

# Relational Care and Helping Children Heal from Trauma

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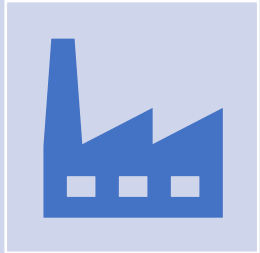


American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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I do not have any relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provide commercial services discussed in this CME activity. I do receive annual royalties for two chapters in UptoDate and for my role as co-author of a textbook, Childhood Trauma & Resilience, published by the AAP.



I do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

# Learning Objectives

- Recognize the effects of trauma and how it hijacks typical brain development
- Understand the importance of relationships in healing and resilience after trauma
- Establish a partnering relationship with parents so their safe, stable, nurturing caregiving can promote child resilience
- Adopt a few strategies to promote resilience of children with trauma histories

# Why is Trauma-informed Care Important?

- High prevalence: 48-90% of children in US
- Cumulative childhood adversities alter our biology, and can negatively affect our lifelong health
- Something we can (and should) do about it as pediatricians
- Evidence-informed: derived from research in other fields
  - Attachment
  - Parenting
  - Resilience
  - Brain development (neuroscience)
  - Epigenetics
  - Evidence-based, Trauma-informed Mental Health Care



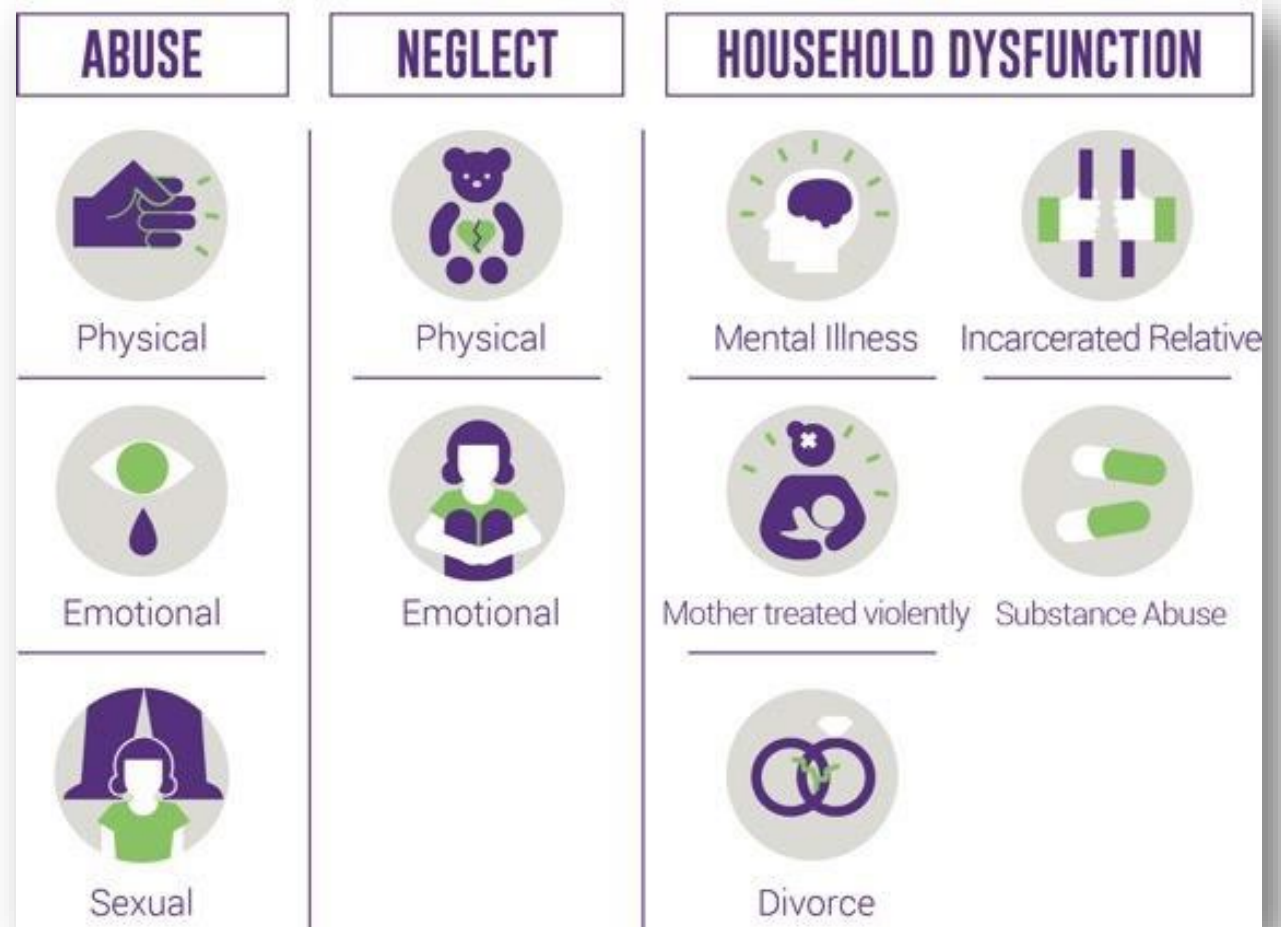
# My Personal Journey

## *Occam's Razor: The Law of Parsimony*

- Children entering foster care
  - High prevalence of abuse and neglect, and of developmental, mental health, behavioral, academic and physical health problems
- Mental, behavioral health (80% of children > 5 y screen +)
  - Multiple diagnoses: ADHD, ODD, Bipolar Disorder, Conduct Disorder, Adjustment Disorder, etc.
  - Psychotropic medications, sometimes multiple
- High rates of developmental problems (60% of children < 5 y screen +)
- Improvements, sometimes dramatic, especially younger children and sometimes teens



