Project ENACT Toolkit: Embedding Trauma-Informed Care in PMHNP Education

SCHOOL OF NURSING
UNIVERSITY of ROCHESTER

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Acknowledgements

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Introduction

WHAT IS PROJECT ENACT?

Project ENACT (Educating NPs to Address Childhood Trauma) is a multi-semester educational initiative designed to prepare Psychiatric-Mental Health Nurse Practitioner (PMHNP) students to deliver trauma-informed care (TIC) with confidence, skill, and cultural awareness. The project supports students as they develop core TIC competencies and apply them across classroom, clinical, and reflective learning experiences.

> Rather than focusing solely on symptoms or diagnoses, TIC asks: "What has this person experienced, and how does that shape their health, behavior, and engagement in care?" In other words, instead of considering, "What's wrong with them?" we consider the question, "What happened to them?"

In early 2021, the Health Resources and Services Administration (HRSA) issued a call for proposals to address a critical national shortage of Psychiatric-Mental Health (PMH) providers. This shortage became increasingly evident amidst the escalating demand for trauma-informed care across healthcare systems, particularly impacting youth, behavioral health populations, and exacerbated by the COVID-19 pandemic. In August 2021, Project ENACT was awarded a grant through the American Rescue Plan. Notably, 60% of these funds were specifically allocated to student stipends, with each eligible student receiving a stipend of $10,000 during their clinical training year. **You can find additional information on the Project ENACT here.**

Project ENACT integrated trauma-informed content throughout three clinical semesters (616 hours), combining:

- Didactic instruction delivered in four expert-led sessions
- Standardized Patient Experiences (SPEs) that simulate trauma-related scenarios
- Reflective assignments including process recordings, self-assessments, and faculty debriefing
- Capstone projects focused on evidence-based, trauma-informed practice
- Clinical placement

TRAUMA-INFORMED CARE

Trauma-Informed Care (TIC) is an approach to healthcare that recognizes the widespread impact of trauma and prioritizes safety, trust, collaboration, and empowerment in every patient interaction. Trauma can result from a range of experiences, including abuse, neglect, discrimination, systemic oppression, community violence, medical trauma, and

structural inequity. These experiences can have lasting effects on physical, emotional, and mental health. TIC provides a framework for understanding these impacts and adjusting clinical practice to avoid re-traumatization and support healing.

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) published an influential manual, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, which continues to serve as a foundational resource for healthcare providers and organizations nationwide. According to SAMHSA, becoming trauma-informed involves understanding the prevalence and broad impact of trauma, recognizing trauma's signs and symptoms in patients, families, staff, and organizational structures, responding by integrating trauma-awareness into all practices and policies, and actively resisting re-traumatization.

WHY IS TIC ESSENTIAL FOR PMHNPS?

Psychiatric-Mental Health Nurse Practitioners (PMHNPs) are on the front lines of care for individuals with complex emotional, psychological, and relational needs. Many clients receiving psychiatric services have current or past experiences of trauma, whether disclosed or not. A trauma-informed lens allows PMHNPs to:

- Recognize trauma responses in clinical presentations (e.g., anxiety, mistrust, dysregulation)
- Adapt assessments and interventions to reduce distress and increase patient control
- Build trusting, respectful relationships that support long-term engagement in care
- Approach challenging behaviors with curiosity and compassion rather than judgment
- Maintain awareness of their own exposure to secondary traumatic stress and build strategies for resilience

For PMHNPs, this means integrating trauma-informed principles into every aspect of care: from intake to diagnosis, treatment planning and documentation, to discharge, and interprofessional collaboration to supervision. Incorporating TIC into PMHNP training ensures that future providers can offer care that is not only clinically sound but also emotionally safe, culturally responsive, and person-centered.

TIC is not a specific treatment per se—it is about creating and maintaining a care environment that promotes healing and protects against re-wounding those entrusted to our care. Much like universal or standard precautions, effective TIC applies to everyone.

Using this Toolkit

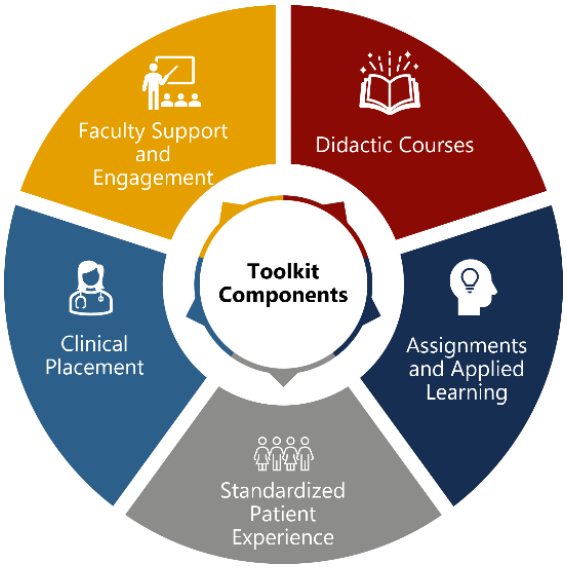
This toolkit brings together the key components of the ENACT model. It includes practical strategies, course content descriptions, student assignments, faculty support tools, and real-world implementation examples. Whether you are adapting trauma-informed content for your program or seeking ways to deepen student engagement in TIC, this resource is designed to offer clear guidance, ready-to-use tools, and lessons learned.

This toolkit is designed to be flexible and adaptable. You can use it as a complete curriculum model or pull individual components to enhance existing courses or clinical education programs. Each section is organized to help different users:

- Faculty and program leads can explore guidance on implementing didactic content, facilitating standardized patient experiences, supporting capstone projects, and integrating TIC into clinical supervision.
- Clinical preceptors will find suggested questions and resources to reinforce TIC during debriefings and fieldwork.
- Faculty can benefit from clearly defined learning objectives, sample assignments, and resources for applying TIC concepts in practice.
- Faculty and program staff can use the Trauma-Informed Care Curricular Mapping Tool to systematically integrate trauma-informed principles across didactic and clinical education.

Users can use this toolkit sequentially, following the Project ENACT model, or adapt it to fit their program's specific goals, timeline, and learner needs. Figure 1 provides an overview of the manual's key elements. Color coding and icons are included throughout to help guide you. Users can follow the manual step-by-step or skip directly to the sections most relevant to their work.

Figure 1: Project ENACT Toolkit Elements



The didactic components of the curriculum provide a structured foundation for understanding trauma and its impact on individuals and communities. Through a combination of lectures, class engagement, and problem-based learning (PBL), students build core TIC competencies that inform their clinical decision-making and practice. These foundational concepts are integrated throughout the practicum year and reinforced through complementary experiential learning opportunities.

SECTION QUICK LINKS
- Course Content
- Project Enact Resources and Examples
- Lessons Learned

LEARNING OBJECTIVES

Through lecture, class engagement, and problem-based learning, students will:

- Understand trauma and how it affects individuals, groups, communities, and cultures.
- Recognize the connections between trauma, adverse childhood experiences (ACEs), social determinants of health, oppression, and health risk.
- Review the physiology of the stress response and the effects of toxic stress and trauma.
- Learn core concepts for understanding traumatic stress responses in childhood and how to intervene effectively.
- Apply trauma-informed concepts to clinical decision-making using reflective practice and an understanding of theoretical and scientific foundations.
- Define secondary traumatic stress, identify who is at risk, and recognize organizational contributions and mitigation strategies.
- Emphasize the importance of self-care and supervision in TIC delivery.

COURSE CONTENT

The didactic content includes four 120-minute online class sessions, led by faculty and national trauma experts. These sessions combine lectures, interactive discussion, and problem-based learning. They are spaced out across the fall and spring semesters to support ongoing skill development. Project ENACT draws on the 12 Core Concepts of childhood trauma developed by the National Child Traumatic Stress Network (NCTSN) and reinforces the importance of cultural responsiveness, developmental sensitivity, and provider well-being in clinical practice. Additional course content is reflected below.

Guiding Principles/Core Values	Historical trauma
Trauma of racism & discrimination	Current systemic oppression
Secondary traumatic stress	Factors that enhance resilience
Childhood adversities & trauma types	Responding to trauma reminders
Reflection on race, culture, and identity	Effects of toxic stress & trauma
Lifespan developmental approach	Moving beyond ACES
Regulating stress response	Risk factors & recommended strategies
Trauma-sensitive organizations	

The didactic sessions also emphasize the six principles of TIC. The curriculum reinforces that these principles frame TIC practices and shape policies and systemic approaches to care, aiming to create environments where patients and staff can thrive and heal.

1. **Safety**: Ensuring physical and psychological safety for patients and staff.
2. **Trustworthiness and Transparency:** Cultivating transparency in decision-making and operations to build and maintain trust.
3. **Peer Support:** Promoting support through peer experiences to foster healing.
4. **Collaboration and Mutuality:** Encouraging partnership and leveling power differences between staff and patients.
5. **Empowerment, Voice, and Choice:** Prioritizing individual autonomy and empowering individuals to share their perspectives and make informed decisions.
6. **Cultural, Historical, and Gender Issues:** Recognizing and addressing the influence of cultural, historical, and gender-related experiences on trauma.

PROJECT ENACT RESOURCES AND EXAMPLES

This section explains how the didactic courses were implemented by Project ENACT, and includes links to documents, procedures, and resources used. Courses were facilitated by expert local or national trainers, using curriculum materials adapted from the National Child Traumatic Stress Network (NCTSN).

TIP: *Integrating didactic content into regular clinical debriefs and coursework helps reinforce TIC as a framework for psychiatric practice. This approach also helps bridge the gap between academic theory and real-world clinical applications.*

Project ENACT invited local NCTSN expert, Dr. Jody Manly, PhD, to "push in" to four 120-minute, online class sessions, across two semesters. These products can be adapted for your use by other academic programs.

- Trauma Effects on Children and Families and Trauma Responsive Care – Presentation 1
- Trauma Effects on Children and Families and Trauma Responsive Care – Presentation 2
- The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families

To help PMHNP students consistently apply TIC principles in clinical practice, faculty can actively integrate practical tools, language shifts, and reflective frameworks throughout didactic and clinical learning experiences. The strategies below support students in translating TIC principles into day-to-day decision-making with individuals, families, and interprofessional teams.

Teaching Toolbox: Supporting Students in Applying a Trauma-Informed Perspective	
Teaching Tool	**Suggested Application Exercise**
Shift the Question: Consider "What happened to?" vs. "What's wrong with?" those you encounter Encourage students to adopt a trauma-informed lens when gathering client histories or making clinical judgments. This simple shift in language fosters empathy, curiosity, and a nonjudgmental approach.	Have students role-play intake or assessment conversations where they intentionally apply this reframing. Use guided reflection afterward to explore how the shift affected the interaction and their own mindset.
Reframe Behaviors as Survival Responses Guide students to interpret behaviors like withdrawal, agitation, or aggression as possible trauma responses, not as signs of defiance or pathology. Reframing "non-compliant" or "difficult" behaviors as survival strategies helps students avoid punitive thinking and strengthens rapport-building.	Ask students during supervision, "What might this behavior be protecting the client from?" or "What unmet need could this behavior be signaling?"
The 3 E's of Trauma: Event, Experience, Effect Teach students to adopt a trauma-informed assessment framework using SAMHSA's 3 E's: • Event(s): What happened to the individual? • Experience: How did they interpret it? • Effect: What are the lasting consequences? This framework can guide students' thinking when exploring a client's mental health history, family dynamics, or responses to stress.	Ask students to write a brief reflective paragraph on how they would integrate the 3 E's into their clinical interviewing style or documentation practices.

