Interview on Mental Health and Trauma with Dr. Agnes, a provider

0:01 **Elyse**: Hello. My name is Elyse and I'd like to welcome you back to Rising from the Ashes: Trauma Talks, a podcast series brought to you by UB School of Social Work, The Institute on Trauma and Trauma-Informed Care. This series provides and opportunity for individuals to share their witness of how strength and resiliency has allowed them to rise from the ashes. Trauma Talks follows people who have both worked within the field of trauma as well as those who have experienced trauma. Here we will reflect on how Trauma-Informed Care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today, I'm joined by Agnes. Agnes is a general practitioner psychotherapist. On behalf of the Institute we would like to talk you for being here today and sharing your story with us.

0:59 **Agnes**: Thank you for having me.

1:00 **Elyse**: I'm going to let Agnes being with giving you, the audience, a sense of what the field of GP psychotherapy entails.

1:07 **Agnes**: GP psychotherapist in Ontario are family physicians who have done extra training in counseling and spend the majority of their time doing counseling on a varied patient population.

1:18 **Elyse**: So, when you say counseling, could you maybe expand a bit more about what your practice looks like?

1:23 **Agnes**: My practice encompasses patients from age 16 to 85. The type of counseling that I perform is quite varied. It may include simple supportive counseling, it may include cognitive-behavioral therapy (CBT), it may include interpersonal therapy, it may include also something deeper that we refer to as psychodynamic therapy. In the last 10 to 15-years we also have incorporated a lot of mindfulness-based approaches as we recognize both in research and in practice that they have a tremendous impact on the patient. In addition, being a family physician by training, I also include emphasis on diet, exercise, and we look at the patient's medical profile and any other illnesses, which maybe impacting overall on the patient's well being.

2:16 **Elyse**: Wow. So Agnes, how did you decide that you wanted to practice in this field?

2:22 **Agnes**: Well, I began as a family physician and for 10 years I would be performing traditional medicine tasks, however, about 30% of my time was spent in counseling itself. As time went by I recognized there was a great need for this type of work. We had very little access to that in Ontario because we were under serviced in both psychiatry and GP psychotherapy and so I decided after a 10-year period to switch full-time into this practice and I have been doing GP psychotherapy work for the past 16 years.

3:00 **Elyse**: What about working with clients in this type of environment do you really love? What for you takes you to work each day?

3:07 **Agnes**: I really, truly look forward in the mornings to going to the office. I look forward to hearing patients' stories. I look forward to collaborating together on a strategy for health and wellbeing. I really feel privileged to be involved in the patient's personal health journal recovery and I enjoy seeing people get better and function in a more optimal manner. It is extremely gratifying on a regular basis.

3:41 **Elyse**: Great! So it sounds like what draws you to this field is the collaborative aspect of working with clients, seeing their journey, and witnessing their empowerment. So it kind of sounds like what you're describing is an aspect of trauma-informed care and what trauma-informed care does is ask individuals and service providers to stop asking what is wrong with a person and move toward asking what has happened to this person. Fallot and Harris talk a lot about this shift as an embodiment of the five guiding principles of trauma-informed care where safety, trust, choice, collaboration, and empowerment are tools that service providers can use to provide a more trauma-informed practice. So, Agnes, I'd like to begin by asking you a little bit about what safety, both physically and/or emotionally, means to you as the provider.

4:41 **Agnes**: Well, first of all, we understand that a safe environment is very important for clients regardless of what type of trauma they've experienced and what type of psychological or psychiatric issues they come in with. In my particular office we try to provide a very calm, soothing environment. We always have background soft music playing during the interview. The office setting itself is not a purely medically dedicated office, it has other professionals in it and so patients coming in don't feel that they are labeled as patients or specially trauma patients. No numbers are given out. They are in fact treated as clients who are coming into an office setting. This provides a degree of anonymity and interestingly this actually gives a sense of safety to the client. The other ways that we address safety is through, particularly in the first session, discussing the importance of confidentiality so the client understands that their information is safe and it can only be provided to other parties with their written consent. In addition, being an MD, a medical doctor, there is also an understanding that we take an oath, the Hippocratic Oath, to do no harm and so I think inherent in seeing the physician, there is also a sense of safety that that person will be looking out for your best interest.

