

Challenges and Building Resiliency Over The Lifespan (Individual and Family)



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Challenges

- For over a decade, Louisiana has been in almost constant disaster recovery mode—multiple major hurricanes, the Deepwater Horizon Gulf oil spill and most recently the Great Flood of 2016.
- These unavoidable challenges present additional risk factors to well-being across the lifespan

Disaster Related Risk Factors

- Since Hurricane Katrina, research from the Department of Psychiatry has noted a number of risk factors associated with youth and adults

Children and Adolescents	Adult
Displacement	Unemployment
Separation from caregiver	Lack of resources
Housing others due to disaster (home disruption)	Perceived disaster disruption on life, work, and family
Lack of social support	Environmental concerns
Previous/subsequent trauma	

Protective Factors

- Risk Factors may contribute to post disaster symptomatology
- Protective factors can mitigate the negative impacts of disaster on survivor well-being
- Protective factors are conditions in families and communities that, when present, increase the health and well-being of individuals, children, and families.

Resilience as “Ordinary Magic”

(Ann Masten, American Psychologist, 2001)

- Protective factors are the building blocks of resilience
- Doing OK despite adversity
- Resilience does not require something rare or special
- More or “enough” perceived resources—in their minds, bodies, families, and communities

Measuring Resilience

- Difficult due to multiple definitions
- Consensus on what builds resilience
- Individual, family, and community resilience
- Similar factors that go into resilience such as
- Social capital, family and social connectedness, self-efficacy

What matters is not rare or extraordinary

- Attachment relationships and social support
- Reasonable intelligence
- Opportunities to learn and experience effectiveness
- Self-efficacy (“I can do it”) motivation
- Regulation of emotion, arousal, behavior
- A sense of belonging or meaning in life

Resilience can be promoted

- Successful prevention programs alter the balance of risks and assets and mobilize powerful systems for human development
- Interventions that work often combine strategies that promote competence with those that reduce problems
- Cumulative risk calls for cumulative protection

EARLY CHILDHOOD RESILIENCE

Children are Not too Young to be Affected by Disaster and Trauma

- Child maltreatment
- Exposure to community violence or domestic violence
- Exposure to media violence
- Exposure to or hearing about unusual traumatic events – accidents; terrorist attacks; wars; disasters – hurricanes, earthquakes, and technological disasters

EARLY CHILDHOOD DISASTER/TRAUMA

- Pediatricians, primary Care doctors, teachers and school staff are important for identifying trauma exposure
- Many still believe children under the age of 6 are too young to be effected and will “grow out of it”
- Most mental health professionals are not trained in providing trauma informed services; education and training are crucial

Strengthening Families: Identify Protective Factors

- The greatest threats to children happen when the adaptive systems that normally protect development are harmed or destroyed
- Protective factors can buffer, help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

Five Protective Factors

1. **Parental resilience:** The ability to cope and bounce back from all type of challenges.
2. **Social connections:** Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents.
3. **Knowledge of parenting and child development:** Accurate information about raising young children and appropriate expectations for their behavior.

Five Protective Factors (Con)

- 4. Concrete support in times of need:** Financial security to cover day-to-day expenses and unexpected costs that come up from time to time; access to formal supports, and to informal support from social networks.
- 5. Children's social and emotional development:** A child's ability to interact positively with others and communicate his or her emotions effectively.

(Strengthening Families, 2008); F. ZIMMERMAN, J. Mercy, *A Better Start Child Maltreatment Prevention as a Public Health Priority, Journal, ZERO TO THREE, May 2010*

Love Encourages Safety

- Research has emphasized the importance of early childhood as a time for promoting resilience (Masten & Gewirtz 2006).
- Positive relationships and environments support healthy cognitive, social, emotional, and physical development
- Provide the foundation for young children to develop the resources and skills they need to cope and adapt to adversity throughout childhood and the rest of their lives.

