

MCHB/ EMSC Webcast

After the Injury:

Helping Parents Help Their Kids Recover

April 20, 2009

TINA TURGEL: Hi, welcome to the EMSC program webcast, "EMSC, After the Injury: Helping Parents Help Their Kids Recover". I'm Tina Turgel. I will be your moderator for this presentation. Before I introduce the speakers, here is some information on the webcast.

The slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentation. You may need to adjust the timing of the slide changes to match the video by using the slide delay, this control is located at the top of the messaging window.

We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so that we know where you are participating from. The questions will be relayed onto the speakers periodically throughout this broadcast. If we don't have the opportunity to respond to your questions during the broadcast, we will email you afterwards. Again, we encourage you to submit questions at any time during the broadcast.

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Those of you who selected accessibility features when you registered will see text captioning underneath the video window.

At the end of the broadcast the interface will close automatically and you'll have the opportunity to fill out an online evaluation. Please take a couple of minutes to do so. Your response will help us to plan future broadcasts in this series and improve our technical support.

Now I would like to introduce our two speakers for this presentation. Dr. Flaura Winston is a practicing pediatrician and founder and co-scientific director on the Center for injury research at prevention at the Children's Hospital at Philadelphia and the University of Pennsylvania. Dr. Nancy Kassam-Adams is a clinical psychologist for behavior. Over the past decades they have conducted numerous research studies to better understand the psychological and emotional impact of pediatric injury for children and families and help parents and providers help children after injury. With funding from MCHB and EMSC and others they have developed screening tools, assessment measures and interventions that can be integrated into pediatric trauma care. The after the injury website for parents has tips and tools for parents. With the EMSC funding their research activities have evolved from identifying the high prevalence of untreated traumatic stress in injured children and their parents to the development of practical evidence-based screening tools at this website. With this webinar we're launching this important resource, www.aftertheinjury.org. I strongly encourage you to refer families and colleagues to it. I would like to now turn the presentation over to Dr. Windstrom and Dr. Kassam-Adams.

FLAURA WINDSTROM: Hi. You'll hear both of our voices at different times during this webinar. We both wanted to thank you so much for joining us and thank you for all of the good care that you give to injured children. I also wanted to thank the Emergency Medical Services for Children program without whom this work would not have been possible, the Pennsylvania Department of Transportation, the Verizon foundation and The Children's Hospital of Philadelphia women's committee and we'd like to thank hall media productions for their work in helping us create this website.

Next slide. In this webinar we'll cover why we need to think beyond the physical injury. We also will cover the rationale behind creating a website to help parents help their children recover. We'll go through the main features as a tour of the website and then walk you through the highlights around the resources that we have for providers to help you use this. And all along what we'll be realizing in addition to your excellent medical care we need to be thinking beyond the physical injury how to address the psychosocial needs of children and their parents.

Next slide. I thought it was best to start with a true story. An experience of a child who was seen in our hospital. It was a 13-year-old girl in west Philadelphia who was dragged by a trolley, seen in our emergency room, determined to have a broken ankle and sent home for recovery. The title in the Philadelphia inquirer that day that a west Philadelphia girl 13 was dragged by the trolley but not seriously hurt. We know there is so much more to trauma care than placing sutures and fixing bones. We know the experience a child has can be very traumatic, can cause fierce of horror and fear. Look at what they're experiencing. This scene in a trauma bay may be routine for all of us on this call. It is not routine for the child. It is not routine for the child's parents who may be by their side or might be in the waiting room wondering what is happening to their child, who is in the

trauma bay. So... Want you to stop for a second and think, how would you feel? Here you were in an experience, a crash, a fall, some other injury-producing event which could have caused tremendous anxiety, fear, helplessness, horror in you and then you get through the medical system and even more fear, pain, all of these issues are occurring at the same time that you're also being treated for these very physical injuries that you have suffered.

Next slide. So as you heard from Tina, thank you very much for that nice introduction, Nancy and I have been studying traumatic stress and injury with children for over a decade. We started this because my work was in particular studying mechanism of injury. I'm an engineer by training and I wanted to understand how to best protect children. As we were studying this we heard from countless families what about the other parts of our injury, the psycho social parts of our injuries? What I want you to think is that as we're talking today, well over 100 children in this country will be recovering from that physical injury and yes, their bones may be healing and they're recovering from your concussion but there may be lingering effects that are experienced by the child and the family. They could be short term and short lived. That happens for almost all of the kids but they can be also long term and severe and can get in the way of their recovery.

