



# Resilience in Practice: Strengthening Healthcare through Trauma-Informed Care

NOSM U WEBINAR SERIES

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JOSH NOYCE HBA, BSCPA, CCPA

[RNOYCE@NOSM.CA](mailto:RNOYCE@NOSM.CA)

# Disclosure

- ▶ Faculty: Josh Noyce
- ▶ Relationship with Commercial Interests:
  - ▶ Team Primary Care
    - ▶ Training for Transformation is an interprofessional, \$45.3 million initiative of the Foundation for Advancing Family Medicine, funded by Employment and Social Development Canada. This initiative is co-led by the College of Family Physicians of Canada and the Canadian Health Workforce Network, in collaboration with over 100 health professional partners and educational organizations across Canada to develop 40+ practitioner-specific, primary care team training projects.

# Session Objectives

By the end of this presentation, participants will be able to:

- ▶ Identify the core principles of Trauma-Informed Care (TIC) and apply them within their professional practice.
- ▶ Recognize the signs and symptoms of secondary traumatic stress, vicarious trauma, compassion fatigue, and burnout in healthcare providers.
- ▶ Consider effective self-care strategies to mitigate the impact of trauma exposure and maintain personal well-being in their professional roles.



According to the Centre of Mental Health (2023), **Trauma** is “the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person’s sense of safety, sense of self, and ability to regulate emotions and navigate relationships.

Long after the traumatic event occurs, people with trauma can often feel shame, helplessness, powerlessness, and intense fear.”

# Effects of Trauma on the Behaviour (The Stress Response)



## Fight

Response involves the release of stress hormones, leading to physiological changes.

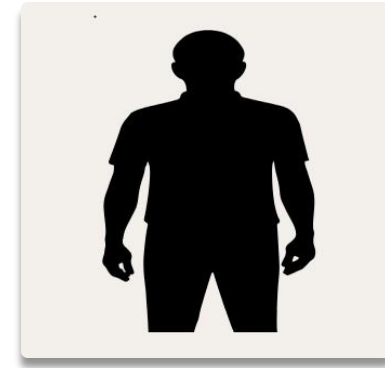
Increased heart rate, increased respiratory rate, muscle tension, sweating (Bremmer, 2006)



## Flight

Response involves the release of stress hormones, leading to physiological changes.

Increased heart rate, increased respiratory rate, muscle tension, sweating (Bremmer, 2006)



## Freeze

Response involves heightened attention. Overwhelmed system causes impaired attention.

# Introduction to Trauma-Informed Care

## ▶ **Trauma-informed care:**

- ▶ Recognizes the wide-reaching impact of trauma on individuals and potential paths to healing (SAMHSA, 2014).

## ▶ **Core Approach**

- ▶ Integrates trauma awareness into policies, procedures, and practices, especially in healthcare.

## ▶ **Key Goals**

1. Prioritize **Safety** and **Trustworthiness**
2. Ensure **Choice** and **Collaboration**
3. Foster **Empowerment** for trauma survivors

## ▶ **Purpose**

- ▶ Aims to prevent re-traumatization and support healing through a compassionate, survivor-centered approach.

# Principles of Trauma-Informed Care

## ▶ Foundational Approach

- ▶ Trauma-informed care draws from research, practical insights, and survivor experiences. Applicable across all care areas (SAMHSA, 2014; Gerber, 2019).

## ▶ Core Principles

### 1. Safety

- ▶ Prioritize physical and emotional safety; minimize re-traumatization risks.

### 2. Trustworthiness and Transparency

- ▶ Foster trust through clear, reliable communication and transparency.

### 3. Peer Support

- ▶ Value lived experiences; foster hope, empowerment, and resilience.

### 4. Collaboration and Mutuality

- ▶ Build shared decision-making; recognize individual strengths.

### 5. Empowerment, Voice, and Choice

- ▶ Promote autonomy and allow individuals a say in their care.

### 6. Cultural, Historical, and Gender Sensitivity

- ▶ Address cultural, historical, and gender-specific trauma impacts; tailor care to diverse needs.

# What does it mean to be Trauma Informed?

## **Realizing**

- ▶ Understand trauma's broad effects and pathways to recovery.

## **Recognizing**

- ▶ Identify trauma signs and symptoms in clients, families, staff, and others.

## **Responding**

- ▶ Integrate trauma awareness into service delivery, policies, and practices.

## **Resisting Re-Traumatization**

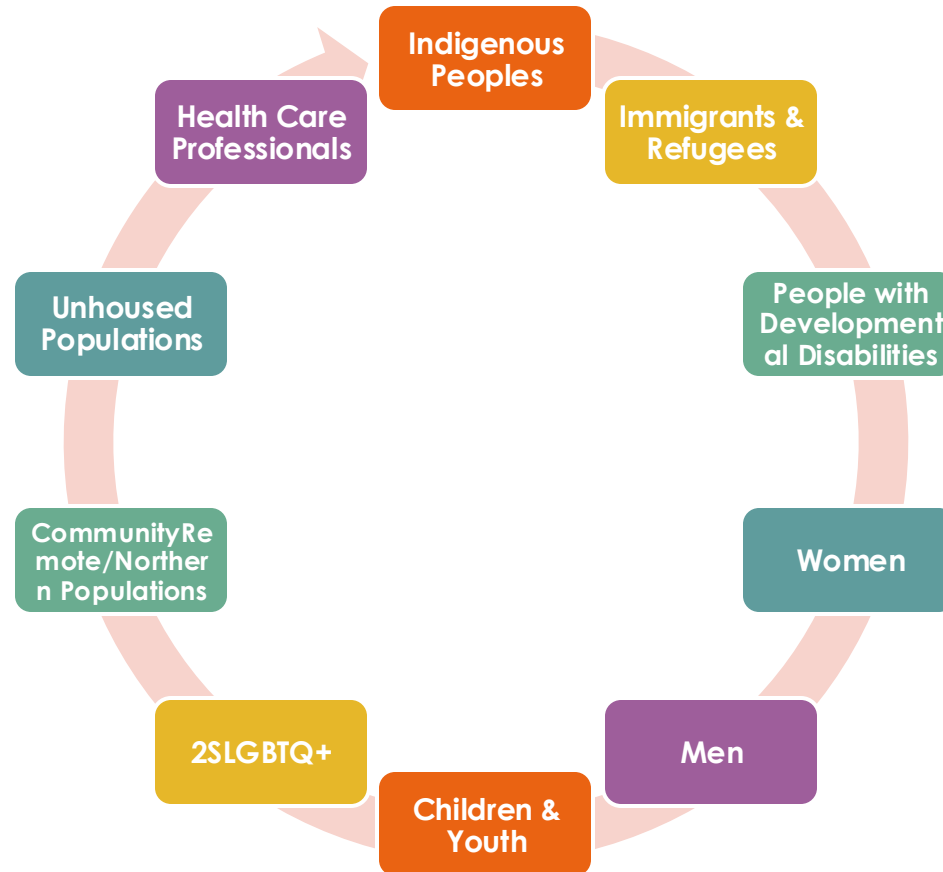
- ▶ Avoid practices that may distress or trigger traumatic responses.



