Trauma-Informed Care in Pediatric Primary Care: 100 Little Conversations to Promote Relational Health

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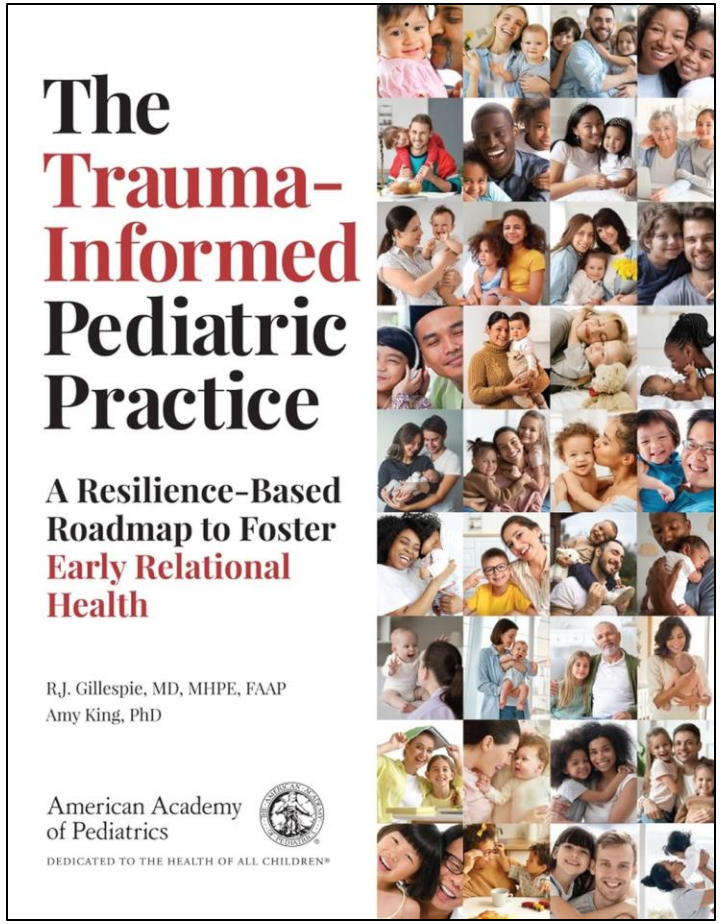


Objectives

- Define early relational health and social emotional health, and appreciate the importance of ERH in healthy developmental trajectories.
- Recognize the importance of promoting caregiver wellness and skill-building in promoting the safe, stable, nurturing relationships necessary for optimal social-emotional development.
- Understand how to become a trauma-informed practice and utilize the Bright Futures anticipatory guidance and screening recommendations to promote ERH.

The Common Thread: Social-Emotional Health

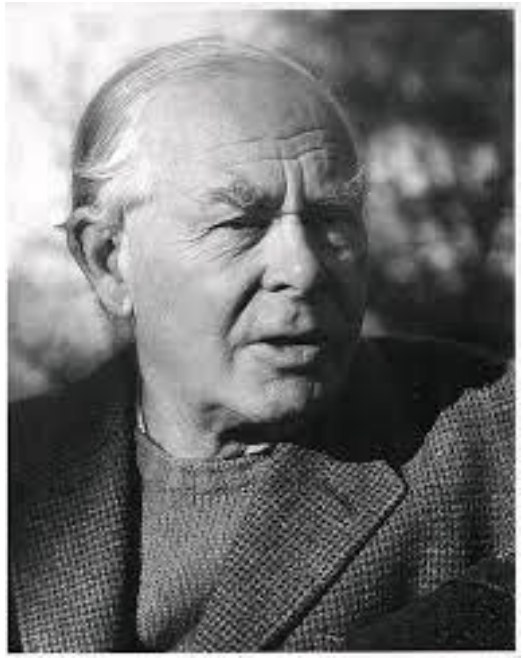
Social-emotional health refers to a child's ability to:

- Form secure relationships
- Experience and regulate emotions
- Explore and learn

- SE health is the child-centric interpretation of "early relational health", which emphasizes the centrality of the caregiver relationship in appropriate SE development.

Attachment: Foundations of Relational Health

- John Bowlby – 1907-1990
- Emotional bonds are basic for survival.
- Care seeking and care giving are complementary.
- Current conceptualization refers to “safe, stable, nurturing relationships” (SSNRs) as foundational to SE health.



Attunement – “catching your baby’s vibe”

Why Focus on Early Relational Health?

- A child's developmental trajectory – both positive and negative – is dependent on their early relationships.
- Problems in early social, emotional, and behavioral development will predict early school failure…which predicts later school failure.
- Intervening early helps to prevent the need for later, and more expensive interventions – both in the educational system and the mental health system.
- According to parents, social-emotional health significantly contributes to Kindergarten success, but is also the area where parents need the most support.

Trauma-Informed Care *is* Relational Care

- Trauma in the absence of buffering relationships can lead to biological changes that adversely affect lifelong physical and mental health.

