



Public Health

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# The Importance of Trauma-Informed Care (TIC) in Child Health



# Acknowledgments

Previous versions by  
Courtney Alexander, BSN, RN, PHN and Leslie Gonzalez

# Content Advisory

Self-care: Trauma-related information will be presented in this material.  
Please step away if you are triggered while learning this content.

**For reference:**

National Suicide & Crisis Lifeline: Dial 988 or chat via [988lifeline.org](https://988lifeline.org)  
National Domestic Violence Hotline: Dial 1 (800) 799-SAFE (7233), text  
"START" to 88788, or chat via [thehotline.org](https://thehotline.org)

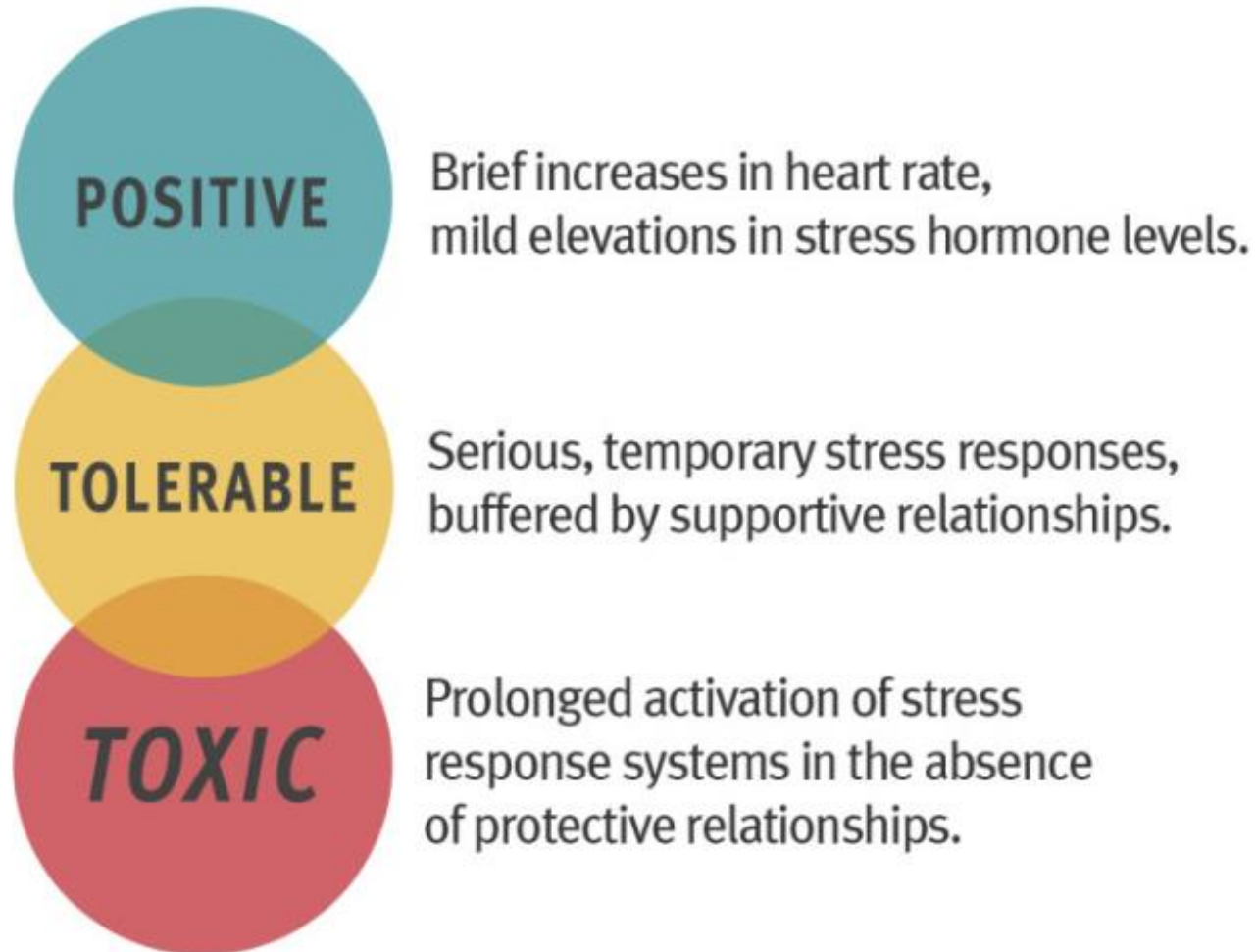


# Objectives

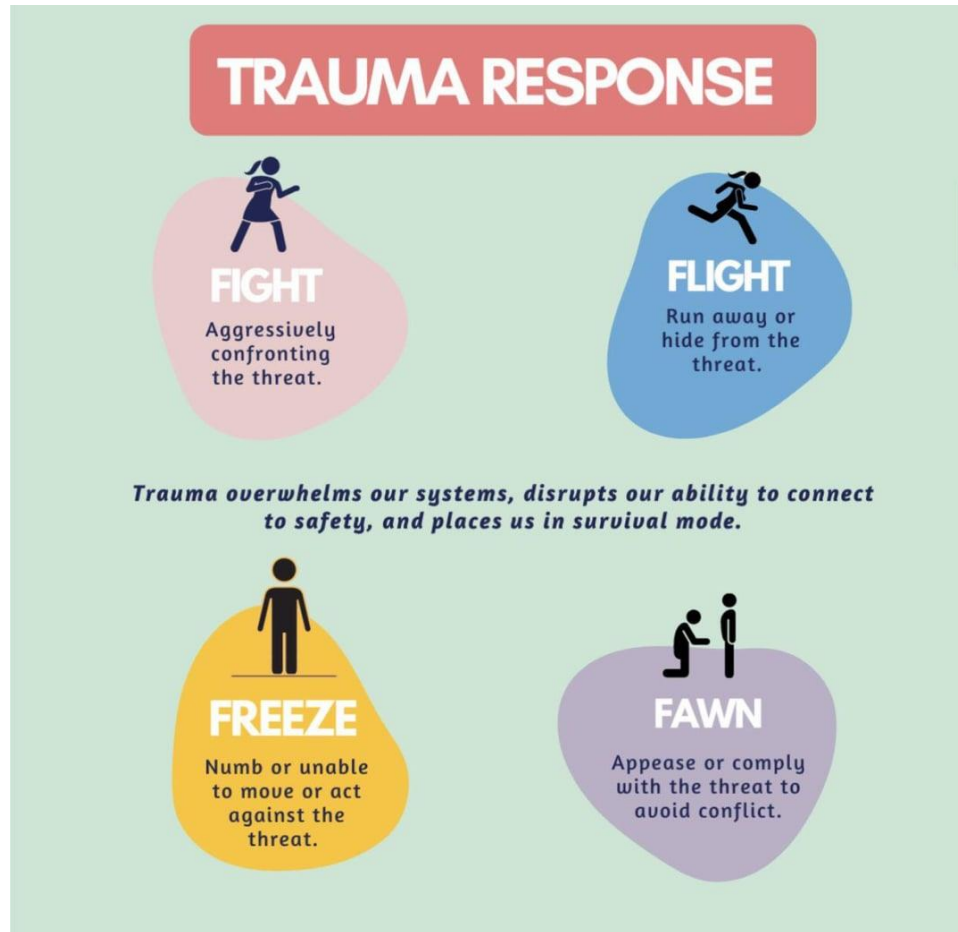
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- Define stress, trauma, and adverse childhood experiences (ACES)
- Describe the outcomes of untreated trauma
- Identify youth populations vulnerable to trauma, such as children and youth with special healthcare needs (CYSHCN)
- Summarize the role of ACEs screening
- Define trauma-informed care (TIC)
- Review the 6 key principles of TIC and examples of implementation
- Identify the benefits of TIC for primary healthcare providers and the community
- Identify useful resources

