Childhood Trauma Screening & Intervention:
What Pediatricians Need to Know

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The Yale Center for Traumatic Stress & Recovery

Mission: Translate direct clinical experience and advances in scientific and practical knowledge into specialized interventions for traumatized children and families

- Continuously funded National Child Traumatic Stress Network (NCTSN) program for > 20 years
- Multi-disciplinary team providing clinical care, community response, education, research, and dissemination

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The Yale Center for Traumatic Stress & Recovery

Clinical services/community response:
- Acute responses and follow-up coordinated care after potentially traumatic events
- Early trauma-focused intervention: Child and Family Traumatic Stress Intervention (CFTSI)
- Long-term trauma-focused treatments (e.g., Trauma-Focused Cognitive Behavioral Therapy, family therapy)
- Disaster response (e.g., Sandy Hook & Uvalde school shootings)

Longstanding collaborative partnerships:
- Child Development-Community Policing (CD-CP) program
- Yale New Haven Hospital Pediatric Emergency Department
- Child Advocacy Centers (Bridging Program)

Advanced training programs for psychologists, psychiatrists, social workers

Enhancing trauma-informed systems that interact with youth and families impacted by trauma (e.g., schools, law enforcement, child welfare system, pediatrics)

Evaluation & dissemination of evidence-based, trauma-focused treatments (e.g., CFTSI)

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Presentation outline

- What is trauma?
- Developmental and long-term impacts of trauma
- Identification of traumatized youth in pediatric practice

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School shootings in the US

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Were the events at Sandy Hook traumatic?

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Why were the events at Sandy Hook potentially traumatic?

- Unanticipated danger
- Lack of control/powerlessness
- Immobilized usual methods for managing stress & overwhelmed the ability to cope

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Psychological trauma as injury

Overwhelming experience of danger and threat that leads to:

- Loss of control, feelings of helplessness, confusion
- Neuro-physiological dysregulation that alters behavior, emotion, and cognition

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What are the most common traumatic events that your patients experience?

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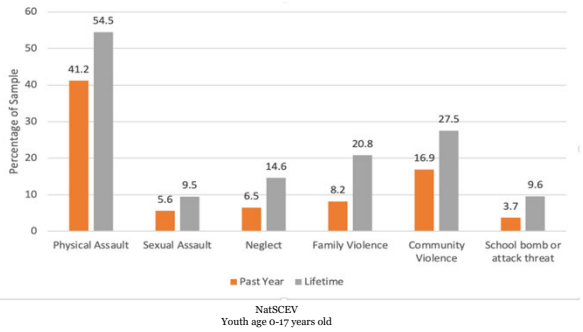
Common trauma types in the US



NatSCEV
Youth age 0-17 years old

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Other potentially traumatic experiences

- Serious motor vehicle accidents and accidental injuries
- Painful, scary, and/or invasive medical procedures
- Racial trauma and discrimination
- Natural disasters
- Death by suicide and drug overdose
- Mass casualty events
  - School shootings
  - Terrorist attacks
  - War

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Child development & trauma

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Child development & trauma

Developmental period	Expected Development	Traumatic Stress
Infants & Young Children	-Need protection and nurturing -Reliability and consistency in care-taking are essential -Basis for secure attachment	-Eating and/or sleeping disturbances -Inability to be soothed, constant crying -Withdrawal, passivity
Toddlers & Preschoolers	-Continued reliance on caregivers -Develop increased capacities: physical, cognitive, language development -Normal struggles around separation and control	-Attachment difficulties -Agitated motor behavior or extreme passivity -Eating and/or sleeping disturbances -Inconsolable crying -Heightened struggles for control
4-6 years old	-Increased sophistication of language -Increased cognitive capacities -Mastering of real vs fantasy -Engage in play to express feelings and ideas -Decreased activity	-Regression across multiple domains/loss of previously attained milestones -Nightmares -Temper tantrums -Fears and phobias -Guilt and self blame -Repetitive traumatic play
School age	-Reduced reliance on caretakers; more independence -Importance of friends -More energy devoted to school, sports, games -Develop mastery and control in multiple domains	-Poor academic performance -Peer difficulties or isolation -Behavioral difficulties -Excessive worry/anxiety, clinging to adults -Sleeping and eating disturbances -False bravado
Puberty & Adolescence	-Psychological & physical changes increase the intensity of sexual and aggressive urges -Preoccupation with body -Sense of distinctiveness and individuality -Peer pressure and peer relationships -Ongoing separation from parents	-Feelings of inadequacy -Unrealistic feelings of guilt -Exaggerated preoccupation with body -Somatic manifestations -Risk-taking behaviors

