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# Trauma-informed Trauma Care

## A Brief Introduction



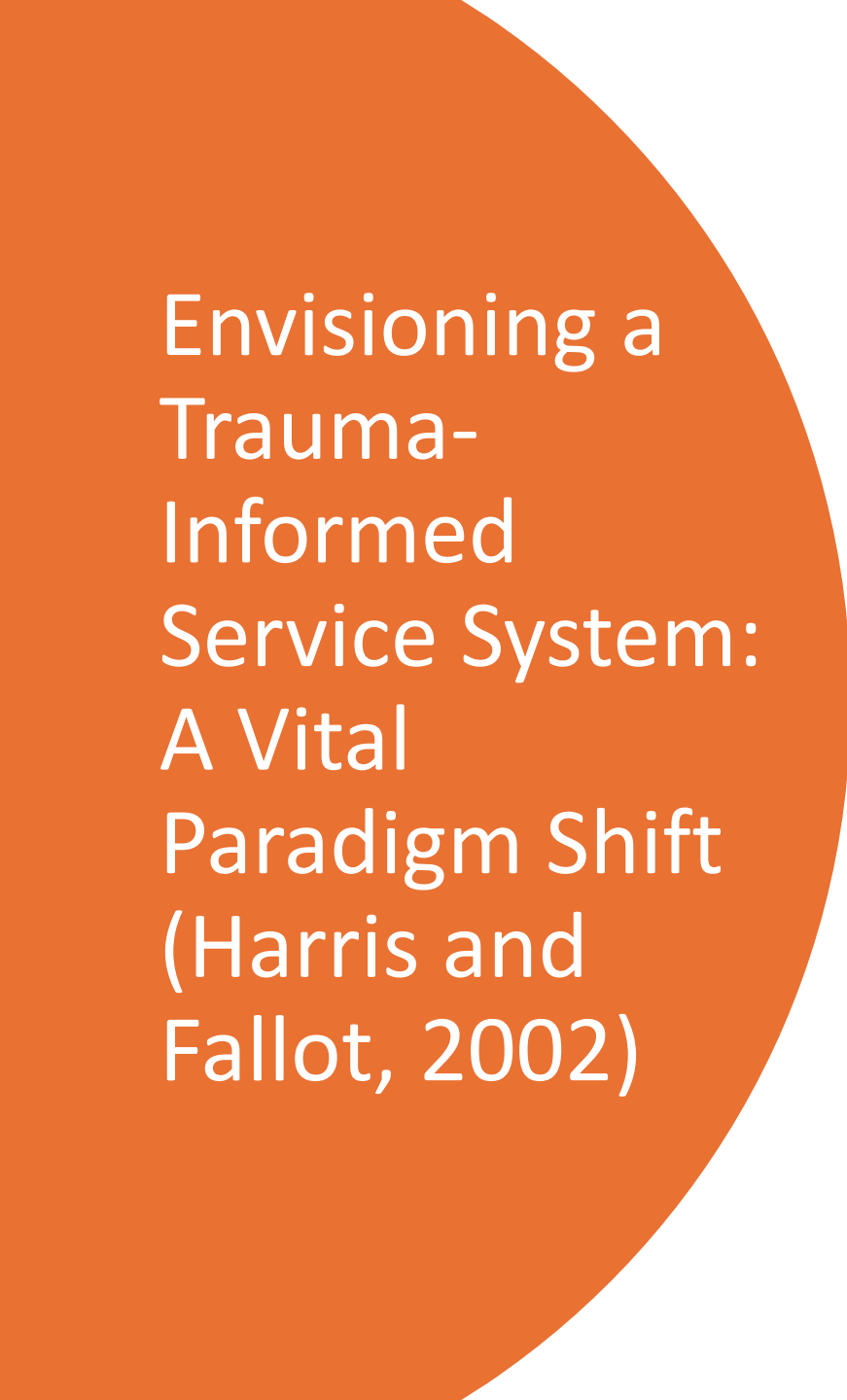
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Trauma is an **event** or circumstance that is **experienced** as harmful or life threatening and has lasting adverse **effects** on function and well-being

