



Pediatric Town Hall

10/26/22

Trauma-Informed Medical Care



Disclosure

- Dr. Meghan Marsac is a co-inventor of the Cellie Coping Kit and CEO of the Cellie Coping Company. The University of Kentucky, Children's Hospital of Philadelphia, and Dr. Marsac have the potential to benefit financially from revenue generated from the kit. UK's conflict of interest committee oversees research related to this tool.
- Dr. Meghan Marsac is a co-author of *Afraid of the Doctor*, and can benefit financially from sales.
- Annie Marcinko has no conflicts to declare



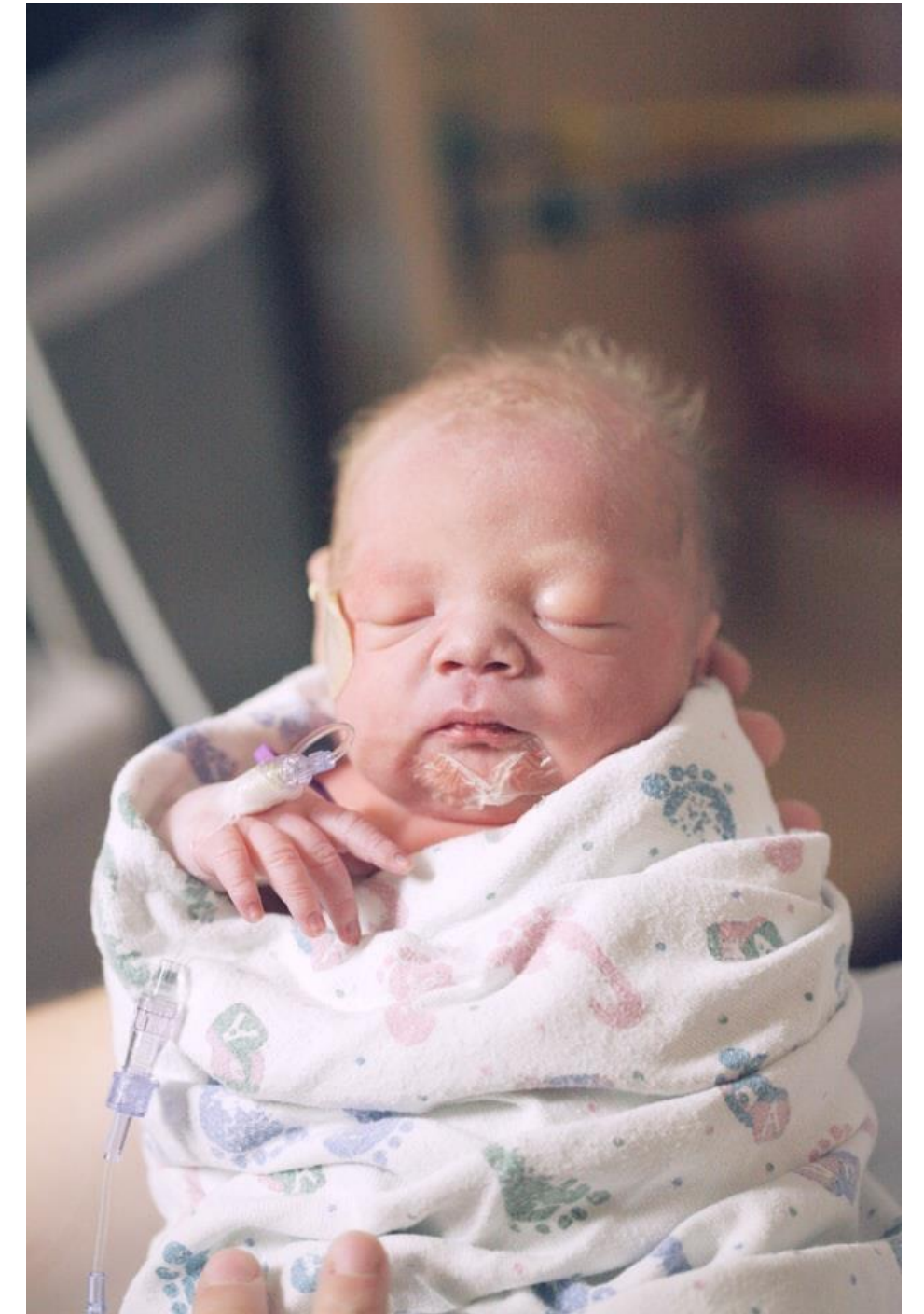
Objectives

Define medical trauma & describe impact of trauma exposure

Discuss how to recognize emotional trauma symptoms

Introduce trauma-informed care techniques to integrate into daily medical practice

Thinking about your current practice or personal experiences....



Objective 1:

What is Trauma-Informed Medical Care?

Medical Trauma is...

In other words:

**Emotional reactions to
scary medical stuff**

Understanding Impact of Emotional Trauma :

SAMHSA definition of Trauma-Informed Care: an approach that seeks to resist re-traumatization of clients and staff.

The Four R's of Trauma Informed Care



Realize

All people at all levels have a basic realization about trauma, and how it can affect individuals, families, and communities.



Respond

Programs, organizations, and communities respond by practicing a trauma-informed approach.

Recognize

People within organizations are able to recognize the signs and symptoms of trauma.



Resist Re-Traumatization

Organizational practices may compound trauma unintentionally. Trauma informed organizations avoid this re-traumatizations.



Objective 1

Realizing

the widespread impact of trauma and understanding
potential paths for recovery

Realize

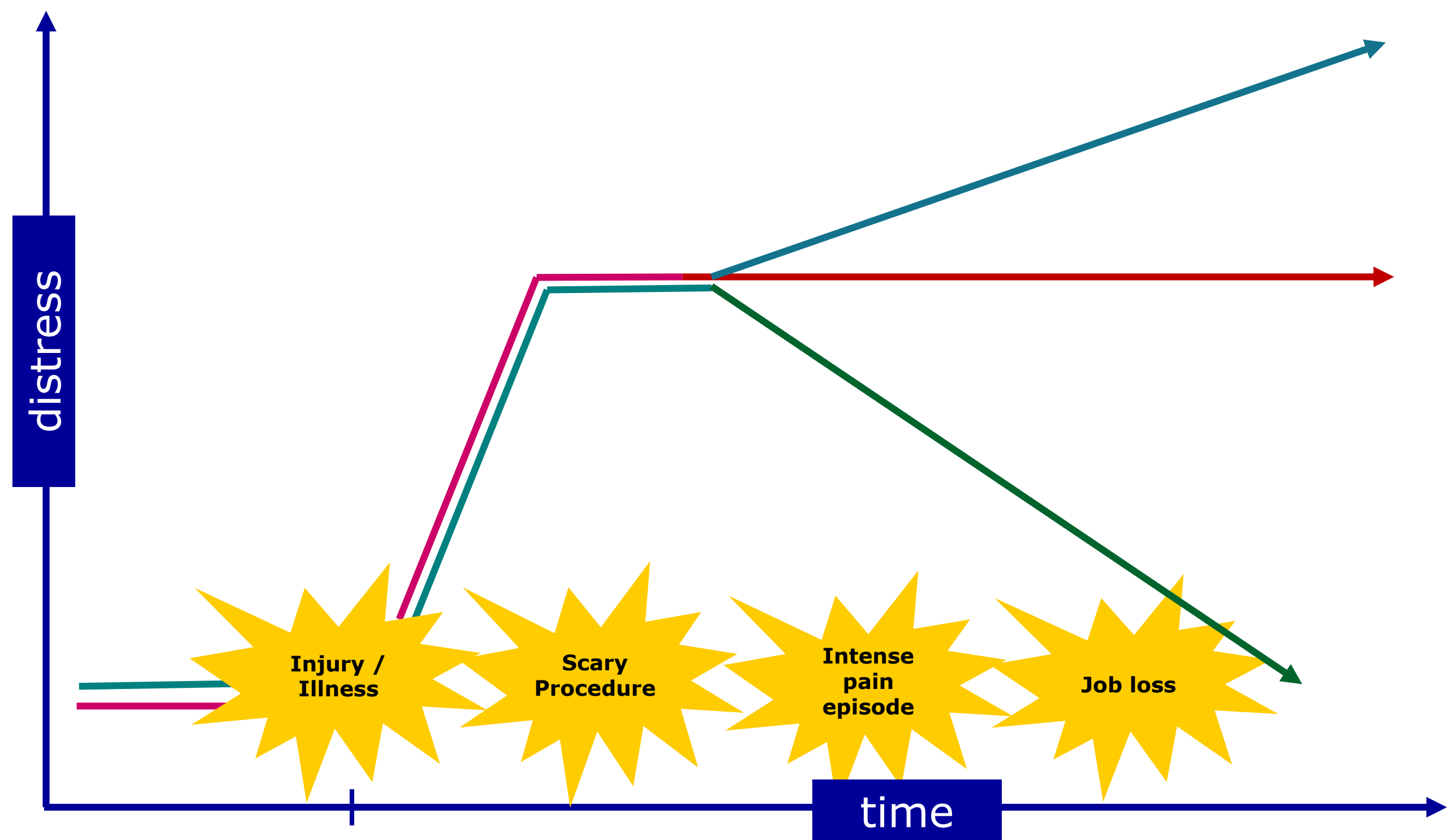
- Pre-existing exposure to medical trauma
- Potential for new trauma or re-traumatization



What are our pediatric patients and families facing?



