Federation of State Physician Health Programs

Applying a Trauma-Informed Approach to PHP Processes: Rationale, Implementation, and Improved Outcomes

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Catherine V. Caldicott, MD, FACP – Medical Director, PBI Education
Holly Wade, MA, LCPC, LPC, LCPAT, ATR-BC – Clinical Manager,
Center for a Healthy Maryland

Disclosure Information

Dr. Caldicott is Medical Director for PBI Education, a provider of remedial educational courses for healthcare professionals. She receives no outside funding and no conflicts of interest to disclose.

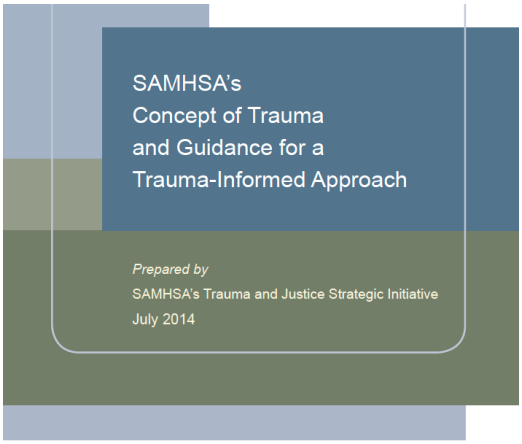
Ms. Wade is one of three clinical managers at the Maryland Physician Health Program. She receives no outside funding and no conflicts of interest to disclose.

Learning objectives

- Recognize the link: clinicians' lived experiences and lapses in professional conduct, substance use disorders, and/or mental health issues
- Describe: a trauma-informed approach can improve PHP success
- Apply steps: implement a trauma-informed approach and utilize trauma-informed referrals

What is trauma?

Trauma is an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects.



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

Trauma prevalence

- ≥ 70% of adults in 25 countries
- 12-17% of US adults have experienced **four or more** positives on the ACE Questionnaire

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

Examples of trauma: Adverse childhood events

5 Personal

- Physical abuse
- Verbal abuse
- Sexual abuse

- Physical neglect
- Emotional neglect

5 Family Member

- Alcoholism
- Domestic violence
- Incarceration
- Mental illness
- Divorce

Childhood trauma example (ACE = 4)

5 Personal

- Physical abuse
- Verbal abuse
- Sexual abuse
- Physical neglect
- Emotional neglect

5 Family Member

- Alcoholism
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- Incarceration
- Mental illness
- Divorce

ACE score of ≥ 4

- 1.4x diabetes
- 2-2.3x stroke, cancer, heart dz
- 3x smoking
- 3-4x chronic lower resp dz
- 5x depression
- 7x alcoholism
- 10x “problematic” drug use
- 37.5x suicide attempt

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
- Institutionalized racism
- Generational trauma

Red flags for a history of trauma

- People subject to bias, discrimination
  - Ethnic, cultural, or religious minorities
  - Non-native English speakers
  - People identifying as neurodivergent
  - Gender identity or expression
- Poor boundaries
- Mental health issues
- History of trouble w/ the law

Neurodivergence

- Non-medical, umbrella term for people who have differences in how their brains work, leading to certain strengths and challenges c/w “neurotypical” people
- ~ 15-20% of the world’s population
- Common conditions
  - Autism, Asperger’s syndrome
  - ADHD
  - Bipolar and obsessive-compulsive disorders

Trauma in healthcare professionals

- Lack of cultural safety
- Bias
- Generational differences in identifying and labeling trauma
- Damage to reputation from allegations
- Pandemic
- Vicarious

Trauma in healthcare professionals

Exposure to ACEs may contribute to a person's desire to enter a healing profession.

How might a PHP become involved with a clinician who has a history of trauma?

Trauma in healthcare professionals

A role in impairment

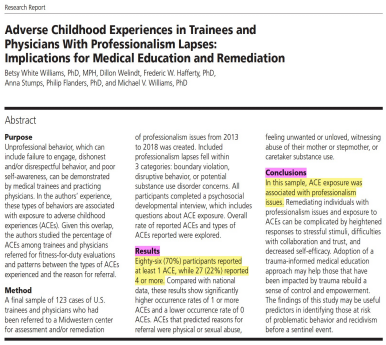
- Mental health issues
- Physical health issues
- Addictions
- Behavioral disturbances (disruptive)
- Boundary issues

Do ACEs play a role in professional violations?

