

PSYCHOLOGICAL TRAUMA & STRATEGIES TO “TRAUMA INFORM” YOUR MEDICAL PRACTICE

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AGENDA

1. Signs & Symptoms of Trauma
2. Trauma-Informing your Practice
3. Q & A



Responses to trauma can vary from person to person, from minor disruptions in an individual's life to debilitating responses.



Early trauma can impact the development of the brain and progression throughout the lifespan.

SIGNS & SYMPTOMS OF TRAUMA

Physical	Emotional/Cognitive	Spiritual	Interpersonal	Behavioral
<ul style="list-style-type: none"> • Unexplained chronic pain or numbness • Stress-related conditions (e.g., chronic fatigue) • Headaches • Sleep Problems • Breathing Problems • Digestive Problems 	<ul style="list-style-type: none"> • Depression • Anxiety • Anger Management • Compulsive and obsessive behaviors • Dissociation • Being overwhelmed with memories of the trauma • Difficulty concentrating, feeling distracted • Fearfulness • Emotionally numb/flat • Loss of time and memory problems • Suicidal thoughts 	<ul style="list-style-type: none"> • Loss of meaning or faith • Loss of connection to self, family, culture, community, nature, or a higher power • Feelings of shame, guilt • Self-blame • Self-hate • Feeling completely different from others • No sense of connection • Feeling like a 'bad' person 	<ul style="list-style-type: none"> • Frequent conflict in relationships • Lack of trust • Difficulty establishing and maintaining close relationships • Experiences of re-victimization • Difficulty setting boundaries 	<ul style="list-style-type: none"> • Substance use • Difficulty enjoying time with family/friends • Avoiding specific places, people, situations (e.g., driving, public places) • Shoplifting • Disordered eating • Self-harm • High-risk sexual behaviors • Suicidal impulses • Gambling • Isolation • Justice system involvement

(Arthur et al., 2013)

THE IMPACT OF TRAUMA

- Trauma symptoms can interfere with an individual's
 - Sense of safety
 - Sense of self
 - Self-efficacy
 - Ability to regulate emotions
 - Ability to navigate relationships
 - Responses to situations (over-reactance or under-reactance)

(Arthur et al., 2013)



All behavior has a function.

FUNCTION OF TRAUMA RESPONSES

Trauma symptoms/responses occur because they were once adaptive at or around the time of a trauma.

FUNCTION OF TRAUMA RESPONSES

Trauma symptoms and responses can continue to occur in settings outside of traumatic situations where they may not be particularly helpful.



TRAUMA INFORMING YOUR PRACTICE



PRINCIPLE 1: THE IMPACT OF ADVERSITY IS NOT A CHOICE.

Adverse or difficult life experiences affect all of us in ways that are more about neurophysiology and less about character than most of us have supposed.

PRINCIPLE 2: UNDERSTANDING ADVERSITY HELPS US MAKE SENSE OUT OF BEHAVIOR.

We cannot fully understand behavior or respond to it effectively without understanding prior adverse experiences.

PRINCIPLES THAT GUIDE TRAUMA-INFORMED CARE

(Heller Key, Schumann, Kramer, & Schiller, 2019)

PRINCIPLE 3: PRIOR ADVERSITY IS NOT DESTINY.

In an environment of safety and support, change, healing and better lives are possible.

WHAT DOES IT MEAN TO TRAUMA-INFORM YOUR CARE?

Heightened awareness and deliberation to the work you do.

WHAT DOES IT MEAN TO TRAUMA-INFORM YOUR CARE?

