

Understanding Race-Based, Historical, and Intergenerational Trauma In Nursing Facility Residents

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CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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.

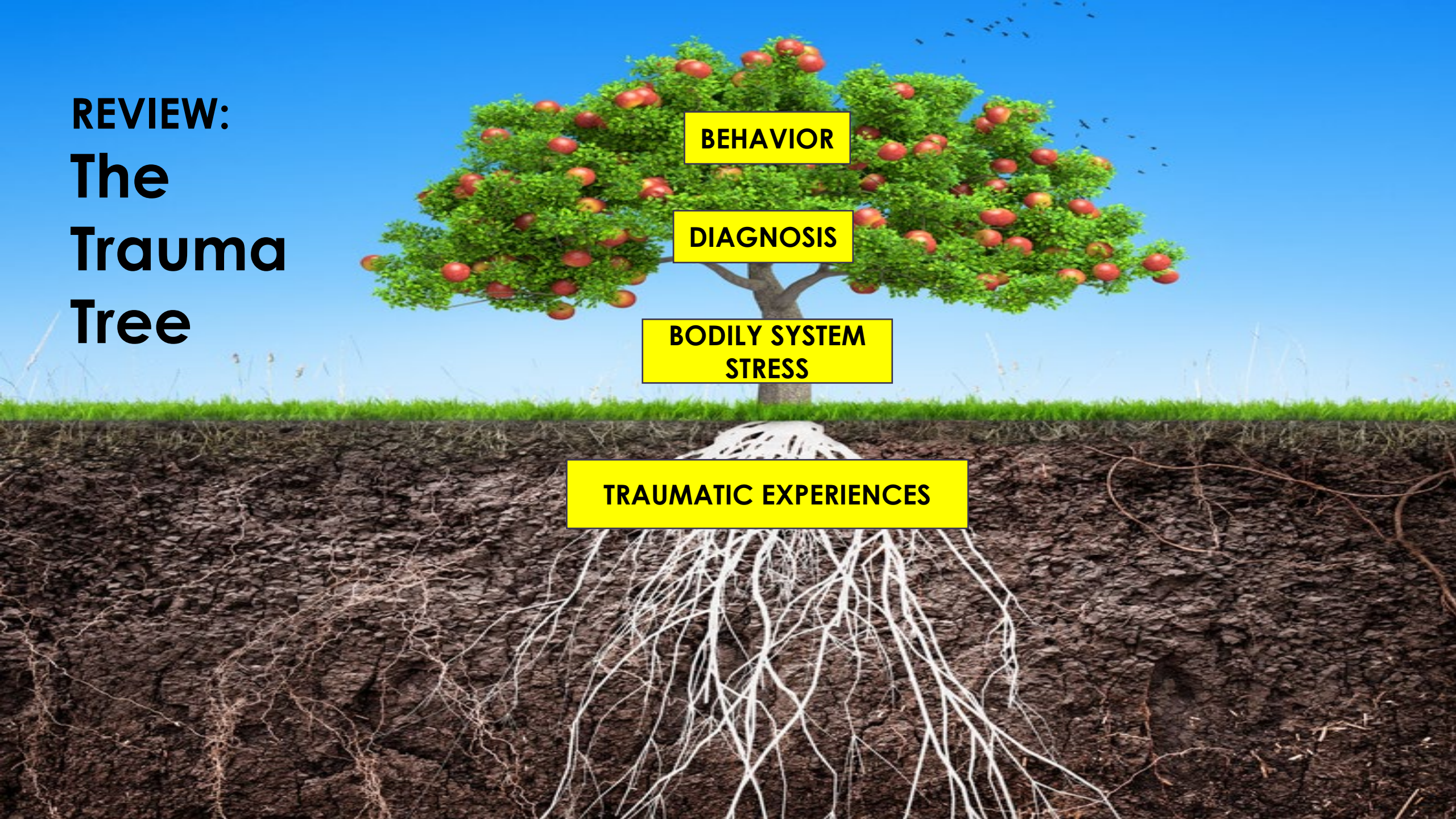
She is the owner of a private practice and counselor training company called New Seasons Counseling, Training and Consulting, LLC, and the owner of Collins Life Coaching, LLC. She is also co-owner of Equity Training Partners, LLC which provides customized diversity, equity, and inclusion training and 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.

