



MEDICAL TRAUMA



The Hidden Impacts On Patients & Programs

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PALM BEACH COUNTY FIRE RESCUE

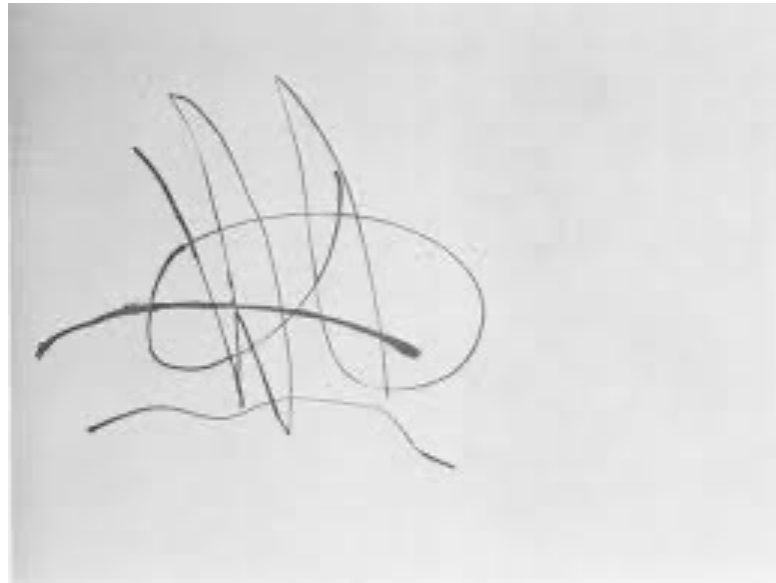
SERVING PALM BEACH COUNTY, FLORIDA

DISCLOSURES

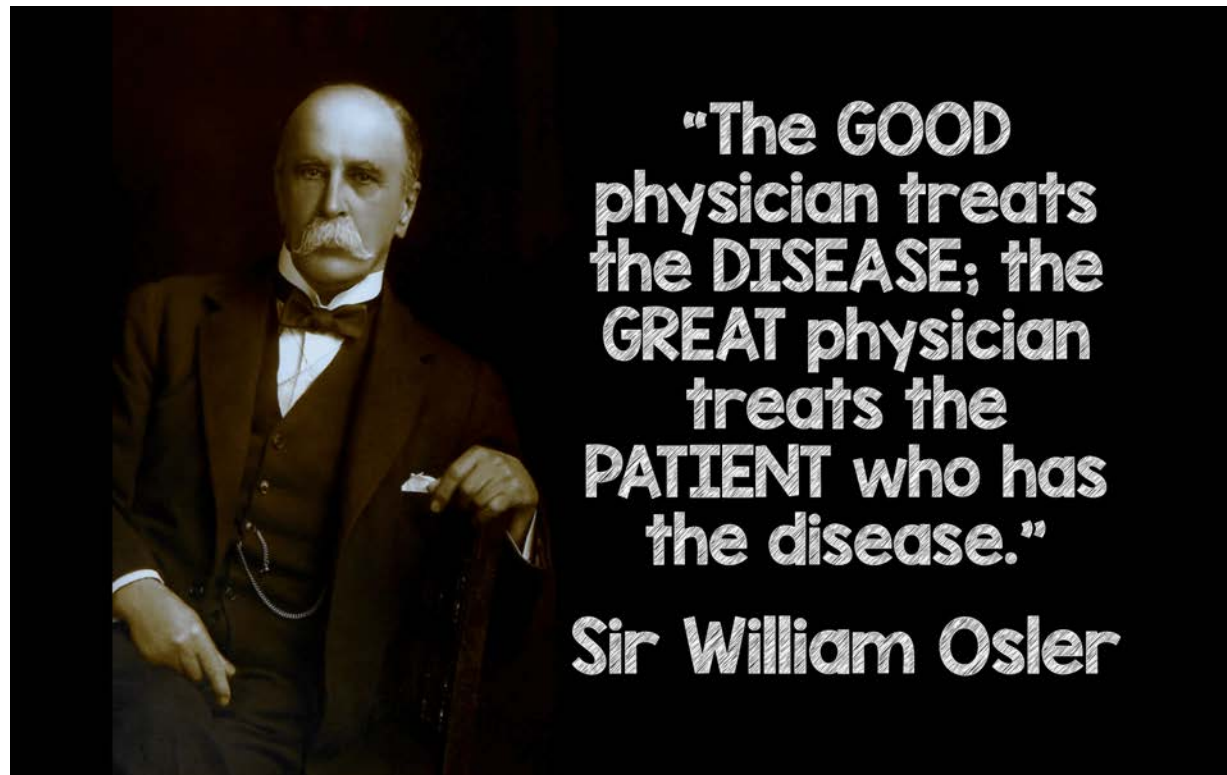
- I have no actual or potential conflict of interest in relation to this presentation.
- I do not drink anything with caffeine in it, and sometimes I regret it.

