



2023 NLN Education Summit

SHORING UP THE FOUNDATION

HEALING-CENTERED STRATEGIES FOR EDUCATORS

A Trauma-Informed Approach to Nursing Education

Presented by Lorre Laws, PhD RN



College of Nursing

Disclosure

Neither the planner (s) or the presenter indicated that they have any real or perceived vested interest that relate to this presentation.

Introducing Dr. Lorre



✓ **University of Arizona**
College of Nursing
MSN, PhD





Post Doc: INFF, INCA



UA Social & Behavioral Sciences to CON BSN-Integrative Health

Integrative Nurse Coach Practice

Nurse traumatization, burnout

Early and transition to practice nurses

Biology of Trauma preferred provider

Trauma & The Embodied Brain CEUs



**Getting
Acquainted
with You!**



LET'S CHECK IN:

To what degree are you encountering student resilience challenges?

1. USUAL AMOUNT

2. MORE THAN USUAL

3. A LOT MORE THAN USUAL

4. OMG TOO MUCH



LET'S CHECK IN:

How familiar are you with
polyvagal theory?

1. NOT FAMILIAR

2. SOUNDS FAMILIAR

3. PRETTY FAMILIAR

4. VERY FAMILIAR

5. IT'S MY LIFE



LET'S CHECK IN:

What is your comfort level supporting students in **navigating their nervous system** as a self-caring foundation?

1. IDK MAYBE A LITTLE

2. OPEN NOT COMFORTABLE

3. COMFORTABLE

4. ALREADY ON IT



Objectives

Review of trauma-informed nursing education literature & Foli's (2022) Middle Range Theory of Nurse Psychological Trauma.

Discuss signs of student traumatization & how to guide them in navigating their nervous system.

Practice healing centric strategies to shore up self-caring practices while fostering resilience in didactic, lab, and clinical settings.



Please Note

Sensitive topics are discussed.

Please prioritize your comfort, regulation, and wellbeing.



Trauma-Informed Nursing Education

Basic assumptions and approaches





Trauma is ...

"Trauma is not what happens to you.
Trauma is what happens inside you
as a result of what happens to you."

- Gabor Mate



Trauma-Informed Nursing Education

Assume everyone has experienced
some type of trauma in their lives.

Including nurse educators and
students.



Realize we cannot know everyone's
trauma history.

Understand that the goal isn't necessarily
to uncover trauma.



American Association
of Colleges *of* Nursing

The Voice of Academic Nursing

Moving Toward Trauma Informed Nursing Education

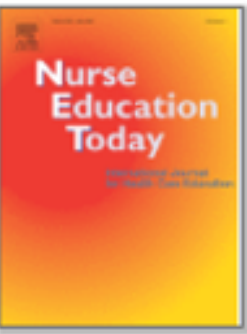
“The need for trauma-informed education in nursing education is **critical**.”

“The student-educator connection is an essential part of being human and a foundation for **regulation** and managing stress during school.”



Nurse Education Today

Volume 101, June 2021, 104880



Contemporary issues

Trauma informed education in nursing: A call for action

Anna Goddard ^{a, b}  , Rebecca Witten Jones ^a , Dorothea Esposito ^a , Erin Janicek ^b 

Moving Toward Trauma Informed Nursing Education

196 BSN nursing students completed
Nurse Well-being & Resilience Survey

Positive Attributes

Healthy, well, strong
Satisfied helping others
Proud of their abilities
Content with decision to become a nurse

Negative Attributes

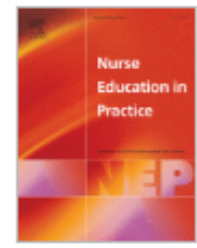
Significant reports of being
-depressed, anxious
-burned out, **traumatic stress**
-overwhelmed
-trapped with intrusive thoughts

These findings illustrate the
**importance for nursing faculty
to develop support strategies
for lowering burnout and
traumatic stress**








Nurse Education in Practice

Volume 51, February 2021, 102978



Original research

Examining nursing students' wellness and resilience: An exploratory study

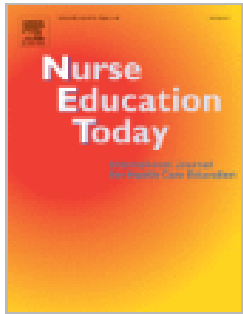
Shelley Spurr PhD (Associate Professor)^a  , Keith Walker PhD (Professor)^b ,
Vicki Squires PhD (Associate Professor)^b , Nicole Redl BSN (Registered Nurse)^a 

Moving Toward Trauma Informed Nursing Education

“There is a need to investigate the causes of stress and a need to recognize that different interventions may need to be developed to address stress arising from the **nature of the work** (exposure to traumatic events and patient suffering) and **that resulting from excessive workload, staff shortages and lack of support.**”

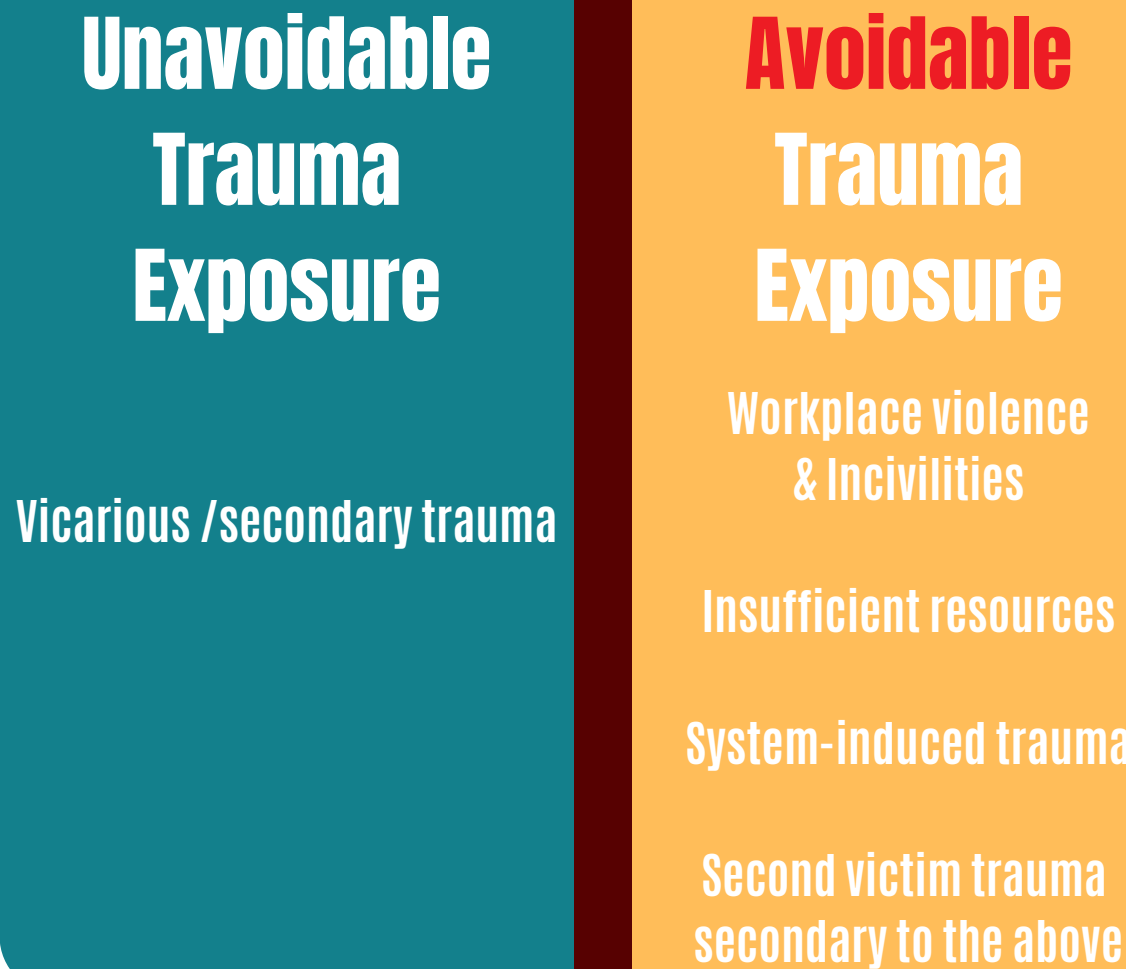


Nurse Education Today
Volume 78, July 2019, Pages 10-13






Contemporary issues: Resilience training alone is an incomplete intervention

[Rosemary A. Taylor](#)



The 4 R's

SAMHSA general principles of trauma-informed education
shares underlying assumptions (Goddard et al., 2021)

Assumption	Attribute
 Realize	Realizing that trauma has widespread impacts and that there are various potential pathways to recovery.
 Recognize	Recognizing the signs and symptoms of trauma in patients, their family members, co-workers, and other system stakeholders.
 Respond	Responding by integrating knowledge on trauma into system-wide practices, policies, and procedures.
Resist re-traumatization	Resisting the re-traumatization of patients, staff members, and family members.



