Trauma informed care: Transforming your practice

Nayla M. Khoury MD, MPH
Assistant Professor, Psychiatry; Upstate Medical University
&
Victor M. Fornari, MD, MS
Professor of Psychiatry & Pediatrics; Zucker School of Medicine at Hofstra/Northwell

Speaker:

Nayla M. Khoury, MD

Assistant Professor, SUNY Upstate
Medical Director, Child Psychiatry Outpatient

Contact:
Khouryn@upstate.edu

Speaker:

Victor M. Fornari, MD, MS

Professor of Psychiatry & Pediatrics
Zucker School of Medicine at Hofstra/Northwell
Director, Division of Child & Adolescent Psychiatry
The Zucker Hillside Hospital &
Cohen's Children's Medical Center

Contact: vfornari@northwell.edu

Disclosures

Neither we nor our spouses/partners has a relevant financial relationship with a commercial interest to disclose.

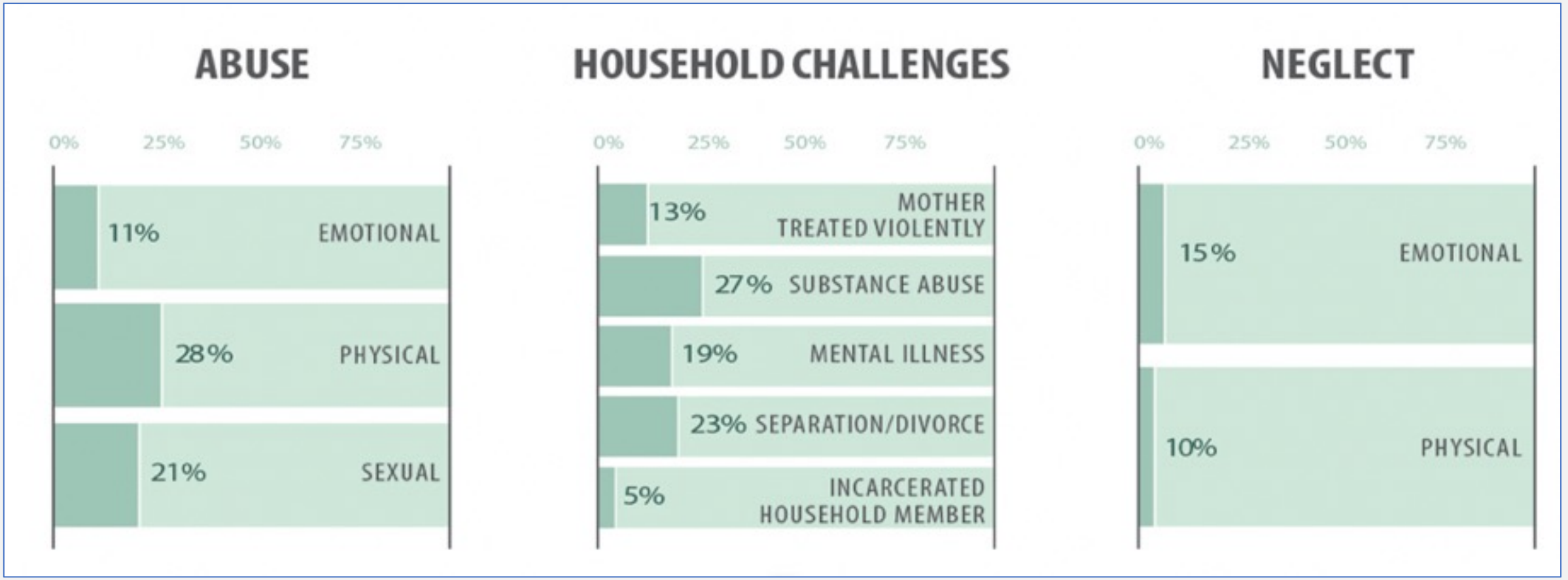
Learning objectives

- Learn the importance of trauma informed care principles & strategies for applying to your practice.
- Review evidence based prevention and treatment to support resilient patients, families, and yourself.
- Identify developmentally appropriate strategies for assessing, diagnosing and treating trauma and trauma-related disorders.

Why this matters.

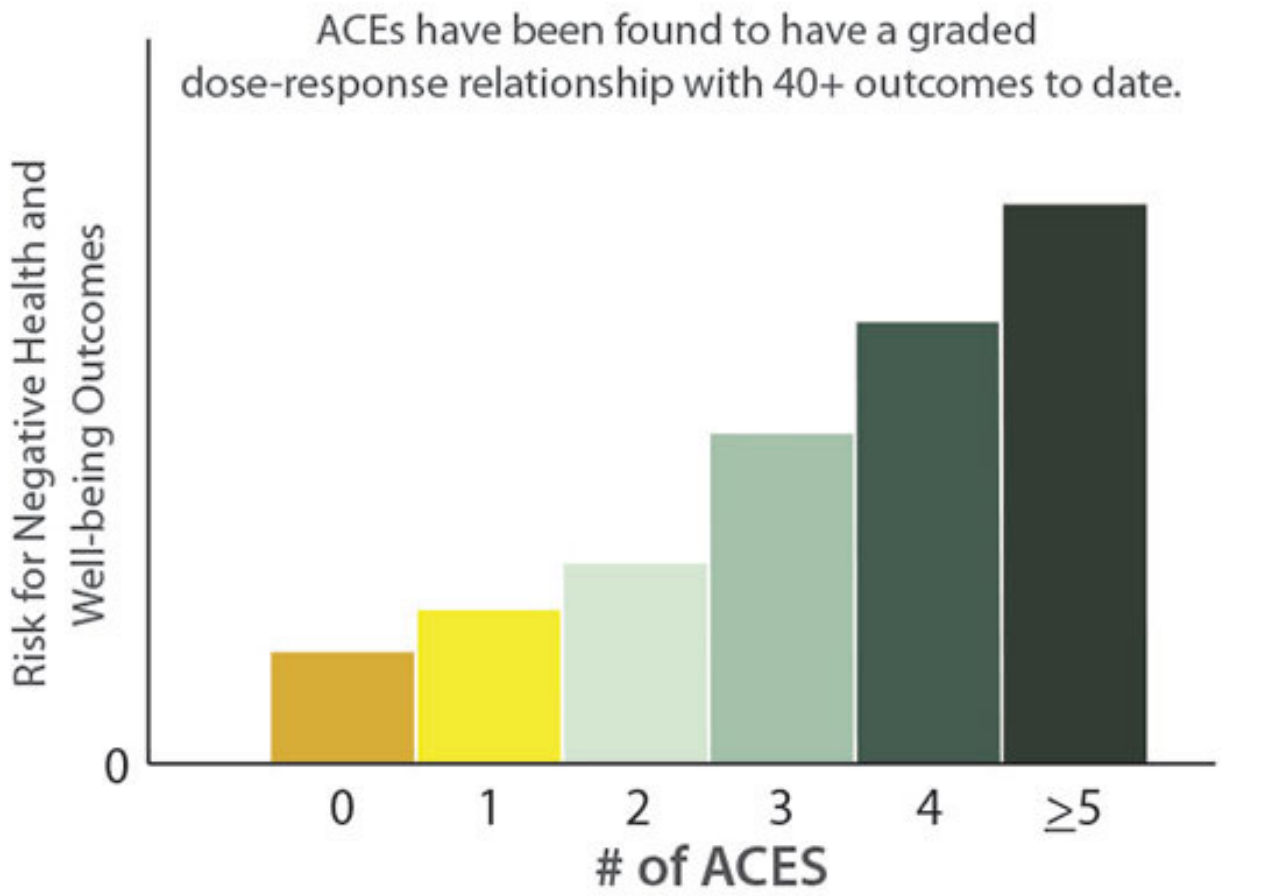
- Trauma is ubiquitous.
- Patients, staff, ourselves – we can all experience its effects.
- Trauma informed care can help
  - Frame for approaching kids and families regardless of diagnosis.
  - Provide principles for increasing engagement & supporting resiliency for ourselves and our patients.

~60% adults report at least 1.
25% adults report 3 or more ACES.



From ACES study (90s, middle class, Kaiser)

Association between ACEs and Negative Outcomes



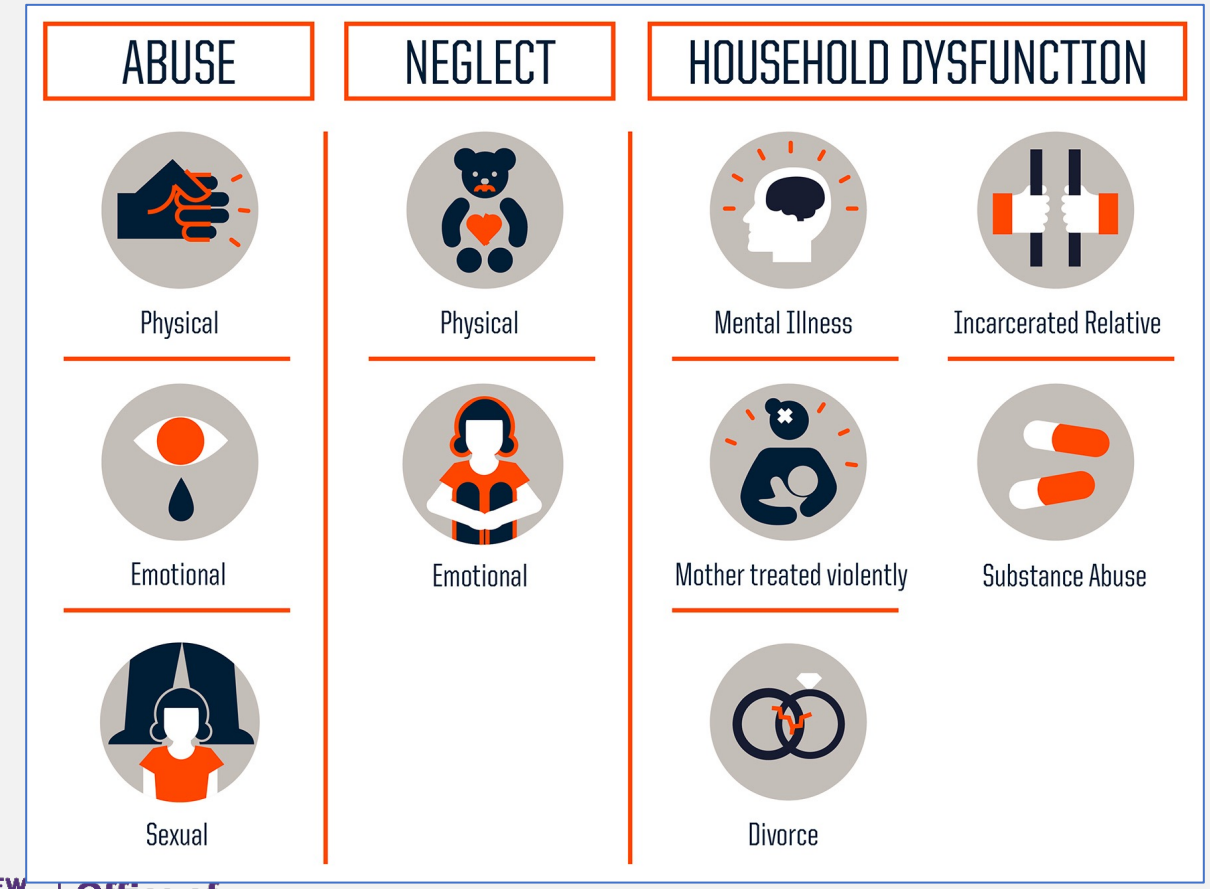
*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Figure 2: Leading Causes of Death in the U.S.

