



violence
is a contagious
disease.

Help us cure it.

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AN INTRODUCTION TO THE DELIVERY OF TRAUMA-INFORMED CARE IN MEDICAL AND MENTAL HEALTH SETTINGS

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SPONSORED BY CHOP's VIOLENCE PREVENTION INITIATIVE



A CHOP-wide effort to interrupt the cycle of violence. VPI builds on years of hospital and community partnership and research to address bullying, assault re-injury and domestic violence. We hope to become a national model for hospital-led youth violence prevention.

Visit us at: chop.edu/violence

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DISCLOSURE STATEMENT

- **None**

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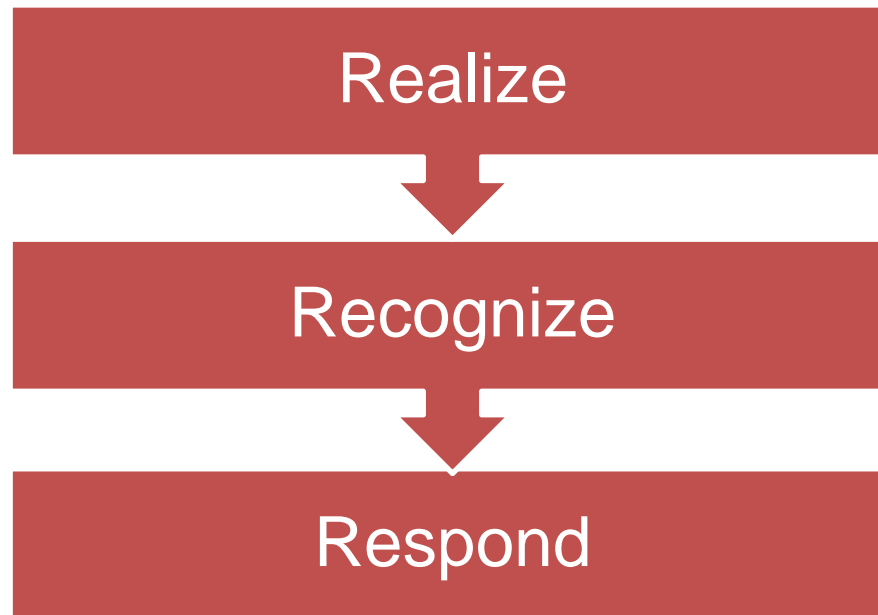
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LEARNING OBJECTIVES

- **Provide an overview of trauma-informed care**
 - describe the prevalence of trauma exposure
 - discuss the impact of trauma on children, families and providers
 - list several assessment and trauma-informed actions
 - understand what types of further training may be helpful to build the skills to put it into practice

WHAT IS TRAUMA-INFORMED CARE?

The SAMHSA definition of “trauma-informed approach”



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TRAUMA-INFORMED SERVICE SYSTEMS

- Many systems regularly come into contact with trauma-exposed children
- Key role for professionals in those systems
 - within the scope of their job and training
- Examples:
 - law enforcement
 - schools
 - child welfare
 - mental health
 - health care



REALIZE

- **Discuss children/parents exposure to trauma**
- **Identify potential for new trauma or re-traumatization**
- **Identify staff reactions to trauma exposure**

REALIZE: CHILDREN AND ACUTE TRAUMA

High impact / high profile events

- affect large numbers of children and families all at once

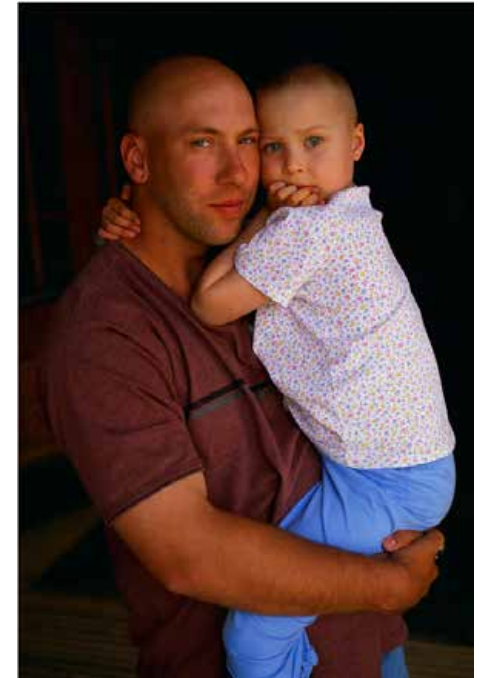


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REALIZE: CHILDREN AND ACUTE TRAUMA

Lower profile “everyday” events

- affect children and families one at a time, out of the public eye
- very frequent – thus **MANY** children are affected



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REALIZE: CHILDREN AND CHRONIC STRESS

- **Violence**
 - community
 - domestic
 - bullying
- **Poverty**
- **Ongoing medical conditions/care**



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REALIZE: POTENTIAL FOR NEW TRAUMA/RE-TRAUMATIZATION



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REALIZE PREVALENCE: PTS IN ILL & INJURED CHILDREN

Kahana et al. (2006)

- Meta-analysis (26 pediatric medical trauma studies)
- **20%** injured children
- **12%** ill children

Landolt et al. (2003)

- **15%** injury from car crash
- **10%** new cancer diagnosis
- **5%** new diabetes diagnosis

Fein et al. (2002)

- **25%** of youth injured by violence treated in ED exhibited acute stress symptoms
- **15%** PTSS within 5 months of injury

REALIZE: TRAUMA SYMPTOMS AFFECT HEALTH OUTCOMES

- **Health status (broadly defined)**
 - large Medicaid sample of girls birth - 17:
PTSD associated with increased risk for circulatory, endocrine, and musculoskeletal conditions. (Seng et al. 2005)
 - pre-school children:
Violence exposure and PTSD symptoms each *independently* associated with greater health problems in preschool children. (Graham-Bermann et al. 2005)

