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FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Trauma Informed Care: Incorporating into Your Practice

Fall, 2026

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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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Practice Focused Learning Objectives

1. Recognize common signs and presentations of trauma and toxic stress in pediatric primary care.
2. Apply trauma-informed communication strategies to strengthen therapeutic relationships with children and caregivers.
3. Incorporate practical trauma-informed assessment and office-based interventions into routine pediatric visits.
4. Identify when additional screening, referral, or consultation is needed to support children affected by trauma.

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Why is Trauma Informed Care Important in Primary Care?

Trauma acts as an invisible driver behind somatic complaints, developmental delays, and behavioral disruptions.

What is wrong with this patient?

What happened to this patient?

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Poll #1

How often do you suspect trauma is contributing to a child's symptoms?

- Rarely
- Sometimes
- Frequently
- Almost daily

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The 4 Rs of a Trauma Informed Approach

A program, organization, or system is trauma-informed when it

- ***Realizes*** the widespread impact
- ***Recognizes*** signs
- ***Responds*** by integrating knowledge into policies, and actively
- ***Resists re-traumatization***

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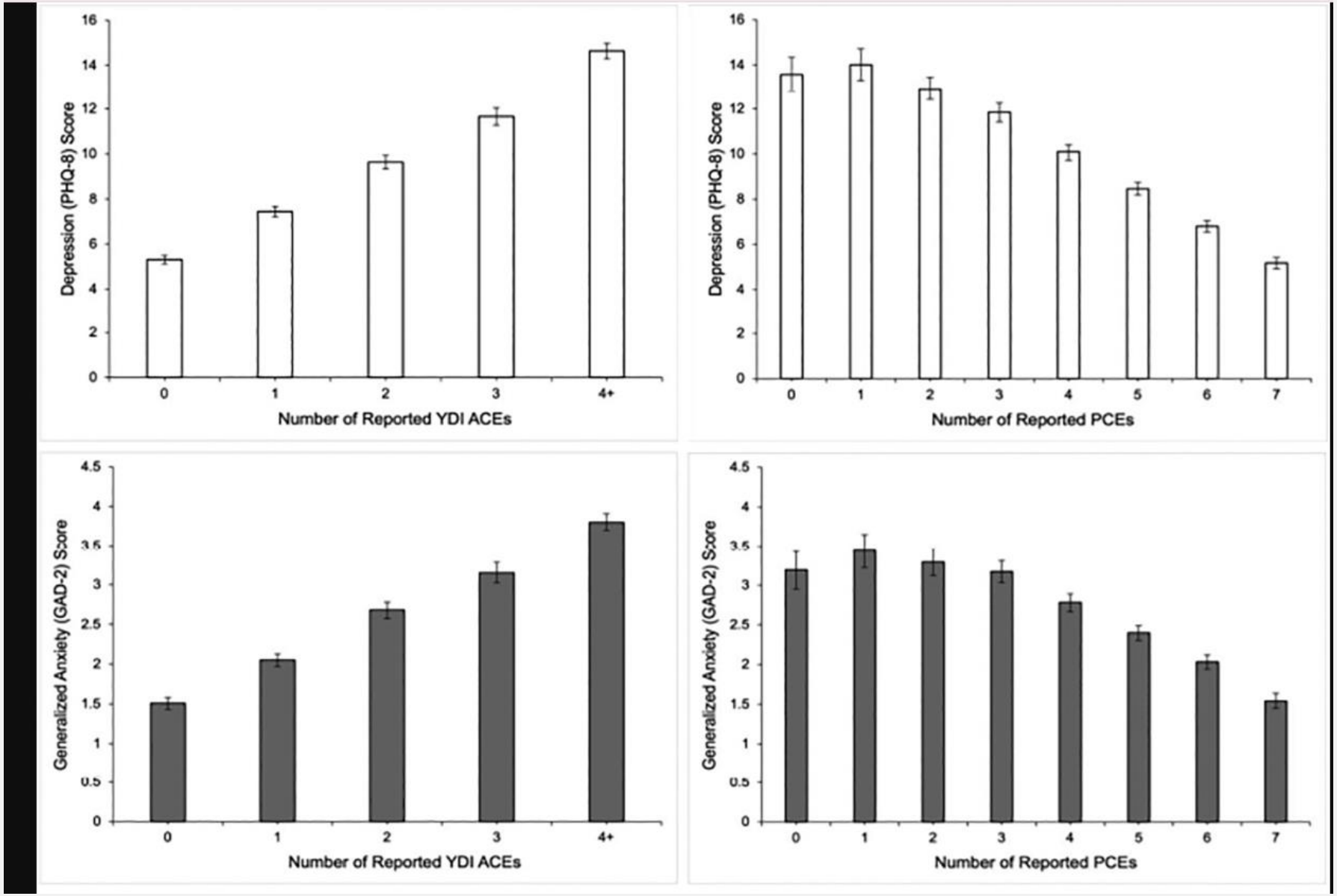
Relational Health as a Buffer for Toxic Stress

