

Universal Trauma Precautions and Trauma-Specific Guidelines

Mandy O'Hara, MD, MPH, FAAP

Fundamental Principles

1. Definition: Trauma-Informed Care (TIC) is a program, organization, or system that
 - Realizes the impact of trauma and integrates knowledge about trauma
 - Adverse childhood events (ACEs) and potentially traumatic events (PTEs) are very prevalent
 - Traumatic stress can become biologically embedded
 - Anatomic and functional changes in the brain
 - Neuroendocrine and immune dysregulation and dysfunction
 - Epigenetic alterations
 - Behavioral attempts to cope (hyperarousal or dissociation)
 - Responds fully to it
 - Screening
 - Resources and treatment
 - Resists re-traumatization
 - Trauma-sensitive, patient-centered care
 - Self care to address secondary traumatic stress and prevent compassion fatigue
2. Universal Trauma Precautions
 - Understanding that trauma and ACEs are common, approach all patients and families as if trauma is possible
 - Universal routine screening
3. Trauma-Specific Care
 - After the identification of trauma, take next steps for safety, assessment, and treatment

Screening

1. Universal Screening for Potentially Traumatic Events (PTEs)
 - PTEs are experiences that threaten physical safety, are potentially life threatening, and associated with feelings of fear, horror, or hopelessness
 - Traumatic experiences in childhood are broad and may be referenced as Trauma, ACEs, Toxic Stress, Medical Traumatic Stress, or Post Traumatic Stress Disorder (PTSD)
 - Maltreatment
 - Parental separation, illness, or loss of a loved one
 - Witnessing interpersonal violence or community violence
 - Motor vehicle accident
 - Witness to a natural disaster
 - Conditions of war
 - Animal bite
 - Invasive medical procedures
 - Systems-induced trauma (foster placement)

- Routine screening for PTEs at all well child visits
 - “Because traumatic events are so common and because they have direct, long lasting effects on physical and mental health, I ask all of my patients about stressful or difficult experiences they may have had. Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?”
 - Age 8 years and older, consider asking child directly
 - If No – screen at next routine visit
 - If Yes –
 - Assess safety
 - Consider mandated reporting
 - Do a brief screen for PTE-related symptomology
 - Follow with trauma-specific screening

2. Trauma-Specific Screening

- Known trauma may be identified or suspected
 - Identified on history or medical exam
 - A positive screen for PTE
 - Other presenting signs or symptoms that may raise suspicion for abuse or neglect:

<ul style="list-style-type: none"> • Skin finding or injury concerning for inflicted injury • Injury with delay in seeking care • Injury secondary to lack of supervision • Multiple injuries • Poor growth • Poor hygiene • Poorly controlled chronic disease • Multiple missed appointments • Developmental delays • Parent child interaction • Acute child behavioral changes • New school difficulties • Bully involvement • Runaway • School truancy 	<ul style="list-style-type: none"> • Adolescent risk-taking behaviors • Substance use • Withdrawn child • Hypervigilant, hyperactive child • Externalizing or acting out child • Emotionally promiscuous child • Sexualized behaviors • Dysuria or other urinary complaints • Genital pain, bleeding, or discharge • Enuresis or encopresis • Functional abdominal pain • Chest pain • Tension headaches • Vague physical complaints or chronic pain not otherwise explained • Anxiety, depression, or other mental health concerns
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- Targeted Trauma Screening
 - ACE Screen
 - Parent
 - Child
 - Abbreviated Screens for Trauma Symptomatology
 - UCLA Brief Screen for Child/Adolescent Trauma and PTSD
<https://www.reactionindex.com>
 - Abbreviated PC-PTSD for Primary Care
<https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>
 - Trauma-Specific Screening Tools
 - Trauma Symptom Checklist for Children
<https://www.wpsublish.com/store/p/3065/tsc-trauma-symptom-checklist-for-children>
 - UCLA PTSD Reaction Index <https://www.reactionindex.com>
 - Additional screening for children involved with child welfare
 - Well-being
 - Mental health needs
 - Family functioning

