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.

**I. Peri-Trauma**
- Potentially traumatic event (OBJECTIVE)
- Perception of event (SUBJECTIVE)
- Address child's experience of event

**II. Early (Evolving) Responses**
- Acute traumatic stress
- Pain
- Uncertainty
- Loss
- Others' reactions...
- Address immediate needs
- Reduce distress
- Prevent PTSD symptoms

**III. Long term**
- Persistent PTSD symptoms and other distress
- Treat PTSD and other ongoing distress

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)
### What is most traumatic?

**Kids and parents see things differently.**

<table>
<thead>
<tr>
<th>Child cancer survivors:</th>
<th>Moms of cancer survivors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shots</td>
<td>1. Worried about relapse</td>
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<tr>
<td>2. Losing hair</td>
<td>2. Pain</td>
</tr>
<tr>
<td>4. Pain</td>
<td>4. Diagnosis – Finding out</td>
</tr>
<tr>
<td>5. Bone marrow procedures</td>
<td>5. Know others that died</td>
</tr>
<tr>
<td>6. Know others that died</td>
<td>6. Feeling sad / scared</td>
</tr>
<tr>
<td>7. Scared about death</td>
<td>7. Staying in the hospital</td>
</tr>
<tr>
<td>8. Worried about relapse</td>
<td>8. Shots</td>
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<tr>
<td>10. Diagnosis – Finding out</td>
<td>10. Losing hair</td>
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*Findings from CHOP study funded by National Cancer Institute (CA63930)*

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### Risk Factors

**Pre-existing Trauma or mental health history**

<table>
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<th>Early physiological/ psychological responses</th>
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<tr>
<td><strong>Factors related to the hospitalization</strong></td>
</tr>
<tr>
<td>Length of stay, parent involvement, invasive medical procedures</td>
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</table>

**Maladaptive coping**

- Parent
- Child
Psychological Diagnoses related to Trauma

**Acute Stress Disorder**
- 3-29 days after event

**Post Traumatic Stress Disorder**
- 30+ days after event

### Preschool 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 bed wetting
- 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

### Elementary School Children
- 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

### Middle and High School Children
- 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

You can spend a lifetime trying to forget a few minutes of your childhood.
Do You Bend or Break?

re·sil·i·ence

the ability to become strong, healthy, or successful again after something bad happens.
### Healthcare Providers’ Guide to Traumatic Stress in Ill or Injured Children

#### AFTER THE ABCs, CONSIDER THE DEFs

<table>
<thead>
<tr>
<th>D</th>
<th>DISTRESS</th>
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<tr>
<td>• Assess and manage pain.</td>
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<tr>
<td>• Ask about fears and worries.</td>
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<td>• Consider grief and loss.</td>
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<th>E</th>
<th>EMOTIONAL SUPPORT</th>
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<tr>
<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>FAMILY</th>
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<td>• Assess parents’ or siblings’ and others’ distress.</td>
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<tr>
<td>• Gauge family stressors and resources.</td>
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<tr>
<td>• Address other needs (beyond medical).</td>
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(NCTSN, 2006)

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Physicians & Staff involved in Procedures
Minimize the hurt

Acute Stress Disorder Following Ventilation

RICHARD J. SHAW, M.B., B.S.

Posttraumatic stress symptoms in children following orthopedic or traumatic brain injury.

Author information

Abstract

No difference in posttraumatic stress disorder (PTSD) symptoms (TSR In. 68%) and orthopedic injury (50% n: 98%) was reported between injured children with severe TBI and those with minor injury in the severe TBI group than in the moderate group significant even after taking ethnic, social class, and symptom-relate family socioeconomic status. TBI is discussed.

Babies feel & REMEMBER Pain Too

Development of pain mechanisms

M Fitzgerald

British Medical Bulletin

https://doi.org/10.1093

Published: 01 July 2021

Abstract

Interest in the neuropsychological development of pain in newborn infants has increased, and the issue is becoming clear that pain perception is not restricted to adults. The research has focused on newborn pain, including the development of pain mechanisms in the brain and spinal cord.
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

RARELY DOES AN EMPATHETIC RESPONSE BEGIN WITH “AT LEAST.”

SOMEONE JUST SHARED SOMETHING WITH US THAT’S INCREDIBLY PAINFUL, AND WE’RE TRYING TO PUT THE SILVER LINING AROUND IT.

- Brené Brown -
Maintain a Schedule & Set Boundaries

Give Choices When Possible
1 Toolkit

(FOR HEALTH CARE PROVIDERS)

Pediatric Medical Traumatic Stress
A Comprehensive Guide

(NCTSN, 2006)

Two Websites

- AftertheInjury.org
- Nctsn.org
Selected References


Thanks for your time & attention!
Questions?

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