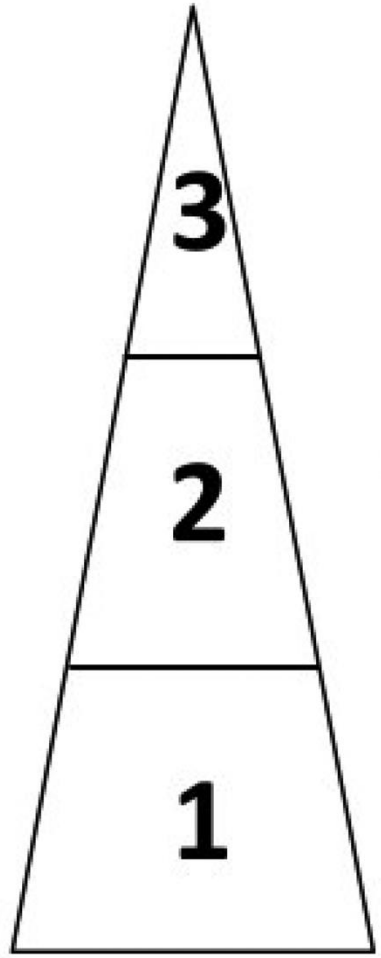
- Biological healing occurs primarily within Safe, Stable, and Nurturing Relationships (SSNRs).
- Data-Driven Hope: Positive Childhood Experiences (PCEs) directly drop adult depression and anxiety scores, neutralizing high historical ACE risks.

Safe, Stable, and Nurturing Relationships are among the most powerful interventions available to pediatricians.

Positive Childhood Experiences Protective



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



Public Health Level	Types of Prevention	Approaches to Toxic Stress	Examples	Approaches to Relational Health
3	Tertiary	Indicated treatments for toxic stress related diagnoses (e.g, anxiety depression, PTSD)	ABC PCIT CPP TF-CBT	Repair strained or compromised relationships
2	Secondary	Targeted interventions for those at higher risk for toxic stress responses	Parent/Child ACEs SDoH BStC	Identify and address potential barriers to SSNRs
1	Primary	Universal preventions for all	Positive parenting ROR Play Consistent messaging	Promote SSNRs by building 2-generational skills

From: **Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health**
Pediatrics. 2021;148(2). doi:10.1542/peds.2021-052582

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Poll for Ira

- **Question Type:** Multiple Choice (Single or Multiple Choice)
- **Question Text:** What are the primary barriers preventing you from integrating trauma-informed care into your daily pediatric practice?
- **Answer Options: (can we do check all that apply?)**
  - [ ] 1. Time constraints during a standard 15-minute encounter
  - [ ] 2. Diagnostic confusion (unsure if it is trauma, ODD, or ADHD)
  - [ ] 3. Lack of mental health resources or referral networks
  - [ ] 4. Feeling unequipped to handle a trauma disclosure in the room
  - [ ] 5. Provider burnout or secondary traumatic stress

Incorporation into practice - challenges

- Office culture (readiness for change)
- Knowledge - diagnostic overlap
- Time/scheduling/workflow issues
- Fragmented system resources - educational, emotional, psychosocial, community
- Ongoing staff support/team building
- Fear of opening a conversation that cannot be fully addressed during the visit

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What can we realistically do?

