



Primary Health Partners

Promoting Children's Health and Resiliency: A Strengthening Families Approach



Pediatricians reach the vast majority of American children; parents look to them for reassurance, guidance, expertise and the ability to recognize and understand when things are off track. Their relationships with families give them the opportunity to see patterns of behavior evolve and discern when additional services may be warranted. Pediatricians can play an important role in helping parents and caregivers learn to care for themselves as an important part of caring for their children. Sometimes the provision of anticipatory guidance is sufficient; other times they can steer families to needed supports. This document will provide pediatricians and other health care providers with prevention and intervention resources.

Parents are important partners in supporting the health and well-being of children, but they sometimes need support and help building their own capacity to effectively support their children. Strengthening Families is a research-based protective factors framework that provides a set of resources and tools for supporting parents, particularly those who seem to be overwhelmed by parenting, isolated, or struggling to understand and respond to their children's needs.¹ Across the country, states, programs, communities and pediatricians are using the Strengthening Families Protective Factors Framework to guide their work and help them to focus on protective factors that all families need. The protective factors are defined to the right. The pediatrician's role in strengthening each protective factor might include:

- **Parental Resilience:** Building parents' capacity to respond to stressful situations in productive ways is an important part of helping them to parent effectively. Checking in on parents' mental health – particularly including post-partum depression – and encouraging the use of positive coping strategies can help to ease stress and, in extreme cases, prevent child abuse and neglect.
- **Knowledge of Parenting and Child Development:** Parents who understand child development have more realistic expectations of their children based on their developmental stage. The pediatrician plays an important role in sharing this knowledge with parents, empowering them to do a better job meeting their children's physical and developmental needs. This also enables parents to more quickly identify when their children's development is off track, so support can be sought from their pediatrician and others.
- **Social Connections:** Parents who are engaged in positive social relationships receive emotional and operational supports that can help them deal with the daily stresses of parenting, as well as health crises and responding to their child's health needs. At a minimum, physicians can encourage parents to develop and nurture positive social connections. More proactively, pediatricians, clinics and health systems can provide parenting groups and other opportunities for parents to form connections with others raising children of the same age.

About Strengthening Families

Strengthening Families was developed by the Center for the Study of Social Policy to help those who work with young children and their families take action to support families and reduce child abuse and neglect. The approach focuses on five protective factors associated in research literature with lower rates of child abuse and neglect:

- **Parental Resilience:** The ability of parents to form nurturing relationships and respond to stressful situations in productive ways.
- **Knowledge of parenting and child development:** A parent's understanding of how children develop and the role families play in fostering development.
- **Social Connections:** The many positive relationships families need for emotional and concrete support.
- **Concrete Supports in Times of Need:** A family's ability to access help and resources when needed, from informal and/or formal support networks.
- **Social-Emotional Competence of Children:** Children's ability to express and control their emotions in a developmentally appropriate way.

More than 30 states have active Strengthening Families initiatives with programs being funded, trained and supported to help build protective factors with families with young children. Your state may have tools, training and other resources you can access. To find out if your state is participating and find materials and tools from the national Strengthening Families work go to:

www.strengtheningfamilies.net

¹<http://www.cssp.org/reform/strengthening-families/resources/body/LiteratureReview.pdf>

- *Concrete supports in times of need:* Parents often need help accessing the resources they need to build a healthy environment for their kids. Many programs are available to help parents deal with issues from lead abatement, to healthy and nutritious food, to developmental services to support a child with delays. Helping build parents' awareness of the available resources and providing support as they navigate the service sector can keep families strong.
- *Children's social and emotional competence:* Social-emotional competence is critical to a child's overall development. The pediatrician's role can be to help parents understand the importance of attachment and social-emotional development, provide resources to help parents nurture that development and raise a red flag when there are concerns about a child's development of these foundational skills.

Strengthening Families: Action Steps

Be Prepared: Health issues, challenging behaviors and other circumstances can cause family stress. Providers can connect families to other supports that can help them deal with these issues.

- Build relationships with local programs that can support families under stress. In most communities there are a host of programs and resources available to support families. These may include family resource centers, home visiting programs, parent education programs and support groups. Have information about these programs available for families or encourage these providers to come into your offices to talk with families about the services they provide.
- In a number of states resources such as *Help Me Grow* and 211 can provide an important and easy way to connect families with needed resources and support. These help lines connect families to a trained support person who can work with them to learn more about what they need and connect them to appropriate resources. The *Help Me Grow* National Center recently released a [policy brief](#) summarizing a study demonstrating that its services supported families in developing protective factors to promote optimal development. Learn more about whether [Help Me Grow](#) or [211](#) are available in your area.

