

Teaching Trauma-Informed Care to Health Professional Learners



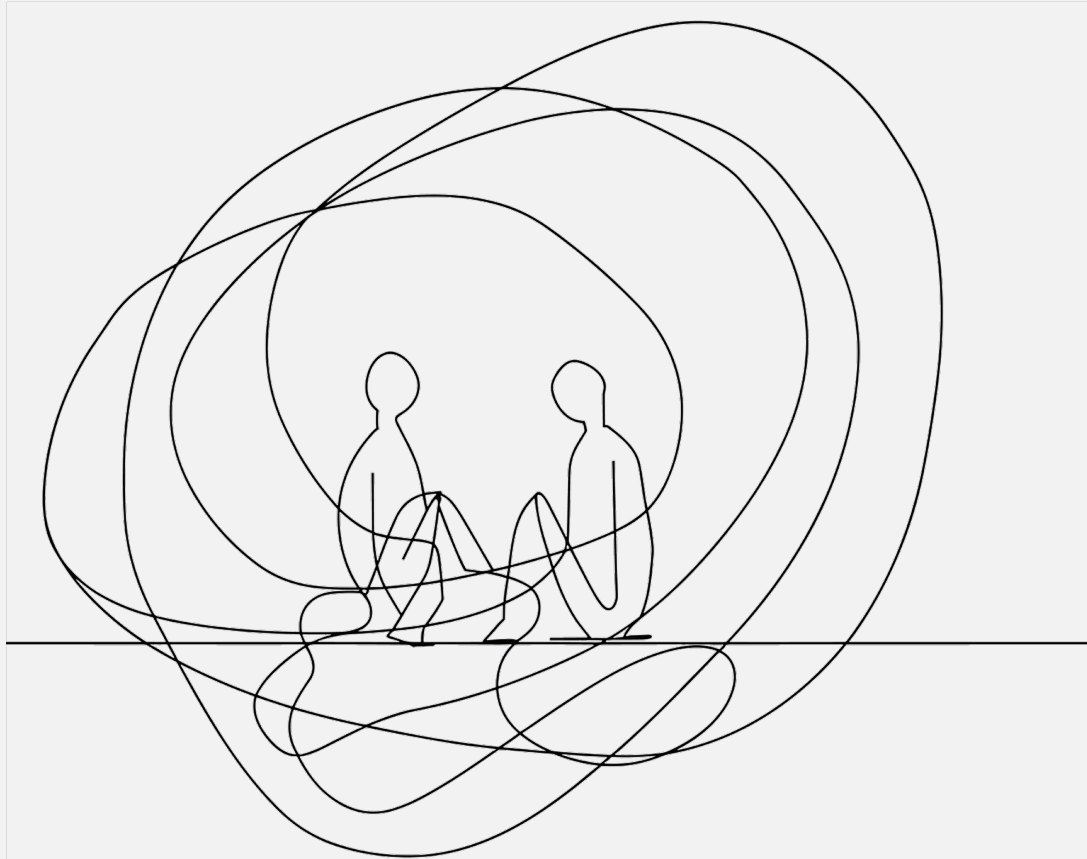
ISME THE OFFICE OF
INNOVATION AND SCHOLARSHIP
IN MEDICAL EDUCATION

Land Acknowledgement

The University of Manitoba campuses and research spaces are located on original lands of Anishinaabeg, Ininiwak, Anisininewuk, Dakota Oyate, Dene and Inuit, and on the National Homeland of the Red River Métis.

UM recognizes that the Treaties signed on these lands are a lifelong, enduring relationship, and we are dedicated to upholding their spirit and intent. We acknowledge the harms and mistakes of the past and the present. With this understanding, we commit to supporting Indigenous excellence through active Reconciliation, meaningful change, and the creation of an environment where everyone can thrive. Our collaboration with Indigenous communities is grounded in respect and reciprocity and this guides how we move forward as an institution.

Teaching Trauma-Informed Care to Health Professional Learners



Developed and presented by:

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Co-facilitated by:

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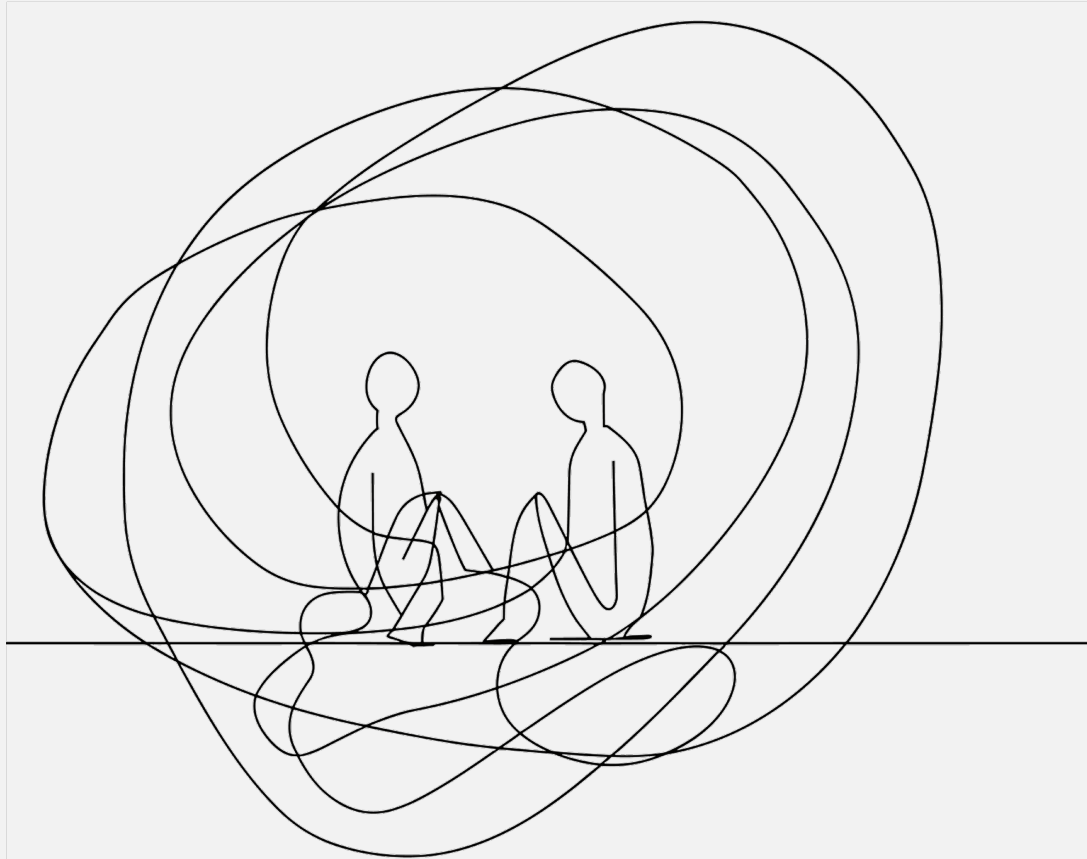
Educational Specialists, ISME

NO CONFLICT OF INTEREST TO
DECLARE.

Teaching Trauma-Informed Care to Health Professional Learners

1. Name, role, program
2. What is your experience with either teaching or providing trauma-informed care?
3. What are you hoping to get out of today's workshop?

Teaching Trauma-Informed Care to Health Professional Learners



Learning objectives

- Teach your learners to explain the effects of trauma at individual, family, and community levels; and
- Teach your learners to integrate a trauma-informed care approach with their healthcare practice

Today's workshop

- Train-the-trainer format prepares you to teach
- Includes teaching tips, tools, resources
- Use this time to learn and discuss new concepts
- Think about how you will adapt the concepts for your learners

Overview

- Review of key concepts
- Definitions
- Trauma-informed care approach
- Wrap-up, Q&A, ISME teaching tools



Review of Key Concepts

Who experiences trauma?

01.

ABUSE



Physical



Emotional



Sexual

02.

NEGLECT



Physical



Emotional

03.

CHALLENGES AT HOME



Mental Illness



Violence



Divorce



Incarceration



Substance Misuse
Addiction

(Felitti, 1998)

How common is trauma?

- Most people have at least one ACE
- ACEs affect all people across all demographics
- Increased ACEs exposure, increased health problems, worse health outcomes

(Felitti, 1998)

Why think about trauma in practice?

- Trauma-informed care (TIC) is a universal approach that assumes all people have experienced trauma
- TIC provides direct health benefits for patients, including:
 - Improved patient outcomes
 - Enhanced patient engagement
 - Reduced stigmatization



Defining Trauma

Defining trauma

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways: direct experience; witnessing an event in person; learning an event occurred to a close family member or friend; experiencing repeated or extreme exposure to traumatic details or events.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

Defining trauma

“Trauma is the invasion of our spiritual self that affects our mind, body, and soul. An uninvited entity that invades our sacredness. Our spirit is taken to a different realm that reunites our mind, body and soul that has been penetrated by an unwelcome environment. This affects areas of the wholeness of the mind, body and soul.”

Rose Roulette, Knowledge Keeper

Defining trauma

F43 Reaction to severe stress, adjustment disorders, acute stress reaction, PTSD

International Classification of Diseases (ICD)-10

“An exceptionally stressful life event producing an acute stress reaction, or a significant life change leading to continued unpleasant circumstances that result in an adjustment disorder.”

Defining trauma

Z91 Personal history of risk-factors, not elsewhere classified

International Classification of Diseases (ICD)-10

Includes a personal history of psychological trauma, abuse, and maltreatment, as well as medical noncompliance, poor personal hygiene, and unhealthy sleep patterns

Discussion

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways: direct experience; witnessing an event in person; learning an event occurred to a close family member or friend; experiencing repeated or extreme exposure to traumatic details or events.

