

# Introduction to Trauma-Informed Care Principles for Nursing Practice

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1

## Introductions



- Mary Theisen
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2

## Objectives

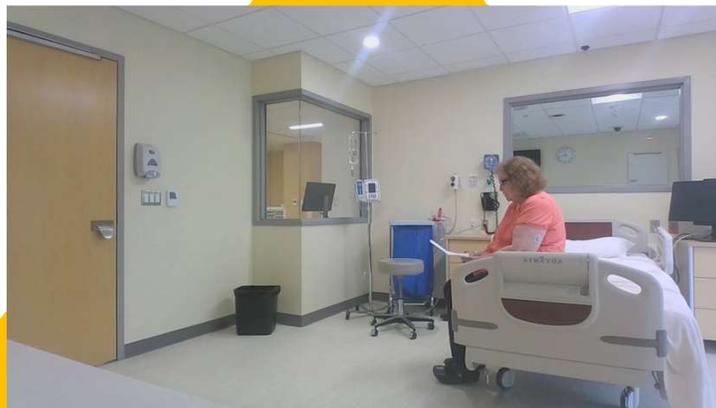
At the end of this presentation, participants will be able to:

- Define a traumatic event and describe how trauma impacts individuals' physical and emotional health
- Identify the core principles and recommendations of Trauma-Informed Care (TIC)
- Demonstrate an understanding of TIC Strategies in Nursing Practice and how to integrate these approaches into patient interactions, clinical assessments, and care planning.
- Recognize signs of secondary traumatic stress in healthcare providers and implement self-care and resilience-building strategies to sustain trauma-informed nursing practice



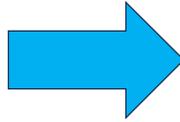
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## Case Study 1

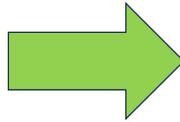


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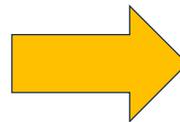
## Case Study 1 Reflection



*What did you notice about the nurse's interactions with the patient?*



*How do you think Sarah feels during this interaction?*



*What could be the long-term ramifications of these poor interactions in a healthcare setting?*



5

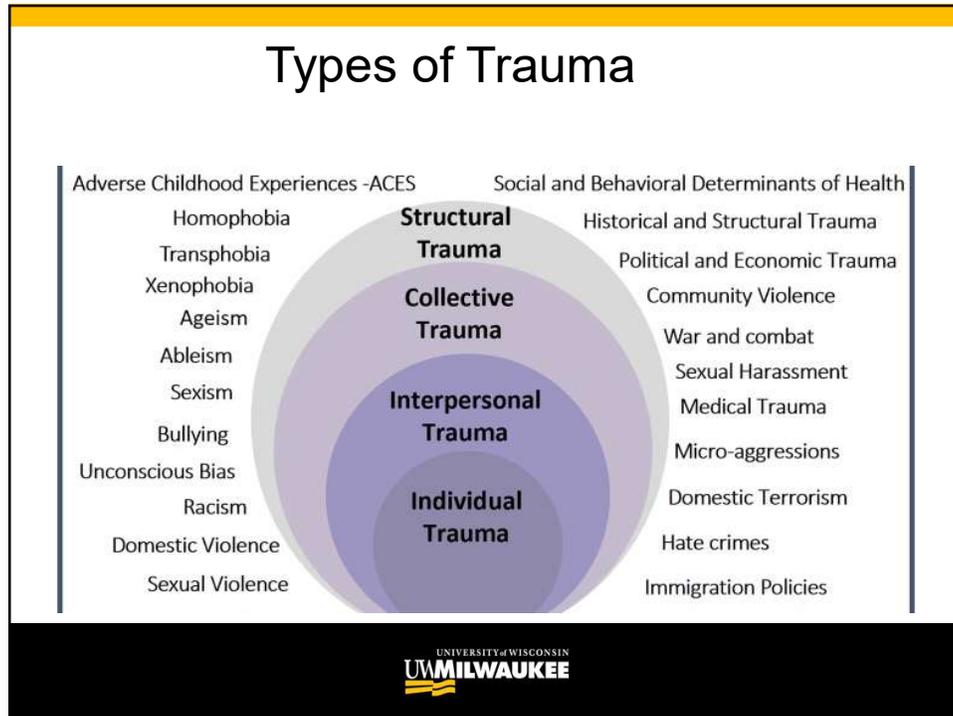
## Understanding the Impact of Trauma Through the 3 E's: Event, Experience, and Effect

