
Trauma Informed Disaster Mental Health Concept of Operations for the NYCPDC PICU Critical Care Workgroup



DRAFT FOR REVIEW



Tona McGuire, Ph.D. & Merritt Schreiber, Ph.D.

**Trauma Informed Care
Pediatric ICU Mental Health
Services Model**

(Draft 2.0)

Tona McGuire, PhD
Merritt Schreiber, PhD

**STEP 1:
Universal
Actions:(see
universal
section)**
1. Awareness
Training for All
Clinical Staff:
a. Trauma
informed
pediatric illness
and injury care
2. Routine
PsySTART^(r)
Triage at entry
(ED, ICU)
2. Psycho-education
a. Staff
b. Parent/caregiver
c. Patient

**STEP 2:Indicated Actions
(see Indicated Section 2)**
Indicated Actions:
Triggers:
a. Positive PsySTART
b. Prior trauma history or
chronic/life threatening illness
c. Extreme stress presentations
by parent or patient
Actions:
a. Patient Screening(CSTQ)
b. Parent/caregiver(K6)

**STEP 3: Selective
Actions(see selective action
section 3)**
**Selective Action Triggers:
Triggers:**
a. Positive CSTQ screening
b. Ventilated patients
c. Patients expressing danger to
self/others, extreme stress
reactions, non-compliance

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PsySTART Rapid Triage
1)ED/Trauma
2) PICU/SICU
all patients, injury/illness
trauma NP, nurse, trauma social worker

PsySTART includes acute trauma exposure, traumatic loss for child or family, illness and injury (optional ACEs triage)

High risk: automated urgent consultation request for standardized secondary assessment

3. If positive consultation secondary assessment, screening(CTSQ)

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(see Indicated Section 2)
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TF-CBT-A: Acute Variant
2- 4 sessions parent/child
basic resiliency skills
/TELE-HEALTH Delivery
In-person options
(requires TF CBT A trained mh provider)
Reasses:

Reasses:
Full TF-CBT when indicated(based on CPSS 5 score) and clinical assessment

Bedside Coping skills
linkage to pain management services
a. relaxation/guided imagery
b. AMT(anxiety management training)

Bedside Parent Support:
Anticipate.Plan.Cope(APC ICU version)

Psych C&L consultation

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Parent Support:
Individual provision of Anticipate.Plan.Cope(APC ICU version)
*APC Includes:
a. Customized coping strategies selected by the parent

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PICU Disaster Mental Health Concept of Operations for PICU Patients

■ Introduction

A trauma informed care concept of operations for Behavioral Health in the PICU should provide information on how to navigate some of the known risks, emotional responses that children, parents and medical staff may experience in the Pediatric (PICU) Intensive Care environments during times of disaster. The purpose is to provide general information about common behavioral health impacts on children and parents during disasters, how these may present in the intensive care environments, and some ways to mitigate these risks with help with communication, adjustment, and eventual resilience. Medical staff can also use this guidance to help with their own behavioral health when working within a disaster context. Parents and caregivers can use the resources to help their children in the PICU deal with expectable responses to being in the PICU, particularly during disasters, and to assist themselves around impacts and enhance family resilience. The module should include information on culturally informed care and recognition of healthcare disparities which have historically impacted some communities, especially during times of disaster.

- In addition to addressing common reactions, this model acknowledge the enhanced risk that illness or injury requiring ICU care engenders for children and parents/caregivers alike. Accordingly, we propose a “stepped triage to care” approach that includes universal, indicated and selective actions based on evidence based risk factors and severe stress reactions.

- This model also incorporates the evidence base on risk for medical staff providing care to severely ill and/or injured children in the context of everyday and mass casualty incidents. In order to preserve the quality of care to children on the ICU, enhanced efforts to acknowledge and manage psychological risk for staff is considered a required feature to maintain quality of care.

