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WHO ARE WE?



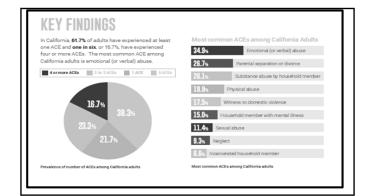
- Donald Miller, MD MPH FAAP
 - Board Certified pediatrician
 - Pediatrician, CPCMG
 - Prior AAP Chapter President, District Board, AAP Annual Leadership Forum Chair
- Charmi Patel Rao, MD
 - Board Certified Child and Adolescent Psychiatrist
 - Psychiatrist: Rady Children's Hospital, Vista Hill, North County Health Services
 - Previously worked: San Diego Unified School District and Fred Finch
 - Clinical expertise: Early Childhood Mental Health and Developmental Delays

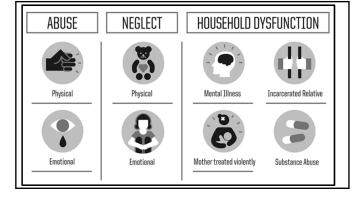
What is "trauma"? - some definitions



"Trauma is an emotional wound, resulting from a shocking event or multiple and repeated life threatening and/or extremely frightening experiences that may cause lasting negative effects on a person, disrupting the path of healthy physical, emotional, spiritual and intellectual development."

National Child Traumatic Stress Network (NCTSN)





How Does Trauma Present?

Common behavioral and emotional presentations in the primary care setting

- Hyperactivity / Impulsivity / Inattention
- Emotional Dysregulation / Anger / Anxiety
- Sleep disturbance / Bedwetting
- Aggression / Defiance / Oppositional
- Academic and Social problems

.....all can be a result of trauma

How to ask about trauma?

- Acknowledge the trauma in the question: "How was xxxx exposed to some
 of the tension and problems during that time?"
- Include the parent in the process: "How much of what you and xxxx went through at that time was physical or emotional based?"
- Start with a explaining why you are asking: "Children are often exposed to traumatic events during childhood that we know that can affect their behavior. What was xxxx exposure to during that time."
- Use a common parenting reference point. "How did you, as a parent, handle disagreements, arguments and problems in the house?
- Don't underestimate the impact of the experience on that specific child

What to do Next?

- Try to characterize what the major problems and determine into what categories they fit.
 - There will be overlap and more than one grouping.
- . What are the goals of treatment?
 - Reduce symptoms, improve developmental trajectory, reduce risk of future trauma
 - · Not trying to "fix everything"
- · Important components of treatment:
 - Dyadic therapy
 - · Sensory strategies
 - · Addressing developmental concerns
 - School-based services
 - Caregiver wellness



Medication Treatments to Consider

Caveat: Medications to treat symptom clusters related to trauma

• Alpha 2 agonists:

- Reducing physiological reaction can help reduce psychological reaction
- Examples: Guanfacine (Tenex) and Clonidine (Catapres)

Stimulants:

- For hyperactivity, impulsivity, inattention
- Examples: Methylphenidate (Ritalin), Dextroamphetamines (Adderall)

• SSRIs:

- For anxiety and mood symptoms
- Examples: Sertraline (Zoloft) and Fluoxetine (Prozac)

Antipsychotics:

- Last resort for severe aggression and/or self injury
- Examples: Risperidone (Risperdal) and Aripiprazole (Abilify)

The PCP and the CAP



- Importance of collaboration
- Monitoring of response to treatment
- Having a treatment plan and goals
- Using one-another as resources
- Letting the family know your interest in communicating together: phone, letters, video, electronic
- Share resource options that you may be using in the community
- Work through the HIPAA and confidentiality issues
 don't let that be an barrier to good care



Trauma Case Presentation Questions

- What else would be important to know?
- What is your case formulation?
- What treatment recommendations would you make for this child and family?