

Kootenay Lake Hospital Trauma-Informed Care Reference Guide

Trauma-Informed Care (TIC) acknowledges the universality of trauma, builds relational between patients and providers (and within the organization) and actively aims to prevent re-traumatization. TIC principles are anchored in awareness of Cultural, Historical and Gender Issues, and Structural Violence.

TIC Principles	Key Concepts	Provider Role	Useful Phrases/Actions/Awareness
Safety	<ul style="list-style-type: none"> • Develop a trusting relationship, building a sense of personal control • Provide disconfirming experiences related to cultural, historical and gender issues • Understand triggers driving survival responses* 	<ul style="list-style-type: none"> • Attunement • Co-regulation • Active listening, validation • Informed choice/consent • Consistency in interactions 	<ul style="list-style-type: none"> • Self awareness/regulation • Hand-washing break to shift awareness • Check implicit biases prior to patient interaction • When someone discloses they feel scared/unsafe in hospital settings: <i>“I hear you. Is there anything we can do to support you to feel safe enough right now?”</i>
Choice	<ul style="list-style-type: none"> • Primacy – unique experience • Strengths based framework • Inherent power imbalances in health care 	<ul style="list-style-type: none"> • Foster sense of respect, agency, dignity • Create opportunities for self determination & personal control, seek input • Flexibility, shared decision making 	<ul style="list-style-type: none"> • Verbal consent vs body consent • Ongoing consent with touch • Recognition of survival responses * • <i>“I was thinking of sitting here, does that work for you?”</i>
Collaboration	<ul style="list-style-type: none"> • Value relationship as a therapeutic tool • Recognize people have capacity to heal from trauma 	<ul style="list-style-type: none"> • Awareness of personal value, worth • Experience of inclusion & mutuality • Recognition of resilience 	<ul style="list-style-type: none"> • Doing ‘with’ rather than ‘for’ or ‘to’ • <i>“Let’s come up with a plan together.”</i> • <i>“How does that sound to you?”</i>
Trustworthiness	<ul style="list-style-type: none"> • Each interaction in health care opportunity to repair/build positive relational experiences • Understanding of ‘why’s of recommendations/treatments • Culture of inclusion 	<ul style="list-style-type: none"> • Humility • Authenticity • Empathetic abiding presence • Confidence • Non-attachment 	<ul style="list-style-type: none"> • Transparency • Accountability, relational repair when needed • <i>“I’m sorry. We’re going to learn from this. Your input helps us figure out ways to make the system work better.”</i>
Empowerment	<ul style="list-style-type: none"> • Health inequities perpetuate/deepen trauma 	<ul style="list-style-type: none"> • Eliminate oppressive practices • Staff/patients included in decision-making • Capacity building in TIC 	<ul style="list-style-type: none"> • <i>“You know yourself best.”</i> • <i>“You’re an important part of this team.”</i> • <i>“Thank you for sharing your story with me. I’m wondering what it was like to tell me?”</i>

*See Survival Response Table (Fight, Flight, Freeze, Fawn)

Survival Response	Patterns of Relating	Can be Mischaracterized by Service Systems as...	What to do with or say to a person experiencing this response
Fight	When people struggle to maintain or reclaim their power; especially when a person feels coerced.	“Non-compliant” “Combative”	*Follow your gut feelings. Choose anything from this column that fits the moment Validate: “It seems like this isn’t working for you.” Offer choice: “Let’s figure out a better plan.” “Can you tell me what’s not working for you here? / Can you tell me what would work better for you?”
Flight	When people disengage or emotionally check out.	“Non-compliant” “Treatment resistant” “Un-cooperative”	“Let’s take a break. Is there anything I can do to make you more comfortable right now?” “Just checking in—did you understand what I said? Is anything unclear to you?” If a patient freezes (dissociates) during an interaction: “ <u>[Use the patient’s name]</u> – are you with me?” Orient the person to the present moment, to what is happening, what usually happens, and any choice/opportunity to revisit consent. Engage the senses (invite the patient to feel their feet on the floor, look around the room, etc.) Offer something comforting: water, a snack, a drink, to move their body in some way, the presence of a supportive person.
Freeze	When people shut down or give in to people in power positions.	“Passive” “Unmotivated”	
Fawn	People pleasing; may be overly agreeable and appear engaged and consenting but this may not be authentic.	“Pleasant” “Easy going”	Create opportunities for choice, share power: “What is most important to you / your priority (right now / in your care)?” “If there is one thing I / your care team can do for you, what would it be?”

Adapted from: Blanch, Filson, & Penney, NCTIC 2012

For more information on Trauma Informed Care visit: <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>

- **Compassionate Inquiry Qualities to Develop:** Empathetic abiding presence, self-awareness, trust your gut feelings, authenticity, curiosity confidence, non-judgment, acceptance, compassion, humility, playfulness, non-attachment