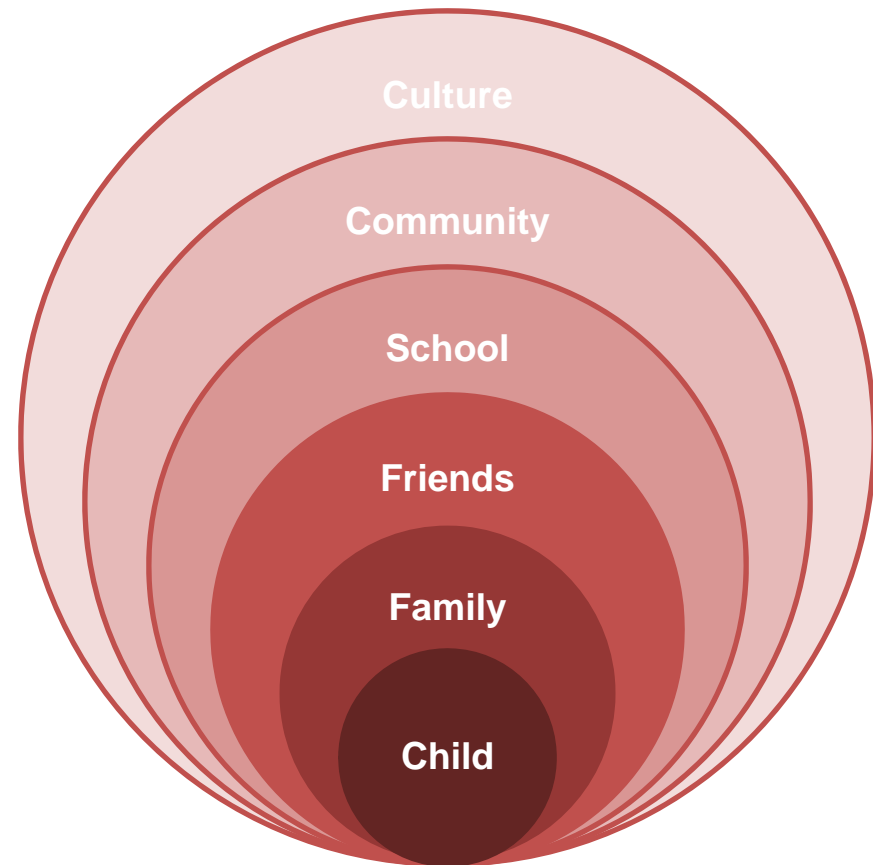
REALIZE: TRAUMA SYMPTOMS AFFECT HEALTH OUTCOMES

- **Treatment adherence after organ transplant**
 - PTSD symptoms associated with poorer treatment adherence after organ transplant. (Shemesh et al 2000; Shemesh 2004)
- **Functional outcomes post-injury**
 - PTSD associated with worse functional outcomes after injury (poorer quality of life, more missed school days) (Holbrook et al 2005; CHOP data)

REALIZE: IMPACT OF POTENTIALLY TRAUMATIC EVENTS

Influenced by:

- Impact of event on child's peers and community
- Availability of social resources

