Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

Trauma-Informed Care December 1st, 2022

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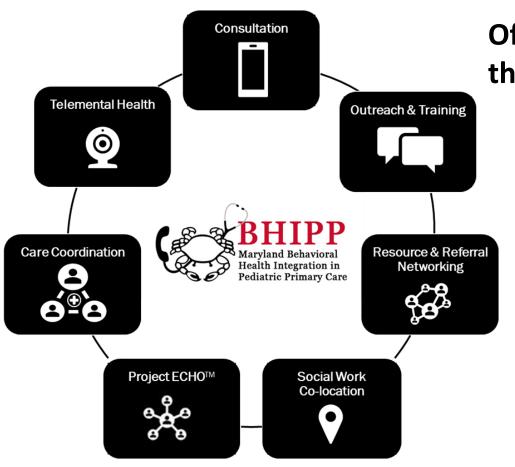


1-855-MD-BHIPP (632-4477)

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Who We Are – Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®
- Direct telemental health services:
 - Care coordination
 - Psychiatry
 - Psychology
 - Counseling



Funding & Partners

- Supported by SAMHSA E-COVID funding that was granted to address behavioral health issues experienced by children, youth, and families as a consequence of the pandemic.
- Operate as a collaboration between the University of Maryland School of Medicine, the Johns Hopkins University School of Medicine, Salisbury University, Morgan State University and the University of Maryland Eastern Shore.













Disclosure of Financial Relationships

Faculty at University of Maryland School of Medicine

Learning Objectives

- 1. Identify the 5 principles of trauma-informed practice
- 2.Identify 3 ways in which clinical encounters can unintentionally re-traumatize youth and families
- 3.Identify 3 strategies to optimize clinical encounters utilizing the principles of trauma-informed practice



Acknowledgement

•A special thanks to Dr. Rheanna Platt and Dr. Sarah Edwards of the BHIPP team who created the majority of the slide content presented today!

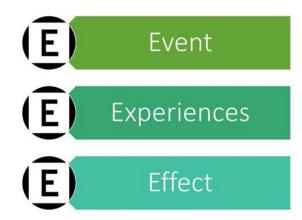


What is trauma?

"An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

 SAMHSA (Substance Abuse and Mental Health Services Administration)

3 E's of Trauma





Types of trauma

- Natural and human-caused disasters
- Community Violence
- School Violence
- Family Trauma
- Refugee and Immigrant Trauma
- Medical Trauma
- Poverty
- Historical Trauma
- Racial Trauma





Cumulative Trauma

Historical trauma

Community level trauma

Trauma History Acute Traumatic experience

- Racism (structural and/or interpersonal)
- Generational Poverty
- Slavery
- Holocaust survivors

- Unsafe housing and/or neighborhoods
- Gang and/or gun violence
- Racism (structural and/or interpersonal
- Food scarcity

- ACEs
- Natural disaster
- Car accident
- Divorce

- Interpersonal violence
- Primary caregiver of someone ill or disabled
- Vicarious trauma

Complex Trauma: Exposure to multiple traumatic events from an early age



Adverse Childhood Experiences

- CDC and Kaiser Permanente in CA.
- 2/3 at least 1 ACE and >1/5 reported 3 or more.
- Serious health consequences:
- Health risk behaviors
- Severe medical conditions
- Early death

ABUSE

NEGLECT

HOUSEHOLD DYSFUNCTION

Physical

Physical

Physical

Mental Illness

Incarcerated Relative

Mother treated violently

Substance Abuse

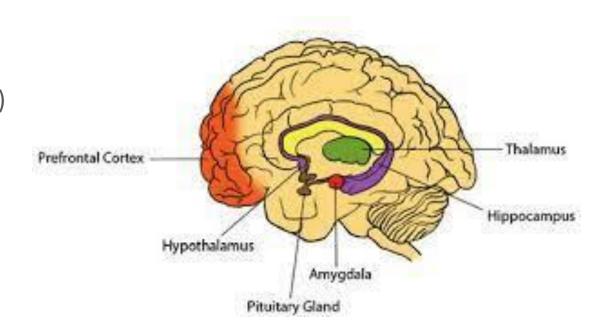
Divorce

Felitti et al 1998



Neurobiology of Stress Response

- Brain areas
 - Amygdala ('alarm system', emotion/fear center)
 - Hippocampus (learning, memory, context)
 - Prefrontal cortex (executive function, regulatory)
- Neurochemical systems
 - Cortisol
 - Norepinephrine
- Impacts
 - Decreased connectivity





Impact of trauma

- Short and long-term effects
 - Coping responses
 - Relationships
 - Developmental tasks
 - Physiologic effects
- Effects are increased when:
 - **Early** occurrence
 - Being silenced, blamed, shamed or not believed
 - These emotions impede healing.
 - Perpetrator is a trusted caregiver





