Doctorate Program

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026801

Trauma-Informed Care in Psychiatric Settings

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Objectives

•At the end of this discussion, every candidate will be able to:

•Discuss key concept of Trauma and Its Impact on Mental Health

•Explain the concept of Trauma-Informed Care

•Differentiate the various types of trauma

•Examine the neurobiological and psychosocial mechanisms of trauma that contributes to mental health disorders.

• Analyze the significance of implementing Trauma-Informed Care within diverse psychiatric care environments.

Objectives, cont.

- Discuss the Core Principles of Trauma-Informed Care
- Differentiate between trauma-informed care and trauma-specific interventions.
- Discuss the Manifestations and effects of trauma in individuals.
- Analyze the Historical Context and Evolution of Trauma-Informed Care
- Evaluate the empirical evidence supporting Trauma-Informed Care interventions in Mental Health Settings.

Objectives, cont.

- Explain Trauma Therapy Techniques
- Analyze the Role of Mental Health Nurses in TIC.
- Discuss the Implementation Strategies in Different Settings.
- Explain the Implementation Strategies for PMHNPs

Outlines

- Defining Trauma and Its Impact on Mental Health
- Types of Trauma
- How trauma affect on Mental Health Conditions
- Definition of Trauma-Informed Care and Its Importance of in Psychiatric Settings
- Historical Context and Evolution of Trauma-Informed Care
- Core Principles of Trauma-Informed Care
- Trauma-Informed vs Trauma-Specific Care

Outlines cont.,

- Manifestations and effects of trauma in individuals
- Importance of Trauma-Informed Care in Psychiatric Settings
- Trauma-Informed vs Trauma-Specific Care
- Trauma-Informed Therapy definition
- Trauma Therapy Techniques
- Evidence Base for TIC in Mental Health Settings

Outlines cont.,

- Role of Mental Health Nurses in TIC
- Implementation Strategies in Different Settings
- Implications for Mental Health Nursing Practice
- Implementation Strategies for PMHNPs.

Introduction

- Trauma is increasingly recognized as a critical public health issue with profound and long-lasting effects on mental health. A significant proportion of individuals receiving psychiatric care have experienced some form of trauma, whether acute, chronic, or complex. These experiences may alter neurobiological functioning, disrupt emotional regulation, and shape maladaptive coping patterns that persist into adulthood.

Introduction

- Traumatic events are common and can have lasting effects on a person's life and health and a community's well-being. The effects of trauma go far beyond its immediate psychological and physical effects. Experiencing trauma can alter individual biology and behavior over the life course; these changes have an impact on interpersonal and intergenerational relationships.

Introduction

- Ultimately, traumatic events alter the well-being of not only individuals but also our communities and society. How a person responds to trauma is complex and dependent on many factors, including the resources of the individual and their supporting community.

Definition of Trauma

The word trauma is often used to refer to both injurious events themselves and to their outcomes. Certainly, the outcomes of traumatic experiences vary greatly from person to person based on a wide spectrum of circumstances including genetic, epigenetic, biological, psychological, environmental, family, community, societal, historical, and other factors. How a person responds to a harmful event, or series of events, is now thought of as a process resulting from the interaction between the events themselves and the person.

Definition of Trauma cont.,

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.(SAMHSA,2012)

Definition of Trauma cont.,

Trauma may occur because of a harmful incident or series of events that are emotionally disturbing or life-threatening, such as violence, neglect, abuse, disaster, serious illness, or historical injustice.(Berring et al., 2024)

Types of Trauma

Types of Trauma

Trauma can be classified into several categories based on duration, cause, developmental timing, and social context.

1-Acute Trauma

Results from a **single overwhelming event**.
Examples: accident, assault, natural disaster, sudden loss.
Impact: shock, hyperarousal, possible PTSD.

2-Chronic Trauma

Occurs due to **repeated or prolonged exposure** to traumatic events.
Examples: domestic violence, ongoing abuse, war.
Impact: persistent anxiety, depression, emotional dysregulation.

Types of Trauma cont.,

3-Complex Trauma

Involves **multiple interpersonal traumatic events**, often beginning in childhood.

Examples: repeated childhood abuse, neglect.

Impact: identity disturbance, attachment difficulties, dissociation, severe mental illness.

4-Developmental Trauma

Trauma occurring during **critical periods of childhood development**, affecting brain maturation.

Examples: early neglect, caregiver instability.

Impact: impaired emotional regulation, behavioral problems, mood disorders.

Types of Trauma cont.,

5-Secondary (Vicarious) Trauma

Indirect trauma experienced **through exposure to others' traumatic narratives**.
Common among mental health professionals.
Impact: compassion fatigue, burnout.

6- Medical Trauma

Trauma resulting from **distressing or life-threatening medical experiences**.
Examples: ICU admission, invasive procedures.
Impact: health anxiety, avoidance of healthcare.

