

TRAUMA SURVIVORS NETWORK

A PROGRAM OVERVIEW

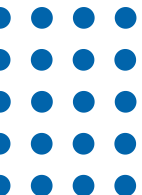


2025

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EXECUTIVE SUMMARY



The ATS: A distinguished history of serving the nation's Trauma Systems

The American Trauma Society (ATS) is the home of the Trauma Survivors Network (TSN). The ATS has served the nation for fifty years as a leading advocate for trauma care and trauma systems development. We are the first to organize a network to support survivors of traumatic injury and their families. Access to implement TSN program services is free for ATS institutional members.



The TSN: Leading with Experience and Evidence

Since 2010, the TSN has led the way in supporting patient-and family-centered care in our nation's trauma centers, pediatric hospitals, and rehabilitation hospitals. The evidence supporting peer to peer support within a collaborative care model is mounting. The TSN utilizes evidence in the development of its services for survivors and families. The need is there, and we have responded.

The TSN: We are on your team!

A team dedicated to supporting the implementation and maintenance of the TSN at your hospital/healthcare facility. You decide your level of available staffing resources and we will provide you with the tools and training to build TSN services to support your trauma patients and families. Onboarding is provided to all sites and provides the necessary online access to our print publications and TSN Coordinator resources. Monthly calls, training opportunities, and networking between sites are just some of the ways we help your team, your trauma patients, and their families succeed.

The TSN: Survivors, Families, Friends and Caregivers

Throughout the nation, trauma survivors have rebuilt their lives through the TSN's systematic, evidence-based approach. Psychosocial, psychoeducational, and peer to peer support with referrals to mental health and community resources for survivors of trauma and their families serve as the foundational efforts of the TSN. The TSN helps empower trauma survivors and families to share their survivor stories to inspire hope starting at the trauma patient's bedside and continuing through the recovery process, reinforcing the importance of these efforts to promote resiliency, healing, and adaptation to traumatic injury.

ABOUT US



The American Trauma Society

The mission of the ATS is: Saving Lives. Improving Care. Empowering Survivors. For over 50 years, the ATS has served as an advocate and educational leader for trauma care systems, trauma professionals, trauma prevention programs, and survivors of trauma and their families throughout the United States. Since 1968, the ATS has led the way to promote quality trauma care nationally. The foundational goals remain the same today: to prevent injury and trauma; and when trauma does occur, to ensure that the trauma survivor is given expert trauma care at all stages of medical intervention and personal recovery.



“As a Trauma Program Manager, this program is invaluable to our patients. We had a wonderful system in place to save lives, improve patient care, and get the patients discharged, but no help for patients on an emotional level. TSN has made a huge change in our patient emotional outcomes after their injuries. TSN helps patients and their families to get them to their “new normal” in life after unexpected traumatic event on so many different levels. The impact I see on staff members taking care of patients, the patient and families and the peer visitors alone is priceless”.

-- Niki Rasnake, BSN, RN, CEN,
Trauma Program Manager,
University of Tennessee Medical
Center, Knoxville, TN

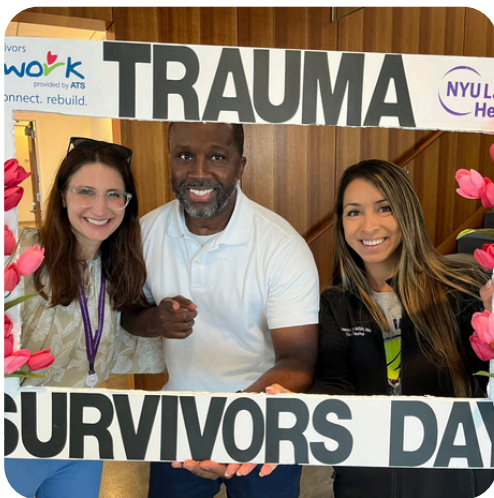
The Trauma Survivors Network

In 2005, the ATS broadened its focus to address the psychosocial and psychoeducational needs of trauma survivors and their families. After significant research in the peer support model and forming a national advisory committee, the ATS formed the national Trauma Survivors Network (TSN). This program is designed to provide a patient-centered and family-centered approach to supporting trauma patients and families as they rebuild their lives after a traumatic injury. To date, the TSN program is offered in Trauma Centers, Pediatric Trauma Centers, and Rehabilitation Hospitals throughout the United States, Canada, and Australia. The TSN program empowers trauma survivors and their families to not only survive a traumatic injury but provides the opportunity to connect with other survivors and families, and to rebuild their lives as they adjust to the “new normal” after trauma.

