

Compassion and Safety: A Trauma-Informed Approach for Patients and Providers

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Invitation

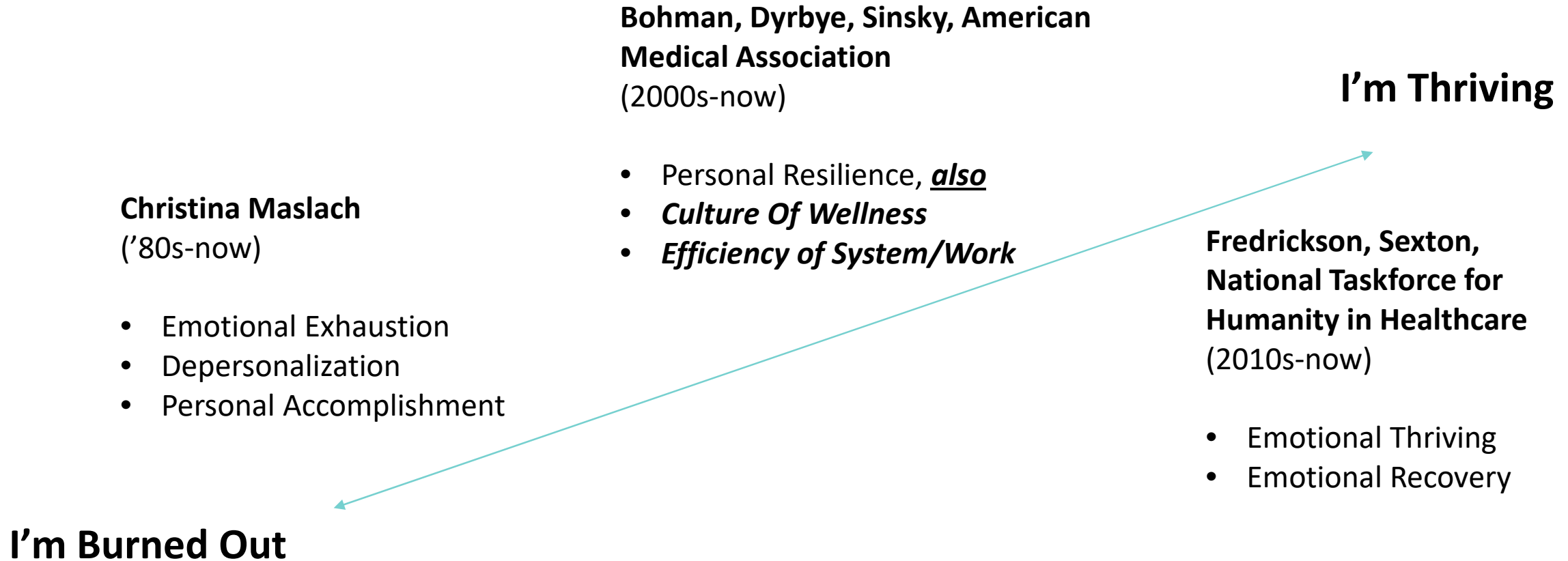
Grounding Ourselves for Conversation Today



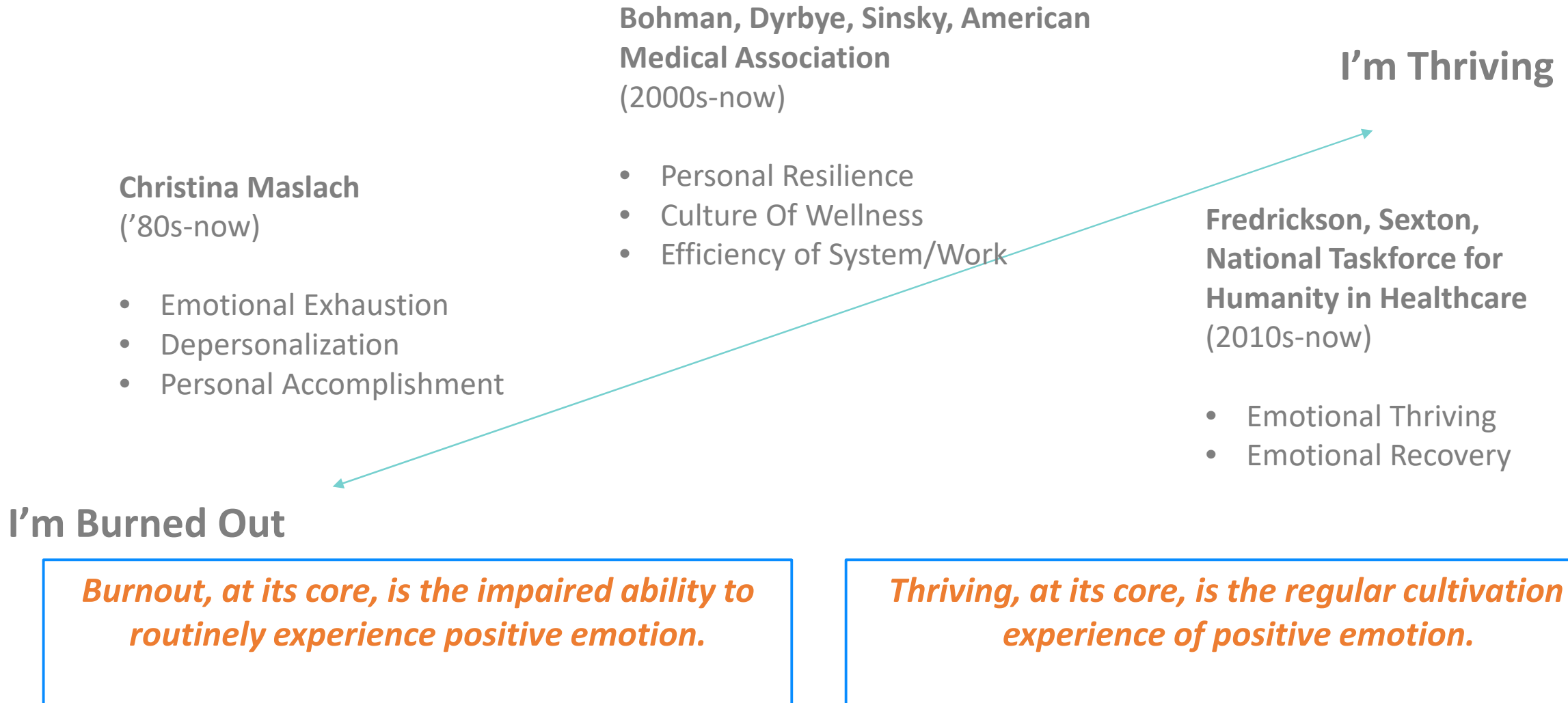
What the Science Says: Safety, Compassion, and Burnout



