

# Trauma-Informed Care

Lisa Carlin, Ph.D. (she/hers)  
& Chloe Goldbach, Ph.D. (she/hers)

The Trauma Resilience and Education Center of Greater Washington, DC (TREC DC)

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## Informed Consent

- Some of the examples used will include trauma material or trauma narratives that may be upsetting for some to hear.
- All examples are composites of clients or supervisee/supervisor interactions and not based on any particular individual
- Please respond to your own needs as indicated (breaks, moving positions, etc.)
- We invite you to “opt in” to reflection and exercises, and understand some may choose not to engage with these exercises for a variety of reasons

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## Training Outline & Objectives

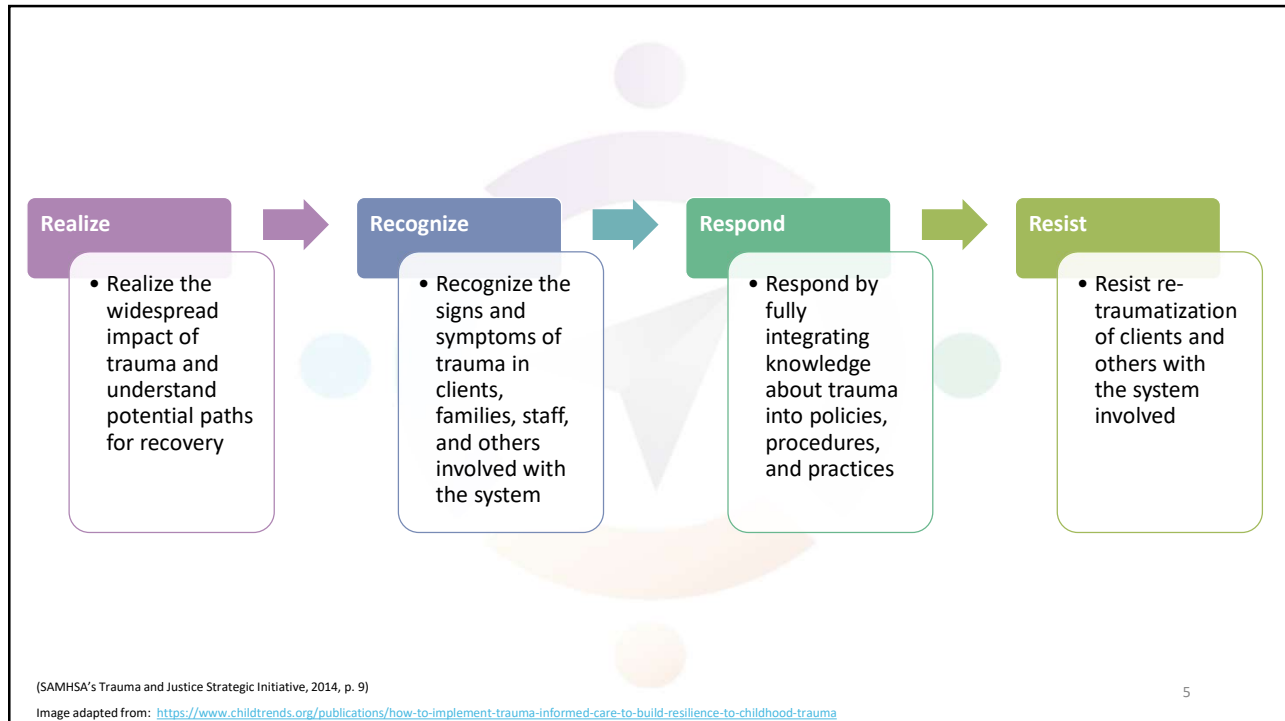
- Defining the six principles of trauma-informed care
  - Implementing trauma-informed care in specific settings
- \*“Wisdom in the room” approach
- \*Time limitations: opportunities for further learning in resources slide!

