

**Senior Project Proposal**  
**Aiyana W. W.**  
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**I. Title of Project:**

Analysis of Trauma-Informed Care Screenings

**II. Contact Information:**

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- Internship Location: Flagstaff Medical Center, Flagstaff, AZ
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**III. Thesis:**

What are the standards of Trauma-Informed Care screenings (TIC) when incorporated into a primary care setting and what are its benefits in comparison to the Social Determinants of Health (SODH) screenings?

**IV. Background:**

My interest in forensic science and medicine was something that I developed over time, not something that happened over night. When I was a kid and my dad would ask me what I wanted to be when I grew up, I told him I wanted to be a scientist. From there, it developed into me wanting to be a doctor, but my hopes of being some sort of scientist lingered. My dad bought me a science kit where I could do little experiments at home like making elephant toothpaste or combining other chemicals it came with to see what reaction it would cause. From there, I was invested and wanted to know more. Since at the time I didn't really have much access to the internet to look stuff up, I couldn't really research much into what scientist I wanted to be, but I liked to solve things and learn new things, so I turned to what I did have access to: video games. I would try to find games that had a mystery aspect to it or solve something. I found an alchemy game that had you combine different elements to create something new. I also found hidden object games to play and solve the puzzles and riddles the game had. At that point, I was hooked.

As I got older, I started liking some of the crime shows that mom would like, such as 48 Hours and eventually documentaries of unsolved cases. For awhile at one point, my mom and I would stay up watching those documentaries late at night just for the fun of it and it was interesting. The more we did that, the more invested I became and the more I wanted to know more. Even in my free time, I would watch Netflix documentaries that would come out about serial killers and the in-depth deep dive on them. If it wasn't serial killers, it was unsolved cases whether it be famous ones or ones not many know about. If it wasn't me binge watching episodes or documentaries I came across, it was watching videos on YouTube. If I was

interested in a case, I would look for videos that talked more about it and went into more depth about it or people voicing their opinions from an outside point of view. One specific YouTubers I would watch was Buzzfeed Unsolved where two guys would discuss different cases, the evidence, the story about the case, theories about it, and would visit the place where the crime took place. Despite all that, my hopes of being a doctor still lingered and grew when I started taking biology in middle school and high school. If it wasn't forensics I wanted to know more about, it was me asking my mom questions about something I saw about some sort of case or disease or injury since she had some knowledge of them working at the hospital as a surgery scheduler. Learning about both interests at the same time tend to have things or cases that cross over and made me more prone to talking about it or stating an opinion to my friends about it.

Once I got to high school, I knew the Forensics class would be my top pick when I saw it was one of the electives we could choose. Even though it was a class I took during the COVID Pandemic year, and many people didn't really put much effort into the classes or didn't even attend them, I made sure I was in that class at 2:50 pm each day during the school week to listen in and participate. That was a new perspective on it because I learned what each scientist in that field and detective had to do to find out how a crime happened, why it happened, and who did it. There were so many aspects that I didn't consider when I first was interested in it and it hit me then in that class that it was a lot of work, but a lot of work I wanted to do. Each unit got me more and more intrigued from serial killer profiling, to ballistics, to blood splatter analysis, to all other different units we discussed. I knew I wanted to help people as a profession from taking all of these classes, but "how?", was the question. From there my project idea started with the Missing and Murdered Indigenous Peoples (MMIP), and hoping to find a solution or figuring out a way to make it easier in finding people and bringing that justice to those families of victims, but it was a lot harder than expected. It eventually moved to combining forensics and the hospital and seeing how the two sciences intertwined with one another, but even that was hard to put together and make it work out. After all the changes and updates on my project, I was finally able to settle and do some more digging into Trauma-Informed Care to base my project on it.

#### **V. Literature Review:**

- Menschner, Christopher, and Alexandra Maul. "Key Ingredients for Successful

Trauma-Informed Care Implementation in BRIEF." Center for Health Care Strategies ,

Apr. 2016.

This article starts off just the same as the other articles and studies with talking about how trauma can lead to major health issues in the future and of course how personnel need to understand the patient's life experiences that lead up to the current moment to give the appropriate care and help they need. The article talks about how there are 2 main things that are involved for effective treatment: "Organizational Competencies" and "Core Clinical Guidelines" (it also explains that this should also apply to non-clinical staff as well). It does mention, like the other articles, that "trauma" has no universal definition, but does use the commonly referenced definition from the Substance Abuse and Mental Health Services Administration (SAMHSA), including some examples of trauma. Menschner and Maul state that there are 5 core principles to TIC: Patient Empowerment, Choice, Collaboration, Safety; and Trustworthiness. These are the principles that (7) talks about. There are also "Key Ingredients of Trauma-Informed Organizational Practices: Leading and communicating about the transformation process; Engaging patients in organizational planning; Training clinical as well as non-clinical staff members; Creating a safe environment; Preventing secondary traumatic stress in staff; Hiring a trauma-informed workforce" (2) and going into further detail of each "ingredient". Like in (3), (2) talks about how these procedures must also apply to non-clinical staff as sometimes they are the people the patients interact with first, and indirectly sets the mood for how the appointment will go. The organization that is TIC based must also consider the physical and social-emotional environment in order to provide the utmost care, but then warns to keep in mind "secondary traumatic stress" (STS) like (10) does and defines it. It goes into detail on how to help prevent STS while also stating that it would be good to pair patients with personnel who may have experienced a similar traumatic event to help create that

connection between physician and patient. The article goes into more detail about other treatment options for organizations and the steps to not overdo it with some treatments. It concludes with advice to everyone that they have the opportunity to confront the long and short term effects of trauma to improve the futures of patients.

