

Childhood Trauma and Resilience: ACEs and Trauma-Informed Care Pediatric Settings

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Disclosure

- I do not have any relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.



Learning Objectives

- Recognize the prevalence and clinical importance of identifying trauma and its presentation in children
- Establish a partnering relationship to build safe, stable, nurturing caregiving in which
 - we are the health experts and recognize
 - the parent as the expert in their family and culture
- Adopt a few strategies to promote resilience of children with trauma histories in pediatric settings
- Awareness around judicious use of ACE screening



Why is Trauma-informed Care Important?

- High prevalence (48-90%)
- Cumulative childhood adversities affect brain development and immune system function in ways that affect lifelong health.
- There is something we can do about it as pediatricians.
- Evidence-informed: derived from research in other fields
 - Attachment
 - Parenting
 - Resilience
 - Trauma-informed mental health care
 - Brain development and epigenetics

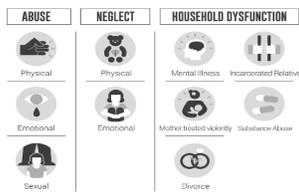


Occam's Razor and My Personal Journey

- Children entering foster care
 - High prevalence of abuse and neglect, and of developmental, mental health, behavioral, academic and physical health problems
- MH and behavioral
 - Multiple diagnoses: ADHD, ODD, Bipolar Disorder, Conduct Disorder, Adjustment Disorder, etc.
 - Psychotropic medications, sometimes multiple, in 1990s
- Improvements, sometimes dramatic, especially younger children & sometimes teens
- How does Occam's razor apply here?

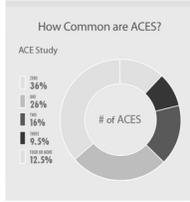


The Adverse Childhood Experiences (ACE) Study



Robert Wood Johnson Foundation, 2013
From The Adverse Childhood Experiences Study. http://www.acestudy.org/ace_score, 2015

Findings from Original ACE Study

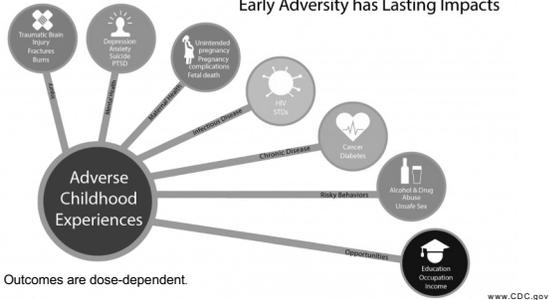


- Nearly 2/3's of a relatively low risk population from Kaiser Health recalled at least one childhood adversity
- 12.5% recalled 4 or more

www.CDC.gov

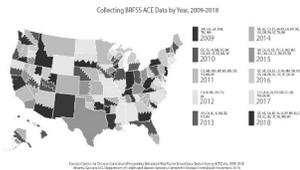


Early Adversity has Lasting Impacts



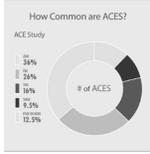
www.CDC.gov

BRFSS Study (2009-2018)

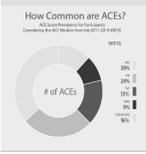


ACE Prevalence Then and Now (Adult Report)

Original Study (1990s)

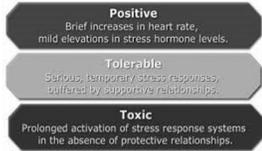


BRFSS Data (2011-14)



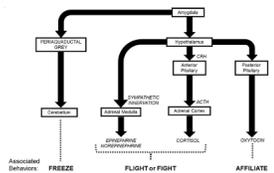
Definition of Toxic Stress

- Excessive or prolonged activation of stress response systems *in the absence of buffering protection from adult caregivers*



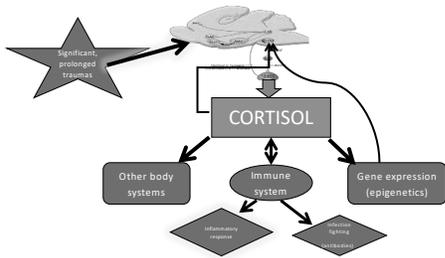
Source: What is Toxic Stress | College of Medicine, Florida State University
<https://med.fsu.edu/childStress/whats>. Accessed May 28, 2018.

Variable Responses to Threat

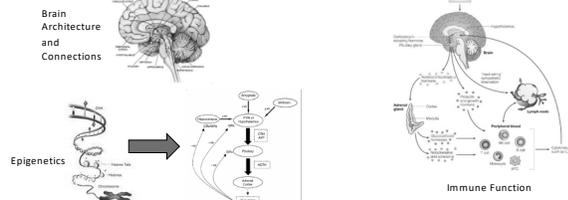


Source: Gerner AS, Saul RA. Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health. Basca, IL: American Academy of Pediatrics; 2018.