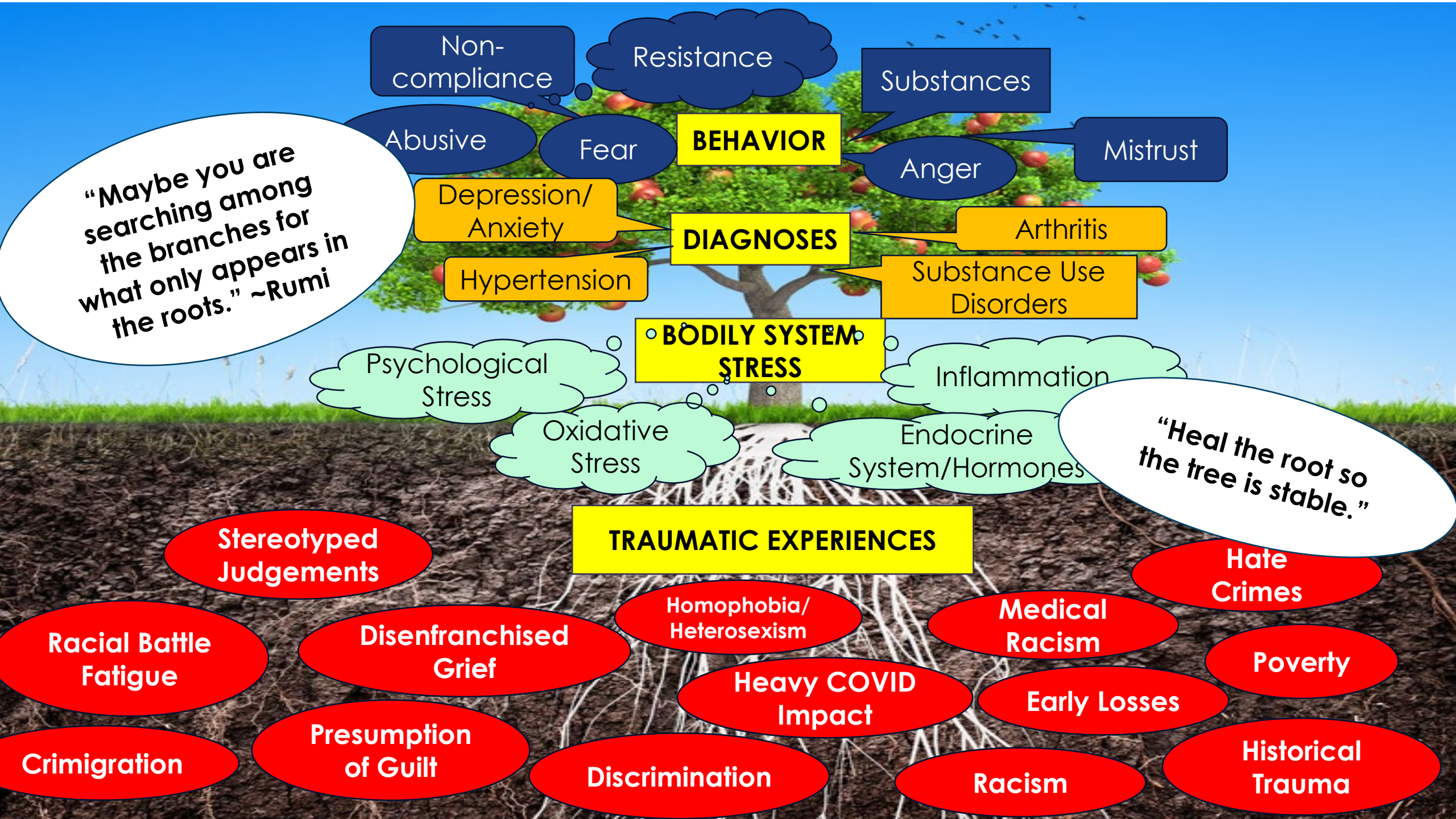
Dr. Collins has a dual bachelor's degree from Syracuse University, and an M.S. Ed in community counseling from Duquesne University in Pittsburgh in addition to a Ph.D. in Christian counseling from South Florida Bible College and theological seminary.

Objectives

- Explain the concepts of historical, race-based, and intergenerational trauma.
- Consider the intergenerational and historical trauma experiences of Black, Latinx, and Native Americans.
- Discuss how the biology of trauma can negatively impact trust in caregivers.

REVIEW: The Trauma Tree




Non-compliance
Resistance
Substances
Abusive
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
Inflammation
Oxidative Stress
Endocrine System/Hormones
"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
Presumption of Guilt
Crimigration
Discrimination
Racism
Historical Trauma

