



# Trauma Informed Care & Communities

Victor Fornari, MD, MS  
Professor, Psychiatry & Pediatrics; Zucker  
School of Medicine

Michael A. Scharf, M.D.  
Mark and Maureen Davitt Professor and Director of  
Child and Adolescent Psychiatry  
Psychiatrist-in-Chief, Golisano Children's Hospital  
Associate Chair for Children and Youth  
Department of Psychiatry, University of Rochester





# Disclosures

Neither we nor our spouses/partners has a relevant financial relationship with a commercial interest to disclose.





# Learning Objectives

- 1. Identify essential principles of Trauma Informed Care.
- 2. Identify developmentally appropriate strategies for assessing and diagnosing trauma and trauma-related disorders.
- 3. Identify one change or modification that can be made in one's own practice or community to facilitate or enhance trauma informed approaches.



# AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

[Home](#) / [Advocacy](#) / [Child and Adolescent Healthy Mental Development](#) / AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

## A call to action:

- Increase funding for mental health access
- Continue telehealth options
- Increase school based mental health options
- Accelerate integrated mental health in primary care
- Strengthen prevention programs
- **Promote and pay for trauma informed care to support resilience**
- Address acute care needs and staff shortages
- Advance mental health parity laws





# Trauma informed community begins with ourselves

- ❖ Be mindful of your own responses.
- ❖ Find care practices that work for you and are sustainable.
- ❖ Know you are not alone in this work.
- ❖ Get to know your resources (internal and local).
- ❖ Advocate for the team you need to do this work.



The cure for burnout isn't and can't be self care.  
It has to be all of us caring for each other.

