



# Applying a Trauma-Informed Approach With Registrants: Rationale, Implementation, and Improved Outcomes

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## Territorial Acknowledgement

We acknowledge that the City of Baltimore occupies the ancestral lands of the Piscataway and Susquehannock Nations. Baltimore has become a home to members of many tribal nations, most notably the Lumbee and we are thankful that we can gather, learn and play on these lands over the next couple of days.

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# Sensitive Content



Discussing trauma-informed regulation necessarily involves discussion of trauma and its consequences.

We will be referring to examples which could be triggering for individuals in the context of regulatory proceedings.

If you find any part of the talk uncomfortable, please feel free to step away

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# AGENDA

- What Is Trauma Informed Regulation
- How Does Trauma Show Up in Our Work as Regulators
- Practical Tips on How to Be a More Compassionate and Trauma Informed Regulator



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# Key Definitions

## Trauma Informed Regulation

Understanding that a persons lived experiences / trauma shape who they are and how they will come before us

## Compassionate Regulation

A kind, friendly presence in the face of what's difficult.

## Person Centred Regulation

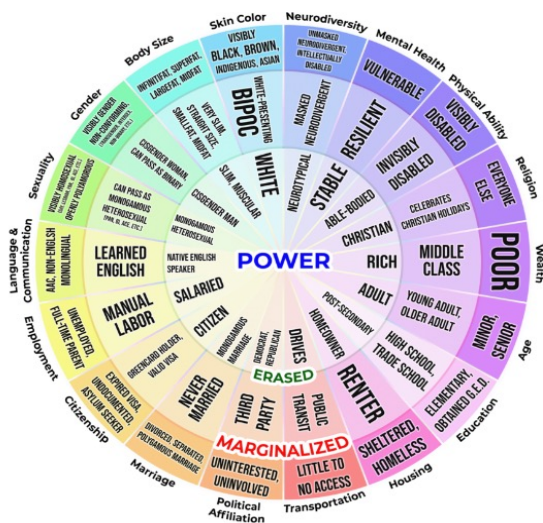
Looking at the person before us as a unique individual



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TessaWatkins.com/wheel-of-privilege

Adapted from Sylvia Duckworth, Canadian Council for Refugees, and Olena Hankivsky, PhD

## INTERSECTIONALITY WHEEL OF PRIVILEGE

As Observed in the USA

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# Keep in Mind...Everyone Shows Up Differently

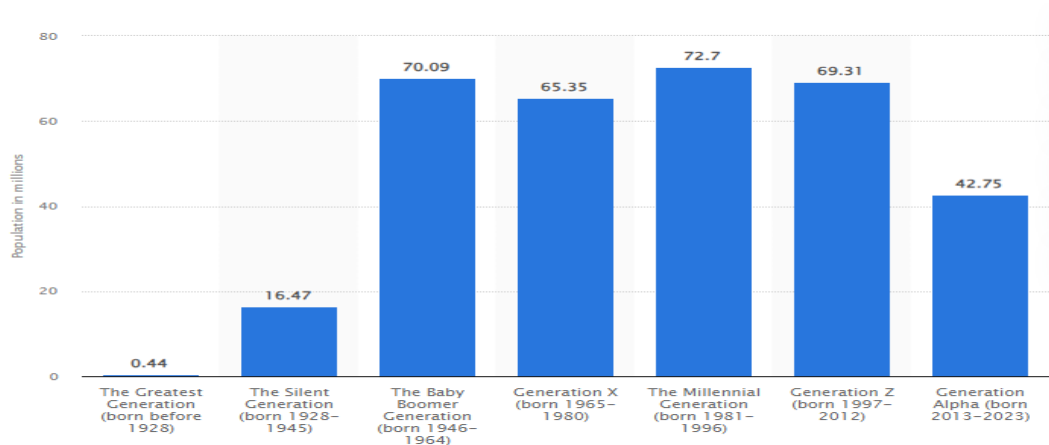
- In any given year, 1 in 5 adults will personally experience a mental health illness
- 75% of lifetime mental illness begins by the age of 24
- Drastic increase of mental health concerns during and post COVID-19 in all sectors
- Immigration patterns are changing (1.8% West Virginia, 16.7% Maryland, to 26.7% California)
- 25+% of the population is neurodivergent (autism, dyslexia, Tourette's syndrome, ADD/ADHD)
- 7.6% of the individuals calling the US home belong to the LGBTQ2+ community
- Increases in the number of internationally educated professionals

