ELEMENT VI: Addressing Trauma-Related Health Issues
An Overview and Rationale

Many children suffer from trauma-related problems that go untreated, which can affect both physical and emotional development. Primary care providers who identify trauma-related problems should be well prepared to respond in order to assure patients receive quality care. Interventions form a continuum from what can be done in the office visit to what can be done outside the office after the visit, either in specialty care or in the community.

There is much that a primary care provider can do in the context of the office visit. This is the "primary care advantage," as primary care providers can build upon their relationships with families and on the trust families have in them. Addressing trauma-related health and mental health issues does not always require psychotherapy or referral. Often times, the thoughtful, sensitive, and intentional interactions between provider and family are the intervention that the family needs most and finds most helpful.

Goals and Strategies for Addressing Trauma-Related Health Issues

Goal 1: Help families become aware of the links between trauma/stress and health.

Goal 2: Help families develop plans for needed care or monitoring.

Goal 3: Provide brief services within the practice.

Goal 4: Coordinate referrals to specialty trauma care and co-manage ongoing treatment.

RAISE AWARENESS OF LINKS BETWEEN TRAUMA/STRESS AND HEALTH

Goal 1. Raise Awareness of Links Between Trauma/Stress and Health

Why Is This Goal Important for Trauma-Informed Integrated Care?

Some families recognize that they have experienced something stressful or traumatic, but they are not able to connect that experience to changes in their children's behavior or health status. While other families who have experienced trauma do recognize its impact. Some will seek help; others will not, perhaps due to a lack of resources, a lack of awareness about how things could be better, other higher priorities, or the stigma of seeking health. As with any educational process, it is important to start by understanding what families already know and what they might like to learn. Remember that key parts of being "trauma-informed" include demonstrating respect, recognizing strengths, and promoting feelings of self-control and self-determination. These goals are served by listening and by asking for permission to provide information.

This goal draws from two change concepts: A) share information with families about trauma, stress, and health; and B) guide families about how they can support the child.

SHARE INFORMATION WITH FAMILIES ABOUT TRAUMA, STRESS, & HEALTH

Change Concept A: Share Information with Families about the Link between Trauma/ Stress and Health

Research on early childhood trauma provides extensive data on its impact of trauma in early childhood. Even if they do not have the words to communicate their feelings or reactions, children are affected and they may need extra support—both from their caregivers, and on some occasions from professionals.

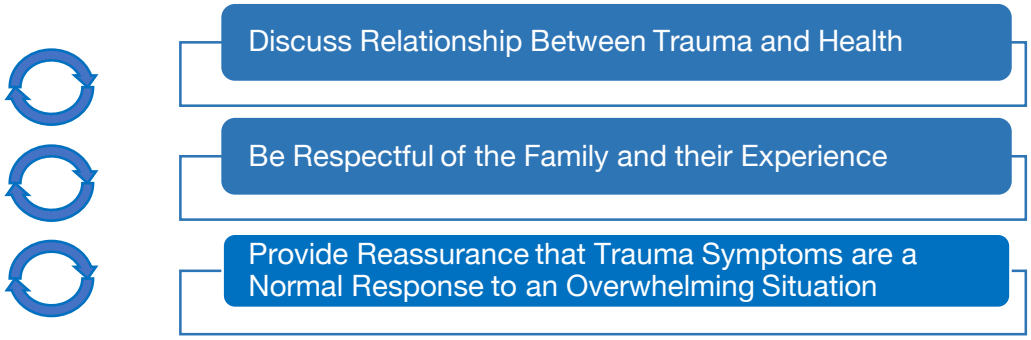
As discussed in the first section, not all stress is negative. Stress can be positive, tolerable or toxic. Positive and tolerable stresses are buffered by a supporting relationship. Toxic stress results in prolonged activation of the stress-response system in the absence of a protective relationship. It is important to support parenting because a caring adult, caregiver, or family member can buffer a child's experience when exposed to a traumatic event.

Children who have experienced trauma and stress may experience disrupted sleep and eating patterns, leading to caregiver-child conflict and to the child not feeling well. Trauma and stress can make children irritable, impatient, angry, or aggressive. Children may show increased worry about being separated from a caregiver or losing their parents or other adults who are close to them. Worry can be expressed as changes in behavior or avoidance of reminders about the traumatic events.