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## DEFINING TRAUMA-INFORMED CARE

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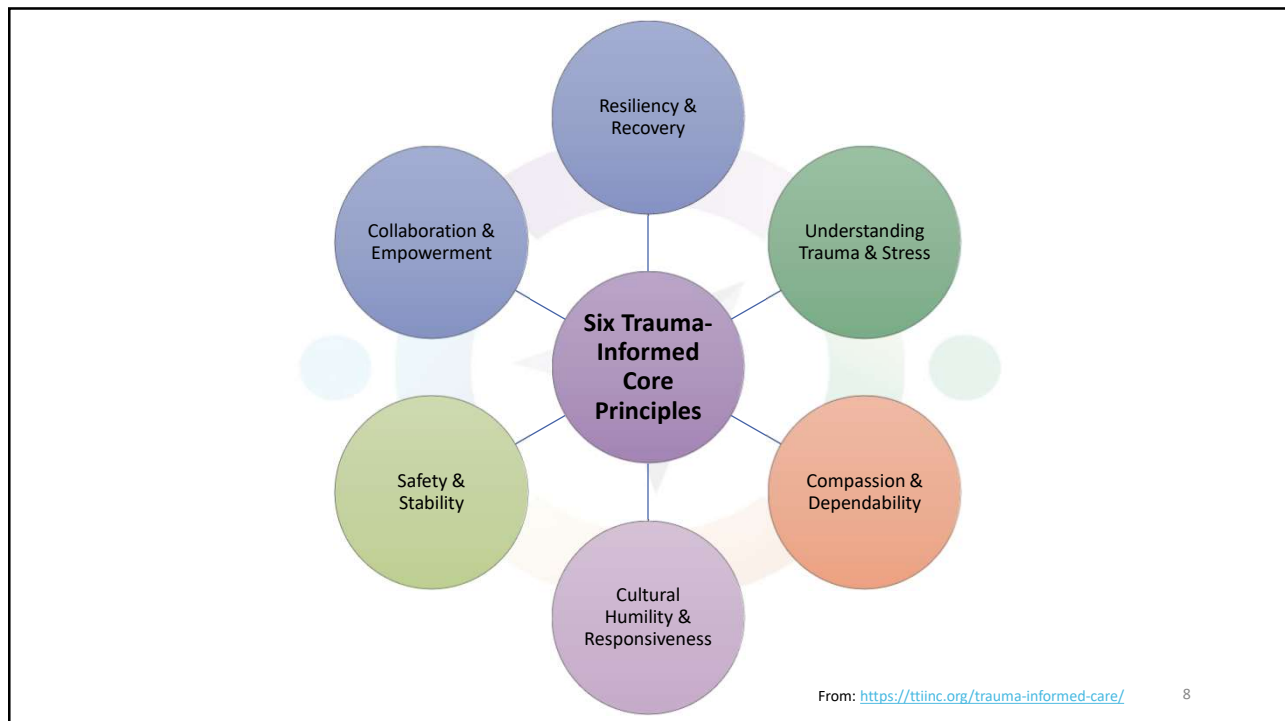
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# What happens When We're Not Trauma Informed?

