American Academy of Pediatrics

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Medical Home for Children Exposed to Violence

The Right Intervention: What Works for Children Exposed to Violence

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Disclaimer

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About the Medical Home for Children Exposed to Violence Project

- Funded by grant from DOJ
- **Types of violence**
  - Bullying
  - Child abuse, sexual abuse, and neglect
  - Domestic violence
  - Community violence
- **Educating pediatricians**
  - Identifying children exposed to violence (CEV)
  - Responding to CEV in the medical home setting
  - Making needed referrals to effective services
- AAP CEV Web site: www.aap.org/medhomecev

Child Witness to Violence Project
Boston Medical Center

- 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.childwitnesstoviolence.org

Why Now? Child Exposure to Violence

- The National Survey of Children Exposed to Violence (NatSCEV) indicates over 60% of children are exposed to violence in a year
  - Nearly half (46%) experienced a physical assault
  - 6% experienced sexual victimization
  - 20% witnessed an assault in their family
  - 30% witnessed an assault in their community
  - 38.7% were victimized two or more times.
  - 10.9% were victimized five or more times.

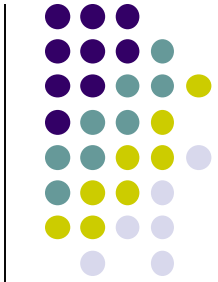
Finkelhor , et al. Pediatrics 2009

Why Now? ACE Studies

- The Adverse Childhood Events (ACEs) study demonstrates the impact exposure to violence can have
  - Increased risk for physical health issues: obesity, heart disease
  - Increased risk for addiction
  - Increased risk for mental health issues
- The impact of violence in childhood is manifest throughout the entire life course.
- Intervention is most effective when issues are identified and treated in early childhood

Felliti V, Anda R, Nordenberg D, et al. Am J Prev Med 1998

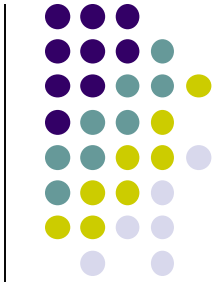
Why Now? Toxic Stress & the Impact on Physiology



- Maladapted neural connections in the brain
- Overstimulated stress response
- Ongoing issues managing stress response and decision-making
- Particularly vulnerable early in life (<2 years)

Garner AS & Shonkoff JP. *Pediatrics,* 2012 .

Objectives for Today



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 → 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

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

PTSD in Pre-school Children:

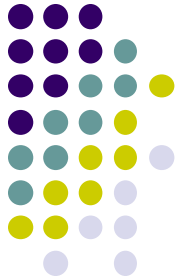
- Proposed addition to the DSM V
  - Disturbance causes distress or impairment in relationships with parents, siblings, peers, or in school behavior
  - Associated features: new fears, anxieties, aggression, constriction in play, loss of developmentally acquired skills

Scheeringa, Zeanah, & Cohen, 2011

Protective Factors

- **Characteristics of the event**
  - More direct 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

Pediatric Management of Early Childhood Traumatic Stress



The parent identifies the stressors

or

There are concerning behaviors

- *What do you notice about changes in your child's behavior?*
- *When did this start?*
- *What was happening at the time?*
- *Has anything scary or upsetting happened to your child or to anyone in the family?*

