Pediatric Trauma-Informed Care at Various Levels of Integration

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Learning Objectives

1. Review ACE (Adverse Childhood Experiences) and PCE (Positive Childhood Experiences)

2. Summarize how to implement and use results from a TIC site self-assessment tool

3. Describe the importance and results of facilitated community meetings to build relationships between local primary care clinics and key community referral agencies.

4. Review strategies used by clinics with and without integrated behavioral health clinicians to conduct childhood adversity screening and link families to internal and external services and supports.

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- No relationships to disclose.

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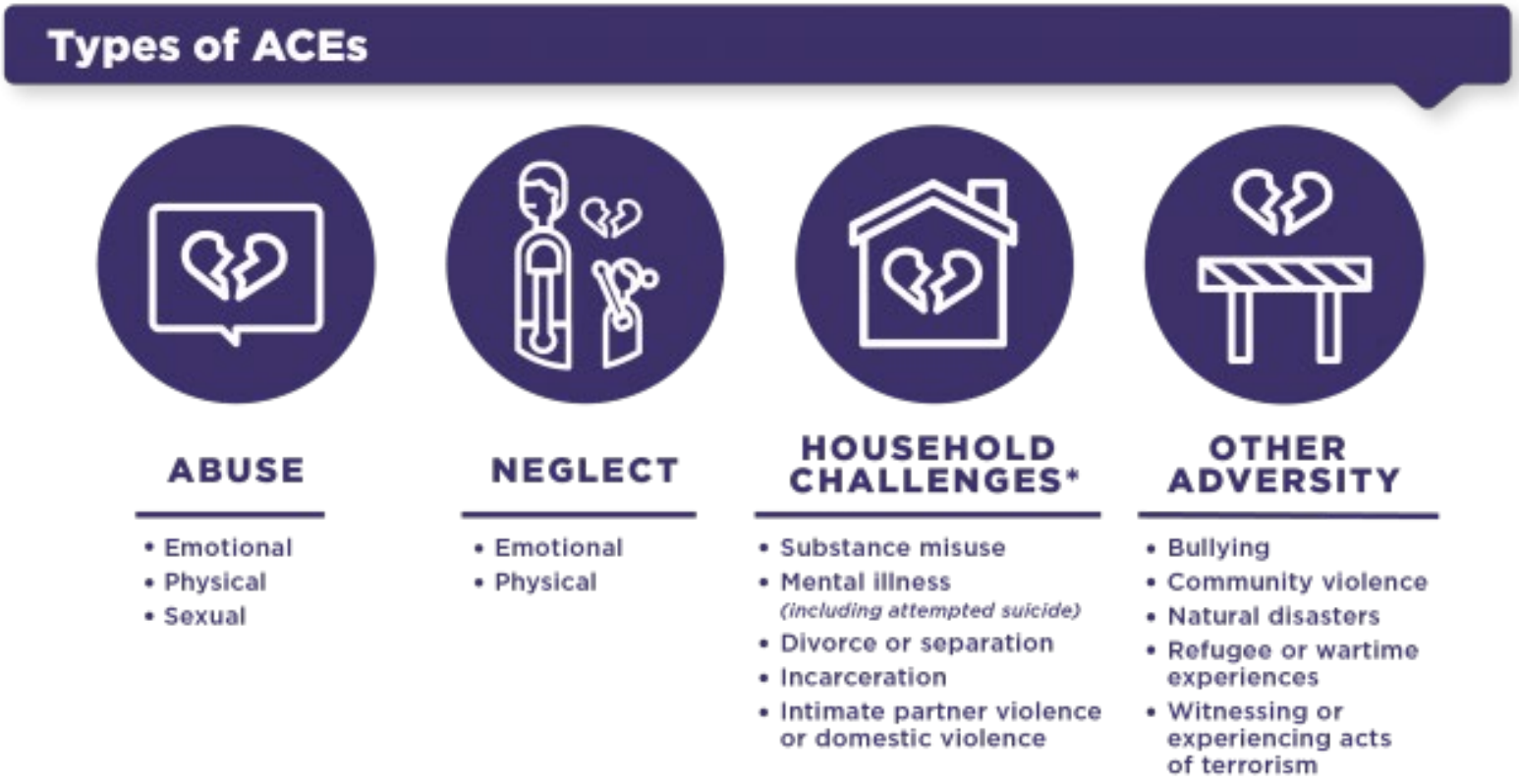
Adverse Childhood Experiences



