ELEMENT IV: Preventing Trauma And Promoting Resilience

An Overview and Rationale

Preventing Trauma and Promoting Resilience are essential activities for improving population health in the context of limited and expensive resources for individual healthcare interventions and the increasing difficulty of successfully intervening as a child or problem develops. It also supports consumer and healthcare provider stress management by offering a wellness focus to complement the more traditional and stressful illness care.

Although it is challenging for primary care and behavioral health providers cannot to prevent families from being exposed to trauma and stress, but building on families' strengths may help families avoid the negative effects of experiencing such impacts that exposure and to better cope with those that are unavoidable. (citation) As in all of the other sections of the toolkit, we think about children and caregivers individually but also as a family, knowing that, in multiple ways, the strengths and challenges of one family member can influence strengths and challenges of be transmitted to others, especially when considering the connection between positive caregiving relationships and social-emotional development resilience, and learning in young children.

In this section of the toolkit we think of prevention of trauma effects in two ways: 1) ways to help families avoid exposure to stress and trauma; and 2) how to help families build resources so that if they encounter stress and trauma in the future they will feel less of an impact, and more quickly return to feeling well and secure. The medical and mental health systems are not the only resources families have to achieve these goals, but there is good evidence (   ) that they can play an important role and can partner with community resources to help families achieve these goals. This section focuses on interventions that are universal – meant to be of help to all families that a provider encounters.

In the context of the other elements and their goals, element IV by current goals

1. Further develops resources, activities and conversations introducing psychosocial health in a Trauma Informed Office and promotes the development of health and resilience across the population served, by ..
2. Affirms the role of Families in preventing and soothing child stress and the engagement of families in integrated care teamwork, by mobilizing resources to support family strengths and protective factors
3. Coordination
4. Element IV Prevention of exposure, experience and effects of trauma and Promotion of resilience .. by… universal conversation, resource, guidance, etc. and providing resilience-experiences within service settings. In order to more directly address improvement in population health.
5. Focuses on universally surveying trauma exposure, in observation and conversation, to triage need for more resource-intensive and specialized individualized Screening and Assessment
6. Focuses on universally supporting response to trauma exposure, hopefully prior to development of trauma effects, and before providing or referring for more intensive (and less available) individualized Intervention for complications in recovery

Element IV Goals and Strategies for Full Implementation

Goal 1: Assess Survey (i.e. be informed and alert for) family risks for potential exposure to trauma and stress as well as family assets, such as sources of support for child and caregiver.

Goal 2: Provide guidance that promotes development of resilience and wellness and provide support for families seeking to reduce cope with stress.

IDENTIFY FAMILY ASSETS AND RISKS

Goal 1. Assess Family Assets and Risks

Why Is This Goal Important for Trauma-Informed Integrated Care?

To prevent trauma-related challenges and promote resilience, it is important to *identify and anticipate both the* assess exposure to adversities that might cause *risk leading to* trauma or stress *and the assets that could provide protection from adversity.* (or to help anticipate possible exposures and head them off). This is similar to the discussion of *In contrast to discussion of* identifying trauma exposure provided in Element V, but in this section we focus primarily on having brief discussions with <u>all</u> families either as a first stage in assessment or as a follow-up, even when screening questionnaires are "negative." *about the potential health effects of stress and resilience.*

Families may be exposed to stress and trauma in a variety of ways. In today's society with historically high levels of household debt, and the decline in wages and benefits relative to the cost of living, many families may be in precarious financial situations, with trauma related to providing basic needs for their families. They may be unable to cope with a serious illness, or job loss. They may live in settings where exposure to community violence is high on a regular basis. Substance abuse, intimate partner violence, and parental mental health issues also contribute to possible exposures to violence. Additionally, for children and families of color, racism experienced in daily life, whether implicit or explicit, may increase stress and exposure to trauma.

Children can be a cause of stress for caregivers ( ). As most caregivers can attest, ( ) children can vary enormously in their personalities( ) and temperaments – the extent to which they react to change, are easy going or fussy about food or clothes, are predictable or unpredictable about sleep or hunger, and being bold or shy with new people and situations. Caregivers may feel more or less prepared to manage children's personalities, and nearly all caregivers will feel challenged at some point. Stress can be even greater if a caregiver feels criticized by other family members – often the child's father, or a grandparent – for their ability to manage the child's behavior or meet what seem to be the child's needs. Children

with potentially serious medical or developmental problems create even more stress, both because of worry for their health and because of uncertainty about how to be a good caregiver for them.

