



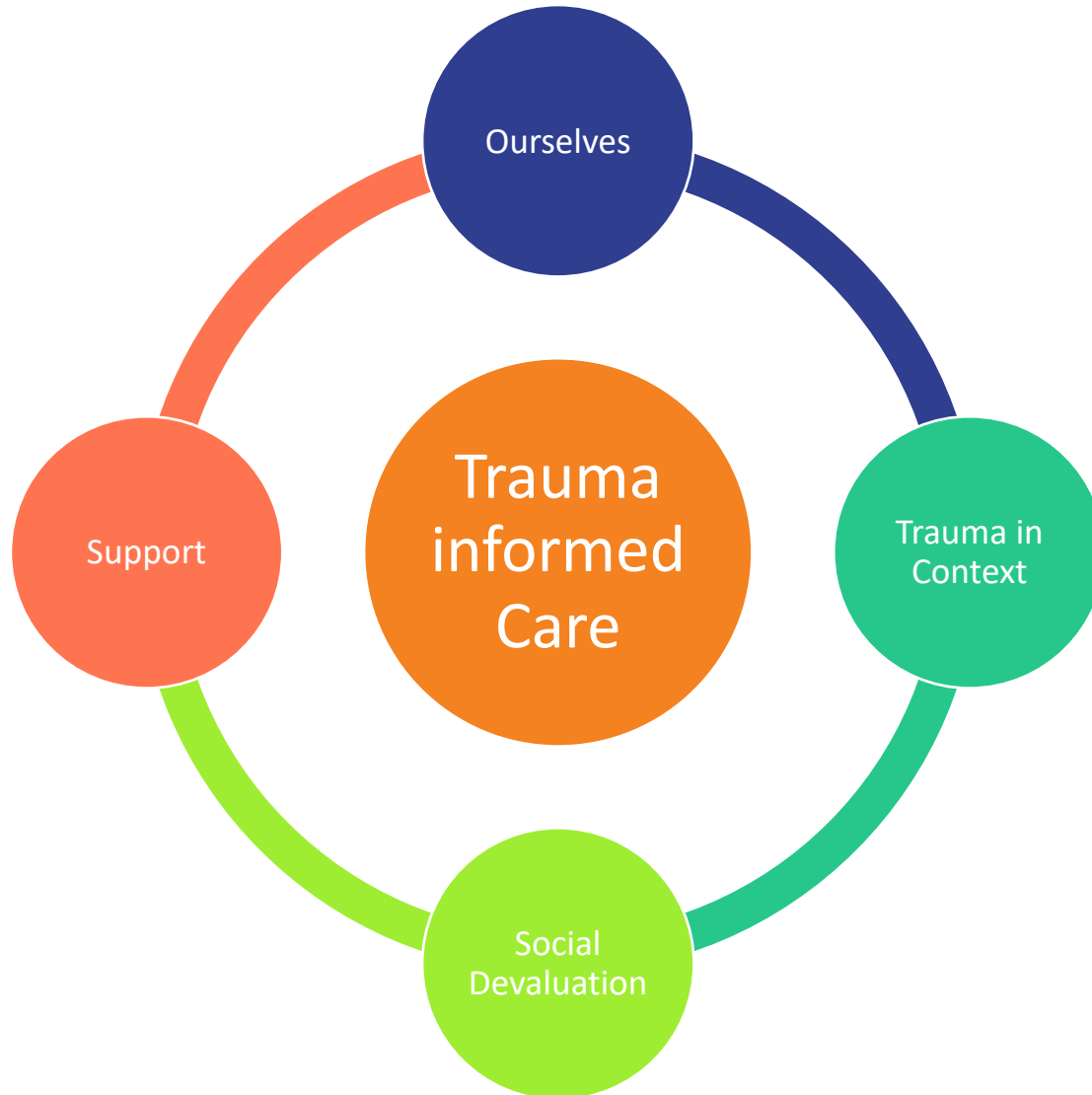
Culture and Trauma



Partnering to build brighter futures



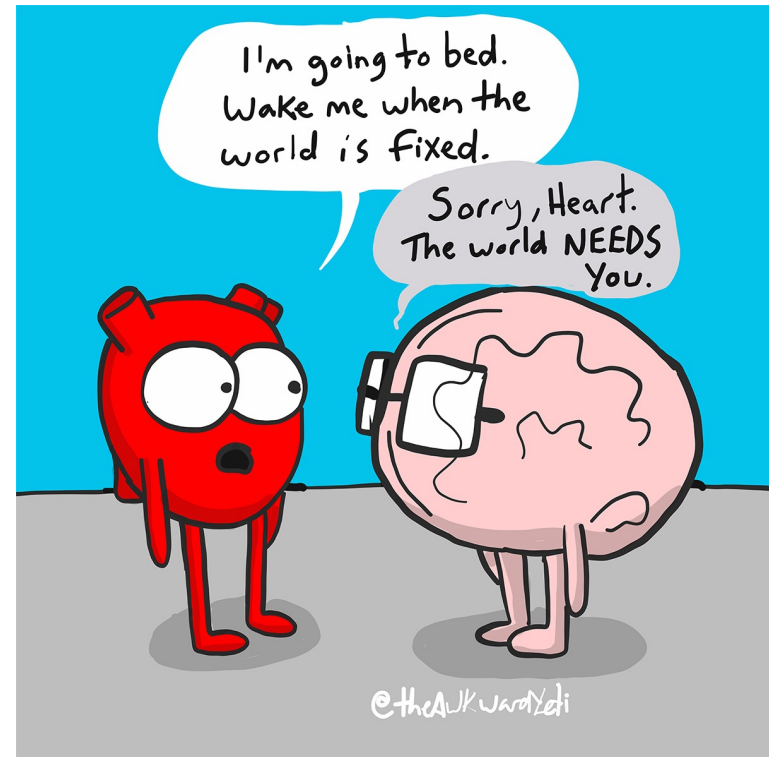
Road Map





