

Trauma-Informed Approaches

Srividya Ramasubramanian
Texas A&M University
srivi@tamu.edu

Emily Riewestahl
Texas A&M University
emilylarose14@tamu.edu

Recommended Citation: Ramasubramanian, S. & Riewestahl, E. (2021). Trauma-informed approaches. *International Encyclopedia of Health Communication*. Wiley Press.

Abstract:

The role of trauma and its consequences for health has led to greater awareness on this topic in the recent past. A trauma-informed approach to healthcare systems, health care, and health communication informs us about the need for such systems to understand the impact of trauma, especially complex and chronic forms, on physical, emotional, mental, and spiritual well-being. It is important to take a multi-pronged and interdisciplinary approach to addressing trauma that involves the micro, meso, and macro levels of healthcare - from the broader societal, systemic and organizational level to the more individual aspects of health. Health communication plays a vital role in trauma-informed approaches that center on patients' unique needs, backgrounds, and experiences within clinical, medical, and other health and healing contexts. Communication, storytelling, and narratives are central to helping facilitate healing from trauma within and outside of formal healthcare and clinical contexts.

Keywords: Trauma, Stress, Patient-Centered Approaches, Intersectionality, Health Disparities

Defining Trauma

Trauma is often understood as a deep psychological harm caused by major life-threatening events such as war, rape, or natural disasters such as earthquakes and floods. It is linked with shock and denial in the short term, leading to posttraumatic stress disorder in the long-term, with negative outcomes for physical and psychological health. While trauma was traditionally defined in this way as an abnormal mental health disorder caused by catastrophic life events, more recent conceptualizations incorporate a broader set of experiences, events, and emotions into its definition.

The most accepted definition among contemporary trauma researchers is one by the U.S. Substance Abuse and Mental Health Services Administration (2014, p. 7) that defines trauma as "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 well-being." In other words, not all trauma needs to be acute or single event based. One could also experience chronic trauma over longer periods of time. For instance, domestic violence might involve a series of violent acts rather than, say, rape by a stranger. Chronic or complex trauma often involves multiple stigmatizing identities, long-term repeated exposure to adverse life situations, and generational trauma, which could negatively affect physical, psychological, and emotional health, both in the short term and long-term.

Whereas primary trauma refers to first-hand direct experience, secondary or vicarious trauma relates to indirect effects on those who witness or learn about trauma experienced by others. For example, a child who witnesses domestic violence within a home or a bystander who witnesses a fatal automobile accident could experience secondary trauma. Caregivers such as nurses, physicians, and social workers could also experience a related type of secondary trauma based on their occupation where they have to routinely care for patients and community members experiencing various types of trauma on an everyday basis. The current COVID-19 global pandemic, for instance, is an extreme case of persistent trauma experienced by clinicians working in pandemic-hit areas for long hours over many months. Such workplace trauma can lead to absenteeism, compassion fatigue, burnout, and turnover among health workers (Loomis et al., 2019).

How Trauma Affects Health

The experiences and responses to trauma-inducing situations could also vary significantly based on one's past experiences, power relations, cultural values and beliefs, and level of support available to cope. For instance, gender-based violence such as rape, sexual assault, and intimate partner violence affect women in disproportionately large numbers, as do race-based trauma from systemic racism as well as everyday racial microaggressions (Carter, 2007). Taking an intersectional approach to trauma, multiple-marginalized groups are much more susceptible to experience complex and persistent trauma based on gender, race, social class, disabilities, sexual orientation, occupation, among other aspects of their identities. These multiple layers of oppression and discrimination can lead to mental and physical health issues, heightened vigilance, and other emotional stressors (McIntosh, 2019). The ACES (Adverse Childhood Experiences Survey) has provided large-scale evidence to demonstrate that multiple adverse childhood experiences such as domestic violence, incarceration of family member, and substance abuse in the family can lead to complex and confounding life-long effects on health risks including heart disease, lung disease, depression, suicide attempts, and life expectancy.

Depending on the length of exposure to trauma, one's intersectional identity, severity of the traumatic experience, coping mechanisms, and social factors, the impact on health outcomes might differ drastically from person to person. For instance, studies of post-traumatic stress disorder show that high-risk groups such as those living in poverty or disabilities are much more

likely to not just be exposed to significantly more traumatic events in their lives but also might have fewer resources to cope with the effects (Neria et al., 2008). In essence, there could be spiral down effects in the absence of buffers, leading to severe and sometimes irreversible harm. For instance, communities of color are likely to experience much higher rates of post-traumatic stress disorder following a conflict or natural disaster but also more generic chronic traumatic stress with negative mental health outcomes such as depression, anxiety, low esteem, hyperactivity, inability to focus, nightmares, and memory loss (Carter, 2007; Clark et al., 1999; Perilla et al., 2002). Importantly, such psychological and emotional stressors have been linked directly to physical health such as heart disease and high blood pressure.

The Need for Trauma-Informed Approaches to Health Communication

Trauma-sensitive healthcare systems, practices, policies, and procedures have emerged as important ways to provide support to trauma survivors. A trauma-informed approach to health communication underlines a paradigmatic shift from asking “What is wrong with you?” to “What happened to you?” Given that trauma can manifest in so many different ways as emotional, mental, and physical health conditions, it is highly likely that most medical systems are utilized largely by individuals with greater exposure to severe, persistent, and long-term trauma. Because of the long history of medical neglect, negligence, and misconduct by healthcare experts, especially towards communities of color, the healthcare settings, themselves, could be trauma-inducing (Feagin & Bennefield, 2014). Indeed, some of the most egregious social science ethical violations around the world such as eugenics, forced sterilization, and deliberate withholding of care have been associated with medicalized discrimination. It is within this broader context of deficit-based framing of patients from racial/ethnic and socio-economically minoritized groups as inferior and inherently prone to disease (Feagin & Bennefield, 2004) that rebuilding trust within medical systems and healthcare become crucial. The voice, agency, and consent of marginalized groups are important to center through an asset-based lens.

Trauma-Informed Healthcare Systems

While trauma often impacts individuals, it can also become embedded within healthcare systems and organizations. When healthcare organizations do not take a trauma-informed systems approach, they might unintentionally perpetuate retraumatization and exacerbate the effects of trauma rather than reduce it, especially while serving patients with complex trauma and staff under chronic stress (Sweeny & Taggart, 2018). Such organizational or systemic trauma can lead to negative outcomes for both clinicians and patients. It can lead to suboptimal care, increased medical errors, reduced patient satisfaction, reduced treatment adherence, and longer recovery times (Loomis et al., 2019).

The trauma-informed systems approach acknowledges that organizations often perpetuate trauma which can reduce the capability of the organization to perform their role and better the lives of those they serve. Being aware and acknowledging such effects can help limit recurring cycles of trauma and retraumatization. Designing trauma-informed systemic interventions focus on increasing awareness and understanding of trauma, stimulating organizational cultural change, and embedding the values of safety, compassion, collaboration, empowerment, and resilience into the healthcare system (Loomis et al., 2019). While implementing the trauma-informed

systems approach is not without challenges such as limited resources and difficulties sustaining long-term cultural change, the benefits to the quality of life for the clinicians and quality of care for the patients substantially outweigh the challenges.

Trauma-Informed Patient Care

Trauma-sensitive approaches to healthcare are relevant to clinical, medical, and other similar health contexts. In this approach, there are four key assumptions known as the Four R's: (1) realizing how widespread the impact of trauma is on people, (2) recognizing the signs and symptoms of trauma in a patient (3) responding to trauma by integrating it into policies and practices, and (4) resisting retraumatization. The core principles involve prioritizing safety, trust, transparency, mutual peer support, collaboration, agency, and cultural beliefs and values (SAMHSA, 2014). Communication plays a central role in all of the core principles involved in this approach.

Providing a stable and safe environment is key to moving towards building rapport and trust with patients. Acknowledging the trauma, being aware of triggers for the patient, and avoiding retraumatization are crucial to create inclusive and collaborative healing spaces. When healthcare clinicians are perceived to be collaborators who are invested in their health and healing, there is a greater sense of understanding and mutual respect. This approach also acknowledges that the historical and cultural factors, beliefs, and value systems can influence how patients relate with healthcare systems and clinicians. Patients often appreciate the opportunity to find support through peer networks and bond through shared meaning making. Another important aspect of this approach is to provide patients with agency and choice in making their own decisions about the kinds of treatments and care they would like rather than a more prescriptive or authoritarian approach that is generally taken by mainstream healthcare systems.

Although topics such as trust-building, comprehension, and compassion have been explored in patient-clinician settings within health communication scholarship, a more comprehensive trauma-informed approach is needed. Trauma often results in feelings of blame, shame, guilt, and stigmatization that can act as a barrier, preventing patients from disclosing trauma. By creating a trauma-informed environment, clinicians can play an active role in creating an environment in which the patients feel comfortable disclosing that they have experienced trauma. Key ways to create a safe space is to prioritize active listening, reassure confidentiality, remain calm, acknowledge their experiences, and respond without judgement (Reeves, 2015). Clinicians can facilitate more meaningful patient-clinician relationships by being willing to take time during visits to facilitate discussion about past experiences, show compassion, and express their overall interest in their patient's well-being (Reeves, 2015). Lastly, clinicians can recognize and reduce the hierarchies and power imbalances within patient-clinician relationships that may be reminiscent of past negative relationships and trauma. Actively focusing on creating a more equitable patient-clinician relationship by empowering patients, building trust, and actively involving patients in their own care can help to model healthy relationships and reduce likelihood of retraumatization.

Role of Communication in Trauma-Informed Approaches

Health communication plays an important role in several aspects of a trauma-informed approach to healthcare. For instance, more transparent communication processes that allow for active listening and feedback are vital to such approaches. Trust-building is also inherently relational and communicative in nature, requiring healthcare clinicians to use inclusive language and avoiding deficit-based thinking. An asset-based approach to trauma survivors avoids stereotypes and implicit biases that trauma survivors are abnormal, incapable, or deficient in any way. Instead, this approach provides patients the opportunity to use their own unique voice and agency to make informed decisions by setting personal goals, seeking support as needed, and sharing their health experiences from their own perspectives. Creative expression, art, performance, personal narratives and storytelling are all various communicative ways through which patients could use cognitive reframing to cope with trauma. Additionally, complementary/alternative medical therapies such as acupuncture, biofeedback, yoga, meditation, and massage therapy can also reduce the negative effects of trauma.

Trauma-informed communication training provides opportunities for medical students and primary care clinicians to deepen their knowledge of trauma and learn how to apply the trauma-informed approach to their practice. Even though experiences of trauma are common, medical clinicians often feel discomfort with discussing traumatic experiences with their patients (Reeves, 2015). By participating in individual or group training, medical students and residents are able to form a deeper understanding of trauma-sensitive care, feel more comfortable responding to disclosures of trauma, and feel better equipped to provide resources and treatment to patients that have experienced trauma (Shamaskin-Garroway et al., 2017). Brief trauma-informed communication workshops are also an effective training format, as they have been shown to have positive and lasting effects on patient-centered interactions. Another aspect of trauma that is receiving more attention is the ways in which secondary trauma based on healthcare workers themselves might experience because of constantly witnessing, listening to, and caring for those who are trauma survivors. An example of a communication-based initiative to address these workplace traumas on medical staff is Performing Medicine, an arts-based performance support group for medical professionals and the “Drama out of crisis” initiative that uses drama therapy to help healthcare workers learn to deal with trauma situations with empathy and care. Trauma-sensitive communication training is most effective when it is theory-based, contains clear explanations of how theory can be integrated into practice, and includes future training to refresh and re-motivate clinicians to continue to take trauma-informed approaches to patient-clinician communication.

Cross-References

See also

IEHC0674

IEHC0920

IEHC0922

IEHC0845

IEHC0676

IEHC0797

IEHC0572

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Contributor Bio(s):

Srividya Ramasubramanian is a Presidential Impact Fellow and Professor of Communication at Texas A&M University. She is also the Founding Director of the Difficult Dialogues Project and co-founder of Media Rise, a global media collective for social justice. Her scholarship addresses pressing contemporary global issues relating to media, diversity, and social justice, including racism, critical media effects, prejudice reduction, mindfulness, collective healing, and trauma-informed communication. She has published in several leading Communication journals. She is co-author of the book “*Quantitative research methods in communication: The power of numbers for social justice*” published by Routledge.

Emily Riewestahl is a doctoral student in the Communication department at Texas A&M with a focus on studying media, culture, and identity. Her research focus is exploring how media is used to both perpetuate and resist systems of oppression through the lens of critical media effects, media literacy, and trauma-informed approaches. Currently, her research is focused on analyzing representations of race and gender in entertainment media and their effects on identity, attitudes, and behaviors.