	Leading Causes of Death in the U.S., 2017	Odds Ratios for ≥ 4 ACEs (relative to no ACEs)
1	**Heart disease**	2.1
2	**Cancer**	2.3
3	**Accidents** (unintentional injuries)	2.6
4	**Chronic lower respiratory disease**	3.1
5	**Stroke**	2.0
6	**Alzheimer's** or dementia	11.2
7	**Diabetes**	1.4
8	**Influenza and pneumonia**	Risk unknown
9	**Kidney disease**	1.7
10	**Suicide** (attempts)	37.5

NEW YORK STATE

Trauma Types: Expanded ACES



- Bullying
- Community Violence
- Complex Trauma
- Disasters
- Medical trauma
- Refugee trauma
- Terrorism
- Traumatic Grief

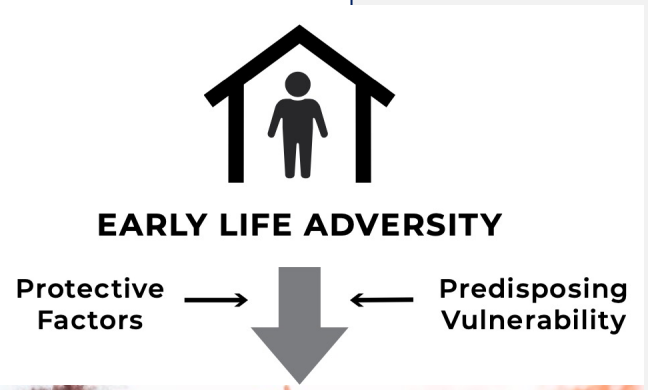
Historical & Racial Trauma

- Historical – *impacts entire communities, cumulative and transmitted across generations*
  - Mechanisms include social as well as biologic transmission
  - Ex. African American communities and legacy of slavery, displacement of Native Americans and boarding schools

- Racial - *trauma due to witnessing or experiencing racism, discrimination or structural prejudice*
  - Increased vigilance, suspicion, sensitivity to threat, sense of foreshortened future
  - Understandable response to stress, particularly in communities with increased risk for community violence and victimization.

Role of primary care

- Supportive relationship over time.
- A safe place:
  - Patient centered medical home.
- Targeting modifiable/preventable ACES.
- Leveraging BCES & resilience factors.



Trauma informed care (TIC): Framework

- **Understanding** the prevalence of trauma & adversity & its impacts.
- **Recognizing** the effects of trauma & adversity on health and behavior.
- **Training** leadership, providers, and staff on responding with TIC best practices.
- **Integrating** knowledge about trauma into policies, procedures, practices.
- **Resisting re-traumatization** by approaching patients with non judgmental support.

Trauma informed care: Principles

Establish physical and emotional safety of patients and staff.

Build trust between providers and patients.

Recognize the signs and symptoms of trauma exposure on physical and mental health.

Promote patient-centered, evidence-based care.

Ensure collaboration by bringing patients into process of goal-setting, treatment-planning.

Provide culturally sensitive care.

Jon, 10 yr old boy

- **CC:** Aggression at dad's house and refusing to go.
- **Background:** Split households; h/o dad incarceration and drug use; historical traumas present and pattern of disrupted families.
- **On exam:** Jon presents as youth with peer social difficulties, negative outlook.

Jon, 10 yr old boy

- **CC:** Aggression at dad's house and refusing to go.
- **Background:** Split households; h/o dad incarceration and drug use; historical traumas present and pattern of disrupted families.
- **On exam:** Jon presents as youth with peer social difficulties, negative outlook.
- **Differential dx:** ADHD, depression, anxiety, trauma-related

Jon, 10 yr old boy

- **CC:** Aggression at dad's house and refusing to go.
- **Background:** Split households; h/o dad incarceration and drug use; historical traumas present and pattern of disrupted families.
- **On exam:** Jon presents as youth with peer social difficulties, negative outlook.
- **ACES (3+):** separated parents, substance use, incarceration…

Trauma informed care principles with Jon

- Team-based approach for Jon and family
  - How to start relationship with regards to space, time, orientation?
  - Who screens? Which screens?
  - Who follows up if positive?

- Taking care of oneself as provider (compassionate boundaries)
  - What do you need to assess and treat this family?
  - How do you get additional help?
  - What are your limits?