~Emily & Amelia Nagoski

Dare to lead Podcast with Brene Brown



# Provide Trauma-Informed Care

Move away from summing the suffering to building the buffering



GOAL

Fostering safe, stable, and nurturing **relationships** to build **resiliency**



Screen and treat for **trauma-related symptoms**



Create a **safe environment**



Use engagement strategies to **build trust**



Focus on strengths to **empower patients and families**



Have brief office-based approaches to **promote growth mindset**



# What is resiliency?





# Resiliency

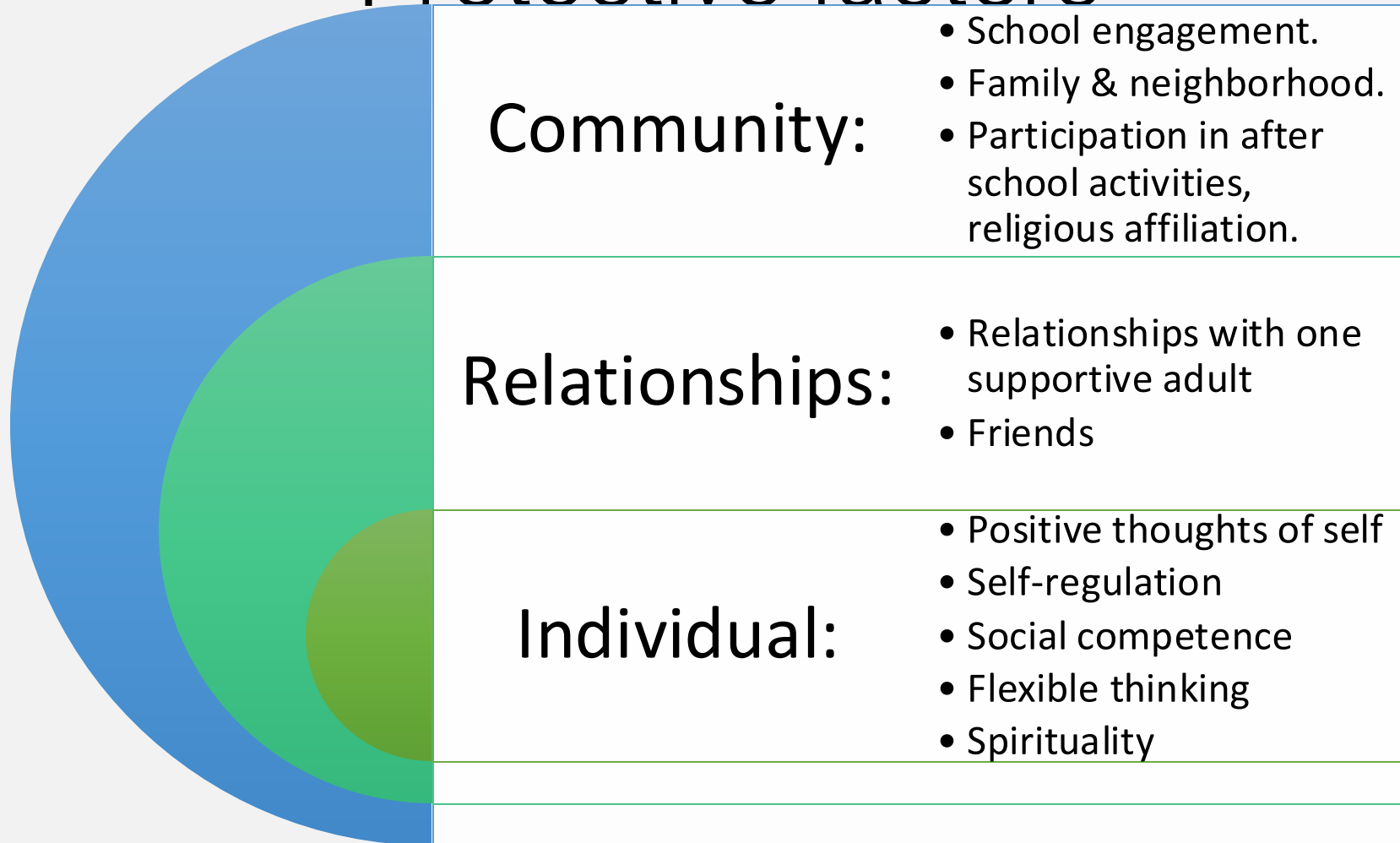
- Withstanding and rebounding from adversity.
  - Regaining the ability to thrive, with the potential for transformation and positive growth forged through the searing experience.
- Fostered by shared beliefs
    1. To *make meaning* of the crisis and challenges.
    2. To (re)gain a *positive, hopeful outlook that supports active agency*.

(Walsh, 2020)





# Protective factors





# When is stress “Toxic”?

- Stress is a normal and necessary part of development.
- Toxic when prolonged; in absence of protective relationships.

## POSITIVE



A normal and essential part of healthy development

### EXAMPLES

getting a vaccine,  
first day of school

## TOLERABLE



Response to a more severe stressor, limited in duration

### EXAMPLES

loss of a loved one,  
a broken bone

## TOXIC



Experiencing strong, frequent, and/or prolonged adversity

### EXAMPLES

physical or emotional abuse,  
exposure to violence



Brief increases in heart rate, mild elevations in stress hormone levels.

Serious, temporary stress responses, buffered by supportive relationships.

Prolonged activation of stress response systems in the absence of protective relationships.



# Role of primary care

- Supportive relationship over time.
- A safe place:
  - Patient centered medical home.
- Targeting modifiable/preventable ACES.
- Leveraging resilience factors.