- SAMHSA


Felitti et al. 1998

Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study

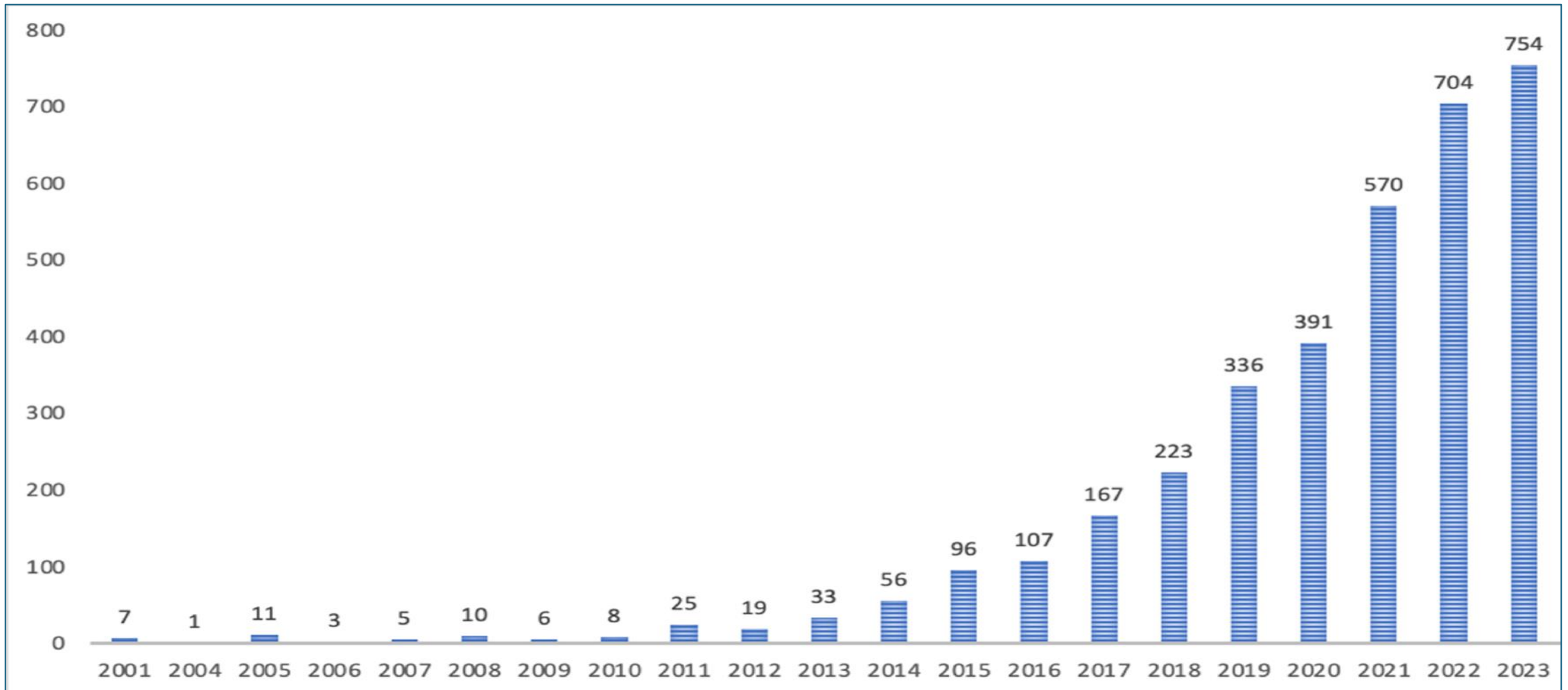
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Envisioning a  
Trauma-  
Informed  
Service System:  
A Vital  
Paradigm Shift  
(Harris and  
Fallot, 2002)

"We began the process of becoming trauma informed in the mid-1990s... Once trauma moved to the center of our understanding, we wanted to develop approaches that would avoid retraumatizing and revictimizing consumers... It is now unthinkable to return to the traditional way of understanding services and the service relationships in which we participate."

A decorative graphic consisting of several blue, thick, curved dashes arranged in a curved path at the bottom right of the slide.

