



# Healing Healthcare Trauma: Tools for Nurses and People Who Care

*Featuring Kathy Allan*

*Registered Nurse and Founder of Trauma-Free Nursing*

***Dispatcher:*** 911, what's your emergency?

***Caller:*** America's healthcare system is broken and people are dying!  
(ambulance siren)

Welcome to **Code WACK!**, where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**. This time on **Code WACK!** How can healthcare-related trauma affect nurses and patients? What can be done about this on an individual and a systemic level? We recently spoke to Kathy Allan, a registered nurse by training and founder of the new program, Trauma-Free Nursing.

Welcome to Code WACK! Kathy.

**(00:37):**

**Allan:** Thank you. It's wonderful to be here.

[\(00:40\)](#):

**Q:** *You have such a diverse and interesting background. You're a board-certified holistic nurse with special training in trauma and you also have a background in theater and in standup comedy. Tell us a bit more about yourself and especially how you got interested in trauma.*

[\(00:54\)](#):

**Allan:** I've been a nurse for a very, very long time. I started out my nursing career before managed care, before the for-profit industry took over health care. I've had experience in practically every area of nursing. My favorite area was to work in psych and most of my experiences are either in psych or in chemical dependency. In the 1990s, I heard about the American Holistic Nurses Association and about a brand new approach to healing called healing touch, which was energy healing, and so I'm one of the early adapters for that and I became an instructor in the Healing Touch Program.

And then in the late '90s, I was working at a hospital in California, in La Jolla, a very prestigious hospital. They made some huge changes, which were very concerning to me, which I didn't think were ethical as far as putting everybody in scrubs, whether you were a receptionist, whether you worked for housekeeping or even in the maintenance department – everybody was wearing scrubs.

[\(02:01\)](#):

**Q:** *Wow. What was that about?*

[\(02:02\)](#):

**Allan:** I figured out this is a very clever way to fool patients into thinking there were more nurses at the hospital than what there really were.

[\(02:10\)](#):

**Q:** *How did this affect patients?*

[\(02:12\)](#):

**Allan:** I looked out the window one day and I saw a housekeeping lady who I had known for years. She was in scrubs helping a new mom to the car with her new baby and that has always been traditionally a nursing role, just in case something were to go wrong, that baby would be protected, but no, the hospital had the cleaning lady taking this baby down to the car.

[\(02:36\)](#):

**Q:** *Mmmm. How did this affect you?*

[\(02:38\)](#):

**Allan:** So I thought I can't work in this kind of a situation. It would compromise me too much. So I quit, and then at about the same time, my own trauma started to emerge from my childhood. I thought, you know, I need to heal myself and I need to learn everything I can about trauma so I took multiple courses. I graduated from the three-year Somatic Experiencing International Trauma Institute and then I became an assistant in their training program. They trained therapists how to work with PTSD. From there. I took another two-year course in working with PTSD and working in the body, how to release it from the body, which was fascinating.

Then from there, I took two courses to teach people how to work with developmental trauma. Those are the wounds that we get in our families when we come into this world and it's not always because we have bad families. It could be because maybe there was a terribly difficult delivery or the child ends up in the Neonatal Intensive Care Unit, or maybe one of the parents has gone off to the military and there's just stress in the environment.

[\(03:49\)](#):

So I learned everything I could about developmental trauma. During this time, I had a private practice, but I quit doing my private practice because I felt like if I've got a lot of trauma in my system, I don't want to expose my patients to that kind of trauma in their own energy field. So I didn't really work much. I just mostly focused on learning everything I could about trauma and healing myself and then from there, you know, I'm hearing all the stories that we're all hearing about nurses being burned out and exhausted, and then being called heroes for the way that they're working and it occurred to me that the terms burned out and exhausted are really cover words for abuse and exploitation, and that calling nurses heroes is really a cover word for violence against women.

[\(04:42\)](#):

**Q:** *Interesting. Say more about that.*

[\(04:45\)](#):

**Allan:** I know there's a lot of men who are in the nursing profession, but the nursing profession is predominantly women and I think that has given the decision makers

permission to go ahead and to use and abuse them and to exploit them. So I thought we need to have a different system here. So I took my knowledge about trauma and I've created a new program for nurses to show them how they can heal from what's happened to them and to give them a blueprint for a new kind of nursing. Actually, it's a radically refreshing view of nursing and nursing practice.

**(05:25):**

***Q: Wonderful. Thank you for that. What is healthcare-acquired trauma and can you share some examples of it?***

**(05:31):**

**Allan:** When I first started out, I thought healthcare-acquired trauma probably meant things that nurses do that traumatize patients. And then I thought about it a little more deeply and I thought, 'no, no, it's the system, it's the healthcare system that traumatizes patients.' And then one very simple example is in order to save time, a lot of times what hospitals will do is they'll send out the consent form for the patient to fill out at home and then bring (it) to the hospital when they get admitted or they fill it out when they get to the hospital. Now this consent form tells the patients all the ways that they can be hurt, all the ways that they could possibly die from the procedure that they're going to have while they're in the hospital. This is really a cover-your-ass form for the hospital. This is not something that is helpful for patients.

