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Trauma Informed Care: Paving the Way to Better Patient Outcomes

Sarah Halsey
Southern Illinois University Edwardsville

Amy L. Armstrong
Southern Illinois University Edwardsville

Introduction of the Problem

Trauma-informed care (TIC) is a strategy which incorporates a detailed understanding of how trauma affects health outcomes into the total care of the patient. The ability to recognize childhood and adult trauma helps guide individualized treatment approaches and a more accurate diagnosis. In recent studies, it has been indicated that childhood and adult trauma are among the leading causes for the most common adult disease processes. These include ischemic heart disease, stroke, cancer, diabetes, and obesity to name a few. At a Midwestern University based healthcare facility, the Director of Population and Community Health Integration had become aware of these studies and wanted to partner to find a solution to change the culture to that of a trauma-informed organization. The previous practice did not recognize the need for education and implementation of these principles. Without TIC training, much of the treatment is superficial and not addressing the underlying causes which leads to poor health outcomes. Educating providers and other medical staff to become trauma-informed will lead to better patient outcomes and provider satisfaction. The purpose of this project was to create an educational module for all new employees to be presented during new employee onboarding. Delivering this knowledge empowers healthcare clinicians to create changes which will directly impact patients who have experienced trauma and ultimately improve health outcomes. Understanding the prevalence of trauma within society enables clinicians to understand the breadth of impact possible with simple changes in delivery.

Literature Review

Through a thorough literature review, the relationship between toxic stress and health outcomes was explored. Stress is a normal part of life which can be tolerated within a healthy environment

with nurturing relationships. However, sustained stress in the absence of a nurturing

environment can lead to traumatic toxic stress (TTS). In both chronic and acute stress responses

the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic nervous system are engaged

(Oral et al., 2016). This cascades through a hormonal response which, in the end, leads to

dysregulated cortisol levels. In acute stress, this negative feedback loop returns to normal when

the stress is eliminated. However, with chronic stress, there is a sustained stress response system

activation which leads to a myriad of chronic health conditions. The initial activation of the

HPA, due to chronic stress, can create an overabundance of cortisol and the prolonged activation

can cause decreased levels. The increased level of cortisol may suppress the immune system.

Conversely, too little cortisol creates an inflammatory response (Oral et al., 2016).

Traumatization is caused by chronic stress experiences with little support or resources to manage

these experiences. This, in turn, leads to a chronic level of physiologic, unhealthy changes

within the body which affects multiple organ systems.

The prevalence of trauma and adverse childhood experiences is so pervasive that it has

been labeled a public health epidemic (Baker, Brown, Wilcox, Overstreet, & Arora, 2016). The

current evidence, through research, indicates the need for a call to action. However, despite the

mountain of evidence regarding the importance of being trauma-informed, there is very little data

which suggests implementation protocols or procedures. Those in healthcare are only beginning

to recognize the implications of trauma after almost 20 years of research. Practitioners realize

the need for better education but lack the resources necessary for making these changes (Marsac

et al., 2016). Creating standard practices to incorporate trauma informed care into the healthcare

setting has been deemed critical in changing health outcomes for those that have experienced

adverse childhood experiences. Research shows that creating proper training for healthcare

organizations to encompass TIC within their daily practices will have a positive impact on patients served and their physiologic and psychologic health outcomes (Marsac et al., 2016).

Project Methods

The goal of this project was to establish a program at the healthcare facility in which new employees, including providers and medical staff, are trained on the importance of TIC. This training was the initial steppingstone to further education as employment continues. This project was conducted at the new employee onboarding. The clinic houses approximately 270 providers, 1600 staff members and on average serves approximately 115,000 patients annually. This organization houses both primary care and specialty clinics which serve a rural population in Central Illinois. An IRB was submitted for the purposes of this project and this project was deemed exempt.

Evaluation

Trauma-informed care (TIC) is an approach that enables healthcare clinicians to better understand the effects of trauma and create an environment which is safe for the multitude of patients who have experienced trauma throughout their lifetime. With the correct tools and training, providers acknowledge the pervasive nature of trauma and promote an environment of recovery rather than using practices which may indivertibly re-traumatize. In multitudes of studies, it has been suggested that trauma is the prime determinant of health outcomes. Therefore, providing training within an organization and cultivating change towards a trauma informed organization, has the capability to change health outcomes. The purpose of this project was to create and deliver TIC education to all new employees so that they may have a better understanding of the prevalence, impact and repercussions of trauma for the patients they serve.

