



Trauma-informed Practices for Pediatricians

New understanding of the effects of toxic stress on early brain development call for new approaches by pediatricians in their treatment of young children and their caregivers.



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PURPOSE

In the course of young children’s development, they inevitably face adversities that lead to stress. Studies of the biology of stress lead to a differentiation of three types: positive stress, a normal part of healthy development; tolerable stress, produced by more serious events but buffered by nurturing relationships with supportive adults; and toxic stress, the most threatening type, producing strong, prolonged activation of the body’s stress management systems due to repeated acute traumas in the absence of adult support.¹

New understanding of the effects of toxic stress on early brain development call for new approaches by pediatricians in their treatment of young children and their caregivers. Pediatricians know that discoveries in brain science and new studies of the impacts of trauma require “trauma-informed care”—a level of care that recommends every part of a pediatric practice to review and modification where necessary.² Still, the practical application of trauma-informed care in everyday practice is less well understood. This brief is designed to provide guidance to pediatricians about how they can tailor their policies and procedures to meet the needs of patients exposed to trauma.

SOME CHANGES TO PRACTICE SHOULD BE APPLIED UNIVERSALLY TO ALL PATIENTS

Because of the frequency of trauma, “[I]t is not unreasonable to consider trauma during every health visit,” the American Academy of Pediatrics advises.³ The rate of traumatic stress often is underestimated by physicians. Some studies indicate that as many as two-thirds of children treated by a pediatrician have experienced a traumatic event. The pediatric office is a natural site for identifying children with trauma and addressing their needs. Unless the practice is trauma-informed, the earliest opportunity for early identification and treatment may be missed. Or if the patient is treated with less sensitivity than advised—potentially compounding future physical and socioemotional problems could result.⁴ Universal trauma practices, employed with all patients, include small changes that help establish trust and rapport with both those suspected or known to be impacted by trauma as well as those who have not experienced trauma.⁵

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Patient-centered communication and care is at the center of a trauma-informed practice. (Many of the components of patient-centered care and communication are listed in the table below.) This type of care will ensure that every patient is treated respectfully and as comfortably as possible. Even patients without stress may feel uncomfortable and anxious in the physician's office, unsure of exactly what is being done and why. Those who have experienced traumatic events may be even more

sensitive to events in a physician's office – for example, being touched by a stranger, being asked to remove an article of clothing, or being left alone with the physician or staff member.⁶ Patient-centered practices can be important in avoiding re-traumatization of patients who have experienced traumatic stress.

The universal practices listed below can help reduce anxiety in all patients.

According to the American Academy of Pediatrics (AAP), the average pediatrician will see two to four children with an ACE score of 4 or more each day.

Universal Trauma-Informed Practices

- Train staff to understand the frequency and impacts of traumatic stress on young children and their caregivers.
- Communications and interactions with patients by all staff in the office should be informed by their understanding of toxic stress and the principles of a trauma-informed practice.
- Ask patients what the physician and staff can do to make them more comfortable during their visit.
- Before a physical exam, discuss the procedure with the patient and allow them to ask questions.

WHEN THERE IS A KNOWN HISTORY OF TRAUMA, A SECOND LEVEL OF PRACTICE—TRAUMA-SPECIFIC CARE—SHOULD BE USED.

In addition to practice changes applied universally and discussed above, pediatricians should engage in more specific practices when they know a child or caregiver has experienced trauma.⁷ If a traumatic event is disclosed by the child or parent in a clinical visit, the AAP advises that the pediatrician should:⁸

- Be empathetic. The pediatrician's response to a disclosure may affect whether a young child or caregiver will consider treatment. The pediatrician may say something like this: "I'm so sorry to hear that. Thank you for sharing that information with me. I know we can work together to help your child (or you)."
- Elicit symptoms and provide reassurance. Ask how behavior may have changed because of the traumatic event and how the patient has coped. Praise the child or parent for finding ways to deal with the trauma. Normalize the event with statements such as: "A lot of kids have something happen at some time in their lives that is really scary for them. It can be really scary at first, but most kids get back to feeling the way they did before."

- Provide education to the parent (or young child, depending on developmental level) about how behaviors may change due to trauma: becoming more clingy, anxious, difficult to console, irritable, or inattentive, for example. Parents need to be told that their child is doing the best they can to deal with the traumatic event, and that their reactions are part of the body's normal response to trauma.

When the pediatrician knows that a child is under stress from traumatic events, interprofessional collaboration becomes essential in helping the child adapt successfully. Pediatricians should form collaborative relationships with behavioral specialists and agencies that can provide support to children and families affected by trauma. The Help Me Grow program, which can be accessed through 2-1-1, can direct pediatricians to local specialists available in most Florida communities.⁹ In addition, information about sources for referrals can be made available to families in the waiting room.¹⁰



When patients disclose a history of trauma, pediatricians should recognize the limits of their own training in trauma and avoid delving too deeply into the psychological histories of the patients. Instead, offer resources and referrals.

Physicians should be aware of and follow mandated reporting laws, but should honor the wishes of a patient about reporting or not reporting traumatic events when laws do not require it.¹¹

HELPING THE FAMILY DEAL WITH A TRAUMATIZED CHILD

Pediatricians can advise parents about how to deal with symptoms and behaviors of a traumatized child, providing the warm, nurturing, and non-judgmental support that helps the child adapt to the effects of trauma. Such practices as consistent bedtimes and eating times, calm meals, bedtime rituals, nightlights, or sleeping with a favored item like a blanket or stuffed animal can help an anxious child.¹²

The pediatrician can provide guidance to caregivers about dealing with a child when he exhibits challenging behaviors:

- Come down to the child's eye level, gently take hold of the child's hand, and use simple, direct words. Give directions without using strong emotions.
- Lower the tone and intensity of your voice.
- Tell the child it is okay to feel the way she feels and to show emotion.
- Give the child words to label her emotions.

- Develop breathing techniques, relaxation skills, or exercises that the child can do when getting upset. Guide the child at first and then remind him or her to use those skills when they begin to become upset. Praise the child for expressing feelings or calming down.
- Give messages that say the child is safe, wanted, capable, and worthwhile and that you as the caretaker are available, reliable, and responsive.
- Praise even neutral behavior.¹³

Pediatricians can help caregivers understand that a child's behavior, however challenging, is part of a normal response to trauma. The parent may need help to not take challenging behaviors personally or as a suggestion of inadequacy. When parents with their own personal experience of toxic stress are advised non-judgmentally and helped to cope with challenging behaviors, they may be more amenable to changing behaviors and accepting referral and treatment by a behavioral health specialist.

HELPING FAMILY AND OTHER CAREGIVERS COPE

Many parents are able to help their children effectively. Others have difficulty, often as a result of their own traumas suffered either in childhood or currently, as in domestic violence, underemployment, or substance abuse. Pediatricians can refer these parents to appropriate community social services or to specialists

as needed. Parents having problems caring and nurturing their children because of socioemotional issues can be helped by the pediatrician with modeling of appropriate communication and behavior, including praise for parents when they make healthy choices for their children and themselves.¹⁵

SELF-CARE FOR HEALTHCARE PROVIDERS DEALING WITH TRAUMATIZED CHILDREN AND FAMILIES

Pediatricians and other healthcare providers working with traumatized children and families may feel drained, frustrated, or burned out when they become too involved in solving the child's and family's problems. These emotions may contribute to conflict with patients or colleagues.

Pediatricians should constantly monitor and be aware of their emotional reactions to families in distress; talk to team members or other supportive people about their emotions; and increase self-care, through relaxation, exercise, and stress management.¹⁶



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