Can impair their normal functioning. We call this the hidden injury, untreated and unrecognized traumatic stress.

Next slide. So as we've talked about, many of the aspects of a child's crash, fall, injury are stressful. They can be painful, they can be difficult and for the families, it can put a lot of strain. It could be emotional strain, it can be financial strain. These are all stressful reactions but when something turns from just being stressful to being traumatic, that's where the fear, helplessness and horror comes in. When a child or a child's parent is

exposed to an extremely frightening or horrifying event that has a life-threatening component to it and that it's silent, painful and overwhelming. This is what we're trying to address with the website. I'm now going to turn it over to Dr. Kassam-Adams who will describe some of the traumatic stress reactions and research findings to go along with them.

NANCY KASSAM-ADAMS: Thanks. On the next slide the quotes you'll see on this slide are from actual parents and children in the studies we've done over the last decade or so. We've captured some of what can be traumatic about an injury experience. It's not just the injury itself, it is also the treatment experiences and you'll see a sense of fear and helplessness. One of the things we hear from parents, the sense of helplessness when their child has been injured. On the next slide I'm going to take a moment to define traumatic stress reaction so we're talking about the same thing. The sorts of traumatic stress reactions that come into the four categories. Re-experiencing or sense of intrusive thoughts, images, nightmares, flashbacks ditto get out of your mind. If you think of a difficult or frightening experience you've had it's a pretty common things that for a while you can't stop thinking about it. It is to some extent a normal way we process difficult experiences. When it goes on for too long or causes stress. Avoidance, trying to block it out and not thinking about it. Staying away from things that remind one of the trauma. A child hit by a car may have a difficult time walking down that block even if that's a block they need to go down to get to school. The third category of symptoms are increased arousal. A sense of hyper vigilance, exaggerated struggle response. Problems with concentration and sleep. There are laboratory studies showing exaggerated startle in folks who have post traumatic stress. The fourth group of symptoms is disassociation. Something that is unreal, time slows down or speeds up. People talk about not remembering parts of things during the event. Post traumatic stress disorder we would

diagnose when there are a number of these symptoms and more than a month and cause impairment for a child or parent. It's important to remember these symptoms can be impairing and difficult for children and families even when they don't quite reach the level of diagnosis.

The next slide you'll see that from our research and this is pretty consistent with the rest of the literature. The first month after the injury is to have parents or kids to have at least one distressful. 95% of parents and children experienced 5 and 6 parents and kids experienced stress. Six months later we go back to those same families it is turned around. Now about one in six injured kids and one in six injured parents still has significant traumatic stress symptoms that are still bothering them.

On the next slide we've tried to include some quotes to bring to life what that is like. Kids talk about being afraid to do things that they used to do. About being more jumpy. Parents notice the kids are withdrawing or extra cautious. Parents themselves may have avoidance responses. One mom told us she has a hard time driving by the hospital. The hospital itself has become a trauma reminder.

On the next slide we've tried to capture here how responses to trauma go for most individuals. So we have an injury that happens, coming into that you see a line coming into the injury event. We come into that with our own background level of distress, worry, anxiety. In the immediate days to weeks after an injury it's normal for that stress to jump up. The finding we just showed where five in six parents and kids are having more distress. In the normal course of recovery what happens is for a couple of days to weeks the stress is higher and then with time, with support from parents, with normal coping

responses coming into play the stress goes down in a couple of months. For most folks that's five and six people out to the end of six months the level of distress has come down.

