

# Primary Care Response to Childhood Trauma

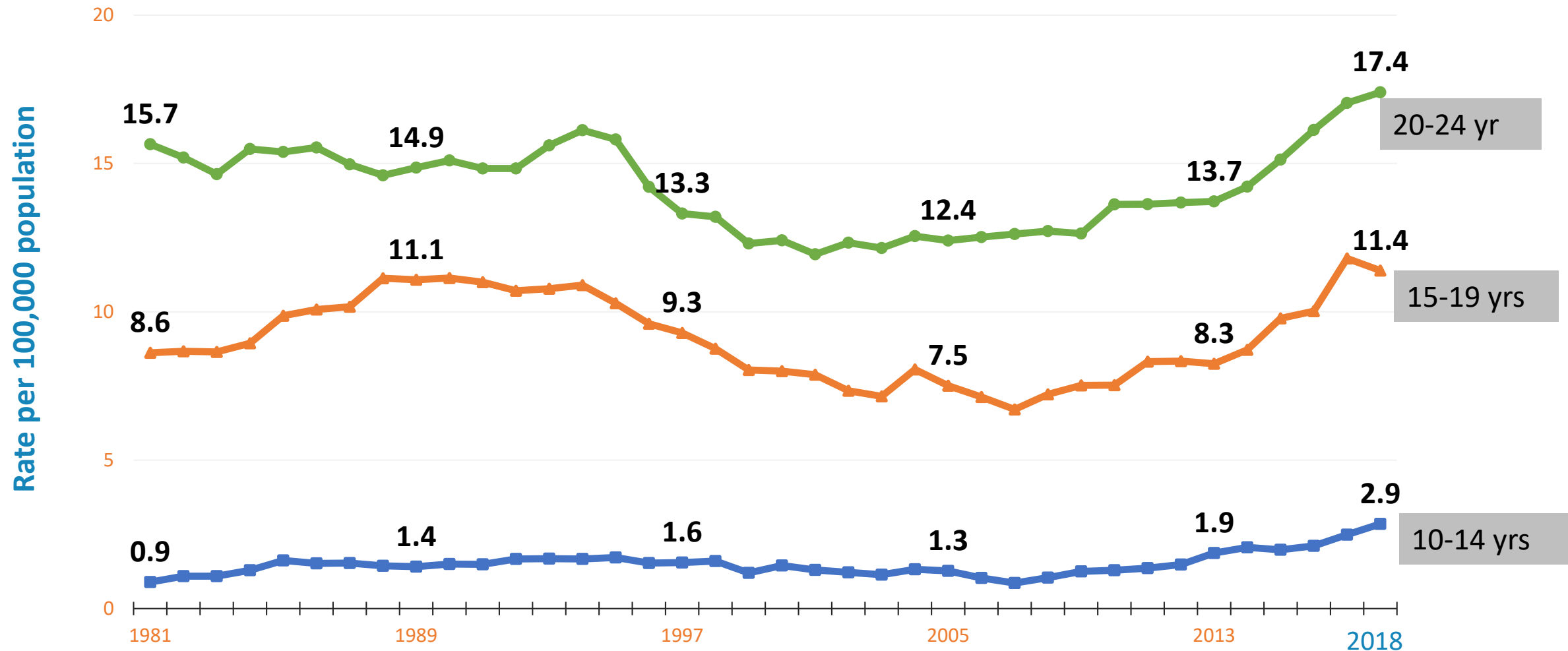
Moira Szilagyi, MD, PhD, FAAP  
AAP President



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



# US Child Suicide Death Rates by Age Group



# 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, 2017–May 2021

as an MMWR Early Release.

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# Declaring a Mental Health Emergency



American Academy of Pediatrics @AmerAcadPeds · Oct 19

As health professionals, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic.

