

# Integrating Trauma-Informed Practices into Reproductive Health Services

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Family PACT



California PTC



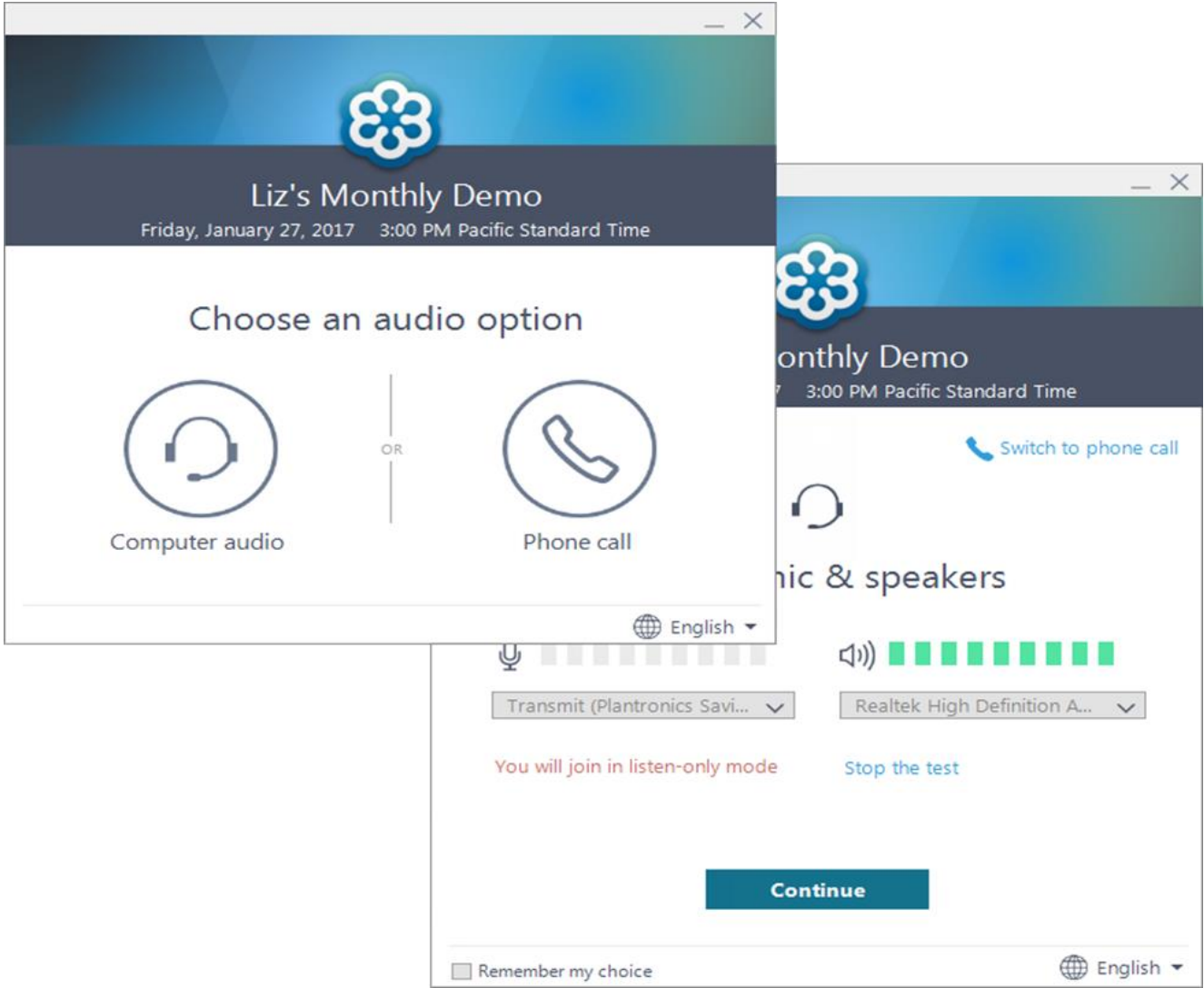
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# GoToWebinar Housekeeping: Set Up Audio



