

Beyond the Buzzword: The Science and Practice of Trauma Informed Care

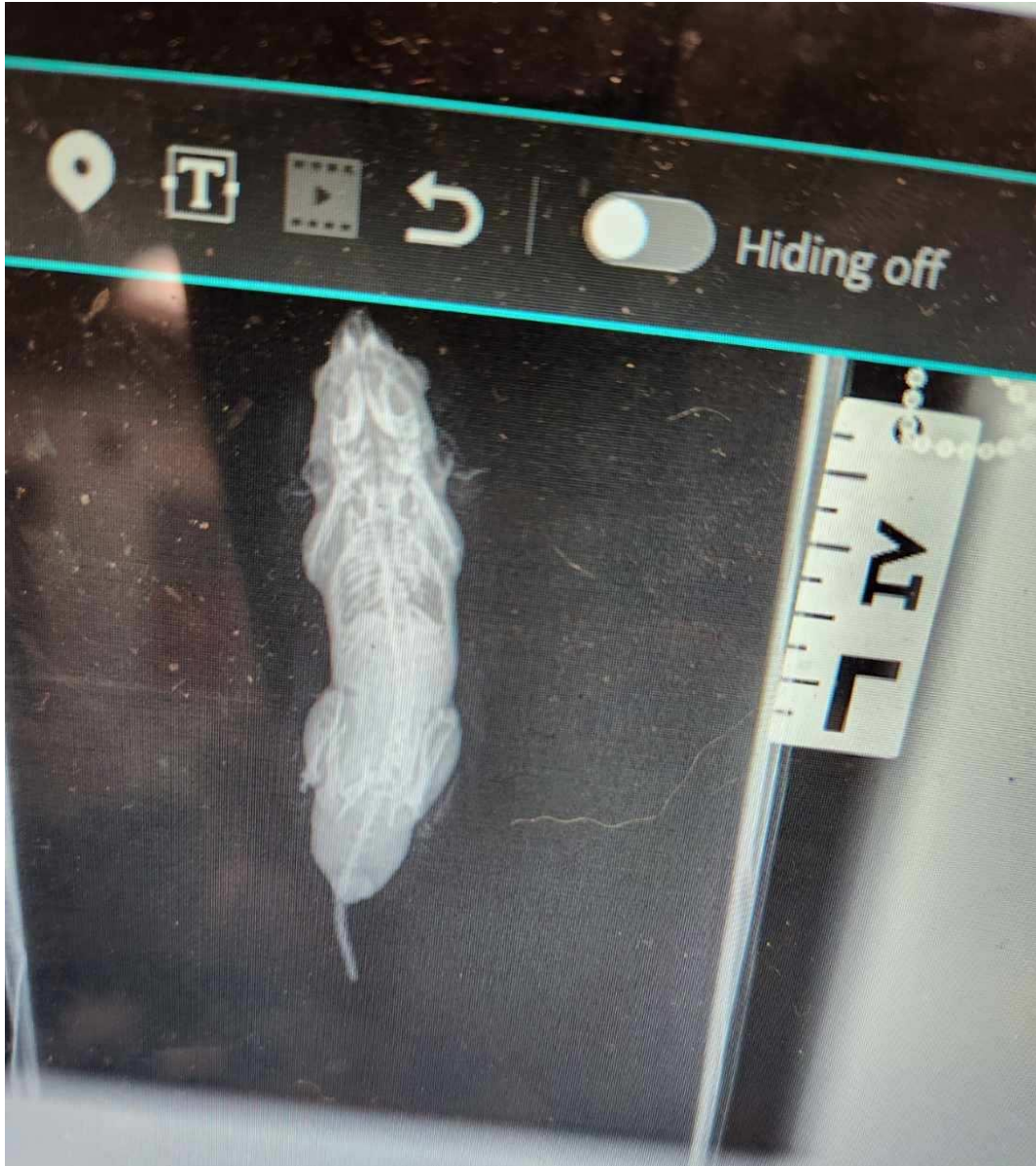
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UMass Chan Medical School
Worcester, MA
March 5, 2026

Learning Objectives

At the conclusion of the presentation participants should be able to:

1. Discuss the most recent science which informs trauma informed care
2. Compare the clinical strategies for delivering trauma informed care (the “what to do”) and clinical skills needed to promote safety (the “how to do it”)
3. Create an action plan for a family that guides how you and they can address the trauma symptoms of the child

TIC and Peanut – is that TIC?

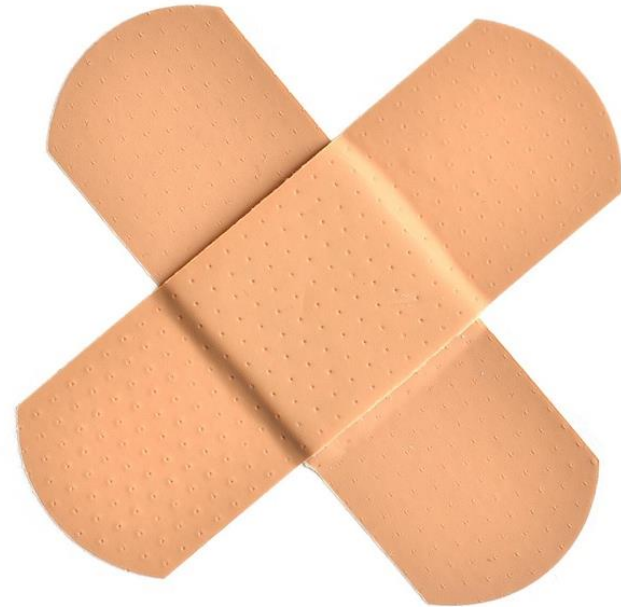


Trauma informed care room: Is TIC just empathy?

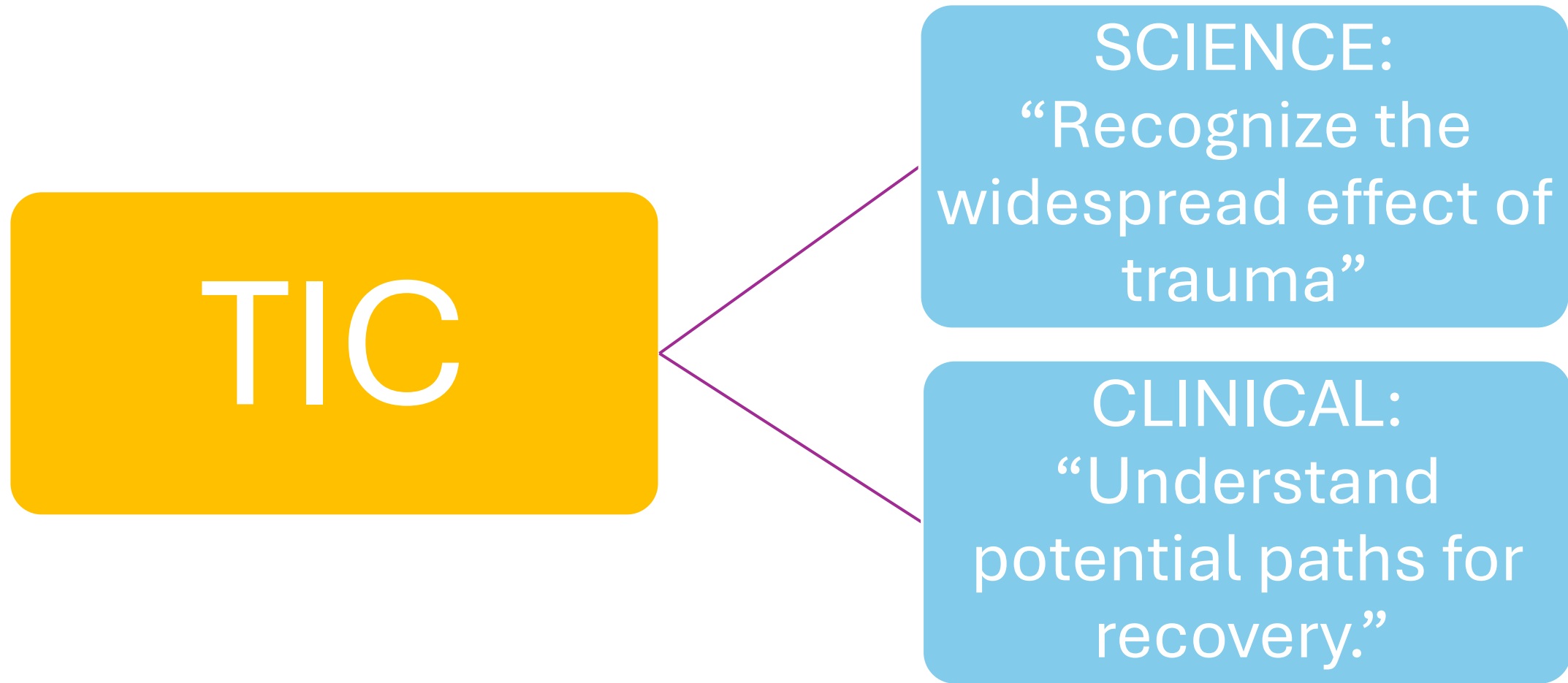


Trauma Informed Care in Pediatrics

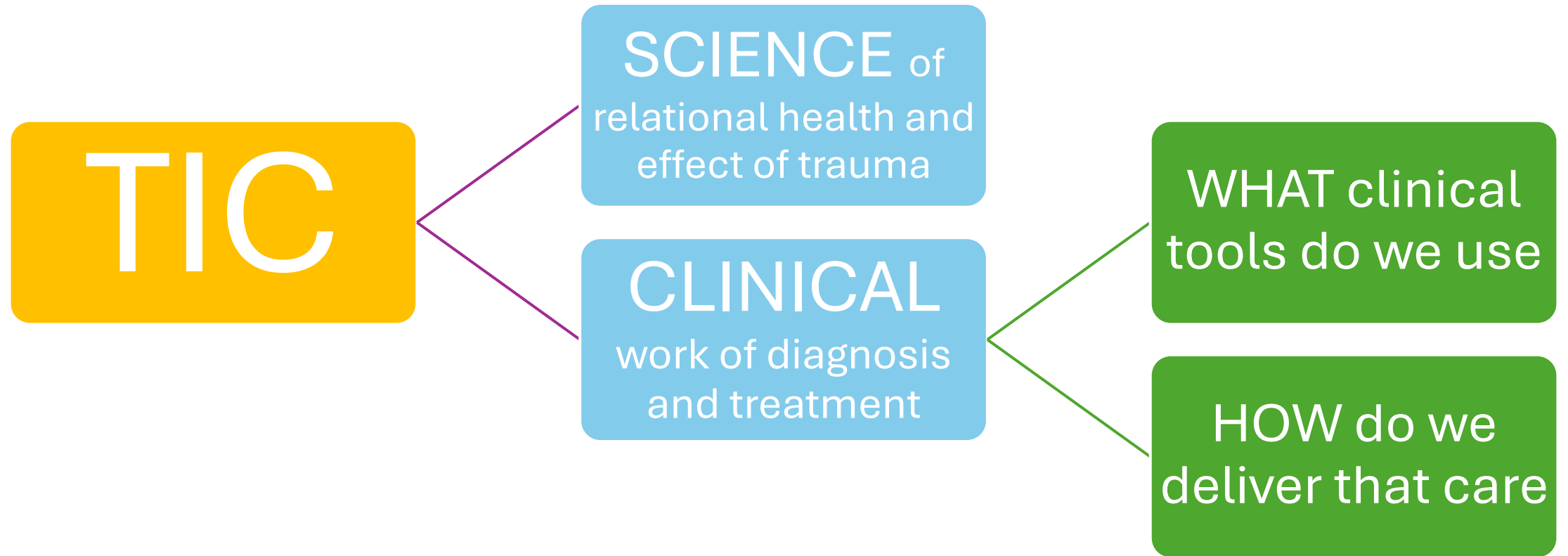
Definition: “A care approach that recognizes the widespread impact of trauma and understands potential paths for recovery.” (SAMHSA)



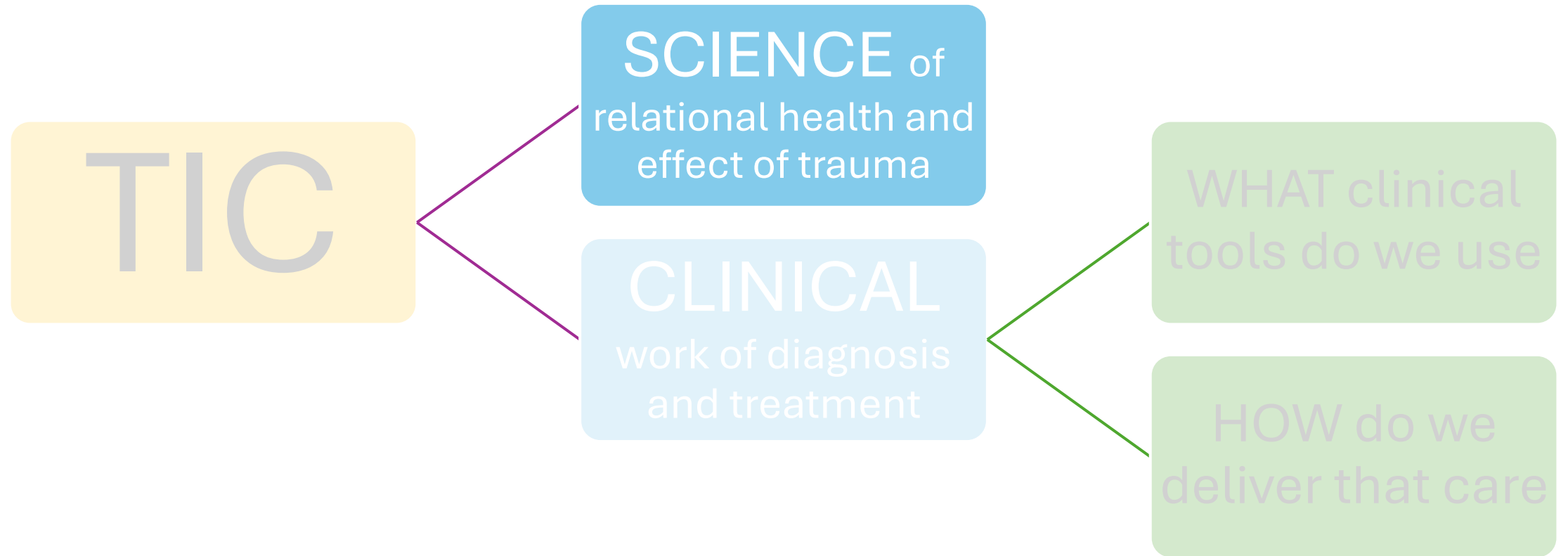
This definition includes science and clinical elements



