AETC AIDS Education & Training Center Program Southeast

Trauma Informed Care

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Synopsis

The goal of this talk is to learn about how about trauma; recognize individuals impacted by trauma; and develop strategies to work with individuals presenting to care who have been impacted by trauma.

Disclosures

- Dr. Hill has no financial disclosures.

- Acknowledging slides from the following:
  - AAP Trauma-informed Care Echo
  - Community Training Resilience
  - Dr. Vinetra King, Clinical Psychologist

Objectives

- Know how to identify individuals experiencing trauma
- Learn about resources about Trauma Informed Care

A Tale of Two Adolescents

- 13-year-old female with recently diagnosed HSV-2, gonorrhea, and trichomonas presents to establish care and start birth control. She is accompanied by her DHR worker and a juvenile detention officer.
- Family History: mother and father both with HIV; father incarcerated
- Social History: recently removed from mother, currently living with grandmother
- Sexual History: doesn't remember age of sexual debut, also unsure of the number of sexual partners
- Menstrual History: Menarche 11yo, LMP unknown, cycles irregular
- You try to begin discussing options for contraception and cycle regulation and the patient interrupts you saying " birth control is for dirty people."

- 15-year-old female with short stature, mild intermittent asthma, presenting for an asthma follow up.
- Family History: custody of father and stepmom, prior custody with grandmother, strained relationship with mother
- Social History: 10th grade – Typically A/B Student, but grades have dropped
- Sexual History: Virgin
- You bring her in to discuss asthma and learn about her frequent arguments with parents, parents are concerned about depression.

Defining Trauma

"A traumatic event is a frightening, dangerous, or violent event that poses a **threat** to a child's life or bodily integrity"

-National Child Traumatic Stress Network

ACE's Study

Maltreatment and household dysfunction associated with poor health as adult

Source: Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. May 1998;14(4):245-258.

The 4 ACES

Adverse Childhood Experiences	Adverse Circuitry Expression	Adverse Community Environments	Adverse Cultural Exposures
• Mental illness • Emotional neglect • Physical neglect • Emotional abuse • Sexual abuse • Home violence • Divorce • Physical abuse • Incarcerated relative	• Autism Spectrum Disorder • Epilepsy • Fetal Alcohol Syndrome • ADHD • Cerebral Palsy • Kernicterus • Fragile X Syndrome	• High Unemployment • Limited economic mobility • Food deserts • Pour housing conditions • Low access to social services • Unsafe neighborhoods and parks • Systemic racism	• Homophobia • Xenophobia • Racism • Ageism • Ableism • Sexism • Classism

Prevalence of Trauma

- Adolescents are commonly exposed to traumatic events
  - 46% of youth experience one potentially traumatic event
  - 25% develop trauma related symptoms
- Adolescents are exposed to more severe forms of trauma

TABLE 1: National and Across-State Prevalence of ACEs among Children and Youth

Adverse Childhood Experiences (ACEs)	National Prevalence, by Age of Child				Range Across States
	All Children	Age 0-5	Age 6-11	Age 12-17	
Child had ≥ 1 Adverse Childhood Experience	46.3%	35.0%	47.6%	55.7%	38.1% (MN) – 55.9% (AR)
Child had ≥ 2 Adverse Childhood Experiences	21.7%	12.1%	22.6%	29.9%	15.0% (NY) – 30.6% (AZ)
Nine assessed on the 2016 NSCH[1]					% with 1+ Additional ACEs
Somewhat often/very often hard to get by on income*	25.5%	24.1%	25.7%	26.5%	54.4%
Parent/guardian divorced or separated	25.0%	12.8%	27.5%	34.2%	68.0%
Parent/guardian died	3.3%	1.2%	2.9%	5.9%	74.7%
Parent/guardian served time in jail	8.2%	4.5%	9.2%	10.6%	90.6%
Saw or heard violence in the home	5.7%	3.0%	6.1%	8.0%	95.4%
Victim of violence or witnessed neighborhood violence	3.9%	1.2%	3.7%	6.5%	92.1%
Lived with anyone mentally ill, suicidal, or depressed	7.8%	4.4%	8.6%	10.3%	82.4%
Lived with anyone with alcohol or drug problem	9.0%	5.0%	9.3%	12.7%	90.7%
Often treated or judged unfairly due to race/ethnicity**	3.7%	1.2%	4.1%	5.7%	75.3%