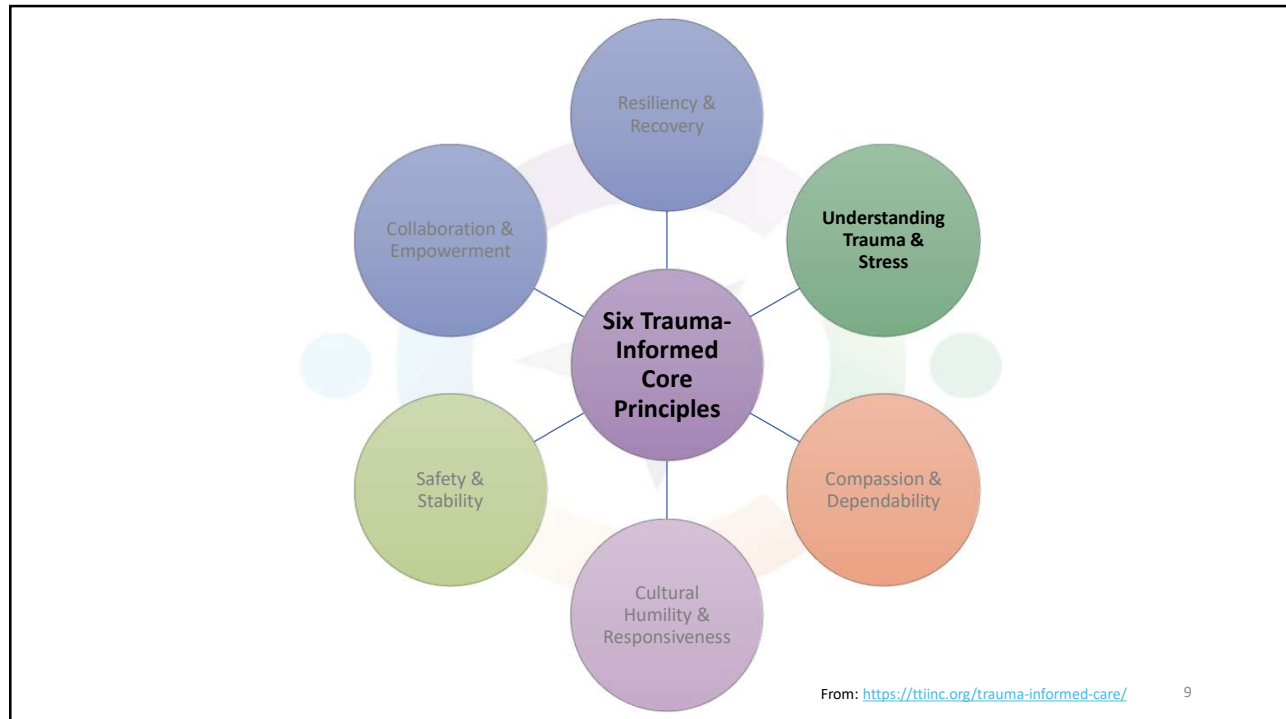
- What happens when individuals do not understand the impact of trauma?
- Retraumatizing
- Increase likelihood of PTSD, other conditions
- Why psychoeducation is incorporated into PTSD/trauma treatments

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## Impact of Trauma

### Social

- Difficulty concentrating (school, work, household, etc.)
- Overwhelmed by activities in public spaces, driving
- Volatile professional and personal relationships
- Feeling “different” causing social isolation or interpersonal difficulties
- Withdrawing from relationships or painful patterns in relationships (people pleasing, conflict avoidant, distancing from own needs and boundaries, being “easy”, grin and bear it)
- Feeling less connected to others
- Substance abuse or other behaviors that help “numb”

### Emotional, Cognitive, and Physical

- Feeling “on edge” hypervigilant is exhausting, depleting
- Chronic pain – difficult to sit for long periods
- Impatience/anger with everyday tasks, activities
- Discomfort in crowds or closed, confined spaces
- Disturbed sleep
- GI problems, migraines/headaches, TMJ
- High rates of avoidance, and arousal/reactivity symptoms
- Changes in beliefs about yourself, others, and the world

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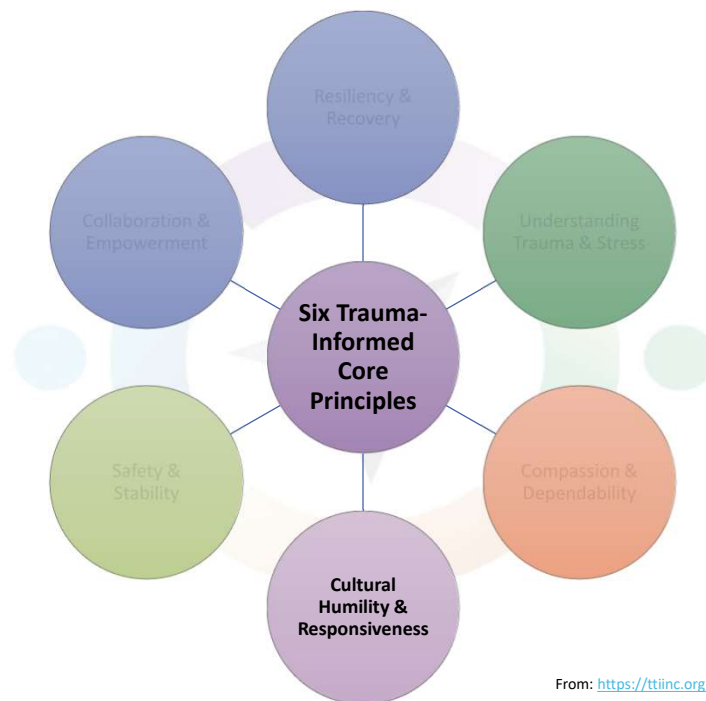
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## Provider/Staff Avoidance

