FOREWORD

*The Influence of Psychological Trauma in Nursing,* by Karen J. Foli and John R. Thompson, is an outstanding book and an essential read for all nurses, regardless of specialty, practice site, or education level. While the book is particularly applicable to psychiatric nurses, it is useful to all nurses regardless of setting. Though not all nurses come to the profession with past trauma, few nurses practice without experiencing some trauma or stress as they provide care. As Foli and Thompson so eloquently note, these experiences are part of the caring role of nursing, with its emphasis on humanistic, attentive, and intentional practice. Trauma is a hazard of providing good nursing care.

As I read the introduction to this book, I was transported back to my years as a nursing student who was drawn early on to psychiatric nursing, curious about what had created the human struggles I already saw across the life span. In 1972 there was little mention of trauma as the root cause of so many physical and mental health problems I saw in my patients. These included the elder veteran on the medical-surgical unit at a Veteran’s Administration hospital, with pancreatitis and alcoholism and numerous medals for heroism; the drama of my first obstetrical patient, barely 12 years old and pregnant from sexual abuse; and the 7-year-old boy in a state-run group home for foster children. I volunteered in that group home as a sophomore in nursing school at the recommendation of my faculty advisor, who saw my leanings toward child psychiatric nursing. It was a pivotal career moment, as I got to observe and work with a houseful of children who had experienced so much stress in their young lives. The child assigned to me for play was a boy who quickly latched on to me with an intensity and neediness that baffled and frightened me. As I concluded that placement, I remember him tearfully begging me to take him to my house so I could be his mother. I was 19 years old.

My point in this self-revelation is to emphasize that 40 years ago in nursing, there was little discussion of trauma as the root of so many healthcare issues encountered by nurses. As I went to graduate school and on to a job in a federally funded community clinic, I saw many foster children who were dealing with the loss of family, the trauma of placement, and the early experiences that had initially put them into foster care.
I didn’t have an anchor to understand what they were presenting to me or the skills to effectively intervene. This continued into a faculty position, followed by a clinical nurse specialist role in a state psychiatric hospital for children. The trauma was described but not named as a specific event with an outcome. The staff watched it, lived it, and tried to intervene. I often wondered what effect this environment had on the people around me, the nurses and childcare workers. Most of their energy went toward managing these incredibly damaged children and their symptoms. I saw a lot of compassion fatigue during that time.

After I got my PhD in nursing, I took a faculty position in a medical school where my office was next to a trauma researcher. He focused almost entirely on intervention models with clients and built a successful academic career around this. As the only nurse in the department, I often wondered how nurses, who I realized by then were different in the ways they approached and understood the people they worked with, dealt personally with these issues. So many of the nurses I knew (including me) had their own trauma history that they worked on and had to partially resolve to do the work. While I realized that all clinicians had to know the transference and countertransference issues influencing their work, I thought nurses were specifically vulnerable to the stress of working with traumatized individuals. And honestly, weren’t all the people we saw directly or indirectly suffering from the effects of some sort of trauma?

This book is a beautifully nuanced, thorough description of the definitions of trauma, the theoretical underpinnings, and the nursing theory that defines assessment and interventions. It is liberally sprinkled with carefully crafted case studies and examples. It speaks volumes to nurses who are practicing in many settings with patients, other nurses, and students.

I am happy to say that there is currently a different level of attention to the issues of trauma that influence our practice and care as psychiatric nurses. I now do a thorough trauma assessment on every child and adolescent presenting for outpatient care in my practice. I have trauma treatment resources readily available, and I can now put a name to the reactions I repeatedly see in parents and children that have roots in trauma.
In an ideal world, trauma would not occur, but this, of course, is unrealistic. We are fortunate to have books like this one that provide the specific support nurses need beyond the usual descriptors of trauma and trauma treatment. Kudos to these authors for this important work!

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