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Understanding Trauma-Informed Care

Section 1: Trauma and Its Effects

What Is Trauma?

Rhodes' Screener

Rhodes is a military veteran who completes a screener that asks about negative life events. He indicates that he has experienced combat and witnessed sudden violent death, severe human suffering, and serious accidents as part of his job. Rhodes also indicates that he has been physically abused.

He responds to follow-up questions about his trauma exposure.

"I was an EOD tech. It stands for Explosive Ordnance Disposal, which is basically the bomb squad. So, I saw a lot. My childhood wasn't so great either."

Rhodes does not want to discuss these experiences, which is unnecessary at this point in treatment. How can you honor his preferences while still assessing the potential impact of trauma? What should you consider to ensure his care is trauma-informed?

In this course, behavioral health professionals will learn to provide trauma-informed care to clients like Rhodes. You will learn:

- Different types of trauma and their effects.
- Core principles of trauma-informed care and how they apply to behavioral health settings.

- Strategies to support resilience and address barriers to delivering trauma-informed care.

Traumatic Events and Trauma

A **traumatic event** is a shocking, frightening, or dangerous experience that can affect how a person feels, behaves, or understands the world. Examples of traumatic events include (National Institute of Mental Health [NIMH], 2023a):

- Emotional, sexual, or physical violence
- Child abuse or neglect
- Life-threatening experiences or exposure to death
- Natural disasters
- Exposure to violence or war

Trauma is the emotional and psychological response to a traumatic event that overwhelms a person's ability to cope. Trauma can result from witnessing, experiencing, or learning about a traumatic event.

Trauma may be:

- **Acute:** Acute trauma involves a single traumatic event, such as a car accident or sexual assault.
- **Chronic:** Chronic trauma results from multiple or ongoing traumatic events, such as long-term abuse.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) include traumatic, destabilizing, or stressful events that occur in a person's youth. About 64% of adults have experienced at least one ACE, and 17% report four or more ACEs (Centers for Disease Control and Prevention [CDC], 2023).

All trauma types are ACEs if the person experienced them before adulthood. Other examples include:

- Separation from or loss of a caregiver
- Family members with substance use or mental health issues
- Homelessness or unstable housing
- Discrimination (e.g., racism, ableism, sexism, ageism, anti-LGBTQ+ bias)
- Food insecurity

Trauma Types

Clients may experience a range of trauma types. Four common types include:

- **Complex:** Complex trauma typically results from repetitive, chronic exposure to traumatic events that are often interpersonal and begin in early childhood. Examples include child abuse and neglect, intimate partner violence, and extreme conditions like war or sex trafficking. These events are often difficult or impossible to escape, with the expectation that survivors keep their experiences a secret (International Society for the Study of Trauma and Dissociation [ISST-D], 2020).

  The effects accumulate over time. Survivors typically lose their sense of safety, trust, and self-worth, leading to severe (Hujing & Yalch, 2024; ISST-D, 2020; U.S. Department of Veterans Affairs [VA], 2022):

  - Emotion dysregulation
  - Dissociation
  - Disorganization in their self-concept
  - Relationship problems
- **Developmental:** Developmental trauma is any trauma that occurs in early childhood and disrupts development. For example, a child who is abused as a toddler may experience delays in motor or speech development later in childhood. They may also have symptoms of complex trauma throughout their lifespan.

Children who experience developmental trauma often (Cruz et al., 2022):

- Feel unsafe or insecure in the world.
- Have poor attachment bonds with their caregivers.
- Are unable to regulate their emotions.
- Have delays in multiple areas of development (e.g., physical, intellectual, and social).

- **Medical:** Medical trauma refers to the psychological and physiological response clients have because of physical pain, injury, medical procedures, serious illness, or invasive treatment experiences. Medical trauma relates more to the person's perception of the experience rather than its objective severity (International Society for Traumatic Stress Studies [ISTSS], 2020).

  Aspects of medical events that may cause this type of trauma include:
  - Nature of the illness or injury (e.g., life-threatening, long-term)
  - Type of treatment required (e.g., intubation, surgery)
  - Reaction to a diagnosis (e.g., shock, grief)
  - Hospital environment (e.g., loud noises)
- **Racial:** Racial trauma refers to the traumatic stress that occurs when someone experiences racism or race-based discrimination. Racial trauma is also known as race-based traumatic stress. Racial trauma can result from systemic racism or interpersonal acts of discrimination, such as (Kniffley et al., 2023):
  - Microaggressions
  - Racial slurs and other verbal abuse
  - Race-based violence

Historical and Collective Perspectives

Trauma is not limited to individual experiences. Trauma can be shared among communities, passed down through generations, or embedded in societal structures. Clients may experience (Crosby et al., 2022):

- **Historical Trauma**: Historical trauma can include past losses and collective traumatic experiences, such as slavery, genocide, and forced assimilation.
  - **Example**: Indigenous people share historical sources of trauma, such as abusive boarding schools and violent forced removal from Tribal lands. Historical trauma has been linked to current risks for depression, substance use disorders, and unemployment among Indigenous communities.
- **Intergenerational Trauma**: Intergenerational trauma refers to the way the effects of trauma can be passed to future generations. Historical trauma is a type of intergenerational trauma, but not all intergenerational trauma is historical.
  - **Example**: An adult who was abused as a child may unknowingly replicate similar patterns of behavior with their own children. The cycle of violence transmits from one generation to the next.
- **Systemic Trauma**: Systemic trauma includes the ways policies, hierarchies, and norms within organizations or larger systems cause, perpetuate, or worsen trauma.
  - **Example**: People with marginalized racial identities often experience social and economic inequities due to centuries of discriminatory policies embedded in institutions, leading to systemic trauma (Clark et al., 2022).
- **Collective Trauma:** Collective trauma affects entire communities due to large-scale events such as war, natural disasters, or pandemics. Collective trauma results in shared experiences and has a societal impact.
  - **Example:** The COVID-19 pandemic was a collective trauma that impacted the world by challenging our sense of safety and normalcy while exposing and worsening social inequities

(American Psychological Association, 2023).

