

## Trauma-Informed Care for Hispanics

Luis R. Torres, PhD  
Associate Professor  
Associate Dean for Research and Strategic Partnerships  
Director, Center for Drug and Social Policy Research  
University of Houston  
Graduate College of Social Work

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University of Houston  
Graduate College of Social Work




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## Hispanics/Latinos

- 57.5 million Hispanic/Latinos (2017)
- 17.8% of the total US population
- 119 million/29% by 2060
- 34.2% foreign-born (1<sup>st</sup> generation **immigrants**)
- 11.1 million are **undocumented** residents
- Loss of TPS, Uncertainty of DACA



**What do these stats mean for trauma?**

Source: US Census Bureau, 2017

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## Hispanics/Latinos

- \$47,675 median income 2017 (Hispanics)
- \$59,039 total U.S. population
- \$65,041 White, Non-Hispanic
- \$81,431 Asians
- 19.4% poverty rate (12.1 million people)
- 12.7% total U.S. population (40.6 million)
- 8.8% White, Non-Hispanic
- 16% lack health insurance coverage(2017)
- 10% African Americans
- 8% Asians
- 6% White, Non-Hispanic

Source: US Census Bureau, 2017

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## Trauma

"An event is traumatic if it is extremely upsetting, at least temporarily overwhelms the individual's internal resources, and produces lasting psychological symptoms."

~ Briere, JN, and Scott C. (2012)

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## Trauma-Informed Care (TIC)

**(TIC)** is an intervention and organizational approach that focuses on how **trauma** may affect an individual's life and his or her response to everything from health and behavioral health services to education and legal services.

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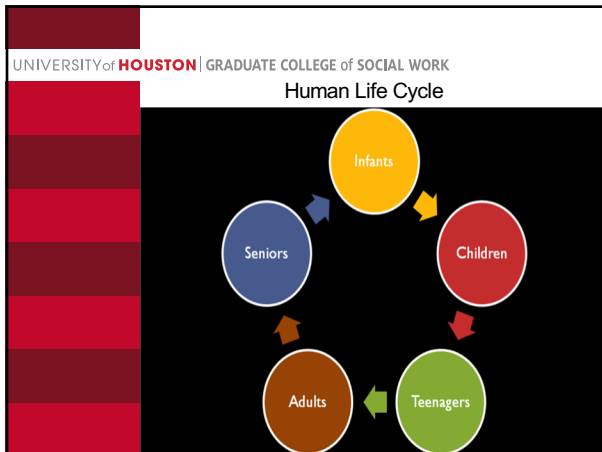
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### Trauma and the Brain

“Brain development in infancy and early childhood lays the foundation for all future development. Neural pathways form at great speed and depend on the repetition of experiences. Experiences teach the brain what to expect and how to respond.”

Children's Services, Practice Notes, Vol. 17, No. 2, May 2012

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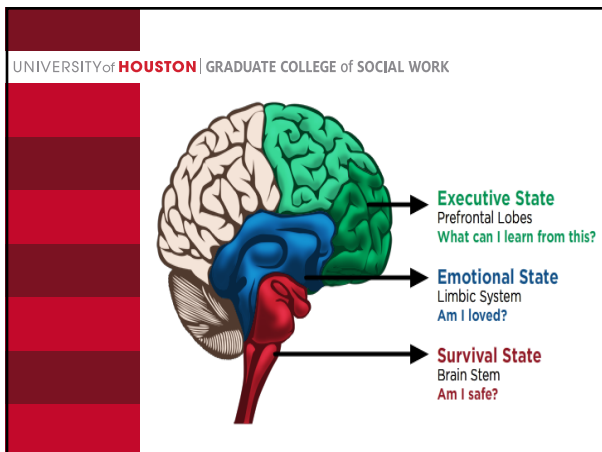
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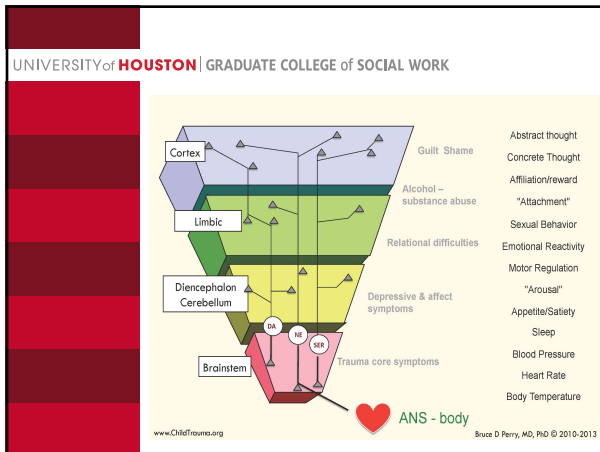
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### Disrupted Neuro-Development

Exposure to chronic, prolonged traumatic experiences has the potential to alter children's brains, which may cause longer-term effects in areas such as:

- **Attachment:** Trouble with relationships, boundaries, empathy, and social isolation
- **Physical Health:** Impaired sensorimotor development, coordination problems, increased medical problems, and somatic symptoms
- **Emotional Regulation:** Difficulty identifying or labeling feelings and communicating needs
- **Dissociation:** Altered states of consciousness, amnesia, impaired memory

