

TRAUMA INFORMED PRACTICE

CREATE SAFE CONTEXT

- PHYSICAL & EMOTIONAL SAFETY
- TRUSTWORTHINESS
- CLEAR & CONSISTENT BOUNDARIES
- TRANSPARENCY
- PREDICTABILITY
- CHOICE
- CONSENT
- REFRAME AS BOTH/AND
- GRATITUDE

RESTORE POWER

- CHOICE
- EMPOWERMENT
- STRENGTHS PERSPECTIVE
- SKILL BUILDING
- CONSENT

PROMOTE SELF WORTH

- COLLABORATION
- RESPECT
- COMPASSION
- MUTUALITY
- ENGAGEMENT & RELATIONSHIP
- ACCEPTANCE & NON-JUDGEMENT
- GRATITUDE

PRINCIPLES OF TRAUMA INFORMED CARE

- SAFETY (PHYSICAL & EMOTIONAL)
- TRUSTWORTHINESS & TRANSPARENCY
- PEER SUPPORT
- COLLABORATION & MUTUALITY
- EMPOWERMENT, VOICE AND CHOICE
- CULTURAL, HISTORICAL AND GENDER ISSUES

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Adapted from Trauma Informed Oregon

Trauma Informed Practice

To Help Create A Safer Context:

Physical & Emotional Safety
Trustworthiness
Clear & Consistent Boundaries
Transparency
Predictability
Choice
Consent
Reframe As Both/And
Gratitude

To Help Restore Power:

Choice
Empowerment
Strengths Perspective
Skill Building
Consent

To Help Promote Self-Worth:

Collaboration
Respect
Compassion
Mutuality
Engagement & Relationship
Acceptance & Non-Judgement
Gratitude

Principles of Trauma Informed Care:

Safety (Physical & Emotional)
Trustworthiness & Transparency
Peer Support
Collaboration & Mutuality
Empowerment, Voice and Choice
Cultural, Historical and Gender Issues

Hello,

I hope this document will be helpful to you if you are considering what self-advocacy looks like or you are someone well on your advocacy journey. I wanted to provide some context and information on how I use the document I created. These are things I've learned along the way. I hope the reflection questions are helpful as well. This is just a place to start. Make it your own.

This document can be used in many ways. You can make a document to give to your providers or you can work through some of the questions to find out more about what you need to lower harm in the doctors office. You can work on this by yourself, with friends or family or with a mental health provider. I know people have done this work for their own information and empowerment and never showed any of it to their providers. There are no rules on how to use this information. Do what feels the best for you.

What I learned early on in starting to advocate for myself more in medical setting was that I couldn't trust or depend on medical and allied health professionals to create respectful, just or trauma informed spaces and experiences for me and others. It shouldn't be that way, yet this is where we find ourselves, specially those of us that have bodies that transgress the norms and colonial expectations (disability, fatness, chronic illness, gender, sexuality, height, etc.).

In understanding and accepting that reality I began to think about what I needed in my encounters and relationships with medical and even behavioral health providers. It's a lot of extra labor for us to do, however, I've found that when I'm clear on what I expect, have a way of getting that information across to providers and they listen it helps me relax a little bit more, build trust faster with providers and ultimately I have a better chance of getting my needs addressed.

I chose to make a document because it's written down and one thing we know about colonial systems, specifically medical systems, paper is paramount and that institution "worships the written word". I also wanted to impress up the professionals reading my chart (because the document goes into my chart) that I'm very series about expectations. I also want to document that providers can refer to and absolutely do. I've asked them about it and they said they usually look at it before any appointment with me to refresh their memory. My current primary care provider had her medical assistants read it too.

