

TRAUMA INFORMED/RESPONSIVE CARE

NORTH AMERICAN HOUSING & SUPPORTING SERVICES

November 9th, 2022.

Luis O. Lopez, MA, MS

Coordinator of Fidelity and Best Practices

ACT Institute/CPI

NYSPI

Columbia University

Journey

- Trauma – Based on CDC
- Trauma Informed/Response
- Culture via a Social Justice Lens
- Considerations

Trauma Informed Care

STUDY – 1998

Collaboration between Centers for Disease Control and Prevention (CDC) and Kaiser Permanente HMO in California

Largest study ever that determined both the prevalence of traumatic life experiences in the first 18 years of life and the impacts on later well-being, social function, health risks, disease burden, health care costs, and life expectancy

17,000 adult members of Kaiser Permanente HMO participated

Trauma Informed Care

SURVEY - 2010

Collaboration between CDC and State Health Departments of AR, LA, NM, TN and WA.

Focused solely on prevalence of ACEs in a population-based representative sample from multiple States stratified by demographic characteristics, including sex, age, education, and race/ethnicity

26,229 adults were surveyed

Trauma Informed Care

ACE Study : 5 States

Abuse of Child

- Emotional abuse, 26% (KP-)
- Physical abuse, 28% (KP+)
- Contact sexual abuse, 12% (KP+)