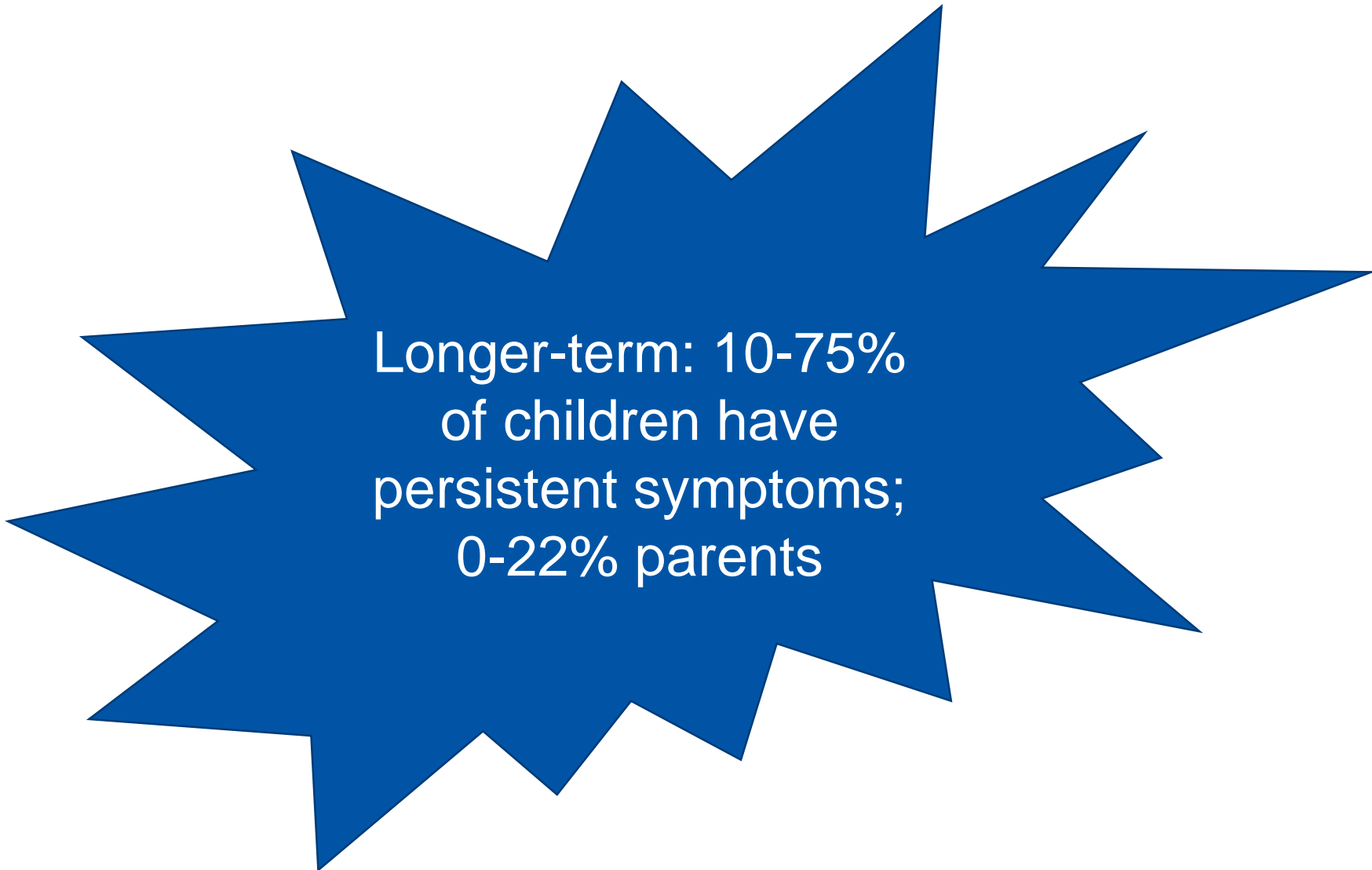
Realize: Trauma Response Trajectory in Children / Families



Realize: Medical Trauma Symptoms

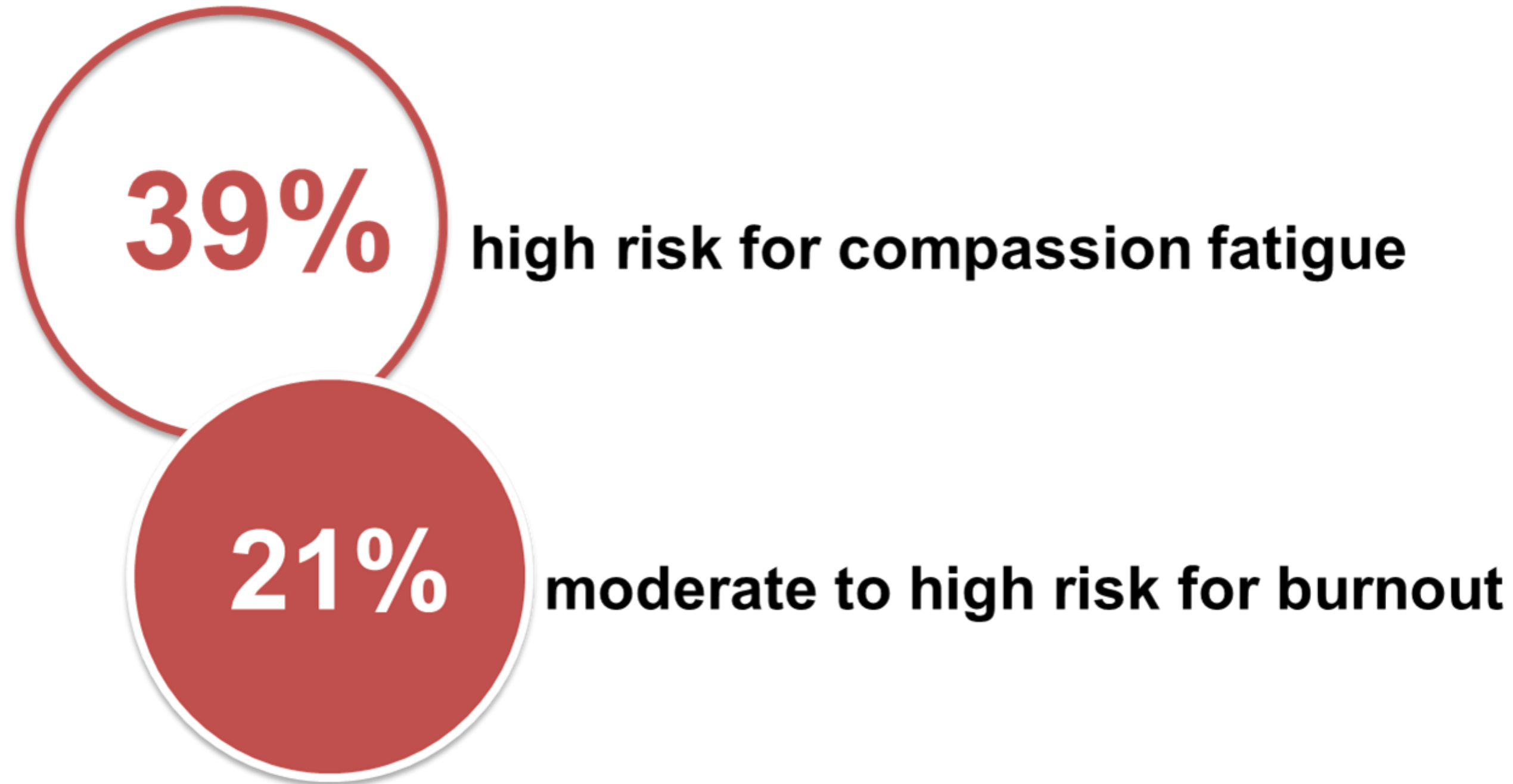


30% of children with
injury / illness & their
parents demonstrate
significant trauma
reactions