High-Risk Groups

Certain groups are at higher risk for trauma than others. Their increased risk often relates to their disproportional exposure to social and economic inequity. Others are more vulnerable to trauma due to their dependence on others. Some occupations are also more at risk for trauma exposure than others. Examples of high-risk groups include (NCTSN, n.d.):

- Military service members and veterans
- First responders (e.g., law enforcement, firefighters, emergency medical personnel)
- Refugees and displaced people
- People experiencing homelessness
- LGBTQ+ individuals
- People with intellectual and developmental disabilities
- Children and older adults
- Women
- People with marginalized racial or ethnic identities
- People with substance use disorders

Trauma and Healthcare Professionals

Professionals who support others affected by traumatic events are vulnerable to secondary and vicarious trauma. Examples of professions impacted by these trauma types include first responders, educators, legal professionals, family members, and healthcare providers.

In your work, you may:

- Experience secondary or vicarious trauma yourself.
- Have colleagues affected by secondary or vicarious trauma.
- Work with clients impacted by these trauma types.

Secondary Trauma

Secondary trauma occurs when healthcare professionals have trauma symptoms related to hearing about or witnessing the aftermath of a client's traumatic experience. Symptoms of secondary trauma are similar to posttraumatic stress disorder (PTSD) and can include (Administration for Children and Families, n.d.):

- Reduced concentration
- Perfectionism
- Sleep problems
- Physical issues (e.g., pain, chronic exhaustion)
- Anger, cynicism, and guilt
- Hypervigilance
- Emotional numbness and difficulties empathizing with clients

Note: Secondary trauma can lead to a PTSD diagnosis if the healthcare professional meets all criteria for the diagnosis and the symptoms last for a month or longer.

Vicarious Trauma

Vicarious trauma refers to changes that occur due to ongoing empathic engagement with trauma survivors. Vicarious trauma differs from secondary trauma in its scope and origin. Vicarious trauma involves broader and more profound changes to the clinician's worldview due to cumulative exposure to traumatic content (Kendall-Tackett, 2023).

Symptoms include (British Medical Association, 2022):

- Ongoing feelings of anger about a patient's traumatic experience

- Overly identifying with or being involved with the patient's emotional experience
- Being pessimistic, cynical, or hopeless
- Avoiding listening to or empathizing with patients' stories of traumatic experiences
- Having poor professional boundaries (e.g., overextending self)

Rhodes' Trauma

With rapport, Rhodes is more comfortable discussing some past experiences. He describes his work as an EOD tech in a combat zone. He disarmed multiple improvised explosive devices (IEDs) and witnessed the aftermath of those that detonated.

"There were some close calls. And even when nothing happened, something could've. You go in knowing what can happen. And then being there after something goes wrong. It stays with you."

Rhodes goes on to discuss several symptoms related to his combat exposure, such as a strong startle reaction, intrusive memories, and nightmares.

What term BEST describes the type of trauma Rhodes experienced?

A. **Chronic**
B. Developmental
C. Vicarious
D. Systemic

Feedback [Rhodes experienced chronic trauma because he experienced multiple dangerous encounters with IEDs over a period of time. Developmental trauma is specific to trauma that occurs in early childhood and disrupts development. Vicarious trauma results from exposure to another person's trauma. Systemic trauma refers to trauma that is embedded within systems or institutions.]

Effects of Trauma

The impact of trauma can be short- or long-term. Risk factors can compound the effects, while resilience or protective factors can mitigate the impact of trauma. Your ability to recognize how trauma affects clients will equip you to provide trauma-informed care.

Acute Reactions

Most people have acute reactions to traumatic events (VA, 2024). Acute reactions relate to the body's natural alarm system, which prepares the body for danger by prompting it to fight, flee, or freeze when threatened. These natural reactions can linger for hours or weeks after a traumatic event.

Acute reactions may be (VA, 2024):

- **Physical**:
  - Stomach aches and headaches
  - Sleep problems
  - Rapid breathing and racing heart
  - Shortness of breath
  - Worse or new medical issues
- **Emotional:**
  - Nervousness or fear
  - Helplessness or sadness
  - Shock or numbness
  - Irritability or anger
- **Cognitive:**
  - No hope for the future or a sense that their future will be cut short

  - Upsetting dreams, memories, or thoughts
  - Concentration problems
  - Negative views of themselves or the word
- **Social:**
  - Feeling distant from others
  - Having work, school, or relationship problems
  - Getting into fights or frequent arguments
  - Isolating or withdrawing from others
- **Behavioral:**
  - Jumpiness or strong startle reaction
  - Extremely alertness
  - Inability to maintain personal care (e.g., exercise, diet, healthcare)
  - Extremely controlling or overly permissive behaviors
  - Avoidance of trauma reminders

Mental Health

Trauma increases the risk for most mental health conditions (Hogg et al., 2022). Children with trauma are at risk for conditions related to early attachment issues, such as reactive attachment and disinhibited social engagement disorders. Some people may have symptoms of insomnia, emotion dysregulation, or dissociation without qualifying for a mental health diagnosis. Two common trauma-related disorders are PTSD and acute stress disorder.