## Pediatric Mental Health Crisis Reaches Critical Tipping Point



American Academy of Pediatrics

393 423 406

The New York Times

## 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:

abc NEWS

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



### ER VISITS FOR MENTAL HEALTH EMERGENCIES BETWEEN MARCH AND OCTOBER 2020

AGES 5-11  
**24%**  
INCREASE

AGES 12-17  
**31%**  
INCREASE

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

SOUNDING THE ALARM

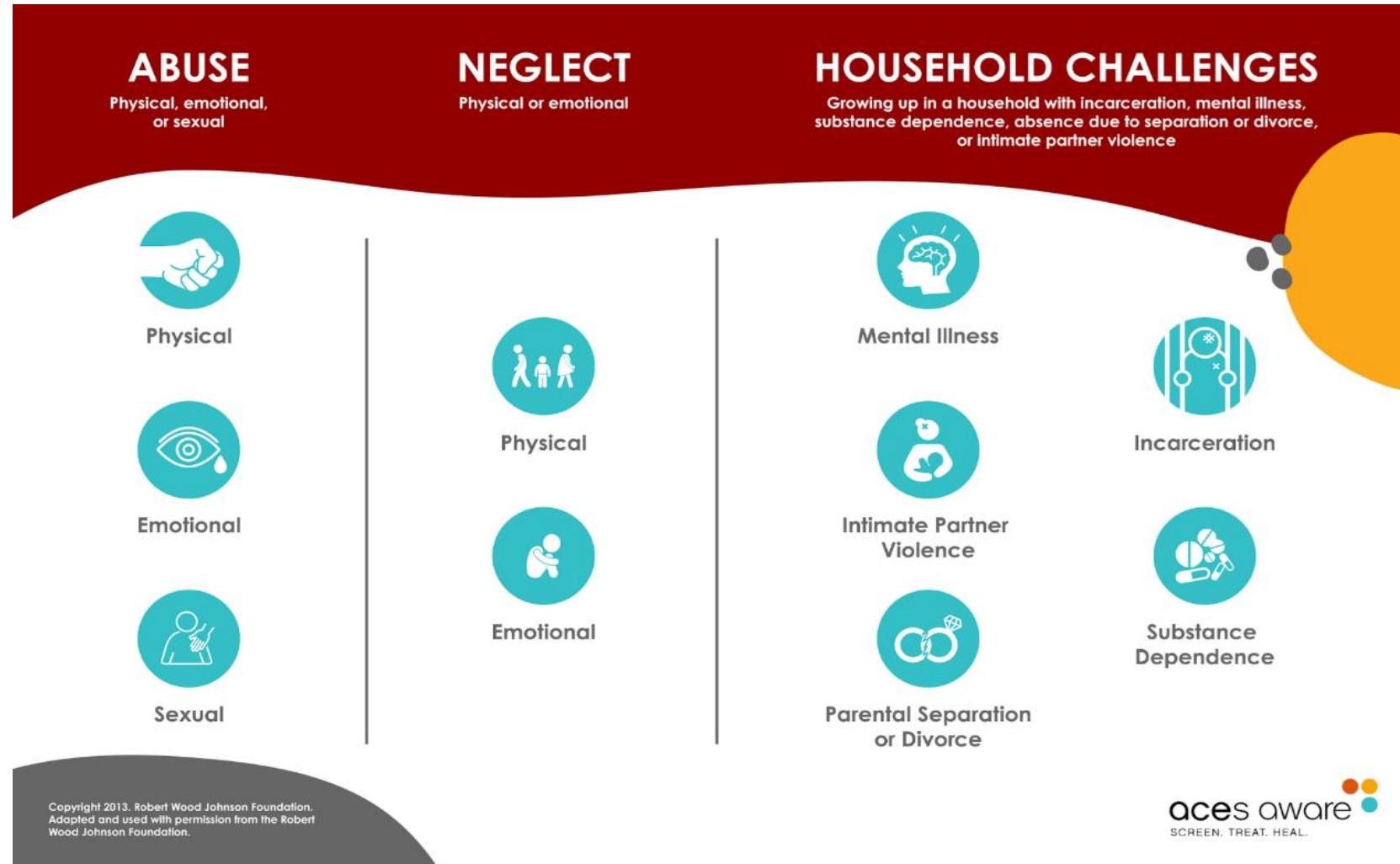
PEDIATRIC GROUPS DECLARE NATL EMERGENCY ON CHILDREN'S MENTAL HEALTH