However, all families possess competencies (   ) and psychological resources ( )that can mitigate ( ) the response to and impact of trauma exposure. Identifying these family strengths, or protective factors, can protect children and families from long-term harm. We can think of these exposures to adversity   and family protective factors for families with young children in several categories.

Table 11. Family Risk and Protective factors

Risk Factors	Protective Factors
Basic needs	Successes with past challenges
Threats to personal safety	Role models for coping with challenges
Threats to the family's mental and physical health	Participation in community groups (service, religious, school-related)
Preparation for parenting	Feelings of confidence about meeting the child's emotional, behavioral, and educational needs
Parenting skills and child characteristics	Feeling supported in parenting by spouses, partners, other family members or friends
	Feeling capable of balancing childcare needs with work or other adult responsibilities.

Moreover, primary care providers have significant opportunities to help teach families how to positively respond to potentially stressful and traumatic experiences by identifying, developing, and supporting caregivers' protective factors.

This goal includes three change concepts: A) engage caregivers in open conversations about their lives; B) use assessment tools that ask about risks and protective factors; and C) support caregivers who have experienced trauma.
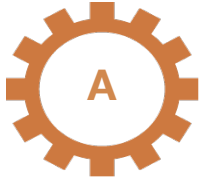
A ENGAGE FAMILIES AT THE START OF THE VISIT

Change Concept A: Engage Families at the Start of the Visit

Moving from Change Concept to Change Strategy
Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

Make Conversation Universal

Honor Cultures, Beliefs, And Family Structures

Model Stress & Coping as Focus of Discussion at Health Visits

Acknowledge Child Development As Stressor

Ask Open-Ended Questions

Recognize Stress

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Change Concept A. Identify Potential Partners and Have Introductory Meeting	
Possible Strategies	**Specific Ideas to Test**
→ Identify families' needs	→ Recognize the specific mental health and trauma needs of families and children that are not currently being met in the PCP visit.
→ Identify providers of services	→ Know local providers of those services that are needed, including services for caregivers.
→ Understand access issues	→ Recognize those issues that impact or impede families' abilities to access services, including linguistic and cultural needs.
→ Provide cross-education	→ Share information about themselves and their services as well as about the population being served with potential partners -- this can be in writing, in a face-to-face meeting, a "lunch and learn," etc.
→ Ensure clarity about expectations and opportunities	→ Be clear about what PCP wants/needs from partnership as well as the opportunities for partners.
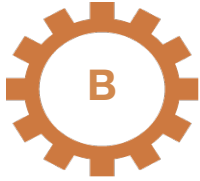
USE PROTOCOLS THAT IDENTIFY RISKS AND PROTECTIVE FACTORS

Change Concept B: Use Assessment Tools to Identify Risks And Protective Factors

In addition to engaging caregivers in discussions about their lives, you can use a tool that asks about exposure to stressors and availability of protective factors. For example, the ACEs questionnaire has items that ask about exposure to adversity, and the Center for Study of Social Policy (CSSP) provides indicators of protective factors. (Appendix D.1)

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to identify risks and protective factors. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

Identify Potential Screening Tools

Avoid Duplication

Integrate Into Existing Tools

Introduce Tools with Family-Friendly Language

Assessment of these risks and assets can be done in the regular visit. Possible questions are listed in Table 12.

Table 12: Questions to Assess Families Risks

Risk Factor	Possible Questions
Basic needs	Is there, or has there been, insecurity about having housing, food, clothing and the support of family or friends?
Threats to personal safety	Does the family, or did it at one time, live in or have to travel to a neighborhood where they feel unsafe?
	Do family members feel unsafe or wary because of their ethnicity, race, immigration status, gender, or sexual orientation?
	Do school-aged children feel safe traveling to and attending school?
	Is there a concern for emotional or physical violence between partners, or emotional or physical punishment of children?
Threats to the family's mental and physical health	Does someone in the family work in a particularly dangerous or stressful job?
	Is there anyone in the family with a serious medical or mental health problem, including problems with alcohol or drugs?
Preparation for parenting	Do young caregivers – often young mothers – feel confident in their parenting knowledge and in having the support and resources they will need to care for an infant?
Parenting skills and child characteristics	Does the child have behavior that the caregiver finds hard to deal with?
	What skills does the caregiver have to deal with their children's behavioral issues?

