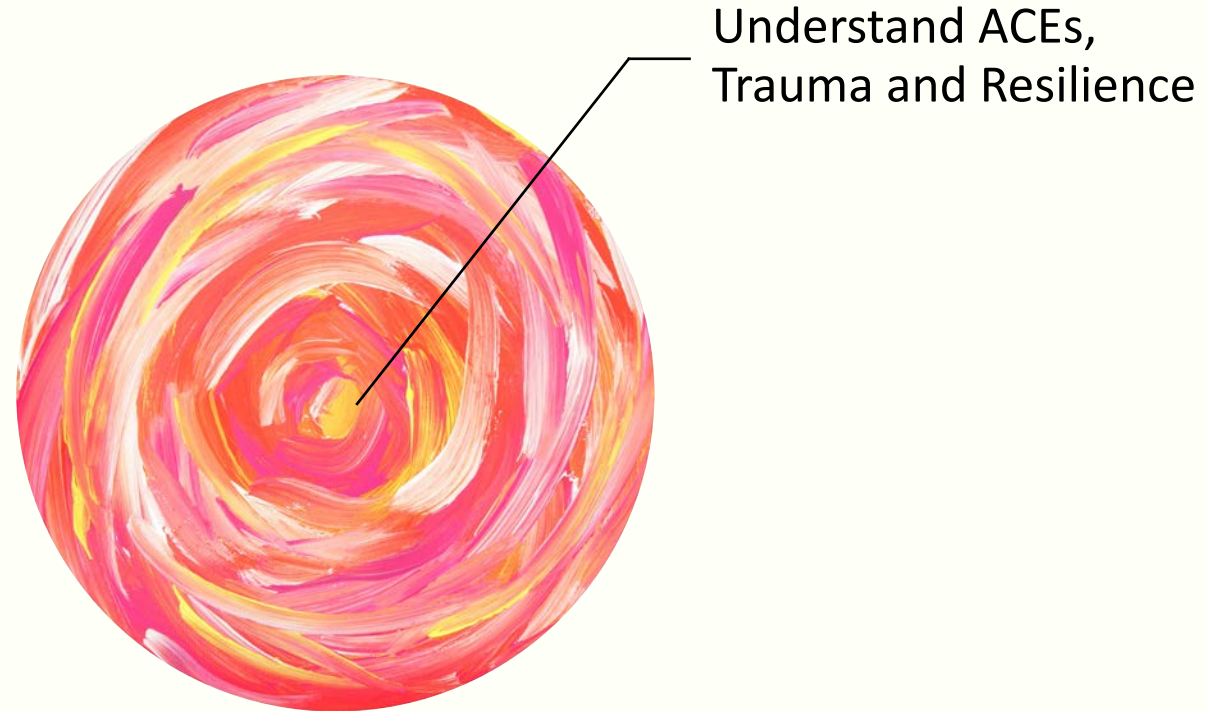
Dr. Amy

Targeting ACEs: A Three Step Process



Dr. Amy

What Are We Dealing With?



Part One: Overview of Trauma

Dr. Amy

Not All Trauma is Alike

Acute Trauma

- Single event
- Examples: 9/11, Boston Marathon bombing, car accident, medical procedure, school shootings, single bullying incident, house fire, witnessing a fight
- Can be optimistic for a cure: 80% recovery in 8 weeks with therapy

Complex Trauma

- Long term repetitive abuse
- Examples: physical, emotional or sexual abuse by a family member
- The issue is not the incident, but rather is the betrayal and trust issues incurred
- Specialized counseling is recommended and ongoing therapy is expected.

* *New Frontiers in Trauma treatment*, 9/17/15. Bessel A. van der Kolk, MD

A Child's Brain with Trauma

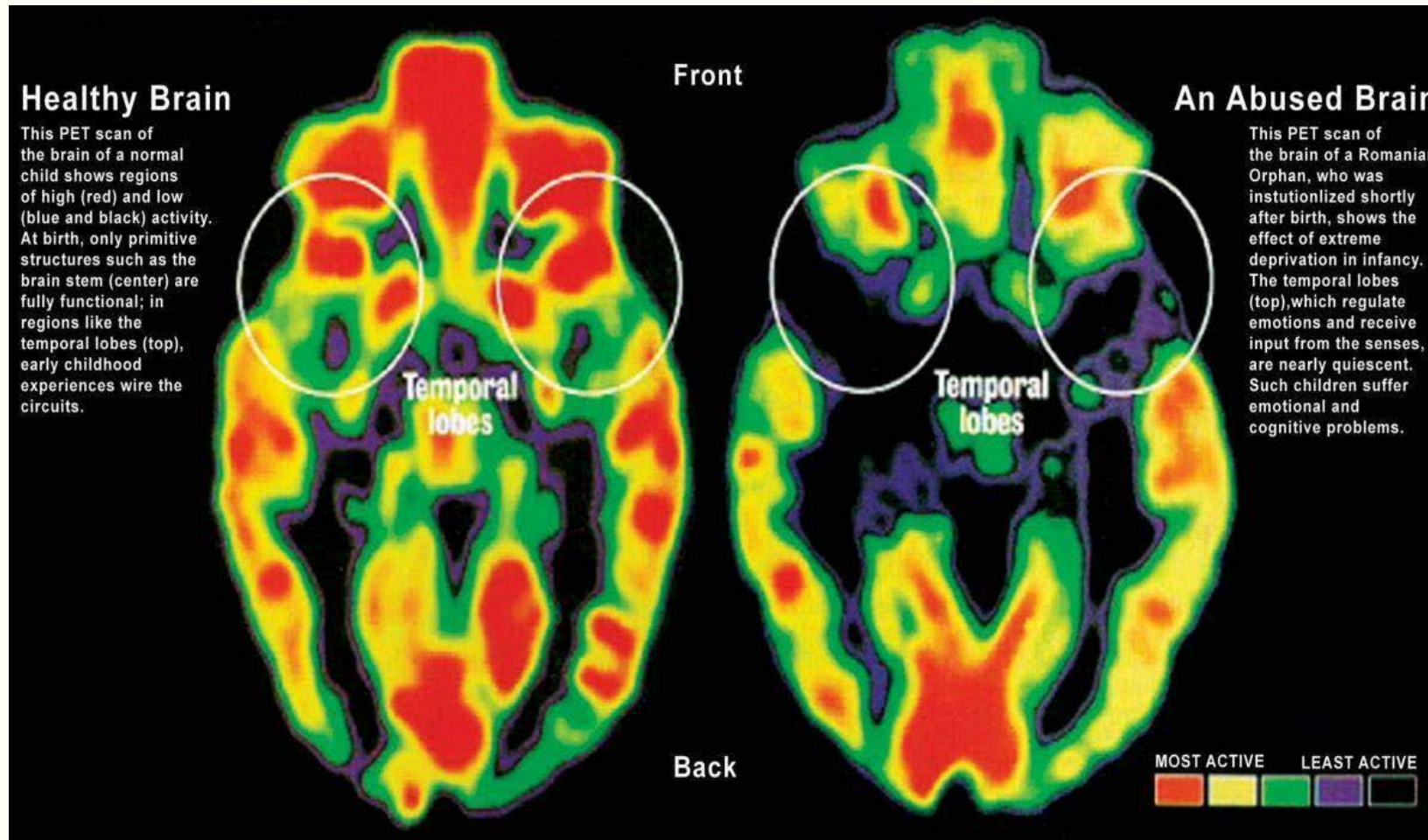


Image Source: <https://www.naccchildlawblog.org/child-welfare-law/what-does-it-mean-to-be-trauma-informed/>

Dr. Amy

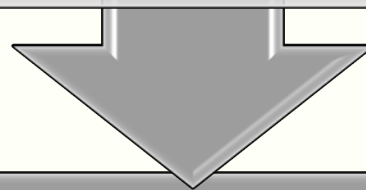
What Happens to a Child's Brain with Repeated Trauma?

As you will see, brain imaging studies of people with repeated trauma *show physical changes in the brain* resulting in:

Difficulty in verbalizing the memory of the trauma

The memory of the trauma staying in the present and being easily triggered

The emotional part of the brain becomes overactive, with anger, tempers and flashbacks



These brain changes can result in the following behavioral concerns:

Emotional explosiveness

Impulsivity

Risky behavior

Low academic performance

Difficulties in peer and family relationships

Dr. Amy

What does trauma look like in practice?

