Do I Really See You? Using a Trauma–Informed Lens as a Method of Cultural Competence in Best Practices Working with Youth Who Are Homeless and Pregnant and Parenting

Vanessa Mejia, MPH, CLC and Heather Dailey, LMSW
Overview

• Icebreaker
• What is Trauma?
• Social norms and trauma
• Symptoms and adverse effects of trauma in adolescents
• What is Resilience
Learning Objectives

Participants will be able to:

• define what it means to be trauma informed
• identify some symptoms of trauma in adolescents
• identify adverse effects of trauma on adolescents
• identify protective factors among adolescents
• identify practices to engage homeless youth to manage the effects of trauma and in turn promote more positive outcomes
• understand the link between trauma and systemic racism
Learning Objectives (cont.)

• assess techniques for service provision of trauma history in youth,
• understand how cultural competence relates to trauma–informed care.
• understand how social norms shape behavior
• Assess and strengthen informal social networks and support protective cultural norms
• explain the importance of providing a restorative emotional experience for the client utilizing the therapeutic alliance and how this practice can build self esteem, problem solving skills, and safety as well as positive outcomes for mother and child
What is Trauma?
According to SAMHSA’s Trauma and Justice Strategic Initiative, “trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being”

(SAMHSA, 2012, p. 2).
Activity: What is Your ACE
Adverse Childhood Experiences

ACEs
-leads to....
Traumatic Stress and Early Childhood Trauma

- “Permanent” PTSD response.
- connected to poor health and mental health outcomes in adults.
- disrupts typical brain development
- leads to learning problems in school, emotional delays, impulse control difficulties and emotion dysregulation.
Programmatic Elements that Promote Trauma Informed Care

Primary Prevention
Secondary Prevention
Tertiary Prevention
Potential Barriers Using Trauma Informed Approach

- Lack of organizational culture and need for change
- Lack of recognition of the nature of the population served and their collective and individualized needs
- Lack of adequate skill sets for direct care staff, based on insufficient training, supervision, and oversight
- Lack of adequate response to the trauma histories and experiences of the children being served
Effective Interventions to Promote Resilience

Support vs. Consequence
- Identifies mistakes and “bad” behavior as a red flag for a need of support.
  - Develop plans of action to provide support for successful outcomes vs. plans of consequences.
- Plans focus on strengths and support systems
  - Open communication and transparency: clear expectations, specific and empathetic, give choices.
  - Structure - reduces triggers and unexpected events
  - Celebrate accomplishments and mutual support
  - Set high expectations
  - A person is not their behavior
Key Components to Trauma Informed Care
• Identifying and recognizing youth strengths
• Identifying and recognizing family strengths
• Trauma informed: Included in all aspects of agency operations from the Board to CEO to housekeeping and front desk staff.
Sandra Bloom M.D. identified seven commitments that trauma-informed organizations make. These are commitments to:

- Non-violence – helping to build safety skills and a commitment to a higher purpose
- Emotional intelligence – helping to teach emotional management skills
- Social learning – helping to build cognitive skills
- Open communication – helping to overcome barriers to healthy communication, learning conflict management, reducing acting out, enhancing self-protective and self-correcting skills, teaching healthy boundaries
- Social responsibility – helping to build social connection skills, establish healthy attachment relationships, and establish a sense of fair play and justice

(The Sanctuary Model - www.sanctuaryweb.com)
Strength Based Approach and Promotion of Resilience
Reframing Behaviors into a TI context

Troublesome Behavior (risky behavior)

• A young woman, victim of sexual assault by various people
• She reports that she has engaged in sex with multiple partners
• Has exchanged money for sex acts

Reframe the behavior

• This young woman feels empowered in her choice to choose who has sex with her.
• Reframing her own victimization to a place where she feels empowered in a situation that feels inevitable to her
• She is making sure her needs are being met while she is unstable
Reframing Behaviors into a TI context

Self Sabotaging

- Young Woman living in your residence has been doing well and connecting to staff and has begun to open up about her past trauma.
- Suddenly in the last week she is irritable, picking petty fights with other residents, missing curfew, leaving messes, has been caught smoking marijuana outside.

Reframe the behavior

- This young woman is actually feeling scared by the closeness that she is feeling to staff and the program and is self sabotaging in order to be discharged.
- Protects her from having to feel loved.
- Protects her from the risk of being hurt, abused, rejected.

*Transparency works here! Help her identify that she is sabotaging and why.
Almost 30 million American children will be exposed to family violence by the time they are 17 years old. Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother.

