

An Introduction to the Person-Centered, Trauma-Informed (PCTI) Approach

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As many as 90% of older Americans will experience a traumatic event in their lifetime, with exposure to multiple traumatic events being the norm (Kilpatrick et al., 2013). This trauma exposure can disrupt one's sense of safety and stability, affecting their health, well-being, and resilience throughout their life. While the prevalence and impact of trauma in general is increasingly understood, understanding the role of trauma in the aging process and aging service delivery is just emerging. To provide the best possible care to older adults with a history of trauma and their family caregivers, it is essential to provide care that is both person-centered and trauma-informed.

What is the PCTI Approach?

The person-centered, trauma-informed (PCTI) approach is a holistic model of care that promotes the health and well-being of individuals by accounting for the role of trauma across the life course, resisting retraumatization, and promoting the strength, agency, and dignity of people receiving care. The PCTI approach combines two approaches to care - the person-centered approach and the trauma-informed approach, demonstrating that trauma-informed principles must be utilized through the person-centered lens. The PCTI approach is universal, meaning that it can be used by any person at any level of any organization, in any care setting, and with any population.

At its core, the PCTI approach is grounded in the six trauma-informed principles developed by the US Substance Abuse and Mental Health Services Administration (2014). These principles are understood and implemented in a person-centered way, guided by four commonly recognized principles of the person-centered approach. These principles are defined below.

Trauma-Informed Principles:

Safety. Creating an environment where people receiving care, their families, and staff feel physically and psychologically secure and free of harm.

Trustworthiness and transparency. Ensuring that operations and decisions are clear and transparent to build and maintain trust among people receiving care, family members, and staff.

Peer support. Connecting people receiving care and their family members with others who have shared experiences to offer mutual understanding, support, and self-help.

Collaboration and mutuality. Leveling power differences and recognizing that all staff, people receiving care, and families have an important role to play in the care and support provided.

Empowerment, voice, and choice. Recognizing and building off an individual's strengths and experiences, ensuring their own goal setting and decision-making.

Community, history, and other considerations. Providing responsive care and support that accounts for community practices and history.

Person-Centered Principles:

Personalization. Adjusting care based on the unique needs, goals, preferences, strengths, and values of each individual receiving support.