6:02 **Elyse**: Thank you for sharing that. So when a client walks into your office, how do you hope they will feel amidst that kind of physical safe environment that you've created?

6:12 **Agnes**: It is something actually we address in the first session. We talk about creating a safe boundary around them and we speak about them feeling comfortable enough to be able to speak their truth and in a way to hand-over some of the information, the emotions and for us to be able to catch it in a manner that is both comfortable and comforting for them.

6:35 **Elyse**: So it also sounds like you're talking a little bit about building trust with clients.

6:39 **Agnes**: That's right.

6:40 **Elyse**: So in terms of thinking now more about trust and safety intersecting, how do you specifically target the trust aspect?

6:49 **Agnes**: Well, trust is not instantaneous in patient-therapist situations. It's something that is built upon layer by layer. In a way it happens organically. We do touch on it to bring it out into the spoken sphere with the patient, most of the time though it's something that happens naturally as a therapist moves through various sessions with the client. One way to build this is to ensure that the client is aware that they can at any point in time stop the session if they're not comfortable with certain topics, they can ask the therapist to direct into areas where they do feel safer or more comfortable. So in fact to make the client/patient feel that they are equal partners in the dialogue of their healing journey.

7:49 **Elyse**: So that also sounds a bit like choice in that you're giving your clients choice in the direction of their relationship with you and the services they receive.

8:00 **Agnes**: That's absolutely correct. We view the client and the patient as educated consumers of all the options we have to offer and we are very clear in providing options to patients once a full history is taken and a diagnosis is made, the treatment plan is discussed collaboratively with the patient and options are discussed. For example, one can discuss very openly and clearly what type of treatment the patient will be undergoing. Whether it's more CBT focused or whether it's going to be taking on deeper more psychodynamic focus. In addition, being a physician we also prescribe medications for clients that require it and discussion around medication is always very open and collaborative. Usually more than one medication can be appropriate in most cases and so a client is given choices and is asked to go an research them since so much information is available on the internet and then come back and have a really thorough discussion of risks and benefits of each medication and often is given the choice between one or two in the end. So this is very much a patient or client driven experience.

9:15 **Elyse**: And now, in that experience, if you had a trauma survivor coming to you, what in your communication, language with them would help them to understand that they are safe in this environment and what helps you to make sure you're not re-traumatizing them in any way?

9:35 **Agnes**: With patients that present with significant trauma experiences this is labeled quite early on and the physician is probably more careful in terms of what words are used in referring to the experiences. A physician also would, on a consistent basis, check in with the client, whether they are comfortable with the direction that the counseling is taking and gives, empowers the client, the patient, to have the ability to say, "stop" or "continue" or "can we take a break?" So, particular attention to the words, we know that words have a tremendous impact on both conscious and sub-conscious processes with trauma patients and empowering the patient in the relationship, knowing that they have been through experiences where power was taken away from them is very important.

10:39 **Elyse**: So words are very important, language is important to you. Are their any other aspects of your practice that you can identify that you feel very important in making sure the client knows that they're entering into an empowering, safe, collaborative space?

10:56 **Agnes**: I think body language, tone is very important. So much of communication is non-verbal. I think those would be the other areas. I think also putting on the table periodically the fact that we are both on the same side and that there maybe times when uncomfortable topics are

broached, but they're usually done in a way that is meant to be helpful. Reminding the client that the therapist, the physician is coming from a place of kindness and wanting to help and that, in fact, they are not an aggressor. So, really vocalizing or verbalizing some of the potential traps that one can fall into with trauma patients really actually helps in session in terms of their healing journey.