The wording, especially in the "expectations for care" section is blunt and to the point on purpose. The tone is not meant to be people pleasing or "if you could...". Nope. My experience has been that when I give the physical document to the front desk receptionist to give to the provider to read before they see me, they often slowly open the door and aren't sure what to expect. I want them a bit uncomfortable and unsure because I think it often helps us have a more level power dynamic right away. I also ask them if they read or at least skimmed the "support my health and wellness goals" section. They usually have and I ask them what questions and concerns they have. Most often the providers are the most worried about my

expectation for them not to bring up nutrition with me and that if I want to ask them something about nutrition I'll ask them. When a provider has had concerns about this we discuss it and I provide specifics that they can ask my consent first and give me specific reasons why they want to bring it up. For example, one time I had food poisoning and had a stomach ache for a couple of weeks and couldn't tolerate any foods. When I went to my provider for help she said, "Can I offer some suggestions of foods that will be gentler on your stomach during this time?" At first I was so confused as to why she was asking me this and then I remembered my boundary about food/nutrition talk. I gave my consent for her suggestions and it worked out great. For me, if I want specific nutrition advice I'm not going to seek that from a primary provider because in medical school they are given about a day or so of nutrition. So unless they have extra school in this area I'd rather talk to my nutritionist that I trust and is great with navigating my eating disorder needs.

Medical Advocacy Questions:

This document is to help you navigate the creation of your own advocacy document and/or plan. These are questions and considerations are a starting point so please feel free to expand on them in your own plan and process. This document is not meant to be any kind of medical advice.

Section 1: Reflection Questions To Consider for the Nomenclature portion of the document:

Cultural Identity:

- What aspects of your cultural background are important for healthcare providers to understand about you? How do cultural factors influence your health and well-being?

Religious/Spiritual Identity:

- How does your religious or spiritual identity impact your health-related decisions or preferences? Are there specific practices or beliefs that providers should be aware of?

Gender Identity:

- How does your gender identity shape your experiences with healthcare? Are there specific aspects of your gender identity that are important for providers to acknowledge or respect?

Sexuality:

- In what ways does your sexuality influence your healthcare needs or preferences? Are there aspects of your sexual identity that you feel are important for providers to be aware of?

Pronouns & Name(s):

- Why are your chosen pronouns important to you, and how do they contribute to your sense of identity and well-being? How can providers create a more inclusive environment by using your pronouns?
- Do you use a name(s) that are different from the legal name that is on your medical records? Make sure the provider is aware of the name you would like them to use.

Other Identities:

- Are there any other identities or terms you use to describe yourself that you would like healthcare providers to be aware of? How do these identities impact your experiences with healthcare?

Communicating Boundaries:

- How comfortable are you with discussing your identities with healthcare providers? Are there boundaries or limits you would like to establish regarding conversations about your identity?

Creating a Safe Environment:

- In what ways can healthcare providers contribute to creating a safe and affirming space for you to express your identities and preferences?

Disability, Chronic Illness, Chronic Pain:

Disability Identity:

- How does your disability(ies) influence your daily life and health-related decisions? Are there specific aspects of your disability identity that you believe healthcare providers should be aware of?

Chronic Illness Impact:

- How does living with a chronic illness impact your overall well-being and quality of life? Are there particular challenges or strengths associated with your chronic illness that providers should consider?

Managing Chronic Pain:

- How does chronic pain affect your ability to engage in daily activities and self-care? Are there strategies or treatments you find most effective in managing chronic pain?

Communication Preferences:

- What communication styles or methods work best for you when discussing your disability, chronic illness, or chronic pain with healthcare providers? Are there specific terms or language you prefer or find unhelpful or stigmatizing?

Accessible Care:

- What accommodations or adjustments would enhance your experience with healthcare services? How can providers make their services more accessible for individuals with disabilities or chronic conditions?

Emotional Impact:

- How do your disability, chronic illness, and/or chronic pain affect your emotional well-being? Are there emotional considerations that providers should be aware of when discussing your health?

Treatment Goals:

- What are your primary goals when seeking healthcare related to your disability, chronic illness, or chronic pain? How can providers align their care with your treatment goals and preferences?

Support Systems:

- Who are your key support systems in managing your disability, chronic illness, or chronic pain? How can providers collaborate with your support network to enhance your overall care?