- Trauma-informed pediatric care acknowledges that **relationships are the foundation** for both trauma *prevention* and *treatment.*

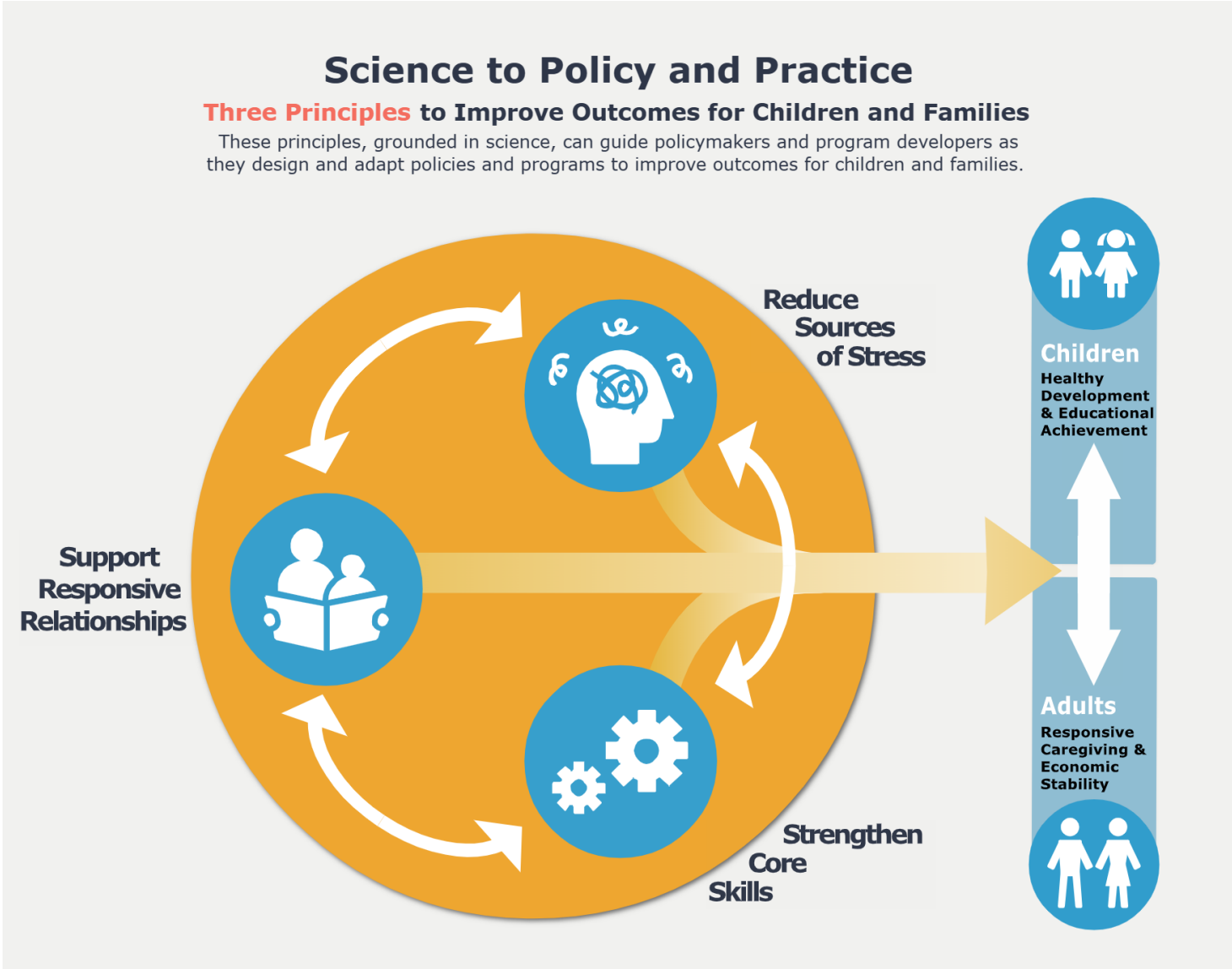
  - **Pediatricians can support the caregiver-child relationship!**
  - **Attachment:** the emotionally attuned give-and-take between the caregiver and child and the trust, safety, and security provided to the child that promotes healthy development and protection from trauma.
  - The relationship between a child and caregiver is a vital sign.

Introducing: The Relational Health History

- Conceptually, similar to other components of health care histories: past medical history, history of present illness, family history, social history, etc.
- Encompasses experiences that are interfering with AND facilitating relational health in families.
- Includes some common assessment tools, but includes surveillance questions and open conversation as well.