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International Classification of Diseases (ICD)-10



Trauma- Informed Care Approach

Approaching trauma

- Trauma-informed care (TIC) is a culture focused on reparative growth that includes:
 - Practice – an understanding of trauma that is integrated with all levels of care at the systems-level
 - Systems – experienced as culturally safe at every level of engagement
 - Services – specific treatment strategies used by specialists with patients to mitigate the effects of trauma and prevent re-traumatization
 - Approach – guides provider interactions with patients in everyday practice

4Rs Approach



(Protocol, 2014)

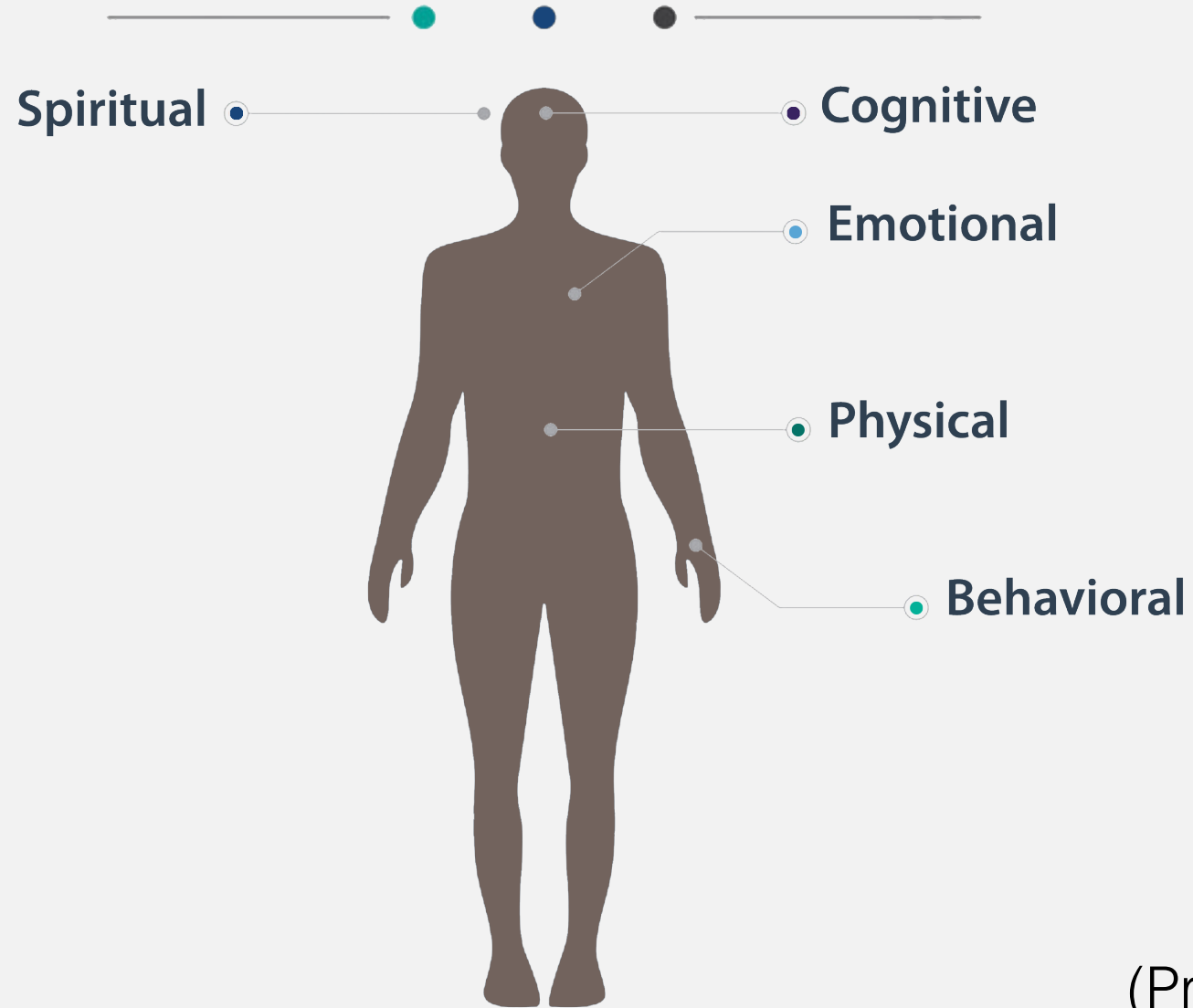
A large teal-colored graphic element that is a quarter of a circle, positioned in the upper-left quadrant of the slide. It contains the word 'REALIZE' and the number '01' in white text.

REALIZE

01

01 | Realize the effects of trauma on individuals, families, and communities

Immediate and Delayed Effects of Trauma



(Protocol, 2014)

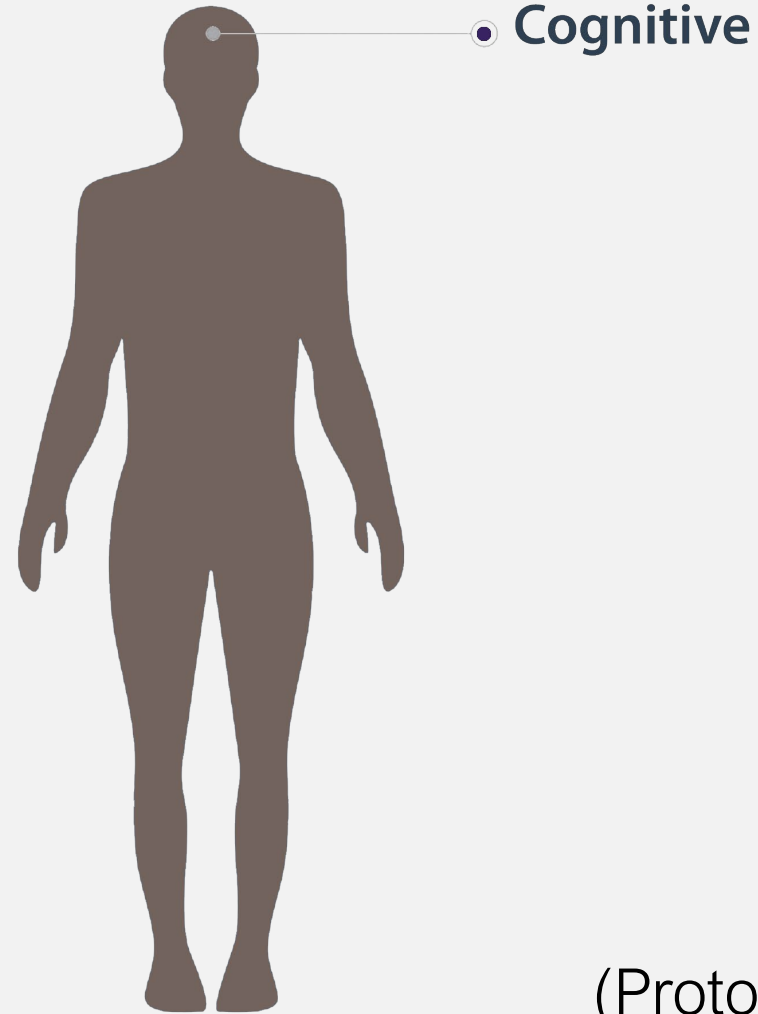
Immediate and Delayed Effects of Trauma

Immediate

- Difficulty concentrating
- Racing thoughts
- Distortion of time and space
- Memory problems
- Identification with victims

Delayed

- Intrusive memories, flashbacks
- Reactivation of prior trauma
- Self-blame
- Preoccupation with event
- Magical thinking
- Suicidal thinking



(Protocol, 2014)

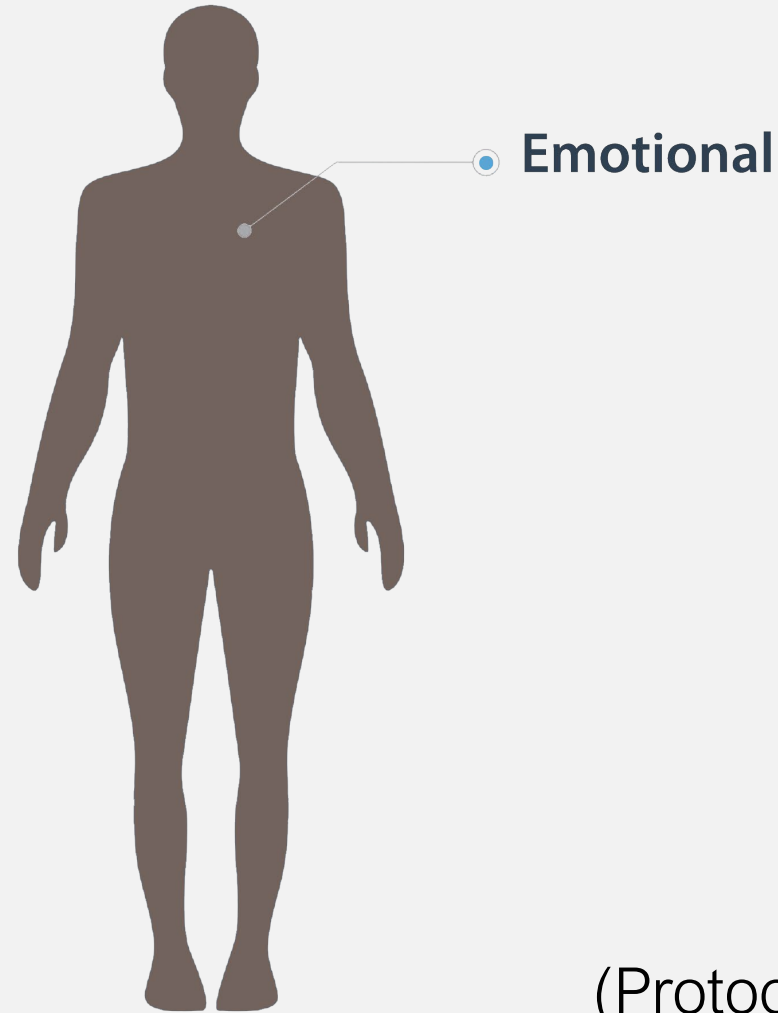
Immediate and Delayed Effects of Trauma

Immediate

- Numbness, detachment
- Anxiety, severe fear
- Guilt/exhilaration for surviving
- Anger, sadness, helplessness
- Feeling overwhelmed