PTSD and Acute Stress Disorder

People with PTSD and acute stress disorder share the same symptoms but for different durations. A person with acute stress disorder has all the core symptoms for up to one month. PTSD is diagnosed when those symptoms last longer than a month (NIMH, 2023b).

Core symptoms of PTSD and acute stress disorder span four main categories (NIMH, 2023b):

- **Re-Experiencing:** The person relives trauma in some way, including flashbacks, persistent disturbing memories, or nightmares.
- **Avoidance:** They attempt to stay away from anything that reminds them of trauma (e.g., people, places, thoughts, feelings). They may also experience emotional numbing.
- **Arousal and Reactivity:** They have a heightened nervous system as evidenced by body tension, strong startle reactions, extreme watchfulness, insomnia, or angry outbursts.
- **Cognition and Mood:** They have negative beliefs or problems remembering important parts of traumatic events. They might feel extremely guilty or have trouble enjoying life.

Physical Health

Trauma and ACEs can result in chronic physical health conditions due to neurochemical changes that affect all body systems. For example, high cortisol levels from chronic stress can heighten the risk of cardiovascular disease, chronic pain, and other ongoing medical complications (Oroian et al., 2021). Trauma is also linked to health risk behaviors like smoking and substance use, further elevating the risk for physical health issues (Sowder et al., 2018).

Examples of other health conditions associated with trauma and other ACEs include (Jankowski, 2023; Oroian et al., 2021):

- Immune dysfunction
- Metabolic disorders (e.g., diabetes)
- Gastrointestinal issues (e.g., irritable bowel syndrome)
- Cancer
- Asthma

- Chronic lung disease (e.g., asthma, chronic obstructive pulmonary disease)

Toxic Stress

Toxic stress occurs when a person is exposed to severe or chronic danger, causing their stress response to be overwhelmed. Toxic stress negatively impacts brain development and the immune system, increasing vulnerability to physical and mental health issues throughout the life span (Cruz et al., 2022).

Other common problems linked to toxic stress include (Cruz et al., 2022; Nelson et al., 2020):

- Stress reaction that is quick to react and slow to calm down
- Developmental delays and learning problems
- Impulsivity, aggression, and inattention

Epigenetic Changes

Trauma can lead to epigenetic changes, in which stressful life events cause certain genes to turn "on" or "off." Biological changes affect gene expression without altering the DNA sequence itself. These changes increase the risk of physical and mental health issues that can be passed down to future generations. Epigenetic processes can partially explain the long-term effects of historical and intergenerational trauma (Nie et al., 2022; Solomon et al., 2022).

Review

Rhodes reports that he has had mental health symptoms related to combat exposure for years. Symptoms include a strong startle reaction, extreme watchfulness, and avoidance of situations that remind him of his deployment. He says that he has intrusive memories and thoughts.

"Sometimes they are connected to something. Like I see something in the road and I kind of go back there in my mind. Other times it's out of nowhere and then I think of all the people I could've protected but didn't. I feel so guilty."

True or False: Rhodes is showing signs of acute stress disorder.

A. True
B. **False**
   Feedback [Symptoms of acute stress disorder last no longer than a month. Rhodes says he has had symptoms for years. A full evaluation may reveal that Rhodes has PTSD, which shares symptoms with acute stress disorder but persists longer than a month.]

Key Takeaways

- Trauma is the emotional and psychological response to a traumatic event that overwhelms a person's ability to cope.
- Types of trauma include complex, medical, developmental, racial, historical, collective, intergenerational, and systemic.
- Healthcare professionals are at risk for vicarious and secondary trauma.
- The effects of trauma range from acute reactions to longer-term mental and physical health issues.

Section 2: Trauma-Informed Care

Overview of Trauma-Informed Care

Phaedra's Preparedness

Phaedra was referred to you after her previous therapist retired. The day before her appointment, Phaedra drives to your office to understand the parking situation and find your clinic's suite to ensure she knows its location. The receptionist asks if she needs help. When Phaedra explains that she has an appointment the

next day, the receptionist laughs slightly and jokes that Phaedra is "one of those overprepared clients." Phaedra smiles and leaves.

You retrieve Phaedra from the waiting room. She is dressed professionally and has a folder containing assignments from her previous therapy experience. You smile and comment on her preparedness as she sits in your office. Phaedra makes several sarcastic and defensive comments about her preparedness as the session continues. For example:

- "I guess I'm just one of those overprepared clients. I just want to get something out of coming here."
- "Being prepared works for me. If you don't like it, maybe I should see someone else."
- "I guess I'm just uptight or something. That's why they call me 'Little Miss Perfect.'"

Phaedra does not discuss her past trauma but identified in the paperwork that she had been physically and sexually abused throughout childhood. You gently ask about her trauma history. She appears annoyed and responds defensively.

"I signed a release for you to speak to my last therapist. Did you not call her? She can tell you about all that. Sounds like maybe **you** could be a little more prepared."

Colleagues label Phaedra's behavior as "resistant," but you suspect her demeanor and comments reflect re-traumatization. Your interaction underscores the importance of trauma-informed care and how your approach may need to shift based on your client's reactions.

What Is Trauma-Informed Care?

Trauma-informed care is an approach that recognizes that trauma is widespread and integrates this understanding into all aspects of service delivery. This framework approaches trauma symptoms and related diagnoses as adaptations to stressful life events rather than pathological conditions.

Trauma-informed care changes the narrative from "What is wrong with you?" to "What happened to you?"

