

Trauma-Informed Healthcare

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I have no conflicts of interest to disclose.

Disclosures

Learning Objectives:

- Learn about trauma-informed care and its principles.
- Discuss the potential impacts of applying trauma-informed care.
- Discuss how to apply trauma-informed care approaches in healthcare and with specific populations.



Trauma-Informed Primary Care: Fostering Resilience and Recovery



What is Trauma?

Definition (SAMHSA Experts 2012) includes three key elements

*Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as overwhelming or life-changing and that has profound **effects** on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact.*

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For more information on Child Development and Toxic Stress, visit the *Center for Child Development, Harvard University*:

<https://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/>



How does trauma impact the brain, body?



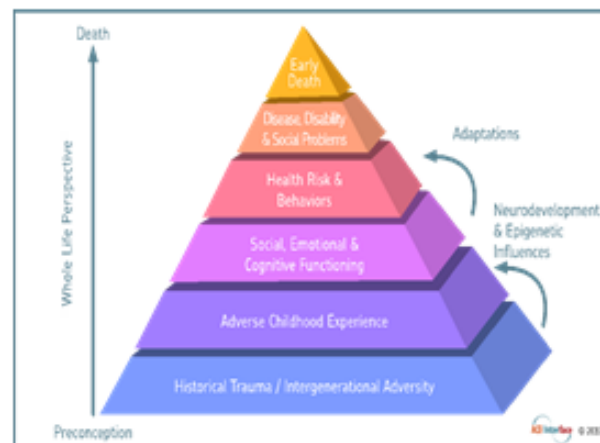
Trauma-Informed Primary Care: Fostering Resilience and Recovery



The Adverse Childhood Experience Study- Behavioral Health at the Foundation of all Health

- Over 17,000 adults studied from 1995-1997
- Almost 2/3 of participants reported at least one ACE
- Over 1/5 reported three or more ACEs, including abuse, neglect, and other types of childhood trauma
- Major links identified between early childhood trauma and long-term health outcomes,
 - Including increased risk of many chronic illnesses and [early death](#)

"Major Findings," Centers for Disease Control and Prevention (CDC)



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Adverse Childhood Experiences

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

HOW PREVALENT ARE ACEs?

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Stress



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

WHAT IMPACT DO ACEs HAVE?