**(06:21):**

So I took that form and I kept the original wording on it, but I added some more words. And what I added was 'because we know that blah, blah, blah can sometimes happen, this is what we do to protect you, to make you safe,' and then I listed what happens in the OR to help people be safe and how the staff watches over people. Now, the effect of that on patients is totally different from being told, 'no, you could die from this, or you could be gravely injured' to 'we know that these things can happen and so this is what we do to protect you.' You feel it in your body when you hear that and what you're feeling in your body with the first one is the sympathetic adrenal activation, because there's danger with the second version that I did that's much more gentle, the body doesn't go into sympathetic, adrenal activation and if it does, it's very minimal and so when you don't have that kind of activation, then you don't have bracing, the person isn't braced when they go into the hospital and their treatment can be much more effective.

**(07:30):**

**Q: *Hmm. That's a really great point. So how you explain a procedure, or how you explain what can happen to a patient, can have an effect on their psyche, it sounds like, and on their health, ultimately.***

**(07:41):**

**Allan:** Right and you don't necessarily need to do a whole list of all the things that this present healthcare system does in order to understand the effect that it has on patients. I'll just say that it's common for patients to be told to tell your staff, tell your nurse to wash her hands, mark your body where you're going to have your operation so that the surgeon doesn't operate on the wrong spot. This is common. And this is like, 'are you kidding me?' So you're going to have patients braced as they come into the hospital, knowing that the staff isn't going to take really good care of them or believing that the staff isn't going to take good care of them and then you have staff going into the hospital, wondering, 'is this a day I'm going to have way too many patients that I can handle? Is this a day I'm going to make a mistake and harm somebody? Is this the day I'm going to lose my license? Is this the day that an irate patient, family member or other staff member is going to blow their top and cause me physical harm?' This is the reality of what the hospital situation is in today's world. So I think most everybody is ready for a change and so that's why I developed my program.

**(08:55):**

**Q: *Okay. Thank you. How has the deadly COVID pandemic contributed to healthcare-acquired trauma?***

**(09:02):**

**Allan:** Well, in a couple of different ways – one very negatively and one very positively. The negative way is that staff is overwhelmed with so much work and so much death and with betrayal from the hospitals who do not provide them with PPE without a fight, who make the staff fight for basic, basic safety measures so that's quite negative. Now the positive thing is that it has exposed the healthcare system for what it really is – for the way that it abuses people, not only patients, but abuses staff and what I'm really excited about is so many staff are quitting. Now, the tragedy is that they have PTSD, but the really good news is that I'm hoping that this is the tipping point. This is the point where staff says, 'no, we're not doing this anymore. We're not working like this. This is it. We've had it.'

[\(10:05\)](#):

And so the only way this system has been able to continue the way it has is because they've been enabled by staff, staff who maybe believe the promises that never came. So anyway, it's hopeful. This is a hopeful time that if this truly is a tipping point, then it's time for the change and we can make the change now.

Another thing about my program, I will say is that not only do I talk about health care, how the system traumatizes patients and staff, but in that particular workshop, I interview four proponents of cutting-edge treatments for trauma and these treatments are not therapy, but they are tools that you can use on yourself to settle your nervous system and to release some of the trauma that's in your system. Nurses can also develop programs where they are offering these tools to their patients, either while they're in the hospital or as part of discharge planning, or as part of home care after they go home but nurses are very creative and they'll think of a way to implement some of these new cutting-edge treatments into their nursing practice.

[\(11:28\)](#):

***Q: What if we fixed our healthcare system? For example, would having a more just system like Medicare for All change the trauma that nurses experience?***

[\(11:38\)](#):

**Allan:** What we have right now is health care's love affair with suffering for profit. That's basically what it is. It's health care's love affair with suffering for profit and so the focus is on profits, not on care. When you take the profit dynamic out of it, and you just are motivated to care for people because that's what your job is, that's what you are trained to do is to help people so that they can be healed and don't have to come back again and again to this system. The present system that we have now is set up so that patients have to come back again and again, and again, and that way they can make more money off of that patient. So, yes, I think Medicare for All would be a huge boon for everyone, especially, you know, for the patients that their providers, their healthcare providers are focused on healing them, not on using them.

[\(12:39\)](#):

There's no payoff for using a patient for coming back over and over again. As a matter of fact, what would happen if we had health care for all is that there would be a big push to keep people healthy. There would be more programs to keep people healthy. I'm hopeful that there would even be programs to fix our food industry. You walk into a grocery store and what you see are products. That's the first thing you see are products and sugar, which will keep people buying. I mean there's a lot of things that need to be

fixed. There's the food, there's the drug industry who loves to make profits off of people. So when you take the profit motivation out, you're left with care.

[\(13:21\)](#):

***Thank you, Kathy Allan. You can find more information about Kathy's program at [TraumaFreeNursing.com](http://TraumaFreeNursing.com).***

(5-second stinger)

***Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at [heal-ca.org](http://heal-ca.org).***

***Find more Code WACK! episodes on [ProgressiveVoices.com](http://ProgressiveVoices.com) and on [Nurse Talk Media](http://NurseTalkMedia.com). You can also subscribe to Code WACK! wherever you find your podcasts. This podcast is powered by HEAL California, uplifting the voices of those fighting for healthcare reform around the country. I'm Brenda Gazzar.***