AND SO ANOTHER CONFERENCE BEGINS...

A wise paramedic once wrote...



OK, A WISE DOCTOR REALLY DID SAY THIS...



DO YOU EVER ENCOUNTER PATIENTS EXPERIENCING THESE SYMPTOMS/ISSUES:

- ✓ Sleep Issues
- ✓ Nightmares
- ✓ Socially isolated
- ✓ Avoids activity they once enjoyed
- ✓ Fear of new medications or a change in dose
- ✓ Substance/alcohol dependence
- ✓ Does not want to talk about medical history or shares excessively
- ✓ Hygiene issues
- ✓ Issues with IADL's
- ✓ Difficulty concentrating or processing information/instructions
- ✓ Easily startled
- ✓ Suicidal or severely death phobic

Paranoid

"Non-Compliant"

Depressed

Refuses Transport

Anxious

Resistant to seeing MD

Frequently Tearful/Weepy

Hyper vigilant

Panic/Anxiety Attacks

Scanitis

Resistant to help

Highly Sensitive/Reactive

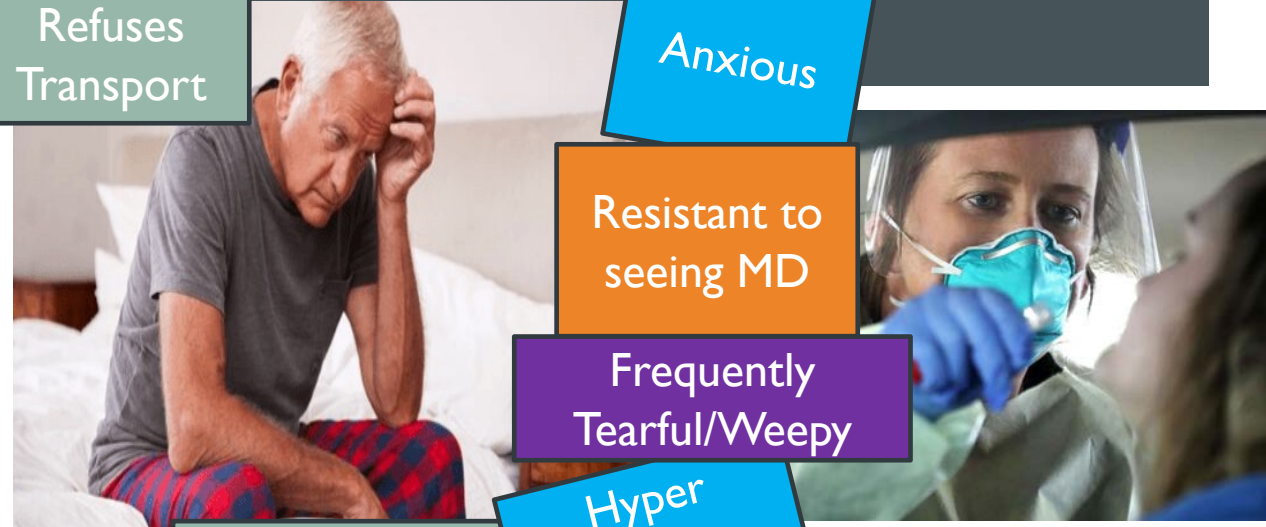
High Frequency User

Emotions Not Congruent With Situation

Risky Behavior

Easily Agitated

Angry/Grumpy



I'M A MEDIC, I KNOW ALL ABOUT TRAUMA...RIGHT?



