

# Primary Care Response to Childhood Trauma

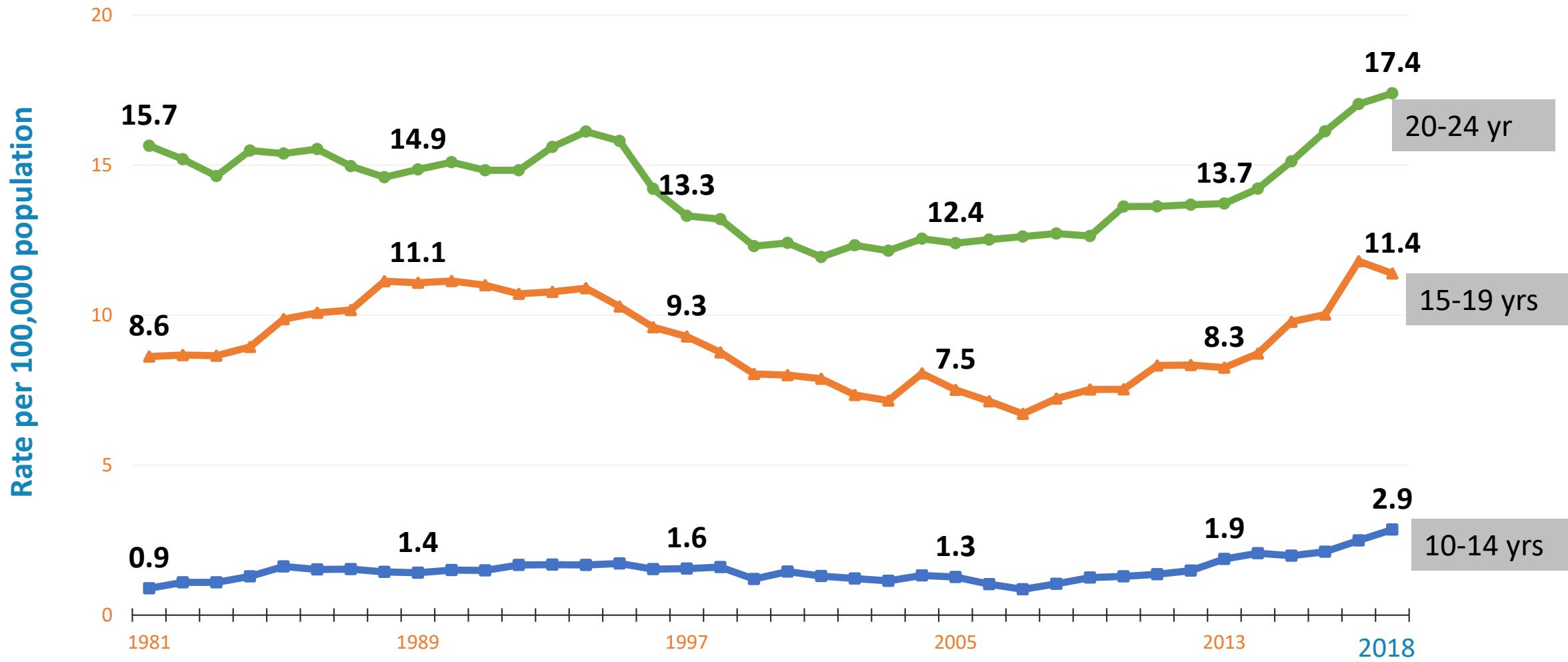
**Moira Szilagyi, MD, PhD, FAAP**  
AAP President



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



# US Child Suicide Death Rates by Age Group



Source: CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports  
(<https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>)

# The Burdens Children and Families Bear

- Bias, discrimination, inequities and marginalization
- Disparities in education, nutrition, housing, employment, health care, technology
- Community violence
- Environmental exposures
- Systemic, structural racism
- Pandemic: isolation and loss



Black kids and suicide: Why are rates so high, and so ignored?

Morbidity and Mortality Weekly Report (MMWR)

CDC



Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021

as an MMWR Early Release.

<sup>1</sup>Centers for Disease Control and Prevention, CDC; Michael F. Ballesteros, PhD<sup>1</sup>; Michael Sheppard, MS<sup>2</sup>; Abigail Gates, PhD<sup>2</sup>; Aaron Kite-Powell, MS<sup>2</sup>; Loren Rodgers, PhD<sup>2</sup>; Jennifer M. Holland, PhD<sup>1</sup>; Nimi Idaikadar, MPH<sup>1</sup>; Asha Ivey-Stephenson, PhD<sup>1</sup>; and Leah M. Stone, ScD<sup>1</sup> (View author affiliations)



# Declaring a Mental Health Emergency

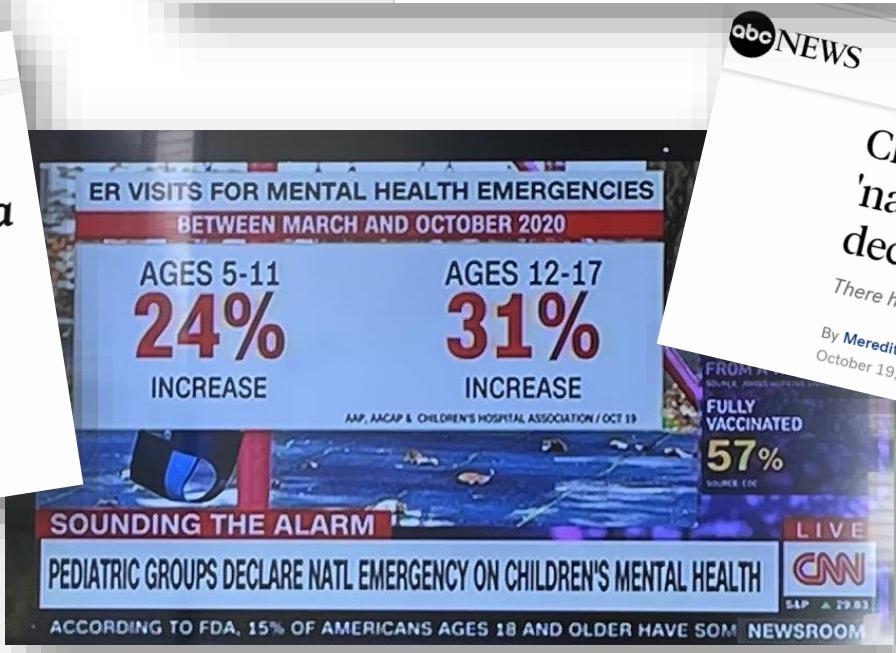


*Pediatricians and psychiatrists declare a national emergency in youth mental health.*

Medical groups said the coronavirus pandemic had worsened a mental health crisis among children and teenagers.



Advocacy Blueprint for Children Advocacy Issues State Advocacy Focus Advocacy Resources  
**AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health**  
Home / Advocacy / Child and Adolescent Healthy Mental Development / AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health  
  
A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:



