



Understanding and Recognizing Trauma in a Pediatric Healthcare Setting

Trauma-Informed Care
XCENTER

A PARTNER IN
NCTSN The National Child
Traumatic Stress Network

Brooks Keeshi, MD
Professor of Pediatrics
University of Utah
Associate Vice Chair of Research
Huntsman Mental Health Institute

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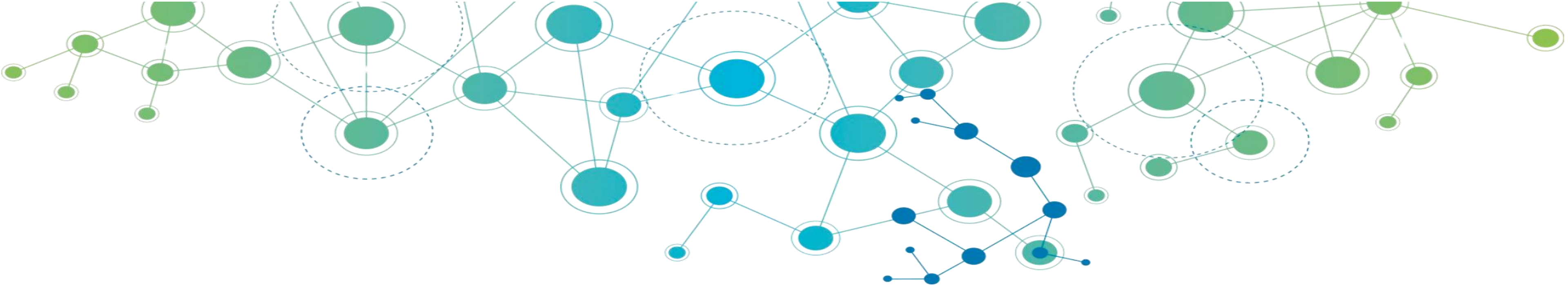
Objectives

Develop language and techniques to identify signs of trauma and toxic stress in children and families to navigate healthcare interactions.

Explain essential terms such as medical trauma and trauma-informed care and their relevance in pediatric healthcare settings.

Investigate current healthcare system initiatives and practices aimed at integrating trauma-informed care, focusing on both short-term interventions and long-term support for children affected by trauma

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Disclosures

SAMHSA funding, NCTSI Category
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01



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Defining Trauma

Trauma: Significant event or experience that causes or threatens harm to one's emotional and/or physical well-being.

Traumatic stress: Intense fear and stress in response to a potentially traumatic experience, including disturbed sleep, difficulty paying attention and concentrating, anger and irritability, withdrawal, repeated and intrusive thoughts, and/or extreme distress when confronted by reminders of the trauma.

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Even the Experts are Confused as to Which Term is Best



CANarratives.org



Trauma-Informed Care

- 1. Realizes** the widespread impact of trauma and understands potential paths for recovery
- 2. Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- 3. Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
4. Seeks to actively resist **re-traumatization**

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Why we need to be Trauma-Informed

80% of individuals will have at least 1 potentially traumatic experience before turning 18

One potentially traumatic experience significantly increases risk for subsequent experiences

Risks of having at least one potentially traumatic experience *AND* PTSD increase with age

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Maltreatment Statistics

- 10 million children in US (1 in 7 children) will experience some form of abuse or neglect every year (CDC estimate)
- 3.5 million children are referred to CPS, with less than 700,000 cases substantiated annually
- 100,000 children are **confirmed** victims of sexual abuse in the United States yearly (Child Maltreatment) and 18 years of age, 12-25% of girls & 8-15% of boys have been victims of sexual abuse.
- 2% of all CPS referrals lead to placement in foster care (500,000 in foster care at any given time)
- In 2020, 1750 children died from abuse and neglect (second leading cause of death in children under 1 years of age)



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Definition of Child Abuse

- CDC – “Words or overt actions that cause harm, potential harm, or threat of harm to a child”
- WHO – “...all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

Harm - not objectively reported - requires interpretation

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Sexual Abuse

Sexual abuse occurs when a child is engaged in sexual activities that the child cannot comprehend, the child/adolescent is developmentally unprepared, and cannot consent and/or that violate the law or social taboos of society.



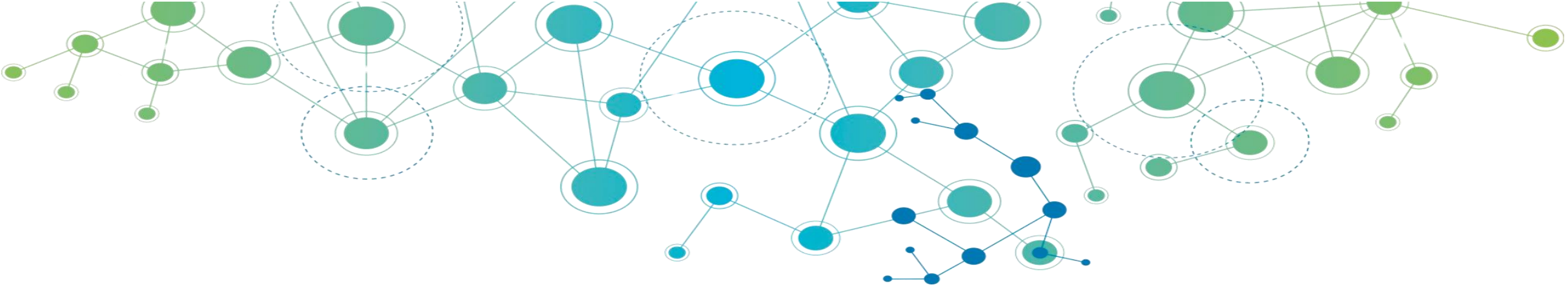
© *Committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.*
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Regarding Conditions Under Which Physical Punishment Constitutes Physical Abuse	
Statute Terminology	States
“unlawful corporal punishment or injury”	California
“inappropriate or excessively harsh discipline”	Florida
“excessive corporal punishment”	Illinois, Nevada, New Jersey, New York, North Dakota, Ohio, Rhode Island, South Carolina, Wyoming
“cruel” or “grossly inappropriate” physical punishment	Connecticut, Nebraska, New Mexico, North Carolina
“unreasonable” and/or “excessive” physical punishment	New Jersey, New York, Ohio, Wyoming
“Excessive corporal punishment may result in physical or mental injury constituting abuse or neglect of a child.”	Nevada

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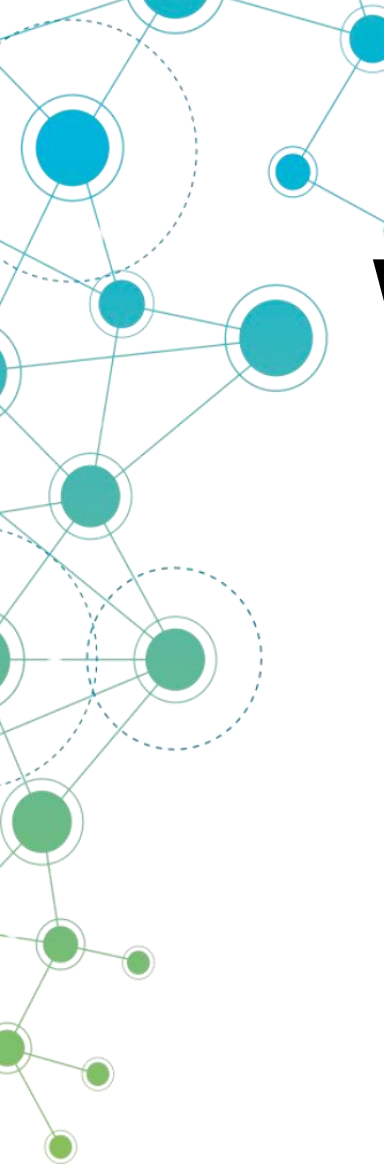
mission

Gershoff, 2008, Report on Physical Punishment in the United States



Traumatic Stress Response

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Why we need to be Trauma-Informed

