Trauma Informed Case Discussions to Understand Complexity

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Introduction

Case discussions have often been used by both medical and mental health teams to understand the needs of people who present with complex presentations. They help professionals to adopt a reflective and collaborative approach, understand patients' presentation in new ways, become respectful of colleagues' opinion[1] and compassionate towards complex or challenging patients[2]. In West London Trust's MINTs (Mental Health Integrated Network Teams) we have introduced structured Multidisciplinary Team (MDT) trauma informed case discussions which explore the patient's prior experiences of trauma and the current impact on their life and relationships.

Methodology/Structure of Case Discussions

The case discussions follow the traditional format of case discussion covering the:

- History
- Current difficulties
- Engagement with services
- Reason for presenting

They are informed though by the 6 principles of TIC[3]:

1. Safety
2. Trustworthiness and Transparency
3. Collaboration
4. Empowerment
5. Humility and Responsiveness
6. Peer support

Procedure: A staff member presents the aforementioned information. We have created a document that they can use as a guide and which mentions the 6 principles of TIC. Then participants are encouraged to discuss their thoughts and feelings about the case in an honest but respectful way. The facilitator/s try to ensure that people feel psychologically safe and are encouraged to understand patients' behavior using the 6 principles. The meetings take place monthly and last for an hour.

Participants: all members of the MDT are invited including psychiatrists, psychologists, nurses, link workers, peer support workers and admin staff. On average 8-10 people attend the meetings and are all encouraged to contribute. Unfortunately, patients don't attend these meetings because we want to ensure that staff feel able to reflect on their true experience of the patient.

Results

20 case discussions have been offered and staff is encouraged to bring them back to the meeting with updates.
Some of the staff feedback was:
"Thank you, after the discussion I felt as not holding the patient on my own. We were holding him as an MDT"
"I realized that her behavior wasn't about me but about what I came to represent"
"It was good listening to how other people felt about the patient. I thought that it was me that couldn't manage."

Case example

Mr M was a 49 year old man who was tortured in his country due to his political beliefs and sexuality. After his release, he felt rejected by his peers due to the latter and experienced a lot of physical pain. He came to the UK and was granted asylum 5 years ago. He lived in a third floor council flat without lift in an area with many people from his community. He said that he was targeted due to his sexuality and couldn't go out because of the pain. He started self harming and reporting suicidal ideation. Staff found him verbally abusive and didn't want to work with him. His current worker presented the case saying that he made her feel intimidated and panicky.

We tried to understand his behavior using the TIC principles of safety and empowerment both for Mr M and his worker. We also considered the importance of collaboration within the team and with other teams. The whole MDT started being involved with Mr M reinforcing the importance of respectful communication. His self harming reduced and was supported to engage with other agencies in a better way and secure a more suitable flat in another area, which helped him settle.

Discussion

Case presentations draw on TIC principles. These frame a discussion which explores the connections between prior experiences of trauma and current difficulties and relationships (including interactions with staff). This brings the MDT multiple perspectives together and enables the team to see the patients behavior through a different, more empathic lens and reframe their work together.

Conclusion

Promoting TIC in services that see people with high complexity and have high levels of staff burnout can be challenging. In MINT we have achieved this by putting the principles of TIC in the heart of our case discussions. We have noticed that this has impacted both patient care and staff morale in a positive way. Furthermore, it has contributed in a noticeable shift in staff's language and their engagement in complex therapeutic work.

References

[1] Launer J. *Postgrad Med J* 2016;92:245-6
[2] Kjaer NK, Stolberg B, *et al.* Collaborative engagement with colleagues may provide better for 'heart-sink' patients. *Ed Primary Care* 2015;26;233-9
[3] Infographic: 6 Guiding Principles To A Trauma-Informed Approach | CDC

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