



**UT** Health  
Rio Grande Valley

## **TURNING THE TIDE:**

### *Trauma-Informed Care for Children in the Emergency Department*

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# LEARNING OBJECTIVES

- OBJECTIVE 1: Update participants on background of trauma informed care and interventions for traumatic stress in the pediatric patient population.
- OBJECTIVE 2: Present core elements of trauma-informed systems of care in relation to the children and their care givers.
- OBJECTIVE 3: Recommend system-level implementation of strategies to expand research and improve understanding developmental effects of trauma and efficacy of specific interventions for historically resilient populations.

## Disclosure

This activity did not receive any commercial support, in-kind or in the form of educational grants.

**None of the Planners and/or speaker(s) for this educational activity have relevant financial relationship(s) with ineligible companies\* to disclose.**

**Bret Burton, MD, MBA (speaker)**

*\*An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.*



# Why is Trauma Informed Care a Big Deal?





# Preventing Adverse Childhood Experiences (ACE)

**1 in 6**

1 in 6 adults experienced four or more types of ACEs.

**5 of 10**

At least 5 of the top 10 leading causes of death are associated with ACEs.

**44%**

Preventing ACEs could reduce the number of adults with depression by as much as 44%.

## How big is the problem?

**ACEs are common.** About 61% of adults surveyed across 25 states reported they had experienced at least one type of ACE before age 18, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

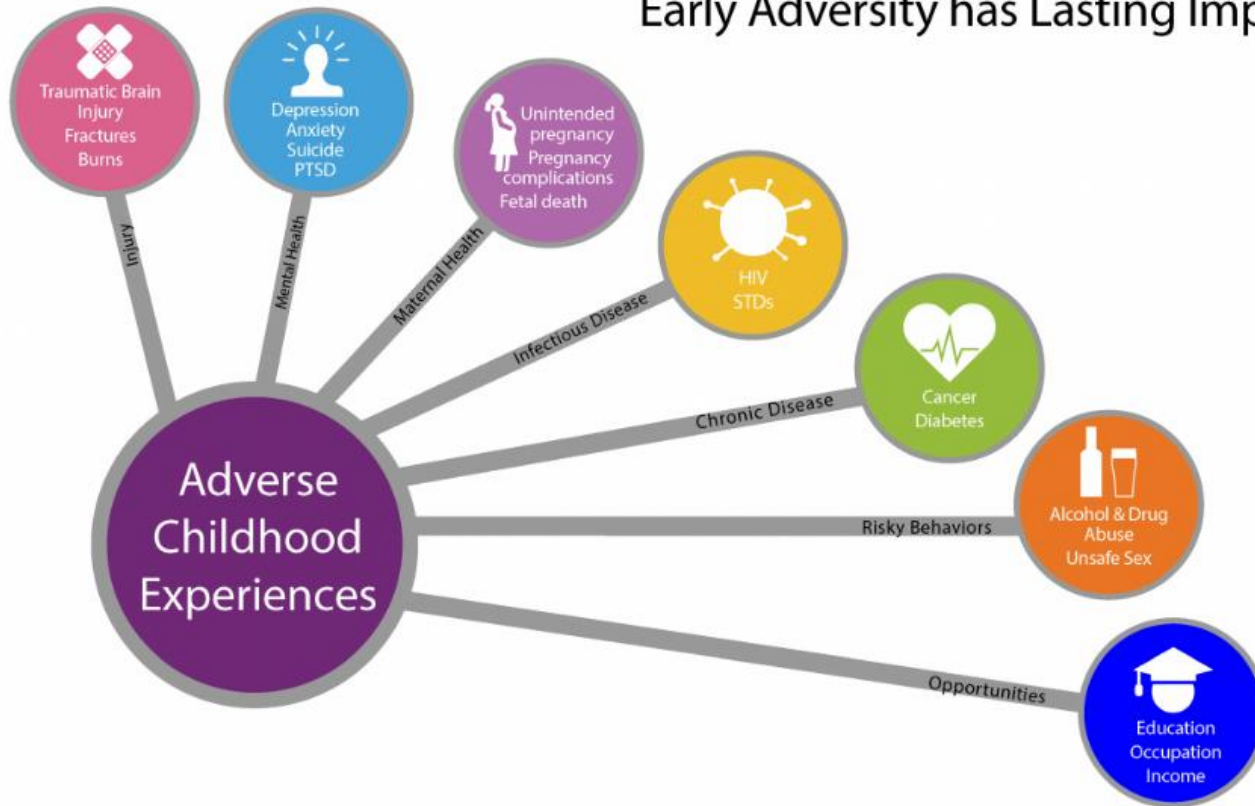
**Preventing ACEs could potentially reduce many health conditions.** For example, by preventing ACEs, up to 1.9 million heart disease cases and 21 million depression cases could have been potentially avoided.

**Some children are at greater risk than others.** Women and several racial/ethnic minority groups were at greater risk for experiencing four or more types of ACEs.

