

TRAUMA-INFORMED CARE

A Guide for Healthcare Providers in the Provision of Trauma-informed Patient Care



WHAT IS A “TRAUMA”?

Trauma (psychological) is defined as “exposure to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence [5th ed.; DSM–5; American Psychiatric Association, 2013], in the following way(s):

- *Direct exposure*
- *Witnessing the trauma*
- *Learning that the trauma happened to a close relative or close friend*
- *Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders)”*

Examples include *abuse, neglect, domestic violence, new medical diagnoses, challenging medical procedures, accidents / crashes, and natural disasters.*

Individuals from historically marginalized communities may also experience racial trauma related to “historical, interpersonal, or vicarious encounters with racial discrimination.” [HELMES, NICOLAS, & GREEN TRAUMATOLOGY, 2012]

WHAT IS POSTTRAUMATIC STRESS?

After experiencing a trauma, people may experience ongoing distress including symptoms of *re-experiencing* (e.g., bad dreams about the event, thinking about it when they don’t want to), *avoidance* (e.g., not going to places or being around people that remind them of the trauma), *having negative thoughts or feelings* (e.g., isolated, sad/down, not interested in fun activities), and *feeling more touchy or on edge* (e.g., emotional lability or irritability, hypervigilance, trouble sleeping or concentrating).

Medical providers may experience these same symptoms (i.e., “secondary traumatic stress”, “vicarious trauma”) related to trauma exposures in their work.

HOW MIGHT TRAUMA IMPACT HEALTHCARE ENGAGEMENT?

People who experience trauma and posttraumatic stress may react in different ways.

Some *avoid* going to the doctor or hospital or avoid calling their doctor with questions, taking medications, or doing medical treatments. This avoidance often happens because reminders of trauma can contribute to a heightened stress response.

Some who experience trauma and posttraumatic stress also *over-rely* on the medical system, which may involve going to the doctor, emergency room, or hospital more often with worries about physical symptoms. A history of trauma can also *amplify* patient feelings of mistrust in doctors and dismissal {not being taken seriously}.

Without getting help with these symptoms, this can lead to poorer mental and physical health long-term.



For More Information:

Trauma-Informed Care

- <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2470861>
- <https://www.healthcaretoolbox.org>

Medical Mistrust/Avoidance

- <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2767793>
- <https://jamanetwork.com/journals/jama/article-abstract/2789773>

Referring Patients to Therapy

- <https://www.psychologytoday.com/us/therapy-types/trauma-focused-cognitive-behavior-therapy>
- <https://www.nctsn.org/>
- <https://injury.research.chop.edu/educational-resources/pediatric-traumatic-stress>

WHAT IS TRAUMA-INFORMED CARE?

The Substance Abuse and Mental Health Services Administration [SAMHSA] defines trauma-informed as “(1) realizing the widespread impact of trauma and understanding potential paths for recovery; (2) recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) responding by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeking to actively resist re-traumatization.

A trauma-informed approach adheres to 6 key principles: *safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.*”

[Practical Guide for Implementing a Trauma-Informed Approach: <https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>].

WHY IS TRAUMA-INFORMED CARE IMPORTANT?

Trauma-Informed Care has the potential to improve trust and compliance with treatment recommendations.

Trauma-Informed Care can help:

- medical team members identify and address trauma-based avoidance of care
- patients feel more *comfortable and confident* in when to seek medical care and *prevent* over-utilization of resources (e.g., ER visits for somatic complaints).

WHAT MIGHT TRAUMA-INFORMED CARE LOOK LIKE?

Trauma-Informed Care does not have to indicate a significant shift in the provision of healthcare.

Broadly, providers who engage with patients in a trauma-informed way are more *mindful* about how trauma and providers' approach to patient care can impact patients' overall experience and likelihood to follow through on necessary treatment recommendations.

Approaching patient care in this manner can have wide reaching implications for the overall health and the day-to-day experience for all patients, regardless of past history.

HOW CAN YOU PROVIDE TRAUMA-INFORMED CARE IN YOUR DAY-TO-DAY DELIVERY OF HEALTHCARE?

Even in short medical appointments, providers can deliver Trauma-Informed Care focusing on the 6 *key principles* described above. Some examples of action steps include:

TRUST

- Acknowledge the patient's history of trauma and (if applicable) respect their decision to not discuss the event(s).

EMPOWERMENT

- Provide reassurance and realistic hope (e.g., confirm your belief in their experience and report of symptoms).

CULTURE

- Utilize appropriate gender pronouns.
- Recognize and monitor existing bias/stereotypes that may impact patient care.
- Identify key medical decision-makers based on the family's culture and include them in care as indicated.

PEER SUPPORT

- Acknowledge and empower caregivers to identify supportive friends or peers for their children.
- Encourage connection to child and caregiver support groups as appropriate.

COLLABORATION

- Provide the patient/family with choices and a sense of control, such as:
- Ability to choose the gender of providers (when possible) and / or have a support person present during exams.
- Offer to limit the number of providers during exams to only those necessary.
- Ask permission before touching the patient.

SAFETY

- Screen for ongoing distress and difficulties and refer, if needed
- Acknowledge visible distress and provide outlets for support (e.g., offer a break, verbal support, distraction).

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