Altering/adding to your practices to provide a more comfortable experience for your patients which has the potential to:

- Increase likelihood patients' will take care of their health
- Help change patients' perspectives on the health care system and its providers
- Increase likelihood patients will return for care
- Make you feel good to have had positive and genuine connections with patients

SHIFT AWAY FROM A DEFICIT PERSPECTIVE

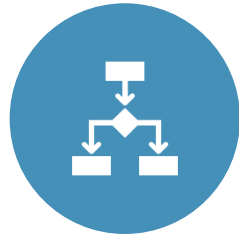
FROM (Deficit Perspective)	TO (Trauma-Informed & Strengths-Based)
What is wrong with this person?	What has this person been through?
Symptoms	Adaptations
Disorder	Response
Attention seeking	The individual is trying to connect in the best way they know how
Borderline	The individual is doing the best they can given their earlier experiences
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking directly for what they want
Malingering	The individual is seeking help in a way that feels safer

(Arthur et al., 2013)

PILLARS OF TRAUMA-INFORMED CARE



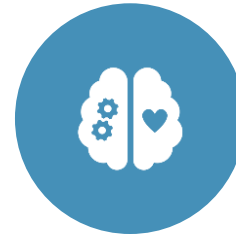
PATIENT
EMPOWERMENT



CHOICE



COLLABORATION



SAFETY



TRUSTWORTHINESS

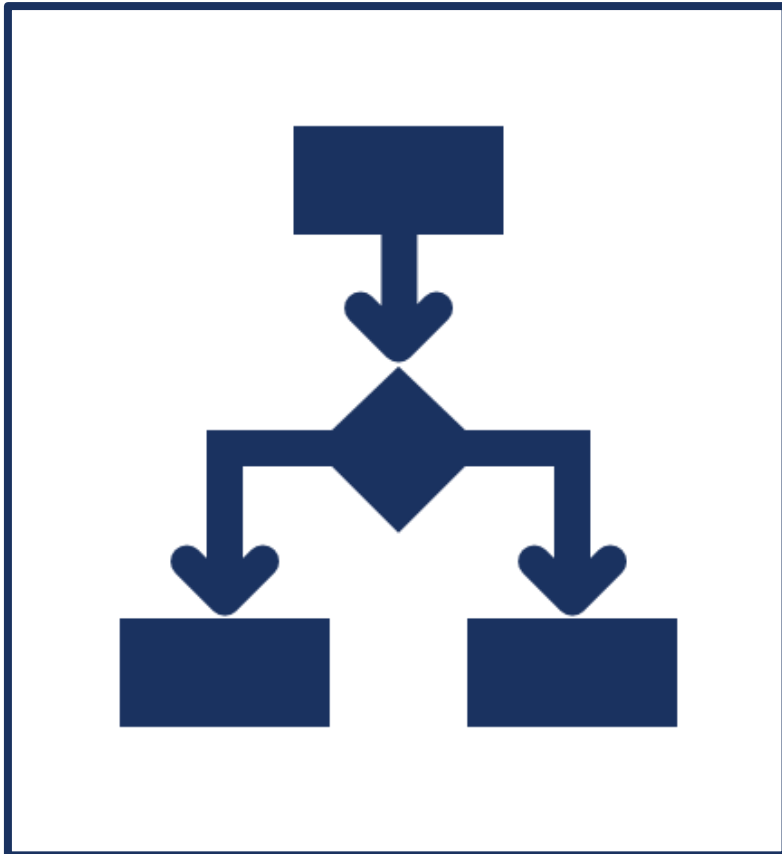
(Arthur et al., 2013)

PATIENT EMPOWERMENT



- Ensure informed consent
- Brainstorm ways to eliminate barriers
- Focus on strengths
- Provide genuine positive reinforcement
- Offer hope

