
Vermont Health Care Innovation Project

Core Competency Training Series

*Responding to Disclosures of Trauma:
Tips & Tools to Foster Resilience for
Patients and Minimize Vicarious
Trauma for Providers*

December 7, 2016

Speakers

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ACO and Practice Transformation Director,
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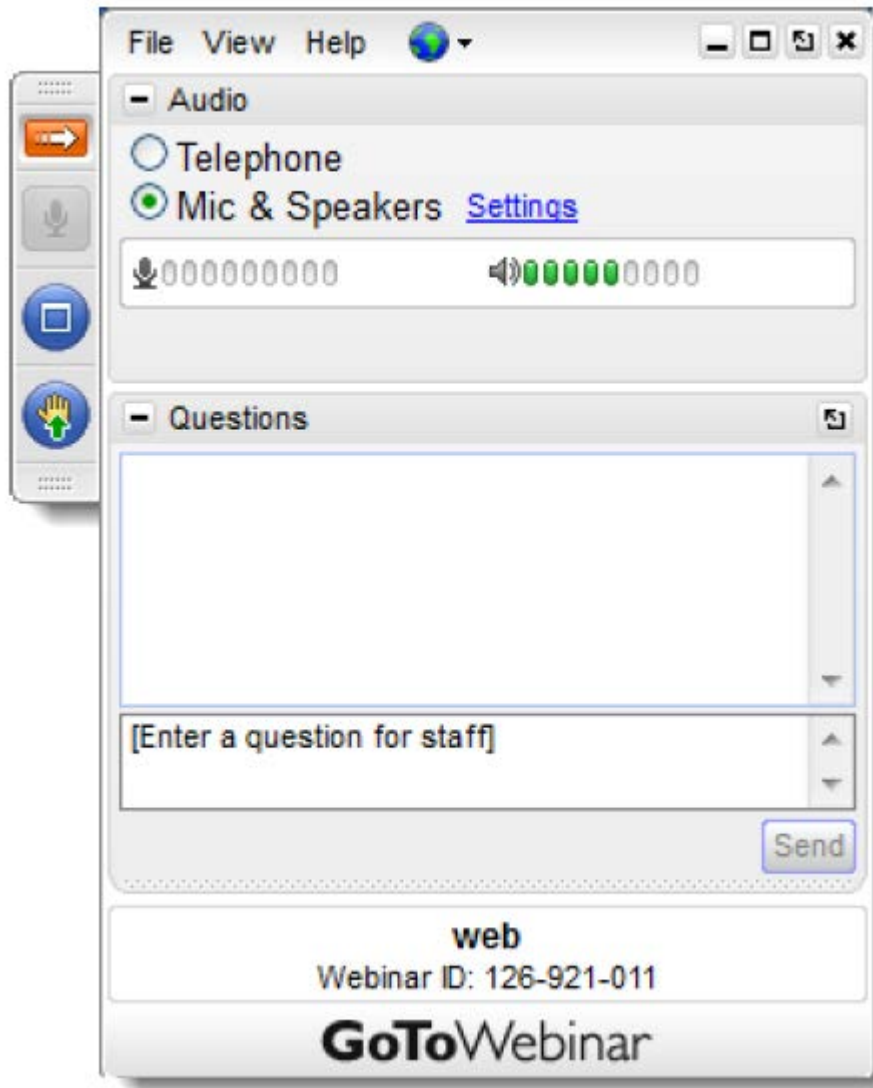


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Training and Curriculum Development Specialist,
Primary Care Development Corporation

