TRAUMA AND TOXIC STRESS IN YOUTH

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ProjectTEACH
TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH

UPSTATE
MEDICAL UNIVERSITY

DISCLOSURE STATEMENT.

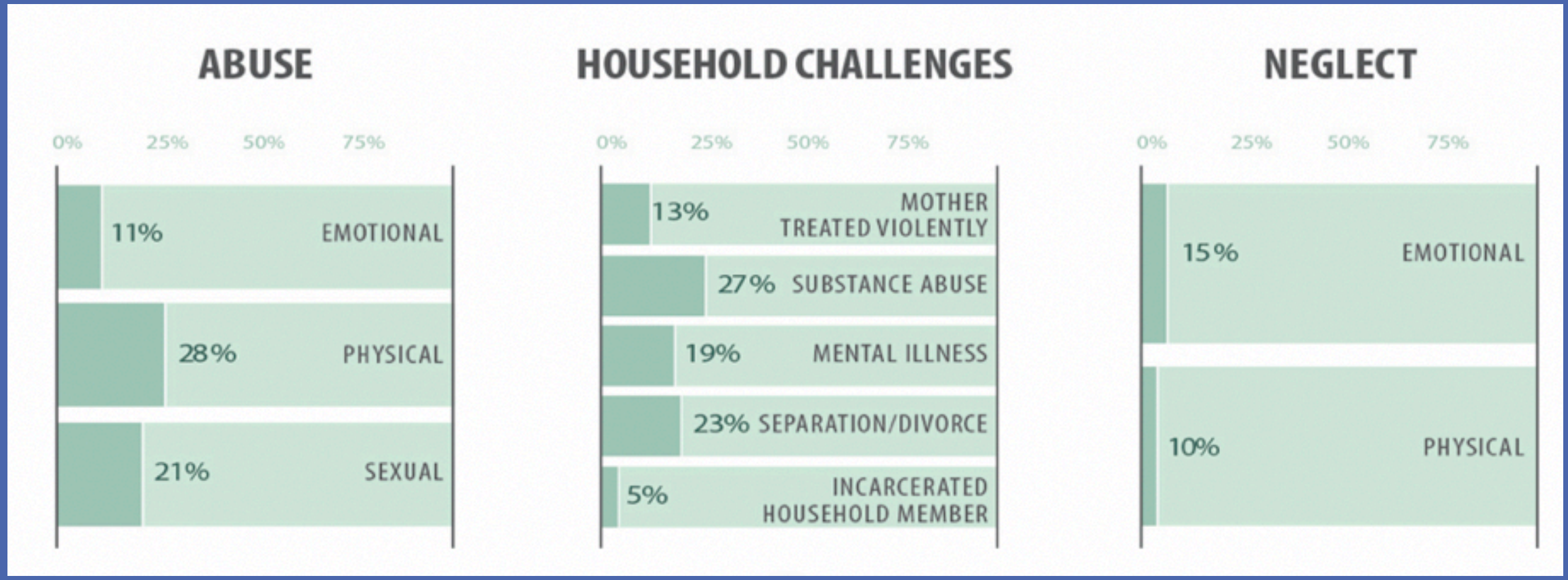
- Neither I nor my spouse has a relevant financial relationship with a commercial interest to disclose.

LEARNING OBJECTIVES

- Recognize the importance of trauma and trauma sequelae in childhood mental illness.
- Identify developmentally appropriate strategies for screening and inquiring about trauma and trauma-related disorders.
- Review evidence based treatment principles for youth with trauma sequelae.

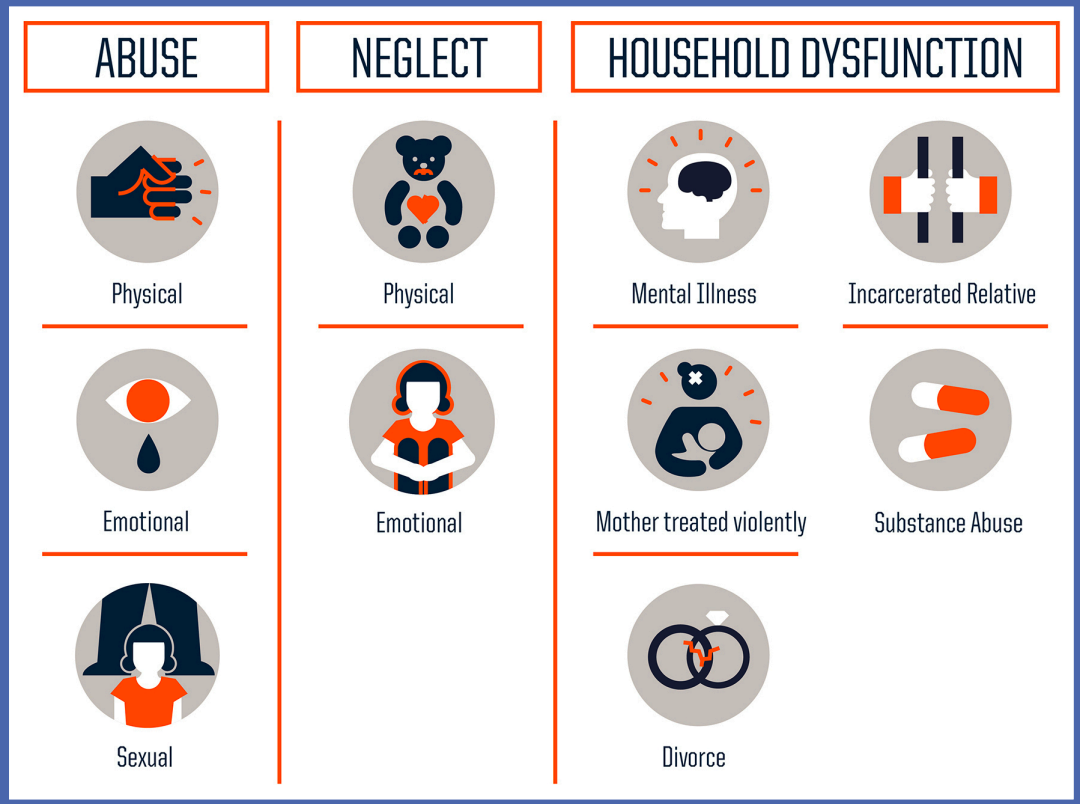
HOW PREVALENT IS TRAUMA?