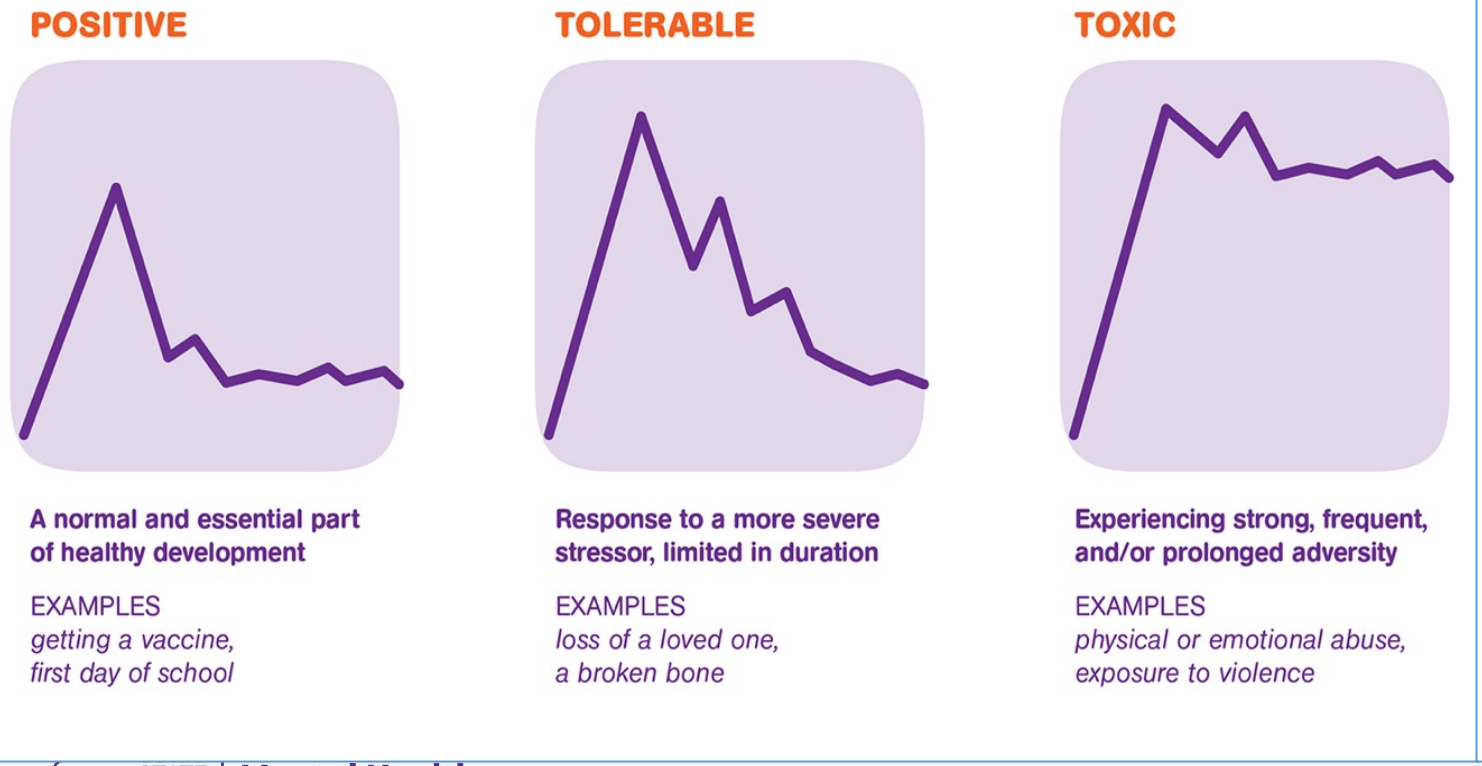
Trauma informed care key ingredients

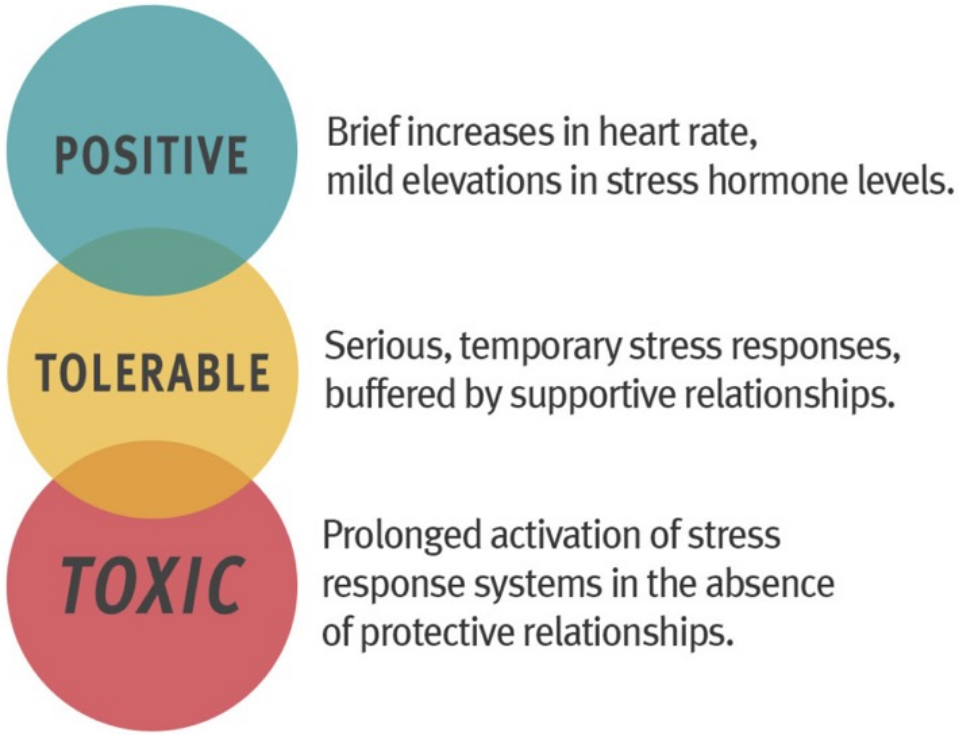
Organizational	Clinical
▪ Leading and communicating about the transformation process ▪ Engaging patients in organizational planning ▪ Training clinical as well as non-clinical staff members ▪ Creating a safe environment ▪ Preventing secondary traumatic stress in staff ▪ Hiring a trauma-informed workforce	▪ Involving patients in the treatment process ▪ Screening for trauma ▪ Training staff in trauma-specific treatment approaches ▪ Engaging referral sources and partnering organizations

Menschner & Maul, 2016

When is stress “Toxic”?

- Stress is a normal and necessary part of development.
- Toxic when prolonged; in absence of protective relationships.

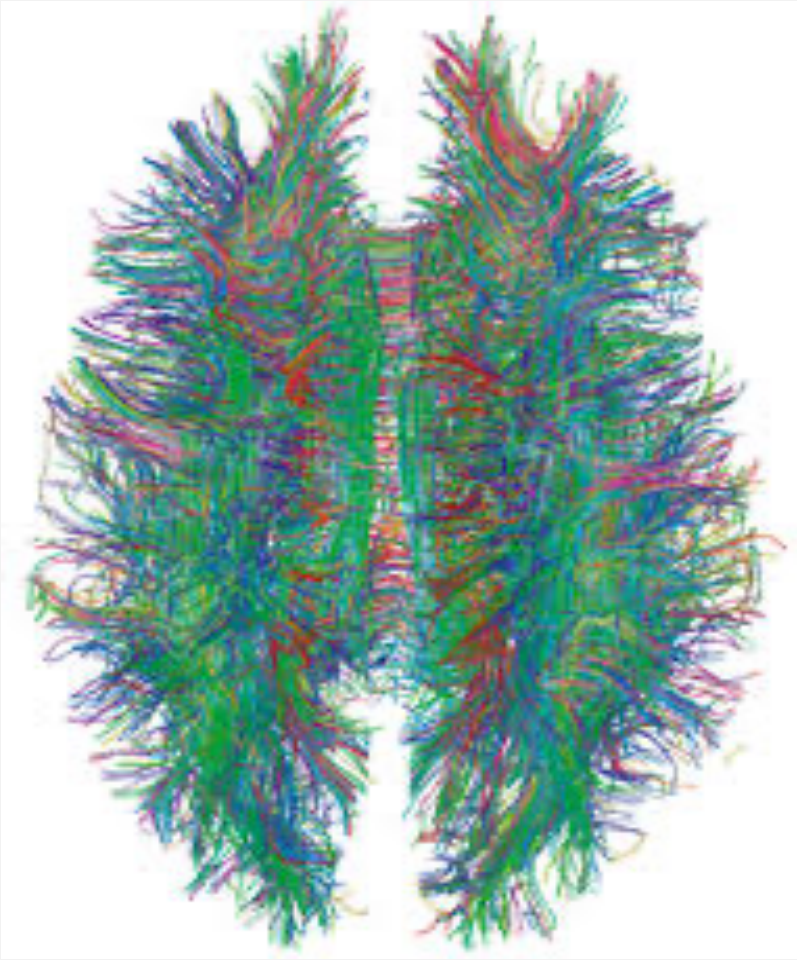


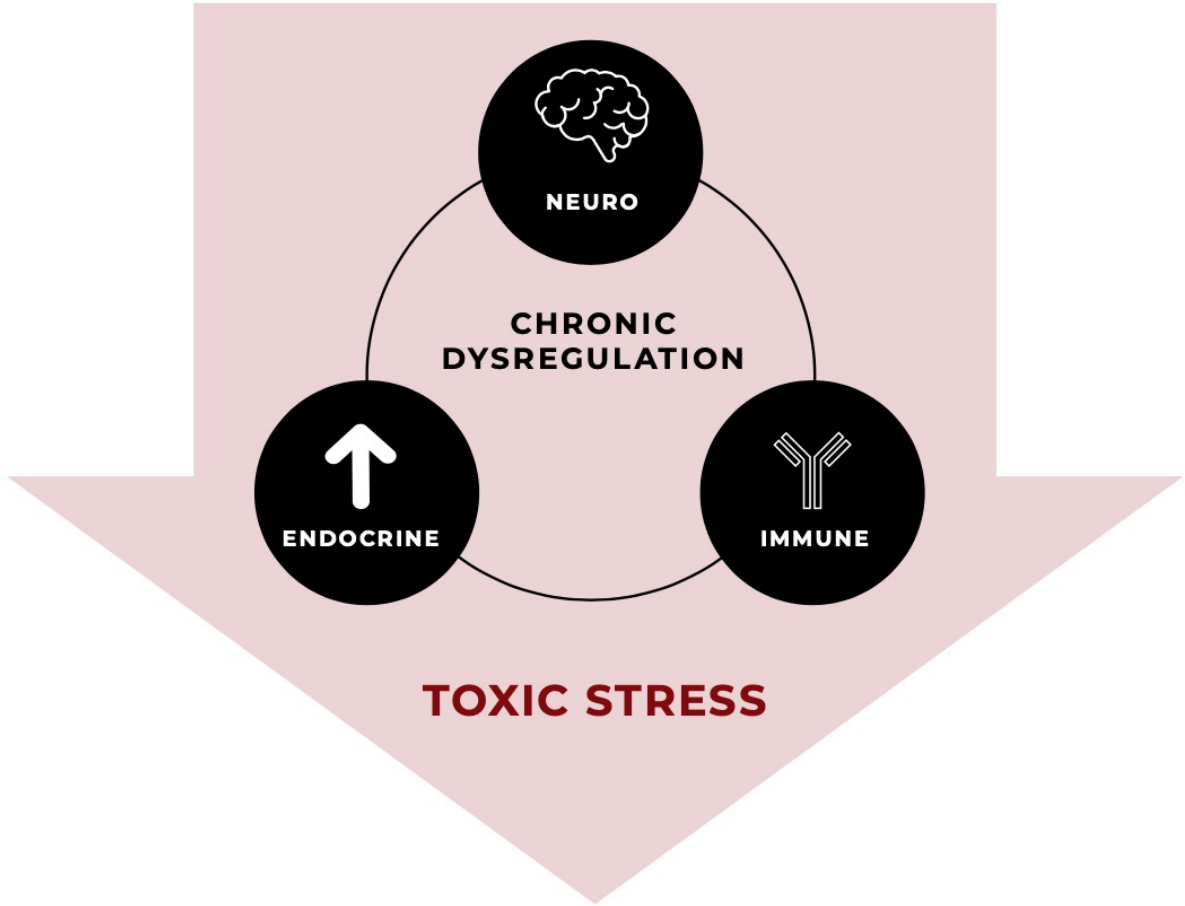


Biology of trauma

- Begins before birth with epigenetics.
- Brain not structurally complete at birth.
  - Myelination, synaptic connections, glial and circulatory development continue.
    - Depends on adequate nutrition, no toxins.
    - Critical sensitive periods of development.
    - Guided by “good enough” environment/cues
- Impacted: executive function, emotion regulation

Van der kolk, (2003)





CLINICAL IMPLICATIONS

Epigenetic		
Endocrine Metabolic Reproductive	Neurological Psychiatric Behavioral	Immune Inflammatory Cardiovascular

Adapted from *Bucci et al.*, 2016[16]

Stacy Drury

- Polymorphisms
- Telomeres
- Methylation

TELOMERE

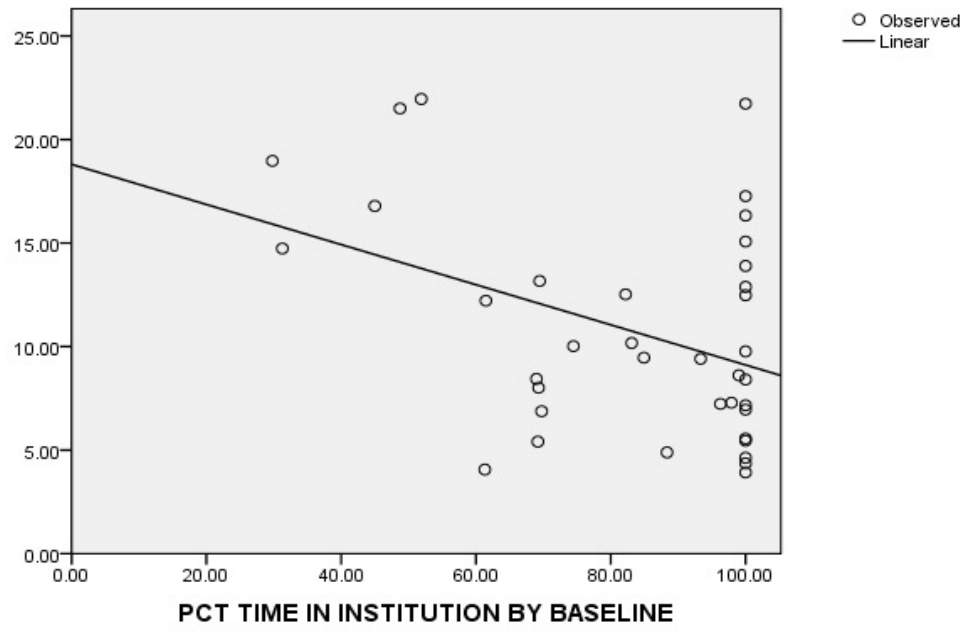
Telomeres are specialized nucleoprotein complexes located at the end of chromosomes that promote chromosomal stability.