Hypothalamic-Pituitary-Adrenal axis
and
Autonomic Nervous System

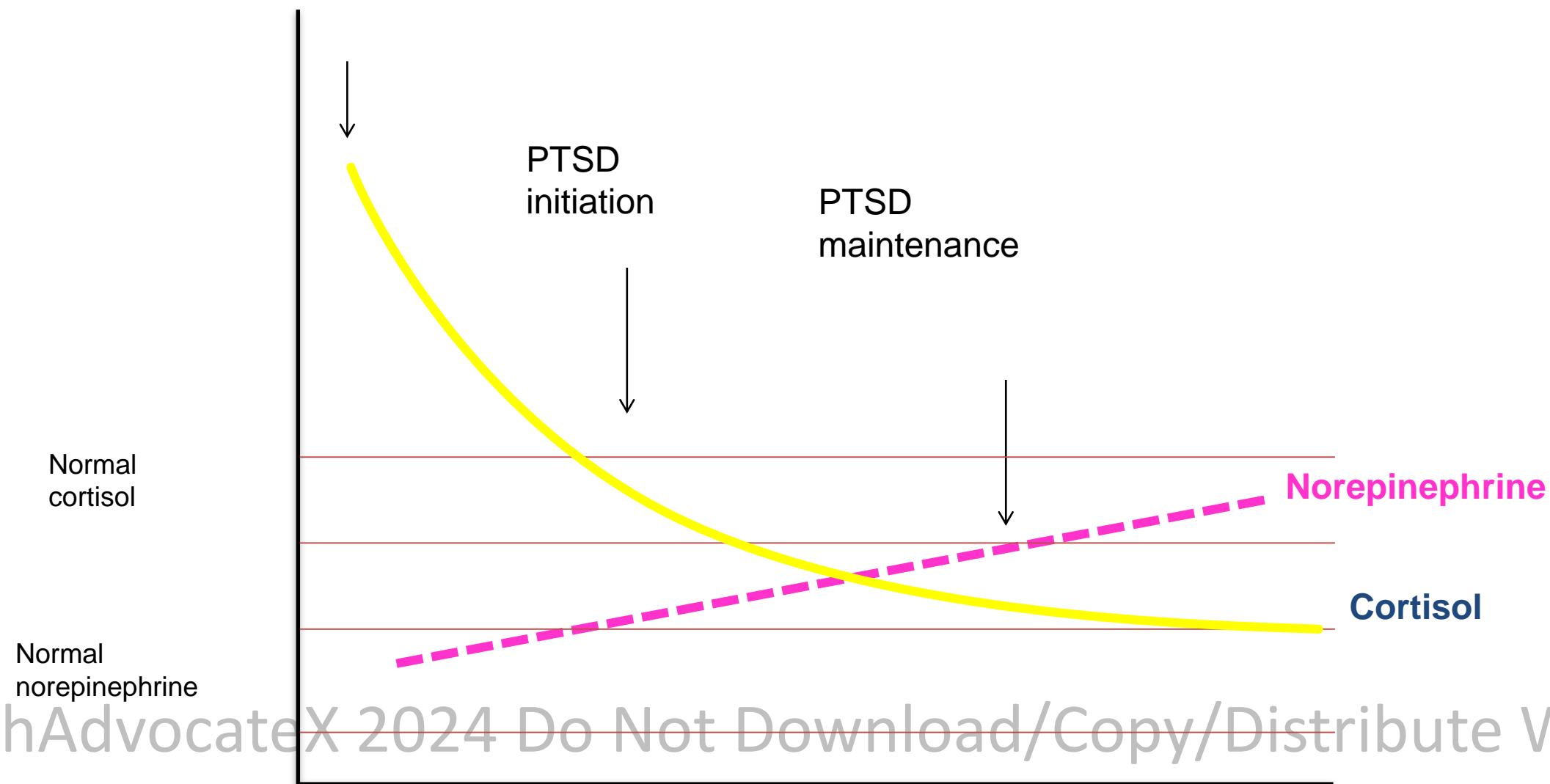
Auto-regulated by feedback mechanisms
Responsible for response to stress – “Fight or Flight”

Illness

- Heal – infection/sepsis – immune and compensatory response
- Hurt – autoimmune and pro-inflammatory response
- Biological stress and immune dysregulation is independently implicated in a variety of medical and mental illnesses

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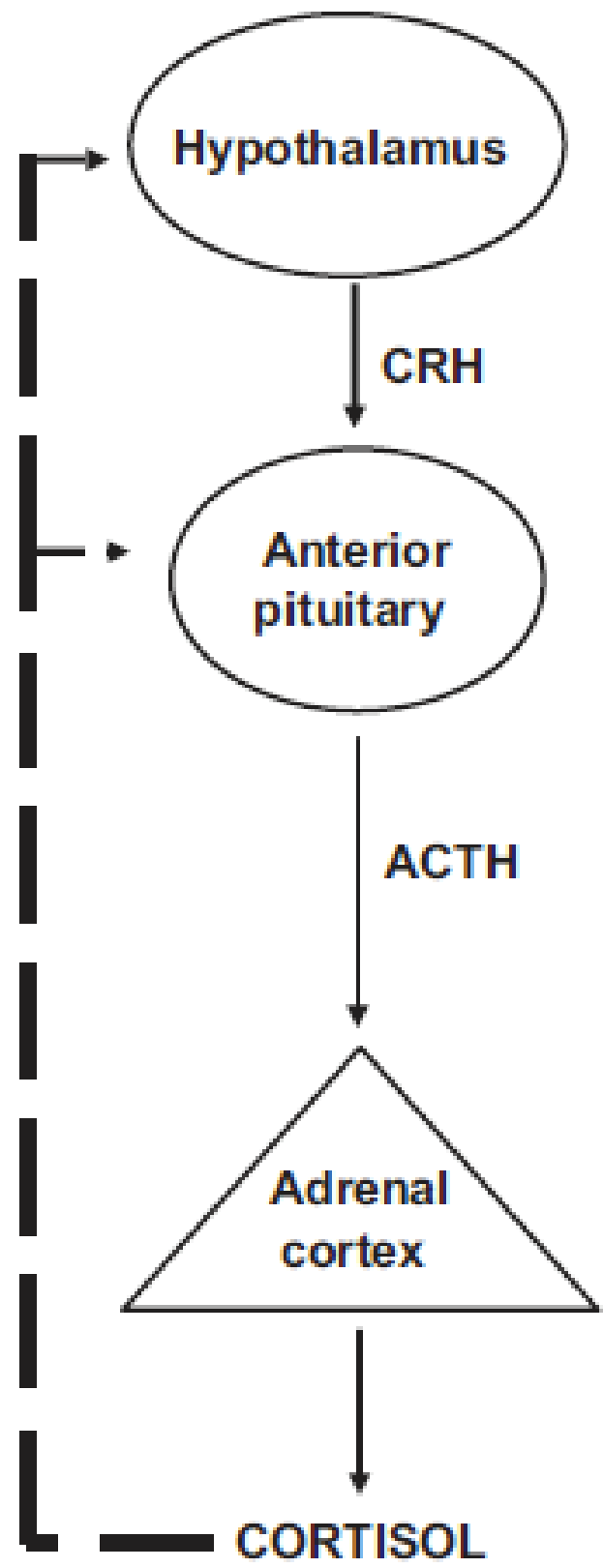
Divergence of cortisol and norepinephrine responsible for PTSD maintenance



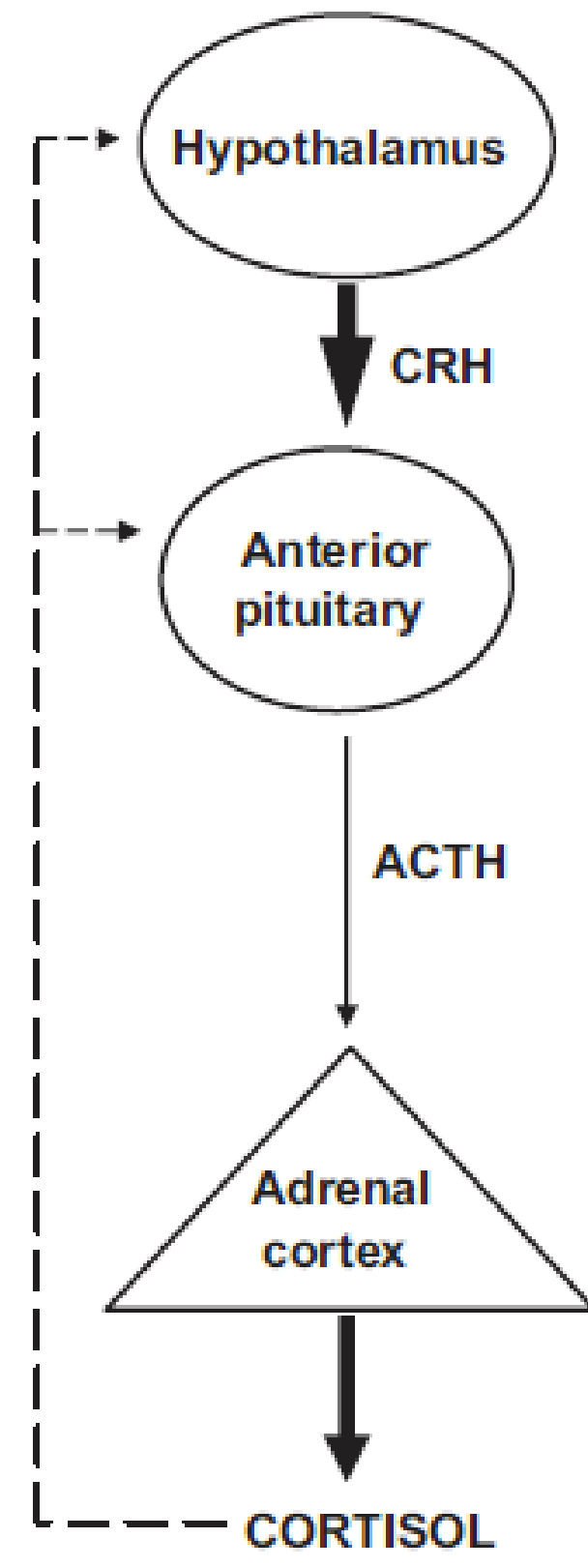
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Pervanidou. *J Neuroendocrinology*. 2008

