This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

Trauma-Informed Care for Nurses

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Nursing/General Staff Education I 320521/418421

Discussion

❖ Define psychological trauma
❖ Describe some of the controversies in the diagnosis of trauma related to PTSD (post-traumatic stress disorder) criterion A
❖ Recall the principles of trauma-informed care

Discussion

❖ Apply trauma-informed care principles to one’s own interactions with patients

What is Trauma-Informed Care?

❖Trauma-informed care seeks to:
- ❑ realize the widespread impact of trauma and understand paths for recovery
- ❑ recognize the signs and symptoms of trauma in patients, families, and staff

What is Trauma-Informed Care?

❖Trauma-informed care seeks to:
- ❑ integrate knowledge about trauma into policies, procedures, and practices
- ❑ actively avoid re-traumatization

What is Trauma?

Post-traumatic Stress Disorder 309.81 (F43.10)

What is Trauma?

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways
   1. Directly experiencing the traumatic event(s).
   2. Witnessing, in person, the event(s) as it occurred to others.

What is Trauma?

3. Learning the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

What is Trauma?

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

   Note: criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related

What is Trauma?

- ❖There is a longstanding debate on whether meeting criterion A is necessary
- ❖Let’s learn a bit about the history of criterion A to understand the controversy

What is Trauma?

- ❖PTSD was originally introduced in the DSM-III (Diagnostic and Statistical Manual of Mental Disorders, Third Edition)

The Criterion A Problem Revisited: Controversies and Challenges in Defining and Measuring Psychological Trauma

What is Trauma?

- The criterion A descriptors were vague
  - the event had to be “outside the range of usual human experience” and they would have to “evoke significant symptoms of distress in almost everyone”

What is Trauma?

- The criterion A descriptors were vague
  - criticisms
    1. traumatic events are not rare
    2. there are no data to determine what kind of event is “outside of the normal range of human experience”

What is Trauma?

- ❖The criterion A descriptors were vague
  - ❑ criticisms
    3. “evoke distress in almost anyone” suggests applying an unknown norming standard to idiosyncratic responses

What is Trauma?

- ❖In the DSM-III-TR (text revision), wording was added that the criterion A event is “usually experienced with intense fear, terror, and helplessness” and indirect exposure (“learning about a serious threat or harm to a close friend or relative”) was added

What is Trauma?

- The DSM-IV retained the occurrence of the event (A1) and that the response was fear or horror (A2)
- The DSM-5 altered criterion A so that it included only exposure to actual or threatened death

What is Trauma?

- The main critique of the alterations was that the scope of “trauma” had become too broad

What is Trauma?

- PTSD is unique in that it is the only mental health diagnosis that requires a qualifying stressor

Should PTSD Criterion A Be Retained?

Dean G. Kilpatrick, Heidi S. Resnick, and Ron Acierno
Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC

What is Trauma?

- PTSD is unique in that it is the only mental health diagnosis that requires a qualifying stressor
    - we can diagnose depression in someone who has not had something uniquely depressing happen to them

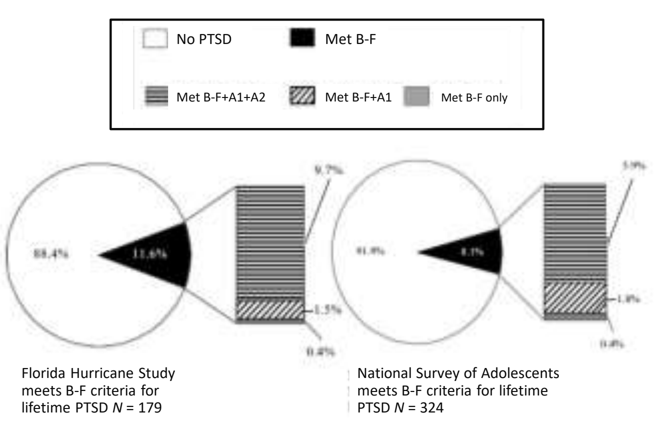
What is Trauma?

- Data were collected from two large national studies in the U.S.
  - one sampled people in Florida who went through a hurricane
    - 1,130 older adults (60+)
    - 413 other adults (18-59)

What is Trauma?

- Data were collected from two large national studies in the U.S.
  - one sampled adolescents
    - 4023 (12-17)
  - asked about criterion A events, as well as the other (DSM-IV) criteria

What is Trauma?



Florida Hurricane Study meets B-F criteria for lifetime PTSD *N* = 179

National Survey of Adolescents meets B-F criteria for lifetime PTSD *N* = 324

- ❖ The vast majority of people who met criteria B-F also met criteria A1 and A2

What is Trauma?

- ❖ Conclusions
  - ❑ criterion A should be retained in some form, because PTSD does not arise spontaneously
  - ❑ criterion A should include exposure to a threatening event

What is Trauma?

- Conclusions
  - replace debate about which events “count” as criterion A with research on which events are more likely to cause PTSD
  - emotional reactions other than fear/horror/helplessness should be included as characterizing the response

What is Trauma?

- Conclusions
  - criterion F (degree of functional impairment) may be a better measure of the disorder than the event that produced it

Journal of Anxiety Disorders 43 (2016) 106–117
Contents lists available at ScienceDirect
Journal of Anxiety Disorders
ELSEVIER

Review

Does one size fit all? Nosological, clinical, and scientific implications of variations in PTSD Criterion A

Jacob Y. Stein[a,*], Dayna V. Wilmot[b], Zahava Solomon[a]
[a] I-Core Research Center for Mass Trauma, Bob Shapell School of Social Work, Tel Aviv University, 69978 Tel Aviv, Israel
[b] Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, MA, United States

What is Trauma?

What is Trauma?

- ❖“Complex PTSD” (CPTSD) is another source of debate
- ❖CPTSD focuses on prolonged distress that is not directly life threatening (often, but not exclusively, adverse childhood experiences such as emotional abuse)

What is Trauma?

❖The events are usually:

1. prolonged and repeated, not single events
2. committed by a caregiver
3. occur at critical developmental periods (usually childhood)

What is Trauma?