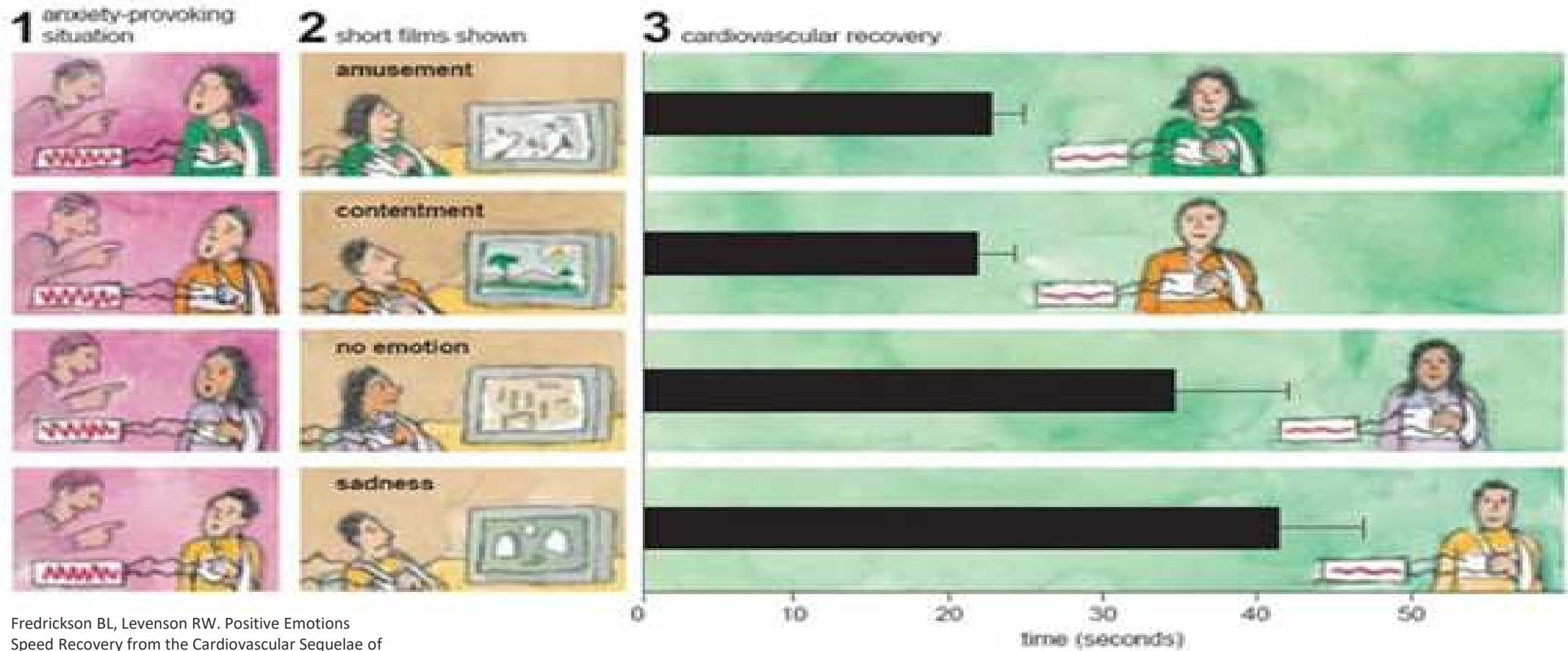
Evolution of Burnout: Theoretical Model



Evolution of Burnout: Theoretical Model

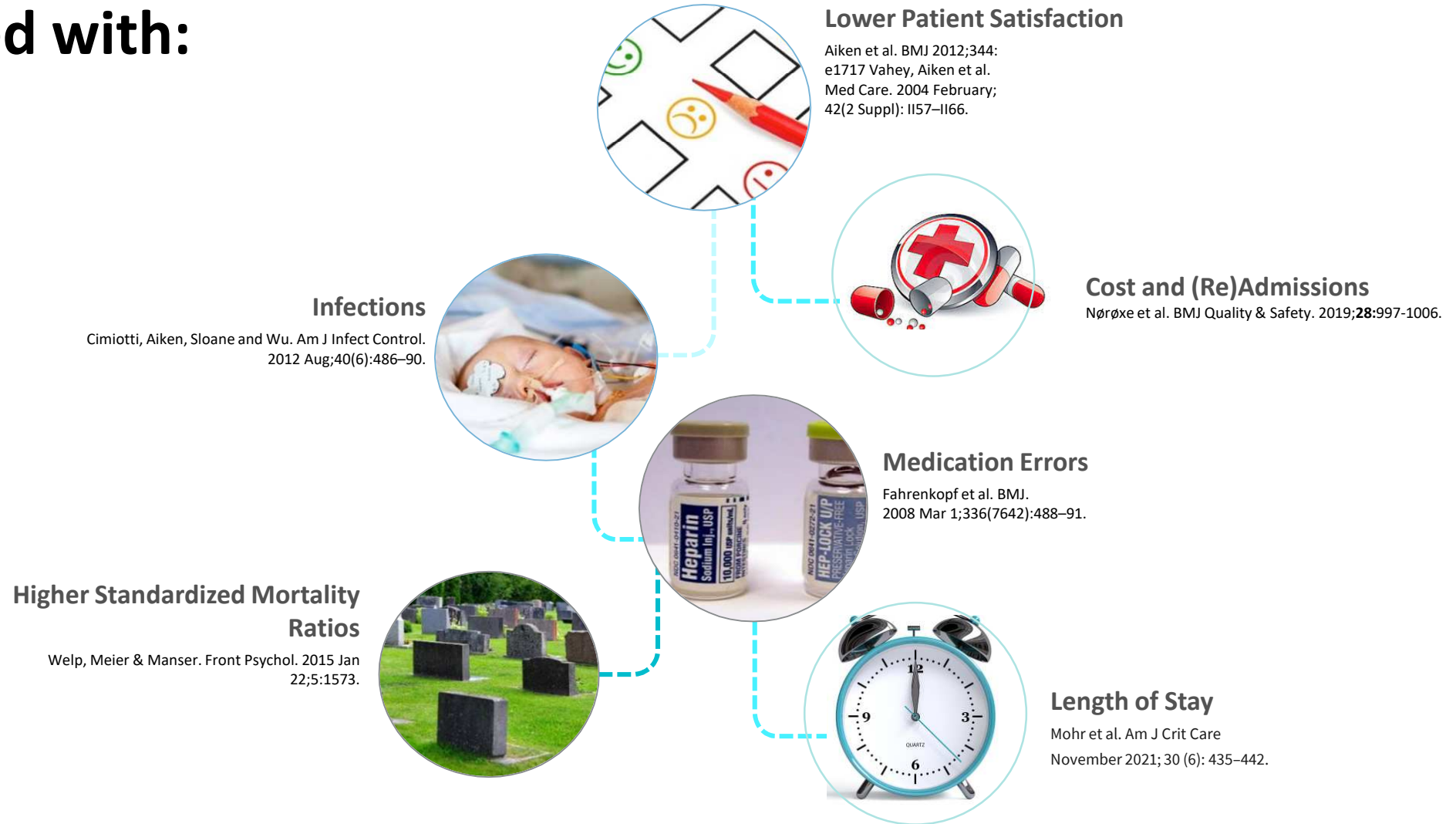


Impact of Emotions on Stress & Recovery



Fredrickson BL, Levenson RW. Positive Emotions Speed Recovery from the Cardiovascular Sequelae of Negative Emotions. *Cogn Emot*. 1998;12(2):191-220. doi:10.1080/026999398379718

Burnout & emotional state associated with:



Burnout and Low Compassion Degrade Quality of Self-care, Interpersonal Interactions, and Workplace Culture:

Diagnostic accuracy and procedural performance decline¹

Surgical complications increase²

Patient satisfaction + commitment to plan of care to decline³

Self-castigation/self-blaming more often than typical when an error occurs – reinforcing negative emotions and burnout⁴

