

Tools and Resources for Abortion Providers



Beyond Abortion Care

Provide is dedicated to working with healthcare and social service partners to improve access to abortion and other stigmatized services. Based on our work with abortion providers, abortion funds and practical support organizations, we have put together some tools and resources that we think will be helpful to you. Look inside this toolkit to access quality resources we like to use and some other tools developed by Provide. To access an electronic version of this tool, scan the QR code below, or go to this link:

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index

Tools For Burnout Prevention	1
<i>Trauma-Informed Care</i>	2
<i>Burnout Prevention: For You and Your Organization</i>	3
Supporting Your Patients	4
<i>S.T.A.R. Model for Education and Referrals</i>	5
<i>Trauma-Informed Counseling Skills</i>	6
<i>Sexual Health Wheel</i>	7
Other Resources	8
<i>Working with Provide</i>	9

Tools For Burnout Prevention

Trauma-Informed Care and Burnout Prevention

Trauma-Informed Care

Trauma has the potential to impact us all and can result in traumatic stress or secondary traumatic stress. Not everybody reacts the same way to trauma - experiencing a traumatic event doesn't automatically result in traumatic stress. Get a refresher on trauma and trauma-informed care below!

Trauma and its impact: defined

Trauma

Trauma is a deeply distressing or disturbing experience that can have lasting effects on a person's physical, emotional, and mental health.

Traumatic Stress

Traumatic stress is the body's response to a traumatic event. It can manifest in a variety of ways, including physical symptoms, emotional distress, and changes in behavior.



Secondary Traumatic Stress

Also known as compassion fatigue, secondary traumatic stress is the experience of stress and trauma symptoms resulting from indirect exposure to traumatic events through the firsthand account of others.

Types of trauma



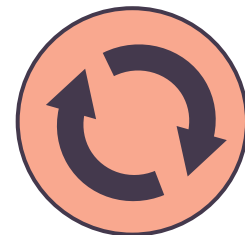
Individual trauma is a traumatic event that happens to one person.



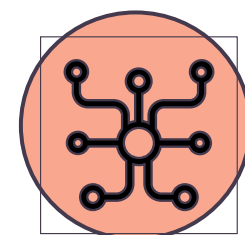
Collective trauma impacts an entire group or groups of people. Collective traumas can be caused by a variety of events including: *natural disasters, pandemics, wars, mass shootings, terrorist attacks or community violence*



Acute trauma results from a one time incident, often unexpected. Acute traumas can include: *a car accident, a death in the family or a one-time assault*



Chronic trauma is often repeated and prolonged and involves a series of events that occur over time. The effects of chronic trauma are often cumulative, building up over time. Chronic trauma can include: *domestic violence, political violence, war, physical abuse or neglect*



Complex trauma can be thought of both exposure to chronic trauma and the untreated impact of that trauma over time. Complex trauma often involves multiple traumatic events, often of an interpersonal nature. Examples can include: *childhood abuse, discrimination and oppression, community violence or war*



Historical trauma is multigenerational trauma experienced by a cultural, racial or ethnic group. It's often related to major events and differs from common lifetime trauma in [four key ways](#). It is: 1) colonial in nature, 2) collective in impact, 3) cumulative across adverse events, and 4) cross-generational in transmission of risk and vulnerability

Examples of historical trauma include: *slavery, forced migration, genocide and colonization of indigenous people and the holocaust*

Traumatic and Secondary Traumatic Stress: Symptoms and Responses

Traumatic and secondary traumatic stress can show up in the same ways in the body. Here are some of the symptoms that could point to some kind of traumatic stress being experienced:

- Irritability
- Inability to concentrate
- Feeling angry/cynical
- Intrusive or recurrent disturbing thoughts
- Sleep problems
- Feeling emotionally detached
- Overly aware of any signs of danger
- Hopelessness
- Guilt
- Social withdrawal
- Chronic exhaustion
- Physical ailments
- Diminished self-care
- Feeling ineffective
- Feeling depressed or apathetic
- Avoiding reminders of difficult experiences



*Do you see any symptoms of traumatic stress that you've experienced?
You can make a list below of your symptoms:*

Traumatic and Secondary Traumatic Stress: Symptoms and Responses

Trauma Responses

Traumatic and secondary traumatic stress often result in automatic reactions known as a 'trauma response' that are used to protect one's self against a perceived threat. There are four common trauma responses: Freeze, Flight, Fight and Fawn.



