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FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Trauma Informed Care: Working with families & youth

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Disclosures

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

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Learning Objectives

- Learn trauma informed care principles & strategies for applying to your practice.
- Identify developmentally appropriate strategies for assessing and diagnosing trauma and trauma-related disorders.
- Understand evidence based treatments for treating trauma and trauma-related disorders and strategies for supporting resilience.

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

A call to action:

- Increase funding for mental health access
- Continue telehealth options
- Increase school based mental health options
- Accelerate integrated mental health in primary care
- Strengthen prevention programs
- **Promote and pay for trauma informed care to support resilience**
- Address acute care needs and staff shortages
- Advance mental health parity laws

What is the Differential?

1. **ADHD**
2. **Adjustment reaction/trauma/loss**
3. **Anxiety**
4. **Learning disability/disorder**
5. **Depression (crying)**
6. **Sleep disorder**

Trauma informed community begins with ourselves

- Be mindful of your own responses.
- Find care practices that work for you and are sustainable.
- Know you are not alone in this work.
- Get to know your resources (internal and local).
- Advocate for the team you need to do this work.

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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

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Provide Trauma-Informed Care

Move away from summing the suffering to building the buffering



GOAL

Fostering safe, stable, and nurturing **relationships** to build **resiliency**



Screen and treat for **trauma-related symptoms**



Create a **safe environment**



Use engagement strategies to **build trust**



Focus on strengths to **empower patients and families**



Have brief office-based approaches to **promote growth mindset**

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What is resiliency?

Resiliency

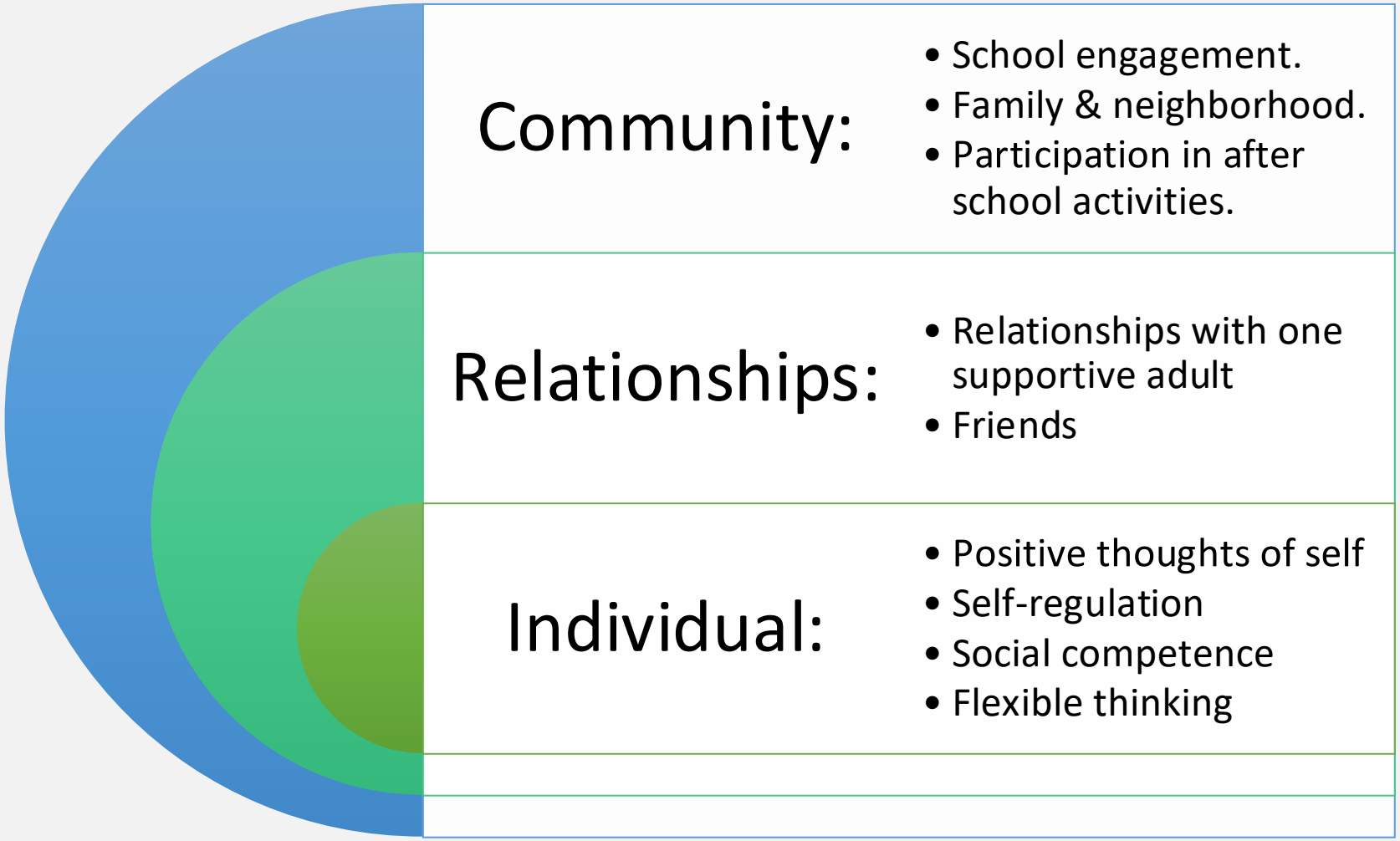
- Withstanding and rebounding from adversity.
- Regaining the ability to thrive, with the potential for transformation and positive growth forged through the searing experience.

