

# Trauma Informed Care 101: An Individual and Organizational Implementation Model



# Change and Inspiration

CAI helps health care and social service organizations improve the quality of their services—particularly for communities that have been marginalized—by providing training, technical assistance, and other capacity-building support.





# Welcome!

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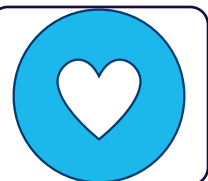
Deputy Director of Mental Health and  
Trauma



# Community Agreements



Actively participate



Open minds, open hearts



Together, we know a lot



Assume good intentions



Honor the intent and own the impact



Share the air



Confidentiality



Practice self care

# Today's Objectives

- ☒ Define trauma and its impact
- ☒ Describe and demonstrate the trauma informed lens
- ☒ Articulate why the trauma informed lens is valuable for clients and staff
- ☒ Describe the trauma informed care implementation model and how it has been integrated in healthcare settings

# Content Note

- Understandable that talking about trauma and its effects can be activating, especially with lived experience of trauma
- Practice self-care as needed:
  - Taking a sip of water
  - Tapping your foot to a certain rhythm
  - Humming quietly to yourself
  - Taking deep breaths
  - Feeling the weight of your body in your seat
  - Taking a bathroom break



**What have you heard  
about trauma informed  
care?**





# What is Trauma?





# What is Trauma?

Event or set of circumstances




Experienced as physically or emotionally harmful  
or life-threatening



Long lasting Effects on the individual's  
functioning and mental, physical, social,  
emotional, or spiritual well-being.





**What portion of your  
agency's clients may have  
encountered at least one  
traumatic event or situation?**





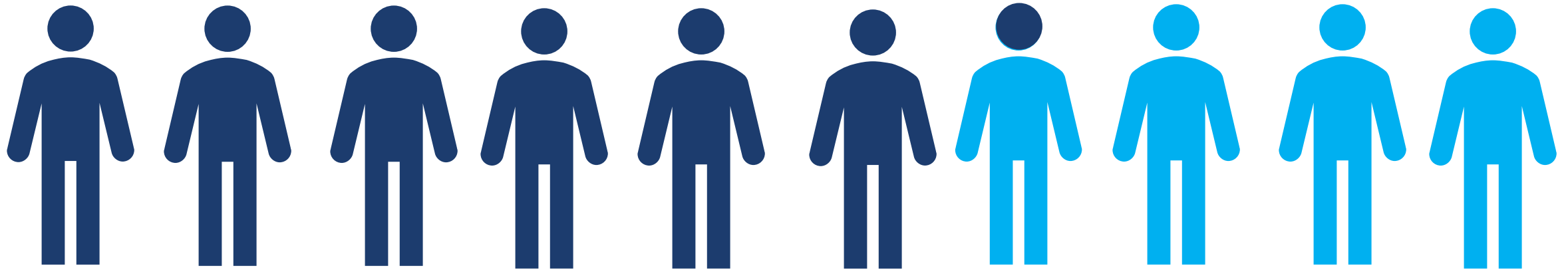
# How Prevalent is Trauma?





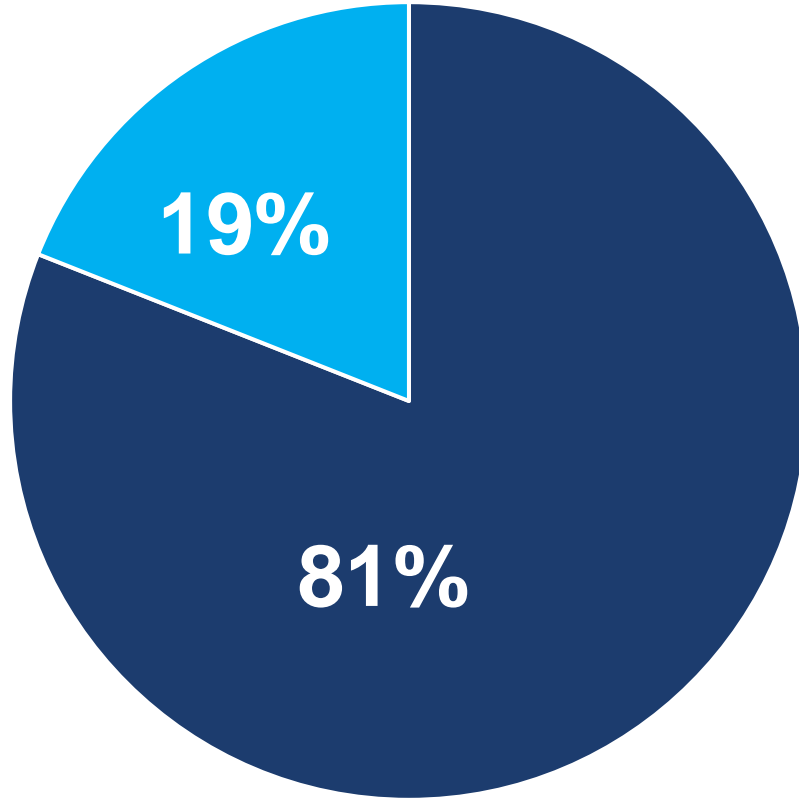
# The ACE Study

## Prevalence of Adverse Trauma Exposure



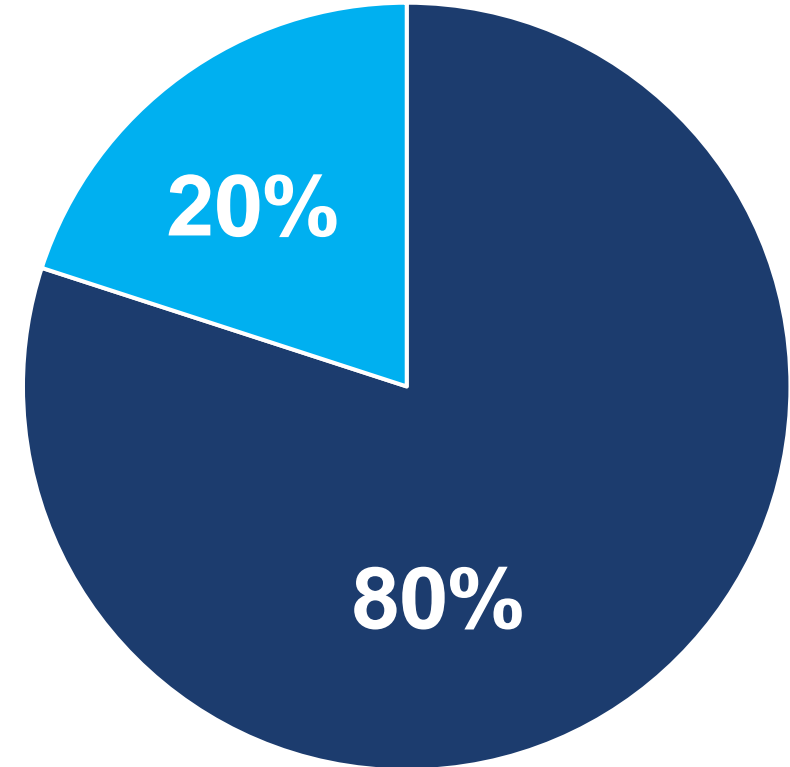
**General Population**

# Trauma Among Certain Racial/Ethnic Groups



**Lifetime Trauma Exposure  
Among African-Americans**

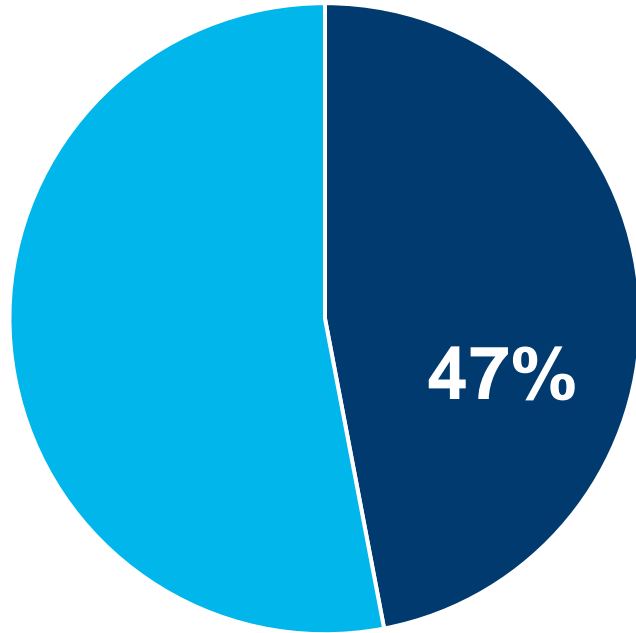
*Gran-Ruaz, Taylor, Jacob & Williams, 2022; U.S. Department of Justice, 2022*



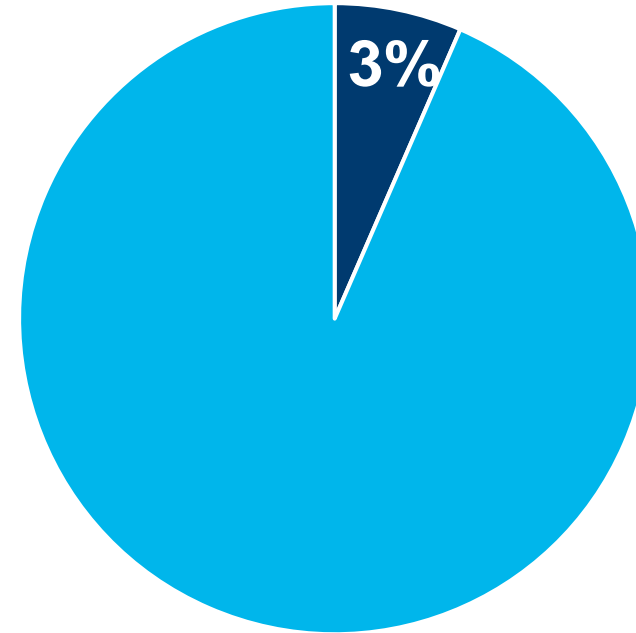
**Traumatic Childhood Experience  
Among Latinx Youth**

*Despres, 2017*

# Immigrant/Migrant Populations



PTSD in Migrant  
Populations

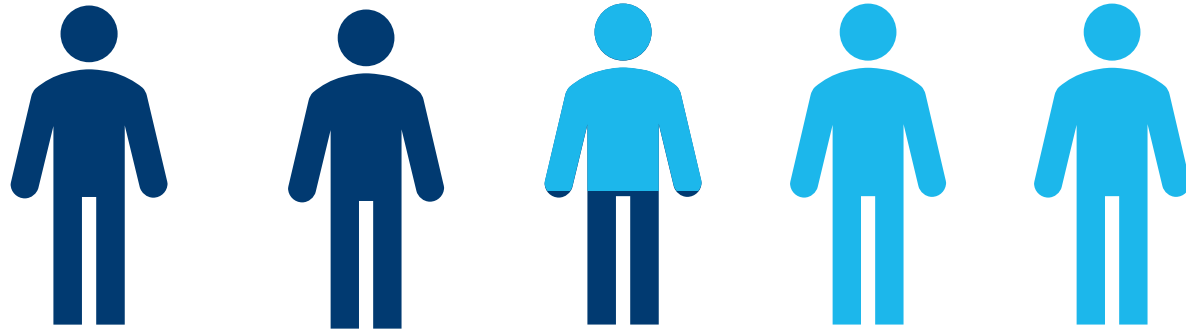


PTSD in General  
Population

# Trauma and People who are Unhoused



**89.8%** lifetime prevalence  
of **1 or more** ACEs

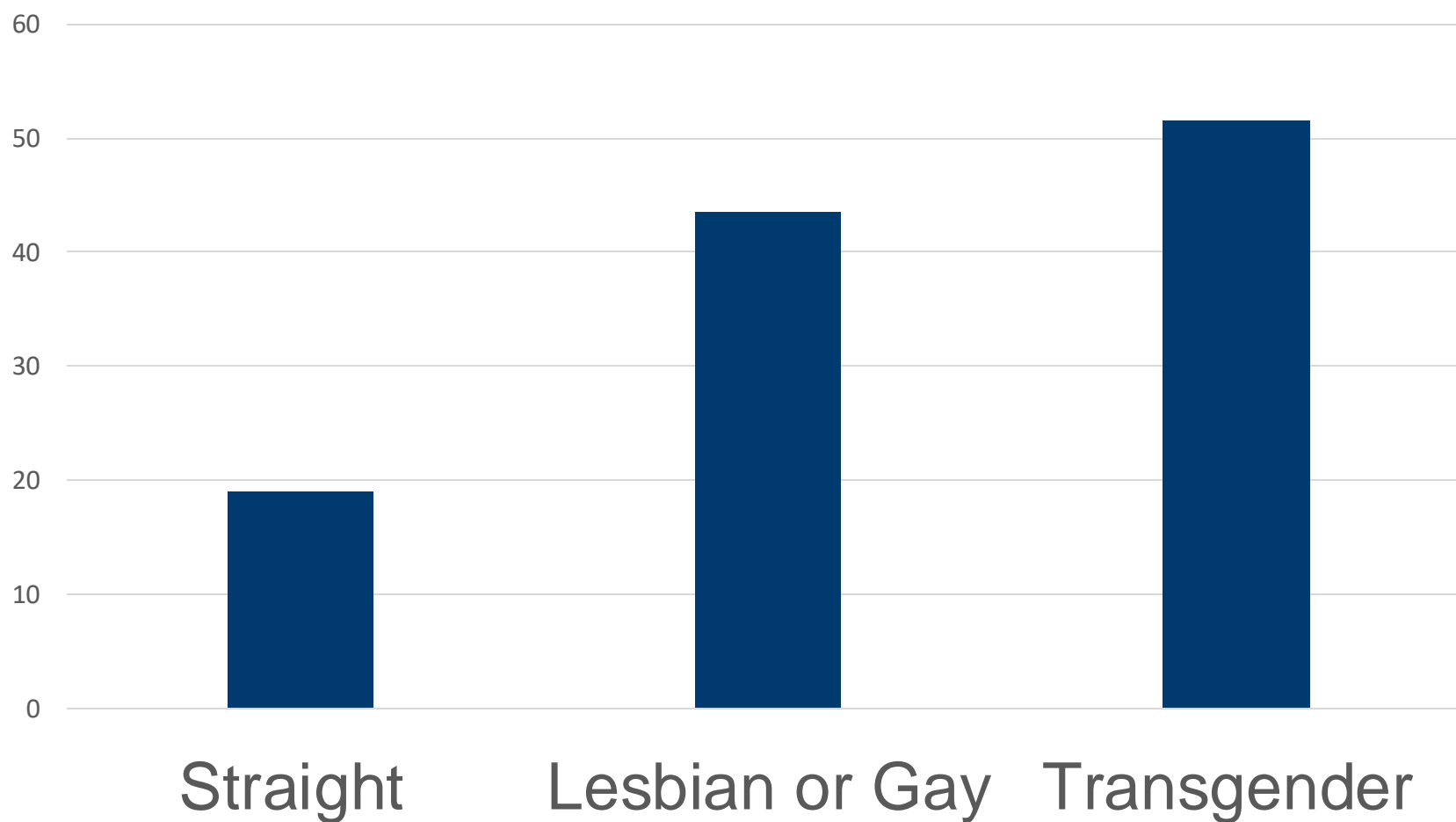


**53.9%** lifetime prevalence  
of **4 or more** ACEs



# LGBTQ+ Population

## Rate of Violent Victimization (per 1,000 persons)



# Trauma and Women

**1 in 5** women are victims of rape or attempted rape

**1 in 4** women experience intimate partner/domestic violence

**1 in 2** female murder victims are killed by intimate partners



# Trauma and Pregnancy

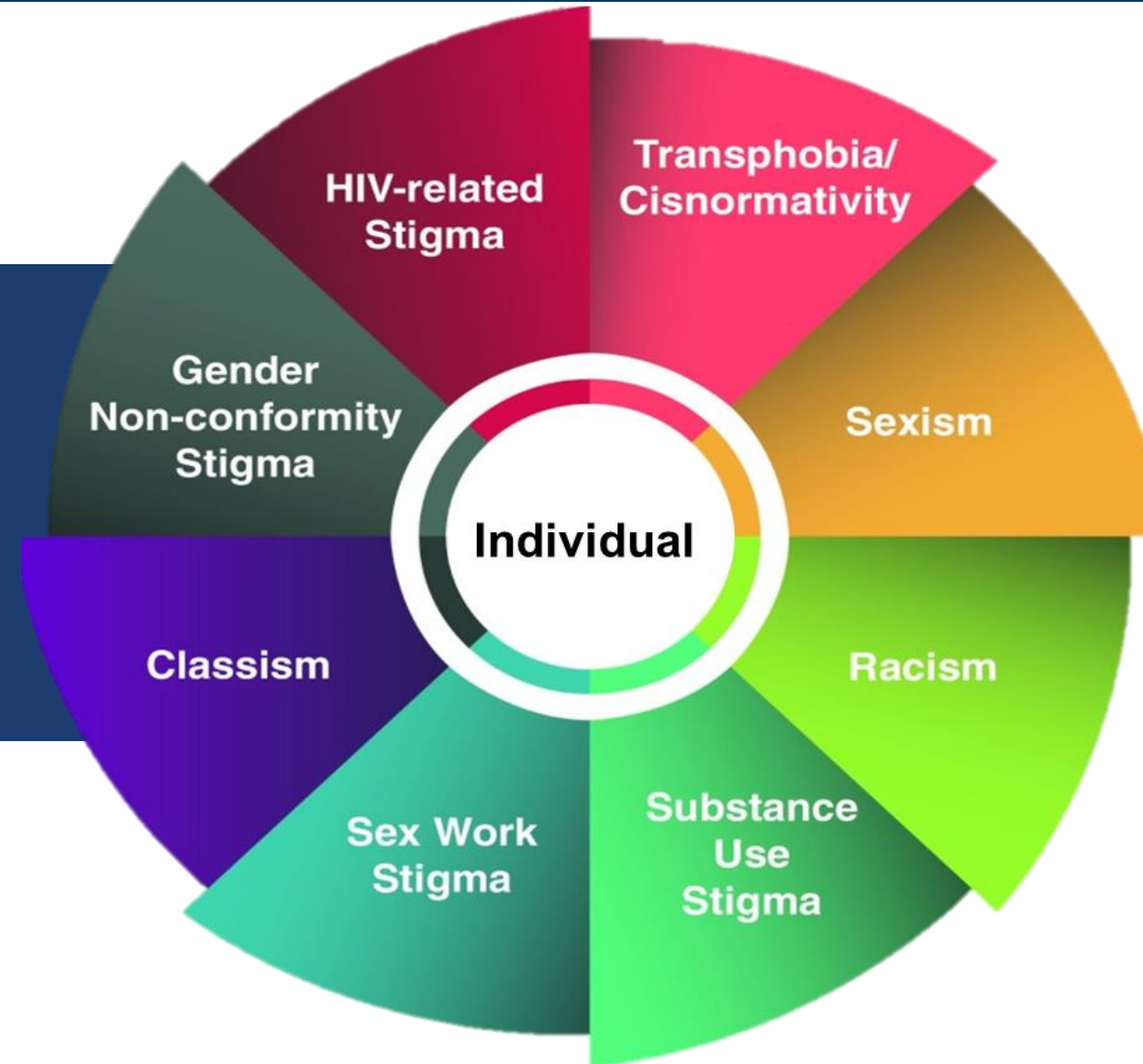
- Many women of childbearing age have experienced trauma

Pregnancy and birth can be traumatic and/or retraumatizing

- May evoke traumatic memories and emotions, consciously or unconsciously
- Experiencing pregnancy-related complications can likewise be traumatic

