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of Pediatrics



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Child Victims of Violence: Forging Multidisciplinary Approaches

Identifying and Caring for Child Victims of Violence, Part II

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Disclaimer

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PROTECT HEAL THRIVE



Boston Medical Center



- Child Witness to Violence Project: Provides counseling services to children age 8 & younger (and their families) who have witnessed significant violence
- Provides training/consultation to pediatric providers (and others) who work with children affected by violence.
- www.childwitnessstoviolence.org

Objectives

1. Discuss the role of a pediatrician in identifying children exposed to violence or other traumatic stressors.
2. Present the range of interventions that pediatric practitioners may use if a child has been exposed to a traumatic stressor.
3. Provide an overview of evidence-based treatments for children exposed to violence



Exposure to Violence, Traumatic Stress, and PTSD in Preschoolers

- Children aged 2–5, more than half (52.5%) had experienced a severe stressor in their lifetime
Egger & Angold, 2004
- Children under the age of eight are disproportionately represented in homes where there is domestic violence
Fantuzzo et al, 1999
- Young children have the highest rate of abuse and neglect and are the most likely group to die because of their injuries
US DHHS, 2008

Exposure to Violence → Traumatic Stress → PTSD

PTSD

- “Exposure to an **extreme traumatic stressor**.....”
 - The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response may involve disorganized or agitated behavior)
- Symptoms related to re-experiencing the event
- Symptoms associated with avoidance of trauma reminders and numbing of general responsiveness
- Symptoms of arousal
- Duration of symptoms > 1 month



Post-Traumatic Stress Disorder in Pre-school Children

Proposed addition to the DSM-V
Sceerenga, Zeanah & Cohen, 2011

- A. **Child <6 years old**, exposed to death, serious injury, sexual violation, actual or threatened.
- B. Intrusion symptoms associated with the traumatic event.
- C. Persistent avoidance of stimuli associated with the trauma
- D. Negative alterations in cognitions and mood that are associated with the traumatic event
- E. **Alterations in arousal and reactivity** associated with the traumatic event.
- F. Duration of disturbance is more than one month
- G. **Disturbance causes clinically significant distress or impairment in relationships with parents, siblings, peers or other caregivers, or school behavior.**

Protective Factors

- **Characteristics of the event**
 - Direct vs. indirect exposure
 - Severity of injuries
 - Trauma involves family members
- **Characteristics of the individual**
 - Genetic/neurobiological factors
 - Pre-existing anxiety disorder
 - Previous exposures
- **Characteristics of the Caregiving System**
 - Abilities to provide physical and emotional safety
 - Empathic and attuned to the child's response