https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630

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ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.

CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity

MENTAL HEALTH CONDITIONS

- Depression
- Suicide or attempted suicide

HEALTH RISK BEHAVIORS

- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior

SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630

Population Considerations

Some Groups Are More Likely to Have Experienced ACEs

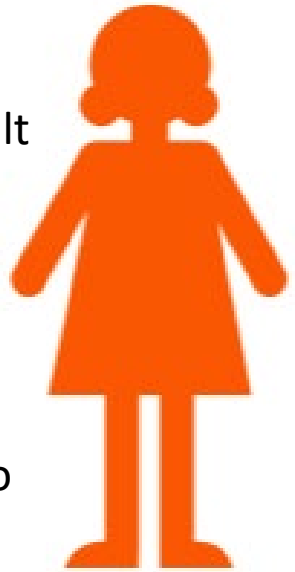
Multiple studies show that people who identified as members of these groups as adults reported experiencing **significantly more ACEs:**

https://www.cdc.gov/violenceprevention/aces/resources.html#anchor_1626996630

Positive Childhood Experiences

As a child, how often/how much did you….

- Feel able to talk to your family about your feelings
- Felt family stood by you during difficult times
- Enjoy participating in community traditions
- Feel a sense of belonging in school
- Feel supported by friends
- Have at least 2 non-parent adults who took genuine interest in you
- Feel safe and protected by an adult in your home



6-7 PCEs	>70% less likely to have adult depression
6-7 PCEs	3.5 times more likely to have social/emotional support as an adult
3-5 PCEs	50% less likely to have adult depression

*above is true even accounting for ACEs

(Bethell, Jones, Gombojav, Linkenbach, & Sege, 2019)