(Walsh, 2020)

- Fostered by shared beliefs

1. To *make meaning* of the crisis and challenges.
2. To (re)gain a *positive*, *hopeful outlook that supports active agency.*

Protective factors



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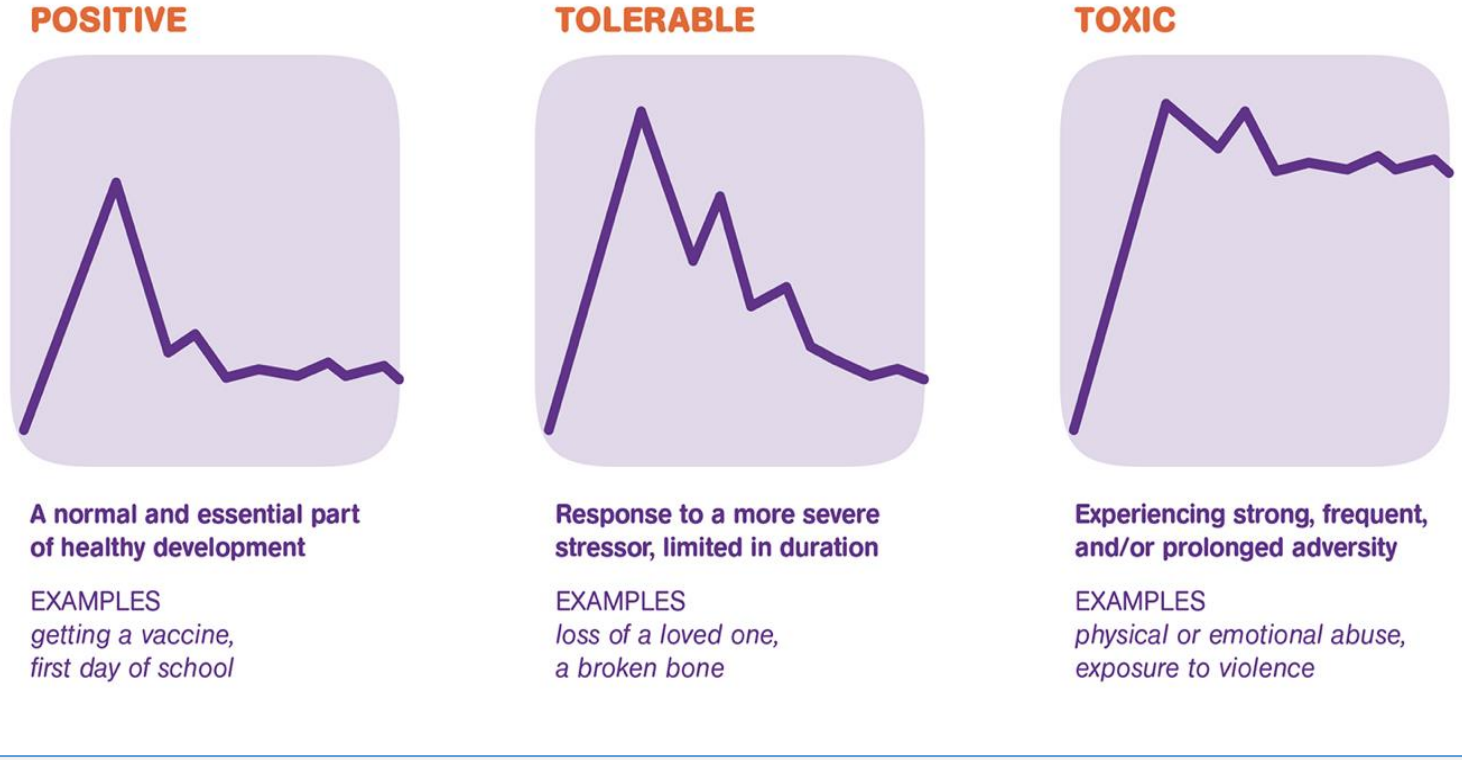
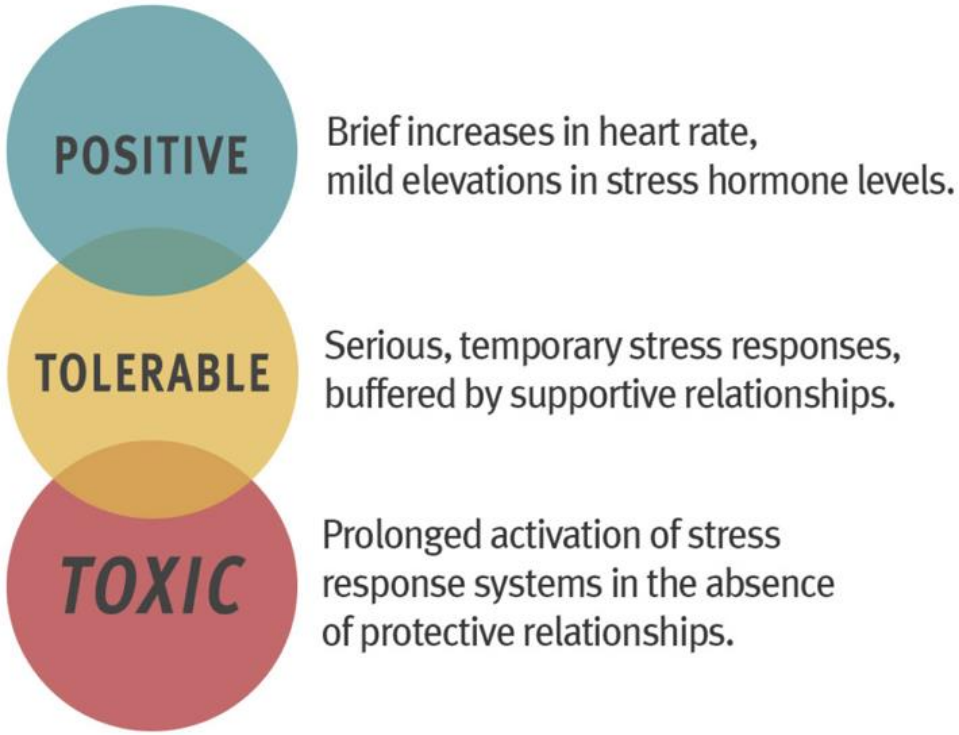
When is stress "Toxic"?