Providing concrete information about how trauma can affect a child's physical and mental health and common behavioral responses that can help families make sense of what is happening.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



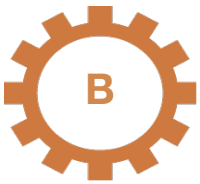
Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list

so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept A. Share Information with Families about the Link between Trauma/ Stress and Health	
Possible Strategies	**Specific Ideas to Test**
Introduce the relationship between trauma and health	→ Discuss links between trauma and health in family friendly ways. Avoid judgmental or blaming language. → Discuss links between trauma and child development. → Discuss resilience and strengths to ensure the family recognizes the opportunity to buffer the experience and feels reassured that there is hope for change.
Be respectful of the family and their context	→ Consider the family's perspective. Always be aware of, and acknowledge, that you don't know what the situation looks like from the caregiver's perspective. → Ask the family questions about their understanding of what has happened and how it has impacted their family.
Provide reassurance by normalizing responses	→ Explain that children's reactions to extremely frightening or overwhelming events are usually normal responses to abnormal events. → Remind families that both children and adults experience physical and emotional reactions to trauma and stress and there are things that can be done to help.



GUIDE FAMILIES TO SUPPORT THEIR CHILDREN

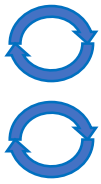
Change Concept B: Guide Families to Support Their Children

For young children, caregivers or primary caregivers can minimize the impact of trauma as well as help children recover more quickly. Some of the factors that promote resiliency (or effective coping) include:

- ✓ Continuity in access to basic needs (food, housing, security)
- ✓ Information that helps the child make sense of what is happening and restore a feeling of predictability to life
- ✓ Key personal relationships, care, or activities that help the body's regulatory systems to return to normal
- ✓ Maintaining structure, rules, and emotional support
- ✓ The naming of feelings and guidance on how to manage them; and
- ✓ Supporting positive development and addressing problems that could interfere with a child's ability to cope with trauma.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Provide Information and/or Access to Needed Resources

Teach parenting and coping strategies for Dealing with Trauma

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept B. Guide Families about How They Can Help Support the Child	
Possible Strategies	**Specific Ideas to Test**
Provide information and/or access to needed resources	→ Ask caregivers what they most want and need to support their child. → Develop partnerships with community partners who provide basic needs such as food, housing, diapers, clothing, etc. Be able to link families directly to these needed resources. → Create a resource guide for families. → Honor the connection between having basic needs met ("social determinants of health") and impacts on health and wellness for the entire family
Teach parenting and coping strategies	→ Model activities in the office visit that the caregiver can use at home, such as a deep breathing exercise or chair yoga to practice mindfulness. → Share positive parenting strategies and encourage the caregiver to use them at home. → Provide concrete resources and information to caregivers such as they relate to activities and relationship building. → Support caregiver resilience in managing their own trauma history and effectos on parenting

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Change Concept A. Share Information with Families about Trauma, Stress, and Health

- ❑ How do you educate providers about the connections between trauma exposure, health, and child development?
- ❑ How do you educate caregivers about trauma, health, and child development?

Change Concept B. Guide Families about How They Can Help Support the Child

- ❑ How do you help families identify strategies and supports for their child?
- ❑ How do you provide guidance to families in ways that are engaging?

PLAN COLLABORATIVELY WITH FAMILIES

Goal 2. Plan Collaboratively with Families

Why Is This Goal Important for Trauma-Informed Integrated Care?

It is essential to partner with parents/families to discuss and develop a plan to help their child after exposure to a trauma. Young children often look first to their caregivers first for information and reassurance. The family's ability to cope with stress is a key indicator of the child's response. Caregivers who have experienced trauma or stress is that they often experience loss of control over key aspects of their lives – the aspects that help them feel safe and valued as people. Our goal, first and foremost, is to help them regain a sense of safety and control. The caregivers' experience of being heard, respected, and valued is an essential first step of collaboration, and will increase the likelihood that they will be able to follow through with a treatment/monitoring plan.

