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 and by resisting re-traumatization, while also focusing on the strength, agency, and dignity of the person receiving care. The PCTI approach combines the principles of the person-centered (PC) approach with the principles of the trauma-informed (TI) approach, demonstrating that trauma-informed principles must be utilized through the person-centered lens. The PCTI approach is universal; it can be used by any person at any level of any organization, in any care setting, and with any population.

Based on the work of the Substance Abuse and Mental Health Services Administration, the six principles of the trauma-informed approach include:

Safety. Creating an environment where people receiving care, their families, and staff feel physically and psychologically safe.

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 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 choice, goal setting, and decision-making.

Cultural, historical, and gender considerations. Providing culturally responsive care and support that account for historical trauma, traditional cultural practices, justice, equity, and inclusion.

These six principles of the trauma-informed approach are interpreted and implemented through a person-centered lens, which is comprised of four key principles.

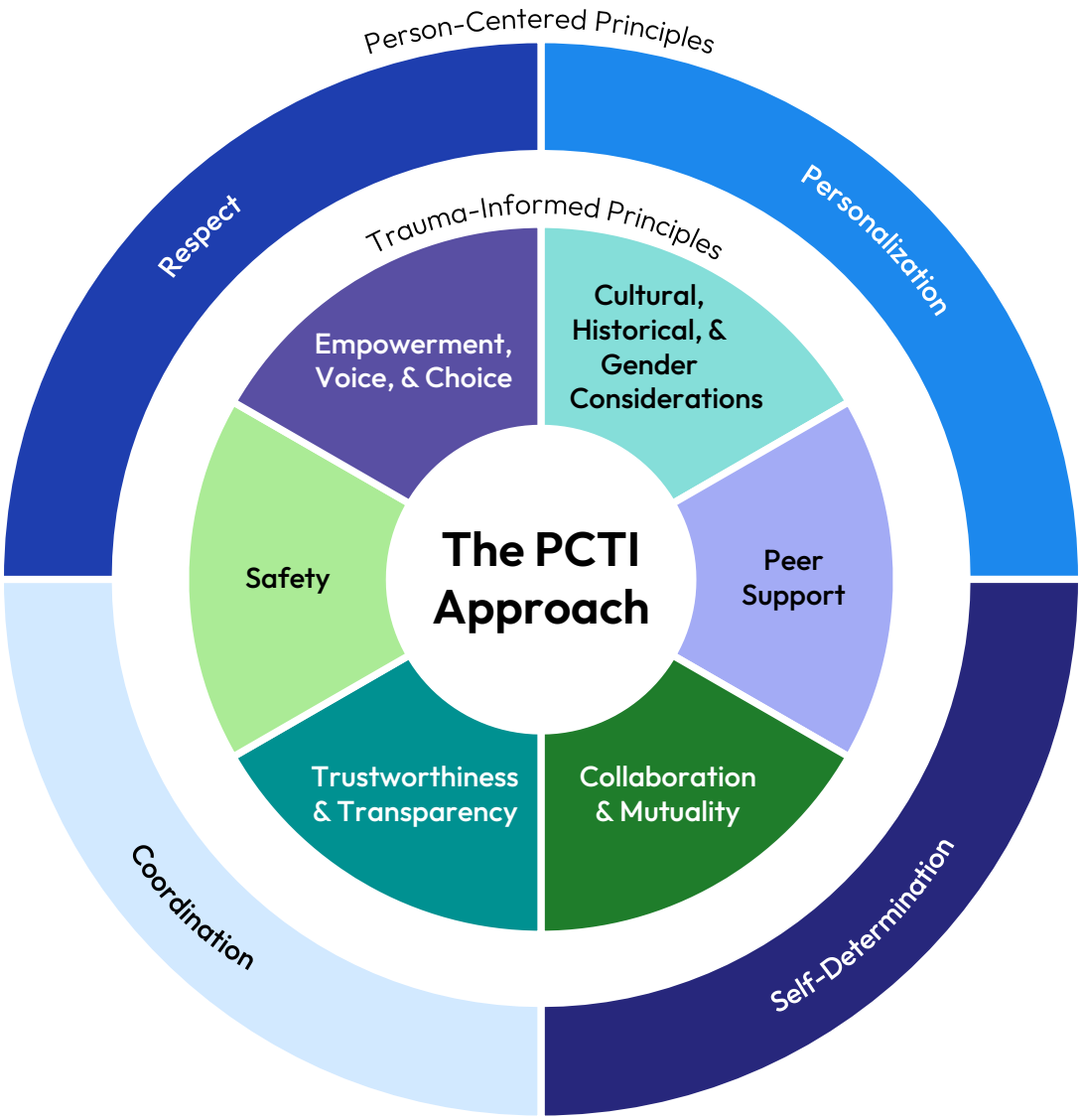
Personalization. Care providers personalize care based on the unique needs, goals, preferences, strengths, and values of each individual receiving support.

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

Coordination. Care providers work in partnership and coordination with an individual, their support system, and other providers.

Respect. Everyone is treated with respect, compassion, and dignity, including the people receiving care, their families, and staff.

