Creating Culturally Competent Trauma Informed Services

Day 2

A Normal Response… to Abnormal Events

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Presented by The Pictou County Community Support Network

Day 2 Agenda

- Review
- Cultural Competence – Definition and Overview
- Trauma-Informed Practice (include re-traumatizing?)
- Trauma-Informed Health Care
  - Race Trauma
  - Social History
- Clinical Treatment of Trauma
  - Grounding
  - Vicarious Trauma
  - Crisis Intervention / Trauma Debriefing
- Trauma and Substance Use
- Trauma Informed Law Enforcement (sexual assault)
- Telephone Interview with Trauma Patient/survivor

Review

Cultural Competence: Definition

- Cultural competence refers to an ability to interact effectively with people of different cultures:
  A. Understand our own cultural positions and how they differ from others
  B. Understand the different social and cultural realities we work in
  C. Cultivate appropriate attitudes towards cultural difference
  D. Generate and interpret a variety of verbal and non-verbal responses
  E. Understand structural oppression and commit to social justice

A) Nichols' Model for Understanding Cultural Difference

Philosophical Perspective on Cultural Difference. Edwin Nichols (cf. work of Jung)

Different world cultures developed out of differing physical environments. These world views have differing constructs:

- Axiology (values)
- Epistemology (way of knowing)
- Logic (principles of reason)
- Process (practice of reason)

THE PHILOSOPHICAL ASPECTS OF CULTURAL DIFFERENCE

DEVELOPED BY EDWIN J. NICHOLS, PH.D.

ETHNIC GROUPS ETHNIC WORLDVIEW	AXIOLOGY	EPISTEMOLOGY			LOGIC	PROCESS
		APPLIED	PEDAGOGY	METHODOLOGY		
EUROPEAN EURO-AMERICAN	**Member-Object** The highest value lies in the object or the acquisition of the object	**One knows through** **Counting and Measuring**	**Parts to Whole**	**Linear and Sequential** *-Assembly line-*	**Dichotomous** *Either/Or* *-Newtonian theory-*	All sets are repeatable and reproducible *-Technology-*
AFRICAN AFRICAN AMERICAN LATINO/A ARAB	**Member-Member** The highest value lies in the relationships between persons	**One knows through** **Symbolic Imagery and Rhythm (function)** *-Gladwell Blink-*	**Whole** **Holistic Thinking** *-The BIG picture-*	**Critical Path analysis** *-Cut to the chase-*	**Diunital** *Union of opposites* **Difrasismo** *-Aztec thought-* **The In Between** *Ibn 'Arabi* *-Quantum theory-*	All sets are interrelated through human and spiritual networks *-Black church-*
ASIAN ASIAN AMERICAN POLYNESIAN	**Member-Group** The highest value lies in the cohesiveness of the group	**One knows through** **Transcendental Striving** *-Tree the forest-*	**Whole and parts are seen simultaneously** *-To read a Chinese word-*	**Cyclical and Repetitive** *-Stroke order in writing a Chinese word-*	**Nyaya** *-The objective world is conceived independent of thought and mind-* *-Chaos theory-*	All sets are independently interrelated in the harmony of the universe *-Keiretsu-*
NATIVE AMERICAN	**Member-Great Spirit** The highest value lies in oneness with the Great Spirit	**One knows through Reflection and Spiritual Receptivity** *-Purification rites-*	**Whole is seen in cyclic movement** *-Seasons-* *-Medicine Wheel-*	**Environmentally experiential reflection** *-Rites of Passage-*	**Great Mystery** *-A set of 4 and a set of 3 form the whole-* *-Super string theory-*	All sets are interrelated through the elements, plant, animal, and spiritual networks *-White Buffalo-*

Traditional Ecological Knowledge

- Nichol's Model is consistent with a growing understanding and articulation of Aboriginal Traditional Ecological Knowledge: a practice and belief which concerns itself with the inter relationship of all living things with and within their environment.

