

# Introduction to Trauma Informed Healthcare: What is trauma and its importance in healthcare?

**Katelyn Macdonald (she/her), MPAS, PA-C, MLS(ASCP)<sup>CM</sup>**

Director and Clinical Instructor, Idaho AETC

Last Updated: 05/2024

# Disclosures

---

No conflicts of interest or financial relationships to disclose.

# Learning Objectives

- Recognize the relationship between trauma/lived experiences and health outcomes.
- Understand how to navigate a patient/client encounter with respect to previous trauma.
- Adopt one new technique to incorporate the principles of trauma-informed care into your practice.

# Data Considerations

*Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.*



To Learn More:

<https://www.cdc.gov/minorityhealth/racism-disparities>

# What is Trauma?



## Event

An event, series of events, or set of circumstances



## Experience

Experienced as physically or emotionally harmful or life threatening



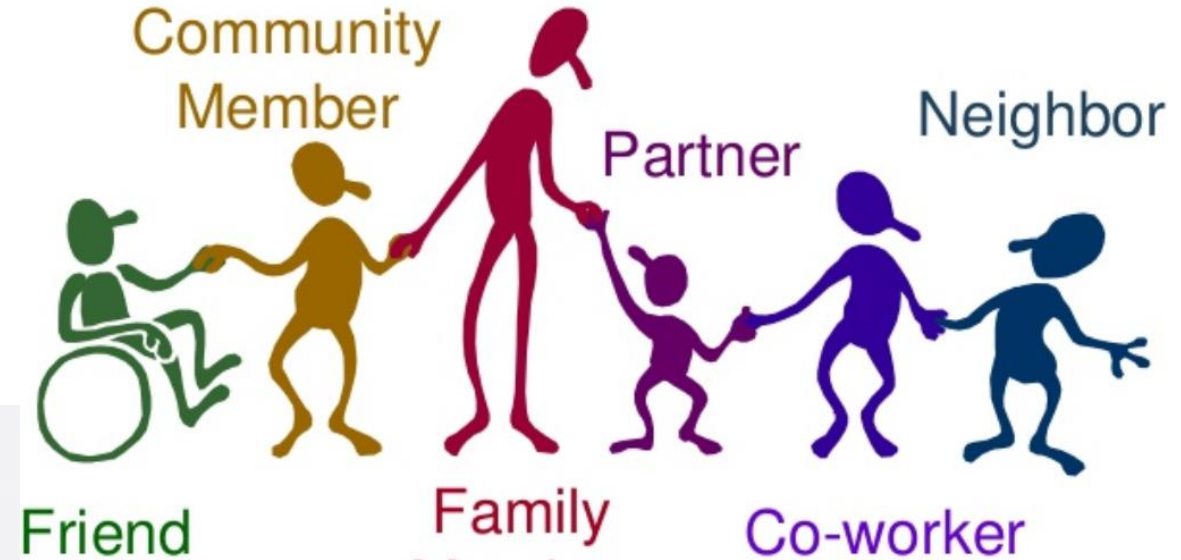
## Effects

With lasting adverse effects on functioning and well-being

# Factors Affecting How Trauma is Experienced

## Social Support Network

- Cultural beliefs
- Social supports
- Developmental stage



# Symptoms of Trauma

- Memory loss or confusion about the event
- Alternating between feeling emotionally numb and experiencing intense and intrusive emotions
- Re-experiencing or re-imagining the traumatic experience
- Avoidance of reminders of the traumatic experience or what was lost in the experience
- Hypervigilance or a constant state of arousal
- Aggression
- Disruption of identity