Fight

An individual believes they can overpower the threat and will go into fight mode. A fight response might look like:

- Aggression
- Argumentativeness
- Outbursts
- Controlling behavior



Flight

When your body feels it is in danger and can't overpower the threat, a person may back away and avoid the conflict. A flight response might look like:

- Avoidance
- Running away
- Withdrawing
- Social isolation



Freeze

An individual will pause instead of trying to fight the danger or run away. A freeze response might look like:

- Being "stuck"
- Brain fog
- Dissociation
- Perceived "laziness"



Fawn

Individuals whose response to danger is to avoid the conflict through "people pleasing". A fawn response might look like:

- Poor boundaries
- Co-dependent
- Over compliance
- People pleasing

Secondary Traumatic Stress: Influencing factors

There are several factors that can increase the vulnerability of a person to experience secondary traumatic stress, including situational and individual factors.



Situational Factors

- Lack of predictability
- Sense of chaos
- Loss of control
- Heavy caseload



Individual Factors

- Highly empathic
- Socially or professionally isolated
- Feel professionally compromised due to inadequate training
- Fewer years in field
- Younger age
- Gender (women report more often)
- Unresolved personal trauma

i NOTE: Experiencing secondary traumatic stress:

Is not a reflection of your inadequacy

Is not a reflection of “wrongness” or “toxicity” of clients

Is an occupational hazard

Can be cumulative over-time and across clients

Can be addressed and transformed

Secondary Traumatic Stress: Influencing factors

What are some other factors that experience that could increase your vulnerabilities to experience secondary traumatic stress? List them below:

Trauma-Informed Care: Framework and Principles

Trauma-informed care is an approach to providing services that takes into account the impact of trauma on individuals and their families. It recognizes that trauma can have a significant impact on a person's physical, emotional, and mental health, and it seeks to create a safe and supportive environment for healing. Trauma-informed care uses a framework known as the “four Rs”



**Trauma-informed care
shifts the focus from**

“What’s wrong with you?”
to

“What happened to you?”

Realizes

the widespread impact of trauma and understands potential paths for recovery

Recognizes

by fully integrating knowledge about trauma into policies, procedures, and practices

Responds

the signs and symptoms of trauma in clients, families, staff, and others involved with the agency

Resists

re-traumatization of clients as well as staff

Trauma-Informed Care: Framework and Principles

Trauma-Informed Care is based on six core principles that are necessary to create a positive, affirming environment for both patients and staff. The six core principles are:



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences – between staff and clients and among organizational staff – are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated – this includes a belief in resilience and the ability to heal from trauma



Cultural

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

Trauma-Informed Care: Framework and Principles

Our friends at the University of Buffalo College of Social Work have developed this trauma-informed framework for working with abortion seekers. While the framework seen below is centered on providers referring abortion seekers to abortion care, it can be applied in any setting when working with abortion seekers to provide affirming, effective abortion care, as well as health education and referrals for other services.



Abortion stigma is a type of social stigma that is associated with those who provide, support, or receive abortions, and this stigma can cause great stress. While credible research suggests that an abortion is not typically a source of trauma, stigma-related stress can potentially exacerbate existing or historical trauma for those seeking abortion who have a history of trauma exposure.



The use of a trauma-informed framework in any health or social service setting can reduce anticipatory stress and help avoid the exacerbation of any existing trauma.
socialwork.buffalo.edu/TIF-abortion

<https://socialwork.buffalo.edu/resources/trauma-informed-framework-abortion-seekers.html>

Burnout Prevention: For You and Your Organization

Working in abortion can be hard. As people in a caring profession it is easy to absorb the emotions, concerns, and stressors that our patients bring to us. Providers have to manage their own stress so that they have the emotional and mental capacity to hold space for the people they're providing care to. If providers don't, it can impact how they care for people. For example, research suggests that cognitive stressors and symptoms of burnout can be associated with higher instances of implicit bias from providers.

