
Trauma Informed Pediatric Care:

Screening, Response, Resilience and Provider Well-being

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California AAP Chapter 2 President
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I have no disclosures.

Learning Objectives

Upon completion of the presentation, participants will be able to:

1. Identify different ACEs screening questionnaires available for pediatric populations.
2. Describe appropriate responses to positive ACEs screens, including the importance of assessing protective factors to support resilience.
3. Explore strategies for self-care and supporting learners, trainees, or staff with their own trauma history when working with patients exposed to ACEs.



Resilience is the ability to adapt and move forward after experiencing trauma or other challenging life events. It involves being able to manage your emotions, thoughts, and behaviors in a healthy way.



CONNECTION



IMPACT OF CHILDHOOD TRAUMA



The CDC and Kaiser Permanente surveyed 17,000 of the health plan's members to ask whether they'd had adverse childhood experiences defined as:

ABUSE

Psychological
Physical
Sexual

NEGLECT

Emotional
Physical

HOUSEHOLD CHALLENGES

Family member experiencing:
Domestic abuse
Mental illness
Imprisonment



ABUSE

Physical, emotional,
or sexual



Physical



Emotional



Sexual

NEGLECT

Physical or emotional



Physical



Emotional

HOUSEHOLD CHALLENGES

Growing up in a household with incarceration, mental illness,
substance dependence, absence due to separation or divorce,
or intimate partner violence



Mental Illness



Intimate Partner
Violence



Parental Separation
or Divorce



Incarceration

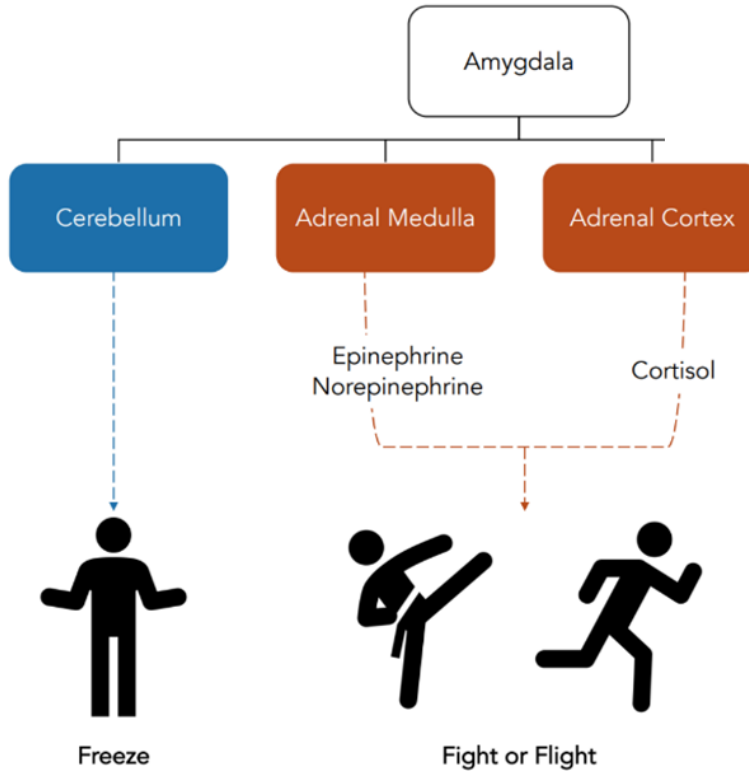


Substance
Dependence

Trauma can disrupt CONNECTION



Trauma Stress Response



The landmark study found those with adverse childhood experiences were at higher risk for:



HEART, LUNG, AND LIVER
DISEASE



OBESITY



DIABETES



DEPRESSION



SUBSTANCE
ABUSE

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke

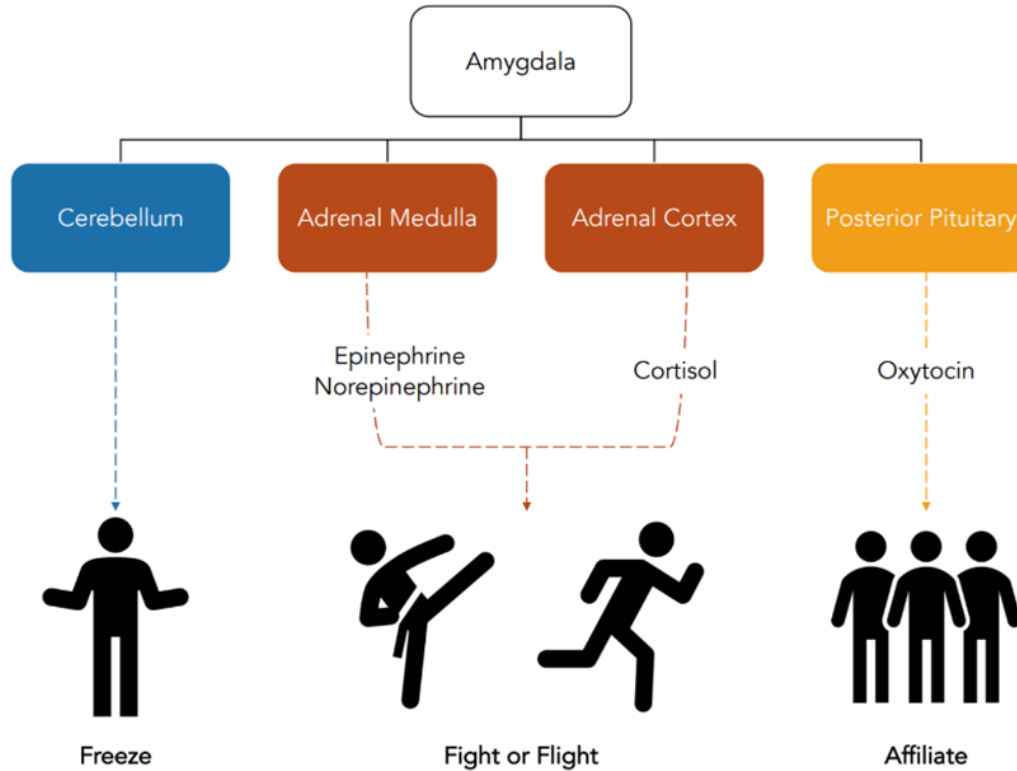


COPD



Broken bones

Trauma Stress Response

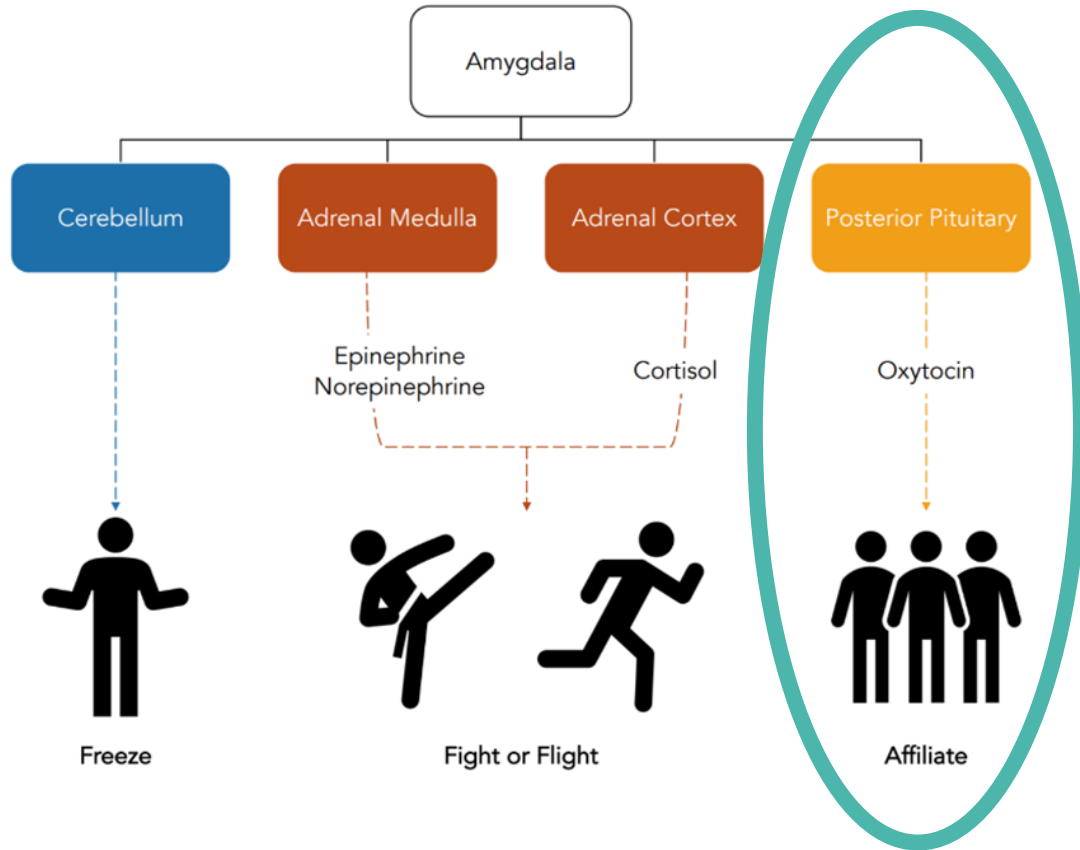




**Trauma doesn't have
to disrupt
CONNECTION**



Trauma Stress Response





Safe, stable nurturing relationships - SSNRs

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score

Since your child was born, have they experienced any of the following:

1. Did a parent or other adult in the household **often** ...Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household **often** ...Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you **ever**...Touch or fondle you or have you touch their body in a sexual way?

or

Try to or actually have oral, anal, or vaginal sex with you?