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- **Cognitive Ability:** Problems with focus, learning, processing new information, language development, planning and orientation to time and space
- **Self-Concept:** Lack of consistent sense of self, body image issues, low self-esteem, shame and guilt
- **Behavioral Control:** Difficulty controlling impulses, oppositional behavior, aggression, disrupted sleep and eating patterns, trauma re-enactment

• Source: Cook, et al, 2005

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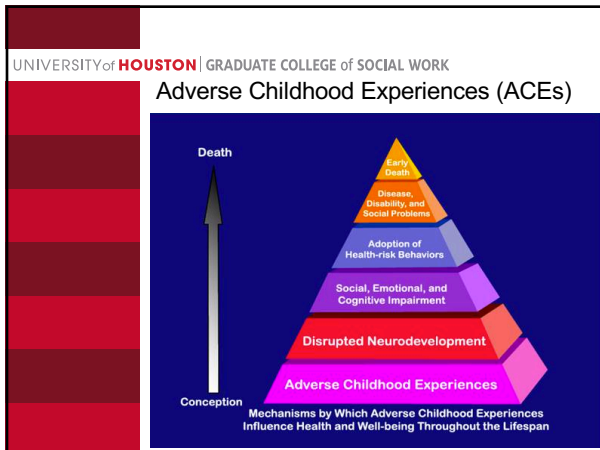
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### Adverse Childhood Experiences are the most basic and long lasting cause of:

- **health risk behaviors** - smoking, alcohol, drug use/abuse
- **mental illness** – chronic depression, suicide attempts
- **social malfunction** –absenteeism, \$ problems, job problems, promiscuity
- **disease** – heart disease, cancer, diabetes, obesity
- **disability** - early onset
- **death** - early
- **healthcare costs** – \$\$\$\$\$

Dr. V. Felitti, 2011

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### Types of Major Traumatic Events

- Child abuse
- Rape & sexual assault
- Sex trafficking
- Intimate partner violence/family violence
- Mass interpersonal violence (9/11, school shootings, etc.)
- Natural disasters (tsunamis, hurricanes, floods, etc.)
- Large scale transportation accidents

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### Types of Major Traumatic Events

- Large scale transportation accidents
- Motor vehicle accidents (includes grief & self-blame)
- Fires & burns
- Stranger physical assault
- War / Torture
- Vicarious trauma (witnessing, working with victims)
- Life-threatening illness diagnosis
- Tragic bereavement

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### "Smaller" Traumas

- Extreme emotional abuse
- Major interpersonal losses or separations
- Degradation/humiliation
- Learning that your parent, spouse, partner has been lying to you about something significant that affects you emotionally
- Other examples??

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### Victim Variables

Factors affecting the impact, meaning and treatment of the trauma:

- Gender
- Age at time of trauma
- Ethnicity
- Poverty/SES
- Ongoing emotional or coping problems

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### Victim Variables

Factors affecting the impact, meaning and treatment of the trauma:

- Ongoing disorders (substance abuse, depression)
- Family dysfunction
- Previous traumas
- Genetic vulnerability to stress
- Cultural factors

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### Characteristics of the Traumatic Event

Factors affecting the impact, meaning and treatment of the trauma:

- Severity (Threat to life? Physical threat?)
- Proximity
- Relationship to victim or perpetrator
- Intentional act by humans?
- Duration and frequency (isolated or ongoing?)
- Single or multiple (combat?)

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### Factors *After* the Event

Factors affecting the impact, meaning and treatment of the trauma:

- Guilt or shame?
- Responses by others
  - Adequacy of support system?
  - Compassion?
  - Blame?
- Talking about it is taboo?
- Too much reminding of it?

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### Physical Responses to Trauma

- Increased heart rate / perspiration
- Tremors
- Dizziness
- Weakness
- Chills
- Headache
- Vomiting
- Fainting
- Fatigue

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### Psychological Responses to Trauma

- Self-blame
- Appear disoriented
- Poor concentration
- Uncertainty
- Poor trouble-shooting skills
- Apathy
- Depression
- Irritability
- Helplessness
- Anxiety
- Panic
- Hopelessness
- Anger
- Fear
- Guilt
- Denial
- Difficulty eating/sleeping
- Conflicts with others
- Lack of interest in social activities
- Children move into a parental role

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### Immediate Impact

Immediate reactions to trauma may include:

- Generalized anxiety
- Sleeplessness
- Nightmares
- Difficulty concentrating
- High activity levels
- Increased aggression
- Increased anxiety about being separated from a parent
- Intense worry about their own safety; the safety of a parent and/or the safety of a pet(s) (DV-related)

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### Short-Term Impact

- a loss of interest in social activities
- low self-concept
- withdrawal or avoidance of peer relations
- rebelliousness and oppositional-defiant behavior in the school setting
- irritability
- frequent fighting at school or between siblings
- lashing out at objects
- treating pets cruelly or abusively (DV-related)
- attempts to gain attention through hitting, kicking, or choking peers and/or family
- girls are more likely to exhibit withdrawal and run the risk of being "missed" as a child in need of support

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### Long-Term Impacts?




