

Providing Trauma-Informed Care

Trauma is a pervasive issue that affects people of all ages, genders, races, ethnicities, and backgrounds. Trauma occurs when an individual experiences events or circumstances that are physical 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 society is significant; however, it can be addressed with appropriate interventions that 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 strategies³ 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.

| | 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 realize the role of trauma in the lives of patients, providers, and staff members, and do they support a trauma-informed approach 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"/> |

| | Yes | No |
|---|--------------------------|--------------------------|
| <i>Policies/Procedures (continued)</i> | | |
| 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"/> |
| 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 re-traumatize 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? • 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)? • Are patients given the option of talking with a male or female provider based on their preference? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|--|--|--|
| <i>Patient Care and Communication (continued)</i> | | |
| <ul style="list-style-type: none"> Do providers obtain informed consent before interviewing patients? Do providers explain the purpose of their questions and how they will use the information? Are providers forthright about maintaining patient confidentiality and situations that might trigger mandatory reporting? Are providers cognizant 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 not to force disclosure of traumatic events or elicit in-depth details? Rather, the goal is to listen, understand, and provide the level of support each patient requests. 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"/> <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"/> |
| <i>Training and Education</i> | | |
| 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"/> |

| | Yes | No |
|--|--------------------------|--------------------------|
| Training and Education (continued) | | |
| 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"/> |
| 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"/> |

Resources

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

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 <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

³ 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://nhttac.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://nhttac.acf.hhs.gov/soar/soar-for-individuals/soar-online>; 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>; Center for Health Care Strategies, Inc. (n.d.). What is trauma-informed care? Trauma-Informed Care Implementation Resource Center. Retrieved from <https://www.traumainformedcare.chcs.org/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 https://www.traumainformedcare.chcs.org/wp-content/uploads/Brief-Laying-the-Groundwork-for-TIC_11.10.20.pdf

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