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Kristin Oscarson
kristin.oscarson@go.winona.edu

Kayla Kvell
Winona State University, kayla.kvell@gmail.com

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Trauma-Informed Care in the Emergency Department

Kayla Kvell and Kristin Oscarson

Department of Nursing, Winona State University

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Abstract

Introduction: This project aims to analyze the effectiveness of trauma-informed care (TIC) education on attitudes of registered nurses (RNs) and psychiatric associates (PAs) towards TIC. The purpose of this project was to educate ED (emergency department) RNs and PAs on the effects of trauma and increase attitudes towards implementing a TIC approach to care for mental health (MH) patients in the ED.

Method: This project followed a pre–post-survey design with quantitative data. Participants included RNs and PAs newly hired to the ED, and/or if they had no previous TIC education. Data were collected utilizing a 10-question Likert scale survey.

Results: A total of 10 ED staff participated in the TIC education and the pre-and post-survey. This study found a significant increase in attitudes towards a TIC approach after the educational sessions, rising from an average of 5.3 to 5.9 (p-value = 0.017).

Evaluation: The Attitudes Related to Trauma-Informed Care (ARTIC) 10 scale was utilized for pre-and post-assessments to evaluate the effectiveness of the TIC education, measuring the attitudes of RNs and PAs towards TIC; ARTIC-10 includes 10 Likert scale questions that assess the participants' attitudes towards a TIC approach.

Keywords

trauma, trauma-informed care, mental health, emergency department, nurse attitudes

INTRODUCTION

The National Alliance on Mental Illness (NAMI) reports that in 2019, 20.6% of adults struggle with mental health (MH), and one in eight emergency department (ED) visits are associated with MH or substance abuse disorders [11]. Alongside a high rate of MH ED visits, there is a significant link between a history of trauma and mental illnesses.

The effects of trauma are complex and have a wide range of outcomes depending upon age, history, and genetic makeup of the individual experiencing the event and the type and severity of the traumatic event. Trauma affects the whole person, causing changes neurologically, biologically, and behaviorally and can create long-term effects, ranging from mild to debilitating consequences. MH patients seeking care in the ED are often experiencing an acute MH crisis, which may manifest as violent outbursts, refusal of care, flashbacks, paranoia, and distrust of hospital staff. Understanding the wide range of effects of trauma for health care workers is vital to quality assessment and care for patients seeking MH care in the ED. Negative emotions triggered by “difficult” patients can impact the ED staff’s ability to assess, treat, and provide optimal care to those seeking MH treatment in the ED [7, 9, 10, 13, 14, 17].

Trauma-informed care (TIC) is an educational framework that helps organizations avoid re-traumatization of MH patients, reduces the stigma associated with trauma, and improves patient care by helping healthcare providers understand the interplay of psychological, neurological, biological, and social effects that trauma has on an individual’s life [6]. This approach has been adopted and implemented in a variety of MH settings and has been shown to increase staff’s knowledge, perceptions, attitudes, and awareness of trauma and its effects across the lifespan [1, 3, 6, 8, 12, 13]. TIC education has been shown to increase staff confidence in working with MH patients, overall awareness and understanding of trauma, trauma assessment

skills, sensitivity towards MH patients, and a greater willingness to approach an individual about their trauma history and address it [1, 3, 6, 8, 12, 13].

The purpose of this project was to evaluate the attitudes of registered nurses (RN) and psychiatric associates (PA) towards implementing a TIC approach before and after providing a 2-hour TIC education session. The goal was to educate ED staff on the neurological, psychological, and social impacts of trauma to increase knowledge, understanding, and awareness of the long-term effects of trauma. The clinical question we aimed to answer is: Does TIC education improve RN and PA attitudes towards implementing a TIC approach for MH patients seeking care in the ED?

METHODS

Study Design

The study followed a pre–post-survey design with quantitative data. It was conducted in the ED of a large urban hospital that provides care to a diverse patient population with a high rate of mental health-related visits. Two-hour educational sessions were conducted. The facilities institutional review board approved the study.

Participants

Participants were chosen based on role (RN or PA) if they were new to the ED environment, and/or if they had no previous TIC education. The ED nurse manager assigned participants to one of four educational sessions. A total of 10 participants were included in this study, five RN's and five PAs. All participants voluntarily gave informed consent and responded anonymously to the ARTIC 10 scale before and following the TIC education.

Contents of TIC Training Education

The six learning objectives of the TIC training video were: 1) To understand the goal of this training 2) To understand the meaning of traumatic stress 3) To understand the impact of traumatic stress on the brain, on cognition, and on behavior 4) To understand the need for self-care 5) To understand the principles of a trauma-informed approach and trauma-informed care, and 6) To understand what it means to become a trauma-informed organization. See Table 1 for a description of the topics that were covered in each TIC educational session. The contents of the training video were created by a licensed psychologist who was affiliated with the organization in which the current study took place. Permission was granted to authors for use in the training sessions.

