INTRODUCTION

“You must not lose faith in humanity. Humanity is an ocean; if a few drops of the ocean are dirty, the ocean does not become dirty.”
—Mahatma Gandhi

Welcome! In this book, you’ll find a confluence of words surrounding the concept of “psychological trauma.” Some of these words will apply directly to you and your image of who and what you are. Some of these words will apply to you in the context of nursing and the act of rendering care to others. The beginning quote by Mahatma Gandhi reflects that trauma is a two-party system: Someone is the receiver of trauma, and another is the giver of trauma—intentional or unintentional. Gandhi’s words remind us, however, to take a broader view in that the world is bigger than those who are responsible for trauma in others.

We begin with a story told by Karen:

She stumbled into my office, a petite young woman with thick, dark, long hair. I looked up, distracted by a manuscript I was drafting. In the middle of earning tenure at a university, I was a “poster child” for today’s nursing faculty: middle-aged (and then some), yet driven to produce in the “three-legged stool” of academia: discovery, teaching, and engagement. She sat across from my desk in a lopsided way and calmly told me that because she was in one of my courses, I ought to know: “I was raped over the weekend.”

As a nurse, I’ve seen babies born and individuals take their last breaths, but for a few seconds, I could only stare at this young woman. People who go to school to become nurses change. It is not just a major in school; the “nurse” is swallowed inside us and becomes part of who we become as people. I paused, blinked, and the nurse stepped up. The questions spilled into one another: “Are you all right?” “Have you reported this?” “Whom did you report this to?” Then I stopped and looked into her face. Her features became paralyzed as she stared at me.

Those weren’t the questions she needed right now. She needed me to reach out to her and with her, to acknowledge the hurt and pain, and to offer acceptance and support. After this pause, we actually communicated.
I listened, and I saw and felt her tears. She led and I followed. But I also knew that I wasn’t going to let her out of my office without connecting her to services. Looking back, her case was straightforward: The appropriate people (legal, medical for her physical injuries, and academic) had been notified. She thought she was done, but I knew her survivorship and healing would be molded in the next few days, and then the next few months, and onward after that.

She told me she was fine. It was over. She wanted to go on with her life. I wanted that too but knew that work—very hard work—needed to be done. Together, we walked a few blocks to the on-campus crisis center located in the Psychological Sciences department. I waited in the room with her and helped her fill out the intake form. After what seemed like hours but was only a few minutes, she was called back to see the on-call therapist. After she had left, I stared at the pictures on the wall, the posters that advertised various student services, and the outdated magazines on the side table beside me. I thought of her parents. I had two boys and a little girl. I wondered what I would feel if it were my child. I thought of the young man who had hurt her. I wondered about his parents and whether they knew. I wondered about loss and sadness at such a young age. I thought about the media and how people were objectified. I thought about all this as the hard wood of the chair pressed up against my back. I thought about psychological trauma.

Before leaving my office, I had galvanized my backup and resources: the director of the student’s program. After receiving my message that I needed to speak with her, she stepped out of a meeting and arrived at the counseling office as soon as she could. Slightly out of breath, she sat down next to me. About the same age as I am, Julia¹ was one of those nurses you couldn’t help but admire. She was the whole “package” as a nurse: decades of clinical experience, pragmatic, honestly straightforward with feedback, and brilliant. We sat there in the Psychological Services clinic, and I communicated to her what had happened. There was something about the two of us sitting there in those hard wooden chairs. We were two nurses, two women, who had experienced life in good and bad ways, and we shared our sadness in silence. And we waited for this student, whom we cared very much about, to emerge from her first session.

¹My colleague’s name has been changed to further protect the student’s identity.
Over the ensuing weeks, Julia and I put together a plan to support our student. One day during our regular meetings, I watched as Julia pulled some papers out of the copy machine. She reached for a marker and began writing on the top sheet.

“What are you doing?” I asked.

She smiled, and I watched as Julia flipped the page to show me. It was a calendar that extended to the end of the school year, with X’s showing the days that had passed.

“This way, she’ll know there’s an end in sight.” Julia turned back to the sheet, and her smile was replaced by a look of sorrow.

Julia and I became closer as we supported the student, who felt so unsafe and unsure. Her go-to support system of peers had abandoned her, taking sides over the assault, trying to make sense of it by assigning blame. We knew her class schedule and ensured she walked with someone to and from each class. Julia took the majority of the escorted trips, and gradually, the student felt more at ease. Many times, I saw Julia walking across campus so that at the end of her class, the student had someone present with her to provide that feeling of safety as she went to the next classroom. We became new social connections for her, and she forged ahead with the goal of finishing the program. Finally, after a few weeks, graduation arrived.

After the school’s recognition ceremony, which included a pinning ceremony and the Nightingale Pledge being recited, parents and students approached faculty and asked for photos and received handshakes of congratulations. Emerging from the crowd, I saw her approaching me with her mom—the same dark hair—and her father. Their faces, their smiles, their steps toward me, each a showcase of joy and hurt, as if a wound in each of them had yet to heal and the presence on campus had carved a fresh layer of pain. They greeted me. I saw each of their features in their daughter and then, a gift bag and a card were offered to me. Words of gratitude were spoken, “We can’t thank you enough for what you did for our daughter.” I murmured how brave she was and how I knew the future would be bright and fresh. She had secured a wonderful professional opportunity out of state.

