

# **Trauma Informed Care for Pediatric Medical Professionals**

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SW 3002

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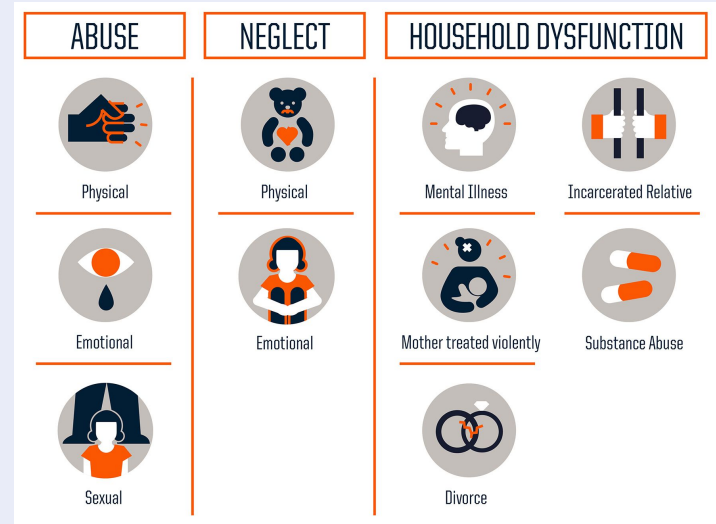
# **What is Trauma Informed Care**

# What is trauma?

- A traumatic event is a “frightening, dangerous, or violent event that poses a threat to a child’s life or body integrity” (American Association of Pediatrics)
- 2/3rds of American children have experienced trauma. (American Association of Pediatrics)
- Trauma can impair day-to-day functioning and impede on recovery.
- The three main types of traumatic stress reactions in children:
  - Re-experiencing: continuous, overbearing thoughts about the trauma
  - Avoidance: child avoids thinking, talking, or interacting with an association
  - Hyper-arousal: a “fight or flight” response that does not turn off

# Adverse Childhood Experiences

- Adverse Child Experiences (ACEs) are potentially traumatic life events or certain environmental factors that occur from ages 0 to 17
- ACEs can lead to chronic health problems, mental illnesses, and substance use.
- In children, the toxic stress of ACEs can negatively affect a child's development, immune system, and stress-response systems, which can also be passed down to their own children



(Starecheski, 2015)

# Trauma Informed Care (TIC)

- According to the National Child Traumatic Stress Network, trauma-informed care is “medical care in which all parties involved assess, recognize and respond to the effects of traumatic stress on children, caregivers and healthcare providers”.
  - Acknowledges trauma’s effect on development and its relationship with negative health outcome.
- TIC is involved in all steps of care
  - Prevention, identification, assessment, response, and recovery
- Whether trauma is known or not, it is important to address it as a part of routine care.
- Comprised of ten main principles.

# 10 Principles of TIC

<b>1. Understand the relationship between prior trauma and present coping</b>	<b>6. Create an atmosphere of respect, safety, and acceptance</b>
<b>2. Prioritize trauma recovery</b>	<b>7. Emphasize the patient's strengths</b>
<b>3. Empower the patient through interactions</b>	<b>8. Minimize re-traumatization</b>
<b>4. Provide the patient with options</b>	<b>9. Strive to be culturally competent</b>
<b>5. Collaborate with the patient</b>	<b>10. Design and evaluate services that seeks consumer input</b>

# Case from Hamberger et al. (2019)

- Background
  - Derrick, 60 year old male
  - Was sexually abused by his father at night
  - His father threatened him if he told anyone
- Event
  - Went to get a work-related physical exam
  - His doctor noticed he had not completed a colonoscopy and asked if he wanted to set one up. He denied it.
  - Doctor: "It's a harmless procedure. You're practically asleep and by the time you wake up, it's over and you leave."
  - Derrick agreed to it.
  - Doctor: "I see that I've referred you twice before, and you never followed through. You'd better show up this time, or it'll be the last time I do this for you."



**02**

# **Implementing Trauma Informed Care**

# As a provider

- Language used is highly important
  - "What is wrong with you?" → "What happened to you?"
  - Speak with compassion, but do not suggest blame
  - Ask the child about their fears and worries
- Create a sense of safety and trust
  - Willingness to listen
  - Identify any risks or safety issues for both the child and the family
  - Reflect on your own biases that may affect judgment
  - Know when it is okay to delay or postpone procedures
- Increase the caregiver's ability to be involved
  - Promotes secure attachment
  - Helps the child develop their resiliency and regulate emotions
  - Ask them about their child's history

# In the workplace

- Develop a welcoming, professional environment
  - Emphasize safety and privacy in all provider-patient interactions
  - Create a nonjudgmental clinical environment
  - Set appropriate boundaries without resorting to power displays
  - Show respect for the patient as a person and collaborate with them and their caregivers
- Tailor existing resources to the strengths of the medical institution
  - How would TIC look within your systems while collaborating with coworkers?
  - What strengths does your institution have that could benefit learning TIC?
  - Have referrals for community resources that can aid caregivers.
  - How can you support your staff/coworkers?

