



Trauma Responsive Care in Emergency Departments

KRISTY HOMMEL, MED

MATTHEW DOVE, PMHNP-BC, FNP-C

PETE CUDNEY, LICSW

Our program...

- ▶ **This program is supported by the VT DMH Pediatric Mental Health Care Access Expansion Program with funding from the Health Resources and Services Administration (HRSA) as part of an award totaling \$934,130 with 20% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).**

Prior Contributors

- ▶ Cecelia Mathon, RN, BSN
- ▶ Dr. Christian Pulcini, MD, MEd, MPH
 - ▶ Samantha Collins, EMT-B, BS
 - ▶ Kay Dellagrotta, AEMT, BS



AGENDA

- ▶ **Introductions** (10 minutes) *
- ▶ Complete the Pre-Test (if needed)
- ▶ **Trauma Responsive Care 101** (80 minutes): The training team will define trauma responsive care and discuss the role of historical and collective trauma and toxic stress on an individual's responses and actions. Differences in the impacts to children exposed to developmental trauma will be discussed.
- ▶ **BREAK** (10 mins)
- ▶ **De-escalation** (80 minutes): The training team will discuss best practice strategies for verbal de-escalation, to avoid hands on intervention. We will discuss strategies for reducing traumatic stress in children and discuss applications for emergency departments, with a specific focus on children waiting for psychiatric placement.
- ▶ **BREAK** 10 mins
- ▶ **Secondary Traumatic Stress** (45 minutes): The training team will discuss secondary traumatic stress and its impact at both the individual and institutional level.
- ▶ Discussion and Q&A

A Gentle Caution...

- ▶ **This topic can be triggering for some people. You can always step out and take a breather. Some of what we are talking about in this workshop today is emotional subject matter, please practice self-care and know this is a safe space.**

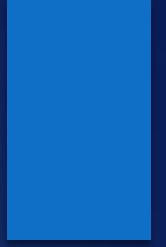
Champions & Community of Practice

▶ Is this you?





Trauma Responsive Care - 101





What does
trauma
responsive
care mean to
you?

Kristy's Story



Trauma Responsive Care

- ▶ Trauma – Physiological changes to a person's brain and body due to toxic stress.
- ▶ Trauma Informed – Ability to identify signs and symptoms of trauma, and to understand how trauma may impact others' experiences and behaviors.
- ▶ Trauma Responsive – Adapting practices at individual and organizational levels, to minimize re-traumatization, and to increase safety and security for everyone involved.



Trauma Responsive Care

- ▶ Training on the prevalence and impact of trauma.
- ▶ Engagement of all patients and colleagues from a trauma sensitive stance, to reduce likelihood of re-traumatization.
- ▶ Creating space for dialogue about traumatic stress.
- ▶ Recognizing risk factors and symptoms.
- ▶ Responding to active traumatic stress.
- ▶ Curiosity: Shift from “What is wrong with this person?” to “What might this person have experienced and survived?”
- ▶ Self-regulation and co-regulation.
- ▶ Transparency, mutuality, collaboration and choice.

Stress, Trauma, & Complex Developmental Trauma

Adversity – Challenges we face in life.

Stress – Our physiological response to adversity, ranging from healthy, to tolerable, to toxic.

Toxic Stress – Acute stress that is beyond our current capacity to cope (especially when we fear for our safety), or chronic stress without time to recover and in the absence of supportive relationships.

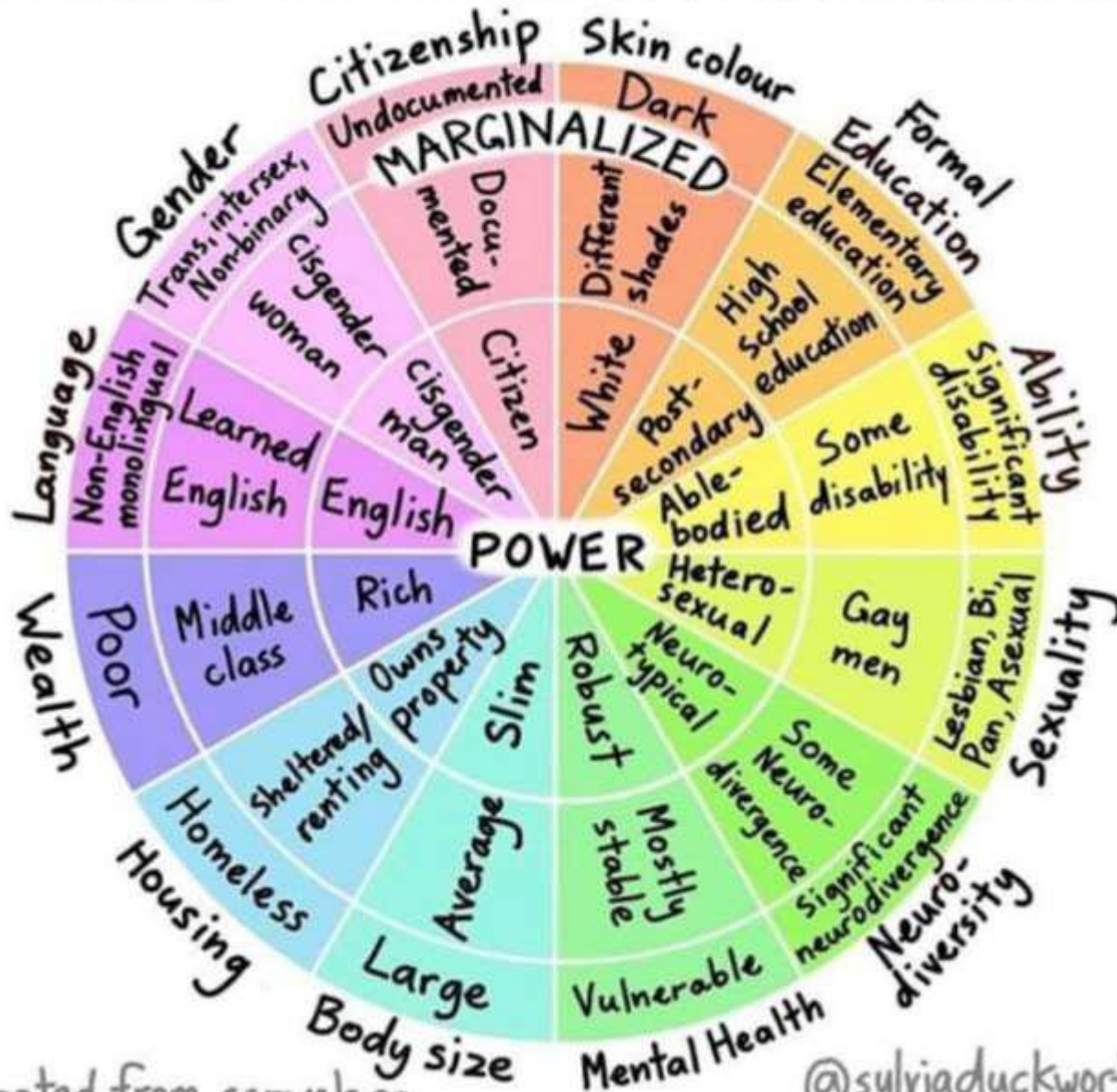
Trauma – When stress is toxic it leads to changes in the brain and nervous system, which negatively impact functioning.

Complex Developmental Trauma – When stress is toxic during childhood, it leads to changes in foundational neurodevelopment, with potentially long-lasting impacts across multiple developmental domains.

What is the range of impact?

- ▶ **Mild:** Recovery within weeks to months, no specialized interventions necessary.
- ▶ **Moderate:** Recovery requires specialized interventions (like EMDR) and may take months to years. May be PTSD.
- ▶ **Severe:** Recovery requires multiple coordinated specialized interventions likely requiring months to years. Individual may carry lifelong impacts that do not resolve, and which they must continue to be mindful of. May be Complex PTSD or Complex Developmental Trauma.
- ▶ **Resilience!** With recovery can come incredible strength and perspective. “Trauma is the unique port of entry to a special form of wisdom.” - Alicia Lieberman, developer of Child Parent Psychotherapy

WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylvriaduckworth

Who is at risk?

