

Trauma Informed Care – Additional Questions and Answers

1. Q. Is there help for anyone who went through this?
A. *Therapy can be really helpful to support individuals who have experienced trauma. Many organizations offer several sessions free through Employee Assistance Programs*
2. Q. If this happened in childhood, is the individual mentally stuck at that age even though physically they're aging growing older?
A. *In times of stress, the individual may react in a way similar to how they reacted at the time of the trauma if they haven't learned new and more helpful coping strategies.*
3. Q. How would you do trauma therapy with someone who has brain block trauma? How would you uncover the trauma?
A. *Treatments like EMDR may be helpful in this case.*
4. Q. Is the limbic system involved in emotional intelligence or empathy or is that mainly the prefrontal cortex?
A. *Emotional intelligence and empathy come from both areas of the brain working together (thinking about your emotions and those of others).*
5. Q. You mentioned that medical workers could pass on trauma because of how often they interact with it—what are ways they avoid it? Is burnout inevitable for this field?
A. *Trauma informed care seeks to support the caregiver as well as the patient. Having a supportive environment, that allows for psychological safety, self-care, etc. (the things we tell our patients!) also supports healthy caregivers and reduces burnout.*
6. Q. How would you identify a patient that has been through ACEs? For example, how would you differentiate a person having jaw pain due to clenching because of trauma related anxiety versus pain caused by some kind of chronic TMJ inflammation?
A. *The first step would be to ask the patient if they have experienced trauma, do they have other symptoms of anxiety/depression/regulation problems. Also, I would do a full physical work up because it may be one or other or both.*
7. Q. Would you say mental disorders (anxiety, depression, cognitive disorders, etc.) more frequently stem from ACEs or from genetic causes?
A. *Usually there is a combination of factors that contribute to developing a disorder. Individuals with both a genetic predisposition and ACEs would be most likely to go on to develop mental health consequences.*
8. Q. How would a parent know the difference with children between "normal" behavior with acting up or testing limits & acting out because of trauma the child might have gone through?
A. *The difference is really in degree/intensity of "acting out," the age appropriateness of how they are acting out, and the duration of the behavior. If the parent is noticing intense behavior that is not age appropriate and not changing with intervention and time, they should seek professional help.*
9. Q. What should you do if a patient is not taking the proper treatment because of the trauma they suffered? Would you try and push them more or just keep trying to let them decide?
A. *This is the perfect example of using Trauma Informed Care to partner with the patient, ask "What has happened to you?" that is causing them to be hesitant about the treatment recommendations. Motivational Interviewing can also help the patient to articulate the pros and cons related to the treatment decision and make an informed decision with the provider.*