



Trauma Informed Care 2: Screening

Robert R Althoff, MD, PhD

Associate Professor of Psychiatry, Pediatrics, & Psychological Science

Medical Director, UVMHN-CVPH Psychiatry, Plattsburgh, NY

Director, Adirondack Division of Psychiatry

Vice Chair, Department of Psychiatry

The Larner College of Medicine at the University of Vermont

Disclosures

I have the following relevant financial relationship with a commercial interest to disclose:

- I receive or have received research support from NIMH, NIDA Klingenstein Third Generation Foundation
- I am a partner in WISER Systems, LLC, which, with UVM, owns the rights to SERAS, a suicide risk assessment tool

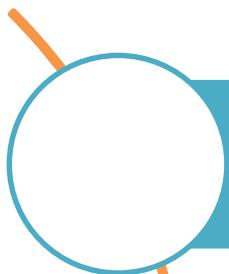
Speaker Info

Robert Althoff, MD, PhD

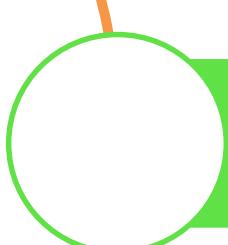
Associate Professor of Psychiatry, Pediatrics, & Psychological Science
Medical Director, UVMHN-CVPH Psychiatry, Vice Chair,
Department of Psychiatry
The Larner College of Medicine at the University of Vermont

Contact:
(802) 656-1070, ralthoff@uvm.edu

Learning objectives



Learn the importance of trauma informed care principles & strategies for applying to your practice.

