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Trauma-informed care and its use in psychiatric nursing: a review

Cemile Hürrem Ayhan[1], Ramazan Aydar[2], Mehmet Cihad Aktaş[1]

[1]Department of Psychiatric Nursing, Faculty of Health Sciences, Van Yüzüncü Yıl University, Van, Turkiye
[2]Department of Mental Health and Diseases Nursing, Institute of Health Sciences, Van Yüzüncü Yıl University, Van, Turkiye

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Corresponding Author: Ramazan Aydar, aydarramazan2@gmail.com

ABSTRACT

In recent years, the trauma-informed care (TIC) approach to healthcare has become increasingly important due to the importance of addressing these far-reaching effects of trauma. Trauma-informed care is a sensitive care approach based on recognizing and understanding the effects of trauma on individuals. This approach ensures that traumatized individuals are treated in a safe and supportive environment without being re-traumatized. Psychiatric nursing is one of the most important practice areas of trauma-informed care. The aim of this review is to provide comprehensive information about trauma-informed care and its use in psychiatric nursing. Findings from this study, which was carried out using the traditional review method shown that by adopting a TIC framework, psychiatric nurses can better understand the complexities of their patients' experiences and tailor interventions that promote recovery rather than re-traumatization. Psychiatric nurses are health professionals who work directly with traumatized individuals and meet their emotional and psychological needs. Therefore, psychiatric nurses' adoption and implementation of trauma informed care principles are of vital importance in improving the quality and effectiveness of patient care. As a result, effective implementation of trauma informed care will reduce the risk of re-traumatization of traumatized individuals, support their recovery processes and increase their overall quality of life.

Keywords: Trauma, trauma informed care, nursing practices, psychiatric nursing

INTRODUCTION

Trauma is defined in DSM-5 TR as "A person has experienced, witnessed, or been confronted with an event of actual death or threat of death, serious injury, or a threat to the physical integrity of oneself or others". Here, the person's reactions include extreme fear, helplessness or terror (APA, 2022). Trauma can occur at any time in a person's life. Early traumatic life experiences can alter an individual's psychological and physiological development, contributing to increased risky behaviour as well as negative emotional, social, economic and health consequences. These traumas are acute or long-lasting in nature and can destabilize or damage a person's sense of safety, self, and self-efficacy, as well as impair a person's ability to control emotions and navigate interpersonal relationships(Yehudis Stokes et al., 2017). Providers may not be able to identify or predict which stimuli or environmental factors contribute to trauma symptom responses (Reeves, 2015).

Psychological consequences may develop long after the physical wounds of the traumatic experience have healed. While the majority of traumatic adults experience full recovery, a significant group continues to experience negative psychological sequelae, including post-traumatic stress disorder (PTSD) and depression. Found that more than 20% of traumatic injury survivors in the United States developed symptoms consistent with a diagnosis of PTSD 12 months after acute care inpatient hospitalization (Zatzick et al., 2008). Several risk factors appear to increase the risk of persistent PTSD after an index event such as a traumatic injury, including prior exposure to traumatic experiences, general life stress, more severe acute traumatic stress symptoms, maladaptive coping responses, and poorer social support. Emotional and psychological responses to physical injury, including PTSD symptoms, are predominant contributors to poor functional recovery and poorer health-related quality of life. The impact of PTSD symptoms on health and functional outcomes underscores the importance of understanding and addressing factors that contribute to these symptoms as part of the comprehensive medical and nursing care of the traumatic adult.

