

# Applying a Trauma-informed Approach to Errant Licensees: Rationale, Implementation, and Implications

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## What is trauma?

- Occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, or helplessness

## Examples of trauma

- Adverse Childhood Events
  - Abuse, household challenges, neglect before age 18
  - Dose-response relationship between ACEs and the development of physical, mental, and behavioral health issues

## ACE Questionnaire

Before the age of 18, did...

1. You feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
2. You lose a parent through divorce, abandonment, death, or other reason?
3. You live with anyone who was depressed, mentally ill, or attempted suicide?
4. You live with anyone who had a problem with drinking or using drugs, including prescription drugs?
5. Your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
6. You live with anyone who went to jail or prison?
7. A parent or adult in your home ever swear at you, insult you, or put you down?
8. A parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
9. You feel that no one in your family loved you or thought you were special?
10. You experience unwanted sexual contact?

<https://www.traumainformedcare.chcs.org/>

## Examples of trauma

- Military service
- Abuse
  - Physical, emotional, sexual
  - Could be from a healthcare provider
- Dissolution of a primary relationship
- Loss of a loved one
  - Unexpected
  - Child
  - Violent crime
- Accidents
- Institutionalized racism

## Trauma prevalence

- ~70% of adults in the US and Canada have experienced one traumatic event in their lives
- KFF study: nearly 70% of US adults have at least 1 positive on the ACE questionnaire

## The trauma experience

- Trauma
  - Future events can provoke the trauma response
- Trauma is in the eye of the beholder
  - Temperament
  - Social environment of support and bonds

## What a trauma-informed approach to regulation looks like

Adapted from TIA in patient care

- From “What’s wrong with you?” to “What happened to you?”
- Provides a more complete picture of the licensee’s situation
- Illuminates the impact of trauma on their conduct
- Forges more complete and effective paths for recovery
- Avoids re-traumatization

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## The four Rs of a trauma-informed approach

- REALIZE the widespread impact of trauma
- RECOGNIZE the signs and symptoms of trauma
- RESPOND by fully integrating knowledge about trauma into policies, procedures, and practices; and
- RESIST RE-TRAUMATIZATION

Substance Abuse and Mental Health Services Administration

## Six key principles of a TIA

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

<https://www.traumapolicy.org/topics/trauma-informed-care>

## Is a trauma-informed approach to regulation at odds with protecting the public?

### Regulator's missions

- To protect the public
- To maintain an adequate workforce
- To ensure the workforce is healthy and safe to practice

Trauma-informed regulation is an approach that assists licensees to recover maximally so they are equipped to practice more safely in the future

## Rationale for a trauma-informed approach to regulation

- Sequelae of ACEs in medical trainees and physicians may manifest as professionalism lapses and difficulties with practice-based learning and improvement
- Those with a history of ACEs have heightened responses to stressful stimuli, difficulties with collaboration and trust, and have trouble attending to and benefitting from feedback

Williams BW, *et al.* Adverse Childhood Experiences in Trainees and Physicians With Professionalism Lapses: Implications for Medical Education and Remediation. *Acad Med.* 2021;96:736-743

# Cases

## Case 1

A mandatory report was filed with the state medical board by an inpatient psychiatric facility regarding Dr. A, a 47-year-old male attending psychiatrist who identifies as a gay man.

The facility terminated Dr. A's contract because of inappropriately touching a male psychiatry resident after misinterpreting the body language of the resident, who happened to be wearing a rainbow pin.

## Case 1

*Would your approach to Dr. A change if you knew that...*

- He had come out to his wife and children a few years previously, leading to divorce and estrangement from his children
- The divorce, a relocation, and other family financial obligations led Dr. A to have to file for bankruptcy
- Earlier that year, while attempting to calm a patient who was attacking another patient on the unit, he sustained significant injuries, requiring reconstructive surgery

## Case 2

Dr. B is a 30-year-old newly licensed Doctor of Physical Therapy who has two jobs, one full-time in a hospital and one PRN job in a neighboring state providing PT to school children. She took the second job to gain more experience, not because she needed additional income. She was raised to work hard to be the best in everything she does.

The agency that employs Dr. B for her PRN job filed a complaint with the state PT board when they learned that Dr. B repeatedly falsified patient chart notes and billings, stating that she had provided services when, indeed, she had not.



