Pallium Canada

Boehringer Ingelheim

BRIDGING Hope
Helping Others through Palliative care Education

WELCOME
Trauma informed palliative care

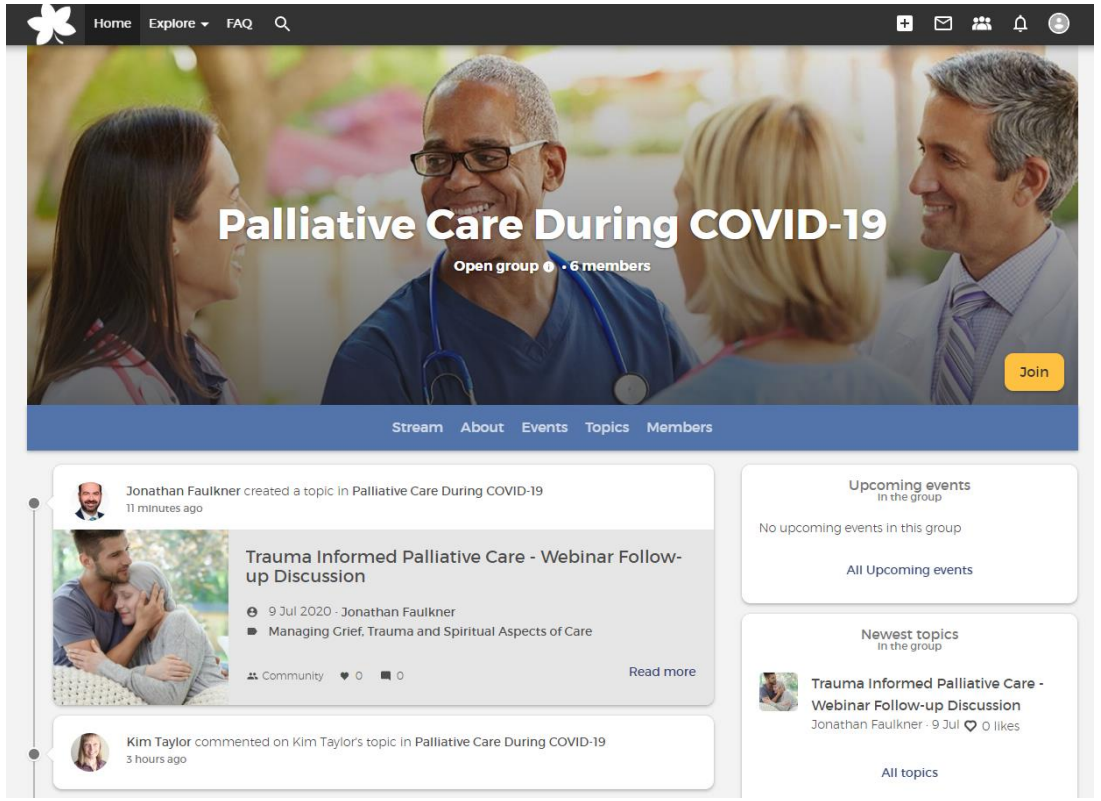
Host and Moderator: Jeffery B. Moat

Presenters:
Dr. Sarah Burton-MacLeod MD CCFP (PC)
Dr. Susan Cadell MSW, PhD, RSW

This webinar will begin soon. Please note your microphone is muted.
Please use the Q&A function to submit questions.

Introducing: The Canadian Palliative Care Exchange

- CSPCP and Pallium are launching a moderated online community of practice www.cpcexchange.ca
- Early launch for participants from this webinar
- Join the Exchange now to:
  - Ask questions about palliative care during the COVID-19 pandemic
  - Share your experiences
  - Teach and learn with colleagues from across Canada



Housekeeping

- Your microphones are muted.
- Use the Q&A function at the bottom of your screen to submit questions or comments.
- This session is being recorded and will be made available on YouTube.

Presenters

Host and Moderator

Jeffery B. Moat CM
Chief Executive Officer, Pallium Canada

Presenters

Panelists

Dr. Sarah Burton-MacLeod MD CCFP (PC)
Assistant clinical professor, Dept of Oncology, Division of Palliative Care Medicine, University of Alberta.