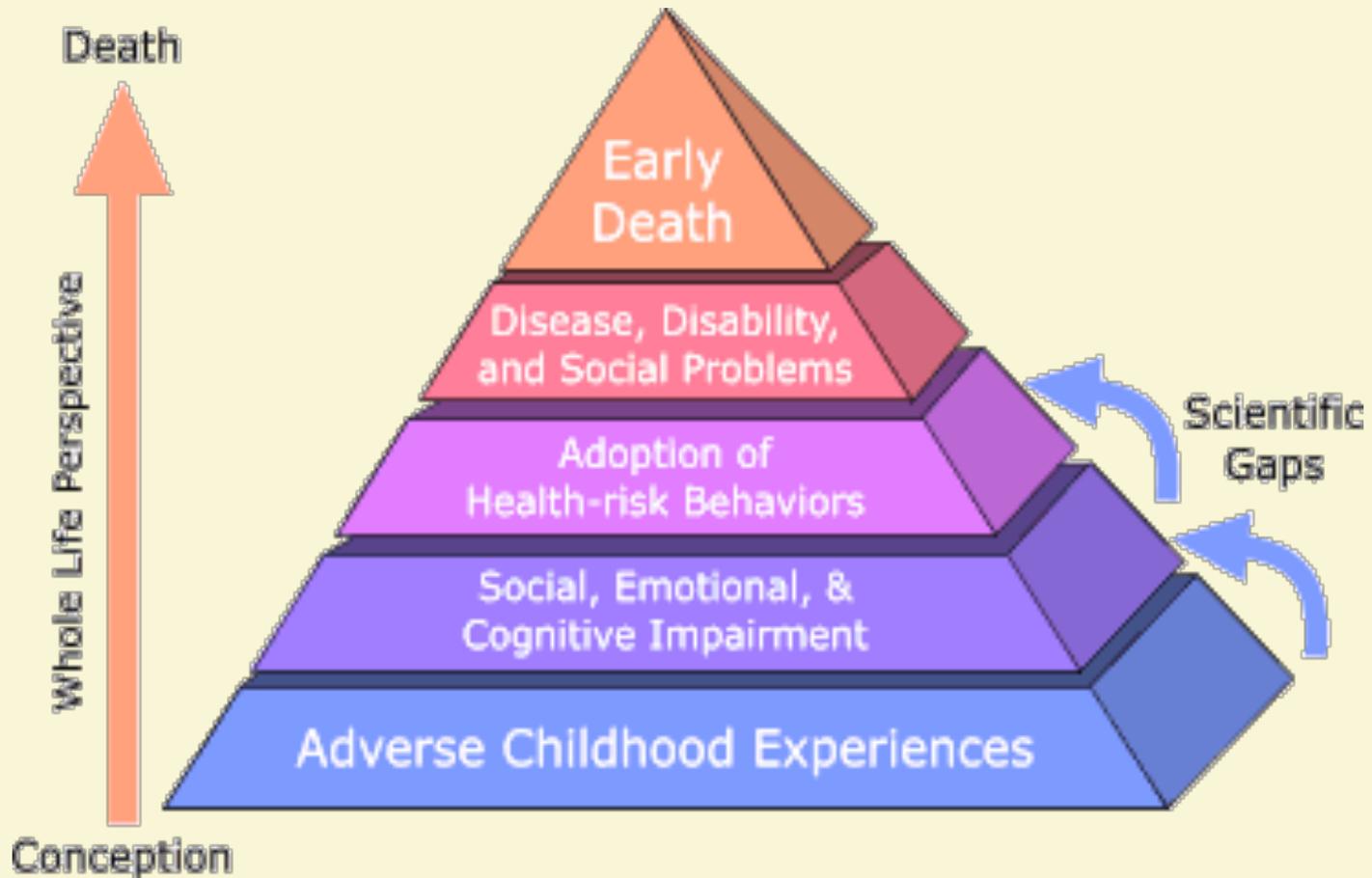
Neglect of Child

- Emotional neglect, 15% (KP)
- Physical neglect, 10% (KP)

Trauma in Child's Household

- Alcohol or drug use, 29% (KP--)
- Depressed, emotionally disturbed, or suicidal household member, 19%
- Mother treated violently, 16% (K-)
- Imprisoned household member, 7%
- Loss of parent, 26%

Trauma Informed Care



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.



ACT Institute
for Recovery-Based Practice

Trauma Informed Care

Neurobiological Impacts

Disrupted development

Anger–rage

Hallucinations

Depression/other mental health challenges

Panic reactions

Anxiety

Somatic problems

Impaired memory

Flashbacks

Apathy

Trauma Informed Care

Health Risks

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcohol and/or drug abuse
- 50+ sex partners
- Repetition of trauma
- Self injury
- Eating disorders
- Violent, aggressive behavior

Trauma Informed Care

Long Term Health and Social Challenges

- Heart disease
- Autoimmune diseases
- Lung cancer
- Chronic obstructive pulmonary disease
- Asthma
- Liver disease
- Skeletal fractures
- Poor self-rated health
- Sexually transmitted infection
- Homelessness
- Prostitution
- Delinquency, criminal behavior
- Inability to sustain employment
- Re-victimization
- Less ability to parent
- Teen and unwanted pregnancy
- Negative self- and other perception and loss of meaning
- Intergenerational abuse
- Involvement in MANY services
- HIV/AIDS

Trauma Informed Care

Trauma could be dehumanizing, shocking or terrifying, singular or multiple events over time, and often includes betrayal in the areas of ***safety, trust, and the ability to make choices.*** Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert.

Trauma Informed Care

Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

The National Center for Trauma Informed Care (NCTIC)

Trauma Informed Care

Respect, inform, connect, and promote hope

Promote recovery

Understand and acknowledge the interrelation between trauma and experiences and long effects of trauma

Collaborate with and empower trauma survivors, as well as family/friends members and friends (of the trauma survivor)

