



# *HEALTHY CHOICES, MOMENT BY MOMENT*

REGIONAL NURSING WORKSHOP  
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# Outline

- *Moment by moment - opportunity to decide how to react to our environment*
- *Personal - Challenges and practical strategies for your well-being*
  - Stress and chronic stress
    - Review the physiology of stress, Hypothalamic-Pituitary-Adrenal (HPA) Axis, and cortisol;
    - Suggestions for stress management
    - When to seek professional assistance
- *Workplace – Challenges and practical strategies for your well-being*
  - *Psychological Health & Safety: An Action Guide for Employers ( Mental Health Commission of Canada, 2012)*
  - *Trauma Informed Practice (TIP)*
- *Emphasis will be on utilizing a holistic approach, and exercising personal choice moment by moment.*

Your Psychological Health Begins with You...

# Choice Map: We choose moment by moment

- Learner Mindset VS Judger Mindset?
- <http://inquiryinstitute.com/CM.pdf>

# What is Stress?

- Highly subjective phenomenon
- The non-specific response of the body to any demand for change (Hans Selye, 1936)
- “ Medical or biological context stress is a physical, mental, or emotional factor that causes bodily or mental **tension**. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). Stress can initiate the "fight or flight" response, a complex reaction of neurologic and endocrinologic systems.
  - <https://www.medicinenet.com/script/main/art.asp?articlekey=20104>
- How does stress affect you?

# Take the Stress Quiz: Test Your Emotional IQ

- <https://www.medicinenet.com/stress/article.htm>

# What is Trauma?

- “trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love”
  - *Tara Brach, 2011*
- “ a deeply distressing or disturbing experience”
  - <https://en.oxforddictionaries.com/definition/trauma>
- “an emotional response to a terrible event like an accident, rape or natural disaster”
  - <http://www.apa.org/topics/trauma/>

# Components of Trauma:

- It was unexpected
- The person was unprepared
- There was nothing the person could do to stop it from happening

<http://trauma-recovery.ca/introduction/definition-of-trauma/>



# Exposure to Violence and a Child's Developing Brain

- Dr. Bruce Perry
- <http://www.youtube.com/watch?v=brVOYtNMmKk>

## Short Term Effects of Fight/Flight

- The stress response was designed to work in short infrequent bursts
- Harmful effects of fight-flight response are minimal, as long as this response is short in duration and infrequent.
- *Increased:* heart rate,
- respiratory rate,
- blood pressure,
- blood sugar,
- strength,
- alertness,
- learning, memory
- vasoconstriction.
- *Decreased:* Digestive and reproductive functions.



***Too Much/Too Long = trauma***

# Cortisol

# Stress and the Body

- Exposure of the organism to a variety of stressors would result in complex neuroendocrine response primarily involving the hormones of the pituitary and adrenal cortex (Selye, 1936)
- Immune, metabolic, and neuronal responses are important in the organism's early defense to abnormal stressor, but if prolonged, may lead to specific organ damage (Scaer, 2001,p. 70)

# The Body Bears the Burden: Trauma, Dissociation, and Disease

- Resulting “diseases of stress” reflect the well-known systemic side effects of prolonged therapeutic glucocorticoid administration: diabetes, atherosclerosis, hypertension, peptic ulcer disease, obesity, osteoporosis, and cognitive/emotional impairment
- “Chronic & prolonged exposure to unremitting life stress is associated with a cluster of vascular, hormonal, immunological, neuronal, and degenerative diseases that are largely attributable to exposure to abnormal amounts of glucocorticoids” (Scaer, 2001, p. 71)

Your Psychological Health Begins with You...

Your Narrative ...  
Your Life Experiences...

# PTSD Risk/Prognostic Factors: Pretraumatic Factors

## ■ Temperamental

- *Emotional problems <6 years of age (traumatic exposure, anxiety)*
- *Prior mental disorders (PTSD, OCD, panic/depressive disorder); Environment*
- *↓SES; ↓education; prior trauma; childhood adversity (\$, family dysfunction, parental separation/death; cultural characteristics (fatalistic or self-blaming coping strategies; ↓intelligence; minority/ethnic status; family psychiatric history*
- *\*social support prior to event is protective*

## ■ Genetic & physiological

- *Female gender, younger age for exposure to trauma; certain genotypes may be protective or ↑risk of PTSD after exposure to traumatic events*



# PTSD Risk/Prognostic Factors: Peritraumatic Factors

## ■ Environmental

- *Severity, perceived life threat, personal injury, interpersonal violence (perpetrated by caregiver or involving a witnessed threat to a caregiver in children), military personnel*
- *Dissociation occurs during trauma and persists*

# PTSD Risk/Prognostic Factors: Posttraumatic Factors

## ■ Temperamental

- *Negative appraisals, inappropriate coping strategies, and development of acute stress disorder*

## ■ Environmental

- *Subsequent exposure to repeated upsetting reminders, subsequent adverse life events, and financial or other trauma-related losses*
- *\* Protective: social support (family stability for children)*

## Holistic Self care (Mussell, 2005)

- ***Physical***
  - *nutrition, exercise, sleep*
- ***Emotional***
  - *boundaries*
- ***Intellectual/Mental***
  - *Concepts, ideas, thoughts, habits, discipline*
- ***Spiritual***
  - *State that reflects inner peace, personal harmony, and balance*

# Suggestions for Coping

## Suggestions for Coping cont.

# Self Care & Support

Everyone requires a self-care plan & tool box to build support in multiple areas in your life!