The farther one is from the center, the greater the risk they have experienced traumatic stress.

What can cause trauma?

- ▶ Physical, sexual, or emotional abuse
- ▶ Neglect or inconsistent caregiving
- ▶ Relinquishment or abandonment
- ▶ Exposure to substance use or domestic violence
- ▶ Transitions, chaos, loss of loved one
- ▶ Community or school violence
- ▶ Motor vehicle accidents
- ▶ Involvement with police, judicial system or child protection system
- ▶ Significant illness or medical procedures
- ▶ Natural disasters
- ▶ Racism and other forms of oppression
- ▶ Work culture and climate

CDC ACEs Study: over 60% of people have experienced at least 1 ACE, and 20% have experienced 3 or more.

<https://www.cdc.gov/violenceprevention/aces/about.html>



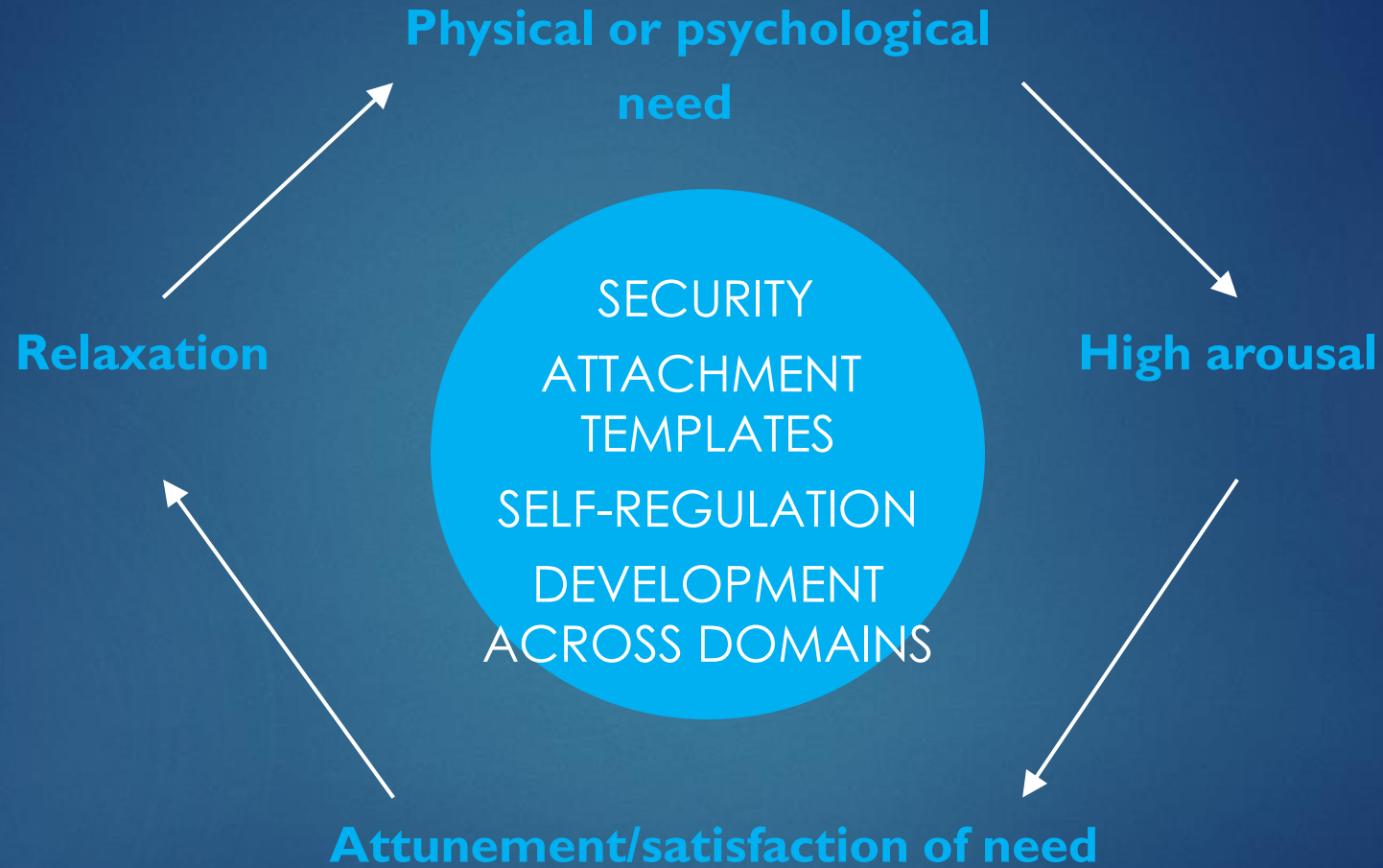
Trauma Responsive Care for Children and Youth

Developmental Impacts of Toxic Stress



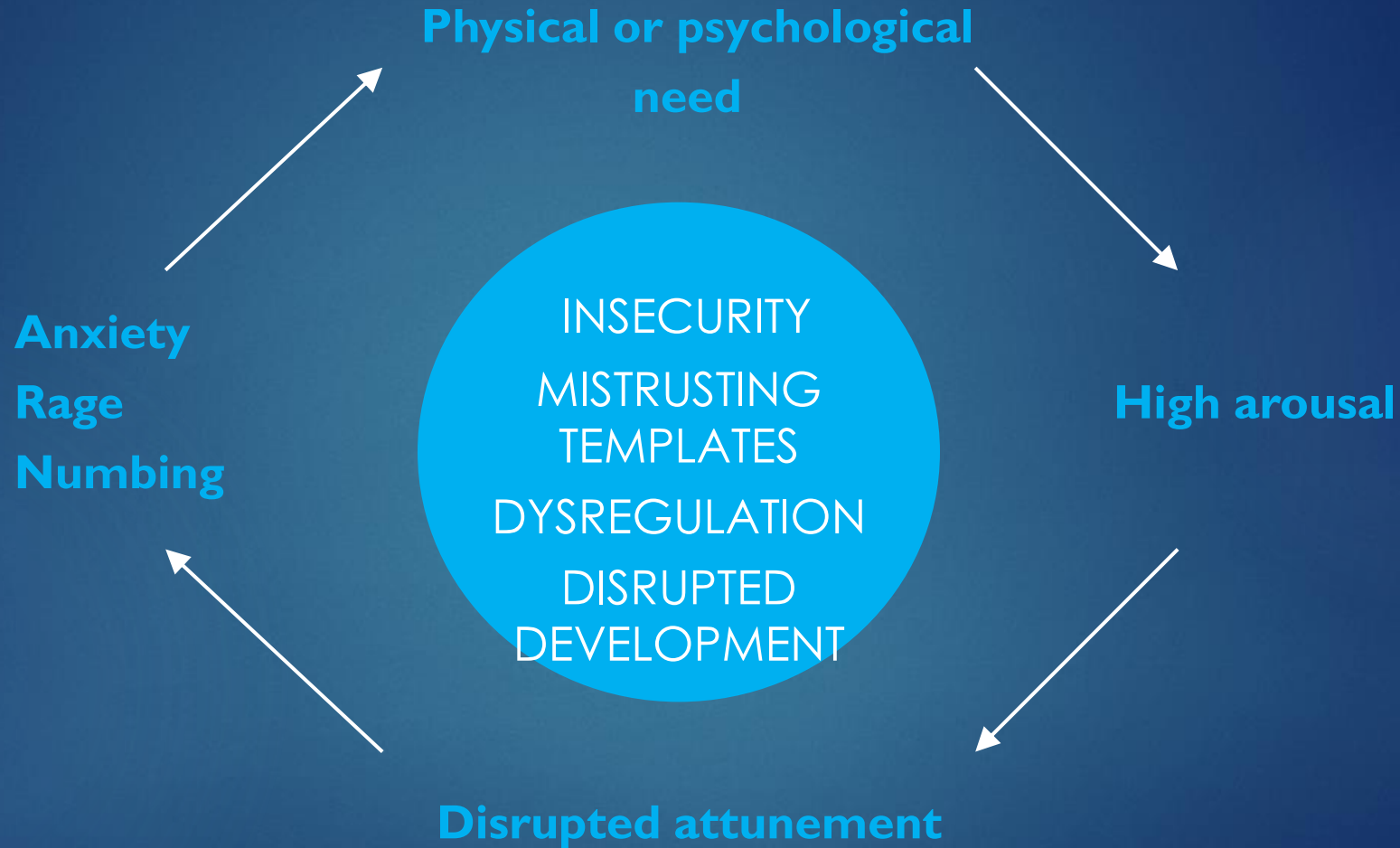
TOO MUCH
left alone in
OUT OF CONTROL
overwhelming
TOO FAST
emotions and
experiences
ALL AT ONCE

