TEXAS CENTER FOR THE JUDICIARY

Judicial Trauma Institute

Addressing Behavioral Health Needs with a Trauma-Informed Lens

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Welcome & Introduction

- Important to start with the mindset that all youth in care have been traumatized to some extent if for no other reason than they experienced the trauma of being removed from THEIR norm.
- Looking at the youth's behavior and the "reasons why" behind their behavior require coming together and collaborating on ideas for that specific youth.
- Conversations with the youth also are a must to further your understanding.
- If a youth is receiving psychotropic medication, there must be a finding that the youth has been provided appropriate **non-pharmacological interventions, psychosocial therapies**, or **behavior strategies** to meet the child's needs; **or** that the youth has been seen by the prescribing physician, physician assistant, or advanced practice nurse at least once every 90 days.

You will see amazing things change for our youth when we work through a trauma-informed lens!

A Trauma Lens - Change the conversation

- Shift from “What’s wrong with you?” to “What happened to you?”
- Move to a stance of understanding in order to move the child/youth forward in treatment.
- Don’t assume that a child is just “behaving badly” – ALL behavior has meaning.
- Remember, not all children respond in the same way to a traumatic event, but also that a trauma response can develop long after the event.
- Understand that anger or regressive behavior may be part of a child or teen’s best attempt to cope with trauma.
- Get professional help or consultation when you are not sure if symptoms are worsening. Children may still need and benefit from specialized counseling - even when they have great positive experiences and supports - and this helps them recover faster.

Challenges in Evaluation of Children Involved with the Child Welfare System

- Lack of information (historical, uncooperative parent, caseworker unaware of complete information)
- History of trauma complicates diagnosis
- Placement disruption complicates decision
- Accurate assessment is key to effective treatment

Heppell, Patrick, Rao S. Social Services and Behavioral Emergencies Trauma-Informed Evaluation, Diagnosis, and Disposition. Child Adolesc. Psychiatric Clin N Am 27 (2018) 455-465.

Challenges in Evaluation of Children, cont.

- Not being asked directly about trauma and abuse
- Coached from adults in their lives to not talk about it
- Having been blamed for being a victim
- Not having been believed when they disclosed previous trauma
- Avoiding painful emotions and unpleasant thoughts related to trauma
- Not being aware that their “bad behavior” is related to their trauma
- Afraid disclosure will result in hospital admission

Trauma-Informed Assessment

- Generalize
  - I am going to ask you a lot of questions that I ask everyone I see, because most of us experience these things.
- Normalize
  - Lots of teens who are dealing with depression/self harm, smoking, getting into fights tell me that part of it is about dealing with (or escaping from) bad memories or painful feelings from things that have happened in the past. A lot of times those memories and feelings are hard to talk about.
- Validate
  - That must have been so hard/frustrating, confusing.
  - I bet it hurts to talk or think about this.

Trauma-Informed Assessment, cont.

- Explain
  - I ask these questions because I want to make sure that you are safe.
  - I also ask because it happens to a lot of people.
  - I am trying to understand what is behind the behavior. Most of the time, there is a good reason for a smart kid to get in to fights or use drugs.

Trauma-Informed Assessment, cont.

- Ask Specifically but Start Generally:
    - Have you been through anything very scary? Bullying? Violence? Accident?
    - Have there been times where you had to live away from your parents?
    - Have you lost anyone close to you?
    - Has anyone ever hit you or harmed you in any other way?
    - Who yells or fights the most in your house? Do they ever get physical?
    - If you get in trouble, what happens as punishment?
    - Has someone ever touched you inappropriately or made you touch them in a way that made you uncomfortable?
    - You mentioned about being in a relationship. Does he/she treat you well? Has he ever threatened you? Hit you? Made you do anything sexually that you didn't want to do?
    - Have you ever done sexual things in exchange for money/drugs/place to stay?

Trauma-Informed Assessment, cont.