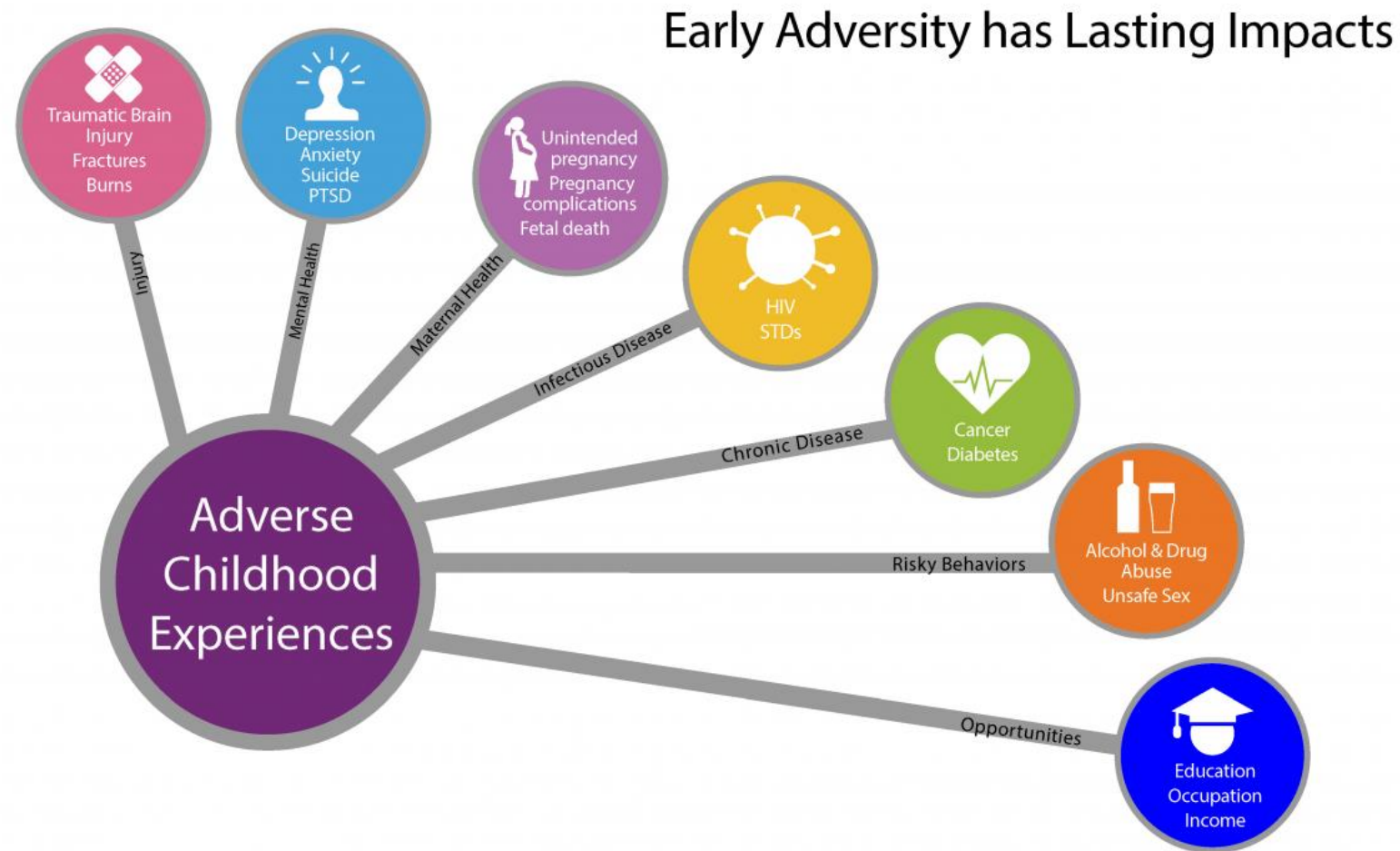
CLINICAL care includes WHAT to do and HOW to do it



Let's start with SCIENCE



For many, TIC started with the ACE study



Adverse Childhood Experiences (ACEs)

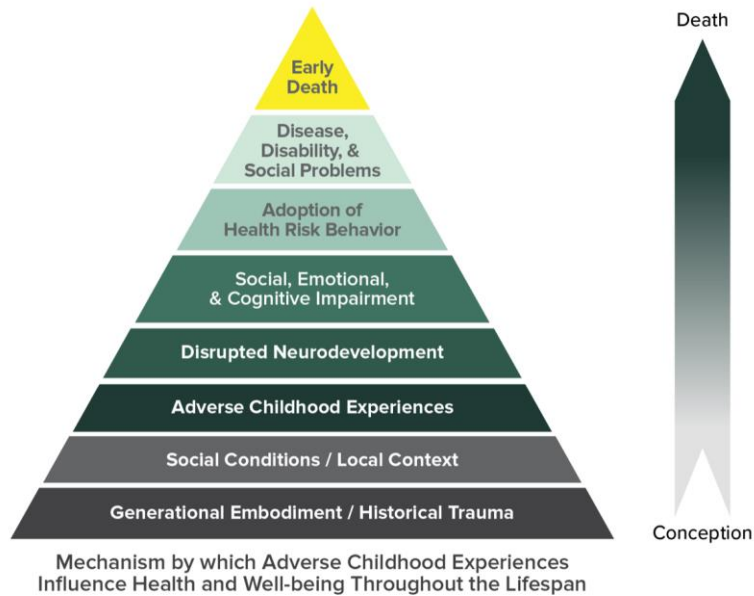


Image: <https://www.cdc.gov/violenceprevention/aces/about.html>



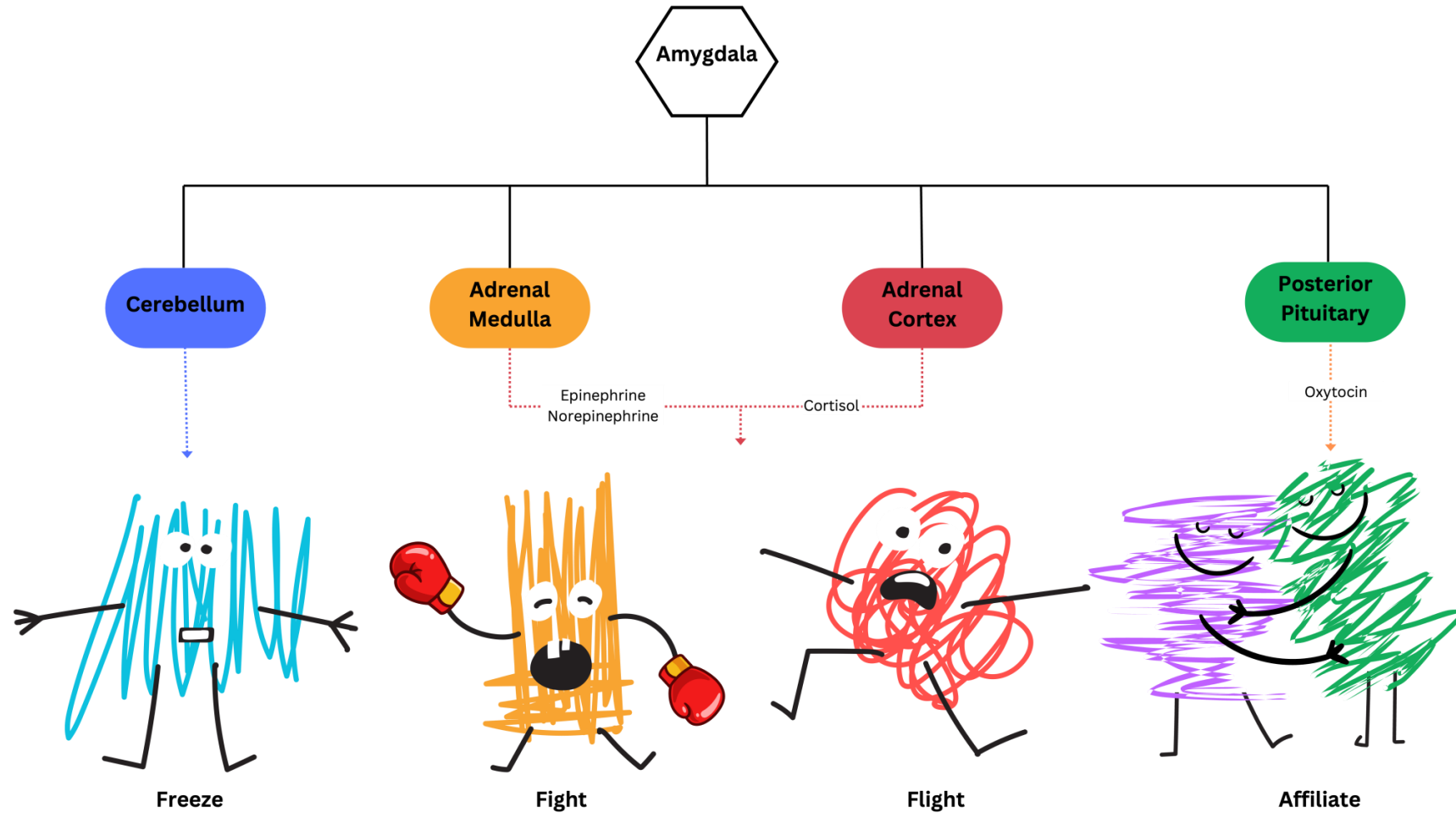
Toxic Stress



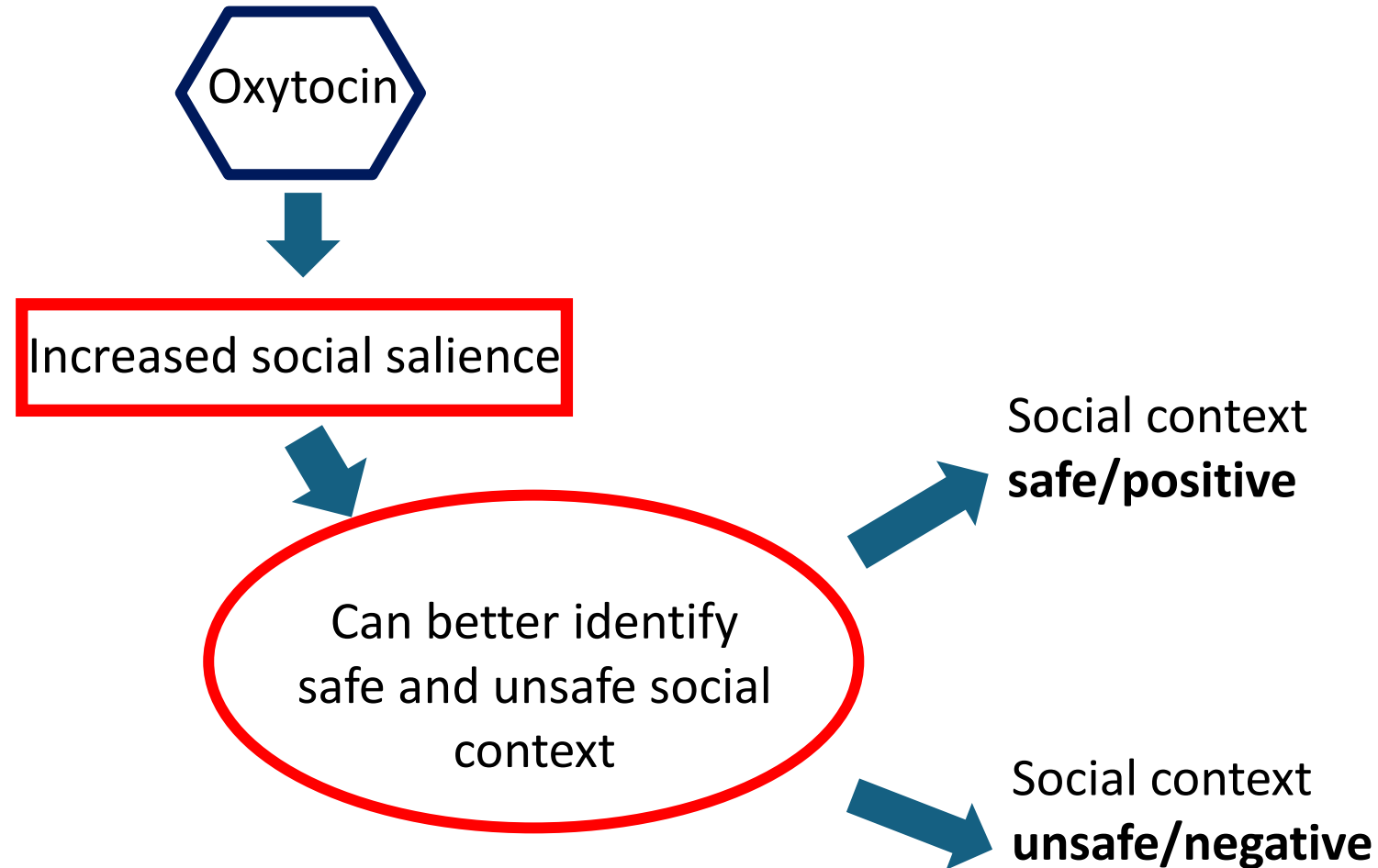
Resilience



Science underlying “widespread impact of trauma”



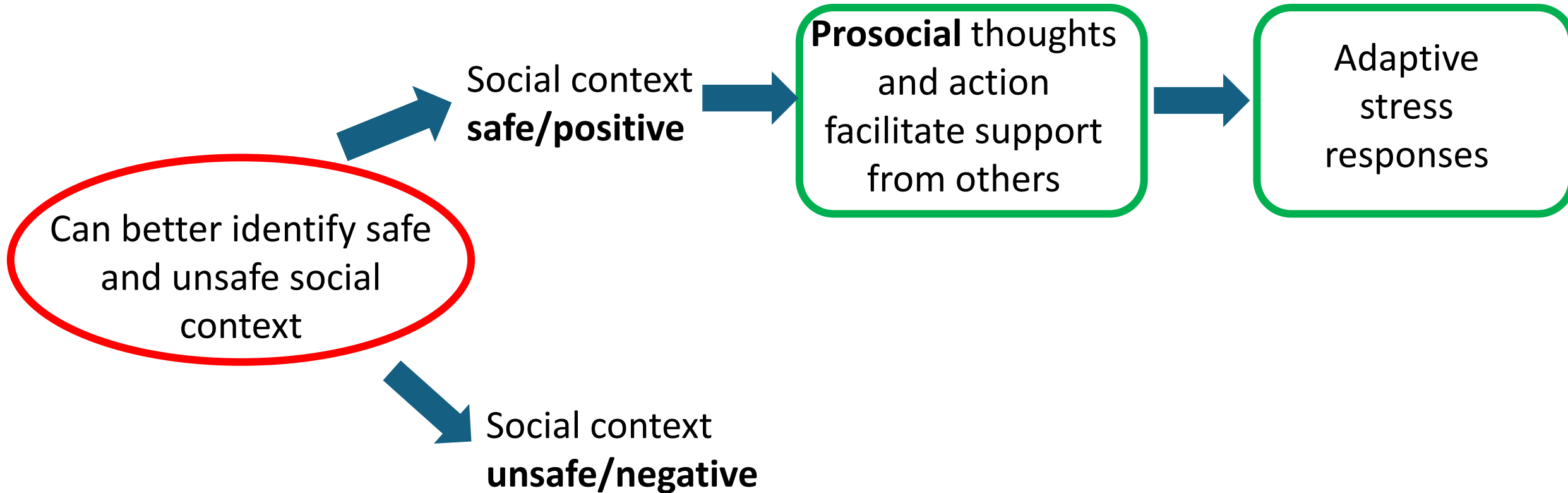
And oxytocin matters a lot too...



