Incorporating
TRAUMA INFORMED CARE
in Pediatric Practice

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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
References

- European Journal Psychotrauma. 9(5); 265.