

Trauma-Informed Care for Latinx Populations

Luis R. Torres, PhD
Associate Professor
Humana Endowed Chair in the Social Determinants of Health
Director, Center for Drug and Social Policy Research
University of Houston
Graduate College of Social Work

January 23, 2020
Colorado State University
Ft. Collins, CO

University of Houston
Graduate College of Social Work



1

Hispanics/Latinos



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

What do these stats mean for trauma?

Source: US Census Bureau, 2017

2

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

3

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Imagine you belong to a group...

- More likely to be poor or lower income
- Lower levels of formal education
- Less access to health and mental health services
- Higher representation in physically demanding jobs
- Impacted by health disparities
- Continuously stigmatized and threatened on all fronts (local, state and federal policies, rhetoric by our leaders, media bombardment, etc.)
- Escaped extreme poverty and high crime to get here
- Exposed to harrowing conditions in your journey here

4

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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)

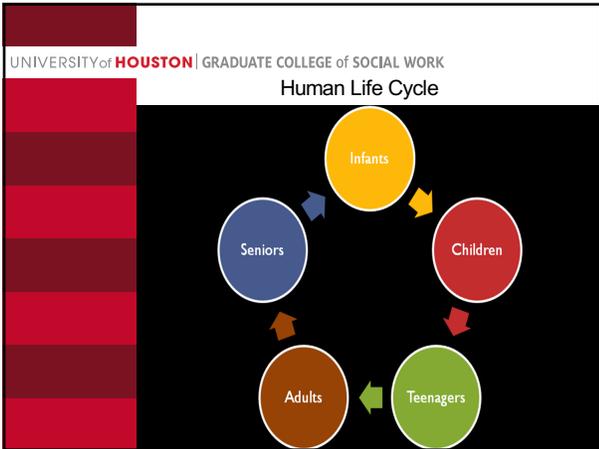
5

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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.

6



7

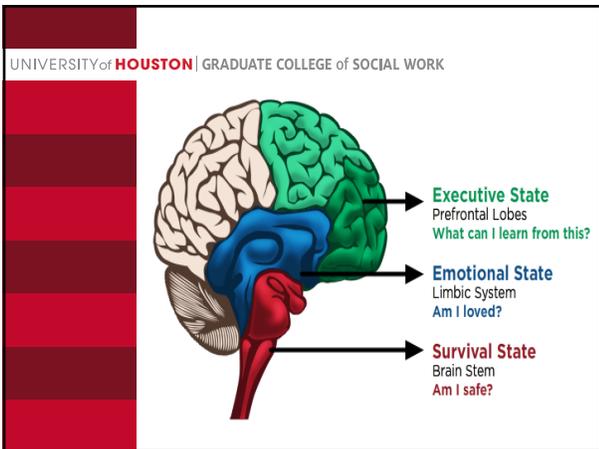
UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Trauma and the Brain

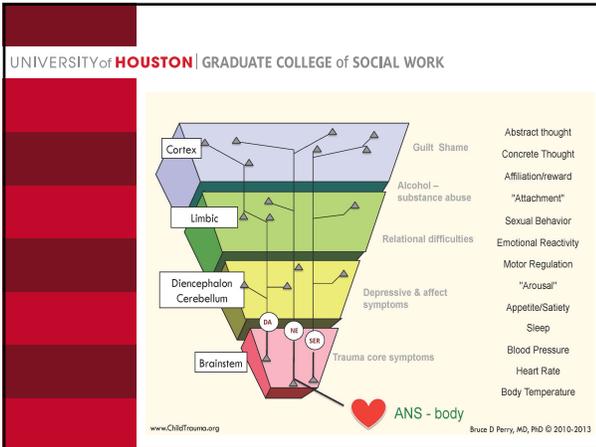
“Brain development in infancy and early childhood lays the foundation for all future development. Neural pathways form at great speed and depend on the repetition of experiences. Experiences teach the brain what to expect and how to respond.”

