

**The development of Paediatric and Child Health approaches to Trauma Treatment and Resilience**

A novel and successful way to train paediatricians to recognize and respond to trauma  
Jessica Griffin, PsyD and Heather Forkey, MD

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**Introductions**

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**Learning Objectives**

1. Describe the important role of pediatric providers in the identification and care of children who have experienced trauma.
2. Recognize the unique aspects of trauma informed care training for the pediatric setting, adapted from trauma-informed mental health care, evidence-based parenting education, and attachment and resilience science.
3. Identify ECHO as an important case-based expert-mentored learning modality about complex topics for pediatricians and other health-professionals.

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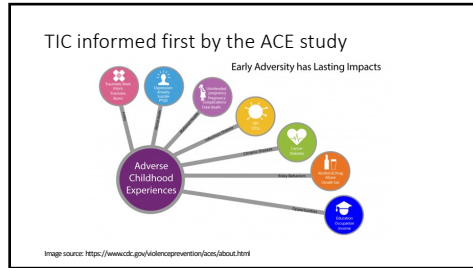
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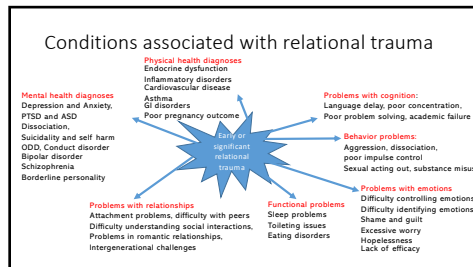
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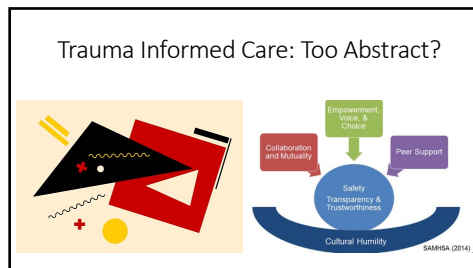
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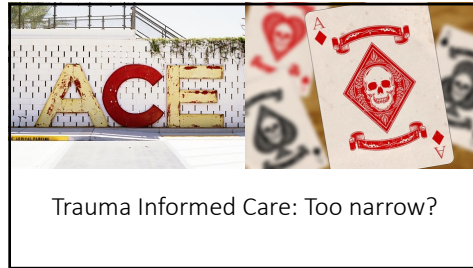
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Trauma Informed Care: Too narrow?

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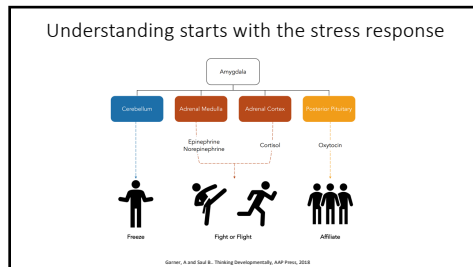
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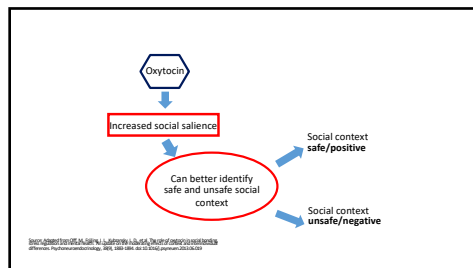
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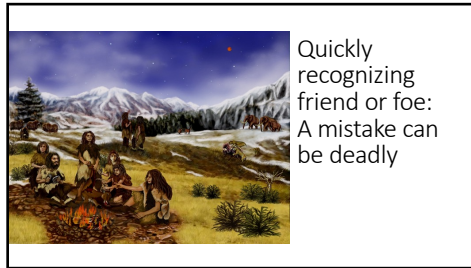
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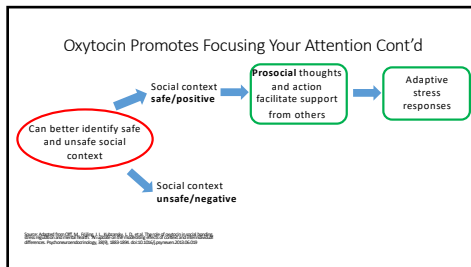
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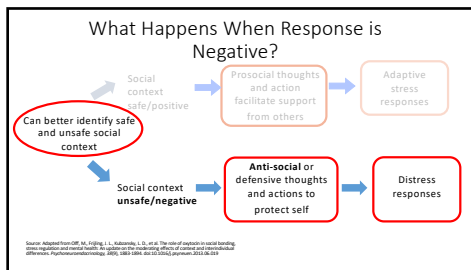
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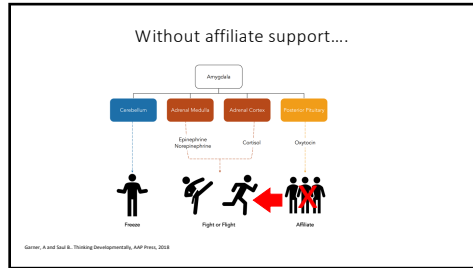
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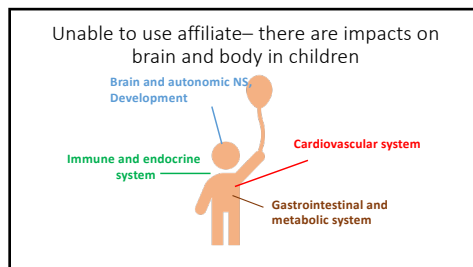
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**Its not about summing the suffering, but building the buffering**