Infant & Toddler Resilience

Infants' and toddlers' resilience development includes

1. adults expressing their love for a child both verbally and physically,
2. acknowledging the child's feelings,
3. keeping the child safe while allowing her to explore the environment,
4. modeling confidence and optimism, and
5. encouraging the child do things on her own

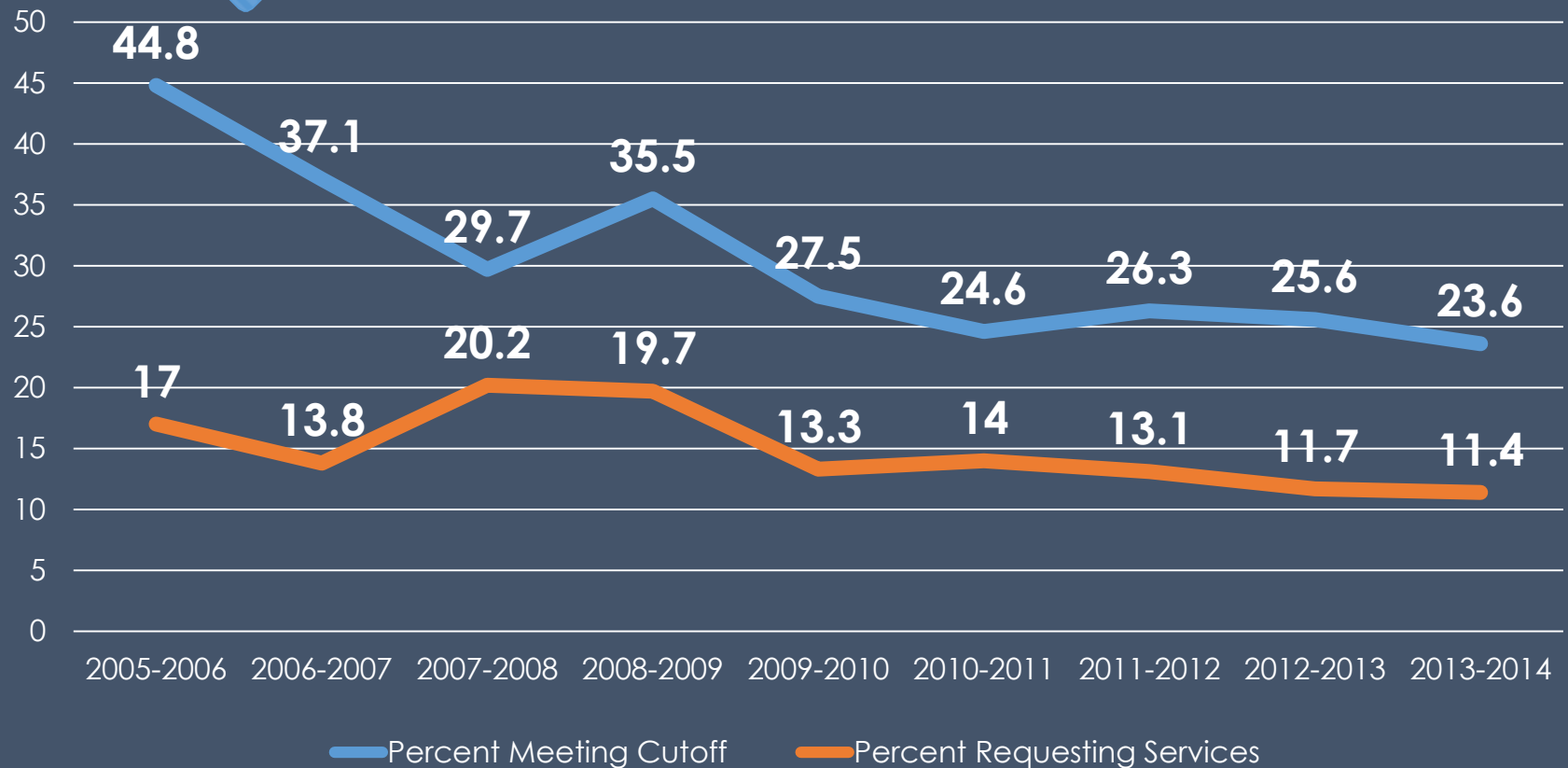
(Grotberg, 2009); <http://www.naeyc.org/content/i-am-safe-and-secure-promoting-resilience-young-children>

