

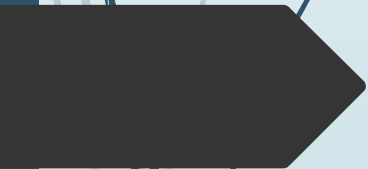


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Safety in case-taking

A trauma-informed journey from outside to inside to outside

AHMC 2021





Aims for today:

- ▶ Refresher on case-taking principles
- ▶ How this sits with trauma-informed care
- ▶ The role of unprejudiced observer and safety in case-taking
- ▶ Clinical implications
- ▶ How to keep your clients and self safe

Introduction – Sue's story



- ▶ It's the challenges in practice that lead to the most powerful lessons and practitioner development.
- ▶ OR
- ▶ Through challenge comes growth



My clinical practice

- ▶ Homeopathy and mental health
- ▶ Credentialed mental health nurse
- ▶ Diverse clinical presentations and referrals
- ▶ Mental health consults – trauma-informed hat firmly on
- ▶ Reflective practice – enquiry around safety in homeopathic case taking



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Homeopathic case-taking

- ▶ *As homeopaths we have a window to understand a human being...we have a capacity to understand human nature differently, unique and probably greater than any other type of biological science. Through my study of homeopathy, I think I understand better the human being than to study philosophy or reading the best philosopher, or a psychologist, or a sociologist...([Saine, 2004](#)).*
- ▶ *Homeopathic case-taking is deeply therapeutic*
- ▶ *The inside comes to the outside*
- ▶ *The weaving of the dance can be transformational*



Case-taking is...

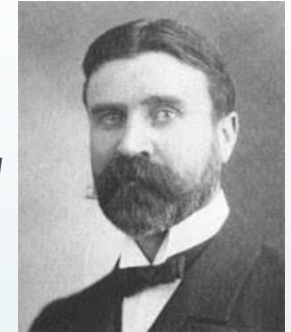
- ▶ *The process of perceiving and recording the inner experience of the patient (Sankaran)*
- ▶ *It painstakingly brings forth an image which represents in its essence a particular vision of reality (Vithoulkas)*
- ▶ *...which expresses the pathological disturbances on the dynamic plane and it is only by accurately and completely eliciting the totality of symptoms that the inner disturbance can be comprehended...it is a living expression drawn out of the most intimate and meaningful regions of the patient's life...it painstakingly brings forth an image which represents its essence in a particular vision of reality ([Vithoulkas, 1990, p. 171](#)).*

Hahnemann's aphorisms



- ▶ § 83: Individualising examination of a disease case ...demands nothing of the medical-art practitioner except freedom from bias and healthy senses, attention while observing and fidelity in recording the image of disease.
- ▶ § 84: The physician sees, hears and notices through the remaining senses what is altered or unusual about the patient...
- ▶ §84: Keeps silent, allowing them to say all they have to say without interruption, unless they go off on side issues...
- ▶ §89: And only after the person has finished freely relating pertinent information...should the physician ask more precise and specific questions if more information is required.

Objective of case-taking



- ▶ *To elicit the totality of symptoms on which a prescription is based (Close/Roberts)*
- ▶ *To clearly trace the true picture of the disease and bring out the individual features (Sankaran)*
- ▶ *Gentle catalytic process to draw out the 'inner essence of the inner pathology' (Vithoulkas)*
- ▶ *To find the central disturbance which is often hidden by features of peripheral pathology (Sankaran)*

Contemporary masters

- ▶ Case-taking is a tool to go beyond the external listing of symptoms to a deeper place representing the disturbance at a dynamic level