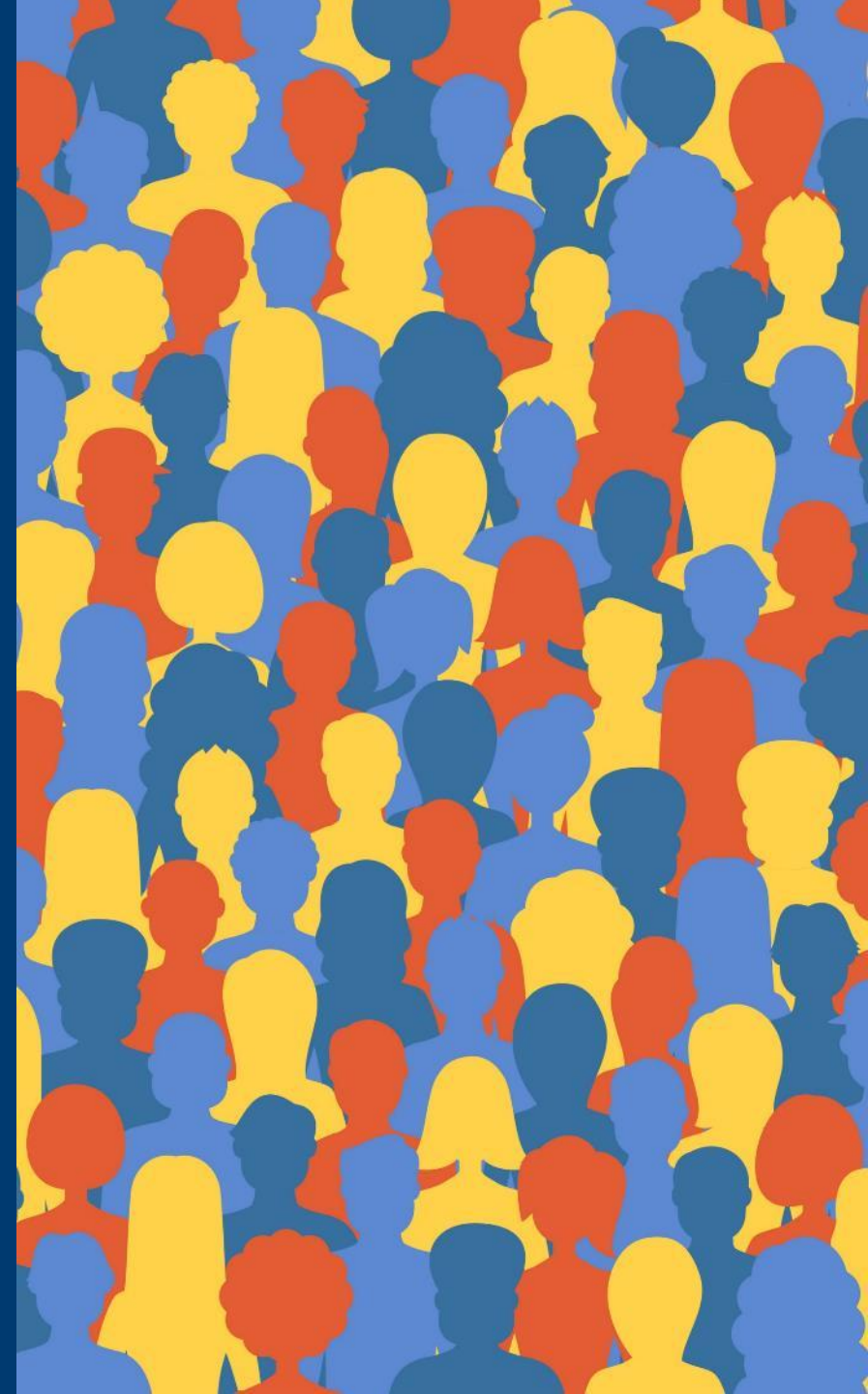


# Stigma and Discrimination





**What stands out to you  
about these statistics?**







# The Impact of Trauma



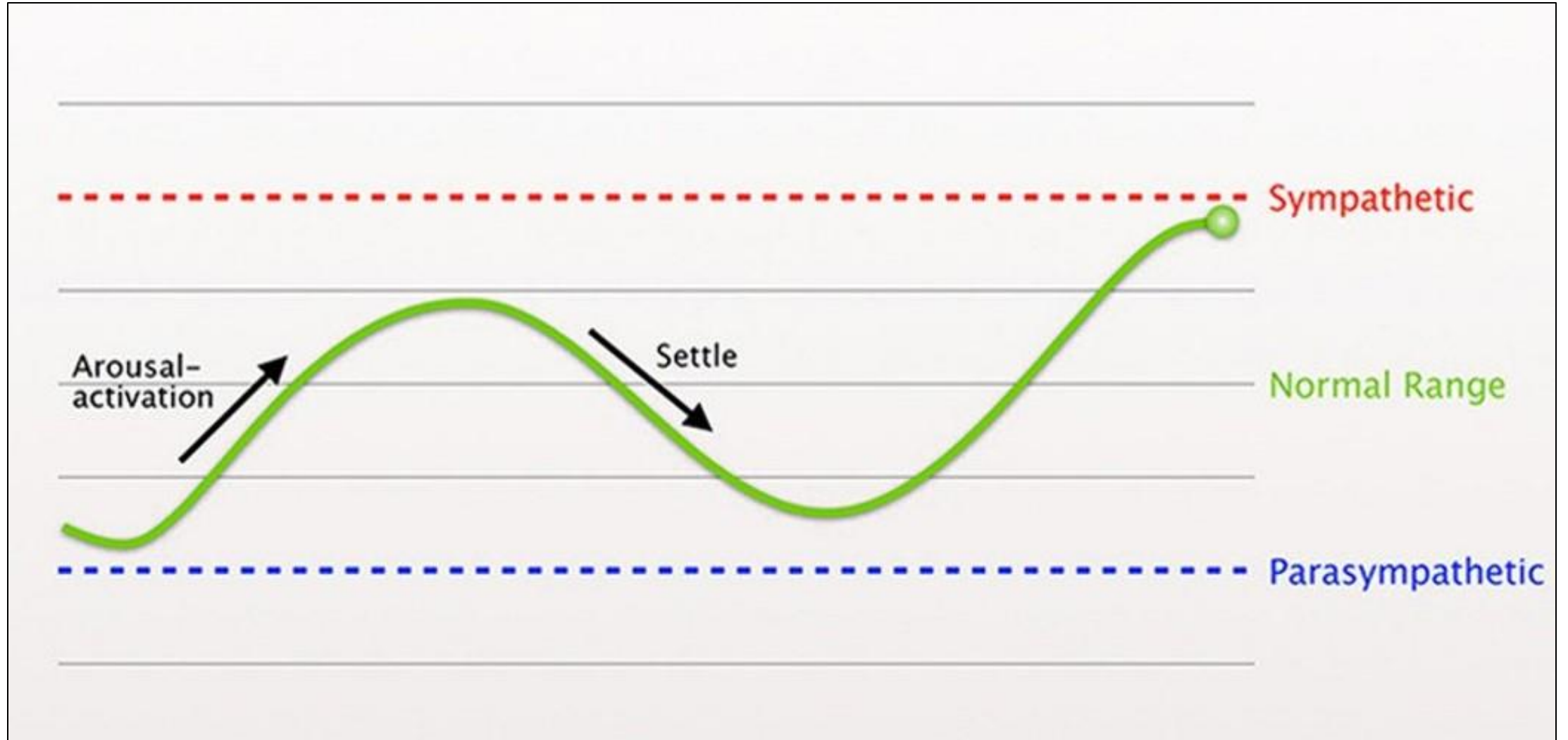






**What stood out to you in  
this video?**

# Healthy Nervous System





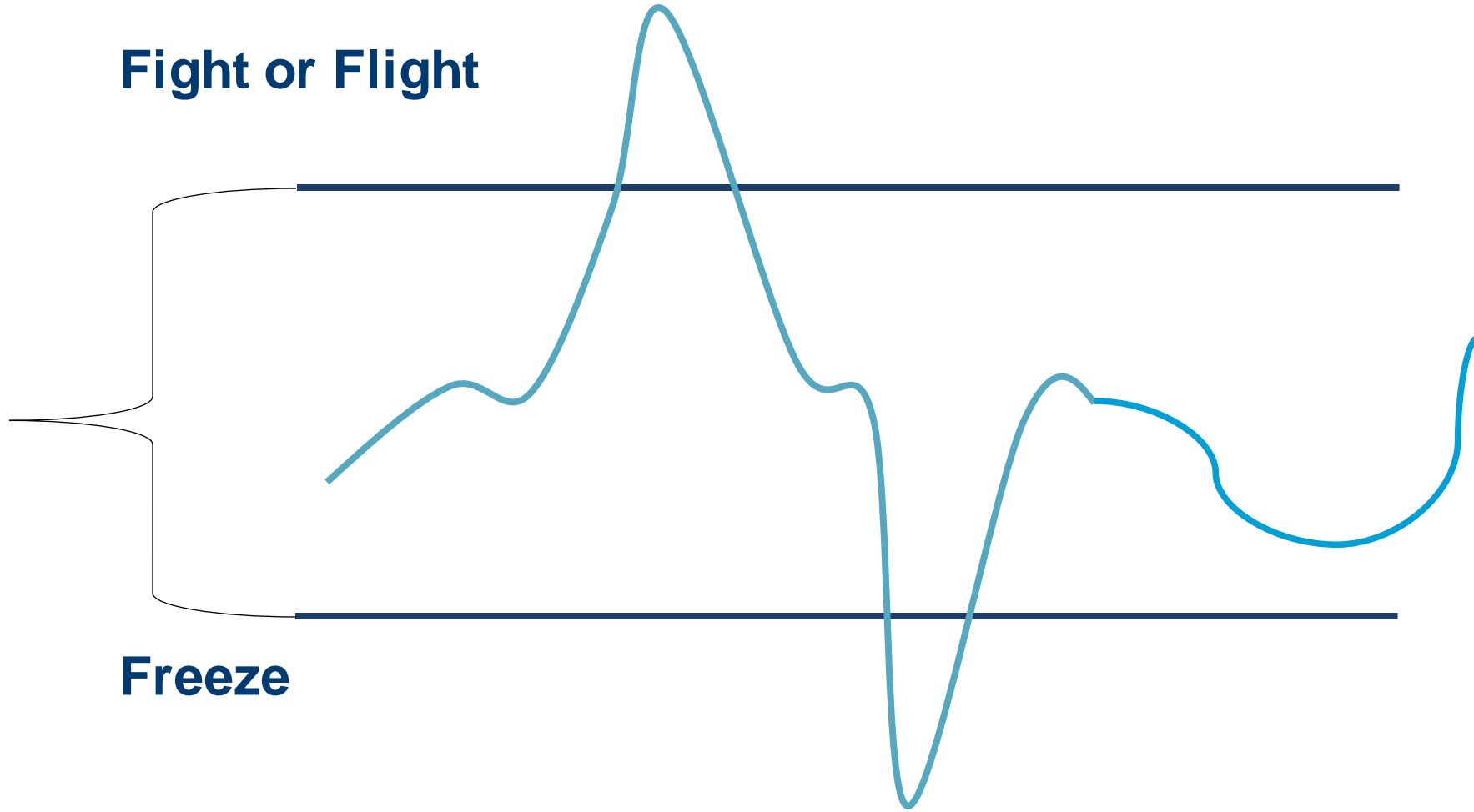
# Survival: hardwired and normal response to threat



**Window of Tolerance**

**Fight or Flight**

**Freeze**

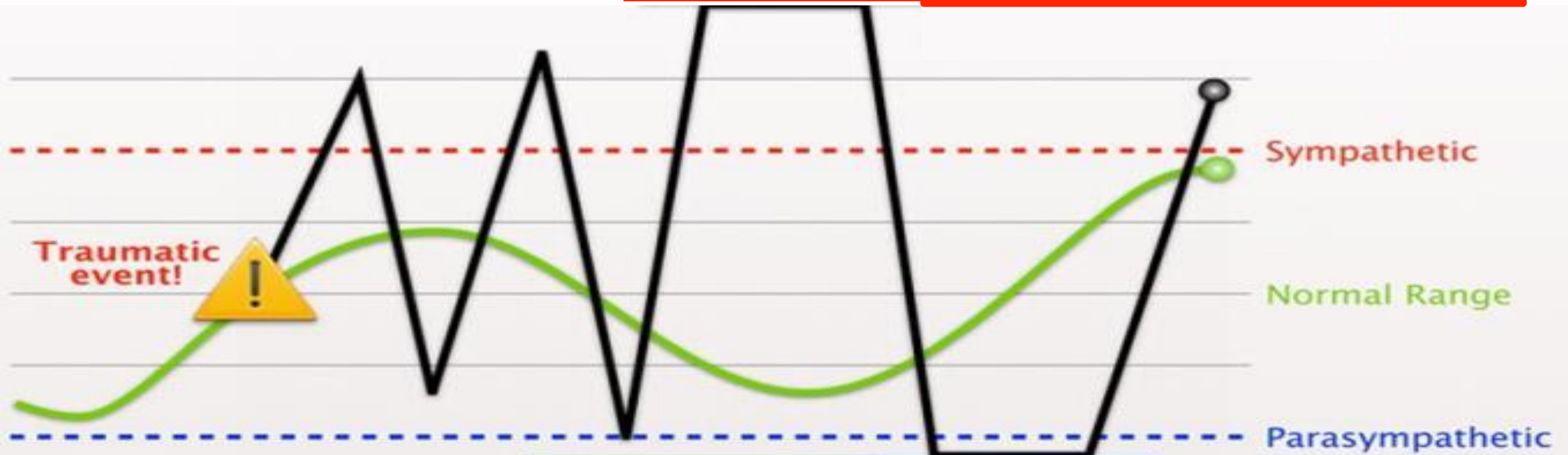




# System under Traumatic Stress

anxiety, restlessness,  
sleeplessness, rage, exaggerated  
startle, hyper-vigilance

