Bioethics Committee of the South Carolina Medical Association

The Art and Science of Bioethical Communication in Healthcare

First Do No Harm: Communicating Trauma-Informed Care

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Disclosures

- Joy Blanton Scurry, M.D., has no conflicts of interest or relevant financial relationships to disclose.

- Jennifer Baker, Ph.D., has no conflicts of interest or relevant financial relationships to disclose.

First Do No Harm: Communicating Trauma-Informed Care

Objectives:

1. Define what is trauma-informed care.
2. Explore how trauma impacts patients and how to recognize these individuals.
3. Describe how to implement trauma-informed care by resisting actively re-traumatization of patients.
4. Discuss the relevant ethical principles and arguments as to how trauma-informed care is ethically required.

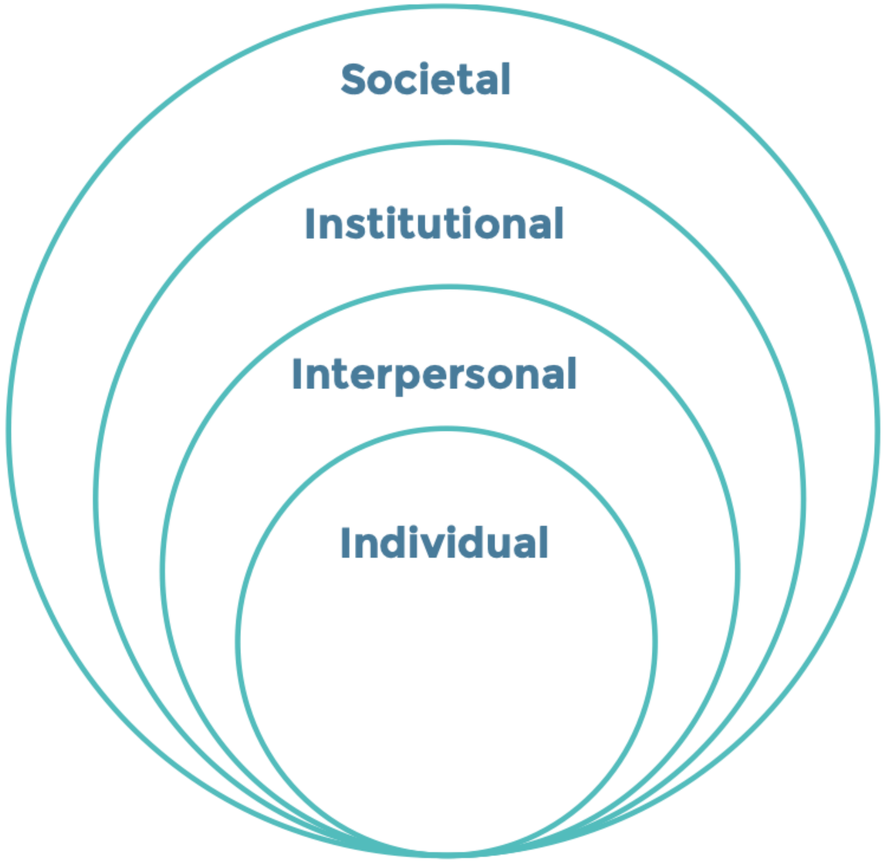
Trauma

- No universal definition.
- Experts tend to create their own definition of trauma based on their clinical experiences.
- SAMHSA 4: “Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Types of trauma

Discrimination
Sexism
Racism
Ableism
Ageism
Homophobia
Transphobia
Islamophobia

Violence & Abuse
Adverse Childhood Experiences
Intimate partner violence
Sexual violence
War & Terror
Gun violence
Slavery



Natural Disasters
Pandemics
Earthquakes
Hurricanes

Medical Trauma
Invasive procedures
Hospitalizations
Death & dying
Medical error

Physical Trauma
Motor vehicle accidents
Occupational injuries
Falls

Social Determinants of Health
Homelessness
Food insecurity
Economic instability
Substance use

NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

WWW.LGBTQIAHEALTHEDUCATION.ORG

- It is estimated that 70% of people have experienced trauma worldwide.

