



# Trauma-Informed Care Overview

This fact sheet provides information on the framework and principles of trauma-informed care.

Trauma-informed care recognizes and responds to the signs, symptoms, and potential consequences of trauma to better support the health needs of patients who have experienced ACEs and toxic stress.

Trauma-informed care is a framework that involves:

- **Understanding** the prevalence of trauma and adversity and their impacts on health and behavior;
- **Recognizing** the effects of trauma and adversity on health and behavior;
- **Training** leadership, providers, and staff on **responding** to patients with best practices for trauma-informed care;
- **Integrating** knowledge about trauma and adversity into policies, procedures, practices, and treatment planning; and
- **Resisting** re-traumatization by approaching patients who have experienced ACEs or other adversities with non-judgmental support.

# Principles of Trauma-Informed Care

The following key principles of trauma-informed care should serve as a guide for all health care providers and staff:

## 1. Establish the physical and emotional safety of patients and staff.

**Examples:** When appointments are made, staff can ask patients if there is anything their provider needs to know to make their upcoming visit more comfortable. When the patient arrives, inform them about any anticipated wait times and, when possible, provide a private setting for completing ACE screening.

## 2. Build trust between providers and patients.

**Examples:** Provide a clear description of the purpose of ACE screening and how the responses will inform the provider's assessment and a joint treatment plan. Approach patients who have experienced ACEs or other adversities with non-judgmental support. Train all providers and staff on how to recognize patient strengths and experiences and build upon them. Trauma-informed care training for staff should also include best practices for preventing vicarious traumatization, compassion fatigue, and burnout.

## 3. Recognize the signs and symptoms of trauma exposure on physical and mental health.

**Examples:** Providers should familiarize themselves with the range of ACE-Associated Health Conditions—including asthma, obesity, cardiovascular disease, and mental health disorders. Supplementing the treatment plan with patient education on how to recognize and respond to the role that past or present stressors may be playing in their current health condition(s) is an important part of trauma-informed care.

Specific and evidence-based interventions for the toxic stress response include enhancing supportive relationships, regular physical activity, balanced nutrition, sufficient sleep, mindfulness, and mental health care, including psychotherapy or psychiatric care, and substance use disorder treatment, if indicated.

#### **4. Promote patient-centered, evidence-based care.**

**Examples:** Providers should consult evidence-based clinical guidelines for best practices in trauma-informed care and addressing toxic stress. For [resources on trauma-informed care](#), visit [ACEsAware.org/TIC](#). All providers and staff should receive education and resources on how to practice trauma-informed care and offer evidence-based toxic stress interventions.

#### **5. Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment.**

**Examples:** Use motivational interviewing techniques to engage patients in discussions about their priorities, preferences, and goals to inform a jointly formulated treatment plan. Train all providers and staff on how to assess for, recognize, and integrate patient strengths and experiences into a jointly formulated treatment plan. Healing happens through supportive relationships and shared decision-making.

#### **6. Provide care that is sensitive to the patient's racial, ethnic, and cultural background, and gender identity.**

**Examples:** Establish policies, practices, and processes that are responsive to the diverse needs of patients. Provide patients with language-appropriate resources, ask for patient information in lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) community-inclusive ways, and take cultural perspectives into account to ensure that patients understand and are comfortable with the care they receive.

# Anticipating Patient Emotional Responses and Avoiding Re-Traumatization

ACE screening can induce a spectrum of emotional reactions in patients. Screening requires patients to reflect on and revisit upsetting parts of their lives, which may activate distressing feelings or thoughts for patients and for providers conducting the screenings.

Some people who have experienced ACEs or other adversities may feel shame, blame, anger, sadness, and/or embarrassment. However, some patients find the experience empowering and report a positive emotional response to being able to make important connections between ACEs, toxic stress, and their current health, and to receiving appropriately focused care.

Patients with higher ACE scores with an identified screen were more likely to have strong emotional reactions, both positive and negative, according to pilot data. De-identified ACE screening was much less likely to elicit a strong emotional reaction for patients, either positive or negative.<sup>1</sup>

It is important for providers to administer screenings in a trauma-informed manner that avoids re-traumatization. There are several ways providers can avoid re-traumatization:

- **Maintain emotional safety** by approaching patients who have experienced ACEs and other adversities with non-judgmental support. Assess for, recognize, and integrate patient strengths and experiences into a jointly formulated treatment plan.
- In the primary care context, providers can **provide supportive, compassionate responses to trauma histories of ACEs or other adversities without eliciting specific details.**

- **Empower patients** by providing education on simple things they can do every day, at home, to recognize how stress shows up in their bodies and help regulate their stress response system and buffer the negative impacts of toxic stress. Find these [strategies to regulate the stress response](#) at [ACEsAware.org/assessment-and-treatment](https://www.acesaware.org/assessment-and-treatment).
- **Refer patients to mental health providers** who are trained in evidence-based trauma-specific therapy, if necessary.
- **Practice compassionate resilience** to maintain provider well-being while caring for patients to be able to combat compassion fatigue, burnout, secondary traumatic stress, vicarious trauma, and related concerns.

For [information and resources on trauma-informed care](#), visit [ACEsAware.org/TIC](https://www.acesaware.org/TIC).

## References

1 Bay Area Research Consortium on Toxic Stress and Health (BARC) investigators. Personal communication with the Bay Area Research Consortium on Toxic Stress and Health (BARC) investigators. 2019.

Visit [ACEsAware.org](https://www.acesaware.org) and join us as we launch a movement — led by the Office of the California Surgeon General and the California Department of Health Care Services — to ensure everyone is ACEs Aware.