

Children's TiPS

Psychiatry and Trauma Treatment

By: Kelley Victor, MD

Children's reaction to trauma can be different from that of adults. The Diagnostic and Statistical Manual of Mental Disorders (DSM 5) has modified the symptoms for Post Traumatic Stress Disorder (PTSD) for children under the age of 6. Because young children are often not able to describe how they are feeling and thinking, fewer symptoms are required in these categories to make the diagnosis. Furthermore, instead of talking about it, children may act out the trauma in their play. Teenagers may engage in more risky and impulsive behaviors after trauma, such as driving recklessly or promiscuous behaviors, and these criteria have been added in the DSM 5.

Trauma is the great masquerader. It can look like ADHD with difficulty paying attention in school, and hypervigilance associated with trauma can be mistaken for hyperactivity. Children could display behavioral problems that are misdiagnosed as Oppositional Defiant Disorder (ODD) because they act out when triggered by reminders in their environment. Many of the symptoms of PTSD overlap with depression and anxiety.

While not everyone who experiences trauma will develop PTSD, it is important to screen for history of trauma as it may explain the symptoms a child is experiencing. In order to provide the correct treatment, you must first have the right diagnosis.

There are many studies supporting the efficacy of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to treat children with trauma. TF-CBT is considered the gold standard of treatment. Studies of medications in children with PTSD are limited (continued on pg. 2)

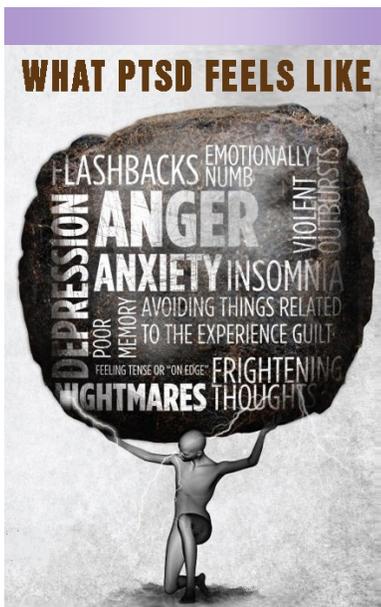


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Special points of interest

- TiPS will begin offering free webinars on our website, June 2017.
- TiPS celebrates one year on July 1, 2017!
- TiPS is planning a Fall 2017 Conference with free CE's in Northwestern PA.



Psychiatry and Trauma (continued)

and many lack the methodological rigor needed to change current recommendations. The few randomized control trials for medications have not shown additional improvement over therapy (specifically TF-CBT) or have shown no difference from placebo. Therefore, medication is generally not recommended for the treatment of PTSD in children.

Sometimes medications will be used to treat co-morbidities which are common in children with PTSD; however, as noted, it is important to make sure the

diagnosis is accurate before initiating medication.

Studies suggest that family involvement in trauma treatment is a positive predictor of child response. Also, when parents are struggling with their own mental illness and/or trauma symptoms this is known to have a significant impact on the symptoms the child experiences. Therefore, encouraging parents to get appropriate treatment for themselves is paramount in helping their child get better. □

“There are many studies supporting the efficacy of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to treat children with trauma.”

Upcoming Practice Visits

- May 12, 2017—Pittsburgh Mercy Family Health Center
- June 5, 2017—Bayside Family Medicine
- June 8, 2017—UPMC Saint Margaret FQHC

If you would like a TiPS Psychiatrist to visit your practice to discuss TiPS or to provide education on any behavioral health topic, please contact us at 724-933-3912 or wpatips@chp.edu

Welcome TiPS Enrolled Practices

Adolescent Medicine
Caring Hands
Carlow Student Health Center
Children’s Healthcare West
East Liberty Family Health
East Suburban Pediatrics
Family Healthcare Partners
Greenville Community Health Center
Health Associates East
Helping Hands
Heritage Valley Family Medicine Residency
Heritage Valley Pediatrics
Hope Pediatrics
Kids Plus
Kids Way
Latterman Family Health
Laurel Pediatric Associates
Mercy Family Health Center
Metro Community Health Center

Oak Street Pediatrics
Pediatric Associates of Latrobe
Pediatric Care Specialists
Pediatric Healthcare Associates
Pediatrics South
Pittsburgh Mercy Family Health Center
Premier Medical Associates
Primary Care Center / GAP
Primary Health Network New Castle
Primary Health Network Sharon
Primary Health Network Wayne
Rakesh Chopra MD
Richard Papa and Associates
Seven Hills
Somerset Pediatrics
Warren Pediatrics
Weirton Medical Center Primary Care
Washington Health Services Family Medicine

