

Taking care of the body:

The Handbook on Sensitive Practice for Health Care Practitioners

Trauma Talks

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Objectives

During this session we will:

- Discuss feelings and behaviors that adult survivors of childhood sexual abuse may bring into health care encounters;
- Describe the principles that health care providers can use to facilitate positive health care encounters;

Objectives

- Discuss the SAVE approach to managing difficult situations during health care encounters;
- Discuss ways that mental health clinicians can facilitate better health care encounters and health for trauma survivors when seeing non mental health care providers.

Self Care

**One more thing before we
begin...**

Sensitive Practice Studies- Research Questions

- How do experiences of childhood sexual abuse affect survivors' experiences of health care?
- What can health care providers do to work more sensitively with adults who have experienced childhood sexual abuse?
 - Survivors' ideas
 - Practitioners' ideas and clinical reality

Research Method:

Grounded Theory and Action Research

Interviews with survivors of childhood sexual abuse
about experiences with health care practitioners

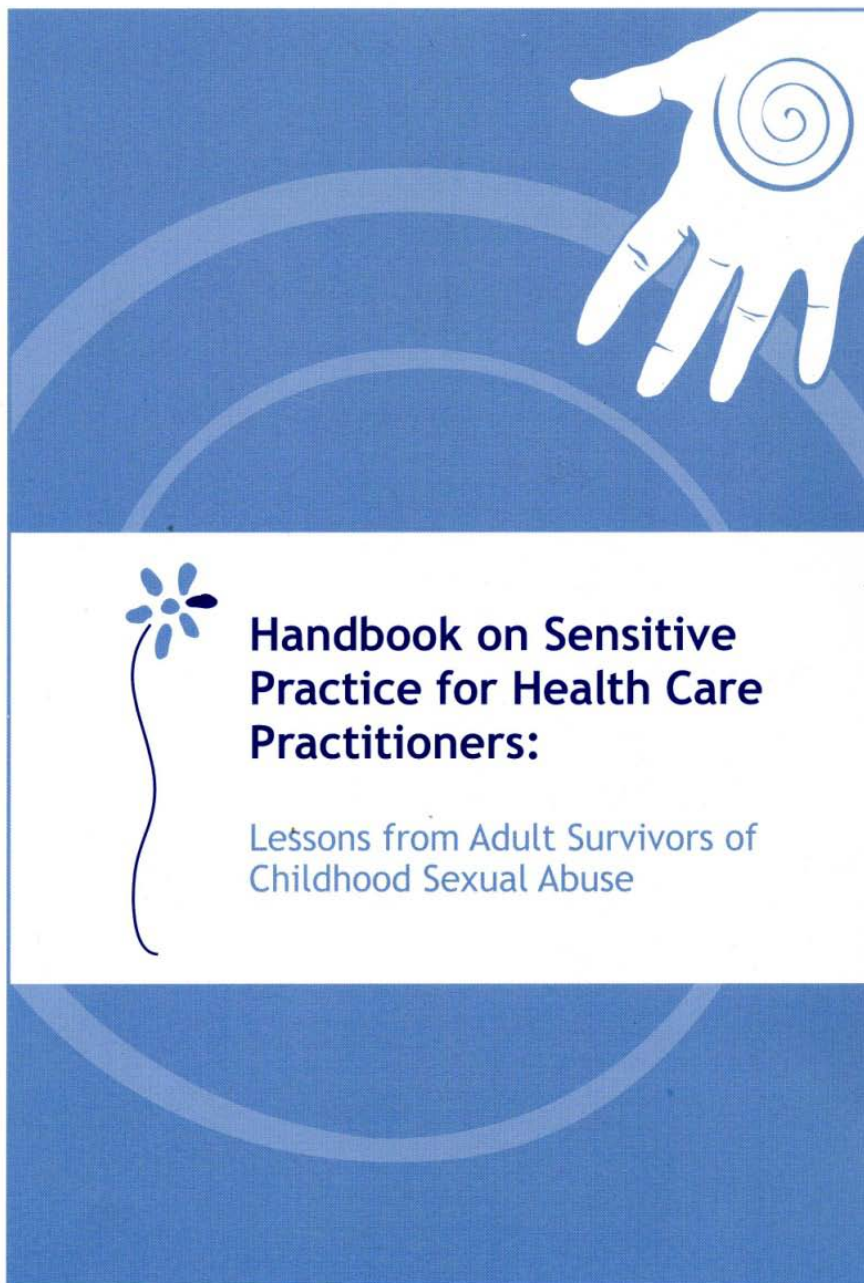


Working groups of
survivors and health care practitioners



Consultations with participants + additional
health care practitioners
to develop the Handbook