Middle Range Theory of Nurse Psychological Trauma

ORIGINAL ARTICLES

A Middle-Range Theory of Nurses' Psychological Trauma

Foli, Karen J. PhD, RN, FAAN

[Author Information](#) 

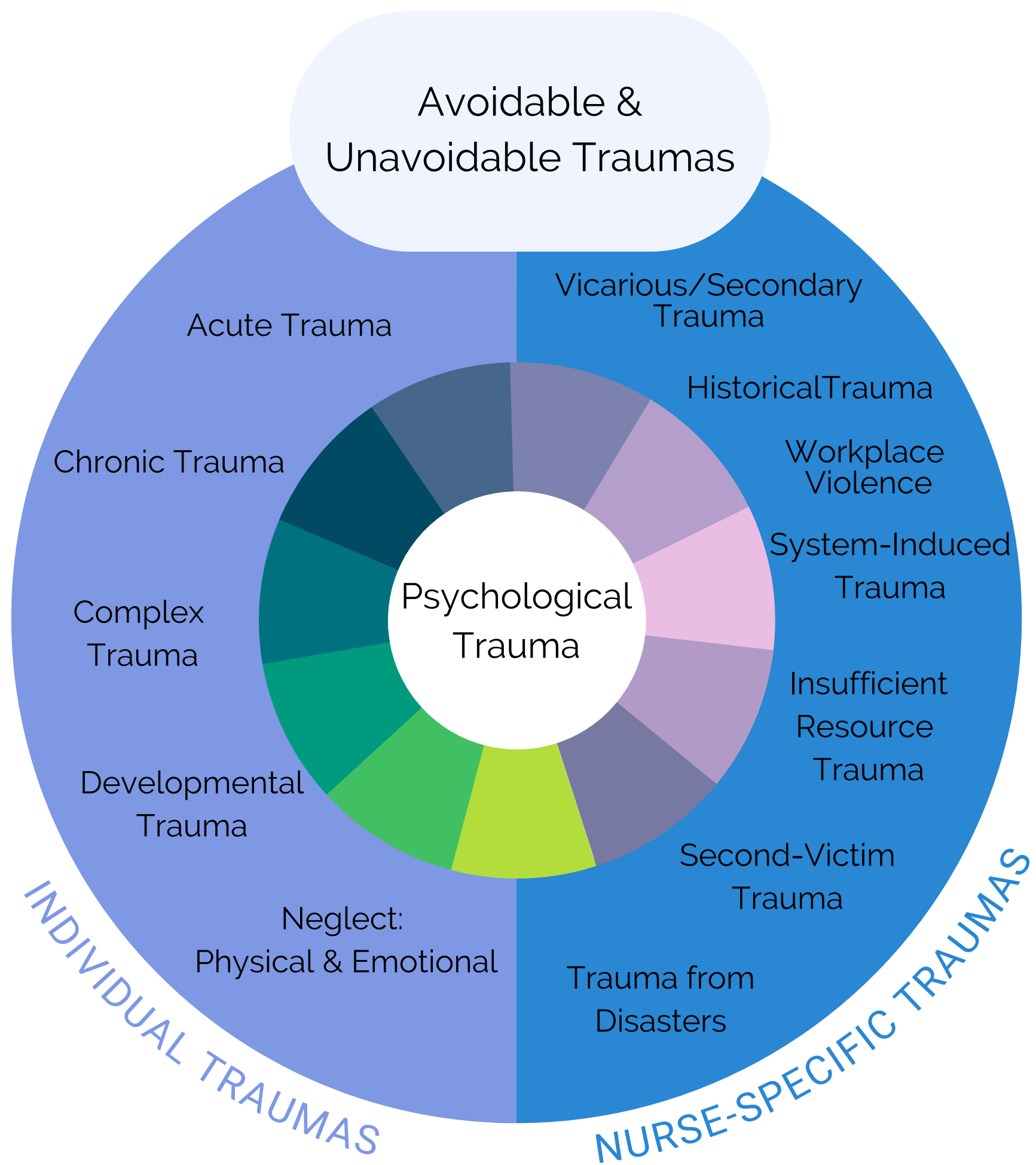
Advances in Nursing Science: January/March 2022 - Volume 45 - Issue 1 - p 86-98



doi: 10.1097/ANS.0000000000000388

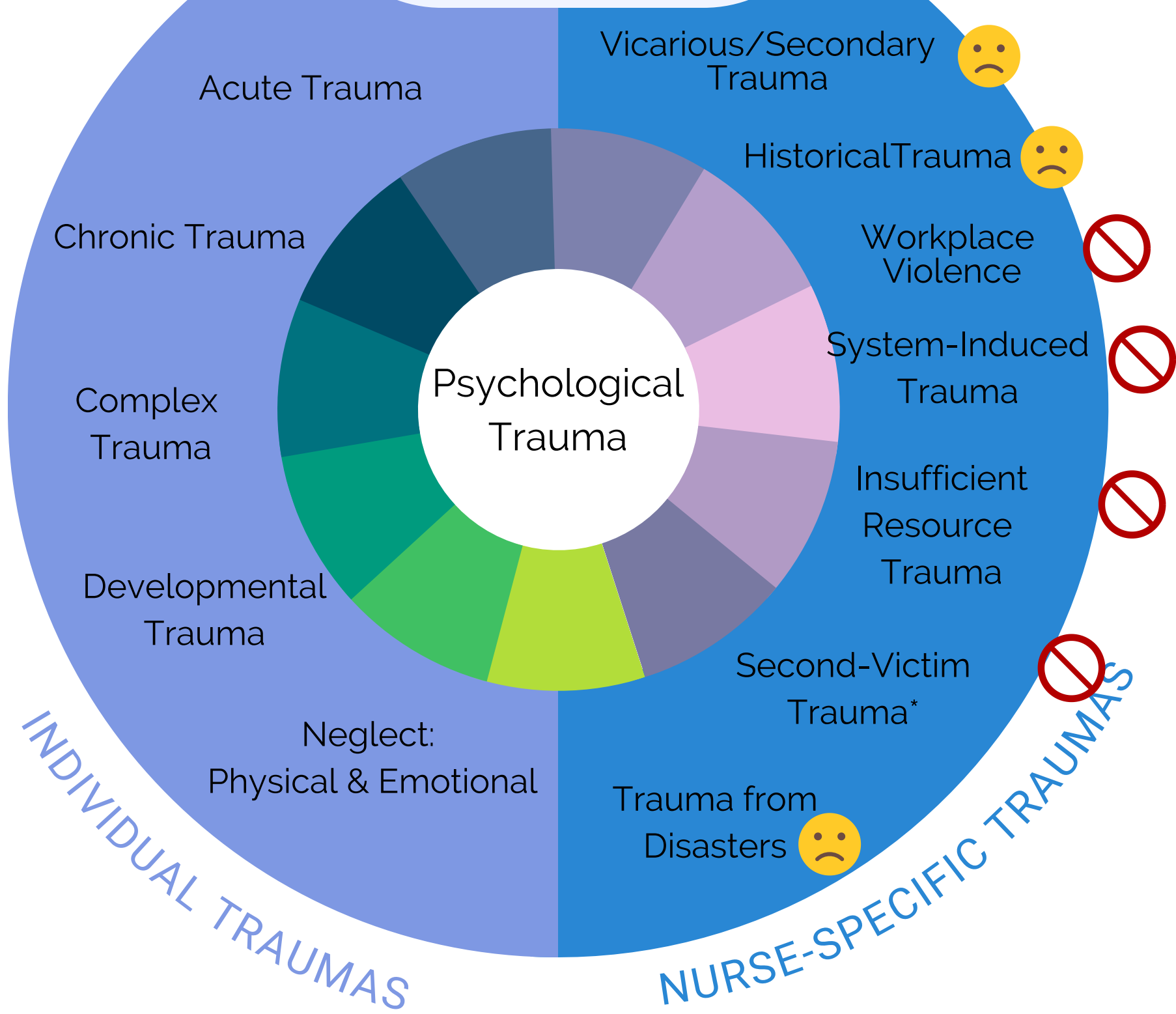
Abstract

Vicarious trauma, secondary trauma, and workplace violence are the common forms of psychological trauma associated with nurses. Additional areas of nurses' trauma have not been adequately described, defined, or conceptually organized in the literature. In this article, a new middle-range theory of nurses' psychological trauma is presented with a novel discourse of nurse-specific traumas, theoretical statements, and outcomes of psychological traumas that are unique to nurses and the professional worlds in which they live. A middle-range theory is forwarded so that future scholars may test this theory and derive implications for practice, education, policy, and research.





Avoidable Nurse-Specific Traumas **Never Events** 
Secondary to Organizational or Healthcare System Inadequacies
Unavoidable nurse-specific trauma inherent to nursing role 



*when secondary to system inadequacies

Potentially Traumatic - Student Exposures

IT = individual traumas, NST = nurse-specific traumas



Faculty (IT, NST)

Skills Lab (IT, NST)

Student (IT)

Clinicals (IT, NST)

Precepting Nurse
(IT, NST)





Trauma Foundations

Polyvagal Theory
Relational Neuroscience
Transpersonal Neurobiology





Trauma is ...

"Trauma is not what happens to you.
Trauma is what happens inside you
as a result of what happens to you."

- Gabor Mate



Unhealed, nonintegrated trauma is embodied



“We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present.”