- Families that are distracted, agitated, and reactionary
- Patients who miss class, are failing, or not following through with plans
 - systemic or otherwise
- Parents that are “always angry”
- Blaming others for: mistakes in school, failure to be helped, and poor outcomes for activities
- Or . . . no obvious outward symptoms at all

Why Is This Important?



Understand ACEs,
Trauma and Resiliency

Part One Continued: Trauma and ACEs

Dr. Amy

Ted Talk: How Childhood Trauma Affects Health Across a Lifetime



Nadine Burke Harris, MD, MPH, FAAP

“The science is clear: Early adversity dramatically affects health across a lifetime.”

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

Dr. Amy

ACEs: What are they?

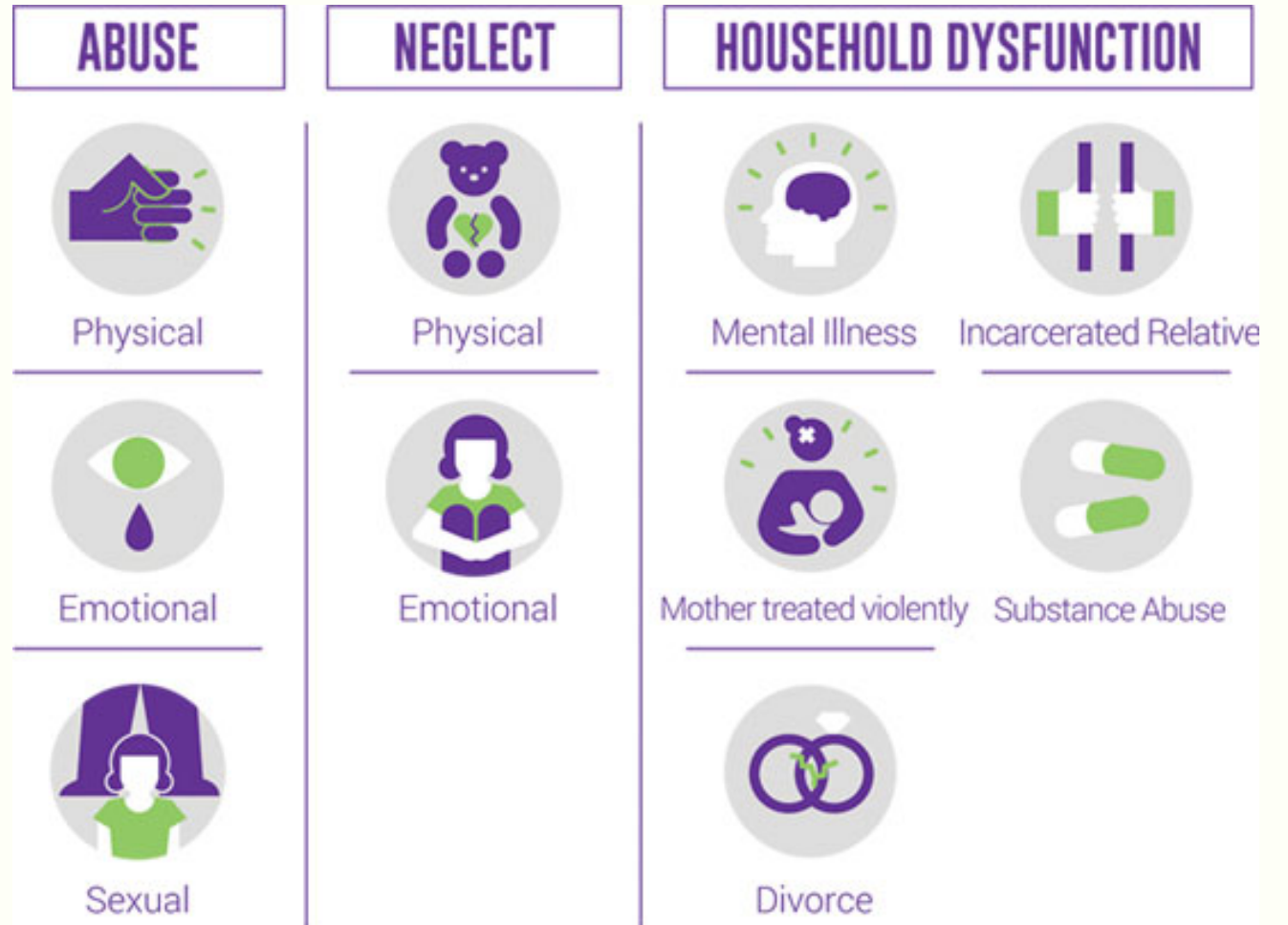


Image Source: The Robert Wood Johnson Foundation

Dr. Amy

Additional ACES

- Community Violence
- Homelessness
- Discrimination
- Foster Care
- Bullying
- Repeated medical procedures or life-threatening illness
- Death of Caregiver
- Loss of caregiver due to deportation or migration
 - Adapted from *The Deepest Well* (N. Burke-Harris, 2018)

ACEs are hazardous to our health

With 4 or more ACEs:

