

Integrating Trauma-Informed Care in Case Management: Principles, Practice & Ethics

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Case Management Conference 2025

Agenda

Overview of Trauma-Informed Care

Trauma-Informed Care Initiatives

Trauma-Informed Care & Case Management Model

Trauma-Informed Care & Ethics



Where it began....

1970's -1980's

- Trauma-informed care emerged in the medical field in response to the complex physical & psychological trauma experienced by Vietnam Veterans.
- Diagnosis of PTSD formalized in DSM-III.

1990's

- Landmark study on Adverse Childhood Experiences (ACE's): surveyed over 17,000 adults about their exposure to abuse, neglect, and household dysfunction during childhood.

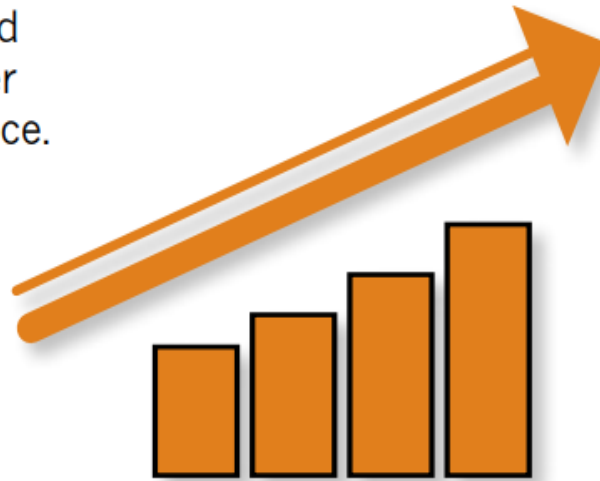
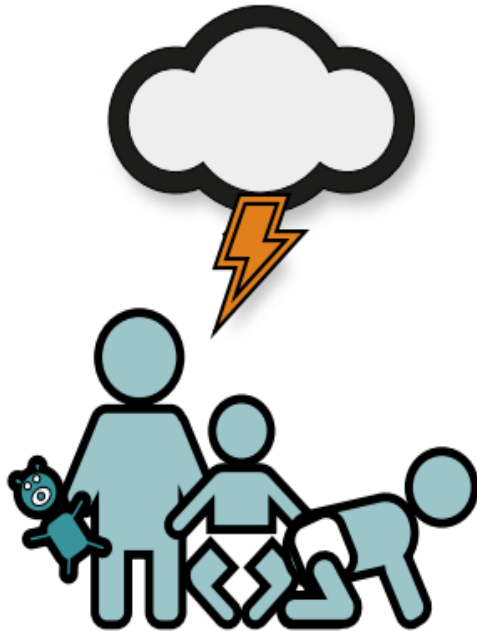
2000's

- Policy and practice shift, Substance Abuse and Mental Health Services Administration(SAMHSA) began promoting trauma-informed approaches.



What we know now...

“ACEs” stands for “Adverse Childhood Experiences.” These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence.



The more ACEs a child experiences, the more likely he or she is to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.



We need both...

Patient-Centered Care

- Focus on dignity and respect for patient/family
- Explicit attention to patient/family values and preferences
- Shared decision-making: involve patient and family in care decisions
- Maximize participation of families in care, in accordance with patient preferences

What matters to you?

Trauma-Informed Care

- Minimize traumatic/distressing aspects of medical care
- Address distress: pain, fear, anxiety
- Provide emotional support to patients/support effective coping
- Promote effective emotional support of patients by family members
- Address family members distress (e.g., fear, anxiety).

What happened to you?

BOTH

Share info with patient, encourage family presence, provide patient/family with choice & sense of control, consider family needs, respect family strengths, cultural competence



Trauma-Informed Care Principles

Safety

Trustworthiness &
Transparency

Peer Support

Collaboration and
mutuality

Empowerment, Voice,
& Choice

Culture & Historical
Awareness



Trauma-Informed Care Principles in Practice

Safety

- Explain processes clearly to reduce fear and uncertainty
- Check-in on how patients are coping with care transitions or new settings.

Trust & Transparency

- Be honest about what you know, what you don't, and what steps you'll take to find answers.
- Use clear language about care plans, eligibility, and timelines to reduce anxiety.