Trauma-Informed Approaches to the Medical Evaluation

1. Trauma-Informed Review of Systems

- Sleeping problems – due to stimulation of the reticular activating system in the central nervous system
 - Difficulty falling asleep
 - Difficulty staying asleep
 - Nightmares
- Eating – due to inhibition of satiety centers in the brain, or anxiety
 - Rapid eating, over-eating
 - Lack of appetite
 - Food hoarding
- Toileting – due to increased sympathetic tone and increased catecholamines
 - Constipation
 - Enuresis
 - Encopresis
- Behavior
 - Dissociative/Detachment/Dopaminergic
 - More common in females, younger children, with ongoing trauma and inability to escape
 - May mimic or be comorbid with depression, inattentive ADD, developmental delays
 - Arousal/Hypervigilance/Adrenergic
 - More common in males, older children, with witnessed violence and fight or flee experiences
 - May mimic or be comorbid with ADHD, ODD, aggression, bipolar
 - School and Developmental Difficulties
 - Delayed milestones or school failure
 - Frequent tantrums or aggression with peers
 - Difficulty with transitions and organization

2. Trauma-Sensitive, Patient-Centered Care

- Listen and Support
 - Listening to another’s trauma narrative has therapeutic value and aids with integration and healing
 - Empathize and normalize, trauma and ACEs are common
 - Explain how toxic stress can impact health
 - Assess readiness for change
- “D-E-F” Protocol for TIC
 - **D** – Reduce **D**istress
 - **E** – Emotional support
 - **F** – Remember the **F**amily
- “T-I-C” Protocol
 - **T** – **T**hink about possible **T**rauma
 - **I** – **I**nforn who you are and what you are doing
 - **C** – Offer **C**omfort and **C**hoice whenever possible
- Provider Self-Care
 - Check in with yourself and your own reaction to secondary exposure to another’s trauma

3. Trauma-Informed Anticipatory Guidance

- Common symptoms of trauma can be anticipated
- Offer caregivers explanations and guidance

4. Trauma-Informed, Evidence-Based Models for Prevention and Treatment

- Universal Trauma Precautions
 - Triple P Program: <https://www.triplep.net/glo-en/home/>
 - SEEK Model: <https://www.seekwellbeing.org/theseekmodel>
- Trauma-Specific Treatments
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):
<https://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/>
 - Child Parent Psychotherapy (CPP):
<https://www.cebc4cw.org/program/child-parent-psychotherapy/>
 - Parent Child Interaction Therapy (PCIT):
<https://www.cebc4cw.org/program/parent-child-interaction-therapy/>
 - Multisystemic Therapy for Child Abuse & Neglect (MST-CAN):
<https://www.cebc4cw.org/program/multisystemic-therapy-for-child-abuse-and-neglect/>

Website Resources

American Academy of Pediatrics: www.aap.org/traumaguide

Child Traumatic Stress Network: <http://www.nctsnet.org>

Center for Pediatric Traumatic Stress: <https://www.healthcaretoolbox.org>

Substance Abuse and Mental Health Service Administration (SAMSA): <https://www.samhsa.gov>

Adverse Childhood Experiences CDC:
<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

California Evidence-Based Clearinghouse for Child Welfare: <https://www.cebc4cw.org>

References

The American Academy of Pediatrics, (2014). The medical home approach to identifying and responding to exposure to trauma. www.aap.org/traumaguide.

APSAC. (2018). Trauma-Informed Care, *New ABSAC Advisor* 30(3).

Cohen J.A., et al. (2008). Identifying, treating, and referring traumatized children. *Arch Pediatr Adolesc Med* 162(5): 447-452.

Felitti V.J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *Am J of Prev Med* 14(4): 245-258. PMID: 9635069.

Shonkoff J.P., et al. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 129(1): 232-246.