Help parents understand the link between taking care of themselves and taking care of their child: Children's health and development issues have an impact on parents and their parenting – and parenting has an impact on children's health. Parents often already know that the stress they experience has an impact on their parenting and their children. Pediatricians are ideally situated to encourage them to develop healthy ways to deal with it.

- Ask questions not just about the child's health but about the parent's experience and how they are coping with health or developmental issues that are coming up.
- Share information and materials about child development and parenting as part of anticipatory guidance for parents. [Bright Futures](#) may be supplemented with resources from Zero to Three, which provides a number of [resources for families with young children](#). The Nemours Foundation provides a variety of [tip sheets for parents on how to support their child's health](#).
- Encourage families to make connections with others dealing with common issues. Especially when health or developmental issues are identified, families can benefit from the advice and listening ear of others who have experienced the same issue. Each state's Family to Family Network² or [Family Voices](#) can be a good resource for families with children with special health care needs. Organizations such as [Parents Anonymous](#) and [Circle of Parents](#) can also provide important peer support for families simply struggling with the challenges of parenting. The state Children's Trust Fund may also support these informal support networks.

² Family to Family Networks exist in many states. Although there is not one central site which links to all Family-to-Family networks, they can easily be found through a web search using the terms Family-to-Family and the state name.

Identify easy opportunities to build protective factors: Clinic and office waiting rooms can serve as venues for building protective factors.

- Set up waiting rooms to encourage interaction and network building between families
- Provide parenting and child development information in easy digestible forms
- Join Reach Out and Read and encourage parent-child interaction and bonding through books
- Have games and toys available that encourage parent-child interaction and bonding

Identifying and Responding to Children who Have Experienced Trauma

While pediatricians, parents and communities work to ensure that children grow in a safe and healthy environment, this does not always occur. A growing body of research and information ties the experience of trauma in childhood, including exposure to violence, to poor health outcomes throughout life. More than sixty studies of Adverse Childhood Experiences (ACEs) confirm that childhood stressors can compound to produce serious emotional and physical illnesses in adolescence and adulthood, impacting health outcomes as diverse as risk of diabetes, likelihood of alcohol or substance abuse, likelihood of mental illness, suicide risk and more.³ Moreover, new research on child development shows us that when stress becomes toxic (repeated and severe) it can impact the physical architecture of the brain—potentially impairing children's long-term development.⁴

Children may be traumatized by any number of experiences, from abuse and neglect to exposure to violence to the loss of a parent or other loved one through death, divorce or separation. Studies of ACEs also characterize a variety of living situations as adverse experiences such as living in a household with a parent with untreated mental illness or substance abuse problems or experiencing the incarceration of a family member. When children experience trauma it can adversely impact fundamental developmental tasks—when this trauma is severe, prolonged, repeated or unrelieved by a caring adult it can actually impact brain structure and function.

Ideally, parents and children have protective factors in place, like those described above. These protective factors can be used during stressful events to help build resiliency and mitigate the effects of the trauma. For many, however, these protective factors are not in place or not as strong as they could be. For these families, pediatricians and others need to be prepared to respond.

Responding to Trauma: Action Steps

Be Prepared: Before a child is even identified as having been exposed to trauma, medical homes need to be prepared with a response. They can start by:

- Building relationships with local programs that can support families whose children have been exposed to trauma:
 - Trauma-informed counseling services for children
 - Resources within the health system of which the practice may be a part
 - Contact numbers for domestic violence shelters, supportive services, peer support groups and other programs that can be easily accessed by both staff and families
- Having materials (brochures, Web-based information, etc) that can explain to families the effects that traumatic experiences can have on their child in both the immediate and long-term future – and constructive ways for them to respond and build resilience
- Ensuring that all staff members know and understand the protocols for making referrals to child protective services

³http://www.acestudy.org/files/Review_of_ACE_Study_with_references_summary_table_2_.pdf

⁴http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/

Look for Signs: In some cases, the child may directly report having seen or experienced violence or other traumatic experiences. In other cases, the child will show characteristics that may have roots in exposure to trauma:

- Developmental regression
- Changes in behavior at home or school
- A variety of functional somatic complaints
- Bruising or injuries that are unexplained or explanation does not match

While these presentations may not confirm an experience with trauma, the pediatrician, primary care physician and other medical home team members should consider the possibility and ask appropriate questions to determine what, if any, actions should be taken. Learn about other signs of trauma from the [National Child Traumatic Stress Network](#).