Signs that a child might have a history of trauma

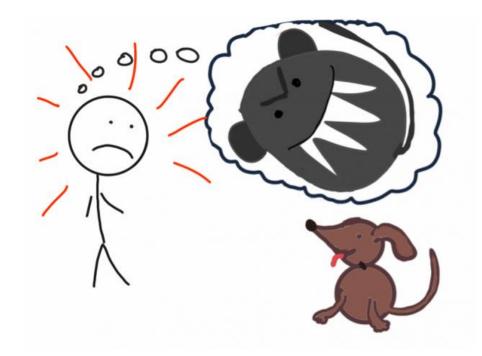
- Infant: developmental delay, failure to thrive
- Toddler: frequent tantrums, aggressive, easily frustrated
- School Aged Child: Difficulty at school, difficulty with peers, fighting
 - May look like learning problems or ADHD*
- Adolescent: School difficulties, risk taking behavior, anxiety and mood symptoms





Trauma Triggers

- Reminders of past trauma that automatically cause the body to react as if the traumatic event is happening again in that moment.
 - Loud noises
 - Physical touch
 - Threatening gestures
 - Authority figures and limit-setting
 - Chaos or uncertainty
 - Particular spaces (e.g., bathrooms or less monitored spaces)
 - Changes in routine
 - Witnessing violence between others, such as peers fighting
 - Emergency vehicles and police or fire personnel





Trauma Triggers

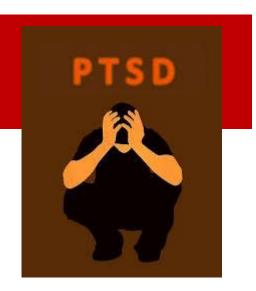
- Responses can appear confusing and out of place and be misunderstood by others.
 - <u>Fight responses</u>: yelling, swearing, posturing, aggressive behavior;
 - <u>Flight responses</u>: running away, refusing to talk, avoidance, substance use; and
 - <u>Freeze responses</u>: spacing out; appearing numb, disconnected, confused, or unresponsive.





Posttraumatic stress disorder

- Exposure to traumatic event
 - Exposure: Direct experience, Witness to, Hearing about
 - Traumatic: Experienced as physically/emotionally harmful/life-threatening



- Core Symptoms
 - Intrusion: recurrent/involuntary/distressing memories, nightmares, play, reaction to cues
 - Alterations in mood/cognitions associated w/event ('I am bad', 'no one can be trusted')
 - Avoidance of stimuli associated w/event(s)
 - Arousal (hypervigilance, sleep disturbance, irritability, impaired concentration)
- Not everyone who experiences trauma develops PTSD- varies by
 - Type of trauma
 - Proximity to trauma
 - Duration
 - Availability of adult
 - Child characteristics (gender, age, comorbidity, etc.)



Trauma as the "Great Imitator"

Symptom Domains

- -Mood/mood regulation
- -Aggression
- -Attention
- -Impulse Control
- -Sleep

TRAUMA

- Feelings of fear, helplessness, uncertainty, vulnerability
- Increased arousal, edginess and agitation
- Avoidance of reminders of trauma
- · Irritability, quick to anger
- Feelings of guilt or shame
- Dissociation, feelings of unreality or being "outside of one's body"
 - Continually feeling on alert for threat or danger
 - Unusually reckless, aggressive or self-destructive behavior

OVERLAP

- Difficultyconcentrating and learning in school
 - · Easily distracted
 - Often doesn't seem to listen
 - Disorganization
 - Hyperactive
 - Restless
 - Difficulty sleeping

ADHD

- Difficulty sustaining attention
 - Struggling to follow instructions
 - · Difficulty with organization
 - Fidgeting or squirming
 - Difficulty waiting or taking turns
 - Talking excessively
 - Losing things necessary for tasks or activities
 - Interrupting or intruding upon others

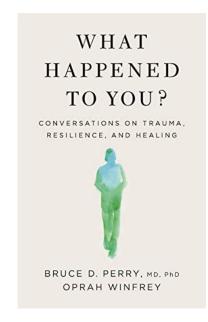
Trauma, Parenting and Caregiving

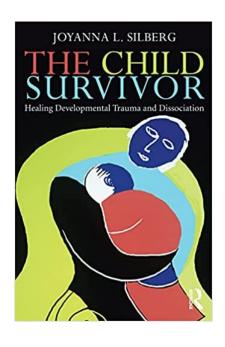
- Often parents themselves have a history of trauma
- Parents with a history of trauma may be less able to respond to the stresses of parenting in a healthy way
- Parents may present in the office as:
 - irritable, hostile or even aggressive
 - poor memory (missed appointments)
 - reluctant to discuss problems
 - many needs

