



Practice Innovation Program

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

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Healthcare Practice Transformation



COLORADO
Department of Health Care
Policy & Financing

1302 Practice Learning Community Trauma Informed Care in Pediatrics

July 17, 2024



Department of
Family Medicine



Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the [Practice Innovation Program website](https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices).

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices>



Today's Agenda

- Affinity Group Reminders
- Upcoming Practice Learning Community Events
- Trauma Informed Care in Pediatrics



1302 Affinity Groups

- **Interactive, Peer to Peer Learning:** Connect with peers facing similar challenges and exchange invaluable knowledge and experiences.
- **Expert Guidance:** Benefit from expert-facilitated sessions offering actionable advice and insights into optimizing your practice's operations.
- **Resource Sharing:** Access and share resources with peers and facilitators, including toolkits, templates, and case studies, to streamline your journey towards integrated care.
- **Networking Opportunities:** Forge meaningful connections with other care teams to foster collaborations that drive positive change in integrated care delivery.

Affinity Group 1 - Processes and Workflows to Support Integrated Care

- 4th Wednesday 12-1 pm MT
- Facilitators: Diane Cardwell and Cynthia Molina
- Zoom Link to register: https://us06web.zoom.us/meeting/register/tZctdOGuqzoqG9DWven3n_-gDT_OBv93UFFt

Affinity Group 2 - Behavioral Health Integration in Pediatrics

- 4th Wednesday 12–1 pm MT
- Facilitators: Mindy Craig and Danielle Peters
- Zoom Link to register: https://us06web.zoom.us/meeting/register/tZEpdUGqqjorGddGk0Y_q9365ygalx5HbkqO

Affinity Group 3 - Integrating Primary Care in Behavioral Health Organizations

- 2nd Tuesday: 12- 1 pm MT
- Facilitators: Katie Ebinger and Angie Schindler-Berg
- Zoom link to register: <https://us06web.zoom.us/meeting/register/tZYrcu6hqzsqGdOgZ5xZVOLyyFjzzdLPfAz>

Upcoming Practice Learning Community Events

Billing and Coding to Implement the Collaborative Care Model

Speaker – Pam Ballou-Nelson, HealthCare Consulting, Inc.

Thursday, 8/8/2024, 12:00-1:00

To subscribe to CHES updates, including all Learning Community opportunities, sign up: <https://bit.ly/chessignup>



Trauma Informed Care in Pediatrics and Primary Care

Lauren Eckhart, PsyD
Clinical Director, Colorado Springs Division -
Pediatric Mental Health Institute
Associate Professor



Children's Hospital Colorado
Here, it's different.™



Today's Objectives

- Understand the ACES study and its impact on the development of trauma-informed care
- Describe how “problem behaviors” are reflective of the stress response
- Identify trauma-informed interventions that can be utilized in pediatric and primary care settings



Today's Overview

- The Adverse Childhood Experiences study
- Neurological effects of trauma
- Major underpinnings of Trauma-Informed Care
- The stress response and associated behaviors
- Trauma informed interventions and conversations



Trauma and the ACES Study



What is Trauma?

- An event that overwhelms an individual's capacity to cope
- Traumatic experiences are
 - Overwhelming
 - Invoke intense negative affect
 - Involve a degree of loss of control or vulnerability



ADVERSE CHILDHOOD EXPERIENCES STUDY

- Kaiser Permanente and CDC
- San Diego, 1995-1997
- 17,000 adult patients
- Subjects were primarily:
 - Caucasian
 - College educated
 - HMO patients (access to health care)



The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse



Adverse Childhood Experiences (ACE) 10-Question Survey

PRIOR TO YOUR 18th BIRTHDAY:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you? OR
Act in a way that made you afraid that you might be physically hurt? **If YES, enter 1** _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you? OR
Ever hit you so hard that you had marks or were injured? **If YES, enter 1** _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way? OR
Attempt or actually have oral, anal, or vaginal intercourse with you? **If YES, enter 1** _____
4. Did you **often or very often** feel that...
No one in your family loved you or thought you were important or special? OR
Your family didn't look out for each other, feel close to each other,
or support each other? **If YES, enter 1** _____
5. Did you **often or very often** feel that...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR
Your parents were too drunk or high to take care of you or
take you to the doctor if you needed it? **If YES, enter 1** _____
6. Was a biological parent **ever** lost to you through divorce, abandonment,
or other reason? **If YES, enter 1** _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? OR
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
OR
Ever repeatedly hit over at least a few minutes or threatened
with a gun or knife? **If YES, enter 1** _____
8. Did you live with anyone who was a problem drinker or alcoholic or
who used street drugs? **If YES, enter 1** _____
9. Was a household member depressed or mentally ill or did a household
member attempt suicide? **If YES, enter 1** _____
10. Did a household member go to prison? **If YES, enter 1** _____

