

Compassionate and Trauma Informed Care

Considerations when working with
vulnerable patients

Jenny, a proud mother in recovery

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Didactic Speaker Disclosures

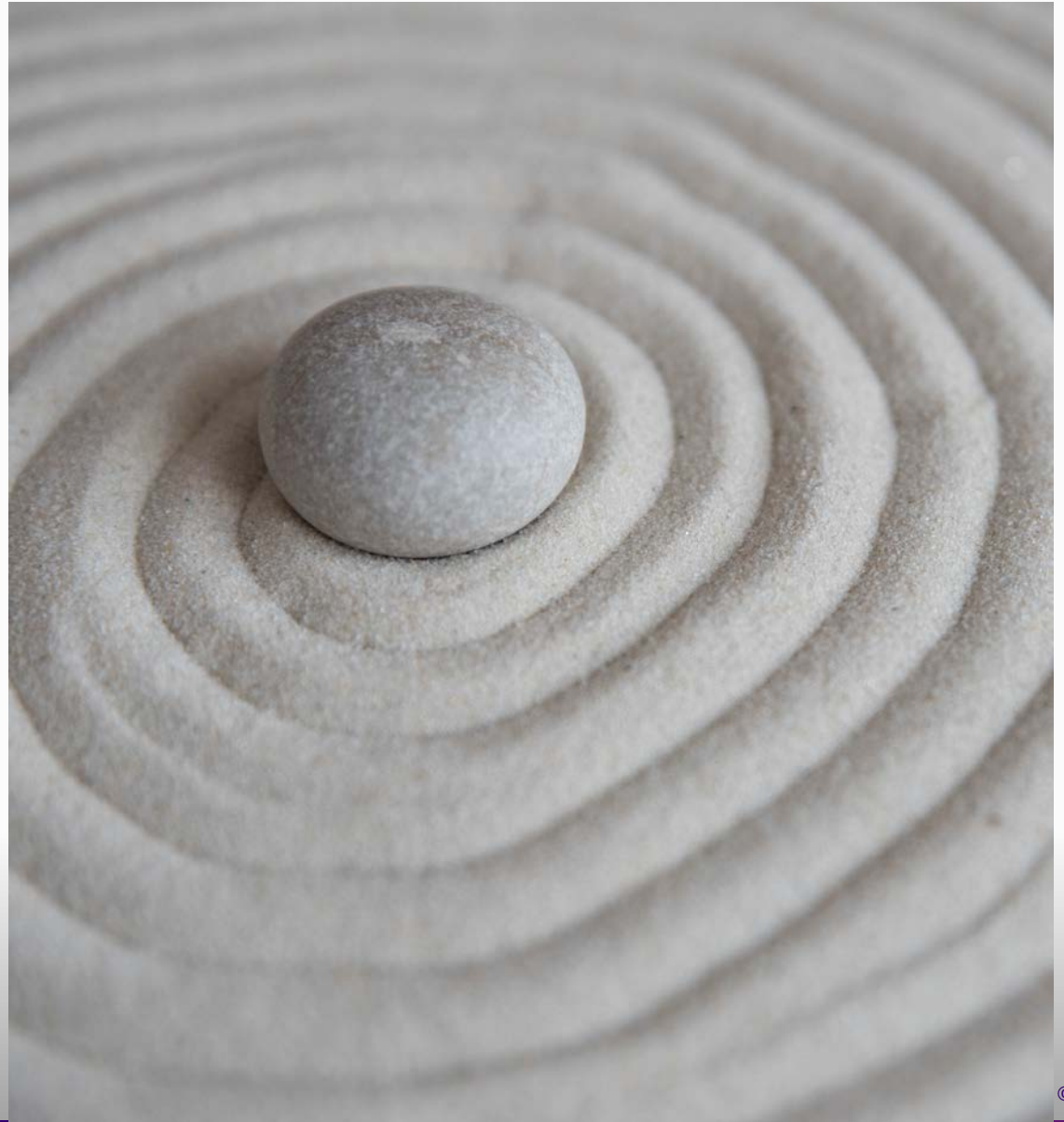
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Learning Objectives

Redefine how to interact with people by establishing a safe, respectful, trusting, and empowering environment for all.

Trauma Informed Care

Imagine...



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Compassionate, Racially Equitable and Trauma-Informed Care

An understanding that people's behavioral difficulties are not necessarily a result of "what is wrong with them", but rather "what has happened during their lives"

- *Inspiring meaningful support while practicing culturally sensitive, non-judgmental and welcoming patient-centered care*
- *Appreciation of how past trauma can directly affect experiences in the present*
- *Understanding of how disease drives the behavior not the other way around!*
- *Compassionate healing*

Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

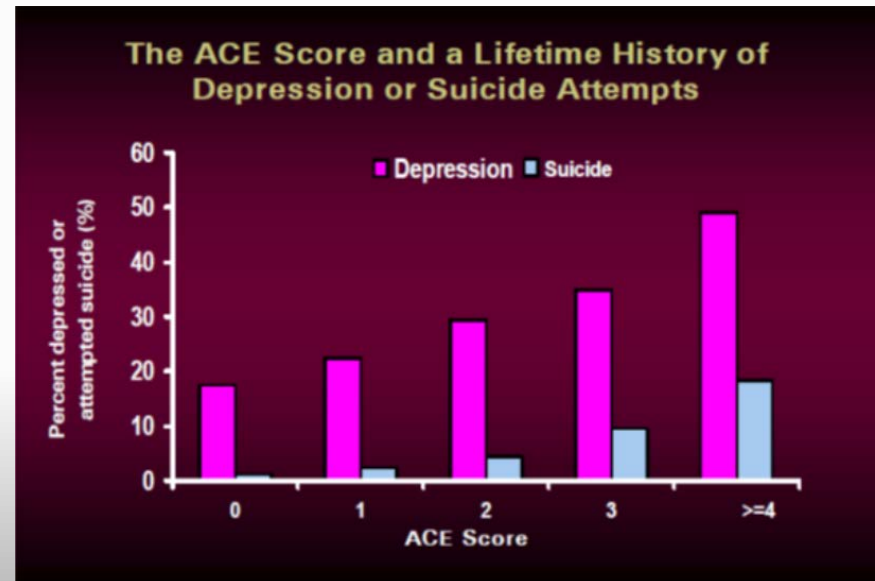


Divorce

Adverse Childhood Experiences

Individuals with > 4 ACEs have major risk factors for the leading causes of illness and death as well as poor quality of life

- *2-4 fold increase in poor health, tobacco smoking and sexually transmitted disease*
- *4-12 fold risk for alcohol and other substance use disorders, depression, suicide attempt, high risk behaviors*
- *Strong relationship between ACE, violence, trauma and addiction*



Systemic Racism and Equity

Marginalized communities have long histories of confronting injustice, and long-standing health disparities bear witness to those bitter realities.

- **Trauma-informed communication** improves outcomes, fosters equity and is essential in mitigating interpersonal bias
- **Shared goals:** create a safe emotional experience
- **Offer an invitation** to engage immediately, honestly, and compassionately; ask permission
- **Earn trust:** Trusting clinician–patient relationships are associated with greater treatment adherence and perceived quality of services
- **Respond to cues and acknowledge:** “It sounds like you feel you are being treated differently. Help me understand your thoughts and concerns.”
- **Respond with Empathy:** Use empathic statements, a series of open-ended questions and empathic responses may help individuals feel heard; reflect
- **Cultural humility,** a key aspect of personal awareness, includes critical self-reflection, awareness of personal biases, and advocacy in holding accountability for equity

Trauma Informed Care (TIC)

A strength-based approach and a cultural shift to appreciate/respond to each person's set of circumstances and needs – meeting where they are, when and where they need it.

TIC improves outcomes, reduces re-traumatization, supports recovery.

“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” (SAMHSA)

Environmental Factors



Sometimes the way we approach or manage troubling behaviors with people in crisis exacerbates their behaviors.

Trauma Responses

Patients with a trauma history often present with/are perceived as:

- Reluctant to admit/discuss health problems OR present with many needs/demanding care
- Confusion/poor memory
- Poor self-care
- Pain issues (problems with pain perception, tolerance or chronic pain)
- Have more difficulty with perseverance/follow-through (tied to helplessness)
- Irritable or hostile
- Behavioral dysregulation
- Emotionally labile
- Impaired social skills
- On guard
- Frequently miss appointments, and more likely to present as a walk in, or in a crisis

Motivational Interviewing: A mindful patient-centered approach to elicit behavior changes via emphasizing autonomy with compassionate presence, listening, openness
OARS+I (Open-ended questions, Affirmations, Reflections, Summaries, Asking permission to provide Information)

The Challenge

We often don't know what experiences our patients have had, so it is important to approach everyone in a universally sensitive manner.

We want to reduce the risk, wherever possible, of re-traumatizing people with triggers.

Even if all goes well, medical exams can feel invasive and trigger patients:

- Asking sensitive questions
- Examining intimate body parts
- Delivering uncomfortable (and even painful) treatments



Retraumatization



WHAT HURTS?

SYSTEM

(POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")

RELATIONSHIP

(POWER, CONTROL, SUBVERSIVENESS)



HAVING TO CONTINUALLY RETELL THEIR STORY



NOT BEING SEEN / HEARD



BEING TREATED AS A NUMBER



VIOLATING TRUST



PROCEDURES THAT REQUIRE DISROBING



FAILURE TO ENSURE EMOTIONAL SAFETY



BEING SEEN AS THEIR LABEL
(I.E ADDICT, SCHIZOPHRENIC)



NONCOLLABORATIVE



NO CHOICE IN SERVICE OR TREATMENT



DOES THINGS FOR RATHER THAN WITH



NO OPPORTUNITY TO GIVE FEEDBACK ABOUT
THEIR EXPERIENCE WITH THE SERVICE DELIVERY



USE OF PUNITIVE TREATMENT, COERCIVE
PRACTICES AND OPPRESSIVE LANGUAGE



WHAT HELPS?



