After the Injury: Understanding Traumatic Stress & Providing Support

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Objectives

- Define Traumatic Events
- Differentiate Acute Stress Disorder from Post Traumatic Stress Disorder
- Discuss ways to support resilience and recovery from traumatic events

No disclosures (financial or otherwise) to report.

Traumatic Injury vs. Traumatic Events

Traumatic Injury

- "Physical Injuries of sudden onset and severity which require immediate medical attention"

Traumatic Stress

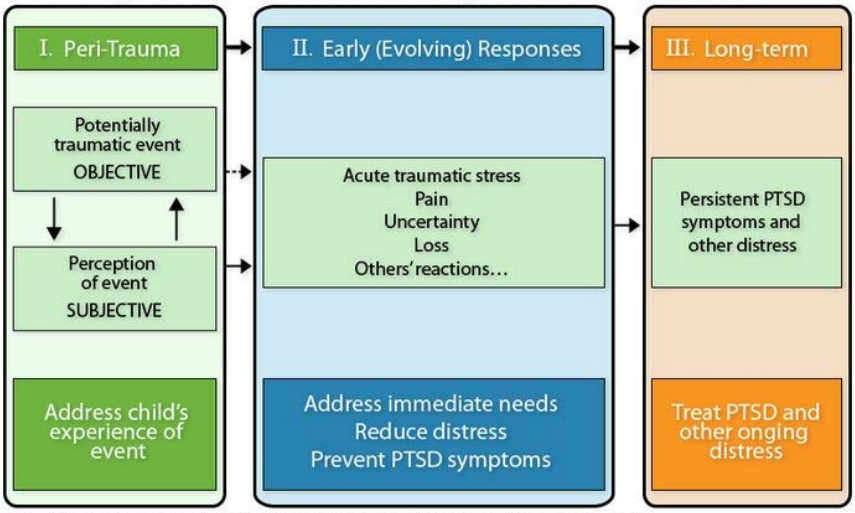
- "exposure to actual or threatened death, serious injury, or sexual violation."

The Trauma isn't over yet

- Medical Traumatic Stress = responses of children & families to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences… may occur as a response to a single or multiple medical events

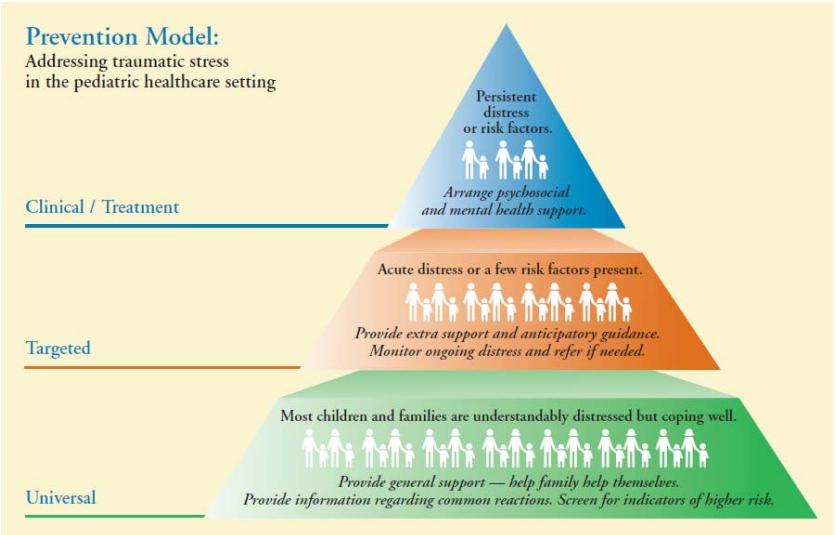
Phases of medical traumatic stress*

Three stages of response with different implications for intervention.



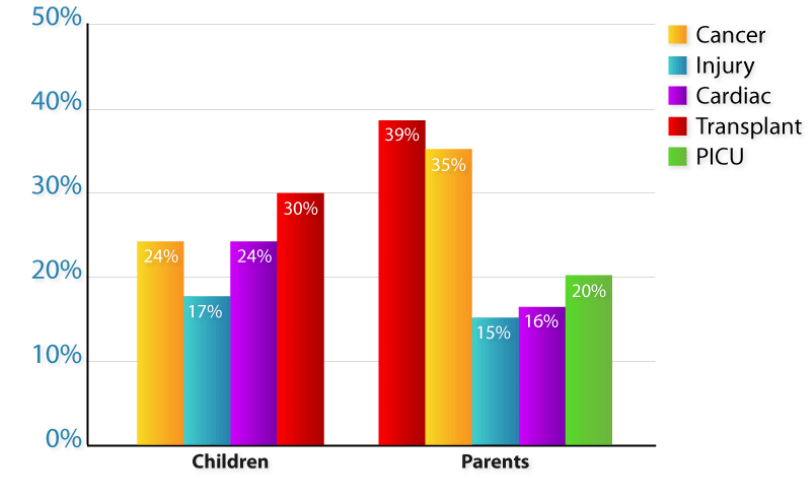
*Kazak, A., Kassam-Adams, N., Schneider, S., Alderfer, M., Zelikovsky, N., & Rourke, M. (2006). An integrative model of pediatric medical traumatic stress. **Journal of Pediatric Psychology**.

