

Applying Racial Equity Lens to Creating Trauma-Informed and Resiliency-Promoting Organizations

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IWES

Building Trauma-Informed and Resiliency-Promoting Organizations

- An ongoing process to strengthen an organization's impact by integrating a comprehensive commitment to address trauma and promote resiliency into:
 - Programs
 - Structures
 - Culture
- Process is more than a list of tasks— it is a paradigm shift deliberately infused into everything, every day
- On-going process rather than a destination

Trauma-Informed Systems

- **Realize** the prevalence of trauma in the population
- **Recognize** the signs / symptoms of trauma
- **Respond**
 - Individualized treatment
 - Advocacy / policy to eliminate trauma conditions (social determinants)
- **Avoid re-traumatization**
 - of client
 - and providers (avoid STS)

Trauma / Stress

Trauma 'wound'- an external event that overwhelms a person's coping and activates neurobiological stress response

The diagram consists of two overlapping circles. The left circle is filled with a light red color and contains text defining trauma. The right circle is also filled with a light red color and contains text defining stress. The overlapping area in the center is a darker shade of red.

Stress – threat to an individual's physiologic and psychological integrity – results in biologic and behavioral responses necessary for survival

Physiology of Stress Response

- Acute mobilization of energy for immediate use in 'fight or flight' response and suppression of non-essential systems by limbic system (Thalamus, Hypothalamus, Hippocampus)
- Sympathetic-adrenal-medullary (SAM) – the norepinephrine center of brain (locus coeruleus - brainstem) and adrenal medullary region of adrenals activate sympathetic nervous system – NE, Epi
- HPA – activate cortisol secretion from adrenal cortex – release energy to support 'fight or flight' response

Stress Response

- If threat goes away – parasympathetic nervous system releases acetylcholine (ACH)
 - diminish arousal and relax the body
 - increase need for sleep, food
- If threat is **not** perceived to diminish--- **Chronic** exposure----
Dysregulation of the Hypothalamic-Pituitary Axis
 - Amygdala – increase in fear response
 - Hippocampus – increase in memory deficits, learning disorders
 - Prefrontal Cortex – impaired emotional regulation, impaired executive functioning – ‘react before thinking’

Manifestation of Early Neurological Impairment

- Trauma at young age can significantly hinder neurological development:
 - Negative impact on emotional and behavioral regulation, motivation and cognitive functioning:
 - Compromised executive functioning (PFC)
 - Difficulty regulating arousal levels in response to sensory stimulation/cues/ triggers (Amygdala)
 - Difficulty with attention and memory (Hippocampus)
 - Disruptions to sleep and other circadian rhythms
 - Compromised language development
 - Impaired social information processing

Chronic Stress Impact over the Life-Course

- Hypertension
- Diabetes
- Immune Disorders
- GI Disorders

Sources of Trauma

1) Single (discrete) traumatic event (s):

- Rape
- Car accidents
- Natural disasters
- Combat

2) Ongoing pattern of traumatic experiences:

- ACE – interpersonal / household
- Domestic violence
- Homelessness
- Severe chronic illness
- Community violence
- War

Adverse Childhood Experiences (ACE)