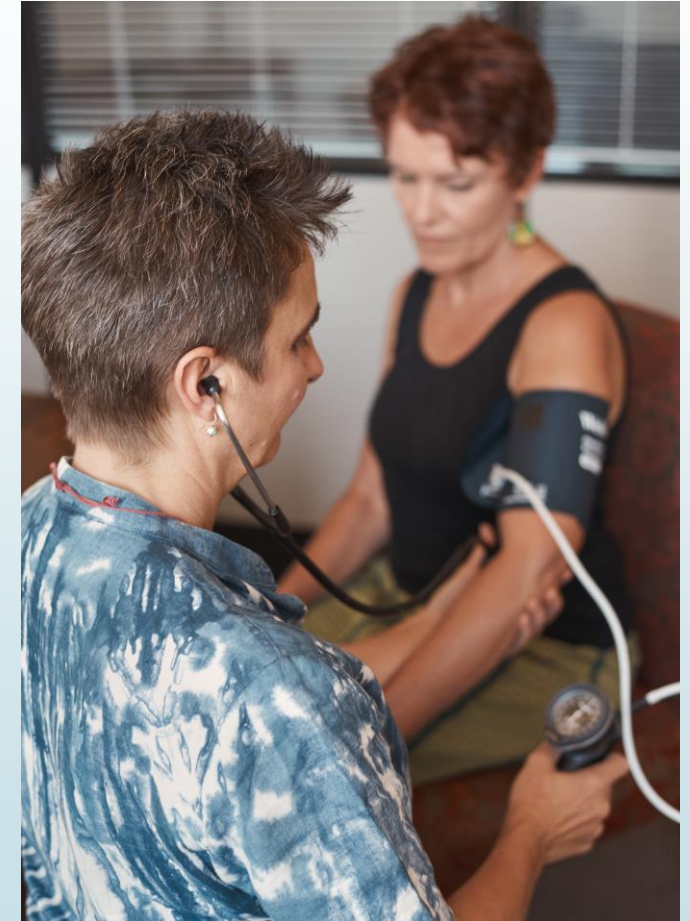
How do we take a case?

- ▶ § 3 the role of the physician is to clearly perceive what is to be cured in diseases and in each single case of disease
- ▶ § 211 that the 'state of disposition' determining the selection of remedy should be based on characteristic symptoms that can be 'least concealed from the observant physician' ([Hahnemann, 2001](#))



How do we take a case?

- ▶ Homeopath's own persona and skills
- ▶ Freedom from prejudice
- ▶ Observation:
...to look without judgement, to witness without analysis; you observe things as they are without prejudice (Sankaran)
- ▶ Individual expression of symptoms



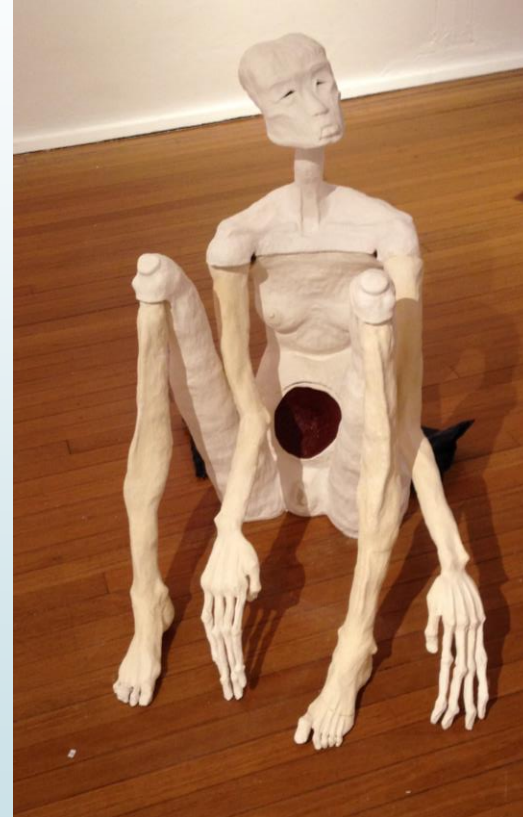
Connection

- Generative attention – people can come to their own conclusion about disease causation



Observation skills critical for safety

- ▶ Detection of early warning signs of emotional dysregulation allows you to take steps to support the person to settle, to keep them safe.





What is trauma?

- ▶ “Psychological trauma is an affliction of the powerless...the victim is rendered helpless by overwhelming force...Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning...generally involve threats to life or bodily integrity, or a close personal encounter with violence or death” (Herman, 2015, p. 33).
- ▶ “Trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain and body. This imprint has ongoing consequences for how the human organism manages to survive in the present...it results in a fundamental reorganisation of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.” (van der Kolk, 2015, p. 21).

