Trauma – Informed Care

Jorie Klein, BSN, RN
Senior Director, Trauma / ED / UCEC
Trauma – Informed Care Why?
Take the whole person into account
What situations?

Types of trauma?
Trauma

- Event of series of events
- Involves direct or perceived threat of death, or severe bodily harm
- Psychological injury
- Significant distress
- Discrimination
- Bullying
Witness to Trauma

- Intimate partner violence
- Family violence
- Child abuse
Trauma – Informed Care in Healthcare

- Strength-based
- Congruent with person-centered care
- Collaborative
- Supportive
- Focused on reclaiming control
- Applicable in any healthcare setting
History

1985 Vincent Felitti

- Root cause of individuals dropped from weight loss programs – when they were on the path to success
- 10 types of childhood experiences
- ACES Screening Tool
  (More likely to have marital discord, autoimmune disease, broken bones, cardiovascular disease, and cancer)
  (Severe stress – chronic childhood trauma causes changes)
Cost $124 Billion

• Healthcare
• Special needs / education
• Productivity loss
• Criminal justice system
• Welfare
Trauma – takes many forms

Trauma can occur at any age

Can have lasting impact

Estimated 36 to 81 percent of population have experienced trauma
Principles of Trauma – Informed Care

Step 1: Acknowledge the ongoing effect of trauma

Validating its current relevance and understand how past experiences impact present functioning; external forces shape internal functioning – create trigger moments – impacts physical and emotional well-being

Can lead to a range of reactions
Step 2: Recognize the need for physical and emotional safety

Environment is clean, soothing, uncluttered, pay attention to waiting rooms, signage – is it consistent, predictable, are essential items explained

This builds and fosters Trust, Respect, Acceptance (elements of establishing and maintaining interpersonal relationships)

Understand sensitivity to environment
Step 3: Give patient control and provide choices

Develop a collaborative health plan

What if you do not agree with their decision? How can you continue to build trust, collaboration, and safety?
Step 4: Build skills in believe in patient’s strength and resilience

How do we as nurses, avoid in taking on the caretaker role and instead of fostering the patient’s ability to make decisions? (informed decisions)
Step 5: Incorporate values of culture and ethnicity into practice.

Avoid terms with negative meaning, speak with respect at all times – your voice can be heard by many

Dirtbag
“one of the crazies”
“they are just homeless”
“from the hood”
Trauma-Informed Care

- Safety – ensure a physical and emotional safety
- Trust – building trust
- Choice – prioritize survivor’s choice and decision-making
- Collaboration – collaborating and sharing decision-making, goal setting
- Empowerment – identifying strengths, promoting skills for health and personal growth
- Cultural Competence – care and environment are culturally appropriate
Remember – your words reflect you and who you are

Two things that every single person different and unique that can not be bought or shared:
  - Your character
  - Your integrity
Evidence-Based Practice

www.crisisprevention.com/Resources/to download

Trauma-Informed Approach and Trauma Specific Interventions
Samhsa.gov/nctic

D-E-F Protocol for Trauma-Informed Pediatric Care
Healthcaretoolbox.org
Trauma – recidivism trauma rate of 27% to 61% 

- Acute stress
- PTSD
Workplace violence

Verbal

Physical

Threatening / Bullying

Sexual
Symptoms of Trauma

Positive Symptoms
Hyperarousal
Hypervigilance
Aggression
Anxiety

Negative Symptoms
Withdrawal
Depression
Emotional Numbing
Loss of Empathy
Impact on healthcare workers – Compassion Fatigue

Secondary Trauma Stress Disorder

Disruptive By-Product of Working In Our Environment

Observable Reactions Similar to PTSD
Compassion Fatigue

- Cognitive
- Behavioral
- Emotional
- Physical
- May involve spiritual
Symptoms

- Feelings of isolation
- Anxiety
- Disassociation
- Physical ailments
- Sleep disturbances
- Sense of confusion
- Helplessness
- Isolation from supports (Greater than with burnout)
Compassion Fatigue

