



Glossary of Terms Related to Trauma-Informed, Integrated Healthcare

Terms to Describe the Event

- Psychological Trauma**
Psychological trauma occurs when a child experiences an intense, recurring and/or prolonged event(s) that threatens or causes harm to his or her emotional and/or physical well-being (*NCTSN Factsheet, 2003, "What is Child Traumatic Stress"*).
- Physical Trauma**
Physical trauma refers to an injury of sudden onset and severity which requires immediate medical attention. Physical traumatic injuries are the result of a wide variety of blunt, penetrating, and burn mechanisms. They include motor vehicle collisions, sports injuries, falls, natural disasters, and a multitude of other physical injuries which can occur at home, on the street, or at work or school and require immediate care. (*Adapted from University of Florida Health website, <https://ufhealth.org/traumatic-injury>*)
- Adverse Childhood Experiences (ACEs)**
Adverse Childhood Experiences include emotional, physical, or sexual abuse; emotional or physical neglect; domestic violence; parental substance use; parental mental illness; parental separation or divorce; or incarcerated household member. Such experiences are linked to long term health outcomes in a series of studies (*Felitti et al, 1998*). Recent additions include death of a parent, community violence, and poverty.

Terms to Reaction/Response

- Child Traumatic Stress**
Child traumatic stress (CTS) refers to the intense fear and stress response occurring when children are exposed to traumatic events which overwhelm their ability to cope with what they have experienced. While some children “bounce back” after adversity, traumatic experiences can result in significant disruption of child development with profound long-term consequences. They may show signs of intense emotional and physiological distress—disturbed sleep, difficulty paying attention and concentrating, anger and irritability, withdrawal, repeated and intrusive thoughts, and extreme distress when confronted by reminders of the trauma. Children who experience CTS may also be diagnosed with PTSD, depression, anxiety, or behavioral disorders. Repeated exposure to traumatic experiences can affect the child’s brain and nervous system and increase risk of low academic performance, engagement in high-risk behaviors, and difficulties in peer or family relationships. (*Understanding Child Traumatic Stress, NCTSN*)
- Complex Trauma**
The term *complex trauma* describes both children’s exposure to multiple types of pervasive and chronic traumatic events that involve violence, betrayal, exploitation, and loss, such as maltreatment and living in unsafe family, community, or school settings, as well as the wide-ranging, long-term impact of this exposure. Complex trauma can disrupt the child’s secure bonding with caregiver(s), as well as the development and formation of crucial competencies, positive relationships, and a clear sense of self.



- Developmental Trauma Disorder**
Developmental trauma disorder (DTD) is a proposed diagnosis based on evidence that children exposed to complex trauma are at risk for severe disruptions in their development in the domains of emotion, bodily health, attention, cognition, learning, behavior, interpersonal relationships, and development of a clear sense of self. DTD formally describes problems in self-regulation that occur as a result of trauma-related developmental impairments, including dysregulation of (a) emotion and physiology; (b) attention/cognition and behavior (including aggression, oppositionality, and suicidality and intentional self-harm); and (c) interpersonal functioning and identity. DTD symptoms overlap or co-occur with several posttraumatic stress disorder (PTSD) symptoms, but DTD involves a wider range of types of dysregulation and is more strongly related to complex trauma than PTSD. (*Complex Trauma and DTD definitions adapted from Complex Trauma and DTD Collaborative Group*)
- Epigenetic Changes**
Emerging evidence suggests that trauma and chronic stress cause biochemical changes that alter gene expression, which may result in long term and potentially heritable changes in neuroanatomy, physiology, and behavior. Trauma appears to affect areas of the genes “above” or upon (thus “epi”) the gene that control how genes are read, and therefore, which or how many proteins are produced. Specific alterations studied include DNA methylation, histone modifications, noncoding RNA regulation, and alternative splicing of mRNA.
- Pediatric Medical Traumatic Stress**
Pediatric medical traumatic stress is a reaction that children and parents may have to pain, injury, serious illness, medical procedures, or invasive or frightening treatment experiences. These traumatic stress reactions can include psychological and physiological symptoms of arousal, re-experiencing, and avoidance. Other reactions may include behavioral changes or symptoms of depression or anxiety. (NCTSN, *Pediatric Medical Traumatic Stress: A Comprehensive Guide*)
- Post-Traumatic Stress Disorder**
PTSD is a formal psychiatric diagnosis that is made when specific criteria about the number, duration, and intensity of symptoms are met. PTSD shares many characteristics of Child Traumatic Stress (CTS), but CTS is not a formal diagnosis. PTSD is a set of psychiatric symptoms meeting DSM-5 criteria after a person has experienced, witnessed, or learned of a close family member experiencing an event involving actual or threatened death, serious injury, or sexual violation.
- Toxic Stress**
A *toxic stress* response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment well into the adult years. (*Center on the Developing Child, Harvard University, http://developingchild.harvard.edu/key_concepts/toxic_stress_response/*)



