Trauma Informed Care: Supporting Ourselves and our Patients

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Centre for Research on Health and Nursing (CRHN)

CHEO

CANADIAN NURSES ASSOCIATION

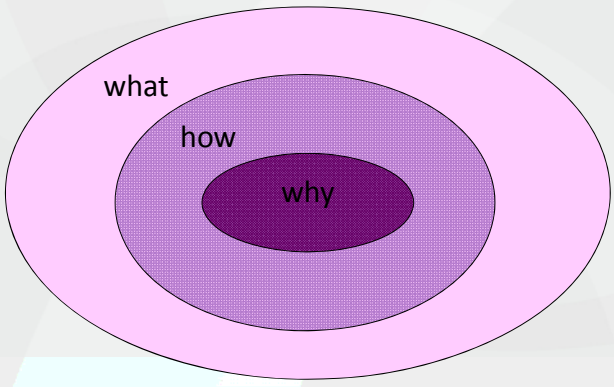
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

uOttawa

Faculté des sciences de la santé
Faculty of Health Sciences

The Golden Circle

(see TedTalk by Simon Sinek)



- **“Why” of Trauma-Informed Care?**

- **A familiar tale…**
  - Jim, age 28
  - Admitted for pneumonia
  - “Unpredictable” episodes of agitation
  - Staff frustration

Traumas

- **Child maltreatment** and complex trauma
- Serious **accident** or **illness**
- **Victim/witness** to domestic, community and school **violence**
- **Natural disaster**, war, terrorism, political violence
- Traumatic **grief/separation**, significant loss
- **Historical** and **generational** trauma

Traumatic Experience vs. Traumatized?

*"It is not the gravity of the event that defines trauma, but the **level of experienced helplessness**" (Peter Levine, 2010)*

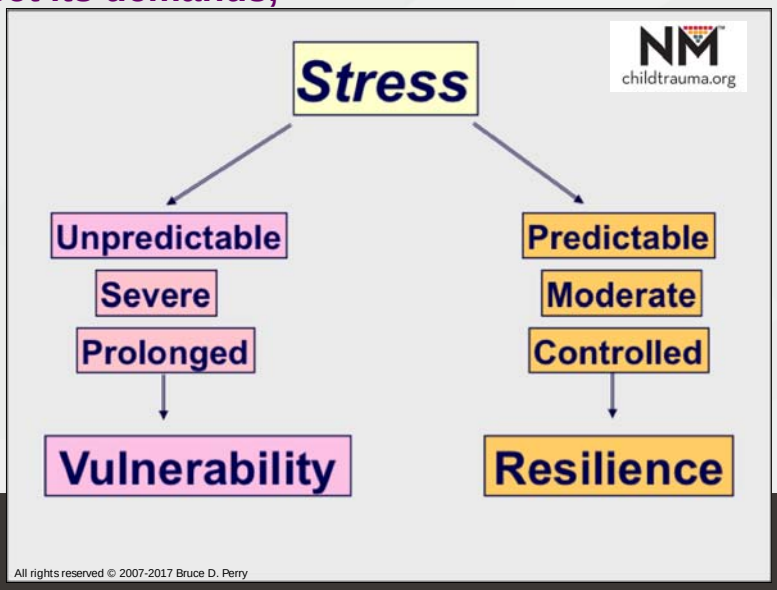
*"One recurring observation about resilience and coping with trauma is the **power of healthy relationships to protect from and heal** following stress, distress, and trauma"* (Perry, 2009, p.246)

Psychological Trauma: A Definition

- An experience that a) is sudden, unexpected, or non-normative, b) exceeds the individual's perceived ability to meet its demands, and c) disrupts the individual's frame of reference and other psychological needs

(McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995)

b) exceeds the individual's perceived ability to meet its demands,

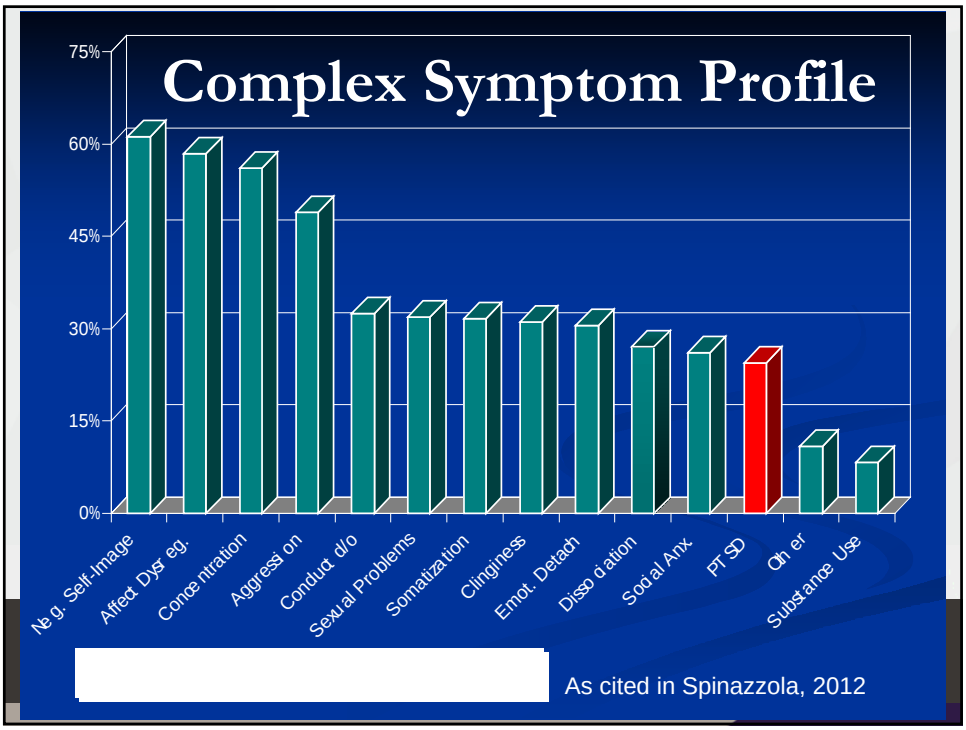


c) disrupts the individual's frame of reference and other specific psychological needs