# Recognizing Trauma

- ▶ **People may not always show obvious signs of trauma.**
  - ▶ High probability of encountering patients with PTSD or a history of interpersonal trauma (Gerber, 2019).
    - ▶ **Common conditions in Trauma Survivors:**
      - ▶ Anxiety
      - ▶ Depression
      - ▶ Anger
      - ▶ Substance abuse
      - ▶ Physical health issues
- ▶ **Important Consideration:**
  - ▶ Many patients are unaware that their symptoms may be connected to past trauma and may downplay or dismiss these events as trivial.

# Trauma in Different Populations



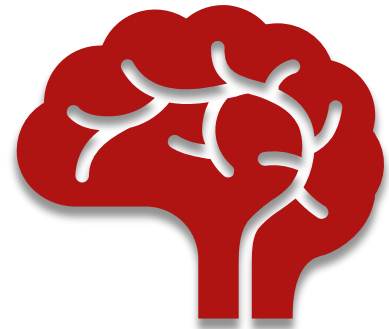
# Trauma in a clinical setting

- ▶ People with trauma histories may commonly present:
  - ▶ High burden of somatic symptoms, some of which remain medically unexplained (Stein et al., 2004)
  - ▶ Repeat medical visits and diagnostic tests are not ultimately therapeutic (Rosenberg et al.; Gerber, 2019)
  - ▶ Avoidance of medical care or downplaying of physical symptoms that may require intrusive exams (Gerber, 2019)
  - ▶ Uncooperative, anxious, or jumpy behavior during seemingly benign interactions (Gerber, 2019)
  - ▶ Strong emotional reactions such as crying, signs of panic, irritability, or becoming tearful during an exam without obvious cause (Gerber, 2019)
  - ▶ Overwhelmed trauma survivors may dysregulate, appear angry, or shut down emotionally (SAMHSA, 2013)



# Dissociative Episodes

- ▶ Dissociation is a disruption in normal psychological functioning (APA, 2013).
- ▶ **Management:**
  - ▶ Stop invasive exams or procedures; use grounding techniques to help the patient regain control.
- ▶ **Common Signs & Symptoms:**
  - ▶ **Memory Gaps:** Unaccounted time or “spacing out” (Morgan et al., 2001)
  - ▶ **Appearance:** Glazed look, “frozen” posture, withdrawn (Gerber, 2019)
  - ▶ **Behavior:** Sudden quietness, disorientation, distractibility (Gerber, 2019)
  - ▶ **Eye Contact & Posture:** Difficulty maintaining eye contact, changed posture (Bradley, 2003)
  - ▶ **Physical Symptoms:** Possible pseudo seizures linked to dissociation (Gerber, 2019)
  - ▶ **Mental State:** Trouble concentrating, feeling disconnected from the present



# Avoiding Re-Traumatization

*Re-traumatization occurs as an unconscious reminder of past trauma, causing a re-experience of the initial event.*

- ▶ Susceptibility:
  - ▶ Trauma survivors are at risk of re-traumatization, even in healthcare settings (Zgoda et al., 2016).
- ▶ Triggers of Re-Traumatization:
  - ▶ Situations or expressions that reflect dynamics of past trauma (e.g., loss of power, control, or safety)
  - ▶ Certain environments or attitudes that replicate trauma dynamics
  - ▶ Our Role as Physician Assistants:
    - ▶ Knowledge & Awareness: Understanding trauma's impact is essential for effective care.
    - ▶ Safe Space: Create a secure, supportive environment to minimize triggers and promote patient well-being.

# The Impact of Resilience

***Resilience** is the process and outcome of successfully adapting to challenging experiences through mental, emotional, and behavioral flexibility (APA, 2023).*

▶ **Key Elements Influencing Resilience:**

- ▶ **Personal Perspective:** Individual outlook and interactions with the world.
- ▶ **Social Resources:** Availability and quality of supportive networks.
- ▶ **Coping Strategies:** Specific approaches to handling stress and adversity.

# How to Enhance Resilience



**Maintain Wellness**



**Peer Support**



**Build Social Support Networks**



**Encourage Play**



**Encourage Other Passions/Interests outside of work**



**Develop Self-Connection**

# Implementing Trauma-informed Care (TIC)

- ▶ **Cultural Shift:** Embedding trauma awareness, knowledge, and skills at all organizational levels (BC Provincial Mental Health and Substance Use Planning Council, 2013).
  - ▶ **Routine Screening:** Consistent trauma screening and use of trauma-specific, evidence-based treatments.
  - ▶ **Holistic Coordination:** Collaborate with traditional healers and alternative service providers to support diverse healing practices.
- ▶ **Goal of TIC:**
  - ▶ **Accessible and Sensitive Care:** Design services to accommodate the needs of trauma survivors, reduce re-traumatization, and support recovery.
- ▶ **Next Steps:**
  - ▶ Explore the **Continuum of Trauma-Informed Care** as outlined by SAMHSA, detailing stages for effective TIC implementation.