How does trauma affect mental health conditions

TRAUMA EXPOSURE

(Abuse – Violence – Neglect – Loss – War)

Neurobiological Dysregulation

Amygdala Hyperactivation | **HPA Axis Dysfunction** | **Prefrontal Cortex Suppression**

Emotional & Cognitive Effects

- **Hyperarousal**

Emotional Numbing **Dissociation**

Behavioral Adaptations

Avoidance- Aggression -Substance Use-Self-Harm

Mental Health Conditions

PTSD -Depression -Anxiety Disorders-Substance Use Disorders-Personality Disorders

Impact Trauma on Mental Health

Neurobiological Impact of Trauma

Trauma produces measurable and lasting changes in brain structure and stress-response systems.

1-Dysregulation of the HPA Axis

- Chronic activation of the hypothalamic–pituitary–adrenal (HPA) axis
- Persistent cortisol imbalance
- Heightened stress reactivity

Impact Trauma on Mental Health cont,.

2-Amygdala Hyperactivation

- Increased threat detection
- Hypervigilance
- Exaggerated startle response

3-Prefrontal Cortex Suppression

- Impaired emotional regulation
- Poor executive functioning
- Reduced impulse control

Impact Trauma on Mental Health cont,.

II. Psychological and Emotional Consequences

Trauma significantly increases vulnerability to multiple psychiatric conditions.

1-Post-Traumatic Stress Disorder (PTSD)

- Re-experiencing (flashbacks, nightmares)
- Avoidance behaviors
- Hyperarousal
- Negative alterations in mood and cognition

Impact Trauma on Mental Health cont,.

2-Depressive Disorders

- Persistent sadness
- Hopelessness
- Anhedonia
- Suicidal ideation

3-Anxiety Disorders

- Panic disorder
- Generalized anxiety
- Social anxiety
- Phobias

Impact Trauma on Mental Health cont,.

4-Dissociation

- Depersonalization
- Derealization
- Emotional numbing

Impact Trauma on Mental Health cont,.

III. Behavioral Impact

1-Substance Use Disorders

- Alcohol and drug dependence as coping strategies
- Increased relapse rates when trauma is unaddressed

2-Self-Harm and Suicidality

Trauma exposure linked to higher rates of:

- Non-suicidal self-injury
- Suicide attempts

3-Aggression and Externalizing Behaviors

- Trauma-related threat responses
- “Fight” survival adaptation

Impact Trauma on Mental Health cont,.

IV. Social and Functional Impairment

Trauma affects multiple domains of life functioning:

- Relationship instability
- Trust difficulties
- Social withdrawal
- Occupational dysfunction
- Academic impairment

The link between trauma and mental health

Over the last decade, research evidence has increasingly supported the notion that trauma is linked to adult psychosis and a wide range of other forms of mental distress (e.g. **Bentall *et al.*, 2014**; **Fisher *et al.*, 2010**; **Kessler *et al.*, 2010**; **Paradies, 2006**; **Varese *et al.*, 2012**). The ACE study found that the more adverse life events people experience prior to the age of 18, the greater the impact on health and well-being over the lifespan, including poor mental health, severe physical health problems, sexual and reproductive health issues, engaging in health-risk activities and premature death (**Anda *et al.*, 2010**).

The link between trauma and mental health

Similarly, **Shevlin *et al.* (2008)** found that experiencing two or more trauma types significantly increased the likelihood of experiencing psychosis. **Dillon *et al.* (2012)** report evidence of a dose-dependent relationship between the severity, frequency and range of adverse experiences and subsequent impact on mental health. Interestingly, research has also demonstrated that the general public share the notion that trauma and adverse life events play a causal role in mental health difficulties (e.g. **Read *et al.*, 2013**; **Angermeyer and Dietrich, 2006**).

The link between trauma and mental health

Contemporary neuroscience is exploring the link between childhood trauma and neurological development. This research is informing TIAs which typically adopt a whole systems view of people and their environments, including an understanding of the role and impact of neurological damage. For instance, research has demonstrated that trauma has an impact on developing brains in childhood which can go on to affect the structure and function of adult brains (**Perry 1995, 2005**).

This has led to the development of a trauma-genic neurodevelopmental understanding of the link between childhood adversity and adult psychosis, which now has a large body of supporting evidence (**Read *et al.*, 2014**).

The link between trauma and mental health

The neurological damage caused by trauma suggests that survivors can be "primed" to respond to current situations that replicate the experience of loss of power, choice, control and safety in ways that may appear extreme, or even abnormal, when a history of past adverse events is not taken into account. (**Read *et al.* 2014)**

The link between trauma and mental health

Notably, people in contact with mental health services who have been sexually or physically abused in childhood typically have longer and more frequent hospital admissions, are prescribed more medication, are more likely to self-harm and are more likely to attempt to kill themselves than people without experiences of childhood abuse (**Read *et al.*, 2007**).