Teaching Toolbox: Supporting Students in Applying a Trauma-Informed Perspective	
Teaching Tool	**Suggested Application Exercise**
The 3 R's of Responding to Trauma When addressing signs of distress, dysregulation, or trauma activation, students can be taught to anchor their responses around the 3 R's: • **Reassure** – Offer safety, predictability, and calm presence. • **Return to Routine** – Re-establish structure and normalcy. • **Regulate** – Use co-regulation techniques and model emotional regulation.	Incorporate scenarios or classroom cases that require students to demonstrate use of the 3 R's in response to client distress or escalating behaviors.
The Invisible Suitcase Metaphor Use the metaphor of the "Invisible Suitcase" to help students understand how children—and adults—carry unseen emotional burdens shaped by trauma. These "suitcases" are filled with beliefs, fears, and expectations that shape behavior and relationships.	Ask students to imagine what might be in a client's "invisible suitcase" and how that influences their engagement, trust, or behavior in clinical settings.

LESSONS LEARNED

Embedding structured TIC questions into preceptor debriefings improves learning integration. When preceptors intentionally incorporate TIC questions into debriefings, students are more likely to make meaningful connections between classroom content and clinical experience. These structured questions help students pause, reflect, and analyze their encounters through a TIC lens. They also help to diminish the theory-practice gap that students often face when leaving the classroom for the clinic.
Students and faculty benefit when TIC is framed not only as a theory but as a lens for clinical reflection, assessment, and intervention. Framing TIC as a way of *seeing*, *interpreting*, and *responding* to patient behavior and clinical systems allows students to apply it practically, whether conducting a psychiatric evaluation, engaging in reflective journaling, or navigating ethical challenges. This can be connected to the perspective and heuristic device examples.
Each course should clearly identify how TIC is applied, using relevant clinical examples. Faculty should identify where trauma-informed principles intersect with course content, embedding real-world clinical examples (e.g., how trauma might influence medication adherence or how power dynamics play out in inpatient settings) helps students see the relevance of TIC to all areas of practice.

Assignments in the Project ENACT curriculum are structured to assist students in incorporating TIC into clinical decision-making, self-reflection, communication, systems thinking, and scholarly inquiry. Spread across three semesters, these activities provide structured opportunities for students to deepen their understanding of TIC while building the competencies expected of PMHNPs. Each assignment reinforces core principles of TIC while encouraging students to examine their role in fostering safe, compassionate, and culturally responsive environments for care delivery.

LEARNING OBJECTIVES

SECTION QUICK LINKS

- Assignments
- Project Enact Resources and Examples
- Lessons Learned

Through the course assignments, students will be able:

- Apply trauma-informed and culturally responsive principles to an identified clinical or systems-level issue, demonstrating competencies in leadership, ethics, and policy.
- Present a trauma-informed scholarly project in poster format, demonstrating the ability to communicate key findings and implications to peers, faculty, and clinical preceptors.
- Analyze clinical interactions through detailed process recordings that demonstrate awareness of therapeutic use of self, communication strategies, and trauma-informed responses.
- Engage in structured reflection using experiential learning models to process clinical experiences, identify learning moments, and translate insights into clinical growth.
- Conduct and document comprehensive psychiatric evaluations that integrate trauma-informed assessment, diagnostic reasoning, and care planning based on clinical practicum experiences.
- Demonstrate professional insight and emotional awareness through reflective journaling, including recognition of secondary traumatic stress (STS), ethical dilemmas, and identity formation as a trauma-informed provider.
- Synthesize current trauma-informed literature and clinical experience to guide reflective discussion and peer learning throughout didactic and practicum experiences.

ASSIGNMENTS

Capstone Project

The Capstone Project is a three-semester scholarly project that helps students grow as leaders and explore clinical or systems-level questions through a trauma-informed lens. In the first semester, students choose a topic and write a clinical question using the PICOT format, along with an annotated bibliography. In the second semester, they write a synthesis paper that builds on what they've learned. By the third semester, students turn

their work into a conference-style poster, submit it for a national presentation, and share it with peers, faculty, and preceptors. Students are encouraged to focus on topics related to trauma, equity, resilience, and culturally responsive care.

Process Recording

The Process Recording assignment gives students a chance to reflect on their interaction with a standardized patient. Students describe the conversation, apply a therapeutic approach, and reflect on how they communicated and responded. This helps students think about how they show up in clinical settings, not just what they say or do, but how they connect and engage.

Guided Reflection

In the Guided Reflection, students write about a clinical experience that involved trauma or showed TIC in action. Using a step-by-step reflection process, students think about what happened, how it affected them, and what they learned. This helps students understand how trauma impacts both patients and providers and how to adjust their care in response.

The **PICOT format** is a structured framework used to develop focused clinical research questions. It's especially useful for evidence-based practice, helping clinicians and students translate a clinical issue into a searchable question that can guide literature reviews and inform care decisions.

Population: Who is the patient or population of interest?

Intervention: What is the intervention, treatment, or exposure you are considering?

Comparison: What is the alternative to the intervention (if applicable)? This could be a placebo, a different treatment, or no treatment.

Outcome: What are the measurable effects you hope to examine? (e.g., symptom reduction, quality of life, adverse events)

Time: Over what period of time will the outcomes be measured? (e.g., six months, one year)

Systems Evaluation

The Systems Evaluation assignment helps students look at the bigger picture. Students choose a clinical setting (like an outpatient clinic or inpatient unit) and assess how trauma-informed the environment is. They explore ways that PMHNPs can improve systems through collaboration, education, and advocacy. Students share their findings in seminar discussions.

