



INTRODUCTION TO TRAUMA-INFORMED CARE



OVERVIEW

What is Trauma?

The 4-R's of A Trauma-Informed Approach

Additional Resources

WHAT IS “TRAUMA”?

Event

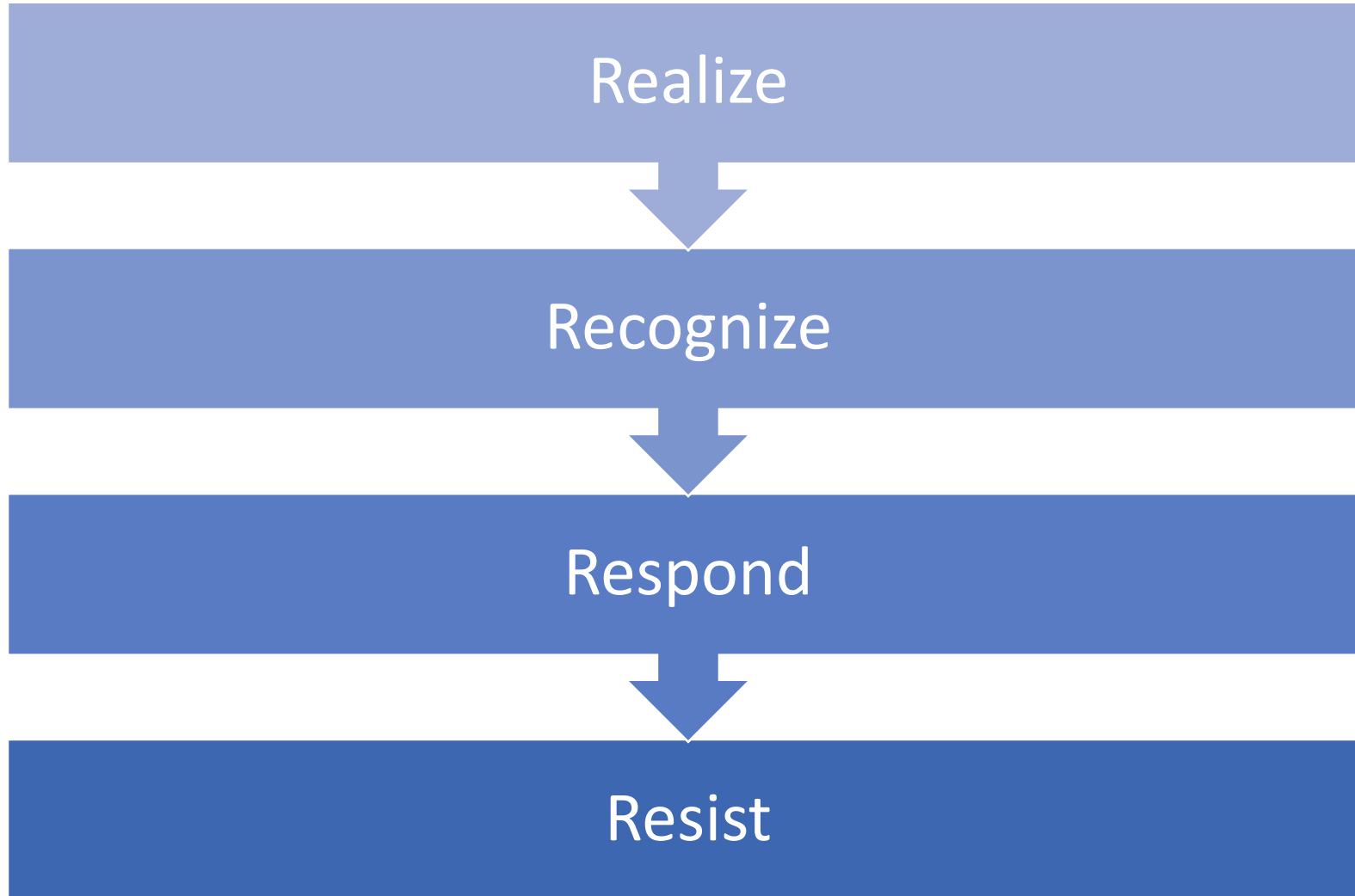
Experience

Effects

“TRAUMA” = POTENTIALLY DISTRESSING EVENT / EXPERIENCE

“TRAUMATIC STRESS” = REACTIONS TO THAT EXPERIENCE

UNDERSTANDING THE IMPACT OF EMOTIONAL TRAUMA



REALIZE: THE WIDESPREAD IMPACT OF TRAUMA
AND UNDERSTANDING POTENTIAL PATHS FOR
RECOVERY

REALIZE: DEVELOPING A SHARED LANGUAGE: “TRAUMA”

