Course Toolkit

Tools for Trauma-Informed Relationship Building

1 Provide Space

- **Schedule an extra 10 minutes to allow time for connection.**
- **Make your physical environment welcoming to all people.** Consider Indigenous artwork, posters/ stickers promoting Indigenous cultural safety, 2SLGBTQI+ rights, etc.
- **Make space for introductions and relationship-building in a positive way, beginning with consent:**

> "Can I ask you some questions to get to know you?"
>
> **If yes:** "Tell me about yourself." For some Indigenous patients, a question like "Where are you from?" may be helpful to start the conversation.

- **Create safety:** Ask if the patient is comfortable with the door closed. If yes, close the door and ensure privacy wherever possible.
- **Invite patients to share.** Ask questions that show you value their input:

> "What would you like me to help you with today?"
>
> I would like to support you."
>
> Any traditional practices you want brought into your care?"
>
> I see that you have been referred to me for reason X. Is this also your understanding of why you are here today? Is there anything else you would like to add to today's appointment?"
>
> Has anything happened since I last saw you?"

2 Build Trust

- **Approach the patient with curiosity and kindness.**
- **Relationships start and end with trust.** Humanize, validate, and care for the patient in a way that makes them feel seen. For example, check the person's wrists and ankles for abrasions from restraints, document if problematic, and treat.

> "How are your ankles and wrists? Are the shackles causing you any harm?"

- **Be mindful of language** (verbal and non-verbal) and reflect back what you notice.

> "I am noticing that..."

- **Plan ahead:** Consult the correctional institution's health staff before meeting the patient to anticipate needs or potential stressors.
- **Assess mental health:**

> "Being incarcerated can really affect your mental health. How has your mood been lately?"

- **Validate feelings:**

> "I believe you."
>
> Thank you for sharing that with me."
>
> I am committed to working with you."

- **Acknowledge effort:**

> "Thank you so much for coming."
>
> "Thank you for sharing that with me. Your trust means a lot to me."

- **Build trust by being clear about your role and limitations.** Many patients may have a fear of change, difficulty with attachment, or a tendency to "do it alone."

> "Will you be okay if I am not at your next appointment?"
>
> "Can I write down some points of what we discussed today so you can take it with you and bring it to your next appointment in case you see a different clinician?"

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3 Give Choice and Control to the Patient

- **Avoid assumptions.** Describe all treatment options (including no intervention) and allow time for questions.
- **Explain the rationale and steps of any examination or procedure using sensitive language.**

> "I will talk you through each step of the pelvic exam as we go. I will tell you what I am going to do before I do it. You have complete control over the exam, so if there is anything uncomfortable, please tell me to stop. We can then come up with another plan together."

- **For Indigenous patients, offer connection to Elders or Indigenous health liaisons.**
- **Acknowledge trauma from health-care experiences.** This may be particularly important for Indigenous patients who have lost trust in the health system due to colonial harms and current anti-Indigenous racism.

> "A lot of my patients have experienced trauma, including from health-care visits, so if at any point there's something you want to talk about please stop me and let me know."
>
> "I understand it's really hard to seek care while incarcerated, and you may have had negative experiences in the health system before, but I hope our time together today can help you. I'm here to make your experience a positive one."

4 Focus on Empowerment

- **With trauma comes resilience. Identify and build on each patient's strengths through collaborative care.**

Remember: Knowing why a person has been incarcerated is not relevant to providing safe and effective care. Asking can be stigmatizing, re-traumatizing, and result in loss of trust. If you have safety concerns, discuss them with the prison or jail facility before the patient arrives.

Tools for Managing Correctional System Logistics

Confidentiality

- **Strategize ahead of time to minimize privacy breaches and voyeurism** (e.g., arrange for patients to enter through back exits of the building or to wait in private waiting areas).
- **Document instances when you have refused an officer's entry** so colleagues can maintain the same standard and patients can feel supported in asserting their privacy (e.g., "I don't want the officer here. Last time they didn't come in with me.").

↗ Review strategies for informed choice and consent in First Nations, Inuit and Métis Women's Health Services

- **You are not legally required to allow correctional officers into the appointment room**; it is appropriate to decline their presence.
- **Give information or handouts directly to the patient and send a copy to the correctional health-care unit**, rather than passing materials through correctional officers. If documents must be delivered outside an in-person visit, fax them to the correctional health-care unit to protect patient privacy.