In the following pages, you'll find some different tools and techniques that you can use to care for yourself. Some of this you may already do on your own - self-care techniques like those that follow are most effective when they are done intentionally and routinely. One of the ways you can be intentional is to schedule these activities as if they were meetings or appointments. Write down when and what activities you are going to do - it will make it easier to remember and to follow through!



Note: Self-care and individual strategies do not replace the need for organizational changes that better support the workforce. Likewise, organizational change can't take the place of individual strategies. Both of these things must exist for a balanced, trauma-informed workplace

Check out the appendix for a list of sources and resources used to compile the following tools!

Burnout Prevention For You: Grounding

Grounding is one tool to calm your mind and body before, during, and after seeing a patient. Grounding involves different techniques that help you settle any strong emotions, anxious thoughts, or memories and direct your focus towards the present.

Read about a few techniques below to learn about different grounding exercises you can practice when working with clients. These exercises can also be shared with clients who are overwhelmed, stressed, or managing strong emotions. Choose 1-2 techniques and try practicing them before continuing.

5 Senses or 5-4-3-2-1: This technique can be practiced anywhere. It involves naming 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste. This practice can also include naming one emotion you are feeling. Click the link to learn more: <http://bit.ly/4OuMw5h>

Square or Box Breathing: This technique is useful because it can be practiced anywhere and it isn't obvious that you are using it, even if you are around others. It involves breathing in for a count of 4, holding for a count of 4, exhaling for a count of 4, and holding again for a count of four. This should be repeated until you notice a change. Click the link to learn more: <https://bit.ly/48yokRw>

Body Scan: A body scan is a mindfulness technique that allows us to reconnect with our body and note where we are holding our stress. It is normally done from a seated position, and like the other techniques, it can be done anywhere. It involves slowly scanning your body starting at your feet and moving up through your body to your head. As you move through your body, noting where you feel discomfort, tension, or stress. Click the link to learn more: <https://bit.ly/4fbmjNM>

Grounding is not a solution to chronic stress or burnout. If you feel like you are experiencing symptoms of chronic stress or burnout you should seek support at your organization or with a trained professional. Grounding is a useful tool but it can't replace deeper self-care maintenance and institutional/structural support for providers.

Burnout Prevention For You: Self-Compassion

When your desire to help others is greater than your capacity to do so, a negative mental cycle of self-blame can develop. Self-compassion is one way to break the cycle of self-blame. Dr. Kristen Neff, in her research, has come to define self-compassion as "personal acceptance regardless of success or failure" and looks at three things that contribute to self-compassion:

- Self-kindness - approaching oneself with warmth and understanding
- Common humanity - believing that when a mistake happens, it's part of shared human experience, rather than a state of 'isolation'
- Mindfulness - being aware in the moment

See below for some resources to learn more about self-compassion!

Self-Compassion Test

Learn more about your self-compassion with this quick assessment <https://self-compassion.org/self-compassion-test/>

What is Self-Compassion?

Dr. Kristin Neff provides a thorough overview of self-compassion, the research behind it, and how to build compassion for yourself

<https://self-compassion.org/what-is-self-compassion/>

Self-Compassion for caregivers

This video will lead you through a practice called compassion with equanimity that can be used in a caregiving context (length: 9 minutes, 34 seconds) <https://bit.ly/40oLUhy>

Self-Compassion Exercises

See some exercises from Dr. Neff, including how to explore self-compassion through writing and how to change critical self-talk

<https://self-compassion.org/exercises/>

Burnout Prevention For You:

Stimulus Control and Counterconditioning

Stimulus control involves making intentional choices to create a healthy work environment. Counterconditioning involves behaviors one can engage in before, during and after work to develop a positive association with work. These tools work hand in hand to create the same effect - associating positive activities and choices with your job as a way to mitigate potential stress and the negative effects it can cause.

Stimulus control can include things like:

- Taking time away from the workspace for lunch and breaks
- Planning intentional social interactions during the day (either in person or by phone)
- Creating a physically pleasing workspace environment (comfortable chair, good lighting, music, plants, etc.)
- Taking screen breaks

Counterconditioning can include things like:

- Physical activities like yoga, working out, going for a walk
- Diversions like reading, watching TV
- Mindfulness activities like journaling, meditation, prayer
- Diversifying the work - this involves changing up your work routine when possible. Break up blocks of challenging work with breaks, administrative tasks, projects or other counterconditioning techniques

See the following page for some examples of counterconditioning activities you can do based on the time you have available!

Burnout Prevention For You:

Stimulus Control and Counterconditioning



- Breathe
- Stretch
- Spend time with your pet
- Share a song with someone
- Write down a gratitude list
- Send an email to somebody you care about
- Share a joke



- Watch a music video
- Step outside for fresh air
- Make a cup of coffee or tea
- Look at pictures of a fun trip
- Text a friend to plan an outing
- Respond to an email you've been putting off



- Journal about your day
- Call a friend
- Meditate
- Clean up your work area
- Dance break
- Read an article
- Social media break (timed!)
- Research training opportunities that interest you



- Practice yoga
- Eat lunch with a friend
- Take a bath
- Go for a walk
- Watch your favorite show
- Play a game with your child
- Cook with family
- Write a letter
- Play video games

Burnout Prevention For You: Cognitive Reappraisal

Cognitive reappraisal is an emotional regulation technique that involves changing the way one thinks about and perceives potential emotion-eliciting events. It allows providers to reframe their perception and reaction to the trauma of others and think critically about their situation as a way to create distance between the patient's emotions and the provider's emotions. One way to reframe unhelpful thoughts and perceptions is to "catch it, check it, and change it" – read more below to get an overview of this approach:

Catch It

Spot when you might be having an unhelpful thought – using your emotions as cues can be a good way to 'catch' the thought and identify it.

Check It

Once you've identified the thought, stop and check it. Is this really true? Is this helpful? Would somebody else think this way?

Change It

Once you've determined that a thought is unhelpful, now you can change it! What's a more realistic, helpful thought? Does this make you feel any differently about yourself or the situation?

Learn more about cognitive reappraisal below by watching a video or checking out a quick guide!

Video: Catch it, Check it, Change it <https://bit.ly/4fu7Ls9>

BBC Headroom Wellbeing Guide: Catch it, Check it, Change it
https://downloads.bbc.co.uk/headroom/cbt/catch_it.pdf

Burnout Prevention: For Your Organization

There are many ways your organization can become more trauma-informed to prevent staff burnout and to resist re-traumatizing patients. There are a few examples below - to learn more check out the toolkit linked at the bottom of this section

- Compensation and benefits: find ways to improve wages and benefits for staff
- Other time/leave strategies: Unlimited paid time off, wellness days/weeks
- Reflective practice groups: dedicated space for reflection among staff about the work being done and the people you're serving
- Peer mentoring programs: Pair up new staff with senior staff for mentoring and onboarding. If you don't have enough staff within your organization, look to similar organizations in your community/region and create mentorships across sites
- Engage people with lived experience (PWLE): Engage people with lived experience in your area to provide ongoing feedback and guidance in organizational planning
- Provide time, support and access for adequate training for staff and volunteers
- Provide structure and processes for staff and volunteers: Using processes and work flows can help relieve cognitive overload with routinizing certain critical work. Tools like Provide's Practice Guide, Trauma-Informed counseling skills and the Sexual Health Wheel can be helpful with this

Find out more information with this toolkit from the Campaign for Trauma-Informed Policy and Practice

<https://www.ctipp.org/post/toolkit-trauma-informed-workplaces>

Supporting Your Patients

S.T.A.R. Model, Trauma-Informed Counseling Skills and the Sexual Health Wheel

S.T.A.R. Model for Education and Referrals

To better honor client autonomy and support clients in accessing the care they seek Provide developed the STAR model for effective education and referrals. STAR stands for...

