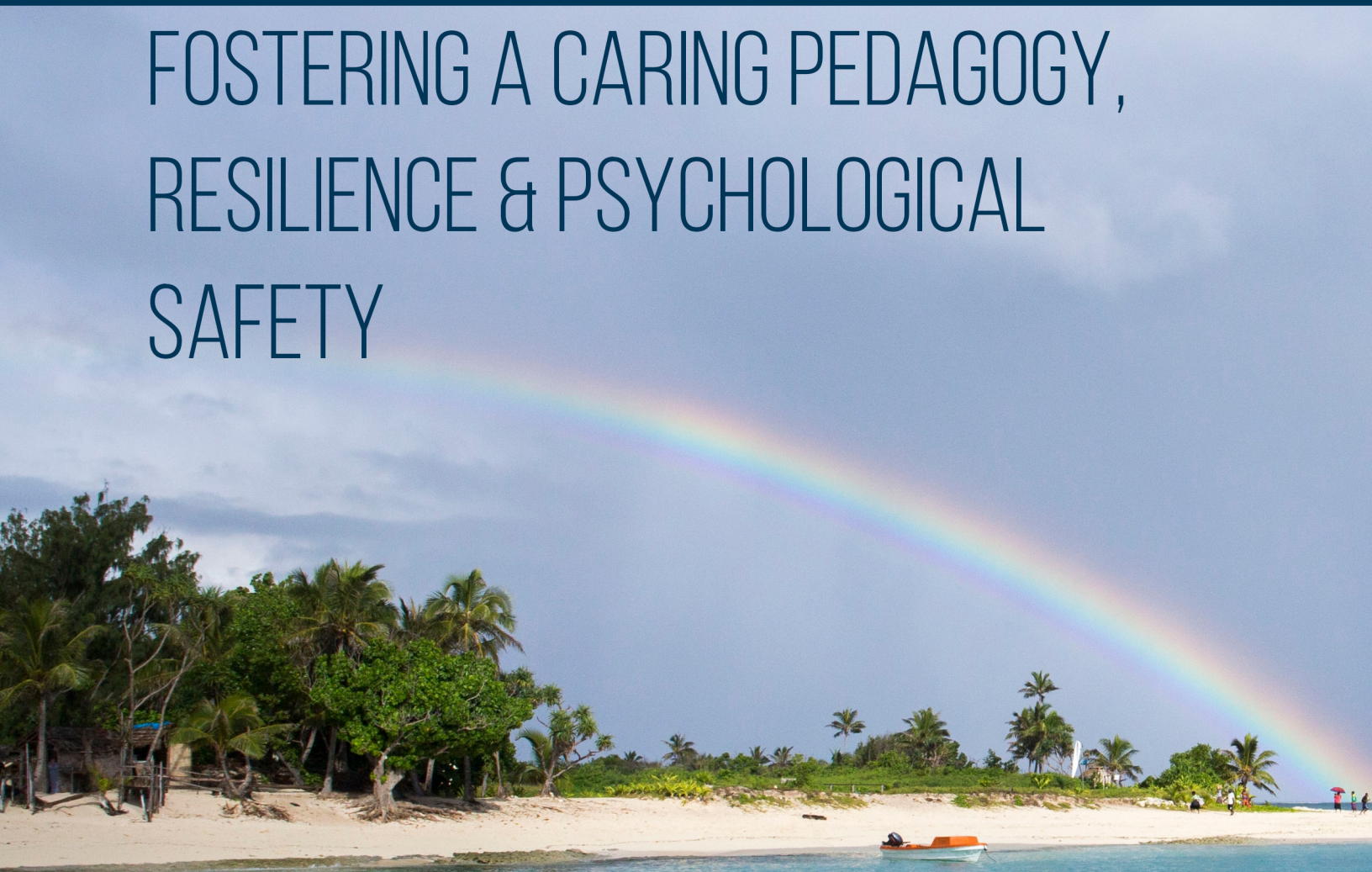
TRAUMA-INFORMED CARE FOR NURSING EDUCATION

FOSTERING A CARING PEDAGOGY, RESILIENCE & PSYCHOLOGICAL SAFETY



Kathleen Stephany

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Trauma-informed Care for Nursing Education Fostering a Caring Pedagogy, Resilience & Psychological Safety

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FOREWORD

"Real change is not the sole domain of leaders and so-called heroes; rather, change is driven forward by the choices and actions of each and everyone one of us."

-Jodie Wilson-Raybould (2022, p. 23)

We are at a pivotal time in our world, perched at the confluence of historically significant movements and events with an ever-increasing awareness of the impacts of our decisions on others and the environment. The Covid-19 pandemic has indelibly changed the landscape of healthcare and continues to affect individuals and teams who care for people, including those who have experienced intentional and unintentional trauma. Research on trauma, and our knowledge of this complex and highly subjective experience, continue to grow and evolve.

As nurses work in many areas beyond acute care settings, including in the community, long-term care, assisted living facilities, forensic systems, and postsecondary institutions, developing an awareness of the prevalence and impacts of trauma, while building on a strengths-based approach that prioritizes psychological safety, is crucial in helping all nursing professionals to work effectively and compassionately. Any client in any healthcare context, and any of our colleagues, may have experienced trauma. Since nursing practice is grounded in connection, it is vitally important we root our praxis in an understanding of how trauma can shape individual experiences and responses, while extending our gaze to consider how the systems in which we practice can more effectively support the physical, cultural, and emotional safety of people accessing care, as determined by clients themselves.

Within postsecondary education, estimates vary, but it is believed that as many as 89% of college students have potentially experienced at least one traumatic event, with the peak age of trauma exposure occurring between the ages of 16-20. Women, particularly racialized women, also report higher rates of trauma (Valdez, 2023). Students experiencing traumatic stress may have difficulties with learning and memory, attention and focus, problem-solving, and executive function, resulting in higher rates of absenteeism (Levi-Gigi, 2012). Therefore, it is vital that educators consider the experiences of learners to help mitigate the potential for retraumatization in the classroom, and help students learn within psychologically safe environments, all the while fostering resilience and building on a learner's strengths.

This new year will mark a two decade-long milestone since graduating with my nursing degree and starting my first clinical role at a busy trauma and neurosurgery unit at an inner-city hospital in Toronto, ON. I have been reflecting on how much my own understanding of nursing as a profession, and of myself as a nursing professional, has shifted over time. It was during my graduate studies that I started to become aware of the need for creating trauma-and-violence-informed and culturally safe environments for clients, families, and healthcare providers alike while working with Indigenous women who had experienced violence after listening to their experiences of seeking healthcare. As I pursued additional education in forensic sciences, completing my Forensic Nurse Death Investigator micro-credential [FNDI-MC] in 2023, I have developed a keen awareness of how the very systems meant to support and care for people can instead perpetuate violence and retraumatize them. As a society, and especially as nurses, we must move away from blaming survivors and victims of trauma, both in subtle and overt ways, and instead be cognizant of how our understanding of trauma shapes how we show up and engage with clients, colleagues, and society more broadly.

It has been suggested that a career in nursing requires openness, humility, and the ability to embrace the inherent complexity of healthcare systems and relationships. As human beings we integrate and assess vast amounts of information every day and our brains are primed for maximum efficiency. Yet, busy healthcare and teaching environments can create conditions that leave us all vulnerable to bias, stereotyping, and assumptions (Persaud, 2019). In turn, our implicit biases can create barriers to safe and equitable classrooms and healthcare environments even though that may not be our intent (Newlove, 2021) - this is why it is important to continually address and unpack our assumptions, and to operate from a place of moral courage, empathy, and respect.

Learning about trauma has been critical for me not only in my professional roles but in the volunteer work that I do as an investigator supporting families of missing persons. As the current Decolonizing Lead for a nursing program at a postsecondary institution in BC, I have been working closely with other faculty students, and staff in advancing Truth and Reconciliation within our program. Through this work, I have developed a renewed appreciation of the importance of self-compassion, mindfulness, self-awareness, and self-reflection in how I engage and help to lead this work under the guidance of Indigenous elders, knowledge-keepers, scholars, and collaborators. The recent Indigenous cultural safety, cultural humility, and anti-racism standard from the British Columbia College of Nurses and Midwives [BCCNM], for example, draws attention to the expectations of the regulatory body for registrants on providing culturally safe and anti-racist care for Indigenous clients. The standard considers Canada's shameful history of colonialism and the legacy of intergenerational trauma that continues to reverberate through Indigenous communities negatively impacting healthcare experiences and outcomes for many Indigenous peoples (In Plain Sight, 2020). Developing awareness of the various forms of trauma, and how trauma impacts health, benefits not only everyone seeking care but is also deeply transformative for healthcare providers. It is crucial that all nurses be willing to learn and unlearn while leaning into the discomfort of how we are complicit in some of the healthcare policies and practices that continue to perpetuate trauma and violence, and in doing so, cause harm.