~60% ADULTS REPORT AT LEAST 1.
25% ADULTS REPORT 3 OR MORE ACES



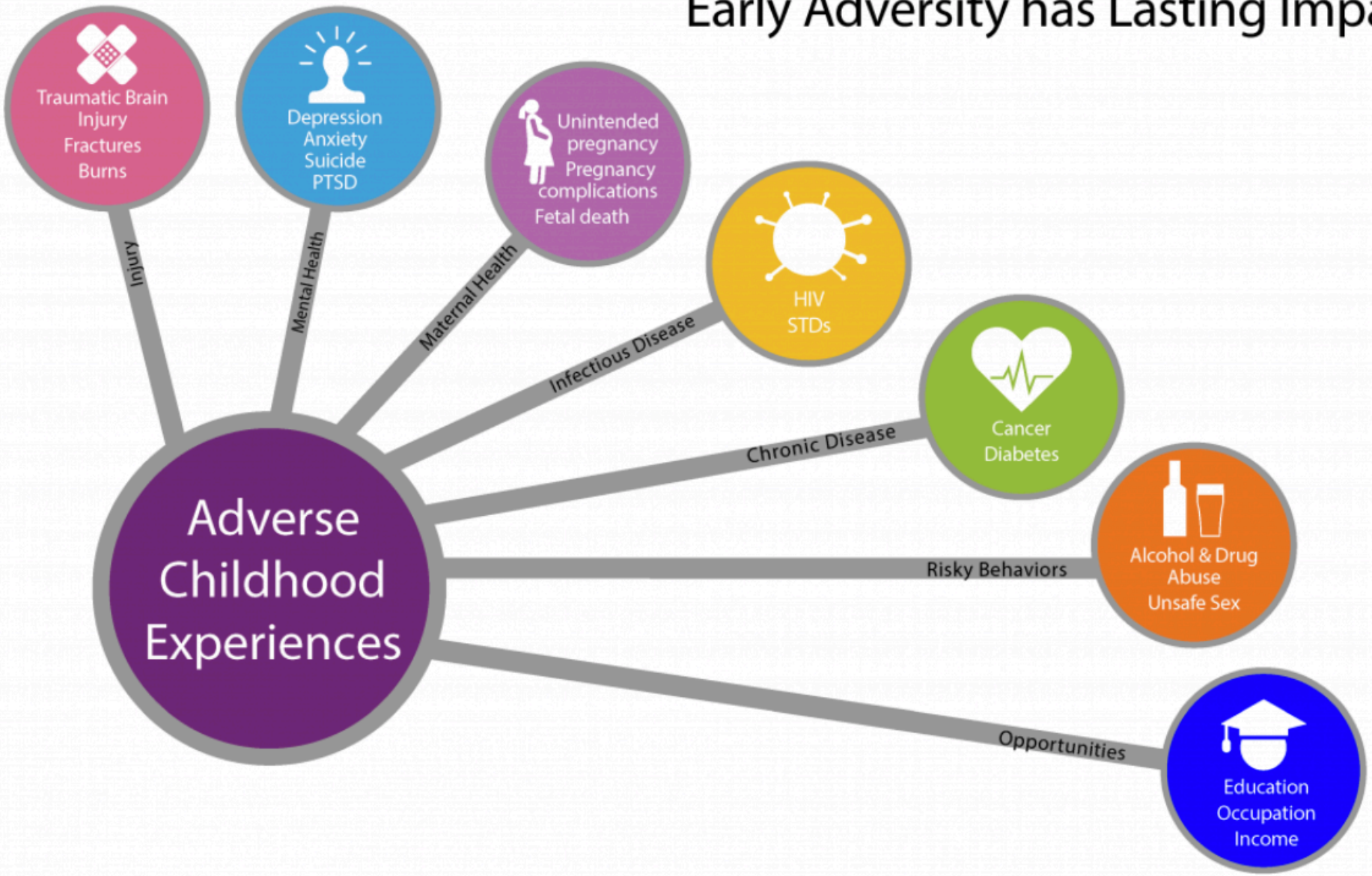
From ACES study (90s, middle class, Kaiser)

TRAUMA TYPES: ACES AND MORE



- Bullying
- Community Violence
- Complex Trauma
- Disasters
- Medical trauma
- Refugee trauma
- Terrorism
- Traumatic Grief