1. Riskin A, et al. "The Impact of Rudeness on Medical Team Performance: A Randomized Trial." Pediatrics, September 2015, VOLUME 136 / ISSUE 3.

2. Cooper W, et al "Association of coworker reports about unprofessional behavior by surgeons with surgical complications in their patients" JAMA Surg 2019.

3. Edmonson C, Zelonka C. "Our Own Worst Enemy." Nursing Administration Quarterly: July/September 2019 - Volume 43 - Issue 3 - p 274–279.

4. Trockel, Mickey et al. "Self-Valuation Challenges in the Culture and Practice of Medicine and Physician Well-being." Mayo Clinic Proceedings, Volume 96, Issue 8, 2123 - 2132

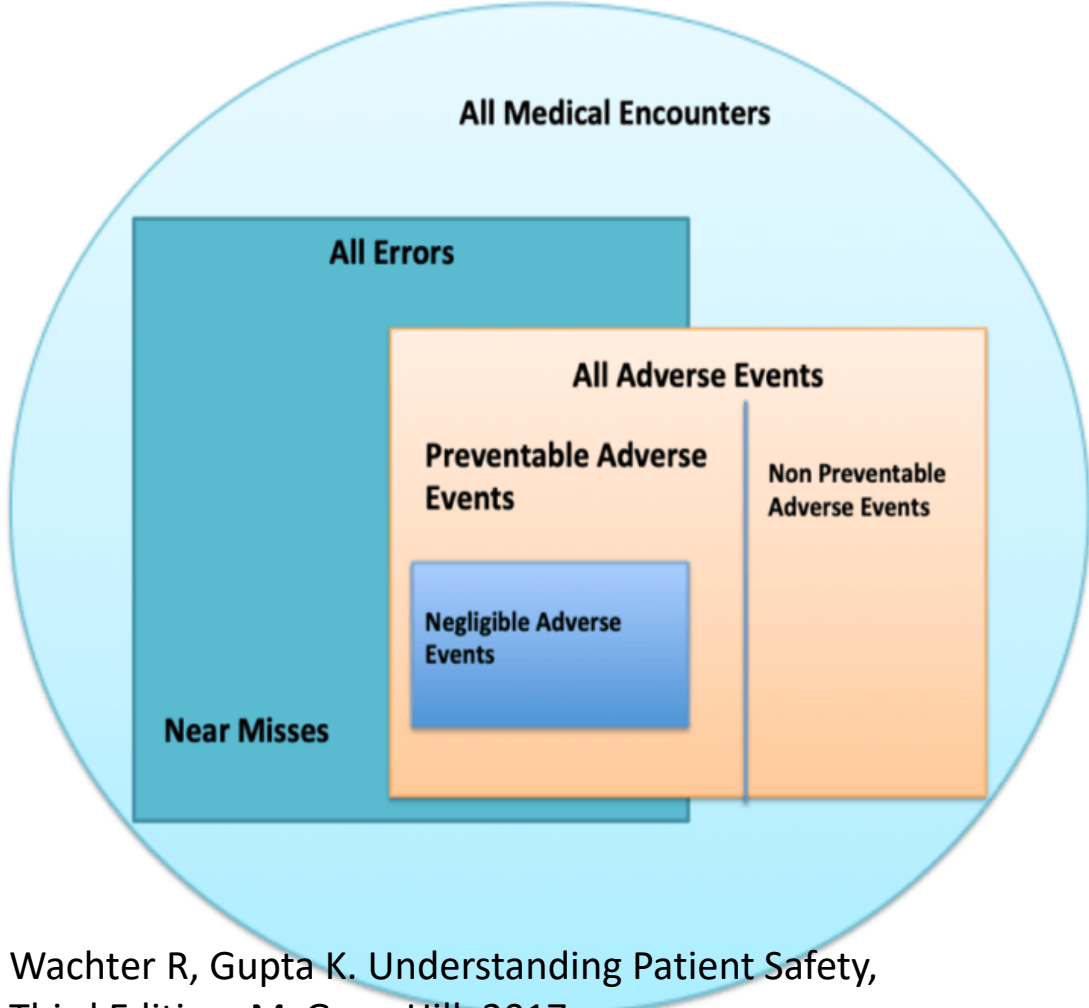
Self-Valuation Challenges in the Culture and Practice of Medicine and Physician Well-being