CHILD & ADOLESCENT RESILIENCE

Post disaster School-based Screenings

- In collaboration with schools, LSUHSC Department of Psychiatry conducted annual screenings to identify:
 - ❖ who may benefit from services;
 - ❖ what type of services are needed; and
 - ❖ where resources should be directed
- NCTSN Hurricane Assessment and Referral Tool
- Allows for data analysis to inform response following future disasters

Results: 45,000 children screened



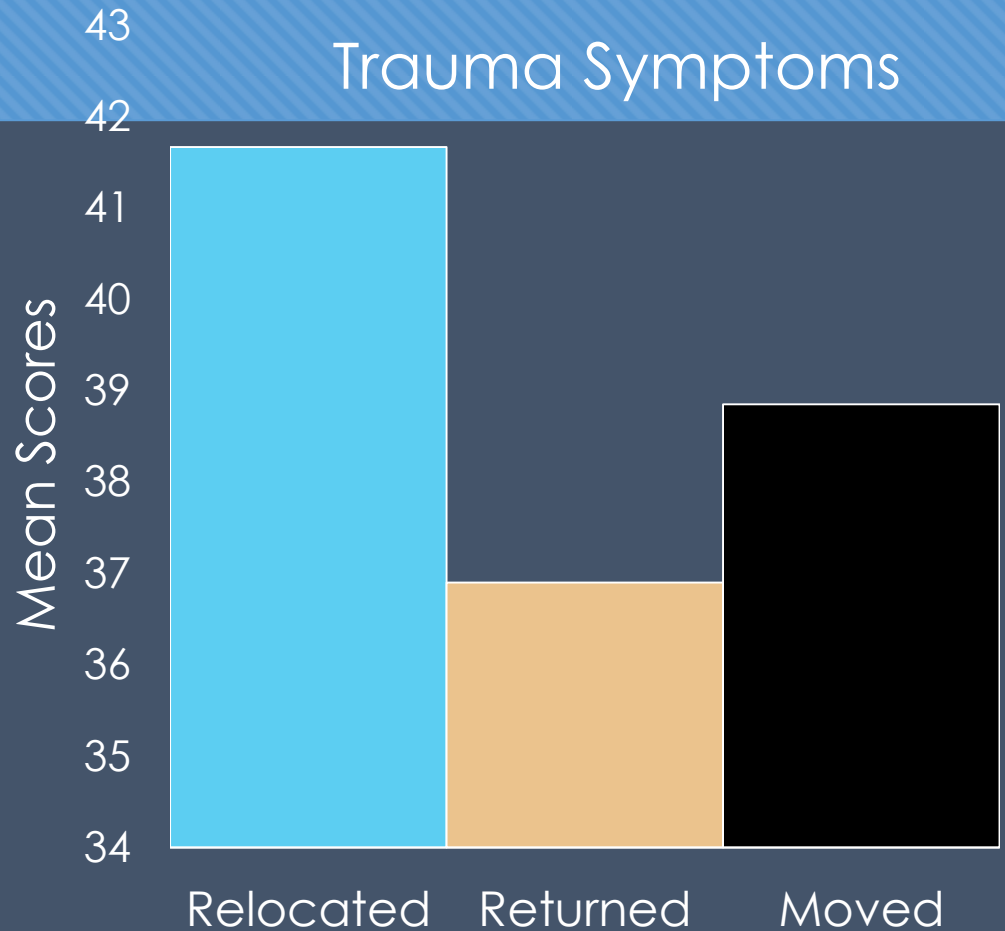
Hurricane Katrina Relocation

- 2009: 4 Years Post Storm
- 1,200 students from New Orleans area were attending 2009 Baton Rouge Public School
- School screenings were conducted at request of staff that noticed unresolved mental health needs



Primary Long Term Relocation Finding

- students who relocated to Baton Rouge reported more trauma symptoms compared to students who returned or moved back to New Orleans.



Long Term Relocation Findings

- Differing age effects:
 - Relocated group = Older students had more trauma symptoms
 - Returned students = Younger students had more trauma symptoms
- Support the need for school-based in disaster receiving schools where survivors tend to migrate
- Emphasize the importance of **social support** following disasters

Hansel, T. C., Osofsky, J.D., Osofsky, H.J., Fredrich, P. (2013). The Effect of Long Term Relocation on Child and Adolescent Survivors of Hurricane Katrina. *Journal of Traumatic Stress*. 26 (5), 613–620.