Peer Support

- Link patients to peer mentors, support groups, or community networks when appropriate.
- Encourage family or caregiver involvement when it enhances emotional support.



Trauma-Informed Care Principles in Practice

Collaboration & Mutuality

- Approach care planning as a partnership, emphasize “working with” rather than “doing for”.
- Invite patients to identify priorities and set realistic goals together.

Empowerment, Voice, and Choice

- Offer choices whenever possible – appointment times, communication methods, or care options.
- Validate their experiences and acknowledge progress, even small steps.

Cultural, Historical and Gender Awareness


- Respect and explore how culture, background and identity shape a patient's healthcare experience.
- Avoid assumptions – ask about traditions, communication styles, or beliefs that impact care.



Trauma-Informed Care in Case Management



Trauma Connect Clinic: Continuing the trauma case management model for patients affected by traumatic injuries: A quality improvement initiative

Kate Dale, Kathy Heathcote , Sarah Czuchwicki  & Elizabeth Wake  

Pages 287-302 | Received 05 Mar 2024, Accepted 25 Sep 2024, Published online: 08 Oct 2024

- Focused on adults' recovery from major traumatic injuries, patients post hospital discharge
- Explored how to extend case management beyond inpatient care
- Led by a nurse practitioner using a trauma-informed approach



Trauma Connect Clinic: Continuing the trauma case management model for patients affected by traumatic injuries: A quality improvement initiative





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- Traditional case management stopped at discharge.
- Patients experienced fragmented care and poor follow-up.
- Missed complications and loss of emotional support.
- Need for a structured, trauma-informed way to maintain contact.



Trauma Connect Clinic: Continuing the trauma case management model for patients affected by traumatic injuries: A quality improvement initiative

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- Created the Trauma Connect Clinic (TCC) – a nurse practitioner-led follow-up clinic.
- Continued case management services post-discharge
- Trauma-Informed principles in practices:
 - Safety & Trust
 - Collaboration
 - Empowerment



Findings: Trauma Connect Clinic

- The primary aim of the Trauma-Connect Clinic was to provide a follow-up service for patients affected by trauma injuries, which continued the case management model of care experience as an inpatient.
- The case management approach was found to be successful in identifying ongoing clinical and psychological issues for patients and enabled patients to be referred to wider multidisciplinary team.
- The high attendance rates suggest this service was important and valued by patients.



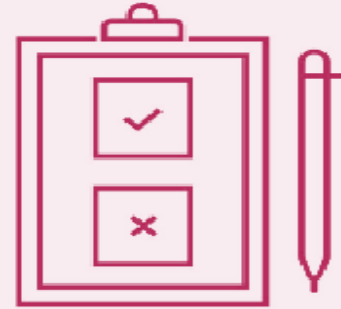
Trauma-Informed Care 4 R's Framework



Realize the
widespread
impact of
trauma.



Recognize the
signs and
symptoms of
trauma.