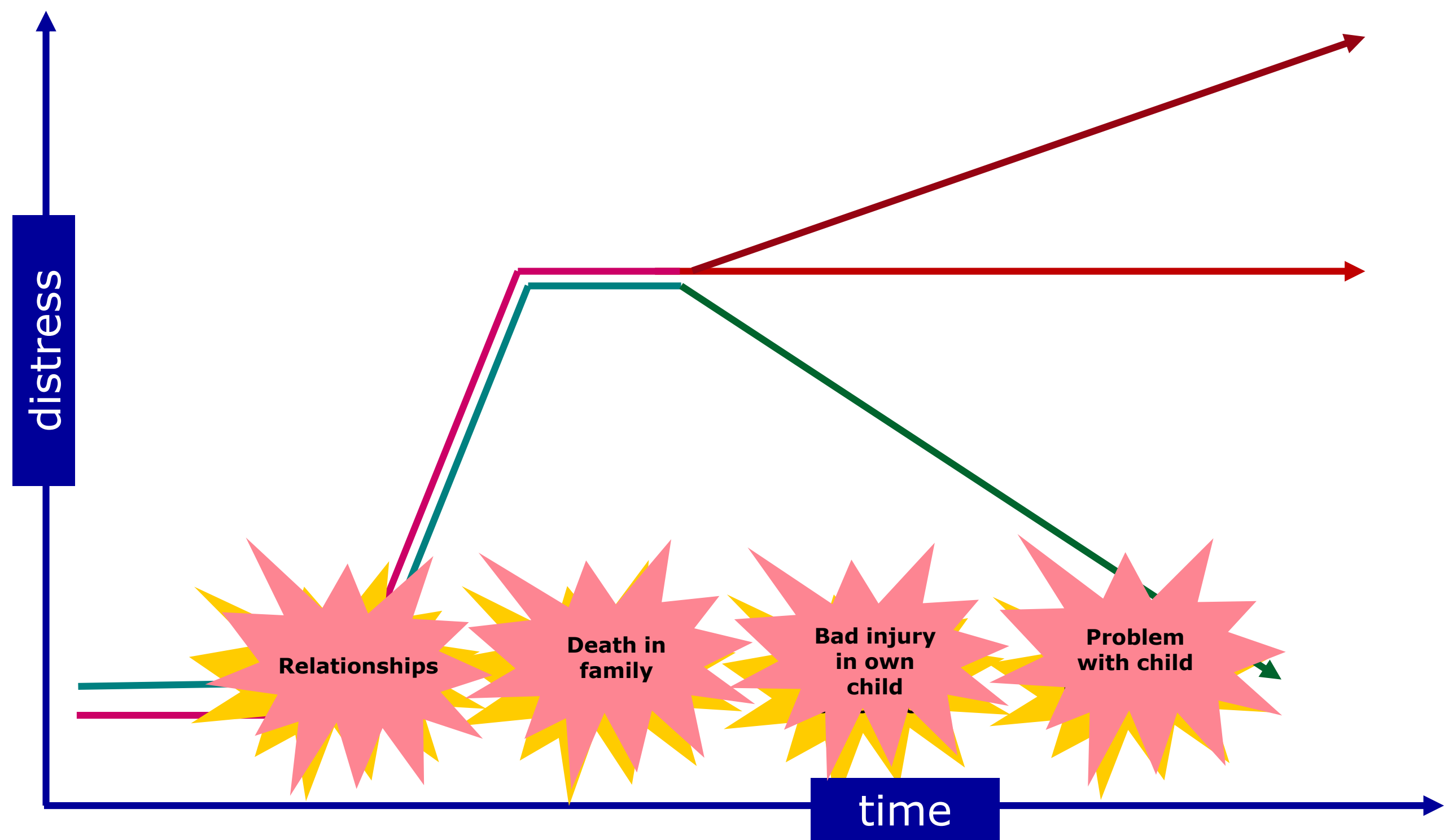


Longer-term: 10-75%
of children have
persistent symptoms;
0-22% parents

Realize: Awareness of our own actions



Realize: Trauma Response Trajectory in Healthcare Providers

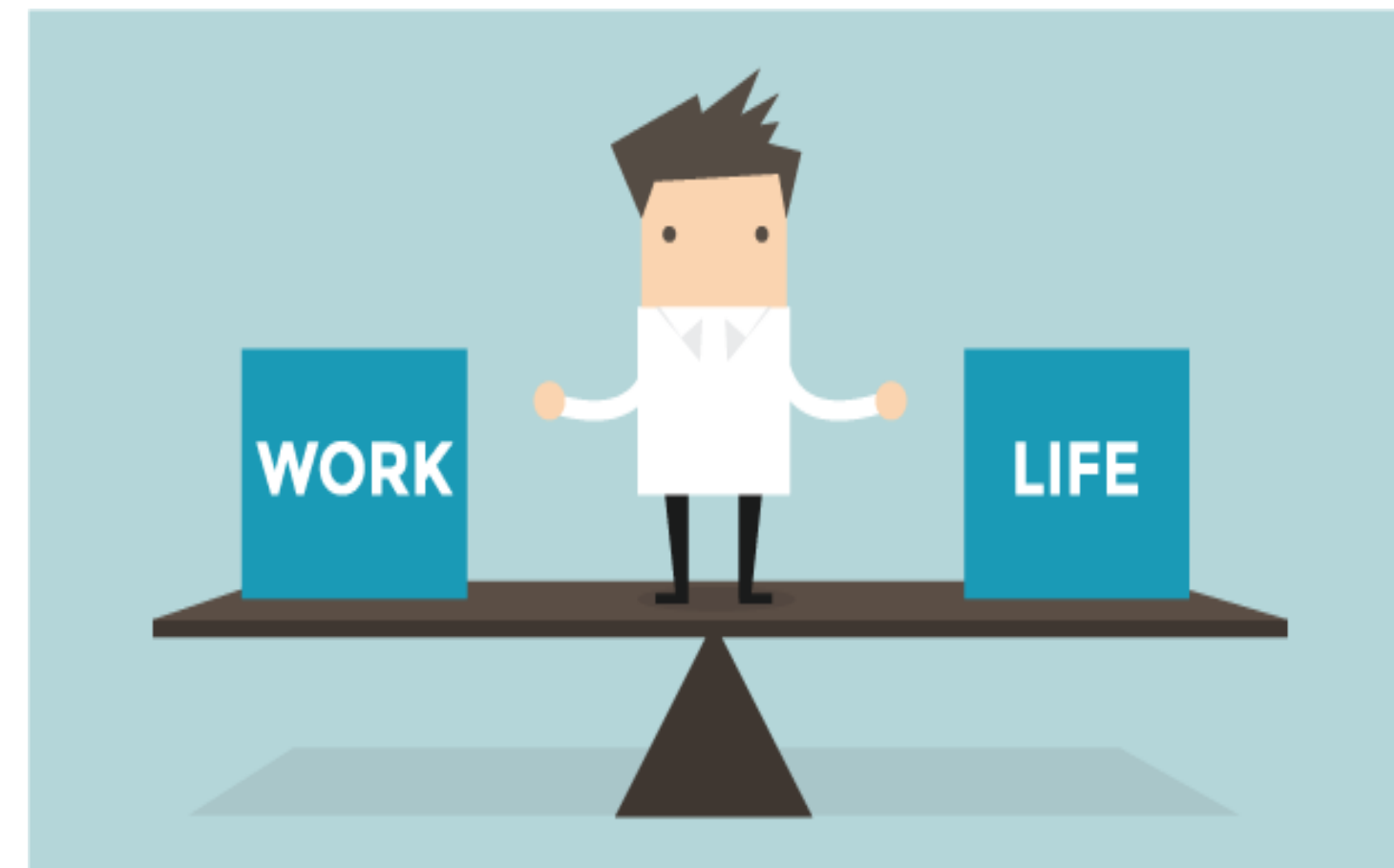


How does our work affect us/our team?

I was waking up with nightmares about a case that we had seen. The child was badly abused. I couldn't quite shake it.

This one case, it just stuck with me.

I dreaded whenever this family came in for an appointment. The child was sweet, but the parents...



Case example: Sam

- 5 y.o. male
- Generally healthy; no significant past medical history
- Strong family support
- Fear/nervousness towards all medical appointments
- Refusal to participate in medical care

Objective 2

Objective II

Recognizing

the signs and symptoms of trauma in patients, families, staff, and others involved with the system

What does Traumatic Stress Look Like? (PTSD)

- Re-experiencing

“It pops into my mind.”

“Feels like it’s happening again.”

“I get upset when something reminds me of it.”