Follow-Up

- **Help patients feel comfortable with the uncertainty of follow-up scheduling.**
- **Provide a general timeline** (rather than specific dates) so patients know when to expect next steps and can advocate if that timeline is not met. Similarly, describe what the next steps entail (e.g., a string check for an IUD or IUD insertion after medication abortion).
- **Build relationships with institutional staff to facilitate timely follow-up.** Identify key contacts who can help provide continuity of care and contact them with persistence.

Continuity of Care

- **Build direct relationships with the correctional health-care unit whenever possible.**
  - Communicate directly with the institutional most responsible provider rather than clerical staff (particularly for urgent or time sensitive matters), who may not have specific medical office administrator (MOA) training.
  - Note that due to the complexity of the context and diversity of workers, it is best to ensure your messages reach the most responsible provider at the correctional institution. Your approach will depend on how well you know the health unit staff.
- **Be proactive with follow-up and document all communication attempts;** accurate charting is critical, as the process may take time and involve multiple people and contacts.
- **Support patients in understanding drug coverage options and help plan for continuity of medication after release.**

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Deepen Your Learning Resources

Laws, Codes and Rules

- ↗ The United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules)
- ↗ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules)
  - ↗ Guidance Document on the Bangkok Rules Implementing the UN rules for women prisoners and non-custodial measures.
  - ↗ UN Bangkok Rules on Women Offenders and Prisoners: A Short Guide
- ↗ Corrections and Conditional Release Act (CCRA)
- ↗ Human Rights in Action: In Prison Canadian Association of Elizabeth Fry Societies

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- ↗ 566-6: Security Escorts
- ↗ 577: Staff protocol in women offender institutions
- ↗ 800: Health Services

HEALTH PROFESSIONAL POSITION STATEMENTS AND GUIDELINES

- ↗ Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Position Statement
- ↗ American College of Obstetricians and Gynecologists (ACOG) Committee Opinion
- ↗ CFPC: Working as a Physician in Correctional Facilities in Canada

Disproportionate Incarceration of Indigenous Peoples

- ↗ Beyond System Solutions: Indigenous Motherhoods and Canadian Prison Abolition Canadian Bar Association (CBA)

CANADIAN COLONIAL HISTORY

- ↗ The History of Residential Schools National Centre for Truth and Reconciliation
- ↗ Sixties Scoop The Canadian Encyclopedia
- ↗ Foster Care Crisis Statistics Canada
- ↗ The Scars that We Carry: Forced and Coerced Sterilization of Persons in Canada – Part II

CALLS TO ACTION

- ↗ Truth and Reconciliation Commission of Canada – Calls to Action 30–31
- ↗ National Inquiry into Missing and Murdered Indigenous Women and Girls – Calls for Justice (1.7, 5.14, 5.16–5.24, 14.1–14.13)

Family Planning, Indigenous Perspectives and Cultural Safety

- ↗ Indigenous Cultural Safety and Humility for Healthcare Workers – Online Course Canadian Association of Midwives
- ↗ Honouring Your Journey Fireweed Project – supporting Indigenous people navigating the abortion journey
- ↗ Strategies for Informed Choice and Consent in First Nations, Inuit and Métis Women's Health Services
- ↗ Non-Insured Health Benefits (NIHB) Program
- ↗ San'yas Anti-Racism Indigenous Cultural Safety Training Program

DISCOVER MORE OF INDIGENOUS PEOPLES' MEDICINE

- ↗ The Canadian Encyclopedia
- ↗ British Columbia's First Nations Health Authority

Intersectionality and Abortion Care

- ↗ Abortion Care for People in Correctional Facilities in Canada Wellness Within
- ↗ We All Have a Role to Play: Increasing Access to Abortion Care in Canada UBC CPD
- ↗ Abortion Access and Indigenous Peoples in Canada

Trauma and Communication

- ↗ Trauma-Informed Care: Better Care for Everyone Canadian Medical Association
- ↗ Trauma- and Violence-Informed Approaches to Policy and Practice Public Health Agency of Canada (PHAC)
- ↗ Trauma as a Determinant of Health UBC CPD
- ↗ Indigenous Trauma and Healing Trauma Informed Education & Resource Centre

Patient Resources for Health Literacy

- ↗ Contraception OnePager and Contraception Booklet Sex & U
- ↗ Medication and Procedural Abortion Fact Sheet UBC CPD