Delayed

- Irritability, hostility, mood swings
- Depression, generalized anxiety
- Mood swings
- Grief, shame
- Numbing, emotional detachment



(Protocol, 2014)

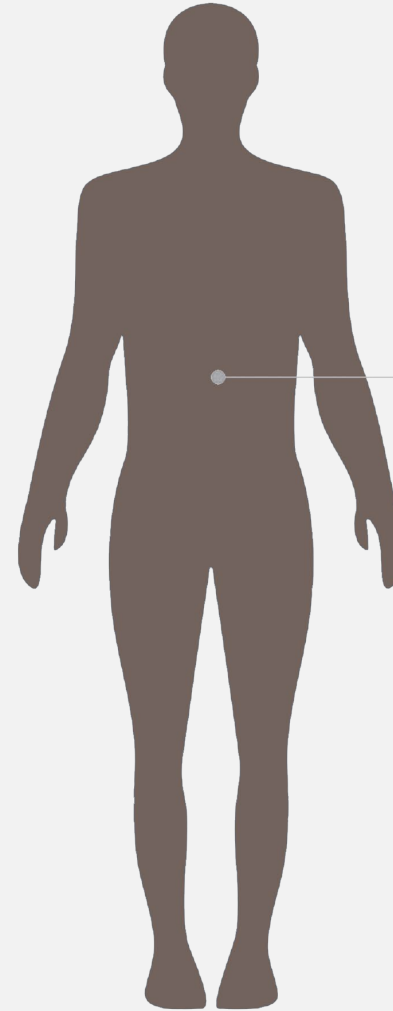
Immediate and Delayed Effects of Trauma

Immediate

- Nausea, GI distress, sweating, shivering
- Muscle tremors, uncontrollable shaking, strong startle response
- Elevated HR, BP, respiration
- Faintness, fatigue, exhaustion

Delayed

- Sleep disturbances, nightmares, fatigue
- Somatization, body aches, pains
- Altered appetite, digestion
- Elevated cortisol, hyperarousal
- Reduced resistance to colds, infections
- Long-term health impacts



Physical

(Protocol, 2014)

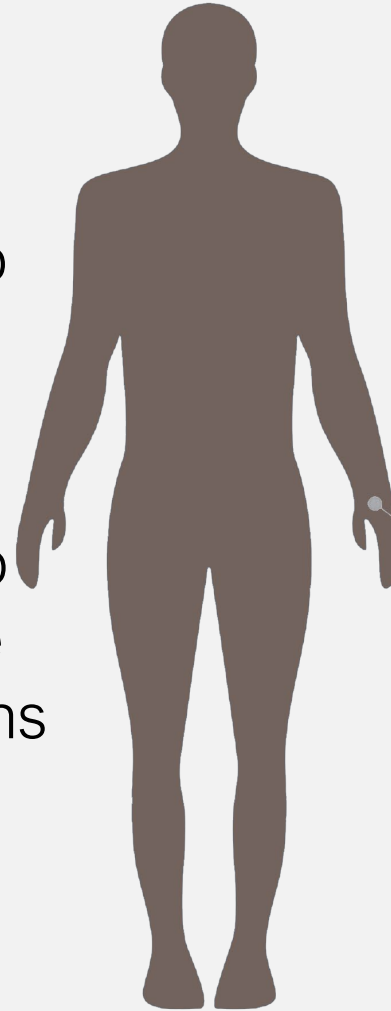
Immediate and Delayed Effects of Trauma

Immediate

- Increased startle response, restlessness
- Disturbed sleep, appetite
- Argumentative, difficult self-expression
- Increased use of alcohol, drugs, tobacco
- Withdrawal, apathy, avoidance

Delayed

- Persistent use of alcohol, drugs, tobacco
- Persistent withdrawal, apathy, avoidance
- Disturbed social relationships, interactions
- Decreased physical activity
- Increased high-risk behaviour



Behavioral

(Protocol, 2014)

Immediate and Delayed Effects of Trauma

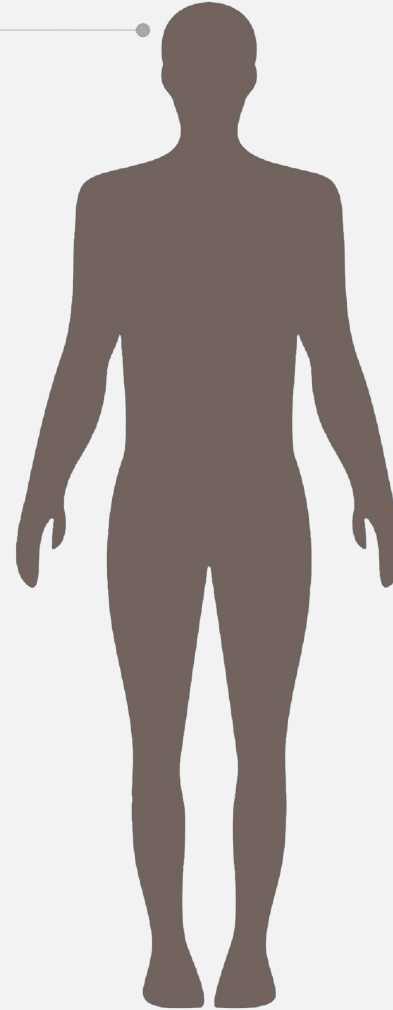
Immediate

- Intense use of prayer
- Restoration of faith
- Loss of self-efficacy
- Despair about humanity
- Disrupted life assumptions

Delayed

- Questioning, cynicism, hopelessness, disillusionment, loss of purpose
- Increased self confidence
- Renewed faith, priorities, meaning in life
- Reworking life assumptions

Spiritual



(Protocol, 2014)

Case discussion: Mr. R

Mr. R, a 41 y/o male, presents to your clinic with insomnia, back pain, and depression. Four years ago, Mr. R caused a car accident that killed his passenger, permanently injured two others, and significantly injured his back.

After the accident, Mr. R felt unreal and numb. He did not remember the crash, just waking up in hospital days later. He complained of difficulty sleeping and feelings of impending doom. He received a new autism spectrum disorder diagnosis. He was discharged with pain and sleep medications.

Mr. R feels profound guilt. He has recurring nightmares about the crash. He becomes anxious while driving. He is unable to work consistently, struggles to concentrate, and makes mistakes. He is emotionally distant, and his wife of 18 years wants to separate. Mr. R has become dependent on his medications but is afraid to seek treatment.

(Protocol, 2014)

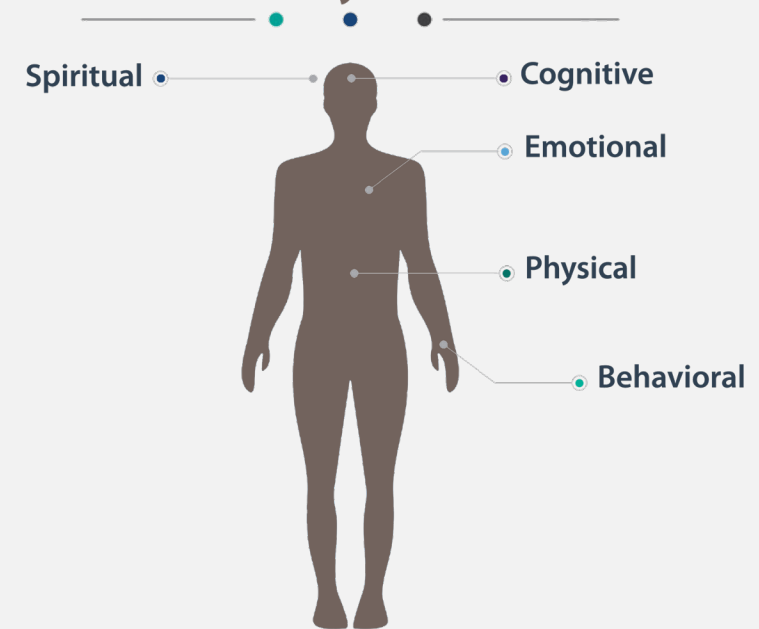
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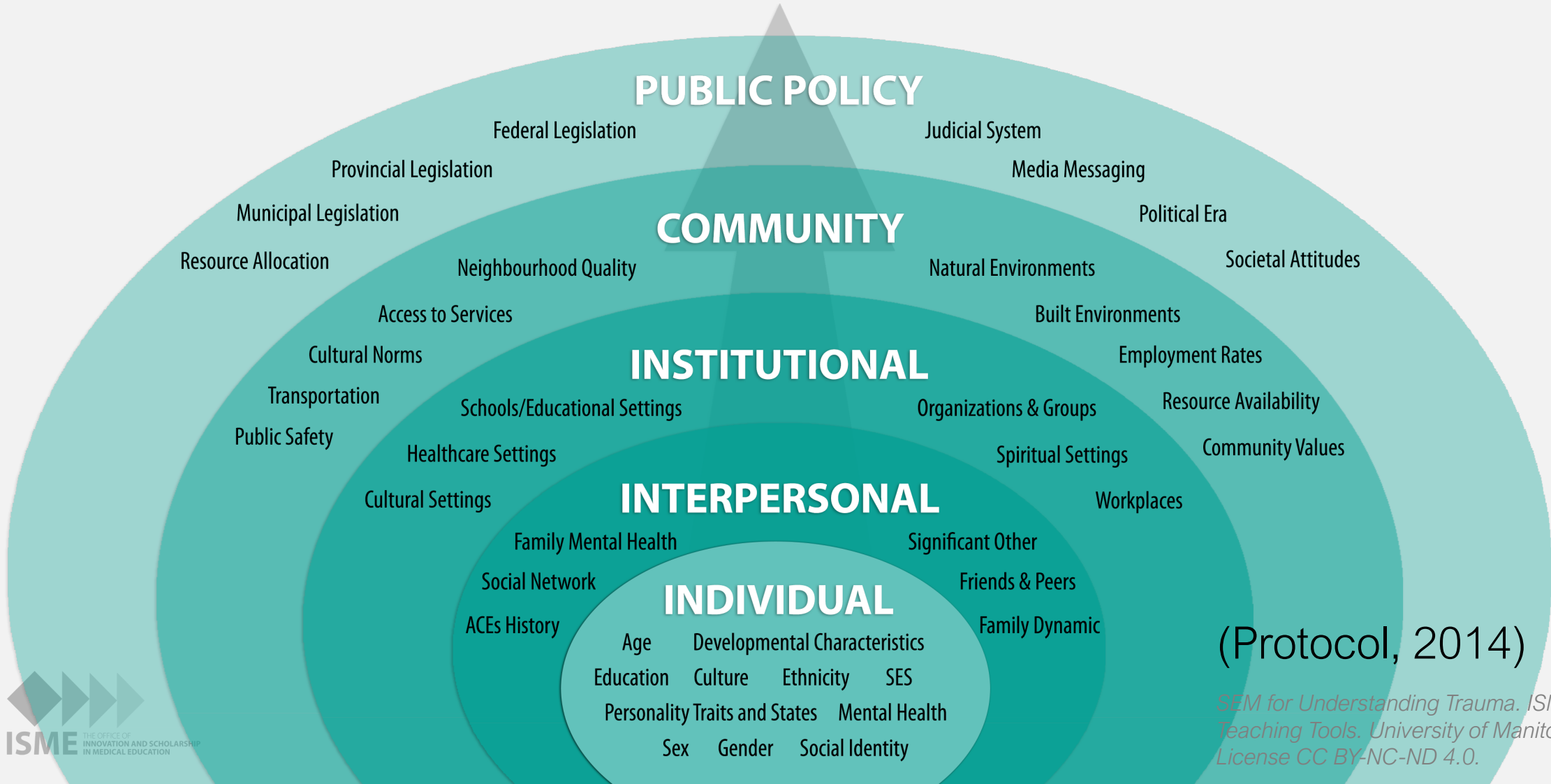
Immediate and Delayed Effects of Trauma