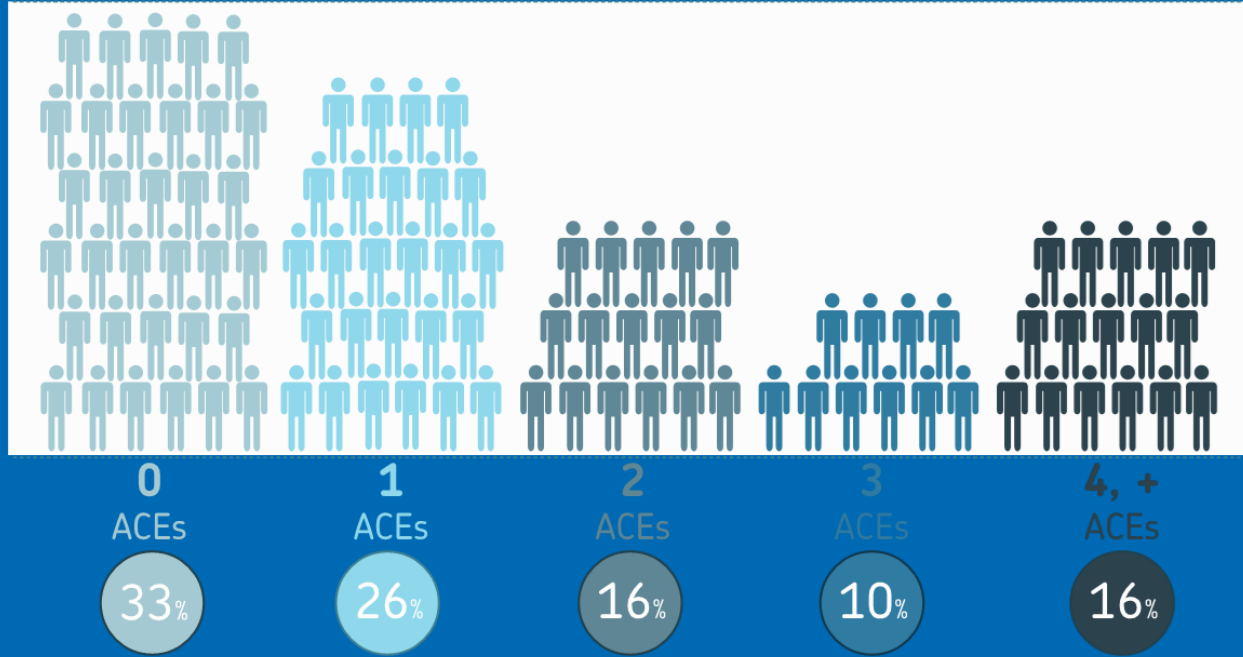
Now add up your YES answers – **TOTAL "Yes":** _____

This is your ACE score



ACES Findings

ACE Score = Number of ACE Categories



ACE Scores Reliably Predict Challenges During the Life Course



HOW **STRESS** AFFECTS THE BODY

BRAIN

Difficulty concentrating, anxiety, depression, irritability, mood, mind fog

CARDIOVASCULAR

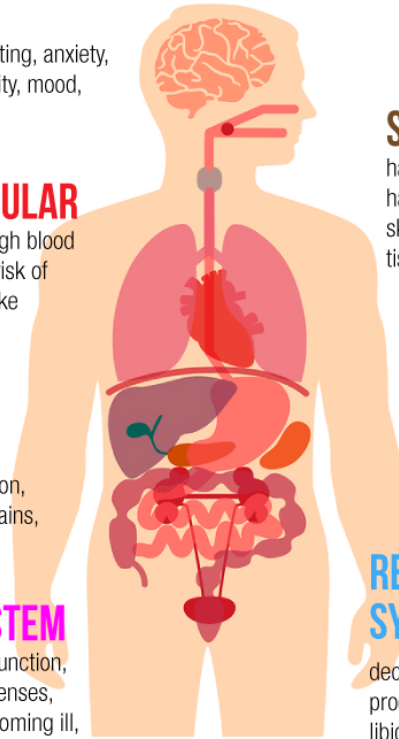
higher cholesterol, high blood pressure, increased risk of heart attack and stroke