Healthy Attachment Sequence



(Beverly James)

Disrupted Attachment Sequence



(Beverly James)

Impacts of Complex Developmental Trauma

NCTSN Complex Trauma Task Force White Paper:
Complex Trauma in Children and Adolescents, 2003

Seven Domains of Impairment

- | | |
|-----------------------|-----------------------------------------|
| 1. Attachment | RAD, BPD |
| 2. Biology | Sensory Processing Dis., FTI, Enuresis |
| 3. Affect Regulation | Mood Disorders, PTSD |
| 4. Dissociation | ASD concerns, NES, or Dissociative Dis. |
| 5. Behavioral Control | ODD or Intermittent Explosive Dis. |
| 6. Cognition | ADHD or Learning Disability |
| 7. Self-Concept | Shame, self-harm, suicidality |

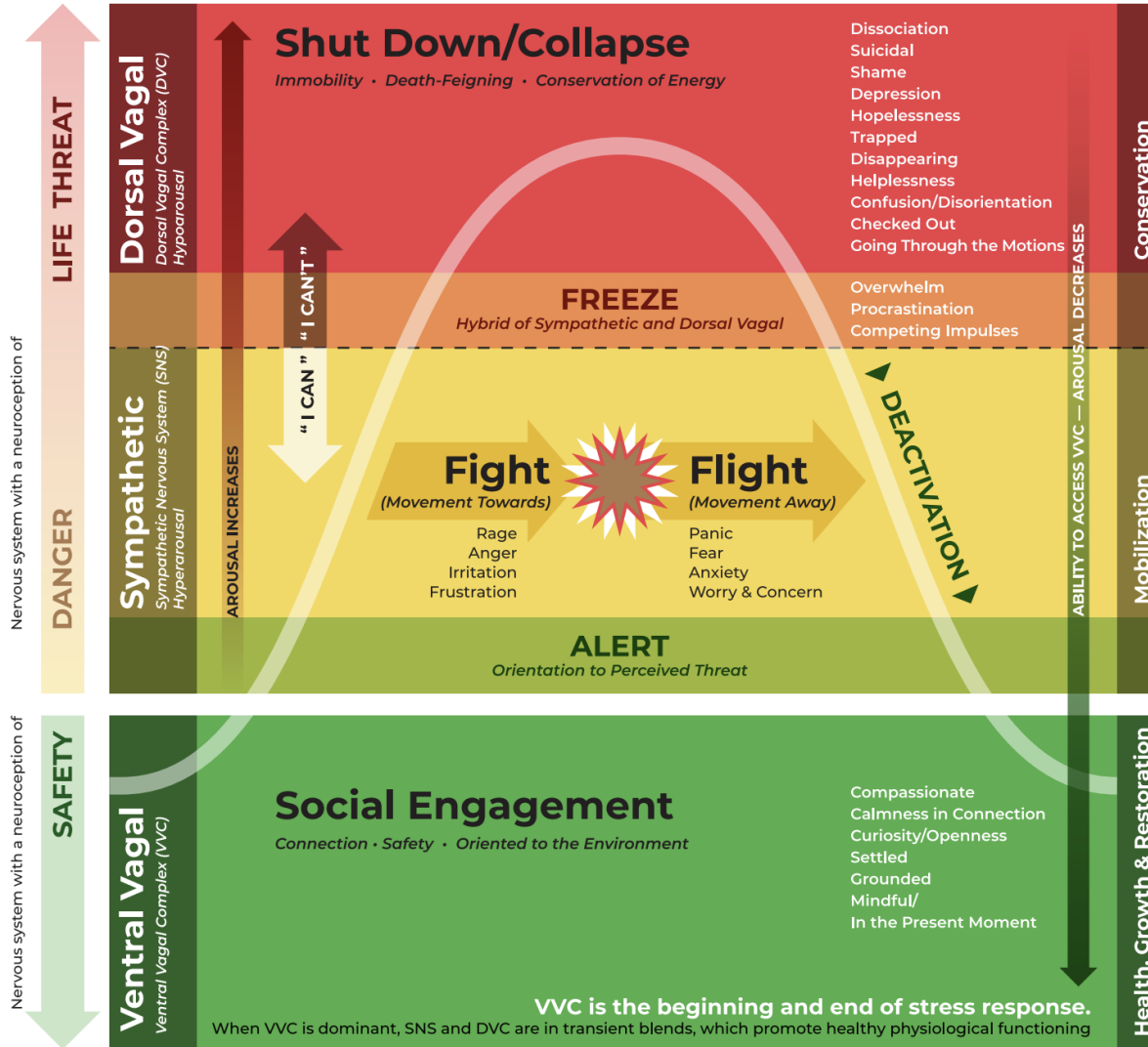
Diagnosis:

- | | |
|--------|---------------------|
| ICD-11 | Complex PTSD |
| DSM-V | no single diagnosis |

What are the impacts of trauma?

- ▶ Physiological changes occur in the brain and body
- ▶ Fractured experience of the traumatic event
- ▶ Increased baseline stress and arousal
- ▶ Loss of sense of control
- ▶ Loss of sense of self, confusion, shame
- ▶ Disruptions to sleep, eating, digestion
- ▶ Relationships feel insecure
- ▶ Internal sensations may be unmanageable and unbearable
- ▶ Self-regulation is extremely difficult
- ▶ Heightened emotions, labile emotions, numbing, dissociation
- ▶ Misperceptions of the world and people as unsafe
- ▶ Triggers and flashback experiences
- ▶ Behavioral adaptations to manage unbearable sensations and relationships

Polyvagal Theory Chart of Trauma Response



Parasympathetic Nervous System Dorsal Vagal Complex (DVC)

▲ INCREASES

Fuel Storage and Insulin Activity
Immobilization Behavior (with fear)
Endorphins to Numb/Raise Pain Threshold
Conservation of Metabolic Resources

▼ DECREASES

Heart Rate • Blood Pressure
Temperature • Muscle Tone
Facial Expressions and Eye Contact
Depth of Breath • Social Behavior
Attunement to Human Voice
Sexual Responses • Immune Response

Sympathetic Nervous System (SNS)

▲ INCREASES

Blood Pressure • Heart Rate • Fuel Availability
Adrenaline • Oxygen Circulation to Vital Organs
Blood Clotting • Pupil Size • Dilatation of Bronchi
Defensive Responses

▼ DECREASES

Fuel Storage • Insulin Activity
Digestion • Salivation • Relational Ability
Immune Response

Parasympathetic Nervous System Ventral Vagal Complex (VVC)

▲ INCREASES

Digestion • Intestinal Motility
Resistance to Infection • Immune Response
Rest and Recuperation • Health and Vitality
Circulation to Non-Vital Organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)
Ability to Relate and Connect
Movement in Eyes and Head Turning
Prosody in Voice • Breath

▼ DECREASES

Defensive Responses

Regulate

Relate

Reason

Keep the Three Rs in Mind

Assuming a situation is safe, then...

- **Regulate** – First, regulate yourself. Breathe. Breathe again. Focus on your own calm energy, and your affect. Be settled as much as you can. Prepare for your energy and the child's energy to meet. Subtly mirror the child's affect and body language, shifting then to positive, caring affect. Remain patient, this can take some time.
- **Relate** – Engage carefully, and with clear and deliberate respect. Use the right PACE (later slide). Communicate your care and concern for the child. Offer your name, your role, and an explanation of what the next steps are. Continue to offer positive, caring affect. You are signaling safety.
- **Reason** – After you're both regulated and feeling connected, then move on to cognitive strategies like planning, problem solving, processing, etc.

Based on the work of Bruce Perry, MD

Internal experiences can become intolerable.

