

Trauma Informed Care Approaches in Long-Term Care: Knowledge Translation Techniques to Improve Outcomes

PROJECT OVERVIEW

As BScN students and/or practicing RPNs, we have observed that there is a limited amount of education available on trauma-informed care within the long-term care setting and among the older adult population. We look to expand on this through our capstone project. The specific technique that will be used to accomplish this is knowledge translation via nurse-led interactive workshops.

GOALS

- 1) Improve care for individuals in long-term care who may have past experiences with trauma.
- 2) Bolster healthcare workers' understanding of trauma-informed care and its role in long-term care.

TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES (ACE)

1. Up to 70% of older adults have experienced a psychological traumatic event during their lifetime (Couzner et al., 2022)
2. ACE occur between ages 0-17 and have a significant impact on health, well-being and opportunity (CDC, 2023)
3. Higher exposure to ACE among women, non-heterosexual, no post-secondary education, and income less than \$20,000 (Couzner et al., 2022)
4. Largest categories of trauma include physical abuse (25.7%), intimate partner violence (22.4%), and emotional abuse (21.8%) (Couzner et al., 2022)

TRAUMA INFORMED CARE (TIC)

1. Defined as "care that focuses on the patient's past experiences of violence or trauma and the role it currently plays in their lives" (Pollard & Jakubec, 2023, p. 470)
2. Principles of TIC described by Pollard & Jakubec (2023):
 - Trauma and its impact
 - Creating emotionally and physically safe environments
 - Creating opportunities for choice
 - Supporting patients by focusing on their strengths

WHY USE TRAUMA INFORMED CARE?

1. Improve safety, both physically and psychologically (Couzner et al., 2022)
2. Reduce patient distress by avoiding triggers (Couzner et al., 2022; MacRae et al., 2023)
3. Actively avoid contributing to and perpetuating re-traumatization (Stokes et al., 2017)
4. Empower through choice, collaboration, and engagement (Couzner et al., 2022)
5. Reduce staff burnout and vicarious traumatization
6. Compatible with various nursing theories: Neuman (1982), Benner & Wrubel (1989), Peplau (1991)

TRAUMA INFORMED CARE IN CURRENT PRACTICE

MacRae et al. (2023)

1. Some staff use TIC in some residential aged settings
2. Developed from experience, not formal interventions

Stokes et al. (2017)

1. Term 'TIC' was not familiar
2. Shift to quantified, methodological, and rote nursing care, not relational care



CANADORE HONOURS BSCN PROJECT TEAM

1. Heather Francoeur (Student)
2. Cobin Fryer (A00122826)
3. Shelene Douglas (A00155996) 336781@canadorestudents.ca
4. Meribeth Mudford (A00045422) 225536@canadorestudents.ca
5. Shannon Paschalis (A00149810) 330595@canadorestudents.ca
6. Paige Stoddart-Dawson (A00107056) 287559@canadorestudents.ca

SPECIAL CONTRIBUTIONS

1. Amberleigh Kelly, RN, MSN, BScN Professor
2. Nancy Bush, RPN, PSW Program Coordinator
3. Caitlyn Rueck, RPN, PSW Professor

REFERENCES



RECOMMENDATIONS FOR PRACTICE: WORKSHOP

Purpose

1. Incorporate formal education of TIC among current and future healthcare workers
2. "Humanizing the nurse's role of information sharers and opening a line of communication and relationships" - Nancy Bush
3. Prevent burnout from secondary trauma

Objectives

1. Increase knowledge related to trauma and ACE across the lifespan.
2. Understand how trauma and ACE can affect health and interactions.
3. Utilize TIC framework to apply specific interventions and approaches.
4. Improve competency and readiness in utilizing TIC.

Facilitators

1. Nurse champion, nurse mentor, or nurse educator

Audience/Setting

1. RN/RPN/PSWs and management in long term care
2. PSW students in college classes

Agenda

Phase I: Introduction

1. Objectives
2. Case study handout

Phase II: Knowledge translation

1. Effect of trauma and ACE
2. TIC definitions, principles, and benefits
3. TIC interventions/approaches (e.g.: recognizing triggers, involving residents)
4. Importance of self-care and coping strategies

Phase III: Break

Phase IV: Application of knowledge

1. Review case study
2. Role-play

Phase V: Conclusion

1. Review main points and any questions
2. Provide proof of completion (certificate)

Program Evaluation

1. Pre- and post-survey on knowledge of trauma and TIC, confidence in application, and perceived importance.
2. Stop/Start/Continue exercise for feedback.
3. Exam questions for current students.
4. Research study examining program's effect on participant knowledge, integration of TIC principles, and resident outcomes.