ASPIRATIONAL ETHICS: ALIGNING VALUES WHILE DELIVERING TRAUMA INFORMED CARE

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TRAUMA, SELF, & SPIRITUALITY

- Trauma is ***dispiriting*** by its very nature
- Trauma can involve a shattering of…
  - Defining of the self
  - Life assumptions
  - Spirituality
  - Meaning

"I have a hole in my soul. . . I am not the person I might have been"

AN ECOLOGICAL VIEW

- Although improving, trauma-specific training is not included in many provider training programs (individual awareness)
- Many clients and patients seeking care have been mistreated or even re-abused by systems and providers designed to help them (systemic awareness and response)

BIOMEDICAL ETHICAL PRINCIPLES

- **Respect for Autonomy**: requires healthcare professionals to respect the patient's ability to make decisions and control the course of care

- **Beneficence and Non-maleficence**: healthcare professionals should avoid causing additional emotional distress

- **Justice**: Health professionals must be aware of and work to reduce health disparities and their effects

ETHICS MEETS TRAUMA INFORMED CARE

Ethical Principle	Trauma Informed Care Principle
Autonomy	Ensuring empowerment, voice, and choice with collaboration and mutuality
Beneficence	Safety, Trustworthiness, and Transparency
Justice	Consideration of cultural, historical, and gender issues; incorporation of peer-to-peer support

KEY ETHICAL ISSUES WHEN ADDRESSING TRAUMA-RELATED CONCERNS

- Competence/expertise of provider
- Personal wellness of provider
- Willingness to learn and to "treat"
- Boundaries and "rescuing"
- Safety Risk
- Helpful vs. harmful interventions; applying evidence/standard of care
- Maltreatment disclosure and confronting perpetrators

POWER OF RELATIONSHIP

- Interpersonal trauma requires a ***relational*** approach to healing

- Response to inevitable ruptures in relationship is even more critical. Provider should:
  - Own mistakes
  - Share feelings in the moment, with discretion
  - Avoid blaming
  - Act as a partner, not an expert

BOUNDARIES AND TRAUMA

- Boundary violations in the context of trauma are a ***red flag*** and can be very common
- Provider has ethical responsibility set and maintain boundaries/limits
  - Availability, disclosure, touch, gifts, etc.
- Avoid dual roles

Rescuing-Revictimization Cycle

SAFETY

- Individuals with complex trauma histories may be at increased risk for safety concerns, which should be identified and addressed:
  - Harm to self: self injury, substance use, risk taking behavior, etc.
  - Harm from others: domestic violence, revictimization
  - Harm to third parties: intergenerational trauma, family discord

- Safety must be established before any further intervention can be effectively applied

MEANINGFUL & ETHICAL USE OF SCREENING & ASSESSMENT

- Explosion in use of ACE-related screeners
- Routine screening enhances more accurate detection
- Explaining rationale and purpose, with emphasis on patient autonomy
- Providing feedback and next steps after completion
- Referral to outside services and support if warranted

TALKING ABOUT IT: *HELPFUL OR HARMFUL?*

- Psychological debriefing:
  - Recalling details of traumatic event soon after event occurred
  - Once thought to be effective, but now known to be ineffective or even harmful

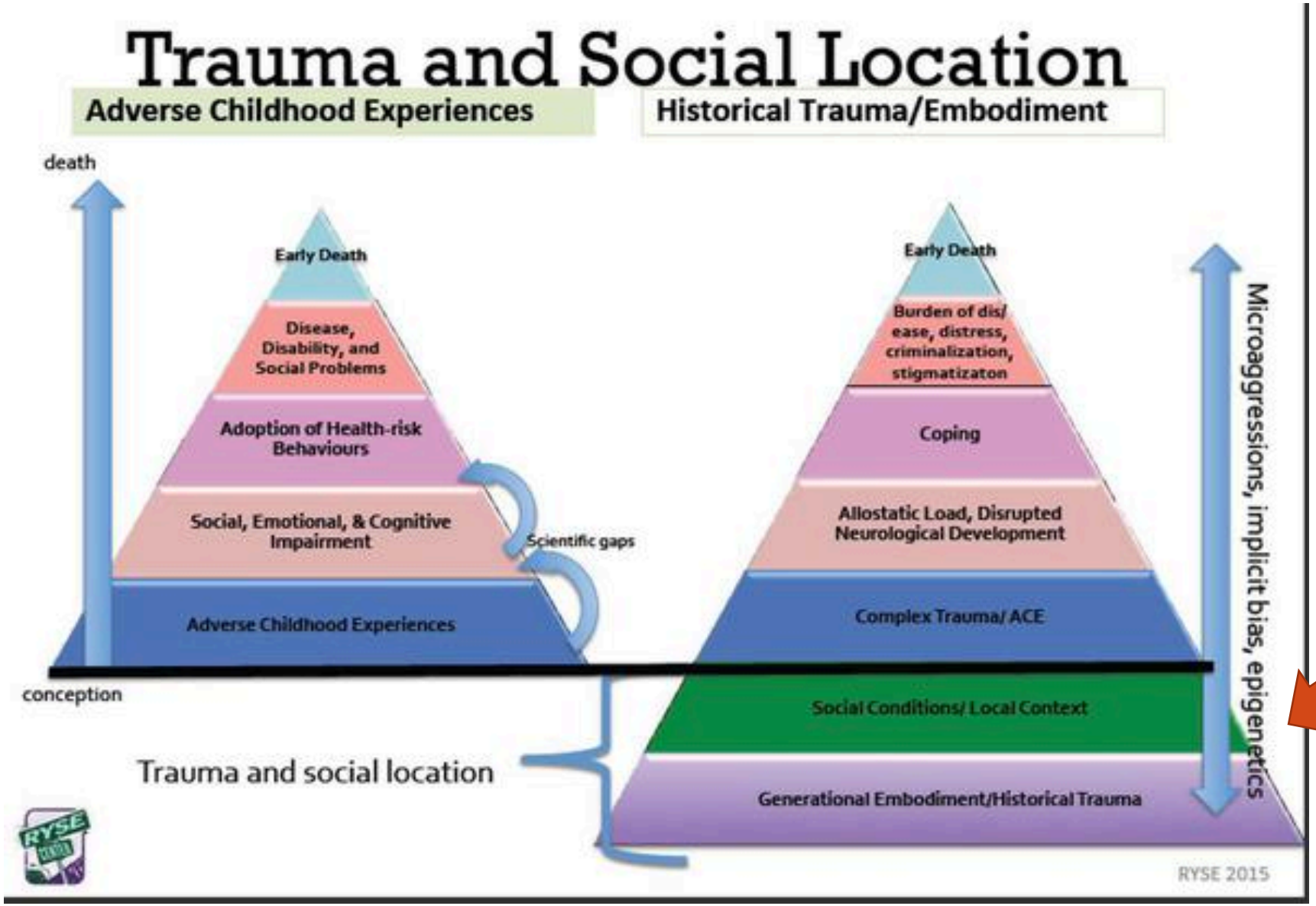
- Other structured, exposure based therapies, such as EMDR, Prolonged Exposure, and Trauma-Focused CBT have good evidence in randomized trials