# What is stress?

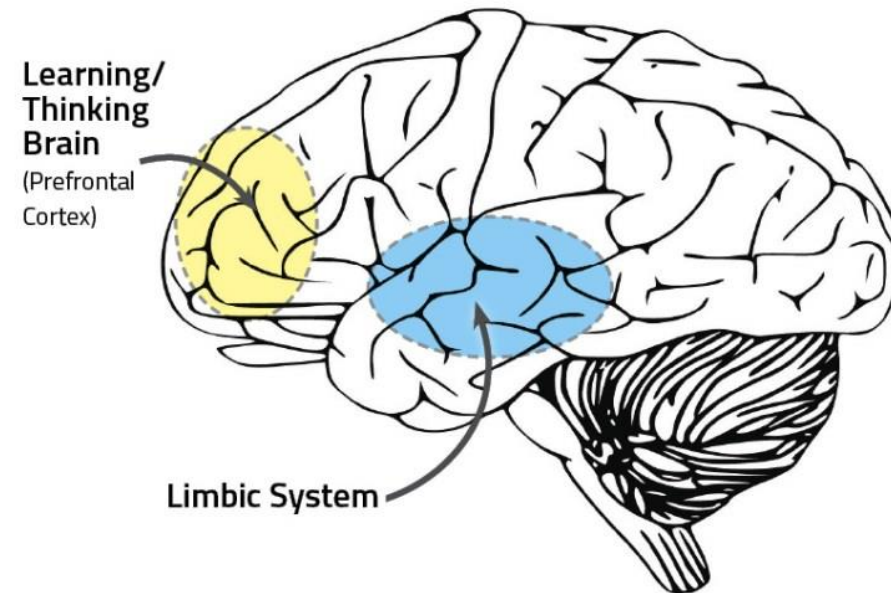


# Brain responses to stress/trauma

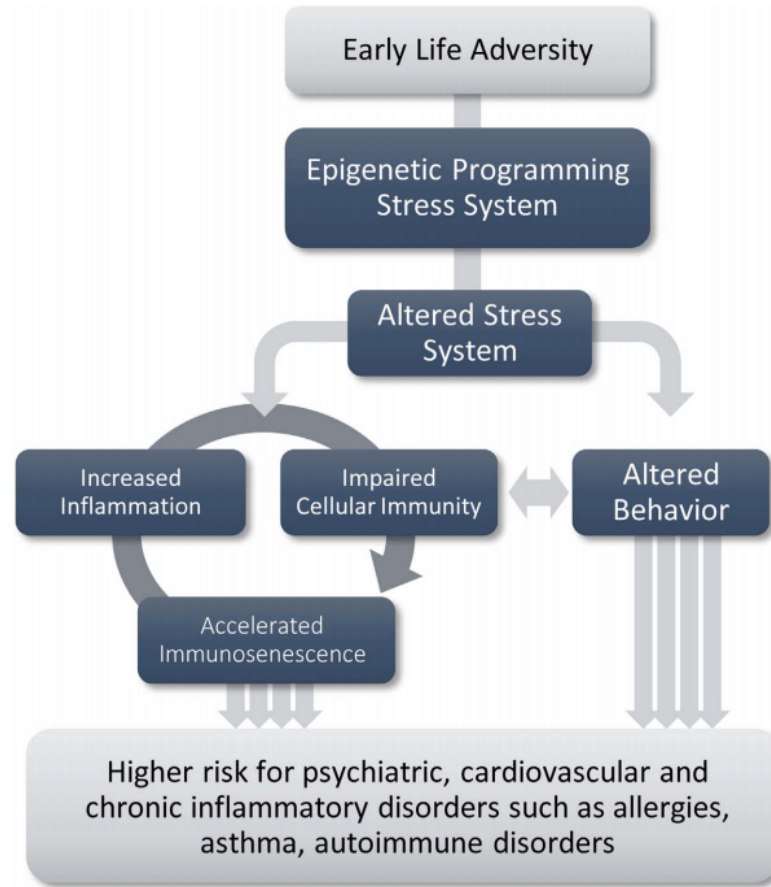


## Survival Mode: **Flight/Fight/Freeze**

Frontal lobe (Prefrontal cortex) goes offline  
Limbic system / mind and lower brain functions take over



# Epigenetic responses to trauma



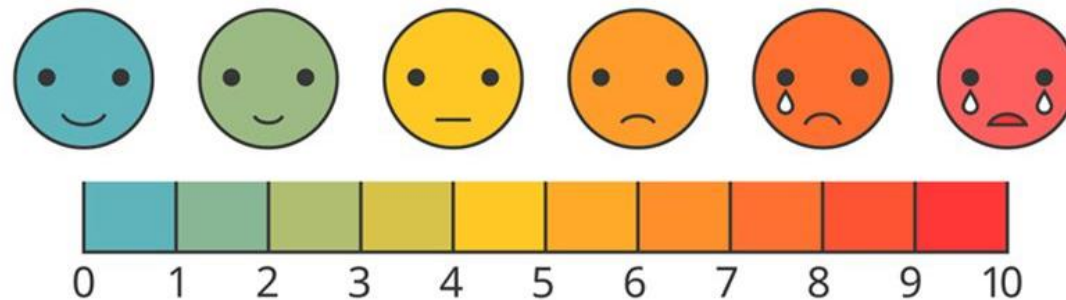
Hypothesis – The ELA immune phenotype is an indirect consequence of an altered stress system.



Parental behaviors and stress, even from childhood, can also reprogram stress hormone biology in the offspring, affecting the behavior and health of their children.

# Participant Engagement

1. On a scale of 0 to 10, 10 being the most stressed, how stressed are you at the moment?
2. Write down the number 1 thing currently causing you stress





# Defining Trauma and Adverse Childhood Experiences (ACEs)

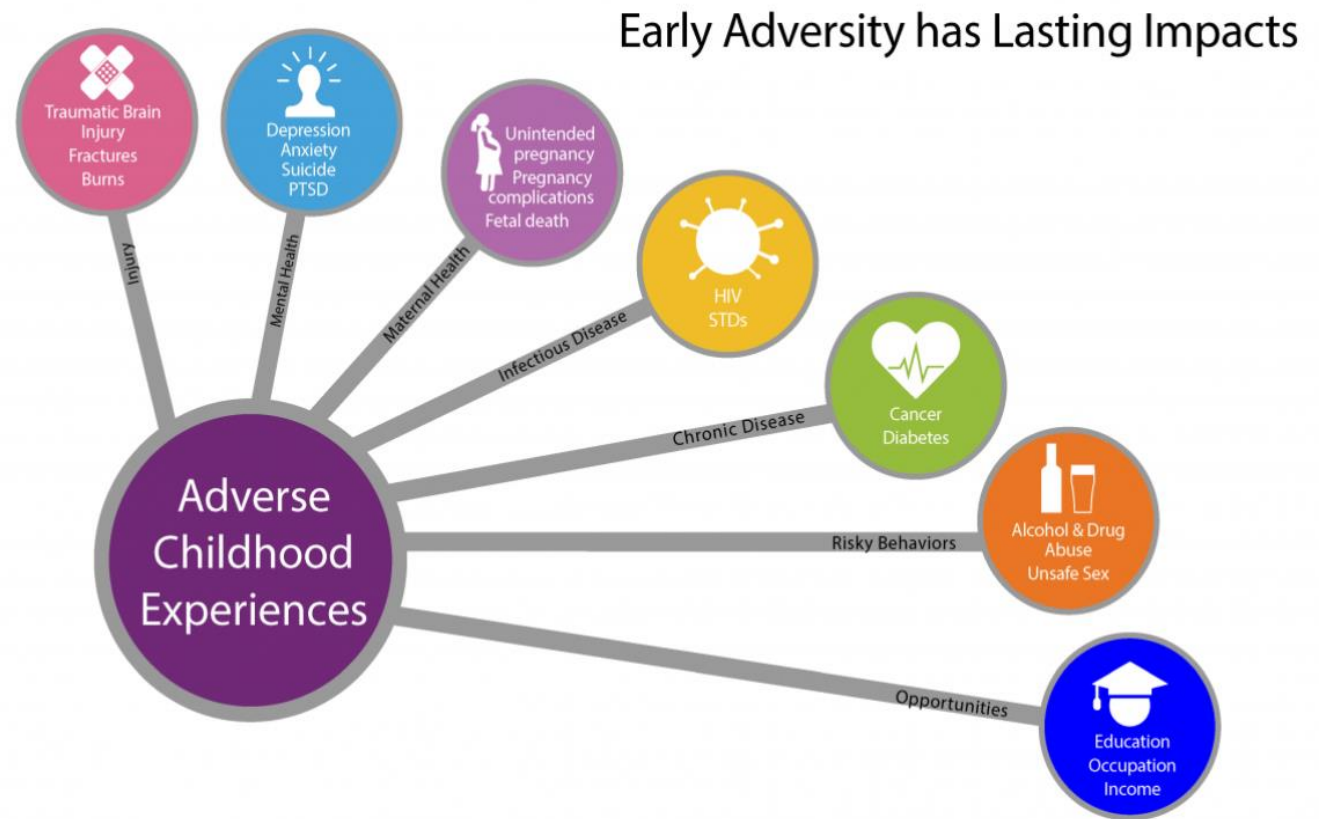
Examples of events that can cause physical or emotional trauma in childhood:

- Physical, sexual, or emotional abuse
- Witnessing domestic violence
- Bullying
- Community or school violence
- Natural disasters
- Loss of a loved one
- Neglect
- Serious illness or accident

**Adverse Childhood Experiences (ACEs) are traumatic events that happen during childhood. Recognizing and assessing for trauma without re-traumatizing are important components of trauma-informed care (TIC).**

# The Original ACEs Study (1990s)

- Original study conducted by a Preventive Medicine physician out of SoCal's Kaiser Permanente in the 1990s
- Participants: primarily Caucasian, middle-class
- Main types of ACEs
  - Abuse
  - Neglect
  - Household Dysfunction
- Main findings
  - Roughly 2/3 of the 17,000+ participants reported at least 1 ACE, and more than 1/5 reported 3+ ACEs, where some populations are more vulnerable.
  - Graded dose-response relationship between ACEs and negative health outcomes



