Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** https://dhswi.zoom.us/j/82980742956(link is external)
- **Phone:** 301-715-8592
  - Enter the Webinar ID: 829 8074 2956#.
  - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- Download or view the presentation materials. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2021.htm.

Assessment and Treatment of Trauma in Children and Adolescents

Part 1: Impacts of trauma on youth mental health

Wisconsin Public Psychiatry Network Teleconference
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Objectives

Review

- the incidence of trauma in youth

Understand

- how trauma affects threat discrimination

Review

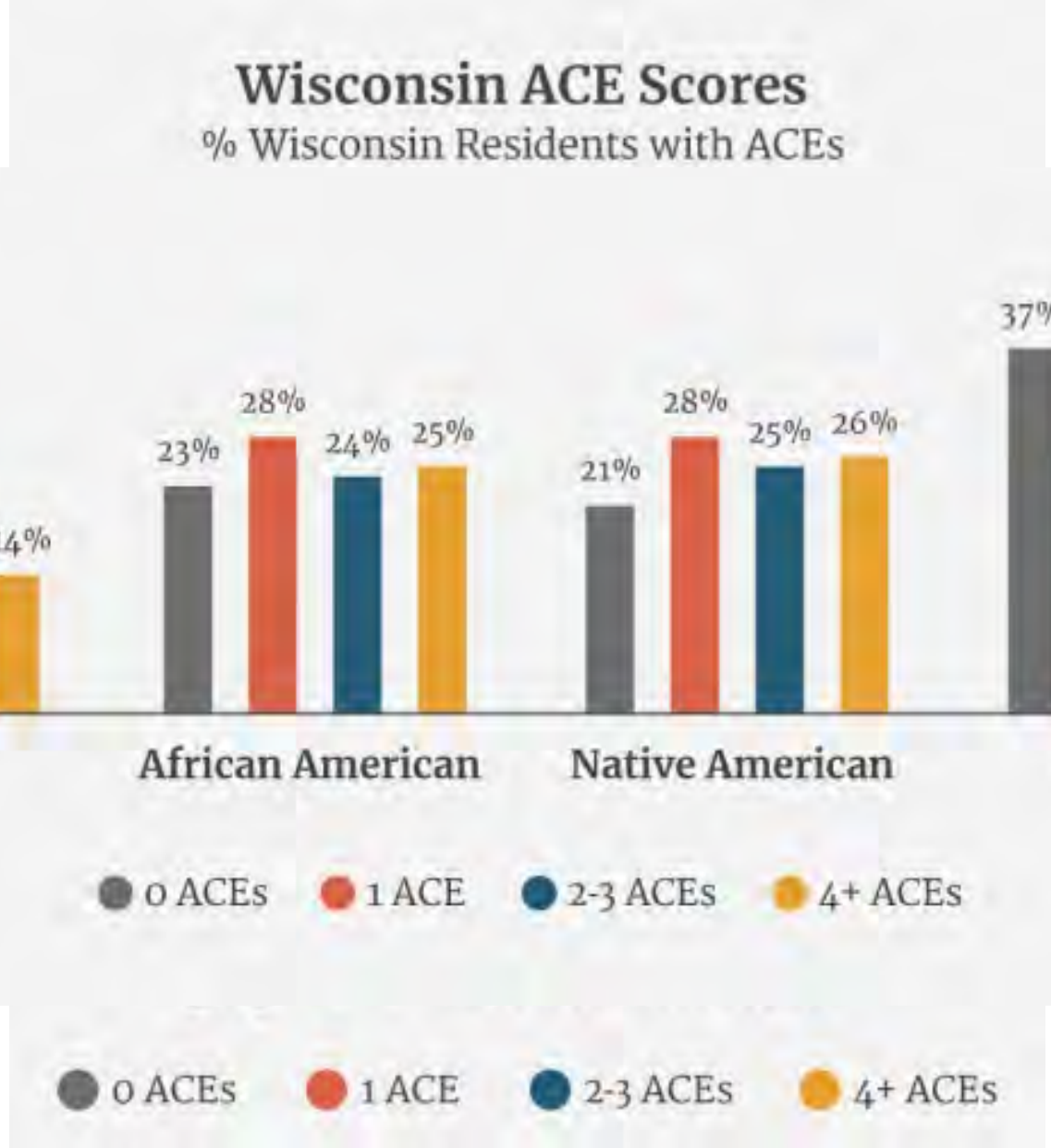
- the health consequences of trauma in youth

