Incorporating TRAUMA INFORMED CARE

in Pediatric Practice

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

"ACE studies are as revolutionary now as germ theory was for the 19th century"

-Sandra Bloom, MD, National Collaboration on ACEs (NCAR), 2013

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*.

Trauma Informed Care Models

- Embrace & demonstrate new mental models informed by trauma theory
- Missouri Model (2014)
  - Stages of becoming “Trauma Informed”
- Schnyder (2015)
  - Psychotherapies for PTSD: What do they have in common?
- “Three Pillars” (Bath, 2008)
  - Safety
  - Connections
  - Managing emotions

Rationale

<u>Why become trauma informed?</u>

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

<u>Focus on:</u>

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

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

References

- Bath, H. (2008). The three pillars of trauma informed care. Reclaiming Children and Youth, 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.