

Healing (Trauma) Informed De-Escalation: Approaches to Difficult Situations in HIV Care

MATEC Regional Mental Health Series

May 19, 2023



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We continue to grow and evolve and welcome you on our journey.

“When we know better we do better.”

–Dr. Maya Angelou



Disclaimer

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Learning Objectives

- Summarize **Healing (Trauma) Informed Care (HIC)**
- Explain at least **3 approaches** that are often effective for **de-escalation**
- **Apply** effective de-escalation **approaches** to HIV care
- **Develop a plan** to integrate de-escalation approaches learned

Intention to Integration

INTEGRATION PLAN								
GOAL: I want to integrate what I learned so that I ...								
OBJECTIVES OR STEPS (I will accomplish the above goal through the following steps.)	IMPORTANCE (1-10 scale)	COMMITMENT (1-10 scale)	CONFIDENCE (1-10 scale)	WHY? (3 Reasons)	WHEN &/OR HOW OFTEN	HOW WILL I KNOW IT'S A SUCCESS?	WHEN WILL I EVALUATE PROGRESS?	BARRIERS & PLAN TO OVERCOME BARRIERS
NOTES:								

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Map it Out		
Stress Model of Crisis	Responses	I ASSIST
1. Pre-Crisis	Essential Questions	Isolate the conversation
2. Trigger	1. What am I feeling now? (What is my current mindset?) • Manage Reaction (Thoughts, Feelings, Behavior &/or Defenses)	Actively listen
3. Escalation (VEC)	2. What does this person possibly feel, need or want? (What is the issue?) • Demonstrate Compassion/Understanding	Speak calmly, assertively & respectfully
a. Questioning	3. How is the environment affecting the situation? (What is going on around me, is the environment adding to the crisis?)	State your agreement & understanding before instructions or requests
b. Refusal	• Minimize, Resolve or Eliminate Trigger or Stimulus	Introduce options
c. Verbal Release	4. How do I best respond? (What can I do to help de-escalate the situation?) • Agree/Support/Affirm/Validate (empathetic, non-judgmental)	Space
d. Intimidation	• Ask for Permission/Contrast/Enlarge the Frame	Time
4. Crisis	• Set Limits (emphasize positive choices)	
	• Direct/Use Summary Transition (insist wisely; share control)	
	• Choose Safety	
5. Recovery	• Process for Support & Mastery	

SAMHSA's 4 Rs of TIC



Recognize: Signs and symptoms of stress/trauma in patients/participants, families, staff, you & others



Realize: Widespread impact of stress/trauma, & understand paths for recovery



Respond: By integrating knowledge about stress/trauma into policies, procedures, practices, and settings



Resist: Re-traumatization

HIC = Keep Stress/Trauma in Mind: Know **What** You Are Doing & **Why**

How might stress/trauma be impacting this person; their thoughts, feelings, & behaviors?

- We show up differently when we know someone is upset.
- Be nicer than you want to be.
- Be more patient than you feel like you have time for.



FYI

6 Key Principles of HIC Approaches

1. Safety (Physical & Emotional)

- Offer Safe Relationships
- Create Safe Spaces

2. Collaboration & Mutuality

- Ask, Don't Tell
- Reframe Resistance, Neutralize Power Struggles & Model Shared Power

3. Trustworthiness & Transparency

- Use the Trauma Lens
- Assume the Difficulties of Seeking Help



FYI

6 Key Principles of HIC Approaches (con't)

4. Empowerment, Voice & Choice

- Avoid Confrontation; Support & Empower
- Teach & Coach Coping & Relationship Skills

5. Peer Support

- Develop, Utilize & Supervise Peer Support Programs

6. Inclusion & Intersectionality

- Use Person-First Language & Preferred Name, Pronouns, etc.

HIC Terms

- Stress
- Trauma
- Secondary Trauma
- Burn-Out
- Compassion Fatigue (Trauma Saturation)

Stress

- An elevation in a person's state of arousal or readiness, caused by some stimulus or demand.
- Moderate stress arousal improves health and performance.
- Manageable stress levels can sharpen attention & mobilize our physical ability to cope with threats.
- At some point, stress arousal reaches maximum effect & all that was gained is lost and deterioration of health and performance begins



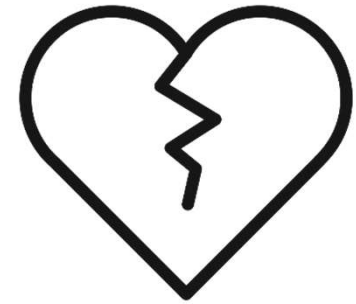
How Does Stress Happen?

- Too much to do, not enough time
- Don't know where to start
- Cleaning up the mistakes
- Mental health issues
- Substance use/abuse
- Family/lack of family
- (Un)Employment
- Etc.

Trauma

Per SAMHSA...