❖CPTSD appears to more often include:

- ❑ alterations in mood, affect, and impulses (e.g., risk-taking and suicidality)
- ❑ alterations in attention or consciousness (e.g., dissociative episodes)
- ❑ somatization (e.g., chronic pain)

What is Trauma?

❖CPTSD appears to more often include:

- ❑ alterations in self-perception (e.g., shame)
- ❑ alterations in perceptions of the perpetrator (e.g., idealization of or preoccupation with hurting the perpetrator)
- ❑ alterations in relations with others (e.g., inability to trust, victimization)

What is Trauma?

❖CPTSD appears to more often include:

- ❑ alterations in systems of meaning (e.g., despair, loss of previously held beliefs)

What is Trauma?

- Unlike PTSD, CPTSD is usually focused entirely on human-perpetrated trauma

What is Trauma?

- The protracted contact with the abuser is sometimes contended to bring about "*post-traumatic personality disorder"* (Note: NOT a DSM diagnosis!) because the individual had to modify their personality to placate or avoid the perpetrator

What is Trauma?

- ❖Treatment includes normal interventions (discussed later) plus more emotion regulation training

What is Trauma?

- ❖Ongoing traumatic stress response or continuous stress response are terms used to describe situations in which the trauma is not in the past (e.g., being in an abusive relationship, being in a violent prison, living in a war zone)

What is Trauma?

- ❑ this also involves recent past events and could be diagnosed as PTSD, but the extra consideration is that the trauma is not exclusively in the past; it is in the present and likely in the foreseeable future

What is Trauma?

- ❖ Establishing safety might be impossible, or perceived to be
- ❖ Switching between the traumatic stress responses needed to maintain safety (e.g., to placate an abusive spouse) and normal functioning in daily life may not be possible

What is Trauma?

❖Ongoing traumatic stress response and continuous stress response are NOT DSM diagnoses

What is Trauma?

❖Cumulative stress (NOT a DSM diagnosis!)

❖Important to recall that a patient may not have only one traumatic index event; a patient history may include:

What is Trauma?

❖Cumulative stress (NOT a DSM diagnosis!)

❖Important to recall that a patient may not have only one traumatic index event; a patient history may include:

- ❑ childhood sexual abuse
- ❑ a severe car accident as a teen
- ❑ combat trauma while enlisted in the military

What is Trauma?

❖Multiple traumas appear to be linked with more severe symptom presentations

What is Trauma?

- ❖Multiple traumas appear to be linked with more severe symptom presentations
- ❖The multiple events may pile on one another, or essentially give the person multiple “cases” of PTSD that operate differently

ETHNICITY & HEALTH
2020, VOL. 25, NO. 5, 717–731
https://doi.org/10.1080/13557858.2018.1444150

Taylor & Francis
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Check for updates

The association between discrimination and PTSD in African Americans: exploring the role of gender

Stephanie Brooks Holliday[a], Tamara Dubowitz[b], Ann Haas[b], Bonnie Ghosh-Dastidar[a], Amy DeSantis[c] and Wendy M. Troxel[b]

[a]RAND Corporation, Santa Monica, CA, USA; [b]RAND Corporation, Pittsburgh, PA, USA; [c]RAND Corporation, Boston, MA, USA

What is Trauma?

What is Trauma?

- ❖ Recent research has begun to explore the link between discrimination and PTSD
- ❖ Data were collected from 806 participants in Pittsburgh

What is Trauma?

- ❖ Data were collected on:
  - ❑ PTSD symptoms
  - ❑ discrimination
  - ❑ psychological distress
  - ❑ neighborhood safety (perceived)
  - ❑ neighborhood crime (via crime reports)

What is Trauma?

❖ Participants were:
  - ❑ on average, 58 years old
  - ❑ 79% women
  - ❑ 95% Black or African American

❖ 59% reported experiencing at least one form of discrimination at least a few times each year

What is Trauma?

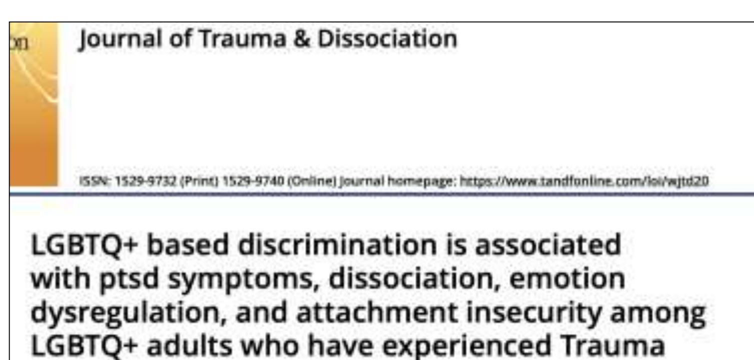
❖ 26% of the sample met the cutoff for PTSD

What is Trauma?

❖ In a regression analysis, PTSD symptoms were linked with:
- ❑ unfair treatment ($\beta = .22$, $SE = .03$)
- ❑ psychological distress ($\beta = .54$, $SE = .03$)
- ❑ being married or living with a partner [negatively; ($\beta = -.21$, $SE = .07$)]

What is Trauma?

❖ Among those reporting no discrimination, PTSD rate was 20%; among those reporting any discrimination, PTSD rate was 29%


Journal of Trauma & Dissociation

ISSN: 1529-9732 (Print) 1529-9740 (Online) Journal homepage: https://www.tandfonline.com/loi/wjtd20

LGBTQ+ based discrimination is associated with ptsd symptoms, dissociation, emotion dysregulation, and attachment insecurity among LGBTQ+ adults who have experienced Trauma

Leah Keating & Robert T. Muller

What is Trauma?

What is Trauma?

- ❖Data from 149 individuals was collected
- ❖Data were collected on prior trauma, attachment, emotion regulation, and PTSD symptoms
- ❖Experiencing discrimination was linked with PTSD symptoms (B = 0.35)

What is Trauma?

❖ Take-homes
  - ❑ the DSM-5 requires experiencing, witnessing, or learning about a life-threatening event
  - ❑ there is debate about whether this is too restrictive a definition

Post-traumatic Stress Disorder 309.81 (F43.10)

What is Trauma?

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred

What is Trauma?

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

   Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

What is Trauma?

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

   Note: In children, there may be frightening dreams without recognizable content.

