

# Trauma – Practical Tips for Pediatricians

Children's National Hospital  
Pediatric Health Network

Michael Sexton, MBChB

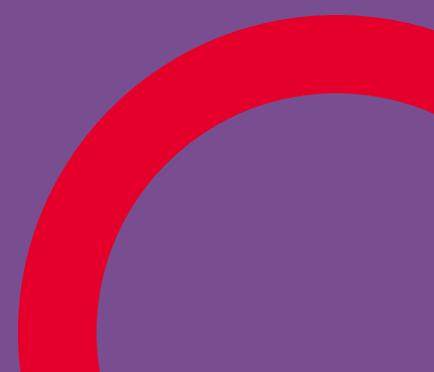
Cecilia Rowland, EdD



**Children's National.**



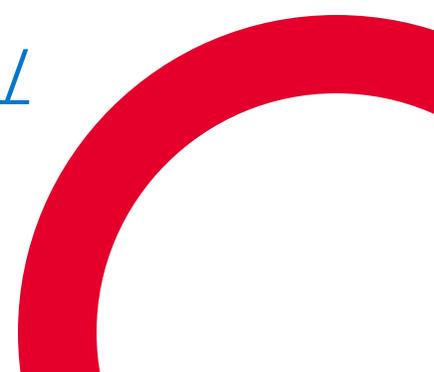
# Introduction and Welcome



# PHN Behavioral Health Initiative Upcoming Trainings

Activity	Speaker	Date/Time	Format
Managing Behavioral Concerns in Pediatric Primary Care: A Collaborative Panel Discussion	Nikita Rodrigues, PhD Lindsay Poole, PhD Sharon Shih, PhD Paige Trojanowski, PhD	Wednesday, April 22, 2026, 12:00-1:00 pm	Webinar

<https://pediatrichealthnetwork.org/behavioral-health-initiative/>



# Handouts for Patients & Families



Pediatric Health Network  
Children's National

### Attention-Deficit/Hyperactivity Disorder (ADHD)

**What is ADHD?**  
ADHD can look like different things. All children and teens have attention issues at some point in their lives, but for children with ADHD, these issues are more constant and interfere with school and daily life.

**How to Support Your Child**  
Children with ADHD often need medication. Talk to your doctor about medication. Families can support their child's learning by using the program without the need for medication. Help your child learn how to manage their behavior.

**Need Help?**  
If your family needs more help, talk to your doctor.

### Behavior Challenges

**What are Behavior Challenges?**  
Behavior challenges can mean acting out. Children or teens might have anger or tantrums. Behavior challenges can be a part of growing up. Understanding what causes the behavior can help you support your child better.

**How to Support Your Child**  
Treatment usually focuses on behavior. Treatment for behavior challenges often includes medication. Talk to your doctor about your child's behavior. Stay calm when behavior happens. Only set boundaries you can stick with. Children often test boundaries. This is not a sign of defiance. Try to keep your limits clear.

**Need Help?**  
If your family needs more help, talk to your doctor. If your family needs more help, talk to your doctor. Ask for a list of covered mental health providers in your area, or search for providers on your insurance website.

### Depression

**What is Depression?**  
Depression happens when your child feels sad, hopeless, empty, or short-tempered. They may also stop enjoying their usual activities. Everyone gets sad sometimes. But having depression means those sad feelings stick around longer and are harder to shake off. Depression can make things hard at home, school, or with friends.

**How to Support Your Child**  
Depression is treatable with therapy (like Cognitive Behavioral Therapy), medication, or both. Talk to your doctor about your child's needs. Encourage your child to do things they like to do. Hobbies and activities (like writing, art, music, sports, and others) can help lower stress. Support your child in getting good sleep, exercise, and eating a healthy diet. If your child has thoughts of suicide or hurting themselves, get help now.

**Need Help?**  
If your family needs more help, talk to your doctor. If your family needs a mental health provider, call the phone number on the back of your child's insurance card. Ask for a list of covered mental health providers in your area, or search for providers on your insurance website. Scan here for more information about how to find a mental health provider and how to get help in a crisis.

- ADHD
- Anxiety
- Depression
- Eating Disorders
- Autism
- Behavior Challenges
- Sleep Habits
- Mealtimes & Picky Eating
- Reducing Screen Time

### Mental Health and Crisis Services

**How to Find Mental Health Services**  
What is a mental health provider?  
A therapist is a mental health provider like a social worker, mental health counselor, or psychologist. Therapists can work with children or teens alone. Therapists can also work with parents. They help people learn skills to manage feelings, thoughts, and behaviors. They can also talk through situations. Psychologists can do therapy, diagnose mental health problems, and do mental health or educational testing. A psychiatrist or a psychiatric nurse practitioner can diagnose mental health problems. They also prescribe mental health medications. They sometimes do brief therapies, too.

**How to Find Mental Health Services**  
If your child has health insurance through your employer, Affordable Care Act Marketplace, or other commercial insurance:  
Start by calling the phone number on the back of your child's insurance card. Ask for a list of covered mental health providers in your area. You can also search for providers on your insurance website.  
You can also ask your primary care provider to contact the Mental Health Access Program (MHAP) in your state. This program can help your primary care provider find resources for treatment.

If your child has health insurance through Medicaid, CHIP, a Managed Care Organization, or another state insurance program:  
Start by calling the phone number on the back of your child's insurance card. Ask for a list of covered mental health providers in your area. You can also search for providers on your insurance website.  
Washington, DC: Call the DC Access Helpline at 1-888-793-4357 or the number on the back of your insurance card. The DC Access Helpline can help families set up appointments with community organizations.  
Maryland: Call Optum Maryland at 1-800-888-1945 or the number on the back of your insurance card.  
Virginia: Call the number on the back of your insurance card or visit the [Virginia Medicaid website](#).

**Additional ways to find mental health providers:**  
Talk with your child's doctor (primary care provider) about what your child needs.  
Ask your trusted friends, family, or community members for local recommendations.  
Psychology Today: An online resource where therapists will list their contact information and what they treat.  
NAMI (National Alliance on Mental Health) lists many resources to help find a mental health provider in your area.  
American Psychological Association has a "Find a Provider" option.

**IN CASE OF AN EMERGENCY, GO TO A LOCAL EMERGENCY DEPARTMENT OR CALL 911.**  
CALL OR TEXT 988 TO REACH THE NATIONAL 988 SUICIDE & CRISIS HELPLINE WEBSITE (988LIFE/988DC)

Some organizations for specific conditions or therapies also have "Find a Provider" features to help you find mental health providers in those areas:  
• Association for Behavioral and Cognitive Therapies.  
• CHADD (Children and Adults with ADHD).  
• International OCD Foundation (IOCDF).  
• Tourette Association of America.  
• Trauma Focused Cognitive Behavioral Therapy.

**Community Resources**  
If you need resources for food, housing, or more, visit the [CME Community Resources for Maryland, Virginia, and DC](#) website or the [Red Help](#) website.

**Crisis Services**  
WASHINGTON, DC  
• CHAMPS (Child and Adolescent Mobile Psychiatric Services) 24/7 free mobile crisis services for children and teens: 202-481-1440, Mobile Crisis for Adults 202-675-9300  
MARYLAND  
• General Maryland Crisis Helpline: 800-422-0099  
• Montgomery County Walk in Crisis Center 1301 Piccard Dr, Rockville, 240-777-4000  
VIRGINIA  
• Virginia Community Service Board (CSB) phone lines by county, or visit [Red Help CSB](#)  
• CR2 (Children's Regional Crisis Response), open 24/7: 864-627-4747  
• Virginia REACH Crisis Services Program for youth or adults with developmental disabilities: 855-897-8278  
NATIONAL CRISIS HOTLINES  
• 988 National Suicide & Crisis Lifeline: Call or text 988  
• The Trevor Project: To support LGBTQ+ individuals: 866-488-7386 or text 678787  
• National Sexual Assault Hotline: 800-656-HOPE (4678)  
• National Maternal Mental Health Hotline (call or text): 833-852-6252

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All handouts are freely available online  
<https://pediatrichealthnetwork.org/clinical-support-tools-for-providers/>

# NEW: Behavioral Health Peer Network Support for PHN Integrated Behavioral Health Providers

- What: Virtual support space to connect behavioral health colleagues in primary care settings
  - Case-based discussion
  - Shared problem-solving
  - Peer support
- Who: **PHN integrated BH providers** like social workers, therapists, counselors, psychologists, PMHNPs, psychiatric nurse practitioners, psychiatrists, etc.
- When: First Wednesday of each month from 12-1pm  
Next meeting is **Wednesday, March 4**
- Note: Does not constitute supervision; no CEs



To receive calendar invites,  
complete the brief form below:  
<https://forms.office.com/r/TE6fVALEEH>

# Mental Health Resource Videos



<https://www.childrensnational.org/get-care/departments/mental-health/mental-health-videos>

# Notes About Today's Webinar

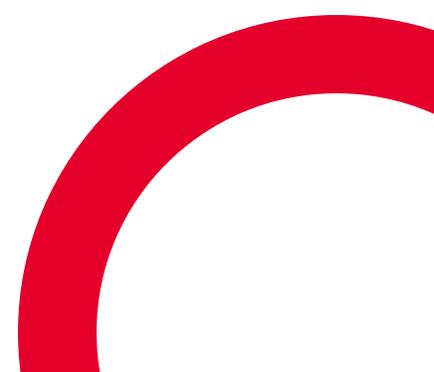
All lines are muted throughout the presentation.