Impact of trauma

- ▶ Profound and lasting changes in physiological arousal, emotion, thinking and memory.
- ▶ Survival mode: hyper-vigilance, permanent alertness, poor sleep etc. – as if the danger might return at any time



Trauma-informed care

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Trauma-Informed Care (TIC)

It's about asking what's happened to a person, not what's wrong with them.

TIC is a strengths-based framework, which recognises the complex nature and effects of trauma and promotes resilience and healing.

5 KEY PRINCIPLES:

Safety

Creating areas that promote a sense of safety.

Trust

Providing clear and consistent information.

Choice

Providing options for treatment and care.

Collaboration

Maximising collaboration between health care staff, patients and their families.

Empowerment

Building upon a patient's strengths and experiences.

THE FOUR R'S OF TIC

REALISE

All people at all levels have a basic **realisation** about trauma, and how it can affect individuals, families, and communities

RESIST RE-TRAUMATISATION

Organisational practices may **compound trauma** unintentionally; trauma-informed organisations avoid this.

RECOGNISE

People within organisations are able to **recognise** the signs and symptoms of trauma

RESPOND

Programmes, organisations and communities **respond** by practising a trauma-informed approach

UNIVERSAL SCREENING



Prevents misdiagnosis and inappropriate treatment planning

“ Trying to implement trauma-specific clinical practices without first implementing trauma-informed organisational culture change is like throwing seeds on dry land. ”

Sandra Bloom, Creator of the Sanctuary Model

www.70-30.org.uk
@7030Campaign



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5 Principles of trauma informed practice

- ▶ Safety and stabilisation
- ▶ Trustworthy practices
- ▶ Choice
- ▶ Collaboration
- ▶ Empowerment

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TIC - Safety

- ▶ Environment needs to ensure physical and emotional safety
- ▶ Awareness of non-verbal cues
- ▶ Knowledge about trauma
- ▶ Knowledge about the person's triggers
- ▶ Prevent hyper or hypo arousal
- ▶ Use strategies to keep people within the regulation zone.

Case - anxiety





Trauma-informed homeopathy

- ▶ Helpful to look beyond the behaviour to see the traumatised person underneath.
- ▶ Holistic healthcare tailored to the individual
- ▶ Safe disclosure of information
- ▶ Medicines most similar for acute exacerbations
- ▶ Medicines for the chronic state

Question

- ▶ Who in this room has had clients with a history of trauma?



