

Trauma Informed Care: Recognizing and Responding to the Needs of our Patients



Binny Chokshi, MD

Co- Medical Director, Healthy Generations
Pediatrician, Children's National
Assistant Professor of Pediatrics, GWSMHS

Danielle Dooley, MD MPhil

Medical Director of Community Affairs, Child Health
Advocacy Institute, Children's National
Assistant Professor of Pediatrics, GWSMHS

Pediatric Health Network



Speakers



Danielle Dooley, MD Mphil
Medical Director of
Community Affairs, Child
Health



Binny Chokshi, MD
Co- Medical Director, Healthy
Generations

No conflicts to disclose:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

Objectives

1. Define trauma and the **connection** between trauma, adversity, and health outcomes
2. Recognize the importance and components of a **Trauma-Informed Approach** to care
3. **Discuss** opportunities to utilize a trauma informed approach to care in clinical care, particularly with COVID-19
4. **Identify** ways to advocate for children and families in order to address the impacts of COVID-19 and trauma

On Becoming Trauma Informed



"I'm right there in the room, and no one even acknowledges me."

Types of Trauma



What is Trauma

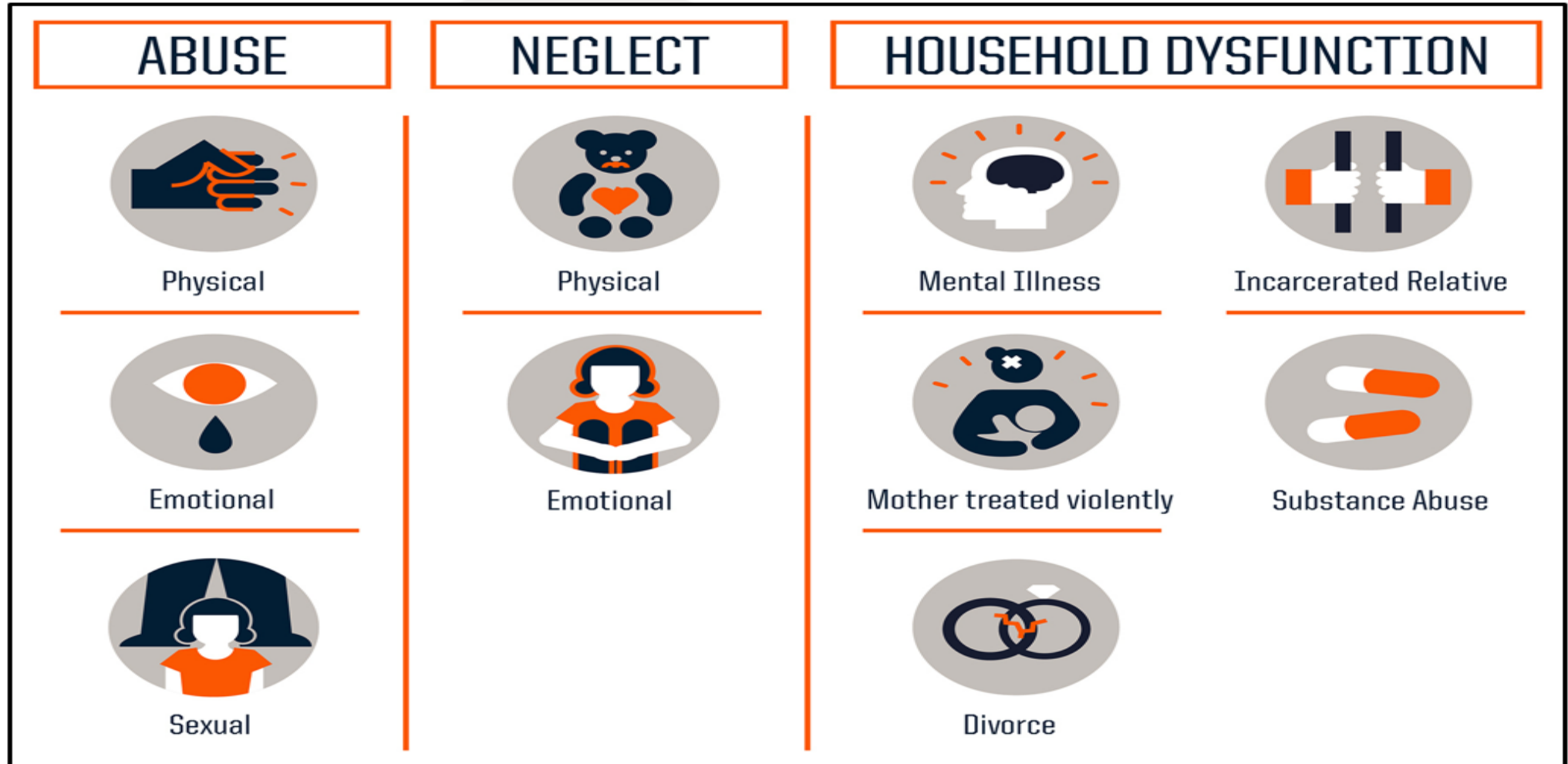
“Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individuals functioning and mental, physical, social, emotional or spiritual well-being”

