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NHPCO
National Hospice and Palliative
Care Organization

Trauma Informed End-of-Life Care

INTRODUCTION TO NHPCO'S RESOURCE SERIES

by NHPCO TIEOLC Work Group

Uncertainty, unpredictability, and a lack of control characterize traumatic events. In the current pandemic, these have become an everyday way of life. These conditions are challenging for us all, especially for the estimated 82 percent* of us who have experienced some form of trauma in our lifetime.

These abnormal situations can make individuals feel as if there is something wrong with them as they struggle. In fact, these reactions are normal in the face of abnormal events such as the ones we are currently experiencing. To respond to this need, the NHPCO Trauma Informed End of Life work group is developing a series of articles that provide information and recommendations to help navigate these unprecedented times.

Understanding the Importance

Pre-pandemic, healthcare professionals were beginning to understand the importance of Trauma Informed Care (TIC) to protect the well-being of both those we serve and our teams and organizations. TIC can contribute to improved well-being for staff and patients, increased satisfaction, decreased complaints, decreased emotional labor, reduced risks of burnout, and save other valuable agency resources. This is especially important while working in pandemic conditions.

The basic TIC principles include:

- safety
- trustworthiness and transparency
- peer support
- collaboration and mutuality
- empowerment, voice, and choice, and
- cultural, historical and gender issues

Re-Envision Support

Learning and implementing TIC principles can feel overwhelming for professionals and agencies. However, the risks are too great and potential benefits too important to delay action. As horrible as this pandemic is, it presents an opportunity to revolutionize our industry as we re-envision how we support each other and those we serve.

One predictor of compassion fatigue is a sense of blurred boundaries, the need to fulfill all of the needs of the patients and families we serve. The enormity of need is now so great that even the healthiest, most seasoned, and boundaried professionals are struggling with the moral distress of not being able to tend to it all.

TIC begins with recognizing and caring for our own needs. As professionals serving others, there is often guilt related to allocating time and resources to our

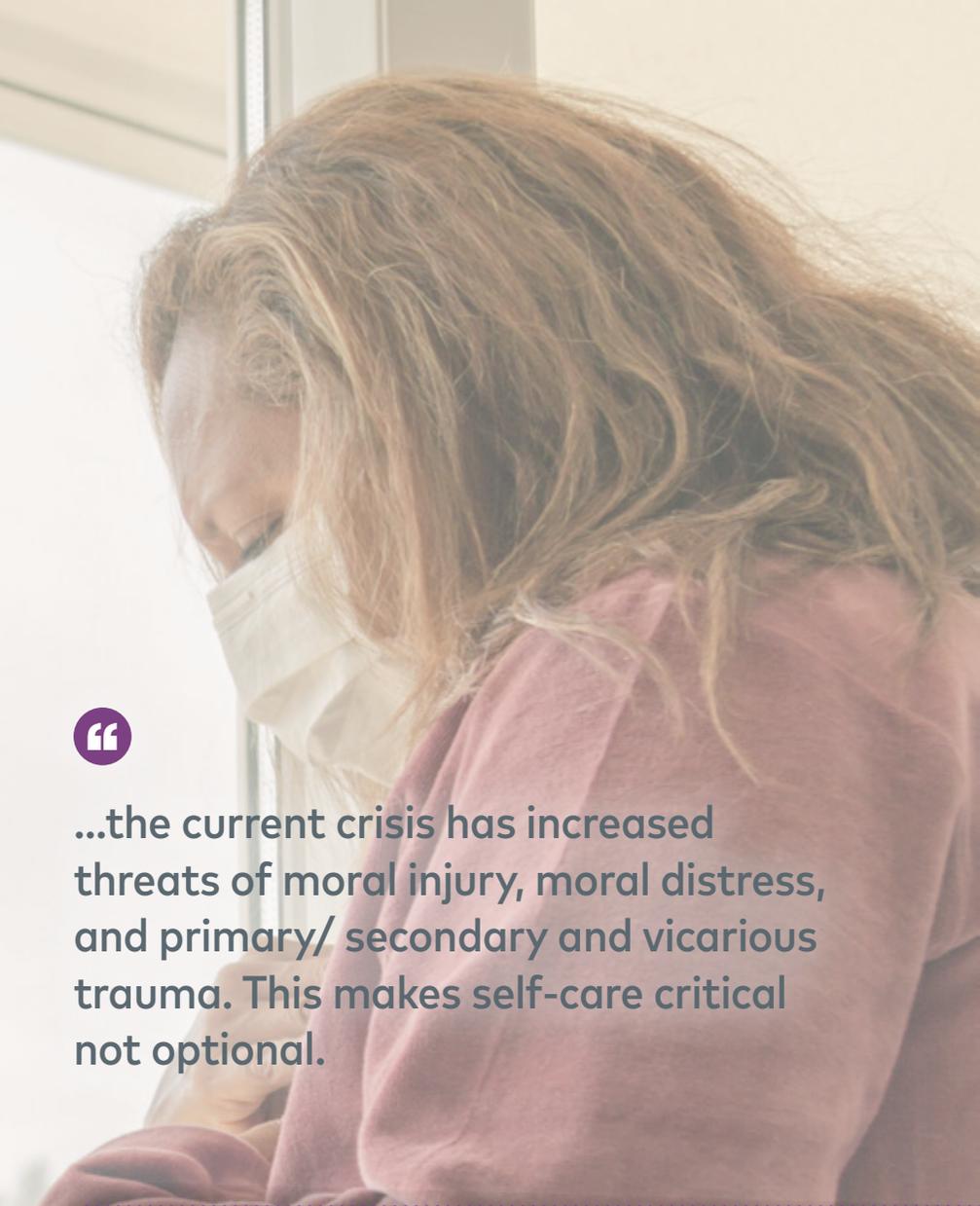
**Psychological Medicine* (2016), 46, 327-343. doi: 10.1017/S0033291715001981