[Mickey Trockel, MD, PhD](#) ^a  · [Christine Sinsky, MD](#) ^b · [Colin P. West, MD, PhD](#) ^c ·
[Liselotte N. Dyrbye, MD, MHPE](#) ^c · [Michael Tutty, PhD](#) ^b · [Lindsey Carlasare, MBA](#) ^b · [Hanhan Wang, MPS](#) ^a
· [Tait Shanafelt, MD](#) ^a

"Physicians are harder on themselves than the average person," Trockel said. "What leads them to those feelings are likely cultural. It starts in medical training and continues into the medical practice environment."

On a personal level, physicians can work with a coach or therapist to reframe their attitudes about errors, viewing them as learning experiences, he suggested. And health system leaders can avoid casting blame on individual doctors for errors and instead focus on system failures -- an approach that not only helps physicians' mental wellness, but also frequently reduces mistakes.

We Can Do Better than Coaching Alone: Systems of Error Response as Systems of Compassion

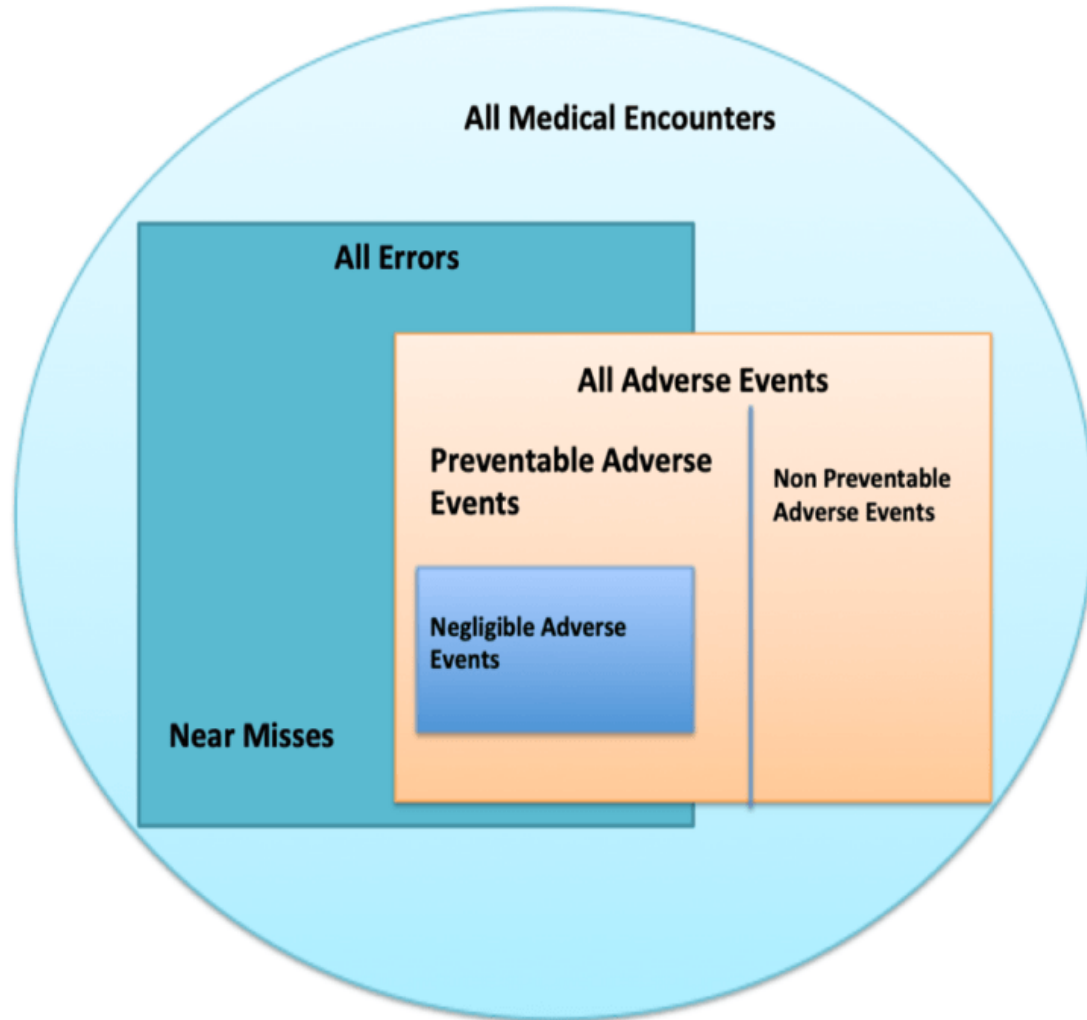


Normal Error (Human Error)	At-risk Behavior	Reckless Behavior
Inadvertent action such as a slip, lapse, or mistake. Manage by changing: - Processes. - Procedures. - Design. - Environment.	Individual is not educated about potential risk and sees no value in established policies to prevent it. Manage by: - Removing incentives for at-risk behaviors. - Creating incentives for positive behaviors. - Educate about potential risks. - Redesign of system factors.	Conscious and deliberate violations of procedures and policies. Manage through: - Remedial action. - Punitive action.
SUPPORT	COACH	SANCTION

Adapted from: Marx D., New York, NY, Columbia University, *Patient Safety and the "Just Culture": A Primer for Health Care Executives*, 2001

Wachter R, Gupta K. Understanding Patient Safety, Third Edition. McGraw Hill, 2017.

