Introduction to a Trauma-Informed Approach

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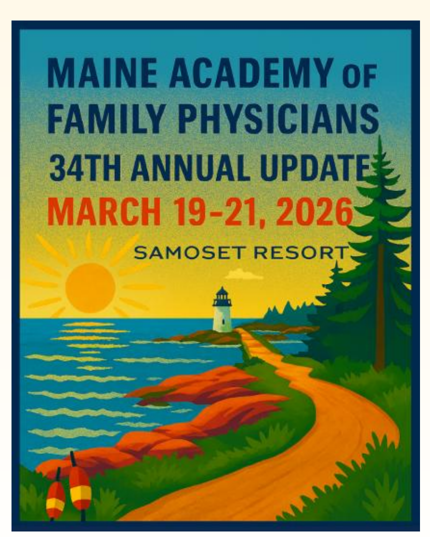
March 21, 2026



Trigger warning

Discussion of sexual assault, child abuse, and other trauma scenarios

Objectives

1. Define trauma and common related diagnoses

2. Define trauma-informed approach and describe the principles of applying a trauma-informed approach

3. Examine the unique position of family physicians to create and implement trauma-informed approach in clinical environments, policies, and protocols

What is trauma?

Exposure to actual or threatened death, serious injury or sexual violence in one or more of four ways:

(a) Directly experiencing the event

(b) Witnessing, in person, the event occurring to others

(c) Learning that such an event happened to a close family member or friend

(d) Experiencing repeated or extreme exposure to aversive details of such events, such as with first responders.

   i. NOTE: Actual or threatened death must have occurred in a violent or accidental manner; and experiencing cannot include exposure through electronic media, television, movies or pictures, unless it is work-related.

American Psychiatric Association. (2023). Diagnostic and statistical manual of mental disorders (5th ed)

Post-Traumatic Stress Disorder (PTSD)

Criterion	
A	Experience of traumatic event
B	Intrusive symptoms (1 required)
C	Avoidance symptoms (1 required)
D	Cognitive and mood symptoms (2 required)
E	Arousal and reactivity symptoms (2 required)
F	Duration (symptoms lasting >1mo)
G	Impact (symptoms causing significant distress and/or impacting functioning)
H	The symptoms are not attributable to substance abuse or another medical condition

American Psychiatric Association. (2023). Diagnostic and statistical manual of mental disorders (5th ed), Diagnostic Criteria for PTSD.

Complex PTSD?

Dx Code	Diagnosis
ICD-10: F43.12	**Post-traumatic stress disorder, chronic** - PTSD symptoms lasting >3mo
ICD-10: F62.0	**Enduring personality change after catastrophic experience** (EPCACE) - An event so stressful, it leads to enduring personality change (basis for CPTSD in ICD-11)
ICD-11: 6B41	**Complex post-traumatic stress disorder** (CPTSD) - Meeting criteria for PTSD + disturbances in self organization (DSO)

US Department of Veteran Affairs. (2025). Complex PTSD History and Definitions.

Complex PTSD?

DSO Domains	Example symptoms
Affect regulation	- Extreme emotional reactivity - Self-destructiveness - Dissociation
Self-concept	- Feeling deeply worthless or defeated - Feeling extensively guilty and ashamed about the trauma
Relationship functioning	- Significant difficulties with sustained emotional intimacy

US Department of Veteran Affairs. (2025). *Complex PTSD History and Definitions*.

Complex PTSD?

DSM version	Diagnosis
DSM-IV	***Disorder of extreme stress not otherwise specified*** *(DESNOS)* [considered by NOT included in final version]
DSM-V	***Complex post-traumatic stress disorder*** *(CPTSD)* [considered but NOT included in final version] - Definition and re-classification of PTSD captured the symptoms described in CPTSD - Argued for a continuum/constellation of PTSD symptoms rather than distinct diagnosis - PTSD dissociate subtype created to capture that specific patient experience as distinct

US Department of Veteran Affairs. (2025). Complex PTSD History and Definitions.

Ok! –

Let’s look at how trauma presents in the office…

How does trauma present?

