



# Trauma Informed Care: Essential Practice

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TAP TO GO BACK TO KIOSK MENU

## Introduction

Trauma Informed Care (TIC) is both a framework and an intervention that acknowledges the ubiquitous nature of trauma exposure and the need for a systemic response that allows patients to access medical systems without re-traumatization. **An estimated 70% of adults in the US have experienced a traumatic event** -- roughly 223.4 million people.<sup>(1)</sup> TIC in the medical setting recognizes “the individual’s experience of trauma can greatly influence...receptivity to and engagement with services, interactions with staff and clients, and responsiveness to program guidelines, practices, and interventions”.<sup>(2)</sup> Trauma informed care also means caring for our caregivers and providing support to providers to mitigate impact, compassion fatigue, and burnout (also referred to as Vicarious Trauma).

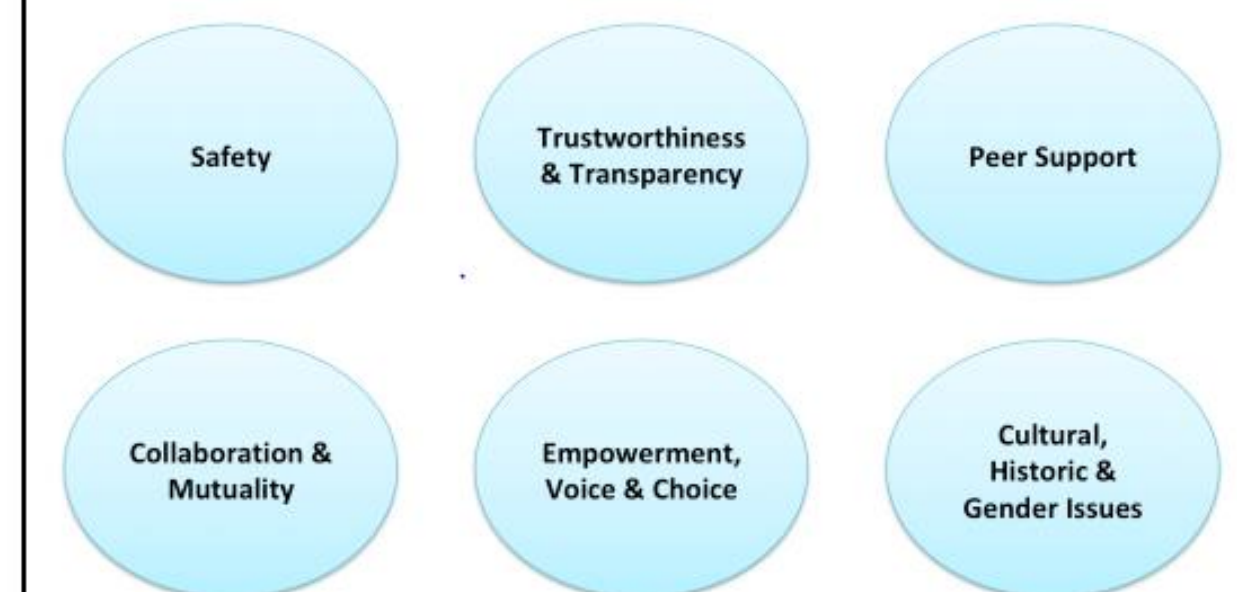
**TIC shifts the question from “What’s wrong with you?” to “What happened to you?”**

What are the risks of not providing trauma informed care? Lower patient engagement, increased risk of re-traumatizing patients, decreased efficacy of patient care.

### How trauma may present in patient care:

Missed appointments, cancellations	Unexplained pain
Avoidance of procedures	Acting out, provocative behaviors
Lack of adherence to medical recommendations	Difficulty tolerating medical environment
Lack of trust in providers	Risky Behaviors

### SAMHSA’S Six Principles



(1) National Council for Behavioral Health  
(2) SAMSHA, 2012

## Goals

1. Creating a trauma-sensitive hospital to minimize re-traumatization and improve the experience of being in the hospital for all patients utilizing a universal precautions framework.
2. To improve the experience of providing care for patients who have a history of trauma.
3. To mitigate the impact of vicarious trauma on our staff and clinicians.



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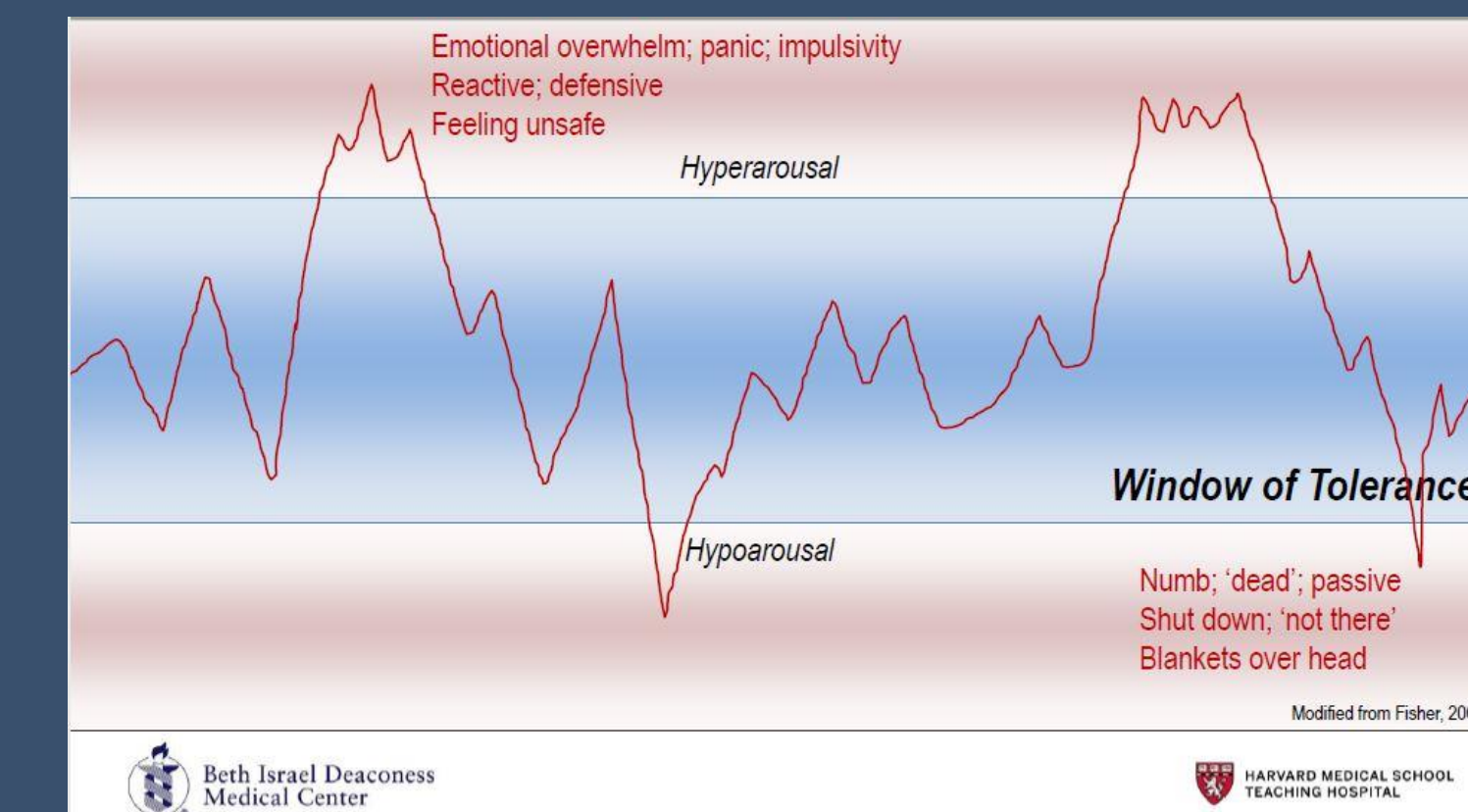
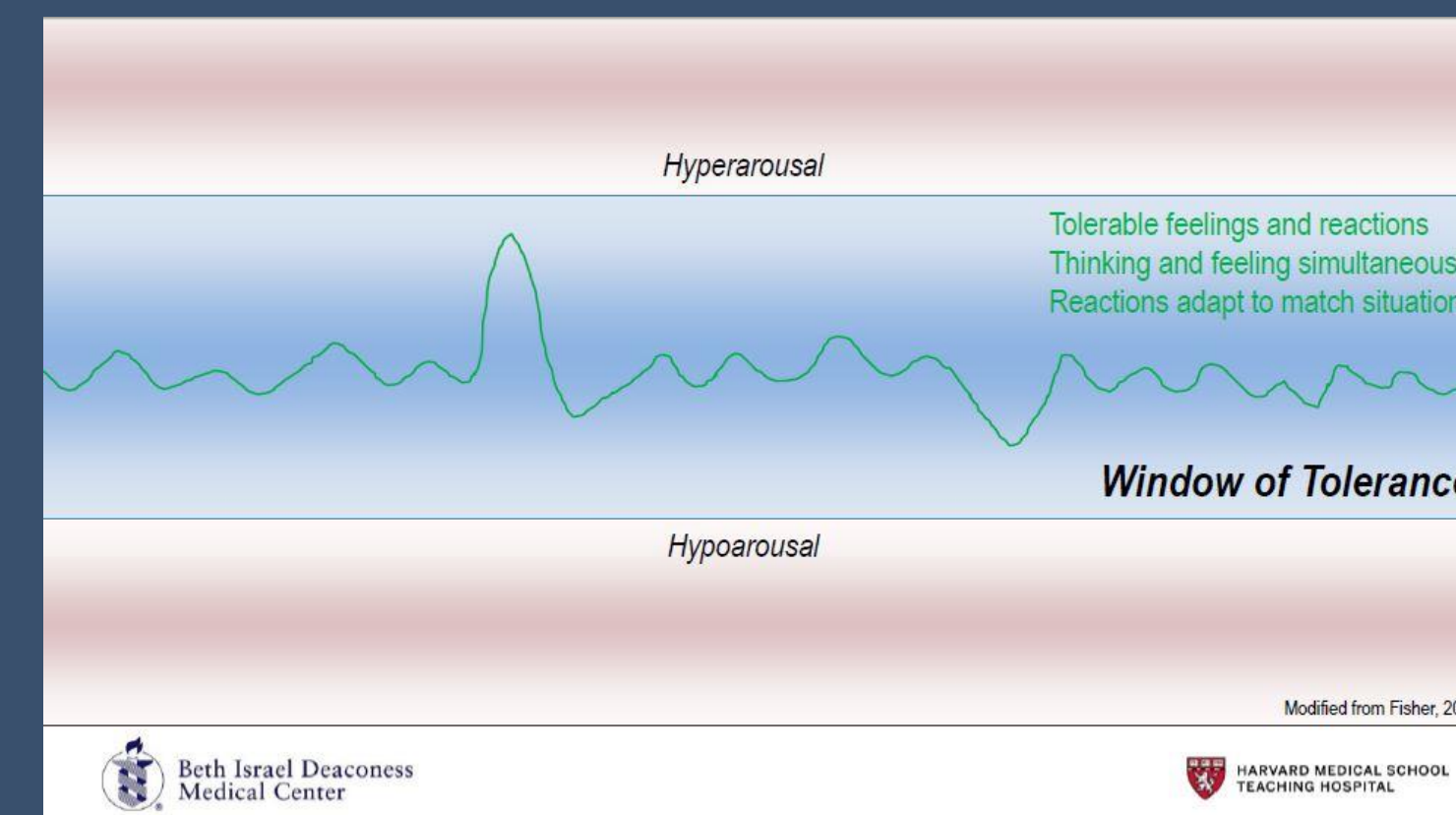
Patients and staff are most effective and engaged when they are in their window of tolerance. TIC helps patients stay in their affective window of tolerance by understanding:

- How does trauma affect emotional regulation?
- How can we best understand and react to trauma-reactive behavior?

## The Model: For Organizations and Patients

Trauma informed Care works by:

- Utilizing a universal precautions framework for all patients so that the environment is not re-traumatizing.
- Recognizing how identity impacts trauma reactions.
- Recognizing and responding when a patient discloses trauma.
- Helping patient stay within an optimal affective window of tolerance.
- Mitigating impact for providers who experience chronic and acute exposure.



Click images to enlarge and more information

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# Trauma Informed Care: Essential Practice

## Progress to Date: Trauma Informed Care Activities

Trauma Informed Care	Trauma Specific Interventions	Vicarious Trauma Support
Convening an interdisciplinary workgroup with physicians, nurses, social workers, chaplains to address broad implementation of TIC.	Convening of core team of providers to address course of care for patient with challenging medical and psychosocial history.	Leadership in the development of the Vicarious Trauma Toolkit, a federally funded project for organizations to address vicarious trauma with staff.
Creation of Survivor Leadership Collective to enhance and inform survivor voices in the community and health care setting. SLC members review materials and provide feedback.	EMDR (Eye Movement Desensitization Reprocessing) at the Center for Violence Prevention and Recovery— acute response, follow up and out-patient therapeutic services.	Training for BIDMC staff and providers on impact of working with trauma and compromised patient populations.
Training for Harvard Medical School students to enhance skills in early-career providers.	Patient Safety Note developed by Psychiatric Clinical Nurse Specialists for patients in need of specific plans of care to keep themselves and staff safe.	COBTH-sponsored event for providers: Understanding and Applying the Vicarious Trauma Toolkit.
Training for BIDMC providers to provide skills and training to enhance care.	Training for providers, staff around specific presentations of trauma.	Stress management group for providers.
Tip sheet on TIC for providers – available online and in print.		

## Survivor Voices



Click on logo to hear survivor voices talk about what trauma informed care means to them.

## Trauma Informed Care Tip Sheet

Click image to enlarge

## Next Steps

- Continued workgroup meetings
- Identification of opportunities for training and teaching
- Ongoing stress management groups for medical professionals
- Trauma Informed Care Tips available via portal and BIDMC site
- Survivor involvement and consultation in materials and program development
- Networking with similar institutions to learn share information about best practices

## The Team

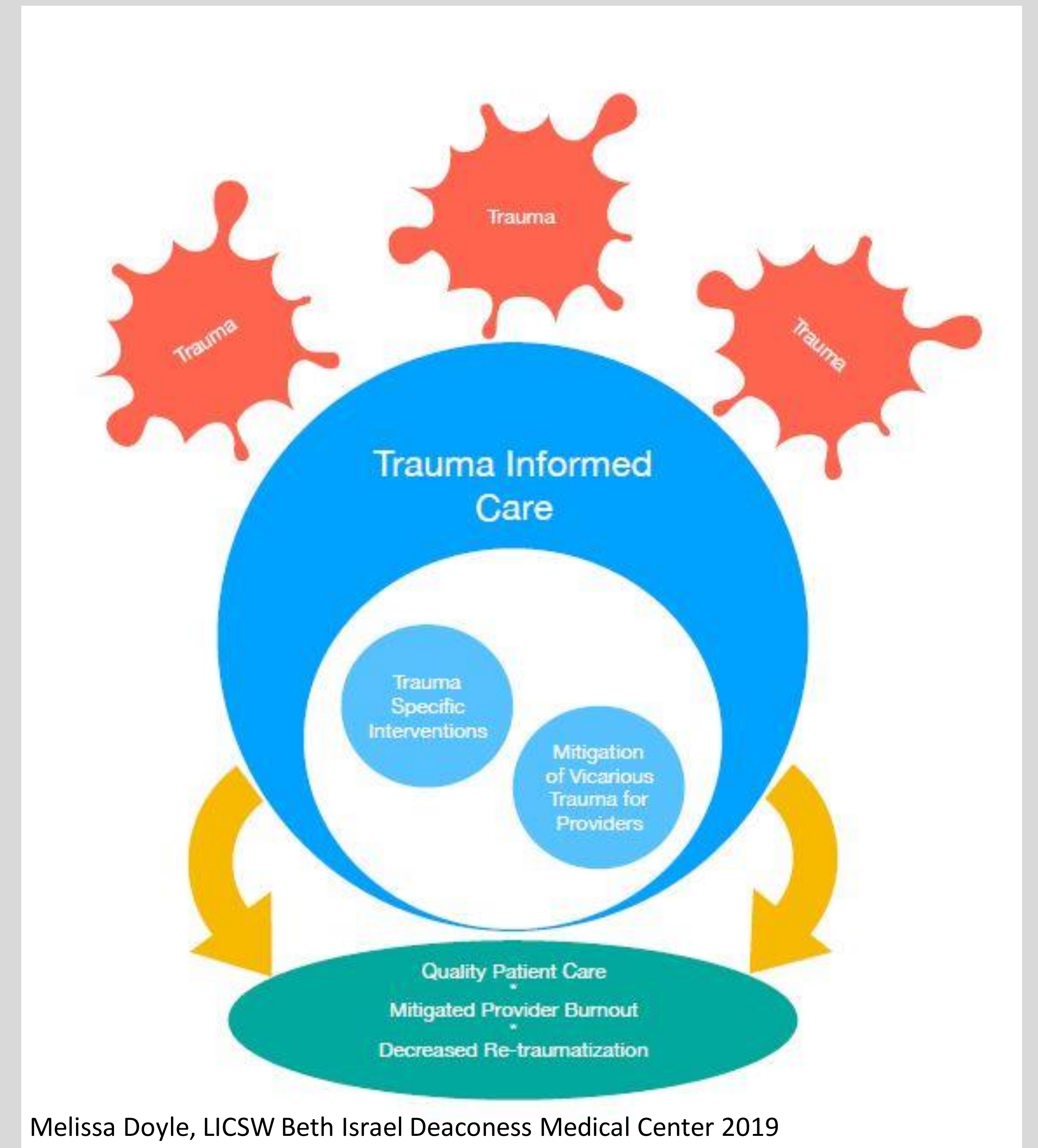
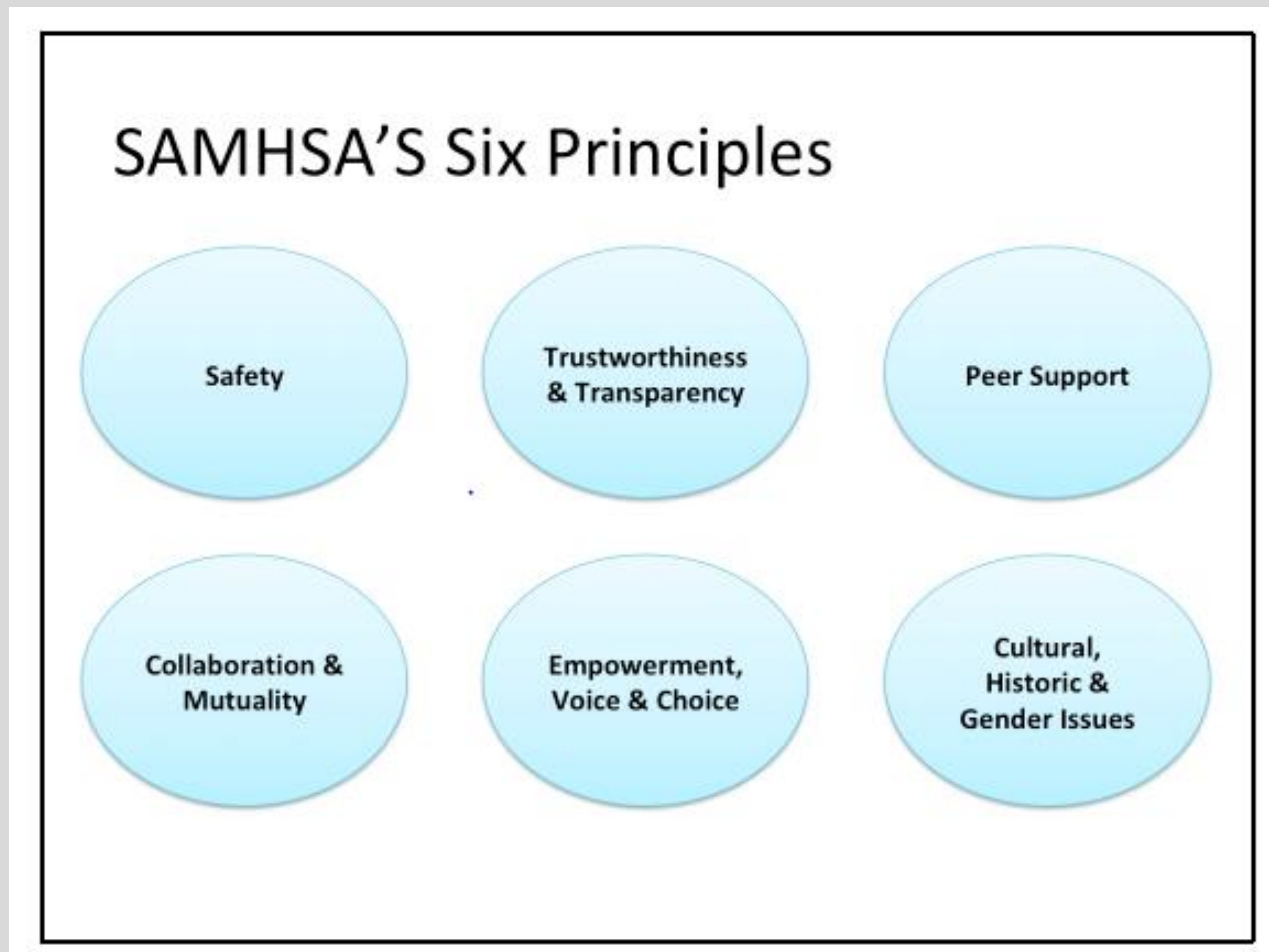
Barbara Sarnoff-Lee, LICSW Social Work	Joanne Devine, RN, Psychiatric Clinical Nurse Specialist
Julius Yang, MD, Health Care Quality	Leslie Ajl, RN, Psychiatric Clinical Nurse Specialist
Lauge Sokol-Hessner, MD, Health Care Quality	Lisa Lachance, LICSW, CVPR
David Cheng, MD, Palliative Care	Jo-Anne Ochalla, LICSW, CVPR
James Parris, MD, Chief Resident	Jodi Dean, LICSW, CVPR
Katie Rimer, M.Div, Ed.D, BCC, Spiritual Care	Melissa Doyle, LICSW, CVPR
Janet Yassen, LICSW, Chaplain, Spiritual Care	The Survivor Leadership Collective

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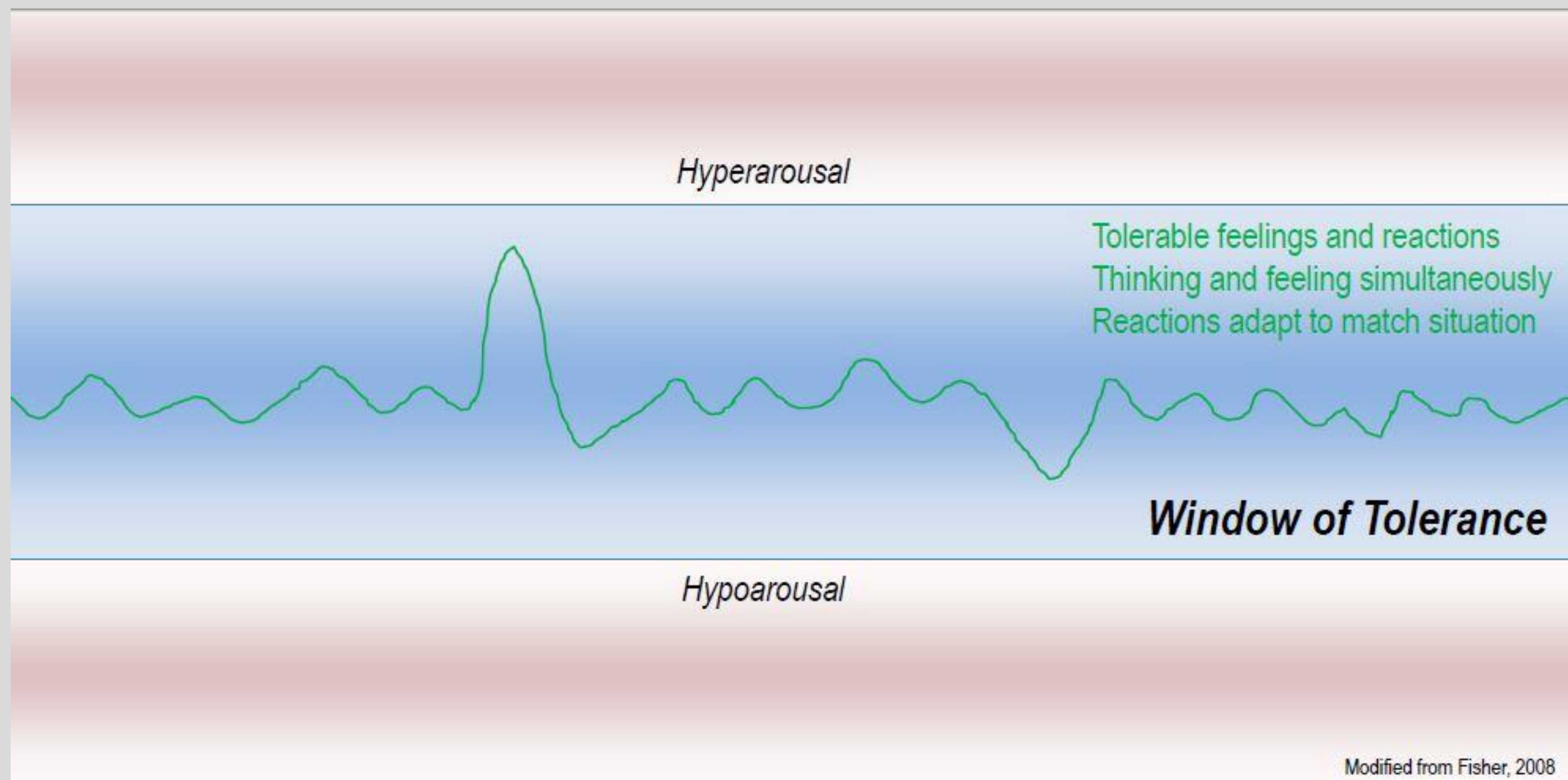
SAMHSA's six principals of Trauma Informed Care (TIC) model recognizes that patients interface with medical providers after having different experiences of trauma in their lives. TIC does not operate with the expectation that all patients will disclose trauma but rather that providers and staff will provide care that incorporate basic principles that promote engagement, facilitate healing, and decrease re-traumatization.

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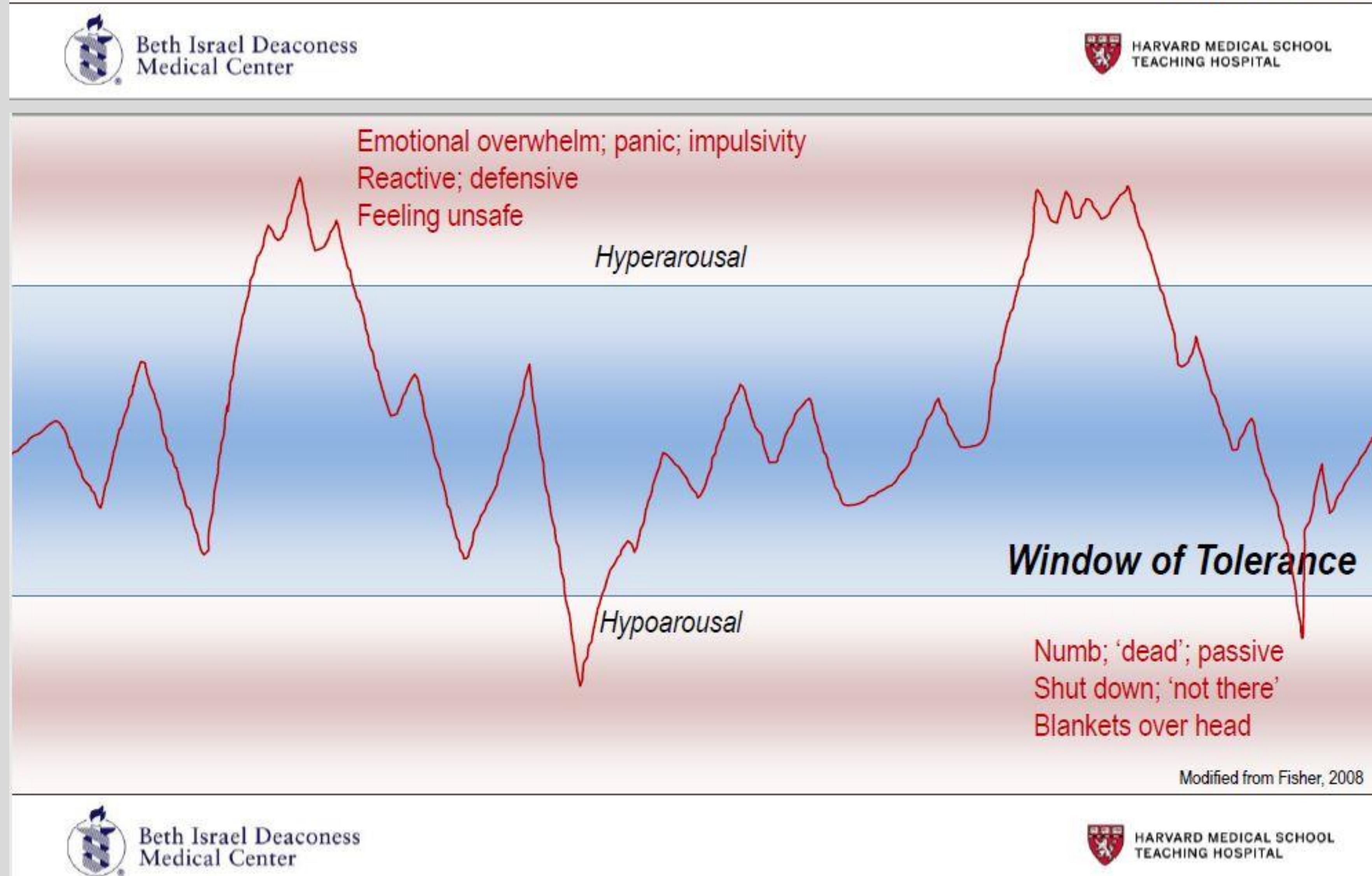


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The optimal zone for patients and providers is within the window of tolerance: patients and providers feel effective, able to cope, and tolerate challenges. The goal of TIC is preventive and supports patients and providers to operate in this zone.



Dysregulation, and ultimately hyper- or hypo-arousal, is where agitation and/or shutting down occurs and can elevate challenging behaviors. Patients and providers do not feel comfortable. Eventually, if the affective response is not managed, individuals can become emotionally overwhelmed and feel unsafe. These experiences can be re-traumatizing and decrease engagement and quality care.

Credit: James Parris, MD (originally adapted from Ogden, Minton, Pain, 2006)

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### What is Trauma Informed Care?

As health care providers, we encounter many individuals who have experienced adverse life events and traumatic experiences. A trauma can be a result from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening."<sup>1</sup> Trauma may adversely impact an individual's psychological, emotional, physical, social, and spiritual health. Trauma informed care is an important framework that addresses the pervasive impacts of trauma and promotes healing and resilience. By addressing physical and psychological safety in the context of a provider-patient relationship, it helps survivors regain a sense of control and agency. Trauma informed care enhances a patient's health outcomes and engagement.<sup>2</sup>

### Trauma Informed Care Principles and Tips:

#### Safety (Emotional, Psychological, Physical)

- **Provide respectful and accessible welcome**
  - Welcoming language on all signage
  - Ensure immediate basic needs are addressed
  - Orient patients to staff and their roles
  - Keep noise levels low in waiting rooms or common shared spaces
- **Support patients understanding of the physical space.** Provide information on where critical services are located: bathrooms, receptionists, etc. Keep parking lots, common areas, bathrooms, entrances, and exits well lit. Offer guidance on exiting at the completion of a visit.
- **Offer provider responses that are consistent, predictable, respectful, and maintain healthy boundaries.** If changes or delays occur, provide sufficient information, notice, and preparation.
- **Speak to patients at eye level whenever possible.** Crouch down or sit in a chair when appropriate.
- **Be aware of your body language with a patient** – don't tower over patients or visitors, allow a patient an option of where to sit in the room so that they may access the door.
- **Ask patients if they prefer to talk with the door open or closed.** Consider who else is in the room when discussing information with a patient.
- **Be aware that patients may not always be able to verbalize distress.** Consider talking with a patient about different ways to let staff know if s/he/they are uncomfortable, scared, anxious, etc.
- **Provide flexibility** so that staff members are able to interact with people in distress without telling them what to do or immediately giving consequences.
- **Ask permission to touch the patient or move patient's belongs.** This can help patients regain their personal autonomy and control.

<sup>1</sup> SAMHSA Trauma and Justice Strategic Initiative, "SAMHSA Concept of Trauma and Guidance for Trauma Informed Approach," <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>. (2014).

<sup>2</sup> Christopher Menschner and Alexander Maul, Center for Health Care Strategies, "Key Ingredients for Successful Trauma Informed Care Implementation," *Advanced Trauma Informed Care*, <https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/> (April 2016).



### Trustworthiness and Transparency

- **Provide transparency whenever possible** – this builds trust and allows the patient to anticipate what may be difficult.
- **Inform patients of expectations before, during, and after exams or procedures.**
- **Let patients know which parts of the body may be impacted** before beginning or proceeding with an exam.
- **Narrate tasks or procedures** for patients - even for small tasks.
- **Focus on the patient interaction and make eye contact.** Limit the amount of computer-based documentation during the visit when possible.

### Collaboration and Mutuality

- **Establish a nurturing and supportive relationship** that minimizes power imbalances by being respectful, empathic, non-shaming, and non-blaming.
- **Provide opportunities for patients to make decisions about their goals and care** where they are active participants in their care. Allow flexibility for those goals to shift depending on circumstance.
- **Invite patient questions** in a genuine and authentic way.
- **Learn about patient strengths and resources** to manage challenging situations. Ask "what has worked for you in the past?"

### Empowerment, Voice, Choice

- **Keep patients well informed about all aspects of their care.**
- **Maintain awareness and respect for basic human rights and freedoms**, including the option to decline treatment as appropriate.
- **Offer alternative explanations to patients who may be having a hard time with treatment options or expectations.** Allow patients the option to include others in their plan of care when appropriate.
- **Provide options wherever possible:**
  - Doors, curtains, shades – can the patient decide if s/he/they wants those open or closed?
  - If a patient has to be woken up for meds or vitals, ask how s/he/they would prefer to be woken up.
  - Can a patient keep his/her/their own clothes on rather than changing.

### Recognition of Cultural, Historical and Gender Issues

- **Understand how cultural and social factors impact one's response to a trauma event and how they perceive privacy and safety.**
- **Use interventions that respect of diverse cultural backgrounds** and create opportunities for patients to engage in cultural sensitive interventions and practices that promote trauma healing and recovery.
- **Listen to and validate a wide range of emotions** (i.e. grief, sadness, anger, and fear) from patients.
- **Ask patients upon arrival what is their preferred language in which to communicate.**



### Peer Support

- **Utilize your colleagues for group support to reduce isolation and "worrying alone."** Spend 5-20 minutes anticipating challenges, or reflecting on what went well and what improvements you would like to make
- **Educate self and other staff about compassion fatigue and stress symptoms.** Encourage and promote wellness. Build resiliency skills to mitigate burnout and vicarious trauma.
- **Encourage self and staff to take a 10 minute break.** Go outside, engage in a self-care or mindfulness technique, walk up and down stairs – these activities encourage a reset.

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### Trauma Informed Care Tips for Medical Exam or Intervention:

- Meet with patient fully clothed first to review the care procedure step by step.
- Leave the room to allow patient to change in private.
- Wait for approval from the patient before touching and proceeding with each step.
- If exam or intervention cannot be completed, normalize this experience and agree to reschedule the appointment.
- Give the patient the option of getting dressed before discussing next steps
- Provide written follow up information to patients.

### Inpatient Trauma Informed Care Tips:

- Come up with a plan for the shift when possible – what are the windows for meds or vitals or other procedures. Involve the patient when possible in setting expectations and a plan.
- If patient has an upcoming procedure, even routine ones, be transparent with what it will involve from start to finish (sometimes patients are told only what the procedure looks like but not the after-care such as you will return and feel groggy and you won't be able to eat right away).
- Ask a patient what would make them more comfortable before a procedure whenever possible – some patients want to be awake and alert and others would prefer sedation. Some patients may want a warm blanket.
- Let patients know who is on their care team and why they are involved. It may be obvious to providers why a consult was called but not to a patient.
- Consider a huddle or more formal care coordination with team members for patients experiencing distress at being hospitalized.
- Be proactive in managing escalating behavior. Understand that it may be due to a trauma reaction and reframe behavior to understand it in response to a stimuli or experiences.

These tips have been adapted from American Institutes for Research's National Center on Family Homelessness, "Trauma Informed Care," Trauma Informed Organizational Toolkit, <https://www.aifc.org/resource/trauma-informed-organizational-toolkit>, (Sept 2009) and developed in partnership with survivors and practitioners at BIDMC.

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