We Can Do Better than Coaching Alone: Systems of Error Response as Systems of Compassion



Trauma and human emotion occur in every instance – it's simply a matter of magnitude



Vignette

A case to consider as we explore how stress and trauma impact clinicians in the context of adverse events

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

What is Trauma?

The 3 Es: Event, Experience & Effect



*People can live through the same event but have very
different experiences and reactions*

TRAUMA RESPONSE



FIGHT

Aggressively confronting the threat.



FLIGHT

Run away or hide from the threat.

Trauma overwhelms our systems, disrupts our ability to connect to safety, and places us in survival mode.



FREEZE

Numb or unable to move or act against the threat.



FAWN

Appease or comply with the threat to avoid conflict.

Emotional, Psychological or Critical Incident Stress “Debriefing”:

What the Research Says

- Most often involves **retelling and detailing of event**, including images, evoked feelings and staff reactions
- Research evidence has demonstrated **no reduction of post-trauma symptoms or psychological distress**
- Research related to ineffectiveness of **one-time debriefing approaches**
- Meta-analysis concluded that convening a “debriefing” session after a critical incident may be harmful for some individuals with **some suggestion it might increase risk of PTSD and depression**

Cochrane Database of Systematic reviews | [Review - Intervention](#)

Psychological debriefing for preventing post traumatic stress disorder (PTSD)

✉ Suzanna C Rose, Jonathan Bisson, Rachel Churchill, Simon Wessely [Authors' declarations of interest](#)

Version published: 22 April 2002 [Version history](#)

<https://doi.org/10.1002/14651858.CD000560> [↗](#)

[Collapse all](#) [Expand all](#)

Abstract

Available in [English](#) | [Español](#) | [Português](#)

Background

Over approximately the last fifteen years, early psychological interventions, such as psychological 'debriefing', have been increasingly used following psychological trauma. Whilst this intervention has become popular and its use has spread to several settings, empirical evidence for its efficacy is noticeably lacking. This is the third update of a review of single session psychological "debriefing", first having been undertaken in 1997.

Why is it that debriefing approaches are ***not*** preferred practice after a critical incident or adverse event?

Participants may experience....



A lack of control over amount of "triggering" or activation



Pressure, responsibility or requirement to relay details and personal experience of event



A lack of control over timing and amount of exposure

Psychological First Aid (PFA)

Reducing Distress &
Fostering Short- and Long-term Adaptive Functioning

Psychological First Aid (PFA)



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

SAMHSA

Substance Abuse and Mental Health
Services Administration



**American
Red Cross**

NCTSN

The National Child
Traumatic Stress Network



**World Health
Organization**



the schwartz center
FOR COMPASSIONATE HEALTHCARE

Continuum of Care

**Psychological
First Aid**

**Crisis
Intervention**

Counseling

Psychiatry

**Physical
First Aid**

**Basic Life
Support**

**Advanced
Life Support**

**Medicine &
Surgery**





Psychological First Aid is *different* from:

- **Therapy:**

PFA is, instead, an immediate “first aid” support which can include linkage to counseling and psychotherapy

- **Long-term Support:**

First aid approach defines a means of support to staff immediately following an incident or event

- ***Debriefing:***

Emotional debriefing is not the aim of PFA. It is not essential to the provision of support to the staff member that they be coached to re-experience or review event details

Importance of Trauma-Informed Approaches at an Organizational Level

The Impact of Traumatic Stress, Resilience, and Threats to Core Values on Nurses During a Pandemic

Deborah Swavely ¹, Barbara Romig ¹, Guy Weissinger ¹, Heidi Holtz ¹, Mary Alderfer ¹, Lisa Lynn ¹, Thomas Adil ¹, Cynda Hylton Rushton ¹

► Author information ► Article notes ► Copyright and License information

PMCID: PMC9512236 PMID: [36166631](#)

OBJECTIVE

The aim of this study was to understand the traumatic stress and resilience of nurses who cared for patients with COVID-19.

BACKGROUND

Studies have shown a high proportion of healthcare workers are at risk for developing posttraumatic stress disorder after a pandemic. Resilience factors are believed to play an important role in the well-being of healthcare professionals.

METHODS

This was a triangulated mixed methods study; a phenomenological qualitative approach with survey data was used to triangulate the findings, and sensemaking was used as the theoretical framework.

RESULTS

Four themes emerged from the study: 1) phases of traumatic stress response to perceived threats; 2) honoring their sacrifice; 3) professional self-identity; and 4) sustaining resilience in a stressful work environment. Quantitative results on traumatic stress, general resilience, and moral resilience supported the themes.

Traumatic stress can have long-reaching impact on mental well-being, including PTSD.^{24,30}

Organizations have a significant impact on mitigating trauma responses, highlighting the need for trauma-informed approaches at an organizational level.³¹ When employees perceive their organizations to be supportive and caring, they experience lower levels of trauma.³¹

As organizations adopt these strategies, nurses in this study identified low-cost short-term interventions that can assist nurses in restoration, such as a psychologically safe environment to share their stories, a key element of healing from traumatic stress,³¹ and rounding by spiritual care."



Relationship and Connection

The most important factor in minimizing the impact of distress is the support that the staff member receives

Psychological Safety



“a belief that **one will not be punished or humiliated for speaking up** with ideas, questions, concerns, or mistakes, and that **the team is safe** for interpersonal risk-taking”

-Amy Edmondson

Trauma-Informed Approach & Compassion

compassion noun

com·pas·sion (kəm-'pa-shən ◀▶)

[Synonyms of compassion >](#)

: sympathetic [consciousness](#) of others' distress together with a desire to alleviate it

compassionless (kəm-'pa-shən-ləs ◀▶) adjective

- Latin *compati*
- **Consciousness** of others' distress
- Openness to the reality of suffering and to aspire to its **healing**
- Empathy combined with motivation for **alleviating action**

Trauma-Informed Approach & Self-compassion

A Self-compassion definition:

“Extending compassion to one’s self in instances of perceived inadequacy, failure, or general suffering.”