# "Trauma-informed" PubMed Results by Year



Realize the effects of trauma

Recognize trauma responses

Realize

Recognize

Resist

Respond

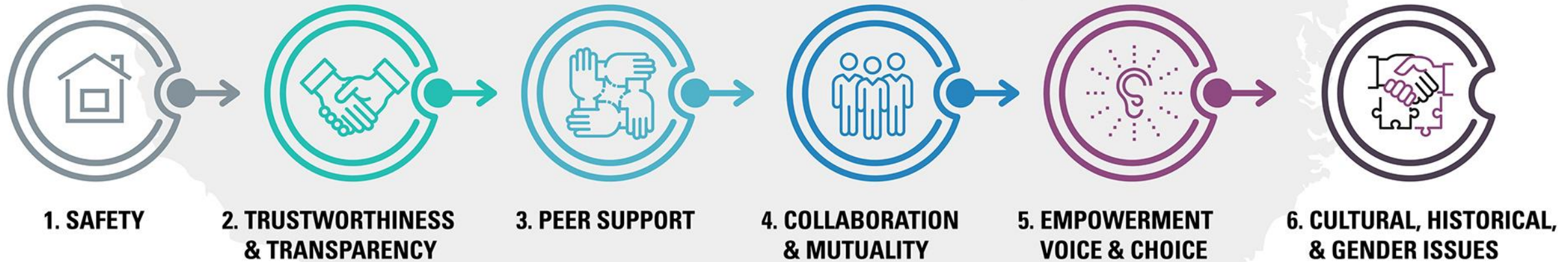
Resist retraumatization

Respond to trauma



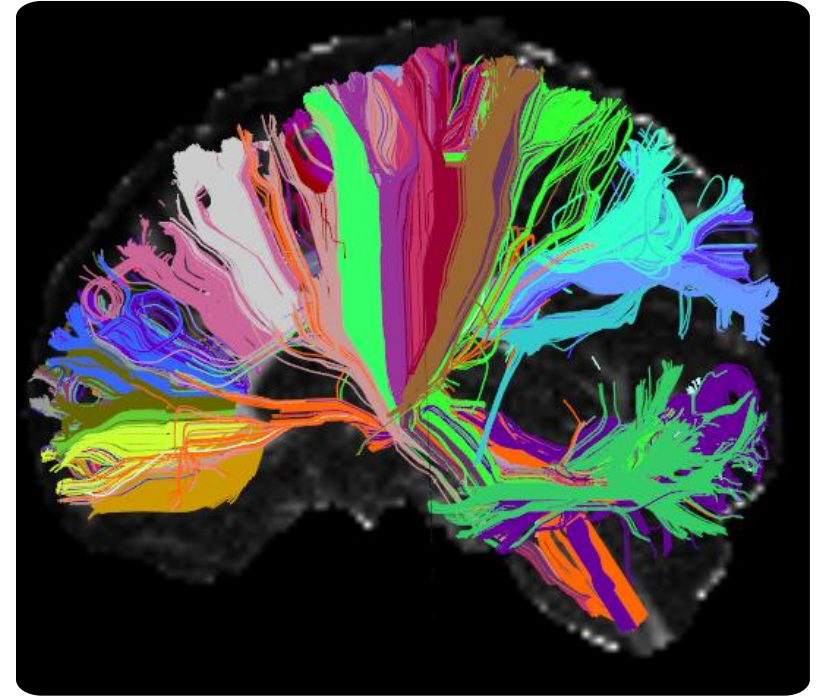
# 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