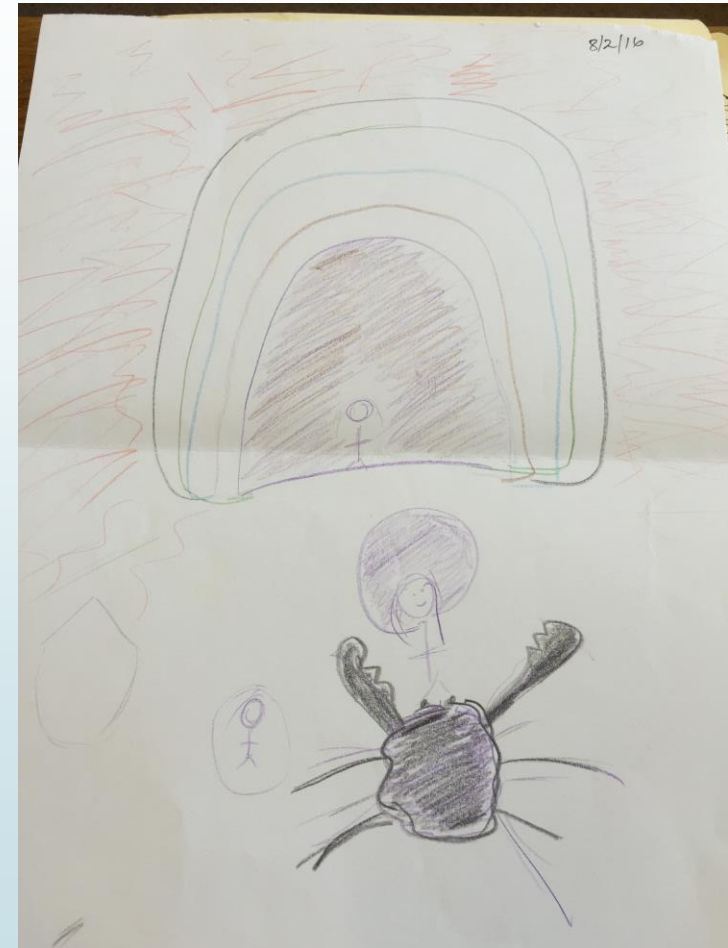


Trauma sensitive case taking

- ▶ Emotionally healthy and resourceful practitioners
- ▶ Validation of their experience
- ▶ Respectful boundaries
- ▶ Avoid probing questions about traumatic experiences
- ▶ Discuss safe disclosure
- ▶ Prevent re-traumatisation

Other ways to take a case

- ▶ Ask about the impact of the events rather than the events
- ▶ Explore how events affected them or how they reacted
- ▶ Explore other avenues to understand the central disturbance – hobbies, interests, dreams, fears
- ▶ Use art or illustrations of feelings and experiences
- ▶ Potential of other paradigms of case taking



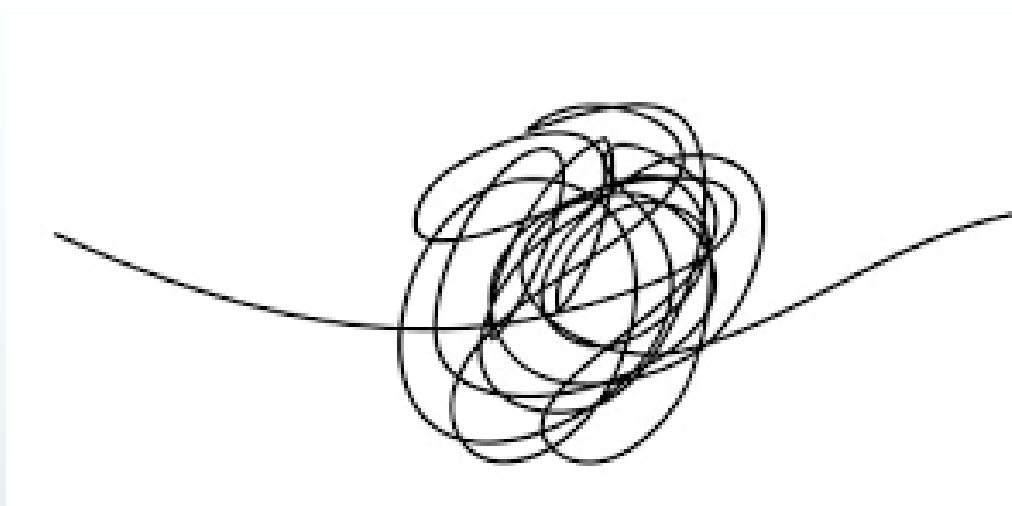
Sensation-style

- ▶ Entering the case through the chief complaint and other entry points
- ▶ Observe repetition of words, themes, hand gestures
- ▶ Hone in on these to access the central disturbance.



Safety: case study





Overwhelm
All or nothing
Insurmountable pain
Chaos
Deadline
Open mouth gasping
Isolated
Alone
Terrified

Violent
Dangerous
Stuck
Trapped
Caged in
Worthless
Hopeless
All for nothing
Doomed to fail

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Duty of care for homeopaths

- ▶ Evidence based practice
- ▶ Integrated healthcare
- ▶ Codes of Conduct: AHA, AROH, ACCC
- ▶ Referring on
- ▶ Documentation
- ▶ Supervision
- ▶ Boundaries
- ▶ Safety



Conclusion

- ▶ Homeopathic philosophy holds the value of the 'unprejudiced observer' as essential to understand the unique expression of symptoms in every case. However, when someone has a history of trauma, care needs to be taken to ensure safe disclosure so that the person does not experience re-traumatisation.
- ▶ Homeopathy is holistic in its approach and we do not separate the mind from the body. We aim to treat the unique expression of alterations in health in each person, making it an individualised form of treatment. In theory, this makes it a good healthcare option for people with a history of trauma. However, because of the complex impact of trauma for many people, care has to be taken in homeopathic case-taking to ensure the physical and emotional safety of the client.



Questions & discussion

► What do you think?



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