own well-being. However, the current crisis has increased threats of moral injury, moral distress, and primary/ secondary and vicarious trauma. This makes self-care critical not optional.

With restrictions and demands increasing, we are asked to evaluate the most important aspects of caregiving and to reconnect with core hospice and palliative care philosophy. It invites inquiry as to why as caregivers we resist self-care and struggle with having too little or too much empathy for ways trauma manifests in others.

TIC principles endeavor to create an environment that helps staff and leadership adjust expectations, accept our limitations, and find satisfaction in the level of care we are able to provide. Trauma-informed leaders and organizations design policies and procedures that mitigate rather than exacerbate stressors that impact the well-being of our teams, and eventually, the patients and families.

There is an opportunity to create more effective ways for us to heal our past, develop better boundaries and become healthier, more resilient and emotionally intelligent. It will benefit us, those around us, our workplace, and those we serve.

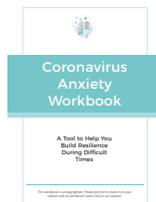


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Helpful resources:



[NHPCO's Trauma Informed EOL Care Resources](#)—from the TIEOLC work group



[Coronavirus Anxiety Workbook](#)—from the Wellness Society



[SAMHSA Concept of Trauma and Guidance](#)—for a trauma-informed approach



Mitigate Our Own Stress

TIC offers frameworks for how to name, process and approach our experiences and reactions to mitigate secondary trauma risks. The use of a trauma-informed lens and implementing debriefing practices can inform and support decision-making. As we grow, we can show up better for patients and their families.

Acknowledging that current challenges impact both our personal and professional lives, it is essential to find ways to mitigate our own stress in order to enhance resiliency and be able to provide care to patients. Below are 5 self-soothing skills that are easy to incorporate even in a busy workflow:

4-7-8 breathing: Research shows that exhaling longer than you inhale calms the nervous system. Try this breath pattern. Breathe in for the count of 4, hold at the top of the inhale to the count of 7, and exhale for 8. If these counts feel too long, adjust as needed. As you practice, your ability to lengthen the hold and exhale will improve. Repeat the cycle at least 3 or 4 times.

Waterfall: As you walk through a doorway, or enter a video conference, imagine a waterfall running down from the doorway washing any negative energy or tension off of you. This will allow you to release stress throughout your day rather than allowing it to build.

H.A.L.T.: When our basic needs are not met, we are less likely to be our best selves and are more susceptible to stress. When you find yourself Hungry, Angry, Lonely, or Tired, then take steps as quickly as possible to tend to those needs. Doing this consistently can help you stay more present for yourself and others.

Shifting our thoughts: Find a phrase that you can use to self-soothe when stress, frustration or despair are emerging. A few examples include: "We are all flawed and limited," "I am doing the best with the resources, skills and knowledge available," or "May I find ease, may I be happy, may I suffer less." Say the phrase on your inhale, and imagine releasing the emotion from your body on the exhale. Repeat this 3-5 times. Pairing your phrase with intentional deep breathing can increase the benefits.

5-S's: Find a space such as a break room, bathroom or hallway where you can take the following 5 actions. Stop what you are doing, Stretch arms toward the ceiling, Shake your entire body, Sigh with a large exhale through the mouth, Smile and notice any shifts in how you feel.

Utilizing these skills, we begin to embody and model the resilience we seek for ourselves and patients we serve. Doing these things will not necessarily change the situations we face or the challenges in front of us. They will not magically fix the source of our stress. These skills will, however, strengthen our resilience and help us more skillfully navigate whatever is in front of us.

For now, keep breathing, focus on what you can change, accept the things you cannot, and remember you are not crazy, you are not weak, and you are not alone.

Topics in this series from the TIEOLC work group will include:

- › How Hospice is different now (in the midst of a pandemic)
- › Measuring Success in a Pandemic/Redefining Success in a Pandemic –for leaders
- › Measuring Success in a Pandemic/Redefining Success in a Pandemic –for frontline staff
- › Moral Distress
- › Working with and In Nursing Facilities
- › Racial Trauma of Staff
- › Racial Inequity for patients
- › Interpersonal Trauma (Sexual)
- › Trauma of marginalization for persons LGBTQ+–and discrimination fears/realities in LTC
- › Pediatrics and Young Adolescents
- › Brain Failure/Cognitive Impairment
- › Health Disparities
- › Staff Leadership Skills training