Addressing Historical and Contemporary Racial Inequities

Indiana Trauma-Informed, Recovery-Oriented Systems of Care (TI-ROSC)
Tuesday, July 13th, 11:30-1:00pm E.T.
Today’s Presenters

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National Council for Mental Wellbeing

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Today’s Agenda

- What is Historical/Intergenerational Trauma and its impacts?
- What is Systemic Trauma and its impacts?
- What can we do?
What is Trauma?

Definition (SAMHSA Experts 2012) includes three key elements:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effects on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.
Intergenerational (Historical) Trauma

“Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”
Intergenerational/Historical Trauma Events

- Genocides
- Slavery
- Pandemics
- Massacres
- Prohibition/destruction of cultural practices
- Discrimination/Systemic prejudice
- Forced relocation
**Troubled offspring**

To explore how trauma affects generations of mice, researchers stressed mother mice. Their pups then exhibited both molecular and behavioral changes, such as taking more risks on an elevated maze. These changes persisted for up to five generations.

- Trauma experienced
- Behavioral changes
- Epigenetic changes, such as methylation of DNA and alteration of RNA

Mother separated from pups and traumatized. Mother often ignores pups.

Three-month-old male offspring mated with untraumatized females.

Offspring show epigenetic and behavioral changes without having experienced trauma.

Breeding carried out for six generations.

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**Epigenetics**

Intergenerational/Historical Trauma Response

- Fear and Anxiety
- Sadness
- Grief
- Anger
- Guilt
- Regret
- Change in behavior
- PTSD/Depression
Intergenerational (Historical) Trauma Effects
Trauma Shapes Beliefs

➢ Worldview
➢ Identity
➢ Spirituality

We do not see things the way they are.

We see them as we are.

Heather Morse
Trauma’s Impact on the Body

**FIGHT or FLIGHT**

**NOTICEABLE EFFECTS**
- Pupils dilate
- Mouth goes dry
- Neck + shoulder muscles tense
- Heart pumps faster
- Chest pains
- Palpitations
- Sweating
- Muscles tense for action
- Breathing fast + shallow - hyperventilation
- Oxygen needed for muscles

**HIDDEN EFFECTS**
- Brain gets body ready for action
- Adrenaline released for fight/flight
- Blood pressure rises
- Liver releases glucose to provide energy for muscles
- Digestion slows - or ceases
- Sphincters close - then relax
- Cortisol released (depresses the immune system)

*F. Hedges*
Impact of Trauma on Behavior
Triggers

External reminders of traumatic event
- Smell
- Sound
- Sight
- Touch
- Taste

Internal reminders of traumatic event
- Emotions
- Thoughts
U.S. Life Expectancy by Race & Gender

Behavioral Health Disparities for BIPOC Populations

• According to the Agency for Healthcare Research and Quality (AHRQ) racial and ethnic minority groups in the U.S. are
  • Less likely to have access to mental health services
  • Less likely to use community mental health services
  • More likely to use emergency departments
  • More likely to receive lower quality care

• African American consumers are diagnosed with psychotic disorders at a rate of 3 - 4 times higher than White consumers

• Latino American/Hispanic consumers are diagnosed with psychotic disorders on average approximately 3 times higher than White consumers
Barriers to Pursuing Mental Health Care

- **White**
- **Two or More Races**
- **Hispanic**
- **Black/African American**
- **Asian**
- **American Indian***

*Low precision; no estimate reports

Substance Abuse and Mental Health Services Administration, Racial/Ethnic Differences in Mental Health Service Use among Adults. HHS Publication No. SMA-15-4906. Rockville, MD: Substance and Mental Health Services Administration, 2015

[Image: Graph showing barriers to pursuing mental health care by race/ethnicity, including Cost/Insurance, Prejudice/Discrimination, Low Perceived Need, Structural Barriers, and Concerns Over Effectiveness.]
Four Sources of Systemic Trauma

- Institutional Based
- Intergroup Conflict Based
- Social Structural Violence Based
- Globalization Based
Dynamics of Systemic Trauma

Social exclusion and rejection

Linear and Non-Linear Cumulative

Systemic Trauma

Intersectionality

Identity Annihilation Anxiety

TheNationalCouncil.org
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Social integration</td>
<td>Community engagement</td>
<td>Provider availability</td>
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<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Support systems</td>
<td>Discrimination</td>
<td>Provider linguistic and cultural competency</td>
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<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Community engagement</td>
<td>Quality of care</td>
<td>Quality of care</td>
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<tr>
<td>Support</td>
<td>Walkability</td>
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## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Determinants of Health

- Health Behaviors (30%)
- Clinical Care (10%)
- Access to Care (10%)
- Social & Economic Factors (40%)
- Physical Environment (10%)