(Protocol, 2014)

Socioecological Model for Understanding the Effects of Trauma

Levels interact with and influence each other



(Protocol, 2014)

SEM for Understanding Trauma. ISME Teaching Tools. University of Manitoba. License CC BY-NC-ND 4.0.

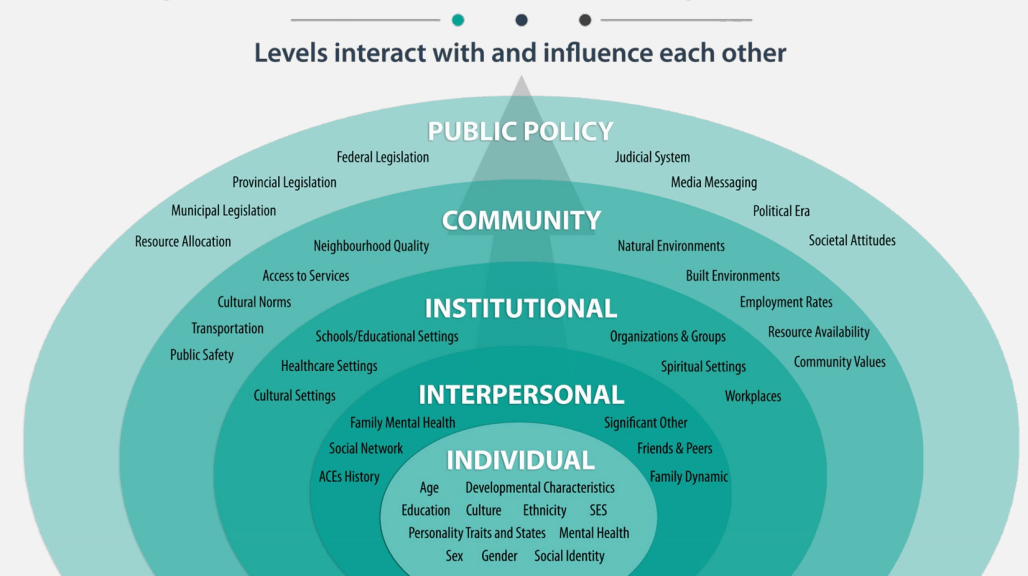
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Socioecological Model for Understanding the Effects of Trauma



(Protocol, 2014)

02

RECOGNIZE

02 | Recognize the signs
of trauma in individuals

Recognizing the signs of trauma

- Aim of TIC is not disclosure
- TIC assumes everyone may have experienced trauma



Types of Trauma

SINGLE INCIDENT TRAUMA

Overwhelming one-time event, such as an accident, natural disaster, assault, sudden loss, or witnessing a disturbing event such as violence.

REPETITIVE/COMPLEX TRAUMA

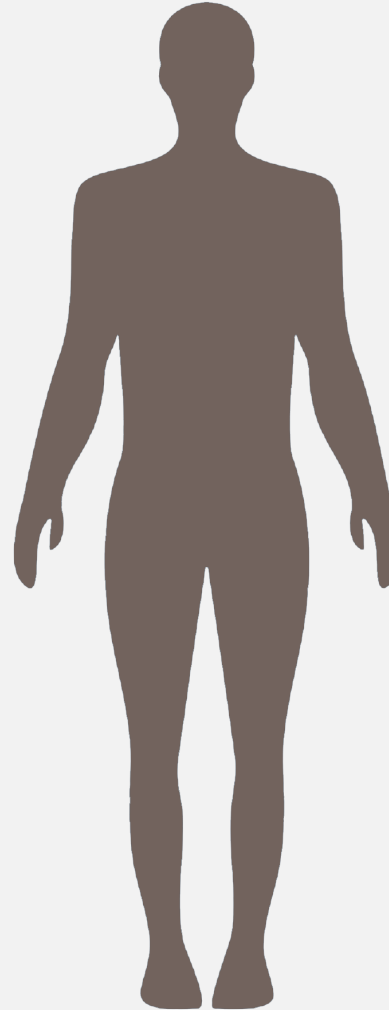
Ongoing abuse, violence, war, betrayal. Involves being physically or emotionally trapped.

DEVELOPMENTAL TRAUMA

Early onset, ongoing trauma in the caregiving environment. May occur with difficult pregnancy, birth, or early hospitalization. Interferes with healthy attachment and human development.

INTERGENERATIONAL TRAUMA

Experienced by those living with trauma survivors. Includes inherited psychological, emotional, coping, and adaption patterns.



HISTORICAL TRAUMA

Genocide, ongoing colonialism, slavery, war, and the systemic oppression of Indigenous peoples in Canada.

VICARIOUS TRAUMA

Repeated exposure to traumatic information. Occurs on a continuum. Commonly experienced by caregivers, health care providers, first responders. Considered a workplace issue.

RACIAL TRAUMA

Race-based stress such as racial bias, ethnic discrimination, racism, or hate crimes that is experienced either individually or systemically.

MIGRATION TRAUMA

An ongoing process that includes pre-migration trauma such as conflict and loss, immigration itself, and post-migration challenges with establishing a new life.

(Protocol, 2014)

Case discussion: Mr. F

Mr. F, an 80 y/o male, presents to the emergency room with his wife after feeling unwell. Mr. F and his wife are Iraqi refugees who came to Canada 14 years ago after fleeing sociopolitical violence and war.

Since arriving in Canada, Mr. F has seen multiple healthcare specialists. He is currently being treated for several conditions, including congestive heart failure, diabetes, depression, anxiety, and COPD. He is prescribed multiple medications.

While assessing Mr. F, you realize he is not taking his medications properly and that he may be experiencing adverse drug effects.