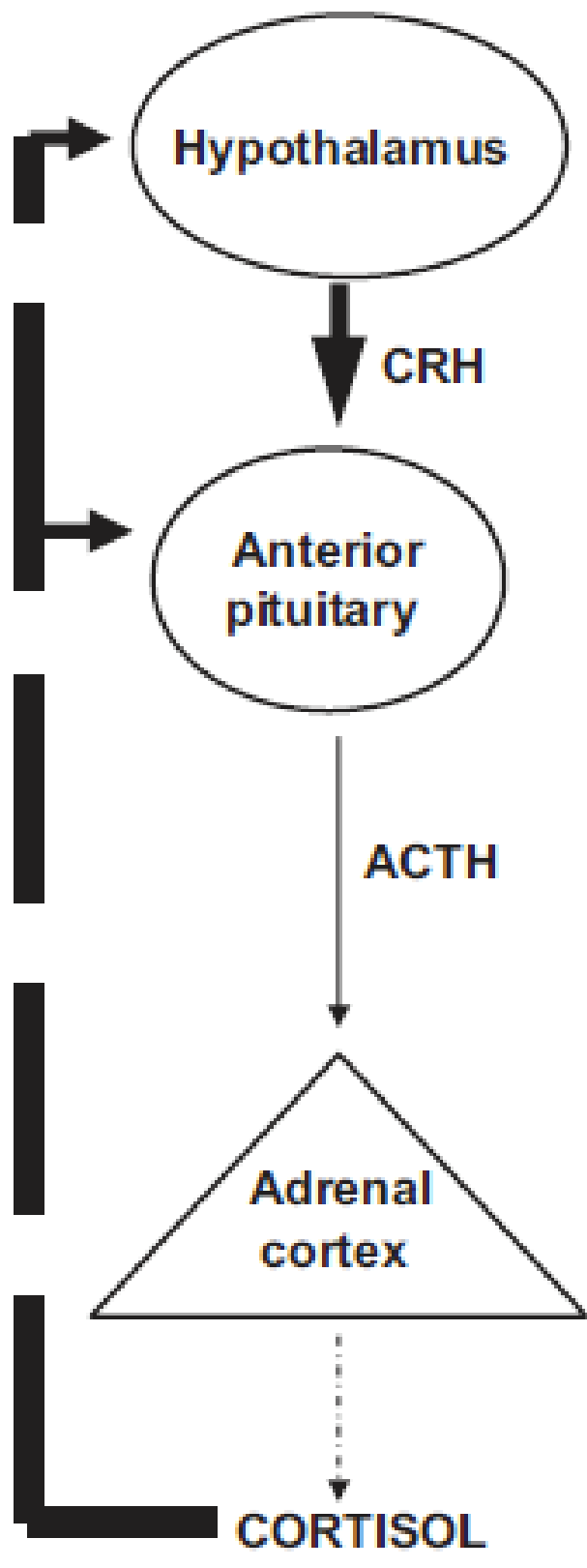
A Normal stress response



B Childhood PTSD



C Adult PTSD



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Pervanidou P, Chrousos GP. Horm Metab Res 2007; 39: 413– 419

Criteria A - Threatened death, serious injury or sexual violence

01 Direct experience

02 Witnessing in person

03 Learning event occurred

04 Experiencing repeated/extreme details of event

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Criteria B- Intrusion Symptoms



01 Memories

02 Dreams

03 Flashbacks

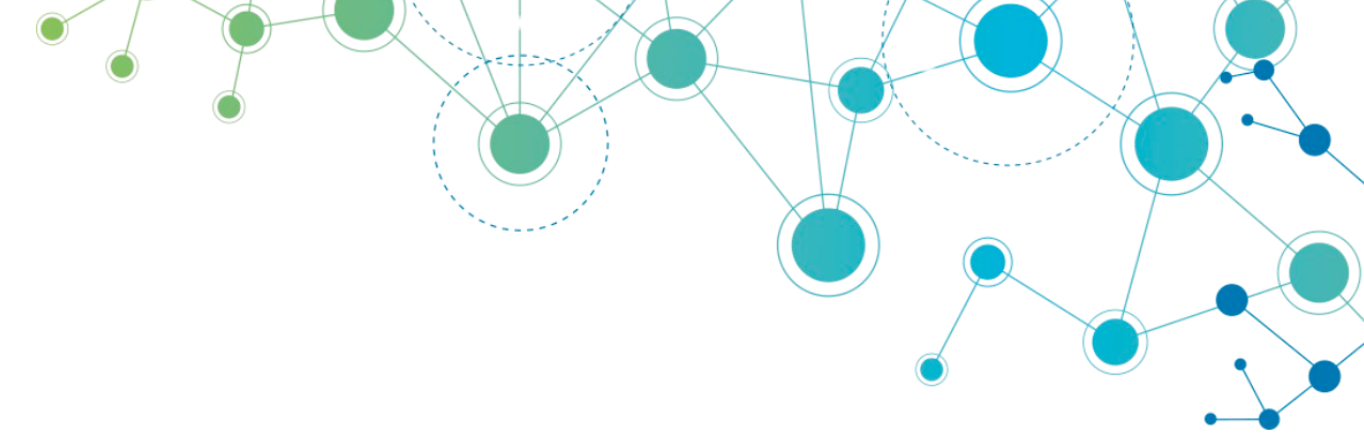
04 Psychological distress after exposure to cue

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05 Physical distress after exposure to cue

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Criteria C - Avoidance



01

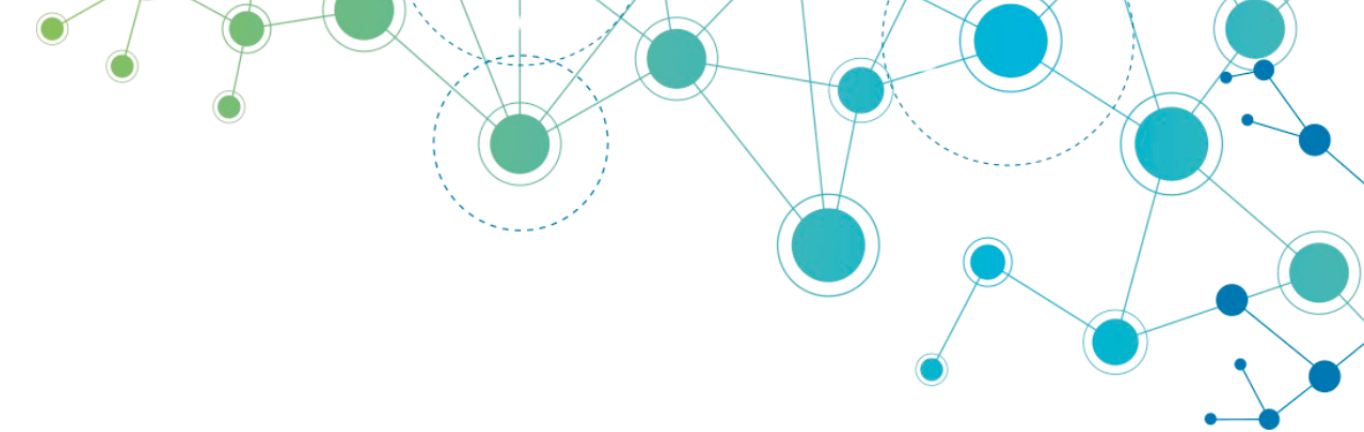
Avoidance of memories,
thoughts or feelings

02

Avoidance of external reminders

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Criteria D - Negative alterations in cognition and mood



01 Poor memory of event

02 Negative beliefs towards self

03 Self blame

04 Persistent negative emotional state

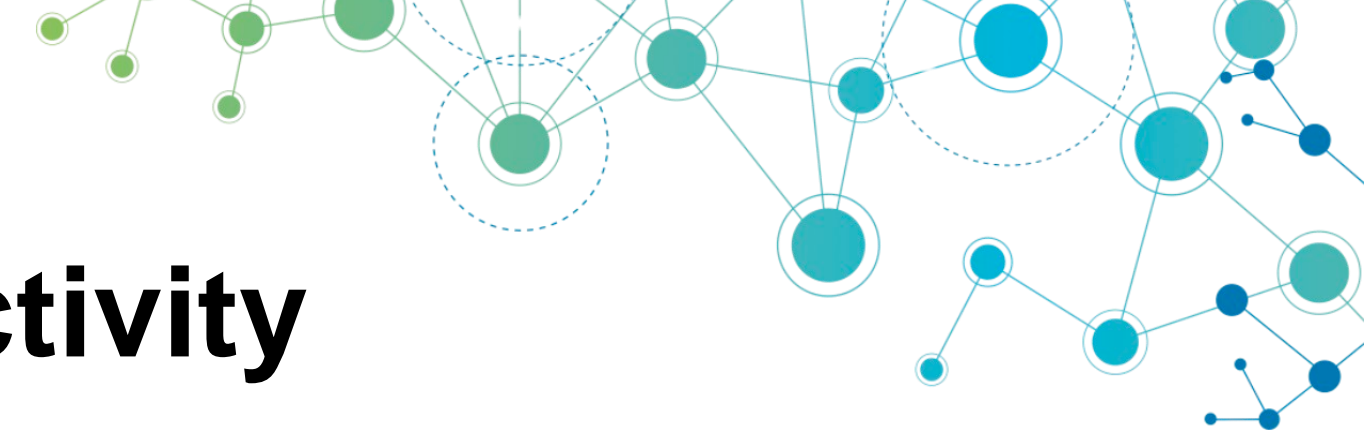
05 Loss of interest

06 Detachment

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07 Lack of positive emotions