Wisconsin First Nations

Toxic stress (ACEs) increases risk for numerous child health outcomes

Symptom or health condition	For ≥ x ACEs (compared with 0)	Odds ratio
Asthma	4	1.7-2.8
Allergies	4	2.5
Dermatitis and eczema	3*	2.0
Urticaria	3*	2.2
Increased incidence of chronic disease, impaired management	3	2.3
Any unexplained somatic symptoms(eg, nausea/vomiting, dizziness, constipation, headaches)	3	9.3
Headaches	4	3.0
Enuresis, encopresis	-	-
Overweight, obesity	4	2.0
Failure to thrive, poor growth; psychosocial dwarfism	—	—
Poor dental health	4	2.8
Increased infections (viral, upper and lower respiratory tract infections and pneumonia, acute otitis media, urinary tract infections, conjunctivitis, intestinal	3*	1.4-2.4
Later menarche (≥ 14 years)	2*	2.3
Sleep disturbances	5†	PR† 3.1
Developmental delay	3	1.9
Learning and/or behaviour problems	4	32.6
Repeating a year at school	4	2.8
Not completing homework	4	4.0
High school absenteeism	4	7.2
Graduating from high school	4	0.4
Aggression, physical fighting	For each additional ACE	1.9
Depression	4	3.9
Attention deficit/hyperactivity disorder (ADHD)	4	5.0
Any of: ADHD, depression, anxiety, conduct/behaviour disorder	3	4.5
Suicidal ideation	For each additional ACE	1.9
Suicide attempts		1.9-2.1
Self-harm		1.8
First use of alcohol at <14 years	4	6.2
First use of illicit drugs at <14 years	5	9.1
Early sexual debut (<15-17 years)	4	3.7
Teenage pregnancy	4	4.2