This goal includes two change concepts: A) review options for care; and B) discuss competing priorities and make plan.

REVIEW OPTIONS FOR CARE

Change Concept A: Review Options for Care

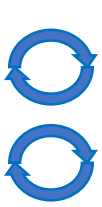
Caregivers and providers may not always agree on the best first step – either may have strong feelings about pursuing a particular treatment path (for example, using or not using a medication). Taking the time up front to talk with families about their various options for care and their priorities and preferences can help reach agreement. The caregiver-provider relationship allows for opportunities to revisit and adjust the plan, as needed. Restoring a sense of security and control may be the most intervention that can be provided; the goal is for families to feel respected and to regain confidence in their ability to take charge of their lives.

Not every child who has been affected by a traumatic experience will need a referral. In some cases, families may identify a concern that they and their child are already addressing. The provider might ask if there are any questions and offer to check in about this at the next visit, (as described more fully in Element V).

Patients may already be in care for the identified problem. If so, you can ask about their care to see if they are satisfied. This way, you learn which services in the community are working well and which are not. If you find good services, reach out and partner with other providers who are providing services or care for the family (as discussed in Element III).

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Collaborate with Family and Encourage Questions

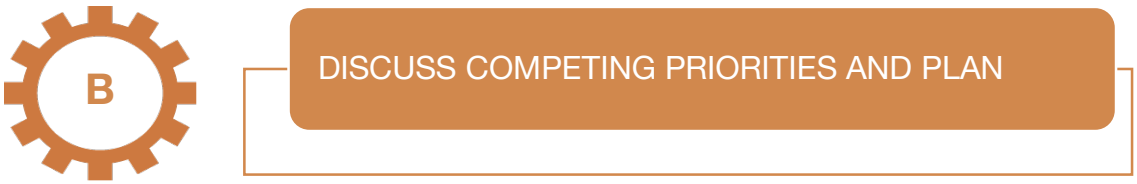
Review Options

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept A. Review Options for Care	
Possible Strategies	**Specific Ideas to Test**
Collaborate with the family and encourage questions	→ Listen to and learn from caregivers' observations and questions about how their child is responding to stress. → "Wondering together" is often a helpful and respectful approach. → Check in with family about whether they would like to know more about something. → Ask caregivers if they would like to hear your thoughts. → After you have spoken, ask them what they think and if the information makes sense to them.
Review options	→ Review the relevant options from which the caregiver might choose, and discuss which options are most feasible. (Options are listed under Goal 3).



Change Concept B: Discuss Competing Priorities and Make Plan

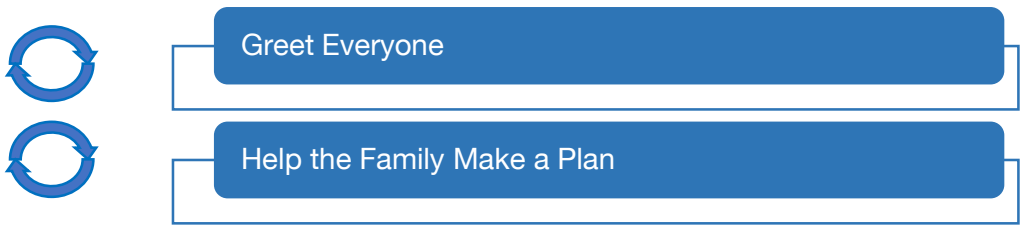
The provider can help the family discuss and prioritize other stressors within the family. This step may raise awareness of other stressors that could be addressed or identify barriers to the family's seeking help. Some families will not feel ready for treatment—either psychologically or logistically. With these families, it is important to:

- ✓ Convey support
- ✓ Offer to help when they are ready
- ✓ Use motivational interviewing techniques to help clarify options and priorities

If the family does not wish to pursue treatment, the provider and caregiver should make a concrete follow-up plan.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept B. Discuss Competing Priorities and Make Plan	
Possible Strategies	**Specific Ideas to Test**
Identify and sort through multiple priorities for the family	→ Assist families in prioritizing their needs and concerns. → Talk with the family about how the issues you've identified "fit" into their existing priorities. Are they more important? Less important? Why? → For each option you've identified together, provide feedback on the pros and cons. Ask the caregivers to share their perspective on pros and cons as well, as they may be different.. → Ask the caregivers to share their perspective on pros and cons as well, as they may be different.
Help family make a plan	→ Ask the caregivers to select from the options presented. Identify obstacles, for pursuing the option, such as accessibility or transportation. → Put the plan in writing using family-friendly language. Make sure the family has a copy and that it is documented in the patient records → Make sure you have timeframes and resources available to maximize the success of the plan for the family. Be realistic and honest about expectations.

