December 17th 2024 Webinar:
Incorporating Trauma-Informed Principles into IBH with Dr. Kim Burkhart

Oregon Pediatric Improvement Partnership (OPIP) Learning Collaborative for Integrated Behavioral Health in Primary Care: Strategies and Tools to Provide Issue Focused Interventions Addressing ***Social Emotional Health in Young Children (Birth to Five)***

While We Wait to Let Everyone In

PLEASE UPDATE YOUR NAME IN ZOOM TO INCLUDE:

- **FIRST AND LAST NAME**
- **INITIALS of the PRIMARY CARE PRACTICE IN WHICH YOU WORK**

NOTICE OF RECORDING

- *We will be recording this overview webinar for those attendees who registered but could not attend*

This 2024 Learning Collaborative is financially supported by ***Health Share of Oregon.***

Agenda

This is the last Webinar for the 2024 IBH Learning Collaborative!

- Topic Specific Focus for Today: Incorporating Trauma-Informed Principles into IBH
- Case Consultation on Implementing These Strategies
  - Participant Ask Questions, Share Examples, and Obtain Feedback
- Closing out the 2024 Contract and Learning Collaborative
  - Next Steps Following this Webinar/
  - Closing Out the 2024 IBH Learning Collaborative
  - IBH Listserv
  - Coming Soon: Virtual Resource Library

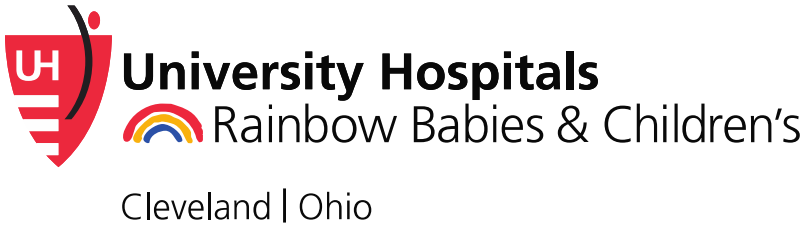
Introducing Today's Guest Speaker: Dr. Kimberly Burkhart

- Dr. Kimberly Burkhart is a clinical child psychologist at Rainbow Babies and Children's Hospital and Associate Professor of Pediatrics at Case Western Reserve University School of Medicine in Cleveland, Ohio.
- She specializes in the assessment and treatment of neurodevelopmental disorders and integrated care.
- She leads trauma-informed initiatives within the hospital's ED and pediatric primary care centers.
- Dr. Burkhart is on the medical leadership team for Rainbow Project ECHO.
- She is the Behavioral Health Education Subdomain Lead for the Pediatric Pandemic Network and the Behavioral Health Co-Lead for ASPR Region V for Kids.
- She serves as hospital lead for the HealthySteps program.
- Dr. Burkhart presents at national conferences and has numerous publications in the areas of parent training, autism spectrum disorder, disaster mental health, child maltreatment, and screening practices within primary care.

Integrating Trauma-Informed Principles into Pediatric Primary Care

Kimberly Burkhart, Ph.D

December 17, 2024



Objectives

1. Explain application of trauma-informed care principles in the context of the medical home
2. Identify screeners appropriate for adversity/trauma
3. Identify brief interventions that can be provided within the primary care setting that promotes resilience after experiencing trauma

UH Rainbow Ahuja Center for Women and Children

- Located in Cleveland, Ohio
- Highest rate of urban childhood poverty in the US
- ~ 95% self identify as Black or African American
- >85% rely on Medicaid as their primary insurer
- Families served face substantial adversity, with high exposure to neighborhood and domestic violence, housing instability, and food insecurity
- Substantial proportion of children face loss of caregivers due to incarceration or death