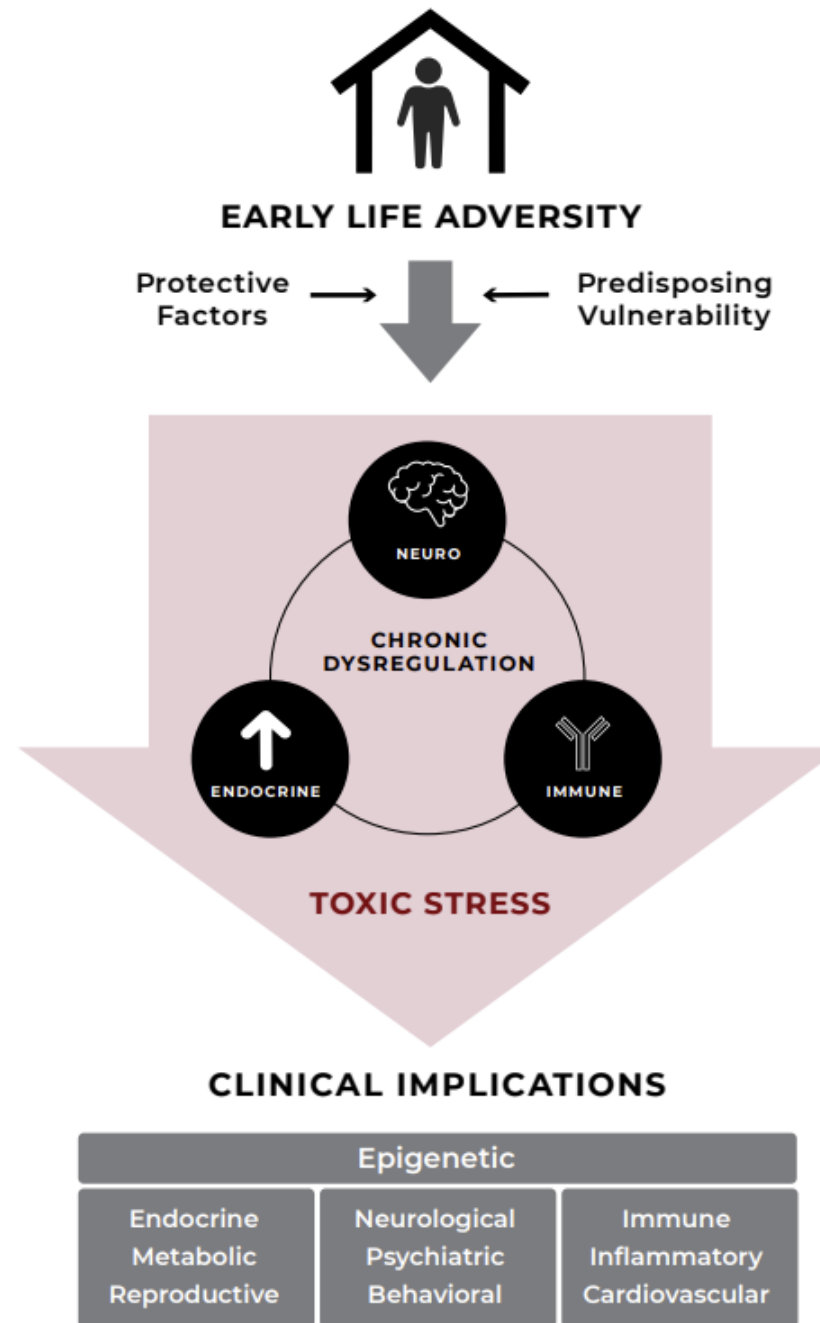
# What is toxic stress?

