

An Introduction to the Delivery of Trauma-Informed Care in Medical Settings

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FOLLOWING THIS PRESENTATION LEARNERS SHOULD BE ABLE TO:

- Exhibit increased awareness and recognition of pediatric traumatic stress
- Practice trauma-informed actions when caring for patients
- Expand and disseminate medical trauma resources for all health care providers and ill or injured children and their parents
- Provide peers and colleagues with the skills and tool necessary to recognize secondary traumatic stress and improve self-care and resiliency

Speaking the language: What is Trauma?

- ❑ A deeply distressing or disturbing experience
- ❑ Trauma overwhelms an individual's ability to optimally utilize their internal resources and coping capacities.
- ❑ A subjective experience with a range of responses influenced by many factors parents reaction, age, gender, race, community, relationships, societal standing, etc
- ❑ Memory of experiences stay in the body even when we don't have conscious access to it.



Speaking the language: Causes and types of trauma

- **Medical Trauma** – Illness, injury; procedures, isolation, ongoing medical care, related to illness or injury
- **Acute/Single Event** – one-time traumatic event
- **Allostatic Load** – physiological impact and emotional weight of chronic/toxic stress
- **Attachment Related** – experience of insecure attachments early in life
- **Chronic** – repeated experiences
- **Complex** – repeat experiences of different kinds of trauma; relational; chaos and unpredictability
- **Chronic Toxic Stress** – Ongoing extreme stress
- **System Induced** – unintentionally caused by service systems such as medical systems; law enforcement and justice system, foster and residential care, the courts; schools,
- **Relational** – interpersonal; someone known trustworthy, power
- **Situational** – events not perpetrated by others (car accidents, terrorist attacks, natural disasters)
- **Unprocessed Memories** – not considered traumatic but child creates powerful toxic beliefs about an experience then haunts person as an adult
- **Vicarious Trauma, Secondary Traumatic Stress, compassion fatigue** – hearing about or witnessing someone else's trauma; acquired through direct or indirect experience
- **War Trauma** – physical trauma coupled with terror of extreme danger witnessing trauma incurred by others

Speaking the language: Causes and types of trauma

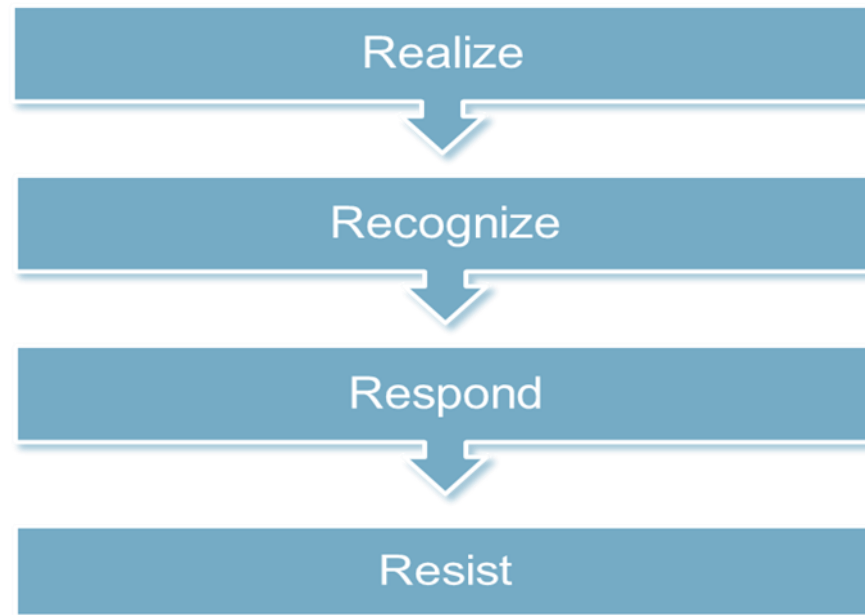


- **Cultural/Political** – cultural practices and/or political unrest, revolutions, coups
- **Historical Trauma** – trauma that impacts whole communities; legacy of slavery, holocaust, colonialism
- **Transgenerational Trauma**– passed to down one generation to the next; often exacerbated by family loyalty, beliefs, and behaviors

