



Trauma-Informed Approach to Serious Illness

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Learning Objectives

By the end of this session, ECHO participants will be able to:

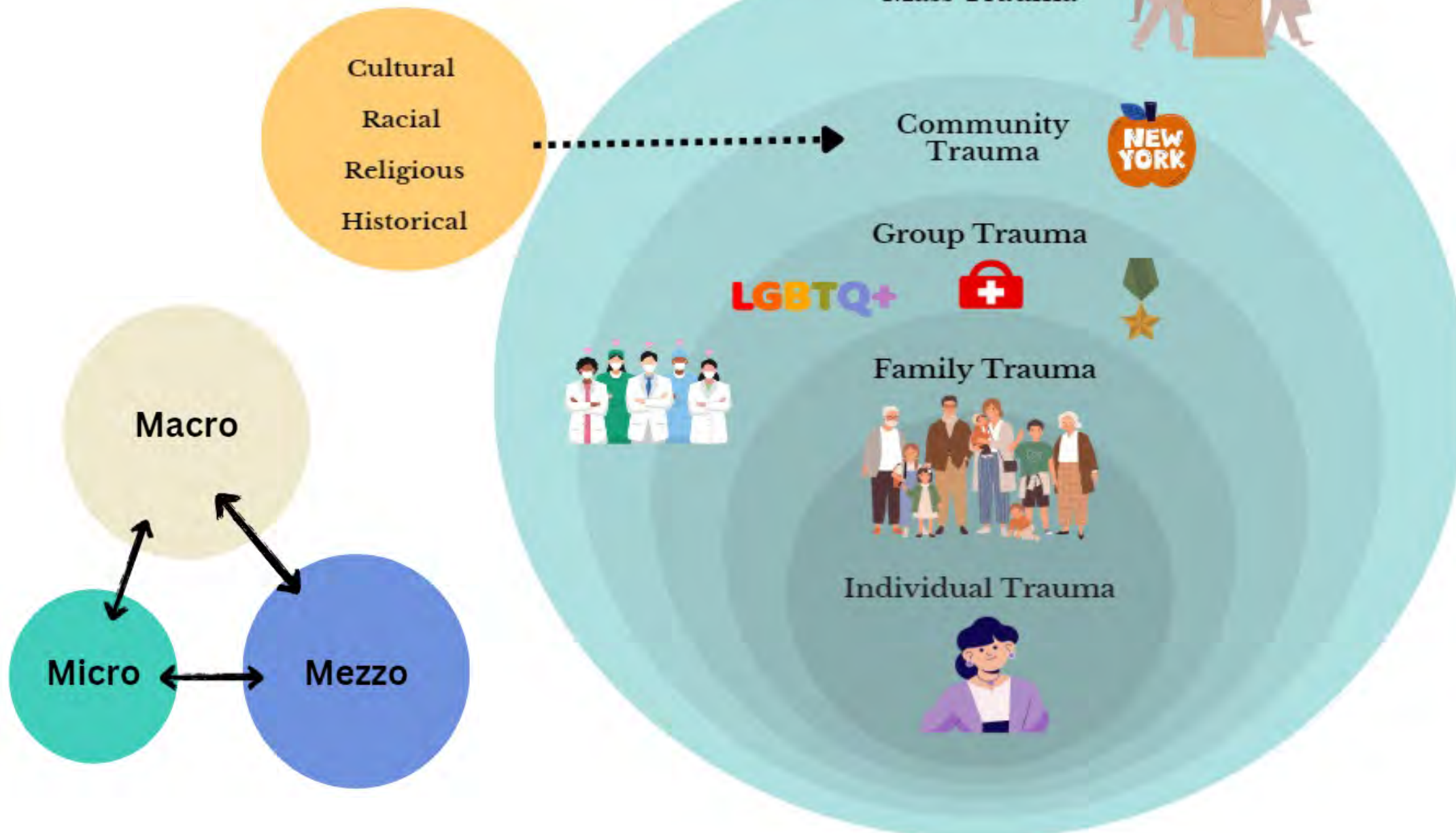
- Define trauma and identify trauma responses in our patients
- Demonstrate a trauma-informed approach to assessment, communication, and interaction with our patients
- Reflect on strategies to be a more trauma-informed provider

The “3 E’s” of trauma: **event(s)** that someone **experiences** as harmful and have adverse **effects** on wellbeing.



EVENTS → EXPERIENCES → EFFECTS

Trauma affects people at every level!



TRAUMA CAUSES PHYSICAL AND MENTAL ILLNESS.



EMOTIONAL & INTERPERSONAL

- Depression & anxiety
- Difficulty trusting others
- Difficulty regulating emotions
- Withdrawal from family, friends, & community



BEHAVIORAL

- Substance use & abuse
- Self-destructive behaviors
- Impulsivity
- Avoidance of situations, people, & places



PHYSICAL

- Hyperarousal (muscle tension and insomnia)
- Headaches, high blood pressure, fatigue
- Increased risk of cardiovascular issues, diabetes, cancers



COGNITIVE

- Decreased concentration
- Changes in brain development
- Impaired speech & language
- Impaired memory
- Dissociation



SPIRITUAL

- Feelings of abandonment, betrayal, & loss of faith
- Existential distress
- Can also result in renewed faith or spirituality

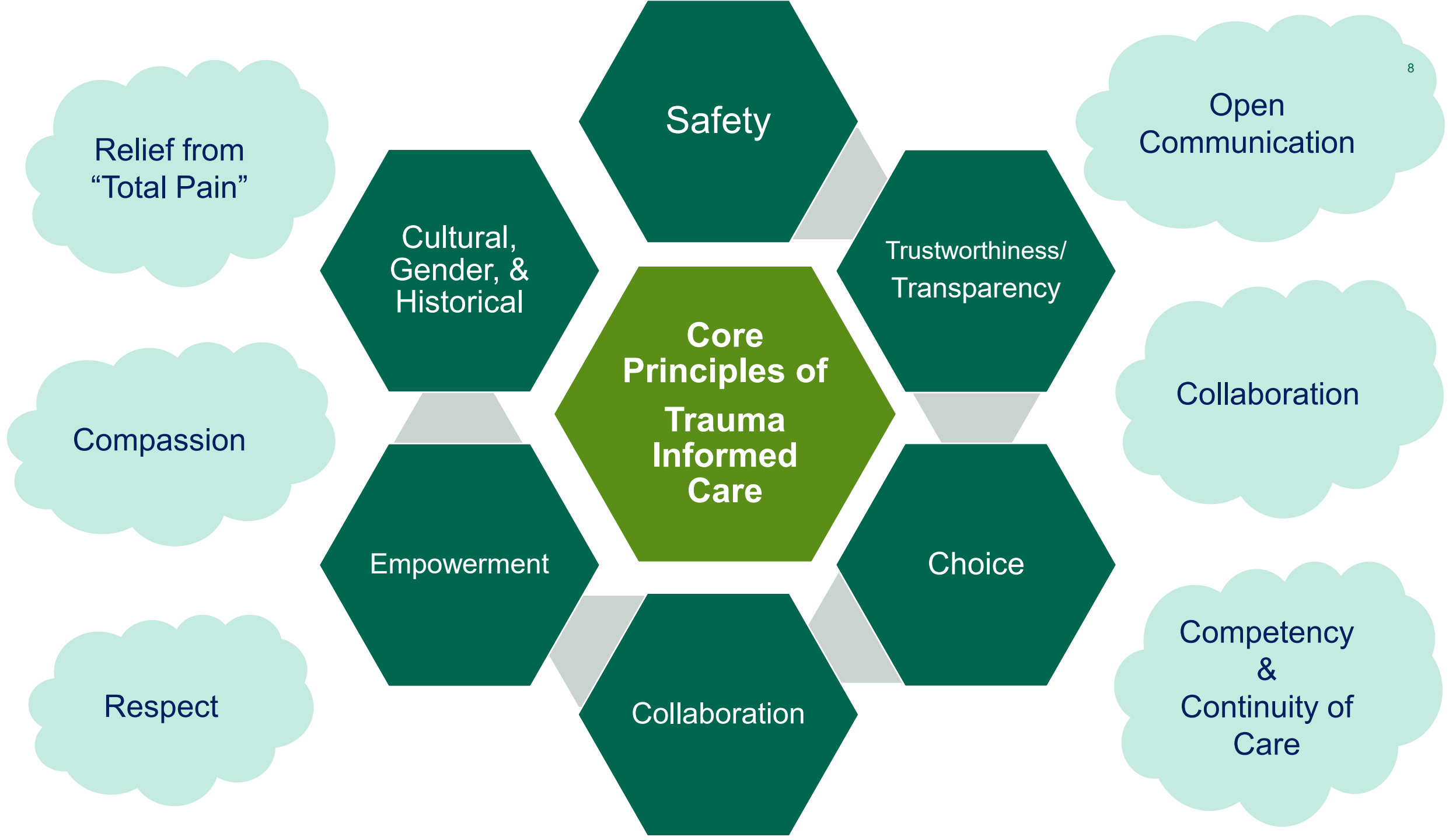
Trauma-informed approach is defined as:

“a strengths based service delivery approach 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.”



Trauma informed care **empowers** palliative providers to be their most effective.

- Trauma informed care is accessible
- Palliative philosophy aligns with trauma informed care
- Holistic and person-centered
- Improves positive patient and provider outcomes
- Fosters connection through individualized approach
- Prevents re-traumatization
- Supports pain management



Ask questions to assess an individual's trauma history.

Childhood and Family
experiences

Distressing
Events

Triggers and
Unsafe Situations

Losses and
Bereavements

Coping &
Resilience

Privacy and
Confidentiality

“What can our team do today to help you feel safe?”



Use **empathy**, **reassurance**, and **sensitivity** when responding to disclosures of trauma.

- “I appreciate the courage it took to share that with me.”
- “Thank you for trusting me enough to share these experiences today.”
- “I wish that you had not been harmed/betrayed/hurt.”
- “Please know that you deserve support.”
- “You deserve to be safe.”
- “I will keep these details private unless you tell me otherwise.”
- “What can we do to help you feel safe while receiving care?”
- “How would you like me to document this information?”

Establish **physical, psychological, and emotional safety** first.

- Share preferred name and pronouns
- Determine how individuals prefer to receive medical information
- Limit jargon and avoid the “righting reflex”
- Be curious, ask clarifying questions, ask for feedback
- Mirror affect and match your patient’s energy
- Respect boundaries and preferences, be mindful of known triggers
- Offer genuine validation and affirm patient experiences
- Be mindful of touch and personal space (don’t block the door!)
- Watch for discomfort or distress- have tissues handy!

Self-care is essential to being a resilient and empathic provider.



Closing Reflections:

What is **one** thing you will do differently to incorporate a **trauma-informed approach** while caring for people living with serious illness?

Please type your answers in the chat!



Thank you!



References

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