
Introduction

This Spark introduces your team to the principles of trauma-informed care.

Objectives

By the end of this Spark training, participants will be able to:

1. Consider the traumatic aspects of patient care interactions
2. Outline the basic principles of trauma-informed care
3. Review strategies to make outpatient clinics more trauma-informed. This will include examining the physical space, clinic policies and procedures, and patient interactions.

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop with PowerPoint presentation
- Projector
- Handout
- Paper and writing utensils
- Printed shapes for the final activity (these are included at the end of this document)

Additional Resources

- [Timely Topic: Trauma-Informed Care with Adolescent Patients](#)
- [Starter Guide: Trauma-Informed Care for Adolescents in Primary Care](#)

Citation

If you plan to modify this resource, please cite or credit as: Principles of Trauma-Informed Care for Adolescent Patients. Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; February 2023; Ann Arbor, MI.

Key of Icons

 = Slide change  = Estimated duration of topic  = Script for facilitator  = Note for facilitator

Intro/Hook  (5 minutes) **1 – TITLE SLIDE- PRINCIPLES OF TRAUMA-INFORMED CARE FOR OUTPATIENT CLINICS**

 Before the training begins, print out the shapes provided at the end of this document and place one on each table. You may have to print out more than one set depending on the number of tables you have. Add blank paper and a writing utensil to each table. Begin by introducing yourself/yourselves.

 Today we are going to do a 15-minute mini-training, also called a Spark, on Trauma-Informed Care in a clinical setting. As research continues to demonstrate the impact of trauma on patient experiences in health care as well as health outcomes, it is increasingly important for providers to incorporate a trauma-informed approach into their patient interactions. This training will broadly discuss trauma, potentially traumatic events, and their implications on health. Detailed examples of trauma are not included. Please take care of yourself as needed.

Spark trainings are brief and are meant to “spark” thought and discussion instead of fully covering a topic, so we encourage everyone to continue the learning and discussion beyond today.

 **2 – TRAUMA IN ADOLESCENTS**

 We will begin our discussion today by watching a short video featuring a young person, which illustrates the importance of incorporating principles of trauma-informed care into our work with adolescents.

 Play the video.

 Did anything from the video surprise you or stand out to you?

 Pause for the group to reflect and respond.

We will go over some of the triggers mentioned in the video in more detail as we continue this training.

 **3 – TRAUMA IN ADOLESCENTS**

 We all experience events differently based on factors like our identities, age, and past experiences. This means that an event may be traumatic depending on how an individual interprets, applies meaning to, and is disrupted by that event. Consider how an adolescent's identities, age, and past experiences might impact the way they experience trauma.

 Pause for a moment of reflection.

 Two types of trauma that are helpful to keep in mind are complex trauma which is the exposure to and the cumulative effects of multiple or chronic traumatic experiences and racial trauma which involves the experiences of ongoing racism.

Other examples of trauma include:

- Sudden/violent loss of a loved one
- Physical, emotional, or sexual abuse
- Childhood abuse or neglect
- Witnessing violence
- Accidents and natural disasters

What other forms of trauma are you familiar with?

 Pause for responses.

 Thank you for sharing those examples – as we move through the rest of the Spark we will touch on how we can approach our work with a trauma-informed care mindset.

4 – DEFINING TRAUMA-INFORMED CARE

 The National Center for Trauma-Informed Care defines Trauma-Informed Care as a strengths-based approach grounded in an understanding of and responsiveness to the effect of trauma.

This definition emphasizes physical, psychological, and emotional safety for both providers and survivors.

Trauma-informed care creates opportunities for survivors to rebuild a sense of control and empowerment.

5 – CLINIC VISITS AND TRAUMA

 Adolescent survivors of trauma report various concerns about clinic visits. Some aspects of the interactions can be similar to aspects of past trauma, and therefore can result in re-living of stress reactions. As we read through this list of potentially traumatic aspects of a clinic visit, consider how these concerns could impact your interactions with adolescent patients.

 Ask for a volunteer(s) to read the list out loud.

 Do any of these fears surprise you?

 Allow for brief discussion.

Key Concepts (10 minutes)

6 – GUIDING PRINCIPLES OF TRAUMA-INFORMED CARE

 Pass out handout.

 The Center for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) developed six guiding principles regarding trauma-informed care in public health organizations and emergencies. These principles hold true for multiple health care settings. They are Safety, Trustworthiness and Transparency, Peer Support, Collaboration & Mutuality, Empowerment Voice and Choice, and Cultural, Historical and Gender Issues.

This graphic is also included in the handout I just passed out.

7 – GUIDING PRINCIPLES OF TRAUMA-INFORMED CARE

 Today we are going to take a closer look at two of the guiding principles: safety and cultural, historical, and gender issues.

 Have a volunteer(s) read each definition out loud.

 Although we are just focusing on these two principles of trauma-informed care today, there is overlap with the other principles in some of the strategies we discuss.

8 – CREATING TRAUMA-INFORMED CLINICS

 Now we are going to look at ways we can be more trauma-informed when it comes to the physical environment of our clinic, our policies, and procedures, and in patient interactions.

Here are some tangible suggestions for making our physical space more trauma-informed:

- Offering a variety of seating options in the waiting room promotes a feeling of safety for those who may have experienced trauma in a public setting.
- Having information about local referral sources and national hotlines, especially ones that cater to youth of marginalized identities, available in the waiting room for patients to access anonymously is a good way to bring awareness to resources that patients may not know of
- Infusing racial, ethnic, gender and sexual diversity into images, authors, and stories displayed in the clinic reflects the diversity of the patient population
- Ensuring that clinic signs are easy to understand and available in multiple languages caters to patients with different reading levels
- Displaying photos and names of providers in public spaces allows patients to become familiar with the people they will be interacting with

9 – CREATING TRAUMA-INFORMED CLINICS

Next, we are going to look at some ways to infuse trauma-informed care into a clinic's policies and procedures.

Trauma-informed policies and procedures include:

- Learning about medical mistrust, the history of medical abuse in Black and Brown communities, and implicit bias
- Strategizing as a team how to implement anti-racist practices into your clinic
- Developing resources for families with civil rights concerns, including referrals to civil rights law agencies
- Documenting and posting a written non-discrimination policy
- And ensuring that language assistance services are available

What stood out to you in learning about trauma-informed practices in the physical space and at an organizational level?

Allow for brief discussion.

10 – CREATING TRAUMA-INFORMED CLINICS

Lastly, here are some things we can do in our patient interactions to be trauma informed. As you read through this list, keep in mind the guiding principles.

Pause to allow participants to read the list on their own.

What other trauma-informed care practices have you noticed in practice?

Allow for brief discussion.

Application 🕒 (10 minutes)

11 – CREATING TRAUMA-INFORMED CLINICS

As we've seen, multiple aspects of a visit can be challenging for trauma survivors. To address these areas, it is necessary to use a multi-pronged approach.

It is notable that over the course of a visit, a patient will interact with three to five members of staff, in addition to seeing a medical provider. Let's examine how these interactions can be made more trauma-informed.

On your table, you will find a shape that represents a clinic staff person. In your groups, you will have 5 minutes to discuss what aspects of the job could be traumatic for a patient and how to carry out the role in a trauma-informed way and write your thoughts on the provided paper. We will hang these [insert place that your staff accesses frequently] after the training for everyone to see.

 Allow for brief discussion in groups. Possible answers may include the following, broken down by category.

Provider: Patients may be triggered by different aspects of a physical that requires close contact. A trauma-informed provider will use tell-show-do modeling, ask permission to conduct each part of the physical exam, and ask if there is anything that can be done to make the patient more comfortable.

Receptionist: The receptionist plays a key role in establishing the environment of the waiting room and the clinic's initial interactions with the patient. A trauma-informed receptionist will take the time to explain the purpose of every form patients receive. Additionally, they should inform patients of the confidentiality policies regarding the information they are documenting. This is especially important for adolescent patients who may not feel comfortable asking for this information directly, especially if they are accompanied by a parent or guardian.

The trauma-informed receptionist will also offer patients a choice about whether to proceed with certain forms or whether to answer questions that are optional, and to emphasize the control the patient has in their encounter.

Security Officer: For trauma survivors and people of color, uniformed security staff may cause stress and bring up memories of past trauma. This is important to consider when determining how to integrate the presence of security staff into the clinic. Considerations may include positioning security team members further from the front door and ensuring that hired security staff are racially representative of the patient population.

Medical Assistant: When escorting patients from the waiting room to an exam room, clinic staff should consider asking the patient whether they would like to walk ahead of, behind, or beside the clinic staff member. Introducing choices like this can promote a sense of empowerment and safety for patients.]

 **11 – REFLECTION**

 Thank you for participating in that activity. Finally, let's reflect on what we've learned today.

What can you do in your own role to provide care in a more trauma-informed way?

 Allow for brief discussion.

What are some immediate steps we can take as an organization to be more trauma-informed?

 Allow for brief discussion.

Closing 🕒 (1 minute)

🖥️ 13 – RESOURCES

💬 If you are interested in digging deeper into trauma-informed care, the Adolescent Health Initiative has two additional resources, [Timely Topic: Trauma-Informed Care with Adolescent Patients](#), which is an online module developed to support the practices of providers, and [Starter Guide: Trauma-Informed Care for Adolescents in Primary Care](#), which is a mini toolkit with lots of good resources to put everything we've learned today into practice.

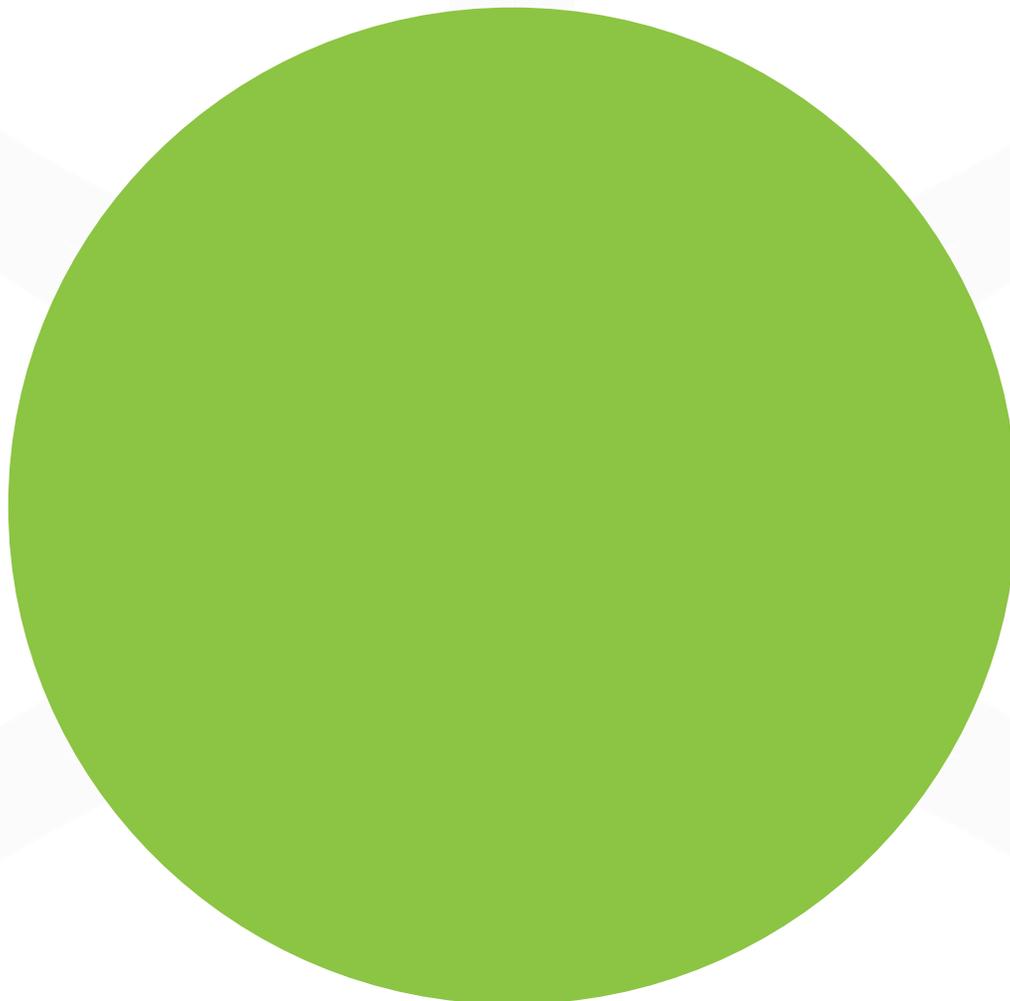
To keep this conversation going over the next month, I will share Sparklers, or case scenarios, that relate to trauma-informed care. I'll post the Sparklers around the office in places that you all can easily see them. When you see a Sparkler, take a moment to read the scenario and think through the questions listed on the page.

💡 Print and post Sparklers in areas your staff can see (e.g., lunchroom).

🖥️ 14 – THANK YOU!

💬 Thank you for your participation!

PROVIDER



RECEPTIONIST



SECURITY OFFICER

MEDICAL ASSISTANT