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Change Concept B. Use Assessment Tools that Ask about Risks and Protective Factors	
Possible Strategies	**Specific Ideas to Test**
Identify potential screening tools	→ Review the many tools that exist and identify those that would work best with your children and families. → Consider those that have questions, language, format, style, and validity that are consistent with the way your practice and providers operate.
Avoid duplication	→ Review other screeners that you use and ensure you are not duplicating effort. → If you find, through a review process, that other screening tools you use are already asking some questions about risk and protective factors, figure out how you will use these existing questions, or add to them as needed.
Integrate into existing tools and processes	→ Consider how you can integrate these questions or tools into other screening tools or processes. → Think about whether there are any existing tools these new screening tools may replace so that you don't overwhelm providers or partners with new requirements.
Introduce the tools with family-friendly language	→ Try using scripts or family-friendly language to introduce the screening tools so that caregivers understand why the questions are being asked and how the responses will be used to help their family's care.
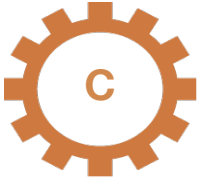
SUPPORT CAREGIVERS WHO HAVE EXPERIENCED TRAUMA

Change Concept C: Support Caregivers Who Have Experienced Trauma

If caregivers discuss their exposure to trauma in a conversation with you or through a screener, make sure to follow up. While the caregiver explains his/her traumatic situation, make sure to listen attentively and withhold judgment. If the situation seems complex, don't worry about doing everything — go for what the family values most. Leave the door open for future care, respecting concerns or hesitation.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

Provide In-office Intervention As Appropriate

Honor the Families' Feelings About Help

Consult with In-Office Specialist

Refer Caregivers for Additional Help or Support

Follow Up with the Family

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Change Concept C. Support Caregivers Who Have Experienced Trauma	
Possible Strategies	**Specific Ideas to Test**
Provide in-office intervention as appropriate	→ When disclosures and conversations indicate an interventions that can take place in the moment, ask families if they have supports in place, how the PCP can help, and if it is okay to offer advice and ensure you understand the issues at hand.
Honor the families' feelings about help	→ Take time to make the case for and understand the family's feelings toward seeking help from a social worker or other provider when it might help. → Talk about the possible benefits while acknowledging that there might be financial or other costs. → Help caregivers make decisions about when those costs are justified. If not now, ask, "What would it take?"
Consult with in-office specialist	→ Rely on the partnerships you've developed to receive real time consultation. → Talk to your partner about options and recommendations. → Have your partner talk directly to the caregivers. → Bring in your peer support person or family advocate.
Refer caregivers for additional help or support	→ If you are unable to address concerns in the office or with the support of in-office consultation, consider referring the caregiver for specialized services or supports, including family education and support programs, community programs, etc. → Engage your care navigator. → Engage your care coordinator to ensure follow up as needed. → Try to ensure there aren't barriers to access these supports. → Ask if help is needed to access or navigate services.
Follow up with the family	→ Offer a means of follow-up with you – a phone call, a visit. → Check in to see how the family is doing. → Ask about roadblocks to referrals.

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Change Concept A. Engage Caregivers in Open Conversations about Their Lives

❑ How well do you ask caregivers about their exposure to stress and trauma?

❑ What types of questions do you ask to identify family assets and strengths?

❑ How do you help them understand why you are asking the questions?

Change Concept B. Use Assessment Tools that Ask about Risks <u>and</u> Protective Factors

❑ What screening of child and caregiver exposure to stress and trauma is already taking place? How is it documented?

❑ How do you identify family assets and strengths in a structured and systematic way?

❑ What tools fit best with your office's culture and existing processes?