Dr. Susan Cadell, MSW, PhD, RSW
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Declaration of conflicts

Pallium

- Non-profit
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Palliative Pocketbook
- Partially funded through a contribution by Health Canada.
- These webinars are supported by an unconditional education grant from Boehringer-Ingelheim (Canada) Inc.

Presenters

- Jeffrey B. Moat: CEO Pallium Canada
- Dr. Sarah Burton-MacLeod
- Dr. Susan Cadell

Declaration of conflicts

Canadian Society of Palliative Care Physicians

- Not for Profit
- Funded primarily by membership dues and annual conference
- Community of Practice (offered jointly with Pallium) supported by the Canadian Medical Association, Scotiabank and MD Financial Management

Learning objectives

Upon completing this webinar, you should be able to:

- Identify types of psychological trauma and be aware of its prevalence.
- Gain understanding of the long-lasting chronic effects following trauma, particularly trauma experienced in childhood.
- Become familiar with the trauma-informed approach and be able to identify opportunities where it can be useful in palliative care practice, and in particular, during the COVID-19 Pandemic.

Definition of trauma:

"experiences that overwhelm an individual's capacity to cope"
- Arthur et. al. Trauma-Informed Practice Guide, May 2013, page 6.

Types of psychological trauma

Single incident trauma

- Unexpected and overwhelming event (ex. accident, single episode of assault or abuse, natural disaster, witnessing violence, sudden loss)

Complex or repetitive trauma

- Ongoing abuse or betrayal, domestic violence; often involves being trapped physically or emotionally

Developmental trauma

- Exposure to early, ongoing repetitive trauma. Can involve abuse, neglect, witnessing violence etc. Often occurs within child's care-giving system; interferes with attachment and development

Arthur et. al, 2013

Types of psychological trauma (2)

Intergenerational Trauma:

- Psychological or emotional effects experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next

Historical Trauma:

- Cumulative emotional and psychological wounding over the lifespan and across generations resulting from massive group trauma (ex. Colonialism, genocide, slavery, war).

Arthur et. al, 2013

Prevalence of trauma

- Estimated 50% of all Canadian women and 33% of Canadian men have survived at least one incidence of sexual or physical violence
- 9.2% Canadians meet criteria for PTSD
- 76% Canadian adults report some form of trauma exposure in their lifetime (most common: unexpected death of a loved one, sexual assault, seeing someone badly injured or killed).
- Timing when experiencing trauma seems key: Adverse Childhood Experienced study (ACES) in California

Van Ameringen, M et. al., 2008

Adverse Childhood Experiences Study (ACES)