Trauma-Informed Care

- Trauma-informed is a strength-based framework for human services that assumes individuals are more likely than not to have a history of trauma and acknowledges the role that trauma may play in their lives(Harris & Fallot.,2001)
- Trauma-informed care shifts the focus from “What’s wrong with you?” to “What happened to you.

Trauma-Informed Care

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and setting.(SAMHSA,2012)

Trauma-Informed Care cont.,

Trauma-Informed Care (TIC) is grounded in four core components, often referred to as the ‘Four R’s’: Realizing the widespread impact of trauma; Recognizing the signs and symptoms of trauma; Responding by integrating this knowledge into practice and policy; and Resisting re-traumatization(Nikopaschos et al., 2025)

Trauma-Informed Care cont.,

Trauma-informed care is an organizational change process that shifts the focus from pathology to understanding trauma as a central component in mental health presentations, promoting collaborative and non-coercive care.(Muskett.,2014)

Trauma-Informed Care cont.,

Trauma-informed care is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper, Bassuk, & Olivet ,2010)

Trauma-Informed Care cont.,

Trauma-informed care is an approach that recognizes the prevalence of trauma, understands its impact, and seeks to avoid re-traumatization by embedding principles of safety, trust, collaboration, empowerment, and cultural sensitivity within services.(Sweeney et al. ,2018)

Importance of Trauma-Informed Care in Psychiatric Settings

Trauma-Informed Care (TIC) is critically important in psychiatric settings because a significant proportion of individuals receiving mental health services have experienced trauma, including childhood abuse, neglect, domestic violence, war exposure, medical trauma, or systemic oppression. Failure to recognize trauma can lead to misdiagnosis, ineffective treatment, re-traumatization, and escalation of psychiatric symptoms.

Importance of Trauma-Informed Care in Psychiatric Settings

1. High Prevalence of Trauma in Psychiatric Populations

- Trauma exposure is extremely common among individuals receiving psychiatric care.
- Between **75–98%** of psychiatric inpatients report lifetime trauma exposure.
- Up to **50% of individuals with severe mental illness (SMI)** meet criteria for PTSD.
- Trauma histories are frequently **under-assessed and under-diagnosed** in psychiatric services.

Importance of Trauma-Informed Care in Psychiatric Settings

- Because trauma is pervasive in this population, psychiatric care that does not explicitly account for trauma risks misinterpreting trauma responses as primary pathology.
- Many psychiatric symptoms (e.g., aggression, dissociation, emotional dysregulation) are trauma responses rather than purely psychiatric pathology. Therefore, trauma-informed care shifts interpretation from: “Non-compliant patient” to “Survival response shaped by trauma”

Importance of Trauma-Informed Care in Psychiatric Settings

2. Prevention of Re-Traumatization in Psychiatric Environments

Psychiatric environments may unintentionally mirror traumatic experiences:

- Seclusion
- Physical restraint
- Forced medication
- Locked units
- Power-based interactions

For individuals with prior abuse, neglect, or violence histories, these interventions may:

- Trigger traumatic memories
- Reinforce powerlessness
- Escalate aggression
- Increase dissociation
- Intensify self-harm risk

Importance of Trauma-Informed Care in Psychiatric Settings

Trauma-Informed Care (TIC) reduces reliance on coercive practices and promotes safer alternatives such as:

- De-escalation techniques
- Sensory modulation strategies
- Collaborative safety planning
- Comfort rooms
- Studies consistently report significant reductions in seclusion and restraint after TIC implementation.

Importance of Trauma-Informed Care in Psychiatric Settings

3. Improved Therapeutic Alliance

Trauma disrupts:

- Trust in authority figures
- Attachment security
- Interpersonal regulation

In psychiatric settings, this often manifests as:

- Non-engagement
- Suspicion
- Hostility
- Treatment refusal

TIC strengthens therapeutic alliance by emphasizing:

- Safety
- Transparency
- Predictability
- Collaboration
- Shared decision-making

Strong therapeutic alliance is one of the strongest predictors of positive psychiatric outcomes.

Importance of Trauma-Informed Care in Psychiatric Settings

4. Improved Clinical Outcomes

Evidence indicates that trauma-informed psychiatric services are associated with:

- Reduced PTSD symptom severity
- Decreased depressive and anxiety symptoms
- Reduced self-harm incidents
- Reduced use of restrictive interventions
- Improved treatment adherence
- Shorter inpatient stays
- Lower staff injury rates

TIC does not replace trauma-specific therapy, but it creates the conditions necessary for recovery.

Importance of Trauma-Informed Care in Psychiatric Settings

5-Reduction of Staff Burnout and Secondary Trauma

Mental health professionals are at risk of:

- Secondary traumatic stress
- Compassion fatigue
- Burnout

TIC provides:

- Shared conceptual framework
- Increased empathy
- Clear de-escalation tools
- Structured reflective supervision

This improves staff wellbeing and organizational stability.

Core Principles of Trauma-Informed Care

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6 core principles of trauma-informed care

1. Safety

When people feel safe, healing can begin.

