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

Trauma-Informed Care
December 1st, 2022

Robert Paine, DO

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

www.mdbhipp.org

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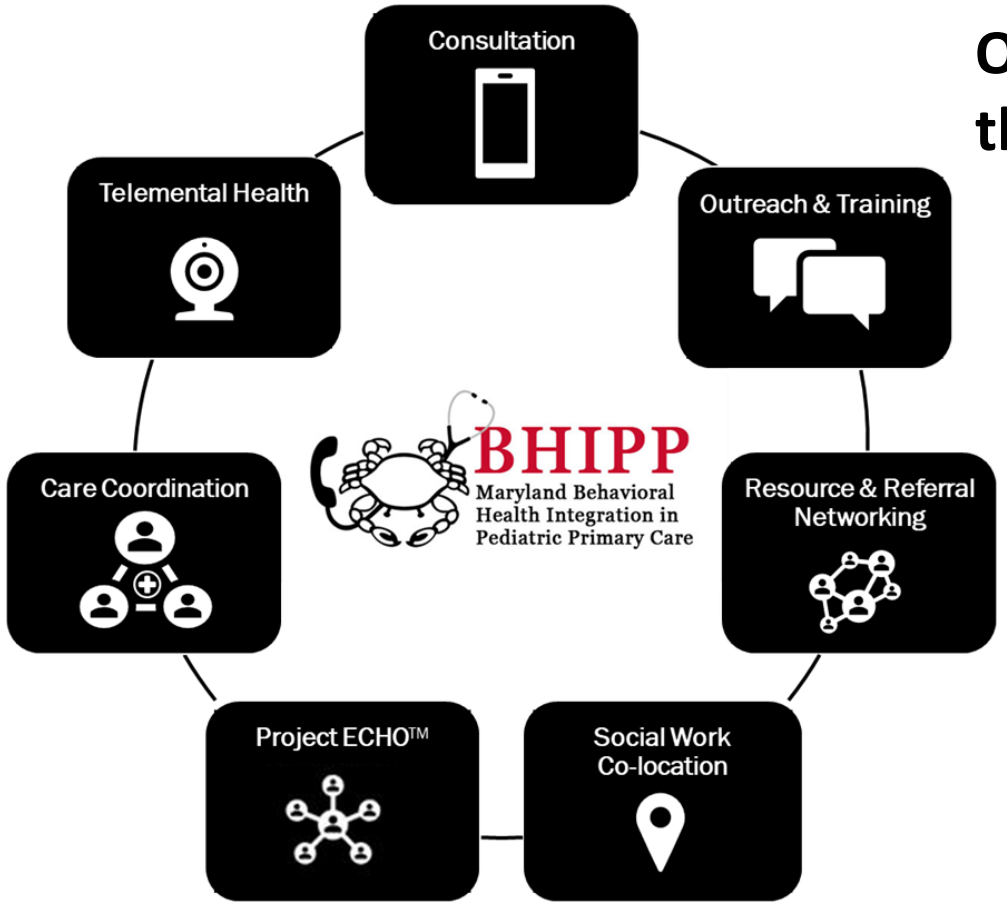
Who We Are – Maryland BHIPP



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

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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

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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!

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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)

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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

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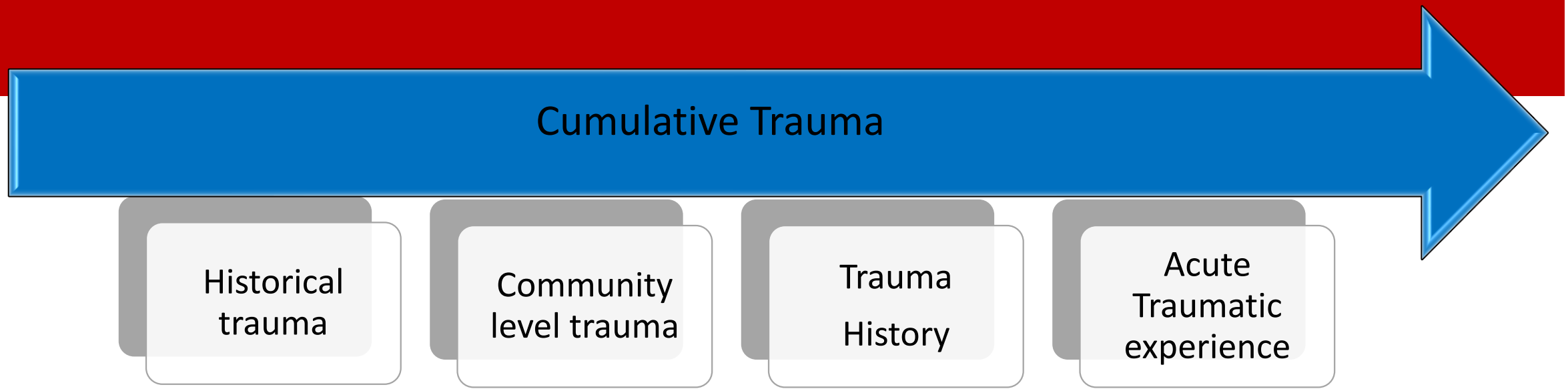