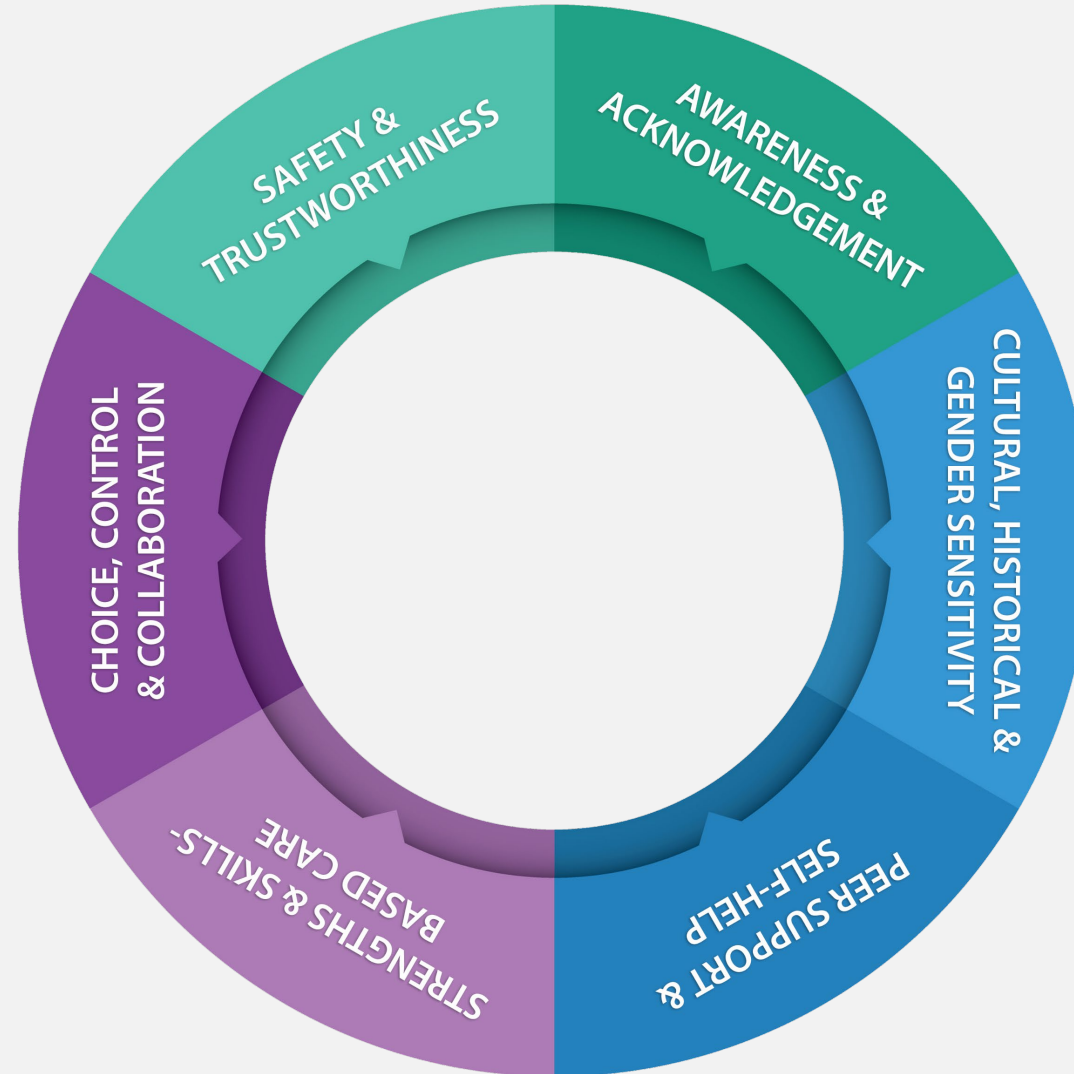
(CCIRH, 2024)

03

RESPOND

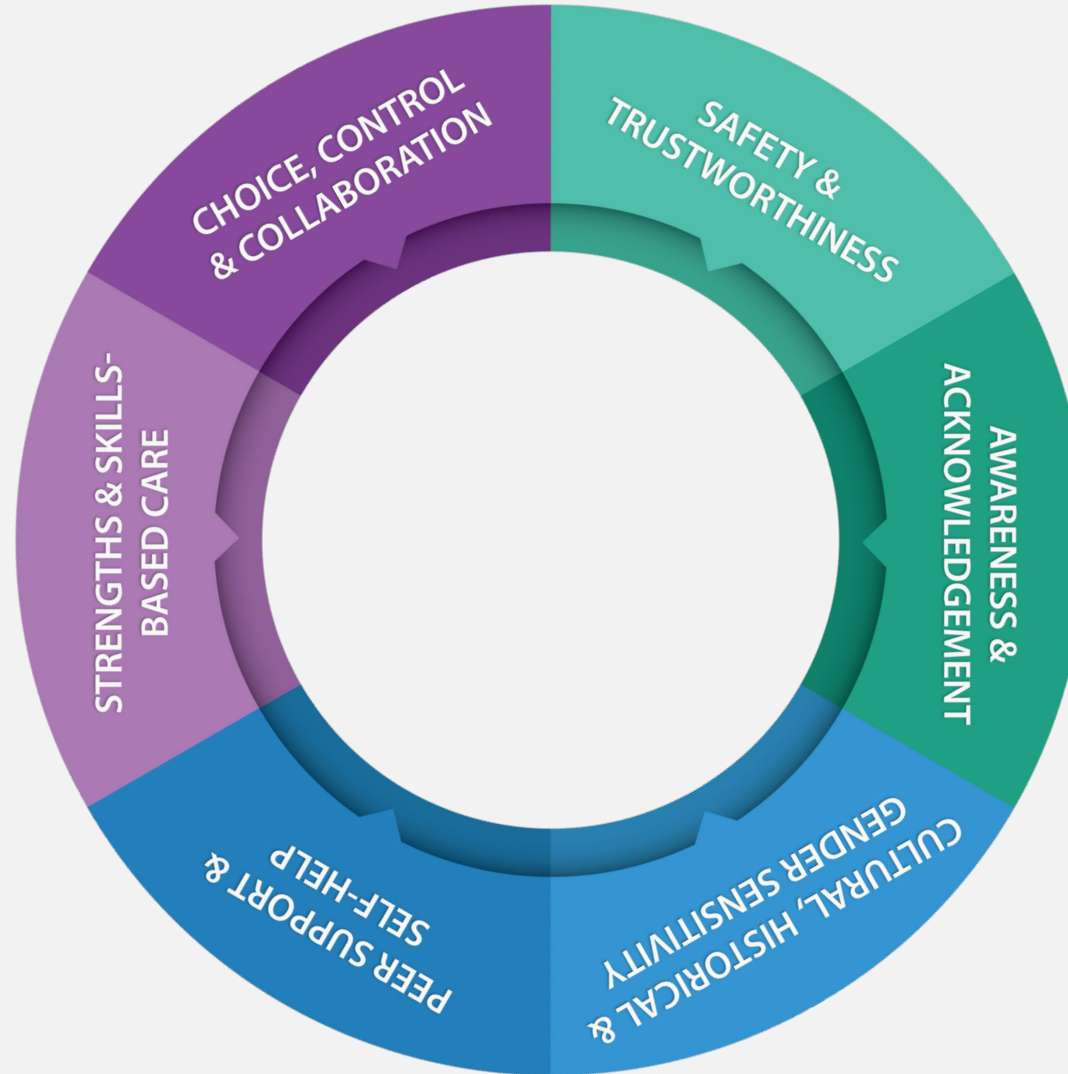
03 | Respond to trauma
using the Six Principles
framework

6 Principles Framework



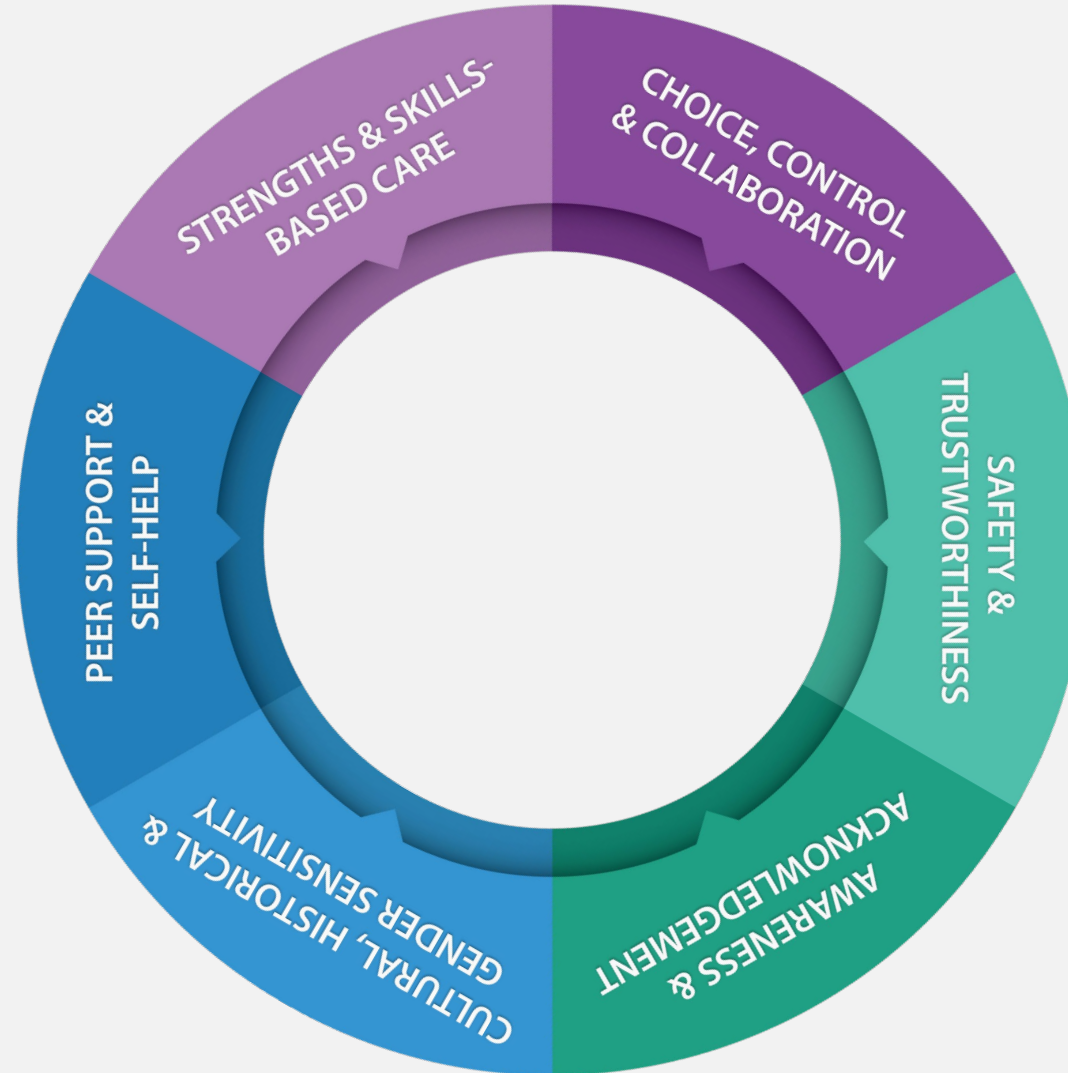
(Protocol, 2014)