What is Trauma?

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings). Note: In children, trauma-specific reenactment may occur in play.

What is Trauma?

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

What is Trauma?

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

What is Trauma?

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

What is Trauma?

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

What is Trauma?

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

What is Trauma?

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

What is Trauma?

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” ‘The world is completely dangerous,” “My whole nervous system is permanently ruined”).

What is Trauma?

3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

What is Trauma?

5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

What is Trauma?

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

What is Trauma?

1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance
4. Exaggerated startle response.

What is Trauma?

5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep, or restless sleep).

What is Trauma?

F. Duration of the disturbance (criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

What is Trauma?

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

What is Trauma?

- Specify whether with dissociative symptoms, the individual's symptoms meet the criteria for post-traumatic stress disorder. In addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

What is Trauma?

- depersonalization: persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly)

What is Trauma?

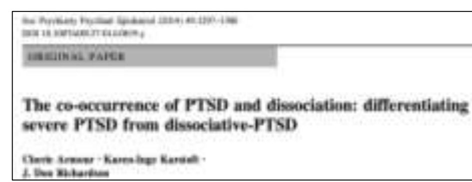
- ❑ derealization: persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: to use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

What is Trauma?

- ❖ Specify if with delayed expression, the full diagnostic criteria are not met until at least six months after the event (the onset and expression of some symptoms may be immediate)

What is Trauma?


ORIGINAL PAPER

The co-occurrence of PTSD and dissociation: differentiating severe PTSD from dissociative-PTSD

Cherie Armour · Karen-Inge Karstoft · J. Don Richardson

- ❖Dissociation is disconnection from one's thoughts, feelings, and sense of identity
- ❖The dissociative subtype has been the subject of substantial debate

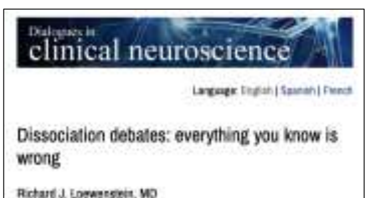
What is Trauma?

ORIGINAL PAPER

The co-occurrence of PTSD and dissociation: differentiating severe PTSD from dissociative-PTSD

Cherie Armour · Karen-Inge Karstoft · J. Don Richardson

- ❖There is an increased incidence of reported dissociation among people with PTSD, but how important this is and where it comes from is argued (often very vigorously)



COMMENT

The Trauma Model of Dissociation: Inconvenient Truths and Stubborn Fictions. Comment on Dalenberg et al. (2012)

Published: 06 November 2018

Trauma-Related Dissociation Is No Fantasy: Addressing the Errors of Omission and Commission in Merckelbach and Patihis (2018)

Bethany L. Brand, Constance J. Dalenberg, Paul A. Frewen, Richard J. Loewenstein, Hugo J. Schielke, Judy S. Brams & David Spiegel

Psychological Injury and Law 11, 377–393 (2018) | Cite this article

912 Accesses | 14 Citations | 12 Altmetric | Metrics

ORIGINAL PAPER

The co-occurrence of PTSD and dissociation: differentiating severe PTSD from dissociative-PTSD

Cherie Armour · Karen-Inge Karstoft · J. Don Richardson

What is Trauma?

What is Trauma?

- ❖The “trauma model” posits that dissociation is protective when encountering trauma by removing trauma from conscious awareness
  - ❑ research does NOT support hypnosis or other methods of “recovering” these memories, and indeed indicates that such attempts can create false memories

What is Trauma?

- Skeptics argue that dissociation is a fad from the 90s and 80s
- Likely spurred on by the discovery of the problems in clinicians inducing belief in multiple personalities and recovered memories during that time

What is Trauma?

- Overall, the existing research does demonstrate a link between PTSD and dissociation, but the specifics of this link remain unclear

What is Trauma?

❖ Derealization is somewhat similar to dissociation
  ❑ a sense that one is not in one's body, or that the world is not real
❖ It can be hard to differentiate these, and most research on derealization combines it with depersonalization

What is Trauma?

❖ Delayed onset was originally identified as a specifier because many veterans were not exhibiting clear PTSD until years (perhaps more than a decade) after combat trauma

Review

Scand J Work Environ Health. 2014;40(3):215–229. doi:10.5271/sjweh.3420

Occurrence of delayed-onset post-traumatic stress disorder: a systematic review and meta-analysis of prospective studies

by Nicolai Utzon-Frank, MD,[1] Nina Breinegaard, MSc, PhD,[1] Mette Bertelsen, MSc, PhD,[2] Marianne Borritz, MD, PhD,[1] Nanna Hurwitz Eller, MDSc,[1] Merete Nordentoft, MD, PhD,[3] Kasper Olesen, MSc,[1,4] Naja Hulvej Rod, MSc, PhD,[4] Reiner Rugulies, MSc, PhD,[5] Jens Peter Bonde, MD, PhD [1]

What is Trauma?

What is Trauma?

- The delayed onset is typically not complete delayed onset, but rather just failing to meet the full diagnosis until six months after the event

What is Trauma?

- The authors examined data from 39 studies of participants who experienced trauma
  - the prevalence of PTSD was 20%
  - delayed onset PTSD was 5.6% (about 25% of cases)

What is Trauma?

- Delayed onset PTSD was more common in:
  - military and first responders
  - those with combat related trauma as the criterion A event
  - those with a history of depression
  - those whose trauma experience was considered to be more severe

Journal of the
American Association of Nurse Practitioners

REVIEW

Health consequences of adverse childhood experiences: A systematic review

Karen A. Kalmakis, PhD, FNP-BC (Associate Professor) & Genevieve E. Chandler, PhD, RN (Associate Professor)

University of Massachusetts Amherst, Amherst, Massachusetts

How Does Trauma Impact Health?

How Does Trauma Impact Health?

- ❖60% of people have experienced ACEs (Adverse Childhood Experiences)
- ❖ACEs are rarely assessed in primary care
- ❖Multiple chronic abuse and neglect can impact brain development and physical health

How Does Trauma Impact Health?

- The authors synthesized findings from 42 studies

How Does Trauma Impact Health?

