Holding Up the Mirror: Creating a Trauma-Informed Approach

WI CAN Webinar
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DISCLOSURE

I have no financial relationships to disclose.
Objectives

• To briefly review the science of toxic stress and the ACE study
• To understand why a trauma-informed approach is important when interacting with children and families
• To learn practical implementation strategies for trauma-informed care

What Is Toxic Stress?

• Adversity and traumatic events are not necessarily toxic
• Healthy development includes coping with adversity
  – Process can be derailed if stress response is prolonged or if resiliency is low
• **Toxic stress** – strong, frequent or chronic adversity that exceeds one’s ability to cope (‘wear and tear’)

Harvard Center on the Developing Child and Essentials for Childhood (CDC)
Stress Response

Positive Stress Response
- First Day of School
- Speaking in Front of the Class

Tolerable Stress Response
- Natural Disaster
- Death of a Family Member

Toxic Stress Response
- Mother with Mental Health Problem
- Ongoing Sexual Abuse

What Is Trauma?

- ACEs ≠ Trauma
  - Single episode of abuse followed by a believing, protective response and safety may have minimal to no effect on neurodevelopment
- How we interact with children matters!
- Resilience – the strengths that help us cope ★
Brains subjected to toxic stress have underdeveloped neural connections in areas of the brain most important for successful learning and behavior in school and the workplace. Source: Radley et al (2004); Bock et al (2005). Credit: Center on the Developing Child.

**Resilience**

- Safe, stable, nurturing caregivers and environments build resilience
  - Caregivers who are warm, consistent, predictable
- Everyone who interacts with children has an opportunity to promote resiliency! 🌟
### Ace Study

#### Household dysfunction
- Substance abuse: Kaiser* - 27%, WI** - 24%
- Parental separation/divorce: 23% vs 19%
- Mental illness: 19% vs 13%
- Violence between adults: 13% vs 15%
- Incarcerated household member: 5% vs 5%

#### Abuse
- Psychological/Emotional: 11% vs 26%
- Physical: 28% vs 15%
- Sexual: 21% vs 10%

#### Neglect
- Emotional: 15%
- Physical: 10%

* Center for Disease Control and Prevention 1995-97
** WI-CTF, 2011-2013
Figure 2. Distribution of ACE Scores among Wisconsin Residents (2011-2013)

ACEs in WI

- 42% - 0 ACEs
- 22% - 1 ACEs
- 22% - 2 to 3 ACEs
- 14% - 4+ ACEs

WI CTF, 2011-2013
ACEs in Wisconsin

Depression

Physical Health

ACEs in Wisconsin

Physical Health
ACE Attributable Problems

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

CDC, 1995-1997
ACE Limitations

**YES**
- Exposure
- Home
- Retrospective

**NO**
- Frequency
- Intensity
- Timing
- Community/other events
- Support/Resiliency

How can this knowledge of ACEs and toxic stress help me provide the best possible care for children and their families?

- First we must recognize the signs and symptoms of trauma in children
- Next we must understand how these behaviors are adaptive
Signs and Symptoms

- Not straight forward to recognize
- Symptoms of traumatic stress are not specific for trauma
  - Difficulty concentrating
  - Poor sleep
  - Lack of energy
  - Impulsivity
- Symptoms may be subtle and patients may not wish to disclose them
- Symptoms can also vary by age in children

Infants and Toddlers

Dysregulation
- Fussy/crying
- Poor feeding
- Sleep problems

Insecure Attachment
- Attach inappropriately to strangers
- Heightened separation anxiety
Young Children

- Sleep difficulties
- Regression
  - Relying on comfort items
  - Toileting accidents
- Signs of Anxiety
  - Clinginess
  - Fearfulness
  - Separation anxiety
- Self-Regulation problems
  - Temper tantrums
  - Difficulty in calming down
- Speech problems

School Age Child

- Self-regulation problems
  - Impulsivity/inattention
- Social problems
  - Withdrawal/isolation
  - Anger
- Loss of key developmental achievements
  - Behavior regression
  - Academic regression
- Somatization
  - Headaches
  - Stomach aches
- Sleep Disturbances
Teenagers

**Internalizing Behaviors**
- Anxiety
- Depression
- PTSD
- Social withdrawal
- Cutting, self-harm, suicide

**Externalizing Behaviors**
- Suspensions/truancy
- Conduct Problems
- Delinquency
- Self-medication
  - Drug, alcohol, tobacco use
- Risk-taking behaviors
- Runaway

Adults

- Headaches, backaches, stomachaches, etc.
- Sudden sweating and/or heart palpitations
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses
- Increased use of alcohol or drugs and/or overeating
- Fear, depression, anxiety
- Outbursts of anger or rage
- Emotional swings
- Nightmares and flashbacks — re-experiencing the trauma
- Tendency to isolate oneself or feelings of detachment
- Difficulty trusting and/or feelings of betrayal
- Self-blame, survivor guilt, or shame
- Diminished interest in everyday activities
• We will all work with children who have experienced toxic stress
• Individuals respond differently to ACEs
  – Some may manifest trauma symptoms, but others won’t
• Just like blood borne diseases, you cannot tell by looking if someone has a history of toxic stress

*Practice Universal Precautions*

Trauma-Informed Care

• The consideration of a child’s past experiences during an encounter is an exercise in Trauma-Informed Care
• **Health Care:** Trauma-Informed Care means providing medical care with an understanding of how a patient's previous experiences can shape their approach to their own health and their ability to understand and comply with medical recommendations
• Techniques can be adapted to any field or setting
Trauma Informed Care

