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Why this topic is pertinent and relevant:

According to the Centers for Disease Control and Prevention, over 20 million children experience unintentional injuries annually, with over 225,000 requiring hospitalization. Literature indicates that 20-50% of pediatric trauma patients report mental health symptoms and / or a decreased quality of life for even a year post injury. In addition, caregivers report similar levels of post traumatic stress and even post-traumatic stress disorder symptoms following the injury of a child. Untreated stress has been linked to deficits in other areas including physical recovery, social functioning, and quality of life. The level of stress and length of impact does not necessarily correlate with the nature or severity of the injury. Care of pediatric patients in the ED and inpatient hospital units has a primary focus on the physical healing, with an acknowledgement of the mental health impacts. These articles relate to psychosocial care of pediatric trauma patients and their families and give some insight into processes or programs that can benefit this population.

Article #1:

Trauma Resilience and Recovery Program: Addressing Mental Health in Pediatric Trauma Centers

Leigh E. Ridings, PhD, Margaret T. Anton, PhD, Jennifer Winkelmann, MS, Tatianna M. Davidson, PhD, Lauren Wray, MA, Christian J. Streck, MD, and Kenneth J Ruggiero, PhD.

Journal of Pediatric Psychology, 44(9), 2019, 1046-1056

Doi: 10.1093/ipepsy;jsz053

Article Summary:

This article provides descriptive information on an innovative program developed to address child and caregiver mental health following pediatric traumatic injury. A Trauma Resilience and Recovery Program (TRRP) was developed consisting of a stepped-care model to accelerate emotional recovery following hospitalization. Program components include in-hospital education about post-injury emotional recovery, assessment of child and caregiver distress, symptom tracking, screening utilizing validated PTSD and depression tools, and evidenced based treatment services or referrals. Following the in-house education, families are offered a 30 day text messaging program designed to help the child and



caregiver track mental health symptoms. Phone screens are then conducted utilizing validated tools to evaluate for PTSD and depression symptoms. There are screens for pediatric patients over age 6 and all caregivers. If these screens are scored “positive” patients are referred on to treatment services or provided those services directly or via telehealth. The percentages of children and caregivers that screened positive were statistically significant. The intervention model was successful however efforts to improve follow up engagements continue.

Article #2:

Trajectories and Risk Factors for Post-Traumatic Stress Symptoms following Pediatric Concussion

Katherine Truss, Celia Godfrey, Michael Takagi, Franz E. Babl, Silvia Bressan, Stephen Hearps, Cathriona Clarke, Kevin Dunne, and Vicki Anderson

Journal of Neurotrauma, 34;14.

Doi: 10.1089/neu.2016.4842

Article Summary:

This article summarizes a longitudinal study to investigate the incidence and trajectories of Post Traumatic Stress Symptoms (PTSS) in children and adolescents following concussion, to determine whether the severity of post-concussive symptoms (PCS) increases the risk of elevated PTSS, and to explore risk factors associated with PTSS. A total of 120 children ages 8-18 reported PTSS for 3 months following concussion diagnosis using the Child PTSD Symptom Scale. Age, gender, injury mechanism, loss of consciousness, previous concussions, prior hospitalization, prior diagnosis of depression or anxiety, and acute PCS were assessed as risk factors. Results revealed 16% of children had clinically significant PTSS 2 weeks following the concussion, 10% at 1 month and 6% 3 months after injury. Trajectory modeling showed that 70% of the study patients were resilient, 25% recovering (acute symptoms declined over time) and 5% had chronic symptomatology. Risk factors that were significant include higher acute PTS and prior diagnosis of depression or anxiety. The study concluded that mental health factors, particularly PTSS, depression, and anxiety, should be considered integral to models of concussion management and treatment.

Article # 3

Development and Implementation of a Pediatric Trauma Survivors Network Program

Brian P. Scannell, MN, Meghan K. Wally, MSPH, Eileen Flores, LCSW, Jessica Levy, MSW,MPA, Megan Waddell, BSN, RN, CPEN, Rachel B. Seymour, PhD, The Atrium Trauma Research Group

Journal of Trauma Nursing 26;2, March-April 2019,71-75



Doi: 10.1097/JTN.000000000000424

Article Summary:

The Trauma Survivors Network (TSN) was developed as a program of the American Trauma Society (ATS) to support recovery for adult trauma patients. This article describes the process that was undertaken to in collaboration with the ATS expand this program for pediatric trauma patients and their families. The program has several core components including peer support, family support, outpatient support groups, self-management, and education. Initially, focused groups were held including interviews of patients, families, and members of the health care team. Outcomes included identification of common concerns such as fear and confusion during early acute treatment, need for information regarding medical terminology, anxiety during care transitions, and the need for ongoing support following discharge. The program is supported through grant funding and has hired a Pediatric TSN Coordinator. Peer visitors were recruited and trained, a pediatric activity hour was implemented for pediatric patients and families, and monthly outpatient support groups implemented. Thus far, 26 peer visitors have been trained and conducted over 200 visits to pediatric patients and their families. In addition, 93 patients have participated in the activity hour. The authors concluded that the adult TSN program can be adapted and expanded to address the psychosocial needs of pediatric trauma survivors and their families. Resources can be shared if the facility also has an existing adult TSN program. Finally, unique aspects of the pediatric population require adaptation of adult services to best support this patient population.