ACCORDING TO FDA, 15% OF AMERICANS AGES 18 AND OLDER HAVE SOME MENTAL HEALTH CHALLENGES

LIVE  
CNN

SAP 79.83

# 10 Categories of Adverse Childhood Experiences



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

# ACEs

Racism and felt discrimination

Deep poverty

Being bullied

Community violence

Forced or unexpected separation from parent

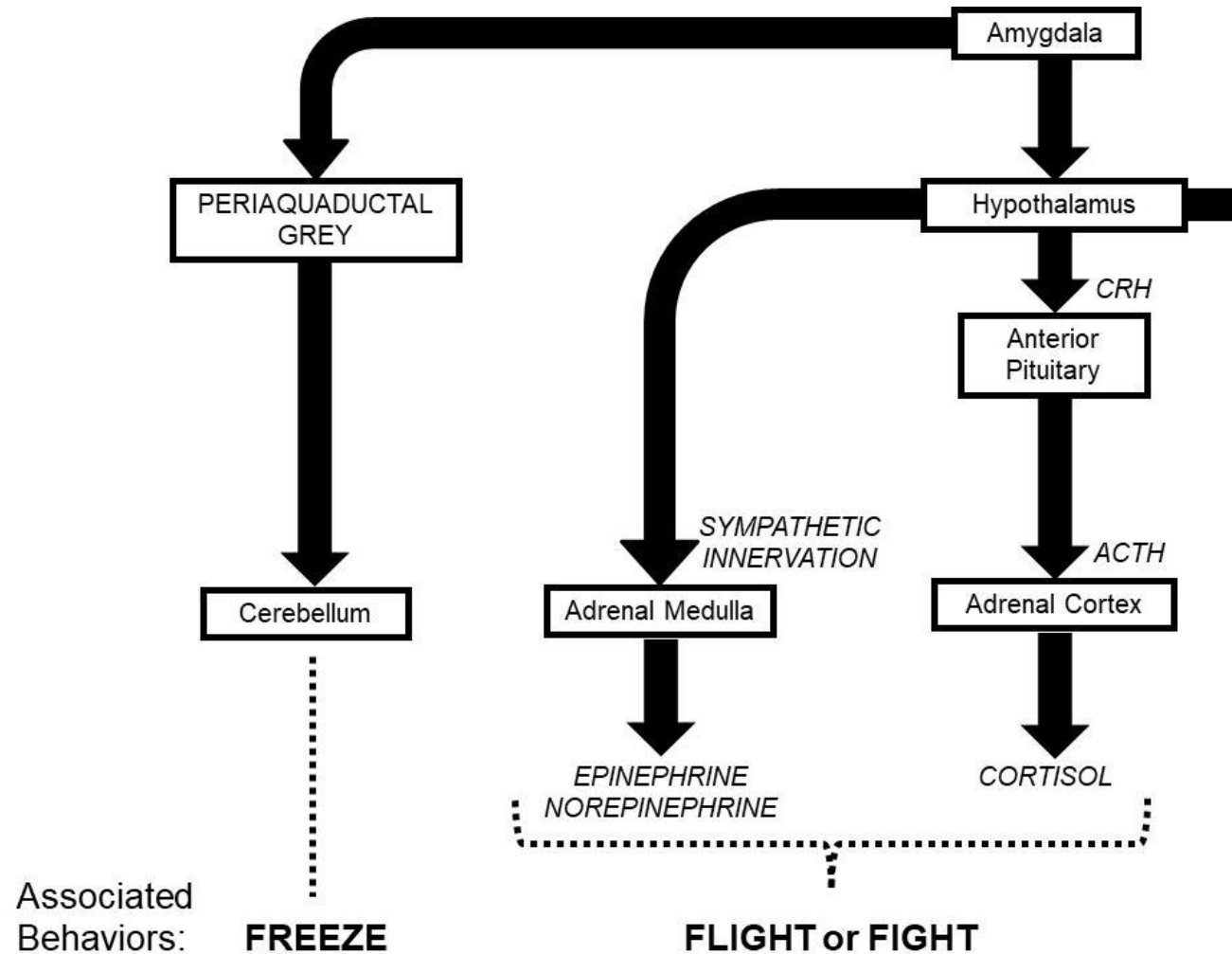
Foster care



# Definition of Trauma

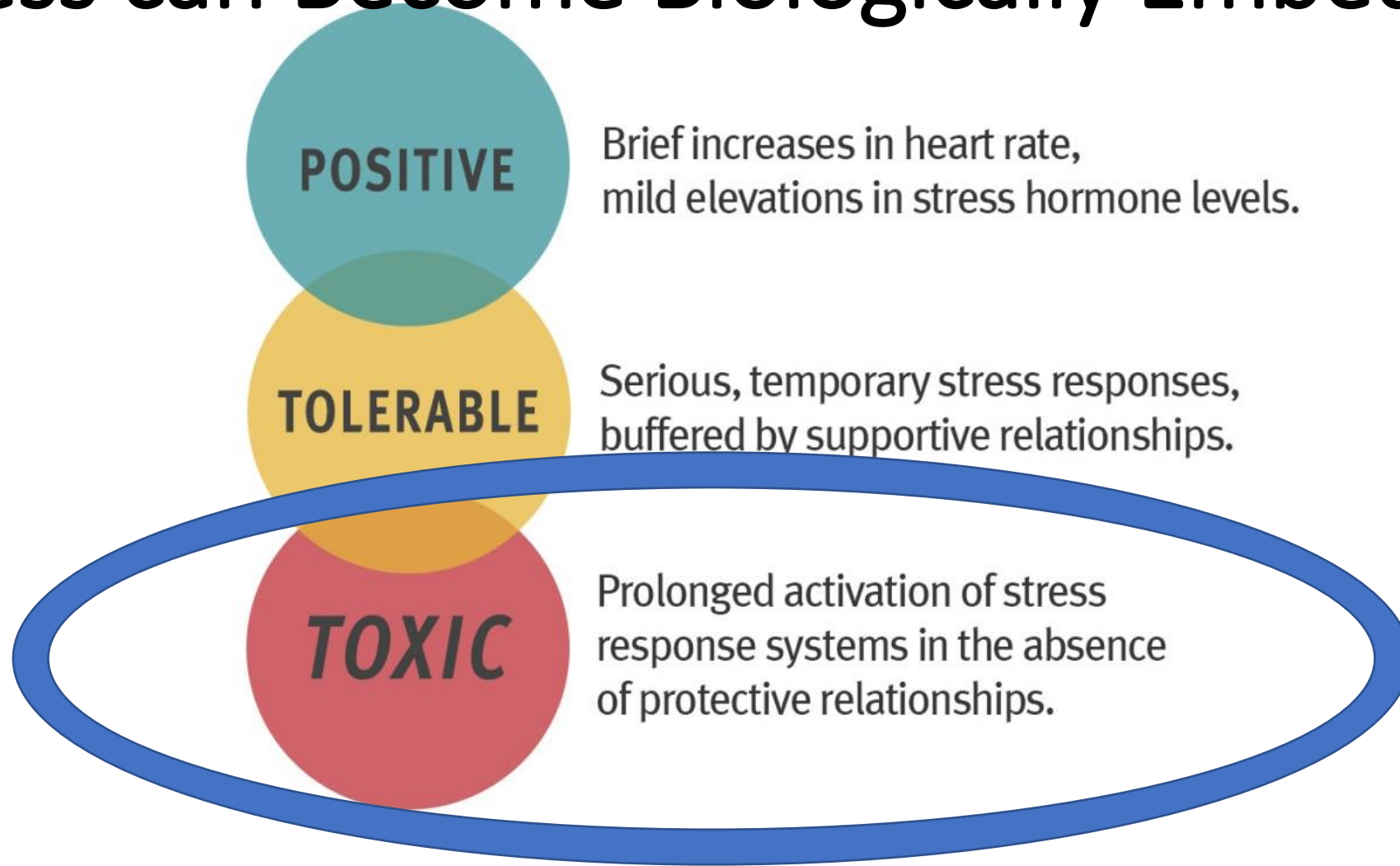
**"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual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

