Adopting Trauma-Informed Approaches in Health Care Settings
2018 Innovation Community

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National Council for Behavioral Health

Creating Safe, Healing Relationships and Environments - Trauma-Informed Physical Exam: Practicing Sensitivity

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Setting the Stage:
Today’s Moderator

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Setting the Stage:
Today’s Moderators

• Linda Ligenza | Faculty Lead
• Dr. Anthony Salerno | Subject Matter Expert

SAMHSA-HRSA Center for Integrated Health Solutions
Sadie Elisseou is an Assistant Professor of Clinical Medicine at Brown University. She is an alumnus of Brown's eight-year Program in Liberal Medical Education (PLME), where she obtained a Bachelors of Arts in Religious Studies and her Medical Degree. She then completed her training at the Yale Internal Medicine Primary Care Residency Program, where she stayed on as Chief Resident. Now back in Providence, she is a primary care physician at the Providence VA Medical Center, providing medical care to U.S. Military Veterans. She is also the Course Leader for Doctoring, the clinical skills course for first-year medical students at Alpert Medical School. Dr. Elisseou's academic work is in field of trauma-informed care. She has been invited to speak about her framework for a “trauma-informed physical examination” at the local, regional, and national levels and has recently published on the subject. We welcome her here today to share her framework for how to perform a physical exam that is sensitive to trauma survivors.

Guiding Care: Trauma-Informed Principles

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

HRSA
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What Exactly Does Safety Mean?

“We always recognized the importance of physical safety. Our refusal to tolerate violence of any sort constituted our best defense against any breach in physical safety. But a physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

Sandra L. Bloom, Creating Sanctuary, 2013

Objectives

- Review Principles of Trauma-Informed Care
- Understanding Safety
- Review examples of trauma-informed language and behaviors that should be utilized during the physical exam
What Can Doctors Do?

- Interview
- Physical Exam
- Diagnostics
- Treatment

Physical Exam

- Establish trust, reinforce care
- Exposure to shame, vulnerability

GOAL

Safe, comfortable experience for all patients, including those with a history of trauma
Patient Quotes

I blanked out during the exam. I don’t know what happened. I’m not sure what the doctor did or didn’t do.

Sorry, I’m just a little jumpy when people come close to me.

The doctor was lingering way too long when touching me.

Physical Exam

**Gynecologic exam** for adult survivors of childhood sexual abuse:

- Increased discomfort, shame, and vulnerability
- 62% overwhelmed with emotion
- Almost half felt detached from body, unwanted / intrusive thoughts, and/or triggered memories

82% of survivors had never been asked about a hx of abuse

Robohm JS et al (1996)
32 yo male Veteran schedules an urgent care visit in the Primary Care Department for 1 week of intermittent rectal bleeding and rectal discomfort.

**PMH:** PTSD. Anxiety disorder. Fibromyalgia. Celiac disease.

**SH:** Smokes ½ PPD. Sober for 5 years.

80% service-connected. Enrolled in mental health care at Vet Center. Currently unemployed, on disability. Temporarily living with his ill step-father, to take care of him. His step-father sexually abused him throughout childhood. Has had dozens of jobs in the past, all of them lasting only months. Has moved numerous times.
Framework

Before • Set the stage for a sensitive exam

During • Perform a sensitive exam

After • Provide sensitive closure
Be polite

Explain everything

Communication

Ask permission

Non-verbals: draping, positioning

Make it standard

Use clear language

Before the Exam
Before the Exam

- Check non-verbals
- Set an agenda
- Make it standard
- Identify concerns
- Ask about comfort
- Offer chaperone
What Should I Do If…

- You seem anxious. Is there something you are uncomfortable with?
- I’m noticing that you are tensing up. Is there something I should know?
- Do you have difficulty when someone touches your knees?

Schachter C.L. et al. (2009)

What Should I Do If…

- The patient exhibits or vocalizes discomfort, stop the exam
- Speak in a calm, caring manner
- Avoid sudden movements
- Reassure the patient that he/she is safe
- Remind the patient where he/she is
- Explain what you are doing
- Offer water, a washcloth, and/or an additional drape
- Consider changing environment and moving to another room

Sharkansky, www ptsd va gov
Before the Exam

• Check non-verbals
• **Set an agenda**
• Make it standard
• Identify concerns
• Ask about comfort
• Offer chaperone

I’d like to transition now to the physical exam. We will be doing a pulmonary exam today, so I will be listening to the lungs. This exam should take about 5 minutes.

Before the Exam

• Check non-verbals
• Set an agenda
• **Make it standard**
• Identify concerns
• Ask about comfort
• Offer chaperone

This is something that I do with all of my patients who come in with symptoms of a cold.
Before the Exam

- Check non-verbals
- Set an agenda
- Make it standard
- **Identify concerns**
- Ask about comfort
- Offer chaperone

**Are there questions or concerns we should address before the exam?**

Before the Exam

- Check non-verbals
- Set an agenda
- Make it standard
- Identify concerns
- **Ask about comfort**
- Offer chaperone

**Is there anything I can do to make you more comfortable?**
Before the Exam

- Check non-verbals
- Set an agenda
- Make it standard
- Identify concerns
- Ask about comfort
- Offer chaperone

Would you like anyone else to be present for the exam?