Africentricity

- The assertion of a worldview that places all people of African descent at its centre, asserts a common culture, philosophy, and history, and critiques, and perhaps even rewrites global history from this perspective

B) Social, Cultural and Historical Context

- North American Diversity is fraught with complicated and tragic history
  - **Enslavement of Africans, Attempted Genocide of First Nations, Global strife resulting in trans-global immigration etc.**
- A local knowledge of how our racist history is a living legacy is necessary: Africville, Cornwallis.

C) Appropriate Attitudes

- Cultural competence requires that practitioners VALUE diversity.
- In a nation that acknowledges multiple founding peoples, that was built up on the foundation of ethnic/immigrant labour, and whose future depends on immigration, any other attitude should reasonably be seen as unacceptable.

D) Communicating Across Cultures

- In sociology: the context of a person's world view is necessary for the proper understanding and interpretation of behaviour and rhetoric (Voyvodic, pp. 16, 17)

Elmar Holenstein

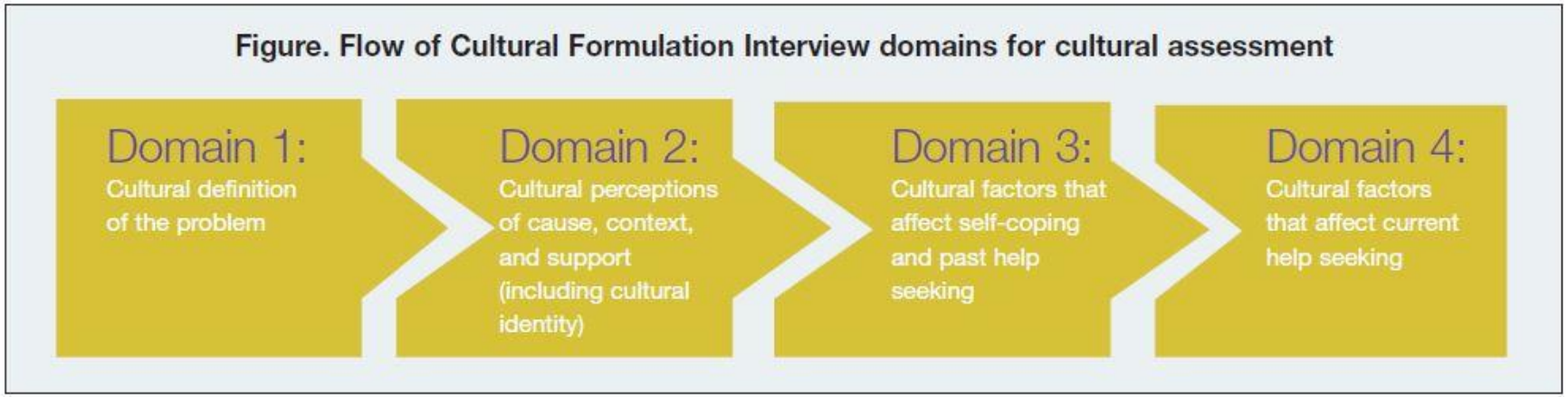
- Before meaningless, unnatural, non-human or immature behaviour and corresponding values are attributed to people of another culture, it is better to begin by doubting the adequacy of one's own judgment and knowledge

Elmar Holenstein Paraphrased

Before you conclude that I am crazy you should consider the possibility that you are stupid!

Communicating About Culture

- Cultural competence requires the ability to comfortably and competently ask clients about cultural issues that may be a consideration in the context of your work with them. Consistent with expectation of CFI



E) Social Justice Commitment

- We must
  - understand the nature of privilege
  - demonstrate an awareness of structural discrimination
  - demonstrate an active anti-racism/anti-discrimination programme
- What does this look like at your workplace?

Trauma-Informed Care

Trauma Informed Care is an organizational structure and treatment framework that involves ***understanding***, ***recognizing***, and ***responding*** to the effects of all types of trauma.

It emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Trauma-informed	Not trauma-informed
Recognition of high prevalence of trauma and common trauma-related effects, and adaptation of services to focus on safety and connection	Lack of awareness of trauma, siloed service delivery, lack of attention to emotional and physical environment of service delivery
Staff understand the function of challenging behaviours (rage, self-injury, substance misuse and gambling related harms, etc.)	Difficult behaviours seen as intentionally provocative, attention seeking, manipulative, or uncooperative; service terminations common
Recognition and avoidance of practices that are re-traumatizing	Traditional, often-confrontational approaches employed, resulting in boundary violations and triggering of trauma reactions
Collaboration with service users in designing service plans, opportunity for choice and agency	Compliance with expert-designed service plans valued; power-over relationship
Recognition of trauma as central to service users' difficulties, and/or linked to mental health and substance use and gambling related harms concerns	Over-diagnosis of bipolar, conduct, and personality disorders, and singular addictions
Recognition of the importance of the offering of choices to our service users	Dictating the route of services without consultation; not allowing users to decide the gender or location of their services providers when such choices are available for clients; power-over relationship

Adopted From: Trauma-informed approaches
An Introduction and Discussion Guide for Health
and Social Service Providers

A Trauma-Informed Approach

THE FOUR "R'S

KEY ASSUMPTIONS IN A TRAUMA-INFORMED APPROACH

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively **Resist re-traumatization**."

Triggers for Re-Traumatization

- Powerlessness, lack of control
- Use or threat of physical force
- Locked room or space
- Handcuffs, shackles, other restraints
- Lack of privacy
- Interacting with authority figures
- Removal of clothing (e.g., in searches, medical exams)
- Pat downs
- Being watched (suicide watch)
- Loud noises
- Fear based on lack of information
- Darkness
- Intrusive or personal questions
- Seclusion and restraint

Principles of a Trauma Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

Principle #1: Safety

- Make sure the individual is comfortable with the conversation.
- Check in with the client to make sure the discussion of trauma feels safe and not overwhelming.
- Make time for questions and concerns they may have.
- Understanding and identifying fight, flight, or freeze responses.
- Safety and needs of service providers.

Vicarious Trauma

- "The cumulative, transformative effect on the provider working with survivors of traumatic life events" (Saakvitne &Pearlman, 1996).
- Just as being a primary victim of trauma transforms an individuals understanding of themselves and the world around them, so does bearing witness to it, sometimes in detail.
- Providers become secondary victims of trauma when they form relationships with trauma survivors and are privy to their experiences.

ABC's of Addressing Vicarious Trauma

- **Awareness**
  - Being attuned to your own individual need's, limits, emotions, and resources. one's needs, limits, emotions and resources.
- **Balance**
  - Maintaining balance among activities, especially work, play and rest.
  - Inner balance allows attention to all aspects of oneself.
- **Connection**
  - Connecting with yourself, to others and to something larger. Communication is part of connection and breaks the silence of unacknowledged pain. These connections offset isolation and increase validation and hope.

Principle #2: Trustworthiness & Transparency

- Safety and trustworthiness are established through such practices as
  - Welcoming intake procedures
  - Adapting the physical space to be less threatening
  - Providing clear information about the programming
  - Ensuring informed consent
  - Creating safety plans
  - Demonstrating predictable expectations.

- Explaining what, why, and how

Principle #3: Peer Support

- The term "Peers" or "trauma survivors" refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery.

- Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

Principle #4: Collaboration & Mutuality

- Modelling and demonstrating the meaningful sharing of power and decision-making

- Service providers try to:
  - communicate openly
  - equalize power imbalances in relationships
  - allow the expression of feelings without fear of judgment
  - provide choices as to treatment preferences
  - work collaboratively with clients

Doing with and not doing too

Principle #5: Empowerment, Voice, & Choice

- Focusing on strengths, not deficits
- Acknowledge the client's abilities to survive and even grow from adversity
- Acknowledge the strength it takes to get to where the client currently is
- Help the client regulate difficult emotions before focusing on recovery
  - Modelling skills for recognizing triggers, calming, centering, and staying present.

Principle #5: Empowerment, Voice, & Choice

- Conversations with trauma survivors should be nonjudgmental and occur within a context of compassion, empathy and humanity.

