Trauma Informed Techniques with Adolescents

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Adolescent Health Center

Purpose and Objectives

PURPOSE — *To inform providers use of trauma informed techniques in supporting the needs of adolescents.*

OBJECTIVES

- Understand the "why" for a trauma informed approach with adolescents
- Use of strength - based intervention to develop rapport and gain buy-in
- How is it done?

FINANCIAL DISCLOSURE — *Do you have a financial disclosure?* ***None***

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Why a Trauma Informed Approach?

- It is a holistic approach that allows you to see the individual as a whole person.
- It considers the impact of trauma on the individual's sense of self, sense of others and their beliefs about the world, including how they interact with/or use of systems.
- Some young people with unresolved trauma can be triggered and activated at a later time, when they encounter something or someone who may remind them of the traumatic event.
- Takes into account staff's past experiences and how it can factor into the overall interaction.

How might Trauma present in Adolescents?

Many Traumatized youth live in fight-flight-freeze response/ "survival mode".

Ingrained behavioral reactions are often aimed at survival and self-protection, but can come off as hostile/defiant/"manipulative".

May be prone to see others as threatening or menacing, despite their true intentions.

Because they live in "survival mode," trauma survivors often lack higher order executive functioning skills."

How might Trauma present in Adolescents?

Patients with complex trauma histories may often:

- Present as hostile or angry
- seem to be demanding or “manipulative”
- Seem confused or as if they have poor memories
- Miss appointments, use crisis scheduling or walk-in hours
- Be reactive to providers’ questions or instructions

Approaches in Working with Traumatized Youth

- Understand that all young people, especially those with a trauma history should be able to exercise a sense of agency, control, safety and trust.
- A healing environment is created when the staff is committed to making youth feel cared about.

How To Gain Buy In?

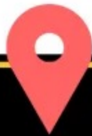
- Integrating the use of invitational language even after consent has been obtained.
- Meet the young person where they are at.
- Disarm yourselves by being transparent and reflective.
- Listen to understand, don't just hear them.
- Acknowledging and validating how they feel.

Use of Strengths and Resiliency

- Acknowledge they are the experts on themselves
- Identification of their strengths around their decision making to come in to discuss sexual and reproductive health
- Allowing for autonomy and self determination when providing next steps

From a strength based approach

KEY PRINCIPLES OF TRAUMA-INFORMED CARE

TRAUMA AWARENESS	SAFETY	TRUSTWORTHINESS	CHOICE & EMPOWERMENT	COLLABORATION
				

WITH A FOCUS ON STRENGTH AND RESILIENCE, BOTH SERVICE RECIPIENTS AND TEAM MEMBERS CULTIVATE SKILLS TO PROPEL THEM IN A POSITIVE DIRECTION.

- Recognize trauma's prevalence, impact on service recipients and staff. Align policies, practices, and screening with this awareness for support.
- Ensuring physical and emotional safety is paramount. In trauma-informed care, we prioritize a welcoming and non-threatening environment for individuals.
- Being reliable, transparent, and consistent in all interactions is vital. Clients need to trust that their Helpers have their best interests at heart.
- Facilitating healing and avoiding re-traumatization, choice and empowerment are part of trauma informed service delivery, for both service recipients and staff.
- Care is a collaborative effort between the caregiver and the individual. Clients are seen as partners in their recovery journey, with their input valued.

@therecoverycenterusa

Case Study

Barbara is a 16y/o Latinx cisgender female in the 11th grade. Barbara is currently in a relationship with a 17y/o male in the 12th grade. She lives with her mother and 2 younger siblings. She has a history of adversity, exposure to gender-based violence (father perpetrated against mother) and sexual abuse (perpetrated against her by paternal uncle). She is new to the AHC and comes as a walk-in for STI testing, Pregnancy Testing, and Birth Control. When she arrives she is informed there is a wait to be seen as a walk-in. Barbara is pressed for time because she came afterschool and expressed concern she will not be home in time and her mother may get angry if she arrives late. She becomes agitated and rolls her eyes. Barbara is registered and sent to the waiting area, where she is triaged and is quickly called to meet with the provider. Barbara gets called in by the medical provider for her visit and she stomps into the providers office with an attitude.