- Prepare the Practice
- Surveillance
- Screen
- Build a therapeutic alliance
- Office-based interventions
- Refer
- Call Project TEACH

Prepare the Practice

- Normalize screening for trauma and adversity
- Build workflows for screening and follow-up
- Train all staff in trauma-sensitive interactions
- Create referral pathways before you need them

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High Yield Surveillance

"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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High Yield Surveillance

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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Initial Clinical Steps: Beyond the Screener

- **Screeners are a conversation launchpad, not an automatic diagnostic checkbox**

- Thorough developmental and behavioral assessments and the physical exam can help rule out comorbidities

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Screening Tools

- ACEs for parent and/or child
- SEEK (Safe Environment for Every Kid)
- Survey of Well-being of Young Children
- Child and Adolescent Trauma Screen 2.0

SWYC™: 6 months

6 months, 0 days to 8 months, 31 days

V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Makes sounds like "ga," "ma," or "ba"	0	1	2
Looks when you call his or her name	0	1	2
Rolls over	0	1	2
Passes a toy from one hand to the other	0	1	2
Looks for you or another caregiver when upset	0	1	2
Holds two objects and bangs them together	0	1	2
Holds up arms to be picked up	0	1	2
Gets into a sitting position by him or herself	0	1	2
Picks up food and eats it	0	1	2
Pulls up to standing	0	1	2

BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2

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FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No
1 Does anyone who lives with your child smoke tobacco?	(Y)	(N)
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	(Y)	(N)
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	(Y)	(N)
4 Has a family member's drinking or drug use ever had a bad effect on your child?	(Y)	(N)

	Never true	Sometimes true	Often true
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	○	○	○

6 In general, how would you describe your relationship with your spouse/partner?	No tension ○	Some tension ○	A lot of tension ○	Not applicable ○
7 Do you and your partner work out arguments with:	No difficulty ○	Some difficulty ○	Great difficulty ○	Not applicable ○

8 During the past week, how many days did you or other family members read to your child? (0) (1) (2) (3) (4) (5) (6) (7)

EMOTIONAL CHANGES WITH A NEW BABY**

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

In the past seven days…

1 I have been able to laugh and see the funny side of things

(0) As much as I always could | (1) Not quite so much now | (2) Definitely not so much now | (3) Not at all

2 I have looked forward with enjoyment to things

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Humiliation, Afraid, Rape, Kick (HARK)

Within the last year...

Have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?	**No**	**Yes**
Have you been afraid of your partner or ex-partner?	**No**	**Yes**
Have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	**No**	**Yes**
Have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?	**No**	**Yes**

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Build an Alliance



- Common factors are often the most powerful intervention available during a brief pediatric visit
  - Evidence-based communication skills to build a therapeutic relationship and engage families in care.
    - Interpersonal skills
    - Skill that motivate behavior change

- Training pediatricians in common factors can reduce distress and improve symptoms.

Wissow, L; Anthony, B; Brown, J; DosReis, S. Gadomski, A; Ginsburg, G; Riddle, M. A common factors approach to improving the mental health capacity of pediatric primary care. *Adm Policy Ment Health.* 2008 July; 35(4): 305-318.

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H	**Hope: for improvement, identify strengths**
E	Empathy: listen attentively
L^2	Language: use family's language, check understanding Loyalty: express support and commitment
P_3	Permission: ask permission to explore sensitive subjects, offer advice Partnership: identify and overcome barriers Plan: establish plan or at least a first step that a family can do

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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

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)

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

Looking only at the information presented so far:

- What concerns stand out to you?
- What strengths do you notice in Eli and his family?
- What additional information would help you understand his behavior?

Type your thoughts in the chat.

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Poll #2

What is your leading diagnosis right now?

- ODD
- ADHD
- Trauma/Toxic Stress Response
- Depression
- Adjustment difficulties
- Need more information

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Assessment and Differential Diagnosis

- What would you ask the caregiver?
- What would you ask Eli
- How would you phrase these questions

Please put in chat box

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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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Poll #3

What is your biggest concern right now?

- Safety
- PTSD symptoms
- Depression
- Family functioning
- Need more information

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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.

