



Best Practices for Implementing Trauma-Informed Care

A Toolkit for Pediatricians in Palm Beach County

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in collaboration with the Center for Child Counseling | September 2023

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Check out our linktree to
find all of the resources
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convenient place

Introduction

If you are reading this guide, you probably have at least some understanding of childhood trauma, including Adverse Childhood Experiences (ACEs), Positive Childhood Experiences (PCEs) and how these are likely affecting the patients you care for.

You may have also heard of Trauma-Informed Care (TIC) as part of a comprehensive strategy to reduce the prevalence of ACEs and mitigate their impact on individuals' health and wellbeing.

We recognize that your time is valuable and sifting through the abundance of available resources to learn how to become a more trauma-informed organization on your own is simply not feasible.

That is why we created this toolkit to:

Educate

on what Adverse Childhood Experiences are, why they are important, and how Trauma-Informed Care can help,

Equip

with context-specific, actionable recommendations on how to put theory into practice, and

Empower

to be intentional and effective in your implementation strategy by choosing which resources best fit the needs and capacity of your organization.



EDUCATE:

ACEs, Trauma, and Toxic Stress



Read SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Important Distinctions

While you may have heard the terms ACEs, Trauma, and Toxic Stress used interchangeably, they are **not** the same.

- ACEs are somewhat similar to **signs** in that they are objective phenomena that can be described by an observer
- Trauma is more like a **symptom** in that it is dependent on the experience of the individual and cannot always be seen or predicted
- We can think of Toxic Stress as a sort of **chronic exposure**, like smoking, whose impact on one's health is related to the time and intensity of the exposure

SAMHSA's Definition of Trauma¹

*"Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."*



EDUCATE:

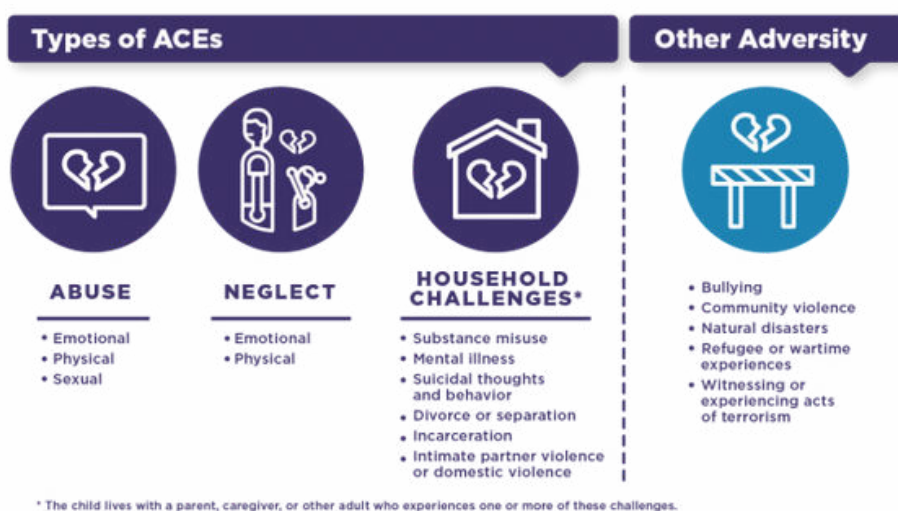
Adverse Childhood Experiences



Read more about ACEs at the CDC's website

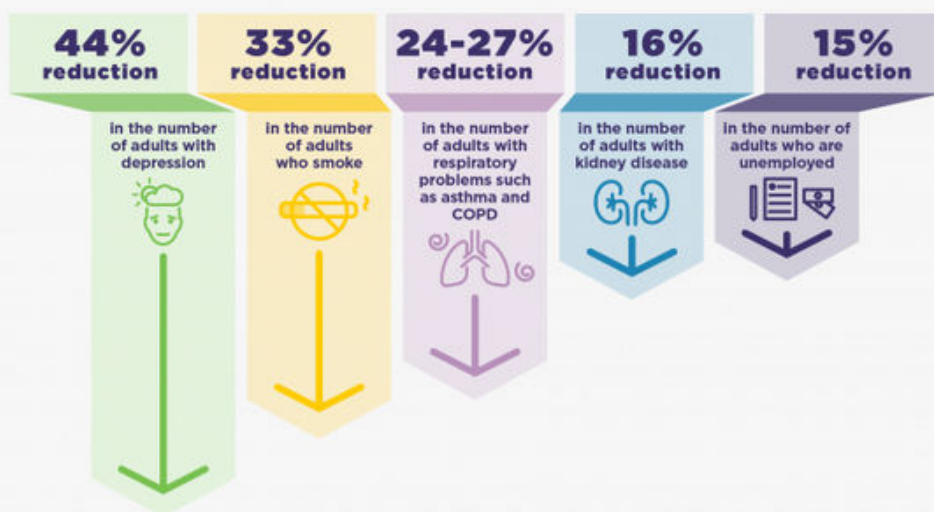
Defining ACEs

Adverse Childhood Experiences (ACEs) are potentially-traumatic events that occur between the ages of 0-17 years.² When Kaiser and the CDC originally studied ACEs in 1998, they focused on 10 distinct events, but subsequent research has expanded the definition of ACEs to include many types of adversity.



Healthy Childhoods Have Benefits Throughout Life

What could happen if we **prevent ACEs**?
Fewer cases of depression, heart disease, and obesity.



Why ACEs Matter

Research has revealed a dose-dependent relationship between ACEs and numerous health conditions and health risk behaviors later in life. The graph to the left shows the degree to which several negative outcomes could be prevented solely by preventing ACEs.

ACEs are common: studies suggest over 61% of US adults experienced at least one ACE and 25% experienced 3 or more.³

EDUCATE:

Adverse Community Environments



Read more about ACEs
and access the ACEs
Toolkit on our website

Adverse Childhood Experiences

10 ACEs

Parental Divorce or Separation
Caregiver in Jail or Prison
Caregiver Depression, Mental
Illness or Suicide Attempt
Domestic Violence or Threats
Emotional Abuse or Neglect
Sexual Abuse or Exposure
Food, Clothing or Housing
Insecurity
Physical Abuse, Hitting or
Slapping
Caregiver Problem with Drugs
or Alcohol
Felt Unsupported, Unloved and
Unwanted

ACEs Being Studied

Placement in Foster Care
Bullying or Harassment
at School
Parent or Guardian Died
Separated from Caregiver through
Deportation or Immigration
Medical Procedure(s) or Life
Threatening Illness
Frequent School or Neighborhood
Violence
Treated Badly Because of Race,
Sexual Orientation, Place of Birth,
Disability or Religion

Source: Center for Youth Wellness, ACE Questionnaire

Adverse Community Environments

Poor Housing Quality
and Affordability
Racism & Discrimination
Deterioration of Physical
Environment
Lack of Access to
Educational Opportunities
Low Sense of Collective Political and
Social Efficacy

Intergenerational Poverty
Lack of Opportunity and
Economic Mobility
Poor Transportation
Services or System
Community Disruption
Damaged Social Networks
and Trust
Unhealthy Products
Long-Term Unemployment

Social-Cultural Environment Physical Environment Economic Environment

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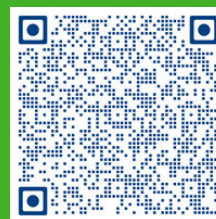
Children grow up in individual homes, but those homes exist within communities. The quality of those communities often determines the quality of a person's childhood. Adverse Community Environments can contribute to childhood insecurity and stress simply by virtue of a lack of adequate resources and safety.

Consider a child who grows up in an area where there isn't a safe park in which to play, or where the community is a food desert where healthy food and nutritious options that feed the body and brain of a growing child simply aren't available.

Your zip code can predict your health outcomes.

EDUCATE:

Positive Childhood Experiences



Read more about ACEs
and access the ACEs
Toolkit on our website

The story of ACEs and trauma is not entirely bleak.

The good news is that Positive Childhood Experiences (PCEs) are the antidote to ACEs. Positive, protective relationships can buffer the impact of traumatic experiences.

Positive Childhood Experiences, or PCEs, can significantly mitigate the impact of ACEs and childhood trauma. PCEs include nurturing relationships, supportive environments, and opportunities for skill-building. By creating a foundation of love, care, and resilience, PCEs equip children with the tools to cope with adversity and to thrive despite challenges.

In September 2019, Dr. Christina Bethell and her team at Johns Hopkins released a study aiming to identify Positive Childhood Experiences (PCEs) that could buffer the health effects of traumatic ones.

They found that even among kids with high ACE scores, some exhibit normal development and good adult emotional health. The study identified seven PCEs statistically linked to positive emotional and mental health in adults.