- The International Society for Traumatic Stress defines Medical trauma as **a set of psychological and physiological responses to pain, injury, serious illness, medical procedures and frightening treatment experiences**. ...This differs from an external trauma (e.g., car accident) where once the event ends, the external threat ends.
- CHRONIC ILLNESS AND CHRONIC DISABILITY DOESN'T END....THE EXPERIENCE OF HEIGHTED FEAR AND ANXIETY GOES ON AND ON....
- ✓ Medical traumas are psychological traumas that result from medical diagnosis and/or medical intervention. Threat of serious injury or threat to life due to illness is now encompassed within the **DSM** definition of psychological trauma. This is **REAL** and the impact on your patients is significant...but not always obvious to those who care for patients. MIH programs and healthcare professionals can change that!

THERE IS SCIENCE TO ALL THIS...NEUROBIOLOGY, ENVIRONMENT, AND STRESS!



- The response to short-term stress is critical for survival. It powers the “fight-or-flight” response that allows animals to respond to danger signs. When we’re caught off guard, or acutely stressed the “fear center” of the brain activates our central stress response system (the hypothalamic-pituitary-adrenal cortical (HPA) axis).
- Our stress response system regulates hormones, including the stress hormone cortisol. By rapidly increasing glucose levels, speeding the heart rate, and increasing blood flow to the muscles in our arms and legs, this stress response allows us to respond to a threat. After the danger has passed, the system **ideally** will return hormone levels to normal.
- When stress becomes chronic, and this is common for anyone with a chronic illness or disability, this system keeps functioning as if there is a threat all the time. The same hormones that are important for the fight-or-flight response can lead to digestive issues, trouble sleeping, headaches, and other symptoms that lead to a weakened immune system, making a person more susceptible to viruses and chronic health problems.
- Because stress changes the way the brain’s neurons communicate with each other, chronic stress can cause our brains, nervous systems, and our behavior to **always reflect a reactive state**.
- That constant reactive state can lead to devastating psychological and physical health conditions for the person experiencing it. **ON TOP of the illness, disease, or disability they already live with...toss in a global pandemic, Monkeypox, terrorism, and threats of World War III!**

THE FINDINGS AFTER YEARS OF RESEARCH...

Fear and anxiety really **SUCK!**

- ✓ They suck away joy
- ✓ They suck away life quality
- ✓ They suck away resiliency
- ✓ They suck away trust
- ✓ They suck away faith
- ✓ They suck away relationships
- ✓ They suck away feeling accepted and understood
- ✓ They suck away physical, emotional, and mental health
- ✓ They suck away empowerment
- ✓ They suck away openness to care plans
- ✓ They suck away patience, compassion, and full effort from physicians, nurses, and healthcare professionals
- ✓ **They also open a door for MIH teams and healthcare professionals to walk through...**



LET'S GO! RECOGNIZE, GET TRAUMA INFORMED, NORMALIZE, EMPATHIZE, INTEGRATE

- The starting point is recognizing your patient may be experiencing medical trauma.
- Get trauma-informed (more to come!).
 1. Realize the widespread impact of trauma and understand how to help mitigate it.
 2. Recognize the signs and symptoms of trauma in patients (and yourself, more to come!)
 3. Integrate knowledge about trauma into how you and your staff care for patients.
 4. Actively avoid re-traumatization but do not avoid the trauma, go there, acknowledge it in care practices!



GO THERE...



