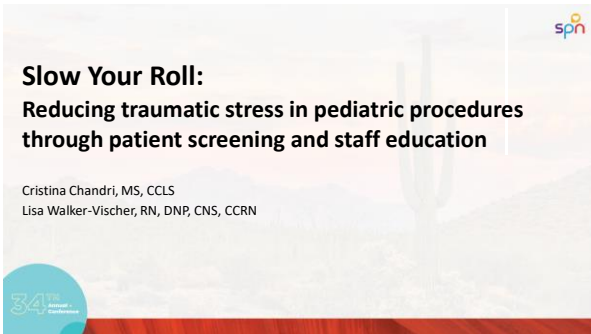





1




2

Objectives





- To define traumatic stress, emotional safety, and discuss exposure to trauma in pediatric procedural settings.
- To discuss the importance of interdisciplinary collaboration to improve pediatric procedural settings and reduce traumatic stress.
- To highlight the importance of screening and assessment in providing trauma-informed care.

3



Defining and Understanding Traumatic Stress

4

The Developing Concept of Trauma



- 1970s – “Shell Shock” and “War Neurosis”
 - The first concepts of trauma came from studies of war veterans with difficulty adjusting back to civilian life
- 1980 – 1st formal PTSD diagnostic criteria was included in the DSM-III
- 1990s – Landmark ACEs Study
 - A link was found between adverse childhood experiences (trauma) and long-term health problems in adulthood.
- 2000 – NCTSN
 - The National Child Traumatic Stress Network was founded after the Children’s Health Act was passed by Congress
 - Raise the standard of care for children who have experienced trauma.




5

The Developing Concept of Trauma



- 2013 – Childhood PTSD
 - The DSM-V included a separate PTSD diagnosis for children under the age of 6.
- 2017 – A New Category in the DSM-V-TR
 - PTSD and ASD were moved to “Trauma and Stressor-Related Disorders”
 - Previously were considered “Anxiety Disorders”
- 2021 – AAP and Trauma-Informed Care
 - AAP published a report about the importance of Trauma-Informed Care in pediatric healthcare settings.
- 2021 – Emotional Safety Initiative
 - ESI was launched to educate healthcare teams about emotional safety and how to increase it in healthcare settings.

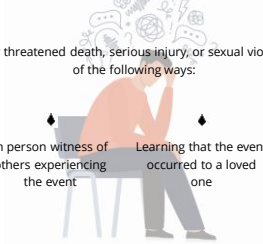



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What Constitutes a Traumatic Event?

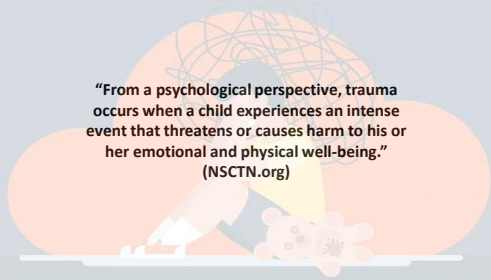
Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- ◆ Direct experience of the event
- ◆ In person witness of others experiencing the event
- ◆ Learning that the event occurred to a loved one
- ◆ Repeated or extreme exposure to aversive details of the event



7

“From a psychological perspective, trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being.”
(NSCTN.org)



8

Traumatic Stress Reactions

The body and mind naturally react and respond to trauma. Reactions interfere with a child's ability to function in daily life and in their interaction with others.

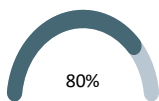
Trauma reactions include but are not limited to:

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties with attention
- Academic difficulties
- Nightmares
- Changes in eating habits
- Changes in sleep patterns
- Aches and pains



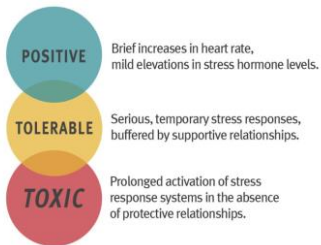
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Trauma Statistics



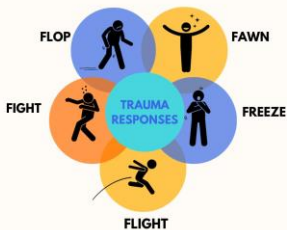
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DEGREES OF STRESS



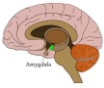
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TRAUMA RESPONSES



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Four Important Changes to the Brain



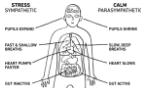
Amygdala becomes more sensitive



Decreased function in the hippocampus



Prefrontal cortex function is inhibited



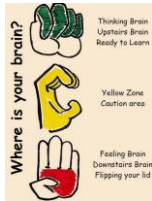
Sympathetic nervous system is overactivated



13

Flipping your Lid

- Upstairs Brain
 - Prefrontal Cortex
 - Responsible for thinking and reasoning
 - Able to deactivate body's alarm system
- Downstairs Brain
 - Limbic Regions
 - Sounds the body's alarm system
 - Quick response when a threat is present



(adapted from Dr. Dan Siegel's hand model of the brain)



14

Pediatric Medical Traumatic Stress

"A situation in which children experience medical procedures or other aspects of medical care as traumatic events." (Forkey et al., 2021, 7)



- The level of distress is related to subjective experience of the medical event rather than its objective severity.