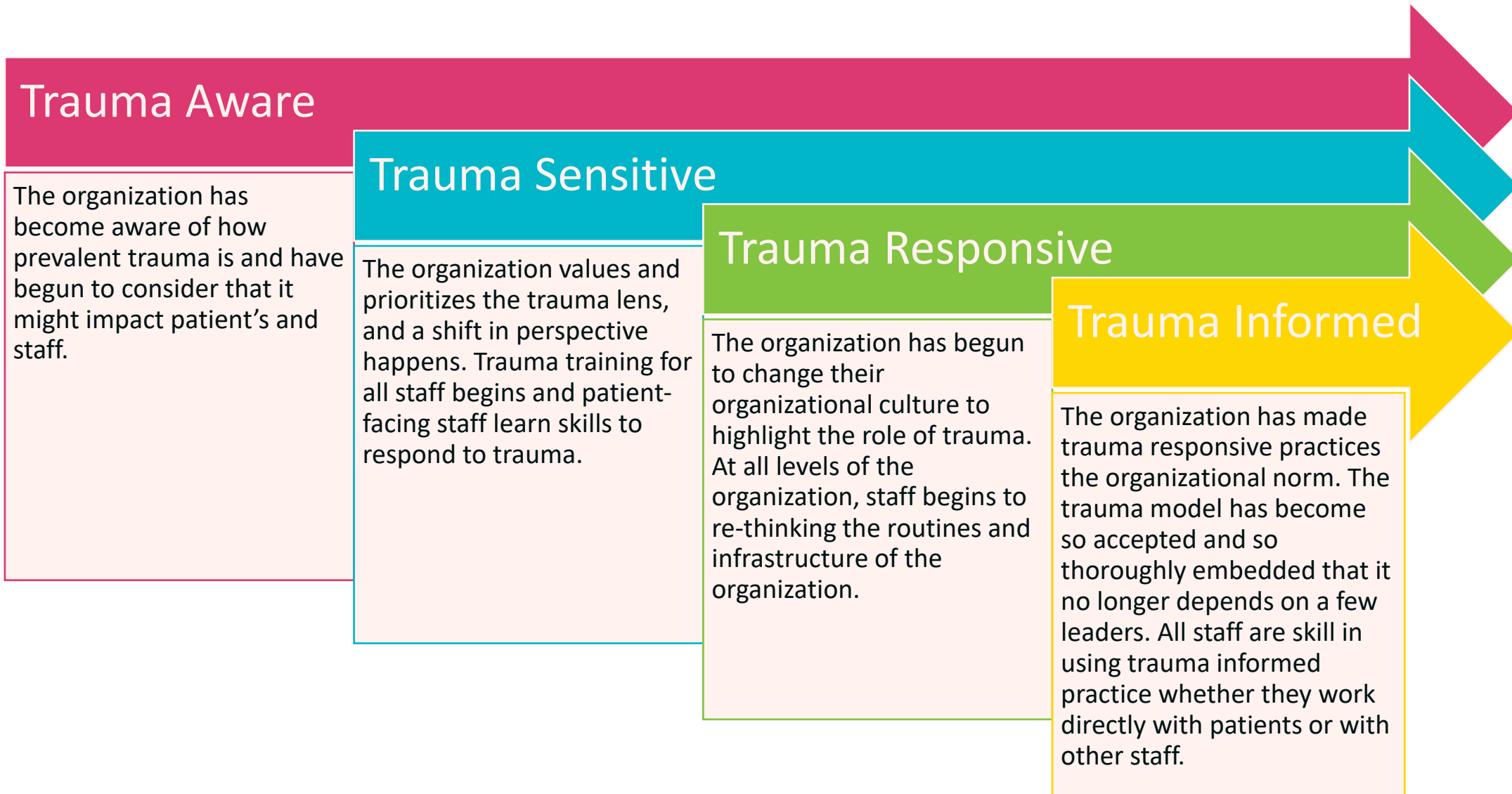
Respond by
integrating
trauma-
informed care
practices.