The next slide you'll see another way these symptoms can go. For that one in six what's happening is that the initial distress comes up and it really doesn't get better. It is less common for folks to have no distress right after an injury and suddenly have it pop up later. We can think of traumatic stress that persists as a failure to recover. And so one of the real challenges for those of us in medical settings is to figure out if everyone's distressed early on, how do we know who are the ones who need a little more attention? We'd love to find the folks early on who is the ones on the red line. Who six months later will have persistent symptoms. Then we could offer some extra support and try to help get rid of that. We could do secondary prevention. It's hard to know who is at risk. One of the challenges is we might think those more severely injured will be more likely to have the high level of continuing distress. Research consistently shows that injury severity in and of itself is not a good predictor. No association between the two. We do know a few more things about who is at risk. Kids who come into an injury experience with prior trauma, prior behavioral problems are at increased risk. More pain, separated from their parents. Have extreme fear or a time they thought they might die. Those are the sorts of things that make things more at risk for ongoing stress. It's much more about the subjective experience and not the objective injury severity which makes it harder for nurses and doctors to know who that might be in the acute care setting.

On the next slide the other thing we've identified is that it's pretty hard for parents and providers to detect even as those days and weeks go by who it is -- when a child needs additional help. For example in one of the samples that we had fewer than half of parents had sought help for their child even from friends and family let alone professional help

even when that child had experienced some post traumatic stress symptoms. Less than a third sought help for the parents themselves. Reasons for not seeking help were pretty understandable. They thought their child didn't want to talk. They didn't want to make it worse. They wanted to give them time. One parent said she was too busy worrying to seek help and they aren't always sure it's necessary. It is particularly difficult for parents to know what is normal distress and what is a little more of that? That's one of the goals of the website we'll be telling you about.

On the next slide the other thing that research has pretty clearly identified is that post traumatic stress is a risk factor it doesn't only affect emotional distress. It's important to us that the kids and parents not continue to suffer and feel worried and upset but have an effect off health and wellness. It has been associated in transplant samples with poor treatment adherence and there is a growing body of research that establishes that functional outcomes, health related quality of life after injury are independently predicted by post traumatic stress. Even after one controls for injury severity or the physical recovery, post traumatic stress helps to determine who is going to be impaired and not back to normal in daily life many months after injury.

On the next slide we and others have identified a very important role for parents in injury recovery. Parents need -- parents have a big job. They need to assess accurately what is happening with their children. We know parent symptoms can get in the way of that accurate assessment and they may need additional help. They need to monitor their children's symptoms and reactions. Know when their child is doing well and when to stay out of the way. They need to listen to their child, provide appropriate kinds of support and sometimes to provide some very specific help. For example in a child is exhibiting new fears or avoidance there are things parents can do to be helpful. Parents' own reactions

are important. They impact their child. Attending to both kid and parent reaction is good family-centered care. Pediatric care. One goal of the site is to help parents assess how they're doing but know when their child's reactions might warrant additional help. I'll turn it back to Dr. Winston to tell you more.

>> This is a very challenging role as we all know parents have. They're dealing with their own symptoms. They're dealing with keeping the family together. And they have to stay strong for their child. All the while dealing with something brand-new that just happened to them. Their child was just hurt and they have to look at that as a reminder for them. So we will know that during that initial trauma care it's a whirlwind for families. They're learning how to handle the wound and how to -- what to do with the cast and many other things. And these psycho social aspects are often something that is an extra thought of something else they have to do that they'll worry about later. Then they get home and they might notice that their child is not sleeping well. That's the time they need just in time credible information. It usually occurs after they've completely been discharged from medical care. They need practical, credible advice about how to assess their child, how to help their child, how to manage their own reactions and have limited time and resources and a desire for anonymity. We should be on the slide that says why website. The web is a great place to deliver health information. Low cost, it's available 24/7, parents have the ability to be anonymous in what they do. It's interactive so they can get what they need quickly and not be bothered by all kinds of extraneous information. A relatively recent study from PEW showed that most people in the United States have access to the web. This is increasing. By 2008, 74% of U.S. adults had web access. It's higher among parents and 75% of web users search for health information. So we really thought this was a great place to deliver credible, up to date information.

Next slide. So the aims of our site as Nancy was telling you are first and foremost to help parents to assess their kids and then to use this information for secondary prevention. To prevent persistent traumatic stress symptoms after injury. To reduce the persistence of these symptoms and the severity and to help parents help their children cope. We focus on how parents can feel comfortable talking to their children after an injury. How parents address avoidance and address anxiety sensitivity which is sort of a child's over interpretation of the symptoms they might be feeling. This is not treatment for PTSD.