Table 1

Contents of TIC Training Video (1 hour and 40 minutes)
<ul style="list-style-type: none"> • Definition of Trauma, TIC, and Stress • Signs, Symptoms, and Triggers of Trauma • Types of Trauma (acute, chronic, complex) • Five core concepts of Brain Development • Impact of Trauma on the Brain • How experiences Shape the Brain • Impacts of Developmental Trauma • Secondary Traumatic Stress and Vicarious Trauma Warning Signs • The Practice of Trauma-Informed Care • Skill Building

Measurement Tool and Data Collection

The ARTIC scale is a psychometrically valid screening tool that measures professional and paraprofessional attitudes toward TIC [16]. The ARTIC-10 was used which included 10 Likert scale questions compared to ARTIC surveys with 35 and 45 questions due to time

restrictions. It is a self-report survey in which participants rate each question on a seven-point Likert scale, each question including a TIC-agreeable and a TIC-unagreeable statement [2]. The ARTIC-10 includes two questions for each of the following five categories: underlying causes of problem behavior and symptoms, responses to problem behavior and symptoms, empathy and control, self-efficacy at work, and reactions to the work [2].

Following the completion of the 2-hour educational session, the participants' responses were coded one through seven, and the responses were averaged and matched before and following the intervention. A paired t-test for matched samples was performed to test whether the mean ARTIC score significantly changed pre-to-post intervention.

RESULTS

A total of 10 participants completed a pre-and post-survey. The results are summarized in Table 2. The average ARTIC-10 score was 5.3 points before and rose to 5.9 points after the intervention. This was a statistically significant increase (p -value = 0.017), showing the intervention to be effective in positively affecting ED RNs' and PA's attitudes towards implementing a TIC approach.

Table 2

Pre-intervention mean	Post-intervention mean	p -value
5.3	5.9	0.017*

* p -value 0.05

DISCUSSION

Patients seeking care in the ED during an MH crisis are reaching out for help to find reprieve. Many of these patients have a background involving trauma, creating a difficulty to mitigate and cope with the effects of trauma on their own. TIC education has been shown to

increase healthcare providers' understanding of trauma and how to care for patients with a history of trauma or that are experiencing an acute MH crisis [1, 4, 5, 6, 8, 12, 13, 15]. TIC education has been shown to improve providers' attitudes towards implementing a TIC approach and felt it was relevant and beneficial to their practice in a variety of settings [4, 6, 8, 10, 12, 13]. The participants of this study validate the importance of TIC education to improve the quality of care by commenting: “the entire care team needs this training” and “the emotional support during a mental health crisis is so important for success.” TIC education also has the potential to increase the confidence of staff to address patients in an MH crisis, as a participant highlighted:

“This training needs to be taught to all staff that interacts with patients. I wish I was taught more about how to interact or things to say to help de-escalate patients. Often, I feel helpless to de-escalate patients.”

Keeping a TIC approach active in staffs' practice with regular education would be beneficial for staff as one participant called attention to by stating:

“This education is extremely important for caregivers which should be revisited every few years because sometimes caregivers need to be reminded that there are consequences to our actions and reactions that have a significant effect on patient experience and behaviors. It's important to try not to personalize and internalize negative behaviors towards oneself and this education is a good reminder of why.”

Also highlighting the importance of continued TIC education, a participant noted:

“While this information was not new, the training brought it back to the front of my brain and I feel confident it will improve my practice. As other training nurses receive, every two years, this information should be given over and over.”

This project demonstrates that participants viewed TIC education as relevant and beneficial to their ED practice, which indicates that even a brief educational session can improve ED providers' willingness to adopt the TIC approach. Organizations should consider mandating TIC education, particularly in the ED setting where providers are often caring for patients amid an MH crisis. To establish a TIC framework throughout an organization, leadership needs to be on board to implement and push forward the integration of TIC within the organizations' culture. The benefits of adopting the TIC framework within the ED and on an organizational level could dramatically improve the quality of care for all patients experiencing an acute MH crisis and those who suffer from chronic MH issues related to trauma.

LIMITATIONS

This project contains several limitations. First, no demographic information was collected from participants, so it is unknown whether age, sex, professional experience, or prior training impacted receptiveness to the TIC approach. Also, the small sample size that was limited to a single ED could impact the generalizability of the findings. Finally, due to the training and the surveys being completed in one day, the effectiveness of the training over a span of time is unknown.

IMPLICATIONS FOR EMERGENCY NURSING

The assimilation of the TIC approach in the ED requires organizational support and involvement across all levels. Senior leaders must be committed to establishing a TIC workforce and culture. This project focused on TIC education for clinical ED staff, specifically RNs and PAs, but all must espouse the change. It can be challenging to transform the chaotic and fast-paced ED environment into a safe environment for patients with trauma history. Therefore, clinical and non-clinical ED staff must be educated on TIC principles. The results of this project

suggest that TIC education can significantly improve RN and PA attitudes towards adopting a TIC approach in the ED.

CONCLUSION

Implementing a TIC approach has shown to be an effective intervention to improve the patient experience by decreasing retraumatizing patients and the frequency of restrictive interventions [1]. In addition, the results of this study and the literature cited, suggest that TIC education, even if brief, can significantly impact ED staff attitudes towards adopting a TIC approach.

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