### Protective Factors that Promote Resiliency

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperament</td>
<td>Relationships</td>
<td>Role Models</td>
</tr>
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<td>Understanding</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td>Health</td>
</tr>
<tr>
<td>Expression</td>
<td></td>
<td>Access to Services</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td></td>
<td>Supportive Relationships</td>
</tr>
<tr>
<td>Culture</td>
<td></td>
<td>Networks</td>
</tr>
</tbody>
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**Access to Services**
- Basic needs, advocacy, health

**School**
- Positive school climate and supports

**Mentors**
- Role models & mentors, i.e. coach, faith leader

**Neighborhood Cohesion**
- Safe & connected communities

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http://promising.futureswithoutviolence.org/files/2014/01/Promising-Futures-Infographic-FINAL.jpg
Social-Ecological Model: Level of Influence

- Period of Time in History
- Societal
- Community/Organizational
- Interpersonal
- Individual

All levels interact with and influence each other

Type & Characteristics of Trauma

Developmental & Cultural Influences
<table>
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<tr>
<th>Individual Factors</th>
<th>Interpersonal Factors</th>
<th>Community and Organizational Factors</th>
<th>Societal Factors</th>
<th>Cultural and Developmental Factors</th>
<th>Period of Time in History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, biophysical state, mental health status, temperament and other personality traits, education, gender, coping styles, socioeconomic status</td>
<td>Family, peer, and significant other interaction patterns, parent/family mental health, parents’ history of trauma, social network</td>
<td>Neighborhood quality, school system and/or work environment, behavioral health system quality and accessibility, faith-based settings, transportation availability, community socioeconomic status, community employment rates</td>
<td>Laws, State and Federal economic and social policies, media, societal norms, judicial system</td>
<td>Collective or individualistic cultural norms, ethnicity, cultural subsystem norms, cognitive and maturational development</td>
<td>Societal attitudes related to military service members’ homecomings, changes in diagnostic understanding between DSM-III-R* and DSM-5**</td>
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Exhibit 1.1-3: Understanding the Levels Within the Social-Ecological Model of Trauma and Its Effects

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*Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (American Psychiatric Association [APA], 1987)

**Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (APA, 2013a)
Recognize That Trauma-Related Symptoms and Behaviors Originate From Adapting to Traumatic Experiences

- Shift in goals
- Importance of collaboration
- Focus on early intervention
- Awareness of intergenerational trauma
- Staff training
Culture: Cross-Cutting Factors

- Religion & Spirituality: Traditions, spiritual beliefs and practices
- Language & Styles of Communication: Verbal and nonverbal
- Geographic Location: Rural, urban, region
- Worldview, Values, & Traditions: Ceremonies, subsistence way of life, collective versus individualistic, etc.
- Family & Kinship: Hierarchy, roles, rules, traditions, definition of family, etc.
- Gender Roles & Sexuality: Gender norms, attitudes toward sexuality and sexual identity, sexual expression, etc.
- Socio-Economic Status & Education: Access and ability to use resources and opportunities, such as health care, schools, neighborhood, employment, etc.
- Immigration & Migration History & Patterns: Seasonal, refugees, legal status, current generation, in country, etc.
- Cultural Identity & Degree of Acculturation
- Heritage & History: Cultural strengths, traditions, generational wisdom, historical trauma, etc.
- Perspectives on Health, illness, & Healing Practices

Social Norms & Culture
Honoring Experiences & Perspectives

Healthy Teen Network’s 38th Annual National Conference
Baltimore, MD | October 2-4, 2017
Resilience: Connection and Continuity
What is Resilience?

“Resilience is an inference based on evidence that some individuals have a better outcome than others who have experienced a comparable level of adversity; moreover, the negative experience may have either a sensitizing effect or a strengthening "steeling" effect in relation to the response to later stress or adversity. “
Tips To Help Youth Solve Traumatic Reactions

- Encourage the young person to communicate without judging or advising them until they ask for your feedback.

- Show them that you really care for them and are genuinely interested and enjoy being with them.

- Negotiate changes in roles and responsibilities during recovery and be flexible. Don’t try to stick rigidly to the way things were before the event.

- Continue to give love, support and trust, even if things are extremely difficult.

- Remember your teenager is the same person they were before the event, even if they seem different.

- If asked, gently let the young person know that they are having a ‘normal’ reaction to a frightening experience and that in time these very strong reactions will subside.
References (not yet in APA and just looking at these articles)


Thank You

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Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes   No     If yes enter 1     ________

2. Did a parent or other adult in the household often …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes   No     If yes enter 1     ________

3. Did an adult or person at least 5 years older than you ever …
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes   No     If yes enter 1     ________

4. Did you often feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes   No     If yes enter 1     ________

5. Did you often feel that …
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes   No     If yes enter 1     ________

6. Were your parents ever separated or divorced?
   Yes   No     If yes enter 1     ________

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes   No     If yes enter 1     ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes   No     If yes enter 1     ________

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes   No     If yes enter 1     ________

10. Did a household member go to prison?
    Yes   No     If yes enter 1     ________

Now add up your “Yes” answers: _______ This is your ACE Score