Pediatric Management of Early Childhood Traumatic Stress

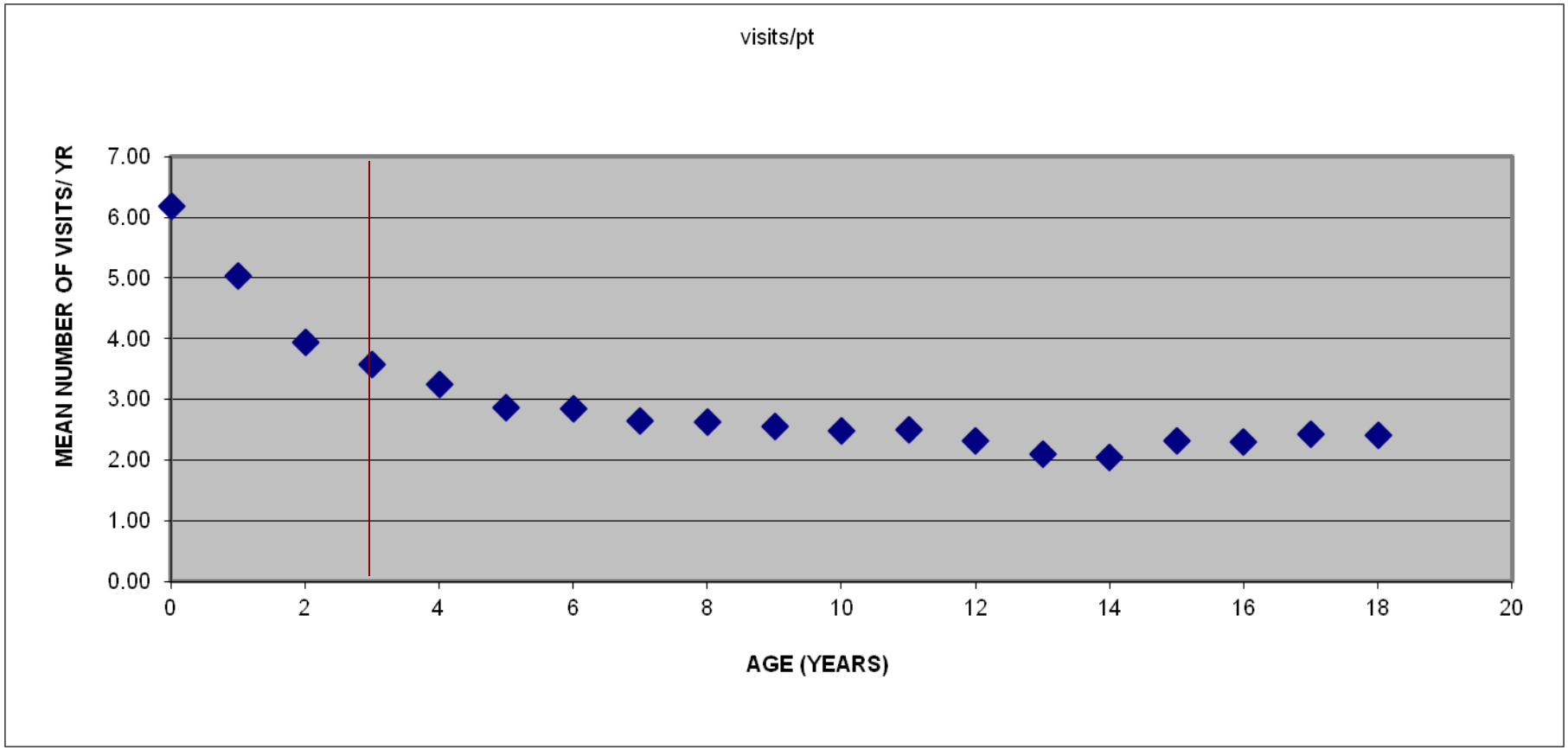
Universal inquiry about stressors in the child's life:

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

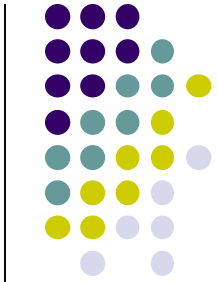
(Cohen, Kelleher, & Mannarino, 2008),

Opportunity –
Family Contacts in Pediatric Primary Care

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



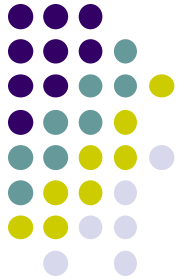
Screening Tools for Assessing Traumatic Stress



- 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)

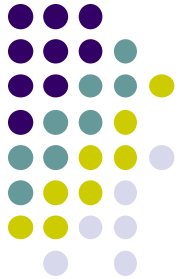
UCLA PTSD Reaction Index Parent Screening Version



- 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)

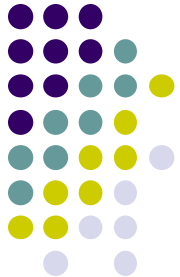
A Case: Jennifer

- 1 yo girl: exposed to domestic violence
- Symptoms: Sleep disturbance, separation anxiety; disregulated eating