Section 2: Medical Providers Should Support my Health & Wellness Goals by:

Personal Health and Wellness Philosophy:

- What are the key elements of your personal health and wellness philosophy, and how does it contribute to your overall well-being? How can providers align their support with your philosophy?

Decision-Making Autonomy:

- How important is it for you to be the final decision-maker regarding surgeries, procedures, interventions, and health-related conversations? In what ways can providers facilitate collaborative decision-making while respecting your autonomy?

Building Trust with Providers:

- Reflect on your experiences with medical professionals. How have acts of neglect, bias, abuse, or misinformation influenced your trust in healthcare providers? What actions or qualities are crucial for a provider to establish and maintain your trust?

Healing Timeframe and Approaches:

- How can providers support your healing journey within the timeframe that suits your unique needs?
- Are there any specific healing or spiritual/religions modalities or philosophies that providers should know about?

Multidimensional Support Team:

- Consider the various individuals and resources you access in supporting your healing and wellness goals. How do medical providers fit into this larger support network? What roles do you expect them to play in your overall care?

Weight and Health Indicators:

- Reflect on your perspective regarding weight and its significance in health and wellness. How can providers respect your journey by not emphasizing weight or weight loss as a primary indicator of health?
- Do you have any specific boundaries around weightloss conversations that you want to make clear to the provider?

Approaches to Interventions:

- How do dieting and weight loss surgery align or misalign with your health and wellness philosophy and practices? In what ways can providers support your decision by respecting your stance on these interventions?

Complexity of Eating Disorder Recovery:

- Consider the complexities of your relationship with food and eating, especially in the context of eating disorder recovery. How can providers create a supportive and understanding environment when discussing these sensitive topics?
- One example expectation could be that they do not bring up food or nutrition without asking your consent first. What specifically do they want
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- the provider to ask within that boundary on consent? Be as specific if you need to, providers are educated to follow protocols carefully.

Setting Boundaries Against Shaming and Policing:

- Reflect on your firm stance against body shaming, fat shaming, body policing, and food policing. How can providers ensure a safe and respectful environment, and what actions would you take if faced with oppressive behavior?

Educating Providers on Shaming and Policing:

- How important is it for providers to educate themselves on body shaming, fat shaming, body policing, and food policing? What resources or information would you recommend for providers seeking to enhance their understanding?
- You can also simply tell them to do their own work. You aren't obligated to do that emotional labor for them.

Section 3: My Skills, Talents and Resources:

It's not uncommon for people to see us from deficit perspectives, biases and assumptions and medical providers are no different. What areas of your life would you like them to know about you? This helps the providers see us as multifaceted beings, can restore our humanity in their perspective and can give providers key insights into how they can leverage some of our strengths as they support our health and wellness goals. For example, I listed that I like to learn about how my body works so my primary care provider takes time to educate me.

Identifying Strengths:

- What are some personal strengths, talents, or skills that contribute positively to your well-being and overall quality of life? How do these strengths play a role in your health journey?

Coping Mechanisms:

- Reflect on the coping mechanisms or skills you have developed to navigate challenges and stressors. How can providers support and incorporate these coping mechanisms into your healthcare plan?

Creative Outlets:

- Are there creative outlets, hobbies, or activities that bring you joy and fulfillment? How can providers recognize and encourage the importance of these outlets in promoting your mental and emotional health?

Supportive Relationships:

- Identify key relationships or networks that provide support and encouragement. How can providers collaborate with these support systems to enhance your overall well-being?

Cultural or Community Resources:

- Consider any cultural or community resources that are significant in your life. How can providers acknowledge and integrate these resources into your healthcare plan to enhance cultural competence?

Educational Background:

- Reflect on your educational background, including any specialized knowledge or skills. How might this background influence your approach to health and wellness, and how can providers leverage it in your care?

Professional Expertise:

- If applicable, think about any professional expertise or skills you possess. How might this expertise contribute to your understanding of health, and how can providers incorporate it into your care?

Communication Preferences:

- Consider your preferred communication styles and methods. How can providers effectively communicate with you, considering your unique strengths and preferences?