Clinicians often confuse trauma-informed care for trauma-specific services. To clarify (DeCandia et al., 2014):

- **Trauma-Specific Services**: Trauma-specific services are interventions or programs that target trauma-related symptoms. Clients referred to trauma-specific services have known trauma and are typically diagnosed with a trauma-related condition.
- **Trauma-Informed Care**: Trauma-informed care is an approach designed to ensure that all clients and staff are safe and feel supported. Trauma-informed care requires ongoing attention at all levels, from client interactions to organizational policies and culture.

You do not need to know a person's trauma history to implement trauma-informed care. By applying trauma-informed care to **all** clients, you can address trauma that is:

- Not previously discussed or recognized.
- Rooted in collective, structural, and historical trauma.

Benefits of Trauma-Informed Care

Trauma-informed care supports the well-being of clients and staff. For example, the benefits of trauma-informed care include (Saunders et al., 2023):

- Increased trust in providers
- Enhanced treatment engagement
- Better health outcomes
- Stronger connections between clients and staff
- Improved teamwork and communication
- Reduced risk for vicarious trauma and burnout among clinicians

Understanding Trauma-Informed Care

The Four Rs

The "four Rs" are central to the definition of trauma-informed care (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). They are:

- **Realize**: All team members realize trauma affects the people and communities they serve.
- **Recognize**: Clinicians recognize the signs and symptoms of trauma in their clients.
- **Respond**: Clinicians and systems incorporate trauma-informed principles into all levels of care.
- **Resist re-traumatization**: Efforts are made to avoid evoking trauma responses in clients.

What Is Re-Traumatization?

Re-traumatization occurs when a person with a trauma history has experiences that recall or mimic the original traumatic event. Healthcare settings can inadvertently re-traumatize clients, thereby triggering trauma-related symptoms and reactions.

Examples of experiences that can lead to re-traumatization in behavioral health settings include (Huo et al., 2023; Roberts et al., 2023; Saunders et al., 2023):

- **Unequal Power Dynamics**: The inherent power imbalance between clinicians and clients can set the stage for re-traumatization. They may enter your care feeling powerless and vulnerable. You may be the first "authority figure" with whom they feel safe, which strengthens the impact of your judgments.
- **Lack of Control**: Clients who feel out of control of their body, treatment, or the information they must disclose may be reminded of experiences where they were powerless to protect themselves or others. Restraint, seclusion, and other forms of involuntary treatment can be re-traumatizing.
- **Ambiguity**: Unclear instructions or situations can contribute to a feeling of powerlessness. Clinicians' outward reactions can be re-traumatizing when they are difficult to understand. For instance, a clinician's lack of confidence may look like discomfort, which the client may personalize and interpret through a trauma lens (e.g., "They think I'm disgusting.")
- **Environmental Cues**: Sensory experiences that resemble traumatic events can activate distressing memories. Common examples include loud noises, bright lights, or noxious smells. Crisis situations can be especially re-traumatizing due to chaotic activities, rapid movements, and other overwhelming sensory experiences.
- **Invalidation**: Invalidation or other insensitive communication can be re-traumatizing. Dismissive or judgmental phrases, tones, or body language can remind clients of people who have harmed them. A lack of understanding or failure to acknowledge their experience can leave them feeling unheard, unsupported, isolated, and ashamed.
- **Emotional Insecurity:** Clients may feel overly vulnerable and re-traumatized if they go too deeply into personal experiences with inadequate support or coping resources. Clinicians who do not help them pace disclosures can inadvertently re-traumatize clients. Actual or perceived lack of privacy can further worsen feelings of helplessness reminiscent of past trauma.

Phaedra's Re-Traumatization

You call Phaedra's previous clinician and consult about the case. They share information that clarifies the situation.

Phaedra was sexually, physically, and emotionally abused for years as a child. She only felt a sense of control in places with clearly defined rules and expectations. Being prepared helped her cope with the abuse. When she anticipated the abusive parent's mood, she could brace herself or dissociate.

The abusive parent also made fun of her for being prepared. In fact, they called her uptight and dubbed her "Little Miss Perfect." Being prepared decreases her anxiety, but it also causes her deep shame when people comment on it.

You tell Phaedra about your conversation with her previous therapist and develop a better understanding of the

ways her initial interactions with you and the receptionist were retraumatizing. She explains how she felt hearing comments about her preparedness.

"I felt like you were mocking me. Being prepared is the only way I know how to survive, and it's part of who I am. If I can't be myself in therapy or you're going to dismiss things that are important to me… this isn't going to work."

What re-traumatizing experience is Phaedra MOST describing in her quote?

A. Ambiguity
B. **Invalidation**
C. Environmental cues
D. Lack of control

Feedback [Phaedra is most closely describing invalidation. Invalidation involves dismissing, ignoring, or belittling someone's feelings or experiences. You and the receptionist likely did not intend to invalidate Phaedra. However, her quote indicates that comments about her preparedness felt invalidating. Although ambiguity, environmental cues, and lack of control also play a role, her quote directly highlights her experience of invalidation.]

Six Principles of Trauma-Informed Care

SAMHSA developed six principles of trauma-informed care that apply to all aspects of care, ranging from patient interactions to organizational culture. Following these principles increases the likelihood you will resist re-traumatizing clients.

