

# RECOGNIZING AND TREATING PTSD IN THE PEDIATRIC PATIENT

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# Traumatic Stress

- Directly related to stress focused DSM diagnoses
- Strongly associated with other DSM diagnoses
  - ▣ Depression\*\*
  - ▣ Anxiety
  - ▣ ADHD
- Framework identifies pediatric treatment course
  - ▣ What to do now
  - ▣ What to do next
  - ▣ What to follow

# Post Trauma Experience

- Additional Trauma Experiences and Adversities
- Suicidality
- Traumatic Stress Symptoms
  - ▣ Intrusive Symptoms
  - ▣ Avoidance
  - ▣ Negative Thoughts and Mood
  - ▣ Hyperarousal
  - ▣ +/- Dissociation



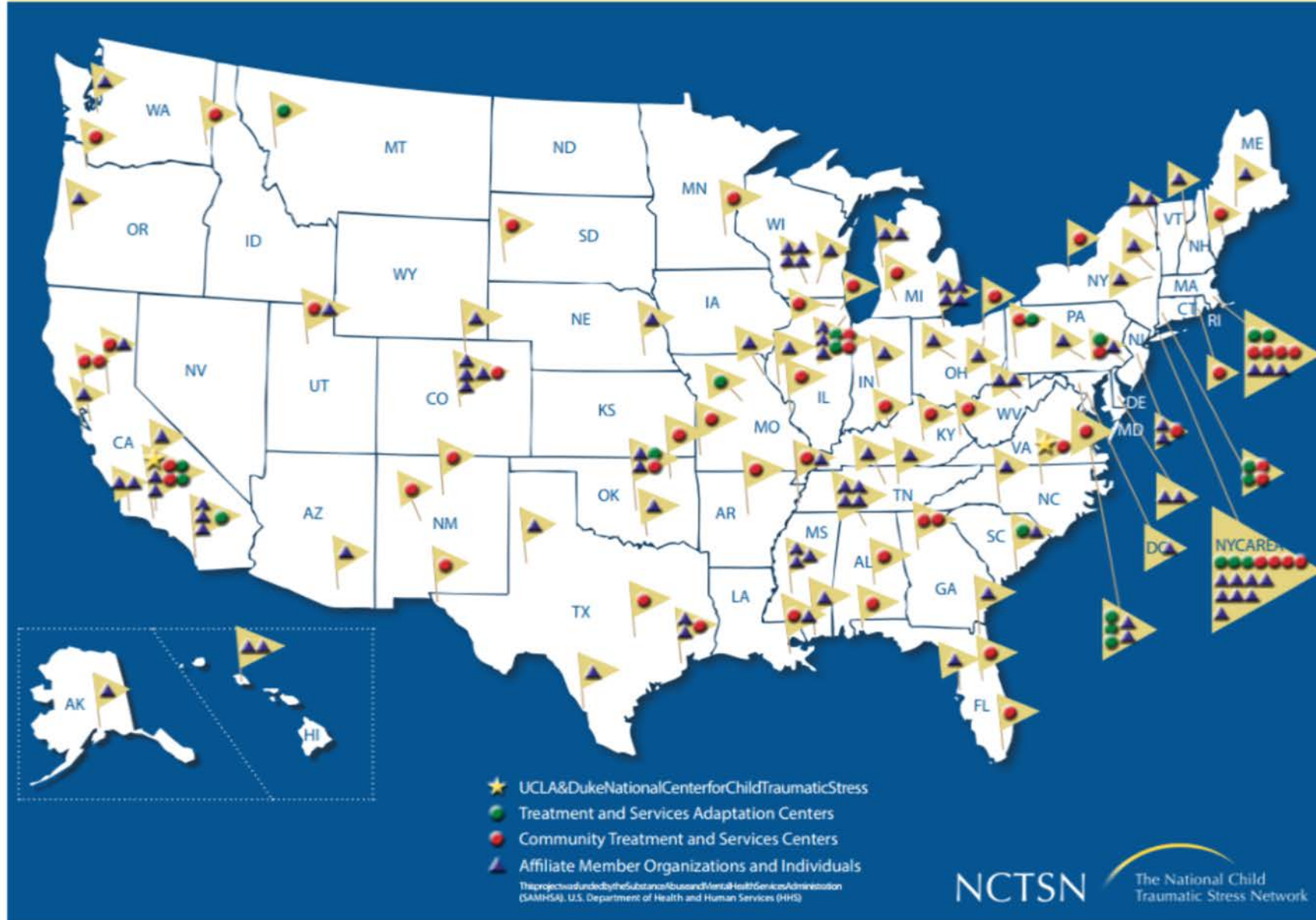
# AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

- **“Trauma-focused psychotherapies** should be considered **first-line** treatments for children and adolescents with PTSD.”



# Care Process Model for Pediatric Traumatic Stress

# National Child Traumatic Stress Network Centers





**Determine if reportable event**



**Assess suicide risk**



**Assess for trauma treatment**

Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to your child or something your child saw. It can include being badly hurt, someone doing something harmful to your child or someone else, or a serious accident or serious illness.