ER VISITS FOR MENTAL HEALTH EMERGENCIES  
BETWEEN MARCH AND OCTOBER 2020

Age Group	Increase
AGES 5-11	24%
AGES 12-17	31%

AAP, AACAP & CHILDREN'S HOSPITAL ASSOCIATION / OCT 19

**SOUNDING THE ALARM**  
PEDIATRIC GROUPS DECLARE NATL EMERGENCY ON CHILDREN'S MENTAL HEALTH

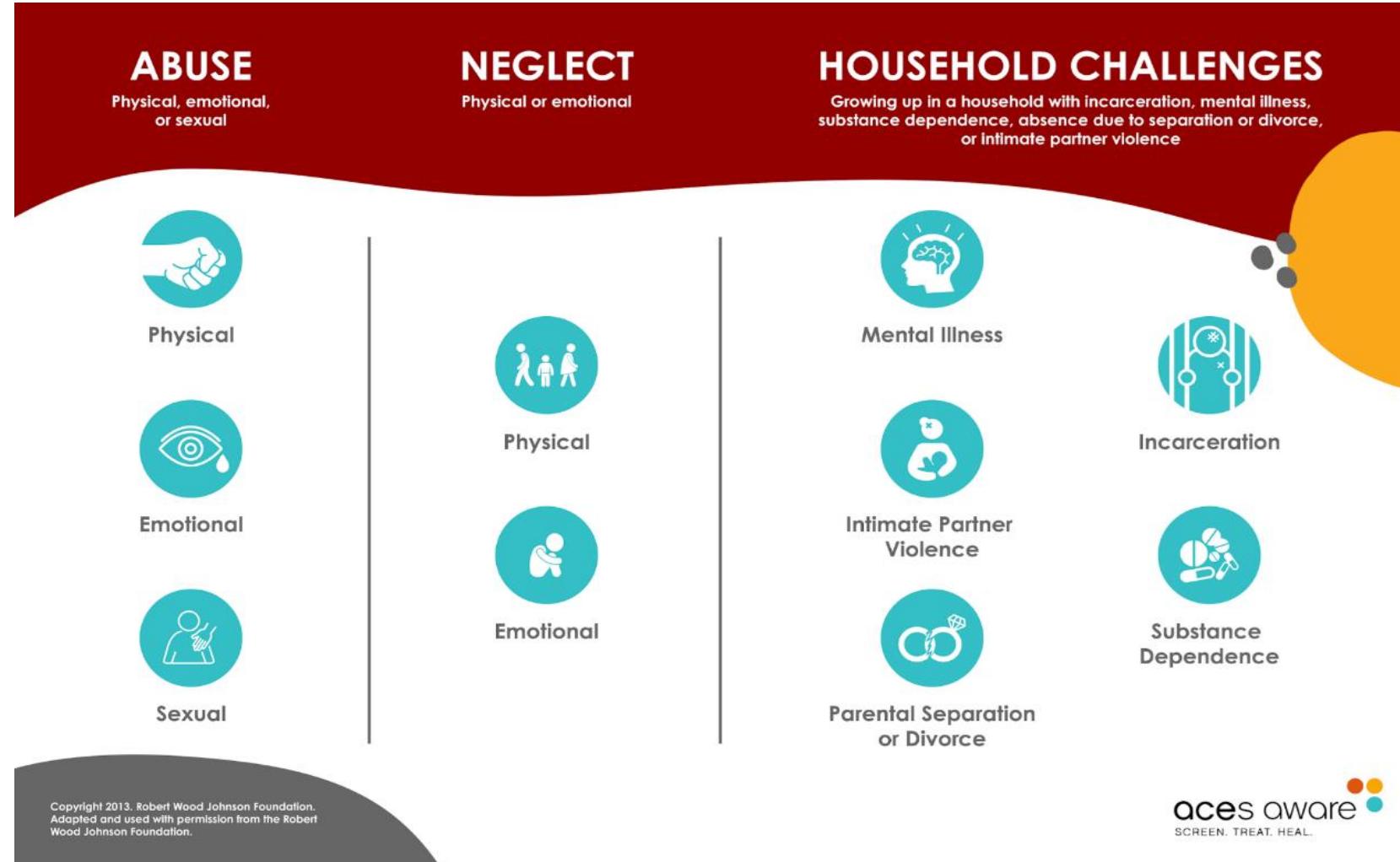
ACCORDING TO FDA, 15% OF AMERICANS AGES 18 AND OLDER HAVE SOM



abcNEWS VIDEO LIVE SHOWS CORONAVIRUS  
**Children's mental health crisis a 'national emergency,' pediatric groups declare**  
There has been a "shocking" rise in urgent mental health help for kids.  
By Meredith Deliso  
October 19, 2021, 5:47 PM • 5 min read  
Fully Vaccinated 57% SOURCE: CDC  
LIVE CNN SAP ▲ 29.83 NEWSROOM

# 10 Categories of Adverse Childhood Experiences

*From The Adverse Childhood Experiences Study.  
[http://www.acesstudy.org/ace\\_score](http://www.acesstudy.org/ace_score), 2015*