– Interpersonal Trauma

Abuse

- Physical
- Sexual
- Emotional

Neglect

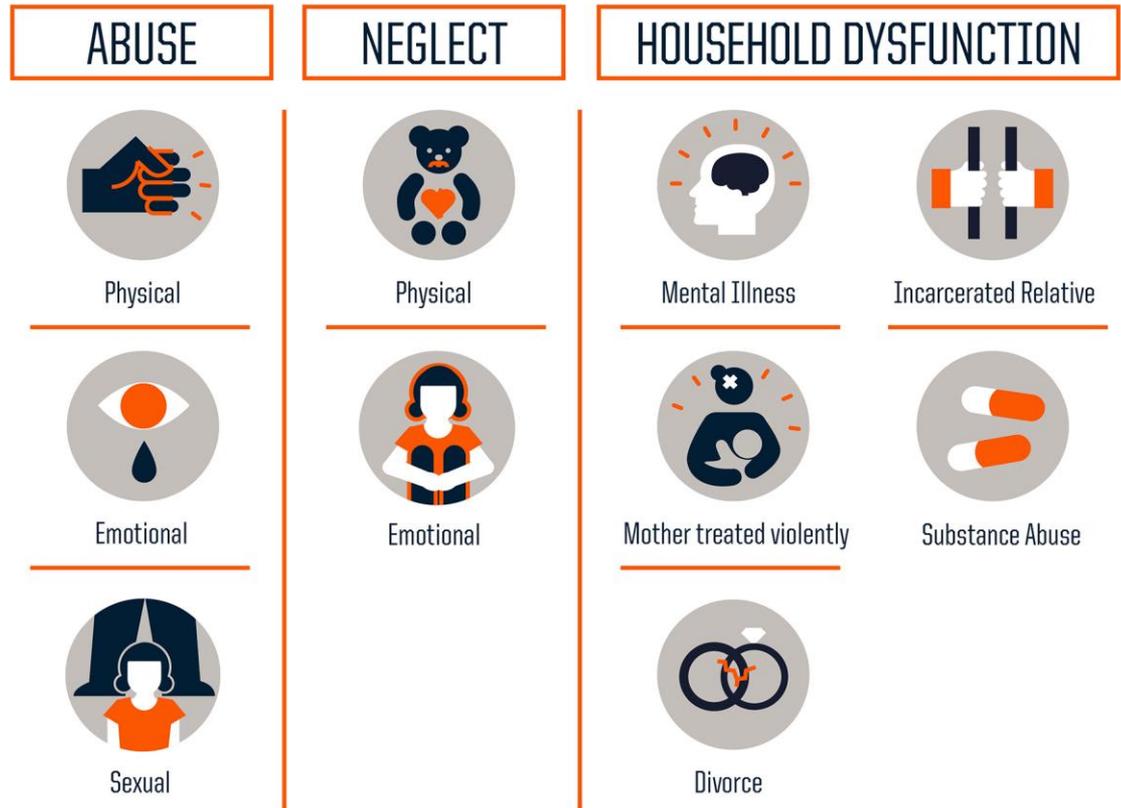
- Emotional
- Physical

Household Dysfunction

- Drug abuse
- Mental illness
- Suicide attempt
- Intimate Partner Violence – Domestic violence
- Parental imprisonment / incarceration

Adverse Childhood Experiences

ACEs harm children's developing brains and contribute to changing how they respond to stress; and damages their immune systems so profoundly that the effects show up decades later.

