Brief Interventions for Trauma-Informed Care in Pediatric Primary Healthcare Settings



COLLEGE OF HEALTH PROFESSIONS

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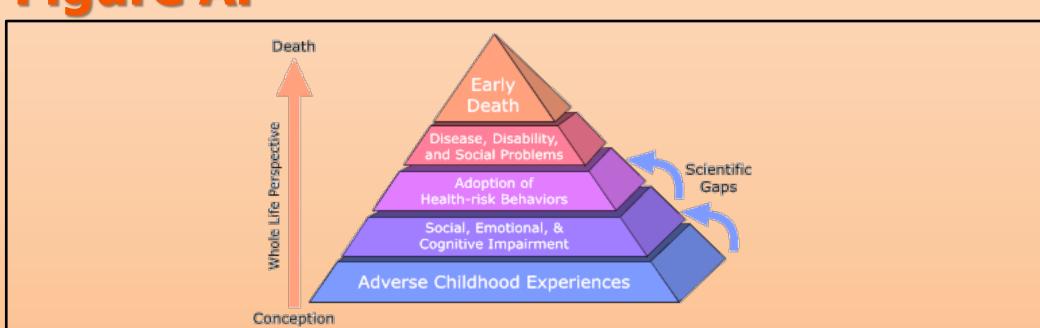
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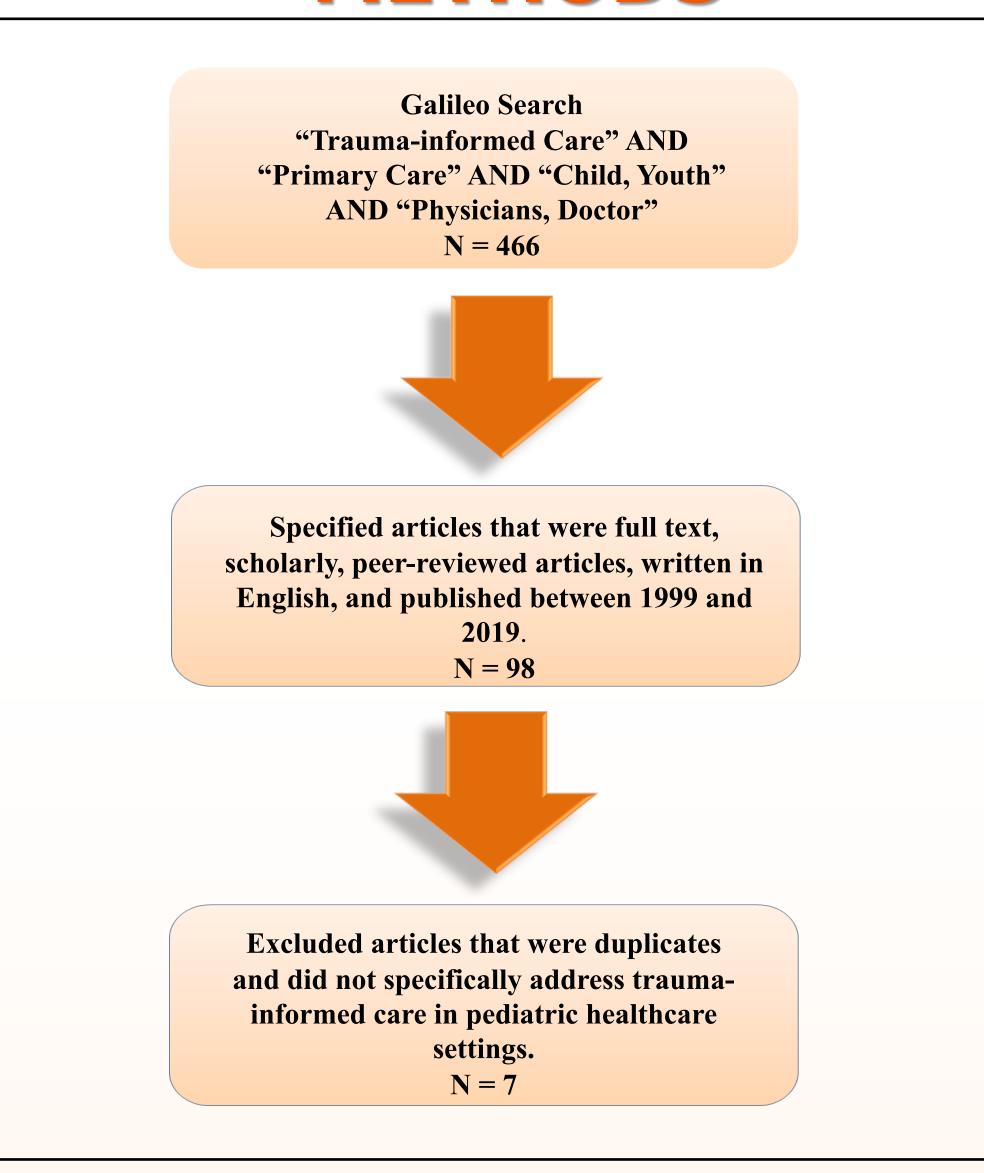
INTRODUCTION