- **Racism (structural and/or interpersonal)**
- **Generational Poverty**
- **Slavery**
- **Holocaust survivors**

- **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

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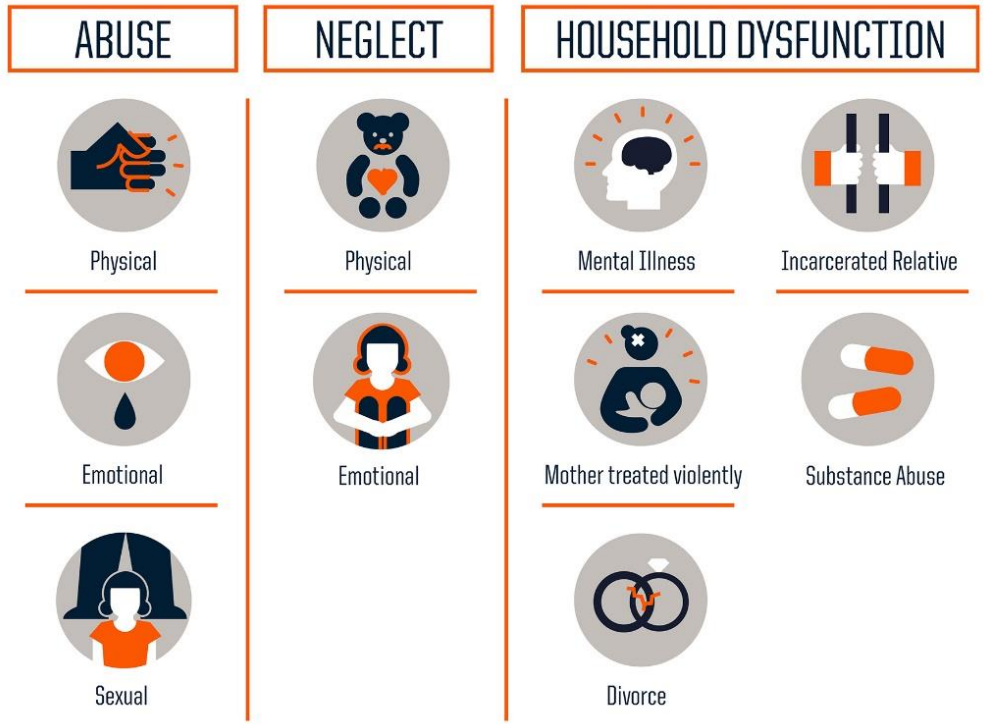
Adverse Childhood Experiences