**Stuck “ON”**



depression, numb,  
flat affect, fatigue, dissociation,  
lethargy, disconnection

**Stuck “OFF”**





# Reminders Traumatic Events



Sensations

Things

People

Places

Situations

# Impact on Emotional Regulation

**Emotional regulation is the ability to understand and manage your emotional responses**



Awareness and acceptance of one's emotions



Ability to change emotions to support one's goals



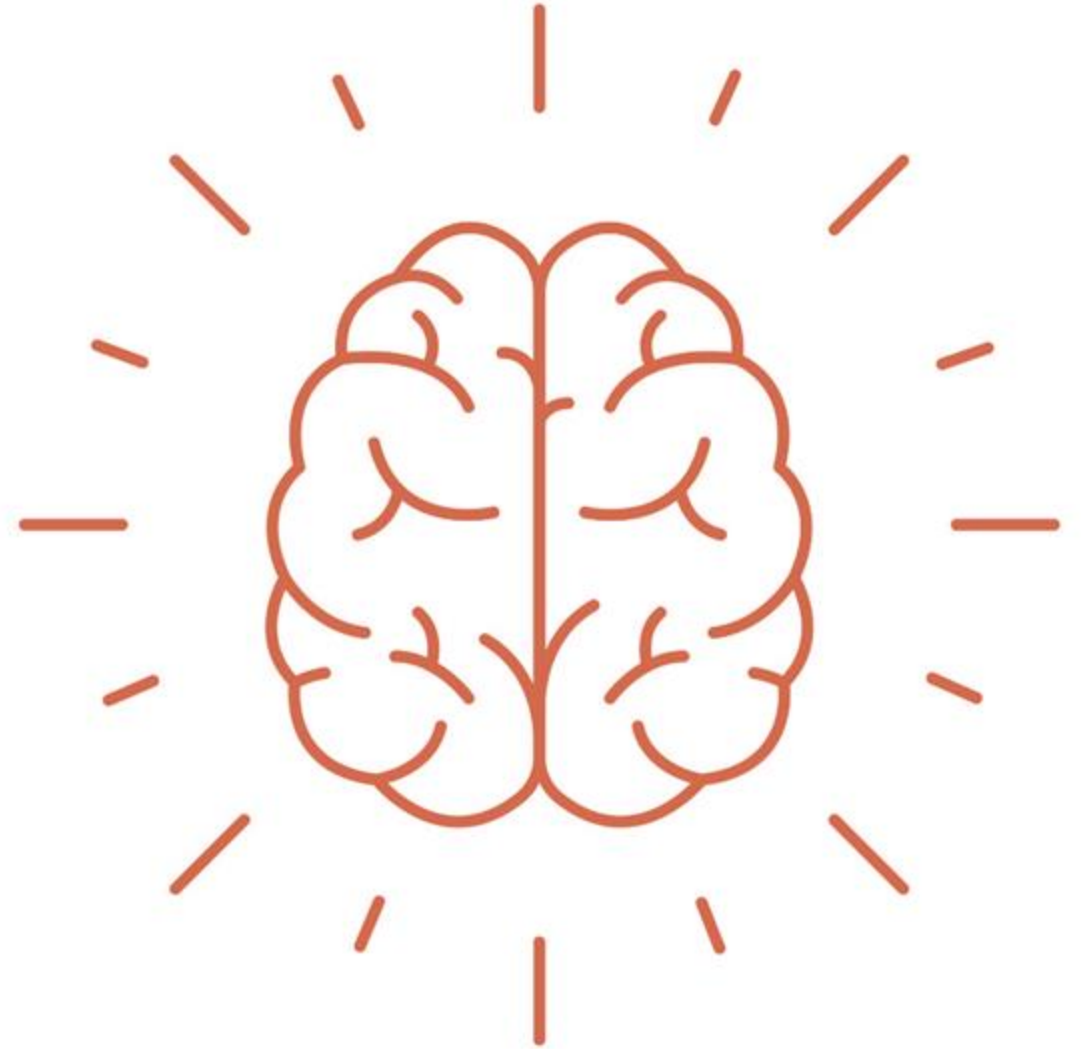
Ability to control behavior in times of distressing emotions

# Impact on Ability to Manage Stress

Very sensitive to feeling disrespected

Perceived disrespect can cause reactions like:

- Volatility
- Uncooperativeness
- Shutting down



# People Who Have Experienced Trauma May Exhibit:

**Aggression**

**Anger**

**Disruptive Behavior**

**Belligerence**

**Hostility**



**Hypervigilance**

**Being Withdrawn**

**Fear**

**Flat affect**

**Numb**

**Passivity**

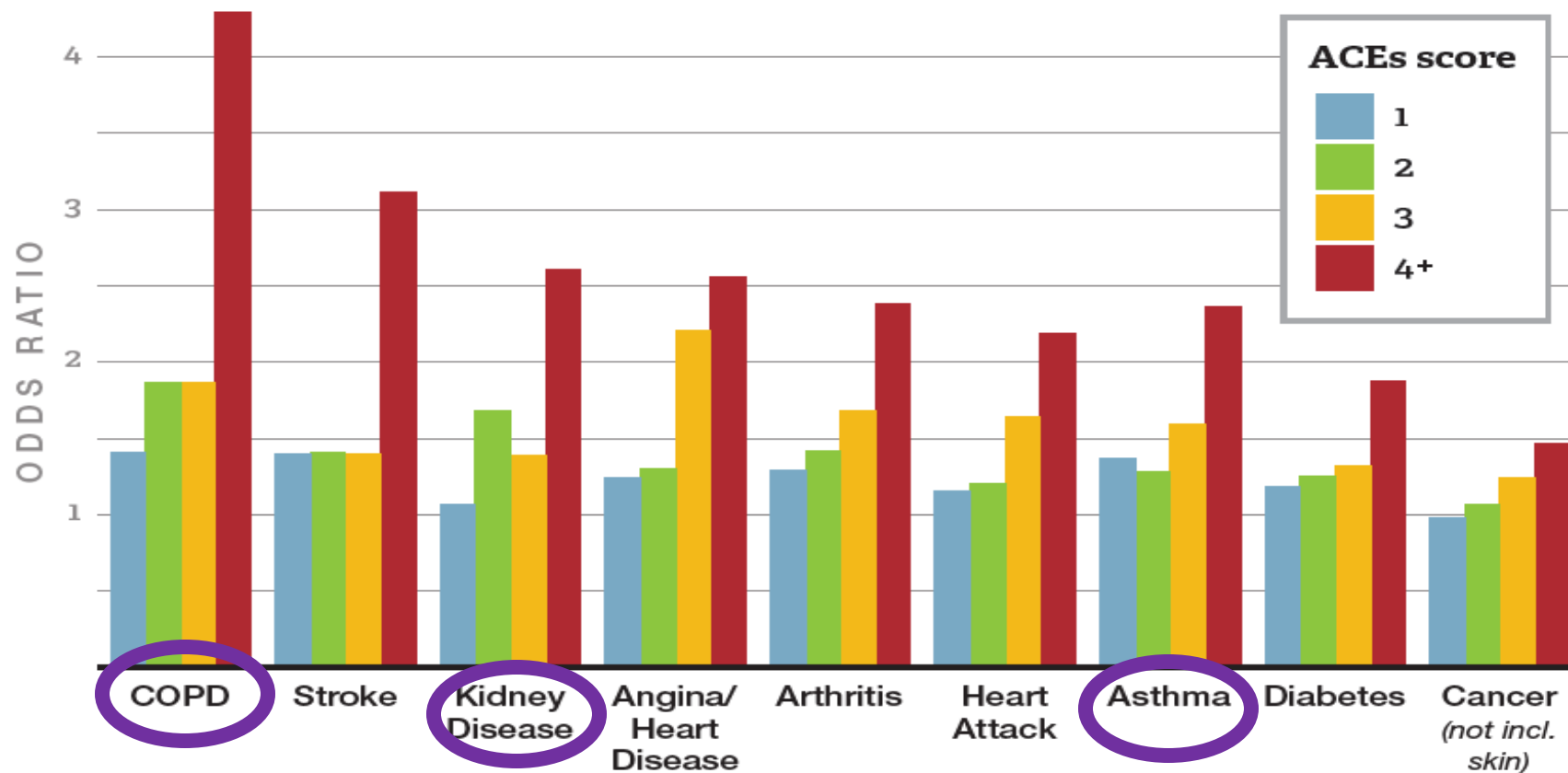
These over- or underreactions are clues that the behavior has to do with the impact of trauma.

