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Medical News & Perspectives

Trauma-Informed Care May Ease Patient Fear, Clinician Burnout

Bridget M. Kuehn, MSJ

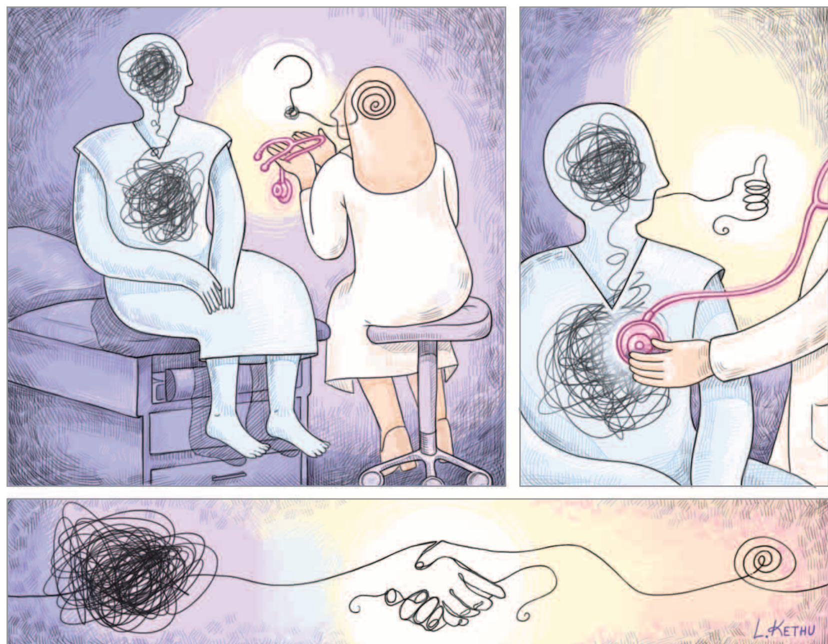
For many sexual assault survivors whom Anita Ravi, MD, MPH, sees as a New York City–based family physician, the prospect of even basic medical care can be frightening. Some have put off Papanicolaou tests and mammograms for years or even decades.

To help them, Ravi has adopted a trauma-informed approach that works to restore patients' trust and give them a greater sense of control over their visit. This may include asking permission before touching and suggesting alternatives to certain procedures that make them uncomfortable. For example, she may offer patients who require a throat or vaginal swab the option of doing it themselves.

"It's essential to give people the opportunity to know all the steps that are going to happen and say, 'If that doesn't work for you, we can try this other way,'" said Ravi.

Trauma-informed care is already widely used in behavioral health, with guidance available from the US Substance Abuse and Mental Health Services Administration (SAMHSA). But it's also increasingly being applied in other settings including primary care, obstetrics and gynecology, and emergency departments.

In addition to addressing patient care, the approach recognizes that some clinical interactions can reevoke physicians' own past traumas or transmit secondary trauma, said Andrea Garroway, PhD, a senior instructor in the departments of psychiatry and medicine at the University of Rochester School of Medicine and Dentistry in New York.



These interactions can hurt physicians and patients alike. "A [clinician's] ability to bring a trauma-informed approach to care is dependent on their own well-being," Garroway said. "They can bring the most empathy, understanding, and compassion to these conversations if they've taken care of themselves emotionally."

Universal Precautions

Any event or series of events—whether experienced or witnessed—that profoundly affects a person's social, physical, psychological, and physiological well-being can traumatize them, according to Linda Henderson-Smith, PhD, who directs trauma-informed services for children at the National Council for Behavioral Health. These events are prevalent: 70% of US adults have had at least 1 traumatic

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What Is Trauma-Informed Care?

- Being aware that many patients have a history of trauma
- Recognizing trauma symptoms and patients' resilience
- Responding to agitated patients in a nonjudgmental, supportive way
- Ensuring physical and emotional safety for staff and patients
- Being trustworthy and transparent with patients, family members, and staff
- Promoting recovery and healing for those who have experienced trauma
- Making decisions in partnership with patients and avoiding a power imbalance in interactions
- Empowering patients and giving them choice and control over the care they receive
- Promoting self-care among staff and clinicians

Adapted from the National Council for Behavioral Health

experience in their lifetime, and past trauma is an almost universal experience for patients with substance abuse and mental health disorders, according to SAMHSA.