Responses to Traumatic Events



(NCTSN, 2006)

Percent of children & parents with significant traumatic stress symptoms after medical events



Summary of research findings from The Children's Hospital of Philadelphia.
Summarized from peer-reviewed research studies, 1999-2009.
Note: Traumatic stress levels in children in pediatric intensive care has not yet been well-documented.

(Children's Hospital of Philadelphia, 2018)

SEVERITY OF TRAUMATIC STRESS REACTIONS

(Children's Hospital of Philadelphia, 2018)

What is most traumatic?

Kids and parents see things differently.*

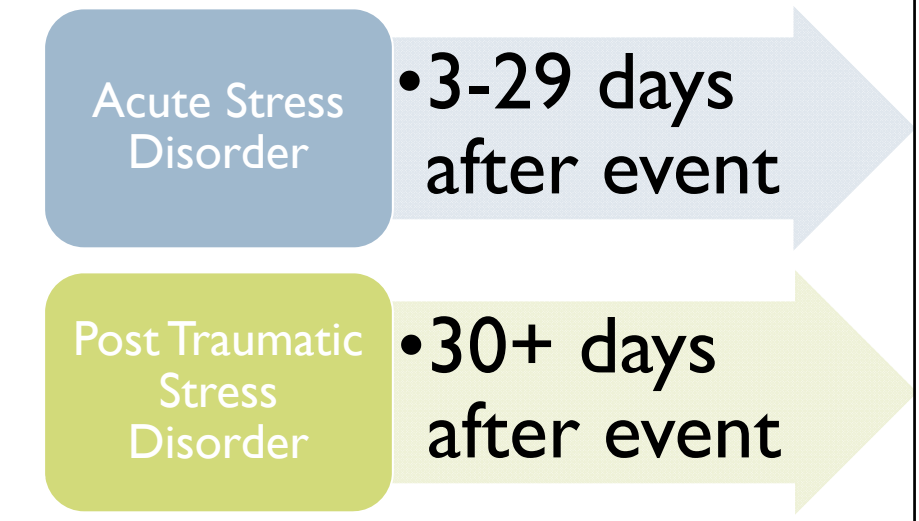
Child cancer survivors:	Moms of cancer survivors:
1. Shots	1. Worried about relapse
2. Losing hair	2. Pain
3. Staying in the hospital	3. Scared about death
4. Pain	4. Diagnosis – Finding out
5. Bone marrow procedures	5. Know others that died
6. Know others that died	6. Feeling sad / scared
7. Scared about death	7. Staying in the hospital
8. Worried about relapse	8. Shots
9. Feeling sad / scared	9. Bone marrow procedures
10. Diagnosis – Finding out	10. Losing hair

*Findings from CHOP study funded by National Cancer Institute (CA63930)

Risk Factors

Pre-existing Trauma or mental health history	**Early physiological/ psychological responses**
Factors related to the hospitalization- Length of stay, parent involvement, invasive medical procedures	**Maladaptive coping- Parent or Child**

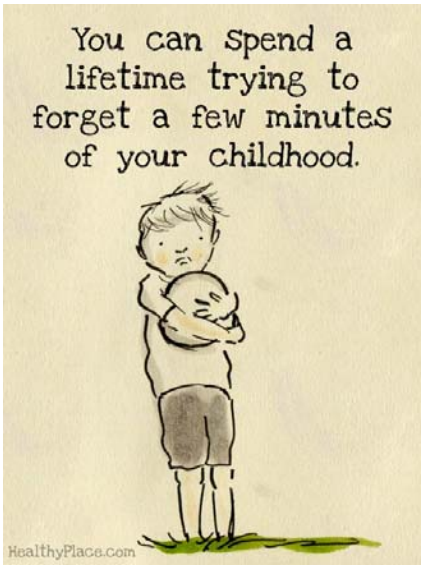
Psychological Diagnoses related to Trauma