- **Normalize** their feelings. Example: “Having a medical emergency as you did is a very overwhelming experience for our body and our mind. Did you know that some patients may experience fear and anxiety even after they get home from the hospital? Although this is totally normal and understandable, for some patients, it may feel overwhelming and isolating. Have you noticed any emotional changes since you have returned home?”
- **Empathize**. Understand that they have probably been misunderstood and labeled. They may be ashamed or feel they should be “strong”. Let them know you understand you aren’t in their shoes, but you want to help them through their journey. “I recognize only you can know exactly what you are going through and how you feel right now, but just know I am here for you, and if you want to talk about how you have been feeling since you were diagnosed with Cancer, I am here to listen.”
- **Integrate** trauma in to care by focusing on trust building, openness, transparency, being where your patient is, not minimizing feelings or experiences, learning triggers, creating comfort zones with patient, learning relaxation techniques to use during procedures, knowing resources, knowing when to engage mental health professionals, and being a compassionate listener.

ASSESS, EDUCATE, & CARE PLAN



- Assess symptoms of traumatic stress to help determine the right level of care for the patient's needs as part of your intake process.
- Partner with medical social workers and mental health professionals to educate the patient and their caregiver/family (when appropriate) about medical trauma to help empower them to understand how trauma is impacting their life and wellness, as well as to encourage engagement in health management at home.
- Discuss triggers with patients and what their comfort zone is related to navigating trigger topics/experiences with you, and to establish comfortable trauma boundaries that may open them to greater acceptance of your recommended plan of care, as well as medical advice/medical orders.
- Create a care plan with the patient to address any symptoms they would like to reduce the impact of and consider referral to engage (and normalize!) mental health providers for a focus on PTSD assessment/intervention/treatment.

IT'S OK TO SOMETIMES NOT BE OK!

Recognize that a non-desire to explore or address trauma does not mean that the patient can't benefit from your and your team's awareness of medical trauma.

Trauma informed care=BETTER OUTCOMES FOR THE PATIENT AND THE PROGRAM!

- ✓ Recognition & compassion are critical
- ✓ Go slowly, be where the patient is, not where you want them to be
- ✓ Advocate for the patient if they are open to this, it can help reduce stress and fear
- ✓ This is a rare instance where assumption is OK, if you suspect medical trauma but your patient doesn't recognize it, or is not able to explore it openly, carry on with patient care in a trauma informed manner
- ✓ Use health education to empower, many patients fear or stress about what they don't understand (we do too!)
- ✓ When available, consider OP use of telehealth monitoring to reduce anxiety, build trust, and work toward self management
- ✓ Create a plan for anxiety/panic attacks, not only for the patient, but for your MIH team to more effectively navigate this patient care challenge, which can be stressful and time consuming
- ✓ Encourage self care and self acceptance
- ✓ Recommend the **CALM** app for patients (and for staff too!)
- ✓ Work with case managers/social workers to connect to mental health resources if the patient/family are open to it

SUICIDE & DEATH



- As with PTSD, anyone who is a survivor of trauma could be at increased risk of suicide and suicidal ideations/thoughts. Do not be afraid to talk about this very real issue with patients. Not to just assess for risk, but to allow them a safe space to share what is very common in medical trauma, a deep seeded fear of death.
- Normalize feelings, thinking about death does not mean a patient is suicidal. It is part of reality testing and working through death phobia. Patients may also have a life limiting illness, or a terminal diagnosis, and need a safe space to discuss their fears or preferences related to dying.
- Many patients fear discussing these thoughts with medical professionals as they assume they will be involuntarily admitted to a mental health facility. Reassure patients that thinking and talking about death is normal, but also let them know the boundaries you have as a medical professional related to patient safety and when you would need to act.
- If a patient is experiencing death phobia or suicidal ideations without a plan, and the patient is deemed to be safe and open to resources, consider connections to resources such as hospice, home health social work, mental health professionals, and clergy as part of the care plan.
- If a patient is deemed to be at risk of suicide, discuss voluntary admission to a mental health facility before opting to involuntarily admit a patient. Outcomes are always better when a patient feels some sense of control over their care plan.
- SAFE-T (SAMHSA/HHS)
- Increase your own comfort with discussing end of life and death phobia with patients.

“THAT WAS THE WORST WOUND I’VE EVER SEEN. DID YOU SMELL THAT?
THE HOME CARE NURSE VISIT IS GOING TO BE GNARLY. ANYONE WANT
A BURGER FOR LUNCH?”