Trauma-informed care (TIC) is increasingly recognized as a critical approach in various settings, including healthcare, education, and social services. This approach is grounded in the understanding that trauma is pervasive and can significantly impact individuals' psychological, emotional,

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and physical well-being. One of the key aspects of TIC is its emphasis on understanding the impact of trauma on individuals. Research indicates that trauma can lead to a range of psychological and physical health issues, including anxiety, depression, and chronic health conditions (Kokokyi et al., 2021; Reeves, 2015). TIC aims to address these issues by fostering an environment that is safe, supportive, and empowering for trauma survivors. This involves recognizing the signs and symptoms of trauma and responding in ways that avoid re-traumatization (Choi et al., 2024; Kokokyi et al., 2021). For instance, embedding trauma screening in healthcare settings can help providers identify patients who may benefit from trauma-informed interventions, thereby enhancing the overall quality of care (Bills et al., 2023; Choi et al., 2024).Therefore, trauma-informed care provides a framework for healthcare providers and institutions to help prevent persistent traumatic stress responses in traumatized patients (Bruce et al., 2018). In the light of the literature, the aim of this review is to provide comprehensive information about trauma-informed care and psychiatric nursing. It believes that the results obtained from the study will fill the gap in the national literature regarding trauma-informed care.

METHODS

In this study, which was carried out using the traditional review method, scientific texts and guidelines regarding trauma-informed care and its use in psychiatric nursing were examined. PubMed, Cochrane Library, Google Scholar and ULAKBİM electronic databases were searched using the keywords “trauma-informed care” “psychiatric nursing”. The titles and abstracts of all relevant articles accessed through electronic scanning were reviewed by the researchers. Experimental studies, meta-analysis studies, systematic reviews, and the full text of experimental studies that were deemed appropriate for the subject were read. In addition, an attempt was made to create a comprehensive integrity on the subject by examining the guides written in English and Turkish languages and the websites leading to the subject.

TRAUMA-INFORMED CARE

Trauma-informed care is an approach to service delivery that focuses on understanding and responding to the impact of trauma. It promotes positive outcomes by emphasizing physical, psychological and emotional safety and enhances well-being by allowing individuals to define their needs and goals and make choices about their care and services. Trauma-informed care is a universal framework that can be applied to create a culture that recognizes and anticipates that many of the people we serve or interact with have a history of trauma and that the environment and interpersonal interactions within an organization can exacerbate physical and spiritual trauma. Trauma-informed care requires that all staff be trained to be trauma-aware and avoid processes and practices that can re-traumatize survivors (Substance Abuse and Mental Health Services Administration, 2014).

Specialized services, known as trauma-specific services, are available to care for people affected by trauma. However, individuals who have experienced trauma are often provided care through public health systems. Without specific information about the trauma and its relationship to the presenting concern, trauma is rarely assessed or addressed. A perspective based on universal trauma precautions forms the basis of trauma-informed care. The TIC philosophy is based on the premise that each person does the best they can to cope within the context of their experiences and development. TIC is designed to recognize and support the specific needs of people who have experienced trauma and is delivered in a way that is sensitive to the effects of trauma on the person, protecting the life and development of the individual while reducing the risk of re-traumatization (Yehudis Stokes et al., 2017). While a large patient population may suffer from the symptoms and sequelae of trauma, individuals affected by trauma may benefit from trauma-informed care that uses an understanding of trauma to meet their unique health care needs (Rosenberg, 2011). While TIC is not a one-size-fits-all approach to service delivery, it includes a set of principles and approaches that can shape the ways people interact within an organization, with patients, clients and other stakeholders, and with the environment (Substance Abuse and Mental Health Services Administration, 2014).

Trauma-Informed Care Model (Substance Abuse and Mental Health Services Administration-SAMSHA)

The Substance Abuse and Mental Health Services Administration (SAMSHA, 2014) has identified four assumptions, six core principles, and ten areas of practice regarding trauma-informed care. SAMHSA (2014)’s four assumptions about trauma-informed care included recognizing the widespread impact of trauma, seeking potential pathways to recovery, recognizing the signs and symptoms of trauma, and integrating information about trauma into policies, procedures, and practices and avoiding re-traumatization (Aslan, 2022).