For people with a history of trauma, clinical settings like a noisy, chaotic emergency department or a small, enclosed examination room may trigger trauma-related symptoms.

"When you're treating that patient [who] is a victim of a gunshot wound at the bedside, you might not just be treating their injuries from today," said Kyle R. Fischer, MD, MPH, a clinical assistant professor at the University of Maryland School of Medicine and lead author of a guide to trauma-informed care in the emergency department. "They also might be having a flare-up of their posttraumatic stress disorder [from previous trauma] at that exact moment."

Recognizing trauma symptoms and taking an empathetic approach can help clinicians navigate such complex patient interactions and deescalate a situation when a patient becomes agitated, Fischer said.

Scott M. Surico, BSN, RN, an emergency services education coordinator at Hoag Hospital in Newport Beach, California, agreed. In 2018, Hoag nurses, technicians, and security staff trained in trauma-informed care as part of an Institute for Healthcare Improvement pilot that included 8 US emergency departments. The education enabled them to reduce the use of patient restraints.

"The biggest change was that nurses came back and said, 'When I just acknowledge they are upset and I understand that upset, it takes about 40% of their agitation right off the top,'" Surico said. As a result, nurses reported being able to better care for patients experiencing a behavioral health crisis.

Because many trauma sources, such as a history of child abuse or sexual assault, may not be apparent to a clinician, some have chosen to implement trauma-informed care as a sort of universal precaution.

Zufall Health, a federally qualified health and dental center serving low-income and underserved communities in New Jersey, adopted this policy across its clinics starting in October 2018. The center was 1 of 7 US primary care organizations to pilot a trauma-informed program created by the National Council for Behavioral Health with funding from Kaiser Permanente.

Staffers at Zufall first assessed whether the clinic's environment was comfortable and welcoming to all patients. (Was the color scheme muted and soothing? Were posters on the wall inclusive? How might patients perceive the security guards?) They then trained all new and existing employees on better ways to interact with patients who may show signs of trauma. For example, they now emphasize a nonjudgmental approach with disruptive patients.

"Of course, you have to stay safe, but you have to think, 'What happened to this person that they are reacting in this way?'" said Rina Ramirez, MD, Zufall's chief medical officer.

Asking about patients' preferences is another important component that clinicians can integrate into routine care. The practice shows patients respect and may also help to avoid inadvertently retraumatizing them, said Lauren Sobel, DO, a fourth-year medical resident at Boston University Medical Center.

A survey by Sobel and her colleagues found that women with a history of sexual assault have specific preferences for their obstetric care. They may find the word "rape" retraumatizing when it's used to describe their past experiences, for example. They may want control over who's in the room during delivery, how exposed their bodies are, and to whom their history is disclosed. Asking all women about such preferences can ensure that those who choose not to disclose a previous assault still receive trauma-informed care, Sobel explained.

Taking these steps can also increase patients' satisfaction with their care, said Garroway, who developed a trauma-informed curriculum for medical residents in the VA Connecticut Healthcare System. In her experience, patients appreciate physicians who understand their story and the adversity they have overcome and who recognize their strength and resilience.

Clinicians said the feedback they've gotten from patients so far has been positive. Increasingly, Ravi's patients ask her for referrals to trauma-informed clinicians in other specialties. Ramirez said she and her team were recently brought to tears by the words in a patient's letter: "I feel safe in your space, I feel safe in your clinic."

Collateral Benefits

Both the National Council for Behavioral Health and the Institute for Healthcare Improvement plan to publish results from their pilot programs this year. Preliminary data and anecdotes suggest the initiatives may improve clinician safety and morale.

"We are starting to see a change in our culture," Surico said. "Patients get the help they need, and nurses and doctors feel more fulfilled in treating these patients."

He noted that Hoag's emergency department has seen incidents of patient violence against staff decline from an average of 12 to 18 per month to about 5 since implementing trauma-informed care training. The results and staff reviews so impressed administrators that they implemented a 2-hour trauma-informed care training throughout the hospital and in a second emergency department within the same health system.

"It spreads like a medicine through the blood system when people start seeing it in action," Surico said. Although it's too soon to know if the initiative will affect staff burnout and turnover, he said he suspects that it will.

