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**Center for the Urban Child  
and Healthy Family**

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**18 RECOMMENDATIONS FOR  
INTEGRATING TRAUMA INFORMED  
APPROACHES INTO PEDIATRIC PRACTICE**

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Center for the Urban Child  
and Healthy Family

## Trauma-Informed Care Working Group:

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## Overview of Recommendations

The following recommendations were developed by the trauma-informed care working group of Boston Medical Center Pediatrics' Center for the Urban Child and Healthy Family. The vision of the BMC Pediatrics Center for the Urban Child and Healthy Family is that all children have an equal opportunity to be healthy and ready to learn, with the ability to achieve their full potential. Our approach of achieving this outcome is to develop innovative models, test in concentrated areas of interest and scale novel health delivery approaches to meet patient needs. Implementing trauma-informed care is essential to achieving our mission.

In September 2018, the BMC Center for the Urban Child and Healthy Family convened a group of interdisciplinary thought leaders who have a vested interest in creating trauma informed spaces across a variety of sectors. This group was tasked with generating a list of actionable recommendations for pediatric practitioners on how to be more trauma informed in their daily practice. In this context, practitioner is broadly used to apply to a diverse group of professionals that could interface with a patient or family from point of entry in the pediatric space and throughout the visit process (e.g. front desk staff, provider, nursing, community health worker, security etc.). These recommendations were then presented to our Family Advisory Board for feedback and input.

It is our hope that these recommendations can be used by pediatric practitioners across the Commonwealth, and the country.

## Background

Experiencing traumatic events like child maltreatment, exposure to intimate partner violence or parental substance use is exceptionally common. Research, including the Adverse Childhood Experiences (ACEs) study, highlights the effects of early exposure to trauma on poor physical and mental health outcomes across the life course. In recent years, trauma informed care has established a framework for how providers and entities across social service sectors can better serve individuals who may have experienced trauma. While national groups like the Substance Abuse and Mental Health Services Administration (SAMHSA) have published frameworks for integrating trauma informed approaches into organizations, to our knowledge, there is a paucity of resources that provide guidance on how pediatric professionals can put these frameworks into action in their day-to-day work.

Additionally, while many trauma informed frameworks provide guidance on broad implementation of approaches across diverse populations, we know that communities are not impacted by trauma equally. The effects of trauma can have disproportionate impact on communities facing multiple stressors including communities of color. Therefore, being trauma informed in daily practice requires understanding how inequities in violence and trauma are related to structural oppression. Trauma informed approaches must be sensitive to the needs and experiences of people regardless of race, ethnicity, sexual orientation, etc; with these recommendations, we recognize that experiences of trauma and healing vary based on one's social location and prior experiences.

## Trauma Informed Care in Pediatric Practice

We have developed the following eighteen key recommendations, outlined below, to be universally implemented with all patients, regardless of whether the practitioner is aware of a specific trauma history. While created for healthcare, these recommendations could be modified and applied to a variety of other family serving sectors. Each recommendation is linked to at least one of the [five trauma informed principle\(s\)](#) it addresses.

Three Domains	Key Recommendations	TIC Principle(s) Addressed
<b>Built Environment</b>  Strategies to manage the physical environment to promote a feeling of comfort and safety.	1. Review-- and modify when possible-- the physical environment to improve families'/patients' comfort while at a health care appointment <ul style="list-style-type: none"> <li>• Consider noise level, lighting, comfortability of chairs, temperature, linguistically and culturally appropriate visuals/materials, modifications needed for child safety, child appropriate entertainment/toys/artwork, etc.</li> <li>• Where possible, make decisions about space in collaboration with families</li> </ul>	Safety; Collaboration and Mutuality
	2. Recognize aspects of the physical space that you cannot control (e.g. security presence, fire alarms) that may produce a stress response in patients, and be ready to respond accordingly. Where possible, let patients know in advance if there is a foreseen concern about the physical space.	Safety
	3. Have photos and names of pediatric practitioners posted in public spaces, so families are familiar with the people with whom they will interacting.	Safety; Transparency & Trust; Collaboration and Mutuality
	4. Have linguistically and culturally appropriate information on resources (e.g., mental health, community resources) readily available for families.	Transparency and Trustworthiness; Choice; Collaboration and Mutuality
<b>Training</b>  Obtaining information and skills that promote deliberate and intentional provision of trauma informed care.	5. Seek out training to advance knowledge on topics such as strengths based approaches, implicit bias, cultural humility, motivational interviewing, and vicarious trauma.	Safety; Empowerment
<b>Intentionality with Self and with Interactions with Others</b>	6. Be conscious of your own stress and how this may impact interactions with patients. <ul style="list-style-type: none"> <li>• Practice in the moment self-care strategies such as taking a pause before talking to a family if you are feeling harried or stressed so you can be present.</li> </ul>	Safety; Transparency & Trust
	7. Be kind and polite to everyone—patients and families, staff, colleagues, people you call on the phone, etc. <ul style="list-style-type: none"> <li>• Say please, thank you, you're welcome, and we are so glad that you are here</li> </ul>	Collaboration and Mutuality