That's well beyond what a website alone can do but the website does provide guidance on when and how parents can get more help for their child.

Next slide. We'll move into giving you a sense of how we took all the research that EMSC so generously funded and turned it into a website. So we began with expert content based on research experience, grounded in clinical expertise about what is the best way to be treating traumatic stress. There has been a lot of research lately that shows that there are watchful waiting is in many ways the best way the treat traumatic stress, that we should not go in there immediately and force a child or parent to talk about their symptoms but do it at their own -- let their own natural healing help. We wanted the website to be professional and attractive. Parents told us this was really important to enhancing their trust of the site. We use something called user center design. We involved parents all the way through the process in anything related to the functionality, the look and feel. Any aspect of design the parents were there helping us, both parents of injured children and those not injured. We conducted formal usability testing. Our first formal usability test told us we had to redesign the whole sight. We did that. Any new functionality added -- we're in the process of ongoing evaluation and enhancement.

Next slide. Let me give you a quick tour. Granted there is so much more on this website that I can possibly show you in these few slides or Nancy can show you as we move forward but let me give you a sense of what you can see.

Next slide. We'll start with the home page. We were very deliberate in choosing how to lay out this website. We had three different places, first is -- we looked at parents who want to learn more about it, parents in the middle with parents who want to assess what's going on and third, giving ways to help. So if you're looking at this right now you should be looking at a home page that shows three boxes and with a white background. I

n the next slide we actually wanted to include for parents who wanted the learn more in that left box some very engaging videos so that they can learn about recovery and how to help.

Next slide. We have a full video library. Videos are embedded throughout the website as well as in a very easy to navigate section of the website that includes chapters and text highlights and really addresses any readability issues anyone can have by both including it in video with text and sub text all the way along.

Next slide. Then for parents they really needed to know not just what they should do but also how to do it. So we included some quick tips and way for parents to listen to how other parents have helped their children. We listed out six quick tips that parents can use to help their child recover. Let your child know they're safe. Allow children to talk about their feelings and wore as they want to. Go back to everyday are you teens. Increase time with family and friends. Deal with your own feelings and keep in mind that people in the same family can react in different ways. For each of these if you for example in this picture

if you click on the picture of let's say the woman on the left what you'll hear is a woman talking about how she would say that to her child. So that you can have some tangible ways that parents can provide assistance to their kids.

Next slide. And then utilizing the best of the website and really getting at what we most wanted to accomplish. We have multiple interactive tools and

next slide, most importantly is the ability to make your personalized care plan. It starts with a parent's ability to rate their child's reactions and automatically gives them suggestions of ways they can help to address some of the issues their child might be having and a parent can personalize it. Choose the ones they want to do, think they can do. Print or save it and even it gets emailed to them. They can print it out and take it to their doctor and in particular or another healthcare provider and on there we even have information for the healthcare provider who might receive this from a family. Finally, for all of you out there we really want you to help us to share this site but we realize how busy you are. Trauma care seems to get more and more complex and shorter and shorter in time and so we've created for users as well as for you ways to make it very easy to search the site with site maps and how do I do this and that.

Next slide. So the site map lists out very clearly all the different parts of the website.

Next slide. We have a series of little videos that show you how to do everything from making a care plan to another section we have which is around injury and pain care and how to do different aspects of managing that. But we thought that the best way to actually go through this website in a way that would be engaging and informative would be to

follow a child's story through the website. A hypothetical child. Tina, by the way, we can stop at this moment and see if there are any questions that have emerged to date.

>> No questions at this time.

>> So we'll continue on with a little site tour using one family's hypothetical experience. So imagine a boy, Thomas,

age 9 who was riding his bike with two friends in a city park. As the boys looped in and out of the street they didn't see the small truck that rounded the corner and struck Thomas throwing him from his bike. His two friends ran to find Thomas's mother who arrived on the scene in time to join Thomas in the ambulance on the way to the hospital. In the emergency department Thomas was quiet and compliant. Becoming upset only when his mother left him briefly to make phone calls to family members. Treated for a broken arm and facial contusions and admitted to the hospital overnight for observation. Nancy, can you tell us what a family might do at this point?

