

Research & Statistics: Trauma-Informed Care

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**Trauma-Informed Care
(TIC)**

Trauma Services

Trauma Needs



Mindfulness

Yoga for Mental Health

Trauma Awareness

Tai Chi

Sound Therapy

Aromatherapy

Massage

Talk Therapy

Latest Research & Statistics: Trauma-Informed Care

Compiled by Editorial Member, Journal of Nonprofit Organization

It is important for nonprofit leaders to be aware of the latest research in their field. Research encourages a nonprofit organization to find the most recent information available and be part of using best practices. As nonprofit organizations use best practices, outcomes are improved. There is a growing concern about gaps existing between nonprofit organizations operating on the ground and the information being discovered through the latest research.

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Case Study 1: Trauma-Informed Care for Children and Young People Who Have Been Trafficked: From Theory to Practice



From Sarah Boutros, *Archives of Disease in Childhood*; London Vol. 106, Iss. Suppl 1, (Oct 2021).

Background. Human trafficking is known as modern day slavery, and it is a human rights violation that impacts millions of children and young people (CYP) around the globe. "Research suggests a high prevalence of physical and mental health consequences from the trauma experienced, with potentially profound neuro-developmental and life-long health consequences for survivors. Trauma-informed care (TIC), which aims to meet the complex and unique needs of trauma survivors, is suggested as a way of working with trafficked CYP." There is currently little research on the needs of trafficked children and young people and how to address these needs by implementing TIC approaches.

Objectives. This article addresses the need to understand current TIC practices for children and young people (CYP) who have been trafficked and to add to the research on strategic care provision for trafficked CYP.

Methods. "Twelve experts working with trafficked CYP from a variety of professions were interviewed on their experiences of using TIC in practice. The semi-structured interviews included four main sections: (1) Defining trauma-informed care, (2) Participant's

background, (3) Sharing a story of an anonymized case illustrating good quality TIC in practice with a trafficked CYP, (4) Reflections and vision for the future. A thematic analysis of the data was then undertaken to gain a deeper understanding of TIC in practice. Particular attention was paid to ensuring confidentiality of the CYP whose stories were being shared throughout the interviews."

Results. There are 4 key themes discovered in this study, also showing several sub-themes, as follows: "(a) **TIC starts with a holistic understanding of human trauma** that includes understanding trauma and how it manifests, understanding CYP specific needs, and professionals seeing and hearing CYP. (b) **TIC is primarily a relational model of care.** Safety is a prerequisite to building a trusting relationship between provider and CYP, giving choices and collaborating with CYP helps give them back control, time is needed to build these relationships, and empowering trafficked CYP through a strength-based approach is key for recovery. (c) **For TIC to be effective the whole system needs to be trauma-informed as currently the system causes a lot of retraumatization.** A trauma-informed system would work collaboratively, and training would need to be an integral part of that system. (d) **The foundations of TIC already exist in current care practice.** It is a model of care that is CYP-centred, holistic, and compassionate. Creating TIC structures also helps decrease vicarious trauma for providers."

Conclusions. "This study has suggested a trauma-informed model of care for trafficked CYP that puts the provider-CYP relationship at its heart with a foundational basis of knowledge and understanding of trauma and its manifestations in CYP. **It suggested a universal trauma-informed system with effective collaboration between professional groups to better address the complex needs of trafficked CYP.** Finally, this study found that the foundations of TIC already exist in current practice and that, where TIC structures are in place, vicarious trauma can be reduced for providers." There needs to be further research, particularly with children and young people, to meet the needs of these individuals.

Case Study 2: Evaluation of Trauma Informed Care Training at a Level I Pediatric Trauma Center (PTC)

From Kelly, R; Russell, K N; Voith, LA; Huth-Bocks, A; Krock, M; et al., *Injury Prevention*; London, Vol. 27, Iss. Suppl 3, (Apr 2021).

Abstract

Statement of Purpose

"To evaluate baseline attitudes and confidence related to providing Trauma Informed Care (TIC) and quality of professional life of Emergency Department (ED) Staff at a Level I PTC, and to examine pre-post changes after a training session." This study hypothesizes that "TIC training will improve attitudes and confidence in delivering TIC."

Methods/Approach

This study involved 76 healthcare professionals who completed a pre-post survey as part of a TIC training at an urban, midwestern Level I PTC. "The training consisted of one 3-hour session covering the impact and pervasive nature of trauma, recognizing traumatic stress, and benefits of providing a healing environment. The survey included demographic questions, the Attitudes Related to Trauma-Informed Care Scale (ARTIC) measuring trauma-informed knowledge and attitudes, and the Professional Quality of Life Scale (ProQOL) measuring burnout and secondary trauma."