I very much appreciate how the opportunity for deep reflection and engagement is woven throughout the pages of this book, and how Dr. Stephany provides numerous opportunities for readers to consider specific examples to help bring the concepts and ideas she explores within its pages to life. There are questions for further consideration that educators can build on for rich classroom discussions, as well as recommended strategies that help provide readers with helpful scripts and actions they can incorporate into their communication with peers, instructors, and clients. In my experience as an educator, providing learners and faculty with opportunities to consider and work through examples can help consolidate learning, and over time, shift one's practice. Dr. Stephany also centers on self-care in this book, normalizing some of the more challenging aspects of nursing school and providing an affirmative, validating, and thoughtful approach by focusing on strengths, resilience, and on finding joy in one's work. While there can be a tendency to pathologize trauma in some of the literature, I have found a more useful reframe to look at trauma as a normal response to abnormal events (Haskell & Randall, 2009) as Dr. Stephany does in this book as well.

Being a nurse has been an honour and a privilege. My life has been forever changed in innumerable positive ways by the beautiful mosaic of connections and experiences I have had with colleagues, clients, and learners throughout my career. I am delighted to say that nearly twenty years on, I continue to learn and grow with every new role I take on and I am certainly never bored. Despite the many challenges within healthcare and postsecondary settings, it is an exciting time to be a nurse and a nurse educator. The opportunity and potential for nurses

to follow their curiosities and their passions and to create the nursing roles of tomorrow are limited only by our imaginations.

I finished reading Dr. Stephany's book with a renewed sense of possibility and inspiration and I am grateful that someone with her training and expertise, and her heart, is doing this work. I found her approach to this book both compelling and timely. Engaging with the book's content will help readers start to build an awareness of the complexity of trauma and trauma experiences while appreciating the role of the nurse's unique and privileged position in providing compassionate, non-judgemental care that extends its focus beyond the individual to the broader systems at large. Much work remains to be done and I remain ever hopeful as to what we can achieve when we all work together.

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PREFACE

"Although the world is full of suffering, it is also full of the overcoming of it. My optimism, then, does not rest on the absence of evil, but on a glad belief in the preponderance of good and a willing effort always to cooperate with the good, that it may prevail." Helen Keller, American Author and Educator.

When I was completing a mandatory course in Trauma Counselling during Graduate School, I was exposed to the types of adversity that exist in the world, their prevalence, and the personal stories of endless human suffering. I felt overwhelmed with sadness and started to view the world as a cruel place of indifference. I confided in the professor teaching the course at the time about my feelings of despondency. He quoted the message relayed above by Helen Keller. Helen Keller was a blind and deaf woman who persevered despite obstacles, got a degree, became a writer, educator, and advocate, and believed in the capacity of good to overcome evil. Helen's words of wisdom helped me to understand that although the world is full of anguish, it also is full of opportunities to help alleviate suffering. I subsequently felt compelled to integrate theories associated with caring into my practice, especially the ethic of care, and the therapeutic merits of empathy and compassion because I believe that they are the hallmarks of nursing. I was thrilled when I was introduced to trauma-informed care because, for people who have experienced adversity, it offers hopeful and useful strategies that facilitate healing and assist them in living more fulfilling lives.

As a nurse educator, I was eager to teach trauma-informed care to students because as future practitioners they needed these skills when caring for people who have been traumatized. However, what became apparent was that nursing students were also a risk group for trauma because they may have a history of personal loss and are in danger of developing secondary trauma during training while caring for the injured, seriously ill, or dying. These revelations became the impetus for this book with the goal of equipping student nurses with the tools to care for people who have been traumatized, but also ensuring that we make their learning experiences more psychologically safe. In the planning and design of this work, I purposely incorporated caring strategies into each Chapter because taking care of others is the essence of what we do as nurses, and it is an integral component of trauma-informed care. I also encouraged self-awareness through ongoing reflection to assist nurses and student nurses in becoming more aware of inherent biases, so they can purposefully transform them into tolerance and acceptance. A caring pedagogy that integrates caring components into teaching, that are engaging, inclusive, genuine, and student-centered, is also an essential theme of this book. At the end of each chapter, strategies are recommended that promote self-care. However, these ideas are not intended as a substitute for medical or psychological advice. Furthermore, some of the material presented in this book may negatively impact the reader, and if that occurs you are strongly advised to reach out for professional support.

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I would like to acknowledge past, current, and future nursing students. I wrote this book with all of you in mind.

CONSENT FOR PUBLICATION

Not applicable.

CONFLICT OF INTEREST

The author declares no conflict of interest, financial or otherwise.

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DEDICATION

I dedicate this book to my beloved cousin and retired nurse Kathleen Palmer who recently left us. You were an amazing role model for all nurses due to your genuine capacity to care.

CHAPTER 1

The Prevalence and Impact of Trauma and Why Trauma-informed Care is Needed in Nursing Education

Abstract: Chapter one explores the reasons why student nurses need to be educated in trauma-informed care. Trauma-informed care endeavours to help people who have experienced trauma and targets change at the organizational and clinical level with the aim of improving client/patient outcomes. Various forms of adversity that exist are presented, and we are informed that trauma is not merely a childhood occurrence but may occur at any point across the lifespan. Stereotypical biases and racial stigma experienced by the following special populations are explored, those with differing sexual orientation or gender identity, older adults, refugees and immigrants, people of colour, and Indigenous people. The role that bias and implicit bias play in structural trauma aimed at specific populations is explained. An overview is given of the following specific trauma-related responses, trauma triggers, acute stress disorder, post-traumatic stress disorder, secondary traumatic stress, vicarious traumatization, and compassion fatigue. *The Four Core Assumptions of Trauma-informed Care* as recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA are explored, because they are foundational for providing trauma-responsive care, and consist of realizing, recognizing, responding, and resisting re-traumatization. Healthcare professionals are strongly encouraged to practice in a trauma-responsive and trauma-sensitive manner. Incorporating trauma-informed approaches into the Nursing School curriculum is recommended for the following reasons. Adversity is prevalent in society, and high number of people who access health services have experienced trauma. Student nurses are not currently learning these skills in a comprehensive way in all schools. Student nurses may have a history of trauma, and they are exposed to adverse and stressful events in clinical training. Two Narrative Case Studies are presented. The first shares the story of a Counsellor who developed compassion fatigue, and the second one reveals the complexity of the trigger response. The following learning activities are suggested: connecting with the goodness in life; changing prejudices and stigma; and participating in a trauma-sensitive practice challenge. A self-care strategy that promotes self-compassion is included at the end of the chapter.

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Keywords: Adverse childhood experiences (ACEs), Acute stress response, Bias, Caring, Caring pedagogy, Colonization, Compassion, Compassion satisfaction, Compassion fatigue, Empathy, Ethic of care, Gender identity, Historical trauma, Indigenous people, Implicit bias, Implicit bias, Intergenerational trauma, Interpersonal violence (IPV), LGBTQ2S, Narratives, Phenomenology, Post-migration trauma, People of color, Post-traumatic stress disorder (PTSD), Psychological trauma, Residential schools, Racial microaggression, Racial trauma, Resilience, Structural trauma, Systemic racism, Sexual orientation, Secondary traumatic stress (STS), Traumatic stress response, Trauma-responsiveness, Trauma-sensitivity, Trauma, Trauma-informed care, Trauma triggers, Vicarious traumatization, Violent trauma.

LEARNING GUIDE

After completing this chapter, the reader should be able to:

- Briefly be introduced to trauma-informed care.
- Understand that caring is an embedded theme in this book.
- Become aware that the content of this book is supported by evidence, which includes the thematic analysis of narratives, which are a specific form of qualitative, phenomenological study.
- Describe what the ethics of care and trauma-informed care have in common.
- Define trauma, describe the effects of psychological trauma, and be cognizant of trauma's widespread prevalence in society.
- Gain an understanding of specific types of traumas such as historical, intergenerational, violent, structural, and those due to adverse childhood experiences (ACEs).
- Become knowledgeable of the stereotypical biases experienced by specific special populations.
- Gain an awareness that nursing students and practicing nurses must never discriminate for any reason.
- Recognize stereotypical biases toward others through the process of increased self-awareness.
- Learn about specific trauma-related responses, the role of trauma triggers, and traumas associated with working in healthcare.
- Understand The Four Core Assumptions of Trauma-informed Care.
- Be cognizant of the fact that all health professionals should practice in a trauma-responsive and trauma-sensitive manner.
- Identify two essential features of trauma-sensitive approaches that a practitioner should adopt.
- Understand why trauma-informed care should be incorporated into the nursing school curriculum.

