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Working together to improve health care quality, outcomes, and affordability in Washington State.

Perinatal Behavioral Health
Appendix A: Culturally Humble Care

January 24th, 2024

Appendix A Culturally Humble Care

Culturally humble care is an essential component of providing effective, patient-centered perinatal care. Cultural humility in healthcare emphasizes the importance of acknowledging power imbalances, practicing self-reflection and developing partnerships in healthcare delivery, as opposed to cultural competence which emphasizes the acquisition of knowledge and skills related to different cultures. It, "incorporates elements of self-questioning, immersion into an individual patient's point of view, active listening and flexibility, which all serve to confront and address personal and cultural biases or assumptions." [i] When healthcare providers approach patient care in this way, the professional nurtures communication between them and their patients, allowing for the development of shared goals and patient-centeredness in all interactions and activities. Cultural humility relies on a life-long learning process in which a provider is "flexible and humble enough to assess anew the cultural dimensions of the experiences of each [person]."[30] Rather than having a static endpoint, self-questioning and self-critique, and active listening become part of the process. [ii] A way to demonstrate cultural humility is taking the time to learn about cultural practices and recognize that different cultures may have different stigma, practices and beliefs around mental and behavioral health. These are important to consider when managing care.

Person-centered care starts with the use of non-stigmatizing language in written materials and in personal encounters. The University of California San Francisco offers the resource for HIV #LanguageMatters: Addressing Stigma by Using Preferred Language available [here](#). Example: *Person living with HIV* rather than *HIV infected person*. [iii]

Abuse, violence, and other forms of trauma are widespread. The landmark 1998 study on adverse childhood experiences (ACEs) shows the high prevalence of ACEs across populations and links these experiences to a lifetime risk of poor health outcomes such as alcoholism, depression, heart disease, cancer, and obesity. [iv] While children are highly sensitive to trauma, as seen through these later health impacts, trauma is also impactful for adults. Trauma-informed care is built on understanding a person's individual life experiences (e.g., asking what has happened to you) and the need for clinical encounters to empower rather than re-traumatize a person. [v] The term was developed to integrate an understanding and strategies to mitigate trauma into delivery of behavioral health care and has since been adapted to physical health services and to delivery of integrated physical and behavioral health services. [vi] Many of the individual elements have been regularly used in the delivery of care for decades including addressing a person's distress, providing emotional support, encourages positive coping, but practice is ahead of literature and no best-practice guideline or widely used metric to track practitioner adherence to trauma-informed care exists. [vii]

Integrating trauma-related issues into counseling has had positive effects for survivors of physical and sexual abuse and shown reductions in mental health symptoms. [viii] In many cases, providers operate under the assumption that someone has experienced trauma without directly asking whether this is so, a universal precautions approach. [ix] Key aspects include fostering a person's feeling of safety in the clinical encounter and developing a positive, trusting person-provider relationship. Trust is based in one party being vulnerable, such as through having an illness or a

lower level of knowledge and believing the other party will care for their interests. [x] Fidelity, competency, honesty, and confidentiality are also dimensions of trust.[39]

This workgroup does not endorse a single guideline for trauma-informed care as this care philosophy cannot be operationalized through a checklist, although checklists can serve as a starting point.

Many organizations have developed toolkits to support trauma-informed care. The Centers for Disease Control and Prevention lists six principles to a trauma-informed approach: [xi]

- **Safety**: Staff and people receiving care feel physically and psychologically safe
- **Trustworthiness and transparency**
- **Peer support**: Those with lived experience of trauma as allies in recovery or using stories.
- **Collaboration and mutuality**: Decision making is shared, power differentials among staff or between providers and people receiving care are reduced.
- **Choice**: Empowerment and self-advocacy
- **Cultural, historical and gender issues**: Recognizing and addressing historical trauma, removing provider bias, care that is responsive to cultural background.

Moving to a trauma-informed approach in a clinical setting starts with being trauma-aware, as the Substance Abuse and Mental Health Services Association (SAMHSA) does through their four Rs: [xii]

- **Realization** that anyone may have experienced trauma and behavior can be understood as a coping strategy to address past trauma.
- **Recognize** the signs of trauma.
- **Respond** to the above through using a universal precautions approach (e.g., all people are approached as though they have experienced trauma)
- **Resist Re-traumatization** by seeking to not create toxic or stressful environments.

While a universal trauma precautions approach negates the need for explicit trauma screening, some practices, such as pediatric practices, have found screening to be helpful. The American Academy of Pediatrics offers clinical assessment tools for people who have been exposed to violence here, including adverse childhood experiences. The signs of trauma are diverse, varying from person to person, include emotional, physical, cognitive, and behavioral signs, and may change over time. [xiii] A non-exhaustive list includes:

- Emotional: Emotional dysregulation anger, anxiety, sadness, and shame, numbing or detachment
- Physical: sleep disturbances; gastrointestinal, cardiovascular, neurological, musculoskeletal, respiratory, and dermatological disorders; urological problems; and substance use disorders
- Cognitive: Cognitive errors, misinterpreting situations as dangerous, excessive or inappropriate guilt, idealization, rationalization, delusions, intrusive thoughts or memories
- Behavioral: reenactments, self-harm or self-destructive behaviors

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For individuals that use substances, harm reduction approaches are critical and evidence-based to improve outcomes and save lives. [xiv] Harm reduction is, "a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower people who use drugs (and their families) with the choice to live healthy, self-directed, and purpose-filled lives." Harm reduction focuses on comprehensive prevention and continuity of care, emphasizing overdose education, and distribution of reversal medications.

The Academy of Perinatal Harm Reduction published a patient-facing toolkit on Pregnancy and Substance Use, updated in 2022, that provides education to parents on harm reduction while using various substances, input on navigating the healthcare and legal systems, and considerations from prenatal through postpartum care periods.

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