

SUPPORTING HEALING AND RESTORING HOPE TO PATIENTS, FAMILIES AND CLINICIANS

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UNDERSTANDING THE UNIQUENESS

- ◉ Patients and Families may feel:
- ◉ Isolated, because hospitals often are not set up to provide emotional support beyond the hospital stay.
- ◉ Breach of trust between caregiver and patient that is so crucial to recovery.
- ◉ Vulnerable, since, in most cases, the patient will need continued care within the same system that harmed them.

EMOTIONAL IMPACT FOR PATIENTS/FAMILIES FOLLOWING ADVERSE EVENTS

These emotions may be immediate or delayed.

Sadness

Anger

Mistrust

Isolation

Loss/Grief

Betrayal

Guilt

Shame

Fear

NORMAL RESPONSES TO TRAUMA

May Include:

- Panic
- Fear
- Emotional shutdown
- Hyperactivity
- Sleep disturbance
- Nightmares
- Physical symptoms
- Confusion and forgetting
- Avoiding social interactions

Colorado Disaster Task Force, a joint effort of The Colorado Psychiatric Society (CPS),
The Colorado Child and Adolescent Psychiatric Society (CCAPS),
And The Denver Psychoanalytic Society.
American Academy of Adolescent and Child Psychiatry (AACAP), 1999

NORMAL RESPONSES TO TRAUMA

(CONT'D)

- 50% “roll with punches”
- 30% anxious or depressed, yet return to previous levels of functioning
- (Hassette, Sigal, 2002)
- Most reactions resolve within 10 days - 3 months
- (Wortman, Silver, 1989)

THINGS YOU CAN DO TO SUPPORT YOUR COLLEAGUES:

- Active Listening and Interventions
 - Let colleague share the experience
 - Be patient, allow for silence
 - Express appreciation for sharing
 - Reflect, interpret and summarize
 - Discuss some coping strategies - plans?
 - Support Systems? Accessible”
 - Okay to follow up? Contact Information.
 - Provide a resource list (if applicable).
 - Verify: Are you going to be okay?
 - When in doubt refer!

GETTING STARTED

- ◉ Do an environmental scan of all internal and external supports for Patients/Families (i.e. chaplaincy, social work, patient/family relations, etc..)
- ◉ Do an environmental scan for all internal and external supports for clinicians(i.e. psychiatry, EAP, chaplaincy, etc...)
- ◉ Compile the above information and make available to staff via intranet, staff meetings, grand rounds, etc... Pre-education is KEY.

GETTING STARTED (CONT'D)

- ◉ A Leader at “C-suite” Level to sponsor a support process for patients and clinicians.
- ◉ Connect this effort with the Disclosure and Apology work being done
- ◉ A patient safety culture
- ◉ Policies and Procedures for Disclosure

See Assessment Tool—A Culture of Respect, Communications, and Disclosure -- on the IHI website www.ihi.org

- ◉ LEND document
 - See Attached
- ◉ Staff Support Survey Tool
 - See Attached

CONTACT INFORMATION

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