- Review two narrative case studies and ensuing thematic analysis. The first one concerns the subject of compassion fatigue, and the other one explores the relationship between a trigger response and past trauma.
- Participate in the following suggested learning activities (*e.g.*, Connecting with the Goodness in Life; Changing Prejudices and Stigma; and Participation in A Trauma-Sensitive Practice Challenge).
- Be encouraged to take part in a self-care strategy that promotes self-compassion.

INTRODUCTION TO THE BOOK

"Be kinder than necessary because everyone you meet is fighting some sort of battle." Sir John Mathew Barrie, Scottish Novelist and Playwright.

According to Haskin (2019), we should assume that every person accessing health services has a history of trauma and that they need kindness, acceptance, and compassion (Fig. **1.1**). It is therefore highly recommended that all healthcare professionals be trained to recognize the symptoms of trauma, the impact it has had on people's lives, and how to practice trauma-informed care (Haskin, 2019; Substance Abuse and Mental Health Services Administration (SAMHSA), 2014; The Institute on Trauma and Trauma-informed Care (ITTIC), 2022).

Fig. (1.1). Kindness and Acceptance. Source: www.pixabay.com.

Trauma-informed care endeavours to help people who have experienced adversity and targets change at the organizational and clinical level with the aim of improving client/patient outcomes (Menschner & Maul, 2016). It focuses on prevention, intervention, and treatments that are evidence-based and holistically

CHAPTER 2

The Six Guiding Principles of Trauma-Informed Care

Abstract: A principle-based approach to trauma-informed care is effective in promoting healing and chapter two explores the crucial aspects of each of *The Six Guiding Principles of Trauma Informed Care* as recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA). They consist of safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. The discussion begins by describing the physical, social, and psychological aspects of safety. They include the location of the health facility, the atmosphere of the healthcare clinic, staff attitudes, ensuring that health professionals are kept emotionally safe, and avoiding re-traumatization. It is pointed out that people who have been intentionally harmed by others do not easily trust. Therefore, trust must be earned through compassionate connection, and by protecting a person's privacy. Transparency is highly recommended and occurs when a person is fully informed about all aspects of the plan of care. Peer support is the help received from others who have lived through similar experiences and facilitates healing. Collaboration and mutuality are suggested to create a shared environment where there is an assumption that everyone, including the client/patient, will be involved in decision-making. Empowerment, voice, and choice when consistently applied foster an environment that utilizes a person's strengths to help them overcome adversity, gives them an opportunity to be listened to, and to make their own choices. The power of empathy and other-focused listening, and the importance of addressing cultural, historical, and gender issues are emphasized. Poor health outcomes experienced by people of the LGBTQ2S community are highly correlated with stigma. Nurses are identified as harbouring prejudicial attitudes toward members of this population, and educational efforts are strongly suggested to change these behaviours. Cultural humility is recommended as an effective way to counteract racism and power difficulties through empowerment, excellence in care, and an atmosphere of mutual respect. Self-awareness and self-reflection are recommended to incorporate cultural humility into practice. Two Narrative Case Studies are reviewed. The first one emphasizes the importance of safely conducting a client assessment, and the second one explores how peer support helps a bereaved child. Participation in these four learning activities is advised, strategies that enhance the environmental safety of a healthcare facility; when breaching confidentiality is necessary; situations that promote or impede trust; and actively communicating other-focused listening. The Chapter ends with a self-care strategy that encourages nurses to participate in mindfulness techniques to enhance the overall well-being.

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Keywords: Cultural sensitivity, Cultural awareness, Cultural safety, Cultural humility, Confidentiality, Collaboration, Choice, Empathy, Empowerment, Gender issues, Mutuality, Microaggressions, Mindfulness, Other-focused listening, Physical safety, Psychological safety, Peer support, Resisting re-traumatization, Reflective journalling, Social safety, Safety, Self-awareness, Self-reflection, Strength-based approach, Secondary traumatic stress disorder (STS), Trustworthiness, Trauma-informed care, Transparency, Unconditional positive regard, Voice.

LEARNING GUIDE

After completing this chapter, the reader should be able to:

- Identify, *The Six Guiding Principles of Trauma Informed Care.*
- Gain an understanding of why safety is a priority, and be introduced to the physical, social, and psychological aspects associated with safety.
- Revisit strategies to avoid re-traumatization.
- Review ways to keep staff emotionally safe.
- Learn how to use non-verbal and verbal communication techniques that foster trustworthiness.
- Be informed of the importance of protecting privacy.
- Explore key elements that foster transparency such as promise-keeping, explaining expectations, and ensuring confidentiality.
- Understand when breaching confidentiality is necessary.
- Recognize the benefits of peer support.
- Learn why collaboration and mutuality are needed when providing trauma-informed services.
- Describe how empowerment, voice, and choice are interrelated and why they matter.
- Learn how to effectively ask questions, create a safe place for people to tell their stories, how be empathetic, and be an other-focused listener.
- Be cognizant of the importance of addressing cultural, historical, and gender issues.
- Become aware that many of the health challenges experienced by members of the LGBTQ2S community are due to stigma, and the unfortunate truth that many nurses harbour prejudicial attitudes toward members of this group.
- Learn how cultural humility can counteract racism and power struggles.
- Review two narrative case studies and ensuing thematic analysis. The first is about safely conducting an assessment. The second one explores how peer support helps a bereaved child.

- Participate in the following Suggested Learning Activities (*e.g*., Strategies that Enhance the Environmental Safety of a Healthcare Facility; when breaching confidentiality is necessary; situations that promote or impede trust; and actively communicating other-focused listening).
- Consider participating in a self-care strategy that promotes mindfulness to enhance coping.

Introduction to Chapter Two & The Six Guiding Principles to Trauma Informed Care

"Walk gently in the lives of others. Not all wounds are visible." Author Unknown

Psychological wounds related to adversity are not always apparent because people do a fairly good job of intentionally, or unconsciously suppressing them as a way to cope (Fig. **2.1**). Yet, when trauma does occur in the life of an individual, it negatively affects their self-identity, their worldview, and their core beliefs. A principle-based approach to trauma-informed care is effective in promoting healing by reducing re-traumatization, decreasing suffering, supporting autonomy, enhancing coping, and fostering empowerment (Doncliff, 2020). *The Six Guiding Principles of Trauma Informed Care* are therefore highly recommended by the Substance Abuse and Mental Health Services (SAMHSA) (2014) as valuable tools for caring for people who have been subjected to traumatic experiences. These principles consist of safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (Fig. **2.2**). All these values are beneficial, and their focus occasionally overlaps because they are interrelated. However, they are not meant to be prescriptive in nature but are generalized across various settings, with the aim of creating an environment that has the overall physical and emotional welfare of the person in mind (Doncliffe, 2020; Institute on Trauma and Trauma-informed Care (ITTIC), 2022). How each of these six principles are operationalized in practice, is the key focus of Chapter 2.

The following questions have been proposed for you to keep in mind as you review all of the guiding principles of trauma-informed care, as a way to ascertain whether or not they are being applied in your particular healthcare setting (Box **2.1**). It does not matter what your initial answer is for all, or any of these questions. Just keep them in mind as you read through this Chapter because key components related to them will be presented.

CHAPTER 3

Client-Centered, Person-Centered, and Resilience-Based Approaches to Trauma-Informed Care

Abstract: Chapter three explores client-centered, person-centered, and resilience-focussed approaches to trauma-informed care, and although they differ somewhat, all three are strength-based and share the common goal of helping people who have experienced adversity. Client-centered care places the person and their capacity for growth and change at the heart of all that occurs. This approach prioritizes respect for the self-worth of every human being and promotes the practice of unconditional positive regard. The quality of the therapeutic relationship between the nurse and client/patient is important, as is the nurse's ability to apply professional knowledge and competence to the care they provide. A unique aspect of person-centered care is that it provides services to people with acute and chronic health issues that are holistic, and recovery-orientated. Collaboration and effective communication skills are essential features of this approach. Positive ways to offer person-centered care to people from these populations are reviewed, the elderly, those with a disability, people with dementia, palliative care patients, and persons suffering from mental illness and substance use. Specific components of recovery-oriented care that are included in the discussion are a person's capacity for change and courage, their responsibility for their growth, and the importance of finding purpose in their lives. Resilience is identified as the is the ability to carry on and bounce back to original functioning after experiencing a trauma. We are made aware that a resilient person becomes stronger despite adversity because they utilize positive emotions, develop a sturdy mindset, a renewed commitment to life, and welcome challenges. The remainder of the discussion focuses on how to safely conduct screening for trauma for everyone including survivors of interpersonal violence (IPV). Two Narrative Case Studies are presented. The first one demonstrates that when a client/patient crosses a professional boundary, a problem is created for the nurse. The second Case Study explores how a survivor of interpersonal violence (IPV) may require advocacy to help them stay safe. The following four learning activities are recommended, how to practice unconditional positive regard; exploring helpful strategies to utilize when conducting trauma screening; dispelling myths associated with IPV; and how to implement survivor-centered approaches when caring for someone who has experienced IPV. At the end of the Chapter, a self-care strategy is recommended that challenges nurses to set aside time to focus more on being present.