>> If you turn to the next slide. Let's assume that Thomas's mom comes to the website. Comes to the home page and she chooses to learn more about injury and trauma. What she would see is this landing page that's entitled what to expect after injury. There are a number of choices there. On the left side you'll see there is a guide to that entire section on the left navigation that tells you more about what you might find there. Many of the choices will lead you to a video. Each page, each of these landing pages have key messages and multiple options for parents. You'll notice at the top if someone is concerned right now we talk -- there is a place with red flags that says when stress reactions last more than a month or get in the way of recovery get extra support. If that was of concern to this mother she could click on it and get additional and see right away

how to get more help. The two little images that you'll see there are actually videos. A YouTube feeling. If a parent clicks on that they'll see a video. Then down at the bottom it leads you to a place where you can see more about -- learn more about injury and trauma. Let's assume mom clicks on one of the videos.

Next slide and chooses to learn more about traumatic stress reactions. We'll show you about a minute clip. Hopefully this will work so you get a sense of the videos on the website. This will be the time to roll the video.

>> Since this happened I find myself worrying all the time about my child being safe.

>> There are three main types of traumatic stress reaction. The first is re-experiencing.

>> It keeps popping in my mind. I can't stop it.

>> The second type is avoidance.

>> I don't like walking to my friend's house. Sometimes I have to cross that street.

>> The third is hyper arousal.

>> You just touch him and he jumps.

>> Re-experiencing means that your child keeps thinking a lot about the trauma even when he doesn't want to. Some of

this is normal and natural. Thinking about and talking about what happened, especially at first, is part of how we help ourselves recover from a scary experience. But too much re-experiencing can be very distressing and your child may have nightmares or flashbacks that make her feel like she's going through the trauma all over again. She may feel really upset or even have physical symptoms when something, a sight, a sound, a smell, reminds her of what happened.

>> Thanks. As you'll see the videos are designed to provide a brief introduction. The key things that a parent would need to know to not be overly frightening. We want to have an expectation of recovery. Re-experience is parts of a normal response. If it's too severe or goes on too long it's a problem. We paid attention to accessibility so these videos run on a common flash player. They should be accessible even at slower connections but we embedded text below. Parents who for any reason are having trouble loading the video would be able to read the key content from the video to reinforce the point that they're seeing or as an option if parents just can't run video on dialup connection or something.

Another place that Thomas's mom might go is the next slide. This is about working with your healthcare team. It is -- he's still in the hospital or they've just come home and she wants to hear about some of helping him cope with being in the hospital. You'll find tips here about collaborating with the team. We feel like this is very consistent with family-centered care in terms of engaging parents and being partners. Helping the child cope and how to communicate with our child's health care team. Another place where she might go in these early days is to learn about -- more about injury and pain care. While the site focuses on emotional recovery and care we listen to parents' top concerns and some of the things that parents are most concerned about in the early days are very practical things like cast care. Things like what does it mean if my child has had an abdominal

trauma? We created the information in partnership with medical teams and vetted by our trauma program and we encourage throughout the text there is encouragement for parents to ask their child's own provider. It provides basic information about these sorts of matters. Back to Flaura.

>> Next slide. Now if you're following along with Thomas's story here, he actually has gone home. He's recovering at home. They have a follow-up appointment scheduled in a little while to get the cast off but now the family is actually caring for the child. Largely without the support of medical care. Thomas seemed to jump whenever he heard screeching brakes. This is what his mother was seeing. He wakens several times with nightmares and refused to play with his friends in the park near his home. Formerly a favorite activity of his. His mother noticed that she was more jumpy and that she felt anxious when Thomas went to play at a friend's house, worrying about his safety even though she knew the parents well and had always trusted their careful supervision. So Nancy, what would the family do at this point?

>> If mom comes back a -- next slide. If mom is coming back having begun to notice a couple of things that might be concerning her about her child let's assume she goes to the home page and chooses find ways to help your child recover. In this landing page seeing what does your child need you see a couple of options. Get some quick help, can learn about self-care, parents' own stress. This mom is experiencing some of that herself. She could click on videos that teach how to help and talk with her child. And at the bottom there is an option to make an interactive care plan. Let's assume that mom actually chooses to make the care plan.

