

Empower, Support, Heal: Driving Trauma- Informed Care in the NICU

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Objectives

- Define trauma and the impact of trauma on the brain and body.
- Identify the foundations of trauma-informed care.
- Understand the change model of moving from trauma inducing to trauma reducing practices
- Apply trauma informed practice to build trusting relationships

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Financial disclosures

I have no financial disclosures.

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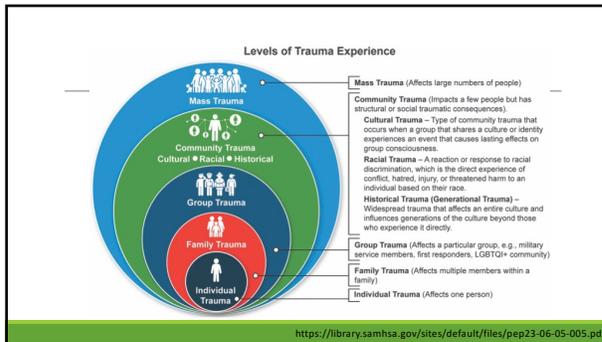
Trigger Warning:
A statement cautioning that content
(as in a text, video, or class) may be
disturbing or upsetting.
MERRIAM-WEBSTER DICTIONARY

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Definition: Trauma

Individual **trauma** results from an event, series of events, or set of circumstances that is **experienced by an individual as physically or emotionally harmful or life threatening** and that has **lasting adverse effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

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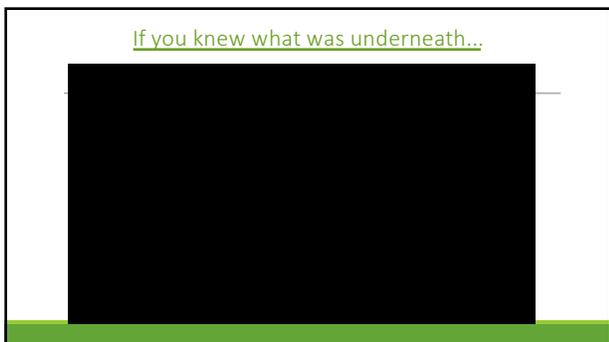
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Assumptions and Biases

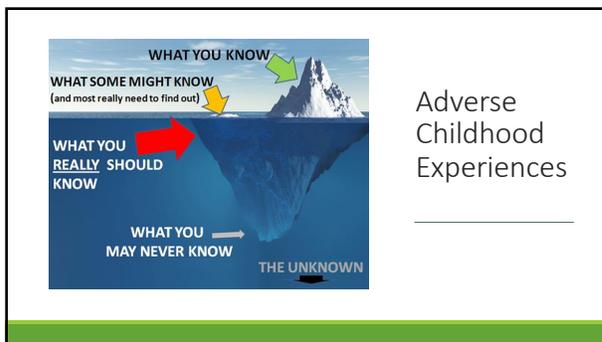
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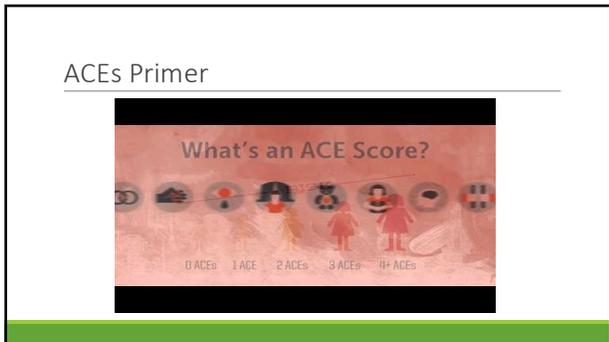
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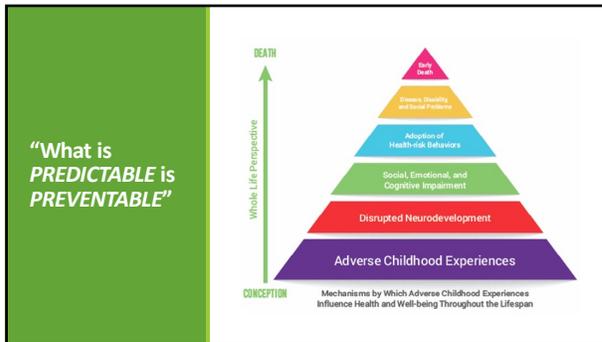
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Adverse Childhood Experiences