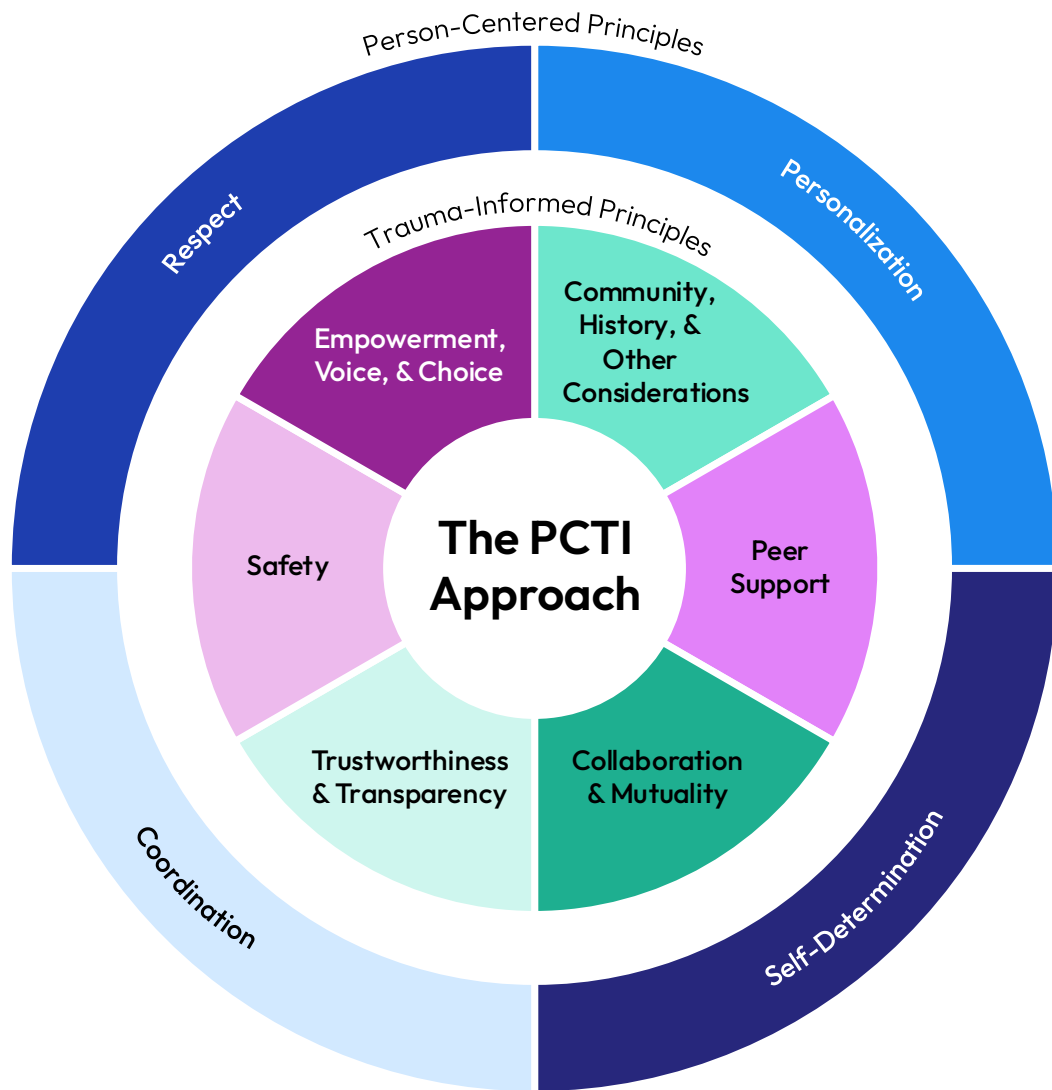
Self-Determination. Ensuring individuals direct their care and are empowered to identify, pursue, and achieve their own goals and full potential.

Coordination. Working in partnership and collaboration with an individual, their support system, and other care providers.

Respect. Treating everyone with patience, compassion, and dignity, including the people receiving care, their families, and staff.

The diagram below shows how these principles interplay. The inner circle is composed of the six trauma-informed principles, and the outer circle is comprised of four person-centered principles. There is no relationship between the physical proximity of principles on the diagram and how these principles connect. All person-centered principles can relate to all trauma-informed principles and vice versa. For example, the principle of 'Respect' can be just as important in 'Peer Support' as it is for 'Empowerment, Voice, and Choice'.

The PCTI Approach Model



Bridging Approaches

Traditionally, the person-centered approach and the trauma-informed approach have been used separately. While care providers may have used the person-centered approach to tailor care to individuals, the role of trauma may have been overlooked. Conversely, care providers may have implemented trauma-informed principles without accounting for the goals and preferences of the person receiving care.

For example, consider a scenario of a care provider specializing in treating chronic pain. Through a person-centered lens, the provider would work with each person receiving care to create individual care plans that prioritize the person's goals, strengths, and preferences. However, the provider may miss the connection between the person's history of trauma and their current health condition, symptom management, and care preferences.

Through a trauma-informed lens, the provider would recognize that many of their patients have a history of trauma and that this can have a big effect on treatment outcomes. However, the provider may use this knowledge to modify standard care plans and treatment recommendations for all patients, regardless of the unique experiences, strengths, and goals of each person.

The person-centered, trauma-informed approach bridges the gap between the person-centered and the trauma-informed approach by blending both concepts into a holistic model. In the example of treating chronic pain, the provider would create individual care plans that prioritize the person's goals, strengths, and preferences, taking into account that this treatment plan and its success may be influenced by the person's history of trauma.

By combining both approaches, the PCTI approach considers the interconnectedness of an individual's physical, mental, and social health. It provides space for individuals to lead their care, and for providers to follow their lead. As individuals lead their care, providers can identify more than surface level symptoms and recognize hidden variables such as a history of trauma. In the example of treating chronic pain, the provider would not only focus on the individual's physical symptoms, but also discuss the individual's current mental health and social health. Perhaps the provider would discover that an individual's recent social isolation is worsening their chronic pain. With this increased awareness, providers can develop care plans that are comprehensive of the whole individual.