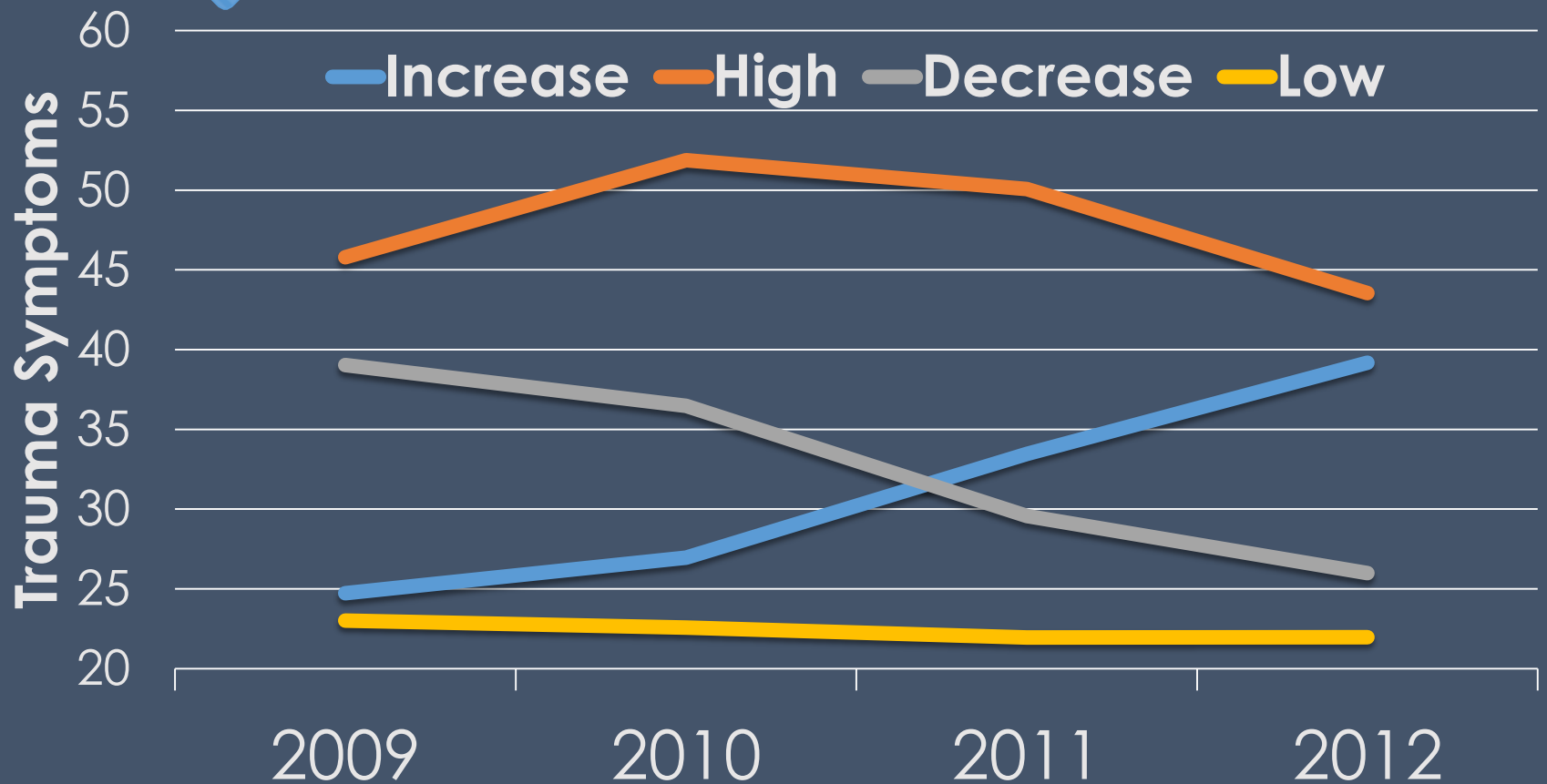
School Children Trajectories

- ❖ A multiwave longitudinal design was used to follow $N = 4,619$ youth who were evaluated for PTSD symptoms, hurricane exposure, and oil spill exposure/stress at four time points over a period of 4 years.
- ❖ Trajectories were identified with cluster analyses and multilevel modeling.
- ❖ Ages 3-18 ($M = 11.2$, $SD = 3.7$),
- ❖ 54% girls; 52% Caucasian

