

VIDA 2026 · CONSORCIO DE SALUD FRONTERIZA DE LAS CALIFORNIAS

# Beyond the Diagnosis

*A bilingual resource book for culturally responsive, trauma-informed TB and HIV care*

Every person carries a story. Our responsibility is to make sure that story is understood, respected, and supported throughout the care pathway.

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## WELCOME

### About this resource book

This book gathers ten short, practical handouts for **public health workers, medical providers, students, promotores de salud, peers, binational leaders, and community partners** who walk alongside people living with or at risk for TB and HIV, on both sides of the border.

Each handout stands on its own, in English and in Spanish, so you can print just what you need, share it with your team, or use it in conversation with the people you serve. The language is simple on purpose. Clear words build trust.

#### OUR MESSAGE · NUESTRO MENSAJE

**Mental health belongs in care, not as an afterthought, but from the first conversation through treatment and follow-up.**

**La salud mental es parte de la atención desde el principio, no un servicio aparte ni opcional.**

*These materials are for education and conversation. They do not diagnose, screen, or replace professional care, and they do not replace your organization's policies or urgent response procedures.*

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## WITH GRATITUDE

### Credits and acknowledgments

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Written and designed by **Rocío Noemí Dueñas, MA, AMFT, APCC**, for VIDA 2026 and the Consorcio de Salud Fronteriza de las Californias. P.A.S.O. is an educational conversation framework created for this work.

Some tools build on the work of others, adapted here in a new form: the Window of Tolerance (Dr. Daniel J. Siegel), the Feelings Wheel (Dr. Gloria Willcox), the teach-back method (AHRQ), and the principles of trauma-informed care (SAMHSA).

*With appreciation to the TB, HIV, and Mental Health Work Groups of the Consorcio, and to every promotor(a), provider, and community member who makes care feel human.*

# P.A.S.O. Conversation Guide

*One step at a time · For providers, promotores, peers, and community partners*

**Paso means “step.”** P.A.S.O. is a short guide for warm, respectful conversations, especially after hard news like a TB or HIV diagnosis. Anyone on the team can use it, from the front desk to the physician. **It is a conversation guide, not a clinical assessment, screening, or diagnosis.**

|          |                                                                    |                                                                                                                                                                                                                                  |
|----------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>P</b> | <b>Pause</b><br><i>Make room for emotions and safety</i>           | <b>Say:</b> “We can take a moment.” · “Before we talk about treatment, how are you doing with all of this?”<br><b>Try:</b> slow down, sit at eye level, find a private space.<br><b>Avoid:</b> rushing or filling every silence. |
| <b>A</b> | <b>Ask</b><br><i>Ask what matters; do not assume</i>               | <b>Say:</b> “What worries you most right now?” · “Who, if anyone, would you like involved?”<br><b>Try:</b> open questions, one at a time.<br><b>Avoid:</b> guessing about family, sexuality, immigration, or beliefs.            |
| <b>S</b> | <b>Support</b><br><i>Validate; explain simply; offer choices</i>   | <b>Say:</b> “It makes sense to feel worried.” · “We can go step by step.”<br><b>Try:</b> plain words, short steps, two or three choices.<br><b>Avoid:</b> “Don’t worry,” medical jargon, lectures.                               |
| <b>O</b> | <b>Offer</b><br><i>Connect with consent; clarify the next step</i> | <b>Say:</b> “May I help you connect with someone?” · “In your own words, what is our next step?”<br><b>Try:</b> a warm handoff to a person you name.<br><b>Avoid:</b> giving a phone number and walking away.                    |

## Teach-back: check understanding

“I want to be sure I explained it clearly. In your own words, what is the next step?” Teach-back checks **our** explanation, not the person’s intelligence.

## Cultural notes

**Respeto:** use “usted” until invited to do otherwise.

**Confianza** grows over time; trust may come on the second or third visit.

**Familia** can be a strength. Ask first; the person decides who knows.

## REMEMBER

**That two-minute conversation may be the reason someone comes back and finishes treatment.**

*P.A.S.O. is not a crisis tool. If someone is in immediate danger, follow your organization’s urgent response process. Crisis lines are in Handout 10.*

# Finding the Words

*A feelings and needs check-in to use together · Not a test or diagnosis*

Many people have never been given words for what they feel. Use this page **together**. The person can point, circle, or simply talk. There are no right or wrong answers.