# The Adverse Childhood Experiences (ACE) Study

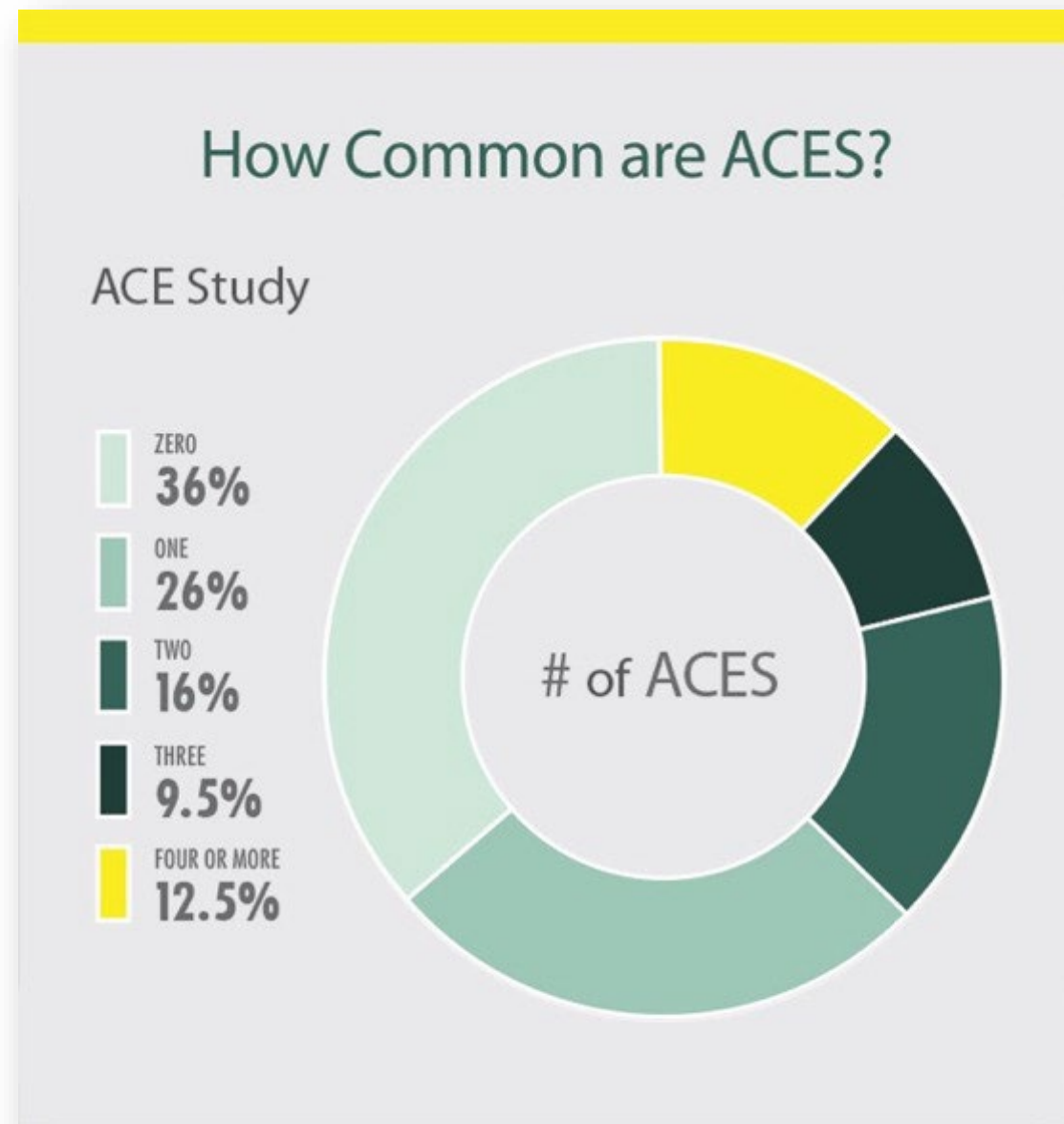


Robert Wood Johnson Foundation, 2013

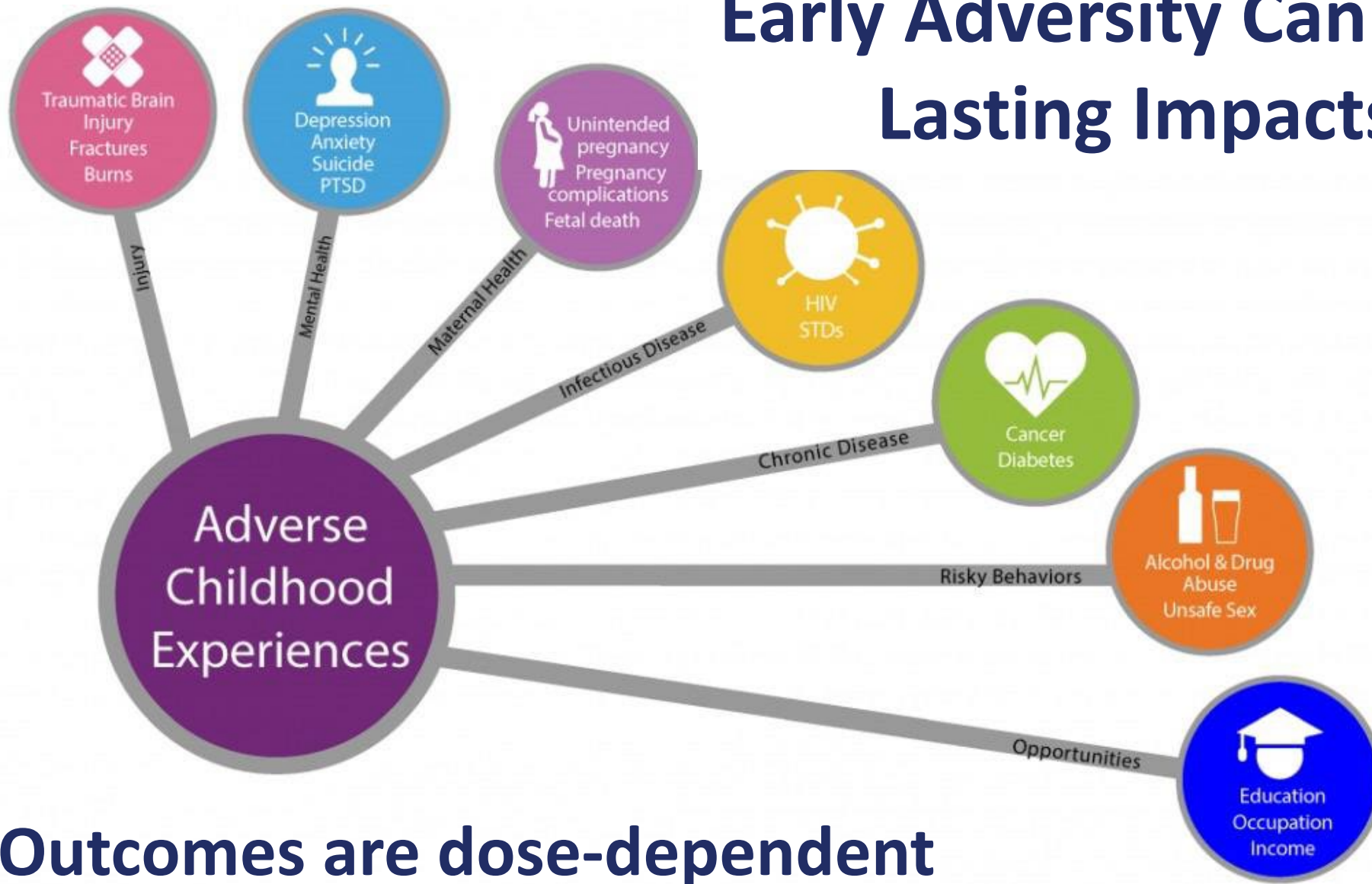
*From The Adverse Childhood Experiences Study.*  
[http://www.acestudy.org/ace\\_score](http://www.acestudy.org/ace_score), 2015

## Findings from Original ACE Study

- Nearly 2/3's of a relatively low risk population from Kaiser Health recalled at least one childhood adversity
- 12.5% recalled 4 or more



# Early Adversity Can Have Lasting Impacts



**Outcomes are dose-dependent**



## Other ACEs

### Negative Effects on Children and Teens

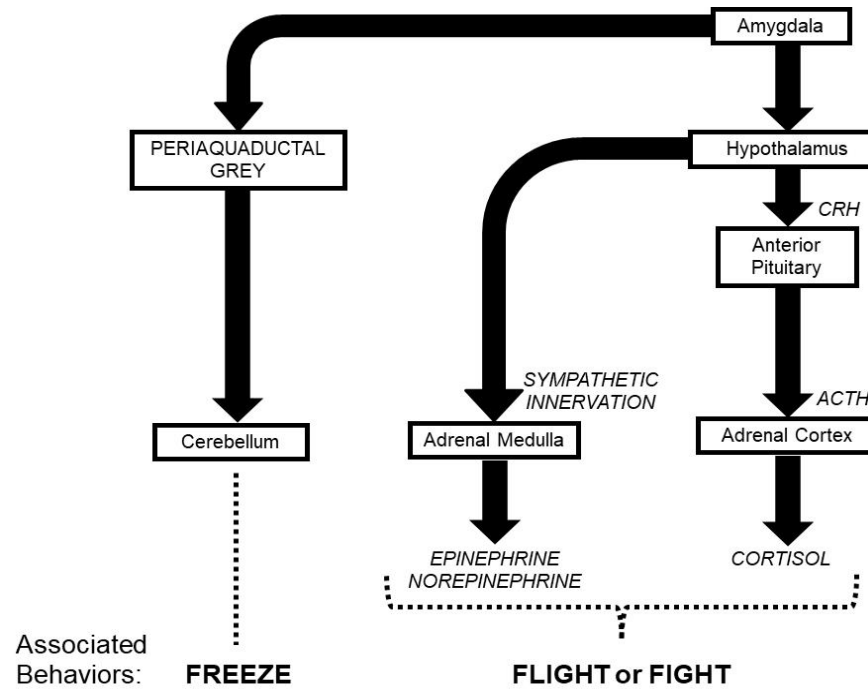


- Racism or felt discrimination
- Being bullied (physically/emotionally)
- Family disruption (unexpected; immigration; foster care)
- Dire poverty
- Significant community violence
- Migration, especially forced
- Foster care

“What happens in childhood doesn’t stay in childhood.”

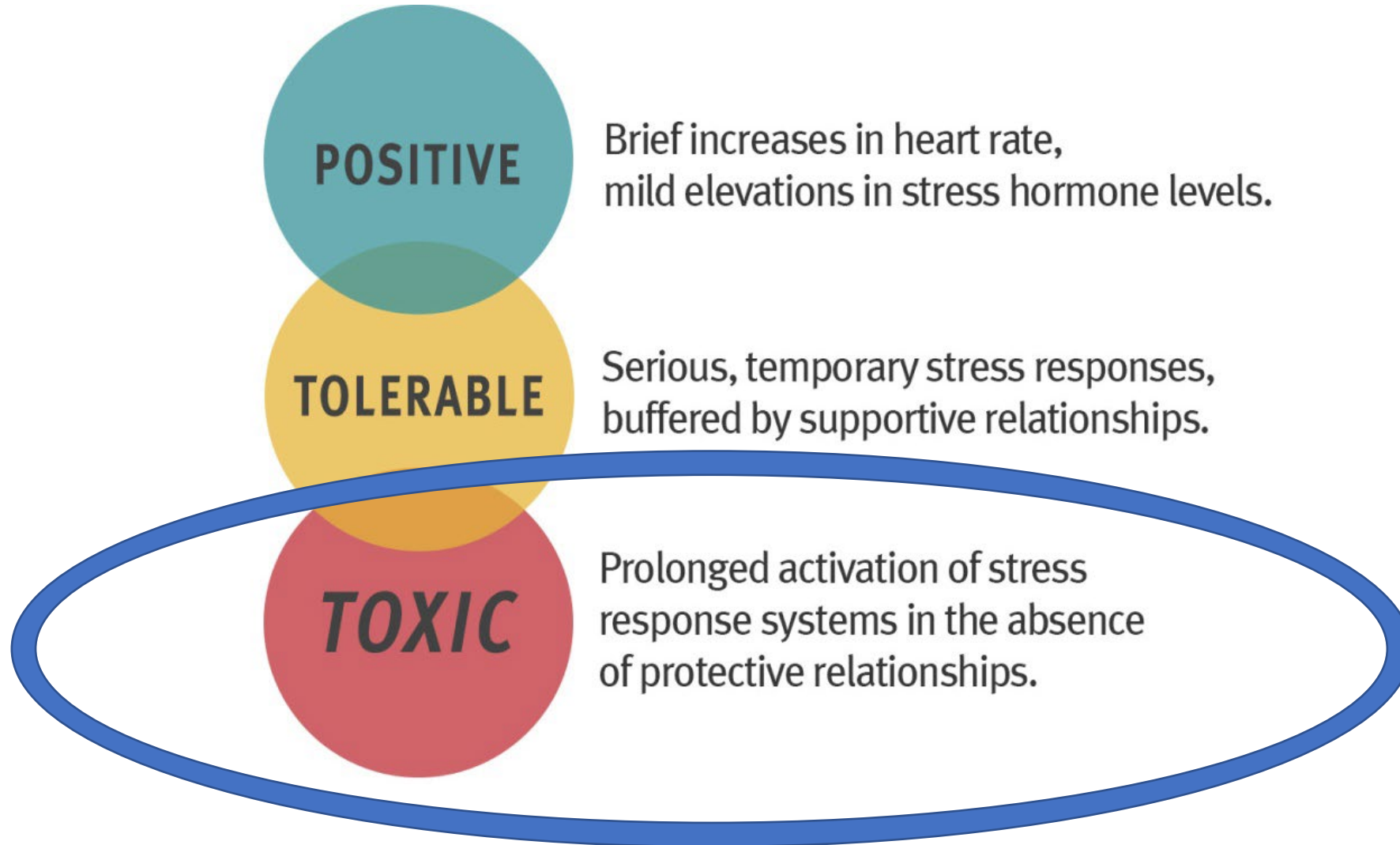
~Andy Garner, MD

# Neurohormonal Stress Response



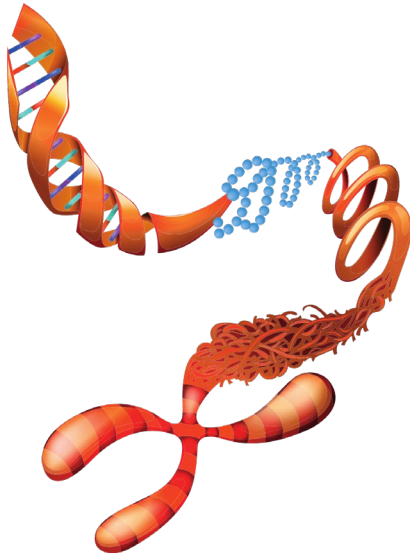
Source: Garner AS, Saul RA. *Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health*. Itasca, IL: American Academy of Pediatrics; 2018

