



Integrating Trauma Informed Care into the Patient Care Model Across the Health Professions Serving Military Children and Youth

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Disclosures

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify risk factors and symptoms of trauma in children and adolescents.
2. Describe the Distress-Emotional Support-Family (DEF) Framework.
3. Apply techniques to help children and youth develop resiliency skills.
4. Utilize resources for Trauma-Informed Care in the primary care setting.



Before We Start

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet”

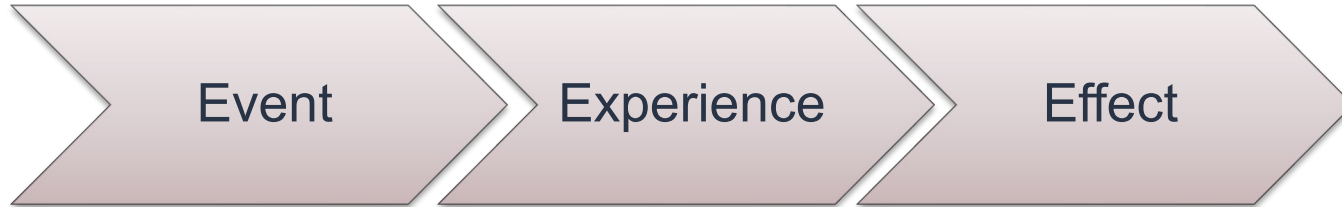
-Dr. Rachel Naomi Remen

“Behavior is the language of trauma. Children will show you before they tell you that they are in distress”

-Dr. Micere Keels



What is Trauma?



“Trauma is not what happens to you. It’s what happens inside of you as a result of what happened to you”

-Dr. Gabor Maté



Let's Talk numbers



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Let's Talk Numbers, cont'd



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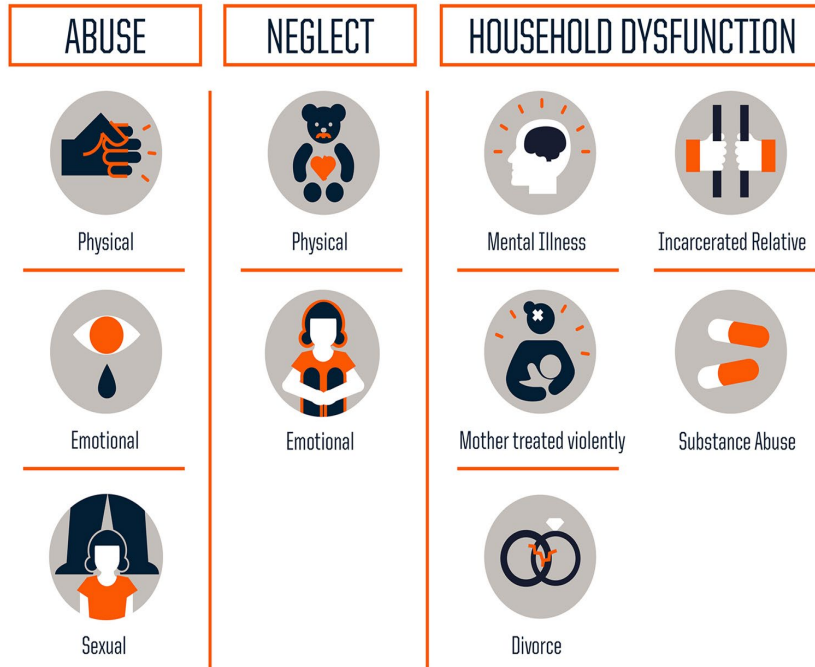


Examples of Trauma

Sexual Harassment	Natural Disaster	Childhood abuse/neglect
Medical procedures/Interventions	Serious illness/injury	Death
Toxic Work/school Environment	Bullying	Racial Trauma
Deployments (family member)/prolonged TDY's/frequent moves	Neglect	LGBTBQ+ Trauma
Vicarious Trauma –Military friends with death of family member, severe physical trauma, behavioral/mental health, substance abuse	Stalking	Cyber Bullying
Sexual abuse/assault/harassment	Passive aggressive abuse	Other