- Raja, Sheela, et al. “Trauma Informed Care in Medicine.” *Family & Community Health*, vol. 38, no. 3, 10 June 2015, pp. 216–226,  
[www.brighamandwomens.org/assets/BWH/womens-health/connors-center/pdfs/tic-in-medicine-raja-2015.pdf](http://www.brighamandwomens.org/assets/BWH/womens-health/connors-center/pdfs/tic-in-medicine-raja-2015.pdf), <https://doi.org/10.1097/fch.000000000000071>. Accessed 5 Feb. 2024.

Starts off with defining what “traumatic events” are and how the term “trauma-informed care (TIC)” is widely used, but it’s not understood how to apply it. Also goes into detail about retraumatization and how personnel need to be wary about it. The study states that there are 3 aims of TIC: “(1) to identify the core principles of TIC in medical settings, (2) to identify how providers can apply these principles to practice, and (3) to provide detailed recommendations for how TIC in health care can be studied in an evidence-based, programmatic manner” (3).

The study also goes on to say that there are two “domains” that TIC can be sorted in: “Universal Trauma Precautions” and “Trauma-Specific Care”, and it defines what both are, including the techniques utilized in each one. These are similar to the “Organizational Competencies” and “Core Clinical Guidelines” that were mentioned in (2), though the “Precautions” and “Care” fall more into the “Core Clinical Guidelines”. The study includes a picture of what is called the TIC Pyramid and it sort of goes over the steps needed to be taken when helping patients. It explains the different ways to help patients feel safe mentally and

physically through behavior and communication techniques that personnel can utilize when one-on-one with patients to make them not feel overwhelmed that isn't screening. It continues to go over each of the tiers in the TIC Pyramid in detail and that the patients should guide the session rather than the personnel to increase the comfort of the patient.

- Bath, Howard. "The Three Pillars of Trauma-Informed Care." *Reclaiming.com*, vol. 17, no. 3, 2008, pp. 17–21,  
[elevhalsan.uppsala.se/globalassets/elevhalsan/dokument/psykologhandlingar/trauma-i  
nformed-care.pdf](http://elevhalsan.uppsala.se/globalassets/elevhalsan/dokument/psykologhandlingar/trauma-informed-care.pdf). Accessed 5 Feb. 2024.

This article by Howard Bath tends to focus more on how trauma affects children specifically and that trauma exposure can happen at an early age. It explains the difference between "acute trauma" and "complex trauma" with acute happening from an overwhelming event while complex is from more traumatic situations. It gives some examples of involuntary responses to triggers and how they vary depending on the brain-based stress systems in brains that become permanently changed. This explains why some children in these situations focus their attention on trying to find some sort of safety and comfort rather than exploring their interests and getting out to do other things because if they did try doing other things than search for comfort, they constantly scan for danger and become hypervigilant. Bath goes on to explain that there are elements in healing: Safety, Connections, and Emotion and Impulse Management. This article goes over 3 factors of TIC compared to (7) which goes over 6 key factors to consider. He dives into what each of those terms means, examples of each one, and what to do to help a child feel each one of these things Bath mentions. However, the suggestions from (2) wouldn't be as useful as this article focuses on children, and it may not

help since they are so young. The article concludes with a summary and that children who have trauma need adults in their lives that can develop trauma-informed approaches to help with the healing process.

- “What Is Trauma-Informed Care?” *Socialwork.buffalo.edu*, University at Buffalo, [socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-truma-informed-care/what-is-trauma-informed-care.html#:~:text=The%20Five%20Guiding%20Principles%20are](https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html#:~:text=The%20Five%20Guiding%20Principles%20are). Accessed 5 Feb. 2024.

Starts off with defining what Trauma-Informed Care (TIC) is and explains how the whole system of care wants to “shift from asking, “What is wrong with this person?” to “What has happened to this person?” (7). It explains that trauma varies from person to person and TIC needs to be careful when addressing patients as personnel can retraumatize someone. The article defines what retraumatization is and how it's a major concern when helping patients. This then explains that there are 5 principles to ensure emotional and physical safety for patients: Safety, Choice, Collaboration, Trustworthiness; and Empowerment. It continues to define each of the principles and what that means when caring for a patient. However, this article does not go into as much detail as (2) does in explaining how each of these principles work and how to apply them to patients. It concludes with what an ideal environment for TIC would be like according to the Substance Abuse and Mental Health Services Administration recommendations.