- Alterations in cognition or mood

Feeling very scared, angry, guilty, or ashamed.

Thoughts: “All people are bad” / “The whole world is a scary place.”

- Avoidance

“I block it out, try not to think about it.”

“I try to stay away from things that remind me of it.”

- Increased arousal

“I’m always afraid something bad will happen.”

“I jump at any loud noise.”

“I can’t concentrate, can’t sleep.”

Recognize: Indicators of Risk for Trauma Symptoms



Subjective experience is a more important predictor.

Recognize: Red Flags – Signs of Trauma Reactions

Physical Reactions	Emotional Reactions	Behavioral Reactions	Cognitive Reactions
Fatigue	Feeling overwhelmed	Isolation, withdrawal	Disbelief, sense of numbing
Sleep disturbances	Feeling helpless or inadequate	Restlessness	Replaying events in mind
Changes in appetite	Irritability	Changes in alcohol/drug intake	Decreased concentration
Headaches	Increased mood swings	Changes in relationships	Confusion/impaired memory
Nausea	Sense of vulnerability		Difficulty making decisions
Muscle tension	Crying more easily/frequently		Difficulty problem-solving
Sexual dysfunction	Suicidal or violent thoughts or urges		Distressing dreams or fantasies

Case example: Sam

Symptoms:

- Mood changes/challenges: Anxiety
- Avoidance:
 - Resists procedures
 - Refusal to engage with medical team
- Hyperarousal:
 - Anger/irritability
 - Fight or flight
 - Trouble sleeping before appointments
- Re-experiencing:
 - Constant worries

Case example: Sam

- Medical care for Sam was challenging
 - Nurses had a difficult time getting him to comply
 - Sam fought during medical exams
 - Sam was frequently unhappy and unpleasant
 - Challenges with medical team building trust
- Clinic nurses try to minimize interactions with patient
- Multiple stressful patient interactions takes a toll on medical team

Objective 3

Responding

by fully integrating knowledge about trauma into policies, procedures, practices, and settings

Respond: Patients and Families

- **Minimize traumatic aspects of medical care**
 - child's experience of illness/injury
 - treatment/procedures
 - provider interactions with child and family
- **Screen for high distress/high risk**
 - screen → refer/ask for consultation
 - provide basic information & anticipatory guidance to parents and children
 - support adaptive coping

Respond: Reframing our Approach

- “What has happened to this patient (family)?” versus “What is wrong with this patient (family)?”
- Traumatized vs. Crazy/Difficult/Uncaring



The Sanctuary Model, 2015

Respond: Patient & Families



Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children

...AFTER THE ABCs, CONSIDER THE DEFs

D

DISTRESS

- Assess and manage pain.
- Ask about fears and worries.
- Consider grief and loss.

E

EMOTIONAL SUPPORT

- Who and what does the patient need now?
- Barriers to mobilizing existing supports?

F

FAMILY

- Assess parents' or siblings' and others' distress.
- Gauge family stressors and resources.
- Address other needs (beyond medical).

Respond: Distress

D

Distress

How to Assess: Distress

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

Pain: Use your hospital's pediatric pain assessment. Ask:


- **Current pain:** "How is your pain right now?"
- **Worst pain:** "What was the worst pain you have had since this happened?"

Fears and Worries:

- "Sometimes children are scared or upset when something like this happens. Is there anything that has been scary or upsetting for you?"
- "What worries you most?"

Grief or Loss:

- Anyone else hurt or ill?
- Other recent losses? (loss / damage to home, pet, etc.)




How to help: Distress

Tips to help families of injured or ill children

- 1 Provide the child with as much control as possible over the clinical encounter. The child should:**
 - understand what is about to happen
 - have a say in what is about to happen
 - have some control over pain management
- 2 Actively assess and treat pain.**
 - Use your hospital's pain management protocol
- 3 Listen carefully to hear how the child understands what is happening.**
 - After explaining diagnosis or procedure, ask the child to say it back to you.
 - Remember that the child's understanding may be incomplete or in error.
- 4 Clarify any misconceptions.**
 - Provide accurate information.
 - Use words and ideas the child can understand.
- 5 Provide reassurance and realistic hope.**
 - Describe what is being done to help the child get better.
 - State that there are many people working together to help the child.
- 6 Pay attention to grief and loss.**
 - Mobilize your hospital's bereavement service and/or grief protocols.
 - Encourage parents to listen to their child's concerns and be open to talking about their child's experience.

Respond: Emotional Support

E	Emotional Support	<h2>How to Assess: Emotional Support</h2> <p>TRAUMATIC STRESS IN ILL OR INJURED CHILDREN</p>
		<p>What Does The Child Need Now?</p> <ul style="list-style-type: none">• Ask parents: “What helps your child cope with upsetting or scary things?”• Ask child: “What has been the best thing so far that helps you feel better?” <p>Who Is Available To Help The Child?</p> <ul style="list-style-type: none">• Do the parents understand the illness or injury and treatment plan?• Are they able to help calm their child?• Are they able to be with their child for procedures? <p>How Can Existing Supports Be Mobilized?</p> <ul style="list-style-type: none">• Ask parents: “Who can you or your child usually turn to for help or support? Are they aware of what’s happened?”

How to help: Emotional Support

Tips to help families of injured or ill children

- 1 Encourage parent presence.**
 - Encourage parents to be with their child as much as possible during hospital stay.
 - Encourage parents to talk with their child about worries, hopes, etc.
 - Parents know their child better than anyone, and can help staff understand their child’s needs and coping strengths.
- 2 Empower parents to comfort and help their child.**
 - Help parents understand the illness or injury and treatment plan — so that they can give age-appropriate explanations to their child.
 - Encourage parents to use the ways they have learned to soothe and calm their child at home.
 - Parents may welcome specific suggestions from staff about how to help their child during procedures — e.g., “You can hold his hand and talk to him while we do this.”
- 3 Encourage social support & involvement in “normal” activities.**
 - Suggest age-appropriate positive activities that fit the child’s medical status (play, family time, videos).
 - Promote the child’s appropriate contact with friends, classmates, teachers (letters, calls, email).

Respond: Family

F

Family

How to Assess: Family

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

Assess Parents' or Siblings' and Others' Distress


- “Have you or other family members been very upset since this happened?”
- “Who is having an especially difficult time?”

Gauge Family Stressors & Resources

- “Are there other stresses for your family right now?”
- “Have you been able to get some sleep?
To eat regularly?”

Address Other Needs (Beyond Medical)?

- “Are there other worries (money, housing, etc) that make it especially hard to deal with this right now?”



How to help: Family

Tips to help families of injured or ill children

- 1 Encourage parents' basic self-care.**
 - Encourage parents to take care of themselves. They need sleep, nutrition, and breaks from the hospital.
- 2 Remember family members' emotional needs.**
 - Help them to enlist support systems (friends, family, faith community)
 - If parents or other family members are having difficulty coping,
 - use hospital services (chaplain, family support services)
 - consider referral of parent to mental health professional.
- 3 Be sensitive to resource needs of the family.**
 - These issues can significantly interfere with the child's recovery. If problems are identified, utilize psychosocial resources (e.g., social work services) to address them.
 - Housing
 - Finances
 - Insurance
 - Language/Translation
 - Immigration
 - Care of other children

How to Assess: Culturally-Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

LISTEN

...for cultural variations. Ask:

- What do you think is causing your distress?
- What is worrying you the most?
- What does your family think about it?

BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you comfortable going outside your community?

RESPECT

...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

Case example: Sam

Trauma-informed care actions:

- Distress:
 - Be clear on what is required and what is a choice
 - Incentivize cooperation (be specific with goals)
 - Give limited choices
 - Create a specialized nurse team
 - Partner with family to create care plan
- Emotional Support:
 - Identify family member for support
 - Select a "primary" supportive medical team member
 - Consider referrals
- Family:
 - Assess parent distress
 - Assess other family stressors



Respond: What do you do to take care of each other and yourself?

- No single answer for everyone
- Not “one size fits all”
- General guiding principles



Respond: Support Team in Self-Care Model

- **For the Provider: Working with Traumatized Children and Families**

...ABCs OF PROVIDER SELF-CARE

AWARENESS

- Be aware of how you react to stress (overworking, overeating, etc.).
- Monitor your stressors and set limits with patients and colleagues.
- Talk to a professional if your stress affects your life or relationships.

