



Trauma Informed Care in Oncology

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Objectives

Define

Define trauma and explain trauma-informed care (TIC) core principles in the context of oncology practice.

Appreciate

Appreciate the effects of trauma on patient health, behavior, & treatment engagement.

Integrate

Integrate trauma-informed strategies to support patient, family, and healthcare providers.

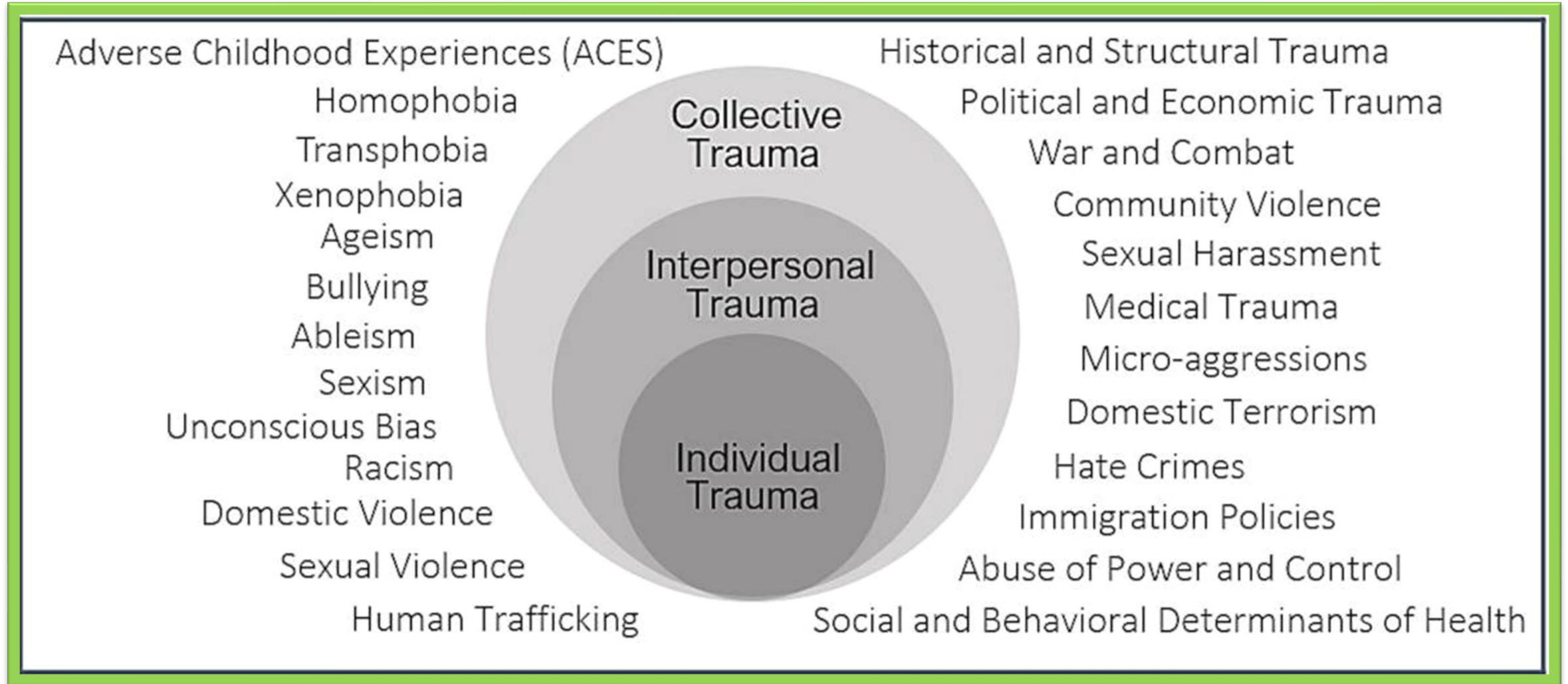
Defining Trauma

- *Exposure to actual or threatened death, serious injury, or sexual violence... directly experiencing the event, witnessing it, or learning of a close relative/friend experiencing it*
- Lasting adverse effects on the individual's functioning & physical, social, emotional, or spiritual well-being.
- Prevalence of experiencing traumatic event in lifetime:
 - 30%
 - 50%
 - 60%
 - 70%