- Individual trauma results from an event, series of events, or set of circumstances
- That is experienced by an individual as physically or emotionally harmful or life threatening
- That has lasting effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being



Frame of Reference

- Self
- Others
- Safety
- World
- Spirituality

How Does Trauma Happen?

- Abuse or **Neglect** (childhood, at risk adult) – physical, emotional, sexual, financial
- Accident or Illness
- Victim/witness to **Domestic Violence**
- Community or School Violence
- Exposure to Substance Abuse/Addiction
- Natural Disaster, War, Terrorism, Famine
- Political Violence, Fear-Based Political/Public Service Statements
- Grief & **Loss**
- Separation & Divorce
- Historical, Cultural, Generational
- Gender & Sexual Orientation/Expression
- Etc.

FYI

Childhood Development (Common Effects from Stress/Trauma)

- Lags in Ages & Stages (walking, eating, talking, toileting, fine & gross motor skills, etc.)
- Difficulty focusing, learning & problem solving
- Trouble regulating & expressing emotions
- Aches & pains (head, stomach, etc.)
- Disorders of sleep, eating & toileting
- Attachment issues
- Mental health issues (anger, depression, anxiety)
- Poor self esteem
- Trust in relationships
- *& more...*



FYI

Brain

(Common Effects from Stress/Trauma)

- Smaller brain size
- Impaired stress response (hyper- or hypo- aroused; fight, flight, freeze or submit)
- Inability to focus
- Less efficient processing
- Difficulty learning
- Issues with memory & recall
- Mental health issues (anxiety, depression, attachment issues, etc.)
- & more



FYI

Body

(Common Effects from Stress/Trauma)

- GI issues
- Sleeping too much or too little
- Eating too much or too little
- Tense muscles & muscle aches
- Headaches
- Poor immune system
- Problems with emotional regulation & expression
- Poor impulse control
- Increased risk-taking
- *Anything you think is related to stress/trauma probably is*



FYI

Relationships (Common Effects from Stress/Trauma)

- Attachment issues (dependent, avoidant, etc.)
- Loss of safety; trust issues
- Difficulty forming & keeping peer & romantic relationships
- Detrimental relationships including abuse & neglect
- Irritable, annoyed
- Poor understanding of social cues
- Capacity to love & be loved
- & *more*

Traumatic Stress Responses (AKA Defenses)

Which is your default?

Know what to expect & accept it to plan HOW to work with it.

	<p>Fight</p>
	<p>Flight</p>
	<p>Freeze</p>
	<p>Submit</p>

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DSM-5: PTSD Doesn't Fit Everyone Suffering from Stress/Trauma

- Anxiety Disorders
 - Panic, Specific Phobia, Social Phobia, GAD etc.
- Obsessive-Compulsive, Stereotypic & Related Disorders
 - OCD, Body Dysmorphic, Hoarding, Hair Pulling, Skin Picking, etc.
- Trauma- and Stressor-Related Disorders
 - PTSD, Acute Stress Disorder (ASD), Adjustment Disorders, Reactive Attachment Disorder, etc.
- Dissociative Disorders
 - Dissociative Identity Disorder (DID), Depersonalization/Derealization, Dissociative Amnesia, etc.
- Etc.

Adaptations Work...to a Point

- Self Medicating = Drinking/Drugging
- Release of Pressure = Cutting
- Avoidance of Fear/Relationships = Isolating
- Safety/Protection = Aggression or Avoidance
- Grief/Loss, Need for Control = Hoarding

Predictors of Stress/Trauma/ Secondary Trauma Reactions

- How stressed &/or traumatized you were immediately before
- Importance
- Uncertainty
- Duration
- Preconditions for trauma