2.5X risk of chronic lung disease

2.5X risk of hepatitis

4.5X risk of depression

12X risk of suicidality

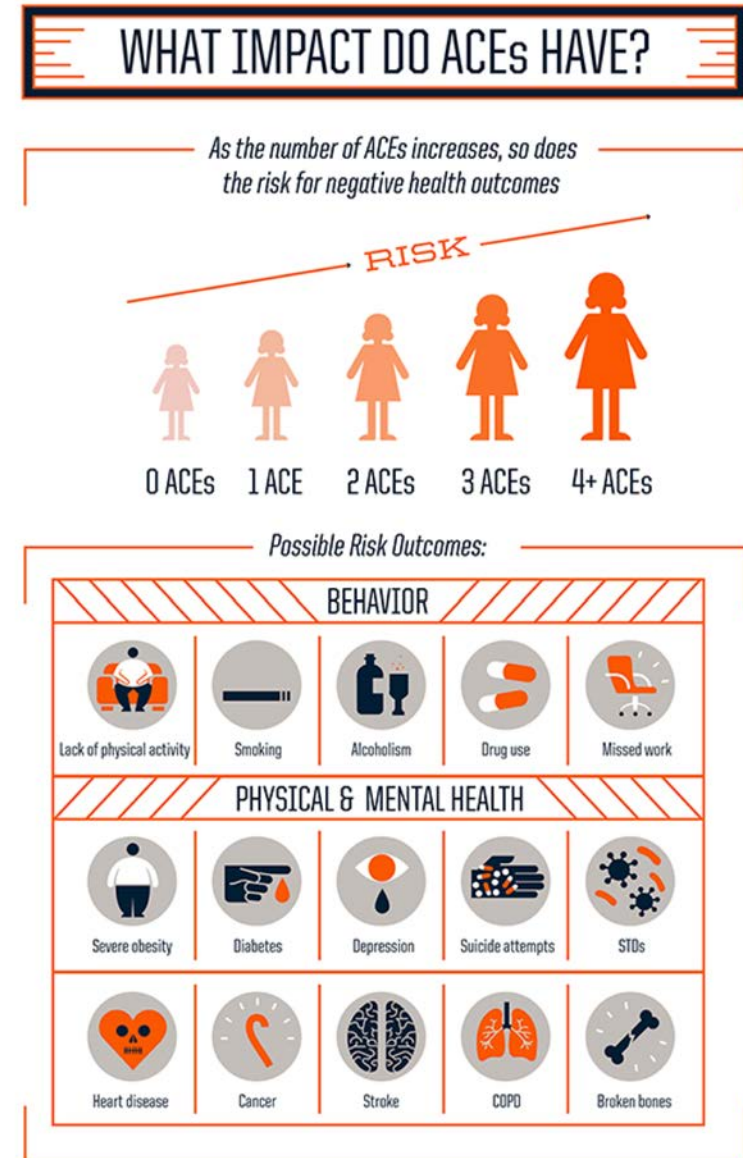
With 7 or more ACEs

3X risk of lung cancer

3.5X risk of hypertension

3.5X risk of heart disease

20 year decrease in life expectancy



Dr. Amy

ACES for At-Risk Populations

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At Risk Populations

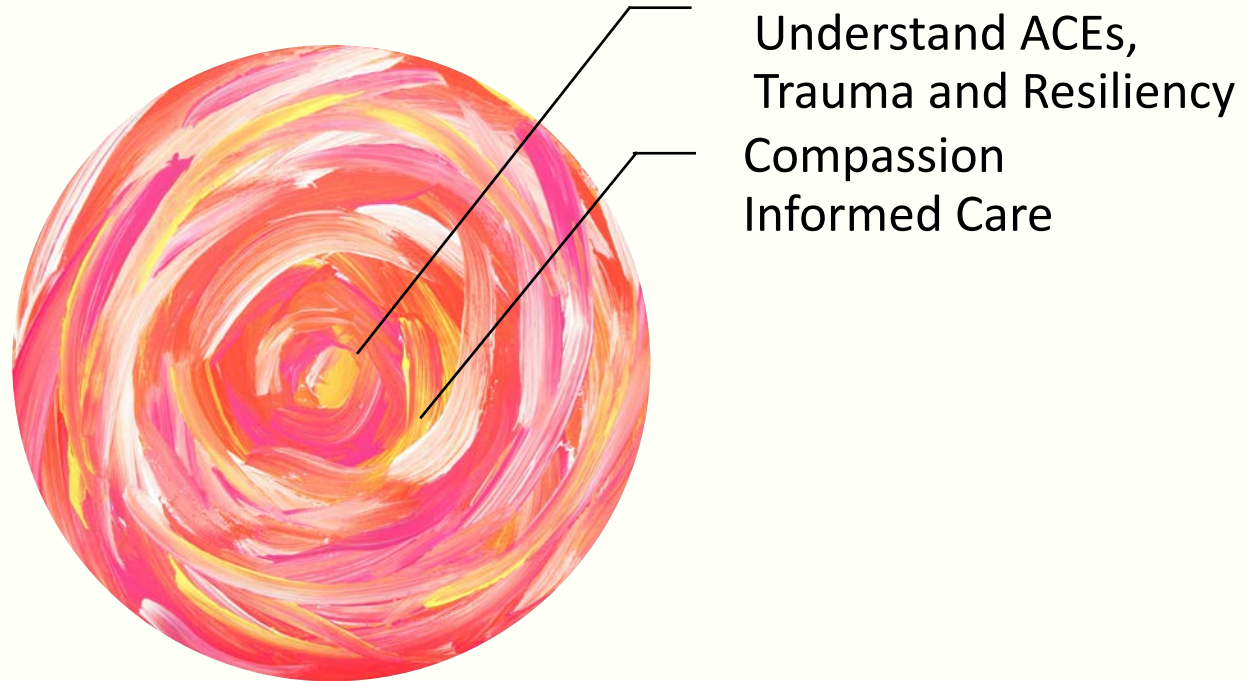
- Children of Incarcerated Parents (COIP)
- Foster Care
- Sexual Abuse Histories
- Addiction
- Emotional Abuse and Toxic/Hostile Parenting
- Intergenerational and Historical Trauma
- Maternal Adversity and Future Risk

Maternal ACEs and Developmental Risk

Folger et al, 2018 found

- Studied parental ACEs at 4 month check up
- Ages and Stages Questionnaire, Third Ed.: ASQ-III Developmental Screen
- For each additional maternal ACE score, risk of failed developmental score increased by 18%
- 3 or more ACE scores indicated a significant risk for failed developmental scores across domains
 - Areas assessed: Problem-solving, communication, motor skills and social developmental

How do we do this?



Part 3: Becoming Compassion-Informed

Dr. Amy

Stress and Adversity Happen

What happens if we assume that stress and adversity happen to all of us?

What does it look like if we treat all of our patients and families with compassion-informed care?

Remember, almost 70% of the population studied by Kaiser had 1 or more ACEs

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What is Compassion-Informed Care?

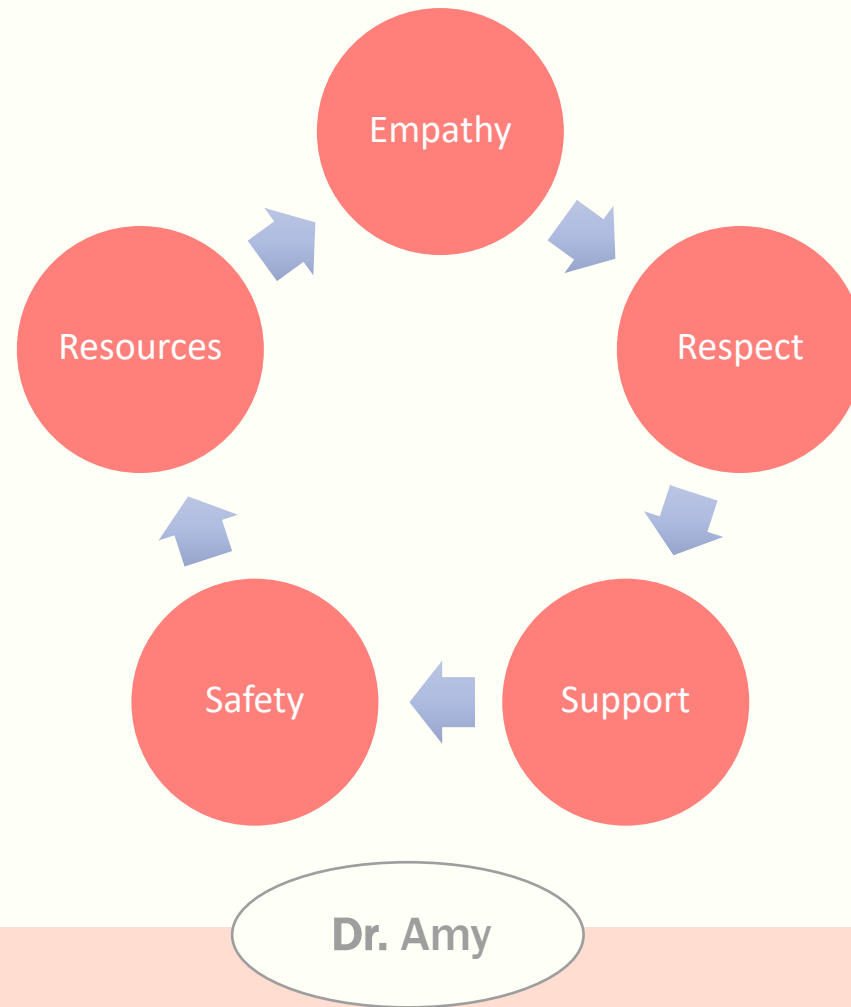
Trauma Informed Care

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

National Center for Trauma Informed Care
(NCTIC, www.samsha.gov/nctic, 2013)

Dr. Amy

What Does Compassion-Informed Care Look Like?



Compassion-Informed Institutions

Compassion-Informed Care is a commitment:

- To recognize trauma, chronic stress, and know what it looks like
- To avoid triggering or increasing the trauma or chronic stress
- To restore safety, strength and self-worth of the individual
- *To treat all people with *compassionate and respectful care**