**The Benefit of  
Supportive  
Relationships**





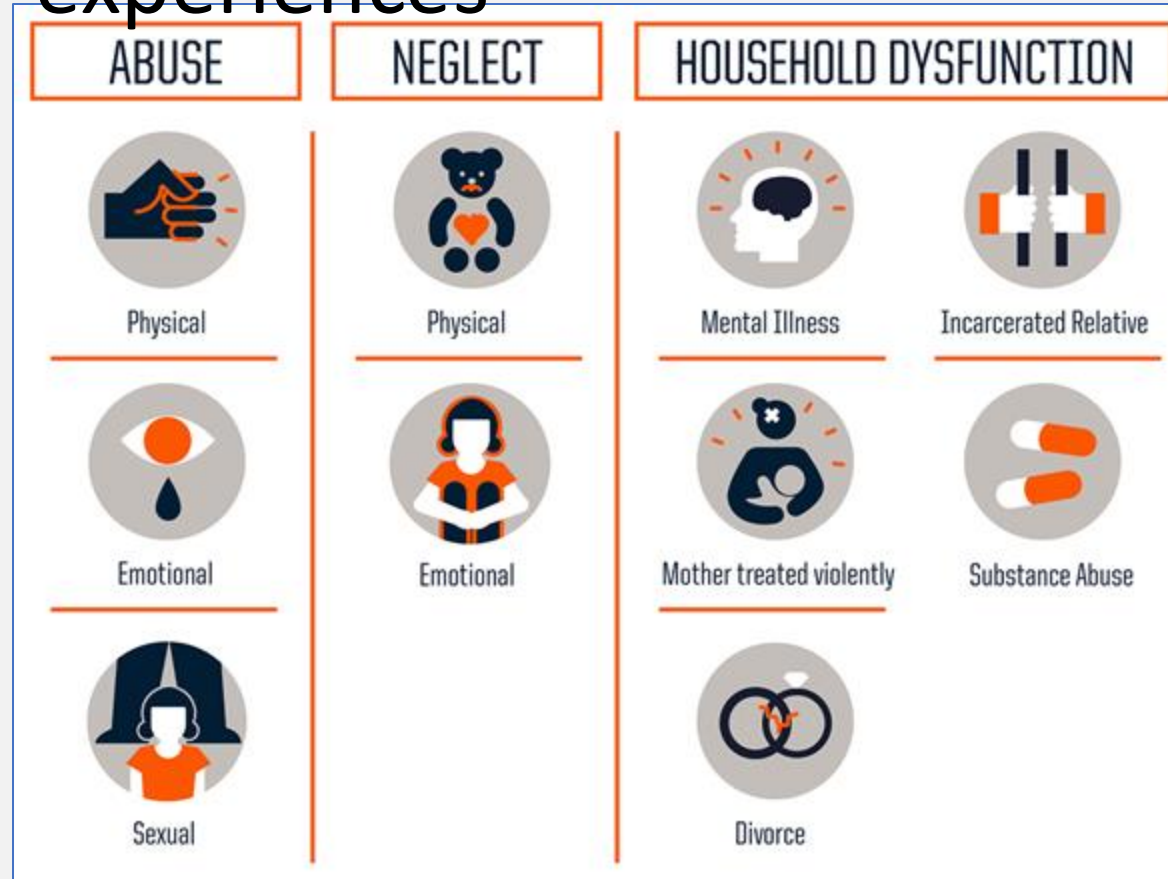
# Trauma informed care (TIC): Framework

- **Understanding** the prevalence of trauma & adversity & its impacts.
- **Recognizing** the effects of trauma & adversity on health and behavior.
- **Training** leadership, providers, and staff on responding with TIC best practices.
- **Integrating** knowledge about trauma into policies, procedures, practices.
- **Resisting re-traumatization** by approaching patients with non judgmental support.