PATIENT CHOICE



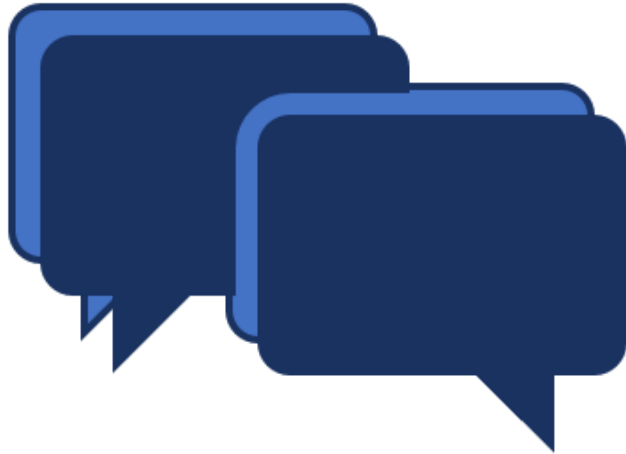
- Attend to patient's immediate needs
- Focus on patient's priorities or hopes for treatment
- Book another appointment if necessary
- Provide choice in provider (i.e., gender, age, background, experience, personality)

COLLABORATION



- Equalize power imbalances (allow clients to call you by your first name, humor, avoid jargon)
- Allow the expression of feeling without fear of judgment
- Ask questions on a need-to-know basis
- Ask questions in a respectful manner
- Ask permission before asking a difficult question or starting a procedure
- Have print information available

EXAMPLES OF COLLABORATIVE STATEMENTS



- "I would like to understand your perspective."
- "What is most important for you and what should we start with?"
- "It is important to me to have your feedback every step of the way. Please let me know how I am doing as your provider."
- "Please let me know if at any time you would like a break or if something feels uncomfortable for you. You can choose to pass on any question."

Dr. Melissa Jones, a provider in the Redwood Health System Adult Medical Clinic, has a new patient, Mr. Eric Johnson, who looks nervous and smells of alcohol when she greets him. Dr. Jones, who has reviewed his chart, sees that his blood pressure and diabetes are poorly controlled and that he has untreated hepatitis C. Having been trained in providing trauma-informed care, she assumes that so many poorly controlled medical problems and alcohol use may have their roots in childhood trauma. She calms herself before entering his room. After she listens without interruption to his concerns and elicits that he began drinking alcohol at age 10, she gently reflects, “In my experience, when a patient tells me that he began drinking at age 10, it is often because he was experiencing very difficult things during childhood. We are just meeting each other for the first time today, so we don’t need to go into those details right now. I do want you to know that I am open to discussing those things in the future or referring you to a counselor who specializes in helping people who have had difficult or painful circumstances in childhood if you think that would be helpful.”

(Kimberg & Wheeler, 2019)

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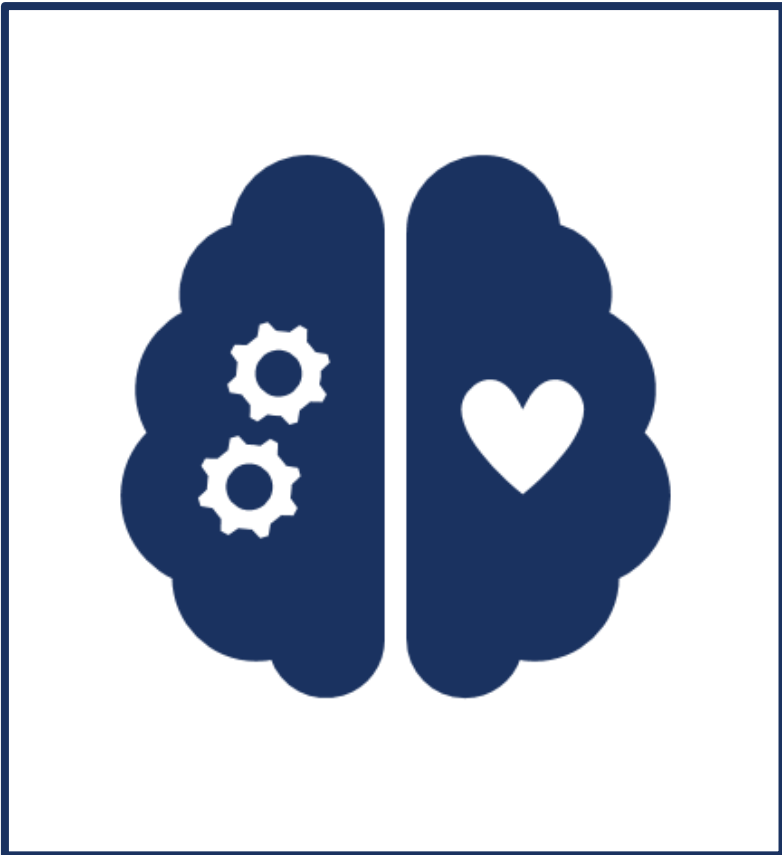
Collaboration