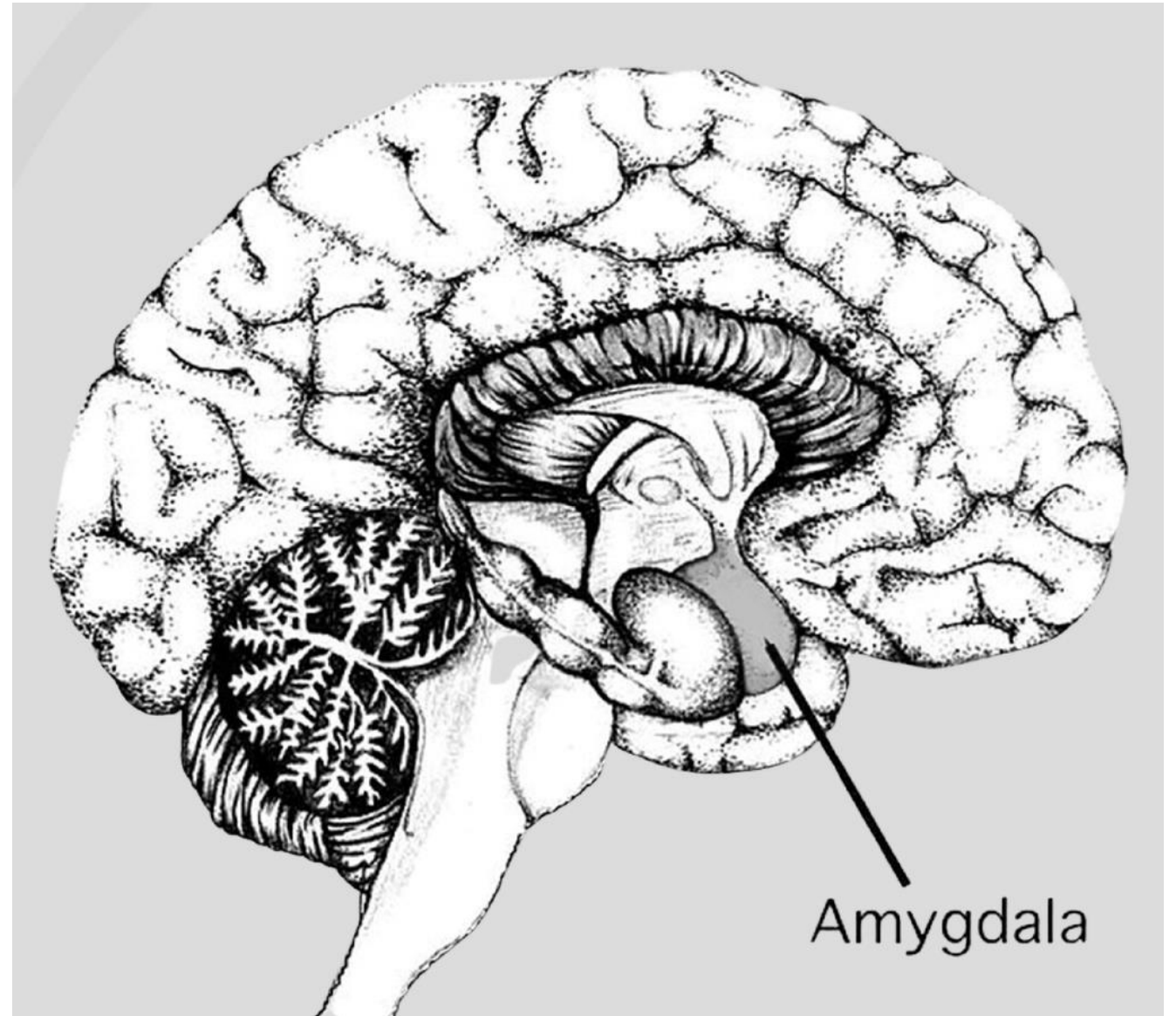
“When individuals are bombarded with repeated traumas that constitute threats to his or her personal integrity and worldview, then individuals come to question even the most fundamental assumptions about the world... and construct a new theory of how the world works and how people behave... The world becomes unsafe, dangerous, and confusing.” (Harris and Fallot, 2002)





## Emotional regulation impacts affective, behavioral, and cognitive domains

- Amygdala
- Hippocampus
- Basolateral amygdala
- Insula
- Prefrontal cortex (VM vs DL)





# Types of Traumatic Stress

Tolerable



Positive



Toxic



"Words are never good or bad on their own, context makes them so." ~Abhijit Naskar



### SAFE:

Feeling Safe, open to social engagement and play  
(Parasympathetic Ventral Vagal System)



### MOBILIZED:

Mobilized in response to a perceived threat, ready to fight or flee  
(Sympathetic Nervous system)



### IMMOBILIZED:

Immobilized in response to an extreme threat, shut-down and unable to move  
(Parasympathetic Dorsal Vagal System)

PCC is  
Precision  
Medicine

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The right therapy

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The right patient

---

The right disease

---

The right time

---

The right dose



# Trauma Providers' Knowledge, Views, and Practice of Trauma-Informed Care

Bruce, Marta M. BSN, RN; Kassam-Adams, Nancy PhD; Rogers, Mary MSN, RN, NEA-BC; Anderson, Karen M. MSN, RN, PMHCNS-BC; Sluys, Kerstin Prignitz PhD, APRN; Richmond, Therese S. PhD, CRNP, FAAN