- Bessel A. van der Kolk





Trauma Healing - Transpersonal Neurobiology

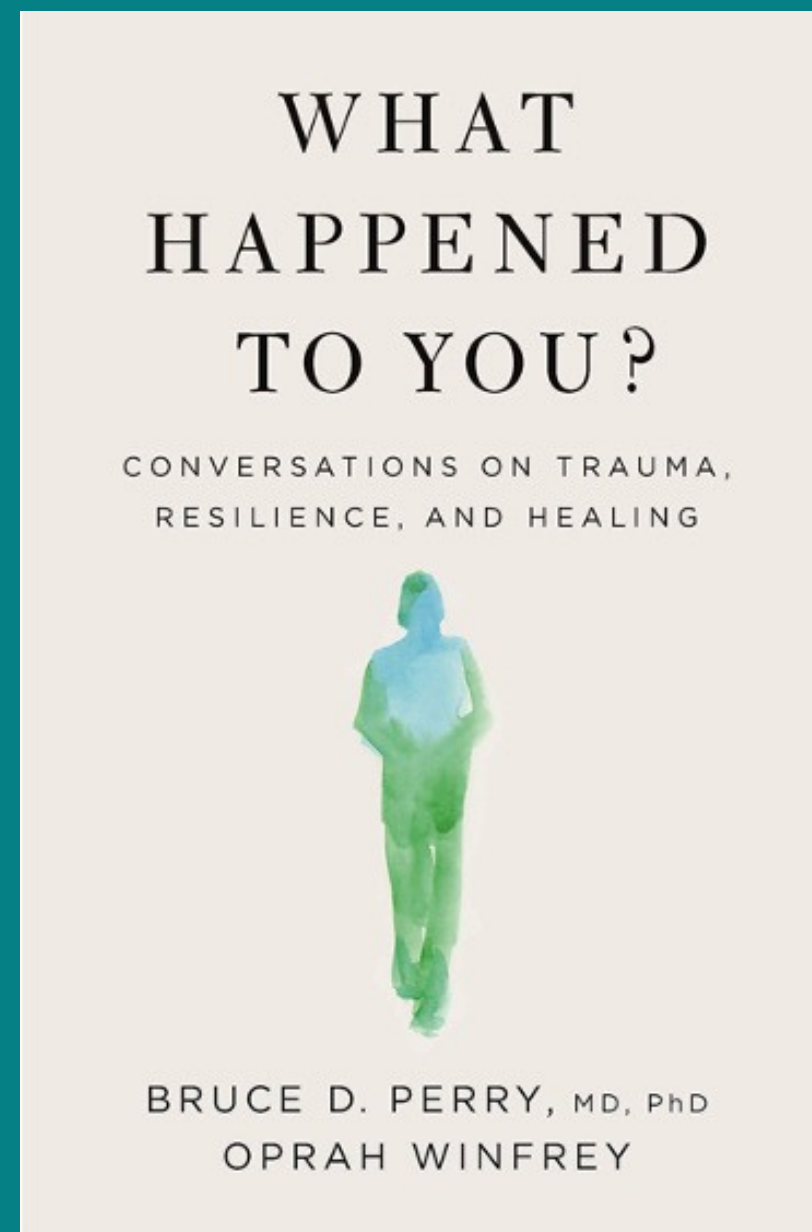
“Who we perceive as being with us before, during, and after an event is central to our ability to integrate the trauma throughout our embodied and relational brains.”

- Bonnie Badenoch, PhD



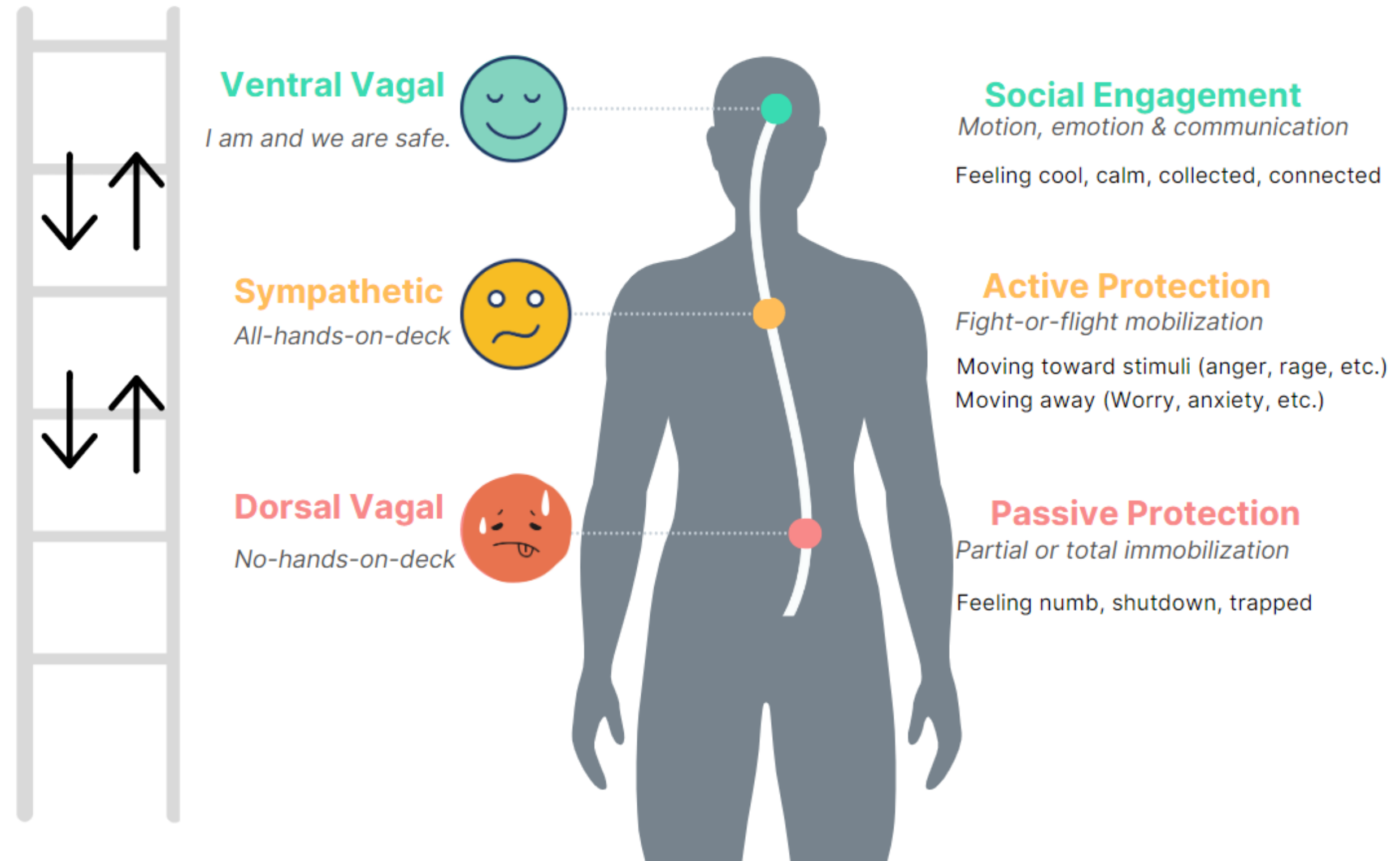
✓ What happened to me/you/us/them?

✗ What's wrong with me/you/us/them?



