Bringing a Trauma-Informed Practice Lens to Ethics Review

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island health

Welcome

We will be reviewing:

- What is Trauma and what is Trauma Informed Practice (TIP)?
- Prevalence and impact of trauma
- Bringing a TIP lens to research proposals

What is Trauma Informed Practice?

What it is…

- A process
- A practice and commitment
- A paradigm and culture shift
- A new understanding

What it is not…

- A destination
- A checklist, algorithm or workflow 
- Trauma specific care-therapy, intervention or specific action

TIP Definition

- *Trauma-Informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment*

  - *Hopper, Bassuk and Olivet, 2010*

The 4 R's of Being Trauma Informed

Realize

Prevalence and Impact of Trauma

Recognize

Signs of potential trauma response

Respond

By integrating knowledge of trauma into policies, procedures, and practices

Resist

Re-traumatization

Key Principles In TIP

- Trauma Awareness
- Emphasis on Safety and Trustworthiness
- Opportunity for Choice, Collaboration and Connection
- Strengths Based and Skill Building

Prevalence

- Traumatic event exposure using *DSM-5* criteria was high (89.7%), and exposure to multiple traumatic event types was the norm
- 50-70 % of adults have experienced a traumatic event at least once in their lives and up to 20 percent of these people go on to develop PTSD
- 51- 98% of public mental health clients have been exposed to potentially traumatic events - most have multiple experiences of trauma

What Is Trauma?

Experience of, or exposure to, an event that threatens or is perceived to threaten a person's integrity or survival

Overwhelms a person's ability to cope

Post Traumatic Stress Disorder (PTSD)

Diagnosing PTSD (DSM- 5)

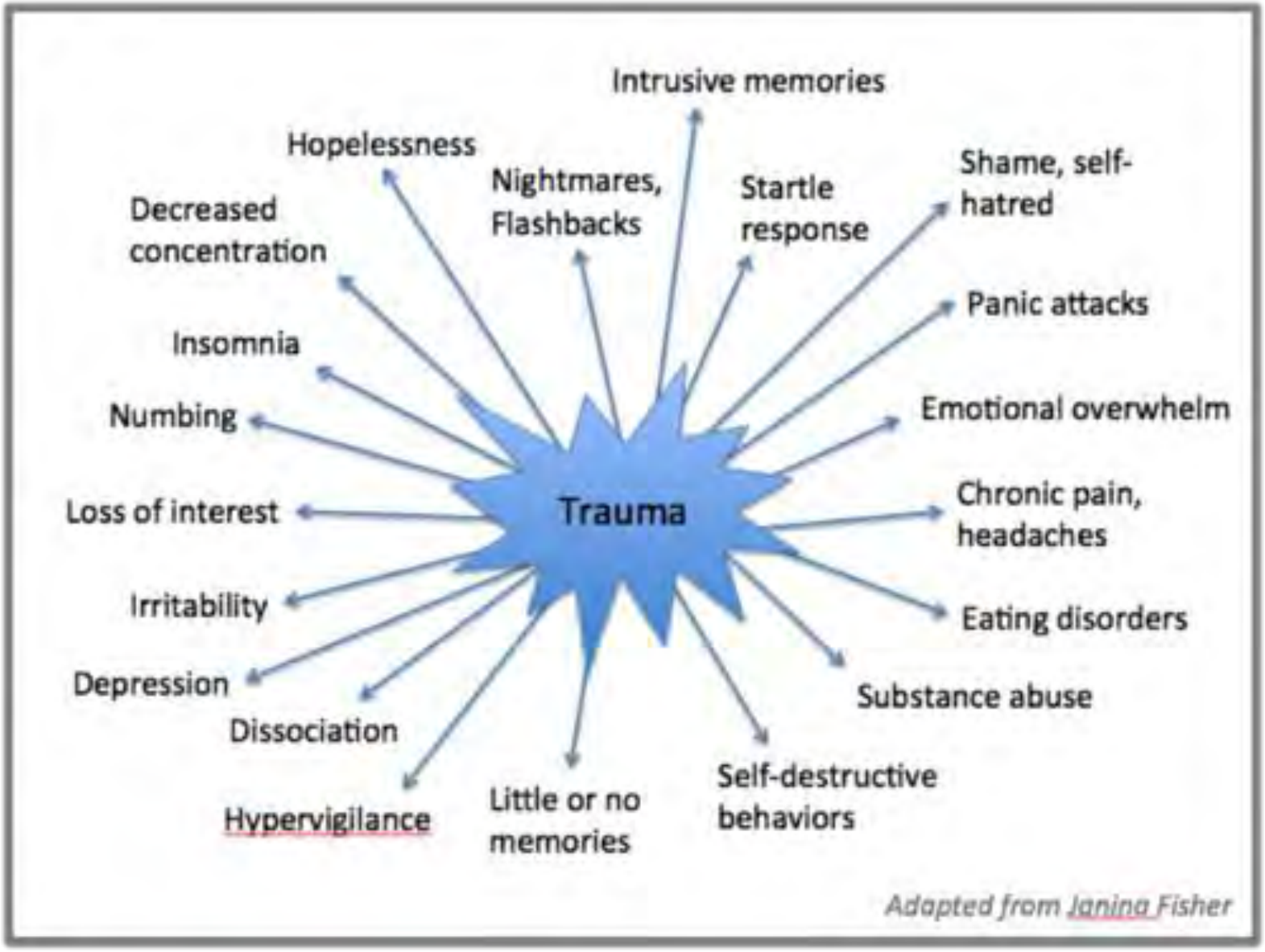
- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence
- Direct exposure, witnessing, indirect