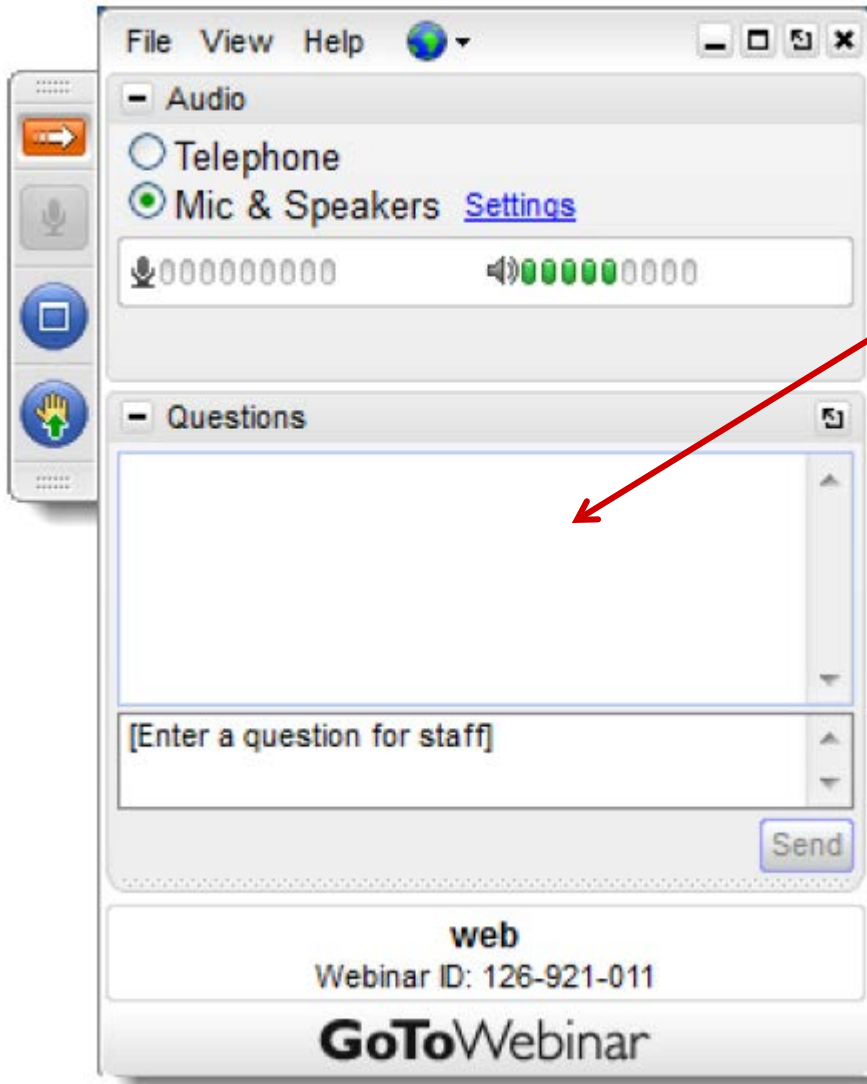


Before we get started...



- By default, webinar audio is through your computer speakers.
- If you prefer to call-in via telephone, click “Telephone” in the Audio pane of your control panel for dial-in information.

Questions?



- **We've reserved time for Q&A at the end of this event.** Please submit questions via the Questions pane in webinar control panel.
- **This webinar is being recorded.** Slides and recording will be used for training purposes

Today's Learning Objectives



At the end of this webinar, you will be able to:

- Define trauma
- Define vicarious/secondary trauma
- Provide examples of traumatic life experiences and explore ways in which they affect health and influence how people seek and accept services
- Identify best practices for working with trauma survivors
- List responses and techniques that can be used to convey compassion and empathy in a safe and comfortable setting
- Describe ways to avoid secondary traumatization as a Care Coordinator

What is *Trauma*?

- Trauma results from an event, series of events, or set of circumstances that is experienced by an individual, group, or community as physically or emotionally harmful or threatening
- Has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being
- Can be a single event, a series of events, and/or a chronic condition (e.g., childhood neglect, domestic violence, homelessness)

Examples of Traumatic Life Experiences

- Childhood Neglect
- Sudden, unexplained separation from a loved one
- War or terrorism; Military or Civilian
- Natural or man-made disasters
- Forced displacement from home/community
- Incarceration
- Experiencing or observing physical, sexual, and emotional abuse; Domestic Violence
- Serious medical illness, Disabling/chronic conditions
- Poverty and/or Homelessness
- Sexual violence and exploitation

What Determines the Impact of Trauma?