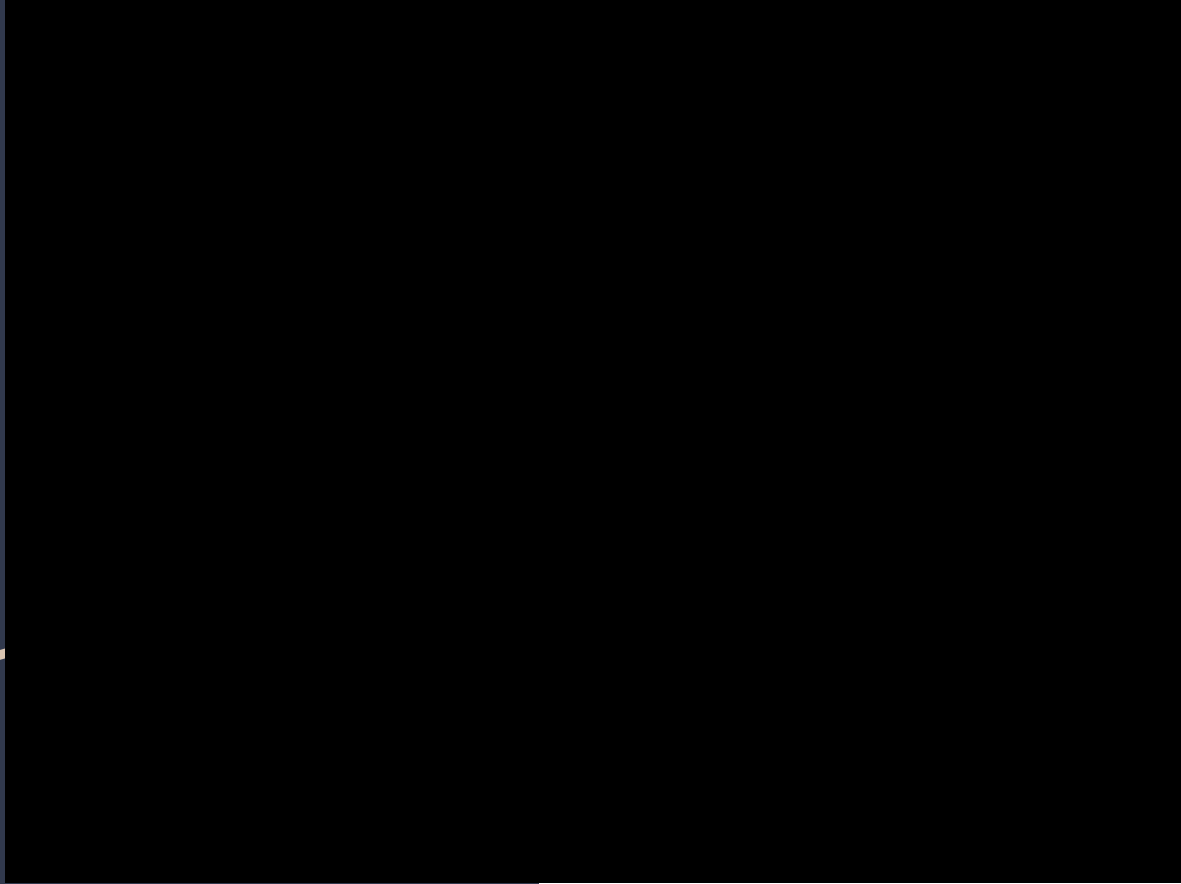
The Pair of ACEs

Adverse Childhood Experiences



So if we know trauma affects the health of us and our patients, how do we address this?

Paradigm Shift



TIC Vision

*Creating a welcoming,
safe space for each
voice to be valued.*

*It is not “what’s wrong with you?”
but rather “what happened to you?”*

What is Trauma-Informed Care?

Trauma-informed care (TIC) is recognizing that every individual is affected daily by current events and past events in their lives. This affects how they function, their relationships, their school/work, and their health. When a traumatic event occurs in someone's life, they are more at risk to develop health conditions such as diabetes, depression, anxiety, obesity, etc.

Principles of Trauma-Informed Care



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility + Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

(Adapted from the Substance Abuse and Mental Health Services Administration's "[Guiding Principles of Trauma-Informed Care.](#)")

Safety – Trustworthiness & Transparency – Peer Support

- Safe place, non-judgmental, intentional acceptance
- Relationships, relationships, relationships
- Listen more than you talk, creating space to listen
- Not “what’s wrong with you” but rather “what happened to you” AND then looking at “what’s right for you” to promote resilience and seek healing
- Integrated care, reducing barriers, working to increase access→ TIC affects every department, every service offered

What does Trauma-Informed Care look like?

Collaboration – Empowerment -- Humility & Responsiveness

- Meeting people where they are at--walking alongside
- Not having all the answers, but considering others perspectives to adapt their care and apply evidence-based practices
- We cannot assume to know someone else's unique experience, we need to listen to learn what the story is for each individual
- Shared Power: power with and for others, not power over others
- Assessing for and directly addressing health disparities including system inequities, poverty, racism, gender, and social determinants of health

What does Trauma-Informed Care look like?

How do we implement trauma-informed care in healthcare?