Has something like this happened to your child **RECENTLY**?  Yes  No

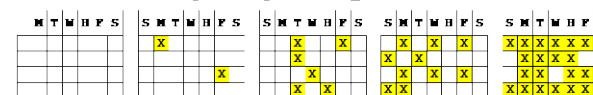
If 'Yes,' what happened? \_\_\_\_\_

Has something like this happened to your child **IN THE PAST**?  Yes  No

If 'Yes,' what happened? \_\_\_\_\_

Select how often your child had the problem below in the past month. Use the calendar on the right to help you decide how often.

**Frequency Rating Calendar**



| HOW MUCH OF THE TIME DURING THE PAST MONTH... |  | None | Little | Some | Much | Most |
|---|--|------|--------|------|------|------|
| 1   | My child has bad dreams about what happened or other bad dreams.   | 0    | 1      | 2    | 3    | 4    |
| 2   | My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.  | 0    | 1      | 2    | 3    | 4    |
| 3   | My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.                                       | 0    | 1      | 2    | 3    | 4    |
| 4   | When something reminds my child of what happened, he/she has strong feelings in his/her body, like his/her heart beats fast, head aches, or stomach aches. | 0    | 1      | 2    | 3    | 4    |
| 5   | When something reminds my child of what happened, he/she gets very upset, afraid, or sad.  | 0    | 1      | 2    | 3    | 4    |
| 6   | My child has trouble concentrating or paying attention.  | 0    | 1      | 2    | 3    | 4    |
| 7   | My child gets upset easily or gets into arguments or physical fights.  | 0    | 1      | 2    | 3    | 4    |
| 8   | My child tries to stay away from people, places, or things that remind him/her about what happened.  | 0    | 1      | 2    | 3    | 4    |
| 9   | My child has trouble feeling happiness or love.  | 0    | 1      | 2    | 3    | 4    |
| 10  | My child tries not to think about or have feelings about what happened.  | 0    | 1      | 2    | 3    | 4    |
| 11  | My child has thoughts like "I will never be able to trust other people."   | 0    | 1      | 2    | 3    | 4    |
| 12  | My child feels alone even when he/she is around other people.  | 0    | 1      | 2    | 3    | 4    |

|    |   |            |              |                         |                  |
|----|---|------------|--------------|-------------------------|------------------|
| 13 | <b>*Over the last 2 weeks, how often has your child been bothered by thoughts that he/she would be better off dead or hurting him or herself in some way?</b> | Not at all | Several days | More than half the days | Nearly every day |
|----|---|------------|--------------|-------------------------|------------------|



# Update on Pilot Efforts

- Success in picking up traumatic exposures and stress
- Clinical implications



# Data from CJC's in Utah

|                                    |             |                       |            |                     |            |
|------------------------------------|-------------|-----------------------|------------|---------------------|------------|
| <b>Screened for Trauma</b>         | 1758 (100%) | <b>High risk PTSD</b> | 767 (44%)  | <b>Suicide Risk</b> | 643 (39%)  |
| <b>Ages 3-9</b><br>(parent report) | 398 (23%)   | <b>Ages 3-9</b>       | 117 (31%)  | <b>Ages 3-9</b>     | 54 (14%)   |
| <b>Ages 10-18</b><br>(self report) | 1338 (77%)  | <b>Ages 10-18</b>     | 652 (51%)  | <b>Ages 10-18</b>   | 590 (46%)  |
|                                    |             |                       |            |                     |            |
| <b>Rural</b>                       | 702 (39%)   | <b>Sexual Abuse</b>   | 1258 (71%) | <b>Caucasian</b>    | 1394 (79%) |
| <b>Female</b>                      | 1251 (71%)  | <b>Physical Abuse</b> | 301 (17%)  | <b>Hispanic</b>     | 226 (13%)  |