Nelson et al., *BMJ* 2020



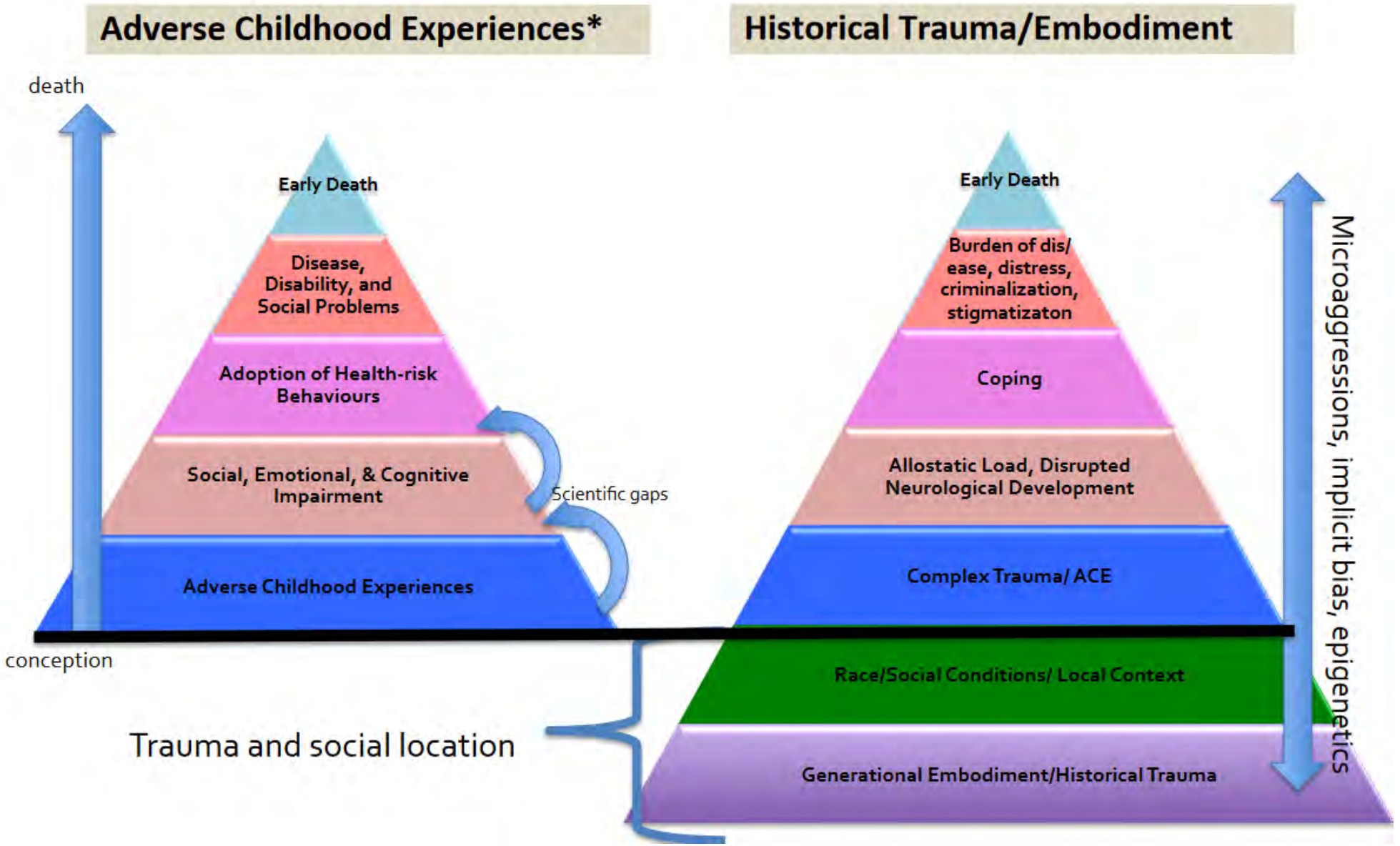
https://www.dhs.wisconsin.gov/resilient/aces.htm

"Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families."

AAP Policy Statement, 2019

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®


Adverse Childhood Experiences*
Historical Trauma/Embodiment
death
Early Death
Disease, Disability, and Social Problems
Adoption of Health-risk Behaviours
Social, Emotional, & Cognitive Impairment
Adverse Childhood Experiences
Scientific gaps
conception
Early Death
Burden of dis/ ease, distress, criminalization, stigmatizaton
Coping
Allostatic Load, Disrupted Neurological Development
Complex Trauma/ ACE
Race/Social Conditions/ Local Context
Generational Embodiment/Historical Trauma
Microaggressions, implicit bias, epigenetics
Trauma and social location

RYSE CENTER

Childhood adversity is a major risk factor for mental illness

- Up to 57% of risk for childhood onset disorders
- Up to 32% of the risk for adult onset disorders
- Earlier onset, more severe illness
- More comorbidity
- Poor treatment response

Green 2010

Trauma and mental illness in youth

- Of trauma exposed youth…
  - 29% experience major depression
  - 23% have conduct disorder
  - 25% experience PTSD
  - 25% have self harm
  - 8% have a suicide attempt

- PTSD is further associated with anxiety disorders, depression, and >15-fold risk for first suicide attempt