## Case 2

*Would your approach to Dr. B change if you knew that...*

- Her father physically and emotionally abused her and her mother. As a child, if Dr. B did anything wrong or did not earn straight As in school, her father would lash out at her.
- As a result of her history of trauma, Dr. B developed depression and anxiety. Her symptoms often paralyzed her, due to fears of making a mistake and being punished again.
- She knew that falsifying patient logs and insurance claims, and getting paid for work she had not done, was wrong. But she could not bring herself to self-report, again because of fears of being seen as imperfect and being punished.

## Case 3

Dr. C is a 62-year-old medical sub-specialist who is a self-described "lifelong bully."

He has been asked to voluntarily resign from several positions over the years because of anger management problems, creating an unsafe work environment.

Finally, his most recent employer filed a mandatory report with the state medical board when they terminated his contract due to his conduct.

## Case 3

*Would your approach to Dr. C change if you knew that...*

- As a young child, he was physically abused by his father on a few occasions
- His mother did not intervene during the beatings
- He went into medicine because he thought he could heal himself by healing others

## A trauma-informed approach in regulation

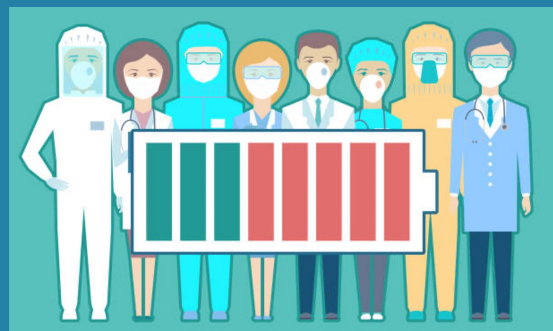
- Investigator
- Expert consultant

## Investigator



## Medical providers' education about trauma

- Social workers, etc- lots of education and training on your own past trauma and how to let it not affect patient care
- Physicians- know the ACES for your patients, but little education about about your own ACES
- Medical provider education centered around burnout and chronic stress.
- Self-care is so important—Oregon Wellness Program



## Trauma in healthcare providers

- Cultural context
- Societal
- Intergenerational trauma
- Generational differences in perspective of trauma
- Pandemic trauma
- Vicarious Trauma

## Investigating complaints: TIA approach for investigators and board personnel

- Initial contact with licensee
- Background of investigator—clinician or law enforcement
- Communication with licensee and complainant regarding board vote or to negotiate settlement
- Staff training
- Interrogation vs. interview vs. meeting

## Gathering of information from licensees

- Written statement from licensee
- Patient records, police reports, court records
- Reports from treating providers
- Location, date, and type of interview
- Interview-gathering of info and facts without judgment or bias

## TIA interview techniques

- Trust and rapport
- Encourage questions
- Supportive tone of interview
- Encourage thoughts and feelings
- Open questions

## How do we learn if someone has a trauma history?

- How they answer questions and respond to request for info
- Documentation submitted from treatment providers
- Board-mandated fitness to practice/mental health evaluation
- Expert opinion
- Remediation class
- We don't know!!!

## Board members

- Implicit bias
- Trauma history
- Recuse from investigation, discussion or vote
- Education in TIA



## Board actions

- Remediation, peer support, civil penalties
- Communication with other states—licensee mobility, compacts, publishing of actions, NPDB, FSMB
- Can we protect the public while also supporting healthy licensees?
- What happened with Dr. B?



## The role of the board expert

- Well-informed
- Non-biased
- Thoughtful

## Expert opinion

- Skillful
- Knowledgeable
- Careful



What does an expert report look like?

Date: March 8, 2024  
To: Enforcement Analyst Name and address  
From: Expert Consultant  
Re: Subject's Name  
Case No.:  
**Materials Reviewed:**  
1. List all documents, interviews and property items reviewed  
2.  
3.

