## Interventions to prevent, mitigate and treat medical traumatic stress in children with chronic conditions and their families: a scoping review

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BACKGROUND & OBJECTIVES: Medical trauma (MT) is a critical but largely neglected issue that encompasses the physical and psychological reactions to illness and invasive treatment experiences and can lead to post-traumatic stress symptoms. Children with chronic diseases are at particular risk due to their high needs for ongoing healthcare services. Although trauma-informed care (TIC) principles are widely known and accepted in Alberta hospitals, there is a gap in their translation into practice and adaptation to MT. A MT working group was convened by the Maternal Newborn, Child, and Youth Strategic Clinical Network<sup>™</sup> Patient and Family Advisory Council to address this issue and partner in ongoing research to fill this knowledge-to-practice gap. Additional funding was obtained through the MSI Foundation. The first objective is to map the existing literature for trauma-informed interventions that have been evaluated in the healthcare setting. The second objective is to conduct a grey literature search to identify resources publicly available to providers and caregivers.

**SCOPING REVIEW METHODS:** 

Summary of Grey Literature Resources

<ul> <li>JBI methodology for scoping reviews was used.</li> </ul>	Category Resources (repeats possible within categories)			
Articles related to trauma-informed care for children with chronic	Type of Intervention	Framework (n= 35)	Intervention (n= 19)	Screening (n= 2)
disease or disability will be identified through EMBASE, CINAHL, Web	Intended Audience	Caregivers (n= 10)	Providers (n= 10)	
of Science, MEDLINE and PsycInfo	Targeted Population	Young Children (n= 39)	Adolescents (n= 41)	Parents/families (n= 12)
Abstracted data will include authors, participants, objectives,	Type of Trauma	General Trauma (n= 22)	Medical Trauma (n= 22)	Adverse Childhood Experiences (n= 5)
methodology, and key findings.	Proposed Setting	Inpatient (n= 30)	Outpatient (n= 29)	Specific Setting (n= 4)
Screening of titles, abstracts, and full-text articles will be conducted	Country of Origin	Canada (n= 8)	United States (n= 37)	Australia (n= 4)
by two researchers. Data extraction will be pilot tested on the first 5	EDI Considerations	Racial Inequity (n= 2)	LGBTQIA2S+ (n= 2)	Cultural (n= 3)
studies then completed by a single researcher. GREY LITERATURE SEARCH METHODS:	RESULTS: The grey literature search produced a wide range of interventions that can be utilized by caregivers and providers to mitigate the effect of a value to mitigate			PRISMA-SCr_Flow Diagram
<ul> <li>A grey literature search was conducted using Google and targeted searches on relevant websites.</li> <li>Data was abstracted and appraised using the AACODS checklist.</li> </ul>			Resources identified from: Google (n = 210) Targeted Website Search (n = 1,055)	Resources removed before screening: Duplicate resources removed (n = 34)
Equity, Diversity and Inclusion (EDI) & Sex- and Gender- Based Analysis+ (SGBA+) Considerations: In the scoping review, we will record whether equity-deserving groups have been identified and considered in the design and reporting of results. In the grey literature search resources with EDI considerations or targeted interventions to equity deserving groups were recorded. For more information contact PI:	ongoing and along w literature search wil knowledge synthesi used by the research	I provide a crucial s that will be directly h team to aid in tion co-designed by iders to be pilot atric tertiary	Resources assessed for eligibility (n = 69) Resources included in review (n = 49)	Resources excluded (n = 1,164) Reasons for exclusion: Not specific to healthcare setting Non- <u>pediatric</u> population No defined intervention White literature Trauma-focused therapy
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