Linking Research, Policy and Practice

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American Academy of Pediatrics
Symposium on Child Health, Resilience & Toxic Stress
Washington, D.C.
June 17, 2014
Reported Prevalence of Trauma in Behavioral Health

- Majority of adults and children in inpatient psychiatric and substance use disorder treatment settings have trauma histories (Lipschitz et al, 1999; Suarez, 2008; Gillece, 2010)
- 43% to 80% of individuals in psychiatric hospitals have experienced physical or sexual abuse (Goodman et al, 1997; Mueser et al, 2004)
- 2/3 adults in treatment for substance use disorder report child abuse or neglect (SAMHSA, CSAT, 2000)
- Survey of adolescents in SU treatment > 70% had history of trauma exposure (Suarez, 2008)
- 2003 OJJDP survey of youth in residential tx → 70% have past traumatic experience with 30% physical and/or sexual abuse (Sedlak & McPherson, 2010)
Count of Major Clinical Problems* at Intake by Severity of Victimization

*Based on count of self reporting criteria to suggest alcohol, cannabis, or other drug disorder, depression, anxiety, trauma, suicide, ADHD, CD, victimization, violence/ illegal activity

Source: SAMHSA CSAT 2011 GAIN AT Summary Analytic Data subset to AAFT (n=5,489)
Have you ever experienced violence or trauma in any setting?

<table>
<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>Men</strong></td>
<td>60.55%</td>
<td>39.45%</td>
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<tr>
<td><strong>Women</strong></td>
<td>74.02%</td>
<td>25.98%</td>
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FY 2013: TRAC Crosstabulation/Frequency Report- Trauma Measures
National Child Traumatic Stress Initiative (www.nctsn.org)

- 3 Categories of Grants:
  - National Coordinating Center: learning collaboratives in specialty areas; training and workforce development
  - Academic/Practice Settings: Development of trauma-specific treatments; screening tools, etc.
  - Community Service Agencies: delivery of trauma-specific interventions
  - Learning Networks: *Early Trauma Treatment Network*; Child Welfare; Juvenile Justice; Primary Care; etc.

- Goal: To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.
NCTSN Learning Collaboratives and Products & Workforce Efforts
Children’s Mental Health Initiative

- Build systems of care for children with serious emotional disorders and their families
- Interagency collaborations, community-based, family-focused care using evidence-based treatment interventions
- State-focused – SOC-Expansion Grants
- Increased focus on the role of trauma and SED
- States adopting a trauma-informed care approach to children’s behavioral health disorders
Family — Centered Treatment for Pregnant and Postpartum Women

- Family-based treatment
- Keep families together through two-generational care
- Treat SUD/addiction of mother
- Providing support and parenting skills
- Wraparound services for the young child
- Poverty & limited access to healthcare
- Fear of seeking care and being reported to law enforcement or social services

- Services: detoxification for pregnant women; counseling and referral; HIV education; confidential HIV testing; and therapeutic and developmentally appropriate interventions for infants and children exposed in utero and/or affected environmentally and emotionally by parental drug use.
Lower Percentage of Newborns Testing Positive in Drug Screens

- 44% Newborns at intake: Negative
- 56% Newborns at intake: Positive
- 9% Newborns delivered during treatment: Positive
- 91% Newborns delivered during treatment: Negative

PPW Preliminary Cross-site Data Analysis 2014

- A national resource center providing information, expert consultation, training and technical assistance to child welfare, dependency court and substance abuse treatment professionals to improve the safety, permanency, well-being and recovery outcomes for children, parents and families.

- Jointly funded by SAMHSA and ACF
Maternal Depression & Risk Clusters

• Co-morbidities w depression: physical illnesses, other mental health problems, substance use disorders
• Higher rates of exposure to substance abuse and trauma
• Higher prevalence among low-income and under/unemployed women
• Higher among young mothers and mothers with young children
• More stressful life events (poverty, divorce, family disruptions)

• Children of these moms \(\rightarrow\) exposed to adversities associated with compromised caregiving and poorer behavioral and health outcomes over the life course
With Maternal Depression Two Core Areas of Parenting are at Risk