Children’s Community Pediatrics: Allegheny; Armstrong; Bass Wolfson; Bedford; Bellevue; Erie; GIL; Greenville; Hamot; HealthQuest; Laurel; Monroeville; Moon, Wexford, and South Fayette; Monroeville Pediatric Associates; Mt. Lebanon; Mt. Pleasant, Mt. View, and Blairsville; Norwin; Pittsburgh Pediatrics; South Hills Pediatric Associates; South Hills; and West Millcreek

Pediatric Alliance: Allergy; Arcadia; Bloomfield; Chartiers and McMurray; Endocrinology; Fox Chapel; Greentree; Jefferson Hills; North Hills; Northland; St. Clair; and Wexford



Care Coordination helps lower healthcare costs and helps reduce the risk of hospitalization.

Care Coordination: National Child Traumatic Stress Network

By: Katie Ewing LSW

The National Child Traumatic Stress Network (NCTSN) is a network of independent grant funded organizations. The goal of NCTSN is to provide information and resources to professionals and the public about the different types of childhood traumas and treatment options.

According to NCTSN there are at least 13 different types of childhood traumas, ranging from sexual abuse to community violence to refugee trauma. NCTSN provides resources and reading lists specifically geared toward each type of trauma. For primary care clinicians, the NCTSN is a great place to start when looking for information and options while treating a child with history of trauma.

You can find more about NCTSN and resources at www.nctsn.org

Western PA trauma resources include:

- *Center for Traumatic Stress*
4 Allegheny Square E # 8 Pittsburgh, PA 15212— (412) 330-4328
- *Center for Victims*
5916 Penn Ave, Pittsburgh, PA 15206— (412) 692-7367
- *Parkside Psychological*
435 Chestnut St, Meadville, PA 16335— (814) 807-0861

Trauma Focused Cognitive Behavioral Therapists can be located here:
<https://tfcbt.org/members/> □

Things To Remember

Important Dates

- Stop by and see us at our TiPS table at the STAR Conference on Friday, May 5, 2017 in Pittsburgh.
- We will begin offering free webinars in June 2017. Watch for additional information on our website:
www.chp.edu/tips
- TiPS celebrates 1 year on July 1, 2017.
- The TiPS Fall 2017 Conference will be held on Friday September 15. Watch for our July Newsletter for additional details.

Did You Know?

In partnering with the TiPS program, your practice meets the following National Committee for Quality Assurance (NCQA) standards:

- Element 2 B: Medical Home Responsibilities
Factor 5
- Element 5-B: Referral Tracking and Follow-Up
Factor 3 and Factor 4

For Enrolled Practices

We will be reaching out to the following practices soon to set up a yearly practice visit:

- Primary Care Center/ General Academic Pediatrics
- CCP-Bellevue
- CCP-South Hills Pediatric Associates
- CCP-Mt. Lebanon
- CCP-Mt. Pleasant, Mt. View and Blairsville
- CCP-Armstrong
- CCP-Monroeville Pediatric Associates
- CCP-Bedford
- CCP-Norwin
- CCP-HealthQuest
- CCP-Moon, Wexford, and South Fayette
- CCP-Allegheny
- CCP-Bass Wolfson
- CCP-Monroeville
- CCP-GIL
- Washington Health System Family Medicine
- CCP-Erie
- CCP-Greenville
- Hope Pediatrics

Trends in Trauma Therapy

By: Emma Walton LPC

The American Psychiatric Association's *Diagnostic and Statistical Manual* Volume IV (DSM-IV) defines a traumatic event as one in which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others.

Many children who present with behavioral health concerns have been impacted by trauma. Trauma can take many forms, such as: being subjected to physical, sexual or emotional abuse; witnessing domestic violence between parents or caregivers; experiencing bullying at school or through social media; losing a loved one to death or long-term separation. Although the reasons are not always clear, some children are able to experience trauma and move on to have typical life experiences while other children struggle to cope with traumatic events and their reactions to them. Research suggests that childhood trauma that goes untreated can have lasting effects well into adulthood.