Results

Participants showed relatively high compassion levels, and more than half of the participants identified with low levels of burnout and secondary trauma. "Compared with pretraining (n=76), participants demonstrated a statistically significant increase ($p < 0.05$) in TIC knowledge and attitudes post-training (n = 35)."

Conclusions

"Though ED staff began with relatively high levels of trauma-informed attitudes and beliefs, the training yielded a positive increase in those attitudes. Given the small sample size and the fact that less than half of all participants who received training completed the

survey, the attitudes captured may be skewed towards participants who had higher baseline attitudes and were more motivated to deliver TIC. This provides an opportunity to adjust the training to improve engagement."



Significance

When we apply TIC to patients who experience traumatic injuries, TIC has the potential to show positive impact. This could also apply to healthcare professionals who may experience secondary traumatic stress through providing care. "Improvement in staff attitudes after the training session suggests possible benefits of continued TIC training."

Kelly, R., Russell, K. N., Voith, L. A., Huth-Bocks, A., Krock, M., M., S. A., & Barksdale, E. M. (2021). 0057 Evaluation of trauma informed care training at a level I pediatric trauma center (PTC). *Injury Prevention*, 27, A15. <https://doi.org/10.1136/injuryprev-2021-SAVIR.37>

Case Study 3: Next Steps: Applying a Trauma-Informed Model to Create an Anti-Racist Organizational Culture

From Esaki, Nina; Reddy, Maxine; Bishop, Cameron T. *Behavioral Sciences; Basel* Vol. 12, Iss. 2, (2022).

Abstract

"Although there has been a significant increase in the delivery of evidence-supported, trauma-informed care over the past few years, there has been less discussion around the consideration of the broader cultural, political, and societal factors that contextualize

client trauma and that also need to be recognized and understood to promote healing and prevent future trauma. In support of sharing some best practices and lessons learned, this article provides a case study of one agency that has used the Sanctuary Model®, an evidence-supported, trauma-informed organizational change model, to introduce the practice of cultural humility with staff as a facilitator of improved service delivery for clients from culturally marginalized communities. The model supports these endeavors through the adherence to the seven commitments, a set of organizational values for creating a trauma-informed community, allowing for all voices to be heard and considered and providing opportunities to begin the repair of previous experiences of inequity and suppression. Through the board of directors, leadership, and staff, the organization transformed its culture into one that truly supports and embraces diversity, equity, and inclusion in its operation for the benefit of both staff and clients alike.”

Trauma-Informed Care

“Cultural awareness, responsiveness, and understanding are essential to increasing access and improving the standard of trauma-informed care for children, families, and communities. Trauma-informed systems acknowledge the compounding impact of structural inequity and are responsive to the unique needs of diverse communities as represented by culture, history, race, gender, location, and language. Given the systemic roots of inequities, truly trauma-informed services require culturally responsive involvement across organizations, communities, and service sectors to reduce barriers, overcome stigma, address social adversities, and promote positive ethnic identities [23].”

Sanctuary Model

“One evidence-supported, trauma-informed organizational change intervention that has offered agencies a framework to advance an anti-racist organizational culture is the Sanctuary Model® [26,39]. The Sanctuary Model is an organizational culture intervention designed to support and facilitate the development of structures, processes, and behaviors that can counteract traumatic experiences or extended exposure to adversity [40]. The Sanctuary Model provides organizations with a blueprint for creating trauma-informed communities through organizational change efforts [41,42]. Created by Bloom, along with her colleagues Foderaro, a

clinical social worker, and Ryan, a clinical nurse practitioner, the Sanctuary Model is an organizational change model born from their work in a psychiatric inpatient hospital for adults [43,44]. The Sanctuary Institute at Andrus is the training and consulting home of the Sanctuary Model, having developed specific training and implementation milestones, and it is currently focused on delivery to and support for human services organizations.

This model defines sanctuary as a place of temporary refuge that allows for a different kind of social experience, where some of the usual societal rules are suspended and where the culture promotes safety not only for the clients, but for the staff as well [45]. The Sanctuary Model is a full systems approach to changing organizational culture [41]. Bloom [46], through this model, thinks that the primary component that leads to change is the creation of a safe, nonviolent community that promotes recovery for all individuals, and helps survivors of trauma and chronic stress to move past the effects of the trauma and stress by rebuilding and creating healthy attachments. Community in this respect refers to an organization and to departments within an organization, usually in the business of human services. This approach utilizes specific structures, practices, and behaviors to transform an organization [42].

Using four pillars as a foundation, the Sanctuary Model offers a lens for understanding behavior, both individual and organizational, as a manifestation of chronic and overwhelming experiences.

The four pillars are trauma theory, the seven commitments, the SELF framework, and the Sanctuary tools.”