Recognizing the widespread impact of trauma: Being aware of the effects of trauma on the mind and body, being aware of the biopsychosocial problems caused by trauma, and having information about the prevalence of trauma in society are basic requirements. As required by the criteria for trauma-informed care, emphasis is placed on helping clients with a history of trauma understand how their past affects the present and enabling them to manage their current lives more effectively (Brennan et al., 2024).

Understanding potential recovery paths: Describes the emphasis placed on guiding the client to utilize trauma-focused practices when necessary through knowledge of evidence-based practices used for trauma recovery (Muskett, 2014).

Recognizing the signs and symptoms of trauma: It involves diagnosing the symptoms of PTSD by being aware of the symptom’s individuals display due to trauma. During the interview with the client, it is necessary to evaluate whether these symptoms exist, for how long they have existed, and what conditions they occur. Mental health professionals need to understand the impact of trauma symptoms on the life of the individual and their environment and be aware that environmental conditions can trigger trauma symptoms (Khadivi et al., 2004).

Integrating trauma information into policies, procedures and practices and not re-traumatizing: It involves regulating institutional procedures according to the possibility of individuals having a history of trauma and preventing individuals from being re-traumatized. In this context, safe

areas should be allocated to victims of violence and this should be disseminated (Substance Abuse and Mental Health Services Administration, 2014).

SAMHSA (2014)'s six principles on trauma-informed care; included security, reliability and transparency, peer support, collaboration and reciprocity, empowerment, voice and choice, and cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration, 2014).

Security: It means that the personnel and service recipients within the institution feel physically and psychologically safe, the physical environment is safe, and interpersonal relationships provide a sense of security (Johnson, 2010).

Reliability and transparency: It refers to the transparent execution of institutional practices and decisions in order to build and maintain trust between mental health professionals, staff and service users within the institution (Muskett, 2014).

Peer support: Peer support and self-help groups are key tools for sharing stories and experiences to cultivate hope, build trust, improve collaboration, and promote healing. Peer refers to other people who have experienced trauma or family members who provide care to children with a trauma history during the healing process (Aslan, 2022; Muskett, 2014).

Cooperation and reciprocity: This principle states that improvement will occur within relationships and with the cooperation of all personnel within the institution (Aslan, 2022).

Empowerment, voice and selection: It refers to the adoption of an empowerment approach towards clients within the institution. Clients and staff are encouraged to become trauma-centred and empowered. Since the client who has been exposed to a traumatic experience has not been able to speak out in the past, he is encouraged to speak out in the current relationship, participate in decisions, make choices and set goals. In this context, the staff providing service facilitates this situation for the client (Substance Abuse and Mental Health Services Administration, 2014).

Cultural, historical and gender issues: It means taking necessary practices without any social or class discrimination, being sensitive to the cultural values of individuals and having knowledge about the possible historical roots of trauma (Muskett, 2014; Paterson et al., 2013).

SAMHSA (2014) developed 10 practice areas related to trauma-informed care.

Governance and leadership: It refers to institutional management's support and investment in the implementation and maintenance of trauma-informed care. The implementation of this approach within the organization is managed and supervised from a certain point (Reeves, 2015).

Policy: Institutions have written policies and protocols on which trauma-informed care is based.

Physical environment: The organization's physical environment fosters a sense of security and collaboration.

Commitment and participation: In recovery, trauma recipients and family members are involved at all levels in all areas of institutional operation (e.g., program design, implementation, service delivery, quality assurance, cultural competency, access to trauma-informed peer support, workforce development and evaluation) (Harris & Fallot, 2001).

Intersectoral collaboration: Cross-sector collaboration is founded on a shared understanding of trauma and the principles of trauma-informed care.

Screening, evaluation, treatment services: Practitioners are trained in and use evidence-based and scientific interventions. Trauma screening and evaluation are performed in the institution. If there are trauma-focused services within the institution, trauma-informed care practices are implemented; if not, the person receiving the service is referred to receive trauma-informed care (Rosenberg, 2011).