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Role of pediatricians



- Pediatricians are often the first or only professionals families will connect with to address trauma – 1/3 of mental health issues in children are addressed by medical provider only
- Physicians may STILL not be aware of the topic. 2020 study of physicians in Michigan 81% reported they had never heard of the ACE questionnaire.
- Trauma is not a topic that is covered well in pediatric training programs

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Trial and error

Had to find “pediatric” space – not a direct application of mental health models

Occurred with a series of “AH-HA” moments

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AH-HA's: #1 – its what we already do

- Cannot layer over pediatrics – must take what we already do as pediatricians and show that trauma already is the underpinning
  - Don't add to workload, reduce it
  - "Trauma-informed" can't be a new add on
  - We attend to attachment without even realizing it – that's critical

**"BUT I ALREADY DO ALL THAT!"**



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AH-HA's: #2 – It makes more sense to us in a resilience context (toxic stress, not trauma)

- Pediatrics (and pediatricians) is a specialty which is
  - Developmentally centered
  - Resilience and guidance centered
  - Education focused
  - Focused on **relationship** between child and caregiver



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AH-HA #3: Most of pediatric "trauma" is preclinical in a MH sense

- Pediatrics niche is a wide space, most care for kids in the preclinical stages of trauma exposures
  - DTD trauma to DTD
  - We live in the space between ACEs and PTSD
  - Brain changes present to pediatrics as developmental concerns before behavioral health issues – so what are we looking for?



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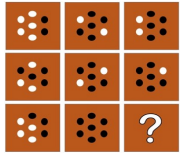
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AH-HA #4: Physicians work from patterns – fitting symptoms into working models (need one)

- What are they looking for?



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AH-HA #5: Medical training is PRACTICAL – and we do it by see one, do one, teach one



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And thus:

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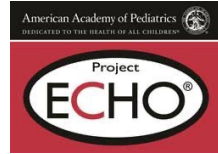
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ECHO format: Lecture and case discussion



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ECHO format: Lecture and case discussion



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PATTeR Levels 1 and 2:

Curriculum Topics for PATTeR Level 1	Curriculum Topics for PATTeR Level 2
<ul style="list-style-type: none"> <li>Introduction and Overview</li> <li>Physiology of Trauma</li> <li>Fostering Resilience and Ameliorating ACE's</li> <li>Engagement and Screening</li> <li>How To: What to Say and Do in the Office</li> <li>You Already Do This: How to Incorporate Trauma Care Into Your Everyday Practice</li> </ul>	<ul style="list-style-type: none"> <li>Trauma Response &amp; How It Impacts You (Burnout, secondary traumatic stress, review of Level 1)</li> <li>Epigenetics 202</li> <li>Understanding Attachments: A Deeper Dive</li> <li>Parental ACE's (SDD)</li> <li>Parenting Through the Ages and Stages</li> <li>Trauma Spectrum</li> <li>How Trauma Presents Across the Age Span</li> <li>Cultural Considerations</li> <li>Helping Caregivers to Regulate</li> <li>The Care Process Model (Embedding Trauma in Your Clinical Decision Tools)</li> <li>Evidence Based Treatments for Childhood Trauma</li> <li>Medication Use: When Everything Already Ventured isn't Enough (PATSAE)</li> </ul>

