



JOHNS HOPKINS
UNIVERSITY

Trauma-Informed Care: When Work Safety is at Stake & the Trauma is in the Workplace

Carol Vidal, MD, PhD
September 8, 2022

Southern Psychiatric Association
Maryland Psychiatric Society
2022 Annual Meeting

Company/ Organization	Honorari a/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position
AACAP Physician Scientist Program in Substance Abuse (K12)			X			
Stavros Niarchos Foundation			X			
Innovation Award Johns Hopkins Hospital			X			

Disclosures

What does “trauma” mean?

Pause and Think



Trauma can be a one-time, multiple or long-lasting repetitive event(s)

It is experienced by an individual as physically or emotionally harmful, or life threatening

Its impact can be subtle, insidious (on-going), or outright destructive.

It can affect the individual's functioning, as well as physical, mental, social, emotional or spiritual well-being

The Three E's of Trauma:



What is trauma?



What is a traumatic experience?



CDC and Kaiser Permanente in CA.
2/3 at least 1 ACE and >1/5 reported 3 or more.

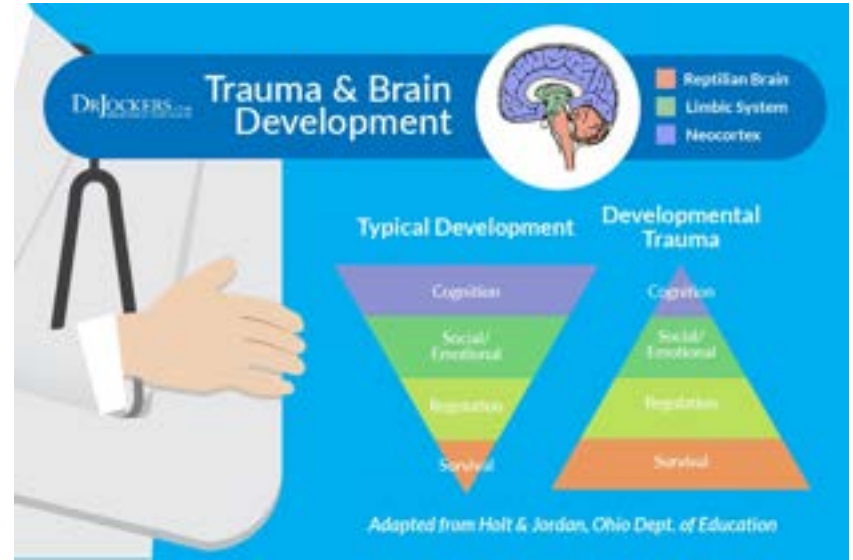
Serious health consequences:

- Health risk behaviors (eating, smoking, substance use, self-harm, promiscuity)
- Severe medical conditions (heart and pulmonary disorders, liver disorder, STDs, cancer)
- Premature death

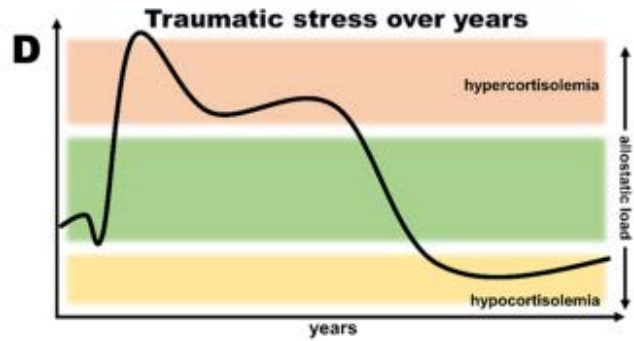
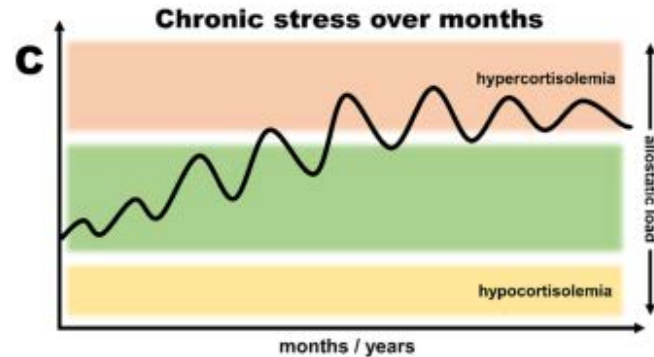
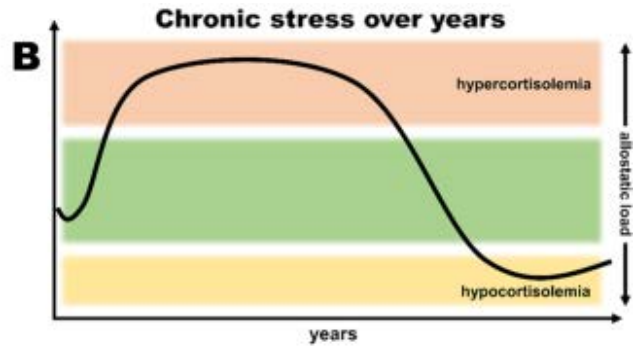
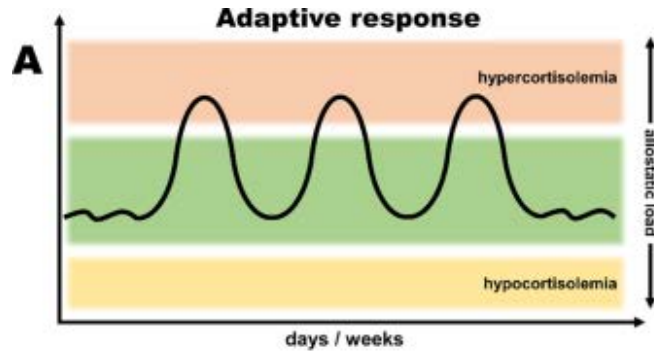
(Felitti et al., 1998)

ACE SCORE

- Brain areas implicated in the stress response: **amygdala, hippocampus, and prefrontal cortex.**
- Neurochemical systems: **Cortisol & Norepinephrine.**
- Brain has a **bottom up organization and development.**
- Amygdala is activated with **threat**, activating the **fear response** and the frontal lobes shut down.



