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FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Trauma Informed Care: Incorporating into Your Practice

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Disclosures

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

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WHY is trauma informed care important in primary care?

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Trauma-Informed Care in Practice

- 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 is COMMON (estimates that more than 50% of children have had exposure to a traumatic event)

Many children/families who have experienced trauma are UNDIAGNOSED and UNTREATED

Providers who use a trauma informed approach in ALL patient encounters are providing a UNIVERSAL PRECAUTION to prevent retraumatizing a child/family

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Rationale

Focus on:

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

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What are challenges incorporating trauma informed care into practice?

Incorporation into practice - challenges

- Office culture (readiness for change)
- Knowledge
- Time/scheduling/workflow issues
- Resources - educational, emotional, psychosocial, community
- Ongoing staff support/team building
- Financial barriers

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From: **Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health**

Pediatrics. 2021;148(2). doi:10.1542/peds.2021-052582

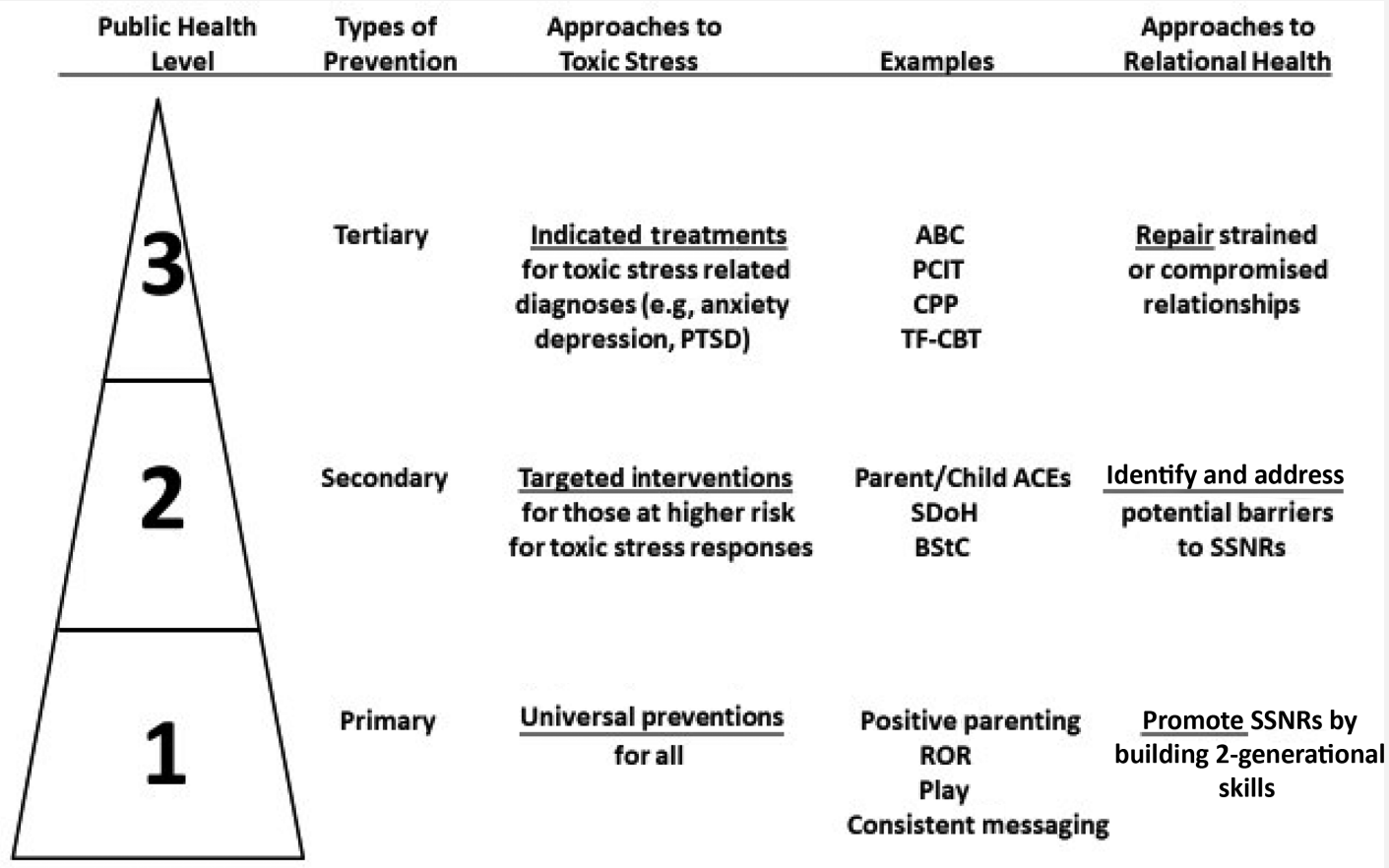
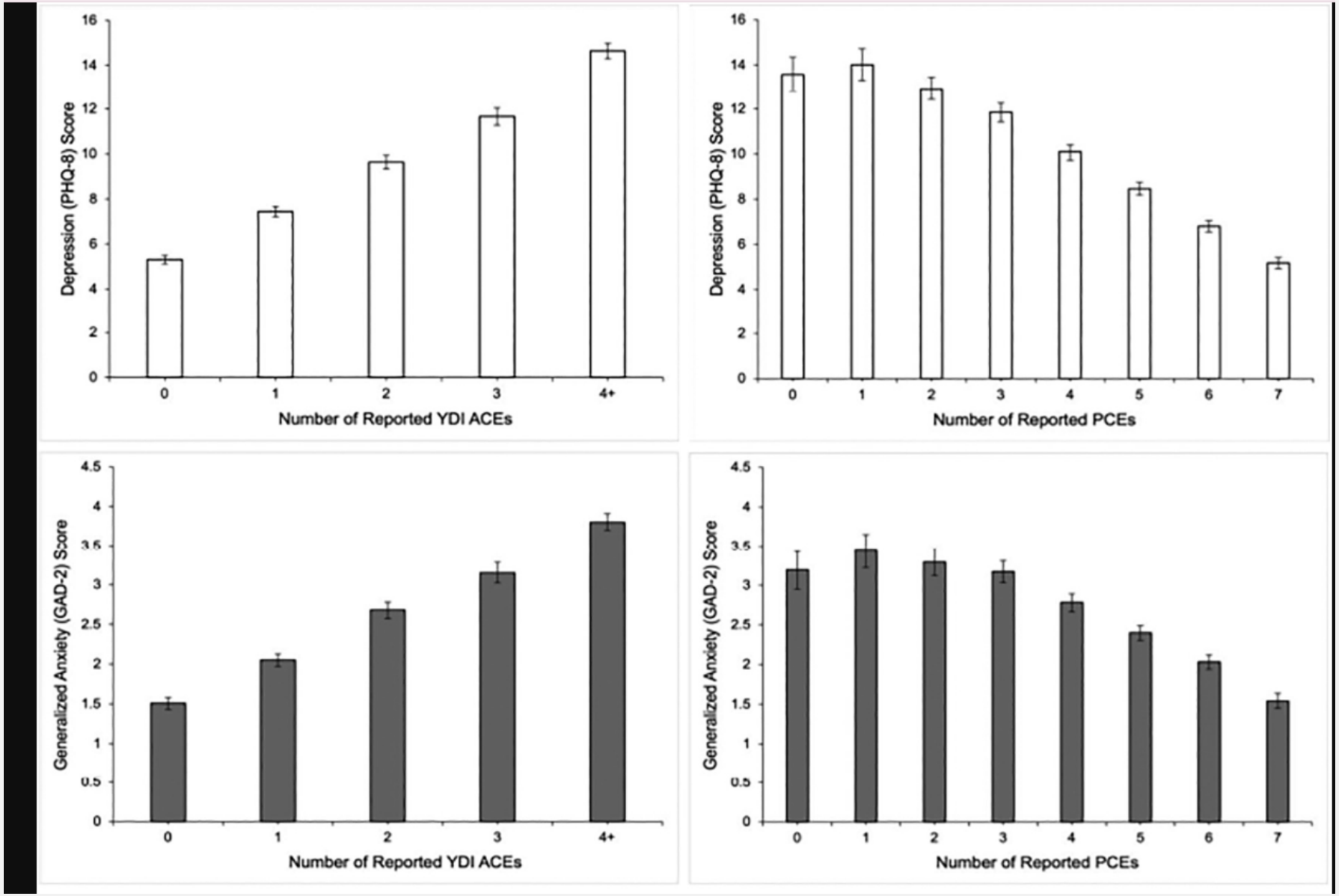


