UVM Project ECHO
Pediatric Mental Health:
Complex Cases and Deeper Dives

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Didactic presentation is recorded. Registered participants will receive the link.

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OFFICE OF PRIMARY CARE & AHEC PROGRAM

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Session Agenda – 2 sessions per topic

- Welcome
- Objectives
- Session 1
  - Case presentation and discussion
  - Brief interactive didactic
  - Q&A
  - Closing Announcements: continuation of topic to next session; call for cases
- Session 2
  - Brief review of didactic material
  - Participant case presentation and discussion #1
  - Participant case presentation and discussion #2
  - Closing Announcements: next topic

ECHO Model: All Teach, All Learn

Cohort-based learning on ZOOM

- Have your camera on as much as possible, especially when joining the meeting and during discussions
- Questions and comments are welcome – use the “raise hand” feature or put them in the chat
- <u>This is not a webinar!</u> Participation is key
- This is a closed cohort. Only those registered may participate.

Case-based learning

- 1 presenter case and 2 participant cases per topic using provided template
- Contact Haley McGowan to present a case

Series Objectives

Learning objectives for this ECHO series include the ability to:

1. Develop enhanced diagnostic and assessment skills in the care of pediatric patients presenting with ADHD symptoms in the setting of toxic stress.
2. Define trauma-responsive care as it relates to the pediatric population.
3. Identify effective practice and communication skills for families who have experienced intergenerational and/or complex developmental trauma.
4. Explain best practices for gender affirming care for youth, including risk factors, ways to enhance protective factors, and affirmative practices to enhance provider/patient relationships.
5. Apply skills in early recognition, medical monitoring, and care coordination for youth with anorexia nervosa in the context of limited access to specialized care.

CMIE Disclosures

The Robert Larner College of Medicine at The University of Vermont is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education for the healthcare team.

The University of Vermont has approved your application and designates this enduring material a maximum of **1.0 *AMA PRA Category 1 credit(s)*™**. Each physician should claim only those credits commensurate with the extent of their participation in the activity.

This program has been reviewed and is acceptable for up to **1.0 Nursing Contact Hours**.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive **1 continuing education credits**.

This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

CMIE Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

Complex Developmental Trauma and Trauma-Responsive Care: An Intergenerational Approach

Colleen Victor, MD FAAP

Sara Schnipper, MSW

UVMMC

12/14/23

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Session Objectives

Learning objectives for this ECHO session include the ability to:

1. Define trauma-responsive care as it relates to the pediatric population
2. Identify effective practice and communication skills for families who have experienced intergenerational and/or complex developmental trauma

What is trauma?

- Occurs when events overwhelm our ability to cope in the moment.
- Single acute events, clusters of events, and subacute but **chronic** stress.
- Trauma can be thought of as a “stress injury.” When stress is acute enough to cause us to fear for our safety, or when stress is chronic and without opportunity for recovery, it is considered toxic (Harvard Center on the Developing Child)
- Toxic stress leads to physiological changes in a person’s brain and body.
- Traumatic outcomes range from mild to severe, depending on many factors, including the specific experiences, the individual’s developmental status and coping capacity, and the presence of supportive relationships.

More terms

- **Adversity** – challenges we face in life
- **Stress** – our physiological response to adversity, ranging from healthy, to tolerable, to toxic
- **Toxic Stress** – acute stress that is beyond our current capacity to cope (especially when we fear for our safety), or chronic stress without time to recover and often in the absence of supportive relationships
- **Trauma** – when stress is toxic it leads to dysregulation in the brain and nervous system
- **Complex Developmental Trauma** – when stress is toxic during childhood, it leads to changes in foundational neurodevelopment, with potentially long-lasting impacts across multiple developmental domains

What can cause trauma?

- Physical, sexual, or emotional abuse
- Neglect or inconsistent caregiving
- Relinquishment or abandonment
- Exposure to substance use or domestic violence
- Transitions, chaos, loss of loved one
- Community or school violence
- Motor vehicle accidents
- Involvement with police, judicial system or child protection system
- Significant illness or medical procedures
- Natural disasters
- Racism and other forms of oppression
- Work culture and climate

CDC ACEs Study: over 60% of people have experienced at least 1 ACE, and 20% have experienced 3 or more.

What are the impacts of trauma?