Substance Abuse and Mental Health Services Administration

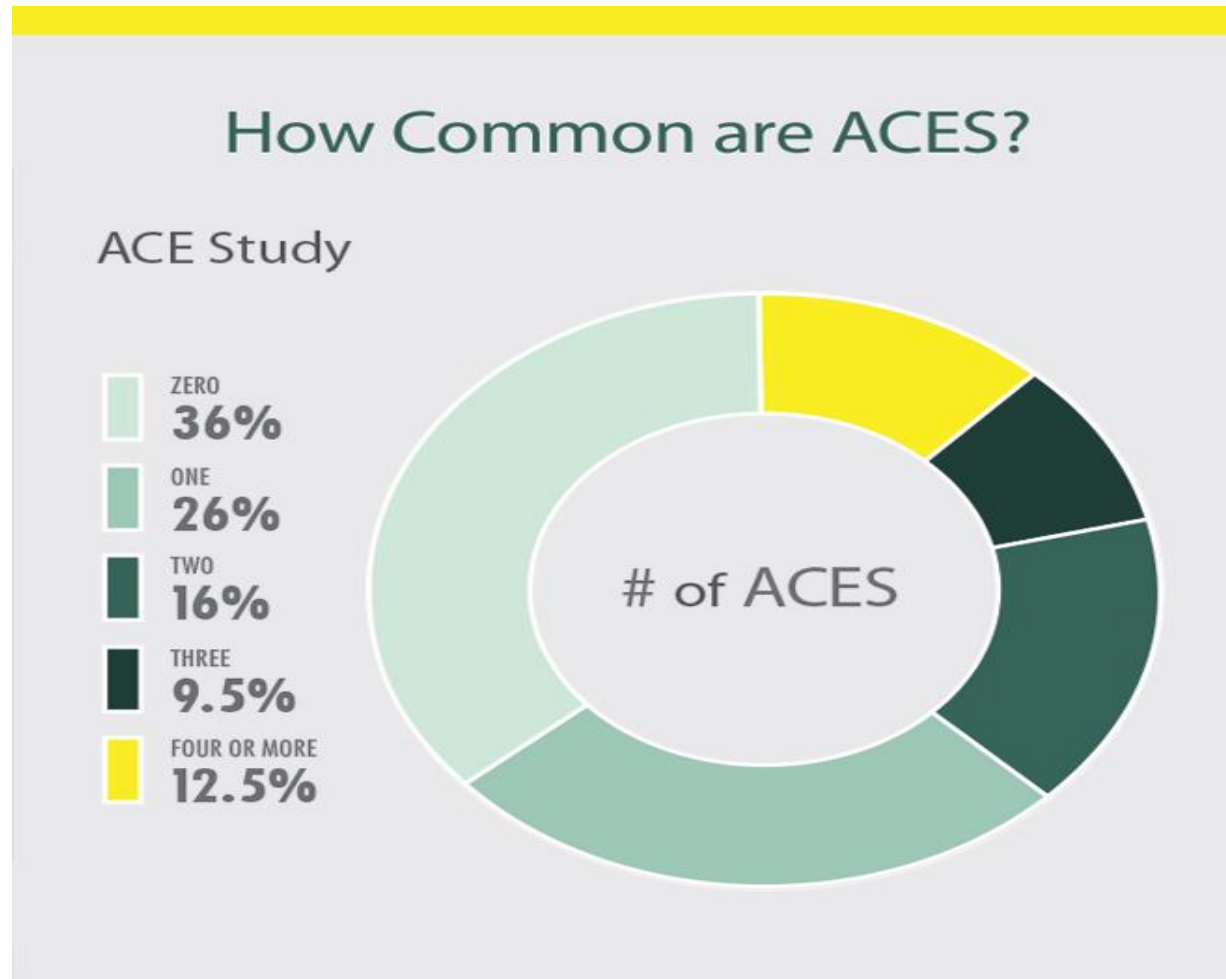
Pediatric Health Network



Examples of Childhood Trauma: ACEs Study



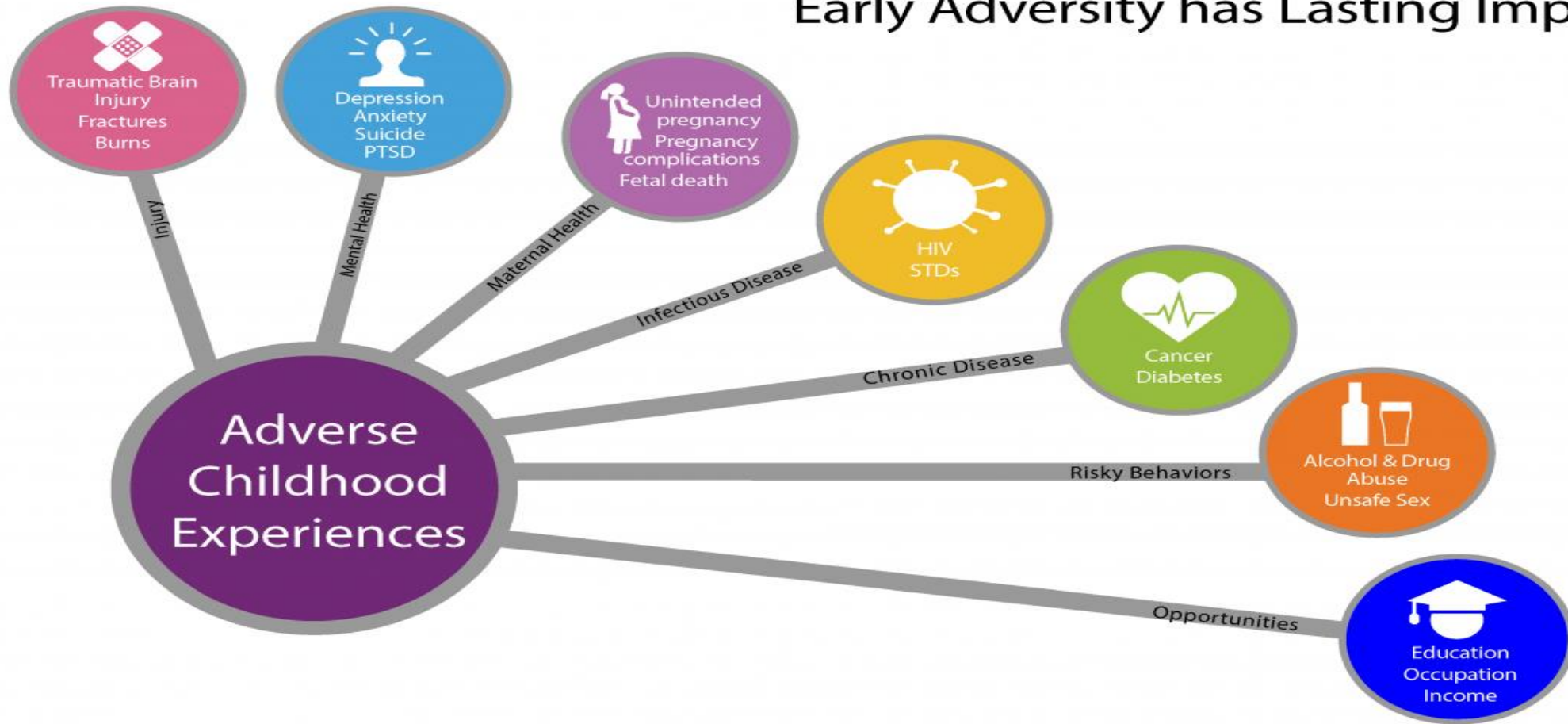
Findings from the ACE Study



**64% of Participants
had exposure to ≥ 1
ACE!**

Association with Health Outcomes

Early Adversity has Lasting Impacts



Neurobiology of Trauma: Stress Response

What is the mechanism between exposure to childhood adversity and poor health outcomes?