- Positive Stress Response
- Tolerable Stress Response
- Toxic Stress Response





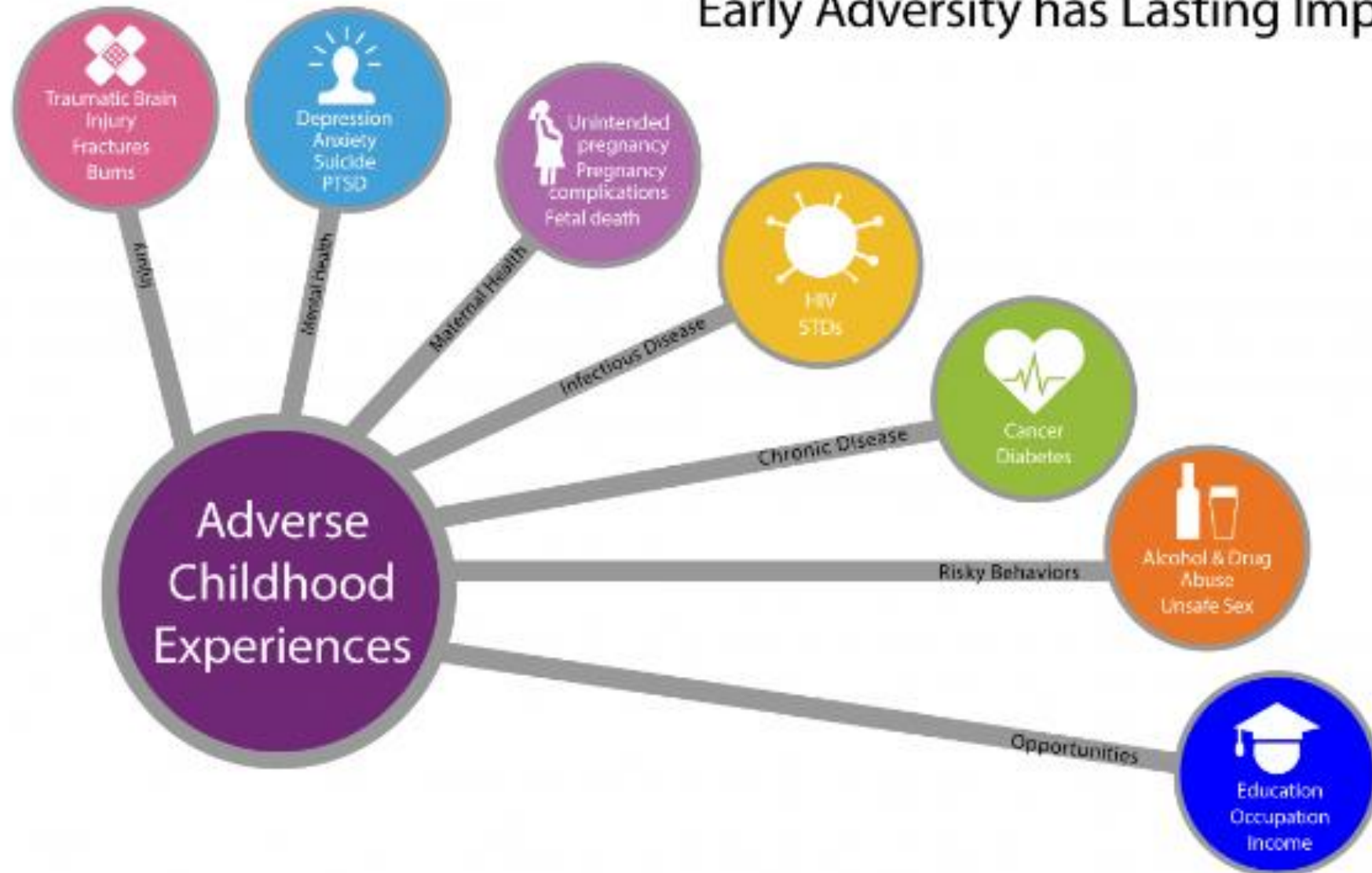
# Toxic Stress



Adapted from *Bucci et al., 2016*<sup>16</sup>

# ACEs and Long Term Impact

Early Adversity has Lasting Impacts



<https://www.cdc.gov/violenceprevention/aces/fastfact.html>

<https://www.acesaware.org/ace-fundamentals/the-science-of-aces-toxic-stress/>

Figure 2: Leading Causes of Death in the U.S.

	Leading Causes of Death in the U.S., 2017	Odds Ratios for $\geq 4$ ACEs (relative to no ACEs)
1	Heart disease	2.1
2	Cancer	2.3
3	Accidents (unintentional injuries)	2.6
4	Chronic lower respiratory disease	3.1
5	Stroke	2.0
6	Alzheimer's or dementia	11.2
7	Diabetes	1.4
8	Influenza and pneumonia	Risk unknown
9	Kidney disease	1.7
10	Suicide (attempts)	37.5