FYI

Preconditions for Trauma

Struggle

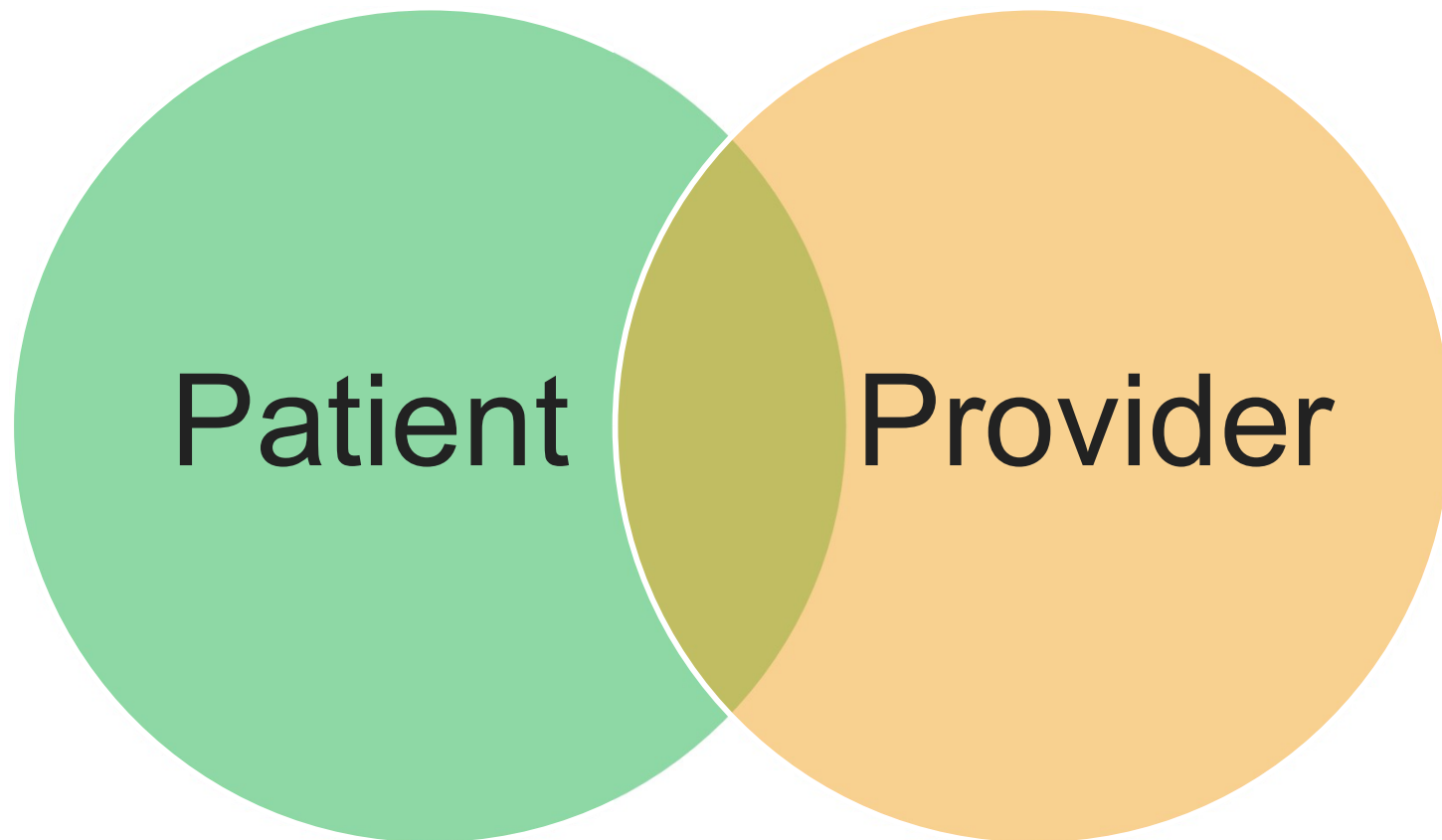
1. Lack of Predictability
2. Immobility (loss of physical sense of agency)
3. Loss of Connection
4. Natural Reactions of Numbing & Spacing Out
5. Loss of Sense of Time & Sequences (no sense of future)
6. Loss of Safety
7. Loss of Sense of Purpose/Identity.

Strategy

1. Have morning, bedtime &/or other routines/schedules as much as possible
2. Move your body: exercise, dance...
3. See & hear people; especially those who fill us up
4. Practice being pleasantly present
5. Look forward to something every day, week & weekend
6. Touch & cuddle people, pets & selves
7. Do what fills you up & affirms who you are; art, music, etc.

van der Kolk (2020)

Shared Stress/Trauma: Secondary Trauma, Burnout, Compassion Fatigue, etc.



FYI

Secondary Trauma



Experiencing the cumulative effect of

- Witnessing a traumatic event
- Having knowledge about a traumatic event experienced by another
- Working with traumatized individuals

Frame of Reference

- Self
- Others
- Safety
- World
- Spirituality

FYI

Insulation: Compassion Satisfaction

Compassion = Empathy + Desire to Help

- Emotional Labor & Approaches
- Mission & Kryptonite
- Definition of “Help” or “Success”
- Ability to understand & provide support without jumping to solutions

Monitor:

0 (couldn't feel less positive) to 10 (couldn't feel more positive)

Maintain: 4 - 7

Wagaman, et al. (2018)

FYI

Burn-out

When your capacity (energy, time, resources, etc.) does not or can not meet expectations (yours & others)

- Overwhelming emotional exhaustion
- Depersonalization
- Feelings of professional insufficiency

Wagaman, et al. (2018)

FYI

Insulation: Realistic Work Expectations

- *What you've always been able to do is likely what you will be able to do now. Set your **daily expectations** based on that.*
- **When** are you most productive at **what** (people-ing, writing, filing, creating, etc.)? Schedule it.
- **Strategically connect with colleagues** (AM & PM breaks, lunch...) = better than talking endlessly because you are over it.
- Take **strategic time off**



FYI

Compassion Fatigue

“The physical and mental exhaustion and emotional withdrawal experienced by those that care for sick or traumatized people over an extended period of time.”

“Some researchers consider *compassion fatigue* to be similar to posttraumatic stress disorder (PTSD), except that it applies to those emotionally affected by the trauma of another (eg, participant or family member) rather than by one's own trauma.

