ASSESSMENT OF TRAUMA AND TRAUMA-INFORMED CARE IN PRIMARY CARE AND SCHOOL SETTINGS

PART 2 OF A 4-PART SERIES ON TRAUMA IN CHILDREN AND ADOLESCENTS

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GOALS FOR THIS PRESENTATION:

Signs and symptoms of trauma and traumatic grief across development

How trauma presents in schools and primary care settings

How you can help to identify those who are experiencing trauma symptoms

Simple screening questions to identify those who should be referred for trauma-focused treatment

Resources and referrals for traumatized youth and families
CHILDHOOD TRAUMA

Up to 67% of youth in US have experienced at least one traumatic event during childhood

Children often do not disclose these events

- Lifetime victimization in 2-17 year olds (Finkelhor et al., 2009)
  - 80% reported at least 1 victimization (69% in last year)
  - Multiple types of victimization are common
  - Mean number of victimizations = 3.7

Costello, Erkanli, airbank, & Angold, 2008; Copeland, Keeler, Angold, & Costello, 2007; www.nctsn.org
Prevalence of childhood trauma
Nationally representative sample of 12 to 17 yr-olds (Kilpatrick, Saunders, & Resick, 1998)

8% reported experiencing sexual assault/abuse
17% experienced physical abuse
39% witnessed violence in their homes, schools, or neighborhoods

Prevalence of childhood grief
75% of children will experience the death of a family member or friend before age 10
WHY IS SCREENING IN COMMUNITY SETTINGS IMPORTANT?

Children’s functioning is significantly affected by trauma, and many children remain silent about traumatic events until they are asked.

Teachers, nurses, doctors, health professionals, and other child-serving professionals are important sources of support and guidance.

Children or parents may need or want to talk with you.

Families may be more likely to accept help or referrals from professionals they know and trust.
WHAT IS TRAUMA?
Trauma is an emotional or physical reaction to an event that is witnessed or experienced as deeply disturbing.

Types of traumatic events include:
- Being a victim of physical, emotional or sexual abuse
- Witnessing family or community violence
- Neglect and/or abandonment
- Loss of a relative or friend due to accident, illness, disease, natural disaster, or violence
- Involvement in a serious accident, dangerous/scary/painful medical procedures, or natural disaster
TYPES OF POST-TRAUMATIC RESPONSES

The impact of psychological trauma cannot always be encompassed by a list of symptoms or disorders.

Common responses include:

- PTSD and/or Acute Stress Disorder
- Complicated or Traumatic Grief
- Major Depression
- Generalized Anxiety, Phobias, Panic
- Dissociation
- Somatization, Conversion Disorder
- Drug and Alcohol Abuse
- Borderline Personality Disorder
- Culture-Bound Stress Responses
RECOVERY AND RESILIENCY

Remember that PTSD is only one possible outcome of trauma

Health, resiliency, recovery, and post-traumatic growth are very common!

Recovery from trauma is the primary goal of trauma-informed services

Under the right circumstances, resiliency can be promoted in all individuals
REACTIONS TO TRAUMA AND LOSS

Trauma is experienced differently depending on:
- Victim’s age and level of development
- How the family and community responds & reacts
- Cultural background/beliefs

Individual reactions to trauma vary:
- Some will show symptoms immediately, others will take longer to react
- Some will show distress for a short time, others in bursts that come and go

Acute stress reactions in the aftermath of traumatic events have much greater probability of developing PTSD
HOW DO PRESCHOOL CHILDREN REACT?

Feelings of helplessness and generalized anxiety
Difficulty expressing what is bothering them
Loss of previously acquired skills (e.g., language, toileting)
Increased attachment needs
Need to “play out” traumatic event
Sleep and eating problems
  Fears of the dark/ night
HOW DO SCHOOL-AGE CHILDREN REACT?

Persistent concerns over safety
Constant retelling of traumatic event
Feelings of guilt or shame
Overwhelming fear or sadness
Aggression, irritability
Diminished attention, memory
Psychosomatic (body) complaints
Avoiding social activities
Sleep problems
HOW DO ADOLESCENTS REACT?

Self-consciousness about emotional responses
Concern over being labeled “abnormal”
Withdrawal from family and friends
Feelings of shame and guilt
Fantasies of revenge and retribution
Radical shift in perceptions of the world
‘Pretend it didn’t happen’
Self-destructive behavior
Diminished attention, memory
WHAT YOU CAN DO TO HELP

Reassure youth that you and other people will do everything you can to keep them safe…and follow through!