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Keywords: Boundary violation, Client-centered care, Caring, Communication, Cognitive behavioral therapy (CBT), Collaboration, Dignity, Dementia, Empathy, Human connection, Implicit bias, Myth, Professional boundaries, Positive emotions, Palliative care, Patient-centered care, Person-centered care, Rescuing, Recovery-orientated care, Resilience, Respect for self-worth, Stress-hardy, Survivor-centered approaches to intimate partner violence (IPV), Stranger rape, Sturdy mindset, Strength-based approaches, Trauma-informed care, Trauma-screening, Transference, Therapeutic relationship, Unconditional positive regard, Victim blaming.

LEARNING GUIDE

After completing this chapter, the reader should be able to:

- Explain the differences and similarities between client-centered, patient-centered, person-centered, and resilience-focused approaches to trauma-informed care.
- Identify the essential features of client-centered care and understand why respect for self-worth and unconditional positive regard are a part of this strategy.
- Adopt ways to incorporate unconditional positive regard into nursing practice.
- Recognize the value of human connection, therapeutic relationships, and knowledge competence.
- Explain the basic premises and unique aspects of person-centered care.
- Gain an awareness of how the needs of special populations are addressed by person-centered care.
- Define resilience.
- Articulate why resilience-focused strategies facilitate positive functioning following a traumatic experience.
- Learn about the risk associated with not being properly trained to conduct trauma screening.
- Understand how to safely conduct a screening that includes survivors of interpersonal violence (IPV).
- Become aware of how implicit bias and myths perpetrated by nurses cause harm to survivors of IPV and how to prevent it.
- Review two narrative case studies and ensuing thematic analysis. The first one demonstrates that when a client/patient crosses a professional boundary, a problem is created for the nurse. The second one reveals how a survivor of IPV may require advocacy to stay safe.

- Participate in these Learning Activities (*e.g.*, How to Practice Unconditional Positive Regard; Helpful Strategies to Utilize when Conducting a Trauma-assessment; Dispelling Myths Associated with IPV; and Survivor-Centered Approaches to utilize when caring for people who have suffered from IPV).
- Consider utilizing a self-care strategy that challenges nurses to set aside time to focus more on being than doing.

INTRODUCTION TO CHAPTER THREE

"A helping hand can be a ray of sunshine in a cloudy world." Author Unknown

Chapter Three offers a comprehensive analysis of specific components of client-centered, person-centered, and resilience-focused approaches to trauma-informed care. What all these strategies share is the common goal of helping people to heal from adversity (Fig. **3.1**). The subtle differences between each of these techniques are explained, and recommended ways to implement them into nursing practice are suggested. Instructing healthcare professionals how to safely conduct screening for trauma and caring for survivors of interpersonal violence (IPV), are also presented. The goal is to transform intrinsic biases that may exist and encourage the practice of compassionate and safe care.

Fig. (3.1). Helping people to heal. Source: www.pixabay.com.

THE DIFFERENCES BETWEEN CLIENT-CENTERED, PATIENT-CENTERED, PERSON-CENTERED, & RESILIENCE-FOCUSED TRAUMA-INFORMED CARE

Client-centered, patient-centered, person-centered, and strength-based trauma-informed care share the common goal of alleviating suffering and helping people who have experienced trauma to heal. Many of the strategies associated with each

CHAPTER 4

Trauma Recovery from a Positive Psychology and Post-Traumatic Growth Perspective

Abstract: The aim of **Chapter Four** is to demonstrate that living a better life after adversity is possible when adequate support is offered. Therefore, positive psychology and post-traumatic growth are two recovery-focused trauma-informed approaches that are highly recommended to help people who have experienced adversity. Positive psychology studies human well-being and optimal functioning. Post-traumatic growth refers to positive changes in someone's coping that occur from sorting through their experience of trauma. Three different responses to traumatic stress are explained. For instance, certain people bounce right back after an adverse event, others develop maladaptive functioning, and a third reaction results in post-traumatic growth. The particular response that a person experiences is somewhat context-dependent. After trauma occurs, positive changes in brain function are made possible through neuroplasticity. Positive Psychology and trauma-informed care share the common goal of helping people to live better lives, but they also differ. For instance, positive psychology strategies are designed to be used by everyone and are therefore not limited to those who have experienced trauma. The five key elements of well-being theory called PERMA are presented, such as positive emotions, engagement, relationships, meaning, and accomplishment. Positive emotions are deemed essential for life satisfaction. Work-related well-being was later developed and called PERMA+4 and is associated with physical health, mindset, work environment, and economic security. Flourishing is a central component of well-being theory and consists of the capacity to be satisfied with one's life achievements and being involved in something that is meaningful. The following strategies are known to facilitate well-being, being grateful, a positive attitude, random acts of kindness, and positive psychotherapy. Positive psychotherapy is an effective method to treat trauma because it focuses on a person's strengths and weaknesses but also uses a person's character signature strengths to help them move forward. Appreciation for life, new possibilities, relating to others, personal strength, and spiritual change are the five domains of post-traumatic growth. Meaning-making, instillation of hope, and self-compassion are identified as additional life-enhancing responses to adversity. Two Narrative Case Studies are presented. The first one identifies how a student nurse felt unprepared to discuss spiritual issues with her patient. The second case study demonstrates how nurturing mindful self-compassion helps a teen to heal from childhood trauma. The following three learning activities are suggested, debating the value of positive emotions, understanding the 24 signature strengths of positive psychotherapy, and lessons learned from those who have experienced post-traumatic growth. The chapter ends by recommending specific gratitude-enhancing self-care strategies.

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Keywords: Accomplishment, Character Strengths, Coherence, Creative Visualization, Economic Security, Emotional Intelligence, Engagement, Existential Reevaluation, Flourish, Flow, Gratitude, Gratitude Journal, Gratitude Visit, Guilt, Hope, Humanistic Psychology, Interpretive Reality, Kindness, Logotherapy, Meaning, Meaning-Making, Meditation, Mindful Self-Compassion, Mindfulness, Mindset, Neuroplasticity, Ontology, Perception Of Reality, Perma, Perma+4, Physical Health, Positive Emotions, Positive Psychology, Positive Psychotherapy, Positive Psychotherapy Sessions, Post-Traumatic Growth, Psychological Preparedness, Purpose, Relationships, Religion, Self-Compassion, Shame, Signature Strengths, Significance, Social Intelligence, Spirituality, Strengths Due To Suffering, Subjective Well-Being, Trauma-Informed Care, Traumatic Stress Response, Well-Being Theory, What-Went Well Exercise, Will To Meaning, Work Environment, 24 Signature Strengths.

LEARNING GUIDE

After completing this chapter, the reader should be able to:

- Explain the three different outcomes to a traumatic stress response.
- Gain an awareness of how neuroplasticity enables the human brain to change.
- Describe positive psychology, what it shares with trauma-informed care and how they differ.
- Gain an understanding of the five key elements of well-being theory, the framework for work-related well-being, and the core components of flourishing.
- Learn about positive psychology strategies that foster well-being.
- Recognize the value of positive psychotherapy and how it is implemented.
- Describe post-traumatic growth, explain how it differs from resilience, and the role that struggling plays in recovery.
- Describe the three models, two interpretive stages, and the five domains of post-traumatic growth.
- Understand the similarities and differences between religion and spirituality, and when participation in these practices may be inappropriate in relation to trauma-informed care.
- Identify three additional life-enhancing responses to adversity that facilitate positive outcomes.
- Review two Narrative Case Studies and ensuing Thematic Analysis. The first one identifies how a student nurse felt unprepared to discuss spiritual issues with her patient. The second one demonstrates how nurturing mindful self-compassion helps a teen to heal from childhood trauma.

- Participate in these learning activities (*e.g.*, Debating the Value of Positive Emotions; Understanding the 24 Signature Character Strengths of Positive Psychotherapy; and Lessons Learned from Those who Experienced Post-Traumatic Growth following Adversity).
- Consider adopting at least one of three suggested gratitude enhancing self-care strategies.

INTRODUCTION TO CHAPTER FOUR

"Success is not final; failure is not fatal. It is the courage to continue that counts" Winston Churchill, Former Prime Minister of the United Kingdom.

Fig. (4.1). Post-traumatic Growth and Perseverance. Source: www.pixabay.com.