- Ask Often
- Show Respect
- Show Empathy
  - I am sorry that you had to go through that
  - It's so unfair that you had to go through that
- Respect Avoidance
  - It makes sense that you have been trying not to think about this. It sounds like it's just too hard to think about this sometimes.
- Respect Resiliency
  - You have been though so much. How have you been able to handle all of this?
  - Even with all of this, you've still been keeping up with school/focused/ caring for siblings. How do you do that?

Trauma-Informed Assessment, cont.

- Know your Limits
  - ➢ I can't imagine how it feels to go through all of this.
- Praise
  - ➢ I know its hard to talk about this. You are very strong for doing so, and I am very grateful that you are sharing it with me.
  - ➢ I am really impressed at how articulate and insightful you are about this. This is hard stuff to talk about.

Behavioral Health Manifestations of Toxic Stress in Children and Adolescents

- Trauma-related symptoms in young children:
  - Tantrums
  - Impulsive, aggressive, and destructive
  - Control-seeking
  - Attachment difficulties
  - Odd or exaggerated behaviors
  - Traumatic re-enactment in play

"Anyone will feel unlovable if the person he is most attached to is rejecting."

~Mary Main

Behavioral Health Manifestations of Toxic Stress in Children and Adolescents

- Higher rates of:
  - Psychiatric disorders
    - PTSD, ADHD, depression, anxiety
  - Risk taking
    - High-risk sexual behaviors
    - Self-injury and suicidal behavior
    - Substance use
  - Intellectual and learning disabilities

Evidenced Based Behavioral Therapy Models of TIC

- **Evidenced based TIC modalities** (all score as 1 on a scale of 1-5 with 1 being the best rating)
  - Trauma Focused-Cognitive Behavioral Therapy (TFCBT) – Validated for use with children and adolescents
  - Eye Movement Desensitization and Reprocessing (EMDR) – Validated for adults
  - Cognitive Processing Therapy (CPT) – Primarily focused on adults
  - Prolonged Exposure (PE) – Validated for adolescents (PE-A) and adults
  - Parent Child Interaction Therapy (PCIT) – Validated for children age 2-7

*Trust Based Relational Intervention (TBRI) – Currently rated as a promising practice and we hope to see it move to a level 1 in the near future

Psychiatric Medications and Diagnosis ***

- SSRIs: Depression/Anxiety
  - Sertraline, Fluoxetine, Paroxetine, Fluvoxamine, Citalopram, Escitalopram
- SNRIs: Depression/Anxiety
  - Venlafaxine, Duloxetine, Desvenlafaxine
- Bupropion: Depression, ADHD, Smoking Cessation
- Buspirone: Anxiety/Depression
- Mirtazapine: Depression/Anxiety/ Insomnia/Usage in ADHD kids with problems gaining weight
- Stimulants (methylphenidates and amphetamine group): ADHD
- Clonidine/Guanfacine: ADHD, Irritability; Clonidine can also be used for Insomnia
- Atomoxetine: ADHD

***Please be informed that this slide is demonstrating the basic usage of meds depending on their diagnosis; Other medications to consider include antipsychotic medications, mood stabilizers (seizure medications), etc.

Psychotropic Medication Utilization Review (PMUR)

- Medication is a valuable tool in treatment, and it is important to ensure that children are medicated clinically appropriately and not *over* medicated.
- The PMUR program reviews a child or youth's medication regimen to determine if it is appropriate. Appropriateness is determined based on a set of clinically reviewed parameters.
- For a detailed overview of the program and parameters visit - https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/psychiatric/psychotropic-medication-utilization-parameters.pdf
- A PMUR review is overseen by a STAR Health psychiatrist and involves clinical discussion with the prescribing provider to determine the best course of treatment.
- Key parameters and outcomes.

A judge has the right to request a PMUR for any child enrolled in STAR Health

A Trauma-Informed Clinic

- Trauma-Informed Clinics should mirror Trauma-Informed Courts
- Universal Precautions - children and their caregivers potentially have history of traumatic experiences
- Medical settings can be sources of trauma themselves
- Considerations for Trauma-Informed Clinics
  - Physical Space
  - Policies and Procedures
  - Personnel
    - Provide choices for children and caregivers- allow them to control what they can
    - Model positive interactions
    - Identify and amplify child and caregiver strengths
- Utilize community resources- no one system has all the solutions or responsibility

Real Cases, Real Options

Panel Discussion

Case Study #1

17-year-old youth in a residential treatment center:

She has been in 21 homes since her time in foster care began. She was on 7 different medications for diagnosis of depression, anxiety, and ODD. The RTC that she was placed at was closed and she was transferred to another RTC. She was evaluated by another psychiatrist and same medication was continued and sleep medication was also added.