- Adverse childhood experiences (ACEs) are traumatic events that occur during childhood that have long-lasting effects on a person's biopsychosocial development over the course of the lifespan (Bryan, 2019). Commonly agreed categories of childhood maltreatment that ACE's include physical, emotional, and sexual abuse; physical and emotional neglect; witnessing domestic violence; having a family member affected by mental illness, substance abuse, or incarceration; and losing a parent to separation or divorce (Bryan, 2019). ACEs can have effects on many aspects of a person's development including acute physical injuries, health-risk behaviors, social repercussions and long term physical and mental health issues (Bryan, 2019; Ford et al., 2019; Figure A).
- Re-occurring trauma can result in chronic stress which impairs the neuroendocrine and immune systems. This toxic stress often causes a prolonged activation of the HPA axis response which leads to abnormal patterns of cortisol within the body (Forkey & Conn, 2018; Bryan, 2019). Along with this, toxic stress can also cause issues with immune responses, gene expression, and neurodevelopment of the brain which may result in poorer physical health (Forkey & Conn, 2018).
- Trauma-informed care includes assessment, knowledge, and an overall sense of sensitivity towards those who could have experienced trauma (Bryan et al., 2019; Ford et al., 2019). It is a patient-focused method of care that includes a consideration of how ACEs are incorporated into health outcomes. It focuses on recognizing and responding to past and current trauma (Seth, 2018; Bryan, 2019).
- Exposure to ACEs contributes to 7 out of the 10 leading causes of death in the U.S. and can also lead to many health risk behaviors (Bryan, 2019). This shows that trauma-informed care is specifically applicable to primary care physicians (PCPs) because of the impact that trauma can have on the body (Bryan, 2019; Marsac et al., 2016).
- Trauma-informed care include assessments and considerations of the long-term impact of ACEs on health. Specifically, this form of care should be incorporated by PCPs into all pediatric healthcare settings to prevent negative health outcomes in adulthood.
- Brief interventions could be beneficial in encouraging healthy coping skills after trauma experiences in children. This systematic review will evaluate the utilization of brief interventions as a part of trauma-informed care in pediatric primary care settings.

Figure A.



