

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 3. Trauma-Sensitive Conduct

Part 1, Trauma and Its Toll, introduced trauma and described its prevalence and impact. Part 2, Trauma-Sensitive Practice, introduced a universal-precautions 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 recognize trauma-sensitive conduct, connect this conduct to the aspects of trauma it addresses, respond appropriately to a person showing trauma symptoms, respond to disclosure, and suggest de-escalation strategies for triggered survivors.

Trauma-Sensitive Conduct

Having covered the principles of trauma-sensitive practice, we can productively consider conduct suitable for interactions with patients and among staff.

Input from Everyone

Staff interaction is important because standards of professional conduct that apply to patients also apply to the office culture. As this implies, input to policy and conduct standards needs to be welcome from staff at all levels as well as from patients. Otherwise, mixed messages or hypocrisy can undermine even the sincerest efforts to engender patient trust and empowerment.

Application Campuswide

Patient encounters begin the moment people enter the health center and end only when they exit. A case could be made for the need to maintain a trauma-sensitive approach throughout the campus, because encounters outside the facility—say, in the bookstore or cafeteria—are possible.

Empathetic Professionalism

The hallmark of trauma-sensitive conduct is empathetic professionalism and consistent boundaries in service to a sense of safety. Empathetic professionalism allows a provider

to establish rapport with a patient, exchanging cool, authoritative detachment for calm, friendly concern. Healthy and consistent boundaries reinforce the sense of safety that allows for trust and personal empowerment.

Trauma-sensitive conduct respects and protects the patient receiving health care services and promotes trauma healing. All participants are recognized as equally valuable, and their roles remain clear.

You may never know why a traumatized student ended up at the health center. Maybe he thought he just needed a cough drop. Maybe she couldn't think of anywhere else to go. Maybe he thought he could get some counseling help with the decision whether to press charges.

Awareness Conduct

It's also possible that the student might suddenly tell you what happened. Everyone, including nonclinical staff, needs to be prepared with some survivor-friendly responses as they adhere to trauma-sensitive principles and follow protocols defined for disclosures of sexual assault or trauma.

Remember, you will need to know and comply with your school policy for reporting assaults. Explain that policy to students along with the school's policy and any state and local laws on confidentiality of information provided to you. If possible, explain the policies and laws before students make any disclosures that you would be required to report.

Without disclosure, the person at reception might recognize behavioral symptoms of traumatic stress such as rudeness, weeping, restlessness, or a stunned, flat affect.

(Helpful voice:) Do you need to talk with someone right now?

(Helpful voice:) Is there anything I can do for you while you wait?

Stress Relief Tips

If a patient mentions stress or pressure, you might offer a sheet of tips for relieving stress as you make the appointment or call for a clinician:

https://safesupportivelearning.ed.gov/sites/default/files/08_NCSSLLE%20SafePlace_Handout_Stress%20Relief%20Tips.pdf

Empowerment Conduct

At every reasonable opportunity, give patients choices and invite feedback. If the patient seems upset or indecisive, you might ask:

(Helpful voice:) Do you have a preference as to whether you see a male or female nurse or doctor?

Cultural Competence Conduct

Besides serving an important empowerment function, choice introduces flexibility in dealing with diverse cultural preferences and perspectives. Maintaining an accepting, nonjudgmental attitude lets patients respond to their trauma in ways appropriate to them.

Conduct Reinforcing Safety

Patient intake for mundane health issues has been known to bring out unintended but painful disclosures, and thus should take place in private with the patient fully clothed. As the situation seems to warrant, offering seating options, drinking water, and a choice as to who is present can impart a sense of calm and control.

Even if you know a patient is clothed, open a closed door only after knocking and waiting for a response.

An illustration of doctor with patient displays the following sensitive tips:

Leave an open path to the exit.

Knock and wait for an answer.

Allow the patient to remove the gown and get dressed before returning to the end of the appointment.

Avoid standing behind the patient.

Conduct to Build Trust

To build trust with a patient, transparency is critical. If the patient discloses a sexual assault, explain the school's reporting policy and institutional protocols you are obligated to follow. You also will need to discuss any state and local laws that affect your ability to maintain patient confidentiality.

Explain and obtain the survivor's cooperation for every action. If time is a factor, be upfront about it so that you can avoid seeming hurried or impatient, which is how it might seem to someone affected by trauma.

Many conversational tactics can have strongly negative consequences when you're dealing with a person affected by trauma.

(Foolish voice:) Look on the bright side.

An effort to dispel tension could come off as minimizing something serious. Take a moment to think about the following common interactions, and think about how they might undermine the goal of safety.

On disclosure, a trauma survivor may interpret a smile as amusement or worse.

Two people talking at once. Interruptions stifle openness.

Even an encouraging touch can be misinterpreted.

There are three different people illustrated. Each person has two conversation balloons showing the following:

Person 1: "I'm really sorry that happened to you." "You poor thing!"

Person 2: "No one deserves to be hurt!" "Wow! A thing like that could ruin your life!"