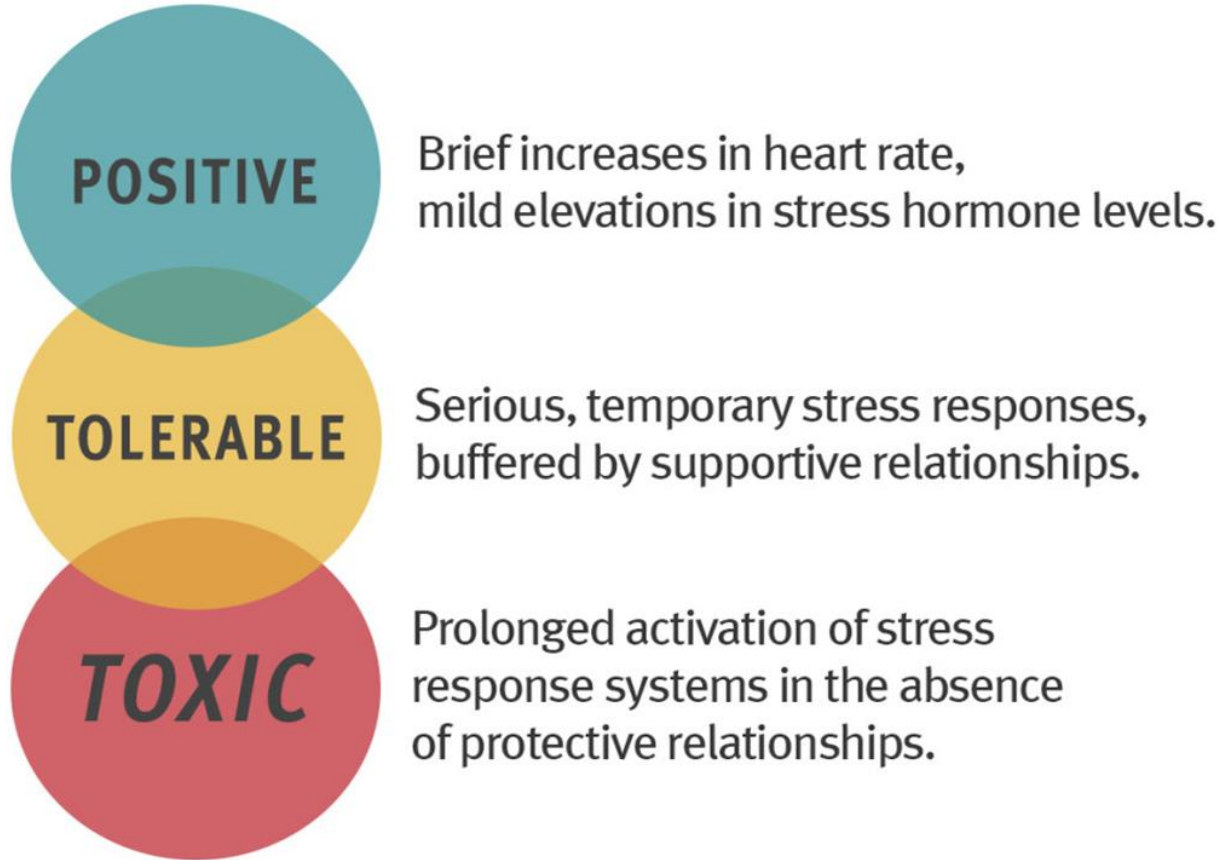


What is Trauma-informed Care?

The SAMHSA definition of “**trauma-informed approach**”



Realize: The role of stress



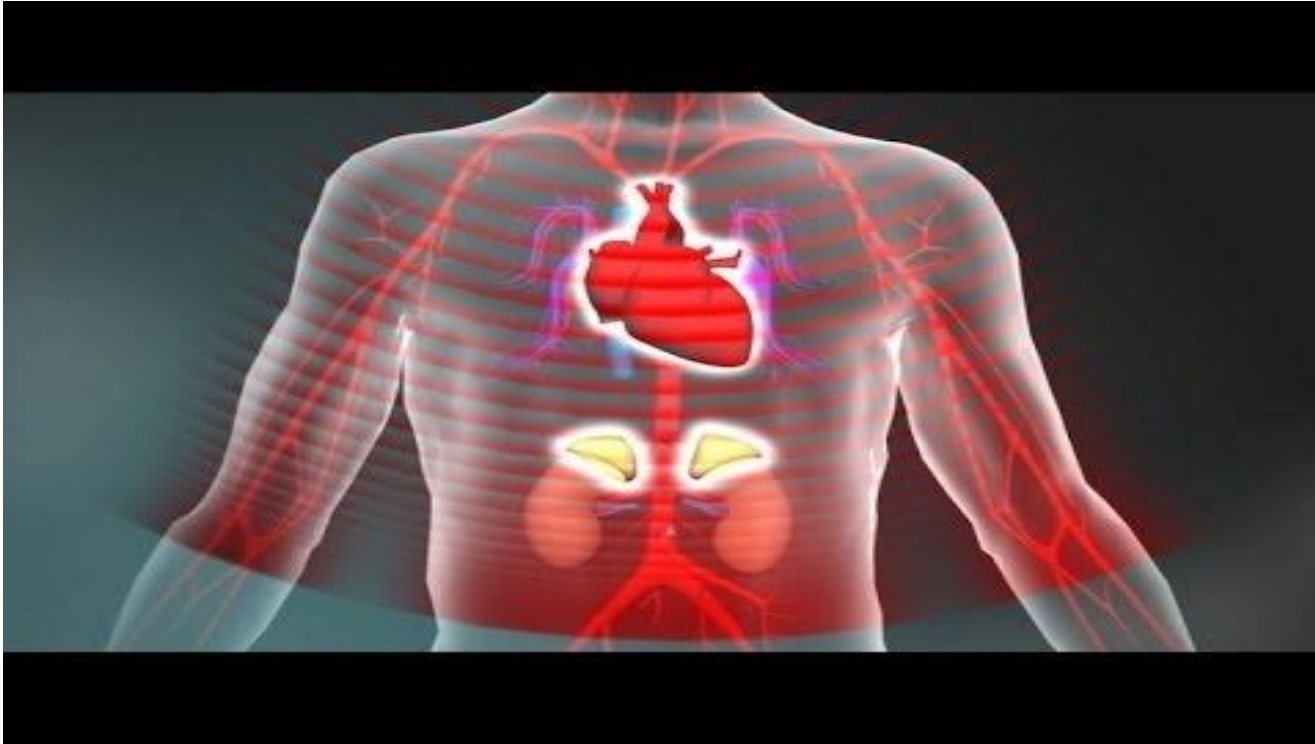
Realize: What has already happened?

- High impact / high profile events
- Lower profile “everyday” events
- Chronic/toxic stress