During the Exam
During the Exam

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- Use simple, clinical language
- Check in
- Use professional touch
- Be efficient

In order for me to do an accurate exam of the lungs, I’ll need to listen with my stethoscope directly on the skin.
During the Exam

- Attend to draping and modesty
  - Introduce exam components
  - Explain why
  - Ask permission
  - Stay within eyesight
  - Respect personal space
  - Use simple, clinical language
  - Check in
  - Use professional touch
  - Be efficient

I'm going to leave the room and allow you to change. Please remove the shirt, and you can keep the bra on. Here's a gown for you to wear; it opens in the back. I'll be back in a few minutes. I'll knock before I come in.

Draping and Modesty

- Give clear, specific instructions
- Refer to the “gown” and the “drape”
- Allow patients to wear clothing on body parts that are not being examined (e.g. keeping pants on for an ankle exam)
- If possible, provide fabric gowns in a variety of sizes
- For a limited exam, consider asking patient to move clothing rather than changing into gown (e.g. lifting shirt for posterior chest exam)
- Privacy when undressing/re-dressing (curtain and/or door)
Draping and Modesty

- Patient moves the gown and drape when possible
- Expose only the minimum body surface area required at any one time
- Do not assume that all men are comfortable baring a full chest
- Provide tissues PRN following genital/rectal exam
- Patient re-dresses privately as soon as exam is finished

During the Exam

- Attend to draping and modesty
- **Introduce exam components**
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- Use simple, clinical language
- Check in
- Use professional touch
- Be efficient

*I am now going to listen to the lungs, using my stethoscope.*
During the Exam

• Attend to draping and modesty
• Introduce exam components
• **Explain why**
• Ask permission
• Stay within eyesight
• Respect personal space
• Use simple, clinical language
• Check in
• Use professional touch
• Be efficient

This is important because we need to see if you have pneumonia, which is an infection of the lungs.

May I open the gown from the back slightly, in order to get a better listen to the lungs?
During the Exam

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- **Stay within eyesight**
- Respect personal space
- Use simple, clinical language
- Check in
- Use professional touch
- Be efficient

I’m going to stand at your side.

Stay Within Eyesight
Stay Within Eyesight

Stay Within Eyesight
Stay Within Eyesight

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- **Respect personal space**
- Use simple, clinical language
- Check in
- Use professional touch
- Be efficient
Respect Personal Space

Respect Personal Space

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Respect Personal Space

Respect Personal Space
During the Exam

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- **Use simple, clinical language**
- Check in
- Use professional touch
- Be efficient

With the mouth open, take some deep breaths in and out.

Simple, Clinical Language

- Easy to understand
- Avoids medical jargon
- Cautious with imagery
- Avoids all possible sexual connotation
- Minimizes power differential between patient and provider
- Accommodates patients who speak other languages
- Word choice is professional, not personal
Simple, Clinical Language

“Your”  “The”
“Butt”  “Bottom”
“Bed”  “Exam table”
“Provocative tests”  “Additional tests”

Simple, Clinical Language

“Normal”  “Healthy”
“Stirrups”  “Foot rests”
“That looks good”  “That looks healthy”
Simple, Clinical Language

“I want to”
“Look at”
“Feel”, “Touch”

“I am going to”
“Inspect”
“Examine”, “Examine”

Simple, Clinical Language

“Don’t let me”
“Push me away”
“Push my finger out”
“Put up your arms like you’re going to fight”

“Resist my motion”
“Push forward”
“Bear down”
“Bend the elbows”
Simple, Clinical Language

"Pretend you’re at the beach"

"Relax. Relax. Relax!"

"Some find it helpful to a deep, relaxing breath"

"Allow the arms to relax"

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Simple, Clinical Language

"For me"

"Swallow for me"

(nothing)

“I’m going to place my hands on the neck to examine the thyroid. When you can, please swallow.”
During the Exam

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- Use simple, clinical language
- **Check in**
  - Use professional touch
  - Be efficient
During the Exam

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- Use simple, clinical language
- Check in
- Use professional touch
- Be efficient

That concludes the exam. I’m going to step out now, and you can get dressed. I’ll be back in a few minutes so that we can discuss your results and come up with a plan together. I’ll knock before I come in.

Be Efficient

- Inform patient how long an exam will take beforehand
- Avoid keeping BP cuff inflated for too long (restraint)
- Take breaks during any exam of mouth in fixed, open position
- Ask the patient to show you a lesion; taking time to find it yourself may risk being interpreted as ‘lingering’ or ‘fondling’
After the Exam

- Express thanks
- Discuss results
- Ask for questions
References


CIHS TIC IC Resources


- Environmental Scan - [https://www.integration.samhsa.gov/about-us/TIC_Environmental_Scan.pdf](https://www.integration.samhsa.gov/about-us/TIC_Environmental_Scan.pdf)
Next Steps

- **Small Group Coaching Calls** – taking place from 5/24 – 5/31
- **OSA and Work Plans** – please submit these!
- **Next Webinar** – June 26th 2PM – 3:30 PM on Screening, Assessment and Treatment of Trauma with Jennifer McCarthy
- July webinar – Sustaining TIC
- August webinar – Report Out on your Progress

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CIHS Tools and Resources

**Free consultation on any integration-related topic!**

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or e-mail integration@thenationalcouncil.org
Thank you.

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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