Meeting the challenge of interdisciplinary care for psychological impact of pediatric trauma

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Overview

- Quick review of research findings
  - Psychological impact of pediatric trauma
  - Health impact of posttraumatic stress reactions

- How health care teams can promote emotional recovery
  - Defining “trauma-informed” pediatric care
  - Current status
  - What does this look like in practice?

- Tools and resources to help

No disclosures.
Posttraumatic stress (PTS) reactions are common in the early aftermath of an injury.

Psychological impact of pediatric injury: Posttraumatic stress (PTS) symptoms

85% have at least 1 acute PTS symptom in 1st month

15 - 20% significant PTS symptoms at 6 months

5 - 10% diagnostic PTSD
Health impact:
PTS symptoms affect health & functional outcomes


Recommendation from Summit

Recommendation:
Place a greater emphasis on the family during and after hospitalization, to mitigate the stress of pediatric trauma injury and care.

Strategies:
- Early comprehensive psychosocial screening and assessment of children and families.
- Use principles of “trauma-informed care”.

Trauma (Oxford English Dictionary)

1. A deeply distressing or disturbing experience
   1.1 Emotional shock following stressful event or physical injury

2. [Medicine] Physical injury

“Trauma-informed care”
= keeping trauma* in mind while providing care
(*definition 1 above)

- Recognizing impact for patients, families, and others.
- Integrating this knowledge into policies and practices.
How do health care teams provide trauma-informed care?

**Key elements:**

- Minimize potentially traumatic aspects of medical care
- Address immediate child **distress** (pain, fear, loss)
- Promote **emotional support** (help parents help their child)
- Remember **family** needs (and identify family strengths)
- Screen to determine which patients may need more support
Who can provide trauma-informed care?

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Who can provide trauma-informed care?

- **Frontline** = MDs, Nurses
  - Social work
  - Child life
  - Chaplain
- **Mental health professionals**
Current status: Where do we stand?

- National survey of pediatric & adult Level I Trauma Centers in the US:
  - Only 20% routinely screen for PTS symptoms in injured children or adolescents

- International survey (N = ~2500) of emergency physicians & nurses:
  - Wide variation in knowledge
  - Only 11% have had specific training in psychosocial impact of injury / trauma-informed practices

Zatzick et al., 2011; Alisic et al., 2014
D-E-F protocol: Framework to guide trauma-informed pediatric care

<table>
<thead>
<tr>
<th>Healthcare Providers’ Guide to Traumatic Stress in Ill or Injured Children</th>
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<tbody>
<tr>
<td>AFTER THE ABCs, CONSIDER THE DEFs</td>
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</table>

| D | DISTRESS |
| --- |
| Assess and manage pain. |
| Ask about fears and worries. |
| Consider grief and loss. |

| E | EMOTIONAL SUPPORT |
| --- |
| Who and what does the patient need now? |
| Barriers to mobilizing existing supports? |

| F | FAMILY |
| --- |
| Assess parents’ or siblings’ and others’ distress. |
| Gauge family stressors and resources. |
| Address other needs (beyond medical). |
## D-E-F protocol:
Addresses key risk factors for medical traumatic stress

### Pre-trauma risk factors
- Prior traumatic experiences
- Prior posttraumatic stress
- Prior behavioral problems

### Peri-trauma risk factors
- Fear
- Subjective sense of life threat
- Pain
- Acute physiological arousal
- Separation from parents

### Early post-trauma risk factors
- Child emotional distress
- Problematic coping strategies
- Lack of strong social support network
- Parent emotional distress
Specific behaviors – nursing care

<table>
<thead>
<tr>
<th>D - Distress</th>
<th>E – Emotional support</th>
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</thead>
<tbody>
<tr>
<td>• Ask the child questions to assess his/her</td>
<td>• Ask a child to tell you what usually helps</td>
</tr>
<tr>
<td>symptoms of distress.</td>
<td>them feel better when they are upset or scared.</td>
</tr>
<tr>
<td>• Explain a specific procedure to a child and</td>
<td>• Ask a parent to describe how they usually help their child cope with painful or</td>
</tr>
<tr>
<td>then check his /her understanding.</td>
<td>scary situations.</td>
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<tr>
<td>• Provide a child with choices about some</td>
<td>• Teach a parent specific techniques to support their child during a procedure.</td>
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<td>aspect of his / her care.</td>
<td>• Adjust your nursing care plan for a particular patient based on your assessment of</td>
</tr>
<tr>
<td>• Teach a child <em>specific</em> ways to manage pain</td>
<td>barriers to effective emotional support for this child.</td>
</tr>
<tr>
<td>and anxiety during a procedure.</td>
<td></td>
</tr>
<tr>
<td>• Based on your assessment of a child’s fears</td>
<td></td>
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<tr>
<td>or worries, adjust your nursing care plan.</td>
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</table>
# Survey of pediatric trauma nurses