# Taxonomy of Stress



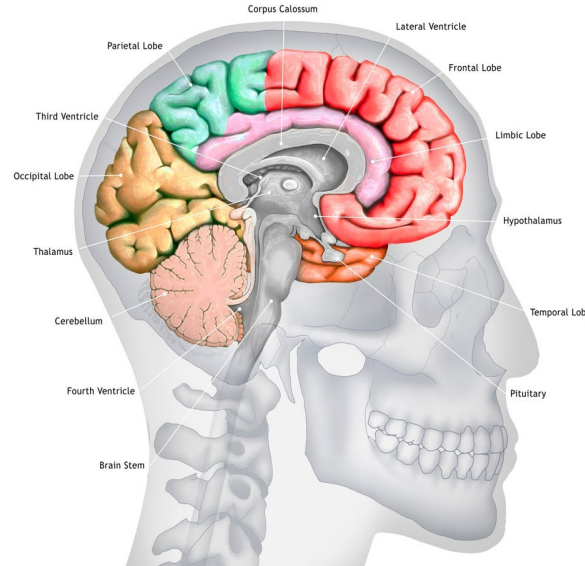
# Toxic stress can potentially change outcomes through 6 mechanisms:

## Epigenetics



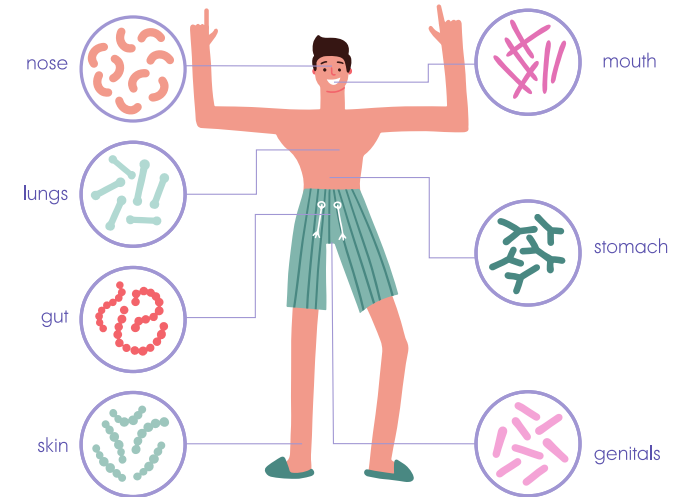
Telomere shortening

## Neurobiology



Neurohormonal Stress Response Systems

## Immunology



Microbiome

# Trauma Affects Gene Expression: Children adapt to the dangerous world they live in

- Epigenetics is the science of gene expression.
- Research: trauma activates the neurohormonal stress responses that determine which genes are turned on or off
- Specific genes can be turned on or off for a short time or forever, depending on the gene. Some of these changes can also be passed down the generations.
- Changes in gene expression are how we adapt to the environment we live in—a child who lives in a dangerous environment is going to have a different pattern of gene expression than they would in a nurturing environment



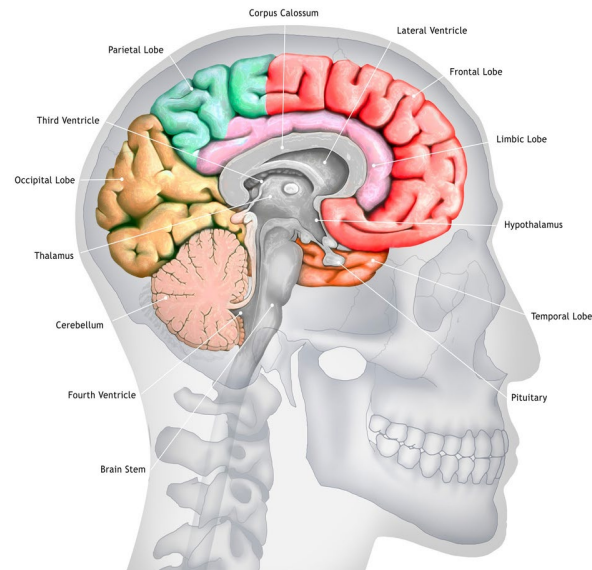


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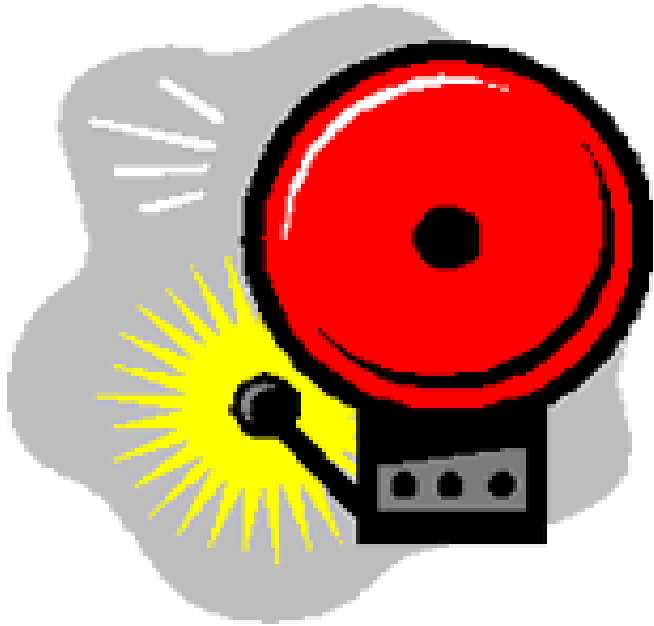
**Neurobiology**

**Immunology**

**Epigenetics**

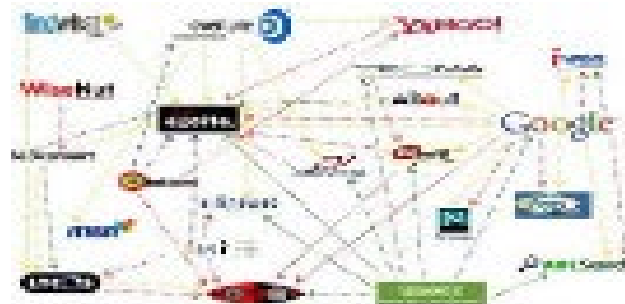


# Architecture of the Brain



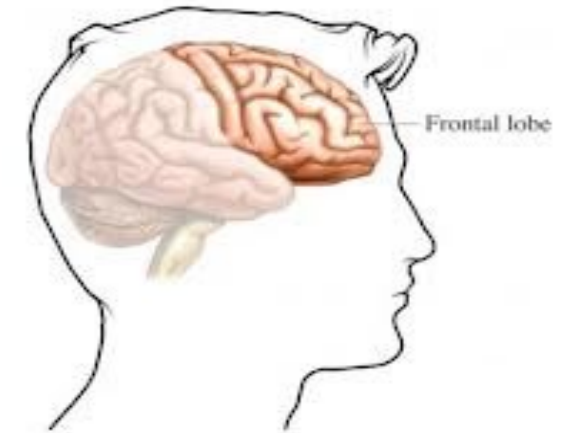
## Amygdala

Lower Brain  
Alarm system  
Emotional memory



## Hippocampus

Midbrain  
Memory & learning  
Search engine, file cabinet



## Prefrontal cortex

Regulation of impulses,  
attention, emotions  
Working memory  
Cognitive flexibility

# Developmental Trauma Disorder

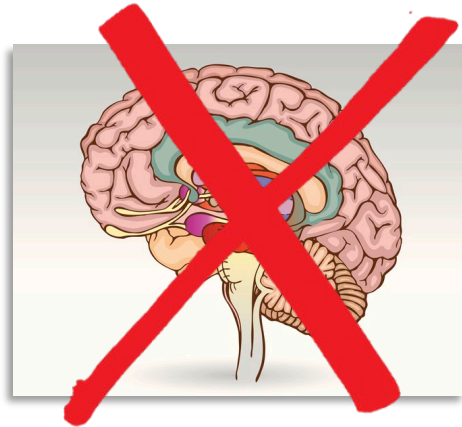
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Trauma in early childhood, without buffering, impacts development of competencies that are dependent on that buffering.