- Two people may be exposed to the same event or series of events but experience and interpret these events in very different ways
- Various biopsychosocial and cultural factors influence an individual's immediate response and long-term reactions to trauma
- For some people, reactions to a traumatic event are temporary, whereas others have prolonged reactions that move from acute symptoms to more severe, prolonged, or enduring mental & physical health consequences

Key Points

- Can be a single event, repeated traumas, or sustained/chronic trauma at any point in, or throughout lifetime
- People who have encountered multiple events and longer exposure to trauma are at greater risk for developing traumatic stress due to the cumulative toll it takes on a person
- **What** happened is not nearly as important as what the trauma **means** to the individual. Each experience is individually unique
- Trauma survivors are often very sensitive to situations that remind them of the people, places or things involved in their traumatic event = **TRIGGERS**

Psycho-Social Impact

Trauma *breaks*:

- Trust
- Connection
- Safety with self and other relationships
- A sense of belonging

“Common” Reactions & Health Conditions Associated w/ Trauma

- Shame
- Self-blame
- Guilt
- Anger
- Sadness
- Fear
- Hyper-arousal*
- Shock
- Denial
- Ambivalence/apathy
- Self-harming Behaviors
- Sleep Disturbance
- Depression/Anxiety
- Flashbacks
- Eating Disorders; Obesity
- Mood Disorders;
Dissociation
- Chronic Pain/GI Distress
- Diabetes
- Hypertension and Heart
Disease
- Substance Use/Abuse
- Cancer
- Liver Disease

A Moment of Reflection

- Do you provide care to anyone who has experienced one or more of the examples listed on the previous slide?
- How much of an impact do ***you*** think trauma has had on their current health status?
- How much of an impact do you think ***your patient*** thinks the trauma has had on their current health status?

Tips & Tools for Care Coordinators

Trauma-informed Care '101'