Criteria E - Increased arousal and reactivity



01 Irritable and angry

02 Reckless and self-destructive behavior

03 Hypervigilance

04 Exaggerated startle

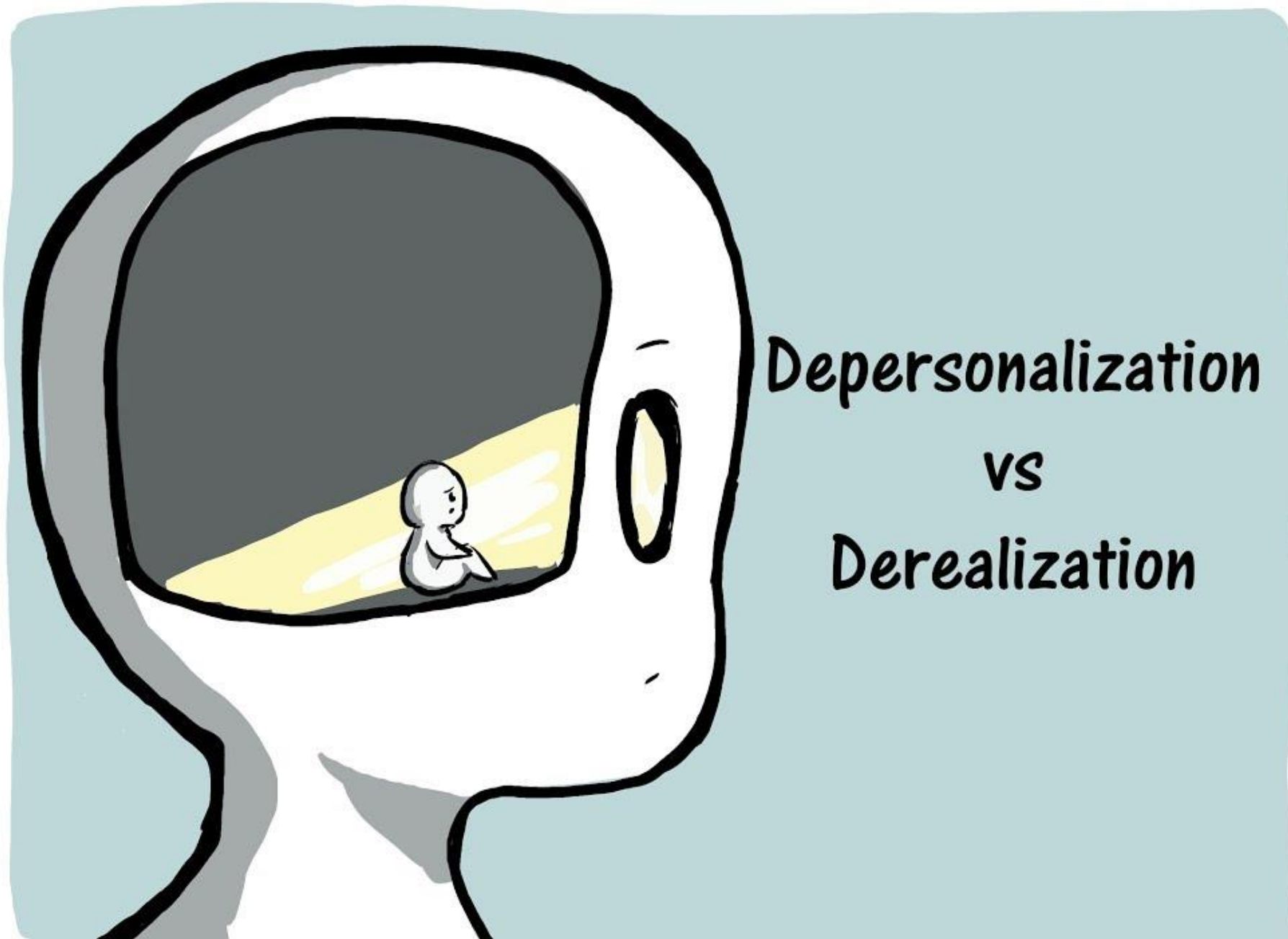
05 Poor concentration

06 Sleep disturbances

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Dissociation



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PTSD under 7 qualifier

	PTSD under 7 symptoms
Criteria A	Experiencing repeated/extreme details of event
Criteria C + D	Poor memory of event Negative beliefs towards self Self blame Detachment -> Withdrawn bx
Criteria E	Reckless and self-destructive behavior

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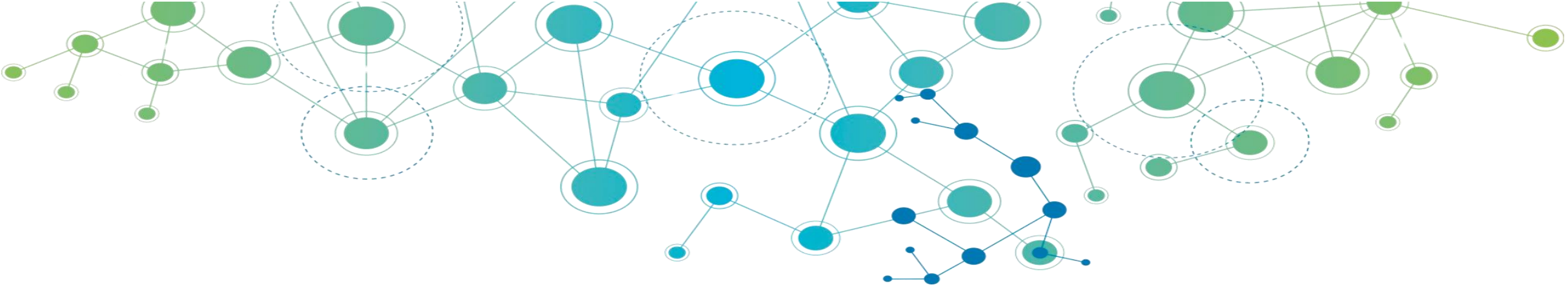


PTSD under 7 qualifier

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Criteria A	Experiencing repeated/extreme details of event
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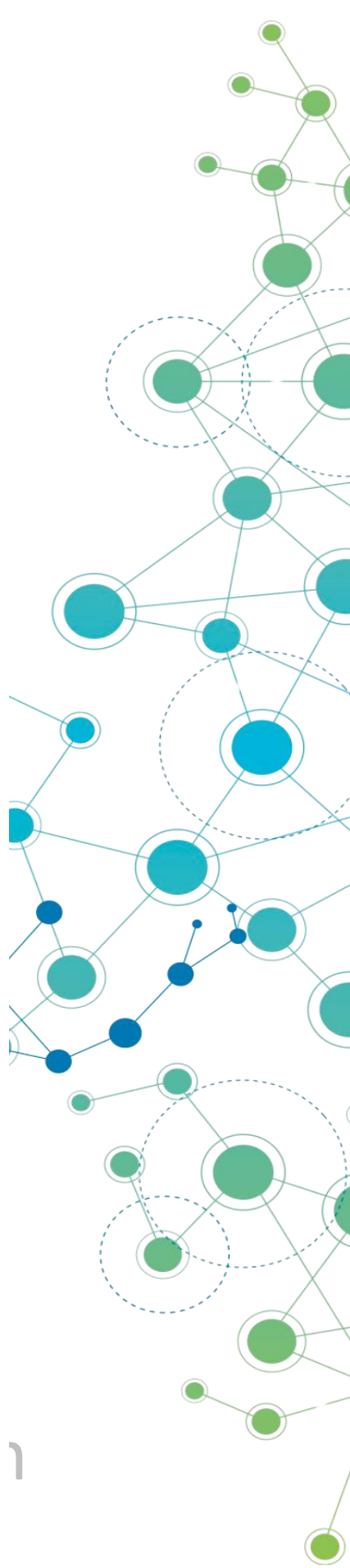


Toxic Stress versus Traumatic Stress

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ACEs

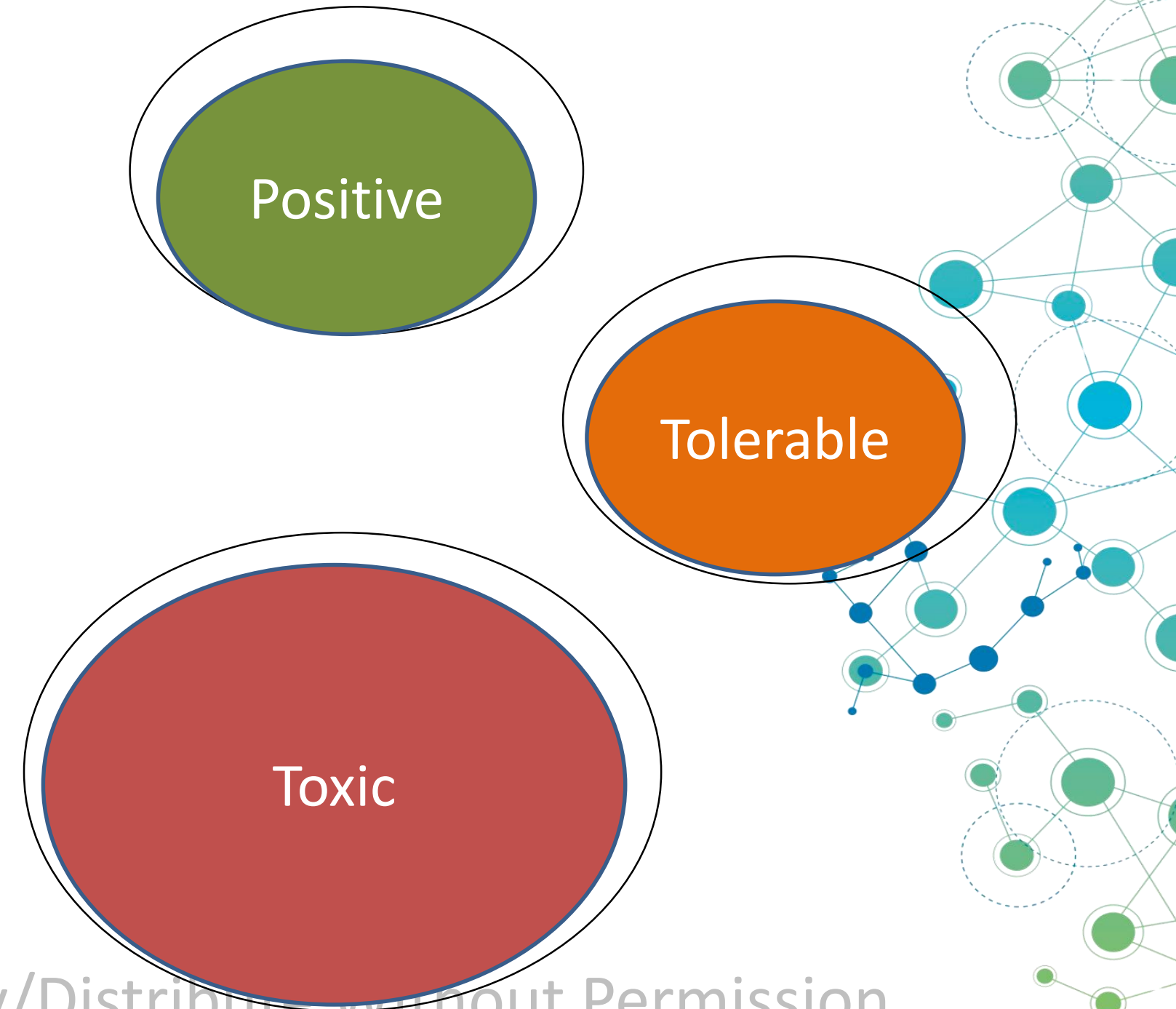
- The deadly ACEs include:
 - Physical Abuse
 - Sexual Abuse
 - Psychological Abuse
 - Witnessed Domestic Violence
 - Family Mental Illness
 - Family Substance Abuse
 - Family Incarceration



