

Whole Person Care: The Essential Role of Community Health Workers & Peers

February 13, 2020

SMALL GROUP ACTIVITY

Breakout Session B: Organizational Practices to Advance Trauma-Informed Care

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Small Group Activity #1:

Considering the organizational culture components of the TIHC model (Foundation and Environment) on the back of this page,

- 1) What are some trauma-informed practices that your agency/organization is already doing?
- 2) What are some trauma-informed practices that your agency/organization could use to improve your organization's culture and support for staff?
- 3) What is a practical next step that your agency/organization can take toward incorporating trauma-informed care?

Small Group Activity #2: Staff Vignette

Maria is a community health worker at a community health clinic in which many of the patients have past and/or current trauma. Maria is Native American, English-speaking, cisgender, heterosexual and is married with two young adult children, and is in her late 40s. She has been working at the clinic for 1 year. She is well-liked by patients and staff because she is down to earth, calm, and compassionate. She has a significant trauma history of her own that includes Intimate Partner Violence (IPV) from a previous relationship in her 20s. She is able to share her own experiences of trauma and discrimination appropriately with patients so that patients feel validated and connected to her.

Maria has been working with a young pregnant Latina bilingual (English and Spanish-speaking) woman who reports that she is experiencing intimate partner violence from her male partner. The patient reports that her partner tends to be emotionally abusive when he is drinking (approximately 2-3 times per week), and recently he became physically abusive toward her. The patient does not want to leave the relationship, because she is both scared of her partner and she loves him. Maria works with the patient to create a safety plan of who to contact and where to go if she needs to leave her home to get away from her partner. Maria reports to her co-workers and supervisor that she is very worried about her patient and can't stop thinking about her. She calls her every day to make sure she is okay. Maria is having difficulty sleeping at night and she has had nightmares about her patient getting hurt. She has even said that she wishes she could take the patient into her home so she could make sure she is safe.

- 1) What do you imagine might be going on in this situation in terms of trauma reenactment, vicarious trauma, compassion fatigue, etc?
- 2) What are some ways that regular trauma-informed supervision could support Maria with this patient?
- 3) What are some self-care resources that may be beneficial to connect Maria with?

Trauma-informed Health Care



Machtinger, E.L., Davis, K.B., Kimberg, L.S., Khanna, N., Cuca, Y.P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues*, 29(2), 97-101.