Early Adversity has Lasting Impacts

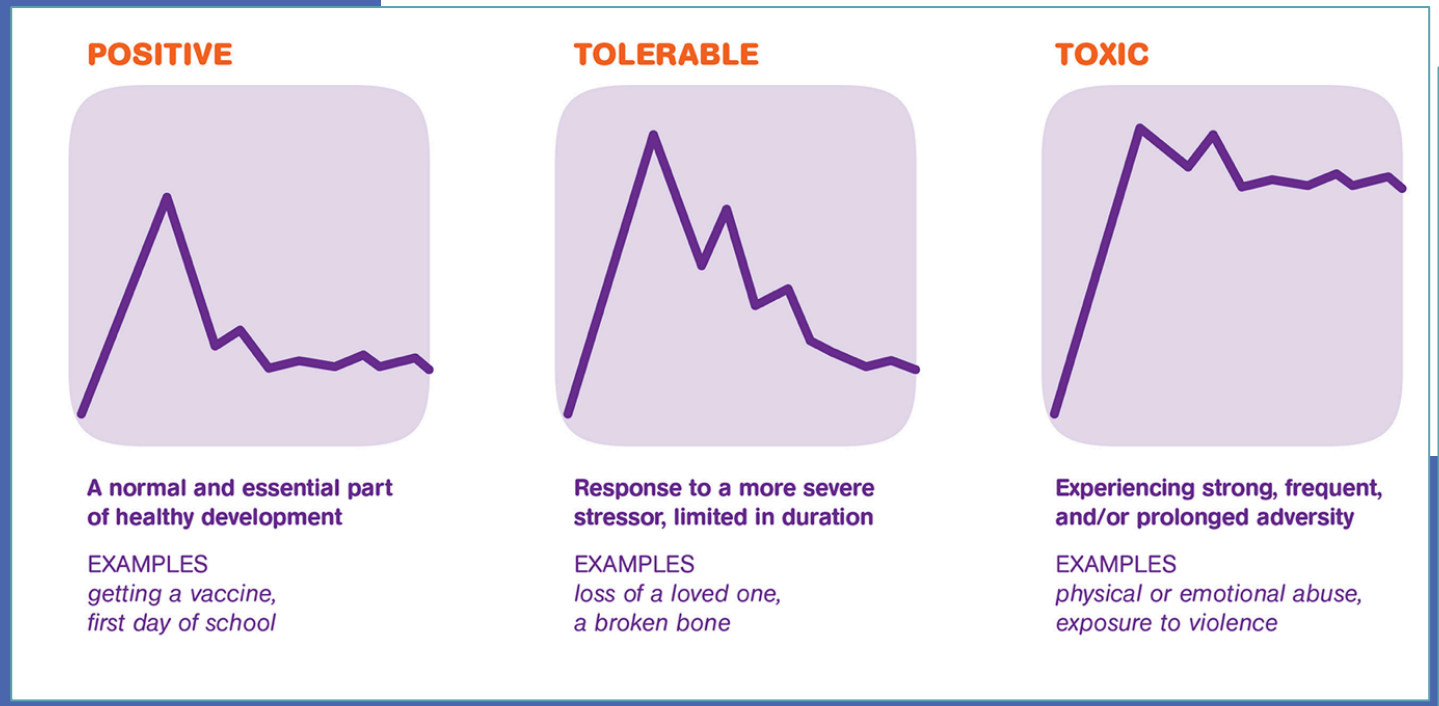


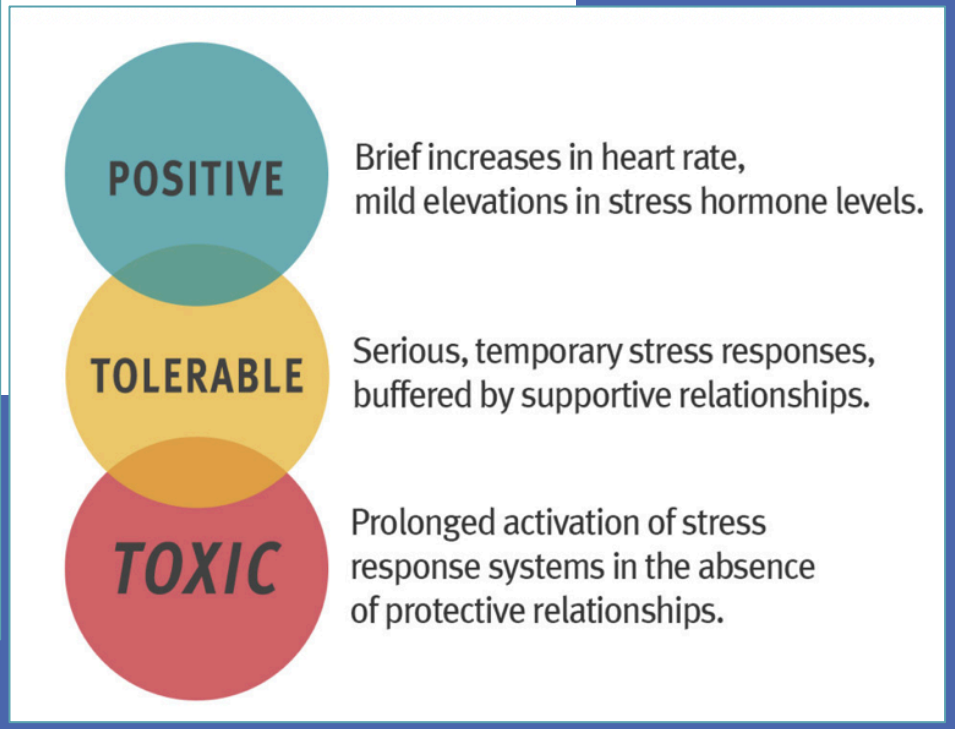
RON, 10 YR OLD BOY

- CC: Aggression at dad's house and refusing to go.
- Background: Split households with different rules, new baby in dad's household; h/o dad incarceration and alcohol use; historical traumas present and pattern of disrupted families, absent fathers.
- Ron presents as youth with social difficulty, inflexible play, negative outlook.
- At least 3 ACES and possibly more undisclosed trauma experienced.

WHEN IS STRESS "TOXIC"?

- Stress is a normal and necessary part of development. Becomes toxic when prolonged and in absence of protective relationships.