Many People Report ACEs

According to data collected from adults across all 50 states and the District of Columbia between 2011 and 2020:

- 64% reported experiencing at least one type of ACE
- 17% reported experiencing 4 or more types of ACEs

Types of ACEs

Abuse <ul style="list-style-type: none"> Emotional Physical Sexual 	Neglect <ul style="list-style-type: none"> Emotional Physical
Household Challenges <ul style="list-style-type: none"> Substance abuse Mental illness, including alcohol use Parent or partner violence Homelessness Widowed or Domestic Violence 	Other Adversity <ul style="list-style-type: none"> Community violence Natural disasters Refugee or war-torn experiences Witnessing or experiencing acts of terrorism

*The prevalence of traumatic events and experiences may vary by race or ethnicity.

<https://vetviolence.cdc.gov/apps/aces-infographic/>

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Some Groups Are More Likely to Have Experienced ACEs

Multiple studies show that people who identified as members of these groups as adults reported experiencing significantly more ACEs:

- Non-Hispanic American Indian or Alaska Native people and multiracial people
- People with less than a high school education
- People making less than \$15,000 per year
- People who are unemployed or unable to work
- Lesbian, gay, or bisexual people

<https://vetviolence.cdc.gov/apps/aces-infographic/>

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Impact on the Brain and Body

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Biological Effects

Survival Mode

Brain sends signals through the body
The body MUST respond
Unnecessary body functions slow down or stop
Flight, Fight, Freeze

Fight or Flight Response

- saliva flow decreases
- eyes pupils dilate
- skin blood vessels constrict: chills & sweating
- heart beats faster & harder
- stomach output of digestive enzymes decreases
- muscles become more tense; trembling can occur
- bowel food movement slows down
- blood vessels blood pressure increases as major vessels dilate
- lungs: quick, deep breathing occurs

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Hand Model of the Brain



<https://www.youtube.com/watch?v=gm9CUj74Oxw>

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Flight, Fight, Freeze

Adaptive response to not-okay experiences

Flight	Fight	Freeze
Withdrawing	Acting Out	Exhibiting Numbness
Fleeing	Behaving Aggressively	Refusing to Answer
Skipping Appointments	Acting Silly	Refusing to Get Needs Met
Daydreaming	Exhibiting Defiance	Giving Blank Looks
Avoiding Others	Being Hyperactive	Feeling Unable to Move or Act
Hiding or Wandering	Arguing	
Becoming Disengaged	Screaming/Yelling	

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What is Trauma?

Witnessing or experiencing an event that poses a real or perceived threat

The event overwhelms one's ability to cope and has lasting adverse effects on the individual's functioning and well-being

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Factors that Effect Perception

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Situations That Can Be Traumatic

Natural disaster	Child abuse
War/terrorism	Child neglect
Accidents	Life-threatening illness
Medical procedures	Car accident
Bullying	Loss of a caregiver
Abandonment	Witnessing domestic violence
Community violence	Sexual abuse

Is a hospitalization traumatic?
Can working in medical settings be traumatic?

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What is Traumatic Stress?

Psychological and physical symptoms that result from traumatic experiences

Manifested in part by a person's inability to:

- stay in the present
- integrate feelings
- make sense of an experience

- Headaches
- Fatigue
- Irritability
- Insomnia
- Difficulty focusing

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Trauma Informed Care

WHAT IS WRONG WITH YOU?
WHAT HAS HAPPENED TO YOU?

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Definition: Trauma-Informed Care

Trauma-informed care is a **service delivery approach** focused on an **understanding of** and **responsiveness to the impact of trauma**. It promotes positive outcomes by emphasizing physical, psychological, and emotional safety and enhances wellbeing by empowering individuals to define their needs and goals and make choices about their care and services.

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Applying the Lens of Trauma Informed Care



- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Replacing judgement with curiosity

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The Four R's to Trauma Informed Care



- Realize** the prevalence of trauma
- Recognize** how trauma affects all individuals, programs, organizations, and systems
- Respond** by putting this knowledge into practice
- Resist Re-traumatization** of patients and staff

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Responding as though everyone you interact with may be impacted by a traumatic event.

It will not hurt those who haven't been, but it will make all the difference to those who have.

