

Building Capacities for Trauma and Violence Informed Approaches to Care in the ED

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Overview

Review trauma and violence informed care (TVIC)

Explore the impact of trauma and violence on people's health and well-being

Identify barriers to practicing TVIC

Discuss key strategies for practicing TVIC

Present examples of practice success

Questions

Trauma *and* Violence Informed Care: Expanding Beyond “Trauma Informed”

Trauma-specific services: Interventions for those with trauma symptoms

Trauma informed practice: Focuses on individual level traumatic experiences

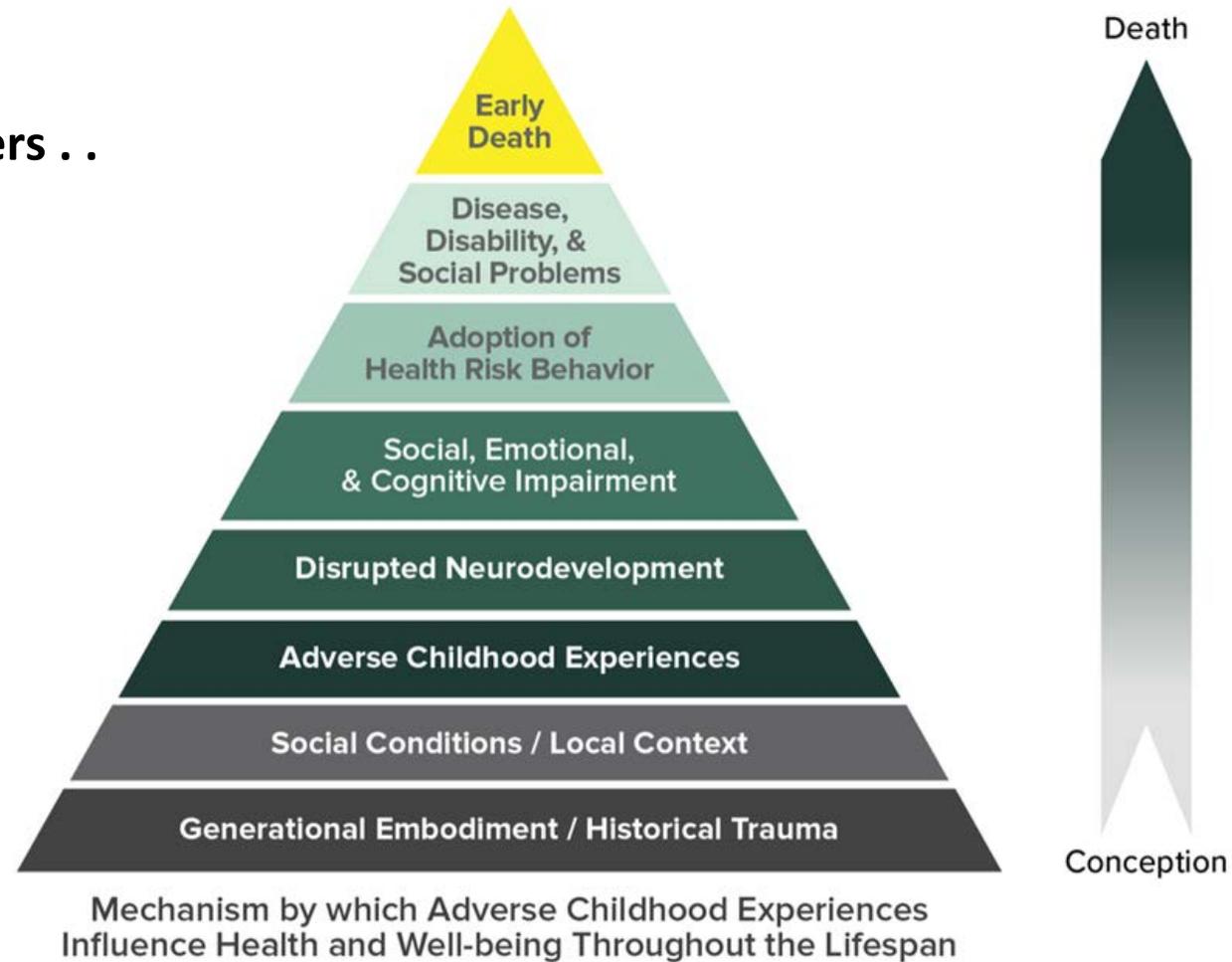
Trauma and violence informed care:

- Specific attention to structural and systematic violence (racism, sexism, classism, stigma, discrimination in health care encounters)
- Attention to people’s life conditions and their trauma and violence experiences; awareness that trauma and violence may be ongoing

([see here for more details](#))

Why trauma matters . .

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The ACE pyramid. CDC (2020). Violence Prevention. Retrieved from: <https://www.cdc.gov/violenceprevention/aces/resources.html>

Goals for Trauma and Violence Informed Care (TVIC)

- Safer clinical care encounters (1-1)
- Safer clinical care settings (organizations' spaces, policies, practices)
- Non-triggering or re-traumatizing care encounters
- Fostering trust between:
 - providers and patients
 - providers and their organizations
 - patients and organizations
- Improved accuracy in diagnosis and treatment, greater retention in care, and improved health and well-being for patients

Barriers to TVIC: Question for the Poll

What are some of the barriers are to practicing in TVIC informed ways?

You may want to consider individual (e.g., at the level of provider and patient engagement) and/or organizational (e.g., the culture and environment of the ED setting) levels.

Here are some cues to get you thinking . . .



Some Barriers to TVIC

- Assumptions that providers need to know the details of people's trauma
- Stigma and discrimination
- Provider understanding about the intersections between trauma, violence, and physical and mental health and well-being
- Provider understanding of the intersections between substance use, chronic pain and trauma
- Core knowledge and abilities about how to engage in TVIC ways
- Myths about time demands to engage in TVIC ways
- Fears of “doing something wrong; upsetting someone; looking or feeling awkward”

Benefits of TVIC

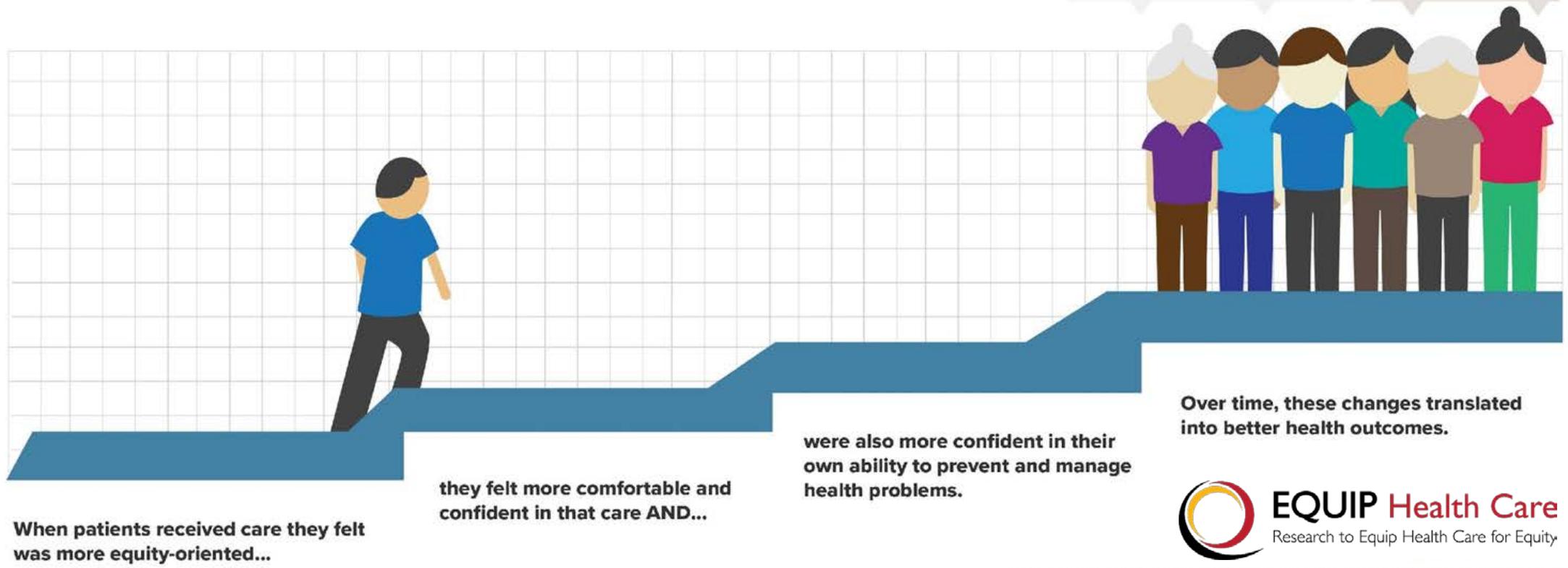
- Improved patient safety in clinical encounters
- Increased staff job satisfaction
- Increased patient confidence in navigating their health care

