

# Behavioral Health Webinar Series for Primary Care

Wednesday, October 16, 2019

Noon to 1:00 p.m.

## Responding to Early Childhood Trauma in the Primary Care Setting

Presented by: Kristopher West, PhD



**Kristopher West, PhD**

**Join by Phone: 1-415-655-0001 Conference ID: 640 842 508**

**Join by WebEx: <https://bit.ly/32fMGMX>**

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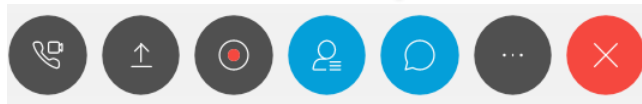
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# Reminders

- We have **muted** all participants.
- If you would like to unmute yourself for questions, please see below:
- **Chat with us during the webinar.** To **type a question or comment** for the speaker or a facilitator, type directly into the WebEx chat box.



- This webinar is being recorded.

# Responding to Early Childhood Trauma in Primary Care



Presented by Kristopher West, PhD  
Nationwide Children's Hospital Behavioral Health  
Early Childhood Mental Health Program



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# Objectives

- Understanding trauma in early childhood and Adverse Childhood Experiences
- Understanding the intergenerational transmission of stress and trauma
- Learn about trauma-informed care for patients and families who may experience intergenerational trauma.
- Recognizing trauma-related symptoms in a pediatric visit.
- Learn about resources for evaluation and treatment in early childhood including how treatment works for families with young children

# Early Childhood Mental Health and Trauma



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# Early Childhood Mental Health

The social, emotional and behavioral well-being of children ages 0-5, including the capacity to:

- Experience, express and manage (regulate) emotion
- Form close, secure relationships (attachment)
- Learn and explore their environment

Early childhood mental health is influenced by:

- Physical health/genetics of the child
- Quality of the adult relationships in the child's life
- Context of the child in the community (e.g. caregiving relationships, family, socioeconomic status, psychosocial stressors and culture)

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Source: OhioMHAS Website; Zero to Three

# ECMH is critical to a pediatric behavioral health system



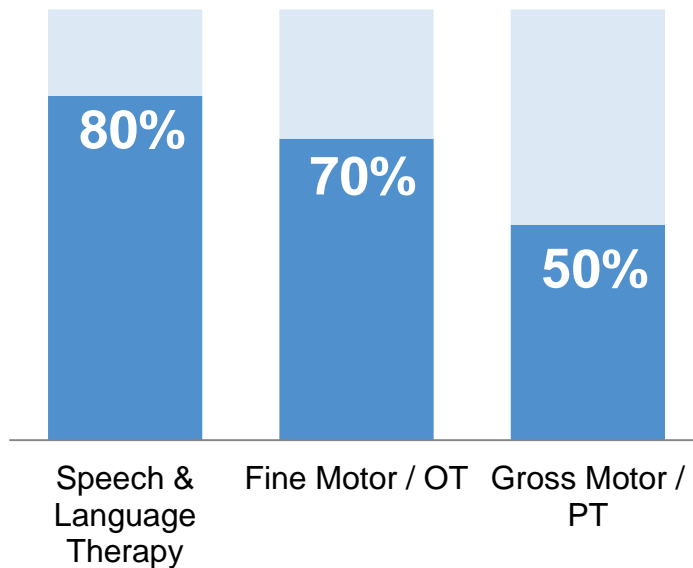
**1 in 7 children** ages 0-5 develop behavioral health problems.  
Yet, many are not identified.

Behavioral health problems in young children include:

- Anxiety and depression
- Stress and trauma due to adverse childhood experiences
- Delays in development and poor school readiness/performance

# Very young children with behavioral health problems are a **greater risk for other delays**

Pre-school patients had strong **co-morbid developmental delays**



*Without intervention...*

**25%**

will require Special Education Programming

**50%**

will have significant Behavioral Impairments in School

Source: Cincinnati Children's TIP Program Data



# Trauma

- Frightening, dangerous or violent event
- Threatens life or safety of child or loved ones

## Traumatic Stress

- Develop reactions that remain and impair functioning

# Need in the Community

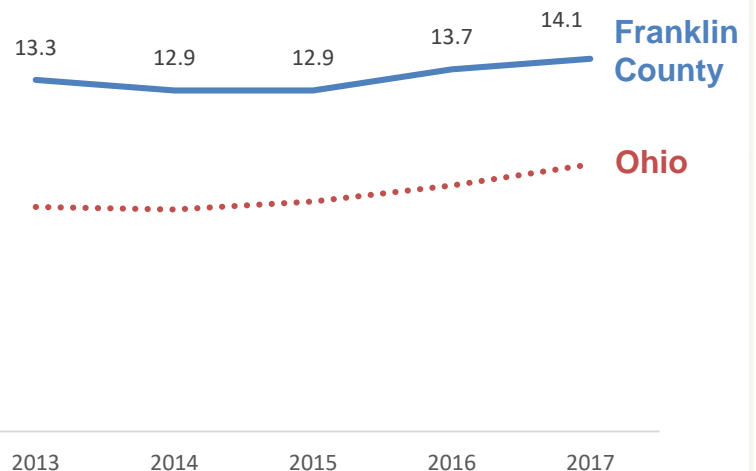
## Population in Franklin and Contiguous

- 134,000 children under age 5
- Given the incidence of behavioral issues in early childhood, it is estimated that 19,000 children have a need for treatment and support

## Maltreatment and Foster Care

- Younger children are maltreated at higher rates than older children
- Of children in foster care, over 40% are under age 6.