4. Did you **often** feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

5. Did you **often** feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents **ever** separated or divorced?

7. Was your mother or stepmother:

Often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?

Now add up the total number of "Yes" answers: _____ This is your child's ACE Score

Screening for ACEs

Screening for ACEs



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Benefits of Screening for ACEs

Screening can mitigate toxic stress and improve health outcomes



PEARLS

Pediatric ACEs and Related Life Events Screener

CHILD

Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.



Many families experience stressful life events. Over time these experiences can affect your child's health and wellbeing. We would like to ask you questions about your child so we can help them be as healthy as possible.

PEARLS Part 1- ACEs Screen

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

Please check "Yes" where apply.



1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)

7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?

OR has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?

8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?

OR has any adult in the household ever hit your child so hard that your child had marks or was injured?

OR has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?

9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)

10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

How many "Yes" did you answer in Part 1?:



Please continue to the other side for the rest of questionnaire →

PEARLS Part 2 - Other risk factors for toxic stress

Community violence

Food and housing insecurity

Bullying

Discrimination

Caregiver's physical illness or death

PEARLS Part 2- Other risk factors for toxic stress

PART 2:

Please check "Yes" where apply.



1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Has your child experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Has your child ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
5. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability?
6. Has your child ever been separated from their parent or caregiver due to foster care, or immigration?
7. Has your child ever lived with a parent or caregiver who died?

How many "Yes" did you answer in Part 2?:

STAFF

Train staff

Get “Buy-In”

Give them a script

Case #1: 8-year-old child with abdominal pain



A photograph of a hospital examination room. The room features a light-colored wall, a wooden door, and a blue examination table. On the left, there is a sink and a paper towel dispenser. On the right, medical equipment is mounted on the wall. A blue overlay with white text is centered in the image.

ACEs score = 4



If you see symptoms, think trauma/adversity.

If you see trauma/adversity, think symptoms

Possible Symptoms

- Anxiety/fears/avoidance
- Difficulty falling asleep
- Nightmares
- Trouble with self-regulation
 - low tolerance for stress
- Difficulty with verbally expressing feelings
- Irritability/aggressive behavior
- Food refusal or overeating/hoarding
- Encopresis/constipation
- Enuresis
- Tension headaches
- Developmental delay
- Detachment

Moving beyond ACE scores



What is an ACE score?

An ACE score is a tally of specific childhood traumatic events that an individual has experienced.

What do ACE scores tell you?

Higher ACE scores are associated with poor health outcomes at the population level.



Chronic
lung disease



Alcohol and
drug abuse



Heart disease



Cancer



Depression

Provide Trauma-Informed Care

Move away from summing the suffering to building the buffering



GOAL

Fostering safe, stable, and nurturing **relationships** to build **resiliency**



Screen and treat for **trauma-related symptoms**



Create a **safe environment**



Use engagement strategies to **build trust**



Focus on strengths to **empower patients and families**



Have brief office-based approaches to **promote growth mindset**

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

PATTeR

Pediatric Approach to Trauma, Treatment and Resilience

For more information, visit:
aap.org/PATTeR

Why ACE scores are not effective clinically

Adversity is not destiny. ACE scores predict population outcomes, not individual outcomes.

Does NOT include
or measure trauma...