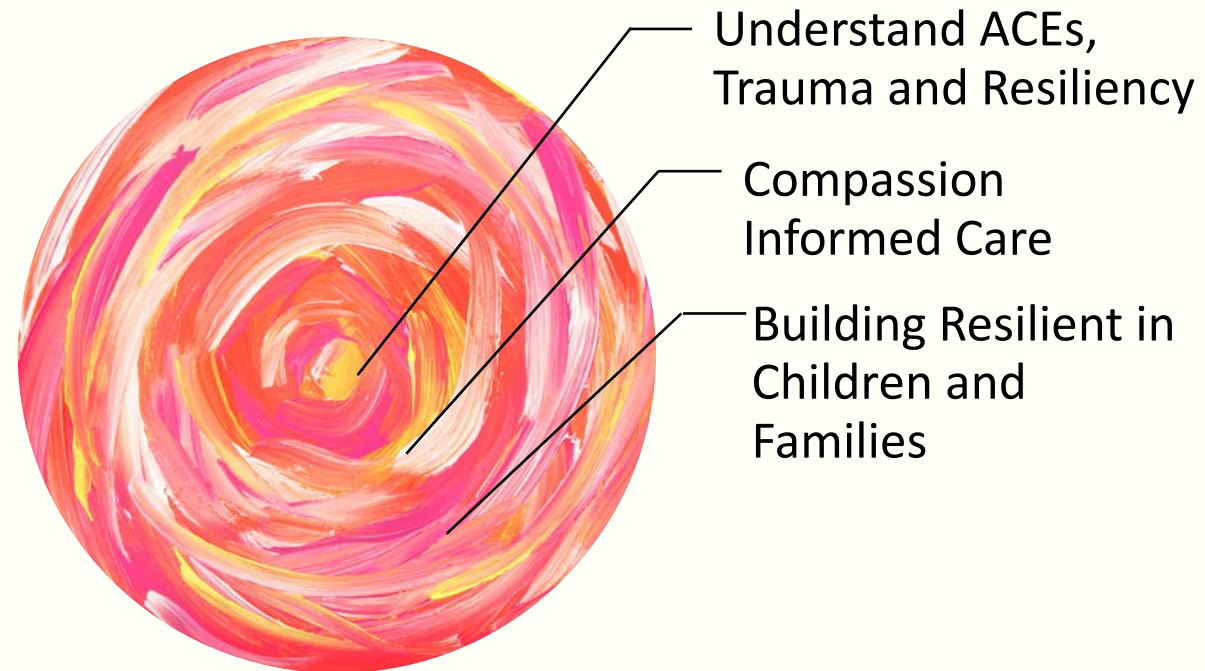
Shifting the Lens

- Instead of asking, “What’s wrong with that child (family/person)?” ask,
- “What happened to that person and how can I help?”



Dr. Amy

Targeting ACEs: Building Resilient Children and Families



Dr. Amy

What is Resilience?

THE ABILITY TO
FACE
CHALLENGES
AND BE
STRENGTHENED,
NOT DEFEATED
BY THEM

WE ARE ALL
BORN WITH
THE CAPACITY
FOR
RESILIENCE

IT CAN BE
TAUGHT,
MODELED,
AND
IMPROVED

Resilience



Support for Resilience

Benefits of resilience:

- Academic improvement
- Optimism
- Problem-solving
- Supportive relationships
- Prevent or improve anxiety and depression

Resilience studies:

- A resilience-building program in the Pennsylvania School Systems showed reduction of anxiety and depression among students.
- A study in an alternative high school in Walla Walla, Washington trained teachers in resilience building and showed improved resilience, supportive relationships, optimism and academic performance among students with disproportionately high ACEs.
- Paper Tigers Documentary
- And most recently....TTSD!

Understanding Neurobiology and Building Resilience

Dr. Amy

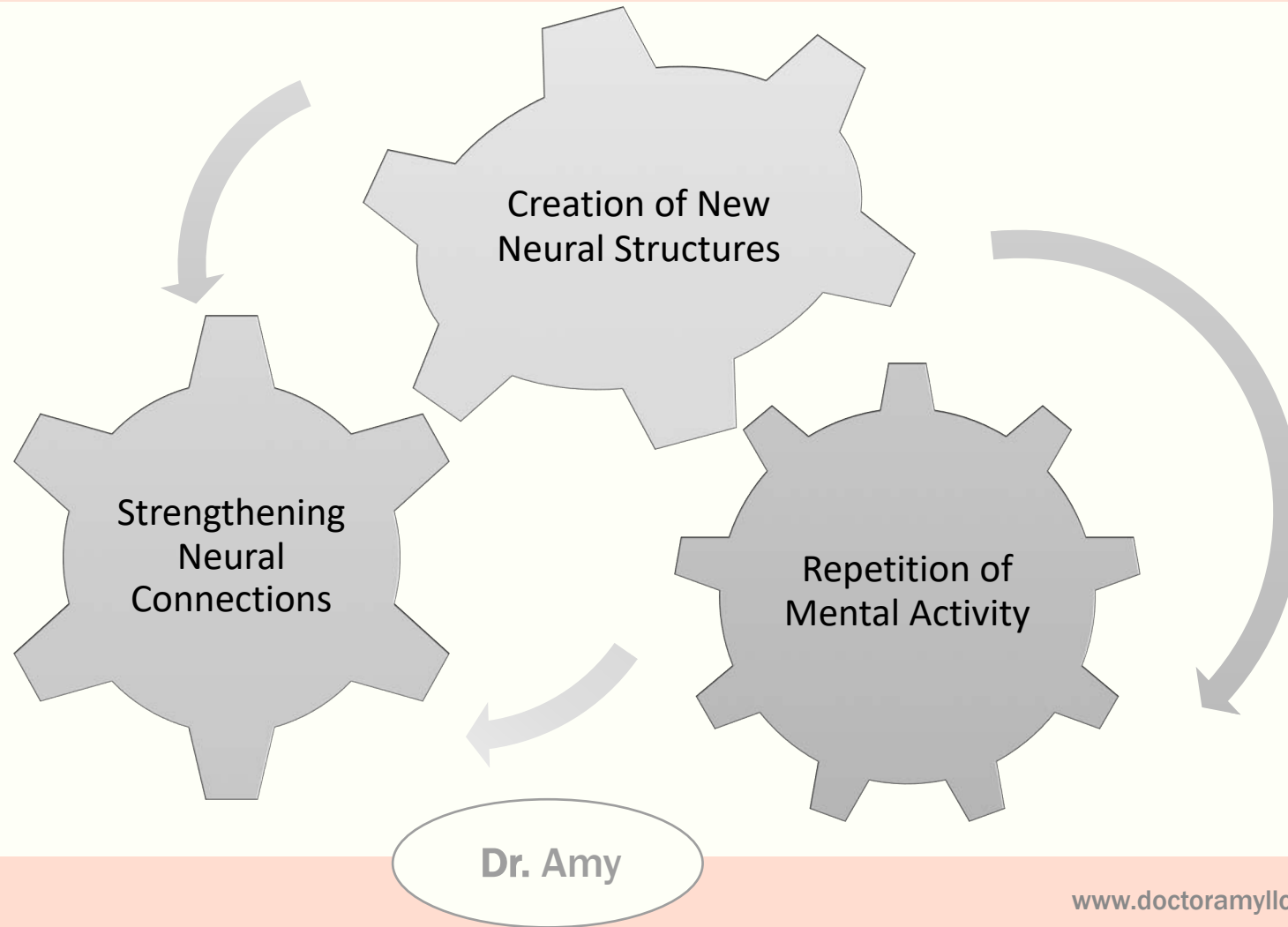
Neurobiological Changes

- Trauma causes neurobiological changes
- Van der kolk says – the brain changes that occur due to trauma are REAL, not disordered –
- Brain changes occur due to genuine adaptation to an environment that is unhealthy and traumatic

Creating a Framework of Understanding

- Neurobiological changes in a child's brain, and therefore behavior, that occur due to trauma are adaptive mechanisms
- Intergenerational and historical trauma play a key role in understanding how to intervene with families
- Keeping a developmental model in mind is critical
- We are weaving in many theoretical concepts of efficacious interventions to discuss how to intervene with at-risk children.