Bruce D. Perry, M.D., Ph.D.



Agorastos & Chrousos (2022)

Trauma: Why is it important?

Table 1 Exemplary table of contemporary stressors by type

Stressor type	Stressor examples
Stress	
Family	Chronic or acute physical/mental illness of family member Death of close friend or family member Addition of family member Marital problems/conflict Disenfranchisement Unfaithful significant other Parental separation Adoption Parental separation Loss of parent Gangster status Family violence
Health	Chronic or acute physical illness Mental disorder Sexual injury Abortion/miscarriage Sexual life concerns
Trauma and traumatic experiences	Sexual accident Sexual threat to integrity (robbery, mugging) Sexual harassment Early life stress/childhood trauma Self-inflicted trauma Natural disaster War/Terror attack
Social life	Legal consequences/legal time Social isolation Major change in social activities Major change of political situation Absence of partner and friends Cultural and sexual identity Migration/refugee status Education setback Social conflicts Mobbing Schoolwork failure and dropout
Environment	Residential loss or insecurity Major change in living conditions Climate factors Noise/vibration/light/pollution/air pollution
Work	Work loss or instability Type of work Conflicts with supervisor/colleagues Work load and long work hours Increased responsibility and consequences of failure Undercompensation, demotivation Retirement Transfer/subject change Job work
Financial	Mortgage/loan

Table 2 continued

Stressor type	Stressor examples	Typical subjective signs
Behavioral	Financial problems/bankruptcy Bad sleep hygiene Schoolwork failure and dropout Time management issues Unhealthy behaviors and habits Screen time/sitting position	
Eustress	Marriage New job Pregnancy, childbirth Outstanding achievement Financial win (lottery) Child development Hobbies Sport and physical activity Social activities and challenges	Productive energy Increased focus and attention Increased motivation and confidence Experienced as excitement Feels manageable Improved performance Rational thinking Expectation of positive outcome

Adapted and extended from refs. [46, 47]

Stress

vs Trauma

- Derived from the Greek word for “wound”
- Emerged as a term to describe psychological damage in the late 1880s. Before then: flashbacks or “hysteria” were attributed to spirits, magic or evil.
- In the Herodotus’ 490 BC Battle of Marathon, Athenian spear-carrier who lost his sight without having been wounded.
- In 1893, Pierre Janet published “*L’automatisme psychologique*,” cited by Sigmund Freud’s paper on hysteria.



<https://www.vox.com/the-highlight/22876522/trauma-covid-word-origin-mental-health>

Beginnings of the Concept of Trauma

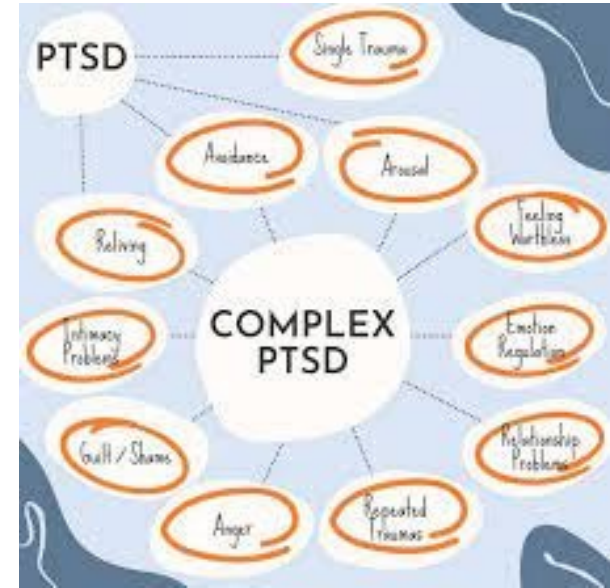
- World War I, when the British diagnosed soldiers with “shell shock.”
- By WWII, interest in shell shock piqued again “battle fatigue.”
- Late 1970s, interest in trauma exploded in clinical work with veterans and in the general public and PTSD was added to the DSM-III in 1980.



<https://www.vox.com/the-highlight/22876522/trauma-covid-word-origin-mental-health>

How trauma Became the Word of the Decade

- Focus on distress rather than the experience.
- By the 1990s, terms such as “cultural trauma,” “collective trauma,” “historical trauma,” and “intergenerational trauma” were on the rise, particularly in connection to genocide, enslavement, and war.
- About 15 years ago, the word trauma starts being used more universally as the way to explain mental health challenges
- Complex PTSD — defined as a type of PTSD caused by repeated harmful events— was pursued.



The Distress of Complex PTSD



In a GQ profile last spring, Justin Bieber alluded to **“trauma stuff”** affecting his first year of marriage. The internet’s favorite yogi, Adriene Mishler, has a **“Yoga for Post Traumatic Stress”** class on YouTube. Trauma “therapists” (accredited and not) are there for you on color-coordinated Instagram grids, espousing views on triggers and flashbacks, and trauma “experts” (accredited and not) are on TikTok, too, posting 60-second skits about what **trauma responses** look like. The TikTok hashtags #traumadump and #traumadumping, a trend where creators describe their various traumas via sound memes or “story time” retellings, have a collective 31 million views. #Trauma has 6.2 billion.



- *The Body Keeps Score* – Van der Kolk:
 - Not everything is a traumatic event
 - Not all “traumatic” events are universally traumatizing

Our inclination to generalize trauma speaks to a commendable desire to recognize the complexity of the human experience. “There’s a golden opportunity for our own self-awareness and awareness of others and how humans work,” Whitlock says. Tightening the definition of trauma doesn’t take anything away from terrible personal experiences, the horrors of history, or the difficulty of being alive within our current social structures. It doesn’t limit our capacity for empathy or undercut the need to recover from tragedy, crises, or challenges. It doesn’t ignore the truth of violence and existential horror — though it does recognize that there can be consequences without there necessarily being trauma.

Not everything is trauma or traumatizing

- Trauma informed care refers to a set of principles that guide and direct *how we view* the impact of harm on people's mental, physical, and emotional health.
- It encourages support and treatment of the **whole person**, rather than only focusing on treating (or responding to) individual symptoms or specific behaviors.



What is Trauma Informed Care?