Medical Trauma

Acute/Single Event

Allostatic Load

Attachment Related

War Trauma

Complex

Chronic Toxic Stress

System Induced

Relational

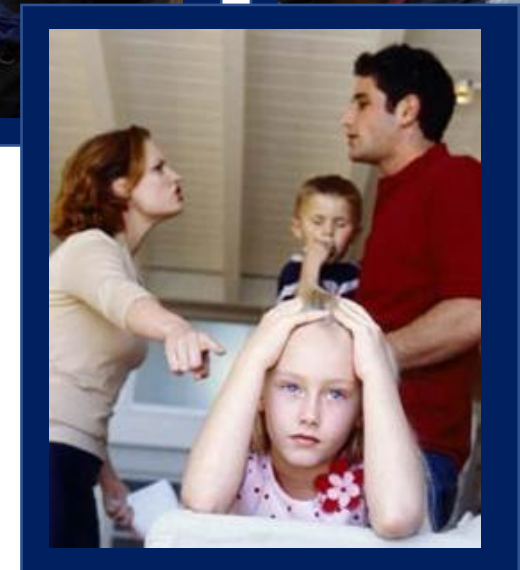
Situational

Unprocessed
Memories

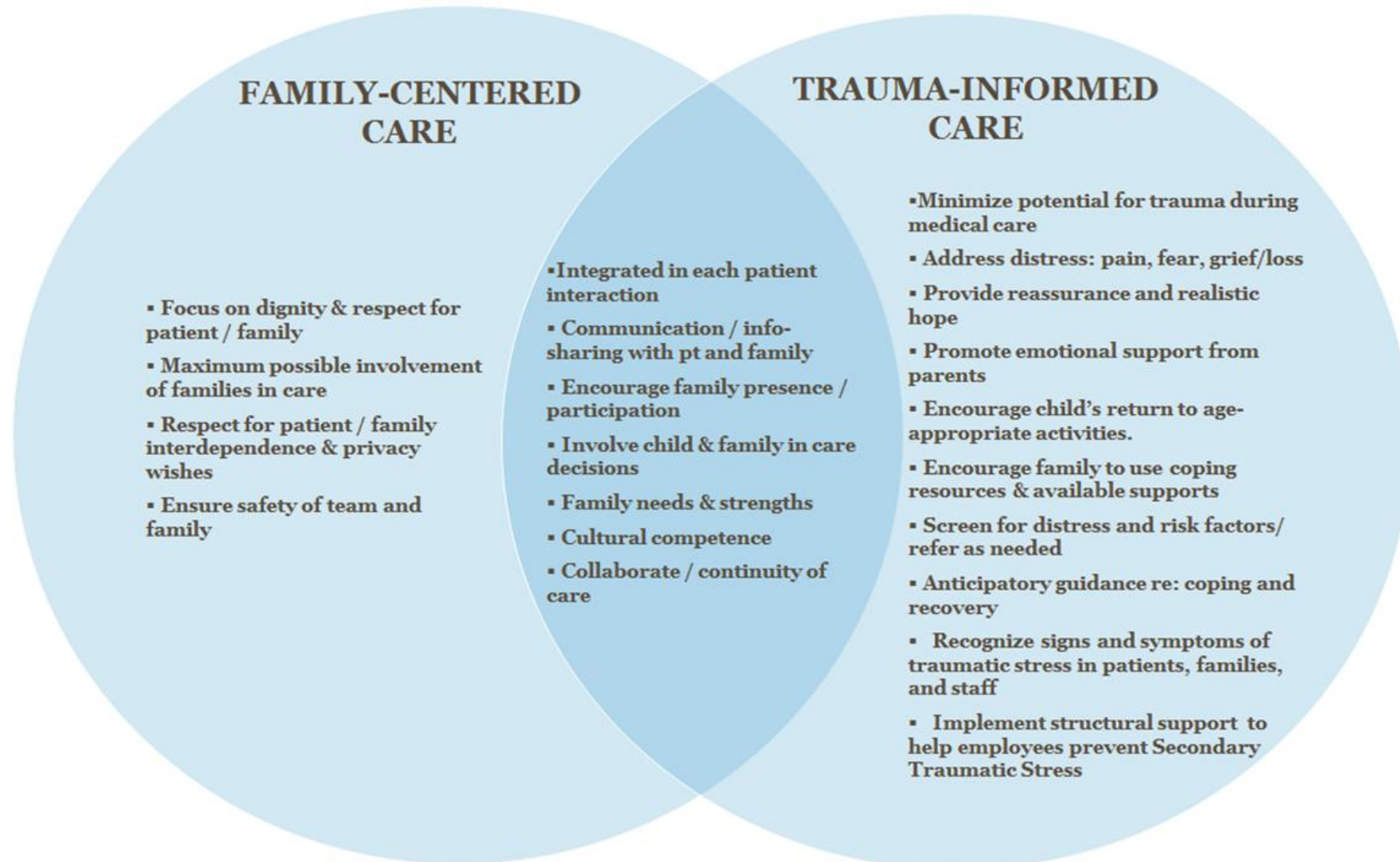
Vicarious Trauma/
Secondary Traumatic
Stress/Compassion
fatigue