- Introduce yourself, role and how you would like to be addressed, and then invite the patient to share how they would like to be addressed (name, pronouns)
- Ask the patient to direct the appointment, stating if they would like to proceed, if there is something that would make them more comfortable, etc.
- Ask if there are specific things that can help lower stress that could be implemented in the appointment
- Show and explain a procedure before performing it or starting
- Encourage the patient to signal to stop a procedure if needed once started
- Warn patients before things happen such as sudden noises, possible discomfort



RSA

**Empathy by
Brene Brown**

**Responding to
others**

Shorts

Examples of TIC Approaches at LSCHC

- Environmentally, physically safe spaces
- Intentionally welcoming of all people, backgrounds
- TIC Tips for all staff: Weekly informational emails about TIC approaches to staff
- TIC Talks for all staff: Monthly TIC trainings and discussions hosted by staff and partners from community
- Linguaging, ex: missed appointments vs. “no show”
- Non-punitive approaches to patient behavior as appropriate
- Screening for trauma
- Supporting staff self-care and shame-free workplace
- TIC Response Team, EAP support
- Using best practices for trauma when providing health care

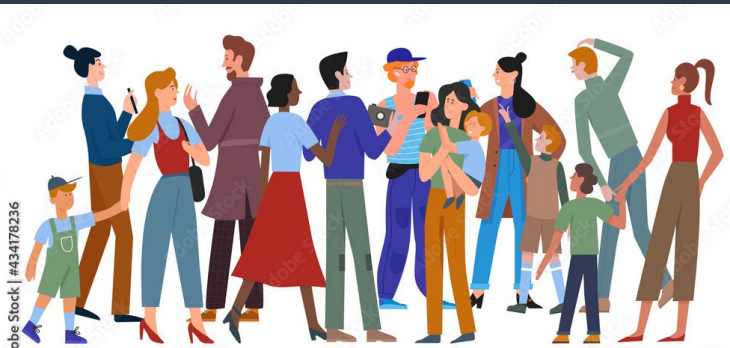
What can trauma-informed practices look like at an appointment?

- Validate the individual experience:
 - Empowering patients to make decisions about how they receive their care
 - Ask for permission to collect information, such as weight assessment, blood pressure, etc.
 - Ask them about preference of Open/closed doors
 - Ask permission to touch before performing physical exam, dressed/undressed
 - Explaining all elements exam BEFORE starting exam
- Motivational Interviewing
 - Conversations, not checklists
 - Shared decision making
 - Patient led discussions
 - Integrated behavioral healthcare teams
 - Warm handoffs, Facilitated referrals
- Prioritize your own (staff) self care
- Engage in activities that restore hope

http://files.midwestclinicians.org/sharedchcpolicies/Presentations/Trauma%20Informed%20Care/TraumaInformedCare_slides.pdf

Changing our Language

Adobe Stock | #434178236



Deficit-Based Language	Strength-Based, Recovery-Oriented, Person-First, Trauma-Informed Alternative
Describing a Person	
schizophrenic, a borderline, bipolar	person diagnosed with..., person who experiences the following..., in recovery from...
addict, junkie, substance abuser	person who uses substances; a person with substance use issues
consumer, patient, client	person in recovery, a person working on recovery, a person participating in services
frequent flyer, super utilizer	frequently uses services and supports, is resourceful, a good self-advocate, attempts to get needs met
Describing Behavior	
good / bad, right / wrong	different, diverse, unique
high- vs. low-functioning	doing well vs. needs supports
suffering from	person is experiencing, living with, working to recover from
acting-out, "having behaviors"	person's behaviors may indicate a trauma memory has been triggered, person is upset
attention-seeking	seeking to get needs met, seeking assistance to regulate
criminogenic, delinquent, dangerous	specify unsafe behavior, utilizing unsafe coping strategies

denial, unable to accept illness, lack of insight	person disagrees with diagnosis, person sees themselves in a
manipulative	strength based way. (Honor the individual's perception of self.)
oppositional, resistant,	resourceful, trying to get help, able to take control in a situation to get needs met, boundaries are unclear, trust in relationship has not been established
non-compliant, unmotivated	the constraints of the system don't meet the individual's needs, preferred options are not available, services and supports are not a fit for that person. (Assume that people do well if they can.)
DTO, DTS, GD (Danger to Others, Danger to Self, General Danger)	people should not be reduced to acronyms; describe behaviors that are threatening
entitled	person is aware of her/his rights, empowered
puts self and/or recovery at risk	person is trying new things that may have risks
weakness, deficits	barriers, needs, opportunity to develop skills
unrealistic	person has high expectations for self and recovery

Building Compassion-Based Relationships with Families & Other Caregivers. *Supporting individuals and workplace culture: A toolkit for health and human services* (Section 12). Retrieved online from https://www.compassionresiliencetoolkit.org/media/HC_CR_Section_12_2021_Full_2.pdf

How Do I Call In or Call Out?



