1.3: Introduction to Trauma-Informed Care

Many individuals experience trauma during their lifetimes that can have a lasting impact on their mental health. **Trauma** results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful and can have lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being. Events may be human-made, such as war, terrorism, sexual abuse, violence, or medical trauma, or they can be the products of nature (e.g., flooding, hurricanes, and tornadoes). Nurses must keep in mind to not interject their own experiences or perspectives because something minor to them may be major to the client.

It's not just the event itself that determines if it is traumatic, but the individual's experience of the event. Two people may be exposed to the same event or series of events but experience and interpret these events in vastly different ways. Various biopsychosocial and cultural factors influence an individual’s immediate response and long-term reactions to trauma. For most individuals, regardless of the severity of the trauma, the effects of trauma are met with **resilience**, defined as the ability to rise above circumstances or meet challenges with fortitude. Resilience includes the process of using available resources to negotiate hardship and/or the consequences of adverse events.[1]

Trauma can affect people of any culture, age, gender, or sexual orientation. Individuals may also experience trauma even if the event didn’t happen to them. A traumatic experience can be a single event, a series of events, or adverse childhood experiences (ACEs). Review information about ACEs in the “**Mental Health and Mental Illness**” section of this chapter. There has been an increased focus on the ways in which trauma, psychological distress, quality of life, health, mental illness, and substance misuse are linked. For example, the terrorist attacks of September 11, 2001, the wars in Iraq and Afghanistan, disastrous hurricanes, and the COVID pandemic have moved traumatic experiences to the forefront of national consciousness. Trauma can affect individuals, families, groups, communities, specific cultures, and generations. It can overwhelm an individual’s ability to cope; stimulate the “fight, flight, or freeze” stress reaction; and produce a sense of fear, vulnerability, and helplessness.[2]
For some people, reactions to a traumatic event are temporary, whereas other people have prolonged reactions to trauma with enduring mental health consequences, such as post-traumatic stress disorder, anxiety disorder, substance use disorder, mood disorder, or psychotic disorder. Others may exhibit culturally mediated physical symptoms referred to as somatization, in which psychological stress is expressed through physical concerns such as chronic headaches, pain, and stomachaches. Traumatic experiences can significantly impact how an individual functions in daily life and how they seek medical care.\(^3\)

Individuals may not recognize the significant effects of trauma or may avoid the topic altogether. Likewise, nurses may not ask questions that elicit a client’s history of trauma. They may feel unprepared to address trauma-related issues proactively or struggle to effectively address traumatic experiences within the constraints of their agency’s policies.\(^4\)

By recognizing that traumatic experiences are closely tied to mental health, nurses can provide trauma-informed care and promote resilience. Trauma-informed care (TIC) is a strengths-based framework that acknowledges the prevalence and impact of traumatic experiences in clinical practice. TIC emphasizes physical, psychological, and emotional safety for both survivors and health professionals and creates opportunities for survivors to rebuild a sense of control and empowerment (i.e., resilience).\(^5\) TIC acknowledges that clients can be retraumatized by unexamined agency policies and practices and stresses the importance of providing patient-centered care rather than applying general treatment approaches.\(^6\)

TIC enhances therapeutic communication between the client and the nurse. It decreases risks associated with misunderstanding clients’ reactions or underestimating the need for referrals for trauma-specific treatment. TIC encourages patient-centered care by involving the client in setting goals and planning care that optimizes therapeutic outcomes and minimizes adverse effects. Clients are more likely to feel empowered, invested, and satisfied when they receive TIC.\(^7\)

Implementing TIC requires specific training, but it begins with the first contact a person has with an agency. It requires all staff members (e.g., receptionists, direct patient-care staff, nurses, supervisors, and administrators) to recognize that an individual’s traumatic experiences can greatly influence their receptivity and engagement with health services. It can affect their interactions with staff, as well as their responsiveness to care plans and interventions.\(^8\)

View the following YouTube video on trauma-informed approach to health care: [Dr. Pickens Explains Trauma-Informed Approach](https://www.youtube.com/watch?v=DrPickensExplainsTraumaInformedApproach)

Trauma, Abuse, and Violence


