Parents as Caregivers of Injured Children

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Significance

- 475,000 children (0-14 years old) in the US experience traumatic brain injuries each year, accounting for:
 - 2,685 deaths
 - 37,000 hospitalizations
 - 435,000 emergency department visits.
- Preschoolers with even mild head injuries have impairments that continue into their school age years, including behavior disorders & lower reading ability that interfere with school performance.
- After their injury, most children return home to their families. Parents are ill-equipped to handle the challenges these children present.
- Our study of parent & family functioning after a preschool child's head injury is identifying factors (including severity of the child's head injury) associated with negative parent, parent-child, and family outcomes.
- Our findings have implications for practice, research, and policy.



Pre-discharge Clinical Implications

- Focus in-hospital assessment and interventions on mother's mental health and her perceptions of the child's injuries and hospital stay.
- Help mothers identify:
 - Sources of post-discharge support
 - Strategies for renewing contact with and maintaining existing sources &/or accessing new sources.
- Anticipatory guidance about caregiving challenges in first 3 months. Identify strategies to meet challenges.
- Daily availability of advanced practice nurse (APN) by phone to help mother with problem solving.



Clinical Implications for Follow-up

- Monitor effectiveness of sources of support.
- Assess and support mother's mental health.
- Assess mother's perceptions of child's injuries and hospital stay and reflections on time since discharge.
 - Influence of injury and hospital stay fades through 6 months, but reappears at 12 months - the anniversary of the injury event
- More frequent surveillance of families at risk.



Future Research

- With this dataset:
 - Relationship of child's abilities and deficits with mother, mother-child, and family functioning
 - Changes in outcomes over time
 - Identify factors related to pattern of change
- Research with fathers
 - Perceptions, outcomes, & risk factors may be different due to fathers' parent & family roles
 - Identify effective incentives to recruit & retain fathers
- Development and testing of interventions for prevention of childhood accidental injury



Policy Implications

- Allow flexibility in timing and number of visits to health care providers
 - In first 3 6 months after hospital discharge
 - For families at risk
- Provide public service announcements, email communications, &/or pamphlets about preventing childhood accidental injuries in child care facilities, grade schools, churches, and other common meeting places for parents, grandparents, and other family members
- Require short online course (like for human subjects protections) about accidental injury prevention for all child care providers, teachers, and others who come in contact with children, parents, and grandparents.

