Cultural Trauma, Behavior, and Trauma Informed Systems of Care

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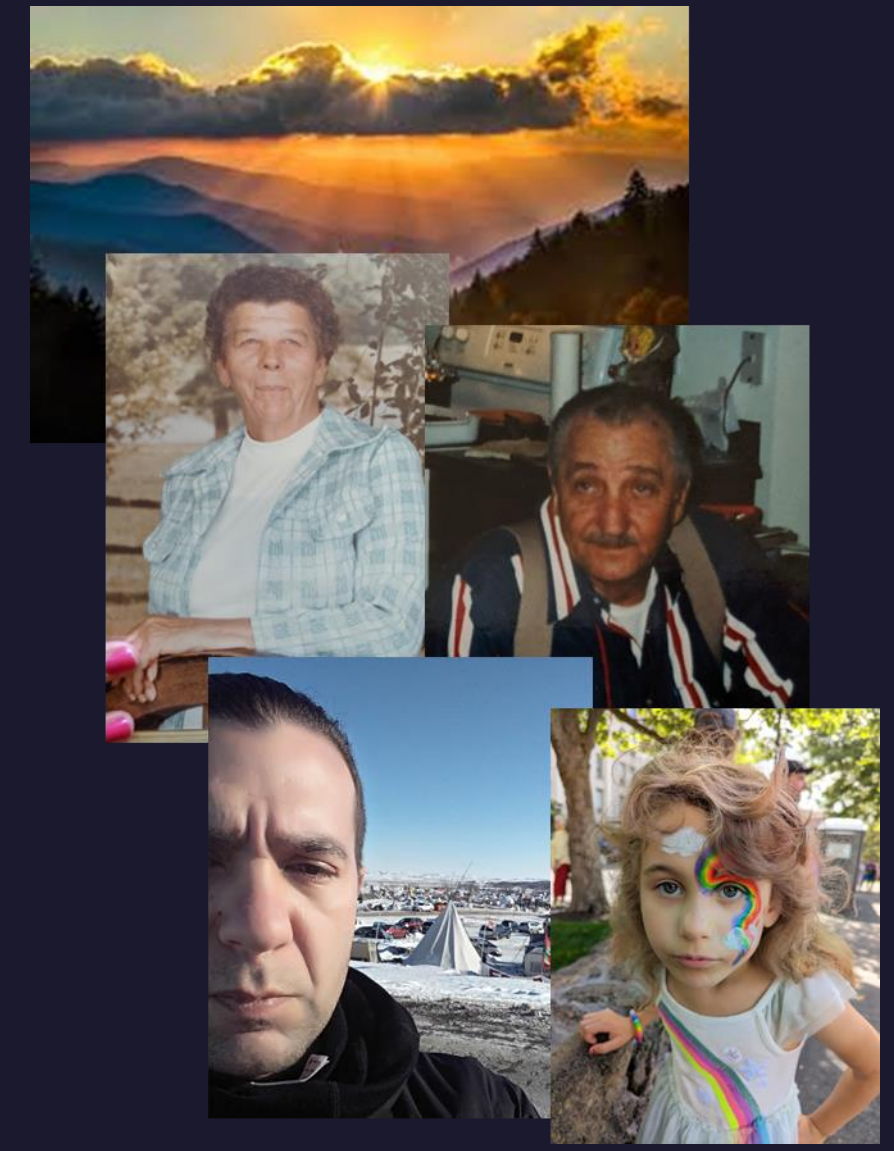
Good Morning!

