

# Trauma Informed Care

## It is More Than Being a Good Provider

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# Initial Presentation

- 20-year black man suffers multiple gun shot wounds
- Arrives with EMS and police
- Blood pressure upon arrival: Systolic of 75
- He is lethargic but awake and hand cuffed to the gurney
- ATLS is started: "A" and "B" intact, -CXR, three torso bullet wounds found
- Initial resuscitation reveals that he is a transient responder, BD: -12 and FAST is positive
- To the OR

# ALSO happening in the Trauma Bay

- As he rolls into the bay, someone says “oh, I bet this guy was just minding his own business...”
- When asked why he was handcuffed, he was billed as reportedly “combative” and “probably up to no good”
- On the way up to the OR, a nurse quips “Does his tattoo means he’s in a church choir?”

# In the OR and beyond..

- He requires massive transfusion and damage control laparotomy
- Injury to right iliac vein/artery, small bowel, large bowel and pelvis
- 12 days later, after three more operations, he is awake and extubated.
- On rounds, the chief resident asks him to remove the covers from over his head
- The patient does not remove the covers so the chief resident pulls the covers down while saying to the team, “This guy is just so non-compliant”..



# DC Home

## What it may mean for your patient

Patient is provider for entire family

Lives on third floor, no elevator

Hard to use public transportation due to leg injury. Needs to arrange a ride to follow up

Relying on Rehab Center to arrange appointment

Can't afford the nutritional supplements recommended

Girlfriend has to take off work both to care for him and transport him

Physical Therapy, Ortho and Trauma Follow up not scheduled on the same day

Unable to get wound care supplies and some medications due to cost









# Lessons in Implicit Bias and Lack of Trauma Informed Care

- Implicit bias
- Stress response of the patient
- Mistrust the patient may have for the medical team
- Lack of treatment with respect and a sense of empowerment
  
- Opportunity to learn about ACEs and risk factors for violent injury
- Issues around policing and presumed "guilt" of the victim
- Integrating Trauma Informed Care from initial resuscitation and beyond: **ATLS with TIC**

# TRAUMA INFORMED CARE

American College of  
Surgeons  
*Committee on Trauma*



# Goals and Objectives



- Understand the impact of the Social Determinants of Health




- Understand “trauma” and the impact of ACEs and the manifestations




- Identify and define the 3 E’s of trauma, 4 R’s and 6 P’s



- Understand the concept of the Beloved Community



- Identify the characteristics of Trauma Informed Care (TIC)



- Identify how to render appropriate support

A glowing blue brain is shown from a side profile, set against a dark blue background with faint star-like specks. The brain's surface is highly detailed, showing the complex folds and grooves of the cerebral cortex. Several bright, glowing points of light are scattered across the brain's surface, suggesting neural activity or specific areas of interest. On the left side of the brain, there is a large, dark circular overlay that contains the title and definition text.

# Defining Trauma

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A very difficult or unpleasant experience that causes someone to have mental or emotional struggles over time

# Social Determinants of Health\*

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Conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks

\*Centers for Disease Control and Prevention



# Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

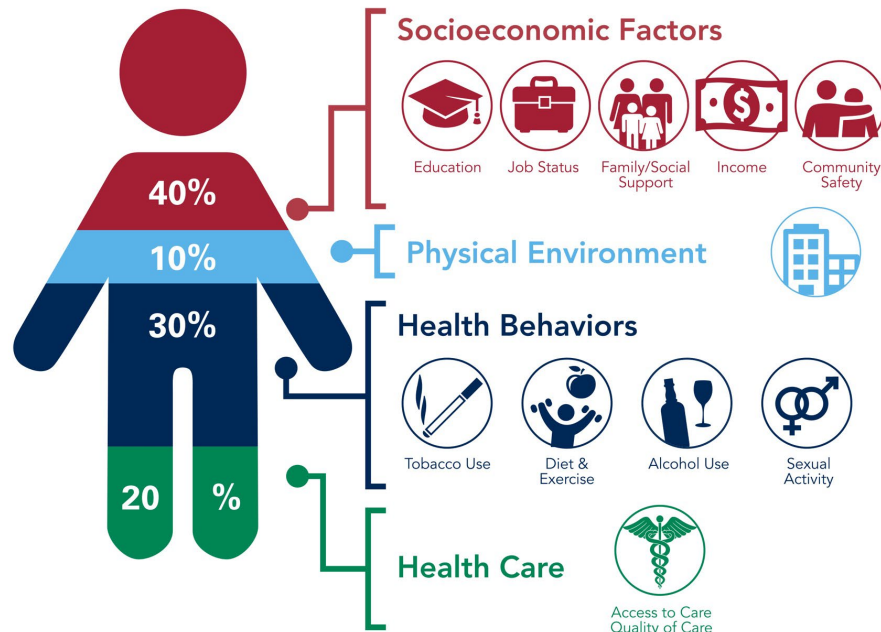
## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Factors That Influence Health