- A traumatic event is an overwhelming threat to safety or well-being, associated with emotional distress
- Traumatic Events include:
  - Single traumatic events such as acts of violence, accidents, or a threat to the life of a loved one
  - Ongoing or chronic trauma, including child abuse, combat experience, abusive relationships
  - Collective or Structural Trauma
  - Complex trauma
  - Indirect trauma or vicarious trauma

(American Psychiatric Association, 2013; Isobel, 2021; SAMHSA, 2014)



6



7

## Physiologic Response to a Traumatic Event

- When the event occurs, the body enters a stress response
- The brain activates the locus coeruleus, which regulates arousal, and the amygdala, which controls emotions
- Creates a warning system corresponding to a hyperarousal state
- Coping mechanisms become overwhelmed, and dysfunctional adjustment occurs



(Fleishman et al., 2019; Ford et al., 2015; Kezelmen, 2016)

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8

## The Second E: Experience

- Everyone will experience a traumatic event uniquely
- Two people can survive the same sudden injury but place different meanings on this event, thus eliciting a different response
- The personal experience of traumatization is rooted in coping skills, development, support, and culture

(Boles, 2017; SAMHSA, 2014)



9

## The Third E: Effect

- Risk for a prolonged stress response, poor coping, emotional instability, and physical harm
- Effects can manifest in the acute stage or have long-term ramifications
- Possible symptoms include: distressing memories, flashbacks, avoidance, negative beliefs about oneself, diminished interest in activities, detachment, and angry outbursts
- Deterioration of physical and mental health
- Post-traumatic stress disorder (PTSD) develops when symptoms worsen and the trauma response becomes protracted

(APA, 2013; Cannon et al., 2020; SAMHSA, 2014)



10

## Protracted Effect: PTSD Criteria in the DSM-5 (APA, 2013)

### Criterion A: The Event

### Criterion B: Intrusion Symptoms (one or more required)

- Recurrent distressing memories.
- Recurrent distressing dreams related to the trauma.
- Flashbacks
- Intense distress at exposure to reminders.
- Marked physiological reactions to trauma-related cues

### Criterion C: Avoidance (one or both required)

- Avoidance of distressing memories, thoughts, or feelings.
- Avoidance of external reminders

### Criterion D: Negative Alterations (two or more required)

- Inability to remember an important aspect of the trauma.
- Persistent negative beliefs or expectations about oneself, others, or the world.
- Persistent, distorted blame of self or others.
- Persistent negative emotional state
- Markedly diminished interest or participation in activities.
- Feelings of detachment or estrangement from others.
- Persistent inability to experience positive emotions

### Criterion E: Alterations in Arousal and Reactivity (two or more required)

- Irritable behavior and angry outbursts.
- Reckless or self-destructive behavior.
- Hypervigilance.
- Exaggerated startle response.
- Problems with concentration.
- Sleep disturbances.

### Criterion F: Duration over 1 month



11

## Realize: Prevalence

- Veterans= 7%, female veterans 13%, male veterans 6%
- 15-20% of military personnel experience PTSD in their lifetime
- PTSD are more than three times (15.3%) higher among people exposed to violent conflict or war
- 3.9% of the world population
- PTSD in the US:
  - PTSD for teens aged 13–14 is 3.7%,
  - 4% of U.S adults
  - Lifetime prevalence is 8% in adults
  - 8% of U.S. adolescents aged 13-18
  - 7% in the 17–18 age group
- PTSD and Children
  - 3% to 15% of girls
  - 1% to 6% of boys

