

Providing Trauma-Informed Care

Trauma is a pervasive issue that affects people of all ages, genders, races, ethnicities, and backgrounds. Trauma occurs when a person experiences events or circumstances that are physically or emotionally harmful or life-threatening and have lasting adverse effects on the person’s well-being. People who experience trauma are at increased risk for behavioral health issues, substance abuse disorders, and chronic physical diseases and conditions.¹

The burden of trauma on individuals and societies is significant; however, appropriate interventions can help address trauma and allow victims to build resilience and cope with adversity. Healthcare organizations can play a vital role in this process by understanding and implementing trauma-informed practices, which can “potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness.”²

The following checklist provides strategies for developing a trauma-informed approach to care. Although the list is not all-inclusive, it offers healthcare organizations and providers key considerations for developing a framework that supports trauma victims.³

	Yes	No
<i>Organizational Culture/Commitment</i>		
Has your organization committed to a trauma-informed approach to care at both the clinical and organizational levels, and is that commitment reflected in the organization’s mission, philosophy, and goals?	<input type="checkbox"/>	<input type="checkbox"/>
Do organizational leaders recognize and understand the role and impact of trauma in the lives of patients, providers, and staff members?	<input type="checkbox"/>	<input type="checkbox"/>
Do organizational leaders support a trauma-informed approach to care through decisions related to staffing, budget, training, and cultural change?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Organizational Culture/Commitment (continued)		
Has your organization identified champions who can help raise awareness of trauma and support for trauma-informed care as well as generate buy-in from leaders and staff?	<input type="checkbox"/>	<input type="checkbox"/>
Are trauma-informed principles incorporated into hiring, supervision, evaluation, and support services?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization extend implementation of trauma-informed practices beyond clinical staff to nonclinical staff (e.g., front desk personnel, security guards, and administrative staff)?	<input type="checkbox"/>	<input type="checkbox"/>
Do the language and behaviors of all clinical and nonclinical staff reflect the organization’s commitment to recognizing and responding to trauma?	<input type="checkbox"/>	<input type="checkbox"/>
Are programs and support mechanisms in place to address first-hand trauma and/or vicarious trauma and burnout in clinical and nonclinical staff?	<input type="checkbox"/>	<input type="checkbox"/>
Policies/Procedures		
Does your organization have written policies and procedures across departments and functions that support a trauma-informed approach to care?	<input type="checkbox"/>	<input type="checkbox"/>
Are procedures in place for working with external agencies and community groups, and do these protocols reflect trauma-informed principles?	<input type="checkbox"/>	<input type="checkbox"/>
Are partner agencies and community groups chosen based on their commitment to trauma-informed principles?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization engage trauma survivors, people in recovery, patients receiving services, and family members/caregivers in its trauma-informed approach to care (e.g., in program design, feedback mechanisms, peer support programs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Has your organization adopted a specific evidence-based approach to trauma assessment, such as a screening tool or a universal education method ?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have policies and procedures in place for handling situations in which patients might feel controlled, manipulated, or threatened (e.g., a procedure for separating patients from potential abusers)?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<i>Policies/Procedures (continued)</i>		
Does your organization have policies and procedures in place for handling violence and crisis interventions?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization routinely monitor and evaluate trauma-informed approaches, stay current on evidence-based best practices, and adjust policies and procedures when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Patient Care and Communication</i>		
Has your organization assessed its physical, social, and emotional environment to identify factors that might threaten patients' sense of safety and potentially retraumatize them?	<input type="checkbox"/>	<input type="checkbox"/>
Has your organization created settings that are conducive to providing person-centered, trauma-informed care (e.g., quiet, private, and comfortable spaces that promote physical and psychological security)?	<input type="checkbox"/>	<input type="checkbox"/>
Have providers shifted their treatment approach from "What is wrong with this patient?" to "What happened to this patient?"	<input type="checkbox"/>	<input type="checkbox"/>
Do providers take a "big picture" view and consider patients' life experiences and current situations, not just their clinical complaints?	<input type="checkbox"/>	<input type="checkbox"/>
Do providers use person-centered, trauma-informed interviewing techniques when discussing potential trauma with patients? For example:		
<ul style="list-style-type: none"> • Whenever possible, do providers have one-on-one time with patients, even for just a portion of an appointment? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Are efforts made to make patients comfortable and put them at ease (e.g., offering the patient a drink, taking breaks as needed, communicating at eye level, and respecting personal space)? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Are patients given the option of talking with a male or female provider based on their preference? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Do providers obtain informed consent before interviewing patients? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Do providers explain the purpose of their questions and how they will use the information? 	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Patient Care and Communication (continued)		
<ul style="list-style-type: none"> • Are providers forthright about maintaining patient confidentiality and situations that might trigger mandatory reporting? • Are providers aware of their verbal and nonverbal cues that either encourage or impede communication? • Do providers understand that the goal of talking with patients about trauma is to listen, understand, and provide the level of support each patient requests — not to force disclosure of traumatic events or elicit in-depth details? • Do communication techniques promote patient empowerment and choice, and are providers respectful of patients’ decisions even when they do not agree? • Do communication approaches minimize the need for patients to have to retell or repeat information? • Do providers monitor for verbal and nonverbal cues of patient distress during discussions? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are professional interpreters and auxiliary aids used for patients who have limited English proficiency or other communication barriers?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate treatment and referral sources available for patients (either within the organization, the community, or beyond), and are providers knowledgeable about them?	<input type="checkbox"/>	<input type="checkbox"/>
Training and Education		
Are staff educated about trauma and the principles of trauma-informed care, including the Substance Abuse and Mental Health Services Administration’s six principles of a trauma-informed approach ?	<input type="checkbox"/>	<input type="checkbox"/>
Are staff educated about the organization’s commitment to a trauma-informed approach and related policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Are staff trained on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care , and do they understand how culture affects perceptions of trauma and safety?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Training and Education (continued)		
Are providers and staff members trained on the concept of cultural humility , including issues related to cultural and racial bias?	<input type="checkbox"/>	<input type="checkbox"/>
Do providers and staff members receive training on communication skills, managing upset or angry patients and visitors, and de-escalation techniques ?	<input type="checkbox"/>	<input type="checkbox"/>
Do providers receive training in evidence-based trauma practices for assessing and treating patients?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization support informal knowledge-building and training related to trauma, such as workgroups, brown-bag lunch sessions, online discussion boards, and book groups?	<input type="checkbox"/>	<input type="checkbox"/>