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





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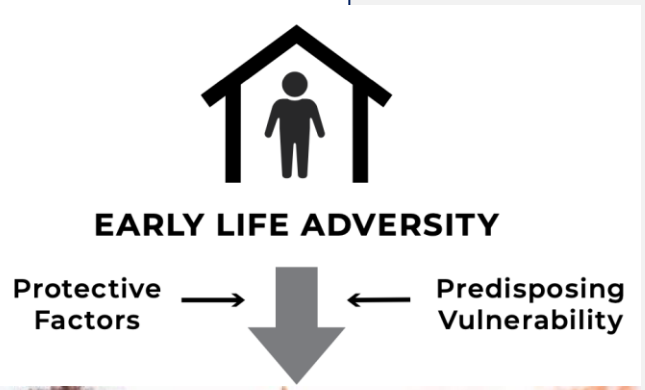
Role of primary care

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



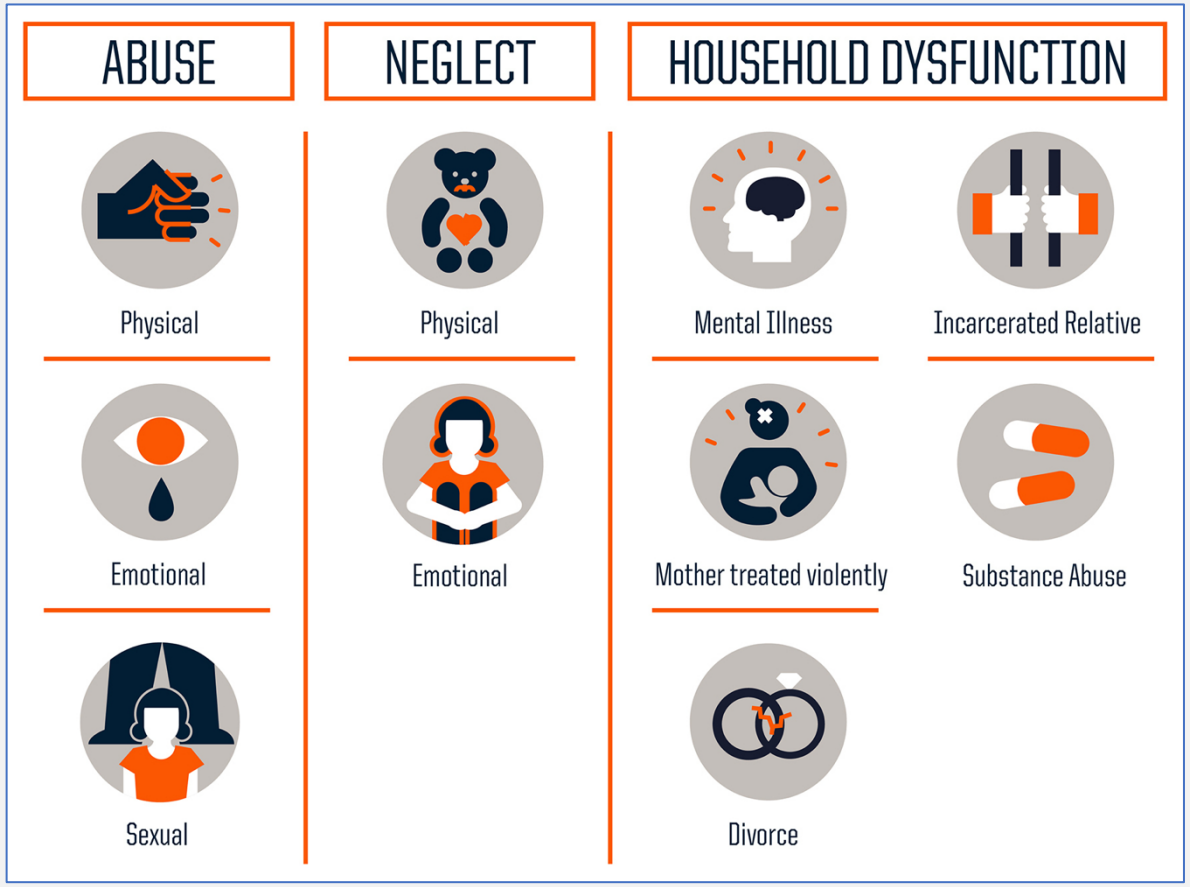


Trauma informed care (TIC): Framework

- **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.