# Adverse childhood experiences

Childhood adversity common pre pandemic

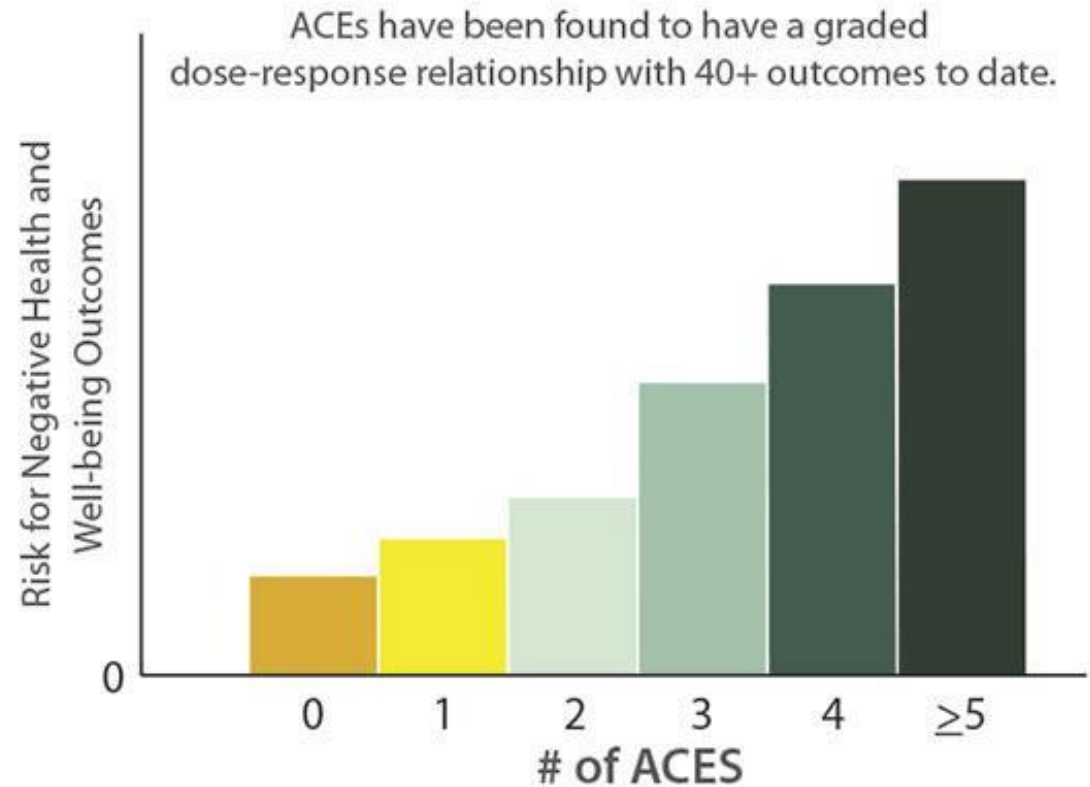


- Community Violence
- Bullying
- Disasters
- Medical trauma
- Refugee trauma
- Terrorism
- Traumatic Grief
- Historic & Racial trauma



Known risk  
between  
adversity  
and  
wellbeing

## Association between ACEs and Negative Outcomes



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.



**Figure 2: Leading Causes of Death in the U.S.**

	<b>Leading Causes of Death in the U.S., 2017</b>	<b>Odds Ratios for <math>\geq 4</math> ACEs (relative to no ACEs)</b>
1	<b>Heart disease</b>	2.1
2	<b>Cancer</b>	2.3
3	<b>Accidents</b> (unintentional injuries)	2.6
4	<b>Chronic lower respiratory disease</b>	3.1
5	<b>Stroke</b>	2.0
6	<b>Alzheimer's</b> or dementia	11.2
7	<b>Diabetes</b>	1.4
8	<b>Influenza and pneumonia</b>	Risk unknown
9	<b>Kidney disease</b>	1.7
10	<b>Suicide</b> (attempts)	37.5





# Who goes on to experience trauma sequelae?

- All Kids who experience childhood trauma develop PTSD.
  - a) True.
  - b) False.





# Who goes on to experience trauma sequelae?

- All Kids who experience childhood trauma develop PTSD.
  - a) True.
  - b) False.**



# Exposure doesn't equal trauma disorder

- Keep in mind the three e's of trauma:
  - Exposure
  - Experience
  - Effects
- Not everyone with a trauma history needs extensive trauma therapy.
- Careful assessment is helpful.