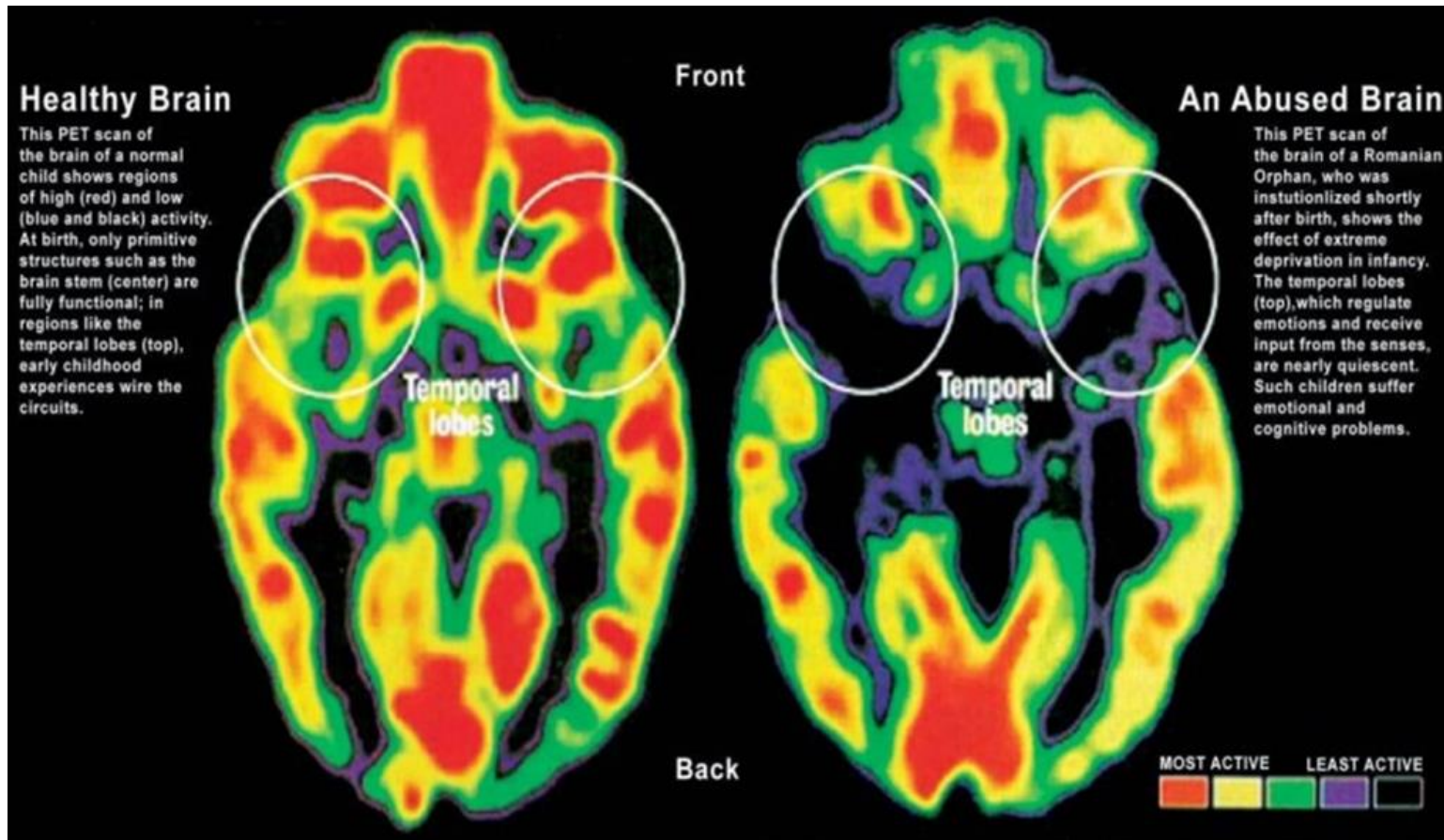


Impact on Development

Toxic Stress Derails Healthy Development

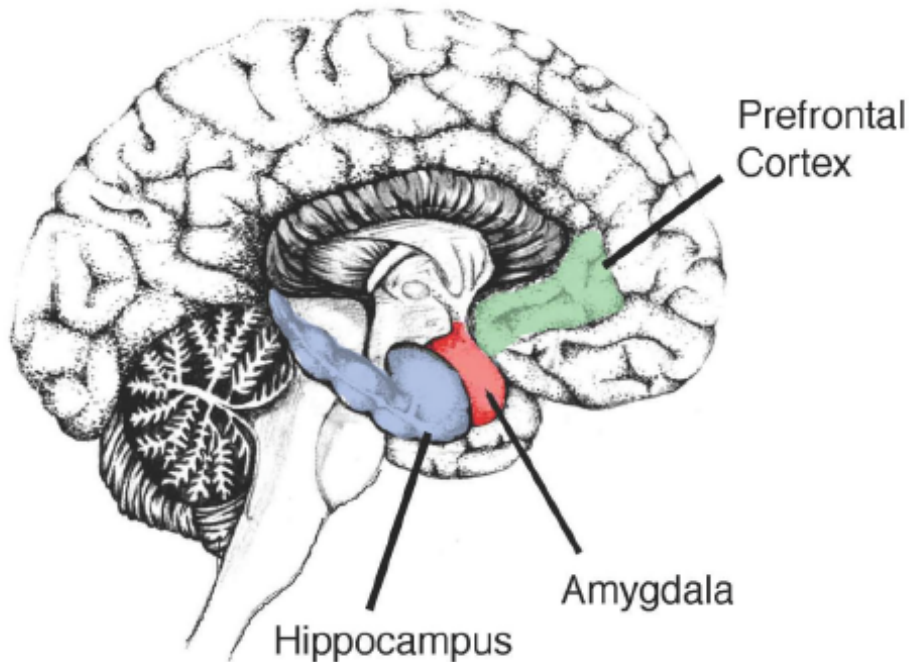


Realize impact on the developing brain



Realize impact on the developing brain

- Key areas of brain impacted by ACEs



- Prefrontal Cortex
 - Center of executive functioning
 - Regulates thoughts, emotions, and actions
- Hippocampus
 - Center of short term memory
 - Connects emotion to fear
- Amygdala
 - Triggers emotional responses

Realize impact of trauma exposure

Childhood:

Fetal Death
Developmental
Delay
Behavioral
Problems
Cognitive
Impairment

Adolescence to Young Adulthood:

Mental Health
Academic
Achievement
Juvenile Justice

Adulthood:

Mental Health
Physical Health
Disability
Early Mortality

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

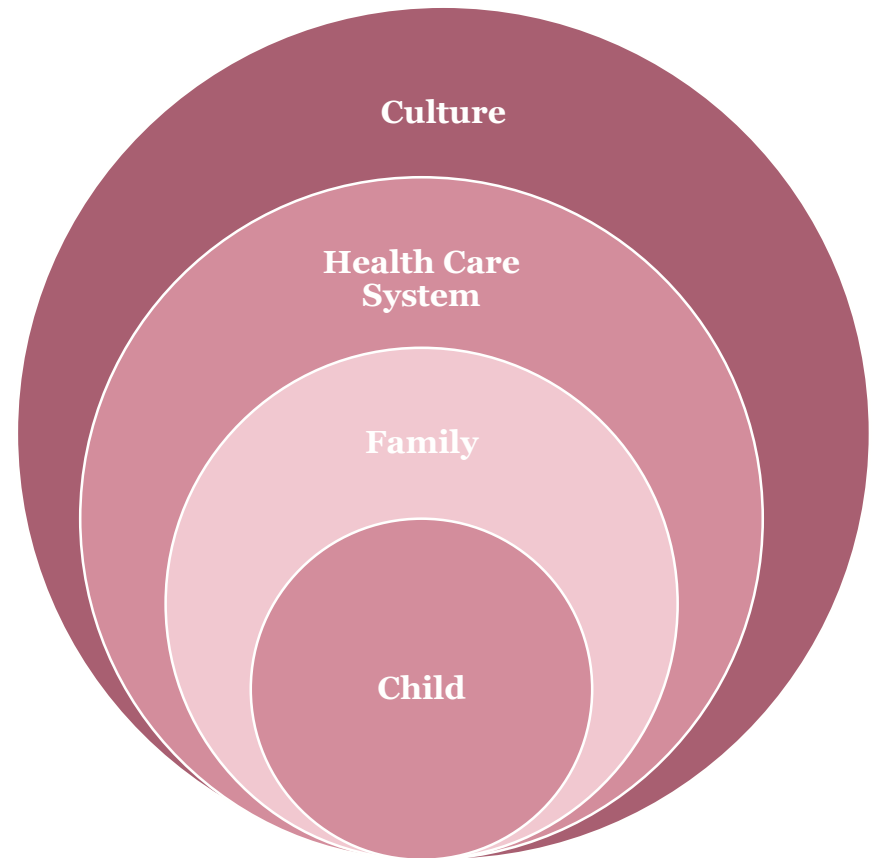
Fein et al. (2002)

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

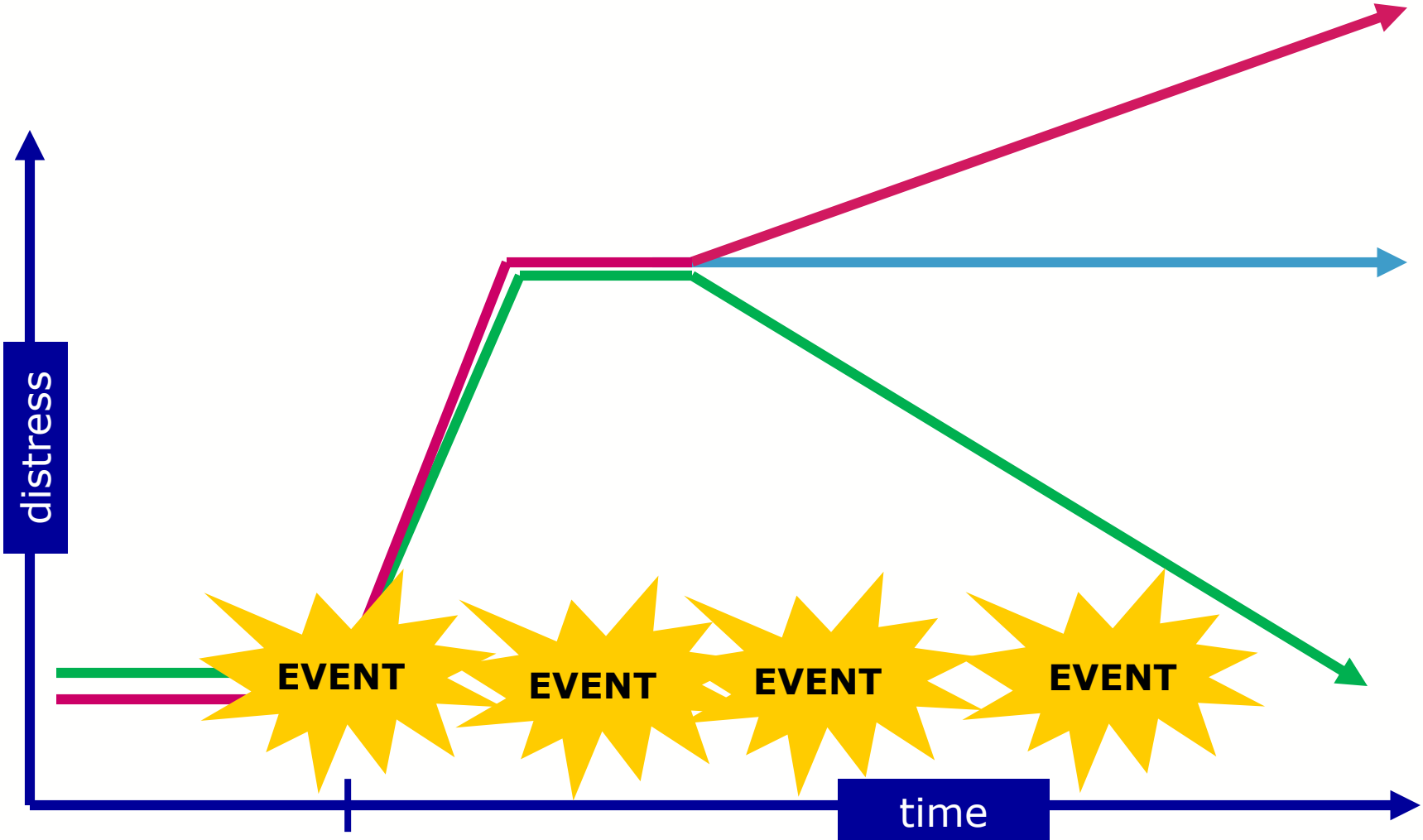
Realize: Impact of Potentially Traumatic Medical Events

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: Exposure to Trauma

It is an individual's experience of the event,
not necessarily the event itself that is
traumatizing



Resist: Potential for new trauma/re-traumatization



Respond: Sample TIC Strategies - Calm and Distract

Birth to 1 year (Infant)

- Ask parent/Caregiver to hold or caress the infant during assessment/procedures
- Gently caress infant's arm or leg
- Talk to child in quiet, soothing voice
- Singing softly
- Have parent/caregiver talk quietly using their normal tone
- Allow parent/caregiver into child's visual field
- Give something to shake
- Play peek-a-boo

1-2 years: (Toddler)

- Allow parent to stay with child
- Raise back of ambulance
- Provide a stuffed animal or have parent/caregiver get child's favorite object
- Interactive books/light up toys
- Talk in a funny voice
- Use hand puppet to talk/give instructions
- Have child saying favorite song
- Cover child in a blanket
- Ask what sound a ____ (cat, dog, cow, etc.) makes