Source of **causes of death**: CDC, 2017.<sup>11</sup>

Sources of **odds ratios**: Hughes et al., 2017 for 1, 2, 4, 7, 10.<sup>12</sup>

Petrucci et al., 2019 for 3 (injuries with fracture), 5.<sup>3,5,13</sup>

Center for Youth Wellness, 2014 for 6 (Alzheimer's or dementia).<sup>14</sup>

Center for Youth Wellness, 2014 and Merrick et al., 2019 for 9.<sup>5,14</sup>

# Trauma in persons living with HIV

- Up to 54% of PLWH meet criteria for PTSD
- 30-40% of PLWH and PTSD identify receiving or living with HIV as the index traumatic stressor for their PTSD
- Women living with HIV
  - Higher rates of physical/sexual abuse as children
  - Higher rates of experiencing intimate partner violence
- Trauma can affect ability to achieve viral suppression

# Trauma informed care video



# Principles of Trauma-Informed Care



Safety



Trustworthy &  
Transparency



Peer Support



Collaboration  
& Mutuality



Empowerment  
& Choice



Cultural,  
Historical,  
Gender Issues

# Safety



# Trustworthy and Transparency





# Peer Support

- Support groups
- Peer mentoring/coaching
- Online peer support communities



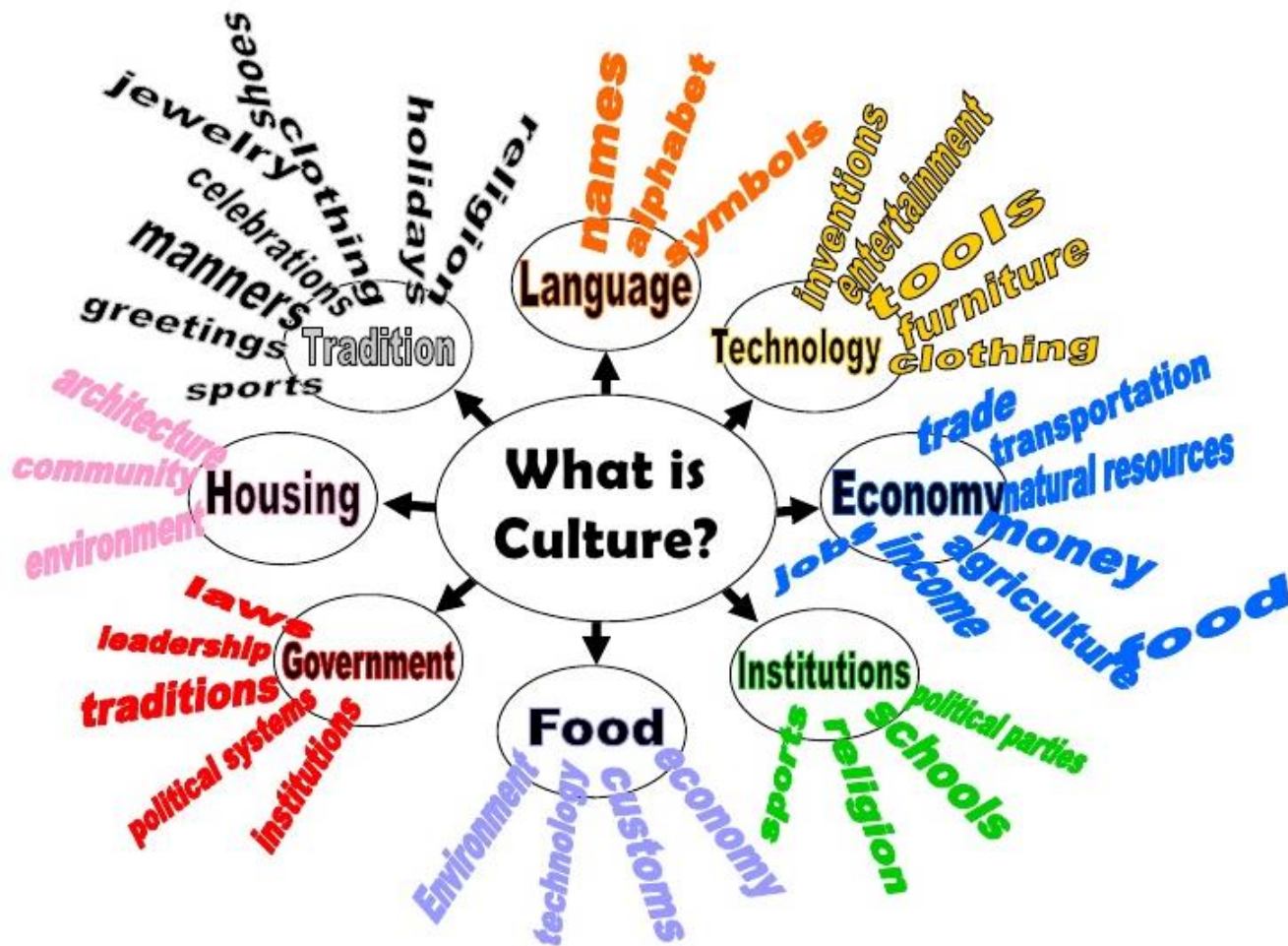
# Collaboration and Mutuality



# Empowerment and Choice



# What is Culture?



## THE CULTURAL ICEBERG

10% - what we see  
SURFACE CULTURE

Food  
Flags Festivals  
Fashion Holidays Music  
Performances Dances Games  
Arts & Crafts Literature Language

DEEP CULTURE  
90% - what we don't see

### Communications Styles and Rules:

Facial Expressions Gestures Eye Contact  
Personal Space Touching Body Language  
Conversational Patterns in Different Social Situations  
Handling and Displaying of Emotion  
Tone of Voice

### Notions of:

Courtesy and Manners  
Friendship Leadership  
Cleanliness Modesty  
Beauty

### Concepts of:

Self Time Past and Future  
Fairness and Justice  
Roles related to Age, Sex,  
Class, Family, etc.

### Attitudes toward:

Elders Adolescents Dependents  
Rule Expectations Work Authority  
Cooperation vs. Competition  
Relationships with Animals Age  