# Post Traumatic Stress Disorder

- Traumatic event (Criterion A) + 4 clusters + impairment x one month
- Clusters:
  - **B: Intrusive symptoms**
    - For kids – repetitive play with trauma themes
    - Frightening dreams without recognizable content
    - Trauma reenactments during play
  - **C: Persistence avoidance**
  - **D: Negative changes in cognition and mood**
  - **E: Hyperarousal and reactivity changes**



# TRAUMA SPECTRUM: FUNCTIONAL SYMPTOMS, PTSD AND COMPLEX TRAUMA

## A. Trauma mild or with support

Functional difficulties –  
Sleep, tantrums, toileting,  
eating

## B. Severe incident trauma with support

Functional difficulties AND  
PTSD sx : Arousal, avoidance,  
re-experiencing, fear

## C. Early interpersonal trauma, no support

Functional difficulties AND  
PTSD sx: Arousal, avoidance, re-  
experiencing, fear AND  
Affect dysregulation – violent reckless  
or self destructive, dissociation,  
attentional issues  
Negative self-concept – persistent  
beliefs as diminished, defeated,  
worthless, shame, guilt  
Interpersonal disturbances – difficulty  
with relationships



- Most Kids who experience Trauma are resilient:
  - a) True
  - b) False





- Most Kids who experience Trauma are resilient:
  - a) **True**
  - b) False



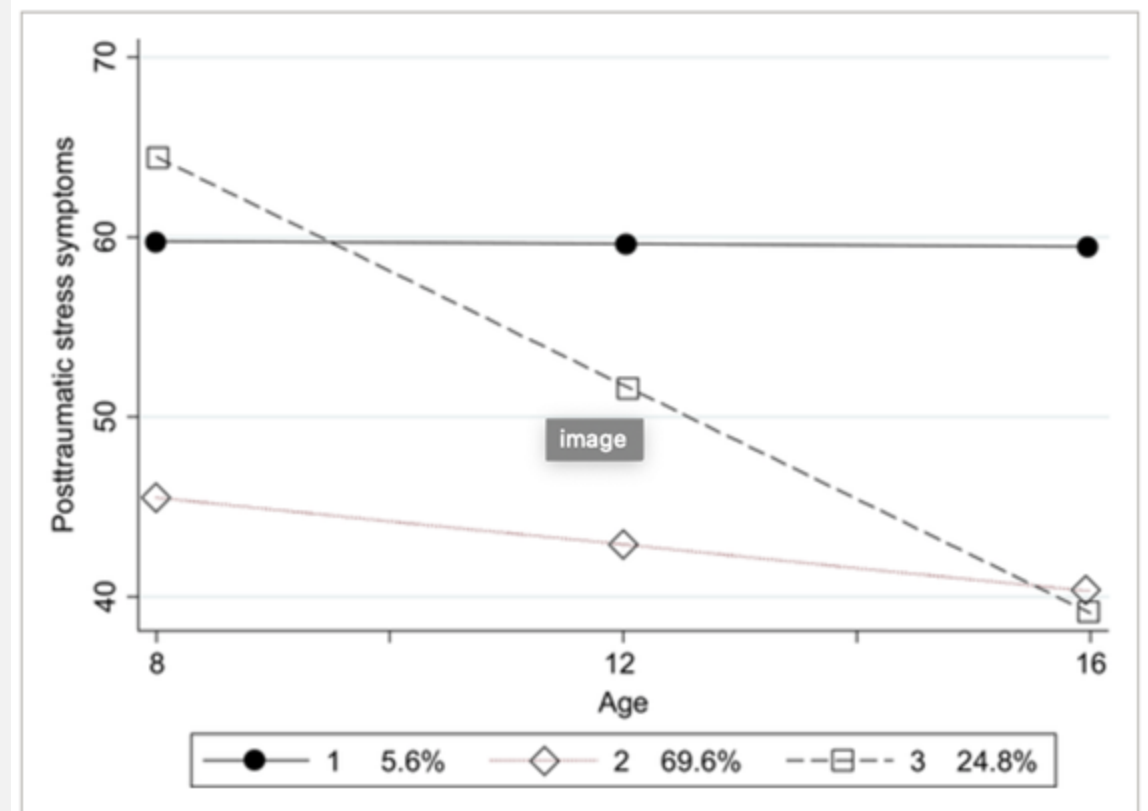


# PTSD patterns over time: Fortunately, most improve with support

## 3 patterns of symptoms:

- 70 % Resilient
  - 25 % Clinical-Improving
  - 5 % Borderline-Stable
- From longitudinal Study of Child Abuse & Neglect
    - N = 1,178 at-risk children
    - Multiple evals between 4-18 years of age.