Comprehensive Psychiatric Evaluation

Each semester, students also complete a Comprehensive Psychiatric Evaluation based on a case from their practicum. This includes patient history, assessment, diagnosis, and a TIC plan. Students apply theory and clinical judgment to create thoughtful, patient-centered treatment plans. These evaluations help students build and show progress in their TIC skills over time.

Reflective Journaling

Students complete Reflective Journaling to process their experiences and emotions. Using prompts about TIC, secondary trauma, and professional identity, students write short entries that are submitted privately. Some themes may be discussed anonymously in the seminar. Journaling gives students a safe space to reflect, build insight, and care for their emotional well-being.

Supplemental Readings and Student Contributions

Throughout the program, students are introduced to selected texts that deepen their understanding of trauma-informed practice. They are also invited to share articles or resources that align with their interests. These readings enrich class discussions and inform assignments across the didactic and clinical experiences. Example readings include:

- Forkey, H.C., et al. (2021). *Childhood trauma & resilience: A practical guide*
- Sweeney, A., et al. (2018). *A paradigm shift: relationships in trauma-informed mental health services*
- Wheeler, K. (2022). *What do psychiatric nurse practitioners need to know about trauma?*
- Wheeler, K., & Phillips, K.E. (2021). *Development of trauma and resilience competencies for nursing education*

PROJECT ENACT RESOURCES AND EXAMPLES

This section includes resources and materials used by Project ENACT. These products can be adapted for use by other academic programs.

- Capstone Project Instructions
- Assignment Checklist
- Clinical Poster Rubric
- Supporting Trauma-Informed Clinical Supervision

LESSONS LEARNED

Introduce the TIC Lens Early in the Capstone Process: Guiding students to apply a trauma-informed perspective when selecting their capstone topic and formulating their PICOT question helps embed TIC thinking from the outset, reinforcing TIC as a way of working and thinking.
Revise Assignments for Better Alignment with NP Training: Students struggled with traditional process recordings, which increased faculty workload and created disconnects with NP program norms (where such recordings are less common than in Clinical Nurse Specialists or therapy-focused tracks). Shifting to reflective journaling proved more effective and allowed students to engage more personally and consistently with TIC concepts.
Embed TIC in Assignment Instructions and Rubrics: To ensure consistent application of TIC principles, faculty found it necessary to incorporate TIC language and expectations into assignment directions and grading rubrics. Without this clarity, students often miss opportunities to reflect on or apply trauma-informed approaches in their work.
Frame TIC as a Core PMHNP Competency: Framing TIC as a fundamental part of PMHNP competency development helped students view it as essential, not optional. Early introduction to coursework and reinforcement throughout clinical courses were key to normalizing trauma-informed practice as a professional standard. Collaboration with faculty from other NP specialties helped embed TIC principles in core professional courses (e.g., advanced health assessment, diagnostic reasoning), which students take even earlier in their programs.

The Standardized Patient Experience (SPE) is a core experiential learning component of the curriculum. SPE provides an opportunity to engage with a realistic, developmentally appropriate, and emotionally complex scenario that unfolds across two encounters. Students apply TIC principles in simulated mental health visits conducted either in-person or via telehealth. This experiential component is designed to help students integrate foundational TIC competencies —including empathic engagement, symptom assessment, grounding techniques, collaborative care planning, and attention to safety— into practice.

SECTION QUICK LINKS
- Implementation of the SPE
- Structure of the Experience
- Project Enact Resources and Examples
- Lessons Learned

LEARNING OBJECTIVES

The SPE provides students with a structured opportunity to:

- Apply the 12 Core Concepts of Trauma-Informed Care, including recognizing the impact of trauma, fostering safety, and promoting youth empowerment and cultural responsiveness.
- Demonstrate empathic engagement and build therapeutic rapport with an adolescent patient.
- Conduct a focused trauma-informed mental status exam (MSE) that explores presenting symptoms, emotional regulation, family context, and risk factors without re-traumatizing the patient.
- Practice sensitive administration of the Child PTSD Symptom Scale (CPSS-5) or similar screening tools.
- Offer developmentally and culturally appropriate treatment options while supporting patient autonomy in decision-making.
- Discuss next steps, including safety planning, follow-up care, and referrals to trauma-specific therapy if indicated.

IMPLEMENTATION OF THE STANDARDIZED PATIENT EXPERIENCE

The implementation of the SPE follows a structured and collaborative process to ensure alignment with TIC principles, educational standards, and student learning goals. Each simulation session is designed to provide a psychologically safe, developmentally appropriate, and realistic learning environment.

Structure of the Experience

The SPE features a recurring patient scenario of a patient navigating increasing psychological distress. Each encounter is:

- 30 minutes long, during which students conduct a patient-centered psychiatric evaluation.
- Followed by a 7-minute feedback session with the standardized patient (SP), who provides structured, patient-perspective feedback on the student's TIC approach.
- Anchored in the Association of Standardized Patient Educators (ASPE) Standards of Best Practice and the International Nursing Association for Clinical Simulation and Learning (INACSL), ensuring psychological safety, realism, and educational alignment.

Trauma Screening and Assessment Tool

Child PTSD Symptom Scale for DSM-5 (CPSS-SR-5) as part of the simulation. This allows practice in introducing structured assessment tools in a sensitive, non-triggering manner. The pros and cons of screening are discussed as part of this process. Project ENACT created a sample CPSS-SR-5 for the SP/actor training to ensure that they answer the questions consistently.

Facilitator Process

SPE Facilitators greet students, provide logistical guidance, and reinforce the purpose of the SPE as a practice opportunity. Facilitators manage the session flow and ensure transitions between evaluation and feedback occur smoothly and within the allotted time.

