

Trauma Informed Care and Safety Culture

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At POCA Tech we have an expansive definition of safety which includes, but isn't limited to, topics such as

- basic physical safety: “first do no harm”
- social safety (feeling safe with other people)
- trauma informed care
- harm reduction
- risk management

Like many other aspects of community acupuncture, we try to approach safety from a pragmatic and patient-centered perspective.

Trauma Informed Care

is foundational to our approach to safety

- recognizing the prevalence of trauma
- recognizing that punishment and blame don't make anybody safer
- cultivating transparency and collaboration promotes trust
- working to avoid creating adversarial relationships
- To be trauma informed is “to provide predictability, safety, trustworthiness, and neutrality as ways of valuing the individual.” Mandy Davis of Trauma Informed Oregon (<https://traumainformedoregon.org/>) which is a great resource

Trauma Informed Care seeks to:

- Realize the widespread impact of trauma and understand paths for recovery;
- Recognize the signs and symptoms of trauma in patients, practitioners, and staff;
- Integrate knowledge about trauma into policies, procedures, and practices; and
- Actively avoid re-traumatization

Universal precautions for trauma: exactly the same principle as universal precautions for blood borne pathogens. Assume everybody has a trauma history and proceed accordingly

TIC in community acupuncture doesn't mean attempting to treat people's trauma with acupuncture — it means recognizing and mitigating the ways trauma can show up in the clinic and/or get in the way of people's access to acupuncture.

TIC reduces risk of claims

by promoting a safety-positive culture

- TIC focuses on positive values and communication about safety: safety is something that everybody wants and needs!
- TIC focuses on avoiding adversarial relationships by paying attention to environmental/organizational factors
- TIC focuses on good boundaries
- TIC means trying to avoid both pressure and surprises for both patients and practitioners by cultivating transparency
- if you're working on not re-traumatizing people, you're also working on mitigating risk factors that can lead to claims

Recommended Reading:

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, by Laura van Dernoot Lipsky and Connie Burke

Common Triggers in Healthcare Settings

according to Laurie Lockhart MS

- authority figures
- sensory cues of past events
- lack of power and control
- feeling threatened or attacked
- caught by surprise
- feelings of vulnerability and rejection
- sensory overload
- shaming

How Trauma Shows Up in the Clinic

it often doesn't look like sadness

- “Zero to 60” type reactions — suddenly things go off the rails with a patient and you have no idea why
- Anger in all forms: scarily explosive to low-key irritable
- Panic attacks (worst case scenario is someone running out of the room with needles still in)
- Anxiety about everything related to the treatment process
- The patient reacting to you as if you are trying to hurt them
- Unexpected physical sensations

Trauma Informed Systems

minimize potential triggers

- Consistency creates predictability
- Neutrality lowers the emotional temperature for everybody, helps minimize practitioner defensiveness
- Transparency creates empowerment and reduces surprises
- We're all on the same side!

Starts with the Intake

our focus is on helping patients to use the clinic on their own terms

- Consent, consent, consent: written, verbal, nonverbal
- Read the patient's body language
- No pressure and no surprises
- Make it easy to stop at any time
- “Let's see if you like this”: focus on empowerment

We aim for “safer” rather than “safe”. You cannot ever promise safety to anyone, you can only promise to work on making things safer — and that’s a great goal to hold in common for an organization.

Patient Centered

we want people to be able to use acupuncture on their own terms

- the goal is to make it easier for people with trauma to use the clinics (and the school)
- this does not mean we can make the clinic or the school safe enough for everyone, people are very diverse and so is their trauma
- we CAN work to make sure people have enough information to make good decisions for themselves
- we respect people's expertise about themselves and offer acupuncture as a resource to use
- the goal is inclusion, we want to make acupuncture accessible to as many people as possible INCLUDING patients often considered "difficult"

POCA Tech's AERD

adverse events reporting database

- <https://acupunctureconsumersafety.net/>
- As far as we know, this is the only AERD that the acupuncture profession has, and most acupuncturists don't use it
- But it's great for the school and for educational purposes in general
- It's how we share safety information (for example, the hazards of smart watches + acupuncture)