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Level 1: Overview, recognition and tools



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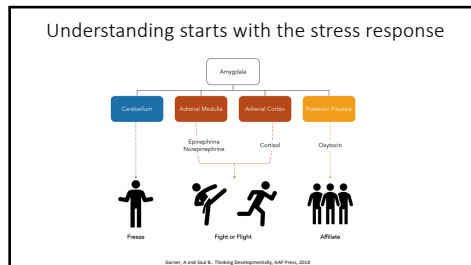
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Resilience: Masten definition

Resilience is a dynamic process of positive adaptation to or in spite of significant adversities that happens IN RELATIONSHIPS and with normal activities

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Principles: Weaving THREADS

- Resiliency skills the THREADS of childhood:
  - Thinking and learning brain
  - Hope
  - Regulation or self control
  - Efficacy
  - Attachment
  - Developmental skill mastery
  - Social connectedness



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Another way to think about trauma is that it acts against all the factors that correlate with resilience

- Resiliency skills the THREADS of childhood:
  - Thinking and learning brain – **shuts down**
  - Hope – **to deal with present danger, looking ahead shut down**
  - Regulation or self control – **shuts down - need impulses to deal with threat**
  - Efficacy – **lost – reacting to situation, not controlling it**
  - Attachment – **acting alone, not available in toxic stress**
  - Developmental skill mastery – **learning shut down**
  - Social connectedness – **alone with threat**



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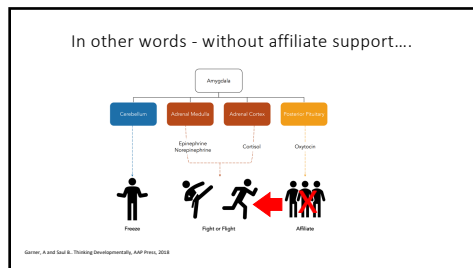
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Unable to use affiliate- there are impacts on brain and body in children

Brain and autonomic NS Development

Immune and endocrine system

Cardiovascular system

Gastrointestinal and metabolic system

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What patterns physicians are looking for

- FRAYED (and at the end of your rope)
  - Fits, Frets and Fear
  - Regulation difficulty
  - Attachment disturbances
  - Yelling and yawning
  - Educational delays
  - Defeated, dissociated

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**SPLINT**

Just like with orthopedic care -

- Say trauma may be the cause
- Problem solve:
  - what is needed to get everyone able to calm down right now
  - might need to look at routines or short-term change
- Language for child about the problem
- Investigate further
  - do you need to ask more, file with child welfare
- Normal to respond "X" way to trauma
- Therapy - referral for treatment

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**PASTA**

- Positive parenting
- Affect modulation
- Self soothing, relaxation
- Triangle training
- Attachment/parenting skills (including routines and reassurance)

**RICE**

- Rest
- Ice
- Compression
- Elevate

There are things to do at home just like with simple sprains, Regulation starts with PASTA (not RICE)

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Level 2 – Increasing understanding



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Level 2– topics highlight impact on development and attachment

- Attachment/relationship focus
  - Secondary trauma impacts
  - Attachment
  - Parental ACE's
  - Parenting skills – 202
  - Cultural impacts
- Developmental focus
  - Epigenetics
  - Trauma hierarchy
  - How trauma presents across age span – developmental trajectory
  - Promoting regulation – in kids and adults
- Treatment focus:
  - Care process model and suicide
  - Evidence based treatment
  - Medication use and deprescribing

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Greater emphasis on attachment and regulation



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Resilience the result of 6 factors, but there is an order to these...