Calling In

- "I'm curious. What was your intention when you said that?"
- "How might the impact of your words or actions differ from your intent?"
- "How might someone else see this differently? Is it possible that someone else might misinterpret your words/actions?"
- "Why do you think that is the case? Why do you believe that to be true?"
- "What is making you the most fearful, nervous, uncomfortable, or worried?"



Calling Out

- "That's not our culture here. Those aren't our values."
- "I don't find that funny. Tell me why that's funny to you."
- "It sounded like you said _____. Is that what you really meant?"
- "I need to push back against that. I disagree. I don't see it that way."
- "I need you to know how your comment just landed on me."
- "It sounds like you're making some assumptions that we need to unpack a bit."

Calling in vs Calling out

https://clinicians.org/wp-content/uploads/2023/02/calling_in_and_calling_out_guide_v4.pdf

Consensual Scale Workflow

- **Consent! Consent! Consent!**
 - **Ask first** before suggesting
 - “Would you like to be weighed today?”
 - “Do you know your weight? Or, do you want to measure it here?”
 - “Since you are here today to assess fluid build-up in your legs, would it be okay with you if we measured your weight?”
- This practice can extend past just weight: Ask before all measurements, such as blood pressures, any physical exam, temperatures...



What impact can trauma-informed care have on someone's health?

Improving Health Outcomes

- Patients engage more fully in their health and health care
- Building trusting relationships between providers, staff and patients
- Reduce staff burnout, staff turnover and compassion fatigue
- Connecting patients to appropriate treatment and evidence-based, best practices:
 - child living with trauma vs ADHD
 - adult living with uncontrolled diabetes because of diet vs environmental factors
- Increase positive interaction with health care, reduce medical trauma experiences
- Address racial, gender and other health disparities, address social determinants of health

Weight Bias: Example of Trauma-Informed Care

- Comorbid chronic conditions
- Genetics, family history
- Trauma, individual and generational
- LGBTQ+
- Social Determinants of Health including finances/resources
- Stress levels
- Difficulty sleeping
- Access to nutritious food, safe areas to be outside in neighborhoods

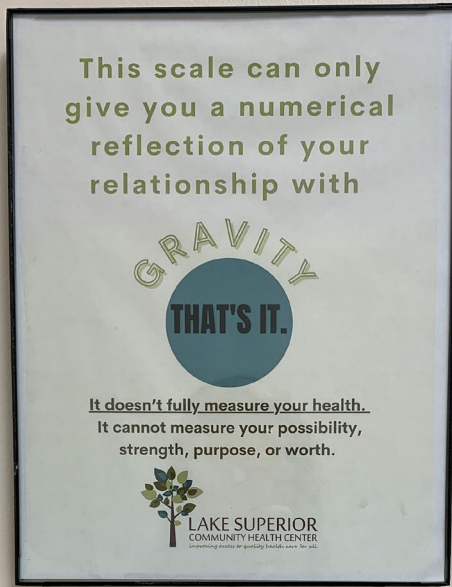
**Reflect on your own thoughts about weight, body size. What are your initial emotions?
What are your beliefs about the individuals affected?**

Weight Bias: Effects on Patient Experience & Outcomes

- More likely to cancel scheduled appointments→delays in getting care
- Avoid preventive healthcare services →increased risks and cost of care
- Lack of appropriately sized exam equipment and furniture
- Poor patient-provider communication, “survival mode”
- On average, receive shorter appointments / time with providers
- Health Effects from bias/stigma, not from simply being overweight:
 - Lipid, metabolic and glucose dysregulation
 - Elevated levels of inflammation
- Poor funding for research on obesity