15

“How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.”
(SAMHSA, 2014)



16

Traumatic Stress in Pediatric Procedural Settings

Isolating and identifying the problem





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- Safety Net Hospital
 - Families have low resources and financial constraints
 - Lack of insurance coverage
- Pediatric procedures occur in any of the following areas:
 - Pediatric Acute Care
 - Inpatient Rehabilitation
 - PICU
 - Pediatric Short Stay Sedation Unit
 - Burn Care
 - NICU
- Child life services limited due to lack of bandwidth
- Nursing staff have the most face-to-face interaction with patients and families

Santa Clara Valley Medical Center




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Problematic Procedural Setting







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Challenges in the Interdisciplinary Team



- Knowledge and training gaps
 - Particularly in development and emotional wellbeing
- Silo mentalities
- Unwritten hierarchies
- No common goal established

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Common Staff Misconceptions

- Using anti-anxiolytics will cover the patient's coping needs.
- Pain management strategies are inconvenient and ineffective.
- Emotional needs are not as important as medical needs.
- The patient should work on our time schedule.
- Coping strategies are ineffective for many patients.
- Preparation makes patients more anxious.
- Stress responses are attributed to behavioral issues.





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Nursing Leadership



Medical Team



Champions

Identifying our Allies





22

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Brainstorming a Solution

34th Annual Conference logo and spn logo.

23

Four Pillars of Emotional Safety

Screening and Assessment	Intervention	Environment	Staff Communication, Education, and Training
1	2	3	4

(Emotional Safety Framework retrieved from emotional-safety.org)

34th Annual Conference logo and spn logo.

24



25



26

Main Teaching Points

- Introduction to the concept of psychological trauma and traumatic stress
 - Education about the brain and body's trauma response
 - Explained how behavior is affected by the experience of traumatic stress
- Reviewed a child's subjective experience and understanding of the medical environment based on their development and background
- Outlined problematic attitudes and perspectives about procedural settings and pediatric patient behaviors
- Introduced the concept of Emotional Safety and highlighted the need to prioritize ES



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Benefits of Having a Proactive Approach

- Empowerment
 - Look beyond the day-to-day scope
 - Increased sense of control and mastery
- Self-Development
 - Build skill sets
 - Growth mindset
 - Increased competence
- Prevention
 - Prepare for problems before they arise
 - Fire prevention vs. fire fighting
- Reduced Stress
 - Increased trust from patients and families
 - More professional and calm approach





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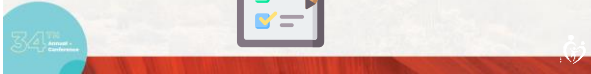
Call to Action!



29

Screening and Assessment

Seeking a tool to better inform staff of potential traumatic stress



30

American Academy of Pediatrics

"suggests using instruments that are standardized and validated and have defined psychometric properties. By that definition, there are currently no screening tools for Adverse Childhood Experiences (ACEs) or Social Determinants of Health."

(Forkey, et al., 2021, 10)



31

Piecing Together the Puzzle



- Child Life team unable to reach all patients
- Multiple pediatric procedures completed daily
- Screening tool needs to be easily accessed and used for all pediatric patients
 - Straightforward with minimal training required
- Nursing team seemed to have the greatest access to patients



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Creation and Set Up of the PPSS



- ❖ **Child Life Specialists**
 - Created the screening
 - Sought feedback and collaboration to edit
 - Worked with IS to build into EPIC
- ❖ **Clinical Nurse Specialist and Staff Development Specialist**
 - Worked with IS to build into EPIC
 - In-services for staff on the use of the PPSS
 - Completed documentation audits
 - Took feedback and communicated it to Child Life team
 - Trained new staff on the use of PPSS
 - Re-educated staff in need of refreshers
- ❖ **Nurse Management and Lead Pediatric Physicians**
 - Presented PPSS to all staff
 - APBs, staff meetings, daily check-ins with charge nurses
 - Made PPSS mandatory upon 24 hours of inpatient admission



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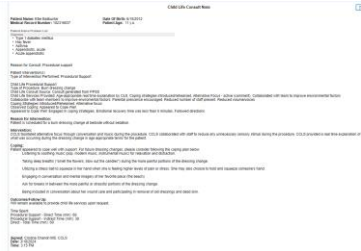
Score of 0-2: General Coping Strategies are Facilitated by Staff

Score **REQUIRED ACTION**
0-2 Prior to any invasive procedures and ALWAYS do the following:
 o Offer **pain relief strategies**.
 • Dizzy, EMUA, Pain Ease, Intranasal Lidocaine, etc.
 o Allow **caregivers to remain present** for support.
 • Comfort hold, positive touch, verbal encouragement
 o **Prepare the patient** for the experience.
 • Give clear expectations
 • Break procedure down into simple and concrete steps
If patient appears to have difficulty coping, consult the Child Life Specialist.