# ACEs

Racism and felt discrimination

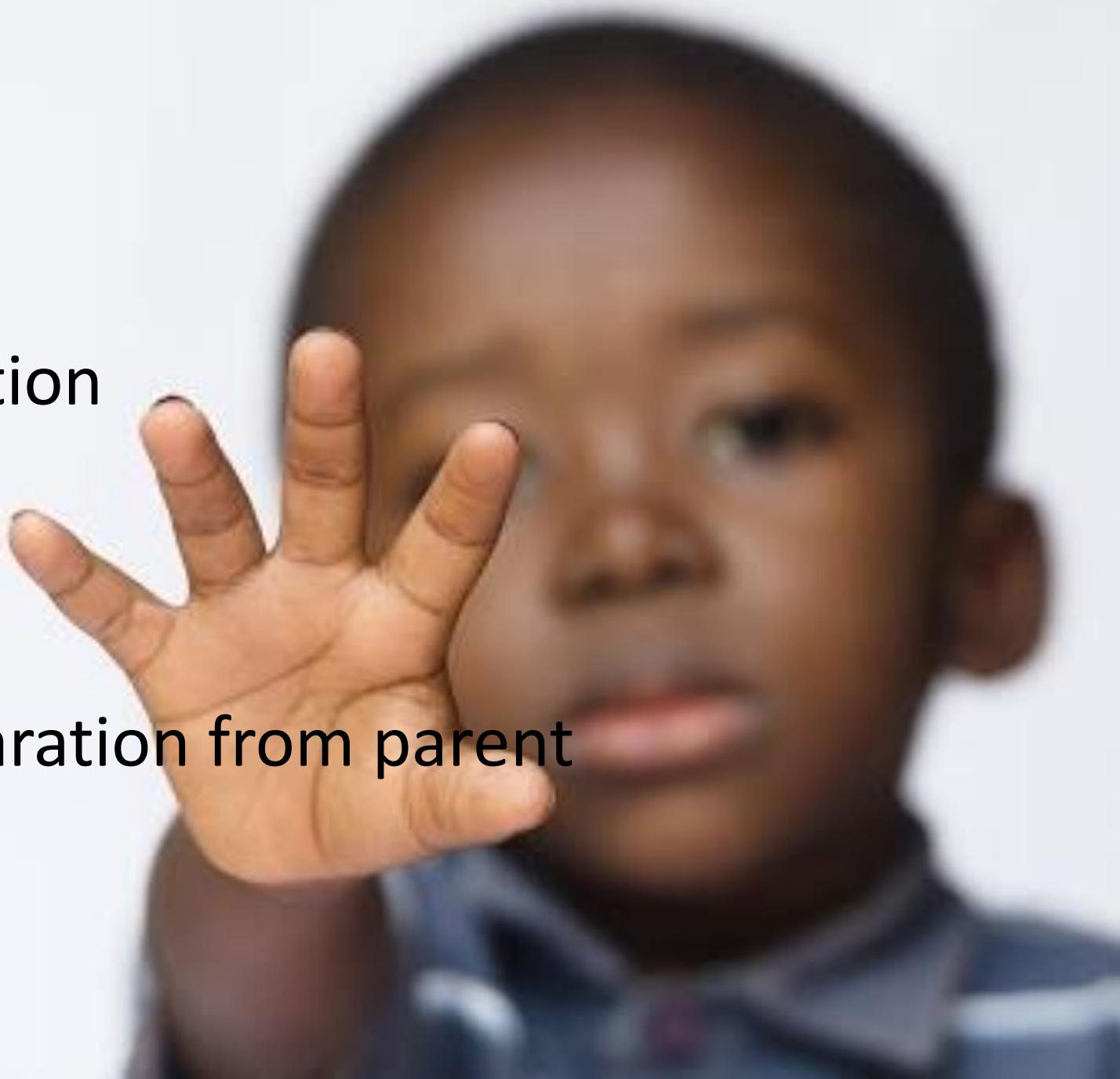
Deep poverty

Being bullied

Community violence

Forced or unexpected separation from parent

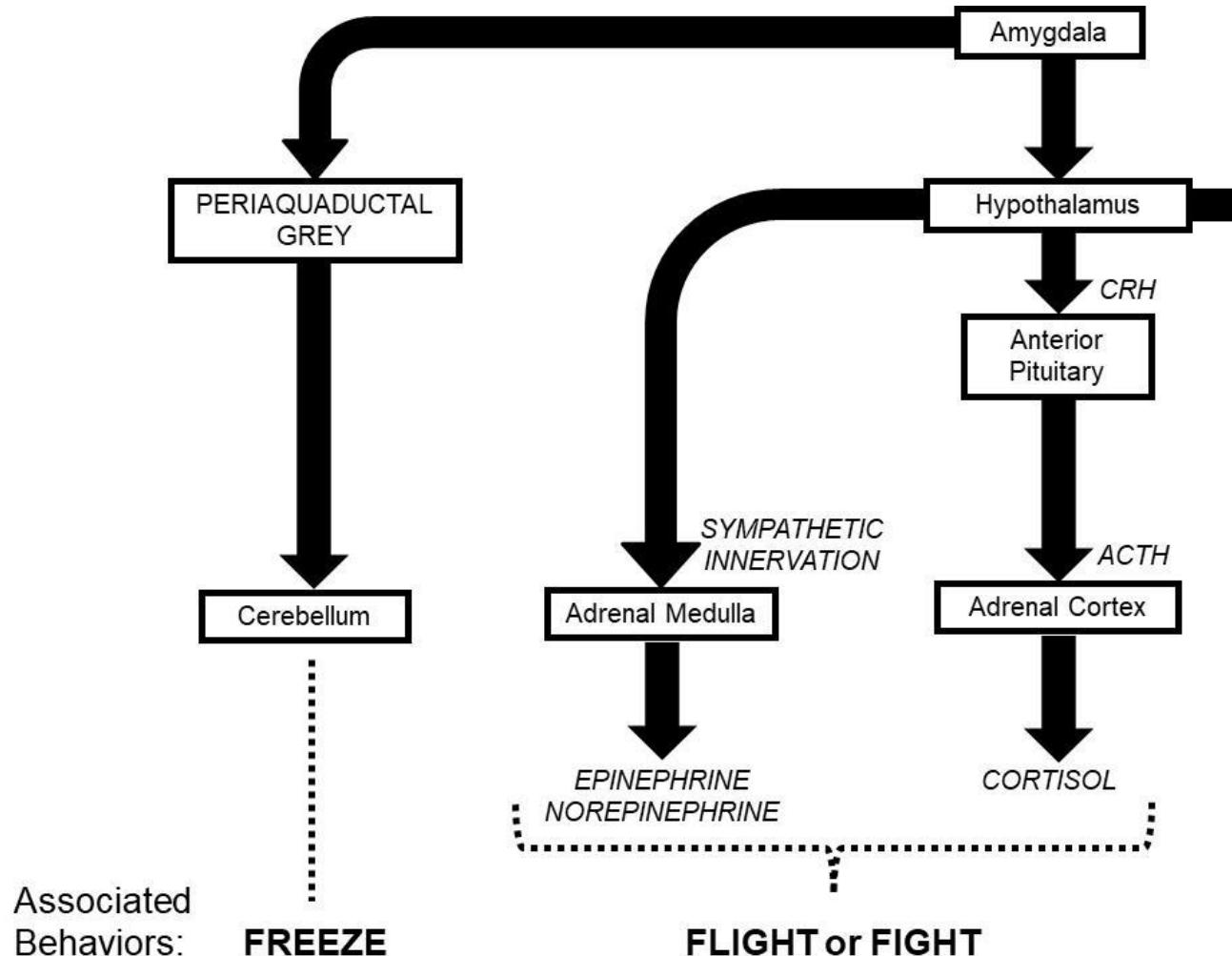
Foster care



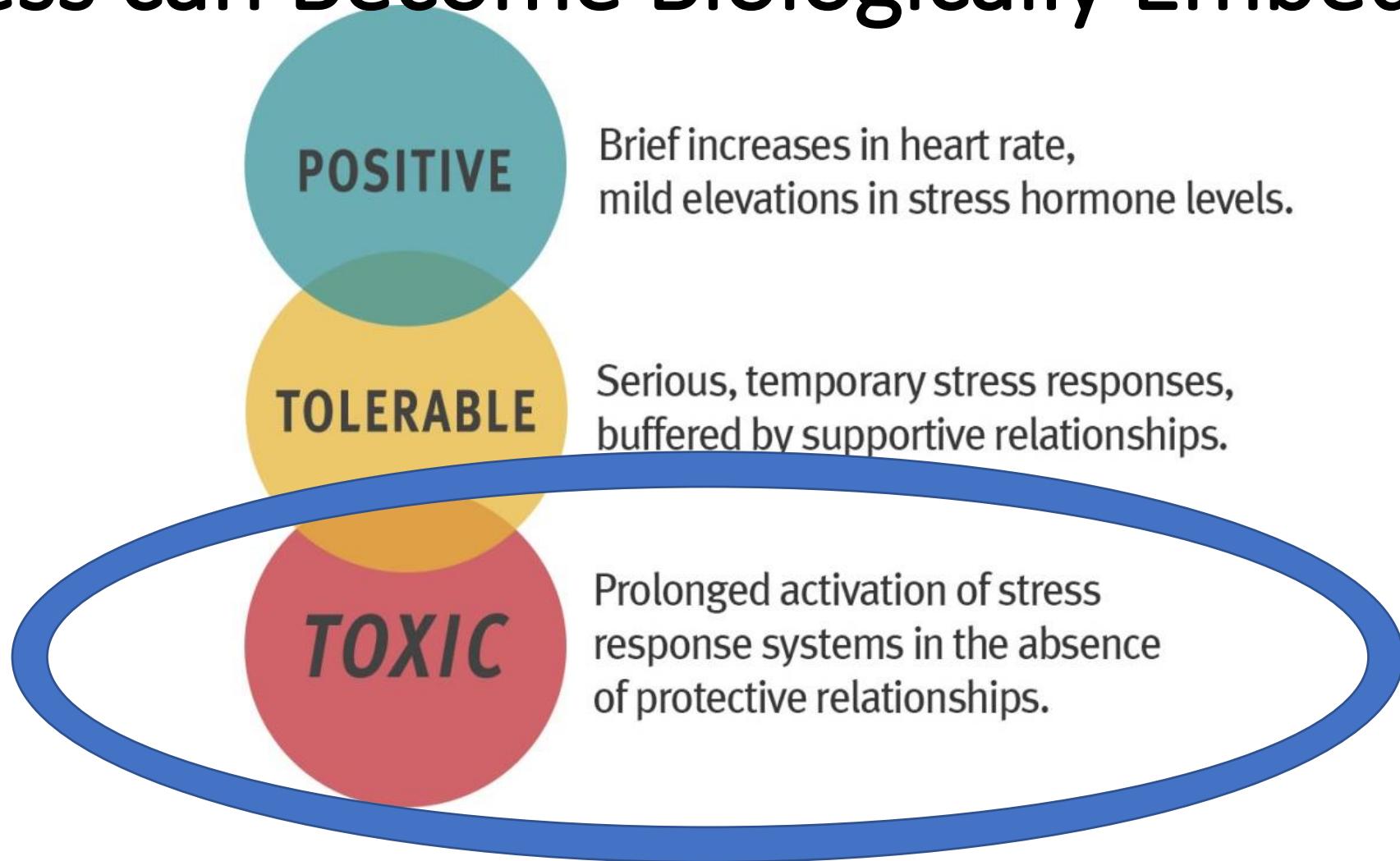
# Definition of Trauma

**"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."**

# Variable Responses To Threat



# Stress can Become Biologically Embedded

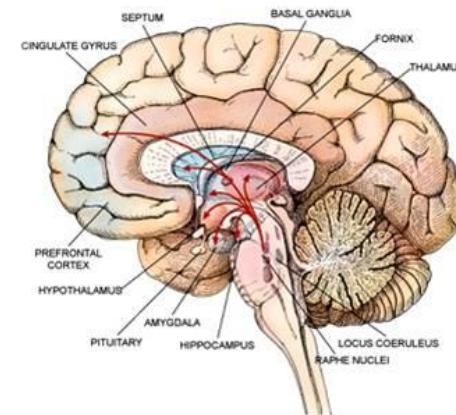
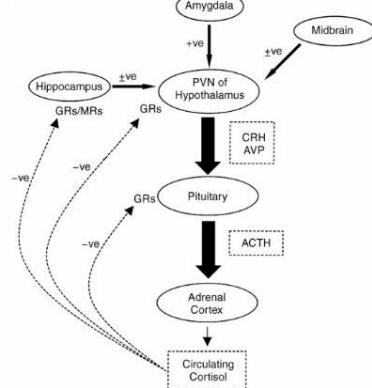
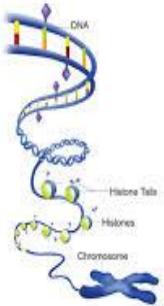


