OPTUMHealth" Education	
Complex Trauma in Pediatrics: Long-term Impact and Treatment Strategies Gary Rosenberg, MD, LFAACAP, DLFAPA Wednesday, August 14, 2019 Behavior Health Medical Director 10:00 am - 0:07	
Optum Operations Population Health Management Clinical Services	
WHAT IS TRAUMA?	
• DEFINITION	
 Events or circumstances experienced by an individual as physically and/or emotionally harmful and/or life threatening which result in adverse effects on the individual's functioning and well-being 	
Substance Abuse and Mental Health Services Administration	
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WHAT IS CHILDHOOD TRAUMA?	
A traumatic event is a frightening, dangerous and/or violent event that poses a threat to a child's life or bodily integrity and can initiate strong	
emotions and physical reactions that can persist long after the event Children who suffer from child traumatic stress have been exposed to	
one or more traumas over the course of their lives and they develop reactions that persist and affect their daily living • The National Child Traumatic Stress Network	
www.nctsn.org	

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- The traumatic events are severe and pervasive
- The trauma exposure often begins in early life and disrupts child development the formation of a sense of self Interferes with the ability to form secure attachment bonds
 - Child Trauma Training Network
 - www.cttntraumatraining.org

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COMPLEX TRAUMA

- Experience multiple traumatic events
- Within the caregiving system
- Caregivers are the sources of terror rather than safety
- Occurs early in life- ages (0-3)

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COMPLEX TRAUMA

- Parents usually help their children overcome the experience of non-abuse acute trauma
 - Believing and validating child's experience
 - Tolerating child's affect
 - Managing own emotional reactions

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, *35*(5), 390-398

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- Parents can also be the source of trauma
 - Parents who are the sources of trauma or who are traumatized themselves cannot perform these functions.
 - Parental trauma can be function of domestic or external events, present or historical.

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COMPLEX TRAUMA

- Exposure to traumatic events is a common experience in childhood
 - More than 60% of children are exposed by age 16
- More than 30% are exposed to multiple events
- "Association of Childhood Trauma Exposure with Adult Psychiatric Disorders and Functional Outcomes" Copeland, et.al. JAMA 1/2018

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NORMAL LIFE. BAD THINGS

THE NATIONAL CHILD STRESS TRAUMATIC STRESS NETWORK WHAT IS COMPLEX TRAUMA? 2017



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EARLY BRAIN DEVELOPMENT

- Considerable brain development occurs from ages 0-3 in the form of development of connections and pathways in the brain
- Most of the development in the right brain is through non-verbal experiences
- The brain develops in use-dependent ways

EARLY BRAIN DEVELOPMENT

- EPIGENETICS
- The study of the mechanism that turns on and off the expression of genes without altering the DNA sequence
- Factors include
 - Age
 - Nutritional habits
 - Psychological stress
 - Physical activity
 - Work habits
 - Substance abuse

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EARLY BRAIN DEVELOPMENT AND TRAUMA

- Trauma can have serious consequences on the normal development of a child's nervous system.
- Trauma results in:
 - Over responsiveness of brain centers/pathways responsible for arousal and vigilance
 - Underdevelopment of brain centers/pathways responsible for cognitive processing
 - Overuse of dissociation/freezing (disconnection from emotions and/or cognitions)

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Emotional Brain In Retail BM 11985). The Mind Bastum New York.

COMPLEX TRAUMA AND DEVELOPMENT

- Complex trauma has a pervasive and potentially lifelong developmental impact
- Multiple domains of impairment identified

Cook, A. Blaustein, M., Spinazzola, J., & van der Kolk, B. (Eds.) (2003). Complex trauma in children and adolescents. National Child Traumatic Stress Network. http://www.NCTSNet.org

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DEVELOPMENTAL IMPACT

ATTACHMENT

- The world is experienced as uncertain, unpredictable, and dangerous.
- Others are perceived as not able/willing to meet basic emotional/relational, and physical needs.
- Social isolation with difficulty relating to and empathizing with others.
- Testing all relationships to see whether new adults will be different from the ones who hurt them.

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DEVELOPMENTAL IMPACT

• BIOLOGY

- Chronic physiological arousal that reflects the perception of chronic danger.
- Problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain.
- Unexplained physical symptoms
- Long-term health risks.