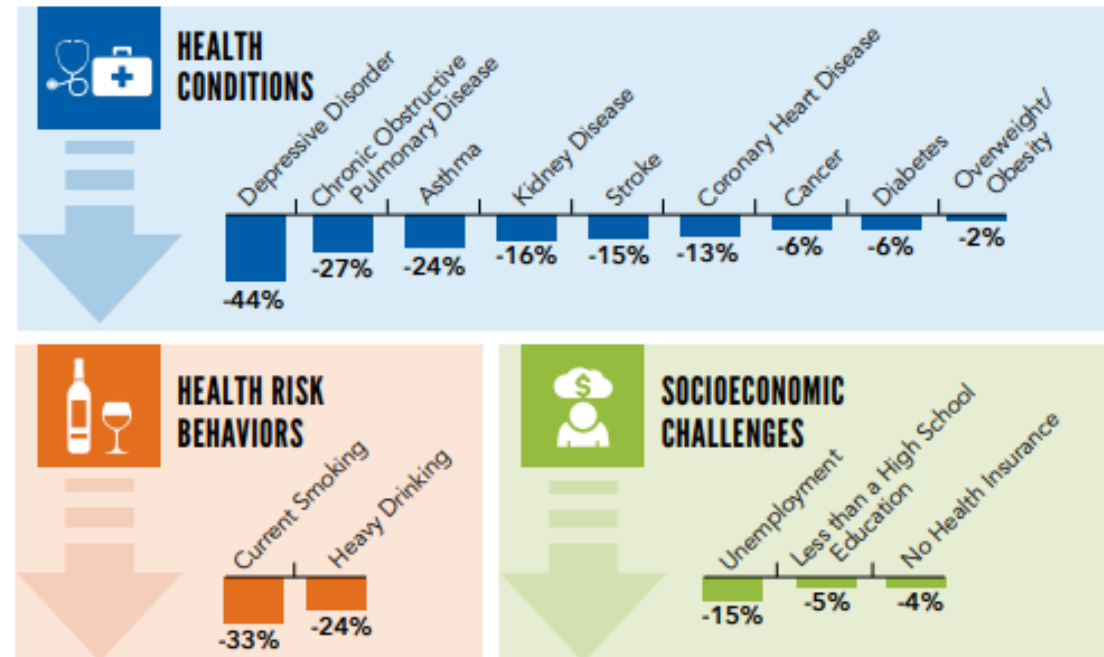
**ACEs are costly.** The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year. A 10% reduction in ACEs in North America could equate to an annual savings of \$56 billion.

# Association between ACEs and Negative Outcomes

Early Adversity has Lasting Impacts



## Potential reduction of negative outcomes in adulthood



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

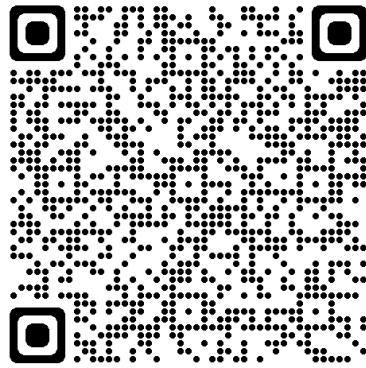


# Why is Preventing ACEs a Big Deal to Me?





# Gathering ACE Data: Behavioral Risk Factor Surveillance System



- 1) Did you live with anyone who was depressed, mentally ill, or suicidal?
- 2) Did you live with anyone who was a problem drinker or alcoholic?
- 3) Did you live with anyone who used illegal street drugs or who abused prescription medications?
- 4) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- 5) Were your parents separated or divorced?
- 6) How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
- 7) Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
- 8) How often did a parent or adult in your home ever swear at you, insult you, or put you down?
- 9) How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- 10) How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?
- 11) How often did anyone at least 5 years older than you or an adult, force you to have sex?
- 12) For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?
- 13) For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

## Response Options

### Questions 1-4

1= Yes  
2=No  
7=DK/NS  
9=Refused

### Question 5

1=Yes  
2=No  
8=Parents not married  
7=DK/NS  
9=Refused

### Questions 6-11

1=Never  
2=Once  
3=More than once  
7=DK/NS  
9=Refused

### Questions 12-13

1=Never  
2=A little of the time  
3=Some of the time  
4=Most of the time  
5=All of the time  
7=DK/NS  
9=Refused



# Prevention of ACEs must be a priority

## ACEs can have lasting effects on...



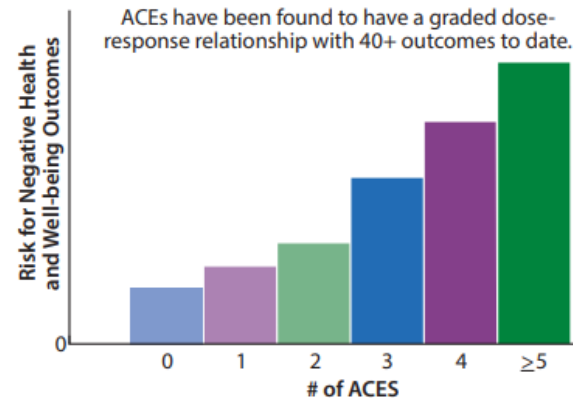
**Health** (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