6 Principles Framework



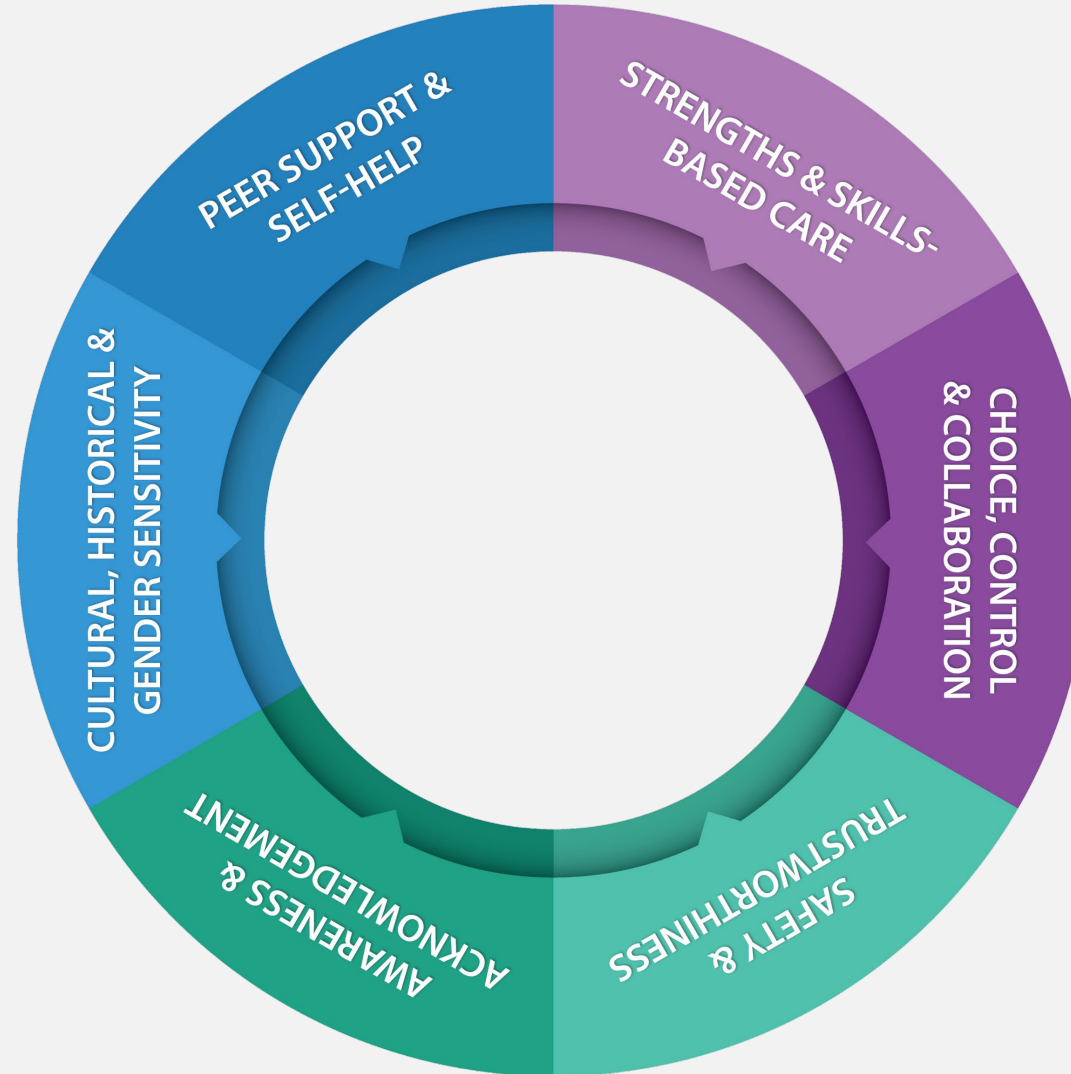
Acknowledging patient experiences with trauma, and the persistent, ongoing effects on the person.

6 Principles Framework



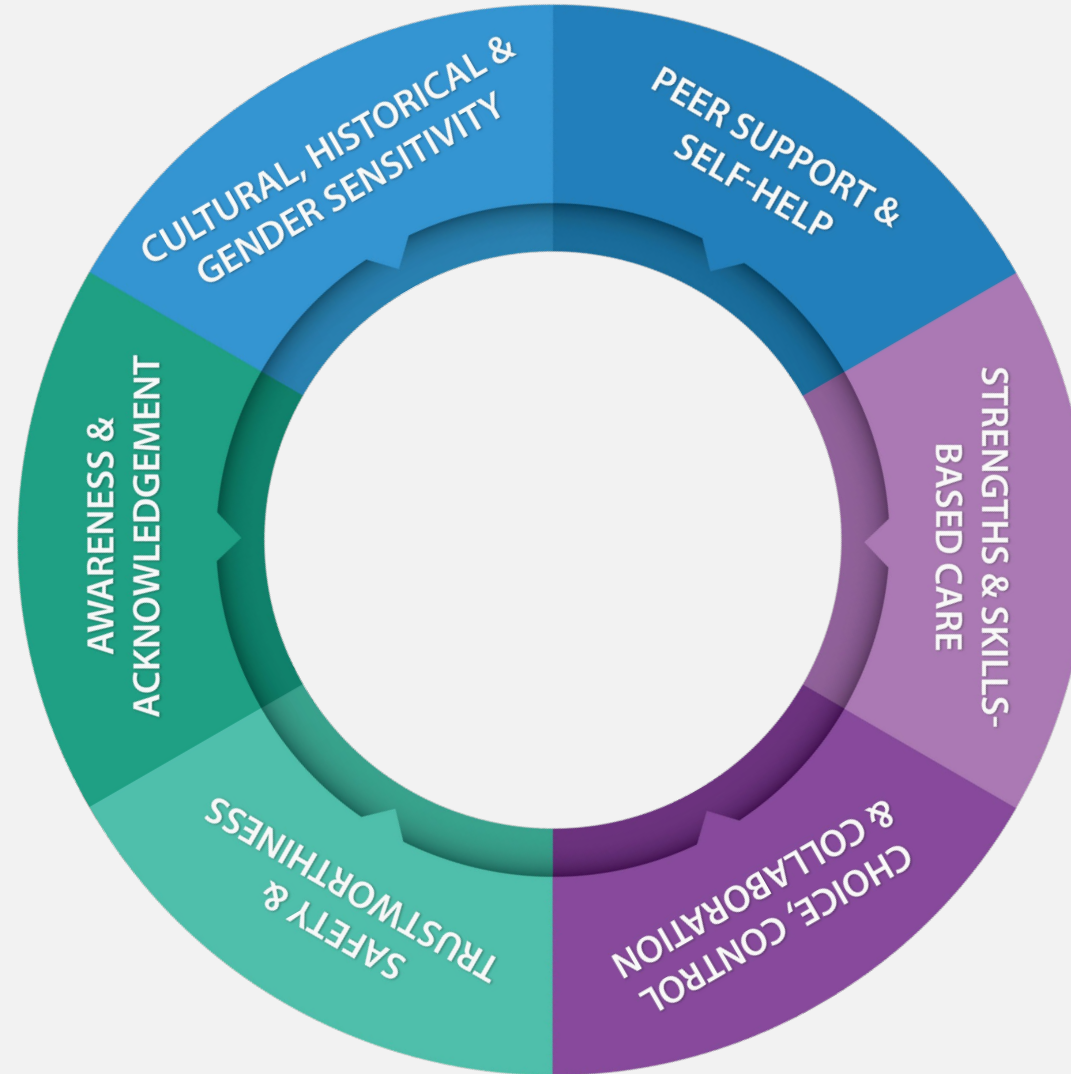
Understanding patient needs related to physical and emotional safety and create a safe space.

6 Principles Framework



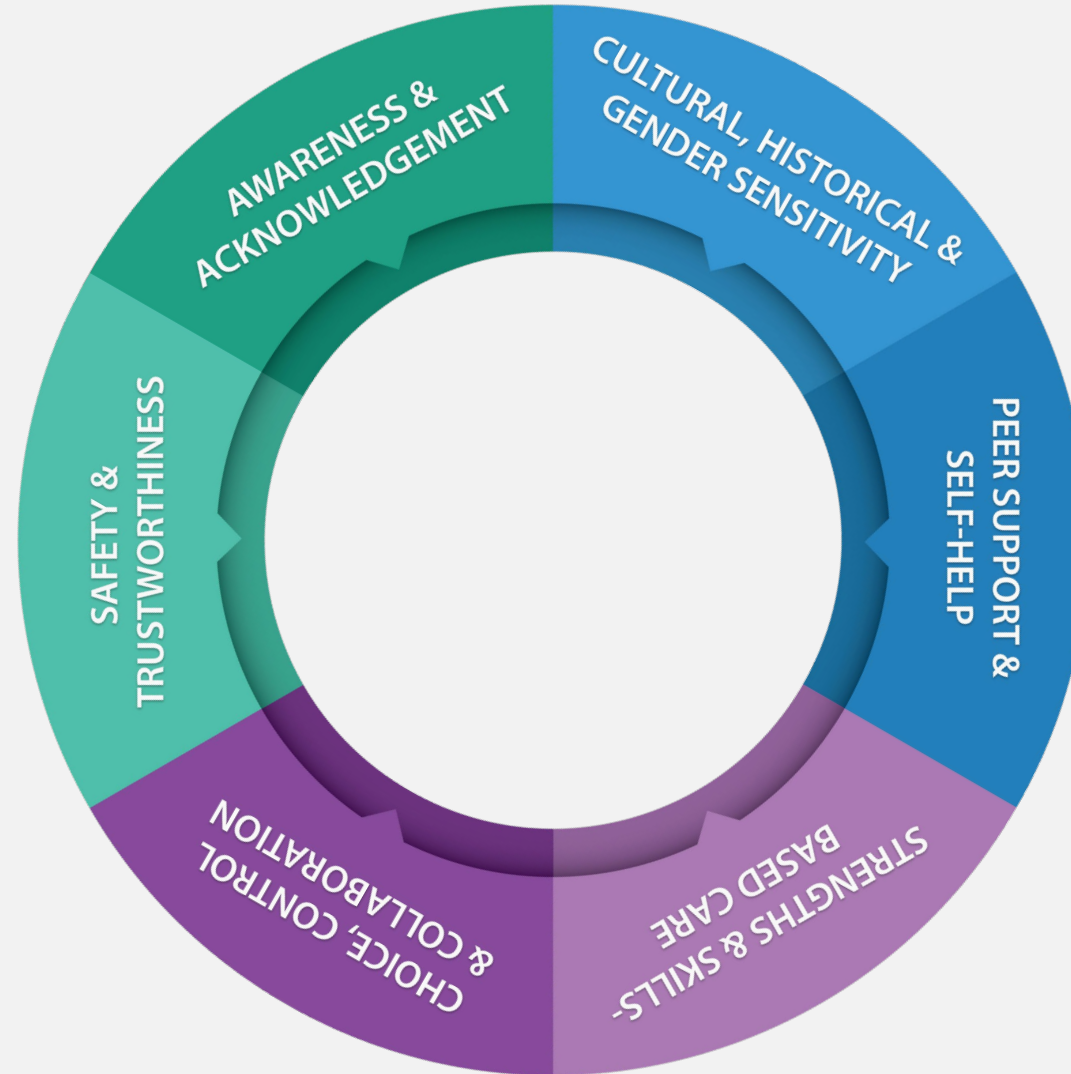
Including patients as partner decision-makers in their healing process.