(Miller-Graff & Howell, 2017).



Borderline-Stable

Clinical-Improving

Resilient



# Trauma informed care: Principles

Establish physical and emotional safety of patients and staff.

Build trust between providers and patients.

Recognize the signs and symptoms of trauma exposure on physical and mental health.

Promote patient-centered, evidence-based care.

Ensure collaboration by bringing patients into process of goal-setting, treatment-planning.

Provide culturally sensitive care.





# Universal Screening tools

- ACES/PEARLS& BCES
  - parents
  - youth
- SEEK for 0-5 youth

## Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: Caregiver

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

*Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."*

### PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?  
*(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?  
*(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)*
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?  
  
Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?  
  
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?  
  
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?  
*(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?  
*(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*



# Open ended trauma inquiry

“Has anything bad or scary happened to you or your child since I last saw you?”

“Stressful and scary events sometimes happen. Has there been a time where you felt really scared for your safety or someone else’s at home or in the community?”



# Resilience inquiry



*All of us have somethings from our childhood that are so wonderful. All of us have things that we hope to protect our children because they were hard. What do you want your children to get from you and what would you want to protect them from?*

- Tell me a little bit about yourself:
  - What are some things you are really proud of?
  - What are your parents really proud of?
- If something difficult were to happen, who would be available to help you?
- If something good were to happen, who would be cheering for you?



# Rating scales for PTSD

- Child and Adolescent Trauma Screen (CATS)
  - Self report, children 7-17
  - Caregiver report 3-17
  - Score >12 suggests need to refer and possibly treat
- Child PTSD Symptom Scale (CPSS)
  - Self report, 8-18
  - Score >15 suggests PTSD highly likely.

## Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.**

- |                                                                                    |                              |                             |
|------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, sports injury.      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Robbed by threat, force or weapon.                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Slapped, punched, or beat up in your family.                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Slapped, punched, or beat up by someone not in your family.                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in your family get slapped, punched or beat up.                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in the community get slapped, punched or beat up.                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone older touching your private parts when they shouldn't.                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Someone forcing or pressuring sex, or when you couldn't say no.                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Someone close to you dying suddenly or violently.                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Attacked, stabbed, shot at or hurt badly.                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Seeing someone attacked, stabbed, shot at, hurt badly or killed.               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Stressful or scary medical procedure.                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Being around war.                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Other stressful or scary event?                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe: \_\_\_\_\_

Which one is bothering you the most now? \_\_\_\_\_



Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

- |                                                                                                                                          |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1. Upsetting thoughts or pictures about what happened that pop into your head.                                                           | 0 | 1 | 2 | 3 |
| 2. Bad dreams reminding you of what happened.                                                                                            | 0 | 1 | 2 | 3 |
| 3. Feeling as if what happened is happening all over again.                                                                              | 0 | 1 | 2 | 3 |
| 4. Feeling very upset when you are reminded of what happened.                                                                            | 0 | 1 | 2 | 3 |
| 5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).                    | 0 | 1 | 2 | 3 |
| 6. Trying not to think about or talk about what happened. Or to not have feelings about it.                                              | 0 | 1 | 2 | 3 |
| 7. Staying away from people, places, things, or situations that remind you of what happened.                                             | 0 | 1 | 2 | 3 |
| 8. Not being able to remember part of what happened.                                                                                     | 0 | 1 | 2 | 3 |
| 9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe. | 0 | 1 | 2 | 3 |
| 10. Blaming yourself for what happened, or blaming someone else when it isn't their fault.                                               | 0 | 1 | 2 | 3 |
| 11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.                                                                     | 0 | 1 | 2 | 3 |
| 12. Not wanting to do things you used to do.                                                                                             | 0 | 1 | 2 | 3 |
| 13. Not feeling close to people.                                                                                                         | 0 | 1 | 2 | 3 |
| 14. Not being able to have good or happy feelings.                                                                                       | 0 | 1 | 2 | 3 |
| 15. Feeling mad. Having fits of anger and taking it out on others.                                                                       | 0 | 1 | 2 | 3 |
| 16. Doing unsafe things.                                                                                                                 | 0 | 1 | 2 | 3 |
| 17. Being overly careful or on guard (checking to see who is around you).                                                                | 0 | 1 | 2 | 3 |
| 18. Being jumpy.                                                                                                                         | 0 | 1 | 2 | 3 |
| 19. Problems paying attention.                                                                                                           | 0 | 1 | 2 | 3 |
| 20. Trouble falling or staying asleep.                                                                                                   | 0 | 1 | 2 | 3 |