# Variable Responses To Threat



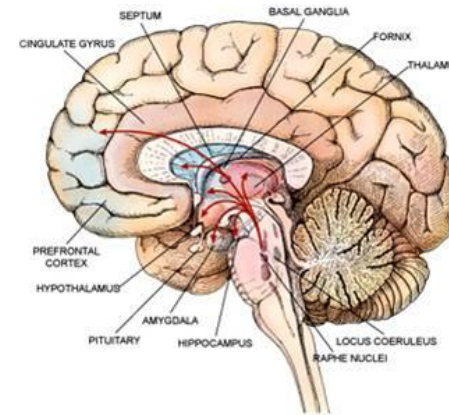


# Stress can Become Biologically Embedded



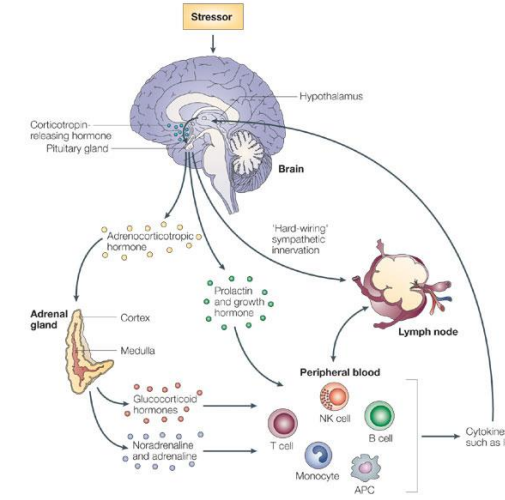
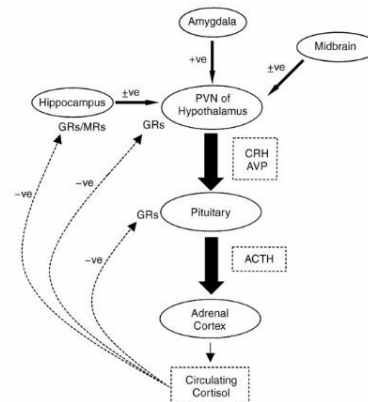
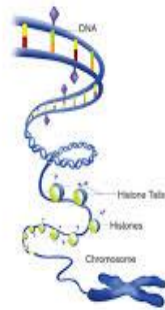
# Stress Triggers Potentially Permanent Changes

Telomere Shortening



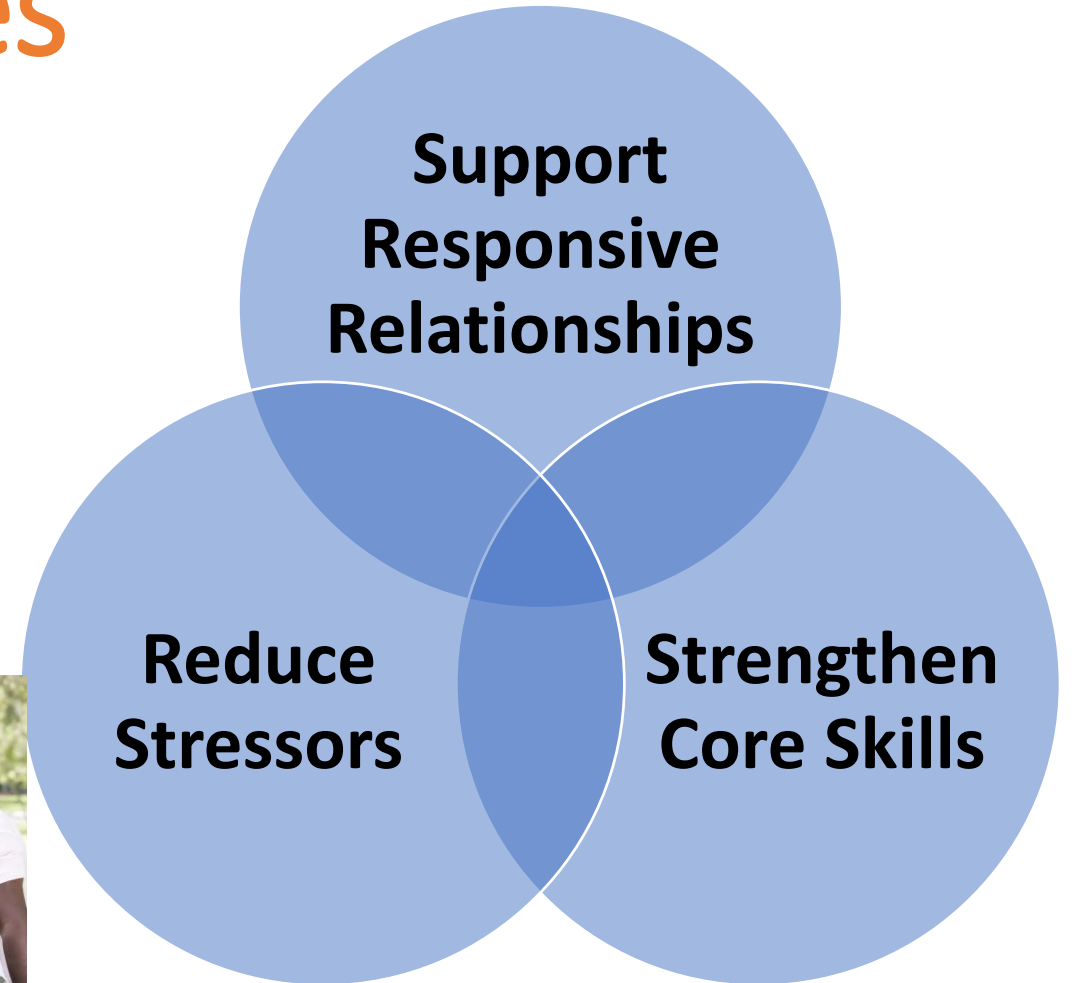
Brain Architecture,  
Connectivity  
and Function