Rate of Foster Care per Pediatric Thousand



Source: PCSAO  
Per 2016 ACS 0-5 is 88,712 in Franklin County

# Economic Implications

- Treatment:
  - ECMH evidence based treatment models produce lifetime benefits to the child of \$14-\$16 per \$1 spent, per participant\*

- Prevention:
  - A CDC study on child maltreatment

Lifetime Cost And Economic Burden Of Child Maltreatment (Nonfatal)**	
Short-term health care costs**	\$35,162
Long-term health care costs	\$11,341
Child welfare costs	\$8,399
Criminal justice costs	\$7,333
Special education costs	\$8,693
Reduction in quality-adjusted life years	\$760,000
<b>Total cost</b>	<b>\$830,928</b>

*\*\*incremental health care costs attributable to child abuse from age 6 to age 17*

Source: Washington State Institute for Public Policy

\*\*Source: The economic burden of child maltreatment in the United States, 2015, National Center for Injury Prevention and Control (CDC)



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# Early Childhood Trauma

Do babies remember?

# Adverse Childhood Experiences

## Abuse & Neglect:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect

## Family Dysfunction:

6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Family member in prison,
10. A parent who disappears through abandonment or divorce.

# Adverse Childhood Experiences

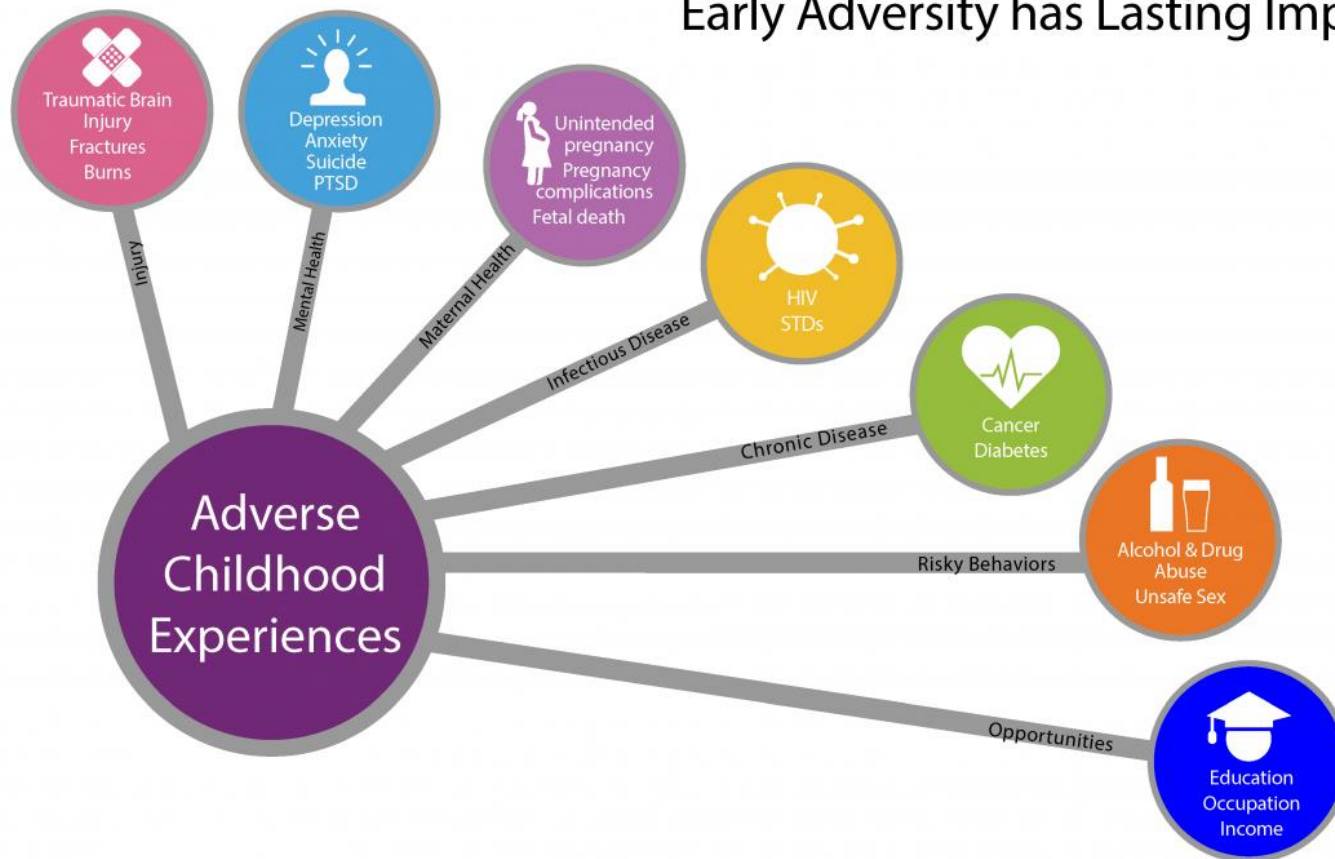
Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