The Role of Social Location in Systemic Inequities and Trauma-informed Care

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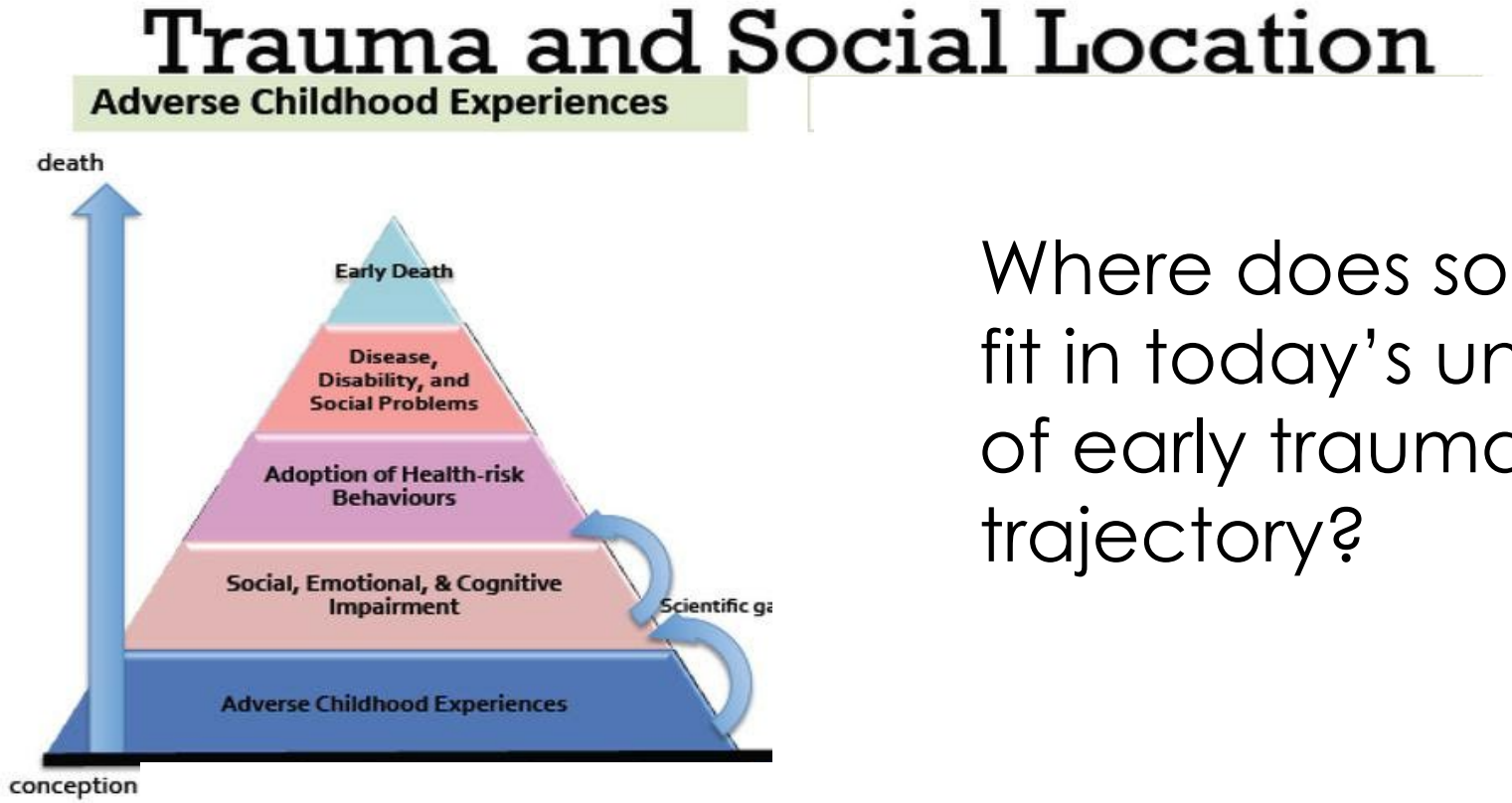
What is Social Location?

- Social location is defined as the social position an individual holds within their society and is based upon characteristics deemed to be important by that society.

- Some of the social characteristics deemed to be important by U.S. society include race, ethnicity, social class position, gender, sexual orientation, religion and so on.