Michael K. Kearney et al., *The Journal of the American Medical Association*, 18 Mar. 2009

Clinicians should be aware of how their emotional withdrawal or lability and “*compassion fatigue*” can jeopardize the care of dying patients and their families.

Deborah Cook and Graeme Rocker, *The New England Journal of Medicine*, 26 June 2014”



FYI

Insulation: Self-Compassion

- May I be peaceful
- May I be well
- May I be happy
- May I be safe
- May I be free from suffering



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FYI

Insulation: Compassion to Others

- May you be peaceful
- May you be well
- May you be happy
- May you be safe
- May you be free from suffering





FYI

Insulation: Coping in the Moment

- Use calming, positive self talk
- Ground Yourself: Focus on hands/feet on a surface
- Breathe slowly & deeply (belly)
- Breathe out longer than in
- Hug someone for at least 10 seconds
- Trigger the diver's reflex (hold your breath for 15 seconds while you splash cold water on your face)
- Use brief diversions
- Get up & move for at least 3 minutes

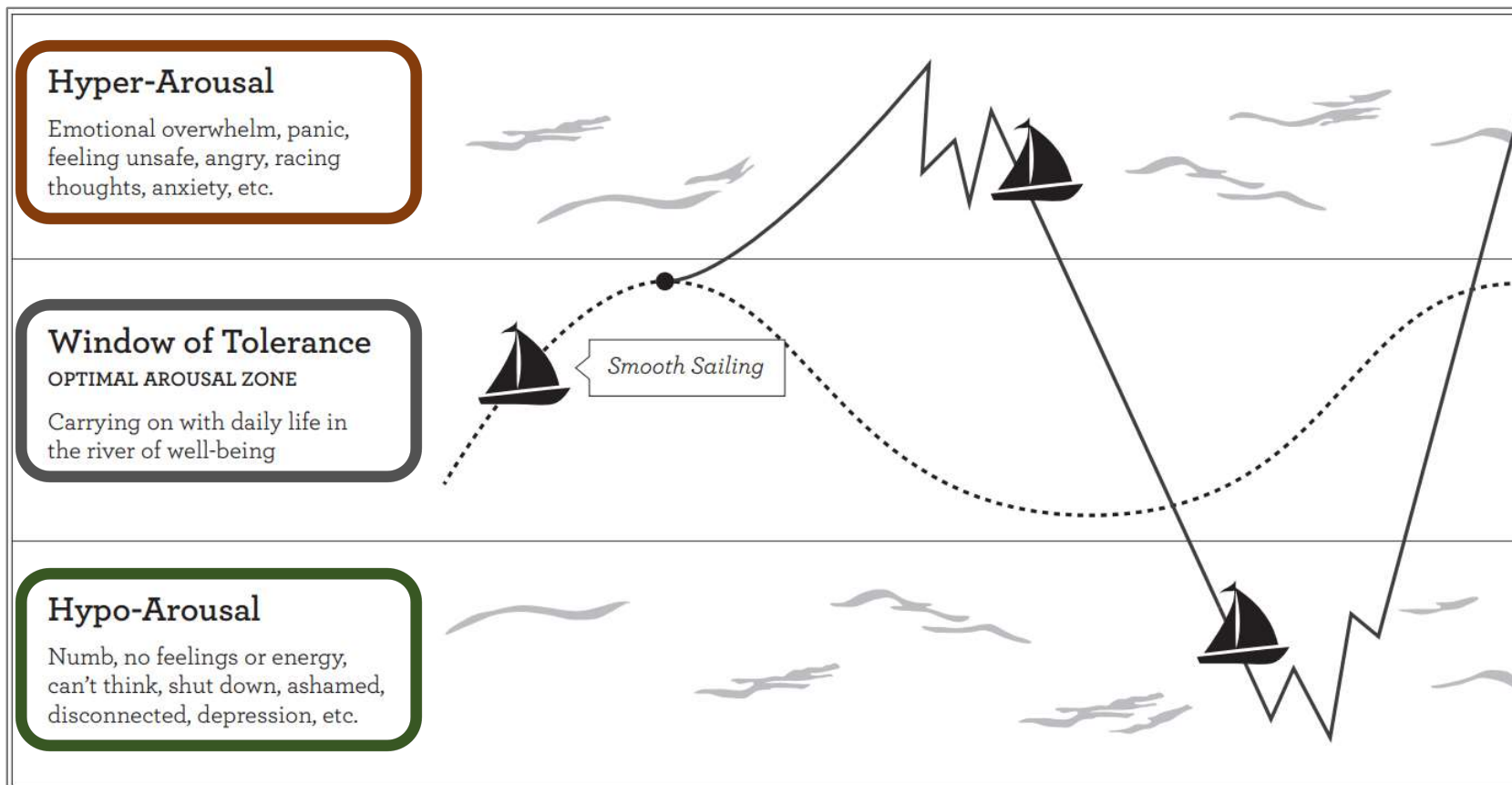
Self Care is Healing (Trauma) Informed Care



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You Can Help

↓ Decrease stress-/trauma-response
↑ Increase resilience



Used with permission: <https://brassballstenderheart.com/window-tolerance-can-maintain-well/>

Difficult Situations

Contributing Factors:

- Current Times
- Mental Health
- Alcohol & Other Drug Abuse
- And More



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- I don't have all the answers.
- Together we have many ideas.
- Not every situation can be helped by De-Escalation approaches

Your Safety

The most important consideration in dealing with difficult situations is **YOUR** safety!

