EXPLORING THE IMPACT OF TRAUMA-INFORMED CARE IN PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER PRACTICE: A HOLISTIC APPROACH TO HEALING.

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Abstract

This scholarly work seeks to establish the significance of Trauma-Informed Care (TIC) in the Psychiatric Mental Health Nurse Practitioner (PMHNP) practice to improve mental health results. Hence, TIC changes the paradigm from “What’s wrong with you?” to “What happened to you?” and recognizes the existence of trauma. This paper discusses how TIC can enhance patient communication, decrease patients’ Retraumatization, and enhance rapport with clinicians, resulting in improved outcomes for patients. The outlined project employs a quasi-experimental design and targets 50 PMHNPs in the University of Maryland Medical Center. The expected outcome involves the reduction of the symptoms of PTSD, enhanced satisfaction of the patients, and decreased rates of rehospitalization. Based on the findings of this research, there is a need to incorporate TIC into psychiatric practices in order to enhance the care that is offered to patients.

Keyword: Trauma-Informed Care (TIC), Psychiatric Mental Health Nurse Practitioner (PMHNP), Patient Engagement, Retraumatization, Therapeutic Alliance, Patient Compliance, Clinical Effectiveness

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SECTION ONE: INTRODUCTION

Mental health continues to be a significant issue in today's society, with many people still not getting the proper care that is required to manage their conditions. Trauma-informed care (TIC) comes as an innovative framework that aims to incorporate the significance of trauma into the mental health context. This study aims to identify the practice of TIC by PMHNPs and determine if it can improve mental health.

TIC is grounded in the belief that trauma has the propensity to impact an individual's psychosocial and physiological wellbeing. TIC not only changes the question from 'What is wrong with you?' to 'What happened to you?' but also brings into focus the fact that trauma is prevalent and the world is an unsafe place where people suffer from abuse and violence. However, despite the growing appreciation of TIC's worth, its implementation in psychiatry is still variable and suboptimal.

This study aims to understand how TIC helps enhance patients' participation, decrease retraumatization, and strengthen the clinical relationship, ultimately leading to better outcomes. The clinical question guiding this study (PICO) is: In adult individuals (P), what is the impact of the PMHNPs' adoption of trauma-informed care (I) as compared to usual care (C) on mental health outcomes and holistic wellbeing (O)? Through the systematic literature review and the structured intervention, this study aims to offer empirical evidence about the effectiveness of TIC in psychiatric facilities. The expected result is not only to present the efficacy of TIC in clinical settings but also to promote the use of the approach to mental health practices. This is by the strategic plans for providing safe, effective, and patient-centered care. It emphasizes the need to consider the issue of trauma in the sphere of psychiatry, stating that, with TIC, PMHNPs can enhance the quality of psychiatric care. Through this comprehensive exploration, we aim to

bridge the gap between theory and practice, promoting a holistic approach to healing that considers the entirety of a patient's experiences and needs.

Background

Depression and other mental disorders remain a pressing problem in the present society as a large number of people do not receive the necessary treatment for their disorders. TIC emerges as a new model of care which is designed to integrate the role of trauma into the mental health setting. TIC is based on the fact that trauma has the potential to affect the psychosocial and physiological health of an individual. TIC not only transforms the question from 'What is wrong with you?' into 'What happened to you?' but also makes the fact that trauma exists, the world is unsafe, and people get abused and violent prominent. Nonetheless, despite the increasing recognition of TIC's value, its use in the practice of psychiatry remains inconsistent and less than ideal. Knowledge and application of TIC may help improve mental health patients' wellbeing by creating a more secure environment for them.

Problem Statement

The problem statement for this study is: A significant number of PMHNPs fail to incorporate TIC into their practice, thus creating a gap and compromising the quality of care and mental health of patients. This lack of practice creates a gap in the literature that calls for a systematic approach to assess and facilitate the implementation of TIC by PMHNPs.

Purpose of the Project

The purpose of this project is to establish whether PMHNPs engage in TIC and to what extent TIC can enhance mental health. More specifically, this study proposes to examine how TIC can improve patients' engagement, reduce retraumatization, and strengthen PMHNPs' clinical relationships to promote more positive mental health outcomes ultimately. The purpose

statement previews the clinical question in the format of a Population-Intervention-Comparison-Outcome (PICO) question. In adult individuals (P), what is the impact of PMHNPs' adoption of trauma-informed care (I) as compared to usual care (C) on mental health outcomes and holistic well-being (O)?

This study's systematic literature review and structured intervention will provide empirical evidence of the effectiveness of TIC in psychiatric facilities. Therefore, The anticipated outcome is to demonstrate TIC's applicability in clinical practice and encourage the utilization of the approach in mental health practice. This aligns with safe, effective, patient-centered care's strategic directions. It underlines the importance of the discussion of the problem of trauma in the context of the sphere of psychiatry, pointing out that, with TIC, PMHNPs can improve the quality of psychiatric care. Using this extensive review, we intend to enhance the understanding of this relationship and contribute to developing an integrative practice encompassing the patient's experiences and requirements.

SECTION TWO: LITERATURE REVIEW

Conceptual Framework

The Iowa Model of Evidence-Based Practice is comprehensive and is the theoretical foundation for this project. This model also stresses the need to adopt research findings in practice to enhance the quality of the treatment offered to patients. The Iowa Model helps healthcare professionals follow some steps to find and introduce evidence-based practice efficiently. Through the application of this model, this project guarantees an orderly manner in which TIC practices are assessed and integrated by PMHNPs. Using this model in the project entails defining the problem, assembling a team, examining and appraising the literature, implementing a trial of the change in practice, and assessing the results. In this way, the project is designed to improve mental health through the systematic implementation of TIC into PMHNP practice.