# Impact of Trauma on Physical and Mental Health



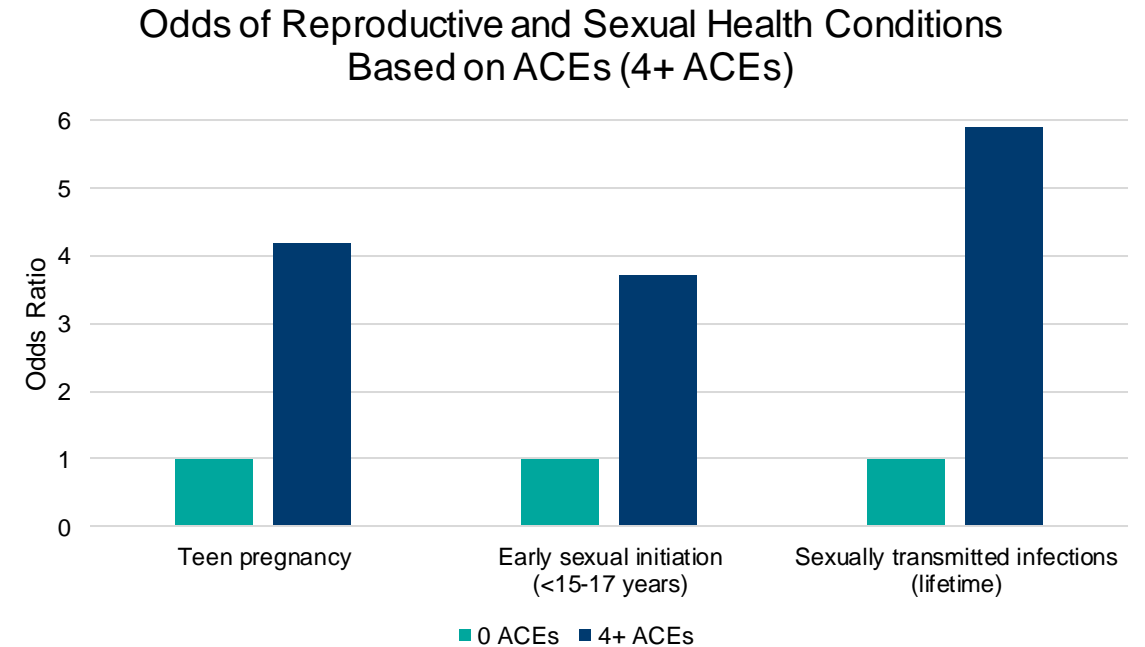
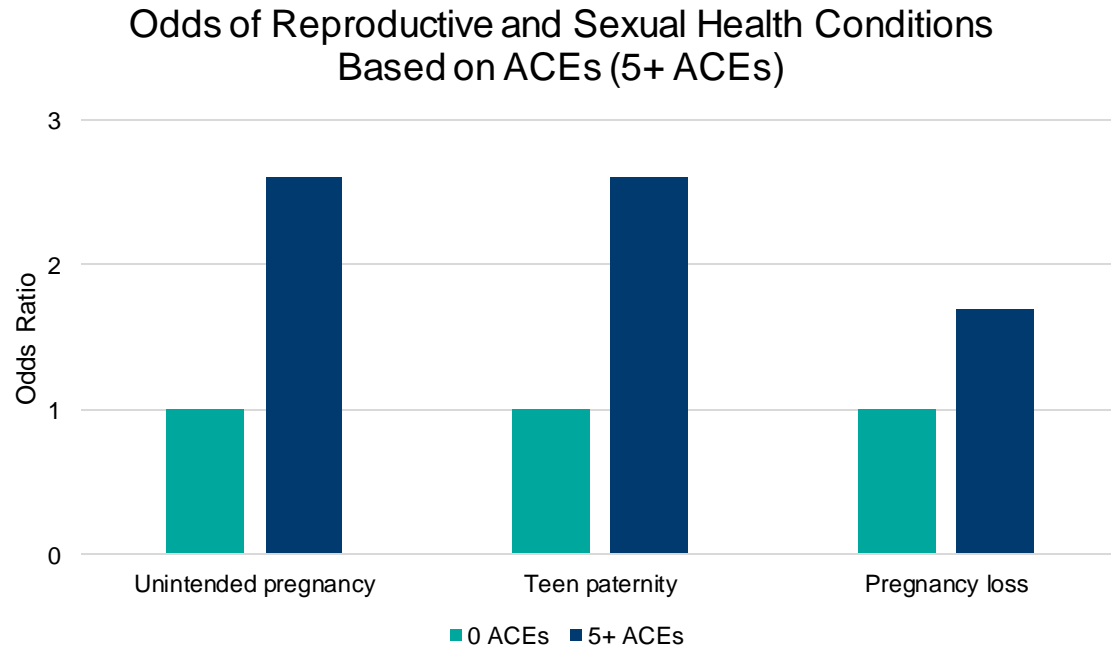
# Trauma and Physical Health

LIKELIHOOD TO DEVELOP HEALTH CONDITIONS BASED ON ACEs





# ACEs and Reproductive & Sexual Health Conditions



# Trauma, Women, and Physical Health

Among pregnant women, trauma history has been associated with:

- Low birthweight
- Miscarriage
- Preterm birth

Women reporting 4+ ACEs as children were **almost 2X as likely** to experience miscarriage



# Trauma, Women, and Health Risk Behaviors

There is an association between lifetime exposure to stress/trauma and:

- Smoking
- Alcohol use
- Illicit drug use
- Poor diet



Women with ACEs were **significantly less likely** to use contraception and **more likely to choose less efficacious contraceptive methods**









# CAI's Journey in Trauma Informed Care

# CAI's TIC

## Implementation Model: Integrating in Primary Care Settings

In 2017, NJ Dept. of Health approached CAI to integrate TIC **across their HIV care system** as to address stagnating viral suppressions rates because:

- Barriers to Mental Health Treatment

- The effects of trauma are wide-reaching





# Establishing a Culture of Trauma Informed Care and Offering Skill-Based Trauma Informed Services



## PROCESS OF IMPLEMENTING TRAUMA INFORMED CARE

### ESTABLISHING A CULTURE

- Leadership Engagement
- Staff Engagement
- Culture & Policy
- Consumer & Community Engagement
- Information Systems

### SKILL-BASED SERVICES

- Screening
- Consumer Education
- Referring
- Psychoeducational Services to Reduce High-Risk Behavior

EXPLORATION

PLANNING & PREPARATION

INITIAL  
IMPLEMENTATION

#### Leadership/Project Kick-Off

Goal: Obtain buy-in to participate in trauma informed care project

- Engage leadership
- Educate leadership on trauma informed care (TIC)
- Provide overview of TIC project and required commitments
- Elicit input suggestions
- Begin project implementation plan

1-3 Months

#### Provide Technical Assistance (TA)

- Initial TIC educational sessions
- Technical Assistance TIC Cultural Assessment and Facility Assessment
- Foundational trainings/ Verbal de-escalation; Compassion fatigue / Supervision training

Goal 1. Work with leadership and appropriate staff to establish integration of TIC through a system approach

Goal 2. Establish openness to providing trauma informed services

- Meet with leadership and agency point persons
- Provide education to all staff about TIC
- Provide overview of project including establishing a trauma informed culture and providing psychoeducation skill-based services
- Identify importance of multi-disciplinary team
- Develop key benchmarks for implementation
- Finalize measures and elements of a trauma informed culture
- Identify integration of TIC into policy & protocols
- Develop protocol for screening trauma
- Strengthen referrals for trauma
- Role of multi-disciplinary team to include CHW or other staff
- Finalize a plan to include consumers for input, involvement and feedback

3-12 Months

#### Strategic Planning Sessions

Goals: 1. Finalize the plan and preparation for implementation

Goal 2. Peer sharing with other TIC projects

- Finalize the strategic implementation plan
- Share strategic implementation plans and support for each other
- Share how-to's working in partnerships
- Identify potential gaps and challenges
- Identify ongoing technical assistance support

#### Provide Skills-Based Training & TA

- Ongoing Technical Assistance TIC

Goal: Establish competencies to provide trauma informed services

- Develop skills to screen and educate patients on trauma
- Skill-based psychoeducational TIC (individual or group level) for reduction of high-risk behaviors
- Follow-up to training to support utilization of skills
- Role of CHW for referrals, other tasks
- Training for supervision of TIC services

#### Implementation of TIC Services

- Ongoing Technical Assistance TIC

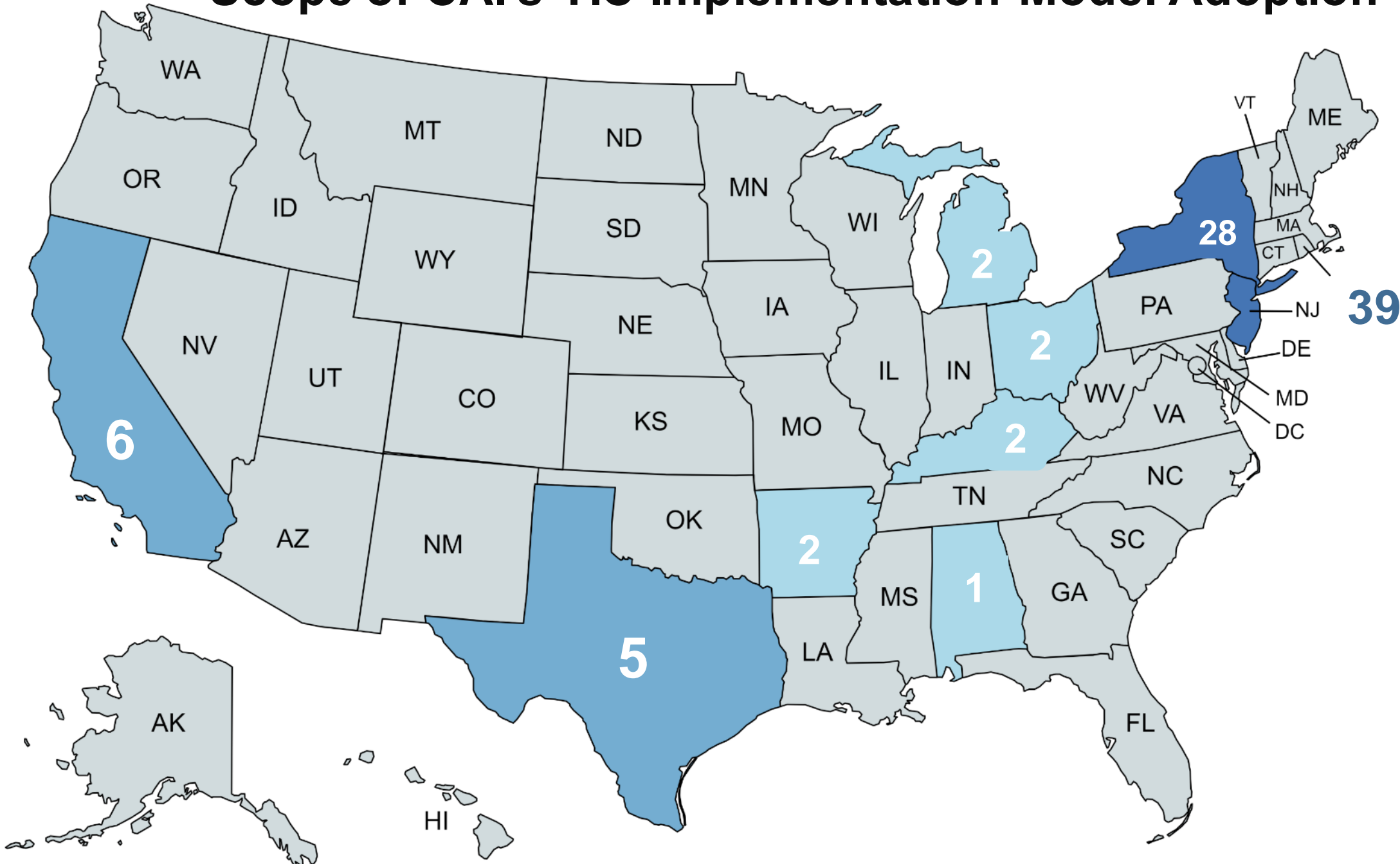
Goal: Initiation of trauma informed services to clients

- Implement screening and patient/client education
- Initiate referrals
- Provide psychoeducation services on individual or group level for reducing high-risk behaviors related to trauma
- Track - monitor - coach - supervise

12-15 Months

Map of the United States showing the number of states that have implemented each of the five categories of climate change measures. The categories are represented by different shades of blue, and the number of states for each category is shown in a large blue number on the right side of the map.