**THREADS**

- Hope
- Social connectedness
- Efficacy
- Thinking and learning brain
- Developmental skill mastery
- Regulation or self control
- **Attachment**



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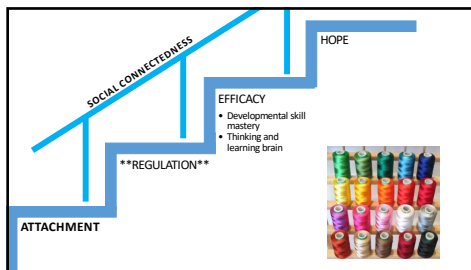
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ATTACHMENT

\*\*REGULATION\*\*

EFFICACY

- Developmental skill mastery
- Thinking and learning brain

SOCIAL CONNECTEDNESS

HOPE

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SKILL BUILDING



**ATTACHMENT**

- Safety and security
- Emotional container
- Predictable compassionate Availability
- Keeping Mind in mind

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Constant process of  
“meaning making”

- Child comes to understand themselves and the world
- Happens through interactions with caregiver
- Child reflected by caregiver
- World interpreted by caregiver
- ABC's

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A- Attunement

Attunement is being 'in tune' with a child's emotional state, being 'in it' with them, and a child feeling that they are understood in that moment.



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**B- Biobehavioral synchrony**

- Coordination of biological and behavioral signals between social partners during periods of social contact.
- Mechanism by which a parent's mature brain externally regulates the infant immature brain and tunes it to social life.

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**C - Co-Regulation:**  
Regulation is stepwise process

- Caregiver regulation
- Dyadic co-regulation
- Self-regulation



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Regulation is stepwise

- Caregiver regulation
- Dyadic co-regulation
- Self-regulation



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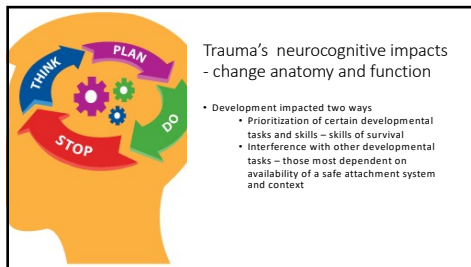
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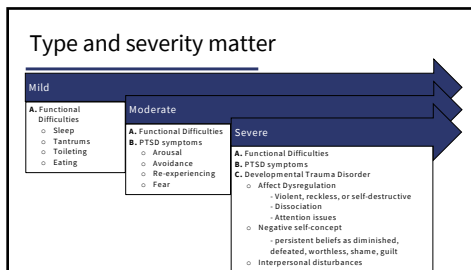
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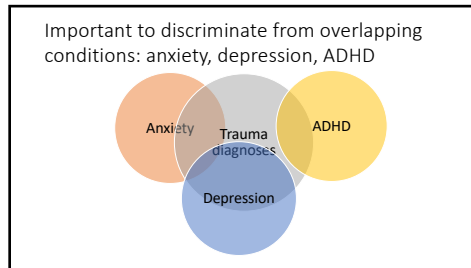
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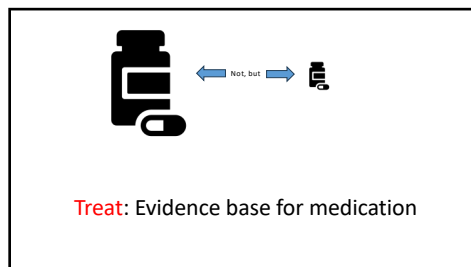
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- Deprescribing considerations: CRISPY
- **C:** Medications part of cascade
  - **R:** Redundant medication, ineffective, symptoms resolved
  - **I:** Medications with no valid indication
  - **S:** Side effects of medication greater than benefit
  - **P:** Medications that are preventative
  - **Y:** Yucky - Medications with unacceptable treatment burden

