Trauma, the Body, and the Brain

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Introduction

- Pediatric illness and injury are among the most common potentially emotionally traumatic experiences for children and their families.
- Recently the term traumatic stress has been used to describe the psychological functioning of children experiencing a chronic illness.
- Up to 80% of pediatric patients and their families report experiencing some traumatic stress following illness, injury, hospitalization, or painful medical procedures.
- When used in conjunction with family-centered practices, trauma-informed approaches enhance the quality of care for patients and their families and the well-being of medical professionals and support staff.
Presentation Purpose

- To describe the prevalence of trauma exposure
- To discuss the impact of trauma on children and their families
- To raise awareness among health care providers about traumatic stress associated with pediatric medical events and medical treatment, and
- To promote trauma-informed practice in pediatric health care
Child Traumatic Stress
Child traumatic stress

- **Trauma:** When a child feels intensely threatened by an event he or she is involved in or witnesses.

- **Traumatic Stress:** A psychological reaction that some children have to a traumatic experience.

- (National Child Traumatic Stress Network - NCTSN)
Types of Trauma

- Psychological, Physical, or Sexual Abuse
- Community or School Violence
- Witnessing or Experiencing Domestic Violence
- Natural Disasters or Terrorism
- Commercial Sexual Exploitation
- Sudden or Violent Loss of a Loved One
- Refugee or War Experiences
- Military Family-Related Stressors
- Physical or Sexual Assault
- Neglect
- Medical procedures, life threatening illness, or serious accidents

(Substance Abuse and Mental Health Services Administration-SAMHSA)
Prevalence of Trauma in Children

- 2/3 of children reported at least 1 traumatic event by age 16
- In 2013 679,000 or 9.1 per 1,000 children were victims of child abuse and neglect
- 1 in 4 high school students was in at least 1 physical fight
- 1 in 5 high school students was bullied at school
- 1 in 6 experienced Cyberbullying
- 19% of injured and 12% of physically ill youth have post-traumatic stress disorder
- More than ½ of U.S. families have been affected by some type of disaster (54%).
Affects of Child Traumatic Stress

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children
Signs of Traumatic Stress

- **Preschool Children:** Fear of being separated from their parent/caregiver; Cry or scream a lot; Eat poorly or lose weight; Have nightmares
- **Elementary School Children:** Become anxious or fearful; Feel guilty or shame; Have a hard time concentrating; Have difficulty sleeping
- **Middle and High School Children:** Feel depressed or alone; Develop eating disorders or self-harming behaviors; Begin abusing alcohol or drugs; Become involved in risky sexual behaviors
Medical Traumatic Stress
Medical Traumatic Stress

- Pediatric medical traumatic stress refers to a set of psychological and physiological responses of children and their families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. These responses may include symptoms of arousal, re-experiencing, and/or avoidance. They may vary in intensity, are related to the subjective experience of the event, and can become disruptive to functioning.

- Prevalence of medical traumatic stress
  - 2006 Meta-analysis found average of
    - 20% in studies of injured children
    - 12% in studies of ill children
    - Similar rates for parents of ill children

(Kahana, et al., 2006)
Prevalence of Childhood Chronic Illnesses

- 5 out of 100 American children are hospitalized for a major acute or chronic illness, injury, or disability.
- 20 million children in the US each year suffer unintentional injuries,
- Over 11,000 children are diagnosed with new cancers each year in the US, and there are an estimated 250,000 children who are cancer survivors.
- More than 1,000 children have organ transplants each year and several thousand more are awaiting transplants

(National Child Traumatic Stress Network - NCTSN)
Why do medical events potentially lead to traumatic stress?

- These events challenge beliefs about the world as a safe place; they are harsh reminders of one’s own (and the parent’s) vulnerability.
- There can be a realistic (or subjective) sense of life threat.
- High-tech, intense medical treatment may be frightening, and the child or parent may feel helpless.
- There may be uncertainty about course and outcome of treatment.
- Pain or observed pain is often involved.
- Exposure to injury or death of others can occur.
- The family is often required to make important decisions in times of great distress.
Traumatic Stress Response

- Studies have documented that after a pediatric injury:
  - Many children and their parents initially have at least a few traumatic stress symptoms:
    - new trauma-related fears, depression,
    - general anxiety
    - Increased family stress
    - Behavioral changes in the child
  - Arousal
    - Fearful
    - Jumpy
    - Insomnia
  - Re-experiencing
    - Intrusive thoughts
    - Flashbacks
  - Avoidance
    - Avoidance of reminders of trauma
  - Dissociation
    - Memory Problems

Children exposed to a potentially traumatic event are at risk for developing traumatic stress reactions. Additionally, chronic exposure to other stressors and traumas such as poverty and violence within neighborhoods or homes can create "toxic stress," which has been associated with behavioral and learning challenges as well as physical and emotional consequences through adulthood.