- Patients and providers alike may not match behaviors with trauma history
- Presenting in crisis/limited follow-up
- Chronic illness, may struggle with adhering to treatment plans
- May be reluctant to discuss health/mental health OR present with many concerns and demands
- Problem lists with multiple psychiatric and chronic pain diagnoses

Retraumatization in Healthcare

- Trauma can impact how people form relationships, especially in caregiving relationships
- Power imbalance in medical setting
- Medical care often requires intimate conversations and exams
- Painful or triggering examinations
- Feelings of shame/blame

RETRAUMATIZATION

WHAT HURTS?

SYSTEM
(POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")

HAVING TO CONTINUALLY RETELL THEIR STORY

BEING TREATED AS A NUMBER

PROCEDURES THAT REQUIRE DISROBING

BEING SEEN AS THEIR LABEL (I.E ADDICT, SCHIZOPHRENIC)

NO CHOICE IN SERVICE OR TREATMENT

NO OPPORTUNITY TO GIVE FEEDBACK ABOUT THEIR EXPERIENCE WITH THE SERVICE DELIVERY

RELATIONSHIP
(POWER, CONTROL, SUBVERSIVENESS)

NOT BEING SEEN / HEARD

VIOLATING TRUST

FAILURE TO ENSURE EMOTIONAL SAFETY

NONCOLLABORATIVE

DOES THINGS FOR RATHER THAN WITH

USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE

Buffalo Center for Social Research – The Institute for Trauma and Trauma-Informed Care. (2020).

Retraumatization: Patient Experiences

"I now am beginning to understand that my physical wellness is really very connected to my emotional state, and if I'm not comfortable, if I'm feeling unsafe, then I'm not going to progress as quickly as [the health care practitioner] would want me to."

Health Canada. (2001). [Handbook on Sensitive Practice for Health Professionals](#).

Retraumatization: Patient Experiences

"It's critical that [providers] understand that we can be retraumatized as a result of how we are treated by them … Not that they're meaning to go there, but by not treating us respectfully – giving us what we need to feel safe, and being allowed to be seen as co-partnering and not as having no power at all – [they are making it] possible for us to be retraumatized."

Health Canada. (2001). [Handbook on Sensitive Practice for Health Professionals](#).

Medical Trauma

- Trauma from severe illness, such as COVID/intubation
- Trauma brought about by providers, such as birth trauma
- Coercive medicine (such as forced sterilization)
- Refusing to use someone's correct name/pronouns
- Traumatic events are more likely to be experienced by people of color, LGBTQ+ patients, and people with disabilities

Ok! –
So what is a trauma-informed approach?

Trauma-Informed Approach

"A program, organization, or system that is trauma-informed **realizes the widespread impact of trauma** and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; **and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings**."

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). Trauma-Informed Approaches and Programs.

Trauma-Informed Approach Principles

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). Trauma-Informed Approaches and Programs.

Participants and staff feel physically and psychologically safe.

- Explicitly stating privacy, confidentiality
- Welcoming spaces
- Patient-centered examinations

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). Trauma-Informed Approaches and Programs.

Organizational decisions are conducted with the goal of building and maintaining trust with participants and staff.

- Giving rationale for asking sensitive questions
- Explaining the goals and steps of each exam and/or procedure
- Reviewing the possible outcomes and next steps

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). Trauma-Informed Approaches and Programs.

Peer support and mutual self-help are key as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience to promote recovery and healing.

- Addressing the presence of personal support people
- Offering chaperones
- Referrals to community organizations

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). [Trauma-Informed Approaches and Programs](#).

Importance is placed on partnering and leveling power differences between staff and service participants.

- Active listening
- Agenda setting
- Shared-decision making
- Respecting choices outside of the medical setting

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). Trauma-Informed Approaches and Programs.

Organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.

- Letting patients dictate pacing and environment of exam
- Asking permission for physical examinations, and respecting declined exams
- Offering self swabs, speculum placement, and patient-directed options when available

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). Trauma-Informed Approaches and Programs.

The organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma. *

- Implicit bias training
- Believing patient experiences
- Recognizing the role of experiences of discrimination in the healthcare setting

Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). [Trauma-Informed Approaches and Programs](#).*

Ok! –

So how do we *actually* implement a trauma-informed approach into our practice?

Adopting a Trauma-Informed Approach to Improve Patient Care: Foundational Organizational-Level Steps | Playbook (bettercareplaybook.org)

Office Implementation

Office setting

- Trauma-informed approach training for all staff
- Welcoming signage

Pre-visit

- Review the chart for prior documentation
- Active listening – avoid asking patient to repeat
- Avoid re-traumatization

Ravi A, Little V. Providing Trauma-Informed Care. *American Family Physician*. May 15, 2017. 95(5): 655-657.