**Behaviors** (smoking, alcoholism, drug use)



**Life Potential** (graduation rates, academic achievement, lost time from work)



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

## Preventing ACEs could reduce a large number of health conditions.



UP TO  
**21 MILLION**  
CASES OF  
DEPRESSION

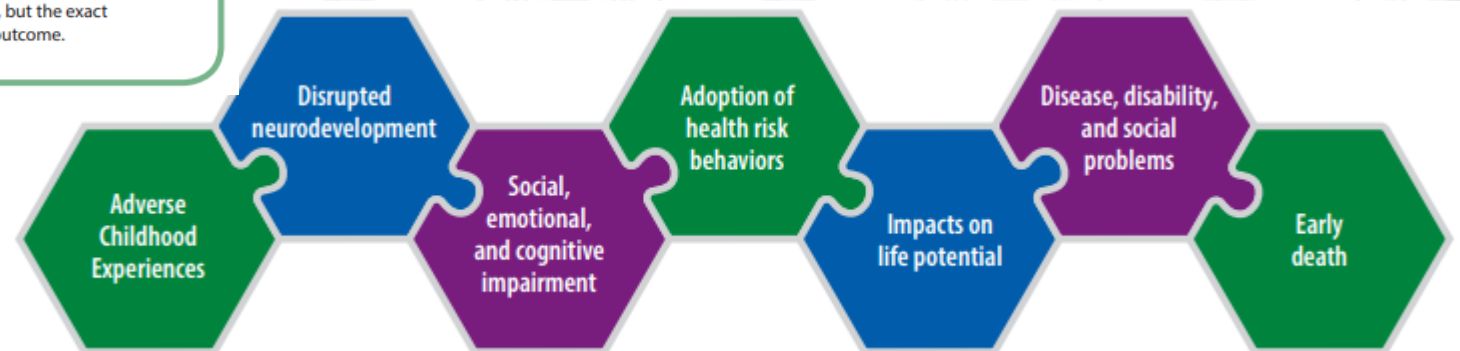


UP TO  
**1.9 MILLION**  
CASES OF  
HEART DISEASE



UP TO  
**2.5 MILLION**  
CASES OF  
OVERWEIGHT/OBESITY

SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, MMWR November 2019.



# What can be done to prevent ACEs

## Six Strategies for Preventing Adverse Childhood Experiences



Strengthen economic supports for families



Promote social norms that protect against violence and adversity



Ensure a strong start for children



Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges



Connect youths to caring adults and activities



Intervene to lessen immediate and long-term harms



### HEALTHCARE PROVIDERS CAN:

- Anticipate and recognize current risk for ACEs in children and history of ACEs in adults. Refer patients to effective services and support.
- Link adults to family-centered treatment approaches that include substance abuse treatment and parenting interventions.

### EMPLOYERS CAN:

- Adopt and support family-friendly policies, such as paid family leave and flexible work schedules.

### STATES AND COMMUNITIES CAN:

- Improve access to high-quality childcare by expanding eligibility, activities offered, and family involvement.
- Use effective social and economic supports that address financial hardship and other conditions that put families at risk for ACEs.
- Enhance connections to caring adults and increase parents' and youth skills to manage emotions and conflicts using approaches in schools and other settings.

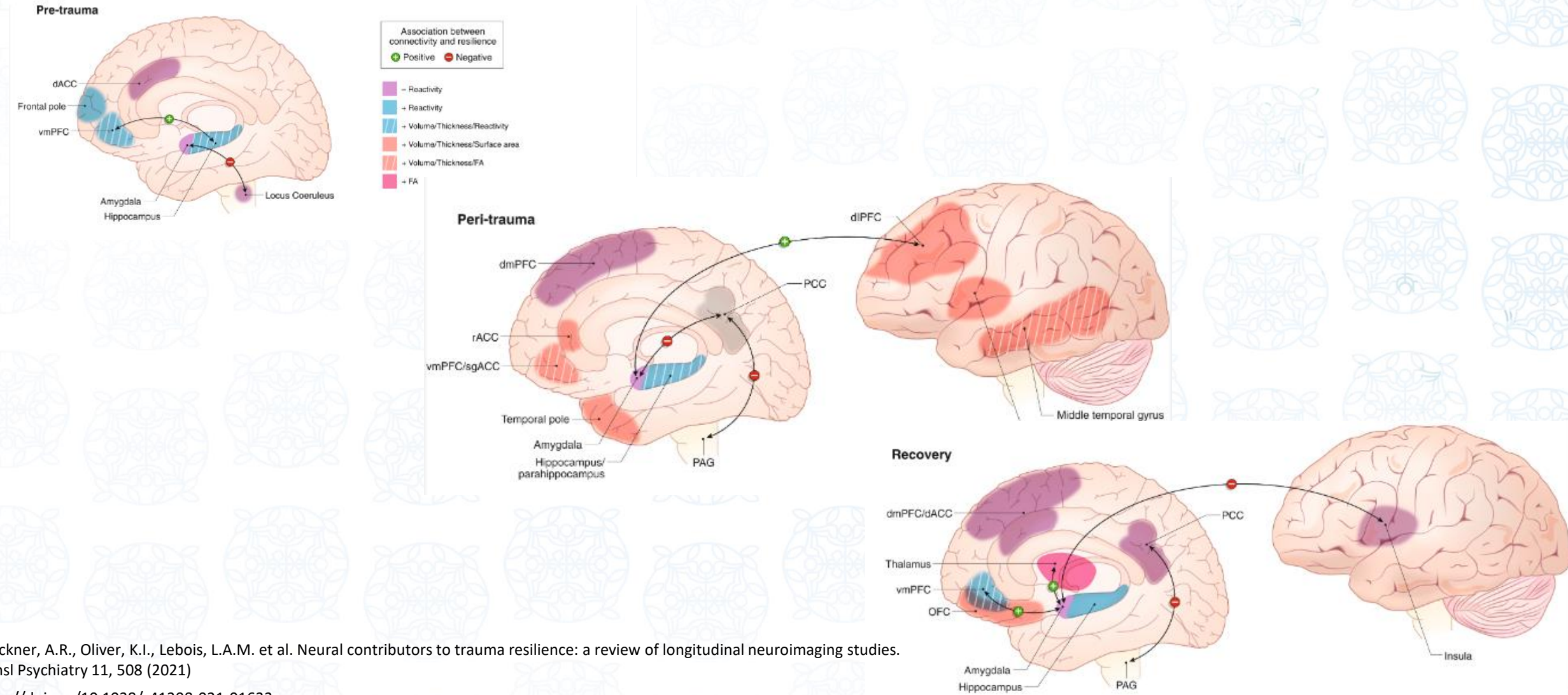
### EVERYONE CAN:

- Recognize challenges that families face and offer support and encouragement to reduce stress.
- Support community programs and policies that provide safe and healthy conditions for all children and families.

<http://go.usa.gov/xVvqD>



# Where Does Childhood Trauma Reside?



Roeckner, A.R., Oliver, K.I., Lebois, L.A.M. et al. Neural contributors to trauma resilience: a review of longitudinal neuroimaging studies. Transl Psychiatry 11, 508 (2021). <https://doi.org/10.1038/s41398-021-01633-y>



# Theories of Human Development

## Piaget's Theory

- Childhood interactions and explorations influence development
- Development is largely universal

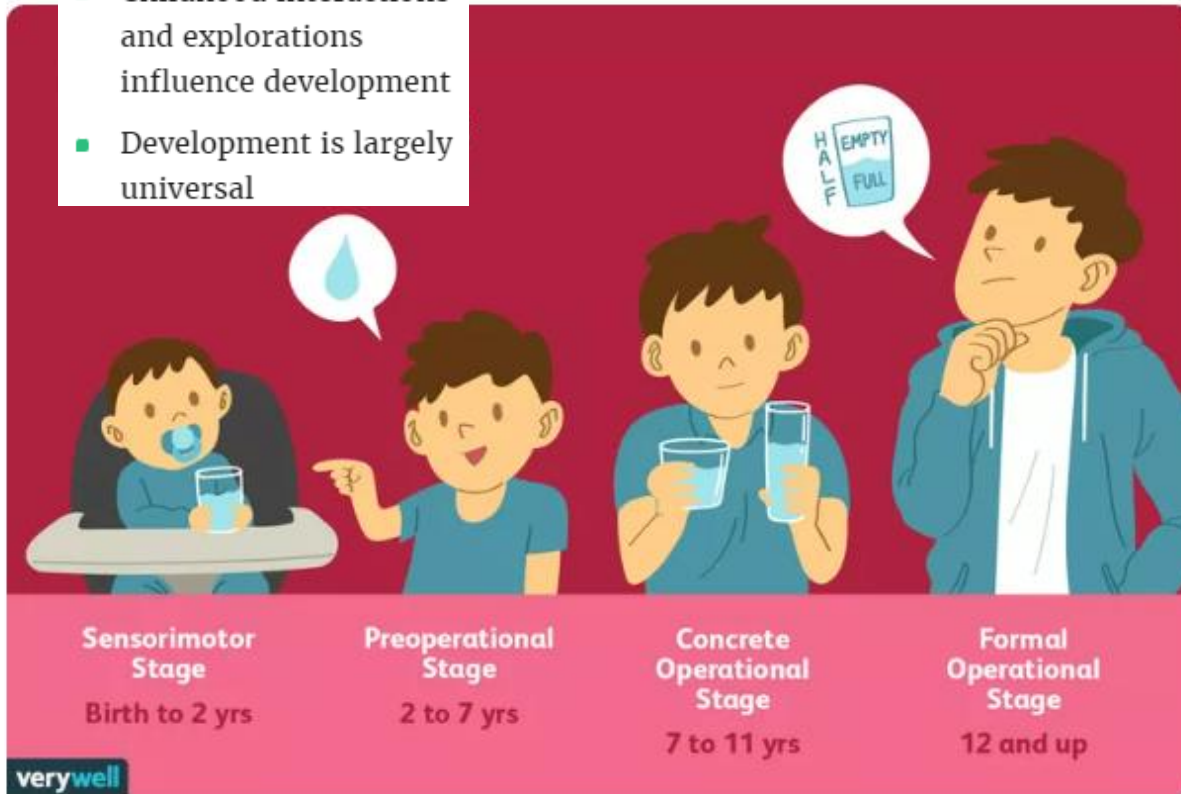
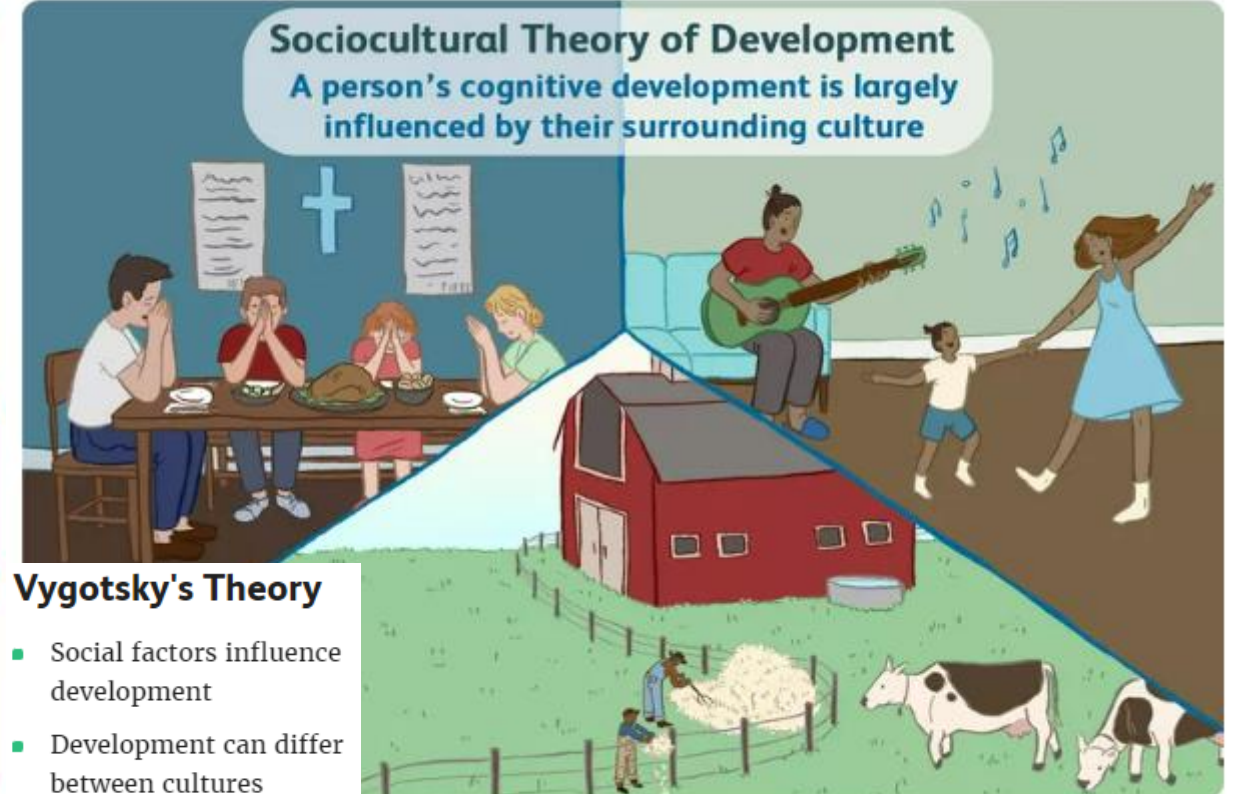


Illustration by Joshua Seong, Verywell

## Sociocultural Theory of Development

A person's cognitive development is largely influenced by their surrounding culture