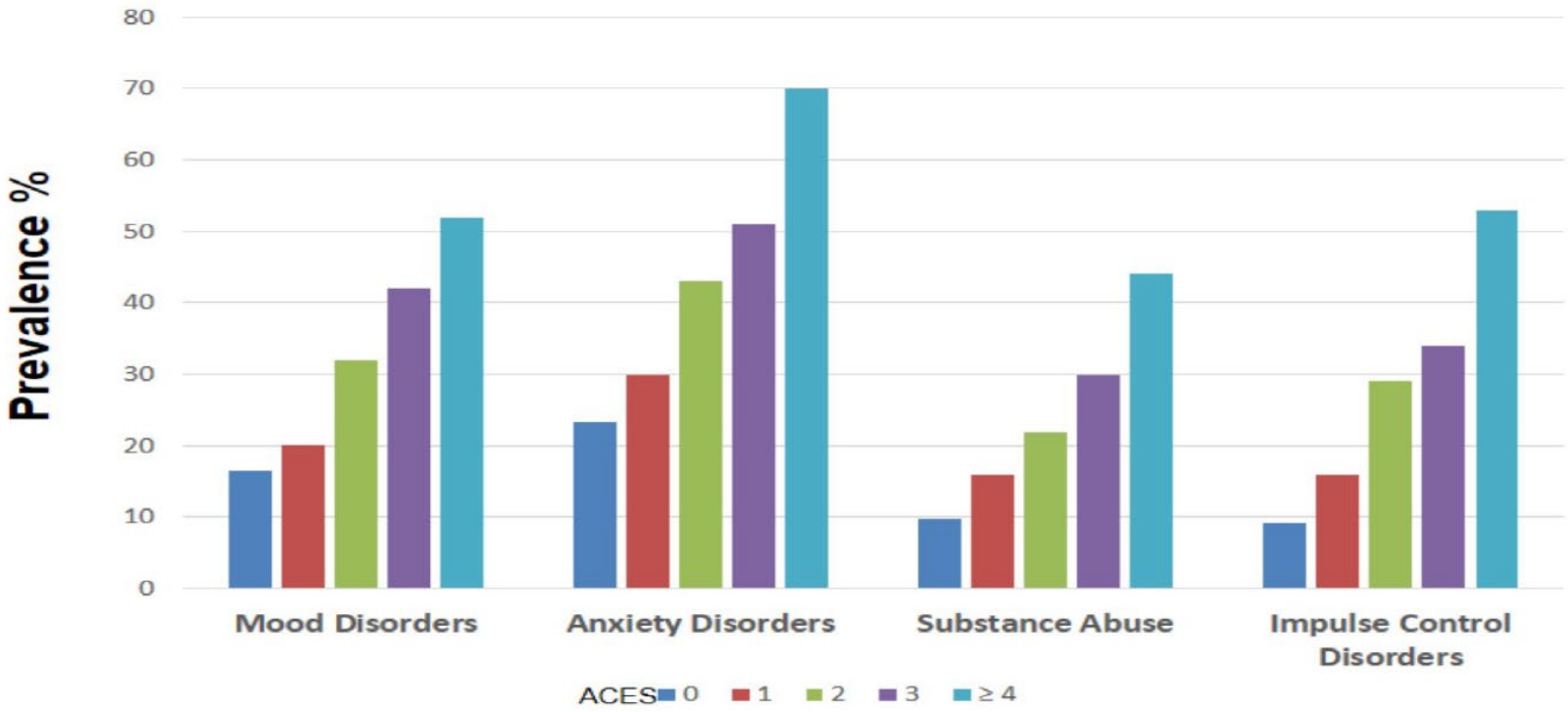
*47% of children in households with poverty level incomes have parents who reported "often hard to get by on income". **1 in 10 black and "other" race/ethnicity children had parents who reported their children often were treated or judged unfairly. 4.4% of Hispanic and Asian/Non-Hispanic children had parents who reported this (1% for white children)