Background: Adverse Childhood Experiences (ACEs) Study



(Centers for Disease Control and Prevention, 2019)



ACEs Are Common

PREVALENCE OF INDIVIDUAL ACEs

MINNESOTA 2011



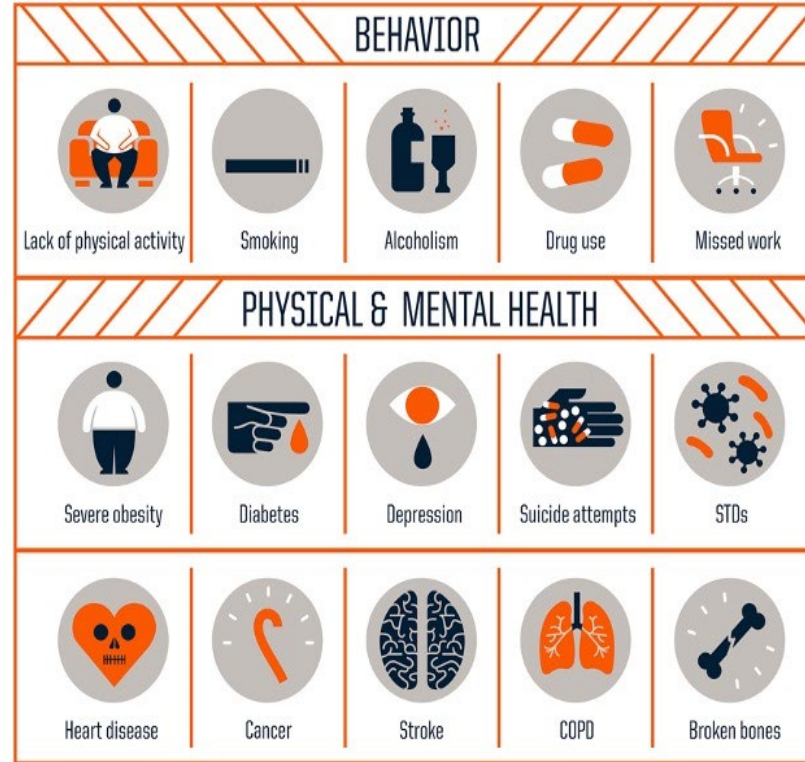
(Centers for Disease Control and Prevention, 2019)



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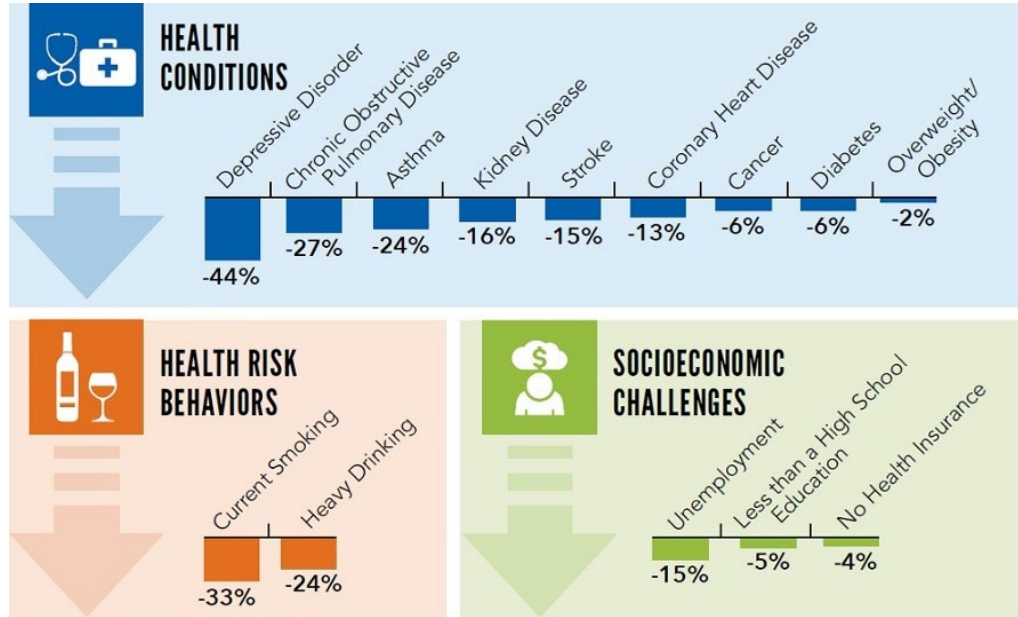


