



Parkland

# Trauma – Informed Care

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# 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 Vincint 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”**



- **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

**Trauma-Informed Care Resource Guide (2017)**

**[www.crisisprevention.com/Resources/](http://www.crisisprevention.com/Resources/) to download**

**Trauma-Informed Approach and Trauma Specific Interventions**

**[Samhsa.gov/nctic](http://Samhsa.gov/nctic)**

**D-E-F Protocol for Trauma-Informed Pediatric Care**

**[Healthcaretoolbox.org](http://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)**





## Cognitive

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



## Behavior

- **Withdrawal**
- **Sleep disorders**
- **Appetite change**
- **Hyper-vigilance**
- **Elevated startled response**



## 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**



## **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 understand of how compassion fatigue can be related to secondary trauma stress**
- **Remain status quo with new knowledge and skills**



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## 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

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