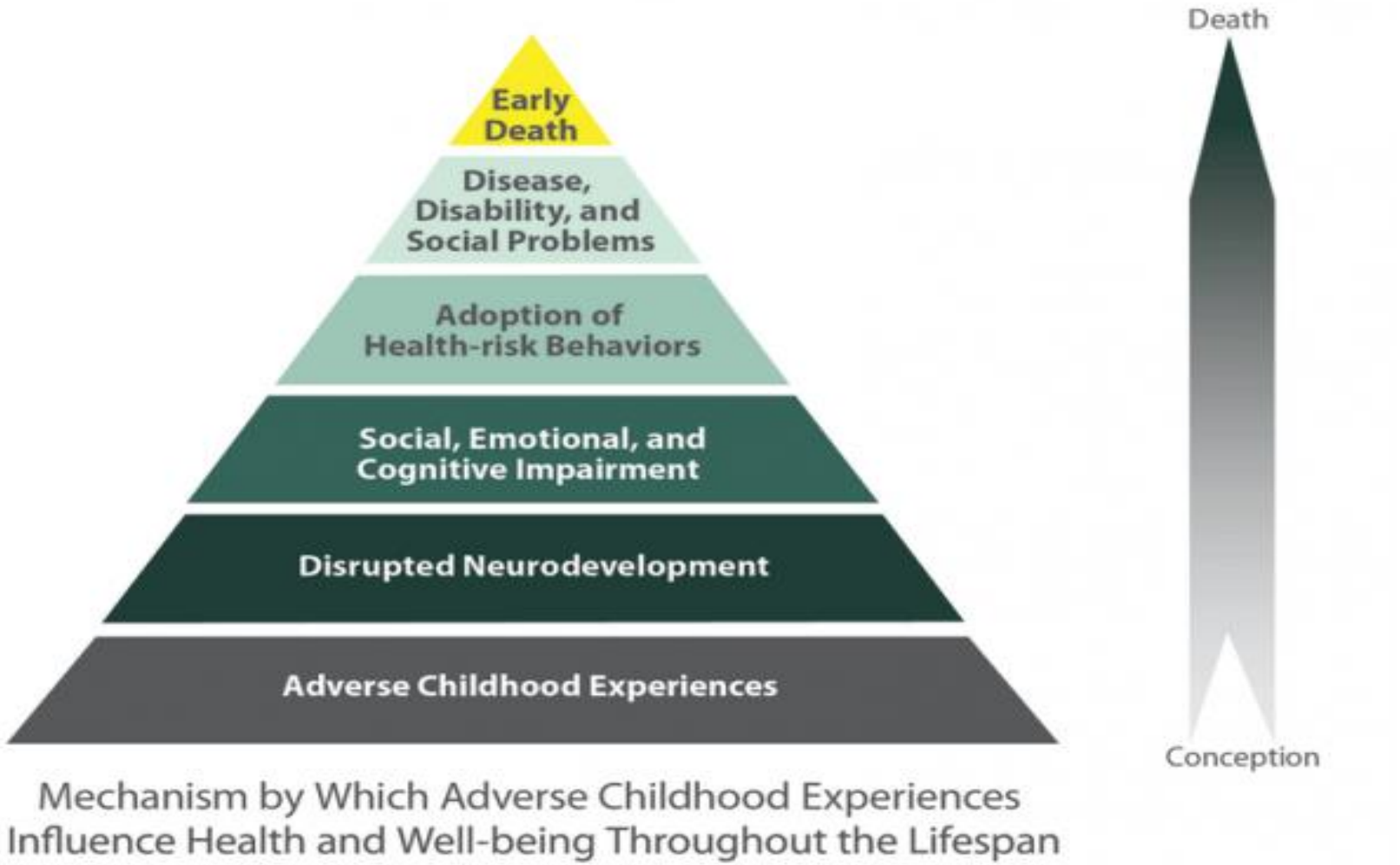
https://www.cdc.gov/violenceprevention/acestudy/about.html

- Joint study CDC and Kaiser Permenante 1995-1997
- 17,000 patients from Southern California completed confidential surveys about childhood experiences and current health
- ACE common: 2/3 had at least one experience and 1 in 5 had three or more
- Cumulative childhood stress (nature and frequency of ACE), leads to dose-response relationship indicating negative health effects over lifetime

Those who faced Adverse Childhood experiences more likely to struggle with:

- Alcoholism, liver disease; substance use disorder
- Early age to start smoking, COPD
- Depression, suicide attempts
- Intimate partner violence, sexual violence
- Poor academic achievement
- Poor work performance
- Financial stress
- And more.

Felitti et. al. 1998



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

https://www.cdc.gov/violenceprevention/acestudy/about.html

Table of different domains where trauma can have deleterious effect

Physical	Emotional or Cognitive	Spiritual	Interpersonal	Behavioural
• Chronic pain • Headaches • Insomnia • Stress-related conditions	• Depression • Anxiety • Anger management • Obsessive behaviours • Dissociation, emotionally numb • Difficulty concentrating	• Loss of meaning • Loss of faith • Disconnection from family, community • Feelings of shame and guilt • Feeling different from others	• Frequent conflict in relationships • Lack of trust • Re-victimization • Difficulty with boundaries	• Substance use • Avoidance • Self-harm • Disordered eating • High-risk sexual behaviours • Gambling • Justice system involvement

So, what is trauma-informed care?

- Optimally address our patients' health care needs while decreasing the risk of re-traumatization.

Recognition:

- Signs and symptoms of trauma vary from generalized to more specific symptoms both physical and psychological

- Certain behaviours may serve as coping mechanisms for these trauma-related symptoms, and sometimes patterns of inconsistent clinical care may be related also.

