

LCC Session: Trauma Informed Care

CanMEDS Competencies: Professional, Leader, Advocate
Anna Marie Pietrantonio and Burke Baird

The purpose of this session is to consider and discuss the principles and practice of 'Trauma Informed Care'.

For the purposes of the session today, the term 'trauma' refers to "psychological and emotional trauma"

In a previous session we reviewed the many ways that children can experience emotional trauma and the potential impact that "Adverse Childhood Experiences" (ACEs) can have on a child's emotional, psychological, cognitive and physical health.

Today's session will focus on how clinicians and healthcare institutions can use what is known about the effects of trauma on children and adults to create systems, spaces and models of care that take these impacts into account, with the goal of improving the quality of encounters with the healthcare system.

As you will see in the readings, provided, trauma informed care necessitates a shift away from the paradigm that asks "What is wrong with you?" to a model based on the question "What has happened to you?"

Trauma-informed care includes the following:

- Recognizing the impact of trauma
- Recognizing that everyone is impacted by this work, including patients, staff, health care providers, systems
- Responding by integrating knowledge and understanding of trauma into policies, procedures, practices and settings.
- Works to resist re-traumatizing

Core Trauma-informed principles:

- Recognition that trauma is pervasive
- Safety
- Trust
- Choice and control
- Compassion
- Collaboration
- Strengths-based focus

Pre-session Materials

Required Reading

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4939592/pdf/nihms-794742.pdf>

https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

https://www.aap.org/en-us/Documents/ttb_medicalhomeapproach.pdf

Supplementary (but really, really important) Reading

<https://pediatrics.aappublications.org/content/pediatrics/129/1/e232.full.pdf>

<https://pediatrics.aappublications.org/content/pediatrics/122/3/667.full.pdf>

Additional Resources:

Trauma-Informed, the Trauma Toolkit (2013)

[http://med-fom-learningcircle.sites.olt.ubc.ca/files/2013/10/Trauma-informed Toolkit.pdf](http://med-fom-learningcircle.sites.olt.ubc.ca/files/2013/10/Trauma-informed_Toolkit.pdf)

Discussion Points

- A. How might you take a Trauma Informed approach to the following scenarios?
- A 14 year old girl with diabetes, currently living in a group home, is in the Emergency Department for her latest of many DKA episodes. As you enter the room she becomes agitated, swears at you and says she won't talk to you until she can go outside for a cigarette.
 - A medically complex 5 year old boy who needs bloodwork. His parents tell you that "He will have a fit" and usually needs 4 people to hold him down to get medical procedures done.
 - An 8 year old boy referred for "Severe aggression and defiant behaviour. Query ADHD, ODD." As you begin the encounter, his mother tells you "There's something wrong with him. I need something done or I'm going to lose it" The family has a history of involvement with child protection services and the referral included information suggesting exposure to intimate partner violence.
 - A 4 year old girl with asthma. Her mother says she doesn't smoke in the house but her clothes smell strongly of cigarettes. She becomes very loud, angry and defensive when you raise the subject of her smoking.

- A 13 year old Indigenous girl with declining school performance and depressed mood. She discloses significant forearm “cutting.”
- B. Can you describe any examples of when you saw someone take a Trauma Informed approach to a child, caregiver or other person in a clinical setting? How about in a non-clinical setting?
- C. Can you describe any examples of when an encounter with a child or caregiver went poorly because a Trauma Informed approach was not taken? What might you have done differently?
- D. What changes to systems and spaces at McMaster Children’s Hospital would need to be made to make them more emotionally safe and trauma-responsive?
- E. How might you incorporate a trauma informed approach into your daily encounters with children, families and others? What qualities, skills do you think are important for trauma-informed practice.