

# Posttraumatic growth: Breaking through to recovery

By Joyce Mikal-Flynn, EdD, MSN, FNP

*In 2005, SB, 37, was in the trauma ICU with no memory of how he got there. Though the nursing staff explained that he'd driven into a tree, confusion and delirium tremens related to alcohol abuse prevented him from understanding. The circumstances of the event and his extensive injuries led to months of rehabilitation, court appearances, and counseling.*

*SB not only survived, but today lives without alcohol or drugs. The trauma provided an opportunity for him to see things differently—in other words, he grew. Through his posttraumatic growth (PTG), he now lives a fuller, more productive life than ever. He volunteers in the community, recognizing gratitude and the necessity of giving back.*

INTENSELY STRESSFUL life events such as a traumatic injury are common life experiences. In the United States, traumatic injury accounts for 41 million ED visits and 2 million hospital admissions per year.<sup>1</sup> Besides physical trauma, life can bring forth many other distressing situations that challenge the well-being of individuals, families, and communities, such as loss of employment, divorce, a death in the family, and natural disasters.<sup>2,3</sup> This article discusses PTG—the capacity for emotional growth following a traumatic experience—with a focus on recovery from traumatic injury. It also explores how nurses can employ principles of metahabilitation to help patients make positive psychological changes as they recover.

## **Mining resources for recovery**

Whether relatively minor or highly significant, traumatic events cause crisis and anxiety, more so if the individual is unaware of personal resources needed to cope with such events.<sup>3-6</sup> Personal resources include family sup-

port, positive outlook, resiliency, and spirituality.<sup>6</sup> When people can draw on these resources, life challenges provide opportunities for them to develop new thoughts, ideas, and behaviors that result in PTG.<sup>6-8</sup> When the focus is on PTG, recovery becomes less pessimistic and more about hope, meaning, and purpose in life.<sup>9</sup>

Struggles with highly challenging life events, circumstances, major life crises, trauma, and other extremely stressful events challenge survivors to grow, and potentially, *evolve*.<sup>4,10,11</sup> Major life crises provoke the individual's ability to cope with adversity, heighten self-discipline, and raise appreciation for life, bringing forth significant positive changes.<sup>6,12</sup>

Lesser life disruptions, such as a cancelled appointment, parking ticket, or sprained ankle, aren't always recognized as growth events, but they can help prepare individuals to handle a future crisis.<sup>6</sup> Learning to effectively deal with these small life disruptions prompts *stress resilience*, which supports a more productive and positive outcome for individuals

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dealing with major life events.<sup>4</sup> Research reveals posttraumatic care that appreciates, acknowledges, and uses this approach can encourage patients to achieve positive growth as they recover from extremely challenging events and experiences.<sup>11,12</sup>

**Metahabilitation:  
Pathway to PTG**

During the acute phase of a serious illness or traumatic injuries, such as those suffered by SB in the opening scenario, recovery focuses on basic survival, an emphasis that's essential to secure well-being. But in the aftermath, the focus alters.