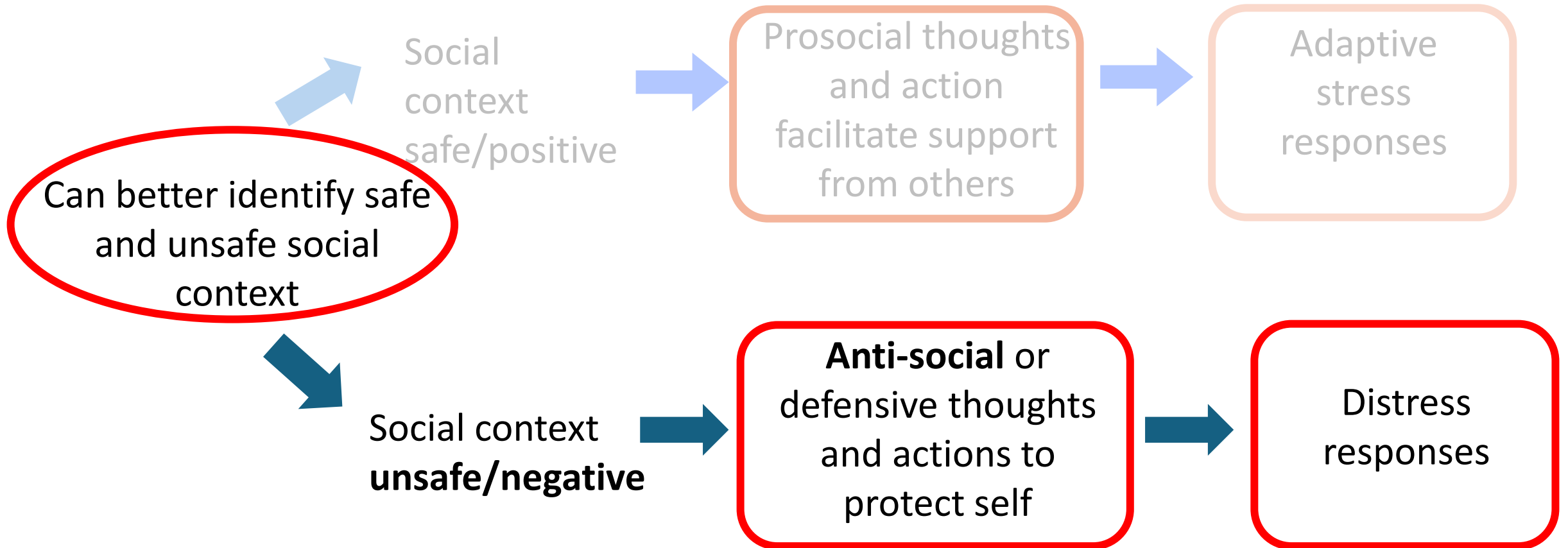


Quickly
recognizing
friend or foe:
A mistake can
be deadly

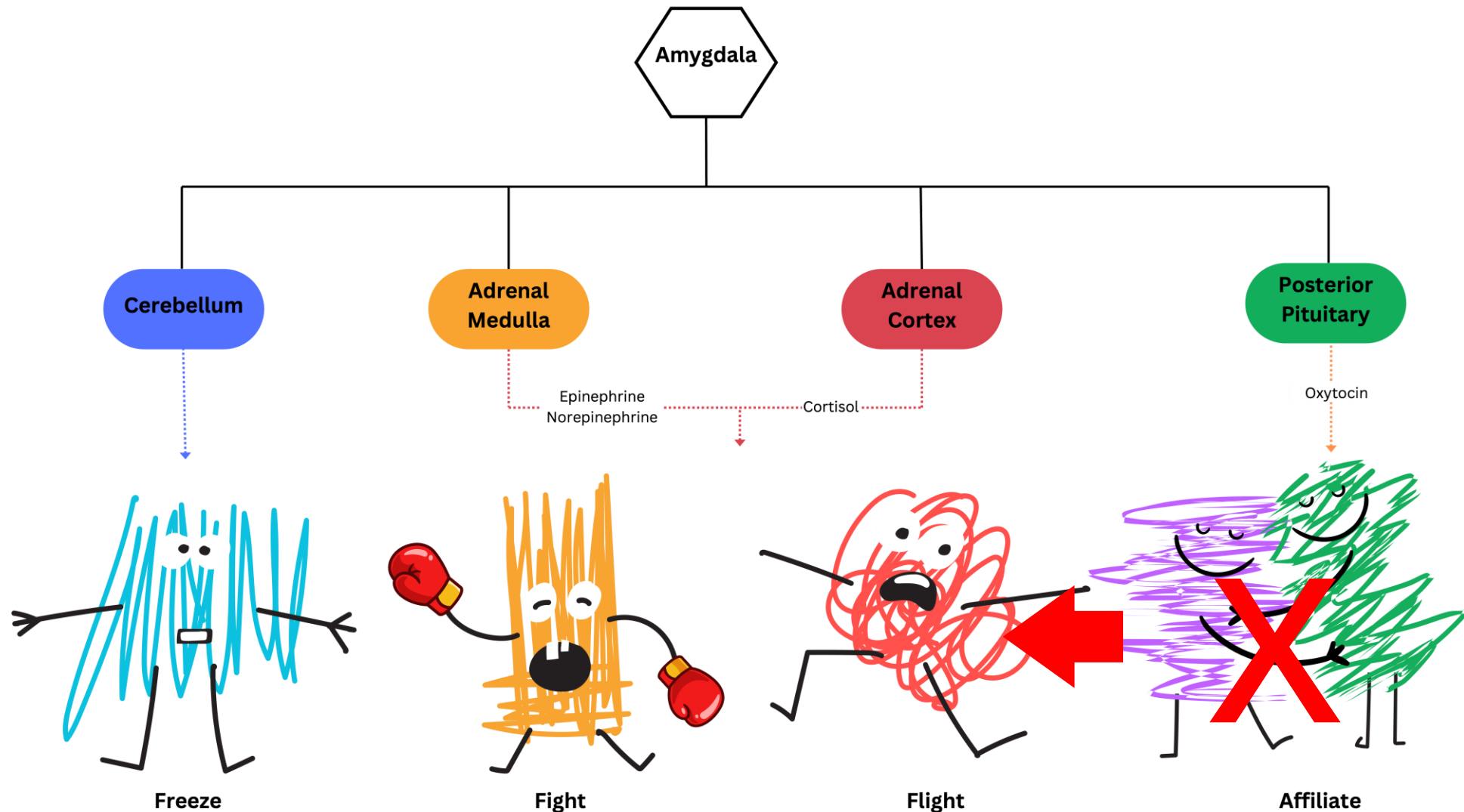
Oxytocin promotes focusing your attention



What Happens When Response is Negative?



Without affiliate support....



Can't think of trauma in adult pathophysiology framework

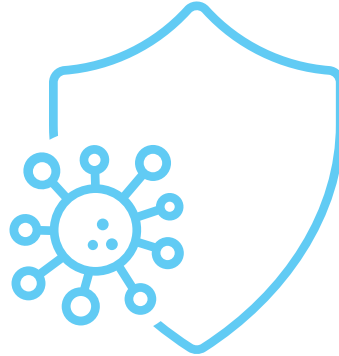
- Trauma is not just injury to well developed structure or system
- Trauma is a developmental insult from failure of buffering
- Effects cascade forward



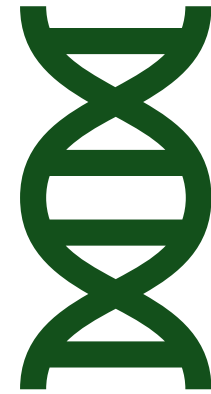
Overstimulation of the HPA



Brain Connectivity

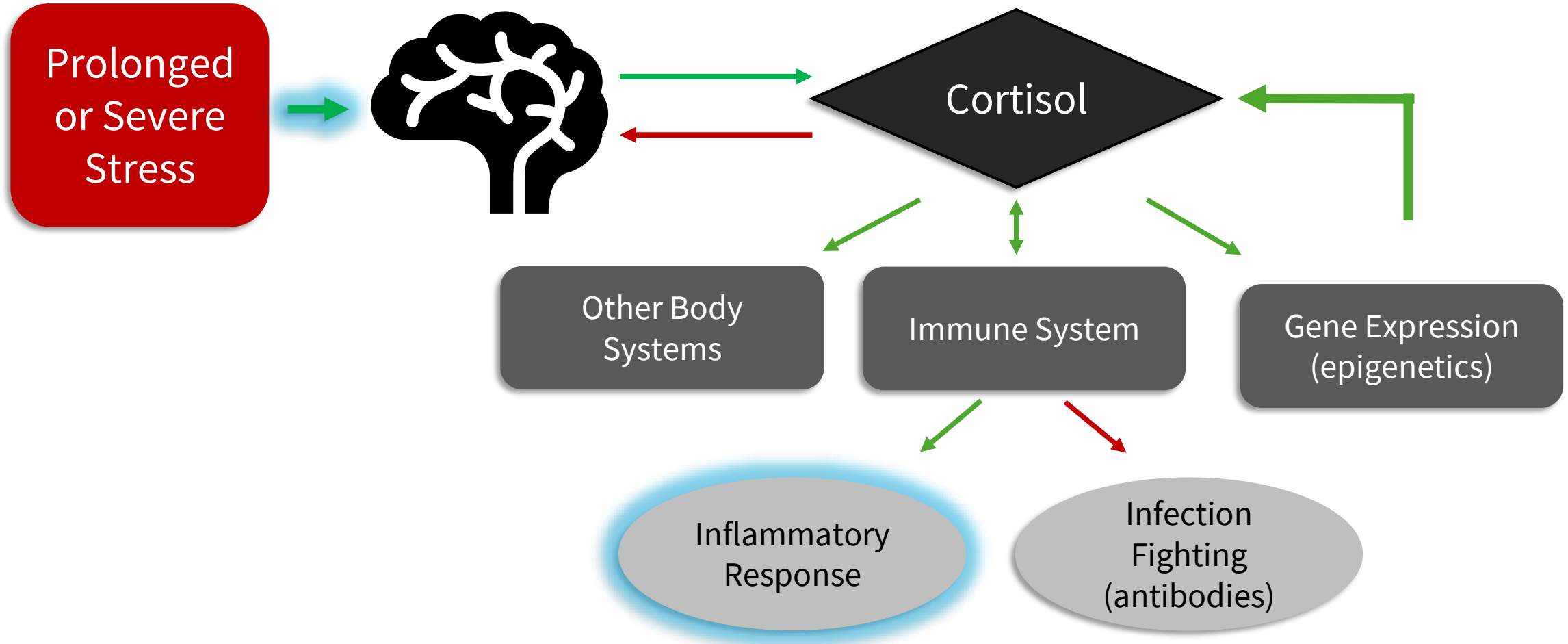


Immune Function



Epigenetics

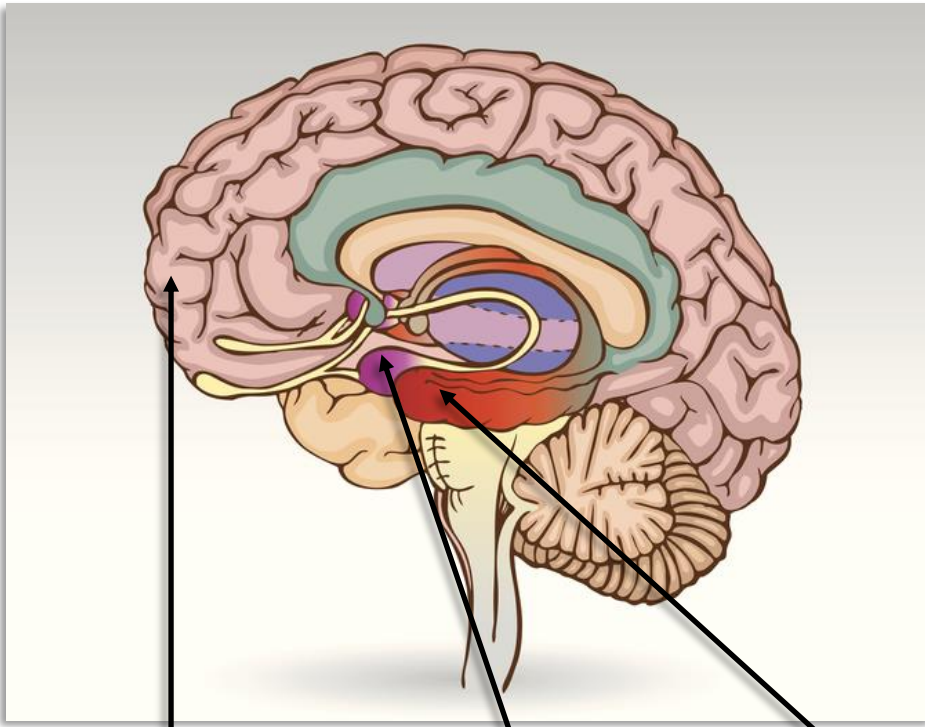
Prolonged Stress



Alteration of structures, neurotransmitters, pathways

What happens to these structures

- Cortisol impacts connections and reactivity, alters neurogenesis and pruning
- Neurotransmitter imbalances impact function
- Inflammatory process causes neural network damage
- Impaired inter-structure regulation
- Genetics and developmental timing affects what areas are vulnerable



Prefrontal cortex, Amygdala, Hippocampus,

Neurobiology of Trauma

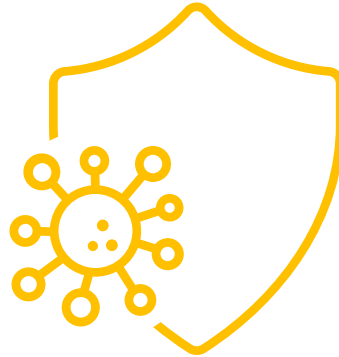


Not sleeping

Overstimulation of the HPA



Brain Connectivity



Immune Function



Epigenetics

Immune Function

Developing system is chronically pressed into action.

- Excessive cortisol suppresses **humoral** immunity, increasing risk of infection.
- **Inflammatory response** persists after it is no longer needed.
- Somatic perception is impaired.



Overstimulation of the HPA



Brain Connectivity



Immune Function



Epigenetics

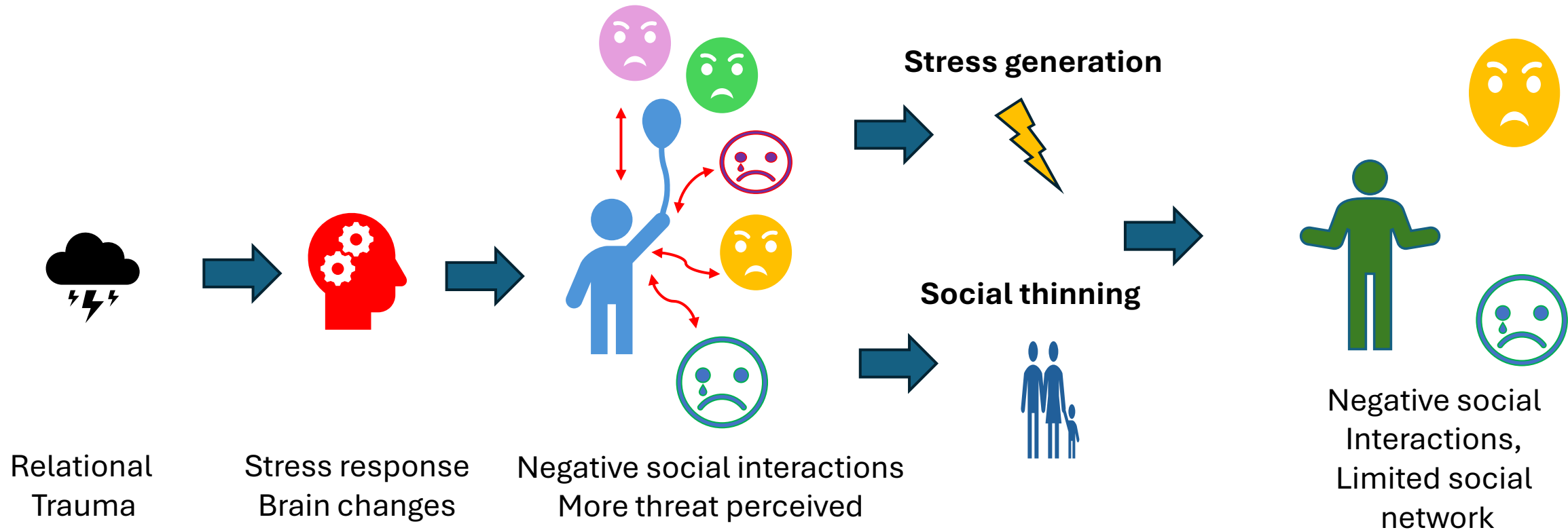
Science that informs how youth with multiple experiences of trauma present

After experience of maltreatment, children continue to have more stressful experiences

- More likely to be bullied or victimized by classmates
- In adulthood, more likely to experience conflict and abuse in platonic or romantic relationships

