Identifying and managing trauma responses in young children

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Overview

- Why pay attention to trauma in young children?
- Identifying trauma responses in young children
  - Red Flags
  - Structured assessment
  - Specialty care
- Treatment approaches
  - Primary care interventions
  - Evidence Based Treatments
  - Role of pharmacotherapy

Why early adversity matters

Felletti et al 1998
Why early adversity matters

Why focus on trauma in early childhood?

- Experiences in early childhood provides foundation for
  - Healthy brain development
  - Healthy family relationships
  - Peer relationships
  - Language development
  - Motor development
  - School readiness
Early Experience and Brain Development

- Brains are built over time, from prenatal period to adulthood
- Interactions between genes and experience shape brain architecture
- Capacity for change decreases with age
  - Shonkoff 2003

Early stress is toxic!

- Decreased synaptogenesis
- Smaller hippocampal volume
- Differential pruning
- Clear behavioral correlates
Developmental issues in preschoolers

- Rapid brain development
- Cognitive, language, representational capacity
- Parent child relationship as buffer or risk factor
  - Quality of relationship
    - Moderates effect of DV on child PTSD (Lieberman 2005)
    - Moderates association between temperament and biological reactivity (Nachmias et al. 1996)
- Adult/society minimizes trauma reactions

Early childhood trauma in clinical practice

- Part of the chief complaint
  - New pt adopted from institutional care
  - Pt newly placed in foster care
  - Pt with new foster caregiver, seen with CPS worker
- Part of the history
  - Multiple caregiving disruptions
  - Family, community, or other violence exposure
  - Discrete event (e.g. MVA)
  - Medical trauma
- Disclosed or identified through exam
  - Sexual abuse
  - PE indicating child maltreatment
  - Child disclosure of maltreatment or other events
Early childhood trauma in clinical practice

- NEED TO ASK!

Clinical surveillance ("red flags")

- Impairment > 2 weeks
- Preoccupation with death
- Playing out elements of the trauma
- New behavioral disturbances – especially in specific contexts
- New onset sleep problems and nightmares
- New school or child care problems
General Screening Tools

- Brief Infant Toddler Social Emotional Assessment (Briggs Gowan, Carter 2002)
- Ages and Stages Social Emotional (Squires 2002)
- Early Childhood Screening Assessment (Gleason et al 2006) (12-60 month)
- Pediatric Symptom Checklist (4-18 yo) (Murphy 1992)

Modified Child Behavior Checklist—PTSD Scale (Dehon 2009)

- 1. Argues a lot
- 2. Cannot concentrate or cannot pay attention for long
- 3. Cannot get his/her mind off certain thoughts, obsessions
- 4. Clings to adults or too dependent
- 5. Fears certain animals, situations, or places other than school. Feels others are out to get him/her
- 6. Nightmares
- 7. Nervous, high-strung, or tense
- 8. Nightmares
- 9. Too fearful or anxious
- 10. Feels too guilty
- 11. Headaches
- 12. Nausea and feels sick
- 13. Stomachaches and cramps
- 14. Vomiting and throwing up
- 15. Secretive and keeps things to self
- 16. Stubborn, sullen, or irritable
- 17. Sudden changes in mood or feelings
- 18. Trouble sleeping
- 19. Unhappy, sad, and depressed
- 20. Withdrawn and does not get involved with others
Preschool PTSD
(Scheeringa et al)

- Exposure to traumatic event
- Re-experiencing (>1)
  - intrusive recollections/play, recurrent dreams, flashback, distress at reminders
- Avoidance (>1)
  - Avoid thoughts, feelings, conversations, places, people, activities; inability to recall, decreased interest, detachment/social withdrawal, restricted affect, foreshortened future
- Arousal (>2)
  - Sleep problems, irritability/extreme tantrums, concentration problems, hypervigilance, hyperstartle

Trauma causes more than PTSD

- PTSD
- Disruptive behaviors
- Mood disorders
- Other anxiety disorders (specific phobia, separation anxiety)
- Sleep disorders
- But if has new symptoms, likely has PTSS’s (Scheeringa et al unpublished)
Primary care first line intervention

- Protect child/Develop team
  - Child protection services
  - Ensure access to DV services
  - Mobilize appropriate support services for child/children and family
  - Ensure relevant caregivers are aware of potentially traumatic events
  - Educate caregivers re: potential for secondary traumatization
  - Plan for follow-up

EARLY CHILDHOOD TRAUMA TREATMENTS
Early Childhood Mental Health Treatments: PTSD

- **Child Parent Psychotherapy** *(Lieberman et al 2005)*
  - 52 week dyadic therapy
  - Attachment based treatment
  - Increased resilience, decreased symptoms

  - Adapted for preschoolers’ development
  - Learn relaxation skills, rate distress, practice exposure
  - Reduces PTSD as well as other internalizing and externalizing symptoms
  - Parents do not need to get better for child to improve

Early Childhood Mental Health Treatments: Disruptive behaviors

- **Parent Child Interaction Therapy** *(Eyberg 1988)*
  - Based on behavioral principles, social learning theory and attachment
  - In-vivo parent coaching
  - Positive reinforcement for positive behaviors, clear directions and consistent consequences

- Reduces aggression with sustained effects x years

- In maltreated children: Equal efficacy in decreasing child behavior symptoms in children in foster care and non-maltreated children *(Timmer 2006)*
Randomized Controlled Trials of Medications for Trauma-Exposed Preschoolers

Pharmacological treatments school age children

- 2 randomized controlled trials of sertraline
  - No effect vs. placebo \((\text{Robb et al 2010, Cohen 2007})\)
- Prevention of acute stress disorder
  - Morphine reduces risk of acute stress disorder \((\text{Stoddard 2009})\)
  - Negative findings for propranolol \((\text{Sherri 2010})\)
Family interventions

- Parental mental health care/referral as appropriate
- Enhance community supports

Summary

- To identify trauma, must consider it
- Co-morbid conditions are the norm after trauma
- Treatments targeting PTSD and behavioral dysregulation are effective but not always available
- No rigorous evidence supporting use of pharmacotherapy
THANK YOU!

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