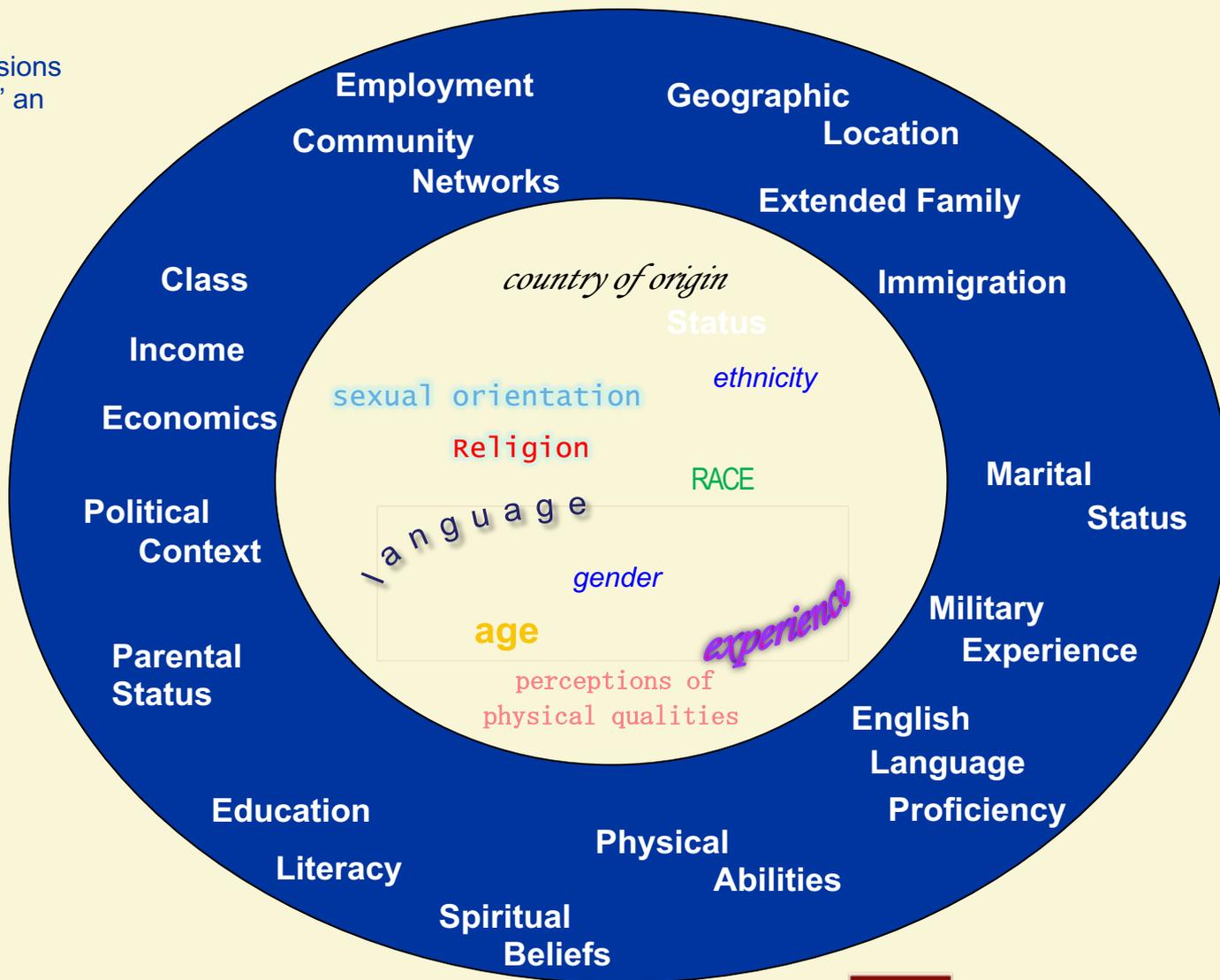
Cultural Considerations: Primary and Secondary Dimensions



Primary dimensions influence "who" an individual is.



Secondary dimensions influence an individual's participation.



UNDERSTANDING OUR SOCIETY, CLIENTS & OURSELVES THROUGH THE 4 I'S

The 4 I's of Oppression



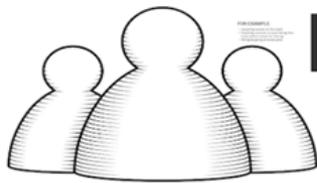
Ideological

- The idea that one group is somehow better than another and has the right to control the other group.
- Creation of a dominant narrative about a group.
- Process of "othering" and creating an "us vs. them" mentality.



