Missouri Institute of Mental Health

Presents

Trauma Informed Care: A Focus on Ethics and Cultural Competence

Presenter

Mark Sanders, LCSW, CADC
Ethics and Trauma

We are a nation of trauma survivors

- Slavery
- Indentured servitude
- Massacre
- Immigrants (Gangs)
- Refugees
- Wars
George Washington
The Bill of Rights

The first 10 Amendments of the Constitution reflects all the things a trauma survivor would need to feel safe.

Amendment 1

Freedom of Speech

Amendment 2

The Right to Bear Arms
Amendment 3
You don’t have to let soldiers live in your house.

Amendment 4
Nobody can search your body or your house unless they can prove to a judge there is a good reason to do so.
The Bill of Rights Continued

Amendment 5

- A grand jury is needed for you to be tried for a serious crime.

- The government can’t just take your home without paying a fair price.
Amendment 6
You have a right to a speedy trial.
The Bill of Rights Continued

Amendment 7

- You have a right to a jury trial.

Amendment 8

- You have a right to a reasonable bail.
Amendment 9

- You have other rights not just those listed in the constitution.

Amendment 10

Anything that the constitution does not say that Congress can do, is left up to the states and the people.
The National Residue of Our Unresolved Historical Trauma

- More guns than people
- The highest homicide rate in the world
- The highest imprisonment rate in the world
- Leads the world in cigarette smoking
- Leads the world in illicit drug
Civil War
Because we have never recovered from our historical trauma we have a high tolerance for trauma without taking action
Columbine High School

COLUMBINE HIGH SCHOOL

A TIME TO REMEMBER A TIME TO HOPE
Sherman School Shooting
Sandy Hook Elementary School
History reveals that following traumatic events we have a short term response as a nation. After the acute pain of the trauma subsides we discontinue our interventions and later have mass amnesia about the trauma itself and the intervention.
You cannot have a trauma recovery movement in America without advocacy.

Judith Herman
Every Helping Professional Needs to be an Advocate for Trauma Informed Care as a Part of their Ethical Responsibility

A brief history

- Freud
- World War I
- World War II
- Vietnam War
- Modern Addictions and Mental Health Treatment
- The Woman's Movement
- The Trauma of Unemployment
- The ACE Study – What happens if we do not respond?
Center for Disease Control and Prevention

The Adverse Childhood Study (ACE)

Research with Nearly 18,000 Adults

Discovered A Strong Correlation Between Early Childhood Trauma and Physical and Mental Illness in Adulthood
ACE Study

Directions – For each “yes” answer, give yourself one point. For each “no” answer, give yourself zero points.

When you were growing up in your household, before age 18, did you have any of the following experiences?

1. Often had a parent or someone else in the household who swore at you, yelled at you, and sometimes, or often, acted in a way that made you believe you might be physically hurt. ____

2. Sometimes, often, or very often, were you pushed, grabbed, slapped, or had something thrown at you, or hit so hard that you had marks or were injured? ____
3. An adult or person at least five years older ever touched you or fondled you in a sexual way, had you touch their body in a sexual way, attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you. ____

4. Were you ever made to feel unloved, unprotected, and not special in your home? ____

5. Were there times when you did not have food, clean clothes, and a place to live? If you were sick, were there times when an adult did not take care of you consistently? ____
6. Did you ever witness your mother or stepmother get pushed, grabbed, slapped, hit, or have something thrown at her? ____

7. Was there anyone in your household who was a problem drinker, alcoholic, or who used street drugs? ____

8. Did you live with a household member who was depressed, mentally ill, or attempted suicide? ____

9. Were your parents ever separated or divorced? ____

10. Did you ever have a household member who went to prison? ____
Ace Results

- If a client answers yes to 3 out of 10 ACE Study questions they are at an increase of developing an addiction, process or chemical

- If a client answers yes to 3 out of 10 questions they are at risk of developing a mental illness

- Answering yes to 4 out of the 10 questions increases the risk of a Co-occurring Disorder (Mental Illness and Addiction)
Follow-up Research on the ACE Study

Year

2010

- link between lung cancer and childhood trauma

2009

- link between childhood trauma and premature death
- prescription drug abuse
Follow-up Studies Continued