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A change of perspective...

Negative Language	Trauma Sensitive Language
This person is sick	This person is a survivor
They are weak	They are stronger for having gone through the trauma
They should be over it already	Recovery from trauma is a process and takes time
They are making it up	This is hard to hear, and harder to talk about
They want attention	They are crying out for help
Don't ask them about it or they will get upset	Talking about trauma gives people permission to heal
They have poor coping methods	They have survival skills that have got them to where they are now
They are non-compliant	They are doing their best
They are permanently damaged	They can change, learn, and recover

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Trauma-informed Health Care



Core Components

- Foundation:** trauma informed values
- Environment:** calm, safe, empowering space
- Education:** connection between trauma and health
- Inquiry:** screening for safety
- Response:** showing empathy and directing to resources

Women's Health Issues 2019 29, 97-102DOI: [10.1016/j.whi.2018.11.003]

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Organizational Ingredients

- Engage patients in organization planning
- Train clinical as well as non-clinical staff members
- Create a safe physical and emotional environment
- Prevent secondary traumatic stress in staff – Invest in staff wellness
- Hire a trauma-informed workforce

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Clinical Ingredients for TIC

- Engage patients in the treatment process
- Screen for trauma
- Train staff in trauma-specific treatment approaches
- Engage referral sources and partner organizations

<https://www.chcs.org/resource/trauma-informed-care-implementation-resource-center/>

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6 Principles of Trauma-Informed Approaches

SAFETY
Physical and psychological safety is priority when the organization for staff and people who are served. Reducing or preventing personal safety is key.

TRUSTWORTHINESS & TRANSPARENCY
In its operations and decisions, organizational behavior is consistent and transparent. It goal exists to build trust among all who interact with the organization.

PEER SUPPORT
People's stories and lived experiences are valued and recognized as key to building safety, increasing trust, and growth after healing. Mutual self help and peer support are valued as sources for recovery and growth.

COLLABORATION & MUTUALITY
Everyone has a role to play in a trauma-informed approach. Power differentials between staff and people being served and other staff are based on levels of shared decision-making.

EMPOWERMENT, VOICE, & CHOICE
Individuals' strengths and experiences are recognized and built upon throughout the organization. The patient's voice is heard in the primary of the people served, in residence, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

CULTURAL, HISTORICAL, & GENDER ISSUES
The organization actively seeks past cultural biases, offers access to gender responsive services, leverages the healing value of traditional cultural connections, incorporates patients, providers, and processes that are responsive to the racial, ethnic and cultural views of individuals served, and recognizes and addresses historical trauma.

SHARMA, 2014

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Physical Safety and Space

Bryan Health: Family Birthplace Video Tour
From an accredited US hospital

Patients can easily navigate their physical space

- Clear signs (multiple languages) indicate entrances, exits, bathrooms, and other areas

There is a system to monitor visitors

Patients have clear access to exits in closed spaces, including exam rooms and offices

Monitoring noise levels in common areas

MORE VIDEOS

0:50 / 1:25

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Emotional and Social Safety

- Patients feel respected and supported**
Interpersonal interactions promote a sense of safety and are welcoming. Patients do not feel like a nuisance to staff. Reduced and unhurried attention.
- Sufficient notice and preparation when changes to treatment or schedule occur**
Patients have opportunity to ask questions.
- Avoid re-screening for trauma**
- Awareness of how culture affects the family perception of trauma, safety, and privacy**

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Trustworthiness and Transparency

Involve patients in the treatment process

- They understand all their options and understand why the treatment is necessary

Patients should understand what the treatment is going to involve

- Who will provide the treatment services
- Steps of treatment are explained
- Consent is obtained before each step begins

Maintaining consistent, open, respectful, and compassionate communication

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Trustworthiness and Transparency

Includes patients, family members, other staff, and all other involved with the organization

Patients should be notified and have given consent before:

- Invasive procedures
- Removal of clothing
- Physical touch
- Changes in treatment
- Treatment begins



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Peer Support

- Peer support and self-help are crucial in establishing safety, building trust, collaborating, and empowering
- Debrief team members after a traumatic event to encourage open communication to avoid secondary traumatic stress
- Be alert to your peer's stress
- How are you feeling? Remain calm and unhurried to promote calmness