4. Collaboration

Working together with honesty and respect paves the way to healing and recovery.

2. Trustworthiness

Transparency and clarity helps builds a sense of trust.

5. Empowerment

Believing in someone's resilience helps them believe in themselves.

3. Choice

Giving people agency lets them decide what feels right.

6. Cultural, historical & gender considerations

Equitable care is achieved by responding to people's unique experiences.

Core Principles of Trauma-Informed Care

The foundation of TIC is understanding the prevalence and impact of trauma on mental health. According to SAMHSA, six key principles guide trauma-informed care:

1.Safety

- Physical and emotional safety for patients and staff.
- Example: calming environment, clear boundaries, secure settings.

2.Trustworthiness & Transparency

- Decisions and policies communicated clearly.
- Example: explaining procedures before interventions. Peer Support Using individuals with lived experience to provide support. Example: peer-led support groups.

3.Peer Support

- Using individuals with lived experience to provide support.
- Example: peer-led support groups.

Core Principles of Trauma-Informed Care

4.Collaboration & Mutuality

- Shared decision-making between patient and clinician.
- Example: care planning that involves patient input.

5.**Empowerment, Voice, and Choice**

- Encouraging patient autonomy and self-advocacy.
- Example: offering treatment options rather than directives.

6.**Cultural, Historical, and Gender Sensitivity**

- Recognizing systemic inequalities, intersectional trauma, and cultural differences.
- Example: incorporating culturally sensitive interventions.

Trauma-Informed Care vs Trauma-Specific Care

Aspect	Trauma-Informed Care (TIC)	Trauma-Specific Care (TSC)
Definition	An organizational and clinical framework that recognizes the widespread impact of trauma and integrates this awareness into all aspects of service delivery	Evidence-based clinical treatments specifically designed to address trauma-related symptoms or PTSD
Primary Focus	Preventing re-traumatization and creating safe environments	Direct treatment of trauma symptoms
Scope	System-wide (policies, culture, environment, staff training)	Individual therapeutic intervention
Target Population	All service users (universal precautions approach)	Individuals diagnosed with trauma-related disorders
Goal	Safety, empowerment, collaboration, trust	Symptom reduction and trauma processing

Trauma-Informed Care vs Trauma-Specific Care

Trauma-Informed Care (TIC)

Core Characteristics

- Assumes trauma is prevalent
- Applies universal trauma precautions

Emphasizes:

- Physical and psychological safety
- Transparency
- Collaboration
- Empowerment
- Cultural sensitivity

Avoids practices that may re-trigger trauma

Trauma-Informed Care vs Trauma-Specific Care

Examples in Psychiatric Settings

- Reducing use of seclusion and restraint
- Providing clear explanations before procedures
- Using de-escalation strategies
- Creating comfort/sensory rooms
- Staff training in trauma awareness

Key Point

TIC does **not** require trauma disclosure and does not involve trauma processing therapy.

It changes the *context* of care.

Trauma-Informed Care vs Trauma-Specific Care

Trauma-Specific Care (TSC)

Core Characteristics

- Delivered by trained clinicians
- Focused on trauma processing
- Requires assessment and diagnosis
- Structured intervention models

Examples

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)
- EMDR (Eye Movement Desensitization and Reprocessing)
- Trauma-Focused CBT

Key Point

TSC directly targets trauma memories, cognitive distortions, and PTSD symptoms.
It changes the *content* of treatment.

Manifestations and effects of trauma in individuals

It is important to note that trauma is often **not directly disclosed**, and many patients may not consciously connect their current symptoms to past traumatic experiences. Therefore, clinicians must recognize trauma indicators across emotional, behavioral, cognitive, interpersonal, and physiological domains.

Manifestations and effects of trauma in individuals

I. Emotional and Psychological Indicators

1. Hyperarousal

- Constant alertness
- Exaggerated startle response
- Irritability
- Sleep disturbances

2. Emotional Dysregulation

- Intense mood swings
- Emotional numbing
- Difficulty managing distress

Manifestations and effects of trauma in individuals

3. Anxiety and Fear Responses

- Persistent worry
- Panic attacks
- Avoidance of certain environments or topics

4. Depression Symptoms

- Hopelessness
- Anhedonia
- Low self-worth
- Suicidal ideation

Manifestations and effects of trauma in individuals

II. Behavioral Indicators

1. Avoidance Behaviors

- Avoiding specific places, people, or conversations
- Skipping appointments
- Withdrawing socially

2. Aggressive or Defensive Reactions

- Rapid escalation during conflict
- Perceived hostility toward authority figures
- “Fight” survival responses

Manifestations and effects of trauma in individuals

3. Dissociation

- Spacing out during conversations
- Memory gaps
- Feeling detached from body or surroundings

4. Risk-Taking or Self-Destructive Behaviors

- Substance misuse
- Self-harm
- Impulsivity

Manifestations and effects of trauma in individuals

III. Cognitive Indicators

1. Negative Core Beliefs

- “I am unsafe.”
- “I am powerless.”
- “I am to blame.”
- “The world is dangerous.”

