



Palliative Institute

# Trauma Informed Palliative Care and clinical practice

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Cumming School of Medicine, University of Calgary

**Hosted by:** Sheila Killoran, Education Lead, Covenant Health Palliative  
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# Reminders

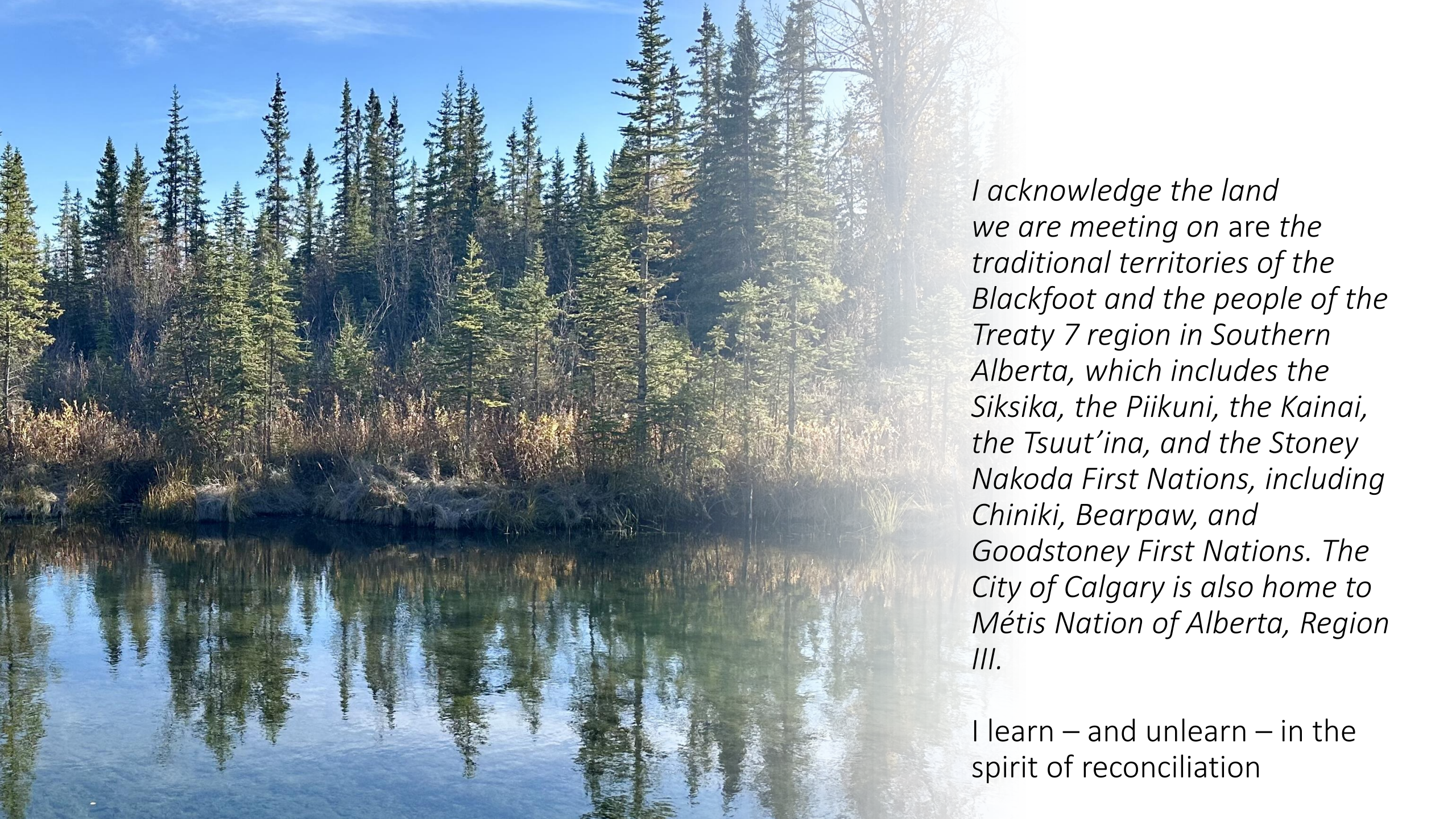
- This session is being recorded.
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- Your microphones are muted. When we invite participation, please unmute yourself if you'd like to speak at that time.
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# Trauma Informed Palliative Care and Clinical Practice

Janet de Groot, MD, FRCPC

Professor, Psychiatry, Oncology, Community Health Sciences  
Cumming School of Medicine, University of Calgary





*I acknowledge the land we are meeting on are the traditional territories of the Blackfoot and the people of the Treaty 7 region in Southern Alberta, which includes the Siksika, the Piikuni, the Kainai, the Tsuut'ina, and the Stoney Nakoda First Nations, including Chiniki, Bearpaw, and Goodstoney First Nations. The City of Calgary is also home to Métis Nation of Alberta, Region III.*