BALANCE

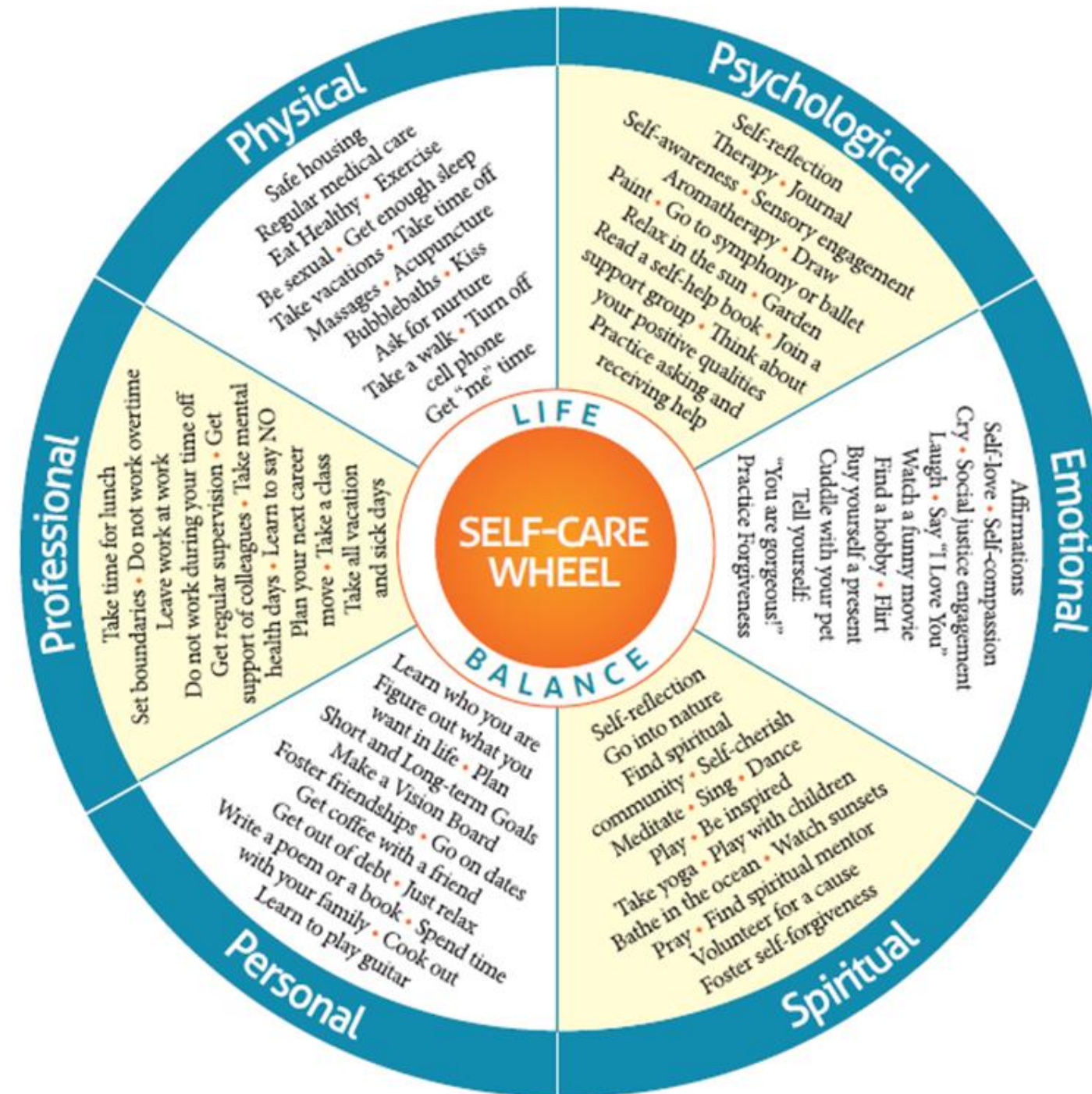
- Diversify tasks and take breaks during the workday.
- Eat sensibly, exercise regularly, and get enough sleep.
- Engage in activities outside of work; use your vacation days.

CONNECTION

- Connect regularly with family, friends, and community.
- Use meditation, prayer, or relaxation to connect with yourself.
- When not at work, disconnect from professional role and e-mail.

Adapted from Saakvitne & Pearlman, 1996

SELF-CARE WHEEL



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

Dedicated to all trauma professionals worldwide.

www.OlgaPhoenix.com

When do I get more help?

Work is getting in the way of life

Life is getting in the way of work

Thoughts about self-harm or harm to others

Others are concerned

Case example: Sam's medical team

- Educate team on traumatic stress reactions
- Increase team communication
- Encourage culture that promotes seeking support
- Create systematic workflows that are integrated within healthcare team and/or healthcare practice
- Create systematic check-ins
- Make staff support resources accessible



Respond: Additional Resources



Additional Resources

Home


Trauma-Informed Pediatric Care

Find Information For..

Take An Online Course

Find Tools And Resources

For Patients And Families



Patient Education

For parents & caregivers

For children & teens

Screening & Assessment

The basics

Find screening & assessment tools

Screening after pediatric injury

Psychosocial Assessment Tool (PAT)

Acute Stress Checklist (ASC-Kids)

Intervention

The basics

Surviving Cancer Competently (SCCIP)

Cellie Coping Kit

Trauma-Informed Care

The basics

TIC Provider Survey

Observation Checklist - Pediatric Resuscitation

COVID-19

COVID-19

Resources for healthcare staff

COVID-19 Exposure and Family Impact Scales (CEFIS)

Helping my child cope

Resources

More resources

BASICS OF TRAUMA-INFORMED CARE

D

Reduce Distress

Assess and manage pain.

Ask about fears and worries.

E

Emotional Support

Who and what does the patient need now?

F

Remember the family

Gauge family stressors and resources.

FIND ONLINE RESOURCES

Resources for Parents and Providers

▶ Screening & Assessment Tools

▶ Patient Education Materials: Parents & Caregivers

▶ Patient Education Materials: Children & Teens

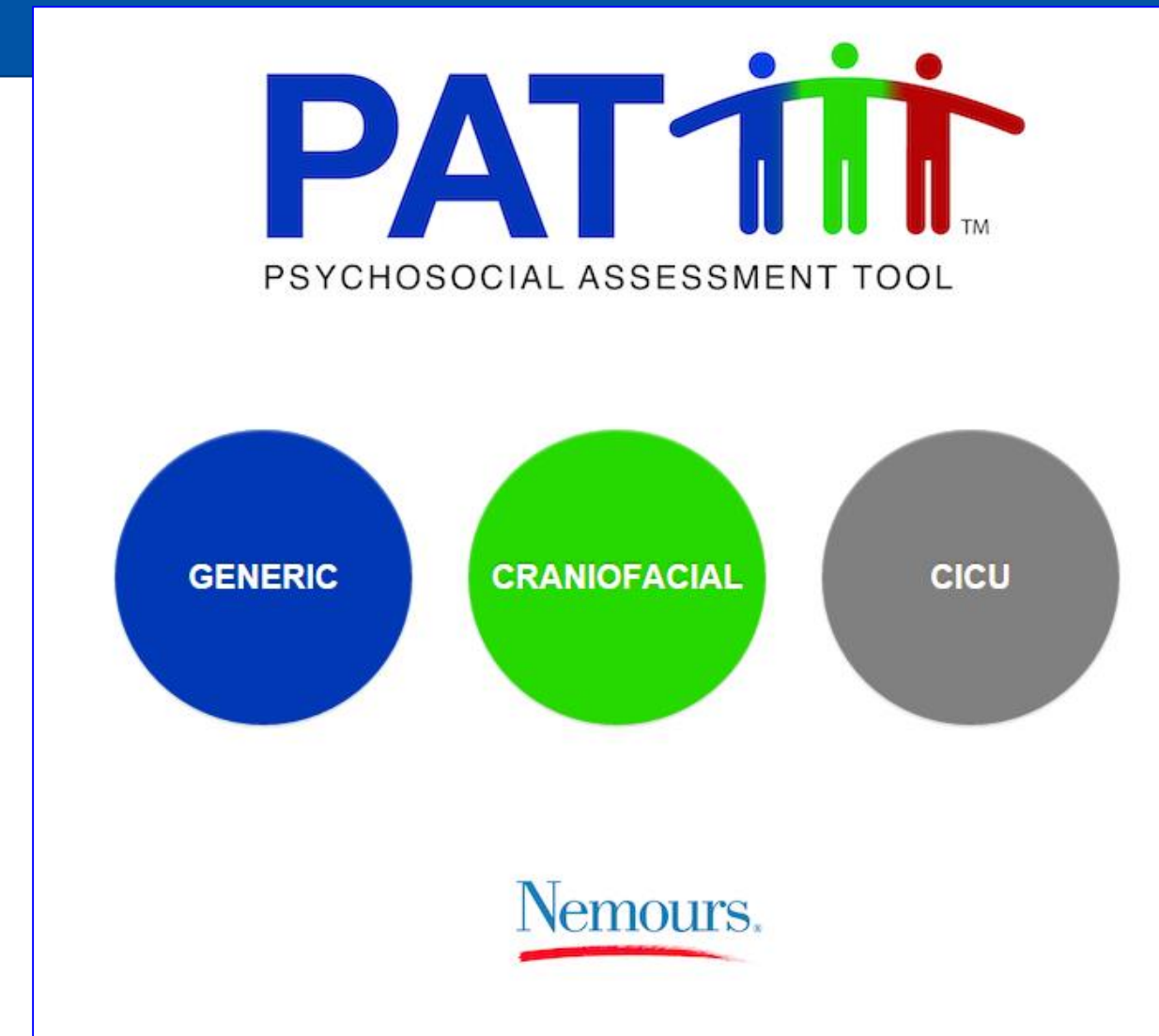
Online Education for Providers

CPTS provides free continuing education courses for nurses and other members of the healthcare team.