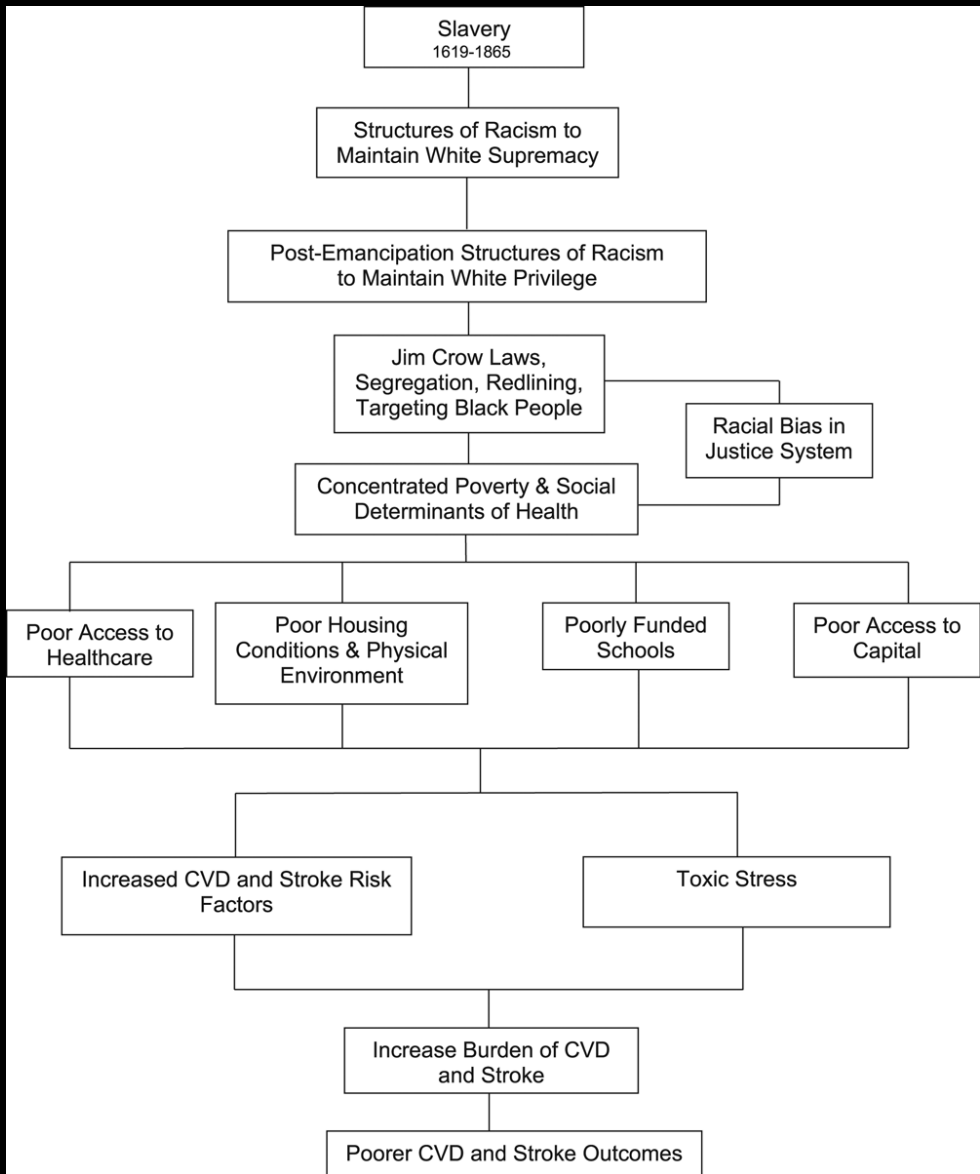
## IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



### SDoH Impact

- ➔ 20% of a person's health and well-being is related to **access to care and quality of services**
- ➔ The **physical environment, social determinants and behavioral factors** drive **80%** of health outcomes



Churchwell, K. Circulation. Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory From the American Heart Association, 2020