Person 3: "You mustn't dwell on it. Put it behind you." "Is there anything I can do right now?"

Take a moment to think about which of the two are the more positive response for each pair.

Answers for each conversation balloon are as follows:

Person 1: "I'm really sorry that happened to you." (Response—Yes! Empathy is comforting.) "You poor thing!" (Response—Avoid pity.)

Person 2: "No one deserves to be hurt!" (Response—Yes! Validating reality builds trust.) "Wow! A thing like that could ruin your life!" (Response—Exaggeration makes the problem seem insurmountable.)

Person 3: "You mustn't dwell on it. Put it behind you." (Response—Steer clear of advice.) "Is there anything I can do right now?" (Response—Yes! Offering choices reinforces strengths.)

Predictability in Conduct

As much as possible, keep patients with the same staff person throughout the encounter, especially when there's reason to believe a patient is affected by trauma. If one person can't stay with the patient the whole time, explain why.

Referrals

When you refer an assault survivor to other services, strong, trauma-sensitive collaborations will demonstrate their value on the care continuum. Going over options with the survivor is a good time to affirm the care and concern that your partners share.

Patients suffering the effects of trauma often forget what people tell them. Writing down referral names and phone numbers for the survivor adds a personally supportive touch, even if you also hand out contact sheets.

Try to accompany survivors to the referral location rather than sending them out alone. If that's not possible, ask the advocate or support person to come to the health center for introductions.

Keeping patients apprised of what to expect or what comes next helps develop trust and empowerment. Survivors digest rules and expectations when offered simply and clearly as many times and in written form as needed.

Responding to Triggers

No matter how carefully you adapt the health center environment for trauma survivors, it's impossible to eliminate all possible triggers. A person who has mostly recovered from a past trauma, can, under stress in the present, be triggered by something seemingly trivial.

If a person abruptly becomes emotionally charged, immobile, or starts treating you as if you were a threat, you will need to ease the situation by re-engaging the patient's attention.

SAVE to De-Escalate

One de-escalation technique is known by the acronym SAVE.

Stop what you're doing and focus on the situation.

Appreciate and understand the person's state. Use present tense.

(Helpful voice:) You seem upset.

(Helpful voice:) Your fists are clenched and you're breathing fast. What is happening?

(Helpful voice:) How can I help you?

Validate the person's experience.

(Helpful voice:) Given what you just told me, it makes sense that you feel angry.

Explore potential resolutions.

(Helpful voice:) Who can I call to come be with you?

Reorienting Triggered Patients

Triggered survivors may become confused. In that case, you'll need to orient them to the present, remind them where they are, and tell them what was happening then they triggered.

(Helpful voice:) You're in the campus health center, and you were making an appointment.

Encourage slow, rhythmic breathing. Remind them to keep eyes open and look around the room. Suggest that they feel their feet on the floor or their back against the chair.

Validating Triggered Patients

Refrain from touching the survivor at this time. Reassure her in a calm voice.

Offer him a glass of water. Ask simple questions only.

Normalize the experience.

Ask what she needs.

If a clinical encounter has begun, ask the survivor if she wants to continue with the appointment. If there isn't enough time, explain this situation and ask the survivor if she wants you to get a friend or another staff member.

Responding to Anger

Besides dissociation or fear, which obviously calls for compassion, some triggered persons show anger, which can feel threatening. Rather than withdraw or meet anger with anger, remember that anger is a common defensive response to fear and anxiety. Stay calm and validate the patient's feelings.

At all times, pay attention to your own safety. Give the survivor plenty of breathing room and time to cool down. Keep an open route to the door in case you need to leave. Move, speak, and breathe slowly. Assure the patient that you are interested in listening and helping them resolve the issue.

Debriefing to Relieve

After a crisis, follow the health center's internal debriefing process to work through your own stress. Your personal self-care plan can come in handy at this point to head off secondary trauma or burnout.

By providing safety and respect to everyone, trauma-sensitive practices, including self-care, promote job satisfaction for all staff members and volunteers by limiting emotional drain and integrating restorative elements.

References

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Substance Abuse and Mental Health Services Administration. (2013). *It's just good medicine* [Webinar transcript]. Retrieved from <http://www.integration.samhsa.gov/about-us/webinars>

Conclusion

This resource is produced on behalf of the White House Task Force to Protect Students from Sexual Assault by the National Center on Safe Supportive Learning Environments, which is funded by the Office of Safe and Healthy Students in the Office of Elementary and Secondary Education at the U.S. Department of Education.

Go to http://airhsdlearning.airws.org/safeplaceassets/Certificate_1-3.pdf to obtain a certificate of completion.

(Additional) Test Your Knowledge

This lesson concludes the three-part series Safe Place, Introducing Trauma-Sensitive Practice to Health Centers Serving Students. We hope that by participating in this e-learning series, you are making a commitment to offering a trauma-sensitive standard of care and to keep learning more. Thank you.

