Background: Many children are exposed to traumatic experiences. Posttraumatic stress can persist after trauma has ended and continue to affect capacity to function. Because trauma affects ability to self-regulate, physically and emotionally, posttraumatic symptoms such as difficulty sleeping, eating, focusing, heightened arousal response, agitation and withdrawal can happen. Most children return to previous levels of functioning and resume a normal developmental course without interventions. Other children develop acute or chronic symptoms that interfere with their daily functioning. Research has supported no matter how minor the traumatic experience is, it does not reflect which child will react and/or not recover well emotionally.

Children exposed to traumatic experiences often require interventions either prior or soon after a traumatic experience to prevent negative physical and/or psychosocial sequel. During the acute phase of recovery, most children express some kind of distress or behavioral change. Not all these short-term responses are problematic. Some behavior changes reflect adaptive attempts to cope with the experience.

Children’s Hospital of Philadelphia’s (CHOP) Trauma Program has over 1200 trauma admissions per year. Trauma staff including the Trauma Social Worker (SW) and Child Life Specialist (CLS) intervene appropriately during the hospitalization to facilitate coping strategies. However, our program recognized the need to improve care once patients are discharged. CHOP sought to improve identifying those children at risk of posttraumatic stress.

Practice changes implemented include:

- A comprehensive list of appropriate child and trauma focused mental health resources was created. While in hospital, Trauma SW works with the families to navigate mental health resources.
- Trauma Nurse Practitioners (NP) created scripted dialogue sent to PCP in discharge summaries describing traumatic event and alert the PCP to assess for stress symptoms.
- NP calls PCP prior to discharge to give comprehensive, hospital summary including potential psychosocial issues. Prior to this, was done only on more complex injured child addressing physical injuries.
- Outpatient Follow up visits: Trauma SW available to assess and refer patients/families to mental health resources. CLS now dedicated to outpatient surgery clinic providing support during procedures such as burn interventions. CLS’s expertise helps children/ families overcome traumatic experiences by promoting effective coping through play, education, self-expressing activities, and trauma debriefing opportunities.

Implications in Practice: Incorporating this change promotes early recognition and treatment for traumatized children. Children’s potential to be healthy depends upon experiences in childhood. If experiences are threatening, potential is diminished and can have devastating impact, altering physical, emotional, cognitive, and social development. This impact has profound implications for patient, family, community and healthcare providers. Our practice change strives to facilitate healing and recovery through trauma-informed assessment and interventions ensuring children cultivate skills needed for positive development and optimal health.

Next Steps: Investigate validated tool to incorporate into our practice in both inpatient and outpatient settings to identify those children at increased risk for maladaptive behaviors.

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Improving Children's Health Following Traumatic Experiences Through New Model Of Collaboration
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Children's Hospital of Philadelphia (CHOP) Trauma Program

**New Model of Collaboration**

CHOP’s Trauma Program has over 1200 trauma admissions per year. Trauma staff including Trauma Nurse Practitioner (NP), Trauma Social Worker (SW) and Child Life Specialist (CLS) intervene during the hospitalization to facilitate coping strategies. However, children’s emotional needs are not always identified and consequently they do not receive referrals for necessary supportive services. CHOP sought to improve identification of those children at risk of posttraumatic stress and initiated a new model of collaboration.

**1. Traumatic event…**

- Inpatient Support (NP, SW, CLS, others as needed)
- Created a comprehensive list of community mental health resources. SW identifies potential barriers to accessing care.
- Enhanced PCP communication through verbal report and “scripted” written Discharge Instructions

“Although most children recover well, events such as this can be quite traumatic. PCP should be sensitive to the child exhibiting traumatic stress symptoms...Symptoms can include nightmares, flashbacks, new fears or behavioral problems, and avoidant behaviors as well as physical symptoms such as persistent abdominal pain, headaches, or other somatic complaints. The patient may need further care in coping with the trauma”.

**2. Traumatized Child…**

Excellent physical care doesn’t preclude ongoing emotional needs...

- Follow up in clinic with NP
- SW, CLS involvement added
- Ongoing PCP communication
- Additional referrals if needed

**3. Avoid…**

- Inpatient Support (NP, SW, CLS, others as needed)
- Created a comprehensive list of community mental health resources. SW identifies potential barriers to accessing care.
- Enhanced PCP communication through verbal report and “scripted” written Discharge Instructions

“Although most children recover well, events such as this can be quite traumatic. PCP should be sensitive to the child exhibiting traumatic stress symptoms...Symptoms can include nightmares, flashbacks, new fears or behavioral problems, and avoidant behaviors as well as physical symptoms such as persistent abdominal pain, headaches, or other somatic complaints. The patient may need further care in coping with the trauma”.

**Value To Practice**

Children’s potential to be healthy depends upon experiences in childhood. This new model of collaboration facilitates healing and recovery ensuring children cultivate skills needed for positive development and optimal health.

“The greatest weapon against stress is our ability to choose one thought over another.”

- William James

“Although most children recover well, events such as this can be quite traumatic. PCP should be sensitive to the child exhibiting traumatic stress symptoms...Symptoms can include nightmares, flashbacks, new fears or behavioral problems, and avoidant behaviors as well as physical symptoms such as persistent abdominal pain, headaches, or other somatic complaints. The patient may need further care in coping with the trauma”.

**Potential Mental Health Issues**

- Anxiety, depression, suicide, PTSD, poor school performance, violence, criminal behaviors, drug/alcohol abuse and more and more and more......

Leading to life-long deleterious physical and mental effects