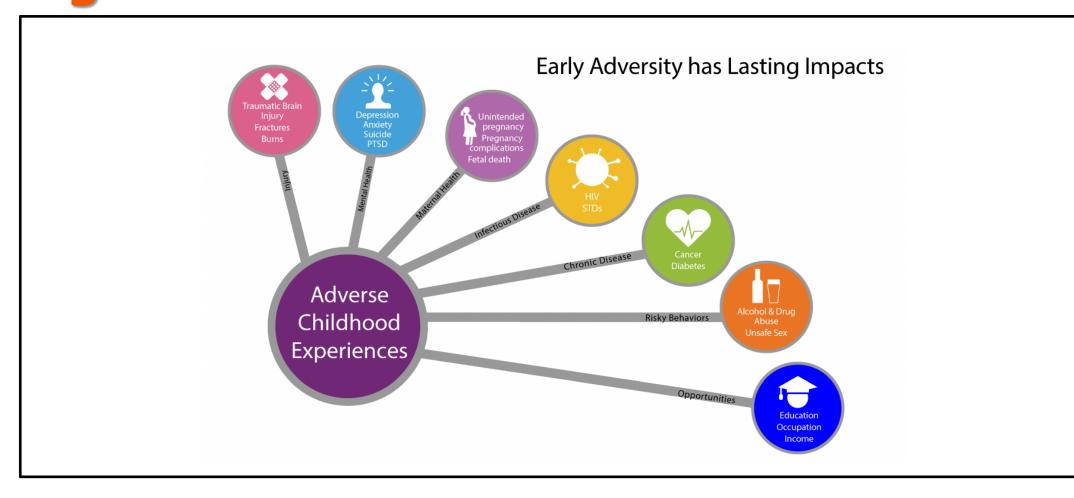
METHODS



RESULTS

- A preliminary systematic review of the literature found that PCPs should regularly screen for trauma as this is a crucial first step in identifying children at risk for developing a toxic stress response (Forkey & Conn, 2018). PCPs in pediatric settings can also be more aware of risk factors and can promote resiliency, both before and after trauma has occurred, as these efforts can work to prevent negative health outcomes (Ford et al., 2019; Forkey & Conn, 2018; Harrison et al., 2016).
- It is very important for PCPs to specifically attend to traumainformed care in pediatric settings because of the high amount of trauma that occurs in this age group (Ford et al., 2019; Hanson & Adams, 2016). Using trauma-informed care in pediatric populations can work as preventative medicine as many impacts of ACEs can show their effects later in development (Figure B; Forkey & Conn, 2018).
- PCPs, especially pediatricians, play a key role in detecting child abuse and providing care and support as they are seen more often than other healthcare professionals throughout development (Forkey & Conn, 2018). Not only are pediatricians commonly the first contact for children who have experienced ACEs, but they can often times continue to be the only source for knowledge and resources for the child and family (Hanson & Adams, 2016; Seth, 2018).

Figure B.



RESULTS (cont.)

- It is important for PCPs to understand how to assess for and handle disclosures of trauma since they can oftentimes be the only medical professional seen on a regular basis (Hanson & Adams, 2016). PCPs must be aware of trauma symptoms that should be further evaluated in the psychological realm of healthcare and when to seek assistance. In addition, it is imperative that PCPs feel comfortable asking questions about trauma and communicating about this topic with their patients (Ford et al., 2019; Harrison et al., 2016).
- In addition to assessment and specific enquiry, trauma-informed care also includes being sensitive and aware of how to interact with patients who could have experienced trauma (Marsac et al., 2016; Seth, 2018). Specifically, healthcare providers should work to make the environment feel safe, act in a respectful manner in regards to privacy, and give the patient time to understand what is occurring during the appointment (Bryan, 2019).
- The literature shows that brief interventions can be useful for PCPs to provide for patients who have experienced ACEs. However, there is very little information on trauma-informed pediatric interventions and further research is needed (Ford et al., 2019; Forkey & Conn, 2018).
- Brief interventions that can be provided in pediatric primary care settings include providing psychoeducation, altering risky behaviors, teaching positive coping skills, reestablishing routines, enhancing feelings of safety, and decreasing distress. (Forkey & Conn, 2018; Finkelhor, 2018)
- It is very important for PCPs to be aware of when to refer their patients to psychological services (Harrison et al., 2016). However, behavioral health consultants (BHCs) and psychologists are not always available for referrals or quick appointments; therefore, training PCPs is vital. BHCs are essential in the process of training and communicating with PCPs about interacting with and assessing patients who have a trauma history (Finkelhor, 2018).

