



# Trauma informed care: Working with youth and families post-pandemic

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# Disclosures

Neither we nor our spouses/partners has a relevant financial relationship with a commercial interest to disclose.





# Learning objectives

- Learn the importance of trauma informed care principles & strategies for applying to your practice.
- Review evidence based prevention and treatment to support resilient patients, families, and yourself in context of post-pandemic challenges.
- Identify developmentally appropriate strategies for assessing, diagnosing and treating trauma and trauma-related disorders.





# Trauma post-pandemic

- Increasing suicide attempts, particularly among adolescent girls.
- How to understand that in context of mental health challenges, social challenges, pandemic challenges?





# Why this matters.



- Trauma is ubiquitous, particularly post-pandemic.
- Patients, staff, ourselves – we can all experience its effects.
- Trauma informed care can help
  - Frame for approaching kids and families regardless of diagnosis.
  - Provide principles for increasing engagement & supporting resiliency for ourselves and our patients.



~60% adults report at least 1.  
25% adults report 3 or more ACEs.

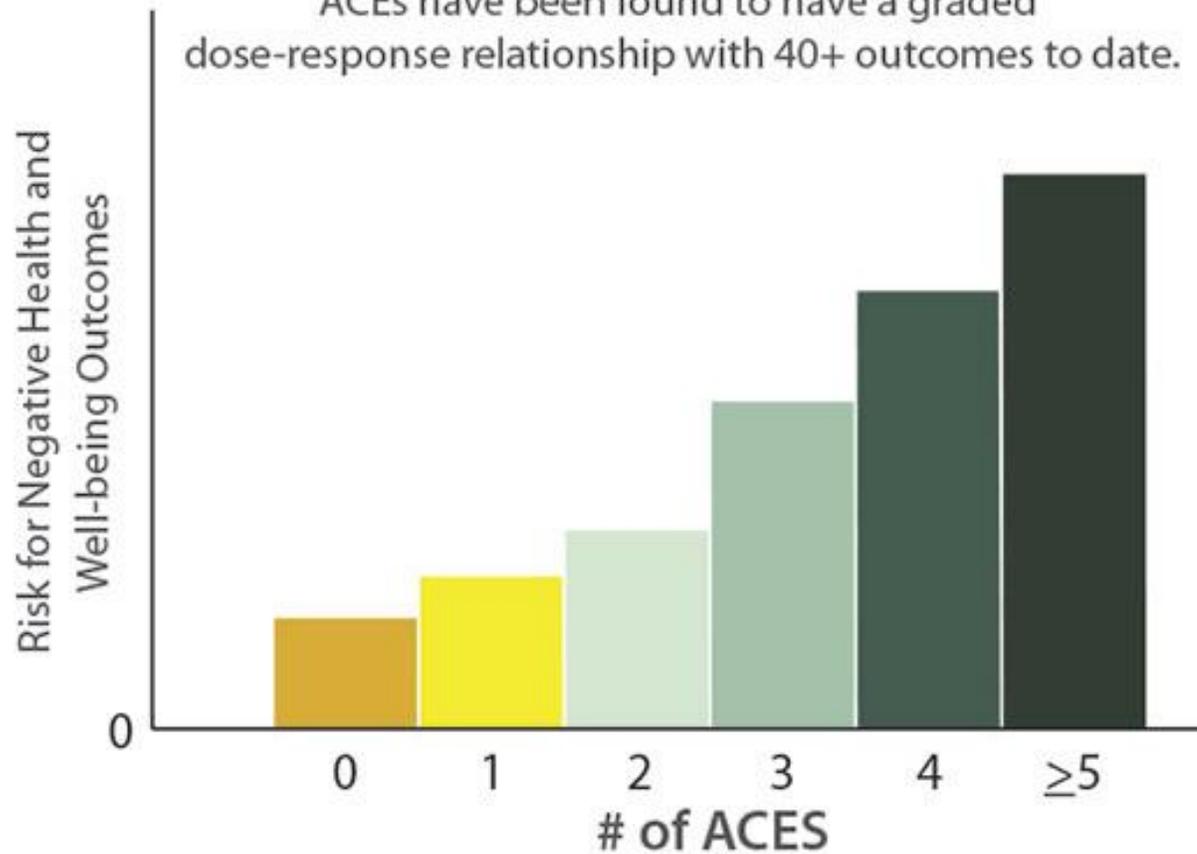


From ACES study (90s, middle class, Kaiser)



## Association between ACEs and Negative Outcomes

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.



**Figure 2: Leading Causes of Death in the U.S.**

	<b>Leading Causes of Death in the U.S., 2017</b>	<b>Odds Ratios for <math>\geq 4</math> ACEs (relative to no ACEs)</b>
1	<b>Heart disease</b>	2.1
2	<b>Cancer</b>	2.3
3	<b>Accidents</b> (unintentional injuries)	2.6
4	<b>Chronic lower respiratory disease</b>	3.1
5	<b>Stroke</b>	2.0
6	<b>Alzheimer's or dementia</b>	11.2
7	<b>Diabetes</b>	1.4
8	<b>Influenza and pneumonia</b>	Risk unknown
9	<b>Kidney disease</b>	1.7
10	<b>Suicide</b> (attempts)	37.5





# Trauma Types: Expanded ACES

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	

- Bullying
- Community Violence
- Complex Trauma
- Disasters
- Medical trauma
- Refugee trauma
- Terrorism
- Traumatic Grief



# Historical & Racial Trauma

- Historical – *impacts entire communities, cumulative and transmitted across generations*

- Mechanisms include social as well as biologic transmission
- Ex. African American communities and legacy of slavery, displacement of Native Americans and boarding schools

- Racial - *trauma due to witnessing or experiencing racism, discrimination or structural prejudice*

- Increased vigilance, suspicion, sensitivity to threat, sense of foreshortened future
- Understandable response to stress, particularly in communities with increased risk for community violence and victimization.



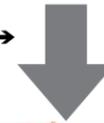
# Role of primary care

- Supportive relationship over time.
- A safe place:
  - Patient centered medical home.
- Targeting modifiable/preventable ACES.
- Leveraging BCES & resilience factors.



**EARLY LIFE ADVERSITY**

Protective  
Factors →



← Predisposing  
Vulnerability

**The Benefit of  
Supportive  
Relationships**





# Trauma informed care (TIC): Framework

- **Understanding** the prevalence of trauma & adversity & its impacts.
- **Recognizing** the effects of trauma & adversity on health and behavior.
- **Training** leadership, providers, and staff on responding with TIC best practices.
- **Integrating** knowledge about trauma into policies, procedures, practices.
- **Resisting re-traumatization** by approaching patients with non judgmental support.



# Trauma informed care: Principles

Establish physical and emotional safety of patients and staff.

Build trust between providers and patients.

Recognize the signs and symptoms of trauma exposure on physical and mental health.

Promote patient-centered, evidence-based care.

Ensure collaboration by bringing patients into process of goal-setting, treatment-planning.

Provide culturally sensitive care.





# Jon, 10 yr old boy

- **CC:** Aggression at dad's house and refusing to go.
- **Background:** Split households; h/o dad incarceration and drug use; historical traumas present and pattern of disrupted families.
- **On exam:** Jon presents as youth with peer social difficulties, negative outlook.



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- **On exam:** Jon presents as youth with peer social difficulties, negative outlook.
- **Differential dx:** ADHD, depression, anxiety, trauma-related



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- **Background:** Split households; h/o dad incarceration and drug use; historical traumas present and pattern of disrupted families.
- **On exam:** Jon presents as youth with peer social difficulties, negative outlook.
- **ACES (3+):** separated parents, substance use, incarceration...