Category	Number of States
Category 1 (Lightest Blue)	1
Category 2	2
Category 3	3
Category 4	4
Category 5 (Darkest Blue)	5



# Our Implementing Agencies

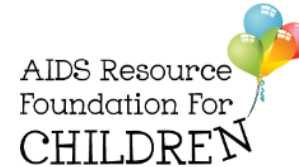


AtlantiCare



Atlantic Health System  
Morristown Medical Center

UAB



vna Health Group  
Visiting Nurse Association Health & Hospice

PRN PREVENTION  
RESOURCE NETWORK

Monmouth Medical Center

HARLEM UNITED

Newark Beth Israel Medical Center

St. John's Community Health



Cooper University Health Care

edge

RWJBH

IrisHouse

HYACINTH  
STRENGTHENING HEALTH,  
SECURING WELLNESS

HENRY J. AUSTIN  
HEALTH CENTER  
The center for wellness



TRINITAS  
Regional Medical Center

HOUSING WORKS

NJCRI  
NORTH JERSEY COMMUNITY RESEARCH INITIATIVE



CAPCO  
RESOURCE CENTER

Community Healthcare Network

CompleteCare  
HEALTH NETWORK

ZUFALL HEALTH



Saint Michael's  
MEDICAL CENTER

Prime Healthcare Acquires Saint Michael's Medical Center

HomeFront  
helping families break the cycle of poverty

Cahec



Sun River Health

BUDDIES OF N.J. INC.

Acacia Network  
ROOTED IN THE COMMUNITY SINCE 1991

APLA Health  
FORTY YEARS OF LIFE  
1983-2023

# Project Goal

To **strengthen the support** of clients and staff through the integration of a trauma informed care approach, in a way that is:

**Realistic**

**Practical**

**Achievable**

**Collaborative**



# Trauma Informed Care



# The Three Phases of Trauma Intervention



# Safety and Stabilization



# Trauma Informed Care: A Framework for Safety and Stabilization

A strengths-based organizational structure and  
intervention framework that involves:

Trustworthiness

Empowerment

Safety

Collaboration

Support and  
Respect

Choice

# Trauma Informed Care is NOT...

**Digging into  
people's past**

**Only for clinicians**

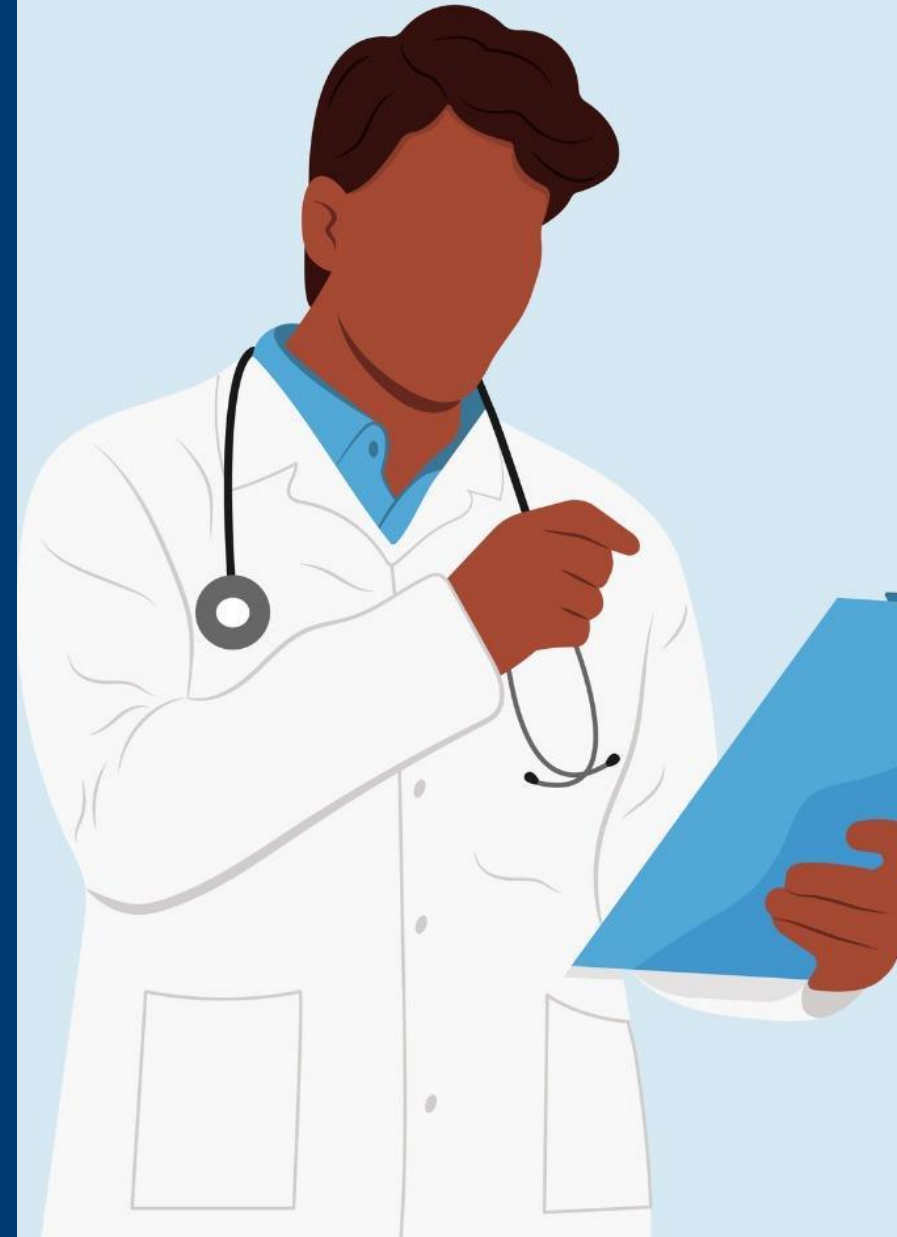
**Just being nicer to  
the clients**

**Justifying  
unacceptable  
behavior**

**Implemented in a  
vacuum**

**Focused only on  
clients**

**How might a trauma  
informed care  
approach show up in  
your work?**





# Trauma Informed Care - A Universal Approach



How can I help this person's behavior if it's really because of trauma?

How can I get clues about their trauma without opening their trauma box?

How can I help a person if I don't know what happened to them?

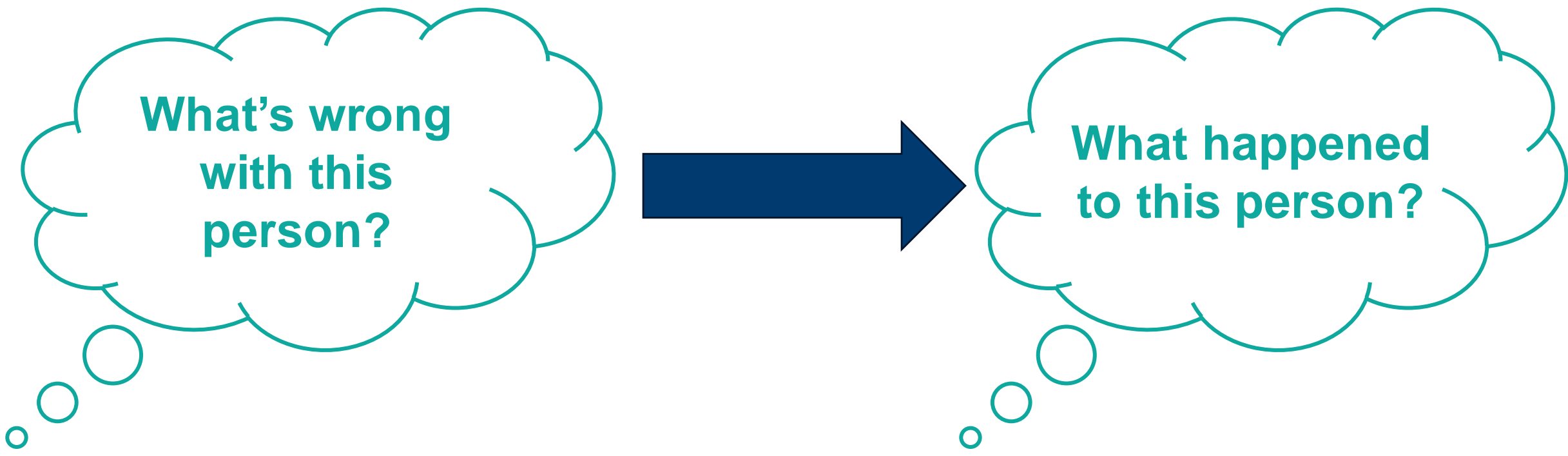
# What is the Trauma Informed Lens?



# What is the Trauma Informed Lens?

- A perspective in which we look at our client's behavior through our knowledge of trauma.
- It helps us attribute a client's behavior to trauma.
- Its goal is to support clients in feeling calmer and more regulated.





**What's wrong  
with this  
person?**

**What happened  
to this person?**

# Scenario Where Trauma Informed Lens is Applicable




Why do you have to ask me all these questions? This isn't even what I'm here for!





# When the Trauma Informed Lens is Not Used



This guy is  
out of line.  
What's his  
problem?

You're all nosy. I  
hate it here!