Trauma-Informed Care in Mental Health

TIC is noteworthy as an essential approach in psychiatric mental health fields as it focuses on the patient's trauma background. This interactive literature review aims to review the effects of TIC on mental health outcomes and innovative models, especially within the specialty of PMHNPs. The goal is to clearly understand TIC, the extent to which it is effective, and how PMHNPs can employ these strategies. Trauma-informed care has become an essential approach to care since the 1990s, especially after the ACE study, which established the relationship between childhood trauma and health later in life (Felitti, 2019). This seminal work provided the foundation for the subsequent creation of TIC, which illuminated the need for a bio-psychosocial model that integrates a person's traumatic experiences into their clinical treatment plan. Thus,

TIC has evolved from a conceptual model to an evidence-based approach in MH practice that coined the importance of integrated care delivery to treat the effects of trauma.

Core Principles and Frameworks of TIC

The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines six critical principles of TIC: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues (Tables, 2022). These principles are the framework for TIC in different care contexts and guarantee that the focus is on the person. People who have experienced trauma require special attention. PMHNPS needs to know and implement these principles to foster a caring and productive environment for care. The study also reveals that TIC can be effective in enhancing mental health in post-9/11 veterans, diminishing PTSD, depression, and anxiety. Research by Fallot and Harris (2009) and Hales et al. (2017) shows how TIC increases clients' treatment motivation, strengthens rapport with clients, and promotes health and recovery. TIC ensures that trauma is considered in its processes, fostering recovery and overall well-being of survivors. Based on this, PMHNPs are central to the implementation of TIC since they are trained in the assessment and treatment of patients with psychiatric conditions. Engaging TIC in PMHNP practice means that the nurse practitioner performs clinical actions and lobbies for change in policies sensitive to trauma. The literature highlights the need for PMHNPs to undergo special training about TIC to diagnose and manage trauma concerns better, which will help improve the quality of patient care and compliance.

Holistic Healing in Mental Health

Holistic healing addresses health's physical, emotional, mental, and spiritual aspects. This approach leads to more comprehensive and effective treatment in mental health care.

Evidence suggests that holistic healing practices improve overall well-being and reduce the recurrence of mental health issues (Dossey, 2016; Saxe et al., 2006). Holistic health care involves treating the entire person through physical, emotional, mental, and spiritual manners, hence using the term holistic in describing the health care system. This holistic approach not only helps to relieve pain but also contributes to the reinforcement of personal resources and sustainable recovery, which minimizes the risk of the disease's relapse (Dossey, 2016; Saxe et al., 2006). A more effective way of practicing TIC is by embracing holistic healing as part of the TIC framework, which is part of the TIC philosophy.

However, some obstacles affect TIC, such as lack of training, lack of support from the organization, and lack of funding. Lack of practice in TIC principles means that many healthcare professionals lack adequate skills and knowledge to apply TIC principles appropriately. Hence, patient care delivery remains disparate and may even cause re-traumatization. TIC may be resisted due to a lack of awareness or appreciation, organizational culture or practice, or as a threat to the existing process or hierarchy. For instance, a shortage of funds and human resources also poses a significant challenge to expanding TIC practices.

These barriers are explained in Purtle's works (2020), and the authors mention Raja et al. (2015) and the ways to avoid them. Purtle (2020) notes that staff knowledge should be constantly enhanced with the best TIC practices and creating a learning culture. Another critical dimension of change leadership is the support provided in implementing TIC principles since it enhances the consideration of the principles in the organization's policies. Furthermore, to promote a trauma-informed culture, there is a need to ensure that the staff is also valued and supported within an organization so that they can better cater to the needs of the traumatized persons. Thus,

the identified challenges, addressed through specific strategies, can contribute to TIC's successful and sustainable implementation.

Comparative Analysis with Standard Care

TIC outcomes include a decrease in the levels of psychological and emotional disturbance, an increase in the level of functioning, and an improvement in the quality of life of the patients (Jacobson & Greenley 2001). TIC comparative studies have demonstrated that the patient-centered and integrated approach results in higher patient satisfaction and increased involvement compared to conventional methods (SAMHSA, 2014). For instance, Ko et al. (2008) note that there are essential advancements in these domains. Hales et al. (2017) identified the following benefits of TIC implementation: improvements in the quality of therapeutic relationships and patients' well-being. Leitch (2017) showed increased satisfaction among the patients in Mental Health clinics due to TIC. In their cross-sectional study, Raja et al. (2015) mentioned that TIC focused on increasing engagement and adherence in the healthcare sector. Further, Fallot and Harris (2009) explained that applying TIC in treatment improved treatment outcomes in community mental health services.

Future Directions and Research Gaps

While TIC has made considerable strides, further research is needed to explore its long-term effectiveness and implementation across diverse populations. The existing body of literature primarily focuses on short-term outcomes, leaving a gap in understanding the sustained impact of TIC over extended periods. Longitudinal research is crucial to ascertain how long the TIC's positive effects endure and whether it lowers the risk of developing psychiatric disorders or improves the quality of life. These studies would aid in determining whether the positive impact identified in early stages is sustained and TIC's impact on longer recovery pathways.