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Poll for Ira

- **Question Type:** Multiple Choice (Single Choice)
- **What do you predict Eli's CATS-2 score will be?**
- □ Below clinical threshold (<21)
- □ At or above clinical threshold (≥21)
- □ Unsure

CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

CAREGIVER REPORT (AGES 7-17)

CHILD'S NAME: _____ CAREGIVER NAME: _____ DATE: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark NO of it didn't happen to the child.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	O	O
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	O	O
3. Threatened, hit or hurt badly within the family.	O	O
4. Threatened, hit or hurt badly in school or the community.	O	O
5. Attacked, stabbed, shot at or robbed by threat.	O	O
6. Seeing someone in the family threatened, hit or hurt badly.	O	O
7. Seeing someone in school or the community threatened, hit or hurt badly.	O	O
8. Someone doing sexual things to the child or making the child do sexual things to them when he/she couldn't say no. Or when the child was forced or pressured.	O	O
9. On line or in social media, someone asking or pressuring the child to do something sexual. Like take or send pictures.	O	O
10. Someone bullying the child in person. Saying very mean things that scare him/her.	O	O
11. Someone bullying the child online. Saying very mean things that scare him/her.	O	O
12. Someone close to the child dying suddenly or violently.	O	O
13. Stressful or scary medical procedure.	O	O
14. Being around war.	O	O
15. Other stressful or scary event? Describe: _____	O	O

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	O	O
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	O	O
3. Threatened, hit or hurt badly in my family.	O	O
4. Threatened, hit or hurt badly in school or the community.	O	O
5. Attacked, stabbed, shot at or robbed by threat.	O	O
6. Seeing someone in my family threatened, hit or hurt badly.	O	O
7. Seeing someone in school or the community threatened, hit or hurt badly.	O	O
8. Someone doing sexual things to me or making me do sexual things to them when I couldn't say no. Or when I was forced or pressured.	O	O
9. On line or in social media, someone asking or pressuring me to do something sexual. Like take or send pictures.	O	O
10. Someone bullying me in person. Saying very mean things that scare me.	O	O
11. Someone bullying me online. Saying very mean things that scare me.	O	O
12. Someone close to me dying suddenly or violently.	O	O
13. Stressful or scary medical procedure.	O	O
14. Being around war.	O	O
15. Other stressful or scary event? <u>Describe:</u> _____	O	O

16. Which event(s) are bothering you the most?

_____

Turn the page and answer the next questions **about all the scary or stressful events that happened to you.**

Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

1.	Upsetting thoughts or memories about what happened pop into my head.	0	1	2	3
2.	Bad dreams reminding me of what happened.	0	1	2	3
3.	Pictures in my head of what happened. Feels like it is happening right now.	0	1	2	3
4.	Feeling very upset when I am reminded of what happened.	0	1	2	3
5.	Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6.	Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3
7.	Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	0	1	2	3
8.	Not being able to remember part of what happened.	0	1	2	3
9.	Having negative thoughts, such as:				
	a. I won't have a good life.	0	1	2	3
	b. I can't trust other people.	0	1	2	3
	c. The world is unsafe.	0	1	2	3
	d. I am not good enough.	0	1	2	3
10.	Blaming for the event(s)				
	a. Blaming myself for what happened.	0	1	2	3
	b. Blaming someone else for what happened although it wasn't their fault.	0	1	2	3
11.	Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12.	Not wanting to do things I used to do.	0	1	2	3
13.	Not feeling close to people.	0	1	2	3
14.	Not being able to have happy feelings.	0	1	2	3
15.	Managing strong feelings				
	a. It is very hard to calm down when I am upset.	0	1	2	3
	b. 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 (checking to see who is around me).	0	1	2	3

DIMENSIONAL SCORING

Child's Name: _____ **Date of Assessment:** _____ **Index Traumatic Event(s):** _____

Scoring for posttraumatic stress symptom intensity (DSM-5 PTSD)

Sum of symptom items #1 to #20. Only count the highest score for #9; #10 and #15.

DSM-5 PTSD Sum = _____

CATS 7-17 Years Score <15	CATS 7-17 Years Score 15-20	CATS 7-17 Years Score ≥ 21*	CATS 7-17 Years Score ≥ 25*
Normal. Not clinically elevated.	Moderate trauma-related distress.		