- 4 Levels:
  - *Advance Preparation*
  - *“In-the-pocket” strategies*
  - *Recovery Strategies*
  - *Ongoing self care*

# General Strategies

- Self care: physical, emotional, mental, and spiritual
- Emotions – (normal range)
  - *aware, acknowledge, personal plan to address, distraction (walk, read, etc.,)*
- Healthy boundaries – with self and others
- Healthy communication – with self and others
- Body – your best friend!
- Time management - prioritize
- Coping strategies & relaxation – what do you do to relax or decrease stress?
- Increase repertoire of healthy coping strategies – keep experimenting
- Mindfulness – being present
  - *Depression – thinking about past*
  - *Anxiety – thinking about future*
- Knight in Shining Armour ?
- For example:
  - *Gratitude – 10 new things every day for six weeks*

# Time Management



## Seek Professional Assistance if...

- Your reactions are still interfering significantly with your life a month after the traumatic event
- Your reactions feel overwhelming and too difficult to cope with on your own
- You are struggling to meet your daily demands (personal & professional)
- You are using alcohol or drugs to cope
- Significant disruption in sleep pattern

[www.students.usask.ca/health](http://www.students.usask.ca/health)

# Addressing Traumatic Experiences & PTSD Symptoms

- Cognitive Behavioral Therapy (CBT)
- Holistic Approach to **Self-care** (Physical, Emotional, Intellectual/Mental, Spiritual)
- Somatic-Based Therapies:
  - *Eye Movement Desensitization and Reprocessing (EMDR)*  
<https://emdrcanada.org/emdr-defined/>
  - *Eye Movement Integration (EMI)*  
<http://www.nlpco.com/library/eye-movement-integration-therapy/#axzz3yTvRpY8a>
  - *Somatic Experiencing (SE)*  
<http://www.traumahealing.org/>

# Psychological Safety in the Workplace

# Goal of Psychological Safety: Integrating Mental Health Care and the Workplace

[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

- *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*
- "we can and must promote mental health in all walks of life, and do everything possible to reduce people's risk of developing a mental health problem or illness" (p. 3).
- 6 Key Strategic Directions: promote, recovery, access, ↓ disparities, work with FN, mobilize leadership

[http://www.mentalhealthcommission.ca/English/system/files/private/document/Workforce\\_Employers\\_Guide\\_ENG.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/document/Workforce_Employers_Guide_ENG.pdf)

- *Psychological Health & Safety: An Action Guide for Employers*
- P6Framework: *policy, planning, promotion, prevention, process, persistence*

## Second Victim

- A health care provider involved in an unanticipated adverse patient event, medical error and/or a patient related-injury who become victimized in the sense that the provider is traumatized by the event.
- Frequently, second victims feel personally responsible for the unexpected patient outcomes and feel as though they have failed their patient, and feel doubts about their clinical skills and knowledge base.

(Scott, Hirschinger, Cox, McCoig, Brandt & Hall, 2009)

## PTSD

- Exposure to actual or threatened death, serious injury or sexual violation.
- Disturbance causes clinically significant distress or impairment in social interactions, capacity to work
- Re-experiencing, avoidance, negative cognitions and mood, and arousal.

<http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf> )

# Most Commonly Reported Physical and Psychosocial Symptoms

(Scott, Hirschinger, Cox, McCoig, Brandt & Hall, 2009)

## Physical

- Extreme fatigue
- Sleep disturbances
- Rapid heart rate
- ↑ heart rate
- Muscle tension
- Rapid breathing

## Psychosocial

- Frustration; ↓job satisfaction; anger; extreme sadness; difficulty concentrating; flashbacks; loss of confidence; grief; remorse; depression; repetitive/intrusive memories; self-doubt; return to work anxiety; second guessing career; fear of reputation being damaged; excessive excitability; avoidance of patient care area

## Impact on Health Care Providers (HCPs)

- Can overwhelm usual coping strategies
- Reduced cognitive, emotional, and behavioral performance
- May negatively affect work performance
- Implications for both the career path of the HCP and the efficiency and productivity of the organizations

(Matthews, 1998)

# PSYCHOLOGICAL HEALTH & SAFETY: AN ACTION GUIDE FOR EMPLOYERS

Mental  
Health Commission of Canada, 2012





## *Policy*

- Obtain endorsement from organizational leaders
- Build the Action Team
- Communicate the Policy