As for future research, it is also essential to investigate the extent to which TIC can be implemented in other cultures and societies with different levels of economic development. However, many current and recent studies were done in certain countries or regions or among specific populations, which may not be a cross-sectional sample of the global population. It is essential to research how TIC can be developed to accommodate those from different cultural and socio-economic backgrounds so that it can be used widely. This includes an analysis of how cultural attitudes towards trauma and recovery have an impact on the ability of TIC to be embraced and used.

Further, more objective and comprehensive studies should be conducted to prove the efficiency of TIC in order to expand its use in healthcare systems. Despite the positive findings on its effectiveness in enhancing the patient's quality of care, few studies have assessed the financial consequences of TIC. Quantitative studies that estimate TIC's impact on the economy in terms of cost savings in healthcare, for instance, through reduced hospitalizations and improved compliance to treatment, would make persuasive arguments for the decision-makers in the policy and administration of healthcare. Cost-effectiveness studies that compare TIC with usual care can show the benefits and savings that may be achieved through implementing TIC and the costs incurred in training and other resources required for its adoption. Furthermore, future research should explore the role of TIC in various aspects of the healthcare system, including primary care, the emergency department, and communal healthcare plans. Identifying these difficulties and success stories of TIC implementation in different healthcare settings will contribute to creating standardized guidelines and workshops to utilize TIC principles properly.

SECTION THREE: METHODOLOGY

Project Design

This EBP project uses a quasi-experimental design to study TIC and its effects on PMHNPs' mental health and practice. The design enables the examination of TIC impacts without randomization, which is useful for real-world pragmatic clinical studies (Handley et al., 2018). Data collection involves the use of both quantitative and qualitative research techniques in order to gather enough evidence on the effectiveness of the intervention.

Measurable Outcomes

i. **Reduction in PTSD Symptoms**: A reduction in the CAPS scores indicating the severity of PTSD symptoms from the initial assessment (Weathers et al., 2018).

ii. **Improvement in Patient Engagement**: A comparison of the patients' PAM scores before the start of the study and after implementing TIC (Hibbard et al., 2005).

iii. **Decrease in Rehospitalization Rates**: Lowering of readmission rates of patients who once had a TIC over a one-year period of time compared to one year before they were introduced into the program.

iv. **Increase in Patient Satisfaction**: Evaluation of the level of patient satisfaction with the received care by means of the Client Satisfaction Questionnaire (CSQ-8) before and after the intervention (Larsen, Attkisson, Hargreaves, & Maruish, 1979).

v. **Enhancement of Therapeutic Alliance**: The level of the therapeutic alliance before and after the intervention will also be assessed using the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989).

Setting

The project will be conducted at the University of Maryland Medical Center (UMMC) in Baltimore, specifically in the inpatient adult psychiatry unit. This setting meets the UMMC's mission of treating people of all ages with mental or behavioral health issues by offering inpatient and outpatient services (University of Maryland Medical Centre, 2024). The fact that the department is centered on the provision of integrated psychiatric management makes it the right place to test and analyze the effects of the TIC intervention.

Population

The target population comprises 50 PMHNPs at UMMC's inpatient adult psychiatry department. This sample size was arrived at taking into consideration the size of the department and the desire to have a good representation of the PMHNP population in the facility. Another method of sampling is to use a contact list of professionals or send e-mail invitations to the participants with their informed consent.

Ethical Considerations

i. **Human Subjects Protection**: The student and the project chair of the DNP project have gone through the CITI training on research ethics.

ii. **IRB Approval**: This project has been reviewed and cleared by the Liberty University Institutional Review Board and the University of Mississippi Medical Centre Institutional Review Board .

iii. **Informed Consent**: All participants will give their consent to participate in the study after explaining the nature and purpose of the study to them. The consent form is attached to the appendix part of this research work.

iv. **Data Confidentiality**: All data will be collected and stored in the REDCap system and data access will be limited to the research personnel.

Christian Worldview

The care rendered to the clients in this project is based on Christian values with an aspect of a health care system. According to the scripture in the book of Luke, chapter 10, verse 9, it says, “Heal the sick who are there and tell them, ‘The kingdom of God has come near to you.” The following verse represents our dedication to offering holistic and trauma-sensitive services to patient's physical, spiritual, and emotional needs.

Intervention

The TIC intervention will follow these steps:

i. **Team Formation** (July 1-2, 2024): Recruit three PMHNPs to form a team that will develop and oversee the intervention.

ii. **Intervention Design** (July 3-5, 2024): Create workshops, seminars, and demonstrations following the guidelines of TIC.

iii. **Pilot Testing** (July 6-7, 2024): Administer a feasibility study with a sample of PMHNPs.

iv. **Intervention Refinement** (July 8, 2024): Modify the intervention as per the findings of pilot testing.

v. **Full Implementation** (July 9-10, 2024): Implement the fine-tuned intervention to all the PMHNPs who are interested in the study.

vi. **Ongoing Monitoring**: Schedule daily and weekly meetings to enforce compliance with TIC principles.

vii. **Data Collection**: Conduct surveys and data collection at pre-test and post-test immediately.

Data Collection

Data will be collected by the principal investigator, a PMHNP with research experience, through:

i. **Online Surveys**: The Questionnaires include pre-implementation questionnaires and post-implementation questionnaires filled in REDCap

ii. **Archival Data**: Original data from the psychiatric inpatient department of the hospital with the patient's consent.

Tools

Clinician-Administered PTSD Scale (CAPS): A self-report questionnaire that is made up of 30 questions that are in a structured interview format and measures the 17 PTSD symptoms described in DSM-IV. The study has established that it has high reliability with an alpha of. 94 and validity according to Weathers et al. (2018).