## 1. How are you feeling today?

- |                                 |                                  |                                   |                                      |
|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Worried | <input type="checkbox"/> Confused | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Sad    | <input type="checkbox"/> Lonely  | <input type="checkbox"/> Ashamed  | <input type="checkbox"/> Frustrated  |
| <input type="checkbox"/> Numb   | <input type="checkbox"/> Tired   | <input type="checkbox"/> Hopeful  | <input type="checkbox"/> Calm        |

## 2. Where do you feel it in your body?

- |                                              |                                                |                                                    |
|----------------------------------------------|------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Headache            | <input type="checkbox"/> Tight chest           | <input type="checkbox"/> Upset stomach (“nervios”) |
| <input type="checkbox"/> Heart racing        | <input type="checkbox"/> Tense shoulders       | <input type="checkbox"/> Trouble sleeping          |
| <input type="checkbox"/> Heavy or very tired | <input type="checkbox"/> I don’t feel anything | <input type="checkbox"/> Other: _____              |

## 3. What would help right now?

- |                                             |                                             |                                                |
|---------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> More time          | <input type="checkbox"/> An interpreter     | <input type="checkbox"/> A simpler explanation |
| <input type="checkbox"/> Privacy            | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Housing support       |
| <input type="checkbox"/> Someone to talk to | <input type="checkbox"/> Help making a call | <input type="checkbox"/> Food or water         |
| <input type="checkbox"/> Child care         | <input type="checkbox"/> Spiritual support  | <input type="checkbox"/> Other: _____          |

## 4. Who, if anyone, would you like involved?

- |                                                |                                         |                                           |
|------------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Family                | <input type="checkbox"/> Chosen family  | <input type="checkbox"/> A friend         |
| <input type="checkbox"/> A peer or promotor(a) | <input type="checkbox"/> A faith leader | <input type="checkbox"/> No one right now |

*Always ask permission before sharing information with anyone, including family.*

### HELPFUL PHRASE

**“Thank you for telling me. What is the most important thing for us to address first?”**

# Feelings Wheel

*Words for what we feel inside · Start in the center and move out*



## 1 • Start in the center

Pick the big feeling that fits best: joyful, calm, strong, sad, afraid, or angry.

## 2 • Move outward

Look for a more exact word. “Afraid” might really be “worried” or “nervous.”

## 3 • Notice and share

Ask: “Where do you feel it in your body? What would help?” More than one feeling is normal.

## CULTURAL NOTE

In many of our families, feelings show up in the body first: “me duele el estómago,” “ando con nervios,” “se me apachurra el corazón.” These are real ways of naming emotion. Listen to the person’s own words before offering new ones.

*Inspired by the Feelings Wheel created by Dr. Gloria Willcox (1982). This version was designed by Rocío Noemí Dueñas for bilingual community use.*

# Window of Tolerance

*Understanding stress, safety, and the nervous system · Trauma-informed guide*

Everyone has a **window of tolerance**: the zone where we can feel our feelings and still think, listen, learn, and make decisions. When stress pushes us outside that window, the body takes over to protect us. This is not weakness. It is the nervous system doing its job.

