

Trauma Informed Care

Trauma-informed care is an approach to engaging individuals with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma informed care seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

TRAUMA INFORMED	NON TRAUMA INFORMED
What happened to you?	What is wrong with you?
Recognition of high prevalence of trauma	Lack of education on trauma prevalence and concept of "universal precautions"
Recognition of primary and co-occurring trauma diagnosis	Over-diagnosis of Schizophrenia and Bi-polar, Conduct Disorder and singular addictions
Assess for traumatic histories and symptoms	Cursory or no trauma assessment
Recognition of culture and practices that are re-traumatizing	"Tradition of Toughness: valued as best care approach"
Power/control minimized-constant attention to culture	Keys, security uniforms, staff demeanor, tone of voice, excessive use of restraints
Caregivers/supporters-collaboration	Rule enforcers-compliance
Addressing training needs of staff to improve knowledge and sensitivity	"Patient-blaming" as fallback position without training
Staff understand function of behavior (rage, repetition-compulsion, self-injury)	Behavior seen as intentionally provocative
Objective neutral language	Labeling language as manipulative, needy, "attention-seeking"
Transparent systems open to outside parties	Closed system-advocates discouraged
Asking individuals how they prefer to be addressed	Calling individuals by first name without permission or last name without title
Quietly making rounds and informing people of schedule	Yelling "lunch" or "medications"
"Let's talk and find you something to do"	"If I have to tell you one more time"
"May I help you?"	"Step away from the desk"

Trauma Informed settings also pay great attention to avoid "triggering events" for their individuals. These can include a wide range of things including yelling, not being listened to, large men, restraints, being isolated, being touched, darkness, people too close, loud noises, feeling lonely, contact with family if that is associated with their abuser. The triggers will differ for individuals according to their own experience.

Successful treatment centers and service agencies must pay attention to these kinds of factors in order to create a sense of safety and a place where the healing process can begin.

(Joan Gillece, PhD, 2008)



Hill Country MHDD Transition Support Team Reprint