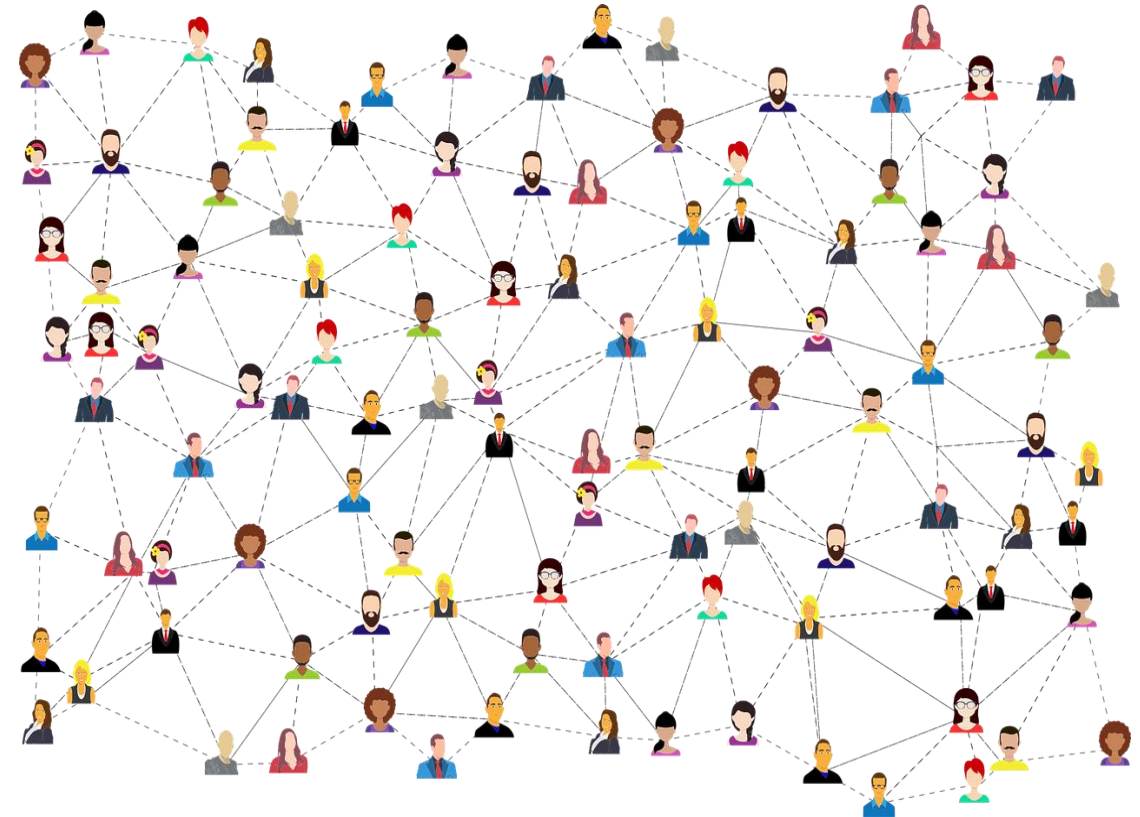
This is not random chance – inadvertently contribute...stress generation through learned responses

Without affiliate – the ability to build buffering also negatively impacted



Social thinning: those with history of relational trauma have different quantity and quality of relationships

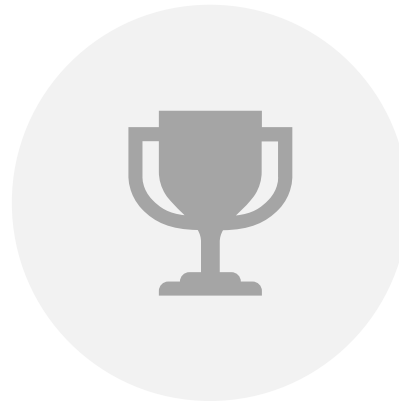
- Literature:
 - Fewer social contacts and same age friends in childhood
 - As adults report less social support from family and friends
 - Adults with history of maltreatment are more likely to experience loneliness



From effects on the brain that are initially adaptive



THREAT SYSTEM



REWARD SYSTEM



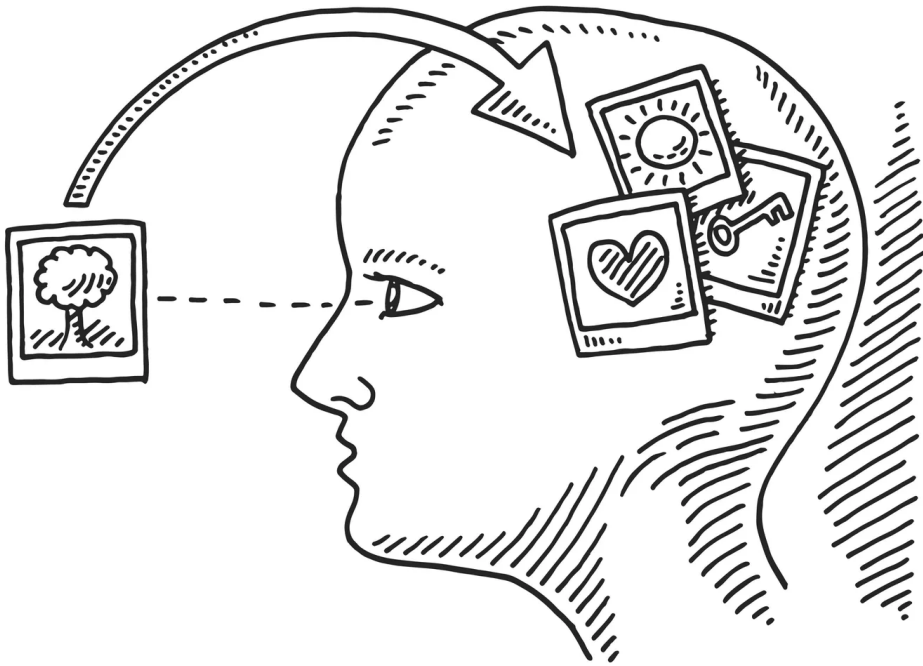
AUTOBIOGRAPHICAL
MEMORY SYSTEM

Reward system

- Don't learn that touch, cuddle or even food is rewarding, then don't seek these (seem disinterested, withdrawn); not learn what of their behaviors would elicit positive rewards
 - Stress generation
 - Child not motivated to follow rules and norms to gain social reward – frustrates and alienates others
 - Social thinning
 - Relationships breakdown, people distance themselves
 - Social world more impoverished



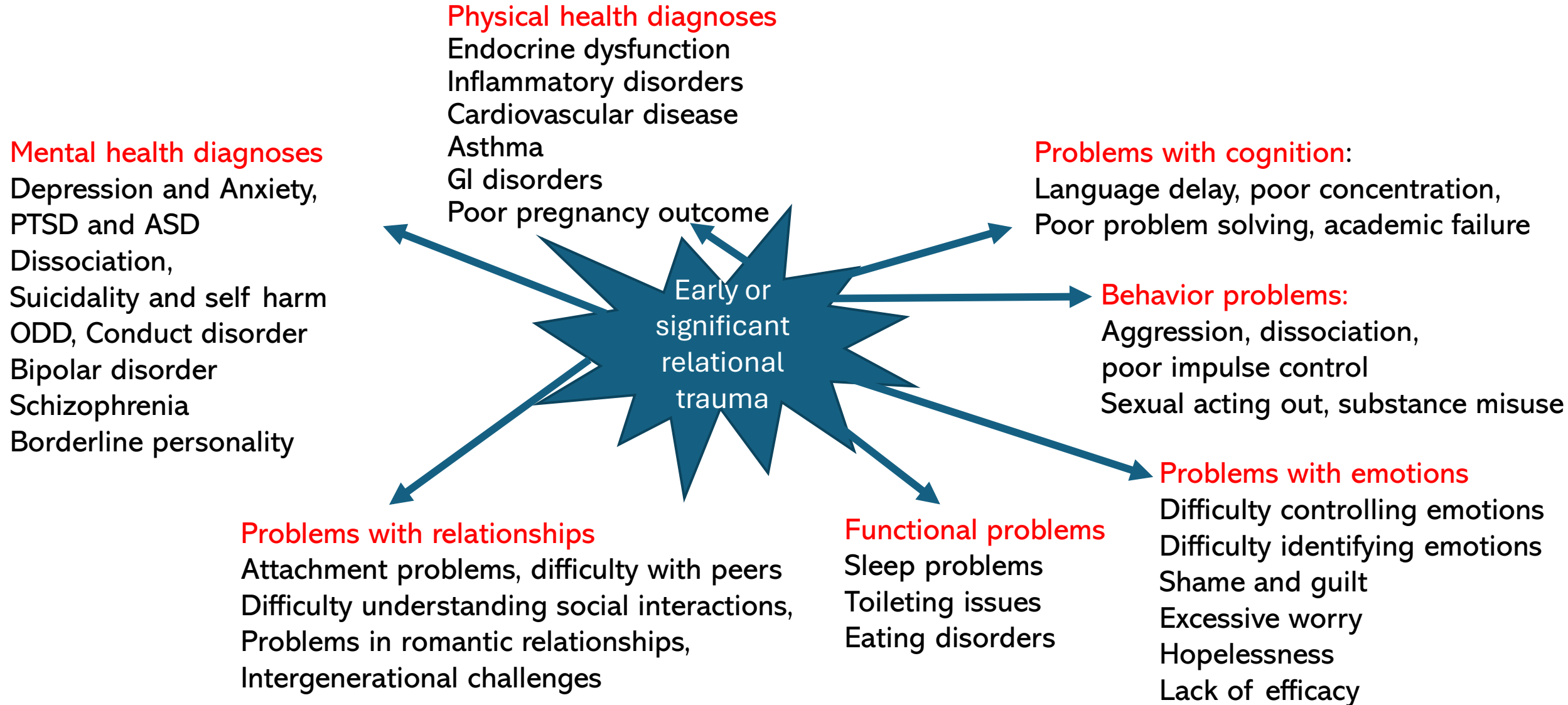
Autobiographical memory



Autobiographical memory overwhelmingly negative with trauma, over-general, vague – protects from frightening memory, but leaves little sense of self

- Don't have sense of how managed social situation in past, hard to negotiate new
- Can't interpret and come up with social solutions
- Stress generation –
 - Can't use past to navigate the new
- Social thinning
 - Lack of skills to cultivate and maintain relationships, thin network, less support

Conditions we see in pediatrics



Different ecophenotypes (not the same bird)

- Earlier onset of the disorder.
- Increased severity of symptoms.
- A more chronic or difficult-to-treat illness course.
- Higher rates of comorbidity (other co-occurring mental health conditions).
- Increased risk of suicide attempts.
- More significant functional impairment.



Developmental effects

Children with trauma act younger than they appear.



**Limbic system
skills of survival**



**Cortex skills
dependent on
attachment and
safety**



Developmental effects

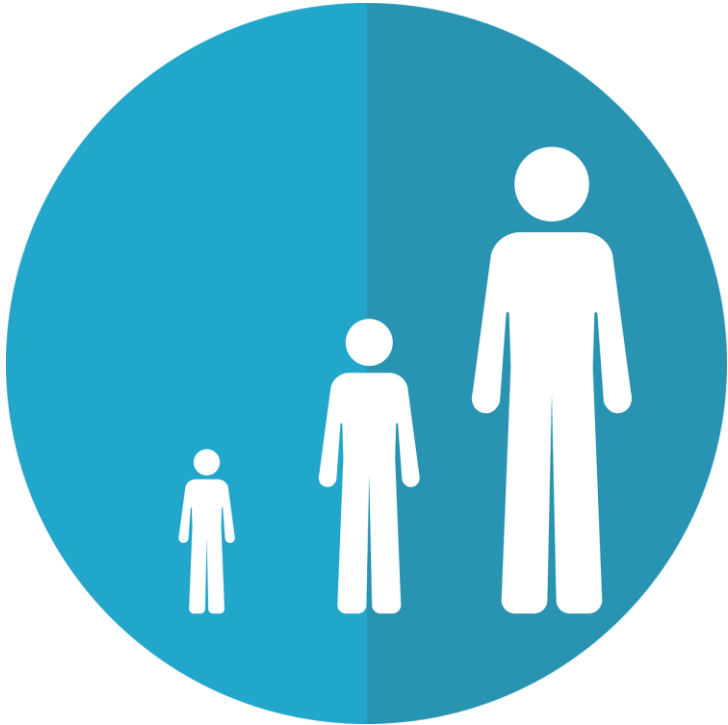
The most recently acquired skills are the ones that are the most easily disrupted by traumas.



- Consider symptoms.
- Are these recently acquired skills that have been lost?
- Think about which supports to address trauma are needed in order to rebuild skills.

Developmental effects

Developmental competencies build incrementally, so traumatic impacts have cascading effect.



- Developmental insults build upon each other
- Over time effect is magnified

Developmental effects

Trauma without buffering impacts development of competencies that are dependent on that buffering.