Traditional Mental Health & Addiction Discourse & Programming

Health Outcomes
Symptoms of Systemic Trauma in Communities

Equitable Opportunity
- Economic and educational environment

People
- Social-cultural environment

Place
- Physical/built environment
Figure 1

Number of Measures for which Group Fared Better, the Same or Worse Compared to Whites

<table>
<thead>
<tr>
<th>Group</th>
<th>Better</th>
<th>No Difference</th>
<th>Worse</th>
<th>Data Limitation</th>
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<tbody>
<tr>
<td>Black</td>
<td>3</td>
<td>5</td>
<td>19</td>
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<tr>
<td>Hispanic</td>
<td>11</td>
<td>2</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>21</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>17</td>
<td>2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>8</td>
<td>6</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Note: Measures are for 2018 or the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from Whites at the p<0.05 level. No difference indicates no statistically significant difference. "Data limitation" indicates data are no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.
Important Definitions and Differentiation

- **Discrimination**: the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

- **Prejudice**: preconceived opinion that is not based on reason or actual experience.

- **Oppression**: unjust treatment or abuse carried out by leadership to maintain power.

- **Racism**: one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.

- **Systemic Oppression (Trauma)**: the practices, laws and customs embedded within society’s institutions and upheld by police, government and society meant to keep certain social categories in power while unjustly restricting other groups based on difference.

- **Antiracism**: The policy or practice of opposing racism and promoting racial tolerance.
Effects of Systemic Trauma and Institutional Racism on Clients
Effects of Systemic Trauma and Institutional Racism on Staff

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2565803/
Moral Injury

Shay definition: Moral Injury is 1) the violation of what is right by 2) someone in authority 3) in a high stakes situation. This kind of moral injury correlates to betrayal and rage and to higher rates of co-morbidity with PTSD (Jordan, 2017).

Brock Definition: Moral injury is a response to trauma when a person or group’s existing core moral foundations are unable to justify, process, and integrate trauma into a reliable identity and meaning system that sustains relationships and human flourishing. It results from:

A. Being betrayed by people and/or institutions that should have been trusted to be moral and do the right thing;

B. Committing, witnessing, imagining, or failing to prevent acts or events that can be judged as harmful or evil and that violate foundational social and ethical rules;

C. Being involved in events or contexts where violations of taboos or acts of harm leave one feeling contaminated by evil or “dirty,” or

D. Surviving conditions of degradation, oppression, and extremity.

Some Moral Emotions

- Guilt
- Shame
- Embarrassment
- Alienation
- Sorrow
- Remorse
- Outrage/Anger
- Disgust
- Contempt
- Revenge

Relation of PTSD to Moral Injury

The above diagram created by William Nash, M.D., USN ret., Greater Los Angeles VA

When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water or less sun. You never blame the lettuce.

-Thich Nhat Hanh
We need to have...
Protect All Voices
Cultural Safety 5 Principles

**Protocols**
- Show respect — Ask permission/informed consent
- Seek cultural knowledge — Ask questions
- Demonstrate reciprocity — Learning goes both ways
- Engage community accompaniment — Find allies, mentors in community of practice

**Personal knowledge**
- Hone critical consciousness of social location/power
- Who are you? Cultural affiliations, professional persona
- Introduce yourself in terms of your cultural identities

**Process**
- Ensure equity and dignity for all parties
- Negotiate goals and activities
- Talk less, listen more

**Partnerships**
- Engage in relational practice founded on authentic encounters
- Share knowledge vs. ‘telling’
- Collaborative problem solving vs. expert/authority
- Strengthen mutual capacity vs. one-way ‘delivery’
- Co-construct ways to move supports into place

**Positive purpose**
- Build on strengths
- Avoid negative labelling
- Ensure confidentiality
- Be accountable
- Do no harm
- Make it matter: Ensure real benefits

TheNationalCouncil.org
**Cultural Humility** is another way to understand and develop a process-oriented approach to competency.

"the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]"

Hook et al, 2013

-Tervalon & Murray-Garcia, 1998
Trauma-Informed, Resilience-Oriented Teams: Why Is It Important to Engagement?