- 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



Felitti et al 1998

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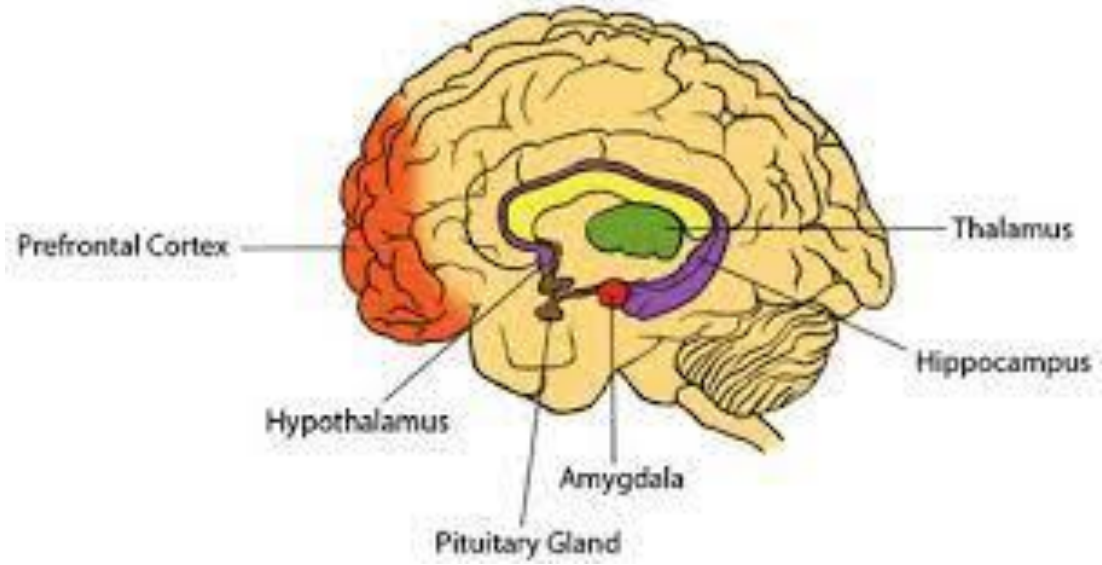
Neurobiology of Stress Response

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



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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**

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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

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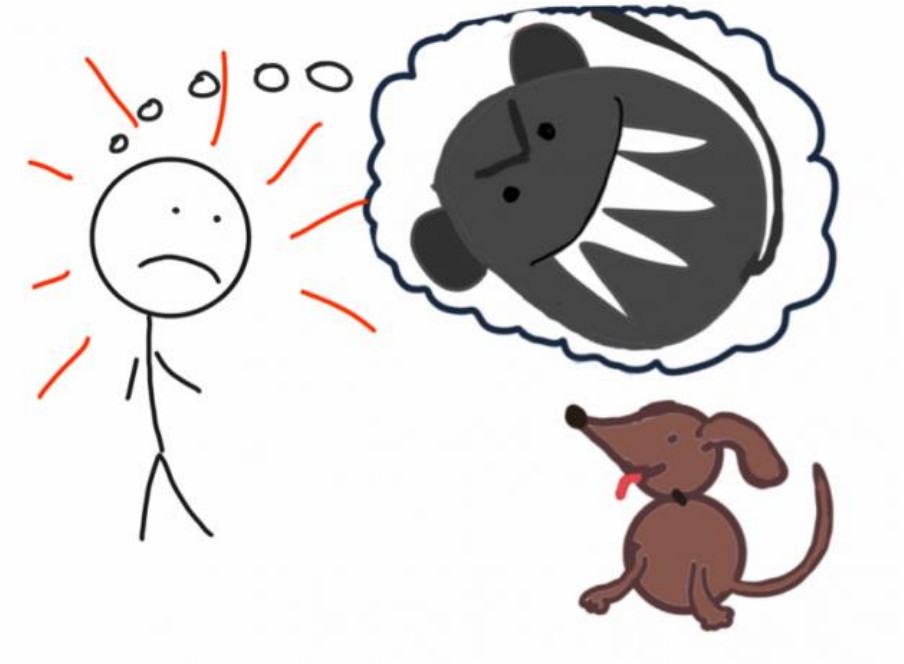
Trauma Triggers

- 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



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Trauma Triggers

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

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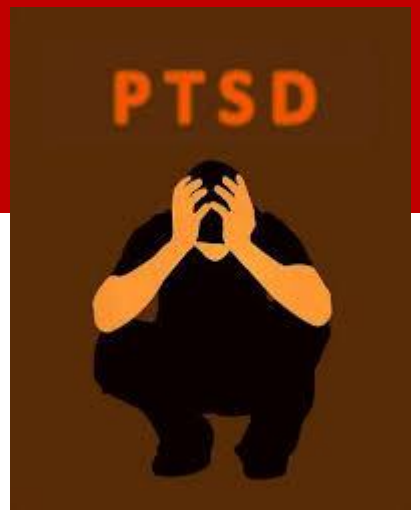
Posttraumatic stress disorder



- 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.)