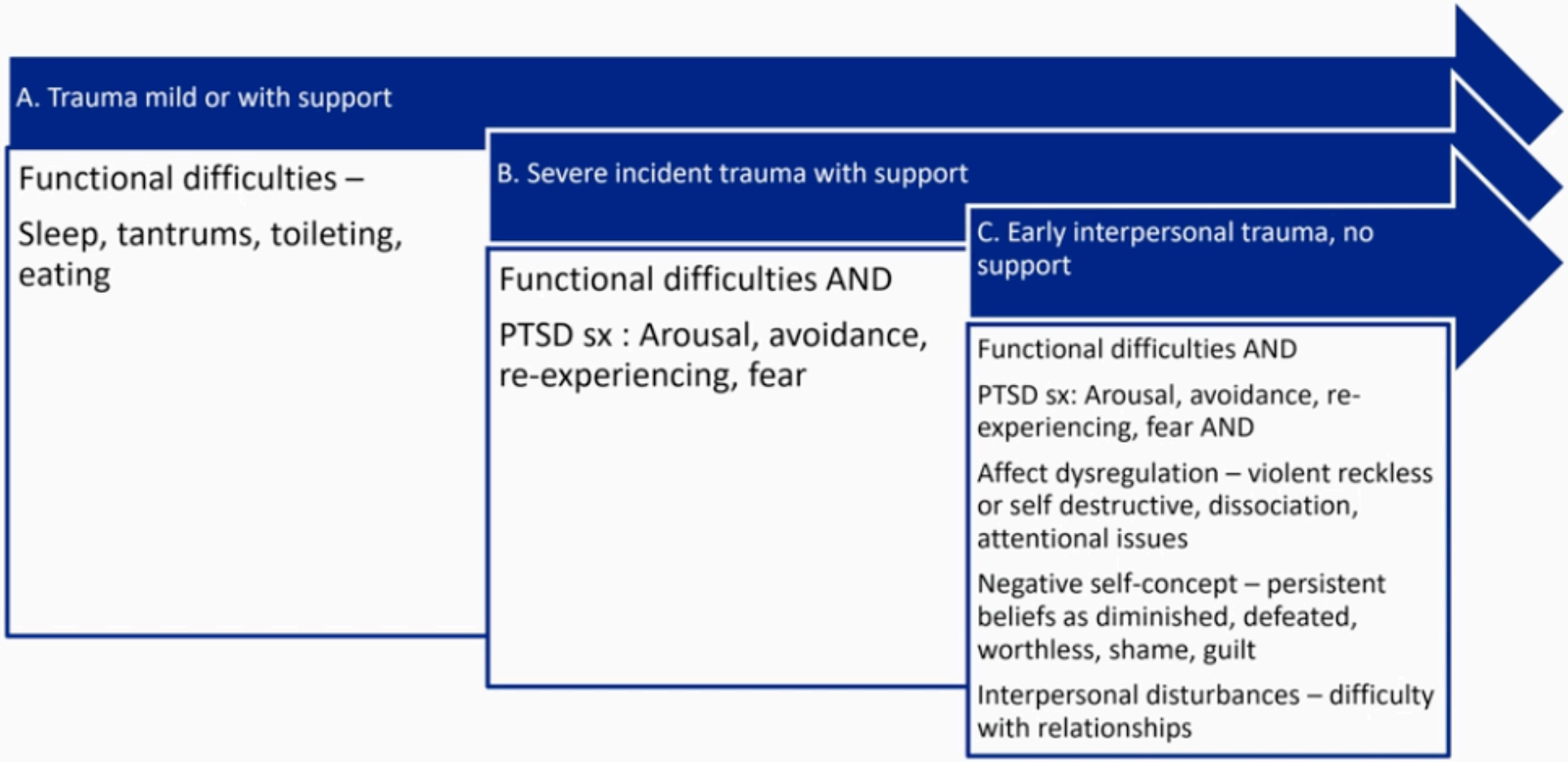




TRAUMATIC STRESS

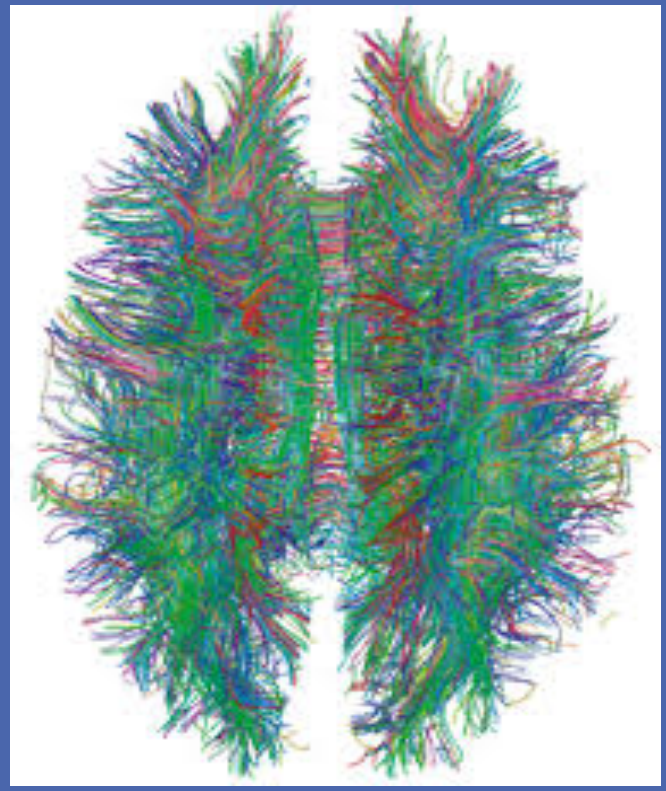
- The physical and emotional responses to events that threaten the life or physical integrity of the child or of someone critically important to them.
- The physiologic arousal can lead to an initially adaptive response, but ultimately becomes maladaptive and destructive.
- Per the National Child Traumatic Stress Network

Trauma Spectrum: Functional symptoms, PTSD and complex trauma



BIOLOGY OF TRAUMA

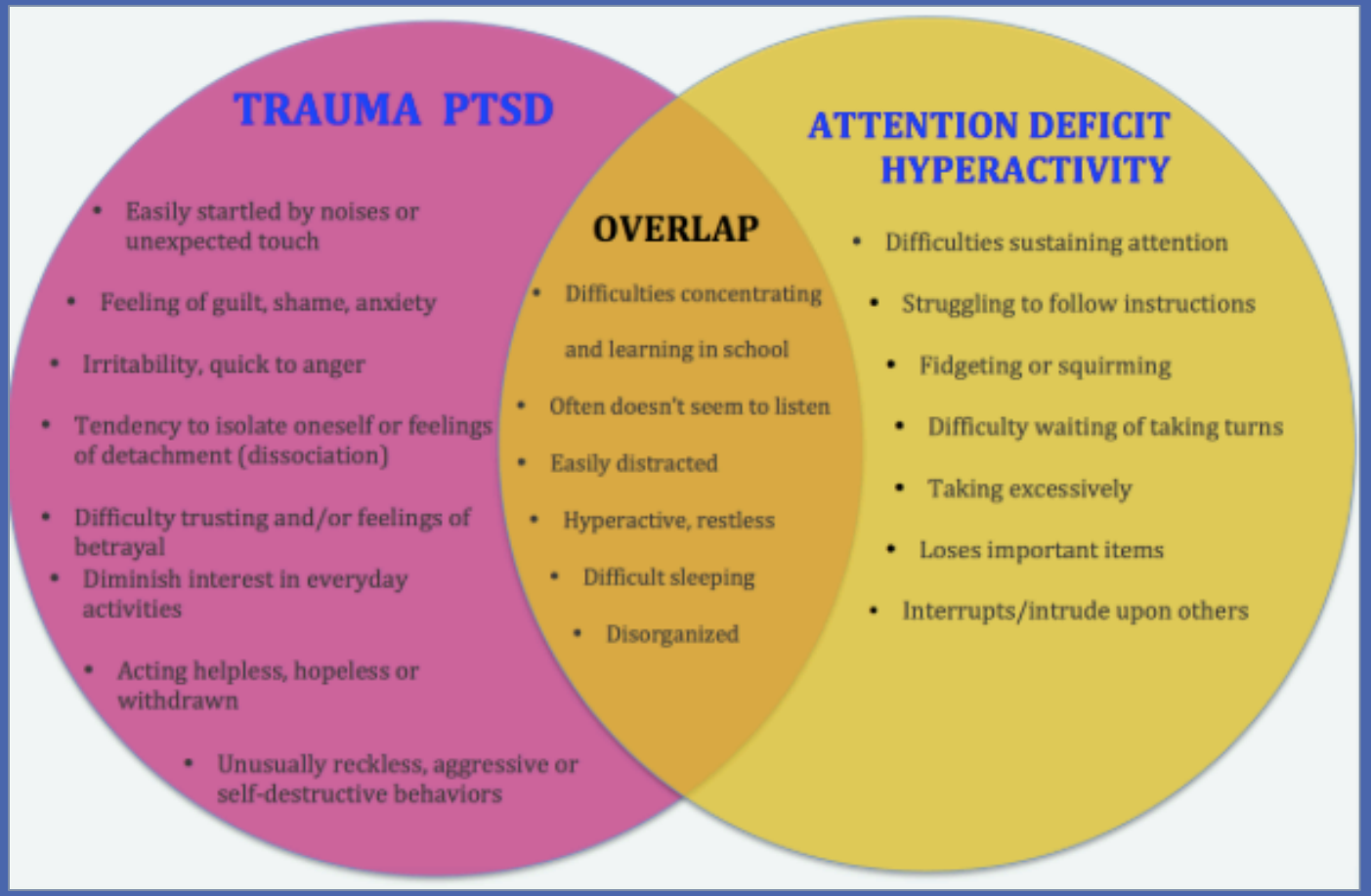
- Brain not structurally complete at birth.
- Myelination, synaptic connections, glial and circulatory development continue.
  - Depends on adequate nutrition and absence of toxins.
  - Guided by environmental cues (good enough environments).
    - Present, predictable, attentive enough primary caregivers.
- Critical periods of brain development are sensitive to traumatic insults.