Total Score \_\_\_\_\_  
Clinical = 15+

Please mark "YES" or "NO" if the problems you marked interfered with:

- |                              |                              |                             |                         |                              |                             |
|------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| 1. Getting along with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Family relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Hobbies/Fun               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. General happiness    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School or work            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                         |                              |                             |





# Evidence-based tx

## At-risk youth

- Multiple ACES/At-risk youth
  - Parent-child interactive therapy
  - Child parent psychotherapy to help child & parent attune

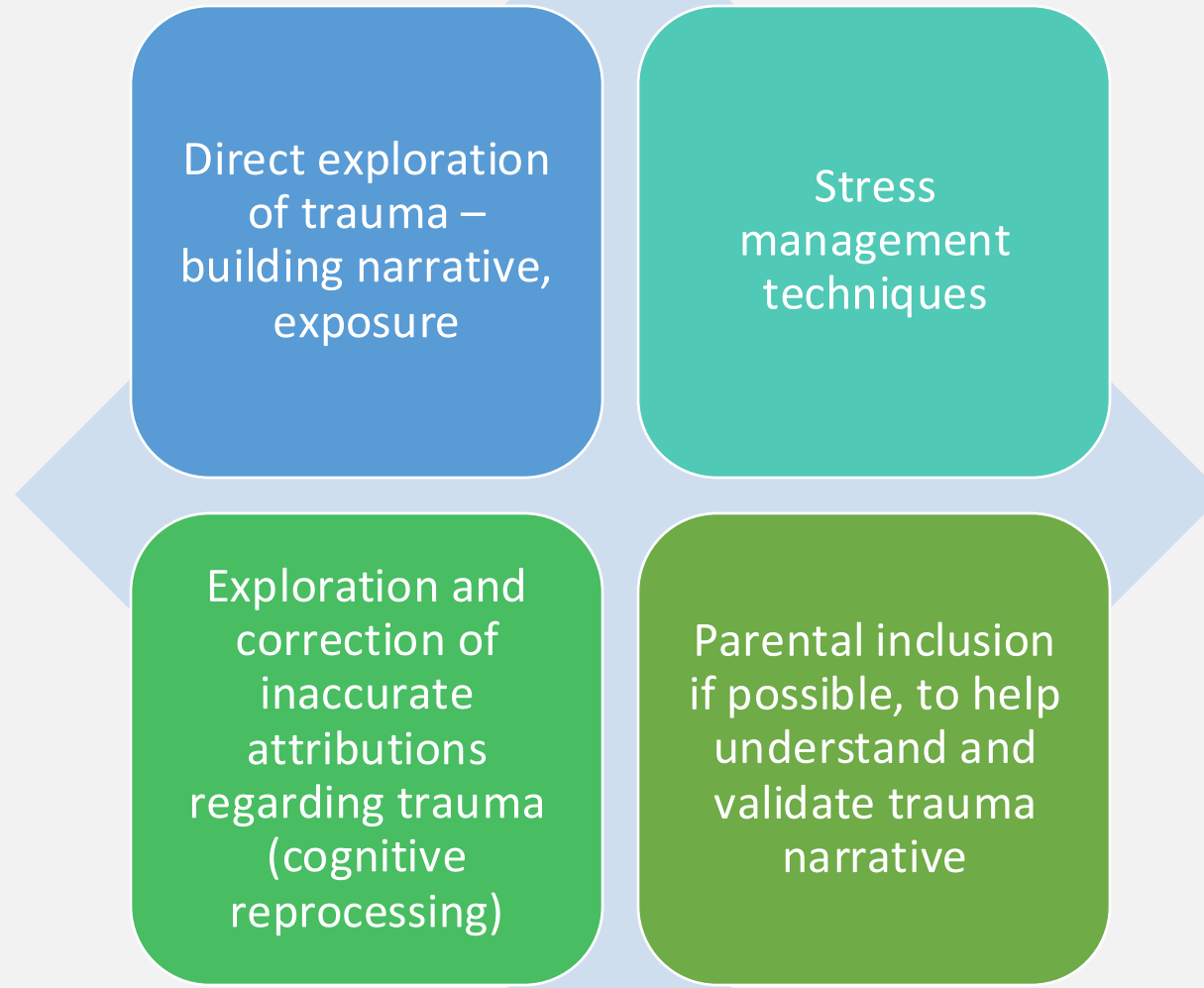
## PTSD & Complex trauma

- Complex trauma
  - ARC: Attachment, regulation, competency
  - ITCT: Integrative treatment of complex trauma
- PTSD
  - Trauma focused CBT (ages 3+)
  - Child and family traumatic stress intervention
  - EMDR





# PTSD Essential TX components



# PTSD Tx Components in Primary care



# Brief interventions



If you checked 'yes' on either question above, please continue below.

Select how often your child had the problem below in the past month. Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS



How much of the time during the past month...	None	Little	Some	Much	Most
1 My child has bad dreams about what happened or other bad dreams.	<b>Sleep problems</b>				
2 My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	<b>Both</b>				
3 My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	<b>Hypervigilance and Intrusive Symptoms</b>				
4 When something reminds my child of what happened, he/she has strong feelings in his/her body, like his/her heart beats fast, headaches, or stomach aches.					
5 When something reminds my child of what happened, he/she gets very upset, afraid, or sad.					
6 My child has trouble concentrating or paying attention.					