- Duquesne University School of Nursing. “What Are the 6 Principles of Trauma-Informed Care? | Duquesne University.” *Duquesne University School of Nursing*, Duquesne University, 26 Oct. 2020,

[onlinenursing.duq.edu/blog/what-are-the-6-principles-of-trauma-informed-care/](http://onlinenursing.duq.edu/blog/what-are-the-6-principles-of-trauma-informed-care/).

Accessed 6 Feb. 2024.

This article focuses on childhood trauma, specifically adverse childhood experiences (ACEs), as those events are what leads to trauma to becoming depression or an addiction for example, and why it's important that personnel when interacting with patients, keep this in mind.

Nurses spend a lot of time face-to-face with patients before a physician examines the patient, so they must keep in mind the past and present conditions and experiences so as not to trigger anything, which is why the method in figuring out if a patient has ACEs, nurses can use a scan, so the patient won't be triggered if the nurse were to ask them directly. This article goes into explaining how there are 6 principles that personnel should know: Safety, Trustworthiness and Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice and Choice; and Cultural Issues. The reading goes into detail about the role nurses play in each principle and examples on how to properly execute each principle during interactions with patients. It concludes with talking about how even people like security guards and receptionists should follow some of these principles and have a sense of empathy. It also warns about secondary traumatic stress that personnel can experience when talking to these patients. Out of all the articles, this is the only one that talks about ACEs and why the scan scans for them.

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Feb. 2024.

## **VII. Central Issue:**

One issue that I'd like to dive into further is “Secondary Traumatic Stress” (also known as “Compassion Fatigue”)- the emotional distress that results from an individual hearing and learning about traumatic experience(s) firsthand when interacting with patients- that can affect clinical personnel when interacting with a patient that comes in. Symptoms of STS include cognitive, emotional, behavioral, and physical that can really impact someone and ultimately their life if the issue isn't addressed. Of course, everyone handles trauma differently, but it would be interesting to see how personnel approach STS while keeping their priority on the patients they are helping, on top of keeping in mind that “retraumatization” can happen too if they're not careful. That's why organizations that do deal with “Trauma-Induced Care” need to keep in mind this factor to help everyone and balance in making sure the patients feel safe emotionally and physically with those of the personnel aiding them.

To approach this matter, it will be similar to how I will approach my project: through questions. The questions won't be asking anything personal of the personnel, but it is aimed to see what ways personnel have addressed it or have been trained to address STS, as it is another issue that can come hand-in-hand with TIC. Someone cannot provide effective TIC treatment to a patient if they themselves are experiencing STS as it could cause retraumatization and not the help the patient is seeking. There's a lot of factors that organizations that specialize in TIC need to consider, so it would be interesting to see what the process for STS is when TIC gets incorporated into primary care and if the SODH considers STS in the screenings.

## **VIII. Performance Factors:**

I hope to improve on being able to talk to people and interview people more comfortably. It can always be nerve wracking when meeting new people, especially when you're interviewing them and want to keep up the conversation and not let go quiet. While it is easy to talk in general, interviews are more professional than just regularly talking to someone. You want to keep the conversation on topic with what you're interviewing them about while also making sure the questions don't waste their own time, especially in a hospital setting where everyone has a job to do and can't waste time on an interview that wasn't beneficial to both parties. Along the lines of these interviews, I want to be able to write good questions that do get answered and I can learn from it rather than just to ask and not getting anything out of it.

Another thing I hope to be able to do is write an article that provides people the information they need. It will also be good to know how to write a professional paper that will get read at some point and that people can use the information we put out to do more studies on it and hopefully find a better alternative for future practices in trauma-informed care. With this as well, it will help me in college when writing articles, if I do, and I'll have that background and experience on working on something big like this project.

#### **IX. Internship Ties:**

For my future academics and success, I want to pursue a career within the scale of medical, law enforcement, and criminology/forensic science. As I've stated before in the Background Section (II), I've been very much into these fields from a young age and it has all led up to now when I'm given the opportunity to work with people from Northern Arizona Healthcare with something that kind of puts all of my interests into one project.

Trauma-Informed Care has elements from a hospital perspective and wanting to help people overcome and heal from their trauma. At the same time, it brings in a forensic and law enforcement aspect to it as these are trauma cases, and trauma varies from traumatic events and experiences to abuse of all sorts. The more people get involved in these types of cases, without overwhelming the patient and respecting their wishes and needs, there will be a significant decrease in abuse that happens even if it may take time to.

In college, the courses vary depending on the specific job I'm wanting to do. Something medical-related can take years and lots of classes that vary around sciences and math specifically. Law enforcement requires classes for at least 2 years in criminal justice, as well as experience at a Police Department/Police Academy. Forensic fields vary depending on the job as some require a major in some sort of science while others still need the sciences classes while also pursuing a medical degree. With my internship, it ropes in all the elements I need and will allow me to have the experience I'm looking for to decide on what specific career path I want to pursue. I may not continue working on this project as the final product is an article and the reviews and edits won't be till after college, but it would still be fun to have that sort of background going into college.

**X. Reflection:**