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Collaboration and Mutuality

- Be aware of power differences between patients and organizational staff
- Everyone has a role in trauma-informed care
- Incorporate patients and their families in treatment planning

- Sharing of power and decision making with patients
- "One does not have to be a therapist to be therapeutic"
- Help the patient create a network of support for their recovery

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Empowerment Voice and Choice

- Give patients an active role in their treatment
- Instead of addressing perceived deficits, build on strengths
- Knowledge is power

- Explain all options
- Patients should feel so confident in the treatment choice as their provider
- Emphasizing accomplishments for patients AND other team members
- Patients who understand their health conditions, treatment plans, and health care access through providers are more likely to develop confidence

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Cultural, Historical & Gender Issues

2024 REPORT CARD NEBRASKA

PRETERM BIRTH GRADE: D
PRETERM BIRTH RATE: 11.1%

The infant mortality rate among babies born to Black birthing people is 2.8x the state rate

Infant mortality rate: Rate per 1,000 live births by maternal race/ethnicity, 2020-2022

Race/Ethnicity	Rate per 1,000 live births
Asian	4.7
Hispanic	5.0
White	5.0
Black	12.2
AAAB	14.4

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Policy Review

Adoption of the following policies and sufficient funding in Nebraska is critical to improve and sustain maternal and infant healthcare

Policy Area	Status
WOMEN'S POLICY	Not adopted
WOMEN'S ECONOMIC SECURITY	Not adopted
WOMEN'S HEALTH	Adopted
WOMEN'S EDUCATION	Not adopted
WOMEN'S EMPLOYMENT	Not adopted
WOMEN'S FAMILY LEAVE	Not adopted
WOMEN'S FINANCIAL SECURITY	Not adopted
WOMEN'S POLITICAL PARTICIPATION	Not adopted
WOMEN'S SAFETY	Not adopted
WOMEN'S WELL-BEING	Adopted
WOMEN'S WORK-LIFE BALANCE	Not adopted

<https://www.marchofdimes.org/peristats/reports/nebraska/report-card>

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Cultural, Historical & Gender Issues

- Perception of trauma, privacy, safety, and power changes across cultures
- Moving past cultural stereotypes and biases
 - Based on race, ethnicity, sexual orientation, age, geography
- Are you aware of your implicit biases? Take the test:
 - <https://implicit.harvard.edu/implicit/>

- Loss or lack of privacy
- Power dynamics
 - Interpersonally and with provider
- Gender of healthcare provider
- Vulnerable physical position
 - Is the patients back turned? Can they see what you are doing? Are they lying down? Face down?

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Vicarious Trauma & Self-care

Ability to overcome challenges of all kinds—trauma, tragedy, personal crises, plain 'ole' life problems—and bounce back stronger, wiser, and more personally powerful.



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Trauma Informed Practices

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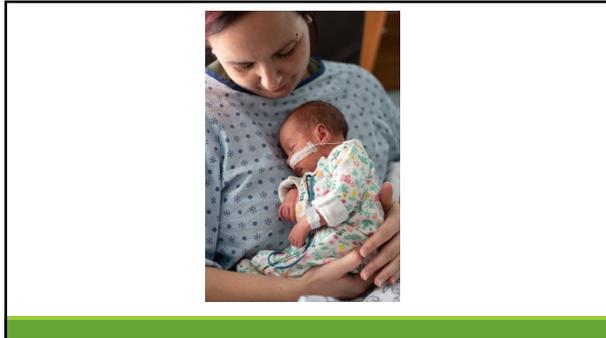
Changing the conversation to change the culture

Nontrauma Language	Trauma Sensitive Language
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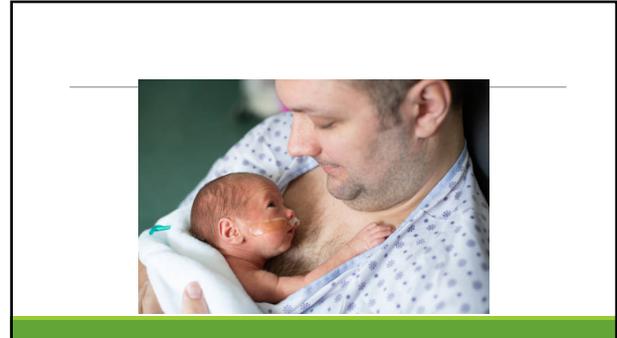
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