Outcomes of ACEs



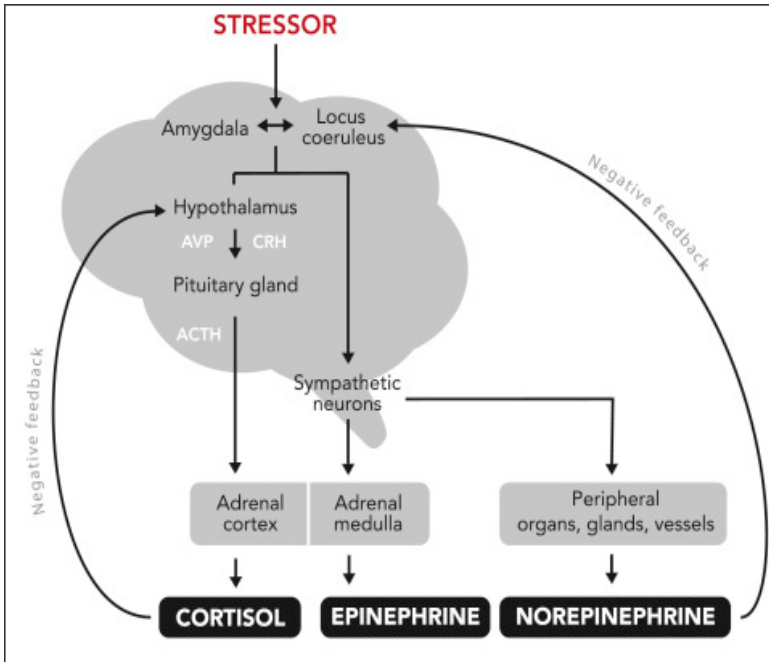
(Centers for Disease Control and Prevention, 2019)

Potential Risk Reduction



SOURCE: BRFS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Toxic Stress Response and Trauma



(Bucci et al., 2016)

- Toxic Stress- Adverse events that lead to frequent or prolonged activation of the stress response – absent of protective relationships

HPA axis

The HPA axis controls the body's response to stress and is a complex interplay of direct interactions. The HPA axis is composed of:

1. The **hypothalamus** which releases AVP and CRH to the pituitary gland
2. The **pituitary gland** which secretes ACTH when stimulated by AVP and CRH
3. The **adrenal cortex** which secretes glucocorticoids (cortisol) when stimulated by ACTH

SAM axis

The SAM axis mediates a rapid response to stress through interconnected neurons and regulates autonomic functions in multiple organ systems. The SAM axis is composed of:

1. The **sympathetic neurons** which release epinephrine and norepinephrine and activate the body's "fight or flight" response
2. The **parasympathetic neurons** which withdraw the activity of the sympathetic neurons and promote the body's "rest and digest" response
3. The **adrenal medulla** which when triggered by the sympathetic neurons secretes circulating epinephrine and activate the body's "fight or flight" response



Toxic Stress Response and Trauma

Prefrontal Cortex

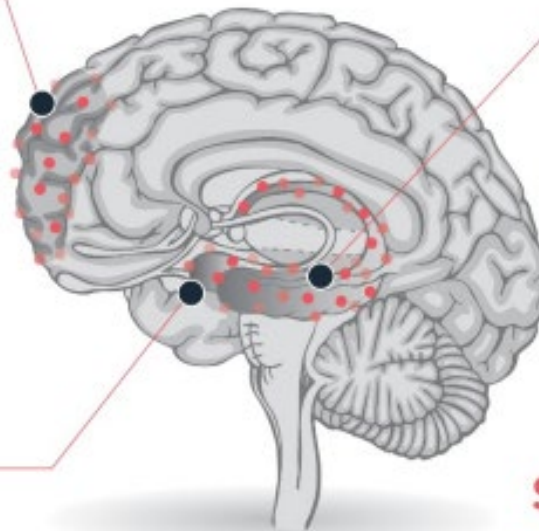
Structural changes including fewer and altered connections
 Functional challenges including difficulty regulating thoughts, emotions, behavior