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Change Concept A. Review Options for Care

- ❑ How are treatment plans typically completed in partnership with families?
- ❑ How do providers currently identify options for intervention in partnership with families?
- ❑ What training do your providers need to conduct this type of collaborative planning?

Change Concept B. Discuss Competing Priorities and Make Plan

- ❑ How are competing priorities discussed with families?
- ❑ How are plans made in partnership with caregivers when there are competing priorities?
- ❑ How are benefits and challenges identified and weighed by providers and caregivers to inform these choices?

PROVIDE SERVICES AT VISIT

Goal 3. Provide Services at Visit

Why Is This Goal Important for Trauma-Informed Integrated Care?

Primary care providers can provide a variety of services addressing trauma-related problems, ranging from providing general information about child responses to traumatic stress and developmental guidance to referrals for specific evidence-based treatments. The selection of approach will depend on the child's needs and the provider's skills and comfort.

The primary care providers should be educated about the interventions being offered by specialists in order to determine what approach might be most effective.

This goal includes two change concepts: A) provide developmental guidance; and B) implement evidence-based practices.

PROVIDE DEVELOPMENTAL GUIDANCE

Change Concept A: Provide Developmental Guidance

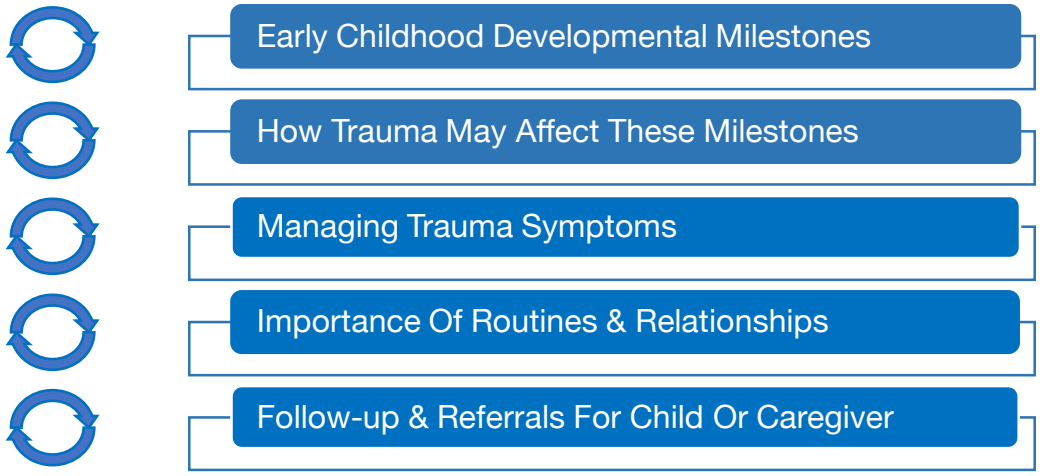
Providing education about typical responses to trauma and stress at various developmental stages can reassure caregivers and increase their confidence in helping their children. It also helps them understand their child's behavior.

Caregivers may need support in terms of their own mental health. Young children look to their caregivers for reassurance and comfort. Children's post-traumatic problems may be triggered by changes in the emotions and actions of their adult caretakers. As noted in other sections, supporting caregiver self-care and, when needed, specific treatment can be helpful.