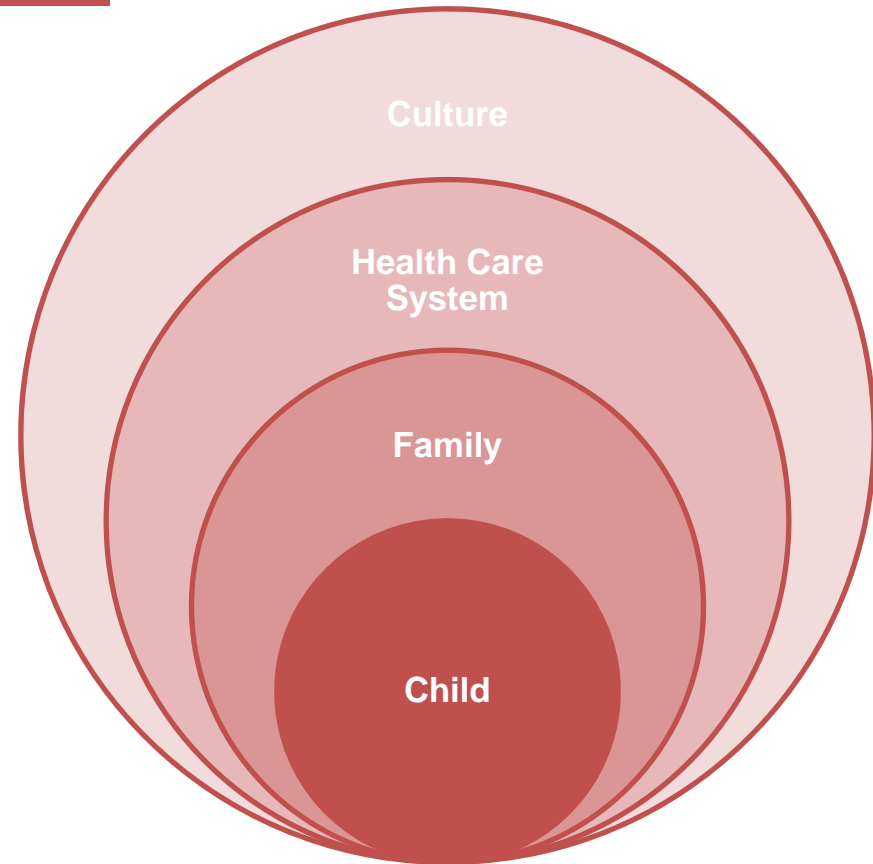


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REALIZE: IMPACT OF POTENTIALLY TRAUMATIC MEDICAL EVENTS

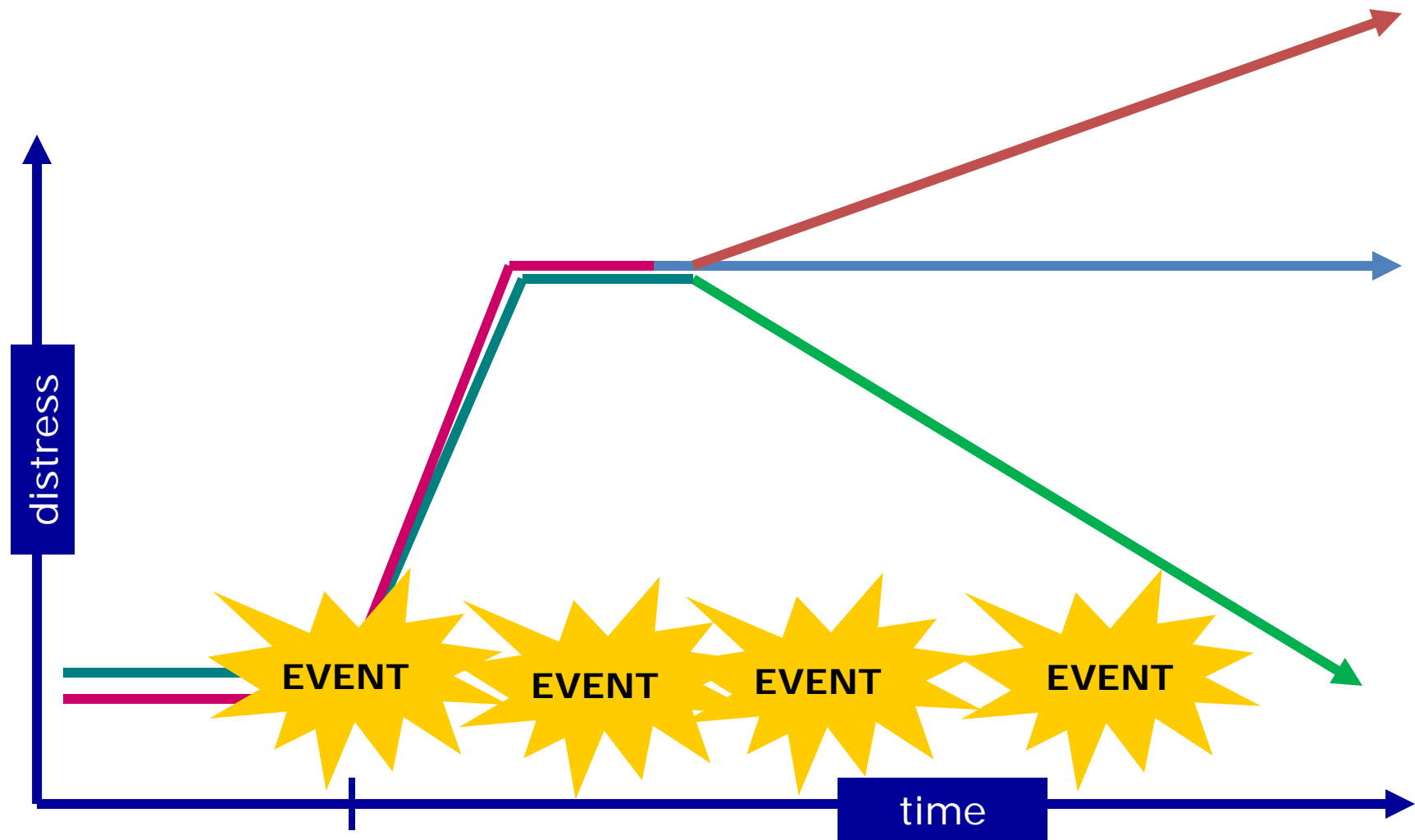
Influenced by:

- Impact of event on child and family
- Experiences and interactions in health care system



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REALIZE: TRAUMA RESPONSE TRAJECTORY



RECOGNIZE: EMOTIONAL REACTIONS TO TRAUMATIC EVENTS

- **Internalizing: Depression**
- **Externalizing: Acting out/ hostility**
- **Traumatic stress reactions:**
 - re-experiencing
 - avoidance
 - arousal
 - changes in mood
- **Impairment in functioning**
 - school success
 - quality of life
 - relationships

RECOGNIZE: CHILD & PARENT PERSPECTIVES

“I thought I was going to die. I thought I must really be hurt. I was so scared because my mom was not there.”



“I feel like life will NEVER be the same. I don’t know if our family can get through this.”

“I saw my son lying in the street. Bleeding, crying, the ambulance, everybody around him. It was a horrible scene. I thought I was dreaming.”

