

A SHORT GUIDE ON YOUR BEHAVIOR AS A PROVIDER OR ADVOCATE SERVING PATIENTS EXPERIENCING TRAUMA:

As a volunteer working with trauma, **your** words and **your** body matter! Here is some basic information about working with patients who have experienced past or present trauma.

1. We are not trying to “fix” anyone. A perspective change is involved; the *person* experiencing trauma (or trauma symptoms) are responding in a way that is adaptive based on their environment(s) and/or previous experiences. If anything is to be fixed, it is the environment within which the trauma occurred. Changing the relationship with trauma is part of healing...which leads to:

2. It's not actually US who are changing this relationship between patient and their trauma. It is the patient doing the work, hopefully partly through our *offering* of available resources. The literature shows that “running” from symptoms or triggers from trauma usually exacerbates them (i.e. avoidance behaviors). Changing the trauma relationship may mean long-term work in interventions, practices, and/or resources that are evidenced to mediate cognition (e.g. CBT referrals) AND physiologic (e.g. evidence-based, trauma-informed/healing-centered practices, such as yoga/mindfulness, breathing techniques; prescribed medicine like alprazolam or propranolol) processes associated with trauma.

3. It's important to be “on the same level” with patients, including your literal body. For example, you may choose a body form that is lower than the patient, such as sitting or squatting. Position of bodies can influence the perception of the patient. If you stand up while the patient is seated, for example, you are in a dominant position that may cause distress, fear, or anger for the patient.

4. Do not ‘talk down’ or ‘baby talk’ in any way. *Never* use terms of endearment (‘honey’, ‘sweetie’). How would *you* want to be talked to? Use your empathic skills. This is important for both validation and appropriate boundaries with patients.

5. Be authentic. If you're not, you may be seen as untrustworthy. It is hard to gain back trust once it's lost. If a patient doesn't trust you, their care is compromised.

6. Some basic behavior guidelines:

- a. Do not make sudden movements.
- b. Do not step behind a patient unless explicit, non-coercive, permission is granted by the patient.
- c. Try not to engage in movement toward the patient, without letting the patient know. Giving a specific reason for why you want/need to move may be helpful (e.g. “*Is it okay if I move and maybe sit next to you? It's difficult for me to hear you, which is why I'm asking. If not, or if it makes you uncomfortable in any way, that's okay.*”.)

→ Consider offering several choices for *how* or *where* the patient feels comfortable with you being, and that it's *okay* if you are not given permission to e.g. get closer.

→ Notice the italicized words in the example and how much choice is present; also, all choices are equally okay to choose. By offering choice, we may be giving back a little power and sense of agency or autonomy, which are commonly taken from people with trauma histories and experiences.

7. Remember, it's about the patient. If a patient says e.g. “I had to leave because my husband hit me and my child. I feel so depressed and I don't know what to do”, it would be inappropriate and likely not useful to say, “I was in an abusive house, too”, or, “I sometimes feel depressed, so I know how you feel”. Responses such as these may not helpful or effective, and may take away from the patient's experiences

and needs and compromise their care. Remember to validate and to be authentic/genuine; however, being genuine doesn't mean you have to share or compare your trauma. This is an important distinction.

8. Do not touch the patient without permission. Always ask. Even if it's, for example, a touch on the forearm, or something that seems innocent to you, it may feel completely unsafe to the patient and you could cause further harm and compromise their care.

9. Never force any resources. It is always the patient's choice. They know what is safest for them. Exceptions include actively suicidal patients; however, there is still choice involved in this type of situation.

10. Acknowledge that feelings of mistrust are common in those who experience(d) trauma. It may be mistrust of you, mistrust of the clinic, or a general sense of "the world is a dangerous place". It's okay for a patient not to trust you...or anyone, for that matter. It is better to assume you will not be trusted and that you may need to earn trust over time. The only way to do this, is to do what you say you will do, while maintaining boundaries.