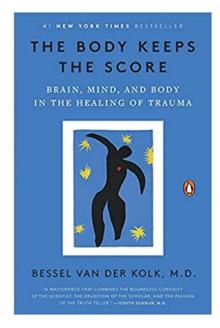


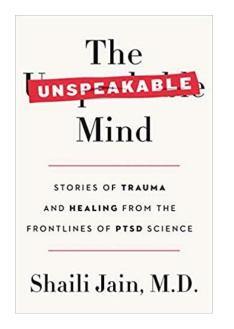


Books about Trauma and Recovery











So...what do we do?



Trauma-Informed Care/Trauma-Informed Systems



What is a Trauma-Informed System? SAMHSA's "4 R's"

- *Realizes* the widespread impact of trauma & understands potential paths for recovery
 - Recognition of prevalence
 - Importance of relationships to recovery
- Recognizes the signs and symptoms of trauma in patients, families, staff, and others involved with the system
 - Screening
 - Attends to patient and staff wellness/resilience
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
 - Attention to environment- physically and psychologically safe throughout: "Universal Precautions"
 - Availability of Information and Resources
- Seeks to actively resist re-traumatization
 - Recognize impacts of organizational practices (e.g., use of restraints/security) may re-traumatize clients/staff with traumatistic histories
- Distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing

Screening: Asking about Trauma





Coping in Hard Times: Fact Sheet for Parents

What happens when you or your spouse or partner are laid off, are out of work for months, and the unemployment insurance ends? What happens when—every place you look for work—they're not hiring or they have stacks of applications?

What happens? You worry about what will happen to you and those you care for. About having money for groceries and transportation. About paying for medication or medical appointments. About the next emergency that you can't foresee. And, if you have children, it is likely that they will worry too. During hard times, worries like these can cause frustration, stress, and anger for everyone in the family.

This fact sheet will help you understand how economic difficulties may affect you and your family and help you find ways to cope—and help your family members cope—during these uncertain times.

Understanding Economic Downturns

When people face financial difficulties, it affects these qualities

- Sense of safety
- · Ability to be calm
- Self-efficacy and community-efficacy
- Connectedness
- Hope

- First, check the chart! Trauma history may already be thoroughly documented.
- Let families know trauma is common, important, & OK to talk about
- Consider systematic screening
 - Single Question: +/-Since the last time I saw you/your child has anything really scary or upsetting happened to you or your family?
 - Example Instruments:
 - Children's Impact of Events Scale(8)
 https://www.corc.uk.net/media/1268/cries_selfreported.pdf
 - ACE-Q Child (https://centerforyouthwellness.org/aceq-pdf/)
 - SEEK Parent Questionnaire (https://seekwellbeing.org/seekmaterials/)



When a family discloses trauma

- Provide family reassurance that they are not alone
- The medical home will not be a place for assigning blame but rather to help support the family and connect them with the services they need.
 - "I am so sorry to hear that you _____. Thank you for sharing that information with me. I know we can work together to help"
 - "It is not your fault"





When a family discloses trauma

- Elicit further symptoms and provide education
- "What differences have you noticed in your child since the event?"
- Remind families of common symptoms after trauma
- May require follow-up or referral
 - Identification of resources ahead of time
- Help parents cope and self-care
 - Caring for a child who has been traumatized can be challenging
- Resources for parents, teens, providers and regularly updated
 - NCTSN.org

After the Trauma: Helping My Child Cope

THINGS PARENTS CAN DO AND SAY



Six things you can do to help your child after a trauma.

- Let your children know they are safe.
 Younger children may need extra hugs
 (as well as your teens).
- Allow children to talk about their feelings and worries if they want to. Let them know that being a little scared and upset is normal. If they don't want to talk, they could write a story or draw a picture.
- Go back to everyday routines. Help your child get enough sleep, eat regularly, keep up with school, and spend time with friends.
- Increase time with family and friends. Children who get extra support from family and friends seem to do better after upsetting events. Try reading, playing sports or games or watching a movie together.
- Take time to deal with your own feelings. It will be harder to help your child if you are worried or upset. Talk about your feelings with other adults, such as family, friends, clergy, your doctor, or a counselor.
- Keep in mind that people in the same family can react in different ways. Remember, your child's feelings and worries might be different from yours. Brothers and sisters can feel upset too.