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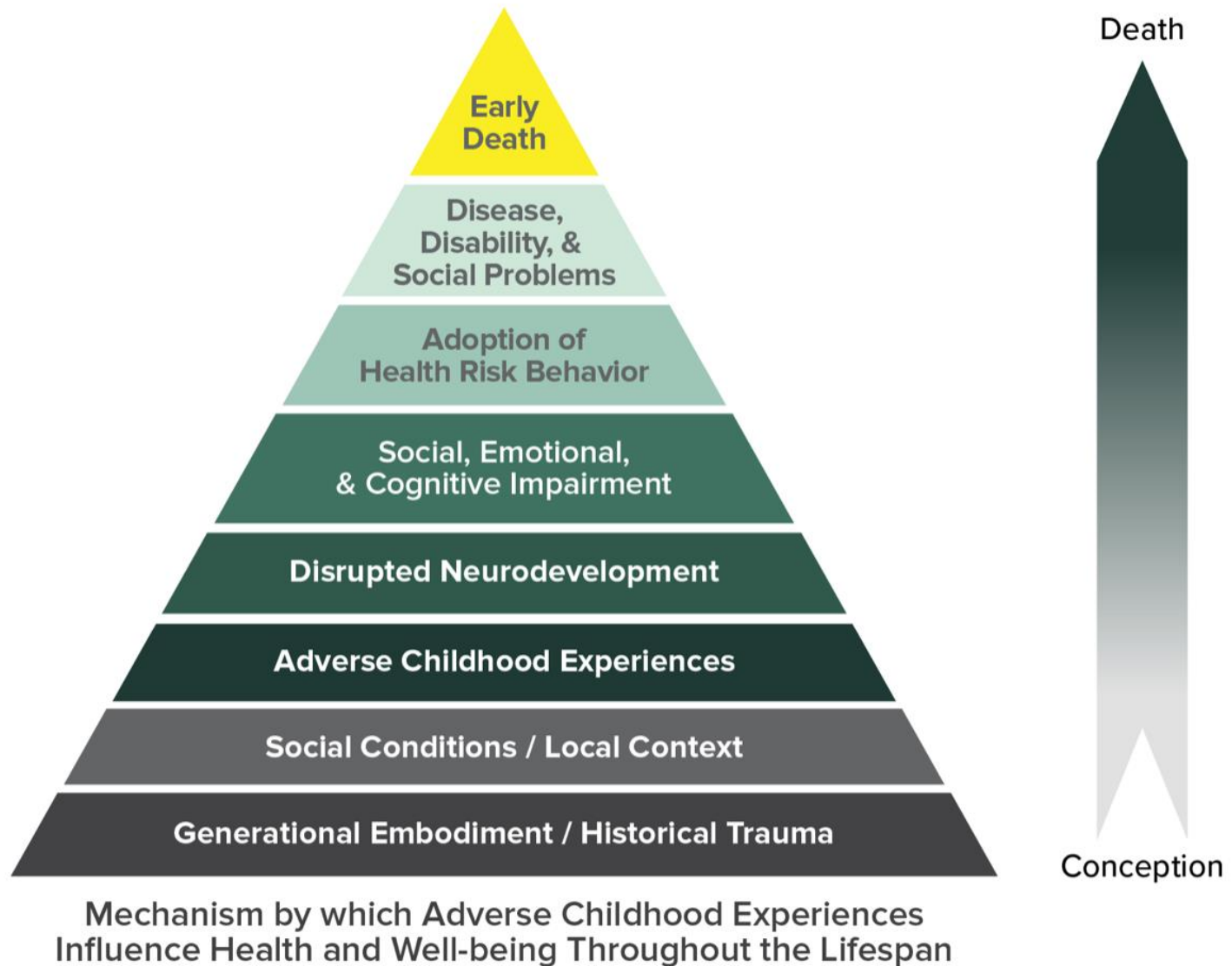
Source: CDC

# Lasting Impacts

Early Adversity has Lasting Impacts



Source: CDC





# Understanding the intergenerational transmission of stress and trauma



“...for children, the single most important factor in promoting positive psychosocial, emotional, and behavioral well-being is having a strong, secure attachment to their primary caregivers—usually their mothers.”