6 Principles Framework



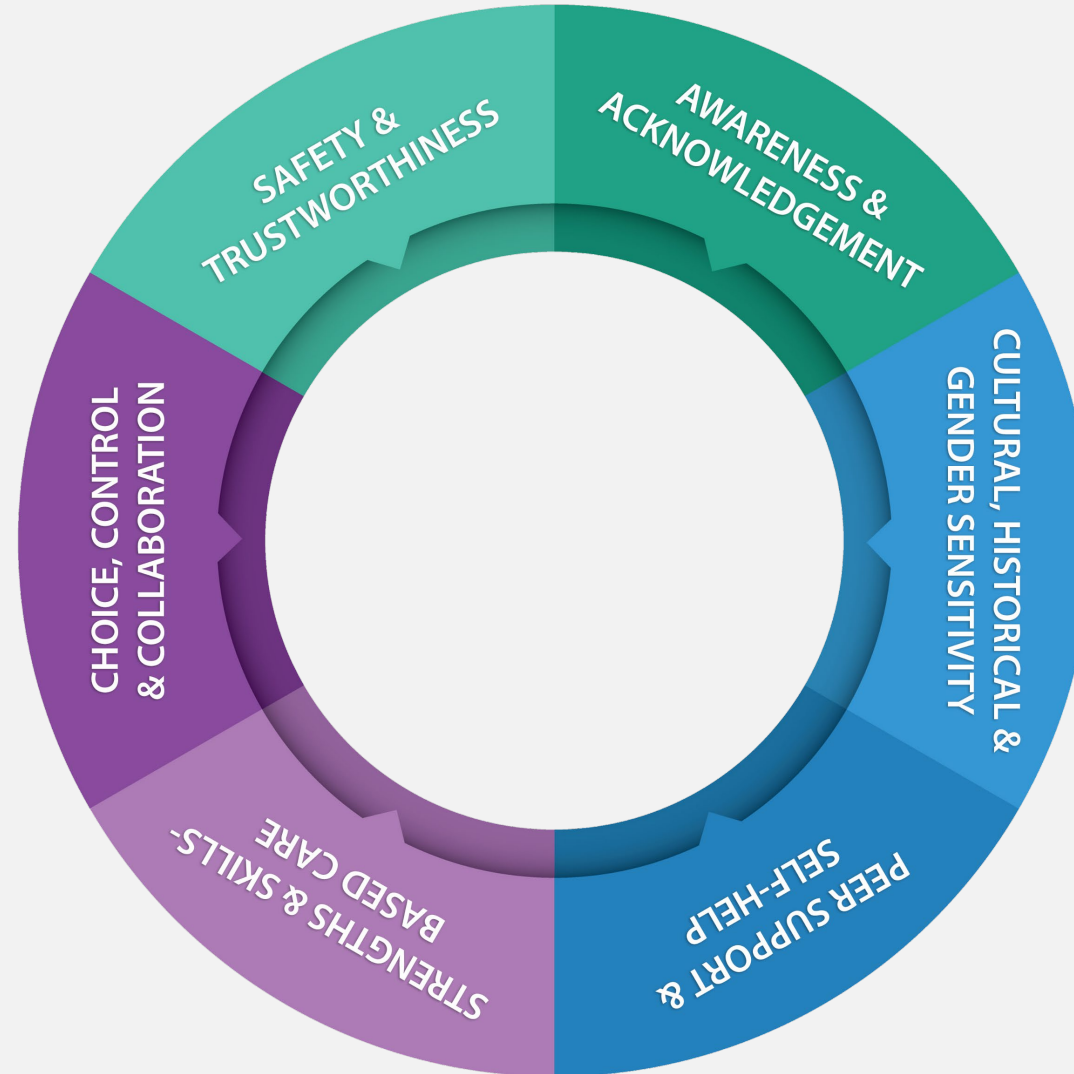
Supporting patients through their evolution from victim to survivor.

6 Principles Framework



Empowering patients with vehicles for promoting recovery and healing through the lived experiences of themselves and others like them.