All too often during this time, patients are reminded of what they've

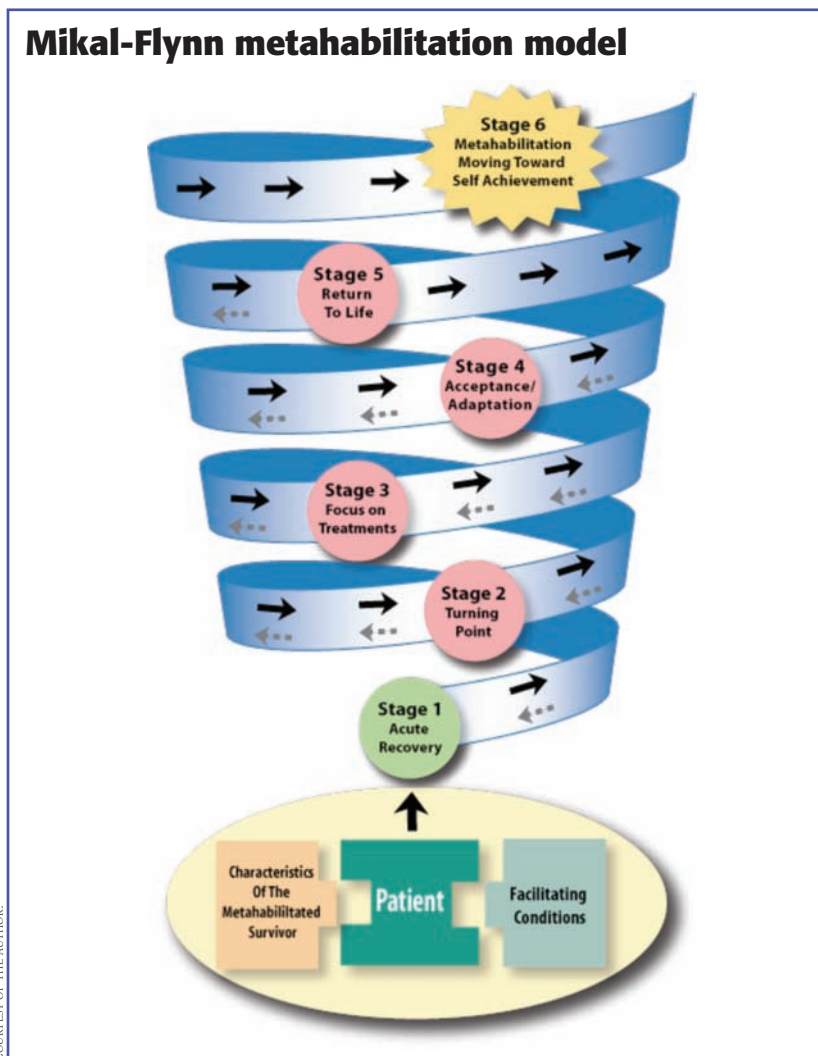
lost or what they *can't* do, with minimal attention focused on the potential for growth brought about by the experience. Patients are sent home with insufficient guidance and inadequate support, diminishing hopes for a productive future.<sup>6,12</sup> However, by focusing on PTG, nurses can make a significant difference in their patients' lives following the traumatic experience.

The author coined the word *metahabilitation* from the term *meta* (going above and beyond) and *habilitate* (restoration). It describes a strength-based system of recovery guiding survivors toward PTG.<sup>6,12</sup> Helping survivors to recognize their capacity for survival and, more important, to move beyond basic

restoration promotes PTG. Metahabilitation provides structure by staging the process as follows (see *Mikal-Flynn metahabilitation model*).

- Stage 1: Acute recovery. During initial treatment, the focus is on sustaining life. Day-to-day issues concentrate on survival. Clinicians and family members are very visible and intensely involved in this stage.
- Stage 2: Turning point. Despite the angst, struggles and, at times, darkness of recovery, survivors say yes to life and make a firm decision to move forward into recovery.
- Stage 3: Focus on treatments, traditional and complementary. Once survivors decide to live and move forward, they seek out and participate in various treatments. Families advocate for care. All are involved in this busy and productive stage.
- Stage 4: Acceptance and adaptation. Survivors step back, taking time to reflect on all that's happened. They accept and begin adapting to the changes brought forth by their trauma and crisis.
- Stage 5: Return to life. Survivors move back into life in some manner. For some, life is similar to what they left; for others, life moves in a different direction. However, returning to a purposeful life is essential.
- Stage 6: Metahabilitation; taking on the future. This stage is ongoing. Although problematic and at times significantly traumatic, this stage is characterized by an insightful, tough mindset. Survivors recognize inner strengths and experience an appreciation for life as well as psychological, spiritual, and, for some, physical growth. Acknowledging the personal evolution brought forth by survival and recovery, they feel resilient while finding unique purpose in life after trauma.

Characteristics and conditions that facilitate and support this growth were also identified in research by the author (see *Characteristics of metahabilitated survivors*). The biological,



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psychological, and spiritual ability to endure and ultimately transform gives survivors an opportunity to move forward and creatively restructure their lives after the event.<sup>6,12</sup>

### Initiating metahabilitation

SB's rehabilitation focused on strengths rather than limitations, which allowed him to recognize what he had to do to support a productive recovery. His therapy let him find meaning in his trauma and suffering, bringing forth insight not only into why challenging events may happen, but also into how they can promote profound growth and personal development.