Resource

For more helpful and informative resources related to providing trauma-informed care, see MedPro’s [Risk Resources: Human Trafficking and Trauma-Informed Care](#).

Endnotes

¹ Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. [SMA] 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

² Center for Health Care Strategies, Inc. (n.d.). What is trauma-informed care? Trauma-Informed Care Implementation Resource Center. Retrieved from www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

³ The information in this checklist is based on the following sources: Postgraduate Institute for Medicine & the U.S. Department of Health and Human Services. (2020, June 1). SOAR for health care (online training module). Retrieved from <https://nhhtac.acf.hhs.gov/soar/soar-for-individuals/soar-online>; Postgraduate Institute for Medicine & the U.S. Department of Health and Human Services. (2020, May 1). SOAR: Trauma-informed care (online training module). Retrieved from <https://nhhtac.acf.hhs.gov/soar/soar-for-individuals/soar-online>; Substance Abuse and Mental Health Services Administration, *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. [SMA] 14-4884; Center for Health Care Strategies, Inc., What is trauma-informed care?; Schulman, M., & Menschner, C. (2018, January). *Laying the groundwork for trauma-informed care*. Center for Health Care Strategies, Inc. Retrieved from www.traumainformedcare.chcs.org/wp-content/uploads/Brief-Laying-the-Groundwork-for-TIC_11.10.20.pdf

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