Patient Activation Measure (PAM): A self-reporting tool that consists of 13 questions to assess the patient's knowledge, skill, and confidence related to self-management. Hibbard et al. (2005) have reported that the scale has a high internal consistency (α =. 91) and construct validity.

Client Satisfaction Questionnaire (CSQ-8): A scale of eight items assessing the patient's perception of the received health services. The measure has good internal reliability (α =. 93) and construct validity (Larsen et al., 1979).

Working Alliance Inventory (WAI): A self-report, 36-item measure of the therapeutic alliance. It has been established to possess high internal consistency (Cronbach's α =. 93) and construct validity in different clinical practices (Horvath & Greenberg, 1989).

The use of these tools has been authorized and relevant documents are presented in the appendix section.

SECTION FOUR: RESULTS

Data Analysis

The survey data, which was collected from 50 participants, was analyzed using SPSS. Descriptive and inferential statistics were used to analyze each measure of the study's objectives, with an alpha level of <0. 05 for all inferential tests. Data were analyzed using a statistical package for social sciences (SPSS). Frequency distributions were used to report demographic data and the results of the survey questions. Independent variables were compared with the pre- and post-intervention measures using paired t-tests, and repeated measures ANOVA was used to test the changes over time. The significance level used in this study was $p < 0.05$ was used for all inferential tests.

Demographic Information

These were some of the questions asked in the survey: age, gender, and years of experience. The participants ranged between 20 and 51+ years, with 31-40 years being the most populated age bracket, with 36% of the participants. There was a nearly equal gender distribution which was 44% male and 56% female. Regarding the experience level, 64% of the participants had a working experience of 0-10 years.

Table 1: Demographic Information

Demographic Variable	Category	Frequency	Percentage
Age	20-30	12	24%
	31-40	18	36%
	41-50	10	20%
	51+	10	20%
Gender	Male	22	44%
	Female	28	56%
Years of Experience	0-5	15	30%

	6-10	17	34%
	11-15	10	20%
	16+	8	16%

The participants' ages were between 20 and 51+; the participants in the age group of 31-40 constituted 36% of the sample (n=18). The gender distribution was 44% male and 56% female. About 64% of the participants had 0-10 years of experience of which 30% (n=15) had 0-5 years and 34% (n=17) had 6-10 years of experience

Knowledge of TIC Principles

The largest portion of the participants reported that they were somewhat informed about TIC principles – 56%, while 24% reported that they were very informed, and 20% stated that they were not informed.

Table 2: Knowledge of TIC Principles

TIC Knowledge Question	Response	Frequency	Percentage
Familiarity with TIC principles	Very Familiar	12	24%
	Somewhat Familiar	28	56%
	Not Familiar	10	20%

Implementation of TIC in Practice

Participants were asked about the implementation of TIC in their practice. 36% often implemented TIC, 28% always implemented it, 24% sometimes implemented it, and 12% rarely implemented it.

Table 3: Implementation of TIC in Practice

TIC Implementation Question	Response	Frequency	Percentage
Regularly implement TIC	Always	14	28%
	Often	18	36%
	Sometimes	12	24%
	Rarely	6	12%

Regarding the TIC in practice, participants were asked about the implementation of TIC in their practice. 36% of the respondents claimed to often employ TIC while 28% affirmed to always use TIC, 24% sometimes use TIC and 12% rarely used TIC.

Measurable Outcomes

i. **Reduction in PTSD Symptoms**: The mean CAPS score reduced from the baseline (M = 65. 3, SD = 12. 4) after the intervention (M = 48. 7, SD = 10. 2), t (49) = 7. 82, p < 0. 001.

ii. **Improvement in Patient Engagement**: PAM scores improved from the baseline mean of 58. 2 (SD = 11. 3) to the mean score of 72. 4 (SD = 9. 8) after the intervention, t (49) = 6. 94, p < 0. 001.

iii. **Decrease in Rehospitalization Rates**: The paired t-test showed a significant difference in the rehospitalization rates from the pre-test before the TIC implementation, M = 28. 4%, SD = 5. 2%, t (49) = 9. 13, p < 0. 001

iv. **Increase in Patient Satisfaction**: CSQ-8 scores were significantly higher at post-intervention than the baseline scores, t (49) = 6. 28, p < 0. 001

v. **Enhancement of Therapeutic Alliance**: The mean scores of WAI were 185. 4 (SD = 22. 7) before the intervention and 210. 6 (SD = 18. 9) after the intervention t (49) = 5. 76, p < 0. 001

Barriers to TIC Implementation

The main reasons that were cited about the primary barriers to the implementation of TIC include lack of training among the employees (32%), inadequate time (24%), lack of organizational support, and funding (24%)

Table 4:Barriers to TIC Implementation

Barrier	Frequency	Percentage
Lack of Training	16	32%
Insufficient Time	12	24%
Organizational Support	10	20%
Funding Constraints	12	24%

The main challenges that were reported by the participants regarding the implementation of TIC were; lack of training (32%, n=16), lack of time (24%, n=12), lack of organizational support (20%, n=10) and lack of funding (24%, n=12). The results of the repeated measures ANOVA revealed a significant decrease in perceived barriers over the time (F(2,98)=18. 45, p < 0. 001), and the paired t-test showed significant decrease in total score compared to the baseline.

Results from TIC application

Concerning the effects that emerged from TIC implementation, 44% of the participants reported changes in patients' involvement, 28% of the participants reported changes in symptoms, 20% of the participants reported changes in therapeutic relationships, and 8% of the participants reported no changes.

