

Trauma Informed Care

Our friends at Horizons, a residential recovery program for pregnant and parenting women in North Carolina (https://www.med.unc.edu/obgyn/Patient_Care/unc-horizons-program), told us: **“Providing trauma-informed care means we let women know what’s going to happen before it happens, and we do what we say we’re going to do. No surprises.”**

The overwhelming majority of women with substance use disorders have histories of physical and/or sexual trauma. Therefore, a “universal precautions” approach is recommended, on the assumption that all women seeking services are likely to have experienced trauma, and have a right to care based on a trauma informed approach. The Substance Use and Mental Health Service Administration (SAMHSA) defined trauma-informed care as that which:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*."

To fulfill this approach, SAMHSA identifies six key principles central to the provision of trauma-informed care in any setting:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. *[Acknowledgement of]* Cultural, Historical, and Gender Issues

(<https://www.samhsa.gov/nctic/trauma-interventions>)

Much has been written about trauma-informed care; this isn’t a comprehensive overview of what trauma-informed care means or how to provide it. Becoming a trauma-informed practice is an ongoing process which requires self-reflection both at the individual and the practice level. Here are some approaches we have adopted because we do strive to be a trauma-informed program:

- *We strive to be clear about our expectations for our patients—no surprises.*

- *We allow women time to absorb difficult and/or important information. We don't expect women to take everything in at once.*
- *We give women information, and then we allow them time to make choices about their care.*
- *We don't take it personally when women become upset, angry, have strong affect, relapse, drop out of treatment, or behave in risky or self-destructive ways.*
- *We have patience for women's expression of strong emotion, but we also are clear about what kinds of behavior we can and can't tolerate. (For example: "I understand you were very angry yesterday, but it's not ok to slam doors or throw things in this office, and we can't continue to serve you if that happens again.")*
- *We don't try to push a woman to continue with a conversation when she is very upset. We allow her to take breaks as needed.*
- *We are careful about physical touch. We never initiate physical touch with our patients unless it is necessary, and we always let them know exactly how we will be touching them before we do so.*
- *Physical exams, especially breast and pelvic exams, can be emotionally difficult or impossible to tolerate for women with a history of physical or sexual trauma. Avoidance of re-traumatization by adhering to SAMHSA's six principles is critical. When an exam or procedure is recommended and accepted by a women, we highly recommend that she always have a trusted support person with her to increase her sense of physical and emotional safety.*

- *We try to maintain awareness that certain situations, behaviors, and topics can trigger strong reactions in our patients and we make it a priority to allow them time to process these. We provide support for returning to baseline whenever possible, such as by taking a break if needed. We also recognize that we cannot always anticipate or prevent triggering situations, but we can always try to respond to emotion dysregulation with patience and compassion.*

Some recommended sources for more information about providing trauma-informed care:

http://www.ncdsv.org/images/ODVN_Trauma-informed-care-best-practices-and-protocols-for-Ohio's-DV-programs_5_2013.pdf

<http://opendoorsproject.ca/wp-content/uploads/2016/06/Elliot-et-al-2005-trauma-informed-or-trauma-denied-1.pdf>

<https://www.samhsa.gov/nctic/trauma-interventions>