The Importance of Diversity-Informed Practices in Trauma-Informed Care – Part 1

January 16, 2024

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Today's Presenter

LaVerne Hanes Collins, PhD, NCC, LPC (GA), LCMHC (NC)

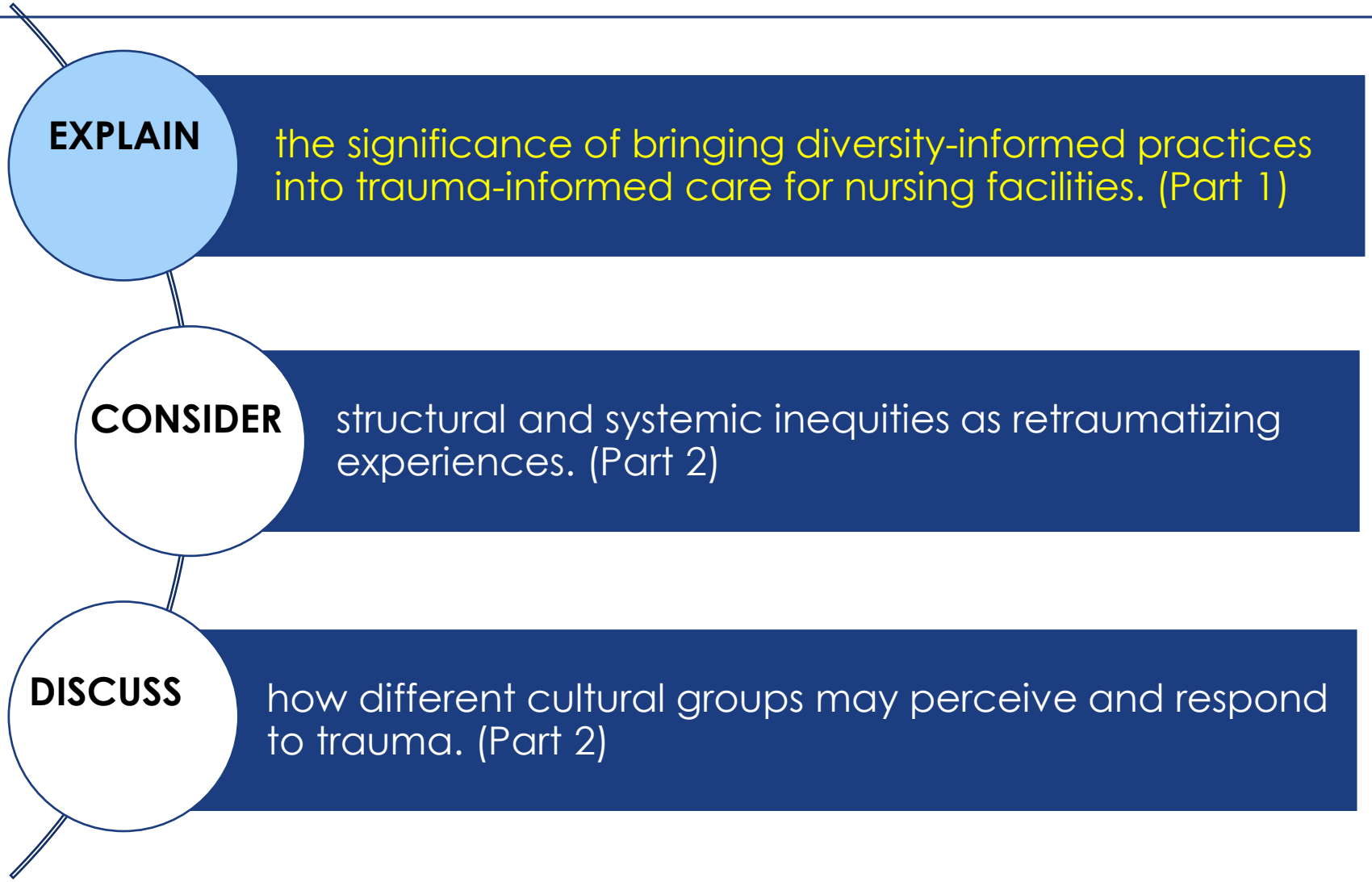
OWNER, NEW SEASONS COUNSELING, TRAINING & CONSULTING, LLC

Dr. Collins is a national certified counselor who holds credentials as a licensed clinical mental health counselor in North Carolina and as a licensed professional counselor in Georgia. She is certified in coaching, clinical supervision, grief, trauma, integrative nutrition coaching, mental telehealth counseling, and addictions counseling.

She is the owner of a private practice and counselor training company called New Seasons Counseling, Training and Consulting, LLC, and the owner of Collins Life Coaching, LLC. She is also co-owner of Equity Training Partners, LLC which provides customized diversity, equity, and inclusion training and coaching for businesses. Working as a counselor, writer, coach, mentor, trainer, and serial entrepreneur for over 25 years, she has vast experience in helping people manage life's unexpected crises, grief and loss issues, relationship issues, and mental health.

Dr. Collins has a dual bachelor's degree from Syracuse University, and an M.S. Ed in community counseling from Duquesne University in Pittsburgh in addition to a Ph.D. in Christian counseling from South Florida Bible College and theological seminary.

Objectives



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The Significance of Bringing Diversity-informed Practices into Trauma-informed Care

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is the ***result*** of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has ***lasting adverse effects*** on the individual's functioning and mental, physical, social, emotional or spiritual well being.

SAMHSA

Remember “TIC and DIP”

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.

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

DIVERSITY-INFORMED PRACTICE

Diversity-informed practice is a dynamic system of beliefs and values that shapes interactions between individuals, organizations and systems of care.

Diversity-informed practice recognizes the historic and contemporary salience of race, ethnicity, class, gender, sexuality, age, able-ism, xenophobia, homophobia, and other systems of oppression and strives for the highest possible standard of inclusivity in all spheres of practice: teaching and training, research and writing, policy and advocacy, as well as direct service.

How I learned about the importance of diversity informed practice intersecting with trauma-informed care.

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Residential Substance Abuse Program

- ✓ Inner city Pittsburgh
- ✓ Residential Program
- ✓ Substance Use/Co-Occurring Dx
- ✓ 20-24 men and women
- ✓ Jail diversion (75% of residents)
- ✓ Residents: 90% Black/Hispanic
- ✓ Nine to 12 months to complete

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Low Program Completion Rate

WHY?

- **Not Diversity-Informed Practice**
- **Cultural sensitivity was present socially, but that didn't transfer into clinical work.**
- **No Trauma Informed Care**
- **No Evidence Based Protocol; Anecdotal only**
- **High incidence of re-traumatization**

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The Importance of Diversity-informed Practices in Trauma-informed Care

Diversity-informed practice and **trauma-informed care** are so intertwined that nursing facilities can't effectively have one without the other.

