



# How Trauma Informed Care Will Revolutionize Health Care

Nina Beaman

Dean of Nursing, Aspen University, Denver, Colorado, USA.

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\***Corresponding Author:** Nina Beaman, Department of Nursing, Aspen University, Denver, Colorado, USA. E-mail: [nina.beaman@aspen.edu](mailto:nina.beaman@aspen.edu)

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## Abstract

Patients, peers, family members, and friends have been traumatized. Research has shown that 1 in 5 Americans were sexually molested as a child, 1 in 4 were beaten by a parent so a mark was left on the body, 1 in 3 couples engage in domestic violence, 1 in 4 grew up with family members with alcohol problems, and 1 in 8 children witnessed their mothers being beaten [1]. Because of this very frequent trauma in childhood, it is important for health care professionals to be aware of the impact of trauma in childhood on adult life and to intervene appropriately. This article will address how to revolutionize health care with trauma informed care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) [2] defines trauma as “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”. Although the response may differ among people experiencing the same event or events due to resilience, health care practitioners need to appreciate the profound influence that even one traumatic event can have on a person.

The Centers for Disease Control and Prevention (CDC) [3], in collaboration with Kaiser Permanente insurance did a seminal study, known as the Adverse Childhood Experiences Study (CDC) [3].

The survey asked the 17,500 respondents to give themselves one point if they had experienced any of these events before the age of 18:

1. Swearing, humiliation, insulting
2. Push, grab, slap, throw something at you
3. Touch, fondle, etc. sexually
4. Feel no one in your family loved you or thought you were important or special
5. Did not have enough to eat, did not feel protected, parents too drunk or high to care for you
6. Separated or divorced
7. was mother or stepmother—pushed, grabbed, slapped, had something thrown at her. . . Etc. Threatened with gun or knife
8. Live with a problem drinker, alcoholic, or someone who used street drugs
9. Household member depressed or mentally ill, or attempt suicide
10. Household member go to prison.

The researchers considered a number above 4 to be significant. The study revealed that 13% of these relatively wealthy Californians

had encountered trauma in childhood with an ACE score of 4 or above, and uncovered a prevalence of physical abuse (28%), sexual abuse (21%), emotional abuse (11%), emotional neglect (15%), and physical neglect (10%). Additionally, it revealed substance abuse (27%), mental illness (19%), violence (13%), divorce/separation (23%), and incarceration (5%). Abuse and neglect in the home further impacts neurobiological development, psychosocial growth, and high-risk behaviors. Long term consequences include diseases and disorders like depression, post-traumatic stress disorder (PTSD), suicide, drug and alcohol abuse, heart disease, cancer, chronic lung disease, sexually transmitted disease, as well as intergenerational transmission of abuse. Van der Kolk [1,4] found long term effects on neurological, cardiac, respiratory, immune and endocrine system in people who had trauma in childhood. Social problems like homelessness, prostitution, unemployment, criminal behavior, parenting problems, utilization of social services, and shortened lifespan may be the result of trauma in childhood [5]. Some recommended websites for further information are included in Table 1.

## Recommended Websites:

- Adverse Childhood Experiences Study: [www.acestudy.org](http://www.acestudy.org)
- CANarratives.org: <http://www.canarratives.org/>
- International Society for the Prevention of Child Abuse and Neglect: [www.ispcan.org](http://www.ispcan.org)
- International Society for Traumatic Stress Studies: <https://www.istss.org/public-resources.aspx>
- Leadership Council on Child Abuse & Interpersonal Violence: [www.leadershipcouncil.org](http://www.leadershipcouncil.org)
- National Center for Trauma-Informed Care: [www.samhsa.gov/ntic](http://www.samhsa.gov/ntic)
- National Child Trauma Stress Network: <https://www.nctsn.org/trauma-informed-care/culture-and-trauma/introduction>

## Table 1 Recommended Websites

The triune brain theory posited that the simplest part of the brain is the one that is found in reptiles. It is reactive and protective. The mammalian parts of the brain are emotional, but not rational. The more rational part of the brain, highly developed in humans, are found in the frontal lobes. When frightened, many non-resilient people will resort to reptilian behaviors of freezing, fleeing, or even fighting. They may develop fibromyalgia, PTSD, or other “freeze” conditions as a survival tactic when they are too young or vulnerable

to flee or fight [6]. Emotions and trauma memories are part of the mammalian parts of our brain, so they may not appear rational. Words are part of the rational, human parts of the brain, so children may not be able to articulate their fears. Instead, they find other coping techniques. Therefore, traumatized children tend to withdraw, hide, not speak up, have trouble expressing emotions in words, obey to stay alive, lose trust in authority figures, and run away from situations. Traumatic memories may be fragmented, not flowing as a narrative, and difficult to explain. Traumatized children may be hypervigilant and anxious. They may tend to not be present or experience an emotional numbing. Unfortunately, they may crave affection from people who seek to hurt them. They may avoid touch. Like a snake charmer, it is important for the health care provider to be in rhythm with the patient.

The health care provider must be cautious of activities that may trigger traumatic memories. Certain words or events can bring back the traumatic memories, such as wearing white coats or touching the patient without permission. The best practice is to ask: “What has happened to you that can inform the care you need today?” rather than “What is wrong with you?” Realize that some of their actions may in fact be coping mechanisms from previous trauma (such as substance abuse). The role of the health care professional is to help the patient realize the impact of past trauma on the present and move past it to the future.

To move the patient from the freeze state to the flow state, create a safe environment and build a healing relationship [7]. With cultural sensitivity and humility, the health care professional must seek to understand the impact of the trauma and work with the patient to create healthy coping mechanisms. Goals for the patient would be to learn from the past, not to repeat it. The patient needs to be mindful and gain executive control of the mind and behaviors. Emotions and responses should be safely expressed.

Many effective techniques have been found to be therapeutic in traumatized children and adults. Some are included in Table 2. These techniques seek to help the patient safely express emotions, build rapport with the practitioner, and find order in what was a chaotic childhood. It values the contributions that they make and helps them to understand the impact of trauma. The patient is able to perceive that trauma can be overcome, by the health care professional creating a safe space to express emotions about it and motivating the person to change ineffective coping strategies. In short, it develops survivors from victims.

### Effective Techniques for Trauma

- ARC: Attachment, Self- Regulation, and Competency Therapy
- Mindfulness Therapy
- Trauma Resiliency Model®(TRM®)
- RLH: Real Life Heroes®
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Art
- Drama
- Music (drumming), etc.
- Turtle technique
- Controlled breathing
- EMDR (eye movement desensitization and reprocessing)
- Hypnosis
- Transcranial Magnetic Stimulation
- Acupressure and acupuncture
- Yoga
- Meditation
- Biofeedback

### Table 2 Effective Techniques for Trauma

It is important when discussing trauma interventions to note the potential effect of listening to the experiences of traumatized persons on the health care provider. Van dernoot Lipsky et al. [8] called this service “trauma stewardship” and reminded health care workers that this work impacts the individual, society, and future generations. In conclusion, health care providers can revolutionize the future by simply asking “What has happened to you that inform the care you need today?”

**Conflict of interest:** The authors declare no conflict of interest.

### References

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