Quick Refresher Polyvagal Theory

Vagus Nerve & Circuits of the Autonomic Nervous System



Neuroception

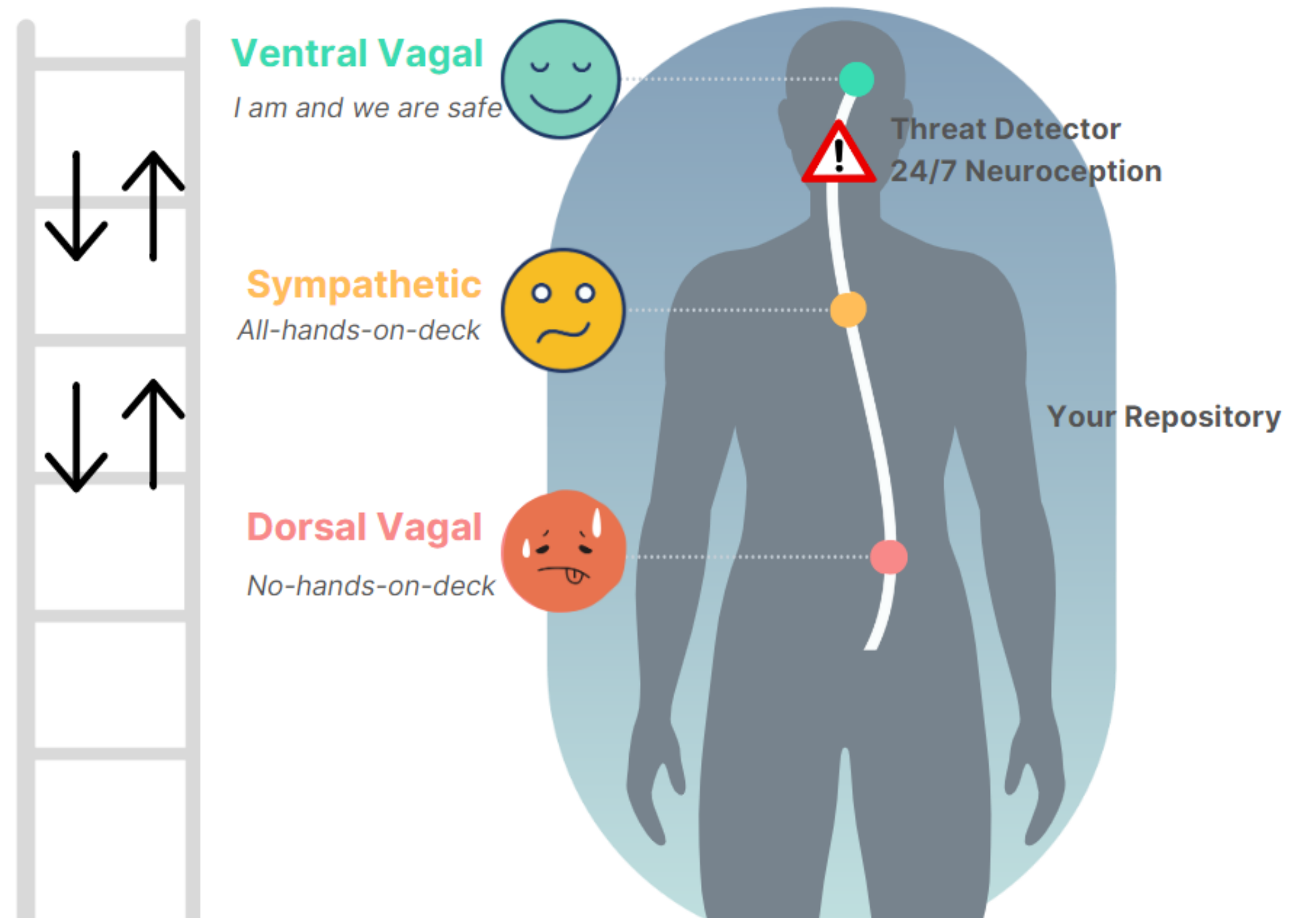
**Your Threat Detector
monitors**

**internal and external conditions
along with that which is stored in
Your Repository**

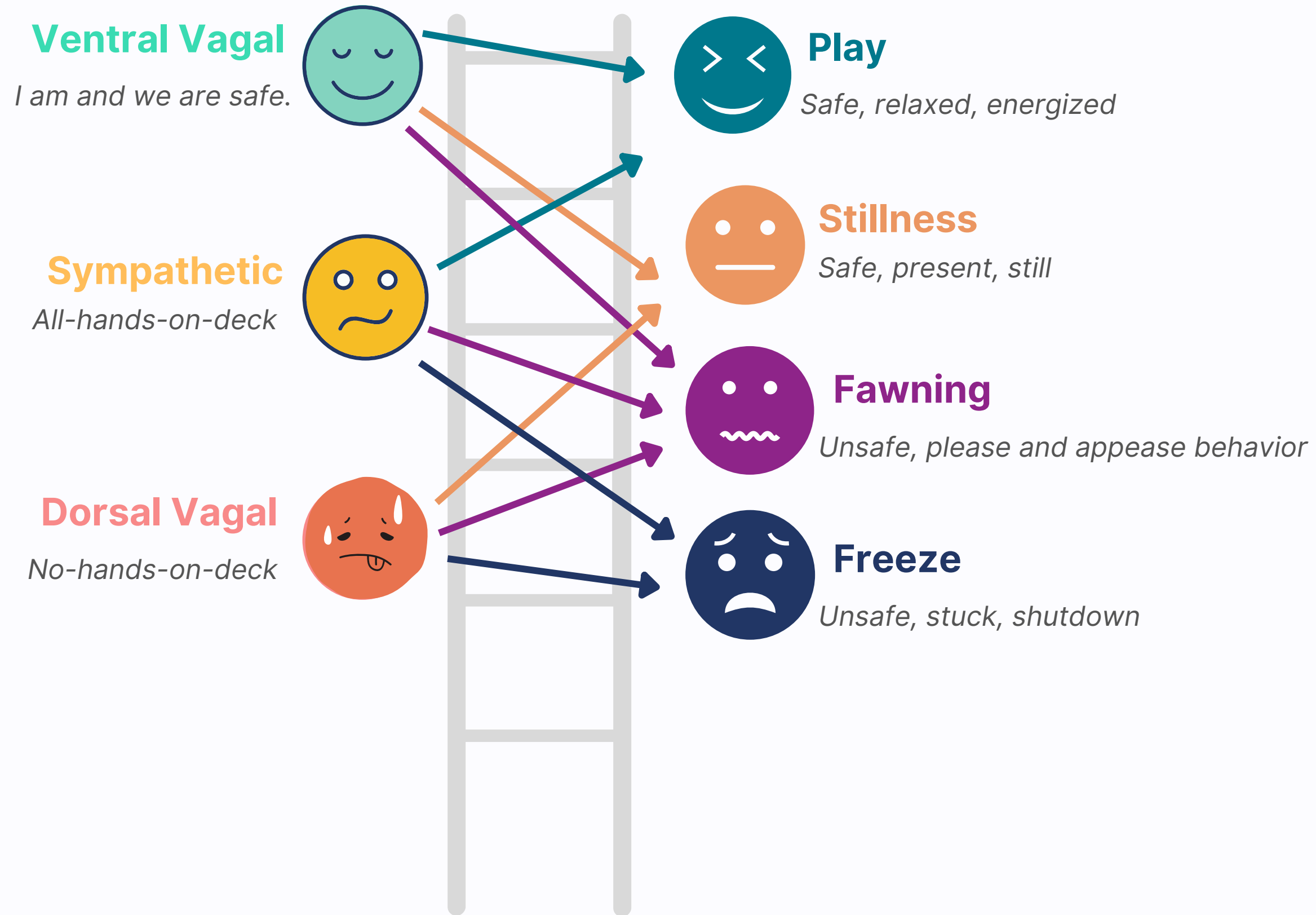
**Data is analyzed and circuits come
online to
address the situation**

**This is how several nurses & students
can be exposed to the same nurse-
specific trauma and have different
responses and impact.**

Your Repository Threat Detector & Circuits

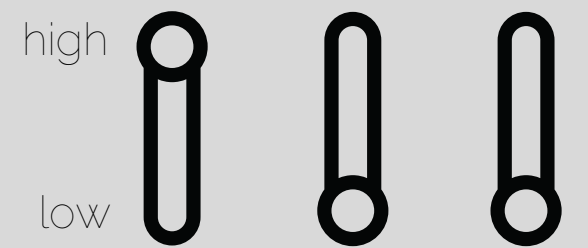


Circuits & Hybrids of the Autonomic Nervous System



Safety Circuit

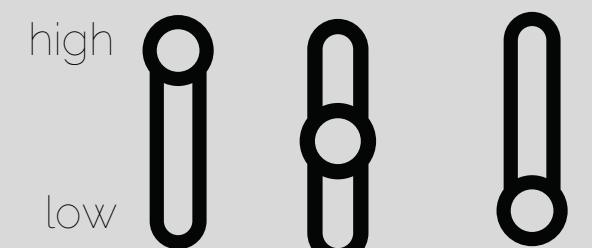
Ventral Online



I am and we are safe.

Play Hybrid

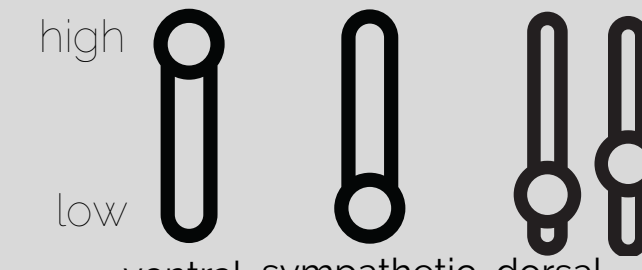
Ventral & SNS Online



I am safe, engaged, and joyful

Stillness Hybrid

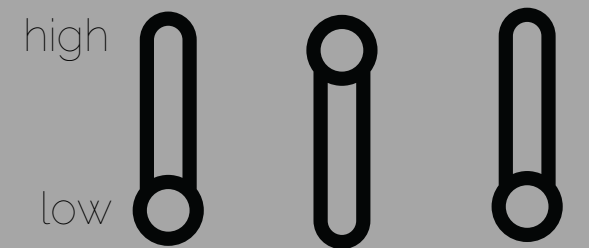
Ventral & Dorsal Online



I am safe, open, curious, and still.

Danger Circuit

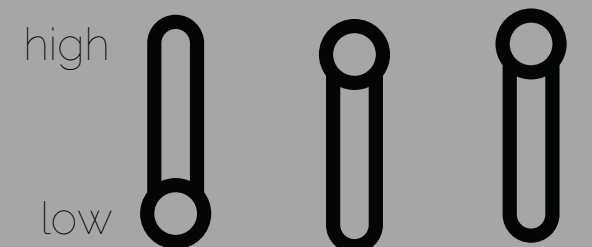
SNS Online



All-hands-on-deck

Freeze Hybrid

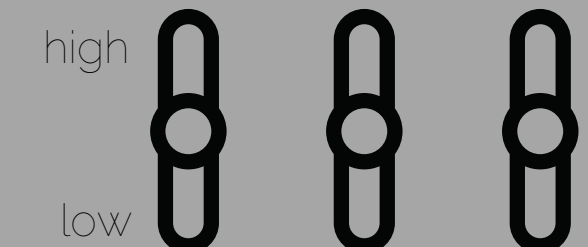
SNS & Dorsal Online



I can't. I just can't.

Fawn Hybrid

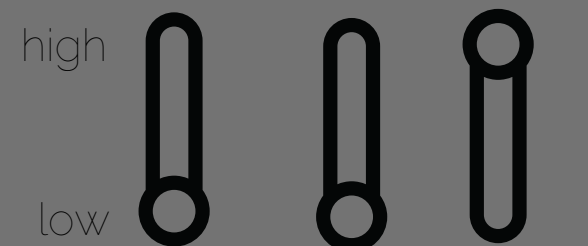
Ventral, SNS & Dorsal Online



I can't escape, so I'll please & appease.

