A system for everyone

The importance of trauma informed palliative care

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NES National Trauma Transformation Programme

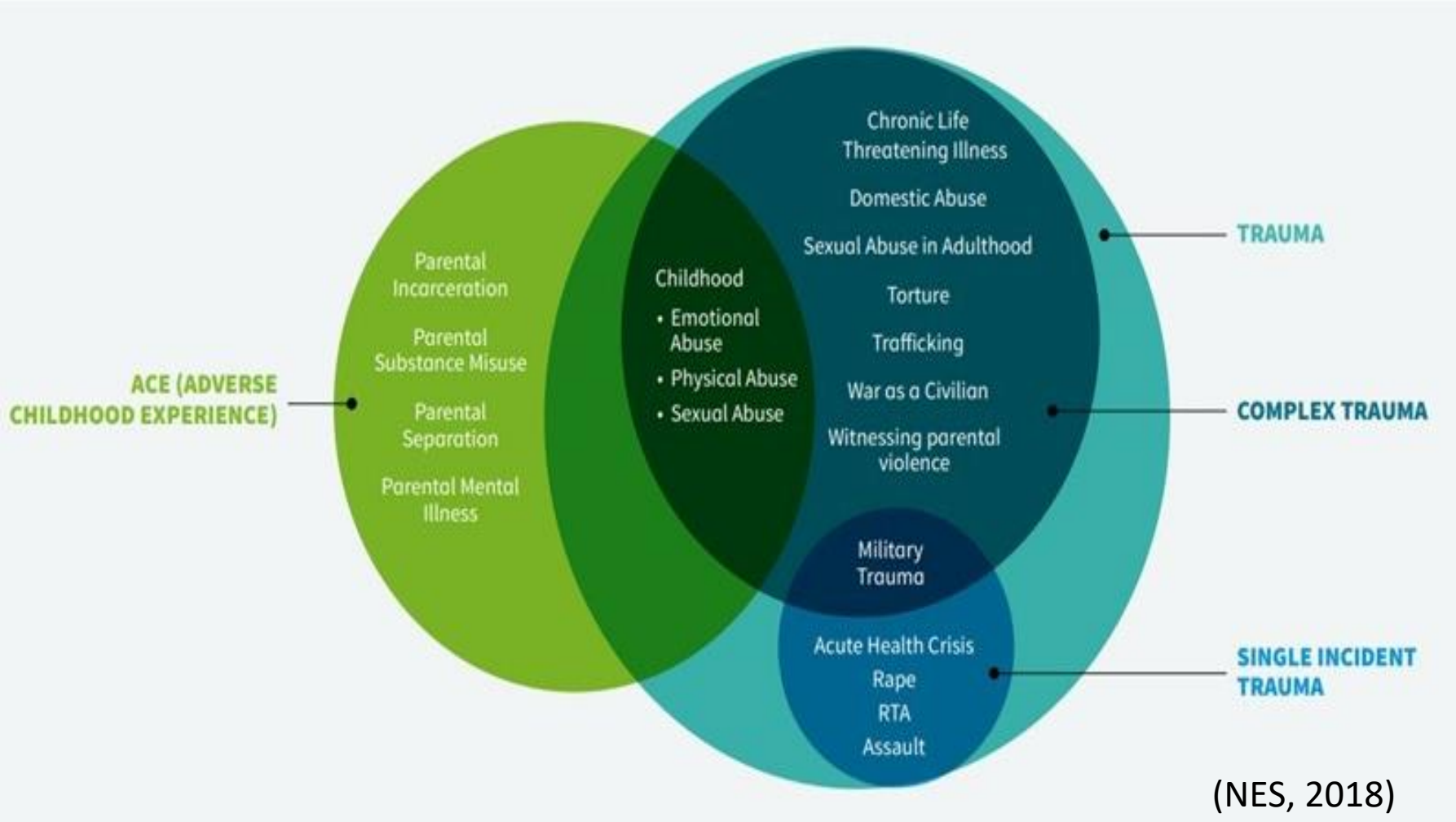
Opening Doors: Trauma Informed Practice for the Workforce - Bing video

‘Realising’ - prevalence

Trauma results from an event or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effect on a person’s functioning and mental, physical, social, emotional or spiritual wellbeing (SAMSHA, 2014)

- How many people accessing our systems have experienced trauma and adversity?
- Does everyone develop trauma symptoms e.g. PTSD?
- Should we screen for trauma symptoms?