The six principles of trauma-informed care are (CDC, 2020):

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Safety

Safety is a cornerstone of trauma-informed care. Clients and staff should feel physically and psychologically safe. You can prioritize safety by attending to:

- **Physical Environments**: Create waiting areas and offices that feel homelike (Saunders et al., 2023). Avoid harsh lighting, overcrowding, and strong odor. Ensure that common areas (e.g., parking lots, bathrooms) are well-lit. Clients and clinicians should have clear access to exits and not feel confined. The organization should have protocols that address threats to the safety of clients and staff.
- **Containment**: The therapeutic environment should be an "emotional container" for the client. Clients should feel that you can handle their distress and trauma. Help clients recognize and regulate their emotions, pacing sessions to ensure they are emotionally engaged but not overwhelmed. Support downregulation before the session ends to contain their emotions within the appointment time. They should have adequate coping resources in place before processing trauma (Leitch & McCaw, 2024).
- **Relationships**: Recognize that clients feel safe based on how you interact with them, not by the interventions you deliver (Brown et al., 2023). Clients need to feel valued, connected, and informed to feel safe. Listen without judgment and take time to understand their perspective (Perers et al., 2022).
- **Unique Signs and Needs**: Recognize your client's unique signs that they feel unsafe and respect their specific needs. For example, clients sometimes focus on superficial topics, withdraw, or become aggressive when they feel unsafe. They may be hesitant to engage or not adhere to treatment recommendations.

Trustworthiness and Transparency

The principle of trustworthiness and transparency involves consistent, clear, and open communication with clients and staff. It is important to acknowledge that trust is earned over time, and clients may not disclose information until you have developed enough rapport.

Recognize that clients may "test" the relationship because they have been hurt by people and systems who were supposed to protect them (National Council on Mental Wellbeing, 2022). Behaviors often labeled as "non-compliant" or "resistant" may actually be expressions of mistrust, fear, or unmet needs.

Clients should understand the services provided and have opportunities to ask questions, express concerns, and offer feedback. Defensive or dismissive reactions impair trust. Improve transparency by avoiding clinical jargon and ensuring clients understand their diagnosis and treatment. Leaders should also be transparent when making decisions that impact the organization, employees, community, and clients.

Peer Support

Peer support specialists have lived experience of mental illness, trauma, and substance use. They receive training on how to support others with similar concerns. Clients may receive one-on-one or group support. Peer support can help clients (National Council for Wellbeing, 2022):

- Connect to services.
- Engage in the recovery process.
- Transition from treatment facilities and hospitals.
- Feel hopeful, inspired, confident, and accepted.
- Increase the client's sense of control.

Collaboration and Mutuality

The principle of collaboration and mutuality emphasizes the importance of sharing power rather than making decisions unilaterally. Clients take part in treatment planning and goal setting. They are encouraged to provide feedback and ask questions throughout treatment (National Council for Mental Wellbeing, 2022).

Clients and employees are also invited to collaborate in developing policies, procedures, and programs. Organizations approach change with the assumption that all voices, regardless of position or role, are important and should be heard.

Trauma-informed care equalizes power imbalances. Embrace your client's strengths, humbly learning about their perspective rather than dictating a plan to change their behavior. Trauma-informed crisis management emphasizes choices, retains the client's dignity, and finds ways to give the client a sense of control through collaboration (Crisis Prevention Institute, 2023).

Empowerment, Voice, and Choice

Trauma-informed care empowers clients to express their views, advocate for themselves, and have meaningful choices in their care. Clients and employees should understand their rights and options. Clients should be informed so they can make educated decisions about their care. This principle also redefines symptoms as coping strategies or adaptations (National Council for Mental Wellbeing, 2022).

Many clients have been told that their views and preferences do not matter. Traumatic events often involve being forced into situations where they feel uncomfortable or unsafe. These experiences can be disempowering.

The principle of empowerment, voice, and choice encourages you to (National Council for Mental Wellbeing, 2022):

- Recognize client strengths and anticipate areas where they may need to develop skills.
- Understand that some clients may not believe their choices or opinions matter.
- Demonstrate your respect for clients through your actions and words.

- Avoid "one-size-fits-all" approaches that make the client feel discounted.

Cultural, Historical, and Gender Issues

Trauma-informed care includes recognizing that culture, history, and gender impact a client's sense of safety, beliefs about healing, and interactions with healthcare systems. The principle of cultural, historical, and gender issues encourages responsive and respectful services to all clients.

Organizations should prioritize diversity, equity, and inclusion at all levels. Clinicians should reflect on the role their identity plays in clinical encounters. Stereotypes should be avoided, and biases should be addressed at all levels. Organizations should survey the clients and communities they serve, seeking to hire people with similar demographics (National Academy for State Health Policy, 2021).

Trauma-informed care is culturally and gender-responsive. For example, you should (National Council for Mental Wellbeing, 2022):

- Use person-first language and terms that respect your client's identity.
- Honor the language clients use when describing themselves.
- Listen for the role culture plays in explaining symptoms and defining resources for healing.
- Avoid gendered terms where possible (e.g., "parent" or "caregiver" versus "mom" or "dad")
- Recognize the impact of historical, intergenerational, and systemic trauma.
- Practice cultural humility when interacting with clients and learning about their lives.
- Partner with communities and cultural brokers to ensure culturally responsive care.