# GoToWebinar Housekeeping: What Attendees See

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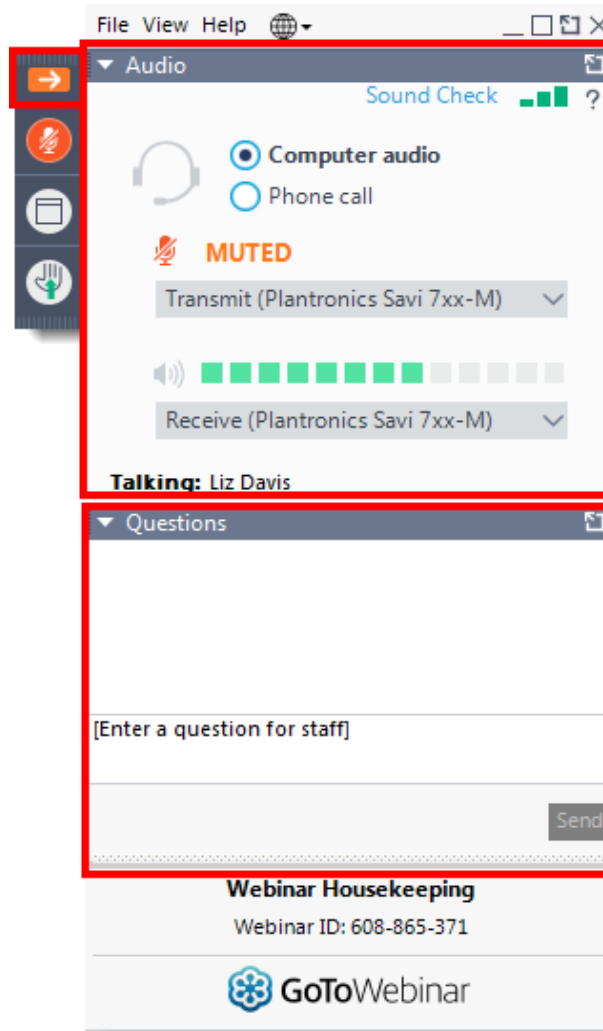
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- Audio:** Includes a "Sound Check" indicator, radio buttons for "Computer audio" (selected) and "Phone call", a "MUTED" status, and dropdown menus for "Transmit (Plantronics Savi 7xx-M)" and "Receive (Plantronics Savi 7xx-M)".
- Talking:** Shows "Talking: Liz Davis".
- Questions:** A section for asking questions, with a text input field containing "[Enter a question for staff]" and a "Send" button.
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# Presenter

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# Outline

- » Defining trauma & triggers
- » Principles of trauma-informed care
- » What does trauma-informed care look like in practice?
- » Taking care of ourselves & our teams
- » Healing-centered engagement & trauma-informed systems



# Acknowledgements



**PATIENTS**



a hub of positive reproductive & sexual health  
[www.hiveonline.org](http://www.hiveonline.org)



