

WHAT DOES IT MEAN/LOOK LIKE TO BE A TRAUMA-INFORMED PRACTICE?

Due to increasing research on the impact of Adverse Childhood Experiences we know that there is dose-response between traumatic events and negative health and academic outcomes over the course of the lifespan. As a healthcare professional, it is important to ensure that your practice is equipped to address the needs of children and families who have experienced trauma, as well as to promote information that can help parents prevent Adverse Childhood Experiences from occurring. Having a trauma-informed practice can help set your patients and their families up for improved resiliency and thereby buffer against the negative health outcomes associated with trauma.

Here are the top 3 steps to becoming a trauma-informed practice, and resources for each to help you get started!

Step 1

Screen for ACEs

Join clinics such as Montefiore Medical Group in the Bronx and the Center for Youth Wellness in Bay Area in conducting routine ACE screening of patients and their caregivers. There are a few different diagnostic tools in circulation for psychosocial or ACE evaluation. Check out this list of [clinical assessment tools](#) from the American Academy of Pediatrics to find one that best meets your needs. Topics include:

- Family ACEs Survey
- Resilience Screening
- Childhood Stress Disorders
- And more!

Step 2

Be prepared to discuss ACEs with Parents

Once you start screening for ACEs or other indicators of trauma or toxic stress, it is important to have a plan for how you will discuss these topics with parents. These can be difficult topics to talk about, but as a healthcare professional you are well-placed to explain the importance of early intervention and management of trauma and toxic stress. Many families who have been living in circumstances that cause repeated trauma may not recognize that these psychological events have effects on their child's physical health

Helping families to build resilience factors will a go a long way in preventing the damage caused by un-addressed trauma! Remember these key points:

1. They can help! Parents are the most important buffer to the effects of Trauma-- Remind parents that their children (and they themselves) can heal from the effects of trauma by building resilience and strong supportive connections with their child.
 - a. You can encourage parents to visit [APA's healthychildren.org](https://www.apa.org/healthychildren.org) to learn more
2. Work with them to identify their child's signs of distress, and set a plan for how to address them.
3. Encourage parents to set soothing, age-appropriate routines to help the child regain a sense of security and control. These could include reading bedtime stories together, regular bath time before bed, breakfast routines, etc.
4. Provide parents with concrete examples of strategies they can use with their child. Find some great resources on our page [here](#).

Step 3

Ensure that staff are trained in trauma-sensitivity

Although we now know about many benefits of adopting trauma-sensitive practices, they are still not broadly implemented or part of pediatric medical education. Furthermore, working with patients who have been exposed to trauma can trigger stress or even vicarious trauma. Adopting a trauma-sensitive framework in your practice can help mitigate these effects thus helping to prevent burnout. Make sure you and your whole practice are trained in trauma-sensitivity to improve outcomes for both patients and staff! Here are some great resources to get you started:

- National Child Traumatic Stress Network's fact sheet: "[Trauma-Informed Integrated Care for Children and Families in Healthcare Settings](#)"
- American Academy of Pediatrics' [Trauma Toolbox for Primary Care](#)
- American Academy of Pediatrics' [Webinar recording: "Addressing Mental Health Issues in the School Setting- What Primary Care Providers Need to Know"](#)

Interested in learning more about Trauma? Here are some resources for Clinicians:

- Book: [The Deepest Well: Healing the Long-Term Effects of Childhood Adversity](#), Dr. Nadine Burke Harris, M.D.
- Study: [Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences \(ACE\) Study](#)
- Article: [What Shapes Health: Take The ACE Quiz—And Learn What It Does and Doesn't Mean](#)