Education and workforce development: Continuing education on trauma and peer support is essential. The organization's human resources system incorporates trauma-informed care principles in hiring, supervision, and personnel evaluation; Procedures need to be established to support staff experiencing significant secondary traumatic stress or vicarious trauma from exposure to and working with individuals with a trauma history and/or complex trauma (Berring et al., 2024).

Progress monitoring and quality assurance: Continuous evaluation and monitoring of trauma-informed care principles and effective use of evidence-based trauma-specific screening, assessment, and treatment are required (Xia et al., 2024).

Financing, financing structures, staff training on trauma: Designed to support the development of appropriate and safe facilities, the establishment of peer support, the provision of evidence-based trauma screening, assessment, treatment and recovery supports, and the development of trauma-informed interagency collaborations (Substance Abuse and Mental Health Services Administration, 2014).

Evaluation: Measurement and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-focused research tools (Aslan, 2022).

TIC is a widely accepted framework characterized by mindfulness of traumatic experiences and their impact, creating safe environments, prioritizing the voice of clients to guide treatment, and flexibility. As TIC interventions expand within human service organizations, the need for frontline healthcare workers to acquire the skills, knowledge, and support necessary to meaningfully transform organizations into "trauma-informed" organizations has increased. Although the basic principles of TIC are clear, uncertainty remains about how to operationalize these principles in daily practice, resulting in an increased need for routinization, implementation and operationalization of TIC approaches (Mendez et al., 2023).

The implementation of trauma-informed care (TIC) in psychiatric nursing is crucial for addressing the complex needs of individuals who have experienced trauma. TIC is a framework that recognizes the prevalence and impact of trauma on mental health, emphasizing the importance of creating a safe and supportive environment for patients. This approach is particularly relevant in psychiatric settings, where patients often present with histories of trauma that can significantly influence their mental health and treatment outcomes. One of the primary benefits of TIC in psychiatric nursing is its potential to reduce the risk of re-traumatization. Moreover, TIC promotes a collaborative

approach to care that empowers patients. By involving patients in their treatment planning and decision-making processes, nurses can enhance patients' sense of control and agency, which is vital for recovery (O'Dwyer et al., 2021). This empowerment is supported by the principles of TIC, which advocate for transparency and mutual respect in the nurse-patient relationship (O'Dwyer et al., 2021). Studies have shown that when patients feel heard and valued, their engagement in treatment improves, leading to better outcomes (Wholeben et al., 2023).

THE USE OF TRAUMA-INFORMED CARE IN PSYCHIATRIC NURSING

Trauma-informed care (TIC) has emerged as a critical framework in psychiatric nursing, particularly within acute inpatient settings. This approach recognizes the widespread prevalence of trauma among individuals seeking mental health services and emphasizes the need for care that is sensitive to the effects of trauma. TIC is built on principles such as safety, trustworthiness, choice, collaboration, and empowerment, which are essential for fostering a therapeutic environment conducive to recovery (Isobel et al., 2021; Sweeney et al., 2018).