- The Substance Abuse Mental Health Administration (SAMSHA, 2014) developed a framework for trauma and trauma-informed approaches that consists of 4 key assumptions and 6 principles.

The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.



Tenets of Trauma-Informed Care

- Practices in many institutions, including healthcare, can be re-traumatizing for individuals with a trauma history.
- Medical settings can be triggering for victims of trauma and can induce trauma in themselves (Reeves, 2015).
- Trauma-informed care (TIC), an approach to care delivery, is being adopted by a growing number of health professionals beyond the field of Psychiatry.



Why Trauma-Informed Care?

Pop Quiz

A



B



Environment

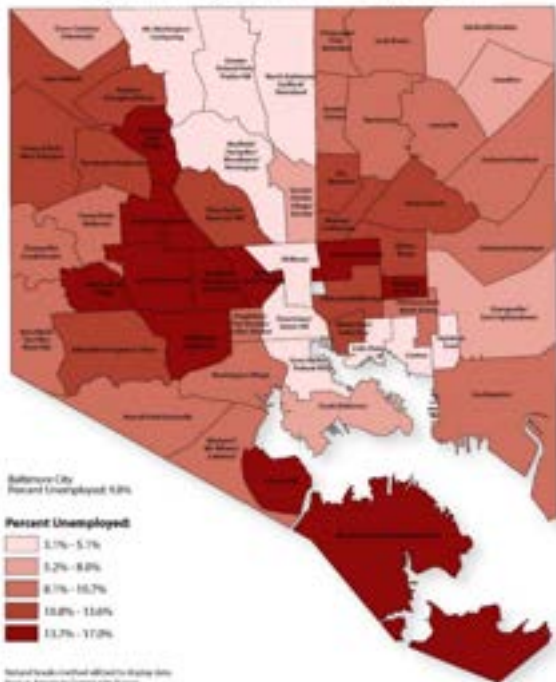
Which one of these layouts is more Trauma-Informed? Why?

- Established in 2018 in response to high levels of community violence, funded by Stavros Niarchos Foundation.
- Collaboration between Johns Hopkins ED, Psychiatry and Public Health to:
 1. *Increase capacity of JHU/JHHS to become more trauma-informed and have a healthier work environment.*
 2. *Increase capacity in East Baltimore to deal with trauma.*
 3. *Facilitate the development of the infrastructure and collaborations to promote positive development to break multigenerational cycles of violence.*

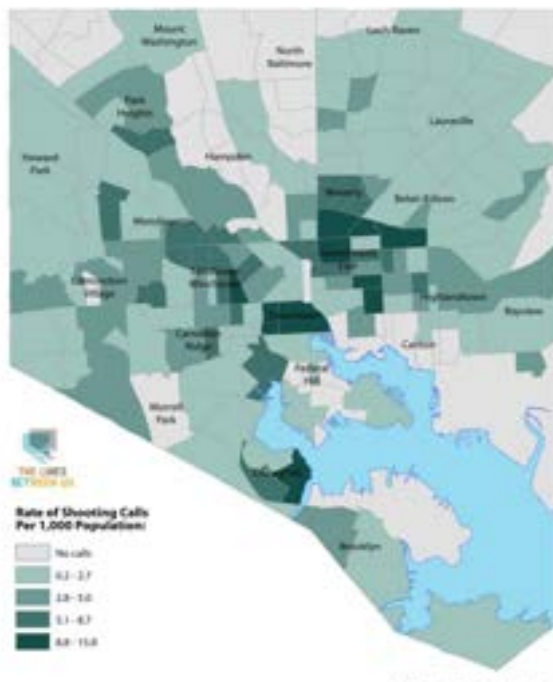


The East Baltimore Community Trauma Response

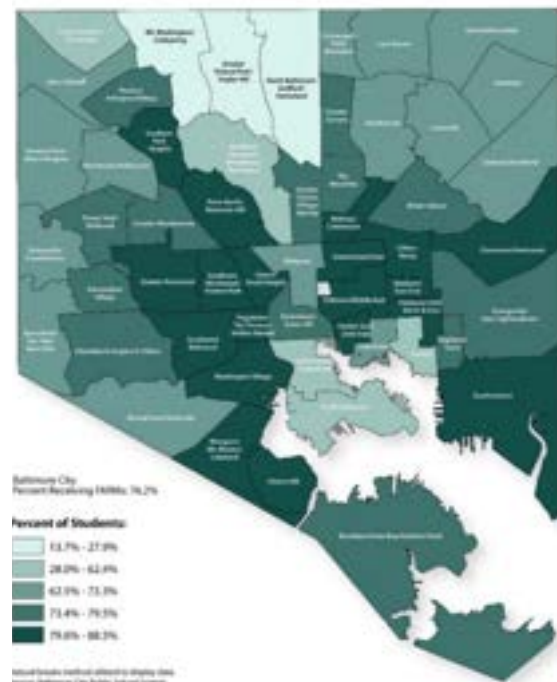
**Percent of the Population Aged 16-64 that is Unemployed
By Community Statistical Area, 2008-2012**



Calls for Service for Shootings by Census Tract, 2011



**Percent of Students Receiving Free or Reduced Meals
By Community Statistical Area, 2011-2012 School Year**



Setting: Baltimore

Life Expectancy at Birth in Years,
Baltimore City, 2011-2015



Legend

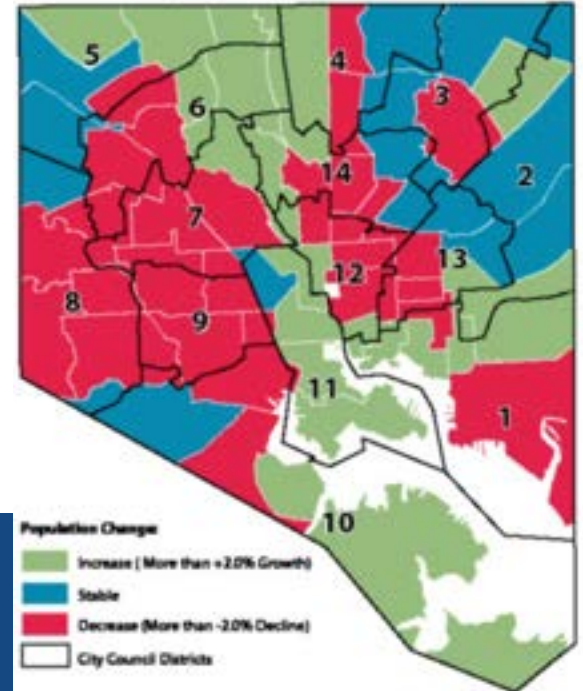
Life Expectancy at Birth in Years,
by Community Statistical Area, 2011-2015

- 66.9 - 69.7
- 69.8 - 72.0
- 72.1 - 73.8 Ranked into quintiles.
- 73.9 - 76.4
- 76.5 - 87.1 Baltimore City life expectancy at birth: 73.6 years.