Hippocampus

Structural changes including fewer connections, fewer new neurons created, and smaller volume
 Functional changes including difficulty with memory, contextualizing new situations and information, and storing new learning

Amygdala

Structural changes including altered connections and volume
 Functional changes including a hyperreactive stress response



Stress Hormone
Cortisol

(Yu & Cantor, 2014)



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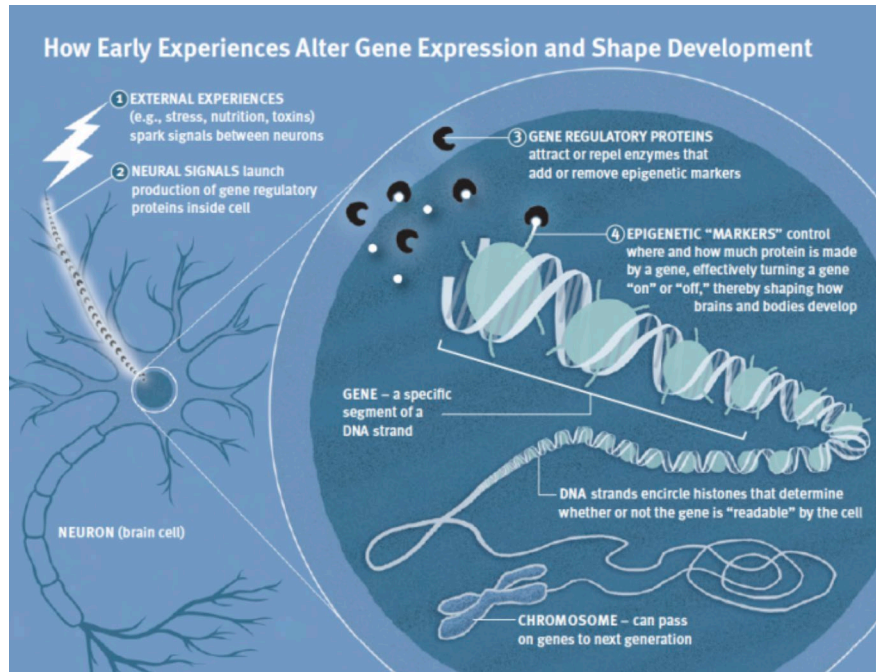


Poll #1

Knowledge Poll on Epigenetics and Early Childhood Experiences



Epigenetics and Early Experiences

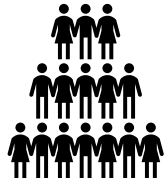


(Center on the Developing Child, 2023)



ACEs and Outcomes

Dose Dependent



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...