- Well-Being
 - Physical
 - Psychological
 - Cognitive
- Take care of yourself first!
- Get direction about expectations before & after



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Stress/Trauma Interferes with...



Regulating



Processing

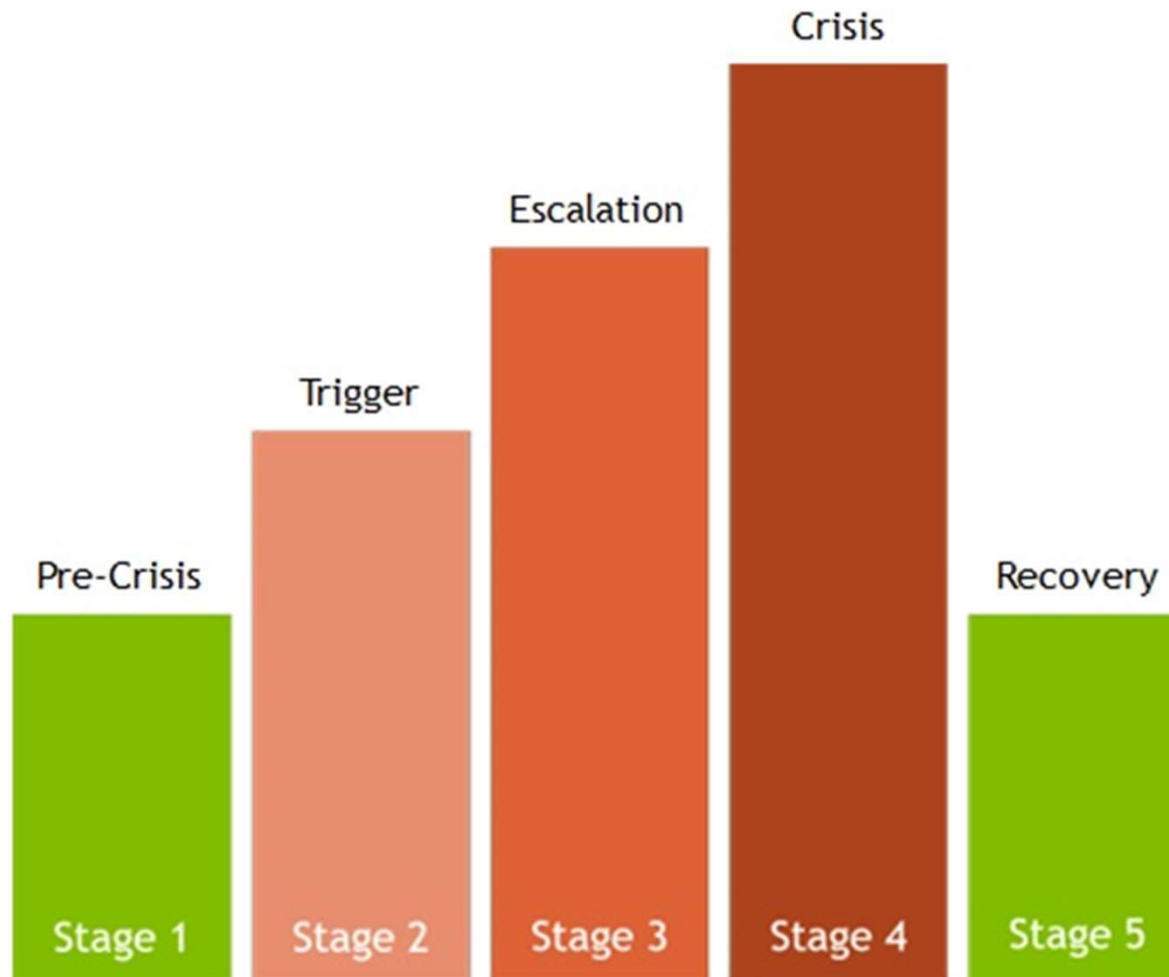


Learning & Remembering



Relating

Stress Model of Crisis



FYI

Important General Strategies



- Prioritize engagement, rapport & compassion
- Use welcoming nonverbals
 - Smile, nod, gestures, etc.
- Have a strategy for resistance, discord, criminal thinking, thinking errors, challenging behaviors, etc.
- Practice
 - Delivering bad news , saying “no”, difficult conversations...
- Plan for potentially heightened emotional situations
 - Include colleagues/team
- Alert colleagues to potentially heightened emotional situations



FYI

Structure Encounters

1. **Ask** to set the agenda & state the **time** available (*We have about 15 minutes, can we start by deciding what we need to accomplish?*)
2. Set a Collaborative, Intentional, Clear **Agenda**
 - Last encounter
 - Participant issues/desires + Agency + Yours =Ours
 - 3 minutes for Struggles
 - 5 minutes for Strategies
3. **Priorities** (chronology of discussion & tasks)
4. Check time to **transition**
5. Allow time at the end for **summary & next steps**

How have you triggered someone on the job?