# The Expanded ACEs Study (2010s)

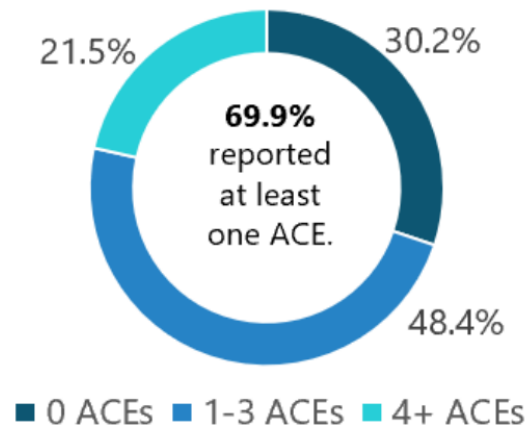
Additional variables included in a subsequent study out of Philadelphia assessing a more socioeconomically and racially diverse group:

- Witnessing violence
- Living in unsafe neighborhoods
- Experiencing racism
- Experiencing bullying
- Living in foster care

Main findings:

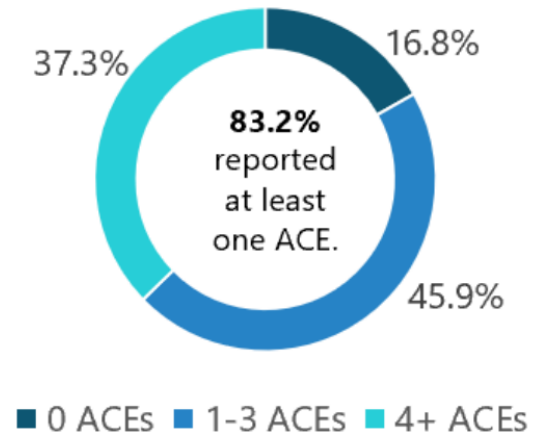
- 72.9% had 1+ Conventional ACE
- 63.4% had 1+ Expanded ACE
- 49.3% experienced both
- **13.9% experienced only the Expanded ACE assessment, which would have been missed if only the Conventional ACEs were assessed.**

Out of **17,337** participants...



Original ACE Study

Out of **1,784** participants...

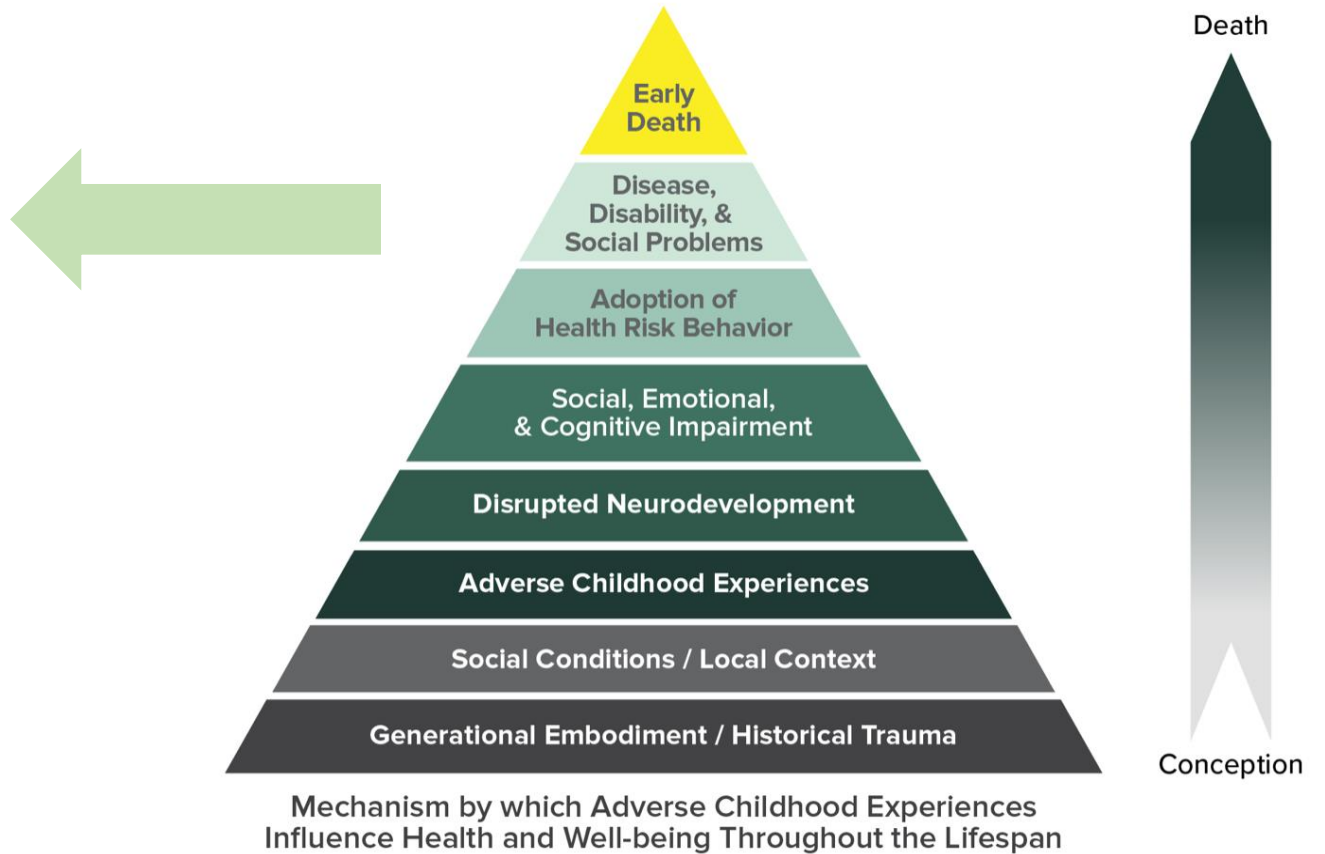


Expanded ACE Study

# Influence of ACEs in Health Outcomes

Medical conditions statistically associated with ACE score of  $\geq 4$ :

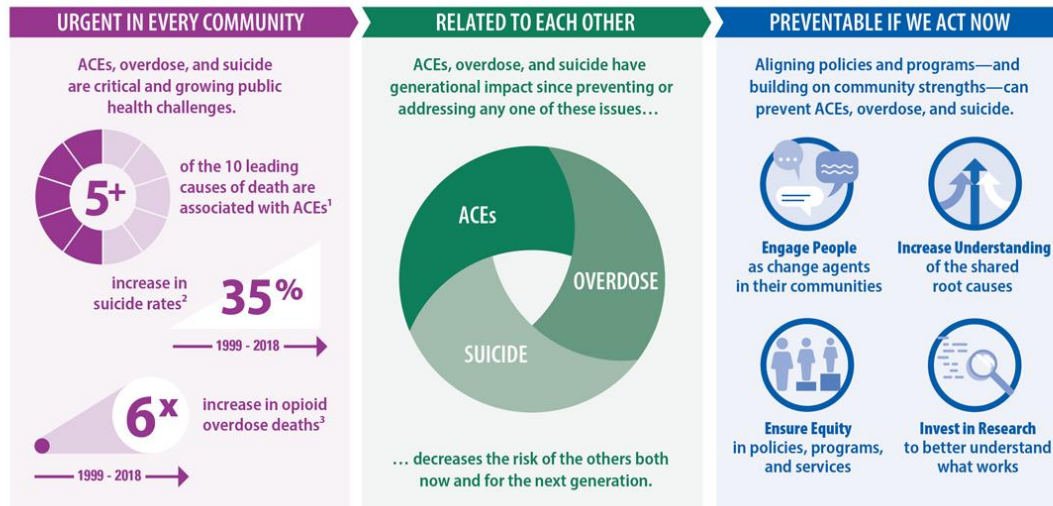
- Diabetes
- Heart attack
- Heart disease
- Stroke
- Depression
- Disability due to poor health



# Influence of ACEs in Mental Health/Substance Use Outcomes

## ADDRESS IT TODAY. PREVENT IT TOMORROW.

We can reduce the generational impact of adverse childhood experiences (ACEs), overdose, and suicide.