JOINTS AND MUSCLES

increased inflammation, tension, aches and pains, muscle tightness

IMMUNE SYSTEM

decreased immune function, lowered immune defenses, increased risk of becoming ill, increase in recovery time



SKIN

hair loss, dull/brittle hair, brittle nails, dry skin, acne, delayed tissue repair

GUT

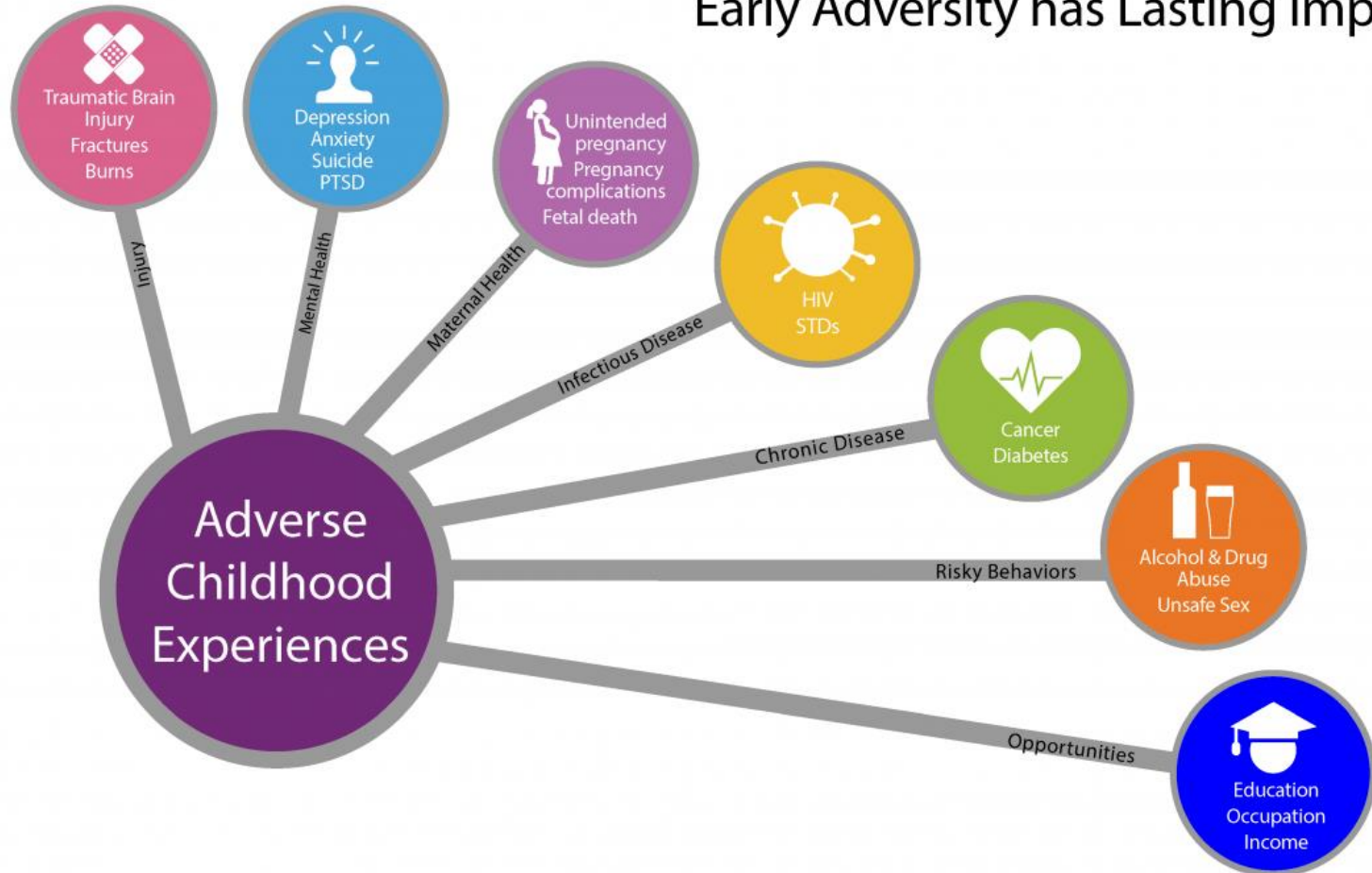
nutrient absorption, diarrhea, constipation, indigestion, bloating, pain and discomfort