Please use the Q&A to ask questions or make comments.

We will be recording the session.

Today's recording and materials will be posted to the PHN website following the presentation:

<https://pediatrichealthnetwork.org/>



# Continuing Education – Learner Notification

## Pediatric Health Network-1.19.26

### Notice of Requirement for successful completion

**Participants may obtain CE Contact Hours for this education if you attend the entire education session and complete an evaluation. A code and link/text number will be provided at the end.**

Children's National Hospital designates this activity for **1.0 Live ANCC contact hours**.

Children's National Hospital designates this live/enduring activity for a maximum of **1.0 AMA PRA Category 1 Credits™** for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs. All confirmed participants will earn **1.0 CE credits** (Instructional Level, Intermediate Learning) upon successful completion of the learning event and evaluation.

As a Jointly Accredited Organization, Children's National Hospital is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive **1.0 general continuing education credits**.

### Relevant Financial Relationships

**The planning committee and presenters have no relevant financial relationships with ineligible companies.**

### Financial and In-Kind Commercial Support

**No financial nor in-kind commercial support was received for this education activity.**



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

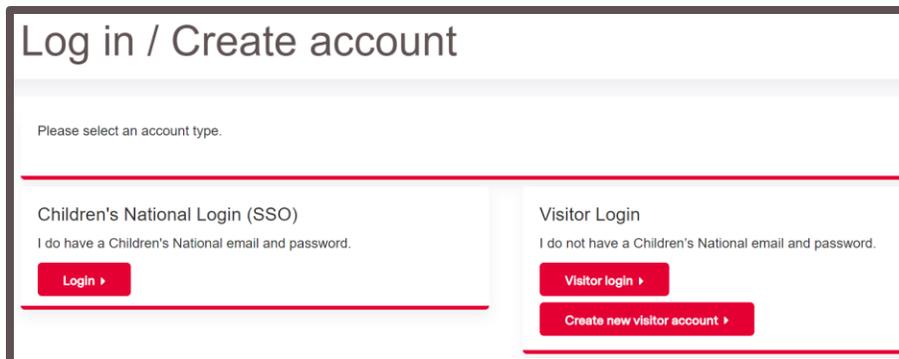
In support of improving patient care, this activity has been planned and implemented by Children's National Hospital. Children's National Hospital is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Children's National Hospital Accreditation Provider# 4008362.

# CE Profile Set Up Instructions

You must create an account on the Continuing Education webpage to claim credit. If you are not yet registered, you will be prompted to do so when claiming credit.

To create an account:

1. Go to <https://ce.childrensnational.org>
2. Click Register on the top right corner on the webpage.
3. **Be sure to enter your profession and mobile phone number where prompted.**



Log in / Create account

Please select an account type.

Children's National Login (SSO)  
I do have a Children's National email and password.  
[Login >](#)

Visitor Login  
I do not have a Children's National email and password.  
[Visitor login >](#)  
[Create new visitor account >](#)

For participants with  
*@childrensnational.org*  
emails, use Children's  
National Login (SSO)

All other participants, use  
Create new visitor account

# Today's Speakers:



Michael Sexton, MBChB



Cecilia Rowland, EdD

# Trauma – Practical Tips for Pediatricians

- Learning Objectives:
  - Know why is it important for pediatricians to understand trauma.
  - Be able to define trauma.
  - Be aware of the ways in which trauma can present in a child.
  - Know how to screen for a history of trauma and for symptoms.
  - Know how to manage children with a history of trauma.
    - How to support children
    - How to educate parents
    - When to refer and to whom
  - Be aware of resources for pediatricians and caregivers

# Why is it important for pediatricians to understand trauma?

- Childhood trauma is common
- Trauma has real consequences
- Many children suffer in silence
- Early intervention matters
- Pediatricians are uniquely positioned as trusted front-line providers
- Primary care can change the trajectory

# What is a Traumatic Event?

- A traumatic event is a frightening, dangerous, or violent event that poses a threat to a person's life or bodily integrity.
- Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for children as their sense of safety depends on the perceived safety of their attachment figures.
- Trauma can have lasting adverse effects on the child's functioning and development- physical, social, and emotional, cognitive.