IMPACT OF CULTURE, IDENTITY, & POWER

- The cultural identity of both the patient and the provider are important ethical considerations when responding to trauma – particularly as it relates to historical racism and disempowerment

- Relational patterns from the past DO play out in the current helping relationship – particularly when working with complex trauma populations
  - Objectivity is ideal, subjectivity inevitable – *"Healer, Know Thyself"*

- As providers, we have a responsibility to help patients speak about the unspeakable, even when those conversations are difficult



Additional ethical implications and considerations

ETHICAL DECISION MAKING

- It is not enough to simply be aware of ethical dilemmas, we must also have a formal decision-making process to address them

- Introduces a degree of rationality and rigor

- Most ethical dilemmas are not ***right vs. wrong***, but ***right vs. right***
  - It is right to respect autonomy, it is right to prevent harm
  - It is right to uphold confidentiality, it is right to protect the welfare of others

COMMON DILEMMAS

- Truth vs. Loyalty
  - Duty to parent/caregiver vs. duty to minor patient
- Individual vs. Community
  - Patient needs vs. Family needs
- Short-term vs. Long-term
  - Work demands vs. Family demands
- Justice vs. Mercy
  - Respect for autonomy vs. Respect for others

TAKING AKASHA IN CONTEXT

- African American woman with 3 children, significant trauma history, and multiple environmental risk factors
- It is our job to wonder…
  - What might her experiences in help-seeking have been like in the past?
  - What influence might my own cultural identity and power bring to this relationship?
  - What are my initial reactions to Akasha and her family? Where am I pulled or challenged?
  - How might Akasha's current actions reflect a way to cope with her past and survive?
  - What strengths does Akasha bring?

AKASHA: TRUTH VS. LOYALTY

- Competing demands of supporting Akasha (mom) and also safeguarding the welfare of her 3 minor children – ages 12, 9, and 7 – each with their own perspective and needs
- Who is the "patient" in this scenario? To whom is the provider's primary duty and responsibility?
- **Potential risks to consider:**
  - Unstable housing
  - Unclear access to basic needs – food, clothing, shelter
  - Implications of Akasha's mental health and medical issues on her caregiving
  - Intervention concern vs. Reportable concern

AKASHA: INDIVIDUAL VS. COMMUNITY

- Akasha presents with many individual needs…
  - History of complex trauma with limited supports
  - Inconsistent access to housing and basic needs
  - Financial instability
  - Transportation barriers
  - Mental health concerns and self-harm history
  - Medical concerns with no medical home

- Yet there are also additional family needs
  - Access to services and medical care for children
  - Risk for neglect or other traumatic events
  - Engagement in school

AKASHA: SHORT-TERM VS. LONG-TERM

- Dilemma of work needs vs. child care needs of a single mother
- Stable financial resource may alleviate many of the risk factors for Akasha and her family
- For complex trauma populations, long-term planning and routines are often disrupted
- How will Akasha's absence from the family impact other safety concerns?
  - Supervision
  - Meeting basic needs
  - Access to resources
  - ***Recommendations need to be practical for Akasha's situation***

AKASHA: JUSTICE VS. MERCY

- If Akasha is the primary patient, we have an ethical duty to respect her autonomy and empower her to make decisions about her wellbeing
- At the same time, we are mandated to report concerns for child protection
- Providers are not investigators – use the "reasonable suspicion" principle
- Partnering with parents/caregivers when making CPS reports
- Monitoring our own need to "caretake" – significant family risk factors can lead to feelings of provider helplessness, but this does not necessarily constitute concerns for child protection warranting confidentiality breach.

SUMMARY

- Consistent consideration of ethical practices is essential to trauma informed care
- Applying a formal frameworks and guidelines to ethical decision-making enhances ethical practice
- Working with complex trauma populations is challenging and requires trauma-focused training, self-reflection, cultural considerations, and attention to safety and the helping relationship