In all forms



Severity



Chronicity



Frequency



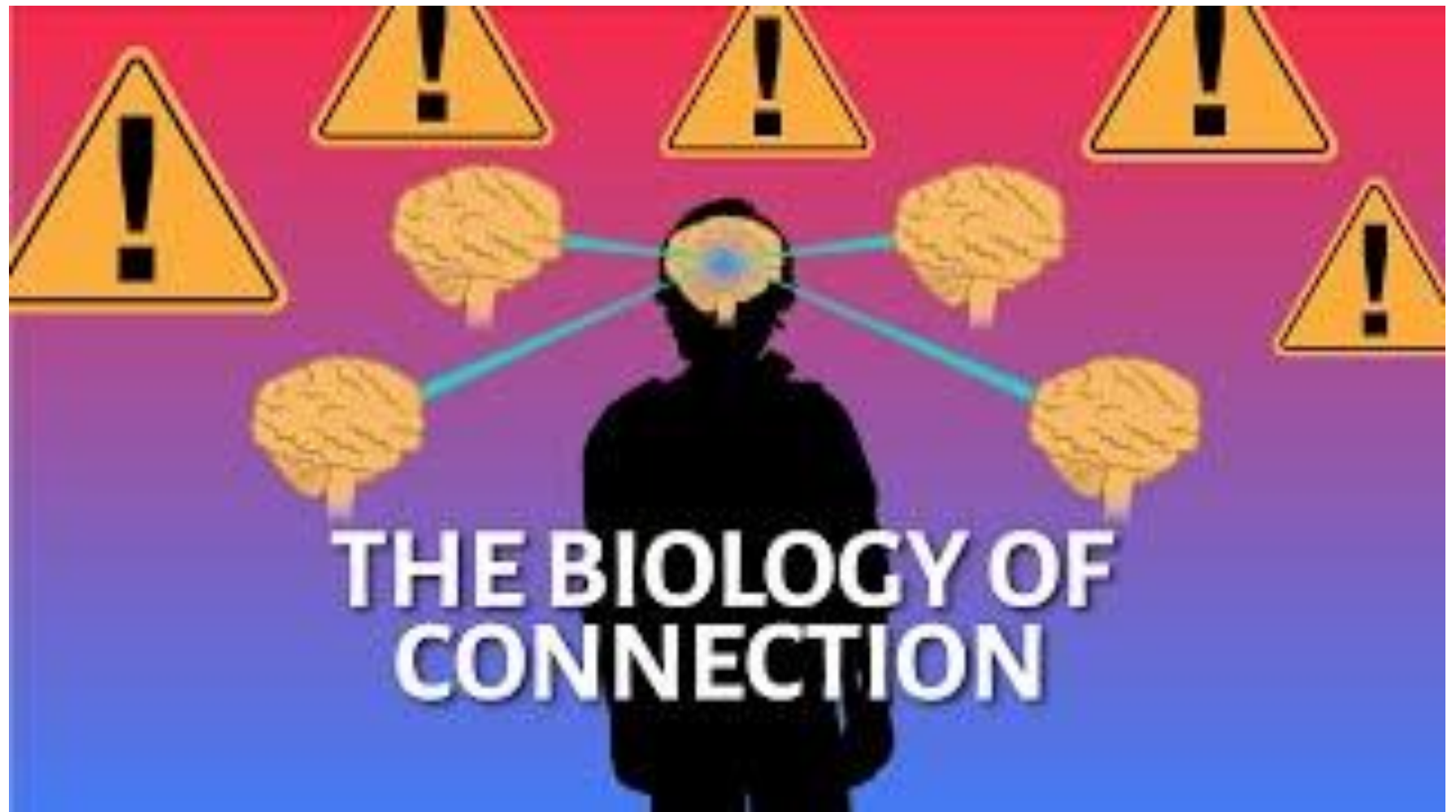
Does NOT include asking about
protective factors in a child's life

Therefore, does NOT
predict individual health



vs.





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? _____

If you checked 'yes' on either question above, please continue below.

FREQUENCY RATING CALENDARS



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.

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
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.	0	1	2	3	4
5	When something reminds my child of what happened, he/she gets very upset, afraid, or sad.	0	1	2	3	4
6	My child has trouble concentrating or paying attention.	0	1	2	3	4
7	My child gets upset easily or gets into arguments or physical fights.	0	1	2	3	4
8	My child tries to stay away from people, places, or things that remind him/her about what happened.	0	1	2	3	4
9	My child has trouble feeling happiness or love.	0	1	2	3	4
10	My child tries not to think about or have feelings about what happened.	0	1	2	3	4
11	My child has thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	My child feels alone even when he/she is around other people.	0	1	2	3	4
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?	Not at all	Several days	More than half the days	Nearly every day	

Pediatric Traumatic Stress Screening Tool

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*Adapted from Patient Health Questionnaire (PHQ-C)

If you checked 'yes' on either question above, please continue below.

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*Adapted from Patient Health Questionnaire (PHQ-9)

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

Patient Name: _____ Patient DOB: _____ EMPI _____

Patient Health Questionnaire (PHQ-A)

Today's Date: _____ Patient's Name: _____ Date of Birth: _____

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

Pediatric Traumatic Stress Screening Tool — 11 years and older

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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?

If you checked 'yes' on either question above, please continue below:



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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
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Prevalence

- 80% of children exposed to potentially traumatic experience during childhood
- 16% of children exposed to trauma → PTSD
- Trauma and traumatic stress are often misdiagnosed
- Need to access resilience-based education, anticipatory guidance, and evidence-based trauma treatment

Suicide

- **9.6% of adolescents (N=302) dually screened** with the PHQ-A and PTSST **endorsed thoughts of suicide**
- Adolescents reporting potential **trauma exposure were 3.5 times more likely** to report thoughts of suicide or self-harm.
 - most had moderate to high levels of traumatic stress
- Need to **identify and respond to suicide risk in trauma-exposed children and youth.**



Pediatric Traumatic Stress Screening Tool (PTSST)

- Discuss child/caregiver concerns and strengths
 - Three step process to:
 1. Address safety
 2. Promote safety from suicide
 3. Assist with treatment access and provide trauma-specific treatment and/or brief intervention.
-

What can we all be doing?