Worldview and meaning

Identity

Trust and Safety



As cited in Spinazzola, 2012

The **Adverse Childhood Experiences (ACEs)** Study:

(Felitti et al., 1998)

- Studied 17,421 patients on the connections of childhood experiences with health in adulthood
- ACE score cumulative based on 10 types of experiences in childhood

- **Question of experiencing "often" not "sometimes"**

1. **Severe Physical Abuse**
2. **Severe Emotional Abuse**
3. **Sexual Abuse**
4. **Emotional Neglect**
5. **Physical Neglect**
6. **Witness Domestic Violence**
7. **Parents Divorced**
8. **Substance Abuse in Household**
9. **Mental Illness in Household**
10. **Incarceration in Household**

ACE Study Findings

- Found that for each additional adverse experience reported, the damage in later life increases **(school, work, finances & lower lifetime income, mental health, addictions, physical health & health care usage)**
- ACE Scores (0-10)
- Score of 4 or more:
  - 2x as likely to smoke
  - 7 x as likely to have struggles with alcohol
  - 10 x as likely to have injected illicit street drugs (from 0 to 6 = 4600% incr. risk)
  - 12 x as likely to have attempted suicide (from 0 to 6 = 5000% incr. likelihood)

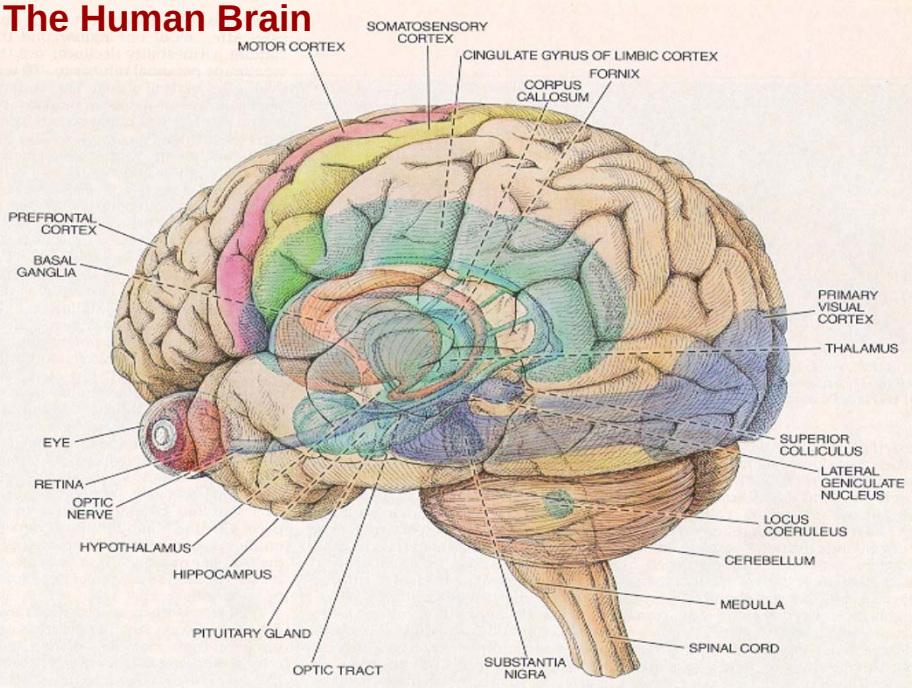
Anda et al, 2006; Felitti et al., 1998

ACEs Study: Dose-Response Relationship

- Linear relationship with:
  - ❖Affective disturbances (panic, depressed affect, anxiety, hallucinations)
  - ❖Sleep disturbance, severe obesity, multiple somatic symptoms
  - ❖Workplace absenteeism, financial problems, lower lifetime income
  - ❖Prostitution, mental health disorders, substance abuse, early criminal behavior
  - ❖Physical health problems, early death

Anda et al, 2006; Felitti et al., 1998

The Human Brain



Core Functions of the Brain

SENSE

PROCESS

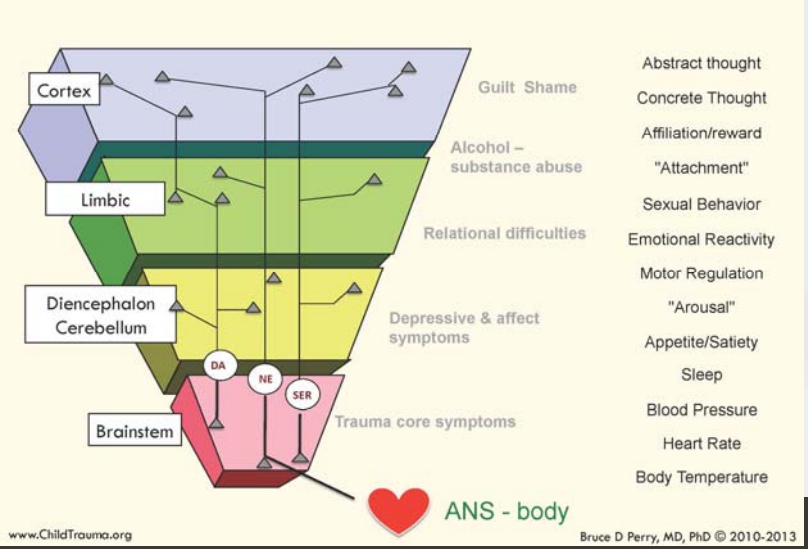
STORE

PERCEIVE

ACT

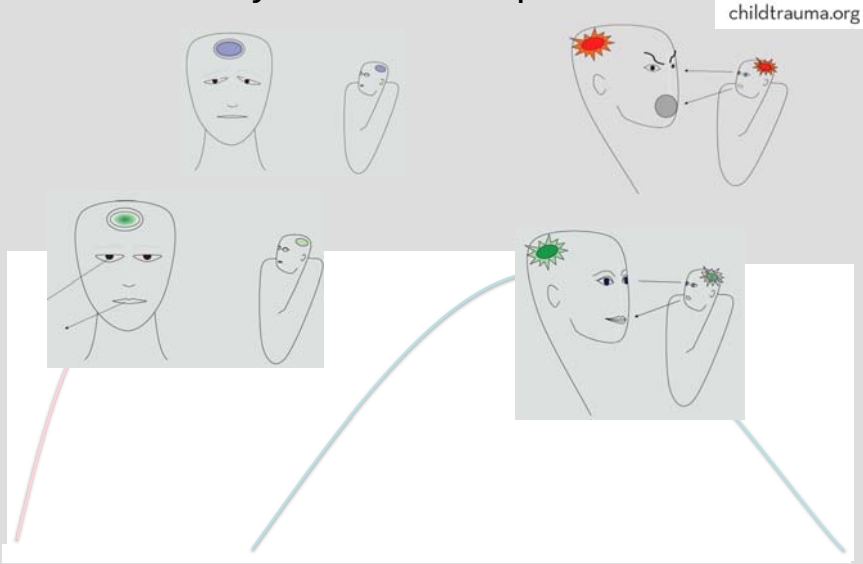
On information from the external and internal world to -