- Some providers may engage in avoidance due to flooding/intense emotions
- Avoidance can manifest in many ways:
  - Avoidance of acknowledging trauma
  - Avoidance of certain aspects of trauma
  - Minimization or doubt about veracity of trauma
  - Avoidance of one's own emotional reactions to traumatic disclosures

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From: <https://ttiinc.org/trauma-informed-care/> 12

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## Socially Privileged and Socially Oppressed Identities

- Gender
- Ethnicity
- Race/skin color
- Religion
- Socioeconomic status
- Religious affiliation
- Role/rank or other positions of power
- Education
- Sexual orientation

Multicultural humility should include knowledge of one's inclusion in socially oppressed or socially privileged groups

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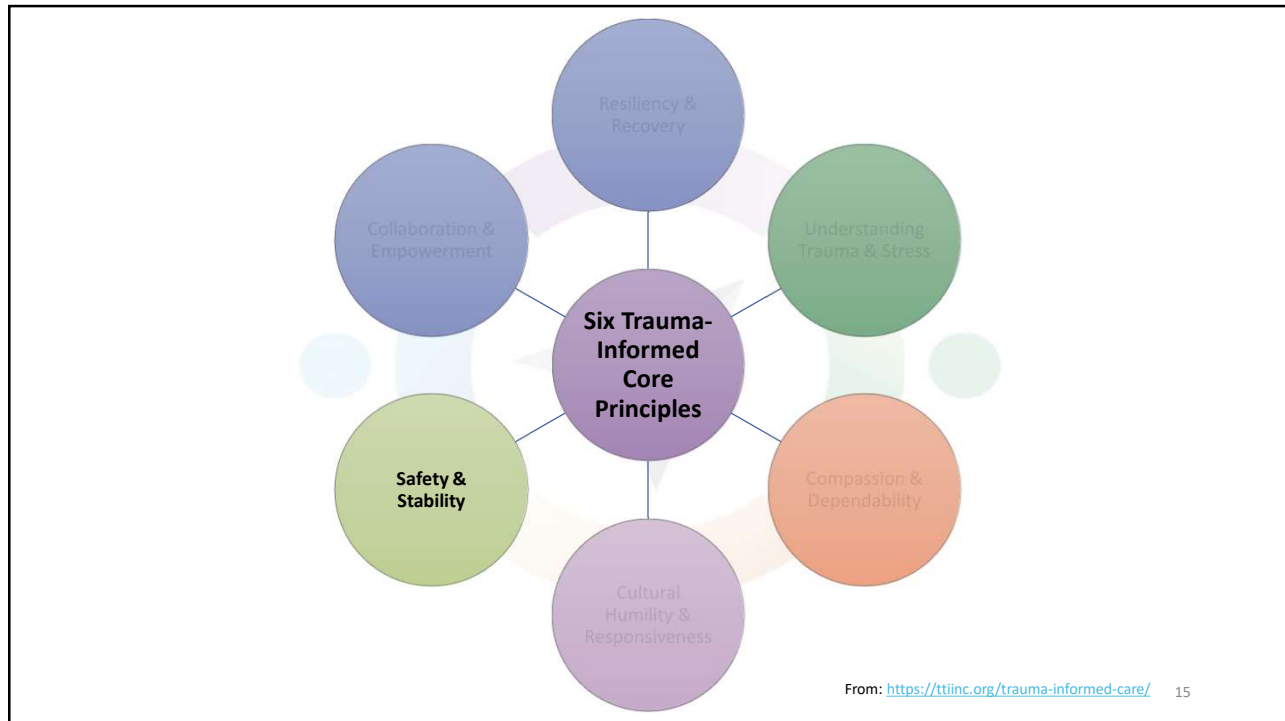
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## REFLECTION & DISCUSSION

- Kendra, a 7-year-old Black girl, presents to a pediatric clinic with her mother a comprehensive health exam. When you introduce yourself to Kendra and her mother, you notice that she appears nervous, shy, and does not make eye contact. Kendra's mother reports that Kendra has a history of shyness, struggles with sensory issues, and had a distressing experience with another provider about 1 year ago.
- What are some identity and cultural variables that you would want to take into account to from a cultural humility and trauma-informed lens?
- What additional information would be important for you to know?
- How might you create a safe environment for Kendra?