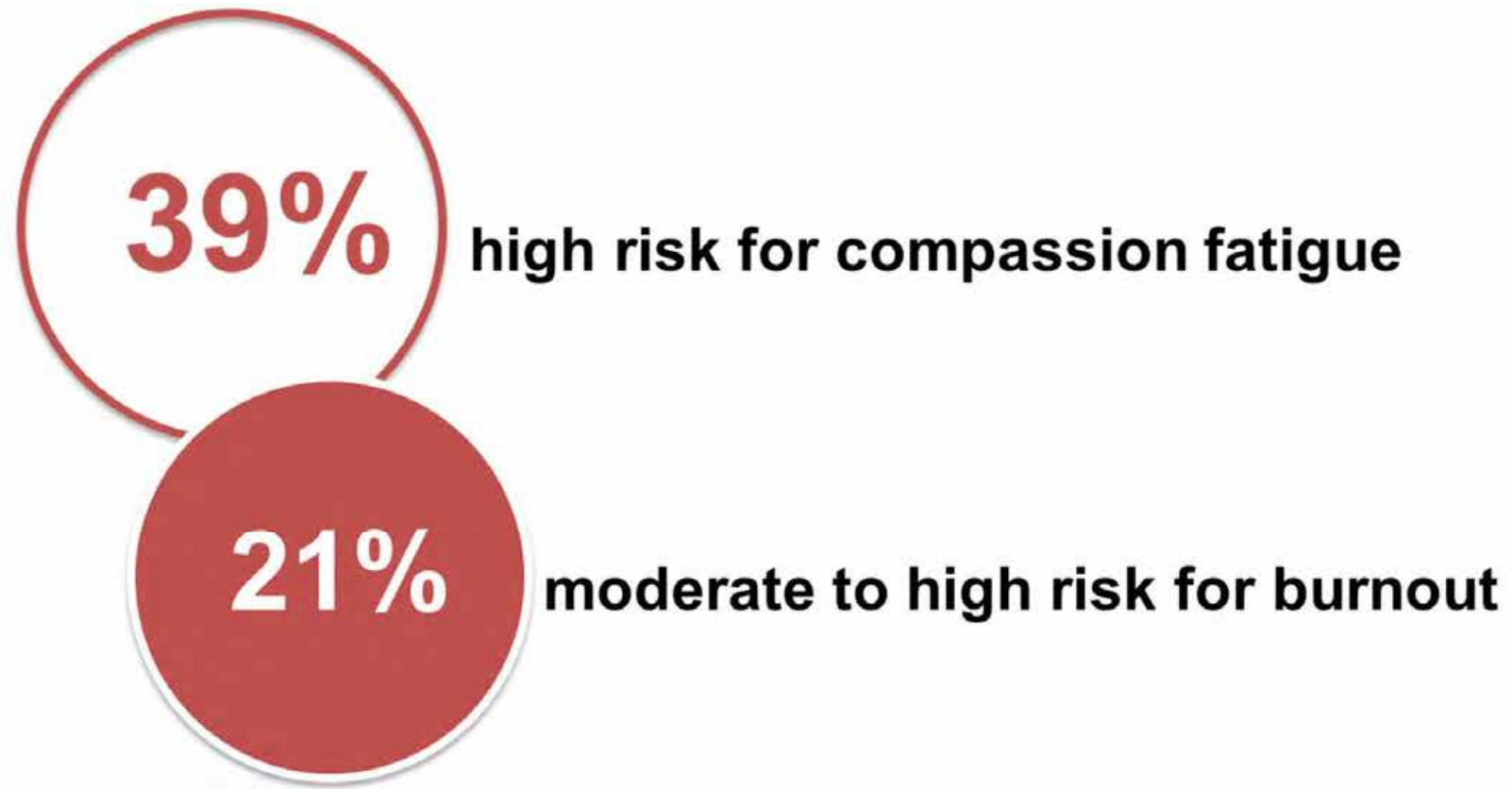
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RECOGNIZE: INDICATORS OF RISK FOR TRAUMA SYMPTOMS



Subjective experience seems to be a much more important predictor.

RECOGNIZE: AWARENESS OF OUR OWN REACTIONS



Robins et al. (2009)

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RESPOND

- How can we conduct quick assessments or recognize emotional reactions to crises/potentially traumatic events?
- How can we react in the moment in taking a trauma-informed approach?



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RESPOND: OPPORTUNITIES FOR HEALTH CARE SETTINGS

- **See kids & families during & right after certain types of trauma**
 - scary medical events
 - disaster / violence
- **Reach children and parents who will not seek mental health services**
 - especially important for under-served populations



RESPOND: TRAUMA-INFORMED HEALTH CARE

With basic knowledge of medical traumatic stress, health care providers can ...

- **Minimize traumatic aspects of medical care**
 - child's experience of illness / injury
 - treatment / procedures
 - provider interactions with child and family
- **Screen for high distress / high risk**
 - screen → refer / ask for consultation
 - support adaptive coping
 - provide basic information & anticipatory guidance to parents and children



DEF PROTOCOL

Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children ...AFTER THE ABCs, CONSIDER THE DEFs		
D	DISTRESS	<ul style="list-style-type: none">• Assess and manage pain.• Ask about fears and worries.• Consider grief and loss.
E	EMOTIONAL SUPPORT	<ul style="list-style-type: none">• Who and what does the patient need now?• Barriers to mobilizing existing supports?
F	FAMILY	<ul style="list-style-type: none">• Assess parents' or siblings' and others' distress.• Gauge family stressors and resources.• Address other needs (beyond medical).

HEATHCARETOOLBOX.ORG

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DISTRESS

D

Distress

How to Assess: Distress

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

Pain: Use your hospital's pediatric pain assessment. Ask:


- **Current pain:** "How is your pain right now?"
- **Worst pain:** "What was the worst pain you have had since this happened?"

Fears and Worries:

- "Sometimes children are scared or upset when something like this happens. Is there anything that has been scary or upsetting for you?"
- "What worries you most?"

Grief or Loss:

- Anyone else hurt or ill?
- Other recent losses? (loss / damage to home, pet, etc.)



How to help: Distress

Tips to help families of injured or ill children

- 1** Provide the child with as much control as possible over the clinical encounter. The child should:
 - understand what is about to happen
 - have a say in what is about to happen
 - have some control over pain management
- 2** Actively assess and treat pain.
 - Use your hospital's pain management protocol
- 3** Listen carefully to hear how the child understands what is happening.
 - After explaining diagnosis or procedure, ask the child to say it back to you.
 - Remember that the child's understanding may be incomplete or in error.
- 4** Clarify any misconceptions.
 - Provide accurate information.
 - Use words and ideas the child can understand.
- 5** Provide reassurance and realistic hope.
 - Describe what is being done to help the child get better.
 - State that there are many people working together to help the child.
- 6** Pay attention to grief and loss.
 - Mobilize your hospital's bereavement service and/or grief protocols.
 - Encourage parents to listen to their child's concerns and be open to talking about their child's experience.

EMOTIONAL SUPPORT

How to help: Emotional Support

Tips to help families of injured or ill children

1 Encourage parent presence.

- Encourage parents to be with their child as much as possible during hospital stay.
- Encourage parents to talk with their child about worries, hopes, etc.
- Parents know their child better than anyone, and can help staff understand their child's needs and coping strengths.

2 Empower parents to comfort and help their child.

- Help parents understand the illness or injury and treatment plan — so that they can give age-appropriate explanations to their child.
- Encourage parents to use the ways they have learned to soothe and calm their child at home.
- Parents may welcome specific suggestions from staff about how to help their child during procedures — e.g., “You can hold his hand and talk to him while we do this.”