Change Concept C. Support Caregivers Who Have Experienced Trauma

❑ How do you use information that is gathered about families' assets and risks?

❑ How do you engage caregivers in next steps?

❑ How do you support caregivers to address their own needs?

❑ How do you follow up with caregivers?

PROMOTE RESILIENCE

Goal 2. Promote Resilience
Why Is This Goal Important for Trauma-Informed Integrated Care?

Resilience helps determine how families and children experience their exposure to stress and to what extent stress leads to negative effects. Being resilience-informed includes awareness of how social determinants can support protective/promotive childhood experiences that nurture resilience expectations underlying healthy coping strategies that can result in wellness.
Building competence and resilience in children and families should result in improved population health.

Providing guidance on parenting, healthy emotional development, and ways to meet families' basic needs response to trauma can help families avoid the negative impacts that exposure to stress and trauma may have. Helping families build their own capacity so that if they encounter stress and trauma in the future they will feel less of an impact, and more quickly return to feeling well and secure, is an important role that primary care providers integrated care teams can play in families' lives.

This goal includes two change concepts: A) provide parenting / developmental guidance; B) provide support and resources to caregivers.
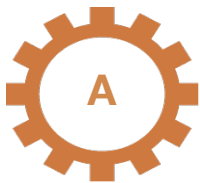
Change Concept A: Provide Parenting & Developmental Guidance About Preventing and Soothing Child Stress Response

Fortunately, most pediatricians and family doctors have good advice to give about parenting challenges – assuming that they have been able to help caregivers feel comfortable and supported while discussing the situation.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

Provide Training to Parents

Share Written Materials About Parenting

Be Aware of In-Office Interactions & Environments

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept A. Provide Parenting / Developmental Guidance	
Possible Strategies	**Specific Ideas to Test**
Provide training to providers	→ Ensure that you share information with providers and provide appropriate trainings to help them recognize how important family strengths, parenting help, resilience, and prevention are to child health.
Share written materials about parenting	→ Most families will benefit from materials about parenting that they can use at home. A number of parenting resources are listed in the Appendix. A few examples of developmental resources include: → "Reach Out and Read" program – many pediatricians participate in this program that distributes age-appropriate books to families without charge. → http://www.cdc.gov/parents/ - The Centers for Disease Control's newly enhanced website targeted directly to families with downloadable materials for children of all ages and videos about parenting young children. → Parenting books for example, Penelope Leach's "Your Baby & Child" and T. Berry Brazelton's "Touchpoints."
Be aware of in-office interactions and environments	→ Remember that a family's interaction with the health care system can be therapeutic in itself, providing a source of respect and a place of safety and education. → Ensure the office environment plays a role in whether families choose to disclose their concerns or experiences and the extent to which they will consider a health care provider's advice. → Be aware that interactions between caregivers and providers (as well as with entire office staff) can serve as a model for caregivers' interactions with other adults in their lives or even with their children. They can directly experience positive ways of discussing difficult topics, showing respect even in the context of disagreeing with someone, and managing relationships even when one is busy and stressed.
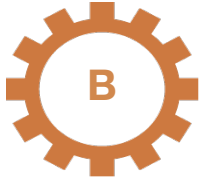
Change Concept B: Provide Support & Resources to Parents

Knowledge is power. The more that caregivers are aware of and realize they have access to supports and resources in their own community the stronger they can be. Making sure this information is presented in ways that are useful, meaningful, and accessible to caregivers is essential.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

Provide Resource Lists

Offer Your Own Classes or Programs

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept B. Provide Support and Resources to Caregivers	
Possible Strategies	**Specific Ideas to Test**
Provide resource lists	→ Make sure that caregivers are aware of community resources by providing up-to-date and readily available resource lists. → Distribute resource lists in the waiting room, exam room, and online. → Have frontline staff and providers develop a system for distributing or directing families to the resource list. → Ensure the lists include up-to-date resources for the range of community services that can help with income, housing, employment, transportation, developmental services, Head Start, family violence, and substance/alcohol abuse (make sure to include location, cost, and transportation options).
Offer your own classes or programs	→ Offer parenting classes or refer to community-based programs. Examples of community based parenting programs include groups sponsored by the YM/WCA, religious groups, or employers. → Consider using evidence-based parenting programs such as, Triple P, Circle of Security, Motherwomen, Systematic Training for Effective Parenting (STEP). It is important to note that a review of parenting programs found that the most effective were those that allowed caregivers to practice and get feedback and pointers (versus just receiving advice or reading). → Offer space and family access to community groups with useful programs.