Follow up is important. Trauma and stress will not be "fixed" with a single consultation, and it can take time to develop trusting relationships in which the extent of the trauma and its meaning can be discussed.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

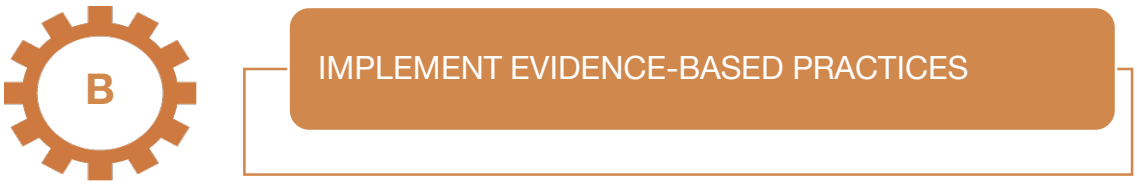


Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept A. Provide Developmental Guidance	
Possible Strategies	**Specific Ideas to Test**
Emphasize the importance of maintaining routines/relationships	→ Teach, or remind, caregivers about the importance of routines, such as bed and mealtimes for children, regular caregiver-child time together, taking care of the household – cleaning, laundry, shopping – and visits with relatives or friends. → Ask families to think about what might be different since the trauma occurred or the stress has worsened. For example, providers can ask: → Are there changes that impact basic needs – such as where the family is living, changes to income, or the absence of someone on whom the family depends? → Are the adults in the family feeling and acting differently – are they distracted, worried, depressed, and possibly behaving differently toward each other and toward children in the family? → How have family routines changed? Has there been a loss of predictability or activities that children, in particular, had come to count on (such a time with caregivers)?
Support caregiveral mental health	→ Know the adult mental health system in your community. Develop connections and relationships with adult providers to whom you can refer caregivers. → Engage the office social worker or mental health specialist as a “warm hand-off” for caregivers with possible mental health needs.
Review standard child behavior advice	→ Acknowledge and name children’s emotions and then offer comfort. → Share ideas for brief but stimulating activities that caregivers and children can to do together (reading, cooking, cleaning, following the child’s lead to play a game). → Offer advice and trouble-shoot on routines such as mealtime and bedtime issues.
Provide follow-up	→ Ask the family when they would like to follow up with you, or have your office follow up with them. → Make concrete plans for either a return visit or follow up phone call or text. Create reminders to ensure that the family is contacted.

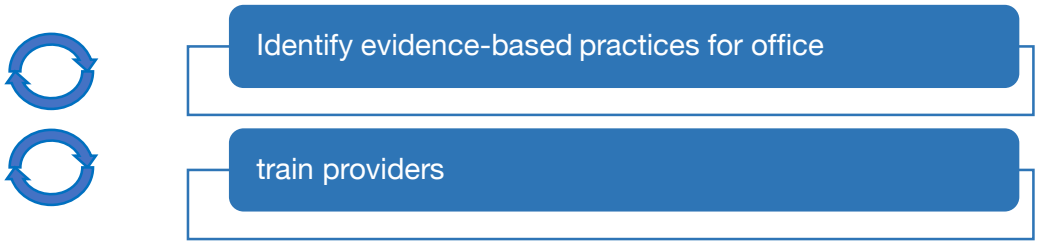


Change Concept B: Implement Evidence-Informed Practices

Primary care practices may wish to train their staff in specific treatments for child trauma. There are a growing number of group and individual or family focused interventions for children affected by trauma. Some (described as "evidence-based treatments") have been extensively evaluated, using randomized trials with different populations. Others, often described as "evidence-informed practices" or "promising practices" use an accepted theoretical foundation, are widely used, but have not yet been evaluated with randomized trials. Many of these interventions require master's level or higher degrees in counseling. Some are available for non-clinicians More information can be found at the National Registry of Evidence-based Programs and Practices (NREPP). (See Appendix F.3 for examples of evidence-based practices PCPs can consider implementing within their practice or via referral.)

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept B. Implement Evidence-Based Practices	
Possible Strategies	**Specific Ideas to Test**
Identify key evidence-based practices for the office to learn	→ Identify the highest priority issues and concerns related to stress and trauma that your office would like to be able to address through in-house interventions. → Review research to determine what evidence-based practices may be available and best suited to meet your needs. → Compare the evidence-based practices you like with the training, supervision, clinical, resource, and implementation requirements to make sure they are feasible in your current office environment.
Train providers in identified evidence-based practices	→ Identify providers to be trained in identified evidence-based practices. (Make sure they meet the clinical requirements prior to training.) → Provide protected time for identified providers to receive training. → Share information with entire office to ensure everyone knows who has the skills and training to provide specific interventions.