Symptoms or After effects in 4 clusters

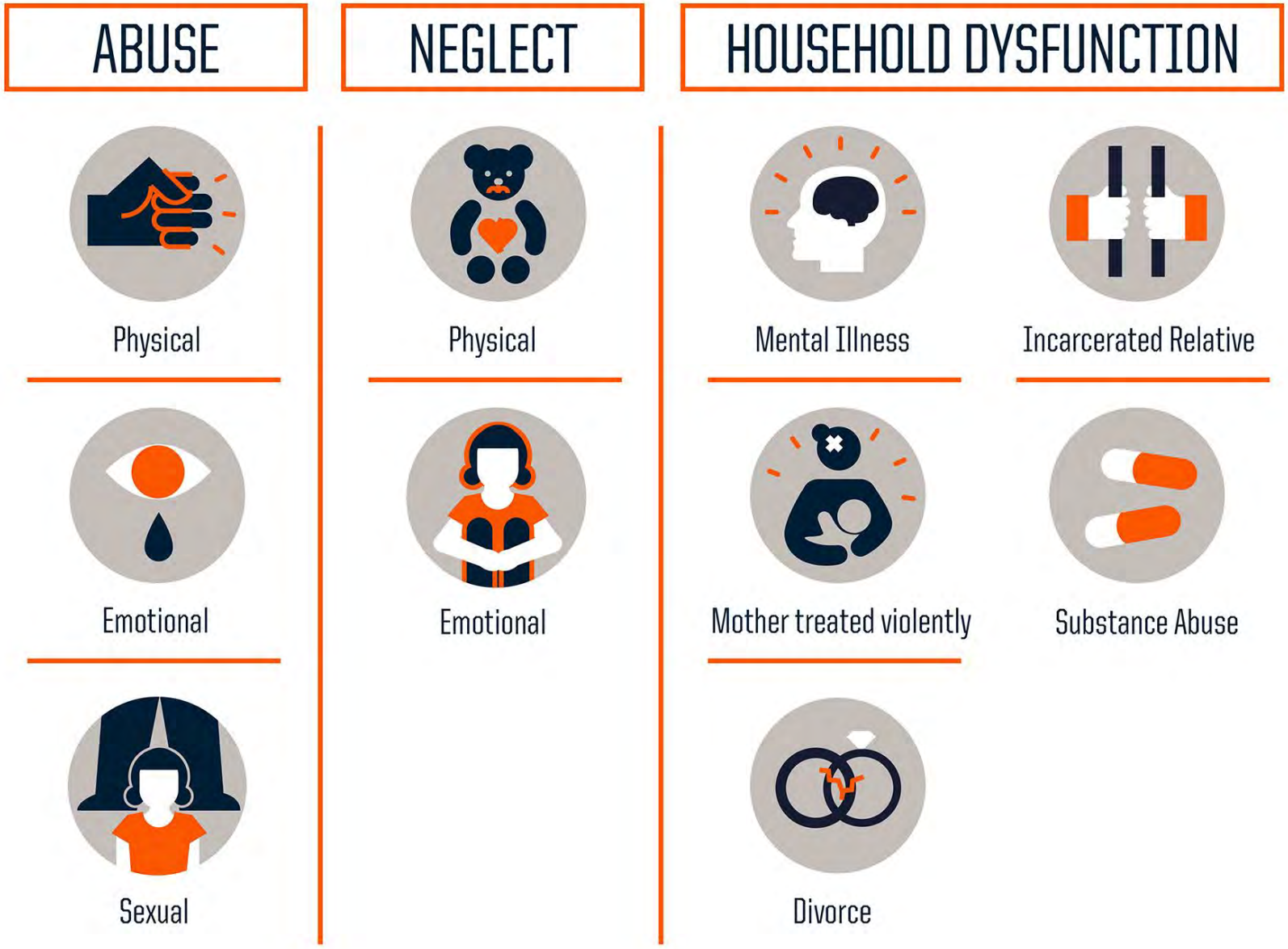
- Re-experiencing
- Avoidance
- Negative cognitions and mood
- Arousal

Types of Trauma

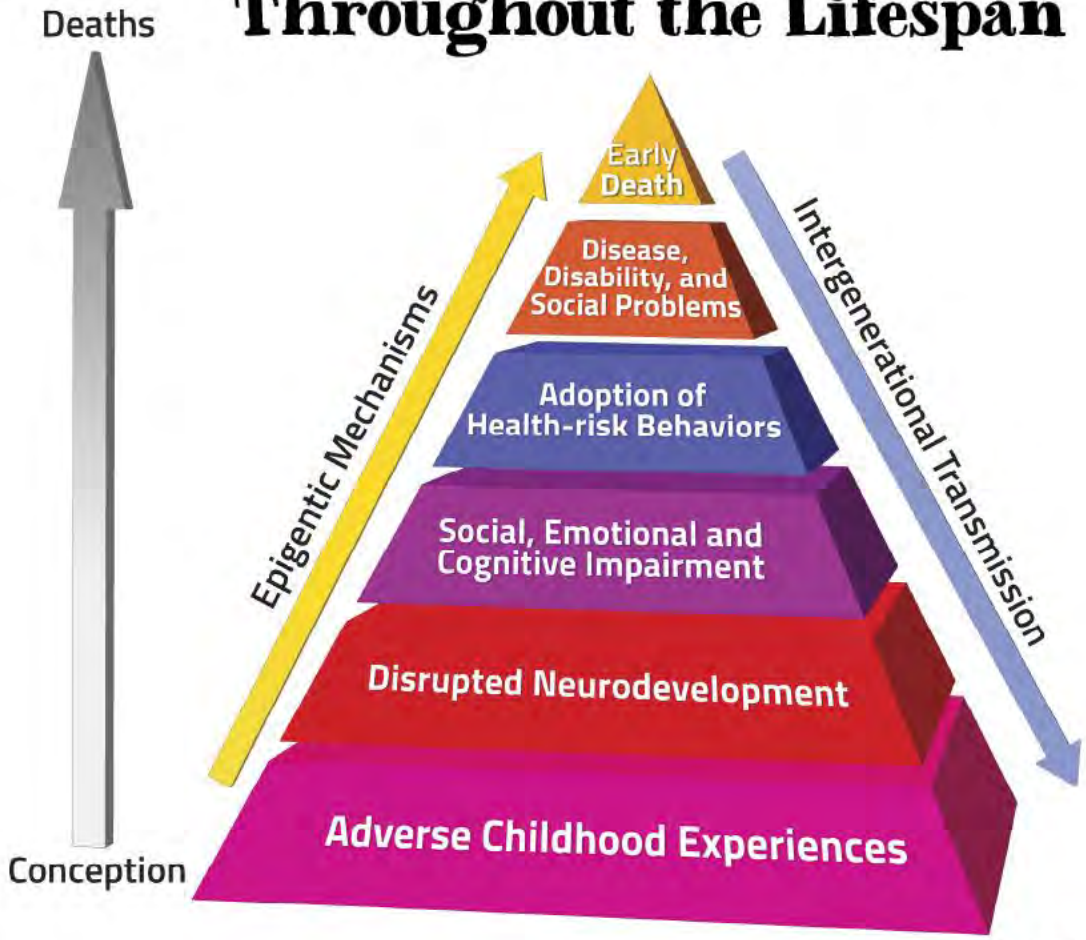
- **Single Incident:** An unexpected and overwhelming event
- **Complex or Repetitive:** An ongoing abuse, domestic violence, war, ongoing betrayal, often involving being trapped emotionally and/or physically.
- **Developmental:** An early ongoing or repetitive trauma
- **Historical, multigenerational and intergenerational:** The collective emotional, spiritual, and psychological pain people endure as a result of traumatic events stemming from historic and current policies


Intrusive memories
Hopelessness
Nightmares, Flashbacks
Startle response
Shame, self-hatred
Decreased concentration
Panic attacks
Insomnia
Numbing
Emotional overwhelm
Loss of interest
Trauma
Chronic pain, headaches
Irritability
Eating disorders
Depression
Substance abuse
Dissociation
Self-destructive behaviors
Hypervigilance
Little or no memories
Adapted from Janina Fisher