2008
- pulmonary disease and childhood trauma

2007
- mental illness in adulthood
- cigarette smoking

2006
- early alcohol and drug use

2005
- homelessness in adulthood
Follow-up Studies Continued

2004
- depression in adulthood
- liver disease
- heart disease
- teen pregnancy

2003
- illicit drug use
- mental illness
Follow-up Studies Continued

2002  • alcoholism and depression in adulthood

2001  • suicide attempts and risky sexual behavior

2000  • HIV and other sexually transmitted diseases
How Behavioral Health Programs can inadvertently traumatize clients
Iatrogenic Effect
Harm in the Name of Helping

- Heavy confrontation
- Unwelcome touch
- Treating Aftercare as an “afterthought”
- Not addressing trauma and co-occurring disorders
Iatrogenic Effect Continued

- Ignoring the most addictive drug
Nicotine

• Kills more people than alcohol, all illicit drugs and HIV combined

• Increases relapse rates x 3

• A trigger to return to alcohol

• Can trigger a return to heroin, methamphetamines, crack and marijuana use
Iatrogenic Effect

- Paternalism
- Discharge for confirming the diagnosis
- Increasing medication as a countertransference reaction
- Iatrogenic poverty
Iatrogenic Effect Continued

- Not addressing burnout - depersonalization
- Biases effecting clinical work
<table>
<thead>
<tr>
<th>Public Self</th>
<th>Private Self Secrets</th>
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<tbody>
<tr>
<td>Blind Spots</td>
<td>Potential</td>
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What it Takes to be a Great Advocate for Clients

• Passion
• Courage
• Faith
• Love
• Inspirators
Gandhi
Pee-wee Reese
Malala Yousafzai
We have an ethical responsibility to understand the diagnostic differences between various types of traumatic stress disorders and how they are treated.
PTSD

- The person has been exposed to a traumatic event
- Recurrent and intensive distressing recollections of the event
- Efforts to avoid conversations, activities, places and people that bring up memories of the event
- Difficulty falling or staying asleep, nightmares, flashbacks
Treatment

Cognitive Behavioral Therapy, Exposure Therapy, EMDR, Cognitive Processing Therapy
PTSD vs. Complex Trauma
With PTSD exposure to a specific traumatic event is required
Complex Trauma Includes Multiple Layers and Years of Traumatic Experiences

- Neglect
- Abandonment
- Multiple placements
- Parental substance abuse
- Adult emotional unavailability
- Multiple losses
- Exposure to domestic violence
- Abuse
Most Common Symptoms of Complex Trauma

- Difficulty regulating emotions 65%
- Difficulty with impulse control 63%
- Negative self-image 62%
- Difficulty concentrating (ADD) 60%
- Aggression (Conduct Disorder) 56%
- PTSD 12%
- Substance Abuse 10%
Treatment

Cognitive Behavioral Treatment, Anger Management, Mindfulness Meditation, ARC Model etc.,
Historical Trauma

A cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma

- Brave Hart, 2000
Historical Trauma Features

- Loss of culture
- Survivor guilt
- Depression
- Traumatic stress symptoms
- Numbing
- Low self esteem
Historical Trauma Features Continued

- Historical unresolved grief
- Substance use
- Suicidal ideations
- Traumatizing others at the micro and macro levels
MIGHTY BE OUR POWERS
HOW SISTERHOOD, PRAYER, AND SEX CHANGED A NATION AT WAR

LEYMAH GBOWEE
WITH CAROL MITHERS

WINNER OF THE NOBEL PEACE PRIZE
Tattoos on the Heart

The Power of Boundless Compassion

Gregory Boyle

Winner of the 2011 PEN Center USA Literary Award for Creative Nonfiction
The Healing of Historical Trauma

- Awakening and Collective Commitment
- Mass Mobilization
- Personal and Collective Mourning
- Forgiveing the Unforgivable
- Return to culture
- Achieving a new harmony
- Cultural revitalization and celebration

White and Coyhis
24 - 7 - 365 Terror
An Existential Concern

How long do African American and Latino males live?
Dispelling the Myth

- 500 – 700 murders annually
- 40,000 annual births in Chicago
- 2.7 million residents
Dispelling the Myth Continued

- 9 million residents of Cook County
- 112 murders in Englewood over last 20 years
- 73 thousand residents of Englewood
- Life expectancy of African American men in Chicago is age 70. Hispanic Latino males age 73
3 Waves of Trauma Informed Treatment
First Wave