The next few slides will take you through a short quiz to gauge your understanding of the concepts you just learned.

1. Trauma results from events or circumstances that... (Check all that apply.)
 - a. A person perceives as physically or emotionally harmful or life threatening.
 - b. Produce lasting negative effects on everyone who experiences them.
 - c. Harm a person's mental, physical, social, emotional, or spiritual well-being.
 - d. Adversely affect the individual's functioning.
 - e. All of the above

The correct answers are a, c, d.

2. Unless the person reacts to a trigger, you may have no idea that he or she is affected by trauma. (True or False?)

The correct answer is True.

3. With _____, even the most severely traumatized person can find the resilience to heal. (Select the word that correctly fills in the blank.)

- a. Medication
- b. Exercise
- c. Goals
- d. Support
- e. Education

The correct answer is d.

4. The ultimate goal of trauma-sensitive practice is to... (Select the correct goal.)
- a. Share power with patients.
 - b. Improve communication among staff.
 - c. Raise awareness about sexual assault.
 - d. Help all participants feel safe.
 - e. Create security zones.

The correct answer is d.

5. Match the description with the item it explains.

Items

- a. Secondary trauma
- b. Retraumatization
- c. Trigger
- d. PTSD

Descriptions to Match with Items

Reminder that activates symptoms of trauma.

Recurrence of traumatic stress reactions and symptoms upon exposure to an environmental cue.

Trauma symptoms arising from witnessing or hearing about another person's traumatic experiences.

Anxiety condition characterized by re-experiencing, avoidance, and hyperarousal.

The correct answers are as follows:

a. Secondary trauma	Trauma symptoms arising from witnessing or hearing about another person's traumatic experiences.
b. Retraumatization	Recurrence of traumatic stress reactions and symptoms upon exposure to an environmental cue.
c. Trigger	Reminder that activates symptoms of trauma.
d. PTSD	Anxiety condition characterized by re-experiencing, avoidance, and hyperarousal.

6. Match each principle of trauma-sensitive practice with the appropriate trauma-related description.

Principle of trauma-sensitive practice

- a. Trust
- b. Empowerment
- c. Physical and emotional safety
- d. Awareness
- e. Cultural competence

Appropriate trauma-related description

Maintaining an accepting, nonjudgmental attitude lets people respond to their trauma in ways appropriate to them.

Choice and voice provide options and give everyone a say in policies and decisions that affect them.

Patient intake should take place in private with the patient fully clothed.

Explain policies and protocols and obtain the patient's permission for every action.

Even without disclosure, you might identify symptoms of traumatic stress and offer help, such as asking if the patient need to talk with someone.

The correct answers are as follows:

a. Awareness	Even without disclosure, you might identify symptoms of traumatic stress and offer help, such as asking if the patient need to talk with someone.
b. Empowerment	Choice and voice provide options and give everyone a say in policies

	and decisions that affect them.
c. Cultural competence	Maintaining an accepting, nonjudgmental attitude lets people respond to their trauma in ways appropriate to them.
d. Physical and emotional safety	Patient intake should take place in private with the patient fully clothed.
e. Trust	Explain policies and protocols and obtain the patient's permission for every action.

7. SAVE (stop, appreciate, validate, explore) is an example of what type of technique?
- Self-care
 - Normalization
 - De-escalation
 - Triggering
 - Traumatic stress

The correct answer is c.

8. To avoid burnout or secondary trauma, every person working at the health center needs to practice self-care. For each aspect listed, think about whether you do it regularly.

a. Regarding emotional self-care, do you:

Find things that make me laugh

Stop and breathe deeply

Allow myself to cry

Maintain contact with supportive people

Spend time with others whose company I enjoy

Pursue comforting activities, objects, people, relationships, places

Express my outrage in constructive ways

Support causes I believe in

b. Regarding psychological self-care, do you:

Keep a journal

Say no to extra responsibilities sometimes

Read literature unrelated to work

Spend time outdoors

Meditate

Try something new

Take steps to decrease stress in my life

See a psychotherapist or counselor for myself

c. Regarding workplace self-care, do you:

Take time to eat lunch

Ask for help when I need it

Negotiate for my needs (benefits, quiet time, raises, time off)

Take time to chat with coworkers

Get regular supervision or consultation

Take a real break every few hours

Set limits with clients and colleagues

d. Regarding stress-reducing activities for self-care, do you:

Exercise

Listen to music

Have someone sit and listen

Practice deep breathing

Take a shower

Draw/paint

Practice yoga or stretch

e. Regarding physical self-care, do you:

Get enough sleep

Eat regular, healthy meals

Take breaks from demanding technology

Exercise

Get regular medical care

Take time off when I'm sick

Take vacations

f. Regarding spiritual self-care, do you?

Express gratitude

Be open to inspiration

Appreciate life's nonmaterial aspects

Make time for prayer, meditation, reflection

Spend time in nature

Participate in a spiritual gathering or group

Celebrate with rituals meaningful to me

There are no incorrect answers.