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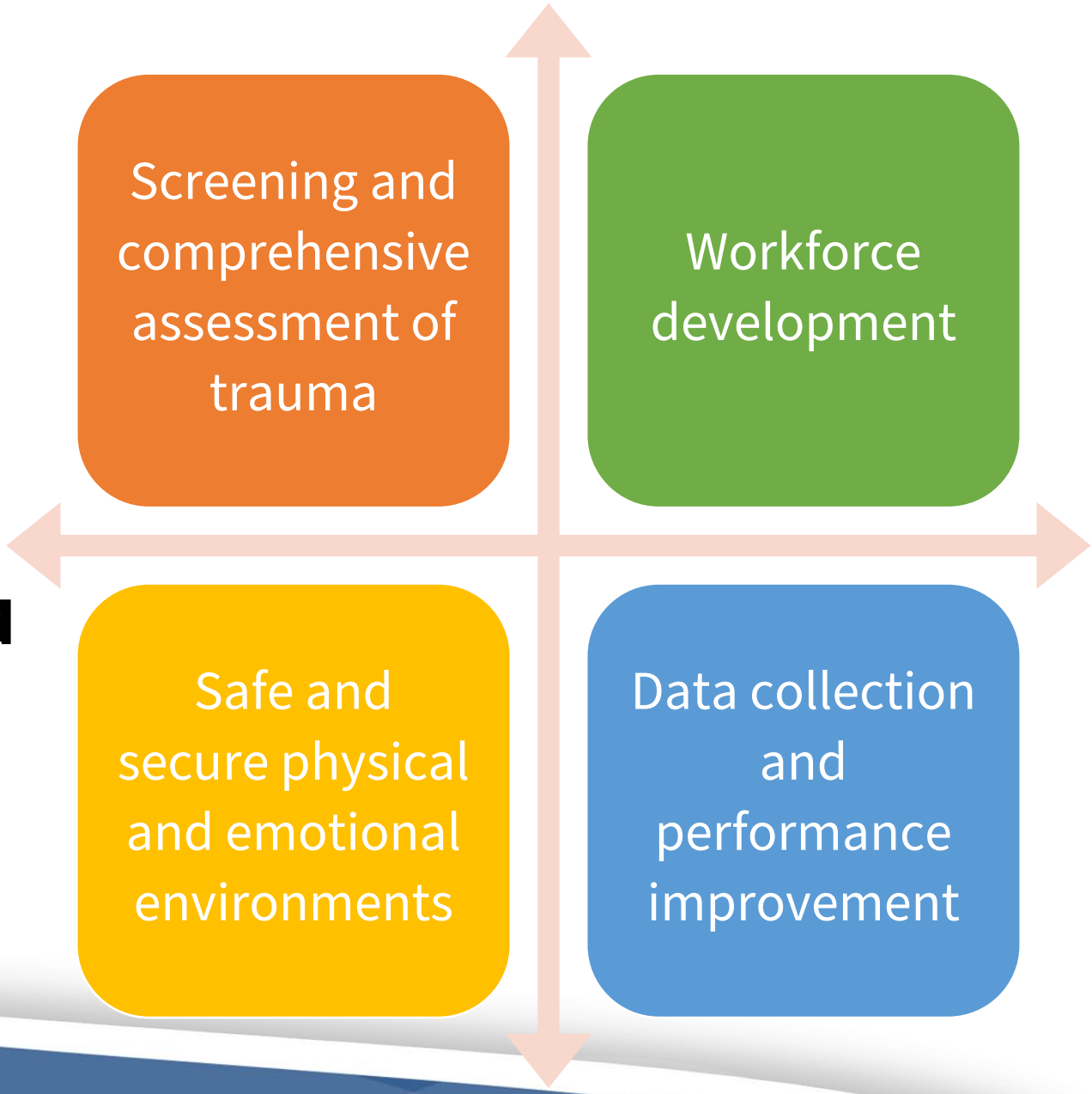
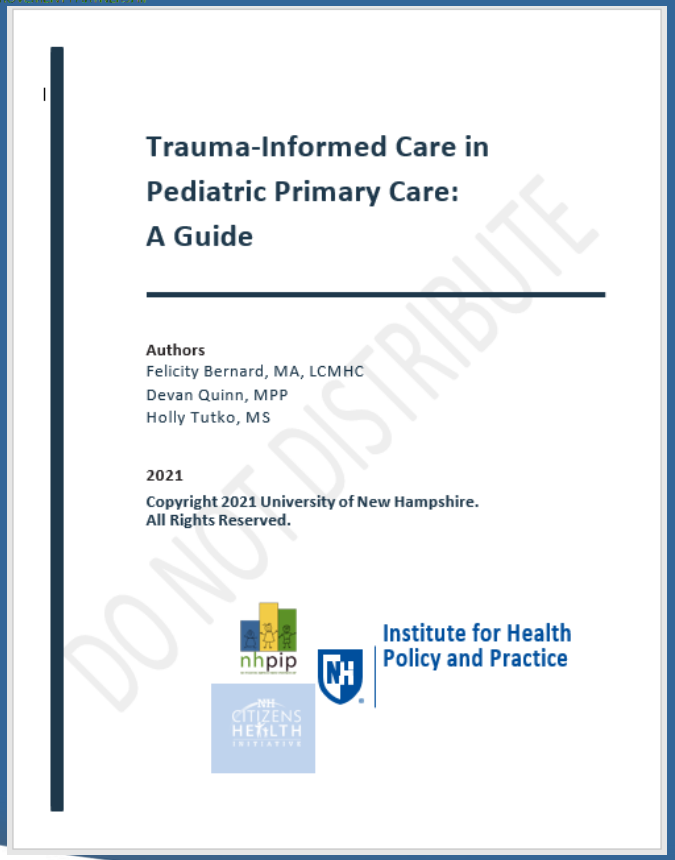
SAMHSA Domains of Trauma-Informed Care



