

Trauma-Informed Care Pocket Guide

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The 4 R's of Trauma-Informed Care

Realize the impact of trauma and integrate into practice knowledge about toxic stress

- Adverse childhood experiences (ACEs) and potentially traumatic events (PTEs) are very prevalent
- Traumatic stress can become biologically embedded
 - Anatomic and functional changes in the brain
 - Neuroendocrine and immune dysfunction
 - Epigenetic alterations
 - Behavioral attempts to cope (hyperarousal or dissociation)

Recognize the signs and symptoms of trauma

- In patients, families, staff, and others
- Keep trauma exposure on the differential when you see
 - Skin finding or injury concerning for inflicted injury
 - Injury with delay in seeking care
 - Injury secondary to lack of supervision
 - Multiple injuries
 - Poor growth
 - Poor hygiene
 - Poorly controlled chronic disease
 - Multiple missed appointments
 - Developmental delays
 - Acute child behavioral changes (withdrawn or acting out)
 - Hypervigilant, hyperactive child
 - New school difficulties or truancy
 - Bully involvement
 - Runaway
 - Adolescent risk-taking behaviors
 - Substance use
 - Emotionally promiscuous child
 - Sexualized behaviors
 - Dysuria or other urinary complaints
 - Genital pain, bleeding, or discharge
 - Enuresis or encopresis
 - Functional abdominal pain
 - Chest pain
 - Tension headaches
 - Vague physical complaints or chronic pain not otherwise explained
 - Anxiety, depression, or other mental health concern

Respond fully in policy and practice

- Universal screening for PTEs
 - What to say

“Because traumatic events are so common and because they have direct, long lasting effects on physical and mental health, I ask all of my patients about stressful or difficult experiences they may have had. Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?”
- Targeted screening when trauma is identified
 - What to do
 - Assess safety
 - Consider mandated reporting
 - Do a brief screen for PTSD symptomology
 - If symptomatic, refer to evidence-based, trauma-informed treatment
 - Remember, symptoms in children may show differently than in adolescents and adults

In the past month, have you

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?	Yes/No
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	
3. Been constantly on guard, watchful, or easily startled?	
4. Felt numb or detached from people, activities, or your surroundings?	
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	
Total score is sum of Yes (1-5); >3 probable PTSD	

Source: <https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

Resist re-traumatization

- Provide trauma-sensitive, patient-centered care
- Practice self-care to address secondary traumatic stress and prevent compassion fatigue

For more information, see the **Universal Trauma Precautions and Trauma-Specific Guidelines** at <http://www.champprogram.com/practice-recommendations.shtml>.



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