Women's HIV Program  
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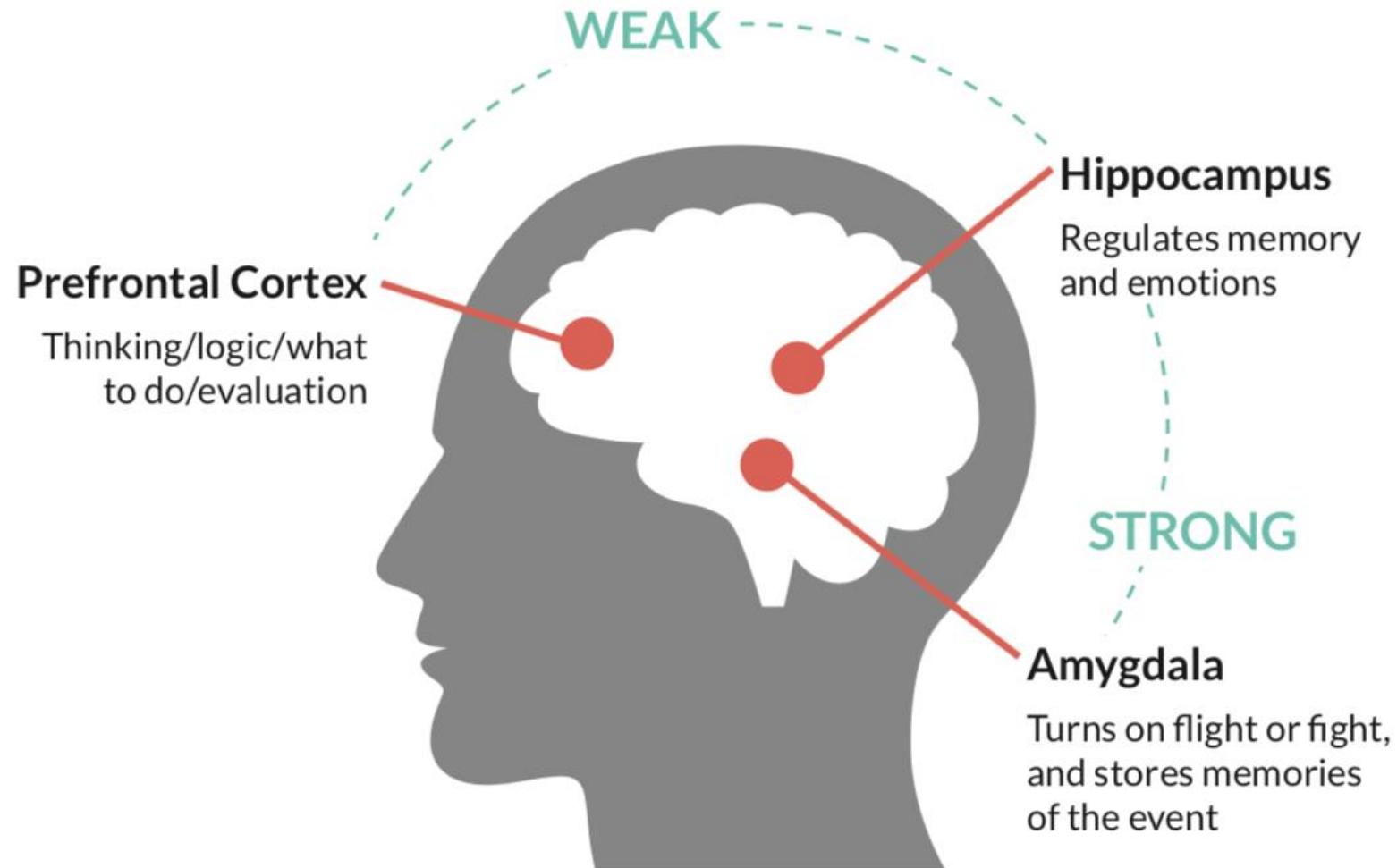


# Trauma

*Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful...that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

- » Perceptions and experiences of trauma vary dramatically
- » Trauma overwhelms our coping capacities