Case Study Questions

- What may be going on for Barbara?
- How might you use the key principles of TIC to guide you in how you/the medical provider approach Barbara?

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https://therecoverycenterusa.com/introduction-to-trauma-informed-care-creating-healing-environments/

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Addressing Adolescent Anxiety and Depression in Primary Care

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Mount Sinai Adolescent Health Center

Financial Disclosures

I have no financial disclosures.

Purpose and Objectives

Purpose

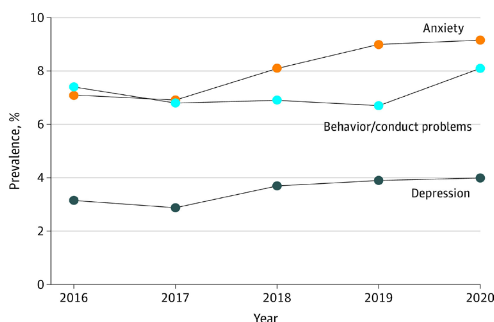
Determine effective primary care approaches to address adolescent anxiety and depression

Objectives

1. Identify symptoms of anxiety and depression in adolescents in a primary care setting.
2. Utilize evidence-based assessments to identify anxiety and depression in a primary care setting
3. Implement short-term treatment for adolescent anxiety and depression in a primary care setting
4. Make appropriate referrals for adolescent mental health treatment in NYC

Background – Adolescent Mental Health

Among adolescents ages 12 to 17 years old, anxiety and depression have increased significantly.



(Lebrun-Harris et al., 2022)

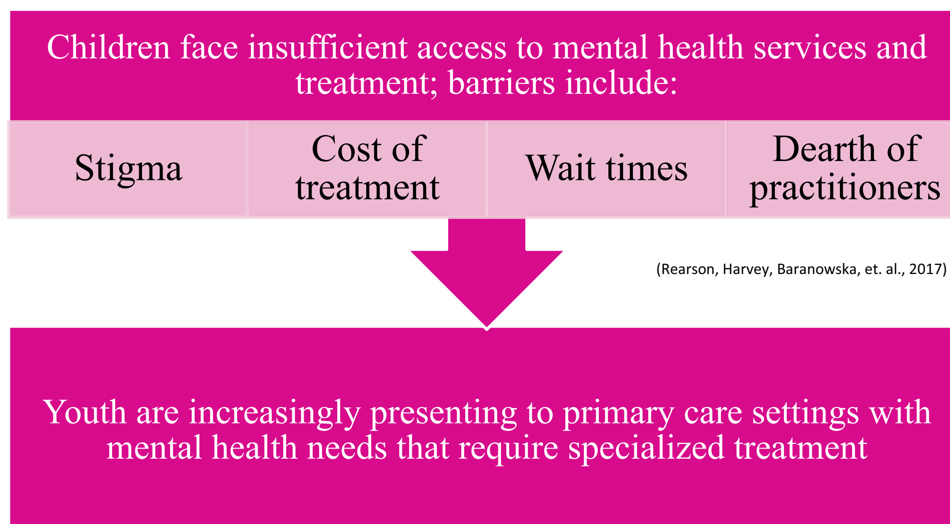
In 2018-2019, adolescents reported that over the past year (Bitsko, Claussen, Lichstein, et al., 2022):

- 5.1% had a major depressive episode.
- 36.7% had persistent feelings of sadness or hopelessness.
- 4.1% had a substance use disorder.
- 1.6% had an alcohol use disorder.
- 3.2% had an illicit drug use disorder.
- 18.8% seriously considered attempting suicide.
- 15.7% made a suicide plan.
- 8.9% attempted suicide.
- 2.5% made a suicide attempt requiring medical treatment.