- Supportive
- Thorough
- Active
- Reviewed

We created this model so that you can have compassionate patient-led conversations. The star model is not a linear process. Each part of STAR can be used at any point during your time with a client. In the following pages, we will review each component of the STAR model.



Supportive

Being supportive means that you are centering the clients' needs, concerns, and feelings in the moment and allowing them to guide the conversation. This means de-centering your own feelings about what the client does and doesn't need. Being supportive does not necessarily mean "in agreement with." You can personally disagree with your client's choice and still be professionally supportive of their decision. It requires listening without an agenda.

By not allowing our biases or opinions into the conversation, we create room for the client to exercise their autonomy.

Being supportive feels like:

- I know my role in the face of my patient's need.
- Supporting their decision is the best way I can do my job helping them.
- In lieu of being able to offer a referral, I know what education and resources I can share.



Remember that you have to meet the patient where they are at. They might not have the capacity to receive a lot of information, or they might be ambivalent about their choice. By practicing active listening you put them in the driver's seat and allow them to decide what they need.

Check out the appendix for Provide's Inclusive Language Guide!

Tangible ways to be supportive

Self-Awareness

Practice self-awareness by noting when you have strong feelings about a topic. This could be as simple as picking up on bodily sensations like tension that show up when you discuss specific subjects with clients. This can require deeper work like a personal values clarification.

Use self-awareness to determine when you need additional supports like grounding or scripting to prevent biases or opinions from impacting client care.

Example:

Jenna is a doctor who provides abortion care. She knows that when she gets busy or overwhelmed she can become emotionally exhausted and it can affect her ability to provide quality, affirming care. To make sure she doesn't come across as hurried, insensitive or impatient she takes deep breaths to ground herself between appointments.

Avoid biased language and use a neutral/non-judgmental tone

Common words or phrases used to refer to abortion care can be stigmatizing. By using neutral language and a non-judgmental tone we can make sure that clients feel supported in whatever decision they make

Example:

- *Biased language:* "unborn child," "abort your baby," "DIY Abortion", "dirty", "clean"
- *Neutral language:* "pregnancy, "have an abortion," "self-managed abortion", "living with HIV", "STI-negative"

Tangible ways to be supportive

Utilize open-ended questions when speaking with your client

An open-ended question requires more than a yes or no answer. It allows the client to provide more information and guide the conversation so that you are responsive to your clients' concerns without assuming what they are feeling or needing in this moment.

Example:

- How are you feeling about this option?
- What information do you need to feel confident in your decision?
- What are your concerns moving forward?

Validate and normalize your patient's experience

Validating is a way of acknowledging what your client is feeling.

Normalizing is a way to let the client know that their experience is common. This can help combat feelings of isolation and shame.

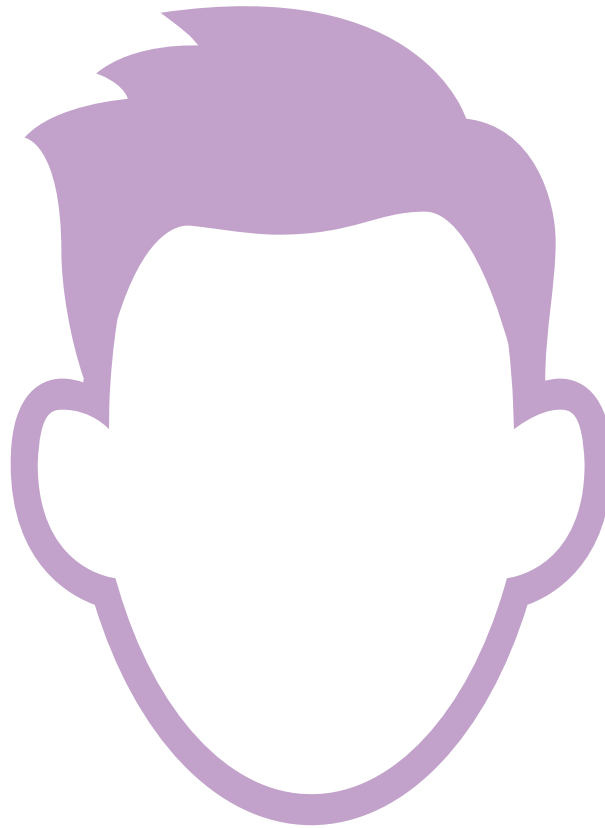
Example:

- Validating: "It makes sense that you are feeling stressed about having to travel to get an abortion."
- Normalizing: "It is normal to feel frustrated or angry about having to travel to get an abortion. A lot of my client's express frustration when thinking about how many hoops they have to jump through to get basic healthcare."