Pathways for Identifying Traumatic Stressors



Parent identifies the stressor

Child's concerning behavior

Healthcare provider asks the question

Pediatric Management of Childhood Traumatic Stress

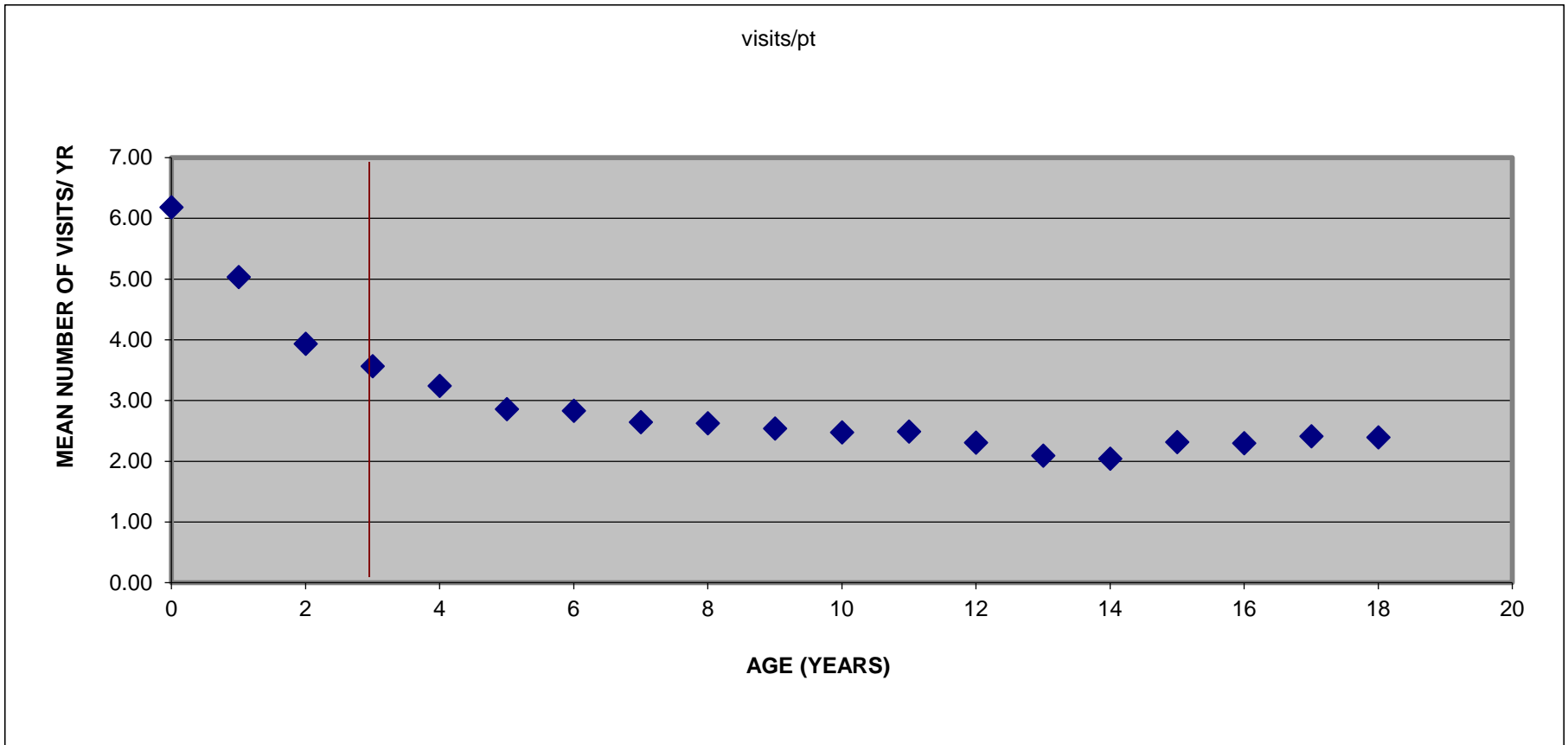
Universal inquiry about stressors in the child's life:

“Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?”

(Cohen, Kelleher, & Mannarino, 2008)

Opportunity – Family Contacts in Pediatric Primary Care

High level of contact in 1st three years of life (BMC data 2009)



Screening Tools for Assessing Traumatic Stress

- Pediatric Emotional Distress Screening (PEDS)
 - For evaluating children age 2-10 who have been exposed to a traumatic event within the past year
 - 21 items, rated by parent
 - Higher score = greater distress

Saylor CF, Swenson CC (1999)

UCLA PTSD Reaction Index Parent Screening Version

- Brief screen for PTSD symptoms
- Children aged 0-8 who have been exposed to a potentially traumatic event
- Six items, rated by parent

Pynoos, Rodriguez, Steinberg, Stuber, & Fredericks (1999)

Screening Tool for Early Predictors of PTSD (STEPP)

- Brief, stand-alone screening tool consisting of 12 questions, developed for use during acute trauma care to assist in identifying at risk children and parents
- Developed for use in Emergency Department; could be used in other settings

Winston, Kassam-Adams, Garcia-Espana, et. al (2003)



Young Child PTSD Screen (YCPS)

M. Scheerenga, 2010

1. Does your child have intrusive memories of the event?
Does s/he bring it up on her/his own?
2. Is your child having more nightmares since the trauma(s) occurred?
3. Does s/he get upset when exposed to reminders of the event(s)?
4. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?
5. Has your child become more irritable or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?
6. Does your child startle more easily since the trauma(s)?