University Hospitals
Rainbow Babies & Children's

Trauma Prevalence

- Approximately one-half of American children (~34 million) younger than 18 years have faced at least 1 potentially early traumatic experience
- Based on data from NSCH, 1/3 of children 5 years of age or younger experience at least 1 ACE with 10% experiencing 2 or more ACEs by age 5
- ACEs are disproportionately higher among low-income and/or racially minoritized youth
- Nearly 1 in 10 children are reported as potential victims of child abuse and neglect annually
- More than 670,000 children spend time in foster care
- Poverty or near poverty affects approximately 45% of US children
- In the past 4 years, natural disasters have displaced nearly 2 million children
- Up to 80% of children and family members experience trauma symptoms after a life-threatening illness, injury, or painful medical procedure

Adversity/Trauma

What are the most common adversities and/or traumas that children experience in the primary care centers in which you work? How has this or might this inform the services you provide?

Trauma Informed Care (TIC)

SAMHSA's definition of TIC is a strength-based service delivery approach that calls for the engagement of people who have experienced trauma by acknowledging the impact of trauma and integrating that knowledge into policies, procedures, and practices. Trauma-informed care is based on the following principles:

Realization: Understanding the impact of trauma and how it can affect people and groups

Recognition: Recognizing the signs and symptoms of trauma

Response: Having a system in place to respond to trauma

Resistance: Actively resisting re-traumatization

TIC Principles - SAMHSA

AAP Policy Statement

A recent policy statement from the AAP (Garner & Yogman, 2021) suggests that safe, stable, and nurturing relationships (SSNRs) are the building blocks of ERH, which in turn promote resilience during childhood. SSNRs also play a critical role in preventing childhood toxic stress following exposure to significant adversity, indicating that ERH is both foundational and protective for ongoing child social-emotional development (Garner & Yogman, 2021; Willis et al., 2022).

Considerations for a Trauma-Informed Medical Home

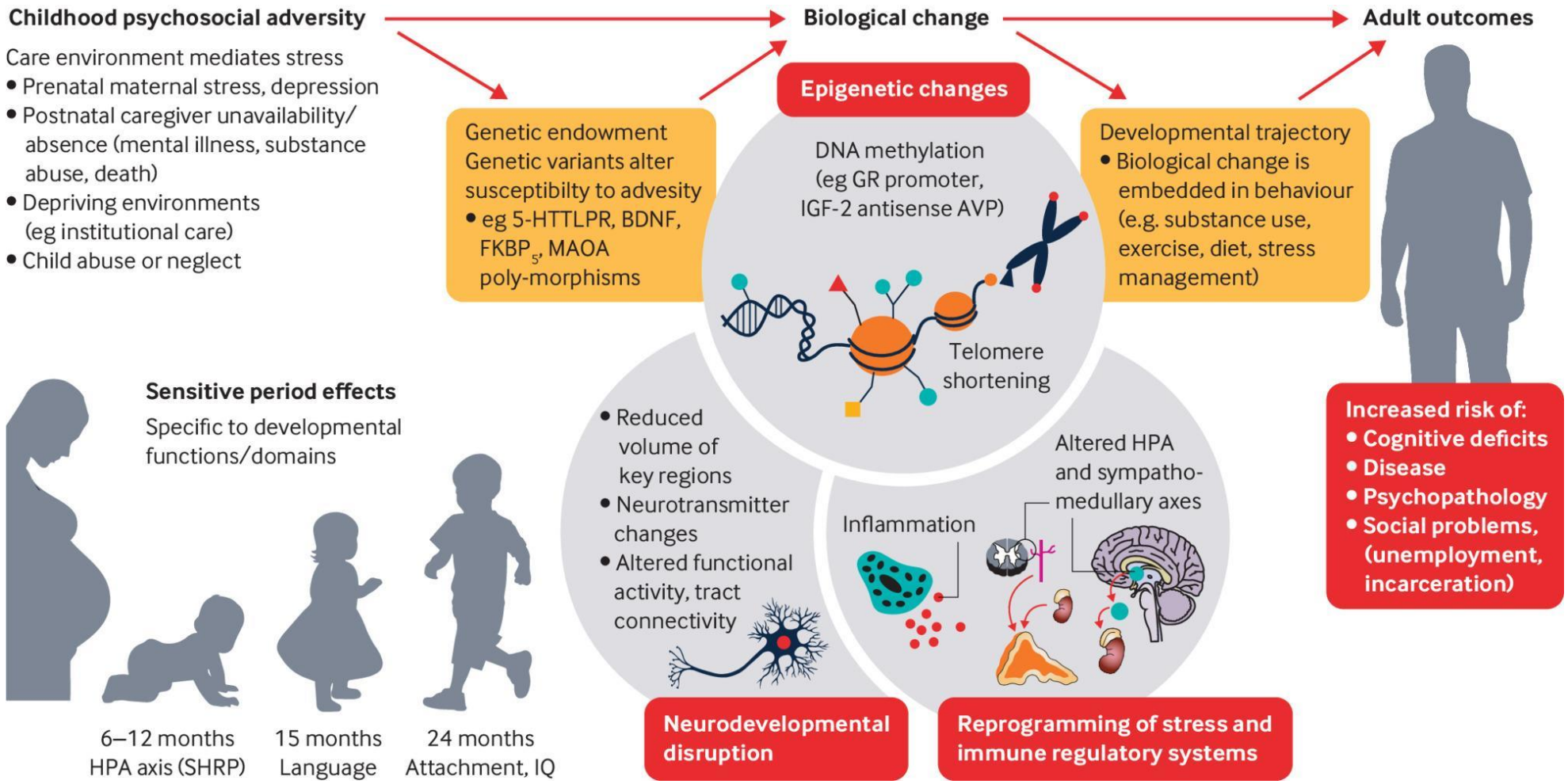
1) Awareness/Readiness
2) Screening
3) Relational Health
4) Detection/Assessment/Differential Diagnosis
5) Anticipatory Guidance
6) Referral to Treatment