promote survival, procreation, affiliation and nurturing of dependents

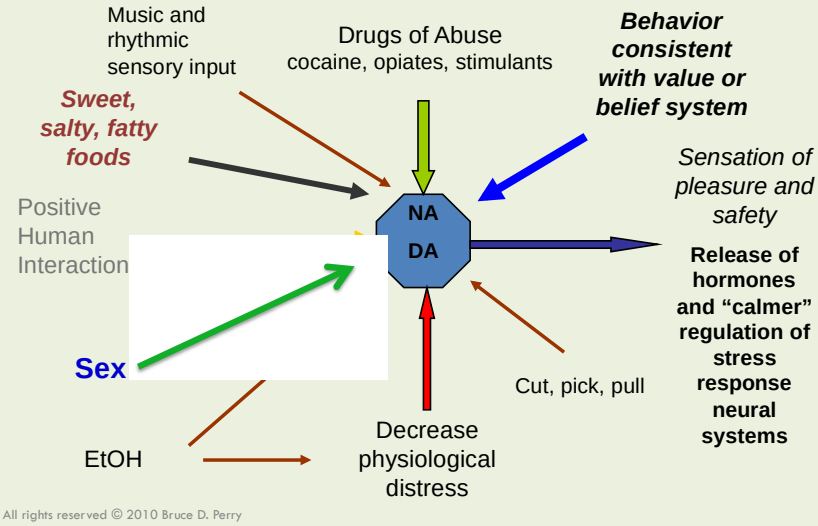


Primary Relational Experiences

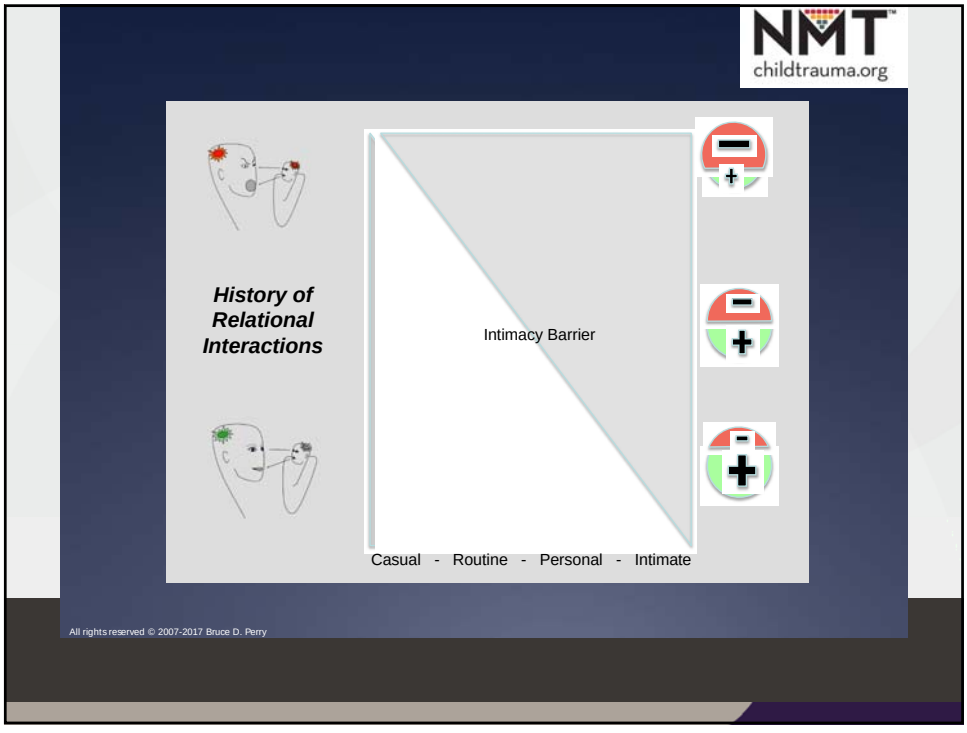
childtrauma.org

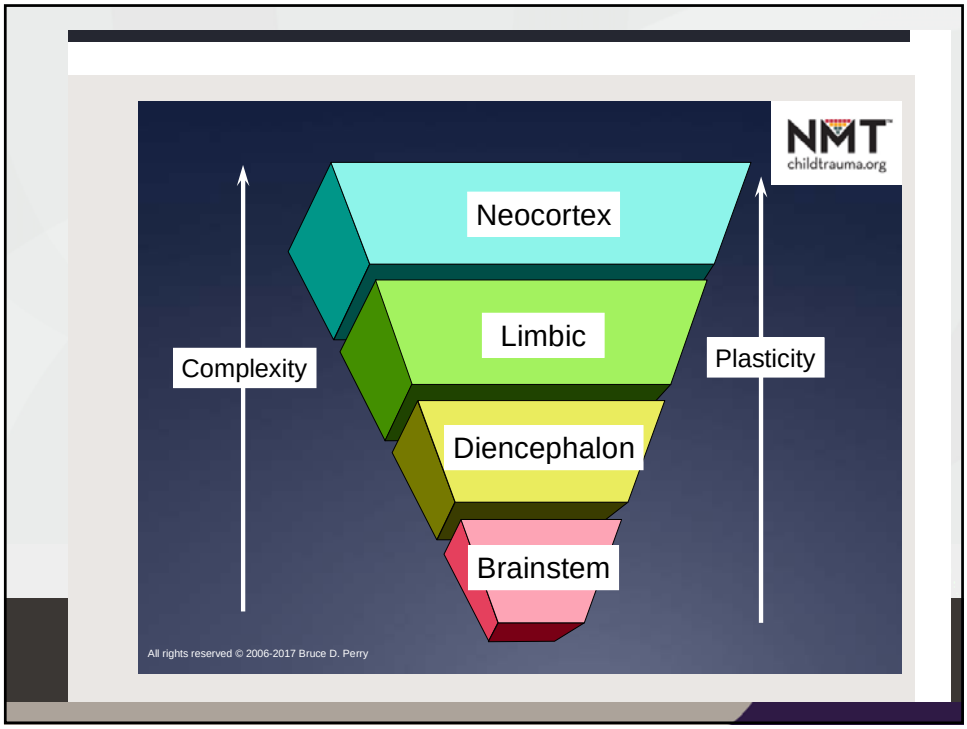


Stimulation of "Reward" Neural Systems in the Human Brain: *Multiple*



- **Back to Jim…**
  - As his nurse, you notice few visitors, and check in with him whether he has family around? He responds that he's "never known" his father and his mother is not really in his life. He discloses to you that he was raised by his grandparents who were "mostly good" to him although he notes being terrified of his grandfather who was physically abusive to both him and his grandmother. Both his grandparents passed away in the last few years.




NMT
childtrauma.org
Neocortex
Limbic
Diencephalon
Brainstem
Complexity
Plasticity
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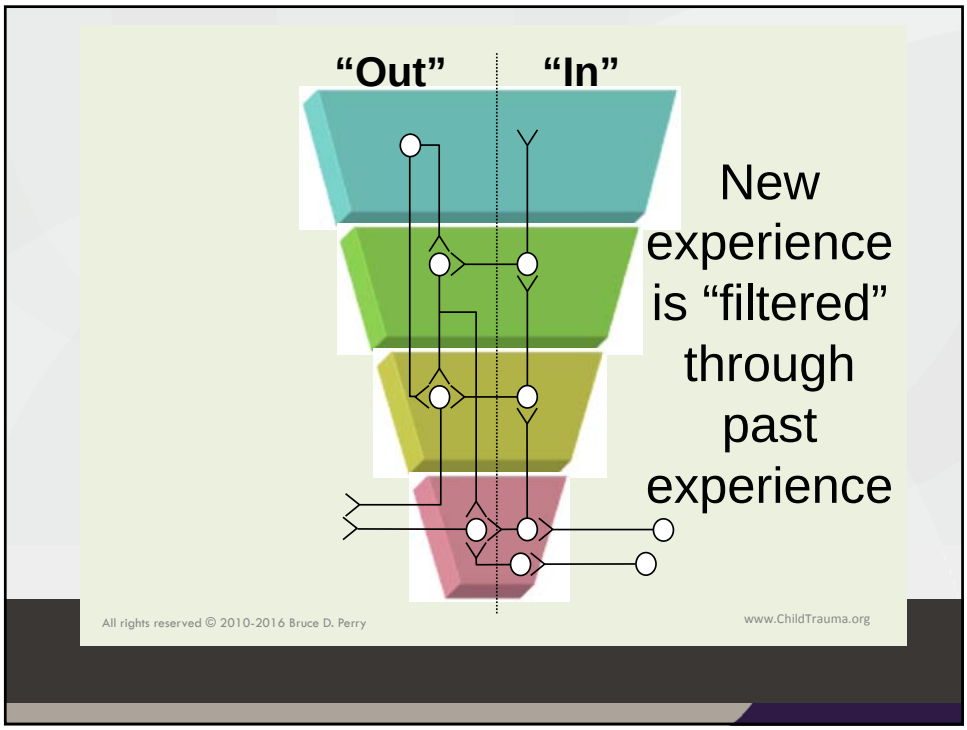
"Out"
"In"
New experience is "filtered" through past experience
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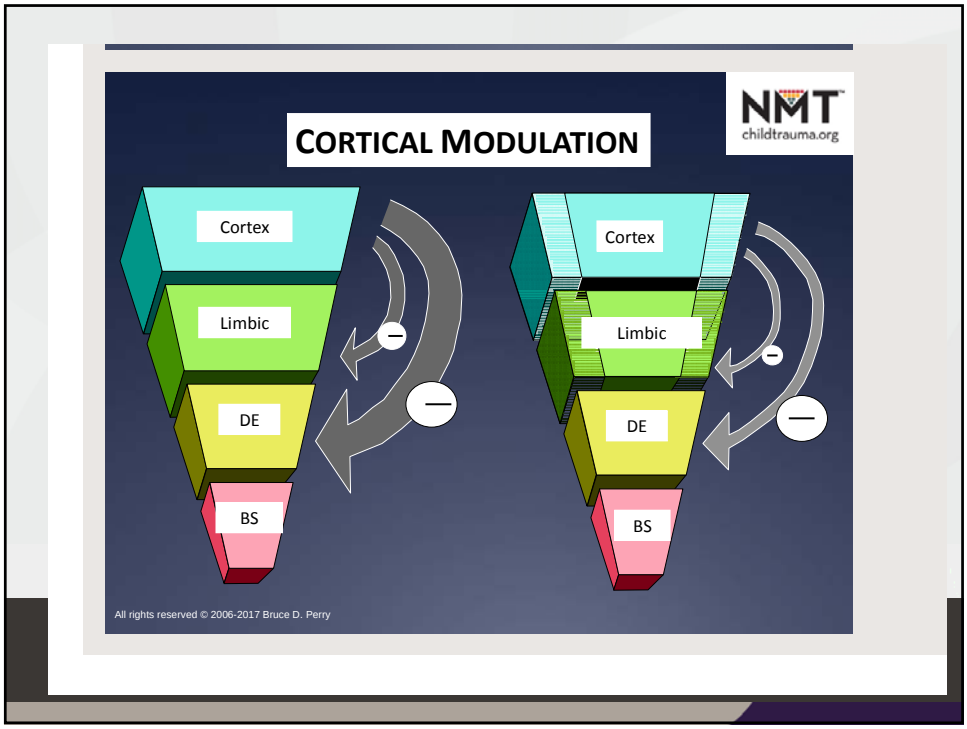
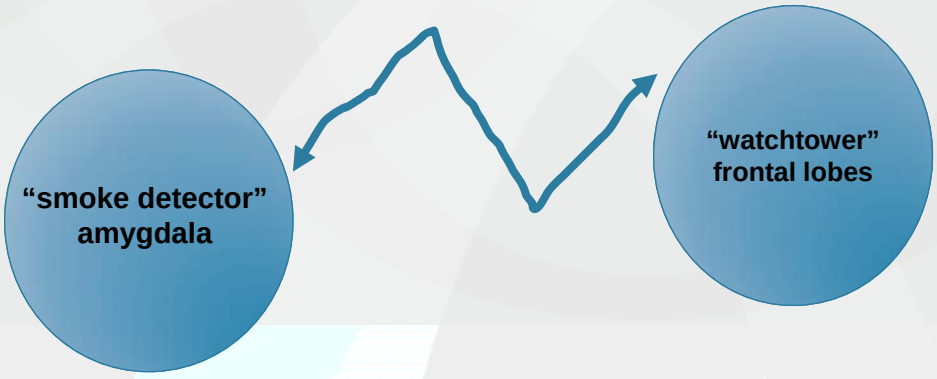
www.ChildTrauma.org