Physicians / trainees (n = 123)

- Boundary violations
- Disruptive behavior
- Substance use disorder
- Difficulties w/ collaboration
- Heightened responses to stress
- Trouble benefitting from feedback

ACE ≥ 4 in 22%



Research Report

Adverse Childhood Experiences in Trainees and Physicians With Professionalism Lapses: Implications for Medical Education and Remediation

Betsy White Williams, PhD, MPH, Dillon Welndt, Frederic W. Hafferty, PhD, Anna Stumps, Philip Flanders, PhD, and Michael V. Williams, PhD

Abstract

Purpose
Unprofessional behavior, which can include failure to engage, dishonest and/or disrespectful behavior, and poor self-awareness, can be demonstrated by medical trainees and practicing physicians. In the authors' experience, these types of behaviors are associated with exposure to adverse childhood experiences (ACEs). Given this overlap, the authors studied the percentage of ACEs among trainees and physicians referred for fitness-for-duty evaluations and patterns between the types of ACEs experienced and the reason for referral.

Method
A final sample of 123 cases of U.S. trainees and physicians who had been referred to a Midwestern center for assessment and/or remediation of professionalism issues from 2013 to 2018 was created. Included professionalism lapses fell within 3 categories: boundary violation, disruptive behavior, or potential substance use disorder concerns. All participants completed a psychosocial developmental interview, which includes questions about ACE exposure. Overall rate of reported ACEs and types of ACEs reported were explored.

Results
Eighty-six (70%) participants reported at least 1 ACE, while 27 (22%) reported 4 or more. Compared with national data, these results show significantly higher occurrence rates of 1 or more ACEs and a lower occurrence rate of 0 ACEs. ACEs that predicted reasons for referral were physical or sexual abuse, feeling unwanted or unloved, witnessing abuse of their mother or stepmother, or caretaker substance use.

Conclusions
In this sample, ACE exposure was associated with professionalism issues. Remediating individuals with professionalism issues and exposure to ACEs can be complicated by heightened responses to stressful stimuli, difficulties with collaboration and trust, and decreased self-efficacy. Adoption of a trauma-informed medical education approach may help those that have been impacted by trauma rebuild a sense of control and empowerment. The findings of this study may be useful predictors in identifying those at risk of problematic behavior and recidivism before a sentinel event.

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

Does a trauma-informed approach play a role in compliance with the PHP and/or the employer?

There has been growing concern globally about the association between regulatory complaint processes and the mental health and wellbeing of the practitioner who is subject to a complaint.

Previous research suggests that health practitioners involved in such a process can experience heightened levels of distress, anxiety, and shame, which impacts their personal lives and their families, as well as their professional identity and practice. There have also been tragic cases of practitioners involved in complaints processes who have died by suicide.

'Virtually daily grief'—understanding distress in health practitioners involved in a regulatory complaints process: a qualitative study in Australia

Susan Biggar[1,*], Anna van der Gaag[2], Pat Maher[1], Jacinta Evans[1], Lakshmi Bondu[1], Manaan Kar Ray[3], Rachel Phillips[4], Anne Tonkin[5], Catherine Schofield[6], Kym Ayscough[1], Matthew Hardy[1], Sarah Anderson[1], Eva Saar[1], Martin Fletcher[1]

Abstract

Introduction

Biggar S, et al. 'Virtually daily grief'… International Journal for Quality in Health Care 2023; 35(4): 1-12

Elements of the complaints process contributing to practitioner distress

- Poor communication
  - Lack of helpful (relevant) information
  - Unclear timelines
  - No idea of likely outcomes
- Extended time to close the investigation
- Management of health-related concerns

What a trauma-informed approach by a PHP or regulator 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 clinician’s situation
- Illuminates the impact of trauma on their conduct
- Forges more complete and effective paths for recovery
- Avoids re-traumatization

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

The four Rs of a trauma-informed approach

- REALIZE
- RECOGNIZE
- RESPOND
- RESIST RE-TRAUMATIZATION

Substance Abuse and Mental Health Services Administration

Six key principles of a trauma-informed approach

- 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 TIA at odds with protecting the public?

The mission of the Maryland Physician Health Program:

To provide compassionate high-quality assistance to physicians and other healthcare professionals dealing with potentially impairing conditions in a private, non-disciplinary setting while protecting both the confidentiality of the participant and the safety of the public

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

Rationale for a TIA in PHPs

- You want the participant to appreciate your role in ensuring they are safe to practice.
- With a TIA, you attend to their mental, physical, and behavioral health needs.
- This helps earn their trust.

Program Staff

- Training in communication techniques
- Training in Trauma Informed Approach (TIA)
- Implicit Bias Training

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MPHP Clinical Staff

Margaret Ann Kroen, LCSW-C	Program Director
Astrid Richardson-Ashley, LCSW-C	Senior Clinical Manager
Amber Thrasher, LCSW-C	Clinical Manager II
Holly Wade, LCPC	Clinical Manager II
Martin Rusinowitz, MD	MPRP Medical Director
Arthur Hildreth, MD	MPHP Medical Director
Karen Dionesotes, MD, MPH	Medical Consultant

How do you learn if someone has a trauma history?