CONTINUUM OF TRAUMA-  
INFORMED CARE

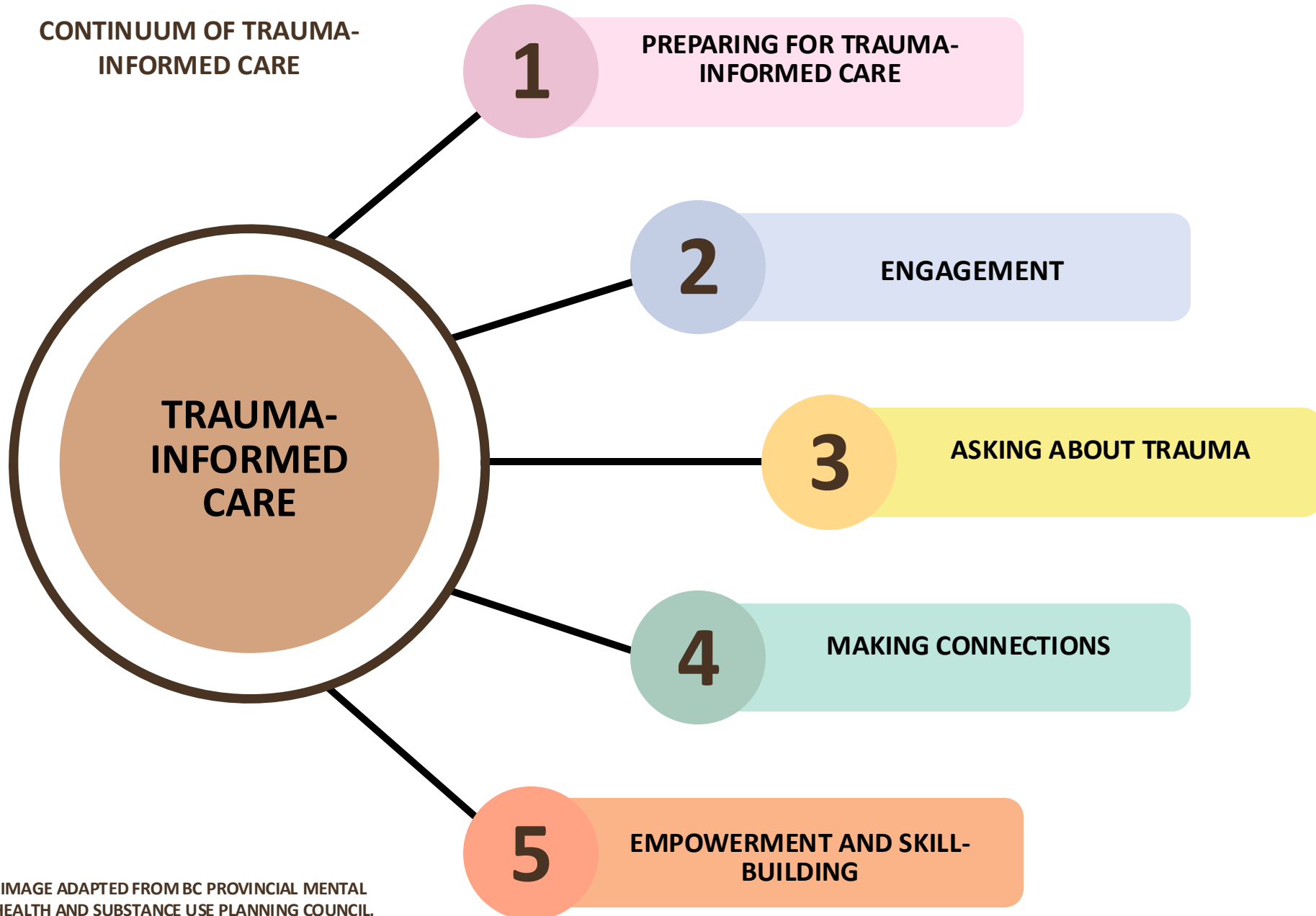
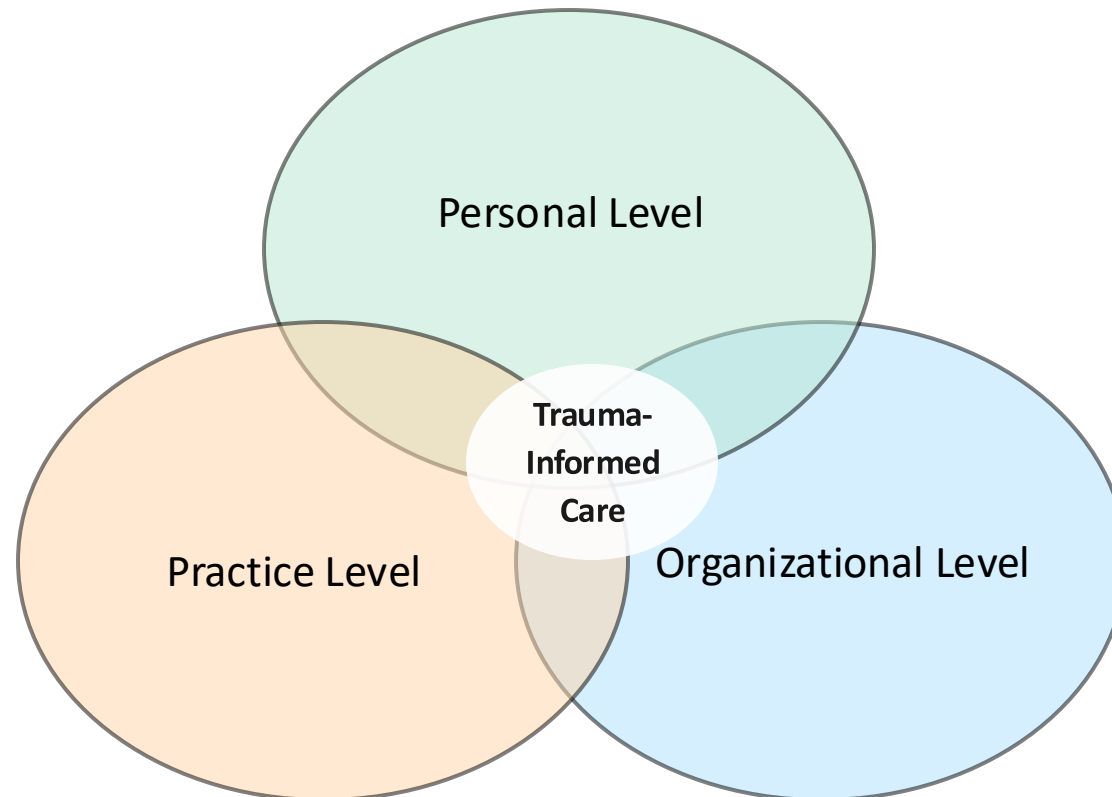