TOXIC Stress

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

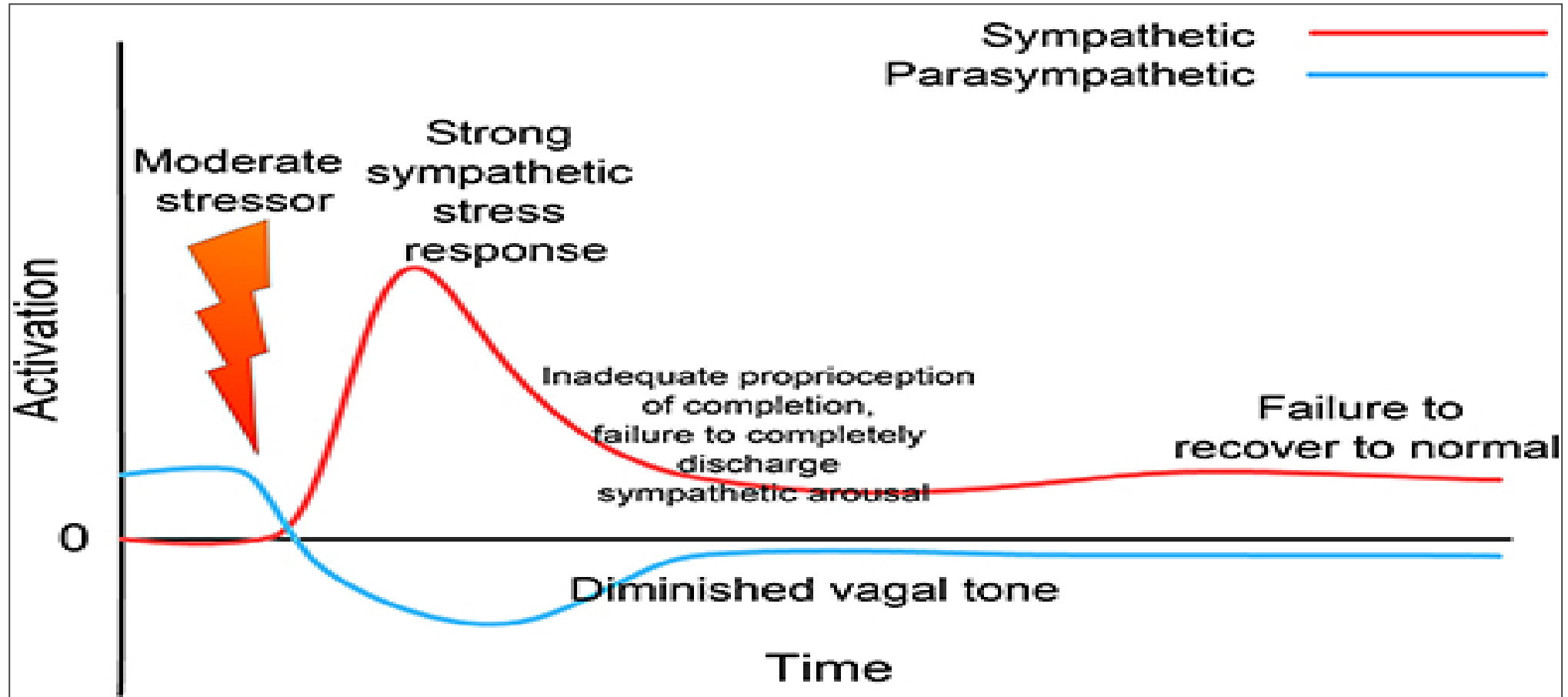
Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

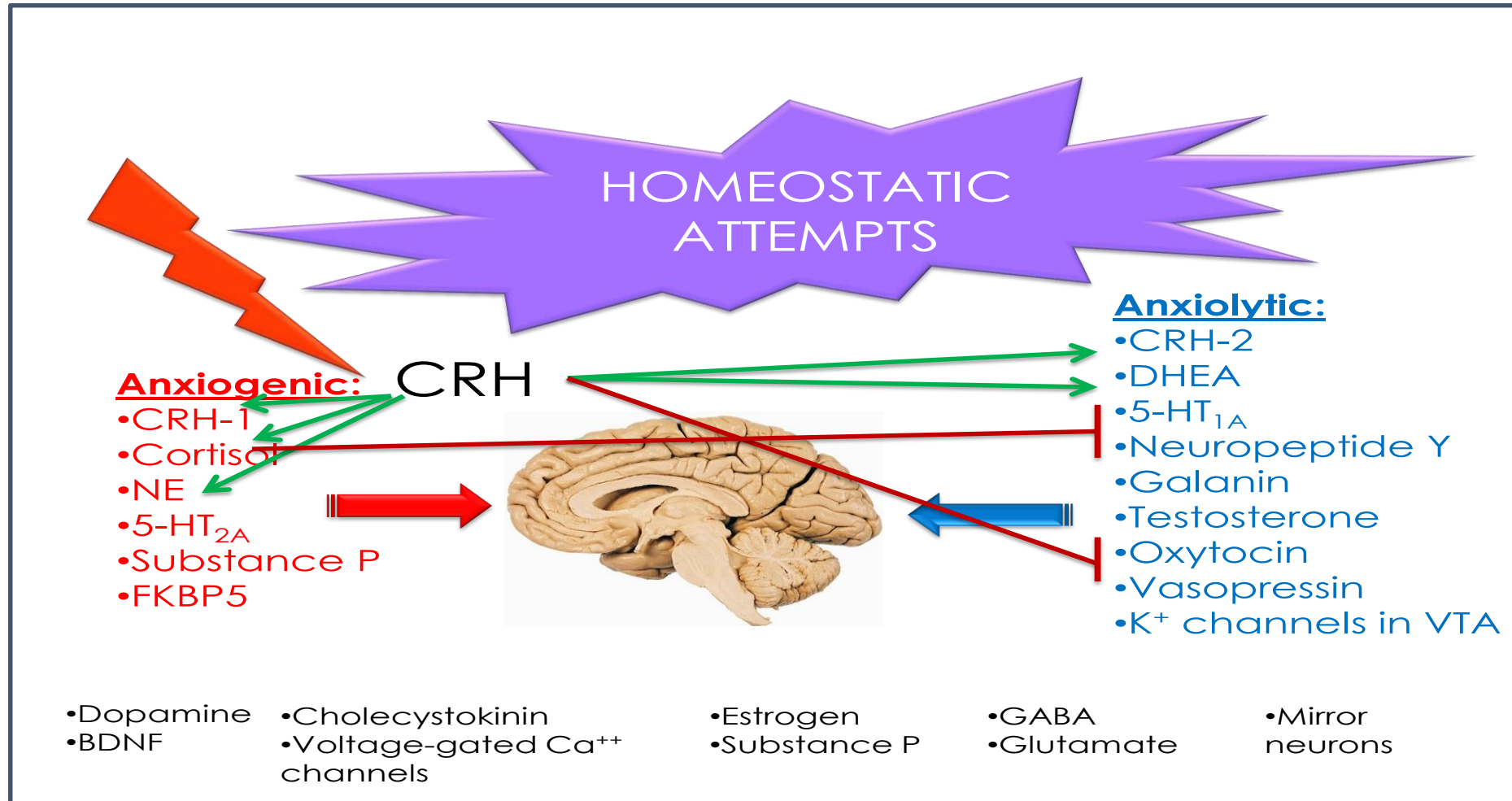
Toxic

Prolonged activation of stress response systems
in the absence of protective relationships.

