Incorporating
TRAUMA INFORMED CARE
in Pediatric Practice

Amy Jerum, DNP, FNP, CPNP, PMHS
University of Rochester Medical Center, Pediatrics
Assistant Professor, Golisano Institute for Developmental Disabilities Nursing, St. John Fisher College

Speaker:

Amy Jerum, DNP, FNP, PNP, PMHS

University of Rochester Medical Center, Division of Transitional Care Medicine, Pediatrics

Golisano Institute for Developmental Disabilities Nursing, St. John Fisher College

AJerum@sjfc.edu

Disclosures

Neither I nor my spouse has a relevant financial relationship with a commercial interest to disclose.

Objectives

- Understand the rationale for trauma informed approach
- Acknowledge how our own perceptions affect the care we provide
- Acquire a framework for incorporating trauma informed care into practice*

*“Put your own oxygen mask on before helping others”

What is Trauma-Informed Care?

- SAMHSA (2015) concept of a trauma-informed approach - A program, organization, or system that is trauma-informed:
  - *Realizes* the widespread impact of trauma and understands potential paths for recovery
  - *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices
  - *Seeks* to actively resist *re-traumatization*

Rationale

Why become trauma informed?

- Trauma is pervasive
- Impact is far-reaching
- Affects how people approach health care and other services
- Helping services can be inadvertently re-traumatizing

Focus on:

- Recovery and healing are possible
  - neuroplasticity, neurogenesis
- Protective factors facilitate healing and resilience
- Healing takes place in the context of safe and supportive relationships

Trauma Informed Care Models

Embrace & demonstrate new mental models informed by trauma theory

- Missouri Model (2014)
  - Stages of becoming “Trauma Informed”
- “Three Pillars” (Bath, 2008)
  - Safety
  - Connections
  - Managing emotions
- Intermountain Healthcare’s Care Process Model (2020)
  - https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906

Intermountain Healthcare's Care Process Model

- Pediatric Traumatic Stress Screening Tools (PTSST)
  - Age Specific (0-5yo, 6-10yo, 11-18yo)
  - Low Risk vs High Risk (reporting a potentially traumatic event
- 3-Step Approach
  1. Report if appropriate
  2. Respond to Risk
  3. Stratify Treatment Approach

I. Safety

- Creating a safe place
  - Consistency
  - Reliability
  - Predictability
  - Availability
  - Honesty
  - Transparency
  - Include child in decision-making
  - Provision of knowledge about their circumstances (where appropriate)

II. Connections

- Restructure these associations so that the child/adolescent can develop positive emotional responses (e.g., happiness, joy, feelings of security) with some adults
- Learn to accurately distinguish between those who threaten harm and those that do not
- Peer Support – including families of traumatized children or with hx of trauma
- The qualities of the therapeutic relationship itself account for twice as much positive change as the particular therapeutic technique

III. Emotion & Impulse Management

- A primary focus of work with traumatized children needs to be on teaching and supporting them to learn new ways of effectively managing their emotions and impulses
  - Teaching self-regulating skills
  - May need adults who are willing to “co-regulate” with them when their emotions run wild, rather than relying on coercive approaches (Bath, 2008)
  - The basic skills of active listening have a central role, especially the reflective skills which promote the labelling of feelings.

Coping with Secondary Exposure to Trauma

- "The Cost of Caring" (Figley, 1982)
- Signs & Sx
  - Secondary Traumatic Stress
  - Vicarious Trauma/ Compassionate Fatigue
  - Burnout
- Managing Risk
  - UB School of SW – "Self Care Starter Kit"
    - Awareness
    - Balance
    - Connection
- Process for incorporating into practice
  - Champion
  - Normalize

Summary

- Kids who have experienced developmental trauma need
  - adults in their lives who can understand the impact of their experiences
  - People who can recognize the pain from ruptured connections that can lead to challenging behaviors
  - A trauma-informed approach that promotes healing and connections
- Important to consider cultural, historical, and gender issues
  - Efforts must be culturally sensitive and free of prejudices based on biases and stereotypes

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