Lewis et al 2019; Miché et al 2018

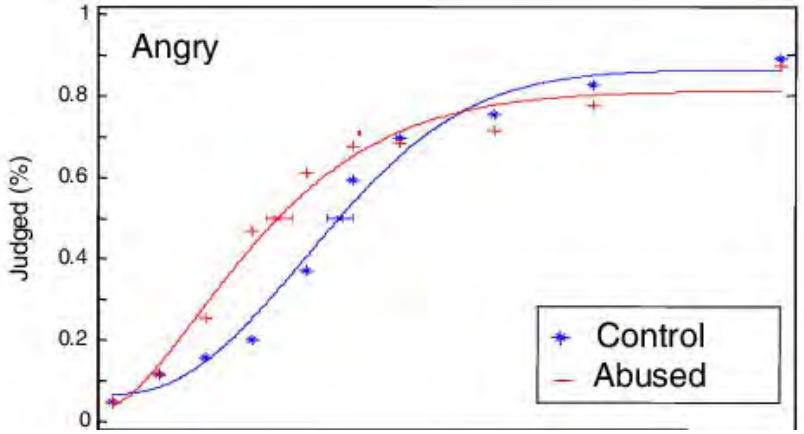
Systemic racism and mental health

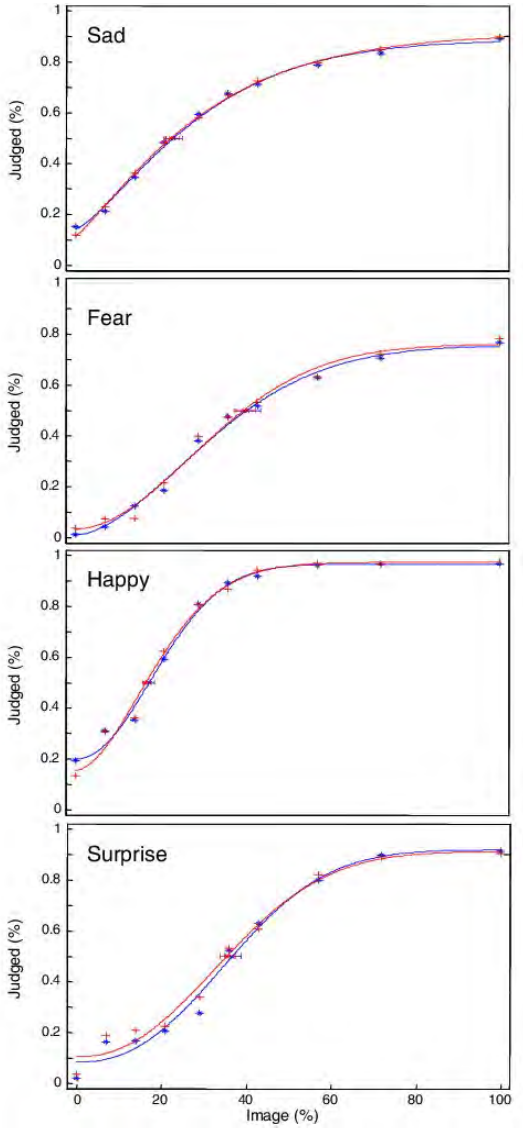
- Native Americans report higher rates of PTSD and alcohol dependence than any other ethnic/racial group
- Approximately 50-75% of youth in the juvenile justice system meet the diagnostic criteria for a mental illness. BIPOC are overrepresented
- Racial discrimination is associated with higher lifetime depression and anxiety in Black youth