SAMHSA- 5 Principles of Trauma-Informed Approach

Safety



Choice



Collaboration



Definitions

Making decisions with the individual and sharing power

Trustworthiness



Empowerment



Ensuring physical and emotional safety

Individual has choice and control

Task clarity, consistency, and Interpersonal Boundaries Prioritizing empowerment and skill building

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Potentially Retraumatizing Practices

- One essential feature of trauma-informed care is the focus on ensuring that treatments and settings do not inadvertently retraumatize patients.
- Unfortunately, hospitalizations involve a range of standard clinical practices that can iatrogenically trigger trauma symptoms or reenactments.
 - 1) Boundary Violations: Touching without permission, walking into the patient's room without knocking
 - 2) Forced or Threatened Medications
 - 3) Seclusion and Restraint



Trauma-Informed Practice in Action

•Our goal is to create an atmosphere that is respectful of the trauma survivors' need for safety, respect, and acceptance while striving to minimize the possibility of retraumatization.



Safety

- An atmosphere that is respectful of survivor's need for safety, respect, and acceptance is fundamental for building trust and therapeutic engagement.
- "Do I have your permission to examine you?" Clearly communicate that the patient may stop the exam at any time.
- Provider should explain each step of the exam: "Now I'm going to put the stethoscope on your chest to listen to your heart."
- Knock before entering the room.
- Offer a chaperone.
- Obtain consent to have trainees present during the exam *before* the trainee(s) come into the room.



Safety

•How can we safely de-escalate an agitated patient without using medication, seclusion, and restraint?



General Considerations for Management

- Use environmental, behavioral techniques
- Emphasize effective communication and behavioral strategies for managing behaviors
- Always treat underlying cause of agitation first whenever possible...

Before medication!

PRN usage if those avenues are not successful



BETA 3-step Paradigm Approach



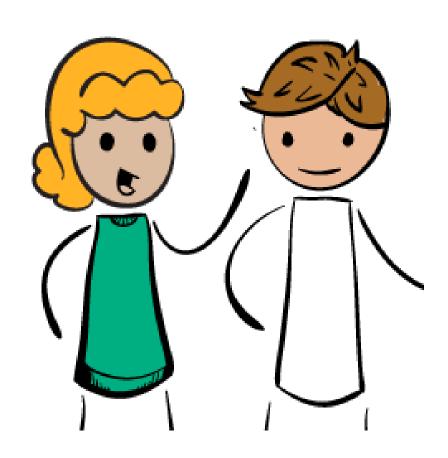
- 1. The patient is verbally engaged
- Then a collaborative relationship is established
- 3. The patient is verbally deescalated out of the agitated state

Verbal de-escalation is usually the key to engaging the patient and helping him become an active partner in his evaluation and treatment.



10 Principles of Verbal De-escalation

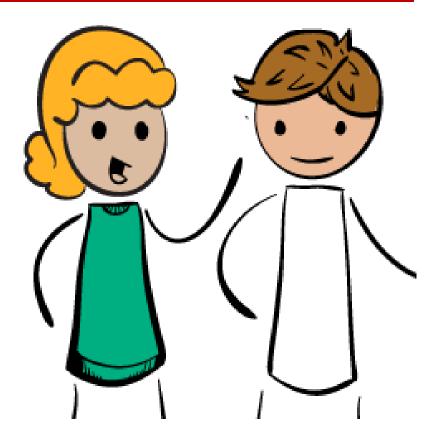
- 1. Respect the personal space of the individual; do not get uncomfortably close or block exits.
- 2. Do not be provocative or respond in anger, be in control and measured.
- 3. Establish verbal contact calmly with the individual.
- 4. Be concise and speak in short, easy to understand sentences or phrases. Repeat yourself often.
- 5. Listen closely to what the person is saying.





10 Principles of Verbal De-escalation

- 6. Identify the individual's wants and feelings and try to accommodate reasonable requests.
- 7. Agree or agree to disagree with the person's concerns, while avoiding negative statements.
- 8. Set clear limits with expected outcomes, but do not make demands or order specific behavior.
- 9. Offer choices and optimism.
- 10. Afterwards, review the event and look for areas of improvement.





Thank you!

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Follow us on Facebook, LinkedIn, and Twitter! @MDBHIPP

For resources related to the COVID-19 pandemic, please visit us at <u>BHIPP Covid-19 Resources</u>.



Resources

- National Child Traumatic Stress Network (NCTSN): https://www.nctsn.org/
- Trauma-Informed Care Implementation Resource Center: https://www.traumainformedcare.chcs.org/
- Georgetown University Center for Trauma and the Community: https://ctc.georgetown.edu/toolkit/
- AAP Clinical Report- Trauma-Informed Care: Pediatrics (2021) 148 (2): e2021052580.
- SAMHSA guidance for trauma-informed approach: https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884?referer=from_search_result

