

CareCertify LLC

Behavioral Health Series

BHS-018

Supporting Individuals with PTSD & Complex Trauma

Participant Guide

Group: Group 3: Direct Care Skills | 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 PTSD and complex trauma and identify their causes
- Recognize PTSD symptoms in home care clients
- Apply trauma-informed care principles in daily caregiving
- Identify trauma triggers and respond safely when a client is triggered
- Understand how past trauma shapes client behavior and care relationships

Section 1: What Is Trauma?

Trauma is a response to an event or series of events that overwhelm a person's ability to cope. Trauma is not defined by the event itself, but by the impact it has on the individual. Events that are traumatic for one person may not be for another.

Common Sources of Trauma in Home Care Clients

Physical, sexual, or emotional abuse
Domestic violence
Childhood neglect
Military combat or war
Natural disasters
Accidents or life-threatening illness
Loss of loved ones (especially sudden or violent)
Homelessness or displacement
Systemic oppression, discrimination, racism
Medical trauma (procedures, hospitalizations, ICU stays)

Section 2: PTSD and Complex Trauma

Post-Traumatic Stress Disorder (PTSD) develops in some people after experiencing or witnessing a traumatic event. Complex PTSD (C-PTSD) results from repeated, prolonged trauma — often occurring in childhood or within abusive relationships.

PTSD Core Symptom Clusters

RE-EXPERIENCING: flashbacks, nightmares, intrusive memories
AVOIDANCE: avoiding thoughts, feelings, people, places, or activities related to trauma
NEGATIVE COGNITIONS AND MOOD: guilt, shame, distorted beliefs, emotional numbness
HYPERARRUSSAL: hypervigilance, exaggerated startle response, sleep problems, irritability

Complex PTSD also includes difficulty with emotional regulation, identity, and relationships.

Section 3: Trauma-Informed Care Principles

Trauma-informed care (TIC) means understanding how trauma affects behavior and shaping all interactions with that awareness. The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies six key principles of TIC.

- Safety: physical and emotional safety in the care environment
- Trustworthiness and Transparency: consistent, predictable, honest interactions
- Peer Support: connection with others with shared experiences
- Collaboration and Mutuality: power-sharing in care decisions
- Empowerment, Voice, and Choice: supporting agency and self-determination
- Cultural, Historical, and Gender Sensitivity: recognizing diverse trauma experiences

Section 4: Trauma Triggers and How to Respond

A trauma trigger is something that activates the nervous system's trauma response — bringing the person back into the physiological state of the original trauma. Triggers can be sights, sounds, smells, touches, words, or situations.

✓ DO	✗ DON'T
Announce yourself before entering a room or touching the client	Approach from behind without warning
Ask permission before physical care tasks	Insist on physical care when the client is visibly distressed
Use calm, predictable language and actions	Use restraint or physical force unless there is immediate danger
Create a sense of safety: "I am here, and you are safe"	Press the client to talk about their trauma
Allow the client to set the pace and make choices	Dismiss or minimize trauma responses as "overreacting"

SCENARIO

You begin to assist your client with a morning shower. As soon as she enters the bathroom, she becomes visibly terrified, starts shaking, and tells you to stop.

Response: Stop immediately. Speak gently: "I hear you — we can stop. You are safe." Allow her to leave the bathroom. Do not insist on the shower. Document her response and notify your supervisor so the clinical team can adjust the care plan accordingly.

Section 5: Trauma and the Care Relationship

Home care involves significant intimacy — entering someone's home, touching their body, managing their health. For trauma survivors, these interactions can trigger fear, mistrust, or dissociation. Building a safe, consistent relationship is therapeutic in itself.

Behaviors That May Reflect Trauma Responses

Hypervigilance: excessive alertness, startling easily
 Emotional flashbacks: sudden intense emotional states that seem disconnected from the present
 Dissociation: feeling disconnected from the body or surroundings
 Freezing: inability to respond or move when distressed
 Aggression: protective anger as a survival response
 Avoiding care: refusing touch or physical assistance

These behaviors are not personal — they are neurological trauma responses. Respond with patience and consistency.

Section 6: Your Own Wellbeing: Secondary Trauma

Working closely with trauma survivors can lead to secondary traumatic stress — a form of vicarious trauma where caregivers begin to absorb the emotional weight of their clients' experiences.

- Recognize the signs: emotional exhaustion, intrusive thoughts, numbness, detachment
- Maintain clear professional boundaries
- Seek supervision and support when you feel overwhelmed
- Practice self-care: rest, exercise, social connection
- Know that secondary trauma is real and does not make you weak

Quick Reference Summary

PTSD Symptoms	Re-experiencing, avoidance, negative mood/cognition, hyperarousal
Trauma Trigger Response	Stop, reassure safety, give choice, document, notify supervisor
TIC Core Principle	Safety, trustworthiness, empowerment, and collaboration
Trauma Behaviors	Hypervigilance, dissociation, freezing, aggression — neurological, not personal
Secondary Trauma	Caregiver absorbs client trauma — seek supervision and self-care