Mental Health America; Pachter 2018

Impacts of trauma on threat discrimination

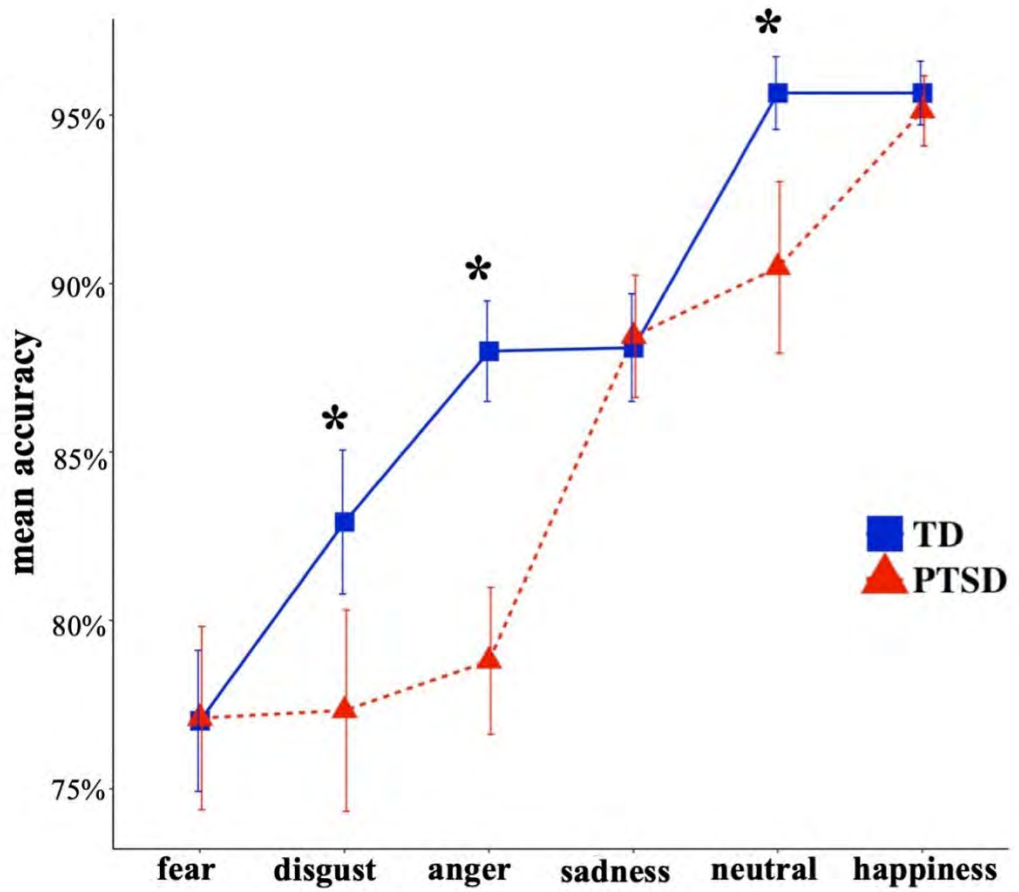
Maltreated youth more quickly identify threat faces

