DEPARTMENT OF HEALTH

Case study: Trauma-informed care [resident version]

PHN RESIDENCY FOR NEW GRADUATES

Objectives

1. Provide examples of nursing behaviors that promote development of trusting nurse/client relationships.
2. Give examples of strategies to decrease confusion between personal and professional roles.
3. Discuss the components of trauma-informed care and the interventions needed to promote a trauma-informed approach.
4. Discuss public health nurse (PHN) resiliency when dealing with vulnerable clients.
5. Discuss the concept of adverse childhood experiences (ACEs) and the influence ACEs may have on your interventions.

Case study

The public health nurse (PHN) receives a referral to visit a client diagnosed with perinatal hepatitis B. The PHN calls the client to schedule a visit. During the call, Beth (the client) has many questions about the purpose of the visit and is hesitant for the PHN to make a home visit. Eventually the client agrees to a home visit. On the day of the visit, Beth answers the door and seems hesitant to invite the PHN into the house. After several minutes of talking in the doorway they move into the living room to continue the visit.

1. Given Beth's reluctance in arranging a home visit, how might the PHN begin to establish a trusting relationship with the client?

The PHN discusses the reason for the visit, which includes information about hepatitis B and care for the baby following birth. Part of the information given to Beth relates to the transmission of hepatitis B and the ability to acquire the virus sexually. Beth asks, "Are you saying I have a STD?" The PHN states this is just one method for transmission. Many children are born with hepatitis B because their mothers had the disease. During this time, Beth does not make eye contact with the PHN and offers health information very reluctantly. She leaves the room and returns several minutes later. She appears to have been crying. The PHN asks Beth if something she said was upsetting. Beth indicated her mother died of complications from hepatitis B when Beth was young. Her father was not present for her childhood, so she was raised by her grandmother. Beth does not expand on this topic and ends the visit, but is willing to schedule a follow-up appointment.

Because the PHN just completed a training on trauma-informed care, the PHN identifies there may be a connection between Beth's infection with hepatitis B and her mother's death.

2. What are the components of trauma-informed care?

3. What are the signs and symptoms of trauma in clients?

At the second home visit, the PHN addresses the emotions the client displayed at the previous visit when discussing her mother. The PHN assures Beth that when she is ready, the PHN is open to talking about the possible connection between the trauma of her mother's death and her hepatitis diagnosis. Beth again becomes emotional and the PHN sits with her silently. After a few minutes, Beth stops crying and states she is willing to talk about her past. She acknowledges there may be a connection between her mother's death and her current infection.

The key principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment; voice and choice; and cultural, historical and gender issues.

4. How can a PHN implement a trauma-informed approach?

After three visits, the PHN has helped the client meet the outcomes for the initial hepatitis B referral. Beth is in a peer support group for trauma and has a standing monthly appointment for prenatal care. Her physician has a plan in place to vaccinate Beth's baby following delivery. The PHN discusses their plan to discontinue the PHN visits with Beth, and Beth objects stating, "You are one of my only friends; what will I do without you?"

Long-term relationships and making visits to people's homes can make PHNs feel much more connected to their clients and their families than nurses in an acute care setting. Occasionally, this results in confusion between being a professional and being a friend.

5. List some ways the PHN can avoid confusion between being a professional and being a friend.

PHNs often work with vulnerable, high-risk clients with many needs. The nature of this work can lead PHNs to experience many emotions and doubt their ability to make a difference for their clients. The PHN deals with many difficult situations where there are no apparent or easy solutions to the problems, which can be frustrating or difficult to manage.

6. Discuss with your preceptor issues related to caring for yourself while caring for clients.

Adverse childhood experiences (ACEs) is an additional concept to consider. There is significant information and research on ACEs, and how these experiences continue to impact people into adulthood. Refer to the following article: Johnson, K., Woodward, A., Swenson, S., Weis, C., Gunderson, M., Deling, M., et al. (2017). Parents' adverse childhood experiences and mental health screening using home visiting programs: A pilot study. *Public Health Nursing, 34*, 522–530. Online: https://onlinelibrary.wiley.com/doi/10.1111/phn.12345.

7. After reviewing the article on ACEs, how might your knowledge of ACEs affect the care you provide to clients? Discuss the answers with your preceptor.

Concepts covered

Professional boundary-setting, PHN resilience, building trust with clients, adverse childhood experiences (ACEs), evidence-based practice, components of trauma-informed care and establishing a trauma-informed approach

Additional resources

1. U. S. Department of Health and Human Services. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Online: https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.
2. PACEs Connection. (2014). *Trauma-Informed Care Toolkits*. Online: https://www.acesconnection.com/blog/trauma-informed-care-toolkits-1.

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