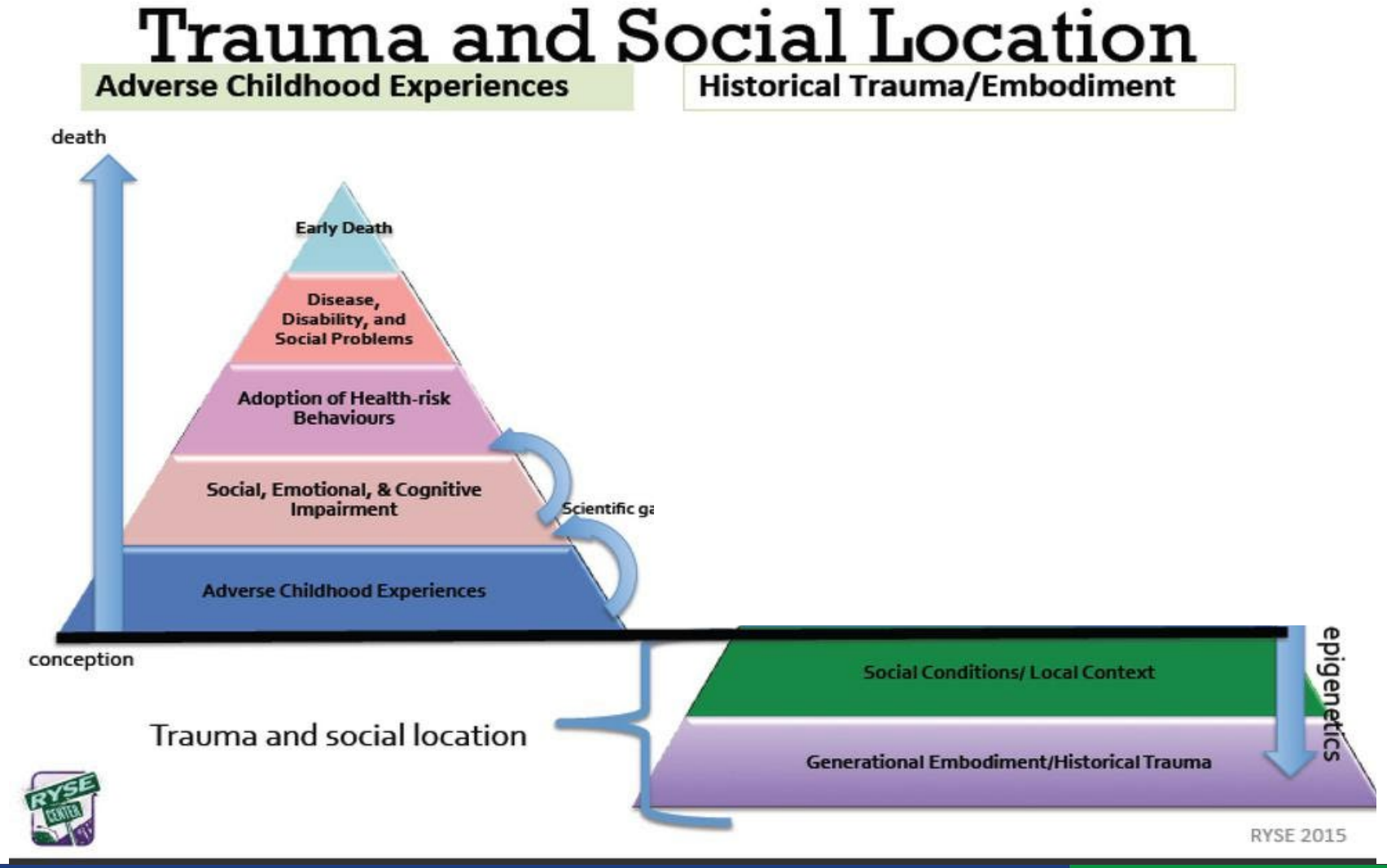
- The social location of an individual profoundly influences who they are and who they become, their interactions with others, self-perception, opportunities and outcomes.

