

Trauma- Informed Care

Rapport

Principles

Application



WARNING

Tell your story...





**One of the main principles of trauma-informed care is to assume,
not ask,
if a patient has a history of trauma.**

How is healthcare re-traumatizing?

- Repeating trauma history 'stories'
 - Feeling treated like a 'number' or 'case'
 - Unable to give feedback about experience
 - Lack of choice in service or providers
 - Being labelled
- Asking can be embarrassing, distressing, triggering
 - Procedures are not routine for patients
 - Lack of privacy
 - Fear
 - Physical touch, removal of clothing
 - Vulnerable physical positions



Trauma-informed

How has what happened affected you?

- Strength and resilience focus
- Partnership with patient
- Collaboration
- Empowerment
- Giving voice and choice
- Patient chooses what/how much to share
- Universal awareness for everyone

Trauma Informed Care

Being aware of the outside forces that shape a person's outlook, health, and interpersonal actions



Adverse Childhood Experiences

impacts on the physical body, increased inflammation, dysfunction, and disease



TELL VS
YOUR STORY



Awareness of patient history, causes of conditions, often lead us to history of traumatic events or adverse childhood experiences

It is just as important for care givers to ask about childhood experiences as it is to ask about other risk factors in their life

This leads us to be able to

- identify causes
- understand patient experiences
- intervene appropriately

The Pair of ACEs

Adverse Childhood Experiences

Maternal
Depression

Physical &
Emotional Neglect

Emotional &
Sexual Abuse

Divorce

Substance
Abuse

Mental Illness

Domestic Violence

Homelessness

Incarceration

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing
Quality &
Affordability

Community
Disruption

Lack of Opportunity, Economic
Mobility & Social Capital





Entire health system

Starts with reception-->nurses-->allied health professionals-->physicians-->facility



Not trauma-specific care

Does not require a caregiver to be a trauma specialist



Guide to complex patients

Consider patients who are neglected, shunned, labeled as difficult



Trauma History

- Adverse childhood experiences
- combat
- adult interpersonal violence
- war
- accidents
- disasters

Principles of Trauma Informed Care

1. Trauma awareness and acknowledgment
2. Safety and trustworthiness
3. Choice, control, and collaboration
4. Strengths-based and skills-building care
5. Cultural, historical, and gender issues



Principle #1

Trauma awareness and acknowledgment

Fundamental action - Bearing witness

- Listening to the patient's experience of trauma - in a general outline form
- Acknowledge the persistent/ongoing effect of the trauma on their life
- Identifying the patient's coping strategies
- Recognizing what is maladaptive
- Validate the experiences as relevant to current health and coping



Principle #2

Safety & trustworthiness

Provide safe space

- Be consistent and predictable in caregiving
- be sensitive to nonverbal communication
- rushed communication can undo any progress

Recognize need for physical and emotional safety

- Circumstances like finances, house, and child protection agency interactions cause anxiety
- consider patient with a alcoholic parent now living with an alcoholic partner



Principle #3

Choice, control, & collaboration

- Include your patient in their own healing process
 - Use informed choice
 - Provide risks and benefits
 - Override the deferral to authority
 - Develop collaborative relationships
1. Become more actively engaged in their health care
 2. decreased patient feeling they have failed
 3. Overcome the "no show" problem
 4. Move past the "failure to change" dilemma

Principle #4

Strength-based & skills- building care

Shift perception from victim to survivor

- support patient evolution from passive victim to active, motivated participant
- convey belief in patient's strength and resilience
- avoid paternalism





Principle #5

Cultural, historical, & gender issues

Consider the intergenerational transmission of trauma

- marginalized groups
- vulnerable populations
- race
- culture
- gender identity
- biological sex
- sexual orientation

Incorporate processes sensitive to the patient's identity

- culture
- ethnicity
- personal
- social



How do I start ?

- Provide a safe environment
- Encourage sharing as much or as little as they want
- Include education about trauma and its effects
- Ask open-ended questions
- Ask about impact



1

EXPLAIN

What will be done
How it will be done
Why it is necessary



2

NOTICE

Patient body language!



3

OFFER OPTIONS

What can I do to help you
be more comfortable?

If you want me to stop and
pause, please ask or signal
me

Is it ok if I continue with
the exam? Or would you
prefer me to stop?

<https://youtu.be/jz1g1SpD9Zo>



CALM

Pay attention to how you are feeling.

Breathe deeply

calm yourself

promote calmness for patient,
yourself, and co-workers

CONTAIN

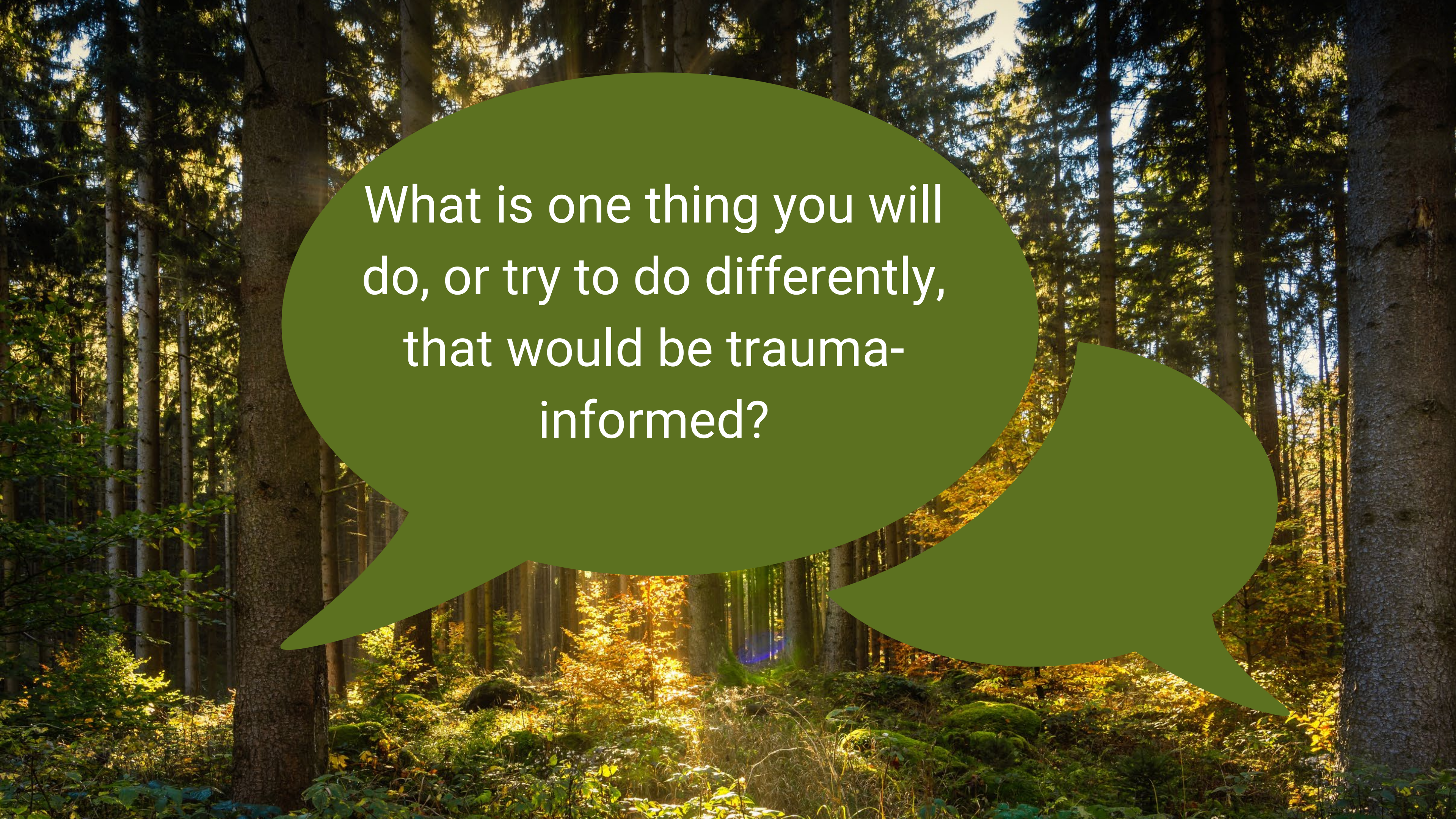
Allow patient to maintain safety;
don't emotionally overwhelm the provider
or the patient

CARE

self-compassion,
cultural humility,
de-stigmatize adverse
coping behaviors.

COPE

emphasize coping skills,
positive relationships,
interventions that build
resiliency

A photograph of a forest with tall, thin trees and sunlight filtering through the canopy. A large green speech bubble is overlaid on the image, containing the text: "What is one thing you will do, or try to do differently, that would be trauma-informed?".

What is one thing you will do, or try to do differently, that would be trauma-informed?

Thank You

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<https://youtu.be/w9Zshs081NE>