Epigenetics



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?**



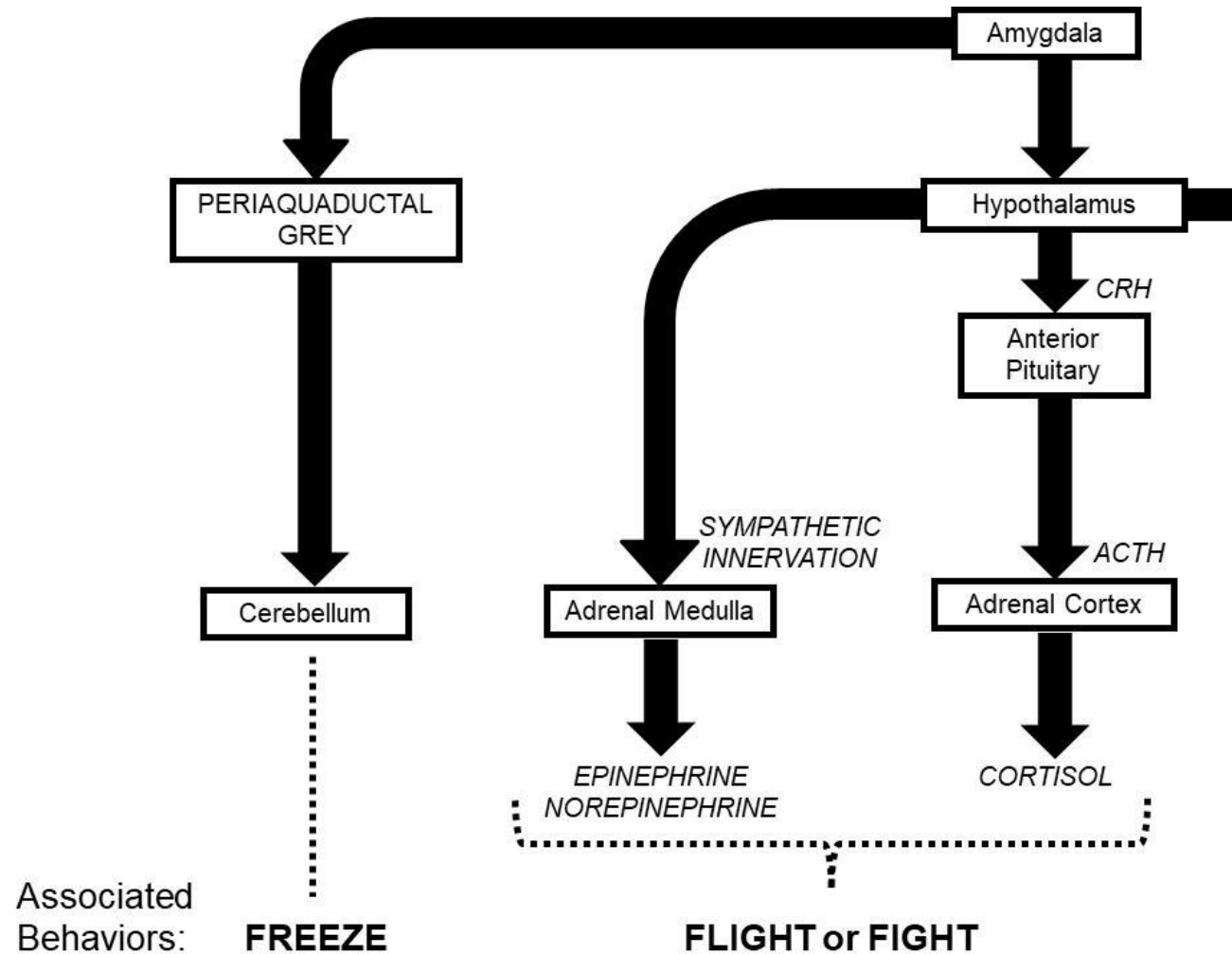
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