**Case Summary:**  
Expert's own summary from the materials provided.

**Medical Issues:**  
Identify the medical issues (descriptive headings-very important)

**1. Failure to document complete E/M service**  
Standard of Care:  
Analysis:  
Conclusion:

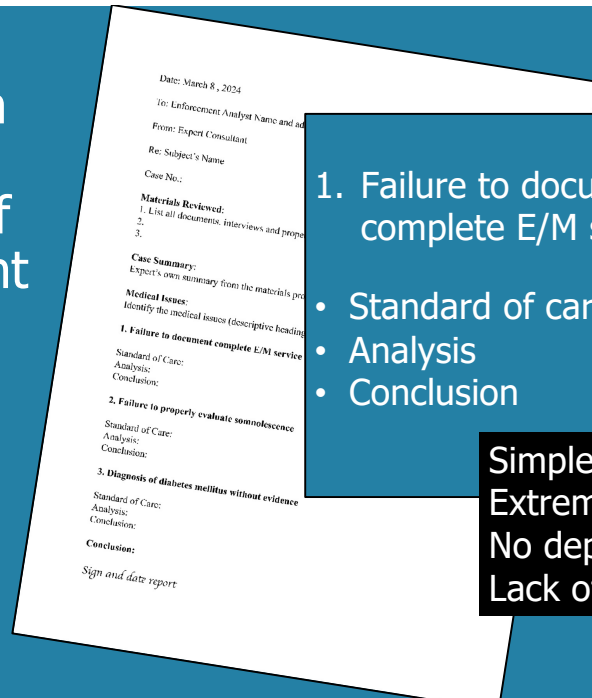
**2. Failure to properly evaluate somnolence**  
Standard of Care:  
Analysis:  
Conclusion:

**3. Diagnosis of diabetes mellitus without evidence**  
Standard of Care:  
Analysis:  
Conclusion:

**Conclusion:**  
Sign and date report



## Experts can speak the language of enforcement



### 1. Failure to document complete E/M service

- Standard of care
- Analysis
- Conclusion

Simple departure  
Extreme departure  
No departure  
Lack of knowledge

## A perfect perspective to detect trauma

The board expert sees and hears everything!

- Complaint (not always from the patient)
- Medical records (can be very comprehensive)
  - Provider, Psych, hospital/in-patient, outside clinic(s)
- Investigation report(s) (board investigator, police, DOI)
- Interviews (audio only, video, multiple agencies)
- Take a deep dive on all aspects of the case
- Bring a clinical eye with objectivity (no conflict)



## Trauma red flags

- Licensee



## Trauma red flags

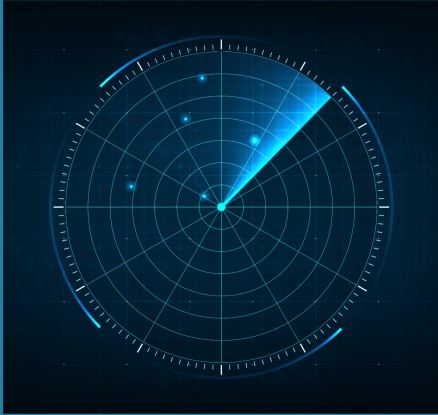


### Licensee

- ACEs
- Ethnic, cultural, religious
- Materials reveal unusual findings (e.g., instructional video with subliminal messages)
- Poor boundaries (e.g., Instagram, Facebook, TikTok)
- Mental health (e.g., S&S in investigative materials)
- EFL

Stressful events that trigger an emotional response

## When is trauma detected?



- Case #1 Dr. A  
Sexual orientation: no.  
Family difficulties: no. Physical attack: yes (maybe)
- Case #2 Dr. B  
ACEs: yes. Mental health: yes
- Case #3 Dr. C  
ACEs: no. Mental health: maybe

How is trauma communicated to the board?



## How experts report trauma

- Document, document, document!
- Written communication separate from the Expert Report – “Letter of concern.”
- No back-channel communications – full transparency.
- “Did you have any phone conversations with the ED or other staff?”

### Letter of Concern

Dear Executive Director,

During the review process the following elements suggestive of trauma were identified:

- 1)
- 2)
- 3)

Respectfully,  
Expert Consultant



Date: March 8, 2024  
To: Enforcement Analyst Name and address  
From: Expert Consultant  
Re: Subject's Name  
Case No.:  
Materials Reviewed:  
1. ESI all documents, interviews and property items reviewed  
2.  
3.  
Case Summary:  
Expert's own summary from the materials provided  
Medical Issues:  
Identify the medical issues (descriptive headings=very important)  
1. Failure to document complete ESI service  
Standard of Care:  
Analysis:  
Conclusion:  
2. Failure to properly evaluate non-innocence  
Standard of Care:  
Analysis:  
Conclusion:  
3. Diagnosis of delusional beliefs without evidence  
Standard of Care:  
Analysis:  
Conclusion:  
Signature: report