- They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.
  - Build relationships on respect, trust, and safety
  - Allow the client to set the pace, slow down, and take breaks as required
  - Continually inform the client of what is happening during any encounters and assessments

Principle #5: Empowerment, Voice, & Choice

- Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward.
  - Offering real choices

Principle #6: Cultural, Historical, & Gender Issues

- Learn about and develop skills to work within the client's culture by asking them about it.
  - Be open to learning and asking questions about the client's culture.
- Understand how your own cultural background can influence transactions with the client.
  - Understand the meaning the client gives to the trauma from their own cultural perspective.
  - Understand what healing means to the client within their cultural context.

Making Referrals

- Collaboratively identifying the type of support needed/wanted
  - As offering choice is a core principle woven throughout trauma-informed care, it is important that practitioners are aware of options and make referrals accordingly.
- Questions like "*What would support look like for you? What would you need from the next person you speak with in order to feel safe and supported?*" are important considerations that will guide the referral process and help to collaboratively envision the next step.
- Practitioners may also want to explore the possibility that the next conversation with another practitioner may not be the same, in terms of a trauma-informed approach
- Other practical ways that practitioners increase the likelihood of follow-up engagement are:
  - Make the referral call with the individual, before they leave the appointment
  - Provide a hand written follow-up note of encouragement and reminder
  - Follow-up with a phone call after the initial visit
  - Introduce the individual directly to the referral service or subsequent practitioner

Trauma-Informed Practice - Principles

- Keys to Being Trauma Informed:
  - Screen for Truama: Ask clients about history of trauma
  - Be Patient: Trauma survivors may have reduced resilience. Give them time to regulate their emotions. Help them anticipate and plan for stressful events.
  - Organize Social Supports: Affection and care from social support has positive neurological (oxytocin), psychological and social effect.
  - Encourage Breaking the Silence: Talking about feelings and past traumatic experiences supports the processing and integration of those events.
  - Promote/Create Trauma Support Groups: Given the ubiquity of trauma, such groups for all populations are likely indicated. People who share similar traumas or cultures may have an enriched experience in group.
  - Promote Healthy Behaviors to Enhance Resilience: Eating well, getting plenty of rest, exercising, reducing or eliminating smoking and alcohol and drug use, establishing routine; all improve the body's and brain's capacity to cope with stress.
  - Contribute to Community & Social Development to Reduce General Stress in the Community/Society: Though stress and trauma have always existed, "community" buffers have been eroding.

Trauma-Informed Practice

- More case studies…
- Trauma Informed Care Project - Iowa
  - https://www.youtube.com/watch?v=z8vZxDa2KPM
- Recognizing the Power of Trauma:
  - The Measure of . . . Trauma Symptomatology Among Protective Custody Inmates at Washington State Penitentiary . . . (1997).
    - 40 year old inmate, frequent admissions to hospital for "nervous attacks, history of trauma, fainted when apprehended.
  - Student Support Worker, Highland Park Junior High
    - 14 year old male "explosive behaviour disorder" No elementary school memories Poor short term memory Unable to pay attention in class Victim of repeated childhood abuses

Trauma Informed Health Care

- An awareness of trauma is necessary not only to avoid re-traumatization but to properly assess and treat presenting medical conditions.
- Trauma can manifest in conditions far outside the scope of DSM codes recognized as being linked to trauma.
- One example of this is substance use disorder(s)—can we expect to treat addictions without being trauma-informed?

Trauma and Substance Use

- HPA Axis and Neurobiological Model:
  - Hypothalamus—acts as a "meter" that maintains balance among systems in the brain and body.
  - Pituitary—connected to Hypothalamus and sends messages to many organs including the adrenal glands and sexual organs.
  - Adrenal glands—activate "fight or flight" (or stress) response and sexual behaviour among other things.
  - System moderates: – Temperature and sleep – Sex, Hunger & Thirst – Mood – Metabolism & Immune System – Growth and development.
- Dysregulation in this system leaves much to be regulated by substance use.
- One of three reward pathways acted on directly by substances includes the hypothalamus.