IMAGE ADAPTED FROM BC PROVINCIAL MENTAL  
HEALTH AND SUBSTANCE USE PLANNING COUNCIL,  
2013 (Team Primary Care, 2023)

# Preparing for Trauma Informed Care



# Supportive Questioning

- ▶ **"Can you tell me more about how you're feeling right now?"**
  - ▶ Encourages sharing of emotions without judgment.
- ▶ **"What kind of support do you feel would be most helpful to you at this time?"**
  - ▶ Empowers individuals to express their support needs.
- ▶ **"How can I assist you in feeling more comfortable during our time together?"**
  - ▶ Promotes comfort and respects individual preferences.
- ▶ **"What are your main concerns or worries at the moment?"**
  - ▶ Allows identification of primary concerns.
- ▶ **"What does a good day look like for you, and how can we work towards more of those?"**
  - ▶ Envisions positive outcomes, promoting collaboration.
- ▶ **"Are there certain things that you find particularly challenging or stressful?"**
  - ▶ Identifies specific challenges for focused support.

# Inclusive Language

- ▶ Checking Pronouns:
  - ▶ "The facilitator will share their pronouns, and anyone who feels comfortable can do the same."
- ▶ Avoiding Ableist Language:
  - ▶ Use "He uses a wheelchair" instead of "He's wheelchair-bound" to focus on the person.
- ▶ Avoiding Heteronormative Language:
  - ▶ Use "partner" rather than assuming "boyfriend/girlfriend."
- ▶ Acknowledging Assumptions & Possible Racism:
  - ▶ "I realize I made an assumption based on your background; I apologize."
- ▶ Avoiding Generalizations:
  - ▶ Avoid statements like "All teenagers are rebellious"; respect individual differences.
- ▶ Admitting What You Don't Know:
  - ▶ "I'm not well-versed in Indigenous history but am open to learning more."

## Goal:

*Using people-first, strengths-based language helps reduce stigma and aligns with trauma-informed care principles (BC Centre for Disease Control Provincial Health Services Authority, 2020).*

# Engagement

- ▶ Consider All Barriers to Engagement
  - ▶ Use a social determinants of health approach; recognize systemic and personal barriers.
- ▶ Attend to Immediate Needs
  - ▶ Address essentials like food, housing, medical care, and safety; refer to other agencies if necessary.
- ▶ Be Transparent, Predictable, and Consistent
  - ▶ Offer translation and support services; keep promises and clarify actions beforehand.
- ▶ Establish Healthy Boundaries & Define Practitioner's Role
  - ▶ Set clear role limits, keep a professional yet caring tone, and recognize potential role conflicts.
- ▶ Provide Clear Program/Treatment Expectations
  - ▶ Explain entitlements, structure, attendance, and rules to ensure clarity and consistency.
- ▶ Obtain Informed Consent
  - ▶ Use simple language, clarify confidentiality, and address both verbal and non-verbal communication.
- ▶ Develop Grounding Strategies Collaboratively
  - ▶ Ask open-ended questions to help the patient identify calming strategies and support preferences.

# Asking About Trauma

## ASKING ABOUT TRAUMA

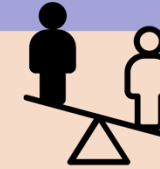
All patients should receive trauma informed care. Here are some helpful strategies:

### Disclosure is NOT required.



Review and make clear the limits of confidentiality

### Avoid power dynamics



Limit questions asked consecutively, instead use open-ended responses.

### Normalize the process



Provide rationale for questions and where possible emphasize that the process is normal.

### Focus the conversation

Keep the conversation safe, contained and focused on the present. Ask about:

- Strengths
- Interests
- Goals
- Coping skills
- Community connections
- Survival strategies
- Spirituality



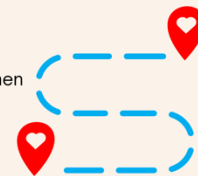
### Watch for signs



Stop if signs of trauma response are noticed.

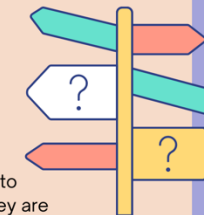
### Be selective with information

Ensure that the information being gathered will strengthen engagement and recovery



### Offer choice

Emphasize the patient's autonomy allowing them to select what questions they are comfortable responding to and go at their pace.



# Making Connections with Trauma Response

## POSSIBLE SIGNS OF A TRAUMA RESPONSE

SWEATING

MUSCLE STIFFNESS, DIFFICULTY RELAXING

CHANGE IN BREATHING

RAPID HEART RATE

FLOOD OF STRONG EMOTIONS (ANGER, SADNESS)

STARTLE RESPONSE, FLINCHING

SHAKING

STARING INTO THE DISTANCE

BECOMING DISCONNECTED, LOSING FOCUS

INABILITY TO CONCENTRATE OR RESPOND TO INSTRUCTIONS

INABILITY TO SPEAK



Adapted from BC BC Provincial Mental Health and Substance Use Planning Council, 2013

# Empowerment and Skill-Building

- ▶ Observe Body Responses and Words
  - ▶ Encourage eye contact; validate trauma responses (e.g., shaking, tears).
- ▶ Encourage and Ground
  - ▶ Offer undivided attention and reassure the patient that it's okay to express emotions.
- ▶ Stay Present
  - ▶ Avoid trying to talk the patient out of their response; focus on support.
- ▶ Offer Continued Grounding
  - ▶ Provide grounding until the patient feels safe and connected to the environment.
- ▶ Empower and Collaborate
  - ▶ Encourage the patient to assess their needs for safety; schedule a follow-up if necessary.
- ▶ Seek Support
  - ▶ Request peer or supervisor support for debriefing and addressing training needs.



