Universal Trauma Precautions and Trauma-Specific Guidelines
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Fundamental Principles
1. Definition: Trauma-Informed Care (TIC) is a program, organization, or system that
   • Realizes the impact of trauma and integrates knowledge about trauma
     ▪ Adverse childhood events (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 dysregulation and dysfunction
       • Epigenetic alterations
       • Behavioral attempts to cope (hyperarousal or dissociation)
   • Responds fully to it
     ▪ Screening
     ▪ Resources and treatment
   • Resists re-traumatization
     ▪ Trauma-sensitive, patient-centered care
     ▪ Self care to address secondary traumatic stress and prevent compassion fatigue
2. Universal Trauma Precautions
   • Understanding that trauma and ACEs are common, approach all patients and families as if trauma is possible
   • Universal routine screening
3. Trauma-Specific Care
   • After the identification of trauma, take next steps for safety, assessment, and treatment

Screening
1. Universal Screening for Potentially Traumatic Events (PTEs)
   • PTEs are experiences that threaten physical safety, are potentially life threatening, and associated with feelings of fear, horror, or hopelessness
   • Traumatic experiences in childhood are broad and may be referenced as Trauma, ACEs, Toxic Stress, Medical Traumatic Stress, or Post Traumatic Stress Disorder (PTSD)
     ▪ Maltreatment
     ▪ Parental separation, illness, or loss of a loved one
     ▪ Witnessing interpersonal violence or community violence
     ▪ Motor vehicle accident
     ▪ Witness to a natural disaster
     ▪ Conditions of war
     ▪ Animal bite
     ▪ Invasive medical procedures
     ▪ Systems-induced trauma (foster placement)
• Routine screening for PTEs at all well child visits
  ▪ “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?”
  ▪ Age 8 years and older, consider asking child directly
  ▪ If No – screen at next routine visit
  ▪ If Yes –
    • Assess safety
    • Consider mandated reporting
    • Do a brief screen for PTE-related symptomology
    • Follow with trauma-specific screening

2. Trauma-Specific Screening
• Known trauma may be identified or suspected
  ▪ Identified on history or medical exam
  ▪ A positive screen for PTE
  ▪ Other presenting signs or symptoms that may raise suspicion for abuse or neglect:
    • 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
    • Parent child interaction
    • Acute child behavioral changes
    • New school difficulties
    • Bully involvement
    • Runaway
    • School truancy
    • Adolescent risk-taking behaviors
    • Substance use
    • Withdrawn child
    • Hypervigilant, hyperactive child
    • Externalizing or acting out child
    • 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 concerns
• Targeted Trauma Screening
  ▪ ACE Screen
    https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
    • Parent
    • Child
  ▪ Abbreviated Screens for Trauma Symptomatology
    • UCLA Brief Screen for Child/Adolescent Trauma and PTSD
      https://www.reactionindex.com
    • Abbreviated PC-PTSD for Primary Care
      https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp
  ▪ Trauma-Specific Screening Tools
    • Trauma Symptom Checklist for Children
    • UCLA PTSD Reaction Index
      https://www.reactionindex.com
  ▪ Additional screening for children involved with child welfare
    • Well-being
    • Mental health needs
    • Family functioning

Trauma-Informed Approaches to the Medical Evaluation

1. Trauma-Informed Review of Systems
   • Sleeping problems – due to stimulation of the reticular activating system in the central nervous system
     ▪ Difficulty falling asleep
     ▪ Difficulty staying asleep
     ▪ Nightmares
   • Eating – due to inhibition of satiety centers in the brain, or anxiety
     ▪ Rapid eating, over-eating
     ▪ Lack of appetite
     ▪ Food hoarding
   • Toileting – due to increased sympathetic tone and increased catecholamines
     ▪ Constipation
     ▪ Enuresis
     ▪ Encopresis
   • Behavior
     ▪ Dissociative/Detachment/Dopaminergic
       • More common in females, younger children, with ongoing trauma and inability to escape
       • May mimic or be comorbid with depression, inattentive ADD, developmental delays
     ▪ Arousal/Hypervigilance/Adrenergic
       • More common in males, older children, with witnessed violence and fight or flee experiences
       • May mimic or be comorbid with ADHD, ODD, aggression, bipolar
   • School and Developmental Difficulties
     • Delayed milestones or school failure
     • Frequent tantrums or aggression with peers
     • Difficulty with transitions and organization
2. Trauma-Sensitive, Patient-Centered Care
   • Listen and Support
     ▪ Listening to another’s trauma narrative has therapeutic value and aids with integration and healing
     ▪ Empathize and normalize, trauma and ACEs are common
     ▪ Explain how toxic stress can impact health
     ▪ Assess readiness for change
   • “D-E-F” Protocol for TIC
     ▪ D – Reduce Distress
     ▪ E – Emotional support
     ▪ F – Remember the Family
   • “T-I-C” Protocol
     ▪ T – Think about possible Trauma
     ▪ I – Inform who you are and what you are doing
     ▪ C – Offer Comfort and Choice whenever possible
   • Provider Self-Care
     ▪ Check in with yourself and your own reaction to secondary exposure to another’s trauma

3. Trauma-Informed Anticipatory Guidance
   • Common symptoms of trauma can be anticipated
   • Offer caregivers explanations and guidance

4. Trauma-Informed, Evidence-Based Models for Prevention and Treatment
   • Universal Trauma Precautions
     ▪ Triple P Program: https://www.triplep.net/glo-en/home/
     ▪ SEEK Model: https://www.seekwellbeing.org/theseekmodel
   • Trauma-Specific Treatments
     ▪ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): https://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/

Website Resources
American Academy of Pediatrics: www.aap.org/traumaguide
Child Traumatic Stress Network: http://www.nctsnet.org
Center for Pediatric Traumatic Stress: https://www.healthcaretoolbox.org
Substance Abuse and Mental Health Service Administration (SAMSA): https://www.samhsa.gov
Adverse Childhood Experiences CDC: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
California Evidence-Based Clearinghouse for Child Welfare: https://www.cebc4cw.org
References


APSAC. (2018). Trauma-Informed Care, New ABSAC Advisor 30(3).