American Psychiatric Association, 2022; National Council for Behavioral Health, 2024; SAMHSA, 2023

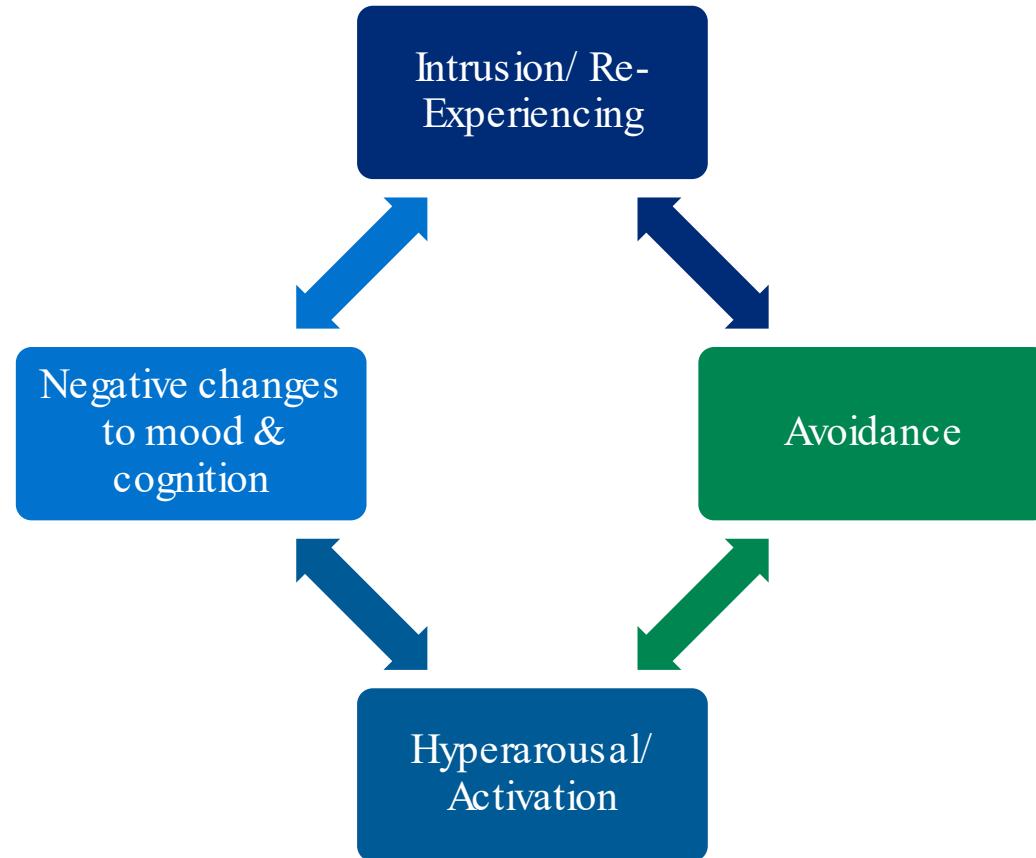
Types of Trauma



Grossman et al., 2021

Traumatic Stress Symptoms

Psychosocial, physical, and existential-spiritual



- Severity and chronicity vary
- Traumatic stress symptoms may occur independently or at the level of trauma spectrum disorders, including post-traumatic stress disorder (PTSD)
- Experiencing traumatic stress $\neq$ PTSD

The Three E's of Trauma

Events: Exposure to actual or threatened harm, experienced directly or indirectly.

Experience: How the individual perceives and interprets the event.

Effects: The lasting impact on functioning and well-being—psychological, physical, social, or spiritual—affecting coping, treatment adherence, and quality of life.