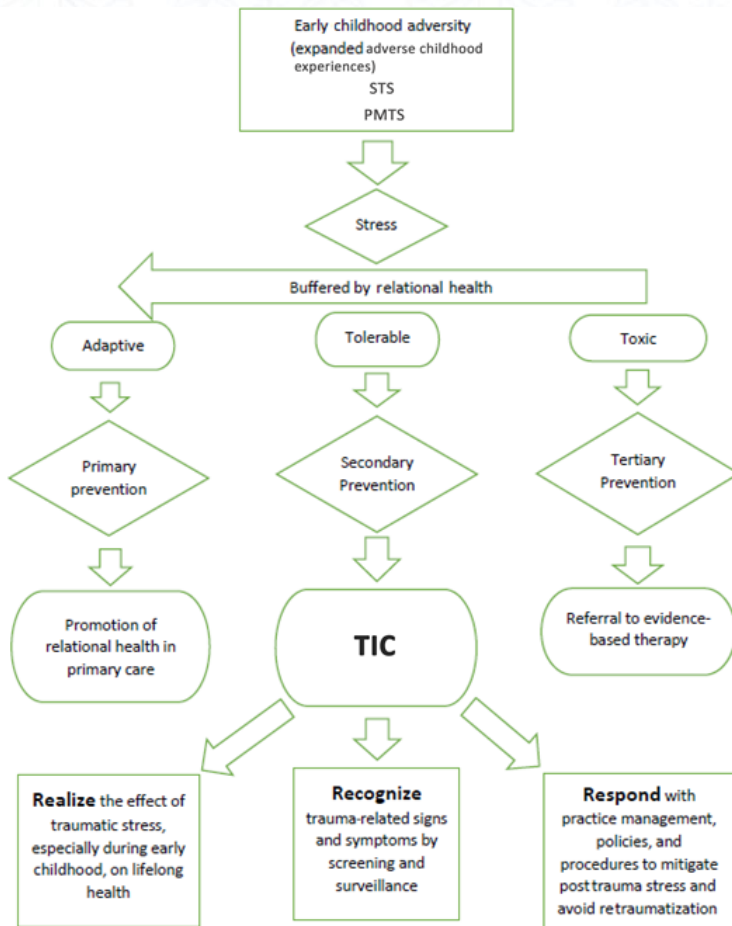
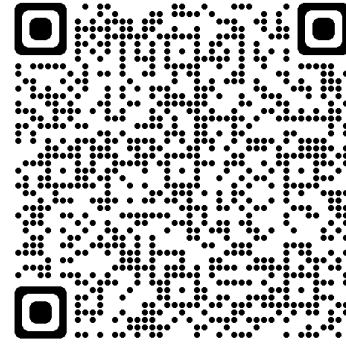
## Vygotsky's Theory

- Social factors influence development
- Development can differ between cultures

Illustration by Brianna Gilmartin, Verywell



# Approach to Pediatric Trauma-Informed Care



## GLOSSARY

Secondary Traumatic Stress (STS): emotional strain resulting from witnessed traumatic stresses

Pediatric Medical Traumatic Stress (PMTS): distress experienced during hospitalization for life-threatening diagnosis or living with/caring for individuals with life-altering chronic conditions

TOXIC/Tertiary Prevention/Evidence-based care

TOLERABLE/Secondary Prevention/TIC

ADAPTIVE/Primary Prevention/Relational Health

# The trauma-informed healthcare leader

## Protective Factors

### Individual and Family Protective Factors

- Families who create safe, stable, and nurturing relationships, meaning, children have a consistent family life where they are safe, taken care of, and supported
- Children who have positive friendships and peer networks
- Children who do well in school
- Children who have caring adults outside the family who serve as mentors/role models
- Families where caregivers can meet basic needs of food, shelter, and health services for children
- Families where caregivers have college degrees or higher
- Families where caregivers have steady employment
- Families with strong social support networks and positive relationships with the people around them
- Families where caregivers engage in parental monitoring, supervision, and consistent enforcement of rules
- Families where caregivers/adults work through conflicts peacefully
- Families where caregivers help children work through problems
- Families that engage in fun, positive activities together
- Families that encourage the importance of school for children
- Commit to becoming a trauma-informed system of care and integrate clinical practice of TIC into all services.
- Recruit, retain, and train a trauma-informed workforce.
- Expand and improve system-wide strategies for identification and treatment of all children and adolescents affected by traumatizing experiences.
- Build seamless referral networks for intensive treatment when indicated.
- Develop care models and fair payment mechanisms to promote implementation of TIC, including practice-level case management.
- Promote system-wide trauma-informed quality-improvement programs.
- Support engagement by including family advisors and employees in service planning and quality improvement, with particular emphasis on cultural, ethnic, gender, and racial concerns.
- Develop, implement, and evaluate policies and procedures to reduce retraumatization and STS and to identify, support, and refer for treatment health care workers who are symptomatic from traumatic stress.









**Human Trafficking**

No person, including an individual's parents, may force any individual to have an abortion.

It is illegal to force an individual to engage in sexual acts.

**A woman who needs help may call or text a state or national organization that assists victims of human trafficking and forced abortions.**

National Human Trafficking Hotline Number is:

**1-888-373-7888**

or text line 233733.

**Tráfico de Personas**

Ninguna persona, incluyendo los padres de un individuo, pueden forzar a un individuo a tener un aborto.

Es ilegal que una persona fuerce a un individuo a cometer actos sexuales.