Trauma-Informed Telehealth

Trauma-informed care should be integrated into all forms of service delivery. While there are many ways to apply the six core principles of trauma-informed care, telehealth is particularly relevant due to its unique nature and increasing prevalence. For example, you can align telehealth with (Gerber et al., 2020; National Council for Mental Wellbeing, 2022):

- **Safety**:
  - Confirm your client's location at the start of each session.
  - Ensure your client can meet in a safe and private place.
  - Wear headphones to illustrate your effort to protect their privacy.
  - Provide information and education about safety resources in their location.
  - Have backup and emergency response plans in case of unforeseen issues.
- **Trustworthiness and Transparency**:
  - Be upfront about known ambient noises, such as dogs barking or construction.
  - Ensure your client can see your body language in the frame.
  - Have a professional background and dress as you would for in-person appointments.
  - Provide clear instructions when orienting the client to telehealth.
- **Peer Support**
  - Provide the client with information about local or virtual peer support options.
  - Consider creating virtual peer support programs for clients with similar experiences.
  - Consult with colleagues to stay up to date on best telehealth practices.
- **Collaboration and Mutuality**
  - Troubleshoot technical issues with a sense of humor and teamwork.
  - Consider the client's ideas to tailor telehealth to their needs and preferences.
  - Normalize concerns about telehealth, such as technical difficulties and initial awkwardness.
- **Empowerment, Voice, and Choice**
  - Follow the client's lead concerning their preferences for sessions.
  - Honor requests for audio-only sessions or other modifications that improve comfort.

  - Encourage clients to discuss concerns about receiving care via telehealth.
  - Inform clients that they can choose when and how to discuss different topics.
- **Cultural, Historical, and Gender Issues**
  - Use platforms that allow clients to identify their pronouns.
  - Learn about events and social stressors in your client's region.
  - Familiarize yourself with resources to improve your client's access to telehealth.
  - Avoid assumptions about technical skills or comfort based on age, race, or other factors.

Review

You follow up with Phaedra after speaking to her previous clinician. You want to acknowledge the impact of your comment and work toward a trusting relationship.

What two statements BEST emphasize a trauma-informed interaction with Phaedra?

A. "Let's focus on the present and not dwell on what has already happened."
B. "I spoke to your previous therapist, and they explained that you're sensitive about being prepared."
C. **"I apologize for not recognizing the impact of my comment on your sense of security."**
D. "Being overly prepared can sometimes be a symptom of avoidance."
E. **"Let's work together to ensure your needs can be met in this space."**

Feedback [The apology acknowledges your oversight and its impact, reinforcing trust. Inviting Phaedra to "work together" on a way forward promotes collaboration and shows a commitment to her needs. The other statements undermine trust. Focusing on the present dismisses her concern. Labeling her behavior as "sensitive" is judgmental. Suggesting her preparedness is a symptom of avoidance can feel accusatory in this context.]

Key Takeaways

- You should integrate principles of trauma-informed care into all levels of the organization to reduce the risk of re-traumatizing clients, clinicians, and staff.
- Re-traumatizing experiences often stem from power imbalances, lack of control, ambiguity, environmental cues, invalidation, and emotional insecurity.
- The six principles of trauma-informed care aim to reduce the likelihood of re-traumatization. They are:
  - Safety
  - Trustworthiness and transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice, and choice
  - Cultural, historical, and gender issues

Section 3: Supporting Resilience and Addressing Barriers

Supporting Resilience

What Is Resilience?

Resilience is the ability to recover from difficulties and adapt to trauma, stress, loss, or other challenging circumstances. Resilience does not mean a person is unaffected by trauma. Instead, they use coping strategies and seek help from supportive others to return to "baseline" following a stressor. Personality traits, family values, and cultural factors affect how people experience and express resilience (National Council for Mental Wellbeing, 2022).

Factors that increase resilience include (National Council for Mental Wellbeing, 2022):

- Supportive, caring relationships
- Self-regulation skills
- Problem-solving abilities
- Positive experiences (e.g., sense of belonging, community involvement)

Posttraumatic Growth

Posttraumatic growth refers to when a person experiences positive psychological change as a result of their struggle with challenging life circumstances. There are five main ways that people experience posttraumatic growth (Bryngeirsdottir & Halldorsdottir, 2022; Henson et al., 2021):

- Improved relationships
- New possibilities for the future
- Greater appreciation for life
- Enhanced sense of personal strength
- Increased spiritual development

Factors that Impact Posttraumatic Growth

Certain factors can foster or hinder posttraumatic growth, such as (Bryngeirsdottir & Halldorsdottir, 2022; Henson et al., 2021):

- **Significant Others:** Clients report that the motivation to care for their children moves them toward activities and perspectives that promote posttraumatic growth. Receiving emotional support from partners and friends can also foster this development. In contrast, rejection and negative relationships often hinder posttraumatic growth. Hiding needs or emotions to protect themselves or others can also interfere with posttraumatic growth.
- **Other Traumatic Experiences**: For some, previous trauma compounds the effects of a new trauma. For others, they learn from past experiences to understand how to cope and grow in response to current trauma. Some people experience further problems as a result of a traumatic event, which hinders posttraumatic growth. For example, financial consequences (e.g., poverty, unemployment) that often result from trauma can worsen a client's mental health and functioning.
- **Internal Factors**: Personality traits that foster posttraumatic growth include openness to new experiences and the tendency toward self-reflection. Expectations about duty and responsibility can promote posttraumatic growth. Internal factors that hinder posttraumatic growth include self-stigma and uncertainty that they will recover. People also tend not to experience growth when they neglect themselves or avoid trauma processing by focusing on others.
- **Professional Help**: People who seek help or growth activities are more likely to achieve posttraumatic growth than those who do not. You can support posttraumatic growth by helping clients process trauma, share emotions in a validating environment, and develop coping strategies. Posttraumatic growth can also result from other growth activities, such as spiritual practices or community engagement.

Posttraumatic Growth Is Client-Centered

You should not push posttraumatic growth onto clients. Introducing the idea too soon or framing it as the goal of treatment can feel invalidating and be detrimental to their care. Do not "jump in," encouraging clients to recognize the growth opportunity (Collier, 2016).