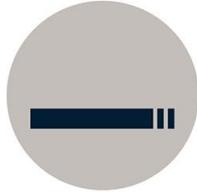


ACEs Increase Health Risks

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



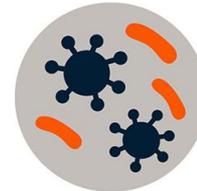
Diabetes



Depression



Suicide attempts



STDs



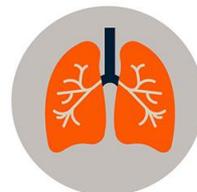
Heart disease



Cancer



Stroke



COPD



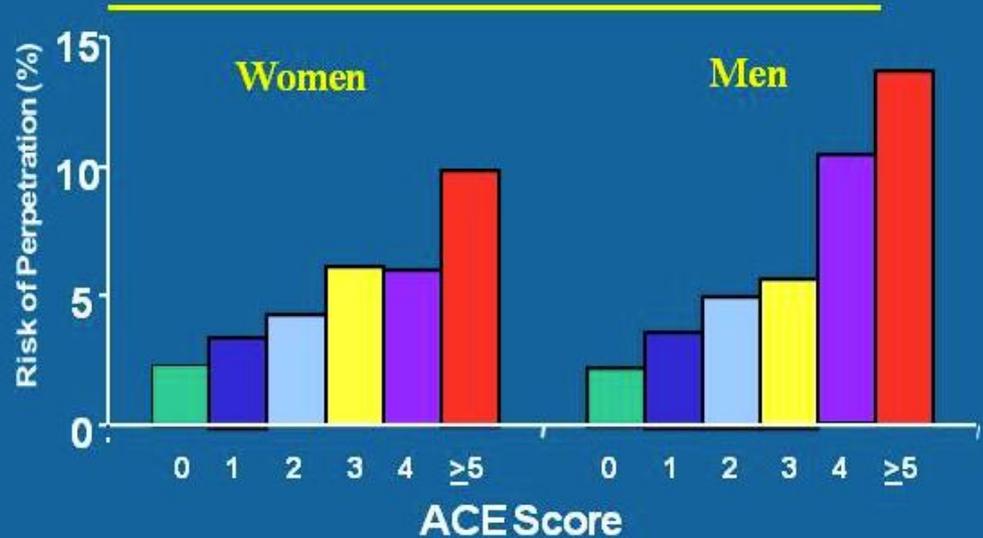
Broken bones

Effects of ACEs Can Last a Lifetime

Childhood Experiences vs. Adult Alcoholism



ACE Score and the Risk of Perpetrating Domestic Violence



ACE Overall Impact on Adult Health

Trauma / ACES	Impact
Trauma (general)	Smoke cigarettes Engage in risky sexual behaviors Use illicit drugs
4> ACES	2x ischemic heart disease 2x stroke 3x STD 5x depression 7x alcoholism 10x IV drug use 12x suicide attempt
6> ACES	Die 20 years earlier than those with no ACES

ACE Pyramid over the Life Course



Diagnostic Criteria PTSD - Simple

- PTSD - Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - Directly experiencing the trauma
 - Witnessing in person the trauma as it occurred to others
 - Learning that the traumatic event (must be violent or accidental) occurred to close family member or friend
 - Experiencing repeated or extreme exposure to aversive details of the trauma (e.g. 1st responders)

PTSD – 1 month later

B. Presence of **Intrusion** symptoms

Reliving the experience – flashback, nightmares

C. Persistent **Avoidance** of stimuli associated with traumatic event

Memories, places

D. Negative **Alterations in Cognition and Mood**

Mood - Feelings of shame, guilt, fear – unable to feel positive emotions

Thoughts – ‘The world is unsafe, I am bad’

E. Marked alteration in **Arousal and Reactivity**

- Irritable behavior and angry outbursts

- Reckless or self-destructive behaviors

- Hyper vigilance

- Exaggerated startle response

- Problems with concentration

- Sleep disturbance (difficulty falling or staying asleep, restless sleep)

F. Dissociative feelings – depersonalization, derealization

Depression

- Five or more of the following symptoms present during the same 2 week period; at least one of the symptoms must be 1 or 2:
 1. Depressed mood most of the day
 2. Diminished interest or pleasure in activities
 3. Significant weight changes (loss or gain)
 4. Insomnia or hypersomnia
 5. Psychomotor agitation or retardation
 6. Fatigue or loss of energy
 7. Feelings of worthlessness or inappropriate guilt / excessive worry
 8. Diminished ability to think or concentrate
 9. Recurrent thought of death, suicidal ideation or plan
 10. Diminished ability to think or concentrate
 11. Recurrent thought of death, suicidal ideation or plan

ADHD

- Onset before age of 12 years (DSM 4 – 7 years)
- Symptoms at home and school
 - Attentional deficits - inattention
 - Distractibility
 - Impulsivity
 - Hyperactivity
- Prevalence: 3-5%; M/F ratio - 9:1
- Over-diagnosed in African American males – due to under-diagnosis of PTSD
- Oftentimes reflect the hyper-arousal from chronic cortisol over-exposure
- Associated with 3> ACEs