When assessing for trauma, ask the question, "What happened to you?" rather than "What's wrong with you?" Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is an evidence based approach to treating symptoms that occur as a result of trauma, such as anxiety, depression, feeling on edge, flashbacks, or thoughts of self-harm. A therapist who provides TF-CBT works with both the parent or care

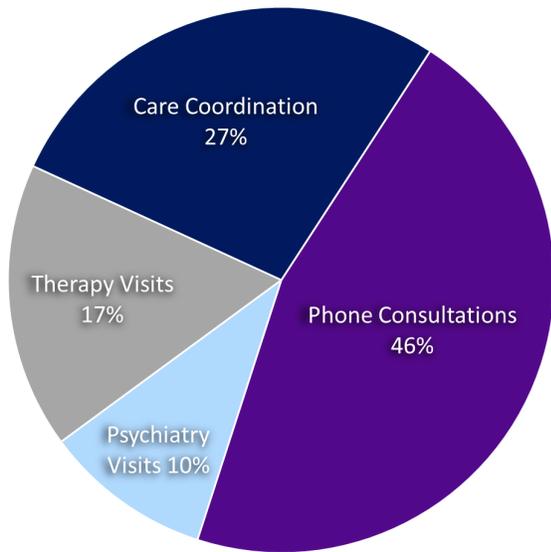
giver and the child to develop relaxa-

tion and emotion regulation skills and then helps the child to tell his or her trauma story in increasing detail while engaging newly developed coping skills. The idea is that sharing the trauma story over and over again helps an individual who has experienced trauma to become desensitized to the trauma and to feel a sense of mastery and empowerment.

If you are interested in learning more about screening for trauma in



primary care, please contact us. The TiPS team can providing practices with additional training opportunities on a variety of behavioral health topics. □



TiPS Activity Data

Since July 2016, the TiPS team has completed 327 curbside consultations, 71 face-to-face psychiatric evaluations, 121 therapy sessions, and 195 care coordination cases.

69 primary care practices, with a total of 115 locations and over 600 prescribing medical professionals, have enrolled to use Children's TiPS.

Meet the TiPS Team

Children's TiPS leadership includes Medical Director, Abigail Schlesinger, MD, Clinical Administrator, Sheri Goldstrohm, PhD, and Program Manager, Colleen Gianneski, LCSW.

The Children's TiPS team is made up of 8 child and adolescent psychiatrists, 1 psychologist, 4 licensed behavioral therapists, 2 care coordinators, and 1 administrative assistant.

Children's TiPS is staffed daily by two on-call psychiatrists. The psychiatrists also maintain open appointment slots for TiPS patients. TiPS psychiatrists include:

Dr. David Benhayon
 Dr. Heather Joseph
 Dr. Patricia McGuire
 Dr. Roberto Ortiz
 Dr. Abigail Schlesinger
 Dr. Justin Schreiber
 Dr. Kelley Victor
 Dr. Via Winkeller

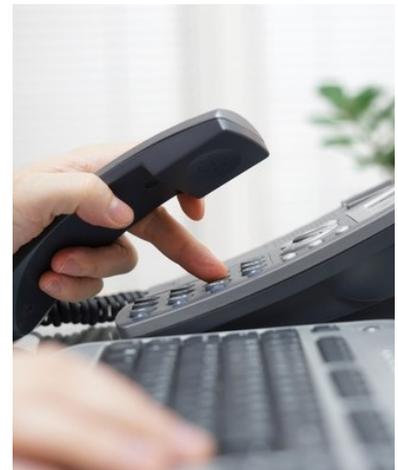
Children's TiPS provides behavioral health evaluations and brief bridge treatment. Therapy is provided by licensed therapists:

Colleen Gianneski, LCSW
 Courtney Hopkins, LPC
 Megan McGraw, LCSW
 Emma Walton, LPC

The TiPS care coordinators answer the phone line, provide resources to PCCs and families, schedule TiPS appointments, and follow-up with families. Care coordination is provided by li-

icensed social workers:
 Katie Ewing, LSW
 Nechama Splaver, LSW

Administrative support, meeting coordination, and patient registration are all handled by administrative assistant, Pat Kretzmer. □



Contact Us

Phone: 1-844-972-8477

Email: wpatips@chp.edu

Website: www.chp.edu/tips

Children's TiPS

Our provider-to-provider service gives primary care clinicians (PCCs) access to on-call psychiatrists, Monday through Friday, 9 a.m. to 5 p.m. When a PCC calls, the Children's TiPS team will connect him or her with a child and adolescent psychiatrist within the same day, often within thirty minutes. Our TiPS psychiatrists can answer questions about medications, diagnoses, screening tools, resources and other topics. TiPS psychiatrists can also refer patients to our care coordinators or licensed therapists if needed.

CHILDREN'S TiPS TELEPHONIC PSYCHIATRIC CONSULTATION SERVICE

Children's TiPS

11279 Perry Highway, Suite 204
Wexford, PA 15090

Phone: 724-933-3912

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www.chp.edu/tips

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