## HYPERAROUSAL

*Too much · “On high alert”*

Racing heart, worry, anger, panic, can't sit still, trouble sleeping

## WINDOW OF TOLERANCE

*Just right · “I can handle this”*

Calm enough to think, feel, listen, learn, and decide

## HYPOAROUSAL

*Too little · “Shut down”*

Numb, tired, foggy, disconnected, hard to speak or move

### WHY IT MATTERS

## Why the window can get smaller

### Trauma and loss

Violence, grief, or past harm, including in health care

### Stigma and discrimination

About TB, HIV, sexuality, gender, race, or immigration

### Migration and separation

Distance from family, crossing the border, uncertainty

### Money and housing stress

Rent, work hours, moving to afford a home

### A new diagnosis

Fear about health, treatment, and who will find out

### The body's basic needs

Hunger, poor sleep, pain, illness, or isolation

**With safety, support, and practice, the window can grow again. Connection is one of the strongest helpers.**

## WHAT HELPS

# Coming back to the window

| WHEN I'M...                              | I MIGHT NOTICE                                                                       | WHAT CAN HELP                                                                                                     |
|------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Too much</b><br><i>Hyperarousal</i>   | Racing heart, fast breathing, worry, anger, panic, can't sit still, trouble sleeping | Slow breathing with a long exhale · move or walk · cool water on hands · step outside · say "I am safe right now" |
| <b>Just right</b><br><i>In my window</i> | I can think, feel, listen, and decide, even if I still feel some stress              | Notice what is working · learn new information · make plans · connect with people                                 |
| <b>Too little</b><br><i>Hypoarousal</i>  | Numb, foggy, very tired, disconnected, hard to speak or move                         | Stand up and stretch · name five things I can see · warm drink · music · talk with someone I trust                |

### For helpers: how to support someone outside their window

- Lower your voice, slow down, and use fewer words.
- Offer water, a seat, or a quiet space. Give simple choices.
- Wait to share big information until the person feels steadier, if you can.
- Notice your own window too. A calm helper helps others feel calm.

### My window · Mi ventana

|                                |                                     |
|--------------------------------|-------------------------------------|
| <b>My signs of "too much"</b>  | <b>My signs of "too little"</b>     |
| <b>What helps me come back</b> | <b>People who help me feel safe</b> |

### One thing I will practice this week:

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*The Window of Tolerance concept was developed by Dr. Daniel J. Siegel. This trauma-informed, bilingual version was written by Rocío Noemí Dueñas.*

# Calming & Grounding Tools

*Small practices to help the body feel safer · For you and for the people you serve*

Grounding tools help the body move back toward the window of tolerance. They take one or two minutes. **Always invite, never force.** Let the person choose, keep their eyes open if they prefer, and skip anything that does not feel right.

## Breathe slowly

Breathe in through the nose for 4 counts. Breathe out slowly for 6. Repeat 3 to 5 times. A longer exhale tells the body it is safe.

## 5 · 4 · 3 · 2 · 1

Name 5 things you see, 4 you can touch, 3 you hear, 2 you smell, and 1 you taste. This brings the mind back to the present.

## Feet on the ground

Press both feet into the floor. Notice the chair holding you. Say: “I am here. I am safe right now.”

## Hand on heart

Place a hand on your chest or cheek. Breathe. Offer yourself the kindness you would offer a friend.

## Name it to tame it

Naming a feeling, “I feel scared,” can help calm it. Use the Feelings Wheel to find the word.

## Connection and meaning

A cafecito with someone you trust, a prayer, a favorite song, a walk, or a call to family can be powerful medicine.

## USE WITH THE PERSON YOU SERVE

**“Would you like to take a slow breath with me before we continue?” Do it together. Go at their pace.**

*“Name it to tame it” is a phrase from Dr. Daniel J. Siegel. These tools support well-being; they do not replace treatment for anyone who needs it.*

## If someone is in crisis

*If someone talks about suicide, harming themselves or others, or is in immediate danger, follow your organization’s urgent response process and get trained help right away.*

**United States:** Call or text 988 (Suicide & Crisis Lifeline). Spanish available. Free, 24/7.

**San Diego County:** Access & Crisis Line: 1-888-724-7240. Free, 24/7, many languages.

**Mexico:** Línea de la Vida: 800 911 2000. Free, 24/7.

**Emergency:** Call 911 in the United States or Mexico.

# Care That Builds Trust

*Quick guide for community and health care teams · Atención que genera confianza*

## Avoid assumptions

Ask about language, name, pronouns, support people, and privacy needs when they are relevant to care. Let the person define their own family.

## Protect confidentiality

Talk in private. Avoid intrusive questions about transition, HIV status, or family disclosure that care does not require.

## Replace blame with curiosity

Instead of “Why didn’t you come?” ask “What made it difficult to come?”

## Be a respectful upstander

Discreetly redirect disrespectful moments, protect privacy, and acknowledge mistakes briefly, without making it about you.

## Connect, don’t abandon

With consent, help contact the next service and explain the follow-up. Confirm the person got there.

## Support the workforce

Training, supervision, clear referral steps, and realistic workloads help staff stay present and kind.

