The Importance of Trauma Informed Practice in a Forensic Psychiatric Inpatient Population: Exploring Adverse Childhood Experiences and Trauma

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Methods

Research documents high lifetime rates of trauma, including adverse childhood experiences (ACEs) amongst patients regularly encountered by psychiatrists (SAMSHA, 2014).

ACEs contribute to poor physical and mental health outcomes. The Diagnostic and Statistical Manual of Mental Disorders, fifth Edition (DSM-V) PTSD diagnostic scale is used to classify traumatic events. The ACES Score Calculator measures ACEs and are associated with psychiatric illness, resulting from ACEs (Teicher & Samson, 2013; Clark et al., 2010).

Trauma-informed care is suggested to address trauma-related symptoms for psychiatric patients and improve therapeutic relationships (Chandler, 2008; Maguire & Taylor, 2019).

The purpose of this project is to outline rates of life course trauma, including ACEs, and experiences of current trauma symptoms among patients within a forensic psychiatric hospital (FPH).

Methodology

Sample: A representative group of 100 treatment patients (n = 68) and assessment (n = 32) patients within FPH from a larger Patient Needs Assessment project to inform all aspects of care (programming, care pathways, staff education). This portion of the project utilized treatment patients only (n = 68).

Measures:

- ACE Score Calculator (see Dube et al., 2003) was used to measure ACEs
- PTSD diagnostic scale (DSM-5; American Psychiatric Association, 2013) and Trauma History Screening (Carlson et al. 2011) were used to classify traumatic events.
- The DSM-V Criterion B symptoms influenced the development of the coding scheme for patient experiences of trauma-related symptoms (e.g. nightmares, emotional reactions, etc.).

Procedure: Ethics approval was obtained from UBC and BCMHSUS. Research assistants and nurses collected data from clinical records, which included data on risk, need and responsibility factors, adverse events, and therapeutic programming. Rates of life course trauma, including ACEs, and current trauma symptoms experienced over a 3-month period were analyzed for treatment patients.

Results

- 76% (52) of patients had experienced trauma over the lifespan. The most experienced traumas over the life course were abandonment (24%, n = 16), child abuse (21%, n = 14), physical assault (21%, n = 14), and sexual assault (13%, n = 9) within this forensic psychiatric patient sample.
- 70% (48) experienced at least one ACE and 19% (13) experienced ≥ 4 ACEs. The most common ACEs were having divorced parents (45%, n = 31), residing with a substance abuser (31%, n = 21), having a household member suffer from mental illness (29%, n = 20) and physical abuse (19%, n = 13).
- As a result of this trauma 15% (10) of patients experienced trauma-related symptoms over the course of 3 months. Nightmares (9%, n = 6), an emotional reaction to discussing the trauma (5%, n = 3) and avoiding discussion of trauma (5%, n = 3) were the most presented trauma-related symptoms among this patient sample.

Clinical Implications

- High rates of trauma in childhood and victimization across the lifespan can lead to a host of behavioural, health, mental health and substance use problems.
- These results reveal subsequent impacts of trauma are common for a representative sample of psychiatric patients at FPH and include nightmares, emotional reactions to trauma reminders, or avoiding discussion of their trauma. This highlights the importance of trauma-informed care within forensic psychiatry.
- Given that the data was obtained from file review only, the prevalence of trauma and trauma-related symptoms is likely much higher given standardized screening is not in place.
- FPH has taken steps to emphasize trauma-informed care for patients. A variety of trauma-informed programs are provided, including emotional regulation therapy, art therapy, ‘seeking safety’, and treatment for PTSD.

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