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Strategy A. Provide Developmental Guidance

- ❑ What role do providers currently see themselves playing relative to trauma and mental health concerns?
- ❑ What training do providers have on general ways to address mental health concerns?
- ❑ What training, resources, or tools exist to help providers provide guidance to caregivers during the office visit?

Strategy B. Implement Evidence-Based Practices

- ❑ What evidence-based trauma practices do providers have the skills and knowledge to provide in the office?
- ❑ What knowledge do primary care providers have about evidence-based trauma care available in the community so that they can make effective and appropriate referrals?

CONNECT WITH SPECIALTY CARE

Goal 4. Connect with Specialty Care

Why Is This Goal Important for Trauma-Informed Integrated Care?

The primary care provider cannot address all patient concerns and problems. Indicators that a family might benefit from more specialized or intensive treatment include:

- The family would like it or feels that they benefited from it in the past;
- Family members are struggling at home, work, school, or the community to carry out their day-to-day functions;
- There is ongoing worry about personal safety;
- Family members have mental health needs that can't be met by the primary care provider; or
- A referral might offer more comprehensive care in a more convenient form – for example, easier access to adult and child services, better links with social supports.
- Recovery process appears to be complicated, e.g. by family system issues, intensity of trauma, substance misuse, milieu, developmental level, etc.
- Screening process (Element V) has identified potential value of further assessment and/or intervention

The decision to seek additional care should be a joint one made with the family, and the provider should have an ongoing role collaborating in the family's care. Whenever possible, the provider should connect the family to a specialty caregiver directly, so that the family is personally introduced to the specialty provider. When this is not possible, it is helpful if the referring provider knows the clinician and could say something like "this is someone with whom I've worked closely for the last several years and we'll continue to work closely around your care."

Referrals should be discussed with caregivers (and adolescents) prior to them being made. Otherwise, caregivers may see this as a command or as an indication that the pediatric provider no longer wishes to be involved. Once the referral is

made, the referring primary care provider should follow up to ensure that the patient has been successfully referred and engaged in treatment.

This goal includes two change concepts: A) use warm hand-offs with co-located mental health personnel; and B) connect with community-based specialists.

USE WARM HAND-OFFS WITH CO-LOCATED MENTAL HEALTH PERSONNEL

Change Concept A: Use Warm Hand-Offs with Co-Located Mental Health Personnel

Having a co-located mental health provider will facilitate coordinated care, making referrals for additional services, record sharing, and communication between providers, billing, and other providers of the patient's care.

Co-location, however, does not guarantee provider-to-provider communication, and it does not always improve patient willingness to follow through with referrals. It can be a challenge for providers to understand each others's role and how to best access each other's expertise. Practices with co-located professionals must pay attention to these factors to ensure patient needs are addressed.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

- Develop Shared Understanding of Expertise
- Bring partners "into the room"
- Facilitate Relationship Building with Family

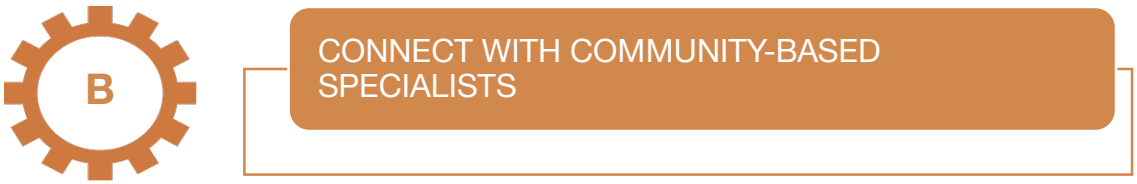
Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you

might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept A. Use Warm Hand-Offs with Co-Located Mental Health Personnel	
Possible Strategies	**Specific Ideas to Test**
Develop shared understanding of expertise	→ Have clear understandings of what each partner and specialist brings to the office. Develop relationships and ensure there is clarity about who can offer what services or expertise.
Bring partners "into the room"	→ Develop loose guidelines for when a mental health partner should be brought into a visit. These should be developed jointly between the primary care and mental health providers. → Develop process for how this will happen to ensure access, availability, and the appearance of seamlessness for patients. → Ask the family's permission before inviting in someone else.
Continue to facilitate relationship building with the family	→ Develop clear ways of talking about one another to families. Find ways to introduce partners in ways that feel supportive and help facilitate the relationship. → Clearly describe the relationship with your clinical partner is clear to the family so that it reinforces the sense of team and coordination. → Remind the family that you are still part of the care team. This hand-off isn't simply passing them off to another "professional."