Instead, recognize signs of posttraumatic growth and factors that can foster this experience in clients. You might help them make meaning of their life after trauma and engage in activities that support their growth. If you do introduce the concept of posttraumatic growth, use your clinical judgment to ensure it is not "too soon" and does not overshadow their current emotional state or needs.

Positive Childhood Experiences

Understanding Trauma-Informed Care

Positive childhood experiences (PCEs) include a range of supportive interactions and environments that help children feel safe, secure, and nurtured. They can reduce the effects of early childhood trauma and lead to long-term resilience (Huang et al., 2023). Examples include:

- Having at least one adult at home who makes them feel safe.
- Being able to talk to family about emotions.
- Feeling a sense of belonging at school and with friends.
- Having adults outside of the home who genuinely care about them.

Harold's Posttraumatic Growth

Harold has his first appointment with a clinician to process grief due to pet loss. He survived a wildfire that destroyed his home and community. While the fire has left him without a home, and he has had to relocate to a new region, his pet's death affects him the most. Harold hesitates to share his feelings because he worries people will judge him. He believes he is weak for being so affected by this loss.

"I should be more resilient. I'm always challenging myself and stepping out of my comfort zone, but this leaves me wanting to hide from everyone. I just don't want people to see how weak I am."

Harold tells the clinician about different hobbies and interests, suggesting he is open to new experiences and reflective by nature.

The clinician tells Harold he should "focus on the bright side" that he survived the fire. They encourage him to tap into his resilience and see this as an opportunity for growth.

What factor is most likely to foster Harold's posttraumatic growth?

A. Refraining from talking about his emotions to other people.
B. **Being open to new experiences and reflective by nature.**
C. Believing he is weak because he is affected by pet loss.
D. Having a therapist who encourages him to look on the bright side.

Feedback [Being open to new experiences and self-reflection promotes posttraumatic growth. The other factors are not likely to support this type of growth. Refraining from talking about his emotions and believing he is weak can hinder posttraumatic growth. Having a therapist who encourages him to look on the bright side and focus on growth, especially so early in treatment, can feel dismissive and undermine the therapeutic process.]

Addressing Barriers to Trauma-Informed Care

Barriers to Implementing Trauma-Informed Care

Common barriers to implementing trauma-informed care include (Huo et al. 2023; Roberts et al., 2023):

- **Perception and Knowledge Barriers:** Insufficient training and inadequate knowledge often prevent staff from implementing trauma-informed care. The lack of knowledge and preparation also interferes with buy-in.
- **Lack of Collaboration and Communication:** Another barrier is the lack of communication and collaboration among staff and between organizations. Trauma-informed care requires multidisciplinary teamwork. Clinicians must also collaborate with other agencies and know where to refer clients when they need trauma-specific services.
- **Resource Limitations:** Time and financial constraints are major barriers to trauma-informed care. Clinicians often have excessive workloads and competing priorities that leave little time for trauma-informed approaches, such as screening or even spending sufficient time emotionally supporting clients. Staffing issues can lead to an overreliance on volunteers and high turnover. Resource limitations can leave staff feeling depleted and unable to provide trauma-informed care.
- **Leadership and Organizational Issues:** Trauma-informed care requires buy-in from leaders at all

levels. Inconsistent support, inflexible policies, and uneven allocation of financial resources interfere with trauma-informed care. Organizational leaders are responsible for training staff and creating a trauma-informed culture. Without their support, trauma-informed care is difficult to implement.

Organizational Support and Accountability

Organizational accountability is key to ensuring trauma-informed client interactions and physical environments (Wilson et al. 2023). In healthcare organizations, individual providers typically do not decide the layout of their setting or how to allocate resources to meet staffing needs. Organizational strategies can also mitigate common barriers to implementing trauma-informed care, such as lack of buy-in, time and financial constraints, poor communication, and insufficient training.

Three key organizational strategies for trauma-informed care address:

- Staff training
- Resource allocation
- Policy development and implementation

Staff Training

Staff need training and ongoing support to provide trauma-informed care at all levels. Training should be tailored to the needs of staff and clients. Topics might include (Huo et al., 2023; Saunders et al., 2023):

- Nature and impact of trauma
- Benefits of trauma-informed care
- Strategies to prevent re-traumatization (e.g., six principles of trauma-informed care)
- Verbal de-escalation and effective communication
- Trauma-focused screening and treatment
- Trauma-informed leadership practices

Resource Allocation

Clinicians need resources to provide trauma-informed care. Examples include financial resources, staffing, and time. Organizations should also (Greenwald et al., 2023; Huo et al., 2023):

- Ensure staff receive ongoing training.
- Build physical environments that promote trauma-informed interactions.
- Protect staff from violence (e.g., security personnel, safety protocols).
- Routinely debrief after critical incidents.
- Support balanced caseloads and workloads.

Policy Development and Implementation

Policy-related factors that facilitate trauma-informed care include (Huo et al., 2023; Saunders et al., 2023):

- Defining policies and procedures that support a trauma-informed culture.
- Allowing leaders and staff the flexibility to adapt procedures as needed.
- Collaborating with communities and staff in developing and refining policies.
- Coordinating with referral sources and partnering organizations to improve access to services.
- Having policies and programs that support employee health (e.g., EAP, paid leave).

Knowledge of Trauma-Specific Services

Knowing screening procedures and trauma-focused treatments will help you support clients who show signs of trauma.