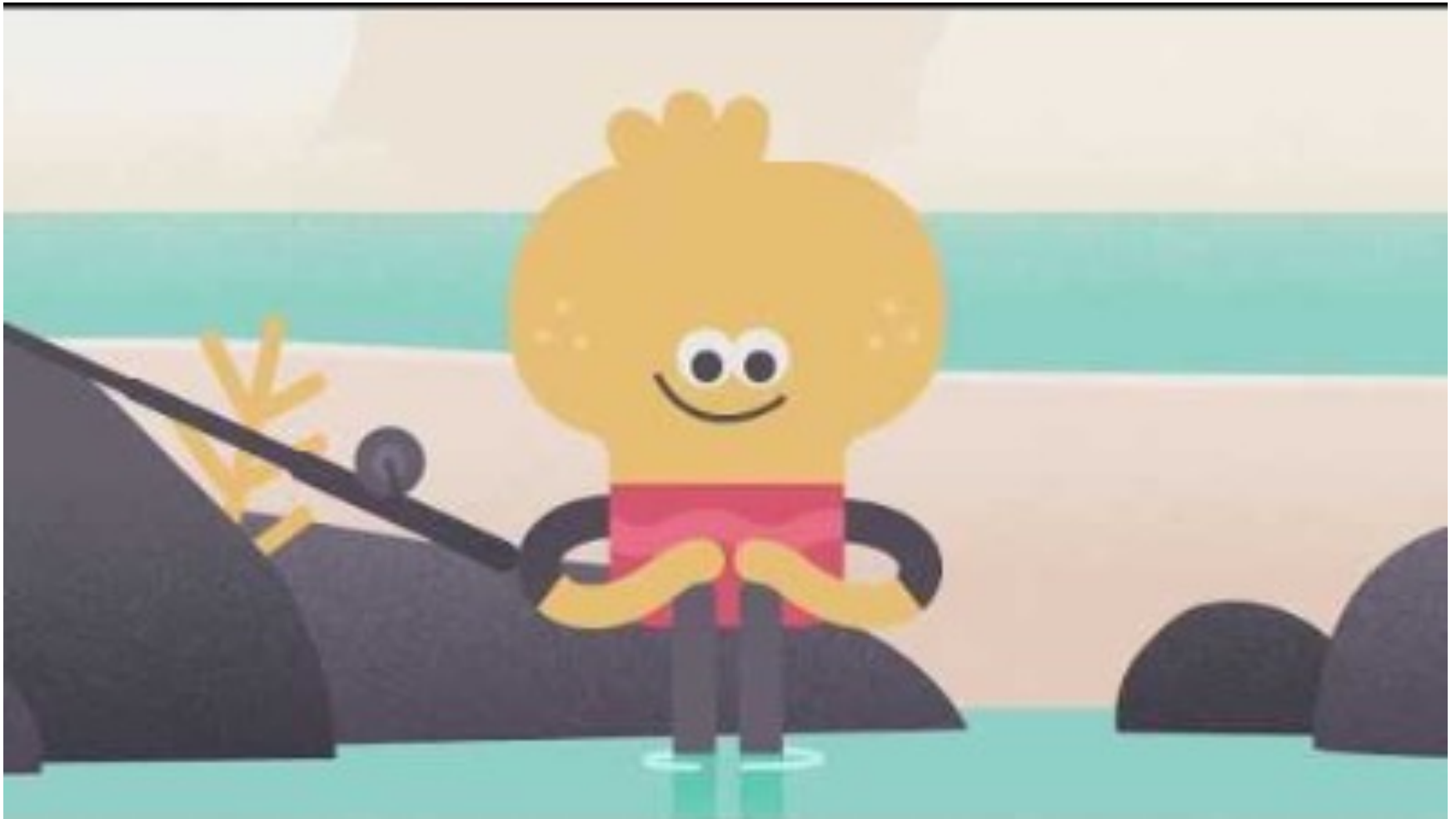
Self-Care Check

- Step out and take a break
- Scribble – Journal
- Engage your senses
- Stand up; stretch