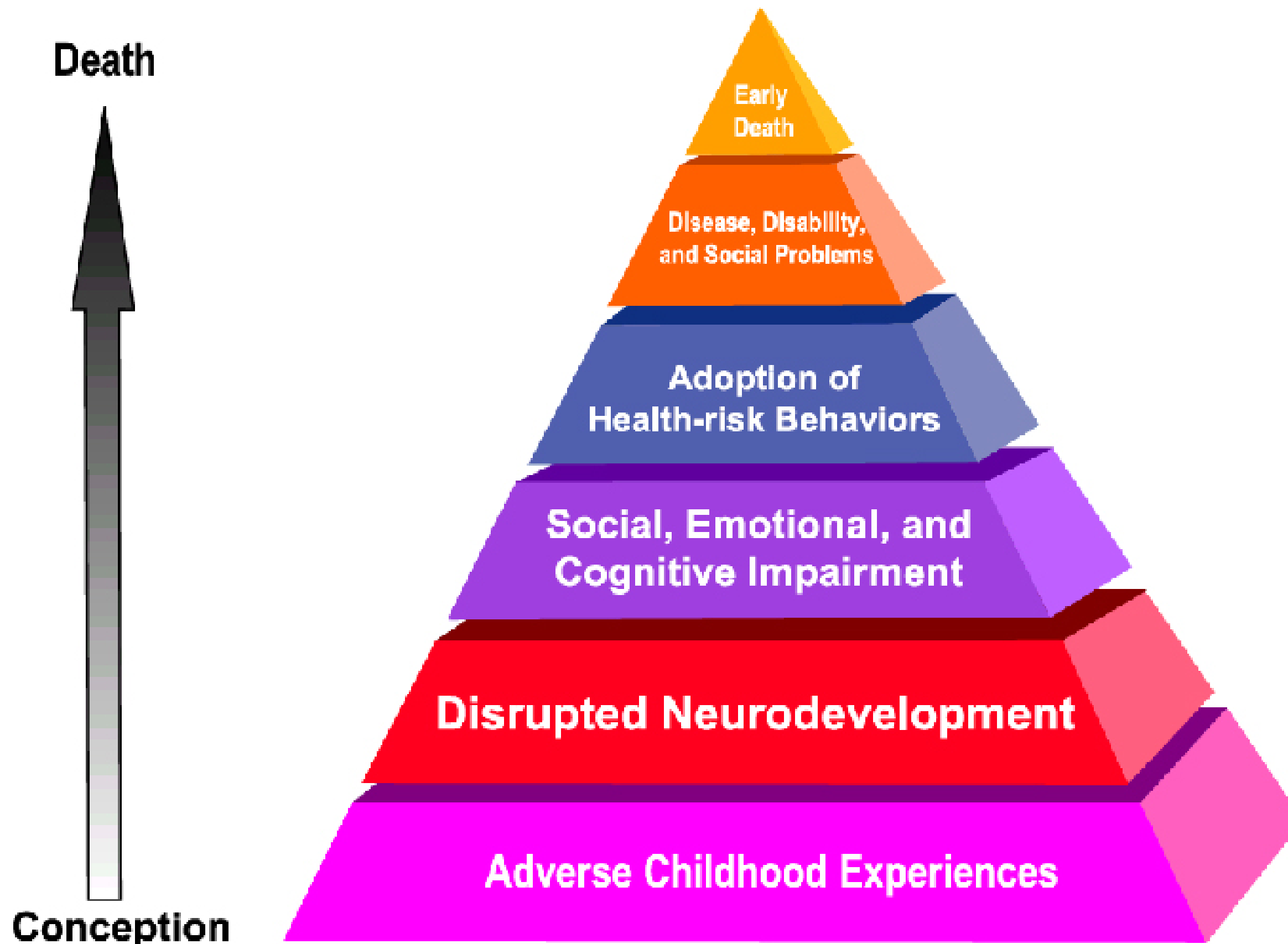
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Toxic Stress

- Proposed classification of stress
 - Positive
 - Tolerable
 - Toxic
- Toxic stress, like all stress, triggers a neuroendocrine response
 - Specific neuroendocrine responses to toxic stress may become pathogenic
- Effects may be developmentally sensitive



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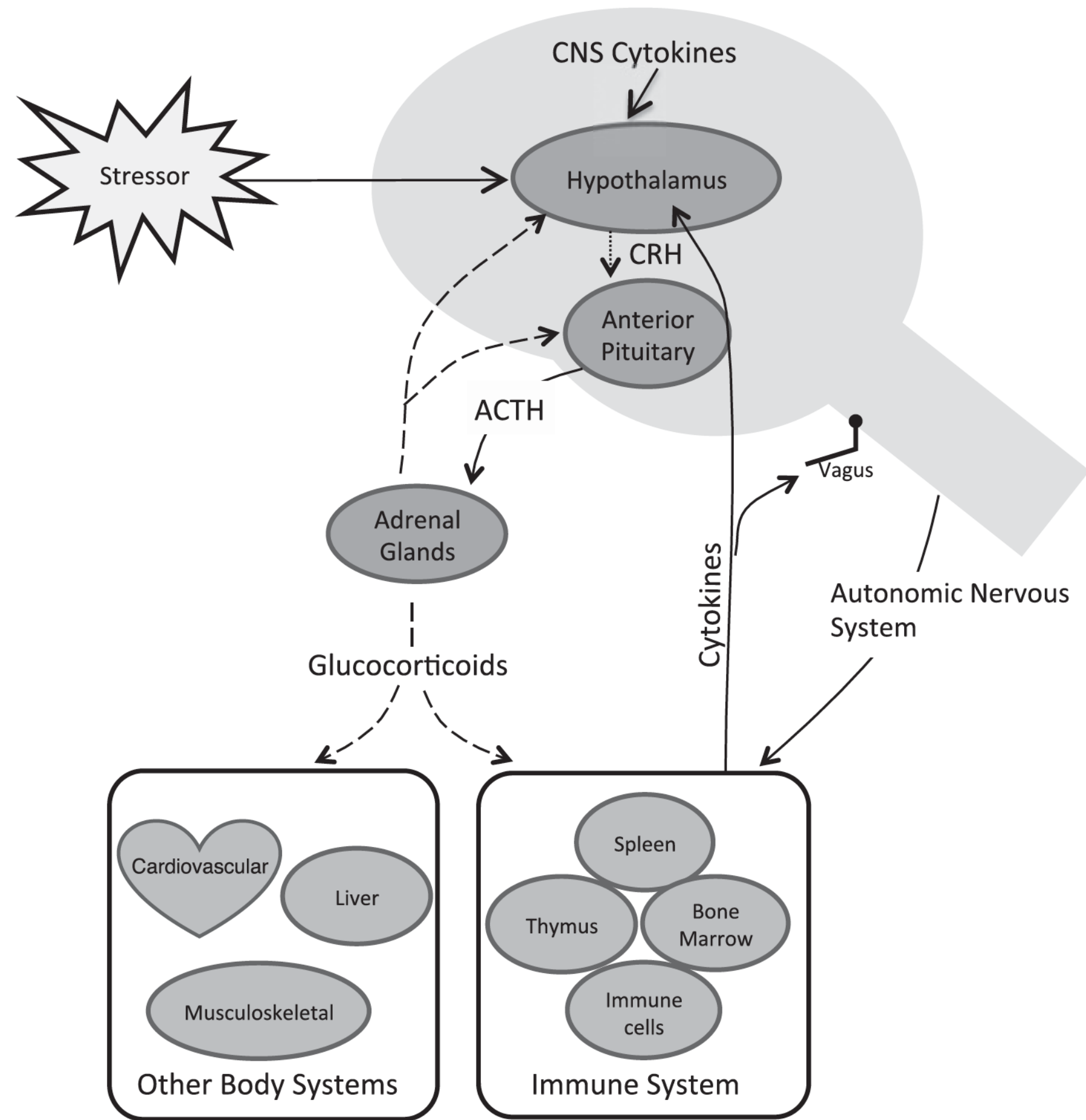