Standardized Patient (SP)/Actor Training

The success of the SPE relies on the careful preparation of an SP/actor who can authentically portray patients with emotional complexity while providing structured, trauma-informed feedback to learners. SPs are trained not only in character development but also in delivering feedback aligned with trauma-informed principles and clinical learning objectives.

SPs are trained using the Association of Standardized Patient Educators (ASPE) Standards of Best Practice. Their training should emphasize their character identity, their character's clinical presentation, and maintaining emotional authenticity. The SPs are also trained to provide structured feedback to students.

Feedback Process

The facilitator conducts reflective debriefs post-session to reinforce learning and offers additional support. SP feedback is organized into five trauma-informed domains:

- Empathic and Non-Anxious Presence – Conveying calm, active listening, and sensitivity.
- Pacing, Focus, and Shared Leadership – Balancing clinical goals with relational rapport.
- Assessment of Symptoms and Concerns – Gathering only necessary information while explaining the rationale clearly.

- Grounding and Coping Strategies – Introducing calming techniques in a supportive way.
- Safety, Resources, and Follow-Up – Discussing risk, autonomy, and next steps collaboratively.

SPs use detailed rubrics to guide their feedback, ensuring consistency and clarity. Students may also reflect and ask questions during this time.

PROJECT ENACT RESOURCES AND EXAMPLES

This section outlines the overall structure and flow of the SPE, including preparation, scheduling, session format, and debrief procedures, as implemented by Project ENACT. It is designed to help faculty integrate trauma-informed simulation into clinical courses.

Scenario

The SPE centers on Teri, a high school senior who self-identifies as female (she/her) and is navigating increased psychological distress, social disconnection, and unresolved trauma-related symptoms. Her story evolves across two simulated clinical sessions at a school-based health center (SBHC):

- **Session One** (Fall, senior year): Teri presents with a new onset of recurring nightmares, anxiety, and depression. She describes feeling "spaced out," disconnected from peers, and angry about being placed in a new private school. She recently experienced a painful breakup with her girlfriend and struggles with family invalidation of her sexual identity. While she is new to mental health services, she has received prior routine care at the SBHC.

- **Follow-Up Session** (Spring, senior year): Teri returns after a missed appointment, now reporting worsening symptoms including frequent headaches, stomachaches, difficulty sleeping, and low appetite. Though her physical exam and labs were normal, she continues to feel "way more distressed." Her symptoms appear exacerbated by a recent visit from her brother and her growing anxiety about the future. She has been accepted to college and is both excited and overwhelmed. She is unsure about treatment, curious about medications, and increasingly burdened by somatic and psychological distress. Ambiguity surrounds her trauma narrative, with disturbing dreams and discomfort around her brother's presence at home.

Implementation Process

Standardized Patient/Actor Training: This document provides standardized patient (SP) actors with guidance on their role in trauma-informed simulations. It includes character backstory, emotional tone, communication strategies, and structured feedback procedures to ensure SPs deliver consistent, educationally rich experiences for students.

- Sample CPSS-SR-5 for the SP/actor training

Facilitator Procedures (In-Person & Zoom Versions)

In-Person Procedures: Step-by-step instructions for faculty facilitators conducting in-person simulations. Includes guidance on pre-briefing students, managing session timing, coordinating actor feedback, and ensuring recording access.

- Scheduling Email Template for in-person sessions

Zoom Procedures: Adapted for virtual simulations, this version includes tips for using Zoom effectively, managing session flow remotely, and maintaining professionalism in a virtual environment.

- Scheduling Email Template for Zoom sessions

Assessment

Project ENACT Trauma-Informed Care Feedback Procedures: This document guides SP actors in delivering structured, student-centered feedback aligned with TIC principles. It includes a suggested script, timing prompts, and reflective prompts across five domains of trauma-informed interaction. The document ensures feedback delivery is consistent, constructive, and pedagogically sound.

Standardized Patient Feedback Forms (Session 1 & Follow-Up)
Each form is tailored to the session format (in-person or Zoom) and provides detailed, rubric-based observation criteria from the SP's perspective.

Session One Feedback Forms

- In Person
- Zoom

Follow-Up Session Feedback Forms

- In Person
- Zoom

Guided Reflection Assignment
This structured reflection assignment is completed by students following their first SPE. Designed to deepen learning and support integration of TIC principles, the assignment guides students through a five-part reflection process based on experiential learning theory. It encourages self-awareness, critical thinking, and connection to course concepts.

Interprofessional Education (IPE)

In the final year of Project ENACT, we were able to include a pilot group of six MSW interns who completed learning activities along with our PMHNP students. The modifications to the SPE can be found below. You can also contact susan_blaakman@urmc.rochester.edu for more information about IPE planning and opportunities.

- Teri Scenario 1 for IPE
- Teri Scenario 2 for IPE

LESSONS LEARNED

Scenario Development and Actor Training Are Critical: Investing time to thoughtfully develop trauma-informed scenarios and thoroughly train standardized patients (SPs) is essential. Well-prepared actors improve the realism and educational value of the SPE. This takes time and resource allocation. Organizations can be creative (e.g., engage actors from campus theater departments) as long as standards are upheld. Debriefing offers an opportunity for learning, not only for the student but also for the actors, by exploring each person's perspectives.
Faculty Preparation and Involvement Matters: Faculty must feel confident and well-prepared before facilitating SPEs. Comprehensive pre-briefing, including scenario goals, TIC reminders, and de-escalation strategies, strengthens faculty comfort and ensures student support.
Real-Time Observation and Debriefing Enhances Learning: Although it requires coordination, having faculty directly observe student-SP encounters and immediately debrief with students proved more effective than asynchronous debriefs. This structure helped clarify feedback, reinforced trauma-informed principles, and supported student reflection.
Technology Platforms Can Work Well—With Structure: Conducting SPEs via Zoom was successful. Recording sessions and storing them securely on platforms like Box enabled both student and faculty review. However, clear protocols for scheduling, recording access, and consent are needed.
Scheduling Changes Can Disrupt Learning Flow: Student-initiated changes to their SPE time slots created logistical and continuity challenges. A structured, enforced scheduling system is necessary to maintain the integrity of the experience.