3-6 Years (Preschool)

- Consider how rounds & exams are conducted; adapt if needed
- Understand how trauma symptoms could affect evaluations
- Lead communication among team
- Explain every medication & procedure
- Make referrals when indicated

7- 11 Years: (School Age)

Deep breathing in nose, out mouth)
Squeeze a stress ball
Let child know it's normal to feel scared
Ask child what they do to calm down when upset
Ask if child would like a stuffed animal
View master
Play music

12-17 Years: (Adolescent)

Deep abdominal breathing
Ask questions about favorite activitie
Provide a fidget (sensory item)
Watch a video or play video game on phone
Let youth know that it's normal to be afraid, stressed, worried
Koosh ball/stress ball

Culturally-Sensitive Trauma-Informed Care

“Culture” extends beyond the identification of a child and family's race and ethnicity to include:

- faith/religion
- gender
- sexual orientation
- region of residence
- level of acculturation
- socioeconomic
- literacy level
- Recognize political and social context in which people are living
- Practice with Cultural Humility (Tervalon, & Murray-Garcia, 1998)
 - Life long learning and Critical Self Reflection
 - Recognize and Challenge Power Imbalances
 - Institutional Accountability



Respond: Pillars of Trauma Informed Care

Trauma-Informed approach asks “What happened to you?”

Six Key Principles of a Trauma Informed Care

Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice and Choice

Cultural, Historical, and Gender Issues



DEF Protocol

Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children

...AFTER THE ABCs, CONSIDER THE DEFs

D

DISTRESS

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

E

EMOTIONAL SUPPORT

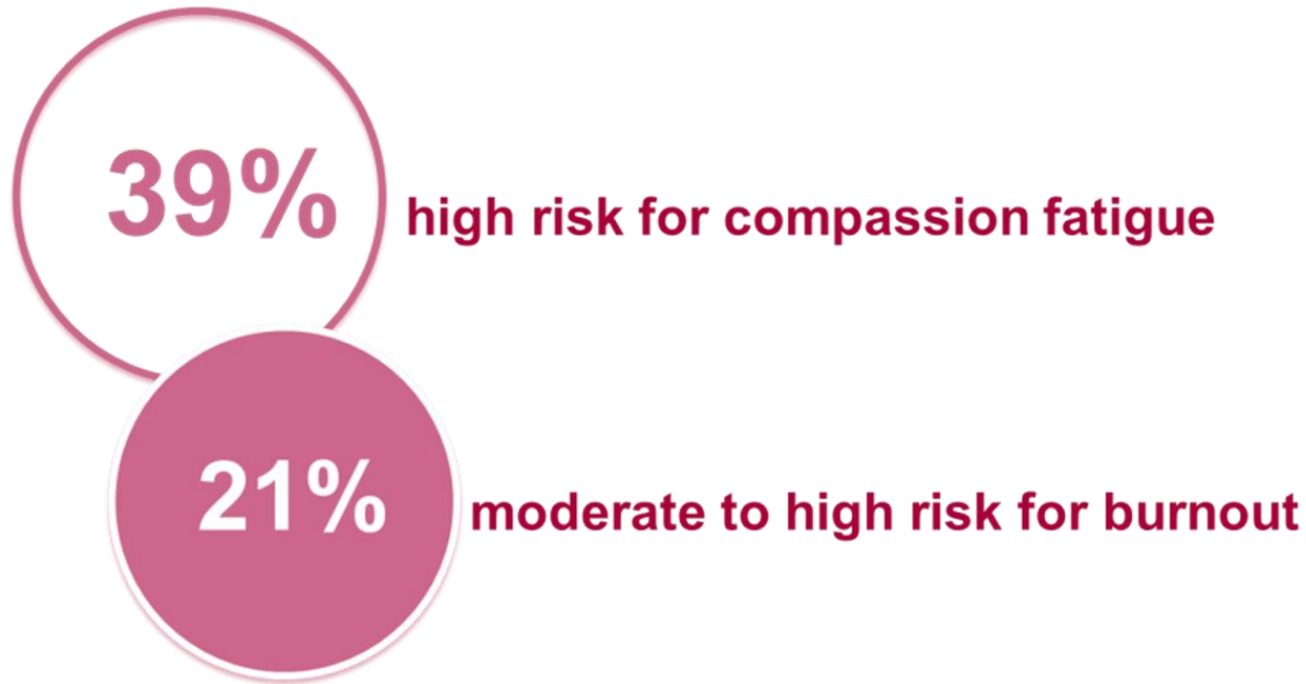
- Who and what does the patient need now?
- Barriers to mobilizing existing supports?

F

FAMILY

- Assess parents' or siblings' and others' distress.
- Gauge family stressors and resources.
- Address other needs (beyond medical).

RECOGNIZE: AWARENESS OF OUR OWN REACTIONS



Robins et al. (2009)

RESEARCH

- In the US 72% of EMS providers have suffered from a traumatic experience in their occupation
- In the UK 87% of EMS providers have experienced poor mental health at some point in their careers
- In Canadian paramedics, 27-28% have considered suicide
- In comparison with in-hospital HCPs, EMS providers are more susceptible to occupational stress.