3 Encourage social support & involvement in “normal” activities.

- Suggest age-appropriate positive activities that fit the child's medical status (play, family time, videos).
- Promote the child's appropriate contact with friends, classmates, teachers (letters, calls, email).

E

Emotional Support

How to Assess: Emotional Support

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN



What Does The Child Need Now?

- Ask parents: “What helps your child cope with upsetting or scary things?”
- Ask child: “What has been the best thing so far that helps you feel better?”


Who Is Available To Help The Child?

- Do the parents understand the illness or injury and treatment plan?
- Are they able to help calm their child?
- Are they able to be with their child for procedures?

How Can Existing Supports Be Mobilized?

- Ask parents: “Who can you or your child usually turn to for help or support? Are they aware of what's happened?”

FAMILY

F	Family	How to Assess: Family TRAUMATIC STRESS IN ILL OR INJURED CHILDREN
 <div data-bbox="485 607 1022 634">Assess Parents' or Siblings' and Others' Distress</div> <ul data-bbox="520 646 1022 740" style="list-style-type: none">• "Have you or other family members been very upset since this happened?"• "Who is having an especially difficult time?" <div data-bbox="485 781 898 808">Gauge Family Stressors & Resources</div> <ul data-bbox="520 820 1022 914" style="list-style-type: none">• "Are there other stresses for your family right now?"• "Have you been able to get some sleep? To eat regularly?" <div data-bbox="485 954 945 982">Address Other Needs (Beyond Medical)?</div> <ul data-bbox="520 993 1022 1055" style="list-style-type: none">• "Are there other worries (money, housing, etc) that make it especially hard to deal with this right now?"		

How to help: Family

Tips to help families of injured or ill children

- 1 Encourage parents' basic self-care.**
 - Encourage parents to take care of themselves. They need sleep, nutrition, and breaks from the hospital.
- 2 Remember family members' emotional needs.**
 - Help them to enlist support systems (friends, family, faith community)
 - If parents or other family members are having difficulty coping,
 - use hospital services (chaplain, family support services)
 - consider referral of parent to mental health professional.
- 3 Be sensitive to resource needs of the family.**
 - These issues can significantly interfere with the child's recovery. If problems are identified, utilize psychosocial resources (e.g., social work services) to address them.
 - Housing
 - Finances
 - Insurance
 - Language/Translation
 - Immigration
 - Care of other children



How to Assess: Culturally-Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

LISTEN

...for cultural variations. Ask:

- What do you think is causing your distress?
- What is worrying you the most?
- What does your family think about it?

BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you comfortable going outside your community?

RESPECT

...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

PUTTING DEF INTO PRACTICE: TRAUMA-INFORMED HOSPITAL CARE

At least one concern identified: 45%

	Nurse identified a concern about:	
<u>D</u>ISTRESS 26%	Pain	15%
	Fears / Worries	17%
	Grief / Loss	2%
<u>E</u>MOTIONAL SUPPORT 10%	Coping needs / strategies	5%
	Parent availability (to provide support)	6%
	Mobilizing existing support system	4%
<u>F</u>AMILY 21%	Distress in parent / sibling	12%
	Family stressors	13%
	Other family needs impacting current care	6%

Ward-Begnoche et al., 2006

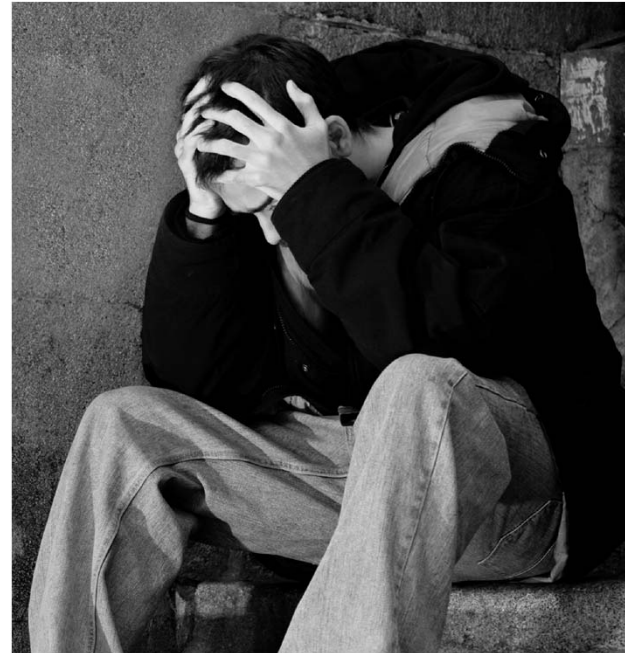
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RESPOND

- **When do I to refer for psychosocial care or get more help?**
- **How do I manage my own reactions?**

RESPOND: WHEN TO REFER OR GET MORE HELP?

- **Concerns about safety**
- **Individual level of comfort**
- **Impairment of symptoms**



RESPOND: HOW CAN I MANAGE MY OWN REACTIONS?

- **Awareness**
- **Normalizing**
- **Taking a time out**
- **Peer support**
- **Professional support**



RESPOND: ADDITIONAL RESOURCES

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WEBSITE FOR PROVIDERS: www.HealthCareToolbox.org



- Download patient handouts
- Find assessment tools
- Learn quick interventions
- Understand patient perceptions
- Download provider resources

- How Providers Make a Difference
- What Providers Need to Know
- What Providers Can Do
- Cultural Considerations
- Research Summaries
- Tools and Resources
- Patient Education Materials
- Self-Care for Providers
- Online Education for Providers
- For Parents and Children

Basics of Trauma-Informed Care

REDUCE DISTRESS

D

- Ask about fears and worries.

EMOTIONAL SUPPORT

E

- Who and what does the patient need now?

REMEMBER THE FAMILY

F

- Gauge family stressors and resources.

