

# Trauma-informed Care Provider Guide



# Table of Contents

*(this document is interactive)*



Purpose of the Guide

What Is Trauma?

Who Is Affected by Trauma

Examples of Traumatic Events

Prevalence

Predispositions of Adverse Childhood Experiences

Reactions to Trauma

Re-traumatization

Trauma-informed Care

Key Principles

Trauma Awareness

Trauma-specific Interventions

Continuum Of Care

Summary

Available Resources

## Purpose of the Guide

This guide presents trauma-informed care (TIC) as an approach to engaging people with histories of trauma, states the importance of recognizing the presence of trauma symptoms, and acknowledges the role that trauma and adverse childhood experiences (ACEs) can have in their lives. Following review, you will be able to define trauma and trauma-informed care; identify individuals at risk or who have a history of an ACE; recognize the signs and symptoms of trauma; respond by fully integrating knowledge about trauma into policies, procedures, and practices; and avoid re-traumatization.

## What Is Trauma?

According to the Substance Abuse and Mental Health Services Administration's Trauma and Justice Strategic Initiative, "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being."

## Who Is Affected by Trauma?

Trauma can affect people of every race, ethnicity, age, sexual orientation, gender, psychosocial background, and geographic region. Traumas can affect individuals, families, groups, communities, specific cultures, and generations.

A traumatic experience can be a single event, a series of events, and/or a chronic condition (for example, childhood neglect or domestic violence).

## Examples of Traumatic Events

Here are some examples of traumatic events:

- sexual abuse or assault
- physical abuse or assault
- emotional abuse or psychosocial maltreatment
- neglect
- serious accident, illness, or medical procedure
- victim or witness to violence
- school violence
- bullying
- war, terrorism, or political violence
- military trauma
- grief or separation
- system-induced trauma and re-traumatization
- victim or witness to community violence
- prison stay

## Prevalence

These statistics were reported in September 2022. Note that violent crime is reported for all age groups, races/ethnicities, genders, etc., and that several acts of violence causing trauma go underreported.

- The rate of violent crime victims declined from 26.1 in 2012 to 16.5 victimizations per 1,000 in 2021.
- About 0.98% (or 2.7 million) of persons 12 years or older nationwide experienced at least one violent crime.
- About 46% of violent victimizations were reported to police in 2021—higher than 2020 (40%).
- Veterans experienced 247,290 violent victimizations (14.4 per 1,000) in 2021.

## Predispositions of Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) can have a significant impact on an individual's physical and emotional health throughout their lives. An ACE predisposes individuals to future conditions. Nearly two thirds of surveyed adults report at least one ACE. As the number of ACEs increases, so does the risk for these conditions.

## Reactions to Trauma

A variety of reactions are often reported and/or observed after trauma.

Most survivors exhibit immediate reactions, yet these typically resolve without severe long-term consequences. This is because most trauma survivors are highly resilient and develop appropriate coping strategies, including the use of social supports, to deal with the aftermath and effects of trauma.

Responses to trauma can affect an individual:

- **emotionally** – anger, sadness, depression, mood swings
- **physically** – tremors, sweating, elevated heartbeat, respirations, and blood pressure
- **cognitively** – difficulty concentrating, rumination or racing thoughts, memory problems
- **behaviorally** – startle reaction, restlessness, sleep, and appetite disturbances
- **socially** – withdrawn, relationship disturbances

## Re-traumatization

People who are traumatized multiple times often have more serious and chronic trauma-related symptoms than those with single traumas.

This also implies that the process of reexperiencing traumatic stress is a result of a current situation that mirrors or replicates in some way the prior traumatic experiences.

Examples: specific smells, lights, noises, or other sensory input; interactions with others; or responses to one's surroundings or interpersonal context, such as feeling emotionally or physically trapped.

# Trauma-informed Care

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma and adverse childhood experiences have played in their lives. This approach builds on member resiliency and strengths to address both the overall physical and emotional well-being of the individual.

Trauma-informed care demonstrates care that is enriched in understanding and sensitivity to the impact of trauma. It highlights the physical, psychological, and emotional security for both providers and survivors and creates opportunities for survivors to restore a sense of control and empowerment.

Trauma-informed care anticipates and avoids situations and practices that are likely to re-traumatize individuals who have a history of trauma.



# Key Principles

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures.

These principles may be generally applicable across multiple types of settings, although terminology and application may be setting- or sector-specific.

## Trauma-informed care is composed of six key principles:

1. The members must feel physically and psychologically safe. Trauma-informed care strives to maximize choices for the survivor and control over the healing process while aiming to avoid re-traumatization.
2. It is essential to build trust with family and those receiving services. Trauma-informed care appreciates that many problem behaviors began as understandable attempts to cope and looks at the great potential for helping people to recover from the effects of adverse childhood experiences.
3. Peer support and mutual self-help are key for building trust and establishing safety and empowerment. Strategies are identified to help create a supportive environment with positive relationships that empower trauma survivors.
4. Collaboration and mutuality involve true partnering and leveling of power differences. Pivot members from what's wrong with the member to what happened to them. The focus is on belief in resilience and the ability to heal and recover from trauma.
5. It is essential to understand each survivor in the context of life experiences and cultural background and seek to be culturally competent. This is partially achieved by actively moving past cultural stereotypes and biases and offering gender responsive services.
6. It is essential to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Providing services and support that are trauma-informed built on the best evidence available and consumer and family engagement, empowerment, and collaboration.



## Trauma Awareness

Even the most standard behavioral health practices can re-traumatize an individual exposed to prior traumatic experiences if the provider implements them without recognizing or considering that they may do harm. A behavioral health service provider must recognize the occurrence of trauma and its possible role in an individual's emotional, behavioral, cognitive, spiritual, and/or physical development, presentation, and well-being.

Being vigilant about the prevalence and potential consequences of traumatic events among patients allows providers to tailor their approach and intervention strategies.

## Trauma-specific Interventions

Trauma-specific intervention programs generally recognize the following:

- the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- the interrelation between trauma and symptoms of trauma, such as substance abuse, eating disorders, depression, and anxiety
- the need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

## Summary

- A provider must recognize the occurrence of trauma and its possible role in an individual's emotional, behavioral, cognitive, spiritual, and/or physical development, presentation, and well-being.
- Understanding the prevalence and potential consequences of traumatic events helps equip providers to tailor their approach and intervention strategies.
- Providers should recognize the interrelation between traumatic events and symptoms of trauma.
- Providers should work collaboratively with survivors, their families, and other human service agencies in a manner that will empower the survivor.

## Continuum of Care

By recognizing that traumatic experiences and their consequences tie closely into behavioral health problems, front-line professionals and community-based programs can begin to build a trauma-informed environment across the continuum of care.

## Available Resources

Additional resources specific to domestic violence may be found at the Virginia Department of Social Services in the Child and Family Services Manual in Section H. Please also remember that there are a variety of professional counselors, psychiatrists, and psychologists within the Sentara Health Plans provider network.