# Neurobiology of trauma... as understood by an OBGYN

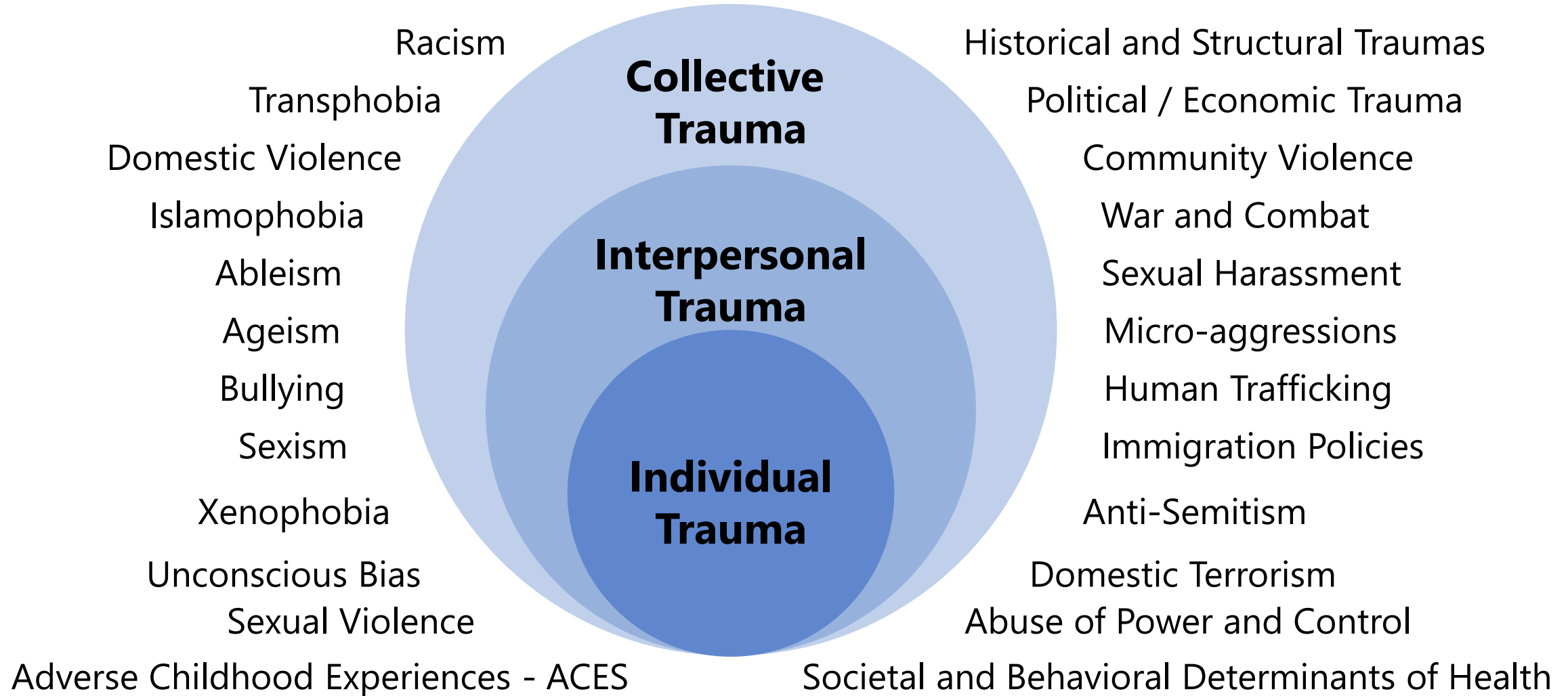


# Trauma & Triggers

- » Trigger – a stimulus that sets off a memory of a trauma
  - some can be identified & anticipated; others are subtle and unexpected
- » Dysregulation – stress response in addition to physical changes in the brain



# Types of trauma



# Health care experiences can cause trauma; medical settings can be a trigger

## » **Physical triggers**

- Touch
- Removal of clothing
- Invasive procedures/tests/exams
- Vulnerable positions
- Closed spaces

## » **Emotional triggers**

- Personal, invasive questions
- Power dynamics/loss of power
- Loss of privacy
- Coercive or or stigmatizing language
- Lack of choice

## *How can we respond?*

# Overarching principles of trauma-informed care

- » Use universal precautions
  - Reproductive healthcare may be particularly triggering
- » Welcome people into care
  - Reframe: *Where have you been?* → **Welcome back. We're glad you're here.**
- » The goal is to have a trauma-informed system, starting the moment people walk in the door

# Trauma-informed care contributes to...



Improve patient  
engagement



Treatment  
adherence



Improve health  
outcomes



# Trauma-informed care: key principles

## Safety



## Choice



## Collaboration



## Trustworthiness



## Empowerment



### Definitions

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Ensuring physical and emotional safety

Individual has choice and control

Making decisions with the individual and sharing power

---

Task clarity, consistency, and interpersonal boundaries

Prioritizing empowerment and skill building

# Trauma-Informed Care *In Action*





# Trauma-informed encounters

- » Establish rapport in a safe and respectful setting
- » Give patient power and control wherever possible
  - *Knock on the door, WAIT for response*
  - *Start when she/they is/are ready, take a break if needed*
  - *Meet patients with clothes on*
- » Listen, don't interrupt, be fully present
- » Pay attention to non-verbal cues
- » Slow down speech, be patient
- » Avoid invasive questions. Only ask questions that serve a purpose.