- Some populations at higher risk or experiencing trauma
  - Data from US: refugees, veterans, those who identify as LBGTQ2S+

Ravi and Little, 2017

Elements of trauma-informed approach:

- Building awareness:
  - Self-awareness
  - Awareness of barriers (visible/invisible; concrete; perceived) and possible immediate needs
  - Different levels of intervention required

- Safety and trustworthiness
  - Transparency, predictability, consistency
  - Importance of language

- Opportunity for choice and collaboration
  - Healthy boundaries and expectations
  - Collaboration and choice may need to be explicit
  - Solicit feedback

Arthur et. al. Trauma-informed Practice, 2013

Does it require disclosure of trauma?

NO:

- “using the trauma-informed approach does not necessarily require disclosure of trauma.”

RATHER:

- It is more about relationship-building than specific treatment strategy

- If you ask about trauma, you need to be prepared to respond with the additional resources as needed readily available, AND you have to be able to do this in a way that does NOT re-traumatize.

- Documentation: general guideline is to ask about and record only what you need to provide care. If recording sensitive information, consider discussing wording with your patient.

Arthur, 2013

What about the palliative care setting?

Very little literature (their literature search turned up only two articles and they each focused on military veterans who have PTSD and also palliative illnesses).

- Awareness of pervasiveness of psychological trauma
- Additional traumatic events (intensive medical interventions, for example) towards end of life
- Symptom burden may compound suffering
- Intersection between suffering and psychological trauma
- Can affect the patient's experience of pain, and expression, and those of other symptoms also.

Ganzel, BL. "Trauma-informed Hospice and Palliative Care". The Gerontologist. 2018. 58 (3): 409-419.

What about current events, COVID-19:

Potential for a “tsunami of suffering” (Radbruch et. al., 2020)

- Additional stress of uncertainty, possible financial strain, reluctance to seek healthcare advice for fear of contracting COVID-19.
- For patients and families, additional stress around visitation policies, masking.
- Timing in conjunction with other stressful events, such as mass shooting in Nova Scotia, death of George Floyd.

What can be the effect on healthcare providers?

"the risk of compassion fatigue, moral distress, and burnout has never been higher" (Khosravani et. al, 2020).

- Concept of vicarious trauma: cumulative effect on those helping and working with survivors of trauma
- Can have impact on personal and professional levels
- Protective factors: self-awareness, countering isolation, holistic self-care, 'active optimism'.
- Empathetic engagement with clients found to be sustaining (as heartfelt concern and clarity about boundaries), not contributor to vicarious trauma (Arthur et. al., 2013; Harrison and Westwood, 2009).

What can we do?

- Become more informed
- Recognize those who may be at higher risk of trauma, plus the possible signs and symptoms of it.
- Recognize links between trauma and other long-term sequelae
- Recognize that response to trauma is variable and on a continuum
- Remember the information is on a ‘need to know’ basis
- Disclosure of trauma not necessary for trauma-informed practice
- Creating atmosphere of safety and trust is always important, also shared decision-making and collaboration
- May influence nature of suffering with physical symptoms as well as expression of those same symptoms
- Disproportionate nature of suffering, perpetuation of inequities

Dr. Susan Cadell

Trauma-informed care

Trauma treatment

Language matters

- “The fundamental shift in providing support using a trauma-informed approach is to move from thinking ‘What is wrong with you?’ to considering ‘What happened to you?’” Sweeney et al., p.319

- Non-compliance, non-adherence, other terms?

Organisational change

- “Rather than being a specific service or set of rules, trauma-informed approaches are a process of organisational change aiming to create environments and relationships that promote recovery and prevent retraumatisation.”

Sweeney et al., p.323

Iatrogenic suffering

- Pain and suffering inflicted by physicians – David Kuhl

Trust

- “…built between staff and service users through an emphasis on openness, transparency and respect. This is essential because many trauma survivors have experienced secrecy, betrayal and/or ‘power-over’ relationships.”

Sweeney et al., p.319

Trust

- “emotionally and physically safe, with both people defining what this means and negotiating it relationally. This extends to physical, psychological, emotional, social, gender and cultural safety, and is created through measures such as informed choice and cultural and gender competence.”