Trauma-informed care sets out to help people who have experienced trauma and focuses on prevention, intervention, and treatments that are evidence-based and cater to the needs of those who have experienced adversity (Menschner & Maul, 2016). Subsequently, chapter four presents a variety of ways to facilitate trauma-informed recovery from a positive psychology and post-traumatic growth perspective. **Positive Psychology** is the scientific study of human well-being, optimal functioning, and flourishing (Seligman, 2011). Positive Psychology and trauma-informed care share the common goal of helping people to live better lives. However, positive psychology strategies are designed to be used by everyone, including those who have not experienced adversity (Ginwright, 2018). **Post-traumatic growth** consists of positive changes in a person's life following trauma that develops as a direct result of their struggle to work through and persevere in spite of what happened to them (Fig. **4.1**). What will become apparent in the ensuring discussion is that living a more fulfilling life is possible for those who have survived adversity, especially if they receive adequate support. The chapter begins by pointing out that the responses to traumatic stress are not always negative.

CHAPTER 5

Mitigate the Negative Effects of Secondary Traumatic Stress and Compassion Fatigue by Cultivating a Caring Pedagogy and Resilience

Abstract: Students and practicing nurses are at risk of developing empathy-based stress conditions related to caring for people who have been traumatized. Caring is a known factor in all suggested interventions for empathy-based stress conditions. Therefore, Chapter Five explores ways to mitigate the negative effects of secondary traumatic stress and compassion fatigue through employing a caring pedagogy and resilience. Caring pedagogy in nursing education is important because it incorporates caring components into the delivery of the core curriculum, creates a community of learning that prioritizes students, is inclusive, and engaging, and protects the emotional integrity of student nurses. Noddings' elements of moral education such as modeling, dialogue, practice, and confirmation are identified as essential to a caring learning environment. For example, student nurses can learn what it means to care by observing the behavior of their instructor, by a dynamic exchange of ideas, by prioritizing caring, and by encouraging the best in others. A learning environment that is caring must also be based on civility and is the shared responsibility of both faculty and students. Self-care is identified as a known strategy to reduce the emotional stress experienced by nurses and student nurses. Watson's Caritas processes are subsequently recommended as the basis for self-care and consist of demonstrating sensitivity toward oneself and everyone else, through spiritual practices that support loving, caring relationships. Resilience consists of the ability to quickly return to normal functioning after experiencing adversity. Resilience skills can be learned through the development of protective factors and mechanisms and may prevent empathy-based stress conditions related to trauma, can assist a trauma survivor to bounce back more quickly, and teach people how to deal with the stress of everyday life. The following ways to cultivate resilience in nurses are presented, building positive nurturing relationships and networks; maintaining positivity; developing emotional insight; achieving life balance and spirituality; and becoming more reflective. Three strategies to foster resilience in nursing education include resilience training in the school curriculum; prioritizing role modelling; and enabling generativity. Two Narrative Case Studies are presented. The first one tells the story of how a Psychiatric Nurse developed the signs of secondary traumatic stress after one of her clients ended their life through suicide. The second one describes how a student nurse was unaware that she was experiencing emotional strain. The following four learning activities are proposed, sharing examples of being cared for; exploring ways to enhance learning; nurturing caring experiences in educational settings; and implementing Watson's caring processes and strategies to enhance self-care. The Chapter ends by recommending a self-care challenge that promotes emotional appraisal to manage negative emotions.

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Keywords: Trauma, Trauma-informed care, Secondary traumatic stress (STS), Compassion, Compassion fatigue (CF), Empathy-based stress, Moral disengagement, Relational practice, Burnout, Critical incident debriefing, Safety plan, Pedagogy, Caring pedagogy, Trauma-informed educational processes, Four Core Assumptions of Trauma-informed Care, Potential psychologically traumatic events (PPTEs), Caring, Pedagogy, Caring pedagogy, Student-focused learning, Nodding's Four elements of Moral Education, Role modeling, Dialogue, Caring presence, Confirmation, Emotional strain, Philosophy and Science of Caring, Watson's Caritas Processes, Civility, Incivility, Resilience, Cognitive behavioral therapy, Emotional intelligence, Generativity, Negative emotions, Emotional regulatory process, Emotional suppression, Emotional appraisal.

LEARNING GUIDE

After completing this chapter, the reader should be able to:

- Be reminded that people working in healthcare, including nurses and student nurses, are at risk of being exposed to trauma-related stress and developing empathy-based stress conditions.
- Gain an understanding of the similarities and differences between secondary traumatic stress and compassion fatigue and their risks, signs and symptoms, and measures to reduce their negative effects.
- Identify caring as a key factor in all suggested interventions for empathy-based stress conditions.
- Describe what it means to care, to be cared for, and to be present.
- Identify the 4 Cs of trauma-informed care.
- Recognize that caring relationships are not only essential in nursing but also for nursing education.
- Define the premise of caring pedagogy and its connection to trauma-informed educational processes.
- Describe how learning environments in nursing school can be re-designed to be more student-focused.
- Explain how Noddings' four elements of moral education are essential for a caring learning environment.
- Create a learning atmosphere that is embedded in key components of caring and mutual civility.
- Understand the importance of self-care and its capacity for mitigating the emotional strain experienced by nurses and student nurses.
- Become aware of Watson's Caritas processes as the basis for self-care and how to apply each of her ten Caritas processes in practice.
- Be introduced to some useful personal self-care activities.
- Identify the basic components of resilience.

- Learn strategies that promote personal resilience.
- Point out three specific strategies to foster resilience in nursing education.
- Review two Narrative Case Studies and ensuing Thematic Analysis. The first one explores how a Psychiatric Nurse develops the signs of secondary traumatic stress after one of her clients ends their life through suicide. The second one describes how a student nurse is unaware that she is experiencing the signs of emotional stress.
- Participate in these learning activities (*e.g*., Sharing Examples of Being Cared For; Exploring Ways to Enhance Learning; Nurturing Caring Experiences in Educational Settings; and Implementing Watson's Caring Processes and Strategies to Enhance Self-care).
- Consider a self-care strategy that challenges nurses to use emotional appraisal to manage negative emotions.

INTRODUCTION TO CHAPTER FIVE

People working in healthcare, including students, and practicing nurses, are at risk of being exposed to trauma related empathy-based stress (Goddard *et al*., 2021). **Empathy-based stress** is due to trauma exposure and accompanied by an affective reaction that causes a strain in empathetic capacity, where the caregiver is no longer able to identify with the experiences of another person (Rauvola *et al*., 2019). Because caring is a key component to all suggested interventions for empathy-based stress conditions, Chapter Five explores ways to mitigate the negative effects of secondary traumatic stress and compassion fatigue by employing a caring pedagogy and resilience. Although secondary traumatic stress and compassion fatigue were introduced in Chapter One, in this current Chapter, they are revisited with the specific goal of applying strategies to reduce their negative impact.

Caring pedagogy is promoted because it creates a healthy educational environment where caring is not only prioritized but consistently practiced (Duffy, 2018). For example, caring pedagogy prioritizes human relationships, fosters engagement, and values the subjective, contextual, and objective aspects of learning. It is also important in nursing education because it protects the emotional integrity of student nurses. **Resilience** strategies are recommended to assist in the following ways. They help prevent work-related traumatic conditions, assist someone to bounce back and return to their original functioning after experiencing a trauma, and teach people how to deal with the stress of everyday life. (Collier, 2016). Specific ways to foster resilience in nursing education are also suggested.

CHAPTER 6

Augment Nursing School and Workplace Experience by Promoting Psychological Safety, Compassion Satisfaction and Joy in Work

Abstract: Chapter Six presents an overview of how trauma-informed educational processes ensure that student nurses feel safe and supported in an ideal learning environment. Strategies that promote psychological safety are recommended followed by measures to foster compassion satisfaction and joy in work. Psychological safety consists of a civil and respectful place for learning to occur. Compassion satisfaction is derived from the gratification experienced by caregivers when caring for others, and joy in work consists of positive components in the work environment. Nursing students are a risk group for trauma, and they identify the following situations as sources of trauma, individual-related interpersonal experiences; those related to their role as students; trauma related to institutional and organizational exposure; and stressors associated with the community. *The Four Core Assumptions of Trauma-informed Care* are used as a guide to implementing psychological safety in nursing school and include specific measures for the classroom, simulation, and clinical settings. Those directly related to high-fidelity simulation include actions to make students feel safe before, during, and after each session. The positive feelings and six core assumptions associated with compassion satisfaction, and the role that self-compassion and work-life balance play are featured. Key aspects of the work environment that have the greatest impact on the well-being of nurses working in critical care consist of adequate staffing, meaningful recognition, and effective decision-making. Student nurses with a history of trauma can experience compassion satisfaction if they are able to identify with some of the positive aspects associated with being a trauma survivor. If new nurses are adequately supported by their employers they experience less stress, and increased fulfillment in their jobs. There are valuable justifications for creating joy in work. A focus on joy enhances the work experience, increases employee engagement, benefits the organization, and improves patient outcomes. Making the workplace happy is a shared responsibility, where everyone is expected to do their best work. Meaningful connection to other people is important where teamwork, cooperation, and a sense of camaraderie are ideal. Two specific forms of governance that promote joy in work are participatory and servant leadership. Psychological personal protective equipment (PPE) consists of individual and system-wide measures that support and safeguard the mental health of employees. Two Narrative Case Studies were presented.