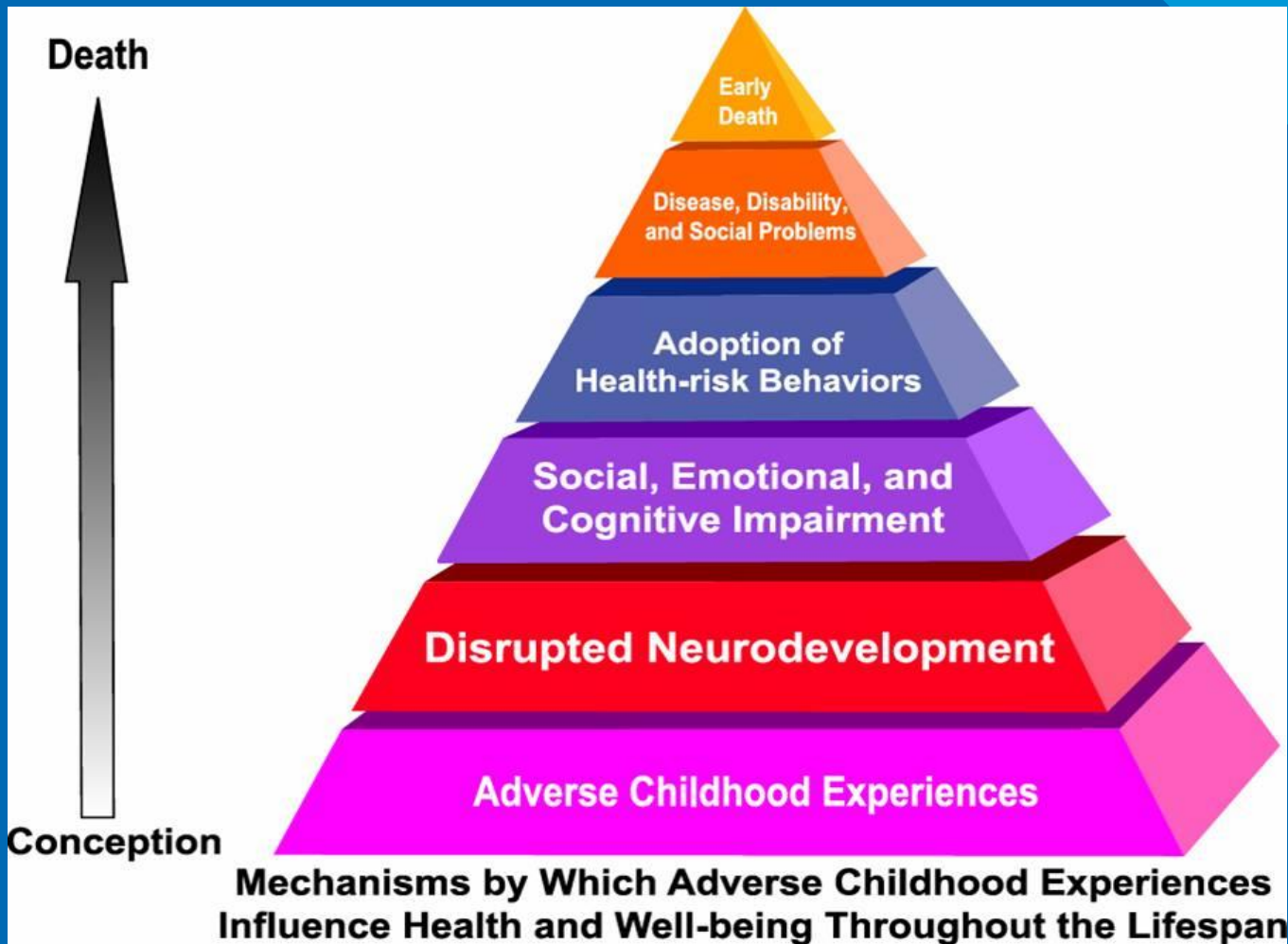
REPRODUCTIVE SYSTEM

decreased hormone production, decrease in libido, increase in PMS symptoms



Early Adversity has Lasting Impacts

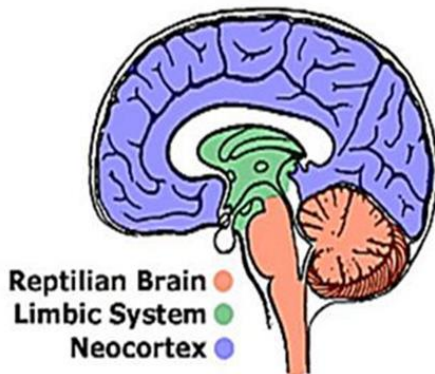




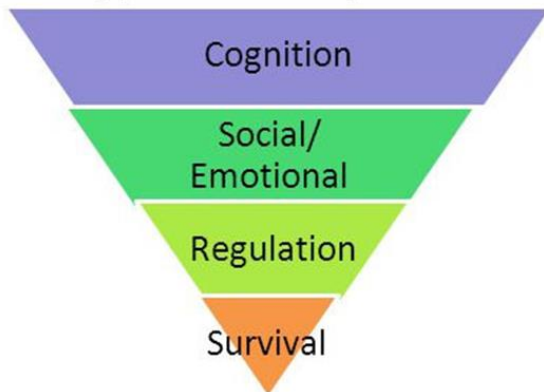
Trauma and the Brain



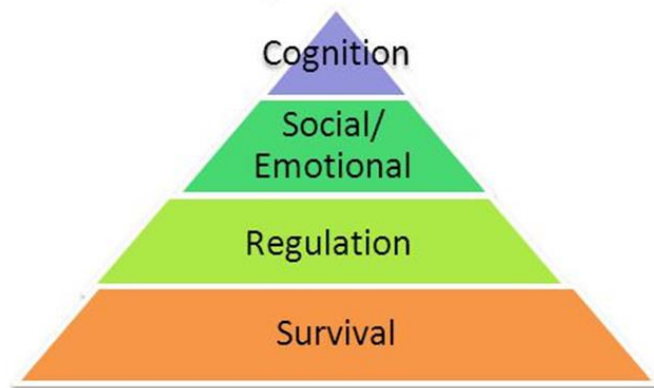
Trauma & Brain Development



Typical Development

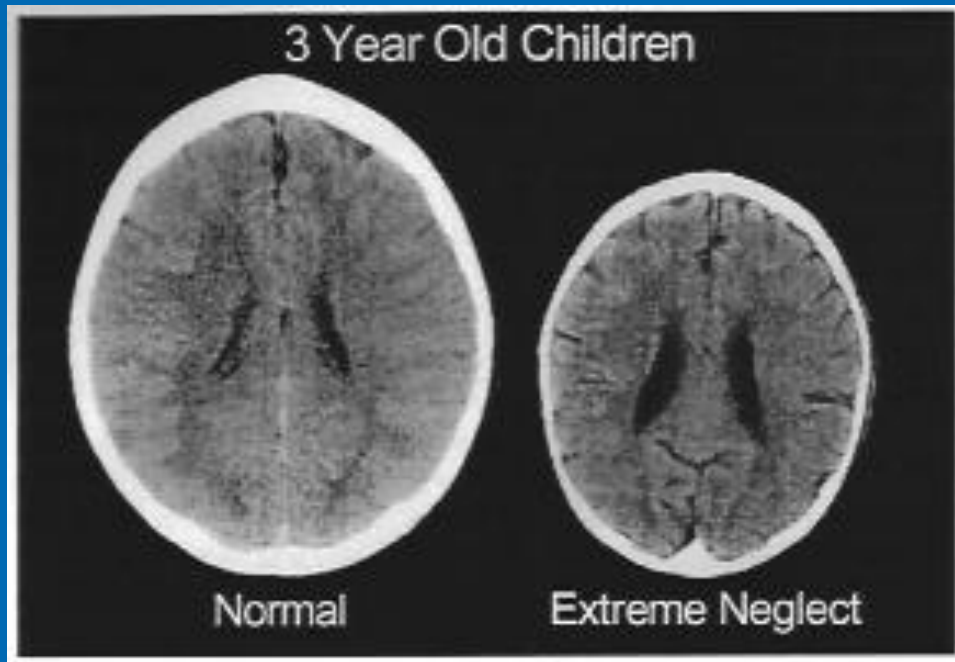


Developmental Trauma



Adapted from Holt & Jordan, Ohio Dept. of Education





“In the CT scan on the left is an image from a healthy three-year-old with an average head size (50th percentile). The image on the right is from a three-year-old child suffering from severe sensory-deprivation neglect. The child’s brain is significantly smaller than average (3rd percentile) and has enlarged ventricles and cortical atrophy.”

