Trauma Informed Medication Education
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Learning Outcomes
- Give 3 examples of how trauma can result in over- and under-medicating behaviors
- Discuss 3 commonalities between deprescribing and trauma-informed models
- Propose 3 nursing interventions for harmful trauma-related medication behaviors

Content Acknowledgement
Preexisting
Occupational
Vicarious
Trauma Exposure
(Boulanger, 2018; Cohen & Collens, 2013)

Video: Misty
https://youtu.be/1ezrF7t9CcE
http://makethelink.net/
U.S. Department of Veteran's Affairs

Case Study
Misty presents asking to discontinue her sleep medications.
Last summer she self-discontinued her sleep medication, and had poor outcomes.
What are some major discussion points?

Off-label use may be discussed.

Thank you,
Patricia Mangones, NP,
Stephanie Brunet, & Rose Sajjabi.

Support for this work has been provided by the Anonymous Women’s Health Fund.
Avoiding responding has potential serious negative consequences in a repetition of past neglect or dismissiveness

- Richard Chefetz, 2015, p 131

Mind-Body Connections in Trauma

(Mintz & Belknap, 2011; Karp, 2006)

Placebo and Nocebo

(Hodgkins, et al, 2018; Webster, Weinman, & Rubin, 2016)

Meaning of Medication

“...symptoms serve many functions: to substitute for missing memories, to communicate distress, to symbolize crucial relationships, to contain internal conflicts, to manage interpersonal issues.”

(Lowenstein & Goodwin, 1999, p.83)

Medication in Trauma

(body, numb, stigma)
Medication in Trauma

Exercise 1: Pick a Problem

<table>
<thead>
<tr>
<th>Weight gain/loss</th>
<th>Bruising at injection site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual side effects</td>
<td>Swallowing liquids</td>
</tr>
<tr>
<td>Tremor</td>
<td>Changes to libido</td>
</tr>
<tr>
<td>Nausea</td>
<td>Jittery</td>
</tr>
<tr>
<td>Headaches</td>
<td>Dreams more vivid</td>
</tr>
<tr>
<td>Can’t swallow</td>
<td>Cognitive dulling</td>
</tr>
<tr>
<td>“Against medication”</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Sensations in mouth</td>
<td>“Feel controlled”</td>
</tr>
<tr>
<td>Shape of pills</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Color of pills/liquid</td>
<td>Sedation</td>
</tr>
</tbody>
</table>

Impacts on Prescribing

Exercise 2 (Leonard, Graham, & Bonacum, 2004)

Situation

Background

Assessment

Recommendation/Request

Under-and-Over-Prescribing

Threading the needle

(Davies & Frawley, 1994)
Deprescribing Model:
- Review medications
- Identify targets
- Plan a regimen together
- Communicate
- Frequent review and support

(Gupta & Cahill, 2016, p.2)

Trauma-Informed Care:
- Universal precautions
- Maximize choices & control
- Collaborate on treatment & recovery
- Safety, respect, & acceptance
- Minimize retraumatization

(Anai-Otong, 2016)

Examples of Communication

Expectations
- Treatment
- Interfering
- Communication
- Practicalities

Minimize retraumatization

Examples

Review
- Ask about specific side-effects
- Identify Targets
- Assess for stockpiling, agreement with regimen
- Offer Reminders or Cues
- Printouts, med organizers, set alarms together, post-its

Frequent review & support
## Key Points

- Medications have meaning
- Assess for meaning at every opportunity
- Historical trauma beliefs may be guiding current behavior
- Mis-taking medications often important ways of coping
- Make the medication contract explicit
- Discuss a harm-reduction plan

## Questions?

## References