I learn – and unlearn – in the spirit of reconciliation

# Disclosures

## Grants:

- Office of Health Medical Education and Scholarship, EDI grant
- Carol May Yates Memorial Endowment
- Alberta Cancer Foundation

Salary: AHMSP Psychiatry

# Learning Objectives

1. To identify how people with advanced cancer may present with traumatic stress responses
2. To describe trauma informed palliative care
3. To outline evidence for trauma informed palliative care for teams

# Referral for CALM (Managing Cancer and Living Meaningfully) counseling

- 60+ yo female: ovarian cancer recurrence, depression
- Married, adult children in Calgary, enjoys grandchildren

# Referral for CALM counseling

- 60+ yo female: dissociation (depression), ovarian cancer recurrence
- Married, adult children in Calgary, enjoys grand children
- Early home environment:
  - witnessed domestic violence
  - emotional neglect
  - Alcoholism
- Teen pregnancy, family unaware, infant to adoption services

# Referral for Medications

- Male, married, late teen children
- Metastatic cancer
- Nightmares
- Personal employment history: car crash clean up in teens
- Meaning: work, supporting family and community

# The Body Keeps the Score

*“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. Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think”*

# Trauma Definitions I: DSM 5 TR

- Exposure to actual or threatened death, serious injury or sexual violence
  - Experiencing or Witnessing, in person or learning about traumatic event
  - Experiencing repeated or extreme exposure to aversive impact of traumatic event

*DSM 5 criteria A for PTSD*

# Trauma Definition II: Adverse Childhood Events (ACES)

- Abuse – physical, sexual, emotional
- Neglect – physical, emotional
- Domestic violence in home
- Substance use in home
- Mental illness in home
- Parental separation/divorce
- Family member in jail/prison

*Felitti et al, 1998*

# What is the impact of ACEs on health and well-being?

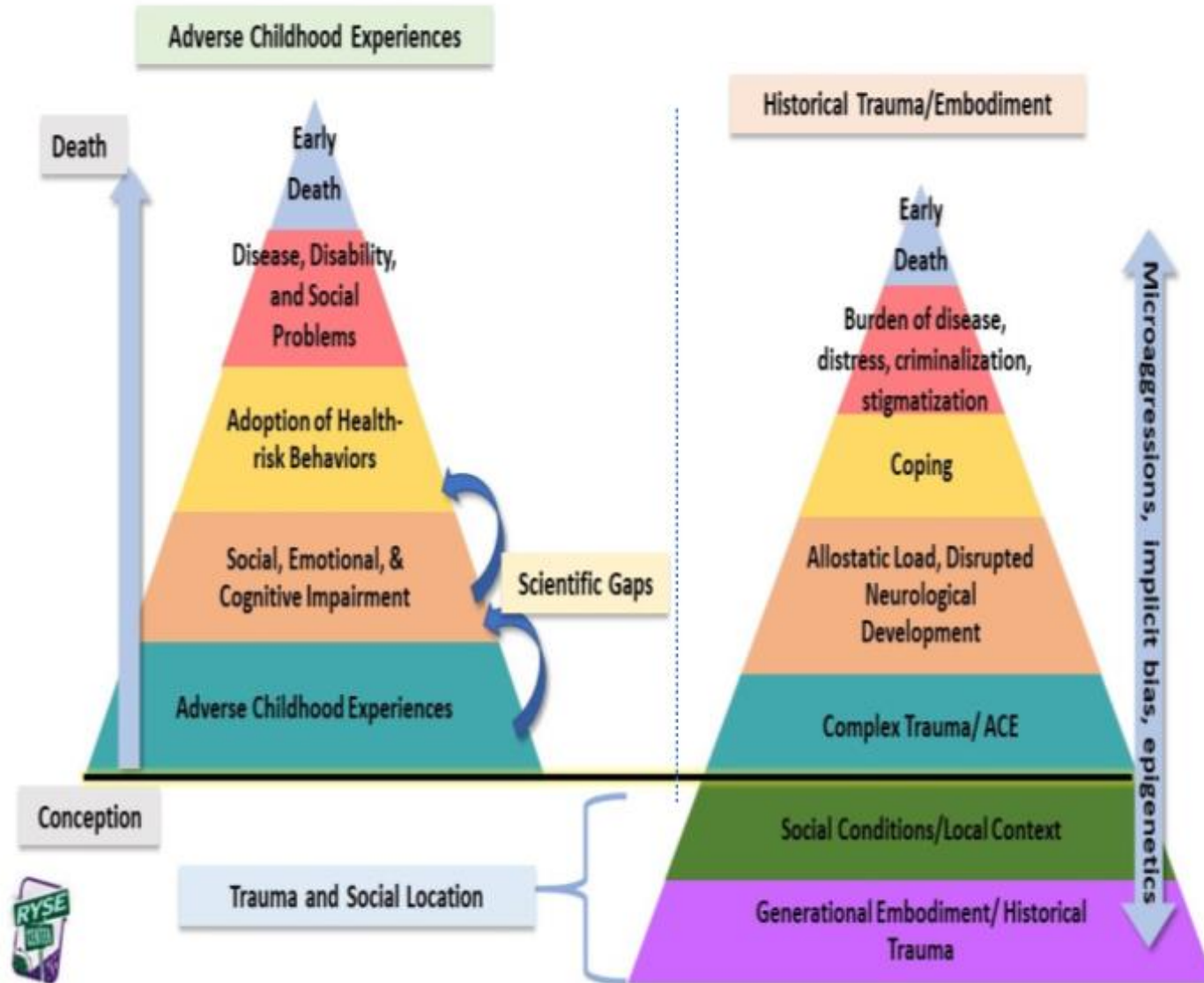
- Increased number of ACEs associated with:
  - Chronic disease
  - Obesity
  - Earlier mortality
  - Interpersonal difficulties
  - Mental health concerns
- Endorsement of sexual abuse → severity of eating disorder symptoms

