Development and Implementation of a Pediatric Trauma Survivors Network Program
Carolinas Healthcare System/Atrium Health and American Trauma Society
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Purpose: Traumatic injuries have a significant impact on the entire family. Studies have documented depression and anxiety among family providing support to trauma patients. Further, trauma centers often treat several members of a family, including both adults and children. The Trauma Survivors Network (TSN) was developed as a program of the American Trauma Society (ATS) to support recovery for adult trauma patients. However, the children of adult trauma patients, families of pediatric trauma patients, and pediatric trauma patients previously had scarce resources to assist them through these challenging life transitions after trauma.

Resources: The required resources are the following: ATS Membership and Collaboration, Pediatric TSN Coordinator, Clinician and Administrative Support, Philanthropic Funding, and Volunteer Peer Visitors.

Description: Our institution sought to expand TSN to serve pediatric trauma patients, caregivers, and family members of all ages. To inform program development, we conducted focus groups with pediatric trauma patients, families, and physicians which identified significant psychosocial needs for patients and caregivers. We secured grant funding from a philanthropic foundation to support a Pediatric TSN Coordinator to implement this expansion. Peer visitors appropriate for the Pediatric TSN were identified from the existing group of TSN Peer Visitors, mailings to past pediatric trauma families, and referrals from clinicians. Peer visitors were selected for pediatric patients as well as their family members. “Snack and Chat”, a key component of the TSN intended to support family members during the inpatient stay, was adapted to a Pediatric TSN Activity Hour for pediatric patients and families. We added a TSN Kids group to the outpatient support group offerings to offer programming for the entire family, ensuring that parents/caregivers would be able to attend their own support group while the children were in a safe and supportive environment. The team also partnered with the national ATS and another Pediatric TSN site in a writing group to adapt the current TSN Patient and Family Handbook for the pediatric population.

Effectiveness: Since initiation of the pediatric TSN program at our institution, 13 pediatric Peer Visitors have been trained; together, they have conducted 75 visitations with pediatric patients or family members in both the inpatient and rehab settings. 32 patients and family members have attended Pediatric TSN Activity Hour/family support. Since the outpatient TSN Kids Group sessions began in 2015, 28 sessions have occurred, with an average attendance of 3 children or teens. Program evaluation surveys were conducted for parents/guardians and 18-year-old pediatric patients who utilized peer visitation services to assess patient and family satisfaction. Survey collection and analysis are ongoing.

Lessons Learned: Adult TSN services must be adapted to best serve pediatric patients and families. However, resources can be shared between programs to facilitate expansion. For example, training TSN Peer Visitors can be conducted jointly for both programs, with a session to address the developmental, safety, and emotional nuances between adult and pediatric patients. Snack and Chat was adapted into a Pediatric TSN Activity Hour which includes peer visitor led crafts, stories, games, and activities to attract more patients and families and increase engagement with volunteers. All food was omitted from Activity Time as many hospitalized children have food allergies and/or dietary restrictions. Shorter pediatric inpatient stays made collaboration with outpatient clinics and service provision in Pediatric Rehab essential to reach and serve more patients. Services were also adapted to be provided later in the day to better fit the needs of working families, children, and rehabilitation schedules. Finally, the needs of pediatric trauma survivors, especially teens, and the children of adult patients are different, and all would benefit from separate support groups with a more therapeutic component for the pediatric trauma survivors.

Conclusions: The TSN program services can be adapted and expanded to address the psychosocial needs of pediatric trauma survivors, their families, and the children of trauma survivors.

Benefits to Others: The TSN program complements and strengthens the complete trauma care offered at a pediatric trauma center and at an adult trauma center by providing support services for the entire family at various stages of development.