

Trauma-Informed Care (TIC) and Person-Centered Medicine (PCM) in Clinical Psychiatry¹

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Introduction

Historically, psychiatric care often focused on symptom management and diagnosis, sometimes overlooking the individual's personal experiences and trauma history. The concept of Trauma-Informed Care (TIC) was first articulated by **Harris and Fallot** in **2001** and started almost as a grass root movement. Their work involved universal trauma screening and assessment, avoiding re-traumatization through professional services, and promoting an understanding of the biopsychosocial nature and effects of trauma and not following any Trauma theoretical model.

TIC and PCM(Person Centered Medicine) both represent a move towards more holistic and empathetic approaches. TIC prioritizes safety, empowerment, and trust, aiming to minimize re-traumatization risk and emphasize choice, peer support, collaboration, and cultural sensitivity. PCM shares these tenets as well but, on the other hand, focuses on a dynamic, two-way therapeutic relationship where PCM therapist self-awareness and detailed communication with the person are central exploring in depth not only their difficulties in living but their subjective experience, meaning of their distress while facilitating freedom of personal choice.

Current Implications

In contemporary psychiatry, TIC and PCM are integral to providing comprehensive care. They both share "vital elements" that promote health and provide a deeper understanding of the whole person. Trauma and Stress Related Disorders pose significant

public health challenges affecting approximately 8% of the U.S. population. The need for integrated care models like TIC and PCM is emphasized to address the physiological and psychological complexities associated with these disorders. Advances in Clinical Psychiatry might be used to further optimize treatment by using advanced techniques like neuroimaging and genetic profiling to develop new markers and algorithms addressing the physiological and neurobiological disturbances caused by trauma. This integrative approach bridges biological, psychological, and sociocultural dimensions, optimizing treatment outcomes and improving clinical results.

Collaborative and Person-Centered Care Models

This writeup underscores the importance of collaborative decision-making and interdisciplinary collaboration, where active partnerships between clinicians and non-clinicians, social-support organizations, patients, and families are crucial. Continuous feedback and adaptation systems ensure that a person's feedback is incorporated into treatment plans, fostering open dialogue and adjustments based on person's needs. This person-centered and humanized care model eliminates hierarchical dynamics and respects patient dignity, leading to improved clinical outcomes.

Historical Implications

Historically, the lack of trauma-informed approaches in psychiatry often led to re-traumatization and inadequate care for individu-

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als with trauma histories. Strength-based and resilience offers evolution that reflects a broader understanding of the impact of trauma on mental health and the importance of person-centered and personal growth-based care. This shift has paved the way for more empathetic and effective treatment strategies, recognizing the need for safety, empowerment, and trust in therapeutic relationships.

Outlook

Currently, TIC and PCM are transforming psychiatric care by prioritizing the individual's experiences and fostering collaborative, interdisciplinary approaches. The integration of new advances in Clinical Psychiatry enhances the ability to tailor treatments to each person's unique neurobiological profile, leading to more effective and targeted interventions. These models promote continuous feedback and adaptation, ensuring that care remains responsive to a person's needs and preferences. The emphasis on cultural sensitivity and mutual collaboration further strengthens the therapeutic relationship, ultimately improving clinical outcomes and patient satisfaction.

In summary, the historical evolution towards TIC and PCM has significantly impacted the field of psychiatry, leading to more holistic and empathetic care models. The current implications of these approaches highlight the importance of person-centered, strength and growth focused, collaborative, and culturally sensitive care in addressing the complexities of trauma and stress-related disorders.

References:

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