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Source: NASEM, 2019



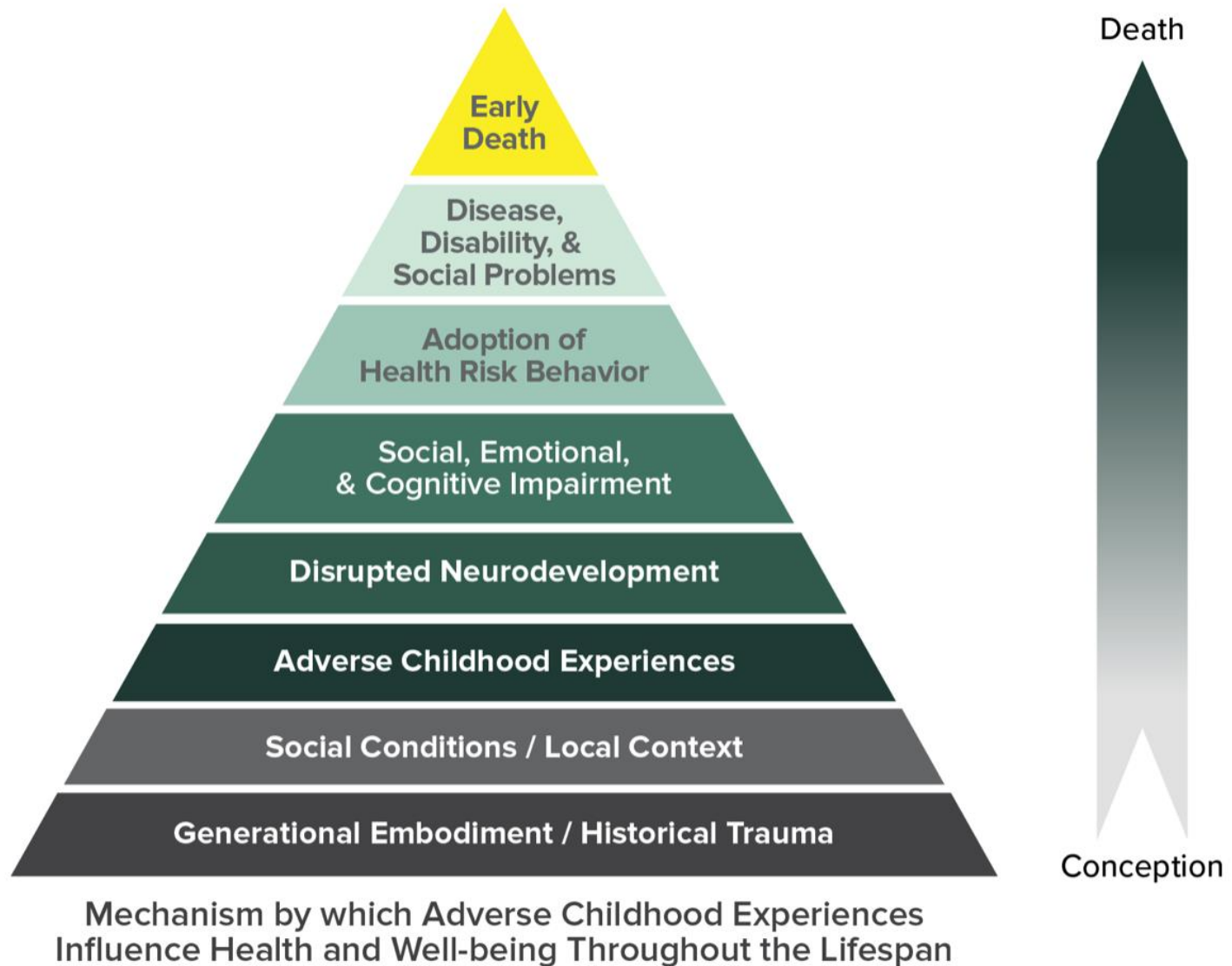
# Attachment



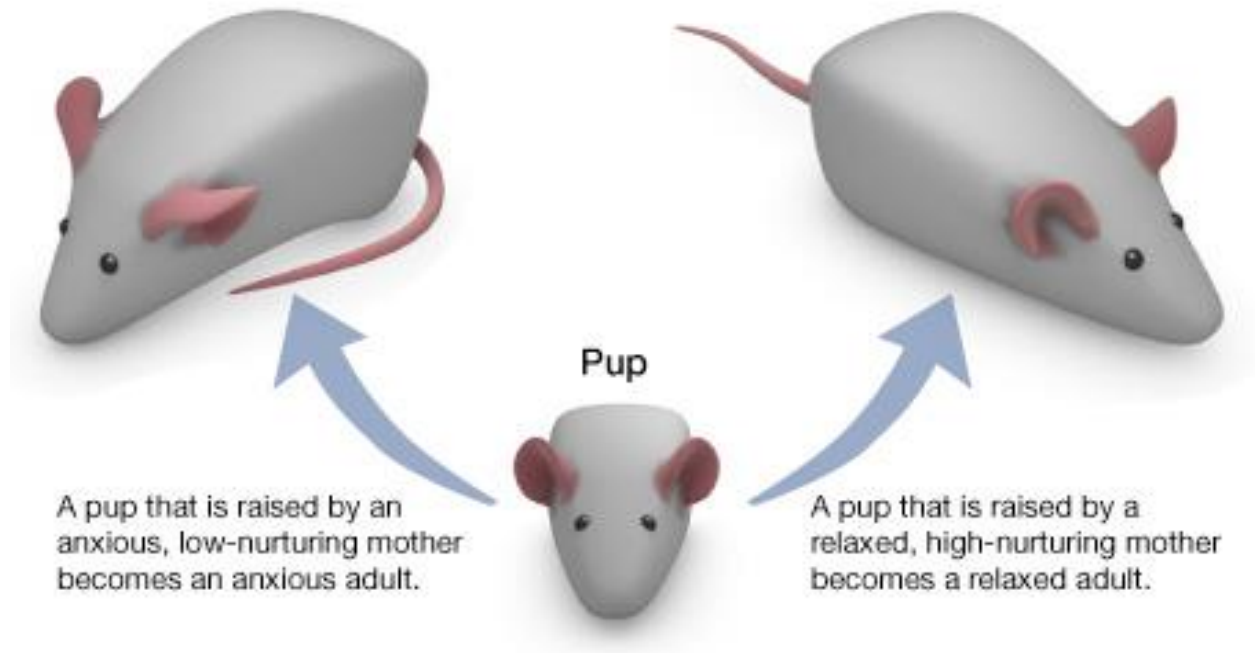
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# Intergenerational Transmission of Stress and Trauma