A Look at the Role of Social Location in Early Trauma

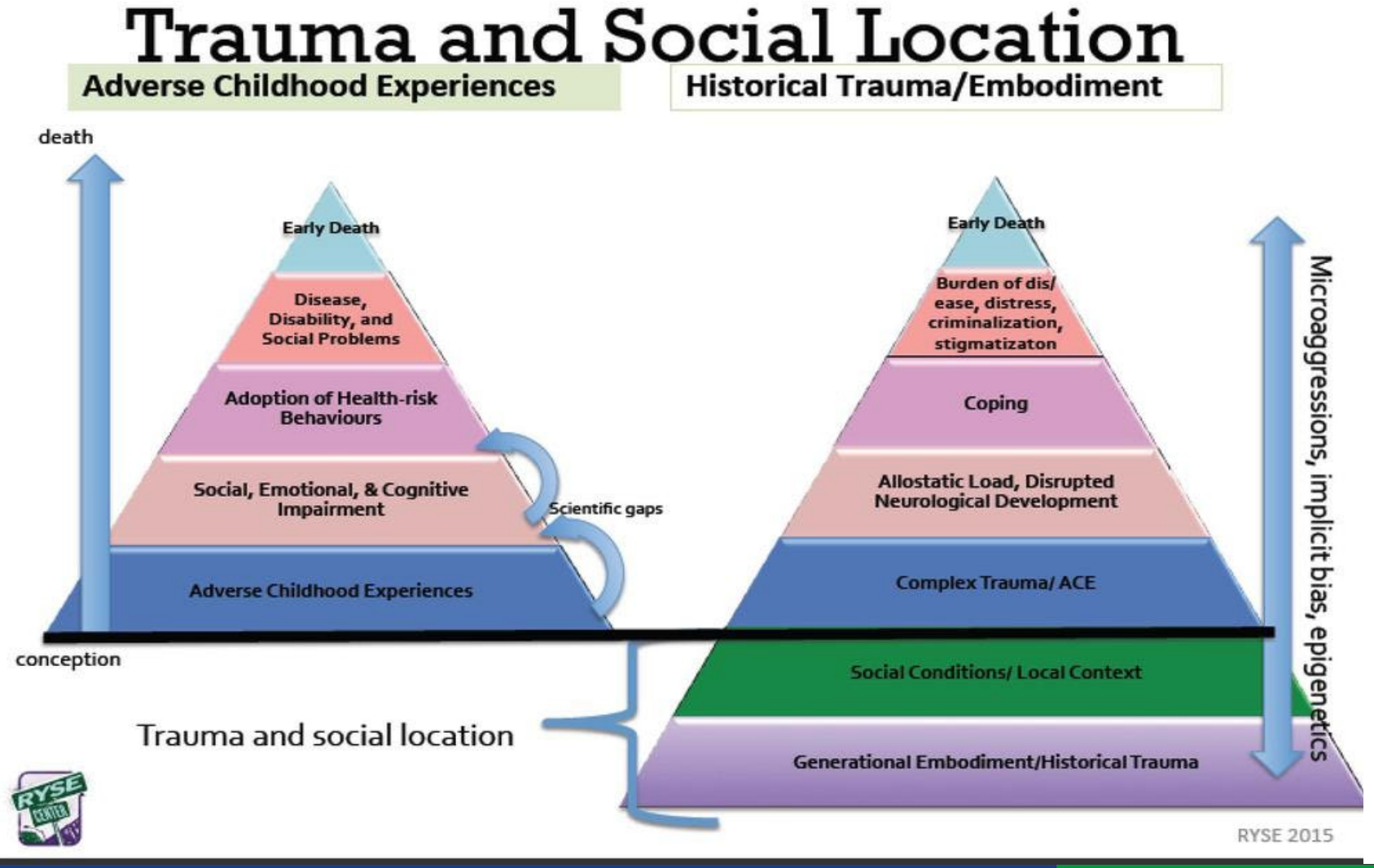


Where does social location fit in today's understanding of early trauma and life trajectory?

A Look at the Role of Social Location in Early Trauma



A Look at the Role of Social Location in Early Trauma



Studies with Descendants of Holocaust Survivors

Different stress hormone profiles than their peers, potentially making them more prone to anxiety disorders:

- Generations later, they seemed to inherit low levels of cortisol
- *More susceptible to PSTD*
- *Less ability to bounce back from trauma.*

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“Much of history is written in blood”

Helen Epstein (Children of the Holocaust)

Indigenous Experience

African-American Experience

Latinx Experience

COMMON EXPERIENCES:

Villainized – Abused – Marginalized – Denied Access – Murdered

Shared collective experiences with systemic racism

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INDIGENOUS EXPERIENCES

Indigenous People's Experience

- Community massacres
- Genocidal policies
- Pandemics from the introduction of new diseases
- Forced relocation
- Forced removal of children through boarding school policies
- Prohibition of spiritual and cultural practices
- Interpersonal violence
- Child abuse and neglect
- Poor health
- Negative stereotypes and microaggressions

Substance Abuse Among Indigenous People Groups

There is a dearth of research on behavioral addictions among American Indian and Alaska Native (AIAN) groups. Unique risk factors in AIAN communities, such as historical trauma and socioeconomic challenges have interfered with traditional cultural resilience factors and have increased the risk of behavioral addictions.

National Institute of Health
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8910676/#B2-ijerph-19-02974

According to the National Institute of Health…

- AIANs had the highest drug related deaths between 2013–2017, compared with other U.S. racial/ethnic groups.
- Alcohol-induced deaths were highest among AIANs, followed by Whites, and Latino groups, with 93.1, 12.9, and 12.2 per 100,000, respectively
- In 2019, the alcohol-involved death rate among AIANs was five times higher than that in the general population.

Native Americans Have Increased Risk for Health Issues

- Mental Illness and suicide
- Unintentional injuries
- Obesity
- Sudden infant death syndrome
- Teenage pregnancy
- Diabetes
- Heart disease
- Cancer
- Stroke
- Liver disease
- Hepatitis
- Tuberculosis

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HISPANIC and LATINX EXPERIENCES

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Historical Context

- **Puerto Rican:** U.S. citizenship previously established
- **Cuban:** Benefits of refugee status
- **Mexican:** Immigration challenges
- **Central American:** Often refugees w/o the benefits and protections of other groups.

The Latino "Threat"

- The manipulation of the Latino image as a threat (criminalization)
- Fear of Latinos "taking over" the Southwest
- The minute men and other vigilante groups
- Homogenization of the images of Latinos

Historical Trauma and Challenges: Latinx

- Legacy of conquest; racism and internalized beliefs
- Oppression in their native countries
- Struggles with definitions
- Impact of poverty and discrimination
- Pre-migration and migration traumatic experiences (Detention centers)
- Language barriers
- Lack of understanding of U.S. service systems
- Unfamiliarity with behavioral care
- Stigma
- Loss of support networks
- Other acculturation (adjustment) stressors

Mental Health Considerations

- Latino's distress is based on present psychosocial stressors that affect their immediate quality of life.

- Poverty level affects mental health status. Latinos living below the poverty level are over twice as likely to report psychological distress.

- Latinos who migrate to U.S. and Canada are 10x more likely to develop PTSD compared to the general population.

