

AT THE HEART OF TRAUMA-INFORMED CARE

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ABSTRACT

“Trauma-informed care” provides a framework to guide clinicians in responding to the epidemic of trauma. Yet few clinicians feel comfortable defining trauma-informed care or describing how it translates into practice. This reflective piece suggests four dimensions of trauma-informed care: 1) Awareness of the prevalence of trauma and its long-term effects on physical and emotional health; 2) attitudes that recognize resilience and take into account how trauma may influence behavior and engagement in care; 3) an approach to care that prioritizes safety, choice and collaboration while working to build trust; and 4) education regarding trauma’s effects, and connection to resources to support healing. These dimensions may help delineate the provider’s role in creating a trauma-informed health care environment and stimulate reflection on how best to serve patients affected by trauma.

KEYWORDS: Trauma-informed care, Awareness, Resilience

A few years ago, I reached the end of a long primary care visit with a well-known patient. “It’s time for your next Pap!” I announced blithely. She froze, looked at me, and silently started to weep. I was taken aback; only after several minutes did she explain that she had been sexually violated in the past. The mention of a Pap test had triggered anxiety and fear – and I was caught completely off-guard.

In this era of #MeToo, gun violence, and family separation at the American border, trauma has assumed center stage in our culture's consciousness. In our clinics, trauma invades the lives of many of our patients in insidious and sometimes catastrophic ways. While science is beginning to elucidate this arena, as clinicians we often remain unaware and therefore less effective.

"Trauma-informed care" comprises our response, in healthcare, to this often-hidden epidemic. While the Substance Abuse and Mental Health Services Administration (SAMHSA) offers the most widely accepted set of principles that comprise a trauma-informed approach, I continue to hear a familiar refrain: "What is trauma-informed care?"[1] Clinicians yearn for something more tangible.

In that spirit, I have outlined one interpretation of trauma-informed care for providers. Fueled by my own experiences, this framework is by no means comprehensive, but I hope that it simply provides a next step in the conversation.

Trauma-informed care is health care in which:

- 1) Providers bring an awareness of the prevalence of trauma and its long-term effects on physical and emotional health to every encounter.

I should not have been caught off-guard by my patient's past experience of trauma; 59% of children in the United States have experienced at least one adverse childhood experience (ACE).[2] ACEs are associated with long-term health consequences such as COPD, ischemic heart disease, depression, and substance abuse.[3] Among adults, one in five women has experienced rape, and many more have been exposed to sexual violence.[4] Trauma stems from other forms of mistreatment as well, including bullying, discrimination, and placement in foster care.

Trauma-informed providers are familiar with the pervasiveness of trauma across various demographics and educated about its lasting effects. Whether or not they routinely screen for trauma, these providers recognize its signs and symptoms and are prepared for its disclosure in any encounter. They assume universal exposure until proven otherwise.

- 2) Providers' attitudes recognize resilience and consider how trauma may influence behaviors and engagement (or lack thereof) in care-seeking.

As an intern, I was responsible for a patient with large, infected, chronic leg wounds. While my patient accepted antibiotics to treat her superimposed infection, she refused wound care and harassed anyone on staff who attempted to dress or touch her wounds. She ultimately left the hospital against medical advice, her wounds no better than when she had arrived. Catching a hint of frustration in my tone, a wise colleague taught me an important lesson: ask not, "What is wrong with this patient?" but "What has happened to this patient?". I wonder still what series of traumas had, for years, perpetuated her wounds and her reluctance to trust providers to take care of them.

Clinicians frequently encounter patients who refuse care or abruptly lose emotional equilibrium. Trauma-informed providers see these “difficult patients” not as people with character flaws, but as survivors in whom trauma has shaped behaviors in both adaptive and maladaptive ways. My patient with leg wounds had honed a fierce drive to protect her body from other people over the years – tragically, to the great detriment of her health. Instead of placing blame or taking personal offence, trauma-informed providers understand that trauma can forge complex, conflicting motivations that limit conventional engagement in care.

3) Providers’ approach to care prioritizes safety, choice and collaboration while working to build trust.

I walked into an exam room not long ago and greeted a new patient, a middle-aged gentleman. The door had been cracked open when I walked in, and I quickly closed it for the sake of privacy. “Please keep that door open,” he quietly corrected. “I was locked up for a long time, and now I get nervous when I’m closed up in a room.”

Trauma-informed providers open themselves to the particular needs and histories of individual patients. Knowing the prevalence of trauma, they take universal precautions in their language and actions in order to circumvent re-traumatization. They offer choices to help patients feel physically and emotionally safe, and above all seek to build trust. Clinicians may offer a preamble before moving to sensitive parts of the exam: “I’m now going to ask some sensitive questions that I ask all my patients; please let me know if you would prefer not to answer.” They may seek to learn from their patients by asking, “How can I help make the Pap test a less frightening experience for you?” Trauma-informed providers are unassuming, prioritize patient control, and respect boundaries, even if these boundaries feel more complicated than those traditionally taught in medical school.

4) Providers offer education to patients regarding trauma’s effects and connect patients to resources to support healing.

Clinicians often feel powerless in the face of trauma, yet they can play a critical role in empowerment through education. In a local domestic violence shelter, I spoke with a young woman who was trying to understand her feelings of panic when she entered the loud, crowded dining room for daily meals. She recalled several past escalated moments with her abuser, all centered around food. She and her therapist had been working diligently to reframe these memories, but she still wanted to understand *why* her body responded the way it did. So, I talked to her about toxic stress, about the HPA axis, and other physiologic consequences of trauma. When she asked how her experiences could impact her one-year-old son, we discussed resilience factors, including the critical role of a loving, supportive caregiver to buffer the effects of adversity in a child’s life. I found, to my surprise, that I did have something to offer.

Physicians are not trained to provide psychotherapy; nonetheless, explaining the ways in which trauma dysregulates the body’s biology via cascading effects, and how it can exacerbate various health problems, can be eye-opening for patients. Likewise, providers can help identify evidence-based resilience factors

and teach mindfulness breathing exercises to strengthen coping skills. Referrals to high-quality, trauma-focused therapies and other mental health resources are critical, but providers should not discount their role in explaining the science of trauma and resilience.

Four A's: Awareness, Attitudes, Approach and Advice – these are the ways I believe clinicians can begin to operationalize trauma-informed care.

Of course, trauma-informed care does not take place solely within the narrow patient-provider dyad; it includes every single interaction within a clinic, a hospital and the healthcare system. Just as clinicians need guideposts to incorporate this new model of care – one that is deeply sensitive to the needs of a traumatized population – so too do nurses, medical office assistants, and medical technicians need to investigate how these principles translate within their own encounters with patients.

Thus, working incrementally and with great intention, humility and compassion, may we all begin to adjust our own interactions to reflect the radical message at the heart trauma-informed care: *I see all of you, your trauma and your resilience. I am glad you are here. You are not alone.* ■

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