- ACEs were linked with:
  - physical health conditions
    - COPD (chronic obstructive pulmonary disease)
    - headaches
    - sleep problems
    - obesity
    - smoking

How Does Trauma Impact Health?

- ACEs were linked with
  - mental health concerns
    - suicidal ideation
    - emotional reactivity
    - depression
    - PTSD (post-traumatic stress disorder)
    - anxiety

How Does Trauma Impact Health?

- ACEs were linked with
  - mental health concerns
    - substance use
    - hallucinations

How Does Trauma Impact Health?

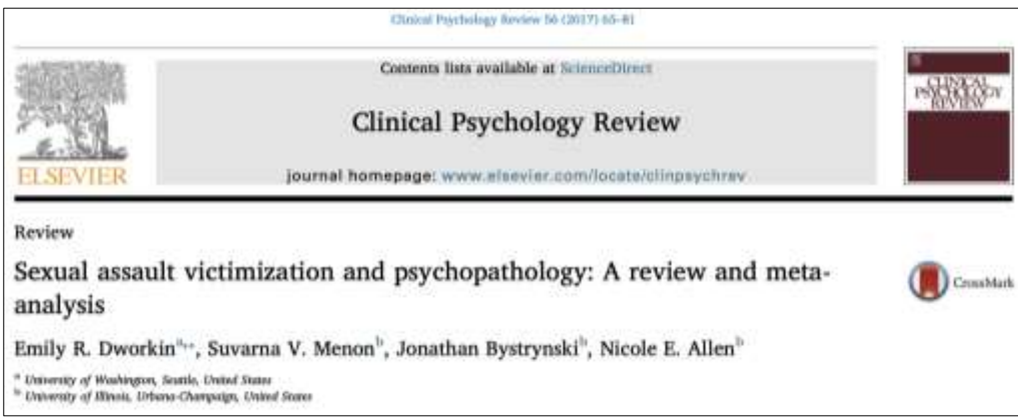
- ACEs were linked with
  - health risk behaviors
    - smoking
    - intimate partner violence
    - early alcohol use
    - binge drinking

How Does Trauma Impact Health?

- ACEs were linked with
  - other health issues
    - multiple abortions
    - homelessness

How Does Trauma Impact Health?

- ACEs were linked with
  - healthcare
    - elevated prescription use
    - increased physical and mental healthcare utilization


Clinical Psychology Review 56 (2017) 65–81

Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev

Review

Sexual assault victimization and psychopathology: A review and meta-analysis

Emily R. Dworkin[a,*], Suvarna V. Menon[b], Jonathan Bystrynski[b], Nicole E. Allen[b]

[a] University of Washington, Seattle, United States
[b] University of Illinois, Urbana-Champaign, United States

How Does Trauma Impact Health?

How Does Trauma Impact Health?

- 195 studies reviewed
  - elevations in:
    - suicidality
    - obsessions and compulsions
    - PTSD and stress
    - bipolar disorder
    - depression
    - anxiety
    - disordered eating
    - substance use

Curr Psychiatry Rep (2015) 17: 37
DOI 10.1007/s11920-015-0575-z

DISASTER PSYCHIATRY: TRAUMA, PTSD, AND RELATED DISORDERS (E FOA AND A ASNAANI, SECTION EDITORS)

Prevalence of, Risk Factors for, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan

Rajeev Ramchand · Rena Rudavsky · Sean Grant · Terri Tanielian · Lisa Jaycox

How Does Trauma Impact Health?

How Does Trauma Impact Health?

- 118 studies reviewed
- PTSD, depression
  - increased number of deployments increased risk for PTSD but not depression
  - being injured in combat increased risk for PTSD

How Does Trauma Impact Health?

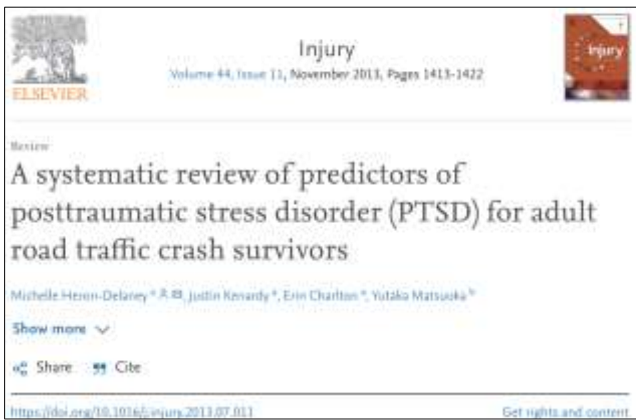
- 118 studies reviewed
- PTSD, depression
  - pre-deployment stressors increased risk for PTSD
  - post-deployment social support decreased risk for PTSD

How Does Trauma Impact Health?

- PTSD increased risk for:
  - suicidality
  - homelessness
  - poor finances
  - low social functioning
  - alcohol misuse
  - aggression
  - justice involvement

How Does Trauma Impact Health?

- Childhood abuse, sexual assault, and combat trauma are typically what we think of when we think of trauma, but other forms of trauma can have long-term consequences as well



ELSEVIER

Injury

Volume 44, Issue 11, November 2013, Pages 1413-1422

Review

A systematic review of predictors of posttraumatic stress disorder (PTSD) for adult road traffic crash survivors

Michelle Heron-Delaney, Justin Kenardy, Erin Charlton, Yutaka Matsuoka

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https://doi.org/10.1016/j.injury.2013.07.011

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How Does Trauma Impact Health?

How Does Trauma Impact Health?

- ❖The authors reviewed data from 44 papers
- ❖Prevalence of PTSD varied from 6% to 45%

How Does Trauma Impact Health?

- Support was found for:
  - predictors of PTSD, including:
    - rumination about the trauma
    - perception that the accident was life-threatening
    - low social support
    - physical problems

How Does Trauma Impact Health?

- Support was found for:
  - predictors of PTSD, including:
    - prior depression/anxiety
    - the accident causing a fatality

How Does Trauma Impact Health?

- Support was found for:
  - non-predictors of PTSD, including:
    - heart rate
    - prior PTSD
    - perception of responsibility for the accident
    - gender

How Does Trauma Impact Health?