Weaving together the pieces of RHH

- Past relational health history: what has happened to the family / parents / caregivers?
  - Assessment tools can facilitate the process, but can do history questions if more comfortable.
  - Can start with ACEs or expanded ACEs as a backbone, then open-ended questions.
  - Anything else scary or upsetting that happened?
- Present relational health history: what is happening to the family now?
  - Peripartum mood disorders
  - Social Drivers of Health – remember fluidity of SDoH…can't be a "one and done"
- Future relational health history: what does the family want to have happen?
  - Positive Childhood Experiences – what PCEs did the caregiver experience? What does the family want their child to experience? Do they need help with that?
  - Relational health promotion – tips and techniques for stimulating relational health.



https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/#graphic-text

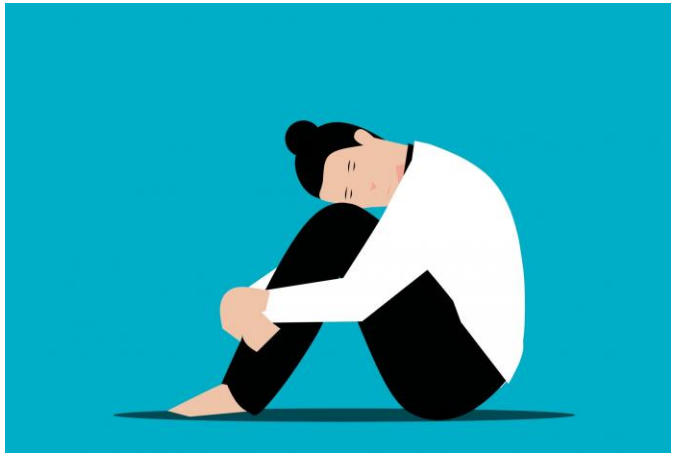
#1: Reducing Sources of Stress

- One of the primary roles of pediatricians is to assess for, and address, barriers to safe, stable, nurturing relationships for our patients.
- Anything that distracts a caregiver from their ability to parent can impact early relational health.
- Common barriers include: caregiver trauma histories, peripartum mood disorders / mental health disorders, and social drivers of health.

What interferes with relational health?