- **Mild:** recovery within weeks to months, no interventions necessary
- **Moderate:** recovery requires specialized interventions (like EMDR, Trauma-Focused CBT) and may take months to years
- **Severe:** recovery requires multiple coordinated specialized interventions likely requiring months to years. Individual may carry lifelong impacts that do not resolve, and which they must continue to be mindful of.
- **Resilience!** With recovery can come incredible strength and perspective. "Trauma is the unique port of entry to a special form of wisdom." - Alicia Lieberman, developer of Child Parent Psychotherapy

Signs & Symptoms of Trauma

Normal Stress

- Heart pounding
- Rapid breathing
- Tense muscles
- Feel excited or worried
- Feel frustrated
- Feel determined
- Seeing/thinking clearly
- Considering options
- Acting rapidly
- Facing problems
- Taking on challenges
- Clear memories
- Creating solutions
- Feel angry
- Feel in control
- Feel good about yourself

Traumatic Stress

- Prolonged fight, flight, freeze
- Heart feels like bursting
- Gasping, feeling smothered
- Muscles exploding
- Feel terrified or panicked
- Feel doomed
- Feel aggressive
- Confused
- Mentally shut down
- Freezing, dissociating, fainting
- Reflexive, instinctive
- Desperately avoiding
- Taking foolish risks
- Memory like a broken puzzle
- Feel enraged
- Feel helpless
- Feel worthless
- Feel out of control

Trauma Responsive Care

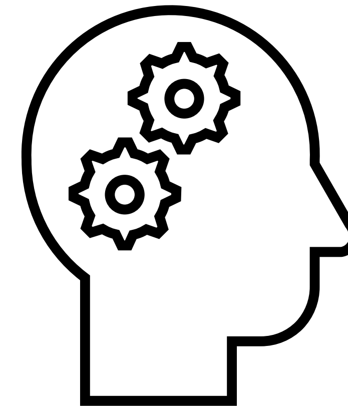
A trauma-responsive approach recognizes and responds to the impact of traumatic stress on children, families, and caregivers by increasing trauma *awareness, knowledge, and skills* and incorporating these into program, policies, and practices.

Case

You've been caring for a 12yo for the past year after the family moved. Each time you see him, mom is concerned about his aggression at home, usually as a result of limit-setting related to technology. When mom attempts to turn off his gaming console, he frequently shouts at her, engages in property destruction, and often leaves the house unaccompanied.

What words or brief phrases come to mind when thinking about this case?

What other information would be helpful to know about this case?



Trauma Awareness

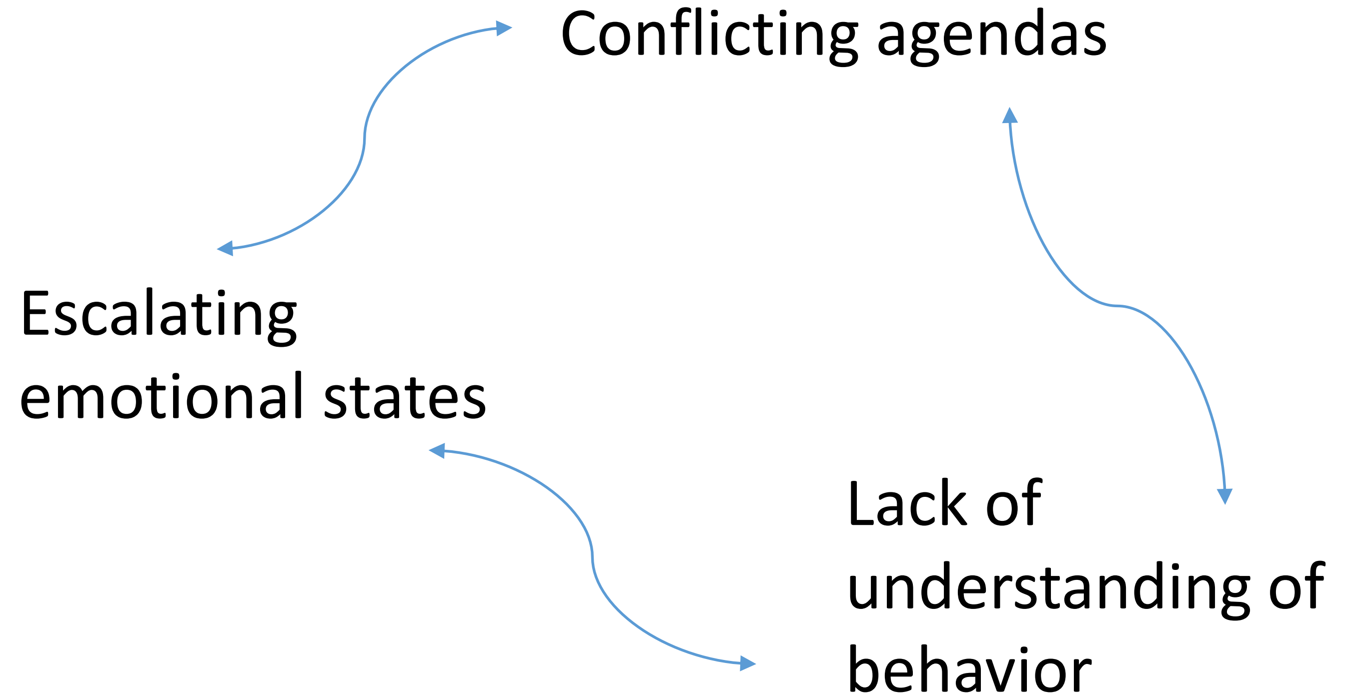
Is there a history of family psychiatric illness?

