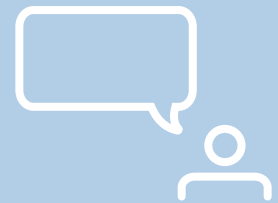




# Principles of Trauma-Informed Care for Health Care Organizations

## *What is Trauma?*

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” (SAMHSA, 2014)



**Examples of Adverse Events:** Physical Abuse, Emotional Abuse, Sexual Abuse, Natural Disasters, Motor Vehicle Accidents, Social Injustice, Racism, Political Terror and War, Grief/Loss

There are multiple possible reactions to adverse events, including emotional, physical, cognitive, and behavioral reactions (SAMSHA, 2014).

- **Emotional:** Numbness, shutting down, anxiety, depression, shame, anger, guilt
- **Physical:** difficulty falling asleep or staying asleep, nightmares, elevated cortisol levels, hyperarousal, fatigue
- **Cognitive:** difficulty concentrating, intrusive memories or flashbacks, self-blame, racing thoughts, frequent trauma triggers
- **Behavioral:** exaggerated startle response, avoidant behaviors (e.g., avoiding people or places that relate to the trauma in some way), decreased activity level, engagement in high-risk behaviors, withdrawal

After an adverse event, when an individual experiences one or more of these symptoms for a lasting period of time, and these symptoms have an impact on an individual’s functioning (e.g., social functioning, emotional health, physical health), they may be experiencing a trauma response.

While there can be many negative outcomes to trauma, it is important to remember that many children who experience trauma display resilient responses, or the ability to recover and adapt to these experiences.

## *What is Resiliency in Response to Trauma?*



**“Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.” (APA, 2022)**

Factors such as self-confidence, perseverance, social support, physical health, and decreased stress, among other factors, can predict childhood resilience and should be promoted to help increase resilience (Harris et al., 2016).

## *What is Trauma-Informed Care?*

Trauma informed care is best viewed as a comprehensive, multi-faceted organizational approach that is responsive to the multiple needs of individuals who have experienced trauma. Trauma-informed approaches have four “key elements”.

“A program that is trauma-informed

- **realizes** the widespread impact of trauma and understands potential paths for healing,
- **recognizes** the signs and symptoms of trauma in staff, clients, and others involved with the system,
- **responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings,
- and seeks to actively **resist** re-traumatization.” (SAMHSA, 2014).

### **Tip: Developing a “Trauma Lens”**

Instead of asking “What is wrong with you?” ask “What happened to you?” when working with children and families.



Sources such as SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014) can help organizations prioritize trauma informed care. While no one checklist can encompass the many programs, policies, and action steps a organization should engage in for trauma informed care, these checklists can serve as starting points to begin to integrate and prioritize trauma informed care into your organization.

### Creating Trauma-Informed Organizational Policies

<input type="checkbox"/> Written organizational policies that recognize the pervasiveness of adverse events and express a commitment to promoting recovery	<input type="checkbox"/> Clinic policies that encourage universal screening and assesment of trauma
<input type="checkbox"/> Staff trainings, orientations, and in-services include information on providing trauma-informed services to patients that are culturally relevant	<input type="checkbox"/> Easily accessible resources for individuals who have experienced adverse events
<input type="checkbox"/> Human resource policies that attend to the impact of employees who have experienced trauma	<input type="checkbox"/> Institutional supports for including trauma survivors in policy making

### Creating Trauma-Informed Spaces

Safe Physical Environments	Safe Social-Emotional Environments
<input type="checkbox"/> Provide bright lighting in parking lots, common areas, bathrooms	<input type="checkbox"/> Ensure welcoming signage throughout the facility
<input type="checkbox"/> Keep noise levels low in clinic rooms	<input type="checkbox"/> Provide consistency through regular schedules and consistent visit flow
<input type="checkbox"/> Prioritize privacy through private spaces and white noise machines when needed	<input type="checkbox"/> Let patients know what's happening next during their visit and seek permission during each step
<input type="checkbox"/> Arrange rooms and clinics to allow for easy exits	<input type="checkbox"/> Practice respectful and welcoming greetings (e.g., greet by name)
<input type="checkbox"/> Provide calming clinic rooms and safe spaces to calm down if needed	<input type="checkbox"/> Provide signage and brochures about any trauma related policies and resources for those who have experienced trauma
<input type="checkbox"/> Ensure people are not allowed to loiter or congregate	<input type="checkbox"/> Stay aware of cultural factors and how they may impact perceptions of trauma, privacy, and help-seeking

## Supporting Staff Wellness

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- Provide trainings that raise awareness of secondary traumatic stress, burnout, and compassion fatigue (e.g. MHTTC's Adult Resilience Curriculum)
- 
- Support reflective consultation to address feelings regarding patient interactions
- 
- Encourage and incentivize well-being
- 
- Allow "mental health days"
- 
- Build a sense of work family (support staff celebrations, milestones)
- 
- Assess staff satisfaction and prioritize responsiveness to concerns that arise
- 

*Charts adapted from SAMSHA (2014<sup>1</sup>, 2014<sup>2</sup>.) and PICC's Implementing Trauma-Informed Integrated Care Toolkit*

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