

*Irish Institute of Mental Health Nursing*



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An Institiúid de Altraí Meabhair-Sláinte na hÉireann

***Position Paper No. 3:  
Trauma Informed Practice***

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## IIMHN Position Statement

***In light of contemporary evidence, we can expect that the majority of people using mental health services do so in part because of unresolved trauma. Therefore, it is incumbent upon mental health nurses to take a 'Trauma Informed Practice' approach to their interactions with service users.***

Whilst most contemporary western mental health policy and service aspirations focus on a recovery orientated approach to care (Government of Ireland, 2006), as long as there remains a bio psychiatric centered view of people's experiences of mental distress recovery is not a likely outcome (Read, 2013). The evidence is clear that the majority of people using these services and given psychiatric diagnoses have unresolved trauma experiences (Read & Dillon 2013; Cleary & Hungerford 2015). Within the narrow confines of DSM V diagnostic criteria (APA, 2013), people experiencing complex unresolved trauma are not necessarily thought of in this way. Consequently, depending on circumstances and approach of practitioners, people accessing mental health services may either be retraumatised and revictimised or experience a culture that promotes and nurtures recovery (Van Der Kolk 2014; Mc Donald, et al. 2017).

Trauma is complex and can be brought about by a wide range of individual experiences across the lifespan and can be associated with transgenerational (Ruppert, 2005) and/or systemic relationships (St. Just 2006). Specifically related to Trauma Informed Practice the following definition offers a relevant perspective: *"trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being"* (SAMHSA, 2012, p. 2). In contrast to psychiatrically orientated care, "trauma informed care' embraces a perspective that highlights adaptation over symptoms and resilience over pathology." (Elliot et al. 2005, p. 467).

Despite the evidence of the relationship between trauma and mental distress, mental health practitioners often remain unaware of the traumatic imprint on people's lives (Levine, 1997) and the negative ramification of existing practices and approaches to care on people's recovery. In the first instance, becoming aware of the evidence and developing a trauma informed mindset will create a practice environment more conducive to recovery (SAMHSA 2014; Cleary & Hungerford 2015). Without this, existing practices are likely to continue to revictimise and retraumatise people using services (Elliot et al. 2005; Van Der Kolk 2014; McDonald 2017), as opposed to providing mandated safe and effective care. This is not to presume that all people recognise or even remember that trauma plays a part in their present mental health problems, as many have lived with diagnostic and other labels that were attached to their distress and symptoms as opposed to their post-traumatic stress disorder (Van Der Kolk, 2014p157). Lack of awareness surrounding the life circumstances of people using mental health services poses numerous issues for interpersonal relationships between them and mental health practitioners. Furthermore, as has been demonstrated for some time the impact on nurse patient/service user relationships if unaware of interplay between their own experiences and the traumatic experiences of those they care for can have mutually negative consequences (Gallop & O'Brien 2003). The 'helper' who engages with traumatized individuals without knowing the dynamic they are engaging with and seeking the requisite supports themselves are equally in danger of suffering from vicarious trauma and trauma fatigue (Sexton 1999; Pross 2006).

There is now a persistent call within the literature and from jurisdictions that have embraced a Trauma Informed approach to Care and Practice for a radical shift in the reorientation of mental health care. While it is not expected that policy or service orientation will change in Ireland overnight, it is possible for mental health nurses to align themselves with service users in providing Trauma Informed Practice to the best of their abilities, within existing mental health service infrastructures.

For nurses taking a Trauma Informed Approach to their practice, the following principles are a composite of the mental health nursing literature and pre-existing guidelines (BC 2013; Muskett 2014; Cleary & Hungerford 2015) and can act as a guide for good practice:

- Develop trauma awareness and understanding of the impact of trauma on the person

- Develop an awareness of the connection between the experience of childhood trauma and current diagnosis symptomology and the relationship between controlling nursing practices and retraumatisation
- Develop an awareness of how cultural and social contexts features in trauma relationships
- Role model interpersonal relationships that support healing
- Adopt a way of working with service users and their families, supports & friends that is empowering and promotes self - determination and fosters personal control
- Place emphasis on personal safety for service users and on them being valued and trustworthy
- Provide opportunity for choice, collaboration and connection with shared power & governance
- Adopt a strengths based approach to relationships and skill building
- Nurture hopeful relationships for service user recovery

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