REALIZE: ENHANCING OUR TRAUMA LANGUAGE

- **Cultural/Political**
- **Historical Trauma**
- **Intergenerational Trauma**



REALIZE: FAMILY-CENTERED CARE AND TRAUMA-INFORMED CARE



REALIZE: THE ROLE OF STRESS

Stress is a natural and necessary part of development. The type of stress we experience and the context in which we experience stress determines the impact

Description	<p>Mild elevated stress response - a healthy response to situations we deem as uncomfortable or bring a sense of tension</p> <p>May bring brief increases in heart rate</p>	<p>Temporary stress responses that is typically time limited, which allows for healing</p> <p>More intense physiological responses (cardiovascular, immune)</p>	<p>Prolonged, chronic, and unpredictable activation of our stress system; difficult to return to a state of calm</p> <p>Disruption in brain architecture; likelihood of illness increases</p>
Example	<p>POSITIVE STRESS</p> <p><i>first day at school / new job; completing a project; deadlines</i></p>	<p>TOLERABLE STRESS</p> <p><i>expected death of older relatives; fender bender (car accident)</i></p>	<p>TOXIC STRESS</p> <p><i>abuse; neglect; unable to meet basic needs</i></p>
Adaptation	<p>Occurs with limited to no external supports</p> <p>This stress can be motivating</p>	<p>Likely to occur in the context of relationships</p> <p>Prior coping skills can be called upon</p>	<p>Inhibited by lack of buffering supports, who may be enduring toxic stress</p> <p>Individual is too overwhelmed to use supports</p>

*NOTE: these are examples of types of exposure that may fit into each type of stress. Every individual's CONTEXT and PERCEPTIONS are unique. Our prior and current experiences also influence how we perceive exposures to stress

REALIZE: ADVERSE CHILDHOOD EXPERIENCES STUDY (ACES)

ACEs = Adverse Childhood Experiences

The 3 types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Abuse toward Parent