Telomeres are required due to the ‘end DNA replication problem’ where DNA polymerase can only replicate DNA in the 5’ to 3’ direction.

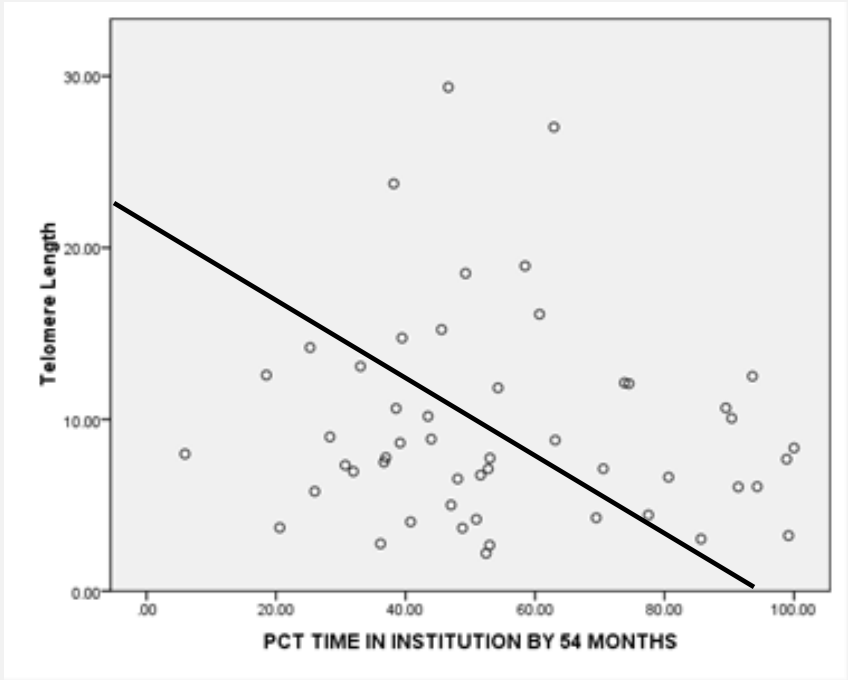
In germ cells and stem cells, a cellular enzyme, telomerase, functions to extend telomeres. However, telomerase is not present in the majority of somatic cells and therefore telomere length shortens with each successive cellular division.

Telomere length and percent of life in Romanian institutions

Girls at baseline (22months)



Boys through 54 months



Drury et al., 2012 *Molecular Psychiatry*

Biological marker

- Telomere length may represent an objective epigenetic biomarker of early adversity and putatively one mechanism by which early adversity gets ‘under the skin’ and into our biology.

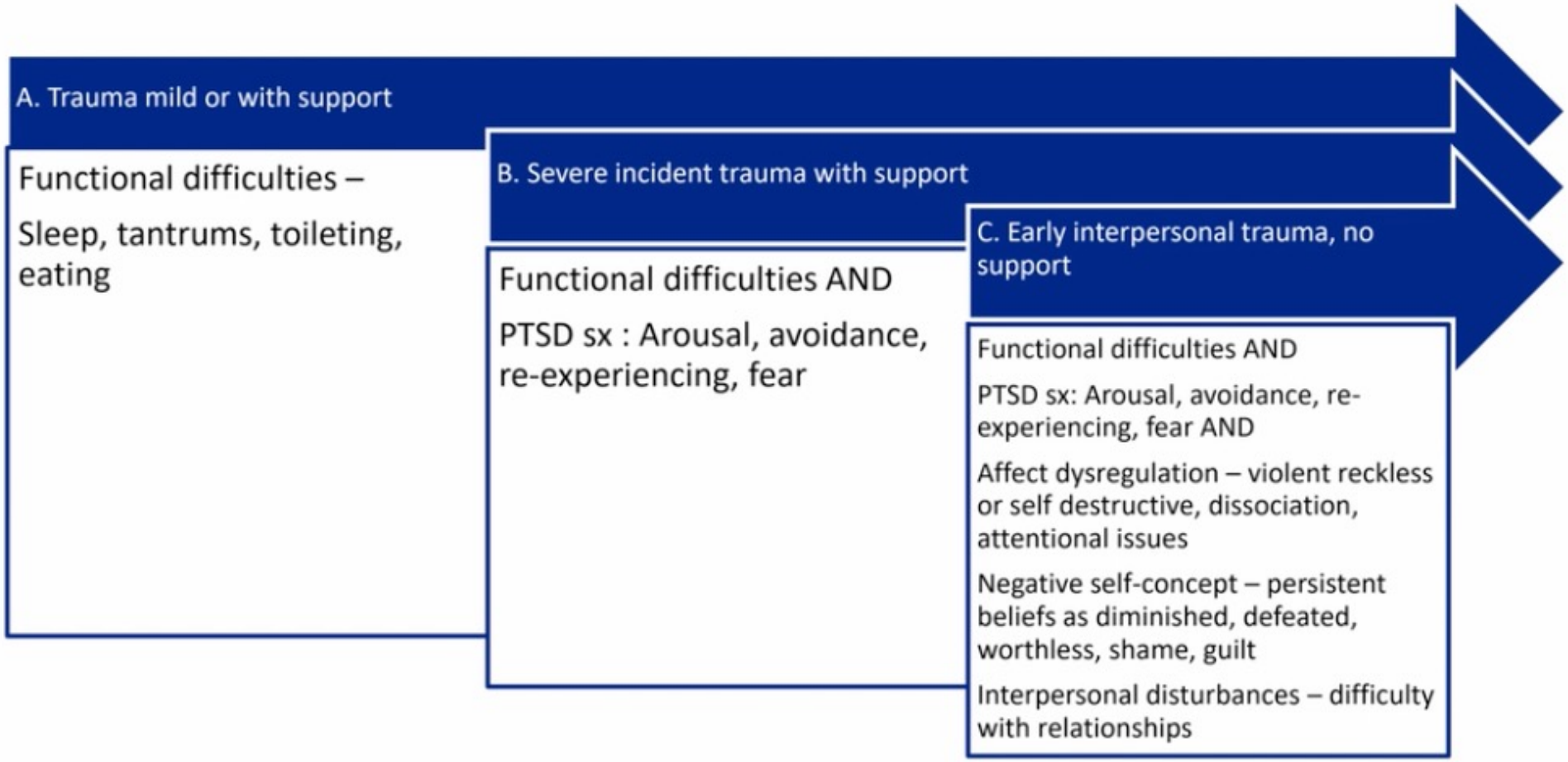
Challenges in primary care

- Trauma may not be easily or willingly disclosed.
- Question of ongoing trauma with desire to trust parents and build relationships.
- Overlapping sx: Trauma , ADHD, depression, & anxiety.
- Traumatic stress severity known to increase suicide risk.

Learning objectives

- Learn the importance of trauma informed care principles & strategies for applying to your practice.
- Learn evidence based prevention and treatment to support resilient patients, families, and yourself.
- Identify developmentally appropriate strategies for assessing, diagnosing and treating trauma and trauma-related disorders.

Trauma Spectrum: Functional symptoms, PTSD and complex trauma



PTSD in DSM-5

- Traumatic event (Criterion A) + 4 clusters + impairment x one month
- Clusters:
  - B: **Intrusive symptoms**
    - For kids – repetitive play with trauma themes
    - Frightening dreams without recognizable content
    - Trauma reenactments during play
  - C: **Persistence avoidance**
  - D: **Negative changes in cognition and mood**
  - E: **Hyperarousal and reactivity changes**

Trauma and Stressor Related Disorders

- Acute Stress Disorder
- Adjustment Disorders
- Post traumatic stress Disorder
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Other Specific Trauma and Stressor Related D/O
- Unspecified Trauma and Stressor Related D/O