Project ENACT has strategically structured clinical experiences to enhance students' TIC competencies with support and thoughtful oversight. Central to this approach is an experienced clinical faculty coordinator who carefully selects and evaluates clinical sites and preceptors, specifically assessing the availability and quality of TIC learning opportunities.

LEARNING OBJECTIVES

By participating in Project ENACT's clinical experiences, students will be able to:

- Demonstrate clinical competence in applying TIC strategies across diverse patient interactions and clinical settings.
- Effectively document and critically evaluate clinical activities to support continuous professional development in trauma-informed practice.
- Engage actively in peer and faculty discussions during biweekly role seminars, applying trauma-informed principles to case analysis and self-reflection.
- Identify and manage secondary traumatic stress through participation in supportive seminar environments and application of provided resources.
- Provide thoughtful evaluations of clinical sites and preceptors, highlighting strengths and identifying areas for growth to enhance TIC learning experiences.

IMPLEMENTATION

Clinical placements span New York State and reflect student input to ensure alignment with their interests and career goals. Most precepted hours are supervised by experienced PMHNPs. Meaningful interprofessional experiences with physicians, social workers, physician assistants, and therapists from various disciplines also enrich student learning.

Engaging Clinical Preceptors

Engaging clinical preceptors and equipping them with practical tools can deepen students' clinical understanding of trauma-informed care and reinforce the self-awareness and reflective practice foundational to PMHNP care. Effective strategies to engage and support preceptors might include:

- **Preceptor Orientation or Workshops**: Offer targeted TIC training that highlights core principles, common student challenges, and examples of how to apply TIC in real-time clinical encounters.
- **Midpoint Check-ins**: Schedule structured conversations between faculty and preceptors mid-placement to assess student progress, clarify expectations, and adjust learning goals.
- **Feedback Loops**: Create channels for preceptors to give and receive feedback on how TIC is being integrated, both in student behavior and in preceptor teaching strategies.
- **Recognition and Continuing Education Credits**: Acknowledge the role of preceptors in advancing trauma-informed practice by offering CEUs or certificates of completion for TIC engagement.

To reinforce and augment their clinical practice, students also:

- Document their clinical hours and activities, facilitating ongoing review and feedback from clinical faculty.
- Participate in biweekly virtual role seminars in small groups, facilitated by clinical faculty trained through dedicated faculty development initiatives. These seminars incorporate TIC didactic content, robust discussions of patient cases, professional role exploration, and practical application of trauma-informed strategies. Role seminars count toward indirect clinical hours, adding approximately 12–14 hours per semester to student experiences.
- Receive and submit midterm and final evaluations assessing clinical skill growth.

LESSONS LEARNED

Address Placement Challenges Proactively: Staffing and scheduling limitations at clinical sites can disrupt consistent student experiences. It's essential to diversify and expand partnerships to ensure students have reliable access to TIC-focused preceptors and clinical placements aligned with their educational goals.
Engage Preceptors to Improve Preparedness in TIC: Preceptors knowledgeable in TIC might still need additional support to effectively articulate and demonstrate TIC approaches to students. Providing structured training and clear resources for preceptors helps bridge gaps and strengthens their ability to guide students.
Strengthen Faculty Support and Guidance: Clinical faculty play a pivotal role in bridging theoretical TIC concepts to practical clinical experiences. They need intentional preparation and structured guidance to reinforce TIC connections in student learning consistently.
Improve Tracking and Feedback Mechanisms: Tracking of trauma-informed clinical experiences is necessary to assess student progress accurately. Enhancing documentation practices to clearly reflect TIC-related activities will improve faculty feedback, support targeted learning, and facilitate continuous program improvement.

Faculty Development and Support

Embedding TIC into PMHNP education requires more than a curriculum change. It also means a shift in how educators think and teach. Faculty are not just instructors; they are role models, clinical guides, and emotional supports for students. To do this well, they need support to build their own understanding of trauma, reflect on their teaching, and manage the emotional impact of covering difficult topics.

SECTION QUICK LINKS

This section supports faculty in building the knowledge, confidence, and reflective skills needed to integrate TIC across all levels of PMHNP education. It provides resources for deepening understanding of trauma concepts, tools for clinical supervision, and opportunities for faculty reflection and development.

TIP: Without adequate support, educators may experience uncertainty in integrating TIC content, difficulty navigating students' emotional responses, or secondary traumatic stress (STS) from engaging with trauma-related material. Building institutional and individual faculty capacity is essential to ensure sustainability, consistency, and alignment with trauma-informed principles across the educational environment.

STRATEGIES FOR FACULTY DEVELOPMENT AND SUPPORT

Onboarding and Faculty Development

Faculty need structured, ongoing support to integrate TIC into academic programs successfully. This begins with a strong onboarding process and continues through regular professional development, wellness practices, and a trauma-responsive workplace culture. Beyond the initial onboarding and sharing of content, ongoing learning opportunities may include:

- Quarterly trauma-informed teaching circles
- Guest lectures from national trauma experts
- Case-based discussions
- Models of reflective supervision or peer coaching

These activities help faculty stay current, share ideas, and refine their trauma-informed teaching practices over time.

Secondary Traumatic Stress (STS) Mitigation

STS is a real occupational risk. Faculty can be exposed to trauma vicariously through student stories or clinical debriefings.

Faculty benefit from wellness frameworks like the PRN model—Pause, Reset, Nourish, and from trauma stewardship principles that promote self-awareness and healthy boundaries.