Trauma can change everything.

“I think the most important thing is that we discovered that trauma changes the brain. A lot of people still think that trauma is something that happens to you, that is a story about the past. What really is a trauma is that your brain gets changed, and you see the world differently, and you live in a different body, live in different worlds, where you see things differently and are experiencing differently from other human beings.”

– Bessel van der Kolk



Quote from <https://www.youtube.com/watch?v=GWEjnGsLN-0>

- ▶ Questions?
- ▶ What seems applicable to your work so far?





De-Escalation Techniques

KAY DELLA GROTTA, AEMT, BS

DR. CHRISTIAN PULCINI, MD, MED, MHP, & FAAP

CECELIA MATHON, RN, BSN

SAMANTHA COLLINS, EMT-B, BS

De-Escalation Defined

- ▶ a process or strategies used to prevent, reduce, or manage behaviors associated with conflict including verbal agitation, aggression, and violence during an interaction between two or more individuals



Why De-escalation is Necessary

Safety

Regulation

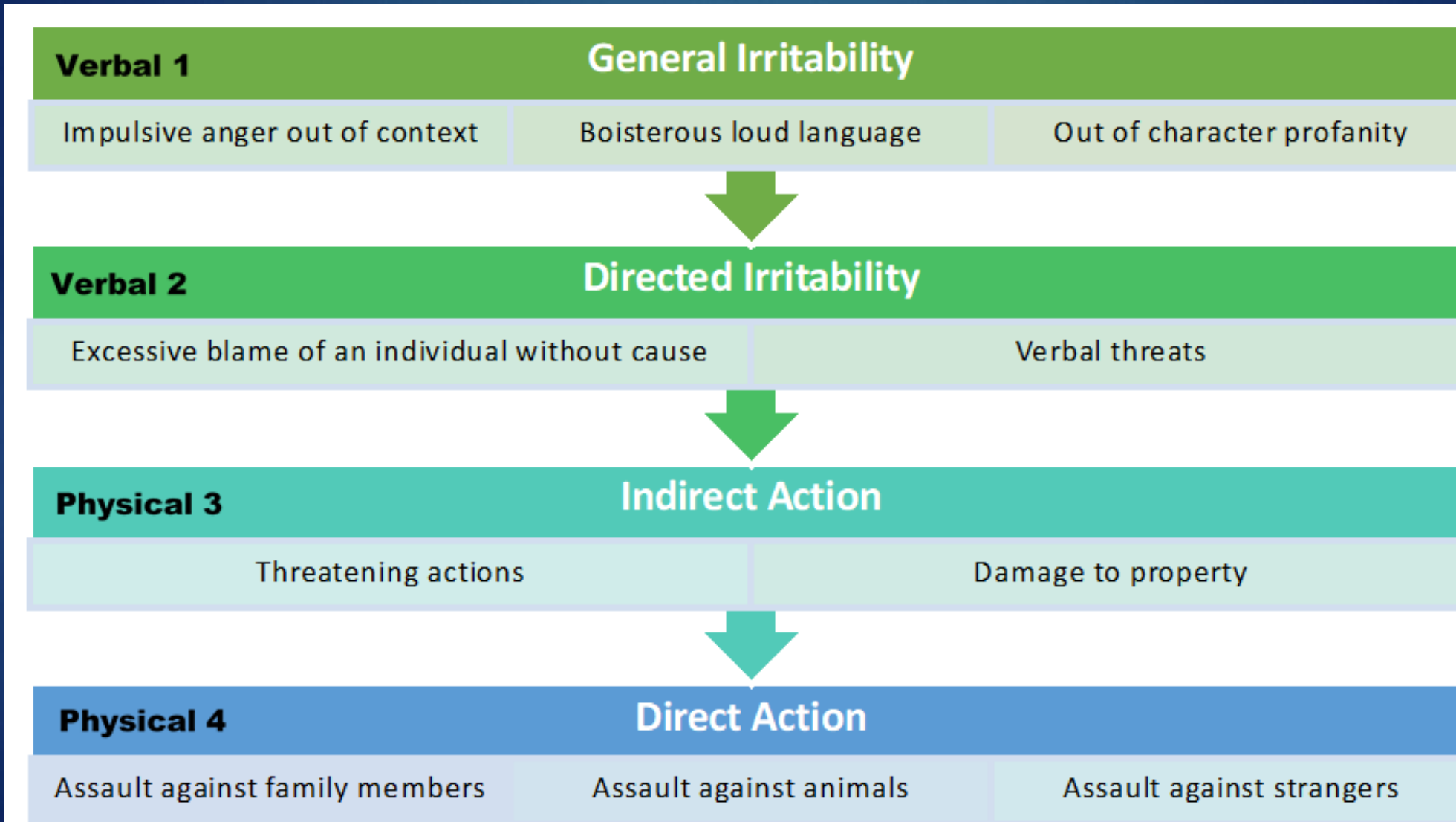
Better
Outcomes

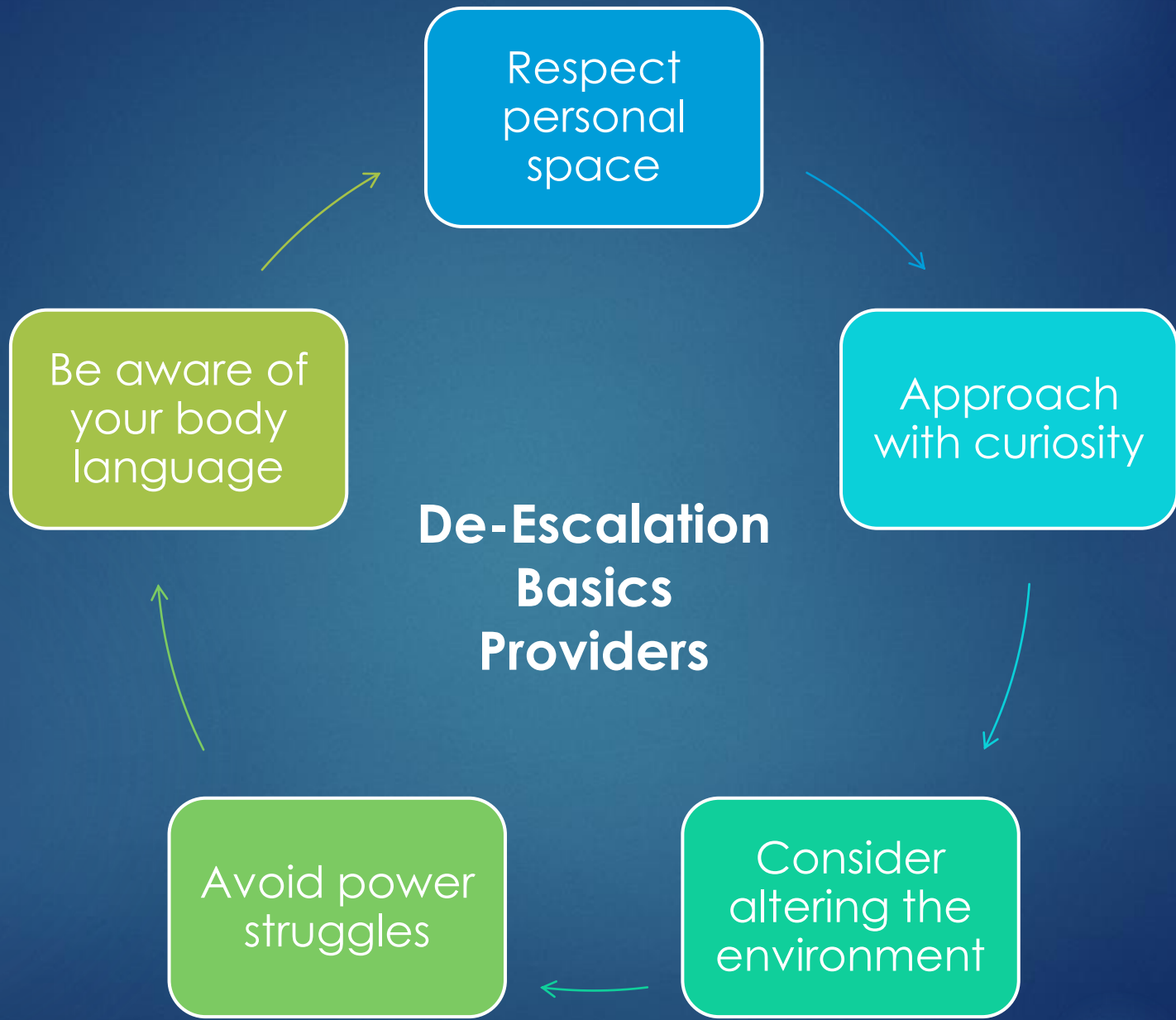
Validation

Support

Trauma
Response

Flow of Escalation





Project BETA Domains

- ▶ **Respect Personal Space**
- ▶ **Don't Be Provocative (e.g. monitor body language)**
- ▶ **Establish Verbal Contact**
- ▶ **Be Concise (e.g. avoid too many cooks in the kitchen)**
- ▶ **Identify wants & feelings (has medical been fully ruled out?)**