Mental Health Considerations

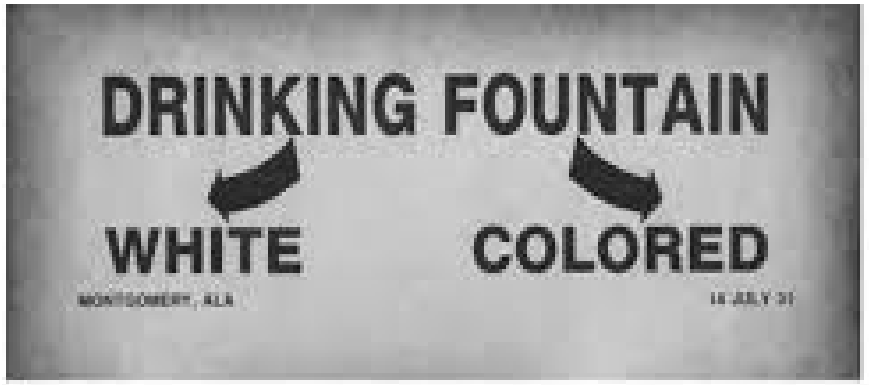
- The death rate from suicide from Hispanic men was four times the rate for Hispanic women, in 2017.
- In 2017, suicide was the second leading cause of death for Hispanics, ages 15 to 34.
- In 2017, suicide attempts for Latino girls, grades9-12, were 40% higher than for non-Latino white girls in the same age group.
- In 2018, non-Latino whites received mental health treatment twice as often as Latinos.

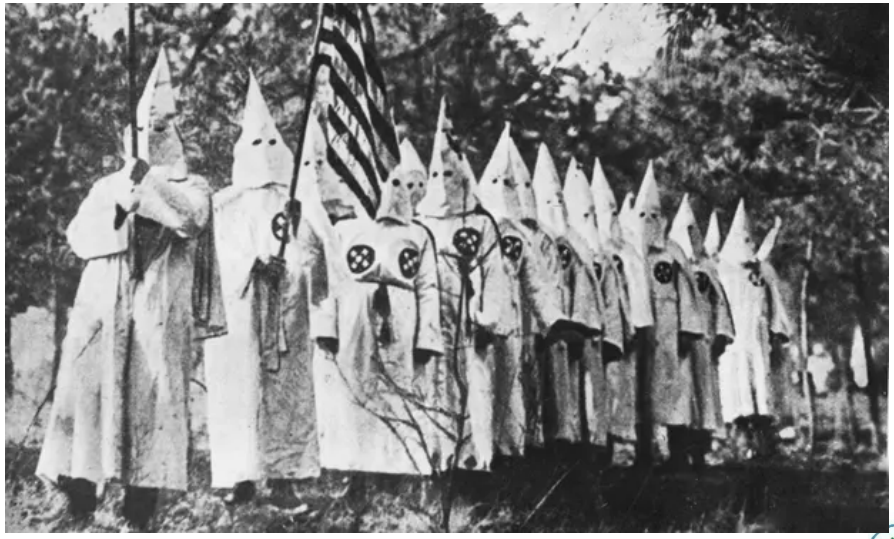
HISTORICAL TRAUMA IN THE AFRICAN AMERICAN EXPERIENCE

The Total Institution of Chattel Slavery

- 1500's to 1800's: The Trans-Atlantic slave trade sold hundreds of thousands of Africans into slavery
- Inhumane transport through the middle passage
- Horrific physical and psychological treatment
- Separation from and loss of everything personally meaningful: family, beliefs, languages, rituals, religion, values, their cultural foundation, and even their names.

The KKK and Jim Crow Segregation Laws





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Jim Crow Segregation

- Restrictions on voting rights
- Bans on interracial relationships
- Clauses that allowed businesses to separate their black and white clientele.
  - Segregated schools
  - Segregated restaurants
  - Public bathrooms
  - Water fountains
  - Separate entrances
- Places that legally did not have to serve Blacks at all.

Systemically Discounted Experience

We do not typically acknowledge the effect of slavery or the intergenerational transmission of historical trauma as targets for treatment.

Residual Effects of Slavery (RES)

"RES are defined as ways in which the racist treatment of African Americans, during and after slavery, has impacted multiple generations of African Americans."

Wilkins, E.J., Whiting, J.B., Watson, M.F. et al.

Contemp Fam Ther (2013) 35:14.

https://doi.org/10.1007/s10591-01-9219-1

Residual Effects of Slavery (RES)

Externalizing behaviors are typically conceptualized, interpreted, and addressed without a culturally sensitive model that accounts for justifiable and ever-present anger, racist socialization and normal responses of the Sympathetic Nervous System so there is no capacity for healing; only perpetual labeling and punishing.

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What We Know About Modern-day Slavery and Trauma

According to The Freedom Fund (www.FreedomFund.org): The mental health needs of people coming out of slavery are wide-ranging and often severe.

Many suffer from trauma, especially because most people in slavery experienced violence, were threatened with violence and saw violence against others. The emotional and mental health needs of slavery survivors differ from one person to another, but difficulties often include depression, anxiety and post traumatic stress disorder.