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Trauma as the “Great Imitator”

Symptom Domains

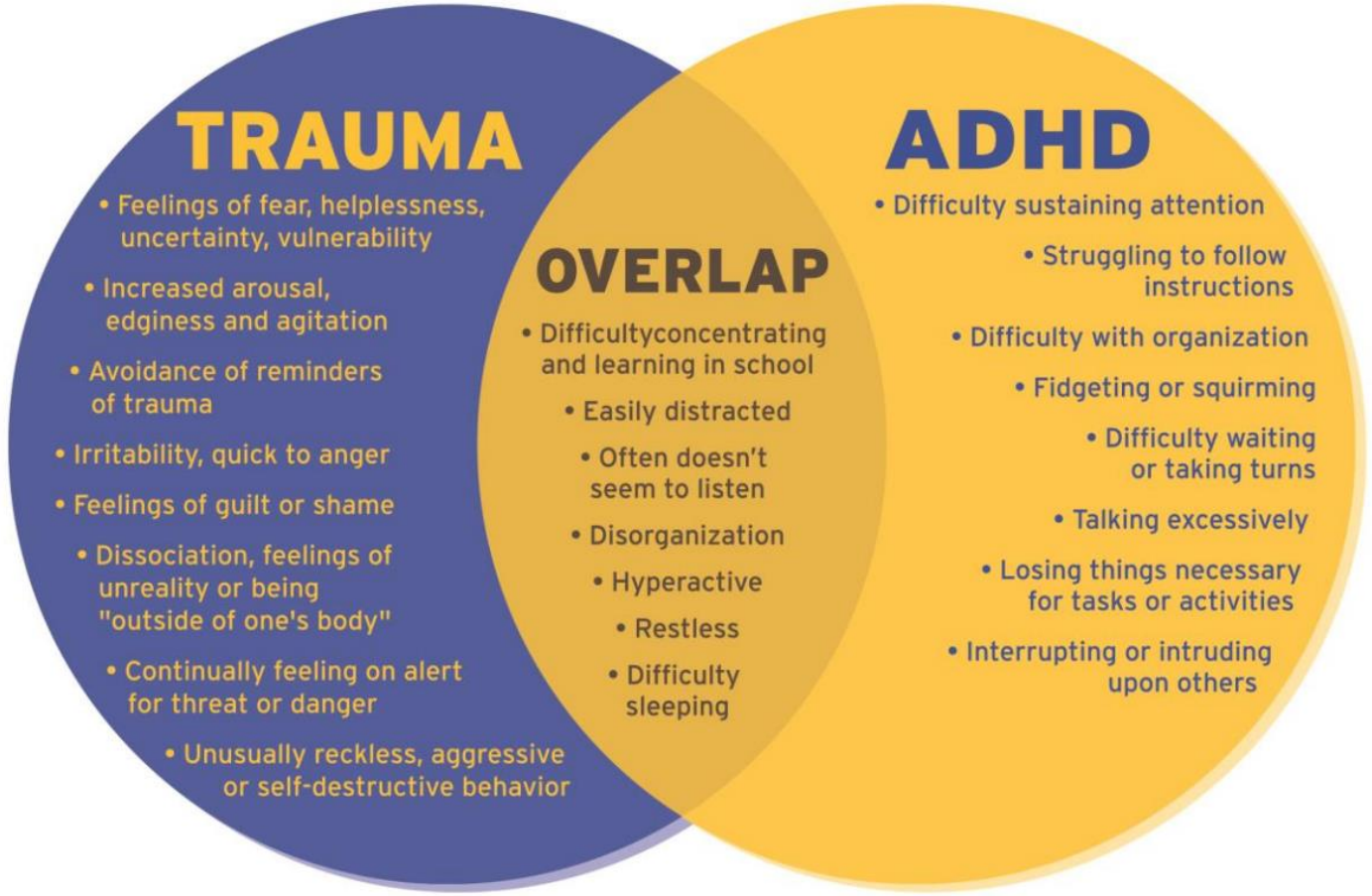
-Mood/mood regulation

-Aggression

-Attention

-Impulse Control

-Sleep



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

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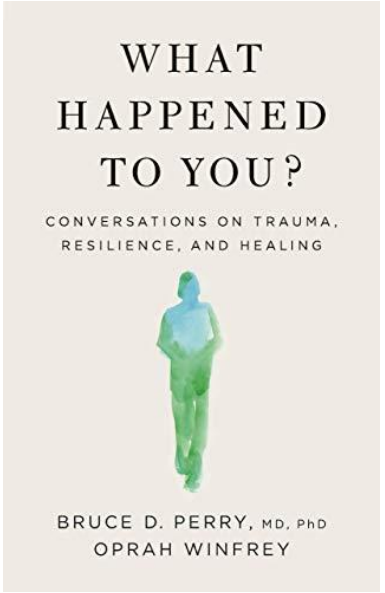