Publication of the **Handbook** 1st edition in 2001 2nd edition in 2009

Schachter, C.L., Stalker, C.A., Teram, E., Lasiuk, G.C., Danilkewich, A. (2009). *Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse*. Ottawa: Public Health Agency of Canada. Available http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook_e.pdf

Go to: Public Health Agency of Canada's National Clearinghouse on Family Violence website.

Research Method: Grounded Theory and Action Research

Feedback/input of participants

- Survivor participants received their transcripts, summaries of interviews and working group meetings as well as the first draft of the Handbook. Their feedback was incorporated.

Working Groups

(~6 mtgs/group)

- Women survivors + PTs in SK and ON
- Women survivors + RNs in SK and MB
- Women Survivors + MDs in SK and MB
- Men survivors + RNs & NPs in SK and MB
- Men survivors + MDs in SK and MB

Participants received individual meeting and final summaries. Feedback was incorporated.

Handbook Development

- Draft 1: Written consultations with ongoing and new survivor participants.
- Draft 2: Written consultation with health care provider participants.
- Draft 3: Focus groups with health care provider participants.
- In all, 10 health care professions participated

Ways past trauma affected survivors' interactions with health care providers

- Distrust of authority figures
- Fear of being abused
- Fear of judgment
- Need to feel 'in control'
- Disconnection from or ambivalence about the body

Ways past trauma affected interactions with health care providers

- Discomfort with individuals of the same gender as the abuser(s)
- Conditioning to be passive
- Triggers and dissociation
- Feeling unworthy

Ways past trauma affected interactions with health care providers

Many individuals spoke about:

- having a very strong negative reaction to health care encounters— “difficult” situations;
- being unable to tolerate certain care or treatment or health care experiences;
- avoiding seeing health care providers;

Principles of Sensitive Practice

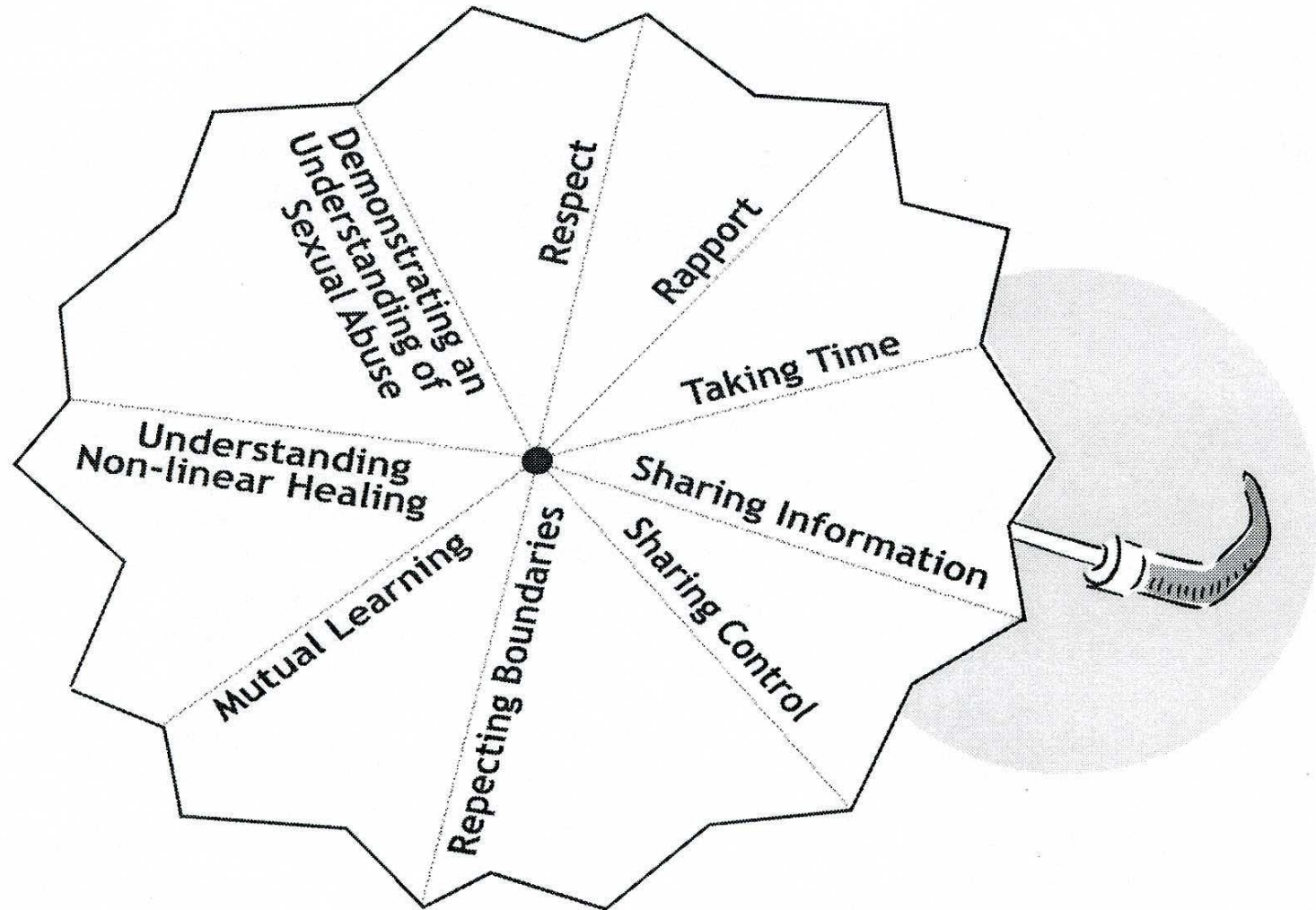
Safety:

The crucial element

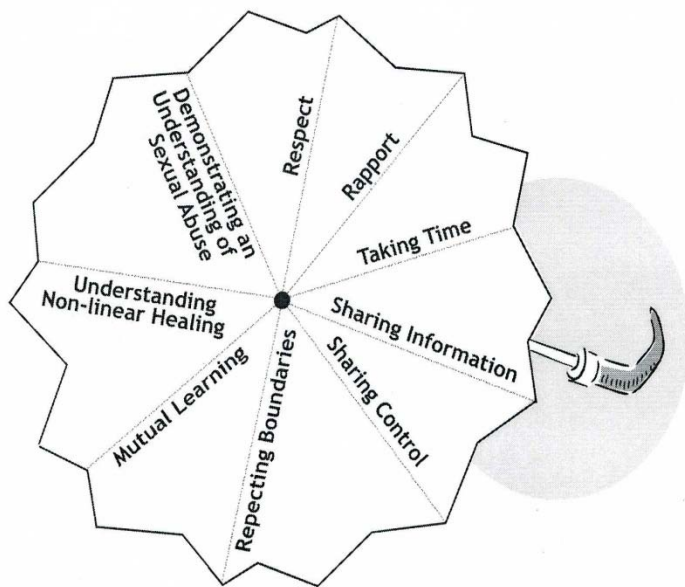
One woman said:

...I now am beginning to understand that my physical wellness is really very connected to my emotional state, and if I'm not comfortable, if I'm feeling unsafe, then I'm not going to progress as quickly as a [health care provider] would want me to.

The Umbrella of Safety



The Umbrella of Safety



The principles of Sensitive Practice are the *spokes that keep the umbrella of safety open,*

so that the client can comfortably participate in care.

Respect

Rapport

One man said:

[At times when I have seen a health care practitioner] I've felt...like an object. Which brings back memories because a lot of the sexual abuse made me feel like an object rather than like a human being. So, when the [exam] is done just like [I'm] an object then it brings ... flashbacks.

Taking Time

One man said:

It's the [health care practitioners] that...stop and give you a moment. And that's one of the biggest healing things right there, that moment.

Sharing Control

One woman said:

It's the approach for me. That immediate taking over, taking over for me without consulting me or giving me a choice ... For me that's the first thing that raises my anxiety level ...

Sharing Information

One man said:

The surprises are the worst thing. They may be doing perfectly legitimate [actions] but if it catches me off guard... that's anxiety causing.

Respecting Boundaries

One woman said:

As a survivor, I need to know that that person is not going to invade my space. Or do harm to me. Not necessarily physically, but emotionally.