**PREVENTION BENEFITS US ALL**  
Preventing ACEs, overdose, and suicide has wide-ranging benefits.



Increased Economic Productivity



Lower Healthcare Costs



More Effective Programs and Services



Longer Life Span

<sup>1</sup> <https://www.cdc.gov/vitalsigns/aces/index.html>

<sup>2</sup> <https://www.cdc.gov/nchs/products/databriefs/db362.htm>

<sup>3</sup> <https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf>

<https://www.cdc.gov/injury/priority/index.html>



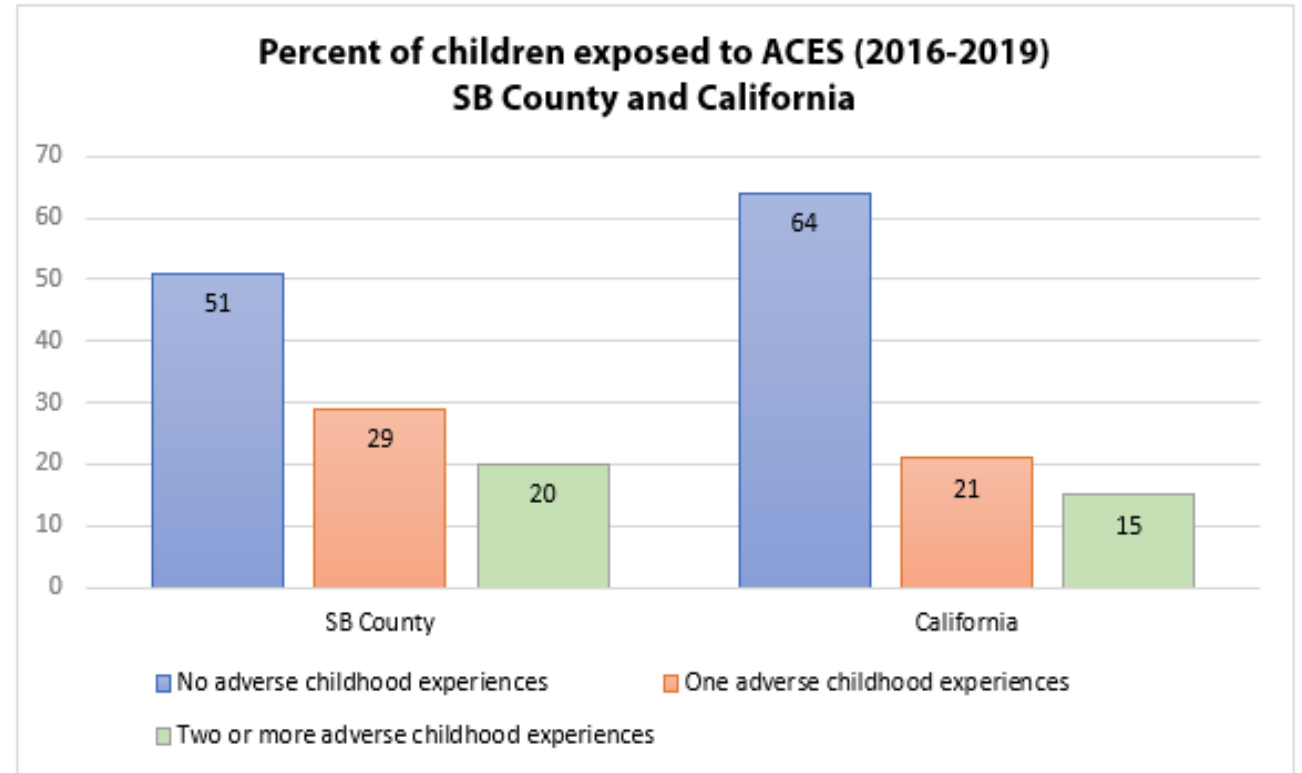
## Risks for the Pediatric Population (0-19 years)

4.5x more likely to be diagnosed with ADHD, anxiety, depression, and/or conduct disorder

9.1x more likely to use illicit drugs before 14 years of age

# Statistics on ACES

- **In San Bernardino County:** From 2016-2019, **20%** of children have had 2 or more adverse childhood experiences.
- **In California:** From 2016-2019, **15%** of children have had 2 or more adverse childhood experiences.
- **In the United States:** From 2019-2020, **63%** of adults had ACEs. The national economic burden of ACE-related adult health conditions was **\$88,000** per affected adult annually.



# Youth Populations Most Vulnerable to Trauma

## Foster Youth in San Bernardino County



- In 2019, there were 2,622 children entering foster care, down 9% from 2018 when 2,888 children entered the foster system.
- In 2021, there were 2,365 foster care entries.

## CYSHCN in San Bernardino County



- In 2019, the estimated percentage of children ages 0-17 with special health care needs was 14.4%.

# Special Considerations: CYSHCN

## *Children and Youth with Special Health Care Needs (CYSHCN)*

"Those who have or are at increased risk for a chronic, physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required for children generally."

Subset= Children with medical complexity (CMC).

## Fast facts

37% of CYSHCN have 2+ ACEs compared with 18% of children without SHCN

CYSHCN with 2+ ACEs can experience exacerbation of their medical conditions and poor academic performance

CYSHCN with physical and developmental delays are at increased risk of having co-occurring mental health and behavioral conditions, that can result in additional healthcare needs and functional impairment.

Those with intellectual disabilities may not respond to trauma in the same ways as the general public and can have difficulty with recovery from trauma.



# Special Considerations: CYSHCN

## Iatrogenic trauma in CYSHCN

Refers to the trauma CYSHCN experience as a result of medical care received for chronic management of medical conditions. This can include:

- Prolonged hospitalizations, housing instability
- Multiple blood draws
- Separation of caregivers for numerous procedures
- Caregiver instability
- Complications from procedures and treatments that cause additional distress

Additional trauma may result in development of new chronic conditions or exacerbation of their current conditions.

## Effects of adverse social determinants of health (SDoH) and family stressors on CYSHCN

- Lack of insurance or financial/career instability
- Financial challenges due to medical bills, medications, equipment
- Loss of income due to caregiving needs, medical appointments
- Poor parental coping skills
- Inadequate caregiver sleep
- Caregiver burnout
- Behavioral concerns in siblings (challenges with interpersonal relationships and poor academic performance)
- Bullying/prejudice/stigmatization by school or community peers

Effects even higher for the CMC subset!



# Signs and Symptoms of Trauma

What do these signs and symptoms look like in children?

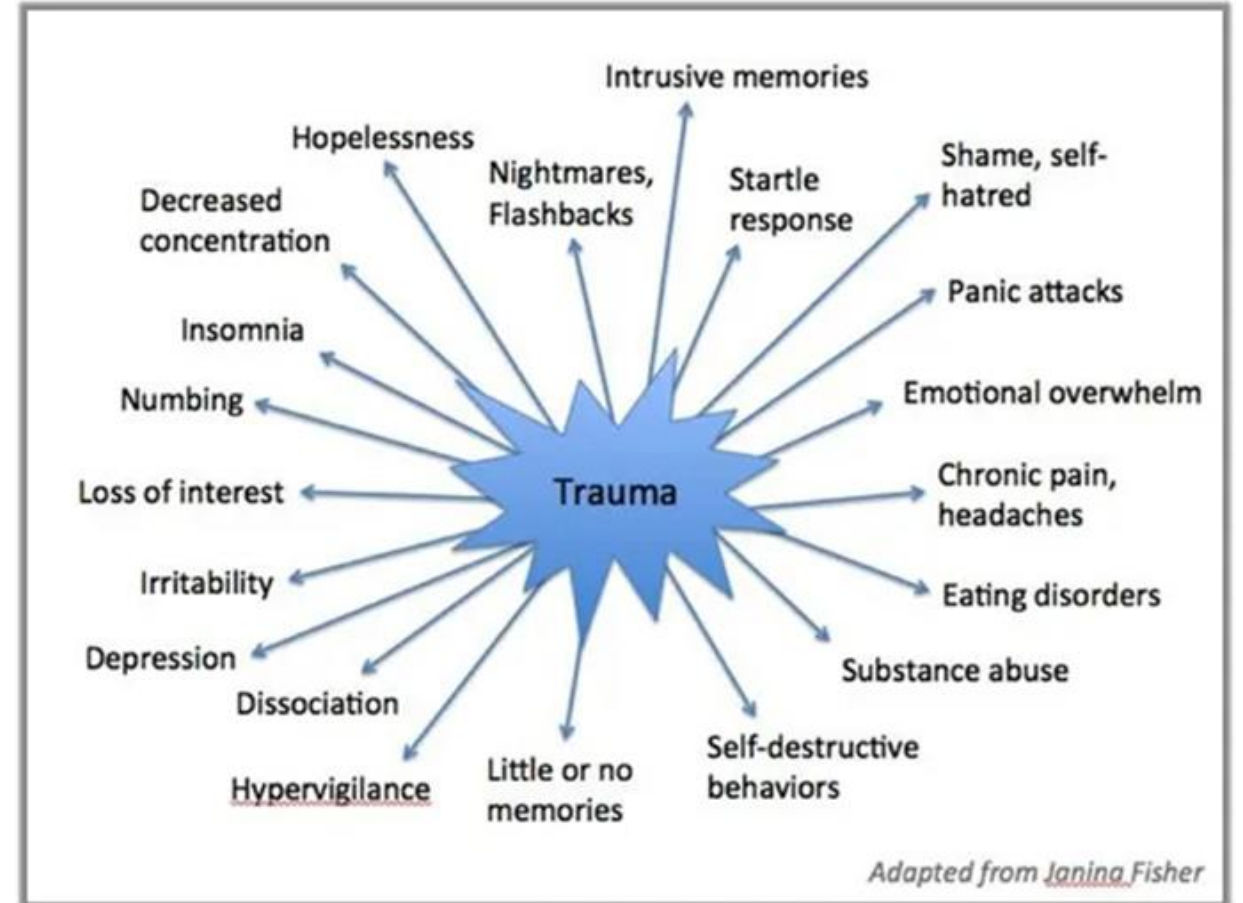
Think "**FRAYED**":

- **F**its, frets and fear
- **R**egulation disorders
- **A**ttachment disorders
- **Y**elling and yawning
- **E**ducational delays
- **D**efeated/dissociation

In children with intellectual and developmental disabilities (IDD), it may present as:

- Increased anger
- Avoidance of certain people/situations
- Shutting down/loss of interest
- Regression from previously mastered skills (e.g., toileting)
- Separation anxiety

**Watch out for "overshadowing"!**



# SIMPLIFIED 12 CORE CONCEPTS



**1** Traumatic events are complex. They consist of many moments filled with different sensations, thoughts, emotions, and behaviors.



