



Trauma-Informed Care

Getting a complete picture of a patient's life situation

What is Trauma-Informed Care?

Trauma-informed care is an approach to care where healthcare providers view patients through a whole person lens, noting that patients with a history of trauma could potentially experience negative health outcomes later in life.

Trauma-informed care looks at a person's past and present life situation, symptoms of trauma, and acknowledges how trauma can impact a person's life and overall health. A healthcare team educated in trauma-informed care can recognize the symptoms of trauma as well as the health risks trauma imposes. This will prepare the healthcare team to better support the healthcare needs of their patients. Adopting trauma-informed care can improve patient patient engagement, treatment adherence, and health outcomes.

Providers and staff that utilize trauma-informed care seek to:

- Create a sense of safety and supportive environment for a patient's health concerns
- Understand the widespread impact of trauma
- Identify the signs and symptoms of trauma in patients and their families
- Understand paths for recovery and healing
- Incorporate staff education and information about trauma into policies, procedures, and practices
- Help patients to avoid re-traumatization.

Trauma-informed healthcare organizations create safe, caring, and inclusive environments for patients.

Patients will then be able to:

- Develop trust with their provider
- Engage more fully in their care
- Experience improved long-term health outcomes.



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Trauma and Complex Post-Traumatic Stress Disorder

A common condition that providers need to be aware of in trauma-informed care is complex post-traumatic stress disorder (complex PTSD, c-PTSD or CPTSD). CPTSD is a condition where a person can experience similar symptoms to post-traumatic stress disorder (PTSD) along with some additional symptoms such as:

- Difficulty controlling emotions
- Feeling very angry or distrustful
- Constant feelings of emptiness or hopelessness
- Feeling permanently damaged, worthless, and completely different from other people
- Feeling like nobody can understand what happened to them
- Self-isolation
- Feeling disconnected from self and the world
- Physical symptoms such as headaches, dizziness, chest pains and stomach aches
- Regular suicidal ideations

The more an individual is exposed to traumatic events, the higher the risk of long-term physical and behavioral health issues.

The types of traumatic events that can cause CPTSD include:

- Not having normal needs met as a child:
 - Love, acceptance, affection, food on the table, or having a parent around
- Being overlooked or overshadowed by a sibling
- Being bullied or cyberbullied
- Growing up with a highly critical parent (harsh, emotionally abusive, or overly controlling)
 - Feeling of never being good enough
 - Repeatedly feeling unsafe emotionally or physically as a child

Exposure to these adverse experiences increases the potential for developing serious health problems like anxiety, depression, high blood pressure, risk-taking behavior, or substance abuse.

- Losing a parent or caregiver as a child
- Childhood abuse, neglect, or abandonment
- Witnessing or experiencing ongoing domestic violence or abuse

Patients with CPTSD may be particularly likely to experience long-term emotional scarring and flashbacks. Emotional flashbacks are reactions to triggers such as situations, attitudes, expressions, or to environmental factors that imitate the feelings (loss of power/control/safety) of the original traumatic experience. During an emotional flashback, a person has intense feelings as felt during the original trauma (fear, shame, sadness, or despair). These conscious or unconscious emotional flashbacks can lead to re-traumatization in which the patient re-experiences the initial traumatic event.



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Providing Care and Avoiding Re-Traumatization

When caring for members with a trauma-informed care approach, providers must be aware how culture can also impact how a person perceives not only their care, but trauma and safety as well. Minority populations are at a greater risk of experiencing traumatic events, so it is important to provide care that is sensitive to the patient's racial, ethnic, and cultural background, and gender identity. Be sure to recognize and integrate patient strengths and experiences into a jointly formulated treatment plan and allow the patients to collaborate in their care and path to healing.

A goal of trauma-informed care for all health care providers should be to avoid re-traumatization. There are several ways to achieve this goal:

- Ensure a clean, organized, comfortable area for members to wait for or meet with staff. Noisy, congested, and messy areas can be de-humanizing and inherently feel unsafe.
- Approach patients who have experienced trauma with non-judgmental support.
- Provide education on simple practices that can be done every day, at home, to recognize and alleviate stress such as:
 - Focus on breathing
 - Keep a diary to outline triggers to stress or flashbacks
 - Comfort themselves/acknowledge they are safe (cuddle a pet, listen to soothing music)
- Make referrals to mental health practitioners for additional support or therapy as needed. Some common types of therapy mental health practitioners provide include:
 - Dialectical Behavior Therapy (DBT)
 - Cognitive behavioral therapy (CBT)
 - Eye Movement Desensitization and Reprocessing (EMDR)



It is very important to approach these patients with non-judgmental, consistent, open, respectful, and compassionate communication to build trust.

Instead of asking:
“What’s wrong with you?”

Ask:
“What happened to you?”



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Healing from Trauma and CPTSD

Emotional trauma and traumatic stress can be associated with physical alterations in the chemistry and makeup of the brain. These changes contribute to a lasting impact on behavior and the way we perceive the world.

Specifically, there are three key areas of the brain that can be impacted the most:

- **Amygdala (“The Fear Center”)**

Responsible for emotions, survival instincts, detecting fear, and memory

- Trauma causes chronic stress, heightened fear, sleep disturbances, and increased irritation.
- Memory related challenges occur- particularly with understanding or remembering words and language.

- **Hippocampus (“The Learning and Memory Center”)**

Responsible for storing or retrieving a person’s memories as well as differentiating between current and past experiences

- Trauma causes the hippocampus to shrink affecting a person’s ability to differentiate between their past trauma and present situations. Environments or situations that remind a person of their past trauma can cause fear, stress, and panic.

- **Prefrontal Cortex (“The Thinking Center”)**

Regulates emotions based on the amygdala’s sensing negative emotions (i.e., fear) and will rationally react to that negative emotion

- The rational reactions might be overridden following trauma and the prefrontal cortex will have difficulty regulating fear or other negative emotions.

All three of these areas of the brain play a vital part in regulating emotions and reacting to fear. A traumatized brain experiences the following:

- The Fear Center is overactivated.
- The Learning and Memory Center is impaired.
- The Thinking Center is under-activated.

Overcoming emotional trauma can be a long-term process, but communicate to patients that healing is possible. Advise patients that with proper care and attention, the experienced impact of trauma can be lessened over time.



Please visit TraumaInformedCare.chcs.org for more information on trauma-informed care.