Identifying At Risk Youth and the Role of the Medical Provider

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Overview of Presentation

- Role of TAG Center
- What is trauma?
- Significance of bereavement/grief
- Distinguishing PTSD from grief
- Harvey Resiliency and Recovery Program
- How to know when to refer for trauma-focused support/intervention
- Best practice model for support and mental health service delivery post-trauma
- What can pediatricians do to help?
Trauma and Grief Center at TCH

Primary Goals:
Develop, implement, evaluate, and disseminate evidence-based treatments for traumatized and/or grieving youth

Provide training in “best practices” for traumatized and/or grieving youth, including trauma- and bereavement-informed assessment and intervention

Essential first steps:
Theory: What does adaptive/maladaptive grief look like in children? How does grief differ from PTSD?
Assessment: How do we accurately measure grief and PTSD in children of different ages, cultures, etc.?
Empirical Research: Can our research help to identify important therapeutically modifiable risk and protective factors?
What is Trauma?

“A trauma is an exceptional experience in which powerful and dangerous events overwhelm the person’s capacity to cope.”
- Child Witness to Violence Project

- **Acute Trauma**
  - car accident
  - natural disaster
  - death in the family
  - terrorist act

- **Chronic Trauma**
  - domestic violence
  - child abuse and neglect
  - chronic illness
  - poverty
  - community violence
  - imprisoned parent
Recognizing Signs of Traumatic Stress

Can resemble **anxiety**
- Fear and worry about the safety of self, family, friends

Can resemble **ADHD**
- Increased activity level, decreased concentration

Can resemble **depression**
- Increased irritability, changes in sleep

Can resemble **conduct problems**
- Aggression, angry outbursts

Can resemble **physical illness**
- Aches and pains, doctor’s visits
What is Bereavement/Grief?

Bereavement = the **experience** of deprivation or loss by death

Grief = psychological or behavioral **response** arising from bereavement

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Why Focus on Bereavement?

• Bereavement is most frequently reported type of adversity in clinic-referred youth (Pynoos et al., 2014).

• The worldwide lifetime prevalence of children bereaved by the death of one or both parents was 151 million in 2011 (UNICEF, 2013).

• Death of a loved one identified as most common and most distressing form of adversity among adults and youth in general population (Breslau et al., 2004; Kaplow, Saunders, Angold, & Costello, 2010).

• Bereavement is the strongest predictor of poor school outcomes above and beyond other forms of trauma (Oosterhoff, Kaplow, & Layne, in press).
What’s Missing?

Bereavement → ? → Psychological Outcomes
The Missing Link

Bereavement → Grief → Psychological Outcomes

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Children’s grief reactions (not simply bereavement) play an important role in future psychological functioning.
Distinguishing “Adaptive” from “Maladaptive” Grief
How Do Children Typically Grieve?

“Typical” grief reactions hard to define

Few large studies of bereaved children... even fewer studies of bereaved children followed over time and even fewer include culturally diverse samples

Grief reactions influenced by:
- developmental level
- previous life experiences
- relationship to deceased
- culture
- religious/spiritual beliefs
- family
- social environment
- cause of death

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Multidimensional Grief Theory
Layne, Kaplow, & Pynoos (2011)
Kaplow, Layne, Saltzman, Cozza, & Pynoos (2013)

Separation Distress

Existential / Identity Distress

Circumstance-Related Distress

Adaptive/Normative  Maladaptive

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A multidimensional framework is important because...