Jail - data not calculated.
Prepared by the Office of Epidemiology Services,
Baltimore City Health Department, January 2018.
SCHD calculations of data from the Maryland
Department of Health, Vital Statistics Administration.



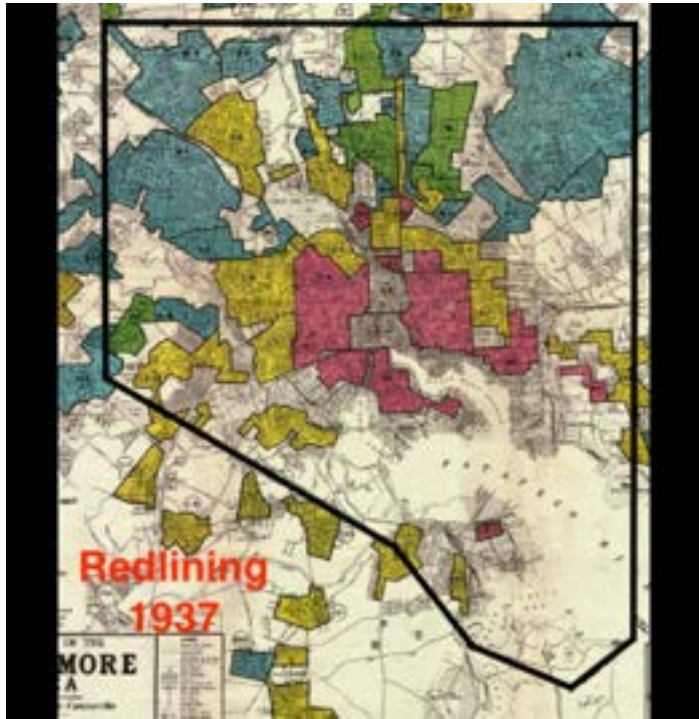
Population Change in
Baltimore City by CSA, 2000-2010



Population Change

- Increase (More than +2.0% Growth)
- Stable
- Decrease (More than -2.0% Decline)
- City Council Districts

Health Disparities and Segregation



- Banks refusing to lend in neighborhoods that federally backed officials had identified as having “undesirable racial concentrations.”
- From 1951 to 1971, 80-90 % of the 25,000 families displaced in Baltimore to build new highways, schools and housing projects were Black.
- Decline of industrial jobs in the 1980s.
- Crack epidemic of the 1990s and the rise of mass incarceration.

Redlining



**>17,000 ABANDONED BUILDINGS
IN BALTIMORE CITY**

Shrinking City

Between 2019-2020 the team:

- Trained 385 participants on trauma, TIC, ACEs, vicarious trauma, compassion fatigue, burnout, and resilience.
- Distributed a hospital-wide survey to 387 staff members; N=297 completed it (RR = 77%)
- Survey assessed staff's knowledge, attitudes, opinions and practices related to patients and families affected by trauma.
- Facilitated focus groups with 40 staff members of inter/multi-disciplinary positions.



Summary of Work at JH Health

- Voluntary, on-line, anonymous Qualtrics-based survey distributed via email to staff across 3 sites (2 hospitals and one outpatient center) and 6 departments (ED, Trauma Surgery, Pediatrics, Child and Adolescent Psychiatry, Internal Medicine and OB/GYN) between 4/26/2019 & 3/14/2020.



Staff Survey

- Feelings of safety in the workplace: how much you agree with the statement:
 - *“I worry I will experience aggression while performing my duties at work”* using a Likert scale (from 1, *“Completely Disagree”* to 5, *“Completely Agree”*).
- Attitudes towards TIC were measured with the short form of the *Attitudes Related to Trauma-Informed Care (ARTIC) Scale (ARTIC-10)* (Kuehn, 2020).
- *“Burnout,”* and it was assessed with the single question (Dolan, 2015):
 - *“Overall, based on your definition of burnout, how would you rate your level of burnout,”* with an ordinal scale of: 1 (*I enjoy my work. I have no symptoms of burnout*) to 5 (*I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help*).
- Socio-demographic variables, including staff roles
- Departments were grouped as ED/Trauma Surgery and non-ED/Trauma.

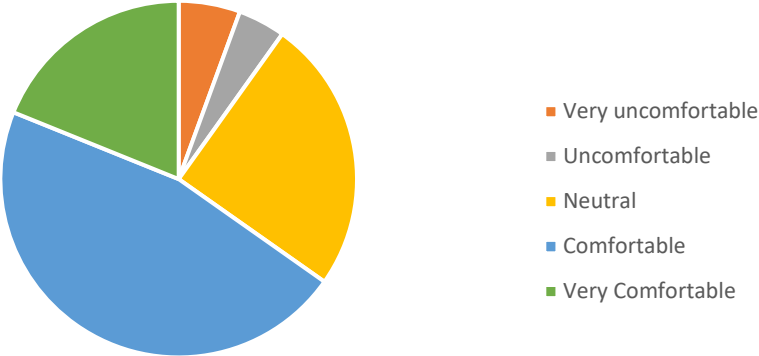


What did we ask about?