In these two sessions, we consider the importance of cultural responsiveness--individually and systemically--to culturally diverse and marginalized groups who have experienced trauma.

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U.S. trauma rates are high – and even higher for marginalized groups.

- 70% of adults in the U.S. or 223.4 million people, have experienced some type of traumatic experience at least once in their lives. There is a direct correlation between trauma and physical health conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

- The rate of traumatic experience is staggeringly high for members of demographically marginalized groups.

Examples of Disparities

Any Trauma

Lifetime prevalence of exposure to any trauma for racial/ethnic minorities:

- African-Americans (76.37%)
- Asian/Hawaiian/Pacific Islanders (66.38%)
- Hispanics (68.17%)

Post-traumatic Stress Disorder (PTSD)

The lifetime prevalence:

- African-Americans (8.7%)
- Latina/os (7.0%)
- Asians (4.0%)

Examples of Disparities

Early death loss

- Black families have over 3 times higher odds of experiencing the death of 2 or more family members by age 30.

- Black families are about 90% more likely than Whites to have experienced 4 or more deaths by age 60.

- White families are 39% more likely than Black to have never experienced a family loss by age 60

D. Umberson, J.S. Olson, R. Crosnoe, H. Liu, T. Pudrovska, R. Donnelly. Death of family members as an overlooked source of racial disadvantage in the United States Proceedings of the National Academy of Sciences of the United States of America, 114 (5) (2017), pp. 915-920, 10.1073/pnas.1605599114

Examples of Disparities

Black maternal morality and infant mortality

- Black women have the highest maternal mortality rate in the United States – 699 per 100,000 births in 2021, almost three times the rate for White women (Centers for Disease Control).

- Non-Hispanic Blacks/African Americans have 2.4 times the infant mortality rate as non-Hispanic whites. Non-Hispanic Black/African American infants are almost four times as likely to die from complications related to low birthweight as compared to non-Hispanic white infants. (Health & Human Services Dept)

Examples of Disparities

Hate Crime

Racial/ethnic hate crimes are highest as follows:

- African-Americans (62.7%)
- Latina/os (47.4%), Asians (6.2%)
- American Indian/ Alaska Natives (4.6%)
- Multiracial individuals (3.7%)
- Latina/os (9.8%)

Examples of Disparities

Violent Crime

The average annual rate of violent victimization (rape/sexual assault, robbery, aggravated assault, simple assault) committed by strangers is highest among:

- American Indian/Alaska Natives (28.2%)
- Multiracial individuals (27.6%)
- African-Americans (13.3%)
- Latina/os (9.8%)

Examples of Disparities

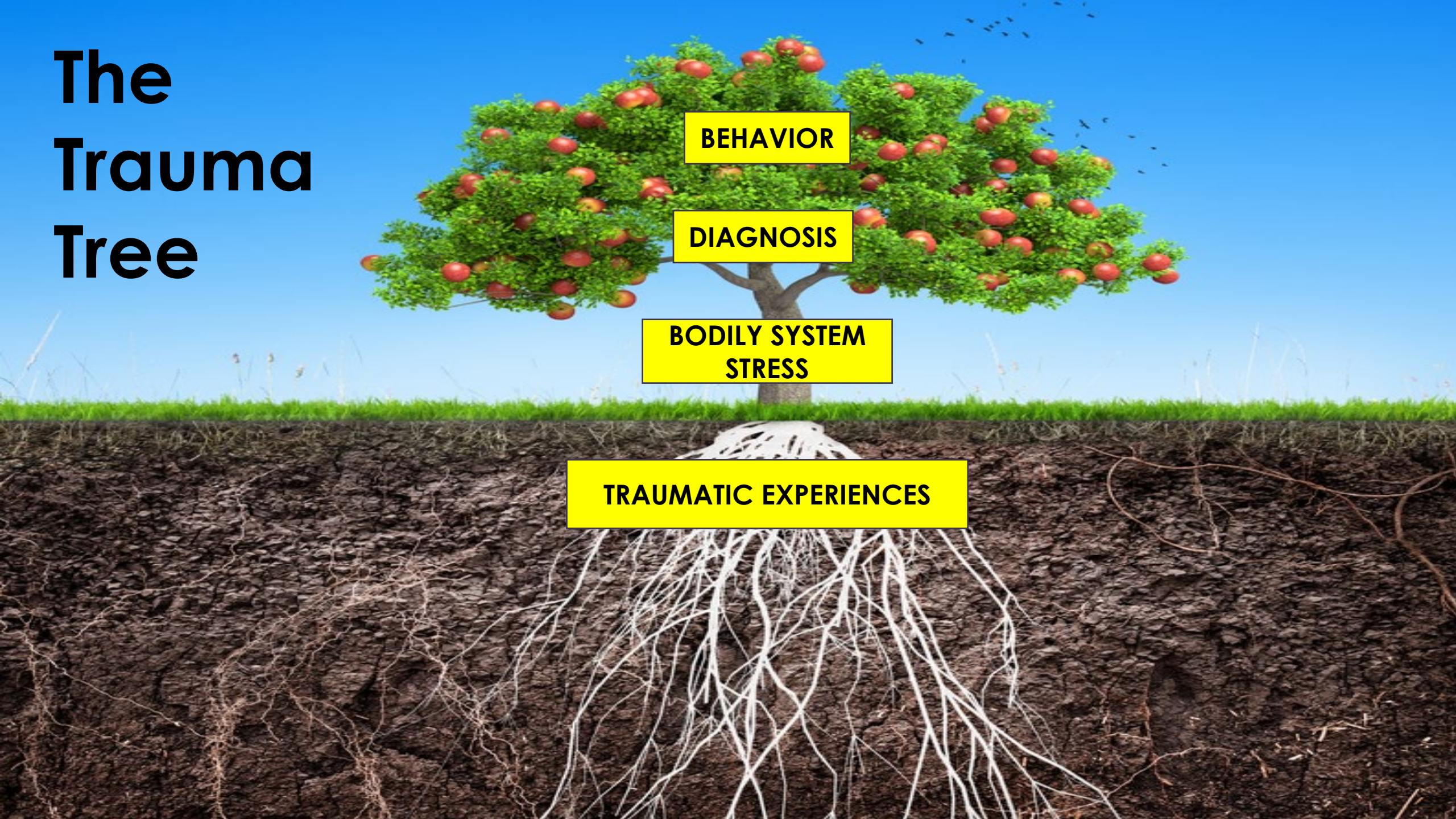
War-Related Trauma

Lifetime prevalence of exposure trauma resulting from exposure to war, political violence, or war-related event is as follows (women/men):

