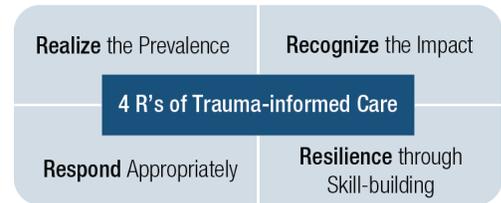




# Health Care Provider's Guide to Trauma-informed Care

Many Americans experience trauma. About 60 percent of men and 50 percent of women face at least one traumatic event in their lifetimes.<sup>1</sup> In subgroups of veterans, the percentage who experience trauma is higher.<sup>2</sup>

**Trauma-informed care (TIC)** is a strengths-based treatment framework that requires health care providers to recognize, understand and respond to the pervasive impact of all types of trauma. Trauma-informed care embraces a perspective that highlights adaptation over symptoms and resilience over pathology.<sup>3</sup>



## Core Principles

A trauma-informed approach focuses on core principles rather than a prescribed set of behaviors to support the health care provider and to facilitate the trauma survivor's coping skills and competency.



### Safety

Providers and the service members they serve feel physically, psychologically and emotionally safe.



### Collaboration and mutuality

Providers and the service members they serve engage in shared decision-making and seek to minimize power differences.



### Empowerment, voice and choice

Providers help trauma survivors build on their individual strengths to develop new skills and coping strategies.



### Recognition of family

Providers listen to family members and significant others who often experience their service member's traumatic stress reactions (e.g., angry outbursts, avoidant behaviors, extreme reactions to stressful events) and when appropriate, offer support.



### Peer support and mutual self-help

Providers seek and are given support from colleagues and other professionals. Patients are connected with trauma-informed peer programs or a psychotherapy support group.



### Trustworthiness and transparency

Providers and the service members they serve openly discuss treatment plans and establish reasonable expectations and boundaries.



### Cultural, historical and gender issues

Providers actively work to understand and move past cultural stereotypes and biases (e.g., race, ethnicity, sexual orientation, age, geography) while recognizing the value of traditional cultural connections.

## Trauma-informed Practices

Below are a few suggestions on what you can do to implement the trauma-informed core principles:

- Orient the patient to what you will be doing and why; don't assume he/she understands the purpose of assessments, treatment planning and interventions
- Provide feedback about your trauma assessment and clinical observations
- Explain the biological aftermath of trauma, particularly hyper-arousal and sleep disturbance
- Provide a clear message of availability and accessibility throughout treatment
- Shift from "Provider knows best" to "Together we can find solutions"
- Discuss how treatment and wellness activities contribute to improved health and well-being
- Emphasize the patient's strengths and resilience while encouraging the development of new skills
- Service members and veterans who experience delayed trauma responses may benefit from the following strategies:
  - Create an environment that allows acknowledgment of the traumatic event(s)
  - Draw a connection between the traumatic event and trauma-related symptoms that may present
  - Recognize that triggers can precede traumatic stress reactions and assist in identifying those triggers
  - Work together to develop coping strategies to navigate and manage symptoms

### Sample Questions that Reflect Trauma-informed Care

- What information would be helpful for me to know about what happened to you?
- What would you say your strengths are?
- What coping tools have you learned from \_\_\_\_?

*Traumatic stress reactions are normal reactions to abnormal circumstances.*

## Trauma-focused Psychotherapy

Trauma-focused psychotherapy is defined as therapy that uses cognitive, emotional or behavioral techniques to facilitate processing a traumatic experience and in which the trauma focus is a central component of the therapeutic process.<sup>4</sup>

The following are the individual manualized trauma-focused psychotherapies with the strongest evidence for obtaining change in core PTSD symptoms:

- Prolonged exposure (PE)
- Cognitive processing therapy (CPT)
- Eye movement desensitization and reprocessing (EMDR)
- Specific cognitive behavioral therapies for PTSD
- Brief eclectic psychotherapy (BEP)
- Narrative exposure therapy (NET)
- Written narrative exposure

If trauma-focused psychotherapy is not available or if a patient prefers individual non-trauma focused psychotherapies, the following individual manualized psychotherapies are recommended:

- Stress inoculation therapy (SIT)
- Person-centered therapy (PCT)
- Interpersonal therapy (IPT)

## Resources

### Military OneSource

Provides 24/7 support and information on housing, financial, legal, medical and psychological services  
Stateside 800-342-9647  
Overseas 800-3429-6477  
or collect 484-530-5908  
[www.militaryonesource.mil](http://www.militaryonesource.mil)

### National Center for PTSD

Provides education on trauma and PTSD and where to get help  
[www.ptsd.va.gov](http://www.ptsd.va.gov)

### Be There

A 24/7 call and outreach center staffed by peer coaches  
844-357-PEER (7337)  
[www.betherepeersupport.org](http://www.betherepeersupport.org)

### Real Warriors

Provides information and testimonies of personal experiences which encourage service members and veterans to seek professional help  
[www.realwarriors.net](http://www.realwarriors.net)

### Psychological Health Center of Excellence

Provides policies and evidence-based information and resources on psychological health  
[www.pdhealth.mil](http://www.pdhealth.mil)

### Department of Defense Sexual Assault and Prevention Office (SAPRO)

Provides policies, information, resources and reports on sexual assault in the military  
[www.sapr.mil](http://www.sapr.mil)

At your installation: **Sexual Assault Response Coordinator (SARC) and/or your unit Sexual Assault Prevention and Response (SAPR) Victim Advocate (VA)**

## References

- 1 U.S. Department of Veteran Affairs. (2016). How common is PTSD? Retrieved from <https://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>
- 2 Wisco, B.E., Marx, B.P., Wolf, E.J., Miller, M.W., Southwick, S.M., & Pietrzak, R.H. (2014). Posttraumatic stress disorder in the US Veteran population: Results from the National Health and Resilience in Veterans study. *Journal of Clinical Psychiatry*, 75(12), 1338-1346.
- 3 Elliott, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S., & Reed, B.G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4), 461-477.
- 4 The Management of Posttraumatic Stress Disorder Work Group, Department of Veterans Affairs & Department of Defense. (2017). VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 3.0. Retrieved from <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal.pdf>

This document contains information adapted from Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA)13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Department of Veterans Affairs and Defense of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care.

## Cognitive Errors in Response to Traumatic Stress

TIC providers recognize that people may experience cognitive changes in response to traumatic stress.

Examples include:

- **Cognitive errors:** Misinterpreting a situation as dangerous because it resembles a prior trauma
- **Idealization:** Demonstrating inaccurate rationalizations or justifications of the perpetrator's behavior, especially if the perpetrator was a caregiver
- **Excessive guilt:** Attempting to make sense of the trauma by assuming responsibility for the trauma (self-blame)
- **Trauma-induced hallucinations or delusions:** Experiencing hallucinations and delusions that, although they are biological in origin, contain cognitions that are congruent with trauma content

## Mobile Apps



### PTSD Coach

Provides education on PTSD that can be used alone or with psychological treatment  
<http://t2health.dcoe.mil/apps/ptsd-coach>



### PTSD Family Coach

Provides support for family members of those with PTSD  
[www.ptsd.va.gov/public/materials/apps/PTSDFamilyCoach.asp](http://www.ptsd.va.gov/public/materials/apps/PTSDFamilyCoach.asp)



### Breathe2Relax

Provides diaphragm breathing exercises  
<http://t2health.dcoe.mil/apps/breathe2relax>



### Tactical Breather

Helps you gain control over physical and psychological responses to stress  
<http://t2health.dcoe.mil/apps/tactical-breather>