Social-  
Emotional



Cognitive



Language  
Development



Gross Motor

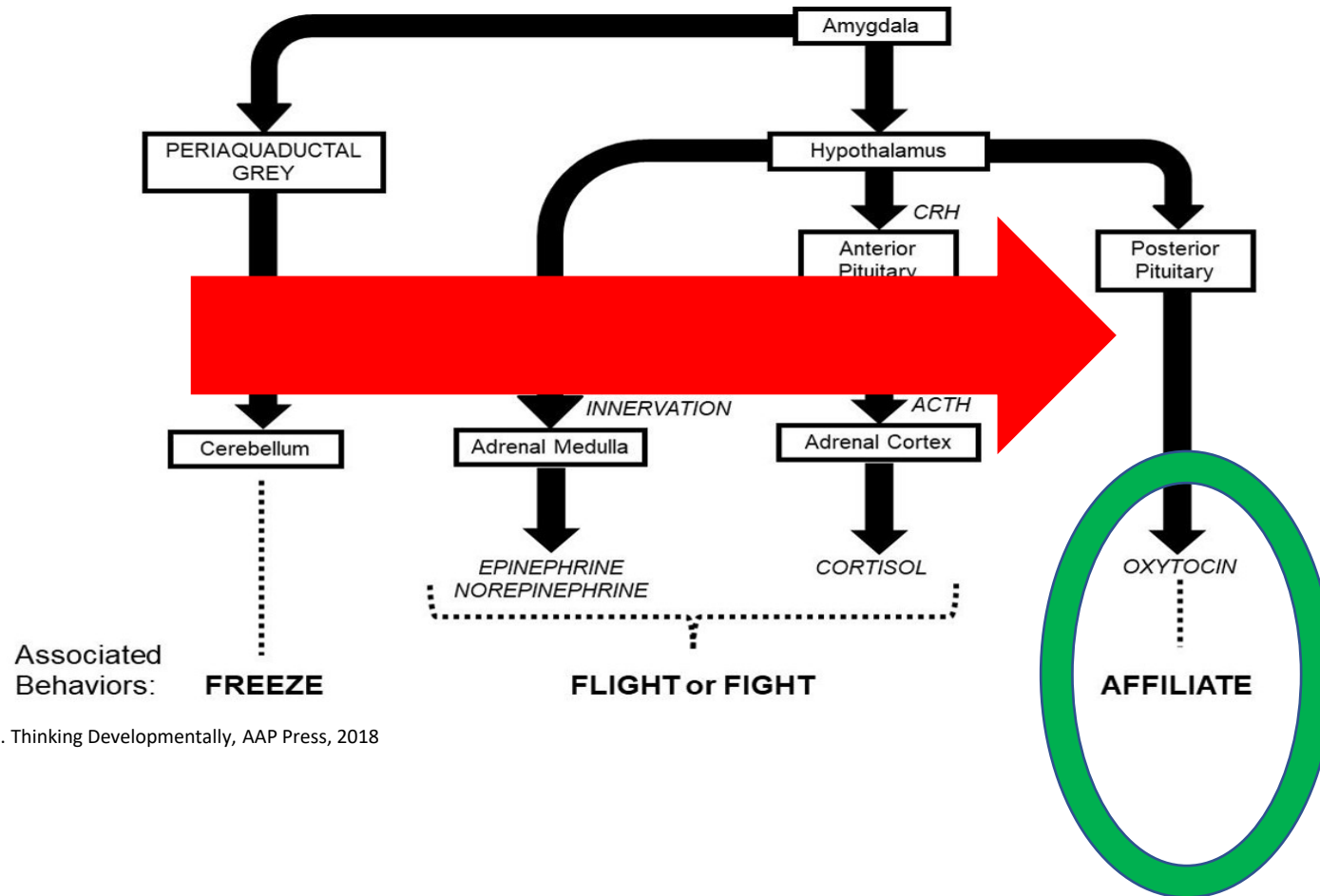


# What trauma looks like in children...



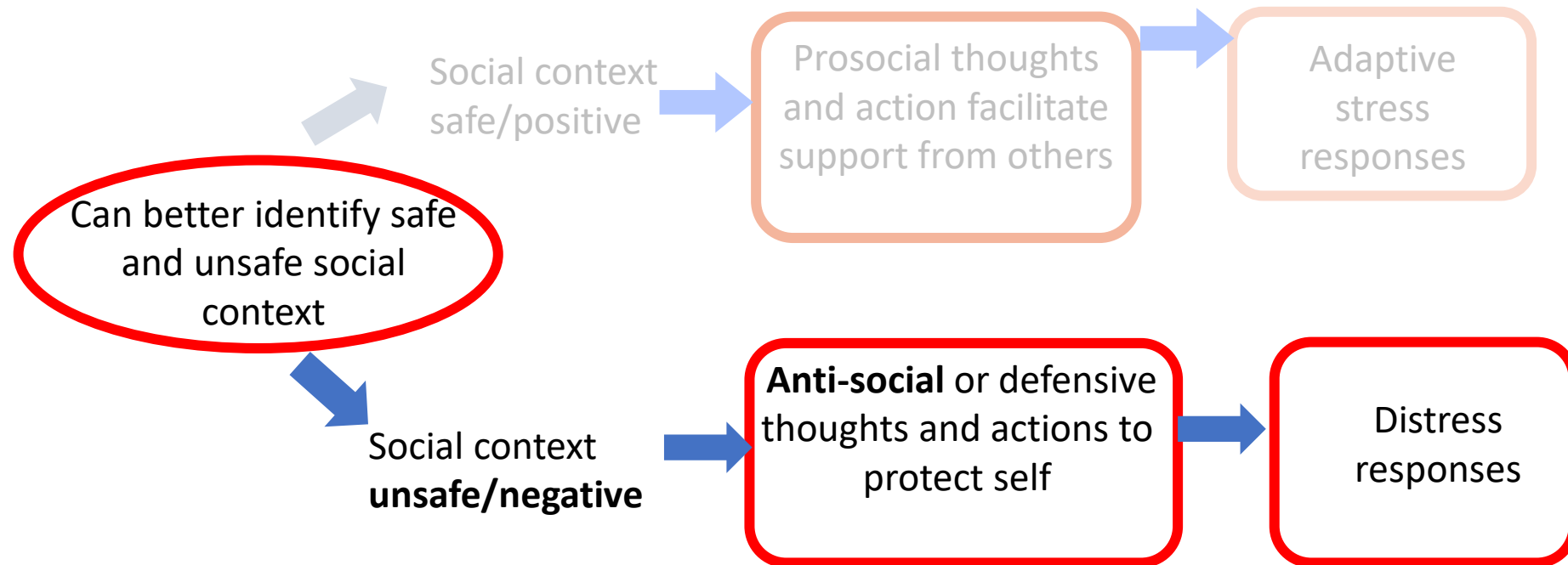
**Developmental Trauma Disorder**

# Oxytocin: Favors Affiliate Response



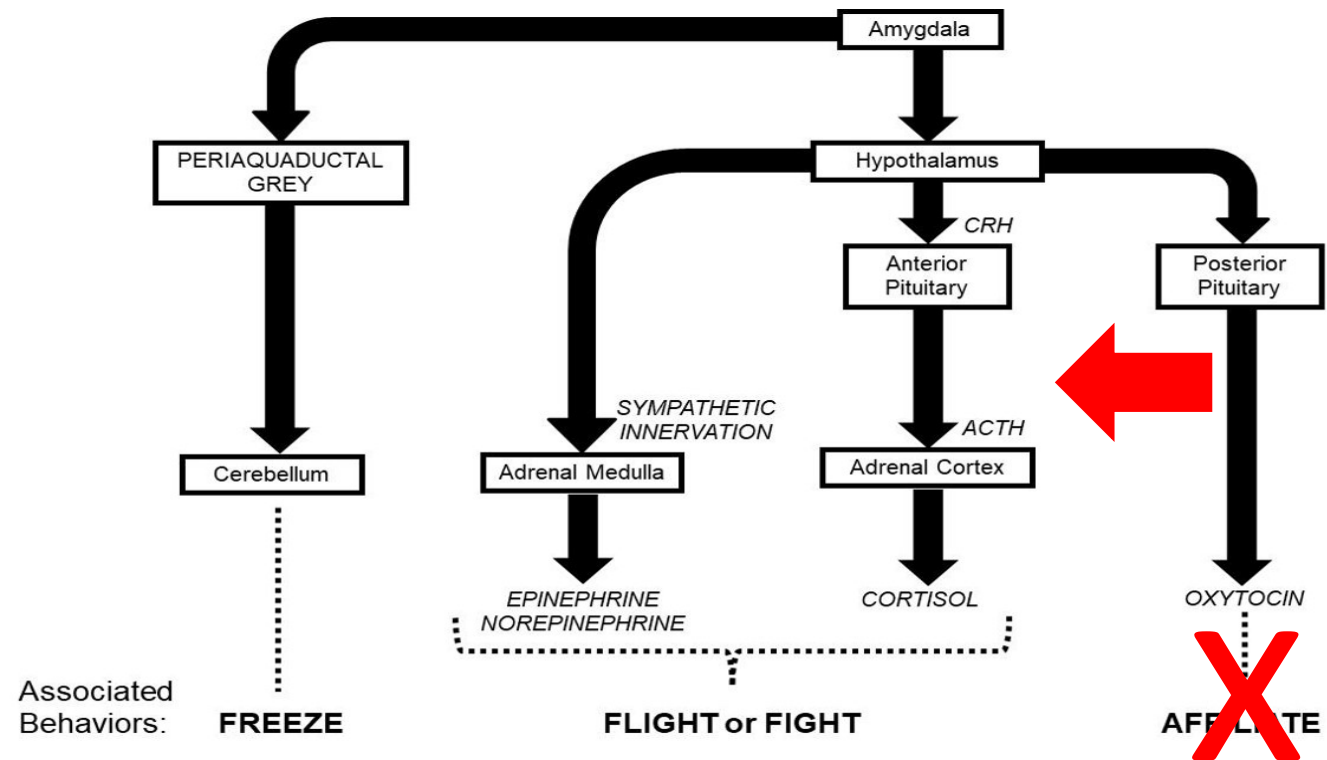


# What Happens When No or Negative Social Response?



Source: Adapted from Olff, M., Frijling, J. L., Kubzansky, L. D., et al. The role of oxytocin in social bonding, stress regulation and mental health: An update on the moderating effects of context and interindividual differences. *Psychoneuroendocrinology*, 38(9), 1883-1894. doi:10.1016/j.psyneuen.2013.06.019

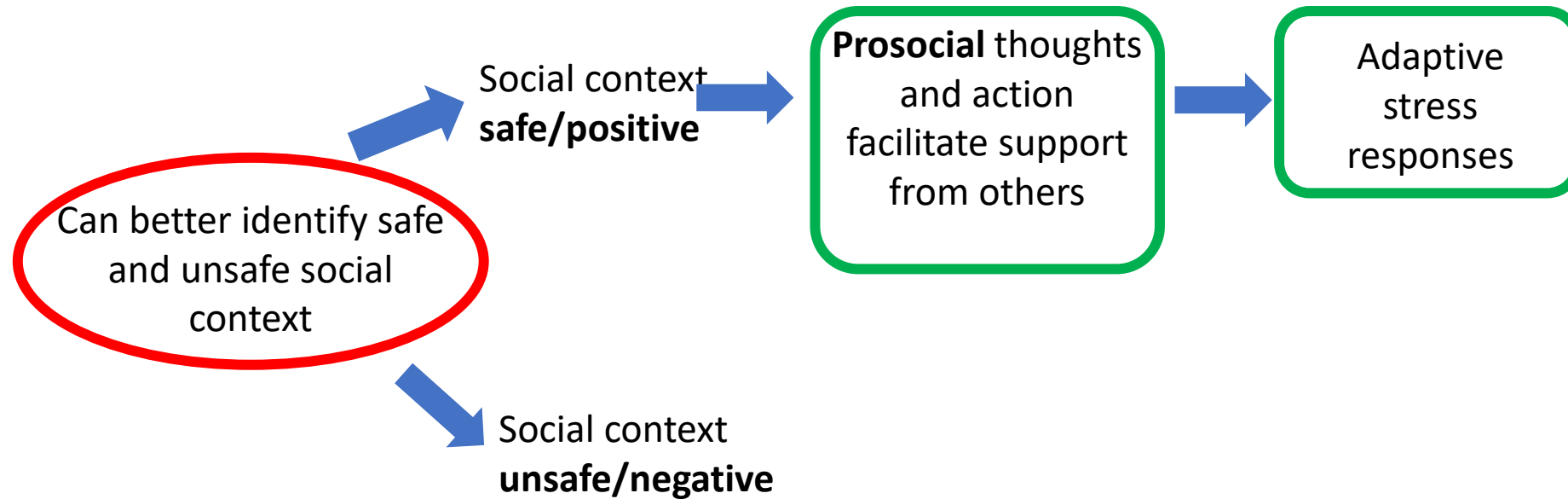
# Affiliate Response Meets Negative Cues