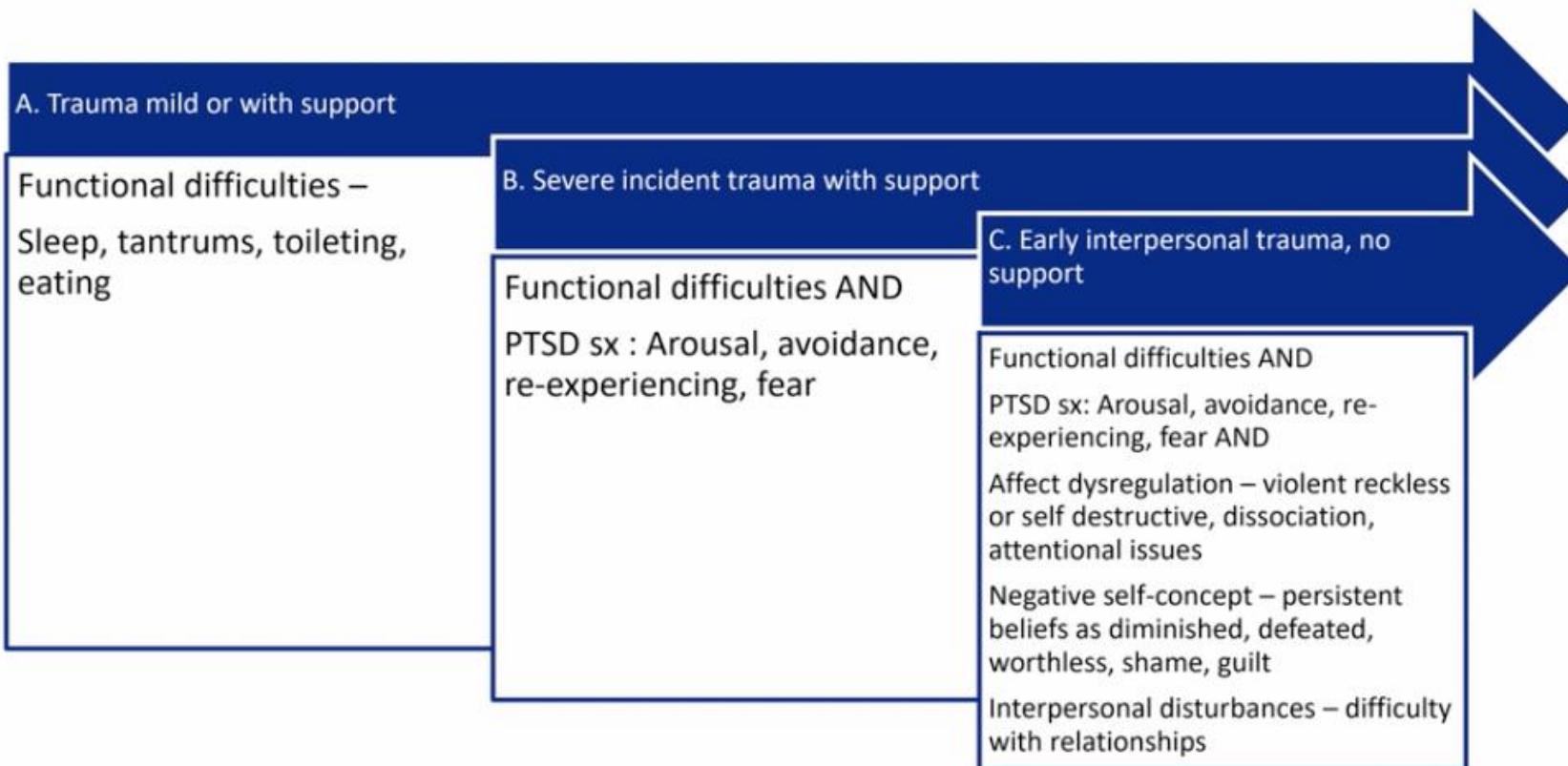


Learn evidence-based prevention and treatment to support resilient patients, families, and yourself.



Identify developmentally appropriate strategies for assessing, diagnosing and treating trauma and trauma-related disorders.

TRAUMA SPECTRUM: FUNCTIONAL SYMPTOMS, PTSD AND COMPLEX TRAUMA



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



PTSD in DSM-5

- Traumatic event (Criterion A) + 4 clusters + impairment x one month
- Clusters:
 - **B: Intrusive symptoms**
 - For kids – repetitive play with trauma themes
 - Frightening dreams without recognizable content
 - Trauma reenactments during play
 - **C: Persistence avoidance**
 - **D: Negative changes in cognition and mood**
 - **E: Hyperarousal and reactivity changes**

Trauma and Stressor Related Disorders

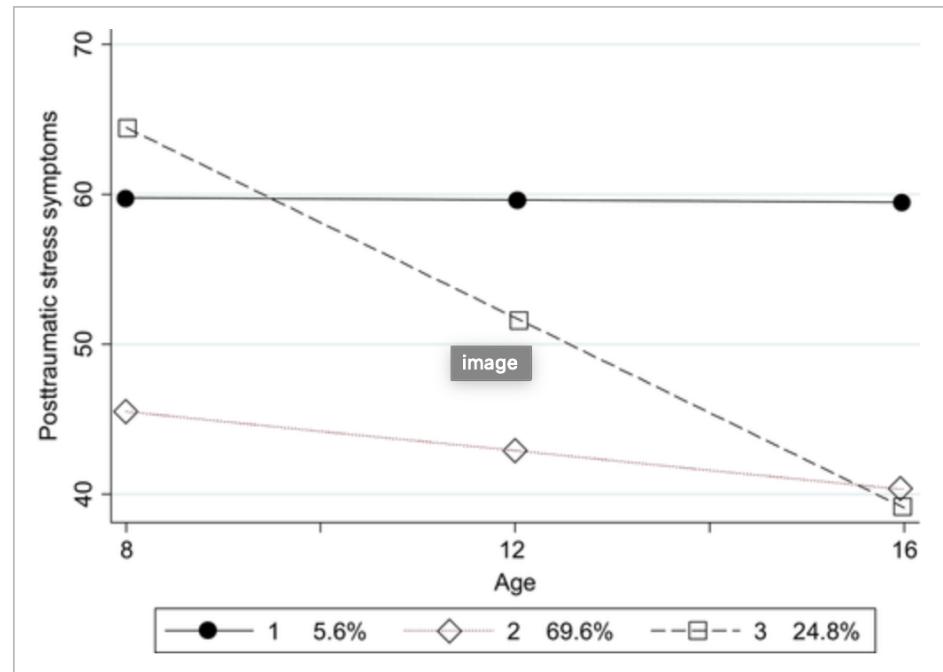
- Acute Stress Disorder
- Adjustment Disorders
- Post traumatic stress Disorder
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Other Specific Trauma and Stressor Related D/O
- Unspecified Trauma and Stressor Related D/O

PTSD patterns over time: Fortunately, most improve

3 patterns of symptoms:

- 70 % Resilient
- 25 % Clinical-Improving
- 5 % Borderline-Stable
- 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).