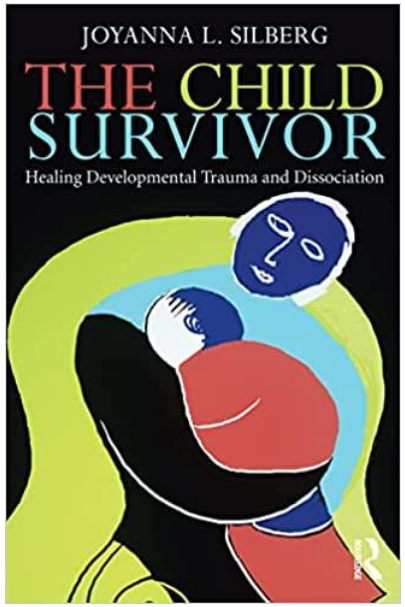
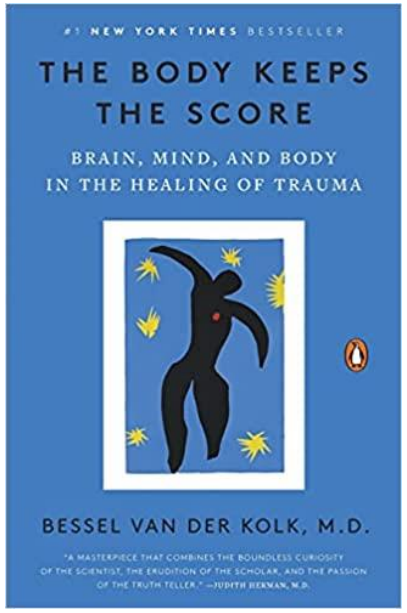
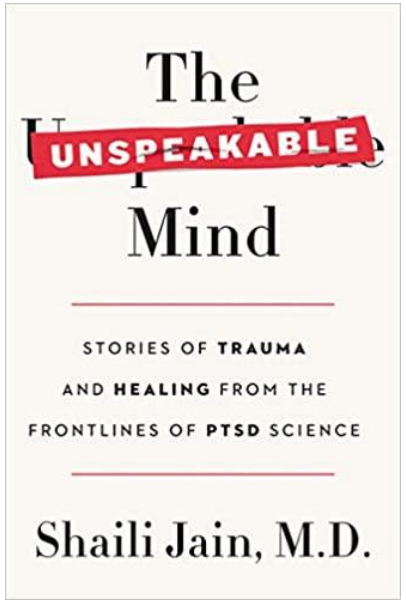
Books about Trauma and Recovery









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So…what do we do?

Trauma-Informed Care/Trauma-Informed Systems

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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