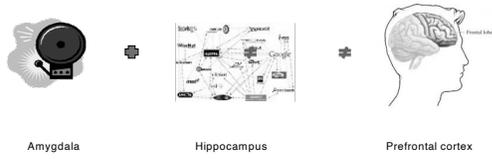
When the tiger lives in your home or life



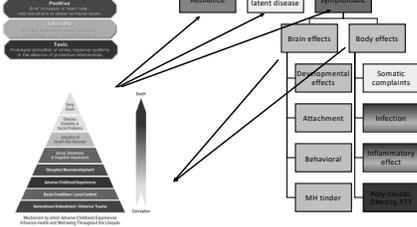
Stress Triggers Potentially Permanent Changes



Architecture of the Brain



Taxonomy of Stress



What Trauma Looks Like in Children

What do these developmental impacts look like?

- Infancy
- Early childhood
- Middle childhood
- Adolescent

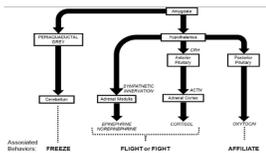
Orchids and Dandelions: Differential Sensitivity to Context



Source: Bruce J. Ellis and W. Thomas Boyce, "Biological Sensitivity to Context." *Current Directions in Psychological Science* 17, no. 3 (2008).



Variable Responses to Threat



Source: Garner AS, Saul RA. *Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health*. Itasca, IL: American Academy of Pediatrics; 2018.



What Can We Do in Our Settings?

We have a course for this



Pediatric Approach to Trauma, Treatment and Resilience

SAMHSA



What is Trauma-informed Care?

Trauma-informed care is defined by the National Child Traumatic Stress Network as medical care in which all parties involved assess, recognize, and respond to the effects of traumatic experiences on children, caregivers, and healthcare providers.

What is wrong with you?

What happened to you?

What is strong with you?



Resilience

Definition (courtesy of Anne Masten, PhD)

Dynamic process of positive adaptation to or in spite of significant adversities; can be applied to a child, family, system or community, or ecosystem.

Developmental: occurs over time

Dynamic: dependent upon interaction of our genes with our environment



Resilience: Ordinary Magic

For children, the pathways to resilience **develop in:**
the give and take of safe, stable and nurturing relationships
that are continuous over time (attachment).

And it develops in the growth that occurs through play,
exploration and exposure to a variety of normal activities and
resources.



THREADS

The Resiliency Factors of Childhood

- Thinking and learning brain
- Hope, optimism, faith
- Regulation or self-control
- Efficacy (self-efficacy)
- Attachment: secure
- Developmental skill mastery
- Social connectedness

The remarkable power of the ordinary in human development

Attachment Relationship

- **Protection** – provides a secure base to safely explore the world and relationships
- **Sense of self** – see self interpreted and reflected back by attachment figure
- **Self in relation to others** – foundation of social learning, understanding ourselves as a person in relation with others
- **Emotional regulation** – soothing by parent dampens stress response, restoring a *feeling of security*; over two decades the parent models and co-regulates as we integrate these skills
- **Executive function** – similarly, is initially provided by and then modeled and co-managed by caregiver until we eventually integrate into self
- **Developmental mastery** – of age-salient tasks
- **Self-efficacy** – sense of control over our environments and future

Childhood adversity is not destiny.

Impact of Trauma on the Brain and Development

- Prioritization of tasks and skills of survival
- Interferes with developmental tasks dependent on the availability of a safe, stable, nurturing caregiver and typical environment

Trauma Frays the Threads of Resilience

- Thinking and learning brain – shuts down
- Hope – dealing with present danger, not looking ahead
- Regulation or self control – impulsive responses to deal with threat, in fight or flight
- Efficacy – reacting to situation, not controlling it
- Attachment – acting alone, not available in toxic stress
- Developmental skill mastery – learning shut down
- Social connectedness – alone with threat

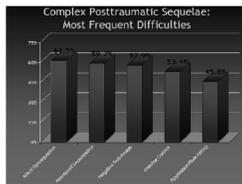
The THREADS of Resilience are FRAYED

So what does FRAYED look like?