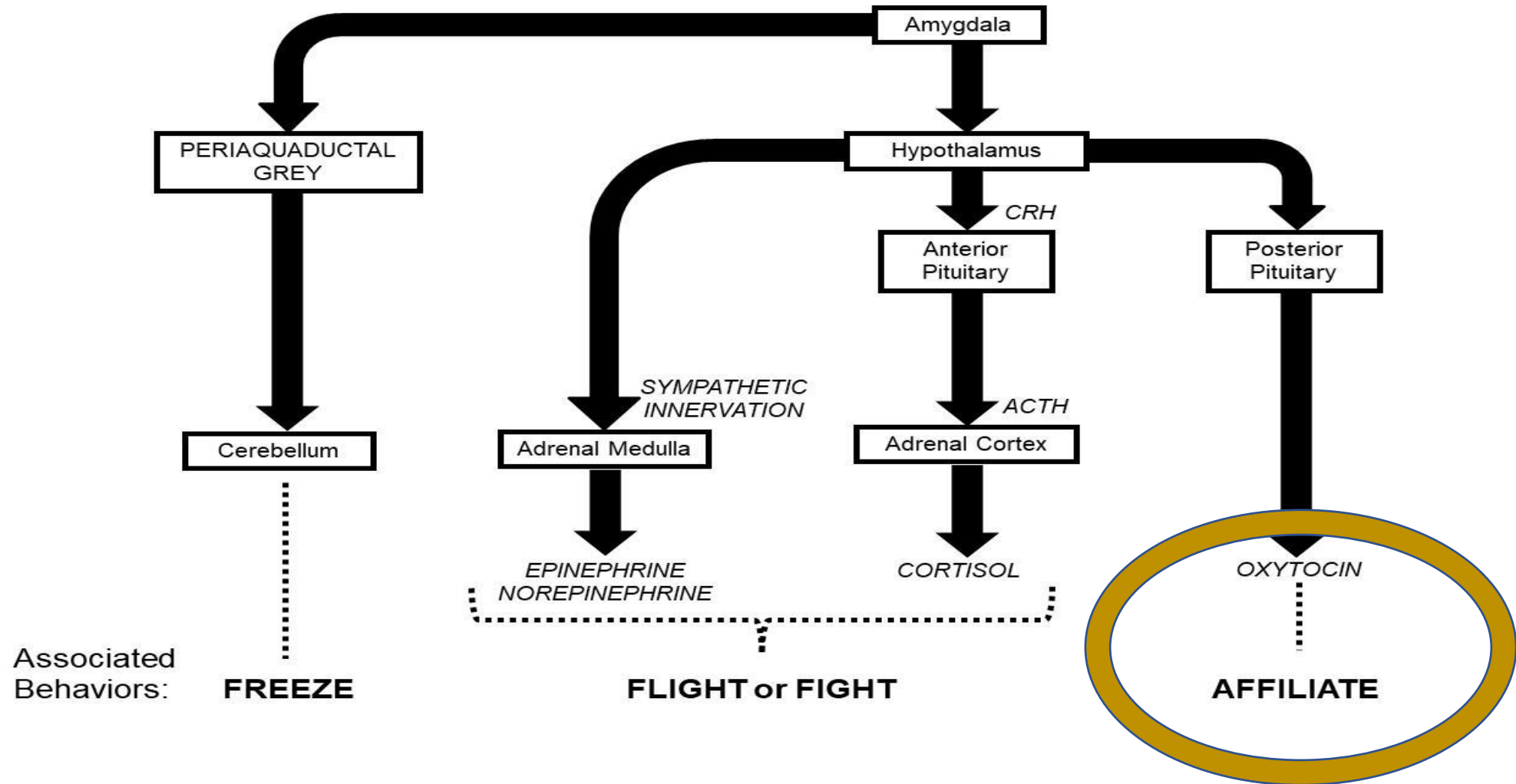
**Prevention of trauma and its effects by promoting the attachment relationship and resilience.**



