CHOC Children's Hospital
Best Evidence and Recommendations

Implementing a Trauma-Informed Care Approach

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PICO: In a free-standing pediatric hospital, how does trauma-informed care impact patient/family satisfaction and staff retention?

P (Population/problem): pediatric patients and families; healthcare staff
I (Intervention/issue): trauma-informed care
C (Comparison): no structured support
O (Outcome): patient/family satisfaction and healthcare staff retention

Background:
Studies have revealed that childhood adversity can have a lasting negative impact on an individual's overall physiological and psychological wellbeing (Oral et al., 2016). The phrase childhood adversity is often utilized to refer to an event that occurred at one specific period in time or frequently and is perceived as being negative by a child between zero to 18 years of age (American Academy of Pediatrics, 2014; Oral et al., 2016). Nearly two-thirds of all individuals have been exposed to at least one adverse childhood experience (ACE) (Marsc et al., 2016). An ACE includes, but is not limited to, physical or emotional abuse, mental illness, economic difficulties, and violence (American Academy of Pediatrics, 2014, Marsc et al., 2016). Exposure to at least one ACE predicts higher rates of negative physiological and psychological outcomes (Oral et al., 2016). These outcomes are often classified as chronic medical conditions, mental health disorders, and/or premature death (Oral et al., 2016).

Hospitalizations are often described as being traumatic and it leaves the question as to whether or not the experience can be defined as an ACE. Within the United States alone, every year, more that 22 million children visit the emergency department (Marsc et al., 2016). Of those children, more than six million are hospitalized and approximately 16 million receive outpatient services (Marsc et al., 2016). Hospitalizations and follow-up care can be challenging and overwhelming for a pediatric patient. Sometimes hospitalizations can result in the development of adverse psychological reactions, such as posttraumatic stress (PTS) (Weiss et al., 2017). In fact, nearly 30% of all hospitalized children experience some form of PTS (Kassam-Adams, Marsac, Hildenbrand, & Winson, 2013; Marsc et al., 2016; Weiss et al., 2017). If not properly diagnosed and treated, PTS can result in the same physiological and psychological outcomes as an ACE (Kassam-Adams et al., 2013).

Healthcare professionals caring for pediatric patients can also experience adverse psychological reactions stemming from their patient's hospitalization. Compassion fatigue, burnout, and secondary trauma are examples of just some of the psychological reactions. According to a study conducted by Robins, Meltzer, and Zelikovskey (2009), of the 314 pediatric healthcare professionals participating in the study, 39% were at moderate to high risk for compassion fatigue and 21% were at moderate to high risk for developing burnout. These findings supported the study hypothesis of pediatric healthcare professionals being at high risk for experiencing secondary trauma (Robins, Meltzer, & Zelikovskey, 2009). The development of compassion fatigue, burnout, and/or secondary trauma can impact a healthcare providers own wellbeing and ability to deliver high-quality patient care (The National Child Traumatic Network, 2011).

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Additionally, compassion fatigue, burnout, and secondary trauma has been linked to high turnover. In 2015, the national turnover rate for nurses was 17.2% which resulted in an average loss of five to eight million dollars (Roney & Acri, 2018).

The purpose of this evidence-based review is to understand how the implementation of a trauma-informed care approach impacts patients, families, and staff members employed within a healthcare organization.

Search Strategies and Databases Reviewed:

- Databases searched for this review included CINAHL, Medline in EBSCO and Pub Med. Key search words: trauma-informed care, adverse childhood experience (ACE), posttraumatic stress disorder (PTSD), secondary trauma, burnout, compassion fatigue. This search yielded approximately 500 articles.
- Websites reviewed included American Academy of Pediatrics, Center for Disease Control (CDC), Center for Health Care Strategies, Inc., Center for Youth Wellness, The National Child Traumatic Stress Network (NCTSN), and National Council for Behavioral Health, Robert Wood Johnsen Foundation, and Substance Abuse and Mental Health Services Administration.
- A listserv survey through Society of Pediatric Nurses (SPN) and the Children's Hospital Association (CHA) was sent to nurses from key children's hospitals across the nation regarding this topic. This survey yielded 1 and 0 responses respectively.