Next slide -- the next slide shows some of the quick tips. Within the quick tips as Flaura was mentioning earlier things would be helpful. Deal with your own feelings or people in the same family can react in different ways. If Thomas's mother clicks on any of these parents she'd hear example of what it was like for them. They're of different ethnicities. They talk about kids of different ages and really model how a parent might apply these tips. On the next page you'll see what it looks like to go through the care plan. So up pops a quiz and what mother would do is to rate Thomas's reactions. It has been less than a month since the injury. A couple weeks later he is not -- she's noticing number three he's had bad dreams or nightmares. She may notice he doesn't want to talk about things and that he wants to stay away from things that remind him of what happens.

When she completes about a 20-item quiz and clicks submit on the next slide you'll see what pops up. Automatically generated tips that come from the exact symptoms this mother has rated. She can -- they come up with them all checked. She can uncheck or recheck things that she would like to include if something pops up that doesn't make sense she can uncheck it to remove it from her plan.

Clicking submit again on the next slide, sorry, clicking submit again will give her something she can print to take -- we'll show you that a little later.

On the next slide what you'll see is that at the bottom of the care plan after a parent generates it we suggest a couple other places on the site they might go and so one of them is to learn more about traumatic stress reactions and other concerns and so if Thomas's mother clicked on that she'd see this page where she can read about the different reactions. For each why it might happen and how to know if it's a problem. Another way of learning about what is happening with her son. On the next slide you'll see

that we aren't going to show all these videos in the interest of time. Another thing that would be suggested to mom if she's rated some avoidance or fears is to watch the video about how to deal with new fears and worries. It tells why and gives tips and examples of how parents can help. Another thing that might be helpful to the mom is the self-care section reading about her own reactions. When it's normal. When to know it's a problem and getting tips for taking care of herself.

>> Next slide. Thank you, Nancy for going through that. Now following Thomas's story one last little vignette here so for most children by this point their symptoms will have resolved and the same for their parents but let's say for Thomas that it's now three months after his injury. His fracture is healed and he's still quite anxious whenever he's anywhere near the park. He jumps when he hears tires squealing. He has nightmares and is worried about leaving his mother and going to school. Unfortunately he has no interest in riding his bike again. Nancy, what would a family do at this point?

>> This is a relatively symptomatic picture. And we would hope that mom would be interested in coming back to the website three months later and she could return on the next slide and to rate his current reactions. She could rate them differently. Now she would say it's been a month or more. She would note he's having nightmares and wants to stay away from things. She would complete each of those symptoms and on the next slide you'll see an example of the plan that pops up. We're skipping a step. She would have chosen to keep these things in her plan and chosen to print the plan or email it to herself, a friend or doctor and this is the formatting that comes up. It suggests for each type of -- reiterates the symptoms that she has chosen so she can see them or show them to a friend or someone who is helping and then there is a personalized care plan. Ways to help your child. Suggests way to help with avoidance,

re-experiencing and arousal. She could save it and use it to get additional help.

If mom is concerned at this point and wants to get additional help on the next slide you'll see the section of the website that describes things about how to know when to get outside help and some ways about how to choose a therapist or counselor who knows something about traumatic stress. As a national resource we can't list specific mental health agencies in each locality but give ideas of the sorts of places one can find help.

On the next slide you'll see another set of resources on the site which are information -- much more information than other sites on the web about traumatic stress and post traumatic stress. Other kinds of events if someone else comes to the site. About worry and stress more generally in children and teens. Sleep problems and information on injury prevention. Pain and injury care and some suggestions about particularly useful books for parents and kids in this situation.

On the next slide we're completing our tour. I'll tell you a little bit about what parents are telling us about the website so far. As Flaura mentioned earlier we've got on going evaluation of the site. Growing evidence the parents like the site and find it useful. Parents rate it highly in terms of learning new information about it being easy to navigate. They -- most parents say they'd recommend it to other parents and use it again in the future. On the next slide you see some specific parent comments about the sorts of things they like about the site. Knowing that these are normal reactions is comforting. They mention the practical ideas and the notion that they can save or print it. It seems to be a practical tool for parents.