How Providers Make a Difference

Healthcare providers are experts in treating illness and saving lives. After attending to the basics of physical health (A-B-C: Airway, Breathing, Circulation), you can promote psychosocial recovery by paying attention to the D-E-F (Distress, Emotional Support, Family).



What is Trauma-Informed Pediatric Care?

Latest News

Tools You Can Use

"En el hospital: Cómo ayudar a mi hijo a sobrellevar la situación"

Download parent tipsheets in [Dog bites & traumatic stress](#)

In a recent study from China, Dr. Li Ji, a researcher and pediatrician, along with his team found th

Managing pediatric pain

Dr Leora Kuttner, PhD is a pediatric clinical psychologist who specializes in treating children's

NICU parent stress persists

Recent studies document parent traumatic stress when a child is admitted to the NICU. Parents

Give Us Your Opinion

How many of your pediatric patients have a difficult time coping with their illness or

WEBSITE FOR PROVIDERS: www.HealthCareToolbox.org



- Download patient handouts
- Find assessment tools
- Learn quick interventions
- Understand patient perceptions
- Download provider resources

Quick Links: Patient Education

- How Providers Make a Difference
- What Providers Need to Know
- What Providers Can Do
- Cultural Considerations
- Research Summaries
- Tools and Resources

Patient Education Materials

Quick Links

Download / Print Patient Handouts

- Self-Care for Providers
- Online Education for Providers
- For Parents and Children

Providing useful and timely information to your patients and their families is key to trauma-informed pediatric health care.

What you'll find here

Downloadable patient / parent handouts

Evidence-based tips for helping children and adolescents (and their parents) cope with illness, injury, hospitalization, and more.

Resources and links for patients and parents

Suggested books and reading materials for parents and children; and links to other web resources on related topics (fears and worries, pain, sleep problems) that your patients and their parents may find useful.



INFO & TIPS FOR KIDS & PARENTS

At the Hospital: Helping My Child Cope

WHAT PARENTS CAN DO

Traumatic stress symptoms are common after a serious illness, injury, or hospitalization. Even though it is your child who is ill or injured, your whole family can be affected. It's normal for you, as a parent, to feel overwhelmed or unprepared to help your child (or yourself) cope.

Traumatic stress symptoms can include:

- Being easily upset or angry
- Feeling anxious, jumpy, or confused
- Being irritable or uncooperative
- Feeling empty or numb

Things in the hospital that can be traumatic for children:

- Being left alone
- Being in pain or going through painful procedures, like shots
- Seeing an injury to their body
- Being exposed to medical equipment that looks or sounds scary
- Thinking that being in the hospital is a punishment
- Seeing other hurt or sick kids
- Being afraid of dying



Eight Ways You Can Help Your Child Cope While At The Hospital

The hospital can be traumatic for parents too:

- Having a sick, injured, or hospitalized child often results in:
- It is a stressful time when relationships with medical activities get interrupted or put on hold.
- Having a sick or injured child often challenges parents.

Many parents and caregivers of hospitalized children:

- They worry about what will happen to their child.
- They feel unprepared to talk with their sick or injured child, and questions.

Special information for parents and caregivers: Telling other parents and caregivers in your situation. If you just need to talk, please seek out someone at the hospital: a social worker, a chaplain, or another mental health professional. Also, read the tips on the other side of this handout to help your child cope while at the hospital.



1 You are the best person to help your child. Although it may be difficult at times, try to be calm and reassuring. Give frequent hugs and praise. Hold your child's hand during tests and procedures, and distract your child with stories and pictures.

2 Be patient with your child. Children's reactions can include crying, temper tantrums, whining, clinging, and acting out in frustration. These feelings and behaviors are common but temporary. If your child's behavior is becoming unmanageable, it's okay to set rules and limits like you would at home.

3 Help your child understand what is happening. Use simple words that he or she can understand. If your child needs to go through a painful procedure, be honest about the fact that it may hurt but also explain its purpose is to help him or her feel better.

4 Allow your child to talk about worries or feelings about being in the hospital. Remind your child that it's okay to be scared or cry, but also help them talk about their feelings. Younger children are often better at expressing their feelings through play, drawing, or story-telling. Listen to your child, and help your child understand that those feelings are normal.

5 Talk about your feelings together. Children often know more than they admit, but they can easily misinterpret information or other people's feelings. Ask questions to figure out what they know and what they imagine. Reassure your child that he or she has not done anything wrong.

6 Help your child see the hospital staff as helpers. Remind your child that the staff has a lot of experience helping children feel better. Encourage your child to participate by asking him or her own questions to the doctors or nurses. It's important for you as a parent to have accurate information, so ask your own questions too.

7 Young children are often more affected by being left alone. Have a family member or familiar adult stay with your child as much as possible. Always tell your child when you are leaving, why, and when you will be back.

8 Take care of yourself. If you are worried, upset, or not getting sleep, it will be harder to help your child. Don't be afraid to ask friends or family for help. Talk about your worries with other adults, such as family, friends, a counselor, a member of the clergy, or your doctor.



Developed by the Medical Traumatic Stress Working Group of the National Child Traumatic Stress Network

Cuando duele: Cómo enfrentar el dolor

Julio recibió un tratamiento doloroso en el hospital. Pero Anita lo ayudó a aprender nuevas maneras de sobrellevar el dolor. Después de la historia, el perro Fido desea que le cuenten cómo has sobrellevado tú el dolor.



A veces tengo dolor a causa de mi enfermedad, pero nunca tanto como esa vez. Tenía miedo de que algo estuviera realmente mal. Lloraba muy fuerte cuando llegué con mi abuela a la Sala de Emergencia. Una señora del hospital, Anita, me preguntó si quería hacer burbujas mientras esperaba al doctor. Me dijo que sería divertido. Eso me ayudó a olvidarme del dolor por un rato.