Extreme Danger

Dorsal Online



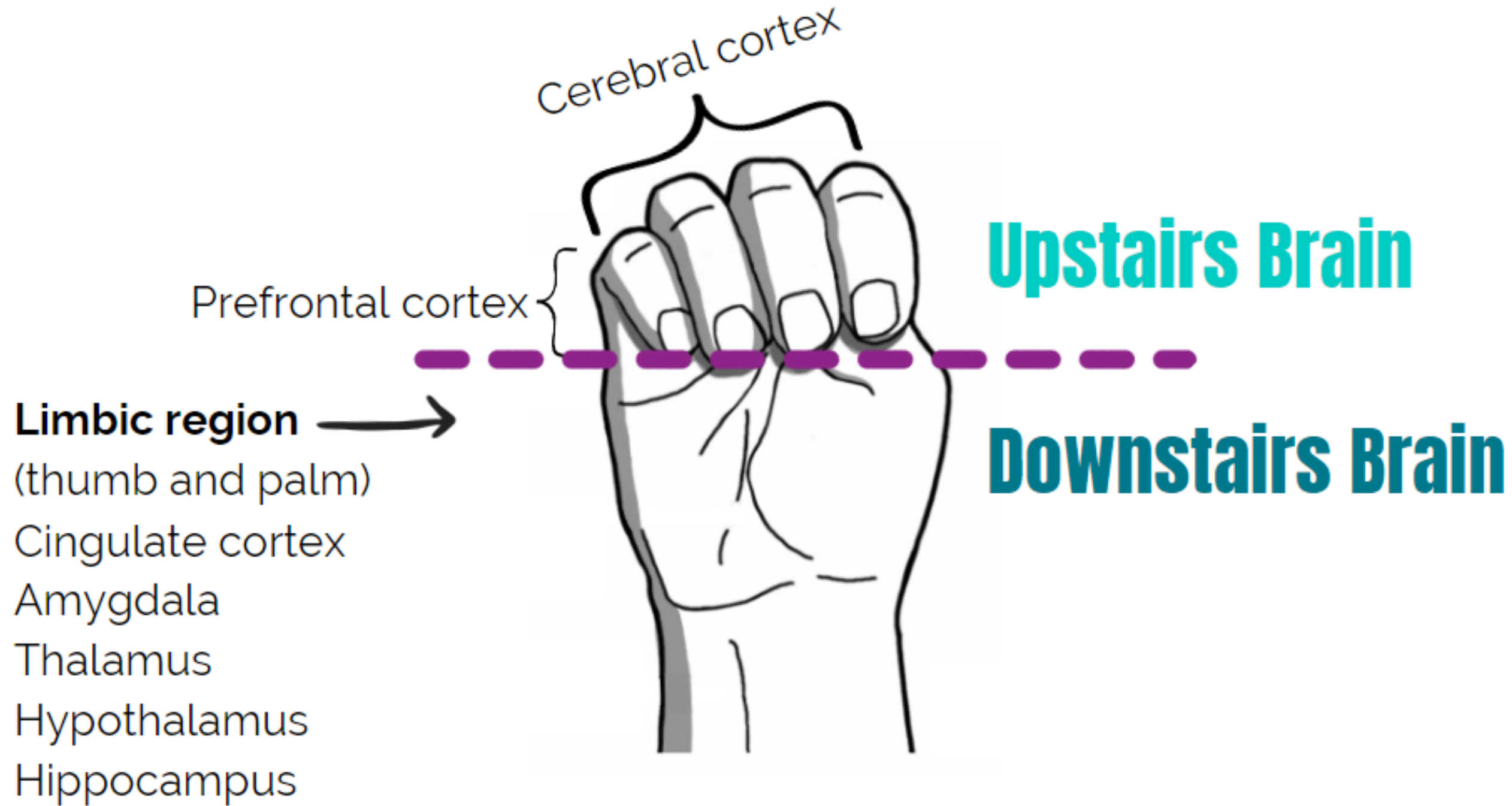
No-hands-on-deck

Note: The ANS Circuit & Hybrid levers fall on a sliding scale — like a **dimmer switch** — rather than an off/on switch. Your Threat Detector will assess inner and outer conditions and signal to adjust the levers commensurately.

Involuntary adaptive responses

Not conscious choices

Upstairs & Downstairs Brains



Unintegrated Trauma Response

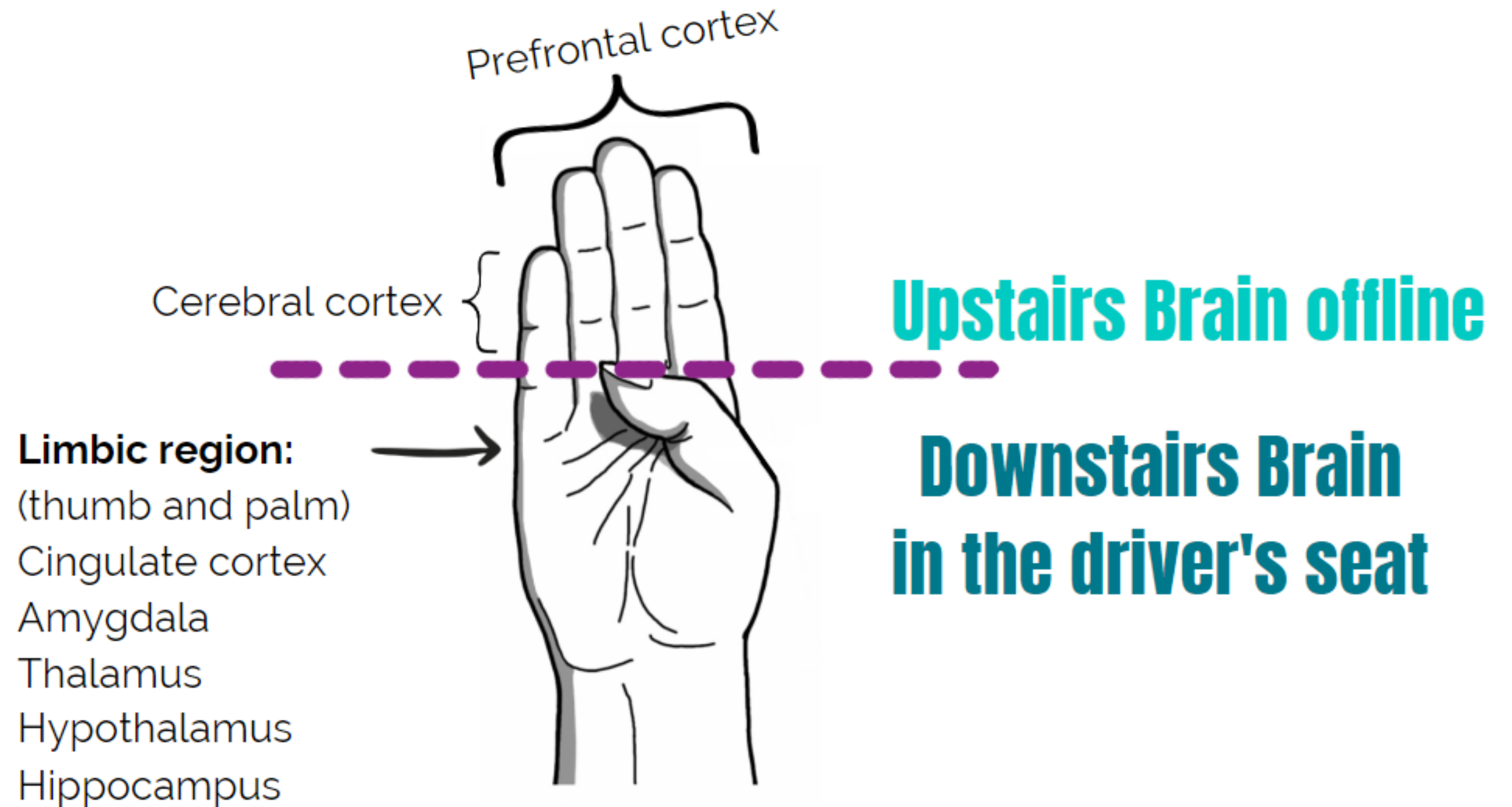
The Upstairs Brain
"flips its lid"
Temporarily offline

The Downstairs
Brain, the limbic
system, is in the
driver's seat

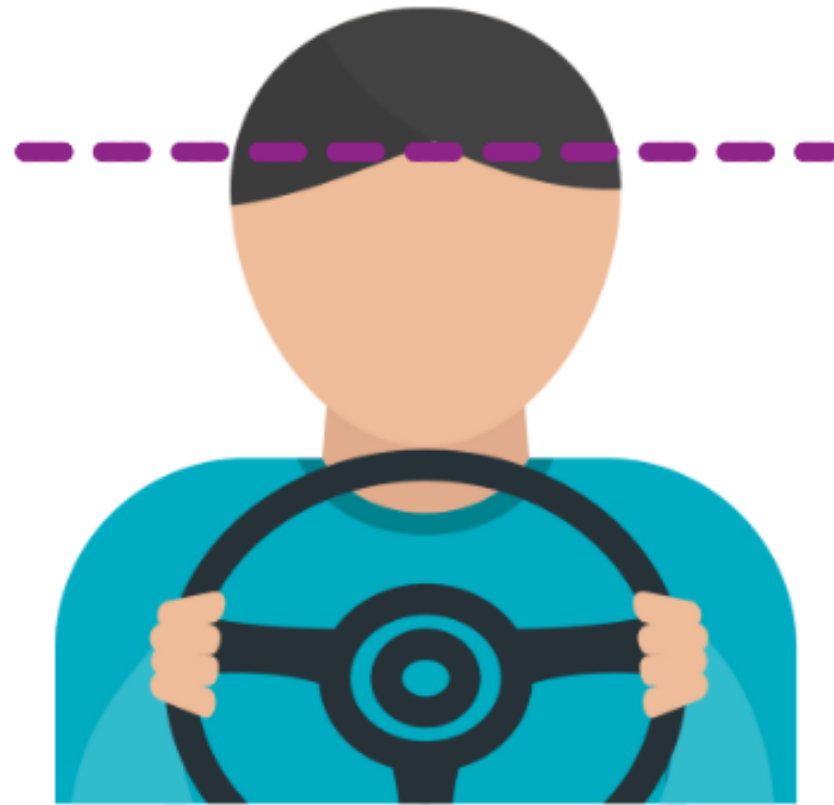
Almost always contributes to
reactions or responses that
are disproportionate or
"blown out" commensurate
with the context or situation