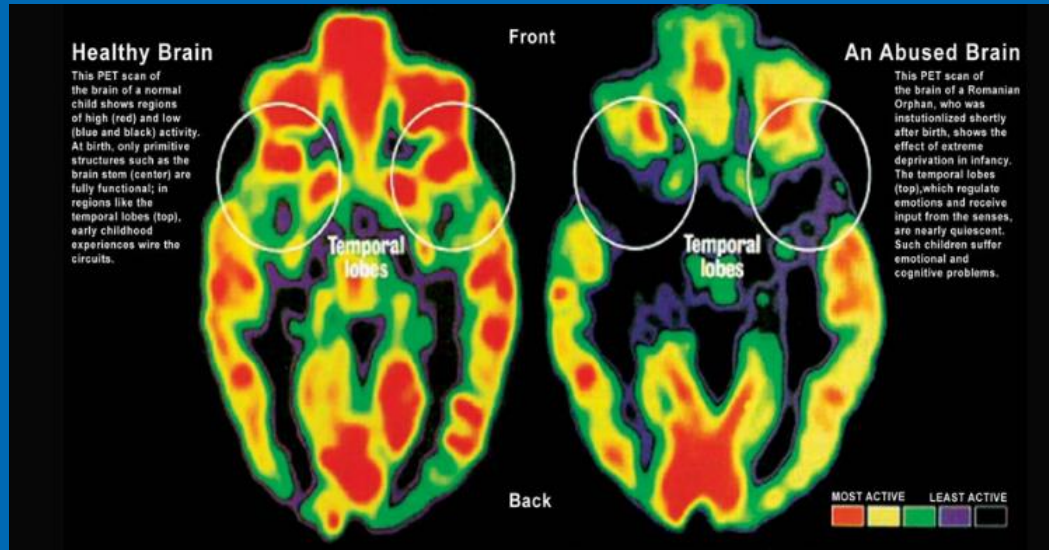
- Bruce D. Perry

“Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture.” Brain and Mind 3: 79-100, 2002



Trauma changes the brain!!

People who experienced trauma possess brains that are disorganized and dysregulated which can explain why they perceive the world differently and why thinking consequentially and sequentially is challenging.



The Trauma Response



Trauma and trauma triggers are about perception!



C-PTSD TRIGGERS



People linked to the person who had the control over you

Places associated to the trauma



Things reminding you of the trauma



Situations that may induce uncontrollable emotions, e.g. arguments

Boundaries having them pushed or tested



Senses sensitive to noises (loud bangs) or intense visuals (flashing lights)

Dates memorable dates, like anniversaries, birthdays



Dreams nightmares where you relive the trauma

Connections difficulty trusting new people



Common Trauma Triggers

- Unpredictability or sudden change
- Loss of control
- Feelings of vulnerability or rejection
- Confrontation, authority, or limit setting
- Sensory overload
- Loneliness
- Situations perceived as unfair or unjust



Trauma Event and/or Trauma Trigger



Stress/Danger Response



Fight

Flight

Freeze

Fawn

Try to recognize the behavioral responses as fight, flight or freezing behaviors

If we focus on the problems, we will miss the opportunity to understand where the behaviors originated



FIGHT

Self-preservation
Anger outbursts
Demanding perfection from others
Demeaning way of speaking to others
Controlling others
Sense of entitlement
Narcissistic tendencies
Bullying

FLIGHT

Obsessive or compulsive tendencies
Feelings of anxiety or panic
Workaholic
Can't sit still, can't relax
Rushing around
Perfectionism
Over-achiever

Trauma Stress Responses

FREEZE

Feeling unreal
Brain fog
Spaced out
Difficulty in making decisions
Difficulty in taking action
Wants to hide from the world
Couch potato

FAWN

People pleaser
Loss of self
Codependent relationships
Stays in a violent relationship
Little or no boundaries
Easily exploited by others
Flattering others
Can't speak up for themselves



A New Question:

Moving from:

“What’s wrong with you?”

To:

“What happened to you?”



AND how do I do things DIFFERENTLY
because of what’s happened to you?



A Matter of Framing

These individuals are not “manipulative,” or “disrespectful,” “defiant,” “rude,” “attention seeking” etc.

They are trying to survive.

These behaviors are not “problems,” “issues,” or “concerns”

They are ways to communicate needs.



**Trauma occurred in the
context of relationship and
will be healed in the
context of relationship...**

**This is why our role as
caregivers is so critical!**



Trauma Informed Care





“A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment” (Hopper, Bassuk & Olivet, 2010)



Trauma Informed Practice/Systems

the 4 R's of Trauma Informed Care



Realises the widespread impact of Trauma in health services.



Recognises the signs & symptoms of Trauma & Vicarious Trauma



Responds in a way that all feel they are safe.



Resists using untrustworthy behaviour that will rekindle Trauma.



We must.....