**3** Traumatic events often lead to other life hardships, life changes, and upsetting reminders that can cause distress.



**5** Children with trauma histories are often preoccupied and distracted by concerns about danger, being protected, and safety.



**7** A child's individual, family, and community strengths can protect against the harmful impacts of trauma and loss.



**9** Children's developing brains influence how they react to, and are affected by, traumatic experiences.



**11** Trauma exposure can influence how children view society and social institutions, trust or mistrust adults who represent those institutions, judge between right and wrong, and follow their conscience.



**2** Trauma occurs within a broad setting that includes children's personal characteristics, their past histories, and their current situations.



**4** Children can show a wide range of reactions to trauma and loss.



**6** Traumatic experiences affect the child, their family, other child caregivers, and how they relate to one another.



**8** Trauma and the hardships that follow can both strongly influence and disrupt children's development.



**10** Culture can powerfully influence how children experience and react to traumatic experiences.



**12** Working with children exposed to trauma can cause distress in adult caregivers that makes it more difficult for them to provide good care.











Grossman, H. M.; Layne, C. M.; Pynoos, B.; & the Core Curriculum Interactive Learning Group (2019). The Simplified Core Concepts for Understanding Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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# Assessing ACEs

- To find out your own ACEs score: **NumberStory.org**
- Pediatric ACEs and Related Life Events Screener (**PEARLS**)
- Consider co-administering the Pediatric Traumatic Stress Screening Tool

## The Original 10 ACEs (Adverse Childhood Experiences)

Abuse	 PHYSICAL	 EMOTIONAL	 SEXUAL		
Neglect	 PHYSICAL	 EMOTIONAL			
Household Challenges	 DIVORCE	 INCARCERATION	 SUBSTANCE USE	 DOMESTIC VIOLENCE	 MENTAL ILLNESS

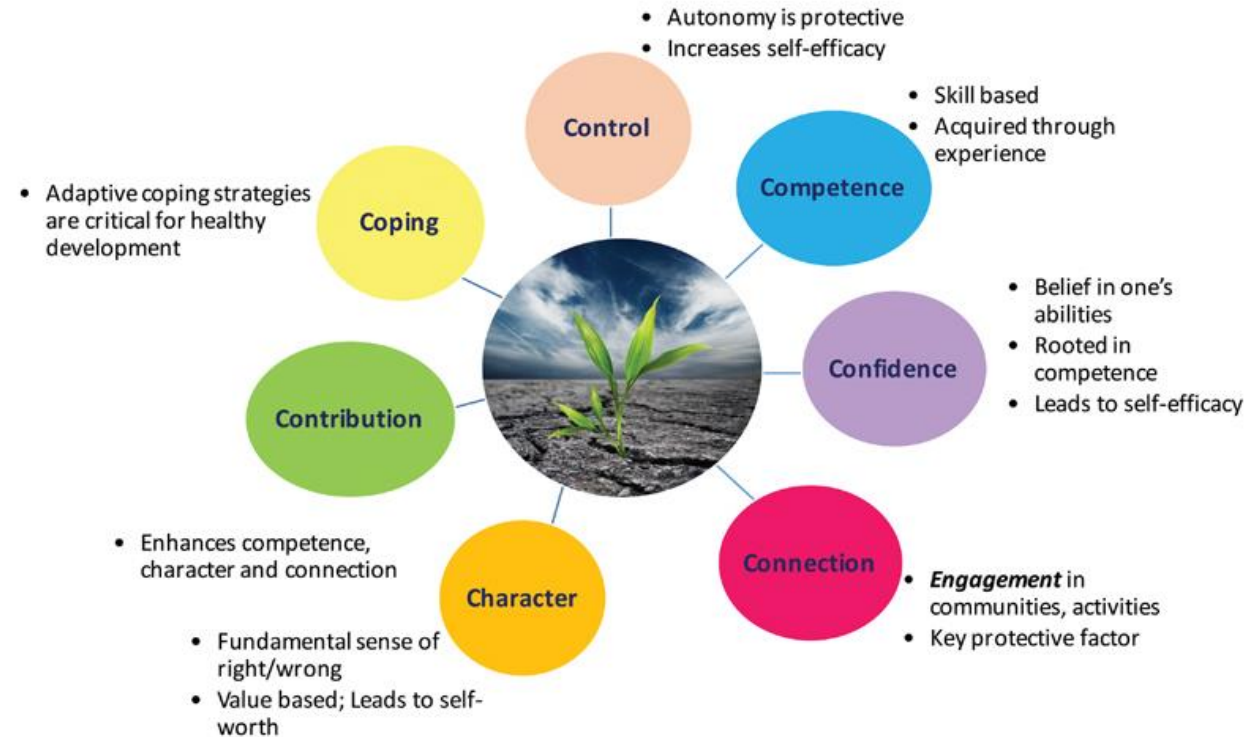
## Beyond the 10 ACEs

 DISCRIMINATION	 POVERTY	 RACISM	 OTHER VIOLENCE	
 INTERGENERATIONAL AND CULTURAL TRAUMA	 SEPARATION	 ADJUSTMENT OR OTHER MAJOR LIFE CHANGES	 BEREAVEMENT AND SURVIVORSHIP	 ADULT RESPONSIBILITIES AS A CHILD

# Addressing Trauma

- Shift paradigm: "What's wrong with you?" to **"What happened to you?"**
- Differentiate between Trauma Specific Services (TSS) vs Trauma-Informed Care (TIC)
- Using the 7 C's Model of Resilience to overcoming trauma and its effects.

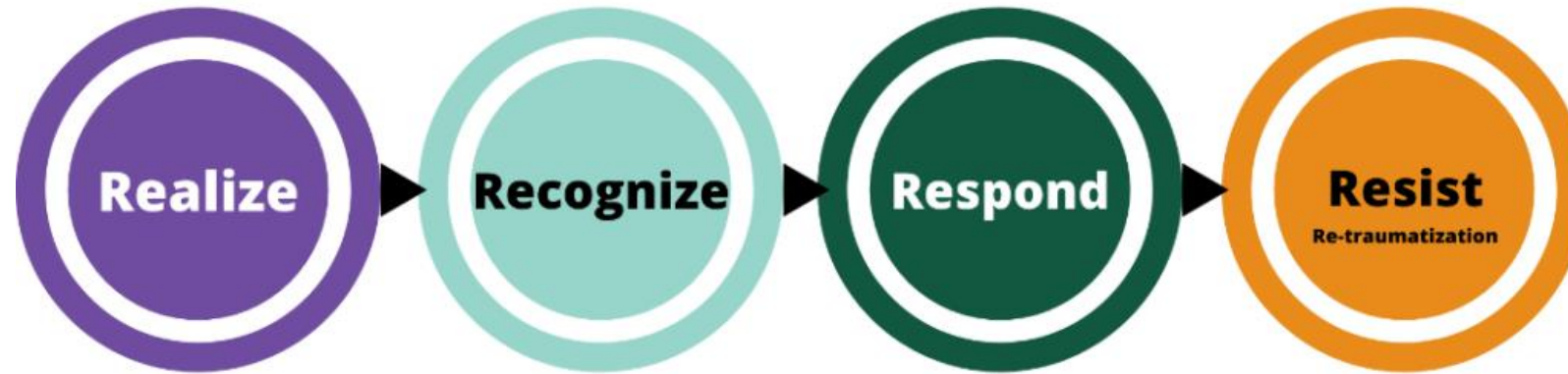
## 7 C's Model of Resilience



| Fig. 1 The "7 C's" of resilience. (Reproduced with permission of Dr. Anthony Rostain.)