Kaplow & Layne (2014) *American Journal of Psychiatry*

Distinct dimensions of grief may:

- be more prominent at certain developmental stages
- differentially relate to specific risk or protective factors (e.g., loss versus trauma reminders)
- may not be present in all bereaved populations
- **may require different treatment components**
Distinguishing PTSD from grief
Trauma and Loss Reminders
(Layne, Warren, et al., 2006)

- **Trauma Reminders**
  - Images, sounds, smells, people, situations that remind child of the traumatic event
  - (e.g., sounds of fireworks, movies about car accident, feelings or physiological sensations, people who were there, etc.)
  - Often lead to PTSD

- **Loss Reminders**
  - Images, sounds, smells, people, situations that remind child of the absence of the person who died
  - (e.g., being around the person’s friends, person’s clothing, their favorite chair, etc.)
  - Often lead to grief reactions
Applying evidence-based assessment to childhood trauma and bereavement: Concepts, principles, and practices
Layne, Kaplow, & Youngstrom (in press)

Grief does not = PTSD.
Grief and PTSD can each contribute to different forms of suffering; their combination can make it more difficult to function.
Grief and PTSD differentially relate to distinct risk factors (e.g., loss versus trauma reminders).
Grief and PTSD call for distinct methods of assessment and distinct treatment components.

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all great changes are preceded by chaos
Harvey Resiliency and Recovery Program

Resiliency:
An occurrence of rebounding or *springing back*

Recovery:
Return to a former or *better condition*

Mission of the HRRP:
To help families not only “bounce back” from Harvey, but experience meaningful gains over the longer term.
How Do Children Typically React to Hurricanes and Their Aftermath?

The majority of youth treated for PTSD post-Katrina had experienced prior traumas and losses (Jaycox et al., 2010).

70% had experienced the prior death of a loved one.

At 18 months post-Harvey, rates of PTSD could be 5 x higher than pre-hurricane rates of PTSD.
Goals of HRRP

Dissemination of Resources
Resources regarding children’s mental health needs

Screening tools to conduct situation analysis/needs assessment

Intervention and Access to Mental Health Care
Provide ongoing “in-house” assessment and intervention free of charge

Provide transportation (in partnership with Lyft) and free parking

Deploy trauma-informed clinicians through mobile units and TCP outpatient clinics

Community-Based Training of Practitioners
Provide trauma- and bereavement-informed assessment training

Provide tiered intervention trainings
Hurricane Exposure, Adversity, and Recovery Tool (HEART)

- Empirically-derived screening tool designed to assess a range of hurricane exposure-related risk factors

- Child self-report and parent-report versions available

- Designed for ages 8 and up

- Translated into multiple languages (starting with Spanish)

- Used in TCH mobile units

- Validated through Trauma and Grief Center to predict which youth are most likely to develop PTSD and associated health outcomes

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Which Youth are Most At Risk?

- Experienced death of a loved one (including pets)
- Injured (themselves or a loved one)
- Experienced extensive damage to home (forced to move)
- Separated from caregivers at any point
- Belongings/clothes/toys destroyed
- Evacuated with little to no time to prepare
- Required rescue by helicopter and/or boat
- Trapped or had difficulty escaping
- Displaced from home for long period of time
- History of trauma (e.g., Katrina)
- Forced to move to new school
- Lack of social support (e.g., relatives in another state)
- Family member served as a rescue worker
- Financial difficulties prior to or as a result of the hurricane/flood

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Enhancing Access to Trauma-Informed Care
Identifying Trauma in Youth: When to Refer
Children’s Typical Reactions in More Immediate Aftermath of Trauma

Fear and worry re: safety of others
Separation anxiety (clinging to caregivers, teachers)
Worries re: the same thing happening again
Increase in activity level
Inattention, distractibility
Withdrawal from others
Angry outbursts/tantrums/irritability/aggression
Physical complaints (stomachaches, headaches)
Change in school performance
Repetitive play or rumination re: event
Increased sensitivity to trauma reminders
Change in sleep patterns and behavior (sleeping with caregivers)
Change in appetite
Lack of interest in things they used to enjoy
Adolescents may have similar behaviors, but more prone to risky behaviors such as substance use or dangerous activities
How to Know if Trauma-Informed Assessment is Needed

Behaviors continue for more than six weeks following the event

Behaviors interfere with functioning in any major life domain (school, home, with peers)

Extreme signs of depression (tearful, not able to get out of bed in the morning)