Cuando finalmente me atendió el doctor, me dijo que tendría que quedarme en el hospital y que tendrían que administrarme un medicamento a través de una aguja. Le dije a mi abuela que tenía miedo. Ella me dijo que iba a estar bien, pero que debíamos pedirle al médico que nos explicara lo que me iban a hacer. El Dr. López me dijo que el medicamento serviría contra el dolor y contra mi enfermedad. Me dijo que debido a mi enfermedad podría tener dolores como este algunas otras veces. Me dijo que Anita conocía algunos juegos que me ayudarían a sobrellevar el dolor.

Anita y yo inventamos una historia acerca de una de mis actividades favoritas: nadar en la piscina en un día de calor. Ella me enseñó a pensar en eso cada vez que tuviera que recibir el medicamento a través de la aguja. También me enseñó un juego de relajación en el que yo adoptaba mis brazos como yo había hecho antes para intentar soportar mi lesión. Hicimos una lista de eso con así yo podría del "cupón de helado", ella me daría un cupón cada medicamento a través de la aguja.



La primera vez que me dieron el medicamento, Anita me había enseñado sobre la piscina. ¡Eso me ayudó a sentirme mejor! Después de eso, Anita me enseñó a pensar en eso cada vez que tuviera que recibir el medicamento a través de la aguja.

Todo el mundo siente dolor a veces. ¿Tú el dolor? ¡Dilemos los espacios para

En el hospital, las cosas que más dolieron eran _____
 _____, el dolor me hacía
 sentir _____
 cosas que me ayudaron a sentirme mejor fueron _____

 Las personas que me ayudaron a sentirme mejor cuando yo
 estaba en el hospital eran _____
 La primera vez que sentí dolor, puedo hacer _____



Un equipo de personas en el hospital le ayudará a Julio a sobrellevar el dolor. Elige de entre los dibujos a las personas a las que les pedirías que estuvieran en tu equipo y dibuja los recuerdos para escribir las cosas que tú y ellos podrían hacer juntos para ayudarte a sobrellevar el dolor.



Estar en el hospital y sentir dolor pueden hacerte sentir muchas cosas diferentes. Pinta el dibujo de la derecha con diferentes colores para mostrar cómo te sientes esta vez por estar en el hospital y tener que sobrellevar el dolor.

CPTS
 Center for Pediatric Traumatic Stress
 www.cptscenter.org

A PARTNER OF
 NCTSN
 The National Child Traumatic Stress Network

The Children's Hospital of Philadelphia
 Hope lives here.

WEBSITE FOR PARENTS: www.aftertheinjury.org

AFTER THE INJURY
helping parents help their kids recover
The Children's Hospital of Philadelphia

Home Site Map Glossary Resources For Professionals Give Us Feedback How Do I...

Google Custom Search Search This Site

Learn About Injury and Trauma

Get up-to-date information and expert guidance to help you help your injured child.



[Watch](#) | [Read](#)
about traumatic stress and your child

 [Learn about injury care](#)

Rate Your Child's Reactions

An injury or accident can be a scary or stressful experience for kids.



 [Take a quick quiz to measure traumatic stress](#)

Find Ways to Help

 This website helped me understand that it's normal to have emotional reactions to injuries. It shows what parents can do, and when to do more. 



QUICK TIPS - 6 Ways to Help Your Child

- 1. Let your child know that they are safe.
- 2. Allow children to talk about their feelings and worries.
- 3. Get back to normal routines.
- 4. Increase time with family and friends.
- 5. Take time to deal with your own feelings.
- 6. Be aware that family members can have different reactions and needs.

 [Find out how](#)  [Print tips](#)  [When to get outside help](#)

Marsac, M.L., Hildenbrand, A.K., Kohser, K., Winston, F.K., Li, Y., & Kassam-Adams, N. A randomized controlled trial of a web-based psychoeducational intervention for parents of children with injuries. *Journal of Pediatric Psychology*, 38, 1101-1111. doi: 10.1093/jpepsy/jst053

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Learn About Injury and Trauma

WHAT TO EXPECT AFTER INJURY

- **Your child is not alone.** Every year millions of US children are injured. Most do well.
- **Prescription for a full recovery:** Take care of pain and physical healing AND pay attention to emotional needs.
- **Red flags:** When stress reactions last more than 1 month or get in the way of recovery, get extra support.

What are traumatic stress reactions?



When an accident or injury causes overwhelming feelings of fear, helplessness, and horror, it can lead to more and just everyday stress reactions – it can lead to traumatic stress.

[MORE >](#)

How long do traumatic stress reactions last?



In the first few days after an injury, nearly all children feel upset, jumpy or worried at times. These traumatic stress reactions usually start to get better within a few weeks.

[MORE >](#)



What worries you about your child's reactions?
Read more about traumatic stress reactions and other concerns that some children and families experience after injury.

[READ MORE >](#)



Rate Your Child's Reactions

HOW IS YOUR CHILD DOING?

- Use our checklist to help you gauge your child's emotional recovery and identify any reactions that might need special attention.
- If you want to learn more: Create a personalized care plan to help you help your child.

Different people, different reactions



As you think about how to help your child, try to separate what you are feeling from your child's experiences and needs.

[MORE >](#)

When reactions might signal trouble



Feeling upset or jumpy should get better over the first month. If reactions are severe or go on too long, they can get in the way of your child's recovery.

[MORE >](#)

How to rate your child's reactions

- The best way: Involve your child in completing the checklist with you.
- Come back and rate again in a week or two - to make sure that things are getting better over time.

[MEASURE TRAUMATIC STRESS >](#)



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Learn About Injury and Trauma

Rate Your Child's Reactions

Find Ways To Help Your Child Recover

What does your child need?

Quick tips

How to talk to your child

How to deal with new fears and worries

Working with your child's healthcare team

Injury care

When to get outside help

Make a Care Plan

Self care

Make a Care Plan

Here's where you can create your own plan to help your child recover — using tips developed from years of research and clinical experience.

It's as simple as **1-2-3**

1 Rate Your Child's Reactions
with our Quick Quiz. If you have already taken this quiz, [CLICK HERE](#) to skip to Step 2.