TSN OVERVIEW



The Trauma Survivors Network (TSN), created by the American Trauma Society, aims to support trauma patients and their families in navigating hospital stays and facilitating recovery. TSN offers practical information, peer support, and skill-building resources. Collaborating with trauma centers, TSN fosters online communities and provides training for healthcare providers. Research shows that TSN implementation positively impacts post-trauma outcomes and aids in supporting those grieving the loss of a loved one.

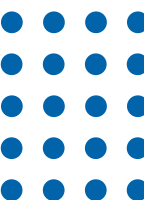


TSN services align with the Substance Abuse and Mental Health Services Administration (SAMHSA)'s six key principles of a trauma-informed approach:

1. **Safety**
2. **Trustworthiness and transparency**
3. **Peer support**
4. **Collaboration and mutuality**
5. **Empowerment, voice and choice**
6. **Cultural, Historical, and Gender Issues**



SAMHSA's trauma-specific intervention guidelines are reflected in how TSN services are offered to empower survivors and families throughout the healing process with recognition of various forms of trauma across the survivor's lifespan. frame.



TSN PROGRAMS AND RESOURCES



We are a community of patients and survivors looking to connect with one another and rebuild our lives after a serious injury. The underlying goal of our programs and resources is to ensure the survivors of trauma a stable recovery and to connect those who share similar stories. TSN offers practical information, peer support, and skill-building resources.

Support Groups

Support Groups connect trauma survivors, providing a space to share experiences, offer mutual support, and enhance coping skills. Survivors and caregivers can benefit from support groups.

Peer Visitation

The peer visitation program connects trauma survivors with trained individuals who have personally navigated the recovery journey. These peer visitors offer support, understanding, and practical tips, having experienced the entire journey from the rescue scene to rehabilitation.

NextSteps

The NextSteps program is based on the principles of self-management. YOU play the most important role in your recovery. NextSteps teaches you how to become more active and take control of your recovery. It uses techniques to increase one's self confidence and sense of empowerment.

Family Class/"Snack n Chat"

Family members are often reluctant to leave their loved one's bedside. The family class or Snack n Chat invites family and friends to take a break from the patient room, enjoy some refreshments, meet peer visitors (trauma survivors and/or their family members) and learn more about the support and resources from the TSN.

Patient & Family Handbook

The patient and family handbook is personalized to the trauma center and provides information about the hospital, what to expect while in-patient and at discharge, and descriptions of common injuries, procedures, equipment, and the care team roles.

SUPPORTING YOUR TSN TEAM



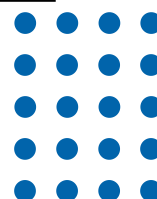
Hospital/Site TSN Coordinator

The TSN Coordinator is a team member at a hospital/site, who the hospital identifies and the National TSN Coordinator trains to lead the hospital's program. Depending on available resources, a hospital may decide to employ a full-time coordinator, a part-time coordinator, or a team of staff members to share for the hospital.

Depending on the TSN Coordinator's educational background and experience, with consideration for regional differences in cost of living, the salary for a full-time TSN Coordinator can range from \$50,000-\$70,000 plus benefits. The costs can be reduced with a part-time Coordinator or a few trained staff members who each designate a portion of their hours to implement specific TSN services.

Graduate level interns can also be trained to help support the TSN program services with no cost to the hospital. The TSN utilizes peer to peer support in both inpatient and outpatient services for adult and pediatric survivors and their families. The hospital based TSN Coordinator recruits and trains trauma survivors and family members of survivors who volunteer their time as Peer Visitors. The TSN Coordinator also coordinates peer support services, such as Support Groups or Trauma Awareness events for survivors and their families during various stages of the recovery process.