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## Population in the US by Generation



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# How Will the Wheel of Privilege Show Up?

- Access to / comfort with technology
- Expectations re communication
- Learning limitations / challenges
- Comfort with the English language
- Ageism
- Poor coping mechanisms/ stress management
- Different learning, processing and communication styles

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# As Regulators, We Can Lead With Compassion...

- Get to know the people / person centeredness
- Looks for opportunities to be flexible and nimble
- Increase effective Communication / plain language / no "Bad News Fridays"/ translation services
- Increase our Cultural Competence
- Consider our role in mental health and wellness
- Invite discussions about supports and accommodations

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# The Impact of Trauma

- On the licensee
- On the patient client / victim
- On the family / caregivers
- On the witnesses / reporter
- College staff
- Committees that review the matter

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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.

National Council for Behavioral Health

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# Examples of trauma

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

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## 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?

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## Before the age of 18, did...

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?

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## Examples of trauma

- Military service
- Abuse
  - Physical, emotional, sexual
  - Could be from a HCP
- Dissolution of a significant relationship
- Loss of a loved one
  - Unexpected
  - Child
  - Violent crime
  - Accidents

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# Trauma prevalence

- $\geq 70\%$  of adults in 25 countries (including US and Canada) have experienced one traumatic event in their lives
- Strong association between trauma history and physical, mental, and behavioral health problems

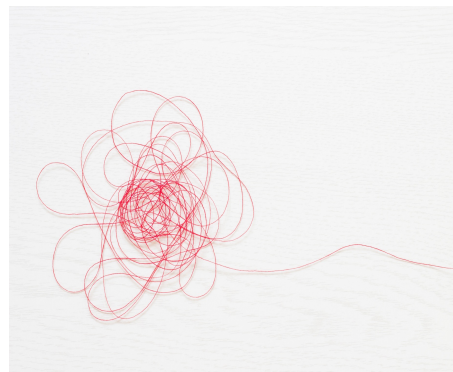
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# The trauma experience

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



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# CASES

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## Case 1: Dr. Chris

- Medical sub-specialist, self-described "lifelong bully"
- Anger management problems cause unsafe work environment
- Voluntary resignation from several positions
- Contract terminated, reported to board

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## Would your approach to Dr. Chris change if you knew that...

- Physically abused by father
- Mother did not intervene
- Went into medicine to heal himself by healing others

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## Case 2: Attorney Delia

- Helps Sasha w/ custody matter
- Date, then Delia ends the relationship
- Sasha stalks and threatens Delia
- Delia self-reports to licensing authority
- Sasha reports to licensing authority

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## Would your approach to Delia change if you knew that...

- She had been repeatedly abused
- She had a history of relationships w/ abusers
- She had difficulty maintaining boundaries in many other areas of her life and practice and is known as a “people pleaser”

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## Case 3: Teacher Tanya

- Early childhood educator
- Child hit other children, bruising
- Child bit Tanya
- Tanya ties child's hands together w/ scarf

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## Would your approach to Tanya change if you knew that...

- She had already spoken to the parents about aggression on numerous occasions
- Requests for employer support were ignored
- Colleague on break; no other support

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## What a TIA to regulation looks like

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

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# The four Rs of a TIA

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

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# Six key principles of a TIA

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

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# Is a TIA at odds with protection of the public?