The 7 Essential PCEs

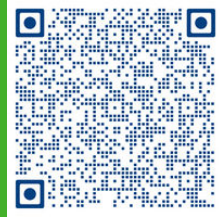
1. The ability to talk with family about feelings.
2. The sense that family is supportive during difficult times.
3. The enjoyment of participation in community traditions.
4. Feeling a sense of belonging in high school.
5. Feeling supported by friends.
6. Having at least two non-parent adults who genuinely cared.
7. Feeling safe and protected by an adult in the home.

Positive Childhood Experiences (PCEs) are defined by the **Centers for Disease Control and Prevention** as “safe, stable, nurturing relationships and environments” before adulthood. Studies link PCEs to better adult health.



EDUCATE:

Positive Community Environments



Read more about ACEs
and access the ACEs
Toolkit on our website

Resiliency Building Experiences

Buffering Relationships

Feels Loved by Parent(s) or Primary Caregiver
Supportive Family Relationships
Supportive Community Relationships
Parent(s) or Primary Caregiver Enjoy Playing with Child
Relatives Provide Support When Sad or Worried
Caring Neighbors or Family Friends
Support from Teacher, Coach, Youth Leader, or Minister



Family Cares about Child's School Work and Performance
Family, Neighbors, and Friends Talk About Making Lives Better
Rules, Structure, and Expectations in Household
Someone Trusted to Talk to When Feeling Bad
Adults Who Notice Child's Strengths and Accomplishments
Sense of Independence
Positive Outlook on Life

Positive Community Environments

Available, Affordable Quality Housing
No Racism or Discrimination
Clean and Safe Physical Environment
Access to Educational Opportunities
High Sense of Collective Political and Social Efficacy

Lots of Opportunity and Economic Mobility
Quality Transportation Services or System
Cohesive Social Networks and Trust
Access to Healthy Products and Foods
Employment Opportunities

Physical Environment Economic Environment Social-Cultural Environment

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The flourishing tree represents the best possible community environments where children and families are nourished with strong roots like affordable and available housing, access to healthy foods, and clean and safe physical spaces to enjoy such as state and local parks, green belts, and beaches or lakes.

In these areas, there's often a sense of collective political and social effectiveness. People feel empowered. There is opportunity and mobility (which often means access to affordable, efficient, and reliable public transport). There are cohesive social networks and trust among neighbors. There is access to healthy food and employment opportunities with chances for career advancement.

EDUCATE:

Trauma-Informed Care



Read SAMHSA's
Practical Guide for
Implementing a Trauma-
Informed Approach

What “Trauma-Informed Care” Actually Means

At its core, Trauma-Informed Care is an approach taken by an individual or organization to provide services in a way that takes into account the potentially-traumatic lived experience of each individual, including staff members, and seeks to mitigate the impact of such experiences through processes and interactions that reflect a safe, supportive environment built on trust and acceptance.

SAMHSA’s “Four R’s” of Trauma-Informed Care¹

*“A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.”*

Why it Makes a Difference

Trauma-Informed Care helps the entire healthcare team, not just the patient, by enhancing the care provided, supporting the physical, mental, and emotional needs of both staff and patients, and promoting better patient outcomes.⁴



EQUIP:

Six Key Principles of Trauma-Informed Care¹



Learn more by visiting
the Trauma-Informed
Care Implementation
Resource Center

Safety

Ensuring physical and emotional safety among patients and staff

Trustworthiness and Transparency

Conducting operations and decisions with transparency in order to build and maintain trust with patients, families, and staff

Empowerment, Voice, and Choice

Patients retain choice and control during decision-making and patient empowerment with a priority on skill building

Peer Support

Promote recovery and healing by valuing and applying lived experience of peers and individuals with trauma histories

Collaboration and Mutuality

Make decisions in partnership with patients and encourage shared power between patient and provider

Cultural, Historical, and Gender Issues

Principles of diversity, equity and inclusion are used to incorporate processes that are responsive to the racial, ethnic, cultural and gender needs of patients served.

EQUIP:

Suggestions to get started



Learn more by reading
the AAP's Clinical
Report on Trauma-
Informed Care

Train all staff members on PACEs and Trauma-Informed Care

When all members of the team have an understanding of how an individual's lived experiences (positive and adverse), including their own, impact interactions with others and their own wellbeing, they are better equipped to seek and provide support and respond to conflict with compassion rather than judgement

Screen patients for ACEs and trauma symptoms

Incorporating an ACEs questionnaire or other validated screening tool to your patient intake forms or as part of your rooming process can help you better understand the lived experience of your patients. This can provide context to current symptoms and can also prompt you to monitor for any future trauma response they may develop.