Synthesis of Evidence:

- The increased understanding of trauma and its impact to physical and behavioral well-being, has led to the creation of Assembly Bill (AB) 340 (Arambula, Chapter 700, Statutes of 2017).
  - The bill requires that an advisory group be formed to develop an appropriate protocol to screen children for trauma.
  - The advisory group will evaluate preexisting screening tools and protocols and will identify providers that will be authorized to administer the trauma screenings.
  - The advisory group recommendations are due no later than May 31, 2019.
- Trauma-informed care is grounded on four assumptions and six principles that focus on preventing and decreasing trauma (Substance Abuse and Mental Health Services Administration (SAMSHA) Trauma and Justice Strategic Initiative, 2014).
  - Trauma-informed care is centered on the following four assumptions:
    - Realization of the impact of trauma and the ability to recover from traumatic experiences
    - Recognition of the signs and symptoms of trauma in patients, families, and all members employed within a specific organization
    - Respond by fully integrating information relating to trauma and trauma-informed care approaches into policies, procedures, and everyday practices
    - Resists re-traumatization for patients, families, and all members employed within an organization
  - Trauma-informed care approaches also adhere to the following six principles:
    - Safety
    - Trustworthiness and transparency
    - Peer support
    - Collaboration and mutuality
    - Empowerment, voice, and choice
    - Cultural, historical, and gender issues
- The National Child Traumatic Stress Network (2018) has found that organizations that provide trauma-informed care routinely do the following:

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    - Screen for trauma exposure and related physiological and psychological signs and symptoms.
    - Utilizes evidence-based assessments and treatments to address traumatic stress and associated mental health symptoms.
    - Provides appropriate trauma related resources available to patients, families, providers, staff members employed within a healthcare organization.
    - Engages in efforts to strengthen the resiliency of children and families impacted by trauma.
    - Address parental/caregiver trauma and its potential impact on a child and family.
    - Increases staff resilience by addressing, treating, and attempting to minimize compassion fatigue, burnout, and secondary trauma.
- Healthcare organizations that incorporate trauma-informed care understand the impact of trauma and take steps to recognize the signs and symptoms of trauma in patients, families, and staff members throughout the organization.
- Trauma-informed care organizations incorporate knowledge about trauma into its policies, procedures, and everyday practices.
- Organizations that have adopted trauma-informed care take action to prevent re-traumatization by providing appropriate psychological support and coping resources.
- Implementing trauma-informed care will result in a shift in practice.
    - Healthcare organizations that have incorporated patient-family centered care are at an advantage as there are several similarities (Marsac, et al., 2016).
    - Trauma-informed care will build upon the foundation set forth by patient-family centered care and only small changes will need to be implemented to successfully implemented trauma-informed care (Marsac, et al., 2016).

Practice Recommendations:

- Form a multidisciplinary team of key stakeholders, including, but not limited to: nurses, physicians, psychologists, social workers, and child life specialist.
    - Determine if trauma-informed care aligns with the strategic goals of the organization.
    - Determine if components of trauma-informed care are already being implemented within the organization and identify areas of potential growth.
    - Identify and update appropriate policies and procedures to incorporate trauma-informed care.
    - Select and implement practices that best support trauma-informed care.
- Collaborate with the clinical education department to identify educational gaps and needs for education regarding trauma-informed care.

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Bibliography:

American Academy of Pediatrics. (2014). Adverse childhood experiences and the lifelong consequences of trauma. *American Academy of Pediatrics*, 1-5. Retrieved from https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf.

American Academy of Pediatrics. (2012). Early childhood adversity, toxic stress, and the role of the pediatrician: Translating developmental science into lifelong health. *Pediatrics, 129*(1), e224-e331.