Pediatric healthcare providers play a key role in preventing injury-related post-traumatic stress by providing “trauma-informed” pediatric care, which includes recognizing pre-existing trauma, addressing acute traumatic stress reactions associated with the traumatic event, minimizing potentially traumatic aspects of treatment, and identifying children who need additional monitoring or referrals for more help.
Trauma informed care objectives

- Ensure that children have access to effective trauma services and interventions
  - Increase knowledge about trauma within systems
  - Increase skills for identifying and triaging traumatized children
  - Promote strong collaborations across systems and disciplines
UNIVERSAL trauma-informed care

- Minimize potentially traumatic aspects of medical care and procedures
- Provide child and family with basic support and information
- Address distress (pain, fear, loss)
- Identify family strengths and resources (help parents and family help the child)
- Screen to determine which children and families might need more support, and make appropriate referrals
- Provide anticipatory guidance about adaptive ways of coping
What health care professionals can do

- Provide information and basic coping assistance for all children & families facing potentially traumatic medical experiences (illness, injury, painful procedures).
- Promote early identification and preventive interventions with children & families who may be more vulnerable to posttraumatic stress.
- Refer high-risk families and those with persistent traumatic stress symptoms for mental health assessment and intervention.
- Further educate yourself through continuing education, reading professional literature, and consultation with knowledgeable colleagues.
Treating and Preventing Traumatic Stress

Prevention Model:
Addressing traumatic stress in the pediatric healthcare setting

CLINICAL/TREATMENT
- Persistent and/or escalating distress
- High risk factors

TARGETED
- Acute distress
- Risk factors present

UNIVERSAL
- Children and families are
- Distressed but resilient

Consult behavioral health specialist.

Provide intervention and services specific to symptoms. Monitor distress.

Provide general support – help family help themselves
Provide information and support. Screen for indicators of higher risk.
Assessing and Treating Traumatic Stress Using the D-E-F Protocol:

- All health care providers treating children, regardless of discipline, should be “trauma-informed.” This means that they should incorporate an understanding of traumatic stress and related responses into their routine encounters with children and families.
- The D-E-F protocol provides a straightforward and reliable method for identifying, preventing, and treating traumatic stress responses at the time of need and within scope of practice.
- Healthcare providers are experts in treating illness, restoring functioning, and saving lives. After attending to the basics of children’s physical health (the A-B-C’s), providers can promote their patients’ health and recovery by paying attention to the next steps — “D-E-F”
  - Reduce DISTRESS
  - Promote EMOTIONAL SUPPORT
  - Remember the FAMILY
# D-E-F Protocol for Trauma Informed Care

## Healthcare Providers’ Guide to Traumatic Stress in Ill or Injured Children

***AFTER THE ABCs, CONSIDER THE DEFs***

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<td>• Assess and manage pain.</td>
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<td>• Ask about fears and worries.</td>
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<td>• Consider grief and loss.</td>
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<th>EMOTIONAL SUPPORT</th>
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<td>• Who and what does the patient need now?</td>
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<td>• Barriers to mobilizing existing supports?</td>
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<td>• Assess parents’ or siblings’ and others’ distress.</td>
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<td>• Gauge family stressors and resources.</td>
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<td>• Address other needs (beyond medical).</td>
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Training pediatric healthcare providers in trauma-informed care

- Pediatric healthcare providers play a key role in preventing injury-related post-traumatic stress by providing trauma-informed care (TIC).
- Training in trauma-informed care should not take much additional time for medical staff. When implemented well, it teaches doctors, nurses, and other healthcare providers to seamlessly integrate an understanding of traumatic stress in routine care to help patients cope with their emotional reactions to injury by:
  - taking steps to lessen the traumatic aspects of medical care
  - providing patients and families with basic information and support
  - screening for psychosocial risks.
  - educating patients and co-workers about traumatic stress reactions and sharing effective coping resources
Provider Resources

- National Child Traumatic Stress Network: The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.
  - http://www.nctsn.org/

- Health Care Tool Box - Trauma Informed Care: This site is intended for health care professionals, to help improve comprehensive care for children and their families.
  - http://www.healthcaretoolbox.org

- After The Injury: A site dedicated to helping parents understand their child's reactions to injury and learn how to help children cope with trauma in a healthy way.
  - http://www.aftertheinjury.org/

- American Academy of Pediatrics (AAP): A Public Health Approach to Toxic Stress: This report looks to apply developmental science to the clinical setting, so pediatricians can better help their patients dealing with toxic stress.

- The Center on the Developing Child - Harvard University: The mission of this Center is to leverage rapidly growing knowledge about how early childhood is a time of both great promise and considerable risk to drive science-based innovation that achieves breakthrough outcomes for children facing adversity. This selection specifically looks at how the AAP is addressing adverse childhood experiences.
References