## AFFIRMING CARE

### Welcoming LGBTQIA+ clients

- Ask everyone, in private: “What name and pronouns would you like us to use?” Then use them.
- Use inclusive words like “partner” and “chosen family” until you know the person’s words.
- If you make a mistake: “Thank you for correcting me,” then move on. No long apologies.
- Explain who will see what is written in the record, and why.

## LANGUAGE ACCESS

### Working with interpreters

- Use a trained interpreter for medical and sensitive topics. Avoid using children or family members as interpreters.
- Speak to the person, not the interpreter. Use short sentences and pause often.

## RECOGNIZE · RESPOND · CONNECT

**Are we asking people to adapt to our systems, or adapting our systems to people?**

# Medical Words in Plain Language

*TB and HIV terms people often hear, and simple ways to say them*

When people nod, they may not understand. These plain-language explanations help create understanding, not just give information. Always check with **teach-back**.

## TUBERCULOSIS

### TB words

| WORD                                        | SIMPLE WAY TO SAY IT                                                                                                              |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>TB infection (inactive or latent TB)</b> | “TB germs are in your body but sleeping. You are not sick and you cannot pass it to others. Medicine can keep it from waking up.” |
| <b>TB disease (active TB)</b>               | “The TB germs are awake and making you sick. It can spread through the air when you cough. It can be cured with medicine.”        |
| <b>Sputum test</b>                          | “We test the mucus you cough up from deep in your lungs, not spit from your mouth, to look for TB germs.”                         |
| <b>Chest X-ray</b>                          | “A picture of your lungs to see if TB has caused changes.”                                                                        |
| <b>DOT or video DOT</b>                     | “A health worker joins you, in person or by video, while you take your medicine, to support you through treatment.”               |
| <b>Isolation</b>                            | “Staying apart from others for a short time while TB can spread. It protects your loved ones, and it is temporary.”               |
| <b>Contact investigation</b>                | “The health team checks people who spent time near you and offers them testing. Your name is usually kept private.”               |
| <b>Drug-resistant TB</b>                    | “TB that some medicines no longer kill. Taking every dose helps prevent it.”                                                      |
| <b>Treatment length</b>                     | “TB treatment usually takes 4 to 9 months, depending on your plan. Feeling better does not mean the TB is gone.”                  |

## HIV

### HIV words

| WORD                       | SIMPLE WAY TO SAY IT                                                                                                          |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>HIV</b>                 | “A virus that weakens the body’s defenses. There is no cure yet, but treatment lets people live long, healthy lives.”         |
| <b>ART (HIV treatment)</b> | “Daily medicine, or sometimes injections, that keeps the virus under control.”                                                |
| <b>Viral load</b>          | “How much HIV is in your blood.”                                                                                              |
| <b>Undetectable · U=U</b>  | “The virus is so low the test can’t find it. Undetectable means untransmittable: you won’t pass HIV to partners through sex.” |
| <b>CD4 count</b>           | “A test that shows how strong your body’s defenses are.”                                                                      |

| WORD        | SIMPLE WAY TO SAY IT                                                                                         |
|-------------|--------------------------------------------------------------------------------------------------------------|
| <b>PrEP</b> | “Medicine that people without HIV take to prevent getting it.”                                               |
| <b>PEP</b>  | “Emergency medicine after a possible exposure to HIV. It must start within 72 hours, the sooner the better.” |

## CARE WORDS

### Words used in any visit

| WORD                   | SIMPLE WAY TO SAY IT                                                                                    |
|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Adherence</b>       | “Taking your medicine the way we planned together. If something makes that hard, tell us. We can help.” |
| <b>Side effects</b>    | “Changes your body may feel from the medicine. Tell us about them; there are often ways to help.”       |
| <b>Referral</b>        | “Connecting you to another service that can help.”                                                      |
| <b>Confidentiality</b> | “Your health information is private. We share it only as the law and you allow.”                        |
| <b>Follow-up</b>       | “Your next visit or call, to see how you are doing.”                                                    |

