Providing Trauma-Informed Virtual Care

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Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly "evidence-based".

- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CE/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Learning Objectives

By the end of this session, participants will be able to:

1. Describe three potential challenges when delivering trauma-informed care in a virtual setting.
2. Name three benefits of utilizing virtual care for the treatment of interpersonal trauma.
3. Identify six trauma-informed strategies for optimizing the delivery of virtual care.

Trauma-Informed Care

- Definition from the Substance Abuse and Mental Health Services Administration

- "A program, organization, or system that is trauma-informed realizes the widespread **impact** of trauma and understands potential paths for recovery; recognizes the **signs and symptoms** of trauma in clients, families, staff, and others involved with the system; responds by fully **integrating knowledge** about trauma into policies, procedures, and practices; and seeks to actively **resist retraumatization**."

- Trauma-informed care (TIC) is not accomplished through any single technique or checklist but through continuous appraisal of approaches to care delivery.

- Trauma-Focused Care vs. Trauma-Informed Care

Challenges: TIC & Virtual Care

- Technology issues including availability, privacy/safety, data security, comfort level, as well as equitable access to virtual care (Williams et al., 2021; Hardcastle & Ogbogu, 2020; Montesanti et al., 2020)

- Lack of training for providers on TIC in general and in terms of virtual interactions (Sharif et al., 2021; Schmitz et al., 2019)

- Loss of opportunity to leave one's house to go to an appointment in-person to decrease isolation. Loss of relational contact.

Benefits: TIC & Virtual Care

- Physical and psychological distance of videoconferencing has been shown to promote safety, transparency and honesty (Turgoose et al., 2018; Azarang, 2019).

- Providers can successfully nurture an experience **of intimacy** (Hayworth, 2018).

- Care is now available in remote areas that were previously inaccessible

Strategies

The Substance Abuse and Mental Health Services Administration (SAMHSA) has elucidated 6 fundamental principles of TIC:

1. Safety

2. Trustworthiness and transparency

3. Peer support

4. Collaboration and mutuality

5. Empowerment; voice and choice

6. Sensitivity to cultural, historical, and gender issues

Safety

- Trauma experiences may have involved **technology** - video, photography, audio recordings, internet bullying (Perri et al., 2022; Montesanti et al., 2020).

- Provide a link to resources that can be accessed virtually (crisis lines, community supports) but also offer resources **verbally-only** if requested (Anderson et al., 2021).

- Enquire if the patient's location is secure and private, may be trapped with an abusive partner, disconnected from informal support systems (Gerber et al., 2020).

Safety

Safety of the client also includes understanding their personal narratives, cultural values, and social identities to fully contextualize the extent of the impact of current and past trauma (Wright et al., 2022).

Trustworthiness & Transparency

- Sit far enough from the screen that the person can see your **body language** (Gerber et al., 2020).

- In-person (masked) vs. virtual (no mask): seeing **facial expressions** of the care provider is important for connectedness (Bauer et al., 2021). If possible, ask if the person would like to see your face for one quick moment without a mask and without talking.

Trustworthiness & Transparency

- Establish and maintain **predictable virtual routines**. Provide regular opening and closing activities during virtual gatherings or appointments.

- Example: Start with a check-in, end with a grounding exercise, or let patients know how the appointment will end (Gerber et al., 2020).

Peer Support

- A **loss** of networking among colleagues that emerged naturally from casual in-person interactions pre-pandemic (Williams et al., 2021; Buysse et al., 2022).

- Educate staff and ourselves about trauma and the impact of trauma (Chokshi et al., 2021).

Collaboration & Mutuality

- Trauma is associated with high comorbidity of mental and physical health issues. Consider checking in around **need to move** or take a break due to physical pain, concentration issues, etc.

- Collaboratively identify and develop an agenda for the visit. Example: "Let me share what I have planned for our visit today to see if it sounds okay to you." Will there be a break?

Empowerment, Voice & Choice

- **Shame** - body image, environment, other (Gerber et al., 2020).

- **Eye contact** may be challenging (Stew et al., 2015).

- Check in regarding comfort level with virtual and how it impacts their ability to take in information and any challenges or accommodations needed.

Cultural, Historical & Gender

- Some underserved populations **may not feel safe** to share their experiences in a virtual environment due to being misunderstood or that virtually-delivered interventions are not culturally safe for them (Budhwani et al., 2022; Ghidei et al., 2022; Perri et al., 2020; Browne et al., 2016).

- **English-only** instructions on how to access a video visit may pose a challenge (Sabri, 2022).

Take Home Messages

1. TIC can be applied at multiple levels (i.e., individual, systems, etc.)

2. TIC is a journey, not a destination

3. TIC includes the provider and their self-care and work environment

Resources

How to Hold Trauma-Informed Virtual Meetings

https://traumainformedoregon.org/wp-content/uploads/2020/06/

TIP-Hosting-a-Virtual-Meeting-Using-Trauma-Informed-Principles.pdf

SAMHSA TIC Implementation

https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Various TIC Resources & Handouts

https://www.acesaware.org/resources/resources-by-type/clinical-resources-for-adult-providers/

Provincial Resources (Ending Violence Association of Canada)

https://endingviolencecanada.org/provincial-and-territorial-organizations-and-resources/

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If you are interested in the Trauma Therapy Program at WCH please visit for our website for referral and program information:

https://www.womenscollegehospital.ca/care-programs/mental-health/