DEVELOPMENTAL IMPACT	
• AFFECT REGULATION	
Difficulty knowing and describing feelings and internal states	
Highly reactive to small events	
Difficulty regulating emotions or calming themselves down	
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DEVELOPMENTAL IMPACT	
BEHAVIOR CONTROL	
Poor impulse control	
Self-destructive behavior, and aggression towards others	
Maladaptive self-soothing techniques (e.g., self-cutting)	
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DEVELOPMENTAL IMPACT	
 DISSOCIATION Experience of detachment or depersonalization, as if they 	
are "observing" something happening to them that is unreal.	
Appear "spacey" or disconnected from events.	
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DEVELOPMENTAL IMPACT	
• COGNITION	
Problems focusing on and completing tasks	
Trouble planning for and anticipating future events	
 Learning difficulties and problems with language development 	
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DEVELOPMENTAL IMPACT	
• SELF CONCEPT	
Disturbed body image	
Low self-esteem, shame, and guilt.	
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DEVELOPMENTAL IMPACT	
SUMMARY OF THE TRAUMA IMPACT ON THE CHILD	
Many behaviors are "safety-seeking" (fight, flight, freeze)	
Other behaviors reflect need-fulfillment strategies (emotional/relational needs, and physical needs)	
 The child has developmental deficits (affect management, self- concept, interpersonal skills, cognitive delays) 	
Blaustein, M.E., & Kinniburgh, K.M. (2010). Treating traumatic stress in children and	

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- Traumatic reactions can include
 - Intense and ongoing emotional upset
 - Depression and/or anxiety
 - · Behavioral changes
 - Self-regulation difficulties
 - Problems relating to others or forming attachments
 - Regression or loss of previously acquired skills
 - Attention and academic difficulties
 - Nightmares
 - Difficulty sleeping and eating
 - Physical symptoms like aches and pains

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DIAGNOSTIC CONFUSION

- Reactive Attachment Disorder
- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- PTSD
- Bipolar Disorder
- Disruptive Mood Dysregulation Disorder
- Conduct Disorder
- These do not capture the full extent of the developmental impact.

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LONG TERM CONSEQUNCES

- Absent more positive coping strategies, may engage in high-risk or destructive coping behaviors.
- These behaviors also raise risks in later adulthood for:
 - Substance abuse
 - Depression and suicidality
 - Sexually transmitted diseases (due to high risk activity with multiple partners)
 - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

ADVERSE CHILDHOOD EXPERIENCES

ACE STUDY

Decades long and ongoing study

Collaboration between the Center for Disease Control and Prevention (CDC) and Kaiser Health Plan's Department of Preventative Medicine in San Diego, California

Key Concepts

Stressful or traumatic childhood experiences (ACEs) are a common pathway to social, emotional and cognitive impairments

ACEs disrupt neurodevelopment and can have lasting effects on brain structure and function

Felitti VJ, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults- The Adverse Childhood Experiences (ACE) Study" AMJ Preventive Medicine 1998; 14(4)

ADVERSE CHILDHOOD EXPERIENCES

• BIRTH TO DEATH

- Adverse Childhood Experiences
- Social, Emotional and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability and Social Problems
- Early Death

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ADVERSE CHILDHOOD EXPERIENCES

• CHILDHOOD ABUSE

EMOTIONAL

PHYSICAL

SEXUAL NEGLECT

EMOTIONAL

PHYSICAL

DYSFUNCTIONAL HOUSEHOLD

WITNESSING DOMESTIC VIOLENCE

ALCOHOL OR OTHER SUBSTANCE ABUSE

MENTALLY ILL OR SUICIDAL HOUSEHOLD MEMBERS
CRIME IN THE HOME (HOUSEHOLD MEMBER IMPRISONED)

SEPARATION/DIVORCE

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ADVERSE CHILDHOOD EXPERIENCES	
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• SCORE IS 0 TO 10	
• The higher the score, the greater cumulative exposure	-
to traumatic stress and the higher the prevalence of	
mental, social and physical health problems in adulthood including coronary heart disease	-
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Faitti VI, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults- The Adverse Childhood Experiences (ACE) Study" AMJ Preventive Medicine 1998; 14(4) Dong, et al. Insights into Causal Pathways for Ischemic Heart Diesase-Adverse Childhood Experiences Study." Circulation.	
2004; 110:1761-1766	-
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ADVERSE CHILDHOOD EXPERIENCES	
The more types of childhood adversity a person	
experiences the higher the risk of chronic disease, mental illness and being a victim of violence	
Most people have at least one ACE (64%)	
• 12% of the population have an ACE score of 4 or more	

• A score of 4 doubles the risk for heart disease and cancer and increases the likelihood of alcohol abuse by 700% and the risk of a suicide attempt by 1200%

Wang PS, et.al. "Twelve month use of mental health services in the United States: Results from the National Comorbidity Survey Replication." Archives of General Psychiatry. June 2005; 52(6): 29-640

TREATMENT

- Complex symptom pictures often not addressed in existing protocols
- Standard outpatient settings may not be the ones in which these clients are receiving services
- Currently, the recommended practice is to identify core components, based on available research

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TREATMENT

- Trauma informed care acknowledges that understanding a person's life experiences is the key to potentially improving engagement in treatment and the outcome of treatment.
- Trauma specific interventions recognize the following
 - Survivors need to be respected, informed, connected and hopeful about recovery
 - The relationship between trauma and the symptoms of trauma
 - The need to work collaboratively with survivors, family and friends

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TRAUMA INFORMED APPROACH TO THERAPY

- \bullet The trauma informed treatment program
 - REALIZES the widespread impact of trauma
 - RECOGNIZES the signs and symptoms of trauma in the client, families, staff and others
 - RESPONDS by fully integrating knowledge about trauma into policies, procedures and practices
 - Seeks to actively RESIST re-traumatization

• SAMHSA

TRAUMA INFORMED APPROACH TO THERAPY

- Key principles of trauma informed approach to treatment includes
 - Safety
 - Trustworthiness and transparency
 - Peer support
 - · Collaboration and mutuality
 - Empowerment, voice and choice

SAMHSA

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TREATMENT MODALITIES

- Attachment, Regulation and Competency (ARC)
- Trauma Adaptive Recovery Group Education and Therapy (TARGET)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Strengthening Family Coping Resources (SFCR)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - Trauma Focused-CBT targets victims of acute trauma with an available supportive parent
 - Recent studies have demonstrated effectiveness in complex trauma
 - "Complex PTSD as proposed for ICD-11: Validation of a new disorder in children and adolescents and their response to Trauma Focused Cognitive Behavioral Therapy" Journal of Child Psychology and Psychiatry. Sachser, et.al. 8/2016

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TREATMENT

- ATTACHMENT, SELF-REGULATION AND COMPETENCY (ARC) TREATMENT PROCESS
 - Grounded in attachment theory and focuses on how the child's entire system of care can become trauma informed
 - Resilience fostered through:
 - Attachment
 - Self-regulation
 - Competence

Blaustein, M.E., & Kinniburgh, K.M. (2010). *Treating traumatic stress in children and adolescents*. NY: The Guilford Press.

**ATTACHMENT AND SAFETY ISSUES **Caregiver management of affect **Attunement: accurately reading of emotional cues and responding to those rather than behaviors **Consistent response **Routines and rituals **TREATMENT **SELF REGULATION ISSUES **Affect identification **Modulation: learn to maintain optimal levels of arousal and expand the "comfort zone" to tolerate a range of emotional experience **Affect Expression: skills to share emotional experience with others to meet needs		٦	
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Self development and identity The unique self: personal attributes, values, opinions, culture The positive self: internal resources, and identification of			
EXECUTIVE FUNCTION/ PROBLEM SOLVING SKILLS COMPETENCY Self development and identity The unique self: personal attributes, values, opinions, culture The positive self: internal resources, and identification of strengths and successes	 The coherent self: examination of self across multiple aspects of experience 		

• The future self: imagine the future and explore possibilities

TR			

- Treatment Components for Integrating Fragmented Self-States
 - Identify key patterns and themes
 - Recognize them as they occur
 - Reflect and validate child's experience in the present
 - Support use of modulation strategies
 - · Reflect and identify the themes
 - Identify the function of the current response
 - Differentiate past and present
 - Build capacity to recognize self-state shifts that signal fragmented responses
 - Assess present moment, identify goals, and make an active choice

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TREATMENT

- TRAUMA NARRATIVE
 - Key part of traditional trauma treatment
 - Can be used as long as the skills to manage affect are developed sufficiently
 - Trauma narratives involve
 - the story of the trauma
 - managing of the affect
 - a self-appraisal of the child's resulting beliefs, feelings, and actions
 - meaning-making
 - future plans