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Felitti, et al. 1998

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

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Johnson, Riley, Granger & Riis, Pediatrics (2013)

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ACEs

- The deadly ACEs include:
 - Physical Abuse
 - Sexual Abuse
 - Psychological Abuse
 - Witnessed Domestic Violence
 - Family Mental Illness
 - Family Substance Abuse
 - Family Incarceration

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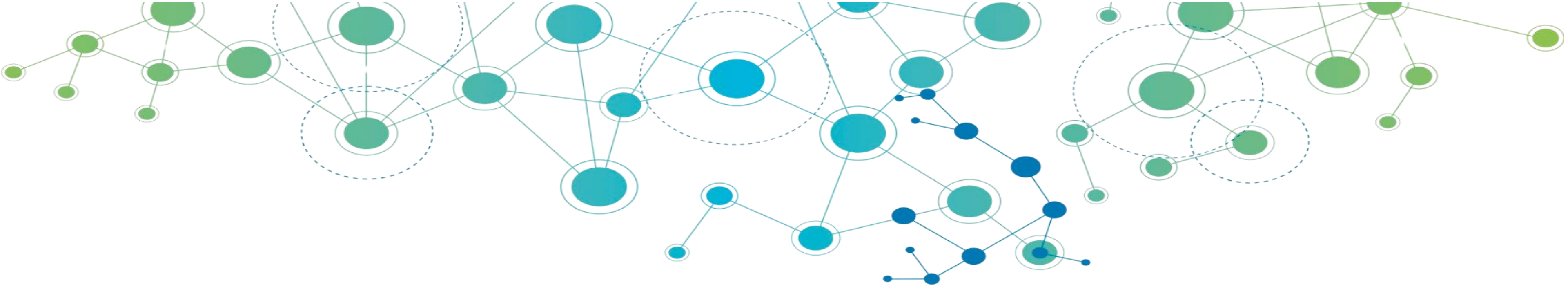
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Treatments for Traumatized Youth

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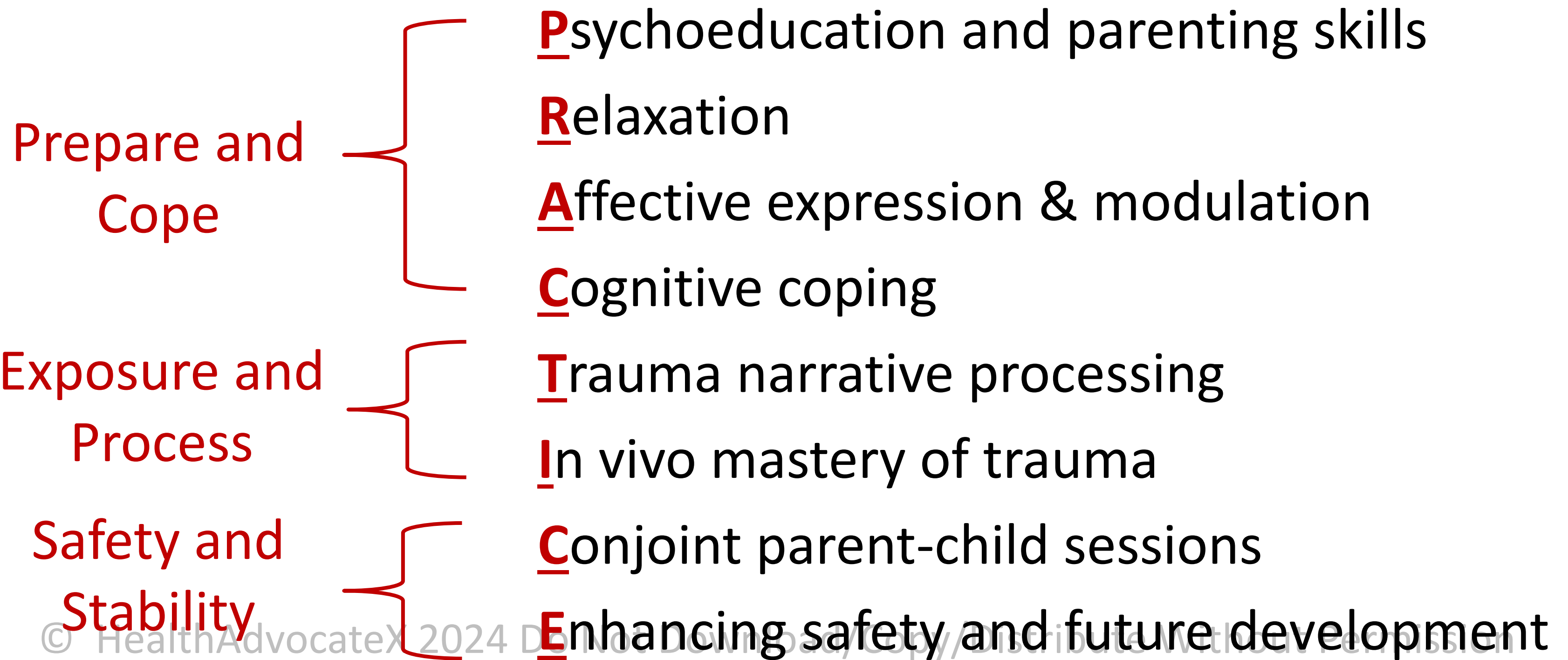
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

- **“Trauma-focused psychotherapies should be considered first-line treatments for children and adolescents with PTSD.”**

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Cohen et al. *J. Am. Acad. Child Adolesc. Psychiatry*, 2010;49(4):414 – 430.

Trauma-Focused Cognitive Behavioral Therapy



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Cohen et al., 2006

► ROAD MAP OF CARE: PEDIATRIC TRAUMATIC STRESS IN PRIMARY CARE SETTINGS (6–18 years of age)

Child screens positive for a potentially traumatic experience* using the Pediatric Traumatic Stress Screening Tool (pages 33–36)

- *Traumatic experiences may include:
- Abuse
 - Violence
 - Serious accidents
 - Natural disasters
 - Medical trauma

FOLLOW the 3-step process

1 Report if required (see page 9) Call DCFS if child maltreatment suspected (1-855-323-3237).	2 Respond to suicide risk (see page 10) Follow Intermountain's <i>Suicide Prevention CPM</i> if child reports thinking about being better off dead or of harming themselves in some way (see page 10).	3 Stratify treatment approach (see page 12) • Refer to the Pediatric Traumatic Stress Screening Tool to assess symptom severity (see pages 33–36). • Inquire about child's functioning in daily activities. • Use stratification chart below to determine next steps.
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Treatment Stratification		
Symptoms	Poor functioning?	Clinical decision
Severe symptoms Score ≥21**	YES or NO	Restorative Approach Refer to evidence-based trauma treatment (see page 14).
Moderate symptoms Score 11–20**	YES NO	Resilient Approach Refer to MHI or community/private mental health (see page 14).
Mild symptoms Score ≤10**	YES NO	Protective Approach Provide strengths-based guidance and continue monitoring (see page 14).

**Scores from Pediatric Traumatic Stress Screening Tool. See page 9 for more information and pages 33–36 for copies of the screening tool.

PROVIDE a brief in-office intervention (see page 15)

Sleep problems	• Sleep education • Belly breathing • Guided Imagery • Medication
Hypervigilant / intrusive symptoms	• Belly breathing • Guided Imagery • Progressive muscle relaxation • Mindfulness
Avoidance / negative mood symptoms	• Behavioral activation • Return to routine • Parent-child communication

Possible medication roles:
• Trauma-related sleep problems (see page 16)
• Pre-existing anxiety, depression or severe ADHD. See *Depression* and *ADHD* CPMs.

FOLLOW UP at regular intervals (see page 16)

EVALUATE responses using **Pediatric Traumatic Stress Screening Tool** (see pages 33–36)

If poor or no response to treatments consider the following:

- **RETRY** or change interventions
- **COORDINATE** with mental health provider, if applicable
- **INVOLVE** case management
- **REVISE** treatment stratification
- **ASSESS** potential for medication or psychiatric referral

Traumatic Stress Roadmap of Care

Provider meets with youth and caregiver:

1. Report if required
2. Respond to suicide risk
3. Stratify treatment response

Follow-up

Pediatric Traumatic Stress Screening Tool

11 years and older

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

Has something like this happened recently? Yes No
 If 'Yes,' what happened? _____

Has something like this happened in the past? Yes No
 If 'Yes,' what happened? _____

Select how often you 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 I have bad dreams about what happened or other bad dreams.	0		2	3	4
2 I have trouble going to sleep, waking up often, or getting back to sleep.	0		2	3	4
3 I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0		2	3	4
4 When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0			3	4
5 When something reminds me of what happened I get very upset, afraid, or sad.	0			3	4
6 I have trouble concentrating or paying attention.	0			3	4
7 I get upset easily or get into arguments or physical fights.	0			3	4
8 I try to stay away from people, places, or things that remind me about what happened.	0			3	4
9 I have trouble feeling happiness or love.	0		2	3	4
10 I try not to think about or have feelings about what happened.	0		2	3	4
11 I have thoughts like "I will never be able to trust other people."	0		2	3	4
12 I feel alone even when I'm around other people.	0		2	3	4

MILD (None, Little)
MODERATE (Some)
SEVERE (Much, Most)

13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day
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*Adapted from Patient Health Questionnaire (PHQ-A)

1. Report if Required

3. Stratify Treatment Response

Symptoms	Poor functioning?	Clinical decision
Severe symptoms: Score $\geq 21^{**}$	YES or NO	Restorative Approach Refer to EBT Treatment
Moderate symptoms: Score 11–20**	YES NO	Resilient Approach Refer to MHI or Community MHI.
Mild symptoms: Score $\leq 10^{**}$	YES NO	Protective Approach Provide strengths-based guidance and continue monitoring.