What predicts persistent symptoms?

Home & community violence (IPV) are common predictors

- 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

Framing Why We Ask

Conduct inquiry for presence of trauma

Inquiry + conversation +
screening tool (as needed) =

Better understanding of
patient's history, needs and
resilience factors

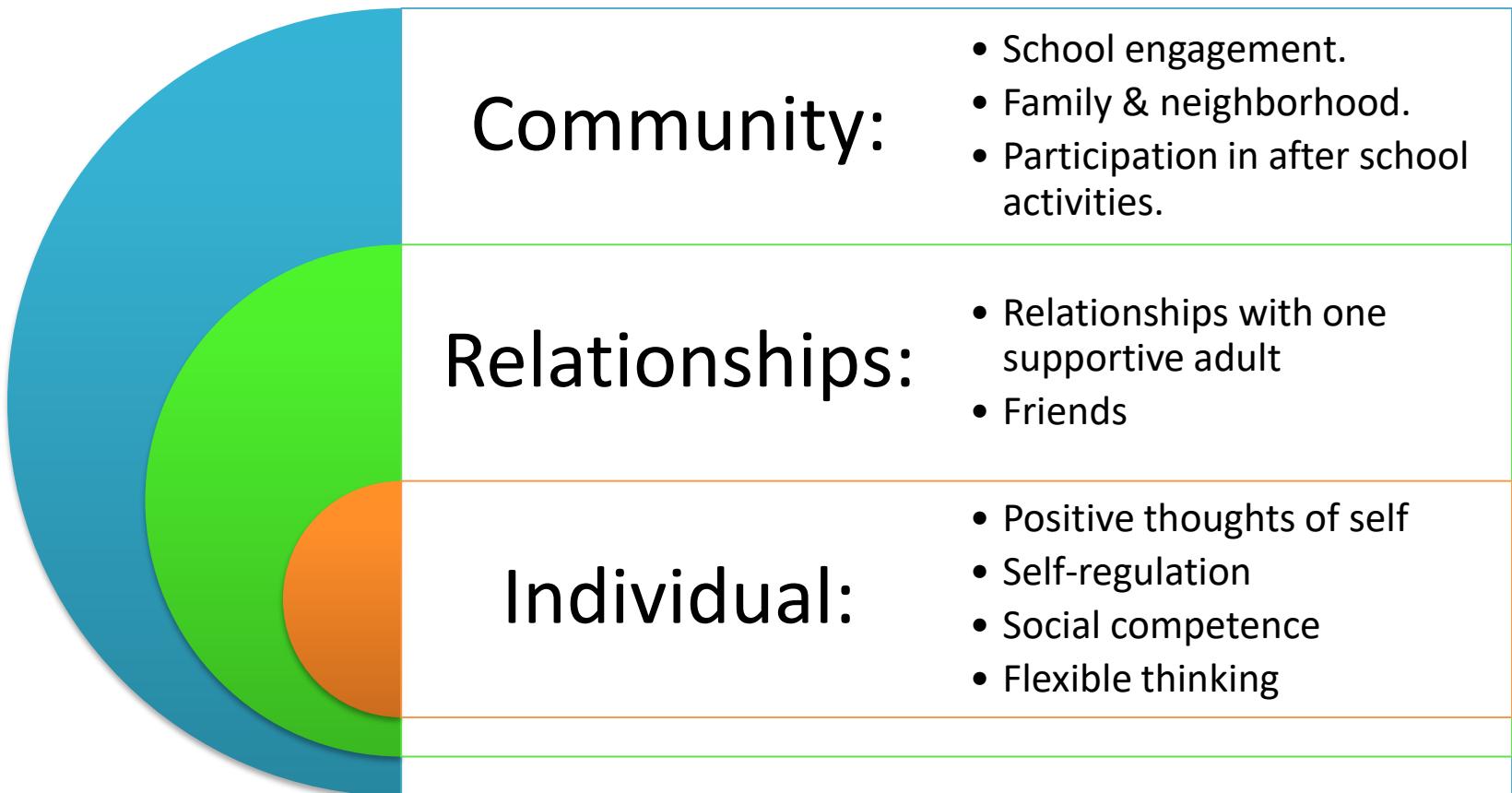
Benevolent Childhood Experiences