<https://www.magonlinelibrary.com/doi/pdf/10.12968/jpar.2018.10.6.240>

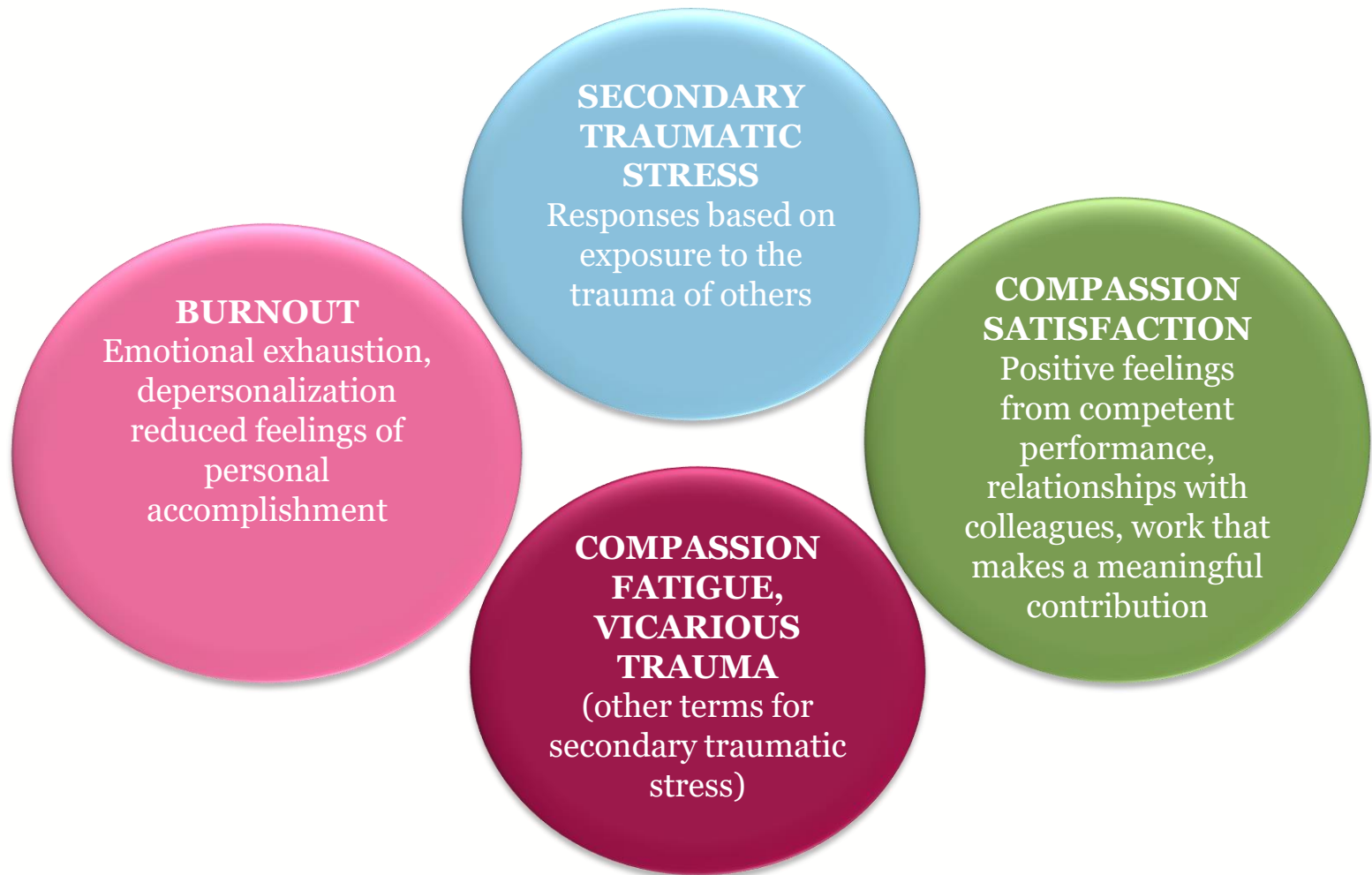
SPECIFICS FOR EMS/COVID-19

- Walking into unknown, uncontrolled environment
- First on scene
- Crowd control
- Long shifts
- Braving the elements
- Seeing the sometimes tragic beginning of the story, but not the whole piece
- Other obstacles such as environment, interpreting, etc.
- Not having all available resources
- Unknown environments-exposure
- Constantly changing protocols
- We don't know what we don't know
- PPE shortages
- Risking health of yourself and your family
- Overwhelmed with calls
- Ethical issues surrounding resuscitation

WHAT IS SECONDARY TRAUMATIC STRESS?

- According to the National Child Traumatic Stress Network (NCTSN), “**Secondary traumatic stress is emotional duress that results when an individual hears about the firsthand trauma experiences of another.**”
- Healthcare team can themselves experience distress from being directly involved in care of potentially traumatized children and their families. This is known as **secondary** traumatic stress.
- Members of the healthcare team may not only *hear about* patients’ traumatic experiences, they **may be part of the story** as they deliver care during and after these experiences.

RESPOND: SELF-CARE RELATED TERMS AND CONCEPTS



CONTRIBUTIONS TO STS

Situational factors that contribute to risk of STS

- Lack of predictability
- Sense of chaos
- Loss of control
- Heavy caseload



Secondary Traumatic Stress is a normal response to abnormal events.

CONTRIBUTIONS TO STS

Individual factors that contribute to risk of STS

- ❑ Highly empathic
- ❑ “Dose” of exposure – more patients / type of work
- ❑ Socially or professionally isolated
- ❑ Feel professionally compromised due to inadequate training
- ❑ Fewer years in field
- ❑ Younger age
- ❑ Gender (women report more often)
- ❑ Unresolved personal trauma

COVID-19 QUOTES FROM FRONTLINE HEALTHCARE PROVIDERS

I'm even having a hard time being home with my family, worried that if I get too close to them I may be getting them sick.

I'm having a hard time sleeping. I keep waking up dreading going into work.

I am in one of the "high risk" groups. I wake up every morning searching for some indication that I might have this virus. I count the days from when I could have last been exposed. Then I go to work again, and start from the beginning.

Mostly I'm upset that we have to get special permission to use the proper PPE and when we get granted permission, we have to reuse it. It feels wrong and unsafe.

I wouldn't be able to live with myself if someone I love got sick because of me.

Respond: Self Care

Warning Signs of too much stress

- Decreased work performance
- “I’m here” mentality
- Being afraid to take time away or never taking vacation
- Low morale or forgetting about why “you” do your job
- Disrupted sleep patterns
- Thinking the worst or reacting disproportionately

WHAT IS THE IMPACT?

“The changes helpers experience in their identities, world views, and spirituality affect both the helpers’ professional relationships with clients and colleagues and their personal relationships.” – ISTSS

Secondary Traumatic Stress can impact patient care.