You are at the end of your rope: FRAYED

- Frets and Fear
- Regulation difficulties
- Attachment relationship concerns
- Yelling and yawning
- Educational and developmental delays
- Defeated/dissociation/depressed

National Child Traumatic Stress Network



Engagement Requires Safety

Engagement

- Greeting
- Asking caregiver (or older child/teen) to share concerns
- Be present
- Open-ended questions (MI)
- Attuned, attentive listening
- Reflect back what hear
- Partnering
- Ask for their ideas
- Suggest ideas but adjust



How Do We Find Out About Trauma and ACEs? (Universal Surveillance)

- Ask or surveille:
 - "Has anything bad or scary ever happened to you or your child?"
 - "Are you raising your children the way you were raised?"
 - "Has anyone come or gone from the home lately?"
- History: symptoms or concerns
- Observation of symptoms, relationship
- Information from screening we already do:
 - Maternal Depression
 - Developmental
 - Mental Health
- Family history and social history

CA ACEs Aware

- CA Office of Surgeon General
- Certification available on-line
- Payment: Medi-Cal patients
- Pearls Screen
 - ACEs
 - SDoH
 - Parent and self-report
 - English and Spanish
 - Report score to provider

Screen	DOB	HC	Date & Initial
1. ACE Categories			
2. Emotional Abuse			
3. Chronic Sexual Abuse			
4. Alcohol and/or Drug Abuse in the Household			
5. Institutional Residential Placement			
6. Significant Community Disruption, Mobility, Ill, Institutionalization or Violence			
7. Molested/Sexual Victimization			
8. One or No Parents, Parental Remarriage, or Divorce			
9. Emotional or Physical Neglect			
10. Self-harm			
11. Self-harm (Past or Current)			
12. Suicide (Past or Current)			
13. Suicide (Past or Current)			
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50. Suicide (Past or Current)			

ACE Screening

- Population Level Screen
 - Not validated screen with psychometric properties
 - Does not ask about symptoms or coping or strengths
- Screen
 - What for: Risks, symptoms
 - Who? CG, child or both?
 - Differentiate trauma from other diagnoses?
 - What screener? Risks (MDI, developmental screener, SDoH, ACEs?)
 - When? Once, every WCC, annual, new patients only, at major transition points in families?

Screening Issues

- Office flow concerns
- What to do with the results of screening?

Toolbox of skills to grow/repair each of the frayed THREADS

Psycho-education

- Trauma builds the alarm system in brain
- Danger or perception of danger → REACTION
- Not intentional
- The reminder or trigger might be minor
- Even if trauma past, feels like happening now

Under Threat: Dysregulated

Normal response to what has happened

Danger

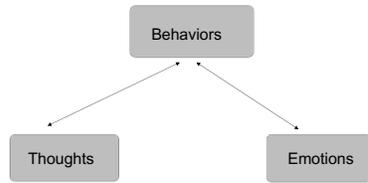
...contains the word anger, which is often what adults "see" when children feel frightened, frustrated, rejected, etc.

Caregivers and we may have to unpack the emotions inside the child's invisible suitcase to understand their behaviors.

Invisible Suitcase of Emotions



Cognitive Triangle



Emotional Container

- Tolerate strong emotions
- Respond calmly
- Remain present

Remain Present and Supportive

Caregiver helps child develop the language (thus identification) of emotions.

- Ruler:
- R**ecognize
 - U**nderstand
 - L**abel
 - E**xpress
 - R**egulate

The 3 Rs

- Reassurance of safety
- Routines
- Regulation (co-regulation)

Reassurance and Regulation

Reassuring the child they are safe through words and touch helps reduce stress responses. Parent is also helping the child regulate. Can also use words to build emotional vocabulary skills.

Reassurance and Regulation

- Sleep issues after trauma
- Reassurance
- Routines communicate safety
- Regulation: "holding child's mind in mind"
- Regulating: calming the stress response

Other Tricks of the Trade

Intentional use of positive parenting strategies

- Distraction (onto something fun)
- Simple choices
- Catch the child being good
 - Offer specific positive praise
- Rewards
- Time-In and Special Time In
 - Serve and return
 - Attuned attentive listening



Serve and Return: Special Time In

Time in is crucial for children who have experienced trauma. The simple act of spending time with a child conveys that the caregiver values them. You can read, sit, sing, or play together.