Figure Legend:

A public health approach to prevent childhood toxic stress is a public health approach to promote relational health. Many of the components of a public health approach to prevent, mitigate, and treat toxic stress responses (see examples) are also components of a public health approach to promote, identify barriers to, and repair SSNRs. The examples provided are illustrative and not intended to be comprehensive or exhaustive. See the Appendix for full descriptions of the abbreviations. BStC, biological sensitivity to context; PTSD, posttraumatic stress disorder. Adapted with permission from Garner AS, Saul RA. Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health. Itasca, IL: American Academy of Pediatrics; 2018

Positive Childhood Experiences Protective



Samii, et.al. Child Abuse and Neglect, Oct 2025

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Surveillance - trauma is common

"Has anything bad or scary or upsetting happened since our last visit?"

"Has anyone come or gone from your family recently?"

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Initial Steps

Consider the diagnosis of trauma in patients with

Somatic complaints	Symptoms of emotional dysregulation/distress	Children living in "high risk" situations
Sleeping/eating difficulties	Academic/social difficulties	Regression, behavioral changes

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Rule out co-morbidities (full assessment)

Utilize	Utilize Standardized Screening Tools
Assess	Assess degree of impairment
Address	Address safety issues

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Screening

ACEs for parent and/or child

Domestic violence screening

SEEK (Safe Environment for Every Kid)

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PCPs play a crucial role in trauma treatment

Childhood exposure to traumatic events is common

PCP offices can be the first place it is identified

PCP can learn to recognize and treat acute symptoms in their offices

Successful treatment is built upon a strong and caring relationship with at least one adult

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Office based intervention - psychoeducation

Emphasize the role of a single nurturing relationship in recovery from trauma

Discuss the biological basis of fear and its manifestations (fight/flight)

Relationships, routine and regulation

Offer some practical tips on ways to integrate these concepts into family life now

Introduce role of therapy for ongoing trauma treatment, and provide linkage and warm hand-off (if possible)

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TIC goals in primary care

Convey	Convey hope
Build	Build resilience
Engage	Engage learning/thinking brain
Develop	Develop child's self-efficacy
Teach	Teach skills of self-regulation

Case: Eli, 8 years old

CC: “angry and moody whenever I ask him to do anything”

- Comes with stepmother. He lived with birth mother until he was 7. Removed by CPS for neglect
- Initially eager to please and easygoing. Loving towards 2-year-old stepsister.
- Now gets angry and yells at his stepmother when she tells him to do things
- Some nights hears him crying softly in his room
- Above average grades and likes to read. One friend in his class.
- Father works 12-hour days
- On exam: Well groomed, down cast eyes, sad affect, shame when stepmother speaks, only smiles when step sib brings him a toy.

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Initial Observations

- Mom looks frustrated, overwhelmed, and angry
- Child - sad, ashamed, quiet
- What else do you want to know?

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Table Exercise: Assessment and Differential Diagnosis

- What else do you want to know?
  - What would you ask the stepmother?
  - What would you ask Eli?
  - How would you phrase the questions?

- What is on your differential diagnosis?

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Differential diagnosis?

- Depression
- Anxiety
- Trauma
- Adhd
- ODD
- Aggression

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Next step?

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Interview Eli

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Interview with Eli

Safety	Calm voice, eye contact, warmth	Convey hope, empathy, “helper”
Gentle questioning	Recognize, compliment strengths	Be alert for s/s of distress

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Interview with Eli

- Admits he has nightmares about being sent back to his birth mother
- Describes times when his birthmother or her friends hurt him.
- Admits he has thought of running away from home.