# The Profound Impact of ACEs

## 3 Realms of ACEs

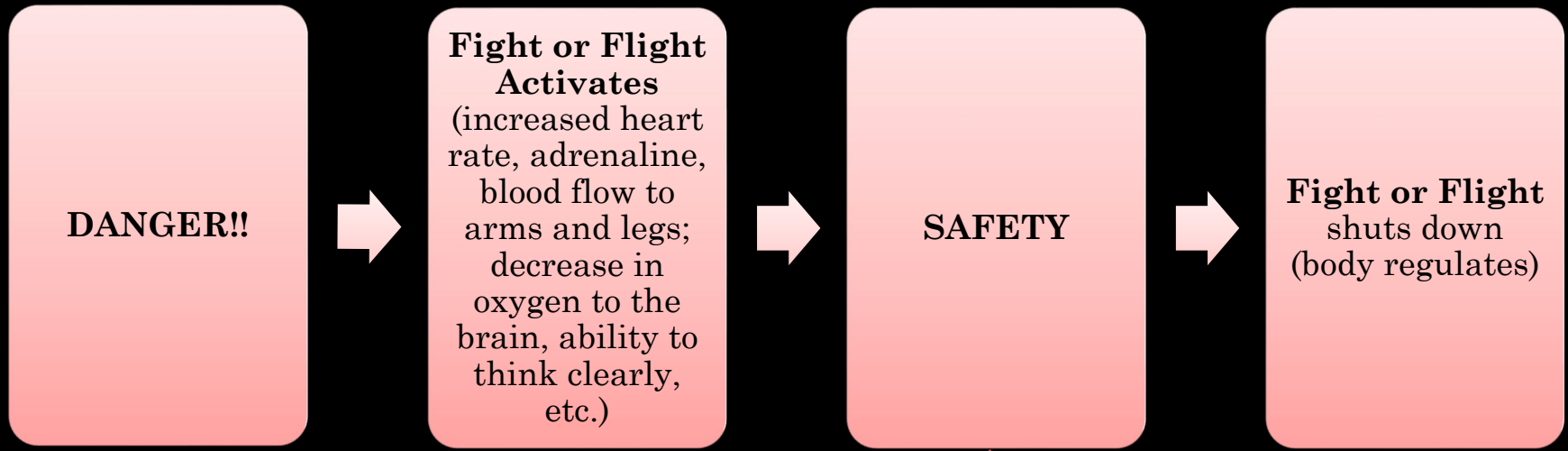
Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACEsConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.



# Typical fear response: What is a normal reaction to a scary situation?



So what happens if the  
“SAFETY” part never  
happens, or is  
inconsistent???

# The Trauma Informed Care Framework

# Setting the space

If trauma is about:

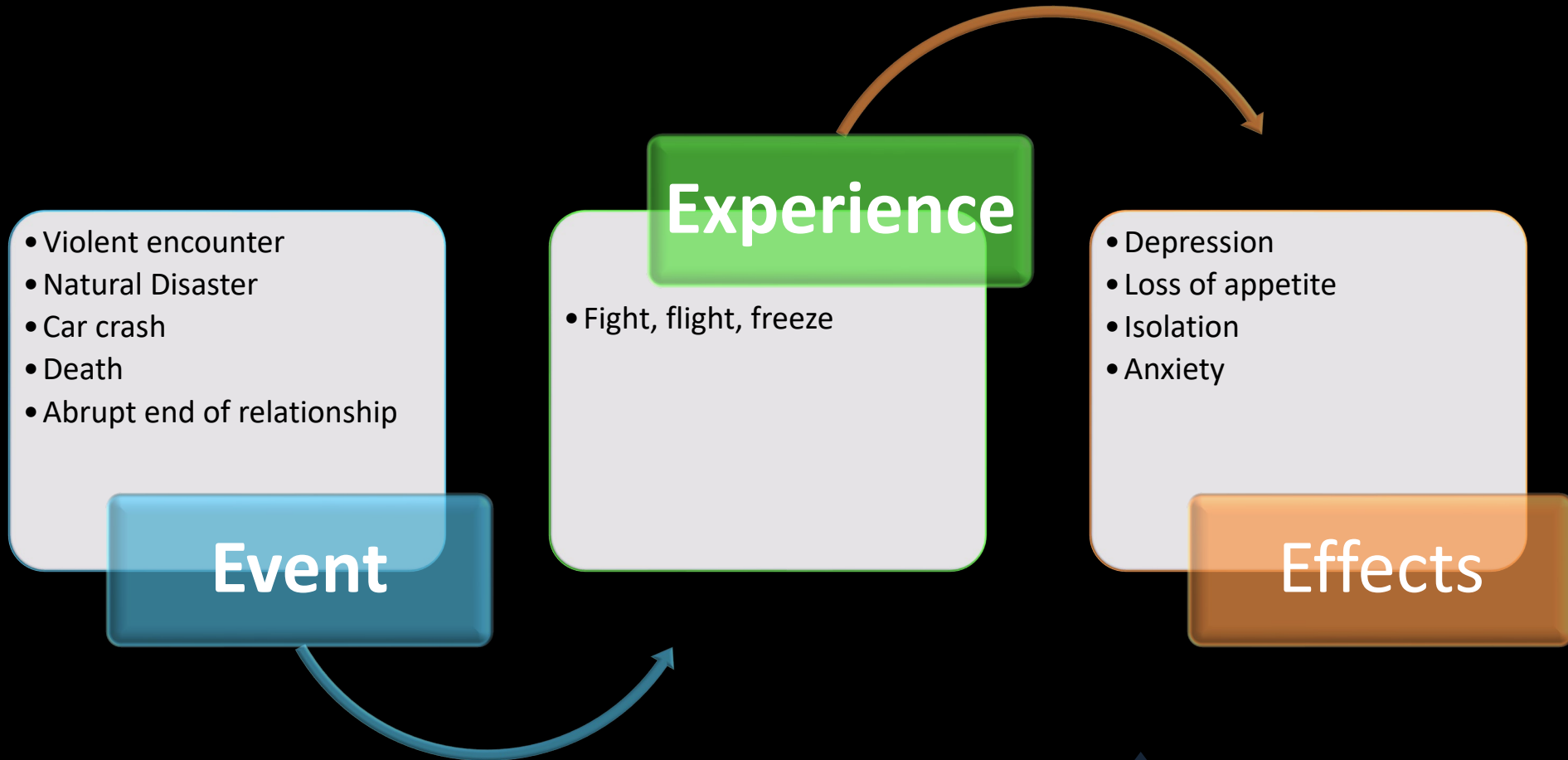
- Lack of predictability
- Loss of control
- Lack of perceived safety
- Negative worldview of self and others

