

# Warm and Welcoming Spaces: Trauma Informed Care in Pediatric Settings

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# Objectives

1. I will be able to discuss the importance of creating a welcoming environment in my health care setting.
2. I will understand how to leverage principles of trauma informed care to support patients, families and staff.

# Stress

## Stressors are stimuli that

- Disrupt baseline functioning
- Trigger expectant defensive behavior and emotional response after repeated exposure
- Overwhelm coping skills and make it hard to return to baseline

May establish a cycle of distress where the individual learns maladaptive coping strategies and becomes less able to cope with ordinary situations.



# The 3 E's of Trauma

- an **event**, series of events, or set of circumstances
  - Community trauma, historical trauma, individual trauma/neglect, generational
- **experienced** by an individual as physically or emotionally harmful or threatening
- has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.



# Trauma as a barrier

- Changes childhood development and behavior
- Impacts family systems
- Affects how children and families their families interact with the health care system



# 3 Primary Categories of Response

## Fight

(Physical Arousal)

Aggression

Trouble concentrating

Hyperactivity

## Flight

(Withdrawal & Escape)

Social isolation

Avoidance of others

Running away

## Freeze




(Stilling & Constricting)

Constricted emotional expression

Stilling behavior

Over compliance and denial of needs

# Impact of trauma and toxic stress

- Changes in physiology
- Changes in brain architecture & function 
- Changes in skills, abilities and behavior 
- Changes in long-term health and mental health 

# Trauma-affected behaviors by age

Ages 0-5	Fear of being separated from parent
	Crying, whimpering, screaming
	Immobility and/or aimless motion
	Trembling, excessive clinging, frightened facial expressions
	Regressed behaviors (thumb-sucking, bed-wetting, fear of darkness, etc.)
	Self-soothing (rocking, head-banging, etc.)

Ages 6-11	Extreme withdrawal
	Disruptive behavior
	Inability to pay attention
	Regressed behaviors
	Nightmares/sleep problems
	Irrational fears
	Irritability
	School refusal
	Anger outbursts
	Fighting
	Somatic complaints
	Poor academic engagement (school work suffers)
	Depression, anxiety, feelings of guilt, emotional numbing

Ages 12-17	Flashbacks
	Nightmares/sleep problems
	Emotional numbing
	Avoidance of reminders
	Depression
	Substance abuse
	Problems with peers
	Anti-social behavior
	Physical complaints
	Suicidal ideation
	School problems
	Confusion
Guilt	
Revenge fantasies	



# What does trauma exposure look like: FRAYED tool

F	Frets (anxiety and worry) and fears
R	Regulation difficulties (disorders of behaviors or emotions; hyperactive, impulsive, easily becomes aggressive or emotional; inattentive)
A	Attachment challenges (insecure attachment relationships with caregivers); poor peer relationships
Y	Yawning (sleep problems) and yelling (aggression, impulsivity)
E	Educational and developmental delays (especially cognitive, social-emotional, and communication)
D	Defeated (hopeless), depressed, or dissociated (separated from reality of moment, lives in own head)

**Springs** are objects that produce a restoring force when stretched or compressed by an applied force.

- **Neuroplasticity**- Changes in response to trauma, and in response to supportive adults
  - **Neurogenesis**- the ability to grow new neurons, to increase connectivity.
  - **Neural Networks**- The more intensely and frequently a neural network “fires,” the stronger its “wiring.” In short, repetition is a good thing.
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- Recovery and healing are possible
  - Protective factors facilitate healing and resilience
  - ***Healing occurs within the context of RELATIONSHIPS.***



# What happens when we feel unwelcome?

- “Unwelcomeness” is associated with feeling devalued, othered, and stigmatized.
- Welcomeness is essential to create an environment which encourages access and engagement of patients.

(Abbott et al., 2022)



# According to the World Health Organization, in welcoming health centers for youth *all* staff:

- Provide adequate information and support to enable each young person to make free and informed choices that are relevant to his or her individual needs
- Are motivated to work with young people
- Are non-judgmental, considerate, and easy to relate to
- Are able to devote adequate time to their patients
- Act in the best interests of their patients



# Welcoming space for trauma survivors

- Routines/ consistency
- Choices
- Clear, firm limits for inappropriate behavior
- Sensitive to environmental cues that can trigger reactions
- Anticipate difficulties and provide additional supports
- Provide warnings
- Understand recreation of toxic relationship dynamics

# Trauma Informed Care Principles



# A note on trauma disclosures

## Be prepared

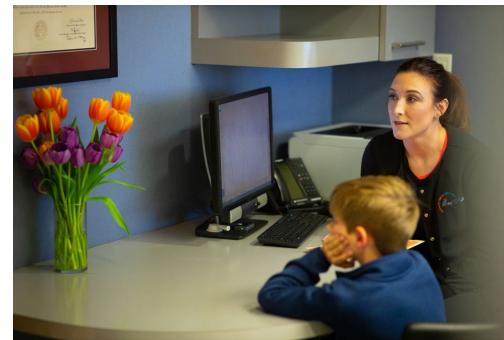
- Expect disclosures
- Know agency policies & protocols
- Know state reporting laws
- Discuss confidentiality & reporting requirements
- Have referral info available

## After disclosure

- Acknowledge & validate
- Remind about confidentiality & reporting requirements
- Follow up & stay connected

# Trauma disclosure to non-clinical team members

“I’m so glad you shared that with me. You’re in the right place. We’ll make sure you get the support you need.”





# Guidelines to promote resilience

- **Reframe** negative behavior as growth opportunity
- **Review** strategies used and consider need for modified/new strategies
- **Support** autonomous decision-making and independent functioning
- **Emphasize** student's ability to make changes
- **Foster** hope
- **Celebrate** healthy insights and change
- **Provide** pro-social opportunities and encourage restorative practices, community interaction and support
- **Focus** on future strategies



# The Journey to a Trauma-Informed Care Environment

## Trauma Aware

Recognition of trauma prevalence and impact on child development and learning/behavior

## Trauma Sensitive

Beginning exploration of TIS principles within environment  
Consensus building around principles of TIS  
PREPARE for change

## Trauma Responsive

Beginning of change in culture to highlight role of trauma  
TIS principles integrated at all levels

# What does transformational change look like?

- Trauma-informed supervision training for all leaders
- Leave space on meeting agendas for rounding on wellness
- Train and reinforce person-first, patient and family centered language
- Model and promote processing rather than venting
- **Integrate values and care principles** into annual reviews, chart audits, meeting agendas, corrective action plans...

# Healing happens in relationships



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