2. Concentration Difficulties

- Impaired attention
- Poor executive functioning
- Memory disruption

3. Catastrophic Thinking

- Overestimating danger
- Persistent anticipation of harm

Manifestations and effects of trauma in individuals

IV. Interpersonal and Relational Signs

1. Difficulty Trusting Staff

- Suspicion of motives
- Reluctance to disclose information

2. Fear of Authority

- Heightened sensitivity to control
- Strong reactions to limit-setting

3. Attachment Disruption

- Extreme withdrawal
- Fear of abandonment

The Benefits of Providing Trauma-Informed Care

Trauma-Informed Care (TIC) produces measurable benefits at three levels:

- Patient level
- Staff level
- Organizational/system level

It is both a clinical improvement strategy and an ethical transformation model.

I. Benefits for Patients

1.Reduced Re-Traumatization

2. Improved Treatment Engagement

3.Reduction in Symptom Severity

4. Improved Therapeutic Alliance

The Benefits of Providing Trauma-Informed Care

II. Benefits for Staff

1. Reduced Burnout and Compassion Fatigue
2. Improved Workplace Safety
3. Increased Clinical Confidence

III. Benefits for Organizations

1. Reduction in Restrictive Practices
2. Shorter Length of Stay
3. Cost Effectiveness
4. Cultural Transformation

Historical Context and Evolution of Trauma-Informed Care

- Trauma-Informed Care (TIC) has evolved from recognition of the long-term impacts of traumatic experiences on mental and physical health. It acknowledges that trauma is common among clients in mental health settings and influences behavior, coping mechanisms, and treatment engagement.
- Key Historical Milestones
- 1970s–1980s: Recognition of PTSD
- The formal diagnosis of PTSD appeared in DSM-III (1980).
- Research on Vietnam War veterans highlighted the psychological impact of combat.

Historical Context and Evolution of Trauma-Informed Care

- Judith Herman (1992) highlighted the effects of chronic interpersonal trauma, especially in women.
- 1990s: Adverse Childhood Experiences (ACE) Study Demonstrated the strong link between early trauma and later psychiatric disorders, chronic illness, and social outcomes.
- ACE findings shaped prevention strategies and early interventions in mental health.
- 2000–Present: Formal Integration TIC adopted by SAMHSA and World Health Organization (WHO).
- Expanded from individual clinical interventions to organization-wide approaches. Focus on reducing re-traumatization and creating safe, empowering environments.

Historical Context and Evolution of Trauma-Informed Care

- The impetus for the development of a trauma informed care perspective in mental health and social service delivery came in part from growing recognition over the past two decades of the wide prevalence of early traumatic events and their associations with later psychological and physical difficulties and disorders.

Historical Context and Evolution of Trauma-Informed Care

- In particular, findings from the Adverse Childhood Experiences (ACE) Study which was initiated in 1995, highlighted the role of early psychological trauma in physical and mental difficulties throughout the lifespan.
- This investigation found that early adverse experiences tend to be interrelated and that a strong graded relationship characterized the association between the number of different types of maltreatment/family dysfunction experienced in childhood and adolescent/adult health risk behaviors and an extensive range of subsequent mental health and medical conditions.

Historical Context and Evolution of Trauma-Informed Care

- In mental health settings, reports indicate exceedingly high rates of trauma histories among psychiatric patients.
- In study examining psychiatric outpatient charts 50% were positive for a history of trauma (e.g., physical and sexual abuse and catastrophic events that threatened physical integrity were assessed). Among poor inner city youth using an urban outpatient mental health clinic, 94% had experienced at least 1 lifetime trauma (most commonly physical attack, rape, or being threatened with a weapon), and 42% met criteria in the previous year for posttraumatic stress disorder (PTSD).
- Rates are also high in adult inpatients. In other study, 81% of the participants had experienced physical or sexual abuse, and two thirds of that group had experienced the abuse in childhood.

Historical Context and Evolution of Trauma-Informed Care

- **Acute inpatient adolescents also report high rates of childhood abuse:**
- 86% reported physical abuse
- 71% reported sexual abuse in 1 sample with about a third of those exposed to childhood traumatic events meeting criteria for current PTSD.
- An association has also been documented between substance abuse disorders and PTSD among men and women with trauma histories.
- The presence of either PTSD or substance abuse increases the risk of developing the other condition, and among current female substance abusers, histories of childhood physical and/or sexual abuse range from 32% to 66%.20 In the general population, PTSD is associated with some of the highest rates of medical and mental health service use.

Historical Context and Evolution of Trauma-Informed Care

- Other studies have found that women with severe mental illness (SMI) have rates of lifetime physical or sexual assault ranging from 51% to 97%, with a significant number experiencing multiple victimizations.
- Recent physical and sexual victimizations were also found in samples drawn from inpatient and outpatient settings, with women being 16 times more likely and men 10 times more likely to report a violent victimization in the past year when compared to women and men, respectively, in a community sample.
- Childhood abuse histories, substance use, frequent psychiatric hospitalizations, and homelessness were each associated with increased risk of recent victimization among those with SMI.

