STEP 2

Change Concept 1: Help All Individuals Feel Safety, Security and Trust

Creating safe, secure and trusting environments enhances the ability of health care staff to provide services in a nontraumatizing manner and supports the health and wellness of employees and patients.[30] A trauma-informed organization strives to address psychological, emotional and physical safety in policy and practice and makes an effort to ensure patients, family members and staff feel safe at all times.[31]

Quick Tip: Safety
Safety, in the context of a trauma-informed approach, encompasses physical and psychological safety, which are equal priorities when creating a trauma-informed environment.

Action Steps

- ❑ Conduct an environmental assessment.
- ❑ Assess patient safety.
- ❑ Establish trauma-informed rooming policies.
- ❑ Foster trust through trauma-informed patient interactions.
- ❑ Provide universal education materials.
- ❑ Ensure staff safety.

Implementation Tools

- Hotspots for Retraumatization or Activation for Patients Worksheet
- Environmental Assessment for Trauma-Informed Care
- Safe and Secure Environment Survey — for Patients
- Safe and Secure Environment — for Children and Adolescent Patients
- Psychoeducational Tools
  - o What do I say? Talking About What Happened with Others
  - o Helping my Child Cope: What Parents Can Do
  - o Video: What is Trauma-Informed Care?
  - o 10 Key Ingredients for Trauma-Informed Care
  - o Encouraging Staff Wellness in Trauma-Informed Organizations
  - o Resources from Echo
- Template Psychoeducational Materials
- 20 Questions for Leaders About Workplace Psychological Health and Safety
- Staff Feedback Survey

Change Concept 1 Goals

1. Our primary care service team adequately addresses the three components of comprehensive safety: Psychological, emotional and physical.
2. Our primary care service team ensures a safe and secure physical and emotional environment.
3. Patients are engaged in efforts to assess the physical and emotional environment.
4. Our organization has a system in place to evaluate the social and emotional experience of patients and staff.
5. Our primary care service team develops, disseminates and displays TIC-related informational materials.
6. Our primary care service team has strategies to resolve conflict and address aggression between staff and between staff and patients.
7. Processes related to the environment of care are culturally and linguistically appropriate.
8. Our primary care service team promotes physical and emotional well-being through wellness-focused activities.

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[30] SAMHSA. (2014b). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801.
[31] Schachter, C. L., Stalker, C. A., Teram, E., Lasiuk, G. C., & Danilkewich, A. (2008). Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse. Public Health Agency of Canada. Retrieved from https://www.integration.samhsa.gov/clinical-practice/handbook-sensitivve-practices4healthcare.pdf

CONDUCT AN ENVIRONMENTAL ASSESSMENT

A full range of sights, sounds, smells, touches and tastes may activate trauma survivors, leading to harmful stress responses, so be aware of the ways the senses are affected by the environment. When you assess physical environments,consider beyond your patient to include staff, family members and other individuals who enter the primary care setting. Addressing the physical space of the health care setting and physical safety of patients is not only good practice for creating a trauma-informed environment; patients prefer it. Additionally, a health care facility's physical environment could influence patient perceptions of the quality of and satisfaction with care.[32]

The CIT should conduct a thorough assessment of the organization's physical space beginning with an individual's first contact with the organization to assess for safety and threats of retraumatization. In addition to assessing for physical safety concerns (e.g., entryway lighting), it is important to focus on the ways that the physical environment impacts patients' psychological and emotional safety. Use the assessment questions included in the tool, Hotspots for Retraumatization or Activation for Patients Worksheet.

Environmental Assessment

A complete environmental assessment is provided to identify environmental improvements in primary care settings.

Case Example:
Stephen and Sandra Sheller, 11th Street Family Health Services

11th Street Family Health Services designed its space to align with trauma-informed principles. Patients enter through a bright atrium and pictures and murals created by community members decorate clinic walls. The entire space is sunlit and decorated with natural materials and textures. The space is open but provides plenty of private meeting places.

11th Street Family Health Services

[32] Reiling, J., Hughes, R. G., & Murphy, M. R. (2008). The Impact of Facility Design on Patient Safety. In R. Hughes (Ed.), Patient Safety and Quality: An Evidence-Based Handbook for Nurses (Chapter 8). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK2633/

Attending to the psychological and emotional safety of patients is as important as addressing physical safety. From the first contact with a prospective patient through the patient's engagement with the organization, it should be clear that the health care setting is welcoming and supportive. Psychological and emotional safety draws heavily on both the physical and the interpersonal nature of the environment. Some of the key areas to assess follow.

Initial Greeting by Phone

Within a trauma-informed setting, it's preferable to have a staff person receive phone calls, rather than a messaging service. If you must use an answering device, take steps to pace the message in a way that people in acute distress can understand it and respond appropriately.