Longterm Impact of Trauma

Adverse Childhood Experiences (ACEs)

- Abuse
- Neglect
- Relational or household dysfunction

“Weathering” and Allostatic Load

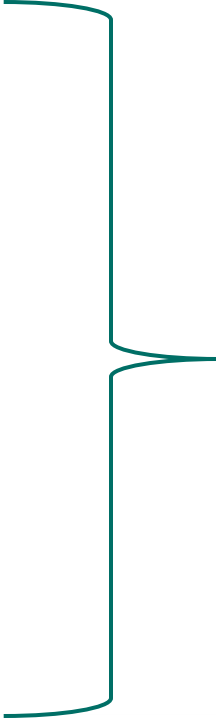
- Chronic, cumulative stress from marginalization leads to “wear and tear” on the body and worsened health outcomes.

Trauma & Cancer Care

Lifetime trauma exposure is associated with greater co-morbid health problems, higher symptom burden, & increased symptom distress in serious illness

Cancer treatment is often retraumatizing

- Impact on autonomy & independence
- Adversarial relationship with one's body
- Invasive medical intervention
- Power imbalance in caregiving



**Loss of safety, control,
predictability**



Medical Environment Heightens Stress Response

- Frightening sights, sounds, touch; high sensory stimulation
- Past adversarial experiences in healthcare & medical mistrust
- Personal & sociopolitical context

SOME BODY, MEDICAL & HEALTH CARE TRIGGERS, REMINDERS &/OR HOTSPOTS

SOUNDS & NOISES

- STATEMENTS LIKE 'LIE DOWN', STAY STILL, SPREAD YOUR LEGS & CALM DOWN
- OTHER PEOPLE IN DISTRESS OR PAIN INCLUDING CRYING OR SHOUTING
- ALARMS BEEPING
- SIRENS
- DOORS SLAMMING

VISUAL & SIGHTS

- BLOOD PAIN BRUISES
- TOOLS & EQUIPMENT
- LIGHTING
- FACIAL EXPRESSIONS & FEATURES
- MASKS
- STRANGERS & A STREAM OF NEW FACES
- CLOSED DOORS
- UNIFORMS
- FLASHING BLUE LIGHTS
- THE LANGUAGE ON SIGNS & POSTERS ON THE WALLS

EMOTIONS & FEELINGS

- IGNORED
 - MINIMIZED
 - PATRONIZED
 - OBJECTIFIED
 - HELPLESS
 - POWERLESS
 - OUT OF CONTROL
 - SILENCED
 - WEAK
 - HUMILIATED
 - FEELING LIKE A SPECIMEN
 - ANESTHETIZED
- (THESE ARE JUST A SMALL FLAVOR)

SMELLS (OLFACTORY)

- DISINFECTANT
- ANTISEPTIC
- BLEACH
- RUBBER GLOVES
- BLOOD
- PERFUME/AFTERSHAVE
- 'HOSPITAL SMELL'
- FOOD & COOKING SMELLS
- ALCOHOL ETC

What else would you add?

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DR. KAREN TREISMAN SAFE PLACES AND TRIGGER POINTS

SOME BODY, MEDICAL & HEALTH CARE TRIGGERS, REMINDERS &/OR HOTSPOTS

CONTINUED

TASTES OR IN MOUTH

- MOUTH BEING COVERED, MASKED, GAGGED
- OBJECTS OR BODY PARTS INSERTED
- CERTAIN FOODS OR RELATIONSHIP TO FOOD OR CERTAIN TEXTURES
- BODILY FLUIDS LIKE SEMEN
- FEEDING TUBES
- VENTILATORS
- EXPERIENCES WITH THE DENTIST
- BEING HUNGRY STARVED OR MALNOURISHED
- ETC



TOUCH & FEEL



- INTRUSIVE OBJECTS
- BEING TOUCHED
- HUNGRY
- TIRED
- HOT OR COLD
- UNDRESSED OR EXPOSED
- IN PAIN
- CERTAIN BODY POSITIONS
- MEDICATED OR DRUGGED
- TRAPPED OR STUCK IN THINGS LIKE NETS
- THROUGH AN EPIDURAL OR IN STIRRUPS

MEDICAL OR HEALTH SETTING ITSELF

- WHERE SOMEONE DIED OR MISCARRIED
- STILLBORN BABIES OR BIRTH TRAUMA
- FEAR OF PAST DIFFICULT EXPERIENCES OF HOSPITAL PROCEDURES, OR WITH HEALTH PROFESSIONALS
- BEING SECTIONED
- BEING DIAGNOSED WITH SAME CONDITION AS FAMILY MEMBER ETC
- WHERE RECEIVED A SCARY &/OR LIFE CHANGING DIAGNOSIS

SURGERY

What else would you add?