Social-
Emotional



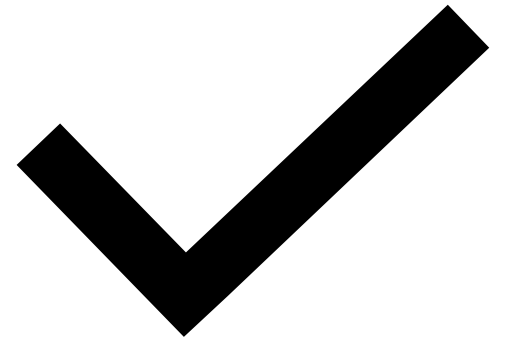
Cognitive



Language
Development

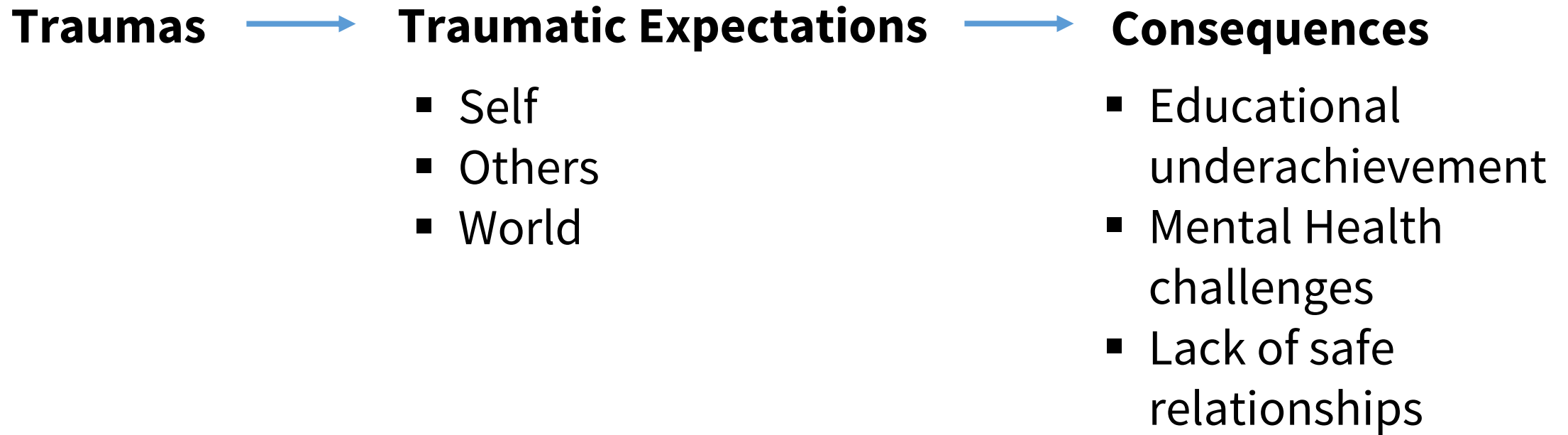


Gross Motor



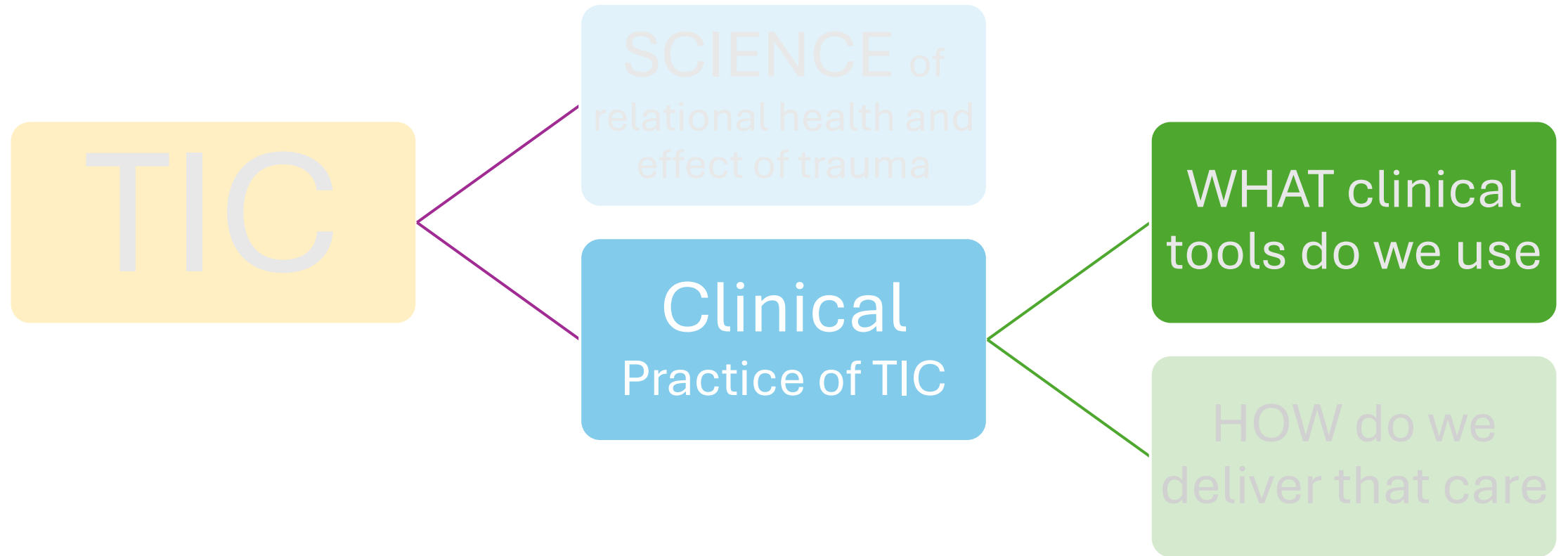
Developmental effects

Ultimately, traumas can result in traumatic expectations and underachievement.



Roadmap: Clinical work of TIC

WHAT to do and HOW to do it



CLINICAL care includes ...

1

Primary care PREVENTION:

Promote affiliate support and buffering – relational care and prevention

2

Secondary care DETECTION:

Identify those impacted by trauma

3

Tertiary care TREATMENT:

Treat those who are symptomatic and need to recover

The way we address all issues in medicine

Primary care: prevention

Promote relational
health, caregiver role
in buffering

Secondary care: detection

Screen for
exposure
and
symptoms

Tertiary care: treatment

Guide management of
trauma related health
issue

TIC it includes 1, 2 and 3 care

Refer to community prevention and support resources

- Parenting
- YMCA
- EI
- Teen groups
- AA
- Material support (housing, etc)

Primary care: prevention

Promote relational health, caregiver role in buffering

Special time in
Caregiver regulation skills
Play

Secondary care: detection

Screen for
exposure
and
symptoms

Tertiary care: treatment

Guide management of
trauma related health
issue

Office base guidance –
3R's
Psychoeducation etc

Refer to treatment resources

- Evidence based therapy
- Psychiatry
- Medication
- Medical specialists

Care coordination and follow up

Clinical – start with prevention

1

Primary care PREVENTION:

Promote affiliate support and buffering – relational care and prevention

2

Secondary care DETECTION:

Identify those impacted by trauma

3

Tertiary care TREATMENT:

Treat those who are symptomatic and need to recover



From birth children have a constant development of “meaning making”

- Child comes to understand themselves and the world
- Happens through interactions with caregiver
- Child reflected by caregiver
- World interpreted by caregiver

Fundamental to human development and survival

- Parent's mature brain externally regulates the infant immature brain and tunes it to social life
- Coordination of biological and behavioral signals between social partners during periods of social contact



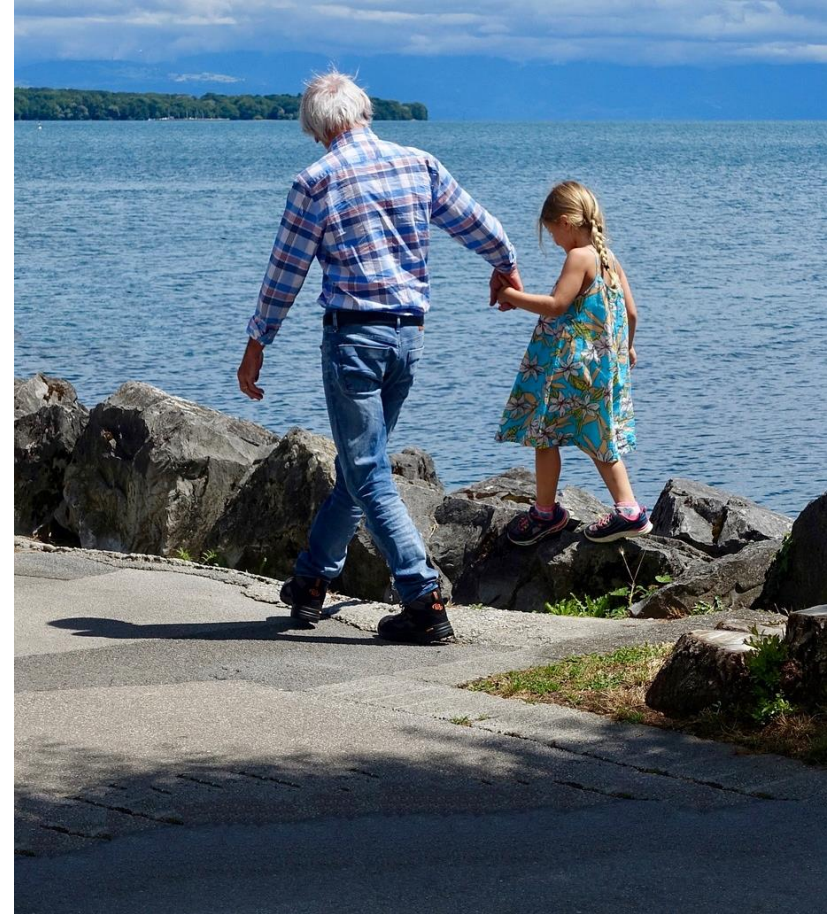
Attunement

Attunement
with a
being
child
under



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a
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Synchrony



Co-Regulation: Regulation is stepwise process

- Caregiver regulation
- Dyadic co-regulation
- Self-regulation



The context of how stress is managed is always **relationships**, or the attachments children have

Caregiver regulation: Relate, Regulate, Reason



Regulate (Yourself First): Calm your own nervous system using the strategies of grounding, seeking support, relaxation etc.



Relate (Connect & Validate): Once calm, connect with your child by acknowledging their feelings with empathy (e.g., "I see you're really upset").



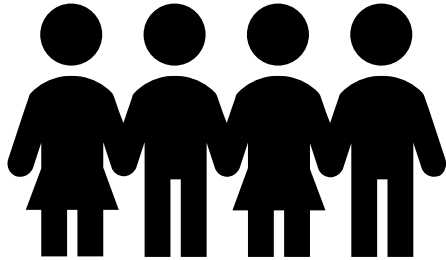
Reason (Teach Later): Only after they are calm, then you can problem-solve, teach, and set limits, as their logical brain is accessible again

Teaching about play and “special time in”



Peer support training, problem solving

Peer relations training



Problem solving: Example - SODAS

EXAMPLE -How to choose appropriate friends: 4 skill steps

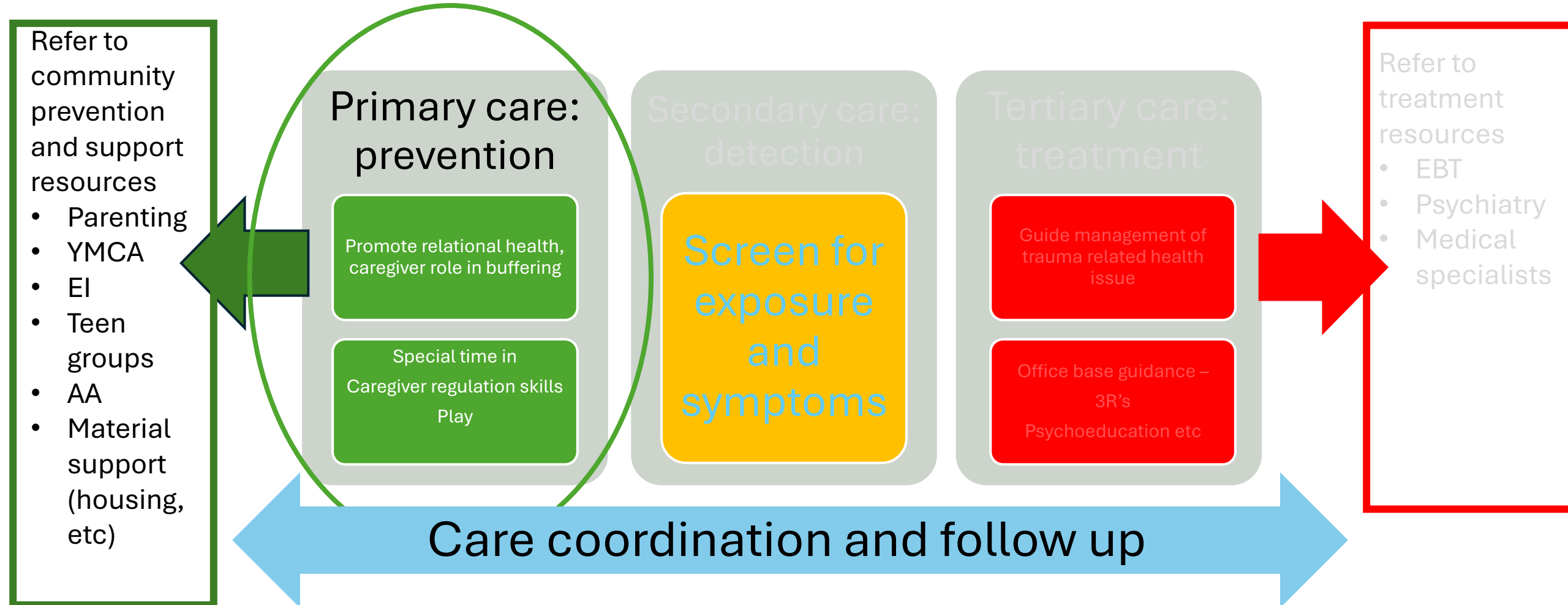
1. Think of qualities and interests you look for in a friend
2. Look at strength and weakness of potential friend
3. Match interest of potential friend with ones you share
4. Avoid peers involved with drugs, gangs and breaking law

Blair K.S., Aloï J., Crum K., et. al. (2019) Association of Different Types of Childhood Maltreatment With Emotional Responding and Response Control Among Youths. 2(5). JAMA Netw Open.;

Tyler, P.M., Hillman, D.S. & Ringle, J.L. Peer Relations Training Moderates Trauma Symptoms and Suicide Ideation for Youth in a Residential Program. *J Child Fam Stud* **31**, 447–458 (2022). <https://doi.org/10.1007/s10826-021-02193-x>

Tyler, P.M., Aitken, A.A., Ringle, J.L., et. al. (2020) Evaluating Social Skills Training for Youth with Trauma Symptoms in Residential Programs. (In Press). *Psychological Trauma: Theory, Research, Practice and Policy*

We begin in our setting and refer to community



Secondary Response is about screening

1

Primary care
PREVENTION:

Promote affiliate
support and buffering –
relational care and
prevention

2

Secondary care
DETECTION:

Identify those
impacted by trauma

3

Tertiary care
TREATMENT:

Treat those who are
symptomatic and need
to recover

Just as we address all issues in medicine

Primary care: prevention

Promote relational
health, caregiver role
in buffering:

For example
Special time in
Play
Reach out and read

Secondary care: detection

Screen for
exposure
and
symptoms

Tertiary care: treatment

Guide management of
trauma related health
issue:

For example:

Office based guidance
3R's
Psychoeducation
Referral
etc

Can start with - Surveillance



Surveillance sounds like:

- “Has anything bad, scary, or upsetting happened since we last met?”
- “Has anyone come or gone from the household lately?”
- “What is [the caregiver’s] experience of being parented?”

Screening



Post-Traumatic Stress Screening Tools

(a sample of them)

Tool Name	Purpose	Age Range	Usage
Intermountain Health PTSST	Screen for PTSD symptoms in children post-trauma	Typically 3-18 years	Screening tool for early identification of PTSD
Child PTSD Symptom Scale (CPSS)	Assess PTSD symptoms in children and adolescents	8-18 years	Self-report or clinician-administered
Child and Adolescent Trauma Screen (CATS)	Identify trauma-related symptoms in children and adolescents	3-18 years	Self-report for initial screening
UCLA PTSD Reaction Index (UCLA PTSD-RI)	Assess severity of PTSD symptoms in children and adolescents	6-18 years	Clinician-administered or self-report

Symptom Screening

Mental Health or Behavioral Symptoms

Trauma experience and symptom screeners are available for children and adults.

Pediatric Traumatic Stress Screening Tool
6–10 years of age

Sometimes violent or very scary or upsetting things happen. This could be something that happened to your child or something your child saw. It can include being badly hurt, someone doing something harmful to your child or someone else, or a serious accident or serious illness.

Has something like this happened to your child recently? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened to your child in the past? ☐ Yes ☐ No

If 'Yes,' what happened? _____

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.	0	1	2	3	4
2 My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	0	1	2	3	4
3 My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	0	1	2	3	4

(available for download at either: <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906> or <https://utahpips.org>).

Screening

Pediatric Traumatic Stress Screening Tool 6–10 years of age

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2 My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.					
3 My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.					
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.					
8 My child tries to stay away from places, 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.					
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?					

Sleep Problems

Both

Hypervigilance and
intrusive symptoms

Avoidance and
negative mood

Suicide

*Adapted from Item 12 of Questionnaire (PHQ-12)

Screening

Visual patterns of responses help indicate symptom severity levels.

