Caring for Trauma Survivors

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KEYWORDS

• Trauma • Trauma-informed care • Posttraumatic stress disorder • Vicarious trauma • Dissociation • Resilience • Self-care

KEY POINTS

- Define trauma and contributing factors associated with its aftermath.
- Review major concepts of trauma-informed care.
- Review the role of the psychiatric nurse in caring for trauma survivors.
- Describe evidence-based pharmacologic and psychotherapeutic approaches used in the treatment of trauma and stress-related disorders.

INTRODUCTION

Trauma results from an overwhelming encounter with an intense or distressful experience, such as rape or witnessing a murder, that causes emotional and psychological stress reactions. Trauma can and does impact the lives of all cultures, races, ethnicities, gender, ages, communities, and countries. Symptoms of trauma stem from the individual's adaptation to the traumatic event. Traumatic experiences are capable of producing adverse acute and long-term consequences. Typically, acute stress reactions emerge immediately after an exposure to a trauma and may manifest as intense anxiety and fearfulness, and concentration and sleep disturbances.[1] Researchers submit that the long-term impact of trauma exposure is linked to a myriad of mental health and physical disorders that contribute to the high use of primary care and emergency department resources by trauma survivors.[2]

PREVALENCE

Sixty percent of people encounter at least 1 traumatic event in their lives, but only a small percentage develop posttraumatic stress disorders (PTSD) or other psychiatric disorders.[3] Findings from the National Comorbidity study indicate that only 7% of people exposed to traumatic events will develop PTSD.[4] These data further indicate that approximately 20% of women and 8% of men will develop PTSD. Bryant and

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colleagues[5] assert that trauma reactions vary among people and that complete recovery occurs within 3 months in about 50% of trauma surveyors. In comparison, others may experience trauma reactions for 12 months or longer.[5] A considerable body of research purports that trauma survivors who develop stress-related disorders, such as PTSD, experience persistent exaggerated stress responses.

PTSD is the most commonly recognized psychiatric disorder after a traumatic event.[3,4] This quintessential and disabling psychiatric disorder frequently cooccurs with 1 or more psychiatric and physical disorders.[4] Common cooccurring psychiatric disorders associated with PTSD include depression, substance use disorders, and borderline personality disorders, all of which increase the risk of suicide.[6] Major physical problems linked to chronic stress disorders include cardiovascular disease and autoimmune disorders (ie, fibromyalgia, multiple sclerosis).[7–9] Trauma survivors are also likely to report an increased suicide or self-harm risk, impaired employment and interpersonal relationships, and poor quality of life.[10] Many trauma survivors seek services in primary care settings and present with unique health care needs.[2]

Considering the emerging number of individuals exposed to trauma, psychiatric nurses need to be knowledgeable of trauma and stress-related disorders and early interventions that mitigate their long-term adverse outcomes, particularly in vulnerable populations. Vulnerable populations include those who are younger, females, and combat soldiers. Equally important is for psychiatric nurses to recognize signs and symptoms of acute and chronic stress reactions and initiate nursing interventions that are strength based and person centric, and facilitate an optimal level of functioning and recovery.

This paper discusses the role of psychiatric mental health nurses in the identification, assessment, and treatment of patients who survive acute and chronic trauma. Core competencies associated with helping trauma survivors recover begin with understanding major underpinnings and core features of trauma reactions, establishing nurse–patient relationships guided by trauma-informed care, implementing trauma-specific care, and establishing collaborative relationships.

CAUSES OF TRAUMA AND STRESS-RELATED DISORDERS

The precise cause of trauma and stress-related disorders remains obscure, but most studies indicate that they arise from persistent or dysregulation of stress responses that are mediated by complex and multifaceted underpinnings.[11] A discussion of the multifaceted and complexity of trauma and stress-related disorders is beyond the scope of this article. However, it is well-documented that major determinants of the development of PTSD are vast. Major determinants include the type and severity of trauma exposure, ability to modulate emotional responsiveness, coexisting psychiatric disorders, personality and genetic factors, and quality of adaptive coping or resilience and problem-solving skills.[12–15] These factors are believed to mediate how one perceives the threat, modulates stress responses, mobilizes adaptive coping skills, and recovers from the event.

Consistent research implicates various neural pathways in stress modulation and memory formation after a traumatic event. For example, the nucleus incertus–hippocampus and medial prefrontal cortical pathway is implicated in stress responses and believed to play a dominant role in maladaptive stress responses.[14–16]

Supposedly, traumatic events activate the nucleus incertus via the corticotropin-releasing factor type 1 receptor stimulation suppresses the hippocampal–medial prefrontal cortical–key neural processes associated with the ability to mitigate or dampen stress responses.[15,16] Chronic stress responses cause dysregulation of the medial