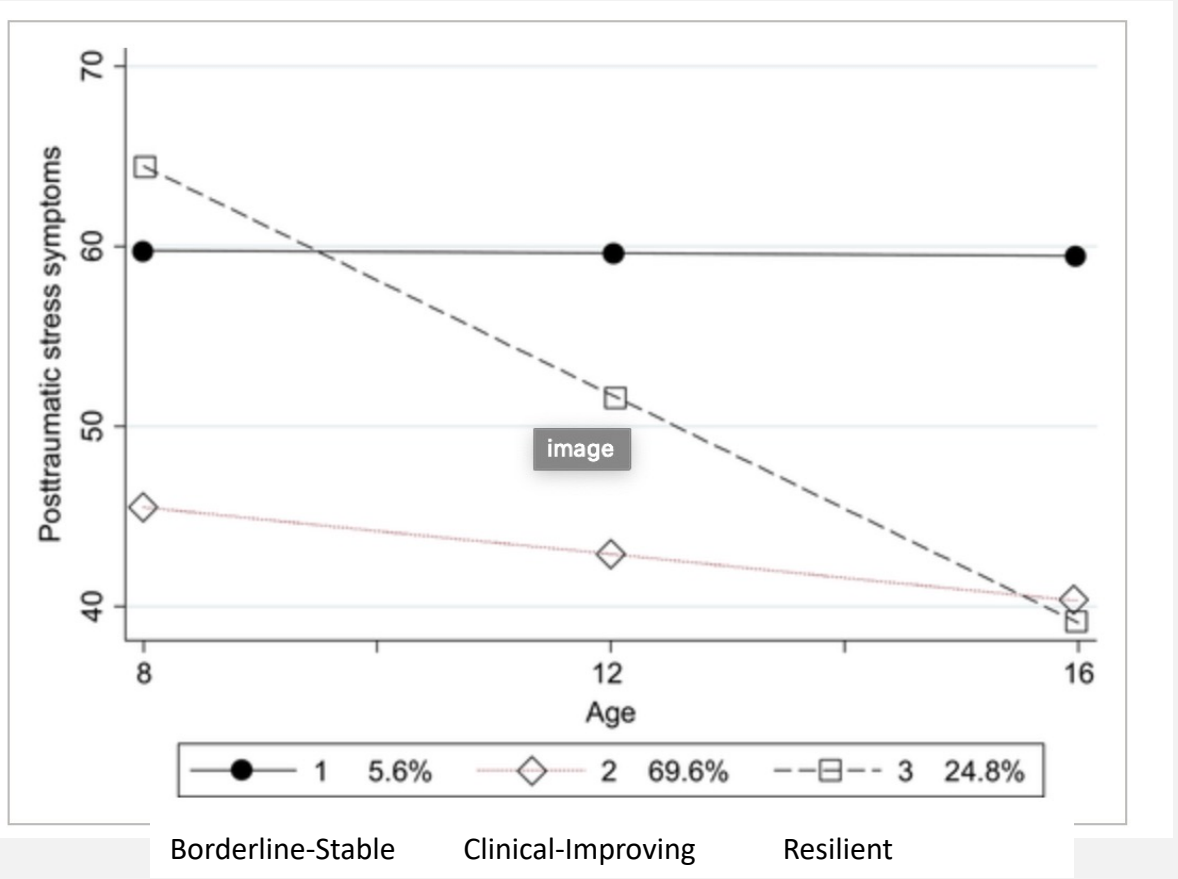
PTSD patterns over time: Fortunately, most improve

3 patterns of symptoms:

- 70 % Resilient
- 25 % Clinical-Improving
- 5 % Borderline-Stable

- From longitudinal Study of Child Abuse & Neglect
  - N = 1,178 at-risk children
  - Multiple evals between 4-18 years of age.

(Miller-Graff & Howell, 2017).



What predicts persistent symptoms?

Home & community violence (IPV) are common predictors

- Substantiated by many previous studies
- Some trauma screens do not include witnessing violence
- Indirect exposure to trauma must be included in assessment

Resilience: What tips the balance?

Adverse Events

Benevolent Events

Framing why we ask

Conduct inquiry for presence of trauma

Inquiry + conversation + screening tool (as needed) = Better understanding of patient's history, needs and resilience factors

Benevolent childhood experiences

- Did you have…a care giver with whom you felt safe?
- At least one good friend?
- Any beliefs that gave you comfort?
- At least one teacher who cared about you?
- Likes school?
- Good neighbors?
- An adult who could provide you with support or advice?
- Opportunities to have a good time?
- Did you like yourself or feel comfortable with yourself?
- A predictable home routine?

- Higher levels associated with less PTSD and stressful life events in pilot study with pregnant women (Narayan, Rivera, Bernstein, Harris, Lieberman; 2018)

Protective factors

Community:

- School engagement.
- Family & neighborhood.
- Participation in after school activities.

Relationships:

- Relationships with one supportive adult
- Friends

Individual:

- Positive thoughts of self
- Self-regulation
- Social competence
- Flexible thinking

Trauma informed care principles with Jon

- A team-based approach
  - Registration or clinical staff
    - Screening for ACES using PEARLS & BCES in parents.
    - Screening for youth ACES using PEARLs & BCES..
  - Provider reviews, follows algorithm, documents ACEs score/billing code
    - Billing codes
    - Time for follow-up
    - Psychoeducation and assessment.

Universal Screening tools

- ACES/BCES for parents
- ACES/PEARLS for youth
- SEEK for 0-5 youth
- BCES for youth
- Care process model

NEW YORK STATE | Office of Mental Health

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues? *(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Has your child ever lacked appropriate care by any caregiver? *(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)*
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?

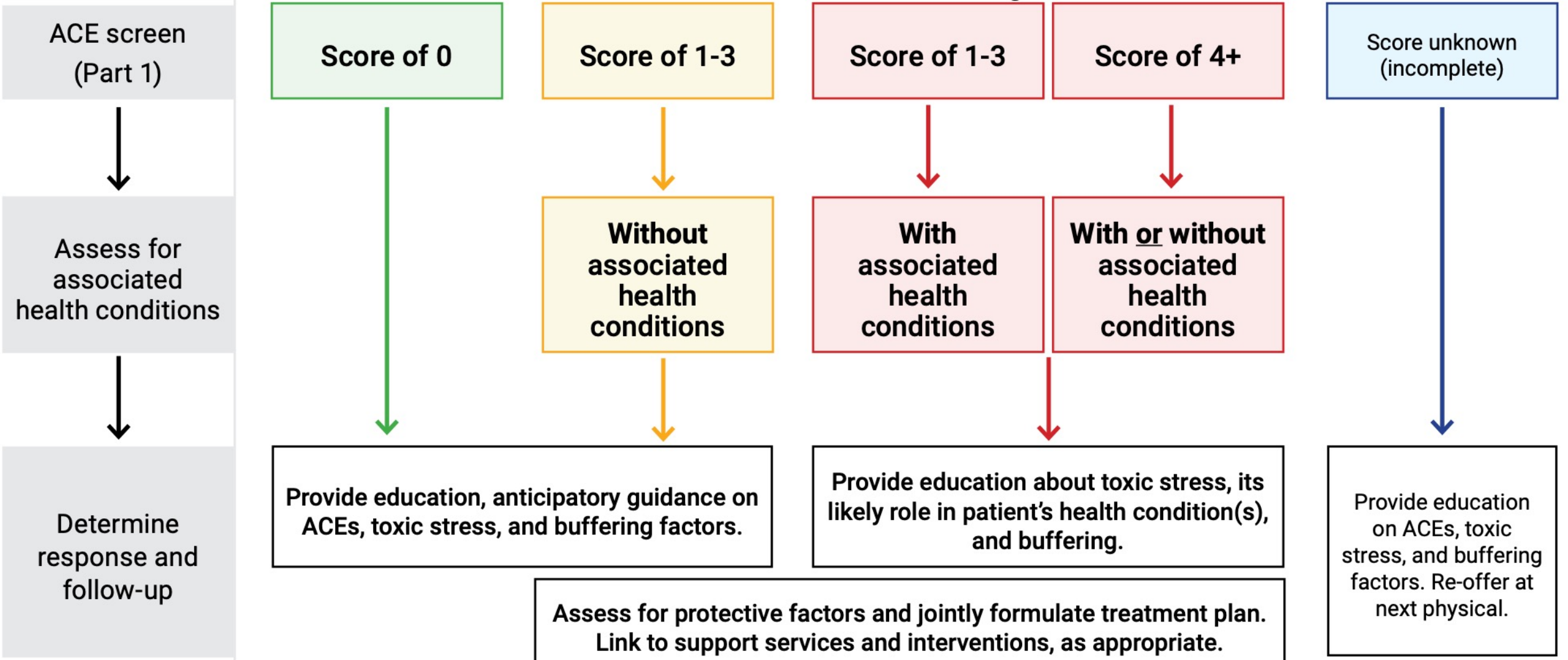
   Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child?

   Or has any adult in the household ever hit your child so hard that your child had marks or was injured?

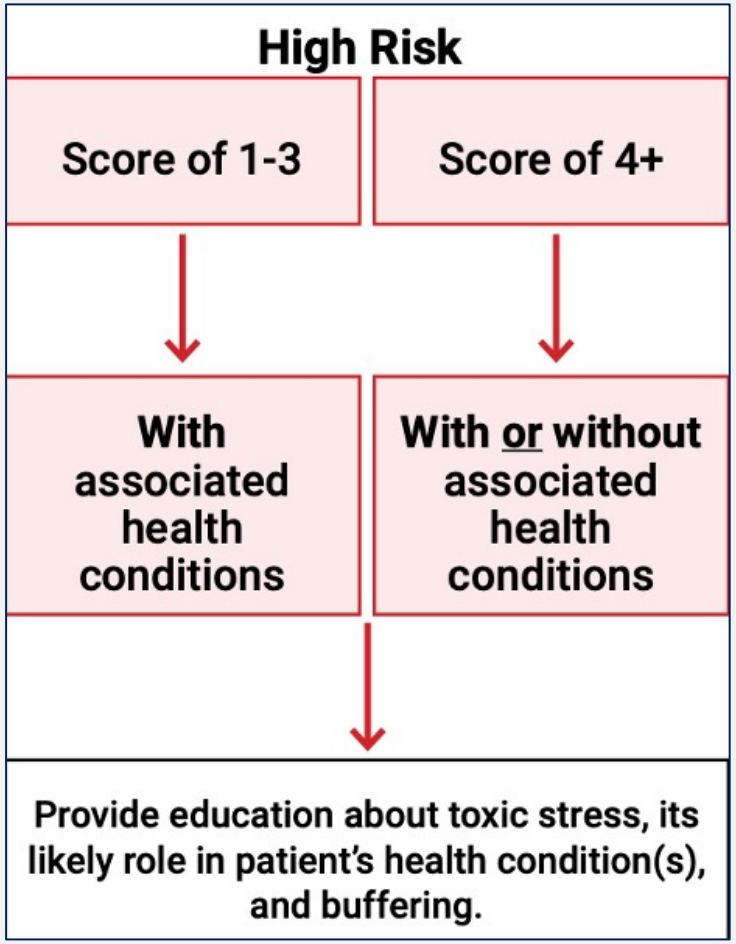
   Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse? *(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? *(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*

Add up the "yes" answers for this first section: ☐

ACES screening



Jon, 10 yr old boy



High risk based on ACES score & HTN…

- Psychoeducation about role of ACES/trauma.
- Reinforce BCES & parents working together.
  - BCES include supportive caregiver who he feels safe with, opportunities to play.
- Assess need for specialized services.