Terms to Identify/Understand a Child/Youth's Response

- Trauma Screening**

Trauma screening refers to a tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or multiple traumatic events, has reactions to such experiences, has specific mental or behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health assessment. Trauma screening is designed to be able to be administered to every child within a given system (such as healthcare). The results of the screening are used to determine whether further assessment is warranted (see below).
- Trauma-Informed Mental Health Assessment**

A *trauma-informed mental health assessment* refers to a process that includes a clinical interview, standardized measures, and/or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic experiences, the effects of those events, current trauma-related symptoms, and functional impairment(s). Clinicians use this to understand a child's trauma history and symptom profile; to determine whether a child is developmentally on target in the social, emotional, and behavioral domains; to inform case conceptualization and drive treatment planning; and to monitor progress over time. Information from such an assessment can be used to coordinate treatment and do case planning with other service providers, including health-care providers.
(Adapted from <http://www.nctsn.org/resources/topics/trauma-informed-screening-assessment/general-info>)
- Trauma Surveillance**

Surveillance is an on-going, flexible, longitudinal process whereby knowledgeable professionals use skilled observation during the provision of health care, to look for symptoms of traumatic stress or to monitor the impact of previously known traumatic experiences. Surveillance is guided by the developmental stage of the child and the concerns of the family. Information gleaned during surveillance is used in conversations with parents and/or youth involving guidance, further assessment, and intervention within primary care and referral for specialty care (e.g. mental health).

Adapted from: Garg, Arvin, and Paul H. Dworkin. "Applying surveillance and screening to family psychosocial issues: implications for the medical home." *Journal of developmental and behavioral pediatrics: JDBP* 32.5 (2011): 418.

Terms Related to Caring for Children and Families Who Have Experienced Trauma in Healthcare Settings

- Integrated Care**

Integrated care refers to the coordination of physical and behavioral health care. (Johns Hopkins)
- Trauma-Informed Care**

Trauma-informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and seeking to employ practices that do not traumatize or re-traumatize. Trauma-informed care also emphasizes physical, psychological, and emotional safety; trustworthiness and transparency; collaboration and mutuality; empowerment; and cultural sensitivity and responsiveness.
(Adapted from Johns Hopkins and SAMHSA)



Patient-Centered Care

Patient-centered care refers to care that is respectful of and responsive to individual patient preferences, needs, and values, and that ensures that patient values guide all clinical decisions. (Adapted from *Institute of Medicine*)

Family-Centered Care

In pediatrics, *family-centered care* is based on the understanding that the family is the child's primary source of strength and support. Further, this approach to care recognizes that the perspectives and information provided by families, children, and young adults are essential in clinical decision-making. (*American Academy of Pediatrics*)

Medical Home

The *medical home* is a concept introduced by the American Academy of Pediatrics (AAP) and is a team-based health care delivery model for a child's medical and non-medical care. It is a cultivated partnership among the patient, family, and primary provider in cooperation with specialists and support from the community. The AAP joined with the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA) to develop the Joint Principles of the Patient-Centered Medical Home, which describes the features of medical home as follows:

- **Patient-centered:** A partnership among practitioners, patients, and their families ensures that decisions respect patients' wants, needs, and preferences, and that patients have the education and support they need to make decisions and participate in their own care.
- **Comprehensive:** A team of care providers is wholly accountable for a patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care.
- **Coordinated:** Care is organized across all elements of the broader health care system, including specialty care, hospitals, home health care, community services and supports.
- **Accessible:** Patients are able to access services with shorter waiting times, "after hours" care, 24/7 electronic or telephone access, and strong communication through health IT innovations.
- **Committed to quality and safety:** Clinicians and staff enhance quality improvement to ensure that patients and families make informed decisions about their health. (Johns Hopkins; <https://www.pcpcc.org/about/medical-home>)

Trauma-Informed Integrated Care

Trauma-informed integrated healthcare is integrated care in which all parties involved assess, recognize, and respond to the effects of traumatic stress on those who have contact with the healthcare system including children, caregivers, and general and behavioral healthcare providers. It requires that health, behavioral health, and other partners involved with the child and family effectively communicate and collaborate with each other and caregivers in the care of the child and family. Programs and agencies within such a healthcare system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies and use the best available science to facilitate and support the recovery and resiliency of the child and family.