Public Health Level	Types of Prevention	Approaches to Toxic Stress	Examples	Approaches to Relational Health
3	Tertiary	<u>Indicated treatments</u> for toxic stress related diagnoses (e.g, anxiety depression, PTSD)	ABC PCIT CPP TF-CBT	<u>Repair</u> strained or compromised relationships
2	Secondary	<u>Targeted interventions</u> for those at higher risk for toxic stress responses	Parent/Child ACEs SDoH BStC	<u>Identify and address</u> potential barriers to SSNRs
1	Primary	<u>Universal preventions</u> for all	Positive parenting ROR Play Consistent messaging	<u>Promote</u> SSNRs by building 2-generational skills

Building up parents

Encourage family connectedness

Discuss child development

Model positive parental interaction



Building up parents

PRIMARY prevention

Encourage family connectedness

Discuss child development

Model positive parental interaction



Case #2: 5-year-old child for well child visit



Secondary Prevention

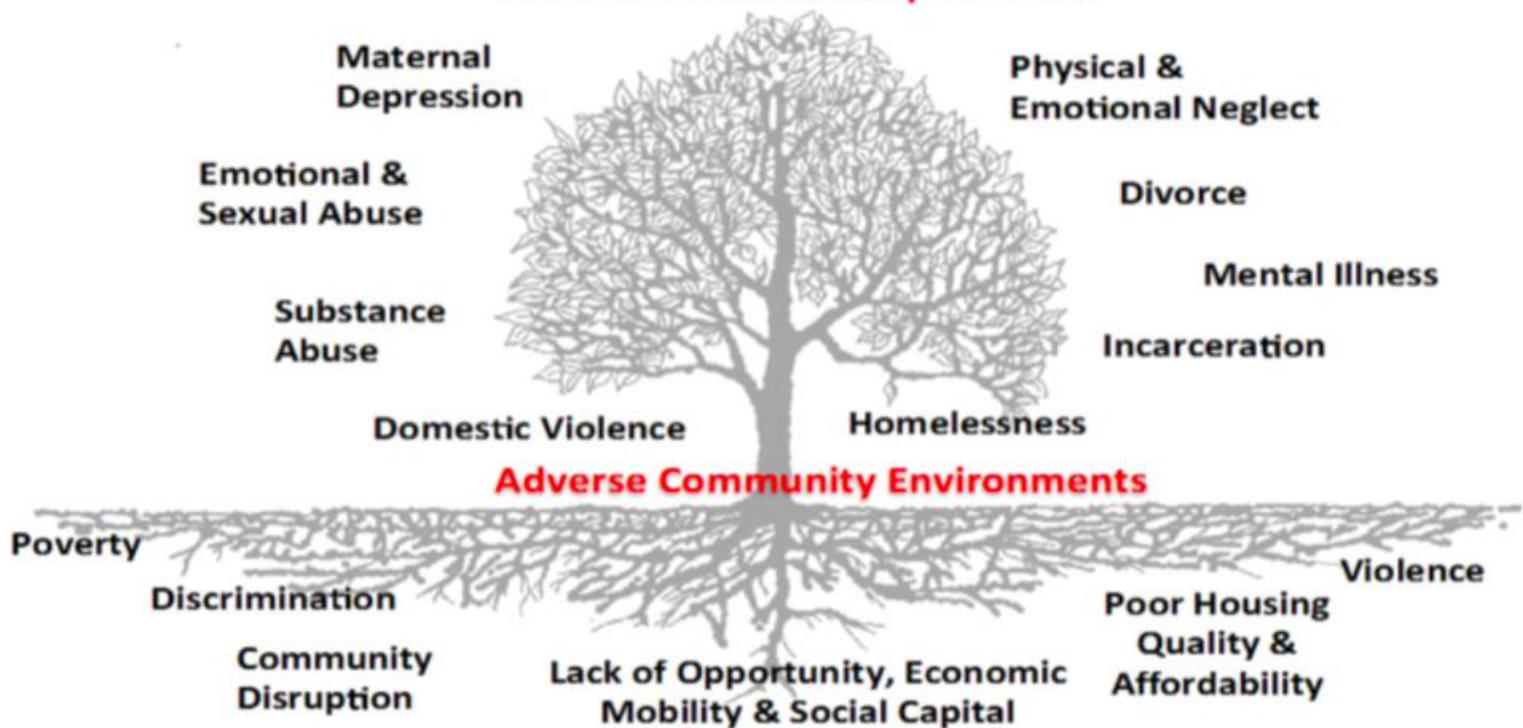
Identify and address potential barriers to Safe Stable Nurturing Relationships (SSNRs)

Targets children with an ACE exposure

Working to prevent symptoms/toxic stress

The Pair of ACEs

Adverse Childhood Experiences



Ellis, W., Dietz, W.H., Chen, K.D. (2022). Community Resilience: A Dynamic Model for Public Health 3.0. *Journal of Public Health Management and Practice*, (28)1, S18-S26. doi: 10.1097/PHH.0000000000001413

Unmet social needs

Positive postpartum depression and Social Determinants of Health (SDoH) screens may signal **decreased parental capacity** to provide relational health.