Symptom Trajectories

- 4 trajectories were identified:
 1. Low: Stable-low symptoms, 52%
 2. Decline: Declines following initial symptoms, 21%
 3. Increase: Increasing symptoms, 18%
 4. High: stable-high symptoms, 9%

Trajectory of Trauma Symptoms Over Time



Youth Trajectory Results

- Both hurricane exposure and oil spill stress predicted trajectories and overall levels of PTSD symptoms.
- 28% resilient—members of the stable low group, but also reported either hurricane exposure or oil spill stress levels greater than or equal to the stable-high group.
- Resilience also shown with decreased symptoms over time

St Bernard Resiliency VIDEO

St Bernard Family Resiliency and Recovery Project (SBFRRP)

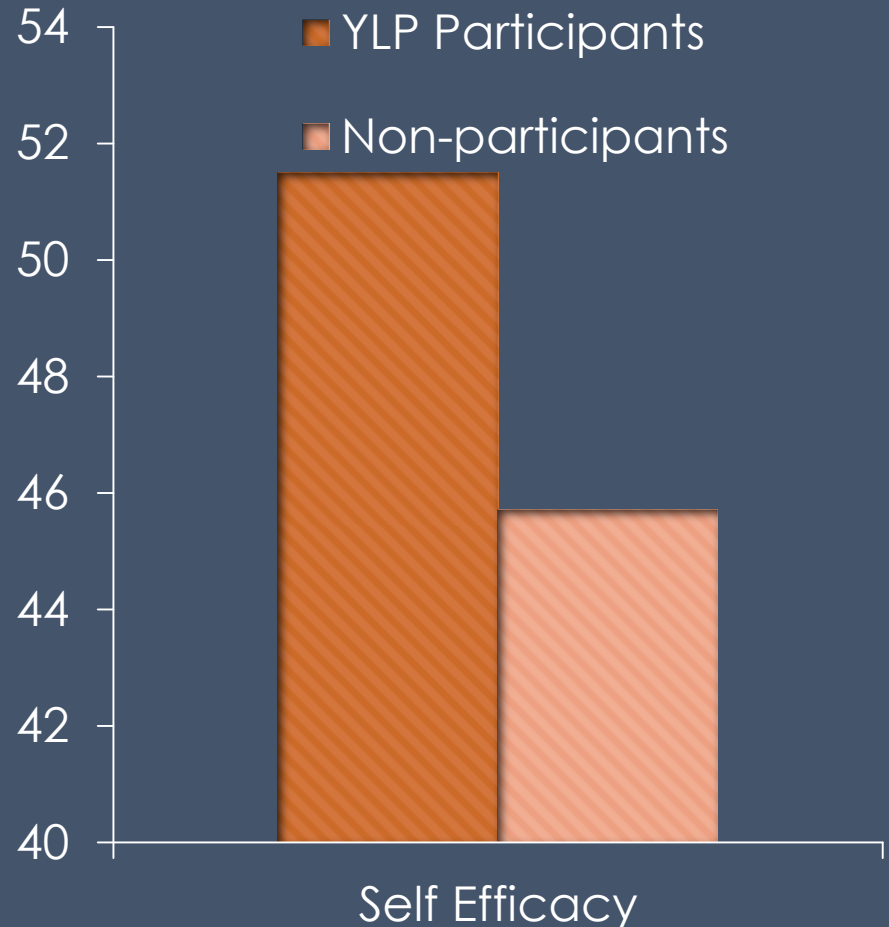
- Partnership between the Louisiana State University Health Sciences Center and the St. Bernard Parish Public Schools
- SBFRRP is a model program—addresses both the educational and mental health needs for students. Critical to Hurricane Katrina and oil spill recovery efforts.
- Addressing both educational and mental health needs help ensure that students achieve their full potential.