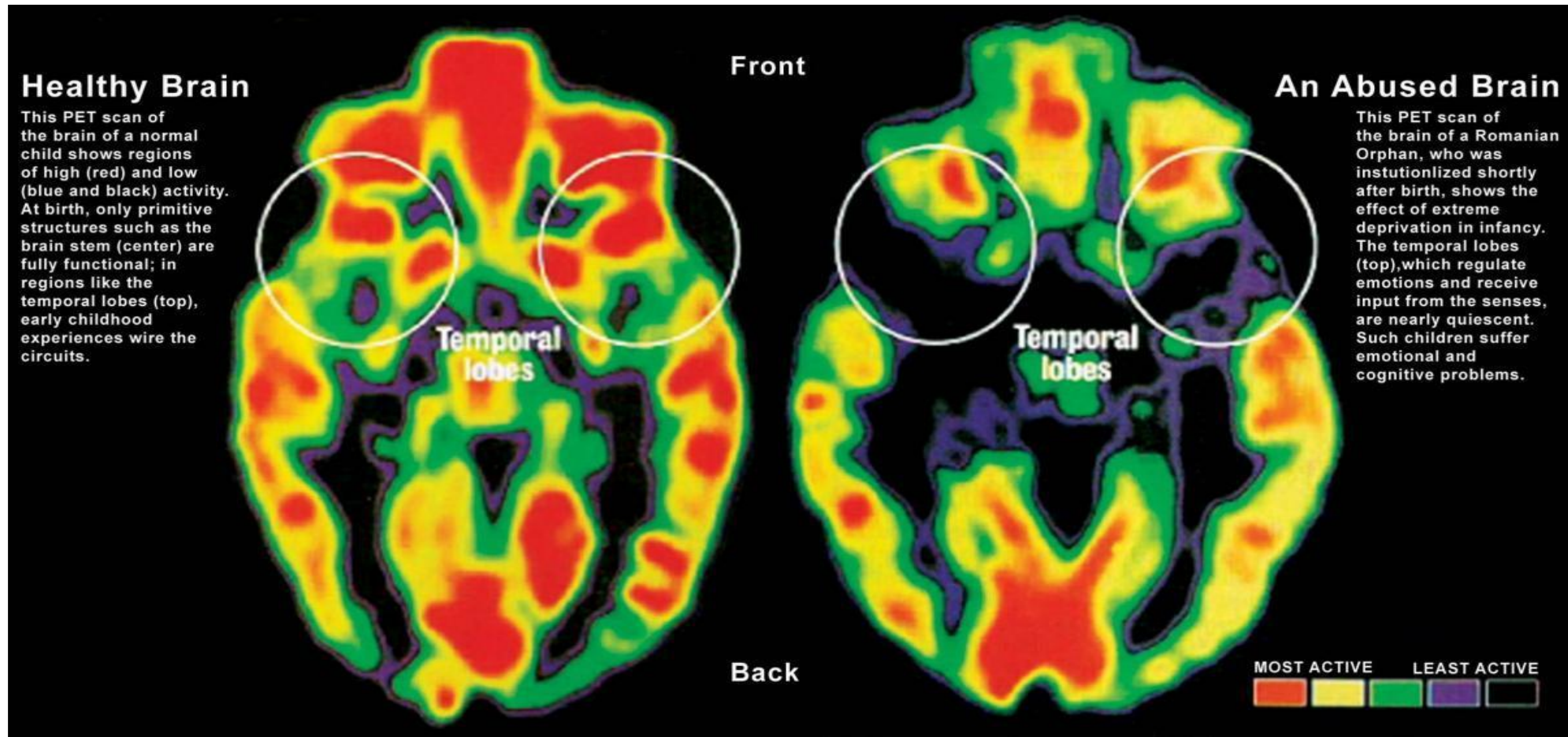
Chronic Stress Response



Neurobiology of Trauma

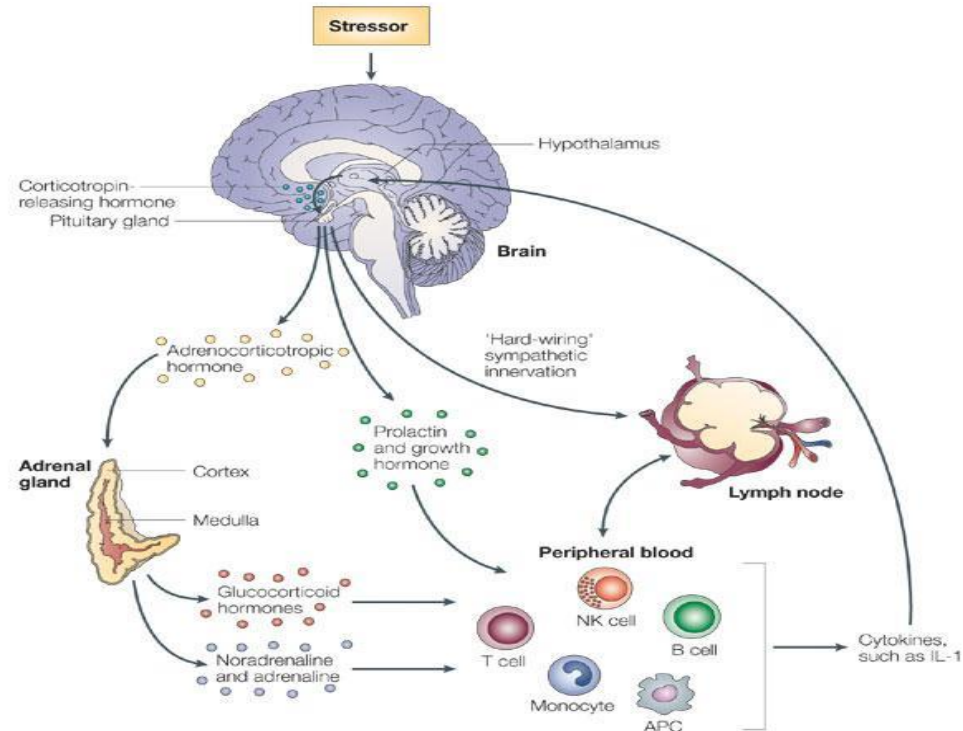


Neurobiology of Trauma



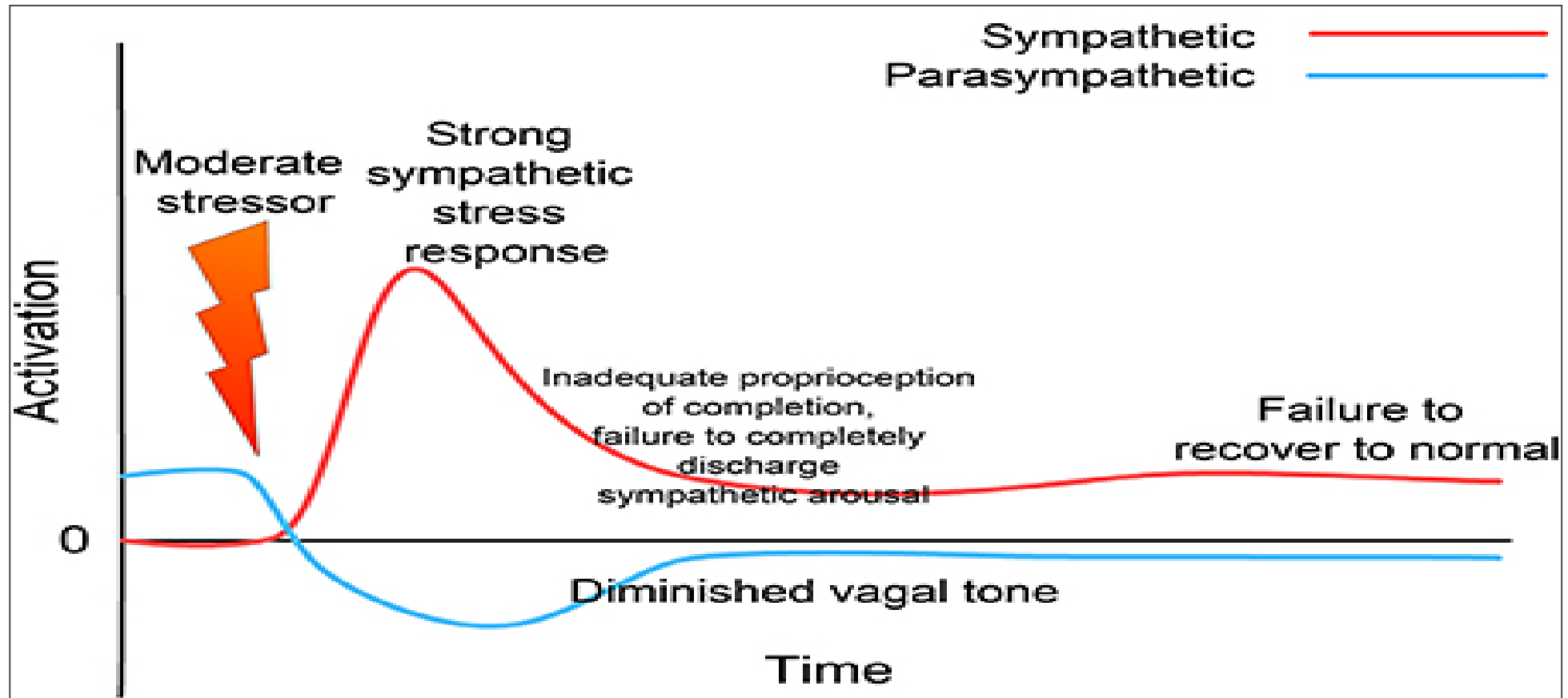
Trauma and Inflammation

It doesn't just stay in the brain



Nature Reviews | Immunology

Not Just the 10 ACES! Chronic Stress Response



Additional Traumas

Immigration/Refugee Status

Gender Discrimination

Neighborhood Violence