Practice Guide



- A tool designed to help teams throughout the entire implementation process
- How it is used
  - Training and education around trauma and resiliency
  - Defining current and future state
  - Aids in decision making
  - Recommendation for workflows
  - Guidance for responding to positive scores
  - Recommendations for capturing patient voice
  - Encourages importance of individual and systems level self care

Quality Improvement Process

Getting Started

- Gathering the team
- Identifying a champion
- Mapping current state
- Determine population
- Selecting a screening tool
- Set SMART Goals

Carrying Out the Work

Implementation

- Meet regularly
- Map future state
- Train staff
- Start small
- Collect and review data
- Risk Stratification
- Plan Do Study Act
- Increase and spread as appropriate

Maintaining the Accomplishments

Sustaining

- Meet regularly (less often)
- Train new staff and providers
- Create control plan
- Continue to collect data
- Continue to collect patient voice
- Practice team resilience (individual and system self-care)

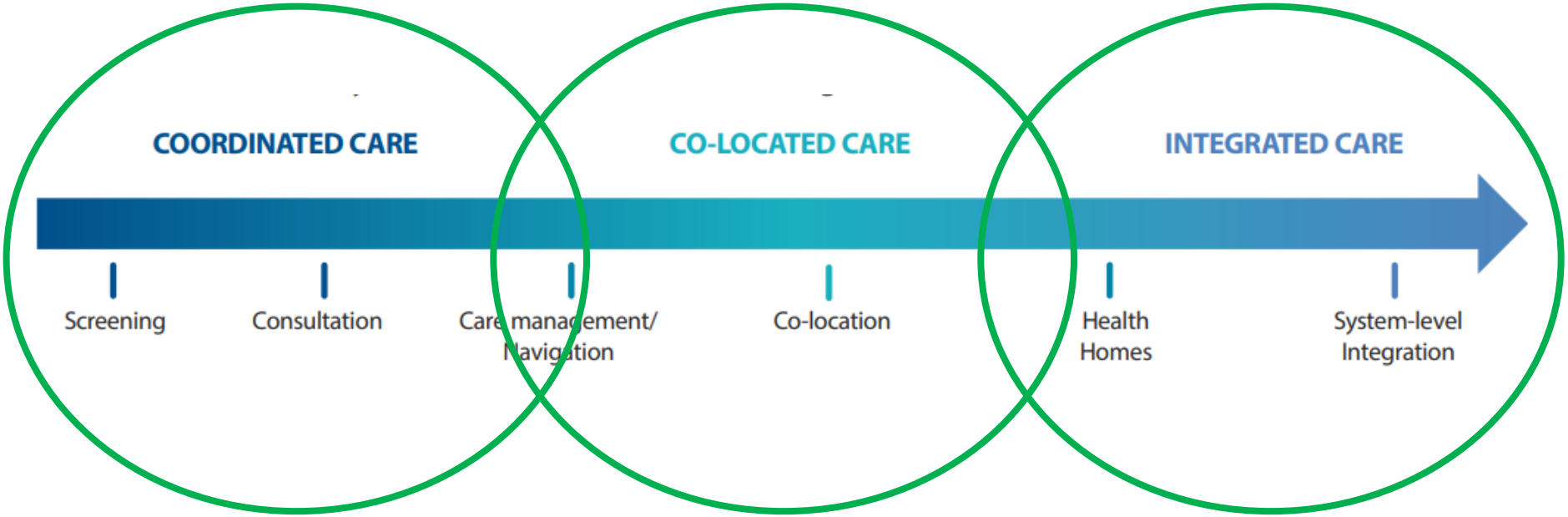
Community Meetings

- 20 community meetings
- Improvements
  - Clinician knowledge and confidence
  - Workflow
  - Communication strategies

"I didn't know you guys did all that stuff! I definitely have families I could have referred!"