1. Going too fast
2. Not taking enough time to help the person feel heard or understood
3. Telling someone what to do
4. Using language insensitive to the person
5. Disclosing too much about yourself
6. Putting your own values, beliefs, way of life on the person (judging)
7. Assuming you were on the same page with the person
8. Being short, showing annoyance or irritation
9. Telling someone “no” to what they really needed
10. Unintentionally despite the best of intentions

Now it's
your turn!

4 Essential Questions

- 1. What am I feeling now? (What is my current mindset?)**
 - Manage Reaction (Thoughts, Feelings, Behavior &/or Defenses)
- 2. What does this person possibly feel, need or want? (What is the issue?)**
 - Demonstrate Compassion/Understanding
- 3. How is the environment affecting the situation? (What is going on around me, is the environment adding to the crisis?)**
 - Minimize, Resolve or Eliminate Trigger or Stimulus
- 4. How do I best respond? (What can I do to help de-escalate the situation?)**

FYI

Manage Your Thoughts, Feelings & Behavior: AKA Don't Overreact

- Breathe
- Positive Self Talk
- Ground/Calm Your Body
- Regulate Yourself through Words, Tone, Volume & Behavior
- Nonthreatening supportive stance: SOLER
 - **S**quarely face client (1.5 – 3 feet apart)
 - **O**pen posture
 - **L**ean forward
 - **E**ye contact
 - **R**elaxed, caring posture & gestures



FYI

Environment

- Consider safe, calm set up: waiting & meeting areas
- Position yourself/patient nearest the exit (personal preference)
- Consider proximity of colleagues/team
- Minimize, resolve or eliminate trigger or stimulus
- Remove potential targets or weapons

Prioritize Impact Over Intention

INTENT

- The reason, thought or feeling behind an action or conversation.
- AKA what you thought you were doing.
- Examples
 - “I want you to take these meds, because...”
 - “Well, I said it that way because...”

IMPACT

- How the action or conversation makes the other person feel.
- AKA how that action was perceived by the other person.
- Examples
 - *“I don’t want to take the meds. You aren’t even listening to me.”*
 - *“It seemed like you were...”*

Prioritize Impact

1. Name What You Did (discounted, offended...)
2. Reflect/Affirm what the person Said &/or Wants
3. **LISTEN to Understand**
4. Demonstrate Understanding with any or all of the following
5. Ask Permission/Empower to address Intention/Issue
6. Enlarge the Frame
7. Ask how can you make up for the Impact



FYI

Jumping to Solutions: A Common Trigger



*You keep telling me it's all about the
drugs & what I should do.*

You don't get it.

I don't think it is all about the drugs.

Why am I even coming here!?!



FYI

Name What You Did & Reflect/Affirm what the person Said/Wants

- *I'm really sorry that I discounted you.*
- *I understand that I made big generalizations that don't fit you or your life.*
- *You want to make sure I get who you are and what you are going through.*
- *You are dedicated to doing everything you can to continue your sobriety.*

**LET THE PERSON RESPOND & LISTEN TO
UNDERSTAND**

FYI

Demonstrate Understanding & Any/All ...

1. Ask Permission/Empower to address Intention/Issue
2. Enlarge the Frame
3. Ask how can you make up for the Impact
 - *I can see how upset you are that I discounted you.*
 - *I made a wrong assumption & didn't acknowledge your take on what's going on; that it's not just about the drugs.*
 - *Can I please explain my intention behind what I said?*

FYI

Yes, Explain & Enlarge the Frame

- Thank you for the opportunity to explain my intention.
- It doesn't make up for the impact it has had on you; you are right to feel upset.
- I was trying to support you in your continued sobriety with approaches I've seen work for others.
- I do see that you are upset & I apologize.
- I think what we both want is to work well together because you value your sobriety & need someone who understands & supports what you think.

