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Original Article

Trauma-Informed Care Education in Baccalaureate Nursing Curricula in the United States: Applying the American Association of Colleges of Nursing Essentials

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ABSTRACT

The practice of trauma-informed care (TIC) allows nurses in any setting to identify and intervene with traumatized individuals and to create a continuum of care when forensic nursing services are needed. The purpose of this article is to suggest ways to incorporate TIC content into baccalaureate nursing programs. We begin with an overview of baccalaureate nursing curricula and common types of traumatic experience important for students to understand. We then propose specific strategies for inclusion of TIC content in baccalaureate nursing education, using the American Association of Colleges of Nursing *Essentials of Baccalaureate Education for Professional Nursing Practice*. With a solid foundation in TIC, baccalaureate-prepared nursing students can provide effective patient care and better support forensic nursing practice. This will increase the capacity of the nursing profession in general to meet the needs of those affected by trauma, violence, and abuse.

KEY WORDS:

Curriculum development; forensic nursing; nursing education; trauma-informed care

Experiences of trauma can increase greatly a patient's complexity of care and have been recognized as a high-priority public health concern because of their high prevalence and the negative impact they can have on an individual's physical and emotional health (Magruder, McLaughlin, & Elmore Borbon, 2017; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a). Given the ubiquity of trauma among various groups, trauma-informed care (TIC)—specifically integral to forensic nursing practice—is increasingly necessary in a variety of practice environments (Bradbury-Jones & Broadhurst, 2015; Machtinger, Cuca, Khanna, Rose, & Kimberg, 2015). Forensic nurses provide much of the trauma-related care service in healthcare settings; however, there is a gap in the number of specialty-prepared forensic nurses available to provide these services, which are available only about 65% of the time in U.S. hospital emergency departments (Nielson, Strong, & Stewart, 2015). Forensic nursing-related and TIC content must therefore be incorporated into baccalaureate nursing education.

The purpose of this article is to provide options for incorporating TIC content into baccalaureate nursing education. We begin with an overview of baccalaureate nursing curricula and highlight some content important for baccalaureate-prepared nurses to understand with regard to TIC. We

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then propose the identification of TIC educational opportunities in the context of the American Association of Colleges of Nursing (AACN, 2008) *Essentials of Baccalaureate Education for Professional Nursing Practice*. It is not our intention to provide a comprehensive review of all the ways in which TIC could be incorporated into baccalaureate curricula but to provide illustrative examples across each Essential that can guide development and integration of TIC content by nursing faculty.

Overview of Baccalaureate Nursing Education and Curricula

Graduates of baccalaureate nursing degree programs accredited by the Commission on Collegiate Nursing Education are expected to meet outcomes consistent with the standards and guidelines delineated in the AACN (2008) *Essentials of Baccalaureate Education for Professional Nursing Practice*. Generally referred to as the Essentials, this document enumerates nine components for generalist nursing education curricula. At the core of generalist nursing practice is a commitment to patient-centered care. Such care often involves developing partnerships with patients to understand how their values, preferences, and experiences may affect their care needs and desired outcomes. When trauma is an element of patient history, this may be especially important.

Trauma-Related Content for Baccalaureate Nursing Education

To effectively implement principles of TIC in practice, nursing students first need content foundational to understanding trauma. This includes content related to the care of diverse and vulnerable populations, an understanding of different types of trauma, and how trauma impacts health. This section provides an overview of these topic areas.

Care of Diverse Populations

Providing appropriate TIC begins with an understanding of how to care for diverse populations. Nursing students must be able to accurately identify how diversity impacts health, recognize associated risks (e.g., risk of exposure to racism, sexism, ableism, or homophobia), and understand how these influence the provision of effective TIC (e.g., how these factors may impact health outcomes, healthcare seeking, or healthcare interactions). Unfortunately, many baccalaureate nursing programs can barely cover required clinically and biomedically focused content and do not include content on historical and social causes of vulnerability and trauma (Rich & Nugent, 2010). This is in stark contrast to the traditions of nursing rooted in social justice and transformational knowledge development (Kagan, Smith, Cowling, & Chinn, 2010). It is therefore crucial that baccalaureate nursing education prepares nursing students to recognize and respond appropriately to vulnerabilities and sources of trauma.