Potential Staff Resources:	Possible TSN Services:
Full-Time Coordinator with 1+Intern (1 FTE)	Implement ALL TSN inpatient and outpatient services
Part-Time Coordinator with 1+ Intern (One .5 FTE)	Implement Inpatient Peer Visitation, Snack n Chat, and Outpatient Support Group
3 Staff Members with 1+ Intern each designating 10 hours per week (Three .25 FTEs)	Implement Inpatient Peer Visitation, Snack n Chat, and Outpatient Support Group



PATIENT- AND FAMILY- CENTERED TRAUMA INFORMED APPROACH



The Regional Research Institute for Human Services identifies key principles central to a trauma-informed approach that are foundational to the TSN: collaboration and mutuality, empowerment, and “voice and choice” of the patient and family. As recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA), the TSN approach realizes the widespread impact of trauma on both patient and family and “responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization” (SAMHSA, 2014). Evidence base for the TSN approach to patient-centered and family-centered care is highlighted below.

“Not only does the TSN provide an opportunity for our current trauma patients and families to obtain the information, advice, and hope they need to navigate their journey to recovery, it also provides our former patients and families an opportunity to look beyond their own challenges as they help others, and in so doing, they ultimately enhance their own recovery as well.”

Dr. David Jacobs, (Retired) Medical Director of Trauma Services, Atrium Health Carolinas Medical Center, Charlotte, NC

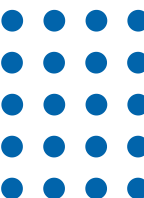
BULGER EM, RASMUSSEN TE, JURKOVICH GJ, FABIAN TC, KOZAR RA, COIMBRA R, COSTANTINI TW, FICKE J, MALHOTRA AK, PRICE MA, SMITH SL, CIOFFI WG, STEWART RM. IMPLEMENTATION OF A NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP). JOURNAL OF TRAUMA ACUTE CARE SURGERY (2018); 84(6):1012-1016.

NEWCOMB AB, HYMES R. LIFE INTERRUPTED: THE TRAUMA CAREGIVER EXPERIENCE. JOURNAL OF TRAUMA NURSING (2017); 24(2):125-133.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION. SAMHSA'S CONCEPT OF TRAUMA AND GUIDANCE FOR A TRAUMA-INFORMED APPROACH. HHS PUBLICATION NO. (SMA) 14-4884. ROCKVILLE, MD: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, 2014.

WEGENER ST, CARROLL EA, GARY JL, MCKINLEY TO, O'TOOLE RB, SIETSEMA DL, CASTILLO RC, FREY KP, SCHARFSTEIN DO, HUANG Y, COLLINS SCJ, MACKENZIE EJ, AND METRC. TRAUMA COLLABORATIVE CARE INTERVENTION: EFFECT ON SURGEON CONFIDENCE IN MANAGING PSYCHOSOCIAL COMPLICATIONS AFTER ORTHOPAEDIC TRAUMA. JOURNAL OF ORTHOPAEDIC TRAUMA (2017); 31(8):427-433.

ZATZICK D, RUSSO J, THOMAS P, DARNELL D, TETER H, INGRAHAM L, WHITESIDE LK, WANG J, GUINEY R, PARKER L, SANDGREN K, HEDRICK MK, VAN EATON EG, & JURKOVICH G. PATIENT-CENTERED CARE TRANSITIONS AFTER INJURY HOSPITALIZATION: A COMPARATIVE EFFECTIVENESS TRIAL. JOURNAL OF PSYCHIATRY (2018); 13:1-17.



PEER TO PEER SUPPORT



Peer-to-peer programs have been long used to provide social support to patients and their families facing a variety of medical challenges. A review of the literature suggests that peer support appears to improve outcomes when associated with a broader health behavior change program than as a stand-alone intervention. Peer to peer support reduces the sense of isolation common to new experiences, and replace it with a sense of belonging and of being understood. Below we provide a few studies evaluating these interventions.