Sin Death

### Approaches to:

Religion Courtship Marriage  
Raising Children Decision-Making  
Problem Solving

# Cultural Competence vs. Cultural Humility

Attributes	Cultural Competence	Cultural Humility
View of culture	<ul style="list-style-type: none"> <li>•Group traits</li> <li>•Group label associates group with a list of traditional traits and practices</li> <li>•De-contextualized</li> </ul>	<ul style="list-style-type: none"> <li>•Unique to individuals</li> <li>•Originates from multiple contributions from different sources.</li> <li>•Can be fluid and change based on context</li> </ul>
Culture definition	<ul style="list-style-type: none"> <li>•Minorities of ethnic and racial groups</li> </ul>	<ul style="list-style-type: none"> <li>•Different combinations of ethnicity, race, age, income, education, sexual orientation, class, abilities, faith and more</li> </ul>
Traditions	<ul style="list-style-type: none"> <li>•Immigrants and minorities follow traditions</li> </ul>	<ul style="list-style-type: none"> <li>•Everyone follows traditions</li> </ul>
Context	<ul style="list-style-type: none"> <li>•Majority is the normal; other cultures are the different ones</li> </ul>	<ul style="list-style-type: none"> <li>•Power differences exist and must be recognized and minimized</li> </ul>
Results	<ul style="list-style-type: none"> <li>•Promotion of stereotyping</li> </ul>	<ul style="list-style-type: none"> <li>•Promotion of respect</li> </ul>
Focus	<ul style="list-style-type: none"> <li>•Differences based on group identity and group boundaries</li> </ul>	<ul style="list-style-type: none"> <li>•Individual focus of not only of the other but also of the self</li> </ul>
Process	<ul style="list-style-type: none"> <li>•A defined course or curriculum to highlight differences</li> </ul>	<ul style="list-style-type: none"> <li>•An ongoing life process</li> <li>•Making bias explicit</li> </ul>
Endpoint	<ul style="list-style-type: none"> <li>•Competence/expertise</li> </ul>	<ul style="list-style-type: none"> <li>•Flexibility/humility</li> </ul>