In the first one, a student nurse became re-traumatized when listening to a detailed story of someone's traumatic experience. The second Narrative Case Study revealed how a new nurse considered leaving his high-acuity job because of a lack of appreciation. The following five learning activities were proposed, exploring assump-

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tions about constructive feedback; ways to professionally express appreciation; understanding how you handle mistakes; creating a self-inventory to assess work-life balance; and incorporating the ten characteristics of servant leadership into practice. At the end of the Chapter, specific strategies were recommended to build college students' self-confidence.

Keywords: Trauma, Trauma-informed care, Psychological safety, Compassion satisfaction, Joy in work, Trauma-informed educational processes, Empathy-based stress conditions, *The Four Core Assumptions of Trauma-informed Care*, Appreciation, Constructive feedback, High-fidelity patient simulation (HFPS), Self-compassion, Mindful self-compassion, Work-life balance, Mental health, International Nursing Association for Clinical Simulation and Learning (INACSL), Participatory leadership, Servant leadership, Psychological personal protective equipment (PPE), Self-confidence.

LEARNING GUIDE

After completing this chapter, the reader should be able to:

- Gain an understanding of the similarities and differences between compassion satisfaction and joy in work.
- Define trauma-informed educational processes and psychological safety and what they share.
- Describe psychological trauma.
- Point out specific situations that student nurses find traumatizing.
- Understand how *The Four Core Assumptions of Trauma-informed Care* contribute to psychological safety when applied in a nursing school teaching environment.
- Learn how to ensure psychological safety during simulation sessions.
- Identify the six key assumptions of compassion satisfaction.
- Understand how self-compassion and work-life balance can be implemented.
- Review specific aspects of a critical care unit (CCU) that promote compassion satisfaction.
- Recognize some of the positive features associated with being a student nurse and trauma survivor.
- Recognize the importance of supporting new nurses.
- Ascertain how each of the following components specifically contribute to joy in work, sharing the responsibility; interpersonal connection; leadership; and making use of psychological personal protective equipment (PPE).
- Review two Narrative Case Studies and ensuing Thematic Analysis. The first one reveals how a student nurse becomes re-traumatized while listening to an uncensored story of another person's trauma. The second one describes how a

student nurse contemplated leaving his high-acuity job because of a lack of support and appreciation.
- Participate in these five learning activities (*e.g*., Exploring Assumptions About Constructive Feedback; Ways to Express Appreciation in a Professional Manner; Understanding How You Handle Mistakes; Creating a Self-Inventory to Assess Work-life Balance; and Incorporating the Ten Characteristics of Servant Leadership into Practice).
- Consider specific recommended self-care strategies to build self-confidence.

INTRODUCTION TO CHAPTER SIX

Trauma-informed care recognizes the prevalence of trauma, its negative impacts, and aims to decrease re-traumatization. Many of today's nursing students have experienced trauma and are exposed to further trauma and stress during their training. Subsequently, Goddard *et al*., (2021) assert that trauma-informed education be implemented in nursing education to ensure that students consistently feel safe, are supported in all learning contexts, and that an ideal learning environment is fostered where kindness, sensitivity, and nonjudgment are paramount. Therefore, Chapter Six explores highly recommended trauma-informed educational processes that foster psychological safety, followed by measures that promote compassion satisfaction, and joy in work.

Trauma-informed educational processes value respectful interpersonal relationships, encourage a supportive teaching environment, foster effective communication skills, and incorporate aspects of genuine caring into learning (Thomas *et al*., 2019). **Psychological safety** creates a positive, civil, and respectful atmosphere for learning to occur without fear of retaliation (O'Donovan & McAuliffe, 2020). Psychological safety is closely aligned with trauma-informed educational processes because they both have the goal of ensuring that the learning environment is safe. **Compassion satisfaction** refers to the gratification experienced by caregivers from doing a good job of caring for others, and **joy in work** consists of positive components in the work environment that contribute to happy employees (Institute for Healthcare Improvement (IHI), 2023; Mangoulia *et al*., 2015; Perlo *et al*., 2017).). Compassion satisfaction and joy in work have similar goals in that they both improve the overall work experience for a nurse. However, they also differ somewhat. For instance, **compassion satisfaction** refers to the gratification experienced by a caregiver from doing a good job of taking care of people, whereas joy in work is about positive aspects of the work environment that contribute to their happiness.

The Chapter begins by reviewing sources of trauma and stress experienced by student nurses. *The Four Core Assumptions of Trauma-informed Care* are

GLOSSARY

Accomplishment in well-being theory is the ability to use our strengths and gifts to achieve something that gives us deep satisfaction.

Acute stress disorder occurs when emotional reactions to a stressor linger over time and results in persistent post-traumatic disturbing symptoms that interfere with a person's everyday life.

Adverse childhood experiences (ACEs) refer to traumatic experiences that children are exposed to. Types of ACEs include abuse, neglect, household violence, caregiver mental illness or drug use, parental abandonment, parental death, and parental divorce or separation.

Advocacy can be on behalf of a cause or for an individual. At the personal level, it involves being the voice for a client/patient to address their needs, especially if they feel disempowered or too afraid to act on their own.

Appreciation involves recognizing or admiring someone's good qualities or noble actions.

Being cared for is described as living through suffering within a secure and trusting environment and being helped to live a fulfilling life more harmoniously.

Being present requires that we be fully absorbed in the other person and our desire for their well-being.

Bias consists of prejudice, stereotypes, and discriminatory behaviours.

Boundary violationshappen when the actions between two people go against well-accepted social expectations.

Burnout is depicted by physical and mental exhaustion due to longstanding exposure to emotionally demanding and stressful working conditions.

Caring in nursing can be described as actions and motivation directed toward a person, for their protection, their overall welfare, and their enhancement of well-being in the physical, emotional, psychological, and spiritual realm.

Caring pedagogy uses caring components in nursing education to create a community of learning that is student-focused, inclusive, engaging, and prioritizes transpersonal caring relationships.

Caring practice consists of the nurse prioritizing the on being cared for, by seeking to understand what they need.

Caritas processes in nursing consist of ways to demonstrate sensitivity toward oneself and others by fostering spiritual practices that support loving, caring relationships.

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Civility consists of polite, respectful, and courteous behaviours that are exhibited in all forms of communication.

Clear expectations in trauma-informed care consist of being honest and upfront about what the person can reasonably expect concerning all aspects of assessment and treatment.

Client-centered trauma-informed care puts the person who we are caring for, and their goals and hopes, at the centre of all that occurs.

Cognitive behavioral therapy (CBT) teaches a person to recognize negative beliefs, to challenge those ideas with the truth, and to think of themselves in a more positive way.

Coherence refers to making sense of one's life and the direction being taken.

Collaboration involves an unwritten contract between the caregiver and client that ensures the person's preferences are seriously considered in their plan of care.

Colonization refers to the way in which foreign nations invaded other nations, forced their values and ways of living on their people, accompanied by exploitation of resources, and other forms of harm.

Compassion is the ability to identify with the suffering of another person.

Compassion fatigue develops quite acutely when a caregiver becomes too emotionally involved with the suffering experienced by people in their care, results in caregiver emotional exhaustion, and interferes with their ability to act in empathetic ways to avoid further psychological trauma.

Compassion satisfaction refers to the positive feelings and gratification experienced by a caregiver from doing a good job of caring for others.

Confidentiality concerns protecting and safeguarding the privacy of a client/patient's history, care, and treatment.

Confirmation consists of acknowledging and inspiring the best in us and in everyone else.

Constructive feedback is a form of criticism with the goal of a positive outcome. It consists of an unbiased critique of performance and correcting any errors.

Creative visualization is a process where you use your mind's eye to imagine a scenario, with your eyes closed, with the general goal of assisting you to better manage your emotions or problem**s**.

Critical incident debriefing is conducted by a trained professional after a traumatic event has occurred that is outside of normal human experience. It is used to help those who have been affected to sort through their feelings and other emotional stress.

Cultural awareness consists of the desire to want to understand the beliefs and values of people from differing cultures.

Cultural competence is a tool that assists health professionals in attaining the necessary skills to practice inclusivity when caring for diverse populations.

Cultural humility aims to offset power difficulties that occur through intentional actions of empowerment, excellence in care, and an atmosphere of inclusivity and mutual respect.

Cultural safety addresses power imbalances that exist in health care and aims to foster an environment that is free of all forms of discrimination.

Cultural sensitivity incorporates a person's cultural beliefs into practice.

Dementia as a general term is used to describe a person's impaired capacity to function in everyday life due to memory loss, impaired language skills, and being incapable of thinking clearly enough to problem solve.