- GASSAWAY J, HOULIHAN BV, EVERHART SKEELS S, JONES ML. FORCE OF PEER MENTORSHIP FOR PERSONS WITH SPINAL CORD INJURY. ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION (2018); 99(8):1691-1692.
- GASSAWAY J, JONES ML, SWEATMAN WM, HONG M, ANZIANO P, DEVAULT K. EFFECTS OF PEER MENTORING ON SELF-EFFICACY AND HOSPITAL READMISSION AFTER INPATIENT REHABILITATION OF INDIVIDUALS WITH SPINAL CORD INJURY: A RANDOMIZED CONTROLLED TRIAL. ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION (2017); 98(8): 1526-1534.
- ORLAS CP, HERRERA-ESCOBAR JP, HAU KM, VELMAHOS A, PATEL N, SANCHEZ S, KAAFARANI H. PERCEIVED SOCIAL SUPPORT IS STRONGLY ASSOCIATED WITH RECOVERY AFTER INJURY. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2021); 91: 552-558.
- REICHMANN JP AND BARTMAN KR. AN INTEGRATIVE REVIEW OF PEER SUPPORT FOR PATIENTS UNDERGOING MAJOR LIMB AMPUTATION; JOURNAL OF VASCULAR NURSING (2018); 36(1):34-39.
- SCANNELL B; WALLY, M; FLORES, E; LEVY, J; WADDELL, M; SEYMOUR, R; ATRIUM TRAUMA RESEARCH GROUP. DEVELOPMENT AND IMPLEMENTATION OF A PEDIATRIC TRAUMA SURVIVORS NETWORK PROGRAM. JOURNAL OF TRAUMA NURSING (2019); 26(2): 71-75.
- ZADNICK M, CASTILLO RC, CARLINI AR, BRADFORD AN, TETER H, HEINS S, WEGENER ST, WYSOCKI E, MACKENZIE EJ, POLLACK A. IMPROVING OUTCOMES AT LEVEL 1 TRAUMA CENTERS: AN EARLY EVALUATION OF THE TRAUMA SURVIVORS NETWORK. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2013); 74(6): 1534-40.

IDENTIFYING AND MANAGING ACUTE STRESS, PTSD, ANXIETY AND DEPRESSION AFTER TRAUMA



TSN Coordinators and their team strive to identify patients at risk for acute stress, PTSD, anxiety, and depression, and provide support, information and community resources as needed. Previous studies have found that discharged patients experience a number of challenges which could be addressed through early access to information about available resources; and that educating patients and their families about their condition and treatment improves adherence, behavior change, and satisfaction (see resources below).

- CARE MEDICAL SETTINGS. PSYCHIATRIC SERVICES IN ADVANCE (2016); 1-6.
- CASTILLO RC, HUANG Y, SCHARFSTEIN D, FREY K, BOSSE MJ, POLLAK AN, VALLIER HA, ARCHER KR, HYMES RA, NEWCOMB AB, ET AL. ASSOCIATION BETWEEN 6-WEEK POSTDISCHARGE RISK CLASSIFICATION AND 12-MONTH OUTCOMES AFTER ORTHOPEDIC TRAUMA. JAMA SURG. 2019;154:E184824. DOI: 10.1001/JAMASURG.2018.4824.
- DARNELL D, O'CONNOR S, WAGNER A, RUSSO J, WANG J, INGRAHAM L, SANDGREN K, ZATZICK D. ENHANCING THE REACH OF COGNITIVE-BEHAVIORAL THERAPY TARGETING POST TRAUMATIC STRESS IN ACUTE CARE MEDICAL SETTINGS. PSYCHIATR SERV. (2017);68(3):258-263. DOI: 10.1176/APPI.PS.201500458. EPUB 2016 OCT 17. PMID: 27745536.
- HERRERA-ESCOBAR, JP ET AL. PATIENT REPORTED OUTCOMES AT 6-12 MONTHS AMONG SURVIVORS OF FIREARM INJURY IN THE UNITED STATES. ANNALS OF SURGERY DOI: 10.1097/SLA.0000000000003797
- HUNT J, SAPP M, WALKER C, WARREN A, BRASEL K, DERON-CASSINI T. UTILITY OF THE INJURED TRAUMA SURVIVOR SCREEN TO PREDICT PTSD AND DEPRESSION DURING HOSPITAL ADMISSION. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2017); 82(1): 93-101.
- WEGENER ST, POLLAK AN, FREY KP, HYMES AR, ARCHER KR, JONES CB, SEYMOUR RB, O'TOOLE RB, CASTILLO RC, HUANG Y, SCHARFSTEIN DO, MACKENZIE EJ, AND METRC. THE TRAUMA COLLABORATIVE CARE STUDY (TCCS). JOURNAL OF ORTHOPAEDIC TRAUMA (2017); 31(4):S78-S87.