Substance Abuse

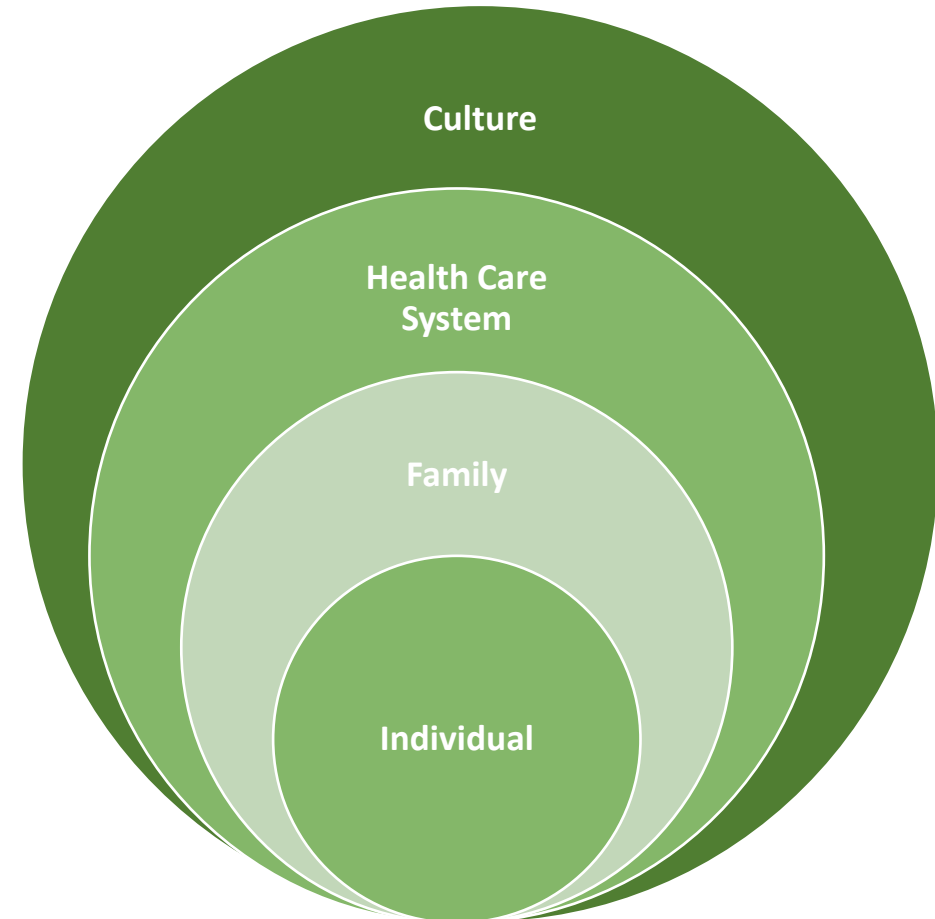


Divorce

REALIZE: IMPACT OF POTENTIALLY TRAUMATIC MEDICAL EVENTS

Influenced by:

- Impact of event on individual and family
- Experiences and interactions in health care systems