Project BETA Domains

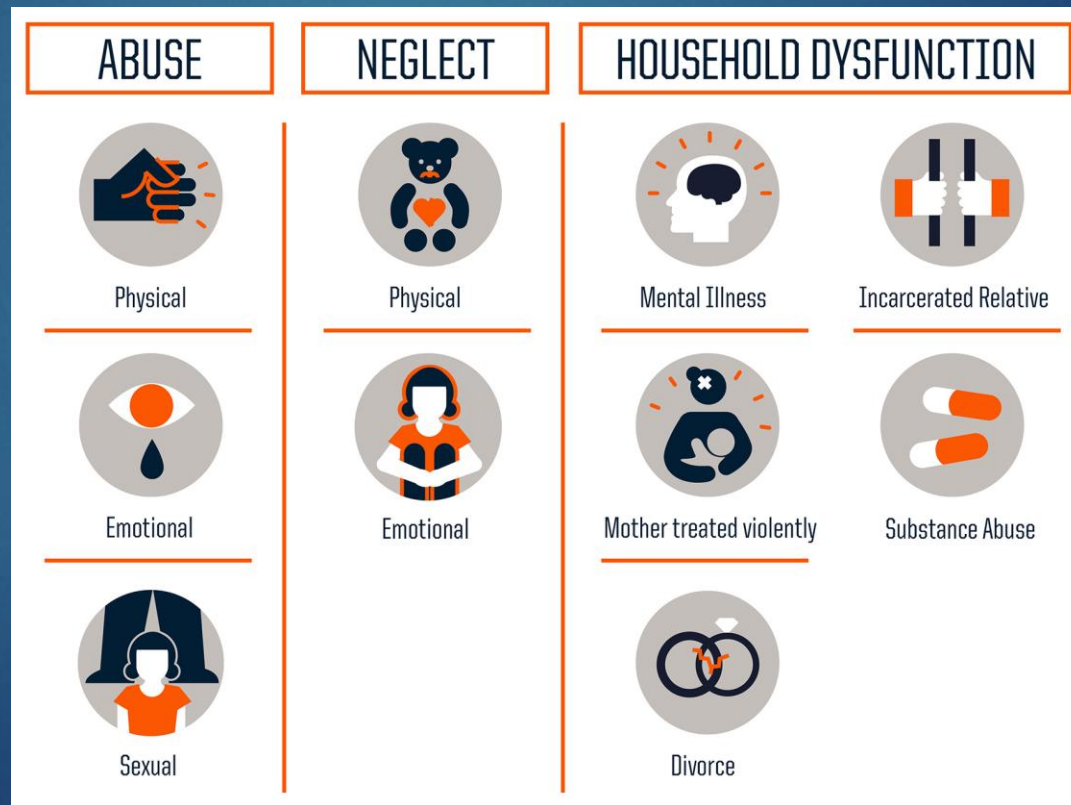
- ▶ Listen closely to what is being said
- ▶ Agree or Agree to Disagree
- ▶ Set Clear Limits
- ▶ Offer Choice/Optimism
- ▶ Debrief with person served and staff
- ▶ Resource: Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup - PMC (nih.gov)

Entering the Situation

- Remember to treat every patient with respect and empathy
- Remember they may be experiencing a flashback

Developing a TRC workflow

- ▶ 60% of individuals experience Adverse Childhood Experiences (ACEs)
 - ▶ Inevitable some will already have trauma history
- ▶ Exposure to a variety of similar or related trauma in healthcare



Entering the Situation

- Self monitor
- Have appropriate number of staff available within earshot
- Consider communication needs
- Curiosity is key
- Actively listen



Role Play 1





Escalated
Patient



Personal
trauma
activation



Tap
Out

Co-
Regulation
Attempt



Negative
Patient
Response

Tap
Out

Role Play 2

Explain the Process

```
graph TD; A[Explain the Process] --- B[The doctor has ordered blood tests to see if you may have a clot. They've asked me to start an IV, can I explain the process to you before we begin?]; A --- C[You're having chest pain today, correct? I am going to take an EKG which is a picture of your heart rhythm. I'm going to place stickers across your chest and on your arms. Is it okay to move your gown to the side?]; A --- D[We are going to have you change into hospital scrubs for your stay in the ER. We will keep your belongings in a locked closet while we make a plan together for your next steps.]
```

The doctor has ordered blood tests to see if you may have a clot. They've asked me to start an IV, can I explain the process to you before we begin?

You're having chest pain today, correct? I am going to take an EKG which is a picture of your heart rhythm. I'm going to place stickers across your chest and on your arms. Is it okay to move your gown to the side?

We are going to have you change into hospital scrubs for your stay in the ER. We will keep your belongings in a locked closet while we make a plan together for your next steps.

Coping Skills

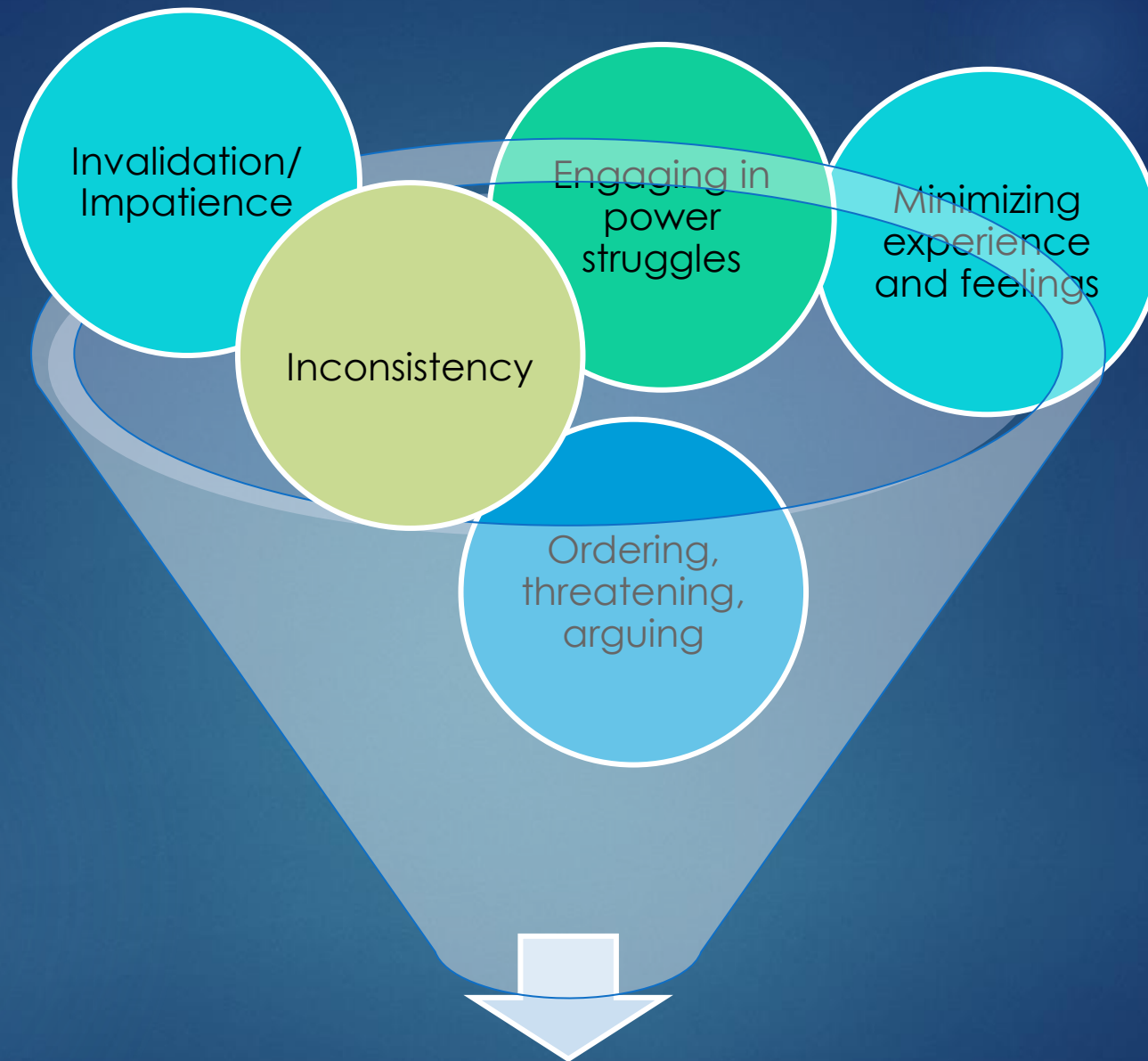
Would you like a stress ball?