Behavioral Disorders - Oppositional Defiant Disorders

- Pattern of negativistic, hostile, defiant behaviors towards authority figures (6 month duration)
 - Bad temper
 - Argumentative
 - Angry, resentful, spiteful, vindictive
 - Defies / refuses adults' requests / rules
 - Blames others / does not take responsibility
- Lack of emotional modulation

Behavioral Disorders -Conduct disorders

- Repetitive, persistent pattern of behavior in which basic rights of others or societal norms / rules are violated (12 month duration):
 - Aggressive: bullying, threats; weapons; cruel to others and animals; forced sexual encounters
 - Destructive: destroys property; sets fires
 - Deceitful: steals, lies, cons
 - Violates rules: truant, runs away from home

Developmental Trauma Disorder – Complex Trauma

- **Interpersonal** trauma - **impaired attachment** relationships with primary caregivers:
 - sexual, emotional or physical abuse and/or neglect
 - emotional neglect
- In the context of living with violence and **Community** trauma

DTD

- **Reflects brain impairment / dysregulation:**
 - Emotion / Somatic
 - unmodulated aggression and impulse control
 - Attentional
 - poor concentration
 - Relational / Self
 - difficulty negotiating relationships with care-givers, peers and subsequent intimate partners
 - Dissociation – affects, cognitions and sensations not associated/integrated with trauma – inability to execute plan or develop resiliency

Expanded ACE's – Community Trauma

- The impact of chronic adversity across a community from factors related to structural and community violence:
 - Inequitable economic opportunities
 - disinvestment and unemployment
 - Deteriorated Physical Environments
 - crumbling built environment, dangerous public spaces
 - Inequitable Policing – under and over
 - Inequitable access to quality
 - Education
 - Healthcare
 - Transportation
 - Recreation

Adverse Community Experiences – The Impact

- Damaged / broken social networks, relations and support
 - Harms individuals - ends friendships, communality and collective purpose
- Disconnected People
 - Destructive social norms that encourage violence
 - Low political efficacy and social agency
 - Loss of trust
- Low sense of collective political and social agency – collective traumatization
 - Less social cohesion and sense of collective efficacy
- Contributes to poly-victimization and development of complex trauma in individuals
 - Exposure to multiple forms of violence simultaneously and throughout the life course

Expanded ACEs - Philadelphia

- Expanded ACEs questions:
 - Witnessing violence
 - Experiencing racism / discrimination
 - Living in unsafe neighborhood
 - Experiencing bullying
 - Lived in foster care

ACE's Demographics

	Conventional ACE	Philadelphia ACE
White	75%	39%
Black	5%	36%
Latinx	9%	11%
Asian	7%	6%
Education	23% high school or less 75% with some college or higher education	50% less than high school
Poverty level	Middle class	25% living in poverty
Cumulative ACEs >4	12.5%	22% - conventional 37% - expanded

ACEs disparities

- National sample 2016 - % children experiencing at least 1 ACE
 - 61% of black non-Latinx
 - 51% of Latinx
 - 40% of white non-Latinx
 - 23% of Asian non-Latinx
- Black children and children of mothers with a high school education or lower were the most likely to have been exposed to multiple ACEs
- White children were less likely to be exposed to high levels of adversity compared to Black and Hispanic children -however highly exposed White children were at particular risk for problem behaviors
- Black children more likely to have an ADHD diagnosis compared to Latinx and White children after exposure to 2 or more ACEs

TI- Community Building

- Starts with realizing and recognizing the impact of trauma on community members' lives:
 - 1) Do no harm by being aware of past and on-going trauma and avoid re-traumatizing
 - 2) Accept and meet community members where they are and set expectations accordingly
 - 3) Empower community by recognizing the importance of self-determination to encourage long-term community stewardship, and,
 - 4) Engage in on-going reflective processes by responding to new developments and knowledge and constantly adjust