*Validation study: Sachser et al., 2022

CATEGORICAL SCORING

Child's Name: _____ **Date of Assessment:** _____ **Index Traumatic Event(s):** _____

DSM-5 PTSD

DSM-5 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	☐ Yes	☐ No
Avoidance Items 6-7		1+	☐ Yes	☐ No
Negative Mood/Cognitions Items 8-14 (highest of #9 and #10)		2+	☐ Yes	☐ No
Hyperarousal Items 15-20 (highest of #15)		2+	☐ Yes	☐ No
Functional Impairment Set of 1-5 Yes/No questions		1+	☐ Yes	☐ No
Probable DSM-5 PTSD Diagnosis*			☐ Yes	☐ No

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Poll

- **What would be your next step for Eli?**
- Provide psychoeducation and trauma-informed counseling
- Refer for trauma-focused therapy
- Address sleep and self-regulation strategies
- Assess safety further
- All of the above

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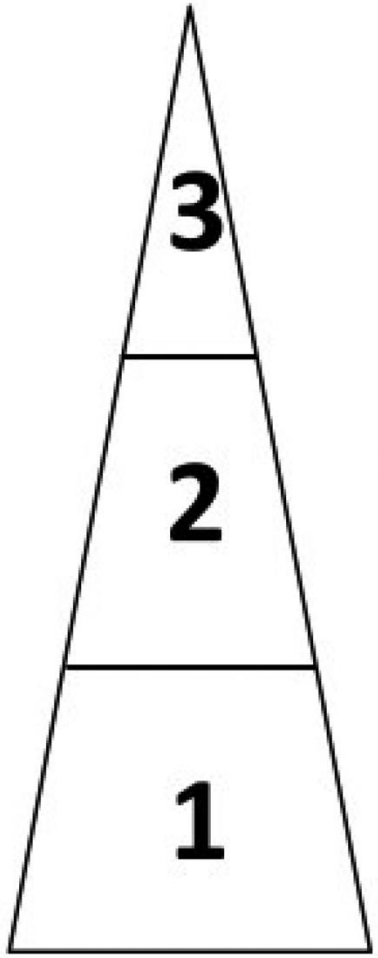
Initial Assessment: Eli

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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First Steps in Office-Based Interventions

- ***Caregiver Reframe:*** Reframe behavior as an adaptive response to stress
- ***Patient Psychoed:*** Explain the body's alarm system
- Reinforce safety, relationships, and routine
- Identify one achievable next sterp

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

Please type in chat

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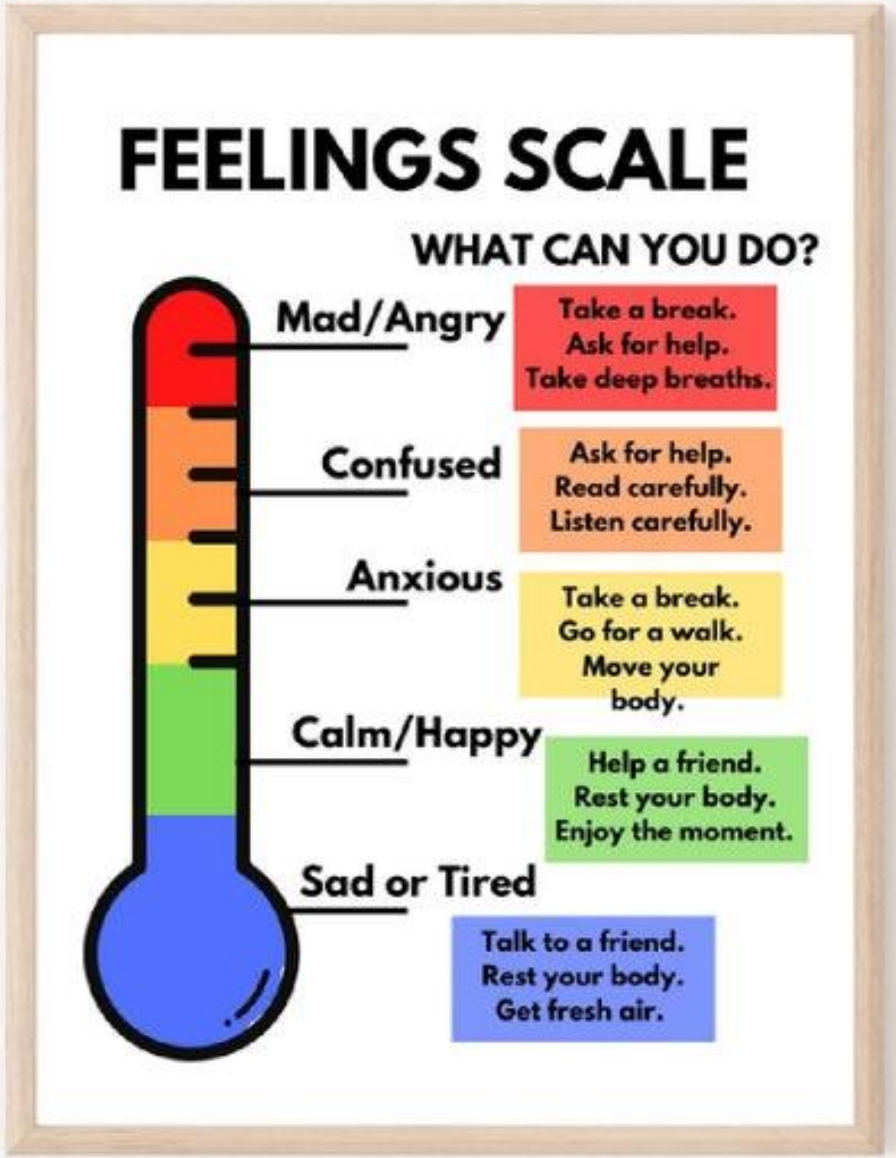
Teaching Self-Regulation Skills