Change Concept B: Connect with Community-Based Specialists

If there is not a co-located mental health provider on site, then the primary care provider can make a referral to a specialist in the community. Off -site referrals can present challenges. It may be difficult to communicate with separate agencies. The primary care providers may not know if the patient followed through with the referral or what treatment was provided. It may be difficult to share information or patient records. It is important to develop systems of communication and information exchange with outside referral sources that facilitate management of patient care. This is especially true when the referral is for a caregiver, requiring involvement of the adult mental health service system.

Providers should familiarize themselves with the local resources for behavioral health services, and what kinds of treatments are offered by these services. Knowledge of evidence based treatment resources will help the primary care provider identify the best place for the patient to go.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept B. Connect with Community-Based Specialists	
Possible Strategies	**Specific Ideas to Test**
Know local resources and providers	→ Host an open house in which you invite community-based specialists in as a way to develop relationships and understand your shared patient population. → Get to know resources, in terms of evidence-based practices, so that you know what and who might be a good fit for your patients. → Develop referral protocols in which personal connections are used to facilitate connections, rather than just giving families a name and number to call.
Coordinate care in real time	→ Have social worker or care coordinator in the office make appointments with specialty providers before the families leave. → Reassure caregivers that you will remain involved even if the provider isn't in your office.
Plan for follow-up	→ Develop protocols or plans to follow up with the specialty provider after referral. Make sure the family knows you plan to do this. → Follow up with the family with a call or text to check in and see how the initial appointment went.

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Change Concept A. Use Warm Hand-Offs with Co-Located Mental Health Personnel

- ❑ How do you help caregivers feel comfortable with co-located or in-office mental health specialists?
- ❑ How do you make introductions to co-locate or in-office mental health specialists?

Change Concept B. Connect with Community-Based Specialists

- ❑ How are providers connected to various community mental health providers (both pediatric and adult) and the kinds of interventions and evidence-based practice they provide?
- ❑ How do you coordinate referrals to these mental health specialists?
- ❑ How do you manage ongoing treatment when external referrals are made?

Element VI: For More Information

Goal 1. Raise Awareness of Links between Trauma/Stress and Health

The resources listed below can be found in **Appendix F.1**

1. Understanding the Behavioral and Emotional Consequences of Child Abuse (Stirling et al., 2014)

This reviews the impact trauma can have on a child and offers general guidance for pediatricians advising caregivers and considering interventions.

2. Social-Emotional Problems in Preschool-Aged Children (Brown et al., 2012)

This study showed that caregivers were generally open to referrals from their child's pediatrician to other mental health services.

3. Resources for Soothing
4. Primary Care Doctors are Critical to Detecting Mental Illness in Children (NAMI)

Goal 2. Plan Collaboratively with Families

The resources listed below can be found in **Appendix F.2**

1. Pediatric Primary Care to Help Prevent Child Maltreatment: The Safe Environment for Every Kid (SEEK) Model (Dubowitx, Feigelman, Lane & Kim, 2009).

2. Optimizing the Early Caregiver- Child Relationships: windows of opportunity for caregivers and pediatricians (Shah, Muzik, & Rosenblum, 2011).

Goal 3. Provide Services at Visit

The resources listed below can be found in **Appendix F.3**

1. Addressing Adverse Childhood Events and Other Types of Trauma in the Primary Care Setting – AAP.
   A brief introduction to reasons and strategies for incorporating trauma assessment and response into primary care. Available at: http://www.aap.org/en-us/Documents/ttb_addressing_aces.pdf

2. Identifying, Treating, and Referring Traumatized Children (Cohen, Kelleher, & Mannarino, 2008).
   This review emphasizes the role a pediatrician is well-positioned to fulfill in terms of identifying and treating traumatized children, and further describes optimal office-based interventions and community-based interventions for referral purposes.