Three main elements:

- **Self-kindness:** warmth toward oneself; not ignoring or hurting oneself with self-criticism
- **Common humanity:** recognizing that suffering and personal failure is part of the shared human experience
- **Mindfulness:** neither suppressing nor exaggerating negative emotions; observe with openness for mindful awareness

Kristin Neff; <https://self-compassion.org/>



Frameworks for Peer-Delivered Emotional Support = Action

Stress First Aid

- Model serves to support and validate good friendship, mentorship, leadership and collegial actions
- Set of supportive actions to promote self-care and coworker support
- Identifying and mitigating impact of stress before staff health & well-being are impaired

Psychological First Aid

5 Objectives:

- Promoting a sense of safety
- Promoting calming
- Promoting a sense of self- and community-efficacy
- Promoting connectedness
- Instilling hope

Compassion in Event Review: Acknowledging the Experience & the Potential Impact

- **Event review will require:**
 - Sharing of event details
 - Difficult conversations with quality, risk and maybe legal teams
 - Group discussion
- **Therefore, we must create systems of compassion by:**
 - Using a Trauma-Informed Approach
 - Creating reflective spaces out of reactive places
 - Naming, acknowledging, accompanying



Organizational Change

Stress Inducing



Trauma-Organized

- Fragmented
- Reactive
- Rigid
- Reliving / Retelling
- Avoiding / Numbing
- Inequitable
- Authoritarian leadership

Stress Reducing



Healing Organization

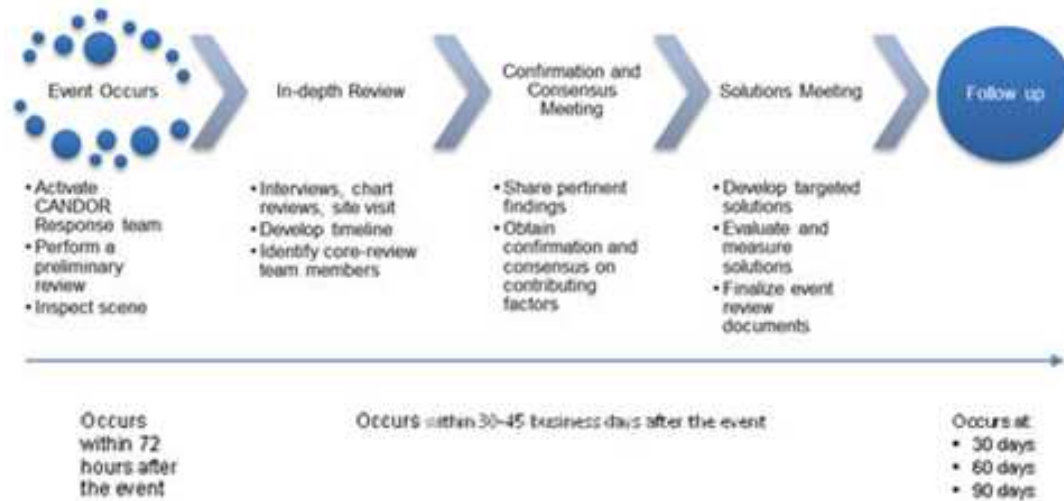
- Integrated
- Reflective
- Flexible & adaptable
- Makes meaning out of historical past
- Growth & prevention-oriented
- Equitable & inclusive
- Relational Leadership



Trauma-Informed

- **Realizes** widespread impact
- **Recognizes** socio-cultural trauma
- **Recognizes** effects
- **Responds** by shifting practice
- **Resists** re-traumatization
- Uses shared language

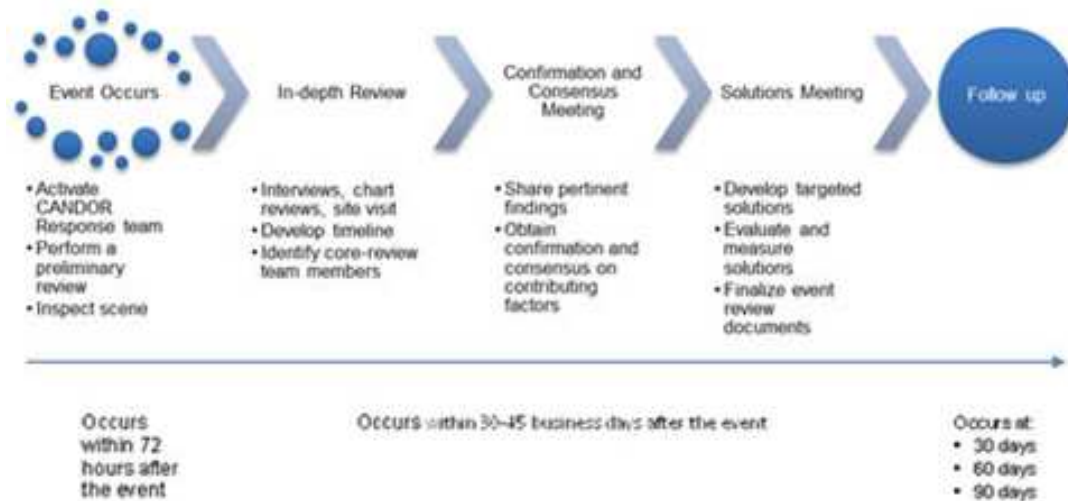
We Can Do Better than Coaching Alone: Systems of Error Response as Systems of Compassion



5 Opportunities for Compassion

- 1) Event Occurrence (first 24 hrs)
- 2) In-depth Review by Quality/Risk/Legal
- 3) Group meeting(s) to Discuss Case
- 4) Solutions Design
- 5) “After the Storm”