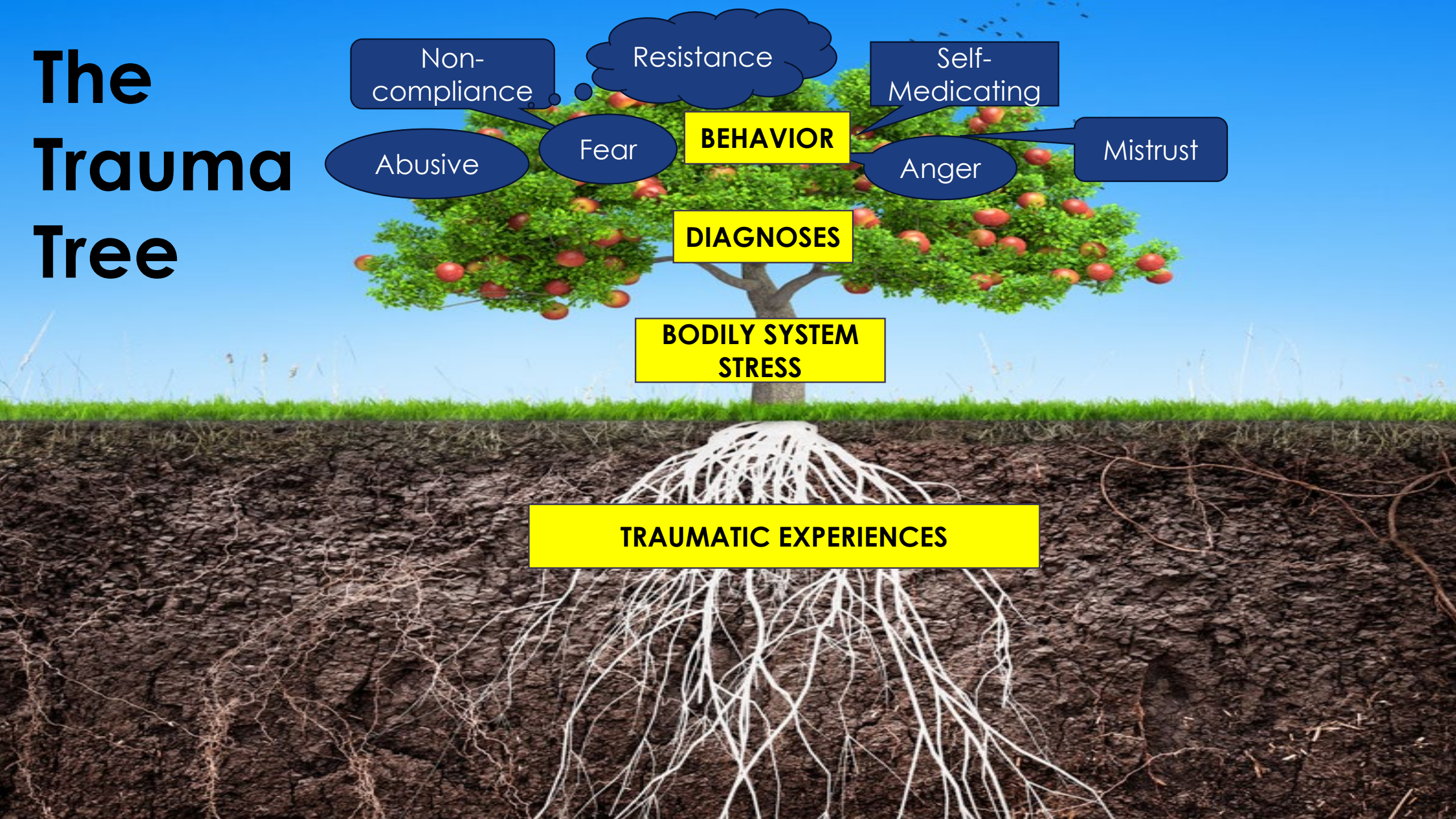
- Asian/Hawaiian/Pacific Islanders (10.6%/19.14%),
- Latina/os (3.94%/10.3%)
- African-Americans (2.09%/13.66%)

The Trauma Tree

The Trauma Tree



The Trauma Tree



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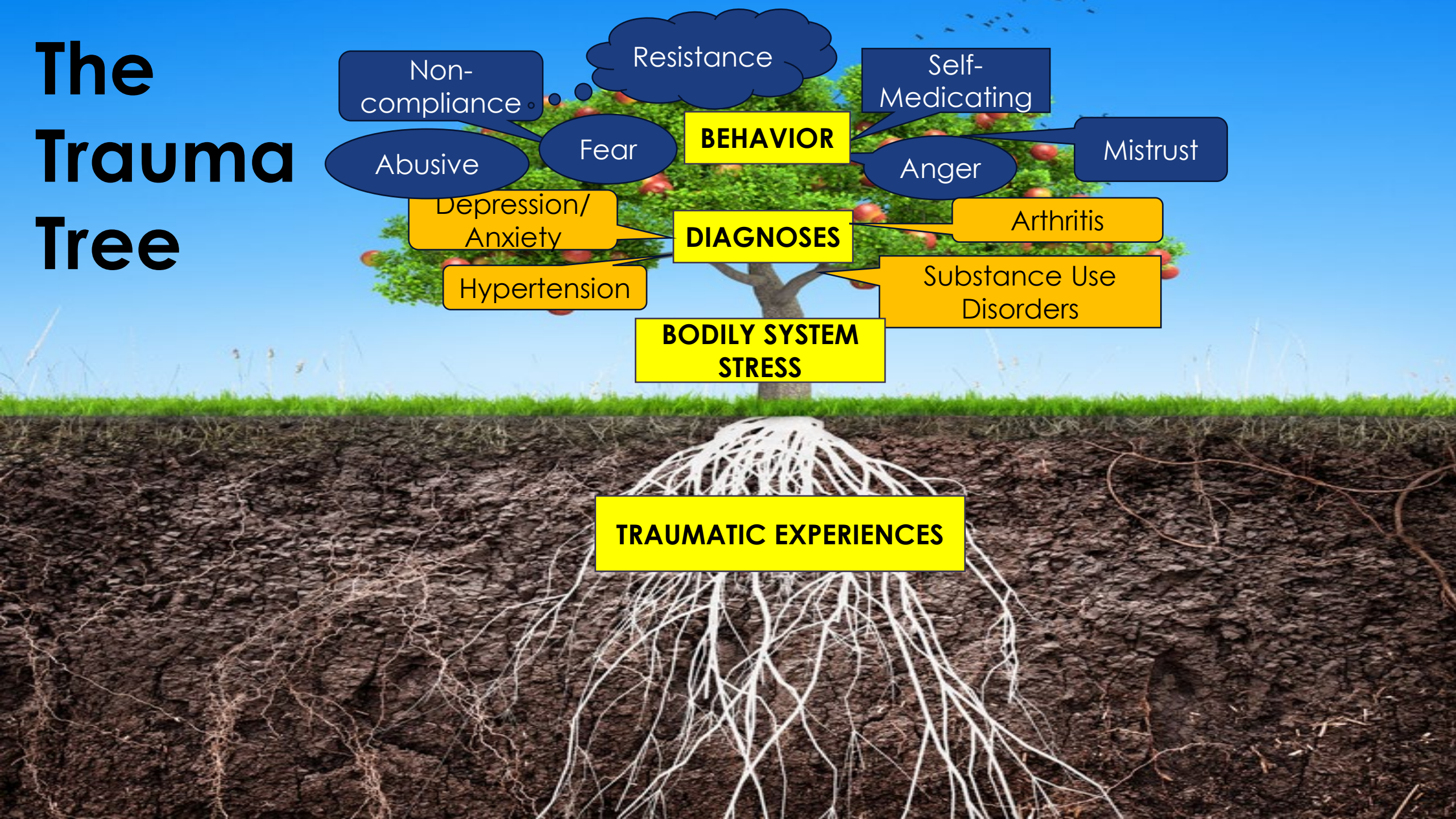

