

CareCertify LLC

Behavioral Health Series

BHS-004

Trauma-Informed Care Principles

Participant Guide

Group: Group 1: Foundations | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Define trauma and explain its prevalence in home care populations
- Identify different types of trauma and their long-term effects on health
- Describe SAMHSA's six principles of trauma-informed care
- Apply trauma-informed communication strategies in daily care interactions
- Recognize trauma triggers and respond in ways that prevent re-traumatization
- Explain how to support clients with trauma histories while maintaining professional boundaries

Section 1: Understanding Trauma

Trauma is an emotional response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope. It can result from a single incident or from ongoing experiences. The effects of trauma are profound and far-reaching — affecting how people think, feel, relate to others, and experience their bodies.

KEY STATISTIC: How Common Is Trauma?

Research consistently shows that more than 70% of adults in the U.S. have experienced at least one traumatic event in their lifetime. Among individuals receiving home care services — many of whom have chronic illness, disability, poverty, and social isolation — rates of trauma exposure are even higher.

Trauma is not just about what happened — it is about what happened inside the person. Two people can experience the same event and have very different responses based on their history, support systems, resilience factors, and biological responses to stress. This is why we don't judge the size or "severity" of someone's trauma by the event itself.

Section 2: Types of Trauma

Acute vs. Chronic Trauma

Acute trauma results from a single overwhelming event — an accident, assault, natural disaster, or sudden loss. Chronic trauma results from repeated exposure to traumatic events over time — ongoing abuse, domestic violence, childhood neglect, or war. Complex trauma refers to exposure to multiple or prolonged traumatic events, often interpersonal in nature and beginning in childhood.

Adverse Childhood Experiences (ACEs)

The ACE study, one of the largest health investigations of its kind, documented that childhood adversity — including abuse, neglect, and household dysfunction — has lifelong effects on physical and mental health. Higher ACE scores are associated with significantly elevated risk of depression, anxiety, substance use, heart disease, and early death. Many clients you serve carry these histories.

Secondary Traumatic Stress

As a home care worker, you may also be affected by the trauma you witness in your work. Secondary traumatic stress — also called vicarious trauma or compassion fatigue — is a real occupational hazard. We'll cover self-care strategies in BHS-024.

- Physical/sexual assault or abuse
- Childhood neglect or household dysfunction (ACEs)
- Domestic or intimate partner violence
- Combat or military service trauma
- Accidents, medical emergencies, or serious illness
- Natural disasters or community violence
- Refugee or displacement experiences
- Loss of a loved one under traumatic circumstances

Section 3: How Trauma Affects Health and Behavior

Trauma does not stay in the past — it lives in the body and shapes the present. The brain responds to perceived threats by activating the fight-flight-freeze response. For people with trauma histories, this response can be triggered by ordinary stimuli that the brain has associated with past danger.

Common effects of unresolved trauma include: hypervigilance (being constantly on guard), emotional dysregulation, difficulty trusting others, avoidance of reminders, physical health problems (headaches, chronic pain, GI issues), sleep disturbances, and difficulty concentrating or making decisions.



TRAUMA AND THE BRAIN

"The body keeps the score." Trauma is stored not just as memories but as physical sensations and automatic responses. A client who flinches at being touched from behind, or who becomes intensely distressed when a certain smell is present, may be responding to a trauma trigger — not misbehaving or being difficult.

Understanding this helps you interpret behaviors through a trauma lens rather than a behavioral lens. Instead of asking "What is wrong with this person?" ask "What may have happened to this person?"

Section 4: SAMHSA's Six Principles of Trauma-Informed Care

SAMHSA (the Substance Abuse and Mental Health Services Administration) has developed six core principles that define trauma-informed care. These principles apply to every interaction, not just formal therapy.

- 1. SAFETY — Create physical and emotional safety in every interaction. Explain what you're going to do before you do it. Ask permission. Never surprise someone with physical contact.
- 2. TRUSTWORTHINESS AND TRANSPARENCY — Be honest, consistent, and follow through on what you say. Trust is foundational and must be earned over time.
- 3. PEER SUPPORT — Recognize the healing power of shared experience. Support clients' connections with peers and support groups where appropriate.
- 4. COLLABORATION AND MUTUALITY — Share power with clients. Include them in decisions about their care. Trauma often involves loss of control — give it back wherever possible.
- 5. EMPOWERMENT, VOICE, AND CHOICE — Highlight client strengths. Offer choices. Support self-advocacy. Celebrate small victories.
- 6. CULTURAL, HISTORICAL, AND GENDER ISSUES — Recognize that trauma is shaped by culture, identity, and historical context. Address cultural humility and avoid assumptions.

TRAUMA-INFORMED PRACTICE IN HOME CARE

Trauma-informed care is not a protocol — it's a way of being. It means bringing curiosity, empathy, and respect to every interaction. It means explaining before doing, asking before touching, and listening before concluding.

Section 5: Trauma-Informed Communication

Trauma-informed communication involves specific language and interaction strategies that reduce the likelihood of triggering distress and increase safety and trust.

✓ DO	✗ DON'T
Explain what you're going to do before you do it ("I'm going to help you transfer to the chair now")	Touch a client without warning or explanation
Ask permission before physical contact	Issue commands rather than invitations ("You NEED to take your medication now")

Give choices wherever possible ("Would you prefer a bath or a shower today?")	Dismiss or minimize expressions of fear or distress
Use a calm, slow, predictable voice tone	Suddenly change routines without preparation
Acknowledge and validate feelings without judgment	Share your own trauma history with clients
Follow consistent routines and give advance notice of changes	React with frustration to difficult behaviors without considering trauma context

Section 6: Avoiding Re-traumatization

Re-traumatization occurs when something in the care environment — an action, sound, smell, position, or interaction style — triggers a trauma response in a client. As a home care worker, you can take steps to minimize this risk.

SCENARIO

While helping Mrs. Chen with her morning care, she suddenly becomes rigid, starts crying, and pushes your hands away. She says "don't" but doesn't explain more.

Response: Stop immediately. Step back and give her space. Speak calmly: "I'm stopping. I'm here. You're safe. Take all the time you need." Do not demand an explanation. When she is calm, ask gently if there is a different way to help. Document the interaction and report to your supervisor so the care plan can be adjusted to prevent future triggers.

TRIGGER AWARENESS

Learn each client's potential triggers over time — and document them appropriately so all team members know. Common care-related triggers include: unexpected touch, certain positions (especially lying face-down), specific words or tones of voice, being in enclosed spaces, medical procedures, and specific smells.

Maintaining your own calm is essential. When you stay regulated — speaking slowly, breathing steadily, maintaining gentle eye contact — you help regulate your client's nervous system through what researchers call "co-regulation."

Quick Reference Summary

Trauma	Emotional response to deeply distressing events that overwhelm coping ability
ACEs	Adverse Childhood Experiences — childhood adversity with lifelong health effects
Complex Trauma	Exposure to multiple/prolonged traumatic

	events, often beginning in childhood
Trauma Trigger	A cue that activates a trauma response in someone with trauma history
Re-traumatization	When care interactions unintentionally trigger traumatic responses
Safety (TIC Principle)	Creating physical and emotional safety in every interaction
Empowerment (TIC)	Highlighting strengths, offering choices, supporting self-advocacy
Co-regulation	Calming another person's nervous system through your own regulated presence
Fight-Flight-Freeze	The brain's automatic survival response to perceived threats
Secondary Traumatic Stress	Emotional impact of witnessing others' trauma — also called vicarious trauma