- These “essential elements of care” following should be included as best practice for PICU disaster planning and response:

UNIVERSAL Actions Recommendations

- Patients
 - Integrated Routine Triage and Screening (Section A) Parents and Caregivers
 - Psycho-education (Section B)
 - Symptom screening (Section C)
 - Training (Section D)
- Staff
 - Psycho-education (Section E)
 - Integrated Routine Triage and Screening (Section F) Training (Section G)

INDICATED Actions for Specific High Risk Groups

Behavioral health evaluation and trauma informed treatment should be offered to the following:

- Children exhibiting disruptive behaviors, significant withdrawal, symptoms of severe anxiety or depression
- Parents who are exhibiting symptoms of acute psychological distress, anxiety, depression, or severe mental illness
- Anyone reporting suicidal ideation or intent

- Staff who at risk on PsySTART -R indicating risk for psychological disorders **and/or** exhibiting symptoms of acute psychological distress, anxiety, depression, or severe mental illness

PATIENTS

Section A Patient Triage and Screening

- **Triage (acute exposure/loss)**

PsySTART pediatric mental health triage system is designed to quickly determine risk of psychological disorder following acute traumatic injury or illness during disasters or other public health emergencies including CBRN events. This enables “stepped triage to care” in which high risk patients can be referred to rapid intervention. This tool is not a symptom or distress screener.

(To create an account on the WRAP-EM PsySTART Pediatric MH Triage System:

<https://www2.psystart.net/psyped/>)

<https://www.calhospitalprepare.org/post/psystart>

- **Symptom Screening(PTS, ASD)**
In addition to PsySTART Triage, the use of post -traumatic stress symptom screeners are also indicated to identify overtly symptomatic children.

Recommended Symptom Screening Measures:

Child Trauma Screening Questionnaire.

<https://www.nctsn.org/measures/child-trauma-screening-questionnaire>

Pediatric Emotional Distress Scale, which evaluates behavioral symptoms following a traumatic event.

<https://www.nctsn.org/measures/pediatric-emotional-distress-scale>

Trauma Symptom Checklist for Young Children, which evaluates symptoms consistent with Post Traumatic Stress Disorder.

<https://www.nctsn.org/measures/trauma-symptom-checklist-young-children>

The PICU Trauma Informed MH CONOPS includes the following action elements:

SELECTIVE Recommendations for Specific Higher Risk Groups

Brief assessment and referral for care as indicated by behavioral health clinicians is recommended for the following:

Patients who triage at risk on the PsySTART Disaster MH Triage System

Patients who have chronic illness associated with multiple hospitalizations

Patients requiring mechanical ventilation and/or painful medical procedures

Parents and Caregivers who are exhibiting or reporting significant or increased stress

Patients with a history of Adverse Childhood Events (ACE) or previous trauma

Because local disasters impact patients as well as staff, organizations should plan for and be prepared to offer support and resources for staff for whom their PsySTART responder self triage indicate risk for PTSD or depression and/or their ProQOL scoring, which addresses symptoms and signs indicating risks for vicarious trauma, compassion fatigue, and burnout. Resources to address these might include:

Employee Assistance Programs

Peer support groups

The Anticipate Plan Cope Coping Skills Package for Providers who are parents

Referral to Trauma Informed care such as Trauma Focused Cognitive Behavioral Therapy

Internet based interventions for PTS such as PTSD Coach.

Organizational climate interventions

PARENTS AND CAREGIVERS

- **Section B Psycho-education for Parent and Caregiver:**
 - Impact of Disasters on Children and Teens
 - Normal developmental milestones
 - Common Responses of Children to Disasters
 - Behavioral indicators of a trauma response
 - How children experience loss and traumatic grief
 - What children and teens need after trauma or loss
 - Impact of Having a Child in Intensive Care on Parents
 - Common responses to having a child in the PICU
 - Common emotional responses to disasters in children, teens and adults
 - How living through disaster impacts the brain
 - Parental stress related to having a child in the PICU in a disaster context e.g.
 - (visitor restrictions)
 - Psychological impact of mechanical ventilation and painful/invasive procedures
 - Impact of having a child in PICU on family cohesion
 - Role changes due to intensive care
- **Section C Screening for Parents**

Organizations should consider regular implementation of screening for parents and caregivers for children in the PICU as part of their standard of care during disasters. Below are some examples:

Family Stress Thermometer was designed to help families determine their level of distress and then match to interventions based on severity of stress
https://journals.lww.com/pqs/Fulltext/2019/03000/Co_designed_PICU_Family_Stress_Screening_and.1.aspx

The Parental Stressor Scale has been used in both PICU and NICU settings to determine levels of parental stress related to the intensive care environment. This instrument is somewhat lengthy but has good validity and reliability indicators.
<https://pubmed.ncbi.nlm.nih.gov/8506163/>
<https://pubmed.ncbi.nlm.nih.gov/2491508/>

Section D

Training for Parents:

Coping with Intensive Care (decision making, changing parental role, communication with staff, managing changes due to disasters e.g. limitation on visitors)

Enhancing Family Communication

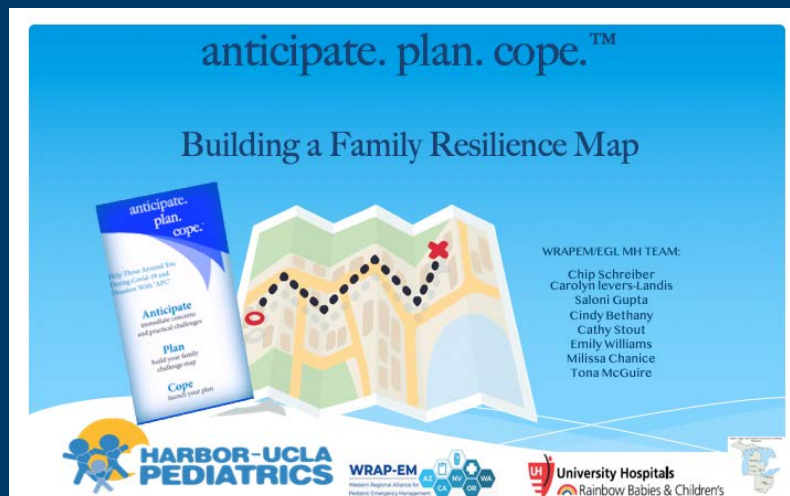
Self-Care for Parents and Caregivers

Helping Children with Calming Tools

Parent led guided imagery and relaxation skills at bedside:

Numerous youtube guided imagery exercises are available as well as Seasm Street breathing app available for free at:

Stress Inoculation for Family Resilience: **Anticipate. Plan.Cope: PICU Version:**



STAFF

Section E Staff PICU Patient Trauma Informed Care Module:

Impact of Disasters on Adults

- Common cognitive, behavioral, physical and emotional symptoms
- Sleep issues
- Unhealthy Coping
- Social isolation

Impact of Disasters on Children and Teens

- Normal developmental milestones
- Common Responses of Children to Disasters
- Behavioral indicators of a trauma response
- How children experience loss and grief
- How trauma affects the brain of a child
- What children and teens need after trauma or loss
- How trauma may show up in the PICU, and trauma cascade

Impact of Acute Traumatic Injury and Illness including CBRN events and Pandemic/Infectious Disease Incidents

Impact of Chronic Illness and Invasive Medical Procedures on Children and parents

Impact of Compound Traumatic Stress(disaster plus injury/illness)

Addressing disparities in Care

- Historical healthcare disparities due to race, ethnic factors, gender and socio-economic differences
- Disparities in healthcare services and access during disasters
- Cultural aspects of healthcare and developing culturally informed care

Additive Disaster Impact on the PICU Workforce and Maintaining Healthy Teams

- This section should include information on **PTSD, Depression** in addition to **Burnout, Compassion Fatigue, Moral Injury, and Exhaustion**. Workplace burnout, Compassion Fatigue and Moral Injury can be compounded by other factors, such as mental health stigma, PPE access, and added work.
- Burnout: Exhaustion of body and mind, unequal balance of demands and resources.
- Compassion fatigue: Emotional/physical tiredness, less ability to empathize.
- Moral injury: Strong feelings of guilt, shame, or anger due to not being able to provide the kind of care or service they want and expect to provide.

PsySTART R Medical Staff Self-Triage System is designed to capture many of the risk factors tied to burnout, compassion fatigue in addition to clinical risk for PTSD and depression and allows for individual feedback on cumulative stressful exposures as well as de-identified aggregated level impact on PICU staff for population/organizational level impacts and intervention: see [https://academic.oup.com/milmed/article/184/](https://academic.oup.com/milmed/article/184/Supplement_1/114/5418686?login=true)

Supplement_1/114/5418686?login=true

- Training on chronic stress impacts on emotional reactivity and decreased ability to plan, organize, manage impulses. Both of these may impact work capacity and function
- Healthcare staff will be expected to do work as expected while also living and working within a disaster environment, as providers and survivors of the disaster.
- Team leaders and supervisors can support healthy response teams by specific methods. See this example below for recommendations and guidance.
- COVID-19 Guidance for Maintaining Healthy Incident Management and Emergency Response Teams Washington State Dept of Health. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-112-COVID19GuidanceMaintainingHealthyIncidentManagementEmergencyResponseTeams.pdf>