- Pediatrician about local family resource center

Levels of Integration



Practice Variances

	Setting	Practice Affiliation	Team Members	EHR Control	Level of Integration	Conflicting Priorities
Practice A	Rural	Small System	8	Yes	Fully Integrated	Provider changes
Practice B	Rural	Small System	2	Yes	Coordinated Care	EHR migration
Practice C	Urban	Independent	7	N/A	Coordinated Care	Location move
Practice D	Urban	Large System	3	No	Coordinated Care	Staffing shortages
Practice E	Rural	Small System	8	Yes	Co-located	Loss of resources

Risk Stratification Tool

Risk Category	Screening Assessment	Example Of Screen Results Meeting This Classification	Follow-Up Action
No/Low Risk	Screening identifies no concerns for toxic stress OR that sufficient buffers are available to keep toxic stress in check.	Screening identifies no risk factors OR one to three risk factor that is/are already being addressed effectively by the family	Primary Prevention Strategies include: • anticipatory guidance about toxic stress, • positive parenting techniques, and • promoting family bonding.
Moderate risk	Screening identifies multiple concerns for toxic stress, though child/family is not exhibiting trauma symptoms	Screening identifies one or more risk factors for toxic stress AND limited family capacity/resilience to address the risk factor(s).	Above Primary Prevention Strategies PLUS Secondary Prevention Strategies include: • Identifying and addressing barriers (ex. Screening for social determinants) to families providing safe and supportive nurturing relationships (ex. Facilitating linkages to food or housing) • Augmenting family coping capacity and resilience.(parenting classes, youth mentoring programs, parent-child playgroups, etc.)
High Risk	Screening identifies multiple concerns for toxic stress OR patient/parents are exhibiting/have been diagnosed with trauma symptoms or disease	Screening identifies 4 or more risk factors for toxic stress OR child/family is currently exhibiting trauma symptoms or has trauma-related diagnosis (regardless of number of risk factors)	Tertiary Prevention Strategies include: • Addressing trauma-related symptoms/conditions (ex. Trauma-informed Cognitive-Behavioral Therapy) • Rebuilding unhealthy family relationships (ex. Child-Parent Psychotherapy)

Cohort 1 – Qualitative Feedback

Provider Feedback

- "The tools we are using give us important information that we would not have had before and are important in catching the trauma in people you wouldn't expect"
- "We will continue to use the registry we developed after the project has ended. It helps to track our high-risk families."
- "The number one eye opening experience about this whole thing is that we are learning about resources in the community that we have never known before. I have already started utilizing a lot of that...we have a lot more specific information that we can do on our end to help patients get connected to help."

Patient feedback

- "I am super impressed that they are doing this (screening). They are cutting edge"

Lessons learned for practices to replicate

- Providers benefit from real world examples and hearing from others doing the work
- Making sense of screening tools with teams eliminates initial barriers
- Facilitating connections with community providers
- Don’t assume providers know all available resources

Additional Resources

- Healthy People 2030
- ACEs and Resilience
  - Harvard Center for the Developing Child
  - Deepest Well: Nadine Burke Harris
  - ACES connection
  - ACEs Aware
- NHPIP
  - www.nhpip.org

References

- Center on the Developing Child at Harvard University, In Brief: How Resilience is Built (Apr 22, 2015). https://www.youtube.com/watch?v=xSf7pRpOgu8

- Center for Disease Control and Prevention, Adverse Childhood Experiences Resources, Presentation Graphics (2021).
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Thank you so much!

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