On the next slide you'll see additional comments. Parents really have mentioned some specific things they've learned. They find certainly they find the help they get in the doctor's office and hospital useful but need more when they get home and this is a resource. Finding out things are normal and there are different things they can do. I think what we're gathering from parents is they find this reinforcing and know many of these things but it puts it all together in a way that helps parents imagine what they could do to help their child and lets them personalize it to their own situation.

>> Thank you, we'll end this with a few slides about what we hope all of you will do. We're so grateful that you have all taken the time to listen to this webinar and to either increase your knowledge or learn new things about traumatic stress in children and its importance in injury recovery. We hope that you'll apply some of this when you're actually taking care of your kids. We talk about that as trauma-informed care. What symptoms to look for and how to respond and what advice you can give families. To help you we hope that you'll be using after the injury as a resource for families. We have included a lot of tools for providers because we know how busy you are and so you really don't have to create anything from scratch.

Next slide. We've created an information prescription form so that you can actually download these patient care tools and then print it out and just give it to families. If you're in the habit of emailing with your patients or the parents, there is a sample email reminder that you can send with little email cards, reminder cards that are basically used for follow-up for your appointment but on the back is information about after the injury because we thought that parents may be home looking at when to follow up for the appointment and on the back is information about the website. A practical place to look. We have patient handouts, discharge letters that you can use in the hospital with sample text. Flyers and

posters for your waiting room. We'd love to know about other ideas you might have and to make it useful for you because we will not help any children if this website just sits there and no families use it. We really have spent many resources trying to pull this together and really hope that it actually helps kids. So finally, we hope that you can help us help families recover. I think beyond physical injury and there are several ways to do this. First is the website. [Www.aftertheinjury.org](http://www.aftertheinjury.org). Let families know about this and it will give them that sense of support that they might need in the days following their care with you. We also have a newsletter that will give you news from our center as well as any updates about the website you can feel free to click on this and subscribe to the website. Then finally through funding from SAMHSA we also have the Center for pediatric traumatic stress at our hospital and a healthcare tool box. Your guide to helping children cope with illness and injury. We hope you take the time to look through that if your time allows. So in summary please help us help kids recover beyond just what happens with their physical injury thinking about the psycho social reactions that kids and their families may have and the support that they need from us. We want to thank our funders particularly MCHB and Emergency Medical Services for Children. The Verizon foundation. And the Department of Transportation. We want to thank the thousands of families who participated in creating these resources through our research and looking through the materials we developed and thank our partner, creative partner hall media. This ends our formal presentation and we're open for any questions.

>> Okay. This is Tina. We do actually have some questions. So the first question is what is the cost to my hospital?

>> It is free.

>> That's an easy one and a good answer. Absolutely no cost. Fantastic. And the next one is just a comment. What a wonderful resource for parents and congratulations on all your efforts. Have you considered linking to the following groups like NA, EMSO, state trauma managers, Emergency Nurses Association?

>> We would love to link to anyone who would find this useful and can get this into the hands of families. I hope, Tina, that you can send us this list. Several of them we've started to develop relationships with. I know that last week Nancy was with the trauma nurses.

>> Nice.

>> And so any way, please send us email. Any way that you think we can get the message out about this. Our sole purpose is to help kids recover. We think the site can help them. It's free and

>> How are you getting out the word of the website.

>> We have exciting and new ideas for us. We've been thinking -- we're doing things like we're doing today to reach out to providers and the other -- we would love to work with provider organizations or hospitals and Health Care Centers. But in terms -- we realize one of the most important things we can do is get to site directly to parents. Perhaps to get it directly to parents already using the Internet. So we're exploring social media and other ways of getting to parents. There are mommy bloggers, folks who write about parenting on the web and who have big followings and we're trying to use web-based means to get this out to parents. Again the most important thing is that a parent who is concerned about

their child can find this information at the time they need it. And so if it's a mom or dad who is up at 2:00 in the morning and thinking about their kid having nightmares and not sure what to do. When they type in the words that we're trying to figure out what they are into a search engine this is what pops up. This is one of the things that they would hear about if they went to -- seek information online as we know so many folks do.

>> Any other ideas you might have we'd love to hear about it because it's just what our goal is is to get it out there.

>> Last question. Is it okay to print out this information to give to our patients?