# 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

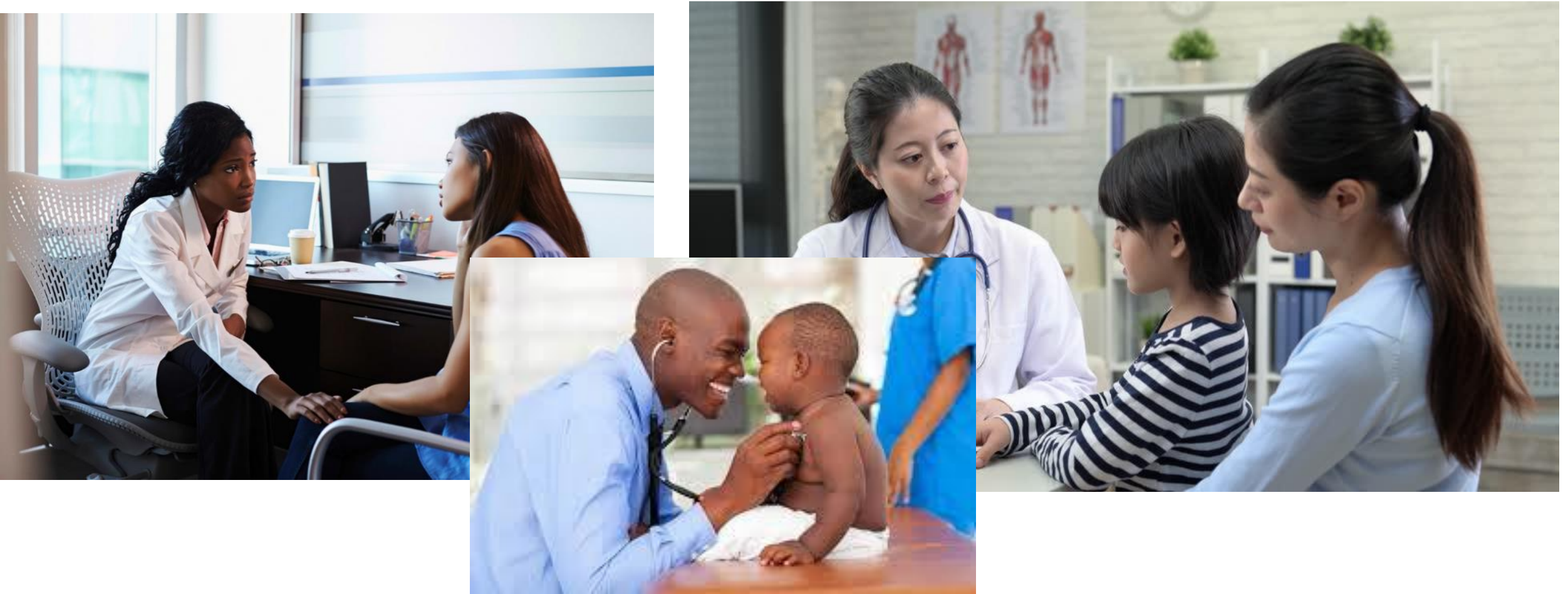
- Oxytocin: the affiliate hormone
- Affiliate network—from the limbic system to the prefrontal cortex
- Biobehavioral synchrony between caregiver and child

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





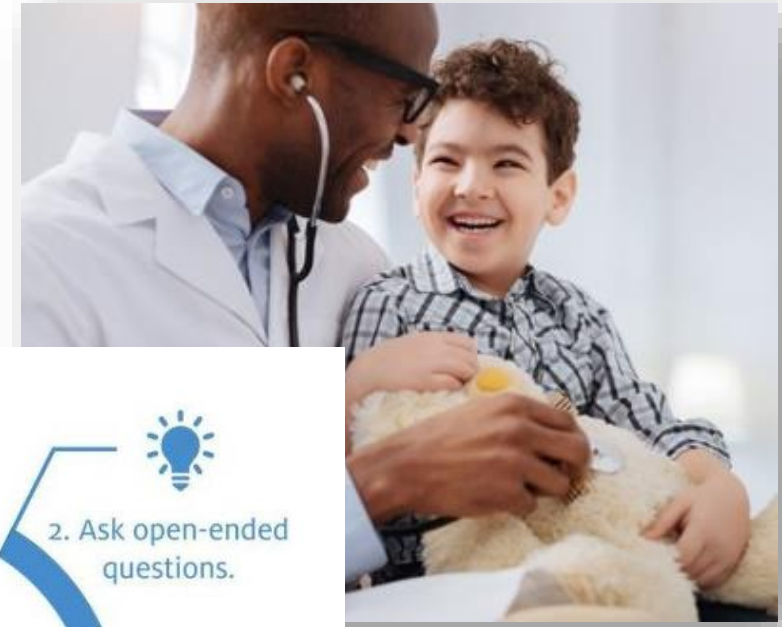
# Engagement Requires Safety



***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, PhD, 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 res  
paradigm shift that could rep  
agendas, and realign our colle  
transformation are advances  
a deeper understanding of ho  
and adverse, are biologically c  
health, education, and econo  
revised policy statement on d  
spectrum of potential adversi  
ecobiodevelopmental model f  
adult-manifested disease and  
toward relational health beca  
adversity when it occurs but i  
resilient in the future. To tran  
clinical practice, generative re  
pediatric community needs to  
builds relational health by pa  
This public health approach i  
both vertically (by including p  
preventions) and horizontally  
beyond health care). The Ame  
SSNRs are biological necessiti  
childhood toxic stress respon  
fostering the adaptive skills in  
healthy manner.

