

Table 1. Specific Suggestions for Implementing TIC in Patient Care

Principle of Trauma-Informed Care (TIC)	Specific Suggestions for Practice
Patient-centered communication and care	<p>Ask every patient what can be done to make them more comfortable during the appointment.</p> <p>Prior to physical examination, present a brief summary of what parts of the body will be involved, allow the patient to ask questions, and let the patient know there will also be time available to ask questions afterward.</p> <p>Give the option of shifting an item of clothing out of the way rather than putting on a gown when an entire area does not need to be visualized.</p> <p>Patients who are anxious in the supine position may feel more comfortable if offered a pillow for their back.</p> <p>Offer the option of a mirror to see procedures or examinations that are out of the patient's visual field.</p> <p>If patient nonverbal behavior indicates a moderate to high level of anxiety, conduct further anxiety assessment and offer patient ways to "signal" distress either verbally or via by raising their hand (eg, signaling anxiety during a Papanicolaou smear).</p>
Understanding the health effects of trauma	<p>Understand that maladaptive coping (eg, smoking, substance abuse, overeating, and high-risk sexual behavior) may be related to trauma history.</p> <p>Understand that the maladaptive coping behaviors have adverse health effects.</p> <p>Engage with patients in a collaborative, non-judgmental fashion when discussing health behavior change.</p>
Interprofessional collaboration	<p>Maintain a list of referral sources across disciplines for patients who disclose a trauma history.</p> <p>Keep referral and educational material on trauma readily available to all patients in the waiting room.</p> <p>Engage in interprofessional collaboration to ensure continuity of care.</p>
Understanding your own history and reactions screening	<p>Reflect on your own trauma history (if applicable) and how it may influence patient interactions.</p> <p>Learn the signs of professional burnout and vicarious traumatization and prioritize good self-care.</p> <p>Examine your specialty, setting, and level of long-term interaction with patients.</p> <p>Decide if you will screen for current trauma (eg, current domestic violence) or a history of traumatic events.</p> <p>Consider if screenings will be face-to-face or self-report.</p> <p>Use a framing statement prior to the trauma screen.</p> <p>Provide all staff with communication skills training about how to discuss a positive trauma screening with a patient.</p>

Source: Raja S, Hasnain M, Hoersch M, Gove-Yin S, Rajagopalan C. Trauma informed care in medicine: current knowledge and future research directions. *Fam Community Health*. 2015; 38(3):216-226.