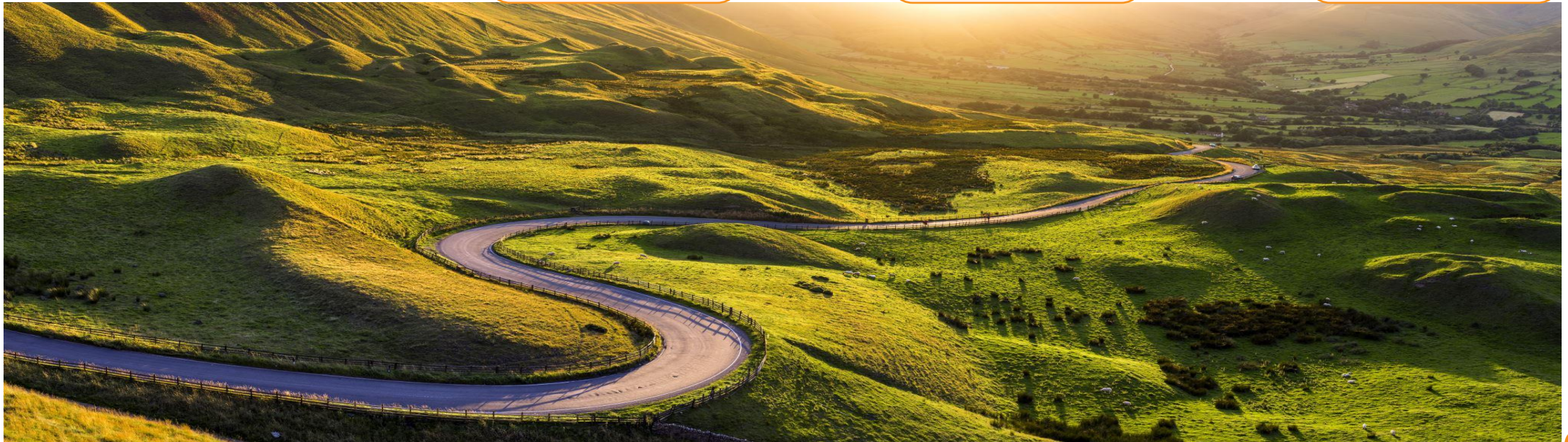
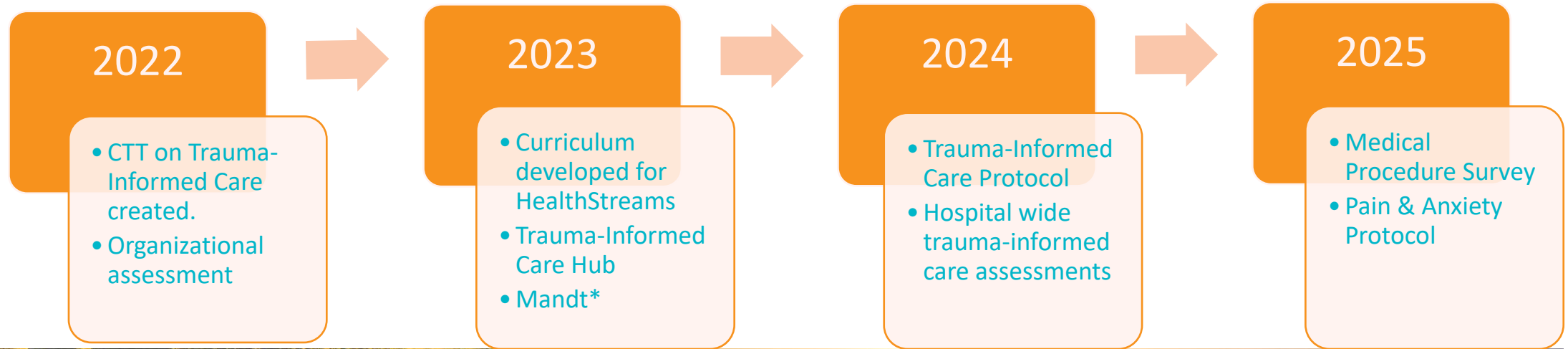
Resist re-
traumatization
in all aspects of
care and
policy.



Trauma-Informed Care Continuum....



Our Trauma-Informed Care growth overtime...



Trauma-Informed Care Initiatives

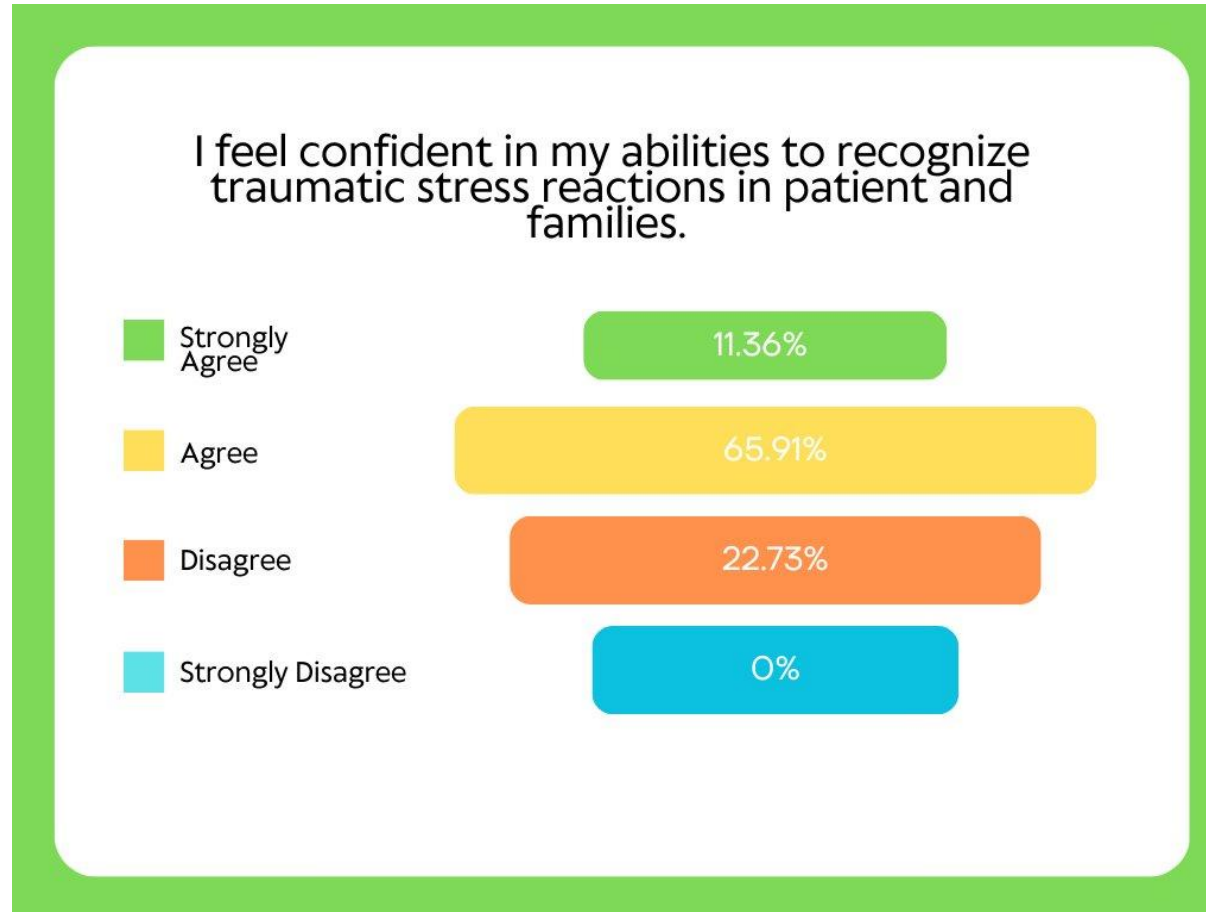


Trauma-Informed Care Considerations

- The Care Transformation Team conducted an initial Trauma-Informed Care Survey in June 2022 among hospital staff to determine a base point of what their current level of knowledge was regarding trauma and what strategies they were familiar with to address behavioral issues with patients and families.
- This survey was distributed to direct care staff, including nurses, providers, and members of the rehabilitation team.
- Responses from staff indicated that 11.36 % "Strongly Agreed" in their abilities to recognize traumatic stress reactions in patients and families (i.e., feeling on-guard, avoidance, sad mood, hyperviolences)



Survey Question Response to Trauma Informed Care Survey : June 2022



Implementation of Trauma-Informed Care Considerations

The Trauma Informed Care Considerations tool was developed to assist staff in collecting information from patients and families. This tool is used by the Social Services Team at every admission to more effectively screen for potential trauma, including both past and current experiences affecting the patient and their families.

This tool also helps staff gain a deeper understanding of patient and family circumstances, potential triggers, cultural factors and preferred methods of communication from the care team.

The information gathered by the Social Services Team is entered into the patient's electronic health record (EHR) with the permission of the patient/family to be shared with staff.



Trauma Informed Care Example

Strip Chicken (W413) Trauma-Informed Care Considerations to aid patient care and family support.

The family gave permission for the following information to be shared with the team to help with any treatment planning.

History: 12-year-old female. MVC on 10/25/2025 is now admitted for rehabilitation and medical optimization.

Family psychosocial information:

- Family lives in Oklahoma City, Oklahoma.
- Family household members include mom (Rotisserie), dad (Grill), and brother (Nugget)
- Family has support in an aunt, uncle, grandmother, and family friend.
- Mom will be here during the day. Dad will be staying the night due to working during the day. They plan to switch off days and nights due to the other child in the home.
- Mom can work remotely from hospital. Dad will work off during the day.
- There are 4 steps going into the home. The home has 2 bathrooms, both tub showers.

Relevant family history:

- Strip attends OKC Middle School and is currently in the 7th grade. Mom stated that she has been in contact with the school but would like to receive school services here.
- Strip likes watching Netflix, hanging out with her friends, and playing on her iPad.
- Family described Strip as a kindhearted kid, who likes to pull pranks.

To aid in patient and family care:

- Family stated that Strip has anxiety and would like to know what is happening before it happens. Step by step instructions would be best. It was noted that mom can calm Strip down along with deep breathing exercises.

- Social worker informed the family of counseling services at Bethany Counseling Center.
- Family feels “confused” about brain injury. Family stated that they have been told “a lot” of different information on prognosis. They would like more information on future planning.

-
- Family likes in-person information and handouts if appropriate.
 - Family has cultural preferences and will be bringing their own food. Strip will also be eating families’ own food. Strip also must pray at 12pm (noon). Please do not schedule any activities or therapies for Strip at that time. You can enter the room for medical needs, i.e., medications.
 - Family has expectations of an 8-12-week LOS.
 - Family will be present during all therapies. Mom stated that she has anxiety about leaving Strip alone. Encouragement can help with mom’s anxiety.



Post Implementation Survey

- A post survey was conducted in November 2023 to gather information from staff members regarding whether the implementation of Trauma-Informed Care Considerations has been beneficial in the health care setting.
- The survey results demonstrate that the implementation of the Trauma-Informed Care Considerations has been successful, and that staff have a better understanding of the patients and their families.
- Staff also indicated that they knew where to find the information provided by patients and families in the patient's chart and how to use the information to improve the services that they provide.

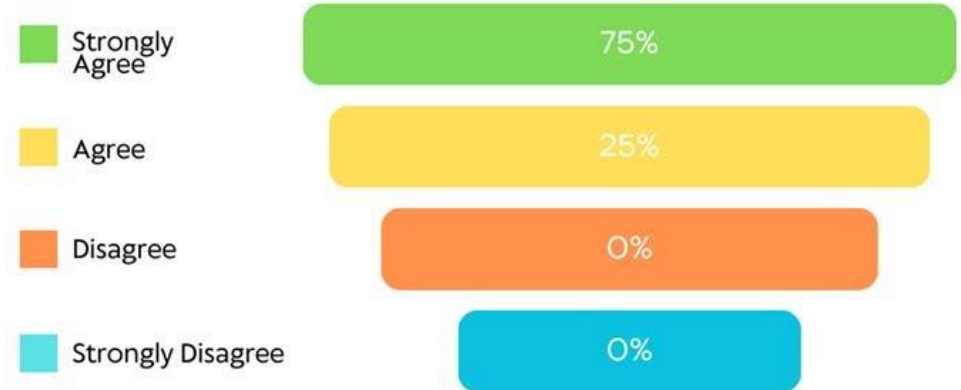


Survey Questions Responses to Trauma - Informed Care Survey : November 2023

I know where to view trauma-informed care considerations.



I find the information included in Trauma-Informed Care Considerations to be helpful in my work with patients and families.



Written Survey Responses to Trauma-Informed Care Survey - Nov. 2023

Please share how the information on Trauma-Informed Care Considerations has been helpful in your work.

- "It has all the info we need regarding family support and household; it informs us of any reservations family may have. I think it's great!"
- "It helps us better understand the family/dynamic from the beginning and what they expect from admission."
- "It is helpful to know what the patients like and what will help to calm them down when upset."
- "I can go into a situation and know how best to support a patient based on their trauma history and personal preferences."
- "It helps to know what might be a sensitive or difficult topic in advance before I go in the room. It also helps to build compassion when there is context of family stressors or barriers to their presence in the hospital (e.g. other family health crises, transportation barriers, work demands, needs of siblings at home, etc.)."
- "It helps me understand the family dynamics better."
- "It's helpful to know other family stressors (i.e. other family members hospitalized, etc.) Also helpful to hear family expectations and how they are feeling about their stay (if they are happy/relieved or stressed/worried). People are often in different places when they arrive and it's helpful to know how to help support them."
- "Knowing how best to communicate with families and knowing what conversations can be difficult for them to make sure that I approach things in a compassionate and supportive way."



Impact on Healthcare Staff



FRUSTRATION

BURNOUT

COMPASSION FATIGUE?



Doing Too Much Can Cause Negative Outcomes

- Overly empathizing can lead to emotional exhaustion
- Can cloud judgement, introduce bias, and decrease our effectiveness in making wise decisions
- Create compassion fatigue
- Too much helping becomes enabling when you take away the patient's responsibility in their choices or not allowing them to experience consequences
- Maintaining objectivity in professional relationships and not imposing our values on clients refers to S10 Relationships with Clients section in the CCM Code of Ethics



How do I know if I am doing too much?

- I can't stand to see them in pain
- It makes me feel needed and important (creates a dependence on you)
- I don't want them to think I am mean, unfeeling, etc.
- My identity is tied to my ability to help others
- Helping this person keeps me from having to deal with my own personal struggles



How do we reduce secondary trauma in the healthcare setting?



Boundaries in Trauma – Informed Care

- Boundaries are about you and your expectations – not other people
- Taking full responsibility for your self-care (physical, emotional, spiritual, etc.) while understanding that no one else can do this for you
- You are responsible for holding your set boundaries with others
- The boundaries that you set are your responsibility to keep, communicate, and honor.



Why Boundaries Are Important

- Having clear professional boundaries creates safety for both parties
- Without boundaries it can be hard to tell when the lines get blurred
- A lack of boundaries can negatively impact the work environment
- Boundary violations can lead to policy and professional ethical violations.
- Maintaining appropriate professional boundaries with the client refers to S20 Unprofessional Behavior section in the CCM Code of Ethics.



Healthy Boundaries & Their Benefits

- Allows us the ability to practice self-care
- Increases self-worth and our confidence in ourselves
- Gives us the ability to engage in honest & direct communication
- Creates a safe, transparent, and professional relationship
- Decreases the potential of burnout, emotional responding, and misunderstanding



Red Flags in Healthcare

- Showing favoritism to one patient over others
- Meeting patients or their family outside of work
- Discussing personal or intimate details of your life with a patient or their family
- Flirting or engaging in sexual behaviors with a patient or their family members
- Posting a picture or sharing patient information on social media
- Believing you are the only one capable of meeting a patients care needs



Trauma-Informed Care Resources



[GET HELP NOW](#)

[WHAT IS CHILD TRAUMA?](#) ▼

[TREATMENTS AND PRACTICES](#) ▼

[TRAUMA-INFORMED CARE](#) ▼

[RESOURCES](#) ▼

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National Center for Relational Health and Trauma-Informed Care

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Trauma-Informed Care: Recognize, Respond, and Empower with Relationships to Help Children and Families Thrive

Many children and families have experienced trauma - whether that's trauma that occurs within the household, like substance use, parental mental illness, abuse or neglect; or trauma that occurs in the community, like community violence, poverty and others. Pediatricians may not always know which of their patients and families have experienced trauma - that's why the AAP recommends trauma-informed care as a universal approach to pediatric care.

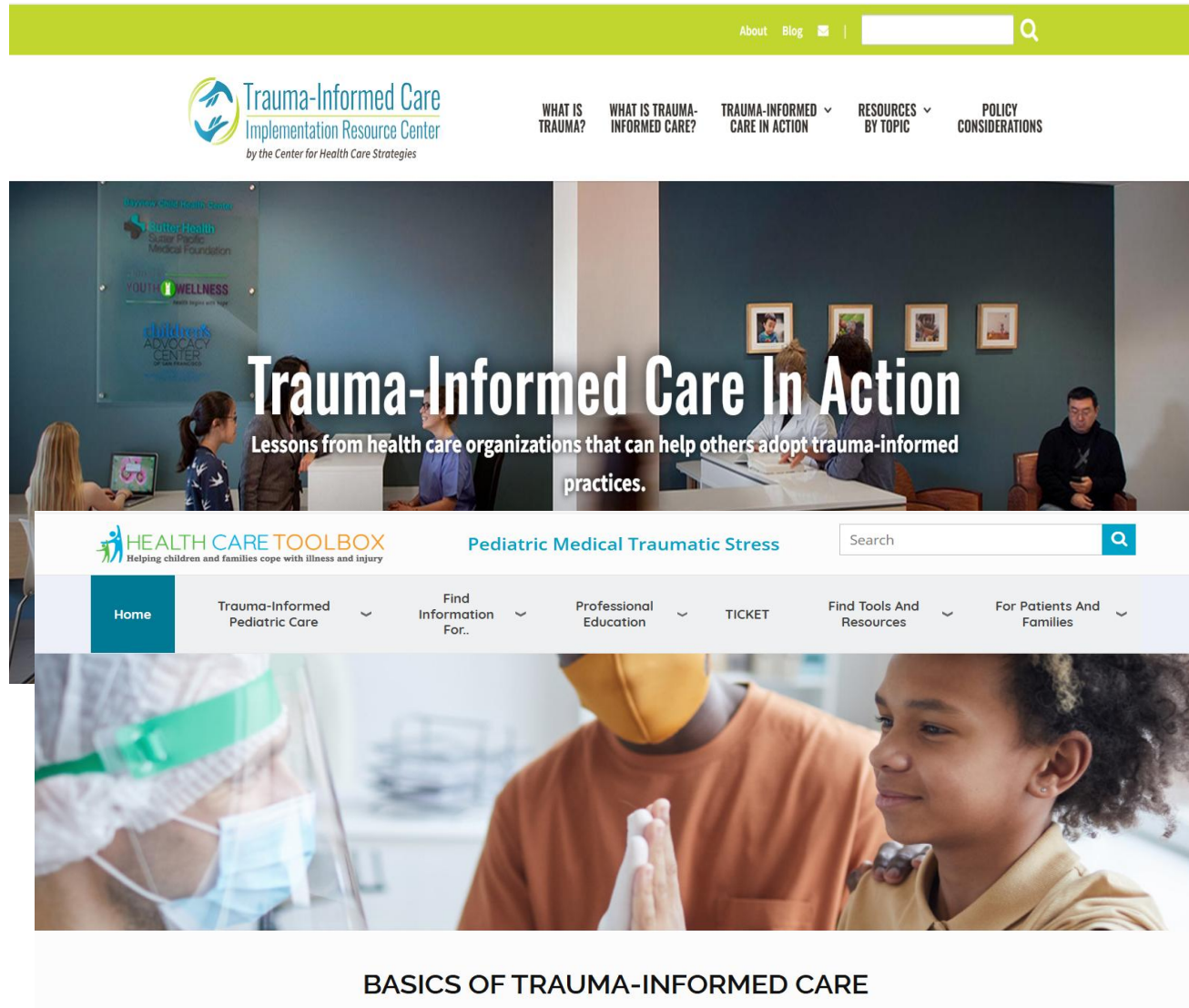
[Learn More About Trauma-Informed Pediatric Care](#)

SAMHSA's
Concept of Trauma
and Guidance for a
Trauma-Informed Approach

Prepared by
SAMHSA's Trauma and Justice Strategic Initiative
July 2014




Additional resources.....



Commentary

Attending to the Not-so-Little “Little Things”: Practicing Trauma-Informed Pediatric Health Care

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Aimee K. Hildenbrand, PhD^{1,2,3} , Scottie B. Day, MD, FAAP^{4,5}, and Meghan L. Marsac, PhD^{3,4,5}

Trauma-Informed Care in Pediatric Physical Therapy as a Standard Precaution: The Time Is Here

Jessica Barreca¹, Mary Swiggum

Affiliations + expand

PMID: 38568276 DOI: [10.1097/PEP.0000000000001095](https://doi.org/10.1097/PEP.0000000000001095)

Trauma-informed care for the pediatric nurse

Anna Goddard¹, Erin Janicek², LuAnn Etcher³

Trauma-Informed Healthcare Leadership? Evidence and opportunities from interviews with leaders during COVID-19

Sonia Rose Harris¹, Alexis Amano², Marcy Winget³, Kelley M Skeff³, Cati G Brown-Johnson⁴

Affiliations + expand

PMID: 38659009 PMCID: [PMC11044408](https://pubmed.ncbi.nlm.nih.gov/PMC11044408/) DOI: [10.1186/s12913-024-10946-9](https://doi.org/10.1186/s12913-024-10946-9)



References & Resources

Dale, K., Heathcote, K., Czuchwicki, S., & Wake, E. (2025). Trauma Connect Clinic: Continuing the trauma case management model for patients affected by traumatic injuries: A quality improvement initiative. *Contemporary Nurse*, 61(3), 287-302.

US Department of Health and Human Services. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach.

Other resources:

- [Trauma-Informed Care Implementation Resource Center - Trauma-Informed Care Implementation Resource Center](#)
- [Injury and pain care | After The Injury](#)
- [MO-Model-Working-Document-february-2015.pdf](#)
- [Trauma-Informed Care Tips Sheet for Healthcare Providers](#)