[Author Information](#) 

*Journal of Trauma Nursing* 25(2):p 131-138, March/April 2018. | DOI: 10.1097/JTN.0000000000000356



# Variability in the Characteristics and Quality of Care for Injured Youth Treated at Trauma Centers

[Douglas F. Zatzick, MD](#) <sup>a,d</sup>  · [Gregory Jurkovich, MD](#)<sup>b,d</sup> · [Jin Wang, PhD, MS](#)<sup>d</sup> · [Frederick P. Rivara, MD, MPH](#)<sup>c,d</sup>

ORIGINAL ARTICLES

# Incorporating a Trauma-Informed Care Protocol Into Pediatric Trauma Evaluation

## The Pediatric PAUSE Does Not Delay Imaging or Disposition

Beaulieu-Jones, Brendin R. MD<sup>\*</sup>; Bingham, Sarah MD<sup>†</sup>; Rhyhart, Kurt K. MD<sup>‡</sup>; Croitoru, Daniel P. MD<sup>§</sup>; Singleton, Marcy N. ARNP<sup>¶</sup>; Rutman, Maia S. MD<sup>¶</sup>; Baertschiger, Reto M. MD<sup>§</sup>

[Author Information](#) 

*Pediatric Emergency Care* 38(1):p e52-e58, January 2022. | DOI: 10.1097/PEC.0000000000002278



> [Acad Psychiatry](#). 2023 Feb;47(1):59-62. doi: 10.1007/s40596-022-01648-7. Epub 2022 May 17.

# Peer-to-Peer Trauma-Informed Training for Surgical Residents Facilitated by Psychiatry Residents



Heather Buxton<sup>1</sup>, Mollie C Marr<sup>2</sup>, Alexandra Hernandez<sup>3</sup>, Jovo Vijanderan<sup>2</sup>,  
Karen Brasel<sup>2</sup>, Mackenzie Cook<sup>2</sup>, Alisha Moreland-Capuia<sup>4 5</sup>

Affiliations + expand

PMID: 35579850    PMCID: [PMC9669278](#)    DOI: [10.1007/s40596-022-01648-7](#)

# Roadmap for Trauma-Informed Medical Education: Introducing an Essential Competency Set

Berman, Sarah MD<sup>1</sup>; Brown, Taylor MD<sup>2</sup>; Mizelle, Cecelia<sup>3</sup>; Diep, Thang<sup>4</sup>; Gerber, Megan R. MD<sup>5</sup>; Jelley, Martina MD<sup>6</sup>; Potter, Laura A.<sup>7</sup>; Rush, Patricia MD, MBA<sup>8</sup>; Sciolla, Andres MD<sup>9</sup>; Stillerman, Audrey MD<sup>10</sup>; Trennepohl, Christopher MD, MPH<sup>11</sup>; Weil, Amy MD<sup>12</sup>; Potter, Jennifer MD<sup>13</sup>

[Author Information](#) 

*Academic Medicine* 98(8):p 882-888, August 2023. | DOI: 10.1097/ACM.00000000000005196 



# The “dangers” of TIC???

- Vicarious trauma
- Compassion fatigue
- Not enough resources
- Outside of our scope