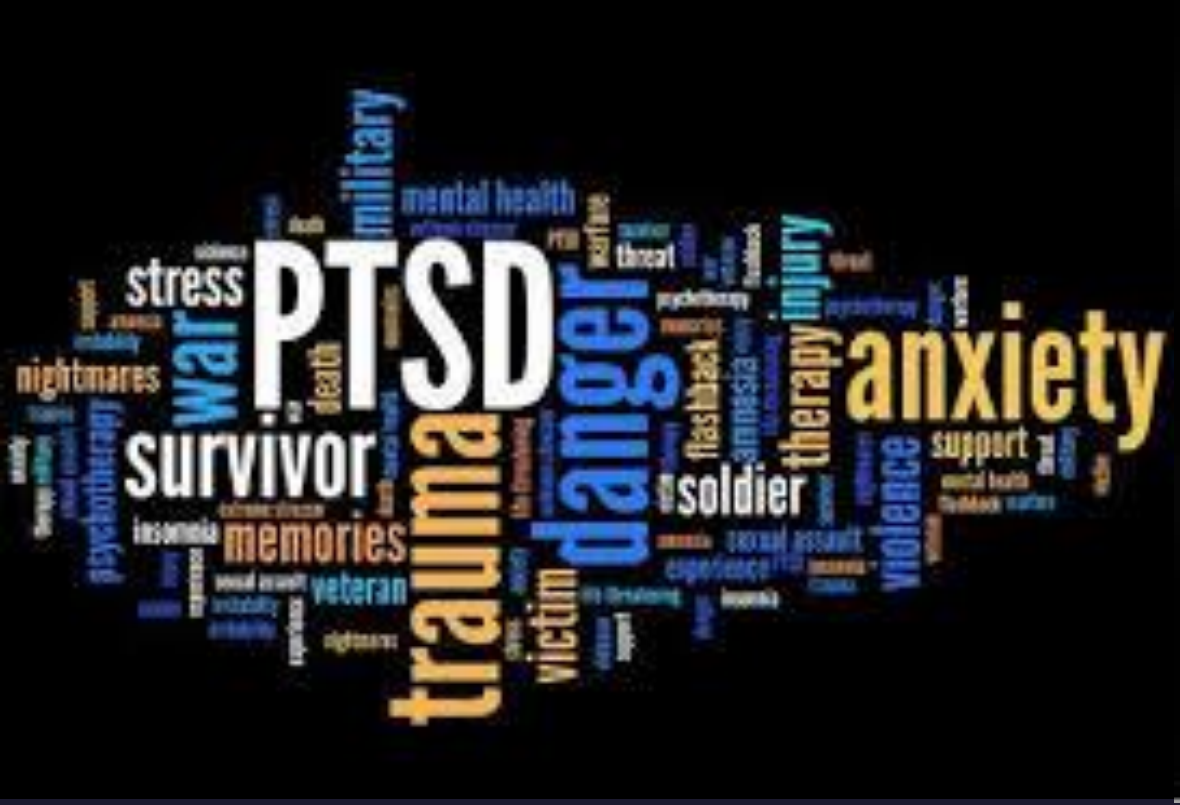
My background and training…

- Who I came from
- Schooling
- Partnerships for Native Health
- Why I do what I do
- My current work



Today's Session

- Trauma Types
- Transmission of Trauma Across Generations
- Triggers, Responses and Behaviors
- Trauma Informed Systems, Environments, and Interactions
- Summary and Q&A



We all know what Trauma is, right?