Sweeney et al., p.324

Trust

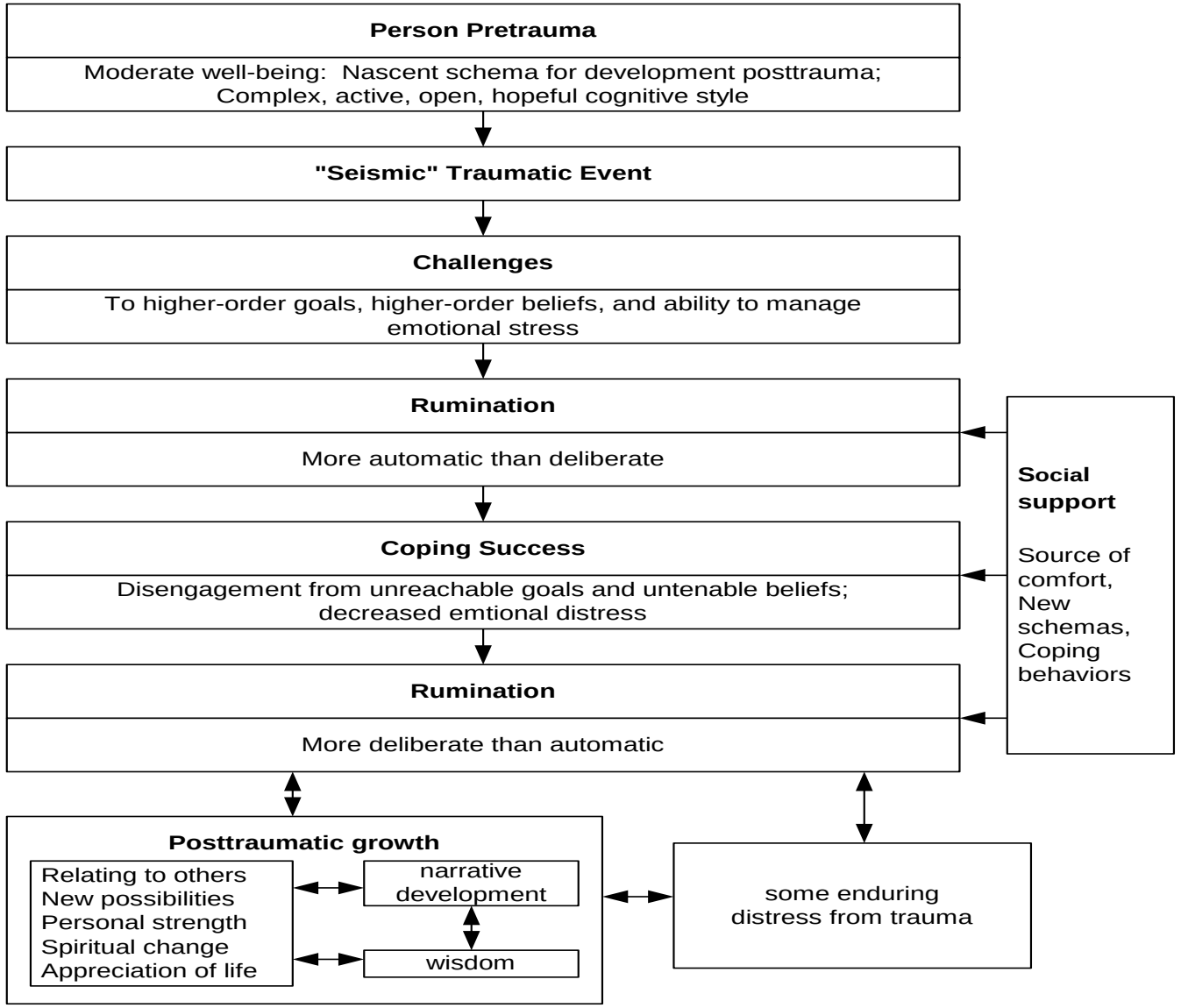
- “Trauma-informed practices use strengths-based approaches that are empowering and support individuals to take control of their lives and service use. Such approaches are vital because many trauma survivors will have experienced an absolute lack of power and control.”