Strengths-
Based

Choice

(Kimberg & Wheeler, 2019)

SAFETY



- Environment
 - Keep areas well lit
 - Keep noise in waiting areas low
 - Use welcoming language/signage
- Provider
 - Allow patient to have close access to the door
 - Calm and gentle tone
 - Clear thorough communication
 - Provide an overview of the procedure before you commence
 - Provide multiple opportunities for a patient to ask questions
 - Be consistent
 - Provide warm handoffs to other providers

TRUSTWORTHINESS



- Allow a support person to be present
- Do not make promises you cannot keep
- Follow through on your word in a timely manner
- Acknowledge and take responsibility for miscommunication
- Respect patient confidentiality
 - Use kind words when speaking about the patient with others
- Grounding strategies
 - What have you found to be helpful to calm down and get focused when you're feeling anxious?
 - What makes it worse?
 - What can I do to best support you when you are upset?

Dr. Melissa Jones notices that after she reflects about the possibility that Mr. Johnson could have experienced “very difficult things in childhood”, he gets tears in his eyes, starts breathing much more quickly and sweating, and stares blankly at the wall. Dr. Jones has noticed that her remarks have triggered an emotional reaction. She also does not want to be forceful about asking Mr. Johnson to trust her upon their first meeting when he may have been hurt (and, thus, his trust betrayed) by a caregiver when he was a child; she wants to model earning his trust over time. She pauses and inquires, “Mr. Johnson, I wonder if we could both take a deep breath and allow ourselves to feel the weight of our bodies sinking into the healing energy of the earth. Let’s feel our feet connecting firmly and solidly to the floor.” After she and Mr. Johnson take a few deep breaths together, she explains, “I want this clinic to feel like a safe and healing place for you, so that you always feel like you can return for further appointments. Coming to a clinic can feel frightening for many people. Please let me know if there are things that I could do to help you feel as safe as possible here. And, please let me know if I could introduce you to one of our behavioral health clinicians who can support people in coping with stress, painful experiences, and feeling safer.”

(Kimberg & Wheeler, 2019)

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Trust

Grounding

Safety

Choice

(Kimberg & Wheeler, 2019)


WHAT MIGHT YOU BE BRINGING TO THIS RELATIONSHIP?

- What are my underlying assumptions about the experience of those with trauma and how people recover? How might this belief influence my work with others?
- What particular responses or behaviors of those I am assisting might trigger me? How do I know when this is happening? How will I respond?
- How do my cultural background and personal experiences of diversity influence my interactions with to others? What am I bringing to the relationship?
- There may be some experiences in my life that could influence by ability to provide trauma-informed care. How am I managing? What am I noticing in my body? Are there areas in my life that I need to pay more attention to? Who can I turn to for support?

(Arthur et al., 2013)

NEXT STEPS TO TRAUMA-INFORM YOUR PRACTICE

- You are likely already implementing trauma-informed aspects into your care
- If trauma-informed care resonates with you and you feel you are already doing it, try to find ways to increase it
- Think of one behavior you would like to increase in your work with patients and start there



PART II: EFFECTIVELY
COMMUNICATING WITH
PATIENTS USING
MOTIVATIONAL
INTERVIEWING

NEXT FRIDAY



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QUESTIONS

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