



TRAUMA INFORMED CARE



Trauma rates

- 1 in 4 children experience maltreatment
- 1 in 4 women experience DV
- 1 in 5 women are raped
- 1 in 71 males are raped
- 12% of female and 30% of male rape victims were under 10

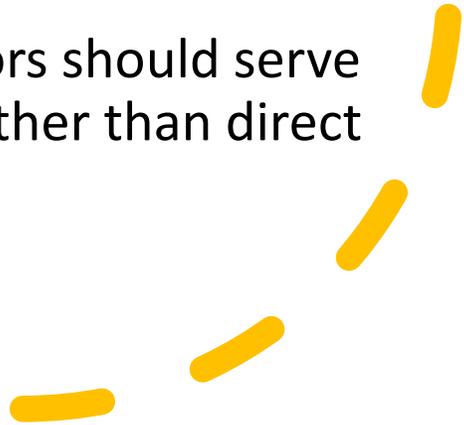
CDC 2018, as cited by Harvard Health



Trauma informed care- TIC

- Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing.
- Providers should be aware that many experience trauma and tx should be implemented without retraumatization.
- Many do not share their experiences because of guilt and shame
- Trauma comes in many forms (not all are abuse related)
- Stresses the importance of addressing the client individually rather than applying general treatment approaches.
- Trauma-informed care embraces a perspective that highlights adaptation over symptoms and resilience over pathology

SAMHSA principles for TIC

- **1. Safety:** Providers and organizations should make the physical counseling environment safe and engage in counseling behaviors that allow clients to feel safe.
 - **2. Trustworthiness and Transparency:** To allow clients to feel safe, counselors must be open and honest about the counseling process and the rules that govern counseling service delivery.
 - **3. Peer Support:** Incorporating into the counseling process the stories of others who have experienced trauma can help clients to feel safe, trust the counseling process and begin to feel hopeful about their own recovery.
 - **4. Collaboration and Mutuality:** Counselors should serve as partners, not authorities, who assist rather than direct clients in their healing journey.
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SAMHSA principles continued..

- **5. Empowerment, Voice and Choice:** To assist clients with recovery, counselors must recognize and encourage clients' voices, choices and strengths. Counselors must work from the belief that clients are resilient and can take charge of their healing process.
- **6. Cultural, Historical and Gender Awareness:** Counselors must be aware of and set aside any pre-determined assumptions about clients' cultural identities. Specifically, counselors must not respond to clients based on their assumptions about clients' cultural experiences, but instead, they must respond based on the unique cultural narrative clients provide to them. The key to implementing these six principles lies in counselor exercise of four skills in their counseling services delivery: realization, recognition, response and avoiding retraumatization. Counselors using a trauma-informed approach realize both the impact of trauma and the potential for recovery, recognize the symptoms of trauma, respond according to the trauma-informed approach principles, and strive at all times to provide a safe environment and counseling experience that does not contribute to retraumatization.

Georgetown Behavioral Health Institute

- The key components of a trauma-informed approach include:
- **Taking a solution-based approach to patient needs.** For example, instead of clinicians asking, “What is wrong with the patient?,” clinicians practicing trauma-informed care can ask, “What happened to the patient?” With this reframing, physicians can work to find a solution to a patient’s behavioral health needs within the context of the patient’s history of trauma. A history of trauma is not something that is wrong with a patient, but it is instead an important part of a patient’s profile that clinicians must consider during treatment.
- **Actively avoiding retraumatizing interactions and events.** Sometimes, a patient’s interactions during a behavioral health treatment program trigger memories of traumatic experiences. When the patient recalls those experiences, they may become anxious, stressed, or scared and be unable to continue treatment. To help ensure that patients do not have to deal with retraumatization, clinicians and staff must be proactive in avoiding situations and scenarios that might trigger their patients.
- **Having all levels of staff implement trauma-informed care practices.** When treating patients who have a history of trauma, it is important that clinicians and staff alike do not trigger a patient to recall his traumatic experiences. Accordingly, it is essential that behavioral health hospitals using trauma-informed care train each team member. When the entire organization is involved, both clinical and non-clinical team members can foster a culture-shift towards trauma-informed care best practices.

Key Ingredients of Trauma- Informed Clinical Practices - SAMHSA

- 1. Involving patients in the treatment process- *Patients need a voice in their own treatment planning and an active role in the decision-making process*
- 2. Screening for trauma - *Upfront and universal screening involves screening every patient for trauma history as early as possible*
- 3. Training staff in trauma-specific treatment approaches – (next slide)
- 4. Engaging referral sources and partnering organizations- *Individuals who have experienced trauma often have complex medical, behavioral health, and social service needs and, therefore, receive care from an array of providers.*

Trauma Treatment Approaches

- **Prolonged Exposure Therapy (PE Therapy):** ☐ Focuses on: (1) posttraumatic stress disorder (PTSD) education; (2) breathing techniques to reduce the physiological experience of stress; (3) exposure practice with real-world situations; and (4) talking through the trauma. Eight to 15 60-90-minute sessions that occur 1-2 times a week.
- **EMDR:** Focuses on: (1) spontaneous associations of traumatic images, thoughts, emotions, and sensations; and (2) dual stimulation using bilateral eye movements, tones, or taps. ☐ Information processing therapy to reduce trauma related stress and strengthen adaptive beliefs.

Trauma Treatment Approaches continued...

- **Seeking Safety:** Focuses on: (1) prioritizing safety; (2) integrating trauma and substance use; (3) rebuilding a sense of hope for the future; (4) building cognitive, behavioral, interpersonal, and case management skill sets; and (5) refining clinicians' attention to processes. [?] Present-focused treatment to help individuals attain a sense of safety.
- https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Case Illustration: Marisol

- Marisol is a 28-year-old Latina woman working as a barista at a local coffee shop. One evening, she was driving home in the rain when a drunk driver crossed into her lane and hit her head on. Marisol remained conscious as she waited to be freed from the car and was then transported to the hospital. She sustained fractures to both legs. Her recovery involved two surgeries and nearly 6 months of rehabilitation, including initial hospitalization and outpatient physical therapy.
- She described her friends and family as very supportive, saying that they often foresaw what she needed before she had to ask. She added that she had an incredible sense of gratitude for her employer and coworkers, who had taken turns visiting and driving her to appointments. Although she was able to return to work after 9 months, Marisol continued experiencing considerable distress about her inability to sleep well, which started just after the accident. Marisol describes repetitive dreams and memories of waiting to be transported to the hospital after the crash. The other driver was charged with driving under the influence (DUI), and it was reported that he had been convicted two other times for a DUI misdemeanor.

Analyze using TIC: Answering the following questions will help you see how the different levels of influence affect the impact and outcome of the traumatic event Marisol experienced, as well as her responses to that event:

Based on the limited information provided in this illustration, how might Marisol's personality affect the responses of her family and friends, her coworkers, and the larger community?

In what ways could Marisol's ethnic and cultural background influence her recovery?

What societal factors could play a role in the car crash itself and the outcomes for Marisol and the other driver?

Explore the influence of the period of time in history during which the scenario occurs—compare the possible outcomes for both Marisol and the other driver if the crash occurred 40 years ago versus in the present day.