Mild

Moderate

Severe

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1 I have bad dreams about what happened or other bad dreams.	✓	1	2	3	4
2 I have trouble going to sleep, waking up often, or getting back to sleep.	✓	1	2	3	4
3 I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	✓	2	3	4
4 When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	✓	1	2	3	4
5 When something reminds me of what happened I get very upset, afraid, or sad.	0	✓	2	3	4
6 I have trouble concentrating or paying attention.	0	✓	2	3	4
7 I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8 I try to stay away from people, places, or things that remind me about what happened.	✓	1	2	3	4
9 I have trouble feeling happiness or love.	0	✓	2	3	4
10 I try not to think about or have feelings about what happened.	0	1	2	3	4
11 I have thoughts like "I will never be able to trust other people."	✓	1	2	3	4
12 I feel alone even when I'm around other people.	0	✓	2	3	4
13 *Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day	

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



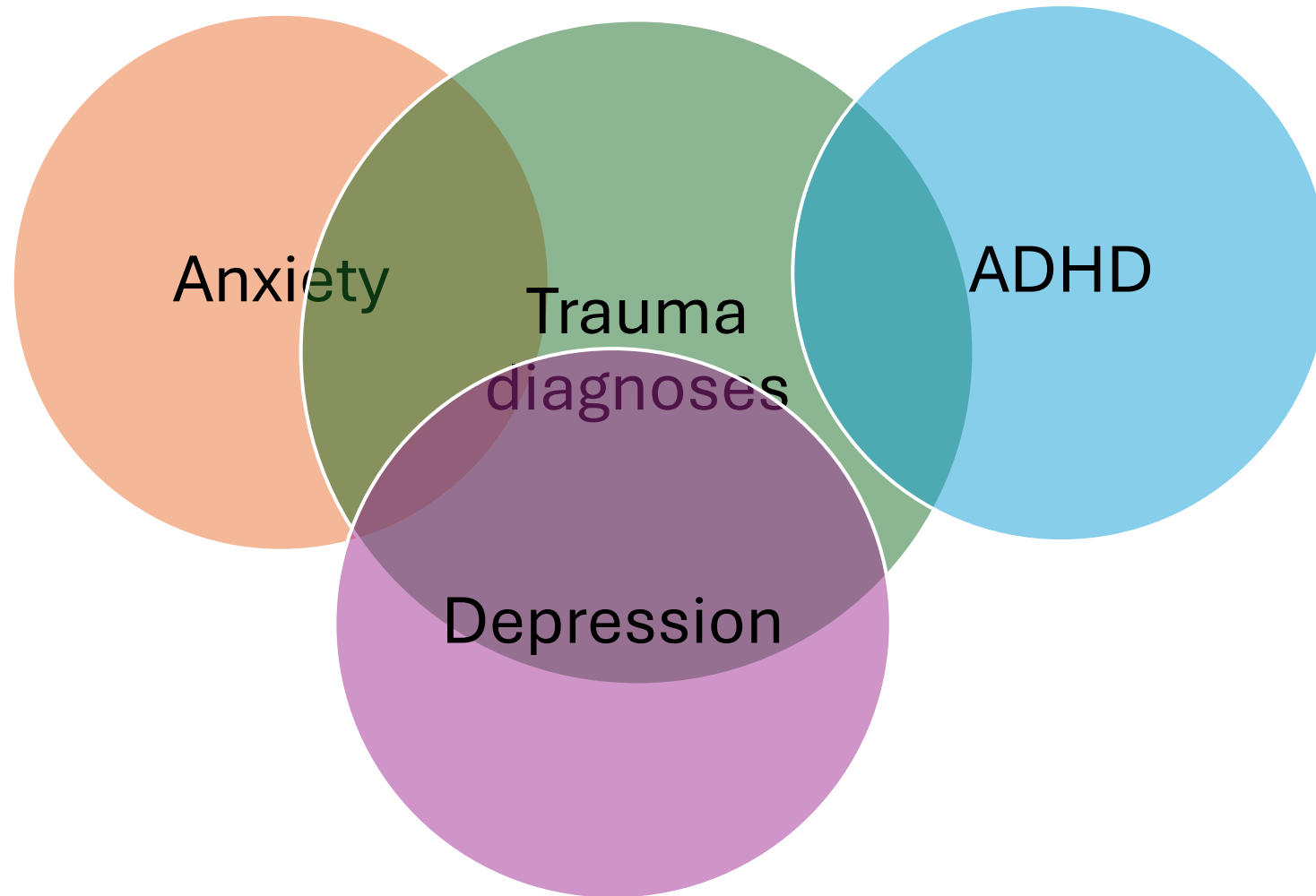
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4 When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	✓	3	4
5 When something reminds me of what happened I get very upset, afraid, or sad.	0	✓	2	3	4
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2 I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	✓
3 I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	✓
4 When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5 When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	✓
6 I have trouble concentrating or paying attention.	0	1	2	3	✓
7 I get upset easily or get into arguments or physical fights.	0	1	✓	3	4
8 I try to stay away from people, places, or things that remind me about what happened.	0	1	2	✓	4
9 I have trouble feeling happiness or love.	0	1	2	3	✓
10 I try not to think about or have feelings about what happened.	0	1	2	3	4
11 I have thoughts like "I will never be able to trust other people."	0	1	2	✓	4
12 I feel alone even when I'm around other people.	0	1	2	✓	4
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Get more information : Discriminate from overlapping conditions



The Triple Screen

- Traumatic stress tool
- PHQ-A
(depression)
- GAD-7
(anxiety)



PEDIATRIC 11-17 YEAR VISIT (PATIENT) PATIENT HEALTH QUESTIONNAIRE (PHQ-A)

Are you currently: ☐ on medication for depression ☐ not on medication for depression ☐ not sure? ☐ in counseling

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, irritable, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, —or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as school work, reading, or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Total each column				

10. If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult
11. In the past year, have you felt depressed or sad most days, even if you feel okay sometimes? ☐ YES ☐ NO
12. Has there been a time in the past month when you have had serious thoughts about ending your life? ☐ YES ☐ NO
13. Have you ever, in your whole life, tried to kill yourself or made a suicide attempt? ☐ YES ☐ NO

ANXIETY AND STRESS DISORDER SYMPTOMS (GAD-7)

Over the last 2 weeks, how often have the problems below bothered you? Check the number for each item.

Generalized Anxiety Disorder (GAD-7)	How often			
	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge?	0	1	2	3
Not being able to stop or control worrying?	0	1	2	3
Worrying too much about different things?	0	1	2	3
Trouble relaxing?	0	1	2	3
Being so restless that it is hard to sit still?	0	1	2	3
Becoming easily annoyed or irritable?	0	1	2	3
Feeling afraid as if something awful might happen?	0	1	2	3

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

(CONTINUE ON BACK)

Pediatric 11-17 year visit-patient
11/2020 GHHC Health Services, Inc. (2020)
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UCLA BRIEF SCREEN FOR TRAUMA AND PTSD – 11 YEARS AND OLDER

Sometimes violent or very scary or upsetting things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened recently? ☐ Yes ☐ No

If 'Yes,' what happened?

Has something like this happened in the past? ☐ Yes ☐ No

If 'Yes,' what happened?

Continue only if you checked 'yes' on either question above:

FREQUENCY RATING CALENARS



Select how often you had the problem below in the past month.

How much of the time during the past month...	None	Little	Some	Much	Most
1 I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2 I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3 I have upsetting thoughts, pictures, or sounds of what happened come to mind when I don't want them to.	0	1	2	3	4
4 When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5 When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6 I have trouble concentrating or paying attention.	0	1	2	3	4
7 I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8 I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9 I have trouble feeling happiness or love.	0	1	2	3	4
10 I try not to think about or have feelings about what happened.	0	1	2	3	4
11 I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12 I feel alone even when I'm around other people.	0	1	2	3	4

Clinicians, please indicate actions taken:

☐ No Action Taken

Referrals: (check all that apply)

- ☐ Child Protection (DCFS /CPS)
☐ Crisis Evaluation/Emergency Department
☐ Trauma Evidence-Based Treatment
☐ Mental Health Integration (MHI)

In-office Interventions: (check all that apply)

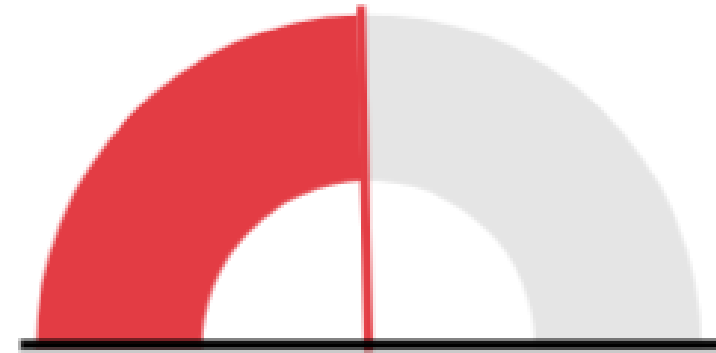
- ☐ Sleep Education
☐ Belly Breathing
☐ Guided Imagery
☐ Progressive Muscle Relaxation

Pediatric 11-17 year visit-patient
11/2020 GHHC Health Services, Inc. (2020)
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Findings

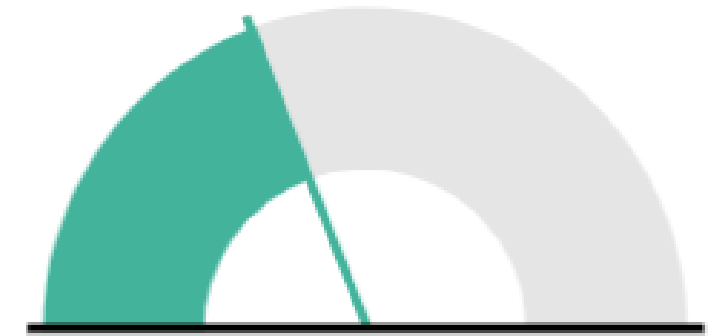
- Clinical Practice Implications for High PHQA or GAD7

	Mod/High Traumatic Stress
High PHQA	104/211 (49%)
High GAD7	357/923 (39%)



1/2

High Depression Scores May Be Better Explained by Trauma



2/5

High Anxiety Scores May Be Better Explained by Trauma



ACE screening?

“You keep using that word. I do not think it means what you think it means”

ACE questionnaire

Not a screening tool

- Validity in populations, not individuals
- Questions about history, but limited, specific history
- No predictive value for thresholds, no specificity
- No symptoms identified so what treatment recommended?

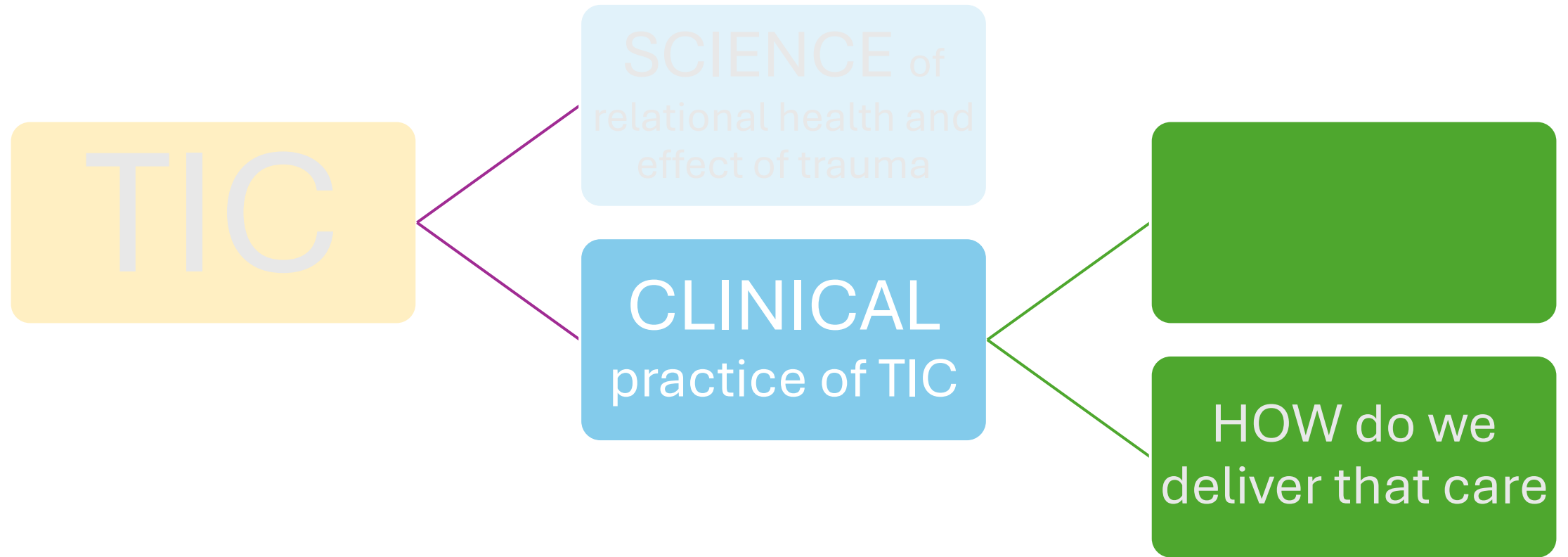
May harm?

- “I am not a number”
- Disrupt trust in the relationship with the health provider
- Often does not feel safe
- Caution urged by CDC – Austin AE, Anderson KN, Goodson M, Niolon PH, Swedo EA, Terranella A, Bacon S. Screening for Adverse Childhood Experiences: A Critical Appraisal. Pediatrics. 2024 Dec 1;154(6):e2024067307. doi: 10.1542/peds.2024-067307. PMID: 39497538

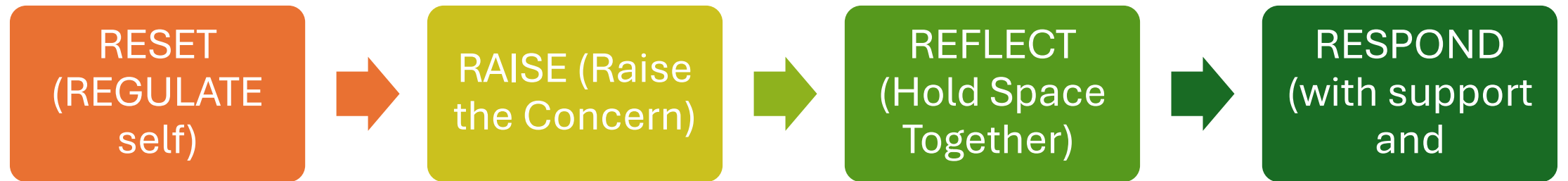
Meehan AJ, Baldwin JR, Lewis SJ, MacLeod JG, Danese A. Poor Individual Risk Classification From Adverse Childhood Experiences Screening. Am J Prev Med. 2022 Mar;62(3):427-432. doi: 10.1016/j.amepre.2021.08.008. Epub 2021 Oct 9. PMID: 34635382; Baldwin JR, Caspi A, Meehan AJ, Ambler A, Arseneault L, Fisher HL, Harrington H, Matthews T, Odgers CL, Poulton R, Ramrakha S, Moffitt TE, Danese A. Population vs Individual Prediction of Poor Health From Results of Adverse Childhood Experiences Screening. JAMA Pediatr. 2021 Apr 1;175(4):385-393. doi: 10.1001/jamapediatrics.2020.5602. PMID: 33492366; PMCID: PMC7835926.