"Trauma is trauma, no matter what caused it." Peter A. Levine

DEPRESSION
 POWERLESS
 VIOLENCE
 RISK
 FLASHES
 VETERANS
 PSYCHOLOGICAL
 PTSD
 DIAGNOSIS
 STRESS
 PHOBIA
 FEAR

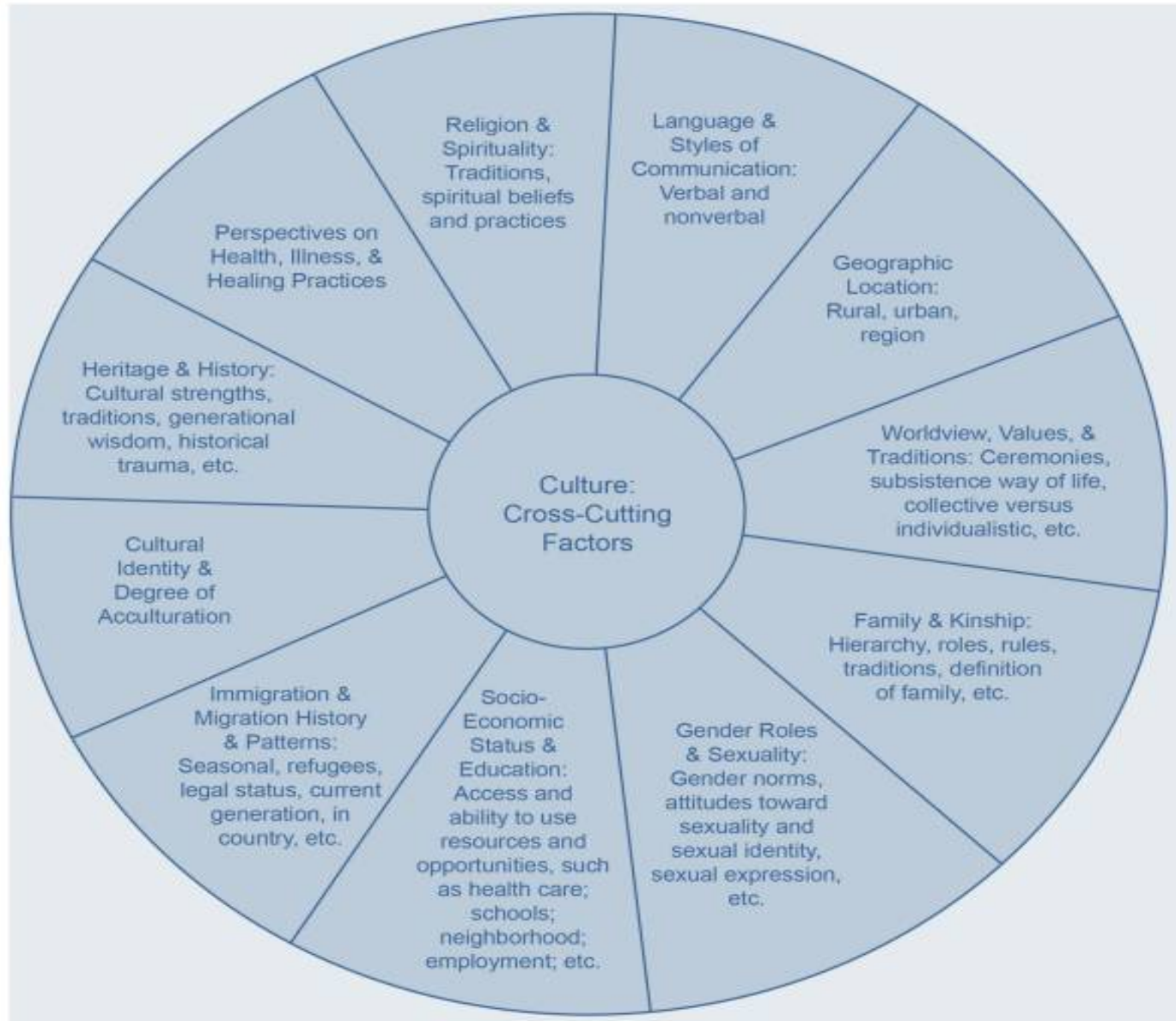
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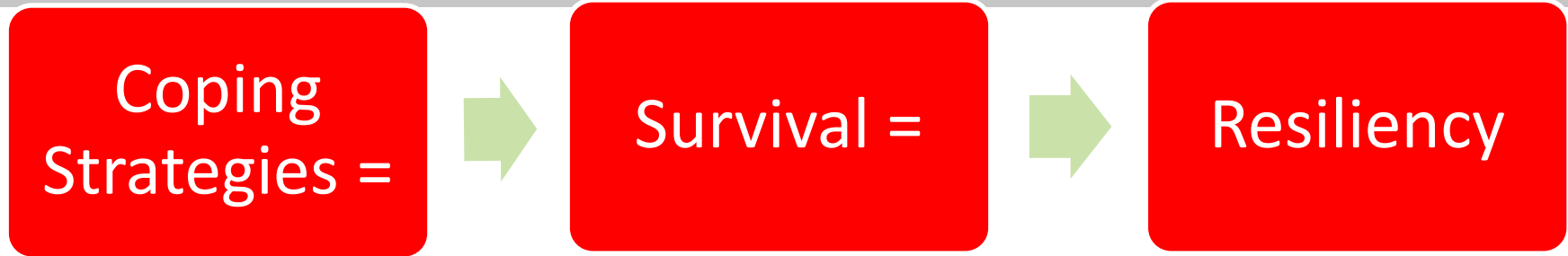
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Trauma is a Unique, Individual Experience



What Works Best – “The Do’s”



- View trauma in context of individual’s environment to minimize the risk of comparing experiences and shaming the patient/client
- When appropriate, promote trauma awareness and understanding with your patient/client
- Support control, choice and autonomy for your patient/client in their life and healthcare plan decisions
- Use a strengths-focused perspective to promote resilience and foster a trusting, safe environment

Give Control Back

- Allow the person to take the lead in how they want to view and address (or not) their trauma experience(s).
- Honor your patient's choices: not everyone who has experienced trauma and is engaged in healthcare services wants, or sees the need for, trauma-informed or trauma-specific treatment
 - “Is it ok with you if I... give you a call in a few days/sit down here/give you information about additional support resources, etc.”