Trauma Informed Care and Restrictive Practices

Trauma-informed care focuses on doing no harm-that is, reducing potentially traumatic aspects of treatment-and providing care to avoid retraumatizing patients. Re-traumatization occurs secondary to a not uncommon range of coercive practices and experiences, including forced treatment adherence, isolation, restraint, verbal and physical aggression, and involuntary hospitalization (Wilson et al., 2017). It is necessary to ensure that psychiatric services are sensitive to the impact of trauma on service recipients (Palfrey et al., 2019). The restrictive nature of psychiatric services negatively impacts patients' mental health by potentially exacerbating their symptoms and can even traumatize those who have not previously been exposed to psychological trauma. This has led to increased scrutiny of trauma-informed care in the delivery of psychiatric services. Similarly, the basic principles of person-centred care, such as respecting people's values, putting the individual at the centre of care, ensuring patient safety, and including patients' preferences and needs in care planning, are also evident in TIC (Wilson et al., 2017). In studies examining the effect of TIC on restraint practices, it has been revealed that TIC reduces restraint practices and positively affects patient experiences. In a study in which a 58-month retrospective and comparative analysis was conducted to evaluate the effectiveness of certain interventions based on TIC designed to eliminate isolation and restraint in two separate psychiatric centres in the USA, it was reported that reductions in isolation and restraint were observed in both centres. It was observed that in one of the centres there was a significant reduction in personnel injuries resulting from the isolation and detection of patients, while the other centre remained stable. No increase in the use of chemical restraint was reported following implementation of the intervention. Factors thought to have contributed to the success of the initiative included: smaller size of the centre, visible leadership, regular feedback to staff, specific staff training based on TIC for alternative strategies to replace more challenging practices (Ashcraft & Anthony, 2008). Similarly, to determine the effectiveness of six basic strategies based on trauma-informed care in a child and adolescent psychiatry ward in the USA, hospital staff were given six basic skills training based on trauma-informed care. In this study, in which all isolation and restraint cases of 458 young people who were admitted to the service during the 12 months before and after the implementation of the program were retrospectively examined, it was reported that a decreasing trend was detected in the cases of isolation and restraint among young people hospitalized after the implementation of the training program. Six core skills for staff training include the use of primary prevention principles, including awareness of the patient's trauma history, use of safety plans and comfort rooms, distraction activities, and de-escalation techniques. It has been reported that investment in staff training yields positive results relatively quickly and is sustained over a long period of time (Azeem et al., 2011). In another study evaluating the effectiveness of TIC-based training given to obtain an unrestricted working environment in a hospital in the USA, a retrospective review of patient data regarding the application of both restraint and sedative-hypnotic drugs before, after and during the 3-year follow-up period was conducted. restrictions reportedly decreased from nineteen in 2001/2002 (pre-training) to nine in 2004/2005 to zero in the 2007/2008 follow-up period (post-training), and the use of sedative-hypnotic medications also showed a decrease in the same three control periods for all patients. It has also been reported that implementation of trauma-informed care principles by front-line staff enables a constraint-free environment and reduces the need for sedative-hypnotic medications to control behaviour (Barton et al., 2009). Staff training among trauma-informed care interventions implemented in a randomized controlled study conducted to determine the effectiveness of various trauma-related practices on seclusion and restraint rates at a psychiatric hospital in South Carolina, USA, over a 3.5-year period. policy and language change, environmental changes, and client participation in treatment planning. When the study was completed, it was reported that isolation and restrictions decreased by 82.3%. Unlike other interventions, changes to the physical environment have been reported to result in reductions in seclusion and detection rates regardless of time. Changes to the physical environment were rated as the most important intervention implemented by staff, and it was reported that replacing the cold and dreary environment with a more inviting and calmer environment had a positive impact on the mood of staff and clients. Patients stated that the most important intervention for them was to be included in the collaborative decision-making process regarding treatment (Borckardt et al., 2011).

Trauma Informed Care and Communication

Psychiatric and mental health nurses' interpersonal communication with patients is a powerful tool for providing care that is sensitive to the effects of trauma on patients. To integrate trauma and TIC knowledge into daily interpersonal practices, mental health nurses need to increase their awareness and knowledge of trauma and its effects on mental health and illness and increase their capacity to reflect on their interpersonal approaches and therapeutic presence within their interactions (Isobel & Delgado, 2018). Trauma survivors reported that caregivers with whom they felt knew and understood them as people and with whom they had an

ongoing relationship were the most helpful in making positive health care decisions (Roberts et al., 1999). In the literature it has stated that caregivers also need to have a strong knowledge of trauma symptoms to help patients manage distress during healthcare (Cadman et al., 2012; McGregor et al., 2010; Seng & Hassinger, 1998). Understanding trauma symptoms can enable psychiatric nurses to be prepared for how trauma may occur during healthcare interactions and to respond sensitively to patient distress (Reeves, 2015). As direct care providers working from a holistic perspective, psychiatric and mental health nurses are in a position to play an integral role in advancing TIC in healthcare (Y. Stokes et al., 2017). Integration of TIC training into psychiatric and mental health nursing curriculum and orientation programs can prevent patients from being re-traumatized by nurses providing trauma-related care by taking appropriate interventions (Bruce et al., 2018).