- Feelings Thermometer Scale to track escalating affect before physical outbursts manifest.
- Somatic De-escalation: Teach and practice 4-Second Box Breathing and Belly Breathing in the room to activate the vagal nerve.


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.

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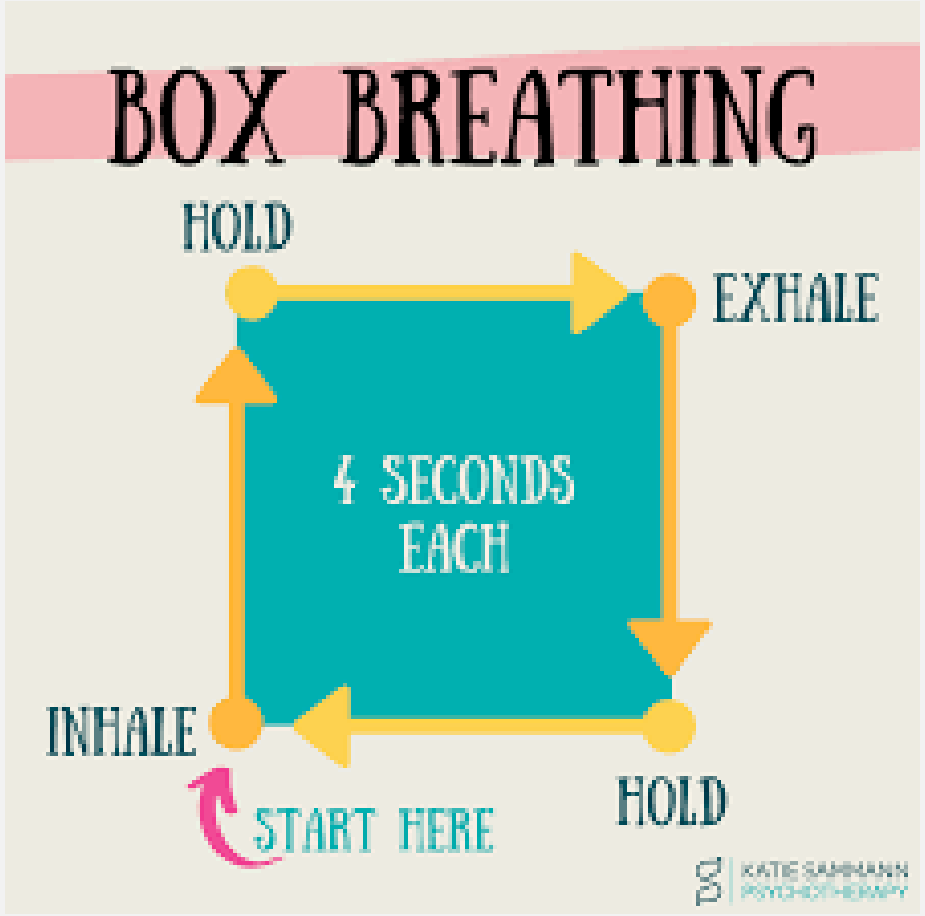