# Defining Trauma-Informed Care (TIC)

## The Four Rs of Trauma Informed Care



**Realize** the widespread impact of trauma and understand potential paths for recovery

**Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system

**Respond** by fully integrating knowledge about trauma into policies, procedures, and practices

**Resist**  
Re-traumatization  
re-traumatization of children as well as the adults who care for them

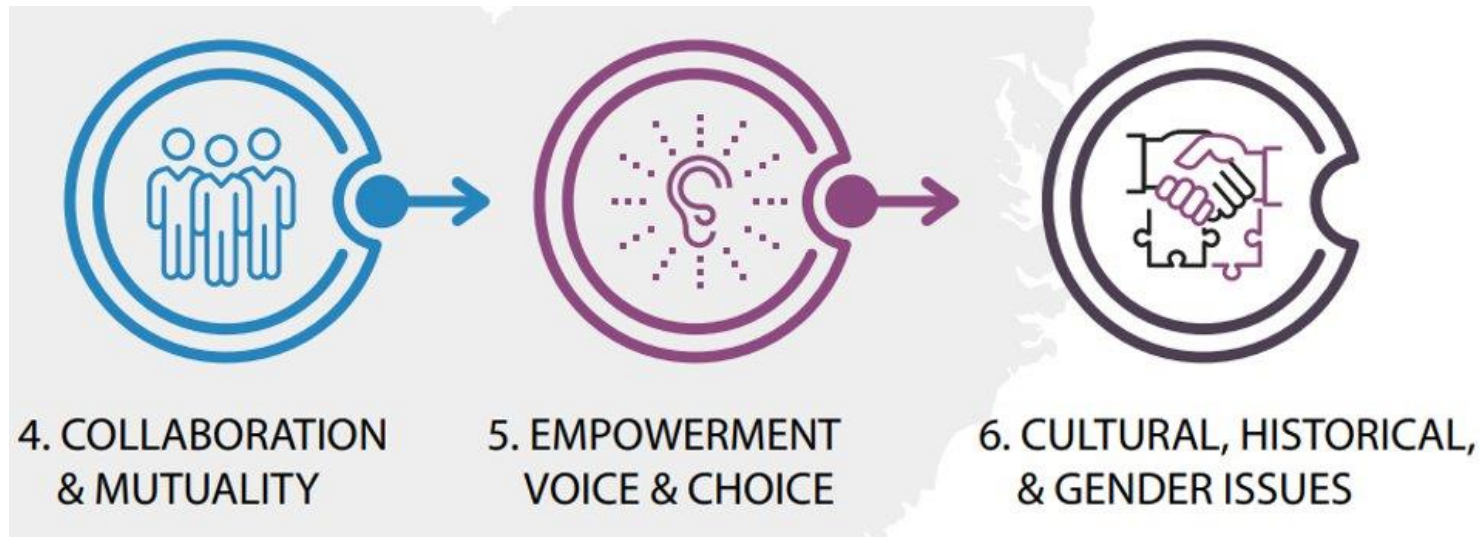
# 6 Guiding Principles To A Trauma-Informed Approach

The CDC's Office of Readiness and Response (ORR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA's six principles that guide a trauma-informed approach, including:



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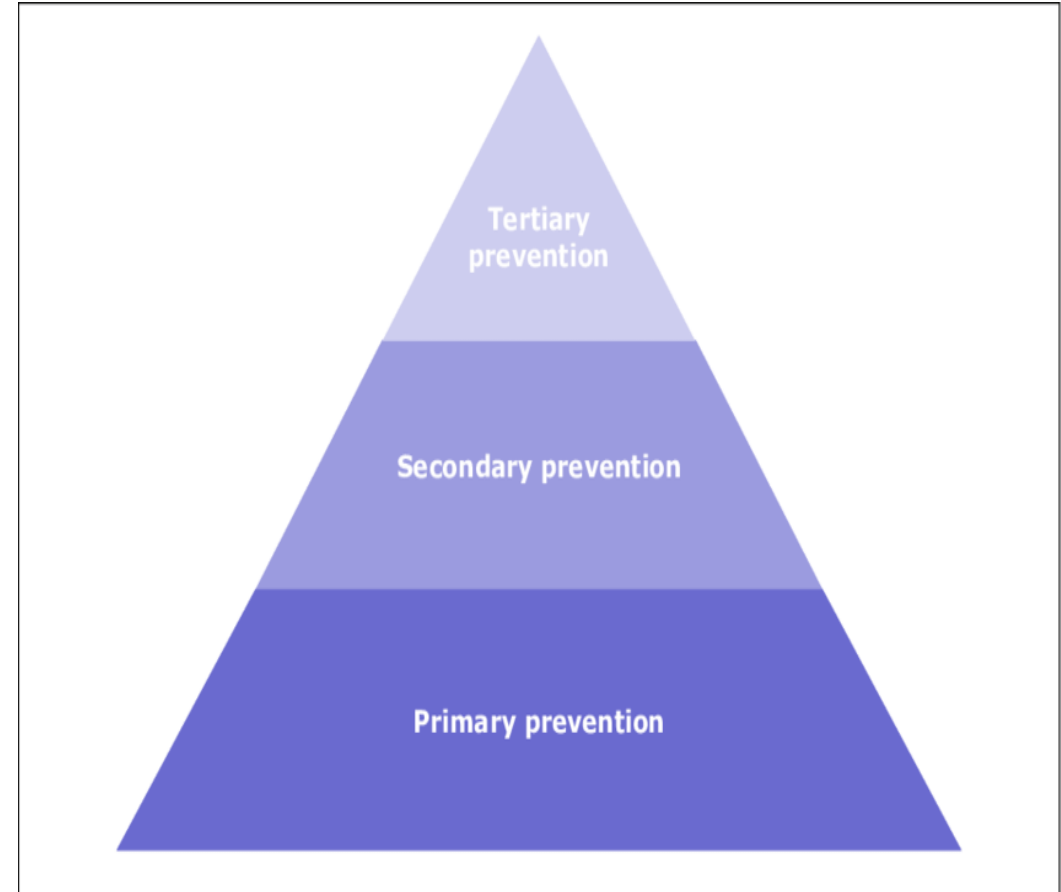




# Public Health Interventions

Preventing ACEs through PH interventions

- Strengthen socioeconomic support.
- Promote protection against violence and adversity.
- Promote strong start for children.
- Skills learning.
- Connection to caring and supportive caregivers who advocate for their needs to avoid additional trauma.
- Quickly intervene to reduce short and long-term impact of trauma.



# Working with Children Affected by Trauma

Promoting wellness for the multidisciplinary team

- Compassion fatigue
  - Secondary traumatic stress
  - Vicarious trauma
- Burnout
  - Signs: occupational stress that results in emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment
  - Leads to negative effects at the organization level
- Managing trauma requires understanding at all levels
  - Individual and organization
- Promotion of self-care strategies and lifestyle behaviors.
  - Staff dealing with their own personal trauma.