Van der kolk, (2003)

CHALLENGES IN PRIMARY CARE

- Trauma may not be easily or willingly disclosed.
- Question of ongoing trauma.
- Overlapping sx: trauma , ADHD, depression, & anxiety.
- Traumatic stress severity known to increase suicide risk.



LEARNING OBJECTIVES

- Recognize the importance of trauma and trauma sequelae in childhood mental illness, including historical and racial trauma.
- Discuss developmentally appropriate strategies for screening and inquiring about trauma and trauma-related disorders.
- Review evidence based treatment principles for youth with trauma and toxic stress.

ASKING DEVELOPMENTALLY

- Strategies for screening:
  - Promote safety.
    - Include choice.
    - If suspicious, ask separately.
  - Listen. Listen. Listen.
  - Be clear about your role and reason for asking specific questions.
    - Review confidentiality.

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"Has anything bad happened to you or your child since I last saw you?"

FRAYED: SIGNS OF TRAUMA

- Fits, frets, fear
- Restricted development
- Attachment difficulty
- Yelling and yawning
- Educational delays
- Defeated, dissociation

TRAUMA SX DEVELOPMENTALLY

Preschool:	School-age:	Adolescent:
• Reduced play	• New fears • Regression	• Reckless behavior • Self-imposed restrictions

SCREENING FOR TRAUMA AND PTSD

- Child and Adolescent Trauma Screen
  - Self report, children 7-17
  - Caregiver report 3-17
  - Score >12 suggests need to refer and possibly treat
- Child PTSD Symptom Scale
  - Self report, 8-18
  - Score >15 suggests PTSD highly likely.
- UCLA Brief COVID-19 Screen for youth PTSD
  - Available in English and Spanish
  - Score >20 potential PTSD

WHAT DO YOU DO WHEN A KID SCREENS POSITIVE?

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"I'm sorry that happened to you.
That sounds like it might have been confusing and scary…"

WHAT DO YOU DO WHEN A KID SCREENS POSITIVE?

"You are not alone, it is not your fault, and I will help."

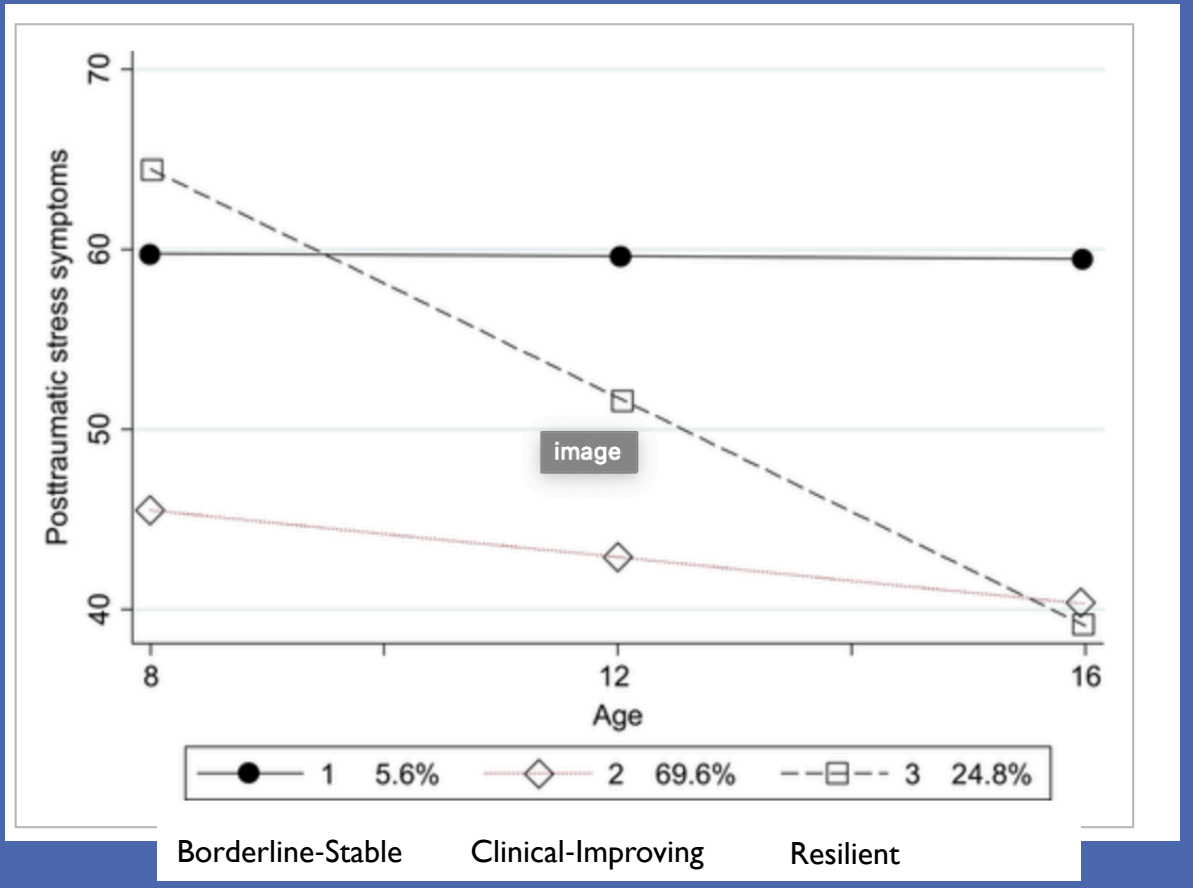
PTSD PATTERNS OVER TIME: FORTUNATELY, MOST SX IMPROVE

3 patterns of symptoms:

- 70 % Resilient
- 25 % Clinical-Improving (evolve and improve over time)
- 5 % Borderline-Stable (chronic course with subclinical)

- From longitudinal Study of Child Abuse & Neglect
  - N = 1,178 at-risk children
  - Multiple evals between 4-18 years of age.