  Benjet et al., 2016: https://pubmed.ncbi.nlm.nih.gov/26511595/

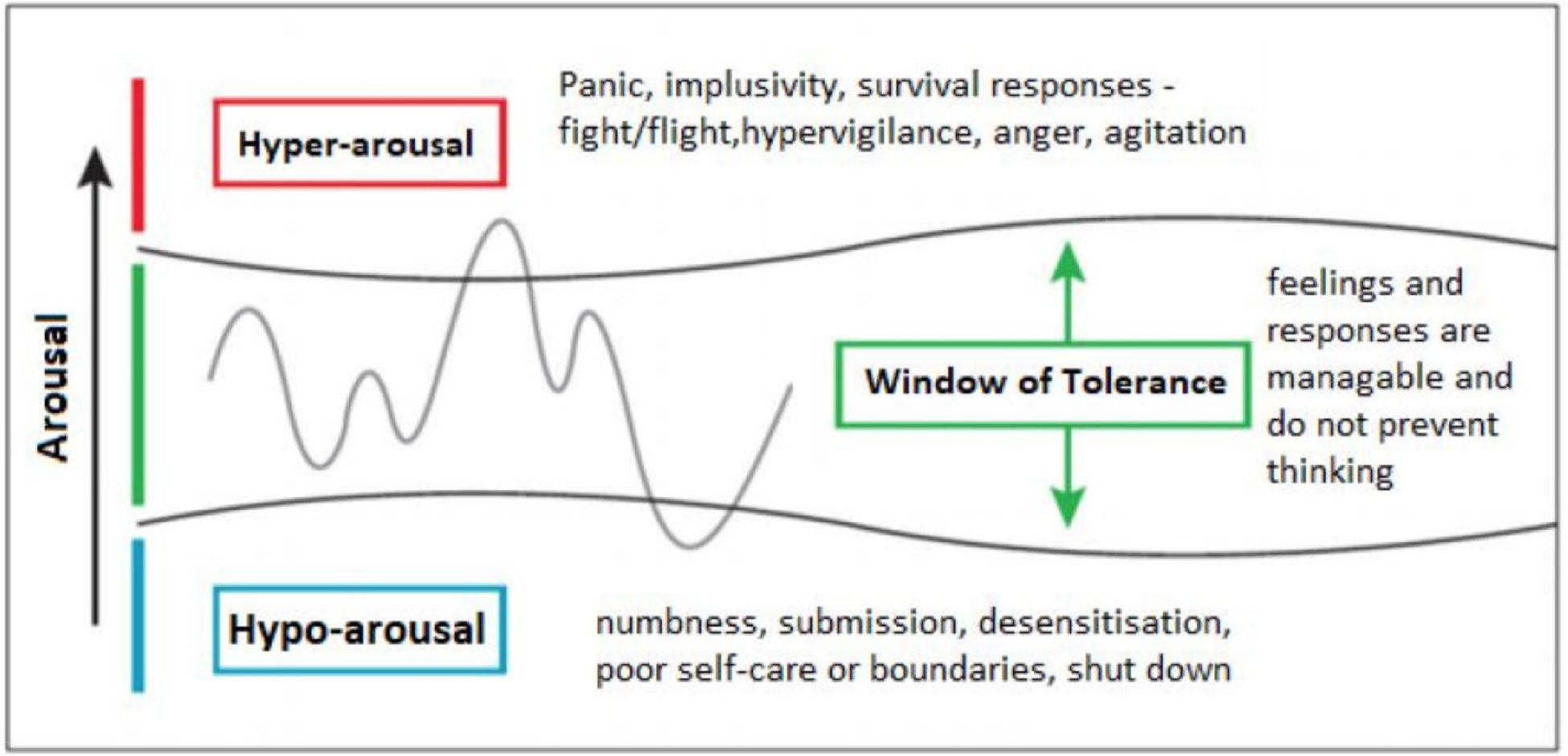
- Trauma exists in all ages and across all socioeconomic strata.

- Current PTSD may affect up to 23% of the population.

  Citation: Gillock KL, Zayfert C, Hegel MT, Ferguson RJ. Posttraumatic stress disorder in primary care: prevalence and relationships with physical symptoms and medical utilization. Gen Hosp Psychiatry 2005;27(6):392-9. doi: 10.1016/j. genhosppsych.2005.06.004.

- 62% U.S. adults with at least one adverse childhood event (ACE)
- 25% U.S. adults with three or more ACEs

  https://www.traumainformedcare



Nervous system regulation

Trauma-informed interpretation

Reaction	Behavioral Manifestations	Unhelpful Clinician Interpretations	Trauma-Informed Interpretations
Fight	Animated Impatient Irritable, angry Loud voice	'Aggressive' 'Combative" 'Resistant' 'Provocative' 'Sullen'	Hyperaroused 'Stuck on high' Attempting to regain or hold on to personal power
Flight	Anxious Confused Forgetful Restless Fidgeting Easily startled Eyes darting	'Non-adherent' 'Non-compliant'	Hyperaroused 'Stuck on high' Attempting to avoid or escape from those in power
Freeze	Acquiescent Withdrawn Distracted, not paying attention Distant look to eyes Quiet/faint voice	'Passive' 'Disengaged'	Hypoaroused 'Stuck on low' Shutting down in response to power