# Trauma informed care principles with Jon

- Team-based approach for Jon and family

- How to start relationship with regards to space, time, orientation?
- Who screens? Which screens?
- Who follows up if positive?

- Taking care of oneself as provider (compassionate boundaries)

- What do you need to assess and treat this family?
- How do you get additional help?
- What are your limits?



# Trauma informed care key ingredients

## Organizational

- Leading and communicating about the transformation process
- Engaging patients in organizational planning
- Training clinical as well as non-clinical staff members
- Creating a safe environment
- Preventing secondary traumatic stress in staff
- Hiring a trauma-informed workforce

## Clinical

- Involving patients in the treatment process
- Screening for trauma
- Training staff in trauma-specific treatment approaches
- Engaging referral sources and partnering organizations



# When is stress “Toxic”?

- Stress is a normal and necessary part of development.
- Toxic when prolonged; in absence of protective relationships.

## POSITIVE



A normal and essential part of healthy development

### EXAMPLES

getting a vaccine,  
first day of school

## TOLERABLE



Response to a more severe stressor, limited in duration

### EXAMPLES

loss of a loved one,  
a broken bone

## TOXIC



Experiencing strong, frequent, and/or prolonged adversity

### EXAMPLES

physical or emotional abuse,  
exposure to violence

POSITIVE

Brief increases in heart rate,  
mild elevations in stress hormone levels.

TOLERABLE

Serious, temporary stress responses,  
buffered by supportive relationships.

TOXIC

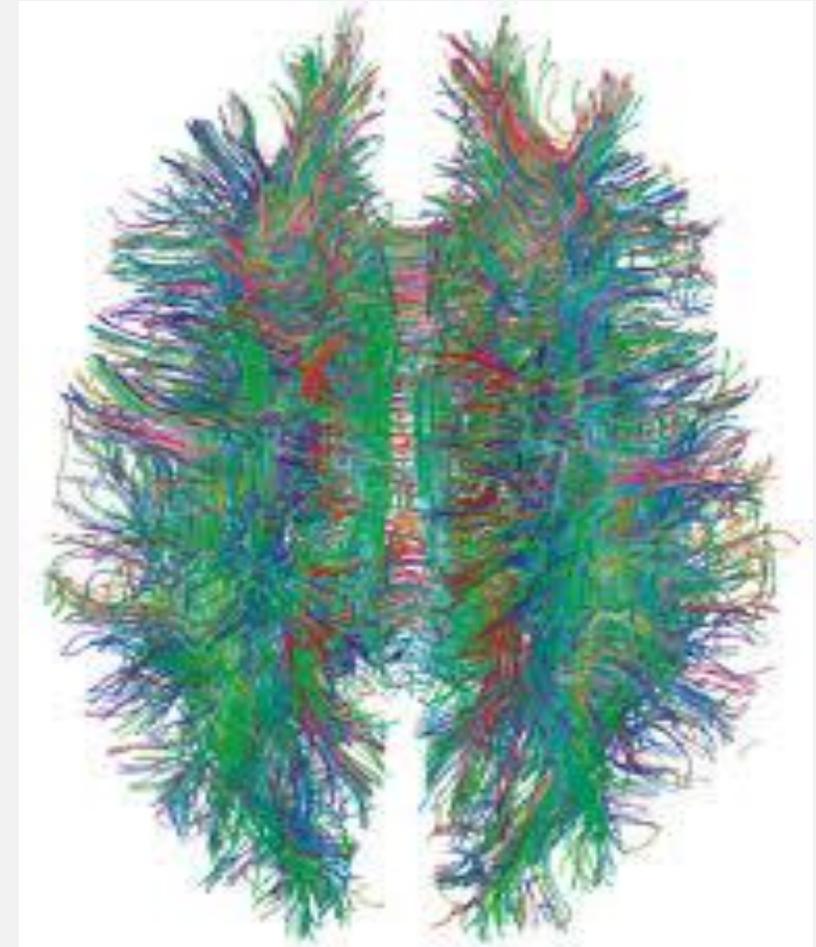
Prolonged activation of stress  
response systems in the absence  
of protective relationships.

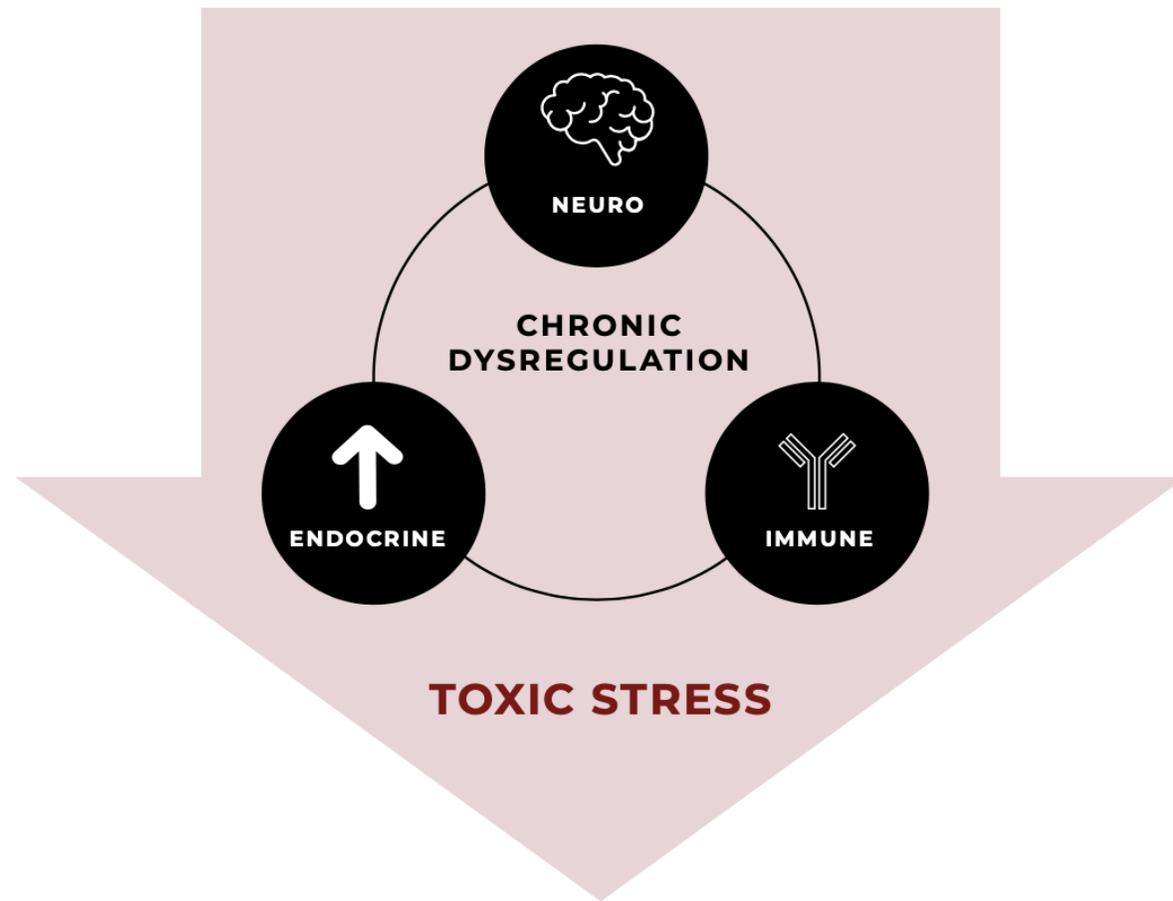


# Biology of trauma

- Begins before birth with epigenetics.
- Brain not structurally complete at birth.
  - Myelination, synaptic connections, glial and circulatory development continue.
    - Depends on adequate nutrition, no toxins.
    - Critical sensitive periods of development.
    - Guided by “good enough” environment/cues
- Impacted: executive function, emotion regulation

Van der kolk, (2003)





## CLINICAL IMPLICATIONS

Epigenetic		
Endocrine Metabolic Reproductive	Neurological Psychiatric Behavioral	Immune Inflammatory Cardiovascular

# Stacy Drury

- Polymorphisms
- Telomeres
- Methylation





# TELOMERE

Telomeres are specialized nucleoprotein complexes located at the end of chromosomes that promote chromosomal stability.