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

8



9



10

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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

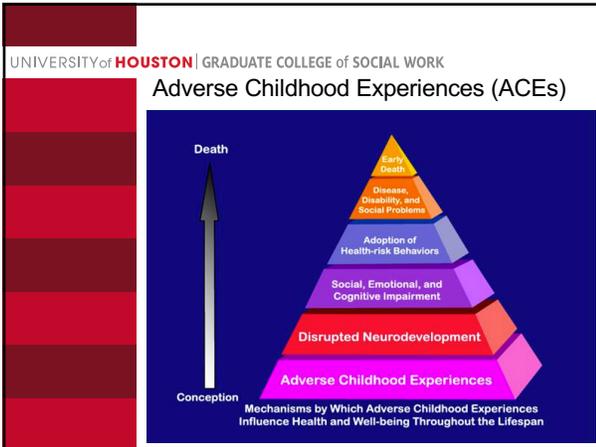
11

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

- **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

12



13

- UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK
- ### 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

14

- UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK
- ### Types of Major Traumatic Events
- Child abuse
 - Rape & sexual assault
 - Sex trafficking
 - Intimate partner violence/family violence
 - Mass interpersonal violence (terrorist attacks, school shootings, etc.)
 - "Natural" disasters (tsunamis, hurricanes, floods, etc.)
 - Large scale transportation accidents

15

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Types of Major Traumatic Events

- 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

16

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

“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??

17

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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

18

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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

19

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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 vs ongoing)
- Single or multiple exposure (combat)

20

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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?

21

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Physical Responses to Trauma

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

22

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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

23

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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)

24

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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

25

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Long-Term Impacts?

26

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:

Behavior/Condition	Multiplier
15x COMMIT SUICIDE	15x
ALCOHOLISM	4 Times More Likely To Become An Alcoholic
DEVELOP STD	4 Times More Likely To Develop A Sexually Transmitted Disease
INJECT DRUGS	4 Times More Likely To Inject Drugs
USE ANTIDEPRESSANT	3 Times More Likely To Use Antidepressant Medication
MISSING WORK	3 Times More Likely To Be Absent From Work
SMOKING	2.5 Times More Likely To Smoke Tobacco
JOB PROBLEMS	3 Times More Likely To Have Serious Job Problems
DEPRESSION	3 Times More Likely To Experience Depression

27

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Now Imagine you belong to a group...

- More likely to be poor or lower income
- Lower levels of formal education
- Less access to health and mental health services
- Higher representation in physically demanding jobs
- Impacted by health disparities
- Continuously stigmatized and threatened on all fronts (local, state and federal policies, rhetoric by our leaders, media bombardment, etc.)
- Escaped extreme poverty and high crime to get here
- Exposed to harrowing conditions in your journey here

Is trauma part of your life?

28

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Counseling Theories

<p>Affective</p> <ul style="list-style-type: none"> • Person-centered counseling • Gestalt therapy <p>Behavior</p> <ul style="list-style-type: none"> • Behavioral counseling • Reality therapy • Brief counseling • Individual psychology 	<p>Cognitive</p> <ul style="list-style-type: none"> • Rational-emotive behavioral therapy • CBT • Psychodynamic • Transactional analysis <p>Systemic Intervention</p> <ul style="list-style-type: none"> • Family therapy • Consultation and collaboration
--	--

29

<p>What Questions</p> <ul style="list-style-type: none"> • Behavior • Antecedents • Consequences • Plans • Goals 	<p>OBSERVABLE</p> <p>Behavior and Consequences New Behavior and Consequences</p> <p>1 2</p>
<p>Why Questions</p> <ul style="list-style-type: none"> • Needs • Motivation • Feelings • Thoughts • Problem Causes 	<p>UNOBSERVABLE</p> <p>Feelings State New Feelings New Feelings</p> <p>A B C</p> <p>30</p>

30

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>

31

31

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)

32

32

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

33

33

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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.

34

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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

35

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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.

36

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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

37

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

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?

38

UNIVERSITY of HOUSTON | GRADUATE COLLEGE of SOCIAL WORK

Acknowledgements

Prof. Donna Amsberg, LCSW
Clinical Assistant Professor &
Director, Trauma Education Project
University of Houston Graduate College of Social Work

Monit Cheung, PhD, LCSW, Professor
Mary R. Lewis Endowed Professor in Children & Youth
University of Houston Graduate College of Social Work

Stephen J. Spann, M.D., M.B.A., Founding Dean
University of Houston College of Medicine

39

Thank You!

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

Luis R. Torres, PhD
LRTorres@uh.edu

40

40
