

Trauma-informed care: How to promote safe, stable, nurturing caregiving

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Pediatricians can apply the principles of trauma-informed care when treating patients and families who are suffering from adverse childhood experiences (ACEs) and toxic stress, Moira A. Szilagy, M.D., Ph.D., FAAP, said during her plenary address Sunday.

She offered encouraging messages on how pediatricians can help caregivers provide a safe, stable, nurturing environment to buffer the effects of trauma in their children. That relationship forms a secure base from which a child can safely explore the world and develop a sense of self.

“The good news is that trauma-informed care builds on the resilience-promoting care we already provide every day, with some additions and modifications,” said Dr. Szilagy, who takes over as AAP president in January 2022.

Affecting two-thirds of all children, ACEs activate the body's stress-response systems. Decades later, this can lead to changes in immune function, gene expression and brain architecture, resulting in poor health and social outcomes.

“But adversity is not destiny,” Dr. Szilagy said.

Symptoms can vary based on the severity and duration of the trauma, the child's genetic profile and developmental stage, and the availability of buffering relationships.

“Research indicates that the single most important protective factor for a child is having at least one safe, stable, nurturing caregiver in their life,” Dr. Szilagyi said.

Having positive or secure relationships, among other factors, helps people to be more resilient. Dr. Szilagyi noted that psychologist Ann Masten, Ph.D., calls resilience promotion “ordinary magic.”

Dr. Szilagyi said she loves this term because, for children, resilience develops in the “give and take” of these nurturing relationships “and in the growth that occurs through play, exploration and exposure to a variety of normal or typical activities and resources.”

When children present with functional, developmental, behavioral, emotional and relationship difficulties, clinicians should consider trauma as part of the differential diagnosis so they can correctly diagnose and intervene, noted Dr. Szilagyi, who is interim division chief of general pediatrics and chief of developmental/behavioral pediatrics at University of California, Los Angeles.

Pediatricians also can help caregivers who have their own history of trauma. They can acknowledge caregivers’ challenges, guide them through responsive parenting, help them interpret their child’s behavior and discuss the importance of routines and self-care.

“COVID has reminded us all of the importance of re-establishing or developing new routines to restore a sense of predictability, safety, self-efficacy and self-regulation,” Dr. Szilagyi said.

In helping families, pediatricians “can leverage the beauty of our continuity of care relationship to promote safe, stable, nurturing caregiving to build or rebuild family and child resilience over time,” she said. “For together with parents, we are the magicians who make ordinary magic happen.”