SAMHSA's Six Key Principles of a Trauma-Informed Approach

Tips for the Pediatric Intensive Care Unit

1. **Safety**: Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

- Acknowledge and validate that the PICU is very stressful environment
- Discuss what to expect over the course of the encounter
- Speak with families early on about what makes their child feel comfortable and safe (for example, number of providers, timing of interventions), and be curious about what can provide a semblance of control within the confines of the PICU
- Ask about potential sources of trauma that could impact care, for example prior experiences in the ICU, prior experiences with medical procedures, abuse or neglect, loss of loved one, or sources of stress in the home
- Prepare patients and families for transitions in care
- Talk through exams and procedures, and explain to patients and families why repeated tests and exams are sometimes needed
- Minimize alarm volumes
- Use comfort objects to provide emotional safety

2. **Trustworthiness and Transparency**: Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

- Clearly identify roles of all individuals on the PICU team caring for their child
- Provide regular updates
- Follow through on questions and actions in a timely manner
- Ask what has worked well in the past, and try to incorporate that into patient care
- Admit you don't know when you don't know something

3. **Peer Support**: Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term 'Peers' refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as 'trauma survivors.'

- Let children and families know they are not alone
- Validate parents' peer support networks
- Consider offering family support groups, dedicated spaces, and group activities
- Avoid restrictive visitation policies
- Provide sources for pre-vetted/recommended support groups, online or in person

4. **Collaboration and Mutuality**: Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: 'one does not have to be a therapist to be therapeutic.'

- Elicit from families what has worked well in the past, and collaborate regarding ways to facilitate success in treatments and procedures
- Try to negotiate common goals and objectives with patients and families, through practicing shared decision making
- Care conferences can be collaborative (or traumatizing), therefore discuss the optimal structure of conferences with families, based on their preferences
- Provide families with opportunities to provide and optimize care during patient mobilization, mouth care, respiratory care and suctioning, talk and touch therapy, music therapy, skin to skin contact, and daily routines, such as sleep schedules and wake-up rituals
- Talk with PCPs, and model collaborative relationships with specialists, nurses, RT's, etc.
- Encourage families to ask the medical team about information they hear
- Increase inter-professional understanding of educational background, workflow, and regulatory requirements
- Host interdisciplinary Schwartz rounds to process trauma informed care

5. **Empowerment, Voice, and Choice**: Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/ or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

- Establish preferred communication route and style
- Assess health literacy and tailor discussions to family's level of understanding
- Focus on the future
- Identify areas of individual and family strength
- Model patient advocacy by asking a question of specialists in front of the patient/family
- Have parents/caretakers be a critical leader of the PICU care team
- Conduct family centered rounds, and invite families to share where they think their child is in their illness trajectory
- Validate a parent's role as advocate for their child

6. **Cultural, Historical, and Gender Issues**: The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

- Consider introducing yourself with your preferred pronouns to foster a supportive environment
- Be sensitive to gender issues, respect pronouns, and ensure proper pronoun and name usage by entire PICU care team
- Be curious about patient cultures, and support families in their cultural structures when possible
- Ask questions and encourage parents to do the same
- Be honest with yourself about your biases, perform universal self-screening using any of the implicit bias tests, and recognize when your biases are affecting care
- Consider inviting community religious figures and extended family to family care conferences
- Recognize difficult patients/families are traumatized patients/families
- Acknowledge family history of trauma, stress, and emotion