# What Experiences Might Be Traumatic?

- Physical, sexual, psychological abuse and neglect
- Family or community violence
- Sudden or violent loss of a loved one
- Serious accidents or life-threatening illness
- Substance use disorder (personal or familial)
- Bullying (including online)
- Military family-related stressors (e.g. deployment, injury/death)
- Refugee and war experiences (including torture)
- Disasters
- Terrorism

# How might trauma present in primary care?

- Often child trauma is not specifically identified as the chief complaint
- Presenting complaint is often not a “classic” trauma symptom (nightmares, flashbacks)
- If you do not ask about trauma, it is easy to misdiagnose as ADHD, Anxiety, Depression
- Often labelled by non-mental health professionals as disruptive, angry, antisocial

# Core trauma symptoms

1. Re-experiencing (nightmares, flashbacks, memories)
2. Avoidance (people, places etc.)
3. Negative mood or cognitive symptoms
4. Hyper-arousal (Hypervigilance, disrupted sleep, irritability, impulsivity)

# Common patterns of presentation

## “Depressed/Anxious child”

- Sad, nervous, fearful
- Social withdrawal
- Loneliness, guilt, low worth
- Difficulty concentrating
- Changes in sleeping or eating patterns
- Unexplained physical symptoms, i.e., headaches and stomach aches, not due to a medical condition

## “Angry child”

- Irritable
- Conduct/Oppositional behavior
- Physical aggression
- Destruction of property
- Substance use
- Running away from home

# Trauma in young children



- Have difficulties forming an attachment to caregivers
- Experience excessive fear of strangers or separation anxiety
- Have trouble eating and sleeping
- Be especially fussy
- Show regression after reaching a developmental milestone (e.g., sleeping through the night, toilet training)

# Trauma in School-age children

- Aggression (verbal/physical)
- Become withdrawn
- Have frequent nightmares
- Bedwetting/accidents
- Re-enact traumatic event(s) in play
- Fixate on their own safety or the safety of others
- Problems concentrating or focusing in school



# Trauma in Adolescents

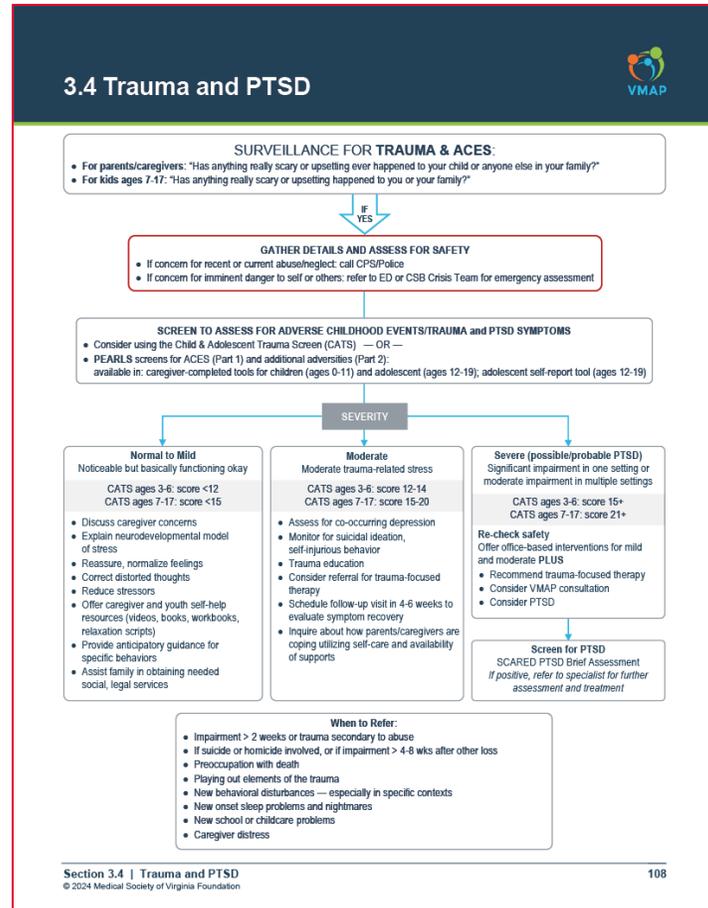


- Become anxious or depressed
- Risk-taking or self-destructive behaviors (e.g., drug and alcohol misuse, dangerous driving, sexual promiscuity, unprotected sex, self-harm, illegal activity)
- Feel intense guilt, anger, or shame
- Begin to have negative views of themselves, people and society as a whole
- In some cases, have ongoing thoughts about suicide, self-harm, or seeking revenge