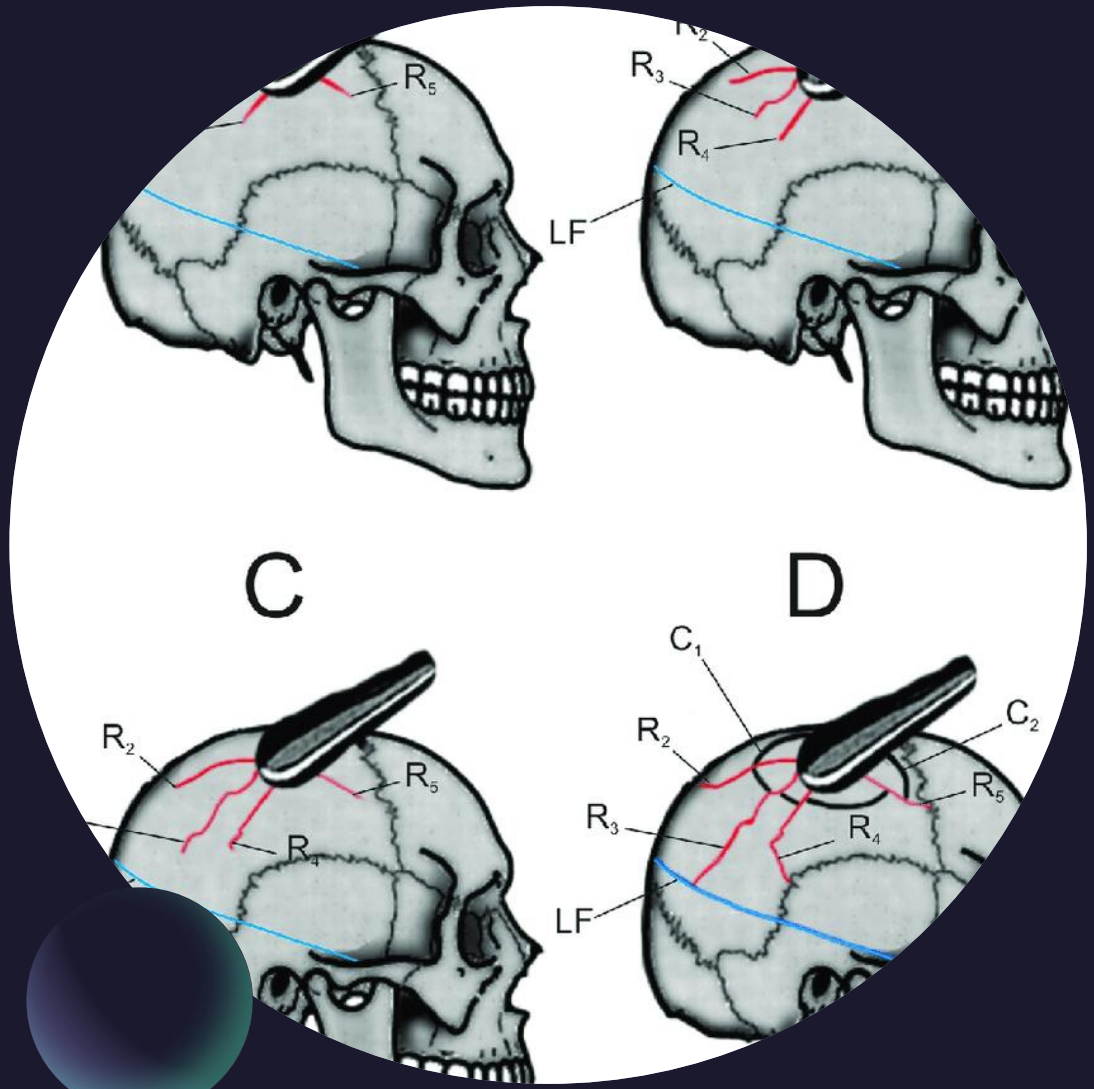
- Physical, Psychological, and Cultural (Direct) Trauma
- Vicarious (Secondary) Trauma
- Intergenerational Trauma

Direct Trauma

Also sometimes called "Primary Trauma"

Physical Trauma:

- A sudden physical injury
  - Blunt Force
  - Penetrating



Psychological Trauma:

- Damage or injury to the psyche after living through an extremely frightening or distressing event.
- Often accompanies physical traumas.

Cultural Trauma:

- “An overwhelming, often ongoing physical or psychological assault by an oppressive dominant group on another group's cultural resources through force, threats of force, or oppressive policies.”

  – (Subica & Link, 2022)

- Affects Indigenous, immigrant, and refugee populations worldwide

Secondary Trauma

Also sometimes called "Vicarious Trauma"

Vicarious Trauma:

- A process of change resulting from empathic engagement with trauma survivors.
- Anyone who engages empathically with survivors of traumatic incidents, and material relating to their trauma, is potentially affected, including health professionals.