You Probably Know the Answers

- Empathy
- Understanding what happened to the parent
- Partner: "I know you want the best for your child"
- Small steps



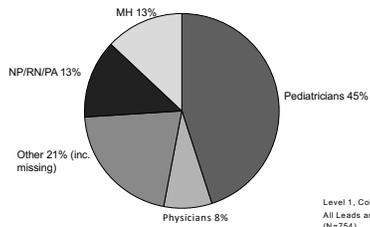
The Overwhelmed or Traumatized Parent

- FREQUENT check-in or see more often and build up skills over time
- Work on self-care (+ self-talk, supports, self-soothing)
- Build hope: "you can do it"
- Use community-based resources (childcare, head start, etc.)
- Refer to an evidence-based parenting program and work on same skills with them
- When child behaviors escalate: they are not failing; the child is adapting to new parenting approaches
- Follow-up, care coordination and referrals when needed



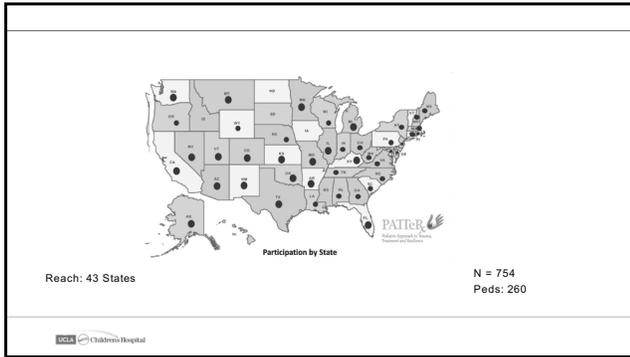


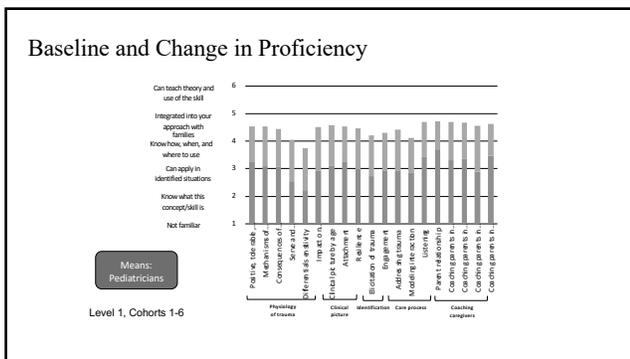
PROVIDER TYPE



Level 1, Cohorts 1-12,
All Leads and Team Members
(N=754)







Participant Reflection on the Level 1 Content and Learning

Impact on Patient Care/Sharing the content with others

- *"I can begin to explain impact of trauma to families and counsel them how to mitigate the negative effects. I also can influence staff, students, residents and other providers to do the same. Providing this care to families encourages them to seek out care even in the face of uncertainty and anxiety."* - L1C4
- *"The program really helped me see the next steps in pediatric trauma. I was familiar with ACEs and toxic stress, having learned about them as far back as my undergraduate years. This was the first time I have seen these concepts applied to patient care in direct, tangible ways."* - L1C6
- *"As a faculty member, I have more tools to teach residents and students about childhood trauma. I hope to facilitate more conferences about the topic and how to apply it in practical ways."* - L1C5

UCLA Children's Hospital

Future

- Resident training pilots **underway in 4 states**
- PATTeR Chat Manuals to accompany courses; Spring 2021
- Book: Child Trauma and Resilience: A practical guide. **April-May 2021**
- Clinical report and policy statement on trauma-informed care: Spring 2021 plus updated Toxic Stress
- Expanding the curriculum:
 - Racism
 - Adolescents with trauma
 - Parents with history of trauma
 - Medical Trauma



Parents and Pediatricians: Magicians of Ordinary Magic

- Focus on attachment relationship as context of rebuilding or building child and family resilience.
- Use continuity of care to build caregiver knowledge and skills over time.



The PATTeR Team

- UCLA
 - Andrea Ocampo MS
 - Nathalie Lopez, BS
 - Flor Arellano, BA
- Moira Inkelas, PhD
 - Hunter Gatewood, PhD
- Bonnie Zima, PhD
 - Lily Zhang
 - Linque Tang
- Friends at UCLA NCTSN Center
- AAP
 - Mary Crane, PhD
 - Tammy Hurley
 - Zaneta Balaban
 - Amy Shah
- UMASS
 - Heather Forkey, MD
 - Jessica Griffen, PhD



References

For more information on this subject, see the following:

- A. National Child Traumatic Stress Network: Parenting the Traumatized Child (<https://NCTSN.org/>)
- B. Harvard Center for the Developing Child (<https://developingchild.harvard.edu/>)
- C. Sesame Street in Communities (<https://sesamestreetincommunities.org/>)
- D. AAP PATTeR ECHO; still two courses left to sign up for (ashah@aap.org; zbalaban@aap.org)

Coming soon from the AAP:

- Policy Statement and Clinical Report on Trauma-informed Care (early 2021)
- Textbook: Trauma-Informed Care: A Practical Guide (early 2021)