Caregiver trauma history

Social Drivers of Health

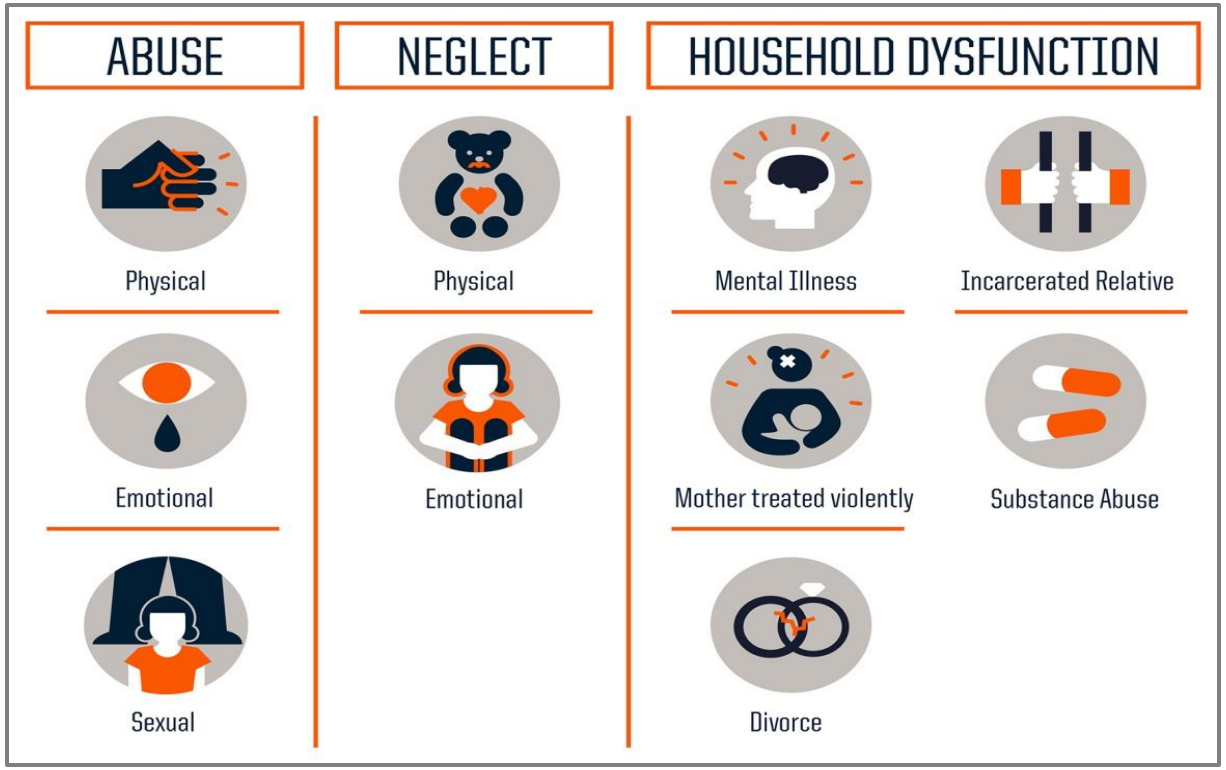


Caregiver depression / anxiety

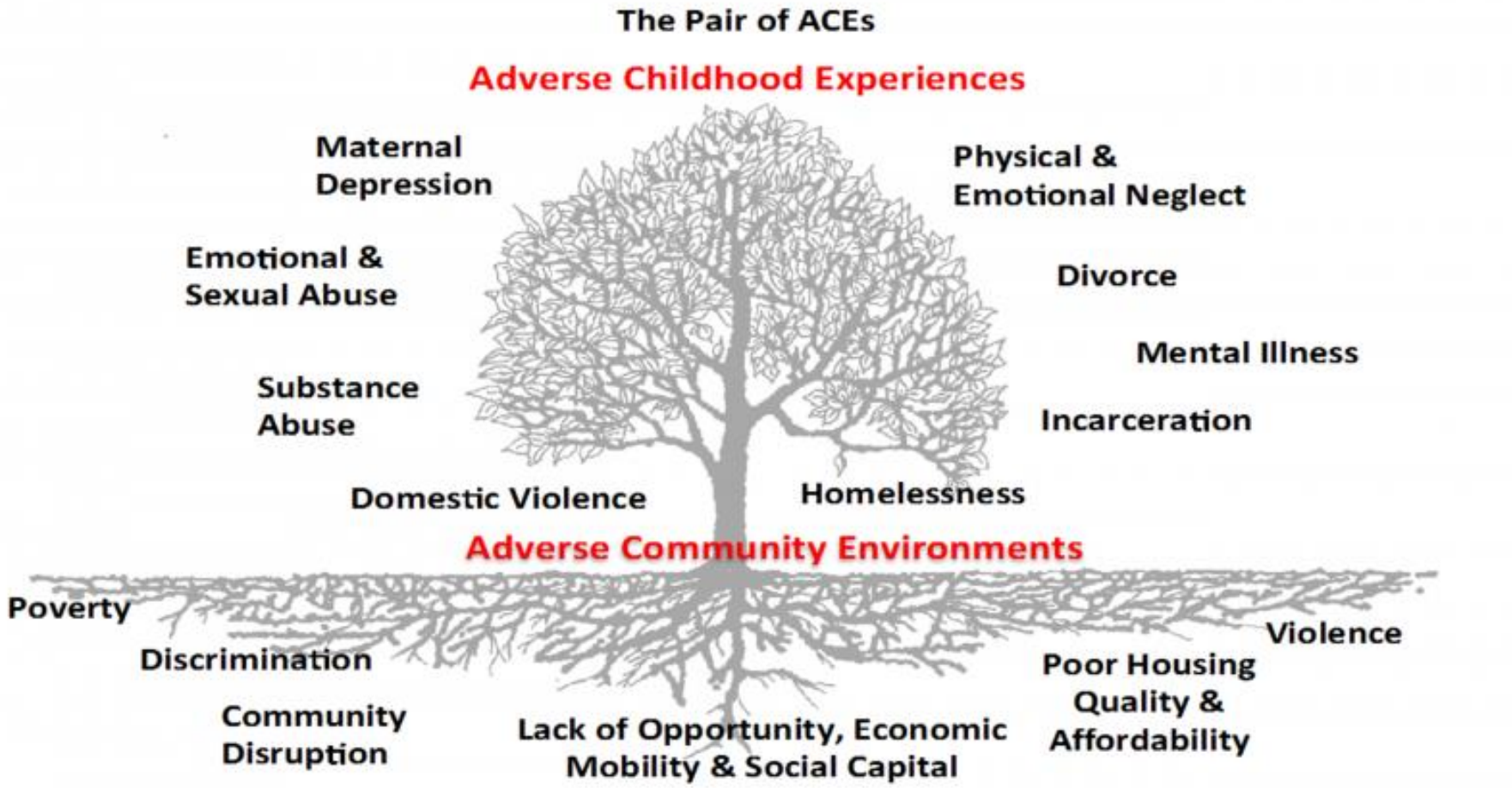
Adverse Childhood Experiences

"We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

Felitti, et al. Am J Prev Med 1998;14:245–258

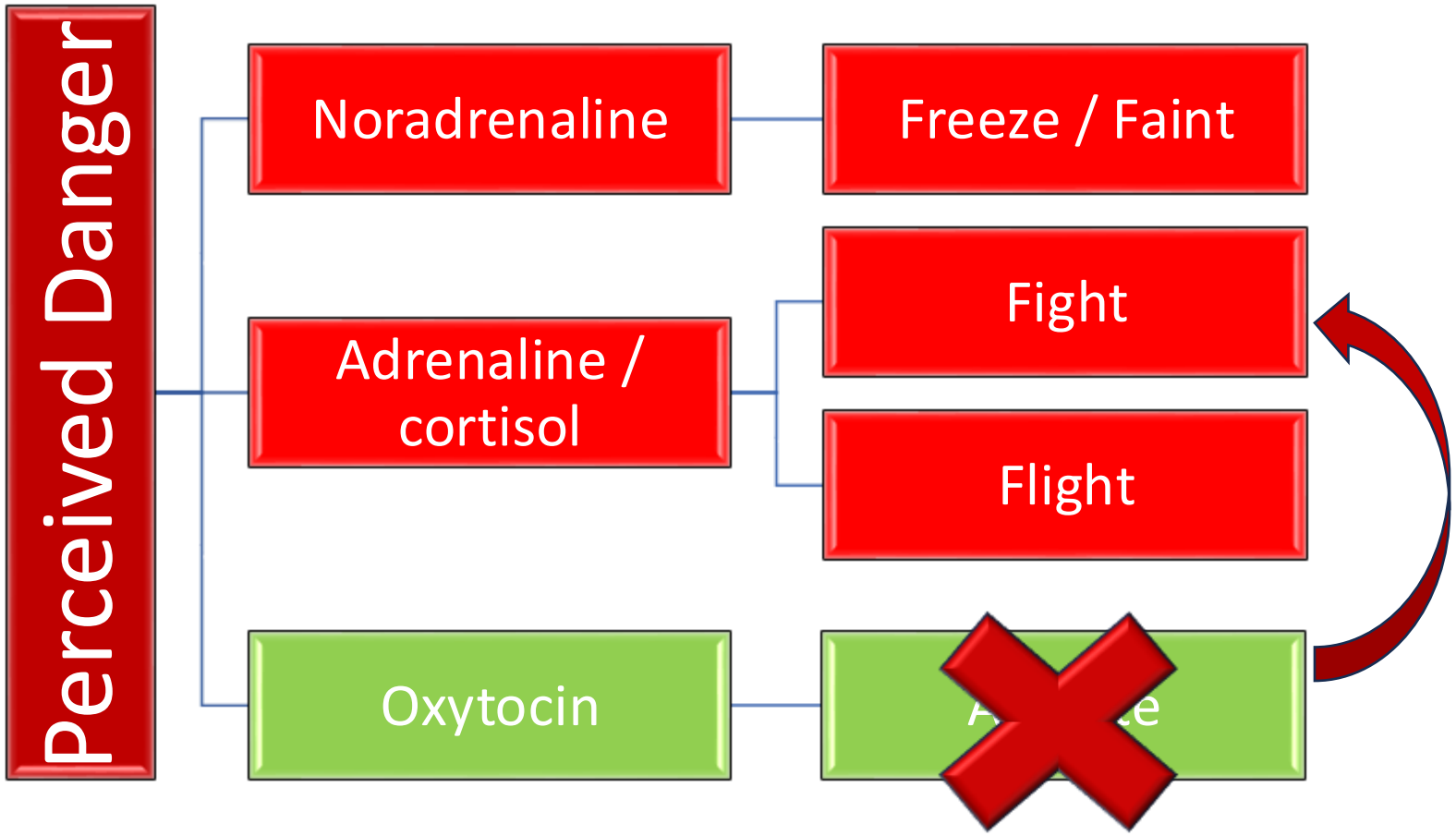


Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Physiology of Stress – Potential Pathways



Stories from the literature – why parent trauma matters…

1. Correlations exist between parent ACE scores and child's ACE score… the more ACEs a parent experiences, the more ACEs the child is likely to experience.
2. Parenting styles are at least in part learned: if a parent experienced harsh parenting, they are more likely to engage in harsh parenting styles themselves.
3. Parents have new brain growth in the first six months after their child's birth – in both the amygdala (emotional center) and frontal cortex (logical center) UNLESS they are experiencing stress, which impairs frontal cortex development.
4. Children who have experienced three or more ACEs before entering Kindergarten have lower readiness scores: literacy, language and math skills are lower – and rates of behavioral problems are higher.

Caregiver Trauma Associated With Child Outcomes

- General developmental delays
- Social-emotional delays
- Behavioral problems – internalizing, externalizing and attention concerns
- Overall health status – including higher rates of asthma
- Missed well visits

Peripartum Mood Disorders

- Studies of Kindergarten Readiness demonstrate that exposure to maternal depression was associated with:
  - **Difficulties in social competence** (aRR = 1.28; 95% CI: 1.20–1.38),