Open conversations about the emotional impact of teaching trauma-related content should be encouraged, along with access to wellness planning tools and peer debriefing opportunities.

Tools and Resources for Teaching TIC

Faculty also need practical tools and resources to teach TIC effectively. These may include:

- Sample case studies
- Classroom exercises
- Trauma-informed lesson templates

Discussion guides can help address complex issues like identity, power, and race, while rubrics and sample language support consistent, respectful student engagement, especially when sensitive topics arise.

SUGGESTED RESOURCES

Project ENACT used the following resources and materials to help faculty understand and teach TIC at both individual and organizational levels.

Presentation: Integrating Trauma-Responsive Care into Nursing Training
This presentation, led by Dr. Jody Todd Manly and Dr. Alisa Hathaway offers a comprehensive exploration of trauma-responsive care and its integration into nursing education and clinical practice.

SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach
A resource designed to help organizations translate trauma-informed principles into concrete, actionable strategies. Grounded in SAMHSA's six key principles—safety, trustworthiness and transparency, peer support, collaboration, empowerment, and attention to cultural, historical, and gender issues—the guide offers practical steps for embedding TIC across all levels of an organization.

National Center for Relational Health and Trauma-Informed Care
The National Center for Relational Health and Trauma-Informed Care serves as a centralized, trusted source for the latest information and resources to support the implementation of trauma-informed care in all pediatric health care delivery settings.

CCSI/AHP Trauma-Informed Primary Care video series

This introductory training series orients individuals working in clinical settings towards a TIC approach. Each short video includes a discussion guide to help clinical teams (or student groups) integrate the material presented. Content includes an exploration of how trauma is often at the center of an individual's personal or work problems, mental health challenges, substance use, physical health issues, and/or criminal justice involvement. The series was created by Coordinated Care Services, Inc. in collaboration with Accountable Health Partners through a grant-funded project (7/1/21-6/30/23) sponsored by the University of Rochester Medical Center.

Jennifer Freyd, PhD, is the Founder and President of the Center for Institutional Courage, Inc. Their website includes a variety of resources and publications. You can find her video on Betrayal Trauma and Institutional Courage here: Intro video.

Dr. Sandra Bloom is a Board-Certified psychiatrist and the founder of Creating Presence, an online organizational approach for creating trauma-informed systems. Her website includes a variety of resources, including:

- Creating Trauma-Informed Systems: Creating Presence | Podcast episode
- Founder, Creating Presence: An online organizational approach for creating trauma-informed systems

The TEND Academy is a training organization that provides training and resources that support helping professionals to understand and address the natural consequences of working in stressful, trauma-informed environments. The tools and resources shared include an emphasis on compassion fatigue and workforce sustainability.

NCTSN: Secondary Traumatic Stress Core Competencies for Trauma-Informed Support and Supervision (2022): This resource identifies the core competencies that STS-informed supervisors in any discipline should have. This fact sheet defines terms, outlines benchmarks for each competency, and offers supervisors guidance on ways to better support their staff.

SUPPORTING TRAUMA-INFORMED CLINICAL SUPERVISION

Trauma-informed supervision helps students process complex clinical situations while promoting psychological safety and reflective growth. Consider the following reflection questions to support students through this process. Use these questions in one-on-one supervision or group seminars to build student insight and foster clinical confidence.

- Where do you see TIC being practiced well in your clinical site? What is your evidence of TIC?
- What clinical practice opportunities were missed where drawing upon the principles of TIC would have improved patient/staff experience and potentially outcomes of care?
- What do you think keeps clinicians from practicing more consistently using a TIC/trauma-responsive lens?
- What helps you keep trauma front and center as you assess and intervene with patients and interact with colleagues?
- Where do you find yourself stuck in effectively employing the principles of TIC/trauma-responsive care?
- Think of a patient where trauma may not have been readily obvious at the outset of your work with the patient, but where you think drawing from the principles of TIC ended up helping you work more effectively with the patient.

FACULTY REFLECTIVE PRACTICE & PEER LEARNING

To foster ongoing faculty growth, programs can encourage regular reflection and conversation using questions such as those below. Encouraging peer discussion around these prompts helps normalize TIC integration and highlights effective strategies from colleagues.

- Describe experiences where you were able to successfully integrate the principles of TIC into your work with students. What strategies have you used to keep a trauma perspective relevant throughout the courses you teach?

- What impressions do you have of how students' clinical practice experiences include coaching from mentors about TIC?

    - Have you communicated with preceptors about the importance of integrating TIC into students' clinical experiences?
    - How have preceptors responded? Professional development implications for preceptors?

- How confident do you feel in incorporating a trauma perspective into the content areas you teach?

- What do you think would help you feel more confident?

- Can you identify colleagues who you think do a good job of incorporating TIC into their teaching? What strategies do they use that you think are effective?

- Describe a teaching experience where, in retrospect, it would have been helpful to emphasize a trauma-informed/responsive approach than you did at the time. If you were to have that experience again, what would you do differently?

- Describe experiences with students where they asked you questions regarding trauma-informed/responsive care, and you struggled to answer, or where you wish you could have answered more helpfully?

- TIC is a way of seeing and being in clinical practice, but often it is confined to the specific interventions provided for patients with identified trauma histories. Do you agree and if so, why do you think this is the case?

ADDITIONAL FACULTY SUPPORT RESOURCES

- Borders, L. D., et al. (2023). Trauma-informed supervision of trainees: Practices of supervisors trained in both trauma and clinical supervision. *Traumatology*, 29(2), 125–136.
- Brewer, K. C., et al. (2024). Organizational trust breaches among nurses and aides. *Nursing Ethics*, 31(8), 1524–1536. DOI: 10.1177/09697330241230520.
- Christl, M. E., et al. (2024). Institutional Betrayal: A Scoping Review. *Trauma Violence Abuse*, 25(4), 2797–2813.
- Nguyen-Feng, V. N., et al. (2025). Trauma-informed care: A systematic review. AHRQ Publication No. 25-EHC007.

