

# Case study: Trauma-informed care [preceptor version]

## PHN RESIDENCY FOR NEW GRADUATES

### Objectives

1. Provide examples of nursing behaviors that promote development of trusting nurse/client relationships.
2. Give examples of strategies to decrease confusion between personal and professional roles.
3. Discuss the components of trauma-informed care and the interventions needed to promote a trauma-informed approach.
4. Discuss public health nurse (PHN) resiliency when dealing with vulnerable clients.
5. Discuss the concept of adverse childhood experiences (ACEs) and the influence ACEs may have on your interventions.

### Case study

The public health nurse (PHN) receives a referral to visit a client diagnosed with perinatal hepatitis B. The PHN calls the client to schedule a visit. During the call, Beth (the client) has many questions about the purpose of the visit and is hesitant for the PHN to make a home visit. Eventually the client agrees to a home visit. On the day of the visit, Beth answers the door and seems hesitant to invite the PHN into the house. After several minutes of talking in the doorway they move into the living room to continue the visit.

1. **Given Beth's reluctance in arranging a home visit, how might the PHN begin to establish a trusting relationship with the client?**

#### Answer:

- **Affirm her right to choose to continue services.**
- **Ask her to tell her story.**
- **Discuss the plan for visits, and emphasize that the goal is preventing transmission of hepatitis B to the baby and other family members.**
- **Ask what resources she currently has or what additional resources she thinks could help her in her pregnancy (support people, transportation, resource referral, etc.).**
- **Let her know the PHN is a resource if she has any questions about hepatitis B and her baby.**
- **Reassure the client that the PHN is there to help, and not to judge or take her child away.**

The PHN discusses the reason for the visit, which includes information about hepatitis B and care for the baby following birth. Part of the information given to Beth relates to the transmission of hepatitis B and the ability to acquire the virus sexually. Beth asks, "Are you saying I have a STD?" The PHN states this is just one method for transmission. Many children are born with hepatitis B because their mothers had the disease. During this time, Beth does not make eye contact with the PHN and offers health information very reluctantly. She leaves the room and returns several minutes later. She appears to have been crying. The PHN asks Beth if something she said was upsetting. Beth indicated her mother died of complications from hepatitis B when Beth was young. Her father was not present for her childhood, so she was raised by her grandmother. Beth does not expand on this topic and ends the visit, but is willing to schedule a follow-up appointment.

Because the PHN just completed a training on trauma-informed care, the PHN identifies there may be a connection between Beth's infection with hepatitis B and her mother's death.

**2. What are the components of trauma-informed care?**

**Answer: Trauma-informed care includes trauma awareness, safety promotion, rebuilding control, promoting connection, focusing on strengths, and belief in recovery. It is important to recognize the signs and symptoms of trauma in clients.**

**3. What are the signs and symptoms of trauma in clients?**

**Answer: Increased anxiety, hesitancy to answer questions, anger, withdrawal, tearful affect, substance use/abuse, and/or mental illness.**

At the second home visit, the PHN addresses the emotions the client displayed at the previous visit when discussing her mother. The PHN assures Beth that when she is ready, the PHN is open to talking about the possible connection between the trauma of her mother's death and her hepatitis diagnosis. Beth again becomes emotional and the PHN sits with her silently. After a few minutes, Beth stops crying and states she is willing to talk about her past. She acknowledges there may be a connection between her mother's death and her current infection.

The key principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment; voice and choice; and cultural, historical and gender issues.

**4. How can a PHN implement a trauma-informed approach?**

**Answer:**

- **Ask the client "What happened to you?" not "What's wrong with you?"**
- **Assure their personal safety as well as safety for others in the environment**
- **Honesty in the visit and dependability (showing up when the PHN is scheduled)**
- **Mutual goal-setting with the client**
- **Allowing the client to direct the visit as much as possible**
- **Emphasizing client strengths**
- **Not pushing the client for further details if not needed**
- **Performing active listening**
- **Referring the client as needed**

After three visits, the PHN has helped the client meet the outcomes for the initial hepatitis B referral. Beth is in a peer support group for trauma and has a standing monthly appointment for prenatal care. Her physician has a plan in place to vaccinate Beth's baby following delivery. The PHN discusses their plan to discontinue the PHN visits with Beth, and Beth objects stating, "You are one of my only friends; what will I do without you?"

Long-term relationships and making visits to people's homes can make PHNs feel much more connected to their clients and their families than nurses in an acute care setting. Occasionally, this results in confusion between being a professional and being a friend.

**5. List some ways the PHN can avoid confusion between being a professional and being a friend.**

**Answer:**

- **Keep in mind the sustainability of all practices (e.g., can you give rides to all your clients?).**

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- **Establish relationship boundaries at the start of the visits; set time limits for the visits in the very beginning.**
- **Have a generic answer ready, like “It’s our organization’s policy.”**
- **Do not give out personal information.**
- **Make additional referrals to appropriate support agencies (e.g., family home visiting, ECFE).**

PHNs often work with vulnerable, high-risk clients with many needs. The nature of this work can lead PHNs to experience many emotions and doubt their ability to make a difference for their clients. The PHN deals with many difficult situations where there are no apparent or easy solutions to the problems, which can be frustrating or difficult to manage.

**6. Discuss with your preceptor issues related to caring for yourself while caring for clients.**

**Answer: This may include setting professional boundaries, methods to promote resilience, debriefing of difficult clinical situations, having peer support relationships, etc. Sometimes understanding that there may be no solution, and being at peace with the situation, can be the solution.**

Adverse childhood experiences (ACEs) is an additional concept to consider. There is significant information and research on ACEs, and how these experiences continue to impact people into adulthood. Refer to the following article: Johnson, K., Woodward, A., Swenson, S., Weis, C., Gunderson, M., Deling, M., et al. (2017). Parents’ adverse childhood experiences and mental health screening using home visiting programs: A pilot study. *Public Health Nursing*, 34, 522–530. Online: <https://onlinelibrary.wiley.com/doi/10.1111/phn.12345>.

**7. After reviewing the article on ACEs, how might your knowledge of ACEs affect the care you provide to clients? Discuss the answers with your preceptor.**

## Concepts covered

Professional boundary-setting, PHN resilience, building trust with clients, adverse childhood experiences (ACEs), evidence-based practice, components of trauma-informed care and establishing a trauma-informed approach

## Additional resources

1. U. S. Department of Health and Human Services. (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. Online: <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>.
2. PACEs Connection. (2014). *Trauma-Informed Care Toolkits*. Online: <https://www.acesconnection.com/blog/trauma-informed-care-toolkits-1>.

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