Fostering Healthy Relationships

• Attachment
• Early brain development in context of relationship
• Soothing and self-regulation
• More hostile, negative parenting; more disengaged, withdrawn parenting
• Less positive warmth in parenting
• Less reciprocity in cues and signals

Carrying out the Management Functions of Parenting

• Safety measures
• Consistent routines
• Discipline
• Feeding
• Timely health care utilization and preventive practices
Implications for Child Outcomes

- Child – poorer physical health and well-being
- Early signs of more difficult temperament; more insecure attachment; more dysregulated aggression, less happy affect
- Lower cognitive/intellectual/academic performance
- Reduced language production (key to early school success)
- Infants and young children – more likely use acute health care services (accidents, asthma; child maltx; adol tobacco and substance use)
- Duration: negative parenting may persist beyond a depressive episode
- Parenting behaviors associated with depression affect children’s adjustment and risk for mental health problems
- Maternal depression stronger risk of child behavioral problems than 4 other risks: smoking, binge drinking, emotional DV and physical DV
Do Parents Get Help? Can They Improve Parenting Skills?

• Few severely depressed mothers receive care for treatable depression
• Only 30% of the infants had mothers who sought a psychiatrist, doctor, or counselor
• Low-income mothers, less likely to seek treatment, care or support; socially isolated

• Mothers who are depressed can improve their parenting skills
  – Warmth in relationship
  – Consistency in interactions with child
  – Instructive and stimulating
• Child’s behavior and cognitive performance improved
• Levels of parent depression may not have improved
• In some cases, improved parenting associated with reduced mental health difficulties
Interagency Collaborations: Embedding Mental Health

• 96 percent of infants in poverty with severely depressed mothers received WIC benefits; ~ 50% all babies contact with WIC (USDA)
• 82 percent in poverty received Medicaid for some family member (CMS)
• Home Visiting (HRSA)
• Pediatric well-baby checks
• These represent potential intervention points.
Goal: To foster the healthy development and wellness of all young children (birth through age 8), preparing them to thrive in school and beyond. Focuses on high risk communities.
Project LAUNCH: Key Concepts

• Prevention and wellness promotion (not treatment)
• Linking across sectors/highly collaborative
• Funds to state Title V & mental health agencies
• State/tribe picks pilot community to partner
• Dual focus on systems improvement & implementation of evidence-based prevention and promotion practices
• Infusing mental health knowledge and expertise into all early childhood settings
• 27 states, 7 tribes, funded since 2008
Dual Focus: (1) Systems Change

Forging partnerships: public, private, parents

Uniting around a common vision for young child wellness

Scanning, planning, and evaluating progress

Improving policies and practices, smart spending, integrated data systems and common outcomes

Young Child Wellness Councils
Dual Focus (2): 5 Core Strategies

- Screening and Assessment in a range of child-serving settings
- Mental Health Consultation in Early Care and Education
- Integration of Behavioral Health into Primary Care
- Family Strengthening
- Enhanced Home Visiting with a focus on social/emotional wellbeing
Interagency Collaborations to Support Children with Behavioral Health Issues

CMS Informational Bulletins

- Childhood Trauma; Psychotropic Medications
Challenges

- Most interventions address only the individual adult; not addressed as a parent
- Limited focus on the two-generational impact; and the parent-child relationship
- Even less focus on environmental conditions and how to pay for environmental interventions
- Few strategies address comorbid conditions in low income women with multiple risks; e.g. PPD correlate of domestic abuse; poor social support in pregnant women risk for DV
- Higher risk parents less likely to access services
- Targeting multiple levels: clinical, family and population level
- *Given all we know about risks for families and young children, how do we get uptake on this knowledge in the practice and policy domain?*
New & Emerging Opportunities

- Affordable Care Act: New coverage and financing options
  - Support for prevention, (e.g. screening for alcohol, depression, IPV)
  - Payment coverage through health insurance and Medicaid for low-income adults
- Health Homes in State Medicaid Plans; eligible conditions include mental illnesses and substance use disorders; 2 yrs enhanced Federal payments
- Reconfiguring financing streams

- How can providers use their resources to cover non-medical interventions, recovery services & supports, parenting skills building, prevention, etc.?
- How can we embed interventions in existing platforms (e.g. pediatric care, WIC, Head Start, etc.) targeting at-risk young children & families