Percent of Cumulative Adverse Childhood Experiences ACES in the Original Study[1]

Number of ACES	Women	Men	Total
	N=9367	N=7970	N=17337
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

[1]http://www.cdc.gov/violenceprevention/acestudy/prevalence.html

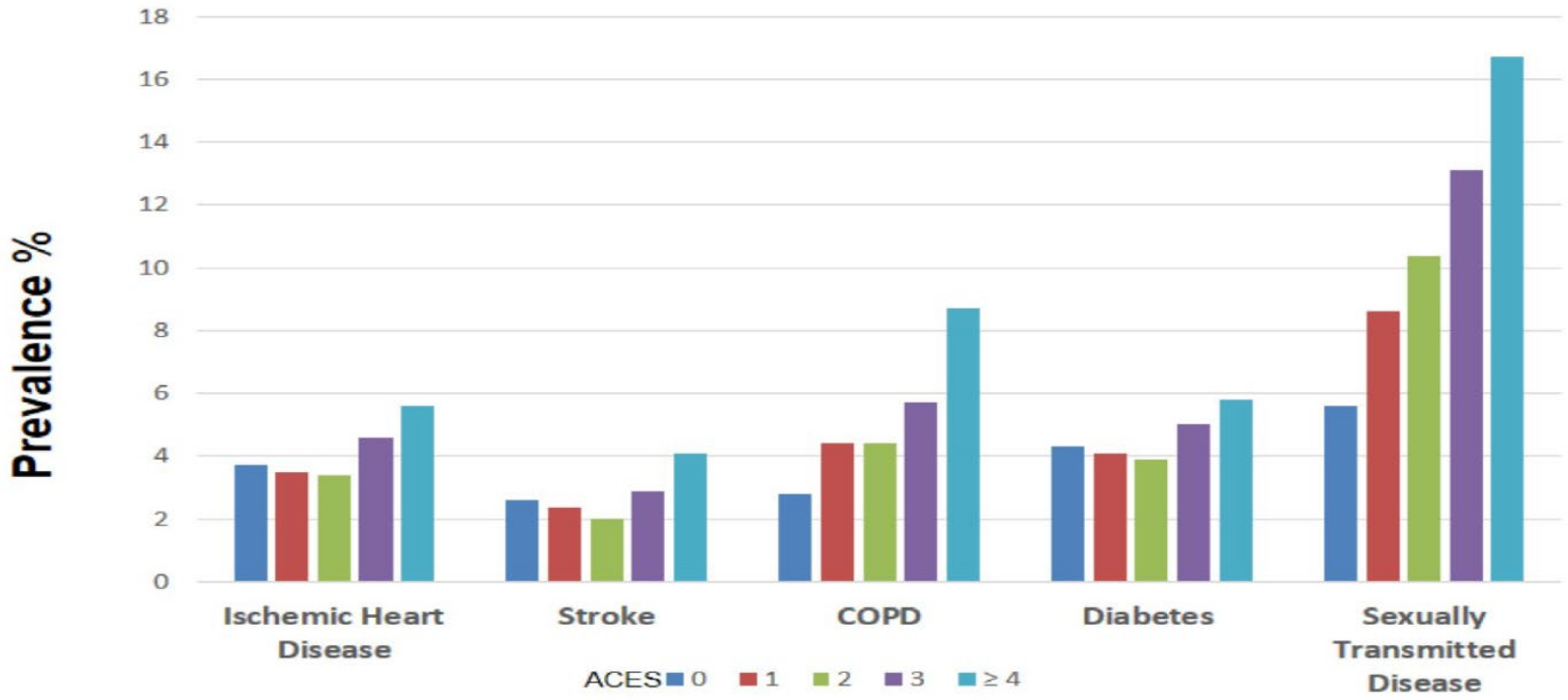
Cumulative ACES & Mental Health[1,2]



[1]Data from the National Comorbidity Survey-Replication Sample (NCS-R).
[2]Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

CANarratives.org

Cumulative ACES & Chronic Disease[1]



[1]Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.

