Navigating the Eye of the Storm: Using Trauma-Informed Principles to Build Resilience

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Disclosure

I declare that neither I, nor my immediate family, have a financial interest or other relationship with any manufacturer/s of a commercial product/s or service/s which may be discussed at the conference.

“The Savior of Mothers” Dr. Ignaz (Philipp) Semmelweis

They didn’t do it because...

Dr. Semmelweis had poor PR and communication skills.

They didn’t know the “why” -- the science wasn’t there yet.

It was too difficult to change how the system works.

They couldn’t accept they needed to change...and, they didn’t know infection was killing them too.

Common terms

- **Secondary/vicarious trauma**
  "Negative transformative processes" (anger, avoidance, apathy).
- **Compassion fatigue**
  How some survive.
- **Toxic stress**
  It's more than just the job.
- **Burn out**

Anger, avoidance, apathy

Physical signs:

Fatigue

Sleep issues

Appetite changes

Headaches

Upset stomach

Chronic muscle tension

Addiction

Emotional reactions:

Constantly overwhelmed

Feeling helpless

Feeling inadequate

Sense of vulnerability

Mood swings

Irritability/anger/rage

Crying easily or frequently

Depression

Suicidal thoughts/urges

Physician burnout

Three recent reports from the AMA:

- ➔ **26 of 27 physician specialities** report burnout.
- ➔ **The severity of burnout** has increased among physicians within the last five years.
- ➔ **Physician burnout rates higher** than other professions and general public

THE EFFECTS OF
Physician burn-out

- Lower quality of care
- Physicians leaving medicine (amid shortages)
- Limited access to care for patients
- Eroded “patient satisfaction” scores
- Serious consequences for physicians’ physical, mental, emotional, health
- Possible damage to career, family, personal lives
- Building a trauma-informed environment for patients is not possible

Specialty areas most at risk:

Emergency

ICU

Mental health

Pediatrics

Oncology

The basic tenets of a trauma-informed approach

The underlying question changes from “What’s wrong with you and how can we fix it?” to “What happened to you, and how can we help you heal?”

“Problems” and “symptoms” are now viewed as adaptations to trauma

Empathy, not sympathy. https://www.youtube.com/watch?v=1Evwgu369Jw

Rejects the idea of that the individual is always solely to blame for life issues; accepts that many factors create a person’s life.

Healing begins in connection and relationship; **resilience** and recovery are primary goals.

SAMHSA'S 6 PRINCIPLES

of a

TRAUMA-INFORMED APPROACH

SAFETY

Prevents violence across the lifespan and creates safe physical environments.

TRUSTWORTHINESS

Fosters positive relationships among residents, City Hall, police, schools and others.

EMPOWERMENT

Ensures opportunities for growth are available for all.

COLLABORATION

Promotes involvement of residents and partnership among agencies.

PEER SUPPORT

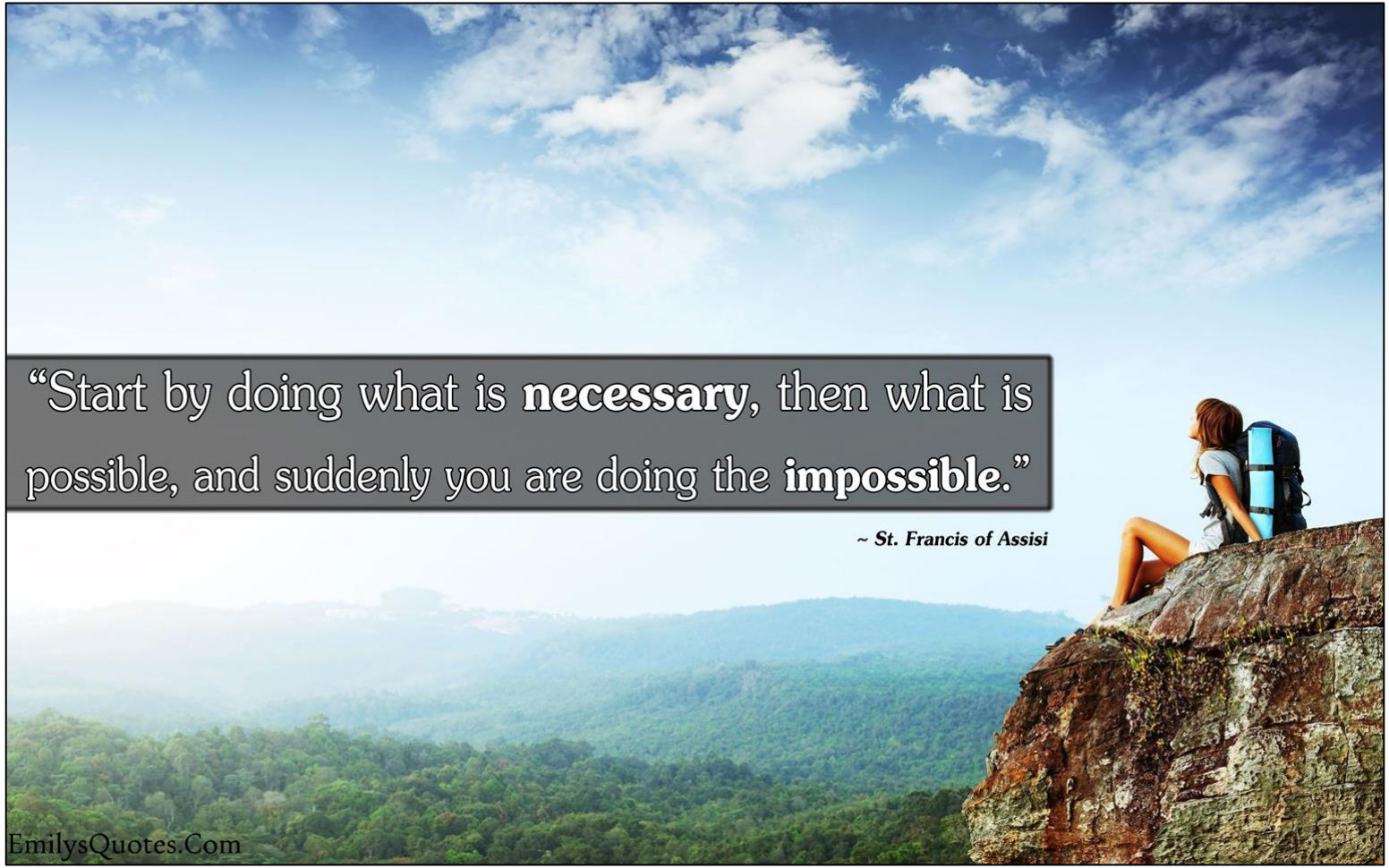
Engages residents to work together on issues of common concern.

HISTORY, GENDER, CULTURE

Values and supports history, culture and diversity.

How resilience construction is like infection prevention

- We are aware of what the toxic stress is, and how it changes the body.
- We understand that the effects of trauma are real, and not a personal weakness.
- We create sterile environments and develop evidence-based practices that protect us.
- We “wash our hands” before and after each patient interaction.
- We integrate the tenets and principles of trauma-informed care into our daily environments and interactions.


"Start by doing what is **necessary**, then what is possible, and suddenly you are doing the **impossible**."
~ St. Francis of Assisi
EmilysQuotes.Com