Respond to the need

Not react to the behavior

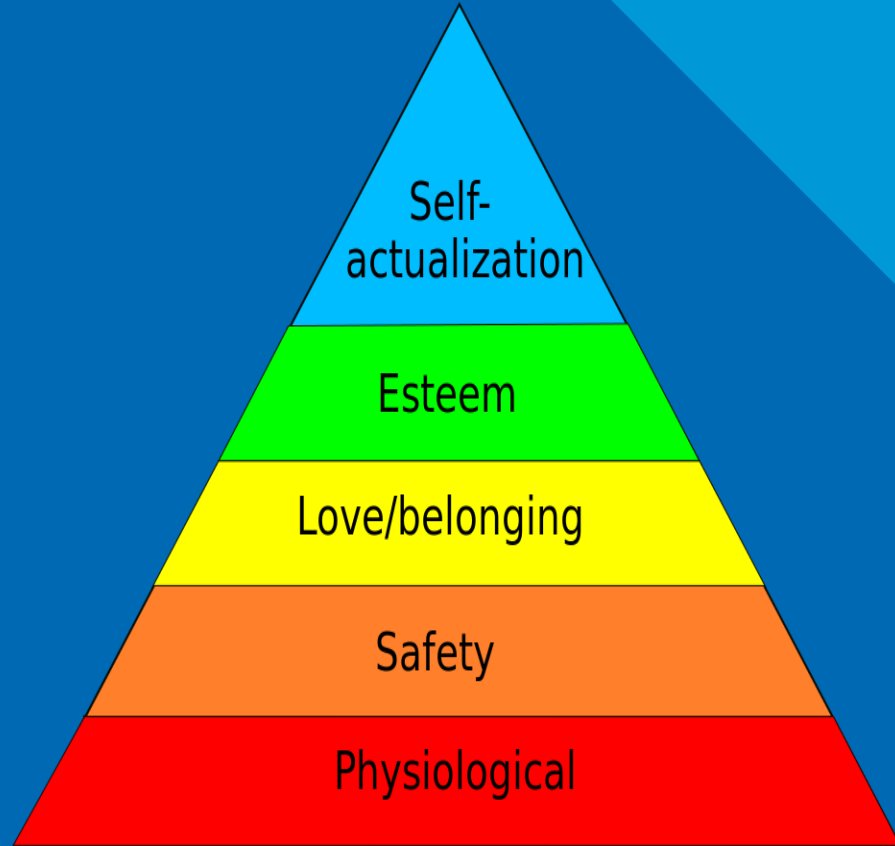
Seek connection; not compliance



What do they need?

We all need food, water, safety, touch, attention, affirmation, acceptance, fun, and love

- Consider ways to meet these needs!
 - Consider how the child's illness or injury may have negatively impacted the family's ability to get those needs met
 - Consider the barriers/obstacles that healthcare system creates that prevent those needs from being met



Trauma-Informed Interventions



Essential Elements of a Trauma-Informed Integrated Healthcare System

1. Creating a trauma-informed office.
2. Involving and engaging family in program development, implementation, and evaluation.
3. Promoting child and family resilience, enhancing protective factors, and addressing parent/caregiver trauma.
4. Enhancing staff resilience and addressing secondary traumatic stress.
5. Assessing trauma-related somatic and mental health issues.
6. Providing coordinated, integrated care across child- and family-service systems.





Create a Trauma Informed Office

- Offer water and/or snacks
- Explain processes and procedures
- Evaluate your processes, where can you give patients a choice
- Learn and provide ways to help patients and family members regulate their strong emotions



Regulating Responses

How to respond in the moment to reduce distress

Engage the senses

Movement

Distraction

Listening



TYPES OF COPING SKILLS

Self-Soothing

(Comforting yourself through your five senses)

1. Something to touch
(ex: stuffed animal, stress ball)
2. Something to hear
(ex: music, meditation guides)
3. Something to see
(ex: snowglobe, happy pictures)
4. Something to taste
(ex: mints, tea, sour candy)
5. Something to smell
(ex: lotion, candles, perfume)

Distraction

(Taking your mind off the problem for a while)

Examples:

Puzzles, books, artwork, crafts, knitting, crocheting, sewing, crossword puzzles, sudoku, positive websites, music, movies, etc.

Opposite Action

(Doing something the opposite of your impulse that's consistent with a more positive emotion)

1. Affirmations and Inspiration
(ex: looking at or drawing motivational statements or images)
2. Something funny or cheering
(ex: funny movies / TV / books)

Emotional Awareness

(Tools for identifying and expressing your feelings)

Examples:

A list or chart of emotions, a journal, writing supplies, drawing / art supplies

Mindfulness

(Tools for centering and grounding yourself in the present moment)

Examples:

Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises.