Awareness/Readiness

Education

1. Terminology (shared language)
2. Prevalence
3. Presentation
    - Patient
    - Provider (secondary traumatic stress)
4. Promotion of resilience/acknowledgement of the dyad
5. Paradigm shift
    - “What’s wrong with you?” to “What happened to you?”
    - “I must fix you” to “I must understand you”
6. Triage pathway
7. Staff support

Does history define destiny?



Nelson C A, Bhutta Z A, Burke Harris N , Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life *BMJ* 2020; 371 :m3048 doi:10.1136/bmj.m3048

Triage Pathway

Single incident	None to some trauma	Primary prevention
Minor trauma	Mild	Secondary prevention
Major event/ cumulative	Mild/moderate	Secondary/tertiary prevention
Major event/ cumulative	Moderate/severe	Tertiary prevention/treatment

Screening

Common Adversity/Trauma Screeners

Adverse Childhood Experiences Questionnaire (ACE-Q)

Pediatric ACEs and Related Life-Events Screener (PEARLS)

Positive and Adverse Childhood Experiences Survey (PACES)

Safe Environment for Every Kid (SEEK)

Pediatric Traumatic Stress Screening Tool

PTSD Reaction Index Brief Form

Professional Quality of Life Scale

* Edinburgh Postnatal Depression Scale (EDPS)

Poll Question

Which of the following questionnaires/screening instruments does your practice use? Please check all that apply.

Adverse Childhood Experiences Questionnaire (ACE-Q)

Pediatric ACEs and Related Life-Events Screener (PEARLS)

Positive and Adverse Childhood Experiences Survey (PACES)

Safe Environment for Every Kid (SEEK)

Pediatric Traumatic Stress Screening Tool

PTSD Reaction Index Brief Form

Professional Quality of Life Scale

Examples of TIC Programs

California ACEs Aware Initiative: https://www.acesaware.org/

SEEK Model: https://seekwellbeing.org/

Intermountain Health Care Process Model: https://utahpips.org/cpm/

Montefiore Medical Group: https://www.traumainformedcare.chcs.org/expanding-awareness-and-screening-for-aces-in-the-bronx-montefiore-medical-group/

UH Rainbow Ahuja Center for Women and Children: https://www.uhhospitals.org/locations/uh-rainbow-center-for-women-and-children

Relational Health Care

Safe, Stable, and Nurturing Relationships

ERH is defined as a “foundational, culturally embedded and developing set of positive, responsive, and reciprocal interactions from birth that nurture and build emotional connections between caregivers, infants, and young children and result in emerging confidence, competence, and emotional well-being for all” (Willis et al., 2022).