Adverse childhood experiences

Childhood adversity common pre pandemic



- Community Violence
- Bullying
- Disasters
- Medical trauma
- Refugee trauma
- Terrorism
- Traumatic Grief
- Historic & Racial trauma

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Known risk between adversity and wellbeing

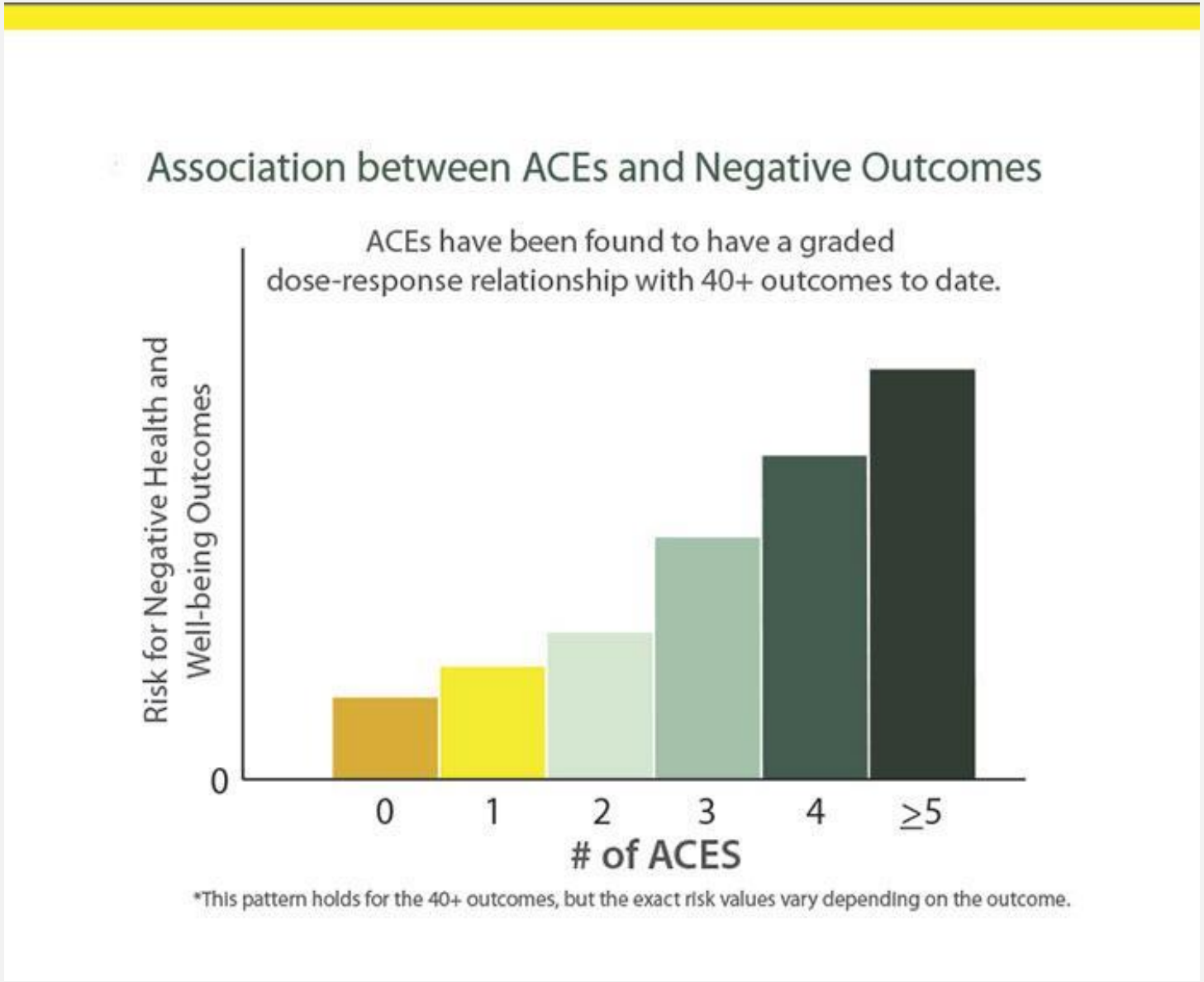

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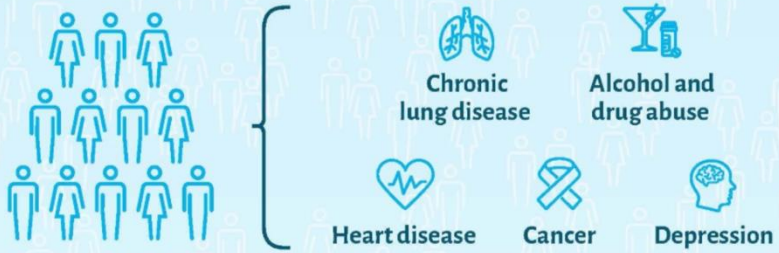
Figure 2: Leading Causes of Death in the U.S.

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

Moving beyond ACE scores

What is an ACE score?
An ACE score is a tally of specific childhood traumatic events that an individual has experienced.