“You’re an incredible mother working with very few resources.”

Tertiary prevention

Repair strained or compromised relationships

Indicated treatments for toxic stress related diagnoses

- Anxiety
- Depression
- PTSD



Safe, Stable, Nurturing, Relationships (SSNRs)

Case#3

15yo comes in for physical

- Chronically late
- Parent gives one word answers
- Parent has rude tone
- Refuses screeners





Adverse Childhood Experiences (ACEs)

EXPLORE TOPICS ▾

Q SEARCH

MAY 16, 2024

About Adverse Childhood Experiences

KEY POINTS

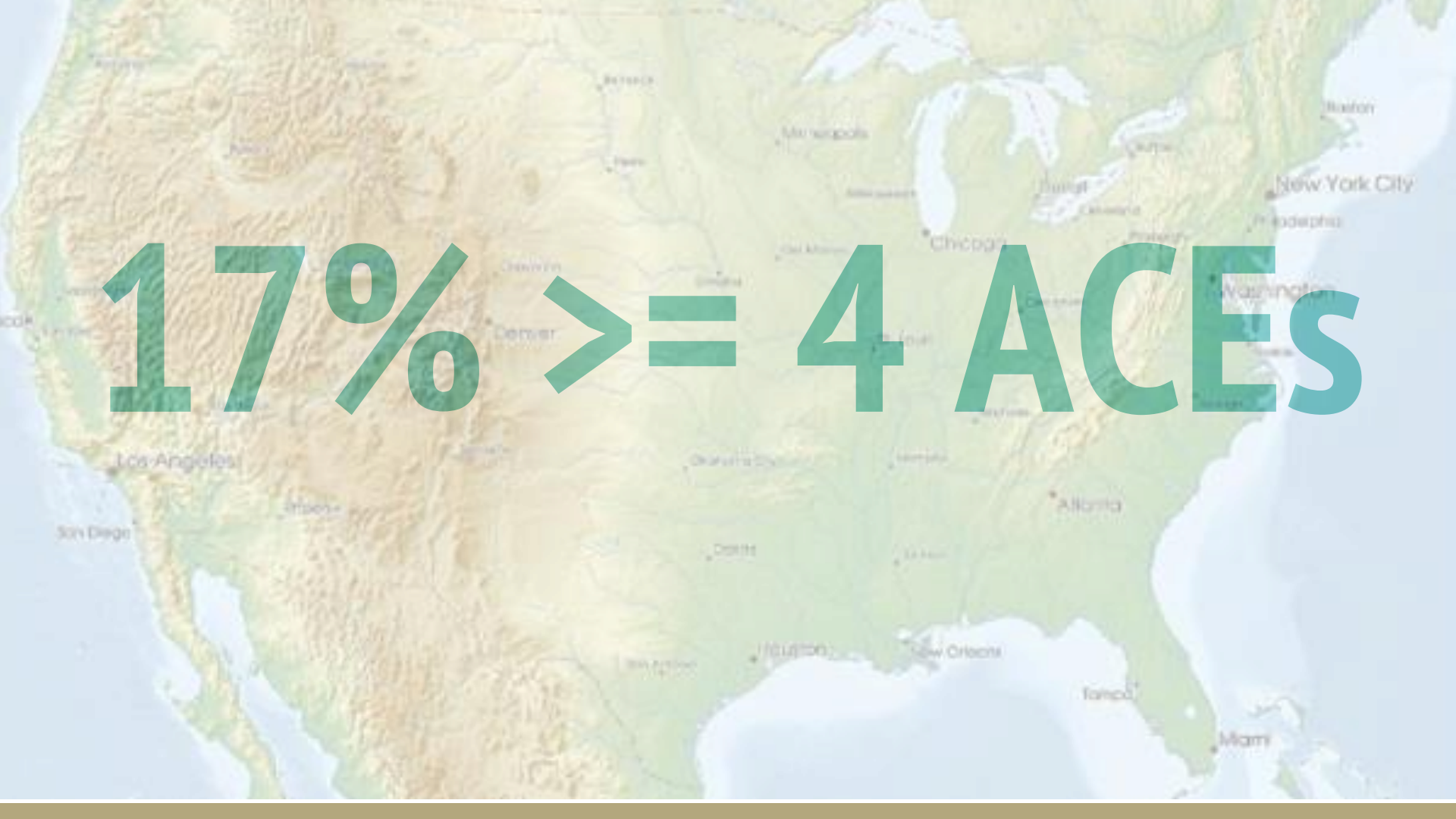
- Adverse childhood experiences can have long-term impacts on health, opportunity and well-being.
- Adverse childhood experiences are common and some groups experience them more than others.