A policy statement from the AAP (Garner & Yogman, 2021) suggests that safe, stable, and nurturing relationships (SSNRs) are the building blocks of ERH, which in turn promote resilience during childhood. SSNRs also play a critical role in preventing childhood toxic stress following exposure to significant adversity, indicating that ERH is both foundational and protective for ongoing child social-emotional development.

WHAT ARE SOME MODELS/STRATEGIES THAT SUPPORT SSNRs?

- Screening
- Anticipatory guidance
- Attachment-based models
- HealthySteps
- Positive parenting

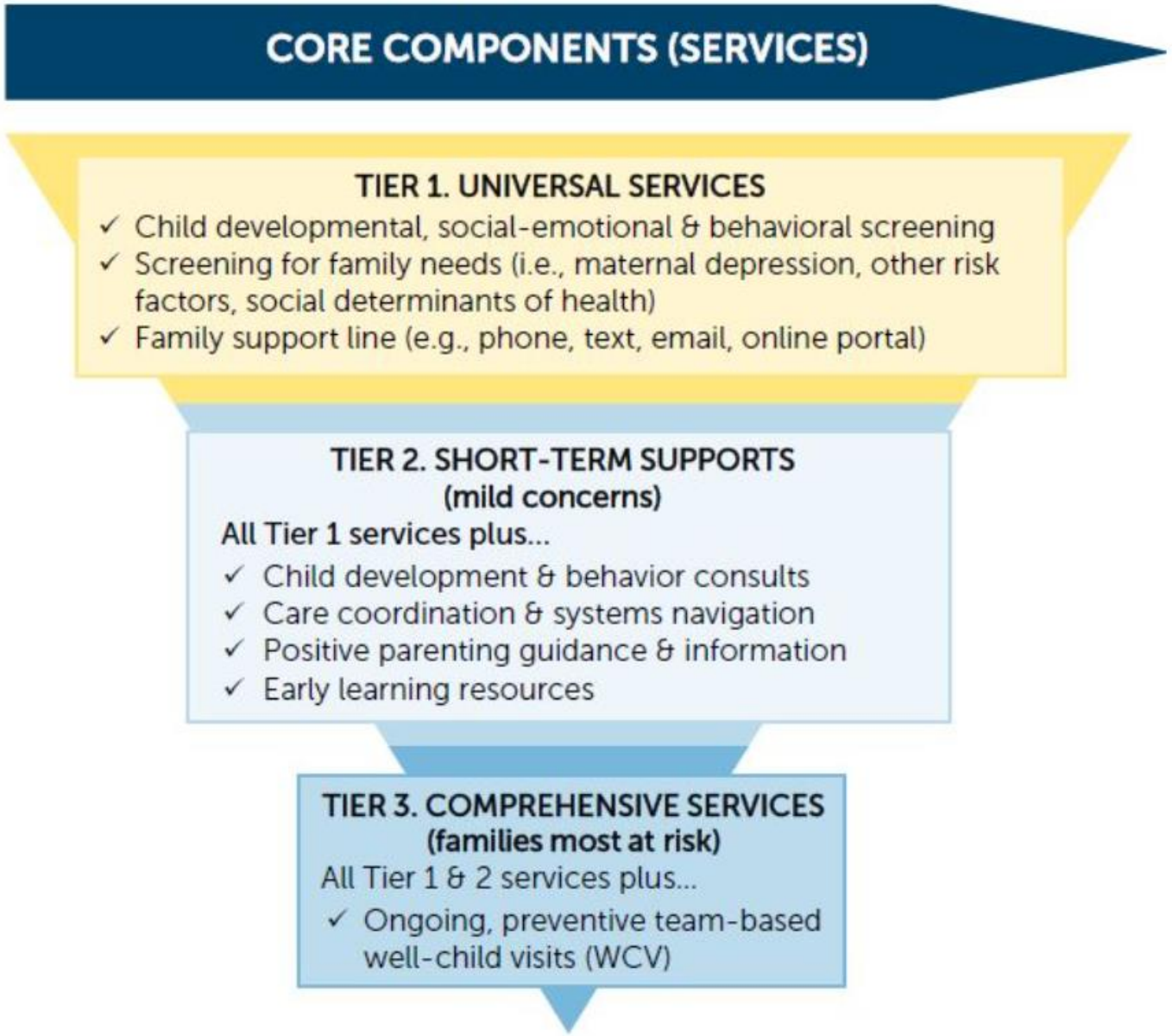
Protective Factors

Early diagnosis/early intervention services

Special education and social services involvement (counseling; respite care)

Loving, nurturing, and stable home environment

Absence of violence


CORE COMPONENTS (SERVICES)
TIER 1. UNIVERSAL SERVICES
✓ Child developmental, social-emotional & behavioral screening
✓ Screening for family needs (i.e., maternal depression, other risk factors, social determinants of health)
✓ Family support line (e.g., phone, text, email, online portal)
TIER 2. SHORT-TERM SUPPORTS
(mild concerns)
All Tier 1 services plus...
✓ Child development & behavior consults
✓ Care coordination & systems navigation
✓ Positive parenting guidance & information
✓ Early learning resources
TIER 3. COMPREHENSIVE SERVICES
(families most at risk)
All Tier 1 & 2 services plus...
✓ Ongoing, preventive team-based well-child visits (WCV)

National HealthySteps Outcomes

HealthySteps improves child health and well-being by supporting perceptual, motor and physical development, strengthening early social-emotional development, and promoting timely and

BREASTFEEDING AND AGE-APPROPRIATE EARLY NUTRITION

- HealthySteps mothers were significantly **less likely to prematurely give newborns water or introduce cereal**.[4]
- HealthySteps mothers felt significantly **more supported to breastfeed** and had **higher rates of continued breastfeeding** (longer than 6 months).[9,10]
