Trauma Informed Care in Primary Care Pediatrics

Trauma informed approach

Realize the widespread impact of trauma especially during early childhood on lifelong health
Recognize trauma related signs and symptoms in patients, families, staff, and others involved
Respond by fully integrating knowledge about trauma into policies, procedures, and practices
Resist re-traumatization

Substance Abuse Mental Health Administration (SAMHSA, 2012)[1]

Trauma in Early Childhood

Exposure to Adverse Childhood Experiences (ACES) come from many sources such as:

- Physical abuse, Emotional abuse
- Physical or Emotional neglect
- Sexual abuse
- Intimate partner violence
- Parental substance use
- Parental mental illness
- Parental separation or divorce
- Incarcerated household member
- Other: Community violence, Caregiver death, medical trauma, Community violence, Natural disasters, Unintentional injuries, medical trauma, Discrimination, Racism etc

Strong, frequent, or prolonged activation of the body's stress response system in the absence of protective adult relationships cause Toxic Stress. [4,5] Experiencing toxic stress in childhood can significantly increase the risk for life-long physical and mental health impairments through developmental, neurologic, epigenetic, and immunologic changes. Safe, stable, and nurturing relationships (**SSNRs**) help the child develop the adaptive skills needed to manage stressful experiences and can be protective.

Recognize common symptoms of Trauma Exposure (FRAYED)

F	Frets (anxiety, worries) and Fears
R	Regulation difficulties (Hyperactive, impulsive, inattentive, easily becomes emotional or aggressive)
A	Attachment challenges (Insecure attachment with caregivers, Peer relational difficulties)
Y	Yawning (sleep difficulties) and Yelling (aggression, impulsivity)
E	Educational and Developmental Delays (Cognitive, social emotional, and communication delay)
D	Defeated (hopeless), Depressed, or Dissociated (separated from reality of moment, lives in own head)

Adapted from Forkey H, Griffin J, Szilagyi M. Childhood Trauma and Resilience: A Practical Guide. *Itasca, IL: American Academy of Pediatrics; 2021*

Respond by shifting the paradigm

From		To	
	What is wrong with you?		What happened to you? What is strong with you?
	How can I fix you?		How can I understand you better?

Resist Re-traumatization

How do you ask about trauma without triggering the family?

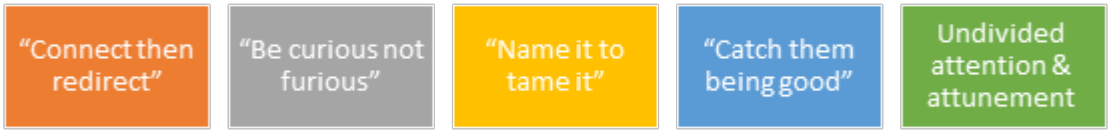
> "Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone else in your family?" *(Renee Boynton Jarrett, MD)*

> "You have told me that your child is having some problems with aggression, acting out, attention, and sleep. Just as fever means the body is dealing with an infection, when these behaviors happen, they may mean that the brain and body are responding to a stress or threat. Do you have any concerns that your child is being exposed to a threat or feeling stressed?" *(AAP Trauma Informed Care guide)*

What do you do if you find out about trauma/ACEs? **(from AAP Mental Health guide)**

H: Hope – offer hope: adversity is not destiny! You can't predict a future by their ACE score; many go on to live healthy and productive lives
E: Empathy- Listening is therapeutic; by listening, you are doing something valuable. "You aren't alone, it's not your fault, and I will help." (From RJ Gillespie, MD)
L: Language/loyalty: Use the same language as patient/caregiver to describe challenges; "I'll be here for you"
P: Permission/partnership/plan: "I'd like to ask you about…" "We'll work on this together…" Help family set 1-2 goals

A few clinical pearls to share



Special Time: The power of regular, undivided parental attention to strengthen parent/child connection and re-establish child motivation for positive behavior

- Scheduled and sacred (non-contingent)
- Undivided parental attention, no interruptions
- 10-15 minutes/day
- Child chooses and leads activity

Evidence-Based Treatments for Trauma (from AAP Trauma Guide)

Program	Age/Target Population	Description
Child Parent Psychotherapy	0-5 years Trauma exposure; PTSD Mental health, attachment, behavior problems	Dyadic therapy for both child and primary caregiver Goal to strengthen the caregiver/child relationship
Parent Child Interaction Therapy	3-11 years Emotional/behavioral problems	12-week dyadic treatment with caregiver + child Active coaching in effective parenting skills Emphasis on improving relationship
Trauma-Focused CBT	Ages 5+ (and caregivers) affected by trauma	Structured psychotherapy for child/adolescent + caregiver; effective for trauma-related PTSD
Attachment, self regulation & competency (ARC)	Early childhood through adolescence + caregivers Complex trauma/attachment concerns	Supports healthy relationships between children and caregivers Build ability to manage feelings and solve problems in whole family

References

1. SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, 2014 https://store.samhsa.gov/system/files/sma14-4884.pdf
2. Forkey H, Griffin J, Szilagyi M. *Childhood Trauma and Resilience: A Practical Guide*. Itasca, IL
3. *Forkey H, Szilagyi M.* Trauma-Informed Care *Pediatrics* (2021) 148 (2): e2021052580
4. Shonkoff JP, Garner AS; American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. Pediatrics. 2012;129(1):e232– e246. http://pediatrics.aappublications.org/content/129/1/e232
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