Does the patient have a trauma history?

Are there other psychosocial stressors?

Trauma Knowledge

Psychologytoday.com



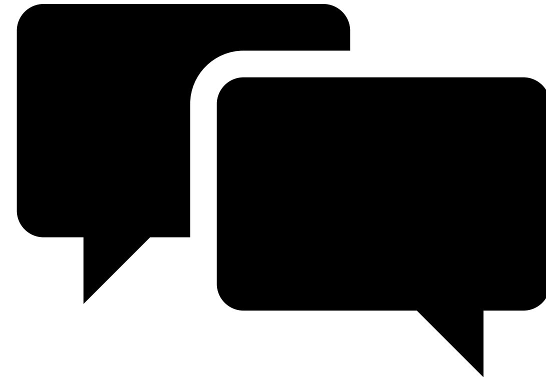
Trauma Knowledge

- Consider parents' own history of trauma
- How may your patient's mom's experience be affecting the presentation?
- Children often conform to the expectations that are set of them

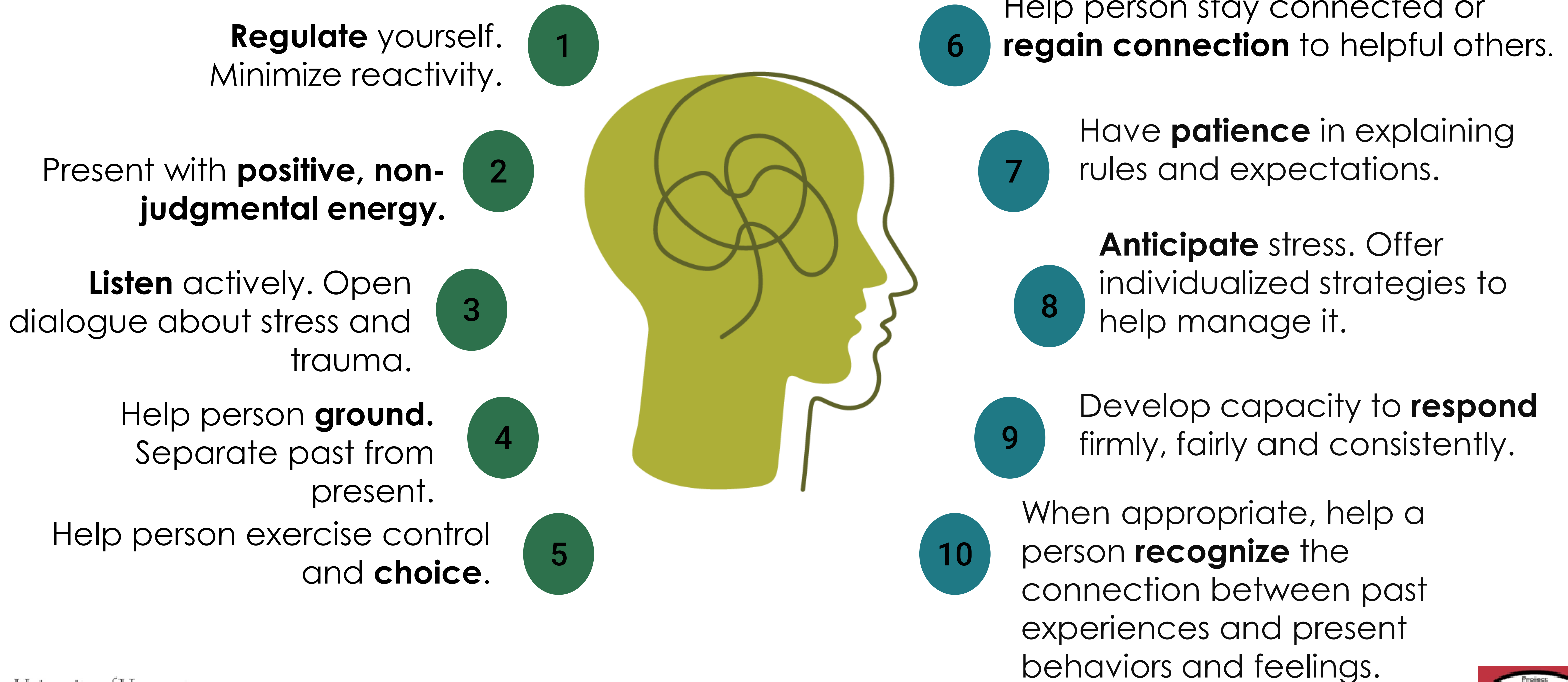
Trauma Skills

Rapport Building

- Naming the discomfort
- Curiosity
- Validation, then feedback
- Holding the “both, and” of situations
- Reframe, “what has happened to him?”
- Active listening/avoid interrupting
- Hold questions until the end



Trauma Skills



Trauma Skills

3 words/phrases:

to describe your child

to describe your relationship with your child

that your child would use to describe your parenting

Who does your child remind you of?

Which experiences from your childhood would you like your child to experience too? Which would you want to protect them from?

What do you think he's feeling when he acts like that? What are you feeling? What does he need from you?

Case

You've been caring for a 12yo for the past year after the family moved. Each time you see him, mom is concerned about his aggression at home, usually as a result of limit-setting related to technology. When mom attempts to turn off his gaming console, he frequently shouts at her, engages in property destruction, and often leaves the house unaccompanied.

Ideas, suggestions, recommendations?

Questions

1. What are some barriers to building rapport/feeling effective in relationships with families with trauma?

2. What works, what doesn't work?

3. What are themes that often come up (defensiveness, difficulty with vulnerability, anger)

4. At what point should PCPs involve Social Work or Case Management?

Take-home points

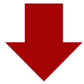
- We may not share the same definition of trauma with patients/families, especially in the case of intergenerational trauma.
- Establishing rapport and trust is key, and it is okay for this to take some time.
- It is crucial to reframe “what is wrong/what is the diagnosis?” to “what happened?”

Case Presentation

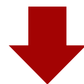
Bringing Knowledge to Action through interactive, case-based discussions

Participant presents the case and poses the question(s) for the group

