Screening for post traumatic stress in parents after their child’s admission to PICU

Gillian Colville
St George’s Hospital, London
Parents are significantly distressed during and after PICU
Board & Ryan-Wenger (2002)

- PICU mothers significantly more distressed than general ward mothers 6 months after discharge (n=63)

- PTSD in 27% PICU parents v 7% general ward parents 6-12 mths post discharge

(n=62)

• 21% PTSD at 4 month follow up (n=161)
NICE guidelines on PTSD

- Evidence base for value of early intervention
- Advise screening high risk populations
Inherent Difficulties

• Carers in extreme distress (?capable of informed consent)
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• No formal follow up structure
Inherent Difficulties

• Carers in extreme distress (?capable of informed consent)
• No formal follow up structure
• High proportion of deprived families
Deprivation

![Bar chart showing frequency of Townsend Deprivation Quintile](chart.png)
Acute Stress Disorder Scale

- 19 item self-report scale

  eg
  
  “During or after the trauma did you ever feel in a daze?”

  “Have you had difficulty concentrating since the trauma?”

Compass questionnaire

- Coping (24 items)
- Needs (15 items)
- Stresses (19 items)

Ross et al, Southampton PICU
Parental Stressor Scale: PICU

- 37 item self report scale

Child’s Appearance  Child Behaviour
Sights and Sounds  Parental Role
Procedures         Staff Behaviour
Staff Communication

*Carter & Miles (1989) Matern Child Nurs J*
Parental Stressor Scale: PICU

- eg

  “The sudden sounds of monitor alarms”

  “Not being able to hold my child”

1 = not stressful 5 = extremely stressful
Pilot cross sectional cohort study

34 mothers at 8 months

- Found PSS:PICU highly correlated with post traumatic stress (IES)
- Specific sub-scales higher correlations

(NB PSS:PICU completed retrospectively)

*Colville & Gracey (2005) ICCN*
Prospective Study

Parental Stressor Scale: PICU @ 48 hrs

Follow up appt @ 2 mths

Impact of Events Scale (IES) @ 4 mths
## Associations with PTSD score

<table>
<thead>
<tr>
<th>Association</th>
<th>r</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>PIM score</td>
<td>0.16</td>
<td>NS</td>
</tr>
<tr>
<td>Length of stay</td>
<td>0.25</td>
<td>NS</td>
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Associations with PTSD score

$r$  $p$

- Townsend Deprivation Score  0.38  0.007
- Child’s age  0.32  0.02
## Associations with PTSD score

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<thead>
<tr>
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<tbody>
<tr>
<td>PSS:PICU total</td>
<td>0.51</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PSS-3</td>
<td>0.58</td>
<td>&lt;0.001</td>
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Regression analyses

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<tr>
<th></th>
<th>$R^2$</th>
<th>p</th>
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<tbody>
<tr>
<td>PSS-3</td>
<td>33%</td>
<td>&lt;0.001</td>
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<tr>
<td>Child age</td>
<td>40%</td>
<td>&lt;0.001</td>
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Cut off of PSS-3 > 8.5

- Sensitivity = 80%
- Specificity = 89%

Predicting PTSD score > 35 on IES
ASD score

- Sensitivity 61%
- Specificity 78%

Predicting caseness on PTSD Checklist

Staff recognition of stress

Prevention Model:
Addressing traumatic stress in the pediatric healthcare setting

Persistent distress or risk factors.
Arrange psychosocial and mental health support.

Acute distress or a few risk factors present.
Provide extra support and anticipatory guidance. Monitor ongoing distress and refer if needed.

Most children and families are understandably distressed but coping well.
Provide general support — help family help themselves. Provide information regarding common reactions. Screen for indicators of higher risk.

Clinical / Treatment

Targeted

Universal

www.NCTSNNet.org
<table>
<thead>
<tr>
<th>D</th>
<th>Distress</th>
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<tbody>
<tr>
<td></td>
<td>• Assess and manage pain.</td>
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<tr>
<td></td>
<td>• Ask about fears and worries.</td>
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<td></td>
<td>• Consider grief and loss.</td>
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<th>E</th>
<th>Emotional Support</th>
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<tbody>
<tr>
<td></td>
<td>• Who and what does the patient need now?</td>
</tr>
<tr>
<td></td>
<td>• Barriers to mobilizing existing supports?</td>
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</tbody>
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<table>
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<tr>
<th>F</th>
<th>Family</th>
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<tr>
<td></td>
<td>• Assess parents’ or siblings’ and others’ distress.</td>
</tr>
<tr>
<td></td>
<td>• Gauge family stressors and resources.</td>
</tr>
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<td></td>
<td>• Address other needs (beyond medical.)</td>
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www.NCTSNet.org
Emotional Support

How to Assess: Emotional Support

TRAUMATIC STRESS IN ILL OR INJURED CHILDREN

What Does The Child Need Now?
- Ask parents: “What helps your child cope with upsetting or scary things?”
- Ask child: “What has been the best thing so far that helps you feel better?”

Who Is Available To Help The Child?
- Do the parents understand the illness or injury and treatment plan?
- Are they able to help calm their child?
- Are they able to be with their child for procedures?

How Can Existing Supports Be Mobilized?
- Ask parents: “Who can you or your child usually turn to for help or support? Are they aware of what’s happened?”

www.NCTSN.org
Eight Ways You Can Help Your Child Cope After Being in The Hospital

1. **Go back to everyday routines.** Normal routines help children feel safe. Help your child go back to doing his/her usual activities— as much as the injury or illness allows.

2. **Be patient and give everyone time to readjust.** Keep in mind that people in the same family can react in different ways. Brothers and sisters can feel upset too. Most family members just need time and reassurance that things are returning to normal.

3. **Set normal limits.** You may be tempted to relax the rules in order to help your child feel special, or to make up for the hard times that he or she is experiencing. However, it is often better for your child if you set normal limits on behavior and keep most of your family rules and expectations the same.

4. **Allow your children to talk about feelings and worries, if they want to.** For younger children, encourage play, drawing, and story-telling. Ask your child (and brothers and sisters) what they are thinking, feeling, and imagining. Be a good listener—and share the facts, as well as your feelings and reactions.

5. **Encourage your child to spend time with friends.** After a serious illness or injury, some children feel a little “different.” They may also wonder how their friends will react. Invite a few of your child’s friends to visit, and help your child plan a few fun activities. It may be helpful to assist your child in answering questions his or her friends may have about the illness or injury (Is it contagious? How long will the bandages be on? etc.)

6. **Help your child do some things on his or her own.** It is often tempting to do things for your child after he or she is injured or ill. But it is more helpful for children to do things again on their own. As much as the injury or illness allows, encourage your child to do the things (including chores) he or she used to do.

7. **Take time to deal with your own feelings.** It will be harder to help your child if you are feeling really worried, upset, or overwhelmed. Talk about your feelings with another adult, such as a friend, your doctor, a counselor, or a member of the clergy.

8. **Follow up with the doctor.** Even if your child is getting better, the doctor needs to know how your child is coping, especially since some injuries and illnesses have behavior changes associated with them. For children and families who need extra help dealing with their reactions, helpful treatments are available. Your doctor will be able to help you figure out what’s best for you and your family.

*Developed by the Medical Traumatic Stress Working Group of the National Child Traumatic Stress Network.*
The magic number is 8.5!

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