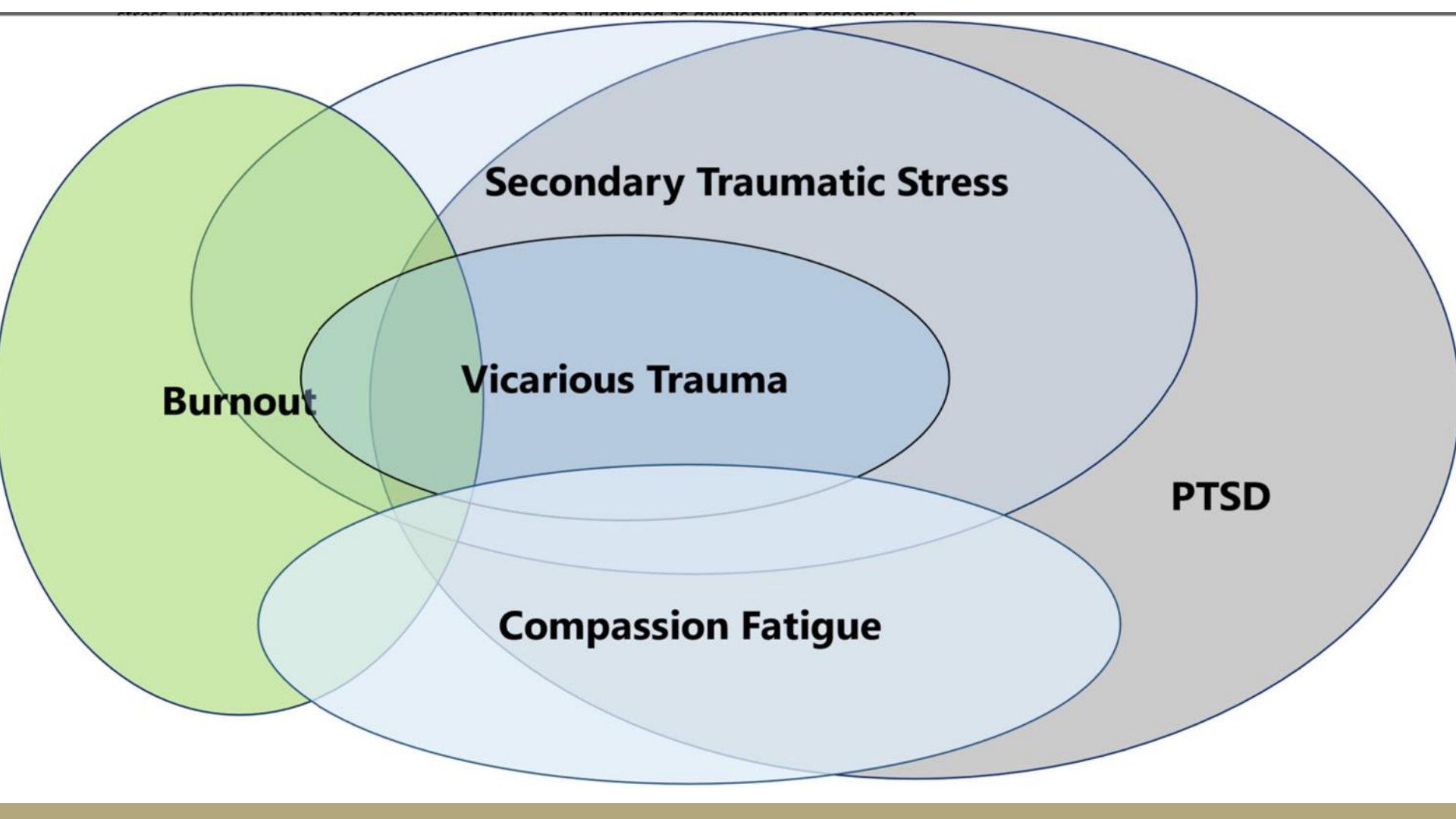
A topographic map of the United States showing terrain features like mountains and rivers. Major cities are labeled, including San Diego, Los Angeles, San Francisco, Denver, Dallas, Houston, New Orleans, Miami, Atlanta, Washington, New York City, and Boston. The Great Lakes region is also visible in the north.

64% of US Adults

>= 1 ACE

A topographic map of the United States showing terrain elevation in shades of green and brown. Major cities are labeled across the country. Overlaid on the map is large green text that reads "17% >= 4 ACES".

17% \geq 4 ACES



**ABCs of
Preventing Secondary
Traumatic Stress**

Awareness

Balance

Connection

—

Awareness



Acknowledge own trauma history

Inventory current lifestyle choices

Take care of yourself



Balance

Permission to fully experience emotions

Maintain clear work boundaries

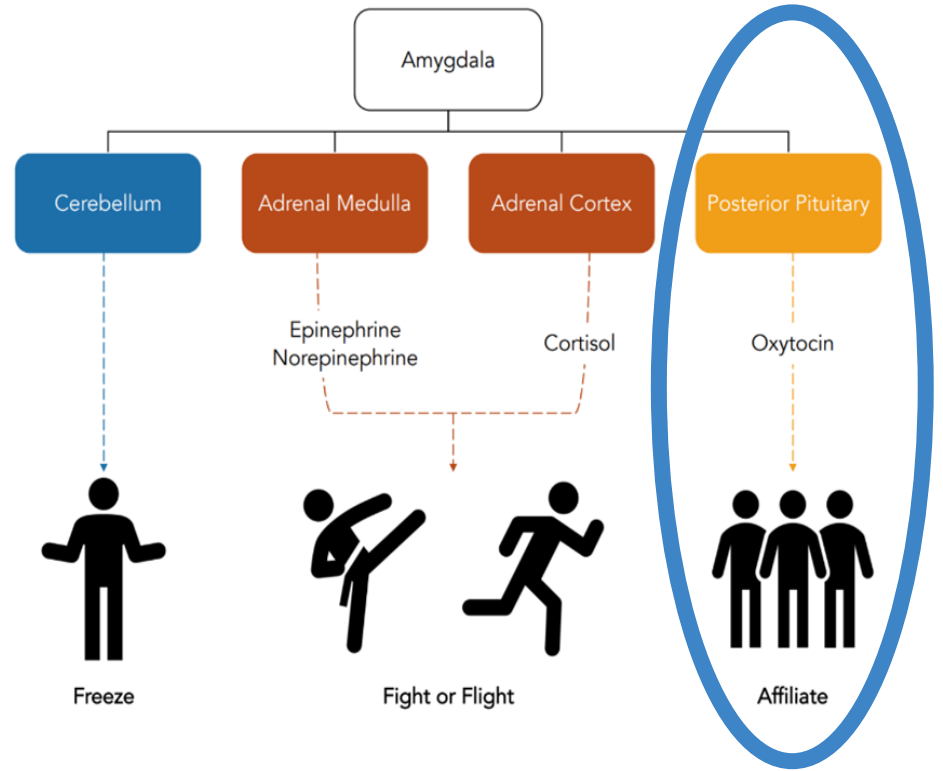
Set realistic goals

Learn/practice time management

New leisure activity

Positive coping skills

- Listen to feedback
- Avoid professional isolation
- Debrief
- Develop support systems
- Seek training



Connection

Resources for parents

https://www.nctsn.org/sites/default/files/resources//understanding_child_traumatic_stress_guide_for_parents.pdf

https://store.samhsa.gov/sites/default/files/sma16-4923_0.pdf

<https://www.aap.org/en/patient-care/trauma-informed-care/resources-for-families/>

Understanding Child Trauma



There is hope. Children can and do recover from traumatic events, and you play an important role in their recovery.

"I AM STRONG."

"I AM A GOOD KID WHO HAD A BAD THING HAPPEN."

"PEOPLE CARE ABOUT ME."

"IT'S NOT MY FAULT."



A CRITICAL PART OF CHILDREN'S RECOVERY IS HAVING A SUPPORTIVE CAREGIVING SYSTEM, access to effective treatments, and service systems that are trauma informed.

GET HELP NOW

<https://findtreatment.samhsa.gov>
<http://nctsn.org/resources/get-help-now>
<http://www.healthcaretoolbox.org>



Not all children experience child traumatic stress after experiencing a traumatic event. With support, many children are able to recover and thrive.

As a caring adult and/or family member, you play an important role.

REMEMBER TO:

- Assure the child that he or she is safe.
- Explain that he or she is not responsible. Children often blame themselves for events that are completely out of their control.
- Be patient. Some children will recover quickly while others recover more slowly. Reassure them that they do not need to feel guilty or bad about any feelings or thoughts.
- Seek the help of a trained professional. When needed, a mental health professional trained in evidence-based trauma treatment can help children and families cope and move toward recovery. Ask your pediatrician, family physician, school counselor, or clergy member for a referral.
- Visit the following websites for more information:
 - <http://www.samhsa.gov/child-trauma>
 - <http://www.samhsa.gov/trauma-violence>
 - <http://www.nctsn.org>

Parenting Kids Who Have Experienced Trauma

Stop, Drop and Stay in Control

When parenting, we sometimes...



❌ Stand above the child.



❌ Give time-outs or ignore the child.



❌ Yell or raise our voice.



❌ Take their actions personally.

It can be more helpful to...

✅ Be at eye-level with the child.



✅ Stay close until the child is calmer to connect.



✅ Remain calm and speak at a relaxed tone.



✅ Recognize children's emotions are often not about us.



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Every child needs at least
one adult who is irrationally
crazy about him or her.

Urie Bronfenbrenner