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## Informed Consent/Assent



- What consent/assent do you typically need/ask for?
- What challenges are there to providing informed consent/assent?
- What are limitations to confidentiality/other consent/assent issues?

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## Building Trust and Creating a Safe Space

- Challenges in your settings to building trust?
- How to give difficult feedback?



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## Building Trust and Creating a Safe Space

- DEF Protocol is a way of identifying and addressing traumatic stress responses
- Addressing physical health and emotional well-being

| Healthcare Providers' Guide to<br>Traumatic Stress in Ill or Injured Children<br>...AFTER THE ABCs, CONSIDER THE DEFs |  |
|---|--|
| <b>D</b>  | <b>DISTRESS</b> <ul style="list-style-type: none"> <li>• Assess and manage pain.</li> <li>• Ask about fears and worries.</li> <li>• Consider grief and loss.</li> </ul>  |
| <b>E</b>  | <b>EMOTIONAL SUPPORT</b> <ul style="list-style-type: none"> <li>• Who and what does the patient need now?</li> <li>• Barriers to mobilizing existing supports?</li> </ul>  |
| <b>F</b>  | <b>FAMILY</b> <ul style="list-style-type: none"> <li>• Assess parents' or siblings' and others' distress.</li> <li>• Gauge family stressors and resources.</li> <li>• Address other needs (beyond medical).</li> </ul> |

Center for Pediatric Traumatic Stress. 2009  
www.HealthCareToolbox.org

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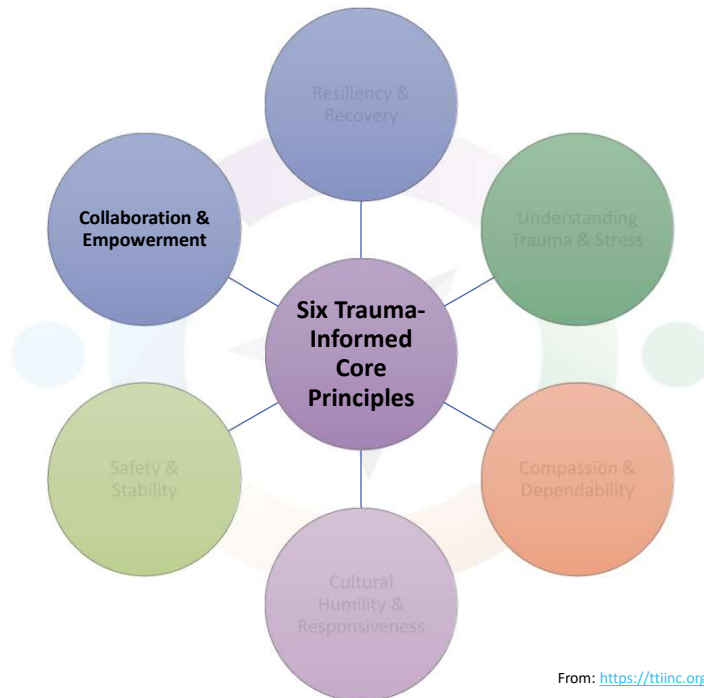
## REFLECTION & DISCUSSION

- Emily, a 9-year-old biracial girl, recently had an accident riding her bike while in the care of her mother and her significant other. After being transported to a pediatric care center, Emily seemed to be quite sensitive and bothered by loud voices and noises.
- As Emily's condition started to improve, she began to act out by refusing to participate in her care and staff described her as difficult. Her mother asked that staff not push or force her to participate. Emily's father expressed anger toward her mother about the accident, increasing tension. Emily observed interactions between her parents that were very tense and uncomfortable for him. She was worried that her parents' fighting was her fault because she had the bicycle accident.
- How might we build trust and safety for Emily?
- What information about Emily's history might we want to know to better understand, and then better address, her distress?
- How might we engage Emily's parents/family in administration of care in a trauma-informed manner?

Adapted from: McDowell, B. M., Pasek, T. A., Perlick, C., & Kostie, K. (2022). Trauma-informed care: Pediatric Intensive Care Nurses at the root of children's safety and trust. *Critical Care Nurse*, 42(6), 66-72.