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Posttraumatic Stress Disorder: DSM-5

- Intrusion symptoms (e.g., intrusive thoughts, nightmares, flashbacks, trauma reminders)
- Avoidance (efforts not to think about or be reminded of the trauma)
- Negative thoughts and mood
- Hyperarousal (angry outbursts, difficulty concentrating)

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Long-term consequences

- Without recognition, support, and treatment, early traumatic reactions can persist and interfere with optimal development, resulting in long-term negative outcomes
- Examples of long-term impact of unresolved trauma:
  - **PTSD**
  - **Depression & Anxiety**
  - **Dissociative symptoms**
  - **Substance misuse**
  - **Re-victimization**
  - **Chronic health problems**
  - **Unstable and poorly functioning relationships**
  - **Perpetration of violence**
  - **Personality disorders**

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Event factors

- Physical proximity to event
- Emotional proximity to event (e.g., threat to child, parent versus stranger)
- Secondary effects-of primary importance (e.g., physical displacement and social disruption)

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Broader contextual factors

- Poverty
- Racism & discrimination
- Access to health and mental health care
- Housing conditions
- Neighborhood characteristics
- Broader sociopolitical factors
- War

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Individual factors

- Genetic vulnerabilities and capacities
- Prior history (i.e., consistent stress or one or more stressful life experience/s)
- Familial health or psychopathology
- History of psychiatric illness
- Capacities for regulation
- ***Identification***
- ***Family and social support***

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Key protective factors to support children exposed to PTEs

Early identification of posttraumatic distress

Social/family support

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The Child and Family Traumatic Stress Intervention (CFTSI)

Brief (5-8 session) evidence-based early intervention model for children that is implemented:

- After recent exposure to a potentially traumatic event
- After recent disclosure of earlier sexual or physical abuse

Children aged 7-18 years old

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CFTSI results (Children 7-18 years old)

Significant decrease in child's trauma symptoms	• Children who received CFTSI were 65% less likely to meet full criteria for PTSD[1]
Significant decrease in caregiver's trauma symptoms	• 62% of participating caregivers experienced clinically meaningful improvements in PTSS[2]
Increase in child-caregiver communication	• Significant decrease in discrepancy in child and caregiver reporting on child's PTSS[3,4]

[1]Berkowitz et al., 2011; [2]Hahn et al., 2019; [3]Hahn et al., 2016; [4]Goslin & Epstein, 2024

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Goals of early intervention

Improve	Reduce	Assess
Improve screening and initial assessment of patients impacted by traumatic stress	Reduce traumatic stress symptoms; interrupt and prevent chronic PTSD and related disorders	Assess patient's need for longer-term treatment • Serves as structured approach to assessment • Can act as a seamless introduction to longer-term treatment if deemed necessary

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CFTSI treatment applications & innovations

- Young children (3-6 years old)
- Children in foster care/ out-of-home placements
- Telehealth delivery

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Longer-term trauma-focused treatments

- Trauma-focused cognitive behavioral therapy (TF-CBT)
- Child-parent psychotherapy (CPP)
- Trauma-focused therapy for adults (CPT)

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Trauma-informed screenings

1. Potentially traumatic experiences
2. Traumatic stress reactions

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Screening for traumatic stress: Acute Stress Checklist by Center for Pediatric Traumatic Stress (CPTS)

(ASC-6)

1	At times, it seems like it is happening all over again.
2	When something reminds me of what happened, I feel very upset.
3	I want to stay away from things that remind me of what happened.
4	I try to stop my feelings about it.
5	I have a harder time concentrating or paying attention.
6	I feel scared that something bad might happen.

Never / Not true
Sometimes / Somewhat
Often / Very true

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Caregivers/parents are key partners in screening & assessment

- Caregivers are the experts in their children
- Caregiver observations are essential to understanding mood, cognitive, behavioral, and physiological changes in their children which may stem from trauma
- However, caregivers may not know about or be willing to disclose all their children's traumas and/or traumatic stress reactions

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Connecting traumatized youth to evidence-based treatments

- Pediatric providers have a key role in linking traumatized patients to appropriate care

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Additional resources

- National Child Traumatic Stress Network
- Acute Stress Checklist (ASC-Kids) | Patient Centered Care and Trauma Informed Care for Pediatric Patients - HEALTHCARE TOOLBOX
- Toolkit for Health Care Providers: Medical Traumatic Stress
  - https://www.nctsn.org/sites/default/files/resources//pediatric_toolkit_for_health_care_providers.pdf

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Why is it rewarding to identify and refer youth impacted by trauma in your practice?

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