GETTING STARTED



4 Simple Steps

For a Trauma Center, Pediatric Trauma Center, or Rehabilitation Hospital to implement the Trauma Survivors Network, there are 4 simple steps:

1. Become an Institutional Member of the [American Trauma Society](http://amtrauma.org) (amtrauma.org)
2. Complete the TSN Participation Agreement (MOU)
3. Identify your TSN Coordinator(s)
4. Begin onboarding with National TSN Coordinator to start implementing TSN program

For more information, contact:

Lara Peck

TSN Program Advisor

Lara@amtrauma.org

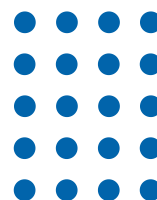
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APPENDIX A: ADDITIONAL RELATED RESEARCH



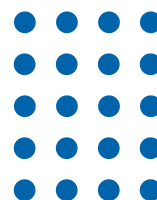
- NEWCOMB AB, MOORE LG, MATTO HC. FAMILY-CENTERED CAREGIVING FROM HOSPITAL TO HOME: COPING WITH TRAUMA AND BUILDING CAPACITY WITH THE HOPE FOR FAMILIES MODEL. PATIENT EXPERIENCE JOURNAL (2018); 5(1): 66-75.
- PURKEY E, PATEL R, PHILLIPS S, TRAUMA-INFORMED CARE: BETTER CARE FOR EVERYONE. CANADIAN FAMILY PHYSICIAN (2018); 64(3): 170-172.
- ZATZICK D, RIVARA F, JURKOVICH G, RUSSO J, TRUSZ SG, WANG J, WAGNER S, STEPHENS K, DUNN C, UEHARA E, PETRIE M, ENGEL C, DAVYDOW D, KATON W. ENHANCING THE POPULATION IMPACT OF COLLABORATIVE CARE INTERVENTIONS: MIXED METHOD DEVELOPMENT AND IMPLEMENTATION OF STEPPED CARE TARGETING POSTTRAUMATIC STRESS DISORDER AND RELATED COMORBIDITIES AFTER ACUTE TRAUMA. GENERAL HOSPITAL PSYCHIATRY (2011); 33(2), 123-134.
- BRADFORD AN, CASTILLO RC, CARLINI AR, WEGENER ST, TETER H, MACKENZIE EJ. THE TRAUMA SURVIVORS NETWORK: SURVIVE. CONNECT. REBUILD. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2011); 70(6); 1557-1560.
- BRADFORD AN. LIFE IN RECOVERY: REBUILDING FROM TRAUMA. INTERNATIONAL JOURNAL OF TRAUMA NURSING (2002); 8(3):70-75.
- BRADFORD AN. REBUILD: AN ORTHOPEDIC TRAUMA SUPPORT GROUP AND COMMUNITY OUTREACH PROGRAM. HEALTH AND SOCIAL WORK (1999); 24(4), 307-311.
- BANDURA, A. (1986). SOCIAL FOUNDATIONS OF THOUGHT AND ACTION: A SOCIAL COGNITIVE THEORY. ENGLEWOOD CLIFFS, N.J.: PRENTICE-HALL.
- BANDURA, A. (1977). SOCIAL LEARNING THEORY. ENGLEWOOD CLIFFS, N.J.: PRENTICE HALL.
- HUNT J, CHESNEY SA, BRASEL K, AND DERON-CASSINI, TA. SIX-MONTH FOLLOW-UP OF THE INJURED TRAUMA SURVIVOR SCREEN: CLINICAL IMPLICATIONS AND FUTURE DIRECTIONS. JOURNAL OF TRAUMA ACUTE CARE SURGERY (2018); 85(2), 263-270.
- CASTILLO RC, ARCHER KR, NEWCOMB AB, WEGENER ST. PAIN AND PSYCHOLOGICAL DISTRESS FOLLOWING ORTHOPEDIC TRAUMA: A CALL FOR COLLABORATIVE MODELS OF CARE. TECHNIQUES IN ORTHOPEDICS (2016); 31(4): 228-234.
- BRADFORD AN, CASTILLO RC, CARLINI AR, WEGENER ST, FRATTAROLI S, HEINS SE, TETER HM, MACKENZIE EJ BARRIERS TO IMPLEMENTATION OF A HOSPITAL BASED PROGRAM FOR SURVIVORS OF TRAUMATIC INJURY: A MIXED METHOD INVESTIGATION. JOURNAL OF TRAUMA NURSING(2013); 20(2): 89-99.
- NEWCOMB AB, LIU C, TRICKEY AW, DORT J. TELL ME STRAIGHT: TEACHING RESIDENTS TO DISCLOSE ADVERSE EVENTS IN SURGERY. JOURNAL OF SURGICAL EDUCATION, ONLINE NOVEMBER/DECEMBER 2018; 75(6).
- TRICKEY AW, NEWCOMB A, PORREY M, PISCITANI F, WRIGHT J, GRALING P, DORT J. TWO-YEAR EXPERIENCE IMPLEMENTING A CURRICULUM TO IMPROVE RESIDENTS' PATIENT-CENTERED COMMUNICATION SKILLS. JOURNAL OF SURGICAL EDUCATION, 2017 NOV - DEC;74(6):E124-E132.