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How the ACES Work

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences

Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

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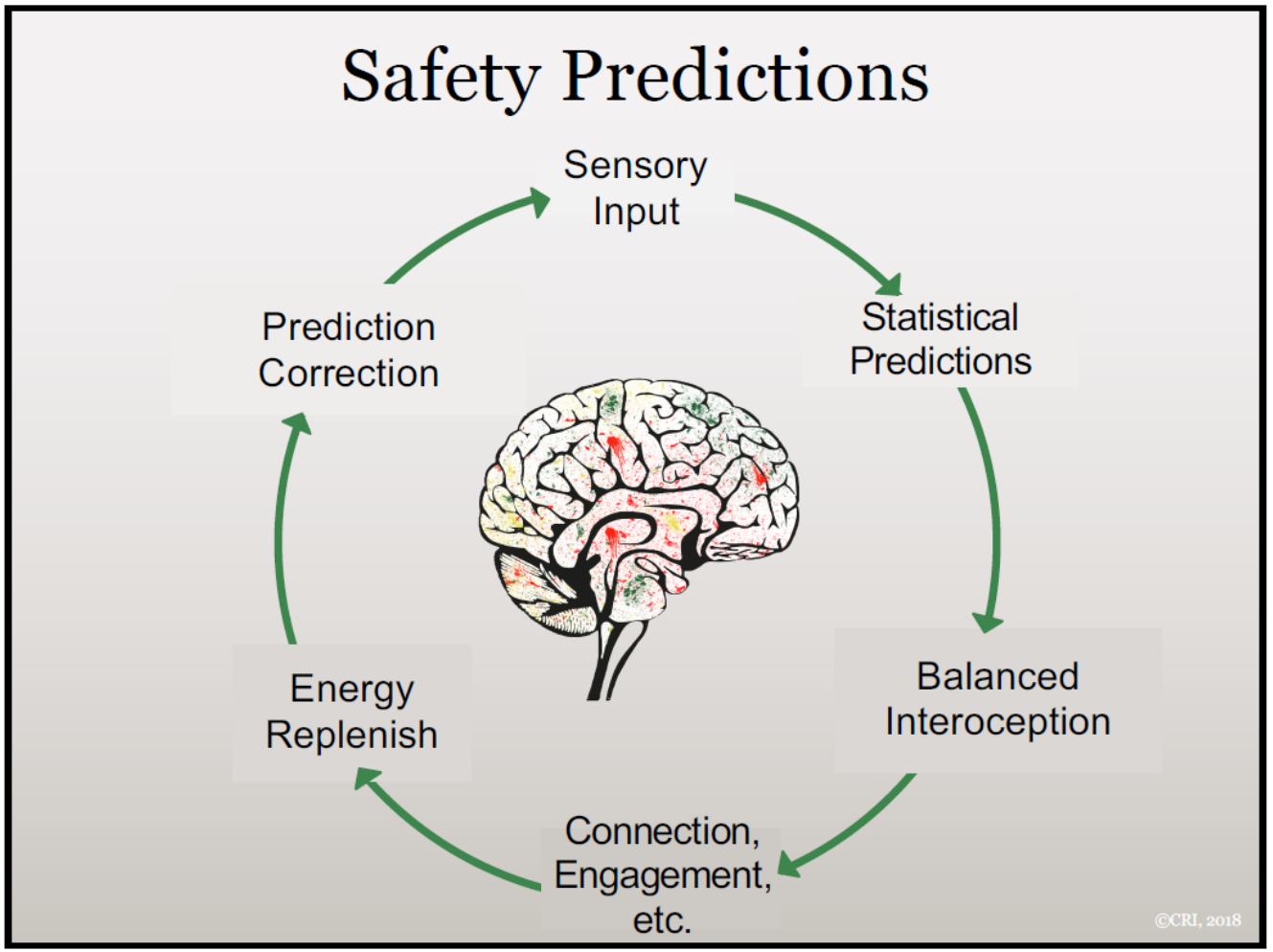
Safety Predictions
Sensory Input
Statistical Predictions
