



Anticipatory Guidance for Children and Families with History of Trauma and Adversity

Adapted from: A Medical Home Approach to Identifying and Responding to Exposure to Trauma
www.aap.org/traumaguide 2014 American Academy of Pediatrics.

1. Give anticipatory guidance about potential signs and symptoms of toxic stress so parents understand what they are seeing and when to seek help.
2. Modifying our typical pediatric anticipatory guidance when we are aware of recent traumatic experiences that may pose challenges to the current caregiver/child relation and require repair of trust and safety.

CHILD'S RESPONSE TO TRAUMA

PHYSICAL

- Eating disturbance - refusal, overeating, hoarding
- Sleep issues - getting to sleep, frequent waking, nightmares
- Toileting - enuresis, encopresis, constipation
- Functional abdominal pain
- Tension Headaches

DEVELOPMENT / LEARNING

- Difficulty acquiring developmental milestone
- Difficulty with transitions
- Easily frustrated (limited cognitive flexibility)
- Difficulties organizing
- Memory and detail recall challenges

BEHAVIOR

- Detachment
- Numbing
- Compliance
- Fantasy
- Hyper vigilance
- Aggression
- Anxiety
- Exaggerated response
- Frequent, severe tantrums

Trauma Informed Anticipatory Guidance for Symptoms a Child Might Experience

Here are some specific suggestions for how a family can respond. These approaches are helpful for all children, but are particularly important for children who have ACEs or are recovering from acute traumatic events. There is no one answer, but offer families suggestions that reinforce routines, positive experiences, and safe stable nurturing relationships.

Sleep Disturbance

- Accept and empathize with child's fears and help reassure the child.
- Transitional item: stuffed animal, blanket, pillow, or other desired item (may tell the child story of stuffed animal being scared and needing to sleep with child to feel safe and secure).
- Consistent bedtime schedule.
- Soothing bedtime routine (bath, reading books, dim light, brief cuddling/snuggling).
- No screen time 1 hour before bed.

**Anticipatory Guidance for Children and Families
with History of Trauma and Adversity**

- Night-light.

Eating Disturbances (All types)

- Consistent schedule of eating.
- Calm, pleasant meals.
- Three meals and 3 snacks (offer something every 2 hours).
- Sit down to eat all meals and snacks.
- Expect experimentation and messiness.
- Give a chewable multivitamin with iron and zinc.

Eating Disturbances – Food refusal

- No force-feeding, cajoling, or reprimands.
- Set up rewards for taking each step toward eating item (eg, having item on plate, smelling item, putting item to lips, tasting item, taking a bite, swallowing item).
- Offer 2 desired foods and 1 non-preferred food at each sitting.
- Repeat offering food.
- High-calorie/high-protein diet if underweight.
- Follow growth more frequently with primary care.

Eating Disturbances – Overeating or Hoarding

- Set up reward system for “asking for food items” and “eating item when given” (instead of sneaking and hiding food item).
- Offer plenty of water throughout the day.
- Frequent checks for hidden foods and reward system for “bedroom free of food.”
- Reducing hoarding: Keep a bowl of high fiber snacks (eg, carrots, apples). Refill bowl every 30 minutes and gradually increase time between fillings. Praise child for saving some and progress.

Toileting issues – Encopresis/constipation

- Bowel clean out as necessary (taking steps to minimize additional trauma).
- Eliminate any negative associations around toileting.
- Reward system for sitting on the toilet (may need a graduated reward system for small steps toward sitting on the toilet, eg, pooping in training diaper while in bathroom, pooping in training diaper while standing next to toilet, pooping in training diaper while sitting on closed toilet seat, pooping in training diaper while sitting on open toilet seat, pooping in toilet).
- Game or activity that can only be used in the bathroom.

Toileting issues – Daytime urinary incontinence

- Treat constipation if present.
- Timed voiding (every 2 hours).
- Reward incentive for remaining dry during set intervals and adhering to voiding schedule.

Functional abdominal pain

- Consider increasing fiber in diet and decreasing lactose.

**Anticipatory Guidance for Children and Families
with History of Trauma and Adversity**

- Clarify whether each bout is “same” or “different”; otherwise limit conversation about the pain.
- Reinforce well behavior.
- Distraction.
- Cognitive coping skills (positive self-talk).
- Relaxation techniques (deep breathing).

Tension headaches

- Ask, “What do you think might be causing this headache?”
- Visual images of anatomic structures like blood vessel contracting and dilating and accompanying pain sensors may help some gain control of symptoms.
- Visual imagery with progressive relaxation exercises.
- Drink lots of water.
- Headache diary may help establish triggers.

Anxiety/fears/avoidance

- Acknowledge and respect the fear.
- Do not belittle, exaggerate, or cater to the fear.
- Provide information about the fear. – Read a book about the feared concern. – Watch reassuring television programs, movies, or videos.
- Graduated exposure to the fear with rewards for each step taken.
- Practice active listening.

Trouble with self-regulation

- Strong, inappropriate emotions
 - Low tolerance for stress
 - Easily frustrated Techniques for the parent
 - Remind caregiver to not take this behavior personally.
 - Lower the tone and intensity in voice.
 - Remain calm and gentle.
 - Get down to child’s eye level to speak.
 - Give directions that are positively stated, simple, and direct, without use of strong emotions.
 - Anticipate a reactive response and use redirection before child’s emotions are out of control.
- Techniques for the child
- Teach child calming skills (eg, breathing techniques, relaxation skills or exercises) when child is not upset.
 - Have child practice skills when child is not upset.
 - Have caregiver model skills to child when caregiver is upset.
 - Gently remind child to use skills when upset; caregiver may suggest they use a skill together.
 - Use of strategic ignoring for behaviors that can be ignored can help children learn to self-calm.

**Anticipatory Guidance for Children and Families
with History of Trauma and Adversity**

Difficulty with verbally expressing feelings

- Have caregiver label her own emotions and response throughout the day, eg, “Mommy is really frustrated sitting in traffic right now.”
- Have caregiver help child label child’s emotions, eg, “It looks like you are upset that you have to wait your turn.”
- Encourage child to label his own emotions throughout the day to practice, eg, “How are you feeling right now?”

Irritable/aggressive behavior

- Have caregiver help child understand caregiver’s facial expression and tone of voice.
- Remind caregiver to be aware of her emotional response to child’s behavior.
- Do not take the behavior personally.
- Be consistent and calm when disciplining; avoid yelling and aggression.
- Give messages that say child is safe, capable, and worthwhile.
- Praise desired and neutral behavior.
- Spend extra-special time playing with child.

Reference:

The Medical Home Approach to Identifying and Responding to Exposure to Trauma, American Academy of Pediatrics, 2014. Available at https://www.aap.org/en-us/Documents/ttb_medicalhomeapproach.pdf)