- Support was found for:
  - non-predictors of PTSD, including:
    - ethnicity
    - admission to hospital or duration of hospital stay after accident
    - position in vehicle

Child Abuse & Neglect

Research article

The relationship between adverse childhood experiences, healthcare utilization, cost of care and medical comorbidities

Show more

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How Does Trauma Impact Engagement in Healthcare?

How Does Trauma Impact Engagement in Healthcare?

- ❖Trauma can increase the need for help-seeking
- ❖Trauma centralizes survival, initiating use of “fight or flight” rather than rational thinking

How Does Trauma Impact Engagement in Healthcare?

- ❖Data were collected from 2,038 patients
  - ❑ 439 - zero ACEs
  - ❑ 770 - 1-3 ACEs
  - ❑ 829 - 4+ ACEs

How Does Trauma Impact Engagement in Healthcare?

- ❖ACEs were linked to:
  - ❑ higher BMI (body mass index)
  - ❑ no or poor insurance
  - ❑ unemployment

How Does Trauma Impact Engagement in Healthcare?

- ❖25,223 appointments were made by the sample
  - ❑ no ACEs: 10.6 visits per person
  - ❑ moderate ACEs: 11.6 visits per person
  - ❑ high ACEs: 14.1 visits per person

How Does Trauma Impact Engagement in Healthcare?

- ❖Those with higher ACEs kept fewer appointments (62%) than those in the moderate (66%) or no ACEs (67%) groups

How Does Trauma Impact Engagement in Healthcare?

- ❖The high ACEs group made more late cancelations (12%) than the moderate (11%) or no ACEs (10%) groups
- ❖The high ACEs group had many more no-shows (12%) than the moderate (8%) or no ACEs (5%) groups

How Does Trauma Impact Engagement in Healthcare?

- ❖These differences persisted in primary and specialty care
- ❖The lost revenue from late cancellations and no-shows was estimated to be $2M

How Does Trauma Impact Engagement in Healthcare?

❖ Comorbidities with higher rates related to ACEs included:

- obesity (24% of high ACEs vs. 20% of no ACEs group)
- chronic pain (16% of high ACEs vs. 11% of no ACEs group)

How Does Trauma Impact Engagement in Healthcare?

❖ Comorbidities with higher rates related to ACEs included:

- alcohol and drug abuse treatment (20% of high ACEs vs. 10% in low ACEs group)
- opiate use (6% of high ACEs vs. 2% in no ACEs group)

How Does Trauma Impact Engagement in Healthcare?

❖ Comorbidities with higher rates related to ACEs included:
  - ❑ antipsychotics (32% of high ACEs vs. 16% in no ACEs group)
  - ❑ stimulant use (19% of high ACEs vs. 12% in no ACEs group)

Principles of Trauma-Informed Care

Principles of Trauma-Informed Care

- SAMHSA (2014) Principles of a trauma-informed approach
  1. Safety (physical and emotional)
  2. Trustworthiness and transparency
  3. Peer support
  4. Collaboration and mutuality

Principles of Trauma-Informed Care

- SAMHSA (2014) Principles of a trauma-informed approach
  5. Empowerment, voice, choice
  6. Cultural, historical, and gender responsiveness

Principles of Trauma-Informed Care

- Safety
  - organization-wide
  - staff and the people they serve (children or adults) feel physically and psychologically safe

Principles of Trauma-Informed Care

- Safety
  - the physical setting is safe and interpersonal interactions promote a sense of safety
  - safety should be defined by those served

Principles of Trauma-Informed Care

- ❖Trustworthiness and transparency
  - ❑ organizational operations and decisions are conducted with transparency
  - ❑ the goal is to build and maintain trust with patients and family members
  - ❑ trust should be built and maintained for staff and others involved in the organization

Principles of Trauma-Informed Care

- ❖Peer support
  - ❑ peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, and enhancing collaboration
  - ❑ stories and lived experiences are used to promote recovery and healing

Principles of Trauma-Informed Care

- ❖ Peer support
  - ❑ "peers" are individuals with lived experiences of trauma (in the case of children, may be family members of children who have experienced traumatic events)
  - ❑ peers have also been referred to as "trauma survivors"

Principles of Trauma-Informed Care

- ❖ Collaboration and mutuality
  - ❑ partnering and the leveling of power differences between staff and clients
  - ❑ also among organizational staff from clerical and housekeeping personnel, from professional staff to administrators

Principles of Trauma-Informed Care

❖ Collaboration and mutuality

- ❑ healing happens in relationships and in the meaningful sharing of power and decision-making

Principles of Trauma-Informed Care

❖ Collaboration and mutuality

- ❑ the organization recognizes that everyone has a role to play in a trauma-informed approach
  - ➢ “One does not have to be a therapist to be therapeutic.” (e.g., front desk staff can provide an initial welcoming to clients that makes them want to engage in care)

Principles of Trauma-Informed Care

❖ Empowerment, voice, and choice

- ❑ organization-wide, individuals' strengths and experiences are recognized and built upon

Principles of Trauma-Informed Care

❖ Empowerment, voice, and choice

- ❑ organization fosters a belief in the primacy of the people served, resilience, and the ability of individuals, organizations, and communities to heal and promote recovery from trauma

Principles of Trauma-Informed Care

- ❖Empowerment, voice, and choice
  - ❑ trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and who come to the organization for assistance and support

Principles of Trauma-Informed Care

- ❖Empowerment, voice, and choice
  - ❑ operations, workforce development, and services are organized to foster empowerment for staff and clients

Principles of Trauma-Informed Care

- Empowerment, voice, and choice
  - organizations understand ways in which clients historically have been diminished in voice and choice and have often been recipients of coercive treatment

Principles of Trauma-Informed Care

- Empowerment, voice, and choice
  - clients are supported in shared decision-making, choice, and goal-setting to determine the plan of action they need to heal and move forward as well as in self-advocacy
  - staff are facilitators of recovery rather than controllers of recovery

Principles of Trauma-Informed Care

- ❖ Empowerment, voice, and choice
  - ❑ staff are empowered to do their work as well as possible by adequate organizational support
  - ❑ staff need to feel safe as much as people receiving services

Principles of Trauma-Informed Care

- ❖ Cultural, historical, and gender issues
  - ❑ the organization actively moves past cultural stereotypes and biases

Principles of Trauma-Informed Care

- Cultural, historical, and gender issues
  - the organization offers access to gender responsive services, leverages the value of traditional cultural connections, and incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served

Principles of Trauma-Informed Care

- Cultural, historical, and gender issues
  - the organization recognizes and addresses historical trauma

SAMHSA: Ten Implementation Domains

SAMHSA - Substance Abuse and Mental Health Services Administration

SAMHSA: Ten Implementation Domains

- Policy
  - How do the agency’s written policies and procedures include a focus on trauma and issues of safety and confidentiality?