What We Know About Modern-day Slavery and Trauma

According to research by Free the Slaves and the Helen Bamber Foundation, most people coming out of slavery need to develop:

- Trust in other people
- Self-confidence
- A sense of self
- A feeling that they have personal power and control

What We Know About Modern-day Slavery

- Many also need help in:
  - Learning how to relate to other people
  - Understanding their own feelings

- When these mental health needs of former enslaved people are not adequately met, then whether they are living in a shelter or in the community, it causes additional problems, beyond the immediate mental suffering of the individual.

- The mental health support of slavery survivors is one of the single greatest gaps in the global response to slavery.

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How MH Conditions Affect the African American Community

According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population. Common mental health disorders among African Americans include:

- Major depression
- Attention deficit hyperactivity disorder (ADHD)
- Suicide, among young African American men
- Posttraumatic stress disorder (PTSD), because African Americans are more likely to be victims of violent crime

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Early examinations of trauma…

- War / Military
- Focused on trauma outside the home community
- Excluded traumatic events in daily life
- Focused on first-person experiences

Expanded Understanding of Trauma…

- Implied experiences are also traumatic.
- Children experience trauma, too. (Pre-school sub-type for children 6 and under)
- Young people respond to trauma differently than adults.
- DSM definition becoming more comprehensive (illness, loss, disasters, community violence).
- What is still needed in DSM is specific attention to Transgenerational Trauma!

Transgenerational Trauma

How are trauma effects transferred across generations?
Mechanisms/modes of transmission:

- Biological
- Psychological
- Experiential
  - Behavioral
  - Familial and Social Transmission

Trauma is not just an event; trauma is a body thing.

- Trauma is a physiological response in the body.
- When in "Hot" system dominance for a prolonged period of time, the symptomology gets labeled as pathological.
- To conceptualize trauma as an event, then it's not about the person. It's about the experience.
- Reality: What gets "diagnosed" as behavior problems in children or psychiatric in adults is really just the manifestations of this system working the way it is supposed to.

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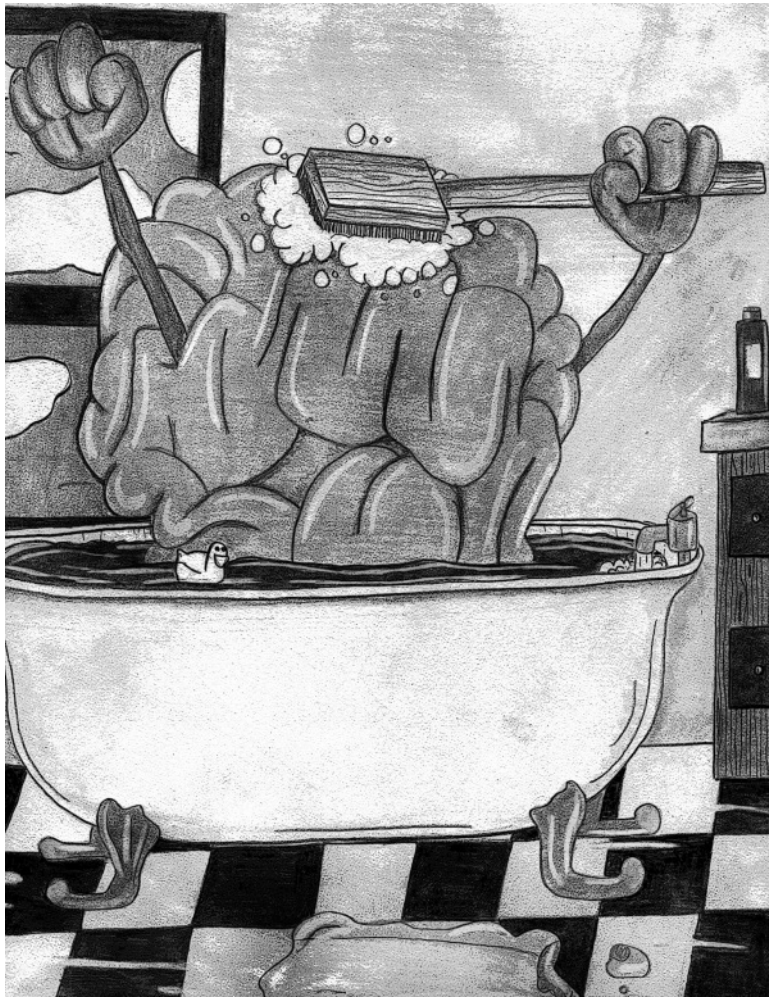
The brain, in sympathetic dominance, is being bathed in a hormonal and neurochemical cocktail.

- Interferes with new protein production
- Builds neuropathways built on being in a state of arousal



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Unhealthy Systems Keep Trauma Responses 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, will diminish.
- It's the way all human beings are designed to work.
- But….the symptoms driven by sympathetic dominance, (i.e. the predictable, reasonable, physiologically responses) that are common when a body is in a state of arousal, are characterized in DSM as disorders.

So Where Does Trauma Come From?

Trauma comes from….

- Exposure to a single, individually significant event
- Exposure to multiple individually significant events
- Exposure to low intensity, high frequency or repeated or on-going stressors….

…that activate a state of sympathetic system dominance and interferes not only developmentally but socially and relationally within the family dynamic.