# Stress Triggers Potentially Permanent Changes

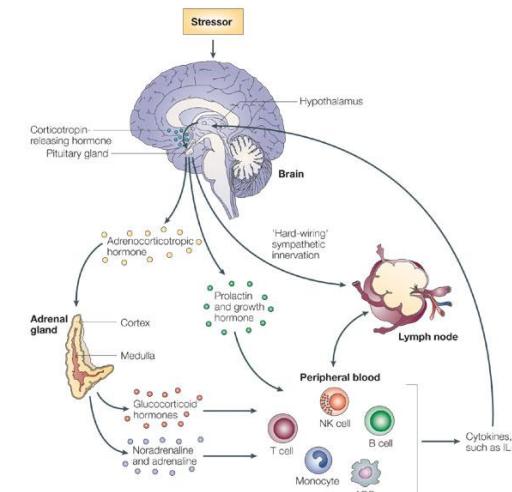
Telomere Shortening



Epigenetics

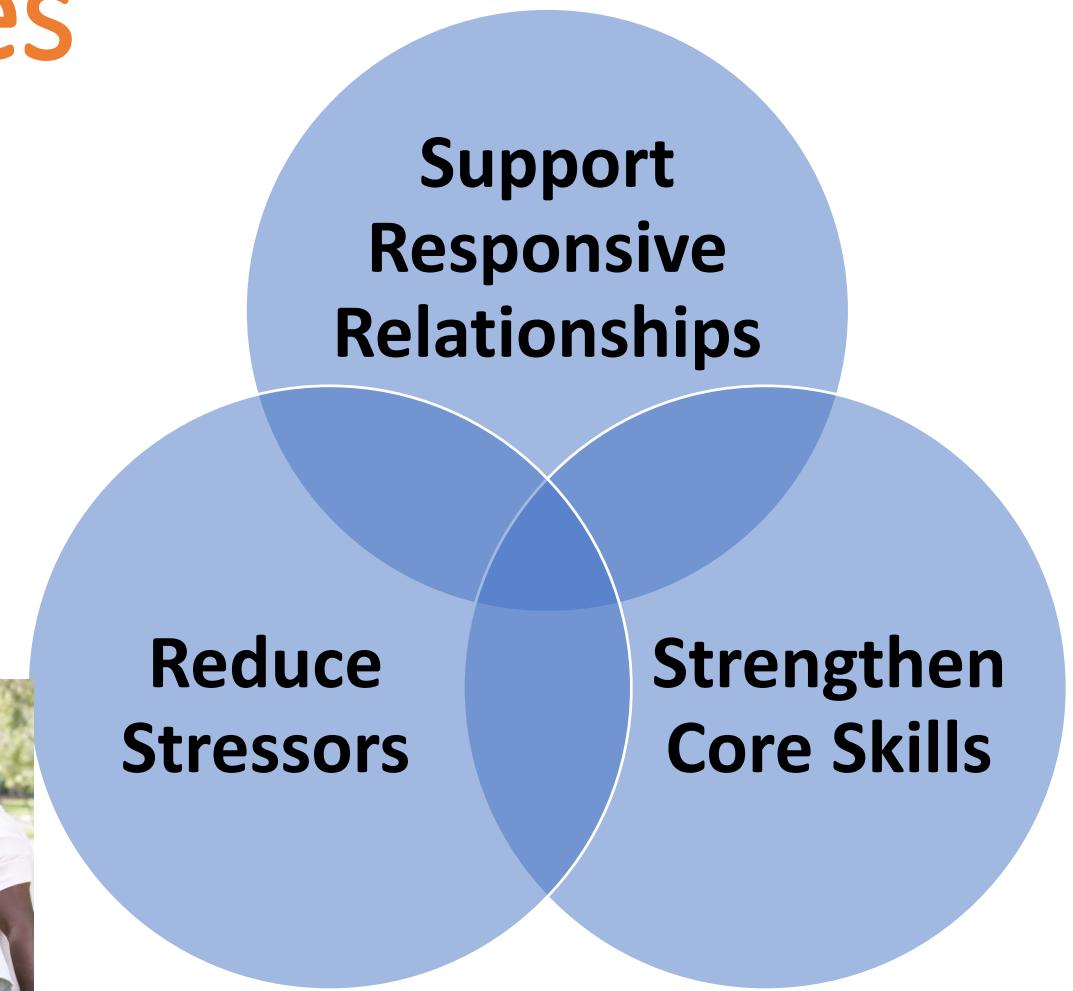


Brain Architecture,  
Connectivity  
and Function



Immune  
System

# Three Core Principles of Development



# Trauma-informed Care is Important

- There is something we can do about it as pediatricians
  - High prevalence: 48-90% of children in US
  - Trauma can biologically embed & affect lifelong health
- Evidence-informed: derived from research in other fields
  - Attachment
  - Parenting
  - Resilience
  - Trauma-informed Mental Health Care
  - Brain development and epigenetics



# What is Trauma-informed Care?

Trauma-informed care is defined by the National Child Traumatic Stress Network as medical care in which all parties involved recognize, assess and respond to the effects of traumatic experiences on children, caregivers, and healthcare providers.



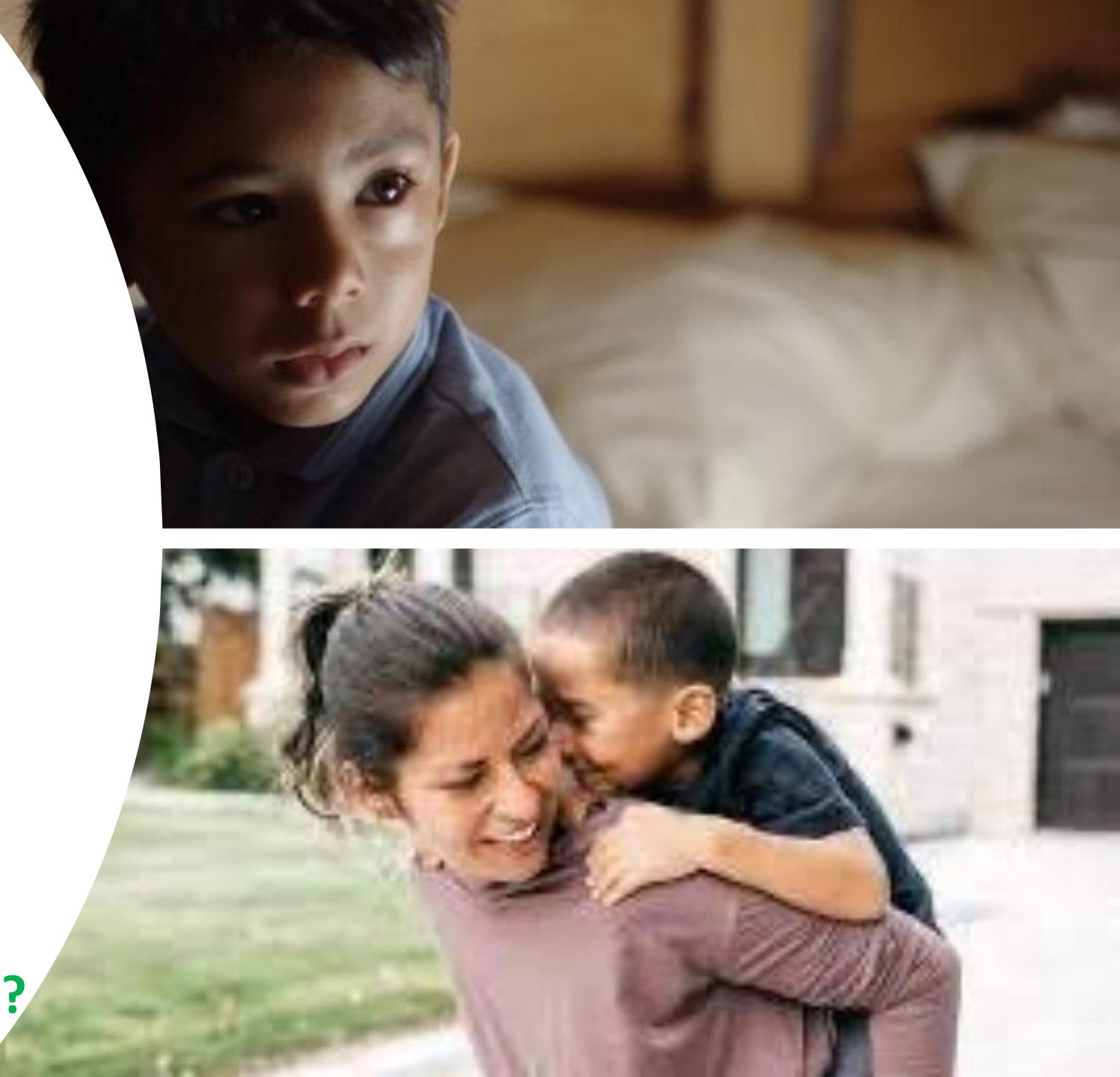
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**What is wrong with you?**