# Variations between 14 CACs

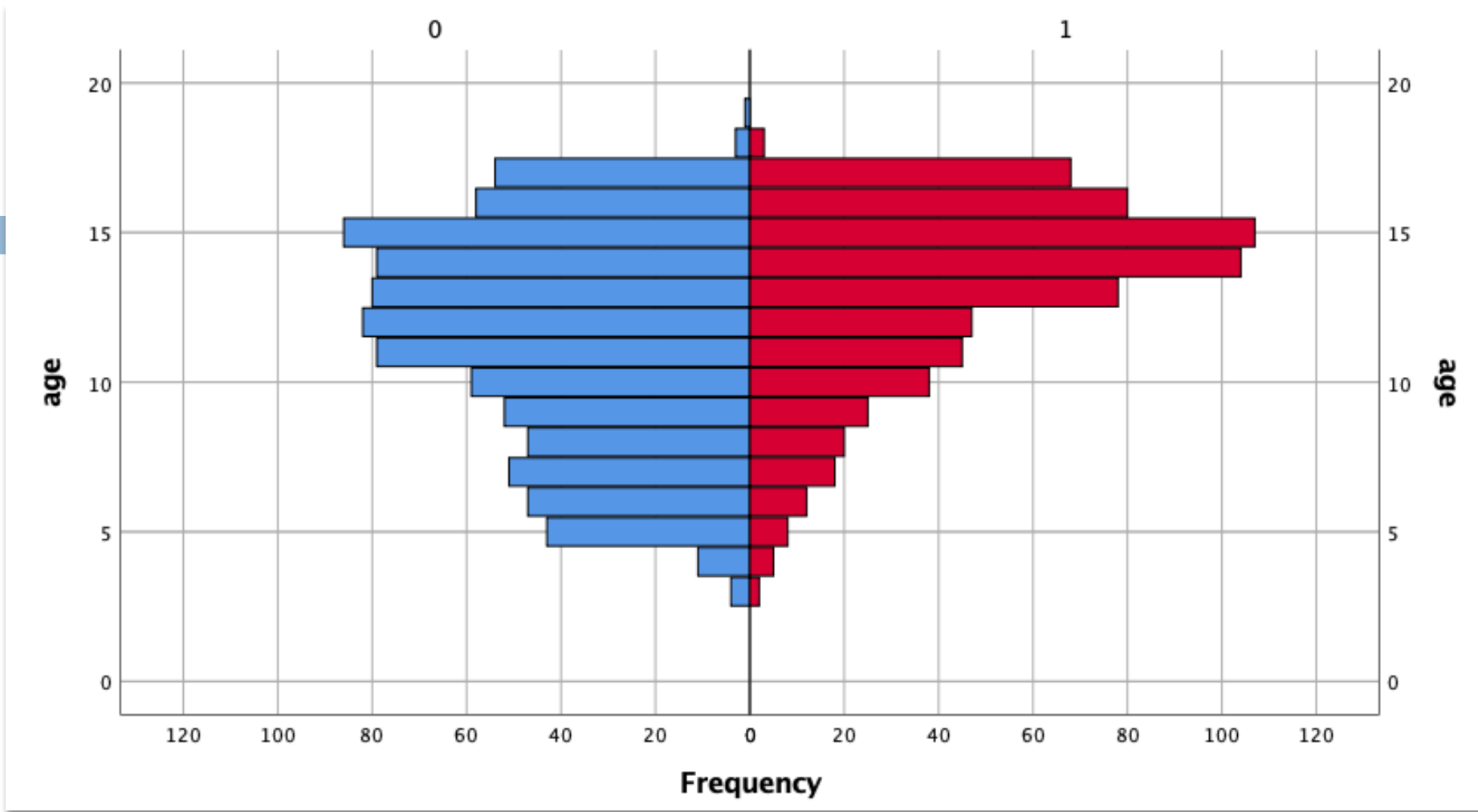
- No significant variation in age
- % Caucasian varied from 65 to 90%
- Female: 50%-85%
- SA: 45%-90%
- PA: 6%-42%
- PTSD: 30%-60% and Suicidality: 25-60%
  - ▣ older, self reporting kids
- Trauma treatment referral: 18%-83%
  