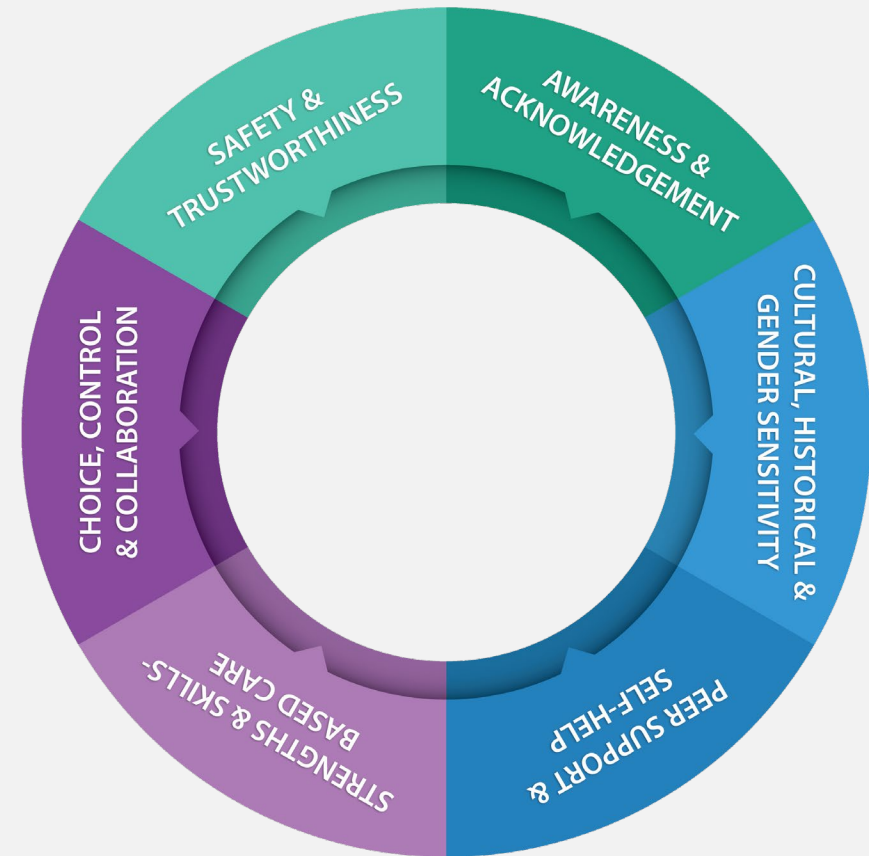
6 Principles Framework

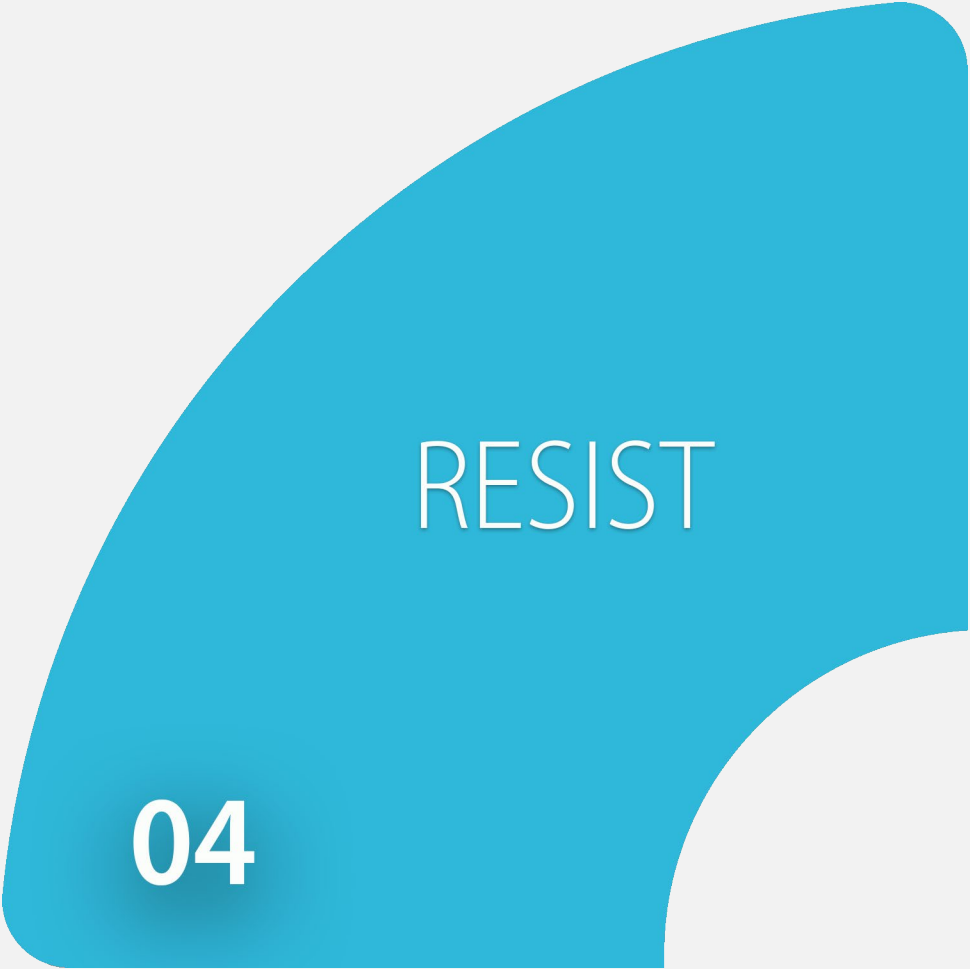


Using culturally appropriate care with respect to patients' age, race, ethnicity, culture, sex, gender, social identity, and SES.

Discussion

- How might you teach your learners to respond to trauma using the 6 Principles Framework?
- For example, how might you teach your learners to demonstrate safety and trustworthiness in their work?





04 | Resist cultures and practices that trigger or repeat trauma

TIC approach to the clinic setting

3-minute video



Discussion

- Which of the ideas shared in this video might resonate with your learners?
- How would you teach your learners to resist trauma in their practice settings?
- How could they create a safe physical space? A safe social environment?

Physical Environment



- ✓ Keep parking lots, common areas, bathrooms, and entrances/exits well lit
- ✓ Decorate with warm colors and artwork and create spaces for staff to relax
- ✓ Ensure security guards are readily available in settings where necessary, and consider stationing them at building entrances and exits to monitor the flow of traffic in and out of the building
- ✓ Keep noise levels in waiting rooms low
- ✓ Use positive and welcoming language on waiting room signage
- ✓ Ensure people are not allowed to loiter or congregate outside entrances/exits

Social and Emotional Environment



- ✓ Train all clinical and non-clinical staff to effectively communicate with patients
- ✓ Encourage frontline staff, including front desk staff and security guards to greet patients in a warm and welcoming manner
- ✓ Understand how an individual's culture affects how they perceive trauma, safety, and privacy
- ✓ Send medical forms that require patients to provide sensitive information ahead of time
- ✓ Ask patients whether they are comfortable with having the door shut during exams or meetings
- ✓ Keep consistent schedules and offer sufficient notice and preparation when changes are necessary

TIC approach to health care

1-minute video



Discussion

- How might you teach your learners to view either health care or the physical exam through a TIC lens?
- What would a TIC approach to health care or the physical exam mean to your learners? What would they have to do differently?

TIC approach to the physical exam

Order of assessment

BEFORE

- Check non-verbals
- Set an agenda
- Make it standard
- Identify concerns
- Ask about comfort
- Offer chaperone

DURING

- Attend to draping
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- Use simple, clinical language
- Check in frequently
- Use professional touch
- Be efficient

AFTER

- Express thanks
- Discuss results
- Ask for questions

(CPHA, 2021)

Case discussion: Revisiting Mr. F

Mr. F, an 80 y/o male, presents to the emergency room with his wife after feeling unwell. Mr. F and his wife are Iraqi refugees who came to Canada 14 years ago after fleeing sociopolitical violence and war.

Since arriving in Canada, Mr. F has seen multiple healthcare specialists. He is currently being treated for several conditions, including congestive heart failure, diabetes, depression, anxiety, and COPD. He is prescribed multiple medications.

While assessing Mr. F, you realize he is not taking his medications properly and that he may be experiencing adverse drug effects.

(CCIRH, 2024)

Without TIC

With TIC

Without TIC

Pt ignores recommendations,
is noncompliant

With TIC

Pt has difficulty trusting new
people, is hesitant to start at a
new clinic

Without TIC

Pt ignores recommendations,
is noncompliant

Pt doesn't value health, doesn't
follow instructions

With TIC

Pt has difficulty trusting new
people, is hesitant to start at a
new clinic

Pt is overwhelmed with health
issues

Without TIC	With TIC
Pt ignores recommendations, is noncompliant	Pt has difficulty trusting new people, is hesitant to start at a new clinic
Pt doesn't value health, doesn't follow instructions	Pt is overwhelmed with health issues
Pt doesn't follow-up with referrals	Pt requires more suitable resources and referrals



Recap

- TIC does not require disclosure
- TIC is not trauma-specific care, and therefore does not include clinical interventions to address trauma-related symptoms
- TIC does not aim to heal trauma
- TIC does not aim to address trauma directly
- TIC does not require healthcare professionals to be trauma specialists



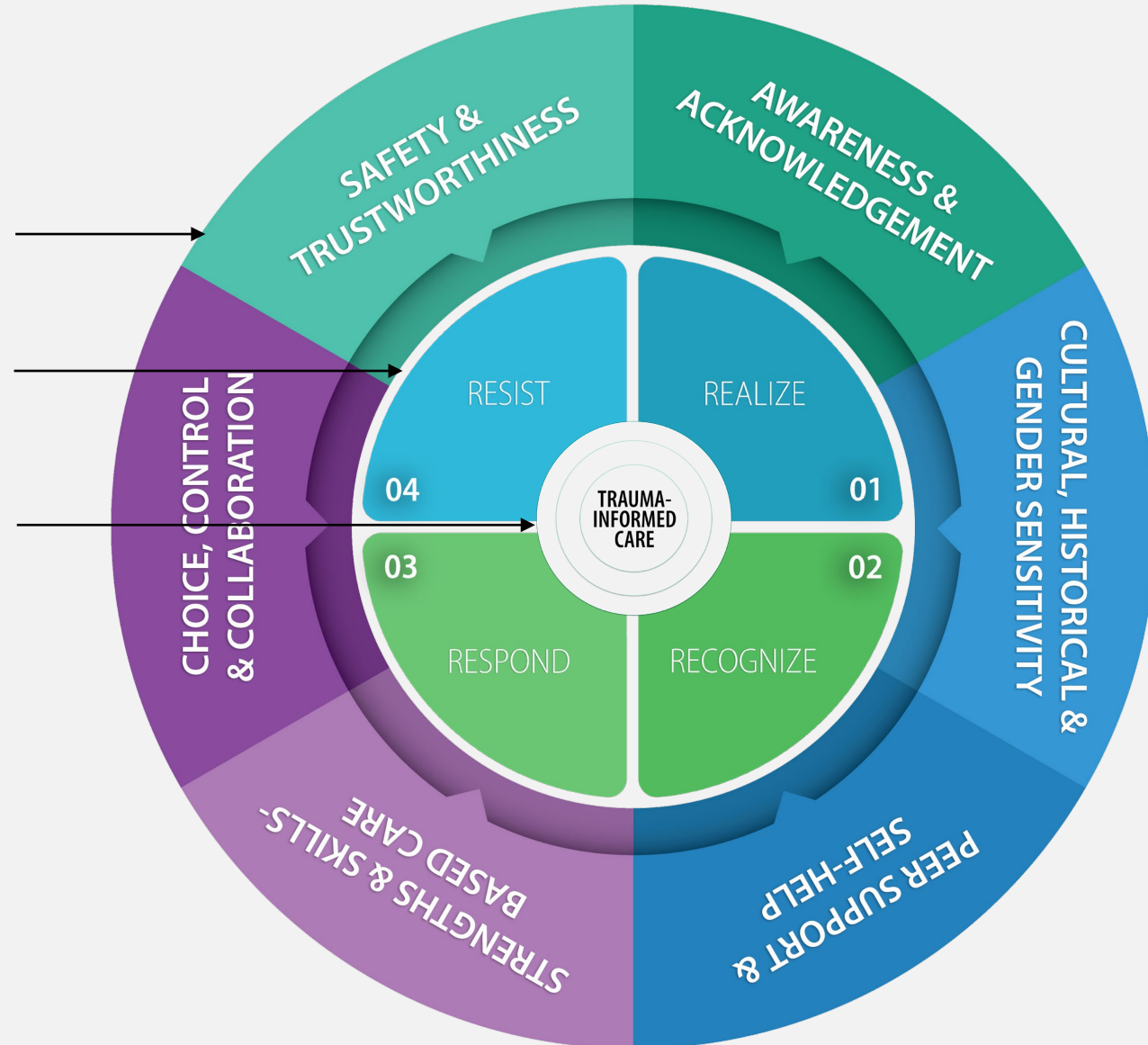
- TIC is a culture involving the entire healthcare system, organizations, people, and programs
- TIC assumes all people have experienced trauma
- Health professionals, health professional educators, and health professional learners should adopt a TIC approach
- While the 4Rs Approach provides a call-to-action, the 6 Principles Framework provides guidance



6 Principles Framework

4Rs Approach

Trauma-Informed Care



Asking learners to reflect

Questions for independent reflection

What are some personal values that motivate your work?

What are some personal and cultural assumptions that underpin your work?

How might your values and assumptions shape your view of trauma? Your approach to trauma-informed care?



Review of learning objectives

- Teach your learners to explain the effects of trauma at individual, family, and community levels; and
- Teach your learners to integrate a trauma-informed care approach with their healthcare practice



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Q&A



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