Pediatric clinicians as “de facto” mental health providers

The Primary Care Advantage

Behaviors Associated with Early Childhood Trauma



Ages: 0-2

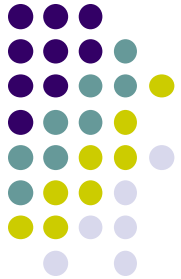
- **Dysregulated eating, sleeping patterns**
- Developmental regression
- Irritability, sadness, anger
- Poor appetite; low weight
- **Increased separation anxiety; clinginess**

NCTSN.org/earlychildhoodtrauma

Ages 3-6

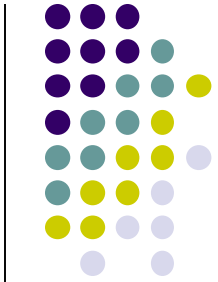
- Increased aggression
- Somatic symptoms
- Sleep difficulties/nightmares
- Increased separation anxiety
- New fears
- Increased distractibility/high activity level
- Increased withdrawal/apathy
- Developmental regression
- Repetitive talk/play about the event
- Intrusive thoughts, memories, worries

Providing Education & Developmental Guidance



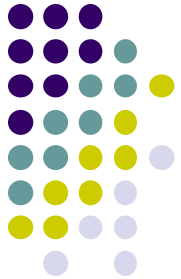
- Education and Reassurance:
  - *"Young children sense when their parents are stressed or when there are big changes in their environments"*
  - "*These are common responses to upsetting events in very young children"*
  - *There are things you can do to help your child be reassured that she is safe*
  - *"Your safety is my first concern. Getting help and support for you will be the best thing for your child*

Managing Jennifer's Challenging Behaviors



- Sleep
  - *What do you think might help with sleep?*
    - *A night-light in her room*
- Addressing Separation Anxiety
  - *This is her way of telling you that she is scared or worried*
  - *Providing reassurance to her daughter*
  - *Is it possible to spend more time together?*
  - *Inquiry about extended family support*
- Eating Problems
  - *Reassurance*
  - *Schedule 2-week follow-up appointment*

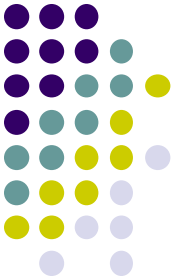
Resources for parents



- 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/

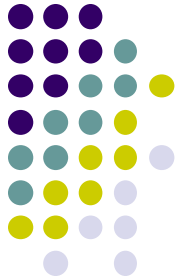
  Healing the Invisible Wounds: Children's Exposure to Violence - Quick Reference Card

Components of the Pediatric Response



1. Assess the child's response to trauma
2. Assess for child and family safety
3. Provide developmental guidance and education
4. Make follow-up plans and/or referrals

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)

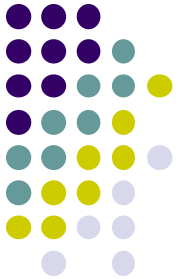
Treatments for Traumatic Stress Response in Older Children & Adolescents:

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

Core Components of Effective Treatment

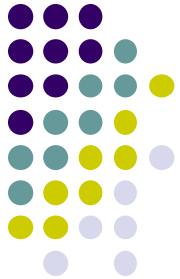
- Parent is actively involved
  - Enable parent to understand the child's response and to respond appropriately
  - Enable the child and parent the to share perspectives about what happened: fears, attributions, cognitive distortions
- Provide psycho-education about trauma symptoms
- Enhance emotional 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 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.”

Resources

- **National Traumatic Stress Network: NCTSN.org**
  - **Parenting resources:**

  http://nctsn.org/resources/audiences/parents-caregivers

- **National Scientific Council on the Developing Child: http://www.developingchild.net**

- **Safe Start Center**: **www.safestartcenter.org/**

- **AAP Medical Home series**: **http://www2.aap.org/sections/childabuseneglect/MedHomeCEV.cfm#Education**

- **AAP: Healthychildren.org**