**Scores from Pediatric Traumatic Stress Screening Tool (see page 9 for more information)

2. Respond to Suicide Risk

Pediatric Traumatic Stress Screening Tool

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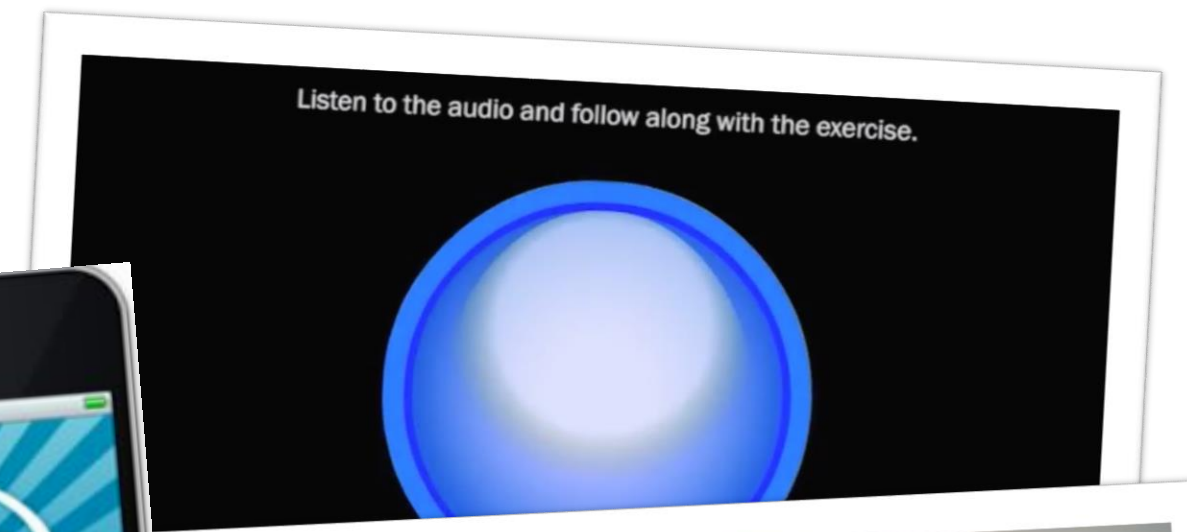
FREQUENCY RATING CALENDARS



How much of the time during the past month...		None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
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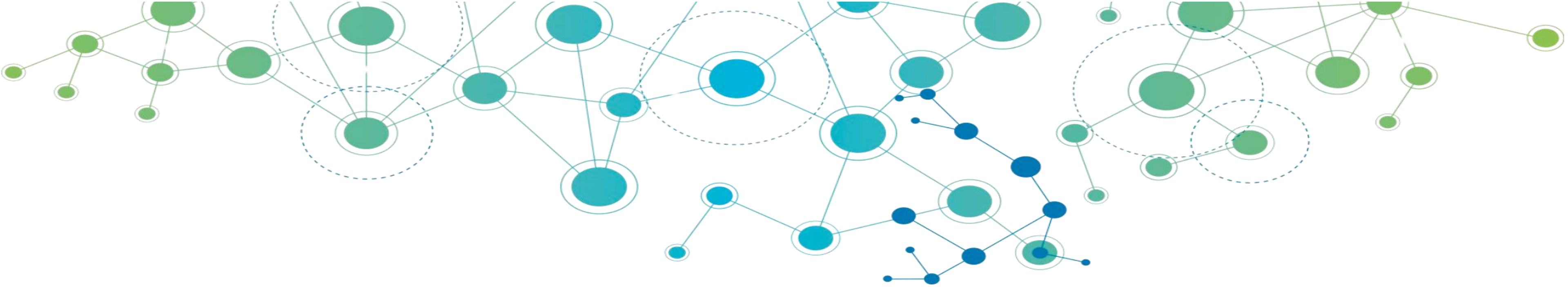
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*Adapted from Patient Health Questionnaire (PHQ-A)



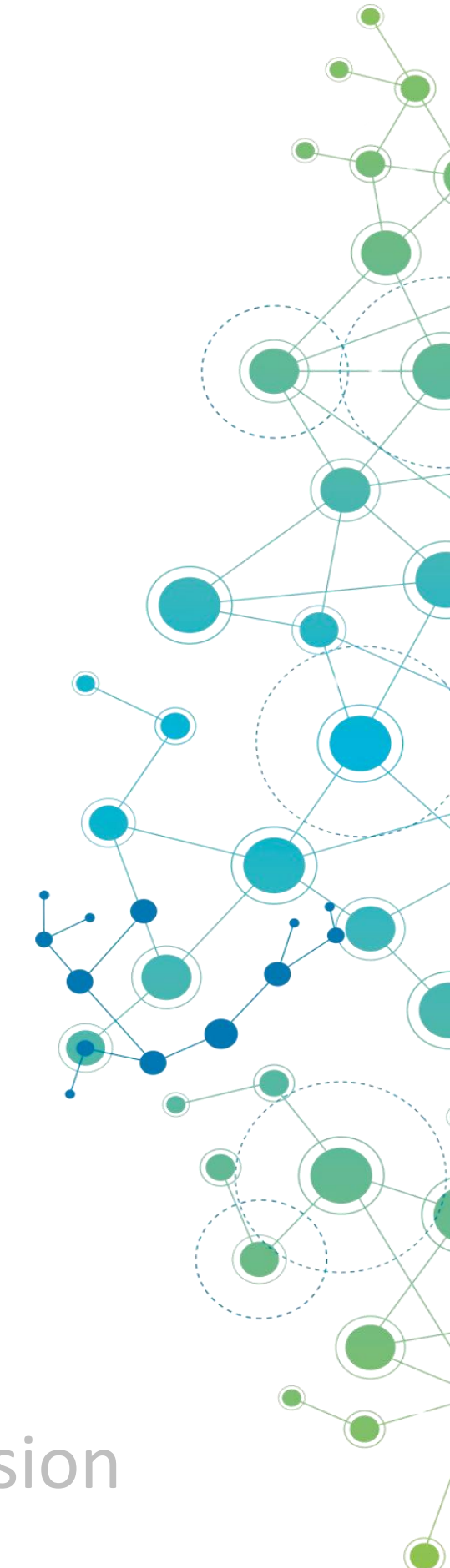
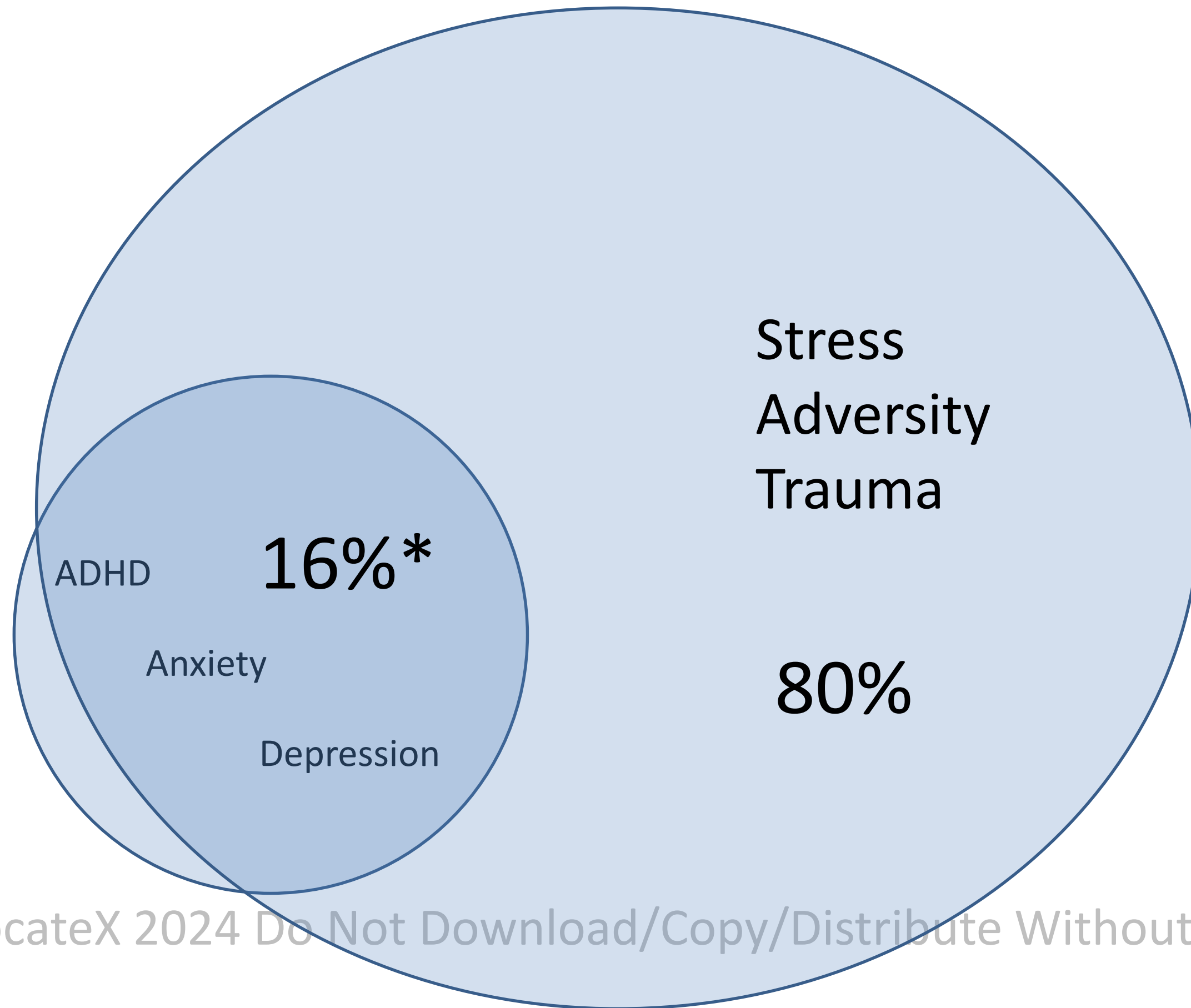
Provide a brief, targeted intervention

