

Trauma Informed Care: The Juxtaposition of Diversity & Trauma

Darius Campinha-Bacote, PsyD, HSP
Licensed Clinical Psychologist
Certified Trauma Therapist (TF-CBT)

1

Objectives

- ▶ The Goal is to Deconstruct How Trauma is Viewed Within a Variety of Diverse Groups
 - ▶ Meant to be discussion-based
- ▶ Gain a Better Understanding of Diversity Variables
- ▶ Cultural norms vs. Social norms
- ▶ Culture of Obesity
- ▶ Female Genital Mutilation (FGM)
- ▶ Trauma and Vietnamese Immigration
- ▶ Suggestions on Working with Diverse Populations
 - ▶ Working w/ translators/interpreters
- ▶ Emodiversity
- ▶ Utilizing Trauma Assessments
 - ▶ Which are appropriate to administer?
- ▶ "Heavy" topics will be discussed

2

Trauma Informed Care (TIC)

- ▶ Trauma-informed care shifts the focus from "What's wrong with you?" to "What happened to you?"
 - ▶ A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — in order to provide effective health care services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. It can also help reduce avoidable care and excess costs for both the health care and social service sectors.
- ▶ Trauma-informed care seeks to:
 - Realize the widespread impact of trauma and understand paths for recovery;
 - Recognize the signs and symptoms of trauma in patients, families, and staff;
 - Integrate knowledge about trauma into policies, procedures, and practices; and
 - Actively avoid re-traumatization.

3

Principles of TIC

- ▶ Safety
 - ▶ Throughout the organization, patients and staff feel physically and psychologically safe
- ▶ Trustworthiness & Transparency
 - ▶ Decisions are made with transparency, and with the goal of building and maintaining trust
- ▶ Peer Support
 - ▶ Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery
- ▶ Collaboration
 - ▶ Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making
- ▶ Empowerment
 - ▶ Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma
- ▶ Humility & Responsiveness
 - ▶ Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

(Adapted from the Substance Abuse and Mental Health Services Administration's "Guiding Principles of Trauma-Informed Care.")

4

Definitions

- ▶ Cultural norms vs. Social norms
- ▶ What are examples of cultural groups?
- ▶ The fish does not see the water in which it swims.
 - ▶ What does this mean?

5

Your Trauma Is Not My Trauma

- ▶ Have you ever heard a trauma, and thought, 'I have heard worse?'
 - ▶ Or perhaps the opposite, and it was the most traumatizing experience you have heard.
 - ▶ How do you think either impacts the client?
- ▶ Which global atrocity incurred upon a cultural/ethnic group was worse?
 - ▶ "Battle" at Wounded Knee
- ▶ Assuming a client's experience is traumatic w/out asking.
 - ▶ Tucson example of not having food.
- ▶ "Beauty is in the eye of the beholder."
 - ▶ The same is true regarding trauma.

6

Military Sexual Trauma (MST)

- ▶ Experience of a military personnel handcuffed to a bathroom which was discussed in a training in 9/2020.
 - ▶ Was this a "traumatic stressor?"

- ▶ 33% of women, and 2% of men experience MST.
 - ▶ Veteran Affairs (2020)

7

Culture of Obesity

- ▶ In many cultures, being "overweight" is considered an attractive quality, and is desired.
- ▶ Friend uses the term "Baller-belly."
- ▶ Article in 1/2012 entitled "Obesity is a sign of good health in some Cultures" by Arya Sharma, MD.
 - ▶ The notion of obesity as a sign of good health of course is not that surprising - especially in countries where malnutrition, infectious diseases, gut parasites, and other 'wasting' conditions, are endemic. Being skinny is a sure sign of sickness and weight loss is most alarming.

8

Culture of Obesity Cont.

- ▶ One family physician noted in his presentation the case of an overweight woman, who presented in his practice with diabetes. A few weeks after starting her on metformin, she came back considerably distressed about the fact, that she had now lost a few kilos. He noted that despite explaining out that her diabetes was now under control and her blood pressure had improved, she remained unconvinced about the benefits of being on this treatment. To her, losing weight equated directly with being unhealthy and "less sexy" to her husband.
 - ▶ What is more important, your relationship with your partner, or your health?
- ▶ One discussant reminded me of the African practice of fattening rooms, where brides-to-be would be sequestered and overfed in order to be their 'best weight' on their wedding day - the exact opposite of Western societies, where brides wanting to lose weight provide healthy profits for the weight-loss industry.
 - ▶ It can be argued that both can be viewed as traumatic, as the sentiment is "you are not the right size."

9

Culture of Obesity Cont.