- Epigenetics
- Stress management, Mental Health
- Social learning, Attachment



# Lick Your Rat

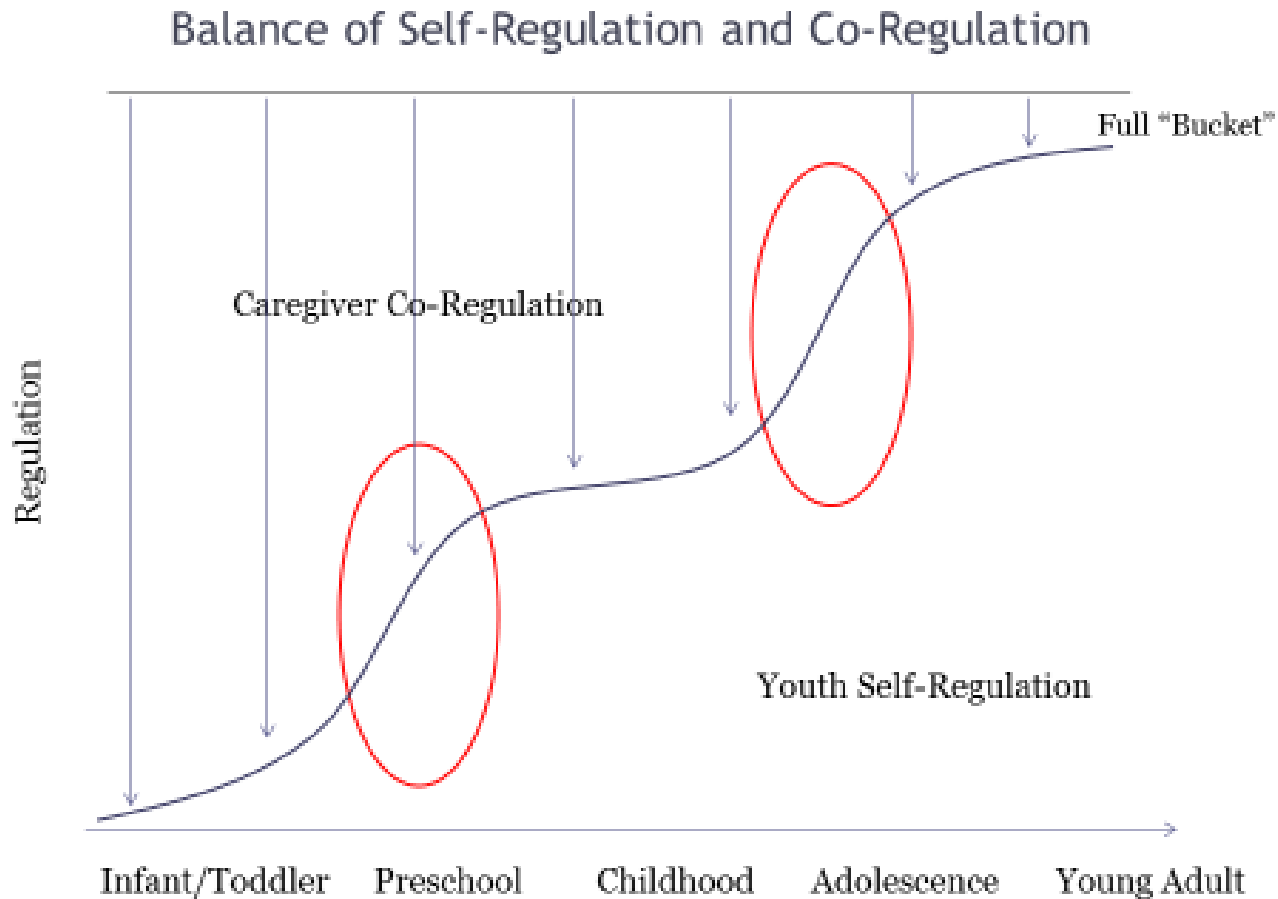


Genetic Science Learning Center,  
University of Utah,  
<http://learn.genetics.utah.edu>.



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# Co-Regulation



Rosanbalm, K.D., & Murray, D.W. (2017).