Historical Context and Evolution of Trauma-Informed Care

- Mueser and his colleagues documented that 98% of SMI sample reported lifetime exposure to at least 1 traumatic event. About a third of the men in the sample had been sexually assaulted during childhood, and about half as adults had been physically attacked with a weapon.
- Notably, the prevalence of PTSD was 43% among those with trauma exposure, yet this diagnosis was charted in only 2% of those patients.
- The authors note that “PTSD appears to be a common comorbid disorder for patients with severe mental illness.There are also high rates of trauma symptoms among those with co-occurring disorders (e.g., those with a major mental disorder and a substance abuse disorder).

Historical Context and Evolution of Trauma-Informed Care

- Among women with co-occurring disorders, 48% to 90% report histories of interpersonal violence. Indeed, trauma histories have been so widely documented over the past 2 decades that some experts have concluded that virtually all users of services in the public mental health and substance abuse systems have histories of trauma.

Evidence Base for Trauma-Informed Care in Mental Health Settings

Research demonstrates that TIC improves both patient and staff outcomes:

Patient Outcomes:

- Decreased use of seclusion and restraints.
- Reduced aggressive or self-harming behavior.
- Increased therapeutic engagement and adherence to treatment.
- Improved satisfaction with care.

Evidence Base for Trauma-Informed Care in Mental Health Settings

Staff Outcomes

- Higher job satisfaction.
- Reduced burnout and secondary traumatic stress.
- Better communication and safety culture.

Supported Interventions

- Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
- Mindfulness and relaxation techniques
- Psychoeducation on trauma and coping strategies

Definition of Trauma-Informed Therapy

- Trauma-informed therapy is a therapeutic approach that recognizes and understands the pervasive nature and impact of trauma (Evans & Coccoma, 2014). It emphasizes the physical, psychological, and emotional safety of the client and helps survivors rebuild a sense of control and empowerment.
- The main goal is not only to reduce trauma symptoms but also to help individuals **regain control, develop resilience, and rebuild trust in relationships**. (Black et al., 2012).

Definition of Trauma-Informed Therapy

- Trauma-informed therapy is a therapeutic framework that recognizes the **widespread impact of trauma on individuals' psychological, emotional, and physical well-being**. The approach emphasizes creating a **safe, supportive, and empowering environment** for trauma survivors.
- A key principle of this approach is shifting the clinical perspective from:
- **“What is wrong with you?”** to **“What happened to you?”**
- This shift allows clinicians to understand behaviors and symptoms as possible **responses to trauma rather than primary pathology**.

Trauma- Therapy Techniques

- **Major Trauma Therapy Techniques**

1-Internal Family Systems (IFS)

- This approach views the mind as composed of different “parts.” Therapy helps individuals understand and harmonize these parts to achieve healing. truma therapy techniques

2-Polyvagal-Based Techniques

- Focus on regulating the **autonomic nervous system** using grounding, breathing exercises, and mindfulness.

Trauma- Therapy Techniques

3-Attachment-Based Therapy

- Explores how early relationships influence attachment patterns and works to develop healthier attachment styles.
- **Attachment Theory**
- Attachment theory was developed by John Bowlby and later expanded through the research of Mary Ainsworth.
- The theory explains how the early emotional bond between an infant and the primary caregiver plays a crucial role in the child’s emotional, social, and psychological development.

Trauma- Therapy Techniques

- When caregivers are consistent, responsive, and supportive, children develop secure attachment, which promotes confidence, emotional stability, and healthy relationships. When caregiving is inconsistent, neglectful, or unresponsive, children may develop insecure attachment, which can lead to difficulties in emotional regulation and interpersonal relationships later in life.
- The main attachment styles identified in research are secure attachment, avoidant attachment, ambivalent (resistant) attachment, and disorganized attachment. Attachment experiences in early childhood help form an internal working model, which influences how individuals perceive themselves, trust others, and form relationships throughout life.

Trauma- Therapy Techniques

4-EMDR (Eye Movement Desensitization and Reprocessing)

- Uses bilateral stimulation to help the brain **reprocess traumatic memories** and reduce their emotional intensity

5-Dialectical Behavior Therapy (DBT)

Teaches practical skills for:

- emotional regulation
- distress tolerance
- mindfulness
- interpersonal effectiveness.

Trauma- Therapy Techniques

6-Somatic Experiencing

- A body-based therapy that releases physical tension stored in the body due to trauma.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- Helps individuals process traumatic memories and modify negative beliefs related to trauma.
- **Accelerated Experiential Dynamic Psychotherapy (AEDP)**
- Focuses on emotional processing and the healing power of the therapeutic relationship.
- **Psychedelic-Assisted Therapy**
- An emerging field where substances such as MDMA or psilocybin are used under controlled therapeutic conditions to treat complex trauma.