Parenting with ACEs

As an adult, you may still feel the effects of your own A
Experiences (ACEs). What does this mean for your ov
depends on how many ACEs you experienced as a ch
on whether you've had certain positive experiences th
effects of stress. These positive experiences are knov
factors." Did a friend, family member, or mental health
provide support during your childhood? Do you have a
system in place now? These experiences help reduce
ACEs. The impact of ACEs also depends on factors s
personally manage stress. Let's start by talking about

The stress response

Your body's stress response is designed to help you survive. When you sense da
of threat, your body's natural reaction is to increase blood pressure and heart rate
the energy to run or fight back. Another reaction is to freeze and shut down. Thes
your body's way of trying to keep you safe. When used from time to time, these s
work well. However, when you experience frequent or severe stress during childh
may learn to respond to small problems as if they were big ones. This could be w
even a toddler's tantrum or spilled milk, can feel overwhelming. It can also explai
may sometimes feel anxious and threatened even when in a safe and calm place
only a little stressed, you may feel alert, aware, and able to cope well. But when y
overly stressed, you may feel panicked and anxious. You may also feel numb, ex
emotionally drained.

Breaking the ACEs Cycle

In addition, being a parent with ACEs can increase the risk that your children will also have ACEs. It's important to know about this connection. Ensuring that you and your child live in a safe, trusting and healthy environment is one of the most important steps you can take to protect your child. If you need resources, your health care provider or a mental health professional can help.

The good news!

Although people with ACEs may be at higher risk for many health issues, it's never too late to get support! Because bodies and brains are constantly growing and changing, things you do to improve your health *today* can make a *big difference* over time! Learning healthy ways to cope with stress and build resilience can help. This skill-building means developing healthy habits for stress management now that improve your ability to handle difficult situations *in the future*. Also, learning about what's age-appropriate for your child can give you perspective when his behavior is challenging.

How to reduce the effects of ACEs

Many lifestyle changes can help reduce the effects of ACEs. Relationships with other supportive adults can help your brain and body *turn down the stress response* and build resilience. Making time to relax, engage in a fulfilling hobby, or participate in a fun activity can help a lot, too! Good sleep habits, healthy eating, and regular exercise are other important tools to manage stress. Mindfulness practices can also help. Some parents find it helpful to seek out mental health professionals for their own exposure to ACEs and trauma. Talk to your own doctor about the health risks associated with ACEs at your next medical visit. Together, these protective factors can help *improve the health and well-being* of your whole family!

NEW YORK STATE | Office of Mental Health

What's the best way to respond to a child's ACEs? If possible, prevention of ACEs is best. In addition, you can:

How to Reduce the Effects of ACEs and Toxic Stress

- Modelling and scaffolding how to
  - Tune in and learn child's signals
  - Learn how to soothe your child and yourself
  - Talk and play with you child
  - Manage your own stress

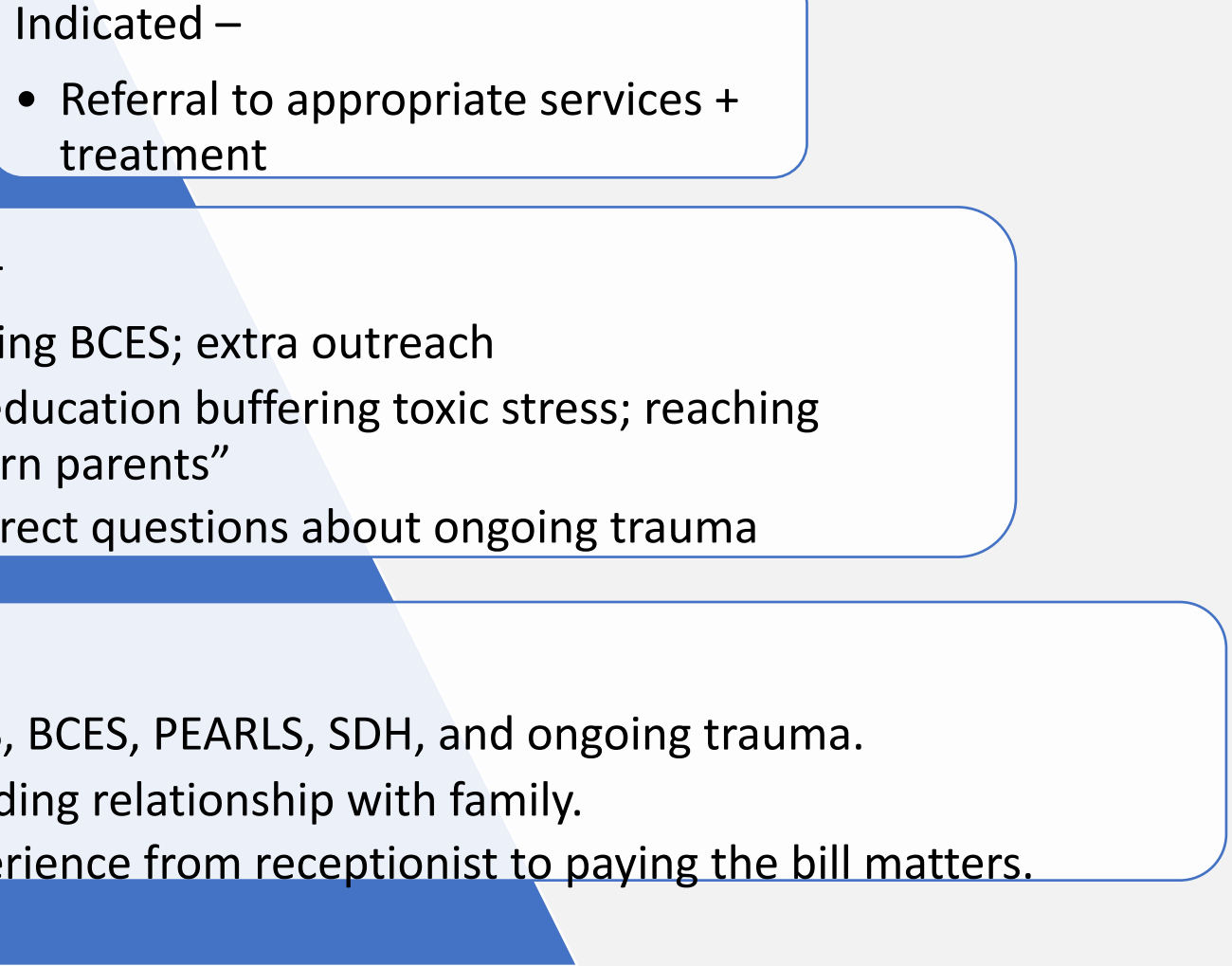
aces aware
SCREEN. TREAT. HEAL.

ACEs Aware Self-Care Tool for Pediatrics

When a child or teen has experienced significant Adverse Childhood Experiences (ACEs), their body may make more or less hormones than is healthy. This can lead to problems with a child s physical and/or mental health, such as asthma, poor growth, depression, or behavior problems. Safe, stable, and nurturing relationships and environments where children feel safe emotionally and physically can protect children s brains and bodies from the harmful effects of stress. You can help your child be healthier by managing your own stress response and helping your child do the same. Healthy nutrition, regular exercise, restful sleep, practicing mindfulness, building social connections, and getting mental health support can help to decrease stress hormones and prevent health problems. Here are some goals your family can set together to support your child s health. [*Check the goals that you are picking for yourself and your family!*]

- ❑ **Healthy relationships.** We ve set a goal of...
  - ❑ Using respectful communication even when we are upset or angry
  - ❑ Spending more high-quality time together as a family, such as:
    - ❑ Having regular family meals together
    - ❑ Having regular no electronics" time for us to talk and/or play together
    - ❑ Talking, reading, and/or singing together every day
  - ❑ Making time to see friends to create a healthy support system for myself and our family

Stepped care: Prevention tiers



Indicated –

- Referral to appropriate services + treatment

Selected –

- Leveraging BCES; extra outreach
- Psychoeducation buffering toxic stress; reaching "newborn parents"
- More direct questions about ongoing trauma

Universal –

- Screen for ACES, BCES, PEARLS, SDH, and ongoing trauma.
- Develop scaffolding relationship with family.
- Entire visit experience from receptionist to paying the bill matters.

Learning objectives

- Learn the importance of trauma informed care principles & strategies for applying to your practice.
- Learn evidence based prevention and treatment to support resilient patients, families, and yourself.
- Identify developmentally appropriate strategies for assessing, diagnosing and treating trauma and trauma-related disorders.

Trauma sx developmentally

Preschool:	School-age:	Adolescent:
• Reduced play	• New fears • Regression	• Reckless behavior • Self-imposed restrictions

Frayed: signs of trauma

- Fits, frets, fear
- Restricted development
- Attachment difficulty
- Yelling and yawning
- Educational delays
- Defeated, dissociation

Asking developmentally

- Strategies for screening:
  - Promote safety.
    - Include choice.
    - If suspicious, ask separately.
  - Listen. Listen. Listen.
  - Be clear about your role and reason for asking specific questions.
    - Review confidentiality.

Asking developmentally

- Strategies for screening:
  - Promote safety.
    - Include choice.
    - If suspicious, ask separately.
  - Listen. Listen. Listen.
  - Be clear about your role and reason for asking specific questions.
    - Review confidentiality.