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"Trauma is not what happens to you, it is what happens inside you as a result of what happens to you."

Gabor Maté



Trauma Informed Care

An iceberg floating in a blue ocean under a blue sky with white clouds. The tip of the iceberg is visible above the water, while the much larger, jagged base is submerged below the surface. A semi-transparent light blue rounded rectangle is overlaid on the submerged part of the iceberg, containing text.

A universal approach, recognizing high likelihood of trauma exposure

Goal $\neq$ revisiting the event; TIC is not trauma therapy

Appreciating the substantial impact of trauma on emotional and behavioral functioning

Replace pathologizing interpretations with contextual understanding.

“What is wrong with this person?”

VS

“What has happened to this person?”

Key Assumptions of TIC

Realizes the prevalence and impact of trauma as well as potential paths to recovery

Recognizes signs and symptoms of trauma

Responds by ensuring trauma awareness is integrated into the environment

Resists retraumatization

6 Guiding Principles of TIC



1. SAFETY



**2. TRUSTWORTHINESS
& TRANSPARENCY**



3. PEER SUPPORT



**4. COLLABORATION
& MUTUALITY**



**5. EMPOWERMENT
VOICE & CHOICE**



**6. CULTURAL, HISTORICAL,
& GENDER ISSUES**

Trauma-Informed Strategies: Safety

Consider both
physical &
psychological safety

Ask permission before
entering, initiating
touch, or discussing
difficult topics

Assess changes in
affect & nonverbal
language

Consent as a
continuous process

Trauma-Informed Strategies: Trustworthiness & Transparency

Be transparent
about known
delays or logistical
challenges

Describe task,
perform task,
recount task

Keep commitments

Explain role
changes

Trauma-Informed Strategies: Peer Support

Peer
mentors

Support
groups

Cancer
community

Value
testimonials

Trauma-Informed Strategies: Collaboration & Mutuality

"Doing with"
vs "Doing to"

Leveling
power
differential

Strategic self-
disclosure

Shared
humanity

Trauma-Informed Strategies: Empowerment, Voice, & Choice

Offer choice

Leverage lived
experience

Draw on past
coping

Highlight
strengths

Trauma-Informed Strategies: Cultural, Historical, Gender Issues

Ask about
personhood

Consider your
stimulus value

Address
missteps

Challenge
biases

TIC in Gynecologic Oncology: A Case Example

Patient Profile:

- 70 Y cisgender White woman
- Hx: Grade III breast cancer (dx 10 yrs ago)
- Current Dx: Stage IA, Grade 3 endometrial adenocarcinoma
- Planned Treatment: **Adjuvant vaginal brachytherapy**

Clinical Context

- History of **childhood sexual abuse and adult sexual assault**
- Trauma hx disclosed to psycho-oncologist, **not yet addressed in oncology care**
- Presents with **high anxiety and panic symptoms** related to upcoming tx
- Expresses **uncertainty about ability to complete brachytherapy**

Case Example: Trauma Risk Factors

Invasive and intimate
nature of brachytherapy

Loss of control and
bodily autonomy

Prior cancer treatment
experience

Undisclosed trauma in
medical context

Case Example: Trauma Informed Care

Safety: “Before we start, I want to make sure you feel as comfortable and safe as possible. We can go at your pace.”

Trustworthiness & Transparency: “I’ll explain what I’m doing before I do it, and you can stop me anytime.”

Collaboration: “Let’s figure out a treatment schedule that works with your life.”

Choice & Control: “Is it okay if I begin now?”