The PCTI Approach Model

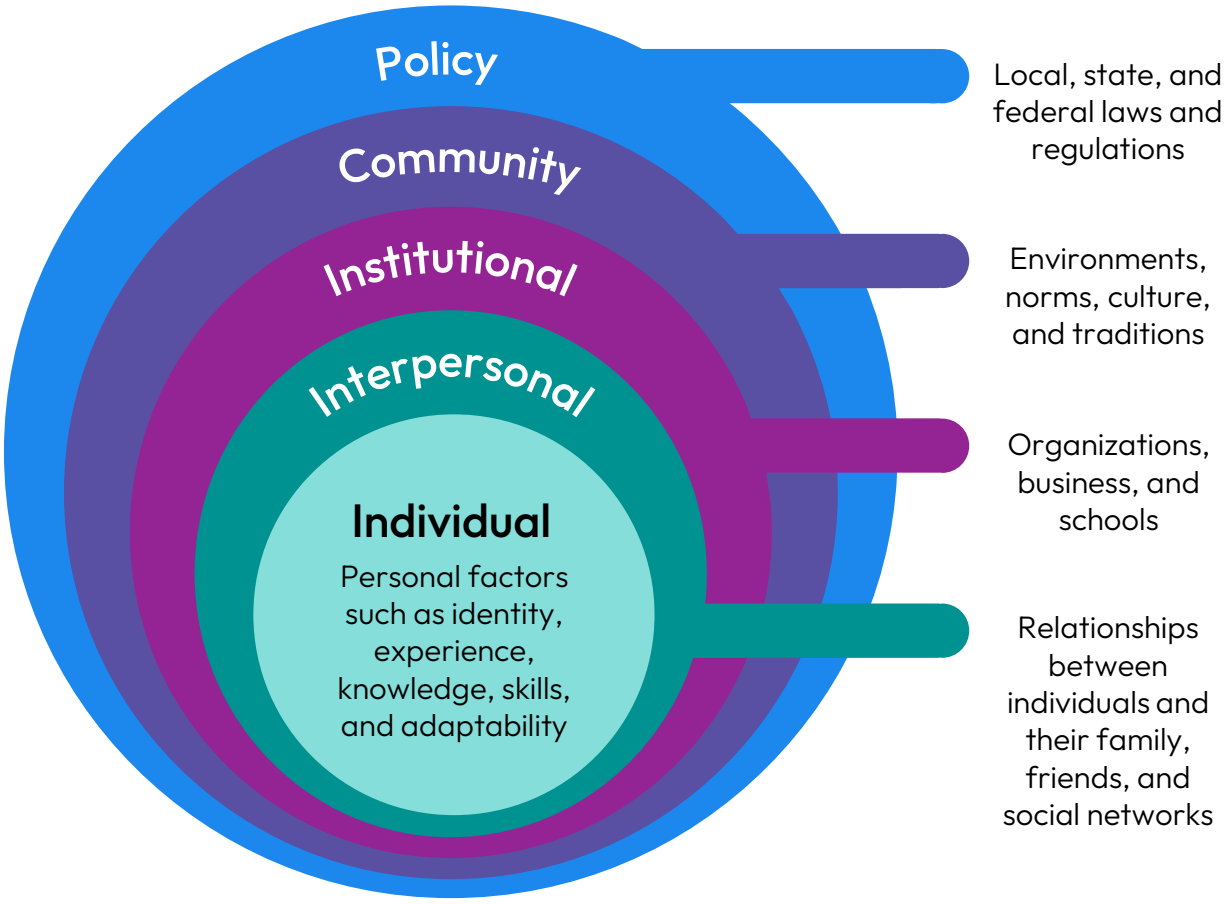


Traditionally, the person-centered approach and the trauma-informed approach have been used separately. While care providers may have used the person-centered approach to tailor care to individuals, the role of trauma may have been overlooked. Conversely, providers may have implemented trauma-informed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

Application of the PCTI Approach

An individual's health and well-being are influenced by individual factors as well as their environment, which includes interpersonal relationships, organizations, community, and policy. The PCTI approach can be applied through each of these environmental levels. For example, the PCTI approach can be applied to all relationships whether it is between an individual and their family caregiver, or an individual and their doctor. The principles can also be applied to all aspects of an organization from its physical spaces to its standard operating procedures. Finally, the PCTI approach can guide community partnerships and shape local, state, and federal policy.

The PCTI Approach Implementation Model



Benefits of the PCTI Approach

There are numerous benefits of the PCTI approach including:

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 re-traumatization; 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.

Additional Resources

Administration for Community Living [ACL]. (2021, June 14). Person Centered Planning.

The Health Foundation. (2016). Person-centered care made simple. What everyone should know about person-centered care.

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-V criteria. Journal of Traumatic Stress, 26(5), 537–547.

The National Center on Advancing Person- Centered Practices and Systems [NCAPPS]. (2019). Introducing the National Center on Advancing Person-Centered Practices and Systems. Administration for Community Living [ACL].

Rabin, C., & Bedney, B. (2022). Capacity of Organizations to Serve Older Adults with a History of Trauma: Results from a National Survey on Person-Centered, Trauma-Informed Care. Center on Holocaust Survivor Care and Institute on Aging and Trauma, The Jewish Federations of North America.

Rabin, C., Bedney, B., & Rubenstein, V. (2023). Aging With a History of Trauma: Strategies to provide person-centered, trauma-informed care to diverse older adults and family caregivers. Center on Holocaust Survivor Care and Institute on Aging and Trauma, The Jewish Federations of North America.

United States Substance Abuse and Mental Health Services Administration [SAMHSA]. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. (Report No. (SMA) 14-4884). United States Department of Health and Human Services.

United States Substance Abuse and Mental Health Services Administration [SAMHSA]. (2023). Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. (Report No. PEP23-06-05-005). United States Department of Health and Human Services.