Telomeres are required due to the 'end DNA replication problem' where DNA polymerase can only replicate DNA in the 5' to 3' direction.

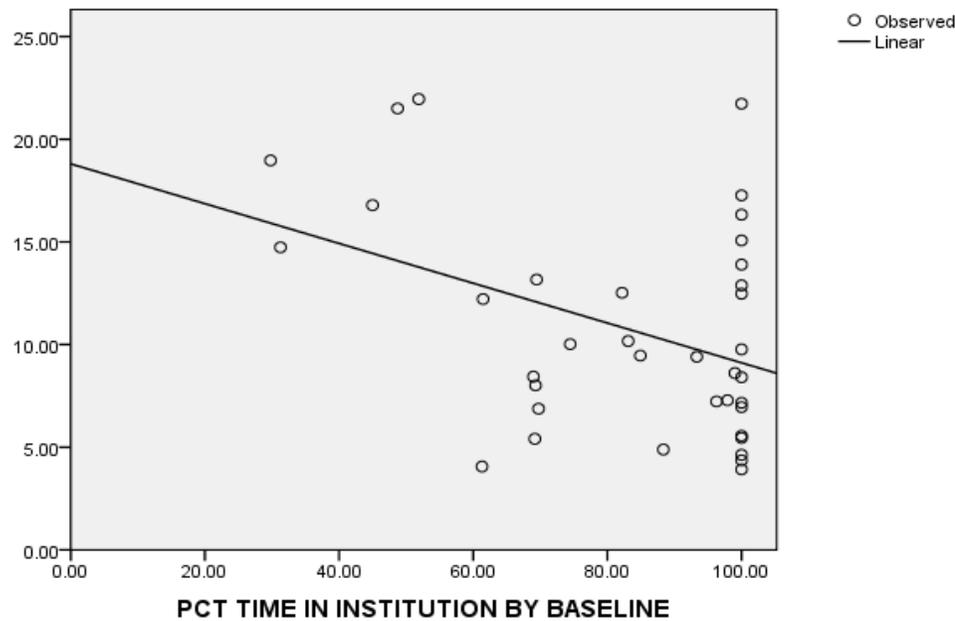
In germ cells and stem cells, a cellular enzyme, telomerase, functions to extend telomeres. However, telomerase is not present in the majority of somatic cells and therefore telomere length shortens with each successive cellular division.



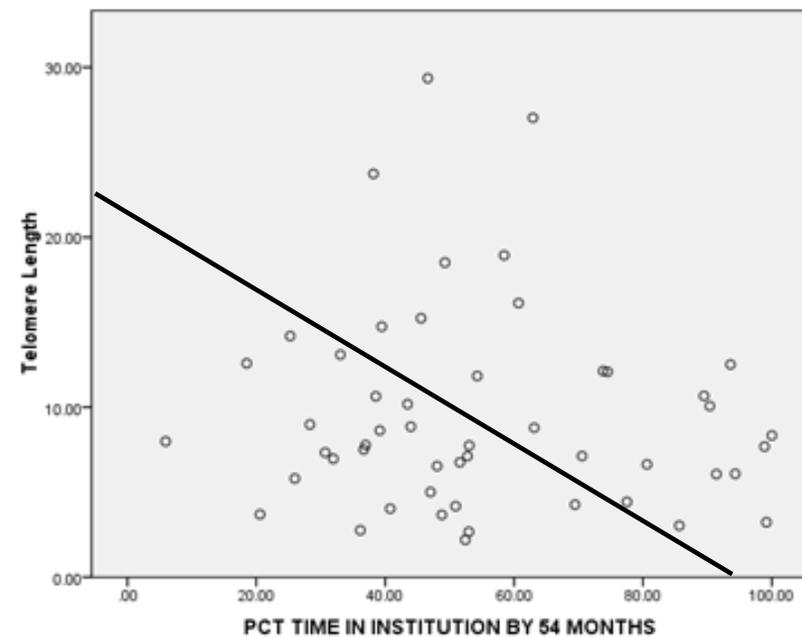


# Telomere length and percent of life in Romanian institutions

## Girls at baseline (22months)



## Boys through 54 months





# Biological marker

- Telomere length may represent an objective epigenetic biomarker of early adversity and putatively one mechanism by which early adversity gets ‘under the skin’ and into our biology.



# Challenges in primary care

- Trauma may not be easily or willingly disclosed.
- Question of ongoing trauma with desire to trust parents and build relationships.
- Overlapping sx: Trauma , ADHD, depression, & anxiety.
- Traumatic stress severity known to increase suicide risk.





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# TRAUMA SPECTRUM: FUNCTIONAL SYMPTOMS, PTSD AND COMPLEX TRAUMA

## A. Trauma mild or with support

Functional difficulties –  
Sleep, tantrums, toileting,  
eating

## B. Severe incident trauma with support

Functional difficulties AND  
PTSD sx : Arousal, avoidance,  
re-experiencing, fear

## C. Early interpersonal trauma, no support

Functional difficulties AND  
PTSD sx: Arousal, avoidance, re-  
experiencing, fear AND  
Affect dysregulation – violent reckless  
or self destructive, dissociation,  
attentional issues  
Negative self-concept – persistent  
beliefs as diminished, defeated,  
worthless, shame, guilt  
Interpersonal disturbances – difficulty  
with relationships



# PTSD in DSM-5

- Traumatic event (Criterion A) + 4 clusters + impairment x one month
- Clusters:
  - **B: Intrusive symptoms**
    - For kids – repetitive play with trauma themes
    - Frightening dreams without recognizable content
    - Trauma reenactments during play
  - **C: Persistence avoidance**
  - **D: Negative changes in cognition and mood**
  - **E: Hyperarousal and reactivity changes**



# Trauma and Stressor Related Disorders

- Acute Stress Disorder
- Adjustment Disorders
- Post traumatic stress Disorder
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Other Specific Trauma and Stressor Related D/O
- Unspecified Trauma and Stressor Related D/O