I will always remember this student—her experiences, her courage, and my friend Julia’s kindness and trauma-informed support. The student
taught me about resiliency, healing, compassion, and the power of being connected to other human beings. These are important in the transition from victim to survivor. She taught me about educating students whose lives had been affected by trauma. The purpose of this book is for individuals who are becoming nurses to begin to recognize past traumas in their lives—how these experiences may affect behaviors and perceptions of others, as well as the trauma experienced by those they render care to.

YOUR TRAUMA “SCRIPT”

Perhaps you recognize yourself or someone you know in the story Karen just shared. If not the specific injury, the student’s experiences after a traumatic event may have reminded you, become a trigger, of an event in your life. This event might have occurred in your past, in childhood for example, or more recently. Diagnoses such as attention deficit disorder and learning disabilities can carry with them labels such as “lazy,” “stupid,” and “broken.” Overcoming an initial traumatic event, such as physical and emotional injuries in a car accident, can precipitate another trauma, such as the loss of function. Sometimes, we may not consciously recognize when trauma has occurred until later when we’ve had time to reflect and process it—or be reminded of it through a real-time event.

Now you’re in nursing school and may be faced with additional forms of trauma related to offering comfort to others in times of crisis and extreme vulnerability. In life, we experience many universal emotions, including love, joy, and hope. We are compelled to add that, for many of us, experiencing trauma is also a common thread. Nurses are unique creatures who listen to, empathize with, and at times, grieve with individuals they render care to. It is important to understand your “trauma script” as you read these pages because you take on many roles in society, and trauma touches each of us in different ways.

You have a cultural and historical context that brings with it experiences, both good and bad, that have shaped who you are. You or a family member/friend may have experienced significant trauma. Nursing as a profession has yet to achieve gender balance, and therefore, as women, we have experienced our own trauma or been caregivers to those who have.
Yet, as men increasingly join the nursing workforce, they also bring with them stories of trauma, such as sexual harassment, from both patients and managers. Sons and daughters, partners, mothers, and fathers—we care for them, literally and figuratively. Trauma affects not only the person who has experienced it but also those who are indirectly involved. You may be part of this second layer of trauma. In other words, no one is without some exposure to psychological trauma. The overall goal of this book is twofold: to help you recognize trauma (in yourself and others) and to learn ways of recovering from trauma so that you can heal and bring holistic healing to others.

AIMS OF THIS BOOK

We take this opportunity to clarify that this is not a “self-help” book. It is also not a substitute for a therapeutic relationship with a mental health provider or a proxy for support from family and friends. However, this text is an important first step in becoming aware of how trauma may have influenced you as an individual and/or those around you, including peers and family. We discuss a viewpoint that includes the psychological implications of trauma's effects, why people who have been traumatized act in the ways they do, and how to intervene in smart, informed ways as you render care as a nurse. Specifically, our goals are:

*To expand your understanding of what psychological trauma is and what types of trauma exist in society today.* Although nurses are caring professionals with unique knowledge and skills, we also recognize that trauma invades internal and external environments. This book offers a primer on conceptualizing psychological trauma and understanding the common forms of trauma in society. It is meant to provide a foundation of knowledge in this area so that you can move forward as a caregiver in a “trauma-informed” way. Being trauma-informed means that you see individuals’ behaviors through the lens of how trauma impacts an individual. Their behaviors may appear to be odd, difficult, hostile, or even aggressive. Internally, they may be struggling with a need to feel safe, low self-esteem, anxiety, sadness, loneliness, or depression. This book describes the “why” behind how people who have experienced trauma may feel and act.
To increase your personal insight into your past, present, and potential future experiences that may be traumatic. Our trauma scripts are with us, similar to a physical feature that may change with time but is in some form a part of us. It is not that we want to be reminded of past trauma; instead, often we suppress, ignore, minimize, or intellectualize our past hurts and harms. By reading this book, you may begin to appreciate what has happened in your life and brought you to this point of becoming a nurse, and you may make sense of the whispers of past traumas. We describe some of the particular ways that nurses are vulnerable to both physical and psychological trauma. We know that trauma can instill a fear of the future, one’s prediction that outcomes will always be negative. Thus, stress increases. But the right amount of stress can serve to motivate us, provide a sharper focus. It is finding that balance between motivating stress and toxic stress that we want to achieve. Despite the fact that we are a caring and trustworthy group of professionals, nurses continue to be targets of peer and supervisor bullying and targets of violence in the workplace. This brings us to another theme that we want to weave into our book.

To build a resilient workforce who is prepared to process and heal from trauma and help others heal. The duality of personal and patient-focused trauma is real, and as nurses, the more centered we feel, the more we can offer to our patients. It is important to understand how certain populations may be more vulnerable to psychological trauma: those involved with natural disasters or war-time activities, minority groups (racial/ethnic and sexual minorities), and those who have experienced stressful childhood and lifetime events. These patients will become part of your lens as you instinctively offer care in a trauma-informed manner, with ease, competence, and tools to lessen pain.