As most studies focus on TIC (trauma-informed care), we are still building the evidence for TVIC.

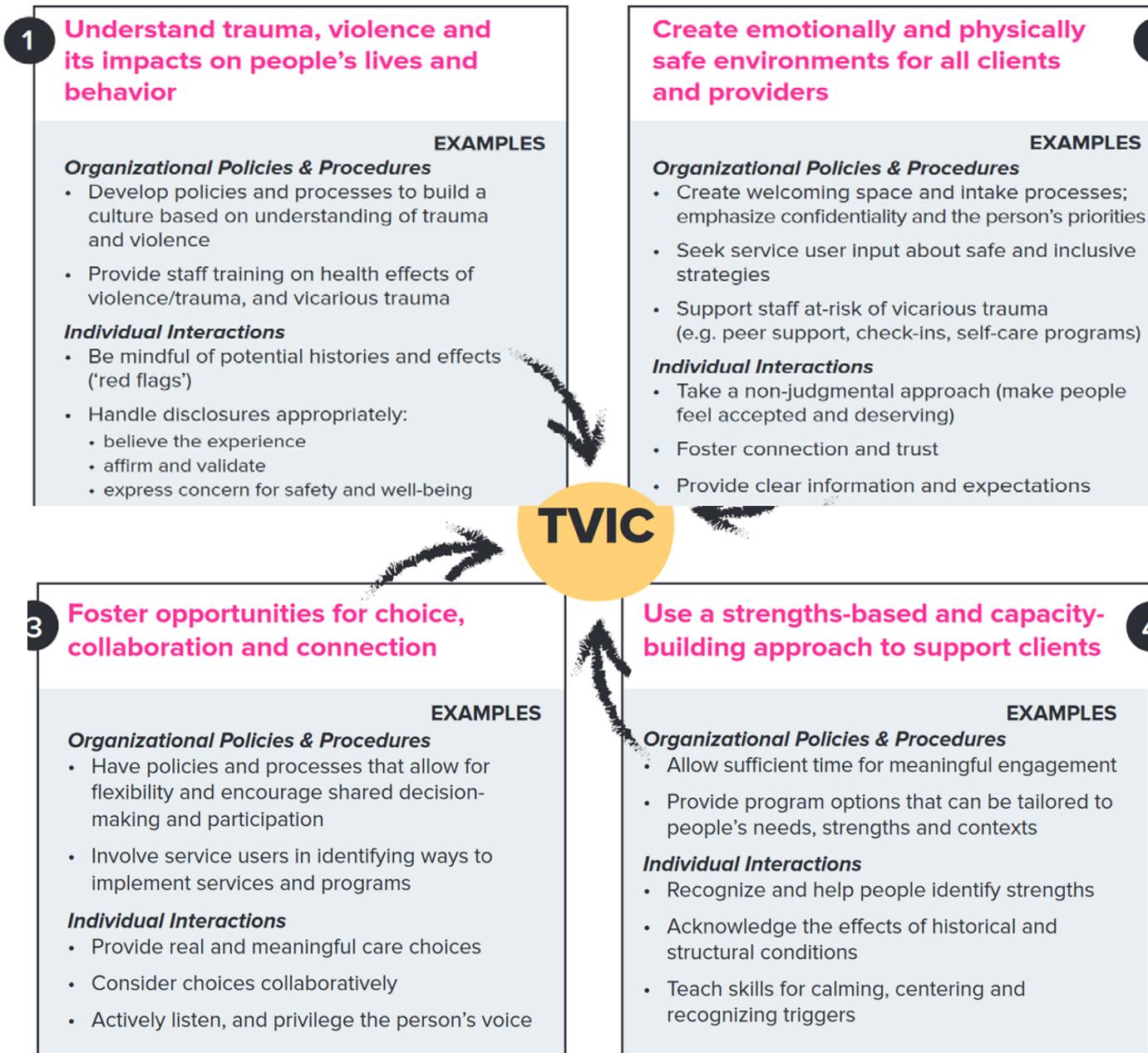
What we know so far is that when TVIC is combined with harm reduction and cultural safety as critical elements of care . . .