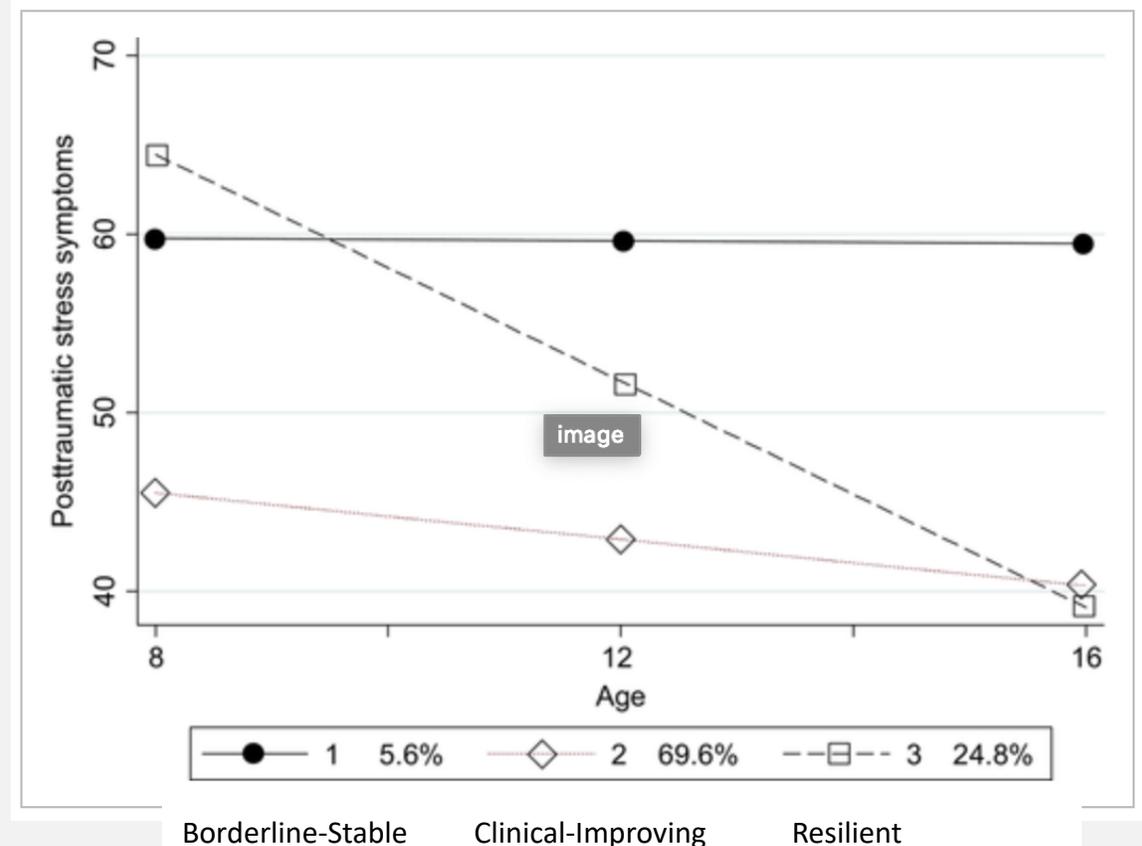




# PTSD patterns over time: Fortunately, most improve

## 3 patterns of symptoms:

- 70 % Resilient
  - 25 % Clinical-Improving
  - 5 % Borderline-Stable
- From longitudinal Study of Child Abuse & Neglect
    - N = 1,178 at-risk children
    - Multiple evals between 4-18 years of age.
- (Miller-Graff & Howell, 2017).





# What predicts persistent symptoms?

## **Home & community violence (IPV) are common predictors**

- Substantiated by many previous studies
- Some trauma screens do not include witnessing violence
- Indirect exposure to trauma must be included in assessment





# Resilience: What tips the balance?

## Adverse Events



## Benevolent Events



# Framing why we ask

## Conduct inquiry for presence of trauma

Inquiry + conversation +  
screening tool (as needed) = Better understanding of  
patient's history, needs and  
resilience factors



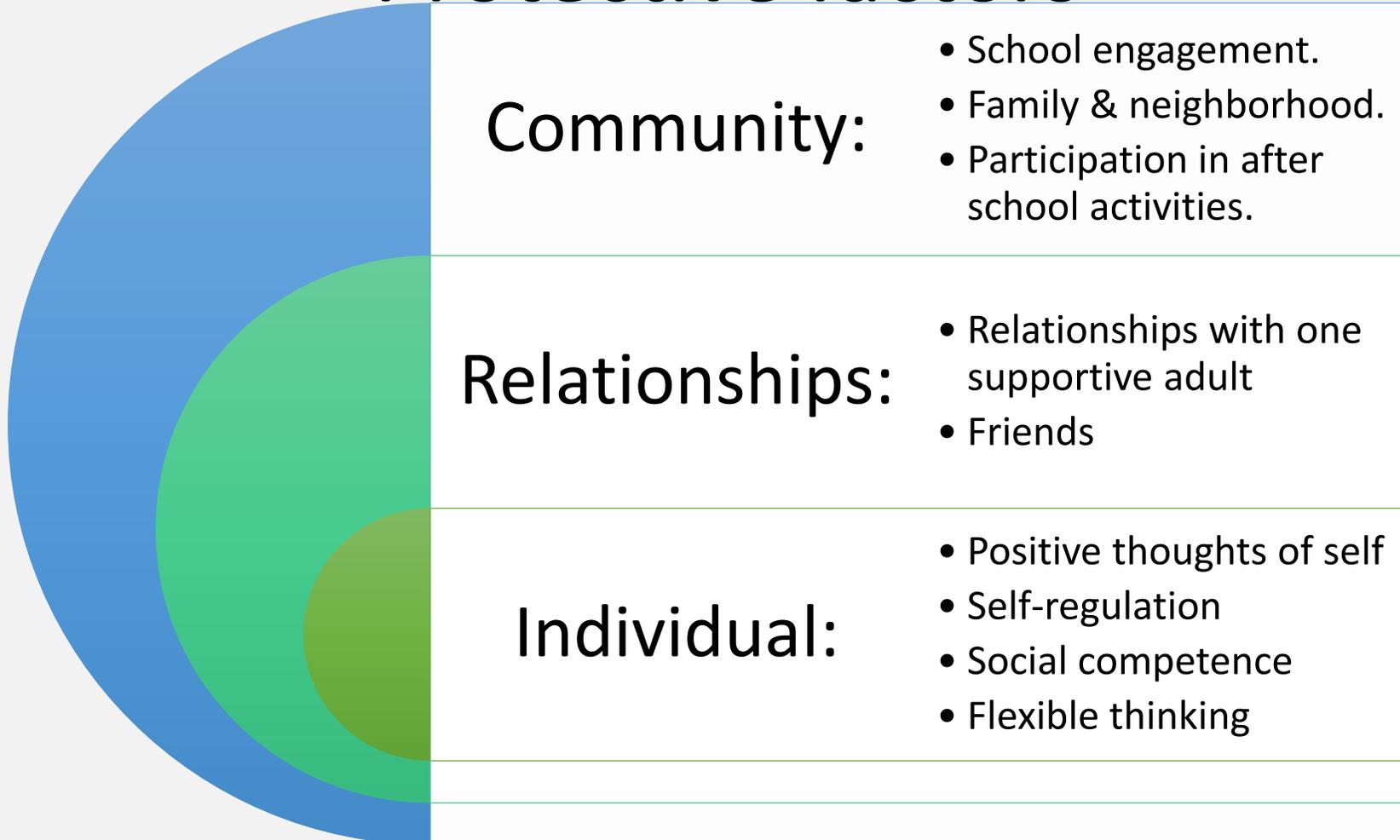
# Benevolent childhood experiences

- Did you have...a care giver with whom you felt safe?
  - At least one good friend?
  - Any beliefs that gave you comfort?
  - At least one teacher who cared about you?
  - Likes school?
  - Good neighbors?
  - An adult who could provide you with support or advice?
  - Opportunities to have a good time?
  - Did you like yourself or feel comfortable with yourself?
  - A predictable home routine?
- 
- Higher levels associated with less PTSD and stressful life events in pilot study with pregnant women (Narayan, Rivera, Bernstein, Harris, Lieberman; 2018)





# Protective factors





# Trauma informed care principles with Jon

- A team-based approach
  - Registration or clinical staff
    - Screening for ACES using PEARLS & BCES in parents.
    - Screening for youth ACES using PEARLS & BCES..
  - Provider reviews, follows algorithm, documents ACEs score/billing code
    - Billing codes
    - Time for follow-up
    - Psychoeducation and assessment.