What do ACE scores tell you?
Higher ACE scores are associated with poor health outcomes at the population level.



Why ACE scores are not effective clinically

Adversity is not destiny. ACE scores predict population outcomes, not individual outcomes.

Does NOT include or measure trauma...

In all forms

Severity

Chronicity

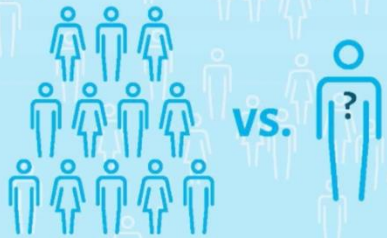
Frequency

+

Does NOT include asking about **protective factors** in a child's life

=

Therefore, **does NOT predict individual health**



Who goes on to experience trauma sequelae?

All Kids who experience childhood trauma develop PTSD.

a)True.

b)False.

Who goes on to experience trauma sequelae?

All Kids who experience childhood trauma develop PTSD.

a)True.

b)False.

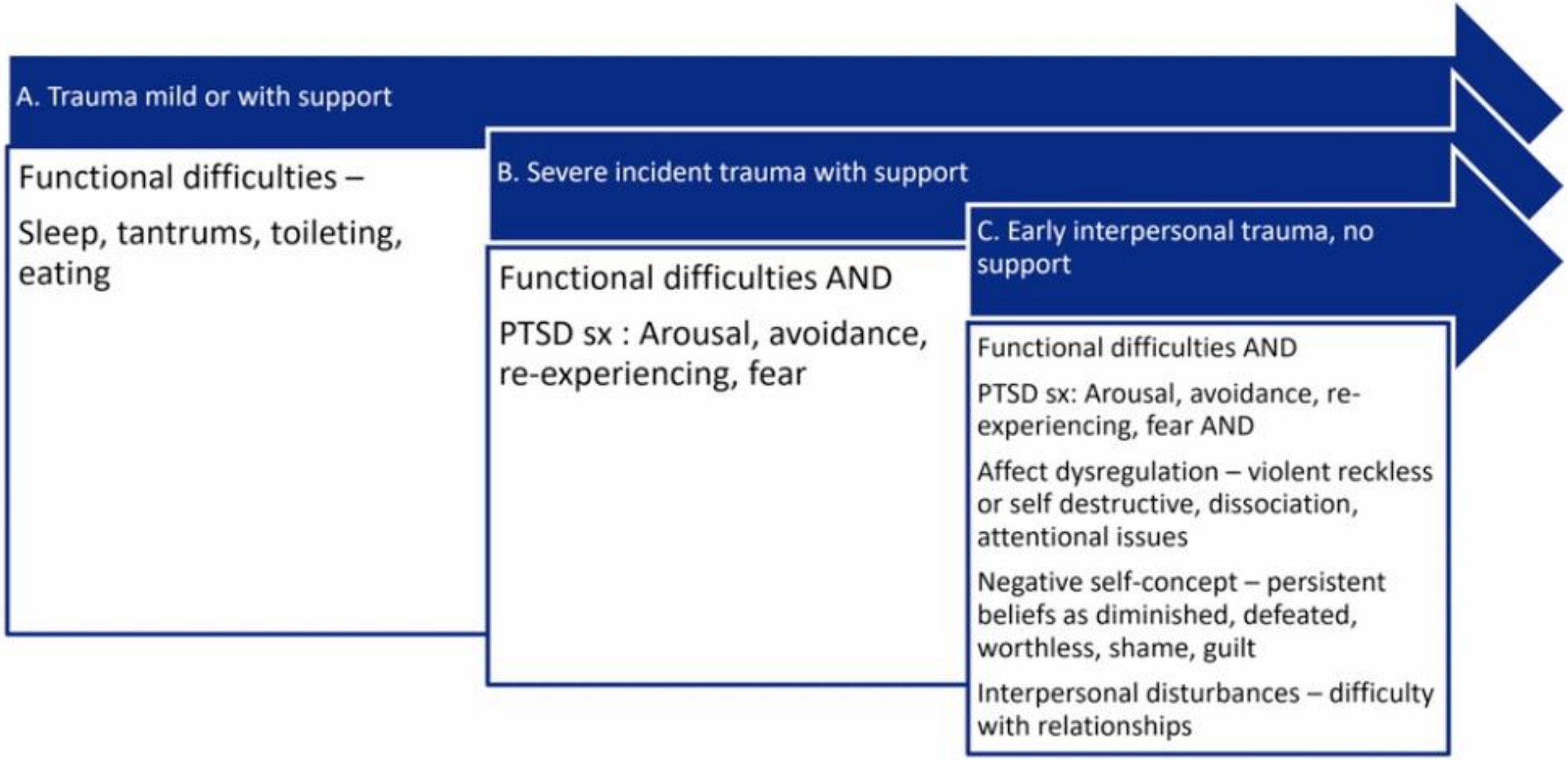
Exposure doesn't equal trauma disorder

- Keep in mind the three e's of trauma:
  - Exposure
  - Experience
  - Effects
- Not everyone with a trauma history needs extensive trauma therapy.
- Careful assessment Is helpful.