Note: If you choose to incorporate a screening tool into your workflow, it is important to have a plan for how you will respond to potentially traumatic events or trauma symptoms by providing appropriate referrals and anticipatory guidance.

Employ strategies to avoid re-traumatization

Create an emotionally safe space by being fully present as evidenced by body language and facial expression. Respond calmly and with cultural sensitivity, reflecting back information to seek clarification and avoid asking the child or caregiver to describe a traumatic event multiple times

Explain procedures and provide choices

Clearly communicate expectations and explain procedures at all points of contact from scheduling and checking in, to the appointment itself, to the billing and checkout process.

Promote self-efficacy by providing choices whenever possible such as asking a child which arm they would prefer when taking blood pressure or letting them choose whether to sit on the exam table or in a caregiver's lap.



PACEs and Trauma-Informed Care Trainings

Preventing Adverse Childhood Experiences Training for Pediatric Medical Care Providers

Time to complete: 70 minutes
CE credit available: yes
Intended Audience: Pediatricians
Training Creator: VetoViolence and the CDC
Format: online
Cost: free

Trauma-Informed Care Trainings

Time to complete: Varies
CE credit available: yes
Intended Audience: Caregivers, teachers, professionals, anyone interested in trauma-informed care
Training Creator: Center for Child Counseling
Format: online
Cost: Varies, with opportunity for CEU.

PACEs Training and Clinical Workshops

Time to complete: Varies
CE credit available: yes
Intended Audience: Teachers, clinicians, professionals
Training Creator: Center for Child Counseling
Format: online
Cost: Varies, with opportunity for CEU.

Center for Youth Wellness ACEs Trainings

Time to complete: varies
CE credit available: yes
Intended Audience: Health care providers and administrators
Training Creator: Center for Youth Wellness
Format: online, 4 available courses
Cost: ranges from \$45 - \$190

Introduction to Trauma-Informed Care (TIC) Online Training Modules

Time to complete: 75 minutes total
CE credit available: no
Intended Audience: Anyone interested in trauma-informed care
Training Creator: Trauma Informed Oregon
Format: online, 4 modules total
Cost: free

Other Considerations

[Engaging Patients and Community Members in Trauma-Informed Care Implementation Planning](#)
[Incorporating Racial Equity into Trauma-Informed Care](#)

EMPOWER:

Organizational Assessment Tools and Implementation Guides

Trauma-Informed Care Implementation Assessment Tool

Intended Audience: Any organization
Training Creator: Trauma Informed Oregon
Format: pdf (17 pages)
Cost: free

Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care

Intended Audience: Primary care organizations
Creator: The National Council for Mental Wellbeing
Format: pdf download (69 pages)
Cost: free

Trauma-Informed Organizational Change Manual

Intended Audience: Any organization
Creator: Buffalo Center for Social Research
Format: pdf (95 pages) emailed upon request
Cost: free

Adopting a Trauma-Informed Approach to Improve Patient Care: Foundational Organizational-Level Steps

Intended Audience: Any patient-serving organizations
Creator: The Better Care Playbook
Format: webpage with downloadable pdf (4 pages)
Cost: free

ACE Screening Implementation How-To Guide

Intended Audience: Health care practices seeking to incorporate screening for ACEs
Creator: ACEs Aware
Format: webpage
Cost: free

ACEs Aware Clinical Team Toolkit: Preventing, Screening, and Responding to the Impact of ACEs and Toxic Stress

Intended Audience: Health care practices ready to incorporate screening for ACEs
Creator: ACEs Aware
Format: webpage with downloadable pdf (55 pages)
Cost: free

Practical Guide for Implementing a Trauma-Informed Approach

Intended Audience: Any organization
Creator: Substance Abuse and Mental Health Services Administration
Format: pdf (37 pages)
Cost: free



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2. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *Am J Prev Med*.1998;14:245-258.
3. Merrick MT, Ford DC, Ports KA, Guinn AS. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044.
4. Heather Forkey, Moira Szilagyi, Erin T. Kelly, James Duffee, The Council on Foster Care, Adoption, and Kinship Care, Council on Community Pediatrics, Council on Child Abuse and Neglect, Committee on Psychosocial Aspects of Child and Family Health; Trauma-Informed Care. *Pediatrics* August 2021; 148 (2): e2021052580. 10.1542/peds.2021-052580

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