- CATS 2 score - 25

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Initial Assessment: Eli

Child's trauma screen positive	Safety concerns	Maternal distress
Child - mood and sleep impairments	Impairment of parent/child relationship	Additional screens pending

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Next step?

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Psychoeducation: How to discuss trauma with mom and child

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What is toxic stress and how does the body react

Message to parents

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Distinguish between normal stress and toxic stress

Occurs when a child feels unsafe over a long time and lacks the buffering effect of being loved and cared for by a supportive adult

Children who experience this level of stress have difficulty with managing their emotions, regulating sleep and appetite and developing relationships

Treatment is available and effective. The strongest predictor of recovery is the development of a supportive, loving relationship with at least one caring adult.

Positive experiences mitigate adverse experiences

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Talking with families about trauma

Describe	Describe signs and symptoms of childhood trauma (fight/flight/freeze response)
Convey	Convey support and hope for recovery, and assure collaboration and partnership
Offer	Offer practical suggestions for help NOW with difficult symptoms
Plant	Plant the seed of psychotherapy (begin linkage if family is ready)

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- Might

What might you recommend for Eli's anger/mood issues?

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Self- regulation strategies

Parent helps child to label emotions, feelings, thoughts, and expand emotional vocabulary

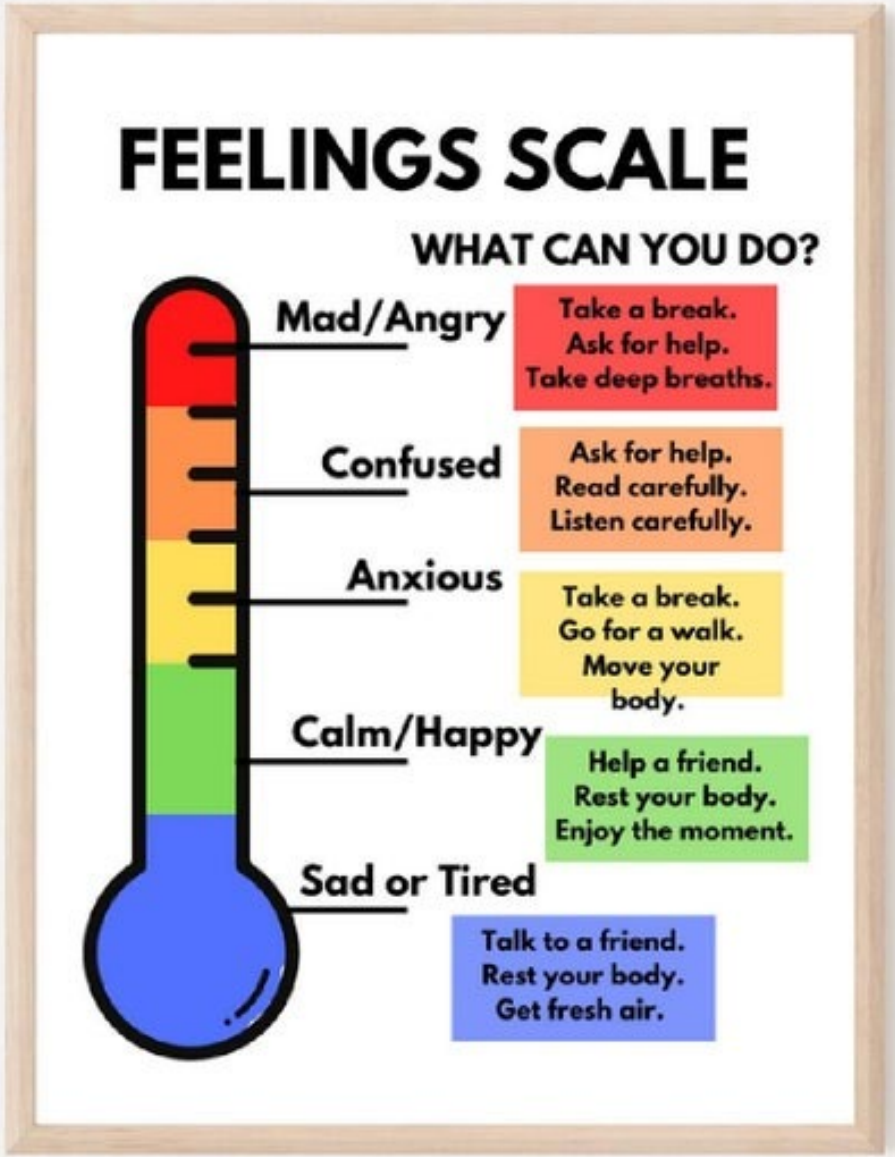
Teach child about his brain - feeling, thoughts, behavior triangle