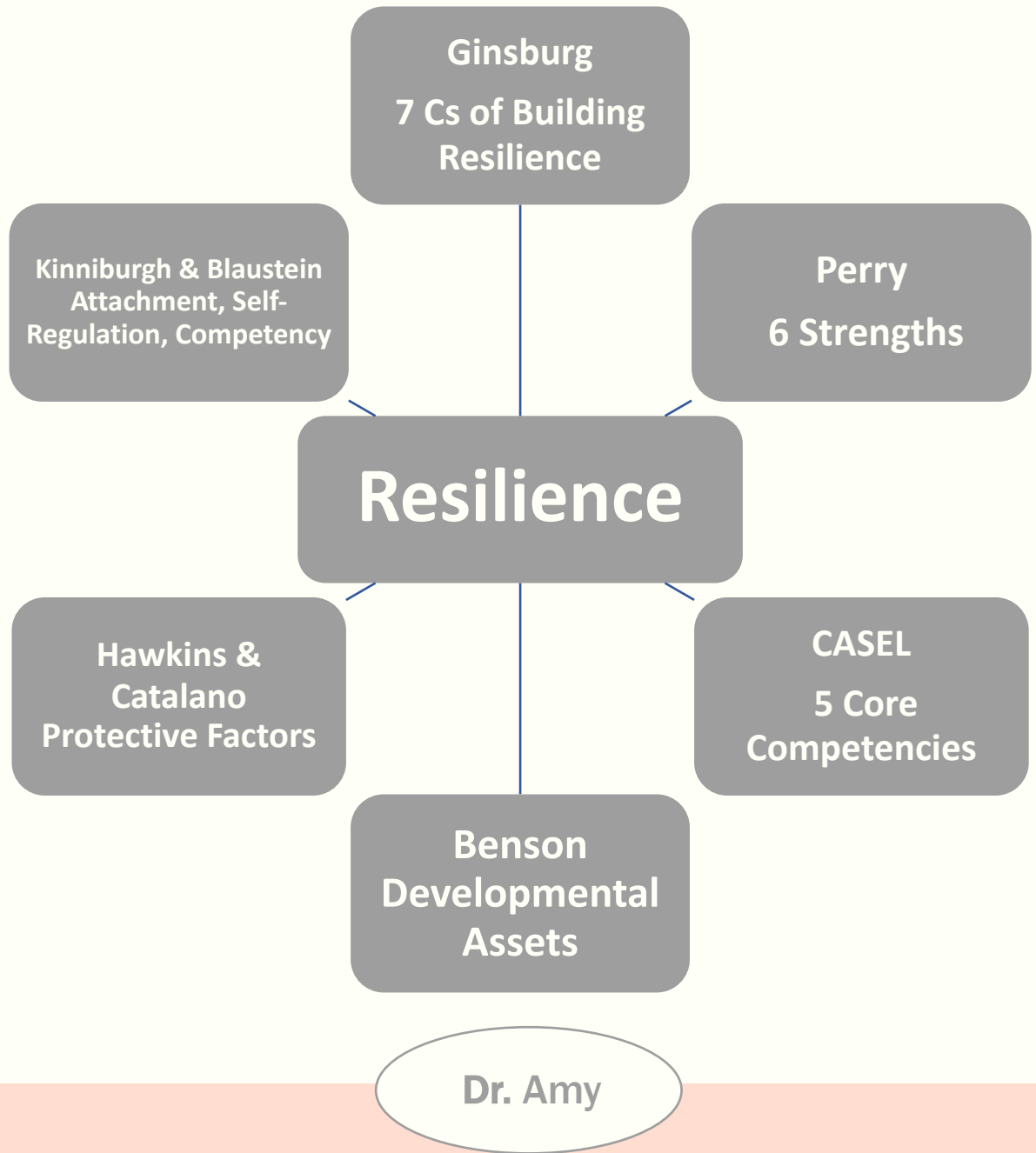
Neuroplasticity



Features of Resilience



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Ginsberg's 7 C's of Resilience

Competence
Confidence
Connection
Character
Contribution
Coping
Control

(Adapted from Ken Ginsberg, MD & AAP)

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Features of Resilience: Social Competence



Social Competence is the ability to interact in developmentally appropriate ways with same-age peers

- Introducing
- Problem-solving
- Entering Play
- Joking

Features of Resilience: Autonomy



Autonomy is the ability to complete tasks with a feeling of independence.

“I’ve got this!”

Dr. Amy

Features of Resilience: Problem Solving



Problem solving skills are critical for children. It allows children to:

- Gain experience
- Think deeply
- Make their own decisions
- Observe outcomes
- Learn

Features of Resilience: Sense of Purpose and Belief in a Bright Future



Children who are content make future plans vs. children who are depressed/hopeless.

Resilient children create plans both short term and long term and believe their future will be positive.

Dr. Amy

Framework for Resilience

Ginsberg's 7 Cs

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

Features of Resilience

- Social Competence
- Autonomy
- Problem Solving
- Sense of Purpose
- Belief in a Bright Future

Children and Resilience

Research over many decades on resilient children shows that they possess certain qualities:

- Feel special and appreciated
- Set goals and expectations
- Problem solve
- View mistakes and hardships as challenges vs. stressors
- Effective interpersonal skills
- Seek assistance
- Seek comfort
- Locus of Control is strong



Dr. Amy

Inspiration for Connection

My goal for providers is to *shift to a culture of connection*.

- Connection between providers and parents
- Connection between providers and patients
- Connection between parents and children

Connection, we know, mitigates the effects of adversity!

Dad and Son have Adorable Conversation!

<https://youtu.be/DOfEu2zqrkQ>

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Resilience Tools



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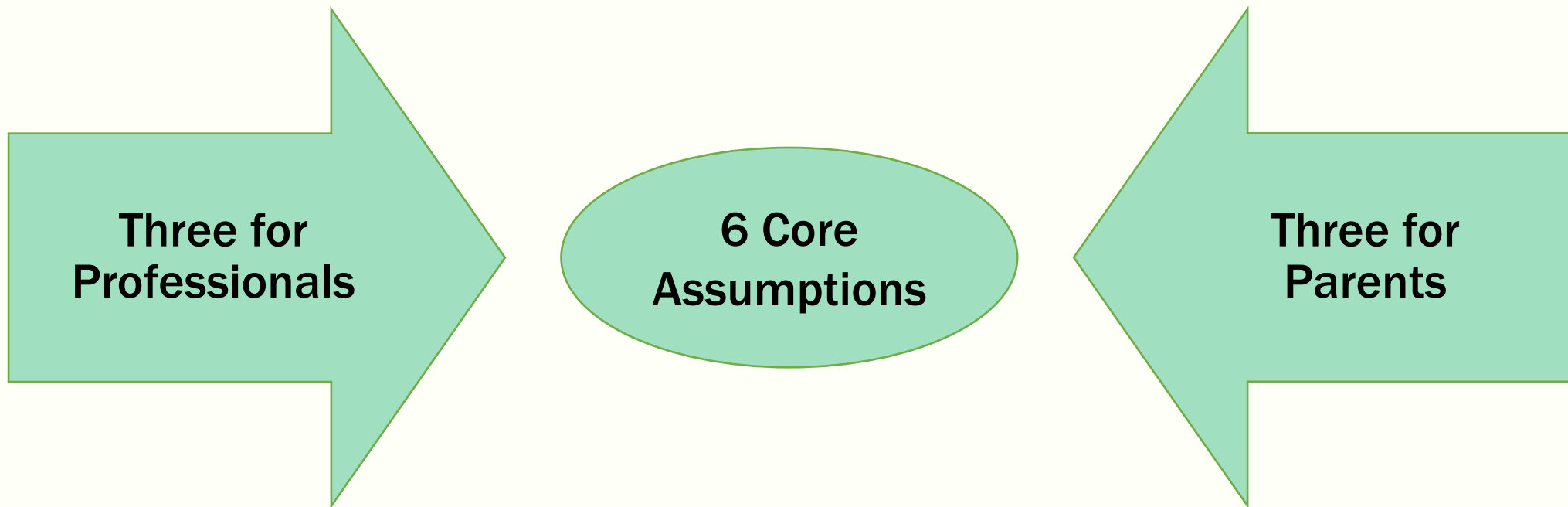
Developmental Themes that Boost Resilience

- First, we must look across each developmental stage and recognize what the significant developmental tasks are at each stage
 - In other words, if these tasks were not realized, how does that throw off healthy development?
- Second, we must utilize efficacious interventions that address chronic stress and trauma at each stage
 - In other words, what are research-based interventions that can get those developmental trajectories on track should they go awry? Or how do we support and encourage healthy development when it's present?
- The goal in marrying these two is to recognize the developmental task then intervene with appropriate support to mitigate trauma and/or boost resilience

(** Supportive slides at end)

But First...

Let's look at 6 Core Assumptions in order for this delivery system to work



Dr. Amy

3 Core Assumptions for Professionals

1. Parents must feel that professionals are communicating with them from a *non-judgmental stance by having shared goals and creating “we” language.*
2. Listening is a tool and intervention in itself.
3. Intervention and training must happen *within the primary attachment system.*

Adapted from Blaustein and Kinniburgh (2010)



Importance of Providers at Each Developmental Stage

Present Supportive Other (Sege, Project Hope)



- What's a PSO?

- A healthy adult who is available to a child for support, comfort, and guidance.
- Someone who exudes the 3 core assumptions for adults in a child's life
- A PSO can be a family member, a community member, a teacher, coach, etc.
- YOU can be a PSO!