Three Types of ACEs



Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS

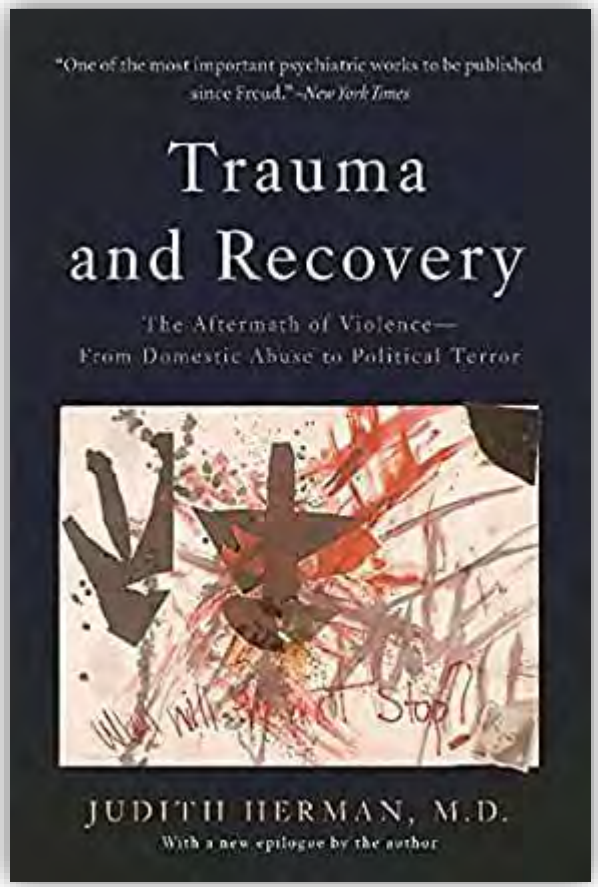
Impact over a lifetime

PTSD and Neurocognitive Disorders

- PTSD doubles the risk of developing dementia
  – *(Yaffe et al. and Qureshi et al)*
- PTSD/Trauma may increase reactive and/or protective behaviours

If trauma is so common and so impactful, why don’t we address it better?

“It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering.”



Discovery and Suppression

- Taking away the right of trauma victims to voice their stories in well-consented studies
- Exaggerations of the risks of trauma research

How do we apply TIP principles in our work?

- Start with shared agreements
- Review what we will be covering (informed consent)
- Invite participants to consider/monitor their own well-being and safety resources
- Attention to the prevalence and impact of trauma on people in the room
- Explore what is a “safe enough” learning experience
- Discuss resources and resiliency
- Build on existing knowledge and experience

TIP and Ethics Review

- Scenario 1: Research is trauma-related in some way

- Scenario 2: research is not specifically trauma related

DIVISION 56

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Trauma Research and IRB

Division 56 has received increasing complaints and concerns from faculty and student researchers who are negotiating with their IRB's in trauma research. IRB's are often unaware of the research that shows that disclosure of trauma history in research settings falls under the category of minimal risk in most cases. Just as those unaware of research on suicide fear that asking questions about depression and suicide might spark a suicidal act, reviewers who are unaware of research on trauma at times believe that trauma disclosure is a negative act. Thus, IRB's at times not only block research that would meet ethical standards within the trauma field, but also might require statements in informed consents that might be damaging to trauma survivors who are research participants (such as informing them that trauma disclosure is likely to cause long term distress in some minority of cases).

The Executive Committee of Division 56 wrote a helpful guide to provide general information about the literature on trauma research risk. The statement is not a set of standards intended to define ethical and unethical research, is not meant to be proscriptive, and is not an official APA standard. Rather, the statement is intended to be used to provide information to researchers and IRB's who are interested in the latest information on risks of trauma research.

Considerations

APA Trauma Research and IRB guide provides 6 recommendations:

1. Cite research that shows trauma probability that your trauma questions will unduly upset your participants is quite low
2. Cite research that shows that the probability that your cost-benefit ratio of your research will be positive
3. Clear statement of autonomy
4. Include “Reaction to Research Participation Questionnaire”
5. Clear and workable method of protecting confidentiality
6. Clear plan of de-identification

Scenario 1 – Trauma Related

- Challenge assumptions about trauma victims
- Informed consent
- Confidentiality
- Beneficence/Favourable cost-benefit ratio/Benefit of knowledge to survivors
- Underlying vulnerabilities?
- Minimize potential for re-traumatization:
  - Use skilled, trauma informed interviewers
  - Debriefing newsletters with info and resources
  - Reaction to Research Participation Questionnaire

Using the TIP Principles

- Does this proposal consider the prevalence and impact of trauma?
- How is Safety and Trustworthiness attended to?
- What opportunities exist for Choice, Collaboration and Connection for participants?
- Will this study build a sense of efficacy and competence in participants?

References

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