THE IMPORTANCE OF TRAUMA INFORMED PRACTICE IN A FORENSIC PSYCHIATRIC INPATIENT POPULATION: EXPLORING ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA

Background:
Research documents high lifetime trauma rates amongst psychiatric patients. Adverse Childhood Experiences (ACE) contribute to poor mental health outcomes across the life course, with research finding brain region abnormalities, attributed to psychiatric illnesses, resulting from ACE (Teicher & Samson, 2013; Clark et al., 2010). Trauma-informed care is suggested to mitigate trauma symptoms and improve therapeutic relationships (Chandler, 2008).

Research Objectives:
This project sought to investigate and outline rates of life course trauma, experiences of current trauma symptoms, and availability of programs to address trauma within a forensic psychiatric hospital (FPH).

Method:
Data was collected by research assistants from the files of 100 patients within FPH as part of a larger Patient Needs Assessment project to inform hospital programming. This included data on risk, need and responsivity factors, adverse events, and therapeutic programming. For this presentation, rates of life course trauma, current trauma symptoms, and availability of trauma-informed programs were analyzed.

Results:
Results indicate that 76% of the sample experienced some form of trauma across the lifespan, with 70% experiencing at least one ACE and 19% experiencing four or more. Further, 15% currently experienced trauma-related symptoms. A variety of trauma-informed programs are offered to the patients at FPH, including emotional regulation therapy, art therapy, and ‘seeking safety’.

Conclusion:
These findings demonstrate a high prevalence of trauma and ACEs amongst forensic psychiatric patients, however, given data was obtained from files only, the prevalence is likely higher. The hospital has taken steps to emphasize trauma-informed care through programs, which were explored.

References: