# PART 1: Improving HIV Care Outcomes: Trauma and its Effects on our Hispanic/Latino Community

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POSITIVE IMPACT HEALTH CENTERS

# Disclosures

Gabriel Silva has no relevant financial relationships with ineligible companies to disclose.

# Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Define trauma and the trauma cycle and its effects on the Hispanic/Latino community, in addition, identify barriers impacting mental health care

2. Explain how trauma affects the Hispanic/Latino community and its effects on HIV care outcomes

3. List and define culturally-sensitive strategies to improve service delivery and HIV care

# What is Trauma?

- From APA, trauma is an emotional response to a terrible event like an accident, crime, natural disaster, physical or emotional abuse, neglect, experiencing or witnessing violence, death of a loved one, war, and more. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea.

- The word "trauma" literally means wound, shock, or injury.

- Research supports evidence of biological and chemical changes in brain due to exposure or presence of trauma

# Effects of Trauma

- Mood disorders
- PTSD
- Negative self-image/poor self-esteem
- Distrust in others
- Poor interpersonal relationships
- Inability to focus or complete tasks
- Withdrawing or isolating behaviors
- Flashbacks and/or nightmares of the traumatic event
- Personality disorders
- Compassion fatigue
- Hypersensitivity or easily triggered
- Other?

# Types of Trauma

- Acute Trauma

- Chronic Trauma

- Complex Trauma

- Secondary, or vicarious, Trauma

- Adverse Childhood Experiences (ACEs)

- Generational Trauma or Intergenerational Trauma
  - Collective trauma

# Intergenerational/Generational Trauma

From the APA, the transmission of trauma or its legacy, in the form of a psychological consequence of an injury or attack, poverty, and so forth, from the generation experiencing the trauma to subsequent generations. The transference of this effect is believed to be epigenetic—that is, the transmission affects the chemical marker for a gene rather than the gene itself. The trauma experienced by the older generation is translated into a genetic adaptation that can be passed on to successive generations.

- Reactions vary by generation but often include shame, increased anxiety and guilt, a heightened sense of vulnerability and helplessness, low self-esteem, depression, suicidality, substance abuse, dissociation, hypervigilance, intrusive thoughts, difficulty with relationships and attachment to others, difficulty in regulating aggression, and extreme reactivity to stress.

- Effects on relationship skills, personal behavior, and attitudes and beliefs that affect subsequent generations.

- The role of parental communication about the event and the nature of family functioning appear to be particularly important in trauma transmission.

- Research on intergenerational trauma concentrated initially on the children, grandchildren, and great-grandchildren of survivors of the Holocaust and Japanese American internment camps, but it has now broadened to include the impact of slavery and structural racism on Black people, as well as the historical trauma experienced by American Indian communities, the families of Vietnam War veterans, and others

# Trauma and our Hispanic/Latino Community

# Population Trends

- Hispanics/Latinos are the fastest growing population in the country (mainly due to immigration) (Valverde et al., 2015)

- Recent CENSUS data shows that Latino/Hispanics make up about 60 million of the entire USA population (about 18%)
  - Projected to double by 2060

- The highest concentrations of Latinos/Hispanics are found in Texas, California, Florida, New York and Puerto Rico

- Lowest concentration in the Midwest

# Trends among the Migrant Population

- One quarter of Hispanic children have a parent who is an "unauthorized immigrant" (Clarke, Turner & Guzman, 2017)

- Reasons to Migrate – complex
  - Financial reasons
  - Lack of economic/healthcare opportunities in home country
  - Persecution
  - Political instability/war
  - Reuniting with family
  - Seasonal work
  - Other?

# Consider the Factors

- Language barriers
- Spiritual beliefs
- Cultural beliefs/norms
- Discrimination
- Legal status
- Not having access to healthcare or insurance
- Living in high-risk or impoverished areas
- Low educational status
- Taboos around mental health
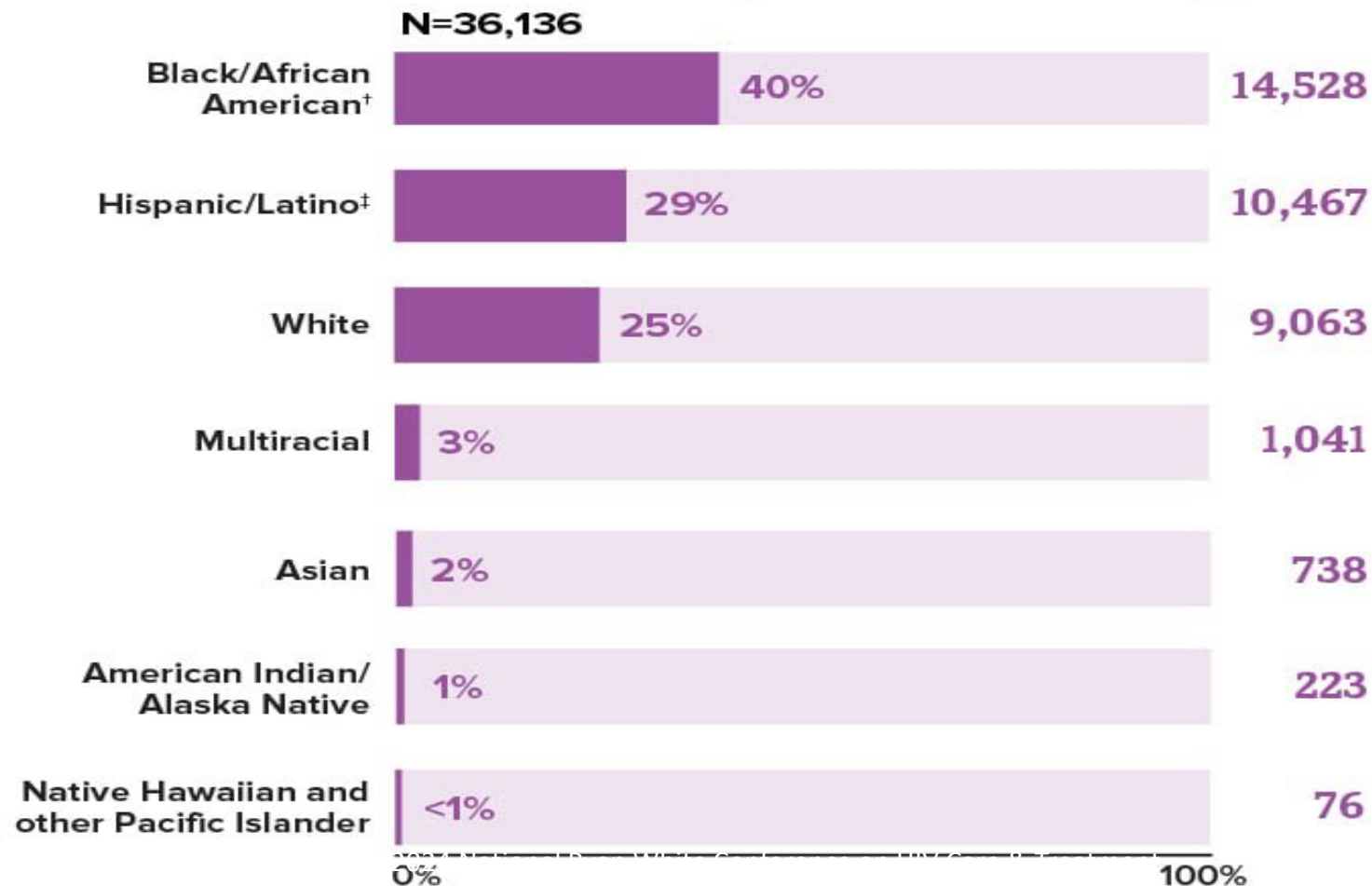- Degree of acculturation
- *Machismo*
- Other?

# Trauma and Latino/Hispanic Community

- Latino/Hispanic youth are likely to be experience ACEs
  - Several contributing factors
  - Being exposed to during the "window of vulnerability" (Kuper & Turanovic, 2022)
- Correlation between Adverse Childhood Experiences (ACEs) and use of alcohol in adolescence (ZHEN)
  - More than 11 times more likely to drink that those NOT exposed to ACEs
- Survivors of crime or being a victim of crime can lead to NOT reporting to appropriate authorities or the necessary services (Kuper & Turanovic, 2022))
  - Fear of deportation
  - Supportive services not utilized – can lead to having to cope on their own
- Individuals may engage in risky behaviors, such as violent offending or substance abuse to regain status or to cope with trauma (Kuper & Turanovic, 2022)
  - Relief is short-lived and immediate but there are long-term consequences
- A positive factor is the collective nature of the Latino/Hispanic community (Kuper)
  - May be connected to their community

# HIV diagnoses in the US and dependent areas by race and ethnicity, 2021

Racism, HIV stigma, discrimination, homophobia, poverty, and other barriers to health care continue to drive disparities in HIV diagnoses.

**N=36,136**

| Race/Ethnicity | Percent | Number |
|---|---|---|
| Black/African American[†] | 40% | 14,528 |
| Hispanic/Latino[‡] | 29% | 10,467 |
| White | 25% | 9,063 |
| Multiracial | 3% | 1,041 |
| Asian | 2% | 738 |
| American Indian/Alaska Native | 1% | 223 |
| Native Hawaiian and other Pacific Islander | <1% | 76 |

0%                                    100%

# HIV and Trauma

- Research is lacking
  - Complex population
  - Underreported
- Unmanaged or untreated trauma can lead to risky behaviors, unhealthy coping skills and/or overall poor mental health
  - Affects HIV care and outcomes
- An HIV diagnosis can be traumatic for some
  - Consider the barriers impacting this community
- Stigma and discrimination in HIV care setting highly reported in Latino/Hispanic persons (Padilla et al., 2022)
  - Stigma higher in women
  - Latino men living with HIV are less likely to report health care discrimination

# HIV Care Outcomes and Trauma

- Undiagnosed and/or untreated trauma can impact HIV care outcomes

- Consider the effects of trauma
  - Inability to take ARVs as prescribed or to take consistently
  - Stigma
  - Distrust in healthcare providers
  - Poor judgment/impairment
  - Poor self-esteem/self-worth
  - Thoughts of self-harm/suicide
  - Anxiety about treatment

Source: Guilamo-Ramos et al., 2020

# Trauma within our Migrant Community

- Consider the migration trends in the recent years
- Consider the journey to the U.S.
  - Exposure to traumatic incidents
- Tend to live in disproportionately poor living conditions
  - Can affect developmental and educational experiences of children/adolescents
  - Parents, with unauthorized status, may not access public assistance programs specific to children
- Possibility of deportation
  - At risk of experiencing stress, anxiety, anger, fear, etc.
  - At risk to be placed in foster care
- Mental health is poor if a child has at least one unauthorized immigrant parent
- Outcome would be worse if they had stayed in country of origin