SBFRRP: Youth Leadership Program

- Aims to enhance students' resilience, self-efficacy and to further support their active contributions to the school and community.
- High school students in the original 2006 YLP participated in community enrichment and rebuilding programs such as building a school courtyard.
- Over 200 students have participated—activities include participating and organizing: the *Leadership Expo*; pet adoptions; cultural re-enactments; recycling programs; anti-smoking and anti-drunk driving campaigns; planting trees, and rebuilding houses.

YLP Results

- Participants scored significantly higher on a measure of self-efficacy compared to peers who did not participate ($p < .05$).



Interventions for Young Children, School age Children & Adolescents

WHAT MATTERS FOR YOUNG CHILDREN, SCHOOL AGE CHILDREN & ADOLESCENTS?

- Ordinary parents (not perfect but “good enough”)
- Connections to competent and caring adults
- Good thinking, attention, problem solving skills
- Positive self perceptions
- Spirituality
- Talents valued by self or others
- Effective Schools and Communities

Resiliency Programing

- Programs & services which build upon social emotional and personal competence skills
- Promoting self-efficacy through helping define [personal outcomes and client determination (involving them in the development of services they receive)
- Parenting programs that include family centered parenting programs (attachment, family management, parenting bonding, red flags of trauma...what is and is not normal.)
Supporting social capital and connectedness within the community

LeMoine, K., Labelle, J. (October, 2014) What are effective interventions for building resilience among at-risk youth? Community Health Initiatives: Strategic Policy, Planning and Initiatives Health services <https://www.peelregion.ca/health/library/pdf/rapid-review-resilience-at-risk-youth.pdf>

Youth Resilience Building

- School support
- School and community meaningful participation
- Community support
- Home support and positive parenting
- Peer caring relationships
- Pro-social peers
- Accessibility to resources