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



Therefore, does NOT predict individual health

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

American Academy of Pediatrics



PATTeR

Pediatric Approach to Trauma, Treatment and Resilience

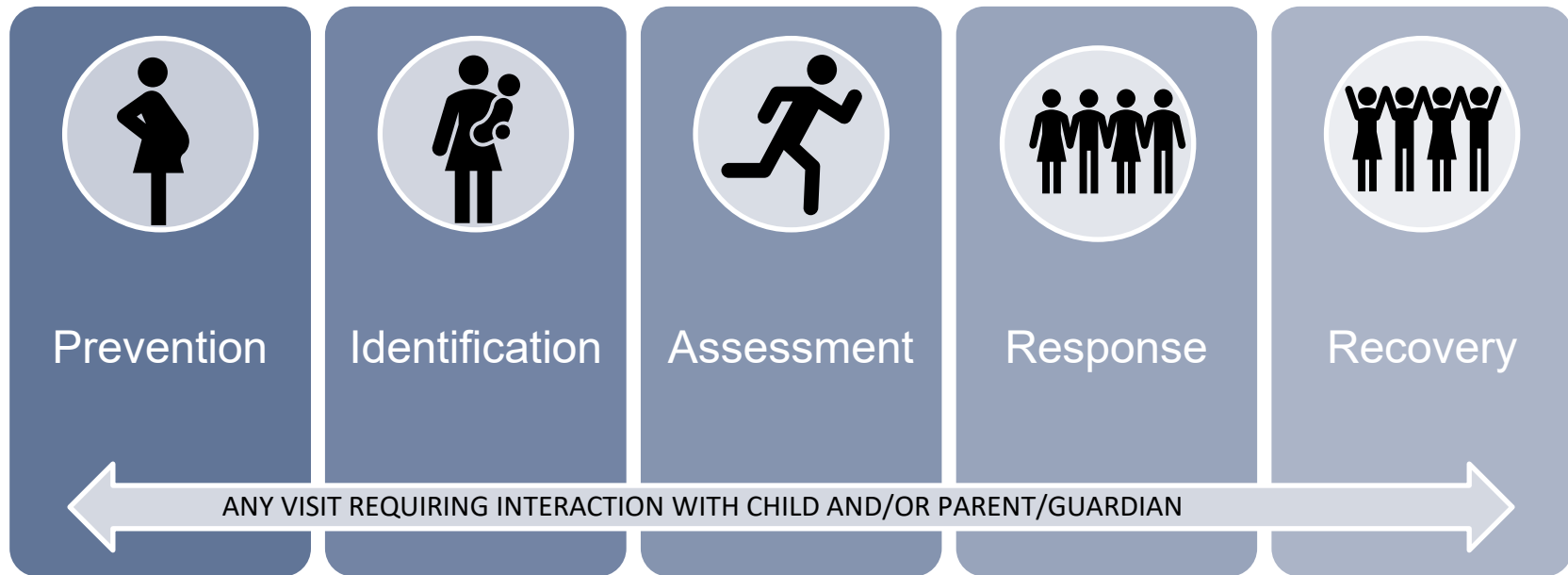
For more information, visit: aap.org/PATTeR

Special thanks to Catherine Cyril

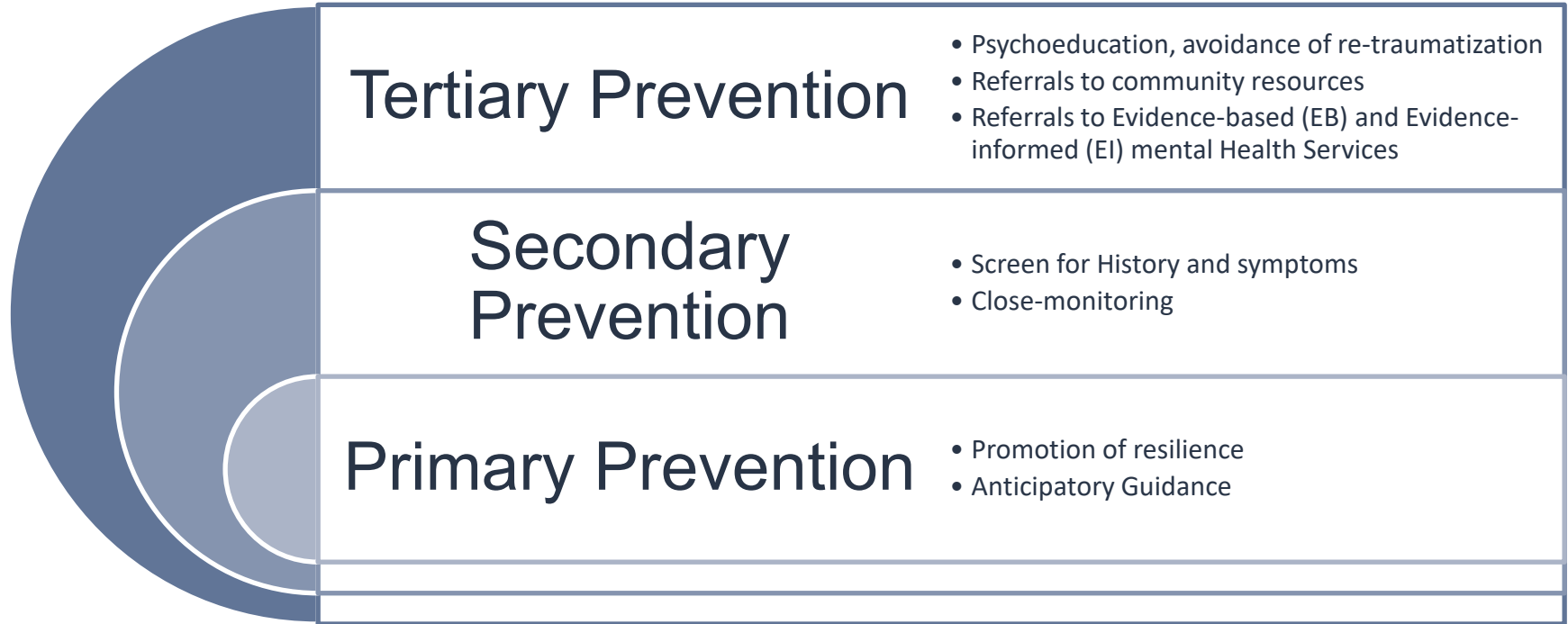
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Trauma -Informed Care