LESSONS LEARNED

Build on What Faculty Already Do: Many faculty already incorporate elements of TIC in their teaching and supervision, even if they don't label it as such. Framing TIC as a way of "connecting the dots" (e.g., between highly empathic, person-centered care and TIC) rather than adopting something entirely new fosters buy-in, validates existing practices, and builds confidence.
Use Reflective Supervision to Surface TIC in Action: Introducing reflective supervision questions early in the program helps faculty recognize trauma-informed moments in real time. These prompts encourage faculty to pause, reflect, and name how TIC principles show up in clinical education, both in student interactions and system-level observations.
Emphasize Alignment, Not Addition: Faculty are more likely to embrace TIC when it's positioned as an enhancement to their current approach rather than an added burden. Integration of TIC with student support faculty in reaching their teaching goals because learning environments that are trauma-responsive tend to strengthen teaching effectiveness, deepen student engagement, and support the development of clinical competence.
Support Staff to Avoid Trauma/Re-Traumatization: Encourage faculty to highlight opportunities for TIC debriefs when traumatic events occur during patient care.

Appendix A: Competency Alignment

This Trauma-Informed Care (TIC) Curricular Mapping Tool was developed to support PMHNP programs in systematically integrating trauma-informed principles across didactic and clinical education. Organized by the ten National Organization of Nurse Practitioner Faculties (NONPF)[1] domains of nurse practitioner core competencies, this tool enables faculty to identify where TIC concepts are introduced, reinforced, and mastered throughout the curriculum. It aligns with the American Association of College Nursing (AACN) Essentials[2] and the NONPF competencies with Project ENACT's core learning activities—such as standardized patient experiences (SPE), reflective supervision, and capstone projects—to ensure that trauma-informed frameworks are not isolated lessons, but integrated elements of student growth and professional identity formation.

Note: This tool works best when downloaded and used in Excel.

According to NONPF, PMHNPs are educated to deliver holistic, trauma-informed care through psychotherapy, medication management, and collaborative partnerships that enhance mental health and optimal functioning. This document supports that vision by guiding faculty to embed trauma-informed approaches into each stage of the learning process, reinforcing the foundational principles of resilience, healing, and ethical practice. It matters because it equips the faculty with a practical, competency-based roadmap for preparing future PMHNPs to care for individuals, families, and communities with compassion, self-awareness, and a deep understanding of trauma's impact across the lifespan.

[1] National Task Force on Quality Nurse Practitioner Education. (2022). Standards for quality nurse practitioner education (6th ed.). [Document]. Retrieved from American Association of Colleges of Nursing (AACN).

[2] American Association of Colleges of Nursing. (2021). The Essentials: Core competencies for professional nursing education. Accessible online: https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf

APPENDIX B: GLOSSARY

Adverse Childhood Experiences (ACEs): Potentially traumatic events that occur in childhood (0–17 years), such as abuse, neglect, or household dysfunction. ACEs can have lasting negative effects on health, well-being, and development across the lifespan.

Culturally Responsive: An approach that acknowledges, respects, and incorporates the cultural backgrounds, identities, and experiences of individuals to provide equitable and effective care, education, or services.

Emotional Regulation: The ability to monitor, evaluate, and modify emotional reactions in a way that allows for goal achievement and mental well-being.

Historical Trauma: Cumulative emotional and psychological harm experienced by communities and passed down across generations as a result of significant historical oppression, violence, colonization, or stigma.

Mental Status Exam: A structured assessment tool used by clinicians to evaluate a person's cognitive, emotional, and behavioral functioning. It includes observations about appearance, mood, thought processes, orientation, and memory.

Organizational Trauma: The collective impact of traumatic events on a company or organization, impacting its culture, relationships, and ability to function effectively.

Problem-Based Learning: An instructional method in which students learn through the structured exploration of complex, real-world problems, promoting critical thinking, self-directed learning, and collaborative skills.

Psychiatric-Mental Health Nurse Practitioner (PMHNP): An advanced practice registered nurse (APRN) who assesses, diagnoses, and treats mental health conditions. PMHNPs provide psychotherapy, prescribe medications, and support recovery across the lifespan.

Reflective Learning: An active process where learners critically evaluate their experiences to gain insights, connect theory to practice, and improve future actions.

Reflective Practice: The regular, intentional examination of one’s own professional actions and decisions to foster personal and professional growth and improve care quality.

Secondary Traumatic Stress (STS): Emotional duress experienced by individuals exposed to the trauma of others, often seen in helping professions. Symptoms can mirror those of post-traumatic stress disorder (PTSD).

Standardized Patient Experience: A structured learning activity in which students interact with trained individuals (actors) simulating real patient scenarios to practice and be assessed on clinical skills, communication, and decision-making.

Therapeutic Approach: A method or strategy used in clinical settings to support a client's emotional, psychological, or behavioral healing and growth. Examples include cognitive-behavioral therapy or trauma-informed approaches.

Toxic Stress: Strong, frequent, or prolonged activation of the body's stress response system without adequate support, which can negatively affect brain development, learning, and overall health.

Trauma: An emotional response to a distressing or disturbing event that overwhelms an individual's ability to cope, often resulting in lasting psychological impact.

Trauma-Informed: A framework that recognizes the prevalence and impact of trauma and incorporates that awareness into all aspects of service delivery to avoid re-traumatization and promote healing.

Trauma-Informed Care (TIC): An approach in health and social services that integrates knowledge about trauma into policies, procedures, and practices. TIC emphasizes safety, trustworthiness, collaboration, empowerment, and cultural humility.