Equity Oriented Care is Part of the Path to Better Health

Using longitudinal data from 395 patients, EQUIP is one of the first studies to show a path between equity-oriented care and better patient health outcomes over time.



For more information please visit: www.equiphealthcare.ca



TVIC general guidelines

TVIC Overview Wathen, C.N. & Varcoe, C. (2019). Trauma- & Violence-Informed Care: Prioritizing Safety for Survivors of Gender-Based Violence. London, Canada

Examples from Practice

A patient who is often seen in the ED walks into the ED and is greeted at triage with 'Hi Earl, how can I help you today?'

A nurse is trying to draw blood and a patient is crying out in pain. The patient says, 'Sorry but it just hurts.' The nurse says, 'I am so sorry that this hurts. You go ahead and express yourself however you need to.'

An ED removes its acute psychiatry beds and puts in lounge chairs. Patients with acute psych needs get triaged right away, and treatment protocols are in place to reduce psychosis and alleviate pain.

An ED works with an Indigenous wellness program to create a safer space that includes Indigenous art and a referral process to the wellness program if a patient would like this support.

Health Equity Toolkit

The Health Equity Toolkit is available at <https://equiphealthcare.ca/toolkit/>

TOP 10 THINGS

Your Clinic, Practice or Department Can Do To Create a Welcoming Environment



- Display words or phrases in local languages & dialects
- Begin and end every phone call with "Thank you for calling"
- Provide coffee, water or to patients while they wait
- Create a separate waiting area for families, women or elders
- Display poster and signs conveying that patients deserve to feel welcome
- Display local art
- Ask patients about basic resources like food, clothing and shelter
- Have a support elder, or therapy in your wait



EQUITY TALK POCKET CARDS

Small changes in the way you speak to a patient can make a big difference!

Version | December 2017

EQUIP Health Care
CIHR IRSC

INSTEAD OF...
How much do you drink?

TRY THIS...
In order to provide the best care possible, it's helpful for me to know about people's alcohol use. We ask everyone this. Could you tell me if you drink alcohol?

IF YES, START WITH MOST DAYS
OK, and can you tell me how often do you drink? For example, most days? Once a week? Once a month?

INSTEAD OF...
You didn't do like I told you to.

TRY THIS...
Last time you were here plan to do _____

How did that work out?

What about our plan would you like to change?

INSTEAD OF...
You'll just have to wait, you're not that sick.

INSTEAD OF...
There's nothing we can find that is wrong with you.