Vulnerabilities can derive from social as well as individual factors and impart varying degrees of risk or trauma. Socioeconomic status, gender, race or ethnicity, and sexual orientation all contribute to vulnerability depending on social contexts (Brody et al., 2013). Trauma can occur when the social context stigmatizes or devalues individual characteristics, leaving one vulnerable to stress and violence (Alessi & Martin, 2017). Vulnerability thus necessarily increases risk for traumatic experience, insofar as the vulnerable individual has fewer potential avenues to avoid risk (Milan & Wortel, 2015).

Understanding the ways in which social and individual characteristics can interact to reduce options is the crux of "intersectionality." As described by Crenshaw (1989), intersectionality refers to the overlap and interaction among various socially defined and/or stigmatized identities attached to an individual. Crenshaw's original model described Black women's experiences of and interactions with the world as being because not in part of being a woman and in part of being Black but entirely of living in the simultaneity of these identities. Other scholars have expanded the concept to include sexual orientation, socioeconomic status, immigration status, disability, and gender identities (O'Neal & Beckman, 2017; Sterzing, Gartner, Woodford, & Fisher, 2017). Where an individual falls along the social continuum for each of these as well as various other characteristics can determine social capital, vulnerabilities, and potential for health or wellness (Villalonga-Olives & Kawachi, 2015).

Types of Trauma

Historical Trauma

Historical traumas, which can contribute to traumatic stress states as much as acute traumas, are those that affect the history of a specific population or community over generations (Mohatt, Thompson, Thai, & Tebes, 2014). The impacts of historical trauma have commonly been seen through pervasive racism in societies, continuing to be felt in marginalized and oppressed racial/ethnic groups, including Native Americans (Brockie, Heinzelmann, & Gill, 2013), Blacks (Lucas et al., 2017), and Holocaust survivors (Sigal & Weinfeld, 2001).

Structural Trauma

Similarly, structural stress and structural violence refer to harm done by social structures that value one set of characteristics over others or disempower those who do not possess these characteristics (DeWilde et al., 2019). The terms originate in Galtung's work on indirect systematic sources of violence and describe situations that create harm to a group rather than harm specifically done by one

individual to another (Galtung, 1969, 2004). Structural factors can contribute to or engender traumatic experiences, imputing both acute and long-term health risks and thus contributing to health disparities (Montesanti & Thurston, 2015). Characteristics that are often targets of structural stressors and structural violence include race or ethnicity, socioeconomic status, disability, gender or sexual identity, and others depending on community and context (DeWilde et al., 2019).

Violence and Abuse

Whereas structural stress can be viewed as an indirect source of trauma, other experiences—such as individual violence and abuse—are more directly traumatic. Individual trauma is defined as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMSHA, 2014). Such experiences may include community violence, intimate partner violence (IPV), child abuse and/or neglect, sexual abuse and/or assault, and psychological forms of abuse (Graham-Bermann & Miller, 2013). These types of traumas are often specifically repetitive as well as associated with one another, such that affected individuals are repeatedly victimized (Graham-Bermann & Miller, 2013).

Intimate partner violence. IPV is violence or abuse in the context of an intimate relationship and can be traumatic across multiple domains. Primarily, IPV involves physical, sexual, emotional, relational, and/or financial abuse that injures or damages an individual in some way (Black et al., 2011). In addition, IPV specifically generates something called "betrayal trauma." First described by Freyd (1994), betrayal trauma is the result of being injured or traumatized by someone or something upon which the victim depended for support or survival. Given the high incidence of IPV—in the United States, more than one in three women and nearly as many men (Black et al., 2011)—it is crucial that nursing care attend to possible sequelae of IPV.

Community violence. Community violence can also be a source of betrayal trauma (Pinderhughes, Davis, & Williams, 2015). Whereas IPV occurs within the bounds of a specific relationship, community violence may have wide-ranging as well as cumulative effects on both individuals and communities (Kennedy, Bybee, & Greeson, 2014). This is a crucial consideration in communities with significant trauma histories, because trauma-informed interventions often target individuals rather than groups (Donisch, Bray, & Gewirtz, 2016). Even among those health providers who report routinely screening for traumas such as IPV—estimates range from as low as 2% among all-physician samples to as high as 53% among all-nurse samples—community violence may not be identified if the individual does not recognize it as a trauma (Donisch et al., 2016).