Office Implementation

<u>Interview</u>

- Decrease power differential
- Emphasize confidentiality
- Prepare the patient for what to expect during the encounter
- Express rational for sensitive questions
- Allow patients to observe note-taking
- Consent for support people

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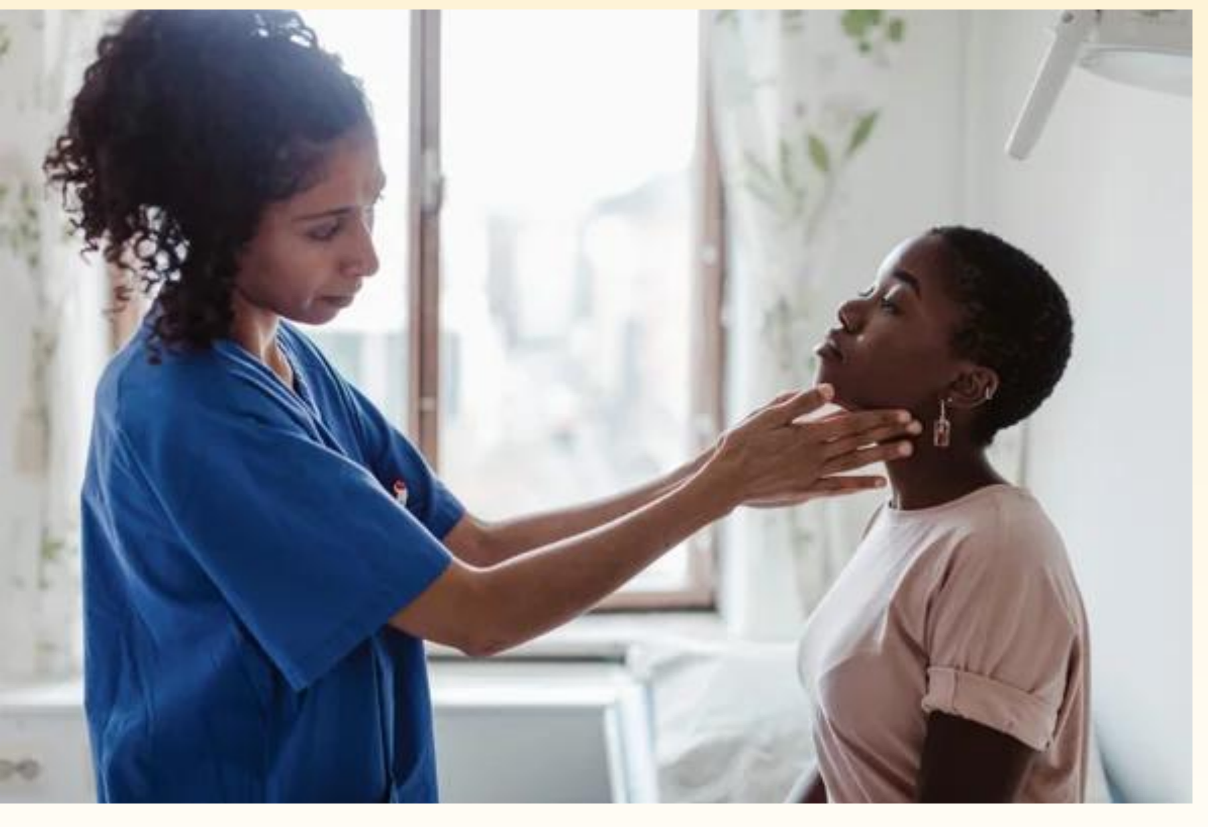
Office Implementation



Physical Exam

- Allow patient to guide physical exam
- Ask patient to adjust their own clothing
- Ask permission at each step - (listen for and respect response)
- Alternatives for invasive testing if possible

Ravi A, Little V. Providing Trauma-Informed Care. *American Family Physician*. May 15, 2017. 95(5): 655-657.

