

## Incorporating TRAUMA INFORMED CARE

in Pediatric Practice

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## Disclosures

Neither I nor my spouse has a relevant financial relationship with a commercial interest to disclose.





# "ACE studies are as revolutionary now as germ theory was for the 19<sup>th</sup> century"

-Sandra Bloom, MD, National Collaboration on ACEs (NCAR), 2013



## Objectives

- Understand the rationale for trauma informed approach
- Acknowledge how our own perceptions affect the care we provide
- Acquire a framework for incorporating trauma informed care into practice\*

\*"Put your own oxygen mask on before helping others"





#### What is Trauma-Informed Care?

- SAMHSA (2015) concept of a trauma-informed approach A program, organization, or system that is trauma-informed:
  - Realizes the widespread impact of trauma and understands potential paths for recovery
  - Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices
  - Seeks to actively resist re-traumatization.





#### Trauma Informed Care Models

- Embrace & demonstrate new mental models informed by trauma theory
- Missouri Model (2014)
  - Stages of becoming "Trauma Informed"
- Schnyder (2015)
  - Psychotherapies for PTSD: What do they have in common?
- "Three Pillars" (Bath, 2008)
  - Safety
  - Connections
  - Managing emotions





#### Rationale

#### Why become trauma informed?

- Trauma is pervasive
- Impact is far-reaching
- Affects how people approach health care and other services
- Helping services can be inadvertently re-traumatizing

#### Focus on:

- Recovery and healing are possible
  - neuroplasticity, neurogenesis
- Protective factors facilitate healing and resilience
- Healing takes place in the context of safe and supportive relationships



## I. Safety

- Creating a safe place
  - Consistency
  - Reliability
  - Predictability
  - Availability
  - Honesty
  - Transparency
  - Include child in decision-making
  - Provision of knowledge about their circumstances (where appropriate)



#### II. Connections

- Restructure these associations so that the child/adolescent can develop positive emotional responses (e.g., happiness, joy, feelings of security) with some adults
- Learn to accurately distinguish between those who threaten harm and those that do not
- Peer Support including families of traumatized children or with hx of trauma
- The qualities of the therapeutic relationship itself account for twice as much positive change as the particular therapeutic technique



## III. Emotion & Impulse Management

- A primary focus of work with traumatized children needs to be on teaching and supporting them to learn new ways of effectively managing their emotions and impulses
  - Teaching self-regulating skills

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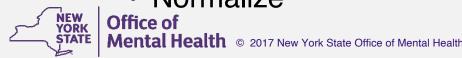
- May need adults who are willing to "co-regulate" with them when their emotions run wild, rather than relying on coercive approaches (Bath, 2008)
- The basic skills of active listening have a central role, especially the reflective skills which promote the labelling of feelings.

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#### Coping with Secondary Exposure to Trauma

- "The Cost of Caring" (Figley, 1982)
- Signs & Sx
  - Secondary Traumatic Stress
  - Vicarious Trauma/ Compassionate Fatigue
  - Burnout
- Managing Risk
  - UB School of SW "Self Care Starter Kit"
    - Awareness
    - Balance
    - Connection
- Process for incorporating into practice
  - Champion
  - Normalize





## Summary

- Kids who have experienced developmental trauma need
  - adults in their lives who can understand the impact of their experiences
  - People who can recognize the pain from ruptured connections that can lead to challenging behaviors
  - A trauma-informed approach that promotes healing and connections
- Important to consider cultural, historical, and gender issues
  - Efforts must be culturally sensitive and free of prejudices based on biases and stereotypes





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