

MEDICAL TRAUMATIC STRESS: KNOW THE FACTS.

What Child Welfare Workers Need to Know

Child welfare professionals are familiar with the impact of abuse and neglect on children in foster care, but the impact of medical trauma on these children is less well-known. **While medical treatment can be upsetting for everyone, children in foster care:**

■ Have medical needs that are often greater in number and severity than in the general population:

- ✓ Approximately 25% have a chronic medical condition; 10% have two or more chronic health problems.
- ✓ Chronic conditions may involve episodes that are life-threatening (asthma or diabetes), extremely painful (sickle cell), or require repeated hospitalizations or painful procedures.

■ May be more readily frightened or distressed by medical care:

- ✓ Often their medical care occurs in Emergency Departments, delivered in the absence of a consistent, nurturing caregiver who could provide comfort and reassurance.
- ✓ Treatment may be invasive, painful, or prolonged and may trigger past traumas (e.g., physical or sexual abuse).

■ May have increased risk factors for traumatic stress related to medical events, including:

- ✓ Inconsistent medical care, previous scary experiences in a hospital, or exposure to others who have been seriously ill or injured.
- ✓ Previous traumatic life experiences, or prior developmental, behavioral or emotional problems.

Greater need for medical services, how those services are delivered, and the previous experiences of foster children all combine to increase their risk for medical traumatic stress.

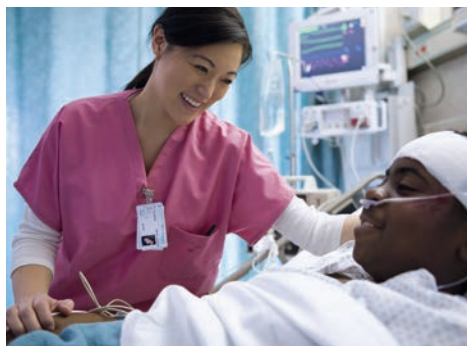
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What Is Medical Traumatic Stress?

Medical events, such as serious illness and injury, painful procedures, invasive or frightening treatment experiences, or simply being in the hospital can produce traumatic stress reactions in children, which can include psychological and physiological symptoms of:

- **Arousal** - increased irritability, or trouble concentrating or sleeping just before, during, or after medical visits; preoccupation with or hyper-vigilance regarding one's own or another's health.
- **Re-experiencing** - unwanted or intrusive thoughts about illness, injuries or procedures; having nightmares or flashbacks related to medical events.
- **Avoidance** - avoiding health care visits; demonstrating poor compliance with medical recommendations (e.g., taking medicine, following a special diet) despite the risk to one's health.

For all children, it's common to feel frightened, distressed, or upset in response to medical events; most are able to cope well, with time and extra support. However, if unidentified or unaddressed, these reactions may persist and interfere with medical treatment, recovery, or daily activities. Prolonged medical traumatic stress reactions may even result in the development of posttraumatic stress disorder (PTSD). For more information and resources regarding how to help children with medical traumatic stress, please review page 3 and 4 of this handout.



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Six Ways Caseworkers Can Help Children Cope with Medical Trauma

As part of routine practice, Caseworkers can help minimize or prevent long-term traumatic stress reactions for children in care, by incorporating the following:

- 1 Assess children for medical trauma.** The *Medical Trauma Assessment & Action Form* is a brief screener that helps identify children at higher risk for medical traumatic stress and provides guidance on addressing potential problems. Use it with every new case.
(www.healthcaretoolbox.org/images/pdf/Med_Trauma_Assessment_Form_CW.pdf)
- 2 Review children's health histories.** The *Medical Trauma Assessment & Action Form* can serve as a guide to gathering needed and important information. Be sure to also request hospital discharge summaries and the names of specialists treating the child. Share this information with the team, including resource parents, birth parents, the child, and all healthcare professionals.
- 3 Establish a "medical home."** Maintaining the same experienced, primary healthcare provider throughout placement allows a child to develop a bond with the provider, improves record-keeping, and facilitates communication and service coordination among team members.
- 4 Prepare children for medical exams / treatment in advance.** Provide accurate, age-appropriate information about medical conditions and treatment. Normalize anxious feelings and explain what will happen during treatment in a reassuring manner. Learn what helps the child when she/he is scared and develop a coping plan.
- 5 Prepare the team in advance of children's exams / treatment.** Review important health history concerns and discuss potential traumatic stress reactions with caregivers and providers in advance. Make sure that caregivers have coping strategies in place to support the child. Remind caregivers that regression, outbursts, and other externalizing behaviors are common during medical visits and should not be taken personally.
- 6 Ensure that children are not alone during medical visits.** Children who are deprived of support and soothing from a trusted adult experience much greater distress during medical visits. Make sure that someone close to the child - the resource parent, biological parent, or an identified support person - accompanies the child.

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Two Ways Caseworkers Can Help Themselves

1 Educate yourself about medical trauma. Review the resources available on the Healthcare Toolbox (www.healthcaretoolbox.org) or After the Injury (www.aftertheinjury.org) websites. Additional information about trauma for children in foster care can be found on the National Child Traumatic Stress Network website (www.nctsn.org).

2 Make referrals to mental health providers, when needed. Whenever there are serious concerns about a child's ability to cope or behavioral changes associated with medical events, consult with a mental health professional. There may be social work or child life professionals at your local hospital who might be able to help.

Medical trauma treatments, like other trauma-focused treatments, are different from standard mental health therapy for child behavior problems. Trauma-focused treatments specifically help children process their memories, beliefs, and feelings about the trauma. Sometimes, this is accomplished through story-telling, games, and drawing, rather than just talk. The goal is to help the traumatized child think about what happened and face ongoing medical situations and reminders without becoming overwhelmed or avoidant.

Medical and other trauma-focused treatments also encourage the involvement of caregivers, parents, and other family members, as appropriate, to support the child and reinforce the child's sense of adults as caring, trustworthy, and safe. It is very rare that trauma-focused treatments are done without any involvement of a caregiver.

Here are some questions to ask mental health providers to be sure they are trauma-focused:

- 1) What evidence-based trauma treatments do you use?
- 2) How much training / experience have you had in treating medical trauma?
- 3) How do you assess medical trauma in children? What specifically do you look for?
- 4) Are the child's foster care and/or biological parents typically involved in your treatment?
- 5) Do you provide mental health services to foster care or biological parents as needed?
- 6) How will you know when the child is better? What do you look for?
- 7) Are you willing to participate in multidisciplinary team meetings as appropriate?