Types of trauma – interplay between past and present



(NES, 2018)

When a person shares their trauma

(adapted from NES Roadmap, 2023)

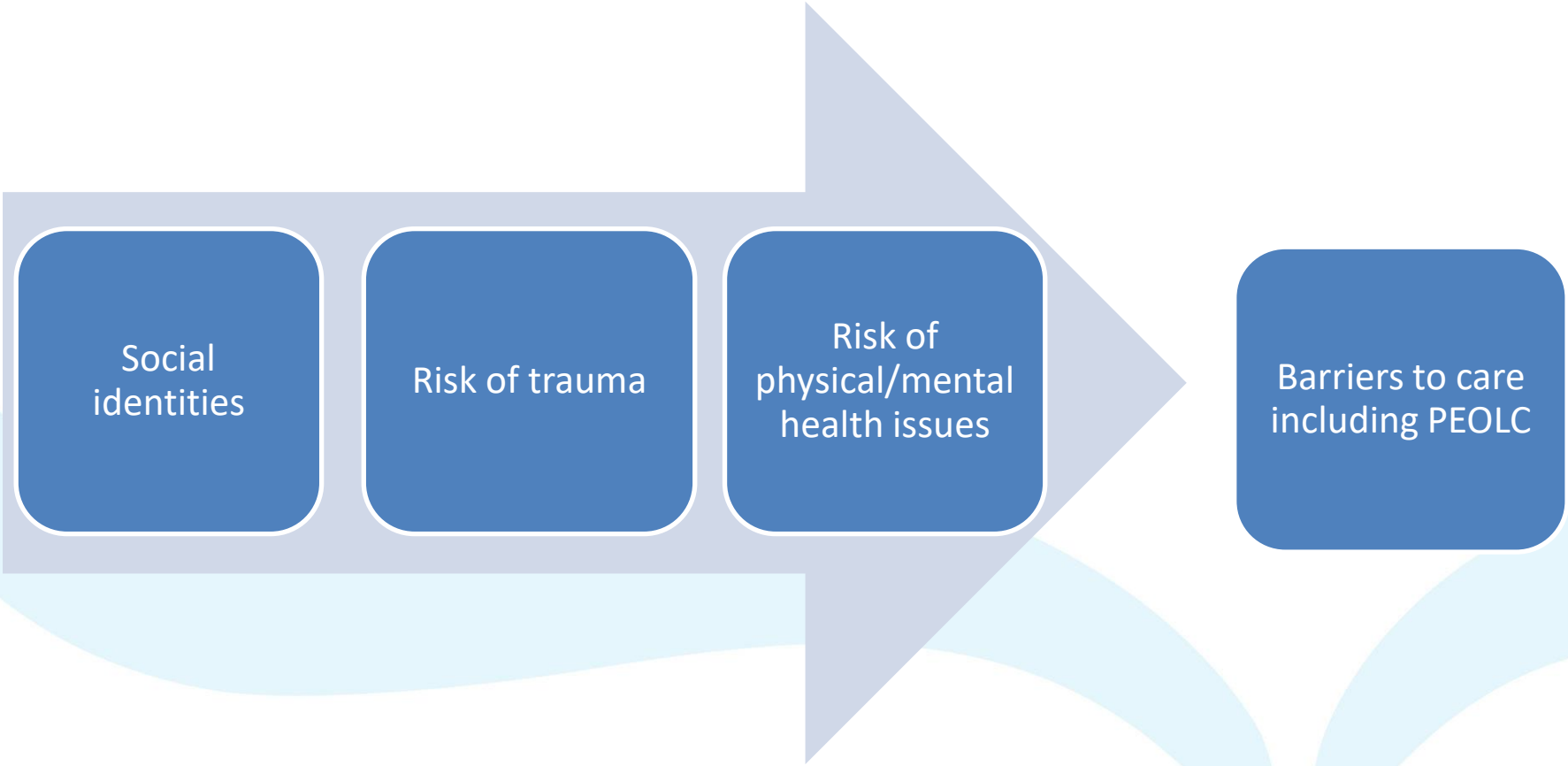
- Reassure them that they are safe to share
- Take it at their pace
- Validate their feelings - don’t try to ‘fix’
- Ask if they have told anyone before and how that went
- Ask whether the trauma is impacting upon them now
- Check their safety
- Give them control over what is shared with whom
- Be aware of sources of support/signposting
- Check in with how they are feeling at end of discussion
- Arrange a time to check in again