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Change Concept A. Provide Parenting / Developmental Guidance

- ❑ What training have staff/providers had on resiliency and its promotion?
- ❑ What training has staff/providers had on working with caregivers and caregivers?
- ❑ What written materials do you have for caregivers specifically about parenting?
- ❑ In what ways do your physical environment and office culture offer a supportive space for caregivers?

Change Concept B. Provide Support and Resources to Caregivers

- ❑ What supports does your office have for caregivers who are trying to cope with stress and trauma?
- ❑ What resources are currently available at your site or in the community that support parenting or early childhood development?
- ❑ In what ways are they accessible and culturally responsive for the families your agency serves?
- ❑ How is your resource list developed and kept up to date?
- ❑ In what ways is it distributed to caregivers? How do you ensure it remains relevant and helpful for caregivers?

Element IV. For More Information

Goal 1. Assess Family Assets and Risks

The resources listed below can be found in **Appendix D.1**

Assessing family risks and assets

1. Applying Surveillance and Screening to Family Psychosocial Issues: Implications for the Medical Home (Garg & Dworkin, 2012).
   This article emphasizes the importance of a physician identifying and intervening on psychosocial issues that affect a child's home life, and offers strategies to incorporate screening into pediatric practice.
2. CSSP The Protective Factors Framework and Survey
3. CSSP A Protective Factors Framework PowerPoint
4. Life Stressors Checklist-Revised**.**
   This self-report checklist includes stressful life events (such as natural disasters, assault, death in the family, etc.) and questions about the meaning and impact of the events on the individual's life. Available through the VA at:
   http://www.ptsd.va.gov/professional/assessment/te-measures/lsc-r.asp
5. Childhood Trust Events Survey (CTES).
   This survey is available in different forms: Two examples include one to ask a caregiver about events their child has experienced and one to ask an older child or adolescent about events they have experienced. Both versions cover the same twenty-six distressing events, with slightly altered wording.
   Adult caregiver version available at:
   http://www.depts.ttu.edu/hs/icfs/ACEClinic/docs/Childhood_Trust_Events_Survey.pdf
   Older child/adolescent version available at:
    http://drjenna.net/wp-content/uploads/2013/07/trauma_events_survey_for.pdf.

   Select Links
1. *Essentials for Childhood Framework: Steps to Create Safe, Stable, Nurturing Relationships and Environments for All Children*
   The framework illustrates "strategies communities can consider to promote relationships and environments that help children grow up to be healthy and productive citizens so that *they*, in turn, can build stronger and safer families and communities for *their* children."
   https://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html

2. ACEs questions.
   There are questions about childhood trauma available through the Adverse Childhood Experiences Study. While these questions do not include trauma experienced after childhood, they can serve as a conversation starter for what

childhood trauma(s) may still be affecting the caregiver. Available at: www.acestudy.org

3. Adverse Childhood Experience (ACE) Study.
The ACE Study examines the links between adverse childhood experiences, including maltreatment, and adult health. Available at: http://www.cdc.gov/violenceprevention/acestudy/.

Goal 2. Promote Resilience

The resources listed below can be found in **Appendix D.2**

Caregiver Mental Health Resources
  1. A Parent's Self-Care and Self-Reflection
  2. Before You Talk to Your Children- How Your Feelings Matter
  3. Birth Parents with Trauma Histories- A Guide for Mental Health Professionals
  4. Birth Parents with Trauma Histories- A Guide for Parents
  5. Birth Parents with Trauma Histories- A Guide for Resource Parents
  6. Taking Care of Yourself is Just as Important as Taking Care of Your Family

  Promotion and Prevention
    Early Childhood
    1. Ages and Stages – Learning Activities
    2. Purposeful Parenting - First visit
    3. Purposeful Parenting - 36 month visit
    4. Purposeful Parenting - 18 month visit
    5. Purposeful Parenting - 9 month visit
    6. Tips to Promote Social-Emotional Health Among Young Children
    7. The First 1,000 Days - Bright Futures Examples for Promoting