# The Power of Words

Stigmatizing words	Alternatives
Homeless people	People experiencing homelessness / houselessness
Non-compliant	Has significant barriers to care / taking medicines
Unfit to parent	Unable to parent at this time
Addict, abuser, junkie, user	Person with addiction, person with a substance use disorder
Clean	Substance-free, recovering, in recovery
Drug habit	Substance use disorder
Drug of choice or abuse	Drug of use
Replacement or substitution therapy	Treatment, medication
Refusing care	Declining care, unable to receive services at this time



# Trauma-informed encounters

- » Individual patient/client has choice and control
- » What does that look like in practice?



*Anytime we offer only one option, we must consider: are we thinking creatively enough to best take care of this patient? Is there any other option we can consider?*

Use shared decision making!

What message would you like to pass on to healthcare providers about working with women experiencing homelessness?

**Don't try and push anything ... if someone doesn't agree (and you push it), they will completely shut down about anything you have to say afterwards.**

## Pause.

Applying these concepts to our work is challenging.



- » *How do you feel about an unsheltered woman with psychosis who is sexually active, stating that no contraception works for her?*
- » *How do you feel about a woman who actively injects fentanyl who states she wants to get pregnant, and declines treatment for her opioid use disorder?*
- » *How do you feel about a woman who drops in and has a positive pregnancy test and syphilis test, and declines syphilis treatment because she needs to find her partner?*

**RELEASE**





# Trauma-informed encounters

## Collaboration



- » Acknowledge that she/they are the expert on their body, their past experiences, their current situation
  - *Ask: What can we do to make this experience better for you? Consider: What hasn't worked for you in the past that we can try and avoid this time?*
  
- » Ask questions rather than commands
  - *When you're ready, would you ...*
  - *May I begin the exam?*
  
- Acknowledge and validate priorities & concerns

Labs

Vaccines

How many other patients are waiting...

Prevention counseling



I really need to charge my phone

Where am I going to sleep tonight

I have a court date tmrw ...and it's going to be horrible

I hope my stuff is still there when I get back



What message would you like to pass on to health providers about working with women experiencing homelessness?

**“Housing is real and it’s hard...that is the biggest thing for everybody out here – to be homeless.”**

Ask for permission to collect multiple forms of contact info and to do outreach.



Facilitate warm hand-offs that day (when possible); know and collaborate with trusted community partners.



## Trustworthiness



# Trauma-informed encounters

- » Be consistent
- » Don't make promises that can't be kept
- » Maintain boundaries

“Empowerment” →  
person-centered care

**Empowerment**



***“Individuals feel validated and affirmed at each and every contact”***

» What does that look like?

- Affirming language
- Recognizing strengths & resiliency
- Recognizing patient/client expertise