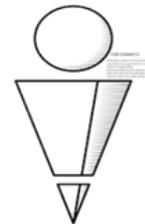
Institutional

- How institutions and systems reinforce and manifest ideology
- The idea that one group is better than another is embedded in institutions, laws, media, public policy, etc.



Interpersonal

- The way we play violence out on each other
- Ideology structured into institutions gives permission and reinforcement for individuals of the dominant group to mistreat individuals in the oppressed group.



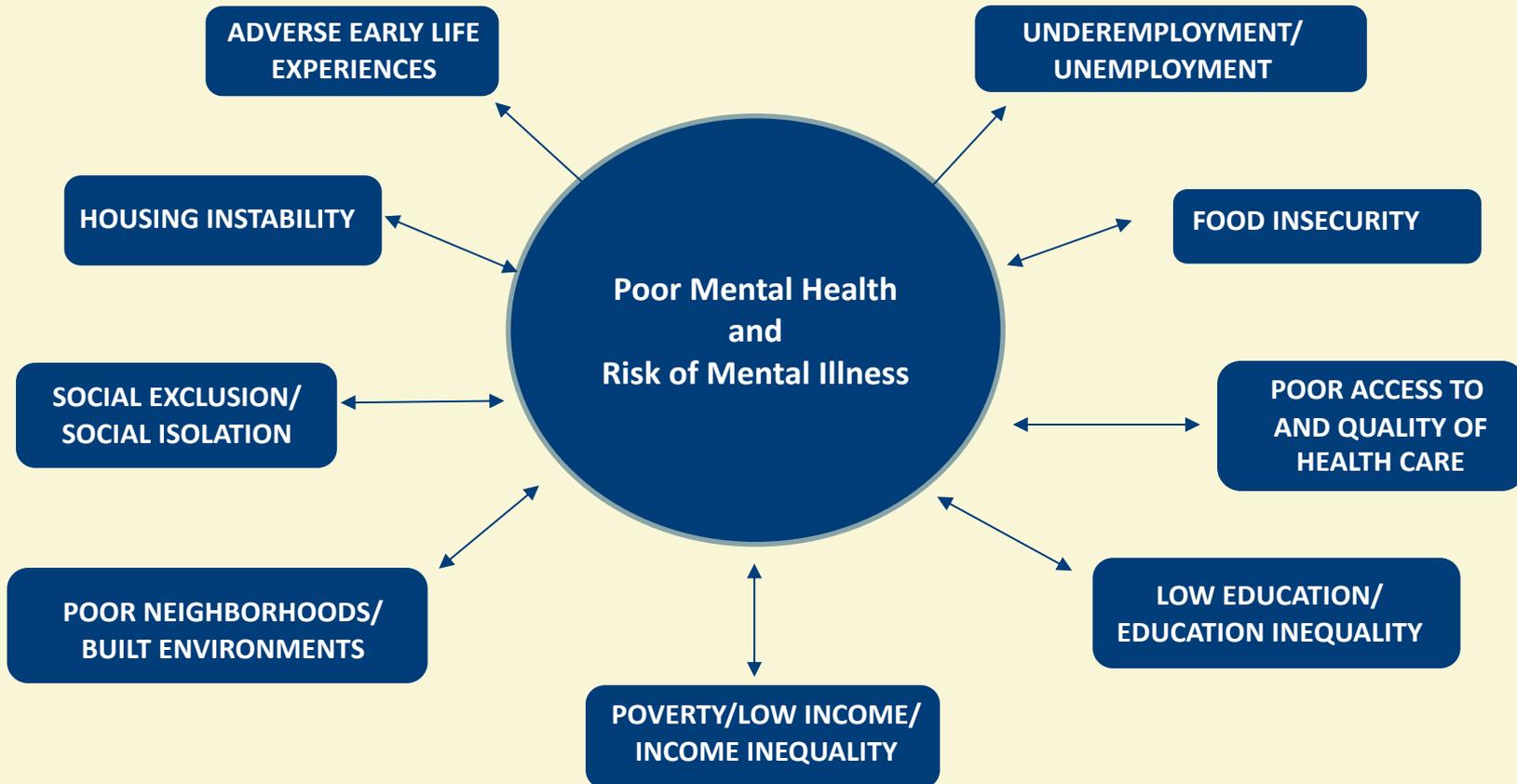
Individual

- How we internalize the ideological ideas of oppression
- For the dominant group: believing the ideology of oppression and seeing the world through that ideology
- For the oppressed group: believing the ideology of oppression and internalizing the negative messages about themselves

Social Determinants

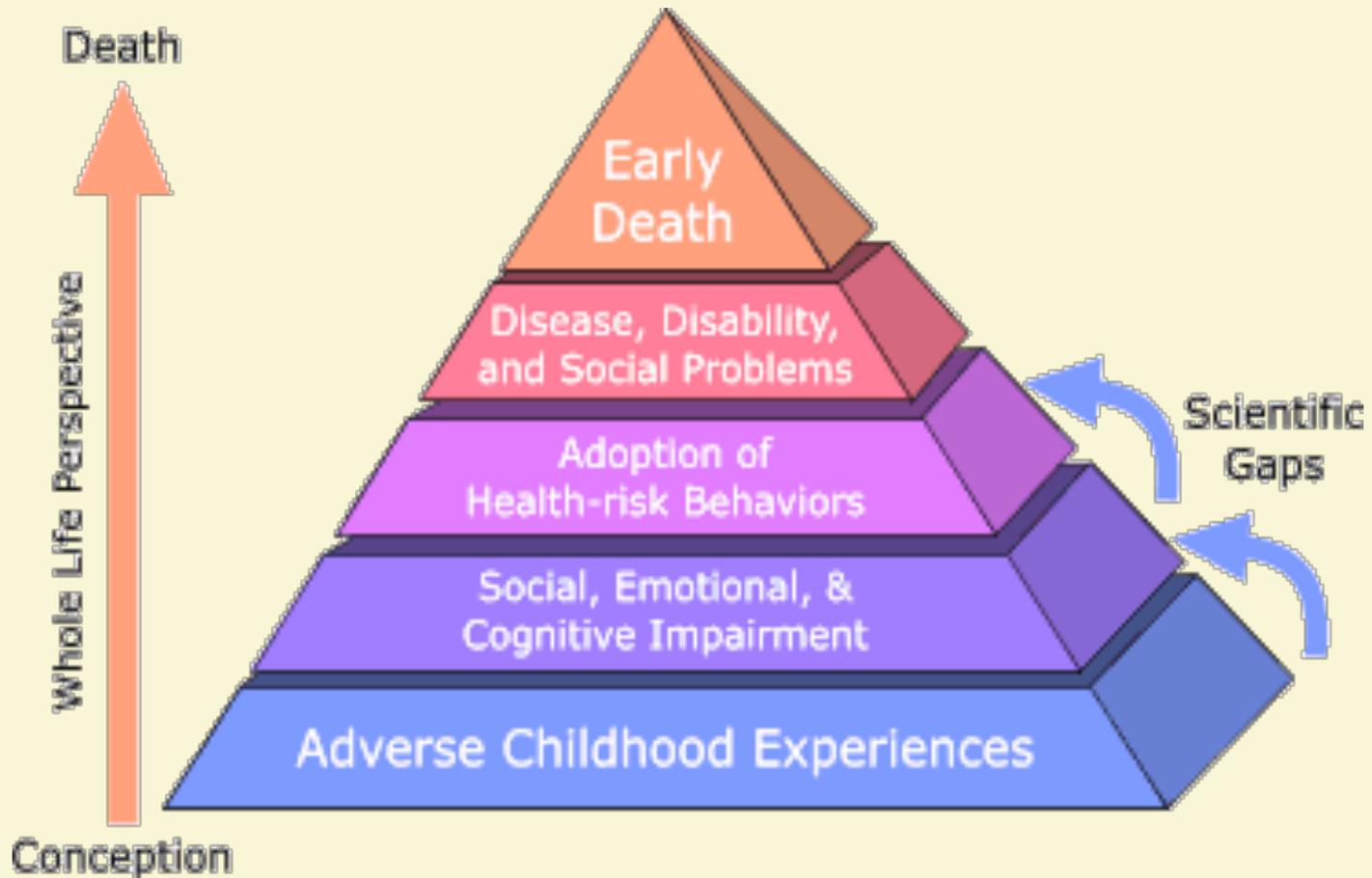
(Compton and Shim, 2015)

Short-Term/Shifting Economic Environment in the U.S.
Political and macroeconomic context influencing the distribution of wealth (especially in economic downturns)



Long – Standing Historical and Socio – Cultural Context in the U.S.
cultural and societal norms pertaining to social position, prejudice, and exclusion (especially racial discrimination)

Trauma Informed Care

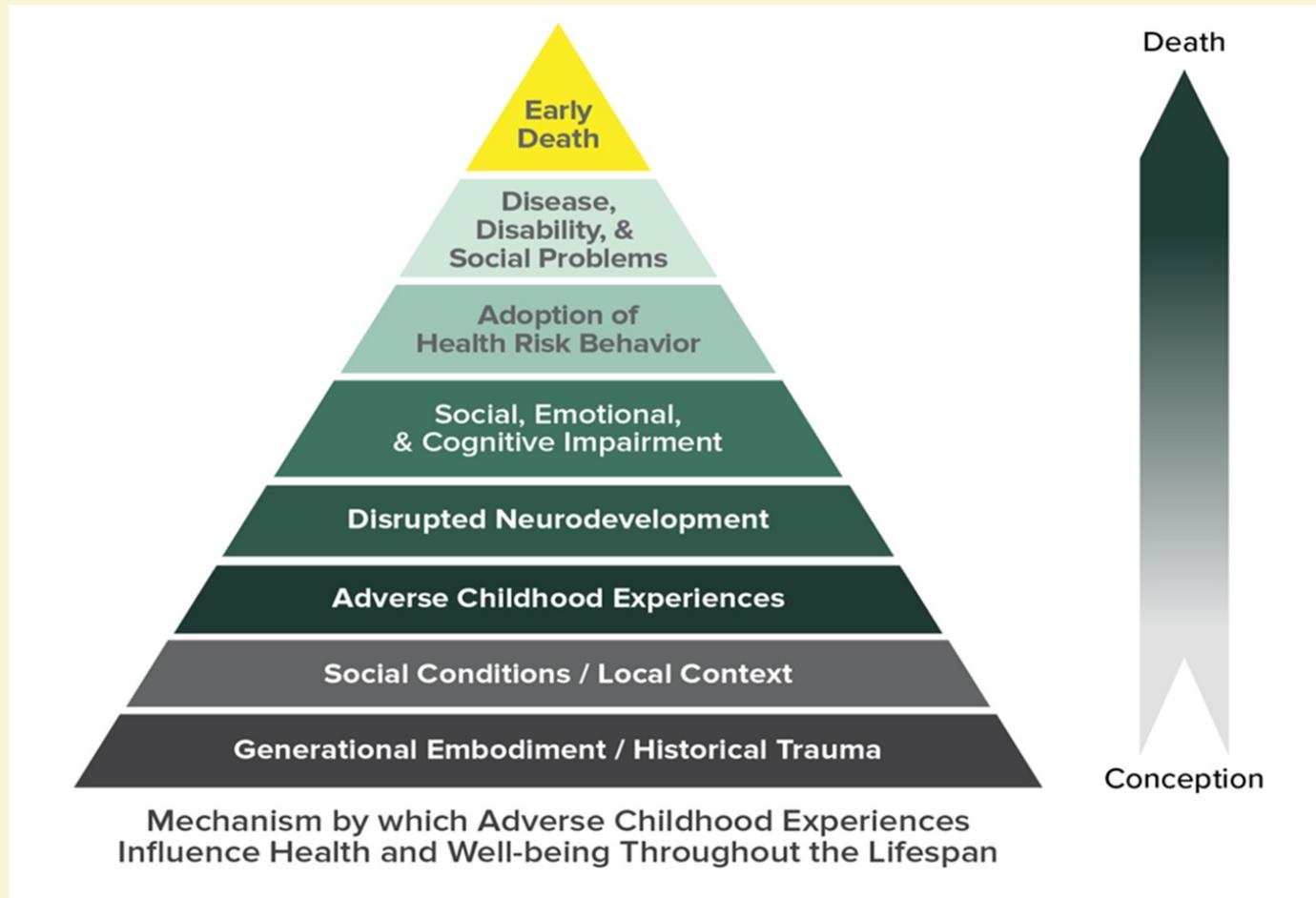


Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.



ACT Institute
for Recovery-Based Practice

Impact of Trauma Over Time



Vision for Recovery



Consider...

Recognize the impact of trauma on physical and social development and coping strategies

Consider...

- ✓ Recognize the impact of trauma on physical and social development and coping strategies
 - Let's stop pathologizing every emotion and every behavior.
 - Let's eliminate stigma. Let's fight discrimination. Let's promote self efficacy.

Consider...

Recovery from Trauma / Avoiding Re-traumatization as the primary goals.

Consider...

- ✓ Recovery from Trauma / Avoiding Re-traumatization are the primary goals.
 - Let's provide services that provide hope, compassion, growth, and inner strength.
 - Let's not force treatment. Let's engage and connect with people.
 - Let's avoid institutionalizing people. Let's provide support in the community.
 - Let's empathize.....

Consider...

Avoid describing people through the single story.

Consider...

- ✓ Avoid describing people through the single story.
 - Let's respect the intersectionality of individuals. People are complex individuals with many different dimensions to them.
 - Let's listen to people's stories. Let's learn about their experiences.
 - Let's remind people that they are the experts.

Consider...

Avoid engaging on microaggressions.

Consider...

- ✓ Avoid engaging on microaggressions.
 - Let's think before we speak. Minor judgments or unwanted opinions don't help. We are making these comments for us – not for the person in front of us.
 - Let's monitor sarcasm and satirical comments.

Consider...

Services should promote empowerment.

Consider...

- ✓ Services should promote empowerment.
 - Let's get the individuals receiving services involved in every aspect of their treatment.
 - Let's strive to increase choices and control over recovery process
 - Let's provide services based on collaboration.

Consider...

There is an environment that respects a person's right for safety and need for trust.

Consider...

- ✓ There is an environment that respects a person's choice, right for safety and need for trust.
 - Let's develop an environment that respects each person's culture and story.
 - Person's input from beginning to end.
 - Let's practice transparency from day 1.

Consider...

Understand and acknowledge
our power and privilege.

Consider...

- ✓ Understand our power and privilege.
 - Let's understand and acknowledge our power and privilege. By doing this, we will begin to see how these affect others.
 - Let's identify the “ism” surrounding us. Our racism, colorism, sexism, classism, ageism, nationalism, homophobia and all of the other “isms” that oppress others.

What Should I Look At?

- Recognize the impact of trauma on physical and social development and coping strategies
- Recovery from Trauma / Avoiding Re-traumatization as the primary goals.
- Avoid describing people through the single story.
- Avoid engaging on microaggressions.
- Services should promote empowerment.
- There is an environment that respects a person's right for safety and need for trust.
- Understand and acknowledge our power and privilege.

TIC Application

Awareness of negative feelings toward residents. If needed, seek peer support (colleagues) to maintain hope and manage negative feelings

Understanding the biological and environmental factors (trauma) that led to residents' current difficulties

Approach residents with respect and non-judgment, validating stance

Maintain hope

Create a safe, comfortable space

References

Toolkits

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

References

Articles

Elliot, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). *Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women*. *Journal of Community Psychology*, 33, 461-477.

Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *Am J Prev Med* 1998;14:245--58.

References



THANK YOU!

Dedicated to My Danielle E. Lopez
June 18th, 1994 – March 27, 2020.



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.