## COMMON WORRIES

### Questions people ask, and honest answers

| THEY MAY ASK                        | YOU CAN SAY                                                                                                                                                                      |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>“Am I going to die?”</b>         | “TB can be cured with medicine. With HIV treatment, people live long, healthy lives. We will go through this with you.”                                                          |
| <b>“Can I hug my family?”</b>       | “HIV does not spread through hugs, kisses, or sharing plates. For TB disease, your team will tell you when it is safe to be close again, usually after some weeks of treatment.” |
| <b>“Who will find out?”</b>         | “Your health information is private. Let’s talk about who will see it and who you want to tell, if anyone.”                                                                      |
| <b>“I feel better. Can I stop?”</b> | “Feeling better means the medicine is working. Stopping early can make TB come back stronger. Let’s talk about what makes it hard to continue.”                                  |

## TIPS FOR CLEAR COMMUNICATION

Avoid acronyms · one idea at a time · show pictures · written information in the person’s language · ask “What questions do you have?”

## SOURCES AND CREDITS

WHO, Tuberculosis fact sheet. <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

CDC, About Inactive Tuberculosis. <https://www.cdc.gov/tb/about/inactive-tuberculosis.html>

CDC, Undetectable Equals Untransmittable. <https://www.cdc.gov/global-hiv-tb/php/our-approach/undetectable-untransmittable.html>

AHRQ, Teach-Back. <https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/teachback.html>

# Caring for Those Who Care

*Cuidar a quienes cuidan · Well-being for providers, promotores, and teams*

Walking alongside people through fear, illness, and loss is meaningful and heavy. Caring for yourself is not selfish. **It is part of caring well for others.**

## Burnout

Exhaustion from ongoing work stress: feeling drained, cynical, or less effective.

## Compassion fatigue

Emotional and physical tiredness from caring for people who are suffering.

## Vicarious trauma

Changes in how we see the world after hearing about others' trauma again and again.

## Signs to notice in yourself

- |                                           |                                                   |                                                      |
|-------------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Feeling numb or detached | <input type="checkbox"/> Irritable or short-tempered |
| <input type="checkbox"/> Dreading work    | <input type="checkbox"/> Headaches or body pain   | <input type="checkbox"/> Pulling away from people    |

## For me

Take small pauses between hard conversations.  
Protect sleep, food, and movement.  
Talk with someone you trust; don't carry it alone.  
Keep what restores you: faith, music, nature, family.

## For our team

Regular supervision and debriefing after hard cases.  
Clear referral steps so no one feels stuck.  
Realistic workloads and time off that is respected.  
Celebrate wins, even small ones.

## What fills my cup? · ¿Qué me recarga?

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**Burned-out teams cannot build trust. Caring for staff is caring for clients.**

# Key Terms & Glossary

*Plain-language words for culturally responsive, trauma-informed care*

Each term has a simple definition and an example from everyday work in our communities. The Spanish term appears under each word.

| TERM                                                     | WHAT IT MEANS                                                                                                  | EXAMPLE                                                                |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Behavioral health</b><br><i>Salud conductual</i>      | Mental health plus substance use and everyday habits that affect well-being.                                   | Asking about sleep, stress, and alcohol use as part of a TB visit.     |
| <b>Binational</b><br><i>Binacional</i>                   | Involving two countries; here, California and Baja California.                                                 | A family that lives in Tijuana and receives care in San Diego.         |
| <b>Burnout</b><br><i>Agotamiento laboral</i>             | Exhaustion from ongoing work stress.                                                                           | A promotora who dreads Mondays and feels she has nothing left to give. |
| <b>Care pathway</b><br><i>Ruta de atención</i>           | The steps from first contact to testing, treatment, and follow-up.                                             | Screening, diagnosis, starting treatment, and every visit after.       |
| <b>Chosen family</b><br><i>Familia elegida</i>           | People someone considers family, whether or not they are related by blood or law.                              | A close friend who goes to every appointment with the client.          |
| <b>Compassion fatigue</b><br><i>Fatiga por compasión</i> | Tiredness from caring for people who are suffering.                                                            | Feeling numb after a week of difficult diagnoses.                      |
| <b>Confidentiality</b><br><i>Confidencialidad</i>        | Keeping health information private and sharing it only as the law and the person allow.                        | Not discussing a client's HIV status in the waiting room.              |
| <b>Consent</b><br><i>Consentimiento</i>                  | Permission given freely after understanding.                                                                   | "May I share this with your sister?" before calling her.               |
| <b>Coping</b><br><i>Afrontamiento</i>                    | The ways people manage stress.                                                                                 | Prayer, music, a walk, or a cafecito with a friend.                    |
| <b>Cultural humility</b><br><i>Humildad cultural</i>     | Staying curious about others' cultures and our own biases, and letting the person be the expert on their life. | "Tell me what matters to you and your family."                         |
| <b>Disclosure</b><br><i>Revelación o divulgación</i>     | Choosing to tell others about a diagnosis or identity. It is the person's decision.                            | Helping someone plan whether, when, and how to tell family.            |
| <b>Emotional distress</b><br><i>Malestar emocional</i>   | Strong feelings that make daily life harder. Common, and not always a mental illness.                          | Crying and trouble sleeping after a new diagnosis.                     |
| <b>Grounding</b><br><i>Técnica de anclaje</i>            | A short practice that helps the body feel present and safe.                                                    | Feet on the floor and a slow breath before hard news.                  |
| <b>Health literacy</b><br><i>Alfabetización en salud</i> | How easily a person can find, understand, and use health information.                                          | Explaining "sputum" as "mucus from deep in the lungs."                 |