Do you think that going for a walk would help?

How about we color together after you take your medication?

Let's do deep breathing together for two minutes.
I'll lead.

I noticed you haven't eaten yet today. Would you like help ordering food?



Barriers to Effective
De-Escalation

Techniques for Patients

Distractions

- How many balloons do you see in the light box photo above you?
- Can you wiggle all ten toes while you squeeze this ball?


Creativity

- Can you draw for me what you are feeling right now?
- Here is the puzzle you asked for earlier.
- Can you squeeze this playdoh into a ball?

Support Person

- Would you like to play cards with me before you go to sleep?
- Your partner can stay in the room while we talk about this if it helps you feel comfortable.
- Would it be helpful if your mom held your hand while we place the IV?

Outcomes



Patients feel safer and their needs are met

Decreased incidences of violence and verbal aggression

Decrease in trauma response for both patients and staff



Regulation with Children in Mind

Caregiver Considerations

If a child's parent is overwhelmed, it is likely the child will be as well.

- Partner with the parents, or whoever is present with the child and who has some degree of established relationship.
- Co-regulate the parents and ask them to help co-regulate their child.
- Keep the parents informed of next steps, time frames, decision points, and ask them to help keep the child informed.
- Invite community partners who may have an established relationship with the child to be present.
- Identify the ED staff who will be the primary contact for the child and family, establish a deliberate connection with the child and family, and periodically check in.

Educate and Ask About Stress

- Many people face stressful situations in their lives.
- The ER can be stressful, and it can remind us of stress from our past.
- We can keep you most comfortable if we know what stress is like for you, so we can plan ahead.
- What happens for you/your child when they're really stressed? Any particular behaviors you would want us to know about?
- Are there any particularly stressful things from your/your child's past you would want us to know about?
- What helps you/your child feel more comfortable when they are stressed? Can we plan some activities that might help?

PACE

- **Positive** – Your energy, body language, facial expressions, tone of voice, and optimism. Signal to the child and family that you are safe and pleased to connect with them.
- **Accepting** – Choose to believe that “they are doing the best that they can.” Hold faith that children and youth are not intending to fail or to make our lives difficult. It is much more complex than that.
- **Curious** – Adopt a “curious, not knowing stance.” Ask what might have happened to this child and family, and what might they be experiencing now as a result?
- **Empathetic** – Seek to understand the child and family. Broaden your understanding beyond the “single story” of trauma.

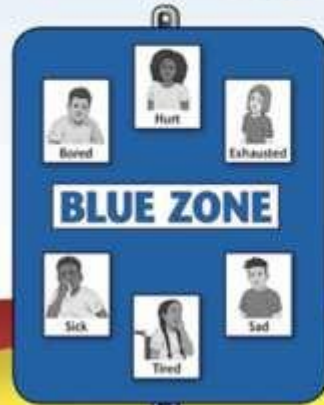
Based on the work of Dan Hughes, PhD

Considerations for Regulation

- Make changes to the **physical environment**.
- Consider soothing **sensory experiences**.
- Consider soothing **rhythmic motor activities**.
- Consider co-regulating **physical contact** with family members.
- Always prioritize **verbal de-escalation** over chemical or physical restraints.
- Consider posting **schedules**.
- Use **grounding techniques, breath work, observing with senses**.

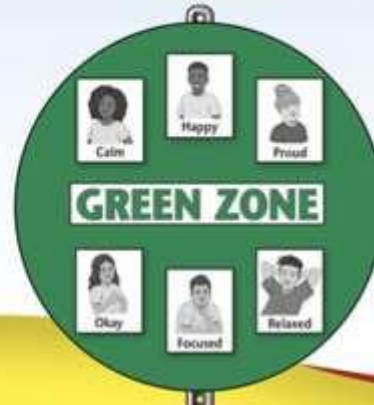
*See resource packet for more details

THE ZONES OF REGULATION™



Blue Zone Tools

Stretch



Green Zone Tools

Drink water



Yellow Zone Tools

Deep breaths



Red Zone Tools

Take a break

©2011 Think Social Publishing, Inc. All rights reserved. From *The Zones of Regulation™* by Leah M. Kuypers. The Zones of Regulation™ is a trademark belonging to Leah Kuypers. Available at www.socialthinking.com.



<https://www.zonesofregulation.com/index.html>

DAILY SCHEDULE

Daily Goal:

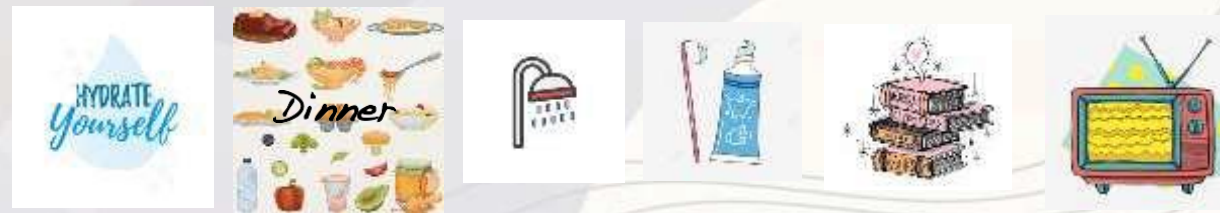
Morning



Afternoon



Evening



MY PERSONAL SUPPORT PLAN

Top 3 Triggers
Things that are likely to put me
in a bad headspace

**Top 3 Coping
Strategies**
To do on my own

PEOPLE WHO I CAN
ASK FOR HELP

**DISTRACTION
TECHNIQUES**
To do in my hospital room

WHAT PEOPLE SAY OR DO THAT IS
NOT helpful

WHAT PEOPLE SAY THAT FEELS
Supportive

WHAT I CAN make, play,
create OR **Build**

WARNING SIGNS
(THOUGHTS, MOODS, BEHAVIORS)

GET MOVING
Ways to turn off stress hormones and pump in
feel-good endorphins

CODE WORD
to quickly let others know that I'm feeling distressed:

▶ What is one concept or practice you want to incorporate into your care for patients?





Secondary Traumatic Stress for Healthcare Professionals

▶ MATTHEW DOVE, PMHNP-BC, FNP-C

▶ PETER CUDNEY, LICSW

▶ KRISTY HOMMEL, MED

Objectives

- ▶ Define secondary traumatic stress
- ▶ Identify impact on healthcare providers
 - ▶ Learn strategies to address



What is secondary traumatic stress?