## *Planning*

- Gather the Facts
- Survey Your Employees
- Measure Readiness to Change

## *Promotion*

- Build Employee Resilience
- Create a Respectful Workplace
- Enhance Mental Health Knowledge

## *Prevention*

- Primary Prevention
  - *Provide Stress Management Training*
  - *Support Work-Home Balance*
- Secondary Prevention
  - *Provide Self-Care Tools*
  - *Provide Manager Training*
- Provide Early Intervention through EFAP Tertiary Prevention
  - *Support Staying at Work*
  - *Ensure Access to Psychological Treatment*
  - *Provide Coordinated Disability Management*

## *Process*

- Plan Your Evaluation
- Measure the Implementation Process
- Measure Short and Longer Term Outcomes

## *Persistence*

- Support Champions and Communities of Practice
- Create a Culture of Psychological Safety

# Trauma Informed Practice (TIP)

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- Takes into consideration the prevalence of the many forms of violence & trauma and the variation in how each individual copes, and emphasizes the person's safety, choice, and control.
- [http://bccewh.bc.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)
- <http://psycnet.apa.org/record/2005-06764-007>

# Trauma-Informed Practice Guide

- 2011 – consultations with practitioners
- May 2013 - TIP Project Team & Advisory Committee (BC)
- [http://bccewh.bc.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

# Incidence of Trauma

- Common
  - *76% of Canadian adults report some type of trauma exposure;*
  - *9.2 % meet the criteria for PTSD*
  - *Estimated 50% of all Canadian women and 33% of Canadian men have survived at least one incidence of sexual or physical abuse*
- Trauma & potential for misdiagnosis (p. 11)



# Trauma

= “experiences that overwhelm an individual’s capacity to cope” (p. 6)

- **Single incident trauma:** accident, natural disaster, witness violence
- **Complex or repetitive trauma:** ongoing abuse, domestic violence, ongoing betrayal, trapped emotionally or physically
- **Developmental trauma:** early exposure (infants & youth); neglect, abandonment; physical or sexual abuse; witness violence/death; interferes with healthy attachment & development
- **Intergenerational trauma:** psychological/emotional effects that can be experienced by people who live with trauma survivors; coping/adapting patterns can be passed down
- **Historical trauma:** cumulative emotional/psychological wounding over the lifespan & across generations emanating from massive group trauma. Examples: genocide, colonialism, slavery, and war

# Principles & Practice of Trauma-Informed Approaches (4)

## ■ 1) Trauma awareness

- *Trauma central to development; range of adaptations; relationship with substance use/physical health/mental health*

## ■ 2) Emphasis on safety & trustworthiness

- *Often feel unsafe; Often experienced abuse of power in important relationships; Currently living in unsafe relationships or living situations*
- *Mitigate: welcoming intake, clear information about programming; ensuring informed consent; create crisis plans; demonstrate predictable expectations; and scheduling appointments consistently*

# Principles & Practice of Trauma-Informed Approaches cont.

- 3) Opportunity for choice, collaborative, and connection
  - *Environments: foster efficacy, self-determination, dignity & personal control, opportunity to establish safe connections – with treatment providers, families, peers, and the wider community*
  - *Staff: communicate openly, equalize power, allow expression of feelings without fear of judgement, provide choices for treatment preferences, work collaboratively with clients*

# Principles & Practice of Trauma-Informed Approaches cont.

## ■ 4) Strengths based & skill building

- *Clients assist to identify their strengths and to (further) develop resiliency and coping skills*

*Practitioners: emphasize teaching & modeling skills for recognizing triggers, calming, centering, and staying present*

# Safety & Needs of Practitioners

- Safety & changes in treatment culture
- Awareness of vicarious trauma & staff burnout
- May be triggered by client responses & behaviors
- Key elements of trauma-informed services:
  - *Staff education*
  - *Clinical supervision*
  - *Policies & activities that support staff self-care*

# 10 Principles of Trauma-Informed Services:

- Recognize the impact of violence & victimization on development and coping strategies
- Identify recovery from trauma as a primary goal
- Employ an empowerment model – conscious choice, partnership
- Strive to maximize choices & control over recovery
- Based in a relational collaboration
  - *Therapeutic relationship-respect, information, connection, and hope*

Elliot, D. E., Bjelajac, P., Fallot, R. D., Markoff, L.S. & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33, 4, pp. 461-477.

## 10 Principles of Trauma-Informed Services cont.

- Create an atmosphere that is respectful of survivor's need for safety, respect, and acceptance
- Emphasize strengths, highlighting adaptations over symptoms and resilience over pathology
- Minimize the possibilities of retraumatization
- Strive to be culturally competent, understand individual in the context of their life experiences & cultural background
- Solicit consumer input & involve consumers in designing and evaluating services

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# Summary



# Implementing Healthy Choices, Moment by Moment

Comments? Thoughts?

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