**What happened to you?**

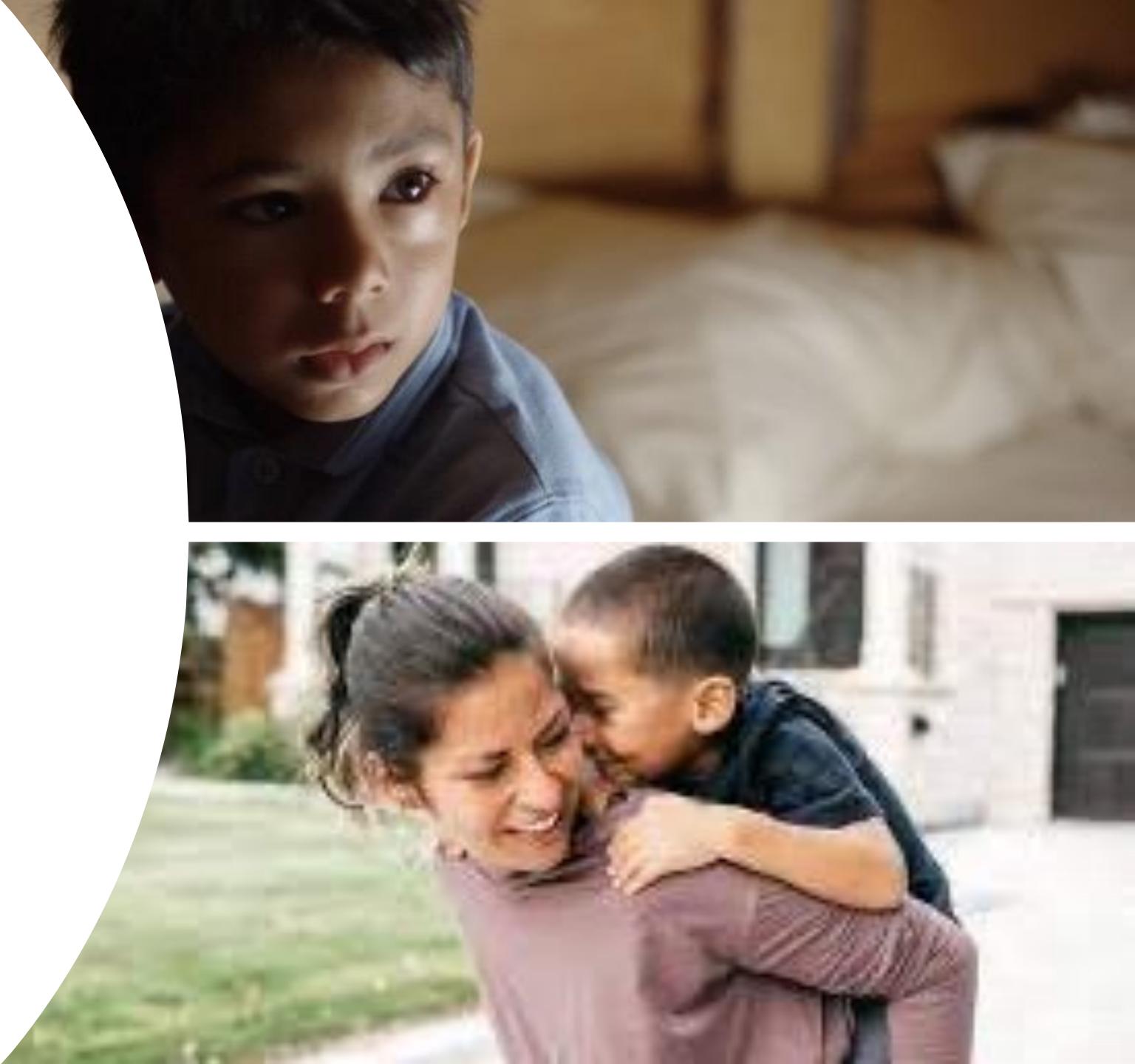
**What is strong with you?**



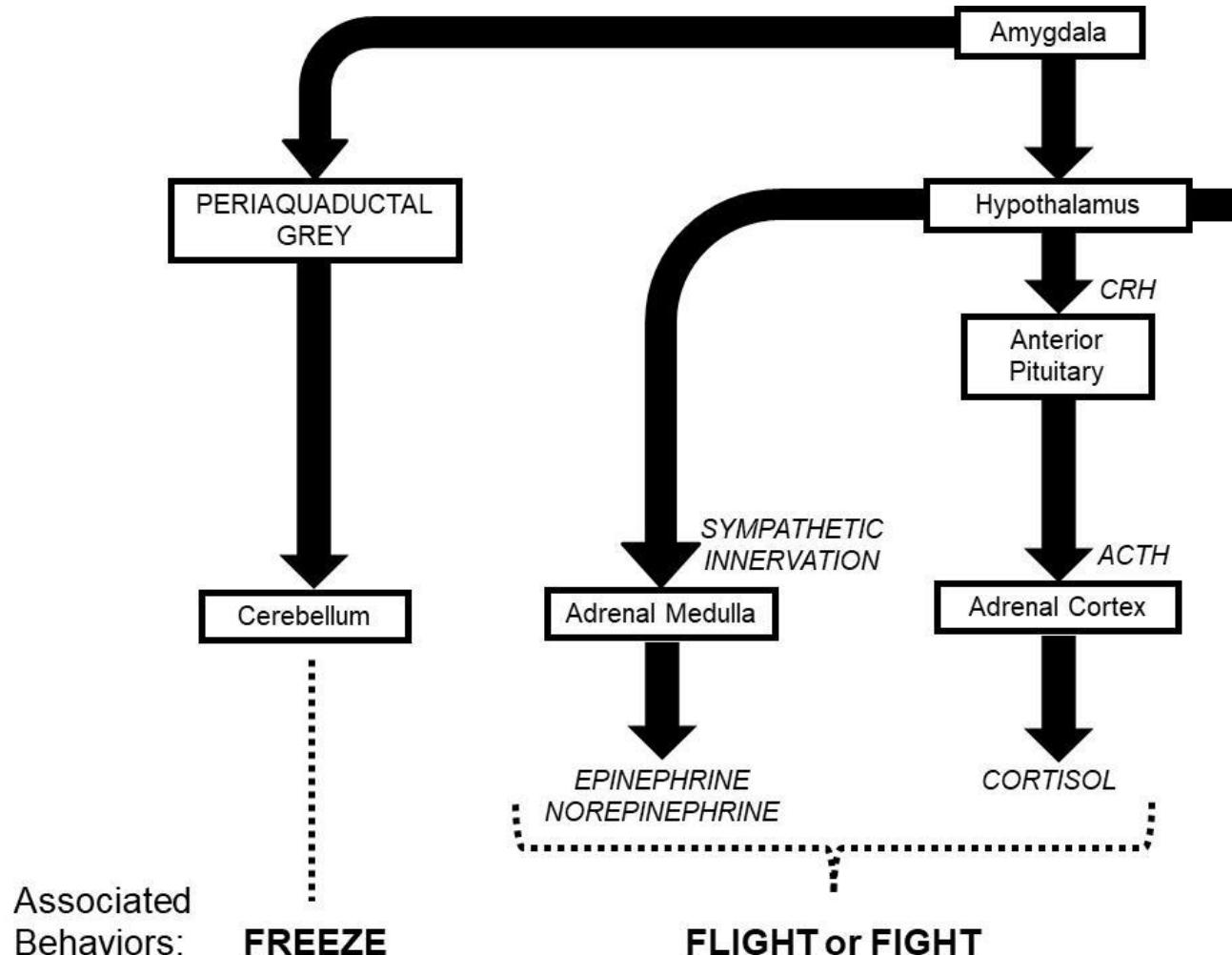
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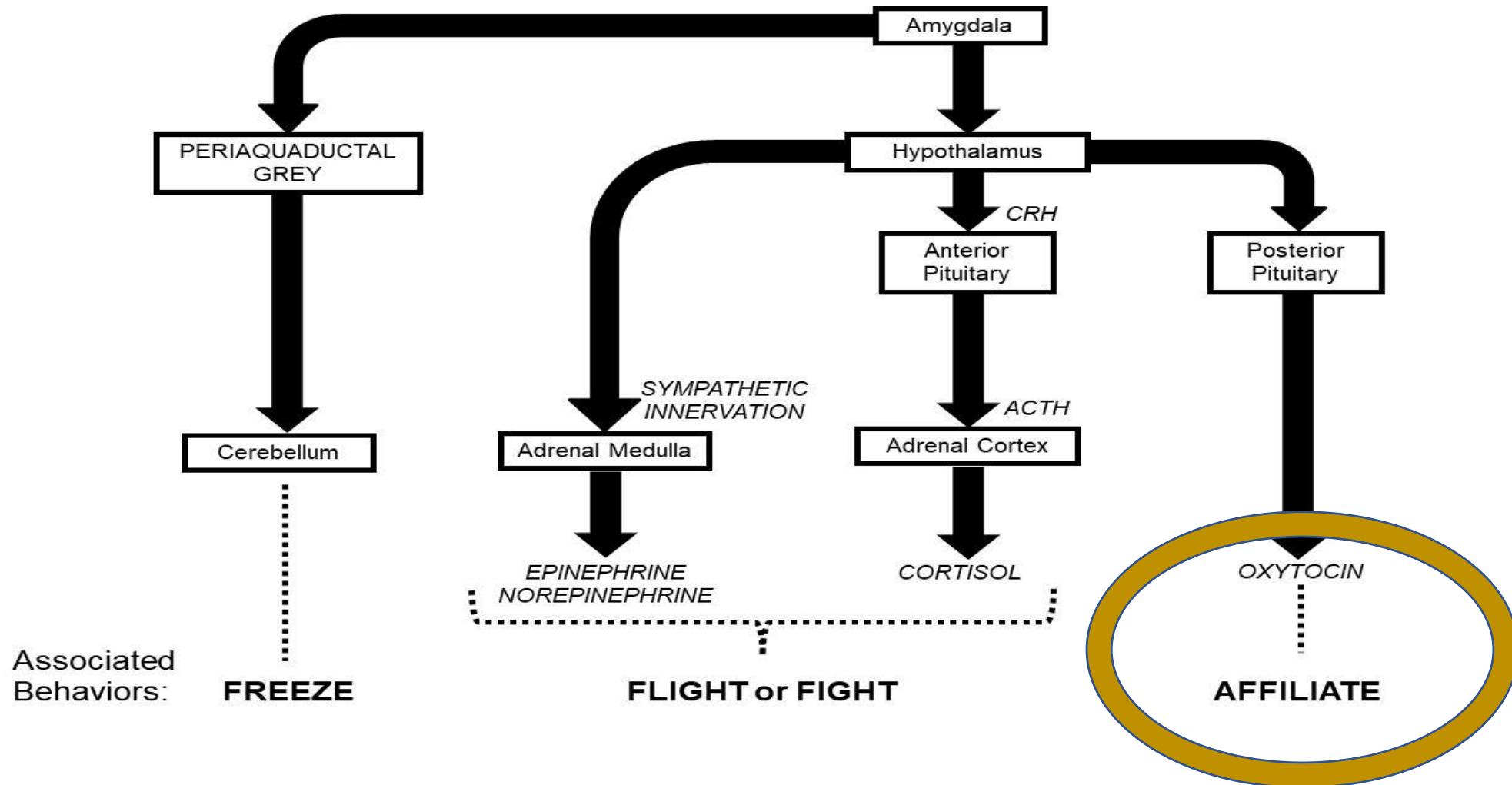
**Prevention of trauma and its effects by promoting the attachment relationship and resilience.**