- 50% of all crisis referrals by one center for suicide

# Combining factors – PTSD risk

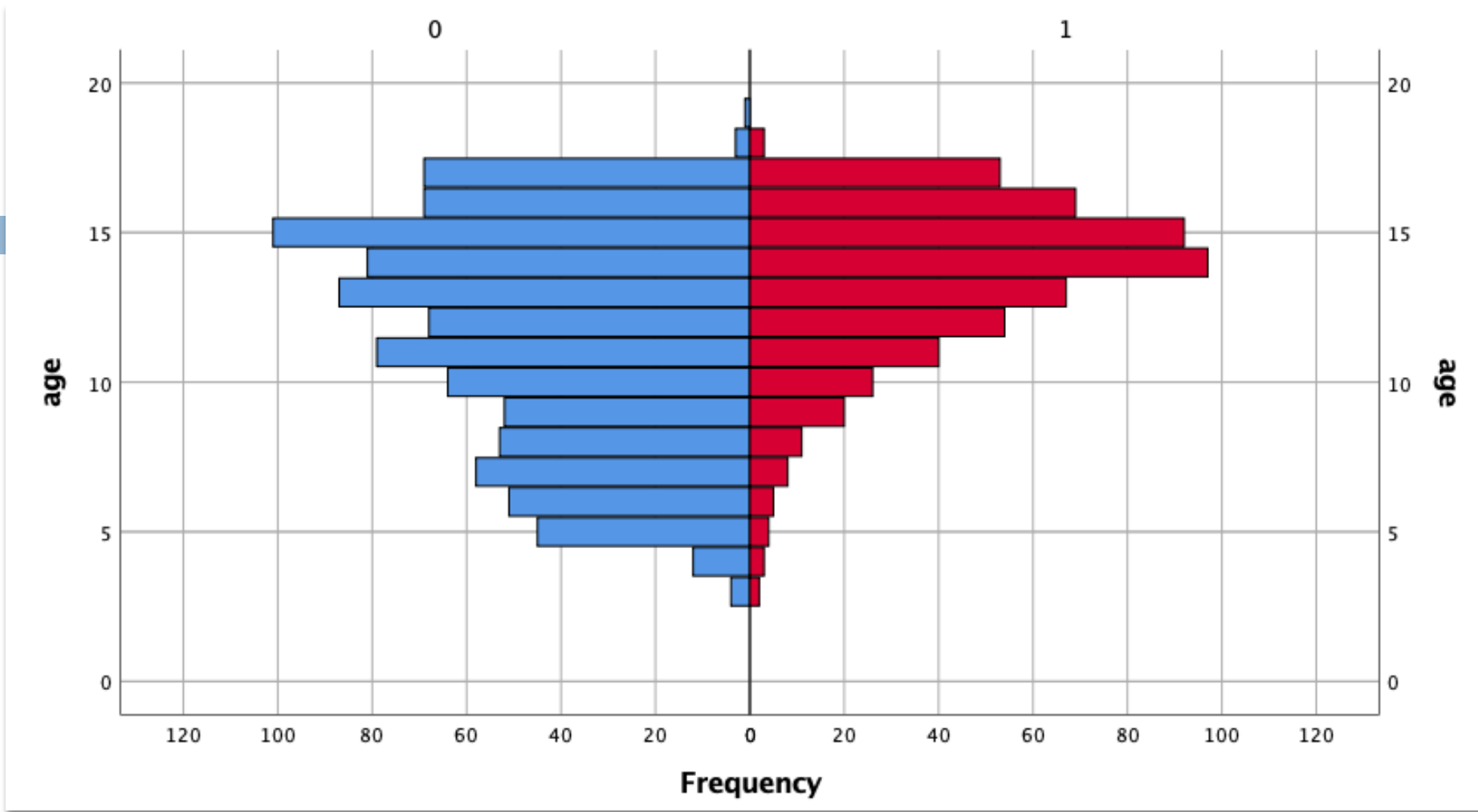
- Gender, urban environment and suicidality all predict PTSD
- In older kids, those most at risk for PTSD included:
  - ▣ Female (2x risk), SA (1.5x risk), Urban (1.4x risk) & suicidal (6x risk)
- In younger kids, those most at risk for PTSD included:
  - ▣ Suicidal (5x risk)

# Combining Factors - Suicidality

- Age, gender, and PTSD all associated with risk of suicidality
- In older kids, those most at risk for suicidality included:
  - ▣ PTSD (6x risk) and female gender (2x risk)
- In younger kids, those most at risk for suicidality included:
  - ▣ PTSD (5x risk) and male gender (2x risk)
- Pattern holds for high risk suicidal youth – PTSD adolescents are 5x more likely to report high risk on CSSRS (10% of all adolescents)