  - **Poor physical health and well-being** (aRR = 1.28; 95% CI: 1.20–1.36)
  - And **poor emotional maturity** (aRR = 1.27; 95% CI: 1.18–1.37).
  - For most developmental domains, exposure to maternal depression before age 1 and between ages 4 and 5 had the strongest association with developmental vulnerability.

(Wall-Weiler, Pediatrics 2020)

Paternal Perinatal Mental Health

- Paternal perinatal distress (depression, anxiety and stress) associated with:
- Global developmental & social emotional delays
- Childhood social-emotional challenges – internalizing and externalizing behaviors, social difficulties, negative affect, and decreased regulatory functions.
- Poor cognitive, language and physical development
- Stronger associations with postnatal distress than prenatal.

(Le Bas et al., JAMA Pediatrics 2025.)

Social Drivers of Health

- A majority (68%) of parents of children under 18 reports experiencing at least one social or lifestyle factor that limits their family's ability to live a healthy life.
  - Insufficient income / employment: 41%
  - Unsafe housing, communities, or exposure to violence: 34%
  - Poor schools and/or low-quality child care: 29%
  - Worried they'd run out of food: 23%
- 32% said they've missed at least one of their child's medical appointments in the last year because they were unable to get to it or pay for it.
- 30% said they don't have time to worry about their child's health unless it's a medical emergency.

(Redefining Health for the Well-Being of Children, Nemours Health, 2019)

“It’s hard to be in relational mode when you’re in survival mode.”

Promoting SSNRs in caregiver-child dyads requires careful support of caregiver health and wellness, and helping build core skills.