The Do's Continued

- Listen. Believe. Validate.
- Convey empathy and compassion rather than sympathy
- Practice reflective, active listening skills – be *present*
- Allow for silences
- Create a calm, quiet, non-threatening environment
- There is no “one right way” to respond to trauma
However a person reacts is OK and right for them
- View patients as competent to make changes that will allow them to deal with trauma-related challenges

The Do's Continued

- Give control back, even in the smallest details
 - Respect privacy and boundaries of personal space
 - Encourage questions and ask about any worries or concerns and how you can help (i.e. leaving door open, where they sit/stand)
 - Encourage person to do what feels most comfortable (ex. keeping coat on, listening to music, bringing someone to their appointment)
 - Explain what is going to be done with each step *before* doing it (i.e. in a medical exam)
 - Try to always sit or stand at eye level with the patient; not above

What to Say and How to Say it

- Don't worry about finding the "perfect" thing to say. But, whatever you say should be genuine and sincere. Be yourself
 - "Thank you for trusting me enough to share your story."
 - "I appreciate the courage it took to share that with me."
 - "You did whatever you had to do to survive."
 - "I am so sorry that you were hurt/mistreated/harmed."
 - "You deserve support."
 - "You are safe here and now."
- If in doubt, ASK
 - "How can I best support you?"
 - "What is most helpful? What is not helpful?"

What is Not Helpful – The “Don’ts”

- Don’t assume a person is weak, broken, or damaged due to the trauma
 - The experience doesn’t define the whole person
- Don’t try to “fix it” or make false promises
 - “Everything is going to be ok, I promise”
 - “It could’ve been worse”
- Don’t probe or force the person to share details
- Avoid comparing yourself or others to the patient/client, even if similar events have occurred
 - “I understand what you are going through. The same thing happened to me/my friend/another patient...”
 - “If I could do it then anyone can do it”

What Not to Say/Do

- Avoid offering advice
- Don't make the person repeat their “story” if they don't want to or probe for details
- Don't talk too much – *listen more*
- Don't assume you know best or “take charge” of the situation
- Don't allow your personal feelings or like/dislike for the patient alter your responses

Case Study - #1

- You are working with a female patient who is 6 months pregnant. She has not been keeping up with her pre-natal visits no matter how many times you've discussed the importance of this care, given appointment reminders, and helped her reschedule with the provider due to multiple missed appointments.
- *How do you feel about this patient?*
- *How would you describe her?*

Case Study #1 Continued

- What we don't know about this patient is that she has a history of sexual violence, with multiple victimizations. This pregnancy has been extremely triggering, igniting panic and dread about her impending labor and delivery. She doesn't know how she is going to handle it.
- *Now, how do you view this patient?*
- *What do you say when she discloses this to you?*
- *What can you do?*

Case Study #2

- You have a patient/client who is an older adult with multiple chronic health conditions, limited physical mobility, and who lives alone. You have attempted several home visits, but he refuses to let you inside or to even open the door. He does answer the phone, however, when you call and always say that “next time” he will cooperate. But, to no avail.
- *How do you feel about this patient?*
- *How would you describe them?*

Case Study #2 Continued

- What we don't know about this patient yet is that he experienced a home intrusion a few years ago, where a delivery person forced their way in and, robbed and beat him. Because he is an older adult, he did not want to report the crime for fear it might be determined that he is not fit to live alone anymore.
- Each time you come for a visit, he becomes paralyzed with fear that this might happen to him again.
- *Now, how do you view your patient?*
- *What can you say?*
- *What can you do?*

Universal Best Practices

- Anticipate that each person you are working with *may* have experienced some form of trauma in their lifetime
- Prevent re-traumatization
- Build on the strengths and resilience of people/patients in the context of their environments and communities
- Always assess for safety concerns
- Encourage and support trauma-informed principles in agencies through support, consultation, and supervision of staff (*"practice what we preach"*).