Poverty

Racism

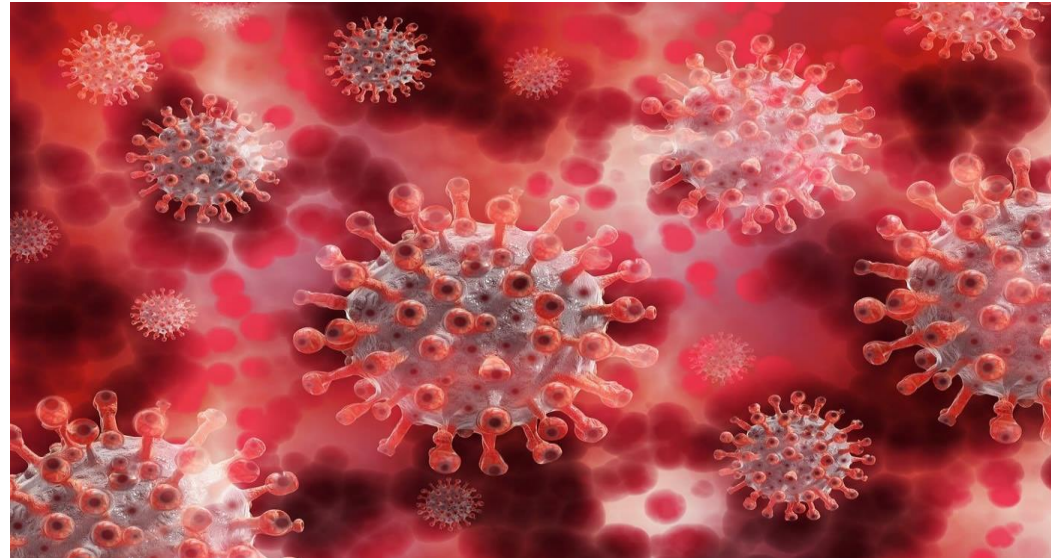
Poor housing conditions

War and conflict

COVID 19!!

BREAKOUT

- **Why is COVID-19 a traumatic exposure?**
- **Why does it matter to categorize COVID-19 as traumatic?**



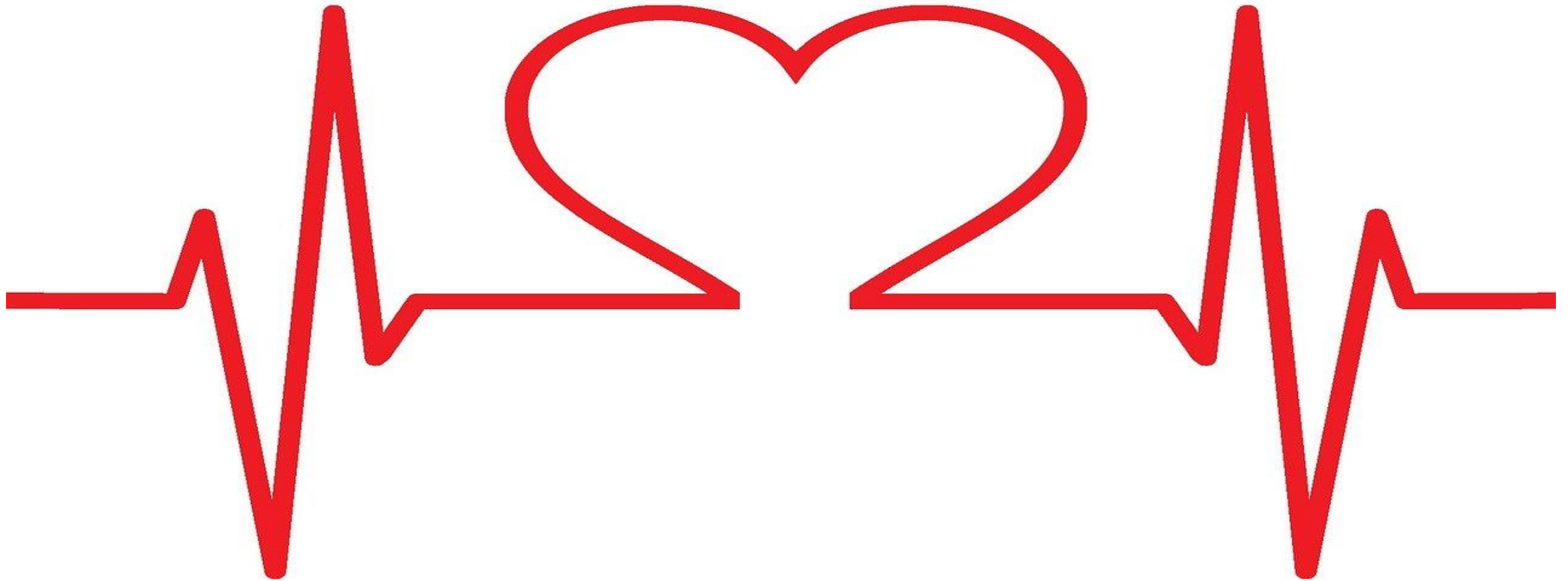


Universal Trauma Precautions

One of the main principles of trauma-informed care is to:
assume, not ask if a patient has a history of trauma.