Dr. Amy

Listening

Being heard is so close to being loved that for the average person, they are almost indistinguishable...

d.w. Augsburger



When Talking about Trauma Turns into a Disclosure

- Thank them for talking to you
- Validate the importance of conversations
- How can I help? Or Do you Want to Talk More?
- Emphasize:
 - You're not alone,
 - It's not your Fault and
 - I can help

Respond compassionately, then seek assistance!

Trauma-Informed Non-verbals

- Warm eyes
- Soft, calming voice
- Get down on child's level
- Reassure safety
- Give choices
- Be predictable
- No fast movements
- Allow a safe person to be present

3 Core Assumptions for Parents

1. Children require *unconditional love*.
2. Children regulate their behavior based on the *expectations from the adults*, experiences and environments that they are with or in.
3. Parents are the *primary models* for their children.



Adapted from Ginsberg (2011)

I Love You Rituals

- Build Daily Rituals into your routines to connect with your child
 - Rituals and Routines build confidence in children
- Play the game: I'll Love You NO MATTER WHAT
 - Explain unconditional regard to children
 - Allow them to test boundaries



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Unconditional Love

Separate Love/Relationship from Behavior

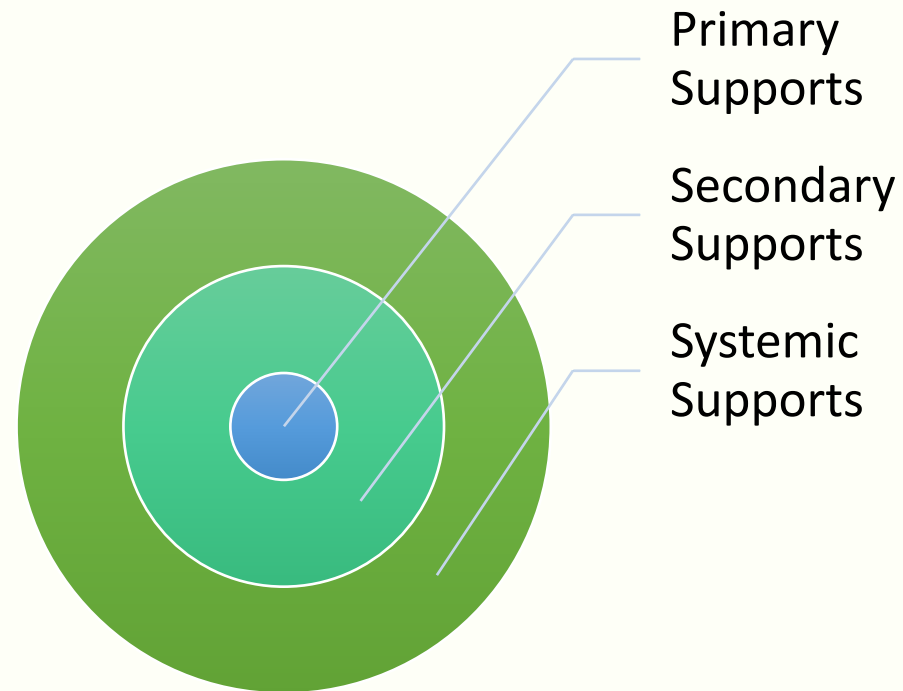
- Love and relationship with a primary caregiver is unconditional – the relationship is always available and love is always present
- Behavior is unpredictable and acting out is developmentally appropriate

For example – I love you and I'm confused why you would act that way.

- There's a consequence for your behavior, but I'm never going anywhere

Circle of Support

(adapted with permission from Kim Davis IIDC)



Dr. Amy

What happens when the Primary Circle is Empty?

- If the primary circle is empty OR the individuals listed are unhealthy, there must be an intervention
- The intervention is called a Secondary Circle Push
- Invite the individual to reach out to Secondary Circle people

Support Systems: Mothers vs Fathers

- Dr. Stoeber's Dissertation revealed:
 - Mothers had 3 or more Primary Support Systems
 - Fathers had 1... guess who that was?

Special Time/Floor Time

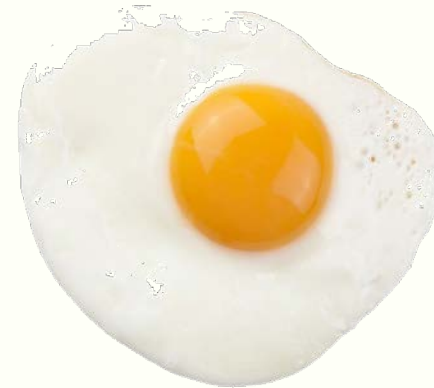
- 10 minutes per day
3 times per week
- Turn off all distractions
- Let the child choose an unstructured activity
- Follow the child's lead
- Call it your child's name "Annie's Time"



Dr. Amy

Yolky Feelings

- Outside of the Egg
 - Hard, protective, not too tasty
 - Where angry feelings reside
- Inside of Egg
 - Squishy, yummy
 - Where vulnerable feelings reside
 - Sad, worried, and confused



Draw this!

De-escalation Strategies: When Nothing Else is Working

- What are some assumptions we should make about angry or oppositional people?
- What do you need when you're upset or frustrated with progress or access to support?
- What is your story you carry with you every day?



Laying Down Goals

Why we lay down goals

Review of Core Assumptions

- Parents do well when they can
- Shared Goals – not one agenda
- Creating space allows value to the relationship



Outcomes

Dr. Amy

Targeting Adverse Childhood Experiences by Promoting Resilience Through Anticipatory Guidance: A Quality Project



Dean Moshofsky, MD, FAAP
Amy Stoeber, PhD
Deborah Rumsey

Introduction

Adverse Childhood Experiences (ACEs) are known to be associated with toxic stress, which can produce life-long consequences in physical and emotional health. The Adverse Childhood Experiences Study¹ published in 1998, was instrumental in demonstrating the striking prevalence and life-long public health consequences of childhood trauma. Resilience has been well studied and has been shown to mitigate the effects of toxic stress from trauma.

The ACEs study¹:

- ACEs are defined as: physical or emotional abuse of a child, physical or emotional neglect, household dysfunction such as parental mental illness, substance dependence, or incarceration; parental separation or divorce; or domestic violence.
- Childhood trauma and ACEs are common: 67% have 1 ACE, 12.5% have more than 4 ACEs.
- A dose-response relationship exists between ACEs and adverse health outcomes including cardiovascular, pulmonary, liver, cancer, and mental health diseases.

Resilience studies:

- A resilience-building program in the Pennsylvania School Systems showed significant improvement in optimism and reduction of anxiety and depression among students.²
- A study in an alternative high school showed resilience-building techniques improved resilience, supportive relationships, optimism and academic performance among students with disproportionately high ACEs.³
- A multi-year, multi-state early childhood resilience-building classroom curriculum and companion parent education program resulted in child outcome data that indicated strengthened children's social-emotional competence and positive coping skills.⁴

Pediatricians are ideally situated to mitigate the impact of ACEs by preventing trauma and building resilience⁵ yet are challenged with time constraints in busy office practices. Tools are needed to deliver resilience-building education in a time efficient manner.



Methods

Anticipatory guidance is a tool pediatricians commonly use in well-child visits to inform and prepare families. Pediatricians were trained to use resilience-building concepts through anticipatory guidance at each well child visit. Methods for resilience-building were reviewed. Efficacious interventions were tailored to be 2-3 minutes in length. All interventions were piloted in busy office practices prior to the training and were vetted by physicians and clinical psychologists with evidenced-based practice in mind.

Phase 1: "Targeting ACEs" training: The scientific literature on ACEs, toxic stress and the benefits of resilience were presented.

Phase 2: "Trauma-informed" training: A total of 537 participants at 22 practice sites included business staff, medical assistants, nurses and physicians received training modeled after "best practices" in trauma-informed care. Materials were developed specific to the needs of the Pediatric Medical Home.

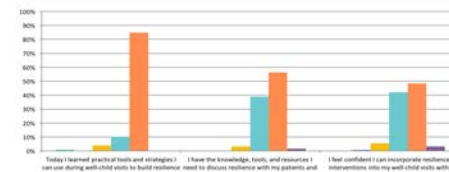
Phase 3: "Building Resilience" training: A resilience-building curriculum was presented to 144 providers with emphasis on brief interventions delivered through anticipatory guidance. Age-specific goals of resilience-building were taught, and specific in-office "tools" were demonstrated by physicians or clinical psychologists.