Discussion and Implications

“Understanding the culture change that implementing the Sanctuary Model brings can help other human service organizations that are considering models of systems-based, trauma-informed culture change, specific to the work of cultural humility and anti-racism. The Sanctuary Model supports these endeavors through the adherence to the seven commitments, the organizational values to creating a trauma-informed community, allowing all voices to be heard and considered and providing opportunities to begin to repair previous experiences of inequity and suppression. Through the board of directors, leadership, and staff of a human services agency, an organization can transform the organizational culture into one that truly supports and embraces diversity, equity, and inclusion in its operations, in support of both staff and clients alike.”

Esaki, N., Reddy, M., & Bishop, C. T. (2022). Next Steps: Applying a Trauma-Informed Model to Create an Anti-Racist Organizational Culture. *Behavioral Sciences*, 12(2), 41. <https://doi-org.aspenuniversity.idm.oclc.org/10.3390/bs12020041>

Case Study 4: “We really need this”: Trauma-informed yoga for Veteran women with a history of military sexual trauma

From Braun, Tosca D; Uebelacker, Lisa A; Ward, Mariana; Cathryn Glanton Holzhauer; McCallister, Kelly, *Complementary Therapies in Medicine*; Kidlington, Vol. 59, (Jun 2021).

Abstract

“Up to 70% of women service members in the United States report military sexual trauma (MST); many develop post-traumatic stress disorder (PTSD) and co-occurring disorders. Trauma-informed yoga (TIY) is suggested to improve psychiatric symptoms and shown feasible and acceptable in emerging research, yet no work has evaluated TIY in MST survivors. The current quality improvement project aimed to examine TIY’s feasibility, acceptability, and perceived effects in the context of MST.”

Interventions

“Extant TIY program (Mindful Yoga Therapy) adapted for Veteran women with MST in concurrent psychotherapy.”

Results

There was a reporting from the women of TIY being acceptable. “In qualitative interviews, women reported improved symptom severity, diet, exercise, alcohol use, sleep, and pain; reduced medication use; and themes related to stress reduction, mindfulness, and self-compassion. Regarding quantitative change, results suggest acute reductions in negative affect following yoga sessions across participants, as well as improved affect dysregulation, shame, and mindfulness T1 to T2.”

Conclusions

The veteran women and MST survivors who participated in this study indicated that TIY is helpful with perceived behavioral health benefits. “Results

suggest TIY may target psychosocial mechanisms implicated in health behavior change (stress reduction, mindfulness, affect regulation, shame). Formal research should be conducted to confirm these QI project results.”



Braun, T. D., Uebelacker, L. A., Ward, M., Cathryn, G. H., McCallister, K., & Abrantes, A. (2021). “We really need this”: Trauma-informed yoga for Veteran women with a history of military sexual trauma. *Complementary Therapies in Medicine*, 59 <https://doi-org.aspenuniversity.idm.oclc.org/10.1016/j.ctim.2021.102729>

Case Study 5: SOS: A Simple Trauma-Informed Strategy for Teachers

From Hutchison, Brian. *YC Young Children*; Washington Vol. 74, Iss. 4, (Sep 2019): 86-87.

Abstract

“A child's trauma response can be violent, with the child hitting others, harming himself, or destroying objects-but the teacher remaining calm, and caring is critical to resolving the situation in the short term and building the child's social and emotional skills in the long term. First and foremost, it shares key research that shows teachers can make a difference: About the author Brian Hutchison, PhD, LPC, CCCE, is department chair and associate professor of counselor education at New Jersey City University.”

Hutchison, B. (2019). SOS: A Simple Trauma-Informed Strategy for Teachers. *YC Young Children*, 74(4), 86-87. <https://aspenuniversity.idm.oclc.org/login?url=https://www-proquest-com.aspenuniversity.idm.oclc.org/scholarly-journals/sos-simple-trauma-informed-strategy-teachers/docview/2293633446/se-2>

Case Study 6: Yoga Interventions Involving Older Adults

Journal of Gerontological Nursing;
Thorofare Vol. 48, Iss. 2, (Feb 2022): 43-52.

Abstract

"There is growing scientific evidence that yoga interventions have positive impacts on health in community-dwelling older adults. Older adults are an exponentially growing cohort; efforts to improve their health can also contribute to community health. The objective of the current integrative review was to examine quantitative evidence concerning effectiveness of yoga interventions related to the health of community-dwelling older adults. Six studies met inclusion criteria of community-dwelling older adults, randomized controlled trial (RCT) design, and yoga intervention in the past 10 years. Hatha yoga was most frequently used; interventions were well-received with high adherence rates. **Benefits from participation in yoga included improvements in psychological and physical health, such as reductions in anger, anxiety, and fear of falling, and increases in well-being, self-efficacy, improved executive and immunological function, strength, and balance.** Findings reveal that additional well-designed yoga RCTs are indicated with longer intervention and follow up to assess lifespan changes. [*Journal of Gerontological Nursing*, 48(2), 43-52.]"