When the Emotional Mind and the Rational Mind Disconnect

"Effectively dealing with stress depends on achieving a balance between the smoke detector and the watchtower."

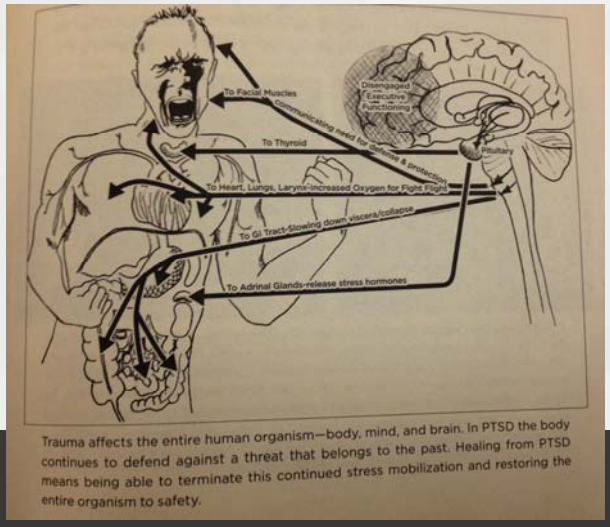


"When the alarm bell of the emotional brain keeps signaling that you are in danger, no amount of insight will silence it."
(van der Kolk, 2014)

- **Jim…**
  - Jim demands one day to be discharged immediately, or at least to change units.
  - You explain this is not possible at this time, and his agitation increases.
  - Through his explosive outbursts you hear him mention that the patient next door to him reminds him of his grandfather.

Trapped in Trauma

- The ongoing whole-body response to threat:



Trauma affects the entire human organism—body, mind, and brain. In PTSD the body continues to defend against a threat that belongs to the past. Healing from PTSD means being able to terminate this continued stress mobilization and restoring the entire organism to safety.

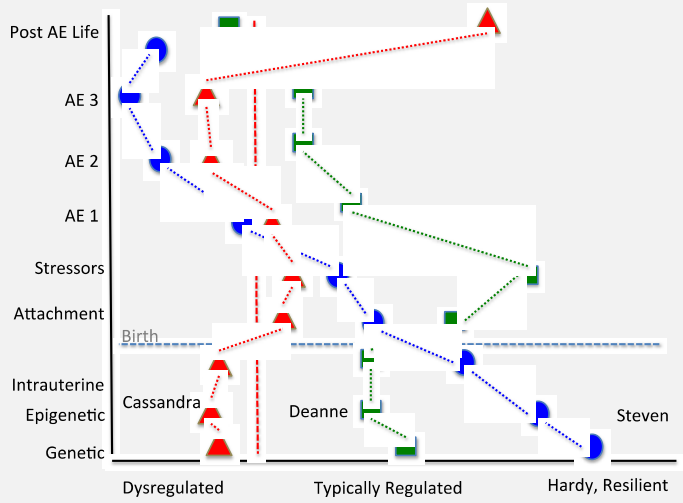
From "The Body Keeps the Score", van der Kolk, 2014, p 53

The Body Keeps the Score

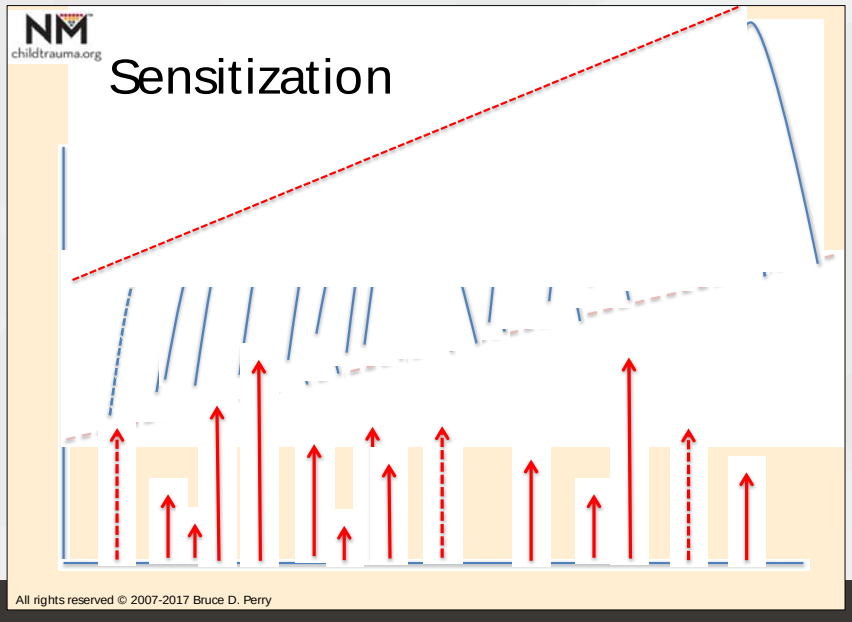
- Trauma has been linked to
  - ANS disorders: headaches, irritable bowel syndrome (IBS), hypertension, ischemic heart disease,
  - Chronic immune system suppression: susceptibility to infection, chronic fatigue, rheumatoid arthritis, lupus, allergies, other autoimmune diseases