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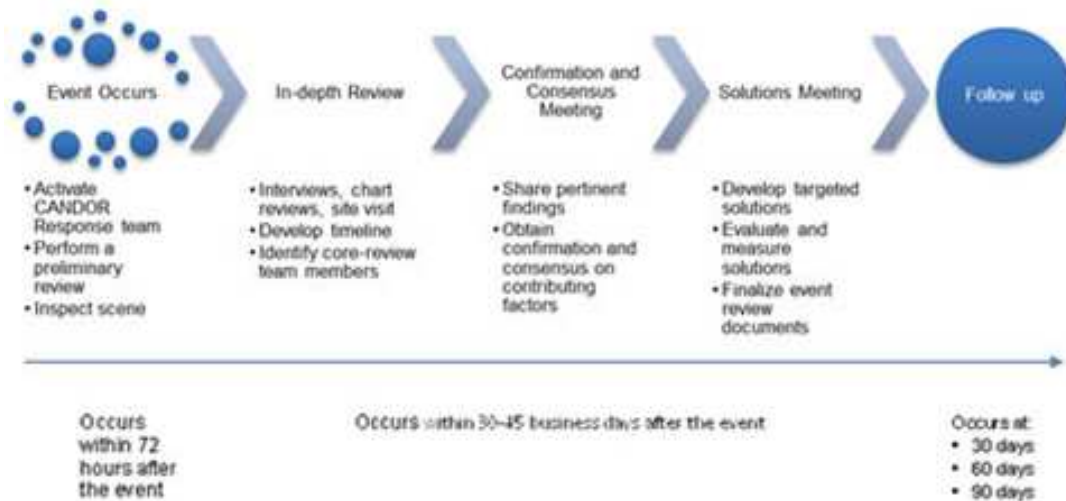
5 Opportunities for Compassion

1) Event Occurrence (first 24 hrs)

Peer support

Institutional support

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5 Opportunities for Compassion

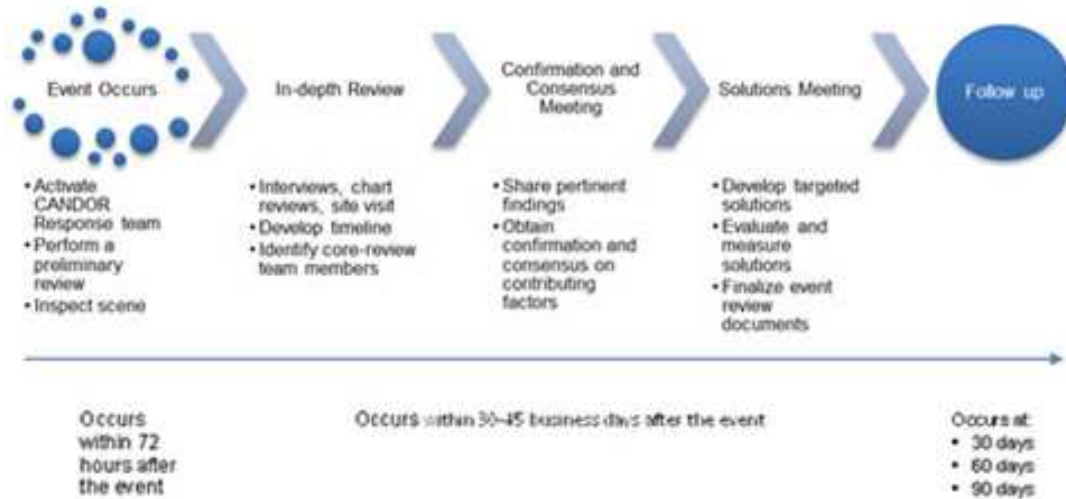
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- 2) In-depth Review by Quality/Risk/Legal

“We are reviewing this case because . . .” (State Why)

“Reviewing a case frequently brings up strong, sometimes negative emotions.” (Naming)

“If it would be helpful to talk through how you’re being impacted, or briefly walk through the process, we are happy to do so.” (Explicit Support)

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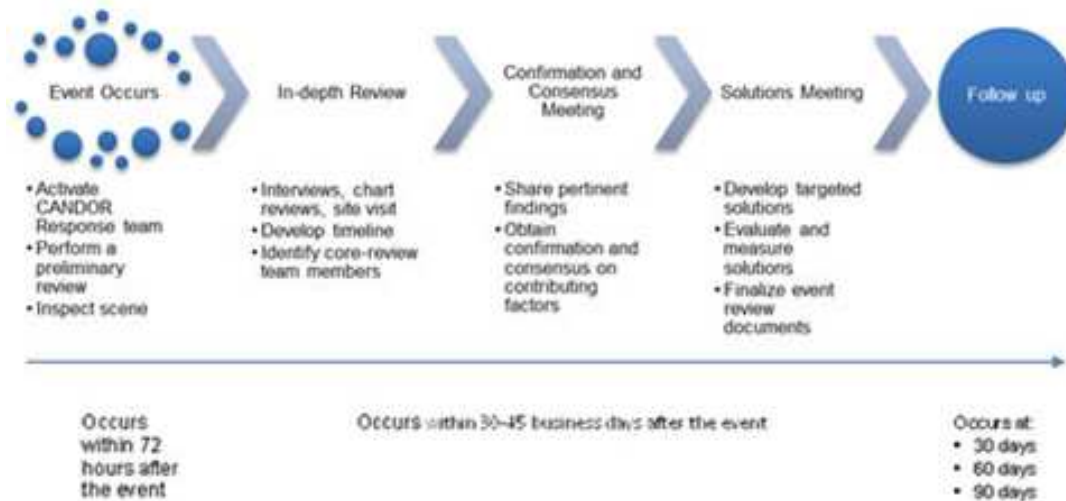


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Up front: *“I suspect from looking at the invite list that a number of people involved in this case may not have participated in a RCA before or at least not recently. Even for those who have, meeting to examine where our systems and our care may have fallen short of our aspirations can provoke a lot of strong emotions, given the commitment to professional excellence that is so deeply ingrained in all members of the healing professions.”*