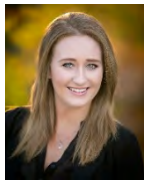




Pollak et al 2009; da Silva Ferreira et al 2014

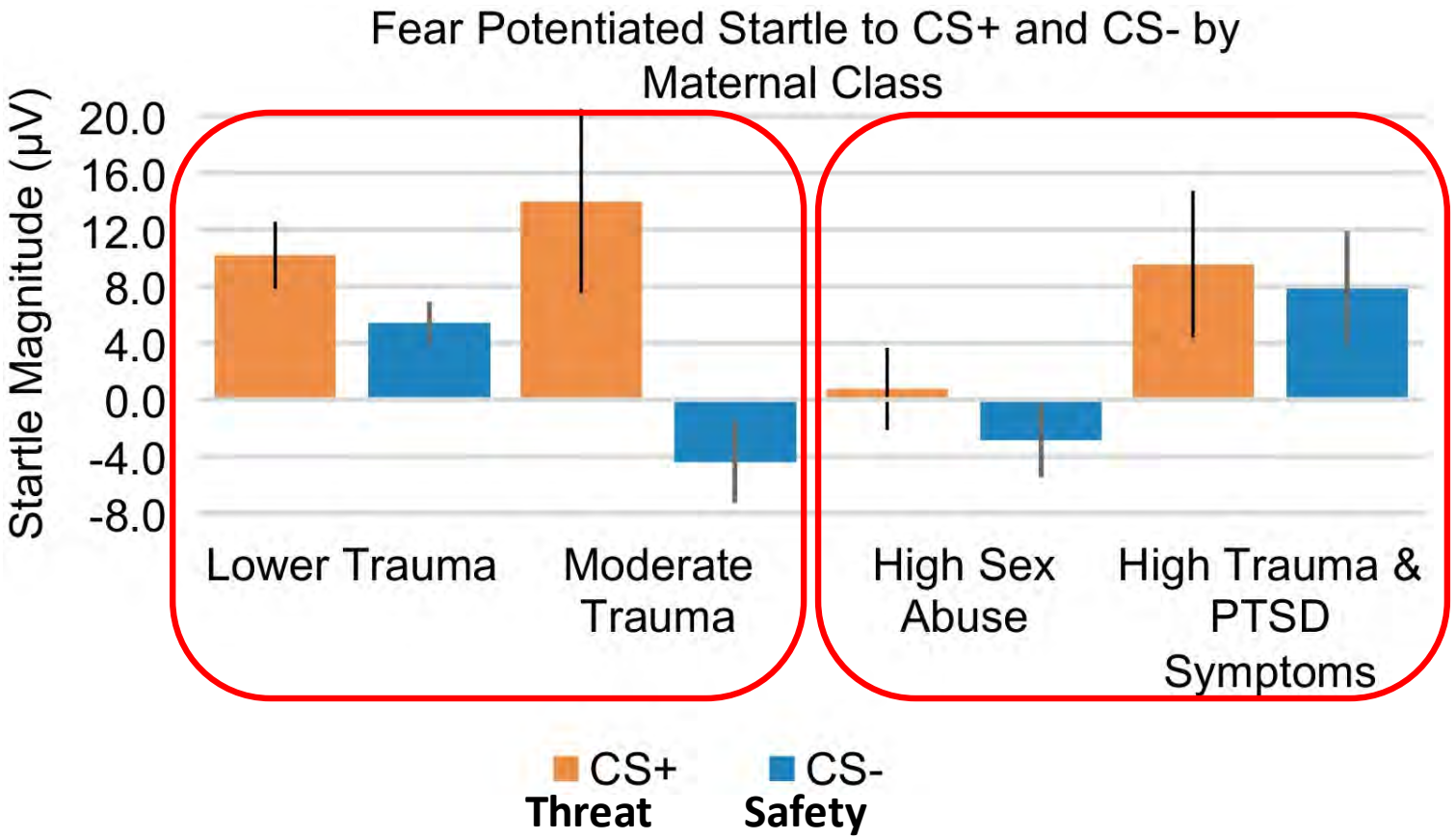
Youth with PTSD are less able to identify threat and neutral emotional expressions





Heyn *Dev Psych* 2021

Maternal trauma/PTSD is associated with reduced child safety learning in African American dyads



Stenson *Beh Br Res* 2020; N=137 AA dyads

Summary

- ACEs and trauma are common in youth
- Trauma markedly increases risk for a broad range of mental illness
- Racism and discrimination contribute to trauma and toxic stress in minoritized youth
- Threat and safety learning are impacted by trauma across generations
- We can harness youth resilience to improve health outcomes

The Rainbow Project

Child & Family Counseling and Resource Clinic

831 E Washington Ave | 608-255-7356 | therainbowproject.net

About The Rainbow Project

Where We Come From

The Rainbow Project originally grew out of a daycare center located a few blocks from a domestic violence shelter (now known as DAIS), where victims of domestic violence and their children stayed. The daycare had a service agreement with the shelter to enroll young children who were staying at the shelter.

Soon after, daycare teachers realized that the usual classroom curricula of activities was not working for these children. Advocates from the domestic violence shelter noticed that young boys playing in the toy house would say things like, “I’m the dad so I get to hit you” to a young girl; or they would observe a toddler trying to strangle another child, replicating the violent incident they had witnessed at home.