Adverse childhood experiences. Exposures to both community violence and IPV in childhood, as well as to other traumas such as family separation and childhood physical or sexual abuse, are among the adverse childhood experiences (ACEs; Anda, Butchart, Felitti, & Brown, 2010; Felitti et al., 1998). The ACEs have been specifically linked to poor health outcomes in adulthood that include depression, ischemic heart disease, sexually transmitted infections, substance abuse, and premature mortality (Kalmakis & Chandler, 2015). Importantly, experiencing more than one ACE appears to increase the risk of poor health outcomes, and the occurrence of ACEs is often greater among populations already structurally disadvantaged (Finkelhor, Shattuck, Turner, & Hamby, 2013). This implies multiple traumatic encounters for many individuals affected by ACEs, intensifying the cumulative impact of trauma on health (Hostinar, Lachman, Mroczek, Seeman, & Miller, 2015).

Trauma and Health

The impacts of trauma on health have been documented in a variety of populations including combat veterans (Groër & Burns, 2009), formerly abused women (Burton, Halpern-Felsher, Rehm, Rankin, & Humphreys, 2016; Humphreys, Cooper, & Miaskowski, 2011), and survivors of child abuse and/or neglect (Kendler & Aggen, 2014). Traumatic experiences have been linked to chronic pain (Humphreys et al., 2011), mental health problems (Burton, Halpern-Felsher, Rehm, Rankin, & Humphreys, 2013; Burton et al., 2016), poor self-rating of health, cardiovascular problems (Andersen, Hughes, Zou, & Wilsnack, 2014), and other persistent health issues. In addition, traumatic stress is the stress state related to past or ongoing experience of trauma, such as the persistence of fear identified in adult women with histories of adolescent IPV (Burton et al., 2013).

Nonetheless, the connection between traumatic experiences and health issues is not always accounted for in nursing education or practice. Studies show that health providers experience numerous barriers to addressing trauma among patients and report a need for more training in TIC approaches (Bruce et al., 2018; Williams, Halstead, Salani, & Koermer, 2017). In addition, patients often do not recognize the link between trauma and adverse health outcomes (Williams, Gonzalez-Guarda, Halstead, Martinez, & Joseph, 2017). These important insights reflect the need for provider education to incorporate both recognition of trauma and attention to the health of affected persons.

Trauma-Informed Care

Given the prevalence of violence and trauma in the United States today, preparing nurses to enter generalist practice must include preparation to identify and respond to trauma

and its symptoms. TIC provides a model to help healthcare providers understand, recognize, and respond to the effects of trauma (SAMHSA, 2014b). A trauma-informed approach is one in which providers universally anticipate the presence of trauma in the lives of patients and routinely take steps to provide support and avoid retraumatization. The SAMHSA (2014a, p. 9) outlines four key assumptions ("The 4 Rs") of a trauma-informed approach:

1) Realizing the widespread impact of trauma and understanding potential paths for recovery;
2) Recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3) Responding by fully integrating knowledge about trauma into policies, procedures, and practices; and
4) Seeking to actively resist retraumatization.

TIC has been implemented and examined in a variety of practice settings including but not limited to primary care, substance abuse treatment, public health, HIV care, pediatrics, and mental health care (Loomis, Epstein, Dauria, & Dolce, 2019; Machtinger et al., 2015; Williams, Gonzalez-Guarda, & Ilias, 2017).

Integrating TIC Into the AACN Essentials of Baccalaureate Nursing Education

By viewing TIC in the context of the AACN (2008) Essentials, it is possible to easily integrate TIC education into existing baccalaureate nursing curricula. This document presents the nine "Essentials," which represent the elements that fundamentally enable baccalaureate nursing education "graduates to practice within complex healthcare systems and assume the roles: provider of care; designer/manager/coordinator of care; and member of a profession" (AACN, 2008, p. 3).

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

This Essential highlights the importance of humanities education for nursing students. This should specifically include attention to historical sources of trauma that may affect the health of certain populations. Structural factors such as race or ethnicity, gender, socioeconomic status, and family relationships can all inform potential for traumatic experiences for various reasons. For example, O'Neal and Beckman (2017) describe obstacles to IPV help-seeking among Latina women, noting that these woman are likely affected by cultural as well as language and socioeconomic influences in seeking services. The liberal education foundation for nursing students could thus include exploration of historical and cultural influences of diverse cultures that may contribute to or influence traumatic experience.