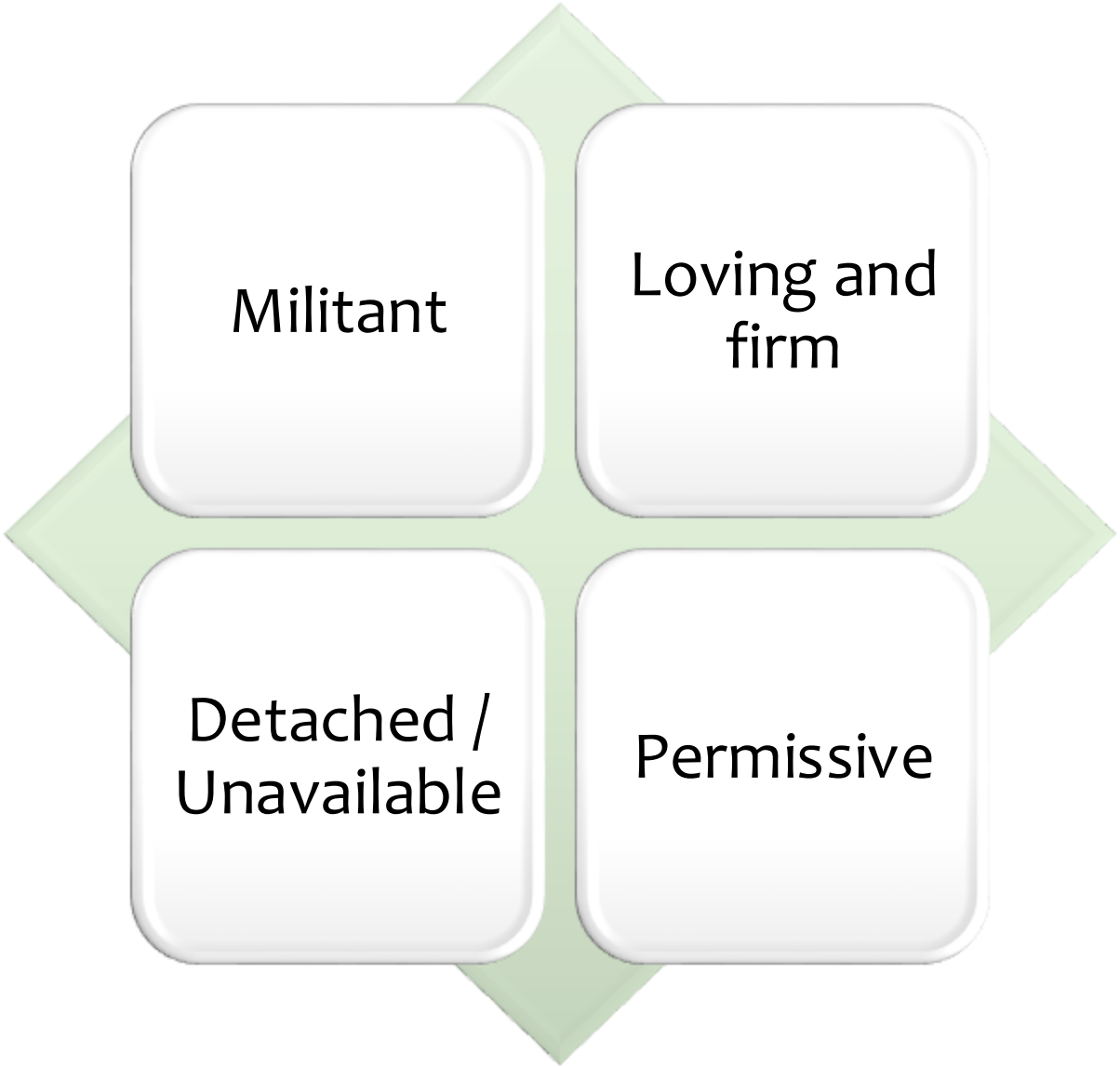
Potential Items to Implement

Subject Area	Easy	Medium	Advanced
Caregiver Trauma	Implement caregiver trauma surveillance questions	Combine with discipline intervention	Assessment Tool • ACEs & PCEs • IPV Screening
Caregiver Depression / Mental Health	Standard Assessment Tool • EPDS • PHQ2/PHQ9	• Add Substance Abuse questions (from SEEK) • Add diaper insecurity questions • Screening fathers	Expand into other age groups – e.g., SEEK or add to other standardized tools
Social Drivers of Health	Hunger Vital Sign	Expanded core domains • Food • Transportation • Housing	Broader screening tool • WECARE • PRAPARE • SEEK • SWYC

Surveillance Questions to Assess Caregiver Trauma

- Can you tell me how you were raised? What do you want to repeat with your kids, and what do you want to do differently?
- Did anything scary or upsetting happen in your childhood? How do you think that affects your parenting now?
- Can you tell me a little bit about your childhood? How was it overall?
- What did you learn from your parents that you want to bring to your parenting experience? What do you want to do differently?