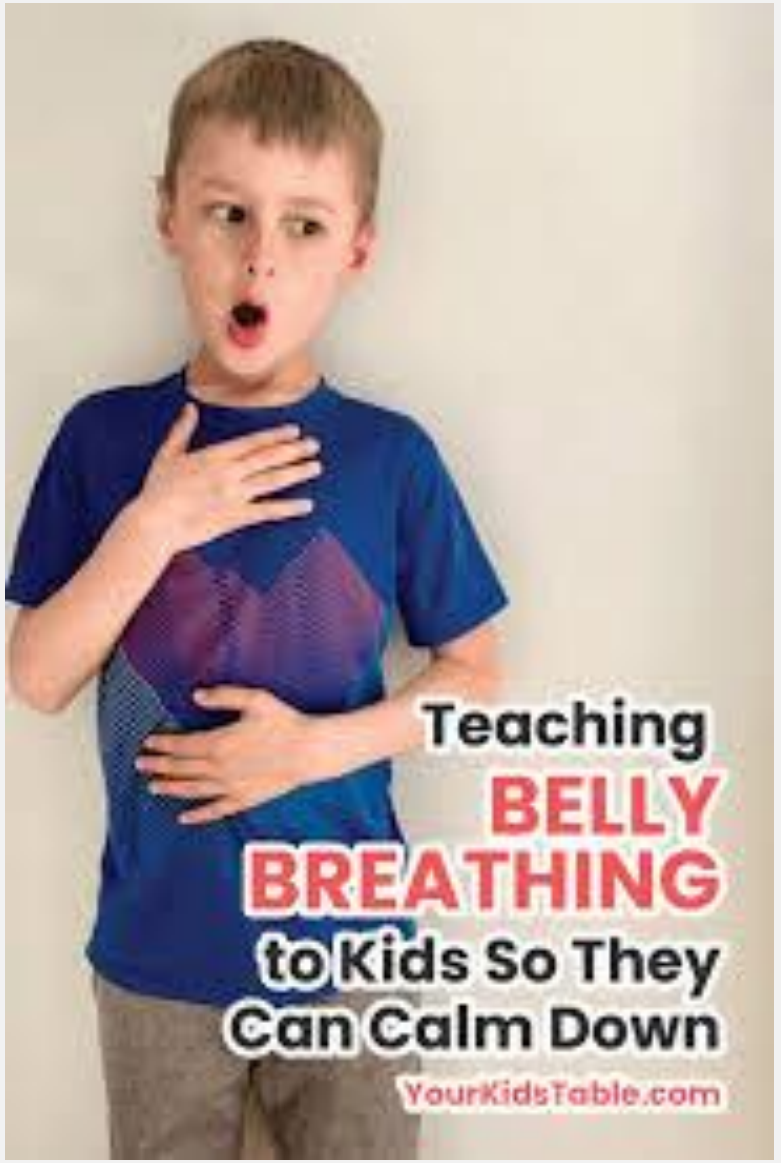

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Additional Interventions

- Sleep routine
- Emotional regulation skills
- Strengthening caregiver-child relationships
- School supports
- Trauma-focused therapy referral
- Relationship building/mom and child

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Poll for Ira

What is one trauma-informed practice you are most likely to implement next week?

- □ Routine trauma surveillance questions
- □ A trauma screening tool
- □ More trauma-informed language
- □ Office-based self-regulation strategies
- □ Stronger referral/resource pathways

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Key Takeaways for Every Pediatric Provider

- Trauma often presents as behavior, mood, learning, or physical symptoms.
- Screening should start a conversation, not end it.
- A strong therapeutic alliance is one of the most powerful tools available in primary care.
- Small office-based interventions can support healing while families await specialty care.
- You do not have to manage trauma alone. Use Project TEACH and community partners

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Thank you!