A Case: Celeste

A video was shown during this portion of the presentation. It depicted the dialogue between a pediatrician and a mother-child dyad during the 2-year visit, at which point the mother alludes to potential domestic violence and the doctor begins to address the potential effects it is having on the child. Significant group discussion occurred during this section.

Pediatric clinicians as “de facto” mental health providers





Components of the Pediatric Response

- Inquire about stressors in the child's life.
 - *“Has anything changed in your household recently?” or “Has there been unusual stress in her life recently”*
- Assess for child and family safety
- Provide developmental guidance about trauma response
- Provide education/guidance about behavior management, routines and daily living activities to promote recovery and sense of safety
- Refer for mental health intervention, if needed
- Provide close follow-up and ongoing monitoring

Resources for parents

- National Child Traumatic Stress Network:
<http://nctsn.org/resources/audiences/parents-caregivers>
 - Parenting in a Challenging World
 - Finding Help
 - Treatments that Work
 - What is child traumatic stress?
- AAP
 - HealthyChildren.org
- Safe Start Center: www.safestartcenter.org/
Healing the Invisible Wounds: Children's Exposure to Violence - Quick Reference Card

When to refer for mental health treatment

- Chronic vs. single incident trauma
- When the symptoms persist for more than one month
- When the parents are unable to ensure safety, be supportive or attuned to the needs of the child
- When the parent is highly distressed and symptomatic
- When the trauma involves the sudden or violent loss of a caregiver or family member

Mental health treatments for Traumatic Stress Response in Children:



Evidence-informed → Evidence-based

- NCTSN.org Treatments that work
- NREPP (National Registry of Evidence-based Programs and Practices)
- California Evidence-based Clearinghouse for Child Welfare

Treatments for Traumatic Stress Response in Young Children:



- Child-Parent Psychotherapy (CPP)
- Parent Child Interactional Therapy (PCIT)
- Trauma Focused Cognitive-Behavioral Therapy—(TF-CBT)

Treatments for Traumatic Stress Response in Older Children & Adolescents:



- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Attachment, Regulation and Competency (ARC)
- Trauma Systems Therapy (TST)



Core Components of Effective Treatment

- Parent is actively involved
 - Enable parent to understand the child's response and to respond appropriately
 - Enable the child and parent to share perspectives about what happened: fears, attributions, cognitive distortions
- Provide psycho-education about trauma symptoms
- Enhance emotional regulation/anxiety management skills
- Address children and families' traumatic stress reactions and experiences
- Provide an opportunity for the child to review, talk about what happened (the trauma narrative) in the safety of a therapeutic setting

Challenges for the Pediatric Clinician

- Inadequate resources
- Knowing where to refer
- Stigma of referrals

Making the Referral: Key Messages for Parents

- There are treatments that work
- The personal hand-off (or close facsimile)
- The key role of the parent in supporting the child:

“One of the most important factors in helping your child heal is your support. Treatment will help you to better understand your child’s responses and know how to help. It will make you feel better as a parent.”

Take-Home Points

1. Young children are highly aware of their environments and can be affected by stressful and traumatic events
2. A parent's response to traumatic stress is often the strongest predictor of the child's response
3. Early identification of child traumatic stress is a powerful form of intervention
4. Pediatric practitioners have a choice of interventions if a young child has been exposed to a traumatic stressor, ranging from in-office support and guidance to making a referral for mental health services

Resources

- **National Traumatic Stress Network: NCTSN.org**
 - **Parenting resources:**
<http://nctsn.org/resources/audiences/parents-caregivers>
- **AAP Medical Home series:**
<http://www2.aap.org/sections/childabuseneglect/MedHomeCEV.cfm#Education>
- **National Scientific Council on the Developing Child:**
<http://www.developingchild.net>
- **Safe Start Center: www.safestartcenter.org/**