(American Psychiatric Association, 2025; Carmona & Griswold, 2024; Hamblen & Barnett, 2025; Schnurr, 2025; World Health Organization, 2025)



12

## Trauma Informed Care (TIC)

- Defining TIC
  - An approach to interacting with individuals
  - Basis for formulating institutional policies, including in hospital systems
  - Used by health care professionals to safely engage patients by being aware and sensitive to the psychological and emotional needs caused by possible previous trauma
- Assumptions
  - Traumatic events are widely prevalent
  - The impact of trauma is substantial
  - Lack of proper care leads to disruption of social, mental, and functional well-being, including substance use, mental health disorders, and chronic disease



(SAMHSA, 2014)

## History of TIC

- Developed in the 1970s
- Growing number of veterans exhibiting concerning symptoms in the wake of the Vietnam War
- Now applied to various settings and populations
- Shown to be effective in high-risk hospital settings such as the emergency department and critical care units

(Boles, 2017; Curi, 2018)

## 6 Core Principles of TIC

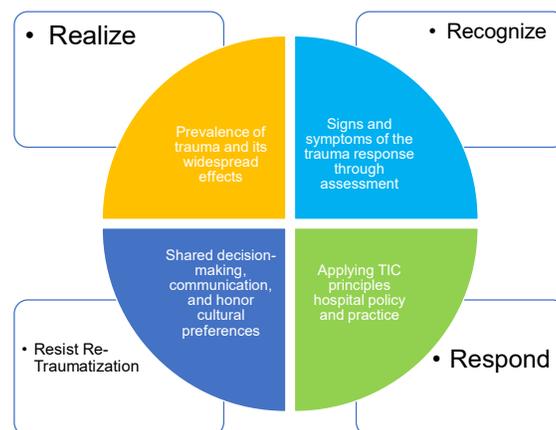
- Safety – Physical and emotional safety for patients.
- Trustworthiness & Transparency – Building trust through communication.
- Peer Support – The role of peer relationships in healing.
- Collaboration & Mutuality – Shared decision-making with patients.
- Empowerment & Choice – Supporting autonomy and control.
- Cultural, Historical & Gender Sensitivity – Providing culturally responsive care.

(SAMHSA, 2014)



15

## 4 Recommendations of TIC



(Agency for Healthcare Research and Quality, 2016; SAMHSA, 2014)



16

## Recognize: Screening Tools

- Posttraumatic Stress Disorder Checklist (PCL)
  - A self-report screening tool developed by the U.S. Department of Veterans Affairs to assess PTSD symptoms in civilian populations.
  - Multiple variations
- Adverse Childhood Experiences (ACE) Questionnaire:
  - A 10-item self-report questionnaire designed to identify childhood adverse experiences of abuse and neglect.



17

## Recognize: Screening Tools

- Trauma History Questionnaire (THQ):
  - A self-administered tool that has been used successfully with clinical and nonclinical populations to assess exposure to potentially traumatic events.
- Impact of Event Scale – Revised (IES-R):
  - Description: A self-report measure that assesses subjective distress caused by traumatic events.



18

## Recognize: Screening Tools

- Davidson Trauma Scale (DTS):
  - A self-rating measure of PTSD symptoms, assessing frequency and severity.
- Secondary Traumatic Stress Scale (STSS):
  - A self-report measure designed to assess the frequency of symptoms of secondary traumatic stress in professionals who work with traumatized individuals.

*And many others!*

(U.S Department of Veterans Affairs, 2025)



19

## Screening Example: Posttraumatic Stress Disorder Checklist-5 (PCL-5):

- 20 items
- Self-report
- Can be completed in 5-10 minutes
- Available in the public domain for use by qualified health professionals and researchers
- Adapted for both military and civilian use

(U.S Department of Veterans Affairs, 2021)



20

**PCL-5 with Criterion A**

**Instructions:** This questionnaire asks about problems you may have had after a very stressful experience involving actual or threatened death, serious injury, or sexual violence. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a serious accident, fire, disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide.