Source: Clarke, Turner & Guzman, 2017

# Strategies to Consider

- Culturally-appropriate Services
  - Latino/Hispanic individuals are more likely to engage in mental health services if these are accessible in their preferred language AND include culturally relevant elements (Lombana, 2021)
  - Avoid stereotypes/misconceptions/labels
  - Avoid the use of children as interpreters or translators
  - Asking about immigration status
    - Unless it is relevant to certain programs or services

- Incorporating Spirituality into Practice
  - Recognizing culturally-specific illness manifestation and/or folk treatments
  - Utilizing religion or spirituality as a tool for growth

- Trauma-specific mental health treatments

- Training on Trauma/Trauma-Informed Care

# References

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Guilamo-Ramos, V., Thimm-Kaiser, M., Benzekri, A., Chacón, G., López, O. R., Scaccabarrozzi, L., & Rios, E. (2020). The Invisible US Hispanic/Latino HIV Crisis: Addressing Gaps in the National Response. American Journal of Public Health, 110(1), 27–31.

Kuper, J. L., & Turanovic, J. J. (2022). Trauma Made in America: The Consequences of Violent Victimization for Immigrant Youth in Early Adulthood. *Journal of Research on Adolescence (Wiley-Blackwell)*, *32*(4), 1484–1499. https://doi.org/10.1111/jora.12718

Lombana, Yaneth. (2021). Possibilities and Challenges in Providing Psychotherapeutic Interventions to Meet the Needs of the Latinx Population in the United States. Genealogy, 5(12), 12.

# Thank you

QUESTIONS? COMMENTS?

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# Continuing Education Credit

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# The Future of Trauma-Informed & Healing-Centered Care

Holly Hanson, MA & Matt Bennett, MA, MBA

# Project Support

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# Disclosures

Holly Hanson and Matt Bennett have no relevant financial relationships with ineligible companies to disclose.

# Learning Objectives

At the conclusion of this activity, participants will be able to:

Utilize and understand quality improvement strategies for implementing trauma responsive and healing centered approaches in organizations

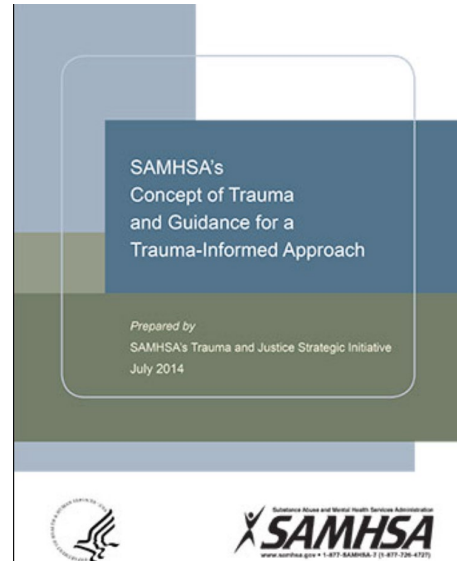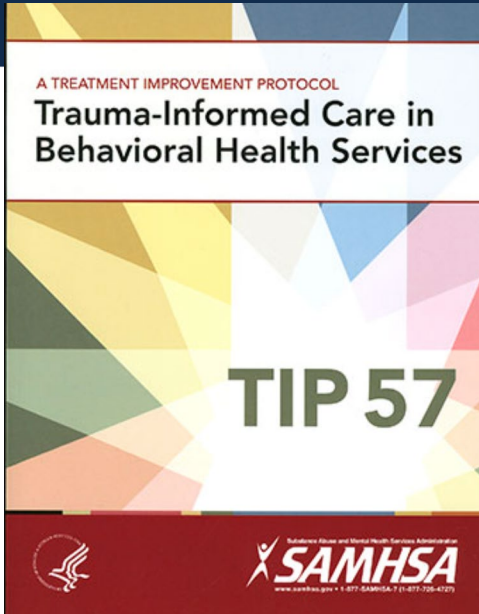Understand the role of technology in supporting responsive and healing-centered approaches

Now that so many of us understand the wide impact of stress and trauma...what next for organizations serving folks living with HIV?

How can we meet organizations where

they are at to not only be responsive to

the effects of stress and trauma, but also to
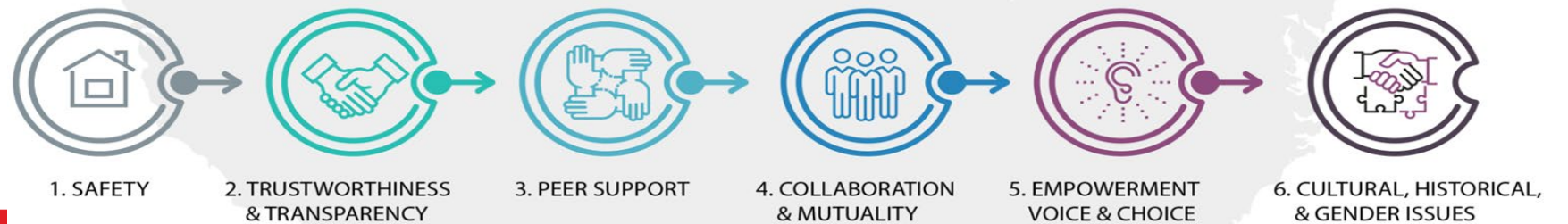
become organizations of healing?

# Foundational Resources

A TREATMENT IMPROVEMENT PROTOCOL
Trauma-Informed Care in Behavioral Health Services
TIP 57
SAMHSA


SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by SAMHSA's Trauma and Justice Strategic Initiative
July 2014
SAMHSA


## 12 Factor Model — tend

| ABILITY TO ADAPT | EMPLOYEE COMMITMENT | TEAMWORK |
|---|---|---|
| TIER 4: THIRD LEVEL OUTCOMES | | |
| SKILL DEVELOPMENT | VISION | REWARDS AND RECOGNITION |
| TIER 3: SECOND LEVEL OUTCOMES | | |
| TRUST AND RESPECT | COMMUNICATION | WORK-HOME BALANCE |
| TIER 2: FIRST LEVEL OUTCOMES | | |
| LEADERSHIP | SUCCESSION PLANNING | EMPLOYEE HEALTH AND WELLNESS |
| TIER 1: THE FOUNDATION | | |


FUTURES WITHOUT VIOLENCE

CHANGING MINDS:
Preventing and Healing Childhood Trauma
State Policy Guide

Developed by Futures Without Violence
Funded in part by The California Endowment, Blue Shield of California Foundation, and The Lisa and John Pritzker Family Fund


NASTAD
Trauma-Informed Approaches
TOOLKIT

DECEMBER 2018


6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

## TRAUMA AFFECTED

Little to no knowledge of ACEs study

No shared language or terminology of trauma and healing-centered engagement

Limited collaboration with other systems engaged with client's wellbeing and health plans

Limited to no knowledge of Burnout, Vicarious and Secondary Trauma and its impact

Limited training or inclusion of Emotional Intelligence in work

Behavior change is thought to be based on if a client wants to or not

Some staff members recognize a conversation on trauma exists but collectively an organization is not yet part of the conversation

Question is "What is wrong with you?"

## TRAUMA AWARE

Learn and understand the concept of trauma and its impact on people

Individuals begin the internal process of becoming aware of their own adverse experiences and trauma

Start to recognize individual attitudes and perceptions that may be influenced by trauma

Aware that knowledge about the impact of trauma can impact the way individuals see and interact with others

## TRAUMA SENSITIVE

Development and implementation of trauma-focused language

The organization values the trauma lens as well as building emotional intelligence and begins to apply it through institutionalized trauma training for all staff

Trauma resources for clients and staff are provided and available in multiple formats

Knowledge of trauma-informed principles is exchanged among staff as part of the organizational culture

Leadership and management recognize and respond to compassion fatigue and/or vicarious trauma in staff

Question is "What happened to you?"

## TRAUMA RESPONSIVE

Staff apply trauma knowledge to their work and an observational shift in perspective occurs

Staff commitment to continuing to develop emotional intelligence

Policy is reviewed and updated to include trauma-sensitive approaches

Consistently updates trauma-focused practices to ensure current best-practices

Engages those with lived experience to gain perspective. Individuals with lived experience are able to serve in meaningful roles throughout the organization

The physical environment is changes to create a welcoming, accommodating and safe space

Trauma-centered assessments and treatment models are utilized when needed

Staff at all levels actively participate in implementing trauma-informed principles throughout the organization

## HEALING CENTERED

The organization's mission statement, goals or objectives includes a commitment to trauma-informed and healing-centered culture and environment

The organization demonstrates a sustained commitment to trauma-informed and healing-centered practices

All staff regardless of job duties effectively use trauma-informed principles within the workplace

Decisions are driven by data and feedback that is gathered from the people who are accessing services to evaluate programs and incorporate changes when necessary

Recognized by outside sources as an expert of trauma-informed and healing-centered principles

Question is "What is right with you?"

# Champions Team

# Champions

- Diverse  representation (e.g., identities,  level of experience/role within organization, comfort/experience with TIP, etc.)

- Responsible for "leading the charge"

- Participate in all aspects of the initiative (e.g., training, assessments, collaborative meetings)

- Support ongoing implementation and sustainability

# Knowledge, Attitude & Beliefs Survey (KAB)

# Knowledge, Attitudes & Beliefs Survey (KAB)

- Assesses staff knowledge, attitudes & beliefs about trauma-informed care

- Assesses where staff feel organization/program is at on the continuum

- Assists in identifying organizational assessment domains most relevant to current interest/needs

- Customizable to some degree

# Training

# Customized menu of training to meet needs

Examples Include:

1. Trauma 101

2. The Cost of Caring

3. Trauma as a Public Health Priority

4. Trauma-Informed Leadership

5. Workplace Wellness & Organizational Health

# Community of Learning

# Cohort for Coaching and Project Development &

- Varied length of time, typically 12-18 months

- Cadence of meetings/structure can be dependent on the needs of the agency
  - Examples of Activities in COL
    - "Processing" sessions to discuss and process material covered during asynchronous curriculum
    - Project meetings to track progress and provide support on chosen TICHA project(s)
    - Coaching to provide support on the "human" side of the projects (e.g., the experience/feelings related to doing the work vs. the administrative tasks of project) and/or provide TA on topics identified as additional need(s)
    - Peer sharing/learning

# Organizational Assessment

# Common Themes Throughout Domains

- Health Equity & Addressing Inequities

- Governance (e.g., Policies & Practices)

- Client-centered

- Organizational Structure

# Leadership

- Leadership is essential to organizational culture and establishing and reinforcing workplace norms.

- Trauma-informed leaders attend to the emotional experiences of staff that lay under the surface within an organization. They lead with empathy and compassion for their staff and themselves.

- Trauma-informed leaders focus not only on the day-to-day tasks of management, but also on building relationship-based skills, particularly when faced with changing environments.

- Leaders embrace vulnerability and develop a culture that encourages bravery, tough conversations, and where these qualities are rewarded.

- Trauma-informed leaders understand the importance of diversity, equity, and inclusion and use these principles to guide every aspect of their work and leadership.

- Trauma-informed leaders recognize that everyone, including themselves, will struggle with traumatic experiences and they work to respond with compassion and empathy.

- Finally, trauma-informed leaders lead by example and understand that in order to support others it is imperative to prioritize their personal self-care and commitment to vulnerability.

# Leadership Domain Assesses:

Degree to which leadership's efforts to model and embody the principles of trauma-informed leadership

Degree to which you feel supported to lead using principles of trauma-informed leadership

# Leadership Trauma-Informed Continuum

## TRAUMA AFFECTED

Leadership leads from a "top down" approach, with little to no integration of staff into decision making processes

Leadership is reactionary (vs. preventive or proactive) to issues

Leaders rely on others to raise questions about an impending change

Leaders receive limited training or support on how to support staff affected by trauma

## TRAUMA AWARE

Leaders receive training on how to respond promptly and constructively to behavioral performance issues

Leadership makes time and space for regular recognition of successes, strengths, and positive things that people have done at meetings, check-ins, supervision and organizational retreats

Leaders have some, but limited, awareness of resources available to support staff who are struggling

## TRAUMA SENSITIVE

A senior staff member with the authority to initiate and implement change is assigned to participate in the development of trauma-informed practices

Leaders practice open & honest communication to encourage trust and respect

Leaders have received training and/or coaching on how to be an effective leader in a trauma-affected environment

## TRAUMA RESPONSIVE

Leadership is willing to lead by example and show vulnerability and resilience when faced with challenges

Leaders actively work to not engage in "work avoidance behaviors" such as scapegoating, denial, focusing on technical issues, or focusing on individual action

Leaders feel comfortable asking for help when they are struggling

## HEALING CENTERED

Traditional power hierarchy has become more flattened allowing for a collaborative environment

Leaders are seen as a safe person/a safe place where staff can freely discuss concerns, share diverse opinions, and where stress can be expressed and will be effectively responded to

Leaders are equip to support staff to embrace their traditions, beliefs, and social norms from their background to grow and heal in the workplace

# Discussion

What have you done or are you currently doing around trauma-informed care?

What resonated with you about this information?

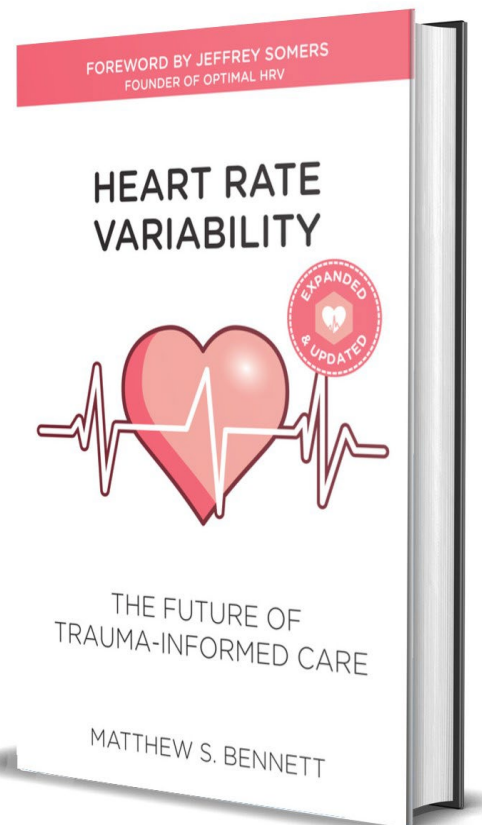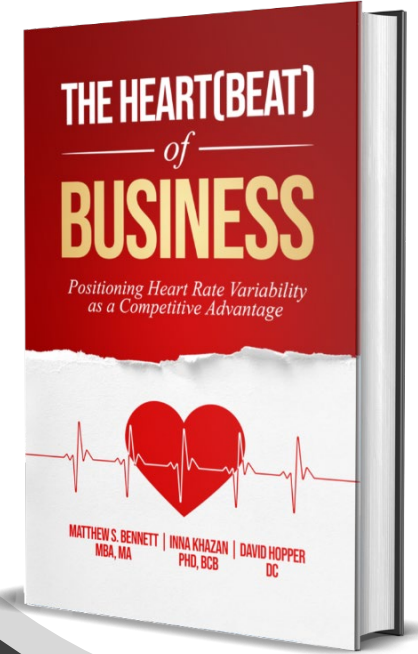Is any part unclear or need more information?

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FOREWORD BY JEFFREY SOMERS
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HEART RATE VARIABILITY
EXPANDED & UPDATED
THE FUTURE OF TRAUMA-INFORMED CARE
MATTHEW S. BENNETT

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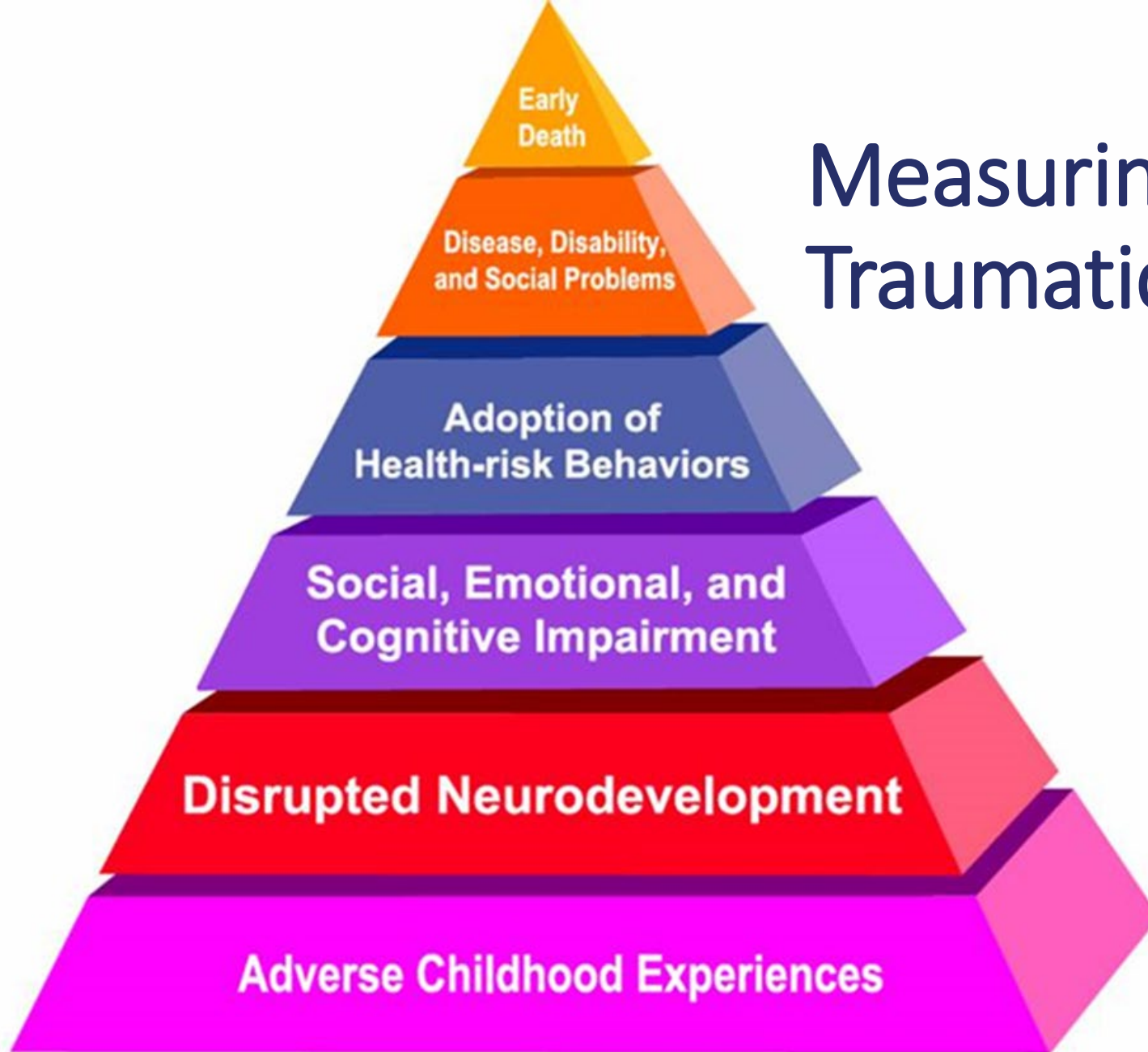
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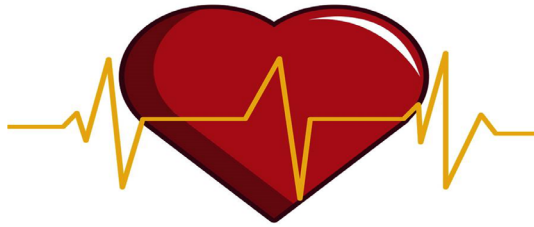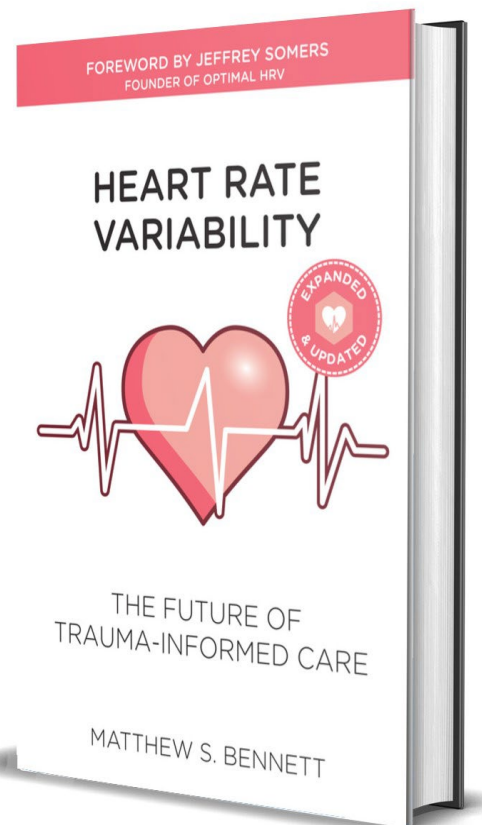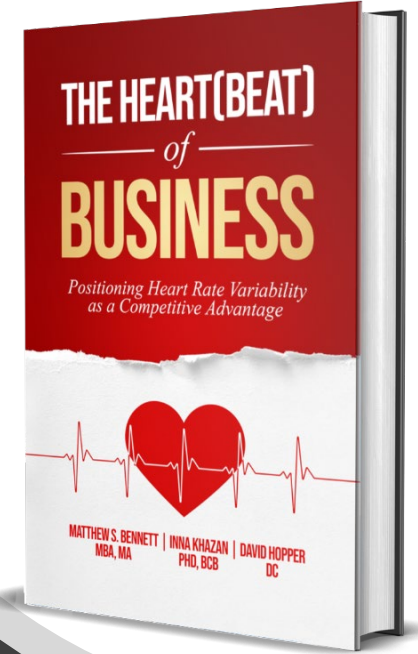
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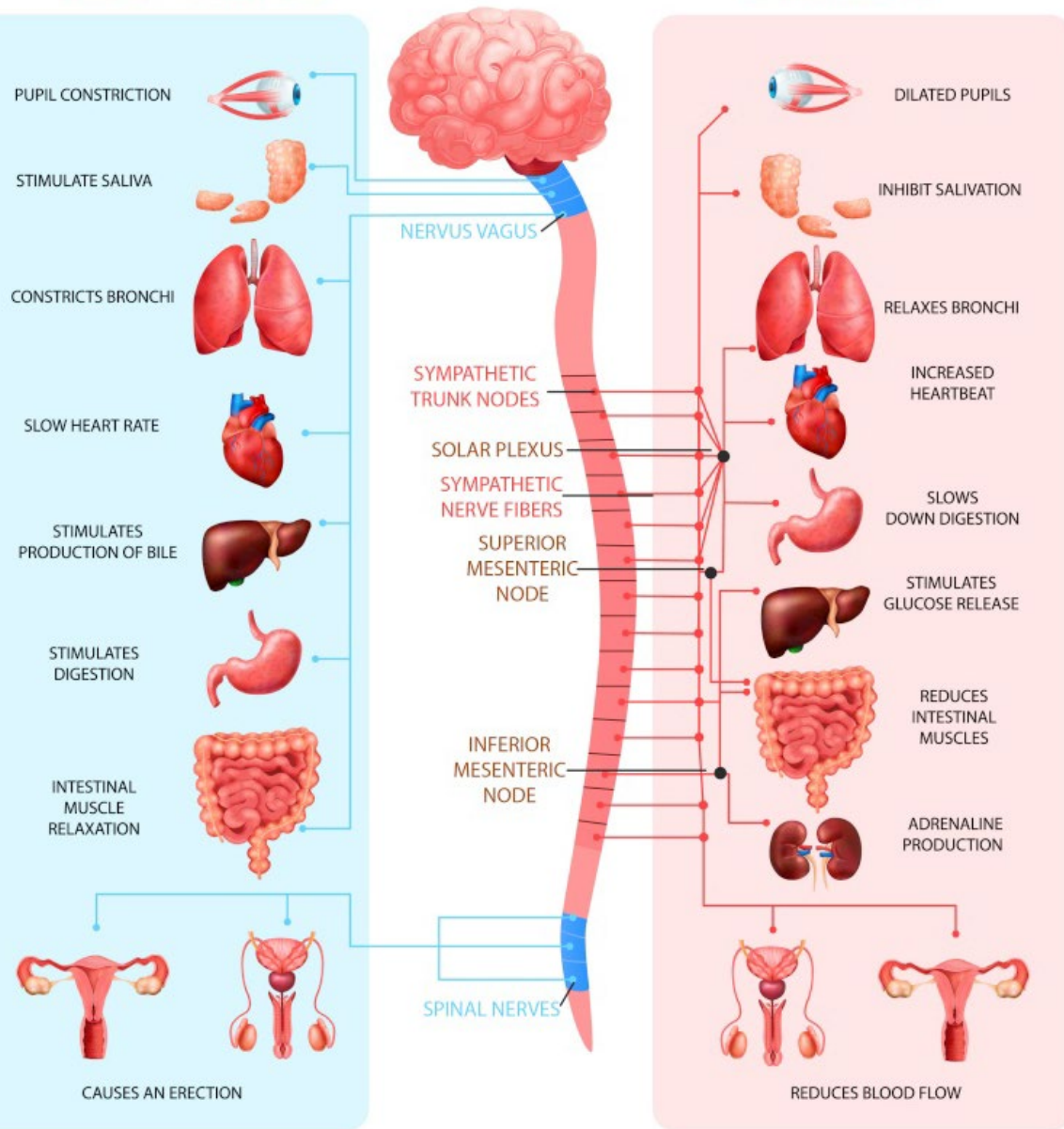
Polyvagal Ladder
- Ventral vagal – strong connection to prefrontal cortex and executive functioning
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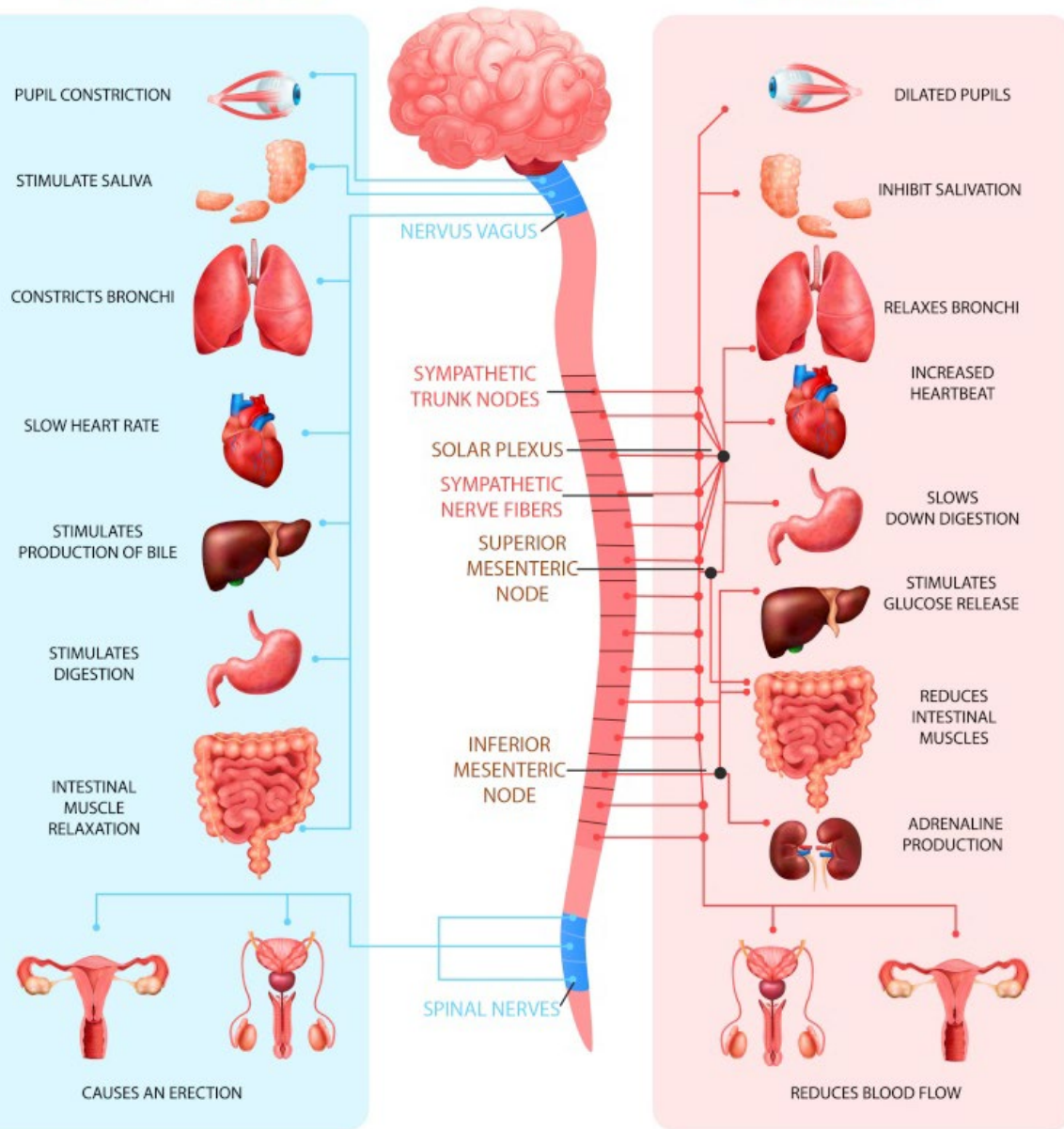
**Polyvagal Theory**
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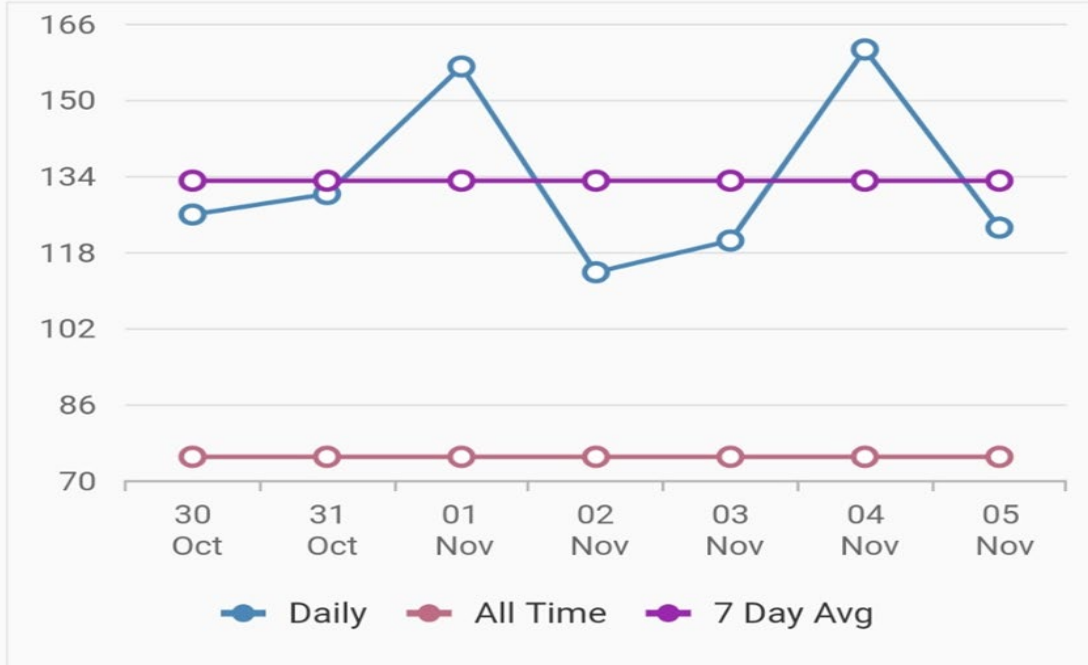
**Room for Innovation and Growth**
- What regulates our nervous system supports change and growth
- Measuring your ability to handle or recover from stress and trauma
- Heart Rate Variability

# HRV Scores as a Quality Measure



- Establishing a baseline
- How am I doing (States and Traits)
  - Today?
  - This week?
  - This month?
- Are interventions healing trauma and improving cognitive, emotional, social, and medical health?
- Daily focus on health and wellness
- N=1

# Tracking HRV and Services

- What happens between meetings?

- Dangers of significant drops

- Structuring sessions and co-regulation

- Creating a shared language for stress and resiliency

# Thank you!

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