Sweeney et al., p.324

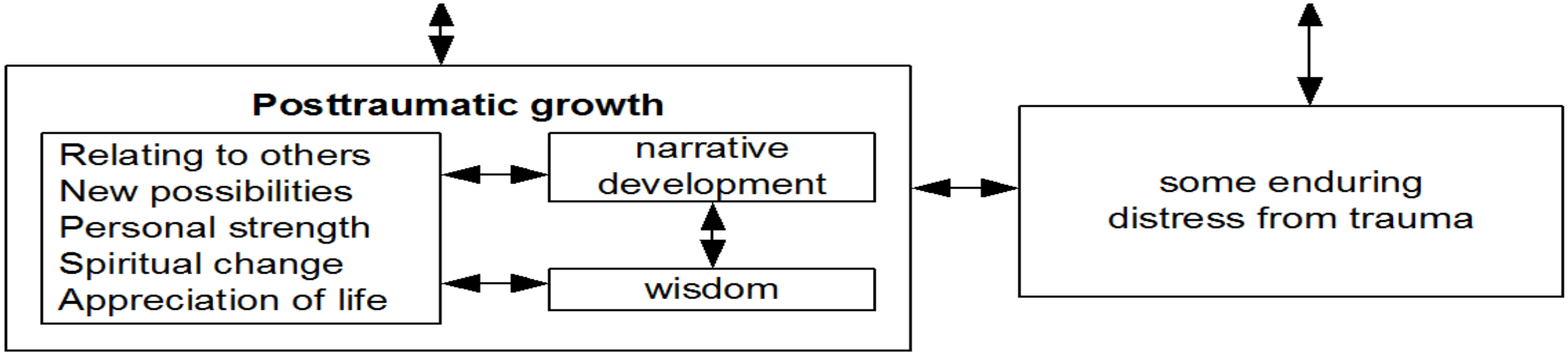
Post traumatic growth

- Positive change experienced as a result of the struggle with a major life crisis or a traumatic event

