



Trauma-Informed Primary Care

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A Definition of Trauma: “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” -SAMHSA

Some types of trauma:

- Acute
- Complex
- Historical



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“ACEs are the single greatest unaddressed public health threat facing our nation today,” said Dr. Robert Block, former president of the American Academy of Pediatrics.

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What is the ACEs Study?

What did we learn?

- Exposure to abuse in childhood increases a person’s lifelong potential risk for serious health problems

Common Symptoms of Trauma You May See in your Office

“From what’s wrong with you
to what happened to you?”

- Intrusive Reactions
- Avoidance/Withdrawal Reactions
- Physical Arousal Reactions
- All of these can impact child/teen life functioning

Age-related reactions to trauma

Pre-school and young school-age children

- loss of previously attained developmental skills
- traumatic play

School-age children

- persistent concern about safety
- feelings of guilt and shame
- somatic complaints

Teenager

- self-conscious about what happened to them
- feelings of guilt/shame and fantasies about revenge
- high risk behaviors

Trauma-Informed Care at the Clinic Level

- Trauma informed care involves change at both clinical and clinic level
- How to offer trauma informed care at the clinic level:
 - Discuss trauma informed care with staff and providers
 - Train clinic staff in trauma specific approaches
 - Create a safe environment
 - Engage referral sources

Trauma-Informed Care at Provider Level: From What's Wrong with You to What Happened to You?

- Recognize how prior exposure to trauma can impact current health status and their interactions with you
- Ensure children and families have a voice in the planning of their own treatment
- Present opportunities for control
- Screen for Trauma
 - Speak sensitively to children/teens screening positive

Trauma Screeners Used in Primary Care across US

Caregivers:

- [Adverse Childhood Experience Questionnaire \(ACE\)](#)
- [Life Stressors Checklist-Revised \(LSC-R\)](#)
- [Center for Epidemiologic Studies Depression Scale \(CESD\)](#)
- [Parent Relationship Questionnaire \(PRQ\)](#)

Child/Teen:

- [Pediatric ACEs and Related Life-events Screener \(PEARLS\)](#)
- [Traumatic Events Screening Inventory for Children](#)
- [Trauma Symptoms Checklist for Children \(TSCC\)](#)
- [Trauma Symptom Checklist for Young Children \(TSCYC\)](#)

The Pediatric ACEs and Related Life-events Screener (PEARLS)

Used to screen children and adolescents 0-19 for Adverse Childhood Events.

Designed to identify exposure to childhood adversity and events that may increase a child's risk for toxic stress and negative health outcomes

PEARLS – Three Types

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues?
(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?
Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?
Or has any adult in the household ever hit your child so hard that your child had marks or was injured?
Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse?
(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)?
(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

8. Has your child ever been detained, arrested or incarcerated?
9. Has your child ever experienced verbal or physical abuse or threats from a romantic partners?
(for example, a boyfriend or girlfriend)

Use Scripts for Administering PEARLS Screenings

Train staff to introduce PEARLS Screener and its purpose to patient family by sharing with them a script

General Tips for Framing Results:

1. Provider can be clear, “you are not your ACE score”
2. Instill belief that toxic stress is treatable
3. Focus on and emphasize importance of protective factors
4. Highlight what they can do to reduce risk

Scripts for reviewing results with families

SCORING ALGORITHM:

Lower risk of toxic stress: 0 ACEs

Intermediate risk of toxic stress: 1-3 ACEs
without ACE-Associated Health Conditions

High risk of toxic stress: 1-3 ACEs with ACE-
Associated Health Conditions

OR 4 or more ACEs with or without ACE-
Associated Health Conditions

Secondary Traumatic Stress (STS)

- The National Child Traumatic Stress Network defines Secondary Traumatic Stress as “the emotional duress that results when an individual hears about the firsthand trauma experiences of another.”
- Symptoms of STS include hypervigilance, avoidance, re-experiencing and change in mood. STS symptoms can also include guilt, anger, problems sleeping, challenges with concentration, exhaustion and an impaired immune system.
- Some ways to remain connected to Patients while managing STS:
 - Pay attention to your body and mind
 - Avoid avoidance
 - Plan ahead by setting time aside for yourself
 - Learn what strategies work for you

Sources

- Substance Abuse and Mental Health Services Administration:
https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816_litreview.pdf
- AMA JOURNAL OF ETHICS: Center For Health Care Strategies Brief on Key Ingredients for Successful Trauma-Informed Care Implementation
- For trauma psychoeducation: The National Child Traumatic Stress Network: <https://www.nctsn.org/>
- National Center for Trauma Informed Care: <https://tash.org/nctic/>
- ACEs TED Talk: Nadine Burke Harris on How Childhood Trauma Affects Health Across a lifetime.
- Information on ACEs and PEARLS with scripts: <https://www.acesaware.org/>
- Journal of Family Medicine & Community Health, “And how are the Children? Establishing Historical Trauma as an Intersectional Social Determinant of Health for Vulnerable Populations” Camille R. Quinn, The Ohio State University, USA, Published: 14 February 2018 ISSN: 2379-0547
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