| TERM                                                                  | WHAT IT MEANS                                                                                                                     | EXAMPLE                                                                     |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Hyperarousal</b><br><i>Hiperactivación</i>                         | When the body is on high alert: fight or flight.                                                                                  | Racing heart and anger when a clinic visit feels unsafe.                    |
| <b>Hypoarousal</b><br><i>Hipoactivación</i>                           | When the body shuts down to cope.                                                                                                 | Going quiet and blank while hearing a diagnosis.                            |
| <b>Latinx / Latine</b><br><i>Latinx / Latine</i>                      | Gender-inclusive words for people of Latin American heritage. Many people prefer Latino or Latina.                                | Ask and use the word each person prefers.                                   |
| <b>LGBTQIA+</b><br><i>LGBTQIA+</i>                                    | Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more identities.                                | Using “partner” until you know how someone describes their relationship.    |
| <b>Mental health</b><br><i>Salud mental</i>                           | How we feel, think, cope, and connect. Everyone has mental health.                                                                | Checking how someone is coping, not only their lab results.                 |
| <b>Nervios</b><br><i>Nervios</i>                                      | A common way in many Latin American communities to describe stress or worry felt in body and mind. It is real, not “just nerves.” | “Ando con los nervios de punta desde el diagnóstico.”                       |
| <b>Promotor(a) de salud</b><br><i>Promotor(a) de salud</i>            | A trusted community health worker who shares culture and language with the people they serve.                                     | A promotora who explains TB treatment at a family’s kitchen table.          |
| <b>Resilience</b><br><i>Resiliencia</i>                               | The ability to adapt and recover, often with support from others.                                                                 | A client who draws strength from faith and family during treatment.         |
| <b>Stigma</b><br><i>Estigma</i>                                       | Negative beliefs, labels, or unfair treatment linked to a condition or identity.                                                  | Hiding a TB diagnosis for fear of what neighbors will say.                  |
| <b>Susto</b><br><i>Susto</i>                                          | A cultural explanation in some Latin American communities for illness or distress after a frightening event.                      | Listening with respect when a client says their illness began with a susto. |
| <b>Teach-back</b><br><i>Enseñanza de retorno</i>                      | Asking someone to explain the plan in their own words, to check how clearly we explained it.                                      | “So I know I was clear, what will you do tomorrow morning?”                 |
| <b>Trauma</b><br><i>Trauma</i>                                        | The lasting effect of events that felt overwhelming or threatening.                                                               | Fear of clinics after being mistreated in the past.                         |
| <b>Trauma-informed care</b><br><i>Atención informada en el trauma</i> | Care that focuses on safety, trust, choice, collaboration, empowerment, and culture.                                              | Explaining each step before a procedure and asking permission.              |
| <b>Trigger (reminder)</b><br><i>Detonante o recordatorio</i>          | Something that brings back the feelings of a past hard experience.                                                                | A loud waiting room that reminds someone of an unsafe place.                |
| <b>Upstander</b><br><i>Persona que interviene con respeto</i>         | Someone who steps in respectfully when a person is treated unfairly.                                                              | Moving a sensitive conversation away from the front desk.                   |