Cognitive

- Lowered concentration
- Apathy
- Rigid thinking
- Perfectionist
- Preoccupation with negative events
Behavior

- Withdrawal
- Sleep disorders
- Appetite change
- Hyper-vigilance
- Elevated startled response
Compassion Fatigue

Emotional

- Guilt
- Anger
- Numbness
- Sadness
- Helplessness
Physical

- Increased heart rate
- Difficulty breathing
- Muscle joint pain
- Impaired immune system
- Increased severity of medical condition
Secondary Trauma Stress

Exposure to difficult / high stress events
Daily impact on personal and professional activities
Challenges coping mechanisms

Negative Impact
Increased absenteeism – higher turnover
Impaired judgment
Low productivity
Poor work quality
Greater staff friction
Interventions

Trauma-Informed Care at Work
Life-balance
Relaxation
Contact with nature
Creative expression
Time management
Plan for coping
Recognize compassion fatigue
Compassion Fatigue

Self-care

Journaling
Professional support
Support group
Learn new self-care techniques
Ask for help – SPARKS
Recognize what works for you
Organizational Prevention Strategies

- Implement trauma-informed care practices
- Adopt process that promote and support staff-care
- Allow for diversified workloads
- Foster professional development
- Staff participation in community events / outreach
- Programs to promote trauma-informed care
- Programs to recognize second-trauma-stress
- Peer support, EPA, Counseling Resources
How do we foster its integration into practice?
Trauma-Informed care acknowledges the need to understand a patient’s life experience in order to deliver effective care to enhance

- Patient engagement
- Patient compliance with treatment plan
- Health outcomes
- Patient wellness
- Staff wellness

Overall goal: prevent secondary trauma to patient or to any staff member
Implement a Comprehensive Trauma-Informed Approach

- Patient empowerment
- Choice
- Safety
- Trustworthiness

- Train and inform staff
Creating a Safe Environment

- Keeping public areas well lit at all times
- No smoking, loiter, or congregate around entrances and exits
- Monitor entrances and exits
- Strategically place Security
- Keep noise level low
- Use welcoming language on all signs
- Patient and staff have clear exit paths
Social – Emotional Environment

- Welcoming patients with respect
- Staff have healthy interpersonal relationships and access to conflict management training
- Maintain consistency when possible
- Provide sufficient notice when changes are necessary
- Maintain constant open, respectful communication
- Be aware of cultural differences
Prevent Secondary Trauma

- Educate staff on secondary trauma stress
- Educate staff on trauma-informed care
- Understand your own trauma history
- Address negative patient interactions with staff
- Encourage wellness, wellness programs
- Encourage to use allowed time-off
Hire Trauma-Informed Care Knowledgeable Staff

- Integrate trauma-informed care into clinical practices
- Engage patients to understand
- Screening for trauma
- Building awareness and competency
Trauma-Informed Care Team

Psychiatry team
  MD psychiatrists
  PhD psychologists

Complex Care Coordinators [patient navigators]

Social workers

Spiritual services

Peer-support

Registered Nurses
Resilience is the ability of individuals to not succumb to adverse experiences

- Understand trauma-informed care
- Build social connections
- Setting and achieving goals
- Good communication
- Problem solving skills
- Flexibility
- Empathy
- Impulse control
People with resilience
• Good understanding of themselves and their abilities
• Life skills and challenges
• Good connection to others
• Integrity
• How to build these skills
Pitfalls

- Failure to recognize the impact of trauma and secondary trauma
- Lack of understanding of how words and actions can trigger previous trauma
- Inability to practice trauma-informed care
- Lack of understanding of how compassion fatigue can be related to secondary trauma stress
- Remain status quo with new knowledge and skills
Key Aspects

Principles of Trauma-Informed Care
• Acknowledge trauma event and its impact
• Recognize the need for safety
• Provide choices and collaboration
• Build resilience
• Recognize cultural and ethnicity variations