If you are not activating engagement, you are probably accidently excluding

• Build engaging habits
• The work demands support
• Mitigates risk of burn out and vicarious trauma
• Enhances the commitment of staff to the organization and the work
• Strengthens the competency of all
Team Actions

• Normalize attempts to label and uncover bias

• Recognize contributions of others even when they are not present

• Hold yourself accountable before others

• Engage in difficult team conversations

• Show genuine concern for others
Mutuality is the Key to Healthy Relationships

4 Essential Ways to Building Mutuality:

1. Make sure people feel cared about and appreciated
2. Honor your word
3. Consider how your decisions and behaviors affect or benefit each other
4. Always be there for each other
Cultural Adaptation of Interventions

**Relevance**
- Is this health topic relevant to the target population?

**Evidence base**
- What is the best intervention to address this health topic within this population?

**Stage of Intervention**
- What stage(s) of the intervention program should be adapted?

**Ethnicity**
- What elements of ethnicity are most important to consider for this population?

**Trends**
- What are the shifting trends within this population?

Liu, et. Al, 2012
Build Protective Factors

• Behaviors, characteristics and qualities inherent in some personalities that will assist in recovery after exposure to a traumatic event
  
• Environment
  • A reliable support system (friends, family)
  • Access to safe and stable housing
  • Timely and appropriate care from first responders
  • Behaviors
  • Good self care, such as sleeping at least 8 hours a night
  • Eating nutritious foods
  • Exercise
  • Practicing good boundaries
  • Using positive coping mechanisms vs. negative coping mechanisms
Strategies for Building Community Resilience

**Equitable Opportunity**
Restorative justice, healing circles, economic empowerment & workforce development, increased community wealth and resources

**People**
Rebuild social relationships & broken social networks; strengthen social norms that encourage healthy behaviors, community connection and community oriented positive social norms

**Place**
Create safer public spaces through improvements in the built environment through addressing parks, housing quality and transportation; reclaim and improve public spaces
Community-level interventions

- Engaging in systemic advocacy efforts.
- Community education and outreach.
- Community-level interventions and partnership.

Source: Centers for Disease Control and Prevention, 2018
## Strategies for Addressing Historical Trauma

- **Teaching cultural and community history**
- **Teaching how historical trauma creates risk for health, social, and relationship problems**
- **Supporting opportunities for developing self-awareness, self-worth, and cultural identity**
- **Teaching life skills**
- **Teaching strategies to cope with stress and regulate emotions**
Social Determinants of Health

- Conditions of birth
- Nutrition Safe and habitable housing
- Environmental exposures
- Biological/genetic influences
- Psychosocial behaviors (tobacco, alcohol, illicit drugs)
- Stress/hopelessness/deprivation
- Education Financial security
- Occupational opportunities & conditions
- Politics: influence, voice, advocacy

Brunner, Marmot, 2008
The Unjust Distribution of Health Conditions

**Equality**

The assumption is that everyone benefits from the same supports. This is equal treatment.

**Equity**

Everyone gets the supports they need (this is the concept of “affirmative action”), thus producing equity.

**Justice**

All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.
Trauma and Recovery Capital
A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA, 2011)

10 Guiding Principles:
- Hope
- Respect
- Strengths/Responsibility
- Addresses Trauma
- Culture
- Relational
- Peer Support
- Holistic
- Many Pathways
- Person-driven
A Story of the Healing Forest
The Healing Forest becomes a Recovery Ecology

- Advocacy
- Recovery Housing
- Cultural Programs
- Recovery Cafes
- Legal Assistance
- Employment Programs
- Family Support and Education
- Recovery Minstries
- Treatment Options
- Collegiate Recovery Programs
- Peer Support Programs
- Mutual Aid
- Prevention
- Recovery Community Centers
- Recovery Reentry
- Harm Reduction
- Recovery Fitness
- Recovery High Schools

FERTILE SOIL
GOOD SEEDS
CLEAN WATER
FRESH AIR
RECOVERY
RESILIENCY
RECOGNITION
RESISTANCE
**Recovery Capital** is the sum of the strengths and supports – both internal and external – that are available to a person to help them initiate and sustain long-term recovery from addiction.

(Granfield and Cloud, 1999, 2004; White, 2006)
Creating and Reinforcing Recovery Capital

Essential Ingredients for Sustained Recovery:

- Safe and affordable place to live
- Steady employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Health and wellness
- Recovery support networks
- Sense of belonging and purpose
- Community and civic engagement
Consequences of Addiction Can Deplete Recovery Capital

- Limited education
- Minimal or spotty work history
- Low or no income
- Criminal background
- Poor rental history
- Bad credit; accrued debt; back taxes
- Unstable family history
- Inadequate health care
Culture of Recovery

FERTILE SOIL
GOOD SEEDS
CLEAN WATER
FRESH AIR
RECOVERY
RESILIENCY
RECOGNITION
RESISTANCE

Community
Sanctuary
Land & Place
Art & Music
Media
Values
Language
Commerce

Advocacy
Recovery Housing
Cultural Programs
Recovery Cafes
Legal Assistance
Treatment Options
Collegiate Recovery Programs
Mutual Aid
Employment Programs
Family Support and Education
Prevention
Peer Support Programs
Recovery Community Centers
Recovery Fitness
Recovery Reentry
Recovery Ministries
Harm Reduction

Healing
Wholeness
Symbols
Rituals
Play
History
Stories
Questions
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