- Richard Tedeschi
- Lawrence Calhoun
- https://ptgi.uncc.edu

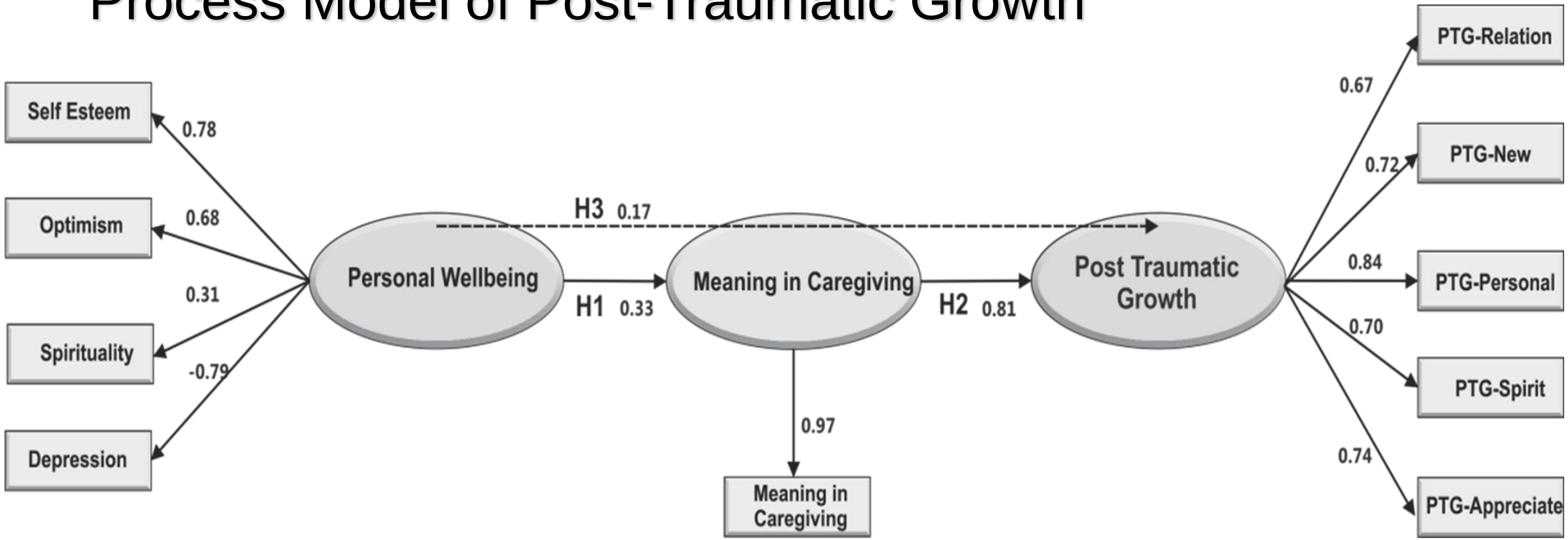


Calhoun & Tedeschi, 1998, p.221



Calhoun & Tedeschi, 1998, p.221

Process Model of Post-Traumatic Growth



Structural Equation Model: Cadell et al., 2014

LOT-R: Life Orientation Test; SIBS CS: Spiritual Involvement and Beliefs Scale Core Spirituality; SIBS P/E: Spiritual Perspective/Existential; SIBS P/H: Personal Application/Humility; SIBS A/I: Acceptance/Insight; CES-D: Center for Epidemiologic Studies Depression Scale; PTGI NP: Post-Traumatic Growth Inventory New Possibilities; PTGI RO: Relating to Others; PTGI PS: Personal Strength; PTGI AL: Appreciation of Life; PTGI SC: Spiritual Change.

Asking questions

- Identify your pronouns
- Use neutral language
- Avoid language that may be loaded, i.e. “loved one”
- Ask open-ended questions
- Allow time for stories

Tattoos

Inkingthebond.org

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Q&A

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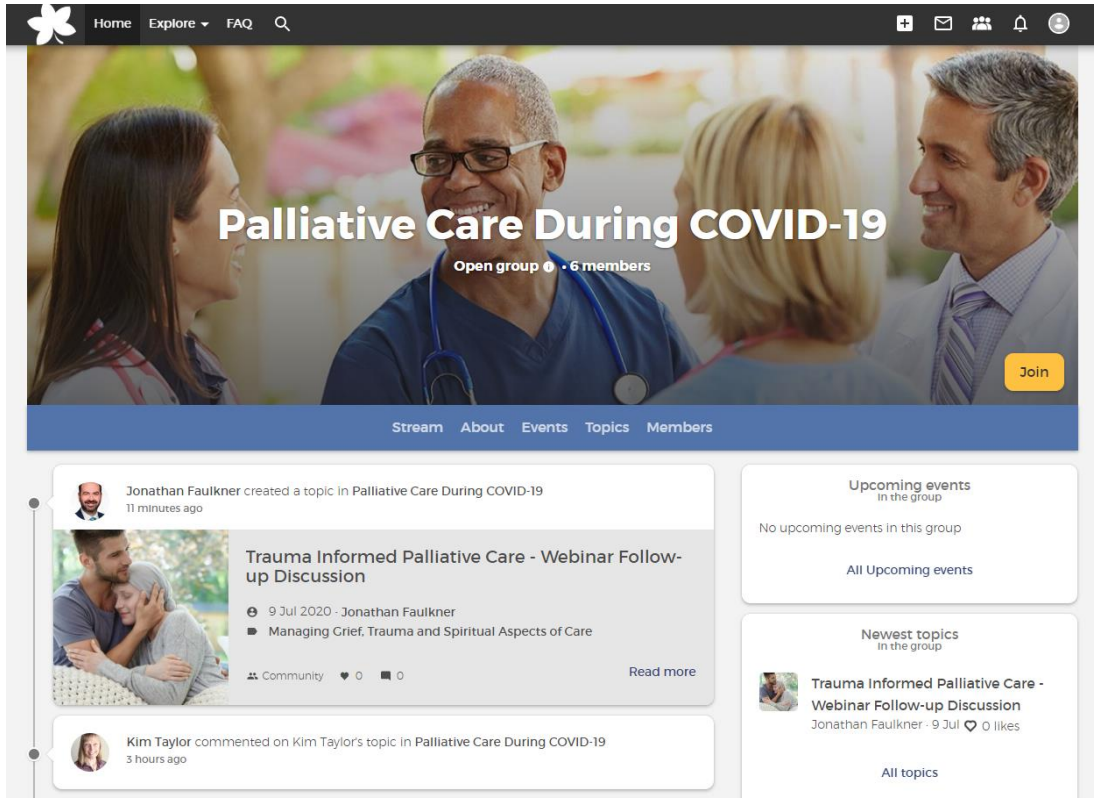
3. Visit the Trauma Informed Palliative Care topic area and get started!



THANK YOU

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