## Trauma-Informed Care in Child Health Systems

James Duffie, MD, MPH, FAAP<sup>1</sup>; Maria Szilagyi, MD, PhD, FAAP<sup>2</sup>; Heather Fortney, MD, FAAP<sup>3</sup>; Eric T. Kelly, MD, FAAP, FAO<sup>4</sup>  
THE COUNCIL ON YOUTH CARE, ADOPTION, AND KINSHIP CARE, COUNCIL ON COMMUNITY PEDIATRICS, 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  
adversity 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 operationalizes the biological evidence of toxic stress with  
the insights 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 pediatric health care clinicians. This  
policy statement summarizes 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 covers the spectrum from prevention 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 in foster or kinship care, in immigrant and refugee families,  
or in poor or 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 explained how cumulative  
adverse childhood experiences in the relative absence of safe, stable,  
nurturing relationships (SSNRs)<sup>1</sup> alter neuroendocrine stress responses,  
gene expression, telomere length, brain development, and immunity,<sup>2</sup>  
enabling researchers to elucidate how the body biologically embeds

Downloaded from www.aappublications.org/news at American Acad  
PEDIATRICS Volume 148, Number 3, August 2021:e202100009

## Trauma-Informed Care

Heather Fortney, MD, FAAP<sup>1</sup>; Maria Szilagyi, MD, PhD, FAAP<sup>2</sup>; Eric T. Kelly, MD, FAAP, FAO<sup>4</sup>; James Duffie, MD, MPH, FAAP<sup>3</sup>  
THE COUNCIL ON YOUTH 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 have effects at the molecular, cellular, and organ  
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 many children and adolescents, traumatic experiences  
are all too common. Almost one-half of American children, or 34 million  
younger than 18 years, have lived at least 1 potentially traumatic early  
childhood experience.<sup>1-7</sup> Such traumas may include those originating  
outside the home, such as community violence, natural disasters,  
unintentional injuries, terrorism, immigrant or refugee traumas  
(including detention, discrimination,<sup>8,9</sup> or racism), and/or those  
involving the caregiving relationship, such as intimate partner violence,  
parental substance use, parental mental illness, caregiver death,  
separation from a caregiver, neglect, or abuse, originally defined as  
adverse childhood experiences (ACEs).<sup>10</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>11-14</sup> there have been calls for pediatric clinicians to  
address childhood trauma and child traumatic stress.<sup>10,11-14</sup> However,

### abstract

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Dr Fortney, Szilagyi, Kelly, and Kelly were equally responsible for  
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certifying that none of the necessary and the Board of Directors,  
and all authors approved the final manuscript as submitted.

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The guidelines in this report do not indicate an exclusive course  
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in practice may be required in certain circumstances, and the  
physician is responsible for making the appropriate decisions.

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DOI: 10.1542/2021-00009

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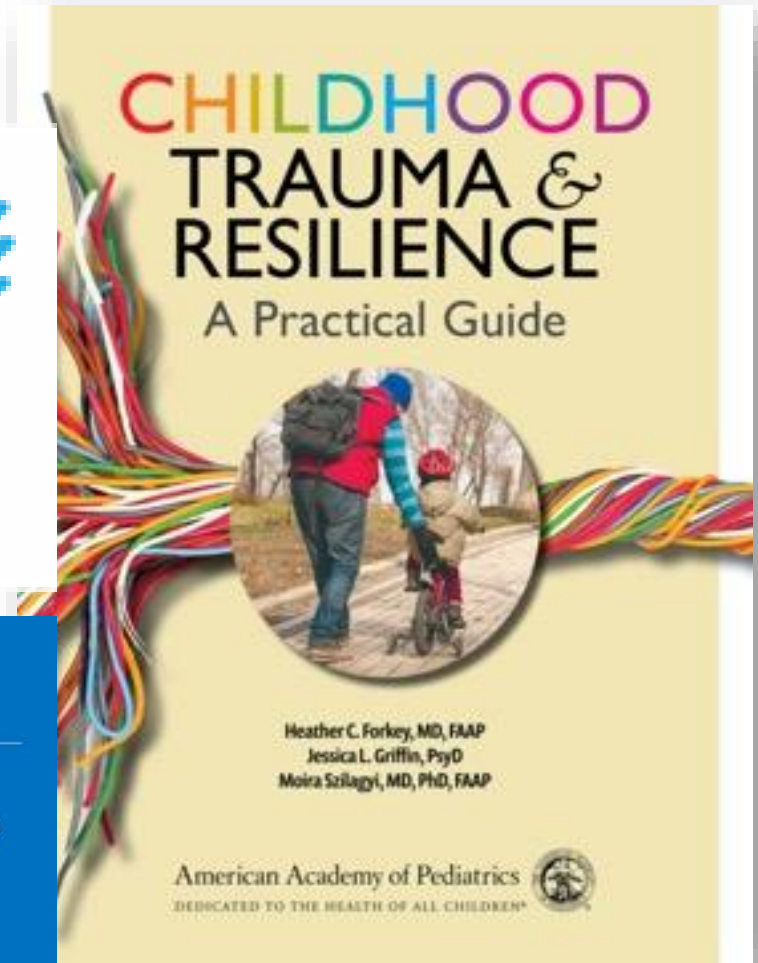
To cite: Fortney H, Szilagyi M, Kelly ET, et al. AAP Council on  
Youth Care, Adoption and Kinship Care, Council on  
Community Pediatrics, Council on Child Abuse and  
Neglect, Committee on Psychosocial Aspects of Child and  
Family Health: Trauma-Informed Care. PEDIATRICS  
DOI: 10.1542/2021-00009





# 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  
WWW.AACAP.ORG

AAKMA



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



AMERICAN  
SCHOOL  
COUNSELOR  
ASSOCIATION

CRISIS TEXT LINE |



The National Grief Center  
for Children & Families



Education  
Development  
Center



The Jed Foundation





# 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