Nurses were integral to SB's recovery and rehabilitation, which began the moment physical survival from the traumatic event was assured. An awareness of PTG as a potential outcome set the stage for metahabilitation.

Unfortunately, many nurses fail to recognize their unique role in the rehabilitation process, thereby missing the opportunity to initiate and support metahabilitation.<sup>13</sup> These six practical strategies can help nurses implement metahabilitation and guide patients toward PTG.

- **Promote personal resilience.** Maximizing potentials and optimizing quality of life are the spirit of nursing.<sup>13</sup> Work hard to promote an optimistic outlook for the patient and yourself. Although this may sound simple, it can be the most difficult during acute recovery. Continuously remind patients of their resiliency and capacity for survival.
- **Empower the patient.** Recognize and respect the journey ahead. Be supportive and positive while providing important information. Involve the patient in decision making through education. Use "teach backs" or "show backs" to empower the patient with knowledge, and correct any misunderstandings.<sup>14,15</sup>
- **Develop therapeutic relationships.** Create an environment where healing can occur, one of open com-

## Characteristics of metahabilitated survivors<sup>6,12</sup>

Optimistic	Insightful regarding themselves and their conditions
Hopeful	Grieved past life, allowing building of a new life
Resilient	Made sound and productive choices regarding care and goals
Accepting	Surrounded with positive people
Adapted	Motivated by new opportunities
Grateful	Made promises to others regarding survival and recovery
Stopped asking, "Why me?"	Refused to live in anger and despair
Accepted help from others	Defined themselves by life posttrauma
Service to others: Giving back	Reviewed current situation and planned for a future.

munication and transparency. With philosophical and behavioral changes directed toward more productive outcomes posttrauma, the aim of the nurse is to initiate metahabilitation by first providing awareness and then structure.<sup>6,13</sup> Recognizing that PTG occurs and valuing the nurse's contribution to this process supports a more optimistic and positive outlook for both patient and nurse.

Nurses dealing in acute care don't always have the opportunity to see how patients can and do grow after trauma. For example, SB found meaning and purpose in life over the passage of time. His relationships with family became stronger and he discovered a new profession: He studied counseling and became an addiction counselor to help others toward recovery.

- **Give the patient a voice.** Encourage patient participation in goal setting and evaluate outcomes regularly. Avoid situations that make the patient feel powerless. Posttrauma, patients are at risk for becoming dependent, so encourage autonomy and self-sufficiency. For example, conduct bedside patient handoffs, which give patients an opportunity to participate in daily goal setting and care team communication.<sup>16</sup> Maximize the patient's sense of independence, control, and decision making regarding care and life choices.<sup>17</sup>

- **Involve support persons.** "Family" is who the patient identifies as fam-

ily.<sup>18</sup> Help all support persons attain a hopeful mindset for future growth. Help the patient and family to understand the steps they can take toward a productive recovery by building on existing strengths, such as stress resilience, spirituality, and participation in care and decision making.

Listen to families, facilitate choice, share information, and build confidence to encourage participation in healthcare decisions.<sup>19,20</sup> This concept and behavior is directly in line with patient- and family-centered care highlighted by The Joint Commission and the Institute of Medicine's report, *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*.<sup>16,21</sup>

- **Involve the care team.** Nurses are present at the beginning of patient care and remain at the bedside throughout hospitalization. This gives them the opportunity to be leaders in the recovery process. Engage the care team in the metahabilitation process. Encourage all members to focus on the patient's capacity to move beyond basic survival and transform spiritually, emotionally, psychologically and at times, physically, posttrauma.<sup>6,12,13</sup>

### Nurses are poised to promote PTG

Highly stressful events and major life traumas can certainly cause severe distress: physical and emotional pain, depression, and grief. However, growth is also a possible eventual outcome.

Nursing input is critical during this time because nurses are ideally positioned to encourage and support this process. Working with patients in the aftermath of crisis and trauma is stressful, but acknowledging the research and evidence supporting metahabilitation and PTG can make a difference in the lives of patients, their families, and quite possibly, yourself. ■

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The author is the creator and owner of Metahab.com, which promotes and supports posttraumatic growth in individuals, rehabilitative programs, and organizations. She has disclosed no other potential conflicts, financial or otherwise, related to this article.

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