



# Considerations for a Trauma-Informed Approach in Routine Patient Interactions

*Joan Fleishman, PsyD- Behavioral Health Clinical Director*

*Kyle Higgins, LCSW, CADC- Behavioral Health Consultant*

*OHSU Family Medicine*

# Trauma Informed Care

- **Realizes the impact of trauma** and understanding potential paths for recovery
- **Recognizes the signs and symptoms of trauma** in clients, families, staff, and others involved with the system
- **Responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization**

# Six Key Principles of a Trauma Informed Approach

- Safety
- Trustworthiness & Transparency
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical, & Gender Issues
- Peer Support

In small groups come up with one example in health care of a policy, procedure, or practice that demonstrates application of each principle.

# Potential “Hotspots” In Your Clinic

- What are some of the policies, procedures, or practices in your clinic that could risk potential re-traumatization?

# Case Example: Waiting Room Experience

- Most visits start with a check in process and waiting in a lobby or waiting room
- In your small groups:
  - What is the waiting room like in your clinic?
  - How might this experience be potentially activating for a patient?
  - What are some ideas for how to make this experience less activating?
  - What are potential barriers to implementing these ideas?

# Case Example: Health History or Intake Forms

- Most clinics ask patients to fill out forms before or at their first appointment
- In your small groups:
  - What do these kinds of forms look like in your clinic?
  - How might this experience be potentially activating for a patient?
  - What are some ideas for how to make this experience less activating?
  - What are potential barriers to implementing these ideas?
- Take a look at the two forms provided
  - Using what you know about TIC, what do you think about them?
  - Things you like? Things you don't like?
  - Potential areas for activation?

# Case Example: Weight

- Visits typically include measurement of weight and height
- It is often not offered as a choice
- Discuss in your small groups:
  - What is the practice at your clinic?
  - How might this experience be potentially activating for a patient?
  - What are some ideas for how to make this experience less activating?
  - What are potential barriers to implementing these ideas?

# Case Example: Gyn Exam/Pap Smear

- Most gyn exams involve disrobing, leaving patients feeling exposed and discomfort.
- In your small groups:
  - What do these kind of exams or visits look like in your clinic?
  - How might this experience be potentially activating for a patient?
  - What are some ideas for how to make this experience less activating?
  - What are potential barriers to implementing these ideas?



# Staff Hotspots: Learnings from Our Work (Parallel Process):

- One important point to address is policies, procedures, practices that are hotspots for staff
- This could happen prior to focusing on the patient related hotspot
- What might be some hotspots for your staff?
  - Lack of space for lactation
  - Time off request procedures/paperwork
  - Accruing “occurrences” when late

# Summary:

- Implementing the 4 R's into clinic culture
- Hotspots exist thus it is important to identify them
  - They can often be more complicated than they initially appear “on the surface”
- We have a workforce that is under a great deal of stress and absorbs the trauma