Signs of Vicarious Trauma

BEHAVIORAL

- Sleep disturbances
- Nightmares
- Appetite changes
- Hypervigilance
- Exaggerated startle response
- Negative coping – smoking drinking, acting out

EMOTIONAL

- Helplessness and powerlessness
- Survivor guilt
- Numbness
- Oversensitivity
- Emotional unpredictability
- Fear / Anxiety

Vicarious Trauma: A Case Study

PREPARATION

- Native Male, 30 years old
- All coursework for a PhD in Clinical Neuropsychology completed
- Clinical experience in outpatient rehabilitation for TBI, SCI, Polytrauma, toxic exposures, etc.

EXPOSURES

- Inpatient post acute rehabilitation hospital rotation.
- Multiple intake assessments per day.
  - Cognitive evaluations
  - Pain management assessments
  - Recent SCI stabilizations
  - Fresh polytrauma cases

Vicarious Trauma: A Case Study

SYMPTOM PRESENTATION

- Nightmares
- Panic attacks
- Increased ETOH use
- Hypertension
- Relationship issues

TIMELINE

- Symptom onset within a month
- Symptoms worsened over a six-month period, then began to decline.
- Stable effects:
  - ETOH use
  - Insomnia
  - Emotionally “unavailable”

Intergenerational Trauma

A special type of vicarious trauma

Intergenerational Trauma: A Special Type of Vicarious Trauma

- A process of change resulting from empathic engagement with trauma survivors.
- Anyone who engages empathically with survivors of traumatic incidents, and material relating to their trauma, is potentially affected, including the **CHILDREN of those survivors!!**

Some Ways Trauma is Passed Down

BIOLOGICAL

- DNA and gene expression changes in offspring
- In utero exposure to stress hormones
- Exaggerated startle response conditioning
- Learned hyperarousal (adaptive response to always be on alert)

BEHAVIORAL/EMOTIONAL

- Cumulative emotional wounding
- Dominant family narratives
- Normalization of hatred, cruelty, and dehumanization toward others
- Parents bypassing or not coping with their trauma
- Aggressions and micro-aggressions

Intergenerational Trauma: A Special Type of Vicarious Trauma

- Even in the absence of explicit Adverse Childhood Experiences (ACEs), marginalized populations have rampant intergenerational trauma.
- **However, ACEs are also more common in these communities.**