- HealthySteps children "at risk" of social-emotional challenges had significantly **lower rates of obesity at age 5** than comparable children not participating in HealthySteps.[11]

HealthySteps improves family health and supports a child's early learning and overall well-being.

- Screening and Connection to Services
- Maternal Depression

EARLY RELATIONAL HEALTH

- HealthySteps families were significantly **less likely to report harsh punishment** (yelling, spanking with hand) and **severe discipline** (face slap, spanking with objects).[4,10]
- Two HealthySteps sites found HealthySteps participation was significantly associated with **greater security of attachment and fewer child behavior problems**.[23]

TIMELY AND CONTINUED CARE AND VACCINATIONS

- HealthySteps children were **more likely to attend all of the first 10 recommended well-child visits**, more likely to attend **six or more visits in the first 15 months of life** (a key indicator of quality care[ii]), and were twice as likely to **attend specific visits**, and for **visits to be on time**.[3,4,10,14,15,16]
- Three HealthySteps sites found a **reduced disparity between well-child visit attendance and insurance coverage**; attendance rates for sites serving high proportions of children with Medicaid were on par with rates for children with commercial insurance.[1]
- **Black and Hispanic** HealthySteps children with Medicaid **received more well-child visits and were more likely see the same provider** during a one-year period than their counterparts.[3]
- **Continuity of care with the same provider was significantly better** for HealthySteps children and families were **nearly twice as likely to remain with the practice** through 20 months.[3,17,18]
- HealthySteps children were up to 1.6x **more likely to receive timely vaccinations** and 1.4x more likely to be **up to date on vaccinations by age 2**.[4,10,13]