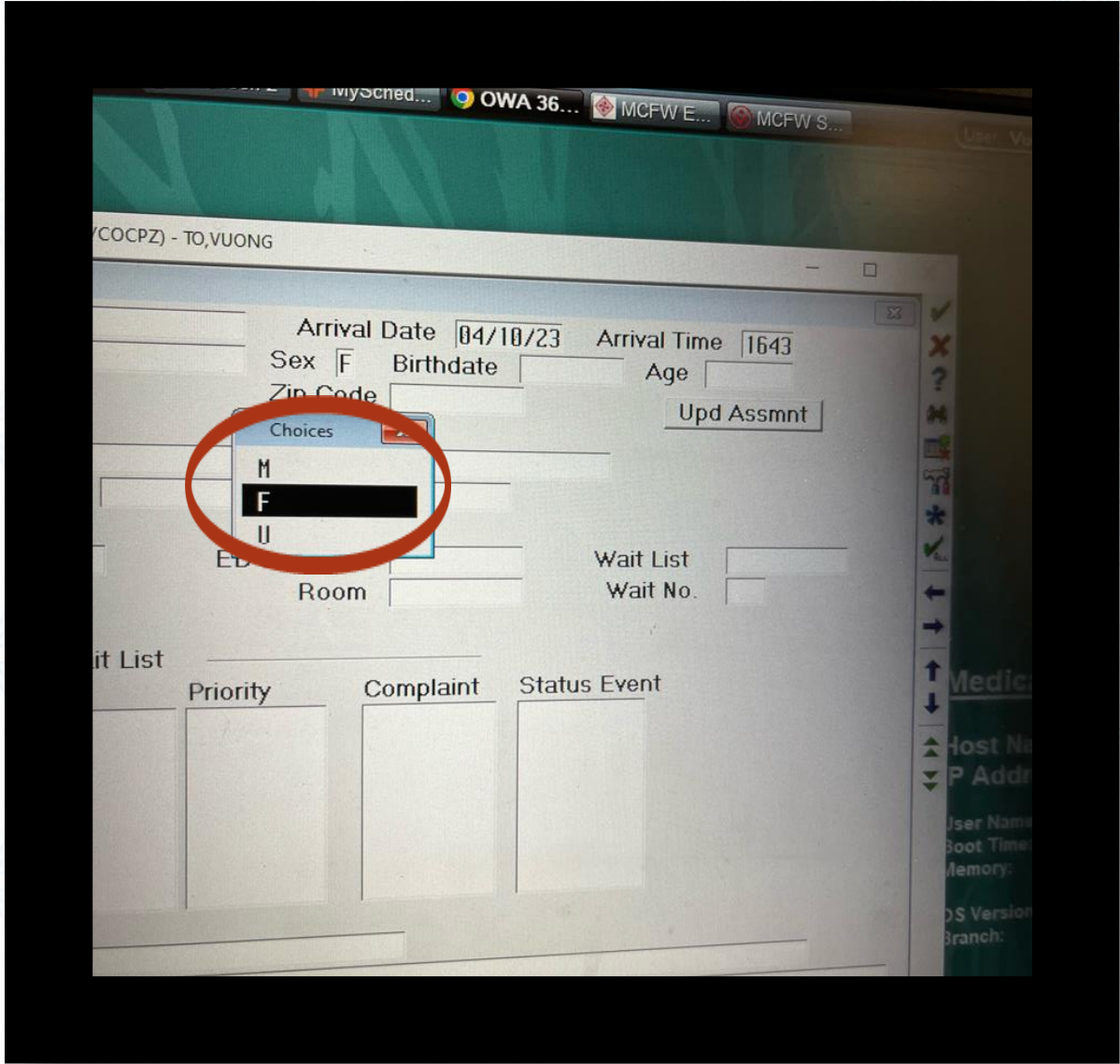
Una mujer que necesite ayuda puede llamar o mandar un mensaje de texto a una organización estatal o nacional que brinde auxilio a víctimas de tráfico de personas o abortos forzados.

Línea Nacional de Asistencia para Tráfico de Personas Número telefónico:

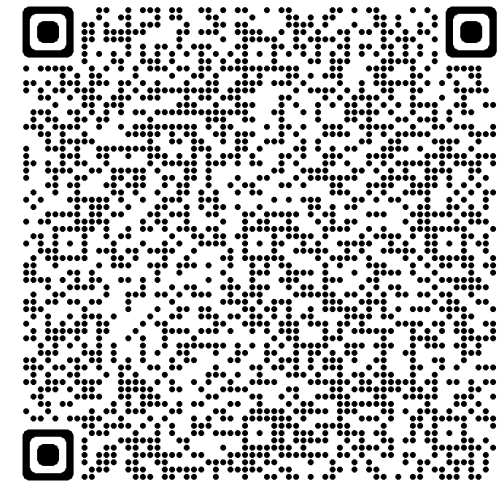
**1-888-373-7888**

o para mensajes de texto al numero 233733.

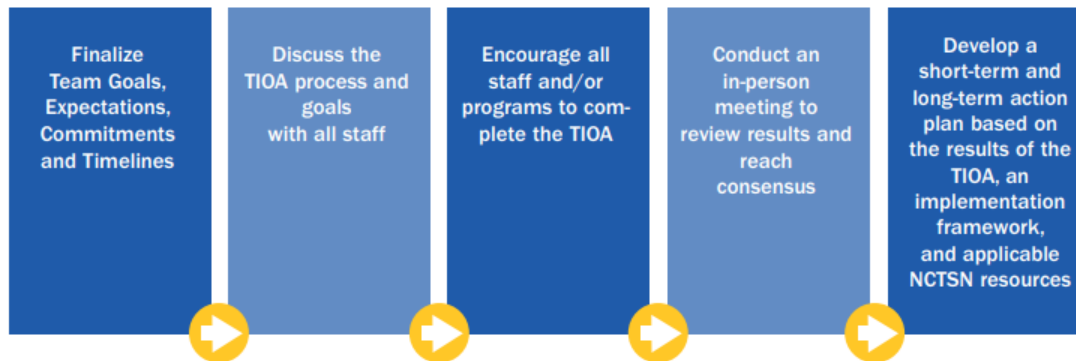




# How can I assess my organization?



Once a team has been comprised, the suggested steps to complete the NCTSN TIOA are to:



## Why Might Your Organization Be Interested in Using the NCTSN TIOA?

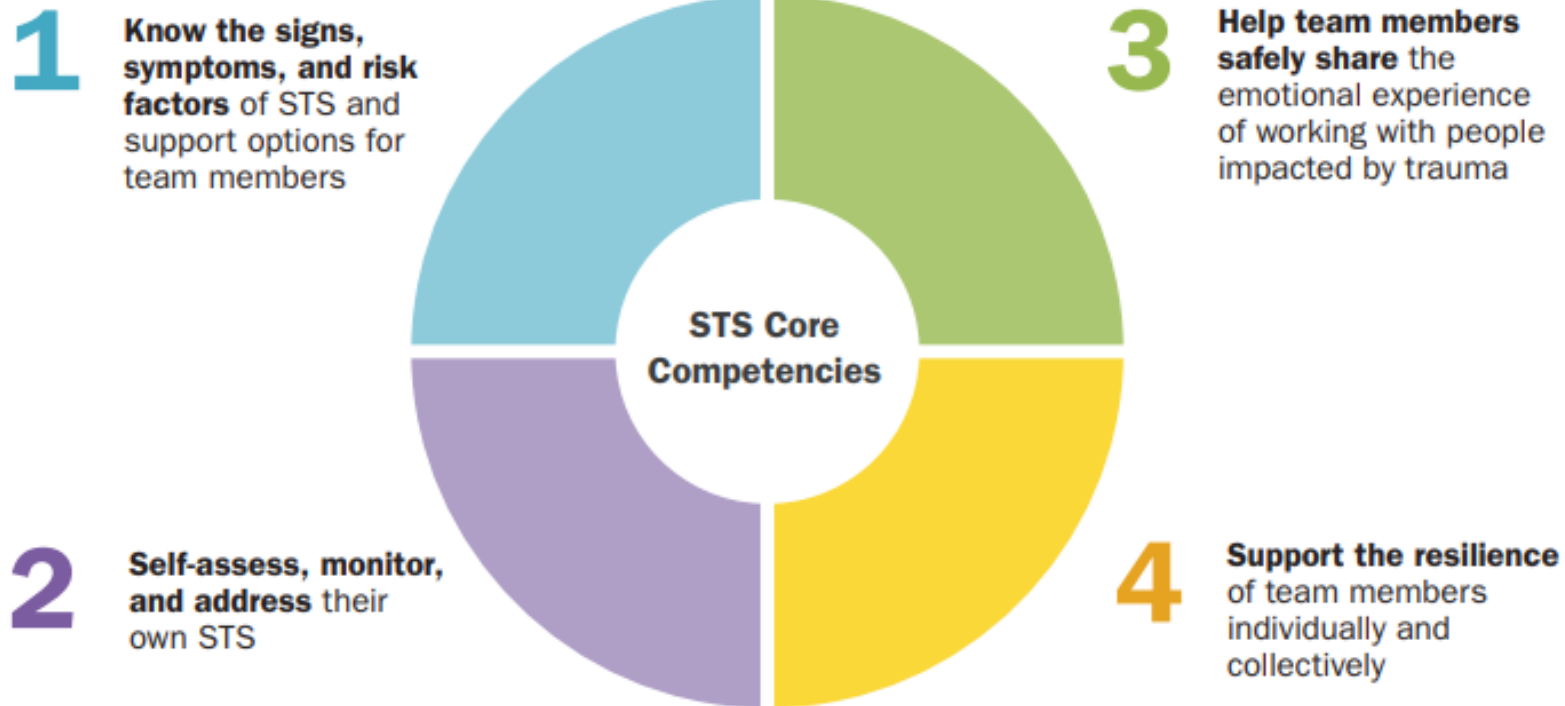
The NCTSN TIOA is intended for any organization that serves children and families, regardless of sector, and was designed to:

- 1 Measure where your organization is at a given point in time
- 2 Create a common language around trauma-informed care within your organization at all levels of staff
- 3 Provide guidance for creating a common language around trauma-informed care within your broader community of child- and family-serving agencies
- 4 Bring to light important areas for your organization to address related to trauma-informed care
- 5 Create a roadmap for organizational change related to trauma-informed care
- 6 Identify specific NCTSN tools, resources and strategies to help your organization better serve children and families who have experienced trauma
- 7 Identify specific tools, resources and strategies to help your organization support staff working with children and families
- 8 Assess progress and improvement over time



# How can I lead today?

**Secondary traumatic stress-informed supervisors in any discipline will:**



<https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary-traumatic-stress-core-competencies-for-trauma-informed-support-and-supervision-cross-disciplinary-version.pdf>



QUESTIONS?

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