# Variable Responses To Threat



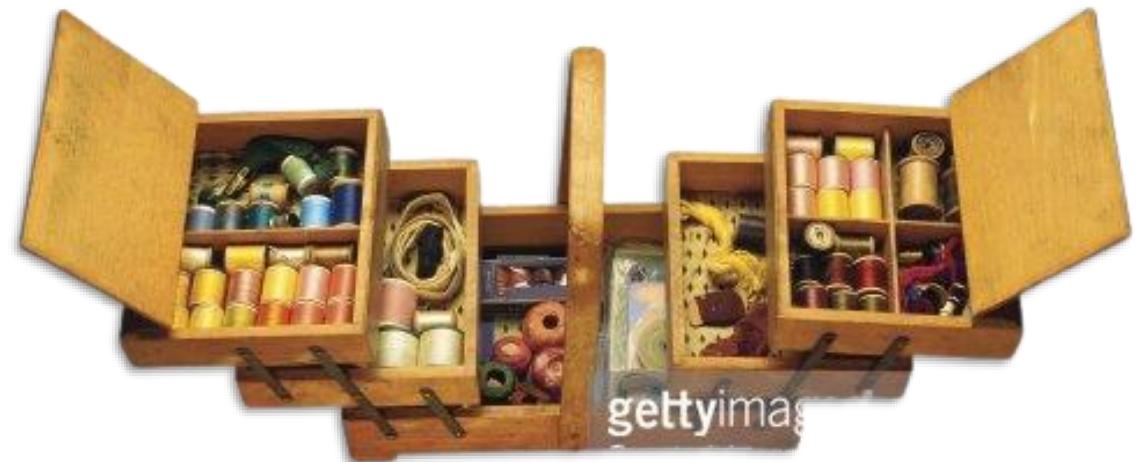
# Variable Responses To Threat



# Affiliate Response

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- Trauma-informed care is team-based family-centered care
- Parent-child relationship is at the center of care.
- Consider the relationship as the patient.



# Resilience Promotion is Ordinary Magic

For children, the pathways to resilience develop in the give and take of safe, stable and nurturing relationships that are continuous over time (attachment)



# Resilience Promotion is Ordinary Magic

And it develops in the growth that occurs through play, exploration and exposure to a variety of normal activities and resource



# Newer Conceptualization of Resilience

- Oxytocin: the affiliate hormone
- Affiliate network—from the limbic system to the prefrontal cortex
- Biobehavioral synchrony between caregiver and child



Reference: Feldman, R. What is resilience: an affiliative neuroscience approach. World Psychiatry. 2020; 19:132-150.

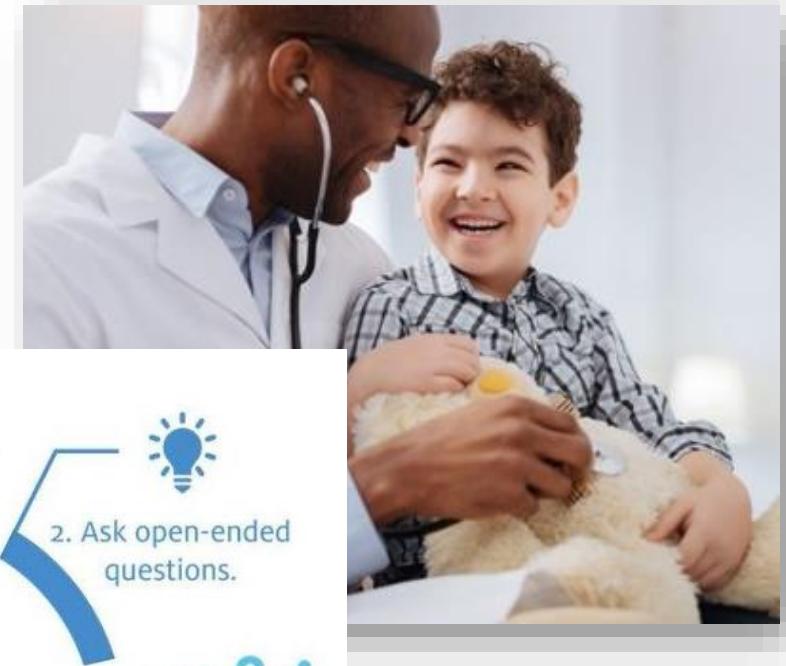
# Engagement Requires Safety



*Empathy provides safety*

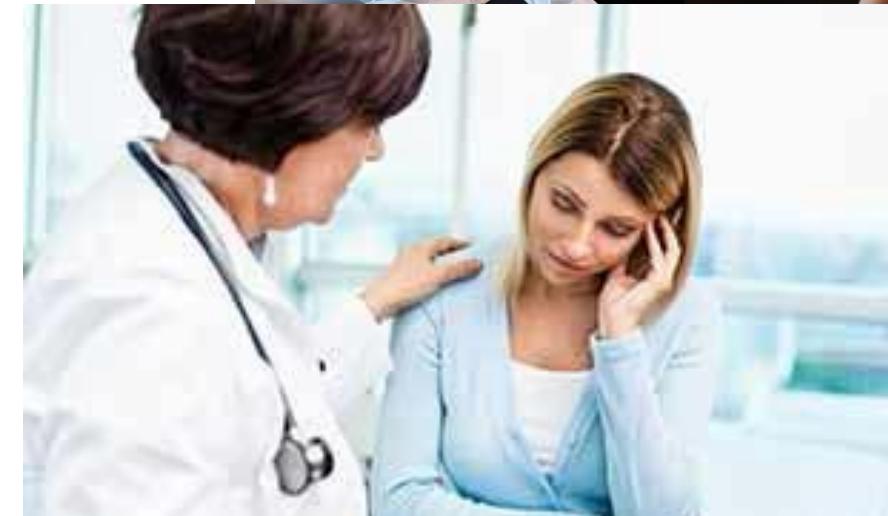
# Engagement

- Greeting
- Asking caregiver (or older child/teen) to share concerns
- Be present
- Open-ended questions (MI)
- Attuned, attentive listening
- Reflect back what hear
- Partnering
  - Ask for their ideas
  - Strengths