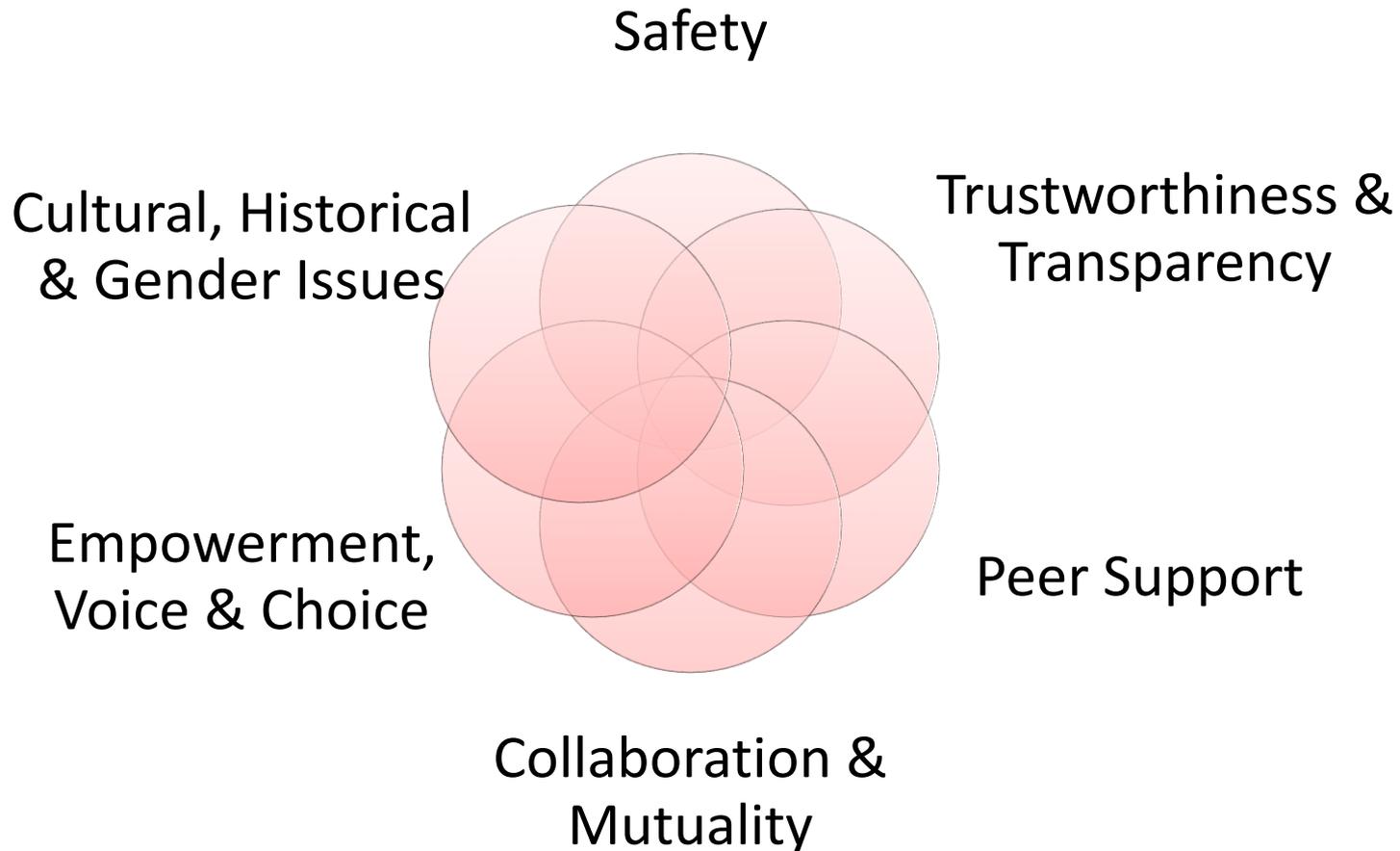
Support / Advocate Trauma Eradication at the Community Level