## Trauma-informed experts – do they exist?



Expert training should include trauma training:

- General concepts
- Trauma red-flags
- Trauma reporting policy

## Remedial course faculty member

## Features of remedial interventions

- Remedial course provider staff
- Remedial course faculty
- Course structure

## Six key principles of a TIA

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## Challenges in working with licensees with a trauma history

- Frustrating to work with
- Appear uncooperative
- Responses to future events that evoke the traumatic experience appear irrational
- Make others feel helpless
- Interactions w/ regulator can be re-traumatizing

## Interactions with course provider staff

- Staff training in sensitivity and language, including DEIB
- Staff training in dealing w/ folks in distress
  - Preliminary inquiry calls
  - Technology checkpoints pre-course
  - Interactions w/ regulators

## Course faculty skills

- In-service on sensitivity, language
- Navigating strong personalities, unhappy folks
- Sensitivity to accidental triggering by others
- Suspicion of trauma history in boundary violations, disruptive behavior, and SUD
- Applies to intensive remedial and longitudinal follow-up courses

## Course faculty skills

- Need to engender openness to remediation: compassion, sensitivity, education
- Sensitive, paced questioning
- Realize that many participants may have a trauma hx, even if they don't share it
- Listen for attempts to heal self by healing others
  - Exposure to ACEs may contribute to a person's desire to enter a healing profession

## Course structure

- Small group
- Interactive
- Designated faculty
- Confidentiality policy
- Private setting
- Safe learning environment
- Post-course plan of action



## Conclusion

A trauma-informed approach protects the public

- by demonstrating attention to circumstances and histories that may render licensees more vulnerable to going astray again
- by identifying more impactful ways of accomplishing professional rehabilitation and recidivism prevention
  - Allows otherwise capable, valuable clinicians to remain in the workforce

## Conclusion

Why a trauma-informed approach protects the public

- Are we advocating for leniency?
- Consider: a trauma-informed approach could cause you to look even closer (e.g., mandate a psychiatric evaluation)
- Investigations and decisions would be incomplete without information about licensees' trauma background

## What can you do tomorrow?

- Address the communication skills of your staff
- Research TIA training for your board members
- Review your website
  - Is it welcoming?
  - What information is confidential?
  - How easy to file a complaint?
  - Complaint process FAQ written sensitively

Thank you!

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2024 FSMB Annual Meeting  
April 18, 2024

## **Background reading**

- Van der Kolk, B. (2014). *The Body Keeps the Score*. New York: Penguin Books
- Application of a trauma-informed approach in the criminal justice system, both from ACEs Too High:
  - [This isn't your usual article about how bad domestic violence is; it's about a solution](#)
  - [To end domestic violence, heal the abusers...say those who do](#)

## **Board member and staff training**

- The Council on Licensure, Enforcement and Regulation (CLEAR) offers basic and specialized National Certified Investigator and Inspector Training (NCIT). For those who have completed this training, CLEAR offers additional programs that target specific issues and topics for compliance and discipline professionals, such as investigating reports of sexual misconduct. See [NCIT Third Tier Programs](#) for the full listing and descriptions.
- PBI Education can provide custom trainings for board members and staff on trauma-informed regulation. [www.pbieducation.com](http://www.pbieducation.com)
- Justice 3D, a provider of advanced-level training and consulting for investigations and responses to violent crimes. A frequent presenter at medical regulatory conferences. <https://www.justice3d.com/>

## **Literature cited in presentation**

- Trauma-Informed Care: <https://www.traumapolicy.org/topics/trauma-informed-care>
- [Trauma-Informed Care Implementation Resource Center](#)
- Williams BW, et al. Adverse Childhood Experiences in Trainees and Physicians With Professionalism Lapses: Implications for Medical Education and Remediation. *Acad Med*. 2021; 96(5): 736-743.

## **What you can do tomorrow**

- Address the communication skills of your staff
- Research TIA training for your board members
- Review your website
  - Is it welcoming?
  - What information is confidential vs. public?
  - How easy is it to file a complaint?
  - Are complaint process FAQs written sensitively from complainant and licensee perspectives?