Supportive – beyond words

Eye Contact

Making direct eye contact with the patient shows that you're engaged and attentive. Avoid focusing on your computer or notepad.



Open body posture

Maintain an open and direct posture. Face the patient directly, lean slightly forward to show interest, and keep your arms uncrossed to signal openness and approachability.

Gesturing and Nodding

Movement with your head and body can help show that you are engaged or that you agree with what the patient has said.

Facial Expressions

Display expressions that align with what you're saying and convey a neutral, earnest tone. Depending on what the patient has shared, an appropriate facial expression could be a warm smile, raised eyebrows of interest, or a furrowed brow of concern.

Thorough

Being thorough means we know the basic information about the subject or service we're discussing with our client. This includes taking time to address misinformation, answer questions, and build health literacy so that the client has what they need to access the care they are seeking. It also means that if we don't know the answer to our client's questions, we know reputable places to find the correct information.

Address misinformation

By listening to your client you can spot any misinformation and address it directly with the patient.

Example:

"Many clients are worried about abortion increasing their risk of breast cancer. This is a common myth that has been disproven. There is no connection between abortion and breast cancer."

Have accurate and up-to-date information

We aren't asking you to be an expert on every service. The goal is to have enough accurate information to answer basic questions and know where to go when you don't have the answer.

Example:

"PrEP is a medication you take to prevent HIV and you can get it for free. I can connect you to someone who work at an organization near here that can tell you more."

Maintain a list of trusted resources

If you don't know the answer to a question, or if you want to build the patient's capacity to research the topic when they've left your office, having trusted, up-to-date resources is essential. Remember that when sharing a website or tool with someone it is best practice to review it together.

Example:

"This is a great site to get fentanyl testing strips in the mail. Here is the link. Let's explore the site together so you have a good idea of where to go for information after you leave here today."

Familiarize yourself with the organizations you refer patients to

For common referrals, familiarize yourself with the organizations you refer to. For example, know the cost, intake process, eligibility, accessibility, and more. Build relationships with the organizations you refer to, ask them about what your patients can expect when they make an appointment. This information will help them have a smoother experience when seeking care.

Example:

"The Repro Legal Helpline requires that you call and leave a message with your information, or fill out a secure form on their website to be put in contact with a lawyer. They normally contact you within 2 business days."

Being active means that we're doing more than simply providing a link or giving clients the name of a provider. For some clients, that may be all they need. For others, they may need help navigating the website you've shared, or they might want to call and make the appointment from your office. Active education and referrals involve collaboratively assessing the barriers your patients might face when seeking care and being prepared to help them navigate those barriers.

Co-assess barriers to care

Have your patient list concerns when accessing care. What are some barriers that might get in their way? If they are struggling, provide suggestions to fill in the gaps. They will let you know which ones are most relevant to their situation.

Example:

"You will likely have to travel to another state for care. Since you work and attend classes, let's discuss some potential obstacles that might get in the way of your travel."

Co-create a plan to access care

Create a plan by collaboratively problem-solving the barriers they came up with. Discuss the steps that they could take to receive care, and any resources that they could use to take these steps.

Example:

"Most abortion funds won't provide funding until they know your appointment date and where you are being seen, so a good first step would be making an appointment."

Maintain communication

Let the patient know how they can reach you if they have questions. Remember to set realistic expectations for your response times and provide resources where they can seek support when you aren't available.

Example:

"If you encounter issues, I don't want you to feel like you have to figure out everything alone. Here is the number for the National Sexual Assault Hotline for confidential support."