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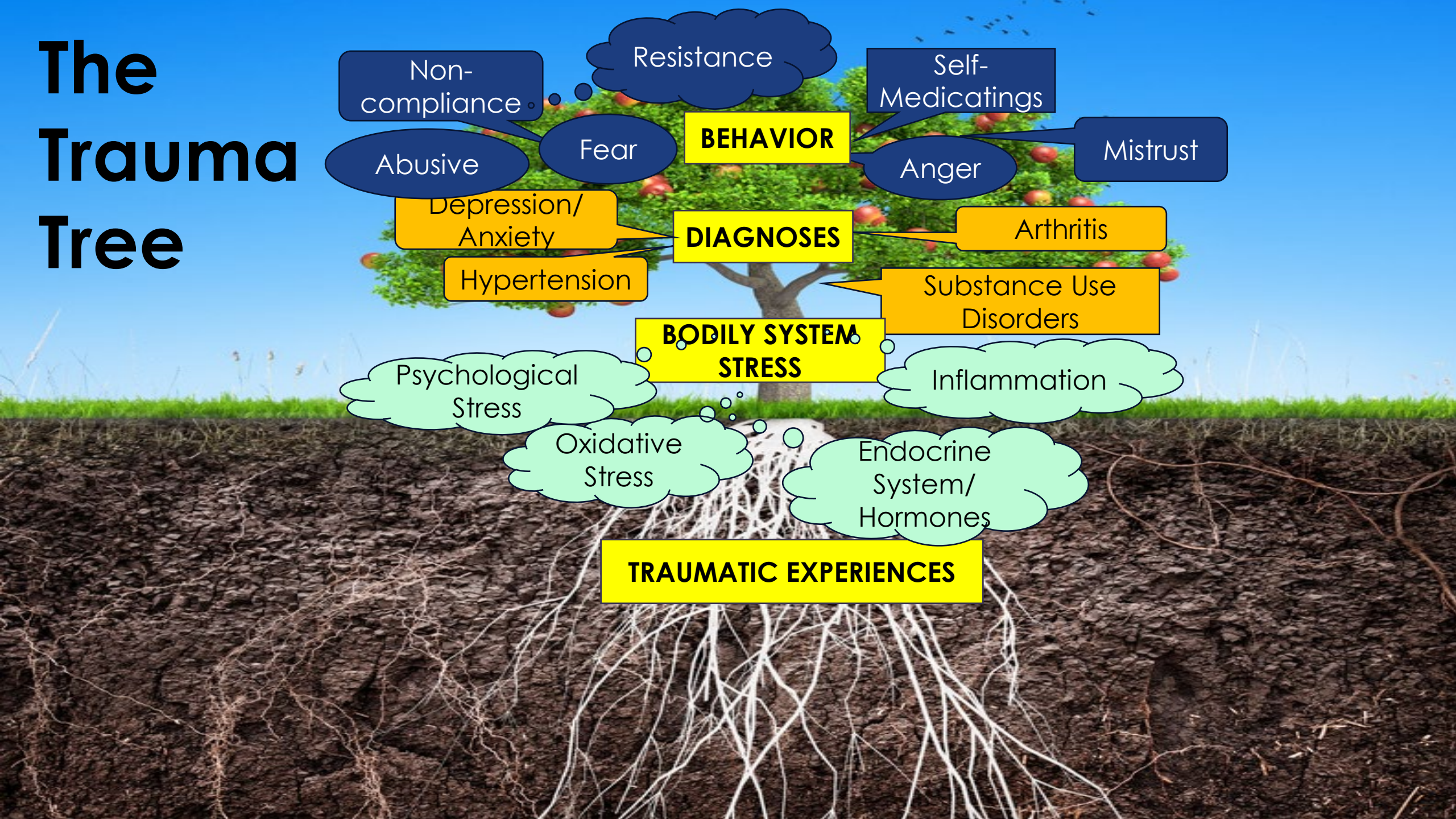