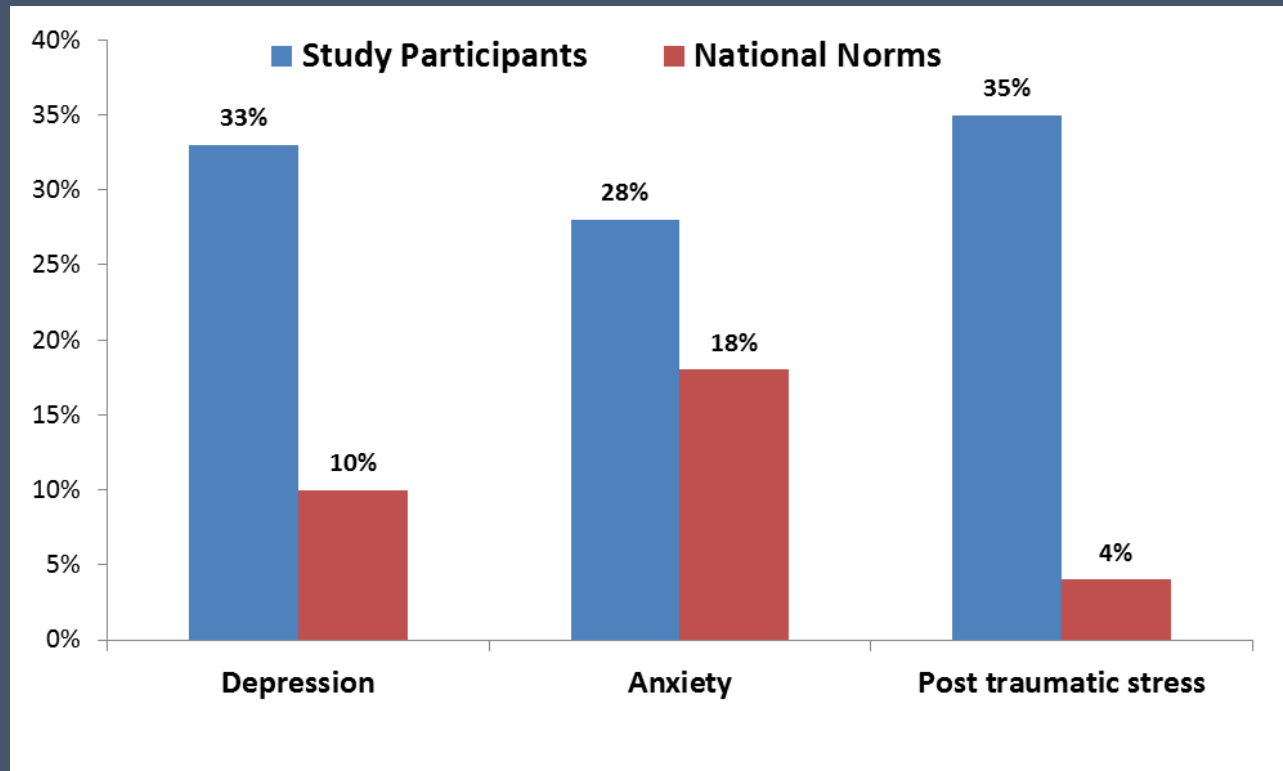
Adult Resilience

Effects of Oil Spill on Adults

- August 2010-December 2011 ($N = 2217$)
 - ❖ 36% had significant symptoms of PTSD (PCL-S > 35) and 17% of serious mental illness (K6 > 13)
 - ❖ 46% reported oil spill moderately affected work, family or social life
- Oil spill impact contributed to mental health symptoms and were compounded by Hurricane Katrina experiences
- Over 90% endorsed that they can bounce back from setbacks and overcome challenges = **RESILIENCE**

Percentages Meeting Clinical Cut-offs for Mental Health Variables Compared to National Percentages

✓ Resilience can occur with MH symptoms



Mental and Behavioral Health Capacity Project



- Gulf Region Health Outreach Program
- DWH Medical Benefits Class Action Settlement
- January 11, 2013 U.S. District Court in New Orleans approval; effective February 12, 2014
- Institutions from each of the four most impacted states (AL, FL, LA & MS)
- Provide and deliver quality mental and behavioral health services in communities impacted by the oil spill