Roadmap: PRACTICE of TIC

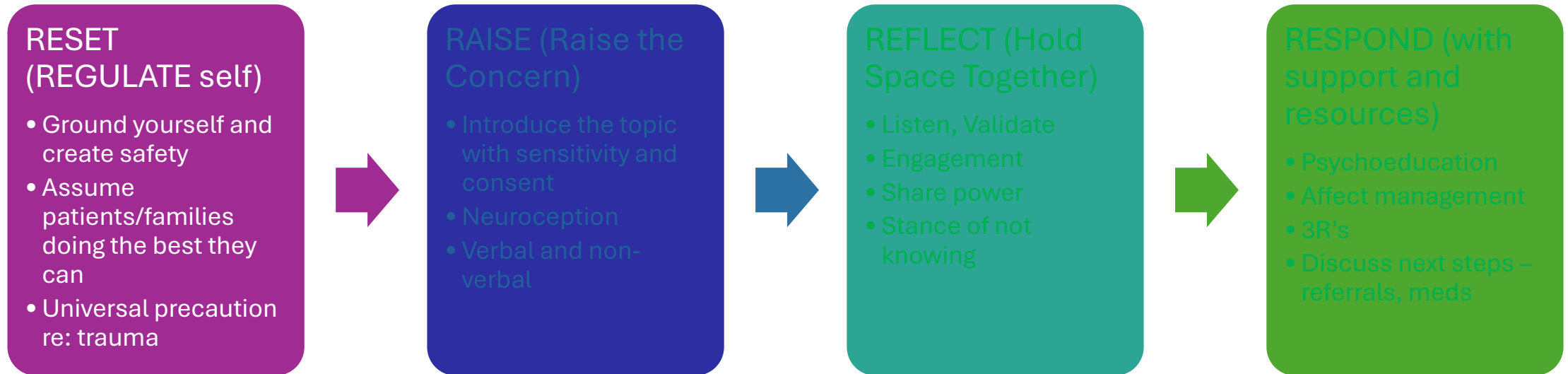
WHAT to do and HOW to do it



The HOW (promote safety)– start here



The HOW (promote safety)– start here



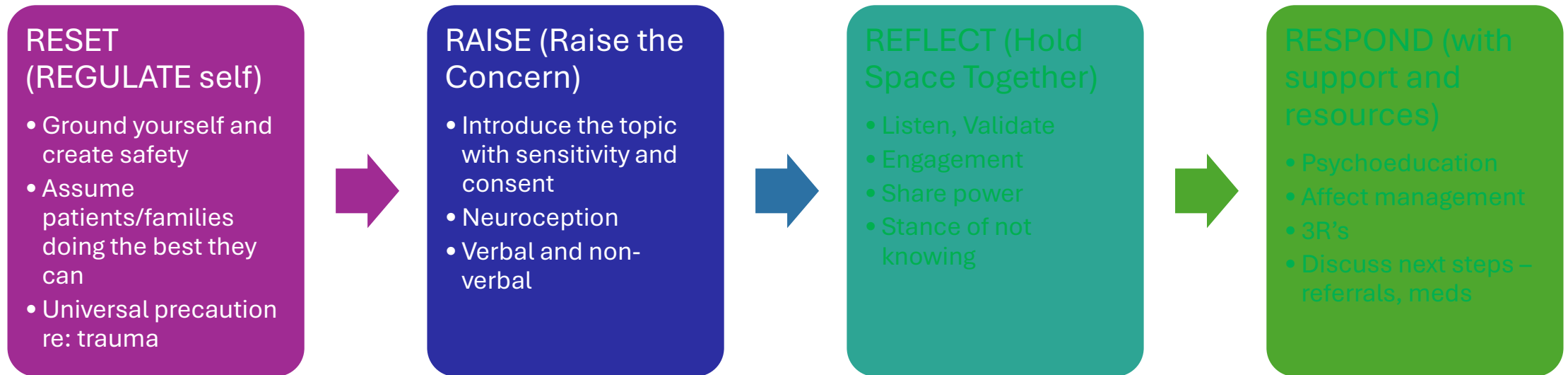
Reset – Ground yourself

Patients are doing the best they can.

Are you regulated as you enter the patient room?

Do you need affiliate support
– Before? During? After?

The HOW (promote safety)– start here



Raise issue: Neuroception

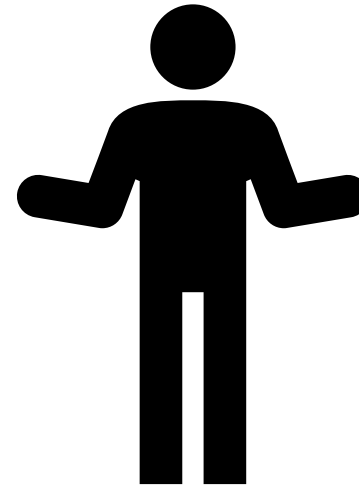
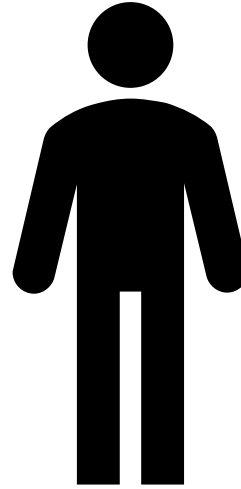


Nonverbal signals perceived by limbic system, rapid shunting to amygdala to assess threat

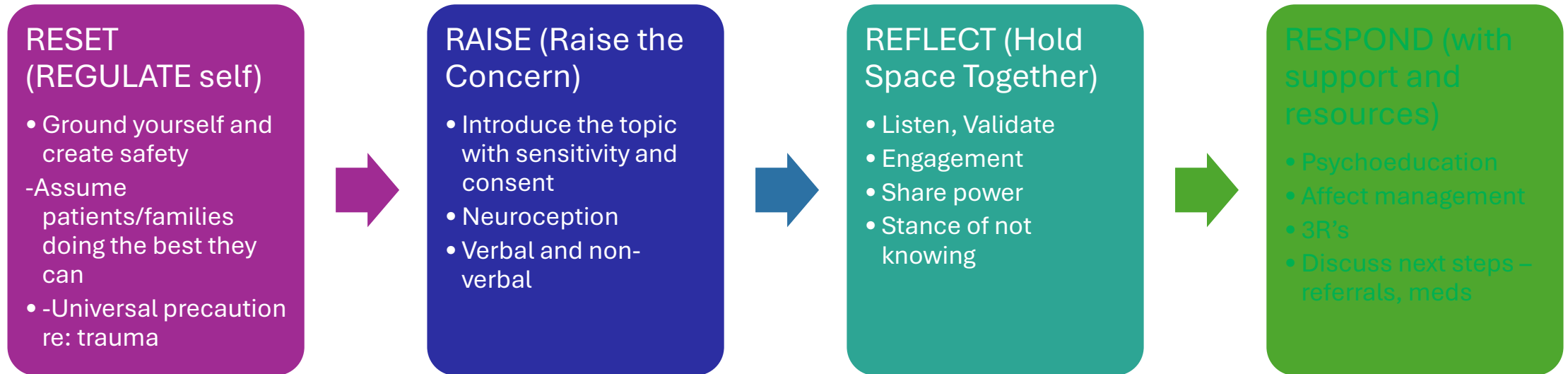
Raise issue: Neuroception

- Nonverbal signals are perceived by limbic system.
- Rapid shunting to amygdala to assess threat.
- Hospitals and medical settings are full of nonverbal signals of threat (eg, low pitched noises, alarms, smells, sirens).

Raise issue:
Consider body
language and cultural
context



The HOW (promote safety)– start here



Reflect: Create safety in how we validate



**Thank you for sharing
that with me**



**Thank you for being
honest with me (with
responses that all
negative)**



**Thank you for trusting
me with that
information**



**Offer praise when you
can... “It was great
when...”**

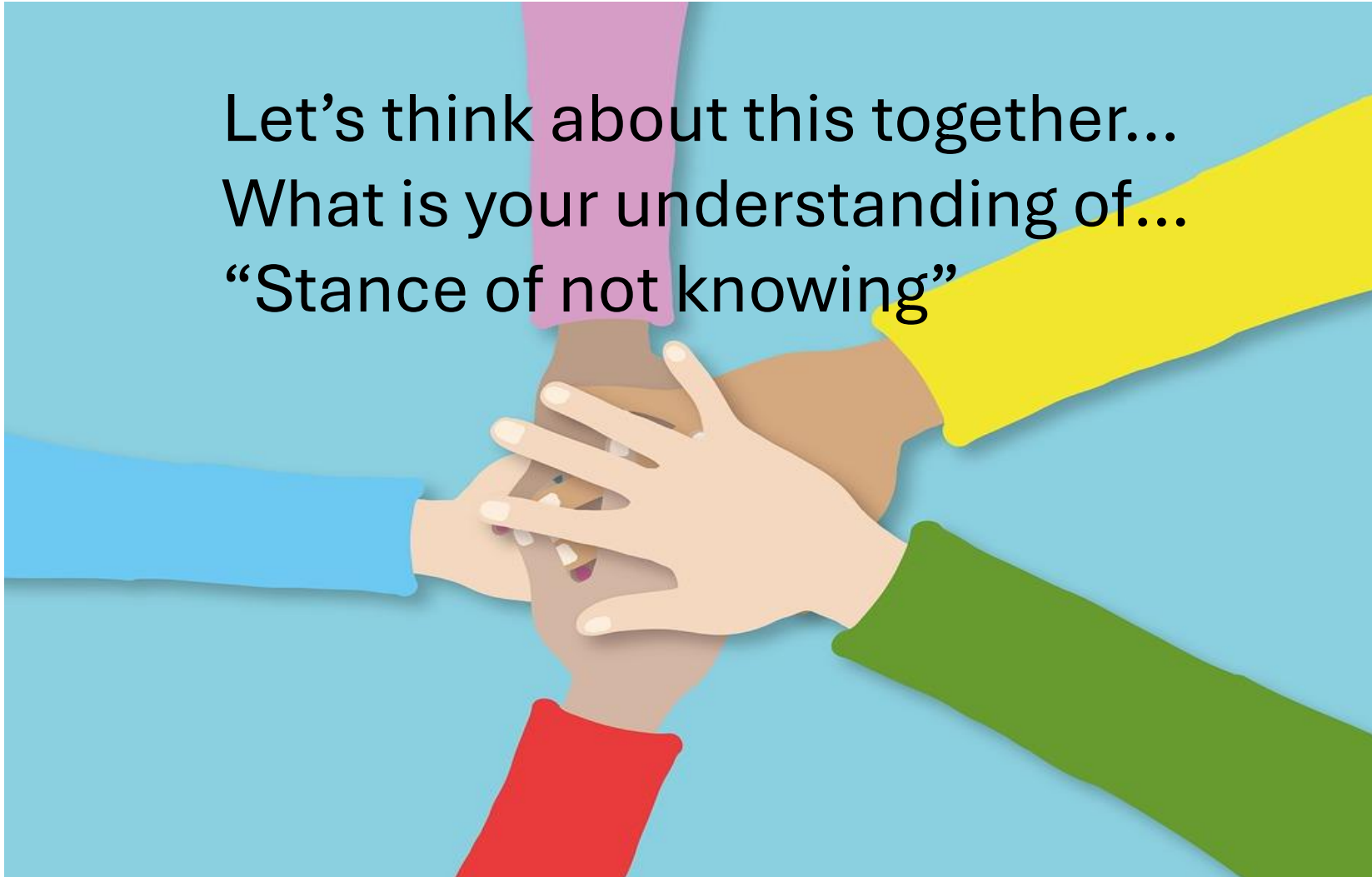


**Reflect back what they
say and then say...I
can understand why
you might think that
(even if it's a cognitive
distortion)**

Don't deny their experience of
the distortion (don't say “no
you're not; of course that's
not true..”)

Engagement: “Share Power”, Form a Therapeutic Relationship

Let's think about this together...
What is your understanding of...
“Stance of not knowing”

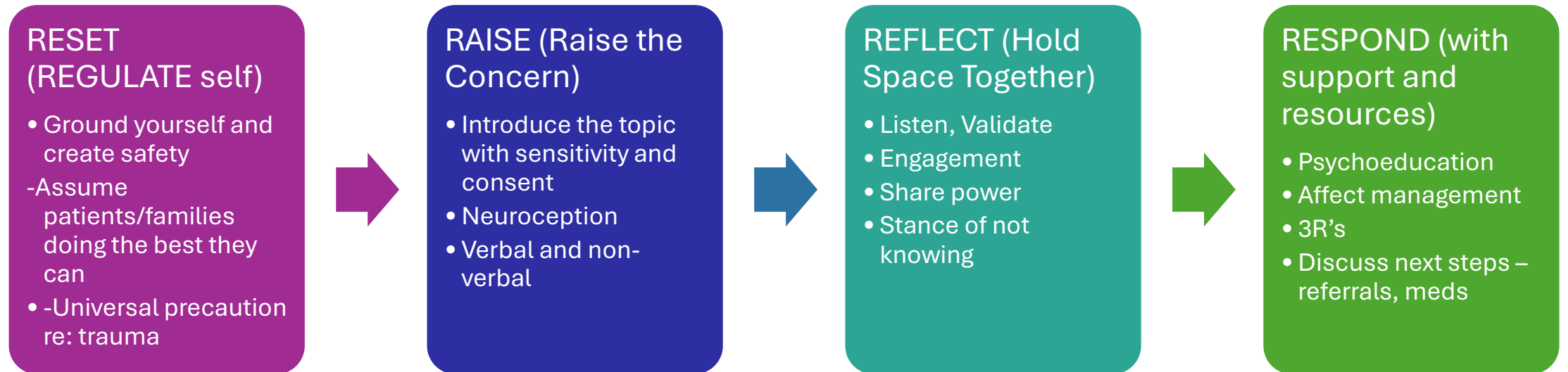


How to ask questions (curiosity with acceptance, respect and empathy)

- “I’m curious about what you said...”
- “Tell me more about that...”
- “And then what happened?...”
- “I wasn’t there so tell me what that was like for you...”
- “I wonder if xx started when xx happened...”
- (Use silence – give people time to answer)



The HOW (promote safety)– start here (“Respond” is a mix of How and What)



Respond: Psychoeducation

- <https://www.samhsa.gov/sites/default/files/tips-talking-to-children-after-traumatic-event.pdf>
- <https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events>
- <https://www.nctsn.org/resources/understanding-child-traumatic-stress-guide-parents>



How do children and adolescents respond to traumatic events?

It is typical for children and adolescents to have a range of reactions after experiencing or witnessing a traumatic event, such as a natural disaster, an act of violence, or a serious accident.

Regardless of age, children and adolescents may:

- Report having physical problems such as stomachaches or headaches.
- Have nightmares or other sleep problems, including refusing to go to bed.
- Have trouble concentrating.
- Lose interest in activities they normally enjoy.
- Have feelings of guilt for not preventing injuries or deaths.
- Have thoughts of revenge.

Young children (age 5 and younger) may:

- Cling to caregivers and/or cry and be fearful.
- Have tantrums, or be irritable or disruptive.
- Suddenly return to behaviors such as bed-wetting and thumb-sucking.
- Show increased fearfulness (for example, fear of the dark, monsters, or being alone).
- Incorporate aspects of the traumatic event into imaginary play.

Older children (age 6 and older) and adolescents may:

- Have problems in school.
- Withdraw or become isolated from family and friends.
- Avoid reminders of the event.
- Use drugs, alcohol, or tobacco.
- Be disruptive, disrespectful, or destructive.
- Be angry or resentful.

Many of these reactions are normal and will lessen with time. If these symptoms last for more than a month, the family should reach out to a health care provider.



Tips for Talking to Children and Youth After Traumatic Events A Guide for Parents and Educators



Respond: Affect Management



The Three **R**s

Ways to help your child

Reassuring

Let child know they are safe.
This should be said with words,
hugs and safe spaces in the
home.



Returning to Routine

Routines for meals,
bedtime, household
schedules all help
children to know
what to expect.



Regulation

Skills to calm self: belly breathing,
stretching, relaxation

Skills to name feelings: colors of emotions,
words for feelings

Skills for managing emotions



Reassurance



Routines and Rituals Communicate Safety, Shutting Down Stress Response



Regulation: Calm Stress Response

Calming the stress response does not need to be elaborate.



Belly Breathe

Put one hand on your stomach and one hand on your chest. Slowly breathe in from your stomach (expand like a balloon) and slowly breathe out (deflate).



Color

Color something. Focus on the colors and designs.



Mindful Meal

Pay attention to the smell, taste and look of your food. No multitasking.



Blow Bubbles

Notice their shapes, textures, and colors.



Squeeze Muscles

Starting at your toes, pick one muscle and squeeze it tight. Count to five. Release and notice how your body changes. Repeat exercise moving up your body.



Meditate

Sit in a relaxed, comfortable position. Pick something to focus on (eg, a religious passage, words of affirmation). When your mind wanders, bring your attention back to the passage.



Listen to Music

Focus on the whole song or listen specifically to the voice or an instrument.