Empowerment: “You’ve managed a lot already—coming here today is a big step”

Cultural and Gender Sensitivity: Offering option for a female provider during exams and procedures



TIC in Cellular Therapy: A Case Example

Patient Profile:

- 28yo Chicana Trans Female
- B-Cell acute lymphoblastic leukemia (B-ALL)
- Planned Treatment: **Allogenic HSCT**

Clinical Context

- History of **Depression, Anxiety, & Gender Dysphoria** with remote suicide attempt
- Family is source of both support & stress activation
- Increased **psychological distress with cancer diagnosis**; HSCT postpones gender affirming care regimen: "my body is a betrayal ground"
- **Severe anxiety with prolonged hospitalization & privacy concerns**

Case Example: Trauma Risk Factors

Loss of self-
determination

Extreme discomfort
with physical body

Mistrust of systems

Complex family
dynamics

Case Example: Trauma Informed Care

Safety: "What pronouns sound good to you?"

Trustworthiness & Transparency: "I'm sorry I just misgendered you, that wasn't my intent."

Collaboration: "You are the expert in your own body, we have expertise in medicine; we work best together."

Choice & Control: "Do you want family present or should we talk 1:1"?

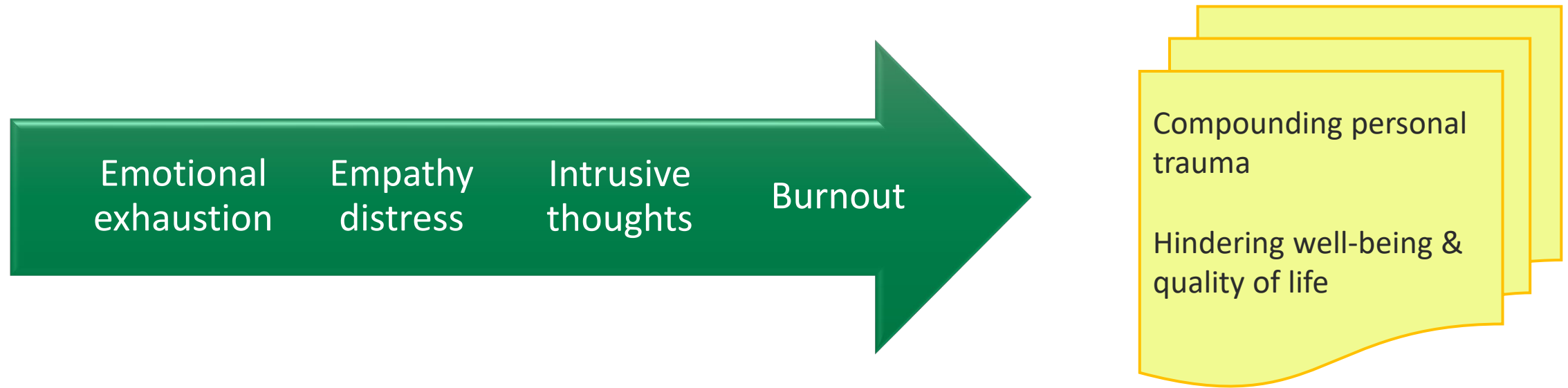
Empowerment: "Your willingness to do this hard treatment is a real strength."

Cultural and Gender Sensitivity: "Trans people face a lot added stressors in the world we live in, I imagine that stress adds an extra layer of difficulty to all of this."