**But, the presence of  
a nurturing caregiver  
= SAFETY**



# Oxytocin Promotes Focusing Your Attention



Source: Adapted from Olff, M., Frijling, J. L., Kubzansky, L. D., et al. The role of oxytocin in social bonding, stress regulation and mental health: An update on the moderating effects of context and interindividual differences. *Psychoneuroendocrinology*, 38(9), 1883-1894. doi:10.1016/j.psyneuen.2013.06.019

# Resilience

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**Definition** (*courtesy of Anne Masten, PhD*)

*Dynamic* process of *positive adaptation* to or in spite of significant adversities;

- Dynamic: dependent upon interaction of our genes with our environment
- Developmental: occurs over time





# Resilience Promotion: Ordinary Magic

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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: Ordinary Magic

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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: The Biology of Resilience Development

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- **Oxytocin**: the affiliate hormone
- **Affiliate structures** and pathways of the brain—extend from the amygdala to the prefrontal cortex
- **Biobehavioral synchrony** between caregiver and child



# THREADS: The 7 Personal Resiliency Factors



- **T**hinking and learning brain
- **H**ope, optimism, faith
- **R**egulation or self-control
- **E**fficacy (self-efficacy)
- **A**ttachment: secure
- **D**evelopmental skill mastery
- **S**ocial connectedness





**The remarkable power of the ordinary in human development**



# Safe, Stable, Nurturing Caregiver

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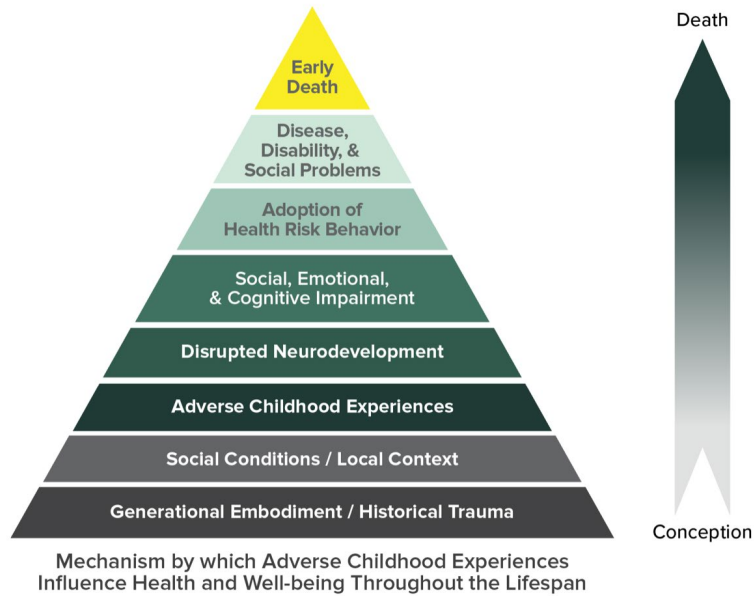
<b>Provides Vital Functions</b>	
<b>Protection and Safety</b>	secure base to safely explore the world and relationships
<b>Sense of Self</b>	see self interpreted and reflected by attachment figure
<b>Self in Relation to Others</b>	foundation of social learning, understanding ourselves as a person in relation with others
<b>Developmental Mastery</b>	of age-salient developmental tasks
<b>Self-efficacy</b>	sense of control over our environments and future

# Safe, Stable, Nurturing Caregiver

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Provides Context	
<b>Emotional Regulation</b>	soothing by parent dampens stress response, restoring a <i>feeling of security</i> ; over two decades the parent models and co-regulates as we integrate these skills
<b>Executive Function</b>	initially provided by and then modeled and co-managed by caregiver until we eventually integrate into self

# Cumulative Adversity: Different Outcomes



Toxic Stress



Resilience



# Childhood adversity is not destiny...





**This Changes Everything!!**





## **What is Trauma-informed Care?**

Trauma-informed care is defined by the National Child Traumatic Stress Network as health care in which all parties involved assess, recognize, and respond to the effects of traumatic experiences on children, caregivers, and healthcare providers.



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**What is wrong with you?**



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**What happened to you?**



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**What happened to you?**

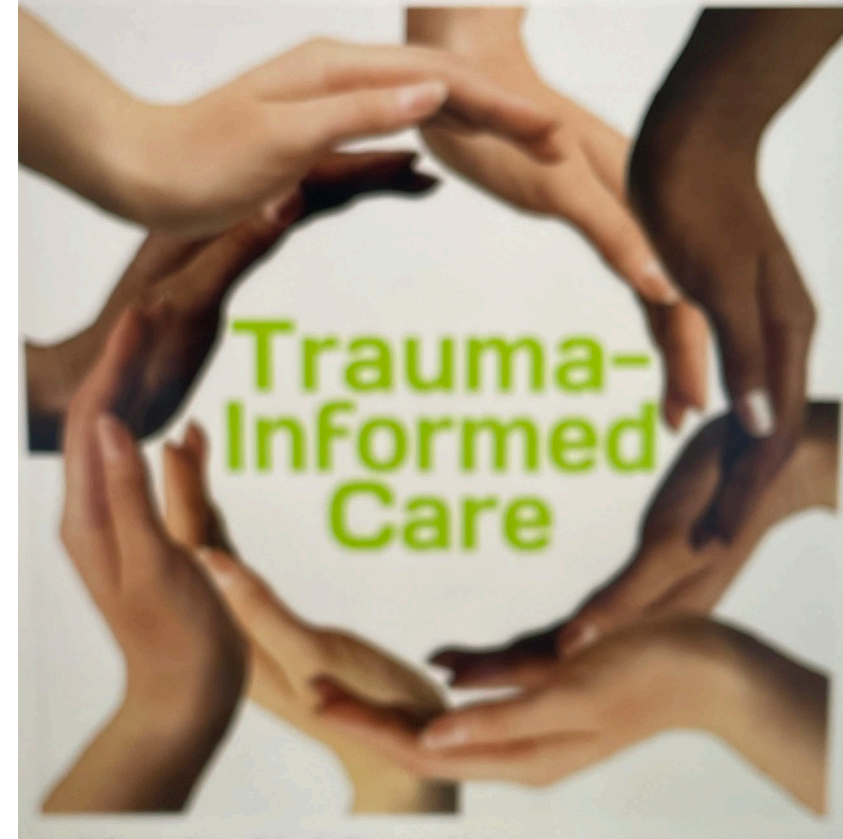
**What is strong with you?**



# Trauma-Informed Care: American Academy of Pediatrics

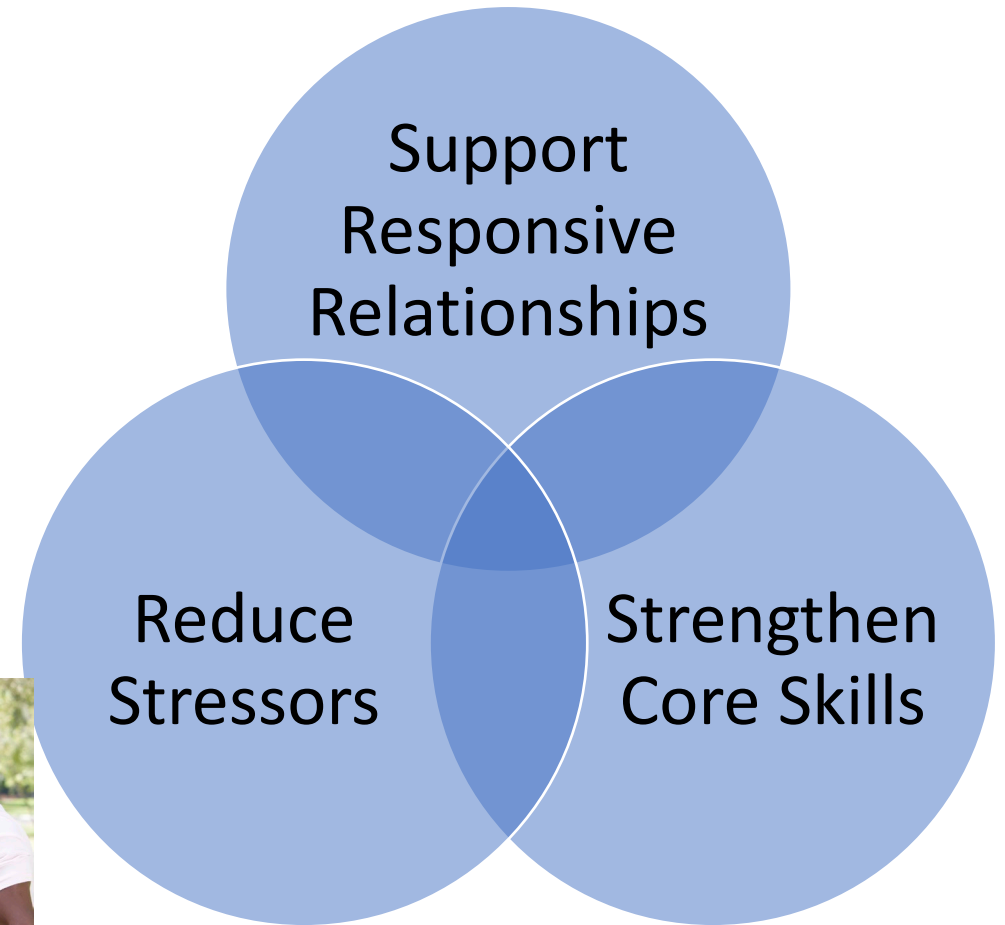
- Universal approach to care
- Relational care (affiliate network)
  - Resilience promoting
  - Trauma aware and responsive
  - Culturally humble
  - Anti-racist

By its nature: Asks us to reflect on our own biases, implicit and explicit, and to be aware of how they affect our interactions with families and children.  
TIC requires us to seek and understand the perspectives of others.