Supportive relationships: Social mapping

- Who to help
 - in middle of night,
 - next day,
 - child specific
- Who to avoid



How to promote recovery

1

Primary care **PREVENTION:**

Promote affiliate support and buffering – relational care and prevention

2

Secondary care **DETECTION:**

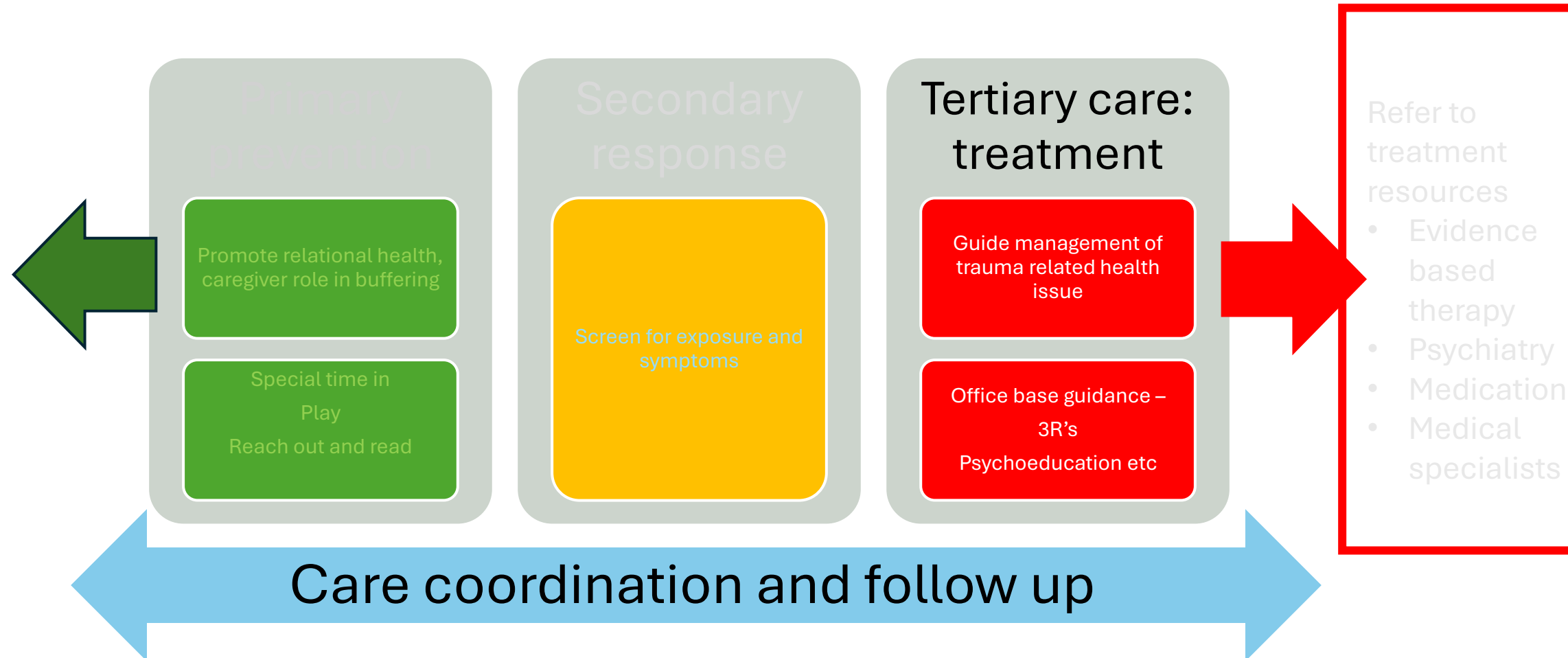
Identify those impacted by trauma

3

Tertiary care **TREATMENT:**

Treat those who are symptomatic and need to recover

Start here...



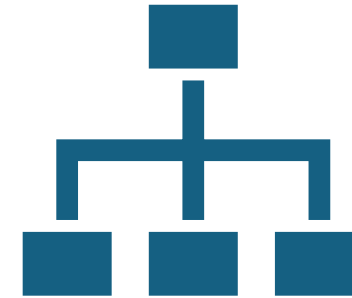
Addressing suicidality



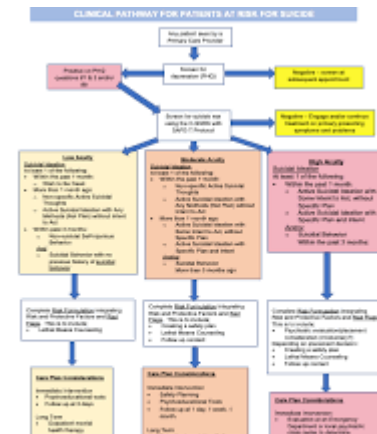
1. If positive - Follow up with Columbia or equivalent

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Primary Care

Ask questions that are in bold and underlined.	Past month
Ask Questions 1 and 2	YES NO
1) Have you wished you were dead or wished you could go to sleep and not wake up?	☐ ☐
2) Have you had any actual thoughts of killing yourself?	☐ ☐
3) Have you been thinking about how you might do this? e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."	☐ ☐
4) Have you had these thoughts and had some intention of acting on them? as opposed to "I have the thoughts but I definitely will not do anything about them."	☐ ☐
5) Have you started to work out or worked out the details of how to kill yourself? Do you	☐ ☐



2. Have workflow for management (do as you already do)



Consider if you need to address specific types of symptoms

Sleep problems

- Sleep education
- Belly breathing
- Guided imagery

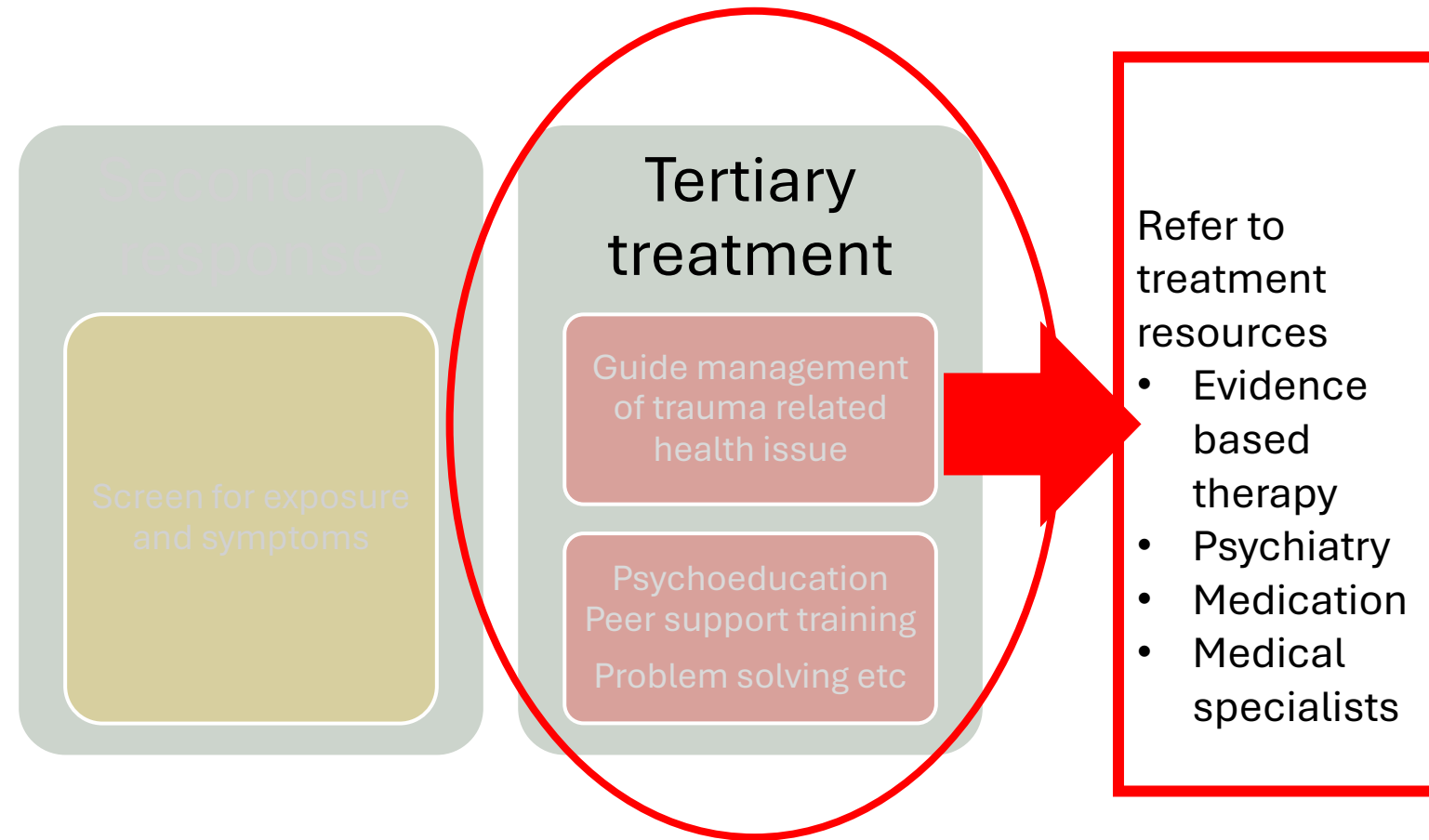
Hypervigilant/intrusive symptoms

- Belly breathing
- Guided imagery
- Progressive muscle relaxation
- Mindfulness

Avoidance / negative mood symptoms

- Behavioral activation
- Return to routine
- Parent-child communication

Then consider what you need to refer out



Get them to effective treatment – Evidence Based Therapy (EBT)

Behavioral dysregulation

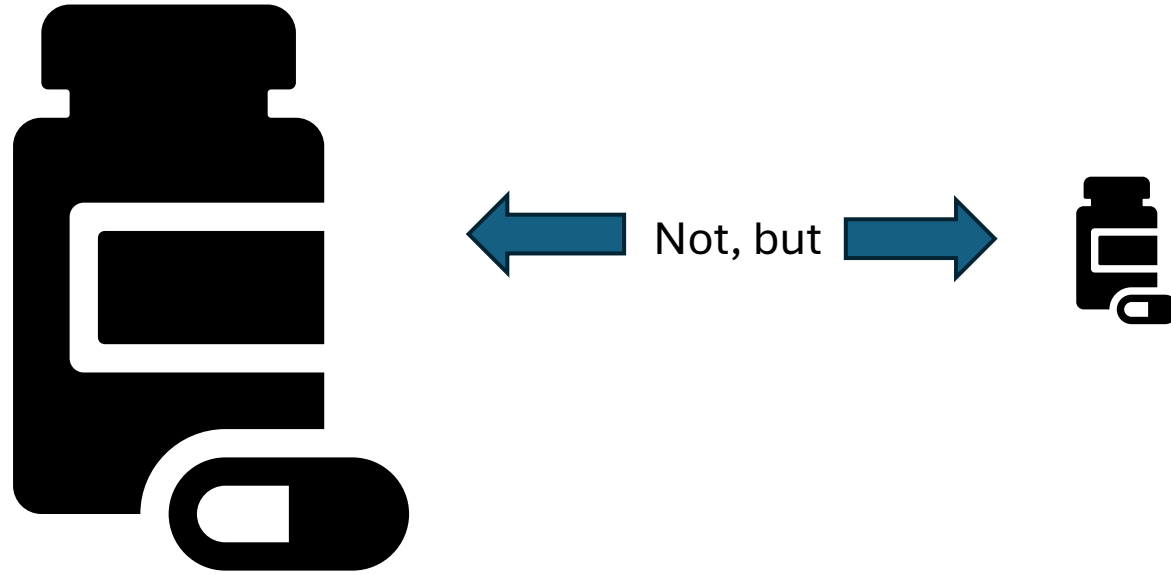
- Parent Child Interactive Therapy (PCIT) (young child-parent attunement)
- Child Parent Psychotherapy (CPP) (young child parent attunement)
- Dialectical Behavioral Therapy (older kids)

Desensitization and cognitive restructuring – age 3-5+

- Child and Family Traumatic Stress Intervention (CFTSI)– prevents onset of PTSD after event
- Eye Movement and Desensitization and Reprocessing (EMDR)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)

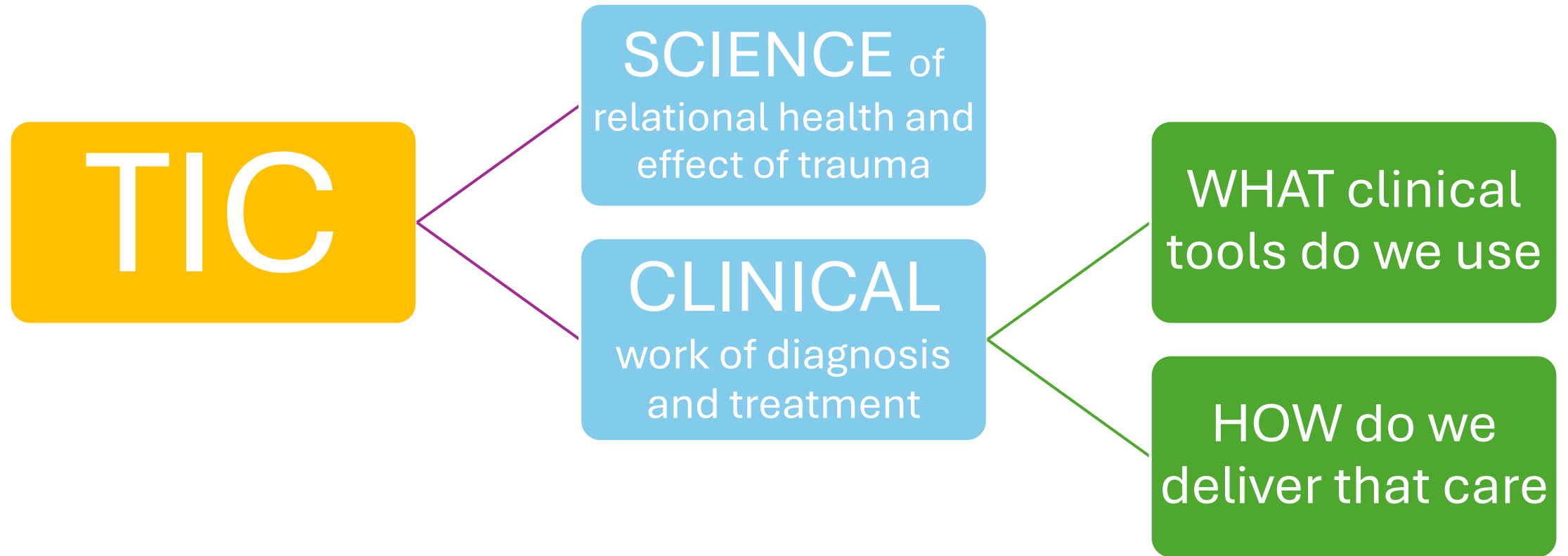
Developmental Trauma Disorder

- Attachment, Regulation and Competency



Treat: Evidence base for
medication

TIC has a manageable roadmap, and you can walk that with your patients



Beyond the buzzword: science informed clinical care, include the what and how

Warning: You still may be working for Peanuts



Summary

- TIC is a care approach that recognizes the **widespread impact of trauma** and understands **potential paths for recovery**. (SAMHSA) We need to know **what** to do and **how** to do it!
- TIC in pediatrics requires us to consider trauma not as an injury to a fixed system from an event, but as a developmental insult from a failure of buffering
- When one cannot use the affiliate response there is an overuse of fight or flight and overproduction of cortisol and epinephrine in a developing brain and body
- Trauma's effects may mimic other behavioral health diagnoses but is a different ecophenotypes
- Paths to recovery must appreciate that loss of affiliate increases stress and social thinning through mechanisms of increased threat perception, altered reward pathways and altered autobiographic memory
- TIC includes primary prevention, secondary response and tertiary treatment. Our role is to know **what** to do (screening, with office based starts to primary prevention and tertiary treatment, and referral to services as needed) and **how** to do it (promoting safety and affiliate response)
- Science can guide us on understanding the science of the effect of trauma on children and then on the WHAT and HOW of TIC

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