EBCD
This grid was developed by the American Academy of Pediatrics, and it provides examples of evidence-informed activities that promote the caregiver-child relationship and child development in line with guidelines from Bright Futures. Available at: *www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Documents/EBCD_Well_Child_Grid.pdf*

  8. Primary Care Services Promoting Optimal Child Development from Birth to Age 3 Years (Regaldo & Halfon, 2001).
  9. Healthy Steps- An Approach to the Primary Care of Children from Birth to Three
      Adolescent
  1. Tips to Promote Social-Emotional Health Among Teens
  2. Adverse Childhood Experiences: Assessing the Impact on Health And School Engagement and the Mitigating Role of Resilience

3. Primary Prevention Programs for Children and Adolescents: A Meta-analytic Review (Durlak & Wells, 1997)
4. This review of preventive interventions directed at children under age 18 indicates that the majority of interventions reviewed have significantly positive effects on emotional and behavioral outcomes, supporting continued primary prevention efforts for children and youth.
5. Primary Prevention of Child Physical Abuse and Neglect: Gaps and Promising Directions (Klevens & Whitaker, 2012)
6. The goal of this review was to identify gaps in the literature on prevention of child maltreatment. Additionally, promising programs targeting different levels of the socioecological model (societal, community, and general population) were identified and described.
7. U.S. Department of Health and Human Services (DHHS). Administration on Children, Youth, and Families (ACF). Emerging practices in the prevention of child abuse and neglect. Washington (DC): Government Printing Office; 2003.
10. This report covers childhood maltreatment and the results of a national survey of prevention efforts with select successful programs described in detail.
   All Ages
1. AAP Bring Out the Best in Your Children
2. AAP When Things Aren't Perfect: Caring for Yourself and Your Child
3. Practitioner Review: Diagnosing Childhood Resilience- a systematic approach to the diagnosis of adaptation in adverse social and physical ecologies
4. Child and Family Resilience: A Call for Integrated Science, Practice, and Professional Training
5. Interdisciplinary and Innovative Approaches to Strengthening Family and Individual Resilience: An Introduction to the Special Issue
6. Detection, diagnosis, and prevention of child abuse: the role of the pediatrician
7. Practitioner Review: Children in foster care- vulnerabilities and evidence-based interventions that promote resilience processes

Program Links:
Families Overcoming Under Stress *(Project FOCUS) is a resilience-building program, initially designed for military families. The training includes skills for increasing closeness, support, adaptability and communication within the family.* Available at: www.focusproject.org/

Fussy Baby Network   *The Facilitating Attuned INteractions (FAN) approach "focuses on the caregiver's concerns and uses five core processes to match interactions to what the caregivers are showing they can most use in the moment. The FAN approach also teaches professionals to track, regulate, understand, and use their own responses to families, thus building self-awareness and self-regulation. FAN has proved applicable*

beyond issues of infant fussiness and generalizable as conceptual framework and practical tool to support attunement in helping relationships and promote reflective practice.
http://www.erikson.edu/fussybaby/national-network/

Home-Visiting Resources listed in Garner's article on homevisiting.

Creating Cultures of Trauma-Informed Care *A self-assessment and planning tool. This planning tool aims to provide programs guidance on creating an organizational culture of trauma-informed care. It suggests that this can be achieved by incorporating an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery in all aspects of service delivery and the physical setting. Five Key principles are identified: safety, trustworthiness, choice, collaboration, and empowerment. Trauma-informed services are designed specifically to be welcoming and hospitable for all individuals and are designed to avoid trauma-related dynamics that may be retraumatizing for those seeking services.*
https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf
Community Connections (CCTIC) model
http://www.communityconnectionsdc.org/web/page/673/interior.html

Roadmap to resilience toolkit for community development, developed from a variety of community projects to decrease the impact of adversity and build resilience.
http://www.acesconnection.com/blog/the-roadmap-to-resilience-toolkit-v-1-0-is-here-1
http://communityresiliencecookbook.org/