Resilience Factors and Interventions

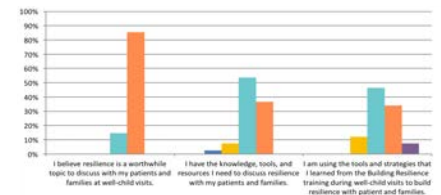
Developmental Stage	Resilience Factors	Interventions
Infancy (Birth to 18 Months)	<ul style="list-style-type: none"> • Attachment • Attunement • Regulation • Brain and Language Development 	<ul style="list-style-type: none"> • Discussing Long-Term Goals • Outside the Bubble • Circle of Support
Early Childhood (2-5 years)	<ul style="list-style-type: none"> • Family Connections • Positive Discipline and Reinforcement • Strength-building 	<ul style="list-style-type: none"> • Special Time • Circle of Security • Discussions about Strengths
Middle Childhood (5-9 years)	<ul style="list-style-type: none"> • Sense of Self • Family Values and Connections • Peer Relationships • Community Connections 	<ul style="list-style-type: none"> • Recharging your Battery • Conversations about Challenges • Yucky Feelings
Early Adolescence (10-14 years)	<ul style="list-style-type: none"> • Sense of Self • Healthy Peers and Partners • External Support Systems • Conflict Resolution and Problem-Solving • Mental Health 	<ul style="list-style-type: none"> • Breathing Exercise • Life Preserver Analogy • Collaborative Problem-Solving • Circle of Support
Late Adolescence (15-19 years)	<ul style="list-style-type: none"> • Independence and Self-Worth • Safety • Mental Health • Future Planning 	<ul style="list-style-type: none"> • Stumbling Blocks or Building Blocks • Tupperware Analogy • Brain Model: Flipping your Lid

Results

Post-training Survey of Providers



3-month Follow-up Survey of Providers



Post-training Survey Results Overview

- 90% were confident in incorporating resilience-building into their practice
- 93% felt they had the knowledge, tools and resources to discuss resilience with their patients and families
- 95% stated they learned practical tools and strategies for use during well-child visits to build resilience

3-month Follow-up Survey Results Overview

- 100% believe resilience is a worthwhile topic to discuss with patients and families at well-child visits
- 90% felt they had the knowledge, tools and resources to discuss resilience with their patients and families
- 80% are using the tools and strategies that they learned from the Building Resilience training during well-child visits to build resilience with patients and families

Conclusions

A model for trauma-informed training and resilience-building through anticipatory guidance was favorably accepted by pediatric practitioners and their staff. Participants were taught tools and strategies to incorporate into well-child visits. Post-training data showed that 90% of participants were confident in their knowledge and ability to incorporate resilience interventions into their practice and 93% felt that they had the knowledge, tools, and resources to discuss resilience with their patients and families. Follow-up data showed that 80% of participants are using the tools and strategies that they learned from the training.

This study demonstrates the effectiveness of resilience training through anticipatory guidance as a viable intervention for combating negative effects encountered from childhood stress. Follow-up support and outcome measures will likely give validity to the effectiveness of this model in the pediatric primary care home.

"I was at the point in my practice, after 15 years, where I realized I would never get any better at taking care of asthma, or treating an ear infection. And then, for the first time in a long time, I realized that I was going to be a better pediatrician because of this training and the resilience-building discussions I was having with patients and families."
- Erika Meyer, MD

"I feel completely confident delivering this information even though I'm not a behavioral health clinician."
- Kristan Collins, MD

"It feels great to have quick, practical tools to teach families, and so rewarding to see kids sit up a little taller when I name the resiliency traits they have!"
- Sharlene Matthieu, MD

Bibliography

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2. Cutuli JJ, Gillham JE, Chaplin TM, et al. Preventing adolescents' externalizing and internalizing symptoms: effects of the Penn Resiliency Program. *The International Journal of Emotional Education*. 2013;5(2):67-79.
3. Longhi, D. (2015). Higher resilience and school performance among students with disproportionately high adverse childhood experiences (ACEs) at Lincoln High, in Walla Walla, Washington, 2009 to 2013. *Olympia, WA: Participatory Research Consulting, LLC.*
4. Lynch, Kathleen & Rose Geller, Susan & G. Schmidt, Melinda. (2004). Multi-Year Evaluation of the Effectiveness of a Resilience-Based Prevention Program for Young Children. *The Journal of Primary Prevention*. 24. 335-353. 10.1023/B:JOPP.0000018052.12488.d1.
5. Traut F and Boynton-Jarrett R. Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice. *Pediatrics*. 2017; 139(5):e20162869

Dr. Gene Nicholson

The truth in the statement, 'all families face challenges,' rings so true once we scratch the surface. This has turned perfunctory checkups into intimate encounters, and opportunities for me to discuss options for and the importance of seeking help.

Dr. Amy

Dr. Erika Meyers

I was at the point in my practice, after 15 years, where I realized I would never get any better at taking care of asthma, or treating an ear infection. And then, for the first time in a long time, I realized that I was going to be a better pediatrician because of this training and the resilience-building discussions I was having with patients and families.

Dr. Amy

Knowing Your Own Story



Dr. Amy

Knowing Your Own Story: Reflection

- What is your ACE score?
- Have you processed your own trauma?
- If you are not aware of your trauma, it may effect others.
- It's never too late!



Dr. Amy

Upcoming Trainings

2-DAY INTENSIVE FOR PEDIATRICANS



***Transforming
Primary Care
through
Connection &
Resilience
Intervention***

Dr. Amy Stoeber

PRE CONFERENCE


Come for an evening to learn about how far we've come with ACEs research in the past 20 years. Find out how trauma affects specific populations such as children in foster care, medically complex patients, patients with substance abuse disorders, and disproportionality of ACEs in minority populations. Discuss the current climate of Social Determinants of Health Screening in Oregon and how ACEs screening fits into the goals of Coordinated Care Organizations 2.0

DAY ONE

Participants will focus on Compassion-Informed Care, work with teams to create meaningful language through case study, learn how trauma presents itself and current research on the neurobiology of trauma. We will pay special attention to ACEs screening, EMR approaches, & outcome measures as well as practical strategies to guide care.

DAY TWO

Participants will explore efficacious and acute resilience-based Interventions, learn tangible strategies that will transform interactions with families, and participate in small-group learning. Special attention will be paid to child developmental trajectory. We will focus on how to identify burnout, learn ways to build resilient practices, and explore how resilience can add value to your practice.



rise and grind

DAY 1

Compassion-Informed Care in Action!

We will use case study to practice exam-room dialogue so that you can infuse fresh, impactful, connection-building, and empowering language into your interactions with patients and your team.

Neurobiology Know-How!

How does trauma present in children? What's the latest research telling us? This part of our day will focus on how to spot the signs and symptoms of trauma with patients and families in the exam room.

Wrap It Up!

Find out how other physicians are documenting adversities & intervention in the EHR and using new screening measures to uncover and address ACES.

DAY 2

Resilience On the Fly

You will learn and practice 3-5 minute, trauma-informed, efficacious interventions that can be used during appointments. These interventions will help kids and families thrive through life's challenges AND you'll feel so practical and resourceful!

It's Really About You!

You're the most important ingredient - we will work in small groups and pairs to collaborate and hone these intervention skills. We will extend these concepts to bolster your own resilience, which will counteract burnout.

Wrap It Up!

Let's chat about tough cases. Let's discuss how to help the toughest families. Our wrap up will use case study to pull our 2 days together.

rise and grind

LOCATION

The Farm, Newberg, OR 97132
Location given upon registration

COST

\$699 for two days
\$125 for pre-conference

**Pre-conference fee will be waived for providers that register by December 15th*

DATE - APRIL 22ND-24TH

- Optional Pre-conference on April 22nd from 6-8pm
- Days 1 & 2: Breakfast and walk around the farm from 7:30 to 8:30 am
- Days 1 & 2: Content from 8:30-4pm, including lunch panels from guest physicians

OTHER

All meals, resources and handouts included

- Friday, trip to Raptor Ridge Winery post workshop for sips and snacks

Space is limited! Last day to Register is February 1st.