# Universal Screening tools

- ACES/PEARLS& BCES
  - parents
  - youth
- SEEK for 0-5 youth
- Care process model

## Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: Caregiver

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

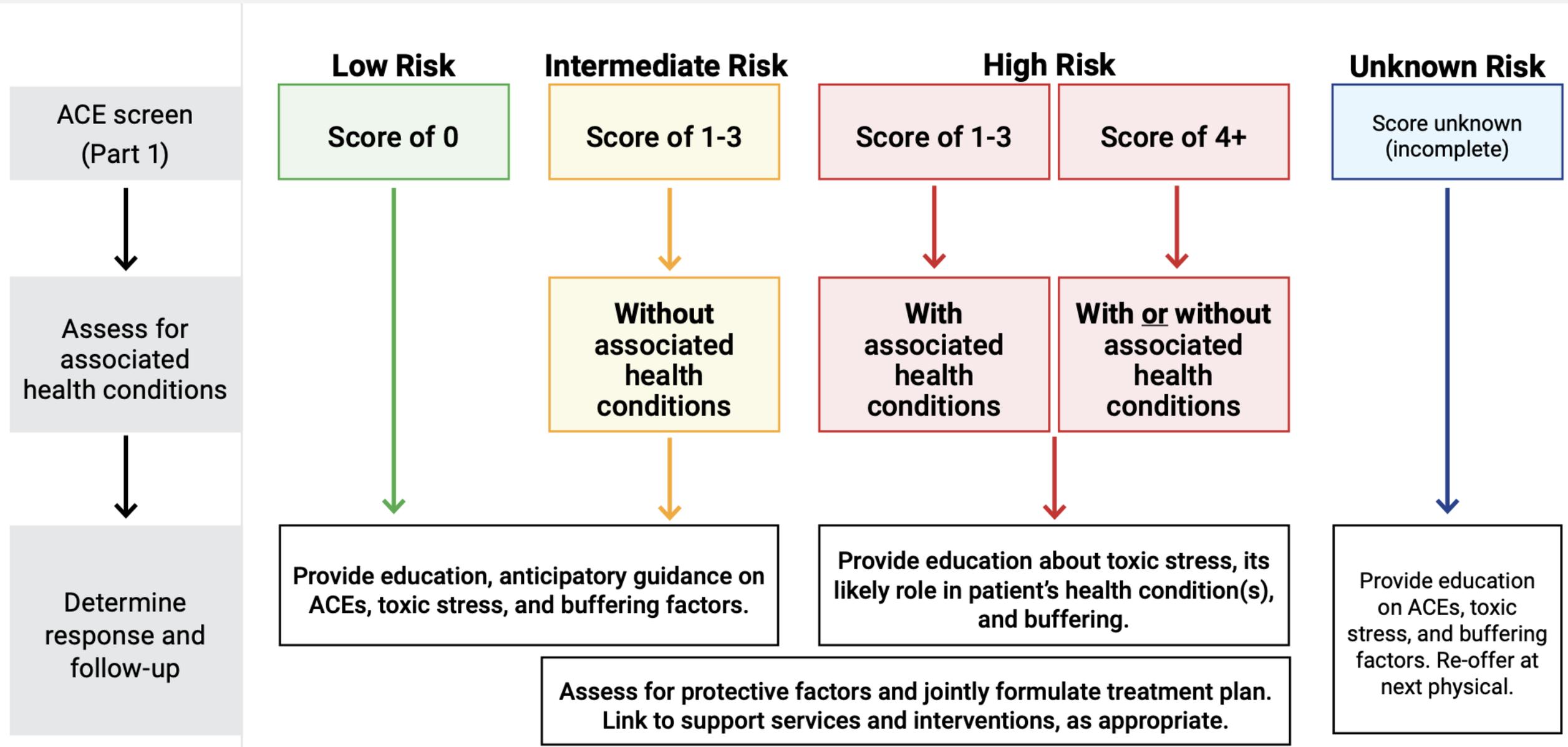
*Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."*

### PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?  
*(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?  
*(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)*
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?  
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?  
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?  
*(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?  
*(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*

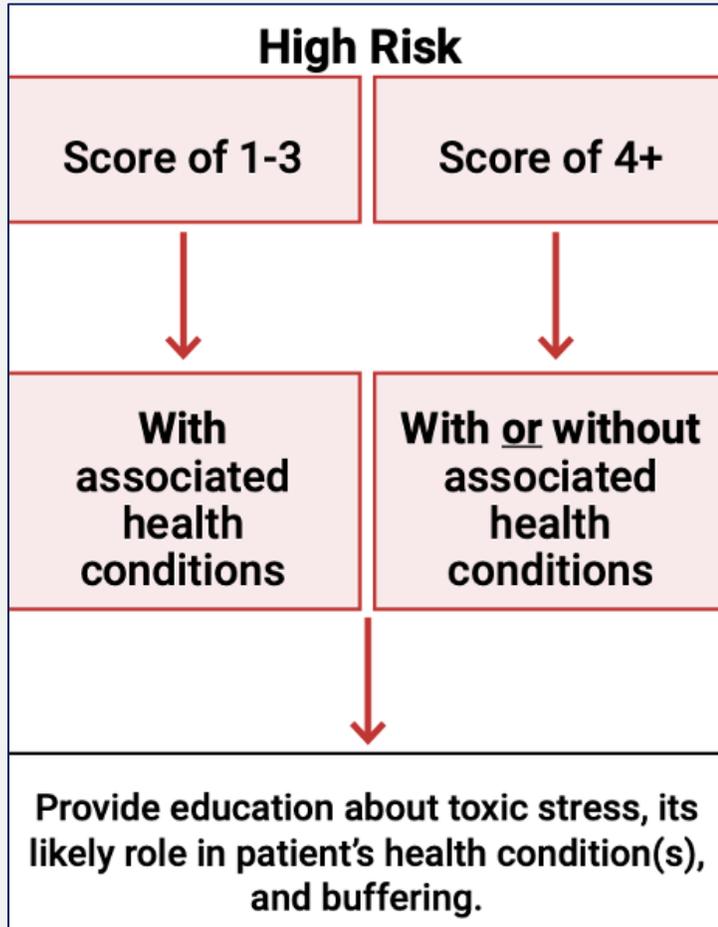


# ACES screening





# Jon, 10 yr old boy



High risk based on ACES score & HTN...

- Psychoeducation about role of ACES/trauma.
- Reinforce BCES & parents working together.
  - BCES include supportive caregiver who he feels safe with, opportunities to play.
- Assess need for specialized services.



# Parenting with ACEs



As an adult, you may still feel the effects of your own Experiences (ACEs). What does this mean for your child depends on how many ACEs you experienced as a child and on whether you've had certain positive experiences that counter the effects of stress. These positive experiences are known as protective factors. Did a friend, family member, or mental health professional provide support during your childhood? Do you have a support system in place now? These experiences help reduce the impact of ACEs. The impact of ACEs also depends on factors such as how you personally manage stress. Let's start by talking about

## The stress response

Your body's stress response is designed to help you survive. When you sense danger or threat, your body's natural reaction is to increase blood pressure and heart rate to give you the energy to run or fight back. Another reaction is to freeze and shut down. These are your body's way of trying to keep you safe. When used from time to time, these responses work well. However, when you experience frequent or severe stress during childhood, you may learn to respond to small problems as if they were big ones. This could be why even a toddler's tantrum or spilled milk, can feel overwhelming. It can also explain why you may sometimes feel anxious and threatened even when in a safe and calm place. When you're only a little stressed, you may feel alert, aware, and able to cope well. But when you're overly stressed, you may feel panicked and anxious. You may also feel numb, exhausted, or emotionally drained.

## Breaking the ACEs Cycle

In addition, being a parent with ACEs can increase the risk that your children will also have ACEs. It's important to know about this connection. Ensuring that you and your child live in a safe, trusting and healthy environment is one of the most important steps you can take to protect your child. If you need resources, your health care provider or a mental health professional can help.