Ask Questions: Pediatricians have influence and authority with families, and multiple opportunities to ask questions about children's experiences and living situations during preventive and sick visits. A variety of questions can be used to identify children who may have been exposed to trauma. Some of these can be found on the American Academy of Pediatrics (AAP) Web site and are outlined on the sidebar.

Follow-up: If a child has been identified as having been exposed to trauma, providers should be prepared to:

- Ensure that the child's environment at home or school is safe – and contact child protective services if it is not
- Make referrals, as appropriate, to evidence-based treatment options
- Make plans for appropriate follow-up with the family
- Provide educational materials for parents and children on appropriate topics
- Provide support for parent or caregiver as they cope with a potentially stressful situation
- Discuss protective factors that may contribute to strengthening the bond between caregiver and child and building resiliency in children
- Help the parent understand how trauma can impact children's development and behavior and encourage them to seek help and support for themselves and their child

Additional guidance on next steps following exposure to various types of trauma can be found on the [AAP Web site](#).

Medical Home for Children Exposed to Violence

The American Academy of Pediatrics has established the Medical Home for Children Exposed to Violence Project with the support of grant funding from the Department of Justice. This project aims to increase awareness of the impact that exposure to violence and trauma has on children and their health, and to provide pediatric medical homes the resources needed to identify and care for these children more effectively.

Pediatricians can only know what they ask about. The project has identified a series of questions that pediatricians and medical home teams can use to begin conversations with parents and children:

1. Are there any behavior problems with the child at home or school?
2. Has anyone come or gone from the household lately?
3. Are there any problems with sleep and enuresis?
4. Has your child ever witnessed anyone being harmed at home or in the community?

Futures Without Violence has a broader question that can also be used:

"Violence is an issue that unfortunately affects nearly everyone today and so I have begun asking families in my practice about exposure to violence."

For more guidance during the patient visit, go to www.aap.org/medhomecev

Pediatricians Doing This Work

[Center for Youth Wellness \(http://centerforyouthwellness.org/\)](http://centerforyouthwellness.org/)

Founded and led by Nadine Burke Harris, MD, MPH, FAAP, the Center for Youth Wellness provides pediatric primary care with a multidisciplinary team that allows for on-site mental health referrals and access to community support services. This practice serves the Bayview-Hunter's Point neighborhood of San Francisco, which struggles with high rates of poverty and violence. Dr Burke Harris started the Center after making the connection with high parental ACE scores, environments that produced toxic stress in children, and difficulty in managing chronic health issues like asthma and obesity.

[Chicago Youth Programs \(http://chicagoyouthprograms.org/\)](http://chicagoyouthprograms.org/)

The long-standing wellness approach of the Chicago Youth Programs serves high risk children living in Chicago's public housing projects and other distressed neighborhoods was co-founded and continues to be led by Karen Sheehan, MD, MPH, FAAP. The program began with supportive services and programs for the neighborhood children and grew to include the primary care clinic that now provides multidisciplinary services, including mental health supportive services.

[Health Center at Lincoln \(http://thehealthcenterww.org/\)](http://thehealthcenterww.org/)

Alison Kirby, MD, FAAP is medical director for the Health Center at Lincoln, a school-based health center in rural Walla Walla, WA, that focuses on teens who often have higher ACE scores themselves and have parents with high ACE scores, as well. The school and the health center work in partnership to provide an approach to medical care and school discipline that incorporates the science of toxic stress and resiliency, resulting in more effective methods that improve student behavior and health outcomes.

[Project DULCE: Developmental Understanding and Legal Collaboration for Everyone \(http://bmc.org/Project-DULCE.htm\)](http://bmc.org/Project-DULCE.htm)

Robert Sege, MD, PhD, FAAP is the Principle Investigator of Project DULCE. This project is designed to implement the Strengthening Families Approach within the patient-centered medical home. Families meet with the DULCE Family Specialist at all routine visits, and for home visits and telephone check-ins depending on the needs of the family. At six months, the DULCE Family Specialist hands off care to the primary care team and any other ongoing services at Boston Medical Center or in the family's neighborhood, as necessary. DULCE combines elements of two existing programs: Healthy Steps and Medical-Legal Partnerships |Boston (MLP|Boston), and has been funded by the Quality Improvement Center for Early Childhood.

Disclaimer

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