Ravi cofounded the Purple Health Foundation, which helps women and girls who have experienced gender-based violence. She said that learning about trauma-informed care helped her recognize and manage her own secondary trauma, which can occur when clinicians hear or witness disturbing details about their patients' experiences.

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Initially, working with sexual assault survivors left Ravi feeling happy that they had connected with health care. But days later she'd break down crying in line at a coffee shop remembering the details they had shared. "I didn't understand what was happening to me while it was happening," she said. But now she's built a supportive team, including colleagues and a mental health professional to whom she can turn.

For people with a history of trauma, clinical settings like a noisy, chaotic emergency department or a small, enclosed examination room may trigger trauma-related symptoms.

Fischer said his understanding of trauma-informed care inspired him to better support his medical students, residents, and fellow staff when they experience a difficult situation or patient death. These deaths can profoundly affect medical students, he said, making it important to offer them support and opportunities to debrief.

He has also learned to ask for support himself. Recently, when a patient who was enrolled in his department's violence intervention program was shot and killed, he felt on edge during his next shift. He told the resident he was working with how he felt. Sharing his emotions gave him the feeling that he was ready to move on.

Henderson-Smith said that although the prevailing culture of medicine may encourage physicians to "just take it," promoting self-care for clinicians is an important component of trauma-informed care.

There are countless ways to do so, big and small. A clinical psychologist at the VA Connecticut Health System taught medical residents a brief meditation they could do while washing their hands, for instance. Employees at Zufall's clinics are invited to participate in a guided deep-breathing exercise broadcast over speakers twice a day. And Ramirez and her colleagues have implemented half-day retreats twice a year to give Zufall staff a chance to talk, share ideas, and work on more supportive interactions with each other.

"We're taking care of ourselves to take care of everybody else," she said. ■

Note: Source references are available through embedded hyperlinks in the article text online.

Correction: This article was corrected online February 7, 2020, to amend an institutional affiliation and describe the mission of a foundation.

QUICK UPTAKES

Concussions Linked With Erectile Dysfunction in Football Player Study

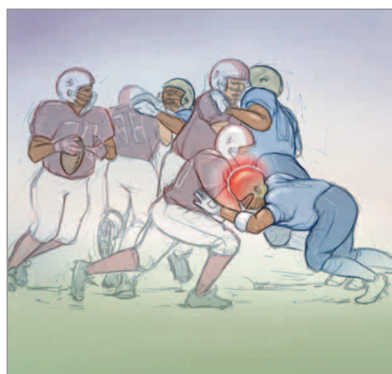
Jennifer Abbasi

The Super Bowl generates gut-busting menus, fierce rivalries, and possibly some unexpected health consequences for the game's players. A recent *JAMA Neurology* study found that the more concussion symptoms former National Football League (NFL) players had during their careers, the more likely they were to have been prescribed medication for low testosterone levels or erectile dysfunction (ED) later in life. Knowing that head injuries may cause sexual dysfunction could help more men and their physicians overcome the stigma of ED and talk about treatment.

+ Audio

What's New

The research fills a knowledge gap. One large study found an association between ED and single traumatic brain injuries in the general Taiwanese population. So far, only small studies have linked elite athletes' head injuries with hormone insufficiencies and sexual dysfunction. With 3409 participants, this is the first large study to make the connection in athletes and to show a dose-response relationship: as self-reported concussion symptoms increased so did the odds of having indicators of ED and low testosterone levels. The study was also large enough to assess a variety of confounding factors.



The Design

The research is part of the Football Players' Health Study, a Harvard University project to understand US-style football's health risks and benefits. For the ED study, participants on average were about 53 years old and had played around 7 seasons. Former offensive linemen made up the largest group of respondents, almost 22%.

Researchers tallied concussion symptom scores by adding up the number of head injury–related symptoms that retired players reported on questionnaires, like loss of consciousness, seizures, or memory problems. The researchers grouped the players into quartiles based on their scores and then examined whether the groupings were associated with the athletes' self-reported low testosterone and ED medication recommendations or prescriptions.

They also adjusted for the players' demographic characteristics, current health factors, and football-related exposures (like the position they played, their body mass index at the time, and their self-reported performance-enhancing drug use).

What We've Learned

- Nearly 23% of participants reported that a physician had recommended or prescribed ED medication—indicators of having the condition—and half of those participants were currently taking it.
- More than 18% of participants said they had been recommended or prescribed low

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