Mental health and trauma

PTSD	Complex PTSD
• Re-experiencing • Avoidance • Emotional and Mood changes • Hyperarousal	PTSD Symptoms plus; • Negative self-concept • Interpersonal difficulties • Difficulties regulating emotions

Intersectionality & systems

(Crenshaw, 1989)



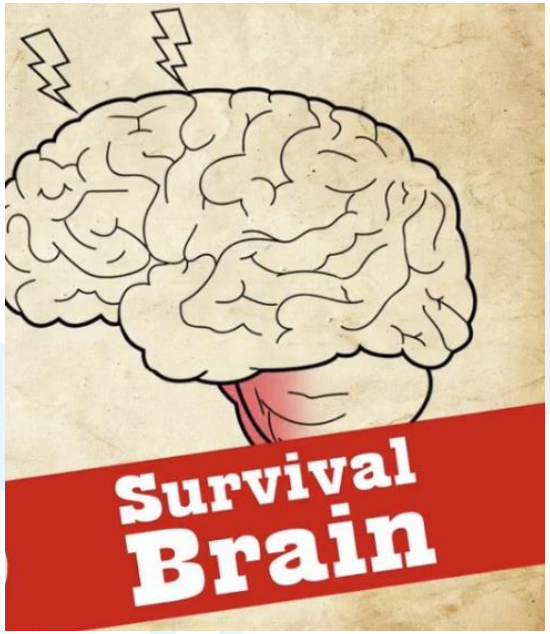
‘Recognising’ – impact

Our brains adapt to help us survive;

- more attuned to danger/threat
- avoiding disappointment
- suppressing negative memories

‘Power, Threat, Meaning Framework’