Application of the PCTI Approach

The PCTI approach has broad application as it can be used by anyone, personally or professionally. The diagram to the right illustrates the four broad levels at which the PCTI approach can be used. This includes helping individuals on an interpersonal, organizational, societal, and public policy level. The levels are defined below.

Interpersonal. Relationships between individuals and their families, friends, caregivers, colleagues, service providers, and others. This can include care provided to an individual or peer support between individuals receiving care or fellow caregivers.

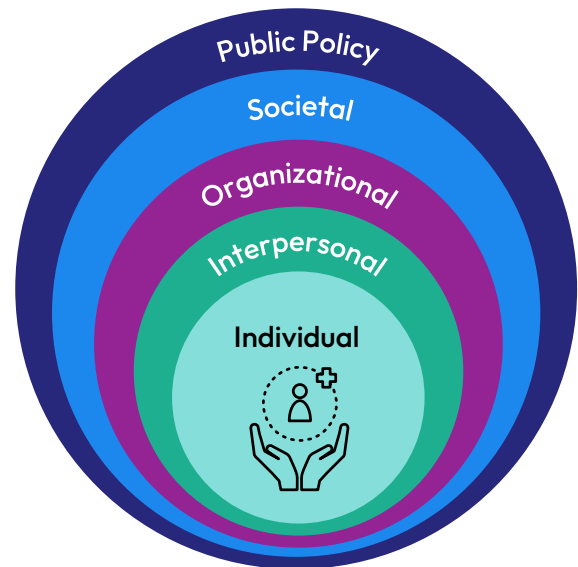
Organizational. Policies, procedures, systems, agency spaces, businesses, schools, etc. This can include an agency's intake procedures, recruitment policies, or physical spaces.

Societal. Norms and traditions guiding workplaces, neighborhoods, community groups, and society. This can include professional standards, religious customs, or community traditions.

Public Policy. Local, state, and federal laws, regulations, and standards. This can include training mandates, treatment coverage limits, or entitlement programs.

Throughout these levels, the PCTI approach has the ability to positively impact an individual or community's health and well-being. For example, on an interpersonal level, service providers or family caregivers can use the PCTI approach to build relationships with the people they are caring for, better understanding their needs, goals, and ideal health outcomes. On an organizational level, individuals can infuse the PCTI approach into their agency's mission statements, intake processes, or staff recruitment procedures. On a societal level, community and religious leaders can use the PCTI approach to create a community welcoming of all its members. And on a public policy level, government officials can integrate the PCTI approach into government initiatives or provide grants to direct service agencies to implement the PCTI approach.

The PCTI Approach Implementation Model



Benefits of the PCTI Approach

The PCTI approach has emerged as a best-practice in care, with benefits for people receiving care; family caregivers, professionals and volunteers providing care; and organizations through which care is delivered (Bunting-Herzog et al., 2025).

Improvements to the health and well-being of the person receiving care. The PCTI approach enables professionals and volunteers to have a greater impact on a person's health and well-being. This includes improved or maintained outcomes of physical, mental, social, financial, and spiritual health; improved caregiving experiences; improved access to resources; and meeting emergent needs more quickly.

Improvements to the service delivery experience. The PCTI approach improves the service delivery experiences of professionals, volunteers, and people receiving care. This includes improved interpersonal relationships; understanding, collaboration, trust, and safety among care teams; prevention of retraumatization; and the empowerment of people receiving care to guide their care and meet their goals.

Improvements to organizations providing care. The PCTI approach provides organizations, professionals, and volunteers with a framework to support their work; increases staff knowledge about their work and the people they support; improves the quality of services; expands staff support; improves staff well-being; and reduces vicarious trauma, burnout, and attrition among staff.

The benefits listed above are not exhaustive. When applied to aging services, these benefits promote resilience and a positive outlook on aging. The applicability of the PCTI approach is universal and there is no limit to where it can bring benefit.



References

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