## The good news!

Although people with ACEs may be at higher risk for many health issues, it's never too late to get support! Because bodies and brains are constantly growing and changing, things you do to improve your health *today* can make a *big difference* over time! Learning healthy ways to cope with stress and build resilience can help. This skill-building means developing healthy habits for stress management now that improve your ability to handle difficult situations *in the future*. Also, learning about what's age-appropriate for your child can give you a new perspective when his behavior is challenging.



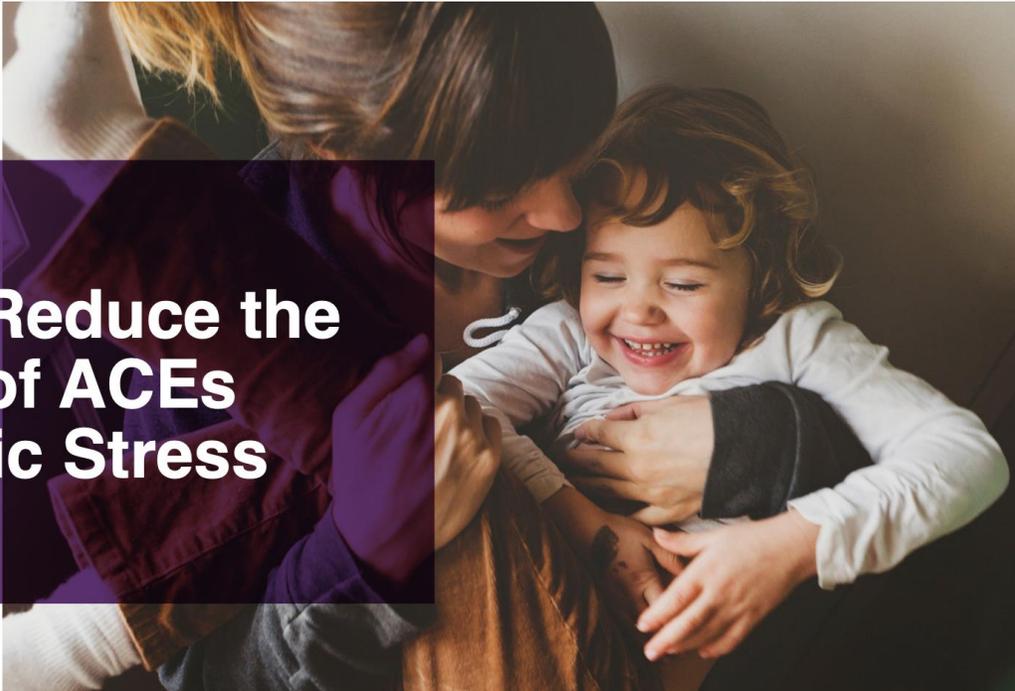
## How to reduce the effects of ACEs

Many lifestyle changes can help reduce the effects of ACEs. Relationships with other supportive adults can help your brain and body *turn down the stress response* and build resilience. Making time to relax, engage in a fulfilling hobby, or participate in a fun activity can help a lot, too! Good sleep habits, healthy eating, and regular exercise are other important tools to manage stress. Mindfulness practices can also help. Some parents find it helpful to seek out mental health professionals for their own exposure to ACEs and trauma. Talk to your own doctor about the health risks associated with ACEs at your next medical visit. Together, these protective factors can help *improve the health and well-being* of your whole family!



What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:

## How to Reduce the Effects of ACEs and Toxic Stress



- Modelling and scaffolding how to
  - Tune in and learn child's signals
  - Learn how to soothe your child and yourself
  - Talk and play with you child
  - Manage your own stress

## ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child's physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children's brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child's health. [*Check the goals that you are picking for yourself and your family!*]

- Healthy relationships.** We've set a goal of...
  - Using respectful communication even when we are upset or angry
  - Spending more high-quality time together as a family, such as:
    - Having regular family meals together
    - Having regular "no electronics" time for us to talk and/or play together
    - Talking, reading, and/or singing together every day
  - Making time to see friends to create a healthy support system for myself and our family.



# Stepped care: Prevention tiers

## Indicated –

- Referral to appropriate services + treatment

## Selected –

- Leveraging BCES; extra outreach
- Psychoeducation buffering toxic stress; reaching “newborn parents”
- More direct questions about ongoing trauma

## Universal –

- Screen for ACES (PEARLS), BCES, and ongoing trauma.
- Develop scaffolding of positive relationship with family.
- Entire visit experience from receptionist to paying the bill matters.



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# Trauma sx developmentally

## Preschool:

- Reduced play

## School-age:

- New fears
- Regression

## Adolescent:

- Reckless behavior
- Self-imposed restrictions



# Frayed: signs of trauma



- Fits, frets, fear
- Restricted development
- Attachment difficulty
- Yelling and yawning
- Educational delays
- Defeated, dissociation



# Asking developmentally

- Strategies for screening:
  - Promote safety.
    - Include choice.
    - If suspicious, ask separately.
  - Listen. Listen. Listen.
  - Be clear about your role and reason for asking specific questions.
    - Review confidentiality.



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“Has anything bad happened to you or your child since I last saw you?”





# Asking developmentally

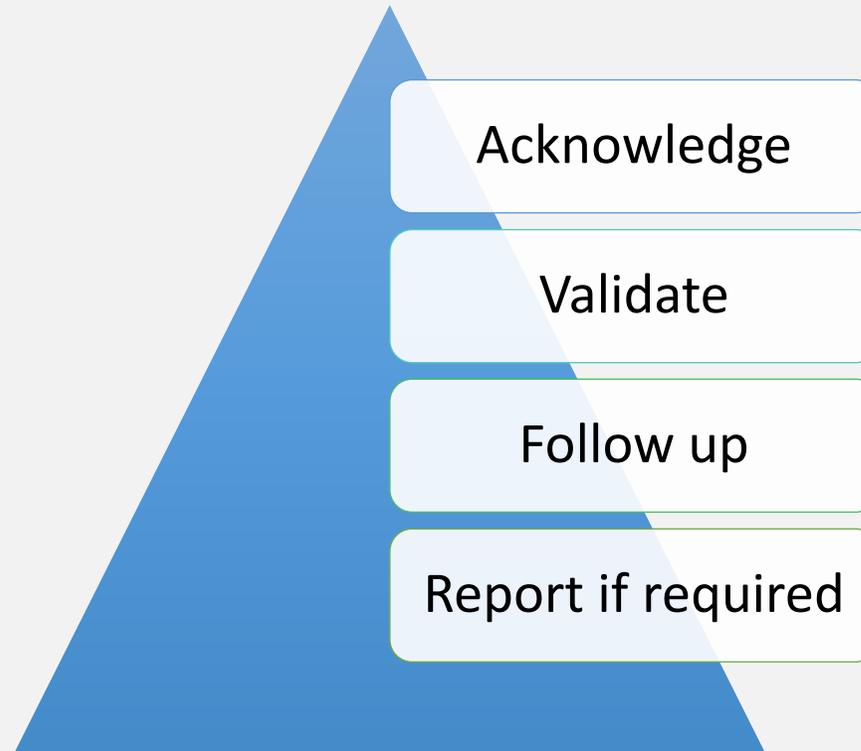
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    - If suspicious, ask separately.
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  - Be clear about your role and reason for asking specific questions.
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“Stressful and scary events sometimes happen. Has there been a time where you felt really scared for your safety or someone else’s at home or in the community?”





# What do you do when a kid screens positive?





# What do you do when a kid screens positive?

“I’m sorry that happened to you.  
That sounds like it might have been  
confusing and scary...”