Asking simple screening questions about traumatic events communicates that you would like to help

   Remember that you do not have to have the answers or solutions!

Be a good listener

Give simple and realistic answers to their questions; saying I don’t know is okay too!

Show that the community supports and accepts survivors of trauma

Encourage them to discuss the traumatic event or their behavior with a professional or someone they trust…when they are ready!
SCREENING FOR TRAUMA

Who should screen for trauma?

   - Doctors and other health or mental health providers
   - Teachers and school personnel
   - Other youth service agencies

How can doctors' offices, schools, and other community agencies who serve children & families screen for trauma in sensitive, brief and effective ways?

   - Educate yourself about the signs & symptoms!
   - Informal observations & formal screening questions
Has your child experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? Please check any and all events (and age(s) of your child at the time of the event or events) below:

1) Car Accident  ___  Age(s) ___  5) Physical Illness  ___  Age(s) ___
2) Other Accident  ___  Age(s) ___  6) Physical Assault  ___  Age(s) ___
3) Fire  ___  Age(s) ___  7) Sexual Assault  ___  Age(s) ___
4) Storm  ___  Age(s) ___  8) Any Other Event  ___  Age(s) ___

0 = Not True (as far as you know)  1 = Somewhat or Sometimes True
2 = Very True or Often True

0 1 2  1) Child gets very upset if reminded of the event.

0 1 2  2) Child reports more physical complaints when reminded of the event. For example, headaches, stomach-aches, nausea, difficulty breathing.

0 1 2  3) Child reports that he or she does not want to talk about the event.

0 1 2  4) Child startles easily. For example, he or she jumps when hears sudden or loud noises.

Child Stress Disorder Checklist - Screening Form (Saxe & Bosquet)
STUDENT HEALTH QUESTIONNAIRE

Are you having any of the following problems at home?

• *Includes:* violence, fighting

Are you having any of the following problems at school?

• *Includes:* bullying (in person or through social media)

Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you or hurt you?

• feel afraid, threatened you or hurt you?

Have you ever carried a weapon to protect yourself?

Have you ever been physically, sexually or emotionally abused?

• In the past 12 months, did your boyfriend/girlfriend ever hit, slap, or hurt you on purpose?

Have you ever been in foster care, a group home, or homeless?

Do you often worry about or feel like something bad might happen?
CREATING A SUPPORTIVE ENVIRONMENT

Screening helps to identify children & families in need of resources and referrals

Build relationships

Support children and families
Listen, accept and validate all feelings

You don’t have to be a counselor to help!

Keep in mind that your role is not to ask for the detailed trauma story – that typically occurs in treatment, and only when the youth feels ready to disclose
THINGS KIDS HEARD THAT HELPED

“I’m ready to listen when you’re ready to talk.”

"I can't know how you feel, but I want to help you in any way that I can."

“I know that you are sad.
It's OK to cry."

“I'm sorry that ____died.”
THINGS KIDS HEARD THAT DIDN'T HELP

“I know how you feel.”

“It's been four months now, you should be over it.”

“You'll get over it in time. Just try not to think about it.”

“Just concentrate on what you have left.”

“You shouldn't be this angry. Being angry won't bring your brother back.”
RESOURCE LIST - NATIONAL

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/trauma-violence

National Child Traumatic Stress Network (NCTSN)
www.nctsn.org

  Child Trauma Toolkit for Educators - Fact sheets and info for teachers and parents.

The National Council for Community Behavioral Healthcare
www.thenationalcouncil.org
RESOURCE LIST - REGIONAL

- University of New Mexico ACTION Clinic: Addressing Childhood Trauma through Intervention, Outreach, and Networking
  http://psychiatry.unm.edu/centers/crcbh/action/

- New Mexico Child Abuse Prevention Partnership (NM-CAPP)
  http://nmcap.unm.edu

- Kempe Center for the Prevention and Treatment of Child Abuse and Neglect at The University of Colorado

- Indian Country Child Trauma Center (ICCTC) at the Oklahoma University Health Science Center (OUHSC), www.icctc.org
  - Trauma fact sheet for parents: http://www.icctc.org/what%20is%20trauma-final.pdf