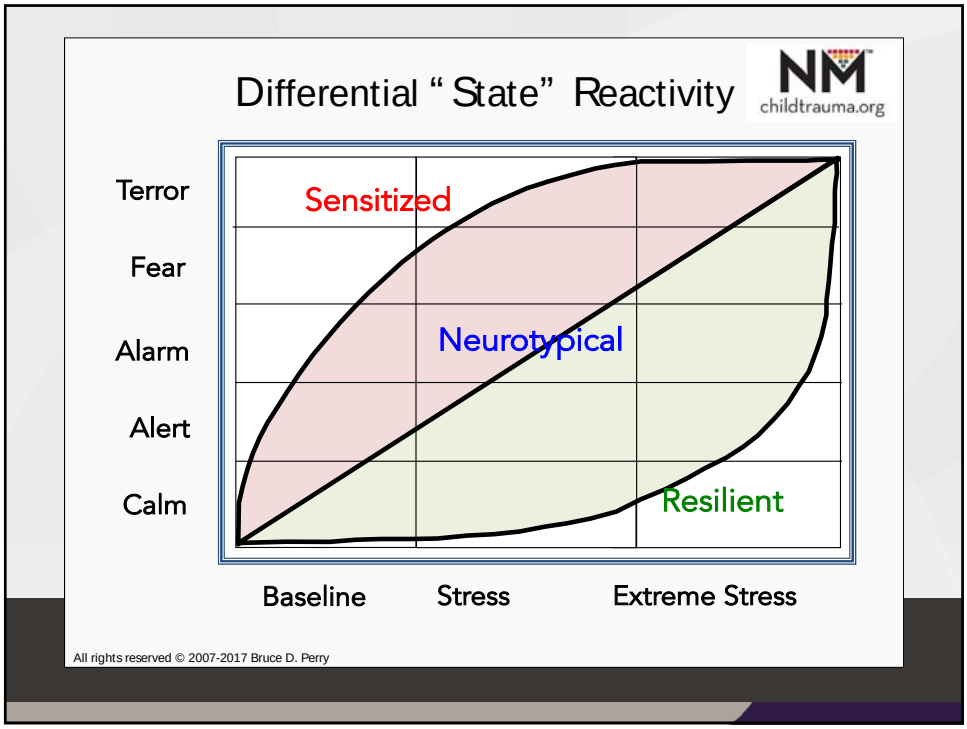
CAMH, 2012; Felitti et al, 1998; van der Kolk, 2014

Figure 1 - Variable life trajectories of "resilience" and "vulnerability"



Ungar, M. & Perry, B.D. (2012) Violence, trauma and resilience. in (R. Alaggia & C. Vine, Eds) Cruel but Not Unusual: Violence in Canadian Families pp. 119-143 WLU Press, Waterloo, CA 2012




Differential " State" Reactivity
childtrauma.org
Terror
Fear
Alarm
Alert
Calm
Sensitized
Neurotypical
Resilient
Baseline
Stress
Extreme Stress
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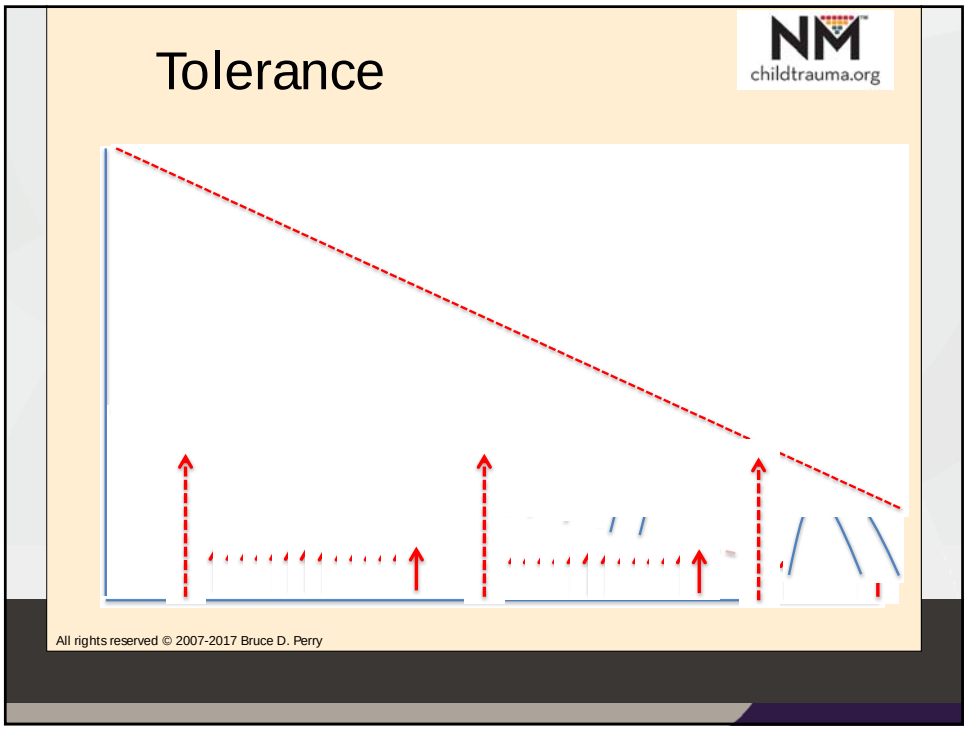
Tolerance
childtrauma.org
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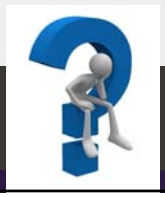
- **Jim…**
  - Jim has a chest x-ray ordered for this afternoon.
  - Diagnostic Imaging call to say they are ready for Jim. You pop in his room to let him know he'll be taken down for an x-ray imminently
  - Jim explodes, stating he was supposed to have a shower at this time and reminding you that you had agreed to disconnect his IV for this purpose.