Disconnected Upstairs & Downstairs Brains



Flipping One's Lid is Not a Conscious Choice – It's an Adaptation



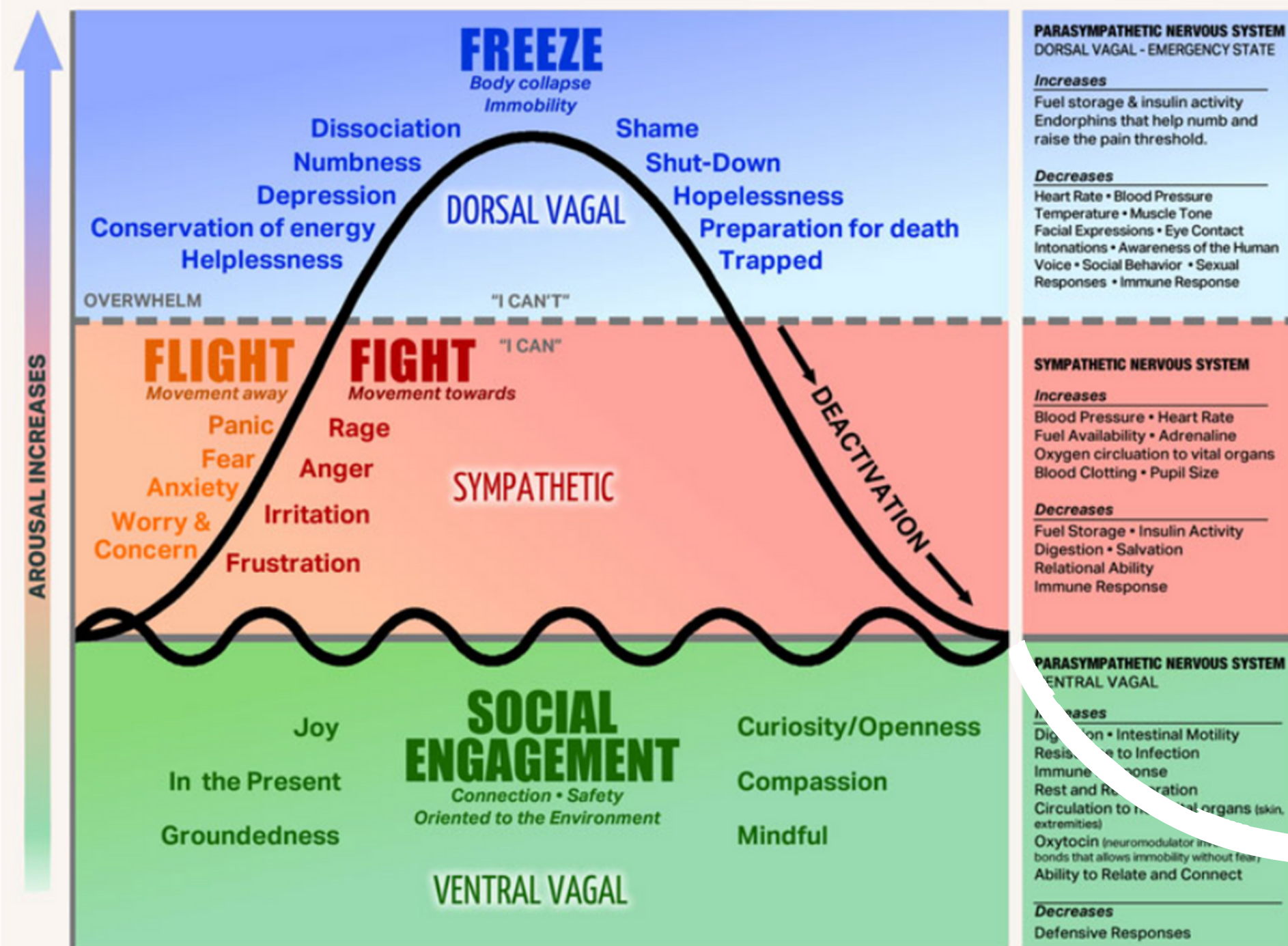
Upstairs brain flipped its lid, temporarily offline

Downstairs brain limbic system is in the driver's seat

Not a conscious decision or choice

You are not stuck. You are not broken. You are adaptive.
You just need to learn the language of and how to navigate your nervous system.

Goal: Live and Work Within One's Window of Tolerance



✗ SNS
Hyperarousal

✗ Dorsal
vagal

closes
window

Ventral
vagal ✓

opens
window

Manageable
SNS activation ✓

**Without a regulated NS as the
foundation, self-caring practices aren't
optimally effective or sustainable**



Self-Caring Practices



Regulated NS

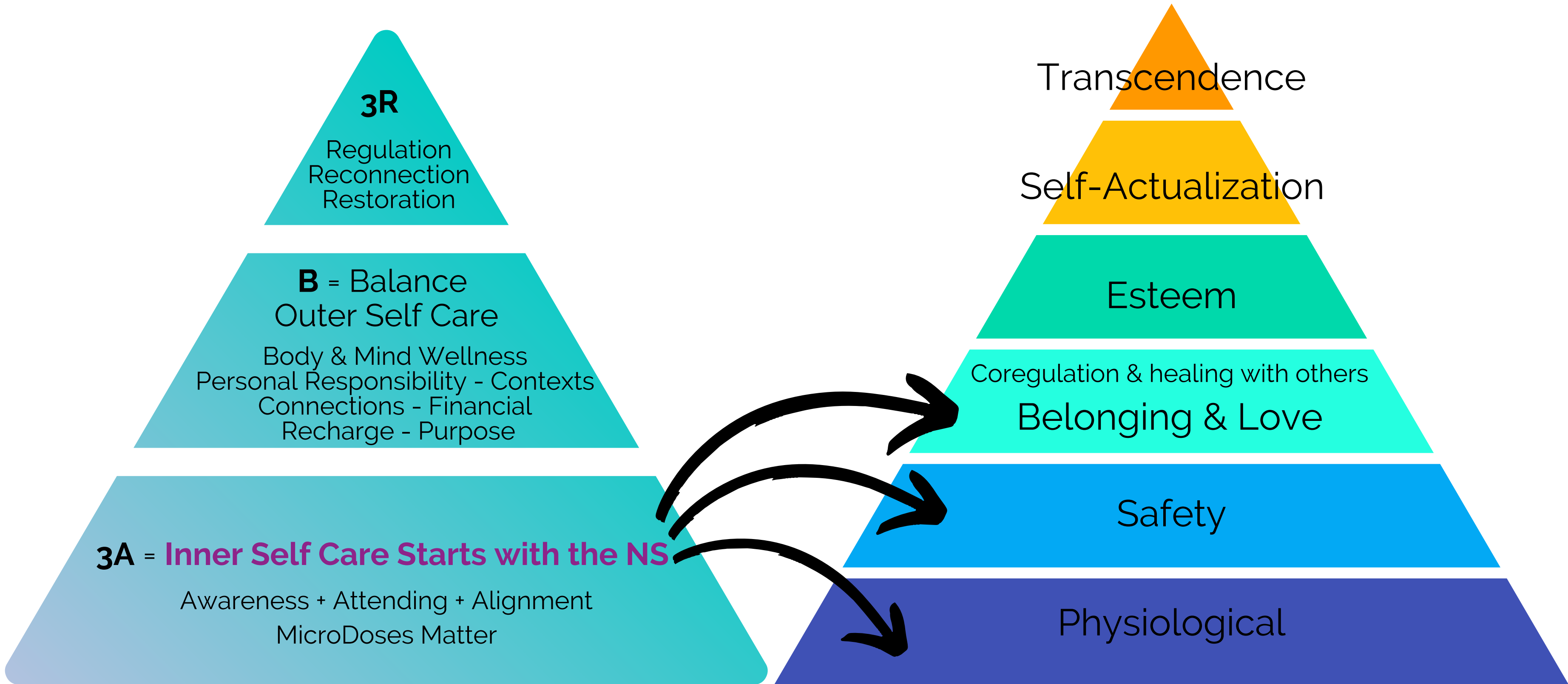


Shoring Up Your Self-Care Foundation

Your Innate Care Plan™ (YICP) = 3A + B -> 3R

**Shore up the
foundation here** →





YICP = 3A + B -> 3R

Maslow's Hierarchy



Recognize & Address Early or Delayed Signs of Traumatization

Navigating the Nervous System



Student Archetypes



Jordan

Overachiever
Attached to your hip



Gabi

High anxiety
Chronic overthinker



Nathifa

Needs to be in control
Borderline bullies



Taylor

Can't focus or concentrate
Habitually a little late



Riley

Codependency
Lack of identity



Chin-Mae

Doesn't engage
Sloth energy



Adaptive Responses

Fawn

Fight

Flight

Freeze

Fawn Hybrid

Ventral, SNS & Dorsal Online



I can't escape, so I'll please & appease.

**People
pleaser**

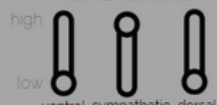
Codependent

**Lack of
Identity**

**No
boundaries**

Danger Circuit

SNS Online



All-hands-on-deck

**Angry
outbursts**

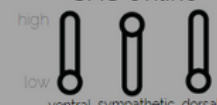
Controlling

Bullying

**Explosive
Behaviors**

Danger Circuit

SNS Online



All-hands-on-deck

**Need to be
perfect**

Over works

Anxious

**Chronic
overthinking**

Freeze Hybrid

SNS & Dorsal Online



I can't. I just can't.

**Wants to be
left alone**

Brain fog

Indecisive

**Late,
lethargic,
shut down**



Jordan

Overachiever
Attached to your hip



Gabi

High anxiety
Chronic overthinker



Nathifa

Needs to be in control
Borderline bullies



Taylor

Can't focus or concentrate
Habitually a little late



Riley

Codependency
Lack of identity



Chin-Mae

Doesn't engage
Sloth energy

Small Group Chat

**Match the student to their
adaptive trauma response**

Adaptive Responses

Fawn

Fight

Flight

Freeze

Fawn Hybrid

Ventral, SNS & Dorsal Online



I can't escape, so I'll please & appease.