Social Determinants of Health

Another focus for baccalaureate students could be the social determinants of health. Social determinants of health are similar to structural factors in being socially constructed but differ in that they are "upstream" factors that ultimately determine likelihood of poor health outcomes (Braveman & Gottlieb, 2014). Education on this topic could include exploration of literary and historical documents that include narratives by individuals living in situations of poverty, violent conflict such as war or martial law, discrimination based on race or sexual orientation, or interpersonal violence and abuse.

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

Maintenance of patient safety and quality care delivery are fundamental functions of nursing practice and significant educational opportunities for TIC skill development among baccalaureate students. Baccalaureate nursing education should provide students with sufficient knowledge and skills to identify how both trauma and historical influences contribute to traumatic stress. Studies indicate that providers with training in how to attend to safety and other needs for patients with traumatic experience histories have more positive feelings about the care they provide as well as feel more empowered to address trauma (Burton & Carlyle, 2015, in press; Nielson et al., 2015). Content could include training in assessment for traumatic histories, safety planning, and identification of potential sources of trauma in case studies.

Essential III: Scholarship for Evidence-Based Practice

Essential III focuses on ensuring that baccalaureate nursing students have basic competencies in the principles of evidence-based practice, including identification of practice issues, appraisal and integration of evidence, and outcome evaluation. Specific curriculum to support this role could include skill development in locating and evaluating sources of trauma-relevant research and statistics, case studies focused on the implementation of TIC practices in healthcare settings, and methods for measuring trauma-related outcomes among patients.

Dissemination is another critical component of scholarly practice, and central to this is effective communication. A trauma-informed baccalaureate nursing curriculum should include content about communicating sensitive topics, such as violence and trauma, to a range of professional, community, and patient audiences. Specific content could focus on nonjudgmental versus stigmatizing terminology, effective framing of messages, and being aware of one's own anxieties and biases (McBride, 2010; Mejia & Rodriguez, 2018).

Essential IV: Information Management and Application of Patient Care Technology

Ensuring baccalaureate nursing students have competence in information management and technology is the focus of

Essential IV, and these tools can be used to provide effective TIC. For example, many healthcare organizations have integrated standardized screening questions about trauma and other social determinants of health into electronic health records. These systems can provide nurses and other providers with alerts, decision support tools, and automated referrals based on screening results. Educating students about proper documentation of trauma is also critical to ensure high-quality data capture for clinical decision making as well as to generate proper records for legal proceedings in cases of violence and abuse (Lentz, 2010).

Essential V: Healthcare Policy, Finance, and Regulatory Environments

Essential V asks educators to ensure students understand the effects of policy, financial, and regulatory issues on patient care. TIC content to support achievement of this Essential can include discussion of nursing's interaction with law enforcement in instances of IPV and/or sexual assault (SA). Both are complex social, health, and legal issues. Legal definitions and mandatory reporting requirements vary from state to state. Ensuring that even newly graduated nurses are prepared to understand legal requirements, as well as the intended and unintended consequences of interactions with the criminal justice system, is an important, specific integration point. These may include increased awareness of violence as a healthcare and criminal justice issue, accountability for perpetrators, increase in service provision for victims (Rodríguez, Sheldon, & Rao, 2002), increased surveillance and arrest of racial minority and other marginalized groups (Mudrick & Smith, 2017), fear and decreased care seeking from these marginalized groups (Walker, 2017), and perpetuation of inequities in access to care.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

This Essential's key mandate is the development of nurses who are collaborative members of an interdisciplinary care team. Work stemming from the exploration of adherence to HIV treatment in primary care shows the influence a history of trauma can have on health (Anderson et al., 2018; Machtinger, Wilson, Haberer, & Weiss, 2012). One clinic developed a multidisciplinary medical home model in which patients were offered team-based care including access to providers, nurses, victim service advocates, substance abuse providers, social workers, and peer counselors. Incorporation of opportunities for nursing students to understand, observe, and participate in such team-based care contexts is key to breaking down disciplinary boundaries and creating care models that address root causes of health issues (Machtinger et al., 2015).