Attitudes Towards Trauma Informed Care

In the light of the literature, it is seen that studies on the use of TIC in the field of mental health and psychiatric nursing focus on the effects of restraint experiences and the attitudes of employees. The literature regarding knowledge of psychiatric and mental health nurses' attitudes towards TIC is limited and new. In a study examining the attitudes of 136 mental health nurses towards TIC in Malta, it was found that the participants showed positive TIC attitudes. However, despite the positive attitudes of the participants towards TIC, it has been revealed that their traumatic experiences is the clients' challenging behaviours are not considered as understandable reasons (Cilia Vincenti et al., 2022). In a qualitative study conducted in Canada to examine whether mental health nurses are a core component of nursing practice, mental health nurses stated that the staff's reaction to the challenging behaviour of clients triggered the subsequent challenging behaviour of other clients. The phenomenon of repeated triggering of more challenging behaviours has been described by the authors as a "continuous cycle of trauma" (Yehudis Stokes et al., 2017). In a study conducted to determine the relationship between PTSD, TIC and compassion fatigue in a psychiatric hospital in the United States, it was found that as the time between trauma information care information meetings and burnout increased, PTSD also increased (Jacobowitz et al., 2015).

Trauma Informed Care and Recovery

In a qualitative study evaluating the recovery experiences of patients with trauma history using TIC-based care at a psychiatric hospital in Norway, participants reported that experiences of collaboration and self-worth were important for recovery, and that positive perceptions and outcomes of care were most evident when staff were perceived as professional and caring (Borge & Fagermoen, 2008). In a qualitative study examining the views and experiences of TIC to enhance recovery in acute psychiatric wards in Northern Ireland, several key features of care, including teaching self-help strategies, were reported to be important for participants' perceptions of care and recovery. Themes obtained from the study; self-confidence, being in a relationship with staff who behave with empathy and respect, a sense of 'refuge' against the pressures of the outside world, active communication and information sharing, and participation in care decisions (Walsh & Boyle, 2009).

CONCLUSION

This review study comprehensively discussed the importance and applicability of trauma-informed care (TIC) in psychiatric nursing. Considering the complex and long-term effects of trauma on individuals, psychiatric nurses' adoption and implementation of TIC principles play a critical role in improving the quality of patient care. Future research and practice should focus on how TIC can be applied more broadly and how its effects can be increased. In this way, traumatized individuals can be ensured to benefit from health services in the best possible way and social well-being can be supported. This review provides valuable information for psychiatric nurses to understand and integrate the principles and practices of trauma-informed care into their daily practice. The adoption of Trauma-informed care in psychiatric nursing is not merely an enhancement of practice but a necessary evolution in response to the realities of trauma in mental health. By embedding TIC principles into everyday nursing practice, mental health professionals can create a more supportive and effective care environment that acknowledges and addresses the profound impact of trauma on individuals' lives. Furthermore, the integration of TIC into psychiatric nursing aligns with broader healthcare trends towards holistic and patient-centered care. As mental health services increasingly recognize the importance of addressing the social determinants of health, TIC provides a framework for understanding and responding to the complex interplay of trauma, mental health, and overall well-being (Wilson et al., 2017). This holistic perspective is essential for developing effective interventions that address not only the symptoms of mental illness but also the underlying trauma that may contribute to these conditions.

ETHICAL DECLARATIONS

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper and that they have approved the final version.

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