Constant exposure to patients medically traumatic experiences can be traumatic and stressful for the medics and healthcare professionals who care for them. Even the best of us. You will experience vicarious trauma in your career, and you probably already have.

ON TOP of your own (or loved ones) illness, disease, or disability you/they already live with...toss in being a health provider during a global pandemic, Monkey Pox, inflation, and threats of WWIII.

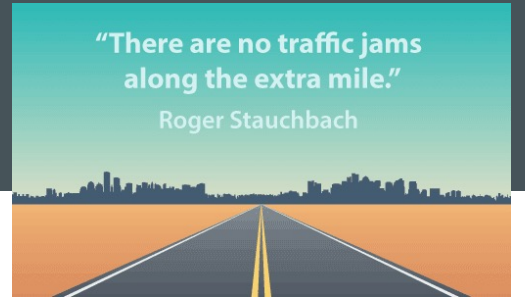


YOUR RX IS TO THINK ABOUT YOU & YOUR TEAM TOO!



- ✓ Reframe the exposure with the awareness that some individuals become motivated after a diagnosis, injury, or disability and it changes or reinforces their outlook on life. Some may experience a new appreciation of relationships, talents, interests, and experiences. Medical issues do not define us, they are only a part of who we are.
- ✓ Be mindful of signs/symptoms of compassion fatigue, patient contact avoidance, burn out, and/or challenges with well being and mental health in yourself and your staff.
- ✓ You're a sponge, wring yourself out! Ensure co-workers feel permitted to do the same and keep their "med cred".
- ✓ If you have your own medical trauma, consider boundaries you need to establish to avoid countertransference.
- ✓ Consider asking leadership to start a peer group to debrief (in a HIPAA compliant way) regarding medical trauma exposures and to also allow for venting/discussion/best practice tips for self care.
- ✓ Ensure you have a solid self care routine. You are not superman/superwoman/superthey/them....you are a really well educated, caring, and worthy...but mostly **HUMAN**. Encourage co-workers to also create and carry out self care.

THE EXTRA MILE...YOU THINK YOU DON'T HAVE THE TIME, BUT WALK IT ANYWAY



Living with medical trauma can be frightening and debilitating, but it can also be empowering once a patient understands what trauma is and how it can impact them.

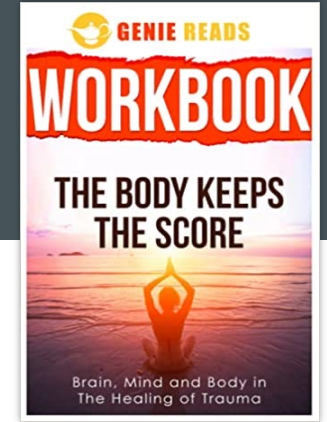
Acknowledging medical trauma can help you and your patients build trust and work towards greater acceptance of care plans, which leads to better outcomes for them and for your program too.

Know that there is a wealth of resources, education, and support available to patients, go the extra mile and take the time to refer patients to medical social workers so they can get connected.

Trauma is real, and it is serious, but EMS and healthcare professionals hold a key to helping patients living with medical trauma realize their power and gain resiliency skills to improve their quality of life (and their health too!)