Think-Pair-Share

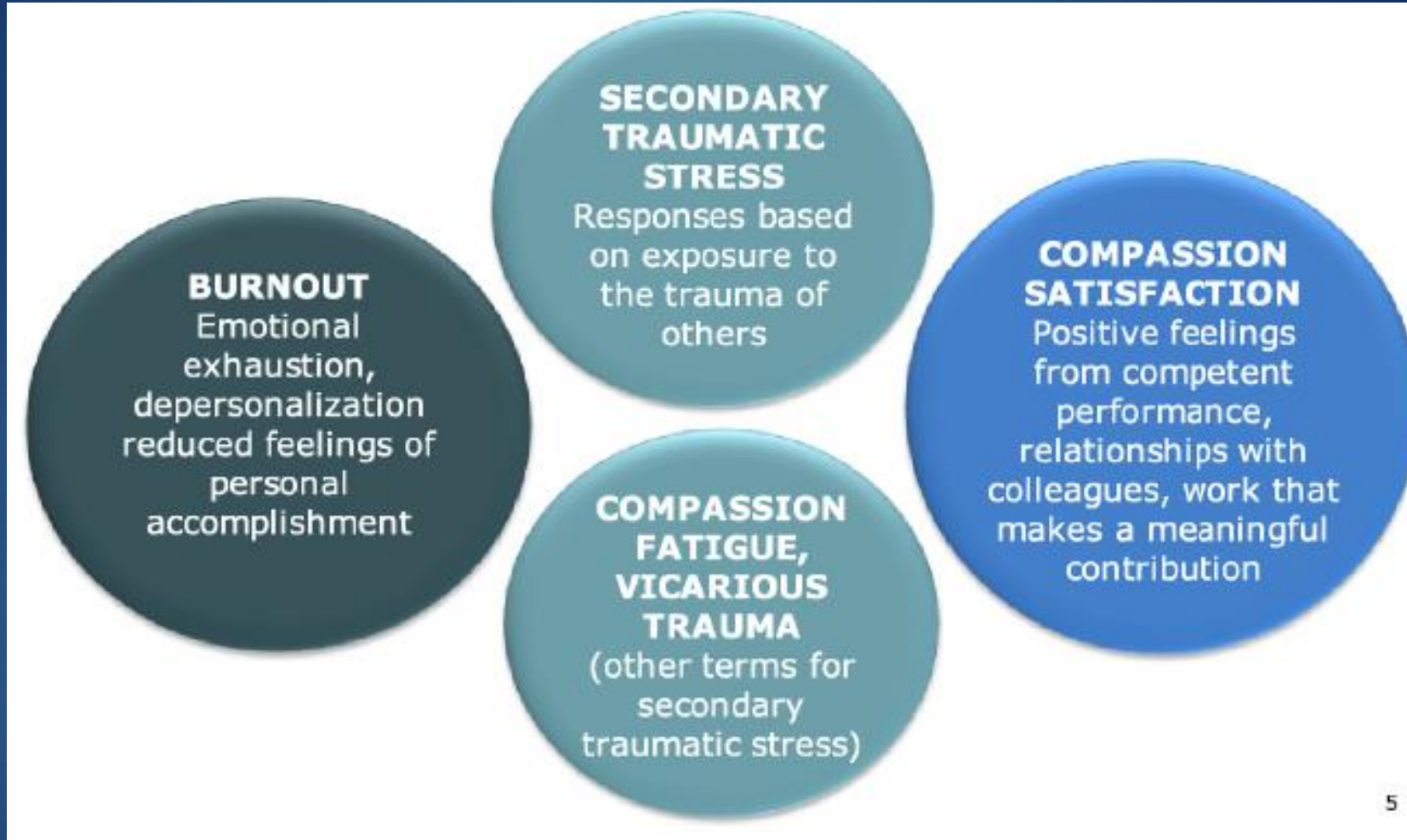


What is secondary traumatic stress?

- ▶ Trauma = potentially distressing event
- ▶ Traumatic stress = reactions to that experience
- ▶ Secondary traumatic stress = healthcare team is directly exposed to the trauma of those they care for
 - Examples?



Have you heard these terms?





Hyper-Arousal
/Agitation



Window of Tolerability

Hypo-Arousal/
Shut Down



Manifestations

- Irritability
- Inability to concentrate
- Feeling angry / cynical
- Intrusive or recurrent disturbing thoughts
- Sleep problems
- Feeling emotionally detached
- Overly aware of any signs of danger
- Hopelessness
- Guilt
- Avoiding reminders of difficult experiences
- Social withdrawal
- Chronic exhaustion
- Physical ailments
- Diminished self-care
- Feeling ineffective
- Feeling down or depressed
- Feeling apathetic



Situational factors

- ▶ Lack of predictability
- ▶ Sense of chaos
- ▶ Loss of control
- ▶ Heavy caseload / patient load



**"Secondary Traumatic Stress is a normal response to abnormal events."
-Laura Vega, DSW, LCSW**

Individual factors

- ▶ Empathetic
- ▶ Dose of exposure
- ▶ Socially or professionally isolated
- ▶ Professionally compromised due to lack of training
- ▶ Fewer years in field
- ▶ Younger age
- ▶ Unresolved personal trauma

Have you experienced Secondary Traumatic Stress recently?

A

B

C

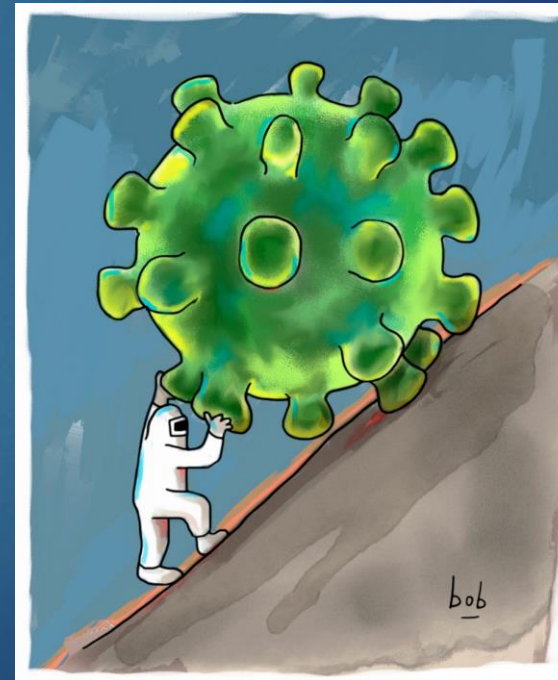


What contributes to STS?

[WordCloud]

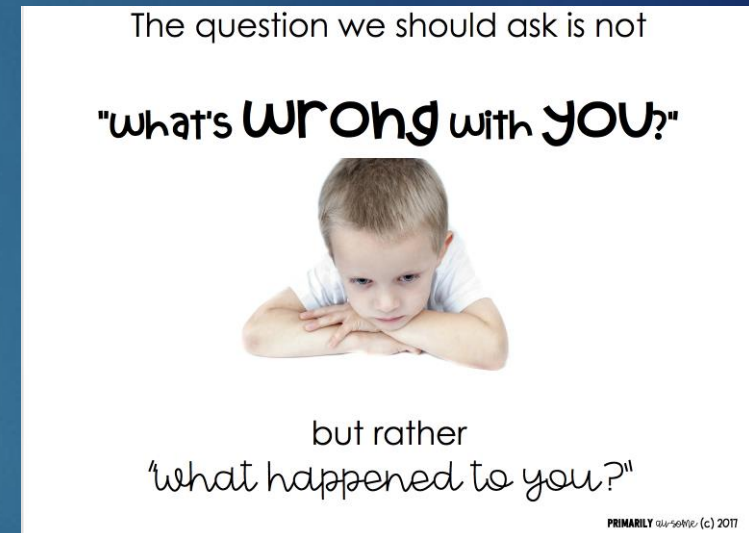
COVID

- ▶ Stressors have increased exponentially
- ▶ Surrounded by death, severe illness, fear
- ▶ Poor understanding of disease
- ▶ Chaos
- ▶ Complete loss of control



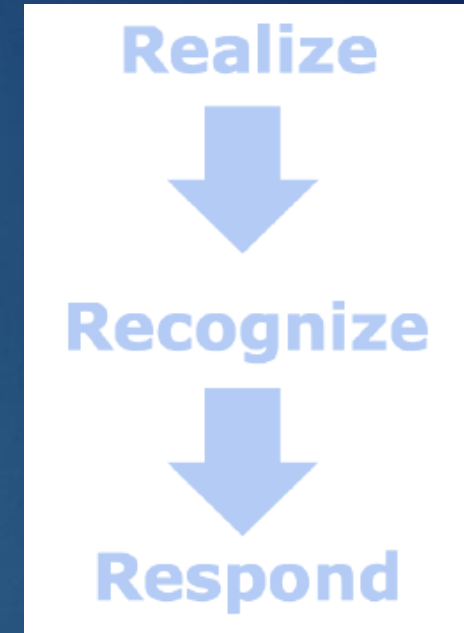
Who is affected?