Balanced Interoception
Connection, Engagement, etc.
Energy Replenish
Prediction Correction
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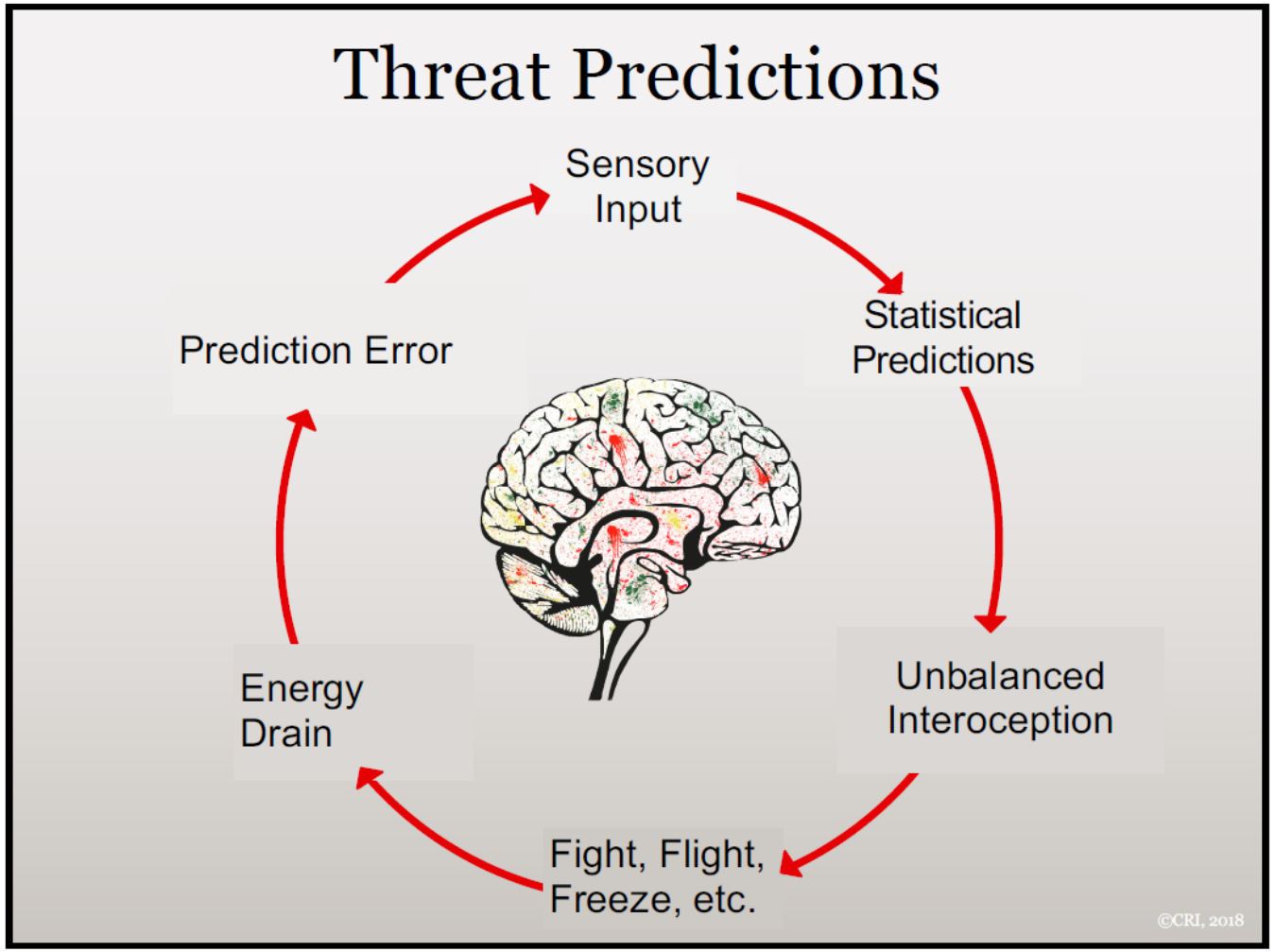
Threat Predictions
Sensory Input
Statistical Predictions
Unbalanced Interoception
Fight, Flight, Freeze, etc.
Energy Drain
Prediction Error
©CRI, 2018