| TERM                                                       | WHAT IT MEANS                                                                                 | EXAMPLE                                                       |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Validation</b><br><i>Validación</i>                     | Letting someone know their feelings make sense.                                               | “Tiene sentido que se sienta así. Ha cargado mucho.”          |
| <b>Warm handoff</b><br><i>Enlace directo</i>               | Personally connecting someone to another service, with permission, and checking they arrived. | Walking a client to meet the counselor by name.               |
| <b>Window of tolerance</b><br><i>Ventana de tolerancia</i> | The zone where we can feel emotions and still think and decide.                               | Waiting to explain treatment until the person feels steadier. |

## WORDS MATTER

### Respectful, person-first language

| INSTEAD OF...                   | TRY...                                                                         |
|---------------------------------|--------------------------------------------------------------------------------|
| “TB suspect”                    | “A person being evaluated for TB”                                              |
| “Non-compliant” or “defaulter”  | “A person facing barriers to treatment” · “Let’s find out what got in the way” |
| “HIV-infected” or “AIDS victim” | “A person living with HIV”                                                     |
| “Lost to follow-up”             | “A person who stopped coming; let’s reconnect”                                 |
| “Illegal” or “alien”            | “An immigrant” or “a person without documents,” only when relevant             |
| “Homosexual” or “transgendered” | “Gay,” “lesbian,” “transgender,” or the words the person uses                  |
| “Addict”                        | “A person who uses drugs” or “a person with a substance use disorder”          |
| “Crazy” or “loco”               | “Having a hard time” · “going through a lot of stress”                         |

#### Words my community uses (add your own):

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## SOURCES AND CREDITS

Stop TB Partnership, Words Matter: language guide.

SAMHSA, Practical Guide for Implementing a Trauma-Informed Approach (2023). <https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>

Window of Tolerance: Daniel J. Siegel, The Developing Mind (1999).

Cultural concepts of distress (nervios, susto): American Psychiatric Association, DSM-5-TR (2022).

# Resources & Crisis Lines

*Where to call, and a page to build your own local directory*

## If someone is in crisis

*If someone talks about suicide, harming themselves or others, or is in immediate danger, follow your organization's urgent response process and get trained help right away.*

**United States:** Call or text 988 (Suicide & Crisis Lifeline). Spanish available. Free, 24/7.

**San Diego County:** Access & Crisis Line: 1-888-724-7240. Free, 24/7, many languages.

**Mexico:** Línea de la Vida: 800 911 2000. Free, 24/7.

**Emergency:** Call 911 in the United States or Mexico.

| RESOURCE                                                            | HOW TO REACH IT                                                                 |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>The Trevor Project</b><br><i>LGBTQ+ young people under 25</i>    | Call 1-866-488-7386 · Text START to 678678 · Free, 24/7.                        |
| <b>2-1-1 San Diego</b><br><i>Housing, food, utilities, and more</i> | Dial 2-1-1. Free and confidential, in many languages.                           |
| <b>CDC-INFO</b><br><i>TB, HIV, and health questions</i>             | Call 1-800-232-4636. English and Spanish. Weekdays, 8 a.m.–8 p.m. Eastern Time. |

## BUILD YOUR DIRECTORY

### My local services

*Fill this in with your team (a proposed next step for binational partners). Verify each listing before sharing: eligibility, languages, cost, privacy rules, and whether it can receive cross-border referrals. **Connect, don't abandon:** with consent, make the call together and confirm the next step.*

| SERVICE                        | NAME AND CONTACT | LANGUAGES | COST / ELIGIBILITY | HOW TO REFER |
|--------------------------------|------------------|-----------|--------------------|--------------|
| <b>TB care</b>                 |                  |           |                    |              |
| <b>HIV care</b>                |                  |           |                    |              |
| <b>Mental health</b>           |                  |           |                    |              |
| <b>Substance use</b>           |                  |           |                    |              |
| <b>Housing</b>                 |                  |           |                    |              |
| <b>Peer / LGBTQIA+ support</b> |                  |           |                    |              |
| <b>In Baja California</b>      |                  |           |                    |              |