Acknowledge

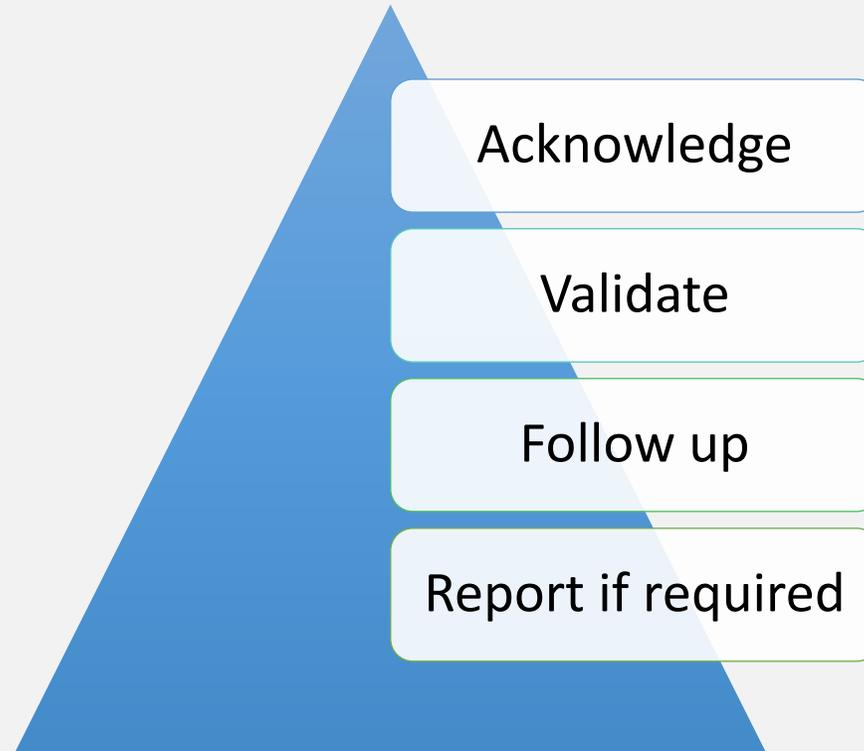
Validate

Follow up

Report if required



# What do you do when a kid screens positive?



“You are not alone, it is not your fault, and I will help.”





# How to assess trauma disorder

## Four Approaches to Trauma Inquiry

- Assume a history of trauma without asking
- Screen for the impacts of past trauma instead of for the trauma itself
- Inquire about past trauma using open-ended questions
- Use a structured tool to explore past traumatic experiences



# Screening for PTSD

- Child and Adolescent Trauma Screen
  - Self report, children 7-17
  - Caregiver report 3-17
  - Score >12 suggests need to refer and possibly treat
- Child PTSD Symptom Scale
  - Self report, 8-18
  - Score >15 suggests PTSD highly likely.
- UCLA Brief COVID-19 Screen for youth PTSD
  - Available in English and Spanish
  - Score >20 potential PTSD
- Pediatric Traumatic Stress Screening Tool



# Care process Model

## ▶ ROAD MAP OF CARE: **PEDIATRIC TRAUMATIC STRESS** **IN PRIMARY CARE SETTINGS (6 – 18 years of age)**

Child screens positive for a potentially traumatic experience\* using the Pediatric Traumatic Stress Screening Tool (pages 33–36)

\* Traumatic experiences may include:

- Abuse
- Violence
- Serious accidents
- Natural disasters
- Medical trauma

### FOLLOW the 3-step process

<b>1</b> Report if required (see page 9) Call DCFS if child maltreatment is suspected (1-855-323-3237).	<b>2</b> Respond to suicide risk (see page 10) Follow Intermountain's <i>Suicide Prevention CPM</i> if child reports thinking about being better off dead or of harming themselves in some way (see page 10).	<b>3</b> Stratify treatment approach (see page 12) <ul style="list-style-type: none"><li>• Refer to the <b>Pediatric Traumatic Stress Screening Tool</b> to assess symptom severity (see pages 33–36).</li><li>• Inquire about child's functioning in daily activities.</li><li>• Use the treatment stratification chart below to determine next steps.</li></ul>
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Treatment Stratification		
Symptoms	Poor functioning?	Clinical decision
<b>Severe symptoms</b> Score $\geq 21^{**}$		<b>Restorative Approach</b> Refer to evidence-based trauma treatment (see <a href="#">page 14</a> ).
<b>Moderate symptoms</b> Score 11 – 20**	 	<b>Resilient Approach</b> Refer to MHI or community/ private mental health (see <a href="#">page 14</a> ).
<b>Mild symptoms</b> Score $\leq 10^{**}$	 	<b>Protective Approach</b> Provide strengths-based guidance and continue monitoring (see <a href="#">page 14</a> ).

\*\*Scores from Pediatric Traumatic Stress Screening Tool. See [page 9](#) for more information and [pages 33–36](#) for copies of the screening tool.

**Possible medication roles:**

- Trauma-related sleep problems (see [page 16](#))
- Pre-existing anxiety, depression or severe ADHD. See [Depression](#) and [ADHD](#) CPMs.

PROVIDE a brief in-office intervention (see <a href="#">page 15</a> )	
<b>Sleep problems</b>	<ul style="list-style-type: none"> <li>• Sleep education</li> <li>• Belly breathing</li> <li>• Guided imagery</li> <li>• Medication</li> </ul>
<b>Hypervigilant/intrusive symptoms</b>	<ul style="list-style-type: none"> <li>• Belly breathing</li> <li>• Guided imagery</li> <li>• Progressive muscle relaxation</li> <li>• Mindfulness</li> </ul>
<b>Avoidance / negative mood symptoms</b>	<ul style="list-style-type: none"> <li>• Behavioral activation</li> <li>• Return to routine</li> <li>• Parent-child communication</li> </ul>

# Brief interventions



If you checked 'yes' on either question above, please continue below.

Select how often your child had the problem below in the past month.  
Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS



How much of the time during the past month...	None	Little	Some	Much	Most
1 My child has bad dreams about what happened or other bad dreams.	<b>Sleep problems</b>				
2 My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	<b>Both</b>				
3 My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	<b>Hypervigilance and Intrusive Symptoms</b>				
4 When something reminds my child of what happened, he/she has strong feelings in his/her body, like his/her heart beats fast, headaches, or stomach aches.					
5 When something reminds my child of what happened, he/she gets very upset, afraid, or sad.					
6 My child has trouble concentrating or paying attention.					
7 My child gets upset easily or gets into arguments or physical fights.	<b>Avoidance and Negative Mood</b>				
8 My child tries to stay away from people, places, or things that remind him/her about what happened.					
9 My child has trouble feeling happiness or love.					
10 My child tries not to think about or have feelings about what happened.					
11 My child has thoughts like "I will never be able to trust other people."					
12 My child feels alone even when he/she is around other people.	<b>Suicide</b>				
13 *Over the last 2 weeks, how often has your child been bothered by thoughts that he/she would be better off dead or hurting him or herself in some way?					