Understanding the *Non-linear* Healing Process

One man said:

Even though you have a good rapport with the practitioner ... the practitioner should always check because *something might have changed...*

Fostering a Mutual Learning Process

One woman said:

So, what we have is a relationship of mutual give and take [where] she gives me a lot of responsibility, I give her a lot of information, [and together] we negotiate how best to work with me to help me to fulfill my needs and to let me have power over my own life.

Demonstrating an Understanding of Sexual Abuse and Interpersonal Violence

- Survivors of trauma are looking for signs that the clinician understands the effects of trauma:
 - The clinician's words and actions;
 - How the clinician respond to the survivor;
 - Posters, pamphlets, other information about trauma et cetera.

DIFFICULT SITUATIONS

- Are situations when the clinician may be unsure of...
 - what is happening for the client;
 - what to say;
 - what to do.

DIFFICULT SITUATIONS

- Are situations when the client's reaction seems to be disproportionate to what the health care provider thinks is going on.

Triggers

One man said:

...touch...can bring you right back to that time [when you were being abused] or ...that time of feeling very vulnerable and abused.

Task-specific inquiry: What is it?

Asking about sensitivities and difficulties that a client may have with a part of an examination, treatment, or other care.

Using task-specific inquiry

A health care provider might ask...

- “Have you ever had difficulties seeing a [doctor, nurse practitioner, etc.]?”
- Do you have particular discomfort when someone touches your [back, legs, arms, face]?

Using task-specific inquiry

And then:

- How can I make you more comfortable?

As time goes on...

- Repeat this process on an ongoing basis.

Task-specific inquiry:

Why use it?

- Helps alert the clinician to potential difficulties;
- Offers the survivor an opportunity to disclose as much as s/he is comfortable revealing;
- Demonstrates to the client that the clinician recognizes he or she may be having difficulty.

Task specific inquiry

I think that [the] approach, with any [health care provider], before whatever it is they are doing starts, they should...[ask], "How can I make you more comfortable here?... If there's something I'm doing, the way I'm touching you or the way I'm handling you makes you feel uncomfortable, let me know." ...That would be great. For myself, that would really open the door for me to say, "Hey, maybe this is a safe place.... maybe I'll stick with this physiotherapist and make myself feel better"...

Responding to difficult situations:
SAVE the situation

Stop

Appreciate

Validate

Explore

Responding to difficult situations

Stop treatment

Responding to difficult situations

Appreciate what is going on for the client.

- “You seem very upset (tense/sad etc.). Can you tell me what is going on for you now?”
- “What can I do to help you right now?”
- If disoriented or very upset, help ground the client.

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Responding to difficult situations

Validate the client's reaction

- Such interactions *can* be difficult.

Responding to difficult situations

Explore ways to work together that would feel better for the client.

- Reassure the client that you would like to find the best way to work together.
- Discuss implications for future treatment.

SAVE the situation

One man suggested:

...if the patient became really verbally abusive or you can see [is] tense, [the practitioner could say] “Hey we’d better have a time out here. Take a second, hang on, let’s just regroup. We’ll take it one step at a time.” Reassuring the patient... “I know it’s difficult, but we’re going to get through it. I’m here with you and we’ll get through it.”

Sensitive Practice as *Universal Precautions*

One survivor said:

There's a huge populous out there that just needs that extra gentle care. It's because of that, maybe the whole populous needs to be treated the same way.

Mental health professionals: Supporting the client through a health care encounter

- Hovey et al. J of Child Sexual Abuse, 20:37-57, 2011.

Supporting the client:

Use the Principles of Sensitive Practice

Respect

- How do you react when you feel disrespected by a health care provider?
- What might a health care practitioner do to help you to feel respected?

Supporting the client:

Use the Principles of Sensitive Practice

Taking time

- Is being rushed a trigger for you?
- How do you react to being rushed?
- What are the most important questions you want to ask?
- How might you let the health care provider know that you need more time?

Supporting the client:

Use the Principles of Sensitive Practice

Sharing information

- What specific questions could you ask to better understand the exam?
- What could you say if the practitioner is going to begin an exam without explaining what s/he is going to do?
- Are there self-statements you can rehearse that would make it easier?