Office Implementation

<u>Procedures</u>

- Completely prepare before a patient undresses
- Allow patient to dictate pace of procedure
- Plan signals or communication beforehand
- Describe ways it may interact with the senses beforehand
- Suggestive rather than instructive language

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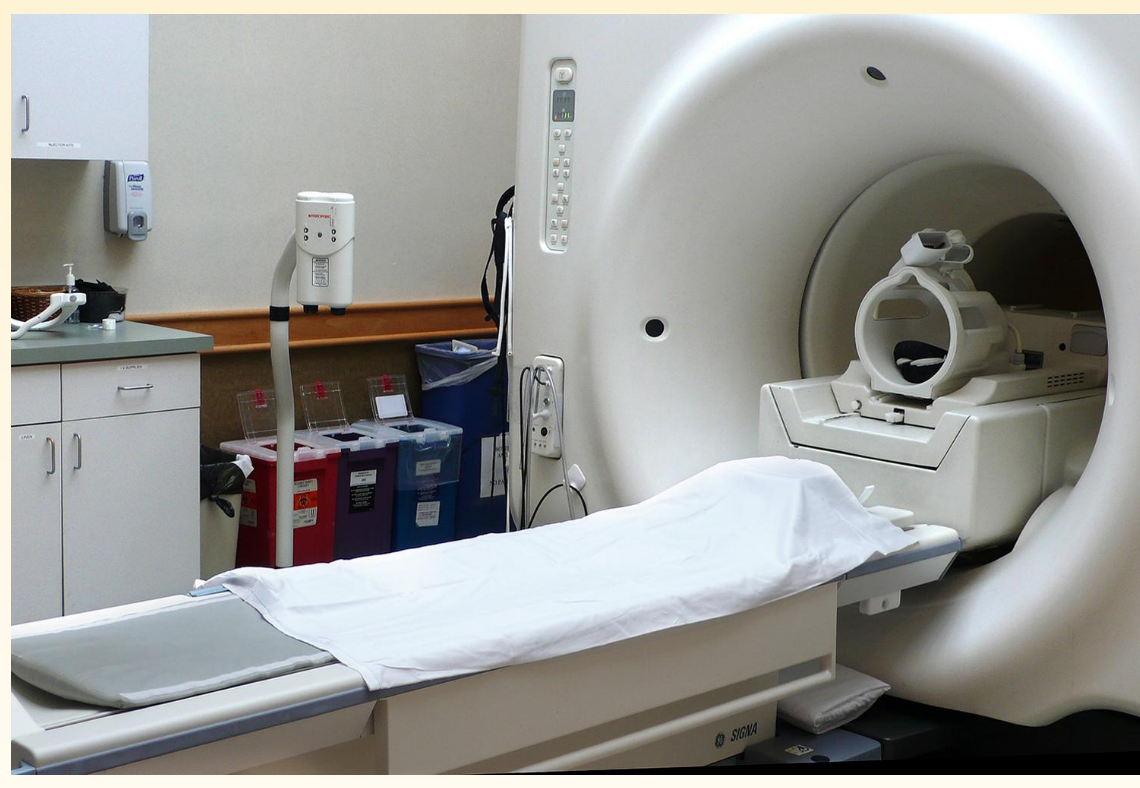
Clinic Implementation



Imaging and Referrals

- Alert patient of invasive imaging
- Notify referrals when relevant

Post-visit

- Written out aftercare and follow-up
- Sensitive language
- Support from healthcare team

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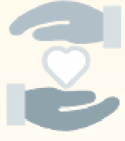
Let’s build trauma-informed systems

1. Lead and communicate about being trauma-informed

2. Engage patients in organizing and planning

3. Train both clinical and non-clinical staff



4. Create a safe physical and emotional environment

5. Prevent secondary traumatic stress in staff

6. Build a trauma-informed workforce

7. Involve patients in the treatment process

8. Screen for trauma

9. Train staff in trauma-specific treatments

10. Engage referral source and partner organizations

Questions?

Thanks!

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References

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4. *Health Canada. (2001). Handbook on Sensitive Practice for Health Professionals.*
5. *Substance Abuse and Mental Health Services Administration (SAMHSA). (2026). Trauma-Informed Approaches and Programs.*
6. Adopting a Trauma-Informed Approach to Improve Patient Care: Foundational Organizational-Level Steps | Playbook (bettercareplaybook.org)
7. Ravi A, Little V. Providing Trauma-Informed Care. *American Family Physician*. May 15, 2017. 95(5): 655-657.