Post Traumatic Stress Disorder

- 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 Spectrum: Functional symptoms, PTSD and complex trauma



American Academy of Pediatrics
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Most Kids who experience Trauma are resilient:

a)True
b)False

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Most Kids who experience Trauma are resilient:

a)True

b)False

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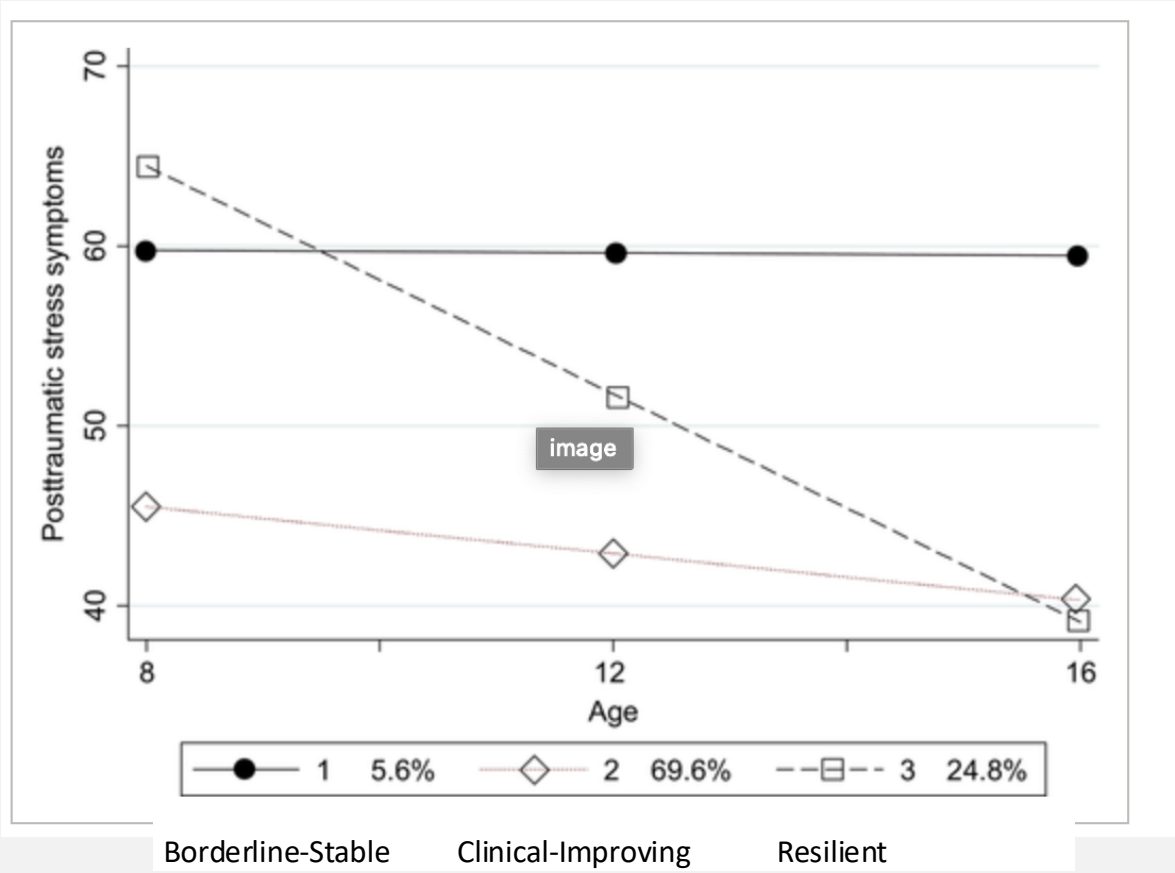
PTSD patterns over time: Fortunately, most improve with support

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).



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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.

Universal Screening tools

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

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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)

CENTER for YOUTH WELLNESS

UCSF Benioff Children's Hospital

Add up the "yes" answers for this first section: ☐

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Open ended trauma inquiry

"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?"

"Has anything bad or scary happened to you or your child since I last saw you?"



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Resilience inquiry



All of us have somethings from our childhood that are so wonderful. All of us have things that we hope to protect our children because they were hard. What do you want your children to get from you and what would you want to protect them from?

- Tell me a little bit about yourself:
  - What are some things you are really proud of?
  - What are your parents really proud of?
- If something difficult were to happen, who would be available to help you?
- If something good were to happen, who would be cheering for you?

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Assessing Trevor using TIC principles

- Trevor is an 11 year old male presenting with school avoidance.
- Trevor and his mom arrive late to the appointment and mom is demanding to be seen right away.

- *What are some principles you see in action?*

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Rating scales for PTSD

- Child and Adolescent Trauma Screen (CATS)
  - Self report, children 7-17
  - Caregiver report 3-17
  - Score >12 suggests need to refer and possibly treat
- Child PTSD Symptom Scale (CPSS)
  - Self report, 8-18
  - Score >15 suggests PTSD highly likely.

CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

SELF REPORT (7-17 YEARS)

NAME: _____ DATE: _____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark NO of it didn't happen to you.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	O	O
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	O	O
3. Threatened, hit or hurt badly in my family.	O	O
4. Threatened, hit or hurt badly in school or the community.	O	O
5. Attacked, stabbed, shot at or robbed by threat.	O	O
6. Seeing someone in my family threatened, hit or hurt badly.	O	O
7. Seeing someone in school or the community threatened, hit or hurt badly.	O	O
8. Someone doing sexual things to me or making me do sexual things to them when I couldn't say no. Or when I was forced or pressured.	O	O
9. On line or in social media, someone asking or pressuring me to do something sexual. Like take or send pictures.	O	O
10. Someone bullying me in person. Saying very mean things that scare me.	O	O
11. Someone bullying me online. Saying very mean things that scare me.	O	O
12. Someone close to me dying suddenly or violently.	O	O
13. Stressful or scary medical procedure.	O	O
14. Being around war.	O	O
15. Other stressful or scary event? Describe: _____	O	O
16. Which event(s) are bothering you the most? _____		

Turn the page and answer the next questions **about all the scary or stressful events that happened to you.**

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Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

1. Upsetting thoughts or memories about what happened pop into my head.	0	1	2	3
2. Bad dreams reminding me of what happened.	0	1	2	3
3. Pictures in my head of what happened. Feels like it is happening right now.	0	1	2	3
4. Feeling very upset when I am reminded of what happened.	0	1	2	3
5. Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3
7. Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	0	1	2	3
8. Not being able to remember part of what happened.	0	1	2	3
9. Having negative thoughts, such as:				
a. I won't have a good life.	0	1	2	3
b. I can't trust other people.	0	1	2	3
c. The world is unsafe.	0	1	2	3
d. I am not good enough.	0	1	2	3
10. Blaming for the event(s)				
a. Blaming myself for what happened.	0	1	2	3
b. Blaming someone else for what happened although it wasn't their fault.	0	1	2	3
11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things I used to do.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Not being able to have happy feelings.	0	1	2	3
15. Managing strong feelings				
a. It is very hard to calm down when I am upset.	0	1	2	3
b. Feeling mad. Having fits of anger and taking it out on others.	0	1	2	3
16. Doing unsafe things.	0	1	2	3
17. Being overly careful (checking to see who is around me).	0	1	2	3
18. Being jumpy.	0	1	2	3
19. Problems paying attention.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

	YES	NO
1. Getting along with others	O	O
2. Hobbies/Fun	O	O
3. School or work	O	O
4. Family relationships	O	O
5. General happiness	O	O