Short-term distress is almost universal

- Children and adolescents vary in their response to traumatic stress
  - Development of new fears
  - Separation anxiety (especially in young children)
  - Sleep disturbance, nightmares
  - Sadness
  - Loss of interest in normal activities
  - Reduced concentration
  - Decline in schoolwork
  - Anger/Irritability
  - Somatic complaints
- **NOT ALL** short-term responses to trauma are **PROBLEMATIC**
- If symptoms persist beyond one month of the event, may warrant further evaluation and treatment

Response to Trauma: Development and Learning[15,16]

AGE	IMPACT ON WORKING MEMORY	IMPACT ON INHIBITORY CONTROL	IMPACT ON COGNITIVE FLEXIBILITY
Infant / toddler / pre-schooler	Difficulty acquiring developmental milestones	Frequent severe tantrums Aggressive with other children Attachment may be impacted	Easily frustrated
School-aged child	Difficulty with school skill acquisition Losing details can lead to confabulation, viewed by others as lying	Frequently in trouble at school and with peers for fighting and disrupting	Organizational difficulties Can look like learning problems or ADHD
Adolescent	Difficulty keeping up with material as academics advance Trouble keeping school work and home life organized Confabulation increasingly interpreted by others as integrity issue	Impulsive actions which can threaten health and well-being Actions can lead to involvement with law enforcement and increasingly serious consequences	Difficulty assuming tasks of young adulthood which require rapid interpretation of information: ie, driving, functioning in workforce

Most Common Symptoms of Trauma

You are FRAYED (and at the end of your rope)

- **F**its, **F**rets and **F**ear
- **R**egulation disorders
- **A**ttachment disorders
- **Y**elling and **y**awning
- **E**ducational delays
- **D**efeated

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Positive Stress	Tolerable Stress	Toxic Stress
▪ Normal and essential part of healthy development ▪ Brief increases in heart rate and blood pressure ▪ Mild elevations in hormonal levels ▪ *Example*: Final exam Playoff game.	▪ Body's alert systems activated to a greater degree ▪ Activation is time-limited and buffered by caring adult relationships. ▪ Brain and organs recover ▪ Example: Death of a grandparent, car accident.	▪ Occurs with strong, frequent or prolonged adversity ▪ Disrupts brain architecture and other organ systems ▪ Increased risk of stress-related disease and cognitive impairment ▪ Example: abuse, neglect, caregiver substance dependence or mental illness

Intense, prolonged, repeated, unaddressed;
Child or family vulnerabilities, limited supports, devel. delays

Social-Emotional buffering, Learned skills, Parent/Child Resilience, Early Detection, Effective Intervention

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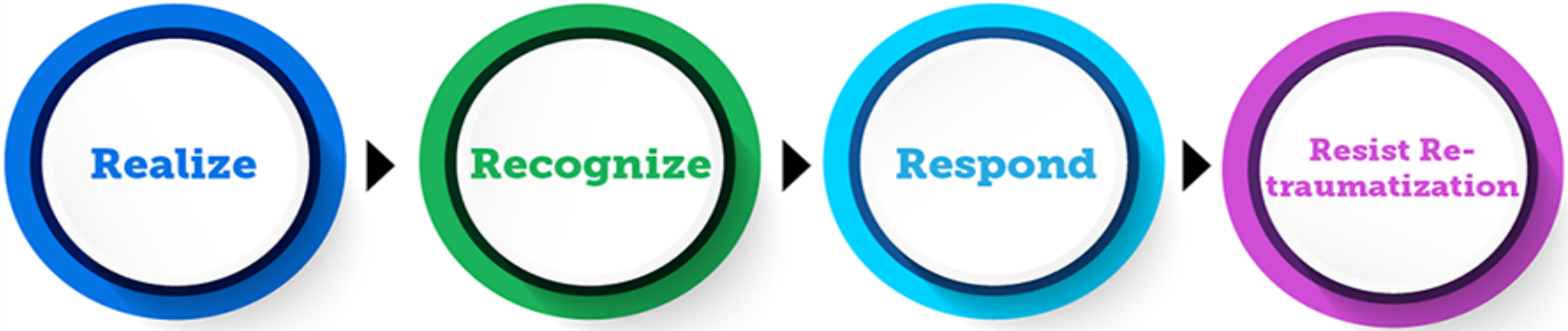
WHAT IS TRAUMA INFORMED CARE?