Dialogue involves a dynamic exchange of opinions and ideas.

Dignity in practice consists of the recognition that everyone possesses intrinsic worth and value and should be treated with respect.

Education is described as "learning for its own sake," which means you participate because you want to, and not because you are required to.

Elder abuse consists of one or more acts or a lack of appropriate and helpful action, that causes harm or distress to an older adult, that may occur within any relationship where there is an expectation of trust.

Embracing diversity involves a willingness to accept ways of living and believing that may differ from your own.

Emotional appraisal is an emotional regulatory process that consists of restructuring of the meaning associated with a situation, to view its outcome more optimistically.

Emotional intelligence refers to the ability to be aware of our feelings and those experienced by other people.

Emotional strain refers to emotional exhaustion and related responses due to prolonged exposure to stressful situations that result in an inability to cope.

Emotional suppression is an emotional regulatory process that consists of avoidance of all displays of negative emotions.

Empathy is the ability to identify with all the experiences of another person and to understand what they have gone through.

Empathy-based stress is due to trauma exposure. It is accompanied by an affective reaction that causes a strain in empathetic capacity, where the caregiver is no longer able to identify with the experiences of another person.

Empowerment assists the individual in realizing that they have the skills, confidence, ability, and fortitude to make their own choices in life and to follow through with those choices.

Engagement in well-being theory is the ability to be fully engrossed in the activities of one's life.

Ethics of care is a special feature of nursing ethics that values relationships, context, meaning making, the interconnectedness of all of life, and the self-worth of every person. It does not tolerate discrimination and expects nurses to do what they can to end human suffering.

Existential reevaluation is an explanatory model of posttraumatic growth following adversity that consists of inner work, pursuing meaning, and being awakened to the precious aspect of life.

Flourishing is a term that describes how Positive Psychology can enhance a person's life by increasing happiness, improving relationships, increasing purpose, and assisting them in pursuing their dreams.

Flow is a term in Positive Psychology where you are so fully absorbed in an activity that you love that nothing else matters, and time stands still.

Gender identity refers to a person's individual description of their own personal experience of gender, and their gender identity may be the same or different than that assigned at birth.

Generativity is about investing in the well-being and future of members of the profession.

Gratitude is an action of being thankful and appreciative of people, situations, or things in your life.

Guilt consists of feeling bad after making a mistake, but it co-exists with a belief that because behavior is not a permanent part of one's personality, it can be altered or changed.

Heterosexuality refers to the feelings of a person toward others of the opposite sex and is only one of several designations associated with sexual orientation.

High-fidelity patient simulation (HFPS) in nursing utilizes human resembling manikins to create life-like simulations for learning.

Historical trauma affects the history of a specific group of people who have been oppressed and often contributes to systemic racism.

Hope consists of the belief that something better is possible and attainable in the future.

Human connection consists of the bonds that people develop with others that they value and esteem.

Humility consists of human character traits that are void of arrogance, which entails refusing to act with an attitude of superiority.

Implicit bias involves prejudicial attitudes and beliefs directed at a specific group of people.

Incivility is the direct opposite of civility and consists of disrespecting others through rudeness, condescending attitudes, and a refusal to consider views that differ from your own.

Indigenous is a word used to refer to people who consider themselves to be related to, or historically connected to, "First Peoples" whose civilizations predate a time before invasion or colonization by others.

Inherent bias is the assumption that the cause of something may or may not be based on actual fact but is presumed to be true.

Intimate partner violence (IPV) consists of violent sexual or physical acts inflicted by a person who has a relationship with the survivor, either currently or in the past.

Joy in work is comprised of positive components in the work environment that contribute to a content, highly productive, and vigorous workforce.

Kindness on purpose consists of actions that are thoughtful, caring, genuine, offer warmth and are respectful, and benevolent.

Knowledge competence is the ability to apply what one knows to the situations at hand. For nurses, it is about ensuring that our actions are evidence-based and align with best practices.

LGBTQ2S is an acronym that represents different sexual orientations or gender identities and stands for lesbian, gay, bisexual, transgender, queer, and two-spirited.

Logotherapy is a type of psychotherapy that focuses on the meaning of human life and man's search for meaning as a way to help people to heal from situations that were traumatic.

Meaning in well-being theory involves being of service to a cause or belonging to something that gives you purpose.

Meaning-making is the way in which a person makes sense of what has happened in their life, while also discovering and pursuing something that gives them purpose.

Meditation consists of exercises in the form of either uttering a mantra or using breathing to become calm, to shut out the outside world, and to sustain a heightened level of awareness.

Method in research refers to the actual way in which data is collected includes the sequencing, techniques, and strategies that were utilized.

Methodology in research refers to the approach used in the study to acquire, categorize, and analyze data.

Microaggressions consist of casual innuendos that may be intentional or unintentional, that are belittling, insulting, uncaring, or inconsiderate.

Mindfulness is a form of awareness that is increasingly being used to decrease personal suffering and cultivate personal growth.

Mindful self-compassion combines mindfulness and being fully present with self-compassion in the form of caring and loving thoughts directed at oneself.

Mutuality consists of clear lines of communication between the caregiver and the person seeking treatment.

Myth consists of a false assumption or belief that cannot necessarily be substantiated by fact.

Narratives are a form of phenomenology that consists of personal stories of actual life experiences as told by the people living through them.

Negative emotions are feelings that cause you to feel distressed or uncomfortable and may decrease life satisfaction. Fear, anger, disgust, and sadness are some common examples.

Neuroplasticity refers to the brain's intrinsic ability to change by developing new neural connections that are experience-based.

Ontology explores the nature of what is and focuses on gaining a better understanding of human beings and their journey.

Other-focused listening is more than ordinary listening. It requires us to be fully present, and to listen deeply and compassionately to what the other person is sharing.

Palliative care is an approach that aims to improve the quality of life of patients of all ages and their family members, while they are dealing with problems associated with a life-threatening illness.

Participatory leadership is cooperative in approach, transparent, and builds consensus.

Pedagogy refers to the process of teaching and includes specific designs, methods, and strategies that facilitate the acquisition of knowledge.

Peer support consists of the help and encouragement received from others who have lived through similar experiences.

People of color are used to describe groups of people who identify as 'non-white,' and the designation includes but is not limited to, Blacks, Latinos, Mexicans, Jamaicans, Chinese, Indigenous people, Asians, Southwest Asians, and Arabs.

Perception of reality is a specific stage of coping during post-traumatic growth that consists of self-deception by adopting unrealistic optimism and hope about what happened.

PERMA are the five original elements of Positive Psychology well-being theory that are comprised of positive emotion, engagement, relationships, meaning, and accomplishment.

PERMA+4 is a framework for work-related well-being in Positive Psychology that consists of these four additional elements, physical health, economic security, mindset, and environment.

Person-centered care that is trauma-focused provides services to people with acute and chronic health issues. Not unlike client-centered care it is built on the premise of putting the person at the center of all that occurs. It also involves a collaborative relationship between healthcare professional and recipient, and provides compassionate service.

Person-centered communication is a form of engagement that honors the person and their family's point of view, values their input, and seeks their active involvement in decisions related to their care.

Phenomenology is a theoretical perspective that emphasizes the very substance of human experiences as lived by humans.

Philosophy and Science of Caring as an adjunct to a material and physical ontological world, makes relational ontology its basis. It also reveres human connectedness to a source known as a universal essence.

Physical safety consists of an absence of harm or injury in one's environment.

Positive emotions in well-being theory contribute to life satisfaction and happiness and consist of the capacity to feel happy, and experience joy, love, and gratitude.

Positive Psychology involves the empirical study of what is good about humans and their capacity for strength, growth, and endurance.

Positive psychotherapy is a therapeutic approach derived from Positive Psychology that creates balance in therapy by focusing on a person's strengths and weaknesses, and by utilizing their strengths as the means to well-being.

Post-migration trauma consists of the hardships experienced by refugees and immigrants due to barriers to access to essential services.

Post-traumatic growth consists of positive change that happens in a person's life because of their personal struggle to carry on after experiencing trauma.

Post-traumatic stress disorder (PTSD) occurs due to exposure to a traumatic event or a series of stressful situations. Some of the symptoms associated with PTSD include reliving the incident in dreams or flashbacks, experiencing fearful thoughts, anger, irritability, and an inability to cope.

Potential psychologically traumatic events (PPTEs) consist of any distressing experience that includes, but is not limited to death, severe injury, or violence.

Professional boundary in nursing is a limit that is set on how far a relationship can go, and when it is unacceptable to continue.

Promising keeping in trauma-informed care consists of ensuring that we deliver the service we have suggested in a timely manner and that we follow through with commitments that we make.

Psychological personal protective equipment (PPE) consists of individual and system-wide measures that support and safeguard the mental health of employees.