Use our interactive courses to learn key skills for providing trauma-informed care to your pediatric patients.

Additional Resources: Screening Tools

- Brief parent-report screener of psychosocial risk
- Guides health care teams in providing trauma-informed care planning and early intervention
- PAT versions for cancer, sickle cell disease, cardiac disease, diabetes, organ transplantation, chronic pain, craniofacial disorders, migraine, burns, & more
- 14 languages
- Currently in use at 70 sites in US + 39 international --# needs updating



New! Web-based
English and Spanish
Immediate risk scoring
Family-centered reports to support decision making
& communication

Additional Resources: Screening Tools

Acute Stress Checklist for Children (ASC-Kids)

- Assess traumatic stress related to current / recent experiences
- Validated in English and Spanish
- Full length (29 items)
- 3- and 6-item screeners

XXX ASC-6 / ASC-3 © XXX

We'd like to know about your thoughts, feelings, and reactions since _____.

There aren't any right or wrong answers, just how YOU are thinking and feeling.
Please put an X in the box that shows how true each of these sentences is for YOU.

		Never / Not true	Sometimes/ Somewhat	Often / Very true
1	When something reminds me of what happened, I feel very upset.			
2	I want to stay away from things that remind me of what happened.			
3	I feel scared that something bad might happen.			

XXX CEA-6 / CEA-3 © XXX

Nos gustaría que nos dijeras algo sobre lo que piensas, sientes, y tus reacciones desde _____.

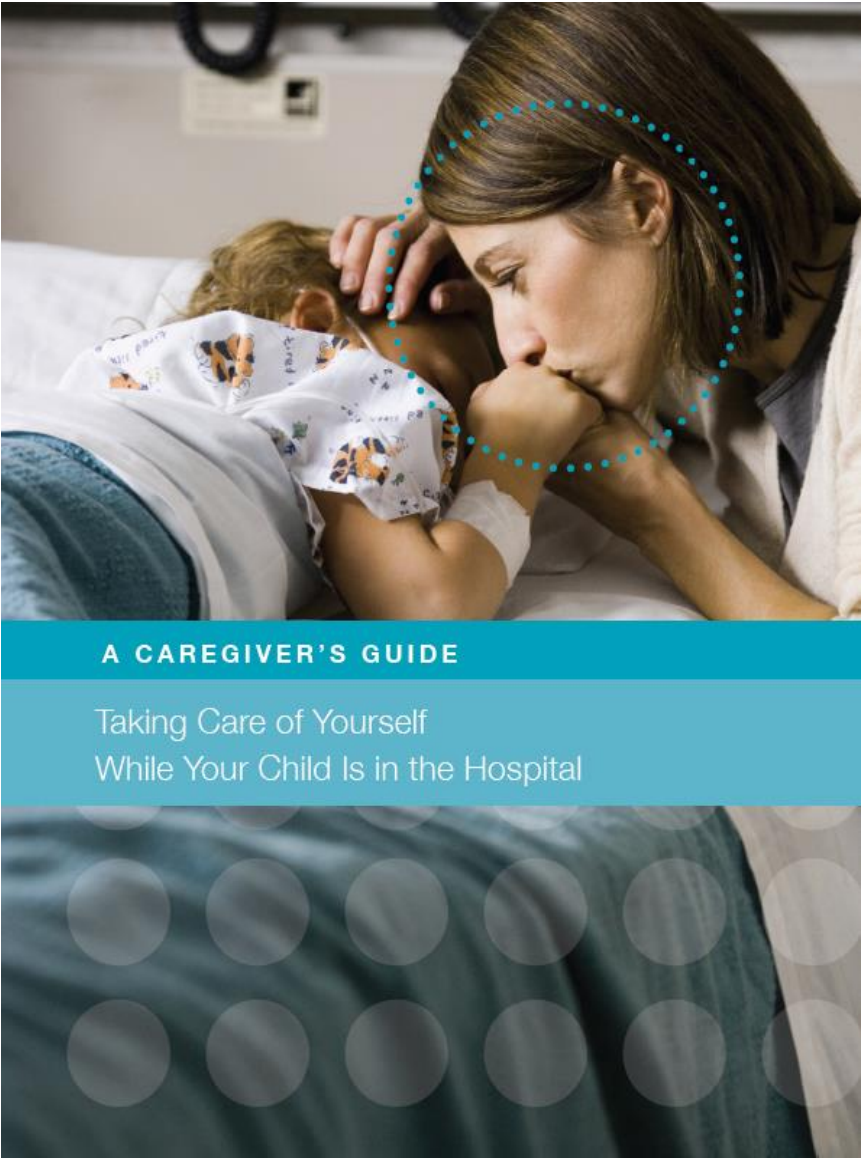
No hay respuestas buenas o malas, lo que queremos saber es lo que estás pensando y sintiendo.

Por favor pon una X en el cuadro que más se aproxima a lo que tú sientes.

		Nunca / Falso	A veces / Un poco	Con frecuencia / Definitivamente
1	Cuando algo me recuerda lo que pasó, me siento muy mal.			
2	Quiero alejarme de cosas que me recuerdan lo que sucedió.			
3	Tengo miedo de que algo malo pueda suceder.			

Additional Resources: For Kids & Parents

Evidence-based tip sheets & workbooks for kids and parents



A CAREGIVER'S GUIDE

Taking Care of Yourself
While Your Child Is in the Hospital



¡HÉROE DEL HOSPITAL!
Una historia sobre tu hospitalización

¿Qué puede ayudar?

Cuando el hermano de Rosa debía ir con frecuencia al hospital, su Mamá y su Papá le hablaban a Rosa sobre cómo ella se sentía. Ahora Rosa y su Mamá separaron una vez a la semana solo para las dos. Van de compras o al parque. A veces, hasta van al cine juntas. Esto hace que Rosa se sienta especial.

Hay cosas que puedes hacer para cuidarte a ti misma y a tu familia.

La Mamá y el Papá de Rosa también la ayudan a mantener su rutina habitual. Se aseguran de que pase tiempo con sus amigos. También le prestan atención a Rosa cuando necesita hablar sobre sus sentimientos.

Puedes pedir ayuda si te sientes triste o disgustado.

¿Qué puede ayudarte a sentirte mejor?

Las flechas muestran lo que hizo Rosa para sentirse mejor. ¿Qué te ha molestado? Agréguelo a la lista, si fuera necesario. Luego dibuja una flecha que apunte a lo que crees que podría ayudar.

Cosas que puedo hacer:	Problemas/cosas que me fastidian:	Cosas que los demás pueden hacer:
Escuchar música	No dejo de pensar en mi hermano / hermana	Escucharme cuando quiero hablar
Conversar con mis padres	Tengo pesadillas sobre el hecho	Simplemente, hacerme compañía
Divertirme con amigos	Sentirme asustado, preocupado o nervioso	Hacer cosas divertidas juntos
Volver a mis actividades habituales	Célesto de toda la atención que recibe	Dejarme ayudar de alguna manera
Preguntar cómo puedo dar una mano y ayudar	No poder hacer algo que habíamos planeado	Ayudarme a hacer cosas habituales
Hacerles preguntas a mis padres	Me preocupa que no estén bien	Estar allí para arroparme
MÁS IDEAS:		MÁS IDEAS:

Recuerda:

1. Distintas personas pueden tener reacciones distintas. Esto es normal.
2. Hay cosas que puedes hacer para cuidarte a ti mismo.
3. Puedes pedir ayuda si te sientes preocupado o disgustado.

