

Safe Place

Introduction

The National Center on Safe Supportive Learning Environments, on behalf of the White House Task Force to Protect Students from Sexual Assault, presents Safe Place.

Trauma-Sensitive Practices for Health Centers Serving Students

Part 2. Trauma-Sensitive Practice

Part 1, Trauma and Its Toll, introduces psychological trauma and explains its prevalence. Part 2, Trauma-Sensitive Practice, introduces an approach to patient care designed to address the needs of persons affected by trauma. Part 3, Trauma-Sensitive Conduct, addresses interpersonal issues that can arise throughout a patient's contact with the health center.

Learning Objectives

After completing this lesson, you will be able to name the goal and identify principles of trauma-sensitive practice, recognize secondary trauma, describe retraumatization, list trauma-sensitive aspects of the clinic environment, and produce your own self-care plan.

Universal Precautions Approach

Learning about the prevalence of trauma and its effects may suggest that everyone should act as if they are walking on eggs. However, trauma-sensitive practice amounts to a universal-precautions approach to helping all patients and staff feel safe.

Principles of Trauma-Sensitive Practice

Principles

To achieve the goal of everyone feeling safe, trauma-sensitive providers raise awareness within the organization, promote physical and emotional safety, foster trust, support empowerment, and develop cultural competence throughout the organization.

Each of these principles contributing to feeling safe is a feature of all positive human relations. Addressing them consciously and consistently is essential to reducing the likelihood of accidentally harming, triggering, or retraumatizing clients.

Awareness

Awareness demonstrates the health center's commitment to trauma-sensitive practice, calling for training all staff, sharing knowledge with partner agencies and organizations,

incorporating questions about trauma into the patient intake process, covering trauma issues in regular staff meetings, and regularly inspecting the environment.

Safety

Promoting physical and emotional safety involves the physical facility and the behavior of the staff. A reception process that may be obvious to someone who's thinking clearly may be a maze for a person dealing with trauma. A crowded reception area can make it impossible to speak privately, which can feel threatening.

Conversely, clients may find it soothing to look into an aquarium and sit in a comfortable chair. With the help of an environment checklist, the health center can evaluate the facility for ways to enhance feelings of security and eliminate potentially threatening aspects.

Take a minute to consider the following areas in the waiting room and how each one can be improved. The picture shows a waiting room with an unoccupied receptionist desk, posters of a football player and a schedule, benches around the room and one with two people sitting on it, a dirty bare floor, and a chalkboard which displays signage.

These are a few ways that each area can be improved:

Bare floor: Carpet is quieter than bare floor, and the room should be kept clean.

Benches around the room: Comfortable chairs can help a person relax.

Chalkboard which displays signage: Signage needs help. Where is the exit? Who do I talk to? What about restrooms?

Poster of football player: Nature scenes can soothe. Athlete images in a health center context could undermine feelings of safety.

Posters of schedules: Posters about trauma communicate sensitivity.

Lights on the ceiling: Be sure waiting areas are well-lit.

Unoccupied receptionist desk: When the office is open, reception should be staffed.

Trust

Creating an atmosphere of trust requires consistently good communication, clear boundaries, respect for privacy, consideration of needs, and openness to greater understanding. No other feature of trauma-sensitive practice demands more consistency because people affected by trauma need the predictability of sensitive standard operating procedures.

Empowerment

Trust contributes to empowerment as each principle of trauma-sensitive practice contributes to the next. And, as they all do, empowerment applies to both staff members and patients, building on individual strengths and experiences to share power among people by offering choice and voice.

Choice

Choice means providing options. Voice gives everyone a say in policies and decisions that affect them. Truly sharing the power includes sharing information and maintaining transparency.

Establishing rapport is important to empowerment. By taking a moment to truly listen to what another person is saying and feeling, you show that they matter. Rapport fosters two-way information sharing, which encourages patients to actively participate in their own health care and helps staff learn how best to meet their needs.

Four images appear on the screen depicting four different people doing different actions. Take a moment to consider which person is displaying real listening:

A girl looking at her cell phone.

A woman giving a look and using body gestures associated with disapproval (hand up to say stop).

A man pointing to himself.

A woman making eye contact with the individual she is speaking with and writing down notes.

The body language of each person indicates the following:

A girl looking at her cell phone—"Is someone talking?"

A woman extending one arm so that the palm of her hand faces the person she is talking to in manner that gestures the person to stop talking—"I don't have time for you."

A man pointing to himself—"Not really. It's all about him."

A woman making eye contact with the individual she is speaking with and writing down notes—"Yes! I'm all eyes and ears!"