# Screening and Follow-Up in Primary Care (Overview)

- All children in primary care should be **screened for trauma** (e.g., at well-child visits).
- Practices must ensure **clear follow-up pathways** for children who screen positive, including:
  - In-house mental health providers, and/or
  - Referral links to community providers.
- **What happens after a positive screen?**
  - Further trauma assessment
  - Psychoeducation for child and caregiver
  - Referral to longer-term trauma-focused treatment
    - TF-CBT, Child-Parent Psychotherapy, PCIT

# Algorithm is available on PHN website



Algorithm walks pediatricians through:

- How to screen
- How to manage
- When to refer

[We will now walk through this algorithm step by step]

# Screening for Trauma

## 1. Ask about trauma (Ask parent and child separately)

“Has anything really scary or upsetting happened to you/your child/your family”

## 2. Assess for safety

Current abuse/neglect → CPS or Police

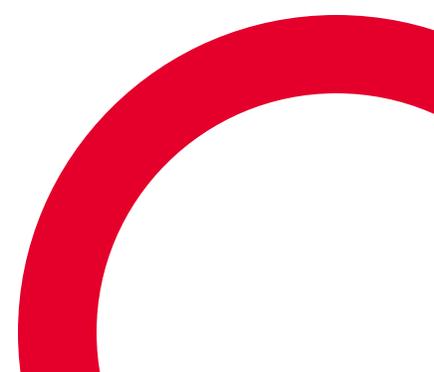
Immediate threat to self or others → ED or Crisis team evaluation

## 3. Screen for Adverse Childhood Events and PTSD Symptoms

Tools: CTS (Child Trauma Screen)

CATS (Child and Adolescent Trauma Screen)

Training: TIME training on CHDI website



# Child Trauma Screen(CTS) is a rapid screen

- 10 questions total
- 4 questions screening for EVENTS
- 6 questions screening for REACTIONS

## CTS Child Report (Age 6-17)

1

Child Name/ID: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Other

Administered By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

2

**EVENTS:** Sometimes, scary or very upsetting things happen to people.

These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? What was it? _____	<input type="checkbox"/>	<input type="checkbox"/>

3

**REACTIONS:** Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the <u>last 30 days</u> ?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Try to stay away from people, places, or things that remind you about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble feeling happy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Trouble sleeping.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Hard to concentrate or pay attention.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Feel alone and not close to people around you.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**NOTES:**

# Child and Adolescent Trauma Screen (CATS) is used by the Algorithm

## Page 1 : Events (15 Qs)

VMAP Guide v2.0 vmap.org

**CHILD AND ADOLESCENT TRAUMA SCREEN (CATS) — CAREGIVER REPORT (AGES 7-17 YEARS)**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Caregiver Name: \_\_\_\_\_

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark NO if it didn't happen to the child.

Event	Yes	No
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="checkbox"/>	<input type="checkbox"/>
2. Serious accident or injury like a car/bike crash, dog bite, sports injury.	<input type="checkbox"/>	<input type="checkbox"/>
3. Robbed by threat, force or weapon.	<input type="checkbox"/>	<input type="checkbox"/>
4. Slapped, punched, or beat up in the family.	<input type="checkbox"/>	<input type="checkbox"/>
5. Slapped, punched, or beat up by someone not in the family.	<input type="checkbox"/>	<input type="checkbox"/>
6. Seeing someone in the family get slapped, punched or beat up.	<input type="checkbox"/>	<input type="checkbox"/>
7. Seeing someone in the community get slapped, punched or beat up.	<input type="checkbox"/>	<input type="checkbox"/>
8. Someone older touching his/her private parts when they shouldn't.	<input type="checkbox"/>	<input type="checkbox"/>
9. Someone forcing or pressuring sex, or when s/he couldn't say no.	<input type="checkbox"/>	<input type="checkbox"/>
10. Someone close to the child dying suddenly or violently.	<input type="checkbox"/>	<input type="checkbox"/>
11. Attacked, stabbed, shot at or hurt badly.	<input type="checkbox"/>	<input type="checkbox"/>
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed.	<input type="checkbox"/>	<input type="checkbox"/>
13. Stressful or scary medical procedure.	<input type="checkbox"/>	<input type="checkbox"/>
14. Being around war.	<input type="checkbox"/>	<input type="checkbox"/>
15. Other stressful or scary event? Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

Which one is bothering the child most now? \_\_\_\_\_

If you marked "YES" to any stressful or scary events for the child, then go to the next page and answer the next questions

Page 1 of 2

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## Page 2 : Reactions (25 Qs)