(Miller-Graff & Howell, 2017).



MAJOR RISK FACTOR FOR PERSISTENT SYMPTOMS

Violence at Home (IPV) & Community is a common predictor for clinical and persistent symptoms

- Substantiated by many previous studies
- Some trauma screens do not include witnessing violence.
- Indirect exposure to trauma must be included in assessment

RESILIENCE: WHAT TIPS THE BALANCE?

Adverse Events

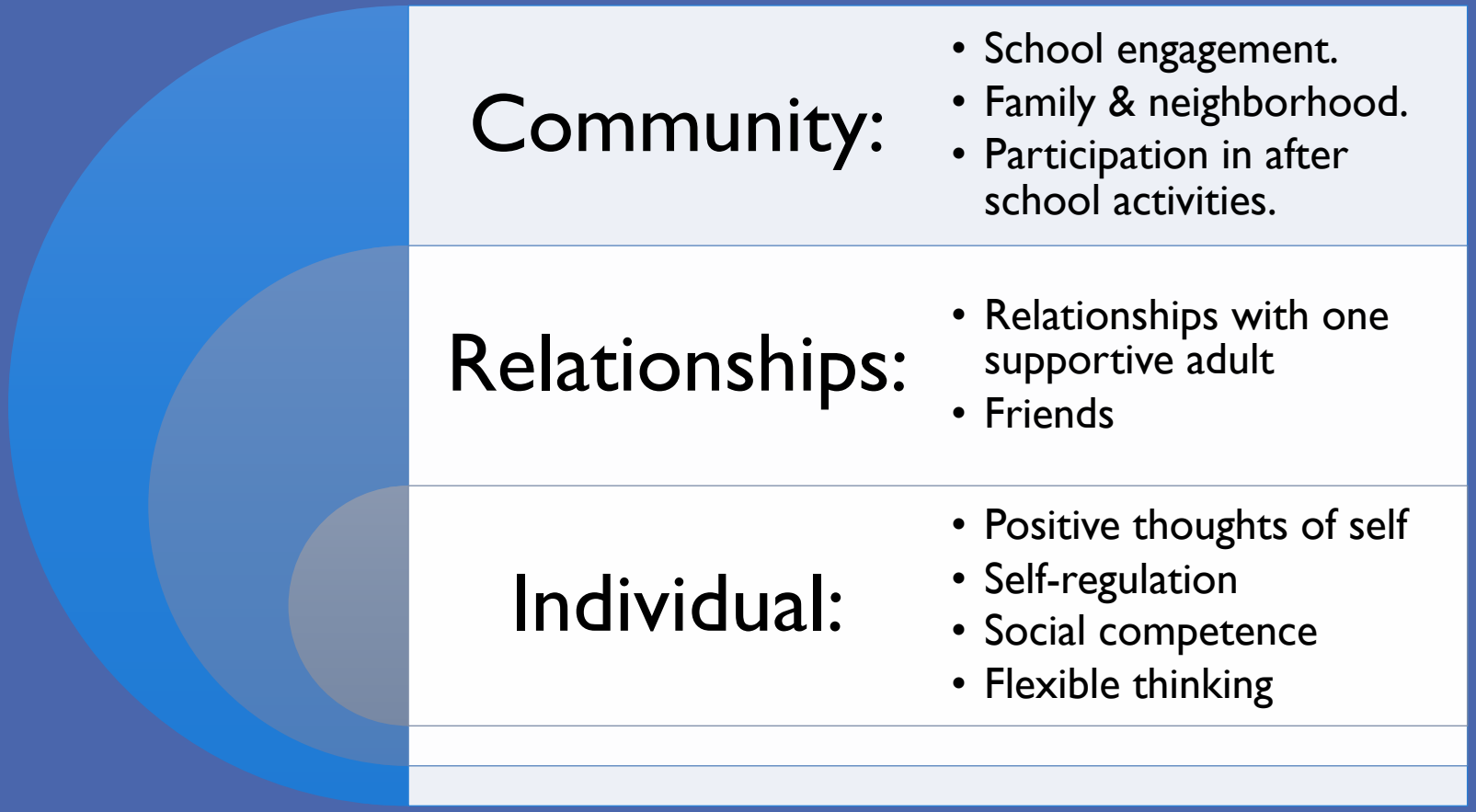
Benevolent Events

PROTECTIVE FACTORS

- Benevolent childhood experiences (BCE)
  - Did you have…a care giver with whom you felt safe?
  - At least one good friend?
  - Any beliefs that gave you comfort?
  - At least one teacher who cared about you?
  - Likes school?
  - Good neighbors?
  - An adult who could provide you with support or advice?
  - Opportunities to have a good time?
  - Did you like yourself or feel comfortable with yourself?
  - A predictable home routine?

  - Higher levels associated with less PTSD and stressful life events in pilot study with pregnant women (Narayan, Rivera, Bernstein, Harris, Lieberman; 2018)

PROTECTIVE FACTORS



SCREENING CAREGIVERS

- Given that a stable, consistent and healthy caregiver can be a buffer, can we screen and support primary caregiver?
  - Modifiable ACE: perinatal depression
    - Edinbburgh postnatal depression.
  - Partnering with parent
    - Meeting with parents alone when possible.
    - Referrals in place for more support for parents.