# In community

- Work to prevent ACEs
  - Promote secure attachment and safe, stable, and nurturing relationships with a child and their caregiver
  - Strengthen families' economic support through family-friendly work policies
  - Teach social-emotional learning, parenting skills, and healthy relationship skills.
- Develop community-centric activities that supports a healthy lifestyle and trauma recovery
  - Psycho-education, exercise, and mindfulness-based stress reduction.
  - Develop community partnerships with organizations that support this idea

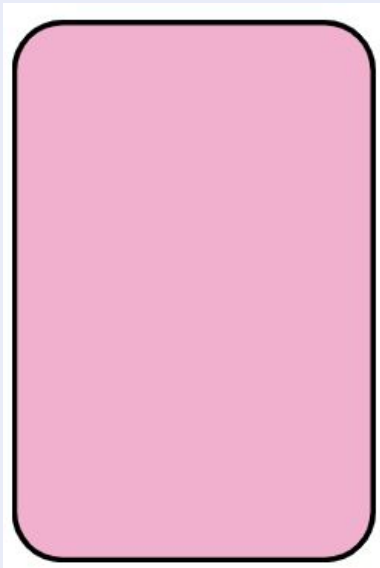
# Implementing TIC in the Case Study

- How could Derrick's experience been approached differently?
- Primary care based triggers
  - Colonoscopy is a reminder of sexual abuse because of its invasiveness
  - This reminder was further pushed by him saying he'll be "practically asleep"
  - The doctor's threat was a reminder of his father's threat
- What changes can be made?
  - Doctor could note the two previously missed colonoscopy appointments and discussed barriers Derrick may be facing
  - Describe the procedure to him in detail and explain health benefits
  - Read Derrick's body language throughout the conversation to understand how he is feeling
  - Increases chances of referral being successful and possible referrals for psychological services for trauma

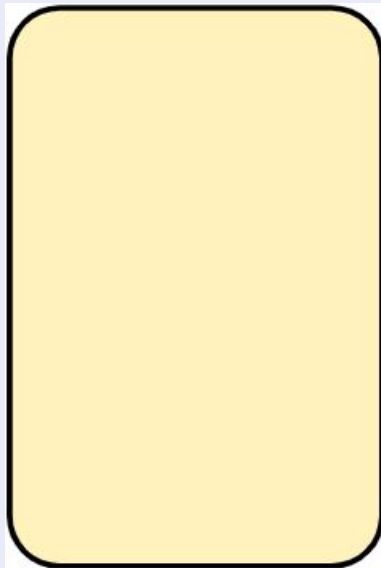
**03**

**Activity**

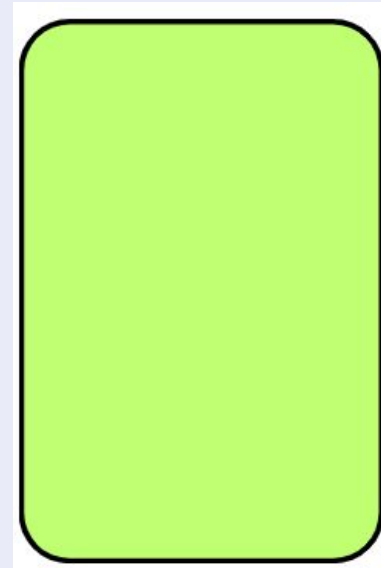
# The Deck



Age and  
sex/gender  
(16)



Location  
(20)



Scenario  
(24)

# Example



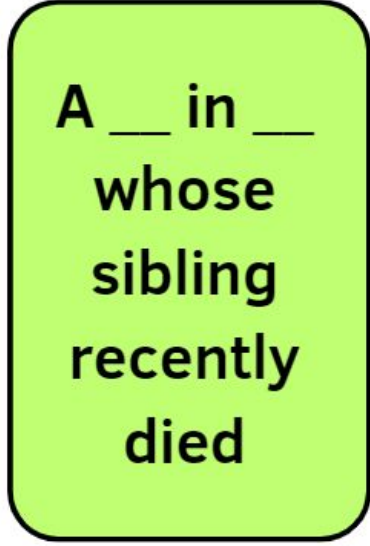
**6 year old  
female**

Age and  
sex/gender



**Pediatric  
office**

Location



**A \_\_ in \_\_  
whose  
sibling  
recently  
died**

Scenario



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