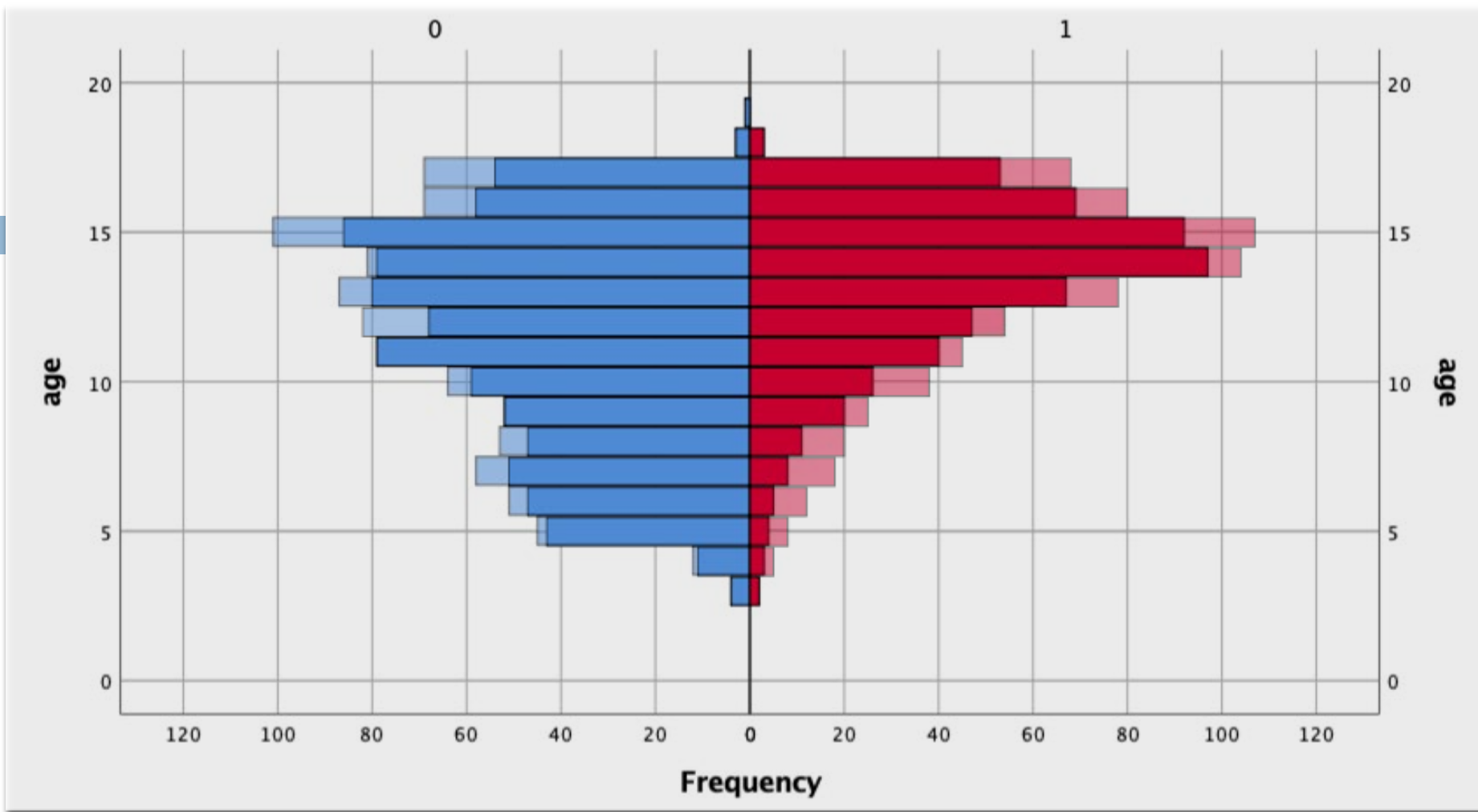


Risk of PTSD



Risk of Suicidality





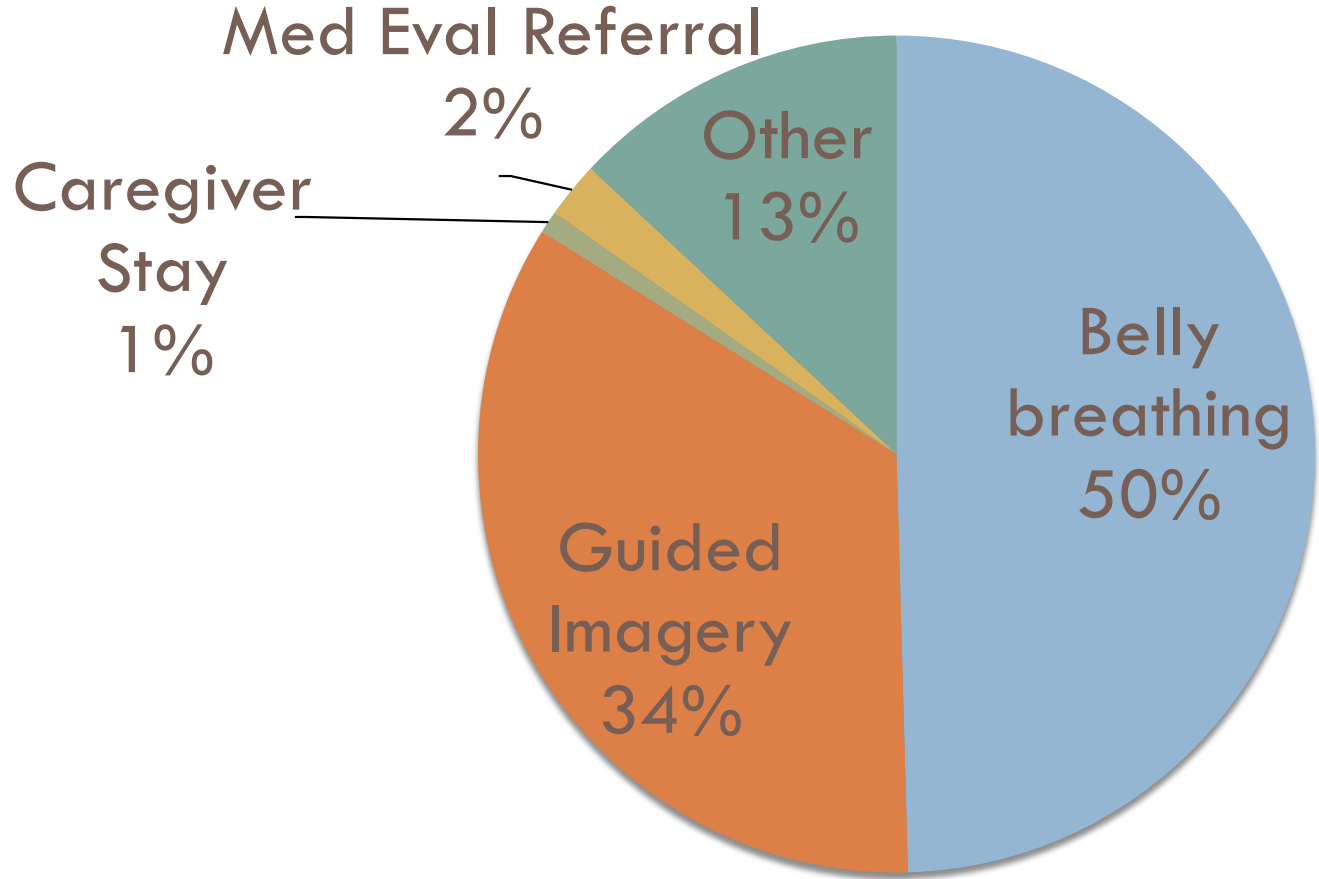
High Correlation between PTSD and Suicidality