- -- Robert Rhoton, PsyD, Certified Family Trauma Professional Trainer+

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

One function of this system is to pay attention to and be an environmental filter for the things that are relevant to you, such as safety.

- Like a radar system
- Only activates in personally relevant ways, and activates the body to be responsive only to that.
- The longer we stay in a state of sympathetic dominance, the greater the degree of focus on threat and danger.

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.
- 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 you 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.

Dysregulated systems get passed generation to generation

- **Genetics:** blueprint
- **Epigenetics:** post-it notes on the blueprints
- **Epigenetic inheritance:** means that parents' experiences, in the form of epigenetic tags, can be passed down to future generations, biologically preparing offspring for an environment similar to that of the parents.

Studies with Descendants of Holocaust Survivors

Different stress hormone profiles than their peers,
potentially making them more prone to anxiety disorders:

- Seem to inherit low levels of cortisol, particularly if their mothers had PTSD.
- With reduced cortisol, they could actually be *more susceptible to PSTD and less adaptive for surviving starvation themselves.*
- *Less ability to bounce back from trauma.*

Assumptions about Epigenetics

- People are acting exactly as their history has wired them to act, perceive, emote
- Most "poor" or "problematic behavior" is the consequence of reactive adaption
- Growth and change require intentional, and sustained ability to stay in the cool system
- Behavior should never be the starting point of treatment (except for immediate danger of death or injury)

DISCUSSION

How might the biology of trauma negatively impact trust in nursing home staff?

What You Can Do Tomorrow

- Make sure that racially or ethnically diverse residents know that they are "seen" within facility's practices.
- Take an interest in every resident's story.
- Be willing to start casual conversations with residents about their ancestral stories. Listen without judgment.
- View historical trauma as a potential target for trauma treatment.
- Recognize the likelihood of a trauma response taking place when residents "over react."

What You Can Do Tomorrow (cont.)

- Consider Social Location in case conceptualization.

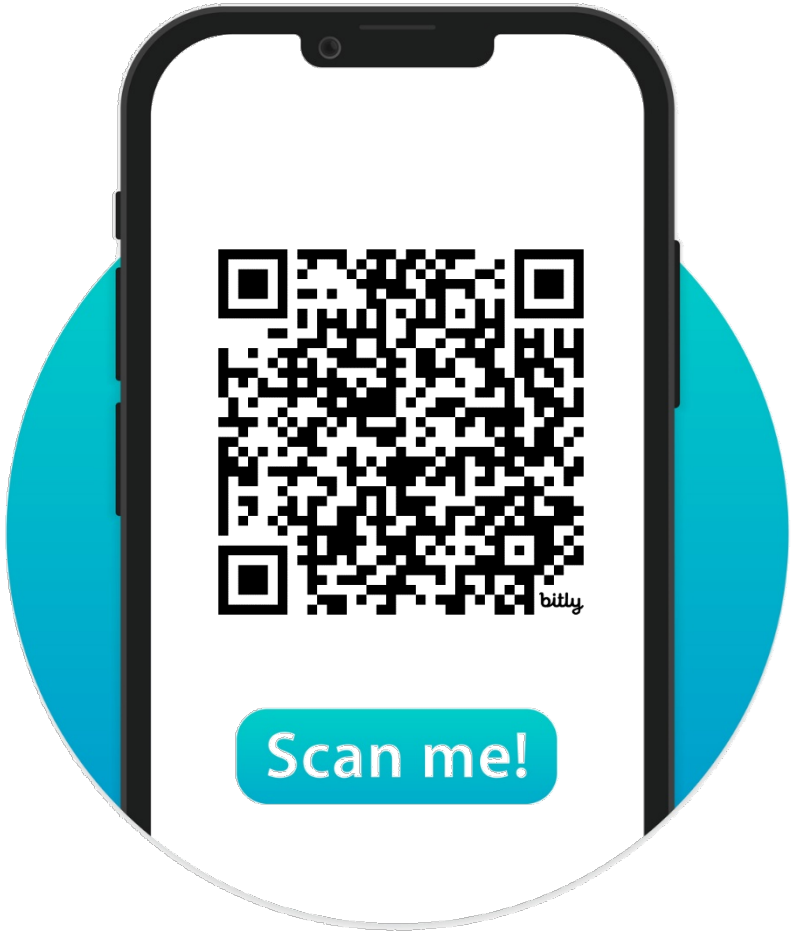
- Review policies and procedures to ensure they are responsive to the racial, ethnic, and cultural needs of residents served.

- Implement a facility-wide stigma reduction program to eliminate misconceptions.

- Implement universal screenings. Incorporate mental illness, substance use and social determinants of health screenings into the intake process.

- Incorporate trauma informed care (TIC) screening questionnaires into the intake process. Identified trauma experiences should be included in the resident's careplan.

What You Can Do Tomorrow (cont.)



https://bit.ly/RequestAssistance_COENF

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

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Time for Questions

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Thank You!

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