The Role of Mental Health Nurses in Trauma-Informed Care

Mental health nurses play a central role in operationalizing TIC principles:

Key Responsibilities

1.Screening and Assessment

- Sensitive inquiry into trauma history.
- Avoid re-traumatization during assessment.

2. Creating a Safe Environment

- Physical and psychological safety.
- Minimizing triggers, maintaining privacy.
- Using calm, non-judgmental communication.
- .

The Role of Mental Health Nurses in Trauma-Informed Care

3. Supporting Emotional Regulation

- Teaching grounding and distress tolerance techniques.
- Encouraging mindfulness, breathing, and coping strategies.

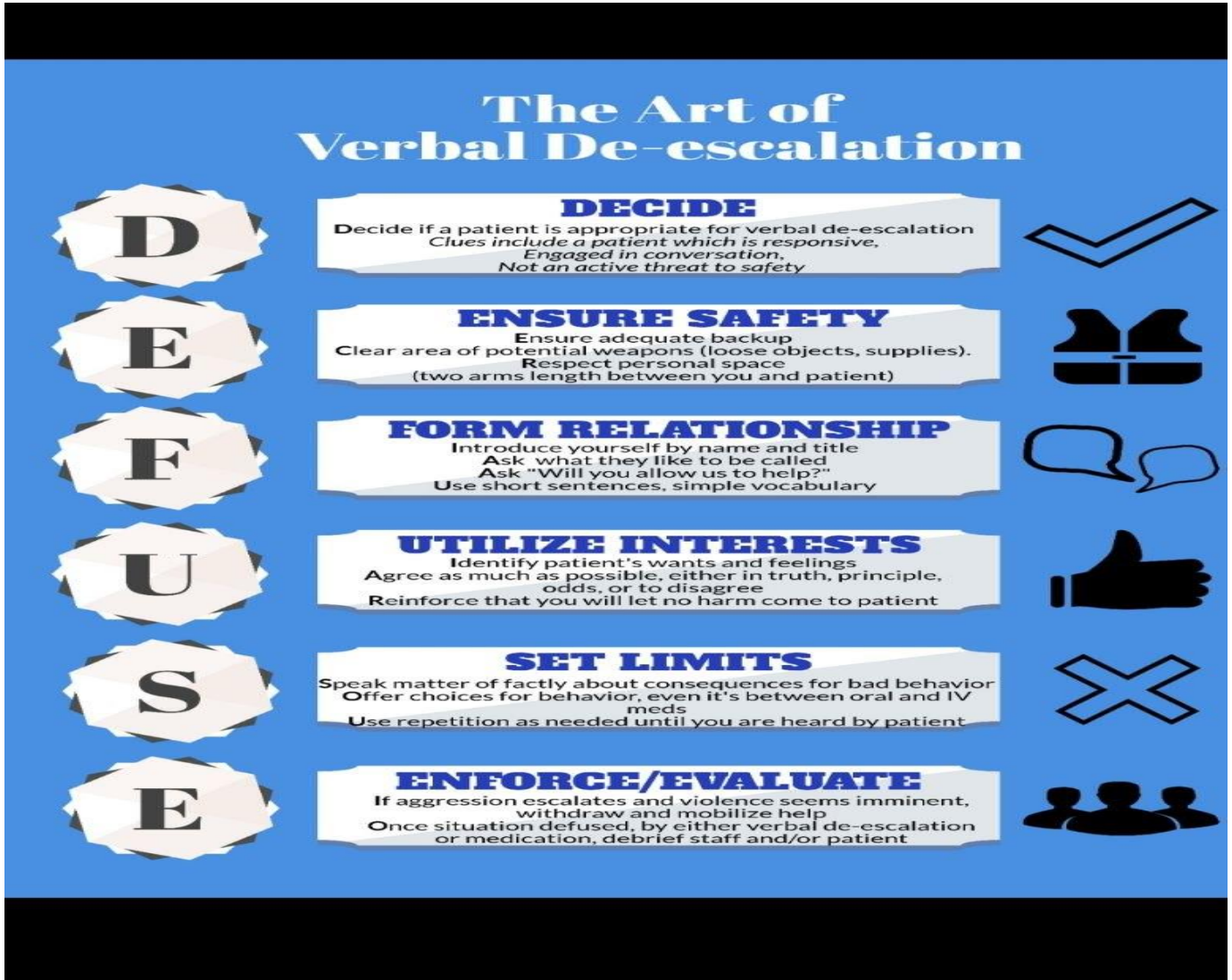
4. De-escalation and Crisis Intervention

- Understanding aggression as a trauma response.
- Using verbal de-escalation and therapeutic communication.
- Minimizing use of pharmacological interventions unless necessary.

5. Advocacy and Collaboration

- Promoting patient empowerment.
- Engaging families and peers in recovery.