Background – Adolescent Mental Health

- From 2008-2020, the rate of suicide deaths among adolescents **increased by 70%**
- Rates of suicide deaths among adolescents vary by race and ethnicity. From 2018-2020, rate of suicide deaths for adolescents ages 12-17:
  - Increased 2% for Hispanic adolescents
  - Decreased 13% for non-Hispanic White adolescents
- An overwhelming majority of children and adolescents who die by suicide visited with an outpatient medical provider within the year of their death, with the reason for their visit being non-mental health related (Rhodes et al., 2013)
  - 90% boys and 84% of girls ages 10-15
  - 84% of boys and 93% of girls ages 16-25
- 23% of young people met with a PCP within 1 month of their death by suicide (Luoma, Martin & Pearson, 2002)

Background – Mental Health Service Barriers



(SAMHSA, 2019)

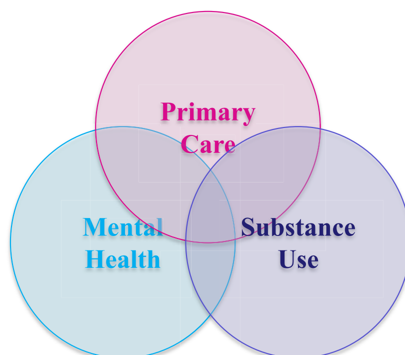
Background – Mental Health Service Barriers

Primary care practitioners present with barriers to managing child and adolescent mental health concerns, including:

Practitioner lack of clarity of diagnostic criteria for mental health concerns	Lack of emphasis on mental health in medical training	Reluctance to broach the issues of mental health, and	Uncertainties about referral resources, among others.

(Obrien et. al, 2016)

Integrative Behavioral Health in Primary Care



- Management and delivery of health services, including mental health services, to the individual; receive preventative and restorative care.
- Team-based
- Patient-centered, generalist approach
- Accessible
- **Ongoing education**

Reiter, Dobmeyer, & Hunter, 2018

Common Presentations of Anxiety and Depression in Adolescence

Anxiety

- Worry thoughts
- Physiological tension
- Restlessness
- Easily fatigued and often tired
- Difficulty concentrating/focusing; inattention
- Irritability
- Sleep problems (trouble falling and/or staying asleep)

Depression

- Recurrent feelings of sadness
- Loss of interest in activities
- Change in appetite and resulting weight
- Sleep problems (sleeping too much or too little)
- Psychomotor agitation or slowing
- Tiredness, fatigue, low energy
- Difficulty concentrating and/or making decision
- Sense of worthlessness
- Excessive guilt
- Recurrent thoughts of death
- Suicidal ideation and/or behavior
- Social withdrawal

Functional impairment:
Academic failure and/or excessive school absences
Frequent conflict with friends and/or family
Struggle to complete ADLs

Measures to Assess Anxiety and Depressive Symptoms

Generalized Anxiety Disorder 7-Item Scale (GAD-7)

- BRIEF, free self-report measure for ages 11 to adulthood used to determine recent levels of generalized anxiety symptoms
- Respondents rate each item on a scale ranging from 0 to 3, from "Not at all" to "Nearly every day"
- If respondents endorse any problem items, they must also rate the resulting level of functional impairment
- Item endorsements are summed to generate a severity score

Score	Symptom Severity
0-4	Minimal anxiety
5-9	Mild anxiety
10-14	Moderate anxiety
15-21	Severe anxiety

Measures to Assess Anxiety and Depressive Symptoms

The Patient Health Questionnaire (PHQ-9)

- BRIEF, free self-report measure assessing symptoms of major depressive disorder
- Respondents rate each item on a scale ranging from 0 to 3, from "Not at all" to "Nearly every day"
- If respondents endorse any problem items, they must also rate the resulting level of functional impairment
- Item endorsements are summed to generate a severity score

Score	Symptom Severity
0-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Measure to Assess Suicide Risk