Universal Best Practices

- *Realize* the prevalence of trauma
- *Recognize* how trauma affects all individuals involved with the program, organization, or system, staff
- *Do something about it*

Key Points

- **Respect**
- **Re-Empower**
- **Person-First**
- **ASK what they need**
- **Model the best interactions for others!** *Be aware that other members of the Team may have very uninformed ideas and stereotypes ingrained*

Potential Barriers to Providing Good Care

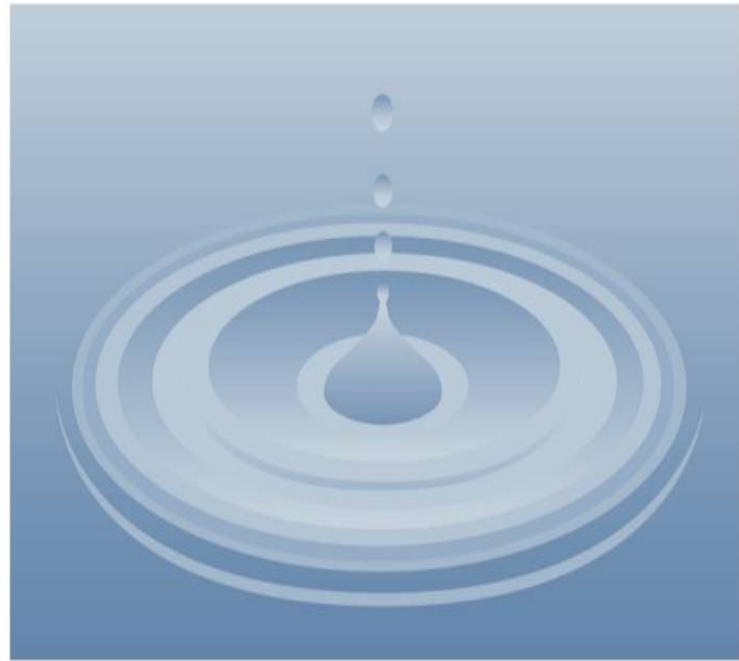
Ever feel like this in your work?



Or, this?



What is Vicarious Trauma?



- Impact of trauma is far-reaching, creating a ripple effect
- Care Coordinators are not excluded from impact
- When disclosures are made, the patient's story becomes a shared experience with the Care Coordinator
- Over time, this “shared experience” can become a form of secondary trauma, also known as vicarious trauma, for the story keeper, i.e. Care Coordinator

Some *Red Flags* of Vicarious Trauma

- Feeling helpless & hopeless
- A sense that you can never do enough
- Hypervigilance
- Diminished creativity
- Inability to embrace complexity
- Minimizing
- Chronic exhaustion
- Fear
- Inability to listen/deliberate avoidance
- Guilt
- Anger & cynicism
- Inability to empathize/numbing
- Alcohol/Substance dependency
- Inflated sense of self importance

Self Care is Crucial to Good Care

■ WORK AS A TEAM

- Supervision and peer support will enable you to understand your own reactions to your patients
- Ongoing professional training can improve your belief in your abilities to respond and support trauma survivors
- Identify resources for patient support and referrals

■ Set clear limits and boundaries

■ Separating your personal and work life - allows time to rejuvenate from stresses inherent in being a professional caregiver

■ Be mindful of your own triggers – the more personal our connection to our work (specific community, population, demographic, etc.) the greater the impact on us