SAMHSA: Ten Implementation Domains

- Policy
  - How do the agency’s written policies and procedures recognize the pervasiveness of trauma in the lives of people using services and express a commitment to reducing re-traumatization and promoting well-being and recovery?

SAMHSA: Ten Implementation Domains

- Policy
  - How do the agency’s staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training?

SAMHSA: Ten Implementation Domains

- Policy
  - How do human resources policies attend to the impact of working with people who have experienced trauma?

SAMHSA: Ten Implementation Domains

- Policy
  - What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services, and evaluation?

SAMHSA: Ten Implementation Domains

- ❖ Leadership and governance
  - ❑ How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?

SAMHSA: Ten Implementation Domains

- ❖ Leadership and governance
  - ❑ How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?

SAMHSA: Ten Implementation Domains

❖ Leadership and governance
  - ❑ How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?

SAMHSA: Ten Implementation Domains

❖ Physical environment of the organization
  - ❑ How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?

SAMHSA: Ten Implementation Domains

- Physical environment of the organization
  - In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing and work with people on developing strategies to deal with this?

SAMHSA: Ten Implementation Domains

- Physical environment of the organization
  - How has the agency provided space that both staff and people receiving services can use to practice self-care?

SAMHSA: Ten Implementation Domains

- ❖Physical environment of the organization
  - ❑ How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)?

SAMHSA: Ten Implementation Domains

- ❖Engagement and involvement of people in recovery, trauma survivors, people receiving services, and family members receiving services

SAMHSA: Ten Implementation Domains

- How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?

SAMHSA: Ten Implementation Domains

- How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have difficulty processing information?
- How is transparency and trust among staff and clients promoted?

SAMHSA: Ten Implementation Domains

- ❑ What strategies are used to reduce the sense of power differentials among staff and clients?
- ❑ How do staff members help people to identify strategies that contribute to feeling comforted and empowered?

SAMHSA: Ten Implementation Domains

- ❖ Cross-sector or collaboration
  - ❑ Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions?
  - ❑ Are collaborative partners trauma-informed?

SAMHSA: Ten Implementation Domains

❖ Cross-sector or collaboration
  - ❑ How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services?

SAMHSA: Ten Implementation Domains

❖ Cross-sector or collaboration
  - ❑ What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?

SAMHSA: Ten Implementation Domains

- ❖Screening, assessment, and treatment services
  - ❑ Is an individual’s own definition of emotional safety included in treatment plans?
  - ❑ Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?

SAMHSA: Ten Implementation Domains

- ❖Screening, assessment, and treatment services
  - ❑ Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?
  - ❑ How are peer supports integrated into the service delivery approach?

SAMHSA: Ten Implementation Domains

- Screening, assessment, and treatment services
  - How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available regardless of gender?

SAMHSA: Ten Implementation Domains

- Screening, assessment, and treatment services
  - Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?

SAMHSA: Ten Implementation Domains

- ❖Screening, assessment, and treatment services
  - ❑ How are these trauma-specific practices incorporated into the organization's ongoing operations?

SAMHSA: Ten Implementation Domains

- ❖Training and workforce development
  - ❑ How does the agency address the emotional stress that can arise when working with individuals who have had traumatic experiences?

SAMHSA: Ten Implementation Domains

- ❖ Training and workforce development
  - ❑ How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions?

SAMHSA: Ten Implementation Domains

- ❑ How does the organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions?

SAMHSA: Ten Implementation Domains

- ❖Training and workforce development
  - ❑ How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety?

SAMHSA: Ten Implementation Domains

- ❖Training and workforce development
  - ❑ How does ongoing workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors?

SAMHSA: Ten Implementation Domains

- ❖Training and workforce development
  - ❑ What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work?

SAMHSA: Ten Implementation Domains

- ❖Training and workforce development
  - ❑ What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?

SAMHSA: Ten Implementation Domains

- Progress monitoring and quality assurance
  - Is there a system in place that monitors the agency's progress in being trauma-informed?
  - Does the agency solicit feedback from both staff and individuals receiving services?

SAMHSA: Ten Implementation Domains

- Progress monitoring and quality assurance
  - What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency?
  - How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes?

SAMHSA: Ten Implementation Domains

- ❖Progress monitoring and quality assurance
  - ❑ What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?

SAMHSA: Ten Implementation Domains

- ❖Financing
  - ❑ How does the agency's budget include funding support for ongoing training on trauma and trauma-informed approaches for staff and leadership development?

SAMHSA: Ten Implementation Domains

- ❖ Financing
  - ❑ What funding exists for cross-sector training on trauma and trauma-informed approaches?
  - ❑ What funding exists for peer specialists?
  - ❑ How does the budget support provision of a safe physical environment?

SAMHSA: Ten Implementation Domains

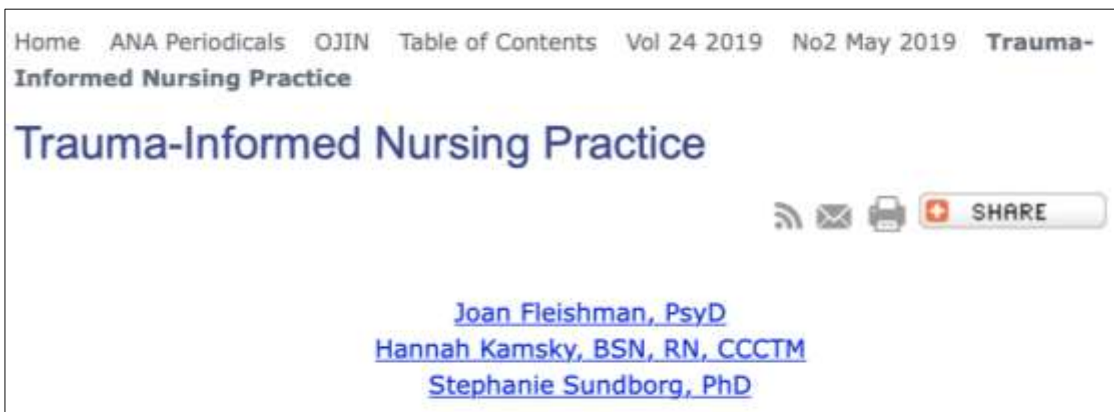
- ❖ Evaluation
  - ❑ How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach?