Trauma -Informed Care (TIC) Concept – American Academy of Pediatrics (AAP)



Poll #2

I screen for traumatic events at every visit:



D-E-F Framework

Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children <small>...AFTER THE ABCs, CONSIDER THE DEFs</small>	
D	DISTRESS <ul style="list-style-type: none"> • Assess and manage pain. • Ask about fears and worries. • Consider grief and loss.
E	EMOTIONAL SUPPORT <ul style="list-style-type: none"> • Who and what does the patient need now? • Barriers to mobilizing existing supports?
F	FAMILY <ul style="list-style-type: none"> • Assess parents' or siblings' and others' distress. • Gauge family stressors and resources. • Address other needs (beyond medical).

(Center for Pediatric Traumatic Stress, 2021)



Assessing Distress: One Key Question



How to Assess: Distress

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

Pain. Use your hospital's pediatric pain assessment. Ask:

- How is your pain right now?
- What was your worst pain since this happened?

Fears and worries. Ask:

- Sometimes, kids get upset when something like this happens. What has been scary or upsetting for you?
- What worries you the most?

Grief or loss. Ask:

- Was anyone else hurt or ill?
- Have you had other recent losses? (home, pet, etc.)

D

- *“Since the last time I saw you, has anything really scary or upsetting happened to you and your family?”*
- *“Has anything scary or upsetting happened to you, a friend or family member since your last visit?”*

(Center for Pediatric Traumatic Stress, 2021)



Assessing Emotional Support

How to Assess: Emotional Support

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

What does the child need now?

- Parents: What helps your child cope when upset/scared?
- Child: What helps you feel better when you are upset/scared?

Who is available to help the child?

- Do parents understand the illness/injury or treatment?
- Can they be with their child during procedures?
- Can they help calm/soothe their child?

What are the barriers to mobilizing parent support?

- Do parents' responses make it harder for them to help?
- How confident is the parent in caring for the child?

(Center for Pediatric Traumatic Stress, 2021)

E



Assessing Family Support



How to Assess: Family

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

Assess distress of parents/family members. Ask:

- How is your family coping right now?
- Who is having an especially difficult time?

Gauge family stressors and resources. Ask:

- Are you eating, getting sleep, and taking breaks?
- Do you have friends who can help out at home?