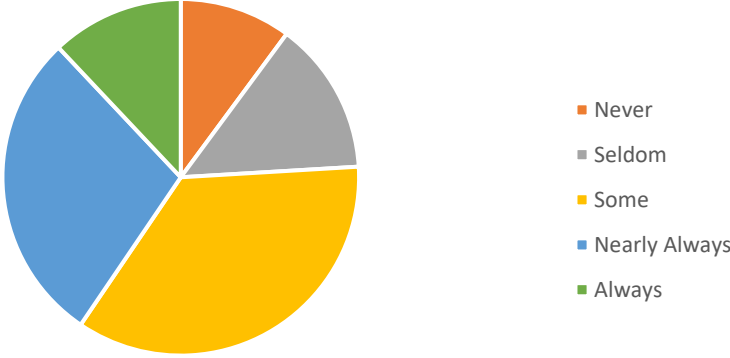
- A subsample of 233 clinical staff was analyzed, of which **34.8 % (N=81) experienced burnout.**

Variable		N (%)
Female Sex		180 (77.3)
White Race		166 (71.2)
Employed by the institution for 1-5 years		87 (37.3)
> 10 years of professional experience		96 (41.2)
Worked < 25% of their time overnight		148 (63.5)
Department ED or in trauma surgery		
	Yes	105 (45.1)
	No	128 (54.9)
Role		
	Physician-related	94 (40.3)
	Nursing-related	88 (37.8)
	Case Management & related	51 (21.9)

Please rate your level of comfort working with patients who have been exposed to traumatic experiences.

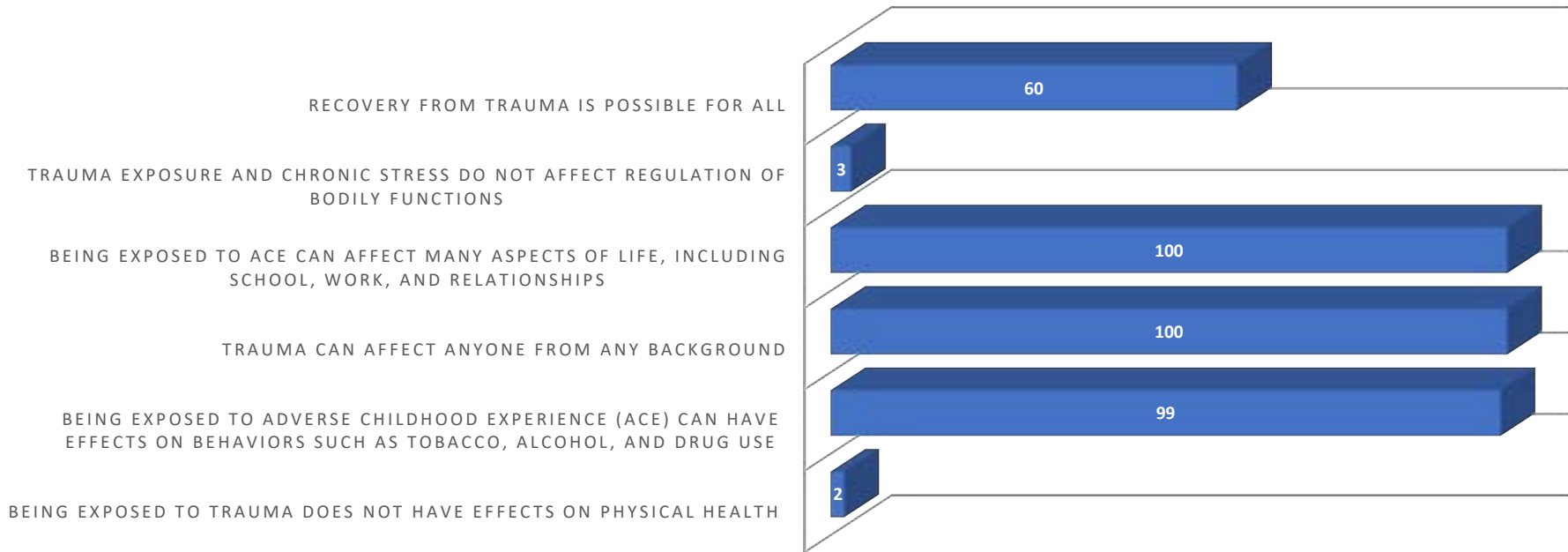


Considering all the patients you saw in the past six months, how often did you screen the patients for trauma?