Trauma Informed Health Care: Race Trauma

- Increasing recognition of the role of trauma in Mental Health and Addictions
- Developing research in race-based trauma and related symptoms (Carter, et al. 2013)
- Persons of African descent found having elevated levels of PTSD without observable cause
- Recognition of micro and systemic racial trauma as cause
- Clinicians seeking to be TI must screen for race based trauma

Trauma Informed Health Care: Good Social History

- Social history forms the basis of a good assessment
- Race and trauma informed assessments must ask explicit questions
- Psycho-education is essential to inform client of relevance of questions about race and trauma
- Ability to reference contemporary examples of race and trauma is essential to communicating competence and promoting openness

Clinical Treatment of Trauma

- Trauma-informed and trauma-specific interventions are not the same thing.
- Specialized counselling for trauma can involve conversations that are triggering or re-traumatizing.
- Taken with techniques such as grounding and others mentioned here this is how traumatic events are processed.
- This can impact service providers (vicarious trauma).

Clinical Treatment of Trauma—4 Stages

- Grounding
- Processing
- Being Present
- Future Planning

Clinical Treatment of Trauma - Intervention

- Intervening in the Trauma Process:
  - Prevention
  - Avoidance
  - Cognitive Therapy – keep the frontal lobe engaged!
  - Affective Therapy –help articulate and ground feelings
  - Narrative, psychoanalytical, REMD –work to integrate the experience
- Crisis Intervention - Exercise
  - Immediate intervention –do something!
  - Motivate client to action –develop an action plan for first 24, 36 hours –consider alternate plans if necessary (plan a, b, c)
  - Re-establish equilibrium –return to normal routines and vital function
  - Point to hope –give a glimpse beyond the crisis
  - Regular support –especially in the first 24 –36 hrs
  - Ongoing, focused problem solving –when new challenges are raised focus on practical solutions
  - Assess for "meaning" –particularly influence on clients sense of self
  - Promote self-reliance –though much support is needed, engage client in the solution

Clinical Treatment of Trauma – Vicarious Trauma

- Vicarious Trauma is the term given to the symptoms experienced by a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences.
- Similar to compassion fatigue, burnout, secondary trauma.
- Trauma Symptoms:
  - Re-experiencing: spontaneous, intrusive memories; recurrent dreams ; flashbacks; prolonged psychological distress.
  - Avoidance: efforts to avoid thoughts, feelings, activities, places; inability to remember; sense of foreshortened future; emotional numbing.
  - Negative cognitions and mood: distorted sense of blame; estrangement from others; depression, anxiety
  - Arousal: aggressive, reckless or self-destructive behavior; sleep disturbances; hypervigilance.
- Bystander Effect

Clinical Treatment of Trauma – Vicarious Trauma

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- Avoiding and Responding to Trauma:
  - Personal resilience important; physical, emotional, relational, spiritual health
  - Be "present" during event
  - Debriefing trauma most effective within 72 hours
  - If professional debriefing not available, discussion with colleagues, family or friends is helpful – Confidentiality Critical!!!
  - Debriefing: Review sensations, construct thoughts and meaning, explore and clarify feelings
  - Explore larger meaning and purpose –spirituality

Clinical Treatment of Trauma – Traumatic Event Debriefing

- Traumatic Event Debriefing:
  - Fact Phase: focus on the details
  - Feelings Phase: focus on the physiological and emotional feelings
  - Thoughts Phase: what or who did you think about as the event occurred
  - Reaction Phase: what thoughts, feelings, images linger?
  - Symptom Phase: what physiological and emotional symptoms are present
  - Teaching Phase: educate about healing stages, reorganization as a lifetime process, stress management . . .
  - Re-entry Phase: end session on mundane, routine activities, chatting about weather over coffee, "one thing you look forward to this week"

Trauma Informed Law Enforcement – Adult Sexual Assault

While you are watching the following video, please do the following:

- Write down one piece of information that is new or surprising to you;
- Think about a case, sexual assault or otherwise, where you might have seen behavior consistent with the response(s) to trauma talked about in the video.
- Write down one thing that you will do differently on your next sexual assault call, and why.
- https://www.youtube.com/watch?v=gtWD1XJrhNo&feature=youtu.be

Telephone Interview with Trauma Survivor

Wrap Up and Thank You

- Check-out discussion—How can we improve the services offered to people experiencing trauma?