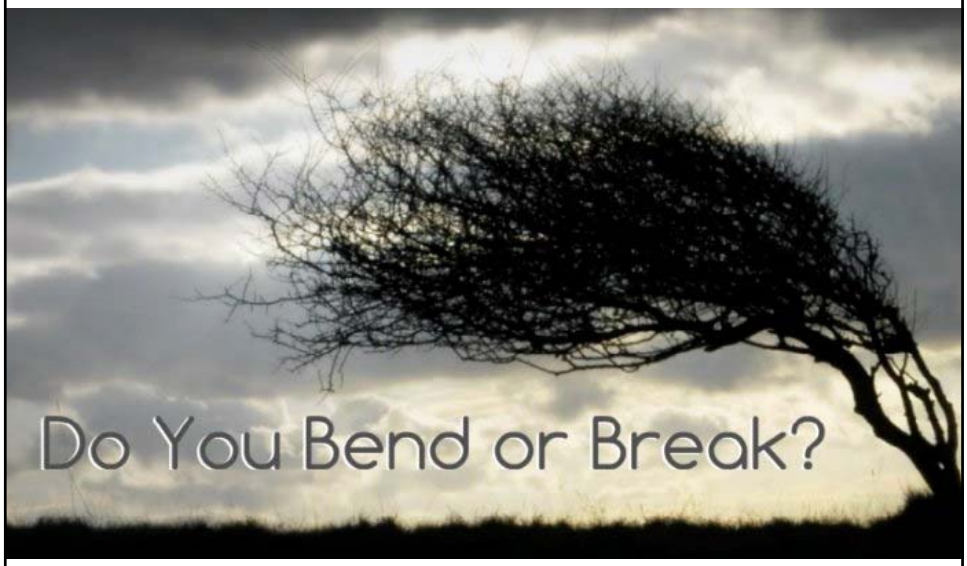
Preschool Children	Elementary School Children	Middle and High School Children
• Feel helpless and uncertain • Fear of being separated from their parent/caregiver • Cry and/or scream a lot • Eat poorly and lose weight • Return to bedwetting • Return to using baby talk • Develop new fears • Have nightmares • Recreate the trauma through play • Are not developing to the next growth stage • Have changes in behavior • Ask questions about death	• Become anxious and fearful • Worry about their own or others' safety • Become clingy with a teacher or a parent • Feel guilt or shame • Tell others about the traumatic event again and again • Become upset if they get a small bump or bruise • Have a hard time concentrating • Experience numbness • Have fears that the event will happen again • Have difficulties sleeping • Show changes in school performance • Become easily startled	• Feel depressed and alone • Discuss the traumatic events in detail • Develop eating disorders and self-harming behaviors such as cutting • Start using or abusing alcohol or drugs • Become sexually active • Feel like they're going crazy • Feel different from everyone else • Take too many risks • Have sleep disturbances • Don't want to go places that remind them of the event • Say they have no feeling about the event • Show changes in behavior

Trauma Presentations in the Hospital

- Refusal to participate in treatment
- Sleep difficulties
- Fear of "minor" procedures
- Regression in toileting
- Rough/violent play or drawings
- Difficulties with appropriate boundaries
- Hyper arousal

