



Background: Pediatric Illness, Injury, and Traumatic Stress

Children and families are often distressed by:

- sudden or life-threatening illness or injury
- painful or frightening treatment procedures
- sights, sounds, or experience of being in the hospital or emergency department

Most children and parents are able to cope well, with some extra support and with time. Some will have persistent traumatic stress reactions such as Posttraumatic Stress Disorder (PTSD).

When they persist, traumatic stress reactions can:

- impair day-to-day functioning
- affect adherence to medical treatment
- impede optimal recovery

By incorporating an awareness of traumatic stress in their encounters with children & families, health care providers can:

- minimize potentially traumatic aspects of medical care
- help identify children and families with (or at higher risk for) persistent distress
- provide anticipatory guidance to help prevent long-lasting traumatic stress

For More Information and Practical Tools

The Medical Traumatic Stress Working Group of the National Child Traumatic Stress Network (NCTSN) has created a toolkit of materials for health care providers, to raise awareness about traumatic stress associated with pediatric medical events and medical treatment, and to promote “trauma-informed practice” in pediatric health care settings.

The toolkit includes:

- Specific information about the D-E-F protocol, developed for health care providers to guide assessment and intervention
- Practical tips and tools for health care providers
- Handouts that can be given to parents that present evidence-based tips for helping their child cope

The NCTSN Website (www.NCTSN.net) has information for health care providers and parents about medical traumatic stress, as well as links to this toolkit of materials.

Medical Traumatic Stress: What Health Care Providers Need To Know



TRAUMATIC STRESS REACTIONS

Re-experiencing

- Thinking a lot (unwanted, intrusive thoughts) about the illness, injury, or procedure
- Feeling distressed at thoughts or reminders of it
- Having nightmares and “flashbacks”

Avoidance

- Avoiding thinking or talking about the illness, injury, hospital, or things associated with it
- Displaying less interest in usual activities
- Feeling emotionally numb or detached from others



Hyper-arousal

- Increased irritability
- Trouble concentrating or sleeping
- Exaggerated startle response
- “Hyper-vigilance”— always expecting danger

Other reactions

- New fears related to the medical event
- New somatic complaints (bellyaches, headaches) not explained by the medical condition
- Feeling in a daze or “spacey”

What Is Traumatic Stress?

Children and parents may have traumatic stress reactions to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. These reactions can include psychological and physiological symptoms of arousal, re-experiencing, and avoidance (see box at left.) When a constellation of these symptoms persists and causes distress, the individual may have Posttraumatic Stress Disorder (PTSD). Children may have other kinds of reactions to illness and injury, including behavioral changes or symptoms of depression or anxiety. Whenever providers or parents have any serious concerns about a child, careful assessment, in consultation with an experienced mental health professional, is key.

Preventing and Treating Traumatic Stress

Health care professionals providing optimal medical care for ill or injured children and families should incorporate an awareness of traumatic stress reactions, especially those that can interfere with the child’s health and functioning. In some cases, traumatic stress reactions can have serious implications for medical outcomes.

Health care providers caring for children in emergency and hospital settings can:

- incorporate an understanding of traumatic stress in their encounters with children & families
- minimize the potential for trauma during medical care
- provide screening, prevention, and anticipatory guidance
- identify children and families in distress or at risk

After attending to the basics of children’s physical health (the ABC’s,) health care providers can promote recovery by paying attention to the DEF’s: Reduce **DISTRESS**, Promote **EMOTIONAL SUPPORT**; and Remember the **FAMILY**. (See protocol at right)

D DISTRESS

- Actively assess and treat pain, using your hospital’s protocol.
- Provide child with information about what is happening and choices regarding treatment decisions when possible.
- Listen carefully for child’s understanding and clarify any misconceptions.
- Ask about fears and worries.
- Provide reassurance and realistic hope.

E EMOTIONAL SUPPORT

- Encourage parents to be with their child as much as possible and to talk with their child about worries and fears.
- Empower parents to comfort and help their child.
- Encourage child’s involvement in age-appropriate activities when possible.

F FAMILY

- Gauge family distress and other life stressors; identify family strengths and coping resources.
- Encourage parents to use own coping resources or support available at the hospital or in the community.