7 My child gets upset easily or gets into arguments or physical fights.	<b>Avoidance and Negative Mood</b>				
8 My child tries to stay away from people, places, or things that remind him/her about what happened.					
9 My child has trouble feeling happiness or love.					
10 My child tries not to think about or have feelings about what happened.					
11 My child has thoughts like "I will never be able to trust other people."					
12 My child feels alone even when he/she is around other people.	<b>Suicide</b>				
13 *Over the last 2 weeks, how often has your child been bothered by thoughts that he/she would be better off dead or hurting him or herself in some way?					

**TABLE 7. Teach a Helpful Response (for details see page 23)**

Sleep problems	<ul style="list-style-type: none"> <li>• Sleep education</li> <li>• Belly breathing</li> <li>• Guided imagery</li> </ul>
Hypervigilant / intrusive symptoms	<ul style="list-style-type: none"> <li>• Belly breathing</li> <li>• Guided imagery</li> <li>• Progressive muscle relaxation</li> <li>• Mindfulness</li> </ul>
Avoidance / negative mood symptoms	<ul style="list-style-type: none"> <li>• Behavioral activation</li> <li>• Return to routine</li> <li>• Caregiver support</li> </ul>

# Psychopharmacology

- Adjunctive - NOT one of the established elements of treatment
- Theories; some reports of med efficacy; no randomized trials.
- Medications used to treat prominent symptoms or co-morbid psychiatric conditions.

## Core PTSD sx

- Hyperarousal & nightmares- alpha agonistst

# Takeaways

Trauma is ubiquitous & most youth are resilient.

Most severe trauma sequelae occurs in the absence of protective relationships.

You can have an important role in promoting resilience in a child & family's life.

What changes are needed to embody and integrate TIC into your practice?



A young girl with a joyful expression is the central focus, smiling broadly. She is being held and supported by two adults. One adult's hand is visible on her left shoulder, while another adult's hand is near her face. The background shows a clinical or office environment with papers and charts. The overall mood is warm and supportive.

# Thank

# You



**ProjectTEACH**

TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH