**Trauma-Informed Care (TIC):**

**Why It Matters for HCH Clients and Staff**

1. **Trauma negatively impacts clients’ physical and mental health**

Chronic exposure to traumatic stress is correlated with higher rates of physical health problems as well as behavioral health problems due to:

1. Direct and indirect physiological impact of being in a persistent state of stress

e.g. high blood pressure, diabetes, depression

1. Coping strategies that adversely affect physical health

e.g. overeating, smoking, substance abuse, self-harming gestures

1. Persistently re-experiencing the traumatic event through images, thoughts and perceptions
2. **Trauma negatively affects clients’ interactions with HCH staff and adherence to treatment**

The symptoms of PTSD include:

1.) Intrusive memories or feelings related to past traumatic events;

2.) Avoidance of situations or people that trigger those memories or feelings;

3.) Dissociation and/or emotional arousal when those memories are triggered.

Examples of how these symptoms affect interactions with providers and adherence to treatment include:

1. A client doesn’t follow her provider’s recommendation to lose weight because it contradicts her experience that being very overweight protects her from unwanted attention.
2. A client repeatedly misses therapy appointments because sessions trigger negative feelings that last for several hours after the visit.
3. A client who is in pain gets unreasonably upset about not being seen immediately and insists he is being deliberately ignored or harmed by staff.
4. **We want to avoid unintentionally re-traumatizing our clients**

Interactions with staff and the environment at HCH can sometimes trigger clients’ traumatic memories and the negative feelings that go along with them, such as shame, fear, anxiety, lack of control.

Triggering events at HCH could include:

1. Sitting for long periods of time in a crowded waiting room
2. Undressing and/or waiting for an unfamiliar provider to enter exam room
3. Physical examination (including dental exams)
4. Client’s lack of understanding (medical procedures, agency processes, etc.)
5. Exposure to stimuli that reminds client of a traumatic event

\*This triggering effect may or may not be visible to staff – we can’t assume that because we don’t see it, it’s not happening\*

1. **Working with trauma survivors can take a toll on staff at all levels**

Many HCH staff members are exposed to job-related traumatic stress in the following ways:

1. Staff members’ jobs may require them to listen to clients’ accounts of severe trauma.
2. Staff’s members’ jobs may require that they go into unpredictable and potentially dangerous situations while doing outreach in the community.
3. Staff members’ jobs may require them to interact with clients who are angry or threatening.
4. Staff members’ jobs may expose them to client behaviors that are inappropriate or upsetting.

In addition, some staff members may have their own personal histories of trauma. Repeated exposure to job-related traumatic stress without adequate support can lead to staff burn-out, poor morale, reduced productivity, and staff turnover.

**Trauma-Informed Care seeks to create a clinical environment and program that reduces the impact of traumatic stress on both staff and clients.**