Another example is the sexual assault response team model. This community-based model can include participation from medical, nursing, law enforcement, evidence analysis, judicial, victim advocates, and local government personnel to develop policies, protocols, and accountability standards for the community when an individual reports a sexual assault (Greeson & Campbell, 2015). These teams, often including the participation of forensic nurses or sexual assault nurse examiners, have been instrumental in improving health and justice outcomes for victim survivors (Greeson & Campbell, 2013, 2015). This model, as with the previously discussed HIV primary care model, not only addresses traditional physiologic markers of health but also attempts to holistically address patients' social needs related to experiences of violence. Understanding diverse care settings and engaging with nontraditional healthcare partners is a step toward ensuring that students are able to holistically assess and address the trauma-related patient concerns upon graduation.

Essential VII: Clinical Prevention and Population Health

The seventh Essential mandates a focus on prevention, health promotion, and population health. Given what is known about the long-term consequences of trauma during childhood (Brown et al., 2009; Felitti et al., 1998), incorporating didactic and clinical opportunities for students to address trauma and violence prevention is crucial. Community and population health nursing curricula should therefore include content directed at assessing, understanding, and intervening regarding the types of violence and trauma most common in communities where students are working. For example, individual-level intimate partner abuse prevention work may include public health home visiting work (Burnett et al., 2019) with pregnant women and families after the birth of a new baby, whereas broader scale primary prevention can occur via integration of healthy relationship, dating violence, and bystander intervention education in classes for adolescents (Coker et al., 2017). Ensuring that students are offered diverse opportunities to identify and understand the impact that trauma has on the health of their care populations is key to integration of TIC principles into undergraduate curricula.

Essential VIII: Professionalism and Professional Values

This Essential refers to conduct within the professional context of nursing, including the valuation of altruism, autonomy, human dignity, and integrity in practice. Each of these aspects is consistent with the delivery of TIC in that attention to the individual's needs and human potential is paramount (Fawcett & Rhynas, 2014). It is imperative that the nurse fully understand how the patient is situated within the constellation of factors that influence health—one of which may be traumatic history related to gender, sexuality, race/ethnicity, or other socially constructed

identities. Specific curriculum content in this area could focus on drawing parallels between nursing core values and principles of TIC and using case studies to explore ethical dilemmas that emerge when working with an individual who has experienced trauma. An example of such curriculum is the use of a standardized patient simulation, developed in collaboration with sexual assault nurse examiners and focused on IPV assessment and intervention in the clinical setting (Blumling, Kameg, Cline, Szpak, & Koller, 2018). Such an exercise can directly increase student capacity to practice TIC, as well as improve confidence in identifying and attending to trauma(s)—thus overcoming an oft-cited barrier to screening and intervening with survivors of violence and abuse (Blumling et al., 2018; Burton & Carlyle, in press).

Essential IX: Generalist Practice

Finally, Essential IX focuses on the role of the generalist nurse upon completion of baccalaureate nursing education and is the integration of knowledge, skills, and attitudes developed across Essentials I–VIII. It is at this level of practice that generalist nurses will have the skills to understand the complex processes through which trauma impacts the health of individuals, families, groups, communities, and populations and to apply the principles of TIC in nursing practice. Educators can synthesize the foregoing suggestions for each essential to address this goal (see Table 1, Supplemental Digital Content, http://links.lww.com/JFN/A37, Essential IX strategy table).

Implications and Conclusions

The practice of TIC is clearly and easily compatible with the necessary content of baccalaureate nursing education, and it is essential that nurses in the 21st century recognize and attend to the impact of trauma on the patient population. In this article, we show that the principles of TIC are congruent with implementation of the AACN Essentials and provide guidance for educators seeking to apply this framework. Trauma is an often overlooked factor in health, and attention to its effects by the nursing workforce has the potential to generate significant improvements in population health. Particularly among vulnerable populations, the concerted impact of structural, physical, and psychological traumas may result in significant health problems including posttraumatic stress disorder, increased disease risk, genetic and epigentic dysfunctions, and allostatic loading (Alessi & Martin, 2017; Drury et al., 2014; Leite, Amorim, Primo, & Gigante, 2017). Identifying traumatic histories and providing TIC in all nursing care contexts is thus the most ethical and holistic approach to nursing practice, and baccalaureate graduates should be prepared to carry out both. By integrating TIC into baccalaureate curricula, nursing educators can provide students with the skills and facility necessary to provide holistic and highly effective care to the most vulnerable of patients.

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