3. Improving the Management of Family Psychosocial Problems at Well-Child Care Visits (Garg et al., 2007)
4. Effects of a Primary Care-Based Intervention on Violent Behavior (Borowsky et al., 2004)
5. Pediatric Primary Care to Help Prevent Child Maltreatment (Dubowitz et al., 2009)
6. Policy Statement -- Mental Health Competencies for Pediatric Primary Care
7. Primary Care Services Promoting Optimal Child Development (Regaldo et al., 2001)
8. Physician-reported practice of managing childhood posttraumatic stress in pediatric primary care
9. The Current and Ideal State of Mental Health Training: Pediatric Program Director Perspectives
10. The Medical Home Approach to Identifying and Responding to Exposure to Trauma – AAP.

Goal 4. Connect with Specialty Care

The resources listed below can be found in **Appendix F.4**

Therapies

1. Behavioral Interventions and Counseling to Prevent Child Abuse and Neglect (Selph et al., 2013)
   This recent review found that risk factor assessment, behavioral interventions, and counseling in the pediatric setting all decreased child abuse and neglect. Home visitation interventions were also reviewed, with mixed results.

2. NCTSN Knowledge Bank- Intervention and Manual
3. Comparative Effectiveness of Interventions for Children Exposed to Nonrelational Traumatic Events

   Select links
4. Circle of Security
   This is an early intervention program designed to enhance secure attachment between caregivers and very young children. Secure attachment is generally

linked to healthy child development. More information: http://circleofsecurity.net/resources/treatment-assumptions/

5. *Child Caregiver Psychotherapy*
   http://nctsn.org/sites/default/files/assets/pdfs/cpp_general.pdf
   http://www.cebc4cw.org/program/child-parent-psychotherapy/detailed

6. *Caregiver Child Interaction Therapy*
   http://www.pcit.org/
   http://www.nctsn.org/sites/default/files/assets/pdfs/pcit_general.pdf
   http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed

7. *Preschool PTSD Treatment*
   http://www.infantinstitute.org/MikeSPDF/PPTversion7.pdf
   http://www.cebc4cw.org/program/preschool-ptsd-treatment/

8. *Trauma Systems Therapy*
   http://www.med.nyu.edu/child-adolescent-psychiatry/research/institutes-and-programs/trauma-and-resilience-research-program/trauma-systems-therapy
   http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TraumaSystemsTherapyTST_fact_sheet_3-21-07.pdf
   http://www.cebc4cw.org/program/trauma-systems-therapy-tst/detailed

9. *Child and Family Traumatic Stress Intervention*
   https://medicine.yale.edu/childstudycenter/cvtc/programs/cftsi/
   http://www.nctsn.org/sites/default/files/assets/pdfs/CFTSI_General_Information_Fact_Sheet.pdf
   http://www.cebc4cw.org/program/child-and-family-traumatic-stress-intervention-cftsi/detailed

10. Attachment and Biobehavioral Catch-Up (ABC)
    This intervention is designed to help caregivers provide nurturing and structured cared to children who have experienced maltreatment. **More information:** www.infantcaregiverproject.com.

11. Alternatives for Families: A Cognitive Behavioral Treatment (AF-CBT). .
    Available at: www.afcbt.org
    AF-CBT is an intervention designed for families with frequent conflict, anger/aggression difficulties, behavioral problems, harsh punishment, and other patterns related to trauma. This intervention specifically targets the child-caregiver relationship.
    http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/AFCBT_General.pdf
    http://learn.nctsn.org/course/index.php?categoryid=70
    http://www.cebc4cw.org/program/alternatives-for-families-a-cognitive-behavioral-therapy/detailed

12. Trauma-Focused Cognitive Behavior Therapy. *An evidence-based intervention that has been shown to help children, adolescents, and their caregivers overcome challenges related to trauma.* Available at: http://tfcbt.musc.edu/ http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TF-CBT_fact_sheet_3-20-07.pdf http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed

Referral Templates

1. Supplemental Appendix S11: Primary Care Referral and Feedback Form (Pediatrics)
2. Visit Discharge and Referral Summary for Family (AAP)