Our role is to create an environment in the health setting that gives a sense of all of these and contrasts potential negative cognitions.

# Asking the right questions

- It is therefore important for clinicians to consider the whole person and to be aware that barriers to treatment may be a function of not having a full understanding of the underlying reasons that symptoms persist. (*e.g., poverty, housing issues, economic problems, etc.*)
  - Build Trust
  - Screening and Assessment
  - Identifying and discussing barriers to treatment
  - Consistent follow-up

# Identify The Three “Es” of Trauma\*



# An Experience can have lasting Effects



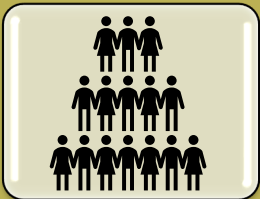
## Single event

- Loss of a loved one
- Witness to a shooting



## Complex

- Community violence
- Domestic violence
- Homelessness



## Collective

- Genocide
- Racism, discrimination
- School shooting



## Historical

- Slavery
- Holocaust

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## Becoming Trauma Informed

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Trauma Informed Care is the ***proactive*** framework that is grounded in an understanding and responsiveness of the impact of trauma.





# The Four “Rs” of Trauma Informed Care\*



**REALIZES** THE  
WIDESPREAD NATURE  
OF TRAUMA



**RESPONDS** BY FULLY  
INTEGRATING TRAUMA  
INTO PRACTICES,  
INCLUDING HOSPITAL  
POLICY



**RECOGNIZES** THE SIGNS  
AND SYMPTOMS OF  
TRAUMA



**RESISTS** THE ACT OF  
RETRAUMATIZING OUR  
PATIENTS BY  
PRIORITIZING THEIR  
INTERESTS

# Six Principles of Trauma Informed Care\*



## Safety

Ensure a safe environment both physically and emotionally for patients



## Trustworthiness and transparency

Create a space for human connection through up front communication



## Peer support

Integrate credible messengers

# Six Principles of Trauma Informed Care



## **Collaboration and Mutuality**

Create a model for respect and equitable care



## **Empowerment and choice**

Ensure survivors play a critical role in medical decision making and healing



## **Awareness**

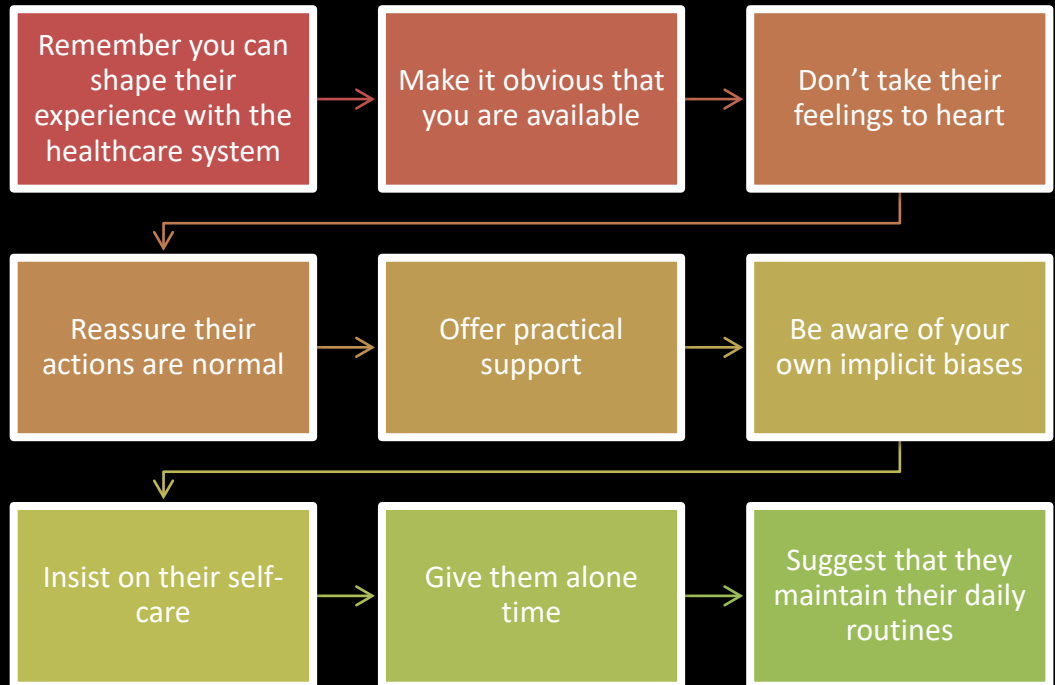
Address cultural, historical and gender biases

# Talking about the traumatic event can help: Open communication confers a safe emotional space

- Be careful not to diminish the person's experience
  - Example-"You're relatively lucky"
- Empower the person to be part of the healing process
- If there are difficult decisions to be made, resist making the decision for the person. Instead, help identify the different options
- Be sure to identify another person that can support if the person is not ready to be supported by you: Work with credible messengers and be aware of language barriers. BE PROACTIVE