Comfort Level & Screening

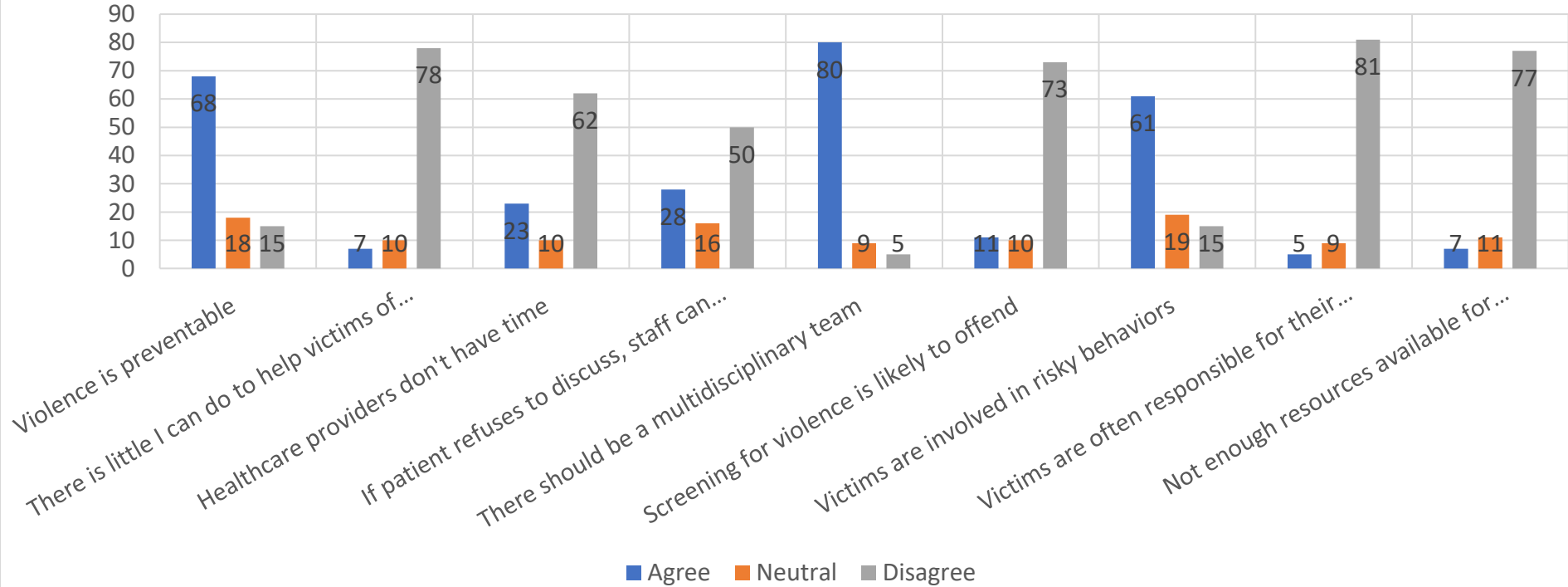
■ Positive Responses



Knowledge About Trauma

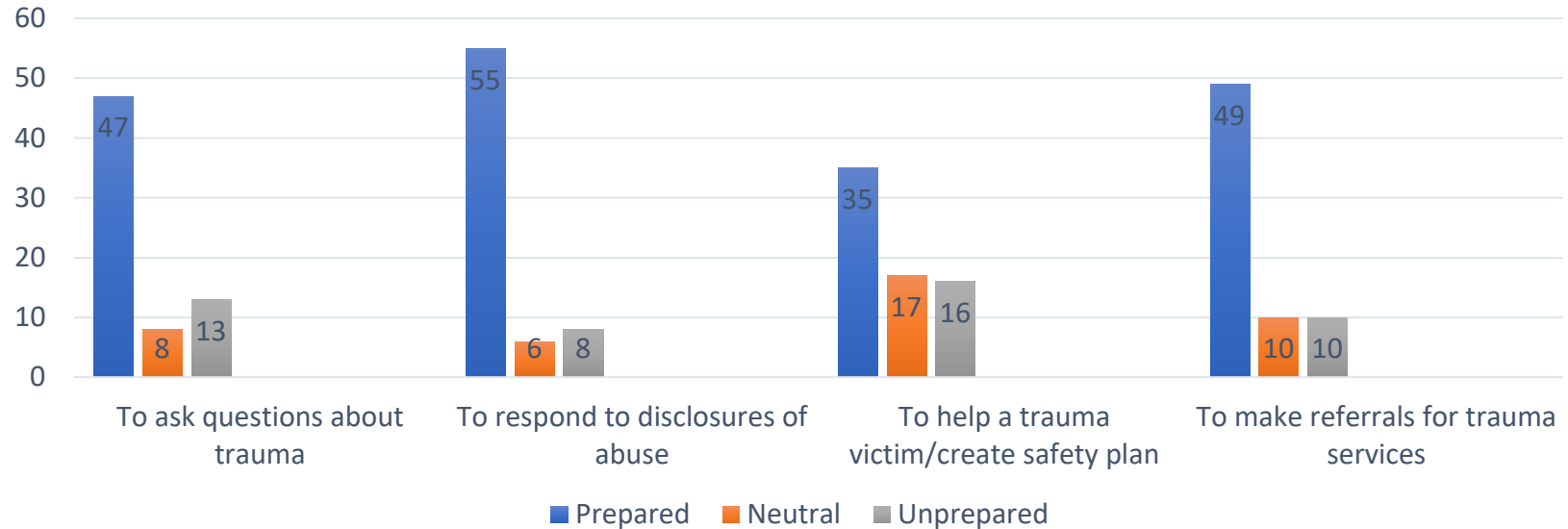
All results are presented in percentages

Positive Responses (%)



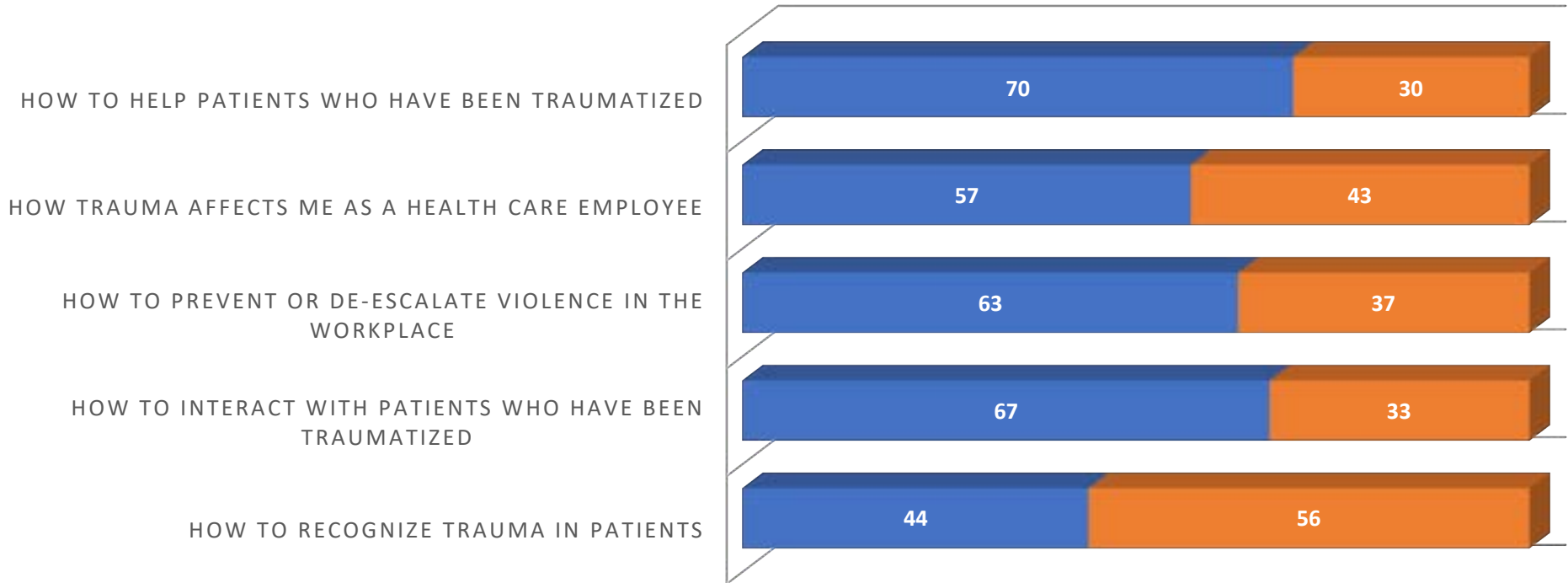
Opinions

Feeling Prepared (%)



How Prepared Do You Feel?

