violence is a contagious disease.

Help us cure it.

Violence Prevention Initiative

The Children's Hospital of Philadelphia®
AN INTRODUCTION TO THE DELIVERY OF TRAUMA-INFORMED CARE IN MEDICAL AND MENTAL HEALTH SETTINGS

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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
DISCLOSURE STATEMENT

• None
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”

Realize

Recognize

Respond
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
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
REALIZE: CHILDREN AND CHRONIC STRESS

• Violence
  – community
  – domestic
  – bullying
• Poverty
• Ongoing medical conditions/care
REALIZE: POTENTIAL FOR NEW TRAUMA/RE-TRAUMATIZATION
# Realize Prevalence: PTS in Ill & Injured Children

<table>
<thead>
<tr>
<th>Study</th>
<th>Findings</th>
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</table>
| 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
**REALIZE: IMPACT OF POTENTIALLY TRAUMATIC MEDICAL EVENTS**

Influenced by:

- Impact of event on child and family
- Experiences and interactions in health care system
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.”
Subjective experience seems to be a much more important predictor.
RECOGNIZE: AWARENESS OF OUR OWN REACTIONS

39% high risk for compassion fatigue

21% moderate to high risk for burnout

Robins et al. (2009)
• 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?
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
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

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<tr>
<th>D</th>
<th>DISTRESS</th>
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<tr>
<td></td>
<td>• Assess and manage pain.</td>
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<td></td>
<td>• Ask about fears and worries.</td>
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<td></td>
<td>• Consider grief and loss.</td>
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<th>E</th>
<th>EMOTIONAL SUPPORT</th>
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<tr>
<td></td>
<td>• Who and what does the patient need now?</td>
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<td>• Barriers to mobilizing existing supports?</td>
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<th>F</th>
<th>FAMILY</th>
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<td></td>
<td>• Assess parents’ or siblings’ and others’ distress.</td>
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<td></td>
<td>• Gauge family stressors and resources.</td>
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<td>• Address other needs (beyond medical).</td>
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HEALTHCARETOOLBOX.ORG

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The Children’s Hospital of Philadelphia®
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).

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?”

EMOTIONAL SUPPORT

Traumatic stress in ill or injured children

What Does The Child Need Now?
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FAMILY

How to Assess: Family
TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

Assess Parents’ or Siblings’ and Others’ Distress
- “Have you or other family members been very upset since this happened?”
- “Who is having an especially difficult time?”

Gauge Family Stressors & Resources
- “Are there other stresses for your family right now?”
- “Have you been able to get some sleep? To eat regularly?”

Address Other Needs (Beyond Medical)?
- “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%

<table>
<thead>
<tr>
<th>Category</th>
<th>Concerns</th>
<th>Percentage</th>
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<tbody>
<tr>
<td><strong>DISTRESS 26%</strong></td>
<td>Pain</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Fears / Worries</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Grief / Loss</td>
<td>2%</td>
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<tr>
<td><strong>EMOTIONAL SUPPORT 10%</strong></td>
<td>Coping needs / strategies</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Parent availability (to provide support)</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Mobilizing existing support system</td>
<td>4%</td>
</tr>
<tr>
<td><strong>FAMILY 21%</strong></td>
<td>Distress in parent / sibling</td>
<td>12%</td>
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<tr>
<td></td>
<td>Family stressors</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Other family needs impacting current care</td>
<td>6%</td>
</tr>
</tbody>
</table>

Nurse identified a concern about:

Ward-Begnoche et al., 2006
**When do I 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
WEBSITE FOR PROVIDERS:  www.HealthCareToolbox.org

Quick Links: Patient Education

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**

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### At the Hospital: Helping My Child Cope

**WHAT PARENTS CAN DO**

**WHAT KIDS CAN DO**

<table>
<thead>
<tr>
<th>Traumatic stress symptoms can include:</th>
<th>Help kids understand what is happening:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- being upset or angry</td>
<td>- 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 to your child that he or she will feel better.</td>
</tr>
<tr>
<td>- feeling anxious, tense, or worried</td>
<td>- Children often know more than they admit, but they can easily misinterpret their own and other people’s feelings. Ask questions to figure out what they know and what they imagine.</td>
</tr>
<tr>
<td>- being irritable or uncooperative</td>
<td>- 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 questions or to discuss his or her worries. It is important for you as a parent to have accurate information, so ask your own questions too.</td>
</tr>
<tr>
<td>- feeling empty or numb</td>
<td>- 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.</td>
</tr>
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**Eight Ways You Can 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 games and pictures.

2. **Be patient with your child:** Children often act out. They may be irritable, tense, or worried. If your child's behavior is becoming unmanageable, do something to get relaxed and limit what you expect of your child 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 to your child that he or she will 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 storytelling. Limit your child's exposure to other children or situations that may make your child feel upset.

5. **Talk about your feelings together:** Children often know more than they admit, but they can easily misinterpret their own and other people’s feelings. Ask questions to figure out what they know and what they imagine.

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 questions or to discuss his or her worries. It is 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 feeling well, talk to 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, or a teacher, or your doctor.

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**When do I: Comportarte dolor**

Julio recibió un tratamiento médico en el hospital. Pero al final, volvió a su casa y le dijo a su madre que, en el hospital, no podía dormir bien. Le dijo que no podía dormir bien porque no podía dormir bien en el hospital. Julio le dijo que no podía dormir bien en el hospital porque estaba enfermo y no podía dormir bien en el hospital.

Cuando finalmente terminó el tratamiento, Julio le dijo a su madre que, en el hospital, no podía dormir bien. Julio le dijo que no podía dormir bien en el hospital porque estaba enfermo y no podía dormir bien en el hospital. Julio le dijo que no podía dormir bien en el hospital porque estaba enfermo y no podía dormir bien en el hospital.

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Developed by the Medical Traumatic Stress Working Group of the National Child Traumatic Stress Network.
WEBSITE FOR PARENTS: www.aftertheinjury.org

WHAT TO EXPECT AFTER INJURY

What are traumatic stress reactions?

- Your child is not alone. Every year millions of US children are injured. Most do well.
- What is a traumatic stress reaction? Traumatic stress reactions are normal reactions to an injury or other stressor.
- Pre-symptom: Take care of pain and physical healing AND pay attention to emotional needs.
- Red flags: 5-9 symptoms remain for more than 1 week or get in the way of recovery; get extra support.

MORE >

HOW IS YOUR CHILD DOING?

Different people, different reactions

- 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 improve your child's recovery.

MORE >

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The Children's Hospital of Philadelphia®
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.

University of Queensland
Kenardy, Cox, and colleagues

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.
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
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.
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
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
SELECTED REFERENCES

SELECTED REFERENCES (CONTINUED)

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Fighting Children’s Cancer Foundation  
CHOP Research Institute  
CHOP Hematology Department  
CHOP Violence Prevention Initiative
Ideas? Questions?

Meghan Marsac, PhD
Marsac@email.chop.edu

Webinar recording available at chop.edu/violence