Assembly Bill No. 340. Early and periodic screening, diagnosis, and treatment program: Trauma screening. Section 14132.19. (CA 2017). Retrieved from https://leginfo.legislature.ca.gov/faces/billVotesClient.xhtml?bill_id=201720180AB340.

Center for Health Care Strategies, Inc. (2017). *10 key ingredients for trauma-informed care.* Retrieved from https://www.chcs.org/media/TIC-Infographic_081417.pdf.

Center for Health Care Strategies, Inc. (2017). *Understanding the effects of trauma on health.* Retrieved from https://www.chcs.org/media/understanding-trauma-fact-sheet_071217.pdf.

Center for Health Care Strategies, Inc. (2015). *Trauma-informed care: Opportunities for high-need, high-cost Medicaid populations.* Retrieved from https://www.chcs.org/media/TIC-Brief-031915_final.pdf.

Center for Youth Wellness. (2014). *A hidden crisis: Findings on adverse childhood experiences in California.* Retrieved from: https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf.

Center for Youth Wellness. (2014). *An unhealthy dose of stress: The impact of adverse childhood experiences and toxic stress on childhood health and development.* Retrieved from https://drive.google.com/file/d/1RD50llP2dimEdV3zn0eGrgtCi2TWfakH/view.

Dukhanin, V., Edrees, H. H., Connors, C. A., Kang, E., Norvell, M., & Wu, A. W. (2018). Case: A second victim support program in pediatrics: Successes and challenges to implementation. *Journal of Pediatric Nursing, 41*, 51-59.

Earls, M. F. (2018). Trauma-informed primary care: Prevention, recognition, and promoting resilience. *North Carolina Medical Journal (NCMJ), 79*(2), 108-112.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction too many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245-258.

Jackson, A. C., Higgins, R. O., Frydenberg, E., Liang, R., & Murphy, B. M. (2018). Parent's perspective on how they cope with impact on their family of a child with hear disease. *Journal of Pediatric Nursing, 40*, 9-17.

Kassam-Adams, N., Marsac, M. L., Hildenbrand, A., & Winston, F. (2013). Posttraumatic stress

following pediatric injury: Update on diagnosis, risk factors, and intervention. *Journal of American Medical Association of Pediatrics, 167*(12), 1158-1165.

Kassam-Adams, N., Rzucidlo, S., Campbell, M., Good, G., Bonifacio, E., Slouf, K.…Grather, D. (2014). Nurses' views and current practice of trauma-informed pediatric nursing care. *Journal of Pediatric Nursing*, *30,* 478-484.

Manguy, A., Joubert, L., Oaklye, E., & Gordon, R. (2017). Psychosocial care models for families of critically ill children in pediatric emergency department settings: A scoping review. *Journal of Pediatric Nursing, 38,* 46-52.

Marsac, M. L., Kassam-Adam, N., Hildenbrand, A. K., Nicholis, E., Winston F., Leff, S., & Fein, J. (2016). Implementing a trauma-informed approach in pediatric health networks. *Journal of American Medical Association Pediatrics, 170*(1)*,* 70-77.

Maul, A. (2017). *Training staff in trauma treatments: Considerations for complex care providers.* Retrieved from http://www.chcs.org/media/Trauma-Treatment-Models_022317.pdf.

Menschner, C. & Maul, A. (2016). *Issue brief: Key ingredients for successful trauma-informed care implementation.* Retrieved from https://www.chcs.org/media/ATC-whitepaper-040616-rev.pdf.

Meyer, R., Li, A., Klaristenfeld, J., & Gold, J. I. (2015). Pediatric novice nurses: Examining compassion fatigue as a mediator between stress exposure and compassion satisfaction, burnout, and job satisfaction. *Journal of Pediatric Nursing, 30,* 174-183.