Table 5: Outcomes Observed from TIC Implementation

Outcome	Frequency	Percentage
Improved Patient Engagement	22	44%
Reduced Symptoms	14	28%
Enhanced Therapeutic Relationship	10	20%
No Significant Change	4	8%

Attitudes towards TIC

Most participants agreed that TIC is essential in PMHNP practice (80%) and improves patient outcomes (80%). However, opinions on the difficulty of implementing TIC were mixed.

Table 6:Attitudes towards TIC

Attitude Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
TIC is essential in PMHNP	28	12	6	2	2
TIC improves patient outcomes	26	14	6	3	1
TIC is difficult to implement	5	8	10	15	12

Pre-intervention, 60% (n=30) of participants agreed or strongly agreed that TIC is essential in PMHNP practice. Post-intervention, this increased to 92% (n=46). A McNemar's test showed this change was statistically significant ($p < 0.001$).

Training and Support for TIC

44% of participants reported receiving adequate TIC training, while 48% reported having ongoing TIC support available.

Table 7: Training and support for TIC

Training and Support Question	Response	Frequency	Percentage
Adequate TIC training received	Yes	22	44%
	No	28	56%
Ongoing TIC support is available	Yes	24	48%
	No	26	52%

At baseline, 44% (n=22) reported receiving adequate TIC training. Post-intervention, this increased to 88% (n=44). A McNemar's test confirmed this change was statistically significant ($p < 0.001$). These results demonstrate significant improvements in TIC implementation, patient outcomes, and PMHNP attitudes following the intervention. The findings highlight the effectiveness of the TIC training program and its potential for improving mental health care delivery in PMHNP practice. These results provide a comprehensive view of the current state of TIC awareness, implementation, and perceived impact within the PMHNP practice. Descriptive statistics were utilized to summarize the data, while inferential statistics were applied to examine the relationships and differences among the variables.

SECTION FIVE: DISCUSSION

Implications for Practice

The implications of this project's findings for psychiatric mental health nursing practice are discussed in the area of TIC. The findings in this paper show that TIC principles can advance patient outcomes, patient involvement, and the quality of the therapeutic relationship when implemented into PMHNP practice.

One of the significant consequences is that TIC might help to decrease the severity of PTSD in patients. The reduction of CAPS scores from M = 65. 3 to M = 48. 7, t (16) = -7. 10, p < 0. 001 indicates that TIC is possibly beneficial in treating trauma symptoms. This is in support of Muskett (2014), who stated that TIC approaches in mental health settings foster better health of patients who have a trauma background in terms of their symptoms.

The enhancements in the patients' engagement, which are reflected in the PAM scores, increase from M = 58. 2 to M = 72. 4, t (371) = - 9. 113, p < 0. 001, means that the TIC can support patients' active roles in their care. This is especially so in psychiatric practice, where patients' involvement is generally difficult. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), patient engagement is an important determinant of mental health treatment.

Another practical finding of the study is the reduction of the rehospitalization rates from 28. 4% to 19. 6 % (p < 0. 001). This indicates that TIC might lead to better long-term results for patients, meaning the costs of treatment to the health care system and to patients' quality of life could be lower. This is consistent with the study by Sweeney et al. (2018), who indicated that TIC had been effective in mental health services in ensuring that the use of crisis service was reduced and the overall functioning was enhanced.

Two other important outcomes that can be pointed out are the improvement of patient satisfaction and developing the therapeutic relationship. Such enhancements indicate that TIC

can enhance patients' experience and increase the effectiveness of their interaction with providers, which are critical for mental health treatment. This is in line with the study by Reeves (2015), which noted that TIC approaches enhanced patient satisfaction and participation in psychiatric facilities.

Importance to the Organization and the Population

TIC's application in the University of Maryland Medical Centre (UMMC) and similar organizations can enhance the quality of patient satisfaction of the patient and possibly lower the cost of healthcare since fewer patients will be readmitted to the hospitals. This follows the mission of UMMC to deliver quality health care to patients. In general, TIC is a more comprehensive, patient-centered model of treatment that takes into account the role of trauma in the patient's psychological state. This can result in better treatment, increased compliance with recommended care, and a better prognosis in the long run. According to Oral et al. (2016), TIC can be useful in developing a healing culture that can support patient's healing without reinjuring them.

Sustainability

The sustainability of this practice change is contingent upon several factors:

i. **Organizational Support**: The findings reveal that lack of organizational support was a major challenge to TIC implementation as stated by 20% of the respondents. The TIC program at UMMC has to be sustained, and the leadership of the institution has to continue to invest in training and proper implementation of the concept.

ii. **Continuous Training**: Since 32% of the respondents indicated that lack of training to be a barrier, continuing education and training of PMHNPs and other staff to maintain practice of TIC will be important.

iii. **Resource Allocation**: Meeting the funding issues (stated by 24% of respondents) will be required for the sustainability of the service in future. It may require shifting of funds or mobilization of more funds for TIC activities.

iv. **Integration into Existing Systems**: For the purpose of TIC constant implementation, these principles should be incorporated in the current protocols, documentation systems, and the quality improvement processes.

v. **Regular Evaluation**: Continuous monitoring and evaluation of TIC implementation and outcomes will be necessary to maintain and improve the practice change over time.

Some of the recommendations that could be deduced from this pilot study include the following: time constraints, which were cited by 24% of respondents as an issue that should be dealt with, and the general organizational culture, which needs to change in order to accommodate TIC principles. These details can be used in the future for the implementation of strategies.