# 3 Core Principles of Development

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Ref: Harvard Center for the Developing Child



# Engagement & trust require safety



***Empathy provides safety***



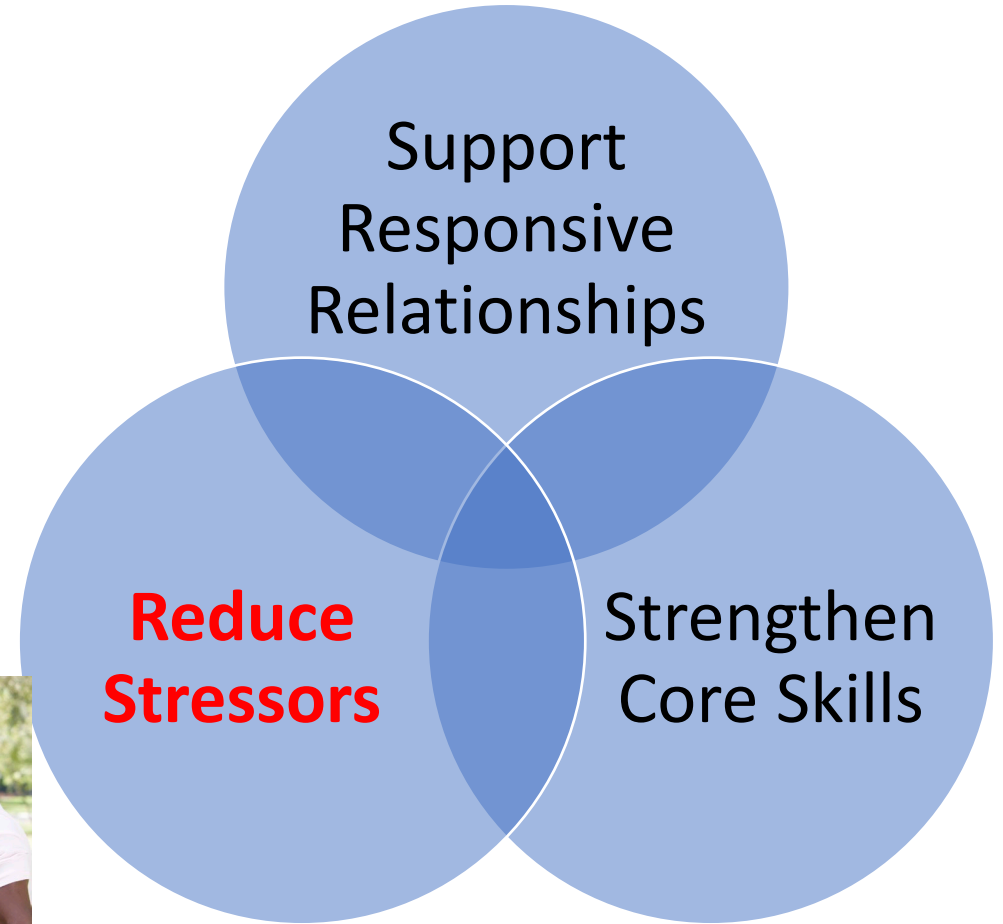
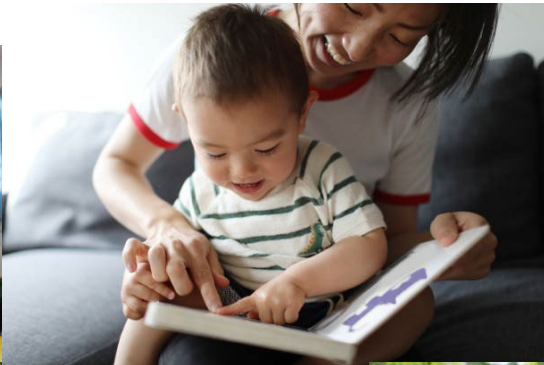
# Engagement

- 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
  - Suggest ideas but adjust



# 3 Core Principles of Development

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Ref: Harvard Center for the Developing Child

# “Getting to know you...getting to know all about you”

Surveillance



- Tell me about your family.
- Are you raising your child(ren) the same way you were raised?
- Help me understand what is important to you about parenting or raising children?
- What do you find rewarding or stressful about parenting?
- Are you & your partner/supports on the same page?
- Has anything bad or scary happened to you or your child ever/since I last saw you?

**“Assume the parent and child are doing the best they can.”**

~Ross Greene, PhD

# The **THREADS** of Resilience are **FRAYED** by Excessive Stress from Adversity or Trauma



You are at the end of your rope:

- **F**rets and **F**ear
- **R**egulation difficulties
- **A**ttachment relationship concerns
- **Y**elling and **y**awning
- **E**ducational and developmental delays
- **D**efeated/**d**issociation/**d**eepressed

# Screening (validated)

- Maternal Depression Inventory
- Developmental Screens
  - SWYC (Free)
  - Ages & Stages (Proprietary)
- Mental and Behavioral Health Screens
  - Pediatric Symptom Checklist
  - Strengths and Difficulties Questionnaire
  - Depression
  - Anxiety (SCARED)
  - Suicidality
- Traumatic Stress Symptoms
  - PTSST

“If you hear symptoms, think trauma. If you hear trauma, think symptoms.”

~ Heather Forkey, MD

# Pediatric Traumatic Stress Screening Tool

## 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.

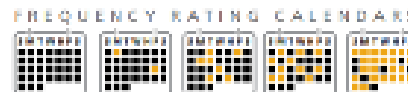
Has something like this happened to your child recently?  Yes  No

If 'Yes,' what happened? \_\_\_\_\_

Has something like this happened to your child in the past?  Yes  No

If 'Yes,' what happened? \_\_\_\_\_

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

- Brief
- Validated in Primary Care
- Has predictive value
  - Cut-off scores
- Available online, free
- 6-18 yrs
  - Parent report 6-18 yrs
  - Self-report 11+ years
- English and Spanish
- Implementation strategy



# Pediatric Traumatic Stress Screening Tool

Visual patterns of responses help indicate symptom severity level.

Mild

Moderate

Severe

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3 I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	✓	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.	✓	1	2	3	4
5 When something reminds me of what happened I get very upset, afraid, or sad.	0	✓	2	3	4
6 I have trouble concentrating or paying attention.	0	✓	2	3	4
7 I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8 I try to stay away from people, places, or things that remind me about what happened.	✓	1	2	3	4
9 I have trouble feeling happiness or love.	0	✓	2	3	4
10 I try not to think about or have feelings about what happened.	0	1	2	3	4
11 I have thoughts like "I will never be able to trust other people."	✓	1	2	3	4
12 I feel alone even when I'm around other people.	0	✓	2	3	4
13 *Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day	

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# Symptom screening: MH or behavioral

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FREQUENCY RATING CALENDARS

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Sleep Problems

Both

Hypervigilance and  
intrusive symptoms

Avoidance and  
negative mood

Suicide

- Sleep problems
- Intrusive Symptoms & Hypervigilance
- Avoidance & negative mood
- Suicide

# ACE Questionnaires

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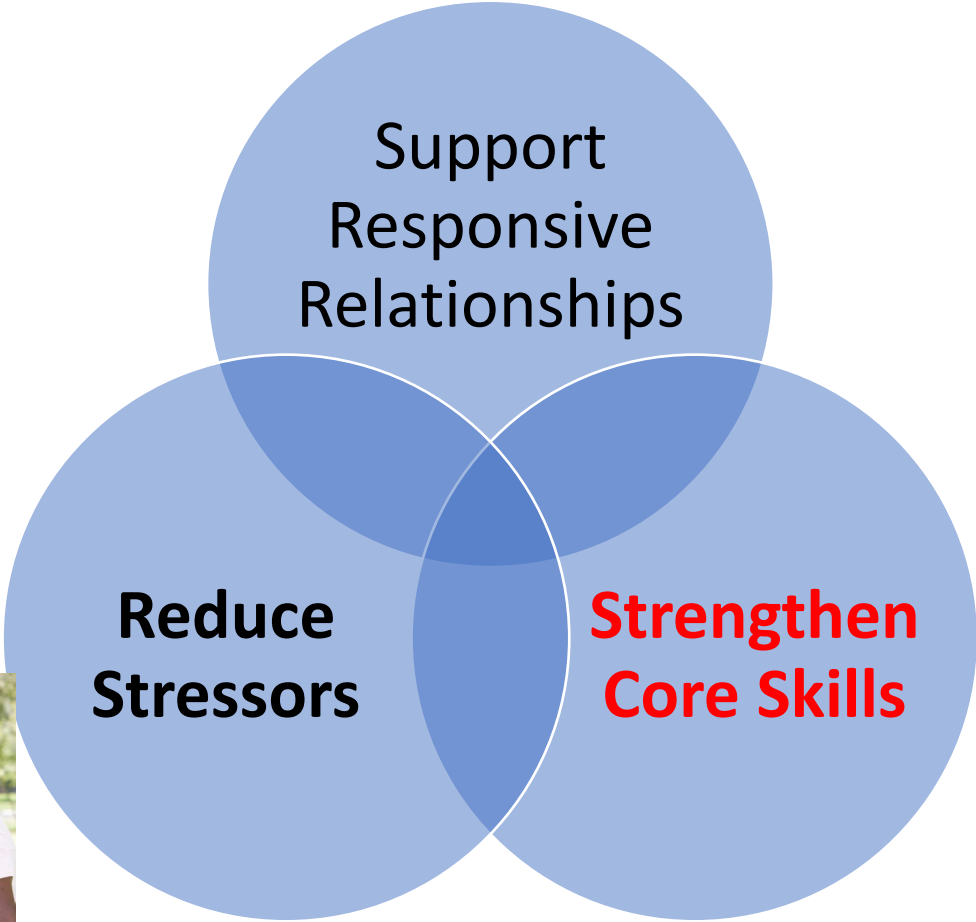


- Designed as population surveys for risks—
  - Not validated as screeners for clinical use
  - No predictive value at individual level
- Deficit-focused—not strengths
- Doesn't assess symptoms (which would inform clinical decision making)
- Potentially re-traumatizing
- Need to be carefully scripted (why, who, what will be done with info, can opt out)

# Response to Disclosure

- **LISTEN with Empathy:** Listen, lean in, make eye contact
- **Validate and normalize:**
  - “What you/JoJo are feeling (or How JoJo is behaving) is a normal response to what happened; what happened was abnormal and should never have happened.”
  - “I am so sorry this happened to you...”
- Ask about what supports they have—who they can talk with
- Ask about what services they have—MH, Evidence-based Trauma Treatment services, etc.
- Take care of survival needs first (reduce stressors): housing, food

# 3 Core Principles of Development



Ref: Harvard Center for the Developing Child



# Five Steps to Building Resilience

- R**eassurance of safety
- R**outines
- R**egulation (co-regulation)
- R**elationship Building
- R**eading the child



PATTeR  
Positive Approach to Trauma  
Treatment and Resilience

## Reconfortar

Haga saber al niño(a) que está a salvo. Esto debería decirse con palabras, abrazos y creando espacios seguros en casa.