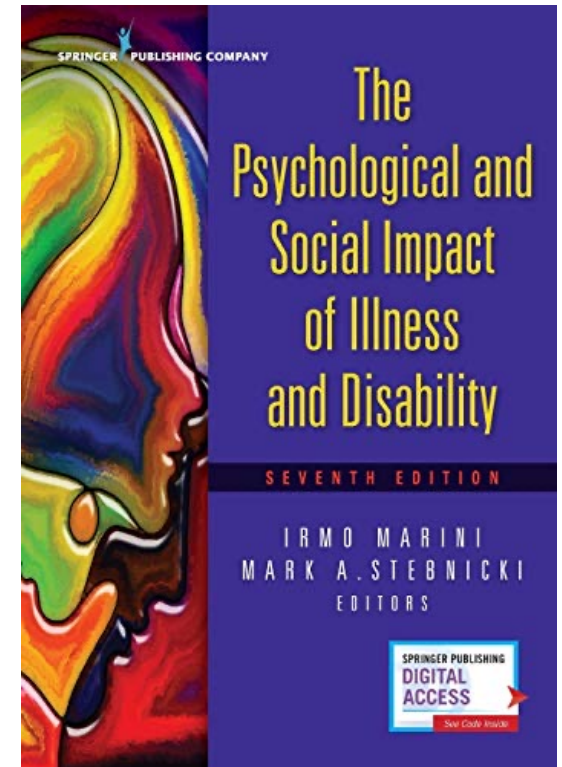
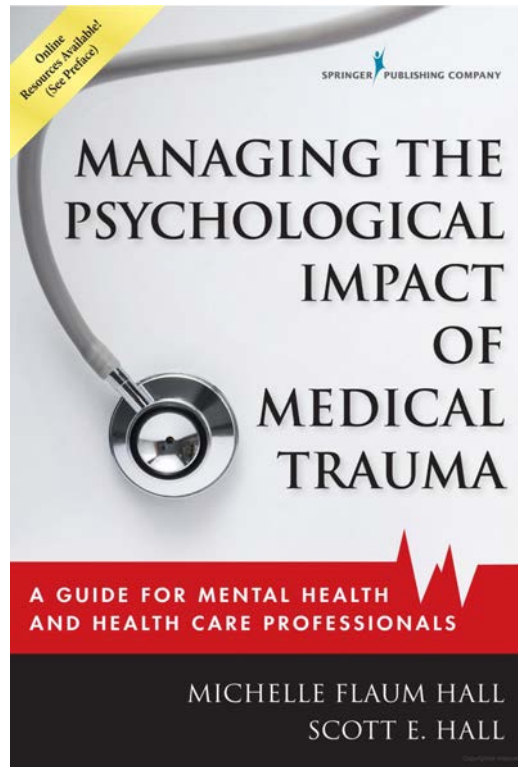
Medical Trauma awareness can also make the patient care experience MUCH healthier for the MIH Team by reducing risk of compassion fatigue, reducing liability for poor outcomes, improving provider mental health, and increasing positive engagement experiences with patients, families, and co-workers.

TRAUMA INFORMED MIH APPROACHES



- Add traumatic medical experience questions to your assessment tool.
- Ask the patient's medical team if they are aware of any medical trauma if you engage with them.
- Consider providing patients with a trauma self care workbook/handout during a home visit.
- Use goal oriented tools to help patients plan for procedures or care plans that may be scary or stressful, and work towards those goals in small steps the patient agrees to...(this is where the next tip comes in handy).
- Integrate medical social work in to your plan of care.
- Do integrate mental health in to care plan when appropriate.
- Use telehealth monitoring and recommend apps, such as **CALM** to reduce anxiety and send the message the patient is not alone.
- Integrate brief and simple relaxation exercises in to patient visits or through guidance cards you hand out.
- Avoid using labels such as “non-compliant” and instead consider empowering labels such as “medical trauma survivor”.
- Integrate or request medical trauma training opportunities.
- Acknowledge the stress of working with patients who are living with trauma, and ensure personnel have outlets for management of compassion fatigue (peer support, de-briefing, EAP, chaplaincy, patient rounds, self care encouragement)

BOOKS TO LEARN MORE...



WE ARE THE HELPERS, WE CREATE PATHS TO WELLNESS, UNDERSTANDING, AND HOPE...FOR PATIENTS & OURSELVES

"Trauma permanently changes us."

This is the big, scary truth about trauma:
there is no such thing as "getting over it."

The five stages of grief model marks
universal stages in learning to accept loss,
but the reality is in fact much bigger: a major
life disruption leaves a new normal in its
wake. There is no "back to the old me." You
are different now, full stop.

This is not a wholly negative thing. Healing
from trauma can also mean finding new
strength and joy. The goal of healing is not a
papering-over of changes in an effort to
preserve or present things as normal. It is to
acknowledge and wear your new life —
warts, wisdom, and all — with courage."

Catherine Woodiwiss

Medical Trauma Awareness+Compassion+Patient Partnership+Extra Mile (for you and the patient too)
=Better Outcomes