"A system in which **all parties** involved **recognize and respond** to the impact of traumatic stress on those who have contact with the system…**infuse and sustain** trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies…**act in collaboration** with all parties involved with the child, using the best available science to **maximize safety**, **facilitate recovery**, and **support** the child's ability to thrive"

-National Child Traumatic Stress Network

The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Trauma-Informed Care

1. Routinely screen for trauma exposure and related symptoms
2. Use evidence-based, culturally responsive assessment and treatment
3. Make resources available to children, families, and providers
4. Engage in efforts to strengthen the resilience and protective factors
5. Address parent trauma and impact on the family system
6. Emphasize continuity of care and collaboration across systems
7. Maintain an environment of care for staff
8. Build meaningful partnerships that create mutuality among children, families, and professionals
9. Address the intersections of trauma with culture, history, race, gender, location, and language and acknowledge the compounding impact of structural inequality, and are responsive to the unique needs of diverse communities
10. *Take care of yourself to avoid burnout

What to do with Positive Screens

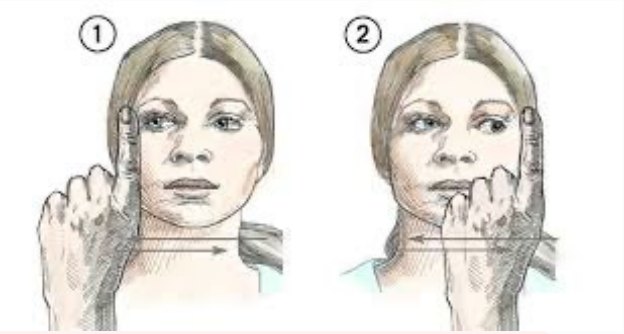
- Intervene according to your training
  - Evaluate Further
  - Motivational Interviewing
  - Psychotherapy (may include mindfulness techniques)
- Make a referral to qualified professional
  - Mental Health Providers (Psychologists, Psychiatrists, Licensed Professional Counselors, Clinical Social Workers)
  - Search for providers with experience in trauma and give direct referral
    - Oasis Counseling (Women, Teen Girls, Boys and Girls ages 3-12)
      - www.oasiscounseling.org
      - 205-933-0338
    - Lotus Women's Counseling (Girls, Teens, Women, LGBT)
      - www.lotuswomenscounseling.com
      - 205-208-0032
    - Birmingham Anxiety and Trauma Therapy
      - www.therapistsbirmingham.com
      - 205-807-5372

Treatments–Psychotherapy

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Most well-supported and effective treatment for children and adolescents with trauma
  - Children and adolescents (ages 3-18) who have significant emotional problems (e.g. PTSD, fear, anxiety, or depression) related to trauma
  - Single or multiple traumas
  - Includes parents
  - Can be delivered by a variety of mental health professionals
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back
  - Group-based
  - Administered in schools
  - Same components of TF-CBT, except parents are optional

Other Psychotherapy Treatments

- Eye Movement Desensitization and Reprocessing (EMDR)
  - Effective for adults
  - Some studies with children and teens
  - CBT components boosts effectiveness, while eye movement serves as a distraction
- Child-Parent Psychotherapy
  - Decrease behavioral problems and PTSD
  - Less studied
- Individual Psychoanalytic Psychotherapy
  - Decreased PTSD
  - Less studied



RESILIENCE

“The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress”

-American Psychological Association

Resilience

- Doesn't mean the child won't experience any difficulties or distress
  - Child may have a temporary dip in ability to cope and have an effective return to usual level of functioning
- Involves behaviors, thoughts, and actions that anyone can learn and develop
  - Takes time and intentionality