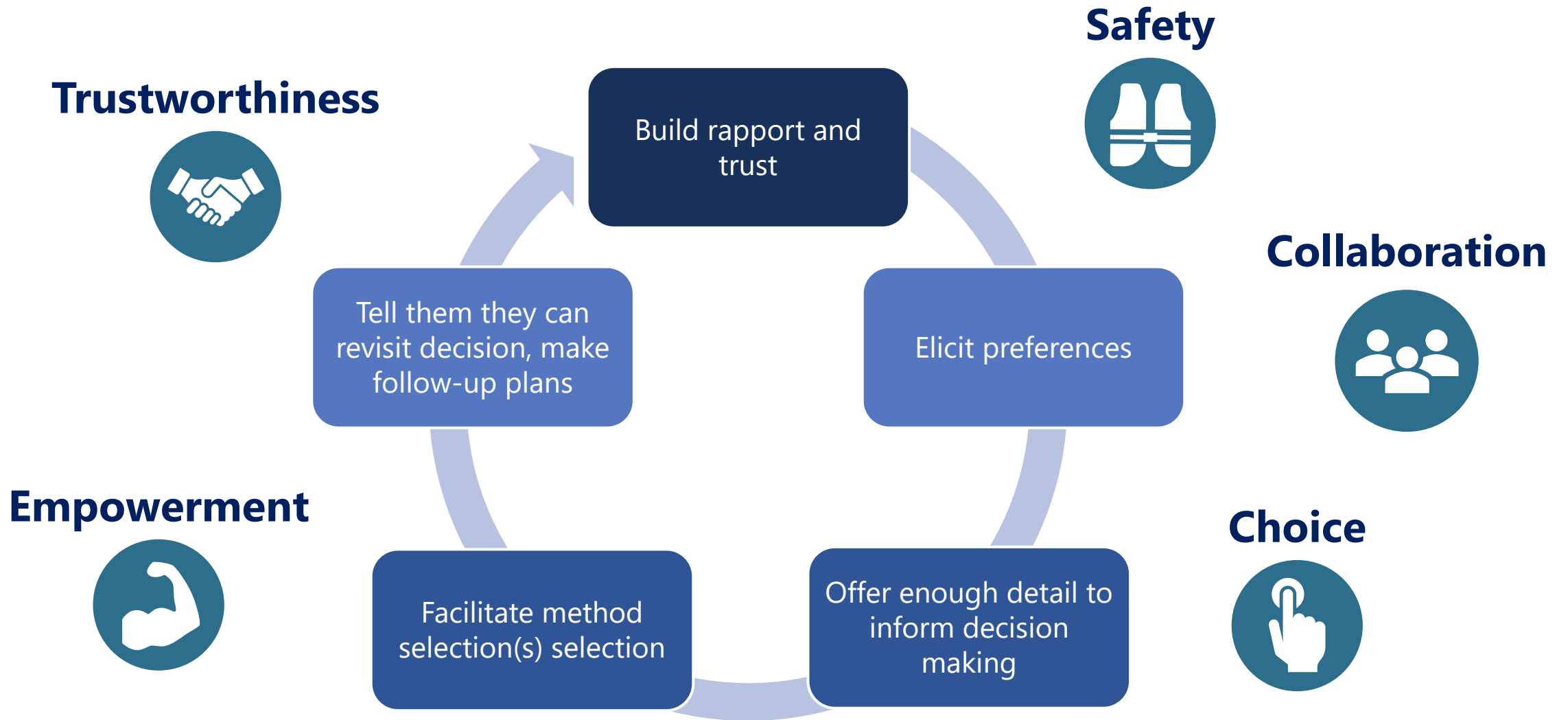
# Accepting Our Roles

*While we would all love to receive instant respect and gratitude we aren't going to get it and the sooner we accept that, the easier and more fulfilling our work will be. The youth we encounter don't owe us anything for working with them. While they appreciate our presence and willingness they are here because they need something. These youth are incredibly tough, resilient and more often than not, resistant to traditional forms of care; they are seeing us as a last resort because they can't fix this problem themselves. You will need to be accepting, humble, consistent and patient to earn their trust...*

***Nobody saves anybody else. People save themselves. Dignity and self-worth are not things we are going to give them. Self esteem is a result of their own skills, and resilience. By treating them with respect and dignity it helps create opportunities for those qualities to grow.***