Screening Procedures

There are no universal recommendations for ACE and trauma screening. You should use clinical judgment when deciding whether to screen for trauma or ACEs. Be sure to ask questions with sensitivity and be prepared to refer clients who need additional support. Two tools you might consider are:

- **ACE Questionnaire**: The ACE questionnaire asks patients whether they have experienced any of 10 ACEs.
- **Life Events Checklist (LEC-5)**: The LEC-5 asks patients to indicate their level of exposure to 17 types of potentially traumatic events.

You might use the PTSD Checklist (PCL) to screen for PTSD symptoms. Clients with suspected PTSD need a full evaluation with a behavioral health clinician to be diagnosed.

Trauma-Focused Psychotherapy

Guidelines recommend trauma-focused psychotherapy as the first-line treatment for PTSD (Department of Veterans Affairs and Department of Defense [VA/DoD], 2023). There are specific evidence-based treatments for adults and children. For example:

- **Adults**
  - Prolonged exposure therapy (PE)
  - Cognitive processing therapy (CPT)
  - Eye movement desensitization and reprocessing (EMDR)
- **Children and Adolescents**
  - Trauma-focused cognitive behavioral therapy (TF-CBT)
  - Child-parent psychotherapy
  - Attachment, self-regulation, and competency (ARC) framework

Please review the Relias library for in-depth information on PTSD assessment and treatment.

Self-Awareness and Self-Care

Self-awareness and self-care are important strategies for providing trauma-informed care. Be sure to understand your own trauma history and what may cause re-traumatization. Engage in self-reflection and develop a self-care plan. Personal therapy, consultation, and supervision can help you cultivate awareness and understand the best ways to care for your well-being.

Your response to trauma may inadvertently affect clients, especially if you (Roberts et al., 2023):

- Avoid certain topics or details.
- React to specific cues or situations.

Self-Care Strategies

Engaging with trauma-impacted clients can take an emotional toll. Self-care and regulation strategies will support your well-being while improving your ability to provide trauma-informed care. Examples of self-care strategies include (British Medical Association, 2022; Vukčević Marković & Živanović, 2022):

- **Peer Support:** Seeking emotional support from colleagues can reduce feelings of isolation, depression, and burnout. Regularly check in with peers, reflect on your experiences, and solve problems together.
- **Consultation and Supervision:** Consult with supervisors and other professionals to navigate difficult cases, explore biases and boundaries, and ensure you are delivering quality care.
- **Ongoing Training:** Seek ongoing training in trauma-informed care. Professional training will improve your confidence and ability to support clients. Consider learning more about trauma-specific services.
- **Healthcare:** Take care of your emotional and physical health. Make and keep medical appointments. Participate in therapy as needed, especially if you notice signs of vicarious or secondary trauma.
- **Realistic Expectations:** Be realistic about what you can accomplish and how much responsibility you have for your client's wellbeing. Set limits with clients, co-workers, and your organization.
- **Strategic Planning:** Identify actions to handle specific stressors and problems. Develop a specific self-care plan that promotes a healthy routine and balance between your work and personal life.
- **Self-Observation**: Recognize and chart signs of stress to help you understand factors that cause re-traumatization and vicarious trauma. Consider periodic assessments using standardized tools.

Unhelpful Strategies

Strategies that can worsen secondary trauma include (Vukčević Marković & Živanović, 2022):

- Using drugs or alcohol to cope with stress
- Denying that stressors exist or are affecting you
- Disengaging from meaningful activities or goals
- Relying on mental escape to cope (e.g., daydreaming, sleeping, TV)

Review

Ana is a clinician who recently started treating a client with severe depression. The client's youngest child was diagnosed with a terminal illness. While at a doctor's appointment, the client's spouse and older child died in a car accident. The magnitude of the client's loss deeply affects Ana.

Ana constantly thinks of her client's situation. She wants to do everything to help this client. She tells them they can call any time. They call for emotional support several times a week and send her long, reflective emails. Ana spends hours providing emotional support outside of appointment times. She is apprehensive to speak to peers about the situation because she worries they will judge her for "caring too much."

Ana has been feeling depleted. She has upcoming healthcare appointments but lacks the time or energy to attend.

How should Ana proceed?

A. Continue making herself available to the client until their symptoms become more manageable.
B. Cancel her upcoming healthcare appointments so she has time to rest.
C. **Set boundaries with the client by explaining realistic expectations for the therapy relationship.**
D. Handle all the client's crises personally to ensure consistent support.
E. **Consult with colleagues or a supervisor to strategically plan how to manage this situation.**

Feedback [Setting boundaries will maintain a sustainable relationship and prevent burnout. Consulting with others and developing a plan will help Ana receive support while ensuring the client gets quality care. Continuous availability and canceling of personal appointments undermine her well-being and can lead to burnout. Ana should use crisis management resources and make appropriate referrals, not handle all crises personally.]

Key Takeaways

- Resilience is the ability to recover from difficulties and adapt to trauma, stress, loss, or other challenging circumstances.
- Factors that promote resilience and posttraumatic growth include supportive relationships, responsibility for others, engagement in growth activities, and openness to new experiences.
- Barriers to trauma-informed care require organizational support, such as staff training, resource allocation, and policies that support trauma-informed care at all levels.
- Self-care strategies include peer support, ongoing consultation and training, realistic expectations, strategic planning, and self-observation.

Section 4: Conclusion

Course Summary

Now that you have finished viewing the course content, you should have learned the following:

- Types of trauma and their effects
- Core principles of trauma-informed care and how they apply to behavioral health settings
- Strategies to support resilience and address barriers to delivering trauma-informed care