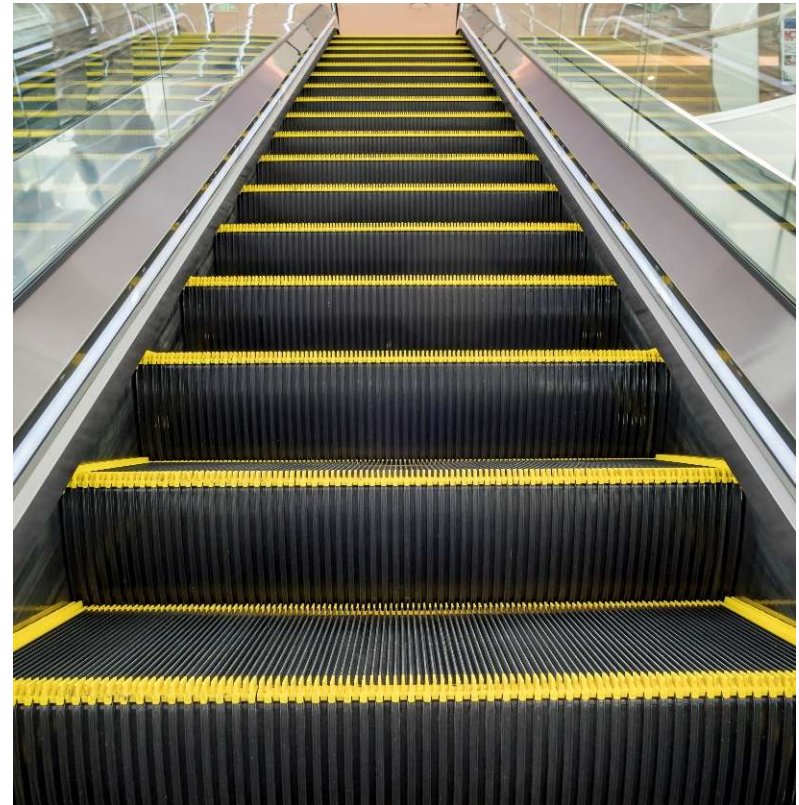
FYI

No, Don't Explain & Enlarge the Frame

- I understand. My intention doesn't make up for the impact it has had on you; you are right to feel upset.
- I do see that you are upset & I apologize.
- I think what we both want is to work well together because you value your sobriety & need someone who supports what you think.
- Where do we go from here?

Verbal Escalation Continuum

1. Questioning
2. Refusal
3. Verbal Release
4. Intimidation



Questioning: Approaches

Can you please explain why I am chastised when I am a few minutes late but I've been sitting in this room for 10 minutes waiting for you!?!?

- 1. Respectfully answer the question:** I am sorry you had to wait for so long. The wait was out of my control. We do expect you to be on time & we like to be on time too.
- 2. Affirm/validate:** It is frustrating to sit here & wait; & you waited a while. I appreciate that.
- 3. Normalize/name concern:** Most of us are frustrated when it seems like there are double standards. You waited a while for me; I appreciate that.

MULTIPLE CHOICE

Questioning: Approaches



“I know you want me to take meds; all the meds. I’m sure you’re working with big pharma!”

- A. I do want you to take your meds.
- B. I only want you to take the meds that I think will help you.
- C. You are concerned that I’m looking out for me more than I’m looking out for you.**
- D. I don’t work with big pharma; that’s ridiculous

Refusal: Approaches

“I’m not going to answer that; that’s none of your business.”

- 1. Empower/Support Autonomy:** You don’t have to answer anything that you don’t want to answer, although these questions help me to get to know you & what’s going on. Whatever you decide is up to you; I’ll support you the best that I can.
- 2. Acknowledge & Move On:** OK, can I ask you a few different questions?
- 3. Enlarge the Frame:** I think what we both want is to figure out what’s going on, so that you can feel better.

MULTIPLE CHOICE

Refusal: Approaches



“That isn’t something I’m worried about.”

- A.** OK, so you’re not worried about your blood pressure. Let’s talk about your cholesterol or your weight – which one should we start with?
- B.** Well, I’m worried about your blood pressure.
- C.** If you don’t address your blood pressure, bad things can happen.
- D.** You should be worried about this; it’s part of why you are anxious & out of breath.

Verbal Release: Approaches

“Are you F@% kidding me!?! You think you can tell me what to do?”*

- **Set Limits:** You're upset; be respectful...Tell me what you're thinking... It's hard for me to understand when people yell.
- **State Patient's Concerns/Limitations/Needs/Desires:** You think I'm telling you what to do & you need to make your own decisions so that you feel better.
- **Enlarge the Frame:** I don't want to tell you what to do; I think we both want you to make the best decisions you can so that you feel better.

Setting Limits

- Insist wisely
 - Share control
 - Emphasize positive choices
 - Avoid telling someone to “Calm down”
 - Take an obvious, long, slow deep breath with longer exhale
- 
- *Take a seat*
 - *Let's sit down*
 - *You're upset; be respectful*
 - *Tell me what you're thinking*
 - *It's hard for me to understand when it's so loud*
 - *Let's take a break*

MULTIPLE CHOICE

Verbal Release: Approaches



“Look, you think you know everything because you’re educated. That’s BS. You don’t know me.”

- A. I don’t know you, but I do know HIV/AIDS & how sick you are.
- B. You’re worried that I’m making assumptions about you; that I don’t know you.**
- C. I don’t know everything; I’m just trying to help.
- D. Don’t swear at me; that’s BS. I do know a lot because of my education, so you should listen to me.