INSTEAD OF...
It seems like you are on meds when you don't need them.

Responding To Discrimination In The Workplace

There isn't a right or wrong way to respond to a racist, sexist, or other discriminatory comment. We all learn by speaking out and finding what feels comfortable for us.

Before responding consider...

- Goals**
Do you just want to stop the behaviour or to educate the person?
- Tone**
If you want someone to listen, try to use a conversational & non-confrontational tone. Tone is as important as what you say.
- Setting**
Private conversations provide a better opportunity to educate & start a dialogue. A public response can embarrass the speaker, but publicly acknowledges what is wrong with the statement - you may end up educating others too.
- Relationship**
What you say will be different with a family member vs. a stranger.

While responding...

- Express your feelings**
"I don't like hearing women spoken about that way. I want to discuss the issue with the respect that it deserves."
- Disagree!**
If you want you can follow up to explain why you disagree
- Point out policies or standards**
"What you just said could be considered discrimination. I think you should stop."

- "So, are you saying that all Indigenous people live on government handouts?"
- "All Muslim people? Do you really think so?"
- "It sounds like you think no Indigenous people pay taxes. Did you know that Indigenous people actually pay taxes?"

...results show you don't...
...or...
...we know what's going on...
...serious or life threatening...
...start to think of ways to manage it.

Promoting Health Equity – Harm Reduction

A Tool for Primary Health Care Organizations and Providers working with individuals

Harm reduction is

- A philosophy and a set of programs & services
- Focusing on preventing the harms of substance use, not reducing substance use per se
- Viewing substance use as a health issue
- An evidence based response

Practicing harm reduction means

- Accepting people as they are
- Avoiding judgement
- Emphasizing the dignity of each person
- Being compassionate
- Challenging the policies and practices that cause unnecessary harm – like criminalization of drug use, refusal of medical care, lack of adequate housing

Examples Include:



- Managed alcohol programs
- Having water available at parties
- Safe ride programs
- Opioid substitution therapy
- Supervised injection
- Safer injecting and smoking supplies
- Naloxone
- Needle exchange
- Living Wages
- Safe Housing

Top Things

Any Provider Can Do To Support People Experiencing Violence

Usually you do not know if a person has a history of, or is currently experiencing violence. Trauma-and-violence-informed care is an appropriate approach to use whether or not you know. Good care does not require a disclosure of such experience; the goal is safe care for all.

Signs that a person may be experiencing violence

- Injuries | Mental health symptoms | Alcohol/drug misuse | Financial strain | Recent separation
- Client cancels visits, uses health services more frequently, or defers to partner in visit
- Partner or parent is always present; answers for client.

For All People

Assume
that a majority of clients will have a history of abuse of some form and that any client may be currently experiencing abuse.

For those who may have or are currently experiencing violence

Listen
Listen to the person closely, with empathy and without judging; be alert to the signs suggesting they are experiencing violence.



Figure 1: Substance use in context



Rate Your Organization

10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Health Care

On the next two pages is a worksheet you can use to identify and assess your organization's capacities in terms of the 10 strategies in the Framework below.

Rate your organization, where 0 = "not at all attending to this strategy", and 10 = "fully attending to this strategy".

1

Explicit commitment to equity

Equity is identified as a strategic priority of the organization and leadership is committed to improving equity at all levels of the organization.



2

Supportive structures, policies, and processes

Structures, policies, and processes related to hiring, performance evaluation, recognition, rewards and compensation, continuing education, and staff meetings all are viewed with respect to equity. For example, staff whose values align with the commitment to equity are recruited, hired and retained. There are also dedicated resources in the budget to support equity work.

Resources

[EQUIP Health Care](#)

[Gender, Trauma & Violence \(GTV\)](#)

[TVIC Overview](#)

[Toward the Heart](#)

[Harm Reduction Coalition](#)

[Harm Reduction Works-HRW](#) - a harm reduction based self-help/mutual aid group