Expectations



Empathy

The Power of Positive Childhood Experiences

- Adults with more PCEs have fewer mental health problems and better social systems.
  - Adults reporting more PCEs showed 72 percent lower levels of adult depression and/or poor mental health and were 3.5 times more likely to get the social and emotional support they need as an adult (Bethell, et al, 2019).
- More PCEs also associated in adulthood with better diet, fewer sleep problems, less substance use and less high-risk sexual behavior (Crandall et al., 2019 & 2020)
  - "When ACEs scores are moderate, counter-ACEs largely neutralize the negative effects of ACEs on adult health. Ultimately, the results demonstrate that a public health approach to promoting positive childhood experiences may promote better lifelong health."

Balancing ACEs: Asking About PCEs

- Before the age of 18, I…
  - Was able to talk with the family about my feelings
  - Felt that my family stood by me during difficult times
  - Enjoyed participating in community traditions
  - Felt a sense of belonging in high school
  - Felt supported by friends
  - Had at least two non-parent adults who took a genuine interest in me
  - Felt safe and protected by an adult in my home

- From Bethell C, et al (2019). JAMA Pediatrics 173(11), e193007

Rounding out the conversation

- Which of these positive childhood experiences are you most excited to have happen for your child?
- How are you doing with making that experience happen?
  - I'm doing great
  - I need some help with this
  - I don't need to discuss this right now
- Is there anything that you think would be helpful for your pediatrician to provide right now?

#2: Support Responsive Relationships

- In the context of trauma, the difference between a tolerable stress and a toxic stress is the presence or absence of a safe, stable, nurturing relationship.
- Part of responsive relationships is helping caregivers navigate challenging behaviors – particularly within the context of trauma.
- For caregivers who have experienced trauma, there may not have been good modeling for how to understand a child's developmental context.
- Anticipatory guidance – one of our well visit mainstays – can be transformed to become "100 little conversations" about relational health.
- Remember the "5 R's": routines, regulation, reassurance of safety, reading the child, and relationship building.

Routines

- Predictability of routines communicates safety to the child, and helps with co-regulation. “Kids like things boring!”
- After a major trauma, a rapid return to routines helps alleviate stress… but this means the routines have to be there in the first place.
- Shifting anticipatory guidance scripts to create relational health-based routines helps to give more specific meaning to how we’re counseling our patients.
- Key components of “stress health” include supportive relationships, sleep, nutrition, exercise, getting out in nature, mindfulness, good mental health.

From Anticipatory Guidance to Relational Health Intervention Opportunities

Stress Buster / AG topic	Conversation prompt	Intervention
Sleep	How is it going creating a good bedtime routine?	Literacy-based sleep routine Bedtime songs Picture charts for older kids
Nutrition	What opportunities do you have to eat together as a family? What do you talk about?	Highs and lows or Roses and Thorns Three good things
Exercise / Getting out in Nature	What opportunities do you and your family have to move your bodies together?	Brainstorm activities that they can do together as a family. Consider providing resources for safe play environments.
Mindfulness	What do you do to keep calm and in-control when faced with a challenge?	Belly Breathing Square Breathing Fall-off breathing
Good Mental Health	How is your child progressing on learning how to regulate emotions?	Physical touch / loving touches
Supportive Relationships	What opportunities do you have to spend one-on-one time with your child?	Time-ins, or Special time

Regulation & Reassurance of Safety

- To help children regulate, consider the developmental process:

  Model the skill → practice with the child → independent mastery

- In other words:

  Do it for me → do it with me → help me do it → I can do it alone

- Physical touch – toddlers who get 30 loving touches a day have fewer tantrums!
- Caregivers should consider themselves an "emotional container" when facing tough behaviors – remain calm, get down to the child's level, and keep their voice soft and even.
- Voice modulation / "motherese" – for infants and toddlers, higher pitched, sing-song voice communicates safety; low-pitched sounds trigger danger.
- Breathing exercises help… consider working them into regular touchpoints, like dinner time, bedtime routine, driving to and from daycare / preschool.

Reading the Child

- Also known as “Keeping the Mind in Mind”, or studying your child.
- “Don’t get furious, get curious.”
- Encourage parent or caregiver to step back when seeing a challenging behavior and reflect on what the child is thinking or feeling.
- Break it down into the “ABC” of behavior:
  - Antecedent (what happened right before the behavior?)
  - Behavior (what did they see, and what might it mean?)
  - Consequence (what did the child achieve through the behavior?)
- When witnessing a “big feeling”, have parents name what emotion they saw, once the child is calm… this helps with emotional literacy.

Relationship Building: Time-Ins (aka "Special Time")

- Have caregivers commit to spending 5-10 minutes a day, one-on-one with the child, playing.
- During time-ins, the child chooses the activity (caregivers provide context for infants).
- Comment, praise, and describe constantly… but don't correct, question, or criticize.
- If a child does something disruptive, stop talking right away. Start talking as soon as they go back to the good behavior.
- Remember that time-ins are important for older kids as well… structure may change but the concepts remain.

Self-Care Intervention

Other interventions: Mirror Neurons

- Explaining mirror neurons and “serve and return” interactions helps caregivers of young infants understand the importance of their interactions.
- Mirror neurons actually become active within about 45 minutes after birth.
- Can consider referencing the Still Face Experiment, or even sharing it with parents.