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



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## Rationale for TIA to regulation

Sequelae of ACEs in medical trainees and physicians

- Professionalism lapses
- Difficulties w/ practice-based learning and improvement

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# Rationale for TIA to regulation

Medical trainees and physicians w/ a history of ACEs

- Heightened responses to stressful stimuli
- Difficulties w/ collaboration and trust
- Trouble attending to, benefitting from feedback

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## How Do We Learn About History of Trauma?



- Interview process- how they responded to questions
- Written statement
- Board mandated evaluation
- Expert opinion
- Remediation course
- We don't know!

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# What Are We Trying to Minimize or Avoid?

- Fear, Anxiety, Stress, Uncertainty
- Perceptions of Unfairness
- Avoidance, Lack of Engagement
- Overly legal processes
- Forgetting there is a “real person” on the other side



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## Trauma Informed Interviews



- Treat people fairly and with kindness
- Be flexible and accommodating
- Ask...Is there anything else that you would like to share?
- End by outlining next steps
- Invite them to contact you if they remember anything else

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## Investigator Attitude & Behavior



- Supportive communication
- Focus on building relationships built on trust
- Check for internal biases and assumptions
- Put yourself in the shoes of the other person

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## Disciplinary Process



- Revisit the language, language level and tone of correspondence
- Be clear about process, timelines and ramifications
- Timing of communication with Licensee
- Consider remediation -vs- penalties
- Communication with other jurisdictions

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## Staff & Board Members



- Diversity among staff and Board members
- Provide trauma informed training for all
- Staff and Board members to be aware of their own bias and trauma

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## Educational interventions



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## Features of remedial education

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

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## Challenges in working with licensees with a trauma history

- Frustrating to work with
- Appear uncooperative
- Responses to future events appear irrational
- Make others feel helpless
- Interactions w/ regulators re-traumatizing

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# Interactions with course provider staff and faculty

## Training

- DEIB/trauma sensitivity, language
- Dealing w/ folks in distress
- Dealing w/ strong personalities

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# Course faculty skills

- Sensitivity to accidental triggering by others
- Suspicion of trauma history in boundary violations, disruptive behavior, SUD

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## Course faculty skills

- Engender openness to remediation
- Sensitive, paced questioning
- Listen for attempts to heal self by healing others

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## Course faculty skills

*The faculty was extremely empathic and non-judgmental, allowing us all to share extremely shameful details about our situations... This undoubtedly leads to more transparency and therefore addressing all the root problems that brought us to the course.*

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# Course structure

- Safe learning environment
  - Private
  - Confidential
- Small group
- Interactive
- Telling your story
- Designated faculty
- Post-course plan of action

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Trauma comes back as a  
reaction, not a memory

Bessel Van Der Kolk  
Dutch Psychiatrist



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## Resources

- Williams BW, *et al.* Adverse Childhood Experiences in Trainees and Physicians With Professionalism Lapses. *Acad Med.* 2021; 96(5): 736-743.
- [To end domestic violence, heal the abusers](#)
- [Step Inside the Circle](#)

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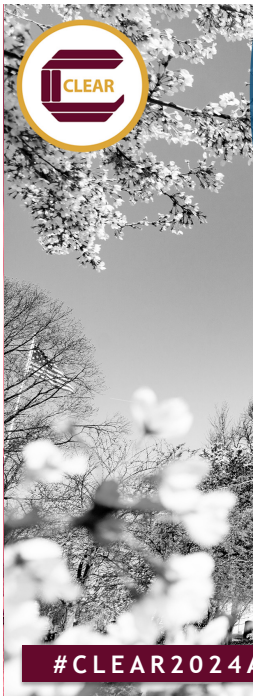
# Resources

- [Mental Health America](#)
- [7 Dimensions Cultural Differences](#)
- [In Plain Sight Report](#)
- [Neurodiversity – Public Health Wales](#)

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# Thank You

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