Desarrollado por el Centro para el Trauma Traumático Pediátrico (CTPT) del Hospital de Niños de Filadelfia y Alford I. duPont Hospital de Niños

A PARTNER IN
NCTSN The National Child Traumatic Stress Network

●●●● A Teen's Story

Winning Against Worries

I never thought I would have a heart transplant at age 14. After surgery, I felt awful. It was strange to have someone else's heart inside my body. Don't get me wrong—I was happy to be alive. But I worried: What if something went wrong with their heart too?

My parents had no idea how I felt. They were so happy that I had the transplant. But I was lonely. It was as if no one else could understand what I was going through.

The hardest part was bedtime. Lying in bed, I could feel my heart pounding in my chest. Some nights, I had bad dreams. When I couldn't sleep, I played on my computer. I came across a chat room for kids who've had transplants. Some said they felt worried and lonely too. One kid taught me a trick for falling asleep: using my imagination to help me relax.

"After surgery, I felt awful. It was weird to have someone else's heart inside my body."

For a long time, I was nervous about my new heart. Even though the doctors said I was fine, any little ache or pain made me panic. I couldn't stop worrying. I talked to a therapist who said it's common for kids with a serious illness to get caught up in a "worry spiral." First, something small happens and I start to worry. Then, as I keep thinking about it, I worry even more. Soon, it spirals out of control.

I learned how to stay calm and talk myself down the spiral. Now, I tell myself things like: It was just a dream. Or: I'm healthy now; my heart is working just fine. When I notice worries start to build up, I talk myself down right away.

Last night, when playing soccer, I felt my heart pounding in my chest. My first thought was: Oh no! But then I said to myself: It's OK, my heart is supposed to beat fast when I exercise. Nothing is wrong! I knew I was going to be OK.

www.chop.edu/teple • www.healthcaretoolbox.org • www.aftertheinjury.org • www.nctsn.org

In English & Spanish

Free download of pdf
Hard copies available for purchase



Todo el mundo siente dolor a veces.
¿Cómo has sobrellevado tú el dolor? Llena los espacios para completar la historia.

En el hospital, las cosas que eran dolorosas eran _____ y _____.

El dolor me hacía sentir _____. Algunas de las cosas que me ayudaron a sentirme mejor fueron _____ y _____.

Las personas que me ayudaron a sentirme mejor cuando sentía dolor fueron _____.

La próxima vez que sienta dolor, puedo hacer _____ para tratar de sentirme mejor.

Un equipo de personas en el hospital le ayudó a Julio a enfrentarse al dolor. Elige de entre los dibujos a las personas que les pedirías que estuvieran en tu equipo. En los cuadritos, escribe las cosas que tú y ellos podrían hacer juntos para ayudarte a sobrellevar el dolor.

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At the Hospital: Helping My Teen Cope

WHAT PARENTS CAN DO

Traumatic stress symptoms are common after a serious illness, injury, or hospitalization. Even though it is your teen who is ill or injured, your whole family can be affected. At first, as a parent, you might not feel prepared to help your teen (or yourself) cope.

Traumatic stress symptoms can include:

- Being easily upset or angry
- Feeling anxious, jumpy, or confused
- Being irritable or uncooperative
- Feeling empty or numb

Things in the hospital that can be traumatic for teens:

- Uncertainty about what might happen next
- Being in pain or going through painful procedures
- Having a noticeable injury or being permanently injured
- Fear about what others will think of them being sick or in the hospital
- Fear of dying

The hospital can be traumatic for parents too:

Having a sick, injured or hospitalized teen often results in feelings of frustration, sadness, worry, or helplessness.

- For parents, it is a stressful time when relationships with medical staff take priority, and other important relationships and activities get interrupted or put on hold.
- For both parents and teens, the hospital experience often challenges innermost beliefs about safety, vulnerability, and fairness.

In addition, many parents feel unprepared to talk with their sick or injured teens (or their other children) about feelings, fears, and questions.

Special information for parents and caregivers of teens:

There are professionals at the hospital who have experience helping other parents and teens in your situation. If you are upset, have questions about how to help your teen, or just need to talk, please seek out one of the family resources available at the hospital: this might be a social worker, a chaplain, or another mental health professional. It might be helpful to encourage your teen to talk to someone as well. Also, read the other side of this handout for tips on helping your teen cope while at the hospital.

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AFTER THE INJURY

helping parents help their kids recover
The Children's Hospital of Philadelphia

[Home](#) [Site Map](#) [Glossary](#) [Resources](#) [For Professionals](#) [Give Us Feedback](#) [How Do I...](#)

Learn About Injury and Trauma

Get up-to-date information and expert guidance to help you help your injured child.



[Watch](#) | [Read](#)
about traumatic stress and your child

 [Learn about injury care](#)

Rate Your Child's Reactions

An injury or accident can be a scary or stressful experience for kids.



 [Take a quick quiz to measure traumatic stress](#)

Find Ways to Help

"This website helped me understand that it's normal to have emotional reactions to injuries. It shows what parents can do, and when to do more."



QUICK TIPS - 6 Ways to Help Your Child

 [Find out how](#)

 [Print tips](#)

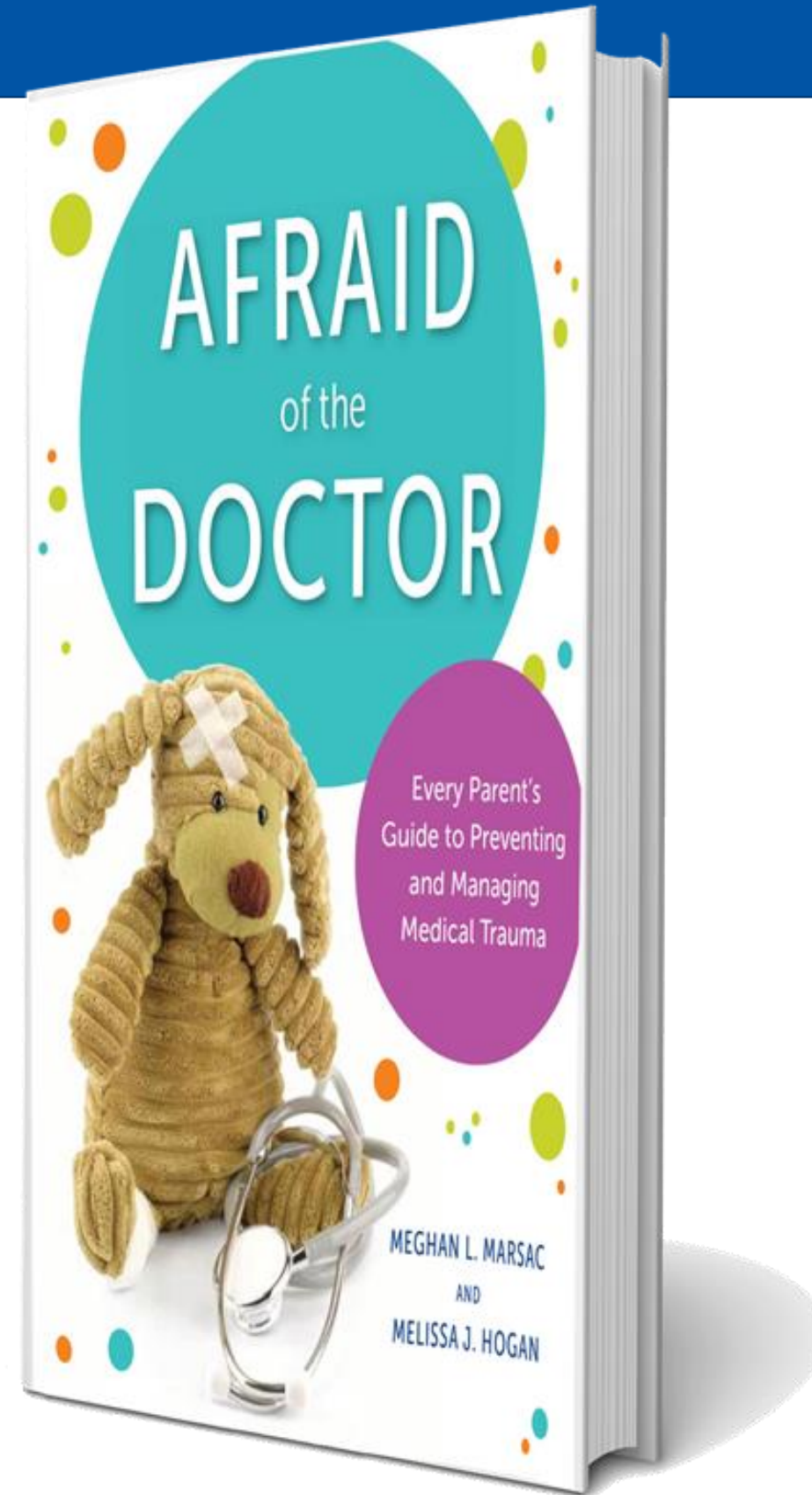
 [When to get outside help](#)

1. Let your child know that they are safe.
2. Allow children to talk about their feelings and worries.
3. Get back to normal routines.
4. Increase time with family and friends.
5. Take time to deal with your own feelings.
6. Be aware that family members can have different reactions and needs.