11:52 **Elyse**: So, when you're talking about potential traps that you could fall into when working with trauma patients, could you speak a bit more specifically to what that can look like when a trap might appear from a trauma patient perspective and how you would counteract that and make sure they felt safe with you?

12:14 **Agnes**: Yes, sometimes physicians will ask the patient to recount the trauma history in a great detail and this can in fact result in a re-traumatization in session of the patient. So this is one area where one has to be very careful when one even takes the initial history is to go very, very slowly, subtlety, and gently and recognize that it may take some time before the patient is able to disclose the full extent of their trauma. So that would be one area. The other one is trauma patients can be triggered by certain words, by certain sounds, scents, even facial expressions, body language, and if that were to happen in session to use that to educate to the patient, but also to reframe for the patient that they are in a safe environment. These would be two examples.

13:10 **Elyse**: Now, thank you for sharing about what it looks like in your practice while your working with the patient, how these five principles are embodied there. So, what I'm wondering is if we can also talk about, since you're in the unique position of being in private practice, how you went about choosing the location of your office and how patients who might be entering into this new space, how they may feel interacting with the building that your in. How did you account for that in choosing your space?

13:45 **Agnes**: Well, I made a conscious decision not to be in a medical building because frankly most of them, in Ontario anyhow, aren't terribly friendly, they are somewhat institutional and waiting rooms tend to be very large with a mixture of lots of different types of patients and so my building actually look a little bit more like a corporate building, but it has a warm atmosphere and I believe it's quite welcoming. The staff in my office, the first person really that a new client or patient would meet, are exceptionally well trained and very sensitive individuals, very friendly and warm, non-judgmental and I think that that creates a good first impression.

14:28 **Elyse**: So the first impression would be the receptionist?

14:31 **Agnes**: Correct

14:32 **Elyse**: So have you had any conversations with the receptionists about how to communicate with your clients in a specific way?

14:40 **Agnes**: Yes. The receptionists are all aware of the type of work that I do. They have a degree of sensitivity to the various patients. An example would be, patients come in and they are

looking a little pale or unwell or nervous, each patient is actually offered either water or a cup of tea or a cup of coffee depending of their preference.

15:04 **Elyse**: Thanks for sharing that. To finish off, for yourself, how do you make sure when you are working in your practice that you keep yourself safe, cared for, able to show up when you need to? How important is self-care in working with trauma to you?

15:24 **Agnes**: Well self-care is extremely important. I think physicians and therapists certainly need to heal themselves first and need to be fairly whole to be able to do this type of work. Personal level, I am committed to a healthy diet and exercise program. I also take time to commune with nature and have quiet time for personal meditation and my own mindfulness practice. I find conferences very stimulating, but also important to network with others and step away from the office setting into a more academic setting. I'm also involved as an examiner for the college, which keeps me on my toes and keeps me in-tune with new graduates and newly licensed physicians. So all of these things are important, they take care of physical needs, emotional needs, cognitive/academic needs, social networking needs, these are very important, but I think that what centers me the most really is just a very happy, satisfying family life, which includes my husband and my five children.

16:34 **Elyse**: Thank you for sharing that. Do you have any final words about trauma-informed care for any other service providers who may be listening and wondering why it's so important in a private practice for a GP psychotherapist?

16:48 **Agnes**: As a family physician I quickly recognized that most patients have experienced some form of trauma in their lives. Those that were more resilient didn't even perceive it as such, but a good proportion of our population in southern Ontario where I practice, I'd say about 30%, had experienced significant enough trauma to have subsequent psychological or psychiatric issues and I think that it is important to be attuned to this as both a physician and a counselor and to recognize that it really, truly is not about what actually happened, it's really about the story that the patient has created about it and therefore the actual experience for the individual themselves. That's the primary issue.

17:45 **Elyse**: Great words. On behalf of the Institute we'd like to thank you for participating in the podcast.

17:51 **Agnes**: Well thank you very much for the opportunity to speak and interact with you.