Goal Setting and Motivations:

- Reflect on your personal goals and motivations for maintaining or improving your health. How can providers align their support with your goals, leveraging your strengths and skills?

Navigating Healthcare Systems:

- Think about any experiences or skills you have in navigating healthcare systems. How can providers work collaboratively with you to enhance your ability to access and navigate healthcare services?

Section 4: Make It Your Own:

You can add as many sections as you need to! It's your document so put the information in there that you want them to know.

A few ideas for further sections:

- Medical power of attorney (**you will need to have additional documentation beyond this document*)
- Advanced medical directives (**you will need to have additional documentation beyond this document*)

- Specific reference materials such as journal articles that address your condition(s) with full citations in case the provider wants to look them up
- Your current health and wellness goals
- A list of other providers you are working with to attain those health and wellness goals
- Photos, social media posts, etc.: I include several photos of myself, my dog and my ancestors
- Specific treatments, medications, procedures or other experiences that help your health and wellness goals.
- Preferred Communication Methods: Clearly outline your preferred methods of communication, whether it's through phone calls, emails, or secure messaging platforms, to facilitate effective and timely interaction with providers.
- Preferred Accommodations: Outline any specific accommodations you may need during appointments, such as seating preferences, accessibility considerations, or communication assistance.

***Please see a lawyer familiar with medical power of attorney, advanced medical directives and other legal documentation for specific help in this area. I'm not a lawyer and am not giving any legal or medical advice.**

YOUR NAME

Health & Wellness Philosophy and Goals Template:

Instructions: This is a template and was made by me, Shilo George, in response to continually having problems with medical providers not listening to my concerns, badgering me with weight loss and diet talk, and struggling to understand that I'm the center of my health and wellness goals, not them. I felt it would be helpful to be very clear with my boundaries and my expectations for care. I've used this template for three years with providers that I see on a regular basis and it has worked well for me. All the providers I've used this template with have appreciated understanding where I'm coming from and what I expect in the medical care. I have found it to be most beneficial to hand this printed document to the front desk staff when giving them my medical history documents at the first appointment. That way the practitioner can read through it BEFORE they see me in their exam room. Then we can discuss the document and I can make sure they are on-board with my requests. I've found that having them read the document before they see me helps with the power dynamic. The front desk staff may tell

you to give it to the practitioner when they enter the exam room, but tell them no and that you want the doctor to read it before they see you. Be firm with them if needed and don't take any crap from them. They are there to provide you services and help you out.

Feel free to add or delete sections that don't apply to you. Know that seeking and receiving medical services is about you and you are in charge. It's your body, not theirs. You don't have to be weighed if you don't want to (though you may want to in the case of needing weight to determine medications) and you can refuse any treatment, including vital signs, at any time for any reason. They CANNOT do anything with your body without your consent unless you are unconscious.

Nomenclature

(In this section put any identities that you have that you want the provider to know about. This could include race, religion/spirituality, gender identity, sexuality, or another other identity. Let them know your pronouns and any other identity words you want use for you. I'm leaving my section about being fat in case you would like to use any of it.)

Fat: I call myself fat and prefer to be called fat. I understand medical providers are very uncomfortable using the term "fat" so *person of size* or *larger body* is okay. NEVER address my body as obese, or that I have obesity, and especially NEVER use the term morbid obesity. I HATE those terms and find them oppressive and insulting. The term "morbid obesity" is so incredibly upsetting to me and insulting and I consider it a death threat.

Pronouns: She/Her/Hers

Medical Providers Should Support my Health & Wellness Goals by:

- Understand that my ultimate goal for my health and wellness is to respect this body I have been gifted with as it is now and respect the journey I have been on in this body. Out of that foundation and framework of healing and respect comes the strength and focus to make changes in behavior, thought, and attitude. I will not continue to see myself and my body in a deficient model framework, but will utilize my strengths, talents, and other resources to leverage the changes I would like to make.
- Understand that I am the expert of my own body and will make the final decisions about any surgeries, procedures, interventions, and conversations about my own body, health, and wellness.