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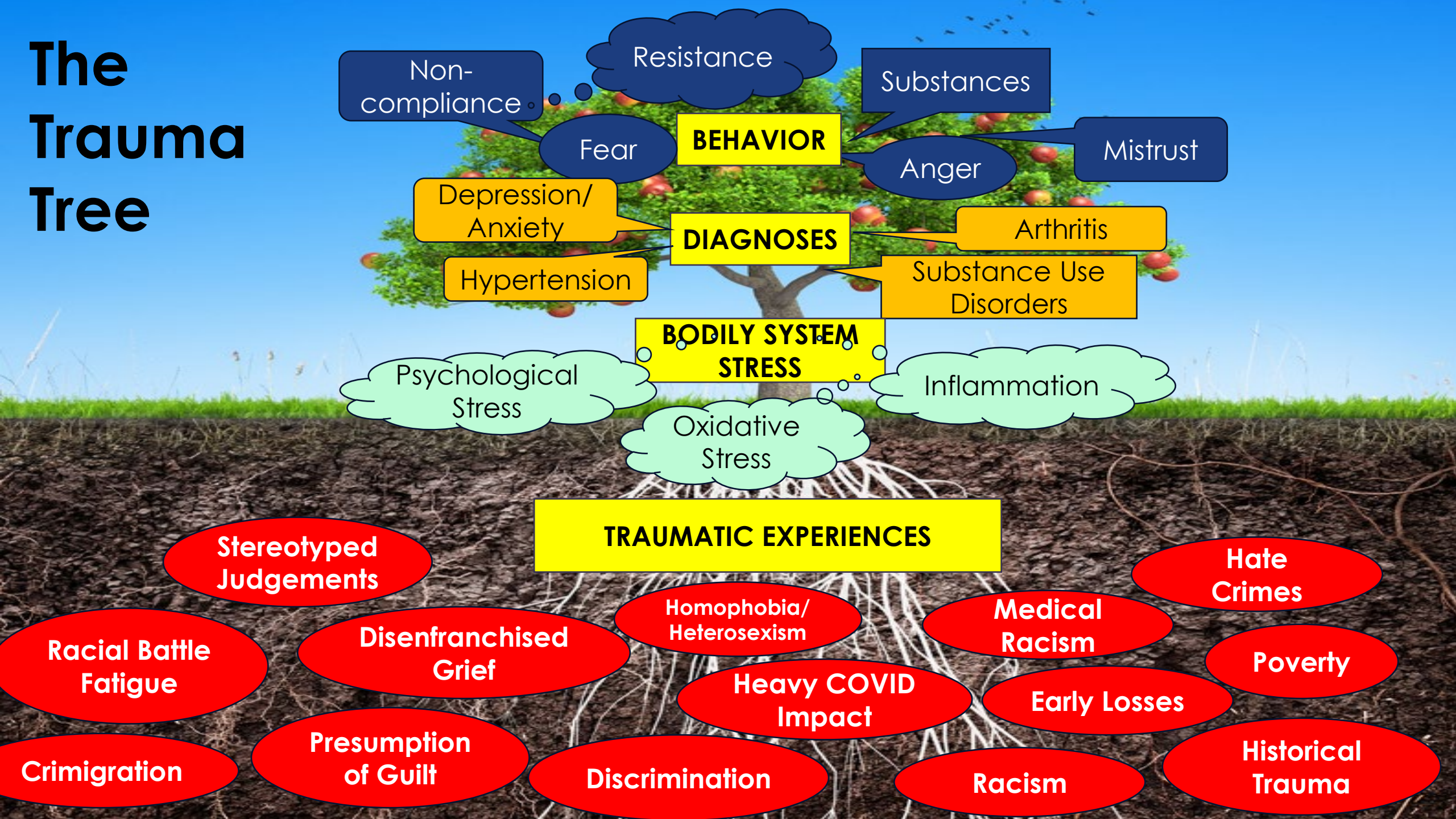
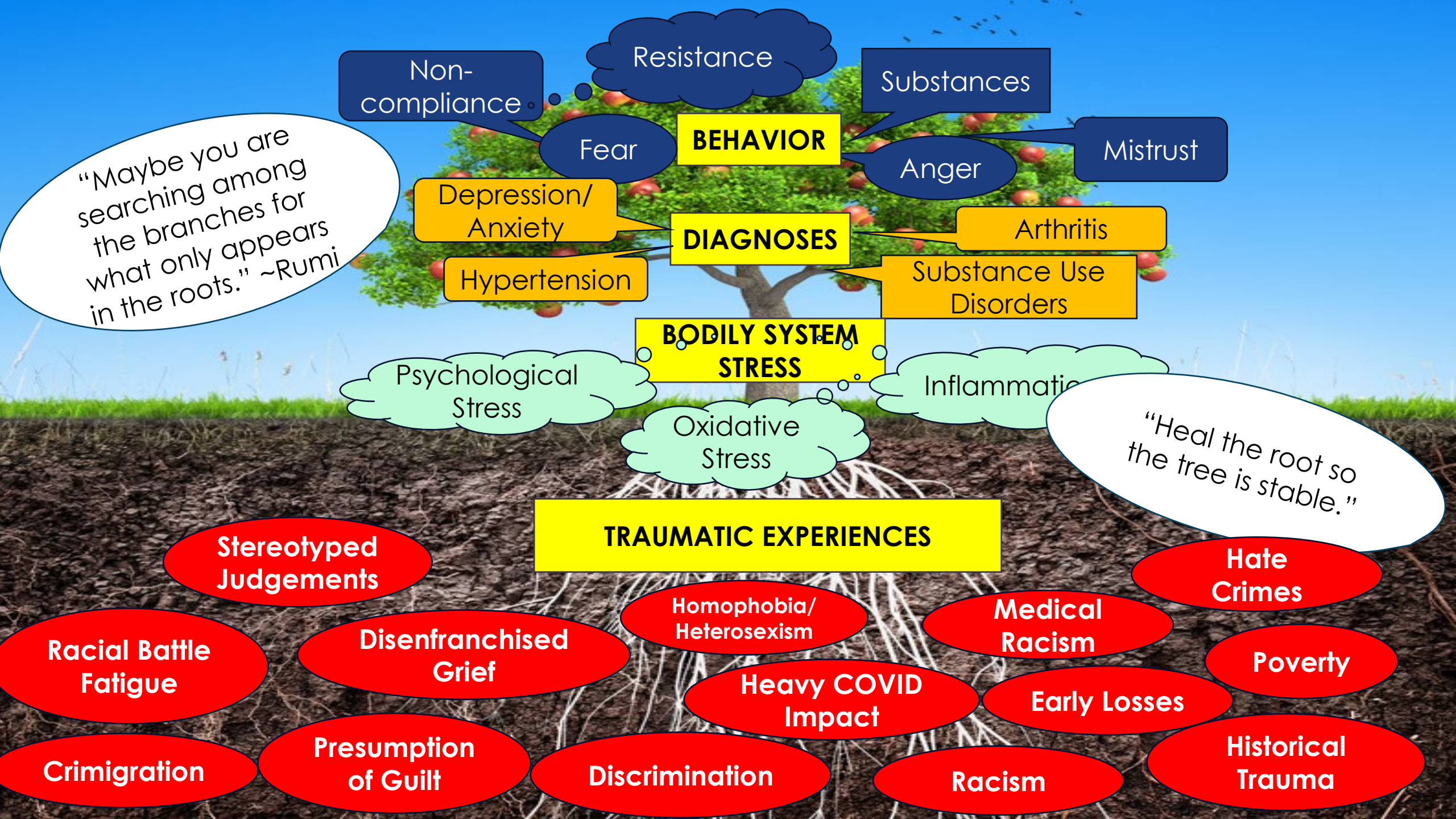
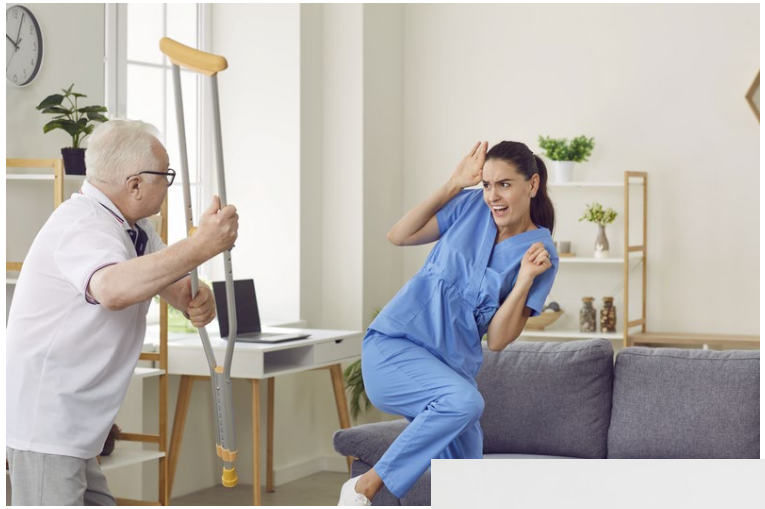


DISCUSS

What other kinds of trauma can you think of, that are based on the identity of one's race, age, ethnicity, sexual orientation, gender identity, socio-economics, ability status, etc.?