■ Interested ■ Not interested



Training Topics

People who work in human services, health care, education, and related fields have a wide variety of beliefs about their clients, their jobs, and themselves. The term "client" is interchangeable with "person," "patient," or other terms to describe the person being served in a particular setting. Trauma informed care is an approach to engaging people with trauma histories in human services, education, and related fields that recognizes and acknowledges the impact of trauma on their lives. For each item, select the circle along the dimension between the two options that best represents your personal belief during the past two months at your job.

Example: Ice cream is delicious

1	2	3	4	5	6	7
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ice cream is disgusting

1. Clients could act better if they really wanted to. Clients are doing the best they can with the skills they have.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories. Rules and consequences are the best approach when working with people with trauma histories.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If clients say or do disrespectful things to me, it makes me look like a fool in front of others. If clients say or do disrespectful things to me, it doesn't reflect badly on me.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The ups and downs are part of the work so I don't take it personally. The unpredictability and intensity of work makes me think I'm not fit for this job.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. It's best not to tell others if I have strong feelings about the work because they will think I am not cut out for this job. It's best if I talk with others about my strong feelings about the work so I don't have to hold it alone.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Clients do the right thing one day but not the next. This shows that they are doing the best they can at any particular time. Clients do the right thing one day but not the next. This shows that they could control their behavior if they really wanted to.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Clients need to experience real life consequences in order to function in the real world. Clients need to experience healing relationships in order to function in the real world.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I realize that clients may not be able to apologize to me after they act out. If clients don't apologize to me after they act out, I look like a fool in front of others.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I feel able to do my best each day to help my clients. I'm just not up to helping my clients anymore.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

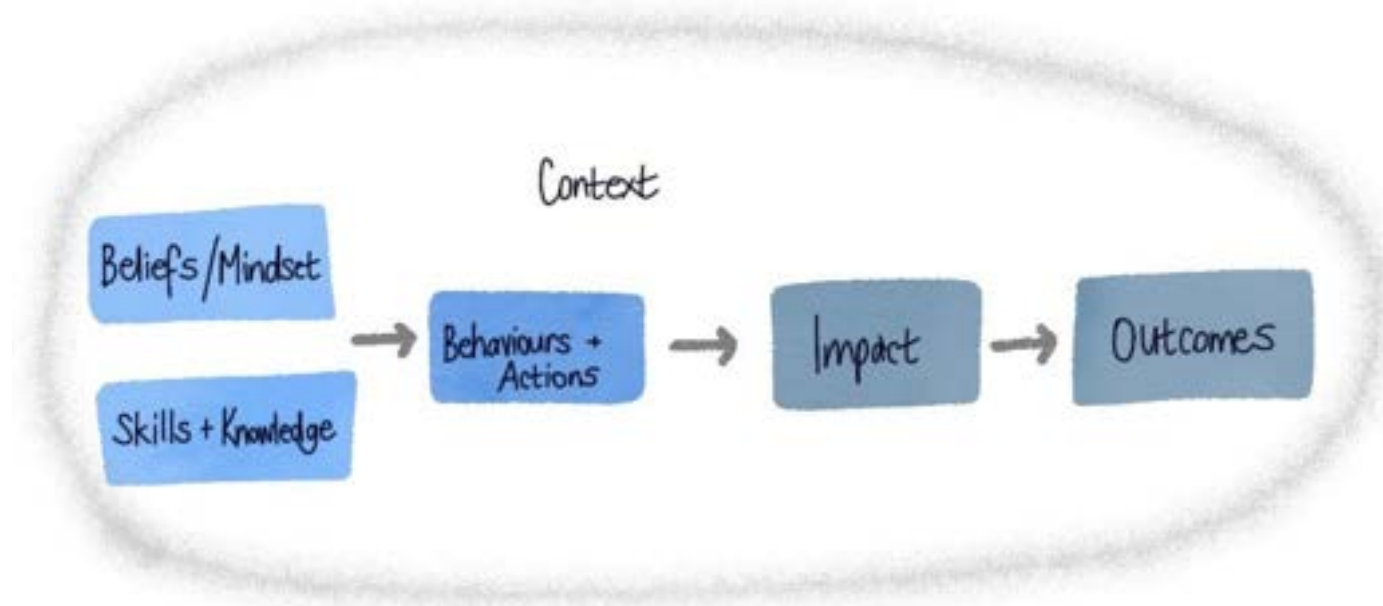
10. The most effective helpers find ways to toughen up - to screen out the pain - and not care so much about the work. The most effective helpers allow themselves to be affected by the work - to feel and manage the pain - and to keep caring about the work.

1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes Related to Trauma-Informed Care

	Mean (SD)	SD	Range
ARTIC Scale	50.2	8.0	26-64
Sum of Trainings	2.4	1.6	0-7
Sum of Actions Taken	2.2	1.5	1-5

Attitudes, Training and Actions Taken



But I think there's a majority of our patient population that we see that are trauma victims. Like, it's every day.

We're a Level 1 trauma center in one of the most violent cities in America.

- Coined by clinical psychologist Herbert Freudenberger (Freudenberger, 1974) after observing emotional depletion and psychosomatic symptoms in volunteer staff at a free clinic in the East Village of NYC.
- Later expanded by Christina Maslach & Susan E. Jackson to include 3 overarching dimensions:
 - 1-emotional exhaustion
 - 2-depersonalization
 - 3- diminished sense of professional efficacy (Maslach & Leiter, 2016).



Burnout

Burn-out an "occupational phenomenon": International Classification of Diseases

- Rates of burnout among U.S. healthcare professionals were as high as 54% and 45% in physicians and nurses, respectively (U.S. National Academies of Sciences, Engineering, and Medicine, 2019).
- Concerns over the high rates of healthcare worker burnout lead the WHO to declare burnout as an occupational phenomenon, now included in the ICD-11 (World Health Organization, 2019).