# The Importance of Support

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# Integration of Social Care

- **Obtain** the services of your **hospital-based violence intervention specialists** as soon as possible, if available
- **Promote** multidisciplinary communication with all social and medical services
- **Develop** mechanisms to address the social determinants of health



# Trauma Informed Documentation

- Consider how documentation follows a patient
- Just the facts
- Interpretation of behavior
  - "refusal of care" or signs of "Trauma"?
  - "oppositional" or isolated?
  - "aggressive" or fearful?
  - "defiant" or depressed?
  - "combative" or "anxious"
- Documentation can impact acceptance to rehabilitation facilities and can perpetuate stereotypes and exacerbate inequities

# Offer Social Care Resources

- Work with Hospital-based violence intervention programs and integrated social services, address social needs as possible (examples):
  - Therapy
  - Housing
  - Job placement
  - Food
  - Clothing
  - Tattoo removal
  - Mental health care



# Systematic Trauma Informed Care (TIC)

- Trauma Centers are comprehensively trauma informed when:
  - Personnel enact TIC and exemplify The Beloved Community
  - TIC is integrated into hospital policy and physical layout
    - Example: Waiting rooms have water, tissues, clean places to sit
  - TIC is woven into the practice of ALL providers, including clerks, Security, Administrators



# Changing Experience

## Patient Experience

- Promotes autonomy
- Decreases helplessness
- Improves communication/trust
- Values the individual
- Promotes validation and understanding

## Caregiver Experience

- Decreases frustration
- Improves empathic communication
- Raises awareness of biases
- Improves job satisfaction
- Reduces bias

# *Activity*

Roll Play vignettes :  
Scenarios illustrating  
TIC and non-TIC



# Cultural Humility and understanding our community

Session led by a member of our community impacted by Trauma, implicit bias and structural racism

# Discussion of Vicarious Trauma in Providers



# TIC in ATLS

## Communication and Connection

As the Primary and Secondary Survey are occurring...

- Designate a person who communicates the steps to the patient in real time
  - Personal introduction, reassurance, describe the ATLS process
  - An IV is being started, clothes are being removed and why, transport to CT, OR, etc., any procedures planned, chest tube placement..
  - A Global Perspective

**Eleventh Edition  
with TIC? YES!!!**

**ATLS<sup>®</sup>**

**Advanced Trauma Life Support<sup>®</sup>**

**Student Course Manual**