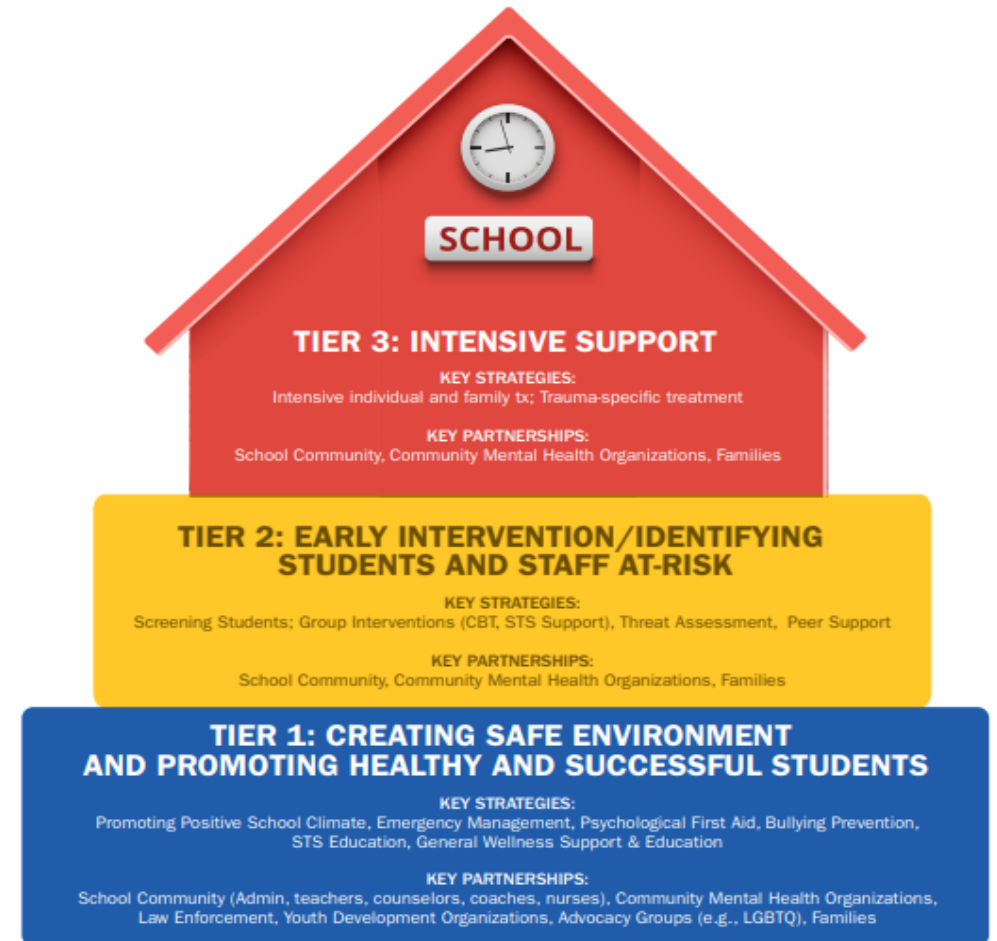
# Lifestyle Interventions

- **Sleep**
  - Sleep disturbances are common outcomes of childhood adversity.
  - Sleep requirements vary by age.
- **Nutrition**
  - Stress and trauma lead to negative effects on appetite.
  - Healthy diet leads to healthy brain development.
- **Physical Activity**
  - FIT 5 program: in partnership with the Special Olympics, is designed to improve physical activity for children and adults with special health care needs.
- **Mental Health**
  - Promote co-regulation and self-regulation to build resilience.
  - Managing stress in early childhood years.
  - BH: Trauma-Focused Cognitive Behavioral Therapy.
- **Healthy relationships**
  - Ensure safe, stable and nurturing relationships and environments.
  - Engage with organizations that align with individual/family's belief and values.

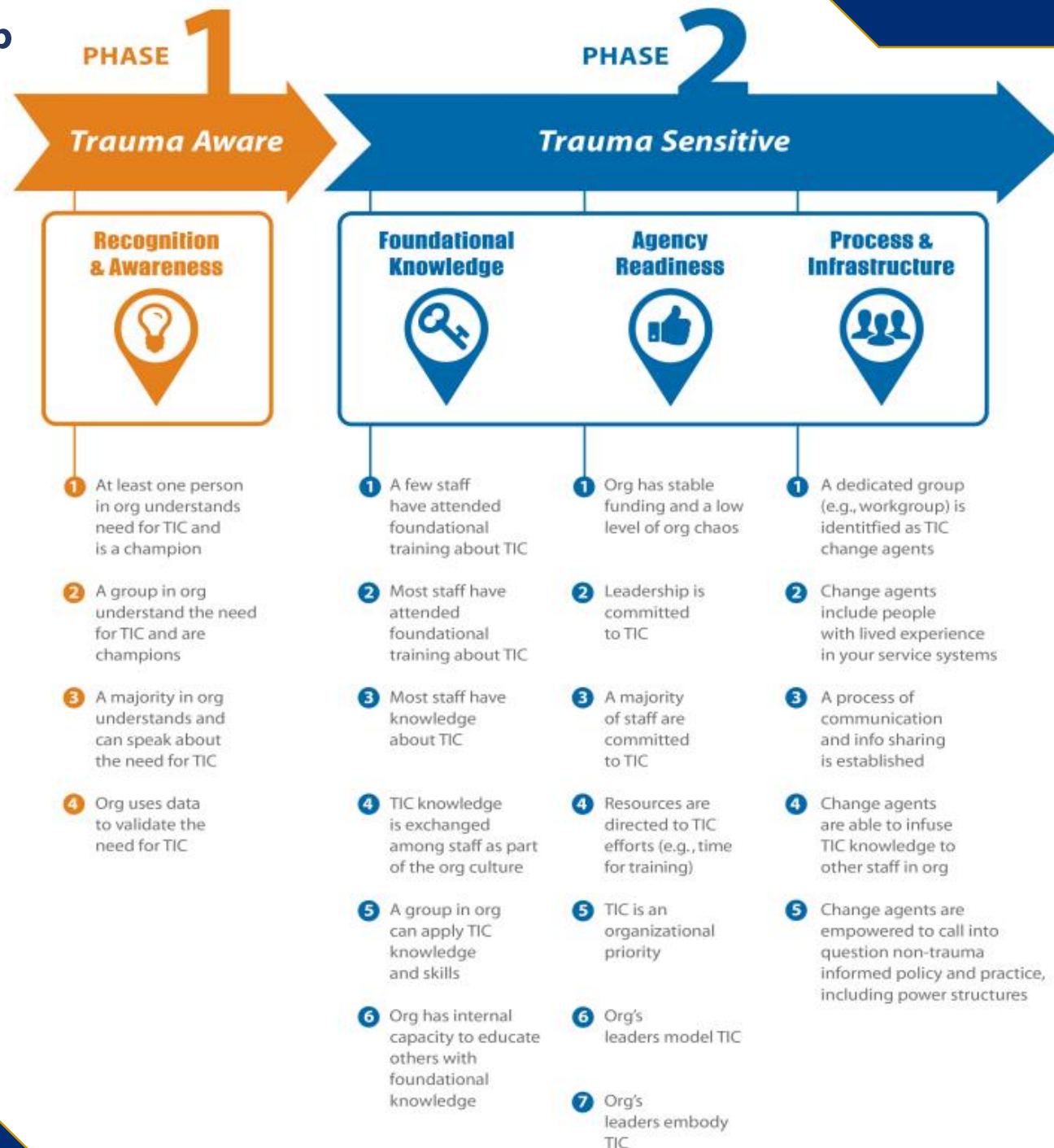


# Referrals and Resources to Consider

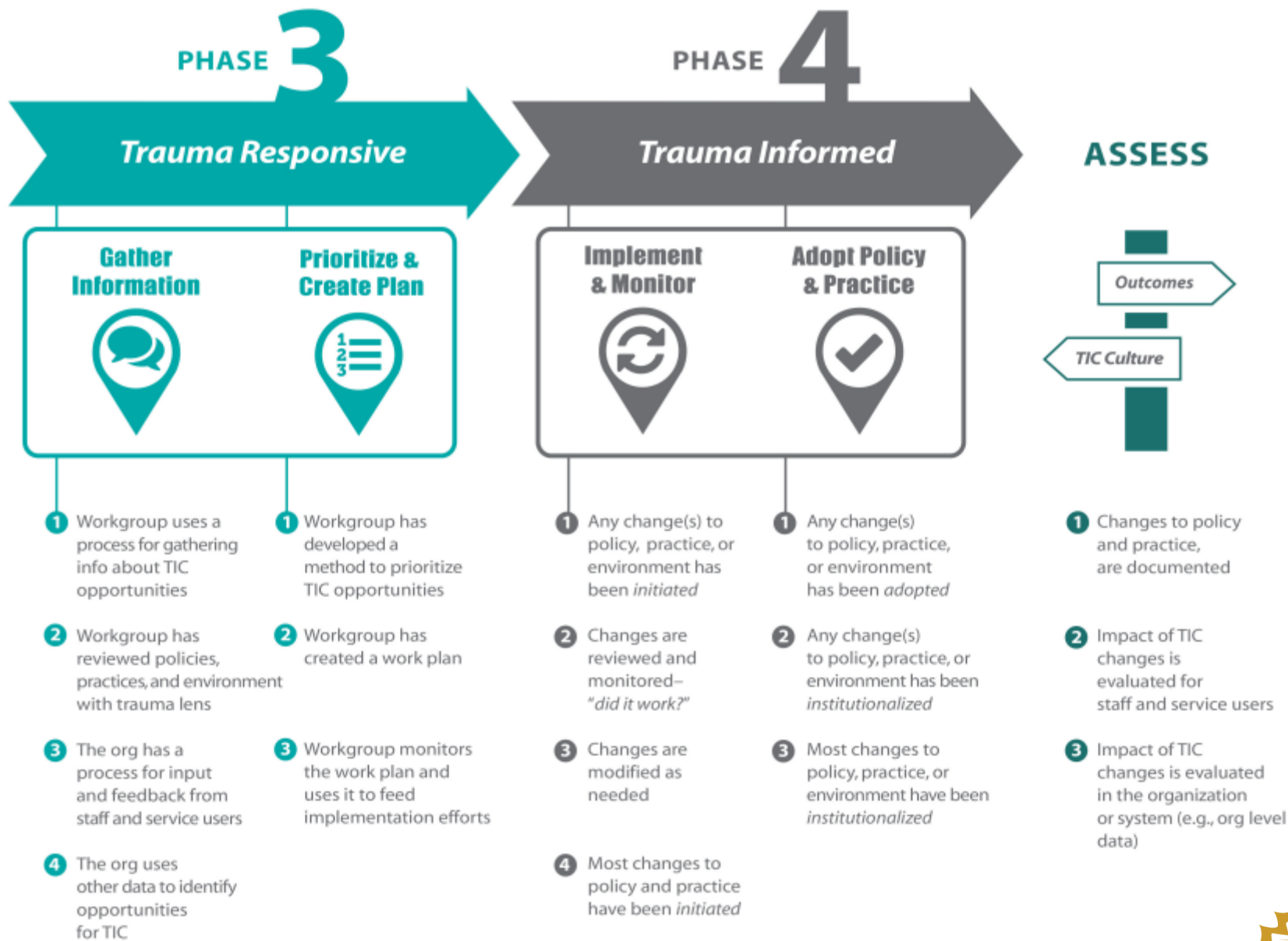
- Address socioeconomic barriers and challenges
- Facilitate social support:
  - At home
  - At school/work
- Care navigation to improve and meet healthcare needs
- Healthcare settings: Therapeutic Clowning