What can be done to lessen the potential negative health impact of traumatic exposures?



Employing a Trauma Informed Approach to Care

C: Central Tenet of Trauma Informed Care

A: Ask about stressors

R: Resiliency and **R**esources

E: Empower and **E**ducate Patients

S: Self- Care

C = Central Tenet of Trauma Informed Care

*"Trauma-informed care is a shift from wondering what is **WRONG** with a person that would have made them **ACT** the way they do- To **WHAT HAPPENED** to a person that would have them **REACT** the way that they do?"*

Examples

- **13yoF with unintended pregnancy....**
 - Hx of repeated sexual abuse by paternal uncle
- **18yoF with morbid obesity (BMI: 80)**
 - Hx of foster care, with mother with history of drug addiction
- **5yoM with ADHD**
 - Witness of neighborhood violence
- **14yoF with developmental delay, with inability to sleep and “behavioral outbursts”**
 - COVID19

A= ASK: Informal Screening

Disclosure is NOT the goal – Universal Precautions!

- Provide a safe environment for people to share as much or as little as they want
- You are not trained to do a trauma assessment– remember this!
- Can do an informal, broad inquiry into stressors
- Help patients understand why you are asking – can educate them about trauma and its health effects
- Balance trauma with resiliency

ASK: Informal Screening

"The literature shows that stress can affect health. I wanted to ask, how do you think stress may be playing a role in your diagnosis of obesity?"

"Many times, stressful life events can affect a person's health and well being. Are there any stressful life events that you would like to share with me today?"

What To Do With Positive Disclosure

“Thank you for sharing this with me.”

“I appreciate you trusting me with this sensitive information.”

“Would it be ok if I could share this information with a practice team member/community partner, so that he/she may help to connect you to resources of support”

Resiliency

- Patient centered care
- Engage patients in treatment plans – collaborate!
- Strengths based approach
- Identify what patients are doing well for their health
- Identify patient's individual assets
- Identify support systems for patients
- People
- Environments

E = Educate

- Patient centered care
- Help patients understand the connection between traumatic exposures, stress, and health
- Engage patients in treatment plans – collaborate!

E = Empower

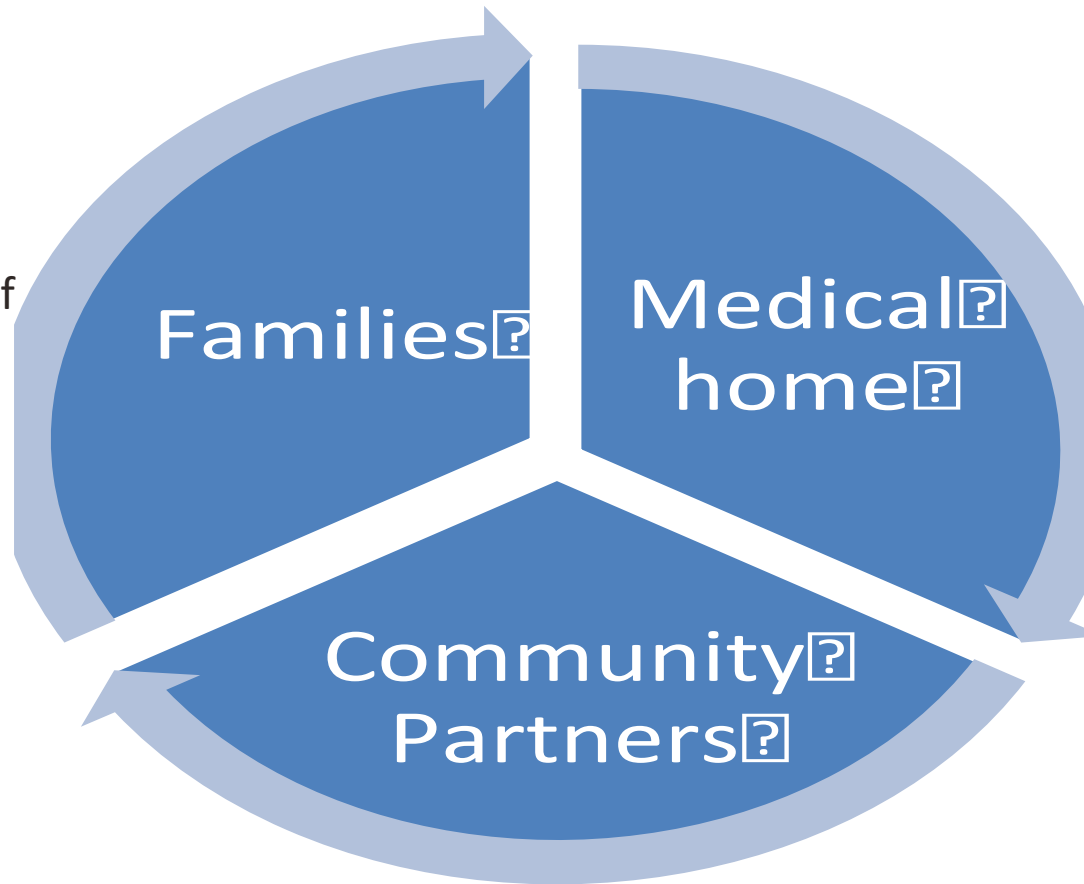
- Engage patients in treatment plans – collaborate!
 - What would they find helpful?
 - What is their motivation to engage?
- Strengths based approach
- Identify what patients are doing well for their health
- Identify patient's individual assets
- Identify support systems for patients
 - People
 - Environments

Self Care



The Medical Home – A Multidisciplinary Approach

Education and awareness for patients/families.
Increased uptake of services that can reduce the impact of trauma



Parenting programs
Literacy
Job assistance
Social services

Supportive healthcare environment
Personalized care plans
Integrated multidisciplinary model
--Behavioral health
--Social work
--Family resource specialist
Trauma-informed care training for all staff

CASE 1

A 14-year-old girl with a history of developmental delay was seen via telemedicine due to parental concern for “behavioral outbursts.” The parents stated she was crying when they were out of sight, even if just for a moment. She was violent towards her younger sister and was not sleeping well. She also soiled herself on numerous occasions. The coping mechanisms parents routinely used for behavior management were failing.