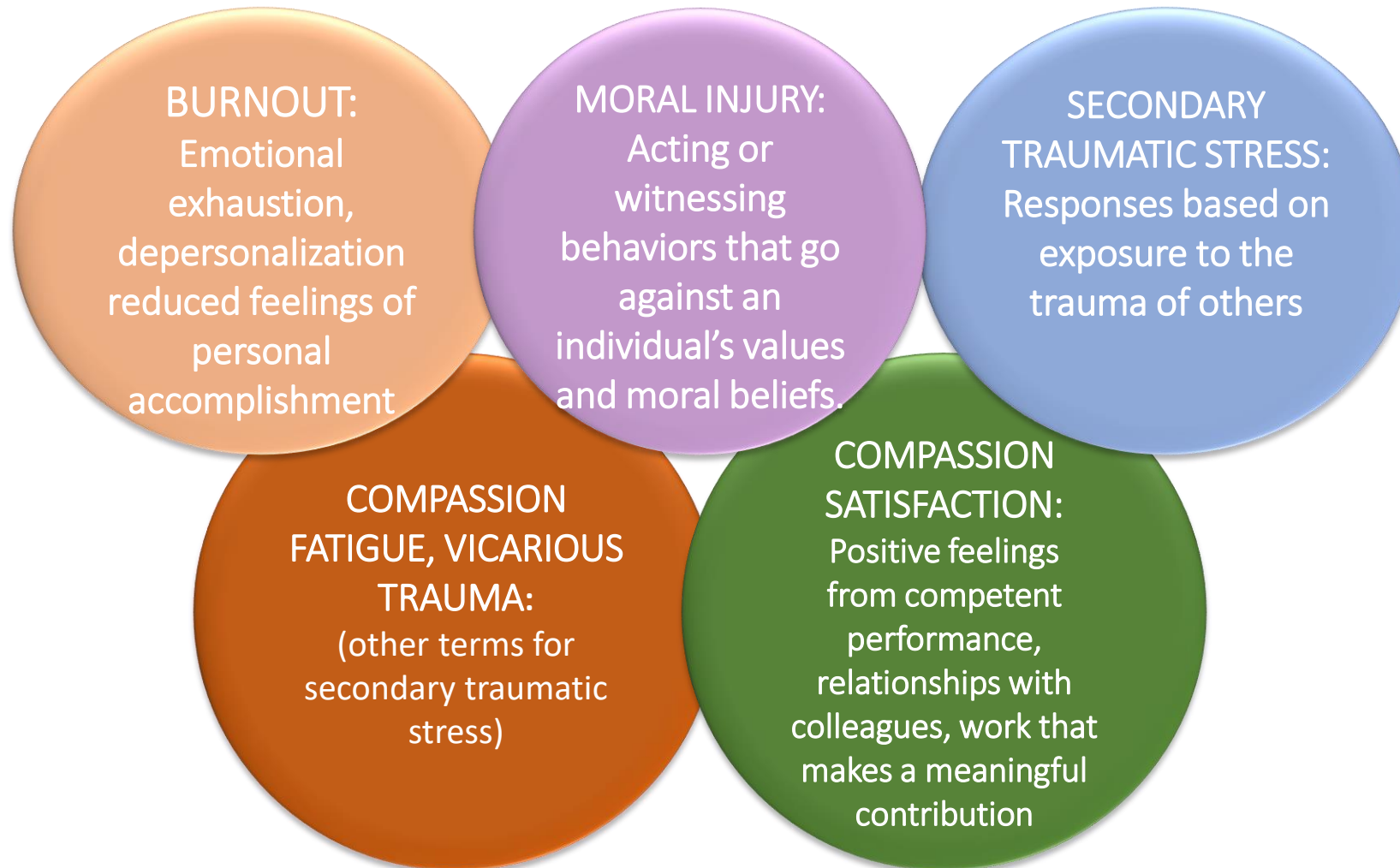
REALIZE: WHAT IS SECONDARY TRAUMATIC STRESS?

“Secondary traumatic stress is emotional duress that results when an individual hears about the firsthand trauma experiences of another.”

-National Child Traumatic Stress Network (NCTSN)



REALIZE: SELF-CARE RELATED TERMS AND CONCEPTS



RECOGNIZE: THE SIGNS AND SYMPTOMS OF
TRAUMA IN PATIENTS, FAMILIES, STAFF AND
OTHERS INVOLVED WITH THE SYSTEM

RECOGNIZE: WHAT DOES TRAUMATIC STRESS LOOK LIKE?

Re-experiencing:

- “It pops into my mind.”
- “Feels like it’s happening again.”
- “I get upset when something reminds me of it.”

Alterations in cognition or mood:

- Feeling very scared, angry, guilty or ashamed.
- Thoughts: “All people are bad.” / “The whole world is a scary place.”

Avoidance:

- “I block it out, try not to think about it.”
- “I try to stay away from things that remind me of it.”

Increased arousal:

- “I’m always afraid something bad will happen.”
- “I jump at any loud noise.”
- “I can’t concentrate, can’t sleep.”

RECOGNIZE: EXPOSURE TO TRAUMA



Subjective experience is a more important predictor.

RESPOND: BY FULLY INTEGRATING KNOWLEDGE
ABOUT TRAUMA INTO POLICIES, PROCEDURES,
PRACTICES, AND SETTINGS

RESPOND: REFRAMING OUR APPROACH



“WHAT HAPPENED TO YOU?”

RESPOND: DEF PROTOCOL

Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children ...AFTER THE ABCs, CONSIDER THE DEFs		
D	DISTRESS	<ul style="list-style-type: none">• Assess and manage pain.• Ask about fears and worries.• Consider grief and loss.
E	EMOTIONAL SUPPORT	<ul style="list-style-type: none">• Who and what does the patient need now?• Barriers to mobilizing existing supports?
F	FAMILY	<ul style="list-style-type: none">• Assess parents' or siblings' and others' distress.• Gauge family stressors and resources.• Address other needs (beyond medical).

