



Incorporating TRAUMA INFORMED CARE in Pediatric Practice

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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*



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





Trauma Informed Care Models

Embrace & demonstrate new mental models informed by trauma theory

- Missouri Model (2014)
 - Stages of becoming “Trauma Informed”
- Intermountain Healthcare’s Care Process Model (2020)
 - <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>
- “Three Pillars” (Bath, 2008)
 - Safety
 - Connections
 - Managing emotions





Intermountain Healthcare's Care Process Model

- Pediatric Traumatic Stress Screening Tools (PTSST)
 - Age Specific (0-5yo, 6-10yo, 11-18yo)
 - Low Risk vs High Risk (reporting a potentially traumatic event)
- 3-Step Approach
 1. Report if appropriate
 2. Respond to Risk
 3. Stratify Treatment Approach





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
 - 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.



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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