Creating a Trauma-Informed environment using the following five principles:

SAFETY

CHOICE

EMPOWERMENT

COLLABORATION

TRUSTWORTHINESS



**CREATING
AREAS THAT
ARE CALM AND
COMFORTABLE**

**PROVIDING AN
INDIVIDUAL
OPTIONS IN
THEIR
TREATMENT**

**NOTICING
CAPABILITIES IN
AN INDIVIDUAL**

**MAKING
DECISIONS
TOGETHER**

**PROVIDING
CLEAR AND
CONSISTENT
INFORMATION**

Simpson, R. & Green, S.A. (2014). Adapted from: Fallot, R.D & Harris, M. (2001). Using trauma theory to design service systems: New directions for mental health services. Jossey-Bass: San Francisco, CA, Jennings, A. The Anna Institute, National Council for Community Behavioral Healthcare. Is your organization trauma-informed?

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Managing your own reaction

Providers and caregivers are responsible for managing their own frustration when feeling challenged or triggered by patient behaviors.

If you notice yourself getting angry or impatient...

1. *step back*
2. *take a breath*
3. *tap out for a moment*
4. *later reflect on emotional reactions that were outsized and possibly related to your own personal or professional trauma*

STOPP

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Trauma Informed Care (TIC)

Changing the conversation from “what is wrong?” to “what happened?”

“How can she use heroin and call herself a mother?”

→ “I can appreciate the vulnerability and the courage she has to reach out for help and talk about her use.”

“What is wrong with this patient... how could she scream and act like this?”

→ “I wonder what happened to this person to affect her life this way and the impact it has had on her health and coming to the hospital?”

Trauma Informed Communication

Whole person focus on compassionate rapport-building and collaborative interpersonal relationship

Meeting “where they are”

- Offer support
- Do not force conversation if the patient is not ready to talk
- Culturally sensitive and race-equitable care: do not make assumptions and ask for permission

Compassionate rapport-building: listen, respect, support/validate, give space/time, assist

- **Awareness:** Appreciate the role of trauma
- **Safety:** Place priority on physical and emotional safety
- **Trustworthiness:** Optimizing trustworthiness and maintaining boundaries
- **Choice:** Respect autonomy
- **Collaboration/Empowerment:** Inspiring empowerment and skill-building

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Challenging Conversations and Opportunities

- Validate vulnerability and motivation for safe birthing experience
- Request for permission, use non-judgmental signage and effectively engage in therapeutic conversation
- Identify common goals and listen with compassion to build trust and effective supportive relationship
- Create a safe space while using grounding and positive re-directing techniques

4 ways to de-escalate with trauma-responsive communication

- Cultivate genuine compassion. Extend empathy toward the birthing parent, appreciate their life situation. ...
- Pay attention and be inquisitive. Ask open questions to formulate a clear understanding in a nonjudgmental way. ...
- Offer reflective listening. Listen carefully to understand (not to respond) ...
- Speak respectfully – soft voice, kind and welcoming approach; offer choices while setting limits

De-escalating Positively with Listening

Three Main Listening Skills:

Attending: Giving your physical (and mental) attention to the person. “I appreciate your courage to come to the hospital and to ask for help!”

Following: Making sure you are engaged by using eye contact. Use un-intrusive gestures (such as nodding of your head, saying okay); reassuring “we’re here to support and help your needs”

Reflecting: Paraphrasing and reflecting, offering empathy and affirmations; “I am impressed with your strength and courage”

Listen when you are “listening.” Try to establish rapport.

- No other activities when listening. Multi-tasking is not good/acceptable when you are listening.
- Be empathetic and respectful! Validate -- “I understand how challenging things have been...”
- Listen to what the person is really saying. Re-state the message. Clarify the message. Repeat the message.

Provider bias – words matter

Non-Trauma Informed Language

- Blaming
- Judging
- Assuming
- Dictating
- Categorizing
- Problem-based
- Dismissive
- Blunt
- Cold

Terminology to avoid

- Drug abuse
- Drug addict, druggie, junkie, crackhead
- Clean, sober
- Dirty urine
- A psycho
- A crazy patient



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Provider bias – words matter

Trauma Informed Language

- Develop comfort asking and talking about trauma
- Know what to do if they say “yes”
- Avoid disapproving or implied messages
- Be aware of your own feelings about trauma and violence
- Respond sensitively
- Use strength-based words/phrases
- Ask questions in a non-judgmental way
- Be mindful of tone

Terminology to use

- Substance use disorder
- A person with substance use disorder, drug use
- Person in recovery
- Positive drug screen
- A person with mental health disorder
- A person with mental illness



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Together, We Can!

- ✔ Trauma-informed healing and non-judgmental caring encourages treatment engagement
- ✔ Meeting the patients “where they are”
 - Yes, we Can!
- ✔ Provider education, support wellness are essential

Questions? Follow-up?

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Addiction Recovery Services Team

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