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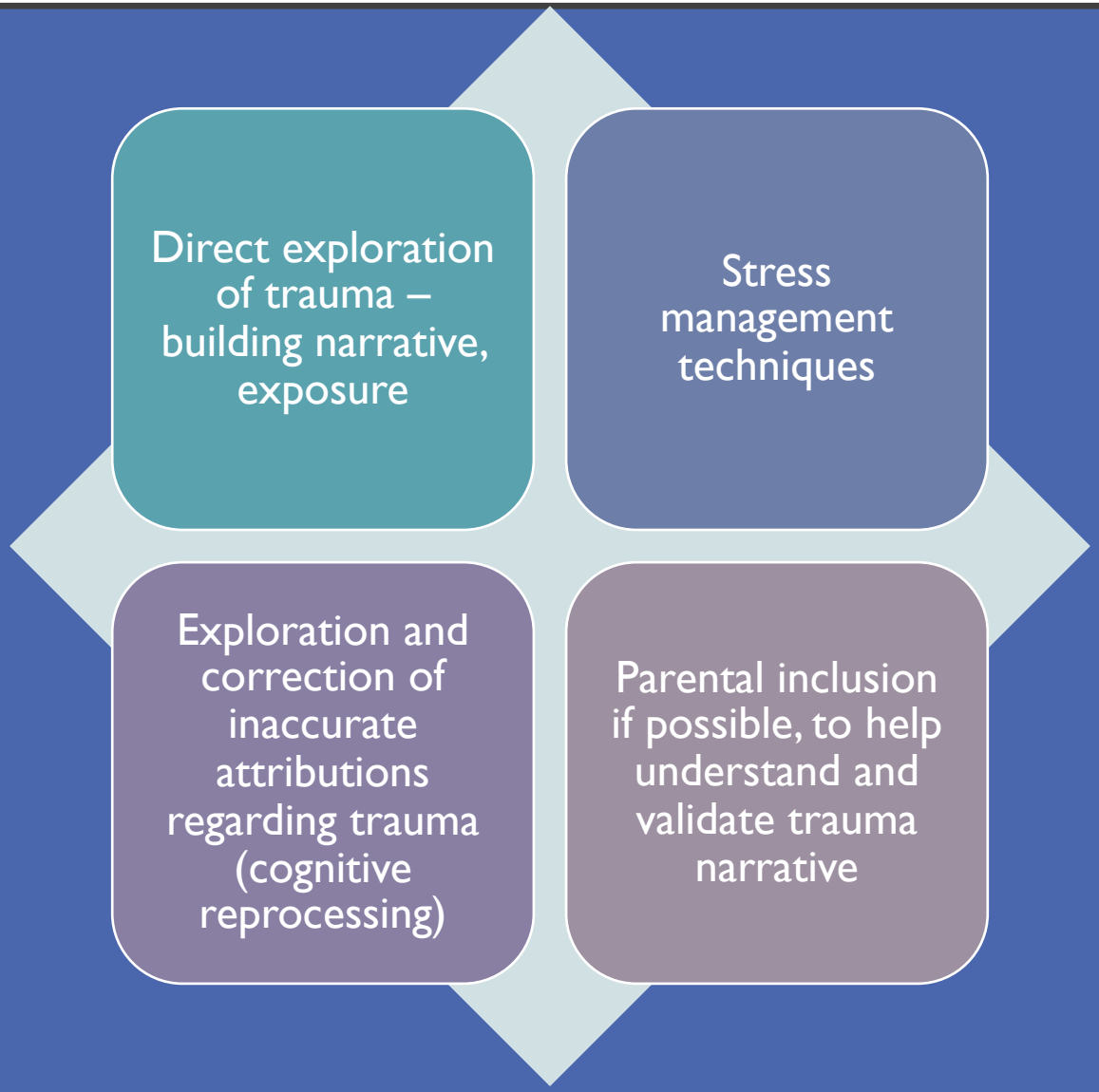
EVIDENCE-BASED TX

- Multiple ACES/At-risk youth
  - Parent-child interactive therapy
  - Child parent psychotherapy to help child & parent attune
- PTSD
  - Trauma focused CBT (ages 3+)
  - Child and family traumatic stress intervention

- Complex trauma
  - ARC: Attachment, regulation, competency
  - ITCT: Integrative treatment of complex trauma

PTSD ESSENTIAL TX COMPONENTS



The 5-4-3-2-1 Coping Technique

Ease your state of mind in stressful moments.

Acknowledge *5* things that you can see around you.

Acknowledge *4* things that you can touch around you.

Acknowledge *3* things that you can hear around you.

Acknowledge *1* thing that you can taste around you.

Acknowledge *2* things that you can smell around you.

WORKING WITH KIDS AND CAREGIVERS

- Psychoeducation to parents.
- Moving from understandable thoughts "It was my fault" or "Nothing is safe anymore" to validation/safety.
- Attributional distortions explored and challenged in a manner going beyond mere reassurances.
- Accomplished by step-by-step logical analysis during therapy.

- Example:

Ron was able to say with father present that he believed it was his fault that father went to jail. Dad able to correct this distortion in session. And Ron may need help recognizing and correcting attributional distortions in Ron's story of his past.

PSYCHOPHARMACOLOGY

- Adjunctive - NOT one of the established elements of treatment
- Theories; some reports of med efficacy; no randomized trials.
- Medications used to treat prominent symptoms or co-morbid psychiatric conditions.
- Examples:

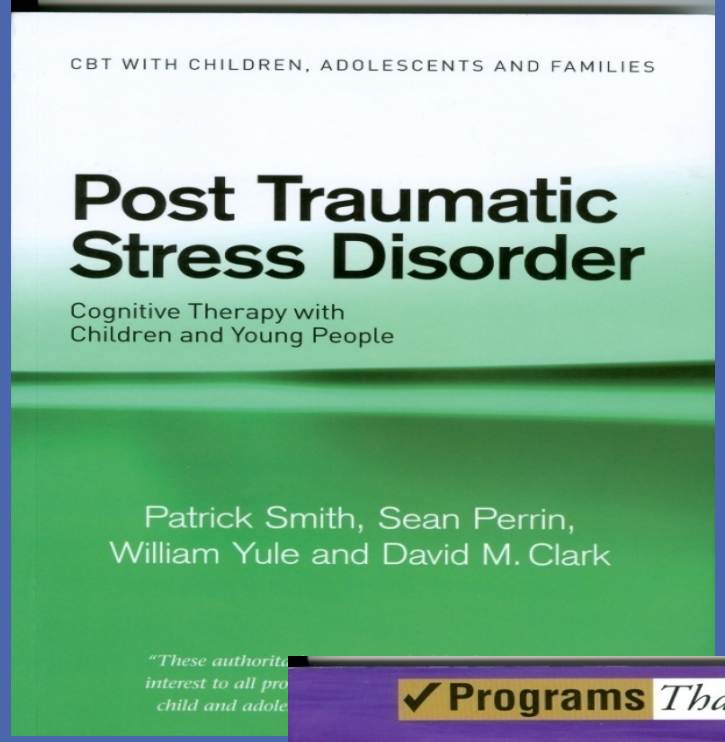
Core PTSD sx	Complex PTSD
• Hyperarousal - alpha agonists	• Emotion regulation - SSRIs