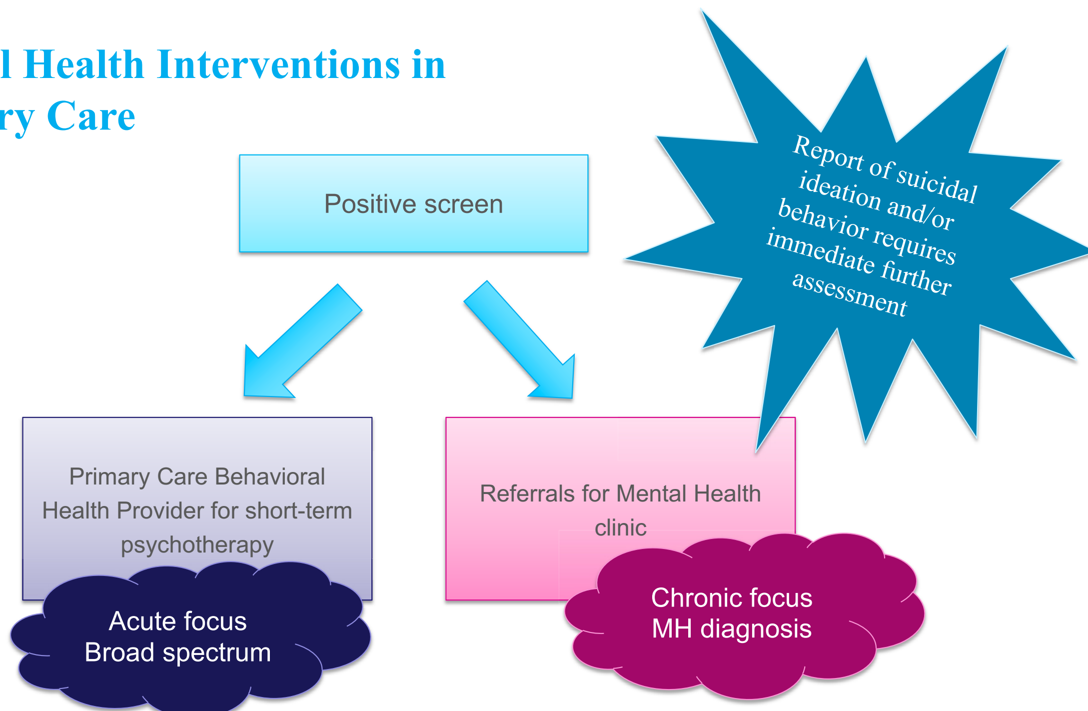
Ask Suicide-Screening Questions (ASQ)

- Assesses suicide risk only, rather than depression and suicide risk
- Developed for medical population
- Validated in primary care, mental health, and ED settings
- 4 items
  1. In the past few weeks, have you wished you were dead?
  2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
  3. In the past week, have you been having thoughts about killing yourself?
  4. Have you ever tried to kill yourself?

Measures to Assess Anxiety and Depressive Symptoms

- Benefits of GAD-& and PHQ-9
  - Brief
  - Free
  - Available in EPIC
- Best practice is for these measures to be administered annually for adolescents

Mental Health Interventions in Primary Care



Mental Health Interventions in Primary Care

Primary Care Behavioral Health Provider

- Risk assessment and safety planning
- Additional psychodiagnostic assessment
- Psychotherapy
  - Cognitive behavioral therapy (CBT)
    - Anxiety, depression, insomnia, chronic pain
  - Crisis intervention
  - Parent Management Training
  - Executive Functioning Skills Coaching
- Targeted health behavior interventions
  - Smoking cessation
  - Weight management
  - Diabetes management
  - Asthma management
  - Contraceptive options counseling

EPIC Secure Chat or In Basket Message

Warm hand-off

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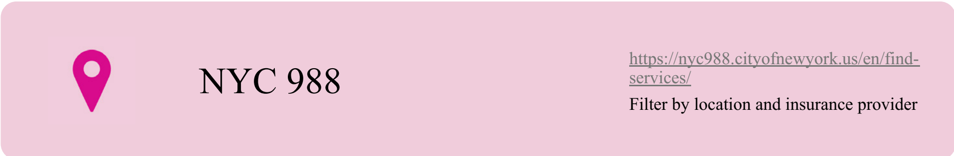
Mental Health Referrals in NYC



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Summary

Adolescent rates of anxiety, depression, and suicide have increased significantly in the last several years

Use of standardized assessments such as the PHQ-9, GAD-7, and ASQ can increase detection of mental health problems in primary care settings

These measures require little training and are free to use, and they are easily accessible via EMRs like EPIC

Integrated behavioral health programs increase access to care and allow for more in-depth assessment and targeted, short-term treatment of mental health problems

Providers can provide referrals within NYC to various outpatient clinics for more targeted, long-term psychiatric care

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