Resistance
Non-compliance
Substances
Fear
BEHAVIOR
Anger
Mistrust
"Maybe you are searching among the branches for what only appears in the roots." ~Rumi
Depression/ Anxiety
DIAGNOSES
Arthritis
Hypertension
Substance Use Disorders
BODILY SYSTEM STRESS
Psychological Stress
Inflammatio
Oxidative Stress
"Heal the root so the tree is stable."
TRAUMATIC EXPERIENCES
Stereotyped Judgements
Hate Crimes
Homophobia/ Heterosexism
Medical Racism
Racial Battle Fatigue
Disenfranchised Grief
Poverty
Heavy COVID Impact
Early Losses
Crimigration
Presumption of Guilt
Discrimination
Racism
Historical Trauma

Resident Reactivity! What's that about?



A male resident throws his food tray at a staff person.

An older male lifts his crutch to threaten staff.

A resident picks up her walker and shakes it at a staff person.

Residents' Experiences of Re-traumatization in Acute MH Inpatient Settings

- Studies show that many people accessing mental healthcare have a history of trauma and often experience re-traumatization in acute mental health inpatient settings.
- Treatment for trauma is not routinely explored as a treatment option.
- Nursing facility staff may not draw connections between trauma history and the resident's presenting mental health problems.

Photo credit: Photo 63123320 © Ian Allenden | Dreamstime.com

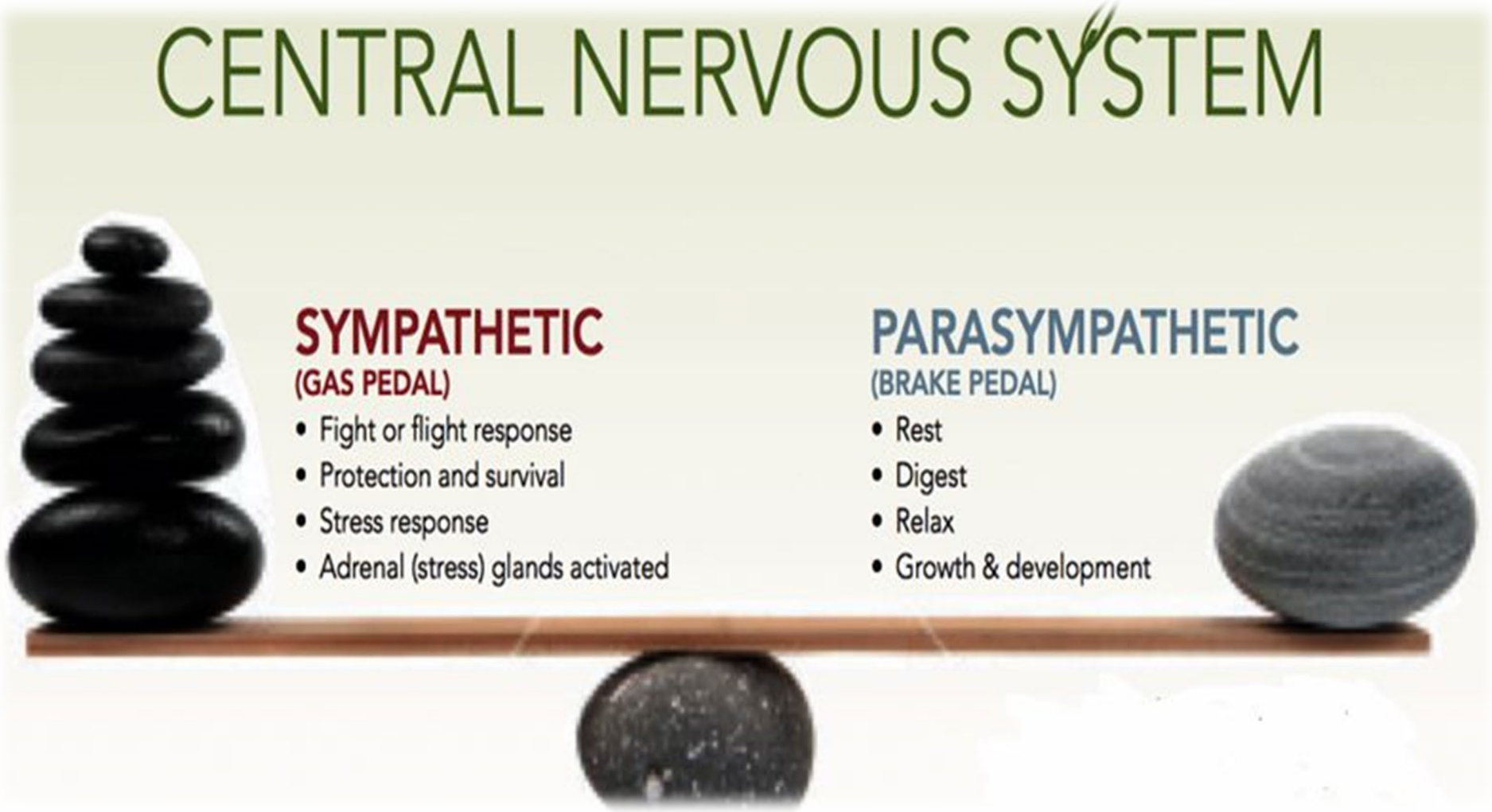
Implications and Application

What may contribute to a staff person missing signs of trauma in marginalized populations?

The Paradox

Trauma behavior is the brain doing its job!