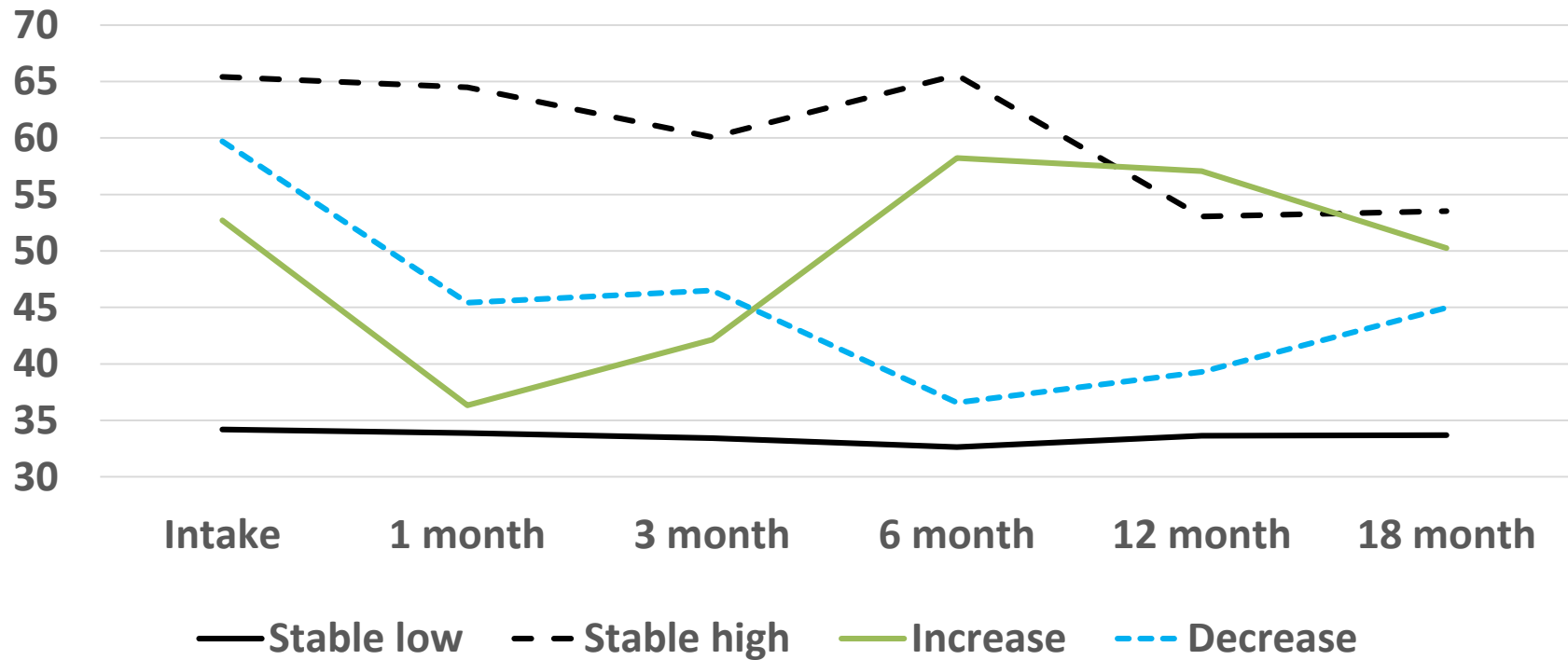
MBHCP-LA Integrated care

- Integrated primary and behavioral health care programs are rapidly developing across the health care landscape.
- Benefits
 - access to behavioral health care—for many communities served access to MH providers required 45+ mile transportation
 - earlier and more consistent interventions
 - improved community health
 - increasing clinic and community resilience to future disasters

Integrated Health Results

- Participants (N = 340) self-reported PTSD symptoms were measured at intake and 1, 3, 6, 12, and 18 month follow up intervals.
- Significant decreases in symptoms overtime, $F = 16.48$, $p < .001$. Cluster analysis identified 4 trajectories
 - ❖ Stable high symptoms
 - ❖ Stable low symptoms
 - ❖ Increasing symptoms
 - ❖ Decreasing symptoms

Mean PTSD scores by Treatment Trajectories



Resilience and Physical Health Findings

- Resilience was negatively correlated with physical health symptoms, as resilience increased, physical health symptoms decreased
- Women reported higher physical health symptoms
- Men reported higher resilience at intake

Resilience Increased Overtime

- Multilevel modeling (HLM 7.0) to examine the longitudinal trajectories in resilience (from intake to post-treatment).
- Level-1 predictors = resilience, time (intake, 1 month, 3 month, and 6 month follow up), and time squared [coefficient = 0.511, $t(718) = 2.366$, $p < .05$]
- Level-2 predictors = Age, gender, and minority status [no effects on Level 1]
- **Resilience levels increased over the course of treatment**

Overall MBHCP Preliminary Results

- Results indicated that resilience predicted physical health status [coefficient = -1.035, $t(715) = -2.838$, $p < .05$], such that resilience and physical health status were negatively associated over time.
- **Results suggest that increases in resilience over the course of treatment predicted decreases of physical health status over time.**
- **Program has resulted in decreases in mental health symptoms, physical health problems, and increases in resilience**

Adult Resilience Considerations

- ACCESSIBILITY: Considerations should be given to using integrated health as an effective and efficient disaster response service
- Findings can assist clinics and FQHCs with meeting population health outcomes
 - Demonstrates the utility of integrated care
- Highlights the importance of resilience in overall health
- Extend individual resilience gains into community resilience indicators, which aligns with community centered health homes

Resiliency Conclusions

Community Participatory

- Programs described follow these principles
- Individuals and communities should be involved in recovery process
- Empowerment of community members
- Community resilience and social capital
- Process allows for community driven and identified needs, and careful consideration of culture context
- Implementation of increased community participatory practices to guide and implement best practices

Resiliency Matters

- Secure relationship with caregivers – “good enough” parenting
- Caring adults
- Problem solving and intellectual skills
- Self-regulation skills
- Positive self perception and self efficacy
- Faith, hope, sense of meaning in life
- Friends and social support
- Bonds to prosocial schools and community
- Socioeconomic resources

Resilience Interventions

- Programs building intrapersonal skills
- Community network and social capital
- Programs building secure attachments with parents and caregivers
- Evidence informed models that facilitate protective factors social connectedness and self efficacy
- Leadership and community involvement programs
- Programs that support mental and behavioral health

GROWING RESILIENCE

- We can grow resilience with strategic interventions
- Strengths perspective
- Promoting positive development also prevents problems
- People will be resilient, that is, show the ability to bounce back after diversity.

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