# Secondary Trauma Conditions



# Vicarious Trauma

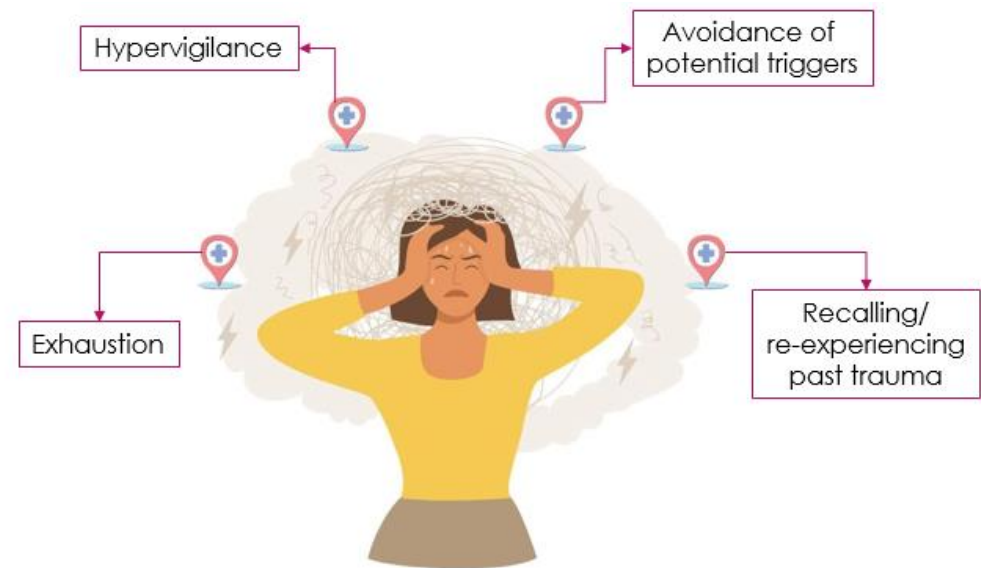
*Vicarious trauma arises from prolonged exposure to patients' secondary traumas, including violence, abuse, neglect, and loss (Nimmo, 2013)*

- ▶ Irritability
- ▶ Social withdrawal
- ▶ Overprotective
- ▶ Excessive worrying
- ▶ Overreacting
- ▶ Helplessness
- ▶ Sense of lack of safety



# Secondary Traumatic Stress (STS)

- ▶ **STS** is the emotional distress professionals feel from exposure to others' traumatic experiences, with symptoms similar to PTSD (Guitar & Molinaro, 2017).
- ▶ **Secondary Traumatic Stress:** Can arise from a single or limited exposure and develops more rapidly.
- ▶ **Vicarious Trauma:** Cumulative impact from prolonged exposure, leading to gradual worldview changes.



Adapted from Team Primary Care, 2023

# Compassion Fatigue

*A condition marked by emotional and physical exhaustion, reducing empathy and increasing feelings of helplessness due to exposure to patient trauma.*

**Develops with Prolonged Exposure:** Often seen with ongoing patient distress but can appear suddenly.

**Serious Impact:** May lead to physical and mental health issues for the provider.

**Risk to Patient Care:** Can contribute to poor clinical judgment and treatment errors.

## COMPASSION FATIGUE

### SIGNS & SYMPTOMS



FEELING HELPLESS & POWERLESS WHEN FACED WITH PATIENT SUFFERING

REDUCED EMPATHY & SENSITIVITY



OVERWHELMED & EXHAUSTED AT WORK

DETACHED, NUMB & EMOTIONALLY DISCONNECTED



LOSS OF INTEREST IN ACTIVITIES YOU USED TO ENJOY

ANXIETY, ANGER, IRRITABILITY & SADNESS



DIFFICULTY CONCENTRATING & MAKING DECISIONS

DIFFICULTY SLEEPING & NIGHTMARES



PHYSICAL SYMPTOMS: NAUSEA, HEADACHES, UPSET STOMACH, DIZZINESS

INCREASED CONFLICT IN RELATIONSHIPS



NEGLECTING YOUR SELF-CARE



SOCIAL ISOLATION & WITHDRAWAL



INCREASED SUBSTANCE USE & SELF-MEDICATING

# Burnout

*A state of emotional, physical, and mental exhaustion due to prolonged work-related stress, often resulting in feelings of overwhelm and emotional depletion.*

Characterized by:

- ▶ Overwhelming emotional exhaustion
- ▶ Depersonalization and cynicism
- ▶ Reduced sense of accomplishment and feelings of inefficiency at work

▶ Symptoms include:

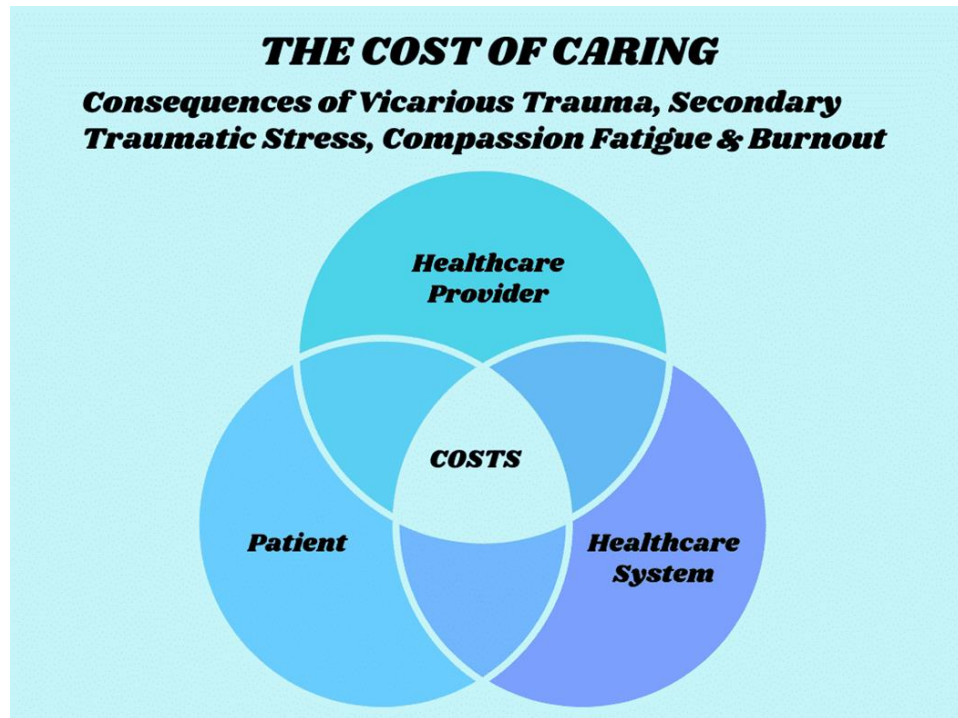
- ▶ Apathy
- ▶ Disgust
- ▶ Feelings of failure
- ▶ Guilt
- ▶ Melancholy
- ▶ Forgetfulness
- ▶ Disillusionment
- ▶ Exhaustion
- ▶ Hopelessness
- ▶ Irritability

# Provider Wellness Risk Factors

*(Canadian Medical Association, 2022)*

- ▶ Demographic groups with poor wellness outcomes
  - ▶ Age:
    - ▶ Providers under 35 report the lowest wellness and work satisfaction
  - ▶ Gender:
    - ▶ Those identifying as women score lower on health and wellness measures.
  - ▶ Career Stage:
    - ▶ Practitioners with 6–10 years of experience are at higher risk for stress, burnout, and poor wellness.
  - ▶ Parents & Caregivers:
    - ▶ Caregivers for children, parents, or family members report poorer health and wellness outcomes.
  - ▶ Geographic Location:
    - ▶ Providers in rural and remote areas face greater challenges to wellness.

# The Cost of Caring



Adapted from Team Primary Care, 2023

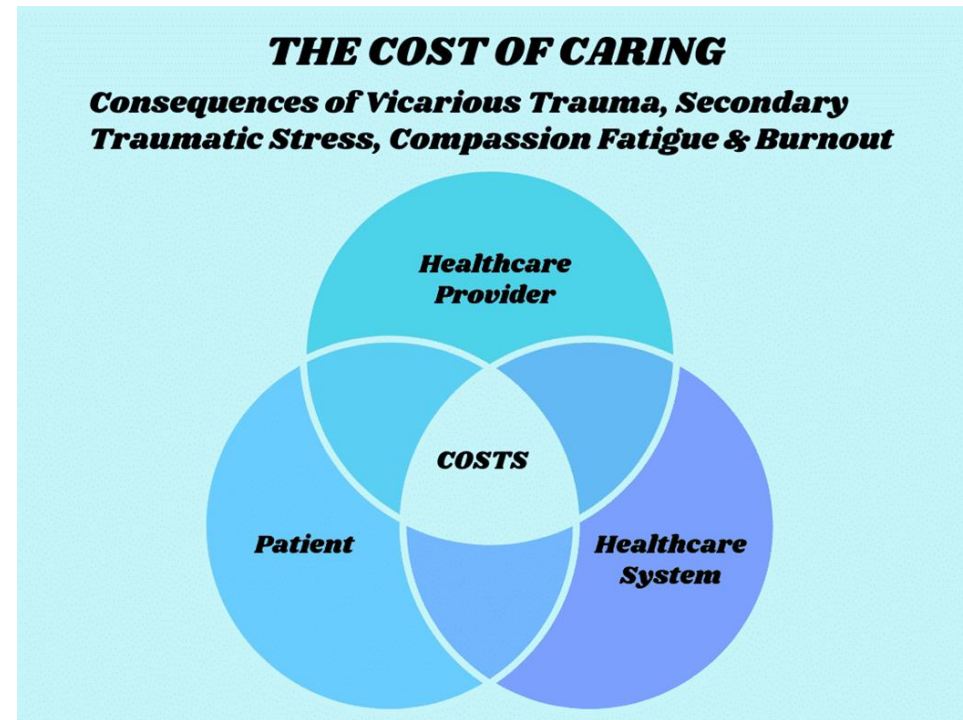
## ▶ Impacts on the Healthcare Provider:

- ▶ Physical Health: Increased somatic symptoms and health issues.
- ▶ Mental Health: Heightened anxiety, depression, and risk of suicidal ideation.
- ▶ Self-Care: Reduced self-care practices and risky behaviors (e.g., substance use, MVCs).
- ▶ Relationships: Strain in personal relationships.
- ▶ Professional Impact: Higher absenteeism and risk of leaving the field.

(Guitar & Molinaro, 2017; Ravi et al., 2021; West et al., 2018)

# The Cost of Caring

- ▶ **Impacts on the Healthcare System:**
  - ▶ Productivity: Reduced provider productivity.
  - ▶ Turnover: Increased staff turnover.
  - ▶ Patient Access: Decreased access to care due to provider shortages.
  - ▶ Financial Costs: Higher costs due to turnover and reduced efficiency.
- ▶ **Impacts on the Patient:**
  - ▶ Quality of Care: Lower quality and consistency of care.
  - ▶ Medical Errors: Increased risk of treatment and procedural errors.
  - ▶ Health Outcomes: Poorer overall patient health outcomes.
  - ▶ Satisfaction: Reduced patient satisfaction with care.