The Role of Mental Health Nurses in Trauma-Informed Care



Implementation Strategies in Different Mental Health Settings

A. Inpatient Psychiatric Units

- Staff training on TIC principles mandatory.
- Use of sensory rooms and calming environments.
- Debriefing sessions post-crisis.
- Trauma-informed documentation and policies.

Implementation Strategies in Different Mental Health Settings

B. Community Mental Health Settings

- Home visits and outpatient interventions.
- Psychoeducation and family involvement.
- Collaborative care plans focusing on empowerment.
- Cultural competence in interventions.

Implementation Strategies in Different Mental Health Settings

C. Child and Adolescent Mental Health

- Play therapy and creative interventions.
- Parental involvement in care planning.
- Trauma-informed screening during assessments.

Implications for Mental Health Nursing Practice

Clinical Implications : Shift in focus:

- From: “What’s wrong with you?” To: “What happened to you?”
- Reduces re-traumatization and improves therapeutic relationships.
- Educational Implications
- Integrating TIC into nursing curricula.
- Practical training on de-escalation and trauma-sensitive care.
- Organizational Implications Policies preventing re-traumatization.
- Supporting staff mental health.
- Trauma-informed leadership and culture.

Implications for Mental Health Nursing Practice

Research Implications

Evaluating impact on:

- Staff burnout.
- Patient aggression.
- Readmission rates.
- Developing nurse-led trauma-informed interventions.

Implications for Mental Health Nursing Practice

- **A. Clinical Practice Implications**
- Reframe behaviors as threat responses and adaptations
- Prioritize safety and co-regulation before problem-solving
- **B. Education and Training Implications**
- Mandatory TIC competency training in nursing curriculum and onboarding
- **C. Policy Implications**
- Reduce coercion: embed least-restrictive and patient-centered policies
- Standardize trauma-informed documentation language
- **D. Workforce Wellbeing Implications**
- Institutionalize supports for secondary trauma and burnout prevention

Implementation Strategies for PMHNPs

A. Implementing Trauma-Informed Practices in Psychiatric Settings

Screening & Assessment

- Incorporate trauma history assessment with sensitivity.
- Use validated tools (e.g., ACE questionnaire, Trauma Screening Questionnaire).

Environment Adaptation

- Private rooms, low-stimulation areas, safety plans.
- Patient Engagement
- Establish therapeutic alliance through empathy and collaboration.

Implementation Strategies for PMHNPs

B. Avoiding Re-Traumatization in Clinical Encounters

- Avoid unnecessary physical contact or invasive procedures without consent.
- Be aware of triggers (e.g., loud voices, authority figures, restrictive procedures).
- Use trauma-informed language: “Why are you acting this way?” “What happened to you?”

Implementation Strategies for PMHNPs

C. Cultural Humility and Intersectional Trauma

- Recognize intersecting identities (race, gender, socioeconomic status) that influence trauma experience.
- Avoid assumptions; engage in reflective practice.
- Integrate culturally adapted interventions.

Implementation Strategies for PMHNPs

D. Training, Supervision, and System-Level

Support Staff Training

- PMHNPs must provide ongoing trauma-informed education to the team.
- Skills include de-escalation, grounding techniques, and crisis management.

Supervision

- Reflective practice and debriefing post-crisis to prevent vicarious trauma.

System-Level Support

- Policies and procedures must support TIC principles.
- Organizational commitment to safe and empowering care environments.

The Role of PMHNPs in Trauma-Informed Practice

PMHNPs have a multifaceted role:

Clinical Leadership

- Assess and manage trauma-related psychiatric conditions.
- Implement individualized care plans that respect trauma history.

Advocacy

- Promote trauma-informed policies across care settings.
- Advocate for patient autonomy and empowerment.

Education

- Teach staff trauma-informed approaches.
- Mentor new clinicians in TIC practices.

The Role of PMHNPs in Trauma-Informed Practice

Research & Quality Improvement

- Evaluate outcomes of TIC interventions.
- Contribute to evidence base for trauma-informed psychiatric care.

The Role of PMHNPs in Trauma-Informed Practice

- PMHNPs function at the intersection of psychotherapy, pharmacology, and systems leadership
- **1. Advanced Assessment**
- Identify trauma-related symptom clusters.
- Differentiate PTSD from mood or psychotic disorders.
- **2. Medication Management with Trauma Lens**
- Avoid over-medicalization of adaptive responses.
- Consider trauma-related neurobiology in prescribing.
- **3. Psychotherapeutic Integration**
- Provide stabilization interventions.
- Refer for trauma-specific therapies when indicated.

The Role of PMHNPs in Trauma-Informed Practice

- **4. Systems Leadership**
- Advocate for policy reform.
- Reduce coercive practices.
- Promote interdisciplinary TIC alignment.
- **5. Ethical Stewardship**
- Protect patient autonomy.
- Uphold human rights standards.
- Balance safety with dignity

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Thank You!