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# Key Points

- Toxic Stress & Potentially traumatic events do happen in the first few years of life.
- Very young children are impacted; they just remember differently
- Significant problems can and do occur in young children
- It's never too late, but earlier is better
- Caregiver-child relationships



# Trauma-Informed Practice



Recognizing adversity and trauma in a  
pediatric visit

# Early Childhood Trauma-Informed Practice

- Office Policies, Practices and Environment
- Routine Surveillance – Screening
- Parent Support and Education
- Referrals
- Community Engagement/Partnerships
- Advocacy

# Office Environment

- Safe, supportive, reliable
- Stigma reducing
- Resources to build competency and reduce stress

# Screening for Development

Regular developmental and social/emotional screening

- ASQ-3 and ASQ: SE
- Pediatric Symptom Checklist or Strengths and Difficulties Questionnaire
- [https://toolkits.solutions.aap.org/ss/screening\\_tools.aspx](https://toolkits.solutions.aap.org/ss/screening_tools.aspx)

# Screening for Adverse Experiences/ Trauma

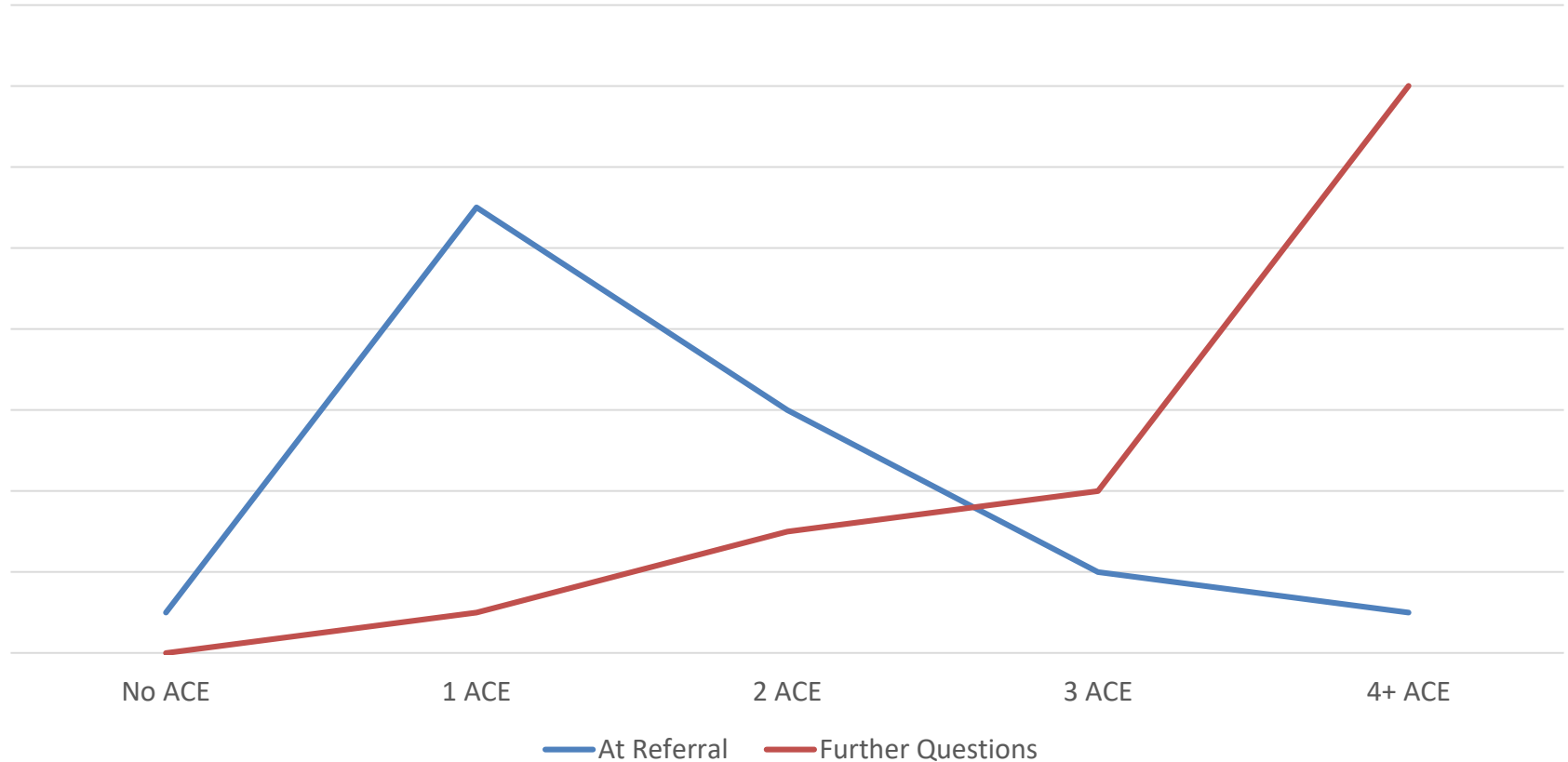
Questions about parenting/relationships/stressors

- *How do you feel about parenting?*
- *Has anything scary or upsetting happened since I last saw you?*