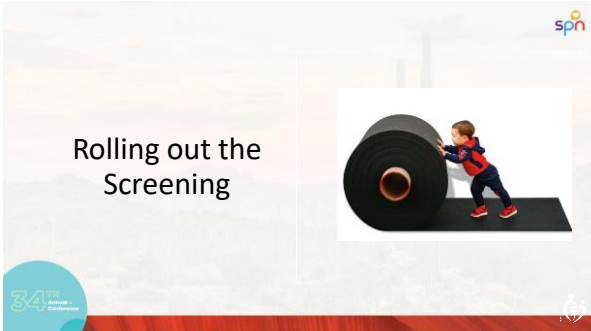


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Score of 3+ : Coping Plan is Created and Communicated by Child Life



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Week One: Using the PPSS



- **Clinical Nurse Specialist and Nursing Education Coordinator**
 - Trained all nurses on how to use and document the PPSS
 - Encouraged compliance with screening and documentation
- **Information Services Representative**
 - Created Tip Sheet
 - Addressed issues in real time with the build of the screening
- **Child Life Team**
 - Followed up on patient referrals from PPSS
 - Answered staff questions about PPSS



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Month One: Using the PPSS



- Clinical Nurse Specialist and Nursing Education Coordinator
 - PPSS documentation audits
 - 100% of screenings were being completed
 - 75% of results were communicated on the sticky note
 - Re-trained noncompliant staff
- Information Services Representative
 - Worked with Child Life team to evaluate "useability" of screening and make edits/fixes
- Child Life Team
 - Surveyed staff to solicit feedback about the screening
 - Approached IS to create some edits/fixes to the screening



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Staff Perceptions and Feedback





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Positive Feedback



- Earlier identification of coping needs
- Improved patient care and patient/family satisfaction
- Learned the importance of screening and assessment



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Constructive Feedback



- Unclear what procedure will entail at the time of admission
- Patients sometimes remain fearful even when coping strategies are implemented
- Concerned that screening delays care



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Knowledge Gaps and Opportunities for Communication/Education





- Training and screening not necessary, it's common sense
- Patients don't understand the questions.
- Extra work for RNs, request for CLSs to complete screening




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Procedural Setting with Screening and Improved Staff Communication 

49


Looking Forward 

Self-evaluation and continued efforts to prioritize emotional safety






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Projected Action:
Using the PPSS



- **Clinical Nurse Specialist and Nursing Education Coordinator**
 - audits to be completed on a regular basis
 - support continued education and reminders to staff about prioritizing emotional safety
- **Information Services Representative**
 - Will continue to work with Child Life and Pediatrics team to adjust/edit the screening as needed
- **Child Life Team**
 - Plans to begin research to validate PPSS
 - Create a new PPSS and emotional safety teaching module in hospital orientation software for new staff
 - plan to make the education module mandatory on a yearly basis as a "refresher" for all staff
- **Nurse and Pediatric Team Management**
 - Continue to support the use of the screening tool through check-ins at staff meetings, receiving feedback and communicating back to the team.

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Lessons Learned



- **Clinical Nurse Specialist and Nursing Education Coordinator**
 - Assessment is critical to providing trauma-informed care
 - Importance of using a trauma-informed lens to view patient
- **Child Life Team**
 - Positive increase in child life referrals for procedural support and coping plans
 - More varied staff seeking child life support
- **Nurse and Pediatric Team Management**
 - PPS5 has raised awareness of patient emotional needs
 - Routine screening informs staff of potential pitfalls in positive coping
 - Staff are more aware that "routine procedures" are not "routine" for patients



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**" WE OWE IT TO THE FUTURE NOT TO HARM
OUR CHILDREN IN THEIR HEARTS AND
MINDS WHILE WE CURE THEIR DISEASES
AND REPAIR THEIR BROKEN BONES."**

— Jenaya Gordon, MA, CCLS, NCC



53



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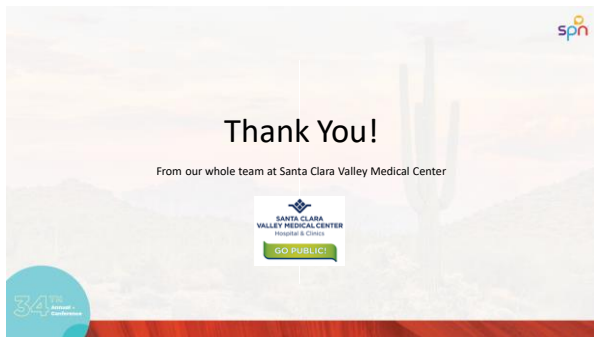
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