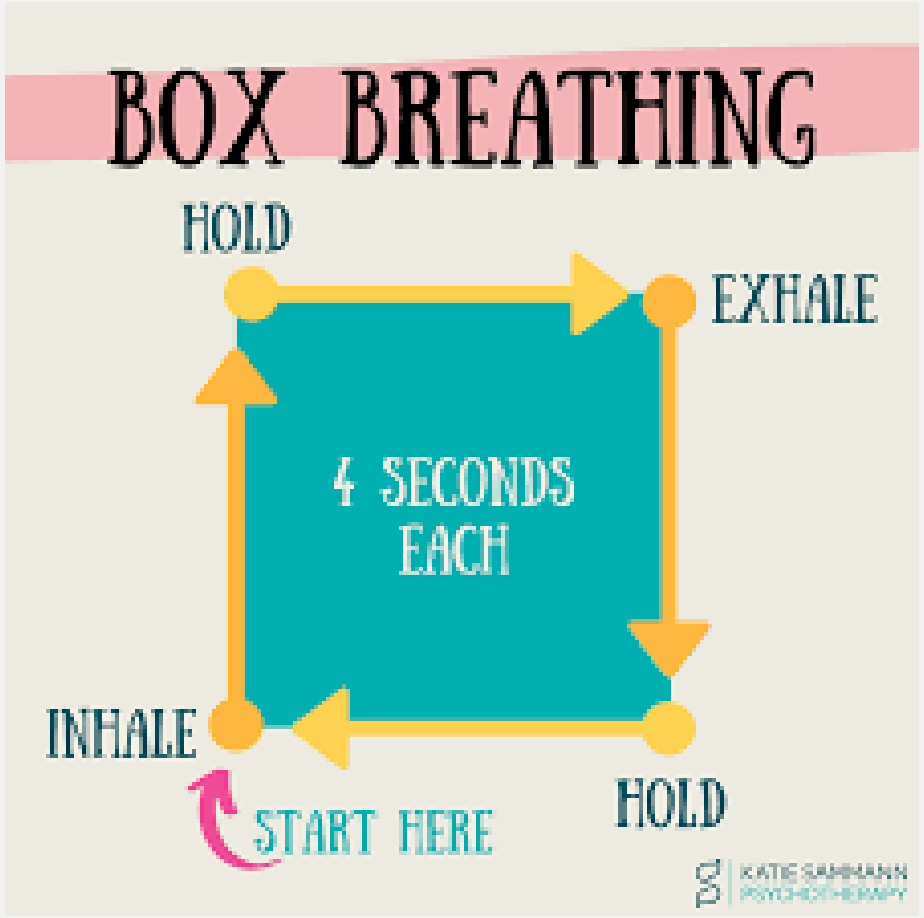
“Feelings thermometer”

