INTRODUCTION TO TRAUMA-INFORMED CARE
OVERVIEW

What is Trauma?

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

Additional Resources
WHAT IS “TRAUMA”? 

“TRAUMA” = POTENTIALLY DISTRESSING EVENT / EXPERIENCE 
“TRAUMATIC STRESS” = REACTIONS TO THAT EXPERIENCE
UNDERSTANDING THE IMPACT OF EMOTIONAL TRAUMA

- Resist
- Respond
- Recognize
- Realize
Realize: The widespread impact of trauma and understanding potential paths for recovery
# Realize: Developing a Shared Language: “Trauma”

<table>
<thead>
<tr>
<th>Medical Trauma</th>
<th>Acute/Single Event</th>
<th>Allostatic Load</th>
<th>Attachment Related</th>
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</thead>
<tbody>
<tr>
<td>War Trauma</td>
<td>Complex</td>
<td>Chronic Toxic Stress</td>
<td>System Induced</td>
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<tr>
<td>Relational</td>
<td>Situational</td>
<td>Unprocessed Memories</td>
<td>Vicarious Trauma/Secondary Traumatic Stress/Compassion fatigue</td>
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Lakeside Global Institutes, *Enhancing Trauma Awareness*

Formed Families Forward Trauma Sensitive Approaches for Home and School: Video 1
REALIZE: ENHANCING OUR TRAUMA LANGUAGE

• Cultural/Political

• Historical Trauma

• Intergenerational Trauma
REALIZE: FAMILY-CENTERED CARE AND TRAUMA-INFORMED CARE

FAMILY-CENTERED CARE

- Focus on dignity & respect for patient / family
- Maximum possible involvement of families in care
- Respect for patient / family interdependence & privacy wishes
- Ensure safety of team and family

- Integrated in each patient interaction
- Communication / info-sharing with pt and family
- Encourage family presence / participation
- Involve child & family in care decisions
- Family needs & strengths
- Cultural competence
- Collaborate / continuity of care

TRAUMA-INFORMED CARE

- Minimize potential for trauma during medical care
- Address distress: pain, fear, grief/loss
- Provide reassurance and realistic hope
- Promote emotional support from parents
- Encourage child’s return to age-appropriate activities.
- Encourage family to use coping resources & available supports
- Screen for distress and risk factors/ refer as needed
- Anticipatory guidance re: coping and recovery
- Recognize signs and symptoms of traumatic stress in patients, families, and staff
- Implement structural support to help employees prevent Secondary Traumatic Stress
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.

<table>
<thead>
<tr>
<th>Description</th>
<th>POSITIVE STRESS</th>
<th>TOLERABLE STRESS</th>
<th>TOXIC STRESS</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Mild elevated stress response - a healthy response to situations we deem as uncomfortable or bring a sense of tension</td>
<td>Temporary stress responses that is typically time limited, which allows for healing</td>
<td>Prolonged, chronic, and unpredictable activation of our stress system; difficult to return to a state of calm</td>
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<tr>
<td><strong>Example</strong></td>
<td>May bring brief increases in heart rate</td>
<td>More intense physiological responses (cardiovascular, immune)</td>
<td>Disruption in brain architecture; likelihood of illness increases</td>
</tr>
<tr>
<td><strong>Adaptation</strong></td>
<td>Occurs with limited to no external supports</td>
<td>Likely to occur in the context of relationships</td>
<td>Inhibited by lack of buffering supports, who may be enduring toxic stress</td>
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<tr>
<td></td>
<td>This stress can be motivating</td>
<td>Prior coping skills can be called upon</td>
<td>Individual is too overwhelmed to use supports</td>
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*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

https://advokids.org/adverse-childhood-experience-study-aces/
Realize: Impact of Potentially Traumatic Medical Events

Influenced by:

• Impact of event on individual and family
• Experiences and interactions in health care systems
“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)
COMPASSION FATIGUE, VICARIOUS TRAUMA: (other terms for secondary traumatic stress)

BURNOUT: Emotional exhaustion, depersonalization, reduced feelings of personal accomplishment

MORAL INJURY: Acting or witnessing behaviors that go against an individual’s values and moral beliefs.

SECONDARY TRAUMATIC STRESS: Responses based on exposure to the trauma of others

COMPASSION SATISFACTION: Positive feelings from competent performance, relationships with colleagues, work that makes a meaningful contribution

MORAL INJURY: Acting or witnessing behaviors that go against an individual’s values and moral beliefs.

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?

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<tr>
<th>Re-experiencing:</th>
<th>Alterations in cognition or mood:</th>
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</table>
| • “It pops into my mind.”  
  • “Feels like it’s happening again.”  
  • “I get upset when something reminds me of it.” | • Feeling very scared, angry, guilty or ashamed.  
  • Thoughts: “All people are bad.” / “The whole world is a scary place.” |

<table>
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<tr>
<th>Avoidance:</th>
<th>Increased arousal:</th>
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</table>
| • “I block it out, try not to think about it.”  
  • “I try to stay away from things that remind me of it.” | • “I’m always afraid something bad will happen.”  
  • “I jump at any loud noise.”  
  • “I can’t concentrate, can’t sleep.” |
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?”

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm
**Respond:** DEF Protocol

**Healthcare Providers’ Guide to Traumatic Stress in Ill or Injured Children**

*After the ABCs, consider the DEFs*

### DISTRESS
- Assess and manage pain.
- Ask about fears and worries.
- Consider grief and loss.

### EMOTIONAL SUPPORT
- Who and what does the patient need now?
- Barriers to mobilizing existing supports?

### FAMILY
- Assess parents’ or siblings’ and others’ distress.
- Gauge family stressors and resources.
- Address other needs (beyond medical).
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**

**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

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<thead>
<tr>
<th>Awareness</th>
<th>Balance</th>
<th>Connection</th>
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<tr>
<td>• Be aware of how you react to stress (overworking, overeating, etc.).</td>
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<td>• Monitor your stressors and set limits with patients and colleagues.</td>
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<tr>
<td>• Talk to a professional if your stress affects your life or relationships.</td>
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<tr>
<td>• Diversify tasks and take breaks during the workday.</td>
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<td>• Eat sensibly, exercise regularly, and get enough sleep.</td>
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<tr>
<td>• Engage in activities outside of work; use your vacation days.</td>
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<td>• Connect regularly with family, friends, and community.</td>
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<td>• Use meditation, prayer, or relaxation to connect with yourself.</td>
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<tr>
<td>• When not at work, disconnect from professional role and e-mail.</td>
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*Adapted from Saakvitne & Peariman, 1996*
"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
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
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
Tools/Apps:

- Headspace- [www.headspace.com](http://www.headspace.com)
- Calm.com- [www.calm.com](http://www.calm.com)
- Helpguide- [www.helpguide.org](http://www.helpguide.org)
- Mind Tools- [www.mindtools.com](http://www.mindtools.com)
- Pacifica- [www.thinkpacifica.com](http://www.thinkpacifica.com)
- Children’s book- [https://www.mindheart.co/descargables](https://www.mindheart.co/descargables)