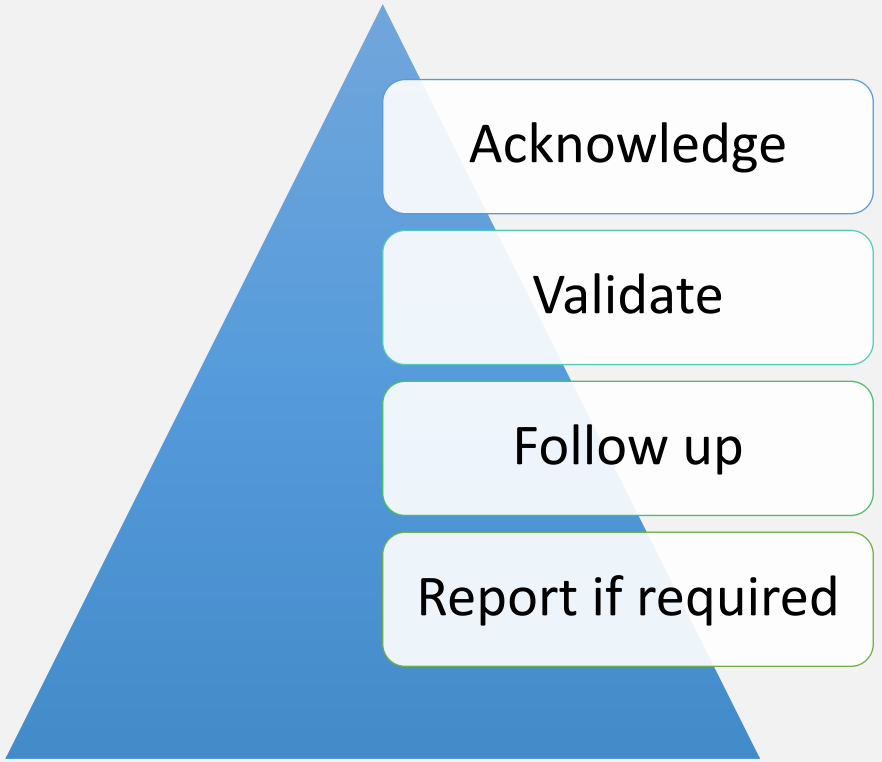
"Has anything bad happened to you or your child since I last saw you?"

Asking developmentally

- Strategies for screening:
  - Promote safety.
    - Include choice.
    - If suspicious, ask separately.
  - Listen. Listen. Listen.
  - Be clear about your role and reason for asking specific questions.
    - Review confidentiality.

"Stressful and scary events sometimes happen. Has there been a time where you felt really scared for your safety or someone else's at home or in the community?"

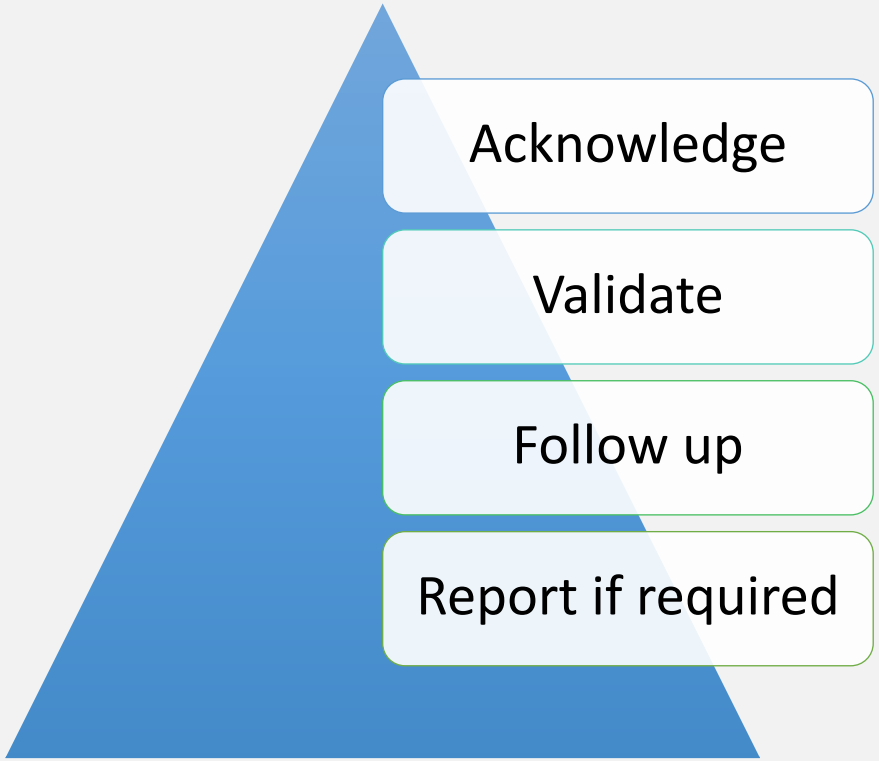
What do you do when a kid screens positive?



What do you do when a kid screens positive?

"I'm sorry that happened to you.
That sounds like it might have been confusing and scary…"

What do you do when a kid screens positive?



"You are not alone, it is not your fault, and I will help."

How to assess trauma disorder

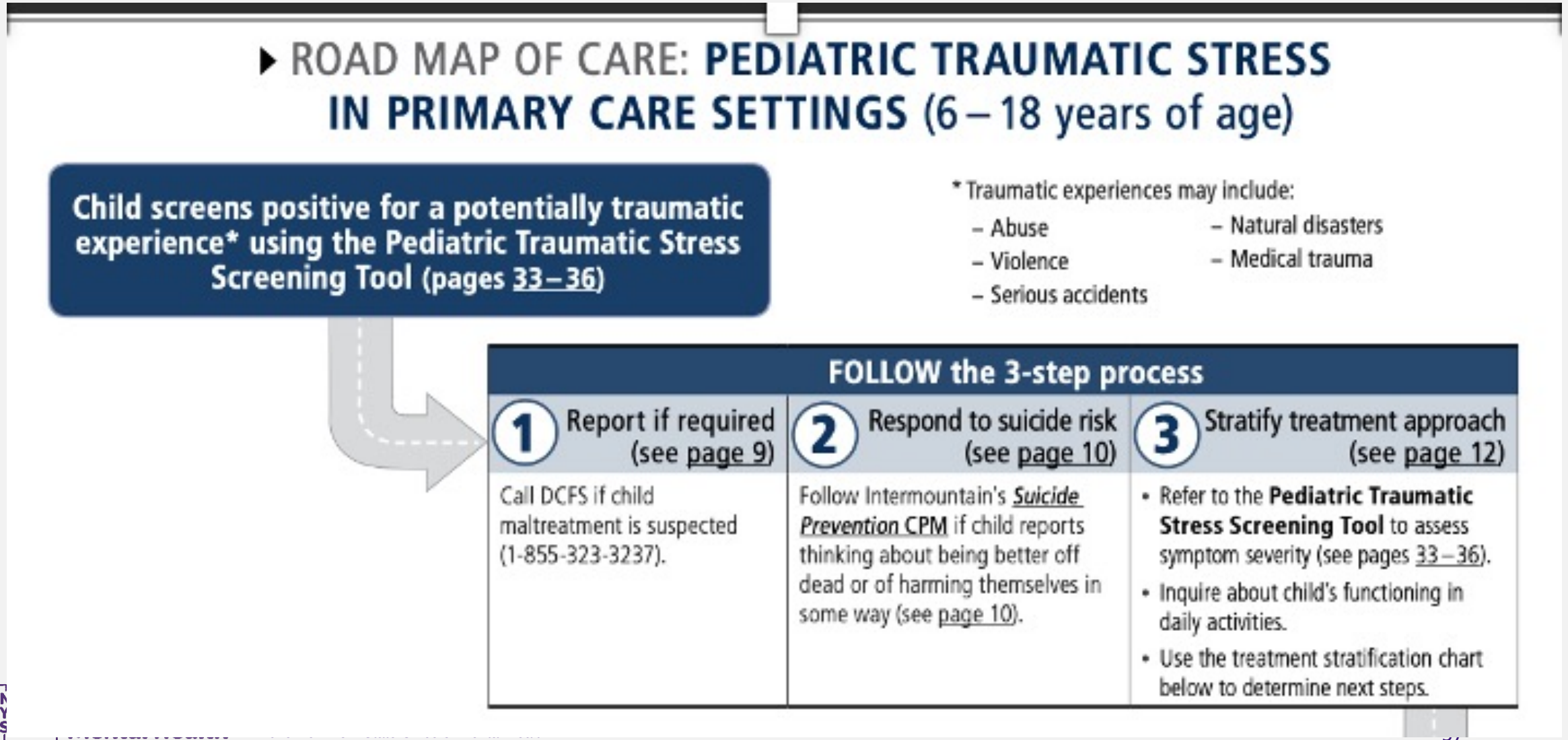
Four Approaches to Trauma Inquiry

- Assume a history of trauma without asking
- Screen for the impacts of past trauma instead of for the trauma Itself
- Inquire about past trauma using open-ended questions
- Use a structured tool to explore past traumatic experiences

Screening for PTSD

- Child and Adolescent Trauma Screen
  - Self report, children 7-17
  - Caregiver report 3-17
  - Score >12 suggests need to refer and possibly treat
- Child PTSD Symptom Scale
  - Self report, 8-18
  - Score >15 suggests PTSD highly likely.
- UCLA Brief COVID-19 Screen for youth PTSD
  - Available in English and Spanish
  - Score >20 potential PTSD
- Pediatric Traumatic Stress Screening Tool

Care process Model



Treatment Stratification

Symptoms	Poor functioning?	Clinical decision
Severe symptoms Score ≥21**	YES or NO	**Restorative Approach** Refer to evidence-based trauma treatment (see page 14).
Moderate symptoms Score 11–20**	YES / NO	**Resilient Approach** Refer to MHI or community/private mental health (see page 14).
Mild symptoms Score ≤10**	YES / NO	**Protective Approach** Provide strengths-based guidance and continue monitoring (see page 14).

Scores from **Pediatric Traumatic Stress Screening Tool. See page 9 for more information and pages 33–36 for copies of the screening tool.

PROVIDE a brief in-office intervention (see page 15)

Sleep problems	• Sleep education • Belly breathing • Guided imagery • Medication
Hypervigilant/intrusive symptoms	• Belly breathing • Guided imagery • Progressive muscle relaxation • Mindfulness
Avoidance/negative mood symptoms	• Behavioral activation • Return to routine • Parent-child communication

Possible medication roles:

- Trauma-related sleep problems (see page 16)
- Pre-existing anxiety, depression or severe ADHD. See *Depression* and *ADHD* CPMs.

