



Key Ingredients for Trauma-Informed Care

A trauma-informed approach to care acknowledges that in order to provide effective health care services, care teams need to have a complete picture of a patient's life situation — past and present.

Health policymakers and practitioners are increasingly aware of the detrimental effects of trauma on health. The landmark **Adverse Childhood Experiences (ACE) study**¹ demonstrated that the more an individual is exposed to adverse experiences like physical, emotional or sexual abuse, neglect, discrimination, and violence, the greater the risk for chronic health conditions and health-risk behaviors later in life such as heart disease, depression, liver disease, sexually transmitted diseases, and substance use. By recognizing trauma as an important factor impacting health throughout the lifespan, and by offering trauma-informed approaches and treatments in health care settings, provider organizations can more effectively treat patients, thereby potentially improving health outcomes, reducing avoidable care utilization, and curbing excess costs.


Supporting Key Organizational and Clinical Practices

A comprehensive approach to trauma-informed care must involve both organizational and clinical practices. Health care organizations often train their clinical staff in trauma-specific treatment approaches, but may not implement broad changes across their organizations to address trauma. Widespread changes to organizational policy and culture need to be adopted across a health care setting for it to become truly trauma-informed. Organizational practices that recognize the impact of trauma reorient the culture of a health care setting to address the potential for trauma in patients and staff, while trauma-informed clinical practices address the impact of trauma on individual patients.





This fact sheet describes key ingredients necessary for establishing a trauma-informed approach at the organizational and clinical levels. Drawing from the insights of experts across the country, the Center for Health Care Strategies (CHCS) compiled these elements to help guide practitioners interested in making the transformation to providing trauma-informed care. To bring each key ingredient to life, this fact sheet outlines a tangible example from one of the six pilot sites participating in **Advancing Trauma-Informed Care**, a national initiative made possible by the Robert Wood Johnson Foundation. The three-year initiative aims to increase understanding of how trauma-informed approaches can be implemented in the health care sector to improve patient outcomes and increase staff wellness.

Key Ingredients for Trauma-Informed Care







ORGANIZATIONAL

-  Lead and communicate about the transformation process
-  Engage patients in organizational planning
-  Train clinical as well as non-clinical staff members
-  Create a safe physical and emotional environment
-  Prevent secondary traumatic stress in staff
-  Hire a trauma-informed workforce





CLINICAL

-  Involve patients in the treatment process
-  Screen for trauma
-  Train staff in trauma-specific treatment approaches
-  Engage referral sources and partner organizations

Organizational Ingredients in Practice

Ingredient	In Practice
 Lead and communicate about the transformation process	To reach its goal of becoming a trauma-informed system, the San Francisco Department of Public Health (SFDPH) is providing its staff of more than 9,000 employees with a foundational trauma training and spreading trauma knowledge throughout the system via staff champions.
 Engage patients in organizational planning	The University of California at San Francisco (UCSF) Women’s HIV Program hosts monthly stakeholder meetings, including at least four patient representatives at the table. Designed to ensure open channels of communication between patients and staff, these meetings have led to innovations such as new patient education and support groups.
 Train clinical as well as non-clinical staff members	Montefiore Medical Group (Montefiore) works to ensure a positive overall experience at each practice by training both clinical and non-clinical staff, including front-desk personnel, to respectfully communicate with patients and understand how trauma influences behavior.
 Create a safe physical and emotional environment	The bright atrium of Stephen & Sandra Sheller 11 th Street Family Health Services (11 th Street) was designed to serve as a calm and welcoming space for visitors. 11 th Street is also creating an <i>emotionally</i> safe place for clients and staff by committing to open communication and democratic decision-making.
 Prevent secondary traumatic stress in staff	Montefiore’s clinics are in underserved areas in the Bronx and West Chester County, NY. Violence in these communities can have an emotional toll on staff. Montefiore’s <i>Critical Incident Management Team</i> , including behavioral health specialists, visit clinics following a violent incident to provide support. These interventions help staff feel cared for, and may help prevent post-traumatic stress disorder.
 Hire a trauma-informed workforce	When patients first arrive at the UCSF Women’s HIV Program, they are greeted by someone who, like themselves, has been diagnosed with HIV. These peer clinic hosts help make patients feel welcome by reducing the stigma HIV-positive individuals often face in society.

Clinical Ingredients in Practice

Ingredient	In Practice
 Involve patients in the treatment process	11 th Street Family Services is seeking to address the anxiety that someone with a history of trauma may feel in specific situations—for example, in a “compromised” position in the dental exam chair. Patients develop a treatment plan with the dental staff to identify what they are comfortable with and what they are not, and treatment will not begin until the patient approves the approach.
 Screen for trauma	The Center for Youth Wellness (CYW) in San Francisco is connected to the Bayview Child Health Center, located in one of the city’s poorest neighborhoods. Staff screen each patient and caregiver using the ACE-Q — a screening tool developed by CYW. After reviewing a patient’s score, the physician discusses the effect of toxic stress on health, and if necessary, coordinates referrals to trauma-informed partners.
 Train staff in trauma-specific treatment approaches	The Greater Newark Healthcare Coalition (GNHHC) is a nonprofit collaborative of stakeholders committed to improving the quality of, and access to, health services in Newark, New Jersey. GNHHC is partnering with Rutgers University Behavioral Healthcare to provide trauma-informed care training to pediatric residents at Newark Beth Israel Medical Center and the staff of BRICK Academy schools.
 Engage referral sources and partner organizations	GNHCC is conducting a citywide environmental scan of health care and social service providers to assess each organization’s trauma-informed care knowledge and competency. GNHCC will provide trauma-informed care training to organizations based on the results of the scan, with the goal of all city providers becoming trauma-informed.

¹ V.J. Felitti, R.F. Anda, D. Nordenberg, D.F. Williamson, A.M. Spitz, V. Edwards, et al. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study.” *American Journal of Preventive Medicine*, 14, no. 4 (1998): 245-258.