Las Tres **R**s  
Maneras de ayudar a su hijo(a).

## Retornar a las Rutinas

Rutinas para las comidas, la hora de dormir, horarios del hogar; todo esto ayuda a que los niños sepan que esperar.



## Regulación

Habilidades para calmarse: respiración abdominal, estiramiento, relajación

Habilidades para nombrar sentimientos: color de las emociones, palabras para los sentimientos

Habilidades para el manejo de las emociones



healthychildren.org  
Powered by the American Academy of Pediatrics. Funded by the Department of Health and Human Services.

American Academy of Pediatrics  
ORGANIZED FOR THE HEALTH OF ALL CHILDREN

# Affiliate Approaches

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**Calming the stress response begins with a connection to a safe adult.**

## Reassure

*Let child know they are safe.  
This should be said with words,  
hugs and safe spaces in the  
home.*



## Return to Routine

*Routines for meals,  
bedtime, household  
schedules all help  
children to know  
what to expect.*



## Regulate

*Skills to calm self: belly breathing,  
stretching, relaxation*

*Skills to name feelings: colors of emotions,  
words for feelings*

*Skills for managing emotions*





**Reassurance: Caregivers Model Calm Behavior  
Create Zone of Safety and Calm for Child**

**Children take their cues from their parents & adults around them.**

# Routines and Rituals

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**Routines communicate safety and shut down the stress response.**

Childcare



Sleep



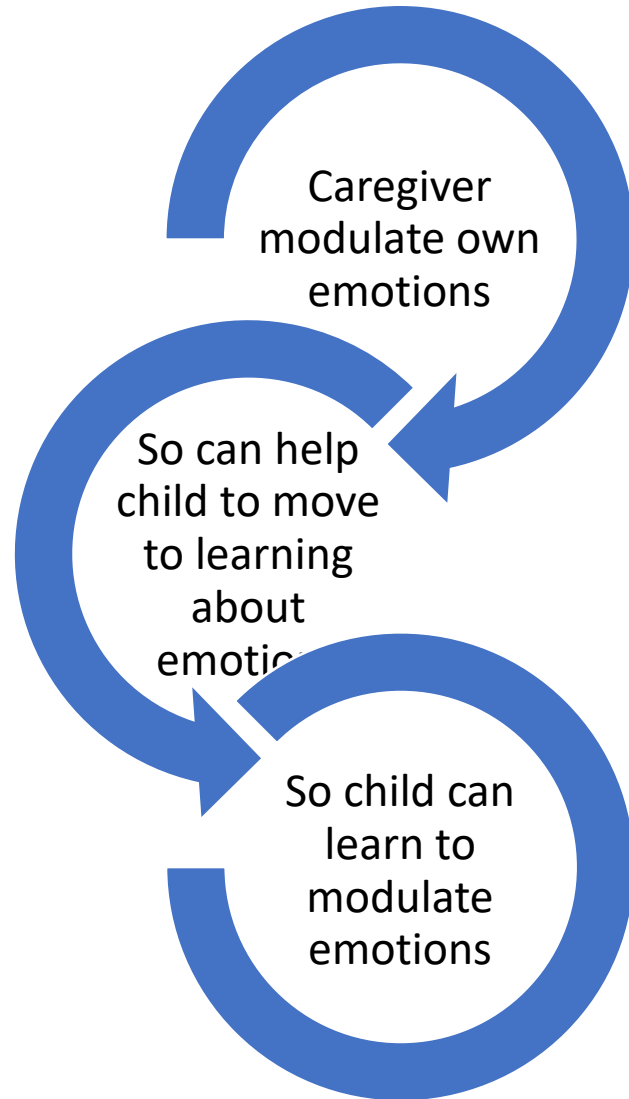
School



Important to prepare child for transitions or changes in routine.



# Regulation





# Promoting Self-Regulation Skills

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*Figure 9. Employing the evidence-based strategies for toxic stress regulation can help patients reduce stress and build resilience. Reproduced with permission from ACEs Aware.<sup>26</sup>*

# Regulation

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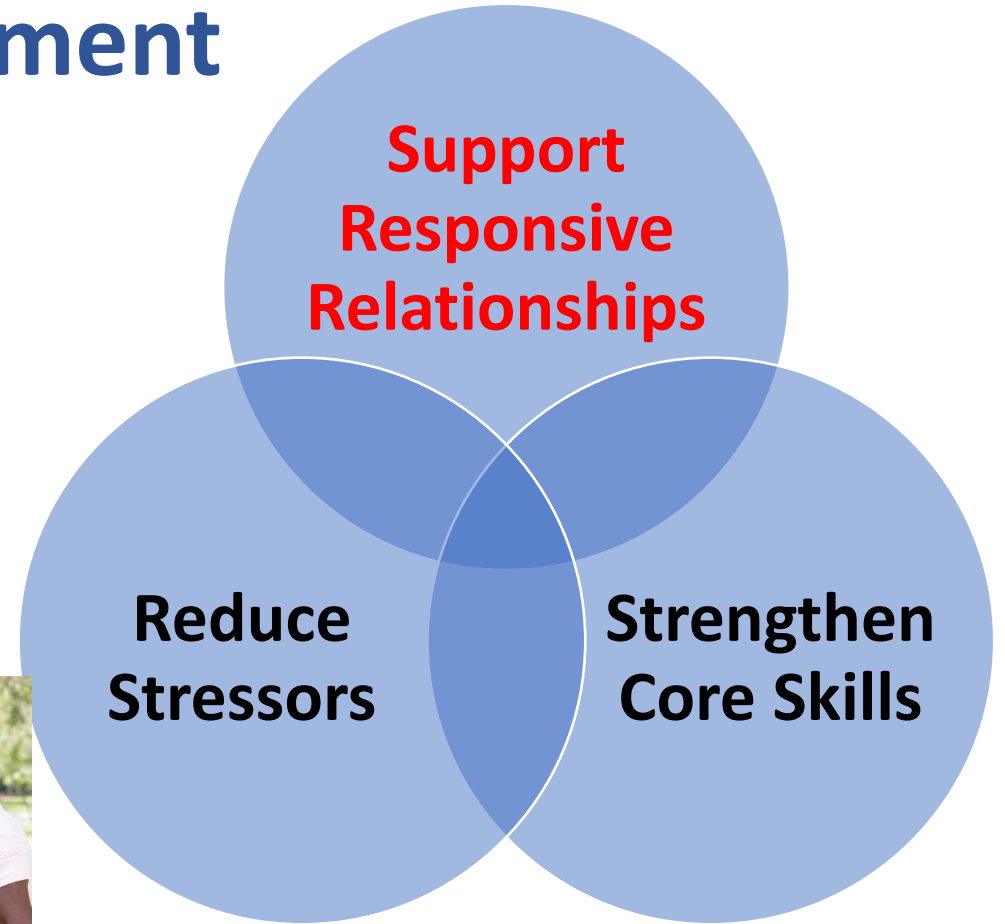
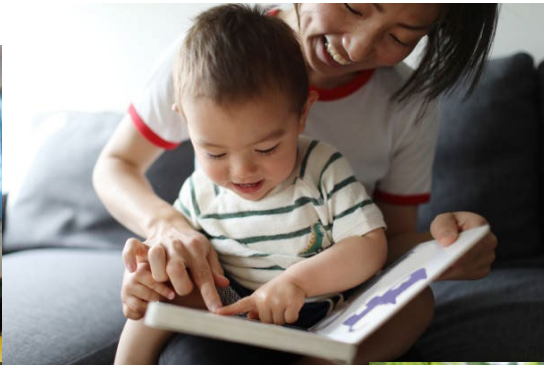
**Regulation** is the act of managing thoughts and feelings to engage in goal directed behavior.

Children have to learn to:

- Identify what they feel, name emotions
- Develop skills to manage emotions
- Calm their stress response



# 3 Core Principles of Development



Ref: Harvard Center for the Developing Child





# Relationship Building: Special Time In



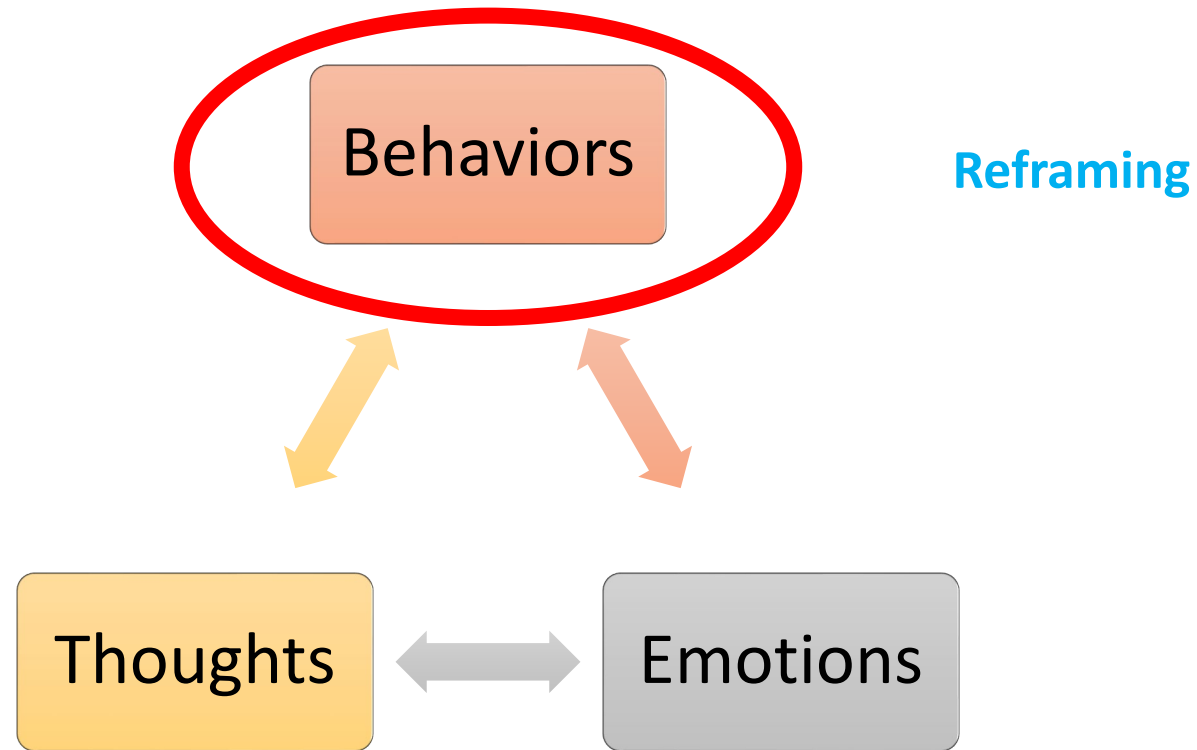
# Reading the Child: The Cognitive Triangle

## What do Child Behaviors Tell Us?

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“You have to study your child  
To understand your child.”