Intimidation: Approaches



Nonverbal & Verbal threats to person or property

You'd better watch your back. No one does me dirty like this!

That's BS; I'll tear this place up!

Getting up & going toward you

- 1. End the Conversation:** This conversation is over. It is time for you to go... I'm going to step out.
- 2. Leave**
- 3. Engage Your Team**

MULTIPLE CHOICE

Intimidation: Approaches



“You don’t know me & you don’t know what I can do. You’d better ease up or it’s going to get ugly.”

- A.** I will ease up. Let’s talk another time. (getting up to leave the office)
- B.** I know what you want & I am just trying to help.
- C.** Don’t talk to me like that; be respectful
- D.** Are you threatening me?

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

1

IDENTIFY RISK FACTORS

Note those that can be modified to reduce risk

2

IDENTIFY PROTECTIVE FACTORS

Note those that can be enhanced

3

CONDUCT SUICIDE INQUIRY

Suicidal thoughts, plans, behavior, and intent

4

DETERMINE RISK LEVEL/INTERVENTION

Determine risk. Choose appropriate intervention to address and reduce risk

5

DOCUMENT

Assessment of risk, rationale, intervention, and follow-up



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

“Suicide Safe”
Available on
Android & iPhones



Recovery with Supervisor/Colleague

COPING

- **Control** - Ensure staff have regained physical & emotional control
- **Orient** – Establish basic facts: what happened (nonjudgmental); listen to & validate all perspectives
- **Process** – Discuss feelings/responses & define patterns of cause & responses (including impact of stress/trauma)
- **Investigate** - Decide what needs to happen next time (what went well, what could be improved)
- **Negotiate** - Agree on changes/improvements/repairs to rapport, including how
- **Give** - Offer support & encouragement to practice/rework for mastery & time for self care & letting go



FYI

Let it go.

Did this go better or worse than expected?

How might I have upset or triggered someone?

What did I do/say that was not so great? What will I do/say next time?

What did I do/say that worked well? What will I do/say next time?

What am I responsible for? What can I let go?

Honestly remind yourself that we all continue to grow & mistakes are OK!

Let go (physically & cognitively), because it's over & you have a plan!



Recovery with Patient

- Weigh the desired outcome with likelihood of triggering another difficult situation
- Direct closure (what's next)
- Focus on Rapport/Demonstrating Compassion/Understanding
- Discuss &/or Teach Coping Skills
- Refer to Support Services (mental health, substance use, etc.)



FYI

Document Immediately: Aggressive or Questionable Behavior

- Risk assessment
 - Stress Model of Crisis
 - Weapons/Firearms
 - Etc.
- Factual account of what happened
- Directives or advice given to client and/or others
- Rationale/Decision-making process (including consult)
- Interventions: reporting or warnings
- Communication with client or family members
- Communication with other professionals
- Changes in service or care plan
- Current medication list
- Supervisor should review & sign off note ASAP
- File documentation & make available to colleagues immediately

Things to Consider



- When & how could you utilize your colleagues/team?
- When & how should security be utilized?
- When & how should a patient be discharged due to behavioral health issues?

What Did You Learn? How Will You Use It?

INTEGRATION PLAN

GOAL: I want to integrate what I learned so that I ...

OBJECTIVES OR STEPS (I will accomplish the above goal through the following steps.)	IMPORTANCE (1-10 scale)	COMMITMENT (1-10 scale)	CONFIDENCE (1-10 scale)	WHY? (3 Reasons)	WHEN &/OR HOW OFTEN	HOW WILL I KNOW IT'S A SUCCESS?	WHEN WILL I EVALUATE PROGRESS?	BARRIERS & PLAN TO OVERCOME BARRIERS

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 - Download a certificate of completion from your MATEC participant account after completing your evaluation.

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Upcoming Programs

- **Trans & Nonbinary Inclusive Health care for Behavioral Health Providers**
 - Wednesday, June 7, 2023 | 12:00 – 1:30pm
 - Registration opens soon
- **Trans & Nonbinary Inclusive Health care for Non-Clinical Staff**
 - Wednesday, June 14, 2023 | 12:00 – 1:30pm
 - Registration opens soon

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Update registration links if available.

Emma Reusch, 2023-04-13T19:57:07.521

MATEC Resources

- National Clinician Consultation Center <http://nccc.ucsf.edu/>
 - HIV Management
 - Perinatal HIV
 - HIV PrEP
 - HIV PEP line
 - HCV Management
 - Substance Use Management
- AETC National HIV Curriculum <https://aidsetc.org/nhc>
- AETC National HIV-HCV Curriculum <https://aidsetc.org/hivhcv>
- Hepatitis C Online <https://www.hepatitisc.uw.edu>
- AETC National Coordinating Resource Center <https://aidsetc.org/>
- Additional Trainings <https://matec.info>



HIV Care Tools

A mobile application for the clinical care team



Essential HIV care
information is
always within
reach.



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