Clarifying questions about the case from group to case presenter



Ideas, suggestions, recommendations from participants



Ideas, suggestions, recommendations from ECHO faculty team

Full group discussion

Summary and wrap-up by facilitator

Case Presentation

DO NOT INCLUDE:

Names, Address, DOB, Phone/Fax #, Email address, Social Security #, Medical Record #

Consider the level of detail necessary. Go with less when possible.

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

Case Presentation H + P

1. **Primary Question**
2. **Additional Question**
3. Age/Gender/Grade
4. Brief HPI
5. Pertinent History (Medical/Developmental/Psychiatric)
6. Psychosocial History/Current Stressors and Challenges
7. Brief Mental Status Exam (can also include physical exam findings if relevant)
8. Working Diagnosis
9. Medications (current/past/responses)
10. Other interventions or supports

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DATES	DIDACTIC TOPICS (in addition to case review)
October 12	**ADHD Symptoms in the Setting of Toxic Stress for Younger Patients** Greta Spottswood, MD
November 9	**Deeper Dive into ADHD Symptoms in setting of Toxic Stress** Greta Spottswood, MD
December 14	**Complex Developmental Trauma and Trauma-Responsive Care: An Intergenerational Approach** Colleen Victor, MD and Sara Schnipper, MSW
January 11	**Deeper Dive into Complex Developmental Trauma and Trauma-Responsive Care** Haley McGowan, DO and Sara Schnipper, MSW
February 8	**Supporting Trans Youth: Collaborative Approaches to Gender Affirming Care** Madison Smith, PsyD
March 14	**Deeper Dive into Collaboratively Supporting Trans Youth** Madison Smith, PsyD
April 11	**Managing Anorexia Nervosa in the Primary Care setting: Awareness, Monitoring, and Access to Specialized Care** *Erica Gibson, MD*
May 9	**Deeper Dive into Managing Anorexia Nervosa in the Primary Care Setting** *Erica Gibson, MD*

Closing Announcements

- Slides are posted at www.vtahec.org
- Recording of didactic portion (first session per topic only) will be sent by email to the full cohort
  - **All recordings are for the use of registered participants only**
- Please complete the evaluation survey
- CMIE information and session QR code auto-send after evaluation
- Please contact us with any questions, concerns, or suggestions:
  - Haley.McGowan@partner.vermont.gov
  - Patti.Smith-Urie@uvm.edu