**People
pleaser**

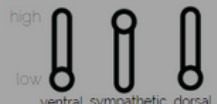
Codependent

**Lack of
Identity**

**No
boundaries**

Danger Circuit

SNS Online



All-hands-on-deck

**Angry
outbursts**

Controlling

Bullying

**Explosive
Behaviors**

Danger Circuit

SNS Online



All-hands-on-deck

**Need to be
perfect**

Over works

Anxious

**Chronic
overthinking**

Freeze Hybrid

SNS & Dorsal Online



I can't. I just can't.

**Wants to be
left alone**

Brain fog

Indecisive

**Late,
lethargic,
shut down**

Fawn



Jordan

Overachiever
Attached to your hip

Flight



Gabi

High anxiety
Chronic overthinker

Fight



Nathifa

Needs to be in control
Borderline bullies

Freeze



Taylor

Can't focus or concentrate
Habitually a little late

Fawn



Riley

Codependency
Lack of identity

Freeze



Chin-Mae

Doesn't engage
Sloth energy

Take home message?
The students are exhibiting
NS adaptations . . .
Not conscious choices

BASED ON TIP 57

Trauma-Informed Care
in Behavioral Health
Services

QUICK GUIDE
FOR CLINICIANS



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

SAMHSA link

Recognizing Immediate & Delayed Reactions to Trauma

Chapter 3

Understanding the Impact of Trauma

Exhibit 1.3-1



Handout & Conversation

Reflect upon your most challenging behaviors you've encountered.

Were they having an immediate or delayed trauma response?

IMMEDIATE REACTIONS TO TRAUMA

Adapted from Substance Abuse and Mental Health Services Administration (SAMHSA), (2014).
TP 57- Trauma-informed care in behavioral health sciences. Center for Substance Abuse Treatment.

Cognitive

- difficulty concentrating
- mind is racing
- time and space distortion
- memory challenges
- ruminating thoughts
- strong identification with victims



Emotional

- numbness, detachment, denial
- overwhelmed, helplessness
- out of control, disoriented
- anxiety, fear, guilt, anger
- sadness, constricted feelings
- depersonalization



Behavioral

- startled
- withdrawn, apathetic, avoidant
- difficulty expressing themselves
- restless, argumentative
- sleep and appetite alterations
- increased use of substances



Existential

- loss of self-efficacy
- disruption of life assumptions
- intense use of spiritual practice, prayer
- despair about humanity
- restoration of faith or goodness of others



Physical

- elevated vital signs
- sweating or shivering
- nausea or GI distress
- feeling faint
- extreme fatigue or exhaustion
- greater startle response
- muscle tremors, uncontrollable shaking
- depersonalization

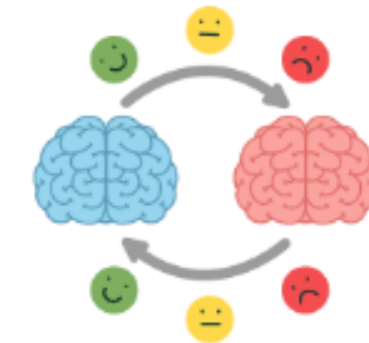


DELAYED REACTIONS TO TRAUMA

Adapted from Substance Abuse and Mental Health Services Administration (SAMHSA), (2014).
TP 57- Trauma-informed care in behavioral health sciences. Center for Substance Abuse Treatment.

Cognitive

- intrusive memories, flashbacks
- reactivation of prior traumas
- self-blame
- preoccupation with event
- difficulty making decisions
- magical thinking
- belief that feelings/memories are dangerous



Emotional

- irritability, hostility
- emotional detachment
- mood swings, instability
- anxiety, depression
- grief reactions
- shame
- fear of trauma recurrence

Behavioral

- avoidance of event reminders
- social relationship disturbances
- decreased activity level
- high-risk behaviors
- withdrawal
- increased use of substances



Existential

- questioning "why me?"
- redefining life's meaning & assumptions
- reworking assumptions to fit trauma
- hopelessness, loss of purpose
- renewed faith
- reestablishing priorities

Physical

- somatization, appetite & GI changes
- Persistent fatigue
- elevated cortisol levels
- hyperarousal
- lowered resistance to virus, bacteria
- long term health sequelae
heart, liver, lungs
autoimmune, COPD





Healing-Centric Practices for You & Your Students

Navigating the Nervous System

To shore up the foundation of self-caring practices and resilience development



Goal is NS Regulation
not Efficacy

Each person has a
unique trauma history
and **innate care plan**

Process of discovery to
meet yourself and others
where you/they are
in the nervous system





Practice #1

Button Jar Check-in

What can I do to
support my NS **now**?

**Smallest button =
one mindful breath**

**Largest button =
weekend retreat**

Perspectives in PSYCHIATRIC CARE

ORIGINAL ARTICLE |  Full Access

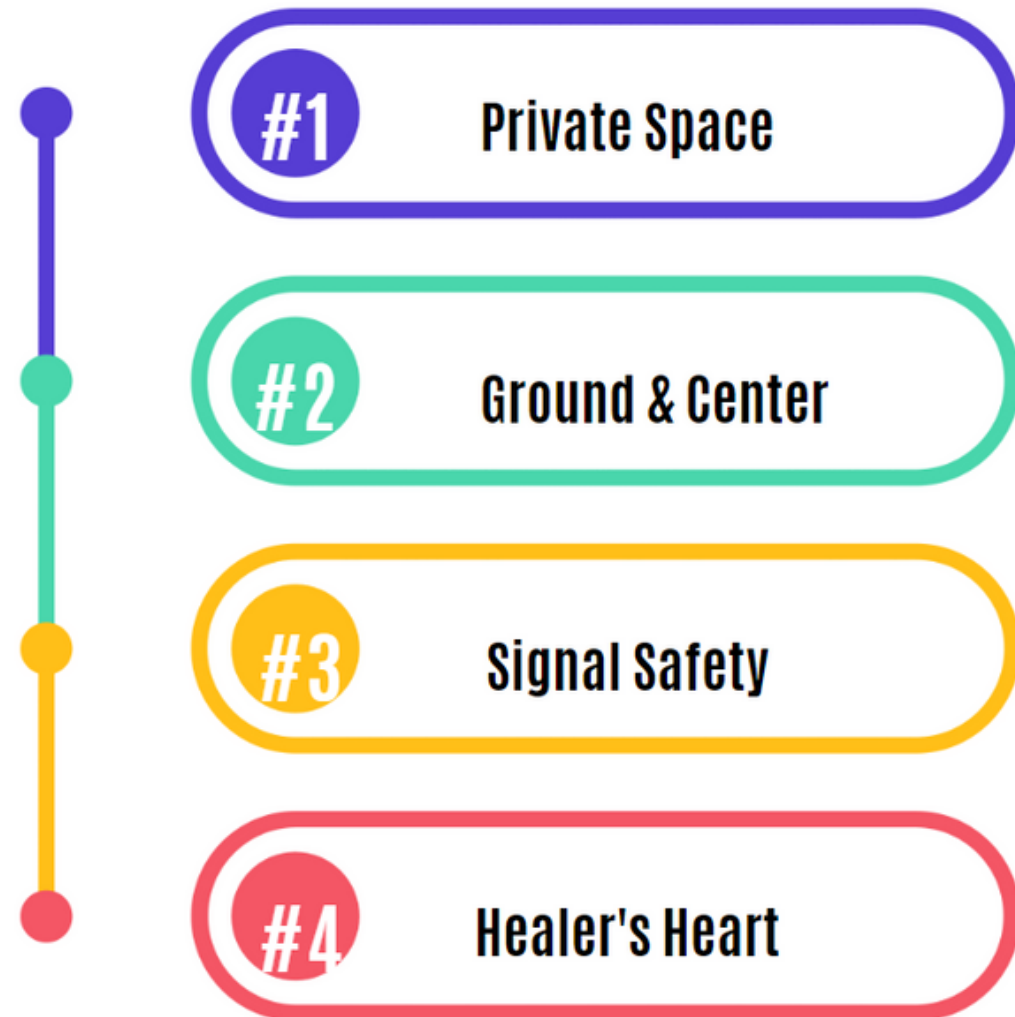
Implementing a novel self-care clock strategy as part of a trauma awareness intervention in a university setting

Julie E. Bertram PhD, APRN, PMHCNS-BC  Umit Tokac PhD,
Allison Brauch DNP, APRN, PMHNP-BC, NP-C, CARN-AP, Anne F. Fish PhD, RN, FAHA, FAAN

First published: 28 April 2022 | <https://doi-org.ezproxy1.library.arizona.edu/10.1111/ppc.13101>

Practice #2

MicroDoses Matter



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f i l y t
drlorrelaws.com



#1

Private Space

At Home

Cozy area in my living space

Welcoming area in my outdoor space

Pleasant tunes and scents in my car

Calming area in nature

Your ideas

--

--

--

At Work

Empty office

Conference, break room

Restroom, supply room

Stairwell, parking area

Your ideas

--

--

--



#2

Ground & Center

At Home

Run cool water over hands, face
Squeeze pillows as tightly as you can
Touch different objects around you
Your ideas

--

--

--

At Work

Pocket Pal
Bonnie's Body Scan lightning round
4-7-8 breathing with haaaaa exhale
Your ideas

--

--

--



At Home

5-4-3-2-1* connect through senses
Snuggle -blanket, people, pets
Stretching, yoga, Tai Chi, Qi Gong
Nature walk, hike, dance, etc.