- ▶ All of us – clinical, administrative, security, research, environmental, dispatch
- ▶ Remember the individual factors
- ▶ 39% high risk, 21% moderate to high risk for burnout
- ▶ Patients: tension with patients and families, stresses among staff in providing healthcare



What can we do?

- ▶ **Understand impact of trauma exposure**
 - Prior trauma + current illness, injury, treatment
- ▶ **Stay attuned to potential trauma reactions**
- ▶ **Integrate into policies and practices**
- ▶ **Promote staff well-being**



Principles of trauma-responsive care

Safety

Trustworthiness
and
Transparency

Peer Support

Collaboration
and Mutuality

Empowerment,
Voice and
Choice

Attention to
Cultural,
Historical, and
Gender Issues

Intrinsic Strategy Suggestions

- No one size fits all
- Connection is key—to others and our individual purpose
- Consider Mental Resilience
- Reduce Automatic Thinking (e.g. all or nothing thoughts, negative assumptions, responding v. reacting)
- Self-compassion, creativity, curiosity
- If possible, physical practice and body awareness
- Advocacy for change, policy transformation

Self care strategies

Everyone has a different idea of what “self-care” looks like to them

□ **Strategies that can be done in 2 minutes:**

- Breathe
- Stretch
- Day dream
- Step away from assignment
- Laugh
- Give yourself a compliment
- Look out the window
- Share a joke

□ **Strategies that can be done in 5 minutes:**

- Listen to music
- Chat with a co-worker
- Step outside for some fresh air
- Have a snack
- Grab a cup of coffee or tea
- Mindfulness activity

Organizational Strategy Suggestions

- Policy changes
- Protected time, Paid time to have community process
- Trainings/Continuing Education
- EMR efficiencies, reducing documentation burden
- Leadership being educated in burnout and staff indicators (and what to do about it)
- Mentorship pipelines
- Self-scheduling

Tools for Self-Monitoring Secondary Traumatic Stress and Burnout



Pro
QOL
.....
Professional Quality of Life

HOME THEORY ▾ PROQOL MEASURE & TOOLS ▾ POCKET CARD & HANDOUTS ▾ USE THE PROQOL PROQOL DATABANK MORE ▾

The ProQol Measure In English and Non-English Translations

The ProQOL measure is available free.

Many hours have been donated by researchers, teachers, clinicians and others around the world to keep the ProQOL free. We are happy to share with you and hope you will contribute to the worldwide effort to strengthen the ProQOL.

English Translations

- [The ProQL 5 \(English\)](#)
- [The ProQOL 5 Self-Score](#) (English)
- [Comparison of the ProQOL IV to the ProQOL 5](#)

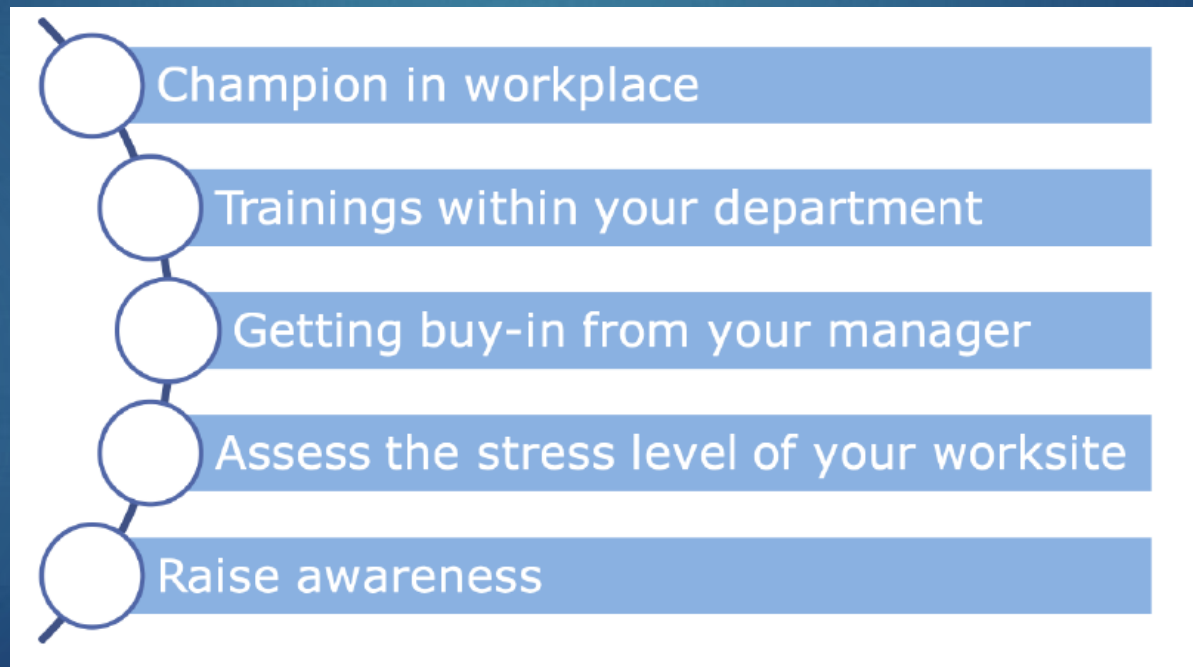
This is a March 21, 2012 Update

An updated version of the ProQOL 5 Self-Score measure is posted today. The changes are in the directions for how to self-score. Nothing on the measure changed. We provided additional text directions based on email comments we have received.

The ProQOL is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout and

Organizational support

- ▶ **Implementation of stress prevention programs in hospital settings**
 - 50% reduction in medication errors
 - 70% reduction in malpractice claims



Wrap-up

- ▶ Secondary traumatic stress can happen to all of us
- ▶ This can take a toll on yourself and patients
 - Need to attend to ourselves, follow same advice give patients
- ▶ Secondary traumatic stress looks different in all of us
- ▶ ABCs (awareness, balance, connection) and supporting self-care in yourself and others
- ▶ Help to build trauma informed healthcare teams/organizations

Acknowledgements

- ▶ We would like to thank the Center for Pediatric Traumatic Stress and Pam Wright for their assistance in preparation and material
- ▶ Also thank you to all team members dedicated to TRC:
- ▶ Samantha Collins, EMT, Kayla Dellagrotta, EMT, Cecelia Mathon, BSN, RN, Kristin Baker, BSN, RN, Mark Bisanzo, MD, Ashley Glen, RN, Emily Reed, LICSW, Adam Fortune, LICSW, Roz King, MSN, RN, CNL, Haley McGowan, DO, Courtney Fleisher, PhD, Robyn Freedner-Maguire – Parent, Kelly Holland, MHA – PHManager, Patient and Family Experience, Christian Pulcini, MD, Med, MPH

Further education

▶ <https://www.healthcaretoolbox.org/>

What will you
apply?



Resource List

- NCTSN Website <https://www.nctsn.org/>
- NCTSN White Paper
https://www.nctsn.org/sites/default/files/resources/complex_trauma_in_children_and_adolescents.pdf
- NCTSN What is Complex Trauma – for youth
https://www.nctsn.org/sites/default/files/resources/what_is_complex_trauma_for_youth.pdf
- CDC ACEs Website
<https://www.cdc.gov/violenceprevention/aces/index.html>
- Harvard Center on the Developing Child
<https://developingchild.harvard.edu/>
- Child Trauma Academy <https://www.childtrauma.org/>
- Trauma Research Foundation <https://traumaresearchfoundation.org/>
- Mindsight Institute <https://www.mindsightinstitute.com/>
- Zones of Regulation <https://www.zonesofregulation.com/index.html>
- Sylvia Duckworth <https://sylviaaduckworth.com/>