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Evidence-based tx

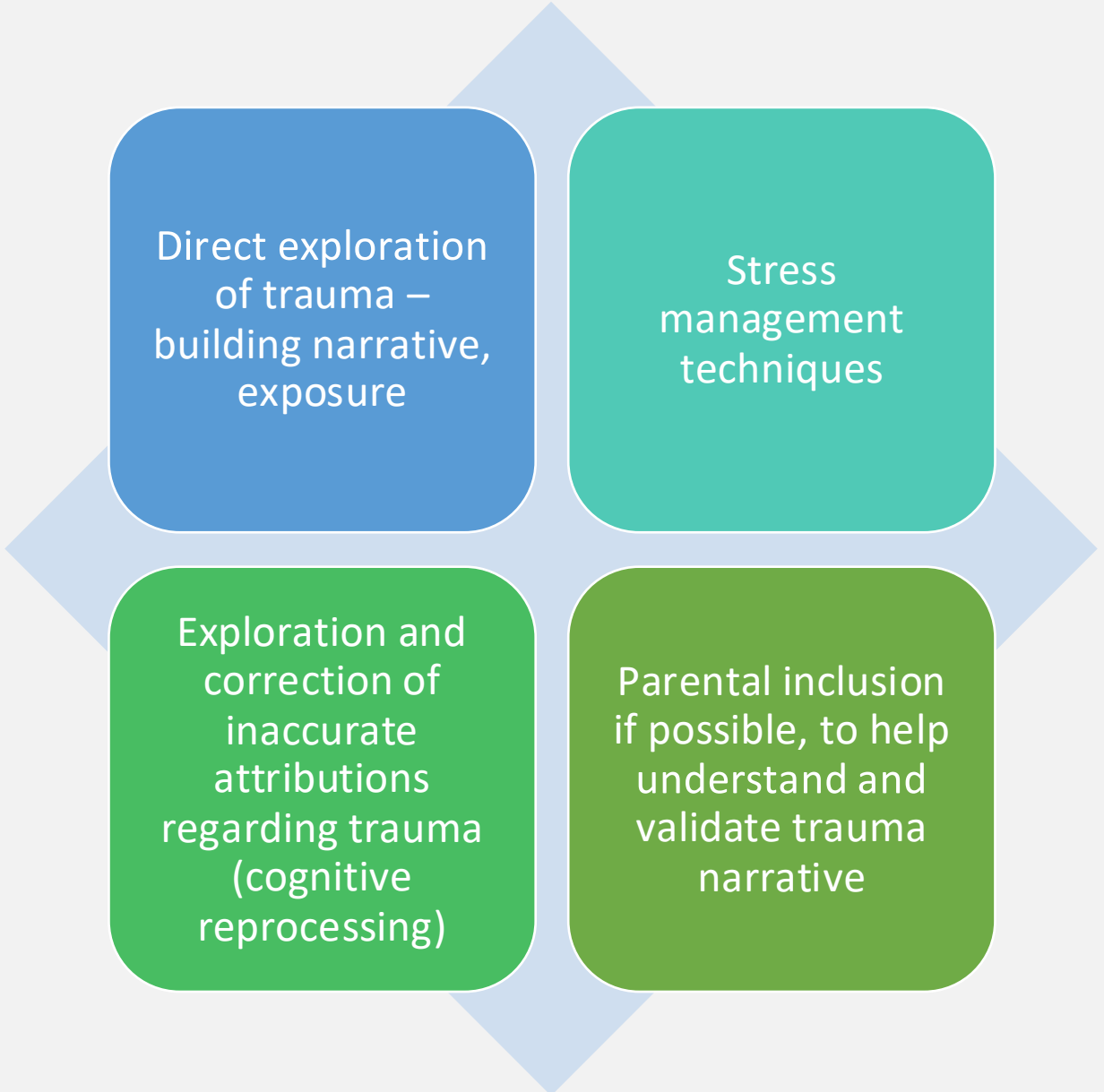
At-risk youth

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

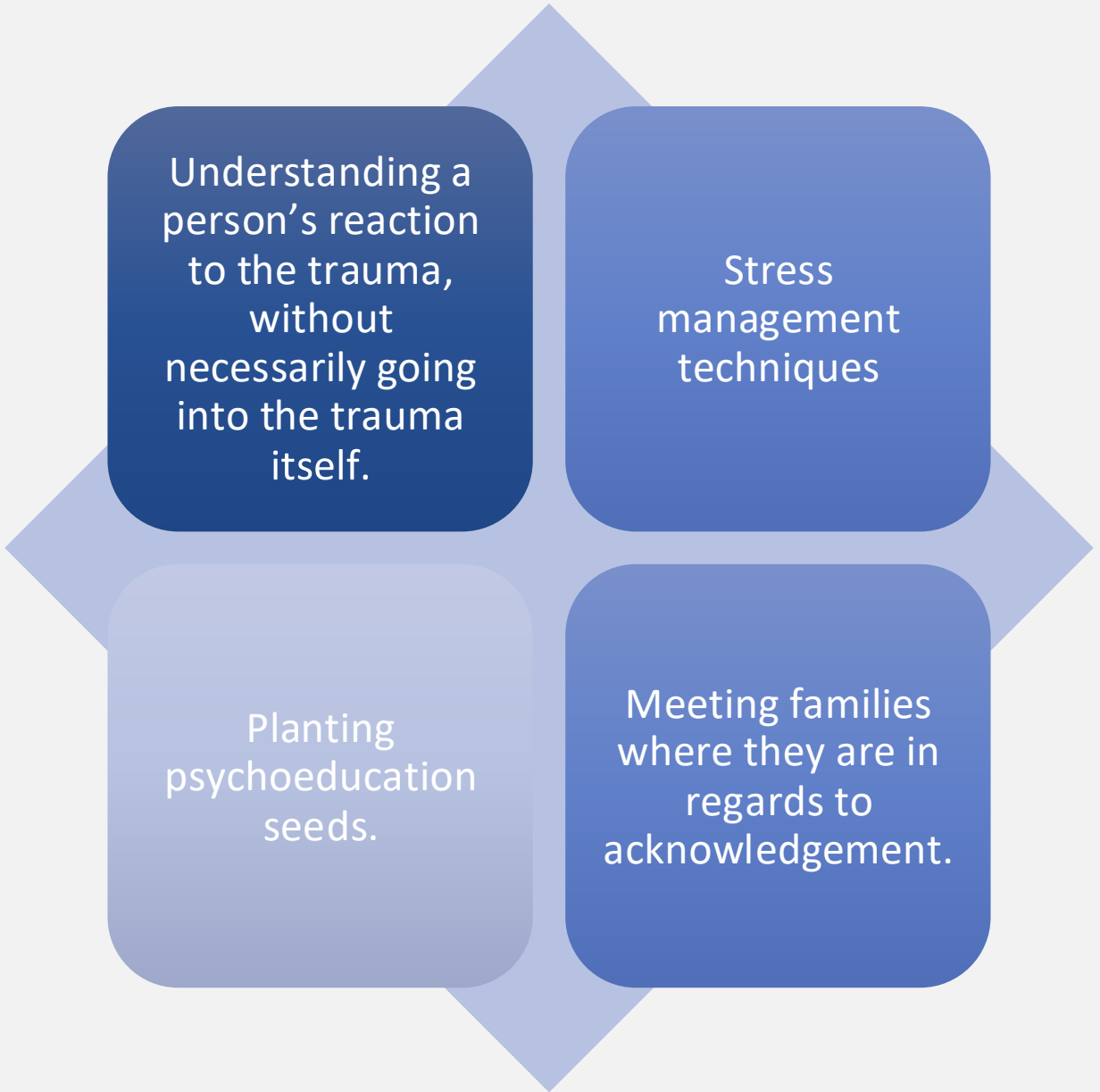
PTSD & Complex trauma

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

PTSD Essential TX components



PTSD Tx Components in Primary Care



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
		Sleep problems				
1	My child has bad dreams about what happened or other bad dreams.					
		Both				
2	My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.					
		Hypervigilance and Intrusive Symptoms				
3	My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.					
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.					
		Avoidance and Negative Mood				
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.					
		Suicide				
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	• Sleep education • Belly breathing • Guided imagery
Hypervigilant / intrusive symptoms	• Belly breathing • Guided imagery • Progressive muscle relaxation • Mindfulness
Avoidance / negative mood symptoms	• Behavioral activation • Return to routine • Caregiver support

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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 & nightmares- alpha agoniststst

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Take aways

- Trauma is ubiquitous & most youth are resilient.
- Most severe trauma sequalae 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?