Your ideas

--

--

--

*

5 things you can see
4 things you can touch
3 things you can hear
2 things you can smell
1 thing you can taste

#3

Signal Safety



Using Your Senses to signal safety

At Work

Bear Hug Yourself
Rubbing palms together, release energy
Noticing & Naming, EFT
Torso twist, swaying, bounce or shake

Your ideas

--

--

--

#4

Healer's Heart

At Home

**Connect with your heart,
your deepest truths**

**Nurture yourself as though you
were a precious small child**

Self forgiveness, love & compassion

Your ideas

--

--

--



At Work

**Hands over Heart to honor all that you
are and do at work**

**Make and keep a date to honor and
cherish your healer's heart**

**Reflect the compassion you have for
others back into your healer's heart**

Your ideas

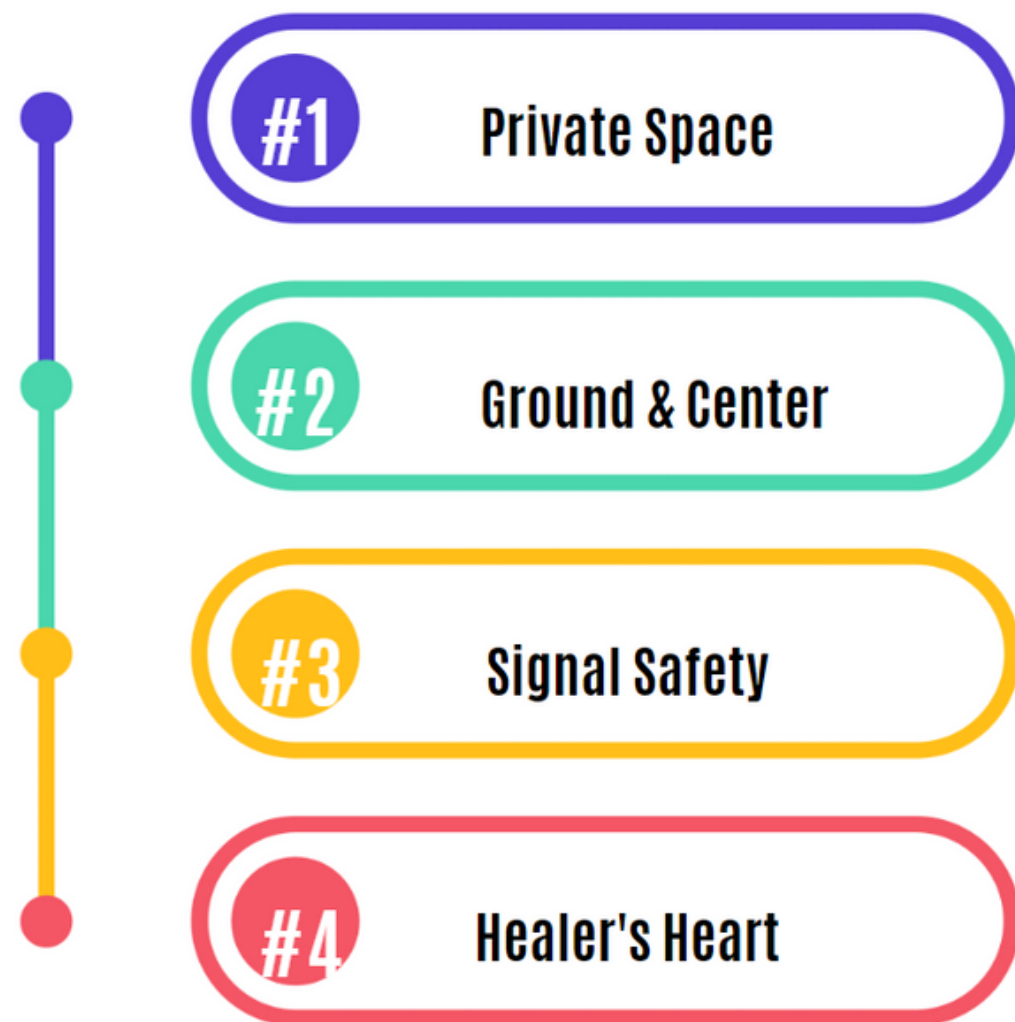
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Practice #2

MicroDoses Matter



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Rx MicroDoses Matter

- ✓ Morning and night until comfortable
- ✓ Every four hours until a habit forms
- ✓ Every waking hour throughout the day to optimize Window of Tolerance
- ✓ Add PRN MicroDoses whenever you sense stress or dysregulation

Dr. Lorre

Signature

LET'S CHECK IN:

What is your comfort level supporting students in **navigating their nervous system** as a self-caring foundation?

1. IDK MAYBE A LITTLE

2. OPEN NOT COMFORTABLE

3. COMFORTABLE

4. ALREADY ON IT



Coming Soon

- ✔ Book for Nurses Worldwide (2024)
- ✔ Haelan Nurse Book Community & Workshops (2024)
- ✔ Haelan Academy & Community Non-Profit Org (2024-25)
Including a Student Nurse Program



Nursing Our Healer's Heart: A Recovery Guide for Nurse Traumatization & Burnout



Lorre Laws, PhD RN

Videos You Can Use Now

Link to Dr. Lorre's YouTube Channel

3-10 minute video shorts

Full length presentations

Pre-production videos now
Post-production videos soon

Use for your students and courses as
desired, with attribution

<https://www.youtube.com/@dr.lorrelaws369>

From my healer's heart to yours





THANK YOU!



 lorrelaws@arizona.edu

 www.drlorrelaws.com

@ drlorrelaws



Key Nursing Education References

Bertram, J. E., Tokac, U., Brauch, A., & Fish, A. F. (2022). Implementing a novel self-care clock strategy as part of a trauma awareness intervention in a university setting. *Perspectives in Psychiatric Care*, 58(4), 2612-2621. <https://doi.org/https://doi.org/10.1111/ppc.13101>

Centers for Disease Control and Prevention. (2020). *6 guiding principles to a trauma-informed approach*. https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

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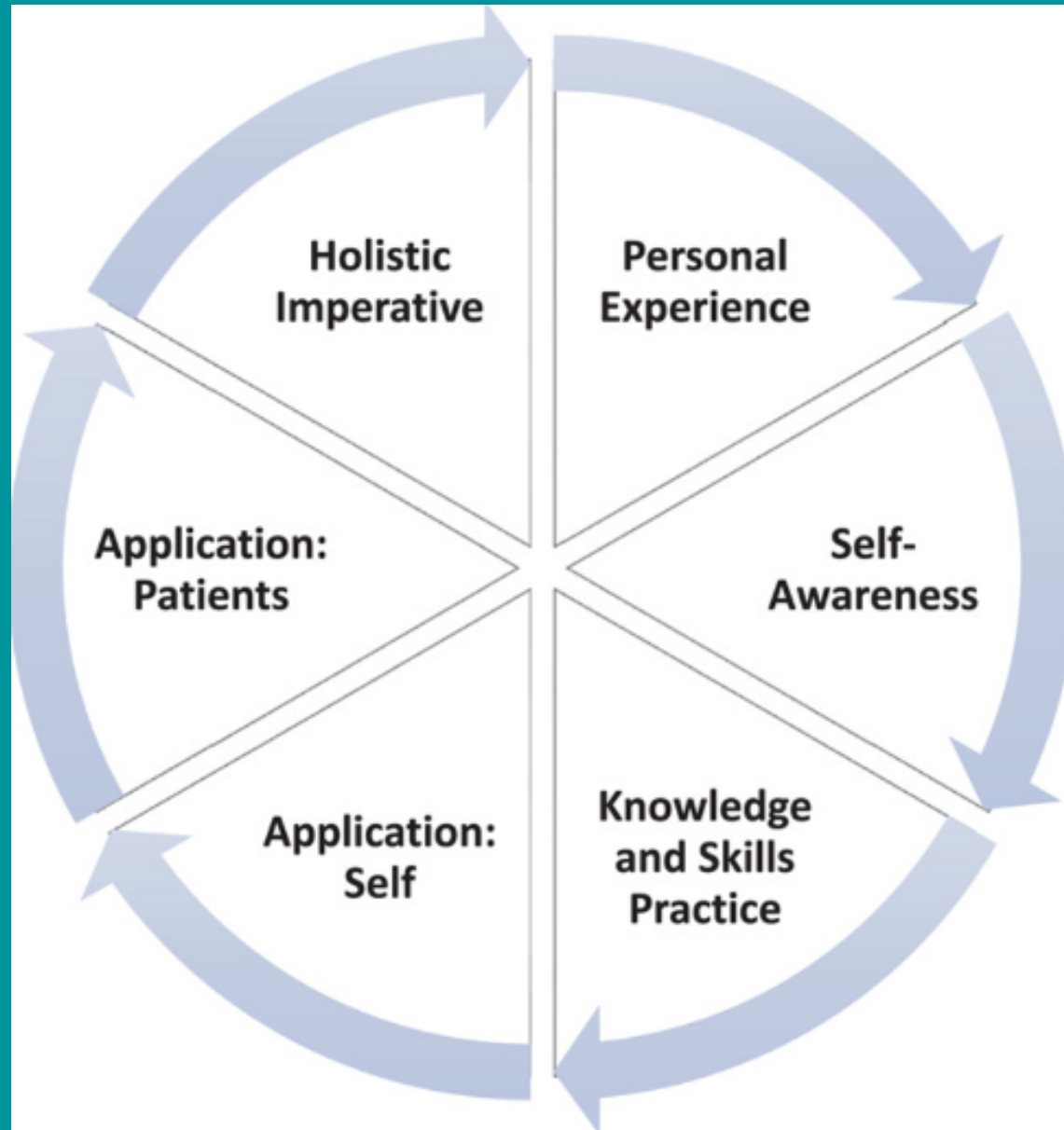
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Dr. Lorre's Comprehensive Reference List




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An approach to trauma-informed education in prelicensure nursing curricula

Katherine M. Pfeiffer DNP, APRN, PMHCNS-BC, PMHNP-BC 
Linda Grabbe PhD, FNP-BC, PMHNP-BC, FAAN

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