Grandmother of  
Adiah Spinks-Franklin, MD





# Caregiver helps child develop the language (thus identification) of emotions...



Enraged	Panicked	Stressed	Jittery	Shocked	Surprised	Upbeat	Festive	Exhilarated	Ecstatic
Livid	Furious	Frustrated	Tense	Stunned	Hyper	Cheerful	Motivated	Inspired	Elated
Fuming	Frightened	Angry	Nervous	Restless	Energized	Lively	Excited	Optimistic	Enthusiastic
Anxious	Apprehensive	Worried	Irritated	Annoyed	Pleased	Focused	Happy	Proud	Thrilled
Repulsed	Troubled	Concerned	Uneasy	Peeved	Pleasant	Joyful	Hopeful	Playful	Blissful
Disgusted	Glum	Disappointed	Down	Apathetic	At Ease	Easygoing	Content	Loving	Fulfilled
Pessimistic	Morose	Discouraged	Sad	Bored	Calm	Secure	Satisfied	Grateful	Touched
Alienated	Miserable	Lonely	Disheartened	Tired	Relaxed	Chill	Restful	Blessed	Balanced
Despondent	Depressed	Sullen	Exhausted	Fatigued	Mellow	Thoughtful	Peaceful	Comfortable	Carefree
Despairing	Hopeless	Desolate	Spent	Drained	Sleepy	Complacent	Tranquil	Cozy	Serene

LOW PLEASANTNESS ← → HIGH PLEASANTNESS

↑ HIGH ENERGY  
↓ LOW ENERGY

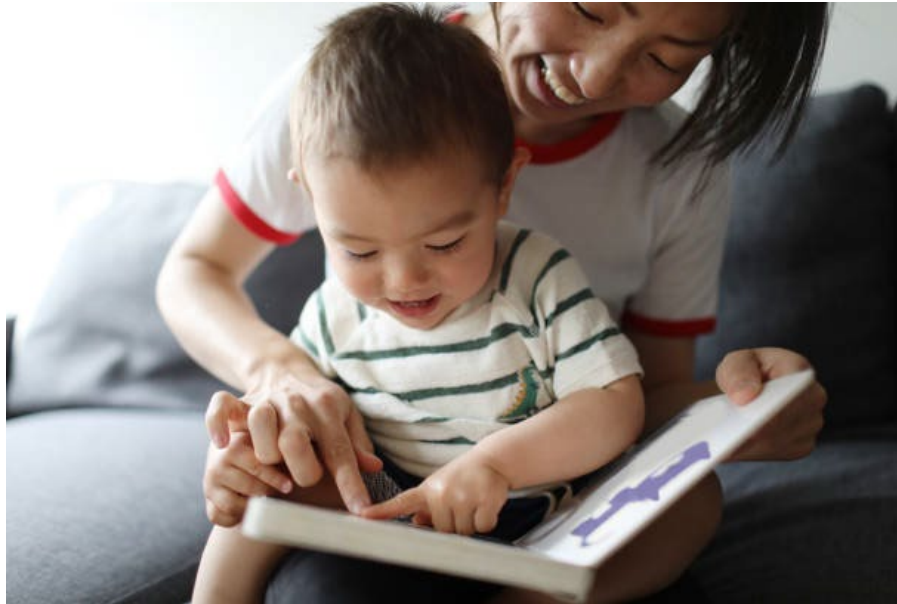
# READING: Teaching the language of emotions

## Literacy



**FUN**

**Builds understanding  
of how child thinks**



**Teachable Moments**

**Teach language of emotions**



**Parent-child relationship**

# The Importance of Play

Learning, growth, and healing after trauma

Ginsburg KR, AAP Committee on Communications and Committee on Psychosocial Aspects Child & Family Health. Clinical Report: The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds. Pediatrics. 2007. 119:183-191.

- Vital to cognitive, physical, social and emotional development and wellbeing of children
- United Nations recognizes play as a human right for children
- Uses creativity as imagination develops
  - Helps them master their world and conquer their fears
  - Calming
  - Practice adult roles
  - Work in groups (affiliate network)
  - Resolve conflicts
  - Develop self-advocacy skills
- Parents can learn how their child perceives the world, thinks and learns

# Referrals, Monitoring, Follow-up, Care Coordination

- Referrals (Develop resources and network of care)
  - Community based programs (reduce stressors)
  - Integrated MH/ Community-based MH (maternal depression, child MH problem)
  - Early Intervention (DD)
  - School: learning assessment if indicated
  - Evidence-based Trauma-Informed MH: know the resources in your community (CBT, PCIT, PCP)
- **Monitoring and follow-up:** check back in (phone, TH, in person)
- Care Coordination



# Parents are the Magicians of Ordinary Magic

We are their assistants!

- Use our continuity of care to build caregiver knowledge and skills over time.
- Focus on attachment relationship as the context of building or rebuilding child and family resilience.







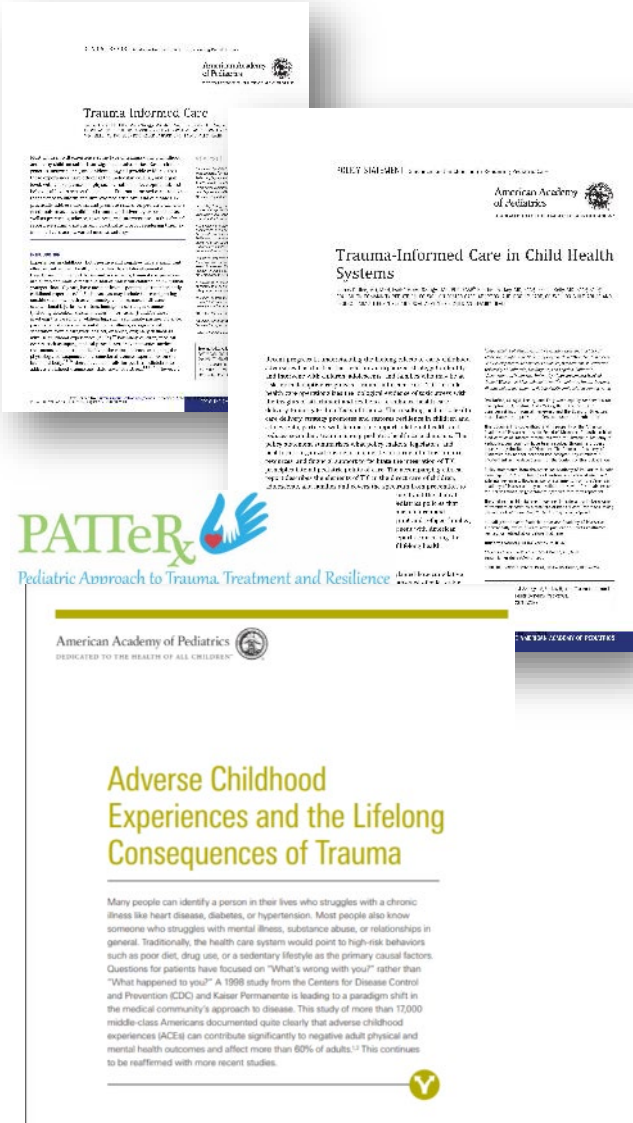
Thank You!

It is easier to build a strong child  
than to fix a broken man.

~Frederick Douglass



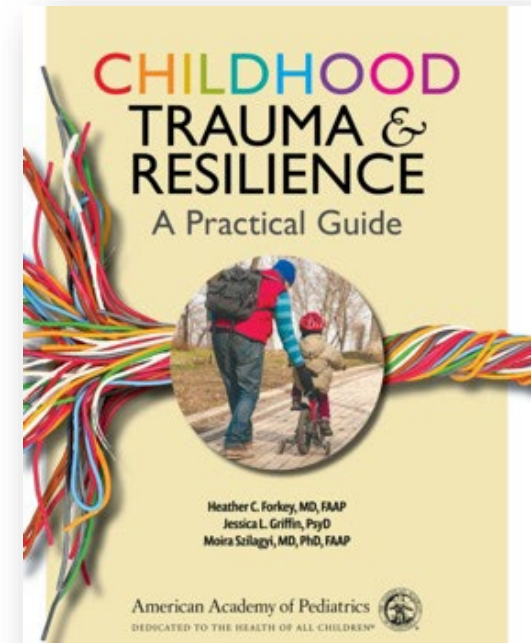
# AAP Trauma-Informed Care Resources



- [Trauma-informed care page](https://www.aap.org) aap.org
- *Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health* [policy statement](#); *Trauma-Informed Care* [policy statement](#), *Trauma-Informed Care in Child Health Systems* [clinical report](#)
- (PATTeR) Project [video case vignette series](#) and provider [infographics](#). [www.AAP.org/PATTeR](http://www.AAP.org/PATTeR)
- Screening, Technical Assistance and Resource ([STAR](#)) Center
- [ScreeningTime.org](#) for perinatal depression, social determinants of health, etc.
- *Promoting Relational Health: Implementing a Public Health Approach in Primary Care* [webinar](#) with Andrew Garner, MD, PhD, FAAP
- Trauma [Toolbox](#) for Primary Care (Spanish and English)
- Trauma coding [fact sheet](#)

## Other:

- Utah Intermountain Health. Pediatric Traumatic Stress Screening Tool. <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>
- Reference: Feldman, R. What is resilience: an affiliative neuroscience approach. *World Psychiatry*. 2020; 19:132-150.





**Thank You**