Example - Kate

- DV exposure
- Parental divorce
- Mom struggled with AODA issues

-Smokes cigarettes
- Have talked to her repeatedly about the health risks
- Habit seems to be worsening

-Diagnosed with ADHD and Anxiety
- Struggled in school, several detentions
- Spent a brief period of time in foster care

Kate’s Adaptive Responses

- Nicotine can reduce symptoms of depression and anxiety
- These effects often make nicotine seem like a very helpful form of “medication”
  - The apparent benefits of nicotine may explain why knowledge of health risks are not enough for some people to quit
- This is also true for other substances, such as alcohol, marijuana, prescription medications and illicit drugs
A Trauma-Informed Approach to Kate

The knowledge of Kate’s previous experiences should affect our approach

Would a direct approach to smoking cessation be successful with Kate?

Would further exploration and counseling regarding her responses to past experiences be better?
Asking the right questions

"What types of things trigger your cravings for a cigarette? Are there ways we can reduce those experiences in your day, or come up with alternative approaches?"

"What type of feelings do you get from smoking? Are there other activities or experiences that can give you those same feelings?"

"What are some positive things in your life right now? Can we apply those to helping you quit smoking?"

These techniques are applicable in any setting when working with children or families!
Creating a Trauma-Informed Approach

• What is the best way to know a patient’s story? **ASK**
• You may be able to develop a more effective relationship with the patient and remain mindful of potential adverse experiences if you:

  - **STOP,** Reframe, Adjust

**DON’T Ask**

“What is wrong with you?”

**DO Ask**

“What has happened to you?”

During a frustrating encounter...
Sometimes people who have experienced trauma are difficult patients.

- A child who won’t cooperate with you
- A teen who won’t quit smoking
- A person who is always late for appointments
- A defensive or argumentative family member
- A patient who doesn’t follow your advice

STOP,
Reframe, Adjust

• Understand that frustrating or unhealthy behaviors may be coping mechanisms related to the person’s life story
  – It is necessary to address these coping mechanisms to prevent their adverse health effects
• Create a collaborative and non-judgmental relationship with the child and family
Stop, REFRAME, Adjust

• How can you reframe your attitude?
• The patient who always shows up late for appointments...

Maybe the patient is working long hours or on the verge of getting fired for missing too many days of work

Maybe the patient’s trauma history makes time management and planning difficult

Could more flexible hours, appointment reminders, or transportation support help improve timeliness?
How can you reframe your attitude?

The parent who spanks or screams at her child in response to misbehavior...

This may reflect how the parent was disciplined during her childhood

The parent may view this method as a normal parenting technique

Could you help the parent recognize the cycle that is being perpetuated?

Could you introduce positive parenting techniques?
Stop, **REFRAME,** Adjust

- How can you reframe your attitude?
- The teen who “always forgets” to take his ADHD medications...

Perhaps this child’s parents work long hours and are not there to remind him to take his medications.

He may feel stressed by the fact that his family is having trouble paying for his medications.

Could you help him set alarms or reminders for his medications, and empower him to take control of his health?

Could you provide resources to help with the costs of medications?

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Stop, Reframe, ADJUST

- Help patients to develop insight as to how their personal history is affecting their present day:
  - Decision-making
  - Relationships
  - Health
- Establish an open discussion with parents as to how their personal history may be affecting their present day:
  - Parenting skills
  - Health of their child


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Stop, Reframe, ADJUST

<table>
<thead>
<tr>
<th>Before the examination</th>
<th>During the examination</th>
<th>Wrapping up the encounter</th>
<th>Anticipating a long-term management plan</th>
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</thead>
<tbody>
<tr>
<td>A healthcare encounter may be associated with a feeling of loss of control</td>
<td>Prior to the physical exam discuss which parts of the body will be examined</td>
<td>Acknowledge that parts of the encounter may have been difficult</td>
<td>These adjustments will add time to appointments</td>
</tr>
<tr>
<td>This can cause extreme anxiety for patients who have experienced trauma</td>
<td>Explain why the examination is important</td>
<td>Thank the patient for their cooperation</td>
<td>Do not feel pressured to make all of these changes in one visit</td>
</tr>
<tr>
<td>Address this early on in your encounter</td>
<td></td>
<td></td>
<td>Managing chronic toxic stress is a long-term process</td>
</tr>
<tr>
<td>Give the patient choices when possible</td>
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<td>Try to focus on small pieces in a single visit and plan for follow-up visits</td>
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</tbody>
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Conclusion:

- Shift your perspective, show empathy, and be mindful of opportunities to help break the cycle of toxic stress.
- Talk to parents about the importance of using positive parenting strategies.
- Consistently ask families for feedback on your clinic, your agency, or whatever setting you work in.
- Train your co-workers and workforce to practice Trauma-Informed Care.
- Always be on the look-out for new resources that might benefit your patients.
- Brainstorm ways to make your work setting a calm and welcoming environment.
- Ask questions and look to discover each individual’s story.
- Take care of yourself.
Additional References

- AAP Trauma Guide
- Academy on Violence and Abuse
  - http://www.AVAhealth.org
- ACE Interface Master Training
  - http://www.aceinterface.com/MTE.html
- CDC: Essentials for Childhood
- Harvard Center on the Developing Child
  - http://developingchild.harvard.edu/about/

Questions?

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