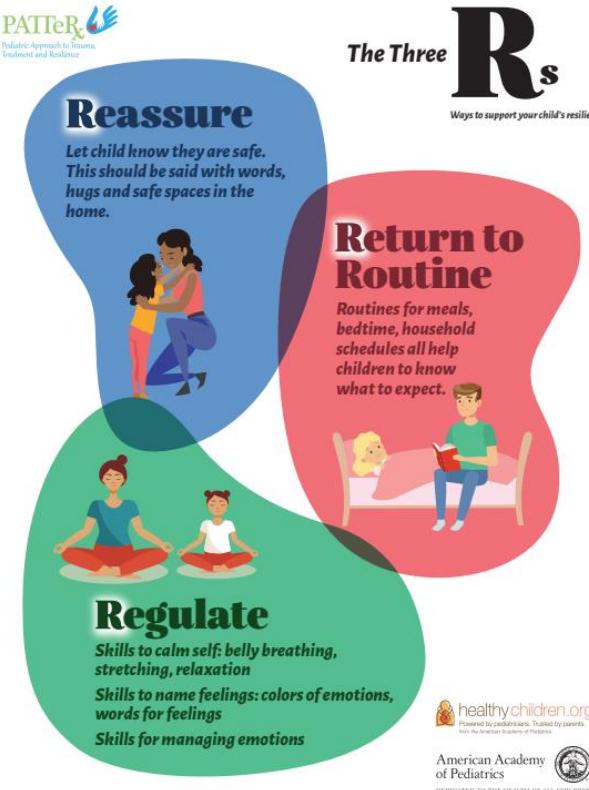
# Responding to Adversity to Promote Recovery and Resilience

- Empathy
  - Validation
  - Normalize their feelings, responses
- Psychoeducation
  - Impact of trauma on brain and body
  - Child is having a normal response to what happened
  - Not intentional
- Trauma-informed Anticipatory guidance
- Connect families to resources:
  - Community resources: housing etc.
  - MH, EB-TI-MH
- Follow-up, care coordination
- Medical-legal partnerships
- Query patient satisfaction



# The 5 Rs

[aap.org/patter](http://aap.org/patter)



**R**elationship building

**R**eading the child

**R**eassurance of safety

**R**outines

**R**egulation (co-regulation)

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

Andrew Garner, MD, FAAP<sup>1,2</sup> Michael Yogman, MD, FAAP<sup>3,4</sup>  
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL  
PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

By focusing on the safe, stable  
buffer adversity and build resiliency  
paradigm shift that could reshape  
agendas, and realign our collective  
transformation are advances in  
a deeper understanding of how  
adverse, are biologically  
health, education, and economic  
revised policy statement on the  
spectrum of potential adverse  
experiences and the model of  
adult-manifested damage and  
toward relational health because  
adversity when it occurs but is  
resilient in the future. To train  
clinical practice, generative  
pediatric community needs to  
builds relational health by paying  
attention to the patient and family  
public health approach to both  
vertically (by including prevention)  
and horizontally (beyond health care). The American  
SSNRs are biological necessities  
childhood toxic stress response  
fostering the adaptive skills in a  
healthy manner.

POLICY STATEMENT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics  
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## Trauma-Informed Care in Child Health Systems

James Jaffee, MD, MPH, FAAP<sup>1</sup> Morteza Saraji, MD, PhD, FAAP<sup>2</sup> Heather Ferney, MD, FAAP<sup>3</sup> Erin T. Kelly, MD, FAAP, FACP<sup>4</sup>  
THE COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COUNCIL ON CHILD ABUSE AND  
NEGLECT, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH

Recent progress in understanding the lifelong effects of early childhood adversities has clarified the need for an organized strategy to identify and intervene with children, adolescents, and families who may be at risk for maladaptive responses. Trauma-informed care (TIC) in child health care settings is a strategy to enhance the resilience of children with the tools of attachment and resilience to enhance health care delivery to mitigate the effects of trauma. The resulting pediatric health care delivery strategy promotes and restores resilience in children and adolescents, partners with families to support relational health, and reduces secondary trauma among health care clinicians. This policy statement recommends what policy makers, legislators, and health care organizations need to consider in terms of infrastructure, resources, and financial support to facilitate the integration of TIC principles into all pediatric points of care. The accompanying clinical report describes the elements of TIC in the direct care of children, adolescents, and families, and the role of the clinician in referring children to treatment. The recommendations in this statement and the clinical report build on other American Academy of Pediatrics policies that address the needs of special populations (such as children and adolescents who foster or kinship care in immigrant and refugee families, or in prior homeless families) and are congruent with American Academy of Pediatrics policies and technical reports concerning the role of pediatric clinicians in the promotion of lifelong health.

### INTRODUCTION

Over the past 2 decades, basic science has examined how traumatic adverse experiences influence the relational, physical, safe, stable, nurturing relationships (SNS)<sup>1</sup> after neurobiological stress responses, gene expression, telomere length, brain development and immunity, enabling researchers to elucidate how the body biologically embeds

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics  
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## Trauma-Informed Care

Heather Ferney, MD, FAAP<sup>1</sup> Morteza Saraji, MD, PhD, FAAP<sup>2</sup> Erin T. Kelly, MD, FAAP<sup>3</sup> James Jaffee, MD, MPH, FAAP<sup>4</sup>  
THE COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COUNCIL ON COMMUNITY PEDIATRICS, COUNCIL ON CHILD ABUSE  
AND NEGLECT, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH

Most children will experience some type of trauma during childhood, and many children suffer from significant adversities. Research in genetics, neuroscience, and epidemiology all provide evidence that these experiences affect the brain, the body, the cells, and the group level, with consequences on physical, emotional, developmental, and behavioral health across the life span. Trauma-informed care translates that science to inform and improve pediatric care and outcomes. To practically address trauma and promote resilience, pediatric clinicians need tools to assess childhood trauma and adversity experiences as well as practical guidance, resources, and interventions. In this clinical report, we summarize current, practical advice for rendering trauma-informed care across varied medical settings.

### INTRODUCTION

Experiences in childhood, both positive and negative, have a significant effect on subsequent health, mental health, and developmental trajectories. For most children in the United States, these experiences are all too common. About one-half of American children, or 24 million younger than 18 years, have faced at least 1 potentially traumatic early childhood experience.<sup>1,2</sup> Such traumas may include those originating outside the home, such as child abuse, child neglect, natural disasters, urban violence, injuries, terrorism, and/or refugee status, including detention, discrimination,<sup>3,4</sup> or racism, and/or those involving the caregiving relationship, such as intimate partner violence, parental mental illness, and/or physical, emotional, and/or sexual abuse or separation from a caregiver, neglect, or abuse originally defined as adverse childhood experiences (ACSEs).<sup>5</sup> For many children, medical events, such as injury, medical procedures, and/or invasive medical treatments, can be traumatic. Given the robust science explaining the physiologic consequences of accumulated trauma experiences on the brain and body,<sup>6,7,8</sup> there have been calls for pediatricians to address childhood trauma and child traumatic stress.<sup>9,10,11</sup> However,

<sup>1</sup>Department of Pediatrics, University of Massachusetts, Worcester, Massachusetts; <sup>2</sup>Division of General and Developmental Behavioral Pediatrics, Department of Pediatrics, University of California, Los Angeles, Los Angeles, California; <sup>3</sup>Department of Pediatrics, University of Michigan, Ann Arbor, Michigan; <sup>4</sup>Department of Child Health, Anthropology, and Sociology, Wright State University, Dayton, Ohio

Dr. Ferney, Dr. Saraji, and Dr. Jaffee were equally responsible for conceptualizing, writing, and revising the manuscript and for giving final approval of the version to be published. All authors read and approved the final manuscript as submitted.