CASE 1

C: Provider recognized that patient's behaviors could be routed in stress and routine changes with COVID

A: Parents stated they were terribly stressed, as they had not had childcare and both parents worked full time. They took turns caring for their daughters.

R/E: The provider was able to

- help the parents recognize the effect of their stresses on their daughter and highlight the effect of the loss of routine, including lack of access to school.
- Built the parents' motivation to seek care with a psychiatrist and consider additional coping mechanisms, therapy, and possible medication.
- The provider was able to directly connect with a psychiatrist and give a warm hand-off.

CASE 2

- A 15-year-old female with a history of irregular menses presents for her wcc in fall of 2020
- P11-17 SDQ scores show anxiety and depressive symptoms
- Entering exam room, you immediately notice that she is withdrawn, appearance is markedly different from the last time you saw her which was pre-pandemic
- Concerns:
 - Appetite – mother concerned that many days she does not eat breakfast, and some days only eats 1 meal all day
 - Academic performance – second guessing herself on tests, lower test scores, difficulty focusing in virtual environment
 - Anxiety - self-consciousness about how her room appears during virtual learning, critical thoughts and judgments regarding her appearance or the appearance of her room
 - Social isolation – attending a new school this year as a 9th grader, only goes 1-2 days a week, has not made new friends

CASE 2

C: Provider recognized that patient's appearance and affect could be routed in stress and routine changes with COVID

A: Identification of additional stressors - Mother became unemployed during pandemic, looking for work, reports it has been very stressful

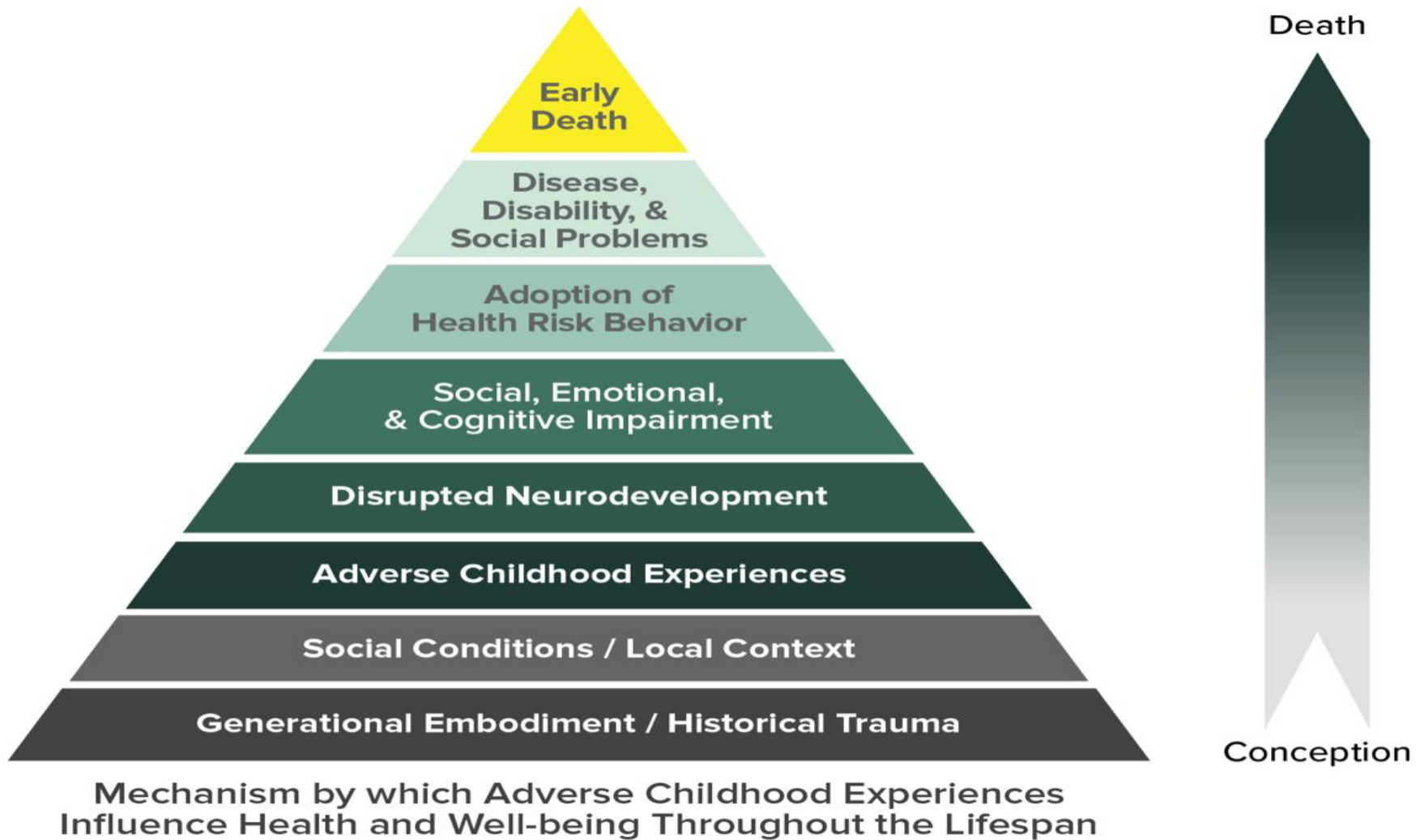
R/E: The provider was able to

- Help the parent recognize the effect of their stress on their daughter
- The provider was able to provide therapy recommendations and resources for the family to access
- The family followed up with a therapist who provided cognitive behavioral techniques to manage anxiety
- Identification of strengths - exercise