Questions to Facilitate Discussion

Infancy and Early Childhood (Birth to 18 months)

Questions that Promote Discussion of Resiliency at this Age:

- How are you feeling about this new role as a parent? (Or, how is round 2 going for you?)
- Who helps you with your baby?
- How do you perceive your child's temperament?
- Looks like your baby is on the move, how's that going?
- How are you feeling about your relationship with your baby?

*** NOTICE: Watch for signs of PPD, Isolation from Support Systems, Discord in Marital Unit or food/housing insecurities**

Early Childhood Years (2-5 Years)

Questions that Promote Discussion of Resiliency at this Age:

- We've all heard of terrible twos, how's toddlerhood going?
- Does your child play with his/her same age peers?
- Who confident do you feel with discipline?
- Who supports you?
- What are you noticing about your child's personality?
- How do you connect as a family?

***NOTICE: Watch for discipline techniques and limit-setting; Notice parental awareness of insight and need for support**

Middle Childhood (5-9 Years)

Questions that Promote Discussion of Resiliency at this Age:

- What's your family's schedule or routines? Do you carve out family time?
- What activities is your child involved in?
- Does your child have a best friend?
- Did you know your child can help out with family chores that are age appropriate?
- Do you have any concerns about your child feeling sad, worried, or having low self-esteem?
- How did you feel about school when you were younger?
- **NOTICE:** Watch for signs of parental awareness and need for support

Early Adolescence (10-14 Years)

- Questions that Promote Discussion of Resiliency at this Age:

For Parents:

- Who are your children's circle of friends? Do you like them? Are they healthy kids?
- Do you feel your child pulling away from you as they enter teen years?
- What is your family's routines?
- Do you have any worries that your child is sad, worried, or suffering from low self-esteem?
- Do you know how to help your child solve problems?

Early Adolescence (10-14 Years)

- Questions that Promote Discussion of Resiliency at this Age:

For Children:

- Have you witnessed or taken part in fights – emotional or physical?
- What do you enjoy doing?
- Do you know how to handle conflict?
- Do you ever feel blue or worried so much that it interferes with your day or sleeping?
- Who are your best friends? Do you have a partner?

Late Adolescence (15-19 Years)

- Questions that Promote the Discussion of Resiliency at this Age:

For Parents:

- Are you monitoring texts and social media?
- Does your child have healthy friends?
- What are your child's strengths?
- How do you talk about future goals?
- Do you know what natural consequences are for teens?

For Teens:

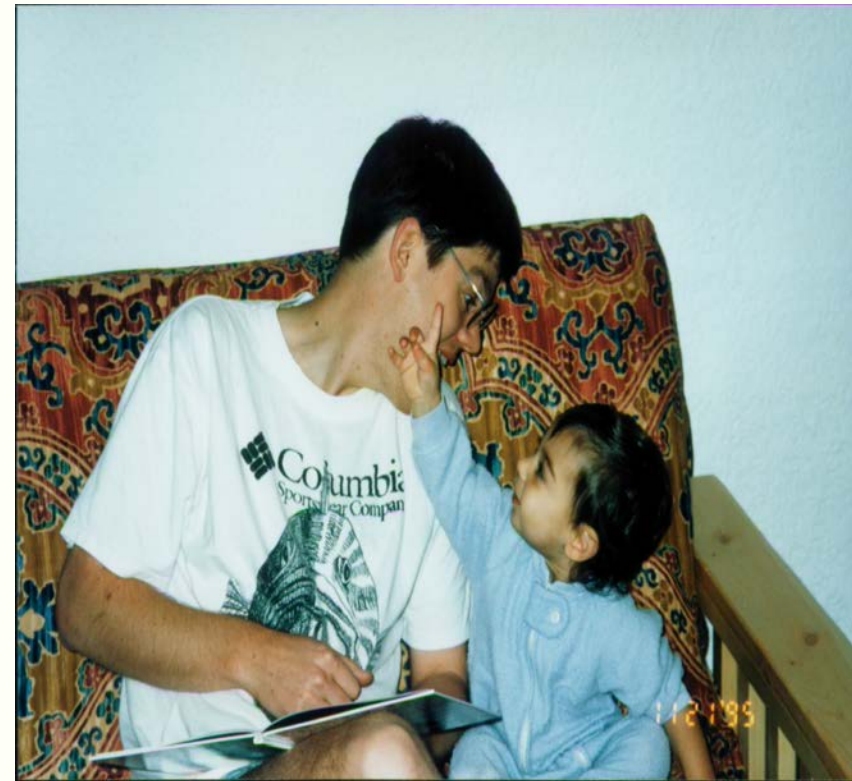
- Who are your best friends? Who do you turn to if you're hurt or sad?
- What are your dreams?
- Do you have connections with the community?
- Do you have a partner? How do they make you feel?

Developmental Themes that Boost Resilience

Infancy and Early Childhood

Factors that Promote Resiliency

- **Attachment** – Attachment is how we build empathy and organize the world of relationship safety. You are your baby's first and primary attachment.
- **Attunement** – Attunement is the capacity of parents and children to accurately read each other's cues and respond appropriately. Interpersonal interactions with the context of the attachment system.
- **Regulation** – Self-regulation involves managing experiences on many levels: cognitive, emotional, physiological, and behavioral. Regulation is the child's ability to tolerate emotional or physical distress.
- **Brain and Language Development** – Brain development is “use dependent”. The First Year of a child's life create essential building blocks for later development.



Dr. Amy

Early Childhood Years (2-5 Years)

Factors that Promote Resiliency

- **Family Connections** – Children that have family connections and rituals show greater resiliency and regulation
- **Positive Discipline and Reinforcement** – Routine, consistency and Structure are the building blocks of positive discipline
- **Strength-Building** – Parents who see their child's strengths are more likely to have positive interactions with him/her



Dr. Amy

Early Childhood Years (2-5 Years)

Factors that Promote Resiliency

- **Encouraging Sense of Self through Independence** – exploring, creating and imagining is a critical part of growth during this age span.
- **Peer Relationships and Social-emotional Growth** – Resilient preschoolers seek out social supports and give social support to others; children with positive social skills are linked to greater social competency later in life
- **Play** – Play is child's work, imaginative play is critical – this is how children learn to problem-solve



Dr. Amy

Middle Childhood (5-9 Years)

Factors that Promote Resiliency at this Age

- **Sense of Self** – A sense of identity development is strong during these years. Positive reassurance and structure continue to be important – consistency, structure and predictability allow children to feel confident and self-assured.
- **Family Values and Connections** – By this age, children have a strong sense of family values. Parent modeling of their relationships with other adults including partners and friends strongly shape the children's idea of what they value.
- **Peer Relationships** – Peers become increasingly important during latency years. Studies show that knowing your children's friends and parents is hugely beneficial.
- **Community Connections** – School-home connections are vitally important. Even if parents did not have a positive school experience, they can change that pattern by becoming involved in school.

Early Adolescence (10-14 Years)

Factors that Promote Resiliency at this Age:

- **Sense of Self** – Kids live up or down to their parents expectations – sense of self is developed by parents telling children what they value for character.
- **Healthy Peers and Partners** – As young children move out of their immediate family – the circle widens. Encourage and support positive healthy friendships.
- **External Support Systems** – Children are at risk of feeling isolated and alone, which leads to disconnect. Create situations where children can interact with positive adult role models.
- **Conflict resolution/Problem-solving** – Parents who model healthy conflict resolution skills create more resilient children. Children who feel that they have a voice and an ability to solve problems gain more self-confidence.
- **Mental Health** – Promoting emotional competency in children leads to greater resilience. Listening attentively to children during both routine moments and moments of crisis leads to opportunities for connection.

Late Adolescence (15-19 Years)

Factors that Promote Resiliency at this Age:

Independence/Self-worth – Confidence is built through experience. Allowing teenagers to take risks, make mistakes, and evaluate choices is critical.

Safety – Teens who feel that they have a safety net of caring, supportive, unconditional adults will talk more about safety concerns regarding media, sex, bullying, etc.

Mental Health – Knowing your family's mental health and your own will create a greater sense of what might be going on with your child. Create an atmosphere of unconditional regarding so that your child knows he/she can bring ANYTHING to you.

Future planning – Teens that are achievement oriented and can function independently have increased self-worth and therefore greater resiliency – so plan and dream with your teen.