Case Study #2

6-year-old boy in a foster home:

He was separated from siblings and was reported by foster mom to not be sleeping at night. Foster mom also reported that he wasn't following directions or eating well, and he was crying a lot. Foster mom reports that this 6-year-old was yelling and at times hitting her and her spouse. This went on for about 2 weeks, and foster mom went to the psychiatric hospital indicating to the hospital that the child hitting the adults meant he was a danger to others. He was in the hospital for 3-4 days and prescribed 4 medications to address ADHD, and ODD as diagnosed by the hospital.

Case Study #3

12-year-old recently placed in a foster home:

She was 2 grades behind in school. She has been fighting in school and having trouble doing her homework. Psychological indicated her diagnosis was trauma due to neglect. Foster mom took her to psychiatrist for evaluation and based on foster mom's reporting, the youth was diagnosed with major depressive disorder and prescribed 3 medications. No counseling had occurred for this youth since she has been in care.

Resources

Training And Support Resources

- STAR Health Dedicated Member Services – 1-866-912-6283
- Dedicated Website for STAR Health - https://www.fostercaretx.com/
- A service coordinator or service manager can be assigned by request to assist the child/youth and caregiver in coordinating services and treatment.
- STAR Health has a dedicated team of trainers who can train on a wide variety of topics, including TIC.
- ACE training offered to Pediatricians/PCPs along with TIC training to help their practice become trauma informed.
- Nathan Hoover's E-mail is nathan.hoover@superiorhealthplan.com.

Trauma & Adverse Childhood Experiences

- Adverse Childhood Experiences (ACEs) is a 10-question tool to evaluate traumatic experiences that occur in childhood:
  - Typical general population score is 1-3, typical score in foster care is 4+.
  - ACE research demonstrates a clear correlation between childhood trauma and long-term health issues, impacting both behavioral and physical health.
  - The higher the score, the more likely there will be complicated health issues throughout childhood and adulthood.
  - This can include higher rates of chronic physical health issues such as diabetes, high blood pressure, and heart disease.
  - For children in foster care, there may be additional circumstances that impact trauma.

Adverse Childhood Experiences

Abuse

Physical Abuse

Sexual Abuse

Verbal Abuse

Neglect

Emotional Neglect

Physical Neglect

Growing up in a household where:

There are adults with alcohol and drug use problems

There are adults with mental health problems

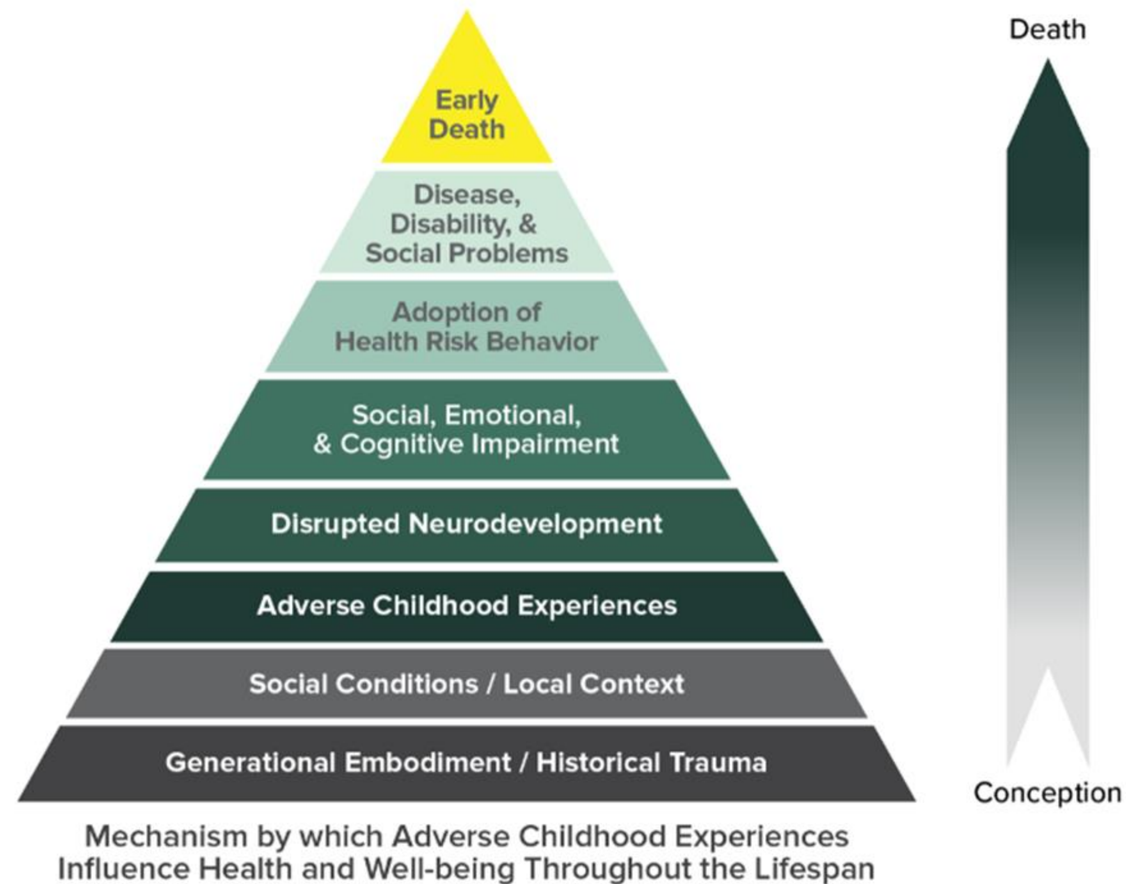
There is domestic violence

There are adults who have spent time in prison

Parents have separated

Are there additional ACEs?

What are the impacts of ACEs and Traumatic Stress?



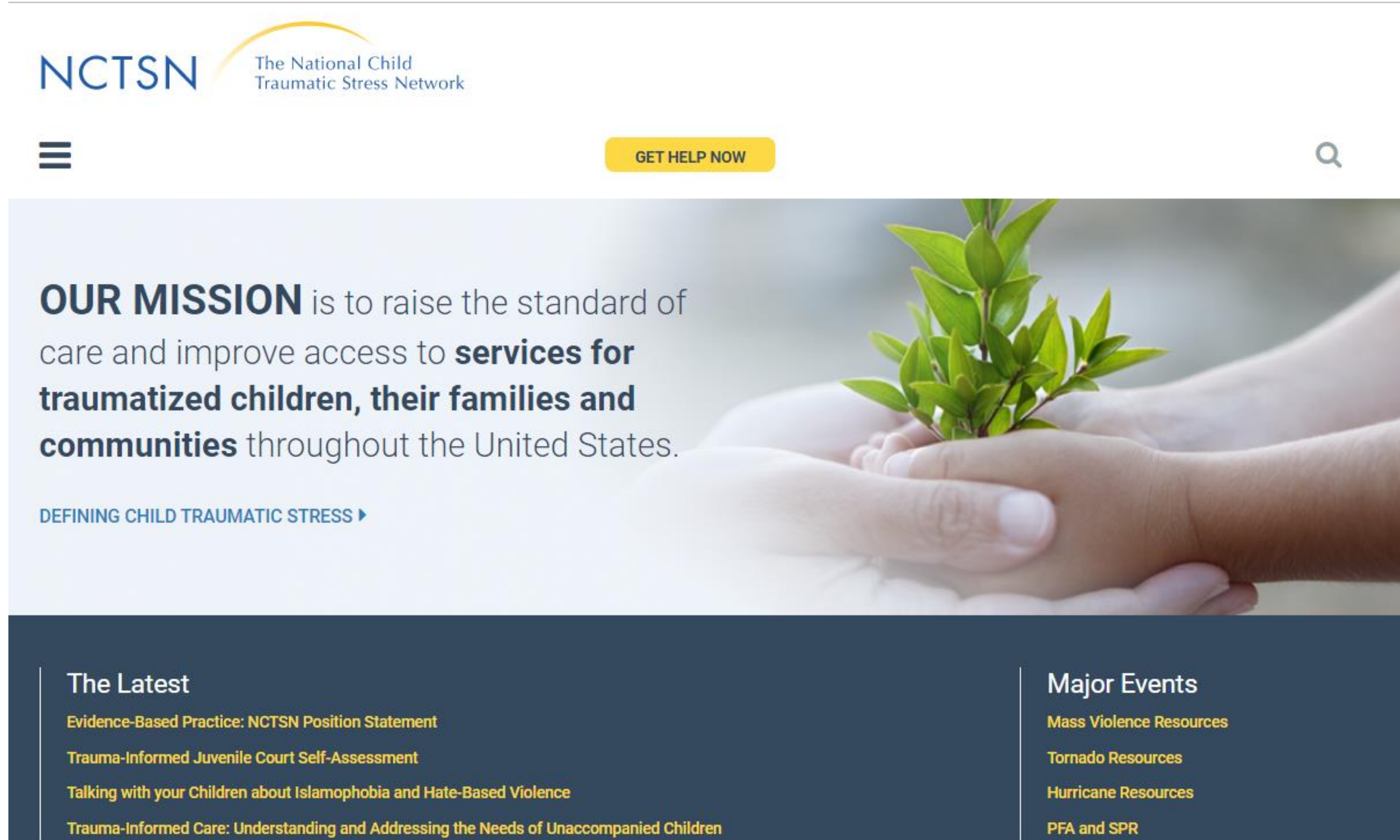
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Some Positive News