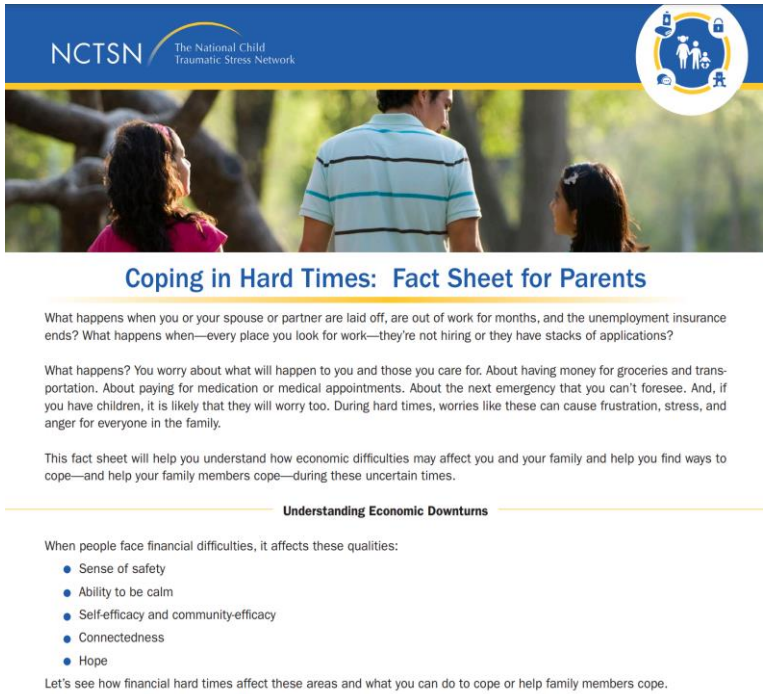
- ***Recognizes*** the signs and symptoms of trauma in patients, families, staff, and others involved with the system
  - Screening
  - Attends to patient and staff wellness/resilience

- ***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 trauma 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



- 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/seek-materials/)

Conn et al. 2008

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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"*

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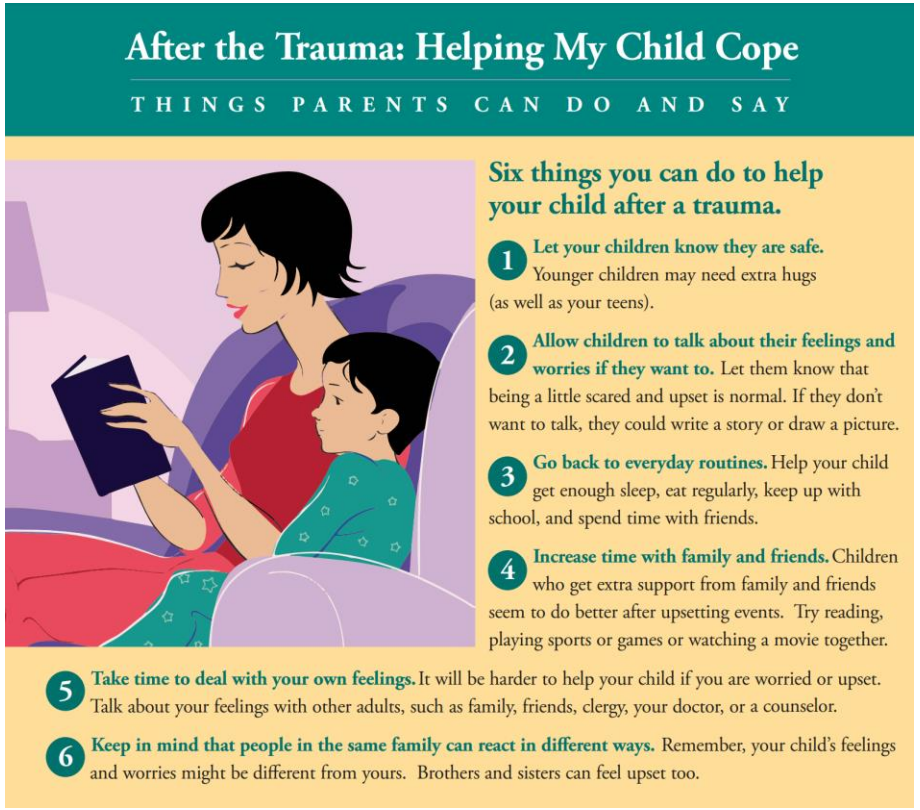
When a family discloses trauma

- 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



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SAMHSA- 5 Principles of Trauma-Informed Approach

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

Butler et al 2011

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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.

Butler et al 2011

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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.