Resources For Parents

AFRAID of the DOCTOR

Every Parent's
Guide to Preventing
and Managing
Medical Trauma



*“A groundbreaking guide
for families facing
medical challenges.”*

– Mark Dant – Chairman, Board of
Directors of The EveryLife Foundation
for Rare Diseases and parent to a child
with a rare disease

Endorsed by:  Child
Neurology
FOUNDATION
Creating a Community of Support

Resources for: Kids, Parents / Clinicians

- Surviving Cancer Competently Intervention Program (SCCIP)
- Elements of CBT + family systems
- + cancer-specific components
- SCCIP: Multi-family group for adolescents cancer post-treatment
- SCCIP-ND: Brief intervention for parents / caretakers of children newly diagnosed
- E-SCCIP: Self-guided online
- COMING SOON!

The screenshot displays the NREPP (National Registry of Evidence-based Programs and Practices) website. At the top, the NREPP logo is shown next to the text "SAMHSA's National Registry of Evidence-based Programs and Practices". Below this, the "Intervention Summary" section is visible, featuring the title "Surviving Cancer Competently Intervention Program". The summary text describes the SCCIP as an intensive, 1-day family group treatment intervention for teenage survivors of childhood cancer (ages 11-18) and their parents/caregivers and siblings (ages 11-19). It aims to promote individual and family coping, competence, and resilience through four sequential group sessions. Below the summary, there is a section for "eSCCIP" (Electronic Surviving Cancer Competently Intervention Program) with a login form. The login form includes fields for "Username" and "Password", and a "Login to eSCCIP" button. The background of the eSCCIP section features a stylized illustration of a landscape with a river, trees, and mountains.

Kazak et al 2004, 2005



The Cellie Coping Kit



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Ce
COPING KIT

I don't like needle sticks/port
access/spinal taps.

Make a plan with your parents and your nurse. Your plan could include:

- Squeeze a stress ball before you get poked for a blood draw.
- Use a hot pack in the spot where you are going to get poked before your poke.
- Listen to music - make a playlist for pokes or play video games.
- Squeeze Cellie tight and look at Cellie until it is over.
- Tell your nurse or parent a story.

MY IDEAS: _____

ONE

Toy for
Engagement

Caregiver Guide

Cards for Kids

www.celliecopingcompany.com



TECHS

TOOLKIT FOR EMOTIONAL COPING
FOR HEALTHCARE STAFF

I. Traumatic Stress and COVID-19

- Effects on healthcare staff
- Optional self-assessment

II. Tool #1: ABC Model

- Understanding our beliefs & thoughts and how these affect us

III. Tool #2: Steps to Reframing

- Differentiate uncontrollable versus controllable
- Identify strengths and look towards the positives

IV. Tool #3: Future Orientation

V. Resources

4 Steps to Reframing



Step 1:
Accept the
Uncontrollable

- If I get COVID-19
- If I have enough PPE
- The decisions of my institution



Step 2:
Focus on the
Controllable

- My careful use of the resources I do have, e.g. masks, washing, social distancing
- Optimizing the time I have with loved ones
- Working to use coping methods that feel helpful to me



Step 3:
Acknowledge Your
Own Strengths

- My experience and training will support my ability to keep myself as safe as possible.
- My ability to connect with and support my family, friends, and colleagues, perhaps in new, creative ways.



Step 4:
Use the Positive

- I may feel less anxiety.
- I may feel more connected to those I care about, even if the connection looks different than normal.

Additional Resources

- Health Care Tool Box- www.healthcaretoolbox.org
- National Child Traumatic Stress Network www.nctsn.org
- National Center for PTSD www.ncptsd.org
- KY AAP- <https://www.kyaap.org/practicing-wellness-during-covid-19/>
- Children's book- <https://www.mindheart.co/descargables>
- Mind Tools- www.mindtools.com
- Helpguide- www.helpguide.org
- Pacifica- www.thinkpacifica.com
- Calm.com- www.calm.com
- Breathe2Relax- <http://t2health.dcoe.mil/apps/breathe2relax>
- Headspace- www.headspace.com



healthcaretoolbox.org

COVID-19 Specific Resources

- CDC's COVID-19 Parental Resources Kits (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/index.html>)
- National Federation of Families' COVID-19 Resources for Parents, Families, and Youth (<https://www.ffcmh.org/covid-19-resources-for-parents>)
- Center for Pediatric Traumatic Stress' COVID-19 Resources for Children, Families and Healthcare Staff (<https://www.healthcaretoolbox.org/covid19>)
- National Child Traumatic Stress Network (NCTSN) Resources Related to the COVID-19 Pandemic (<https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources>)
- Queensland Centre for Perinatal and Infant Mental Health (<https://www.childrens.health.qld.gov.au/natural-disaster-recovery/>)

Respond: How do I get more help?

UK Resources

Work+Life Connections program offers all UK employees five free counseling visits per year

- 859-257-8763
- www.uky.edu/hr/counseling
- **Stress Management for First Responders**
- **Mindfulness**
- **Grief Responses**

UK Wellness

- <https://www.uky.edu/counselingcenter/mindful-uk>

Respond: How do I get more help?

UK Resources

- REFER/ Family Program: offers counseling to employees and community. Services are provided by Marriage and Family therapists-in-training on a sliding scale fee; offer marriage and couples counseling.
 - (859) 257-7755 or <http://www2.ca.uky.edu/hes/familycenter/refer-program.htm>
- Pastoral Care / Chaplains
 - Office number: 323-5301
 - Pager number (chaplain on-call 24/7) at 330-1520.
- UK Integrative Medicine (some free; some cost)
 - Programs for patients and staff
 - Including massage, yoga, acupuncture
 - <https://ukhealthcare.uky.edu/integrative-medicine/>

Trauma Informed Medical Care

- Realize
- Recognize
- Respond & Re-traumatization



Additional Trauma-Informed Care Questions or Ideas?

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Annie Marcinko, MSN, RN, CPN: anna.Marcinko@uky.edu

Additional Free CE Trainings:



healthcaretoolbox.org



Department of Pediatrics GRAND ROUNDS October - December 2022

Pediatric Grand Rounds are on Thursdays at NOON Eastern Time
In Person – KY Children's Hospital, Room HA116
Live Stream: [Pediatric Grand Rounds](#)
Room ID: 3298232832 Password: Zebras2020
For more information call Jan Wilkins @ 859-323-2820

Grand Rounds Series Program Objectives for 2022-23
Upon completion of this activity the physician will be able to:

- ❖ Describe clinical criteria and laboratory modalities for the diagnosis of pediatric disorders.
- ❖ Identify up-to-date treatment and/or therapeutic regimens for pediatric disorders.
- ❖ Recognize pertinent advances in the field of pediatrics.

DATE	TITLE/TOPIC
Oct 27	"Update on Tongue and Lip Ties" Chris Azbell, MD University of Kentucky College of Medicine
Nov 3	"Pediatric Wound Care and the Role of Hyperbaric Medicine" Tyler Sexton MD, MAPWCA, CHWS Chair and Medical Director, Singing River Hospital System President, Caribbean Hyperbaric Medicine
Nov 10	"Jagged Little Pill" - Stimulants and ADHD- What You Oughta Know Shaun Mohan, MD, FACC, FHRS University of Kentucky College of Medicine
Nov 17	The Center on Traumatic Stress: medical trauma and trauma-informed care Alternate Location – MN 363 Meghan Marsac, PhD University of Kentucky College of Medicine
Nov 24	NO GRAND ROUNDS – THANKSGIVING
Dec 1	Adolescent Tobacco Use in KY Mary Kay Rayens, PhD University of Kentucky College of Nursing
Dec 8	Transjugular Liver Bx in Pediatrics Roberto Galuppo Monticelli University of Kentucky College of Medicine
Dec 15	UK Peds Pain Clinic Alternate Location – MN 363 Motaz Awad, MD University of Kentucky College of Medicine

No Additional Grand Rounds Until January 2023

Accreditation



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AMA
This live activity is designated for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

ACGME Competencies: Patient Care, Medical Knowledge, Practice-based learning and improvement

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If you require special physical arrangements to attend this activity, please contact Jan Wilkins at (859)323-2820