*Felitti, Anda, Nordenberg, et al. Am J Prev Med. 1998; de Groot et al, Can J Psych 1992*

# Trauma Definition III: SAMSHA

- *Results from an event, a series of events or circumstances experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse consequences on an individual's functioning or physical, emotional, social or spiritual well-being.*

# Trauma and Social Location



# The Other Side of the ACEs Pyramid

The Indigenous Wellness Pyramid provides a scalable, positive pathway toward increased well-being in Indigenous communities.



*Maegan Rides at the Door; Sidney Shaw, 2023*

# Post-Traumatic Stress Disorder and Cancer

- Symptoms
  - Re-experiencing,
  - Avoidance,
  - Negative cognitions, worldviews,
  - Heightened arousal (affects sleep)
- PTSD uncommon with cancer
- Traumatic stress response more common
  - Particularly with advanced cancer
  - May arise with cancer caregivers, particularly parents of children with cancer

*Cordova, Riga & Spiegel. Lancet Psychiatry, 2017; Gurevich, Devins & Rodin. Psychosomatics, 2002; Tsai et al, Psychosom Med 2024*

# Trauma and advanced cancer

- Resurgence of traumatic memories with pain and declining health
- Stressful or traumatic experiences with healthcare
  - Adverse reactions to medicine
  - Surgical interventions
  - ICU admissions

*Cordova et al, 2017; Ganzel. Gerontologist, 2018; de Groot et al, Pall Med 2023*