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From: <https://ttiinc.org/trauma-informed-care/> 20


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# Experiential Exercise

A time when you did not feel in control

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## Importance to Trauma

- Loss of power and control are inherent in traumatic experiences
- Critical to find ways to empower and build personal agency
- Can be easier said than done

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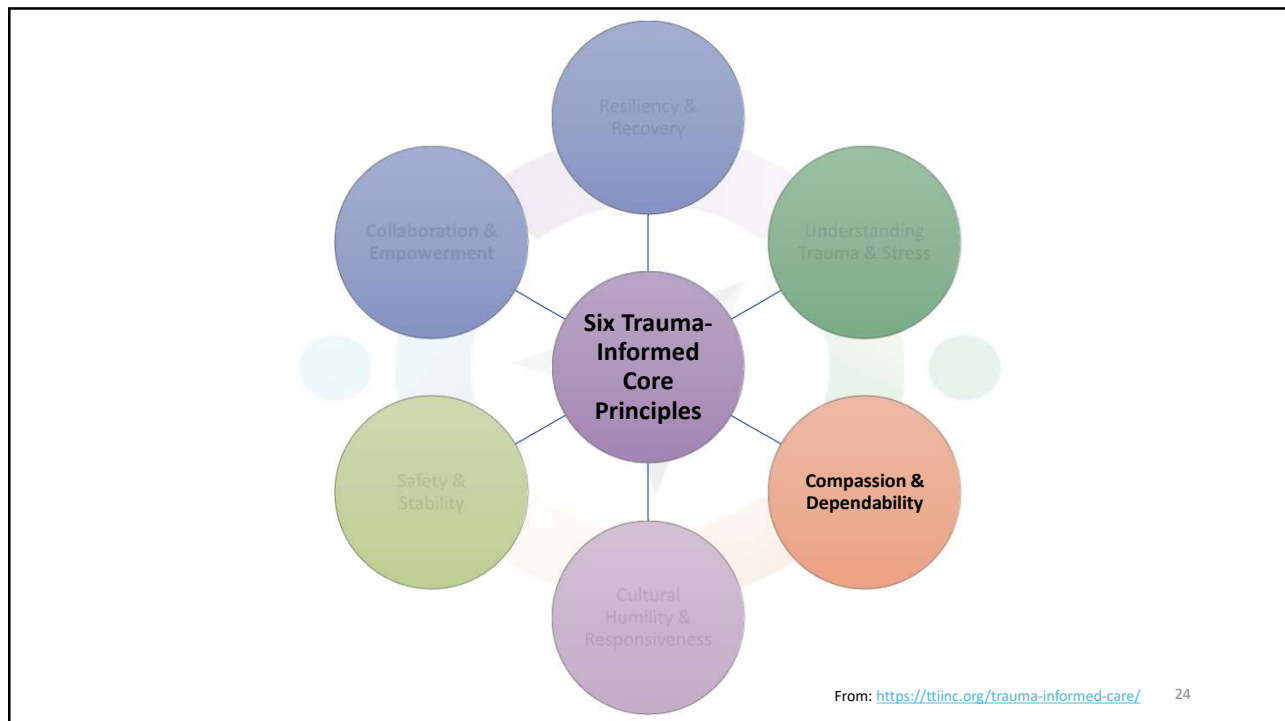
## Considerations for Building Collaboration and Empowerment



- Personal considerations
  - Identities held
  - Power dynamics
- Communication styles
  - Open communication
  - Validation
  - Clear expectations

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## Compassion

- Recognition of suffering and responding with
  - Kindness
  - Gentleness
  - Support
  - Validation
- Toward others and **yourself**

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## WHAT IS SELF-COMPASSION?



### Mindfulness

Self-compassion involves recognizing when we're stressed or struggling without being judgmental or over-reacting.



### Self-Kindness

Being supportive and understanding towards ourselves when we're having a hard time, rather than being harshly self-critical.