Edwards-Gayfield, P., National Eating Disorders Association (NEDA). (2024). Weight Stigma. Retrieved online from <https://www.nationaleatingdisorders.org/weight-stigma/>

Fulton, M., Dadana, S. & Srinivasan, V. N. (2023). Obesity, Stigma and Discrimination. *StatPearls NIH*. Retrieved online from <https://www.ncbi.nlm.nih.gov/books/NBK554571/>



- Staff training on weight bias, language and communication
- Training providers on holistic treatment and most up to date, evidence based practices
- Improve the environment and physical experience:
 - Chairs, exam room tables
 - Gowns, coverings
 - Blood pressure cuffs, scales, etc.
- Consent-based weight measurement
- Revising written materials and messaging
- Utilizing 5 As (ask, assess, advise, agree, assist) or Motivational Interviewing before discussing treatment (for example, as with tobacco cessation)
- Be intentionally welcoming, not passively tolerating
- Promote self-compassion in staff

Compassion Fatigue

- is the emotional and physical fatigue experienced by professionals due to their chronic use of empathy in helping others in distress
- Figley and colleagues introduced compassion fatigue as a more “user-friendly” term to describe the phenomena of secondary traumatic stress.
- There are some distinctions between these terms, but all three terms refer to the negative impact of clinical work with traumatized clients.



Pacific Southwest (HHS Region 9)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Figley et al., 1995, 1996, 2002; Newell et al., 2016; Stamm, 2010 Turgoose & Maddox, 2017



Promoting Self-Compassion in Staff

- Remember TIC applies to your staff in addition to patients
- We need to change how we are thinking about, talking to, and treating our own bodies before we will be able to fully address our biases about the bodies of others
- Self-compassion practice:
 - Treat yourself as you would treat a friend
 - Recognize mistakes are a part of being human
 - Practice mindfulness rather than judgement
 - Self-motivation through compassion rather than criticism
 - Resources:
 - Dr. Kristin Neff on Self-Compassion: <https://www.youtube.com/watch?v=lvTZBUSplr4>
 - Practicing Self-Compassion: <https://positivepsychology.com/how-to-practice-self-compassion/>

My Self-Care Plan

How is my energy drained?	How is my energy restored?
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What are my WARNING signs of compassion fatigue, how will I know that my energy is running low?

When I or someone around me sees one of my warning signs, this is what I will do:

-
-
-

How do I stay healthy and well?

Physical	Emotional	Spiritual
Social	Environmental	Creativity

I will protect myself at work and at home by:

Doing this on the way to work:	Doing this on the way to home:
--------------------------------	--------------------------------

I can set boundaries, and it is good for me to do so:

- I have the right to ...
 -
 -
 -
- To protect my time and energy it is okay to ...
 -
 -
 -
- People may not ...
 -
 -
 -

These are the strengths I see in me:

I can use these statements to remind myself about who I am:

I am good. I am confident. I am competent.

I am worthy of success. I am a kind and loving person.

I am _____

I contribute to the world. I can deal with conflict. I can deal with stress.

I can _____

I will be the best I can be now, at this time with what I have.

I will _____

Examples of Regulation, Self-Care and Resilience Practices

- Grounding
- Deep Breathing
- Mindfulness
- Meditation
- Physical Activity/Exercise
- Connecting in supportive relationships
- Yoga
- Recognizing and naming your emotions
- Learning conflict resolution and communication skills
- Practicing positivity
- Establishing positive routines such as with sleeping, eating

This is not a complete list!

There are many different approaches and ways to care for yourself. Please trial what is most helpful for you and seek the assistance of a professional such as a therapist or health care provider as needed.

What is one thing you could use or implement in your own work?

Think about “low hanging fruit”.

Questions?

Thank you for your time and attention.

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