Address other needs (beyond medical). Ask:

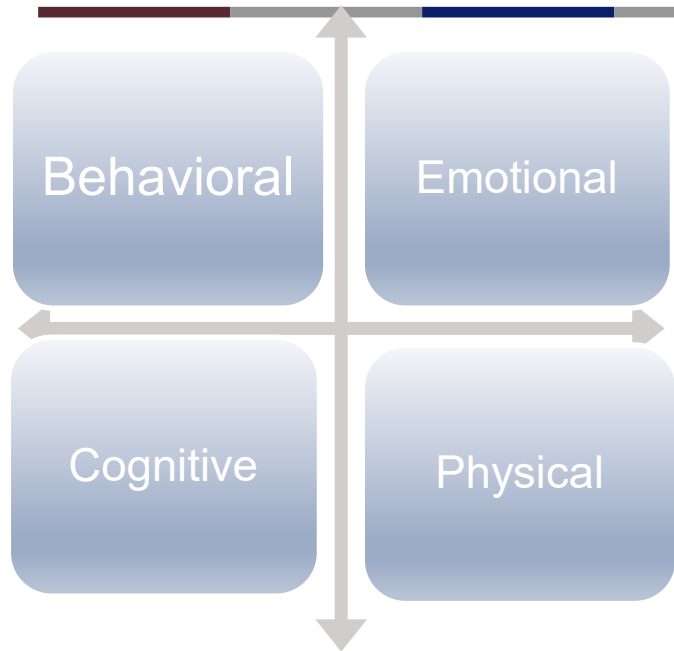
- Are there other stressors going on (such as money, job, transportation) that make it particularly difficult right now?

F

(Center for Pediatric Traumatic Stress, 2021)



Expressions of Trauma



(Warner et al., 2013)

Young Children (5 and under):

- Show distress via behavior changes (i.e., quiet withdrawal)
- Focused on parent/caregiver responses (verbal/non-verbal)
- Little understanding of event (i.e., illness, injury, treatment)

School-age (6-12):

- Idiosyncratic understanding of event may add to fear/distress
- Still likely to SHOW distress rather than using words
- Regression to younger behavior (i.e., clingy)

Adolescents (13 and up):

- Act more “grown up” than they feel
- May hide distress to protect others
- Self-conscious (i.e., look/feel different)
- Focused on peer group (still requires parent support)

(Center for Pediatric Traumatic Stress, 2021)



Brief In -Office Interventions

- ▶ Belly Breathing (younger children) - Ex. Elmo belly breathing video
 - ▶ https://www.youtube.com/watch?v=_mZbzDOpylA
- ▶ Focused Breathing- Adolescents/adults (parent/caregiver)
 - ▶ <https://www.youtube.com/watch?v=NHMV7KITTx4#action=share>
 - ▶ <https://www.youtube.com/watch?v=rquZW6fEOwI#action=share>
- ▶ Guided Imagery
- ▶ Routine Caregiver support



Example of Screening Tools



Parent Questionnaire - R

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Today's Date: / / Child's Name: _____
 Child's Date of Birth: / / Relationship to Child: _____

PLEASE CHECK

- Yes No Would you like us to give you the phone number for Poison Control?
- Yes No Do you need to get a smoke alarm for your home?
- Yes No Does anyone smoke at home?
- Yes No In the past 12 months, did you worry that your food would run out before you could buy more?
- Yes No In the past 12 months, did the food you bought just not last and you didn't have money to get more?
- Yes No Do you often feel your child is difficult to take care of?
- Yes No Do you sometimes find you need to slap or hit your child?
- Yes No Do you wish you had more help with your child?
- Yes No Do you often feel under extreme stress?
- Yes No Over the past 2 weeks, have you often felt down, depressed, or hopeless?
- Yes No Over the past 2 weeks, have you felt little interest or pleasure in doing things?

Thinking about the past 3 months

- Yes No Have you and a partner fought a lot?
- Yes No Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?
- Yes No Have you had 4 or more drinks in one day?
- Yes No Have you used an illegal drug or a prescription medication for nonmedical reasons?
- Yes No Other things you'd like help with today: _____

Please give this form to the doctor or nurse you're seeing today. We encourage you to discuss anything on this list with her or him. Thank you!