Triggers and Trauma Responses

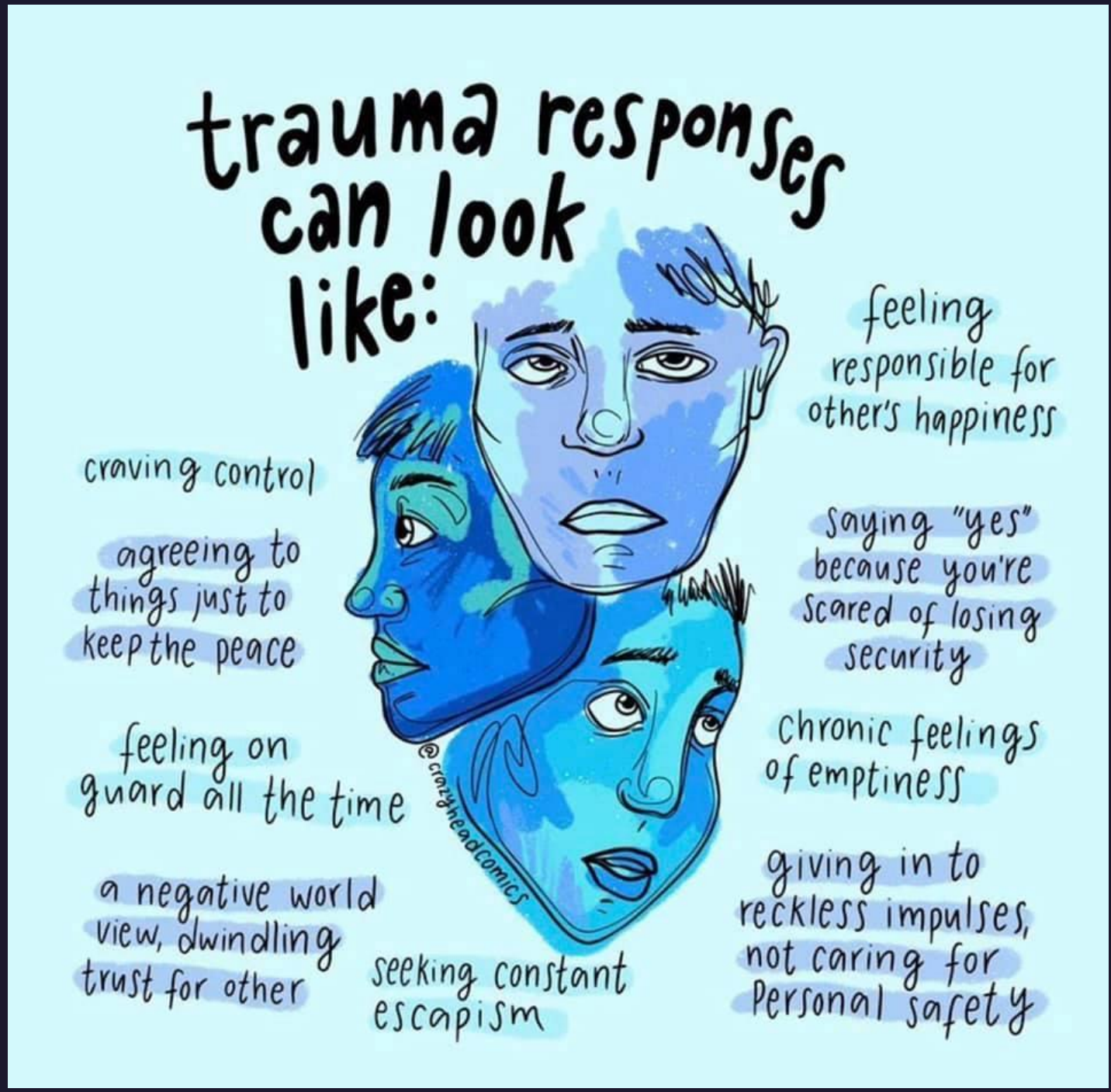
TRIGGERS

- Literally, can be anything that reminds one of the traumas they have faced.
- There's the obvious (sights, sounds, situations, etc.)
- Can be social situations where power differentials are present.
- Can also be reminders of what was lost.

TRAUMA RESPONSES

- Generally, a response that helped one survive or cope with a trauma at the time that is no longer useful.
  - Aggressive behavior/ anger outbursts
  - Dissociation ("Spacing out")
  - Escapism (including ETOH, Substance use, etc.)
  - Disdainful attitude and micro-aggressions
  - Vindictiveness

Trauma Responses in Interpersonal Interactions



Pause for Questions and Discussion

So, how do we minimize the effects of trauma on our interactions?

Educational, social, medical, legal, political, etc?

Trauma-Informed Systems

Systems designed to avoid triggering trauma responses.

Key Ingredients for Creating a Trauma-Informed System

- Leading and communicating about the transformation process
- Engaging community in organizational planning
- Training clinical as well as non-clinical staff members

Key Ingredients for Creating a Trauma-Informed System

- Creating a safe environment
- Preventing secondary traumatic stress in staff
- Hiring a trauma-informed workforce

System Wide: Shift the focus from "What's wrong with you?" to "What happened to you?"

- Realizing the widespread impact of trauma and understanding potential paths for recovery
- Recognizing the signs and symptoms of trauma in individuals, families, and staff

System Wide: Shift the focus from "What's wrong with you?" to "What happened to you?"

- Integrating knowledge about trauma into policies, procedures, and practices
- Seeking to actively resist re-traumatization
  - Avoid creating an environment that inadvertently reminds patients of traumatic experiences and causes them to experience emotional and biological stress.