SAMHSA: Ten Implementation Domains

- Evaluation
  - How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey?

SAMHSA: Ten Implementation Domains

- Evaluation
  - What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?
  - What measures or indicators are used to assess the organizational progress in becoming trauma-informed?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Trauma-Informed Nursing Practice

SHARE

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How Can Trauma-Informed Care Be Used in Clinical Settings?

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Introduce yourself and your role in every patient interaction
  - patients might remember you, but not remember your role
  - even if you think that the patient already knows you and your role, re-introductions are important

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Introduce yourself and your role in every patient interaction
  - ❑ patients often interact with many medical team members during their care
  - ❑ they may not remember your role, which can lead to confusion and misunderstanding

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Introduce yourself and your role in every patient interaction
  - ❑ patients who understand who their providers are feel empowered to be more actively engaged in their own care

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Introduce yourself and your role in every patient interaction
  - *"I know we have met before and I wanted to remind you that I'm Hannah, your maternity RN and I work with your primary care provider."*

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Introduce yourself and your role in every patient interaction
  - be careful not to suggest in an introduction that it is the first you're meeting
    - don't do the introduction as though it were your first time meeting if it's not

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Use open and non-threatening body positioning
  - awareness of your body position is important when working with patients
  - open body language conveys trustworthiness and a sense of valuing the other person

How Can Trauma-Informed Care Be Used in Clinical Settings?

- open body language conveys trustworthiness and a sense of valuing the other person
  - think of shows and movies in which a provider (intended to be portrayed as incompetent or uncaring) stares down at their paperwork or equipment, never once looking at the patient

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Use open and non-threatening body positioning
    - ❑ trauma survivors can feel powerless and trapped, especially in interactions in which they are compelled to not leave

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Use open and non-threatening body positioning
    - ❑ this sense of being trapped can trigger past experiences of inability to escape or lacking control

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Use open and non-threatening body positioning
  - using non-threatening body positioning helps prevent the patient interaction from being interpreted as a threat, which helps patients stay regulated

How Can Trauma-Informed Care Be Used in Clinical Settings?

- This should not override your own safety as a provider. A patient may feel more comfortable being seated near a door, but that should not block your own access to the door. A patient might feel uncomfortable if you are seated near an obvious emergency call button,…

How Can Trauma-Informed Care Be Used in Clinical Settings?

…but that is not a good reason to start sitting away from the button.

- ➢ both the provider and patient should have access to the exit so that neither feels (or, could be) trapped

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Use open and non-threatening body positioning
  - ❑ this also pertains to seating positions
  - ❑ trauma-informed body positioning includes:

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❑ trauma-informed body positioning includes:
  - ➢ having your body on the same level as the patient, if seated (bear in mind this relates to height)
  - ➢ an adjustable chair for the patient can be helpful

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Use open and non-threatening body positioning
  - ❑ a hospital bed could be raised or lowered to allow the provider and the patient to be on the same level
    - ➢ the provider could also take a seat next to the bed so as to not loom over the patient

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖Use open and non-threatening body positioning
  - ❑ if the patient uses a mobility device such as a wheelchair, the provider can take a seat to be at about the same level rather than remain standing

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖Use open and non-threatening body positioning
  - ❑ There is a power differential in healthcare. Steps such as these can minimize the impact of this power differential as it pertains to physical positioning.

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Ask before touching
  - ❑ inappropriate or unpleasant touch was part of a traumatic experience for many patients with trauma histories
  - ❑ even routine, appropriate, and necessary touch when providing care can activate a fight, flight, or freeze response

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Ask before touching

  - ❑ providers are often required to touch patients, including in sensitive areas
    - ➢ These may be obvious areas such as the genitals. It can also include other sensitive areas that may have been involved in trauma, such as touching a large scarred area for a person with…

How Can Trauma-Informed Care Be Used in Clinical Settings?

- …combat trauma. Or, there may be no obvious direct link between the trauma and the physical area, but it may nonetheless cause stress for the patient. (e.g., an oral exam might still be perceived as invasive even if the trauma history did not include events related to the mouth)

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Ask before touching
  - it may also include touching to help the patients, such as helping patients sit up in bed, applying their hospital identification band, listening to their lungs, or examining a wound

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Ask before touching

- ❑ it is important to ask permission to touch someone and obtain verbal consent before doing so

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ➢ This is a normal thing in most jobs that involve touch. If you've ever been to yoga, you have probably seen (or, should have seen) the instructor asking a person for permission to touch a member before helping them to adjust their position. (e.g., dentists tell their patients where they are about to feel a sensation, what the sensation might be, etc.)

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Ask before touching
  - ❑ touch can activate trauma-related feelings or memories
    - ➢ this activation may lead to increased anxiety and a stress response, which can result in disruption of care

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Ask before touching
  - ❑ asking permission before you touch patients gives them a choice and empowers them to have control over their body and physical space

How Can Trauma-Informed Care Be Used in Clinical Settings?

(e.g., even if this is the third time you have measured a patient's blood pressure, ask permission again and say why you are touching the patient, every time you are going to touch them) You might say:

"I'm going to need to listen to your lungs. Is it ok if I put my hand on your shoulder?" or *"I am going to place my stethoscope here. It may feel a bit cold."*

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Protect patient privacy
- ❑ patients in general do not feel empowered or safe asking others to step out
- ❑ there are often others in the room in addition to yourself and the patient, such as family members

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Protect patient privacy
  - the patient's privacy is protected by making sure that the patient desires that the people present hear about their care

How Can Trauma-Informed Care Be Used in Clinical Settings?