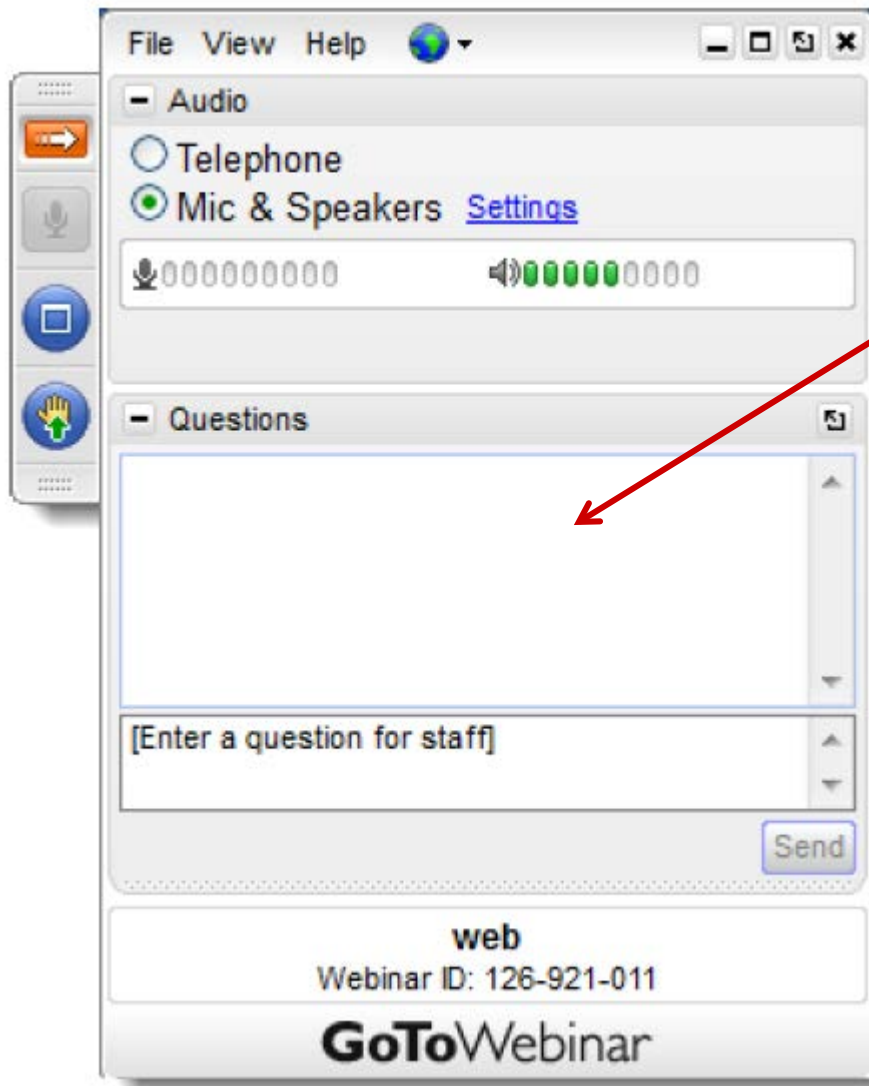
■ **What do you do to practice *self care*???**

THANK YOU!



Questions? Comments? Reflections?

Questions?



- Please submit questions at any time via the Questions pane in webinar control panel.

References & Resources

1. <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=85#provider>
2. <http://www.samhsa.gov/topics/trauma-violence/samhsas-trauma-informed-approach>
3. <http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp>
4. <https://victimsofcrime.org/help-for-crime-victims/coping-with-trauma-and-grief>
5. <http://www.cdc.gov/masstrauma/factsheets/public/coping.pdf>
6. Trauma Stewardship. *An Everyday Guide to Caring for Self While Caring for Others*. Laura van Dernoot Lipsky with Connie Burk. 2009.
7. Vermont Trauma Institute - [www.mentalhealth.vermont.gov/VT Trauma Institute](http://www.mentalhealth.vermont.gov/VT_Trauma_Institute)
8. <http://www.vtnetwork.org>

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Please Stay In Touch!

- Thank you all for your time and dedication to the Core Competency Training Series!
- Reminder:
 - All materials from the Core Competency Training can be found at <http://healthcareinnovation.vermont.gov/areas/practice-transformation/projects/core-competency-training>
 - Connect with trained trainers embedded in your community for future training opportunities
 - Please contact Erin Flynn at erin.Flynn@Vermont.gov at any time with questions or comments!