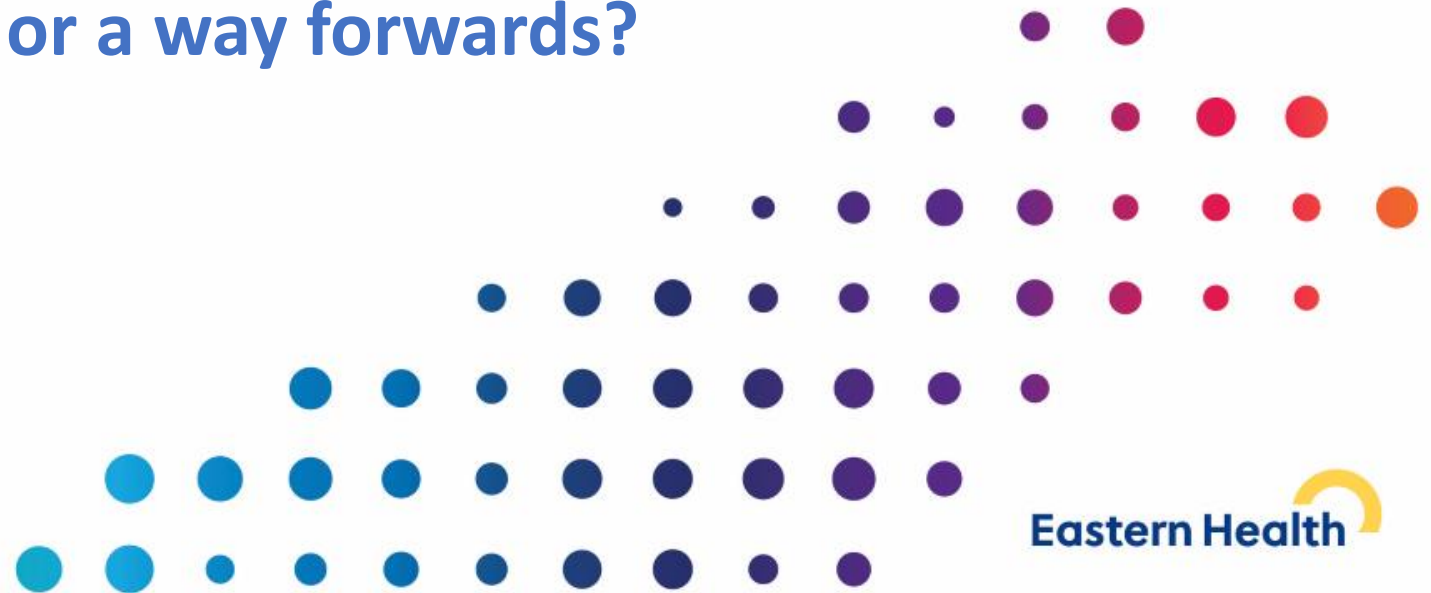




# Trauma-informed care and the medical model

An oxymoron or a way forwards?



## What is trauma-informed care (TIC)?

- Started as a social justice movement (i.e. loosely organised, collective, sustained efforts)
- A set of ethical principles, designed to be universally implemented;
  - Feminist (examining how gender operates within our moral beliefs, systemic practices and our methodological approaches)
  - Narrative (to understand patient and family narratives to appreciate how they related to moral dilemmas and distress)
  - Principalist (1. Autonomy 2. Beneficence 3. Nonmaleficence 4. Justice, \*Beauchamp and Childress)
- Not aimed at directly managing symptoms of trauma

## What is trauma?

“An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing”

– The Substance Abuse and Mental Health Services Administration (SAMHSA)

“Actual or threatened death, serious injury, or sexual violence”

- DSM-5

“An extremely threatening or horrific event or series of events”

- ICD-11

- “

## Key principals

### **Phoenix TIC principles:**

1. Trauma awareness
2. Promotion of safety
3. Rebuilding control
4. Focusing on strengths
5. Promoting connection
6. Belief in recovery

### **SAMHSA TI principles:**

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender Issues

## Why pay attention to trauma?

- Increasing evidence that trauma is associated with poor health and high health care costs
- A shift away from the biomedical disease model; treatment emphasizes attunement to psychosocial factors and the impact of trauma on health
- “A strength’s based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors to rebuild a sense of control and empowerment.” (Huckshorn K, Lebel J. 2013. *Modern community mental health: an interdisciplinary approach*)

## TIC in Healthcare settings

- Recognises the impact of prior trauma on a patient's current medical/mental health status, and on coping style and engagement with clinical care
- Aim is to support the needs of trauma survivors and facilitate their safety and participation in care
- Recognises that the medical system infrastructure may be experienced as traumatic
- TIC implementation in the clinical setting has been associated with increased patient care satisfaction, increased engagement and increased staff workplace satisfaction (Hales T.W., 2019, Trauma informed care outcome study)
- TIC pays attention to the potential trauma to clinical staff from their professional roles especially in high-acuity and high-risk situations

## TIC approach in a client file

“She continually goes back to the perpetrator.”

“The perpetrator keeps persuading/grooming/controlling/coercing her to return.”

“She is not protecting her children from the perpetrator.”

“The woman the children are all victims of the perpetrator, and she may not be able to protect herself or the children from the violence and abuse.”

“She is difficult to engage/work with.”

“Our service may not be what she needs or wants at this time. We need to consider that we might not be the right service, and may not be approaching her in the right way.”

“alleged assault”

“reported assault”

Thank you