Adapted from Team Primary Care, 2023



# The ABCs of Prevention

*(Canadian Medical Association, 2020; Guitar & Molinaro, 2017; Maslach & Leiter, 2016; West et al., 2018)*

## Awareness

Recognize warning signs and symptoms of stress and distress

Regularly assess your own well-being

Practice mindfulness and grounding techniques

## Balance

Balance caseload between challenging trauma & routine medical assessments

Take time to eat, exercise, and rest

Spend time with friends and family outside of work

Use your lunch breaks & vacation time

Provider prescription: Work x8hrs, Play x8hrs, Rest x8hrs!

## Connection

Seek connections with other people, your faith or spiritual self, and nature

Participate in Continuing Medical Education

Be cautious with use of social media & technology as your primary source of connection, as screen time can be over-stimulating & is less personal

# Assessing Work-Life Well-Being

## Professional Quality of Life Scale (ProQOL):

**Purpose:** Measures compassion satisfaction, compassion fatigue, and burnout.

**Frequency:** Complete every 3–4 months, especially if working in high-risk areas.

## Why Use ProQOL?:

Helps gauge professional satisfaction and wellness over time.

Provides insights into your emotional health and identifies areas for improvement.

## Accessing the ProQOL:

The ProQOL can be freely accessed and used for self-assessment. For best results, answer based on experiences from the past 30 days.

### PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

#### COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never      2=Rarely      3=Sometimes      4=Often      5=Very Often

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I [help].
- \_\_\_\_\_ 3. I get satisfaction from being able to [help] people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I [help].
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a [helper].
- \_\_\_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- \_\_\_\_\_ 9. I think that I might have been affected by the traumatic stress of those I [help].
- \_\_\_\_\_ 10. I feel trapped by my job as a [helper].
- \_\_\_\_\_ 11. Because of my [helping], I have felt "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a [helper].
- \_\_\_\_\_ 13. I feel depressed because of the traumatic experiences of the people I [help].
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. I feel worn out because of my work as a [helper].
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- \_\_\_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- \_\_\_\_\_ 24. I am proud of what I can do to [help].
- \_\_\_\_\_ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a [helper].
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a very caring person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.

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# Personal Preparation Plan

## **In preparation for an encounter with a patient who has severe trauma history, I will ground myself by.....**

- ▶ Doing a full body scan and checking in with myself emotionally
- ▶ Make sure I have refueled my body by having something to eat, drink, and use the restroom

## **I will remind myself that.....**

- ▶ I am safe; their trauma is not my trauma
- ▶ I am doing my best to help this patient; this is not hopeless

## **I will know the work is starting to affect me negatively when.....**

- ▶ My heart is racing during the patient encounter
- ▶ I am struggling to sleep well at night

## **If that starts to happen, I will....**

- ▶ Pause, take a deep breath
- ▶ Do a mindfulness exercise after the encounter

## **Someone who can offer me support....**

- ▶ At work: my colleague/supervisor
- ▶ At home: my partner

## **Two self-care strategies that help me cope are....**

- ▶ Exercise
- ▶ Meeting up with friends

# Fostering Self-Care

- ▶ Refuel
  - ▶ Prioritize sleep and rest
  - ▶ Eat well
- ▶ Take a break
  - ▶ A pause between patients
  - ▶ Take your lunch break
  - ▶ Vacation time
- ▶ Speak kindly to yourself; treat yourself as well as you treat your patients
- ▶ Learn to say “no”
- ▶ Move your body!
- ▶ Unplug from social media, your phone, TV & the NEWS
- ▶ Smile-It really does help!



# Mindfulness

*Mindfulness is the practice of focusing attention on the present moment with acceptance and without judgment.*

## ▶ **Benefits for Healthcare Providers:**

- ▶ Enhanced Focus: Improves attention to the present, reducing distractions.
- ▶ Reduced Overload: Helps providers feel less burdened by tasks.
- ▶ Increased Empathy: Promotes a deeper connection with patients.
- ▶ Greater Job Satisfaction: Leads to pride and fulfillment in one's work.

## ▶ **Evidence:**

- ▶ Studies show mindfulness training improves burnout, empathy, and attitudes in primary care (Krasner et al., 2009, JAMA).
- ▶ Online resources for guided Mindfulness available for free, one example:
  - ▶ Care for Caregivers - <https://careforcaregivers.ca/mindfulness/>

# Grounding Techniques

## ▶ **Purpose:**

- ▶ Grounding techniques help reduce fear around emotions, restore balance, reconnect to the present, and promote personal control (Haskell, 2003).

## ▶ **Examples of Grounding Techniques:**

### ▶ The Solid Chair

- ▶ “Feel the solid support of the chair beneath you. Relax fully into its support, releasing any muscles not needed right now. Notice how your back contacts the chair, allowing yourself to sink in.”

### ▶ Feet on the Floor

- ▶ “Bring attention to your feet on the ground, imagining deep roots connecting you to the stable earth. Notice how weight is distributed, and take slow breaths, feeling the ground's strength as you stamp your feet.”

## ▶ **Further Reading:**

- ▶ For additional grounding techniques, refer to BC Provincial Mental Health and Substance Use Planning Council, 2013, Appendix 6.