Brief interventions

If you checked 'yes' on either question above, please continue below.

Select how often your child had the problem below in the past month.
Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS

	How much of the time during the past month...	None	Little	Some	Much	Most
1	My child has bad dreams about what happened or other bad dreams.	Sleep problems				
2	My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	Both				
3	My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	Hypervigilance and Intrusive Symptoms				
4	When something reminds my child of what happened, he/she has strong feelings in his/her body, like his/her heart beats fast, headaches, or stomach aches.					
5	When something reminds my child of what happened, he/she gets very upset, afraid, or sad.					
6	My child has trouble concentrating or paying attention.					
7	My child gets upset easily or gets into arguments or physical fights.					
8	My child tries to stay away from people, places, or things that remind him/her about what happened.	Avoidance and Negative Mood				
9	My child has trouble feeling happiness or love.					
10	My child tries not to think about or have feelings about what happened.					
11	My child has thoughts like "I will never be able to trust other people."					
12	My child feels alone even when he/she is around other people.					
13	*Over the last 2 weeks, how often has your child been bothered by thoughts that he/she would be better off dead or hurting him or herself in some way?	Suicide				

TABLE 7. Teach a Helpful Response (for details see page 23)	
Sleep problems	• Sleep education • Belly breathing • Guided imagery
Hypervigilant / intrusive symptoms	• Belly breathing • Guided imagery • Progressive muscle relaxation • Mindfulness
Avoidance / negative mood symptoms	• Behavioral activation • Return to routine • Caregiver support

Evidence-based tx

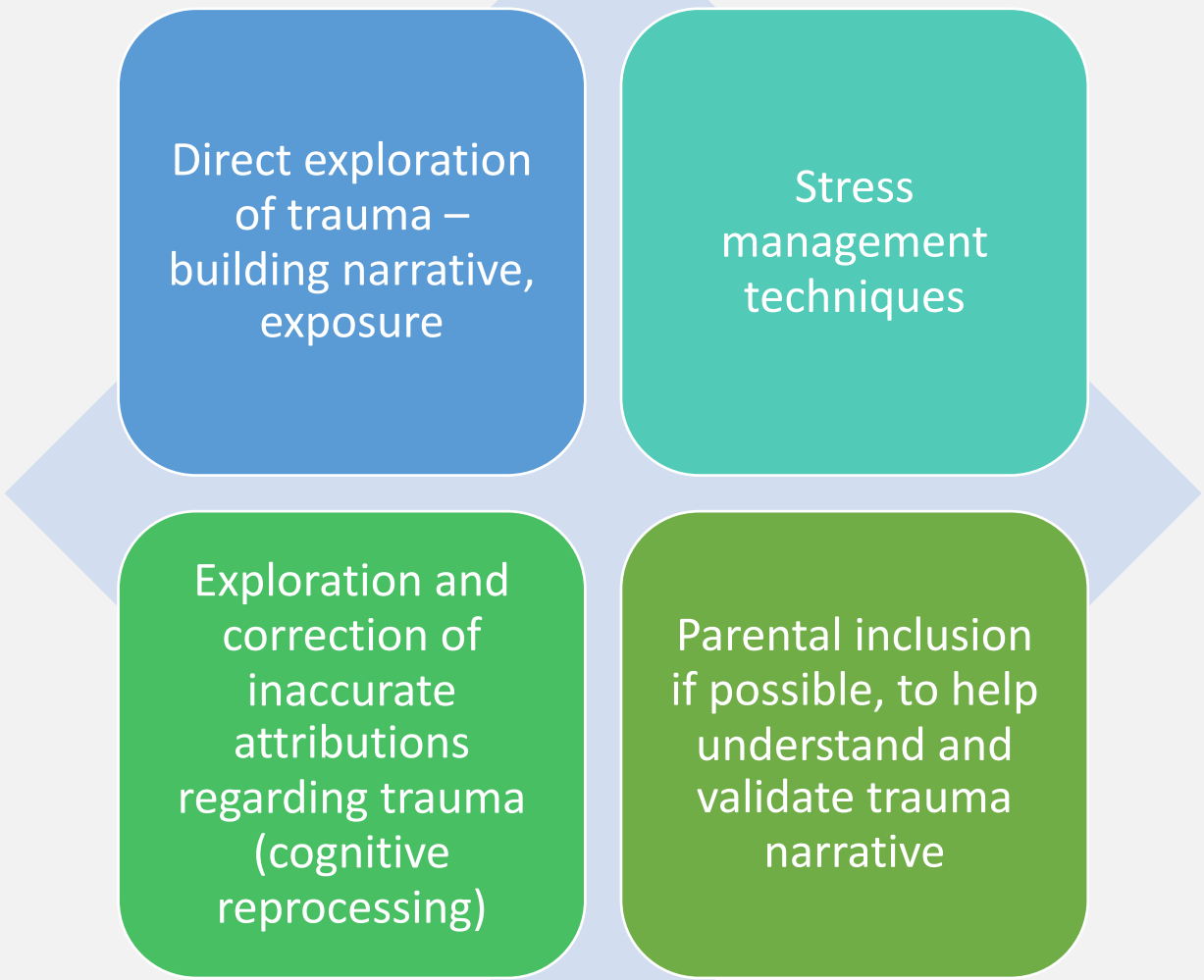
At-risk youth

- Multiple ACES/At-risk youth
  - Parent-child interactive therapy
  - Child parent psychotherapy to help child & parent attune

PTSD & Complex trauma

- Complex trauma
  - ARC: Attachment, regulation, competency
  - ITCT: Integrative treatment of complex trauma
- PTSD
  - Trauma focused CBT (ages 3+)
  - Child and family traumatic stress intervention

PTSD Essential TX components



Working with kids and caregivers

- Psychoeducation to parents.
- Moving from “It was my fault” or “Nothing is safe anymore”to validation/safety.
- Attributional distortions explored and challenged beyond mere reassurances.
- Accomplished by step-by-step logical analysis during therapy.

Jon was able to say with father present that he believed it was his fault that father went to jail. Dad able to correct this distortion in session.

Psychopharmacology

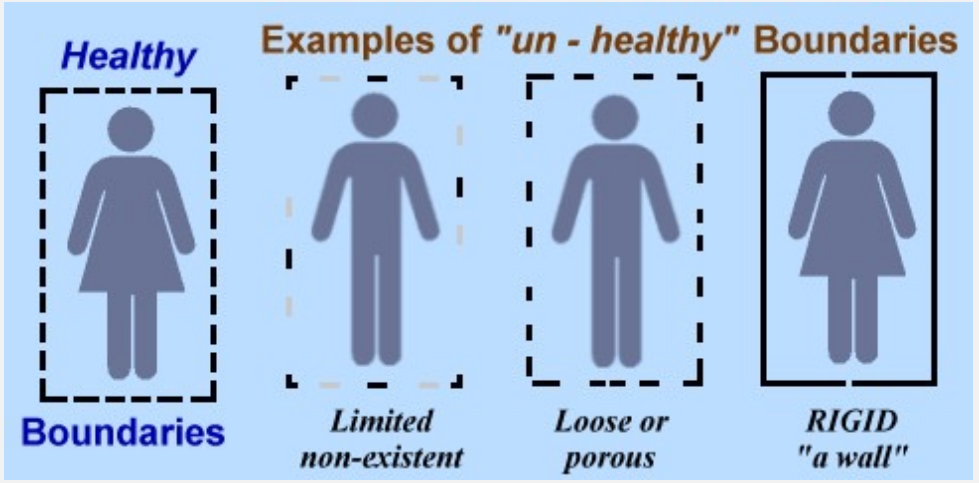
- Adjunctive - NOT one of the established elements of treatment
- Theories; some reports of med efficacy; no randomized trials.
- Medications used to treat prominent symptoms or co-morbid psychiatric conditions.

Core PTSD sx

- Hyperarousal - alpha agonists

Trauma informed community begins with ourselves

- Setting compassionate expectations for yourself
- Setting compassionate boundaries
- Advocating for what you need
- Strengthen resources (internal & local)
- Cannot do this work alone!



https://compassionresiliencetoolkit.org/

The cure for burnout isn't and can't be self care.
It has to be all of us caring for each other.

~Emily & Amelia Nagoski

Dare to lead Podcast with Brene Brown

Building Resilience - Individual and Organizational

Expectations	Boundary Setting	Staff Culture	Self-Care
• Realistic ones for yourself • Realistic ones for others	• Know what you want/can say 'yes' to	• Connecting with colleagues in a way that heals & helps	• Mind • Spirit • Strength • Heart

The 5-4-3-2-1 Coping Technique

Ease your state of mind in stressful moments.

Take aways

- Trauma is ubiquitous & most youth are resilient. .
- Most severe trauma sequalae occurs in context of absent protective relationships.
- You can have an important role in promoting resilience in a child & family's life.
- What changes are needed to embody and integrate TIC into your practice?

References & Resources

- Berlinner, L et al. (2016). Trauma Informed Care: A Commentary and Critique. Child Maltreatment. Vol. 21 (2) 168-172.
- Drury et al. (2012). Molecular psychiatry. 17:719-727.
- Finkelhor, D. (2015). JAMA Pediatr.2015; 169(8): 746-75.
- Harris, Nadine B. (2019). The Deepest Well.
- Lane, S. et al. (2017). Neighborhood Trauma Due to Violence: A Multilevel Analysis. Journal of Health Care for the Poor and Underserved. 28: 416-462.
- McLaughlin et al. Childhood Adversities and First Onset of Psychiatric Disorders in a National Sample of US Adolescents. Arch Gen Psychiatry. 2012; 69 (11): 1151-1160
- Van der kolk, B. (2003). The neurobiology of childhood trauma and abuse. Child Adolesc Psychiatric Clin N Am. 12:293-317.
- Miller-Graff & Howell (2015). Posttraumatic Stress Symptom Trajectories Among Children Exposed to Violence. Journal of traumatic stress.

More Resources

- https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html
- https://www.acesaware.org/
- https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906
- https://projectteachny.org/prevention-science/
- https://Thenationalcouncil.org
- http://developingchild.Harvard.edu