- How they answer questions and respond to requests for information
- Documentation submitted from treatment providers
- Fitness to practice/mental health evaluation
- Board investigative materials
- Remediation class
- We don't always know!

Does MPHP screen with the ACE Questionnaire?

- No.
- Designed to research the relationship between childhood adversities and health and social outcomes, many traumatic events happen outside that window.
- It can be used as a screen by mental health professionals who understand its limitations.
- If we suspect a history of trauma or unresolved trauma impacting current levels of functioning, we refer for a formal evaluation.

Guidance for more productive interactions

Relationship-building

- Approach: fair, kind, person-centered
- Flexibility and accommodation (time, place)
- Monitor for internal biases, assumptions
- Respect
- Balance of power

Gathering information about participants

Gather information and facts without judgment or bias

- Interview / conversation
- Written statement from clinician
- Patient records, police reports, court records*
- Reports from treating providers
- Interviews with collateral contacts
- Consider location, date, and type of interview

Try to minimize or avoid…

- Fear, anxiety, stress, uncertainty
- Perceptions of unfairness
- Participant avoidance, lack of engagement
- Forgetting there is a real person on the other side of the table

Practical Communication Approaches

Challenges in working with participants with a trauma history

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

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Case Study 1

Presenting Issues:

- Boundaries
- Problematic alcohol and drug use
- Potential problematic prescribing
- Trauma history
- Previous MPHP experience

Set the stage for a confidential, trustworthy conversation

- Create a safe space, and assurance of confidentiality
- Ask them how you should refer to them.
- If their name is difficult for you, ask them how to pronounce it, and make a note for the future.
- Try to avoid making assumptions about their gender or sexuality. This includes assumptions you might make based on their appearance, name, or voice and include preferred pronouns.

Racial Assumptions & Cultural Awareness

- Avoid making assumptions based on a person's skin color, facial features, or hair texture.
- Some people appear to have very light skin or other features consistent with a white race, but they in fact may not be white.
- Be aware that some ethnic or cultural groups or genders may not feel they can speak up or have the right to. They may feel it is not their place or may have received messages that it is not their place.
- Those who served in the military have unique experiences and needs

Case Study 2

Presenting Issues:

- Behavior at work
- Potential problematic drinking
- Trauma History
- Previous MPHP experience

Practical communication approaches

- Frame the conversation
- Bottom line: + / neutral / -
- Tone of voice, language, emotional heat tempo to match the content
- Simply convey information
- Assure consistent application of rules and processes
- Ignoring the emotional heat or ice in the room does not change the temperature

Interrogation vs. interview or conversation

Interrogation

- More aggressive
- Uses deception
- Verbal and non-verbal cues
- Process uses more leading questions
- Confrontational, adversarial

Interview / Conversation

- Builds rapport, establishes trust
- Ethical approach to gathering information
- Open, collaborative atmosphere between interviewer and clinician
- Open-ended questions

Reframe questions

<u>Avoid</u>

- ”Why did you…?”
- “Why didn’t you…?”

<u>Instead, try</u>

- “When (specific event happened), what were your feelings and thoughts?
- “Are you able to say more about what happened when…?

<u>Show respect without condoning</u>

Don’t interrupt

- The 8” rule
- WAIT = Why am I talking?

IACP Successful Trauma Informed Victim Interviewing

Practical communication approaches

Remember:

- The participant may have taken a big hit to a part of their identity
- They may feel aggrieved
- They may be accustomed to being in charge
- Despite their professional accomplishments, they may feel embarrassed, angry, defensive, shameful

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Intake Question Examples

- Tell us why you are here today. What's been better since the referral/last incident?
- What would you like to gain from talking with us today? What difference would it make to have gained this "outcome"? When was the last time you had "the desired outcome" in your life or felt a sense of "the desired outcome"?
- Can you tell us about your childhood and how you were raised? Who is your closest family member? How would that person describe you? What would they say are your strengths?
- Who are the special people you can depend on? Tell us more about your religious/spiritual beliefs/practices. What do you do for fun? What are you good at and how did you get there?
- What led you to become a [profession]? Describe a successful day. How did you contribute to that successful day?

Practical communication approaches

Try some compassion for them.

- This may be all they need
- They may simply want to be heard
- Could be disarming, increase cooperation and remediation potential
- Could be difficult for you if their conduct is egregious or triggering

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Case Study 3

Presenting Issues:

- Behavioral issues at work
- Vaping on hospital grounds
- Physical change in appearance
- Suspected SUD

Practical communication approaches

Subsequent communication

- Avoid sending email messages on Fridays or before major holidays
- Avoid sending email messages before you will be out of the office for any extended period
- Make sure you use the out of office messages
- Consider phone-only communication

Practical communication approaches

If someone talks about suicide, do not ignore it.