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- NEWCOMB AB, MOORE LG, MATTO HC. FAMILY-CENTERED CAREGIVING FROM HOSPITAL TO HOME: COPING WITH TRAUMA AND BUILDING CAPACITY WITH THE HOPE FOR FAMILIES MODEL. PATIENT EXPERIENCE JOURNAL (2018); 5(1): 66-75.
- PURKEY E, PATEL R, PHILLIPS S, TRAUMA-INFORMED CARE: BETTER CARE FOR EVERYONE. CANADIAN FAMILY PHYSICIAN (2018); 64(3): 170-172.
- ZATZICK D, RIVARA F, JURKOVICH G, RUSSO J, TRUSZ SG, WANG J, WAGNER S, STEPHENS K, DUNN C, UEHARA E, PETRIE M, ENGEL C, DAVYDOW D, KATON W. ENHANCING THE POPULATION IMPACT OF COLLABORATIVE CARE INTERVENTIONS: MIXED METHOD DEVELOPMENT AND IMPLEMENTATION OF STEPPED CARE TARGETING POSTTRAUMATIC STRESS DISORDER AND RELATED COMORBIDITIES AFTER ACUTE TRAUMA. GENERAL HOSPITAL PSYCHIATRY (2011); 33(2), 123-134.
- BRADFORD AN, CASTILLO RC, CARLINI AR, WEGENER ST, TETER H, MACKENZIE EJ. THE TRAUMA SURVIVORS NETWORK: SURVIVE. CONNECT. REBUILD. JOURNAL OF TRAUMA AND ACUTE CARE SURGERY (2011); 70(6); 1557-1560.
- BRADFORD AN. LIFE IN RECOVERY: REBUILDING FROM TRAUMA. INTERNATIONAL JOURNAL OF TRAUMA NURSING (2002); 8(3):70-75.
- BRADFORD AN. REBUILD: AN ORTHOPEDIC TRAUMA SUPPORT GROUP AND COMMUNITY OUTREACH PROGRAM. HEALTH AND SOCIAL WORK (1999); 24(4), 307-311.
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- BANDURA, A. (1977). SOCIAL LEARNING THEORY. ENGLEWOOD CLIFFS, N.J.: PRENTICE HALL.
- HUNT J, CHESNEY SA, BRASEL K, AND DERON-CASSINI, TA. SIX-MONTH FOLLOW-UP OF THE INJURED TRAUMA SURVIVOR SCREEN: CLINICAL IMPLICATIONS AND FUTURE DIRECTIONS. JOURNAL OF TRAUMA ACUTE CARE SURGERY (2018); 85(2), 263-270.
- CASTILLO RC, ARCHER KR, NEWCOMB AB, WEGENER ST. PAIN AND PSYCHOLOGICAL DISTRESS FOLLOWING ORTHOPEDIC TRAUMA: A CALL FOR COLLABORATIVE MODELS OF CARE. TECHNIQUES IN ORTHOPEDICS (2016); 31(4): 228-234.
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- TRICKEY AW, NEWCOMB A, PORREY M, PISCITANI F, WRIGHT J, GRALING P, DORT J. TWO-YEAR EXPERIENCE IMPLEMENTING A CURRICULUM TO IMPROVE RESIDENTS' PATIENT-CENTERED COMMUNICATION SKILLS. JOURNAL OF SURGICAL EDUCATION, 2017 NOV - DEC;74(6):E124-E132.