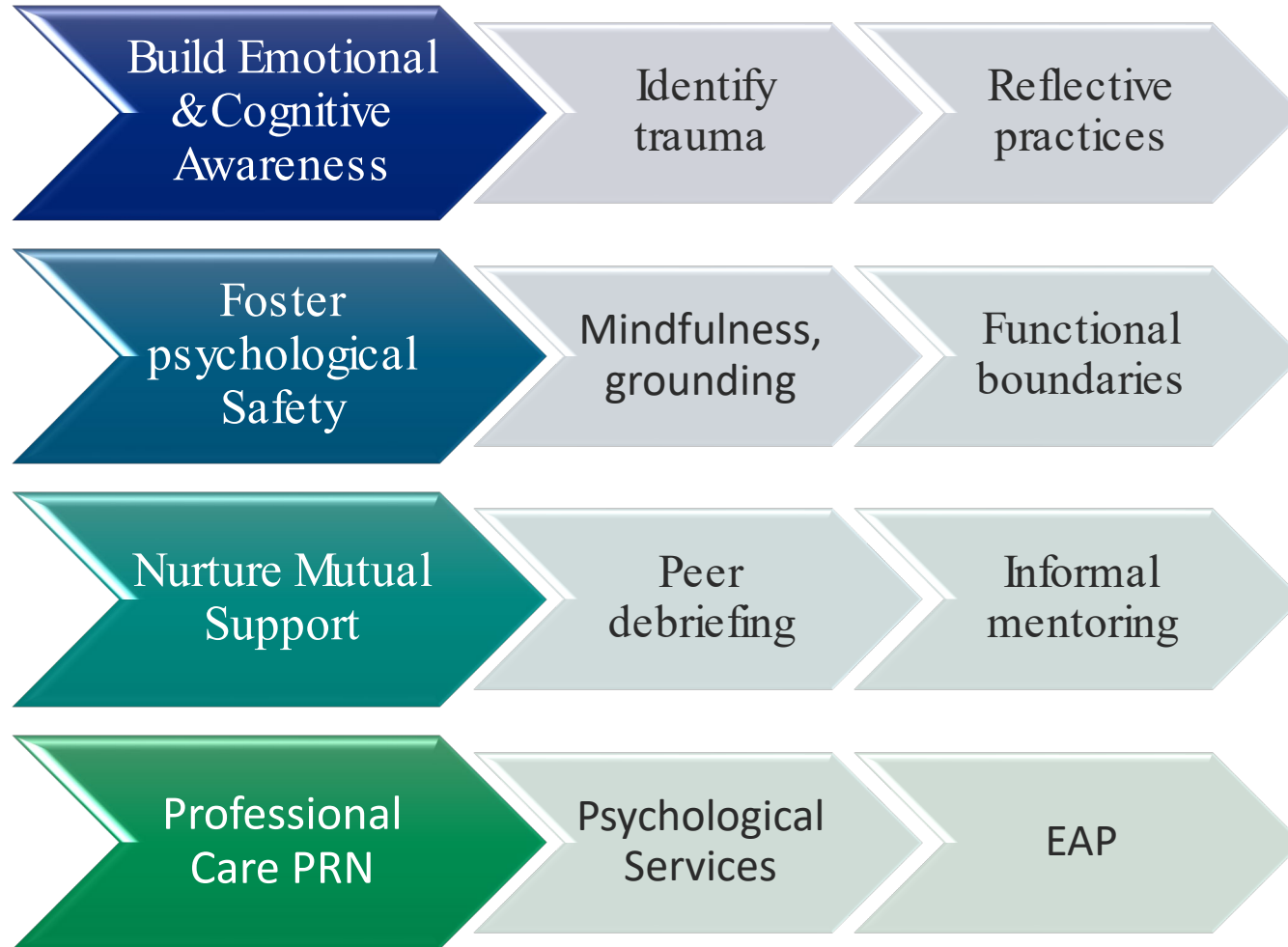


Vicarious Trauma & Healthcare Workers

- Vicarious Trauma (VT) = secondary traumatic stress from exposure to others' trauma, including medical trauma; akin to secondhand smoke
- Can be singular event or cumulative; often repeated & prolonged in oncology practice
- Exacerbated by acute events (violence, COVID-19)



Buffering Against Vicarious Trauma



Key Takeaways



Trauma informed care (TIC) is a universal approach that recognizes the substantial lifetime impact of trauma on social, mental, & functional well-being



TIC shifts the question from ‘What’s wrong?’ to ‘What happened?’—and redesigns care to prioritize safety, control, and dignity for both patients & providers



There is a dose-response effect between trauma & negative health outcomes; trauma complicates the cancer experience



Healthcare providers at risk for vicarious trauma; TIC includes tailored care & protection for providers

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