- ▶ As clinicians, let us be aware that when some of our patients appear unconcerned about their weight-related health problems, they may not simply be unmotivated to consider obesity treatments - they (and their family and friends) may actively oppose and resist them.
- ▶ Is there a correlation between trauma and obesity?

10

Female Genital Mutilation

- ▶ Strid & Axelsson (2020) looked into FGM in a Somali migrant minority community in Sweden.
- ▶ "Involving men in anti-violence work has been gaining increased attention."
 - ▶ Why is it now "gaining increased attention," and what has been the traumatic impact of there being less attention previously?
- ▶ The social norms approach challenges notions of violent masculinity and underlines the need for comprehensive, culturally relevant, and sensitive interventions to engage men in violence prevention.

11

Background on FGM

- ▶ FGM is a global health problem, a violation of human rights and a form of violence against women and girls (UN, 1989).
- ▶ It involves the amputation or damage of genitalia for non-therapeutic and non-medical purposes (WHO, 2016).
- ▶ It is performed on girls between the ages of 0-15, often without anesthesia, and can have serious consequences for sexual and reproductive health.
- ▶ The UN (2016) estimates that 200-400 million women and girls are affected, and three million girls at risk annually.
- ▶ In Sweden, nearly 38,000 girls and women may have been subjected to FGM (National Board of Health and Welfare, 2015).
- ▶ Global prevalence is decreasing, but through migration processes, regional prevalence has increased in countries where FGM did not previously exist (Mergaert et al., 2015), attracting political attention from the EU (European Parliament [EP], 2012; European Commission [EC], 2013).
- ▶ FGM is illegal in many countries, but not all. In Sweden, it has been illegal since 1982.

12

Men's View on FGM

- ▶ Developed in the context of sexual assault, studies have documented how men hold misperceived attitudes about other men's acceptance of violence-supportive attitudes and behaviors, and found that men's willingness to act as women's allies is influenced by their perceptions of other men's attitudes.
 - ▶ (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2004).
- ▶ What are the implications of this?
 - ▶ "Your perception is your reality."
- ▶ Participant:
 - ▶ It used to be an old tradition that we have at home. And then, when it comes to, if I for example have a daughter, then I am a dad, and dad has nothing to do with it.
- ▶ Participant:
 - ▶ In Somalia, our dad has never told us or talked about it. It is the mothers that take care of the girls, if than shall be cut or not. The dad has not, nothing to do with it.

13

What is Your Role Regarding FGM?

- ▶ A focus on men's attitudes and self-perceived roles underlines the responsibility and accountability of men as a group for the continuation or abandonment of the practice.
- ▶ The analysis of men's attitudes and self-perceived roles make visible the power of men as a group, and the possibilities to engage men.
- ▶ Once men were made aware of what FGM was, it significantly changed their perspectives on this cultural practice.

14

Trauma Involving Vietnamese Migration

- ▶ Trauma, Discrimination, and Psychological Distress Across Vietnamese Refugees and Immigrants: A Life Course Perspective (Kim et. al, 2019)
- ▶ There is a difference between the terms refugee, and immigrant.
- ▶ Much of the literature has focused mainly on experiences of pre-migration trauma, however, emerging literature highlights the importance of post-migration factors contributing to a variety of mental health outcomes.

15

Psychological Distress

- ▶ The attention to trauma in refugee communities is important as refugees, by definition, are more likely to have experienced war-related violence, political persecution, and torture. Indeed, refugee patients at a U.S. psychiatry clinic had reported multiple traumatic experiences prior to their U.S. arrival.
- ▶ Among Vietnamese refugees, sex, age at immigration, and pre- and post-migration trauma experiences were all associated with psychological distress.
- ▶ Women were more likely than men to report symptoms associated with psychological problems.
 - ▶ The article noted most Vietnamese immigrants were female.
 - ▶ Why might this be?

16

Racial Discrimination and Trauma

- ▶ Despite the fact that Vietnamese refugees reported a significantly higher racial discrimination score than Vietnamese immigrants, racial discrimination was only significantly associated with immigrants' psychological distress, not with that of Vietnamese refugees.
 - ▶ Let's deconstruct this...Vietnamese refugees were not experiencing higher amounts of psychological distress?
- ▶ Racial discrimination has been linked to psychological distress, in that more experiences of race-based discrimination were related to a higher level of psychological distress among nationally representative Asian Americans.
 - ▶ This impacts more than just immigrants...

17

Findings Regarding Vietnamese Migrants

- ▶ The results of this study add to this complexity by highlighting a lack of awareness on the part of healthcare professionals about the varying pre- and post-migration experiences of this diverse community, whether or not they have refugee-related experiences.
- ▶ The results indicate that healthcare professionals should consider the migration background of foreign-born Vietnamese in screening for potential psychological issues, particularly around their trauma history and discriminatory experiences.
- ▶ How do these findings inform our work with clients?
- ▶ Does this relate to Trauma Informed Care (TIC)?