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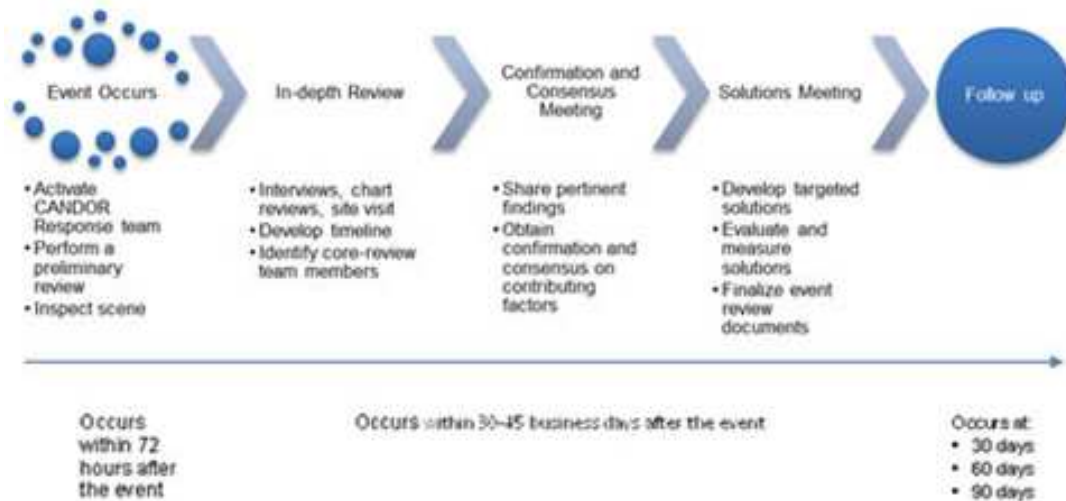


5 Opportunities for Compassion

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Up front: *“If it would be helpful to talk, support any of you with an emotional debrief, or briefly walk through the RCA process in advance of our meeting, please reach out.”*

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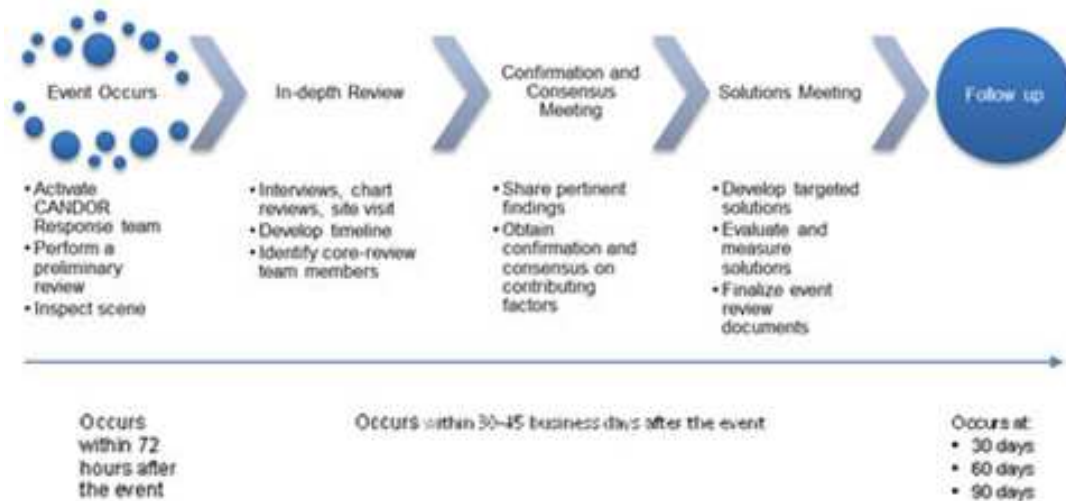


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During RCA or M&M: *“Before we begin, we recognize that discussing a case can bring up strong emotions for everyone in the room. This is normal, given our commitment to excellent care for patients and the high degree of accountability we feel as health care professionals. Let’s pause before we begin the case to invite compassion for one another – and self-compassion – into our discussion.”*

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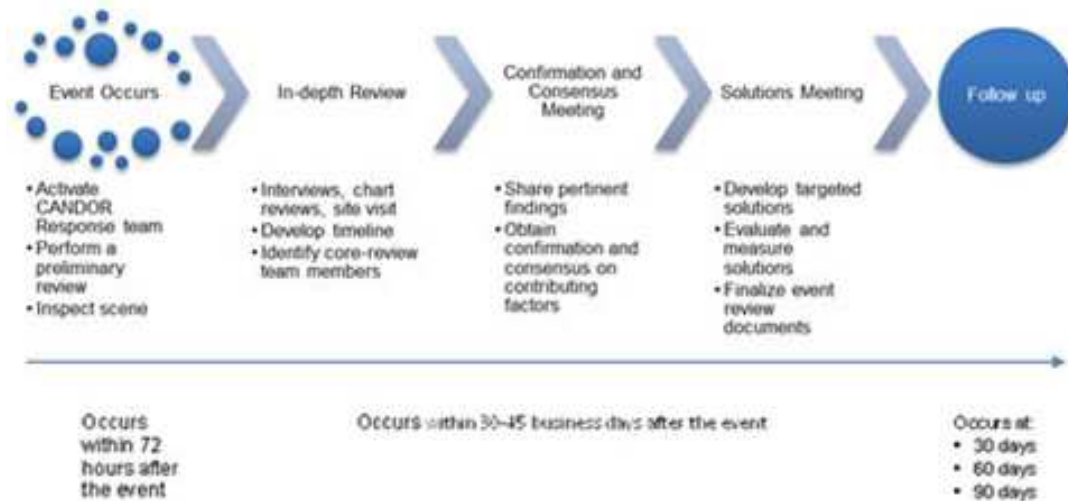


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- 4) Solutions Design

Engaging those who were involved with or witnessed a medical error in the process of redesigning systems is part of a trauma-informed approach (inclusion, voice, choice, collaboration and mutuality) and can be therapeutic.

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- Makes meaning out of historical past
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- Equitable & inclusive
- Relational Leadership

Reflections & Questions

Thank you for cultivating compassion within your roles in healthcare. We need you.

And thank you for being together today.

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