Detection/Assessment/Differential Diagnosis

Impacts of Trauma on Function and Behavior

Functional symptoms: Sleep difficulty, changes in appetite, toileting concerns, challenges with school functioning, hyperactivity/impulsivity, inattention

Neurodevelopmental symptoms: Rapid reflexive response to stimuli, inattention, difficulty tolerating negative mood, hyperactivity/impulsivity, aggression, regression, presenting younger than chronological age, attachment challenges, social-emotional and communication challenges

Immune function symptoms: Persistent inflammatory response, which leads to increased vulnerability to diseases such as asthma and metabolic syndrome, and “sick syndrome” which is a perception of feeling unwell that include headaches, stomachaches, and lethargy

Differential Diagnosis/Comorbidities

What differential diagnoses/comorbidities would you be considering?

How can this be teased apart?

Anticipatory/Office-Based Guidance

Strategies to Promote Regulation after Trauma

Restoring safety: Allow the child to express how they're feeling

Routines: Use visuals and other external reminders; prepare for changes in routine to reduce the stress response

Relaxation strategies: Printed instructions or phone apps that guide relaxation, meditation, and mindfulness

Small successes: Reward positive change

Special time: Child-directed play time

Cognitive triangle: Labeling emotions, identifying the link between thoughts, emotions, and behaviors; teaching an alternative behavior

Distraction: From traumatic thoughts

Positive parenting: Use praise and other reinforcers to positively shape behavior

Referral to Treatment

Intervention

Caregiver: Parent mental health (IPV, depression, and substance use); parent training; group intervention/support (Attachment Vitamins; Mom Power)

Dyad: Child Parent Psychotherapy (CPP); Parent-Child Interaction Therapy (PCIT)

Child: Developmental evaluation; behavioral therapy; Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Staff and Provider Support

Secondary traumatic stress associated with patients discussing shootings, domestic violence, and death

Improving providers' comfort with TIC:

- Standardization and normalization of asking about trauma
- Additional focus on basic necessities and fostering relationships
- Relaxation room
- De-briefing

Additional Staff Training

Attachment Vitamins: Participants learn about early childhood social-emotional development, the impact of stress and trauma, understanding the meaning of children's behavior in the context of the biopsychosocial model, and strategies aimed to promote secure attachment - https://learn.nctsn.org/enrol/index.php?id=483

Psychological First Aid: Evidence-informed modular approach to help children and their families in the immediate aftermath of a disaster - https://www.nctsn.org/resources/psychological-first-aid-pfa-online

AAP, UCLA, SAMHSA, and University of Massachusetts Medical School: Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) - https://www.aap.org/en/patient-care/trauma-informed-care/patter-pediatric-approach-to-trauma-treatment-and resilience/?srsltid=AfmBOoozwpXNdUrx8eT_J6yDNmXFJbNRhJr-XYVm8RDqUuiL8BbPMjKQ

AAP: Resilience Project- https://www.traumainformedcare.chcs.org/resource/the-resilience-project-clinical-assessment-tools/

Considerations

1) Staff education including environmental scan of available services
2) Screening instruments and timing of administration
3) Workflow
4) Triage pathway
5) PDSA cycles
6) Reimbursement/sustainability

References

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Questions?

Closing Out the Health Share of Oregon 2024 IBH Learning Collaborative

- This is our last activity as part of our contract funding from Health Share of Oregon, ends in 2024.
- We thank you for your participation in the 2024 Integrated Behavioral Health Learning Collaborative!

What we will maintain in 2025:

1. IBH Listserv here:
   https://ohsu.ca1.qualtrics.com/jfe/form/SV_e4l05a0V7U6buaW

2. Online Repository Library (see next Slide)

Online Resource Library:
Integrated Behavioral Health Learning Community Webinars & Materials

- OPIP will be creating a password-protected online repository on our website with:
  - Monthly webinar recordings, slides & resources shared
  - Slides from 10/15 in-person training & resources shared
  - **You will receive access via email by January 2025**