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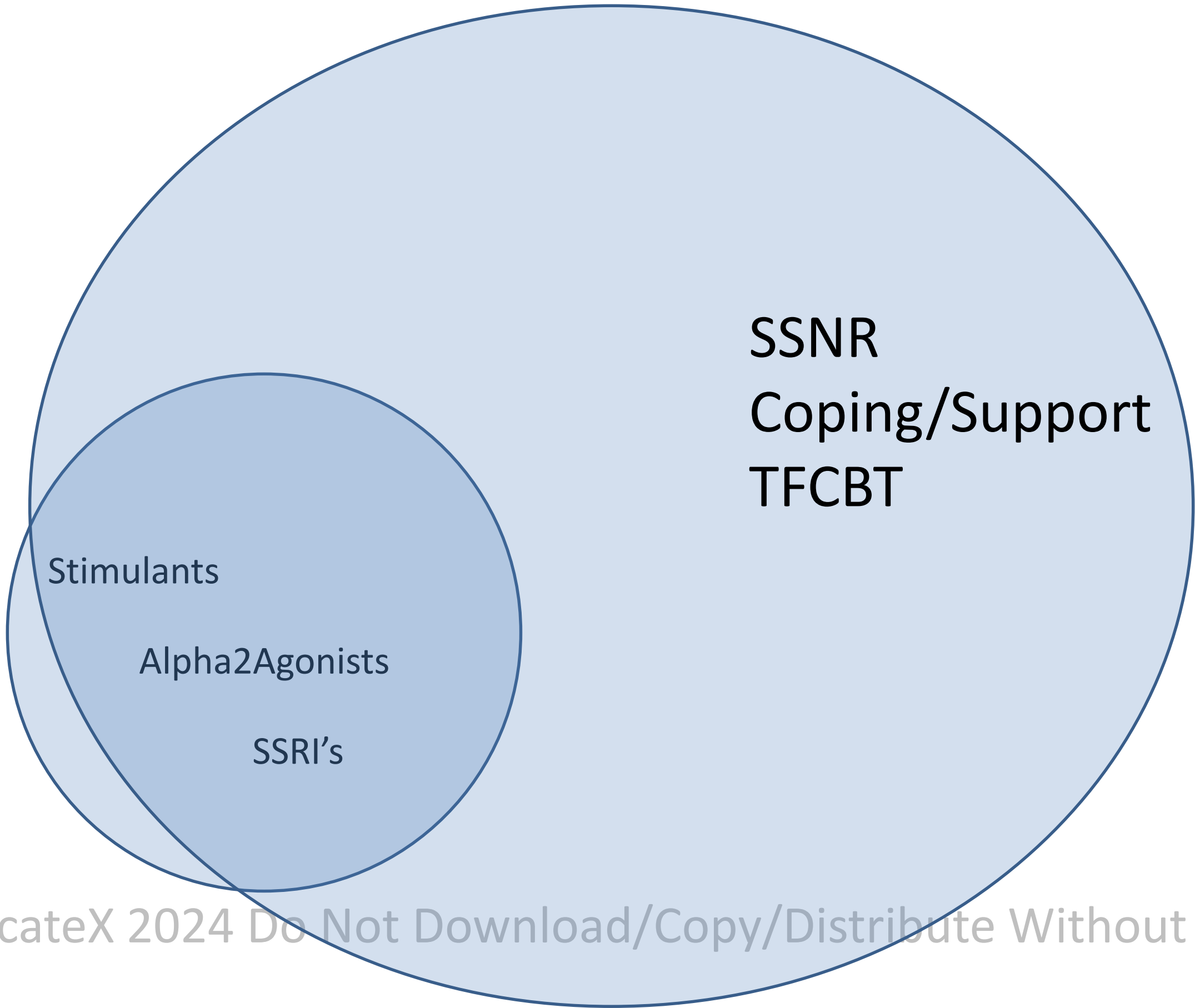
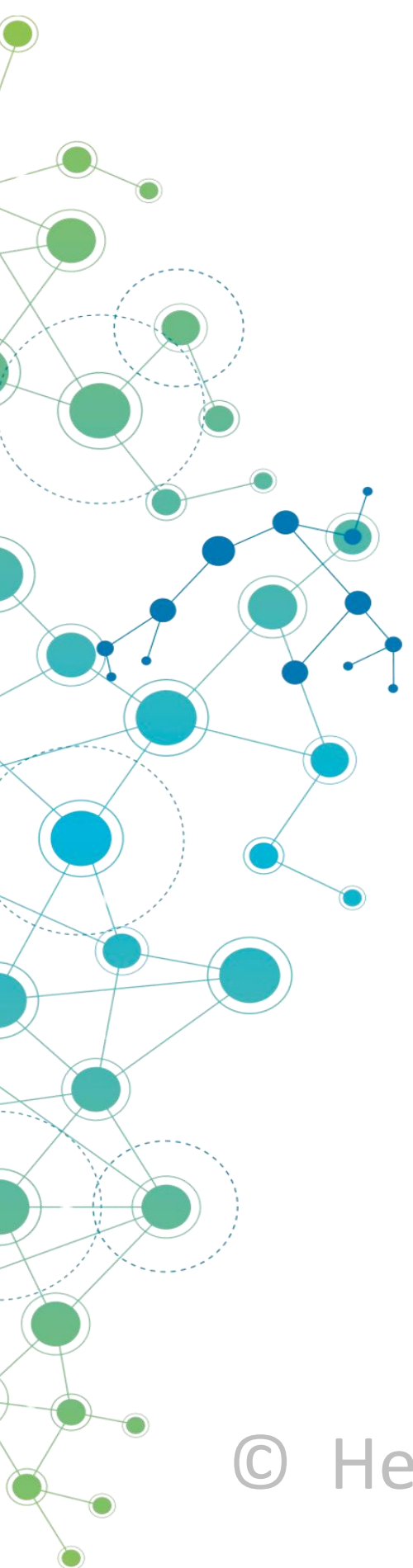


Trauma Informed Care

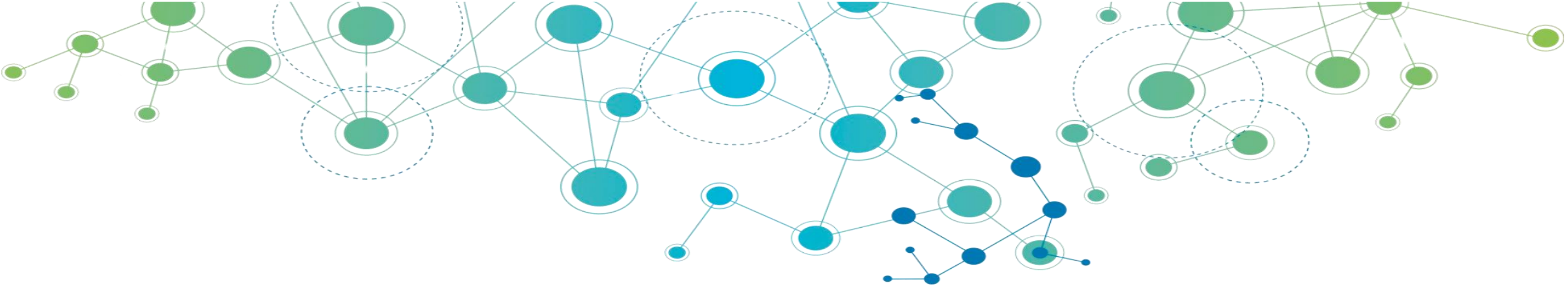
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SSRI or SSNR

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Risks of “all of the above approach”

- Pathologize lived experience and understandable reactions
- Take focus away from practical and evidence based approaches to treat challenges
- Side effects of treatment can result in impairment or other health concerns
- Lack of response can lead to more complicated and higher risk treatments
- Development of an inaccurate identity

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Trauma Informed Care Discussion Points

- Traumatic experiences and trauma reactions are common and detectable
- Trauma and adversity carry a risk for traumatic stress as a subset of toxic stress
- Specific treatments address trauma, which increases the need to identify those who experience traumatic stress
- Trauma informed care, when implemented, immediately requires one to pivot to ensuring that the systems are trauma informed

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