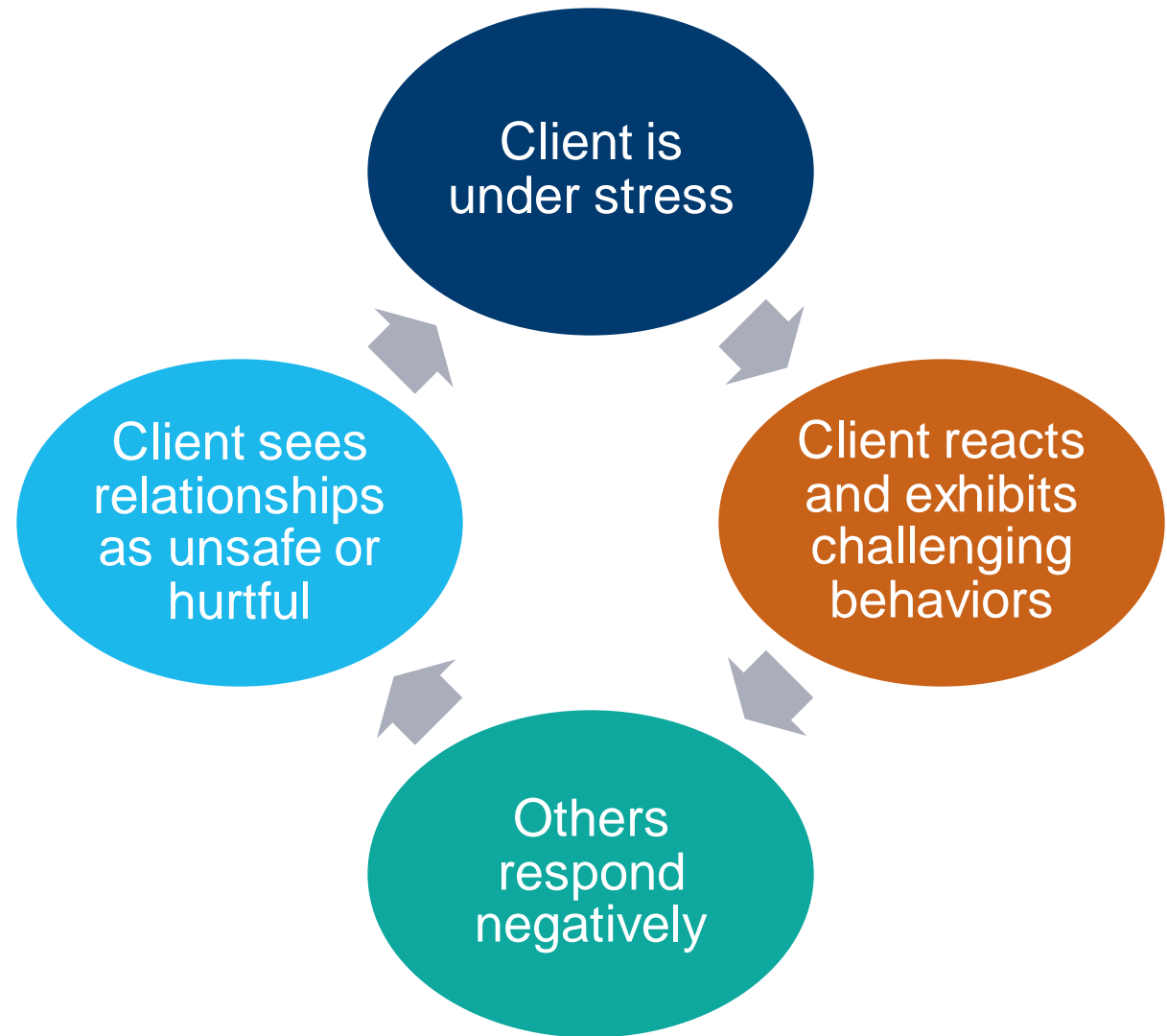
I knew I  
shouldn't  
have come  
today.

Well, if you  
hate it here,  
then you can  
just leave.


# When the Trauma Informed Lens is Not Used

**Reminder:**

Lower  
distress  
tolerance



# Trauma Informed Lens in Action



This seems off.  
I wonder what  
happened to  
cause this  
reaction?

You're right; it is a  
lot of questions. We  
ask these questions  
to help make sure  
you get what you  
need.

Wow, she's  
really listening  
to me. She  
heard what I  
said.

It sounds like  
I'm not the  
only one  
who's felt this  
way.

# Trauma Informed Lens in Action

Cycle is interrupted by trauma informed lens.



# It Takes Time & Practice...

... to practice & naturally integrate  
the trauma informed lens

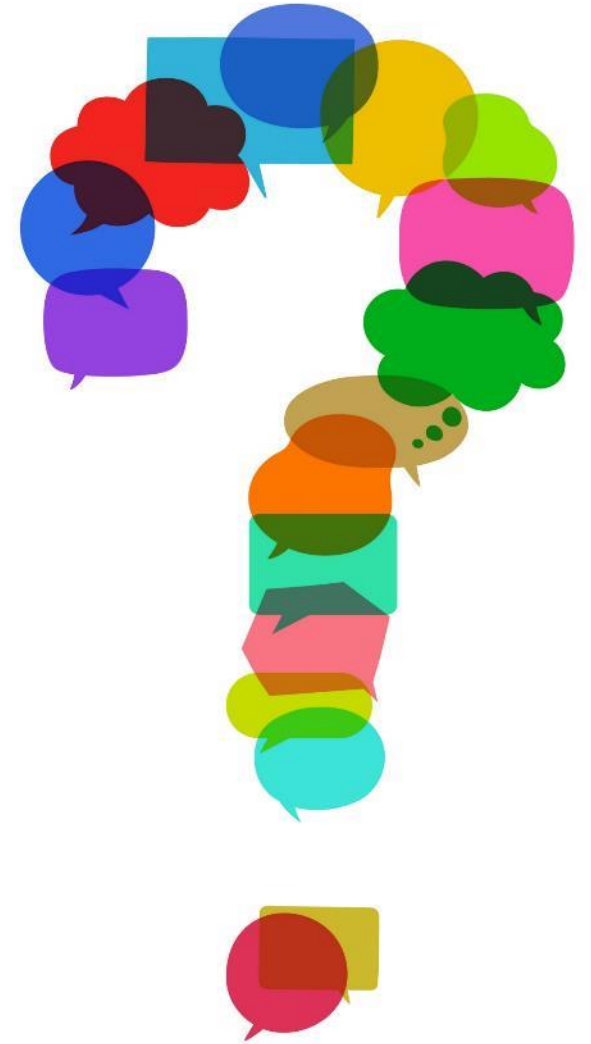
... for a client to feel safe, heard,  
& supported





**What are your  
reactions?**

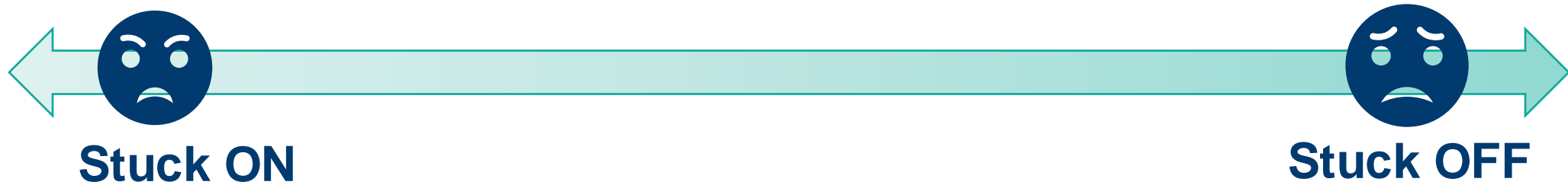
**What feels new,  
resonant, challenging,  
etc.?**





# **How to Develop & Use the Trauma Informed Lens**

# Steps to Using the Trauma Informed Lens



## Steps:

1. Know when you need to use the trauma informed lens
2. De-personalize
3. Get on the same team as the client
4. Engage the client with curiosity, empathy, and non-judgment

# 1. Know When You Need to Use the Trauma Informed Lens

Client may be having an “out of proportion” response	Client may be “stuck on”	Client may be “stuck off”	<u>You</u> may feel activated
<ul style="list-style-type: none"><li>• Surprising reaction to something that seems small</li><li>• Sudden shift in mood</li><li>• The consequence of a choice they make is greater than the benefit</li></ul>	<ul style="list-style-type: none"><li>• Tension in voice</li><li>• Eye contact gets more piercing</li><li>• Starts speaking more rapidly, defensively, or harshly</li><li>• Body movements appear more intense/rapid</li></ul>	<ul style="list-style-type: none"><li>• Gets quiet, withdrawn</li><li>• Avoids eye contact</li><li>• Physically turn away from you</li></ul>	<ul style="list-style-type: none"><li>• Confused how the conversation got here</li><li>• Start feeling defensive</li><li>• Tension in body</li><li>• Using the trauma informed lens is a way to take back our power, so we don’t react in ways that harm us or the client</li></ul>

## 2. De-Personalize

- De-personalizing means recognizing it's not about us
- Client behavior may be self-protective & not a conscious choice

This reaction is hurtful, but maybe it's not about me. Maybe they are feeling hurt and scared, and this sort of response has helped them feel safer and more control in the past, so it's become an automatic reaction for them.





### 3. Get on the Same Team as the Client

- Shifting mentality from "me *versus* a willful, defiant client" to "me in this *with* my client"
- Taking the client's perspective
- Listening to what the client is saying is important to them
- Conveying that you've heard what they're expressing



### 3. Get on the Same Team as the Client

I need to look through my client's eyes at what is making them feel this way. Being on the same team, and ensuring that they feel heard and understood, will make this a more productive interaction.



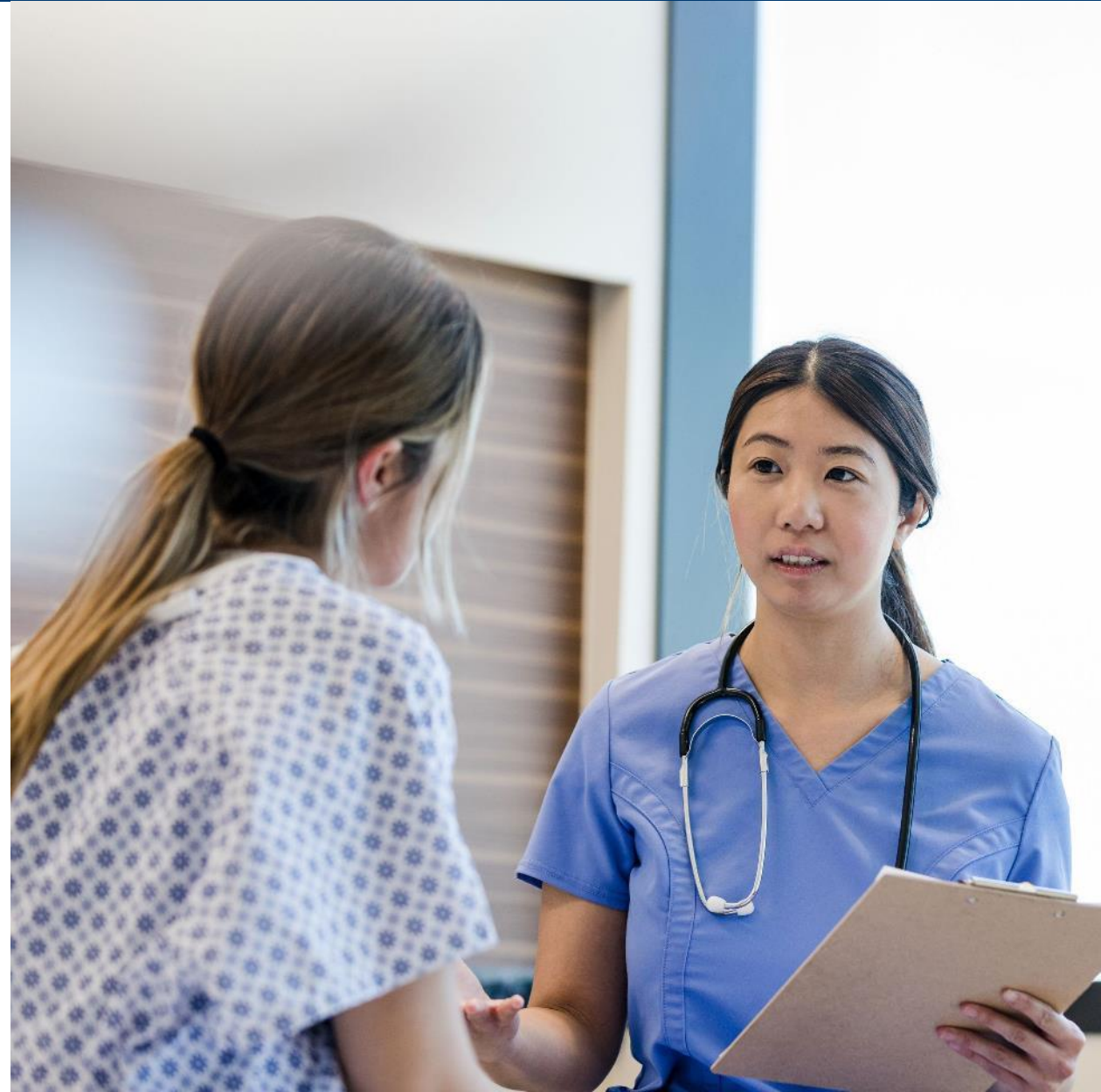
## 4. Engage the Client with Curiosity, Empathy, and Non-judgment