# Trauma-informed Care Framework

## Key assumptions for implementing TIC

Realization

Recognition

Response

Resist Re-traumatization

## Key principles for TIC interventions

Safety

Trustworthiness and transparency

Peer support

Collaboration and mutuality

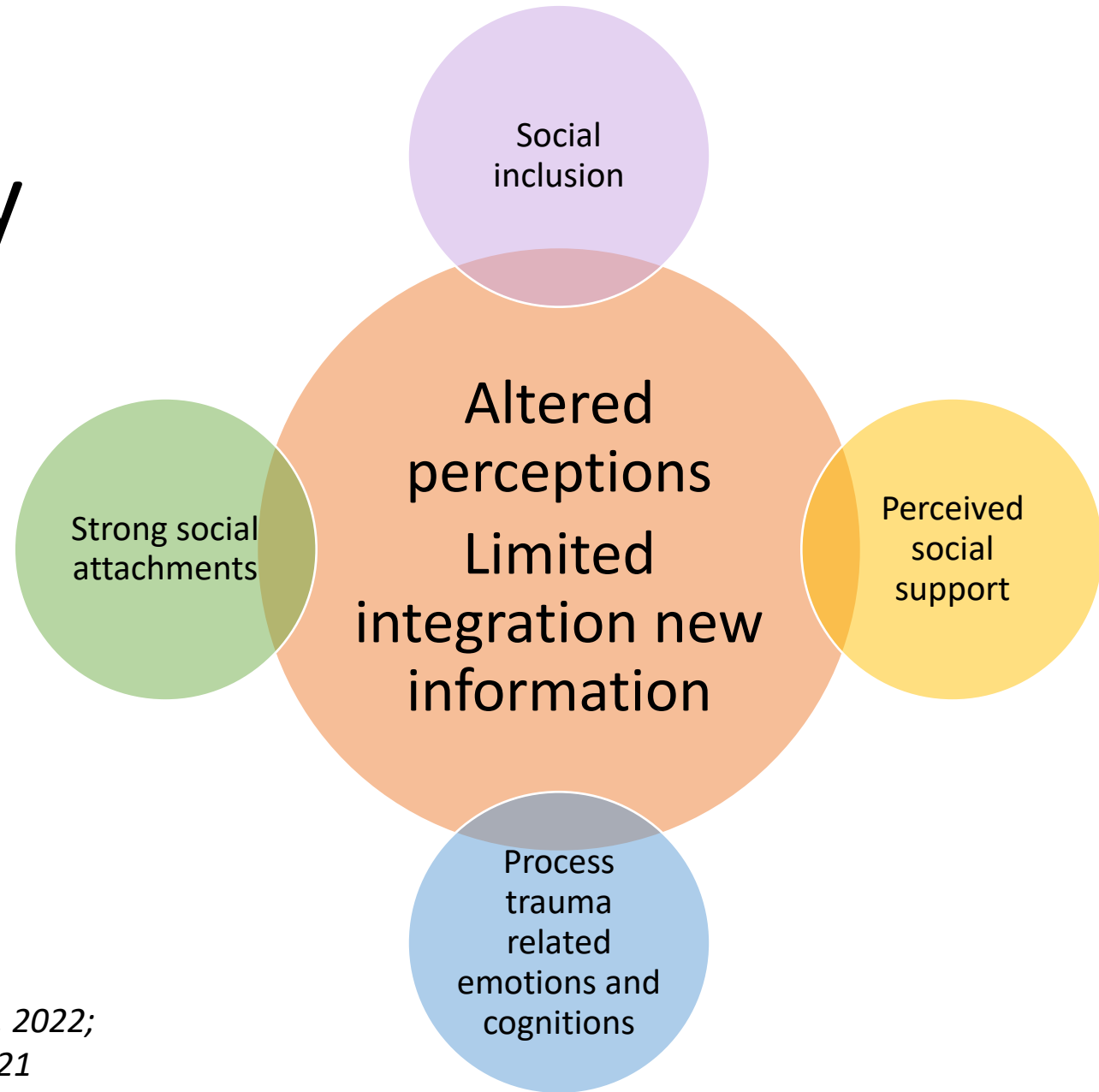
Empowerment, voice and choice

Cultural, historical and gender issues

# Theoretical Models

- Psychological theories: Relational, attachment, and existential
- Ethical perspectives:
  - Levinas - shared humanity, feminist care ethics; Beun Viver
- Biomedical: neuropsychiatry evidence base

# Neuropsychiatry: Trauma & Recovery



*Estabrooks, Titley, Thorne et al. J Am Med Dir Assoc, 2022;  
D'Alessandro, Ritchie, McCabe et al. Front Psych, 2021*

# Dissociation among long-term care staff (AB)

- Up to 12.9%
- Occurs with increased stress
- Increased risk if ESL or if healthcare aide
- Intervention: 8 weeks, Coherent breathing, 5-7 times per week
  - Reduced perceived stress, insomnia and increased resilience

# Stepped approach to trauma informed care

- Initially problem-focused
- If symptomatic, referrals for psychological interventions
- SSRIs variable outcomes
- Benzodiazepines contra-indicated, may increase fear driven behaviour

# Summary

- Rationale
  - Advanced illness: increased risk of traumatic experiences and resurgence of trauma memories
- Trauma informed approach
  - Supports resolution of symptoms without directly addressing trauma source
  - Recognizes multiple pathways to resolution of symptoms

# Questions? Comments?

Thank you!

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What is your perspective  
on trauma informed  
palliative care?

# Psychosocial Spiritual Alberta CoP

June 11<sup>th</sup> · 12 to 1 p.m. (MST)

**Dignity in practice: Exploring a last wish  
program in hospice care**

Speakers: Matthieu Coulombe, Chaplain & Fate Hurtada, RN, Covenant Care

See recordings and past sessions [here](#)



# Coffee Break Care Chats Podcast:

## New Episode on Pain

# Coffee Break

**CARE  CHATS**

*let's get comfortable with palliative care*

Learn about a palliative care on your coffee break!



On this mini episode you will learn about:

- Different types of pain
- Common opioid side effects
- Difference between opioid overdose and toxicity
- Some myths around pain and opioids

**LISTEN NOW**



# Evaluation



<https://redcap.albertahealthservices.ca/surveys/>

Then enter this code: 74FXN8YRR

# Thank You!

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- Contact us at: [Palliative.Institute@covenanthealth.ca](mailto:Palliative.Institute@covenanthealth.ca)