0.46 in older youth

0.28 in younger children

# CJC Responses to Trauma Symptoms

## Guidance for Sleep Problems



45% of Families assisted with accessing Evidence Based Trauma services

Ongoing partnership with National Children's Alliance to ensure these efforts can apply to similar centers nationwide



# Primary Care Experience

# > 1300 Screens at Primary Care

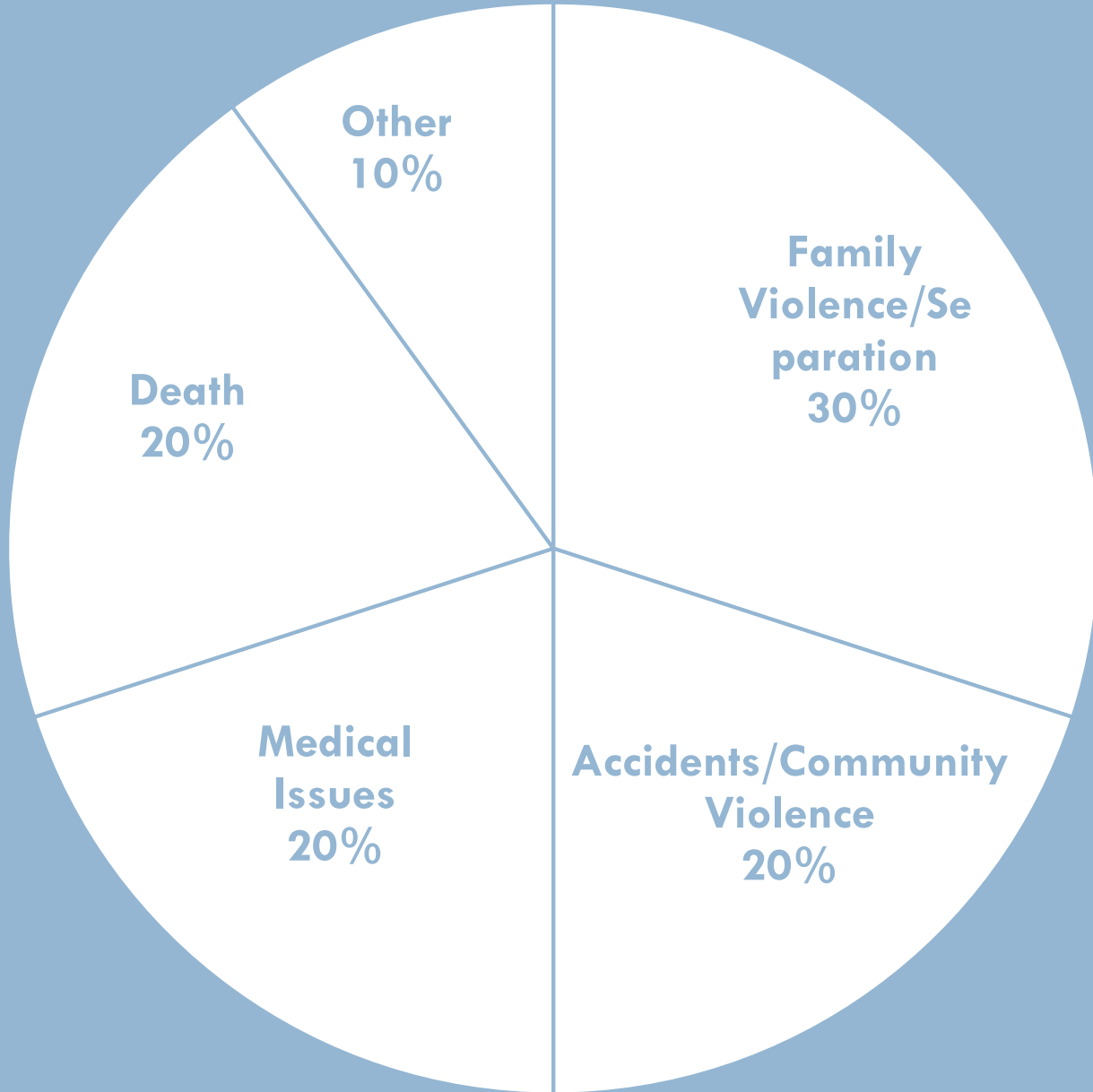
Self Report (746)

□ 24.5% with trauma exposure

Parent Report (559)

□ 19.5% with trauma exposure

# SELF REPORTED POTENTIALLY TRAUMATIC EVENTS





# > 1300 Screens at Primary Care

## Self Report (746)

- 24.5% with trauma exposure
- 8.3% high trauma sx
- 8.4% mod trauma sx
- 9-10% with suicidal ideation