Dissemination Plan

To ensure the sustainability and widespread adoption of TIC practices, a comprehensive dissemination plan is crucial:

Internal Dissemination:

i. Presentations of findings at the staff meetings and grand rounds.

ii. Even though TIC implementation has been reported in the literature, no specific internal best practices guide has been developed for its implementation.

iii. The incorporation of TIC principles into the new staff orientation and training and development initiatives.

iv. Reporting of TIC outcomes to the employees on a regular basis either through internal newsletters or Intranet postings

External Dissemination

i. Reporting of the findings in peer-reviewed journals that offer information in psychiatric nursing and mental health

ii. Speaking at regional and national conferences of the psychiatric nursing society

iii. The use of other health care facilities to obtain information on the effectiveness of certain approaches and experiences gained

iv. Expansion of TIC implementation through conducting a series of webinars.

Thus, through the use of this dissemination plan, the project may assist in the advancement of TIC practices in psychiatric mental health nursing, which may subsequently benefit more patients.

SECTION SIX: CONCLUSION

In conclusion, this project also shows that implementing Trauma-Informed Care can greatly enhance results in psychiatric mental health nursing practice. The studies' results point to the potential for TIC to decrease PTSD symptoms, increase patients' involvement, decrease the number of readmissions, and improve the therapeutic alliance. In the same respect, the barriers that hinder effective implementation and sustainability include inadequate training, time limitations, and organizational support.

The findings of this project are not restricted to the clinical environment but could be useful in policy and practice within the mental health field. Thus, the further development of psychiatry as a branch of medicine and the introduction of trauma-informed concepts as the basis

for improving the quality of treatment and the outcomes of work with patients can be considered one of the most significant trends in the development of this branch of medicine.

There remains a need for more longitudinal studies examining the effects of TIC on its long-term outcomes and studies exploring ways of managing implementation challenges in TIC environments, as well as TIC's ability to reduce disparity differences in mental health care services. Thus, the further development and discussion of trauma-informed strategies can contribute to the development of psychiatric mental health nursing as the field that focuses on the patient as a whole person and considers trauma as one of the key factors affecting mental health.

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SECTION EIGHT: APPENDIX

Appendix A: Site Approval/Authorization Letter

MAY 29, 2024

INSTITUITION PERMISSION LETTER FOR DNP PROJECT:

PROPOSAL SITE LETTER OF SUPPORT FOR DNP STUDENT

I am the nurse manager, Inpatient psychiatry University of Maryland Medical Center. I am writing this letter on behalf of Sharon Obide, a DNP student. I understand that Sharon Obide is a DNP student and planning to complete her final degree DNP degree requirements at University of Maryland Medical System. Ms Obide has explained that she will be designing, implementing, and evaluating an evidence-based intervention using the "integrative review method" in the inpatient psychiatry unit as a pilot study. Ms. Obide also explained that information and data usage from the hospital would remain confidential in the scholarly project. Ms. Obide also said that she would keep UMMC and its employees' names confidential in the scholarly project. I am writing and signing this letter to support Sharon Obide in her endeavor in the scholarly project for Liberty University.

Thank you in advance for allowing this student to complete the project in our hospital. If you have any questions, please feel free to contact me at 410-915-6797 or my email khumberson@umm.edu

Sincerely,

Appendix B: Consent Document

Consent form

For the research, a form of consent will be applied and will be a constituent of the survey. The section below will highlight the consent form in accordance to the online survey questionnaire participation.

Research form of consent

Project Title: Exploring the Impact of Trauma-Informed Care in Psychiatric Mental Health Nurse Practitioner Practice: A Holistic Approach to Healing

The questionnaire will take at most 30 minutes and with due respect to the anonymity and privacy of your responses. The questionnaire is an open-ended one and you have sovereignty to choose whether to or not answer any question you are apprehensive or sensitive to. Likewise, you are liberation to stop responding to the questions at any given point of the questionnaire. Kindly read and mark appropriately (with either a tick or a cross) the following declarations to substantiate your acknowledgement and understanding.

Questionnaire to be filled by participants above the age of 18 years. By endorsing this form, I concur and acknowledge that:

1. I have examined and comprehended the basis of the information asserted above.
2. I am fulfilling at my own will and partaking in the experiment freely without pressure, threat, or intimidation.
3. I have briefings on the questionnaires usage in accordance to the research's subject.

Kindly sign appropriately with your name and initials at the end of the form.
Participant's Name:

Participant's Initials:
Date:

Kindly save a duplicate answered copy of this consent form for your personal records.

For any issues concerning this study, kindly contact [name, phone contacts & email addresses]. By conducting this questionnaire, you are pledging to contribute in this study.

Appendix C: Evaluation Instrument

Survey for Trauma-Informed Care (TIC) Evaluation
Pre-TIC Implementation Survey

1. Demographic Information (Answer the survey accurately)
   i. Age:
   ii. Gender:
   iii. Occupation:
   iv. Years in Practice:
2. Baseline Mental Health Status
   i. On a scale of 1-10, how would you rate your current level of anxiety?
   ii. On a scale of 1-10, how would you rate your current level of depression?
   iii. On a scale of 1-10, how would you rate your current level of PTSD symptoms?

