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

Course Director: Haley McGowan, DO
ECHO Director: Patti Smith Urie

Series Faculty:
Greta Spottswood, MD
Bud Vana, MD
Colleen Victor, MD
Sara Schnipper, MSW
Madison Smith, PsyD
Erica Gibson, MD
Wendy Bliss, RN
Amy Kiviranna, LICSW

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

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LARNER COLLEGE OF MEDICINE
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
- This is not a webinar! 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

Haley McGowan, DO

Sara Schnipper, MSW

UVMMC

1/11/24

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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

Last Month's 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?"

Reactions post-trauma: Preschool through age 5

Non-verbal fears and anxieties

- Crying, whimpering, screaming, calls for help
- "freezing", trembling with frightened expression
- Aimless motion
- Excessive clinging

Regressive behavior

- Thumb sucking, Bed-wetting, Incontinence
- New fears
- Needing help with dressing or eating

Fear and anxiety symptoms

- Sleep terrors/Nightmares
- Need person or light present to sleep
- Inability to sleep through the night
- Sensitivity to loud noises
- Irritability
- Confusion
- Sadness over loss of people or prized possessions
- Speech difficulties
- Eating problems

Reactions post-trauma: School age (6 - 11)

Regressive behavior

- Bed-wetting
- Sleep terrors or nightmares
- Interrupted sleep
- Irrational fears

Behavioral and emotional problems

- Irritability
- Disobedience
- Depression
- Excessive clinging
- Physical complaints (headaches, nausea, visual/hearing problems)

School problems

- School refusal
- Behavior problems in school
- Poor school performance
- Fighting
- Withdrawal of interest
- Difficulty concentrating/distractibility
- Peer problems

Reactions post-trauma: Adolescence (12 – 17)

Reactivation of fears from earlier stages of development

- Withdrawal/isolation
- Physical complaints (headaches/stomach pain)
- Depression/sadness
- Behaviors (aggression, stealing, acting out, risk taking, ETOH/Drug use)
- Decline in academic performance
- Disturbed sleep
- Confusion
- Avoidance of separations normal for this age

Impacts of Complex Developmental Trauma

NCTSN Complex Trauma Task Force White Paper: Complex Trauma in Children and Adolescents, 2003

Seven Domains of Impairment

Domain	Related conditions
1. Attachment	Reactive Attachment Disorder, Borderline Personality Disorder
2. Biology	Sensorimotor developmental problems, FTT, Enuresis, PNES
3. Affect Regulation	Mood Disorders, PTSD
4. Dissociation	ASD concerns, Dissociative Disorders
5. Behavioral Control	ODD or Intermittent Explosive Disorder
6. Cognition	ADHD or Learning Disability
7. Self-Concept	Core sense of shame, body image disturbances, self harm

Diagnosis:

ICD-11 Complex PTSD

DSM-V no single diagnosis

https://www.nctsn.org/sites/default/files/resources/complex_trauma_in_children_and_adolescents.pdf

Several slides borrowed from Trauma Responsive Care training for Emergency Departments via HRSA funding and DMH; collaborators Pete Cudney, Matt Dove and Kristy Hommel

Central Nervous System Functioning Changes

Heightened arousal at baseline.

Sympathetic nervous system (fight, flight, freeze) becomes sensitized.

Parasympathetic nervous system (rest and digest) becomes compromised.

Different experiences and perceptions of the world.

Internal experiences can become overwhelming.

Human relationships can feel threatening.

The world can feel out of control.

A child or youth will only feel as secure as their primary attachment relationship feels.

To support the child, we should support the parents.

When the parents feel informed and are regulated, then they can help to regulate their child.

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

1. **Regulate** yourself. Minimize reactivity.
2. Present with **positive, non-judgmental energy.**
3. **Listen** actively. Open dialogue about stress and trauma.
4. Help person **ground.** Separate past from present.
5. Help person exercise control and **choice**.

6. Help person stay connected or **regain connection** to helpful others.
7. Have **patience** in explaining rules and expectations.
8. **Anticipate** stress. Offer individualized strategies to help manage it.
9. Develop capacity to **respond** firmly, fairly and consistently.
10. When appropriate, help a person **recognize** the connection between past experiences and present behaviors and feelings.

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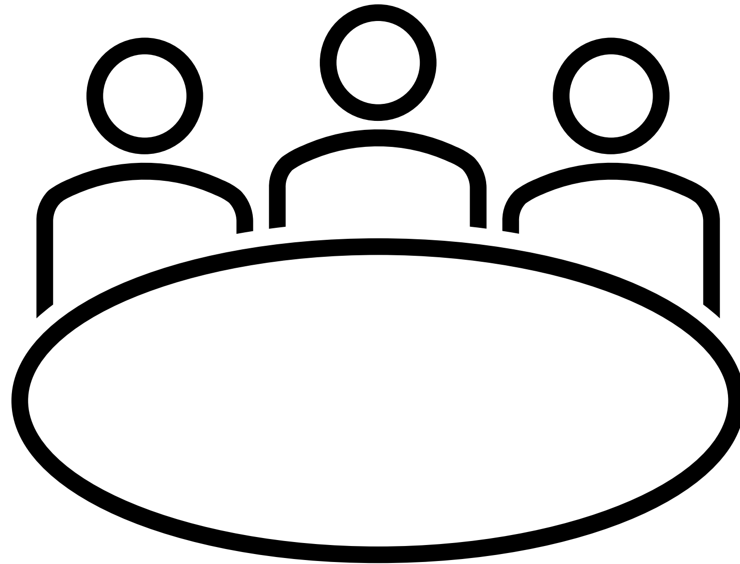
De-escalation Strategies

Always have two sets of eyes on the patient.	Respect personal space while maintaining a safe position.	Try not to stand over patients or look down on them as you talk.	Be concise. Keep the message clear, simple and brief.
Do not be confrontational or raise your voice.	Identify aloud the patient's wants and feelings.	Approach with curiosity rather than judgment.	Consider altering the environment (including people present).
Offer foods/liquids. Offer distractions.	If possible, let the patient move in the room.	Avoid power struggling and honor reasonable requests.	Provide reassurances of safety.

PACE

- Positive – Your energy, body language, facial expressions, tone of voice, and optimism. Signal to the child and family that you are safe and pleased to connect with them.
- Accepting – Choose to believe that "they are doing the best that they can." Hold faith that children and youth are not intending to fail or to make our lives difficult. It is much more complex than that.
- Curious – Adopt a "curious, not knowing stance." Ask what might have happened to this child and family, and what might they be experiencing now as a result?
- Empathetic – Seek to understand the child and family. Broaden your understanding beyond the "single story" of trauma.

Case Presentations

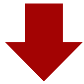


Case Presentation

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 <u>NOT</u> INCLUDE:

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

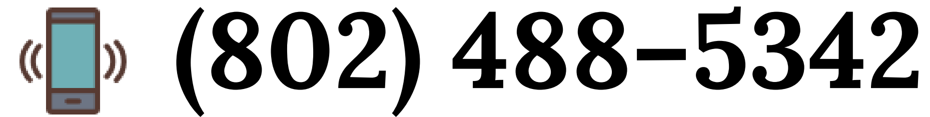
Consider the level of detail necessary. Go with less when possible.

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 presentations (session participants)

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



*see website for holiday closures

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*