- 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



Universal Screening Tools

- ACES/BCES for parents
- ACES/PEARLS for youth
- SEEK for 0-5 youth
- BCES for youth
- Care process model

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: Caregiver

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

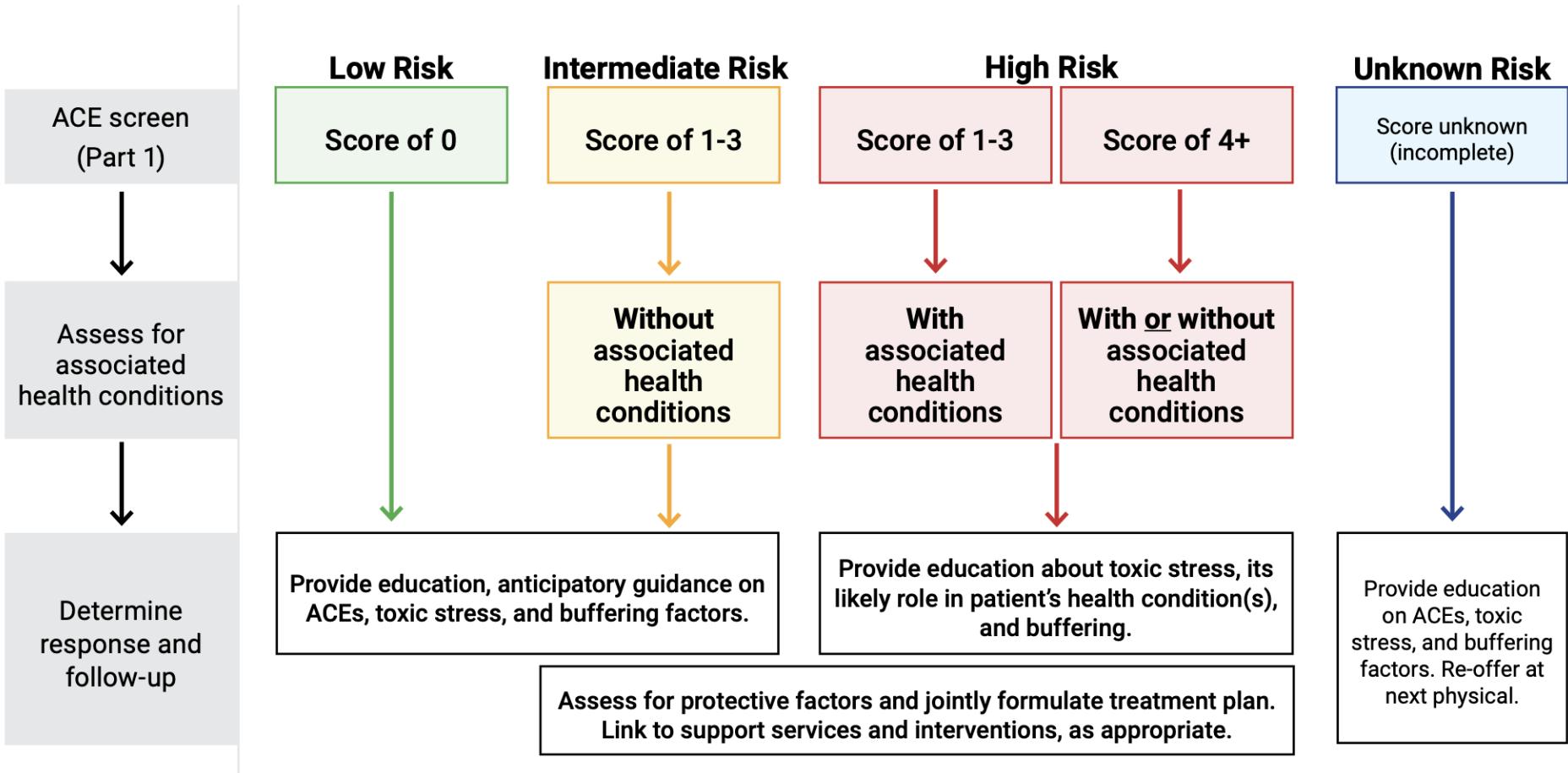
PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)