**TABLE 7. Teach a Helpful Response (for details see page 23)**

Sleep problems	<ul style="list-style-type: none"> <li>• Sleep education</li> <li>• Belly breathing</li> <li>• Guided imagery</li> </ul>
Hypervigilant / intrusive symptoms	<ul style="list-style-type: none"> <li>• Belly breathing</li> <li>• Guided imagery</li> <li>• Progressive muscle relaxation</li> <li>• Mindfulness</li> </ul>
Avoidance / negative mood symptoms	<ul style="list-style-type: none"> <li>• Behavioral activation</li> <li>• Return to routine</li> <li>• Caregiver support</li> </ul>



# Evidence-based tx

## At-risk youth

- Multiple ACES/At-risk youth
  - Parent-child interactive therapy
  - Child parent psychotherapy to help child & parent attune

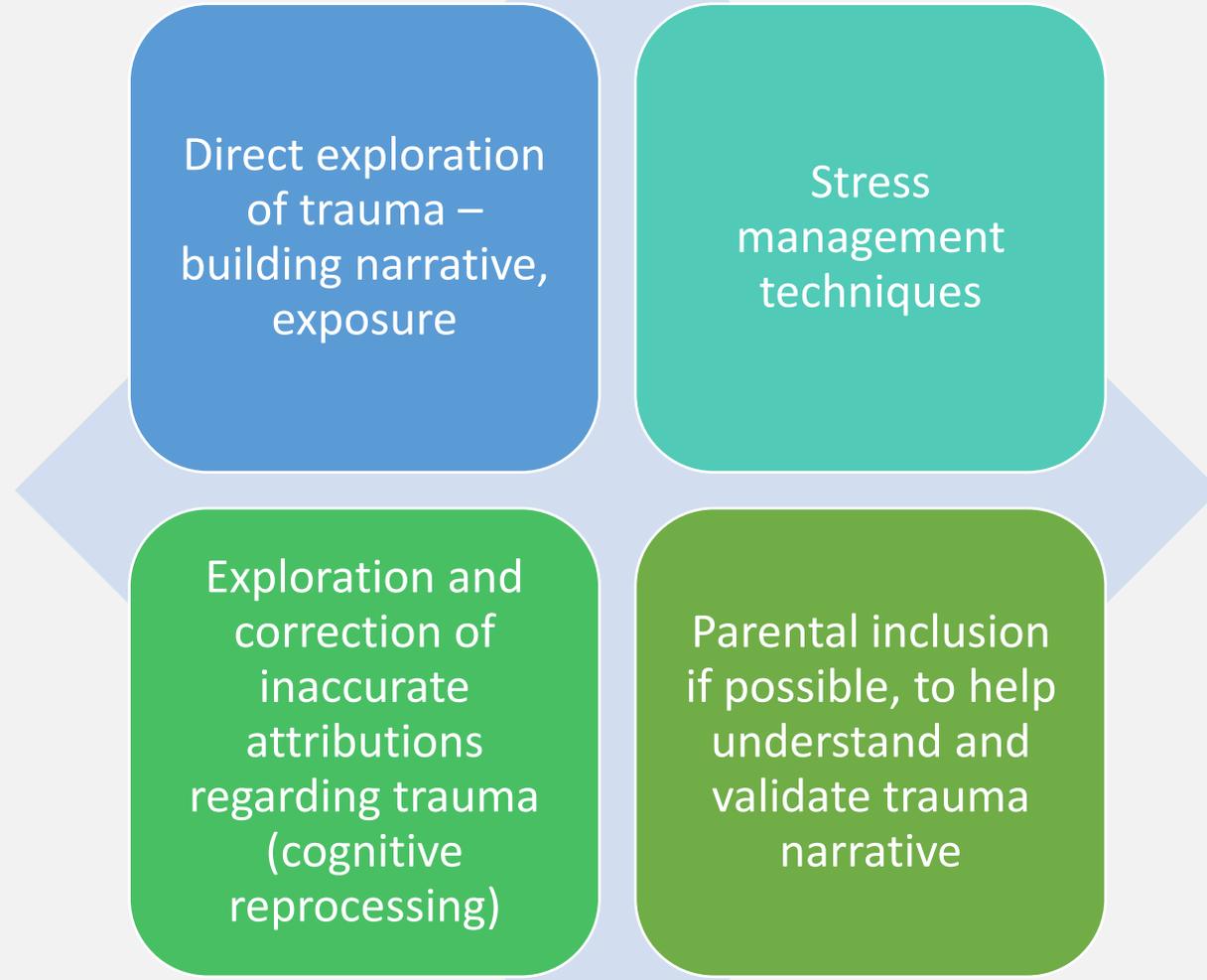
## PTSD & Complex trauma

- Complex trauma
  - ARC: Attachment, regulation, competency
  - ITCT: Integrative treatment of complex trauma
- PTSD
  - Trauma focused CBT (ages 3+)
  - Child and family traumatic stress intervention





# PTSD Essential TX components





# Working with kids and caregivers

- Psychoeducation to parents.
- Moving from “It was my fault” or “Nothing is safe anymore” to validation/safety.
- Attributional distortions explored and challenged beyond mere reassurances.
- Accomplished by step-by-step logical analysis during therapy.

Jon was able to say with father present that he believed it was his fault that father went to jail. Dad able to correct this distortion in session.

# Psychopharmacology

- Adjunctive - NOT one of the established elements of treatment
- Theories; some reports of med efficacy; no randomized trials.
- Medications used to treat prominent symptoms or co-morbid psychiatric conditions.

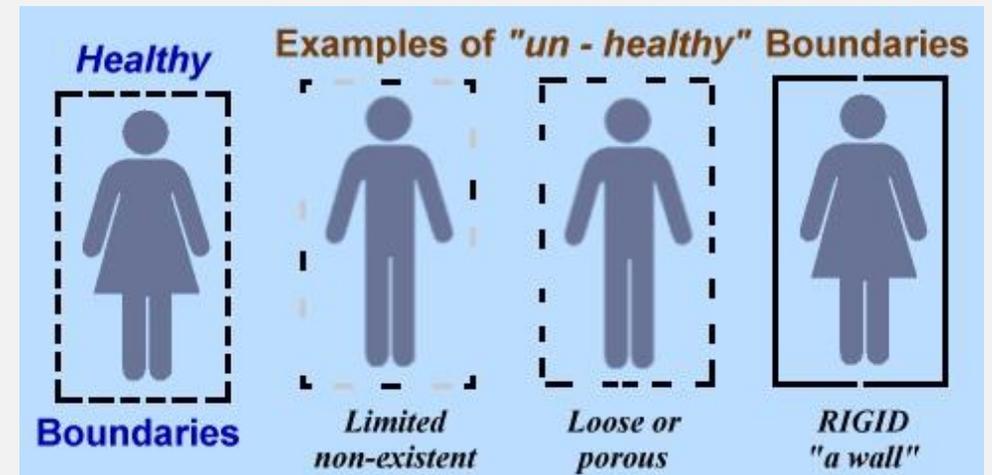
## Core PTSD sx

- Hyperarousal - alpha agonists



# Trauma informed community begins with ourselves

- Cannot do this work alone!
- Strengthen resources (internal & local)
- Advocating for what you need
- Setting compassionate expectations
- Setting compassionate boundaries





The cure for burnout isn't and can't be self care.  
It has to be all of us caring for each other.

~Emily & Amelia Nagoski

Dare to lead Podcast with Brene Brown





# Building Resilience - Individual and Organizational

## Expectations

- Realistic ones for yourself
- Realistic ones for others

## Boundary Setting

- Know what you want/can say 'yes' to

## Staff Culture

- Connecting with colleagues in a way that heals & helps

## Self-Care

- Mind
- Spirit
- Strength
- Heart

# The 5-4-3-2-1 Coping Technique

Ease your state of mind in stressful moments.

Acknowledge **5** things that you can see around you.



Acknowledge **4** things that you can touch around you.



Acknowledge **3** things that you can hear around you.

Acknowledge **1** thing that you can taste around you.



Acknowledge **2** things that you can smell around you.



# Takeaways

Trauma is ubiquitous & most youth are resilient. .

Most severe trauma sequelae occurs in the absence of protective relationships.

You can have an important role in promoting resilience in a child & family's life.

What changes are needed to embody and integrate TIC into your practice?





# References & Resources

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# More Resources

- [https://vetoviolenace.cdc.gov/apps/phl/resource\\_center\\_infographic.html](https://vetoviolenace.cdc.gov/apps/phl/resource_center_infographic.html)
- <https://www.acesaware.org/>
- <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>
- <https://projectteachny.org/prevention-science/>
- <https://Thenationalcouncil.org>
- <http://developingchild.harvard.edu>