- May contribute to:
 - Tension or conflicts with patients & families
 - Stresses within the interdisciplinary health care team
 - Miscommunication

ABCS OF PROVIDER SELF CARE

Individual:

- Awareness
 - Personal triggers
 - Personal boundaries
- Self-care activities
- Work-life balance

For the Provider: Working with Traumatized Children and Families ...ABCs OF PROVIDER SELF-CARE	
AWARENESS	<ul style="list-style-type: none">• Be aware of how you react to stress (overworking, overeating, etc.).• Monitor your stressors and set limits with patients and colleagues.• Talk to a professional if your stress affects your life or relationships.
BALANCE	<ul style="list-style-type: none">• Diversify tasks and take breaks during the workday.• Eat sensibly, exercise regularly, and get enough sleep.• Engage in activities outside of work; use your vacation days.
CONNECTION	<ul style="list-style-type: none">• Connect regularly with family, friends, and community.• Use meditation, prayer, or relaxation to connect with yourself.• When not at work, disconnect from professional role and e-mail.

Adapted from Saakvitne & Peariman, 1996

Organization:

- Does organizational culture value & support work-life balance?
- Recognize that all staff may be impacted by this work?
- Teams acknowledge / debrief after particularly challenging incidents or difficult cases?

ABC Model

ADVERSITY

What events are upsetting me right now?



BELIEFS

What thoughts am I having about the adversity? What am I saying to myself in private?



CONSEQUENCES

How is all this impacting my...



FEELINGS

How am I feeling as a result? Am I angry... sad... worried?



ACTIONS

What do I do when I feel this way? Do I show feelings or hide them?



RELATIONSHIPS

How does all this impact others? ...My social interactions?

Toolkit for Emotional Coping for Healthcare Staff (TECHS)

ABC Model

ADVERSITY

What events are upsetting me right now?

I'm being exposed to COVID-19 without proper PPE.



BELIEFS

What thoughts am I having about the adversity? What am I saying to myself in private?

- I am going to be infected.
- I might get someone I love sick.
- Someone I love might die because I brought COVID-19 home.



CONSEQUENCES

How is all this impacting my...



FEELINGS

How am I feeling as a result? Am I angry... sad... worried?

- Terrified
- Irritable
- Sad
- Lonely

ACTIONS

What do I do when I feel this way? Do I show feelings or hide them?

- Wearing as much PPE as I can.
- Washing hands, clothes, mask repeatedly.
- Not sleeping well.
- Distancing from loved ones.



RELATIONSHIPS

How does all this impact others? My social interactions?

- Less patience with children
- Distant or isolated from family and friends
- More easily frustrated with colleagues

4 STEPS TO REFRAMING



Step 1:
Accept the
Uncontrollable



Step 2:
Focus on the
Controllable



Step 3:
Acknowledge
Your Own
Strengths



Step 4:
Use the Positive

**Toolkit for
Emotional
Coping for
Healthcare Staff
(TECHS)**

THERE IS NO “ONE SIZE FITS ALL”

- Develop a routine that works for YOU in YOUR LIFE
- Establish and maintain relationships and friendships outside the workplace
- Be aware of your own stress level- What is “normal” for you
- Recognize and accept limitations- it’s okay, and sometimes personally necessary, to say no
- Boundaries

“I’ve learned that people will forget what you said – they’ll forget what you did – but they will never forget how you made them feel.”

Maya Angelou



Thanks to Marcy Witherspoon for this slide

Respond: Additional Resources

Empathy



Resources

- **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

- **Trauma Toolkit for Primary Care**

American Academy of Pediatrics

www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx#trauma

Resources

ACEs Studies – Adverse Childhood Experiences

Original ACE Study: www.cestudy.org

Philadelphia ACE Study:

www.instituteforsafefamilies.org/philadelphia-urban-ace-study

ACEs Connection: <http://acesconnection.com>

CDC:

www.cdc.gov/violenceprevention/cestudy

Resources

**Trauma & Resilience An Adolescent Provider
Toolkit Adolescent Health Working**

<https://rodriguezgsarah.files.wordpress.com/2013/05/traumaresbooklet-web.pdf>

Project Implicit


Implicit Association Test

<https://implicit.harvard.edu/implicit/takeatest.html>

About Project Implicit

<https://www.projectimplicit.net/index.html>

Resources

Center on the Developing Child  HARVARD UNIVERSITY

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VIDEOS

Three Core Concepts in Early Development


Healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation. This three-part video series from the Center and the [National Scientific Council on the Developing Child](#) depicts how advances in neuroscience, molecular biology, and genomics now give us a much better understanding of how early experiences are built into our bodies and brains, for better or for worse.

- 1. Experiences Build Brain Architecture**


The basic architecture of the brain is constructed through a process that begins early in life and continues into adulthood.

[Read more & view video >>](#)
- 2. Serve & Return Interaction Shapes Brain Circuitry**


"Serve and return" interaction between children and significant adults in their lives is fundamental to the wiring of the brain, especially in the earliest years.

[Read more & view video >>](#)
- 3. Toxic Stress Derails Healthy Development**


Toxic stress is the strong, unrelieved activation of the body's stress management system in the absence of protective adult support.

[Read more & view video >>](#)

http://developingchild.harvard.edu/index.php/resources/multimedia/videos/three_core_concepts/

Resources

- **One Kind Word**

Family Resources of PA

www.onekindword.org

- **Reaching Teens: Strength-Based Communication Strategies to Build Resilience and Support Healthy Adolescent Development** Kenneth R. Ginsburg, MD, MS Ed, FAAP, FSAHM

www.aap.org/reachingteens

WEBSITE FOR PROVIDERS:



HEALTH CARE

TOOLBOX

Your guide to helping children and families cope with illness and injury

- [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](#)
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- + [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

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 overly 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

The hospital can be traumatic for parents too:

- Having a sick, injured, or hospitalized child often means it is a stressful time when relationships with medical activities get interrupted or put on hold.
- Having a sick or injured child often challenges you

Many parents and caregivers of hospitalized child:

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

Special information for parents and caregivers:

If you 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.



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 pats. 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 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 his or her own questions to the doctor or nurse. 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

Anta recibió un tratamiento doloroso en el hospital. Pero Anta lo ayudó a aprender nuevas maneras de sobrellevar el dolor. Después de la historia, el perro Fido desea que le cuentes cómo has sobrellevado tu 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. Llegaba muy fuerte cuando llegué con mi abuela a la Sala de Emergencia. Una señora del hospital, Anta, me preguntó si quería hacer bastagan 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 Anta conocía algunos juegos que me ayudarían a sobrellevar el dolor.

