

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

— Erica Smith, MA, MPH —
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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 specialties 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=1Ewgu369Jw>

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.



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.