ACE screen

- Childhood Trust Events Survey –Caregiver Version  
<http://ohiocando4kids.org/sites/default/files/Trauma%20Events%20Survey%20For%20Caregivers.pdf>
- Adult ACE questionnaire

# Asking makes a difference



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# Screening for Caregiver Mental Health

- Depression (Edinburgh Postpartum & PHQ-9)
  - [https://www.knowppd.com/screening/how-to-screen/?utm\\_source=bing&utm\\_medium=cpc&utm\\_campaign=B\\_HCP\\_UB\\_Screening%3BS%3BPH%3BUB%3BWH%3BHCP%3BCON&utm\\_content=EPDS\\_Postnatal\\_E&utm\\_term=edinburgh+depression+scale+postnatal&gclid=CMjnwfXum-UCFcMEgQodoP4MvA&gclsrc=ds](https://www.knowppd.com/screening/how-to-screen/?utm_source=bing&utm_medium=cpc&utm_campaign=B_HCP_UB_Screening%3BS%3BPH%3BUB%3BWH%3BHCP%3BCON&utm_content=EPDS_Postnatal_E&utm_term=edinburgh+depression+scale+postnatal&gclid=CMjnwfXum-UCFcMEgQodoP4MvA&gclsrc=ds)
- Anxiety (GAD-7)
  - <https://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf>
- Both (Patient Stress Questionnaire)
  - [https://www.integration.samhsa.gov/Patient\\_Stress\\_Questionnaire.pdf](https://www.integration.samhsa.gov/Patient_Stress_Questionnaire.pdf)

# Screening for Caregiver Mental Health

- Substance abuse:
  - SBIRT
    - <https://www.integration.samhsa.gov/clinical-practice/sbirt>
    - <https://mha.ohio.gov/Health-Professionals/Training-and-Workforce-Development/SBIRT>



# Parent Support/Education

- Role of toxic stress/trauma in presentation
- Parent Support
  - Safe, nurturing & consistent relationships
  - Build core life skills
  - Reducing sources of stress
- Observe, teach positive parenting moments and common parenting struggles
- Encourage play

# Evaluating Attachment Behavior

## Primary Care Giver:

- Post Partum Depression (affect, energy level, hygiene, level of interaction)
- Maternal Behavior
  - Attentive and asking questions Answers relevant questions (feeding times, sleep schedule, preferences)
- Interaction During Visit
  - Attuning to cues



## Infant:

- An attached child seeks proximity to the caregiver if the caregiver provides safety and protection
- Seeks out the caregiver
  - Soothes easily with voice and touch
  - Reciprocal Interaction

# Play

- Remind/Teach Parents:
  - Child directed and use of toys, not screens
  - Unscheduled and spontaneous
  - Positive Discipline
- Serve & Return



# Referrals

- Parenting is Hard
- Parenting skills and confidence:
  - [www.NationwideChildrens.org/TripleP](http://www.NationwideChildrens.org/TripleP)
- Child behavior or delays
- Parent stress/struggles

# Symptoms that Overlap with Child Trauma and Mental Illness

Mental Illness	Overlapping Symptoms	Trauma
<b>Attention Deficit/ Hyperactivity Disorder</b>	Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hypervigilant motor activity	<b>Child Trauma</b>
<b>Oppositional Defiant Disorder</b>	A predominance of angry outbursts and irritability	<b>Child Trauma</b>
<b>Anxiety Disorder (incl. Social Anxiety, Obsessive-Compulsive Disorder, Generalized Anxiety Disorder, or phobia)</b>	Avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction	<b>Child Trauma</b>
<b>Major Depressive Disorder</b>	Self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleeping difficulties	<b>Child Trauma</b>

(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel , 2012)



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# Early Childhood Mental Health Treatment



How ECMH treatment works



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# Child-Parent Psychotherapy



- Child-Parent Psychotherapy focuses on the development of secure parent-child attachment and the **reduction of the intergenerational transmission of trauma**.
- Evidence-based, attachment-focused therapy help caregivers understand how a secure attachment with their children should look and how their own histories of being parented impact their **current parenting behaviors**.