Any gesture related to self-harm or mention of suicidal ideation

Signs of possible PTSD:
- Reexperiencing (feeling like it’s happening all over again)
- Avoidance (not wanting to think about or talk about it)
- Negative cognitions/mood (persistent anger or guilt)
- Arousal and reactivity (exaggerated startle); in adolescents, this can include reckless or self-destructive behavior
What Kind of Support is Needed?
For Which Kids?
And When?
Tiered Mental Health Service Delivery Model Post-Disaster

- **Formal Therapy** with individuals identified as having more severe symptoms
- **Immediate Practical Help**
- **Intermediate Resiliency Education**
- **Intermediate Group Treatment**
- **Individual Treatment**

Adapted from: Mercy, Project Fleur-de-lis, Doug Walker, PhD and Laura Danna, LCSW
Tiered Model of Care For Children & Adolescents

Immediate
- Psychological First Aid (PFA)

> 3 WEEKS
- Skills for Psychological Recovery (SPR)

> 3 MONTHS
- Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
- Trauma and Grief Component Therapy (TGCT)

> 3 MONTHS
- Individual Trauma-informed Treatment

Adapted from: Mercy, Project Fleur-de-lis, Doug Walker, PhD and Laura Danna, LCSW
Skills for Psychological Recovery (SPR)

SPR Teaches 6 Main Skills

• Gather information and identify primary concerns
• Problem-solving skills (break problems down; create action plan)
• Promote positive activities (build resilience; bring more enjoyment)
• Manage reactions (emotion regulation; identify and plan for triggers)
• Promote helpful thinking (replace unhelpful thoughts with helpful ones)
• Rebuild healthy social connections (encourages social and community support)
Emotion Education and Regulation

[Image of a child's drawing with various colors and labels: "scared", "nervous", "happy"]
LEARNING BREATH TECHNIQUE

WOW, THIS REALLY DOES MAKE YOU CALMER.

USING IT EVERYDAY

I AM STILL FEELING CALM.
Group Versus Individually-Based Interventions Provided Post-Katrina


**Group sessions provided in school**
Of the 58 children enrolled, 53 completed treatment

**Versus**

**Individual sessions provided at community clinic**
Of the 60 children enrolled, 7 completed treatment

In the more immediate aftermath of a disaster, treatment is more successful if we can meet kids where they are.

"Not only were students experiencing symptoms related to the disaster, but many had experienced more devastating traumas and deaths prior to August 2005.”
Trauma and Grief Component Therapy: An Assessment-Driven Intervention
Trauma and Grief Component Therapy

Group-based, evidence-based intervention for traumatized and/or grieving youth

Saltzman, Layne, Pynoos, Olafson, Kaplow & Boat, 2017

MODULE I
Group Cohesion
Psycho-Education
Basic Coping Skills

MODULE II
Trauma Processing

MODULE III
Grief Processing

MODULE IV
Resuming Developmental Progression
Moving Forward
Evidence of TGCT’s Effectiveness
(Grassetti et al., 2015; Layne et al., 2001; 2008; Saltzman et al., 2006)

Results of effectiveness studies showed:
- reductions in PTSD
- reductions in depression
- reductions in maladaptive grief reactions
- improved school behavior
  - enhanced classroom rule compliance
  - enhanced positive peer relationships
  - increased school interest
  - decreased school anxiety/withdrawal
  - decreased violent behavior
Formula for Successful Treatments: The Learning Collaborative Model

Effective Interventions + Effective Implementation = Effective Outcomes

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Benefits of a Learning Collaborative

Access to resources:
Access to our electronic assessment tools
Ongoing consultation/supervision calls
Treatment manuals, materials

Community-building:
In-person meetings with others implementing TGCT
Trouble-shooting obstacles, enhancing sustainability

Research:
Shared data repository (to inform treatments and/or policy)
Opportunities to be involved in publications/presentations
What Can Pediatricians Do To Help?

1. Provide information and resources to families:
   - National Child Traumatic Stress Network website: www.NCTSN.org
   - TAG Center Website: https://www.texaschildrens.org/departments/trauma-and-grief-center/resources

2. Utilize the HEART to identify and refer families with high exposure

3. Reach out to the TAG Center!
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