Together with the executives at the institution, we were able to start a program which will ultimately move toward a trauma-informed organization. Working closely with the Director of Population and Community Health Integration and human resources, we began the project by developing education modules to be presented at the new employee orientation. We subsequently presented the information at each session throughout the summer. After each presentation, we used a Likert scale to survey new employees to better understand their reception to trauma informed care. Through these surveys we were able to discover elements of the presentation which could be improved in order to maximize impact. Overall, reception to the information was positive. We were able to reconfirm the initial lack of knowledge on trauma-informed care. We were also excited to see the positive reception of the information provided. Participants were receptive to the information and offered many questions with how TIC will look in their own individual workplaces.

An area of improvement we discovered during implementation was concerning the survey question, "Did you find the content important to your new role?" New employee onboarding includes all employment roles. One thing we were able to better understand through research on this topic, is the fact that every single employee, within a given healthcare organization, has the ability to create a trauma-informed environment. We recognized that it may be difficult for those not in direct patient care to understand their impact in creating a trauma-informed environment. These evaluations gave us the opportunity to edit the presentation to provide examples of trauma-sensitive behaviors for a variety of employment roles. Once edited and implemented, we were able to see a direct improvement of reception in this area. We presented TIC information at five new employee orientation sessions. With the edits made to our materials for the last three sessions, we identified an overall improvement in

outcomes. With the first session, the average score was 3.97 out of 5. After editing the material to include examples for a variety of employees, the average increased to 4.73 out of 5.

After our presenting phase was complete, we met with a group of established public service employees to provide training in order to continue providing TIC introduction at all new employee onboarding sessions indefinitely. These employees created a calendar to cover presentations at upcoming sessions. We reviewed the presentation material and provided a script. Organizational executives recognize the importance of creating a trauma-informed organization. The plan for the future will extend training and education for all employees. In 2020, all employees will attend further TIC education to become certified in TIC. The ultimate goal is to change the culture at this organization, starting with all employees. Studies and evidence-based practice support the improved health outcomes with healthcare organizations which recognize the prevalence of trauma within our society. Recognizing the effects of trauma and creating a trauma-sensitive environment has the capability of changing outcomes and offering a road to healing for patients with a history of trauma.

Impact on Practice

The immediate impact of implementation of TIC education was that new employees were able to receive an initial introduction to TIC. Through this introduction, new employees voiced an understanding of how TIC relates to their new role within the organization and they were also able to discuss ways to better serve the patients who are seen within the healthcare system. The ability to set this foundation at new employee onboarding was shown to have a direct impact on knowledge and understanding of trauma and how it affects individuals as a whole. The long-term impact of this initial training is that it lays the foundation for creating a trauma informed

health organization that will better serve the community. Evidence-based practice indicates a need for change in regards to healthcare delivery which recognizes the impact and prevalence of trauma within society. Clinicians who understand this have the power to directly impact healthcare outcomes for those patients served. Initiating the first step in this process will allow for future education and serve as a building block for creating a TIC organization.

In order to be successful in ongoing implementation, one alternation that should be continued is the focus of how each individual, in their separate role, is able to make an impact. Providing specific examples and resources to employees will empower them to serve as an example during their employment. It is imperative to help new employees understand how they personally can create and maintain change.

Conclusion

The TIC training was, overall, received positively. It created a call to action for employees. Once they were able to understand both the prevalent and pervasive aspects of trauma, as it relates to healthcare outcomes, they became interested in how to make physical changes in their practice. Administrators plan to incorporate this TIC introduction into all employee onboarding sessions, indefinitely. A new team has been trained to conduct the live presentation for all future new employee onboarding. In the fall of 2020, administrators will be conducting TIC certification to all employees to further this understanding, with the ultimate goal of creating a trauma-informed organization. The expected outcome is that this will in turn create a trauma sensitive environment for all patients that are served throughout the healthcare system. As research shows, a trauma sensitive environment has the power to positively impact health outcomes for patients served.

Recommendations for future efforts include continued introduction in each new employee onboarding session. Secondly, providing direct examples and resources for employees will empower them to create changes that will impact overall health for patients. In order to create a trauma sensitive organization, it will be vital that administrators continue with the TIC training plan and move forward to continued education for all current employees.

Author Contact Information

Amy Armstrong- aarmsaa@siue.edu

Sarah Halsey- shalsey17@gmail.com

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