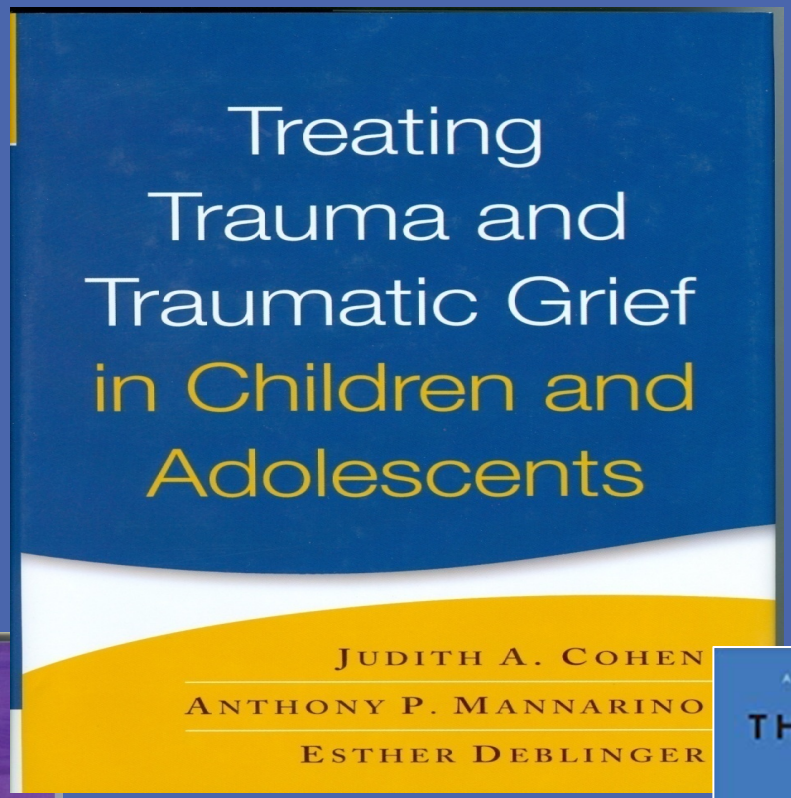
DEVELOPING A TRAUMA-INFORMED COMMUNITY

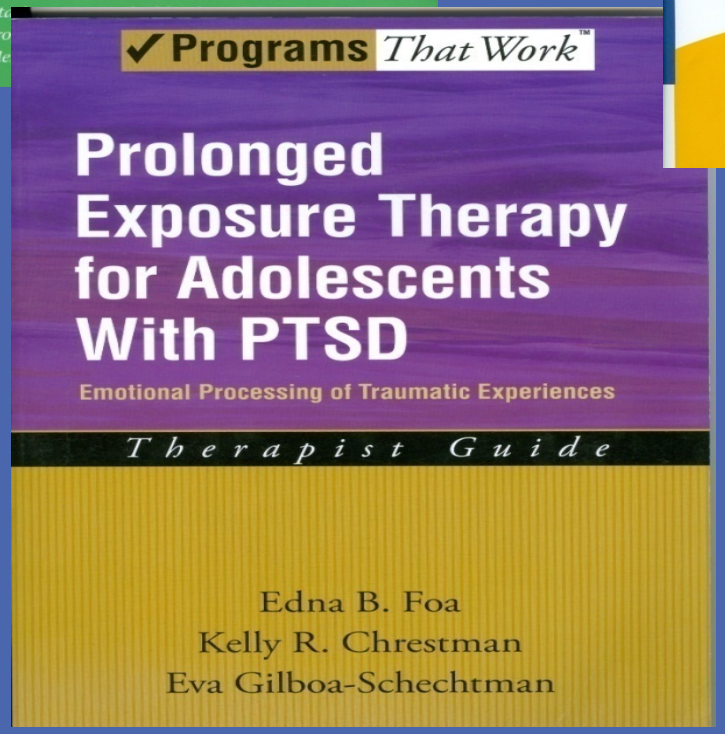
- Notice your own response to patient experiences & that of your colleagues.
- Find care practices that work for you and are sustainable.
- Know you are not alone in this work.
- Get to know your resources (internal and local).
- VOTE!

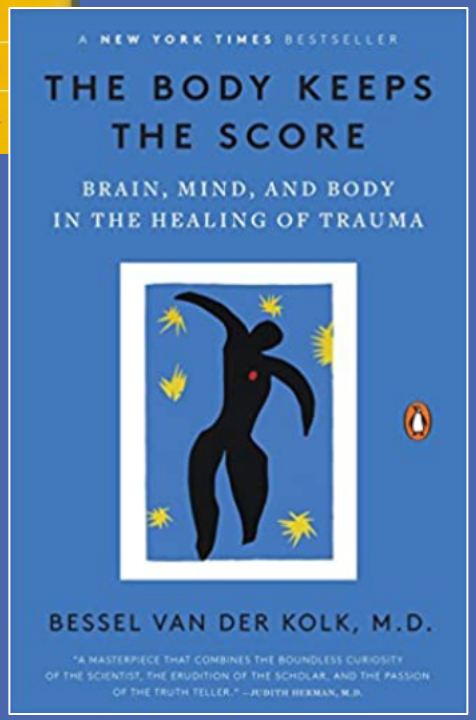
TAKE AWAYS

- Trauma is ubiquitous.
- Most youth are resilient.
- Most severe trauma sequalae occurs in context of absent protective relationships.
- Promote safety. Screen frequently. Validate.


CBT WITH CHILDREN, ADOLESCENTS AND FAMILIES
Post Traumatic Stress Disorder
Cognitive Therapy with Children and Young People
Patrick Smith, Sean Perrin, William Yule and David M. Clark


Treating Trauma and Traumatic Grief in Children and Adolescents
JUDITH A. COHEN
ANTHONY P. MANNARINO
ESTHER DEBLINGER


Programs That Work™
Prolonged Exposure Therapy for Adolescents With PTSD
Emotional Processing of Traumatic Experiences
Therapist Guide
Edna B. Foa
Kelly R. Chrestman
Eva Gilboa-Schechtman


A NEW YORK TIMES BESTSELLER
THE BODY KEEPS THE SCORE
BRAIN, MIND, AND BODY IN THE HEALING OF TRAUMA
BESSEL VAN DER KOLK, M.D.

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