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FACT SHEET

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Trauma-Informed Care for People with Disabilities

What is Trauma-Informed Care?

Trauma-informed care (TIC) is a service philosophy that aims to prevent and heal trauma while promoting safety and empowerment. Unlike trauma-specific care, which focuses on treating the specific mental illness symptoms associated with trauma, trauma-informed care takes a holistic view of trauma. It recognizes that any patient might have experienced trauma and emphasizes being sensitive to potential trauma issues. Trauma can result from various adverse experiences, such as accidents, abuse, war, domestic violence, or repeated microaggressions.

The effects of trauma can persist long after the traumatic event, influencing how individuals think, feel, and act. Without proper mental health screenings, medical treatments may inadvertently retraumatize patients. Therefore, it is essential to conduct mental health screenings to ensure the best possible treatment outcomes.[1]

Why is Trauma-Informed Care Important for People with Disabilities?

People with disabilities often face increased stress due to societal attitudes and the lack of access to resources readily available to those without disabilities. They experience mental distress five times more frequently than their non-disabled peers[2], often as a direct result of trauma associated with their disabilities. Additionally, they may encounter significant challenges, including discrimination and unmet needs. Trauma-informed care (TIC) is essential in this context as it acknowledges these unique challenges and offers tailored support to address and mitigate the impact of such stressors. extra challenges and providing support

Key Principles of Trauma-Informed Care

The core principles of TIC are designed to guide organizations and practitioners in understanding, recognizing, and responding to the effects of all types of trauma.

Safety: Ensure the person feels safe both physically and emotionally by creating a calm and secure environment.

1. Maintain client privacy when discussing personal details.
2. Display welcoming photos of staff.
3. Provide LGBTQIA+ training for staff.
4. Communicate clearly and respect personal space.
5. Incorporate trauma-informed design elements like soft lighting and quiet areas.

Trustworthiness: Be honest and clear. Set expectations and keep your promises.

1. Follow through on commitments.
2. Collaborate with clients on goal setting.
3. Treat everyone consistently.
4. Maintain transparency in processes and procedures.
5. Ensure confidentiality to build trust.

Choice: Prioritize the client's freedom of choice and control over their life and treatment.

1. Offer small choices, like leaving the door open or closed.
2. Provide options in treatment plans whenever possible.
3. Allow clients to choose their preferred staff.
4. Focus on the client's goals in goal setting.
5. Emphasize the importance of informed consent.

Collaboration: Work together with the person. Respect their input and involve them in decisions about their care.

1. Establish a Client Advisory Board (CAB).
2. Gather feedback through client satisfaction surveys.
3. Conduct focus groups to hear client voices.
4. Co-create care plans with clients.
5. Obtain regular feedback from clients.

Empowerment: Help the person build confidence. Support them in making choices and taking control of their life.

1. Regularly acknowledge client strengths and skills.
2. Train staff to focus on client skill-building.
3. Include peer support specialists.
4. Celebrate client successes.
5. Create skill-building workshops.[3]

Window of Tolerance

The window of tolerance is the range of emotions and stress levels a person can handle while still functioning effectively. When people are within this window, they can think clearly, make good decisions, and respond to challenges appropriately. Trauma can narrow this window, making individuals more susceptible to being overwhelmed.

The most effective health care occurs when the client is within their window of tolerance. Practitioners should aim to deliver care that helps clients stay within this window, enhancing their capacity to process and benefit from therapeutic interventions.[4]

Inside the Window: When a person is within their window of tolerance, they feel calm, in control, and capable of handling everyday stress and emotions without becoming overly upset. Trauma can shorten this window, causing smaller triggers to push someone out of their optimal state. As stress increases, staying within the window becomes more challenging.

Hyperarousal: When someone is pushed into hyperarousal, their fight, flight, fawn, or freeze instinct is activated. This state often involves feelings of anxiety, anger, or fear, and a sense that something bad is going to happen. Symptoms can include rapid heartbeat, sweating, and hypervigilance.

Hypoarousal: In hypoarousal, a person may feel sad, lonely, or ashamed. This state can manifest as feelings of heaviness, numbness, or sleepiness. People in hypoarousal might have thoughts like "what's the point?" or "why try?" and may withdraw from activities and social interactions.

Outside the Window: Oscillating between hyperarousal and hypoarousal is taxing on the body and mind. The body naturally seeks equilibrium, which might lead to survival strategies like substance use or self-injury. For those accustomed to being outside their window of tolerance, being within the normal hormonal state can feel unfamiliar or unsafe.

Recognizing and Expanding the Window

Self-Awareness: Encourage clients to become aware of their own window of tolerance. Ask them

to identify their current state and recognize signs of hyper- or hypoarousal.

Grounding Techniques: Teach clients grounding techniques such as deep breathing, mindfulness, or sensory exercises to help them return to their window of tolerance.

Regular Check-Ins: Incorporate regular check-ins where clients assess their emotional state and use coping strategies to stay within their window.

Developing Resilience: Work on building resilience through activities that promote a sense of accomplishment and control, such as physical exercise, hobbies, or volunteering.

Secondary Traumatic Stress (STS)

Helping others with post-traumatic stress disorder (PTSD) can be traumatizing for healthcare workers, leading to a condition known as Secondary Traumatic Stress (STS) or compassion fatigue. STS symptoms resemble those of PTSD, including intrusive thoughts, anxiety, and insomnia. During high-stress periods, such as a global pandemic, these stress responses can intensify. Over time, STS can lead to increased job dissatisfaction and burnout among employees. Implementing resilience training, fostering perceived social support, and enhancing self-efficacy are strategies that might reduce anxiety symptoms and help mitigate the effects of STS.[5]

Conclusion

Trauma-Informed Care (TIC) is essential for medical professionals to effectively support and treat patients, especially those with disabilities. TIC emphasizes understanding and responding to trauma, creating a safe, trustworthy, and empowering environment that prevents re-traumatization and promotes healing.

Understanding the window of tolerance helps healthcare providers keep patients in their optimal emotional state, enhancing treatment outcomes. Additionally, addressing Secondary Traumatic Stress (STS) in healthcare workers through resilience training and social support is crucial to prevent burnout and ensure effective care.

Incorporating TIC fosters a compassionate and supportive healthcare system, benefiting both patients and providers by promoting overall well-being and recovery.

Authors
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