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Bernadette and Katy teach how trauma-informed care can help our patients

Caregiver-patient relationships can be complicated by past traumatic experiences. Now, a social worker and a nurse have teamed up to teach how to help patients regain control, feel valued and become active in their care.

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Bernadette and Katy teach how trauma-informed care can help our patients

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Bernadette Hale, social worker, and Katy Krauel, RN, have teamed up to improve care on Providence St. Vincent's neurovascular unit.

"Trauma-informed care is almost magical. It really transforms your relationship with your patient. We want to share these principles with everybody." – Bernadette Hale

Katy Krauel, RN, and Bernadette Hale, a social worker within the care management department, have become an interdisciplinary force. While balancing their care for patients each day, the pair found time to teach their fellow caregivers about trauma-informed care techniques. This approach recognizes that behaviors displayed by patients often reflect the coping mechanisms they have developed in response to traumatic experiences.

The patients Katy and Bernadette serve on the neurovascular unit at Providence St. Vincent Medical Center are recovering from strokes, eating disorders, back surgeries, and even amputations. Long recovery times can be not only physically difficult, but also emotionally difficult for everyone involved.

Katy and Bernadette decided to teach an eight-course class to other caregivers about how trauma-informed care could benefit this vulnerable population of patients, as well as the caregivers serving them.

How does trauma-informed care fit into your daily care for patients on the neurovascular unit?

Katy: Trauma-informed care offers a preventive strategy to use with patients so negative behavior doesn't escalate. We look at patients' behavior through a lens that examines what has happened in their life. By breaking through barriers and really looking in-depth at a person, we can generate more compassion.

Many patients feel their control is completely taken away when they get to the hospital. When we work with a patient, we are completely transparent with them and try to help them recognize that they have a say in their situation. This goes a long way because no one likes to feel powerless, especially when someone has had a lot of control taken away from them throughout the course of their life.

What made you want to teach this approach to other caregivers?

Katy: For myself, it was my own personal passion to go to the Portland State University trauma-informed care program. I wanted to learn more about this type of care because we have a lot of patients who could greatly benefit from these techniques.

Bernadette has so much knowledge of trauma-informed care because of her work as a social worker. Through our class series, we were able to share with other caregivers the information we have gathered from our education and personal experience.

Bernadette: When Katy presented the opportunity for me to help with these classes, I was a little nervous because I am not a teacher. At the same time, I wanted to share with other Providence caregivers how there are so many small things that people can learn in a short amount of time that can really change their dynamic with a patient.

How have your interactions with patients changed since implementing trauma-informed care?

Katy: When I started taking trauma-informed care courses, we had a patient who had very complex emotional needs. There had been a lot of issues with caregivers getting "fired" by her so I was anxious to start working with her. I used several trauma-informed care principles including transparent communication, honesty and presenting her with choices. It totally worked. I haven't had issues getting someone to de-escalate since implementing these techniques.

Bernadette: Trauma is so prevalent that probably every single one of our patients has experienced a traumatic event, and it really effects the way they show up every day. When I use trauma-informed care techniques I just see patients feeling like they have so much more control; they feel more valued and they are more involved and active in their care. By using trauma-informed care, I feel like I have helped patients reach better outcomes.

Describe a situation that you found to be rewarding.

Bernadette: There was a patient who I worked with frequently over the course of a couple months. It took about three hospital stays using trauma-informed care to help her to trust me enough to be able to discuss her care plan.

Over time, we were able to develop a pretty trusting relationship, which allowed me to support her as she engaged in the care she needed. That was a really neat progression to experience because for many patients and caregivers, trauma-informed care is truly a process. We may not see the outcomes we want overnight, but we can always offer compassionate, trauma-informed encounters that build upon each other.

How do you see your trauma-informed care classes progressing in the future?

Bernadette: I am hopeful that everybody has an opportunity to do an introductory course, whether it is in person or completed with the upcoming HealthStream course. The principles of trauma-informed care are universal and something everyone can benefit from understanding.

Katy: People responded really well to the classes we taught and it was fun to be able to collaborate with Bernadette. I hope we can continue to teach more classes in the future. We are all on the same team and there is so much that we can learn from each other.



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Learn more about trauma-informed care

Trauma results from an event or set of circumstances someone perceives as physically or emotionally harmful. This can have a lasting negative effect on the person's ability to function in life.

Given the prevalence of trauma in our communities, a trauma-informed approach should be used in all of our patient care interactions. This approach recognizes that the behaviors displayed by patients may reflect the coping mechanisms they have utilized to survive past traumatic experiences.

If you would like more education on trauma-informed care for your team, please contact [Ann Kirby](#).