# WHEEL OF POWER/PRIVILEGE

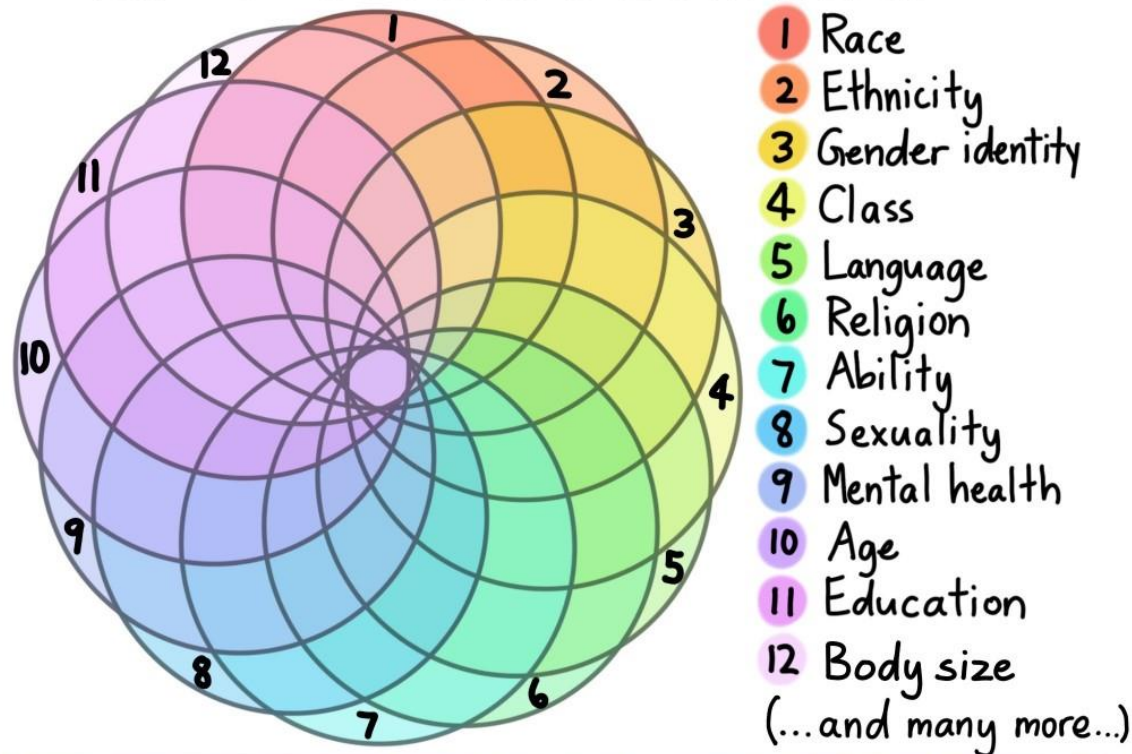


Adapted from ccrweb.ca

@sylviaaduckworth

# CDC on Intersectionality

## INTERSECTIONALITY



Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

@sylviaaduckworth

# How do we start?

**Organizational practices** reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:



- 1 Lead and communicate about being trauma-informed
- 2 Engage patients in organizational planning
- 3 Train both clinical and non-clinical staff
- 4 Create a safe physical and emotional environment
- 5 Prevent secondary traumatic stress in staff
- 6 Build a trauma-informed workforce

**Clinical practices** address the impact of trauma on individual patients:



- 7 Involve patients in the treatment process
- 8 Screen for trauma
- 9 Train staff in trauma-specific treatments
- 10 Engage referral sources and partner organizations



For more details, read the brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*. Visit [www.TraumaInformedCare.chcs.org](http://www.TraumaInformedCare.chcs.org).



# Case Study #1

- 52 year old cisgender male living with HIV presents at an intake to transfer care.
- Diagnosed with HIV 20+ years ago and was forced by his friend network to engage in receptive anal sex. He says “I had to learn how to be a bottom.”
- Let’s look at this case utilizing the principles of trauma informed care.



# Case Study #2

- 46 year old cisgender female presents at an intake after being diagnosed with HIV during a refugee medical screening. She has immigrated from a country in Africa. Her 18 year old daughter is acting as an interpreter for her today in clinic.
- Let's look at this case utilizing the principles of trauma informed care.



# Case Study #3

- 22 year old cisgender female patient presents at an intake appointment after recently being diagnosed with HIV during her first prenatal visit. She is an immigrant of a Latin American Country and is undocumented.
- Her husband is upset and accusatory and presents with her to the visit.
- Let's look at this case utilizing the principles of trauma informed care.



# Acknowledgment

This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,333,289 with 0% financed with non-governmental sources.

The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