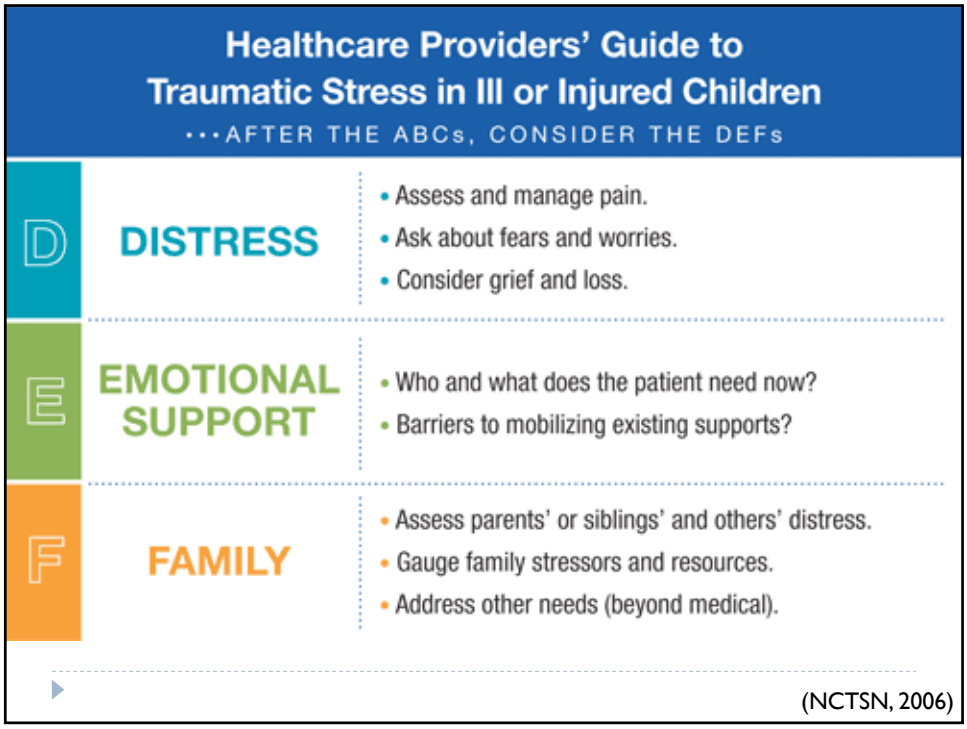


How to Help in the Hospital



re·sil·ience

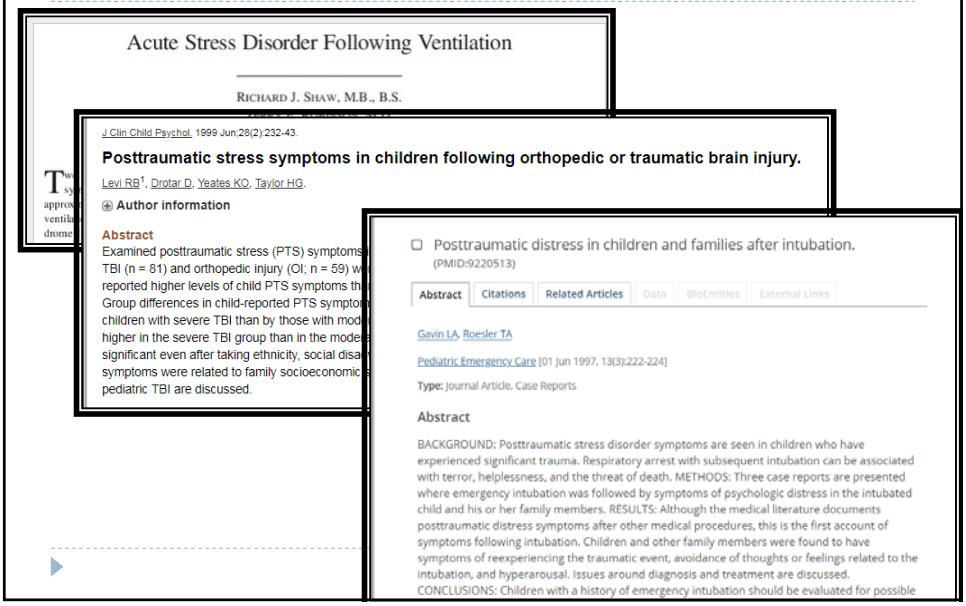
the ability to become **STRONG**, **HEALTHY**, or **SUCCESSFUL** again after something bad happens.



(NCTSN, 2006)

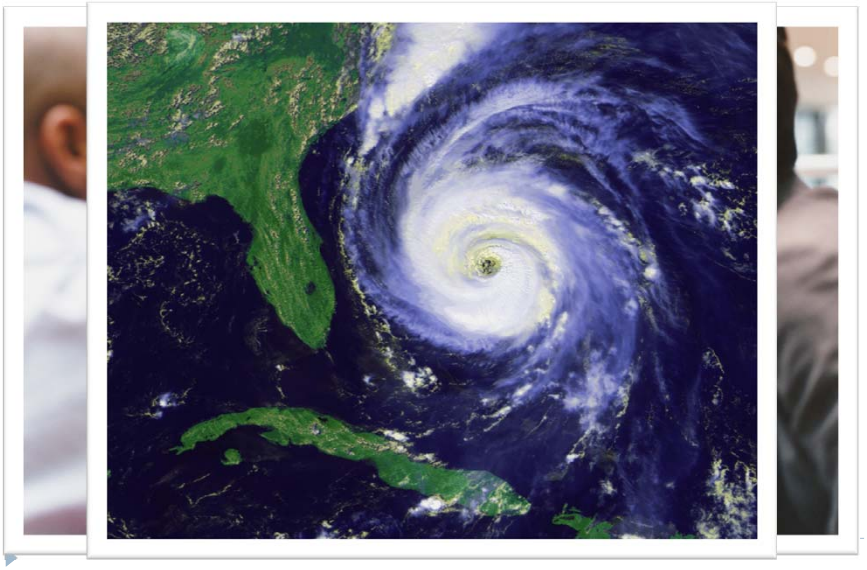
Physicians & Staff involved in Procedures

