Pediatric Integrated Post-Trauma Services (PIPS):
An Evidence-Based Care Process Model for Pediatric Traumatic Stress
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Welcome
to a brief overview of the Child Traumatic Stress Care Process Model (CPM)

PIPS Team Members Julie, Brooks, Lindsay, & Kara

Your Introductions
- Name
- CIC or Organization
- Role
- Any CPM exposure/experience?

Background
of the Child Traumatic Stress Care Process Model (CPM)

Our Center:
Primary Children’s Center for Safe and Healthy Families
Our Grant:
A National Child Traumatic Stress Network (NCTSN) Treatment and Services Adaptation Center (Category II)

- “Provide national expertise on specific types of traumatic events, population groups, and service systems and support the specialized adaptation of effective treatment and service approaches for communities across the country”

Our Local Collaborators:
- Intermountain Healthcare
- Utah Office of the Attorney General
- Utah Children’s Justice Centers
- Utah Office for Victims of Crime
- Select Health Insurance

Our Project:
1. Develop a Care Process Model (CPM) for child traumatic stress;
2. Implement and assess the child traumatic stress CPM with frontline primary care and Children’s Justice Centers; and
3. Provide national leadership in the use of CPMs and decision support tools for trauma exposed children

What is a Care Process Model (CPM)?
A decision support tool or algorithm that helps providers follow standard/best practice

- Improve efficiency
- Increase accuracy
- Decrease variation
- Increase Quality

What Does a CPM Look Like?
- A narrative document
- Decision support tool(s) or algorithm(s)

What is the Focus of our CPM?
Target Audience:
Primary care and Children’s Justice Centers

Topic:
Child traumatic stress
Objective/Outcome:
Identify and address traumatic stress and then refer to appropriate mental/behavioral health treatment.

Why Bring the CPM to CJC and Primary Care?
- ACEs have been connected to poor health and mental health outcomes
- Trauma symptoms often go undiagnosed or misdiagnosed
- Trauma-focused evidenced-based treatments work!
- NCAA standards view mental health care as a core mission of the CJC

Problem connecting kids who have had bad things happen to evidence-based and appropriate treatment...

*Vignette:
Delaney is 16 years old. She was sexually abused by her uncle from ages 4-7 years.

Could her journey have been better?
What might have helped her get to trauma treatment sooner?

A Care Process Model for Child Traumatic Stress
Overview of the Child Traumatic Stress Care Process Model (CPM)

Youth or caregiver complete screening tool

Provider meets with youth and caregiver:
1. Report if required
2. Determine suicide risk
   a. Review suicide screen
   b. If needed, use the C-SSRS
3. Assess for trauma treatment
   a. Review screener score
   b. Assess child functioning
   c. Provide an in-office intervention
   d. Refer to appropriate treatment

Follow-up

Screening Tool:
The Brief UCLA PTSD-RI

Available in Paper:
1. The Screening Tool
   a. Child Version (English/Spanish)
   b. Caregiver Version (English/Spanish)
2. A Provider Decision Support Tool that walks through the 1, 2, 3

Available Electronically via iPad, Phone, or Computer:
1. The Screening Tool
   a. Child Version (English/Spanish)
   b. Caregiver Version (English/Spanish)
2. A Provider Decision Support Tool that walks through the 1, 2, 3
A Resource Email Sent to Caregivers (REDCap)

Suicide Decision Making - Columbia Suicide Severity Rating Scale (C-SSRS)

Provider Decision Support Tool (REDCap)

A Provider Note (REDCap)

selecthealth Care Managers

Help members to maximize insurance benefits by:
• Assuring access to healthcare services
• Providing assistance with referral to appropriate behavioral health provider
• Ensuring alignment with treatment planning with the providers
• Helping to remove cultural barriers to care such as language or literacy issues
• Helping members live the healthiest lives possible
• 1.800.442.5305

9 VOCA-funded CJC's Bringing the CPM to Children's Justice Centers in Utah...
A CJC Workgroup!

Goals:

- Timeline and relationship to forensic interview
- Record-keeping
- Prosecutor education

Current Decisions:

- Timing for Child: After the interview
- Record-keeping: Record can live in REDCap, a U of U, HIPAA compliant database; Record has a disclaimer “For Treatment Purposes”
- Prosecutor Education: Needed

CJC Success Stories:

“The feedback that we have had from our team is that it has been a very smooth process and it seems like we have been using [the CPM] for years and not just a few days. It fits in so well into what we are trying to accomplish at the CJC for supporting child victims...Because of the tool we are now able to easily identify children with significant symptoms of PTSD and get them into treatment within a week with our on staff therapist. Out of the 10 interviews we have also had 2 kids respond positive for moderate suicide risk...I feel so much better that we are catching this and again getting these kids help right away. This is also so disheartening to me to think about if this is the response we have seen in the first week then how many kids have we missed in the past because we didn’t have the right tool to screen”

– Rebecca Martell, Utah County CJC Director

CJC Success Stories:

<table>
<thead>
<tr>
<th>CPM Use at Utah CJCs 4/2/2018 - 5/16/2018</th>
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</thead>
<tbody>
<tr>
<td># Active CJC Sites</td>
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<tr>
<td># Children Reached</td>
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<tr>
<td># (%): Children with a High Trauma Symptom Score</td>
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<tr>
<td># (%): Children with Concern for Suicide</td>
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<tr>
<td># (%): Children Referred to Trauma EBT</td>
</tr>
<tr>
<td># Providers Dead as a Result of the CPM</td>
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Intermountain Healthcare

Learning

the Child Traumatic Stress Care Process Model (CPM)
Administer the Screening Tool

Explain something like: “We have about 15 questions we’d like you to answer on our iPad so that our [coordinator] can talk to you about resources…”

- Children ≥ 10 years can fill out the Child Version
- Parents or caregivers of children 5-9 years can fill out the Parent Version

Apply the CPM in 1, 2, 3

1. Report if required
2. Determine suicide risk
3. Assess for trauma treatment

Decision Support Tool - Children’s Justice Centers

The patient reported the following potential trauma:
- Recent trauma: __________________
- Remote trauma: __________________
- En any of the disclosed traumatic experiences require a report to child protection or law enforcement? (e.g., child maltreatment, witnessed domestic violence)

- No, trauma(s) do not need to be reported to any agency
- Yes, confirmed with family that concerns have been reported previously
- Yes, related, or will call, DSS hotline 1-855-512-0074 or local law enforcement

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Determine Suicide Risk

On the Screening Tool:
If the child or caregiver report the child having thoughts about being better off dead or of harming themselves in some way...

On the Decision Support Tool - Children’s Justice Centers

On the C-SSRS in the Decision Support Tool:
If the child responds ‘Yes’ to items 1 and 2 OR just to item 2, ...

After the C-SSRS in the Decision Support Tool:
The provider is prompted...
Assess for Trauma Treatment
In-Office Intervention

Roleplaying basic cases with the Child Traumatic Stress Care Process Model (CPM)

Decision Support Tool - Children’s Justice Centers

Example: Delaney
- 16 years old
- Female
- Living with dad and step-mom

Chief Complaint: Delaney recently disclosed that she was sexually abused by her uncle from ages 4-7 years.

Trauma Screener: On the screen, Delaney reports the sexual abuse by her uncle and no additional traumas. She indicates high symptom frequency on most symptom questions. She negatively endorses having thoughts that she would be better off dead or of hurting herself.
Closing Remarks
on the Child Traumatic Stress Care Process Model (CPM) training

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