



# TRAUMA-INFORMED CARE

Tiara Woney, LMFT

# WHAT IS TRAUMA?



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- According to SAMHSA trauma can be caused when an individual experiences an event, series of events or circumstances that are physically or emotionally harmful or threatening (SAMHSA, 2014).
- These experiences can have lasting adverse effects on the individual's functioning as well as their physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

# WHAT IS A TRAUMATIC EXPERIENCE?



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- Experiences that may be considered traumatic include:
  - Physical, sexual, and emotional abuse
  - Childhood neglect
  - Living with a family member with mental health or substance use disorders
  - Sudden, unexplained separation from a loved one
  - Poverty
  - Racism, discrimination, and oppression
  - Violence in the community, experiences in the military, war, or terrorism
  - Natural Disasters (ex. Flooding, hurricanes, tornadoes, wildfires etc.)

# WHO CAN EXPERIENCE TRAUMA?



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- Trauma can affect people of every race, ethnicity, age, sexual orientation, gender, psychosocial background, socioeconomic background and geographic region.
- A traumatic experience can be a single event, a series of events, and/or a chronic condition (e.g., childhood neglect, domestic violence, medical condition, surgery, losing a child, childhood cancer).
- Trauma can affect individuals, families, groups, communities, specific cultures, and generations.
- It generally overwhelms an individual or community's resources to cope, and it often ignites the fight, flight, or freeze reaction at the time of the event(s) and can produce a sense of fear, vulnerability, and helplessness.

# TRAUMA SYMPTOMS





# WHAT ARE TRAUMA SYMPTOMS?

- “For some people, reactions to a traumatic event are temporary, whereas others have prolonged reactions that move from acute symptoms to more severe, prolonged, or enduring mental health consequences (e.g., posttraumatic stress and other anxiety disorders, substance use and mood disorders) and medical problems (e.g., arthritis, headaches, chronic pain)” (SAMHSA, 2014).
- Others may not meet the criteria for posttraumatic stress, other stress related or other mental health disorders but can experience significant trauma-related symptoms or culturally expressed symptoms of trauma (e.g., somatization, in which psychological stress is expressed through physical concerns).

# WHAT ARE TRAUMA SYMPTOMS?

- Even if an individual does not meet diagnostic criteria for trauma-related disorders, it is important to recognize that trauma may still affect their life in significant ways.
- Depending on symptoms present it can impact their ability to function. You may notice they have:
  - Trouble completing tasks
  - Frequently missed appointments
  - Trouble interacting with certain people
- These symptoms may look different from person to person.

# TRAUMA MAY LOOK DIFFERENT FOR DIFFERENT PEOPLE

- Two people may be exposed to the same event or series of events but experience and interpret these events in vastly different ways.
- They may also be at risk for different symptoms.
- Some individuals who have experienced trauma are at an elevated risk for:
  - Substance use disorders, including abuse and dependence
  - Mental health problems (e.g., depression and anxiety symptoms or disorders, impairment in relational/social and other major life areas, other distressing symptoms)
  - Physical disorders and conditions, such as sleep disorders and digestive issues.

# TRAUMA MAY LOOK DIFFERENT FOR DIFFERENT PEOPLE

- Various personal, mental, social and cultural factors influence an individual's immediate response and long-term reactions to trauma
- These can be protective or risk factors that include:
  - Current coping or emotional regulation skills
  - Access to support after experiencing the event
  - Having knowledge of how to navigate finding resources
  - Cultural norms around the experienced event or sharing information about the experienced event



# TRAUMA RESPONSES IN ADULTHOOD CAN BE CONNECTED TO ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Dr. Parker in a previous video does a great job at explaining Adverse Childhood Experiences (ACEs) and how they are connected to the struggles for children and families to become resilient
- For many people their first experiences with trauma occur in childhood
- This can impact how they navigate life moving into adulthood
- If additional traumas are experienced in adulthood that could compound on symptoms or mental health struggles that were already present making their needs more complex

# WHAT COULD TRIGGER A TRAUMA RESPONSE?

- Experiencing a similar event
- Having a flash back (unexpected recurrence of a memory from the traumatic event)
- Seeing a person who reminds them of the experience
- Hearing a sound that reminds them of the event
- Being in an environment that reminds them of the event or circumstance

TAKING A  
TRAUMA-  
INFORMED  
CARE  
APPROACH





WHY IS  
PROVIDING  
TRAUMA  
INFORMED  
CARE  
IMPORTANT  
IN YOUR  
WORK?