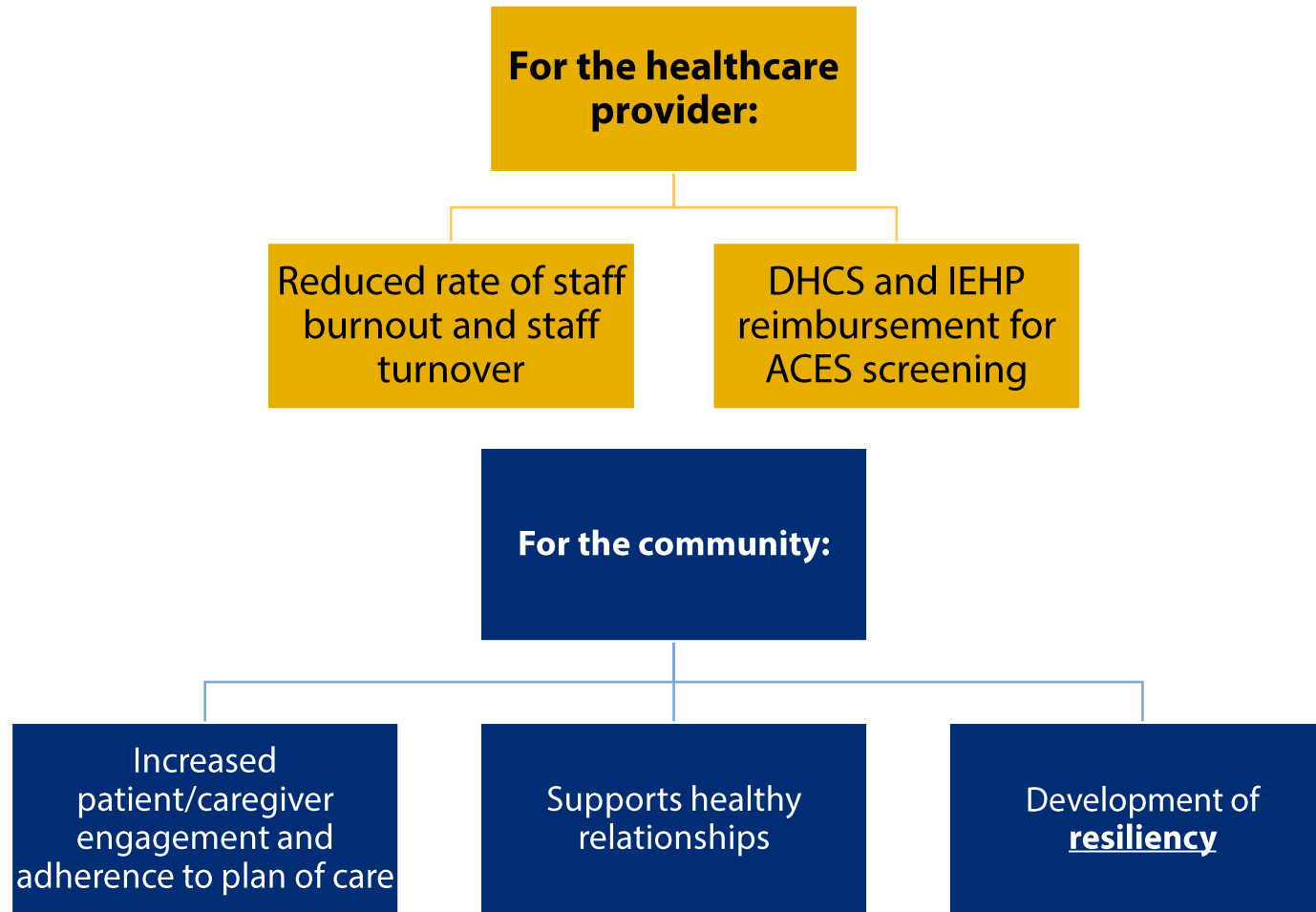
# Implementation of TIC: Roadmap



# Implementation of TIC: Roadmap



# Benefits of TIC



# Conclusion

- Trauma-informed care does NOT require the healthcare provider to actively treat the trauma
  - Recognize trauma = providing screening
  - Avoid re-traumatizing when providing care
  - Provide relevant resources/specialty referrals as needed



**By becoming trauma-informed, you will change lives!**



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# Resources

- [Adverse Childhood Experiences – Children's Network \(sbcounty.gov\)](#)
- [Neighborhood Navigator by findhelp - Search and Connect to Social Care \(aafp.org\)](#)
- [Families and Caregivers | The National Child Traumatic Stress Network \(nctsn.org\)](#)
  - [Trauma and your Family.pdf \(nctsn.org\)](#)
  - [Understanding Trauma Responses in Children w IDD.pdf](#)
  - [Choosing Trauma-Informed Care for Children with Intellectual and Developmental Disability: A Fact Sheet for Caregivers \(nctsn.org\)](#)
  - [Fact Sheet Children with IDD and Traumatic Stress.pdf](#)
  - [Resilience and Child Traumatic Stress.pdf](#)
- [Resilience Booster Parent Tip Tool.pdf](#)
- [Recognizing and Treating Child Traumatic Stress | SAMHSA](#)
  - [Understanding Child Trauma SAMHSA.pdf](#)
  - [Tips for Talking to Children after a Disaster \(samhsa.gov\)](#)
- [Crisis Prevention- Trauma Informed Care.pdf](#)
- [Helping Children and Adolescents Cope With Traumatic Events \(nih.gov\)](#)
- [Trauma-Sensitive Schools: A Whole-School Approach - Trauma Sensitive Schools](#)
  - [NCTSN Trauma-Informed Schools.pdf](#)
- [“The Body Keeps the Score” by Bessel van der Kolk](#)
- Pediatric PTSD Screening tool: [CPM – Utah PIPS](#)
- Fit 5 Cards & Videos for Physical Activity for Individuals with Disabilities: [Fit 5 \(specialolympics.org\)](#)
- AAP Trauma Informed Care and Resilience Promotion Training: [Training and Educational Opportunities: Trauma and Resilience \(aap.org\)](#)
- ACES Aware Training for Healthcare Professionals in California: <https://training.acesaware.org/aa/>
- FAQs on direct payments for ACEs screenings (Pediatrics/Family Medicine/Behavioral Health): [FAQs on Proposition 56 Payment - Adverse Childhood Experience Screening \(ACES\) Services \(PDF\).pdf \(iehp.org\)](#)
- Patient Advocate Foundation (case management for patients/CYSHCN):
  - [PAF Case Management - Patient Advocate Foundation](#)
  - [About Greater National Advocates | Get Help Now — Greater National Advocates \(gnow.org\)](#)
- [First 5 California Stronger Starts \(Toxic Screen education for parents\)](#)

# ACEs Resources – San Bernardino County

To access resources by region, scan corresponding QR code with mobile device or visit link.



## East

Highland – Mentone  
– Muscoy – Redlands  
– Yucaipa

[East Regions](#)



## Central

Bloomington –  
Colton – Fontana –  
Grand Terrace –  
Loma Linda – Rialto –  
San Bernardino

[Central Regions](#)



## West

Chino – Chino Hills –  
Montclair – Ontario –  
Rancho Cucamonga  
– Upland

[West Regions](#)



## High Desert

Adelanto – Apple  
Valley – Barstow –  
Hesperia – Lenwood  
– Lucerne Valley –  
Phelan – Piñon Hills –  
Victorville

[High Desert](#)



## Morongo Basin

Fort Worth – Joshua  
Tree – Morongo  
Valley – Needles –  
Twentynine Palms –  
Yucca Valley

[Morongo Basin](#)



## Mountain

Big Bear Lake – Big  
Bear City – Crestline  
– Lake Arrowhead –  
Running Springs –  
Skyforest –  
Wrightwood

[Mountain](#)





[Video 1](#): Trauma-Informed Care does not have to be a burden to adopt (Center for Healthcare Strategies, 2018)



[Video 2](#): Eliminating microaggressions: The next level of inclusion (TEDx Talks, 2019)



[Video 3](#): How Trauma-Informed Care saved my life (TEDx Talks, 2020)

## First-Hand Experiences





Public Health

**THANK YOU**