Crisis Plan

(Contact info of supports and resources, for when coping skills aren't enough.)

**Family / Friends
Therapist
Psychiatrist
Hotline
Crisis Team / ER
911**



Understanding the Internal Senses

- The 5 Senses
- Vestibular—movement and balance
- Proprioceptive—the body's ability to
- sense itself



Grounding: 5 Things (5-4-3-2-1)

How to practice:

1. Name 5 things you can see around you.
2. Name 4 things you can feel/touch around you.
3. Name 3 things you can hear around you.
4. Name 2 things you can smell around you.
5. Name 1 thing you can taste, such as toothpaste or a flavor from lunch.



Grounding: ABC Around the Room

How to practice:

1. Name something in the room that starts with the letter A.
2. Name something in the room that starts with the letter B.
3. Name something in the room that starts with the letter C
4. Keep going through the alphabet.



Superhero Breathing

How to practice:

1. Stand with your feet a little bit apart or sit up straight.
2. Put your hands on your hips and stick out your chest.
Breathe in while you count to 4.
3. Put your arms out in front of you like a superhero flying.
Breathe out as you count to 4.
4. Repeat 5 times.



But This Feels Weird...

- Using and promoting these types of regulating activities is a big change
 - Can feel non-productive and counter-intuitive
 - Can lead to judgements
- Try practicing these when you are calm and regulated



Trauma-Informed Conversations



Normalize – Ask – Pause – Connect

NORMALIZE

- Communicate that emotional difficulties are common and expected.
- Set up the discussion to promote emotional disclosure.
- Minimize the likelihood of "I'm fine."
 - "I know from working with other teens that it's common to feel down or depressed when [illness-specific stressor]."
 - "I hear from a lot of parents that they grieve the loss of [pre-illness experience]."
 - "I always ask about [emotion] because how you are emotionally is just as important as how you are physically."

PAUSE

Communicate non-verbally that you want to hear the answer.

Give the patient/family time to gather their thoughts and decide whether to share.

ASK

- Use open-ended questions.
- Keep your questions brief.
- Pay attention to your non-verbal communication.
 - "How about you/your family?"
 - "How has your family been affected?"
 - "What has [illness-specific stressor] been like for you?"

CONNECT

- Use reflection to communicate that the patient/family was heard and understood.
- Validate feelings.
- Connect to additional providers and resources when available.
 - "Thank you for sharing. It sounds like this has been a really hard time. I appreciate learning more about how you are doing so that we can continue to support you/your family."
 - "I can understand why you might feel this way."
 - "Our team has a [resource/person] that may be able to provide additional support around [challenge/concern]. Is it okay if I connect you?"



Tips

1. Trust your instincts - don't overthink! These are likely skills you already have and use.
2. You don't need to have all the answers - families don't expect you to be behavioral health experts!
3. Asking and listening is an intervention - when families know that their feelings are normal and safe to discuss with you this increases emotional health and wellness!
4. What families disclose is likely the tip of the iceberg - families may not be comfortable sharing everything the first time you ask! If you continue to ask they are likely to share more over time



Types of Listening Skills



Attentive listening involves:

- Holding eye contact
- Maintaining good posture
- Nodding
- Mirroring speaker's body language to show interest
- Allowing speaker to complete entire thoughts



Reflection listening involves:

Repeating and paraphrasing what speaker has said to show that you truly understand what they are telling you





Validation

What It Is



- Making space for someone's feelings
- Recognizing it's okay to not be okay
- Allowing a person to feel their feels
- Communicate that those feels are okay

What It Isn't



- Agreeing
- Encouraging someone to stay stuck
- Giving advice or trying to fix whatever the problem is
- Bringing out "shoulds" or other expectations

mentalhealthathome.org



It sounds as though you're feeling...

You would like me to understand that you're feeling _____ because _____ and you wish ...

What I'm learning about you is....

How can I support you?

What I hear you saying is....

On a scale from 0 - 10 (with 0 being the worst and 10 being the best) how well did I summarize what you are thinking and feeling?

What you would like me to know and understand better is





**When a flower
doesn't bloom
you fix the
environment
in which it
grows, not
the flower.**

Alexander Den Heijer



Questions????



Scan to complete evaluation



https://practiceinnovationco1.qualtrics.com/jfe/form/SV_eXJil4AekZEjrYG

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THANK YOU!