# Where to Start?

- ▶ If you don't quite know where to start, here's some resources:
  - ▶ **NHS Audio Guides** for Mental Wellbeing is an excellent place to start.
    - ▶ <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/mental-wellbeing-audio-guides>
  - ▶ **HealthLinkBC** Well-Being resources page has a number of online resources for mindfulness, connection, and healthy mind
    - ▶ <https://www.healthlinkbc.ca/mental-health-substance-use/well-being>
  - ▶ **Care for Caregivers** provides mental health support for professional continuing care providers. For healthcare worker resources
    - ▶ <https://careforcaregivers.ca/>
  - ▶ **Anxiety Canada** – Provides access to MindShift CBT App
    - ▶ <https://www.anxietycanada.com/resources/mindshift-cbt/>



# Compassion Satisfaction & Vicarious Resilience



Increased passion & compassion in your work



Greater sense of professional purpose & fulfillment



Increased understanding of cultures & customs



Patient gratitude & appreciation



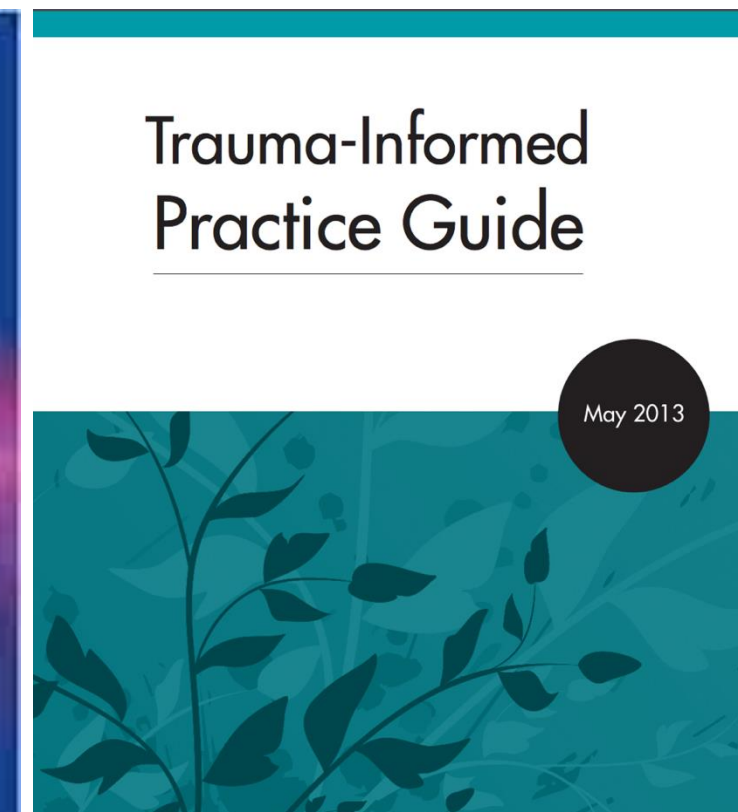
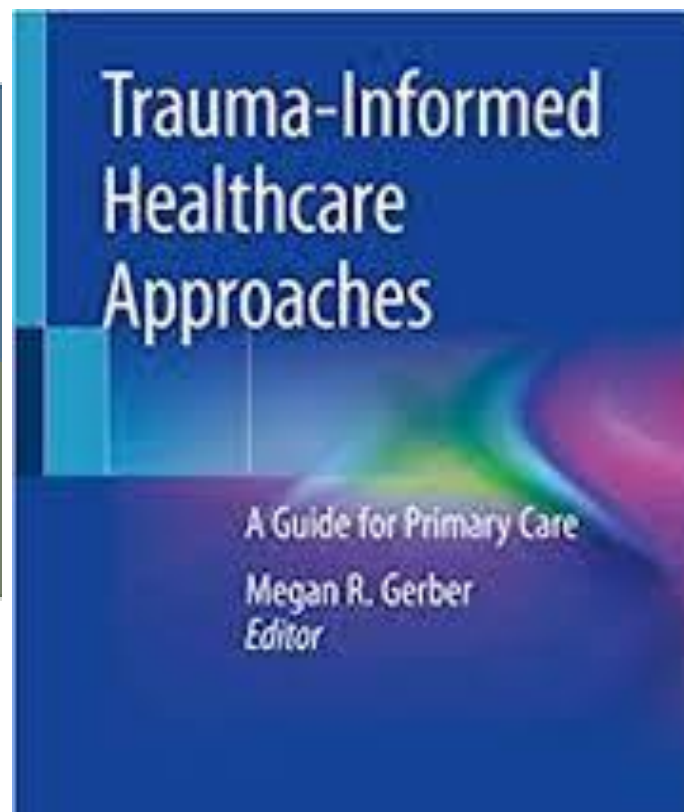
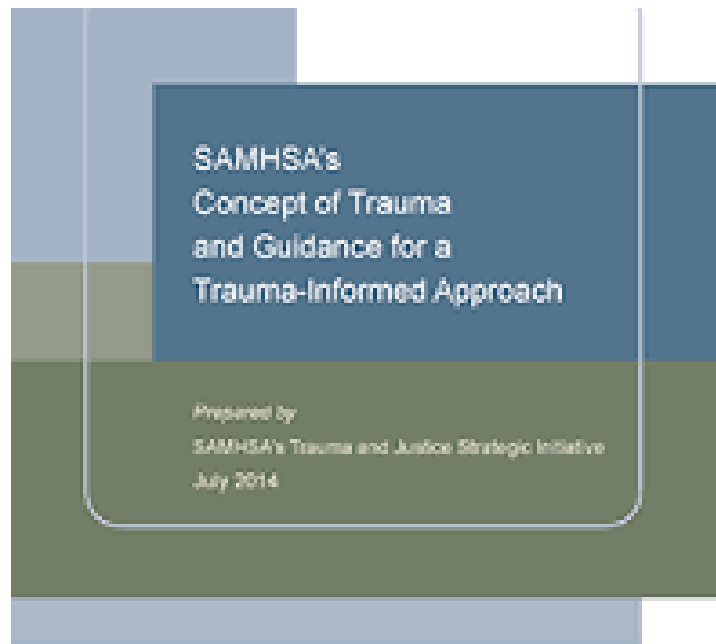
Greater appreciation for your own circumstances & relationships

- ▶ **Compassion Satisfaction:** The positive impact and rewards of caring for patients, which can help offset the risks of compassion fatigue.
- ▶ **Inspiring Vicarious Resilience:** Witnessing patient resilience and recovery can foster resilience and growth in healthcare providers (Cetrano et al., 2017; Hernandez-Wolfe, 2018).



# Trauma-Informed Care Resources

- ▶ Three clinically utilized documents that provide a detailed review of trauma informed care



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