>> Absolutely. Actually what you'll find throughout the site and one page we're planning to add is a page full of all the handouts. Throughout the site you'll see downloadable PDF handouts that are available. Things with the six tips called after the injury. How do I help my child cope the print versions. There are tip sheets for parents about helping their children in the hospital. Tip sheets for kids themselves. There are many resources and if there is something you can't find there that you think ought to be there email us and let us know about that.

>> Okay. There was also a comment put in about parents magazine and others would be interested in this. Possibly hooking up with a parents magazine somehow.

>> That's a great idea. We actually -- that's how we're actually using our Verizon foundation grant and the women's committee is to figure out how to best disseminate this information and get it out there and get people to use it. We're thinking about partnerships

and other ways to get it into the hands of parents when they need it. Parents magazine is a great way to do it.

>> Don't forget about grandparents. Helpful for grandparents as well. Maybe something to be included in AARP or something to that effect.

>> Absolutely. We've been thinking about dissemination we've been trying to think creatively but grounded in one thing. Who is the person who is able to tell this parent. If the parent can find it themselves or someone they know in their support system will know about this site when they need it. Whether it's a grandparent, the one to tell their son or daughter something that is going to be helpful to them when their grand child is there. You never expect your child to be injured. It may not be the kind of site you know you need until you really need it. We want to make sure it's easily found by folks at the time they need it. That's why we see healthcare providers as an important part of the particular purchase and online dissemination as very important.

>> I have to make a comment myself as being a mother of a head trauma child, approximately 11 years ago this would have been a great resource. I look at a couple of things and think wow, I could have probably really used that and possibly still can. I'll be looking into it.

>> Thank you, Tina. Anybody out there who is using this website and has some success stories, that's going to be helpful for us in terms of letting other people know about it so if you have used it and a family came back and said it was helpful. If you have suggestions from the families of ways to enhance it or ways that you have found were a good way to

distribute it, please let us know. These are all stories that we hope to collect so that we can better disseminate and get parents to a site.

>> Also parents have any challenges at all. We've done everything we can to make it incredibly accessible and easy to use but there is always something and so if there are particular things that are issues or challenges we'd love to know that, too, so we can fix them.

>> Also we'd like to suggest please feel free to contact the NRC to utilize the family listserv that we have because this would be a fantastic toolkit to put on the NRC website.

>> That's great. We'll do that again, being easily found online in a lot of different places and it's word of mouth, literal, as well as the online word of mouth will be one of the most important ways this site will be available and found by folks at the time they need it.

>> One way that we thought would be very helpful is if let's say you started with patient that is being discharged if you could use our email that we have and get a family's email address and send them an email reminding them of the site. It might be a great way to get the information to families right when they're ready to hear it. If they have a link in it and if you're checking your email go directly to the link and the site. It is one less step than when you have to take the reminder card and remember to log on. We'd encourage you to think about creative ways and to let us know.

>> Exactly. You've had numerous comments about what a fantastic, great resource. I want to make sure there isn't anyone else out there with a question so we don't omit

anything. I'll give them a few more minutes. If you have any last-minute comments you would like to make before we close the session, I'm going to leave it up to you guys.

>> I thank you all of you for all the wonderful care you give to children. The Emergency Medical Services for Children program is just really one of the crown jewels in our healthcare system and the trauma centers as well as all of you out there who are preventing injuries and treating them. We just hope this might be another tool that can help you in the good work you do.

>> To say this website wouldn't be possible without a lot of work that has gone into it from a lot of people. All the clinicians, all the researchers who helped about understanding kids' reaction to injury and we really deeply appreciate not only the parents in the midst of a really challenging time say yes to being in a study which is amazing to tell us what is happening with them but also to all of you who do not just the clinical care but also the research that has helped make this possible and we hope it will be a useful tool.

>> Great. Thank you very much. With that I'm going to thank our presenters and encourage everyone to visit the website www.aftertheinjury.org and also as a reminder please take a couple minutes to complete the evaluation. Your response will help us to plan future broadcasts in this series and improve our technical support and for your colleagues who could not participate in the webcast live please let them know it will be archived at The Community Task www.mch.com.com. This ends our webcast. Thank you.