ORGANIZATION OF THE BOOK

What you’ll discover in this discussion is both basic and advanced information about trauma and how we as nurses have much to offer in overcoming trauma’s legacy. Nurses are consistently rated as the highest trusted professionals for ethics and honesty (Brenan, 2018), and our hope is that this book will support continuation of this trust. We have organized this book’s initial
content in Chapter 1 to provide a foundation of what psychological trauma is and its physical, developmental, and emotional manifestations. The reactions of our brains to such fear-inducing situations and events explain much in future behaviors. Next, we move on to how trauma impacts the ability to learn and function, and we further emphasize how an individual successfully navigates herself in society. Behaviors that are born from trauma can be easily misinterpreted. Once those narratives are in place, they are difficult to amend. The heart of this book, however, revolves around specific strategies to increase your awareness of life experiences that include trauma and traumatic events, as an individual and as a nurse.

In Chapter 2, we examine trauma as you become a nurse and the unique aspects of the nursing profession that interface with psychological trauma. We provide information so that you can recognize signs and symptoms of trauma to support your journey in becoming a nurse. Myriad types of trauma, unfortunately, invade nursing today. From historical trauma, passed down from generation to generation, to workplace violence, nurses need to be ready and prepared to face these phenomena.

In Chapters 3 and 4, we discuss ways to assess for psychological injuries and specific strategies to heal from trauma. We discuss how adverse experiences in childhood impact individuals’ health and mortality. As well, we provide an overview of the experience, event, and effects of trauma, important considerations for individuals as they interpret the meaning of the trauma in their lives. In these chapters, principles of trauma-informed care and how nurses’ different forms of knowledge can address trauma are emphasized. Lastly, we offer advice on how nurses can use information from trauma-informed approaches to provide effective interventions to those who have experienced trauma.

This brings us to Chapter 5, in which education and healthcare organizations can integrate trauma awareness and practices. Existing guidelines are mapped to trauma-informed principles for educators and supervisors. Moving from systems to individual practices in Chapter 6, we present ways the new nurse can promote healing in patients through the use of theory and the ways of knowing in nursing. In Chapter 7, we describe how trauma may be situated in the legal and ethical environments, carved by federal laws and an awareness of violence against women and men, particularly in academic
settings. We examine the vulnerabilities of those whose sexual and gender identifications lay outside of mainstream ideologies.

We summarize our discussion in the final chapter, and with your new self-awareness, leave you with thoughts to consider as you move closer to becoming a professional nurse. Through a delineation of the trends reflected in this body of work, we discuss what we see for the future shaped by a trauma-informed view. Our hope is for you to become more resilient and more compassionate and to deliver higher quality care with the knowledge provided in this book.

A word about the evidence we cite in this text. Many individuals believe that literature published longer than five years ago is outdated. While we agree with this rule the majority of the time, we take a slightly different view in this book for a number of reasons. First, the discovery of new knowledge is cumulative. At times, there may not be more recent literature to cite; therefore, an older publication still offers new, relevant information. This may be a seminal paper, influencing later work, or simply knowledge that no other piece of published work can replace. Second, we take an interdisciplinary approach to the literature cited in this book. As trauma is continually and increasingly studied in various disciplines, including nursing, we needed to ensure that the best information was included, regardless of the discipline of origin. Third, while our goal has been to present an overview of trauma, the literature far surpasses what our space in this book allows. Given this, we have attempted to include systematic review articles, meta-synthesis and meta-analysis, and other “state of the science” reviews. In other words, these articles provide rigorous summaries of the published literature on the topic. The student nurse and new nurse are encouraged to pursue additional study as needs and interests direct.

We also interject “Trauma-Informed Reflections.” These questions may be the basis for individual, paired, or group reflections and discussions. They coincide with the subject being discussed and provide opportunities for you to expand on the topic. The questions are meant to bring a deeper understanding of the content, more than the consumption of knowledge brings us.
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One last thought to share with you. Companion books accompany this text: an instructor’s guide and student workbook. These supplementary texts offer activities and simulations that allow application of the content of this “parent” book. As with the narratives presented in this book, each simulation is based on composite cases, representing no one individual, but a conglomeration of vignettes to facilitate application of trauma-informed care. You may recognize yourself, a family member, a peer, or a friend in the accompanying student workbook’s simulation case studies. These cases reside in our academic and practice environments, in individuals and patients whose paths cross ours, bound together by trauma.

As we close this introduction, we’d like to leave you with another quote from Gandhi—one that speaks to what we believe to be a critical part of person-centered care. As data science and technology construct important paradigms in healthcare today, we want to remind you that it is the humanness we bring to those under our care and to ourselves that brings us healing. We discuss compassion at length in this book, but for now, it is an important reminder.

“Compassion is a muscle that gets stronger with use.”
– Mahatma Gandhi

REFERENCE