Anta y yo inventamos una lista de cosas de una de sus actividades favoritas: estar en la piscina en un día de calor. Ella me enseñó a poner en eso cada vez que tuviera que recibir el medicamento a través de la aguja. También me enseñó un juego de selección en el que yo elegía mis cosas que yo había hecho antes para intentar soportar mi enfermedad. Hicimos una lista de esas cosas así yo podría del "cuándo de hecho". Ella me dio un copón cada medicamento a través de la aguja.

La primera vez que me dieron el medicamento me sentí muy nervioso sobre la piscina. ¡Pero! historia nuevamente y yo no pedí el hospital, pero aprendí mucho sobre en casa, juego tres copones de

Todo el mundo siente dolor a veces, ¿tu el dolor? Diferencia los espacios para

En el hospital, las cosas que más debemos evitar...
 El dolor me hace...
 cosas que me ayudan a sentirme mejor cuando me...
 Las personas que me ayudan a sentirme mejor cuando me...
 La primera vez que siento dolor, puedo hacer...



Un espacio de personas en el hospital te ayuda a lidiar a sobrellevar el dolor. Dige de entre los dibujos a las personas a las que les pedirías que estuvieran en el espacio y útillos los mensajes 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 hacer que sienta muchas cosas diferentes. Pinta el dibujo de la derecha con diferentes colores para mostrar cómo se siente esta niña por estar en el hospital y tener que sobrellevar el dolor.



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

[Find out how](#)

[Print tips](#)

[When to get outside help](#)

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.

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

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>](#)



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**

THE INJURY Name: Jane Doe 3/3/07

Read below is a summary of concerns and reactions you have identified and rated. Please return to this page periodically to rate how you and your child are doing.

REACTIONS	SEVERITY	WAYS TO HELP
Re-experiencing About what happened to him/her My child is feeling worried or nervous about thoughts - and is what's on his mind. I did deal with overwhelming or negative thoughts by learning how to "take a break" at times - do something fun, talk to friends, get busy with other things.	Always/Very much	Let your child know you're available to listen when he's ready, and encourage connections with friends and with adults you both trust.
Avoidance Avoidance of reminders I avoid things that remind me of the injury, like seeing the hospital or the ambulance.	Always/Very much	If you have a new fear (or wanting to avoid reminders) to help your child from doing safe things due to the injury or want to do, encourage him/her to keep doing those things and praise his/her courage when she does!
Physical Physical symptoms I have trouble sleeping, talking with your doctor controlling pain at bedtime at night. I avoid activities My child is feeling worried or nervous about thoughts - and is what's on his mind. Talk with your child on how to help at those times. I have less interest in things she can help with getting back to...	Sometimes/Somewhat	If you have a new fear (or wanting to avoid reminders) to help your child from doing safe things due to the injury or want to do, encourage him/her to keep doing those things and praise his/her courage when she does!

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!

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
2. Thinks a lot about what happened to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has bad dreams or nightmares since the injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Gets upset or has physical reactions (headache, stomachache, heart pounding) at reminders of what happened	<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
5. Doesn't want to talk about what happened or tries to push it out of his/her mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Wants to stay away from people, places, or things that are reminders of what happened	<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).



Register

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Introduction

Resources

Contact Us



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](#)

[CEU Statement](#)

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Resources

- **Practicing Resilience for Self-Care and Healing:**
 - An ACEs Connection Community
 - www.acesconnection.com/g/practicing-resilience
- **What About You? A Workbook for Those Who Work with Others**
 - National Center on Family Homelessness
 - <http://508.center4si.com/SelfCareforCareGivers.pdf>

ADDITIONAL WEBSITES

- **National Child Traumatic Stress Network**

www.nctsn.org

- **National Center for PTSD**

www.ncptsd.org

CHOP specific resources

Wellness @CHOP

Redbrick

- Health Coaching
- Track
- Gift Card Incentive Program

Employee Assistance Program

- Penn Behavioral Health
- 1-888-321-4433
- www.pennbehavioralhealth.org

Work/Life balance program

- PTO
- Legal Services
- Discount Programs

CHOP specific resources wellness @CHOP

Yoga @CHOP

- Free Classes at Main and Roberts
- Also at 3550, KOP, and more

Care for Colleagues

- Peer Support Sessions
- careforcolleagues@email.chop.edu

Practicing Presence Rounds in the Tradition of Sister Alice

- Monthly forum for staff
- Share experiences

CHOP specific resources wellness @CHOP

Physician Wellness Program

- Raising Awareness
- Expanding programs

Wellness Office

- Main Hospital, 2 NW 2484

Office of Diversity and Inclusion

- Training and Education
- Open House

Tools and Resources: Apps

Headspace – (Headspace Meditation Limited)

- Great explanation and rationale for mindfulness meditation for all ages
- Offers additional relaxation training for additional fee

Stop, Breathe & Think – (Tools for Peace)

- Guided meditations geared toward kids and teens but can still be used by grown-ups

Calm – (Calm.com, Inc)

- Helps you with meditation, sleep, relaxation and focus
- 7 guided meditation sessions from 2-30 minutes for any break during the day

Insight Timer – (Insight Network Inc)

- Guided meditations geared towards teens and adults
- Includes timer for silent meditations

Self-Care strategies: Self Compassion

WHY AND HOW TO EMBRACE **SELF-COMPASSION**

www.SocialWork.Career

What Is Self-Compassion?



Self-compassion entails giving ourselves “the same kindness and care we’d give a good friend,” as per Kristin Neff, PhD,

Reference:

Neff, K. (2017, May 20). The Art of Mindfulness and Self-Compassion. Eileen Fisher Learning Lab. New York.

By Dorlee Michael, MBA, LMSW



SELF-CARE STRATEGIES: SELF COMPASSION

3 Components



Self-Kindness

Treat self with care and understanding
Soothe and comfort

Common Humanity

See own experience as part of larger
human experience (we all suffer)
Recognize life's/our imperfections

Mindfulness

Acknowledge & accept nonjudgmentally
emotions

Self-Compassion Leads to:



Increased resilience
(ability to cope
with difficult
situations)



Less burnout
and caregiver
fatigue

**DON'T
QUIT**

Greater
motivation



Greater
satisfaction with
caregiver role