Services and programming to address social & emotional development delays or behavioral concerns were not available for young children at the time. Special needs in schools were limited to learning, speech and developmental/physical disabilities. The daycare staff and advocates from the shelter knew that needed to change, so they submitted a grant proposal to Wisconsin Council on Criminal Justice to begin an innovative, early intervention/prevention program to address the needs of young children exposed to child abuse, neglect, child sexual abuse and domestic violence. The grant was approved and in 1980 Sharyl Kato, one of the previously involved daycare teachers, was hired as the director. The program then began an independent non-profit organization in 1983 and a state-licensed outpatient mental health clinic in 1984.

Mission, Vision & Values

Mission
To provide restorative healing and hope for young children, and their families, who have experienced trauma, building a foundation for the mastery of life-sustaining skills

Vision
A safe, healthy and nurturing world for children and families

Values
Respect- Philosophy of interactions with others…internally, consumers, other professionals and the community

Growth- Desire to inspire, support and foster others…consumers, families, colleagues, team members and community

Compassion- Recognition, empathy and support for individual differences…including, but not limited to, life experiences, culture, background and abilities

Collaboration- Interactive role as part of the larger whole

Excellence- Commitment to quality, integrity, leadership, professionalism and thoughtfulness

What is Trauma?

Some definitions…

- Stress- everyone experiences stress from time to time
- Traumatic stress- exposure to scary, dangerous, or violent event that overwhelms the capacity to cope
- Complex trauma- exposure to multiple traumatic events & wide-ranging, long-term impact of this exposure

Trauma- & Stressor-Related Disorders

Possible diagnostic labels related to trauma:

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Post-traumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders
- Other Specified Trauma- & Stressor-Related Disorder
- Unspecified Trauma- & Stressor-Related Disorder

DSM does NOT capture child experiences of trauma adequately

Common Effects of Trauma

Some common effects of trauma…

0-2 year olds:

- Poor verbal skills
- Memory problems
- Scream or cry excessively
- Difficulty regulating behaviors & emotions
- Poor appetite, low weight and/or digestive problems
- Lack of or inconsistent engagement in healthy attachment behaviors
- Failure to meet developmental milestones

3-6 year olds:

- Anxiety, fear, worry about safety of self/others and/or recurrence of violence (may include separation anxiety/clinginess)
- Increased distress- usually whiny, irritable, moody
- Changes in behavior and/or school performance
- Regression (or lack of progress) in development
- Sleep difficulties- avoid sleep, waking up, nightmares
- New fear- the dark, animals, monsters

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- New fear- the dark, animals, monsters
- Re-experiencing, intrusive thoughts
- Recreate traumatic event- via play, drawing, etc.
- Distrust of others- difficulty with authority, redirection and criticism
- Hyper-arousal, over/underreact to stimuli, startle response
- Avoidance (of conditions reminding of trauma)
- Emotional numbing- seem to have no feeling about the event

Some common effects of trauma…

Adults:

- Effects of unresolved trauma in childhood may continue into adulthood
- Even if resolved, may later become triggered by life experiences during adulthood, e.g. parent who was sexually abuse as child and received effective treatment at that time…as adult, has child who is sexually abuse
- ACE study: more ACEs (adverse childhood experiences)= more likely for adult to have poorer mental/physical health, poorer school/work success, lower socioeconomic status

Some common effects of trauma…

Post-traumatic growth:

- Experience of personal growth following a trauma
- May result from a search for meaning after a trauma
- Areas of growth may include: appreciation of life, relationships with others, new possibilities in life, personal strength, spiritual change

Secondary Adversities

- Changes & stressors that may occur after a trauma
- Some examples include…
  - Involvement in legal or child protection system
  - Changes in income or residence
  - Loss of support from family, friends, or the community
  - Separation from family members (e.g. foster care)
  - Failure by other (e.g. caregivers, school staff, etc.) to recognize/respond to symptoms related to trauma