Psychological preparedness is an explanatory model of posttraumatic growth following adversity that consists of becoming better able to deal with traumatic events when they happen in the future.

Psychological safety in trauma-informed care is the ability to feel safe from being harmed emotionally.

Psychological safety in the educational setting sets out to create a positive atmosphere for learning to occur without fear of retaliation, by demonstrating that it is okay to take personal risks, speak up when concerns arise, and freely ask questions and share ideas.

Psychological trauma refers to a disturbing event that is unexpected and beyond what would normally be anticipated, and results in a large array of physical, emotional, and psychological responses.

Purpose consists of a person's reason for getting up in the morning and knowing where they are headed. It entails having clear goals and pursuing and achieving them.

Qualitative research in the Social Sciences focuses on gathering information about people through experiential means.

Racial microaggressions are commonplace everyday occurrences, that are intentional or unintentional, and consist of offensive verbal or behavioral actions that communicate derogatory racial slights or insults toward people of color.

Racial trauma is race-based trauma that is experienced personally or witnessed.

Recovery-orientated care that is person-centered values healing relationships as an essential component of addressing the needs of people with chronic conditions.

Reflective journalling is about freely writing about your values, beliefs, and attitudes to discover hidden aspects of your personality and to sort through your experiences.

Relationships in well-being theory that are healthy and loving, contribute to our happiness.

Religion involves the worship of a being or greater power outside of human material existence. It may consist of following sacred texts, books, and rules, offering formal prayers, or engaging in worship.

Rescuing is a form of helping in a professional capacity that is not beneficial for the recipient. It consists of doing things for a person, rather than helping them become more self-sufficient or empowered.

Residential schools were boarding schools created by the Canadian Government and operated by people of the Christian faith, to forcibly remove native children from their families, with the goal of destroying the "Indian," in the child.

Resilience is the ability to carry on and bounce back to original functioning after experiencing a trauma. It consists of constructive attributes of endurance, strength, and the will and motivation to move forward, despite what has occurred.

Resisting re-traumatization in trauma-informed care involves doing our best to avoid exposing people to situations that remind them of a particular adversity or event.

Respect for self-worth views each human being as deserving of honour and dignity, no matter what their circumstances.

Role modelling requires being a good example for others to follow.

Safety plan is designed to assist someone who is suicidal to identify their warning signs, ways to keep themselves safe, anchors for living, and people to call when they are in crisis.

Secondary trauma occurs because of close contact with people who are traumatized or due to direct exposure to adverse events.

Secondary traumatic stress (STS) is a condition that develops due to ongoing exposure to people who have directly experienced adversity. It manifests after viewing, hearing about, or being involved in traumatic stressors. Direct personal exposure to trauma is not necessary for STS to develop.

Self-awareness involves the process of purposefully examining the motives behind our actions.

Self-compassion entails purposefully viewing yourself with the same degree of empathetic concern that you would offer someone else in a similar situation.

Self-confidence consists of the self-assurance in your inherent abilities to acquire personal and professional ambitions and goals.

Self-reflection is the process of taking deliberate action to truthfully want to know why you think and act the way that you do.

Servant leadership is an altruistic stewardship and caring style of leadership that invests in followers' professional and personal development and well-being.

Sex refers to a person's biological designation based on the genitalia that they were born with.

Sexual orientation refers to the way that a person feels toward other people physically, sexually, romantically, or emotionally.

Shame is usually experienced as an intrinsically flawed character attribute that a person believes to be unchangeable.

Signature strengths in Positive Psychology consist of character strengths that are closely aligned with who we are, and what is vitally important to us.

Significance is the belief that somehow one's life is worthwhile, means something, and has something to look forward to.

Social intelligence is a part of emotional intelligence and consists of the capacity to feel and act in a socially acceptable manner.

Social safety refers to the emotional environment of the health care setting, where the expectation is that the person seeking help will be protected from harm or injury.

Somatization refers to emotional responses that surface as physical symptoms in the body.

Spirituality emphasizes the energy that exists within the person and their connection with a universal source of power that is a part of all of life.

Stranger rape consists of sexual assault that happens where the perpetrator of the assault and the victim do not know one another.

Strength-based trauma-informed strategies assist people to understand that they have gained new strengths and skills from surviving adversity that make them better equipped to deal with life's troubles when they arise.

Strengths due to suffering is an explanatory model of post-traumatic growth following adversity and occurs in the form of self-reassessment and questioning one's belief system.

Stress-hardy refers to a personal characteristic that enables a person to respond to demanding situations in an adaptive manner.

Structural trauma consists of violence toward specific populations by design (e.g., race, ethnicity, gender, sexual identity and orientation, and persons with disabilities).

Student-focused learning concentrates on the experience of learning that is cooperative, creative, and sensitive to the learner's needs.

Sturdy mindset involves a commitment to being fully engaged with life. It is about having a reason to get up in the morning and looking forward to the challenges of the day.

Subjective well-being is a personal and individualized measure of a person's feelings and moods, including sorrow or joy.

Survivor-centered approach to intimate partner violence works co-operatively with survivors, is client-centered, and prioritizes their choices, needs, strengths, and their ability to cope.

Systemic racism is harmful and consists of actions, practices and policies that perpetrate unjust prejudicial attitudes that target specific racial, ethnic, or other special populations.

Therapeutic relationship in nursing consists of the capacity of the nurse to know and understand their client/patient in such a way, as to be able to connect with them in a human and meaningful manner.

Theory in research is used to generalize and offer explanations of the relationships between the phenomena under study.

Transcultural caring in nursing is more than just being sensitive to cultural differences and involves intentionally seeking to understand and respect how a person's behaviors, wants and needs are influenced by culture.

Transference occurs when a person projects strong feelings that they may have had for someone else in their life, usually in childhood, toward the healthcare professional who is treating them.

Transgenerational trauma, which is also referred to as **intergenerational trauma,** consists of a transposition of prejudicial attitudes and behaviors from one generation to another.

Transparency in trauma-informed care consists of an openness to providing information about the care that is provided and ensuring that there are no hidden agendas.

Trauma refers to an event or series of circumstances that are harmful, threatening, or a danger to one's life, and have lasting adverse effects on the person's ability to function on a mental, physical, or spiritual level.

Trauma-informed involves the ability to recognize the ways that various forms of adversity have negatively impacted the lives of people.

Trauma-informed care endeavours to help people who have experienced trauma and targets change at the organizational and clinical level with the aim of improving client/patient outcomes. It focuses on prevention, intervention, and treatments that are evidence-based, and adaptable to the needs of those who have experienced past or present adversity.

Trauma-informed educational approaches value respectful interpersonal relationships, supportive learning environments, emotional intelligence, effective communication, empathy, caring, and compassion.

Trauma-responsiveness is concerned with every aspect of the delivery of services once a person has interfaced with a health care setting, with the key goal of avoiding unintentional harm.

Trauma-sensitivity in clinical practice consists of being aware and responsive to a person's history of adversity or interpersonal violence.

Traumatic stress response usually consists of a specific but normal neuropsychological reaction to an abnormal event. It may include a sequela of emotional responses that usually subside with time.

Trauma trigger refers to a perceptual stimulus involving the senses that causes a link to a previous traumatic experience.

Unconditional positive regard consists of the action of caring for someone without any conditions. The person does not need to be perfect to deserve care.

Validation consists of being able to communicate that you fully accept and want to understand, another person's experience.

Vicarious traumatization consists of a distressing emotional response after directly witnessing trauma or hearing the stories of people who have had adverse experiences.

Victim blaming holds a person responsible for their set of circumstances without considering other contributing factors like life circumstances or social injustices.

Violent traumas include all forms of abuse, are personal, and occur due to circumstances that affect a person directly.

Well-being theory in Positive Psychology consists of elements that are measurable and are comprised of what people are willing to choose as contributing to life satisfaction.

Will to meaning in life as a primary motivator, that is unique, valued, and specific to the individual, and can only be fulfilled by them. It is also what assists a person to endure and overcome pain and suffering.

Work-life balance consists of attaining a balance between work commitments and personal lifestyle.

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Prof. Kathleen Stephany is a practicing registered nurse with the British Columbia College of Nurses and Midwives, and a certified counsellor and psychologist with the Canadian Counselling and Psychotherapy Association. Prof. Kathleen did Ph.D. in counselling psychology, MA in counselling psychology. In 2016, Kathleen was named as distinguished double alumni by Simon Fraser University. She is currently employed as a full-time nurse educator, instructing nursing students in applied ethics, leadership and mental health. She is also a nurse ethicist, motivational speaker, suicidologist, media consultant and ethic of care theorist. She has a passion for writing, she has written other books on the topic of nursing ethics, suicide prevention and self-help. She is a member of Canadian and International Associations that advance academic knowledge and inform practice such as: the Canadian Association of Schools of Nursing; the Canadian Mental Health Association; etc.