Trauma-informed Care

1. Realizes the widespread impact of trauma.

2. Recognizes the signs and symptoms of trauma.

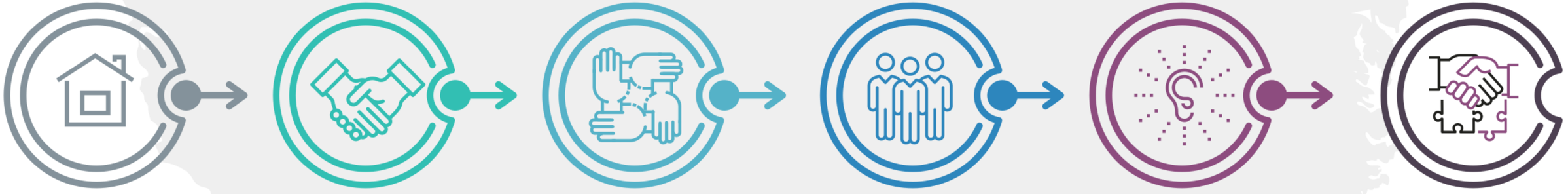
3. Responds by fully integrating knowledge about trauma into polices, procedures, and practices.

4. Seeks to actively resist re-traumatization.

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

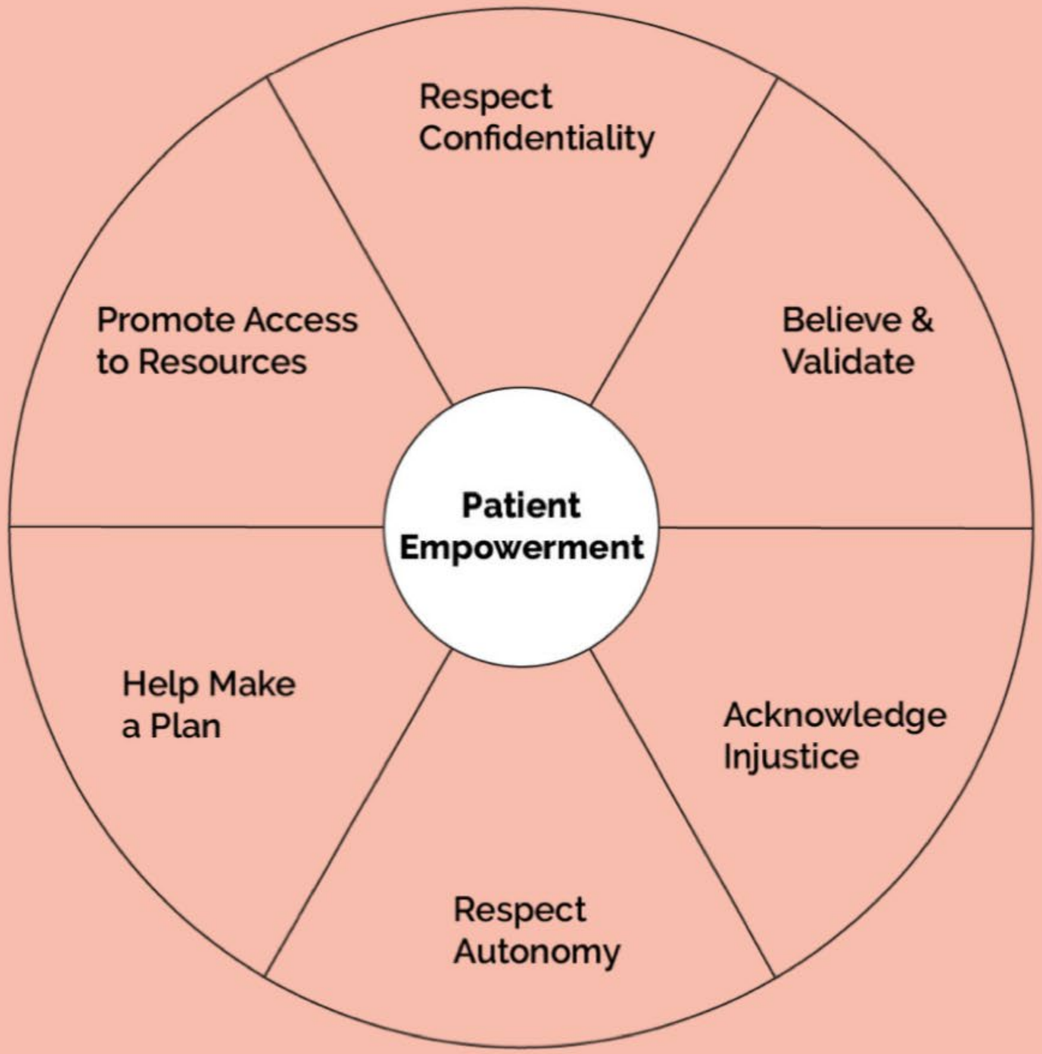
The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