Add up the "yes" answers for this first section:

ACES Screening





Parenting with ACEs



As an adult, you may still feel the effects of your own Adverse Childhood Experiences (ACEs). What does this mean for your own health? This depends on how many ACEs you experienced as a child. It *also* depends on whether you've had certain positive experiences that help reduce the effects of stress. These positive experiences are known as "protective factors." Did a friend, family member, or mental health care professional provide support during your childhood? Do you have a good support system in place now? These experiences help reduce the effects of ACEs. The impact of ACEs also depends on factors such as how you personally manage stress. Let's start by talking about how stress works.

The stress response

Your body's stress response is designed to help you survive. When you sense danger or any kind of threat, your body's natural reaction is to increase blood pressure and heart rate so you have the energy to run or fight back. Another reaction is to freeze and shut down. These reactions are your body's way of trying to keep you safe. When used from time to time, these stress responses work well. However, when you experience frequent or severe stress during childhood, your body may learn to respond to small problems as if they were big ones. This could be why little things, even a toddler's tantrum or spilled milk, can feel overwhelming. It can also explain why you may sometimes feel anxious and threatened even when in a safe and calm place. When you're only a little stressed, you may feel alert, aware, and able to cope well. But when you become overly stressed, you may feel panicky and anxious. You may also feel numb, exhausted, or emotionally drained.

Breaking the ACEs Cycle

In addition, being a parent with ACEs can increase the risk that your children will also have ACEs. It's important to know about this connection. Ensuring that you and your child live in a safe, trusting and healthy environment is one of the most important steps you can take to protect your child. If you need resources, your health care provider or a mental health professional can help.

The good news!

Although people with ACEs may be at higher risk for many health issues, it's never too late to get support! Because bodies and brains are constantly growing and changing, things you do to improve your health *today* can make a *big difference* over time! Learning healthy ways to cope with stress and build resilience can help. This skill-building means developing healthy habits for stress management now that improve your ability to handle difficult situations *in the future*. Also, learning about what's age-appropriate for your child can give you perspective when his behavior is challenging.



How to reduce the effects of ACEs

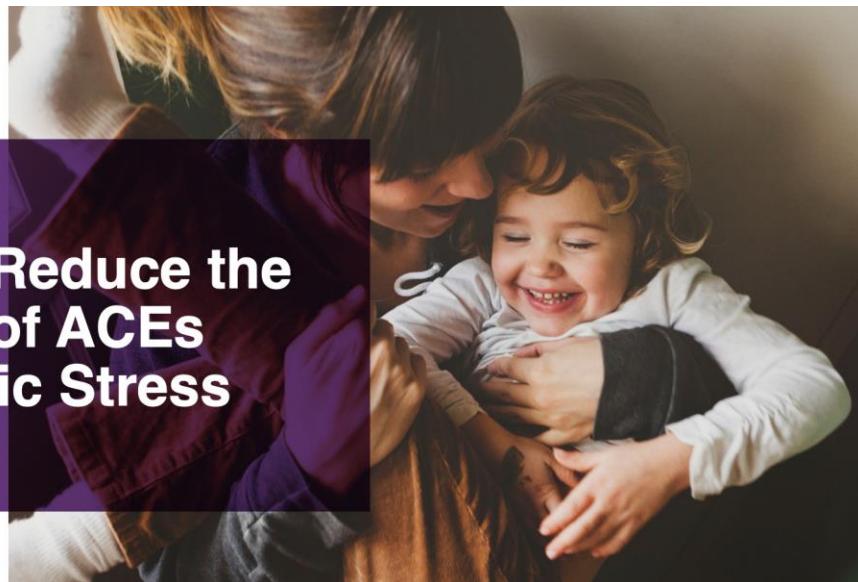
Many lifestyle changes can help reduce the effects of ACEs. Relationships with other supportive adults can help your brain and body *turn down the stress response* and build resilience. Making time to relax, engage in a fulfilling hobby, or participate in a fun activity can help a lot, too! Good sleep habits, healthy eating, and regular exercise are other important tools to manage stress. Mindfulness practices can also help. Some parents find it helpful to seek out mental health professionals for their own exposure to ACEs and trauma. Talk to your own doctor about the health risks associated with ACEs at your next medical visit. Together, these protective factors can help *improve the health and well-being* of your whole family!