Key Considerations for Initial Greetings

- Are staff trained to respond to individuals in distress?
- Is the staff person positive and engaging?
- Does the prospective patient receive a thorough briefing about what to expect at the first visit?
- Are interpretation and translation services available if needed?

Initial Greeting in Person

Assign a designated staff person the important role of greeting patients when they come into the office. It is not always feasible for primary care organizations to have a greeter, but when resources are available, this is an important position to staff. It is important to place the greeter close enough to the door that they're recognized, but far enough away they don't block or crowd the entrance. This initial contact with the organization should establish a sense of welcoming, trust and safety for the patient.

Sample Script

"Hello. My name is Jane Doe and I am here to assist people who may be coming here for the first time or may need some help finding their way around. Is there anything I can do to make your visit easier? Do you need directions to any particular place?"

Initial Intake

The person assigned to do intake, usually a receptionist, has a key role in establishing a consistently safe environment of care. When greeting patients, staff should always communicate in a manner that makes patients feel they are equal to staff and are an equal partner in the process they are about to begin together. One strategy to convey this is to discuss options for care with the patient when possible. Offering individuals choice also helps establish safety. Take time to explain the questions and purpose of the forms they will complete and reassure them that confidentiality requirements protect this information. Overall, make patients feel they are in charge of their own care, that they are the experts regarding their own lives.

Security Staff

While uniformed security staff can provide a sense of safety to patients, for some patients with trauma histories, security staff can cause stress and retraumatization. Make efforts to assess the best ways to integrate security staff into your practice to ensure safety while reducing risk of retraumatization.

Case Example:
Colorado Coalition for the Homeless

Colorado Coalition for the Homeless hires security staff that reflect their patient population and trains security staff as greeters. This can help patients feel like they are more supported by security and can increase a sense of safety.

Quick Tips for Greetings and Intake

- When assisting a patient to another location, ask the patient whether they would like to walk ahead of, behind or beside the staff member escorting him or her. This enforces the trauma-informed principles of empowerment, voice and choice and safety.
- Inform patients of every step in the initial intake and offer them a choice about whether to proceed with any steps that are optional to emphasize the choices they have and the possibility of mutuality in their relationship with the service provider.
- Arranging the examination room to fit patients' general preferences and comfort also reinforces physical and emotional safety.
- Ask patients their preference on who should be in the examination room with them and always allow them an opportunity to meet one-on-one with their provider.

ASSESS PATIENT SAFETY

One way to assess whether patients feel safe is to collect patient satisfaction data and specifically inquire about trauma-informed related practices. This data can be collected in an anonymous and confidential manner using the Safe and Secure Environment Survey.

ESTABLISH TRAUMA-INFORMED ROOMING POLICIES

Empower patients to choose who is or is not present with them during their visit. Some patients will feel safer meeting with the provider one-on-one, while other patients will prefer having a friend or family member with them for support. It is important that primary care organizations establish policies that prioritize patient choice to help patients feel safe in the exam room.

Providing a patient the opportunity to meet with his or her provider one-on-one in a private area to discuss confidential matters is an essential step in implementing a trauma-informed approach. Kaiser Permanente found a 100 percent increase in identifying domestic violence among patients after implementing a one-on-one screening policy at each visit.[33] It is important that all patients have an opportunity to meet with their provider alone.

Sample Notice to patients and family members could include:[34]

"The confidentiality of the patient-doctor relationship is important to us. That's why we ask family members and friends to remain in the waiting area during patient examinations. Afterward, you may invited family or friends into the exam room, at the patient's request."

[33] Carlson, K. L. (2012, March 30). Rooming Alone: How to implement a policy by engaging your staff. National Conference on Healthcare and Domestic Violence. Kaiser Permanente.
[34] Ibid.

FOSTER TRUST THROUGH TRAUMA-INFORMED PATIENT INTERACTIONS

Earning trust and building positive relationships with patients are essential pillars of a trauma-informed approach to build a therapeutic relationship. There are several policies and practices providers and organizations can apply that help foster open communication, trust and sense of safety between providers and patients, including prioritizing conversation over accomplishing a checklist, engaging in collaborative documentation and conducting trauma-informed physical exams.

Prioritize Conversation

Primary care and other health care providers have a limited amount of time with each patient and often need to complete a checklist of items during each appointment. This can result in a provider interacting with a patient in front of an electronic health record or running through a mental checklist of items to discuss during the visit. Having a conversation with patients rather than accomplishing the checklist facilitates open dialogue and builds trust. Individuals with trauma histories are more likely to reveal underlying causes of other conditions if they feel heard and respected rather than rushed during an appointment.

Case Example:
Richmond Behavioral Health Authority

The Richmond Behavioral Health Authority plans to incorporate a PowerPoint presentation displayed on waiting room monitors to provide information on trauma to patients. The goal is to transform the waiting room into a safe space for patients and encourage patients to have a conversation about their concerns with their providers.