Section F Triage and Screening for Staff

Triage

- PsySTART-R Triage for PTS/PTSD and Depression Risk
- PsySTART Responder is a mobile optimized web application consisting of a pre-event medical provider resilience stress inoculation, self-triage system, and seamless linkage for “next steps” interventions such as hospital EAP and internet based interventions unrelated to hospital resources. Unlike other approaches, PsySTART- R tracks exposure to events which increase the risk for development of new psychological disorder such as PTSD and Major Depression. The self-triage is completely confidential and only available to the individual. The PsySTART R application also provides de-identified, aggregated population level risk situational awareness for team level interventions and organizational response.
- see: <https://www.naccho.org/blog/articles/the-mental-health-approach-to-disaster-preparedness> for further information.

Staff Screening for Burnout, Vicarious Trauma, and Compassion Fatigue

Staff can also consider examining their risk for compassion fatigue, vicarious trauma, and compassion reward by self-screening with the ProQOL (Professional Quality of Life) Scale.

see for further information:

- http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf

Section G Training for Staff

Communication

Honest, regular and clear communication among staff and between staff and parents is a critical factor in reducing family as well as staff stress. Parents and caregivers may need coaching on how to communicate effectively with staff to understand their child’s treatment and their role on their child’s team. Children from preschool age and up need developmentally appropriate conversations about their health, illness or injury and treatment. Healthcare workers may find certain conversations such as delivering news about a child’s prognosis or death to be extremely stressful and may benefit from scripts to assist with skill building on this topic. The following communication factors and skills should be taught to staff:

- How to be an Active Listener
- Impact of PICU stress on parental capacity to understand and engage in problem focused communication
- Managing difficult conversations
- Communicating with children and teens

Active Coping and Resilience Building.

- Definition of factors leading to resilience
- Methods for building resilience
- Active Coping
- Tips and tools for dealing with stress symptoms
- Anticipate Plan Cope for Healthcare Providers

Additional Resources

Additional resources which might be developed and included would include links to apps and websites with helpful stress management tools for adults and teens, links and contact information for crisis management, and links and contacts for family-to-family support. Some examples are below

STAFF

Maintaining Healthy Teams (DOH)

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-112-COVID19GuidanceMaintainingHealthyIncidentManagementEmergencyResponseTeams.pdf>

Communication- Difficult Conversations

<https://www.vitaltalk.org/guides/covid-19-communication-skills/>

Psychosocial care of children in disasters

<https://nwhrn.org/wp-content/uploads/2020/11/NWHRN-Pediatric-Toolkit-Guidelines-103020.pdf>

Disaster Distress Hotline

1-800-985-5990 or text TalkWithUs to 66746

Suicide Prevention Lifeline

1-800-273-8255

PTSD Coach

https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp

Anticipate.Plan.Cope

Building resilience in frontline medical responders who are parents

Summary

Pediatric intensive care units are intrinsically stressful for patients, parents, and staff, due to the emotional impact of serious illness and injury on children. Even for seasoned and experienced staff, this level of care represents increased potential for PTSD, depression, burn out and compassion fatigue.

In times of disaster, particularly large scale disasters such as chemical, biological, radiological and nuclear events including pandemics. For parents and children this means coping simultaneously with the disaster impact and the burden of medical stress related to their ICU visit and care.

Similarly, ICU staff must function as both responder to the disaster and as well as survivor(victim?) of the event such as in COVID-19 has demonstrated.

Patients, parents and caregivers also deal with these multiple negative events, *a trauma cascade*, along with staff. This model of intervention and care is developed in response to these unique and significant factors, to help plan and build resilience and tools to support behavioral health. Information includes education on the unique impact of disaster in addition to stressors associated with PICU environment and care, interventions to mitigate anxiety and pain in patients and teach communication, resilience and active coping to parents, caregivers and staff.

Incorporating these into PICU procedures encourages the integration of behavioral health as part of standard of care for patients, parents and caregivers and staff.

Our model employs incorporates a continuum of stepped-care based on a universal, indicated and selected intervention levels. Levels are informed by specific indicators from triage, followed by screening and linkage to seamless care based on needs and risks. It is based on a trauma informed approach both to the impact of disasters and serious illness and injury on patients, their families and those who care for them.

For further information:

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