Trauma-Informed Care and Treatment

Some definitions…

- Trauma-informed care (TIC) occurs when those providing support & services shift from asking "what is wrong with you?" to "what has happened to you?"
- Reduces blame/shame of labeling with symptoms & diagnosis
- Builds understanding of how past impacts present- makes connections that progress towards healing & recovery
- ALL parties & components of the service system are informed about, recognize, and responsive to impact of traumatic stress on those who have contact with the system:
  - Includes children/families & service providers
  - Occurs on individual, agency & systemic level
  - Incorporated into policies, procedures & practices

Core Principles

- Understand the prevalence & impacts of trauma
- Pursue person's strength, choice & autonomy
- Earn child's/family's trust
- Recognize healing happens in the context of relationships
- Provide holistic care
- Share power
- Communicate with compassion
- Promote safety
- Respect human rights

Trauma-Informed Services Incorporate:

- Appreciation of high prevalence of traumatic experiences
- Thorough understanding of profound neurological, biological, psychological & social effects of trauma & violence on the individual
- Presume children/families have a history of traumatic stress & exercise "universal precautions" by creating a trauma-informed system of care
- Seek to actively resist inadvertently triggering (re-traumatizing)
- Practice perspective shift- use understanding of "what happened" to guide how to interact

Trauma-Informed Care Change Model

Trauma Aware	Trauma Sensitive	Trauma Responsive	Trauma Informed
Working on awareness & attitudes- staff has been exposed to TIC through trainings & workshops	Working on knowledge application & skill development- workgroups have been formed to address specific organizational operations	Working cultural change & integration into practices- changes in organizational practice can be identified	Working on making trauma-responsive practices the organizational norm- TIC is firmly embedded in the environment, HR practices, workforce development, community partnerships, etc.

Trauma-Informed Care Treatment

- Trauma-informed provider
- Culturally competent/responsive provider
- Evidence-based treatment
- Caregiver involvement
- Assessment includes:
  - Reestablishing a sense of safety
  - Building relationship with child/family
  - Multiple sources of info
  - Use of psychometric instruments
  - An ongoing process throughout treatment
  - NOT everyone "needs" treatment to effectively recover from trauma
- Psycho-education about trauma & its effects
- Teach skills building to cope with effects of trauma
- Provide opportunity to talk about the traumatic experience in a safe, accepting environment- slow, incremental exposure, address thinking errors (guilt, thoughts of being "bad")

Occupational Hazards

- Secondary Trauma (compassion fatigue)
  - Emotional distress caused by hearing about another person's firsthand traumatic experiences
  - May cause changes in memory, sense of safety & trust, and other symptoms associated with PTSD

- Vicarious Trauma
  - Cumulative effects of ongoing exposure to other people's traumatic experiences

- Burnout
  - Physical, mental & emotional exhaustion caused by work-related stress
  - May result in depersonalization & reduced feeling of personal accomplishment

Hope & Resilience

Resilience

Resilience is the ability of a child who has experienced a potentially traumatic event to recover and show early & effective adaptation

Factors Enhancing Resilience (Global):

- Support- parents, friends, family, school & community
- Resources- help buffer negative consequences in daily life
- Feeling safe- at home, school & in the community

Factors Enhancing Resilience (Individual):

- Sense of self-efficacy- child's beliefs/he can be successful in different areas of his/her life
- Sense of meaning in one's life- spiritual or cultural beliefs, connections with others, or goals & dreams
- Talents or skills in certain areas- the arts, athletics, academics, etc.
- A variety of adaptive & flexible coping skills that can be used in different situation

Hope

- Children are tremendously resilient
- Dane County has many competent resources to help those who have experienced trauma recover
- Wisconsin is making progress in recognizing the importance of trauma-informed care & is expanding trauma-informed practices
- When trauma is identified & effectively addressed through intervention & treatment, the result is a change in the life trajectory of children & families