VMAP Guide v2.0 vmap.org

**CATS (cont'd)**

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks  
 0 — NEVER 1 — ONCE IN A WHILE 2 — HALF THE TIME 3 — ALMOST ALWAYS

1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.	0	1	2	3
2. Bad dreams related to a stressful event.	0	1	2	3
3. Acting, playing or feeling as if a stressful event is happening right now.	0	1	2	3
4. Feeling very emotionally upset when reminded of a stressful event.	0	1	2	3
5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast).	0	1	2	3
6. Trying not to remember, talk about or have feelings about a stressful event.	0	1	2	3
7. Avoiding activities, people, places or things that are reminders of a stressful event.	0	1	2	3
8. Not being able to remember an important part of a stressful event.	0	1	2	3
9. Negative changes in how she thinks about self, others or the world after a stressful event.	0	1	2	3
10. Thinking a stressful event happened because she or someone else did something wrong or did not do enough to stop it.	0	1	2	3
11. Having very negative emotional states (afraid, angry, guilty, ashamed).	0	1	2	3
12. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much.	0	1	2	3
13. Feeling distant or cut off from people around her/him.	0	1	2	3
14. Not showing or reduced positive feelings (being happy, having loving feelings).	0	1	2	3
15. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.	0	1	2	3
16. Risky behavior or behavior that could be harmful.	0	1	2	3
17. Being overly alert or on guard.	0	1	2	3
18. Being jumpy or easily startled.	0	1	2	3
19. Problems with concentration.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3

Total Score	
Clinical =	15+

Please mark "YES" or "NO" if the problems you marked interfere with:

	YES	NO
1. Getting along with others	<input type="checkbox"/>	<input type="checkbox"/>
2. Hobbies/fun	<input type="checkbox"/>	<input type="checkbox"/>
3. School or work	<input type="checkbox"/>	<input type="checkbox"/>
4. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>
5. General happiness	<input type="checkbox"/>	<input type="checkbox"/>

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# Will Asking Do More Harm?

- Traumatized children and teens almost always remember their trauma experiences
- Often have anxiety, shame and stigma
- Benefit from modeling of trauma mastery, rather than trauma avoidance
- Are not further traumatized by being asked straightforward questions about their trauma experiences

# Responding to Youth Trauma Disclosures

- To extent possible, be aware of context of disclosure (e.g., new vs. known disclosure, what information has been previously shared, etc.?)
- Look at the child, convey empathy and caring
- **Validate**, e.g., “I’m sorry that you went through these (scary, painful) things, and I appreciate you sharing this with me.”
- **Acknowledge impact**, e.g., “You told me that the sexual abuse is still causing you problems (like X, Y, Z), and I appreciate you helping me understand more about how this has affected you”
- **Normalize trauma reaction and provide hope**, e.g., “Many teens who experience sexual abuse have these reactions and they have gotten better with treatment. I really believe it will help you too.”

# What can Pediatricians do?

- **Psychoeducation**

- Normalize trauma responses (sleep problems, irritability, regression, somatic symptoms)
- Reframe behaviors as adaptive stress responses—not misbehavior or weakness
- Emphasize that most children recover with support, time, and predictability

- **Neurobiology of Trauma**

- Trauma sensitizes the stress response (fight/flight/freeze)
- The brain prioritizes safety over learning and behavior
- Symptoms are state-dependent, not intentional or permanent

- **Key message for families:**

*“These reactions make sense—and there are things we can do to help the nervous system settle.”*

# What can Pediatricians do?

- **Encourage family to foster Protective Factors & Resilience**
  - Safe, stable, nurturing relationships (strongest buffer)
  - Predictable routines and structure
  - Emotional awareness and simple calming strategies
  - Time for play, fun, and mastery
  - Support caregiver well-being
- **Everyday interventions Pediatricians can encourage**
  - Consistent sleep, meals, and daily routines
  - Positive caregiver-child time and nurturing responses
  - Calm, predictable responses to stress behaviors
- **Monitor & Escalate Care**
  - Screen for depression, especially in adolescents
  - Refer when symptoms are moderate to severe, persistent, or impair functioning

## After the Trauma: Helping My Child Cope

### THINGS PARENTS CAN DO AND SAY



#### Six things you can do to help your child after a trauma.

- 1 Let your children know they are safe.** Younger children may need extra hugs (as well as your teens).
- 2 Allow children to talk about their feelings and worries if they want to.** Let them know that being a little scared and upset is normal. If they don't want to talk, they could write a story or draw a picture.
- 3 Go back to everyday routines.** Help your child get enough sleep, eat regularly, keep up with school, and spend time with friends.
- 4 Increase time with family and friends.** Children who get extra support from family and friends seem to do better after upsetting events. Try reading, playing sports or games or watching a movie together.
- 5 Take time to deal with your own feelings.** It will be harder to help your child if you are worried or upset. Talk about your feelings with other adults, such as family, friends, clergy, your doctor, or a counselor.
- 6 Keep in mind that people in the same family can react in different ways.** Remember, your child's feelings and worries might be different from yours. Brothers and sisters can feel upset too.