Creating a Safe Environment: Physical Characteristics

- Keeping parking lots, common areas, bathrooms, entrances, and exits well lit
- Ensuring that people are not allowed to smoke, loiter, or congregate outside entrances
- Monitoring who is coming in and out of the building

Creating a Safe Environment: Physical Characteristics

- Positioning (friendly) security personnel inside and outside of the building
- Keeping noise levels in waiting rooms low
- Using welcoming language on all signage
- Making sure people have clear access to the door and can easily exit.

Creating a Safe Environment: Social Emotional Characteristics

- Welcoming people and ensuring that they feel respected and supported
- Ensuring staff maintain healthy interpersonal boundaries and can manage conflict
- Keeping consistent schedules and procedures

Creating a Safe Environment: Social Emotional Characteristics

- Sufficient notice and preparation when changes are necessary
- Communication that is consistent, open, respectful, and compassionate (from all staff members!!)
- Being aware of how cultural trauma affects how people perceive safety and privacy.

Creating a Safe Environment: Assessment Characteristics

- Setting should guide screening practices.
  - Upfront, universal screening may be more effective in primary care settings and later screening may be more appropriate in behavioral health / legal settings.
- Screening should benefit the person.
  - People who are conducting the assessment for trauma must ensure that, once any risks are reported, they can offer appropriate options and referral resources.

Creating a Safe Environment: Assessment Characteristics

- Re-hashing should be avoided.
  - Frequently re-assessing patients may increase the potential for re-traumatization because it requires patients to revisit their traumatic experiences.
  - Minimizing assessment frequency and sharing results across treatment settings with appropriate privacy protections may help reduce re-assessment.

Creating a Safe Environment: Assessment Characteristics

- Ample training should precede trauma assessment.
  - All health care professionals should be proficient in trauma assessment and conducting appropriate follow-up discussions with people that are sensitive to our cultural and ethnic characteristics
    - e.g., language, cultural concepts of traumatic events, resilience, etc.
  - Non-Native as well as Native staff can benefit from training in post traumatic growth approaches.

Summary

- Trauma, in one form or another, is a major factor in community interactions
- Our trauma response systems need to be sensitive in very concrete ways to the experiences of our clients

Brainstorming Scenario

I'll provide a fact set, then we'll explore trauma informed responses of the various people in the system encountered by our main character

Fact Set for the Scenario

- Anyla is a 14-year-old girl who lives in Eagle Butte, SD, on the Cheyenne River Sioux reservation. She is normally reserved and quiet, an average student, well-liked by her peers and teachers. Over the last month, her personal appearance has become less well-kempt, she has had increased absences from school, and has all but stopped turning in assignments. Today, during a class discussion about the slave trade in social studies, she suddenly began crying and excused herself from the classroom quickly. Her teacher instructs the class to go to the appropriate section in their textbooks, then discovers Anyla in the restroom crying in front of a mirror.

Fact Set for the Scenario

- Anyla displays all the features of an Indigenous teen girl whose single mother has relapsed in her polysubstance addiction and has become increasingly absent in the last month. When her mother is around, she appears intoxicated and is incapable of parenting and shows signs of engaging in prostitution. Last week, her mother disappeared and hasn’t returned. Anyla is afraid she’s gone to a man-camp and doesn’t have any other supports available to her.

Trauma Informed Responses

TEACHER:

- What are your thoughts?
- What to do, what not to do?

COUNSELOR:

- What are your thoughts?
- What to do, what not to do?

POLICE OFFICER:

- What are your thoughts?
- What to do, what not to do?

Trauma Informed Responses

ATTORNEY:

- What are your thoughts?
- What to do, what not to do?

JUDGE:

- What are your thoughts?
- What to do, what not to do?

CASE MANAGER:

- What are your thoughts?
- What to do, what not to do?

Some Closing Thoughts

- Trauma Informed Systems of Care need to recognize what might trigger trauma responses and avoid those characteristics
  - Physical
  - Social / emotional
  - Systemic
- This is relevant at every level of the system of care and in every interaction
- If someone doesn't feel safe, they can't fully heal

WaDoh!
(Thank You!)

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