Surveyed 232 nurses at 5 Level I / II pediatric trauma centers

<table>
<thead>
<tr>
<th>Specific trauma-informed practice</th>
<th>Did this in past 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Ask the child questions to assess his/her symptoms of distress</td>
<td>55%</td>
</tr>
<tr>
<td><strong>2</strong> Ask parents questions to assess their symptoms of distress</td>
<td>50%</td>
</tr>
<tr>
<td><strong>3</strong> Teach parents what to say to child after painful / scary experience</td>
<td>39%</td>
</tr>
<tr>
<td><strong>4</strong> Provide information to parents about emotional or behavioral reactions that indicate that the child may need help</td>
<td>39%</td>
</tr>
<tr>
<td><strong>5</strong> Teach parent or child specific ways to cope with upsetting experiences</td>
<td>46%</td>
</tr>
<tr>
<td><strong>6</strong> Teach parent or child ways to manage pain &amp; anxiety during procedures</td>
<td>75%</td>
</tr>
<tr>
<td><strong>7</strong> Encourage parents to make use of their own social support system (family, friends, church, etc.)</td>
<td>80%</td>
</tr>
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</table>

Kassam-Adams et al. (under review) Nurses’ views & current practice of trauma-informed pediatric nursing care.
Example – QI project:
Integrated in bedside nursing assessment

General hospital in small northeastern city
8 bed PICU & 20 bed pediatric floor - Acute illness; Surgery; Injury
In 6 months, nurses assessed 503 child patients/families
At least one concern identified: 45%

<table>
<thead>
<tr>
<th>Nurse identified a concern about:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>D: DISTRESS</strong></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>15%</td>
</tr>
<tr>
<td>Fears / Worries</td>
<td>17%</td>
</tr>
<tr>
<td>Grief / Loss</td>
<td>2%</td>
</tr>
<tr>
<td><strong>E: EMOTIONAL SUPPORT</strong></td>
<td></td>
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<tr>
<td>Coping needs / strategies</td>
<td>5%</td>
</tr>
<tr>
<td>Parent availability (to provide support)</td>
<td>6%</td>
</tr>
<tr>
<td>Mobilizing existing support system</td>
<td>4%</td>
</tr>
<tr>
<td><strong>F: FAMILY</strong></td>
<td></td>
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<tr>
<td>Distress in parent / sibling</td>
<td>12%</td>
</tr>
<tr>
<td>Family stressors</td>
<td>13%</td>
</tr>
<tr>
<td>Other family needs impacting current care</td>
<td>6%</td>
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www.HealthCareToolbox.org

FREE online CE courses for nurses

The “how to” of implementing the DEF protocol in nursing care

D is for Distress:
Helping pediatric patients with pain, fear, and worries

What would you do?
Click an option to see what happens next:

- Ask Anthony how much pain he has. (Delegated nursing role - assessing patient before implementing pain management.)
- Let Anthony know that lots of tests have to be done now. (Delegated nursing role - determining what tests need to be done.)
- Tell Anthony that it is normal to feel worried. (Delegated nursing role - supporting the child’s feelings.)

Recap from Anthony’s story:
Pointers for assessing distress

- Pain
  - Ask: How has your pain been since this happened? (Delegated nursing role - assessing patient’s pain level.)
  - Ask: How is your pain right now?
  - Ask: Is it getting better, getting worse? (Delegated nursing role - reassessing patient’s pain level.)

- Fears and worries
  - Ask: Sometimes kids get worried about things when they have to be in the hospital. (Delegated nursing role - supporting the child’s feelings.)
  - Ask: What has been scary for you?
  - Ask: What worries you the most right now?
Website for parents

ENGLISH: aftertheinjury.org    SPANISH: aftertheinjury.org/es
Special thanks to the children and families who have generously participated in our studies and programs.

Funders:
NI CHD, NI MH, EMSC, MCHB, SAMHSA, CDC, Verizon Foundation, Women’s Committee of the Children’s Hospital of Philadelphia

More information
For health care providers  www.HealthCareToolbox.org
For parents of injured children  www.AfterTheInjury.org

TO CONTACT the Center for Pediatric Traumatic Stress:  cpts@email.chop.edu