- Short-term and long-term policies / strategies / actions of public servants and businesses in collaboration / partnership with emboldened community members) to improve:
 - Built environment – transportation, recreation, blight
 - Economic environment – education, healthy foods, jobs
 - Repair socio-cultural norms that contribute to: violence, substance abuse, disconnection: e.g. homophobia, gender power inequities, intergenerational rupture
- Access to:
 - low-cost / high quality trauma-informed mental health services
 - complementary healing experiences: e.g. nature trails, recreation, purposive mind-body movement such as yoga, tai-chi, drumming, dance, healing and transformative justice circles

KNOW YOUR ACE SCORE

- Conduct survey

6 Principles of Trauma Informed Approach*



TI Systems /Organizations

- Be safe - people feel physically and psychologically safe
- Be trustworthy and transparent - decisions are conducted with transparency and everyone can see and understand what's going on, so as to build and maintain trust
- Provide peer support and mutual self-help so as to build trust and safety
- Engage in collaboration and mutuality – power and decision-making should be shared and the organization recognizes that everyone has a role to play
- Allow for empowerment, voice and choice – people's strengths are recognized and encouraged and they are given opportunities to grow and increase their skills. It's also recognized that everyone has unique skills to contribute and people should be approached according to their individual circumstances; and
- Respect cultural, historical and gender issues – the organization is not biased and doesn't rely on cultural stereotypes. It recognizes historical issues and sees the value of cultural connections. It respects culture and gender.

Trauma-Aware Organizations - A

- Organization is:
 - Aware of the prevalence of trauma
 - Has begun to consider that trauma might impact their clientele and staff
- **The focus is on knowledge awareness and attitude**

Trauma-Sensitive Organization -B

- Organization has begun to:
 - explore SAMHSA’s Six Principles of Trauma-Informed Organizations within their environment and daily work
 - build consensus around the principles
 - consider implications of adopting the principles within the organizations; and
 - prepare for change.
- **The focus is on knowledge application and skill development**

Trauma-Responsive - C

- Organization has begun to:
 - change their organizational culture to highlight the role of trauma and resilience
 - staff all levels of the organization begins rethinking the routines and infrastructure of the organization.
- **The key focus is on change and integration**

Trauma-Informed Organization - D

- The organization has:
 - made trauma-responsive practices the organizational norm
 - made the trauma model so accepted and so thoroughly embedded that it no longer depends on a few leaders
 - worked with other partners to strengthen trauma-informed practice in their community.
- **The key focus is on leadership**

Organizational Scorecard

- The Missouri Model: A Developmental Framework for Trauma-Informed Approaches
- Trauma-Informed Climate scale - Buffalo

Ten Implementation Domains for a Trauma-Informed Approach

- Governance and leadership
- Policy
- Physical environment
- Engagement and involvement
- Cross sector collaboration
- Screening, assessment and treatment services
- Training and workforce development
- Progress monitoring and quality assurance
- Financing
- Evaluation

Stages of Becoming Trauma-Informed

- Scoping the landscape – Increasing knowledge
- Assessments
- Planning
- Implementation
- Sustaining

Chadwick Trauma Informed Systems Project National Advisory Committee (Children)

- ***“A trauma-informed system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers families and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies and practices. They act in collaboration, using the best available science to facilitate and support resiliency and recovery.”***

Racial Equity

- Therefore, as it relates to communities of color, trauma cannot be addressed solely at the individual level. A social ecological framework to address the compounding and catalytic impact of historical trauma, and ongoing structural violence with the resultant community trauma must be adopted.
- As it specifically relates to youth of color, the National Child Traumatic Stress Network stated [2016 position paper]:
 - ***“It is clear that interventions to serve children and families in the United States in the 21st century must incorporate the current historical context in which they live. In spite of progress, the legacy of slavery has been carried forward in many areas of American society, including the racially related injustices that persist, such as mass incarceration, and the lethal violence directed disproportionately towards African Americans. As such, the impact of the unresolved historical trauma of slavery on intergenerational trauma and community trauma should be addressed within a child services framework.”***

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