Supporting the client:

Use the Principles of Sensitive Practice

Sharing control

- What are your needs regarding consent during an exam or treatment? E.g.
 - Before each step? Just at the beginning?
- How can you let the practitioner know that you are not comfortable and need to stop the procedure?

Supporting the client:

Use of task-specific disclosure

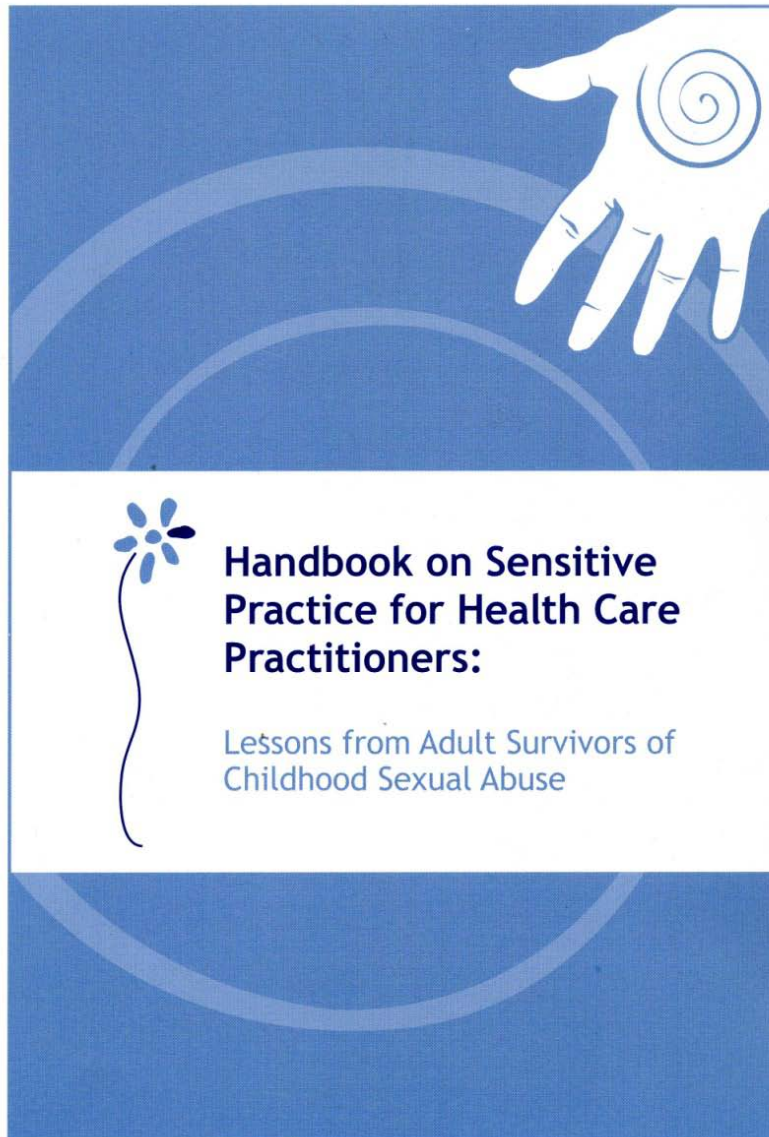
- What aspect of a health care encounter do you find most difficult to tolerate?
Least difficult to tolerate?
 - Is there something you could say to the clinician about some difficult parts?

Supporting the client to cope with triggers, anger, other difficulties

- User the temporal sequence of the health care encounter to identify difficulties, e.g.:
 - Have you cancelled or not attended because of fear or anxiety?
 - What were you aware of in the waiting room?
 - What were you aware of in the examining room? (Et cetera)

Summary

- Trauma informed care /Sensitive Practice should be used with ***all*** clients at ***all*** times as universal precautions;
- Work to keep the umbrella of safety OPEN;
- Task-specific inquiry should be used with ***all*** clients;
- The **S A V E** strategy can be applied to ***all*** difficult situations (not just with those who have experienced childhood adversity);
- Mental health professionals can assist trauma survivors' care of their bodies.



Questions and Comments

Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse

Schachter, CL, Stalker, CA, Teram, E, Lasiuk, GA, Danilkewich, A.
(2009). Public Health Agency of Canada: Ottawa ON.

Available free of charge in English and French, online thorough the National Clearinghouse on Family Violence.

<http://www.phac-aspc.gc.ca/ncfv-cnivf/index-eng.php>