Summary
of an article of
the same name.
Author: by:
ALEXANDRA
MICHEL

BURNOUT AND THE BRAIN

visually translated by
@LINGSATBRAMAN

WHAT IS BURNOUT?

chronic psycho-
social stress.

in 1974 HERBERT
FREUDENBERGER
coined the
term
'BURNOUT'

BURNOUT
can cause a
CRISIS
in a person's
sense of
PROFESSIONAL
COMPETENCY

burnout affects
the



STRESS
IS A workplace
safety issue.

BURNOUT CAN DESTROY:
AMBITION **IDEALISM**
SENSE OF WORTH

SYMPTOMS

- loss of motivation
- growing emotional depletion
- cynicism & depletion
- fatigue

TAKEAWAYS:

1 burnout won't look
like what we expect.
burnout will tell us:

"I'm bad
at this"

"& I don't
even like
it or care"

this can cause
people to abandon a
career instead of
seeking rest & SUPPORT

OFTEN
Burnout
gets mis-
diagnosed
as depression.

2 say it with me...

**STRESS DOESN'T
CAUSE BURNOUT!**

Stress + inadequate
support resources
causes burnout.



Burnout Risk Factors

- Risk factors for burnout:
 - Work overload, lack of control and recognition in the job, conflict with organizational values, poor collegiality, inequities in decision-making (Maslach & Leiter, 2016).
- Affect the commitment of the healthcare worker, intention to leave the workplace, and mental health (Schaufeli et al., 2009).

- Another risk factor for burnout: **experiencing aggression in the workplace** (Schaufeli et al., 2009)
- Violence in the workplace is on the rise among healthcare workers (Kuehn, 2010).
 - 1/10 report physical assault
 - 1/3 report exposure to non-physical aggression (i.e.: verbal aggression) (Magnavita & Heponiemi, 2012).
- **Psychiatric and ED staff** are at highest risk with 1/2 of incidents.
- **Nurses and doctors** tend to be the professionals most often exposed to healthcare occupational violence (Mento et al., 2020).



Workplace Violence & Burnout

Burnout			
	Model 1	Model 2	Model 3
Worry about aggression in workplace	1.93 (1.040-3.59)*	1.88 (1.01-3.50)*	0.09 (0.001-5.88)
Attitudes (ARTIC)		0.66 (0.45-0.95)*	0.47 (0.26-0.85)*
Worry about aggression x Attitudes			1.74 (0.82-3.72)

Logistic regression with “worry about aggression in the workplace” & “attitudes about TIC” as predictors of burnout

Predictors of Burnout

- **Clinicians who *did not* worry about aggression had better attitudes towards TIC** (Mean = 5.6; SD=0.83) than those who worried about experiencing aggression (Mean = 5.4; SD=0.86) ($p = 0.049$).
- **Staff who worried about experiencing aggression in the workplace had an almost 2-fold increase in rates of burnout** (OR=1.93, CI= 1.04-3.59; $p < 0.05$), when controlling for covariates.
- **Staff with better reported TIC attitudes towards patients presented lower rates of burnout and worrying about aggression in the workplace remained associated with increased burnout.**
- The relationship between worrying about workplace aggression and burnout was independent of the healthcare worker's attitudes towards TIC.

Workplace Violence, Attitudes and Burnout

If it's fright and they're running through the halls, security is immediately called which heightens the energy, so knowing kind of what normal responses are to shock and trauma, fight, flight, freeze, and then how can we respond as a community, well we want to make certain that everybody's safe but also that we're demonstrating care to everybody.

How Do YOU Stay
Resilient?



Meditate



Sleep



Body



Music

- Make connections
- Avoid seeing crisis as insurmountable problems
- Accept that change is part of living
 - Move towards your goals
 - Take decisive actions

- Look for opportunities for self-discovery
 - Nurture a positive view of yourself
 - Keep things in perspective
 - Maintain a hopeful outlook
 - Take care of yourself

<http://www.apa.org/helpcenter/road-resilience.aspx>

Ten (10) Ways to Build Resilience

- Since the administration of the survey and with COVID-19 pandemic, peer-support and safety programs were implemented.
- In addition to workplace safety programs, institutions that adopt TIC frameworks can potentially improve provider well-being.
- Need for more systematic examinations of these efforts.



DID YOU KNOW?

34% of NURSES reported physical assault from a patient over the past year in their workplace.

Violence in the workplace cannot be tolerated

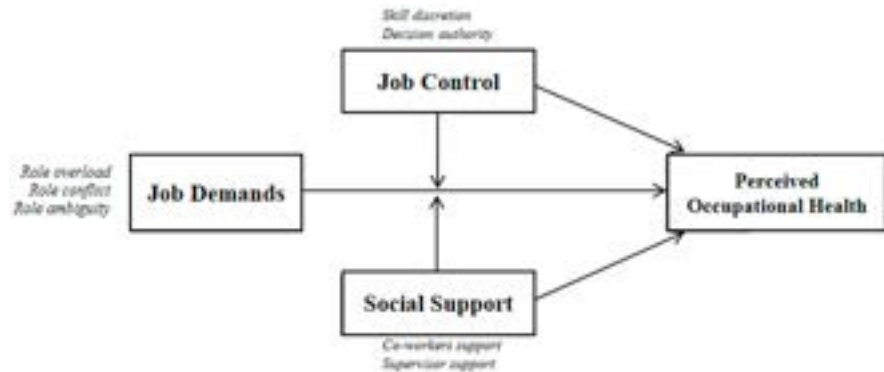
Safe workers mean better care. Let's work together to reduce violence in healthcare.

workplace-violence.ca

Institutional Changes Post-Pandemic

- Increasing awareness of TIC principles and subsequently changing attitudes may protect against burnout.
- Importance of efforts to combat workplace aggression to prevent burnout.

Institutional interventions that emphasize: job control, social support and organizational justice can help protect workers from workplace aggression and decrease burnout (Mento et al., 2020).



What Institutions and Organizations Can Do



Context Matters

Both individuals and their environment need to be considered when addressing health



Trauma-Informed

Trauma-Informed Care Provides a framework to address environmental insults and prevent re-traumatization



Apply to specifics

There is a need to move from theory to measurable interventions to address specific problems related to trauma