**What should I expect after a trauma?** In the first few days after a trauma, your child might feel confused, upset, jumpy or worried. This is normal. Most children just need a little extra time to feel better.

**What are common changes in my child?** After a trauma, changes you might notice are:

- 👉 **Young children:** thumb sucking, bed wetting, clinging to parents, being afraid of the dark.
- 👉 **School age children:** getting easily upset or angry, clinging to parents, nightmares, not paying attention, not wanting to go to school or play with friends.
- 👉 **Teens:** changes in sleeping and eating, new problems in school, arguing with friends or family, complaining of feeling sick.

**When and how should I get help for my child?** If these changes do not clear up, seem to be getting worse, or there are other things that worry you, talk to your child's doctor or school counselor to find out the best way to help your child and family.



## Things other parents have found helpful.

### YOUNGER CHILDREN:



*"You're safe now."*



*"Why don't you draw a picture about your time in the hospital."*

### OLDER CHILDREN:



*"You can still spend time with your friends."*



*"When I'm upset, I find someone to talk to."*

Do: Allow your child to talk about what happened, if he or she wants to.  
Say: *"A lot has happened. Is there anything you're worried or confused about?"*

Do: If your child doesn't want to talk about what happened, encourage him or her to draw a picture or write a story about it.

Say: *(To younger children) "Can you draw a picture about what happened and tell me a story about it?" (To teenage children) "Can you write a story about what happened and how you're feeling?"*

Do: Keep in mind that brothers and sisters could also feel upset or worried.  
Say: *"How are you doing? Is there anything you are worried about?"*

Do: Keep up with regular meal and bed times for your child. If sleep is a problem for your child, try a bedtime story and a favorite stuffed animal for younger children, some quiet time and relaxing music for teens.

Say: *(To younger children) "Let's read your favorite book before going to bed." (To teenage children) "How about listening to music that helps you relax?"*

Do: Talk to another adult if you are feeling upset about what happened to your child. Also, talk to your child's doctor if you are concerned about how he or she is dealing with the trauma.

Say: *"I'm feeling a little overwhelmed. It would help to have someone to talk to."*



A PARTNER IN  
**NCTSN**  
The National Child  
Traumatic Stress Network

Developed by The Center for Pediatric Traumatic Stress at The Children's Hospital of Philadelphia and Nemours / Alfred I. duPont Hospital for Children

[www.healthcaretoolbox.org](http://www.healthcaretoolbox.org)

# When to refer

- **Refer when symptoms are moderate to severe, persistent, or impair functioning**
- Trauma secondary to abuse
- If suicide or homicide involved, or if impairment >4-8 weeks after other loss
- Preoccupation with death
- Playing out elements of the trauma
- New behavioral disturbances – especially in specific contexts
- New onset sleep problems and nightmares
- New school or childcare problems
- Caregiver distress

# Who to refer to

- Current or recent abuse or neglect → Police, CPS, CAPC
- Immediate concern for safety of self or others → ED, Crisis team
- Moderate/severe PTSD symptoms → Therapist
  - Refer for “Trauma Focused CBT” (age 3-18)
  - Refer for “Child Parent Psychotherapy” (age 0-5)
  - Refer for “PCIT” (age 2-7)
  - Resources for parents:
    - DC Behavioral Health
    - Insurance company
    - Psychology Today
- Need guidance of Psychiatrist → DCMAP, BHIPP, VMAP

# Take Home Messages

- **Pediatricians are uniquely positioned as trusted front-line providers:** Pediatricians may be the *only* professionals children and families feel safe talking to—helping make the “unspeakable” speakable.
- **Primary care can change the trajectory:** Pediatric teams can bear witness, educate and support caregivers, reduce external stressors, and determine when specialty trauma treatment is needed.