First, please answer a few questions about your worst event, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war zone or repeated sexual abuse).

**Briefly identify the worst event (if you feel comfortable doing so):**

How long ago did it happen? \_\_\_\_\_ (please estimate if you are not sure)

**Did it involve actual or threatened death, serious injury, or sexual violence?**

Yes  
 No

**How did you experience it?**

It happened to me directly  
 I witnessed it  
 I learned about it happening to a close family member or close friend  
 I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)  
 Other, please describe \_\_\_\_\_

**If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?**

Accident or violence  
 Natural causes  
 Not applicable (the event did not involve the death of a close family member or close friend)

PCL-5 with Criterion A (11 April 2018) National Center for PTSD Page 1 of 2

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings, such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "hypertense" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

PCL-5 with Criterion A (11 April 2018) National Center for PTSD Page 2 of 2

21

## The PCL-5 Scoring and Meaning

- Each of 20 items is rated on 5-point Likert Scale
- Participants answer questions based on symptoms experienced in the last month
- Example:

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4

- Range of Scores from 0-80
- PCL-5 cutoff score between 31-33 as indicative of probable PTSD and referral for clinician-based assessment is recommended

(U.S Department of Veterans Affairs, 2021)

22

## Resist Re-Traumatization: Applying Trauma-Informed Care Principles

- **Establish Safety & Trust** – Introduce yourself, explain procedures, and allow the patient to have some control.
- **Use Person-Centered Communication** – Avoid judgmental language and acknowledge the patient’s concerns. Using non-triggering language and active listening.
- **Be Mindful of Triggers** – Recognize that past trauma may affect the patient’s response to care.
- **Offer Choices & Empower the Patient** – Ask about preferences, provide options, and respect boundaries, informed consent

(Davidson, 2022; Fleishman et al., 2019; Kezelmen, 2016; White et al., 2022)



23

## Resist Re-Traumatization: Applying Trauma-Informed Care in Principles

- **Validate Emotions & Build Rapport** – Acknowledge distress and reassure the patient that they are being heard.
- **Screening for Trauma Sensitively** – How and when to ask about trauma.
- **Creating a Safe Environment** – Privacy, consent, patient-centered approaches.
- **De-escalation Techniques** – Managing distress in trauma survivors.
- **Self-Reflection & Implicit Bias Awareness** – Recognizing our own responses.
- **Cultural Responsiveness**

(Davidson, 2022; Fleishman et al., 2019; Kezelmen, 2016; White et al., 2022)



24

## Respond: Nurse Advocacy for TIC Policy in Healthcare Settings

- Apply “universal precautions” and assume all patients have a trauma history
- Use Screenings when trauma is suspected and to evaluate risk for PTSD
- Increase TIC training and education
- Establish trauma internal and external resources within an institution (e.g social worker, psychologists)
- Support Cultural Responsive Care



25

## Limitations

- Challenges in High-Stakes or Emergency Situations
  - There may not be enough time to fully apply TIC principles
  - Situations requiring immediate medical intervention may not allow for extensive trauma-informed approaches
- Lack of Clear, Standardized Guidelines
  - Difficult to create consistent policies across different settings
  - Variability in practice
- Potential for Overgeneralization
  - TIC assumes all patients have experienced trauma, which may not be the case
  - Applying TIC without assessing individual needs could lead to unnecessary interventions.

26

## Limitations (Continued)

- Resource and Training Barriers
  - Proper TIC implementation requires extensive staff training
  - Organizations with limited resources may struggle
- Potential for Secondary Trauma in Providers
  - Staff working in trauma-informed systems may experience secondary traumatic stress from frequent exposure to patients' trauma histories
  - Without proper support, this can lead to burnout and emotional fatigue



27

## Simple TIC Strategies for Nursing Practice: Communication and Emotional Support

- Introduce yourself
- Follow patient's cue and comfort with eye contact
- Speak in a gentle, non-rushed tone
- Use simple, clear language . Avoid medical jargon.
- Ask permission before discussing difficult topics.
- Validate feelings
- Encourage questions and reassure patients that they are active participants in their care.
- Recognize distress signs
- Provide grounding techniques if a patient appears anxious (e.g., deep breathing, offering a cold washcloth).