RESPOND: CONSIDERATIONS IN PROVIDING CULTURALLY-SENSITIVE TRAUMA-INFORMED CARE

Culture includes, *but is not limited to:*

- Religious beliefs
- Socioeconomic status
- Gender
- Sexual identity
- Literacy level
- Residency

How to Assess: Culturally Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

LISTEN

...for variations in understanding. Ask:

- What is your understanding of what's happened?
- What is worrying you the most?
- What does your family think about it?

BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

RESPECT

...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

RESPOND: ABCs OF PROVIDER SELF CARE

For the Provider: Working with Traumatized Children and Families

...ABCs OF PROVIDER SELF-CARE

AWARENESS

- Be aware of how you react to stress (overworking, overeating, etc.).
- Monitor your stressors and set limits with patients and colleagues.
- Talk to a professional if your stress affects your life or relationships.

BALANCE

- Diversify tasks and take breaks during the workday.
- Eat sensibly, exercise regularly, and get enough sleep.
- Engage in activities outside of work; use your vacation days.

CONNECTION

- Connect regularly with family, friends, and community.
- Use meditation, prayer, or relaxation to connect with yourself.
- When not at work, disconnect from professional role and e-mail.

Adapted from Saakvitne & Pearlman, 1996

RESPOND: WHAT IS THE IMPACT?

“The changes helpers experience in their identities, world views, and spirituality affect both the helpers’ professional relationships with clients and colleagues and their personal relationships.”

– International Society for Traumatic Stress Studies (ISTSS)

Secondary traumatic stress can impact patient care.

RESIST: RE-TRAUMATIZATION THROUGH ACTIONS
PERFORMED WHILE IN OUR CARE

RESIST: POTENTIAL FOR NEW TRAUMA/RE-TRAUMATIZATION

Our #1 goal...

is to minimize potentially traumatic aspects of care and reduce the chances that we will re-traumatize patients and families while in our care.

ADDITIONAL RESOURCES

Pediatric Medical Traumatic Stress

[Home](#) [Trauma-Informed Pediatric Care](#) [Find Information For..](#) [Take An Online Course](#) [Find Tools And Resources](#) [For Patients And Families](#)

Providing Trauma Informed Care for Children

Illness and injury can be both physical and psychological stressors for children and families experiencing serious illnesses, injuries, or painful procedures, and can lead to [pediatric medical traumatic stress](#). Health care teams that bring a basic understanding of traumatic stress into their routine interactions with children and families can:

- reduce the impact of difficult or frightening medical events, and
- help children and families cope with emotional reactions to illness and injury.

How to Provide Trauma Informed and Patient Centered Care in Pediatrics:

- 1. Minimize traumatic aspects of medical care**
 - Pay attention to the child's and family's experience of medical care
 - Do what you can to reduce frightening or painful aspects of necessary care and procedures.
 - Remember that both current and prior trauma exposures can impact the child's (and family's) experience and their [interaction with the healthcare team](#).
- 2. Provide all pediatric patients with basic support and information**



RESOURCES

- **ACEs Connection:** <http://acesconnection.com>
- **After the Injury:** <https://www.aftertheinjury.org/>
- **CDC:** www.cdc.gov/violenceprevention/acestudy
- **Center for the Developing Child- Harvard University:** <https://developingchild.harvard.edu/>
- **International Society for Traumatic Stress Studies (ISTSS):** <https://istss.org/home>
- **National Child Traumatic Stress Network:** <https://www.nctsn.org/>
- **Original ACE Study:** www.acestudy.org
- **National Center for PTSD -** www.ncptsd.org

RESOURCES

Tools/Apps:

- **Headspace**- www.headspace.com
- **Calm.com**- www.calm.com
- **Helpguide**- www.helpguide.org
- **Mind Tools**- www.mindtools.com
- **Pacifica**- www.thinkpacifica.com
- **Children's book**- <https://www.mindheart.co/descargables>