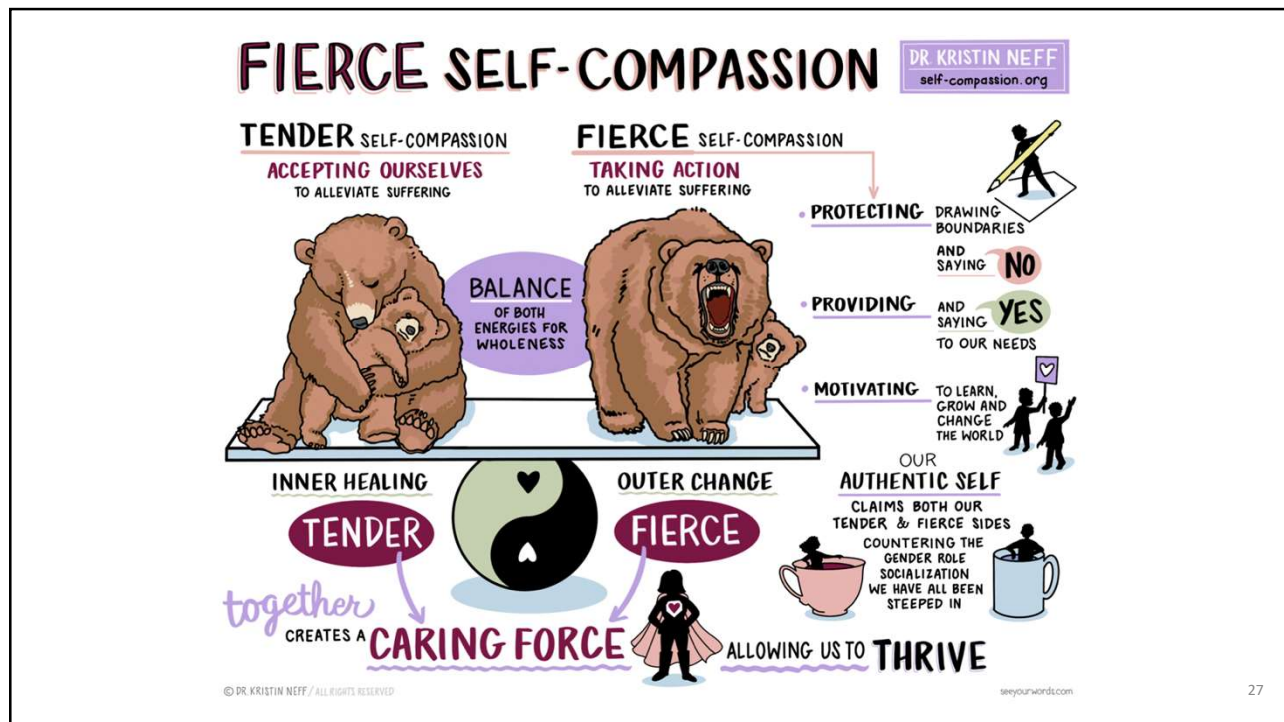
### Connectedness

Remembering that everyone makes mistakes and experiences difficulties at times. We are not alone!

From Dr. Kristin Neff and the [Center for Mindful Self-Compassion](#)