# Child-Parent Psychotherapy

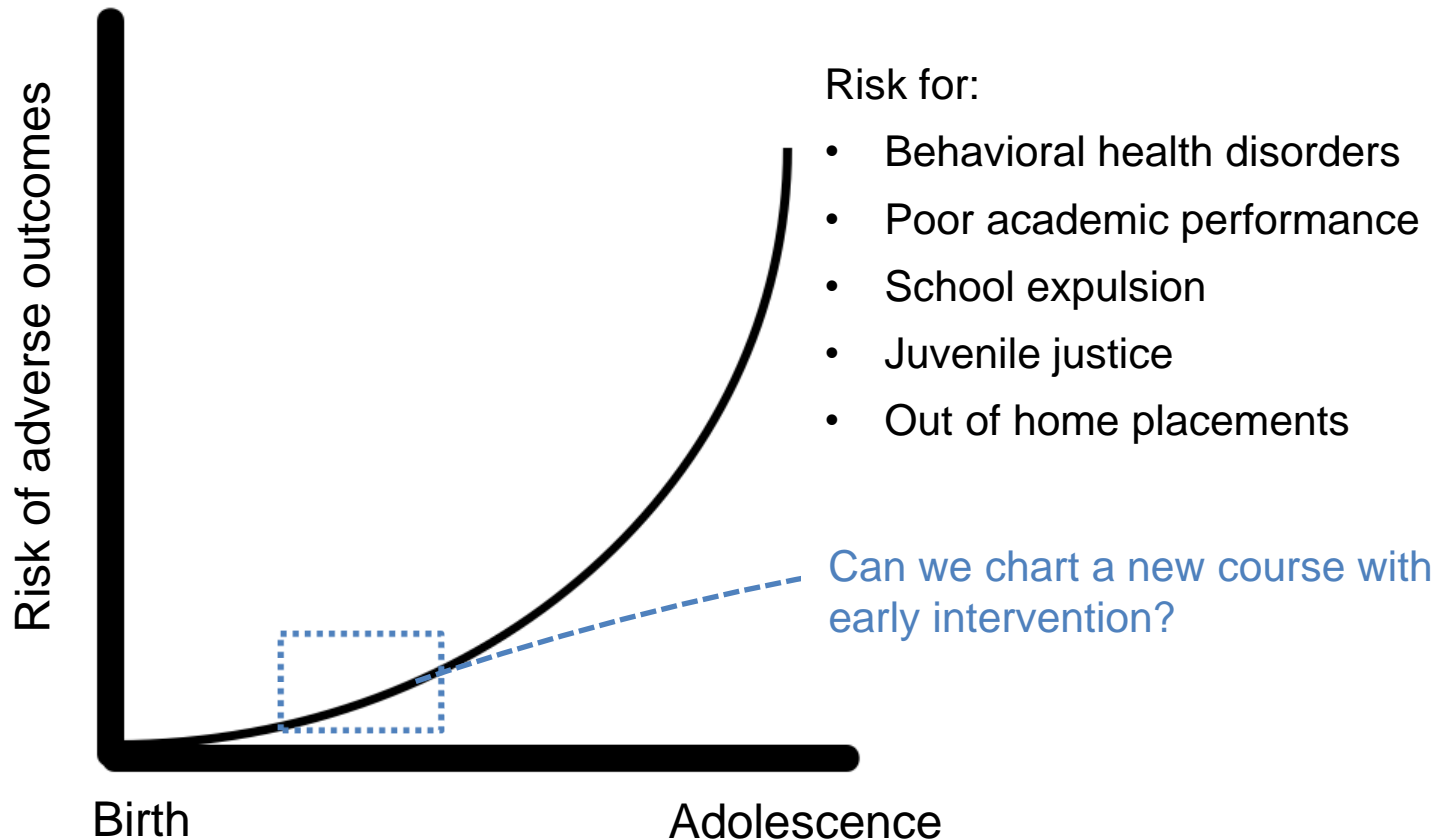
- Safety of the caregiving relationship is the secure base/foundation that enables social, emotional and cognitive development
- Secure attachment can buffer the impact of trauma but trauma can disrupt attachment



# Child Parent Psychotherapy

- Within the caregiving relationship, the child develops internal working models that serve as templates for understanding and forming expectations about the world, the self and others

# Early childhood is a key window for intervention and prevention



# Building Resiliency



Source: Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

# Leadership and Advocacy

- Zero to Three
  - <https://www.zerotothree.org/>
- Ohio Infant Mental Health Association
  - <http://www.oaimh.org/>
  - <https://www.facebook.com/OAIMH/>

# Babies Need...



Source: ZERO TO THREE and the Center for Law and Social Policy's (CLASP)



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# Thank you for participating!

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**Wednesday, October 23, 2019:**

<https://www.surveymonkey.com/r/27MTD7M>

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**November 21, 2019 from Noon-1p.m.**

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**Pivotal Conversations  
in Primary Care: Responding to  
Common Behavioral Health  
Scenarios**

October 30, 2019

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# CME Posting



## CME POSTING

**Series Name:** Behavioral Health Webinar Series for Primary Care

**Date:** October 16, 2019 / Noon-1PM

**Presentation Title:** Responding to Early Childhood Trauma in the Primary Care Setting

**Speakers Name(s):** Kristopher West, PhD

**Planning Committee:** Jennifer White, MD; William Long, MD; Nancy Cunningham, PsyD; Alex Bishara; Sherry Fletcher, Jessica Dudley

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**Session Objectives:**

At the conclusion of this activity, participants will:

1. Gain an understanding of trauma in early childhood including adverse childhood experiences.
2. Gain an understanding of the intergenerational transmission of stress and trauma and its impact on development.
3. Understand how to provide trauma informed care for patients and families who may experience intergenerational trauma.
4. Learn about recognizing trauma-related symptoms and resources for evaluation and treatment considerations in early childhood, including how treatment works for families with young children.

**Commercial Support:** N/A

**Join by Phone:** 1-415-655-0001  
**Conference ID:** 640 842 508  
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Thursday, November 21, 2019

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