Resilience Achieved with THREADS

- Resiliency skills the THREADS of childhood:
  - **T**hinking and learning brain
  - **H**ope
  - **R**egulation or self control
  - **E**fficacy
  - **A**ttachment
  - **D**evelopmental skill mastery
  - **S**ocial connectedness

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Comparing Patients Experiencing Trauma with Those with Resilience

Trauma (FRAYED)

- **F**its, **F**retts, and **F**ear
- **R**egulation disorders
- **A**ttachment disorders
- **Y**elling and **Y**awning
- **E**ducational delays
- **D**efeated

Resilience (THREADS)

- **T**hinking and learning brain
- **H**ope
- **R**egulation or self control
- **E**fficacy
- **A**ttachment
- **D**evelopmental skill mastery
- **S**ocial connectedness

Using a Strengths-Based Approach

- Focus on helping youth and families recognize, understand, and value their own strengths in responding to a traumatic event
- Assessments includes:
  - Assessing resources and capacities of child, family, and community
  - Determining how the provider can support and utilize resources to improve functioning
- Goals
  1. Establish alliance
  2. Identify strengths and problems
  3. Instill hope and encouragement
  4. Find practical solutions
  5. Build strengths and competence
  6. Foster empowerment and change

VALIDATE!

"Thank you for trusting me"

"You are so brave"

Things to do while they are in your office

- Reassuring them and provide predictable compassion
- Help them develop an establish a routine
- Provide social connectedness and attachment
- Help them build trust (even if it's only in you initially)
- Provide a safe space
- Show that you CARE
  - C-curiosity
  - A-attunded listening
  - R-respectful
  - E-empathy

Other Issues

When talking about trauma with the caregiver you should:

- Communicate in a straightforward manner
- Speak at a level that is appropriate
- Discuss the topic when the caregivers feel safe and comfortable
- Watch for reactions during the discussion and slow down or back up if the caregiver becomes confused or looks upset
- Listen openly and let the caregiver tell you about his or her feelings and worries

Follow-up: A Tale of 2 Adolescents

- Now 16yo
- Has not been incarcerated in almost 1 year; her younger sister is now incarcerated
- Her mother recently passed away after a massive seizure
- Father has Covid-19 and refuses to speak to her even now after her mother's passing
- She is sexually active with 1 male. She is still not on any form of contraceptive
- Dropped out of school, but is working on her GED
- Works full time and uses money to help her grandmother pay the bills

- Now 16yo
- Taking Lexapro (20mg) daily
- Attended 11 sessions of TF-CBT over 18 months (not yet complete)
- Grades have improved to A/B
- Improved behaviors at home with biological dad and stepmother
- Has recently reconnected with biological mother and talks to her daily
- Trauma symptoms will be re-evaluated at her next visit

Developmental Resilience-Trauma Framework

- Promote resilience in each & every encounter with children and families
  - Attentive, attuned listeners
  - Strength-based: recognize all families & children have strengths upon which to build (THREADS)
- Identify when things are amiss
  - Include trauma in our differential diagnosis and understanding of families and children: stressors and symptoms (FRAYED)
- Offer trauma- and resilience-informed guidance and support
- In the context of child's developmental capacities

Helpful Resources

- American Psychological Association – www.apa.org
- The National Child Traumatic Stress Network – www.nctsn.org

- Feel free to reach out to the Adolescent Health Center for a list of Trauma-Informed Pediatric, Adolescent, and Young Adult Providers

Any Questions???

Contact Information

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Recommendations from APA

1. Support the child, family, and community
2. Provide education about trauma reactions and hope for full recovery
3. Help children, families, and communities return to or create normal roles and routines
4. Understand the child and family cultural perspective relating to the trauma, reactions to the trauma, and need for and type of intervention
5. Assess need and provide care consistent with child's need
6. Respect child and family readiness and willingness for treatment
7. Consider confidentiality and privacy issues
8. Advocate for trauma-focused treatment for those who don't fully recover
9. Take care of yourself and watch out for burnout