

What is Trauma Informed Care?

Trauma informed care (TIC) is a framework that addresses the pervasive impacts of trauma in our society and within the health care population by promoting healing and resilience. Trauma can 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”¹, and can adversely impact individual and community health. By addressing physical and psychological safety in the context of a provider-patient relationship, we resist re-traumatization and create pathways for resilience. Trauma informed care enhances patients’ health outcomes and engagement.²

How do I practice Trauma Informed Care in a health care setting?

Recognizing that high prevalence of trauma, **trauma informed care** is practiced as a **Universal Precaution** with all patients all the time. Organizational factors, work flow and setting contribute to practicing with a TIC approach as well. Most importantly, TIC shifts the provider’s perspective from ‘What is wrong with you?’ to ‘What happened to you?’ It means inquiring how past experiences may impact accessing, participating in, and following through with care now. It does not mean asking for details of trauma experiences which can be triggering. Asking, “Is there anything I can do to make this visit more comfortable for you?” will go a long way towards making patients feel safe and seen. Tips for providing TIC in a universal precautions framework:

Trauma Informed Care Principles and Tips in a health care setting:³

Safety (Physical, Psychological, Emotional)

- **Provide respectful and accessible welcome by using welcoming and multilingual language on all signage.** Throughout the visit, ensure immediate basic needs are addressed. Orient patients to staff and their roles in the health care setting. 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 see and access the door.
- **Ask patients if they would like the door open or closed.** Consider privacy when discussing care.
- **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 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, and wait for, permission to touch the patient or move patient’s belongs.** Invite consent/autonomy.

¹ 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).

² 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).

³ American Institutes for Research’s National Center on Family Homelessness, “Trauma-Informed Care,” Trauma Informed Organizational Toolkit, <https://www.air.org/resource/trauma-informed-organizational-toolkit>, (Sept 2009).

Trustworthiness and Transparency

- **Care and decisions are made with transparency.** This will build and maintain trust.
- **Inform patients about what to expect 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. When possible, allow patients more control of care steps, i.e. apply gel, holding stethoscope.
- **Narrate tasks or procedures** for patients - even for small tasks.
- **Focus on patient interaction and make eye contact.** Balance computer time with patient engagement.

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 past challenges. 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 they want those open or closed?
 - If a patient has to be woken up for meds or vitals, ask how they would prefer to be woken up.
 - Conduct as much of the visit with a patient’s own clothes on rather than dis-robing.

Recognition of Cultural, Historical and Gender Issues

- **Understand that cultural and social factors impact one’s response to trauma.** Patients will have differences in what they perceive as safe.
- **Use interventions that respect diverse cultural backgrounds** and create opportunities for patients to engage in culturally 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 their preferred language is in which to communicate, utilize medical interpreters. When possible, provide written material in native language.**
- **Ask patients how they identify and/or which pronouns they prefer to use.** Communicate this to other team members. If a patient is mis-gendered, or the wrong pronouns are used, apologize and move on.

Peer Support

- **Promote healing and recovery by valuing lived experience of patients and individuals with shared experiences.** For example, create mutual support groups for patients and offer peer supporters/navigators as part of health care delivery.

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

- ✚ Meet with patient fully clothed first to review the care procedure step by step and explain why exam is needed.
- ✚ Leave the room to allow patient to change in private.
- ✚ During the exam, when possible, stay within a patient's eyesight
- ✚ Use simple language throughout the exam.
- ✚ Wait for approval from the patient before touching and proceeding with each step.
- ✚ If exam or intervention cannot be completed due to a patient's distress, normalize this experience and offer to reschedule the appointment.
- ✚ Give the patient the option of getting dressed before discussing next steps
- ✚ Provide written follow up information to patients or how to access their care information online.

Inpatient Trauma Informed Care Tips:

- ✚ With patients, come up with a plan of care for the shift when possible – what are the windows for medication 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. For example, “you may 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. Utilize white board with care team and care goals.
- ✚ 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.