Benefits included improvements in psychological and physical health, such as

- **reductions in anger, anxiety, and fear of falling,**
- **increases in well-being, self-efficacy,**
- **improved executive and immunological function, strength, and balance.**

Yoga Interventions Involving Older Adults: Integrative Review. (2022). *Journal of Gerontological Nursing*, 48(2), 43-52. <https://doi.org.aspenuniversity.idm.oclc.org/10.3928/00989134-20220110-05>

Case Study 7: Effects of Tai Chi on Patients with Mild Cognitive Impairment

Abstract

"**Background and Purpose.** Mild cognitive impairment (MCI) is a common condition, which threatens the quality of life of older adults. Tai Chi (TC) is growing in popularity among patients with MCI. This study is aimed at evaluating the effectiveness and safety of TC in older adults with MCI."



Practical Implications and Recommendations for Future Studies

"This meta-analysis suggests that **Tai Chi can safely improve cognitive function and physical activities in older adults with MCI when used with appropriate frequency and duration.** It provides positive evidence for clinicians that this may be a conducive treatment for this population. Tai Chi may improve plasma BDNF, and therapeutic effects could be documented by serial measurements.

Originating from traditional Chinese medicine theories, TC training sessions in the evaluated studies varied regarding frequency, duration, and mode. Hence, in future studies, we recommend standardizing the TC treatment plan, including defined mode, duration, and frequency, to further investigate the comprehensive effectiveness of TC in MCI patients. Meanwhile, to promote population representativeness and avoid bias, recruiting criteria need to be more specific and systematic. Furthermore, the improvement between cognitive domains should be compared to further investigate the pertinency of TC therapy. Thus, more specific functional neuroimaging, vascular biochemical markers, and more sensitive and objective measurement methods are needed in the future.

Conclusions

This meta-analysis indicates that **Tai Chi has positive clinical effects on cognitive function (global cognitive function, memory and learning, executive function, etc.), and physical abilities of older adults with MCI and provides a feasible approach to MCI management.** Despite these positive results, it is hasty

to arrive at a definite conclusion regarding the positive effect of TC for the treatment in older adults with MCI due to the general methodological quality and the heterogeneity of the included RCTs in this study. To provide stronger evidence, more multicenter, double-blinded, and placebo-controlled RCTs are required in the future."

Lin, R., Cui, S., Yang, J., Yang, H., Feng, Z., Wahner-Roedler, D., Zhou, X., Salinas, M., Mallory, M. J., Do, A., Bublit, S. E., Chon, T. Y., Tang, C., Bauer, B. A., & Xu, M. (2021). Effects of Tai Chi on Patients with Mild Cognitive Impairment: A Systematic Review and Meta-analysis of Randomized Controlled Trials. *BioMed Research International*, 2021 <https://doi.org/10.1155/2021/5530149>

Wild Ice Jewelry



Aromatherapy jewelry contains certain materials such as porous lava beads, suede, cork or wood that will absorb essential oils and mixes when dabbed slightly. Then you can enjoy the benefits of your specific healing aroma for hours. Popular mixes used daily have seen energy, focus or relaxation scents.



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Case Study 8: The Effects of Aroma Essential Oil Inhalation on Stress, Pain, and Sleep Quality in Laparoscopic Cholecystectomy Patients

Lee, JiA; Hur, Myung-Haeng. *Asian Nursing Research*; Seoul, Vol. 16, Iss. 1, (Feb 2022): 1-8.



Abstract Summary Purpose

"Patients undergoing cholecystectomy report experiencing stress related to the surgery, complaining of pain and poor sleep quality. Aromatherapy is

known to have positive effects on these complaints. However, the effect of aromatherapy on cholecystectomy patients has yet to be determined. The aim of this study, therefore, was to investigate the effects of aromatherapy on laparoscopic cholecystectomy patients' stress, pain, and sleep quality."

Methods

"This study was a randomized controlled trial involving 69 adults who underwent laparoscopic cholecystectomy. Essential oil therapy was given to an intervention group, and almond oil was given to a placebo group. The outcome variables were stress, pain, and sleep quality."

Conclusion

"The results of this study showed that inhalation of a blended oil comprising lavender, ylang-ylang, marjoram, and neroli for two days following surgery relieves stress, alleviates pain, and is helpful for sleep. Thus, nursing intervention using a blended aromatherapy oil inhalation method will benefit postoperative patients by improving recovery times, thereby expediting their return to daily life."

Lee, J., & Hur, M. (2022). The Effects of Aroma Essential Oil Inhalation on Stress, Pain, and Sleep Quality in Laparoscopic Cholecystectomy Patients: A Randomized Controlled Trial. *Asian Nursing Research*, 16(1), 1-8. <https://doi.org/10.1016/j.anr.2021.11.002>