



Childhood Trauma Management in Primary Care

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Keywords

• Childhood trauma • Resiliency • Adverse experiences

Key points

- Childhood trauma can be meaningfully impacted by pediatric-based interventions.
- Management of childhood trauma can include any or all of resiliency, screening, and intervention components depending on the patient population and practice resources.
- Primary care practices should identify which of trauma-informed practices fit best within their particular setting.

INTRODUCTION

For most families, the primary provider is the go-to professional to turn to when there are concerns for a child's health and well-being. In fact, almost 93% of children aged birth to 18 years visit a medical provider annually. For many children, the issues that bring them to pediatric attention are trauma related. For instance, 68% of children seen in a pediatric health care setting have experienced exposure to traumatic events [1,2], and as many as 90% of children in urban pediatric clinics have had a traumatic exposure [3,4]. Therefore, pediatricians need to be able to recognize and respond to these issues.

Children's physical needs can be easy to recognize: adequate nutrition, appropriate clothing, proper medical attention, safe housing. Yet, when it

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comes to recognizing children's trauma-related needs, the task can be more difficult. Experiences in childhood, both positive and negative, have an enormous impact on subsequent health and developmental outcomes and trajectories. Childhood traumas, such as abuse, neglect, and extreme household dysfunction, can alter children's physiologic functioning; damage their developing immunologic, neurologic, emotional, and cognitive systems; and cause poor emotional and physical health [5,6]. Trauma leading to the frequent or prolonged activation of the stress response in the relative absence of protective relationships has been termed *toxic stress* in the pediatric literature [5,6]. Research has clearly linked trauma with impairments in cognitive development, behavioral and psychological functioning, and physical health, leading to a call for pediatricians to address this compelling child health issue [6,7].

For these reasons it is important to view childhood trauma as foundational causes of morbidity and mortality. Not just a social issue or mental health issue, these adversities cause harm at a cellular level, placing it squarely in the wheelhouse of the primary care physician. We now have treatment approaches to childhood trauma, and primary care is an ideal focal point for identification and early management. Because of their regular and ongoing contact with children and families, pediatricians are in an optimal position to identify ways to mitigate the devastating impact that trauma can have. In 2012, the American Academy of Pediatrics (AAP) issued a policy statement urging pediatricians to focus on early prevention and management of toxic stress in their practices [5]; however, little in the pediatric literature has defined trauma-informed pediatric interventions.

This lack of practical guidance for the primary care practitioner has been a stumbling block. Management can include any or all of promoting resiliency, screening for trauma or trauma symptoms, and behavioral health or community intervention components, depending on the patient population and practice resources. Resiliency building is an important component of primary prevention; however, effective means for accomplishing this in the pediatric setting are only now becoming well disseminated [8]. Screening for trauma can be a general first step in identification and management; yet, controversy exists over whether this screening is appropriate or should be broadly applied given the differing levels of resources available in pediatric offices [9]. Finally, trauma-informed interventions are effective in addressing the mental health problems that can develop as a result of such adverse experiences; yet the availability of these resources varies, and pediatric providers may be called on to manage some of the physical health and mental health consequences of trauma in their office setting or in concert with mental health colleagues.

This article describes how current resiliency, screening, and trauma-informed intervention components can be applied in primary care pediatrics, to inform individual decisions in childhood trauma management in primary care.

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