# James Gleick

author of *The Information* and *Time Travel*

# chaos

making a new science

FINALIST  
FOR THE  
PULITZER  
PRIZE



NEW YORK TIMES BESTSELLER

MORE THAN A MILLION COPIES SOLD

## The real “threat” of TIC

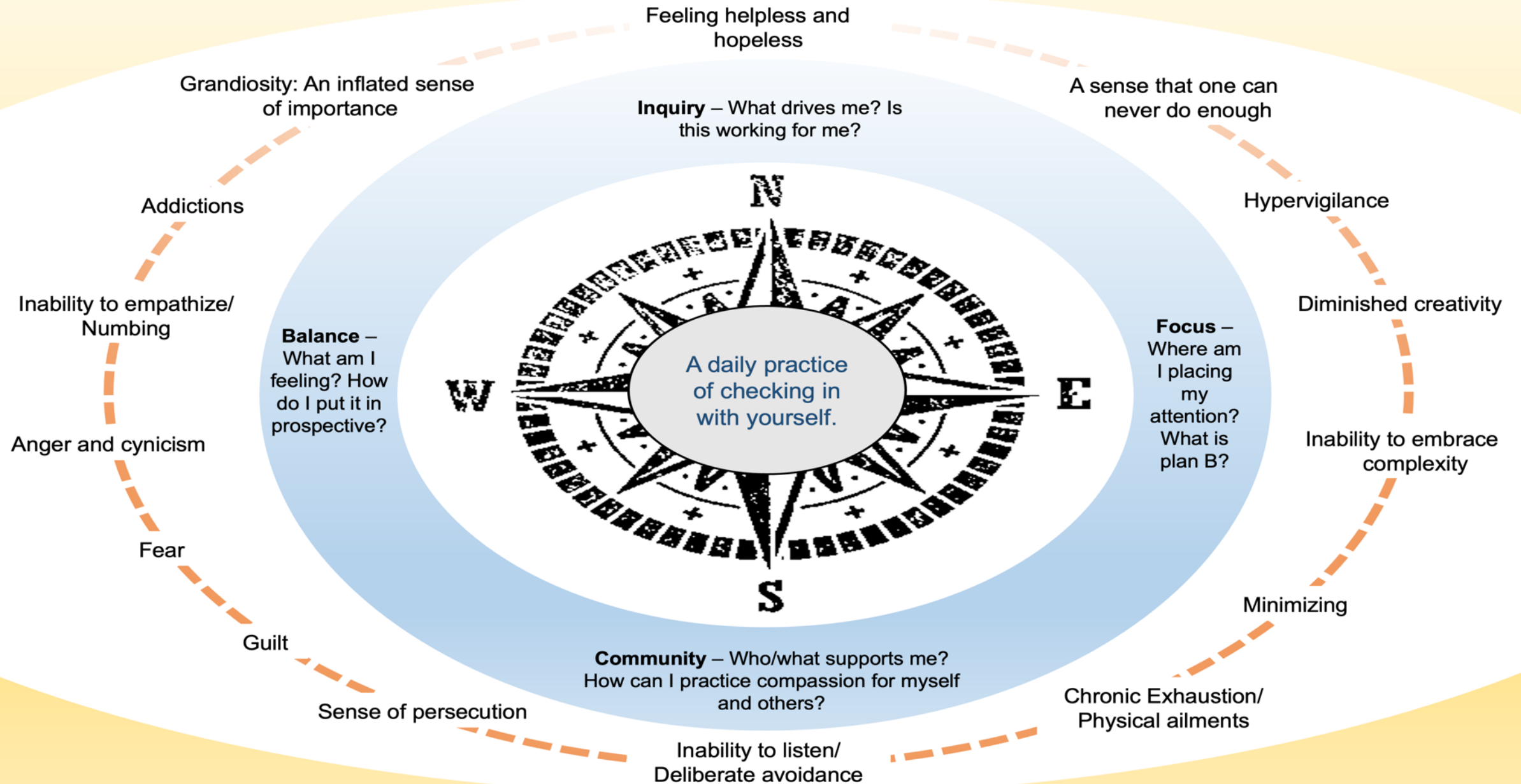
- Requires admission to our own role in PMTS/patient harm and suffering
- Encourages more relativistic or constructivist approaches
- Promotes humanism in a world where people are being domesticated by computers
- It’s a paradigm shift

# Our Crisis: Post Intensive Care Syndrome

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- PICU mortality rate 15% → 5%
- PICS rate > 50%
- Ignaz Philipp Semmelweis
  - Discovered the importance of handwashing
  - Brought maternal mortality 30% → 1% in his hospital
  - (Died at 47 in an asylum, due to a wound infection)
- Simple measures can lead to significant changes
- Part of the overall quality crisis

# MEDICE, CURA TE IPSUM...



Trauma-informed care is not about being overly gentle, lowering expectations, or providing excuses. Rather, TIC is rigorous and evidence-supported framework, which recognizes how people are not linear models (if “x”, then “y”). We are **complex, dynamical systems** that universally demand comprehensive considerations of all the things that make us **human**, whenever we relate with one another.



Thank you





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