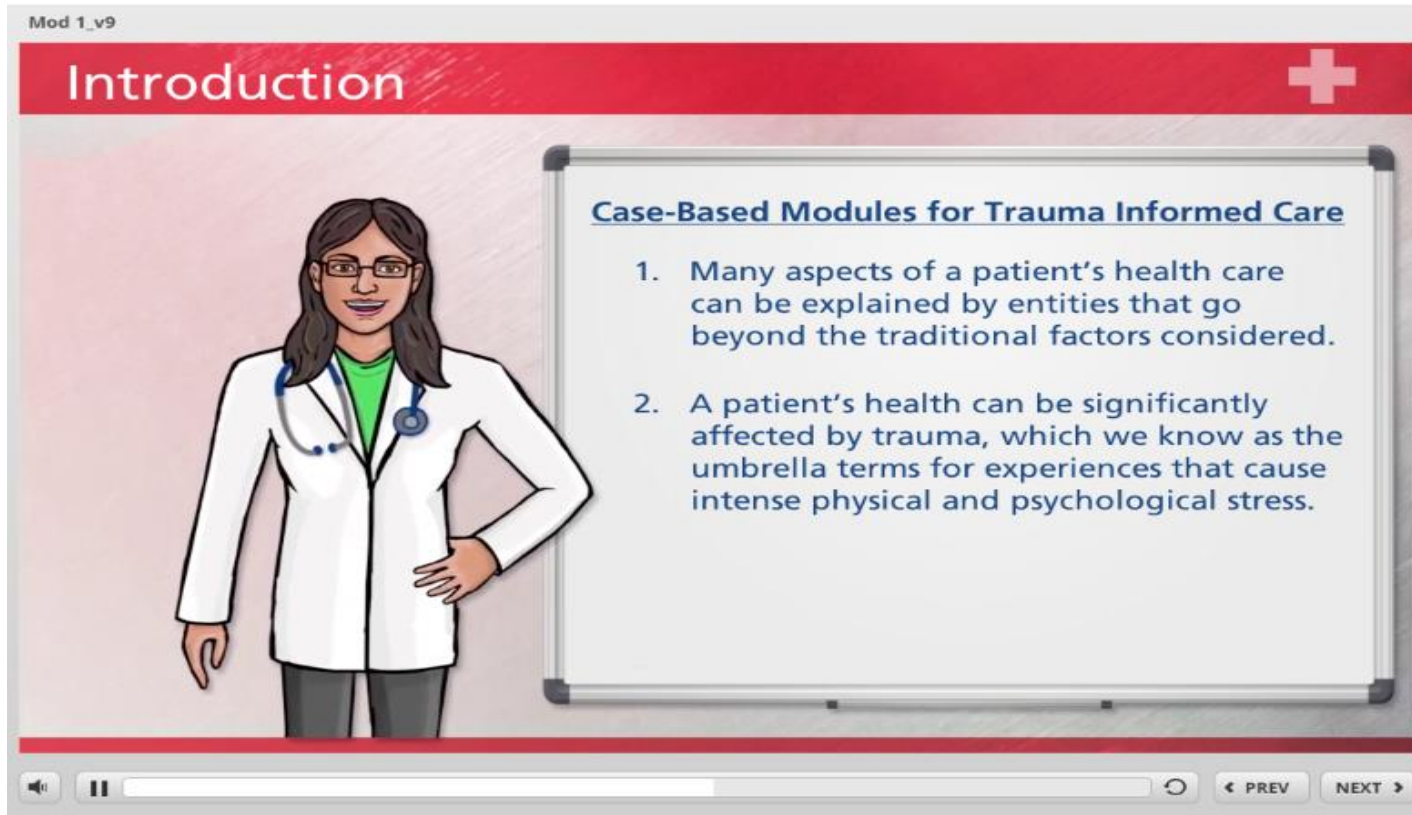
3 Key Takeaways

1.) Understanding the health impact of adverse childhood experiences is of grave importance in promoting the overall health of our patients

ACE Pyramid



Additional Resources



- Case Based E-Modules on TIC: MedEdPORTAL
- Fostering Resilience Change Package: National Council on Behavioral Health
- Substance Abuse and Mental Health Services Administration

3 Key Takeaways

2.) Central Tenet of Trauma informed care:

*"Trauma-informed care is a shift from wondering what is **WRONG** with a person that would have made them **ACT** the way they do- To **WHAT HAPPENED** to a person that would have them **REACT** the way that they do?"*

3 Key Takeaways

3.) Trauma is not Destiny!

We can partner with our patients and rely on our multidisciplinary colleagues to help to mitigate the effects of trauma!



It works!

Increasing the ability of healthcare providers to recognize and respond to can improve patient care indicators, such as reduction in physician office and emergency room visits.

Discussion of a past history of traumatic exposures can also increase patient centered medical care, which in turn can improve health outcomes.

Felitti VJ, Anda RF. The lifelong effects of adverse childhood experiences. In: Chadwick DL, Giardino AP, Alexander R, Thackeray JD, Esernio-Jenssen D, editors. Chadwick's child maltreatment: sexual abuse and psychological maltreatment. 4th ed. Vol 2. Florissant, MO: STM Learning, Inc; 2014. p 203-15.

Green BL, Saunders PA, Power E, et al. Trauma-informed medical care: CME communication training for primary care providers. *Fam Med*. 2015;47(1):7-14.

Advocacy: COVID-19 and School Closures



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

Written Statement of Nathaniel Beers, MD and Joelle Simpson, MD
On Behalf of Children's National Hospital
Before the Committee of the Whole and Committee on Education
On "Return to In-Person Instruction in DC Public Schools"

December 2, 2020



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

Written Statement of Tamara Gayle, MD
On Behalf of Children's National Hospital
Before the Committee of the Whole
On "Reopening of District of Public Schools"

January 21, 2021

Pediatric **Health** Network



Advocacy: COVID-19 and School Closures



Advocacy: COVID-19 Access to Care



Health Care Coverage Options for Undocumented Children PLEASE SUPPORT:

Budget Items 317 #1h (Del. Krizek) & 317 #2s (Sen. McClellan)

Pediatric **Health** Network



Advocacy: Mental Health Care



ELECTION 2021 CRIMINAL JUSTICE + POLICING ENERGY + ENVIRONMENT GOV + POLITICS EDUCATION GENERAL ASSEMBLY 2021

COMMENTARY COVID-19 HEALTH

Another type of front-line: There's an urgent need for funding for children's mental health

By **Guest Column** - August 12, 2020

By Dr. Arshia Qadir

On a recent day at his pediatric office in Vienna, Virginia, Dr. Michael Martin noticed something unusual about his schedule. "Twenty-five percent of my visits that day were related to mental health issues," said the president of the Virginia Chapter of the American Academy of Pediatrics. "During the winter and with the stressors of school, it might not have caught my attention — but this was the beginning of summer."

Pediatric Health Network



Advocacy: Mental Health Care Access



MARYLAND
GENERAL ASSEMBLY

Legislative Services | Legislative Audits

Search



MEMBERSCOMMITTEESMEETINGSLEGISLATIONBUDGETLAWSFLOOR ACTIONSSEARCH & ARCHIVES

ChartsSenateHousePublicationsAbout


SB0500

Original Chamber

1ST READING

REFERRAL TO CMTE

Opposite Chamber

2ND READING

3RD READING

1ST READING

REFERRAL TO CMTE

2ND READING

3RD READING

REVIEW IN ORIGINAL CHAMBER

CONF. CMTE (IF NECESSARY)

TO GOVERNOR

Title

Psychology Interjurisdictional Compact

Sponsored by

Senators [Lam](#) and [Hettleman](#)

Status

In the Senate - Hearing 2/16 at 1:00 p.m.

Analysis

Synopsis

Entering into the Psychology Interjurisdictional Compact; stating the purpose of the Compact; establishing certain criteria and duties for compact states; requiring certain psychologists to hold a certain license from a home state and meet certain eligibility requirements to exercise certain authority to practice interjurisdictional telepsychology and practice certain temporary authority to practice in-person, face-to-face psychology in certain compact states; etc.



Pediatric **Health** Network



Today's recording and materials will be posted to the PHN website 3 business days following the presentation.

<https://pediatrichealthnetwork.org/>

Thank you

PHN@childrensnational.org