- Understand that as someone who has a body that transgresses western standards/ideals of health, sexuality, body size, and desirability and someone who has had to deal with many acts of neglect, bias, abuse, and misinformation from medical professionals, I'm slow to trust providers.
- Understand that the healing and body sovereignty work I am doing takes time and it will be done in a timeframe that suits my body, mind, and spirit and the healing work I do with my Ancestors.
- You, as a medical provider in the western science tradition, are one person in a group of many people that I access in supporting my healing and wellness goals.
- Understand that weight and weight loss will NEVER be a significant part of my health and wellness goals nor is weight (including BMI) or weight loss to be used as an indicator of health or health and wellness outcomes. Please respect this part of my journey.
- Understand that dieting and weight loss surgery will NEVER be an intervention that I will consider. These interventions are not in-line with my health and wellness philosophy or my body sovereignty project. Please respect this decision and never talk to me about these interventions.
- Understand that as someone in eating disorder recovery, my relationship to food and eating is very complex and fraught with anxiety, fear, and high emotions. There are a few people that I feel comfortable talking about food and nutrition with and they are people who I know well, respect, and have found will not trigger disordered eating habits. Please do not ask me about eating or food unless I bring it up. You have not proven to be someone I can trust with the part of me.
- Understand that I will not tolerate any kind of body shaming, fat shaming, body policing, or food policing from ANYONE in my life and that includes you as a medical provider. If any of these types of oppressive actions are directed to me I will quickly address it and may leave the visit or situation if I am able to. Or if I cannot leave the situation, for example being in the hospital, I will respectfully, but firmly ask you to leave. If you are unsure what body shaming, fat shaming, body policing, or food policing is I encourage you do educate yourself. There are many resources available on-line.

My Body Sovereignty Project:

(This section is specific to me and you can use this section to talk about any healing practices that you participate in, if any. You can always take this section out too.)

This project has come out of one of the worst times of my life in graduate school when I was in a deep, dark hole of depression and I just wanted to give up. I was given the choice to keep doing nothing and suffering, ending it all, or building a solid foundation of self-healing out of the rubble of my life. I choose self-healing.

The project has three parts: 1) my relationship with food and eating, 2) my relationships with my body, being embodied, and movement, 3) healing from sexual trauma.

Within those three categories, and they all mix together, I participate in acts of self-love, self-healing, liberation, and survivance. Some examples would be buying food, preparing a meal, and eating a meal with my friends. Art work plays a huge roll in this project and right now I'm working on an art series called *Fat Femme Cheyenne Warrior Regalia*. It has been shown in gallery spaces twice and right now I have created a fat femme war club and a fat femme breastplate. Another example is giving presentations and writing about my body sovereignty project.

If healing is to occur this project must be ACTION BASED. It's not enough to thinking it or feel it, it must be some kind of movement or task or creation or physical experience.

My Talents, Skills, and Resources

- I am a warrior.
- I am an active member of the urban Indian, queer, academic, and fat activist communities in Portland and across Turtle Island.
- I have lots of supportive friends and family members in all the different communities I am a part of.
- I have a great sense of humor, am thoughtful, smart, strategic, and able to vision.
- I am loving and caring. Building and maintaining relationships with people and between people is probably my greatest talent.
- I'm well educated with a bachelors degree in Art Practices and a masters in Adult Education and Learning.
- I love being outdoors and nature is so revitalizing to me.

- Native community is where my heart is and where I ground myself in this chaotic, post-apocalyptic existence, and where I pull for wisdom and direction in my life. Queer community is where I've learned to be more bold and outspoken and not take shit from anyone and be myself and do what I want. Fat community gives me the strength to love myself as I am and fight against all the oppressive forces that try to consume me and make me hate myself.

Other Practitioners/Helpers in My Health & Wellness Goals:

(You could put information here about a mental health therapist, a massage therapist, a personal trainer, a spiritual/religious practitioner, etc.)

My Health & Wellness Goals:

- Be more active in my body/Embodiment:
 - Swimming in River: summer
 -