Autonomic Nervous System (Balance System)

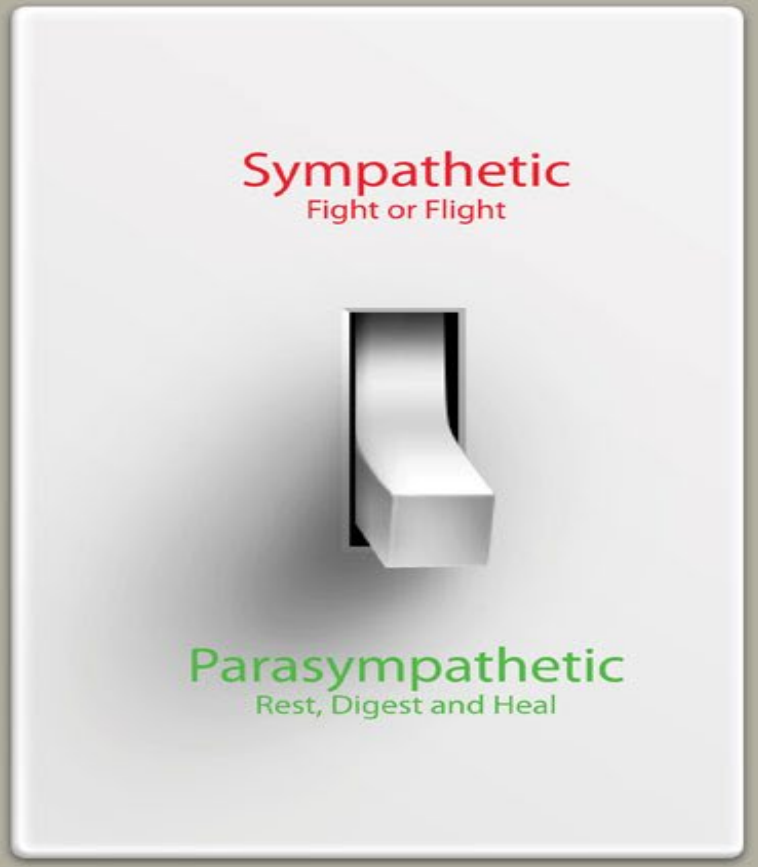


Sympathetic vs. Para-Sympathetic Activation

Sympathetic / Hot:

Excitatory system

- Accelerate heart rate
- Constrict blood vessels
- Raise blood pressure, muscle tension, physical sensation amplification
- Inhibition of insulin production to maximize fuel availability
- Cold hands and feet
- Headaches



Parasympathetic /Cool:

Return to baseline

- Promote digestion
- Intestinal motility
- Fuel storage (increases insulin activity)
- Resistance to infection
- Circulation to non-vital organs
- Release endorphins
- Brings down heart rate, BP, and body temp

www.thrivewelless.life

Sympathetic Nervous System (SNS)

Activation of our survival system under high stress

Reactivity IS the correct physiological response

- May not be logical, reasonable, and rational
- Dysregulates (shuts down) non-essential systems (should be temporary).
- What happens with trauma histories--particularly developmental trauma histories--is that they get in the SNS response that is designed for survival, and they stay in it too long.
- Suppresses non-essential systems that you need in order to function.

SNS (Hot) Dominance

How do we become sympathetically dominant?

- First and foremost, we are reacting to an environment that is TEACHING our body to be in this state.
- When we move into a hot system dominant state, we actually become MORE in-tuned to the environment.
- Hypervigilance: Is a greater level of attunement to the environment.

A new response!

We tend to tell people their behavior is bad, when their behavior is actually a normal, predictable response to their environment.

Most "problematic" behaviors are congruent, correct adaptations when one's "hot system" is in a state of dominance.

Trauma is not just an event

- Trauma is a physiological response in the body. Events are best described as "traumatic."

- When in "hot" system dominance for a prolonged period of time, the symptomology gets labeled as pathological.

- Reality: What gets "diagnosed" as behavior problems in children or psychiatric in adults is really the manifestations of this system working the way it is supposed to.

Body's Threat/Stress Response System
Anterior Cingulate Cortex (ACC)

Operates like a radar system:

- Environmental filter for the things that are relevant to your safety
- Activates the body to respond
- The longer we stay in a state of sympathetic dominance, the greater the degree of focus on threat and danger

On-Going Environmental Trauma

- With environmental stress and traumatic experiences such as discrimination, marginalization, microaggressions, etc., a person might not have a "specific" wound because it is environmental in nature, but the chemicals of trauma are still being produced in the body and being sent throughout the entire body.

- Cumulative harm effect:
  - Small doses
  - Many times per day

Unhealthy Environments Keep Sympathetic Dominance Alive

- Chaotic, aggressive or punitive environments; Inconsistency, unpredictability and instability can produce this, whether in the home, workplace or community.

- When people are no longer in those systems, the behaviors, by themselves, have the potential to drastically diminish.

- The symptoms driven by sympathetic dominance (i.e. the predictable, reasonable, physiologically congruent adaptations and mitigations that are common when a body is in a state of arousal) are characterized in DSM as disorders.

With Repeated Activation of the ACC

- Threat perception is sharpened and more acute.
- Perceive threats more readily than someone with different experiences. And they are RIGHT based on their experiences.
- The ACC can access your entire physiology in just 15 milliseconds. In other words, that system can activate 8 or 9 times before you can get into your executive system ONCE!
- The more it's used, the faster it becomes.

With Repeated Activation of the ACC:

Schematic Collapse

- Black and white thinking; binary thought processes. You see whole categories of things the same even when they're not.

- Memory is no longer reliable.

- Prohibits self-reflection because they pick up only on nuances and dangers external to them. Low self-awareness because that's not the part of the brain that they are working in.

Cognitive Symptoms of Trauma

- Memory lapses
- Difficulty making decisions
- Decreased ability to concentrate
- Feeling distracted
- Settling for what is:
    - Giving up on "more"
    - "It is what it is"
    - "I'm good"
    - "Why bother?"

Trauma-informed Care

An approach that aims to:

- Engage residents with histories of trauma
- Recognize the presence of trauma symptoms
- Acknowledge the role that trauma has played in resident's lives

The Goal: Responsiveness!

Integrating diversity-informed practices into trauma-informed care for nursing facilities is crucial for creating an inclusive and effective healthcare environment.

Trauma-informed care recognizes the widaespread impact of trauma on individuals and aims to create an atmosphere that promotes safety, trust, and empowerment.

When combined with a focus on diversity, this approach becomes more nuanced and responsive to the unique needs of individuals from various backgrounds.

See F699 & F656 Trauma-Informed Care: State Operations Manual Appendix PP
https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

Application and Implications

Can you think of practices that are widely accepted - or perhaps that you have seen, but might be traumatizing to someone from a marginalized culture? Briefly share and discuss.