Cultural Competence

Cultural competence demonstrates an openness to the customs of people from different countries, races, sexual orientation, or gender identity than one's own. Social and cultural factors are known to affect one's perception of and response to overwhelming events. They also influence the way a person heals from trauma.

With respect to trauma-sensitive practice, cultural competence involves understanding that the health of people you serve is affected by customs, values, religion, and practices specific to their group. Its primary function is to improve communication so that all patients receive appropriate care and understand medical advice and options.

Take a moment to silently reflect: How might I be acting on beliefs, values, or assumptions that don't apply to students from diverse backgrounds?

Effective interaction necessitates identifying and learning about the various cultural groups you serve. It also entails working with them to develop respectful, effective office processes and options for appropriate care. Considerations about culture have evolved as thinking has shifted from models based on differences to ones based on relationships. This shift encourages providers to continually examine their own beliefs and behavior for personal bias and to develop ones that are more appropriate and accepting.

Retraumatization

Whereas a trigger is a reminder, retraumatization is caused by another experience that contains elements similar to the initial trauma. Engendering feelings of safety will help you avoid retraumatizing a patient by inadvertently recreating circumstances that replicate aspects of the person's trauma.

In the past, rape victims commonly claimed that they felt just as victimized by the legal system as by the rapist. At its most devastating, retraumatization can set off dissociation or a fight, flight, or freeze response just as reminders in the form of triggers can.

Promoting a Sense of Safety

Trauma-sensitive practice makes every effort to turn these issues around. It's impossible to eliminate every conceivable way a person could be triggered or every circumstance that could reflect some aspect of the trauma. And yet health centers can go far to promote a safe, soothing, respectful atmosphere for everyone—patients and staff alike.

This approach includes rethinking interactions. Imagine when you're distressed how different it is to be asked, "What's wrong with you?" instead of, "Did something happen to you?"

Secondary Trauma

Details of an assault can shatter friends of the victim or the perpetrator and other people in the community. At such times, distressed students often need referrals to campus counseling for help with their feelings. And it has become standard practice to provide grief counselors after a major incident.

The five principles of trauma-sensitive practice also apply to this secondhand effect caused by hearing persons describe traumatic experiences.

Secondary trauma also can strike health care providers serving people affected by traumatic stress. Unaddressed, the strain can lead to job burnout or secondary trauma. Burnout leaves a person emotionally exhausted from clashing feelings of indifference and failure. Anyone who has closely followed a news blitz about a global calamity knows something about the sense of helplessness involved.

PTSD Symptoms

Secondary trauma creates or awakens a personal trauma experience, mimicking or evoking symptoms of posttraumatic stress disorder.

Post-traumatic Stress Disorder (PTSD)

1. Re-experiencing
2. Avoidance
3. Hyperarousal

Self-Care as a Daily Practice

Self-care can be integrated into daily practice, helping you balance your job and the rest of your life. It involves recognizing your own vulnerabilities and using wellness strategies that work for you. As different as each human being is, so are the many ways each of us finds joy and peace.

Including the topic of self-care in staff meetings, promoting it among the workforce, including volunteers, and talking about it in private meetings between supervisors and staff helps keep self-care in the organizational culture. A staff self-care plan is a useful tool.

Images are shown illustrating retraumatization, secondary trauma, and triggering. The images are described as follows:

A woman testifying about her attack in a courtroom

A man with his hand covering his face

Two women hugging and appearing upset

An examination table

The images illustrate the following:

A woman testifying about her attack in a courtroom—retraumatization occurs when circumstances recreate a person’s trauma. Creating a feeling of safety helps prevent it.

A man with his hand covering his face—secondary trauma exposes friends, witnesses, and people in the helping professions to the trauma second hand. Self-care is essential.

Two women hugging and appearing upset—secondary trauma exposes friends, witnesses, and people in the helping professions to the trauma second hand. Self-care is essential.

An examination table—triggers remind a person of her or his trauma, causing a fear response.

Applying the Five Principles

Applying the five principles throughout the health center is central to making trauma-sensitive practice the standard of care. The process begins with an administrative commitment that welcomes input from staff and patients to develop written policies and plans containing the concepts and language of trauma sensitivity. The process then proceeds through data gathering, ongoing training for all staff, including students and volunteers, periodic review, and development of trauma-sensitive collaborations.

When a person is affected by trauma, health care providers can encourage healing by offering a sense of safety. It’s a sense founded in the knowledge that overcoming trauma involves complex interactions among the characteristics of the individual and his or her cultural context, the nature of the trauma itself, and the presence and quality of support.

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Next Steps

In Part 3, Trauma-Sensitive Conduct, we will talk about the impact of everyone's behavior on the sense of safety inside the health center.