- Conduct a risk assessment within your scop of practice.
- “So, you have had thoughts of suicide?”
- “Can you tell me more about how you came to have those thoughts?”
- “Have you told anyone else about this?”
- “Is there anyone you can talk to about this?”

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Case Study 4

Presenting Issues:

- Alcohol use
- Relationship issues
- Previous MPHP experience
- *No work issues present

Taking Care of Yourself

Taking care of yourself

If the waters become choppy, calm them by…

- Identifying what *you* are feeling, are you having vicarious trauma
- Using the snow globe technique
- Avoiding an authoritarian approach
- Reaching out for supervision

Taking care of yourself

If the conversation escalates, have an exit strategy

- “Uncomfortableness scale”
- Mini time-out
- Go up the chain of command
- Memorize brief scripts
- Have a colleague join the conversation

Taking care of yourself

When the conversation is ended

- Documentation
  - What transpired
  - Verbatim language
  - Actions committed to
  - Follow-up communication to clinician w/ next steps

- Debrief
  - What worked well, what didn't, for future reference
  - Process w/ colleagues
  - Schedule team supportive supervision

Taking care of yourself

Try some compassion for yourself

- Not self-pity, complacency, sleep / diet / exercise
- A healthy way of relating to yourself when faced with difficulties, distress
- Recognition of our common humanity + mindfulness + self-kindness

Kristin Neff, https://self-compassion.org

How are we doing?

Feedback

- "I really didn't like this when I started, but by the end I realized I got a lot out of it."
- "My clinical manager was very understanding and worked with me well on the issues to help me relate to patients better"

Our surveys revealed that 83.3% of respondents reported they learned one or more strategies to cope with the issues that brought them to MPHP.

Success Stories

Visit our YouTube channel Center for a Healthy Maryland - YouTube

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"I have been monitored by MPHP/MPRP for five years during my early recovery. It was to my surprise that the experience was pleasant and that everyone I encountered was wanting me to recover and continue to practice safely. I was treated with respect and dignity and to use self affirmation. I was reminded that I was not bad, my disease does not define me, I was sick."

"Getting sober and asking for help are events that can turn your life upside down. The Maryland Physician Health Program stands out as a team of compassionate people that exist to support us and promote health without any secondary agenda. They saw me as both a person and a professional that needed help. Their goal was clear from the beginning – to support me, keep me working, and help make me healthy again. The people of the Maryland PHP are a wonderful group who helped me through some personal and professional challenges as I regained sobriety and re-established myself. They listen. They wanted me to succeed. They provided a guiding hand without being dogmatic or overly prescriptive. They let me find my own way but supported me every step of the way and reached out to me if there was any concern. They are a beacon of help and hope when we need it most and I will readily go back to them if/when I need it. Asking for help is hard; the Maryland PHP made it a lot easier and made me a better person and physician for having worked with them."

Remedial Education

Goals for people with trauma histories

Foundational skills:

- Attachment
- Stress management
- Self-regulation

Features of remedial interventions

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

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/ referring entities

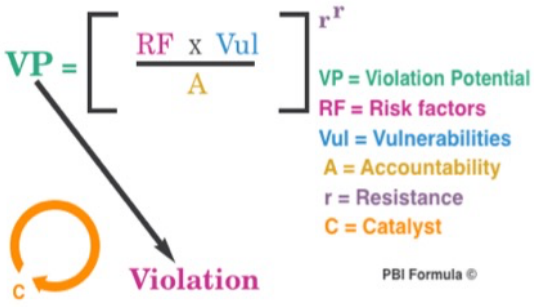
Course structure

- Small group
- Interactive
- 1-3 days long
- Designated faculty
- Confidentiality policy
- Private setting
- Safe learning environment

Course structure

- Process orientation
  - Risk factors
  - Vulnerabilities
  - Accountability
  - Resistance
  - Catalyst

- Plan of action (Personalized Protection Plan)



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 issues, 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 history, 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

Conclusion

A trauma-informed approach protects the public…

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

Conclusion

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 clinicians' trauma background

What can you do tomorrow?

- Address the communication skills of your staff
- Research TIA training for your staff
- Review the wording on your questionnaires and forms
- Review your website
  - Is it welcoming?
  - What information is confidential?
  - Are FAQs written sensitively?

THANK YOU

Catherine V. Caldicott
catherine@pbieducation.com
904-800-1237

Holly Wade
hwade@medchi.org
phpinfo@medchi.org
410-962-5580
Center for a Healthy Maryland