Case Application: Roberto

Photo 8387672 © Joel Calheiros | Dreamstime.com

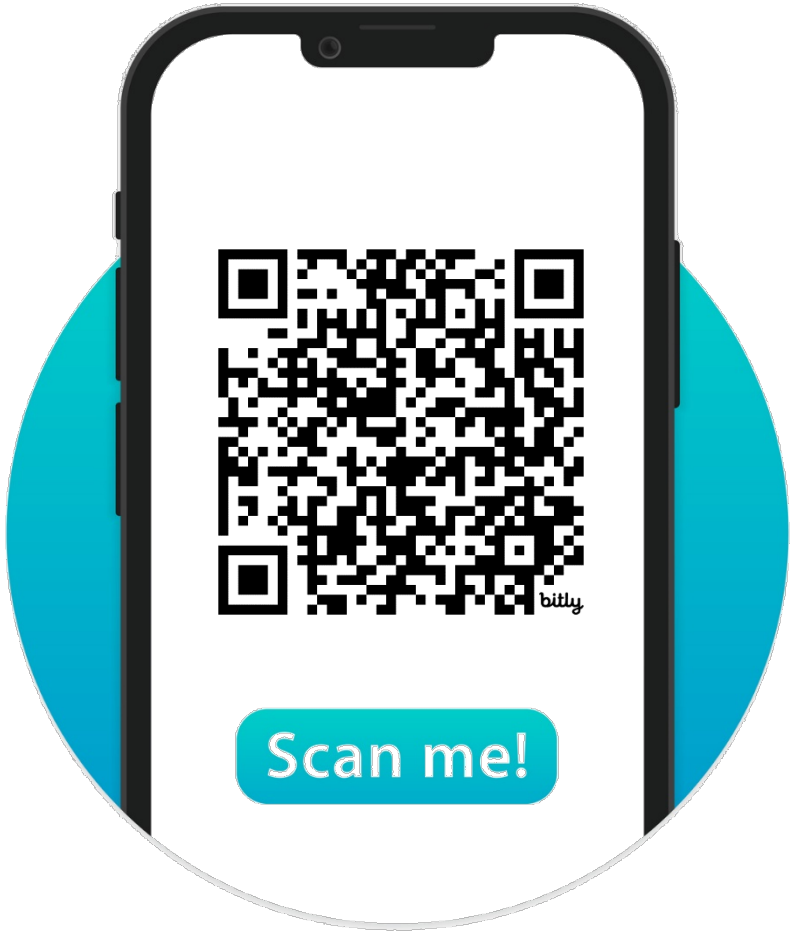
"Roberto" is a 35 y/o Hispanic man. He is the son of parents who moved from Puerto Rico to the mainland U.S. shortly before he was born and settled in Connecticut. His father wanted Roberto and his younger brother to assimilate into White American culture and had a rule of no Spanish-speaking in their home. Roberto tried to fit in with kids who identified as Hispanic, but they taunted and teased him for not speaking Spanish. Meanwhile, Caucasian schoolmates bullied Roberto because he was "different." Roberto was violently assaulted because of his ethnicity on numerous occasions, often sustaining serious injuries from knife cuts, being dragged, and being tied down and beaten. One time, in high school, some Hispanic boys threatened Roberto with an unsterile needle and told him it was infected with HIV. Roberto managed to run away as they were about to stab him with the needle.

Roberto is now in a nursing facility recovering from surgery related to a serious motorcycle injury. He is terribly afraid of needles, but staff doesn't know why. When it's time for injections or blood draws, one staff person tells him to "be a big boy; it's only going to be a little prick."

What You Can Do Tomorrow

- Review policies and procedures to ensure they are responsive to the racial, ethnic, and cultural needs of residents served.
- Incorporate trauma informed care (TIC) screening questionnaires into the intake process. Identified trauma experiences should be included in the resident's care plan.
- Coordinate with qualified professionals for TIC treatment services to support residents.

What You Can Do Tomorrow (cont.)



https://bit.ly/RequestAssistance_COENF

- **Request technical assistance** from the Center of Excellence for Behavioral Health in Nursing Facilities to assist with your TIC training needs.
- Provide TIC training to staff at all levels that draws connections between trauma history and the resident's presenting mental health challenges.

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Time for Questions

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February 20: Part 2

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EXPLAIN The significance of bringing diversity-informed practices into trauma-informed care for nursing facilities. (Part 1)

Feb. 20, 2024

CONSIDER Structural and systemic inequities as retraumatizing experiences. (Part 2)

Feb. 20, 2024

DISCUSS How different cultural groups may perceive and respond to trauma. (Part 2)

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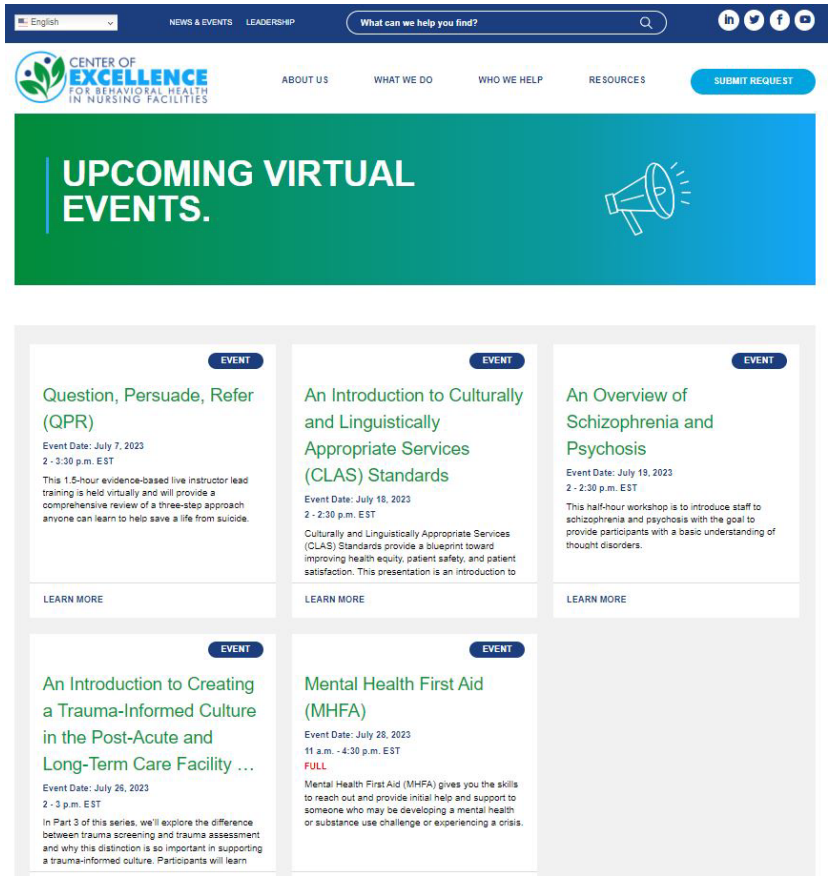
https://nursinghomebehavioralhealth.org/upcoming-events/



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Contact us:
For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

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Thank You!

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