

# 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



**ProjectTEACH** 



TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH

### 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.







- 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\*

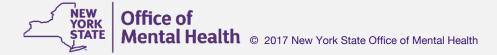
#### \*"Put your own oxygen mask on before helping others"





### 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

NEW YORK STATE Office of Mental Health © 2017 New York State Office of Mental Health

# 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)
  - <u>https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906</u>

Office of Mental Health © 2017 New York State Office of Mental Health

### 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)

NEW YORK STATE Office of Mental Health © 2017 New York State Office of Mental Health



### 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

Office of

Mental Health © 2017 New York State Office of Mental Health



# 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





### References

- Bath, H. (2008). The three pillars of trauma informed care. <u>Reclaiming Children and Youth</u>, 17-21.
- Bloom, S.L. (1994). The Sanctuary Model: Developing generic inpatient programs for the treatment of psychological trauma.
- Cohen, J.A., Kelleher, K.J., Mannarino, A.P. (2008). Identifying, treating, and referring traumatized children; the role of pediatric providers. Arch Pediatr Adolesc Med, 162(5); 447-452.
- Fallot, R.D. & Harris, M. (2009). Trauma-Informed Services: A Self-Assessment and Planning Protocol. Community Connections.
- Oral, R., Ramirez, M., Coohey, C., Nakada, S., Walz, A., Kuntz, A., et al. (2016). Adverse childhood experiences and trauma informed care: the future of health care. Pediatric Research, 79(1); 227-233.
- Schnyder U. (2014). Treating intrusions, promoting resilience; an overview of therapies for trauma-related psychological disorders.
- European Journal Psychotrauma. 9(5); 265.