Minimize the hurt



Babies feel & REMEMBER Pain Too

Participate in Care Conferences



Be Aware of Implications for Rapid Discharges Home

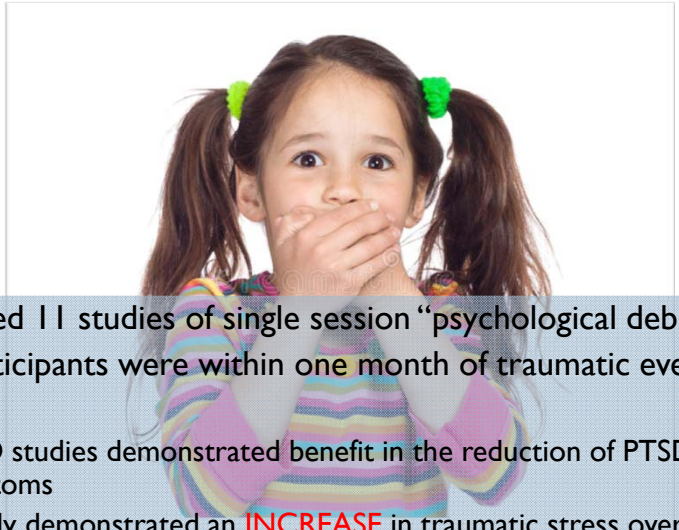
- Arranging medical appointments
- Arranging supervision and sibling care
- Managing altering work schedule
- Home modifications
- Caregiver perceptions of their preparedness to return home
- Transportation needs
- Caregiver Acute Stress

Tips for Bedside Staff & Therapy Services

Be Aware of Trauma Reminders

- Trauma Reminders = aversive sight, sounds, smells, tastes, touches associated with trauma
  - Patient may or may not be aware of the associate
  - Will cause an immediate reaction/change in behavior
  - Document "outbursts" to help identify patterns

Don't Facilitate Processing



- Analyzed 11 studies of single session "psychological debriefing"
- All participants were within one month of traumatic event
- Results
  - ZERO studies demonstrated benefit in the reduction of PTSD symptoms
  - 1 study demonstrated an INCREASE in traumatic stress over time

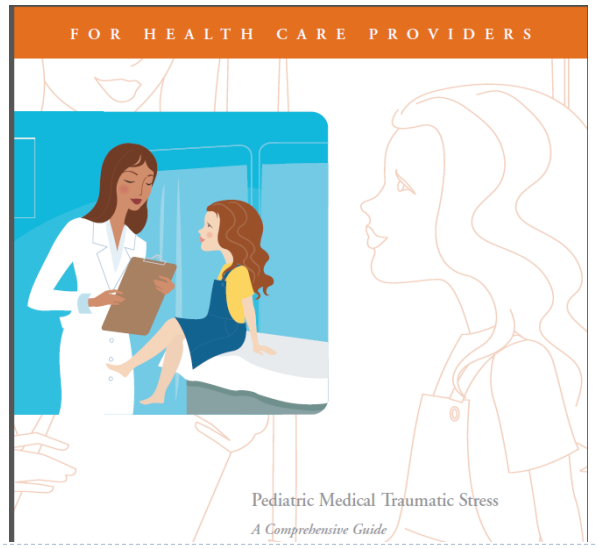
(Rose, Bisson, Churchill, & Wessely, 2002)

No Need to Make a Silver Lining

Maintain a Schedule & Set Boundaries

Give Choices When Possible

1 Toolkit

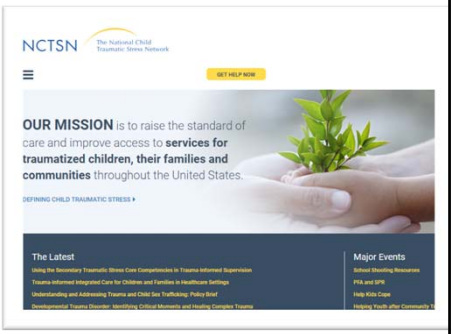


(NCTSN, 2006)

Two Websites

- AfterthelnjUry.org

- Nctsn.org



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- Children's Hospital of Philadelphia. (2018). Healthcare Toolbox: Your guide to helping children and families cope with illness and injury. www.healthcaretoolbox.org
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- NCTSN. (2006). The Medical Traumatic Stress Toolkit. www.nctsn.org
- Rose, S. C., Bisson, J., Churchill, R., and Wessely, S. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews,* 2.

Thanks for your time & attention!
Questions?

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