- A new study at BYU finds that Positive Childhood Experiences (counter – ACES), for example:
  - Having beliefs that provide you comfort.
  - Liking school, chances to have fun.
  - Having good friends, neighbors, a teacher, youth leader, (or foster parent, case worker) you trust and feel safe with.
  - Being comfortable with yourself.
  - Having predictable home routines.
- These (PCEs) have the potential to turn-back the negative and harmful effects caused by Adverse Childhood Experiences (ACEs), even when child had 4 or more ACES.
- With time and support from caring adults, children can adjust to experienced trauma.

Crandall, et.al., Jnl of Child Abuse and Neglect (2019)

Trauma Education and Training Resources



www.NCTSN.org

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Trauma Education and Training Resources

MUSC Medical University of South Carolina

ChildVictimWeb

DEFENDING CHILDHOOD PROTECT HEAL THRIVE

National Children's Alliance

Dee Norton Child Advocacy Center

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- Overview of Child Victimization
- Psychological and Behavioral Impact
- Social and Health Consequences
- Criminal Justice and Child Advocacy
- Assessment Strategies
- Evidence-Based Treatment Planning
- Case Management Skills for Treatment Success
- Evidence-Supported Treatments

A Resource for Professionals

System Requirements | Credits

Online trauma info for Child Welfare Staff, Advocates and other stakeholders.

www.cvweb.musc.edu

Additional Treatment Resource

MUSC MEDICAL UNIVERSITY OF SOUTH CAROLINA National Crime Victims Research and Treatment Center

ALLEGHENY GENERAL HOSPITAL Center for Traumatic Stress In Children and Adolescents

UMDNJ CARES INSTITUTE Child Abuse Research Education & Service

A PARTNER IN NCTSN The National Child Traumatic Stress Network

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CTGWeb

A web-based learning course for

Using TF-CBT With Childhood Traumatic Grief

- Adapting TF-CBT to CTG
- Grief Psychoeducation
- Grieving and Ambivalent Feelings
- Preserving Positive Memories
- Redefining the Relationship
- Treatment Review
- Evaluation

A Strategy to Help

System Requirements | Credits

Online traumatic grief training for clinicians.

TF-CBT application for child traumatic grief.

www.musc.edu/ctg 6 Free CEUs