Michelfelder, M. & Swoboda, E. (2012). *Trauma 101* [PowerPoint Presentation]. Retrieved from http://www.traumainformedcareproject.org/resources/Trauma%20101%20Powerpoint%20PresentationV1.pdf

Modhir, S., & Kia-Keating, M. (2018) Adverse childhood experiences (ACEs) and health [PowerPoint Presentation].

Oral, R., Ramirez, M., Coohey, C., Nakada, S., Walz, A., Kuntz, A., Benoit, J., & Peek-Asa, C. (2016). Adverse childhood experiences and trauma-informed care: The future of healthcare. *Pediatric Research*, *79(1),* 227-233.

Robert Wood Johnson Foundation. (2017, October 19). Traumatic experiences widespread among U.S. youth, new data show. *Robert Wood Johnson Foundation Collection*. Retrieved from https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s--youth--new-data-show.html.

Robins, M. P., Meltzer, L, & Zelikovsky, N. (2009). The experience of secondary traumatic stress upon care providers working within a children's hospital. *Journal of Pediatric Nursing, 24(4),* 270-279.

Roney, L. N., & Acri, M. C. (2018). The cost of caring: An exploration of compassion fatigue, compassion satisfaction and job satisfaction in pediatric nurses. *Journal of Pediatric Nursing, 40,* 74-80.

Sanders, M. R. & Hall, S. L. (2018). Trauma-informed care in the newborn intensive care unit: Promoting

safety, security, and connectedness. *Journal of Perinatology*, *38,* 3-10.

Schulman, M. & Menschner, C. (2018). *Laying the groundwork for trauma-informed care.* Retrieved from https://www.chcs.org/media/Laying-the-Groundwork-for-TIC_012418.pdf.

Substance Abuse and Mental Health Services Administration (SAMSHA) Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Retrieved from https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf.

The National Child Traumatic Stress Network (NCTSN). (2018). *Screening and assessment: Considerations for implementation.* Retrieved from https://www.nctsn.org/sites/default/files/resources/factsheet/screening_and_assessment_considerations_for_implementation.pdf.

The National Child Traumatic Stress Network (NCTSN). (2016). *Resilience and child traumatic stress.* Retrieved from https://www.nctsn.org/sites/default/files/resources//resilience_and_child_traumatic_stress.pdf.

The National Child Traumatic Stress Network (NCTSN). (2016). *What is a trauma-informed child and family service system?* Retrieved from https://www.nctsn.org/sites/default/files/resources//what_is_a_trauma_informed_child_family_service_system.pdf.

The National Child Traumatic Stress Network (NCTSN). (2011). *Secondary trauma stress: A fact sheet for child-serving professionals.* Retrieved from https://www.nctsn.org/sites/default/files/resources/factsheet/secondary_traumatic_stress_child_serving_professionals.pdf.

The National Child Traumatic Stress Network (NCTSN). (2011). *Trauma and families: Fact sheet for providers.* Retrieved from https://www.nctsn.org/sites/default/files/resources//trauma_and_families_providers.pdf.

The National Child Traumatic Stress Network (NCTSN). (2010). *Age-related reactions to a traumatic event.* Retrieved from https://www.nctsn.org/sites/default/files/resources//age_related_reactions_to_traumatic_events.pdf.

The National Child Traumatic Stress Network (NCTSN). (2007). *Service systems brief: Creating trauma-informed child-serving systems.* Retrieved from https://www.nctsn.org/sites/default/files/resources//creating_trauma_informed_child_serving_systems.pdf.

The National Child Traumatic Stress Network (NCTSN). (2003). *What is child traumatic stress?* Retrieved from https://www.nctsn.org/sites/default/files/resources//what_is_child_traumatic_stress.pdf.

Weiss, D., Kassam-Adams, N., Murray, C., Kosher, K. L., Fein, J. A., Winston, F. K., & Marsac, M. L. (2017). Application of a framework to implement trauma-informed care throughout a pediatric healthcare network. *Journal of Continuing Education in Health Professions, 37*(1), 55-60.

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