Three Domains	Key Recommendations	TIC Principle(s) Addressed
	8. Be aware of your body language and facial expression during appointments. <ul style="list-style-type: none"> <li>• Smile</li> <li>• Notice if you are standing over someone giving them information and consider getting on their level (or lower!)</li> <li>• Notice if you are appearing rushed</li> <li>• Consider cultural elements of interpersonal interactions that may vary across patients (e.g. deference to authority, family roles, eye contact, etc.).</li> </ul>	Safety; Collaboration and Mutuality
	9. Engage in collaborative work with providers at all levels to promote an environment of mutual respect, and ensure continuity of care.	Collaboration and Mutuality; Empowerment
<b>Creating a Safe, Respectful and Empowering Visit</b>  Behaviors and actions [with patients and colleagues] that can create a culture of respect and empowerment.	10. Practice self-reflection in order to recognize when a patient may be showing signs of discomfort, knowing this may look different for different families.	Safety; Collaboration and Mutuality
	11. Ensure that families are cared for by same team of practitioners over time, given that longitudinal relationships build trust and allow for sharing of sensitive information.	Collaboration and Mutuality; Empowerment
	12. Greet families with sincerity. Ask about and use their preferred names and acknowledge everyone who is present at the visit.	Collaboration and Mutuality
	13. Explain and clarify the purpose and use of any screening instruments that will be administered including what will happen to the information that has been shared. Frequently check for understanding, concerns, questions and modify your approach accordingly.	Transparency and Trustworthiness; Choice; Collaboration and Mutuality
	14. When asking sensitive questions, explain the reason and actively listen to responses. Explain what you will do with the information that you are given. Ensure that you are in a private place where families can answer questions openly.	Safety; Transparency and Trustworthiness; Choice
	15. Ask open ended questions such as “how can I help you?”, “what questions can I answer for you?”, “what can I explain?”, “how does this sound?”, or “from your perspective, what caused this to happen?” An open-ended approach shows families that you are	Transparency and Trustworthiness; Choice; Collaboration and Mutuality

Three Domains	Key Recommendations	TIC Principle(s) Addressed
	<p>not rushing through their questions, while allowing you to explore their perceptions of root causes.</p>	
	<p>16. Find a ways to personalize and relate to families by highlighting their strengths in addition to needs (e.g. what do you like to do as a family? What is your favorite thing about your child? Etc.).</p>	<p>Collaboration and Mutuality; Empowerment</p>
	<p>17. Before and during an examination, explain the process of the exam in language that is easy to understand and check for understanding periodically. Ask or prompt the person before touching them or their child.</p>	<p>Safety; Transparency and Trustworthiness; Choice</p>
	<p>18. Collaborate with families in generating options for solutions to address their needs, and follow families' and patients' lead in identifying solutions that will work for them.</p> <ul style="list-style-type: none"> <li>• Seek clarification from families often, so that decisions are being informed by understanding of their needs rather than assumptions.</li> </ul>	<p>Choice; Collaboration and Mutuality; Empowerment</p>

## 5 Principles of Trauma Informed Care<sup>1</sup>

1. **Safety:** This includes creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's discomfort or unease.
2. **Transparency and Trustworthiness:** This includes providing full and accurate information about what's happening and what's likely to happen next.
3. **Choice:** This includes the recognition of the need for an approach that honors the individual's dignity.
4. **Collaboration and Mutuality:** This includes the recognition that healing happens in relationships and partnerships with shared decision-making.
5. **Empowerment:** This includes the recognition of an individual's strengths. These strengths are built on and validated.

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<sup>1</sup> Roger D. Fallot and Maxine Harris, 2006