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Pediatric Traumatic Stress Screening Tool 6–10 years of age

Sometimes violent or very scary or upsetting things happen. This could be something that happened to your child or something your child saw. It can include being badly hurt, someone doing something harmful to your child or someone else, or a serious accident or serious illness.

Has something like this happened to your child recently? Yes No

If 'Yes,' what happened? _____

Has something like this happened to your child in the past? Yes No

If 'Yes,' what happened? _____

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.



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.	0	1	2	3	4
2 My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	0	1	2	3	4
3 My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	0	1	2	3	4
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.	0	1	2	3	4
5 When something reminds my child of what happened, he/she gets very upset, afraid, or sad.	0	1	2	3	4
6 My child has trouble concentrating or paying attention.	0	1	2	3	4
7 My child gets upset easily or gets into arguments or physical fights.	0	1	2	3	4
8 My child tries to stay away from people, places, or things that remind him/her about what happened.	0	1	2	3	4
9 My child has trouble feeling happiness or love.	0	1	2	3	4
10 My child tries not to think about or have feelings about what happened.	0	1	2	3	4
11 My child has thoughts like "I will never be able to trust other people."	0	1	2	3	4
12 My child feels alone even when he/she is around other people.	0	1	2	3	4

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?

Not at all Several days More than half the days Nearly every day

*Adapted from Patient Health Questionnaire (PHQ-2)

Clinicians, please indicate actions taken:

No Action Taken

Referrals: (check all that apply)

- Child Protection (DCFS/ CPS)
 Crisis Evaluation/Emergency Department
 Trauma Evidence-Based Treatment
 Mental Health Integration (MHI)

In-office Interventions: (check all that apply)

- Sleep Education
 Belly Breathing
 Guided Imagery
 Progressive Muscle Relaxation

Patient Name: _____ Patient DOB: _____ EMPL: _____



Pat Qes 56113

Based on the UCLA Brief Trauma Screen
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 Patient and Provider Publications, CPM079-02/20

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(Attallah et al., 2020)

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Additional Screening Tools

- Acute Stress Checklist for Children (ASC-Kids)
- Child Trauma Screening Questionnaire (CTSQ)
- Acute Stress Disorder Scale (ASDS)
- Child Stress Disorders Checklist (CSDC)
- Child PTSD Symptom Scale (CPSS) for DSM 5



Resources

- American Academy of Pediatrics: [Trauma Toolbox for Primary Care](#)
- [Improving the Capacity of Primary Care to Serve Children and Families Experiencing Trauma and Chronic Stress: A Toolkit](#)
- [Care Process Model: Managing child traumatic stress in pediatric primary care settings](#)
- [Military One Source](#)

(Center for Pediatric Traumatic Stress, 2021)



National Child Traumatic Stress Network Centers

- Pediatric Integrated Care Collaborative (PICC) – John’s Hopkins University
- Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) – UCLA, University of Massachusetts, and the American Academy of Pediatrics
- Pediatric Integrated Post-Trauma Services (PIPS)- University of Utah



Organizational Strategies

- Changing practices to fit Trauma Informed Care (TIC) principles will transform the culture by building a TIC framework
- Developing framework requires buy-in from leaders and staff
- Readiness of the organization in terms of attitudes, values, and beliefs
- Train staff (clinical and non-clinical) with knowledge and skills
- Create a safe physical and emotional environment
- Involve patients/parents/caregivers in planning
- Restructuring infrastructure, policies, and procedures



Key Takeaways

- Utilizing a TIC lens approach for all patients, places providers at a unique advantage to prevent re-traumatization of children and adolescents.
- Primary Care Clinicians have the ability to be pioneers in establishing a culture of sensitivity with children and adolescents.
- Utilizing a TIC approach fosters resiliency, healing, and empowers children and adolescents
- Standardizing policies and procedures for units sets precedence and teaches all members of the healthcare team a patient centered approach and culture of caring and sensitivity



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Questions?



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5. After completing the posttest at 80% or above, your certificate will be available for print or download.
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