- the responsibility should not be on the patient to ask others to leave
  - ask the patient (in private) who they would like present during care, and then have the people not on that list leave the room

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❑ the responsibility should not be on the patient to ask others to leave
  - ➢ this intersects with other issues, such as if there are issues related to dementia and someone with power of attorney needs to be present, if the patient is unable to identify other people to include or exclude from the room, or if the patient is a child

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❑ in outpatient settings, only the patient may be brought back to a room and then asked if they would like others who accompanied them to be present for the visit
  - ➢ if the patient does not feel safe with those who accompanied them, they can continue the visit alone

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Protect patient privacy
  - ❑ in inpatient settings, visitors can be asked to leave the room to allow opportunity to speak with patients directly about whom they would permit to hear health information before discussing any information or care plan

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Provide clear and consistent messaging about services and roles
  - ❑ trust is built when providers are forthright and honest
  - ❑ consistent messaging and transparency foster realistic expectations

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Provide clear and consistent messaging about services and roles
  - dependability, reliability, and consistency are important when working with trauma survivors because trauma is often unexpected or unpredictable

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Provide clear and consistent messaging about services and roles
  - providers should be clear about what can and cannot be done

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Provide clear and consistent messaging about services and roles
  - ❑ consistency from the care team about such information as expectations and/or hospital rules can help patients feel secure and decrease opportunities for unmet expectations or frustrations

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Provide clear and consistent messaging about services and roles
  - ❑ transparency about one's role or what can be done in the context of a visit will decrease opportunities for confusion and activation of anxiety

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Use plain language and teach back
- ❑ avoid medical jargon and use clear, simple language
- ❑ when patients are feeling activated, information processing is not optimal and it can be hard to remember new information

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Use plain language and teach back
- ❑ break the information you share into small chunks and check for understanding
- ❑ consider having printed information on hand for common conditions you see so that the patient can check it later

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Use plain language and teach back
  - using clear language empowers patients to have knowledge and understanding about their care

How Can Trauma-Informed Care Be Used in Clinical Settings?

(e.g., After demonstrating how to test blood glucose at home for a patient newly diagnosed with diabetes, have the patient demonstrate and explain how and when they will perform the test. Or, if this is a common task at your clinic, a handout with instructions can be helpful.)

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Practice universal precaution
  - TIC (trauma-informed care) is provided to patients regardless of a trauma history
  - in many cases, the trauma history is not known

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Practice universal precaution
  - some providers assess for ACE as part of routine care, this is not a universal practice and there are potential negative effects for patients
  - many TIC experts propose universal precaution rather than direct screening

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Practice universal precaution
  - ❑ using universal precaution encourages a trauma-informed system of care and nursing practice instead of relying on screening or trauma disclosures

How Can Trauma-Informed Care Be Used in Clinical Settings?

- ❖ Practice universal precaution
  - ❑ using these practical tips listed above, nurses can begin to implement the universal precaution approach in their daily practice

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Practice universal precaution
  - providers already use a universal precaution approach in care

How Can Trauma-Informed Care Be Used in Clinical Settings?

(e.g., Applying gloves before preforming a procedure in which one could be exposed to blood. It is not necessary to know if a patient has a bloodborne illness. Gloves are applied because it is possible for blood to carry disease and gloves reduce risk.)

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Recognize exposure to trauma
  - nurses are at significant risk for secondary trauma (AKA vicarious trauma)
  - recognize the routine exposure of nurses to difficult, scary, and traumatic events

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Recognize exposure to trauma

  - with training, nurses can develop common language for trauma exposure and can support each other by recognizing when this happens

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Reduce opportunities for activation

- ❑ nurse managers and chief nursing officers may seek out ways to reduce opportunities for activation on the job and establish practices that support a nurse once activation has occurred

How Can Trauma-Informed Care Be Used in Clinical Settings?

❖ Reduce opportunities for activation

- ❑ "hot spots," or clinics where a lot of vicarious trauma is happening, can be evaluated and addressed to create a more safe and supportive work environment that provides good patient care

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Create systems for addressing trauma exposure
  - healthcare settings can create a mechanism/venue to address trauma exposure as part of nurses’ work

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Create systems for addressing trauma exposure
  - policies and practices to offer and encourage help for staff
    - making the employee assistance program available and accessible

How Can Trauma-Informed Care Be Used in Clinical Settings?

- policies and practices to offer and encourage help for staff
  - offering daily stress reduction opportunities (e.g., sufficient staffing to support breaks for nurses with removal from a stimulating environment and time to meet biological needs)

How Can Trauma-Informed Care Be Used in Clinical Settings?

- policies and practices to offer and encourage help for staff
  - recognizing the need for support or a break to reset the nervous system

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Evaluate policies and leadership practices
  - there is often a need for systems-level change and application of trauma-informed principles in leadership and policies
  - systems and culture may have foundational ideologies that directly conflict with TIC principles

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Evaluate policies and leadership practices
  - nursing culture has long had strong hierarchical power dynamics
  - self-sacrifice may be seen as necessary to be a “good nurse,” and breaks are not valued

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Evaluate policies and leadership practices
  - nursing culture has long had strong hierarchical power dynamics
  - self-sacrifice may be seen as necessary to be a "good nurse," and breaks are not valued
  - nursing culture is changing, but still often lacks supportive self-care during a shift

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Evaluate policies and leadership practices
  - many hospital cultures use the buddy system to implement breaks for nurses
    - this system can result in insufficient break time for nurses on the floor

How Can Trauma-Informed Care Be Used in Clinical Settings?

- Evaluate policies and leadership practices
  - many hospital cultures use the buddy system to implement breaks for nurses
    - the *buddy system* disincentivizes nurses to take breaks from stressful situations or meet their own needs because they may feel they are compromising care or burdening colleagues

Review

- Define psychological trauma
- Describe some of the controversies in the diagnosis of trauma related to PTSD (post-traumatic stress disorder) criterion A
- Recall the principles of trauma-informed care

Review

- ❖Apply trauma-informed care principles to one's own interactions with patients

Thank You

Trauma-Informed Care for Nurses

If you have any questions about the program you have just watched, you may call us at:
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Direct your inquiries to Customer Service.
Be sure to include the program number, title and speaker.

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