# WHAT IS NEEDED TO PROVIDE TRAUMA INFORMED CARE?


- Understand the prevalence of trauma and adversity and the way it impacts an individuals' health and behavior
- Train leadership, providers, and staff on responding to clients with best practices in trauma-informed care

## 10 KEY INGREDIENTS FOR TRAUMA-INFORMED CARE

As health care providers become aware of the harmful effects of trauma on physical and mental health, they are increasingly recognizing the value of **trauma-informed approaches to care**.


### WHAT IS TRAUMA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as **events or circumstances** experienced by an individual as **physically or emotionally harmful or life-threatening**, which result in adverse effects on the individual's **functioning and well-being**.




### WHAT IS THE IMPACT OF TRAUMA ON HEALTH?

The Adverse Childhood Experiences (ACE) Study, conducted by the CDC and Kaiser Permanente, revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for **chronic health conditions** and **health-risk behaviors** later in life.



### HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

**Trauma-informed care** acknowledges that understanding a patient's life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization. In order to be successful, trauma-informed care must be adopted at the **organizational and clinical levels**.



**Organizational practices** reorient the culture of a health care setting to address the potential for trauma in patients and staff:

- 1 Lead and communicate about being trauma-informed
- 2 Engage patients in organizational planning
- 3 Train both clinical and non-clinical staff
- 4 Create a safe physical and emotional environment
- 5 Prevent secondary traumatic stress in staff
- 6 Build a trauma-informed workforce

**Clinical practices** address the impact of trauma on individual patients:

- 7 Involve patients in the treatment process
- 8 Screen for trauma
- 9 Train staff in trauma-specific treatments
- 10 Engage referral sources and partner organizations

For more details, read the brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*. Visit [www.TraumaInformedCare.chcs.org](http://www.TraumaInformedCare.chcs.org).

TraumaInformedCare.chcs.org

Trauma-Informed Care Implementation Resource Center

# WHAT IS NEEDED TO PROVIDE TRAUMA INFORMED CARE?


- Integrate knowledge about trauma and adversity into policies, procedures, practices and treatment planning
- Avoid re-traumatization by approaching clients who have experienced ACEs, other adversity or traumatic experiences with non-judgmental support

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# IMPLEMENTING TRAUMA INFORMED CARE

- Establish the physical and emotional safety of clients and staff
- Build trust between providers and clients by being transparent
- Recognize the signs and symptoms of trauma exposure on physical and mental health
- Ensure provider and client collaboration by bringing clients into the process
- Provide care that is sensitive to the clients racial, ethnic, cultural background and other intersectional components of their identity by making sure that historical traumas are recognized and addressed

# IMPLEMENTING TRAUMA INFORMED CARE

- Provide supportive, compassionate responses to trauma histories of ACEs or other adversities without eliciting specific details
- Promote client-centered services and empowering the client by educating them on how they make changes to regulate their stress
- Refer clients to mental health providers who are trained in evidence-based trauma-specific therapy, if necessary
- Practice compassionate resilience to maintain provider well-being while caring for clients to be able to combat compassion fatigue, burnout, secondary traumatic stress, vicarious trauma, and related concerns.
- Make sure there is Peer Support among staff

# PROVIDER CARE

- Implementing rules for provider care can help prevent vicarious trauma or secondary traumatic stress which is defined as experiences emotional duress due to hearing about firsthand trauma experiences of other people
- Vicarious Trauma or Secondary trauma can present symptoms such as:
  - Chronic fatigue
  - Disturbing thoughts
  - Issues with concentration
  - Emotional detachment
  - Exhaustion
  - Avoidance
  - Absenteeism
  - Physical illness

# PROVIDER CARE

- Without a care plan staff can experience burnout, that when unaddressed can lead to high staff turnover rates
- This can be prevented by organizations:
  - Providing trainings that raise awareness of secondary traumatic stress
  - Offering opportunities for staff to explore their own trauma histories
  - Supporting reflective supervision, in which a service provider and supervisor meet regularly to address feelings regarding client interactions
  - Encouraging self-care behaviors such as physical activity, yoga, and meditation
  - Allowing “mental health days” for staff

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