28

## Simple TIC Strategies for Nursing Practice: Environmental



- Respect personal space. Sit down.
- Adjust the environment—dim lights, reduce noise, and offer privacy
- Encourage the presence and engagement of support persons
- Minimize sudden movements or loud noises when interacting with patients.
- Offer sensory comfort items like blankets or stress balls



29

## Simple TIC Strategies for Nursing Practice: Procedures

- Explain every procedure before performing it, even routine ones.
- Provide choices—respect when a patient says 'no' unless an immediate medical intervention is required.
- Ask for permission before touching a patient whenever possible.
- Obtain Informed Consent
- Use teach-back techniques to assess understanding before proceeding



30

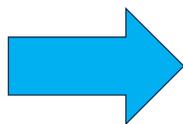
## Case Study 2



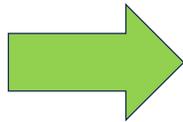
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31

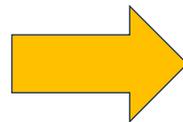
## Case Study 2 Reflection



*What did you notice now about the nurse's interactions with the patient?*



*How do you think Sarah feels during this interaction compared to Case Study 1?*



*What could be the long-term effects of these TIC interactions in the healthcare setting?*

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32

Recognize signs of secondary traumatic stress in healthcare providers and implement self-care and resilience-building strategies to sustain trauma-informed nursing practice

Impact on High Quality Care	Staff May have their own trauma histories	Burnout
Staff Turnover	Impact on Work Culture	Prevention is key impacting staff morale



33

Strategies for Secondary Traumatic Stress

<p>Education and Training to raise awareness</p> <ul style="list-style-type: none"> <li>• Staff to explore own trauma histories</li> <li>• Supervisors provide meeting to address feelings and patient interactions</li> </ul>	<p>Promote physical activity</p> <ul style="list-style-type: none"> <li>• Yoga</li> <li>• Meditation</li> </ul>	<p>Allow Mental Health Days</p>
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34

## Secondary Stress and Self-care and Resilience Building Strategies

Self-Soothing

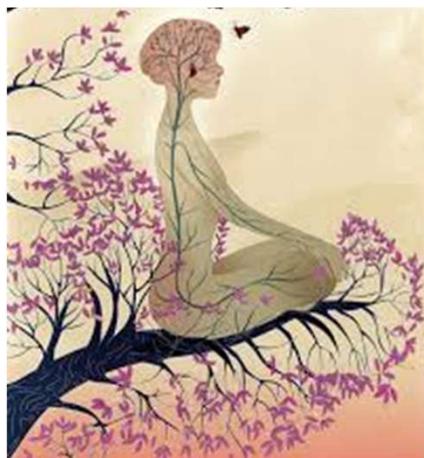
Self-Kindness Verses  
Self Judgement

Self-Compassion



35

## Incorporate Mindfulness



- What is mindfulness
- Incorporate mindfulness:
  - Refill your cup
  - Provide balance



36

## Self-Care Resources and Resilience-building Strategies

- National Alliance on Mental Health <https://namiwisconsin.org/>
- SAMHSA - Substance Abuse and Mental Health Services Administration (.gov) <https://www.samhsa.gov › atc-whitepaper-040616>
- WisPan-<https://wipeeralliance.org/>



37

## Key Take-Aways

- Traumatic events are common, and the trauma response has varying levels of severity, including a diagnosis of PTSD
- You do not need to know the patient/client has a trauma history to use TIC
- However, it may be valuable to conduct trauma assessments using validated tools to better understand patient/client needs
- TIC is an approach that promotes a sense of safety
- TIC can be applied in all healthcare settings to all patients
- TIC increases trust in the healthcare provider and the healthcare system
- Nurses are susceptible to secondary traumatic stress due to their jobs—recognize signs and take care of yourself!



38

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39

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40

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41

## Questions? Discussion?



Thank you!

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42