Build connections with organizations that provide services your patients regularly need

You and your patient aren't alone. By building and maintaining relationships with organizations that provide the services your patients need, you can provide better information and a warm hand-off when needed.

Example:

"I have a friend who works at the local health clinic. She can help you get on birth control that works for you. We can call her now, and she'll probably be able to work you in this week."

Reviewed

Reviewing a education and referral resource means that (as we are able) we don't treat our education or referrals as a one-and-done situation. Instead, we follow up with the patient and/or the resource to ensure that the information, resource, or referral we provided did what we intended to do. Reviewed requires (1) making sure that your patient understands the information you've provided and knows next steps, and (2) that after providing a education or referral you follow-up to assess if it was useful to them. We can use the feedback we get from reviewing our education and referrals to inform how we provide them in the future.

Assess before providing information

Never assume what your patient knows or doesn't know. Ask open-ended questions to better understand your client's familiarity with a topic. This is a big time saver!

Example:

"Tell me more about what you know about your abortion options."

Check for understanding

It is important to make sure that critical pieces of information that you've shared are understood. By asking the patient to repeat back, or explain it in their own words, you can check for understanding and clarify if there is confusion.

Example:

"We just covered a lot of information. Do you want to go over the next steps that you will take?"

Confirm safe methods of communication

Confirm safe methods for any follow-up communication. They may be concerned about a family member or partner finding out about the care they are seeking, or they could be concerned about digital security.

Example:

"I'd love to follow-up with you about some of the things we discussed- would that be helpful? What is the best way to get this info to you? Are you worried about anyone seeing the info I send you?"

Follow up and solicit feedback

This should occur at their next appointment or through a communication channel your client has deemed safe. It is an opportunity to see if they need further education or support, and to see how the education or referral is serving them. Follow-up questions can help improve future education and referrals by exploring what your patient took away from the visit and how it helped or hindered their access to care.

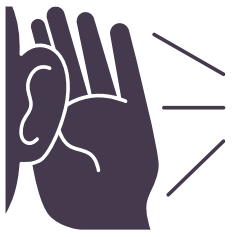
Example:

"The last time we met I gave you the number for a place that did free cancer screening. Can you tell me how contacting them went? Is there anything I should share with future patients if I send them to the same place?"

Trauma-Informed Counseling Skills

In the STAR Model for Education and Referrals section, we discuss using trauma-informed counseling skills as a way to be **Supportive**. Get a refresh on these trauma-informed counseling skills below!

Seek Understanding of feelings and beliefs



Engage in Active Listening: One of the best ways to understand how your client is feeling is to ask open ended questions. Open-ended questions are ones that will elicit more than a simple yes or no. Some examples of open-ended questions include:

- “How do you feel about the result?”
- “What thoughts or feelings are coming up for you right now?”
- “You seem upset/surprised/happy. Can you tell me a bit more about that?”



Reflect their responses to them in your own words:

Reflecting what you’ve heard the patient say is a great way to confirm you understand what they’re saying and let them know you’ve heard them. Some examples of reflective phrases include:

- “What I’m hearing is...Is that right?”
- “It sounds like...”
- “So, you’re expressing that...”
- “It seems like...”



Don’t have an agenda, just try to learn: Seeking understanding should not come with an agenda for how you want the patient to respond.

Seek Understanding of feelings and beliefs, cont.



Don't problem solve: Seeking understanding at this stage is not necessarily about problem-solving or getting the patient to think about their next steps. That may come later or not at all.

This is a space to listen to the patient's feelings and address their immediate needs.



Avoid lecturing: This is a conversation, not an interrogation or a lecture.

Validate the feelings that you see and hear

As you're seeking understanding, listening actively and reflecting back the patient's responses to them, it's important to validate any responses or feelings the patient expresses. Validating simply means acknowledging what they're going through. Validating phrases sound like:

"Of course you feel that way, that sounds really hard"

"It's okay to cry here"

"What you're saying makes a lot of sense"



"It sounds like you've been dealing with a lot"

"It's okay to not know the answer"

"You're doing a good job"

Normalize experiences “You are unique but not alone”

Other Resources

Appendix

Sources and Resources for Burnout Prevention: For You

Sources:

Compassion fatigue in social work: Secondary trauma: UK online. UK College of Social Work. (2022, August 8).