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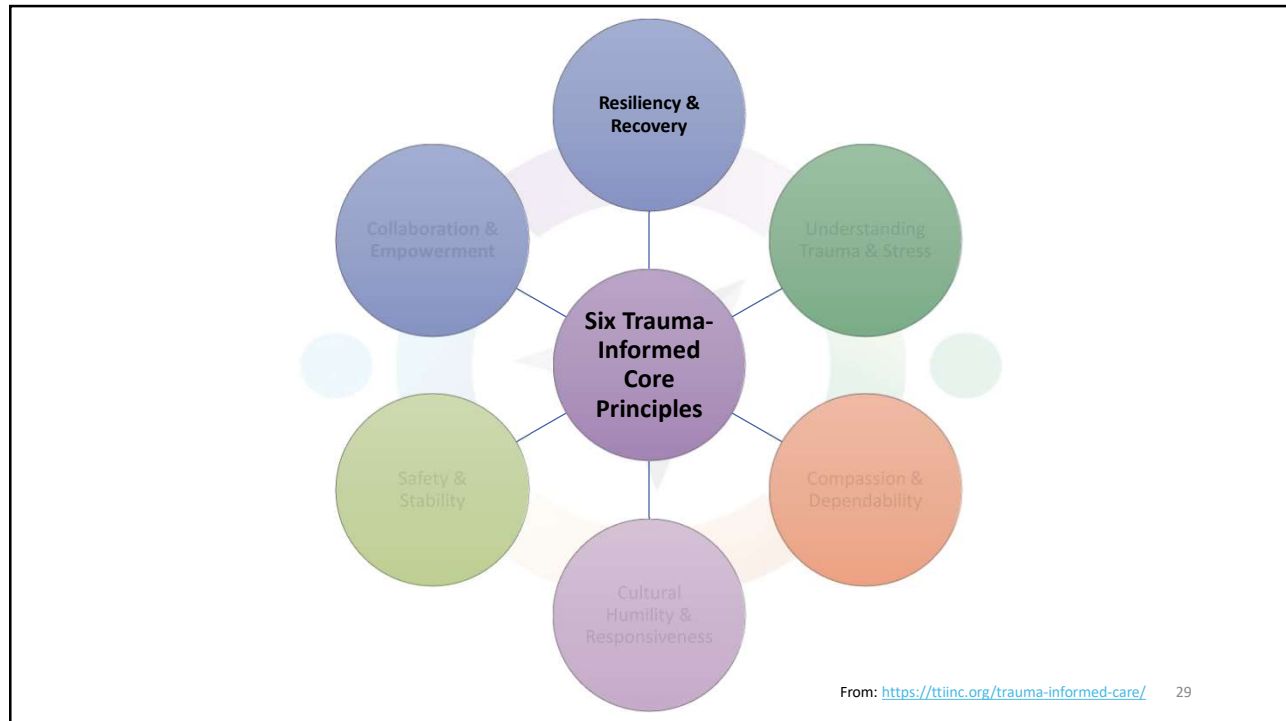
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## REFLECTION & DISCUSSION

- Your patient Ashley identifies as a 10-year-old trans girl. During the appointment, her parent refers to her as their son and uses he/him pronouns.
- How might you react?
- What would a fierce compassionate response be?
- What challenges might you encounter during this interaction?

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## Resiliency

- The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.
- A number of factors contribute to how well people adapt to adversities, specifically flexible use of resources and strategies depending on the needs/context of the situation and resources available

*(George Bonanno, Teachers College)*

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Trauma Informed Care: Action Planning

An illustration divided into two panels. The left panel shows two people, a woman in a red shirt and a woman in a yellow shirt, sitting in chairs and talking. A speech bubble above them contains a network diagram of icons representing people and relationships. The right panel shows three people standing: a man in a blue shirt, a woman in a brown shirt, and a man in a teal shirt.

What principles are you noticing? What is similar/different to your environments?

<https://youtu.be/w9Zshs081NE>

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## Reflection and Action Planning

- How can I further my understanding of trauma for myself? My team?
- What is a next step in cultivating cultural humility? Where can I notice the impact of culture and systemic inequities?
- How do I communicate informed consent to clients? What opportunities are there to increase transparency and choice?
- How can my work with clients be more empowering & collaborative?
- Where is there time for compassion for myself and others in my day?
- What can I integrate into my day/week to build awareness of my own needs for resilience & recovery?

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## Resources

- International Society for Traumatic Stress Studies (ISTSS) Vicarious Trauma Toolkit: <https://istss.org/clinical-resources/treating-trauma/vicarious-trauma-toolkit>
- National Child Traumatic Stress Network (NCTSN): <https://www.nctsn.org/trauma-informed-care/>
- NCTSN Secondary Traumatic Stress Resources: <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/nctsn-resources>
- Trauma-Informed Care Implementation Resource Center: <https://www.traumainformedcare.chcs.org/>
- Center for Pediatric Traumatic Stress. 2009 [www.HealthCareToolbox.org](http://www.HealthCareToolbox.org)
- Dr. Kristin Neff and the [Center for Mindful Self-Compassion](http://www.CenterforMindfulSelf-Compassion.org)

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## Contact Info

- Chloe Goldbach:  
chloe@lgbtcounselingdmv.com
- Lisa Carlin:  
lcarlin@treacdpsychotherapy.org
- TREC DC
  - [admin@treacdpsychotherapy.org](mailto:admin@treacdpsychotherapy.org)
  - [www.treacdpsychotherapy.org](http://www.treacdpsychotherapy.org)
  - 888-844-TREC (8732)