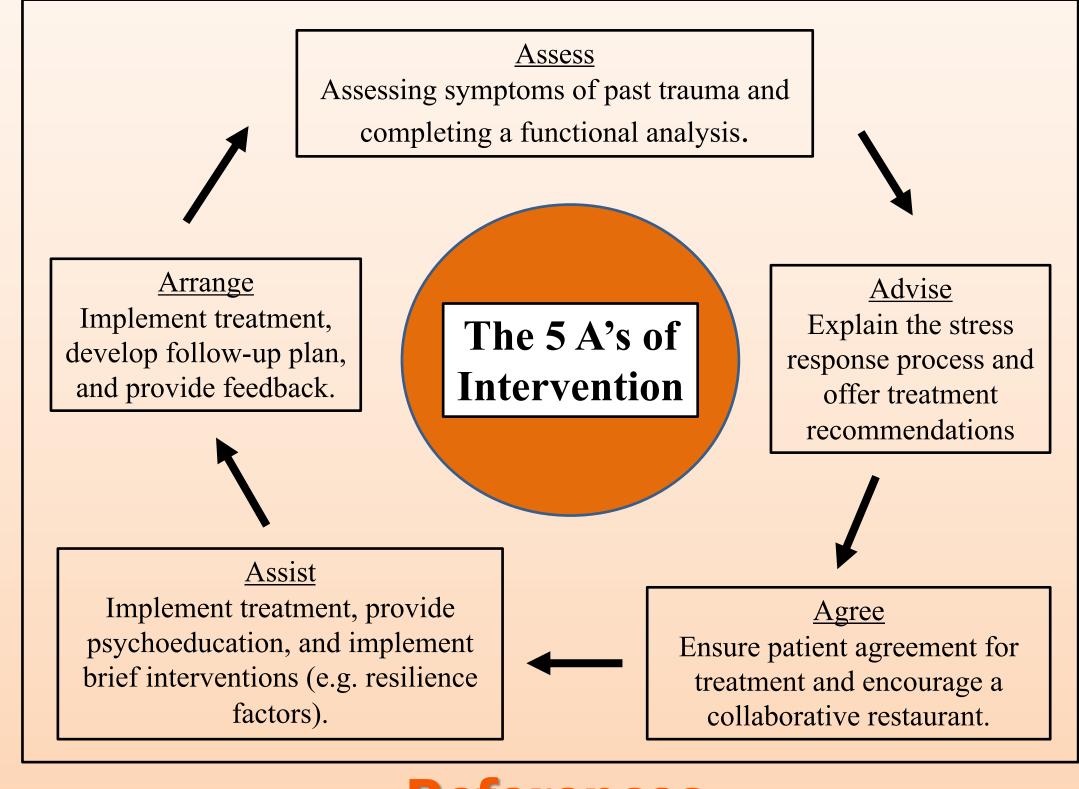
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CONCLUSION

- This systematic review aimed to evaluate the need and efficacy of trauma-informed care in pediatric primary care settings. The literature showed the importance of this method of care and that PCPs should be aware and assess for the detrimental health effects that can occur after chronic trauma (Bryan, 2019; Finkelhor, 2018). Additionally, brief interventions should be regularly employed by PCPs to encourage resiliency in children (Forkey & Conn, 2018; Hanson & Adams, 2016).
- Results from this review showed that the efficacy of traumainformed care is growing in the literature; however, many PCPs
 are either unaware or improperly trained in this method of care.
 Therefore, BHCs are integral aspects of training PCPs and
 providing them with resources. The following 5 A's model was
 constructed, based on the current literature, to assist BHCs and fit
 into a primary care healthcare setting. (Figure C; Harrison et al.,
 2016)
- Employing trauma-informed care could prove very beneficial in the future of preventative medicine. Future research should focus on both developing and implementing brief interventions useful for PCPs to utilize alongside providing trauma-informed care to provide children with resilience and protective factors and working to fight against future poor health outcomes (Forkey & Conn, 2018). Incorporating integrative assistance from BHCs within brief interventions will be vital for beneficial implementation (Harrison et al., 2016).

Figure C.



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