Building the Foundation: Trauma-Informed Care and Implementation in Healthcare Settings

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Disclosures

- I have no relevant relationships with ineligible companies to disclose within the past 24 months.

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Objectives

- Objective 1: Review various conditions and events that contribute to trauma, including social determinants of health, systemic racism, and interpersonal violence.
- Objective 2: Define trauma-informed care and discuss the "building blocks" for trauma-informed care.
- Objective 3: Analyze various components of trauma-informed care and real-life applications of these components.
- Objective 4: Evaluate and apply components of trauma-informed care to healthcare settings in an achievable and realistic framework.

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What is Trauma?

- Defining trauma is controversial
- *However* from a clinical perspective, it generally involves:
  - A terrible event or series of events that involve real or perceived threats of death or serious injury *and*
  - From which that person experiences overwhelming fear, hopelessness, or horror.
- Some favor a definition that concentrates more on the subjective experience of stress rather than objective threats to life.

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Contributors to Trauma

- There are many contributors to trauma and many different types of events that can cause trauma.
- Notably, many trauma survivors experience their first "touch" with trauma in childhood (ACEs).
  - Having at least one ACE predisposes you to continuing to experience trauma and lifelong sequelae, and it is a dose-dependent relationship.
- NB: trauma is highly individualized, making it difficult to create an objective set of qualities indicating severity of trauma.

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Trauma and Intimate Partner Violence

- This is really important for all age groups!
- Being in a violent relationship at any age predisposes you to either perpetrating or engaging in violent relationships in the future (NCADV)
- Witnessing IPV as a child is an ACE, promoting the likelihood of:
  - Being a trauma survivor
  - Experiencing additional traumatic "hits" either as a child or an adult or both
  - Being in a violent adult relationship
  - Perpetrating violence

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Trauma and SDOH

- Many systems unfortunately promote abuse and violence rather than solve it:
  - Church organizations and child molestation
  - Jail and prison systems
  - Unsafe communities (gang violence and community violence)
- Violence in communities and individuals is self-perpetuating:
  - Community violence is often based around retaliation (an eye for an eye)
  - Retaliation solves no problems, but increases the likelihood of trauma victims, both directly and indirectly (Anna Institute)

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Trauma and Racism

- Racism is considered a complex trauma, because of the multi-factorial, often intergenerational, and longitudinal experience of people who experience racism.
- Racism is often comprised of multiple insults, which can include, but are not limited to:
  - Intergenerational exposure to racism / trauma
  - Segregated neighborhoods
  - Publicized acts of aggression towards individuals that occupy the same racial or ethnic subgroup as the victim.
  - Microaggressions and "smaller", every day acts of racism and segregation.
- Similarly to other ACEs and traumatic experiences, racism has been well studied to contribute to or define traumatic experiences in life.

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What is Trauma-Informed Care?

- Trauma-informed care asks people, especially healthcare providers, to pause and consider the following questions: (Wilson)
  - What role does trauma and lingering traumatic stress play in individuals and populations?
  - What steps can we take on an individual and institutional level to help minimize the addition of new stressors or traumas?
  - How can we minimize reminders to prior traumas?
  - How can we help individuals heal from prior traumas?
- *Let us look at care through a "trauma" lens, changing the focus to elevate and improve care delivery.*

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History of TIC

- Vietnam War brings our understanding of PTSD to new levels.
- 1970s: increased awareness of sexual assault brings sensitive care to the forefront (Wilson)
- 1980s: child abuse receives attention, multi-disciplinary teams, and advocacy centers
  - 1985: International Society for Traumatic Stress
  - 1989: U.S. VA developed the Center for Post-Traumatic Stress
- 1990s: these two are "married" with empirical research on how human beings respond to trauma and how we could help humans recover from trauma.
  - SAHMSA (Substance Abuse and Mental Health Administration) recognized the influence of trauma on gender-specific complaints and "women's issues".

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Birth of TIC

As researchers and public health experts began to realize the impact of trauma, they formed treatments and interventions towards trauma (ex: Trauma Based Cognitive Behavioral Therapy)

However, they also realized the impact of systems on trauma and re-victimization, and thus, the concept of trauma-informed care and systems were born.

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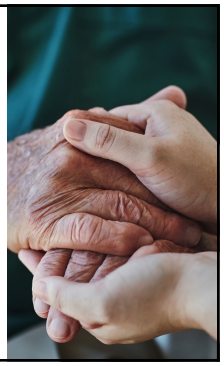
What is Trauma-Informed Care?

- Ideally, trauma-informed care organizations recognize the potential impact of trauma on the individual, and act accordingly on every level.
- Trauma-informed organizations:
  - Educate their staff on the wide-ranging effects of trauma
  - Thoughtfully reorganize aspects of organizations that may promote re-traumatization
  - Understand the vulnerabilities and triggers of various types of trauma and work to avoid them in their setting



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What's the Point?

- If for no other reason, creating trauma informed systems helps retain trained and experienced staff.
  - In other words, appealing to the organization's bottom line
  - Staff are expensive and time-consuming to train. Retaining them is helpful both for an organization's knowledge and experience base, and provides a stable foundation for patients.
- Trauma informed systems protect providers and staff
  - Less exposure to vicarious trauma, or in ways that feel "safe" and supported improves longevity and less secondary traumatization in caretakers.
- Trauma occurs in our care delivery systems!
  - Involuntary and coercive practices damage providers' and staff's well-being, faith, and loyalty to organizations
    - Forced staffing / overhire
    - Failure to delivery on promised bonuses, payouts, overtime
    - Guilt tripping, gaslighting, failing to provide meaningful resources promoting emotional and physical wellbeing.

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Basic Principles of Implementation: Five Core Values of Trauma-Informed Care

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

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Basic Principles: Ten Core Tenets

- Safety
- Trustworthiness and Transparency
- Collaboration and mutuality
- Empowerment
- Voice and Choice
- Peer Support and Mutual Self-Help
- Resilience and Strengths-Based
- Inclusiveness and Shared Purpose
- Cultural, Historical, and Gender Issues
- Change Process

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Emerging Themes

- No matter what framework you choose, there is commonality between missions:
  - Maximize physical and psychological safety
  - Partner with clients / patients
  - Identify trauma-related needs of clients / patients
  - Enhance client well-being and resilience
  - Enhance family unit well-being and resilience
  - Enhance caregiver / staff well-being and resilience

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Basics of Implementation on an Individual Level

- Psychological First Aid
- Answer questions about what survivors may experience
- Normalize their distress by affirming that this is a normal reaction to an abnormal circumstances
- Help them learn healthy coping mechanisms
- Help them be aware of possible symptoms
- Provide a positive experience and a safe shelter.

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Further Dos and Donts of TIC

RECOMMENDED	RECOMMENDED	AVOIDED
• That sounds… • That feels like… • How did that feel? • How did that make you feel? • Tell me more about… • Tell me everything about… • Can you tell me more about…	• Don't assume, ask openly and curiously • How can I support you? • What would feel good to you right now? • Would you like to hear about some of our resources? • No matter what happens, I'm here to support you however I can.	That must have… You must be / feeling… Here's what we should do next… We need to / You need to… We must / you must… He/she must be a really terrible person! That's not a good way to treat anybody!

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Practicality of TIC

- The absolute beauty of trauma-informed care is that it is ultimately scalable – it can be as big or as small as you would like, and it can be initiated and rolled out in steps and sequences that make sense to the organization and individual.
- It can be as big as a complete overhaul of a system and their way of thinking
- It can be as small as deploying trauma-informed phrasing and psychological first aid in individual encounters.
- You decide!!

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How do we get there?

- There are several excellent planning and initiation self-assessment tools to help organizations develop and maintain trauma-informed systems.
  - The Anna Institute: Creating Cultures of Trauma-Informed Care
  - Community Trauma-Informed Assessment Protocol
  - Trauma System Readiness Tool

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Change Process Overview (Anna)

Initial Planning

Completing a self-assessment scale for the organization

What are we doing well, what needs improvement?

What are our goals?

Kickoff Training Event

Tenets of trauma-informed care are presented

Staff is educated and empowered

Time is given to open discussion and forums

Short-term Follow-up

Misnomer, since this is actually the first part of the implementation process

Two presentations for ALL staff: one on Trauma-Informed Care 101, one on staff well-being and organization prioritization on staff well-being.

Longer-term Follow-up

Examples may include: building trauma-informed feedback questions into consumer surveys, surveying staff or providing open forums to encourage feedback, adding the implementation process to quality-improvement frameworks.

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Key Domains for Self-Assessment

Bringing us back to the principle foundations of TIC, what can be done to ensure the following?

Safety: ensuring physical and psychological safety	Trustworthiness	Choice	Collaboration	Empowerment

These same questions should be asked not ONLY for clients / patients but ALSO for staff / providers.

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Examples

- John is the scheduler for the OB/GYN department, predominantly responsible for scheduling routine PAP smears for patients. A patient calls him back to schedule her PAP smear and starts asking John a lot of detailed questions about the exam and what it entails. John starts to feel annoyed – after all, he has a full schedule of phone calls to make, and this patient is an adult, shouldn't she know what the exam entails?
- John finally tells her that she'll have to ask the rest of her questions during her exam. He notices in a routine audit three weeks later that this patient, who had a distinctive name, never showed up for her exam.
- What do you notice about this encounter? What might John have done differently in a trauma-informed setting?

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Trauma-Informed Response

- John may have flagged this patient's chart, noting that the patient had a lot of detailed questions, and requesting that a provider call the patient to discuss prior to scheduling.
- He may also have booked the patient for a double slot, assuming that her visit might require time or resources that a single slot might not.
- He might also have asked her to fill out a trauma survey and used those answers to guide his scheduling.

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Examples

- Karla is the intake clerk at the emergency room. A woman walks in and asks to check in for the ER, and Karla asks her usual questions, including "what's the reason for your visit"
- The woman hesitates, says "I can't tell you" and drops her gaze.
- Karla tells her that she has to give some reason for the visit or Karla can't complete her check-in.
- The woman mutters "never mind" and walks out.

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Trauma-Informed Response

- Karla should have the capacity to register someone with an "unstated" or "unknown" chief complaint.
- If she had received trauma-informed training, she might also ask the patient if she would prefer to be registered in private.
- Alternatively, in an institutional level of trauma-informed care, each patient might be ushered into a private space to be registered, triaged, etc., thus ensuring a private and safe space.

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Take Home Points

- Systems of trauma-informed care are not only good for patients, they're good for providers and they're good for organizations.
- They can be low-cost, high-yield, and relatively easy to implement.
- They can be individual, cohort, or institution-wide.
- Asking about trauma and screening for trauma benefits your patients, it does not further traumatize them.

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Other Valuable Resources

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I would love to hear from you!

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