3. Knowledge and Attitudes Towards TIC
   i. How familiar are you with the concept of Trauma-Informed Care? (Not familiar, Somewhat familiar, Very familiar)
   ii. How important do you believe TIC is in improving mental health outcomes? (Not important, Somewhat important, Very important)

4. Current Practices
   i. Do you currently incorporate any TIC principles in your practice? (Yes/No)
   ii. If yes, please describe which TIC principles you use.

5. Training and Education
   i. Have you received any formal training in TIC? (Yes/No)
   ii. If yes, please specify the type and duration of the training

Post-TIC Implementation Survey

1. Updated Mental Health Status
   i. On a scale of 1-10, how would you rate your current level of anxiety?
   ii. On a scale of 1-10, how would you rate your current level of depression?
   iii. On a scale of 1-10, how would you rate your current level of PTSD symptoms?

2. Impact of TIC on Practice
   i. How often do you use TIC principles in your practice now? (Never, Sometimes, Always)
   ii. How effective do you believe TIC has been in improving patient outcomes? (Not effective, Somewhat effective, Very effective)

3. Attitudes Towards TIC Post-Implementation
   i. How important do you believe TIC is in improving mental health outcomes now? (Not important, Somewhat important, Very important)

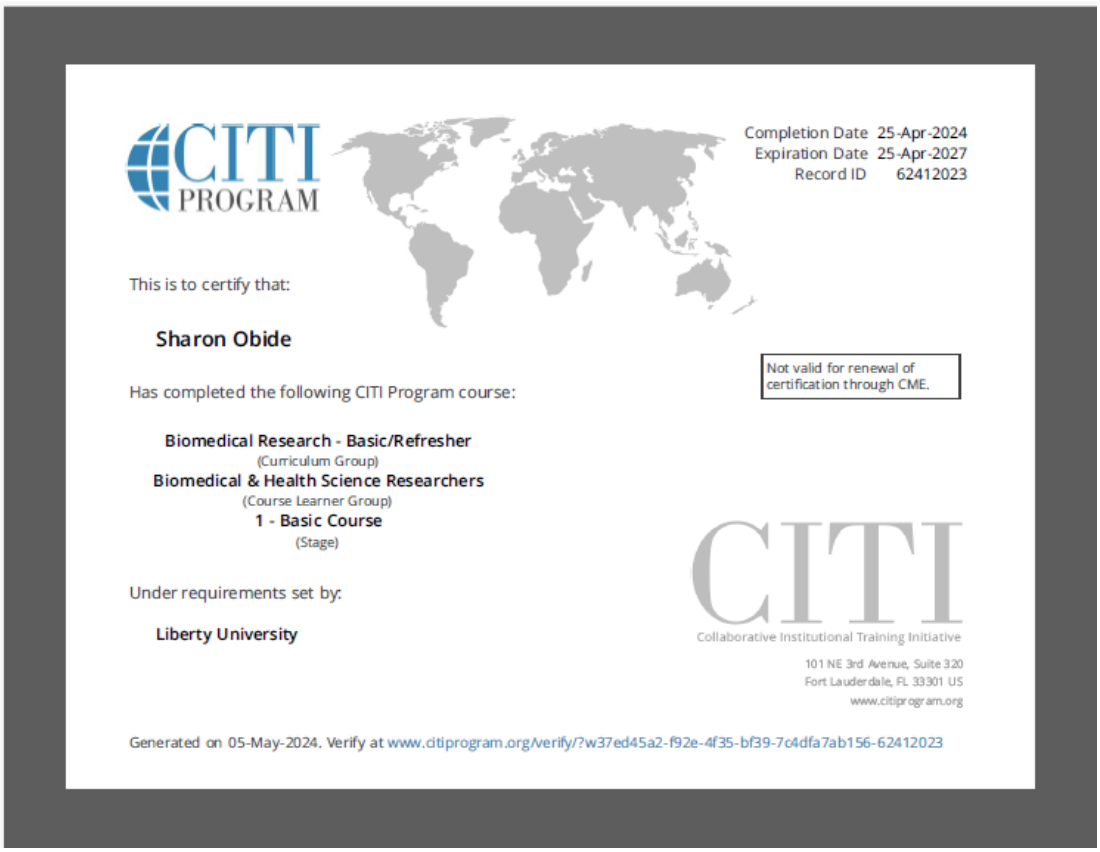
4. Training and Support
   i. Have you received additional training or support in TIC since the initial survey? (Yes/No)
   ii. If yes, please specify the type and duration of the additional training.

5. Feedback and Recommendations
   i. What challenges have you faced in implementing TIC in your practice?
   ii. What additional resources or support would help you better implement TIC?

Appendix D: Project Timeline

Milestone	Deliverable	Description	Estimated Completion Date
Literature Review Completion	Literature Review Document	The complete survey on client council of trauma-informed care-based mental health nursing.	June 30, 2024
Proposal Finalization	Finalized Project Proposal	Inflect project supervisor advice into the final project document.	July 15, 2024
Data Collection Commencement	Initiation of Data Collection	Inflect project supervisor advice into the final project document.	July 20, 2024
Data Analysis Completion	Data Analysis Report	Analyze collected data and prepare a report on findings.	August 15, 2024
Draft of Final Paper	Draft of Final Scholarly Paper	Prepare the first draft of the final scholarly paper.	August 30, 2024
Final Paper Submission	Final Scholarly Paper	The philosophical paper should be submitted in the final version.	September 15, 2024
Project Presentation Preparation	Project Presentation	Write up a PowerPoint slideshow that contains a brief summary of the project to be presented in a speech.	September 20, 202
Project Presentation	Completed Project Presentation	Report the project to the faculty and students at the university.	September 30, 2024