Trauma-Informed Care (TIC): **Why?**

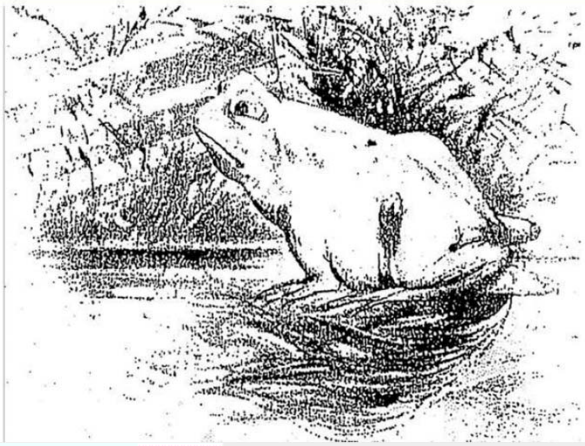
- Ongoing research continues to expand on current knowledge of the impact of trauma on individuals, families, communities, and societies at large (e.g. Felitti, 2009, van der Kolk, 2014)
  - Psychological
  - Biological
  - Social consequences
- Individuals with trauma histories are seen regularly by healthcare providers without recognition of understanding of their primary ailment (Harris & Fallot, 2001)
- Vicarious trauma, burnout, compassion fatigue….

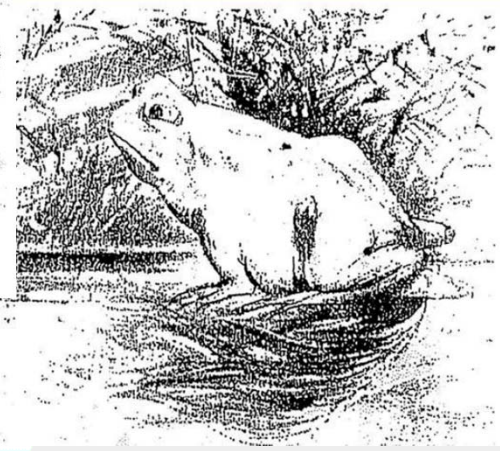


What Do You See?

- Tell us what you see.

Another Perspective





Another Example

- Is there more going on with Jim then we realize? Maybe his reactions make sense in context.

TIC: What?

- Trauma-Informed Care (TIC) is a philosophy of care established upon the principle that systems and providers should ameliorate, and not exacerbate, the effects of trauma (Elliott et al, 2005; Harris & Fallot, 2001)
- TIC is an approach to how organizations view and respond to those who may have experienced or who may be at risk of experiencing trauma (including staff).

TIC: What?

- Trauma-specific services vs **Trauma-informed services**
- Fallot & Harris (2009) and SAMHSA (2015) core values of TIC:
  - **Safety**
  - **Trustworthiness and Transparency**
  - **Peer support**
  - **Collaboration and mutuality**
  - **Empowerment, voice and choice**
  - **Cultural, Historical, and Gender Issues**
- SAMHSA (2014) definition of TIC, the four 'R' elements: *Realizing, Recognizing, Responding, Resist Re-traumatizing*
- **"Universal Precautions"** (e.g. Coles & Jones, 2009; Elliot et al., 2005; Hodas 2006; Stokes et al., 2017)

TIC: Shifting the focus from ***understanding the problems*** *to* ***understanding the person***

TIC: What it isn't

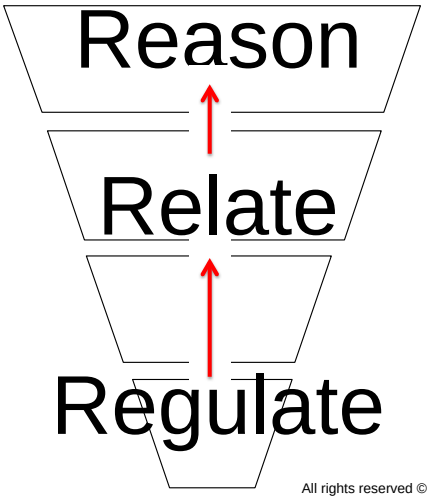
- Excusing or permitting/ justifying unacceptable behaviour
  - TIC supports accountability and responsibility in a supportive and understanding manner
  - TIC is not just being nicer
  - TIC is skill-building, empowering, recognizing strengths

(Yatchmenoff, 2015)

Trauma-Informed NSG Care

- Strike a delicate balance (Linehan, 1993)
  - Supporting, reassuring **and** focusing on the need to make positive and concrete life changes
  - Cannot be done if their current efforts have been invalidated and harshly assessed (CAMH, 2012)
- Externalizing
  - Acting out: for some, a conscious or unconscious means of testing/proving that they will always be rejected, no one cares, no one can be trusted
- Internalizing
  - May be due to guilt and shame, impaired identity and sense of self, fear, helplessness.

Sequence of Engagement



- **Pattered repetitive somatosensory regulation:**
  - Visual: comforting images
  - Auditory: music, rhymes, white noise
  - Olfactory/Gustatory: strong mints, soothing smell/taste
  - Tactile: something grounding to touch/hold, feel the temperature and weight of, ice, warm water, weighted blanket
  - Patterned repetitive movement, walking/jogging/dancing
  - Touch, if wanted and appropriate (therapeutic massage)
  - Passing a ball back and forth (relational as well)

TIC: What is needed

- Secure, healthy adults
- Good emotional management skills
- Intellectual and emotional intelligence
- Able to actively teach and be role model
- Consistently empathetic and patient
- Self-disciplined, self-controlled, and never likely to abuse power.