## Parent Report (559)

- 19.5% with trauma exposure
- 1.9% high trauma sx
- 5.9% mod trauma sx
- 2% with suicidal ideation\*\*

# Pediatric Traumatic Stress and Depression

| <b>PTSD symptom cluster</b>                    |   | <b>Overlapping trauma and depressive symptoms</b>   |
|--|---|---|
| <b>Negative cognition/mood</b>                 | → | Negative belief towards self, self-blame, negative emotional state, loss of interest, detachment    |
| <b>Hyperarousal &amp; Increased reactivity</b> | → | Irritable and angry, reckless and self-destructive behavior, poor concentration, sleep disturbances |



# Relative Effectiveness - Psychotherapy vs SSRI

| Depression          | PTSD                        |
|---------------------|-----------------------------|
| SSRI +<br>Therapy + | SSRI -/Therapy -<br>TFCBT + |

# Trauma versus Depression Screening (582)

## Self Report Trauma

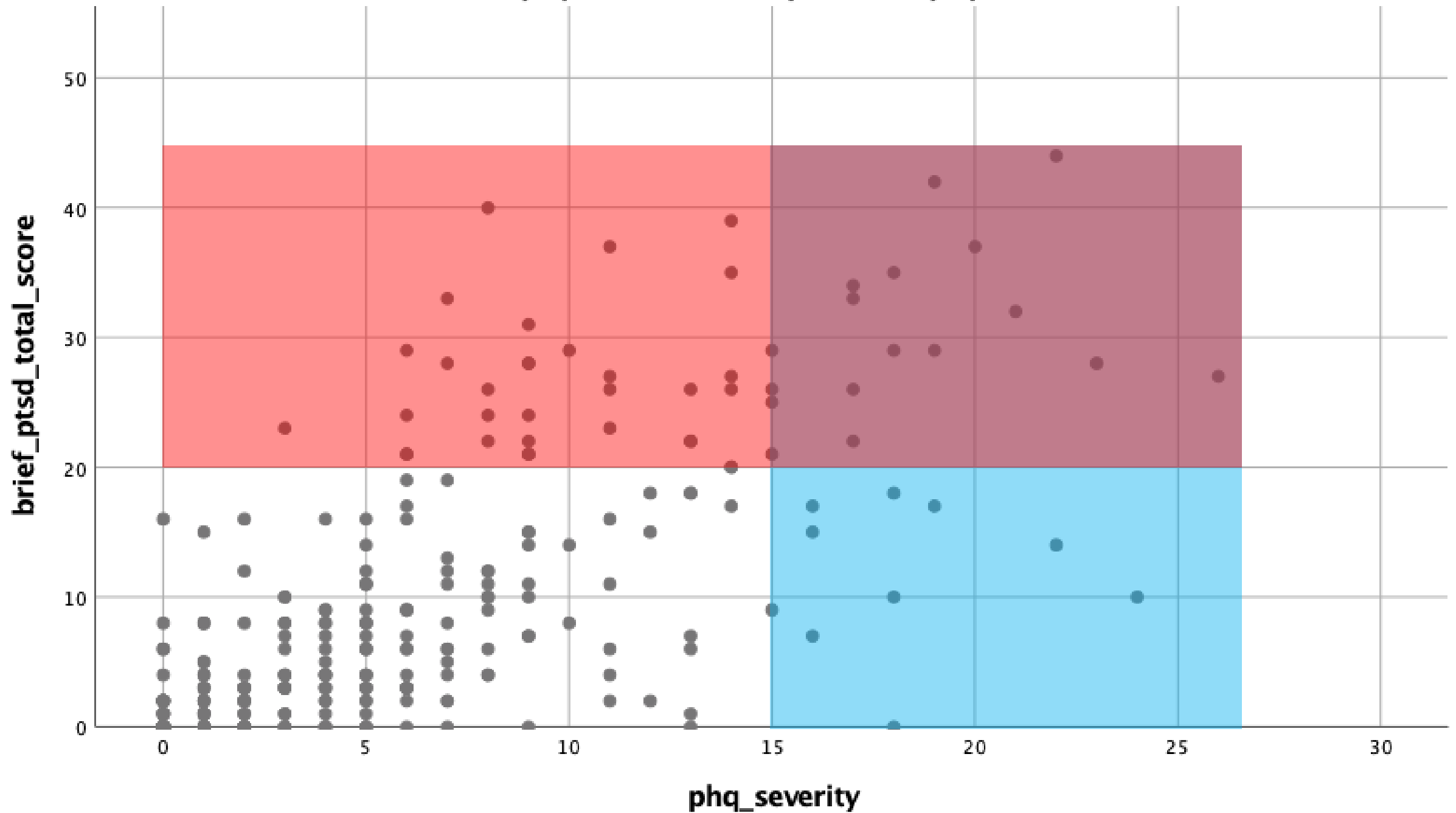
- 23.7% with trauma exposure
- 8.1% high trauma sx
- 6.9% mod trauma sx