APPENDIX B:

ATS POSITION STATEMENT - 2021-02 COMPREHENSIVE TRAUMA SURVIVOR SUPPORT



Traumatic injuries affect a diverse group of people ranging in ages, health conditions and cultural backgrounds. Moreover, a large segment of this group is comprised of otherwise young, healthy, individuals, whose lives get disrupted in significant ways, potentially limiting their productivity for years to come.

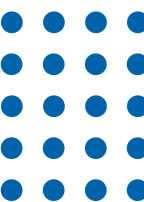
Additionally, approximately 20–40 percent of all injured trauma survivors experience high levels of posttraumatic stress disorder (PTSD) and/or depressive symptoms because of their injuries. Similarly, research shows that family members and caregivers of injured patients can also experience comparable stressors and symptoms during the recovery period and beyond. Many patients and families are not treated for PTSD and depression and the resultant untreated conditions are often associated with increased health care and societal costs, which affect patients, their family members and society.

Patient centered care emphasizes high quality, individually tailored care focusing on patients rather than diseases. Research shows that an improved patient-provider relationship leads to an improved experience of care and better clinical outcomes. In this system, families and friends are an essential part of the team. Information is freely shared, and all are encouraged to participate in decisions and care. Injured patients may not be able to understand or process the information provided in the trauma center so a trusted family member or friend not only provides emotional and physical support but can also help the patient understand the clinicians' diagnoses and instructions.

Comprehensive care for trauma patients includes a commitment to returning the patient to society with the maximum physical and psychological function possible consistent with his or her injuries. Such an outcome requires caregivers to provide timely and clear information, practice patient-centered care, and provide extensive psychosocial support services as well as access to resources that decrease isolation and facilitate patient and family healing post-discharge.

Peer support which includes connection to a similarly impacted trauma survivor (peer) to help the patient adapt to their new circumstances is another valuable tool that can be used to provide psychological support to trauma survivors. This can be provided locally or through a national network such as the ATS Trauma Survivors Network (TSN).

To accomplish the goal of comprehensive care, psychological as well as physical, each trauma survivor and family would ideally be connected to a qualified, knowledgeable healthcare professional dedicated to meeting patient and family psychosocial needs. This person would prioritize these concerns and ensure that efforts are made to address them.



APPENDIX B:

ATS POSITION STATEMENT - 2021-02 COMPREHENSIVE TRAUMA SURVIVOR SUPPORT



The ATS believes the goals of Trauma Centers, as they practice patient centered care, should include:

- Screen patients for psychosocial distress, including, but not limited to PTSD, depression, and social isolation following discharge.
- Implement peer support programs that connect patients and families to each other with a focus on providing opportunities to learn and grow with others facing similar challenges.
- Provide opportunities for patients and families to volunteer their time to
 - Engage in supportive activities with trauma survivors in the hospital.
 - Educate providers and the community regarding their trauma experiences.
 - Engage in supportive activities for professional staff.
- Provide patients and family members demonstrating a need for psychosocial support with
 - Supportive counseling in the hospital.
 - Referrals and linkages to community resources.
 - Information regarding support and educational opportunities available in the hospital.
- Distribute print materials to educate patients and family members regarding the hospital system, trauma diagnoses and treatments.
- Provide supportive education to trauma family members in the intensive care units regarding the trauma care team, trauma care system and processes, etc.
- Ensure patients and family members have access to self-management trauma recovery classes, either online or in person.
- Consider hiring and/or training a professional dedicated to the psychosocial care of the trauma patient and family, as well as developing programs supporting their recovery. This programming would require a professional with:
 - Strong inter-personal skills and the capability to network with various partners across the hospital and the community.
 - Support and task group leadership experience.
 - Excellent teaching, management, and training skills, preferably with adults, volunteers, and groups of staff.
 - Impeccable communication skills including strong writing and presentation skills.
 - Proficiency in program development, coordination, and management.
 - Strong organizational skills and self-direction.
 - Expertise in working with the press and performing media interviews.
 - Consider requiring that this professional possess the following educational background:
 - Masters prepared in one of the following health-related fields:
 - Mental health, such as social work, psychology, or counseling.
 - Health education.
 - Other health profession (e.g., Occupational Therapy/Physical Therapy/Speech Language Therapy, Nursing) with a focus on mental health.