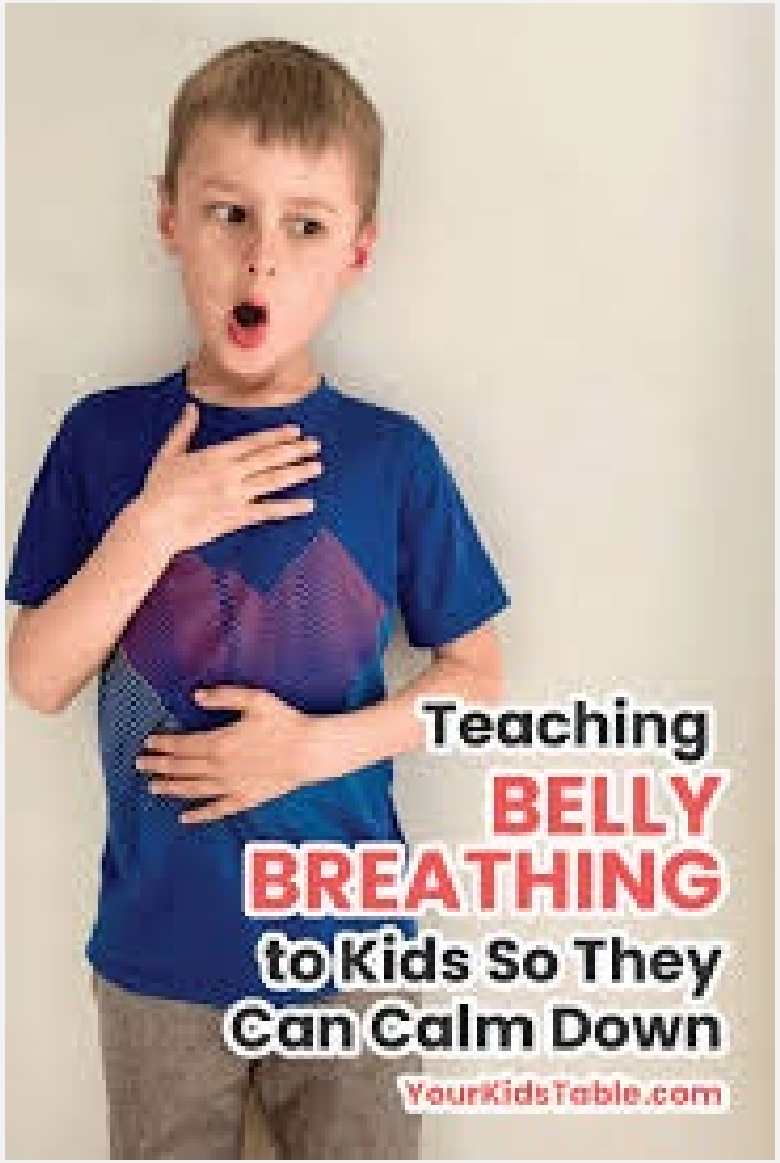
Positive self-talk

Breathing exercises (box breathing)

Mindful meditation


FEELINGS SCALE
WHAT CAN YOU DO?
Mad/Angry
Take a break.
Ask for help.
Take deep breaths.
Confused
Ask for help.
Read carefully.
Listen carefully.
Anxious
Take a break.
Go for a walk.
Move your
body.
Calm/Happy
Help a friend.
Rest your body.
Enjoy the moment.
Sad or Tired
Talk to a friend.
Rest your body.
Get fresh air.


BOX BREATHING
HOLD
EXHALE
4 SECONDS EACH
INHALE
START HERE
HOLD
KATIE SAMMANN PSYCHOTHERAPY


Teaching
BELLY
BREATHING
to Kids So They
Can Calm Down
YourKidsTable.com

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What office-based interventions would be helpful for Eli?

Sleep strategies

Self-regulation techniques

Relationship building/mom and child

Sleep Interventions

- Consistent Schedule
- Bedtime routine
- Limit screen time
- Create relaxing sleep environment –quite/limited light
- Avoid frightening digital content
- Meditation
- ? Medication

Collaboration

School – social worker, teacher

Community support – peer mentor, after school activities

Support for family

What supports are in your office – social worker, care coordinator

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Summary

-relationship with child/family important part of healing

-frequent follow ups essential

-use of screen tools

-HOPE is important!

-Call PROJECT TEACH

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Interventions for “strong emotions”

1

Reassurance - verbal and nonverbal messages to buffer child’s fears

2

Routines - predictability, eg. school mornings, after school, bedtime

3

Regulation - Help child label emotions/ thoughts, “Time-in” activities, help with household tasks, play and co-regulation activities with parent

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Resources

Aap.org:The Trauma-Informed Pediatric Practice. Paperback 2024

Aap.org: Childhood Trauma and Resilience : A practical guide. e-book. 2021

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Thank you!