Trauma-Informed Physical Exam

The Association of American Medical Colleges developed a trauma-informed physical exam curriculum to guide providers to conduct physical exams in a manner that will not lead to retraumatization.[35] The training slides are included in the training plan in Change Concept 2: Develop a Trauma-Informed Workforce. A trauma-informed physical exam infuses the principles of trauma-informed care throughout the appointment and helps level the power differential between provider and patient. For patients with histories of trauma, it can be reassuring to know what will happen during the exam and why. Always ask for permission to conduct the components of the exam using simple, clinical language, particularly when the exam requires physical contact with the patient. Always use professional touch during a physical exam.[36]

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[35] Elisseou S, Puranam S, Nandi M. A novel, trauma-informed physical examination curriculum for first-year medical students. MedEdPORTAL. 2019;15:10799. Retrieved from https://www.mededportal.org/publication/10799/.
[36] Ibid.

While taking notes during the appointment, acknowledge that patients with histories of trauma may feel uncomfortable not knowing what someone is writing about them. Consider utilizing collaborative documentation strategies and allow patients to add comments to the notes. Collaborative documentation results in high patient satisfaction, improved clinical outcomes, improved engagement, decreased length of treatment episodes and ensures immediate patient feedback.[37,38] It is important to note that you should always exercise clinical judgment and that collaborative notetaking will not be appropriate during every session.

Collaborative Documentation

A practice where the clinician and patient document together during the session.

Quick Tips for Patient Interactions

- Always ask permission before doing anything that involves or will impact the patient.
- Explain why you are doing what you are doing.
- Avoid looking at a computer or device while engaging with patients.
- Apply trauma-informed principles to tools and use tools adapted for individuals with histories of trauma, including the trauma-informed physical exam tool.
- Get immediate feedback from patients by using postcard-sized anonymous surveys they can leave in a box on their way out of the office or by sending a survey via email.

PROVIDE UNIVERSAL EDUCATION

Universal education provides easy-to-understand information to all patients, usually through post-card sized handouts, pamphlets or posters. Providing universal education materials offers an opportunity to inform patients, families, staff and partners about trauma and its impacts and encourages patients to initiate a conversation about trauma. A simple postcard-sized handout with information about trauma, its impact and the services and resources available for individuals can be a valuable tool. Futures Without Violence offers a range of free digital and hard copy universal education materials, including posters. Templates for universal educational materials can help clinics start to create their own materials. Educational materials should also disclose the limits of confidentiality (e.g., mandatory reporting laws). All universal education materials should provide support and information on how to access resources and services.[39]

[37] Lloyd, D. (2004). Concurrent Documentation: A Case Study. Retrieved from https://www.abhmass.org/images/msdp/manuals/concurrentdocumentation/concurrent_documentation_article_revised_1-20-04.pdf
[38] Maniss, S. & Pruit, A. G. (2018). Collaborative Documentation for Behavioral Healthcare Providers: An Emerging Practice. *Journal of Human Services: Training, Research, and Practice*, 3(2). Retrieved from https://scholarworks.sfasu.edu/cgi/viewcontent.cgi?article=1045&context=jhstrp
[39] Chamberlain, L., & Levenson, R. (2016). Happy Moms, Happy Babies: A Train-the-Trainers Curriculum on Trauma Informed Domestic Violence Programming and Practice. Retrieved from https://www.futureswithoutviolence.org/wp-content/uploads/HMHB-and-RAT-Webinar-Final.pdf

Sample Script

"I give these to all of my patients."

ENSURE STAFF SAFETY

Many features that make environments safe, secure and trusting for patients are the same for staff. For example, it is important that staff feel safe entering the building, don't encounter harsh sounds or smells that could activate a stress response and feel empowered and heard. It is important that staff have a quiet space to relax, meditate or simply take a break. There should also be a safe and effective method for staff to report any verbal or physical altercations that occurred during their shift. Make an effort to prevent secondary trauma as discussed in Change Concept 3: Prevent and Address Burnout and Secondary Trauma Among Staff. A critical component in maintaining a safe environment for staff is ensuring a consistent process for soliciting and responding to staff feedback on this issue. Use the Staff Feedback Survey to operationalize and embed this into your existing continuous quality improvement process.

Case Study:
Colorado Coalition for the Homeless

Colorado Coalition for the Homeless hired a safety officer to oversee all safety operations, policies and procedures and monitor guards and safety issues across the organization. The officer's initiatives include developing new policies on staff harassment, providing trainings to share with staff (e.g., how to ride in a car with patients) and implementing a stress debriefing team.

Key Considerations for Establishing Safety, Security and Trust

- What policies exist related to who is in the exam room?
- How are security staff best integrated into the organization?
- Are the steps in the visit described to patients beforehand?
- When is permission sought from the patient throughout the visit?
- How is feedback sought from patients and staff?