2 Choose Ways to Help
from care tips developed by our experts to address your child's specific concerns.

3 Print or Save
your plan to help your child.

It's only takes about 15 minutes to start your child on the road to recovery!

GO!

THE INJURY Name: Jane Doe 3/3/07

Below is a summary of concerns and reactions you have identified and rated. Please print or save this page to come back the website periodically to rate how you and your child are doing.

REACTIONS	SEVERITY	WAYS TO HELP
Re-experiencing about what happened to him/her	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.
your child is feeling worried or nervous about thoughts — and not what's on his/her mind	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.
your child is having trouble sleeping or nightmares	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.
your child is having trouble concentrating or remembering things	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.
your child is having trouble with school or activities	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.
your child is having trouble with friends or family	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.
your child is having trouble with daily activities	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.
your child is having trouble with self-care	Always/ Very much	Let your child know you're available to listen when they're ready, and encourage conversations with friends and with adults you both trust.

Rate Your Child's Reactions

Quick Quiz

How is Your Child Doing Since the Injury?

Here is a list of reactions that some people experience after going through something sudden or scary, like being injured.

How to Rate Your Child's Reactions

You can rate these on your own (based on what you have noticed with your child). Or even better, involve your child in rating his/her reactions with you. Please complete all of the items, and click **SUBMIT** when you're finished. You will have to scroll down to see the whole page.

How often/how much are these true for your child?

1. How long has it been since your child's injury?

- ☐ Less than a month
☐ One month or more

Re-experiencing: Reliving what happened

2. Thinks a lot about what happened to him/her
3. Has bad dreams or nightmares since the injury
4. Gets upset or has physical reactions (headache, stomachache, heart pounding) at reminders of what happened

Never/ Not at all	Sometimes/ Somewhat	Always/ Very much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Avoidance: Staying away from reminders

5. Doesn't want to talk about what happened or tries to push it out of his/her mind
6. Wants to stay away from people, places, or things that are reminders of what happened

Never/ Not at all	Sometimes/ Somewhat	Always/ Very much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Marsac, M. L., N. Kassam-Adams, et al. (2011). "After the injury: initial evaluation of a web-based intervention for parents of injured children." Health Education Research 26(1).

Website for kids/teens: <http://kidsaccident.psy.uq.edu.au/>

SO YOU'VE BEEN IN AN ACCIDENT

As you would know, accidents are unexpected and often very scary experiences. At the moment, things are probably quite different to how they normally are. This website is designed just for kids like you who have been in an accident. There is loads of helpful stuff to look at and read that may help you understand what is happening to you and how you can get through this tough time.

There is a special section for kids 10 years old and younger and another site for older kids 11 years old and over.



10 years or younger

11 years or older

SO YOUR CHILD HAS
BEEN IN AN ACCIDENT...

Information for parents about dealing with accidents

University of
Queensland

Kenardy, Cox,
and colleagues

Cox CM, Kenardy JA, Hendrikz JK. A randomized controlled trial of a web-based early intervention for children and their parents following unintentional injury. *Journal of Pediatric Psychology* 2010;35(6):581–92.

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FEELINGS



HEROS



PROBLEM
SOLVING



IDENTIFYING
PERSONAL
STRENGTHS



REACHING
OUT

Since the accident things may be a bit weird. You may be thinking:

- 'Do other kids think and feel the same as me?'
- 'How long will these feelings last?'
- 'Will I be okay?'
- 'What can I do to help me get through this?'

Well, lots of kids ask these questions after an accident. So check out the tiles on the side to help give you some answers.



GROWING
AND
LEARNING



HELP



TALK
TO
YOURSELF

HOME ➡

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IF YOU DON'T ASK, THEY WON'T TELL: IDENTIFYING AND MANAGING EARLY CHILDHOOD TRAUMA IN PEDIATRIC SETTINGS

Video-based training resource for pediatric health providers

- **video and PowerPoint**
- **interviews between physician and parent**
- **demonstrate skills and techniques**
- **how to identify and discuss a pre-school age child's traumatic experience with a parent**

For more information:

- **Betsy McAlister Groves, LICSW**
- **Division of Developmental and Behavioral Pediatrics,
Boston Medical Center**
- **e-mail: betsy.groves@bmc.org**

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<http://www.sanctuaryweb.com/sanctuary-model.php>

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The Sanctuary Model: An Integrated Theory

What is the Sanctuary Model?

What is the Sanctuary Model? The Sanctuary Model® represents a theory-based, trauma-informed, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an [organizational culture](#).



The objective of such a change is to more effectively provide a cohesive context within which healing from psychological and social traumatic experience can be addressed.

As an organizational culture intervention, it is designed to facilitate the development of structures, processes, and behaviors on the part of staff, clients and the community-as-a-whole that can counteract the biological, affective, cognitive, social, and existential wounds suffered by the victims of traumatic experience and extended exposure to adversity.

<http://tfcbt.musc.edu/>



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TF-CBT*Web*

A web-based learning course for
**TRAUMA-FOCUSED
COGNITIVE-BEHAVIORAL THERAPY**

- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Behavior Management Training
- Parent-Child Sessions
- Evaluation



A Strategy to Help [System Requirements | Credits](#)

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ADDITIONAL WEBSITES

- **Parent Perspective**

<http://islandsofexcellence.blogspot.com/2013/07/the-secret-to-healing-patient-golden.html>

- **National Child Traumatic Stress Network**

www.nctsn.org

- **National Center for PTSD**

www.ncptsd.org

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SUMMARY:

HOW TO PROMOTE RECOVERY IN CHILDREN

- **Trauma-informed Approach**
 - Realize the trauma exposure and its impact
 - Recognize trauma reactions in families and staff
 - Respond: D-E-F, other resources, more training



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	CHOP Research Institute
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IDEAS? QUESTIONS?

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MARSAC@EMAIL.CHOP.EDU

WEBINAR RECORDING AVAILABLE AT
CHOP.EDU/VIOLENCE

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