# Shared decision-making is one component of trauma-informed care.

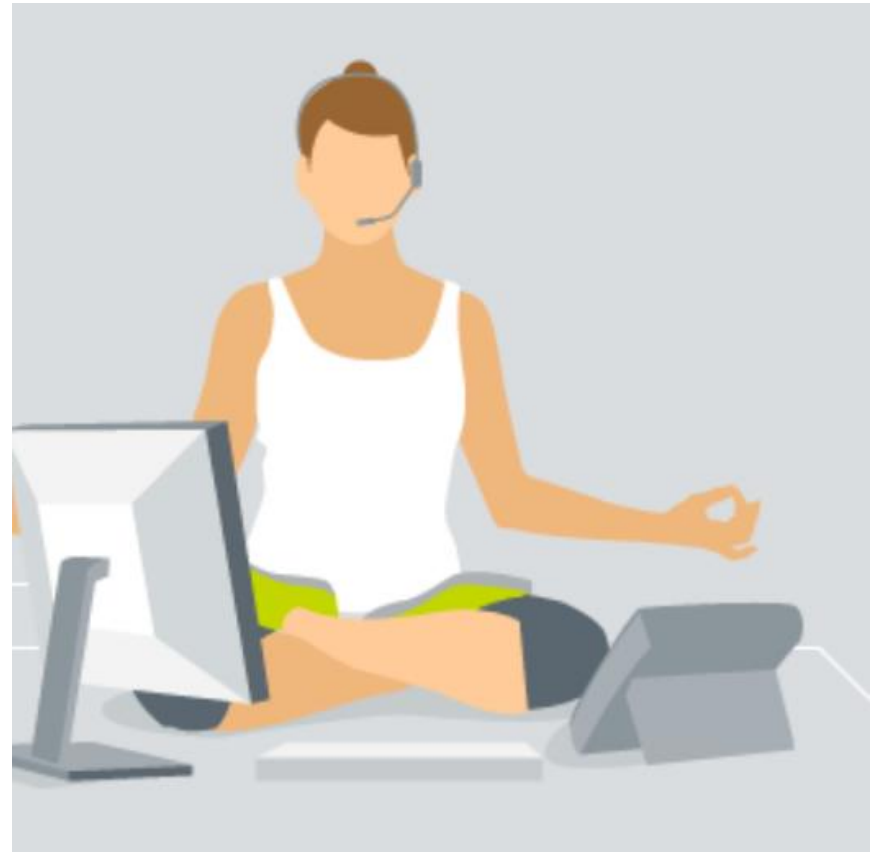


*And yet... triggers still happen.*  
**Grounding / Responding to Triggers**

- » Reassure and normalize the response – acknowledge they are responding appropriately to an anxiety-producing event
- » Use a calm, matter-of-fact voice
- » Avoid sudden movements
- » Explain what you are doing and why; stop, wait
- » Bring them back to the moment: water, taking a breath together, taking a walk



# How do we respond?



# Taking care of ourselves & each other

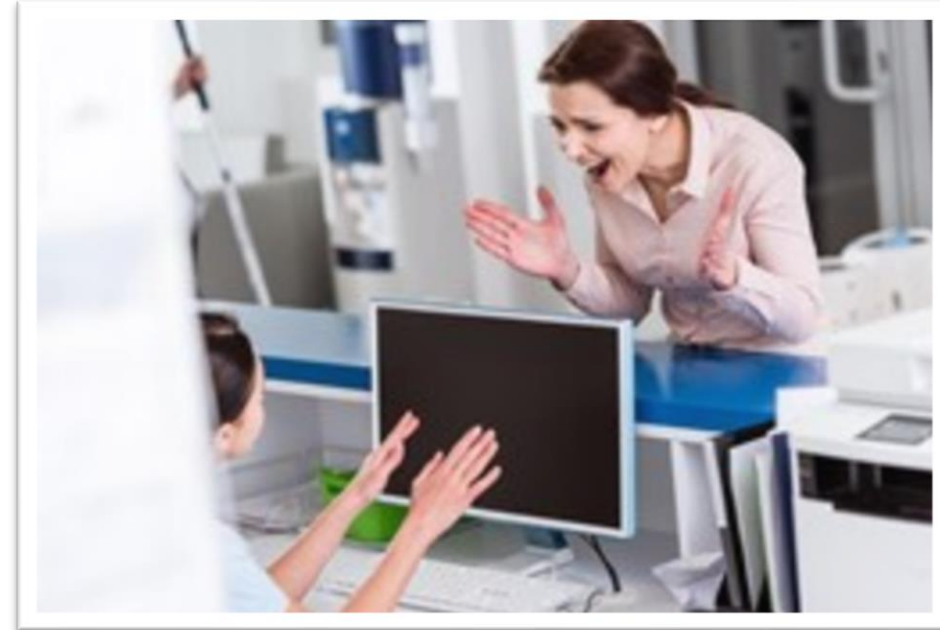
*How do you take care of yourself and your team at work?*