- *‘What’s **wrong** with you?’*
- *‘What **happened** to you?’*



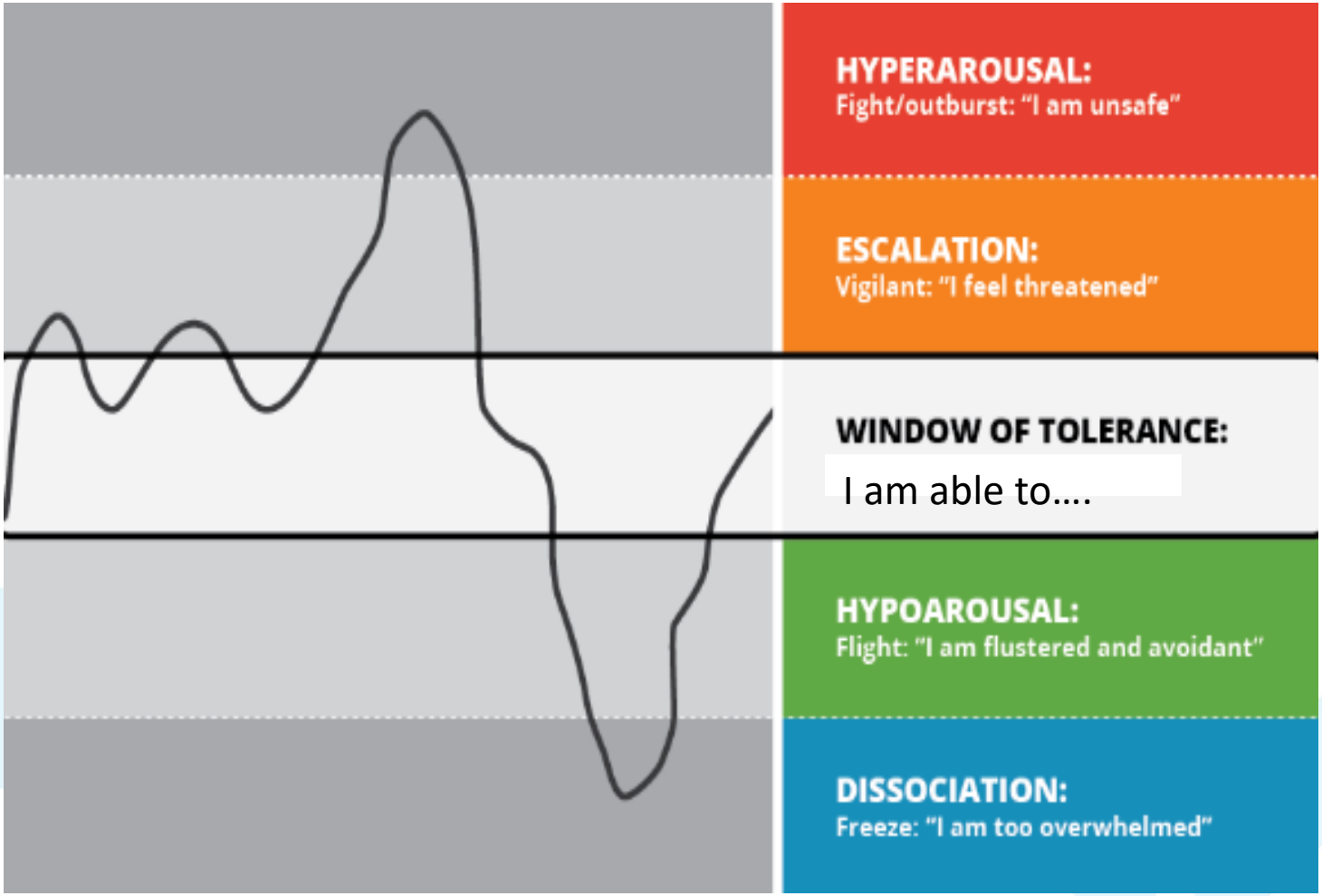
Alert to threat

- Higher alert to ‘threats’
- Hard to focus on other information when threat system activated
- Struggle to regulate emotions
- Social interactions as a threat – rejection

How could this affect their care in our systems?

What can we do to help?

Window of tolerance



https://learn.nes.nhs.scot/Scorm/Launch/24384

Avoiding disappointment

- Poor motivation – struggle with goals, reward based decision-making
- Less pleasure from activities including social contact
- Unhelpful reward seeking – risk taking, substances, eating

How could this affect their care in our systems?

What can we do to help?

Attempts to suppress memory

Difficulties with;

- Memory recall
- Learning from experiences – decision making
- Planning & organisation
- Problem solving

Negative memories/thoughts persist despite this

How could this affect their care in our systems?

What can we do to help?

‘Responding’

- Mental walk through your service
  - Roadmap-for-Trauma-Informed-Change-Appendix-A.pdf
- Physical walk through with service user
- Case study ‘The great escape’ (Quinn et al, 2024)
  - “The great escape”: how an incident of elopement gave rise to trauma informed palliative care for a patient experiencing multiple disadvantage | BMC Palliative Care | Full Text
- Consider ‘Missingness’ (Williamson et al, 2021)
  - 'Missingness' in health care: Associations between hospital utilization and missed appointments in general practice. A retrospective cohort study - PubMed

Relationships before tasks

- Trauma is relational
  - Build rapport before tasks
  - Regular reviews
  - Continuity
  - Do what you say you will
  - Focus on what they are doing well
  - Compassionate boundaries

Behaviour = communication

- Look behind behaviour – trigger? feelings?
- Avoidance – more about distress in present than longer term consequence
- Unhealthy coping – need for flexibility
- What does this behaviour trigger in <u>you</u> – avoid **retraumatisation**

Support skill development

- Memory prompts
- Support problem solving
- When triggered – validate feelings, help them identify the trigger when able
- Support soothing activities
- Build on strengths

Benefits of Trauma Informed Care

- People
- Staff
- Systems/Organisations

Role of psychological interventions

- Phase-based approaches may include
  - Safety & stabilisation
  - Trauma processing (working directly on the trauma)
  - Reconnection & integration

- Evidence based treatments;
  - Trauma-focused Cognitive Behavioural Therapy (TF-CBT)
  - Eye Movement Desensitisation & Reprocessing (EMDR)

But, limited evidence base in palliative populations

Stepwise Psychosocial Palliative Care (Feldman, 2011)

- Stage 1 – palliate immediate discomfort and provide social supports
- Stage 2 – provide psychoeducation on trauma/illness and enhance coping skills
- Stage 3 – psychological interventions for trauma symptoms

Case example – ‘Laura’

Key Principle	Example
Safety	Laura offered option of moving to another room. Behaviour as communication.
Choice & collaboration	Eliciting Laura’s preferences around a procedure and documenting in notes. Relationships before tasks.
Empower	Oncologist wrote patient focused letter. Laura offered notebook and supported to make daily entries. Supporting skill development.
Trust	Healthcare Assistant listening actively and followed Laura’s wishes in terms of disclosure of information.