## Self Report PHQ-A

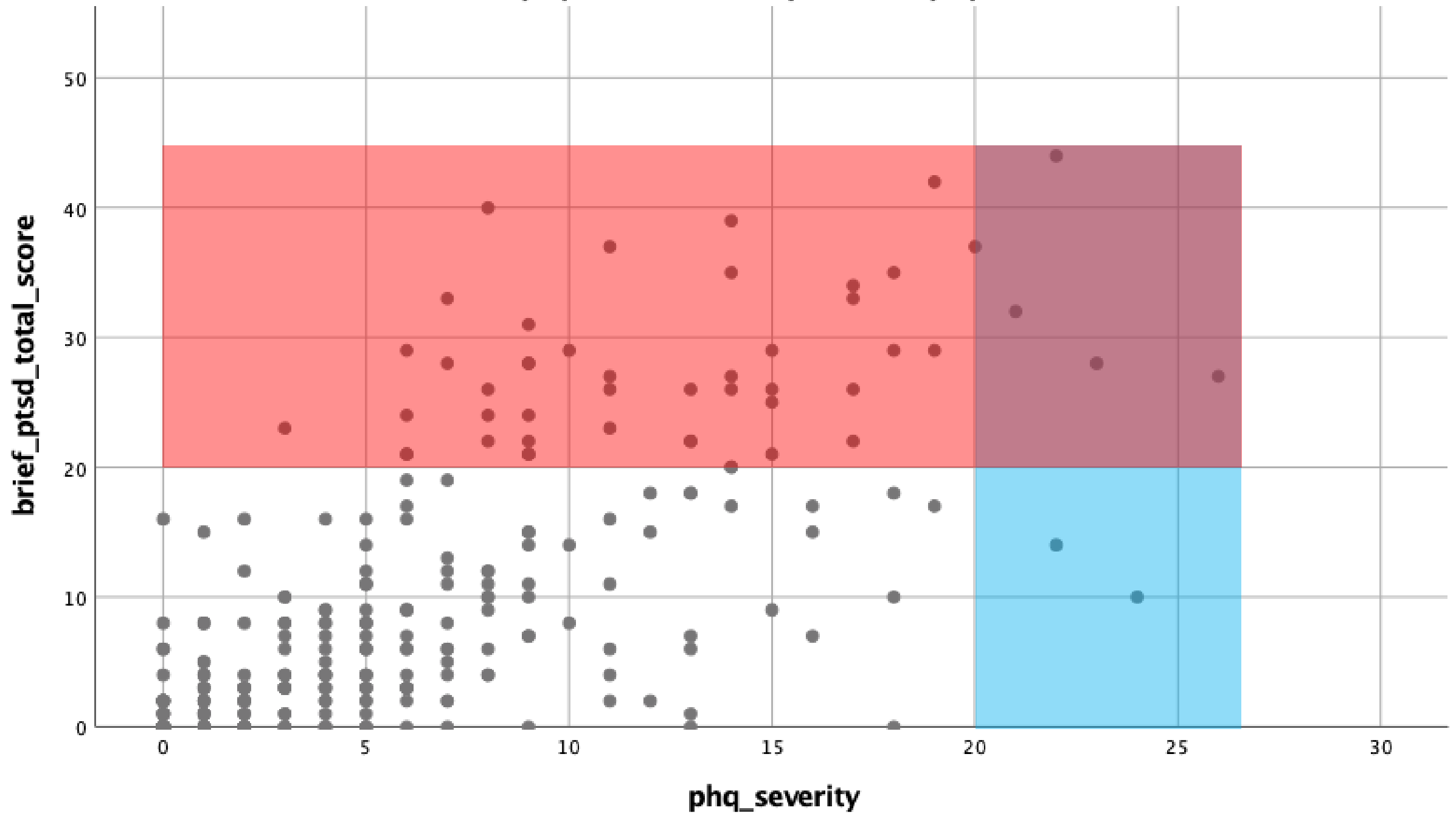
- 0% with trauma/adversity
- 1.7% high depression sx
- 4.5% mod depression sx

**4x more likely to pick up high trauma symptoms than high depression symptoms**

# Trauma Symptoms versus Depression Symptomts



# Trauma Symptoms versus Depression Symptomts



# When Suicide Screening is positive

## PHQ-9 #9: Any Positive

- **20% with symptoms concerning for severe depression**
- **56% with symptoms concerning for PTSD**

## PHQ-9 # 9: > half the days

- **43% with symptoms concerning for severe depression**
- **84% with symptoms concerning for PTSD**

# Final Thoughts

- Traumatic experiences are the rule, not exception in childhood
- Trauma exposure course and symptom heterogeneity make screening challenging in pediatric settings
- Trauma can mimic commonly observed pediatric mental health conditions (depression, anxiety and ADHD)
- Trauma requires a different treatment than other common conditions
- Standardized screening identifies exposures and symptoms and provided data to inform next steps

# Discussion & Feedback

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