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### PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:




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### What can it do to US?: Warning Signs

- **Burnout** - the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit and will—an erosion of the human soul.
- **Compassion Fatigue** - feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause.
- **Secondary/Vicarious Traumatization** - the negative changes that happen to humanitarian workers over time as they witness other people's suffering and need. These negative changes are the cost of caring for and caring about others who have been hurt.

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### Trauma Exposure Responses

- Feeling helpless and hopeless**-hold themselves personally responsible; perceive the traumatic event will be long-lived; believe this will be re-lived in another time and place
- A sense that one can never do enough**-We get this message everywhere and it becomes internal oppression
- Hypervigilance**-So caught up in work-not present in our own lives or with loved ones
- Diminished creativity**-When was the last time I had an original thought?
- Inability to embrace complexity**-Extreme thinking: Good/Bad, Right/Wrong, Truth/Fake News
- Minimizing**-We become inoculated to the pain of others

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- Chronic exhaustion/physical ailments**-Your body, mind, and spirit are tired
- Inability to listen / deliberate avoidance**-You choose to not answer your phone (text)
- Dissociative moments** - We're checked out (Used to be called self-hypnosis)
- Sense of persecution**-We are dependent upon others for our well-being; lack of self-efficacy
- Guilt**-Undermines the possibility of authentic connections with others; Disparity in my life vs. those I serve: "I can always go home to a safe home"
- Fear**-Fear of intense feelings/of being vulnerable; Stops my ability to think creatively.

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**Anger and cynicism**-Anger is normal, but how do we process it?

**Inability to empathize / numbing**-"Oh my God" feelings disappear; We do really hard work, we shouldn't lose that "oh my God" reaction; Files become just files, not real people

**Addictions**-Prevents us from slowing down enough to really feel

**Grandiosity: an inflated sense of importance related to one's work**-If our work is uber-important, than so are we; Keeps you in a type of work longer than is healthy, you probably should of left a long time ago

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### The New & Improved Plan

Becoming a stress-resistant person includes:

— **A Sense of Personal Control**

*Healthy appraisal of your limits and how you can influence the course of your life*

— **Pursuit of Personally Meaningful Tasks**

*Reconnecting with what makes "you" happy, helps you be present during challenging times*

— **Healthy Lifestyle Choices**

*Sleep, diet and exercise*

— **Social Support**

*Who is your "buffer" in hard times?*

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### Counseling Theories

**Affective**

- Person-centered counseling
- Gestalt therapy

**Behavior**

- Behavioral counseling
- Reality therapy
- Brief counseling
- Individual psychology

**Cognitive**

- Rational-emotive behavioral therapy
- Cognitive behavioral therapy
- Psychoanalytic counseling
- Transactional analysis

**Systemic Intervention**

- Family therapy
- Consultation and collaboration

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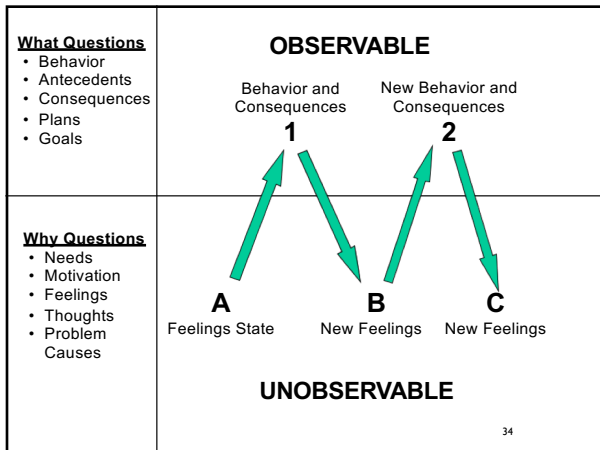
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## Trauma-Informed Approaches Incorporate...

- Realizing the prevalence of trauma
- Recognizing how it affects all individuals involved with the program, organization or system, including its own workforce
- Resisting re-traumatization
- Responding by putting this knowledge into practice

National Council for Behavioral Health,  
<https://www.socialwork.career/2014/05/core-principles-of-trauma-informed-care-key-learnings-1-of-3.html>

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## Core Principles of Trauma-Informed Systems of Care

- **Safety** (physical and emotional)
- **Trustworthiness** (clear boundaries and tasks)
- **Choice** (prioritize consumer choice)
- **Collaboration** (maximize working together)
- **Empowerment** (prioritize staff and consumer empowerment and skill-building)

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### Domains of Trauma-Informed Care

- Early screening and comprehensive assessment
- Consumer driven care and services
- Trauma-informed, responsive and educated workforce
- Emerging and evidence-informed best practices
- Safe and secure environments
- Create trauma-informed community partnerships
- Develop a performance monitoring system

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## Thank You!

**If you would like a copy of the  
slides, please email me at:**

**Luis R. Torres, PhD**  
[LRTorres@uh.edu](mailto:LRTorres@uh.edu)

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