What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:

Modelling and scaffolding how to

- Tune in and learn child's signals
- Learn how to soothe your child and yourself
- Talk and play with your child
- Manage your own stress

How to Reduce the Effects of ACEs and Toxic Stress



ACES Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child's physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children's brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child's health. [Check the goals that you are picking for yourself and your family!]

- Healthy relationships.** We've set a goal of...
 - Using respectful communication even when we are upset or angry
 - Spending more high-quality time together as a family, such as:
 - Having regular family meals together
 - Having regular "no electronics" time for us to talk and/or play together
 - Talking, reading, and/or singing together every day
 - Making time to see friends to create a healthy support system for myself and our family

Stepped Care: Prevention Tiers

Indicated –

- Referral to appropriate services + treatment

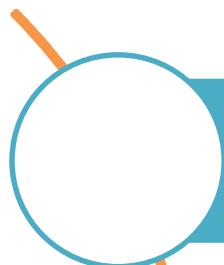
Selected –

- Leveraging BCES; extra outreach
- Psychoeducation buffering toxic stress; reaching “newborn parents”
- More direct questions about ongoing trauma

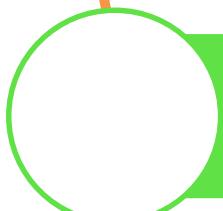
Universal –

- Screen for ACES, BCES, PEARLS, SDH, and ongoing trauma.
- Develop scaffolding relationship with family.
- Entire visit experience from receptionist to paying the bill matters.

Learning Objectives



Learn the importance of trauma informed care principles & strategies for applying to your practice.



Learn evidence based prevention and treatment to support resilient patients, families, and yourself.



Identify developmentally appropriate strategies for assessing, diagnosing and treating trauma and trauma-related disorders.

Trauma SX Developmentally

Preschool:

- Reduced play

School-age:

- New fears
- Regression

Adolescent:

- Reckless behavior
- Self-imposed restrictions

Frayed: Signs of Trauma



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

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.

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.

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

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.

“Stressful and scary events sometimes happen. Has there been a time where you felt really scared for your safety or someone else’s at home or in the community?”

What do you do when a kid screens positive?



Acknowledge

Validate

Follow up

Report if required

What do you do when a kid screens positive?

“I’m sorry that happened to you.
That sounds like it might have
been confusing and scary...”

Acknowledge

Validate

Follow up

Report if required

What do you do when a kid screens positive?



Acknowledge

Validate

Follow up

Report if required

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

How to Assess Trauma Disorder

Four Approaches to Trauma Inquiry

- Assume a history of trauma without asking
- Screen for the impacts of past trauma instead of for the trauma itself
- Inquire about past trauma using open-ended questions
- Use a structured tool to explore past traumatic experiences

Screening for 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
- Pediatric Traumatic Stress Screening Tool

Thank you!

- Email me at:
ralthoff@uvm.edu
- Follow me on Facebook:
www.facebook.com/childpsychvt
- Or Twitter: [@childpsychvt](https://twitter.com/childpsychvt)



*Image Credit: U.S.
Department of Energy
Human Genome Program*