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Safety

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

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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

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BETA 3-step Paradigm Approach

1. The patient is verbally engaged
2. 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.

West J Emerg Med. 2012;13(1):17–25

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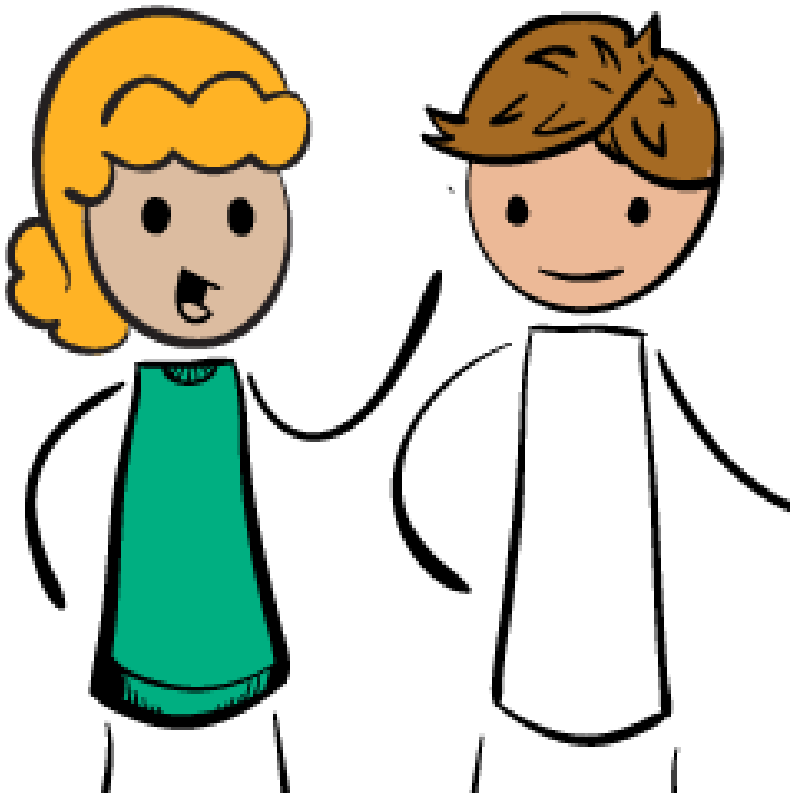
10 Principles of Verbal De-escalation

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.



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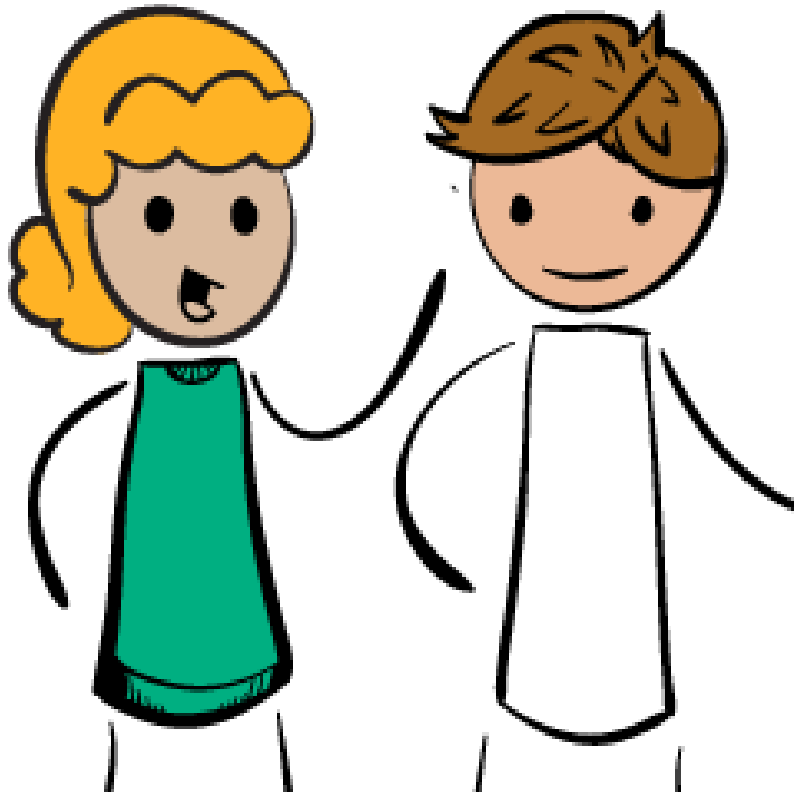
10 Principles of Verbal De-escalation

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.



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Thank you!

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

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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

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