(Yatchmenoff, 2015)

TIC: The Reality

- We have a system and workforce that is **under stress**
- We have a system that **absorbs the trauma** of the consumers
- We have a **workforce** populated by trauma survivors
- We have organizations that can be **oppressive**
- **All of this has an impact**
  - We have organizations that come to resemble the people we are trying to help

(Bloom & Farragher 2011;Yatchmenoff, 2015)

Sanctuary:
Parallel Processes

http://www.sanctuaryweb.com/Portals/0/2010%20PDFs%20NEW/2010%20Bloom%20Parallel%20Process.pdf

- **Exploring Nurses' Knowledge and Experiences Related to Trauma-Informed Care**

QUALITATIVE STUDY *(Stokes et al., 2017)*

- Participants reported and described:
  - **Not receiving formal trauma-informed education**
  - **Care informed by trauma is care that meets the patient where they are at** and **acknowledges the individual experience of trauma.**
  - **Trauma stories may not be known to the patient or provider.**
  - **TIC is pertinent to all patients regardless of setting, not just in psychiatric/mental health care.**

FINDINGS: 1) CONCEPTUALIZING TIC

- **2.1) basic nursing practice**
  - **The principles of TIC relate to fundamentals of nursing** - the importance of patient-centered approaches and centrality of the therapeutic relationship.
  - **The importance of assuming "universal precautions".**
- *I usually say, just as it's a very big deal with certain body secretions, we just consider that maybe this is a communicable disease, and when we are handling body secretions with universal precautions, we use all those barrier precautions. It's the same when we are dealing with mental health clients. I just consider [there] could be history of trauma, but I might not be aware of that trauma. (P6)*

FINDINGS: 2) NURSING CARE AND TRAUMA

- **2.2) labels and preconceptions**
  - Rather, "walking alongside" the person receiving care.
- **2.3) safety and control**

FINDINGS: 2) NURSING CARE AND TRAUMA

- Contextual factors that influence the practice of TIC.
  - The nursing profession becoming more **methodological and quantified**
  - **The element of time**
  - Addressing **barriers**, including integrating TIC into **existing nursing curricula,** and the need for **leadership to support and advocate** for TIC initiatives.

FINDINGS: 3) CONTEXT OF TIC

Time would be a big one that would jump out . . . on a busy unit . . . a person gets to a place where they maybe have a moment . . . their [the patient's] behaviour is such that makes you question, there must be something more to this, then you want to seize the moment and sort of say, hey I'm here do you want to talk? But I've got three minutes, you know. We have a busy unit, I have ten people . . . (P4)

FINDINGS: 3) CONTEXT OF TIC

- Trauma can complicate the nurse–patient relationship:
  - **Care can traumatize (or re-traumatize) patients**
  - Nurses might **vicariously and/or directly be traumatized** by their patients
  - **Trauma is a dynamic process that affects nurses beyond the individual nurse–patient relationship.**

FINDINGS: 4) DYNAMICS OF THE NURSE-PATIENT RELATIONSHIPS IN THE FACE OF TRAUMA

And, how there can end up being, a (...) a back and forth relationship that can (...) it can create, any trauma that can happen toward the patient can also be happening toward the nurse at the same time. And then, that later can lead to the nurse also placing that on another patient or family. It can, it can keep growing. (...) one person to the next person, and the nurse can be the middle person, if they don't deal with how that trauma affects their patient. And then it can possibly affect themselves, it can have a bigger effect than is realized. (P1)

FINDINGS: 4) DYNAMICS OF THE NURSE-PATIENT RELATIONSHIPS IN THE FACE OF TRAUMA

- Participants described **protective strategies which revolved around self-reflection at individual and team levels and the importance of knowing yourself.**

FINDINGS: 4) DYNAMICS OF THE NURSE-PATIENT RELATIONSHIPS IN THE FACE OF TRAUMA

From the premises of the instruments or the tools we use, [they] are really just ourselves, and we have to be really aware of our own strengths, of our own weaknesses, our own vulnerabilities, our own traumas, our own things, and we have to find a way to process them in a way that keeps us healthy and well. (P4)

FINDINGS: 4) DYNAMICS OF THE NURSE-PATIENT RELATIONSHIPS IN THE FACE OF TRAUMA

- Key considerations identified:
  - **Attending to underlying needs rather than symptoms**
  - **Importance of the therapeutic relationship**
  - **Importance of reflective practice**
- There are important aspects of language related to trauma and TIC that deserve attention
  - **Language and labels in practice**

DISCUSSION

FROM (Deficit Perspective)	TO (Trauma-Informed & Strengths-Based)
What is wrong?	What has happened?
Symptoms	Adaptations
Disorder	Response
Attention seeking	The individual is trying to connect in the best way they know how
Borderline	The individual is doing the best they can given their early experiences
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking directly for what they want
Malingering	Seeking help in a way that feels safer

- **Language and labels in practice**

(Adapted from Royal College of Nursing, 2008, pg. 18 [54])

DISCUSSION

BC Provincial Mental Health and Substance Use Planning Council, 2013, p. 28

- Need for **further conceptual clarification** of the term TIC and its operationalization in practice
- Once there is clarity on what makes an organization trauma-informed, **empirical research** can examine whether TIC interventions are effective

IMPLICATIONS FOR RESEARCH

- Universal precautions
  - The need to develop **universal trauma precautions, similar to the notion of "universal precautions" in medicine**
- Nursing and organizational leadership
  - Leaders can play an important role in **prioritizing and championing TIC**
  - To fully implement standard of TIC, **principles must be applied not only towards patients but towards staff and all others interacting with the system** (Fallot & Harris, 2009)
  - To facilitate and sustain this philosophy of care, an **organizational culture shift** is necessary (Bloom, 2010; Fallot & Harris, 2009)

IMPLICATIONS FOR PRACTICE

- Findings from this research support the need to **equip nurses**, both pre- and post-licensure, with the necessary knowledge, guidance, and environment to offer trauma-sensitive care
  - Not only on the **prevalence and consequences of trauma**, need to also build **skills and confidence to know how to care** in the face of trauma
  - Guidance and tools needed for **nursing educators** to deliver these skills

IMPLICATIONS FOR EDUCATION

- Institutional leadership consider the **congruency of their policies with the principles of TIC.**
  - Paramount that policy-makers hearken to the suggestions of nurses, other front-line professionals, and service-users (Bowen & Murshid, 2016)

IMPLICATIONS FOR POLICY

- **IWK Health Centre:** http://yourexperiencesmatter.com/learning/trauma-informed-care/
- **Alberta Health Services: Trauma Informed Care:** https://www.albertahealthservices.ca/info/page15526.aspx
- **BC Provincial Mental Health and Substance Use Planning Council: Trauma-Informed Practice Guide**. Retrieved from http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- **The National Child Traumatic Stress Network (NCTSN):** https://www.nctsn.org/

RESOURCES

- Trauma is prevalent and may not be known
- Relationships are key in protecting and healing from trauma
- Regulate – Relate - and then Reason.

KEY TAKE HOME MESSAGES

Trauma-informed Care

You can be a leader!

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