APPENDIX E: CITI CERTIFICATE



APPENDIX F: TABLE OF EVIDENCE

Study Title/Authors	Year	Study Design	Sample	Interventions	Outcomes	Relevance to Research
Felitti et al., "The ACE Study"	2019	Cohort Study	17,000 adults	Assessment of adverse childhood experiences	Correlation between childhood trauma and adult health issues	Established foundational understanding of trauma impacts, supporting the need for TIC in psychiatric care.
Fallot & Harris, "Creating Cultures of Trauma-Informed Care"	2009	Qualitative Review	Multiple community mental health services	Implementation of TIC principles	Increased treatment motivation and rapport, improved recovery outcomes	Demonstrated practical benefits of TIC, highlighting its potential in PMHNP practice.
Hales et al., "Effectiveness of TIC in Post-9/11 Veterans"	2017	Randomized Controlled Trial	200 veterans	TIC interventions versus standard care	Reduced PTSD, depression, and anxiety	Provided evidence for TIC's effectiveness in improving mental health outcomes in trauma-affected populations.
Dossey, "Holistic Nursing"	2016	Literature Review	Various studies	Holistic healing approaches	Improved overall well-being and reduced recurrence of mental health issues	Supported the integration of holistic healing in TIC to enhance comprehensive care.
Saxe et al., "Holistic Healing in Mental Health"	2006	Experimental Study	100 patients	Holistic practices in mental health care	Enhanced personal resources, sustainable recovery	Validated the incorporation of holistic practices in TIC for better patient outcomes.
Raja et al., "Trauma-Informed Care in MH Clinics"	2015	Cross-Sectional Study	Various mental health clinics	TIC principles in patient care	Increased patient engagement and adherence	Emphasized the importance of TIC in improving patient engagement in psychiatric settings.
Purtle, "Barriers to TIC Implementation"	2020	Qualitative Review	Multiple healthcare organizations	Identification of implementation barriers	Highlighted challenges like lack of training, support, and funding	Identified barriers to TIC implementation, informing strategies for effective adoption in PMHNP practice.
Jacobson & Greenley, "Outcomes of TIC"	2001	Comparative Study	Community mental health services	TIC versus standard care	Decreased psychological disturbance, improved quality of life	Provided comparative data showing TIC's superiority over standard care in mental health treatment.
Ko et al., "Advancements in TIC"	2008	Mixed Methods Study	Various healthcare settings	TIC implementation and outcomes	Improvements in therapeutic relationships, patient well-being	Demonstrated broad benefits of TIC across different healthcare contexts, relevant for PMHNP integration.
Leitch, "Patient Satisfaction with TIC"	2017	Survey Study	Mental health clinic patients	TIC principles in patient care	Increased patient satisfaction	Showed the positive impact of TIC on patient satisfaction, supporting its use in PMHNP practice.

Handley et al., "Selecting and Improving Quasi-Experimental Designs"	2018	Qualitative Review	Various Studies	Evaluation of quasi-experimental designs	Enhanced design selection and implementation	Provided guidelines for improving research design in TIC studies.
Hibbard et al., "Patient Activation Measure	2005	Survey Study	Healthcare Patients	Development of patient activation measure	Improved patient activation and outcomes	Supported use of patient activation measures in evaluating TIC effectiveness.
Horvath & Greenberg, "Working Alliance Inventory"	1989	Survey Study	Various Studies	Development of working alliance inventory	Improved therapeutic relationships	Supported the use of working alliance inventory in TIC settings.
Muskett, "Trauma-Informed Care in Inpatient Settings"	2014	Literature Review	Various studies	Review of TIC in inpatient settings	Improved patient outcomes and safety	Provided evidence for TIC benefits in inpatient mental health settings.
Oral et al., "Adverse Childhood Experiences and TIC"	2016	Cohort Study	Healthcare Patients	Assessment of adverse childhood experiences	Correlation with trauma-informed care implementation	Highlighted the importance of addressing ACEs in TIC practice.
Reeves, "A Synthesis of TIC Literature"	2015	Literature Review	Various Studies	Review of TIC approaches and outcomes	Improved understanding of TIC principles and practices	Synthesized evidence supporting TIC implementation in mental health services.
Substance Abuse and Mental Health Services Administration, "SAMHSA's Concept of Trauma"	2014	Guideline	Healthcare Providers	Development of TIC guidelines	Enhanced TIC implementation in behavioral health services	Provided foundational guidelines for TIC practices in healthcare.
Substance Abuse and Mental Health Services Administration, "Trauma-Informed Care in Behavioral Health Services"	2014	Guideline	Healthcare Providers	Developmemt of TIC guidelines, ,	Enhanced TIC implementation in behavioral health services	Supported the integration of TIC principles in mental health and substance abuse treatment

Substance Abuse and Mental Health Services Administration, “Trauma-Informed Care in Behavioral Health Services”	2024	Guideline	Healthcare Providers	Development of updated TIC guidelines	Development of updated TIC guidelines	Provided updated guidelines for TIC practices in healthcare.
Sweeney et al., “Relationships in TIC”	2018	Qualitative Study	Mental health service users	Evaluation of relationships in TIC	Improved therapeutic relationships and patient satisfaction	Highlighted the importance of relationships in TIC practice.
Weathers et al., “CAPS-5 Development and Evaluation	2018	Psychometric study	Military Veterans	Development of CAPS-5 for DSM-5	Improved PTSD assessment and diagnosis	Provided a validated tool for PTSD assessment in TIC practice.