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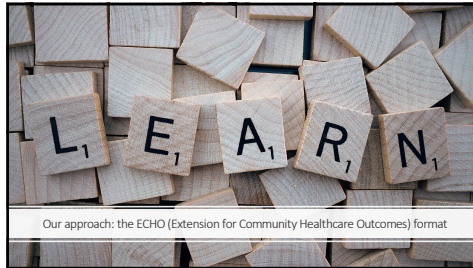
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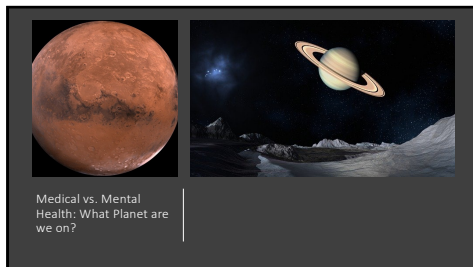
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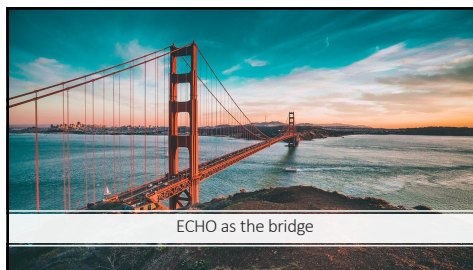
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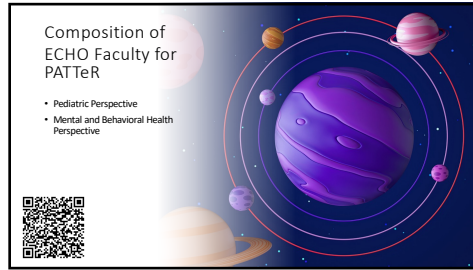
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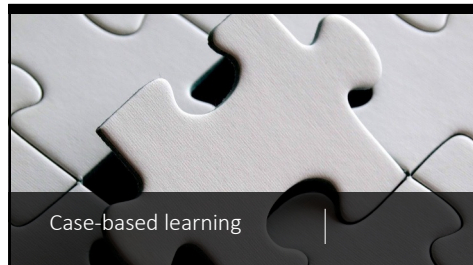
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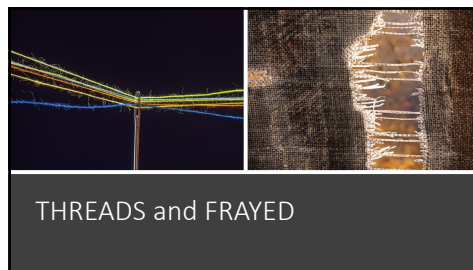
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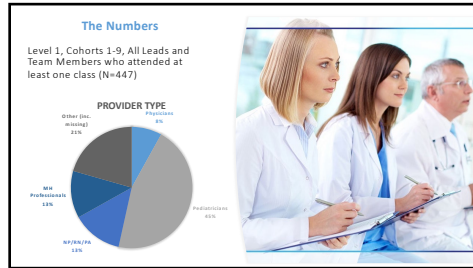
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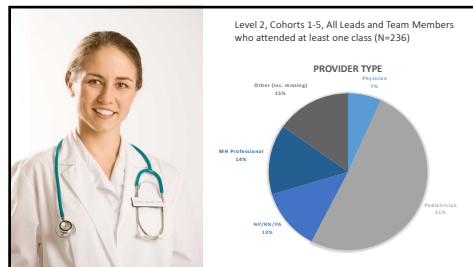
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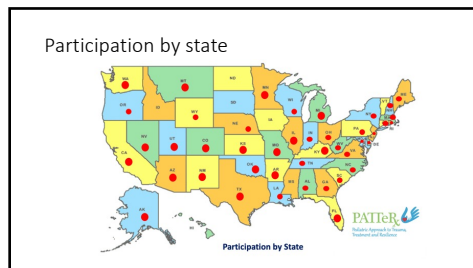
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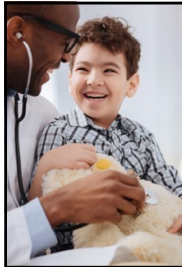
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### Participant reflection on the Level2 Content and Learning

Impact on Patient Care/Sharing the content with others

- Our multidisciplinary group (pediatrician, psychiatrist, nursing, social work, and parenting specialist) all participated. We now have a shared framework for caring for our patients, many of whom have experienced trauma. (LACE)
- My initial Trauma & Resilience training provided hope for me in my practice as I was feeling discouraged with the stress & trauma my families face on a regular basis. Post 2 has allowed me to share more of these concepts with my amazing colleagues and to bring approaches to helping our families with practical and helpful suggestions.
- This course was so helpful in making the science of toxic stress and resilience usable in clinical practice. This course not only gave me facts and frameworks, but also helped to shape a new way of seeing clinical work that is fundamentally relationally based. That's why I think this course will not only help me with patients with traumatic stress exposure, but will help me to be a better pediatrician for all my families.

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Questions?  
Discussion....

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### Contact Information

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