- Take a walk
- Drink water
- Breath
- Lotion
- Stress balls
- Music
- Snack
- What else?

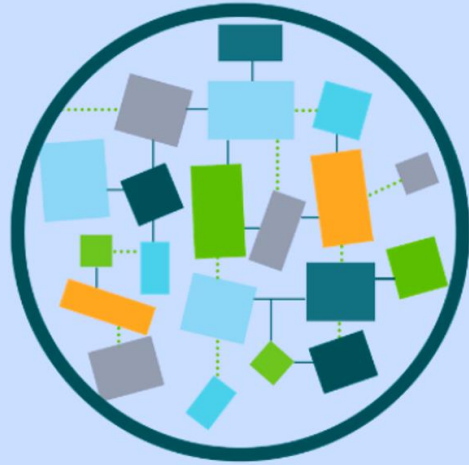


# Trauma & triggers in the healthcare setting are not limited to patients.

- » Secondary trauma, and personal histories of trauma, shapes staff & providers' approaches to and interactions with patients
- » Self care requires short and long-term attention
- » Clinical environments must have supportive policies and practices that prioritize staff well-being

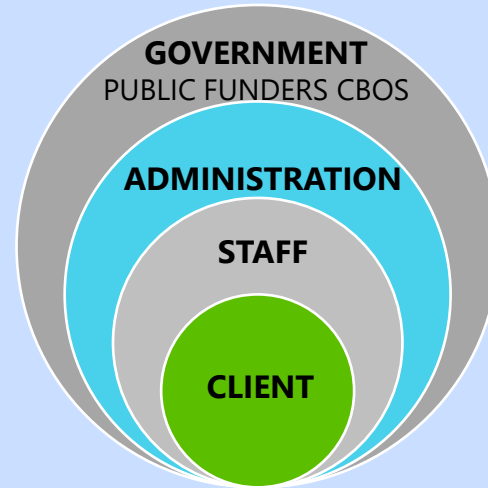


# Transforming Our Organizations



## TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us. vs. Them
- Inequity
- Authoritarian Leadership



## TRAUMA-INFORMED

- Understanding of the Nature and the Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression



## HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING

# Trauma-informed care → healing centered engagement

- » *"I am more than the worst thing that happened to me"*
  - Trauma-informed care can be a slippery slope to deficit-based thinking
- » Healing centered engagement – developed by Dr. Shawn Gingwright
  - Highlights importance of collective trauma and therefore need for a collective response
  - Only treating individuals → miss opportunities for advocacy & structural change
  - Suppressing symptoms of trauma is limiting; also need to focus on healing, strengths, and wellness

# How can we improve care for people experiencing homelessness?



**PROVIDERS**



**CLIENTS**



# Take-aways

- » Healthcare can be a traumatic / triggering environment
- » Welcome patients into care
- » Focus on trust-building, collaboration, and respect
- » Take care of yourself & your team

# Resources

Trauma-informed care

<http://www.traumainformedcareproject.org/resources.php>

Trauma Transformed <https://traumatransformed.org>

Shawn Gingwright, Healing Centered Engagement <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

Homeless Youth Alliance <http://www.homelessyouthalliance.org/programs/>

ACOG Trauma Informed Care <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/04/caring-for-patients-who-have-experienced-trauma>

National Healthcare for the Homeless <https://www.nhchc.org/about/>

SAMHSA <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

# Thanks!

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