Bids for ~~Attention~~ *Connection*

- Based on term from John Gottman, in describing how adults engage with each other in their relationships.
- In infants and toddlers, some bids are obvious but others are more subtle.
- Also known as “being a baby observer”.
- When an infant or toddler does something, what are they trying to communicate?

#3: Strengthening Core Life Skills

- When asked, parents and caregivers who have experienced trauma are most interested in
  - Information about trauma & its effects,
  - parenting skills,
  - and parent support groups.
- Caregivers also want more information about social-emotional health, and how to promote it.
- Positive parenting skill-building, trauma education and developmental promotion are within our wheelhouse to address as pediatricians.

Executive functioning – what is it?

- "Mounting research from neuroscience and psychology tells us that there is a set of underlying core capabilities that adults use to manage life, work, and parenting effectively. These include, but are not limited to: **planning, focus, self-control, awareness,** and **flexibility**. To scientists, these capabilities fall under the umbrella of self-regulation and executive function."

- A lot of executive function coaching may feel out of our wheelhouse, but effectively supporting caregivers in positive parenting means they can model some of these skills to their children.
- Adopting a strengths-based approach to anticipatory guidance and counseling also helps positively impact executive functioning by improving feelings of self-efficacy.

- For example, telling a new mom that she's doing a good job improves feelings of self-efficacy that endures for several years!

What is Positive Parenting?

- Parent-child relationship that is “responsive to child’s needs and feelings and combines warmth and thoughtful, firm limit setting consistently over time”
- Therefore, positive parenting is positive in its:
  - Intention from the parent / caregiver
  - Regard for the child
  - Outcome for the behavior

Caregiver trauma and Parenting Skills

- From the psychology literature, we know that parenting styles are at least partly inherited – if a caregiver experienced harsh parenting styles, they're more likely to use those same techniques.
  - Modeling of good parenting skills.
  - Tendency to "revert to what you know" when under stress.
- That said, when asked about their trauma history, most caregivers state that they want to do differently for their child.
- Parents also know that social-emotional health is critical to their kids' success in school, but acknowledge that it's the area where they get the least advice and support.

Positive Reinforcement, 5:1 ratio

- For every one time you have to correct or discipline a child, try to find five things that they are doing right.
- Reinforcing the good behavior – by giving attention for what you want to see – will help increase the good behaviors and decrease the bad ones.

50-100 Loving Touches a Day

Hugs and kisses

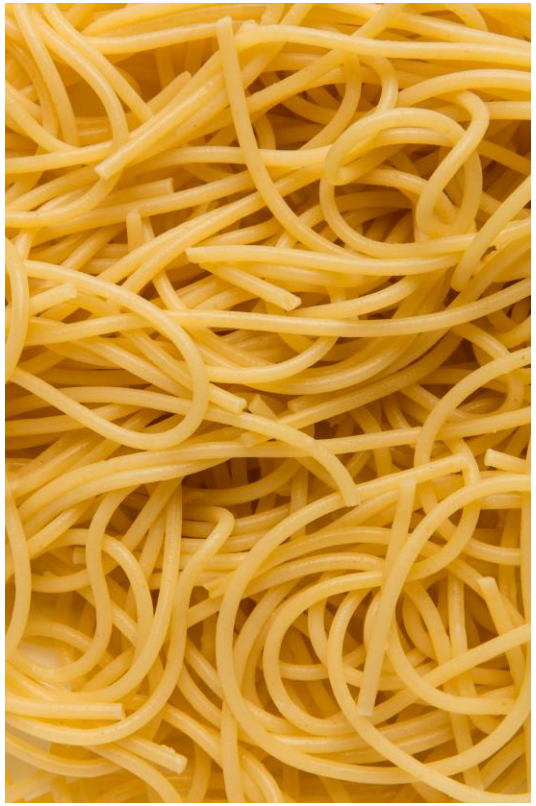
High fives

Shoulder rubs / back rubs

Fist bumps

Name it to Tame it

- When witnessing a big behavior, encourage caregivers to name the emotion that they're witnessing once the child begins to regulate.
- Then follow up with a comment about what to do when feeling that emotion.
- When parents are having their own emotions, call it out, say what you're going to do about it, and invite the child to participate.
  - "I'm feeling really angry right now. I'm going to go for a walk (take big breaths, etc.) to calm down. Do you want to go with me?"



Broccoli and Goldfish

Regulate-Relate-Reason: Flipping your Lid

- From Dan Siegel's work – model for helping caregivers (and children) learn about emotional regulation.

Radical Acceptance

The ability to accept situations that are outside of your control without judging them, which in turn reduces the suffering that is caused by them.

Changing your mind…

What's wrong with you?

What happened to you?

What's strong with you?

How can I help?

“One does not need to be a therapist to be therapeutic.”

J. Ford, C. Wilson

The Pediatrician's Role in Preventing Child Maltreatment – AAP Clinical Report (August 2024)

Universal & Targeted Interventions	Assessing risk and protective factors: Including relational health in history taking.
	Including relational health in anticipatory guidance.
	After maltreatment has occurred, preventing future harm.
	Socioeconomic support for families in need.
	Utilizing resources outside the medical facility.

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