- Asking questions with curiosity
- Validating client's experience
- Taking breaks to let feelings cool
- Simplify: focus on one topic at a time
- Speech and tone
- Body language



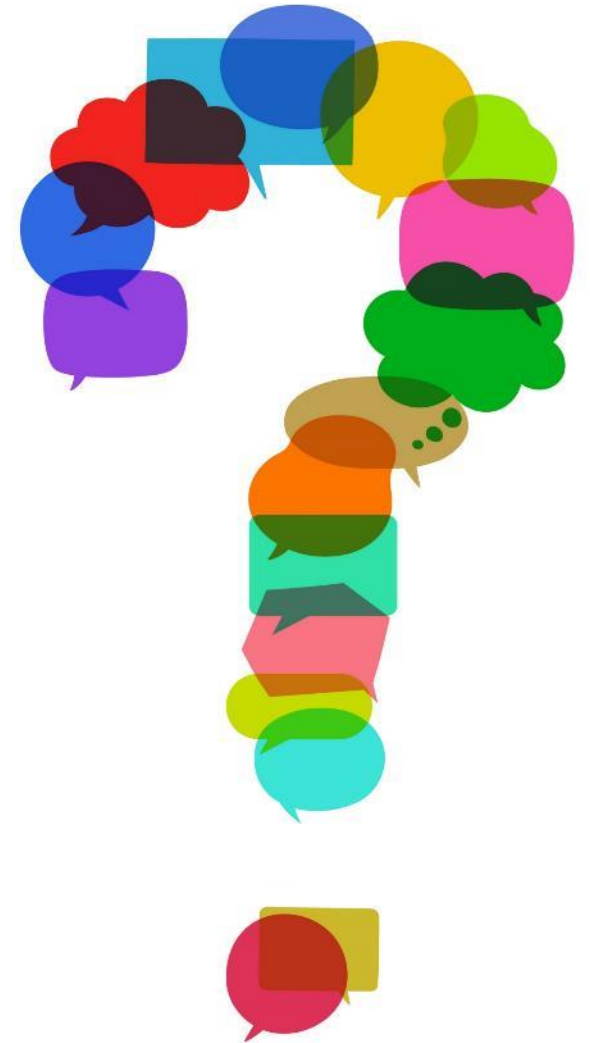
# Keep in mind...

- Your goal is to support your client in feeling regulated
- This process isn't always linear



**What are your  
reactions?**

**Other thoughts,  
questions, or  
comments?**





# Case Study

You are a provider meeting with a returning patient, Destiny, for an annual exam. Destiny has been a patient for a few years and has always been even-tempered during her appointments.

Upon entering the exam room, you ask Destiny how she is doing to which she responds:

"Oh, now you're interested in how I'm doing? After making me wait for ages to see you! I have to pick up my daughter in 30 minutes. This clinic is a mess. I'm fed up with the way you treat patients!"

**You're taken aback by Destiny's reaction after simply asking how she is doing.**

## Steps:

1. Know when you need to use the trauma informed lens
2. De-personalize and choose to use the trauma informed lens
3. Get on the same team as the client
4. Utilize strategies that engage the client with curiosity and compassion

You are a provider meeting with a returning patient, **Destiny**, for an annual exam. Destiny has been a patient **for a few years** and has always been even-tempered during her appointments.

Upon entering the exam room, you ask Destiny how she is doing to which she responds:

**"Oh, now you're interested in how I'm doing? After making me wait for ages to see you! I have to pick up my daughter in 30 minutes. This clinic is a mess. I'm fed up with the way you treat patients!"**

You're taken aback by Destiny's reaction after simply asking how she is doing.

**How was your experience  
using the trauma informed  
lens?**

**What is one thing your  
partner did that was effective  
or particularly helpful?**





# Practical Implementation of Trauma Informed Care

# Core Considerations for Trauma Informed Care Implementation

## Leadership Engagement

Secure leadership commitment

Identify the needs TIC will address

Determine how TIC can be integrated into services

## Trauma Informed Education and Organizational Readiness

Develop staff messages for why trauma informed care is important

Assess culture & environment using a trauma informed lens

Identify potential strengths and challenges to integration

## Policies and Procedures

Apply the trauma informed care lens to policies and procedures

Explore needed modifications for staff onboarding & wellness, HR processes, workflow

Finalize strategic implementation plan

## Training

Train staff on the importance of providing TIC and how they can integrate it into their role-specific duties

Work with supervisors to integrate TIC into supervision approach

## Implementation

Set performance targets

Provide of skills-based services to clients if appropriate

Collect real-time data

Refine implementation plan as needed

Develop sustainability plan



# Trauma Informed Care is Implemented in Two Phases

## Creating a Trauma-Sensitive Environment



## Offering Skill-Based Trauma Informed Services



**Multidisciplinary teams** are crucial to Trauma Informed Care implementation.

# On-site and Virtual TA

- Integration TIC into systems
- Assessment tools to measure and strengthen TIC in culture and environment
- Review and revision of agency policy and procedures





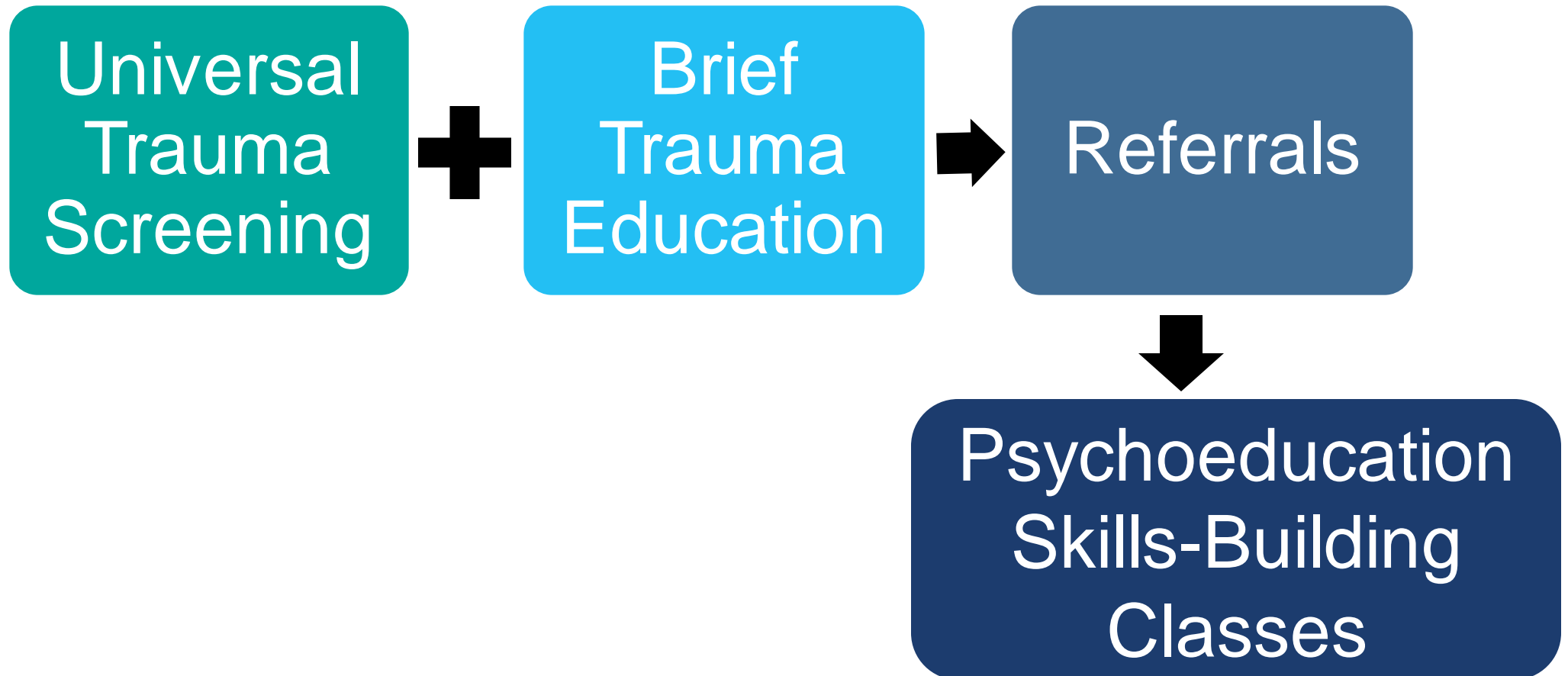
# CAI's TIC Core Trainings

## All-Staff

- Trauma 101
- Vicarious Trauma & Compassion Fatigue
- Verbal De-Escalation
- Cultural Humility Training
- Implicit Bias Training



# Build Capacity for TIC Key Services



# CAI's TIC Core Trainings

## **Service/Role-Specific:**

- Best Practices in Screening Training
- Offering Brief education on Trauma as a Universal Precaution
- Psychoeducation – Individuals and Group
- TIC Supervision



# Outcomes from Action Plans

## Integrating TIC into Agencies' Culture and Physical Environment

- Implementation of overdose prevention protocol, including trained staff and medications available on-site
- Formation of an interdisciplinary committee to implement changes to the waiting room that used input from patients and staff to redesign the waiting room space
- Expanded pharmacy hours to support clients' access to care
- Revision of policies with a trauma informed lens to address disruptions by patients



Zen Room at a medical center implementing TIC,  
Newark, NJ



# Integrating Trauma Informed Care Into Policies and Procedures

- Incorporating TIC into onboarding and HR practices
- Officially adopting routine cultural and physical assessments
- Creation of rapid response teams for escalated situations
- Updating staff and client workflows to reflect TIC services



# Client Results

- **2,122 clients** participated in TIC screening (using PC-PTSD-5) at 8 New Jersey agencies
- **18%** of clients reported experiencing 1-2 symptoms related to trauma in the past month
- **20%** of clients reported experiencing 3+ symptoms related to trauma in the past month
- **94%** of clients scoring 3+ were provided or scheduled to participate in Brief Education



## Provider and Staff Results



**22%**

Increased self-efficacy to educate clients about how trauma impacts their HIV treatment and care



**18%**

Increased self-efficacy to integrate TIC into their practices and interactions with clients



Staff also reported a reduction in incidence of emotionally escalated clients, reduced calls to security and other emergency services



**What would be the benefits of offering TIC in a Family Planning and Reproductive Health setting?**

**What would be some concerns?**



# Thank you!

*For any further question,  
please contact us:*

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