The decision to recommend this project of the American Academy of Pediatrics to the Board of Directors of the American Academy of Pediatrics was based on the following statement of purpose:

Approved by the Board of Directors, The American Academy of Pediatrics, on November 15, 2019. © 2020 The American Academy of Pediatrics.

This clinical report was developed by the American Academy of Pediatrics Committee on Trauma-Informed Care and Trauma-Resilient Care. However, clinical reports from the American Academy of Pediatrics are not intended to serve as a standard of medical care. Variations in clinical care may be appropriate if they are based on a careful consideration of the patient's needs and circumstances and if they improve the patient's health. All clinical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless revised earlier. DOI: <https://doi.org/10.1542/peds.2019-0020>

Address correspondence to Heather Ferney, MD, Email: [heather.ferney@umich.edu](mailto:heather.ferney@umich.edu)

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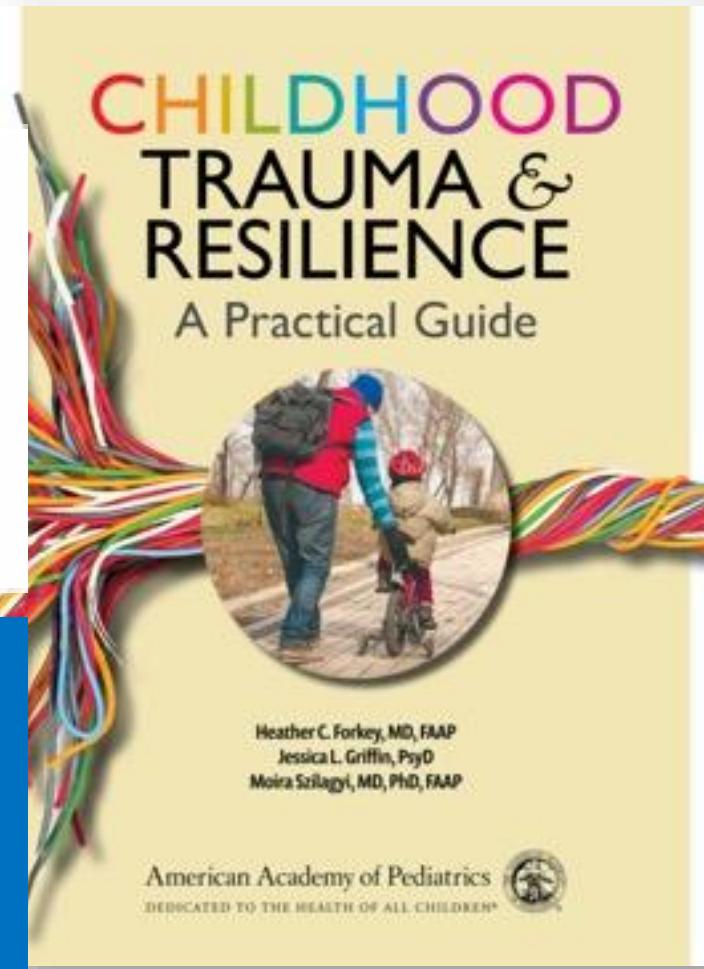
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# AAP Resources for Trauma and Resilience-Informed Care



[aap.org/PATTeR](http://aap.org/PATTeR)



# AAP Healthy Mental & Emotional Development Initiative

## Partnerships

Build partnerships for solutions to advance child and adolescent mental health.



## Education

Equip members with knowledge, skills, and resources to support the healthy mental development of infants, children, adolescents, and families in clinical practice.

## Leadership

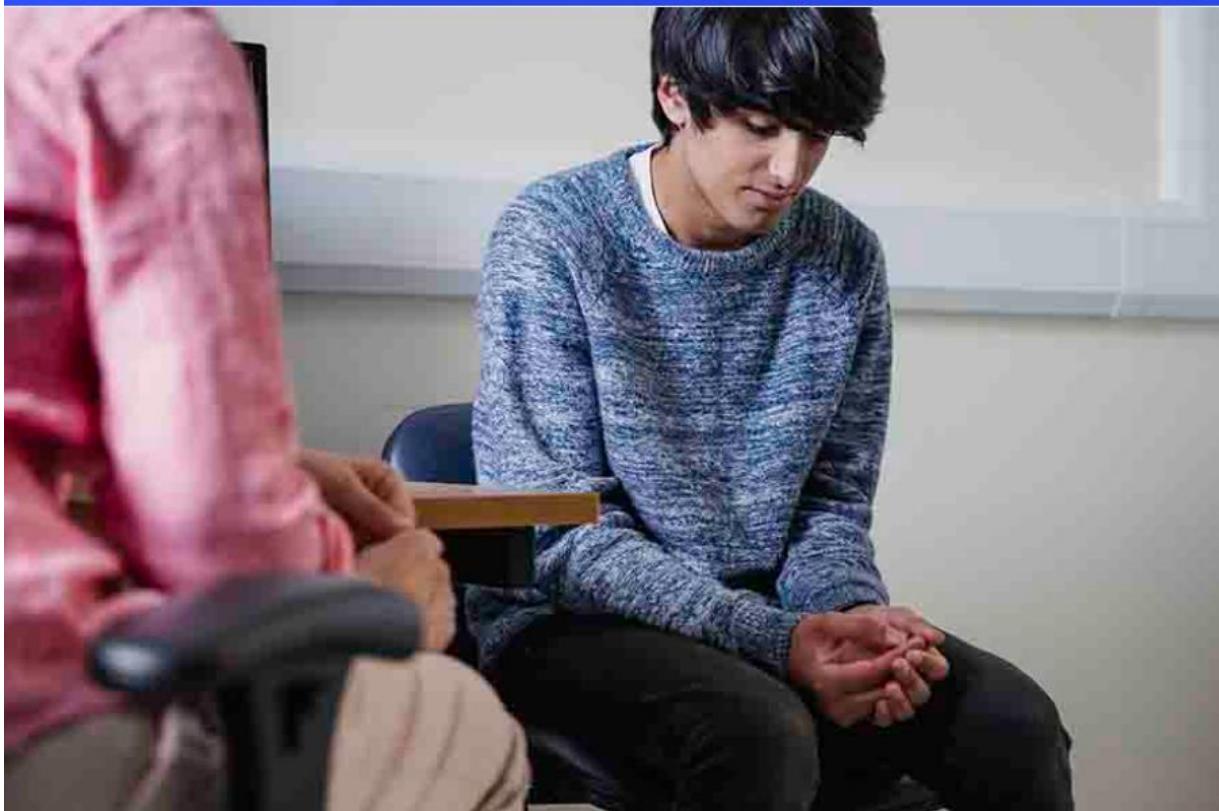
Create a culture of pediatric leadership in child, adolescent, and family mental health nationally and globally.

## Policy & Advocacy

Advance mental health of children and adolescents through advocacy and policy development.

## Suicide: Blueprint for Youth Suicide Prevention

[Home](#) / [Patient Care](#) / Suicide: Blueprint for Youth Suicide Prevention



[www.aap.org/suicideprevention](http://www.aap.org/suicideprevention)

# Blueprint for Youth Suicide Prevention Launched March 2

AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY

W W W . A A C A P . O R G

AAKOMA



CRISIS TEXT LINE |



The National Grief Center  
for Children & Families



Education  
Development  
Center



ZERO Suicide  
INSTITUTE



The Jed Foundation



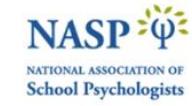
NAMI  
National Alliance on  
Mental Illness



National Association of  
Pediatric Nurse Practitioners



National  
Association of  
School Nurses



NATIONAL ASSOCIATION OF  
School Psychologists



# Online Protections for Young People: AAP's Priorities

- Children and adolescents need a digital ecosystem that better supports their healthy physical, mental, and emotional development and well-being. New privacy, design, and safety protections for young people can help.
- **Key Considerations**
  - Require digital platforms to prioritize child well-being in their design
  - Update and strengthen privacy protections
  - Ban targeted ads to young people
  - Curb manipulative design practices
  - Prevent the spread of harmful content to children and teens online
  - Invest in research