Looking after ourselves

The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet (Remen, 2012)

Vicarious Trauma Toolkit

The Vicarious Trauma Toolkit | Introduction | Office for Victims of Crime

NES Staff Wellbeing Resources

Workforce Wellbeing; Beyond the pandemic and into the future (office.com)

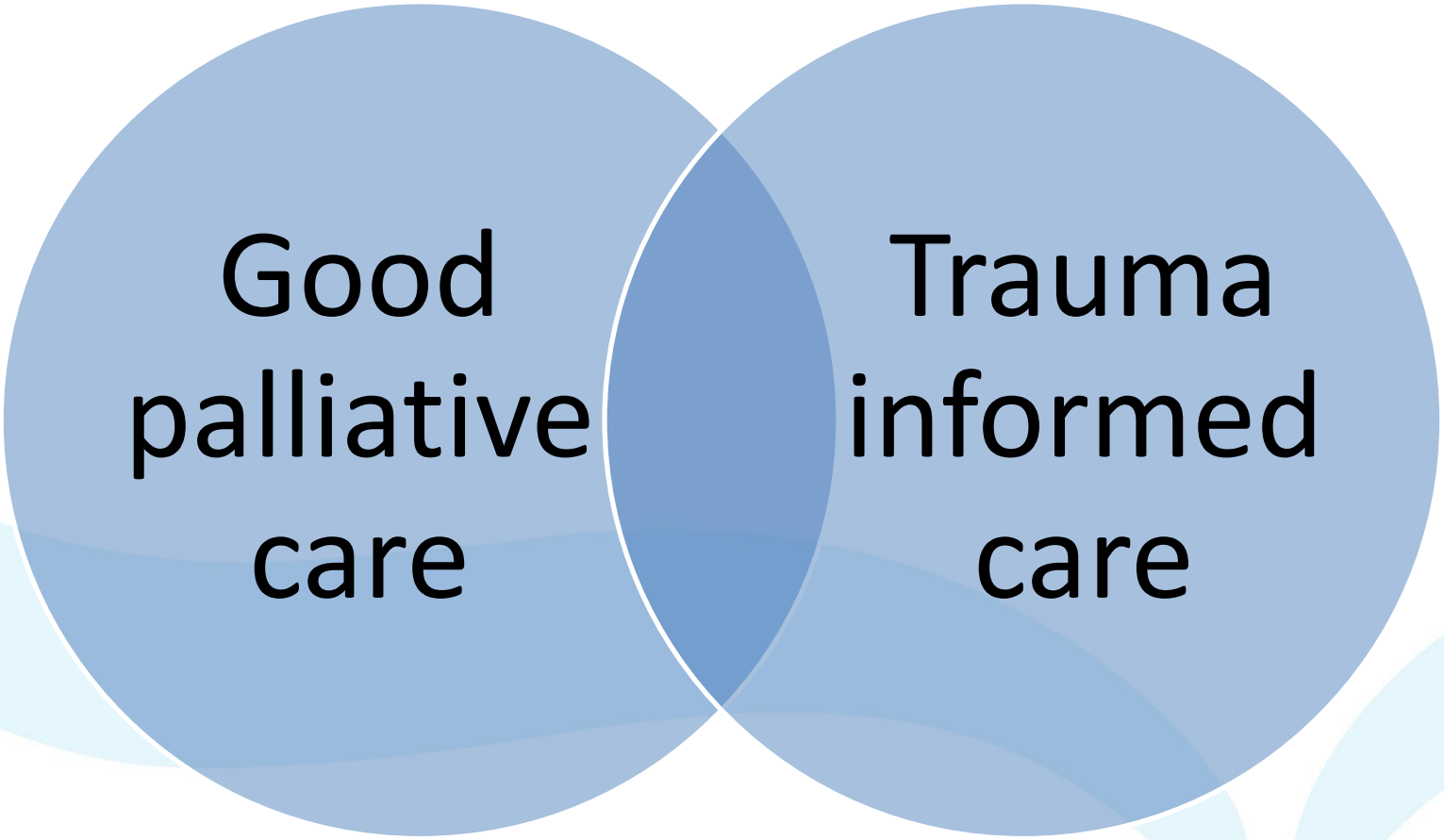
Mind Wellness Action plans

mind-guide-for-employees-wellness-action-plans_final.pdf

Promis National Wellbeing Hub

Home - National Wellbeing Hub for those working in Health and Social Care

A system for everyone



Questions?

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