18

PTSD, Depression, and Substance Use

- ▶ A comprehensive meta-analysis of rates of PTSD and depression in adult refugee and conflict-affected populations reported a point prevalence of 30.6% for PTSD (ranging from 0-99%), and 30.8% for depression (with individual study rates ranging from 3-86%; Steel et al., 2009).
- ▶ In addition, individuals who have lost loved ones, or are uncertain of the fate of those close to them may experience complicated bereavement or prolonged grief reactions.
- ▶ In contrast, findings regarding substance use disorders are mixed, with studies suggesting that there are elevated rates of alcohol and drug use amongst some displaced populations, but not others.

19

Working with Translators/Interpreters

- ▶ Who has worked with a translator/interpreter?
 - ▶ If so, what language was therapy conducted in?
- ▶ What are the downsides to working w/ a translator/interpreter?
 - ▶ Additional collaboration regarding working out timing of schedules.
- ▶ The pros of working w/ a translator/interpreter?
- ▶ Experience w/ colleague who worked with a deaf interpreter for her client.

20

Translators Cont.

- ▶ Summarizing is not always best practice, and context is not always translated properly...they are not translating word for word, and important pieces are missed.
 - ▶ Mila Kunis, born in Soviet Ukraine
- ▶ What are the dangers of not having an interpreter/translator in the client's native tongue?
- ▶ Certain cultural complexities and nuances that the clinician may miss may be picked up on by the translator.
- ▶ We (as healthcare practitioners) may be doing harm if we are not accurately listening to our clients/patients.
 - ▶ Not having competent translators or access to them would fall under not providing appropriate TIC.

21

Positive vs. Negative Emotions

- ▶ Werner-Seidler et al. (2020) stated that "mental health and well-being are predicated upon the experience of relatively high levels of positive emotions, and lower levels of negative emotions." (p 106).
 - ▶ This statement accurately reflects the imbalance of negative and positive felt emotions when addressing the emotional experience for clients/patients.
 - ▶ What is this statement actually saying?

22

Emodiversity

- ▶ A term coined by Quoidbach et. al (2014) to describe the diversity of experienced emotion, which is derived from the literature on biodiversity.
- ▶ Results suggested that greater levels of emodiversity, regardless of emotion valence, was associated with better mental health.
- ▶ Werner-Siedler, et al. (2020) challenged this study, and researched the intersection between individuals who were depressed, and emodiversity.

23

Findings

- ▶ In this analysis, those with recurrent depression develop, and remember a more diverse experience of the nuances of different kinds of negative emotion states, and indeed experience a greater variety of these states (e.g., sadness, fear, shame, guilt, hopelessness), relative to those who have not been depressed.
- ▶ This current research lends support to the suggestion that chronic mental health conditions including post-traumatic stress, and depression are associated with elevated expertise in the domain of negative affective experience.
- ▶ One can therefore argue that the protective effect of greater (negative) emodiversity found in general population groups does not extend to those with chronic mental health difficulties.
- ▶ In short, a greater diversity of experienced emotion is only psychologically healthy if the individual is experiencing a mix of both positive, and negative emotions.
 - ▶ Not a greater variety in general, but rather a greater variety of both positive and negative.

24

Culturally Competent Psychological Treatment Intervention (Ford, 2008)

- ▶ Evidence-based PTSD treatment models may work well with culturally-specific healing practices because they share the common goal of fostering not just symptom reduction but a bolstering of resilience, and mastery.
- ▶ Developing culturally specific and sensitive prevention or treatment interventions for PTSD, however, requires careful ethnographic study - that is, observing, and learning about the values, norms, beliefs, and practices endorsed and enforced by different cultural sub-groups.
- ▶ Ultimately the goal is that the PTSD clinician will truly work with - rather than imposing external assumptions and standards upon - the members of the wide range of ethnic, and cultural communities
- ▶ The "gold standard" of care would be to incorporate a careful ethnographic study, and collaboration between PTSD clinicians, and varied cultural communities.

25

Assessments/Questionnaires

- ▶ Stressful Life Events Screening Questionnaire (SLESQ)
- ▶ Subjective Traumatic Outlook Questionnaire (STO)
- ▶ Trauma History Questionnaire (THQ)
 - ▶ English, Spanish, Danish, French, Portuguese, Urdu, Icelandic
 - ▶ Widely utilized tool to assess trauma
- ▶ Posttraumatic Cognitions Inventory (PCTI)

26

Questions

- ▶ Are there any answers?

27