Power dynamics: Avoid 'power-over' stances

- Sit at eye level.
- Conduct the interview with the patient clothed.
- Speak slowly and clearly.
- Develop a shared agenda.
- Offer choices for disclosure, examination, procedures, treatment.
- Ensure that locus of control is with the patient at all times.

Trauma-informed trauma inquiry

Safety	• If you feel uncomfortable at any time, please say pause and we will take a break. You get to lead this discussion.
Transparency	• I'd like to learn more about what has happened to you so that I can more fully understand your symptoms. • I will ask you some questions and you can answer in the ways that feel most comfortable. • If you feel overwhelmed or I notice you are overwhelmed, I may suggest we take a break.
Peer Support	• Would you like anyone with you while we talk about your history?
Collaboration	• We can work together to find a pace that works for you in telling me about your past as it relates to your current symptoms.
Empowerment	• You decide what is important for me to know.

Courtesy of Samara Grossman LICSW

Responding to trauma disclosure

Communicate belief	That must have been frightening for you.
Validate the decision to disclose	I understand it could be very difficult for you to talk about this.
Acknowledge injustice	Violence is unacceptable. I'm sorry that happened, that should not have happened.
Be clear that the patient is not to blame	What happened is not your fault.
Help the patient contain their story to reduce the risk of retraumatization	This information is really important… I wonder if telling it right now might be overwhelming to you or your body? Let's take a moment to breathe and then tell me what you think.
Let the patient know that help is available	A next step that might be useful is to give you some referral options to (people) (programs) that specialize in healing and recovery. Do you feel this would be helpful to you right now?
Collaborate with and empower the patient	Are there resources you know of that you would like my help accessing? The next steps in referral are entirely up to you.

Courtesy of Samara Grossman LICSW

TI Exam: General principles

Safety	• Avoid potentially triggering language (e.g., words with sexual or violent connotations). • Stay within the patient's line of sight at all times. • Maintain an appropriate physical distance.
Transparency	• Explain reasons for performing the exam and what it will entail.
Peer Support	• Ask if the patient would like to have a trusted companion in the room during the exam.
Collaboration	• Review options to optimize patient comfort during the exam. • Check in periodically to ask how the patient is doing.
Empowerment	• Ask before touching throughout the exam (i.e., when moving from one part of the body to another). • Obtain permission before proceeding. • Stop immediately if requested by the patient.

Trauma-informed psychoeducation

Safety	If at any point you have questions, disagree, want me to slow down, or repeat or change the subject, please let me know.
Transparency	I would like to explain to you how experiences from the past may be manifesting as symptoms in your body today.
Peer Support	Is there anyone you would like with you while we discuss your symptoms and next steps to take?
Collaboration	I consider everything we decide to do to address your current symptoms to be a plan we create *together*. I may make suggestions, including lab work to get done, or specialists to visit, and I understand you may disagree with these suggestions-- please let me know if you do. I am completely open to this.
Empowerment	I consider you to be in the 'driver's seat' of your care. I want to hear your ideas about how to approach your current symptoms so that I can figure out how to best support you.
Cultural Issues	The symptoms you are having now may stem from prior experiences, but they are not your fault. They reflect a society that allows events like discrimination and oppression to happen.

Courtesy of Samara Grossman LICSW

Human Trafficking

- In 2021, the U.S. National Human Trafficking Hotline reported **16,554 individual victims**.
- This is likely only a small fraction of the actual problem.

- Between **50-88% of human trafficking victims have accessed health care services** (mostly complaint-based episodic acute care services) during their trafficking situations.

- **69% of respondents reported having had access to health services** at some time during their exploitation.
- **85% of those said they had received treatment** for an illness or injury directly related to their work or exploitation.

- The health care system is rife with opportunities for alert and well-trained professionals and team members **to identify and offer support** to trafficking victims.

- Only 6% of health care professionals reported treating a human trafficking survivor during their career.

The widespread lack of awareness and understanding of trafficking leads to low levels of victim identification by the people who most often encounter them.

- People who have been trafficked have difficulty establishing rapport and trust with figures of authority like clinicians due to the complexity of the trauma experienced.

- This difficulty is likely to persist beyond the period of captivity.

- Key indicators of human trafficking is the first step in identifying victims and can help save a life.

The Protocol for Healthcare Professionals for Identification and Response to Human Trafficking

from the Healthcare Subcommittee of the SC Human Trafficking Task Force:

For **adult patients**, consider these red flags:

-Patient is reluctant to explain or has inconsistencies when asked about injuries

-Patient is not aware of his/her location (city, state)

-Patient does not have a cell phone or has multiple cell phones

-Patient does not have identification or the ID presented does not appear to the be the patient

-Patient is continually receiving calls and/or refuses to be separated from phone when asked

-Someone is speaking for the patient

-Patient offers to pay cash for medical services

For **pediatric patients**, consider these red flags:

- History of running away
- History of drug use
- Patient has tattoos
- DJJ and/or DSS involvement

If multiple red flags are present and/or

If you feel “something just isn’t right”

Use a facility approved interpreter, if needed, and **speak with the patient alone** and ask the following questions:

- **Have you been physically harmed in any way?**
- **Have you ever been deprived of sleep, food, water, or medical care?**
- **Has your identification or documentation been taken from you?**

Consult a social worker, advocate, and/or Sexual Assault Nurse Examiner.

PEARR Tool: Provide **P**rivacy

- Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors).

- If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.

- Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient's safety/well-being.

PEARR Tool: Educate

- Educate patient in manner that is **nonjudgmental and normalizes sharing of information.**

Example: “I educate all of my patients about abuse situations because violence is so common in our society, and violence has a big impact on our health, safety, and well-being.”

- Use a brochure or safety card to review information about abuse, neglect, or violence, and offer brochure/card to patient.

Example: “Here are some brochures to take with you in case this is ever an issue for you, or someone you know.” **If patient declines materials, then**

PEARR Tool: **A**sk

- Allow time for discussion with patient.

Example: “Is there anything you’d like to share with me?”

- **All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).**
- “**Do you feel like anyone is hurting your health, safety, or well-being?”**
- If there are indicators of victimization, ASK about concerns.

Example: “I’ve noticed [risk factor/indicator] and I’m concerned for your health, safety, and well-being. You don’t have to share details with me, but I’d like to connect you with resources if you’re in need of assistance. Would you like to speak with [advocate/service provider]? If not, you can let me know anytime.”

PEARR Tool: **R**espect and **R**espond

- Respect and Respond: If patient denies victimization or declines assistance, then **respect patient's wishes**.
- If you have concerns about patient's safety, offer hotline card or other information about resources that can assist in event of emergency (e.g., local shelter).
- Or arrange private setting for patient to call hotline:

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Human Trafficking Hotline: 1-888-373-7888

Language Matters

Wrong: “A slave has no autonomy.”

“People-First Language.” A person is enslaved, she is not just a slave.

In the anti-trafficking lexicon, there is a movement to limit use of the term “trafficking victim” in favor of terms such as “**trafficked person**” or “**trafficking survivor**.”

A person who has been trafficked is NOT a globally helpless victim as we must see these people as **moral agents who can retain or regain capacities for self-determination and decision making.**

“As agents with decision-making power, which they exert to varying degrees depending on the situation, trafficked persons possess autonomy, and the dynamic nature in which they operationalize it in clinical contexts should be acknowledged by clinicians.”

Better: “A person who is enslaved is a moral agent whose ability to act accordingly is limited by circumstances.”

Ethical Principles

Principle VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

The Principle of Nonmaleficence

- Clinicians must avoid harm to the patient in the course of care.

- Nonmaleficence involves following many moral rules (“do not cause offense”) but also identifying what is inappropriately burdensome for patients.

Respect for Autonomy

- Clinicians must respect their patient's ability to make decisions, understand, and help plan their course of care.
- Clinicians must respect confidentiality out of respect for patient autonomy.
- Respect for autonomy can in itself be a way to avoid re-traumatization.
- Respect for autonomy encourages adherence to treatment.

Arrieta Valero I. Autonomies in Interaction: Dimensions of Patient Autonomy and Non-adherence to Treatment. Front Psychol. 2019 Aug 14;10:1857. doi: 10.3389/fpsyg.2019.01857. PMID: 31474908; PMCID: PMC6702321.

The Principle of Beneficence

- Beneficence requires clinicians recognize an obligation to take positive action in the care of others generally, including keeping them from danger.
- Clinicians should be trained in the methods shown to address and to avoid re-traumatization.

The Principle of Justice

- Clinicians must regard medical care within the context of systemic health disparities and their impact.
- Systemic health disparities and associated patient beliefs and attitudes are relevant to trauma and re-traumatization.
- Clinicians ought to become aware of information about larger social contexts as possible.