# Claiming Continuing Education Hours

1. Text attendance code **ROCJUV** to **301-273-7643** or enter it at [ce.childrensnational.org/code](https://ce.childrensnational.org/code)
2. Log in to **CNH CE Portal** at [ce.childrensnational.org](https://ce.childrensnational.org) (*create an account if this is your first log in*).
  - a) Set up your profile:
    - ✓ Select “profession” (i.e. nurse, physician, social worker, etc...)
    - ✓ Input mobile number used to text attendance code
3. Go to pending activities and **complete the course evaluation** if required.
4. Generate and **download CE certificate**

***Credit can be claimed up to 60 days from the date of the live event.***

# Resources



# Key Resources

## Resources shown during this presentation:

Algorithm for Managing Trauma: [VMAP Guidebook - Virginia Mental Health Access Program | VMAP.org](https://www.vmap.org/)

### Screening tools

CTS. <https://www.chdi.org/our-work/evidence-based-practices/screening/child-trauma-screen>

CATS. <https://istss.org/clinical-resources/child-adolescent-trauma-assessments/child-and-adolescent-trauma-screen/>

Child Stress Disorders Checklist. [https://www.nctsn.org/sites/default/files/resources/child\\_stress\\_disorders\\_checklist.pdf](https://www.nctsn.org/sites/default/files/resources/child_stress_disorders_checklist.pdf)

Education for parents. [VMAP Guidebook - Virginia Mental Health Access Program | VMAP.org](https://www.vmap.org/)

## Guidance from Psychiatrist:

DC – DCMAP. 1-844-303-2627. <https://www.pavingthewaymsi.org/dc-map>

Maryland – BHIPP. 855-632-4477. <https://mdbhipp.org/>

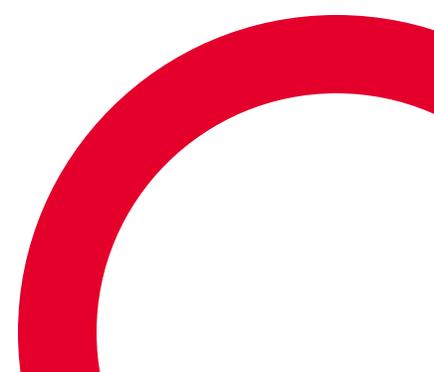
Virginia – VMAP. 1-888-371-8627. <https://vmap.org/>

## Agencies providing treatment:

DC. Department of Behavioral Health (202) 673-7440 <https://dbh.dc.gov/>

List of agencies in DC, MD, VA [List Referrals and Resources Across the DMV 2.12.2026.pdf](https://www.vmap.org/files/2026/02/List_Referrals_and_Resources_Across_the_DMV_2.12.2026.pdf)

NCTSN The National Child Trauma Stress Network <https://www.nctsn.org/>



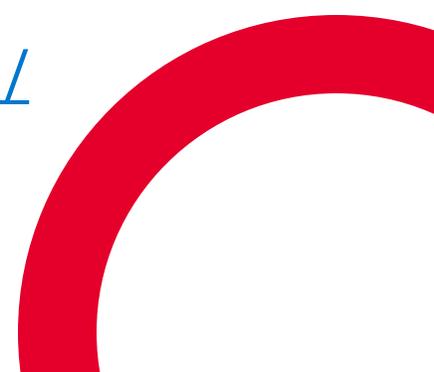
# Other Resources

- [KidsMentalHealthInfo.com](http://KidsMentalHealthInfo.com), ( a website for parents and caregivers by state)
- [www.nctsn.org](http://www.nctsn.org) (National Child Traumatic Stress Network) (a website for professionals and parents)
- <http://cctasi.northwestern.edu/family/resources/>
- The Trauma Center ([www.traumacenter.org](http://www.traumacenter.org))
- <https://www.childwelfare.gov/topics/responding/trauma/caregivers/>
- resources, which offer further details on understanding and treating trauma:
- [\*Parenting After Trauma: Understanding Your Child's Needs. A Guide for Foster and Adoptive Parents \(1.5 MB PDF\)\*](#), a 2016 publication of the American Academy of Pediatrics and the Dave Thomas Foundation for Adoption.
- [\*Parenting a Child Who Has Experienced Abuse or Neglect \(440 KB PDF\)\*](#), a 2013 publication from the Child Welfare Information Gateway.
- [\*Parenting a Child Who Has Experienced Trauma \(495 KB PDF\)\*](#), a 2014 factsheet for families from the Child Welfare Information Gateway.
- [\*Understanding the Effects of Maltreatment on Brain Development \(443 KB PDF\)\*](#), a 2015 issue brief from Child Welfare Information Gateway.
- [\*"The Toll of Childhood Trauma,"\*](#) an article published in *Counseling Today* in 2014

# PHN Website has further resources

- Screening tools
- Therapy tools and patient handouts
- Treatment and Pharmacology Guides
- Billing and coding

<https://pediatrichealthnetwork.org/behavioral-health-initiative/>



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