- Psychodynamic Approaches
  Judith Hermann
- Safety
- Remembering and mourning
- Reconnection
  - Finding a survivor mission
  - Striving to reach your potential
Second Wave

- Cognitive Behavioral Therapies
Third Wave

- Experiential Approaches
September 11th survivors were asked what helped them most with their trauma

- Acupuncture
- Massage
- Yoga
- Movement
Culturally Competent
Trauma Informed Care
Culturally Competent Trauma Informed Care

Examine ways the organization’s environment can re-traumatize clients

- Greeting
- Voice tone
- Pictures
- Magazines
- Waiting room
- Length of the wait
- Service energy
• Understand that even neutral events like earthquakes, tornadoes and hurricanes may not have neutral meaning to survivors.
Peoples experiences with neutral traumas can bring up old wounds and re-traumatize them
Hurricane Katrina Survivors
Hurricane Katrina Survivors
Culturally Competent Trauma Informed Care Continued

How trauma survivors are responded to by their helpers and the biases held by those helpers can make a big difference in their healing.
Culturally Competent Trauma Informed Care Continued

- Ask yourself, “Do I as the therapist represent the source of the clients historical trauma and do we need to address this?”
Culturally Competent Trauma Informed Care Continued

- Our position as social workers, psychologist, psychiatrist etc., representing powerful systems, puts us in privileged positions which can be a source of trauma for clients
Culturally Competent Trauma Informed Care Continued

All clients have multiple identities and may experience trauma in each identity. We cannot decide the directions of trauma treatment.
Culturally Competent Trauma Informed Care Continued

Be willing to discuss intersectionality and microaggressions – intentional and unintentional slights and insults which can traumatize clients
Types of Microaggressions Experienced by Members of Majority Groups

- Assumption that I am a racist.
- Assumption that I discriminate.
- Assumption of wealth.
- Assumption that I did not earn what I have.
- Assumption of conservatism.
Types of Microaggressions Experienced by Members of Minority Groups

- Assumption of intellectual inferiority.
- Assumption of second class citizenship.
- Assumption of criminality.
- Assumption of inferiority.
- Assumption of homogeneity of experiences, beliefs and interpretations.
A. Vice President Joe Biden in a statement to the press, “The President and I have made a lot of progress in our seven years of working together. People still tease me about a comment I made when me and Barack ran for president and a reporter asked me what I thought about Barack Obama and I said “I mean, you got the first mainstream African American who is articulate and bright and clean and a nice-looking guy. I mean, that’s a storybook, man.”

Find as many microaggression as possible in the Vice President’s statement. What assumptions or stereotypes may lay behind each microaggression?
Cases

B. A school counselor is meeting with an Asian mother of a ten year old son who was sexually abused and having difficulty at school. The mother is wearing hospital scrubs as she is on her way to work following the session. The counselor states at the beginning of the session, “Oh, are you a nurse?” The mother replies, “No I’m a surgeon.” The mother is bothered by the question. What are some reasons the questions might have bothered her? If you were the counselor, how would you repair this situation? Then what would you do next?
Culturally Competent Trauma Informed Care Continued

If a therapist does not understand his or her own diverse identities, examine their own ism’s, does not strive to practice cultural humility and is not in touch with their own history of trauma, no training in EMDR, DBT, prolonged exposure therapy will allow them to do their best work with clients.
What is amazing in this era of evidence based therapy and evidence based trauma treatment is how few models were intentional about incorporating cultural competence in the model.
Alkali Lake Tribal Band
British Columbia, Canada

From 100% alcoholism to 95% recovery

- One recovery at a time
- Alcoholics Anonymous
- Treatment
- Community development
Alkali Lake Continued

- Return to tribal religion and cultural practices
- Reinstitution of the chief and tribal council
- Improvement of schools
- Prevention and treatment simultaneously
- Personal growth seminars
- Spreading the approach to other indigenous communities
Young African American Male Rites of Passages

1. Group name, mission statement, and logo
2. Explore the history of your own name.
3. Family tree
5. Read two books (one on African American culture).
6. Community project
7. Personal growth work
### 4 Spiritual Dimensions

<table>
<thead>
<tr>
<th>God</th>
<th>Father</th>
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<tbody>
<tr>
<td>Mother</td>
<td>Ancestors</td>
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What does this trauma mean to this client, given their history, culture, beliefs, experiences and identities?