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Appendix

Resources:

Grounding:

- 5-4-3-2-1 Method: <https://youtu.be/30VMIEmA114>
- Box Breathing Method: <https://youtu.be/tEmt1Znux58>
- Body Scan: <https://youtu.be/Zyeq-4tvmqE>

Self-Compassion:

- Self-Compassion test: <https://self-compassion.org/self-compassion-test/>
- What is self-compassion?: <https://self-compassion.org/what-is-self-compassion/>
- Self-compassion for caregivers (video): <https://youtu.be/jJ9wGfwE-YE?si=CdwhSyXA3FuALU3s>
- Self-compassion exercises: <https://self-compassion.org/exercises/>

Counterconditioning:

2 minutes	5 minutes	10 minutes	30 minutes
Breathe	Watch a music video	Journal about your day	Practice Yoga
Stretch	Step outside for fresh air	Call a friend	Eat lunch with a friend
Spend time with your pet	Make a cup of coffee/tea	Meditate	Take a bath
Share a song with someone	Look at pictures of a fun trip	Clean up your work area	Go for a walk
Send an email to somebody you care about	Text a friend to plan an outing	Dance break	Watch your favorite show
Write down a gratitude list	Respond to an email you've been wanting to but have been putting off	Read an article	Play a game with your child
Share a joke		Social media break (timed!)	Cook with family

Cognitive Reappraisal:

- Video: Catch it, Check it, Change it: <https://youtu.be/tfkhkFwCtxs?si=lkgt8pKY9lK9sAj3>
- BBC Headroom Wellness Guide: Catch it, Check it, Change it: https://downloads.bbc.co.uk/headroom/cbt/catch_it.pdf

Appendix

Inclusive Language



PREGNANCY

AVOID

pregnant woman*
mom or dad*
husband or wife*
unborn baby/child

EMBRACE

pregnant person
parent
partner or spouse
pregnancy

REMINDER:

Language is always changing. These suggestions reflect current best practices.

ABORTION

AVOID

terminate the pregnancy
abort your baby
late-term abortion
chemical abortion
DIY/back alley abortion
surgical abortion

EMBRACE

end your pregnancy
have an abortion
abortion at “#” weeks
medication abortion
self-managed abortion
in-clinic or procedural abortion

GENERAL TIPS:

Mirror the client's language.

Don't assume! Ask for clarification if you don't know.

Apologize if you make a mistake.

ADOPTION

AVOID

gave up a child
real parents
adoptive parents
keep a child

EMBRACE

chose adoption
birth parents
parents
parent a child

*Gendered language like woman/man/mom can be used when referring to a client who uses these terms for themselves, but should be avoided when speaking generally about clients.

Appendix

SUBSTANCE USE

AVOID

abuse
clean
addict/alcoholic
former addict

EMBRACE

use
not currently using
person with substance/alcohol use disorder
person in long-term recovery

HIV

AVOID

clean/dirty
HIV-positive
catch HIV/AIDS
full-blown AIDS
compliant

EMBRACE

knows their status
living with HIV
acquire HIV
AIDS or Stage 3 HIV
taking medication as prescribed

DOMESTIC OR SEXUAL VIOLENCE

AVOID

victim or battered
women's shelter
accused or claimed

EMBRACE

survivor*
shelter
reported

*Some clients feel empowered by the term "survivor;" others don't.
Never label someone's experience for them.

SEXUAL AND REPRODUCTIVE HEALTHCARE

AVOID

well women's visit
breast exam
sexually transmitted diseases (STDs)
clean/dirty
infected with [diagnosis]
risky or unprotected sex
"normal" in reference to a sexual activity

EMBRACE

annual exam
chest or breast exam*
sexually transmitted infections (STIs)
tested positive or negative
living with [diagnosis]
sexual contact
use specific terms* (e.g., penis and vagina sex)

* Terms like breast, vulva, vagina, etc. may not reflect the language some clients use. Provide space for the client to tell you how they want to refer to their own body parts.