- Debrief – who can you talk to?





Mindful Moment

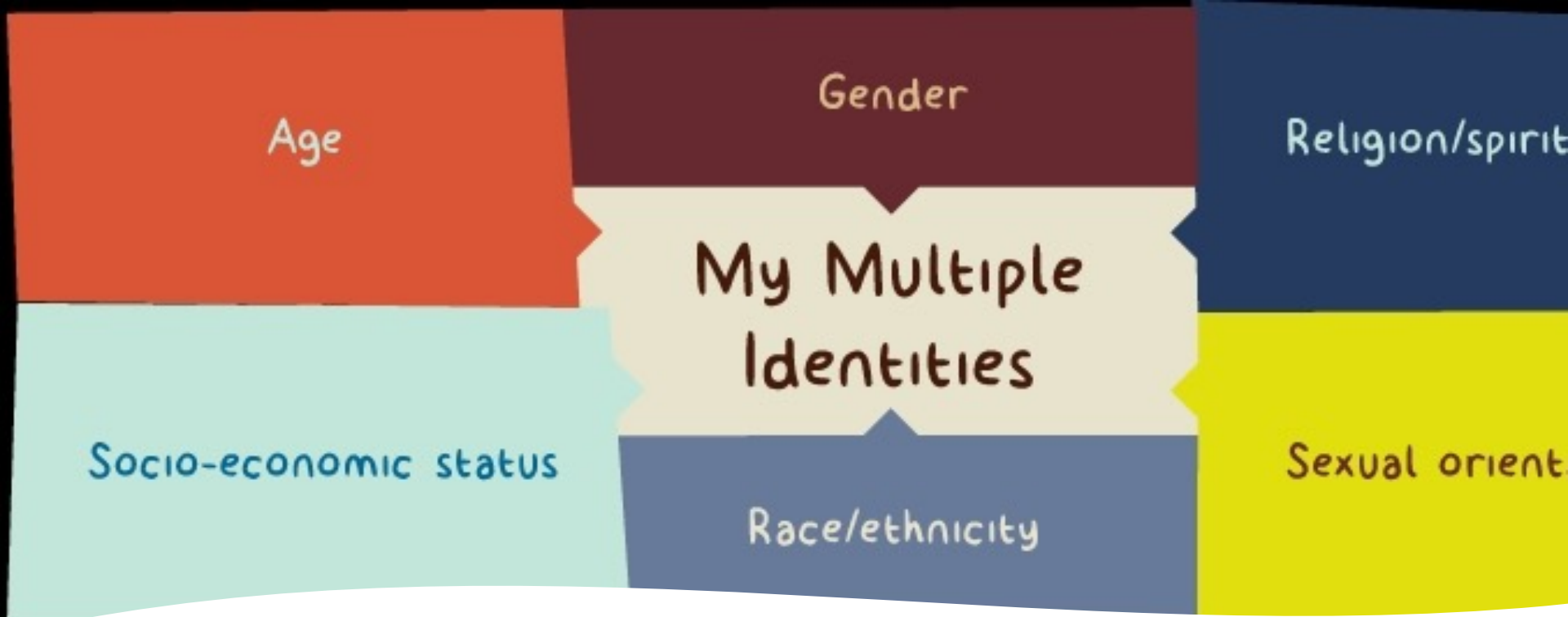


Cultural Understanding of Ourselves



Self Reflection: What is your Why?



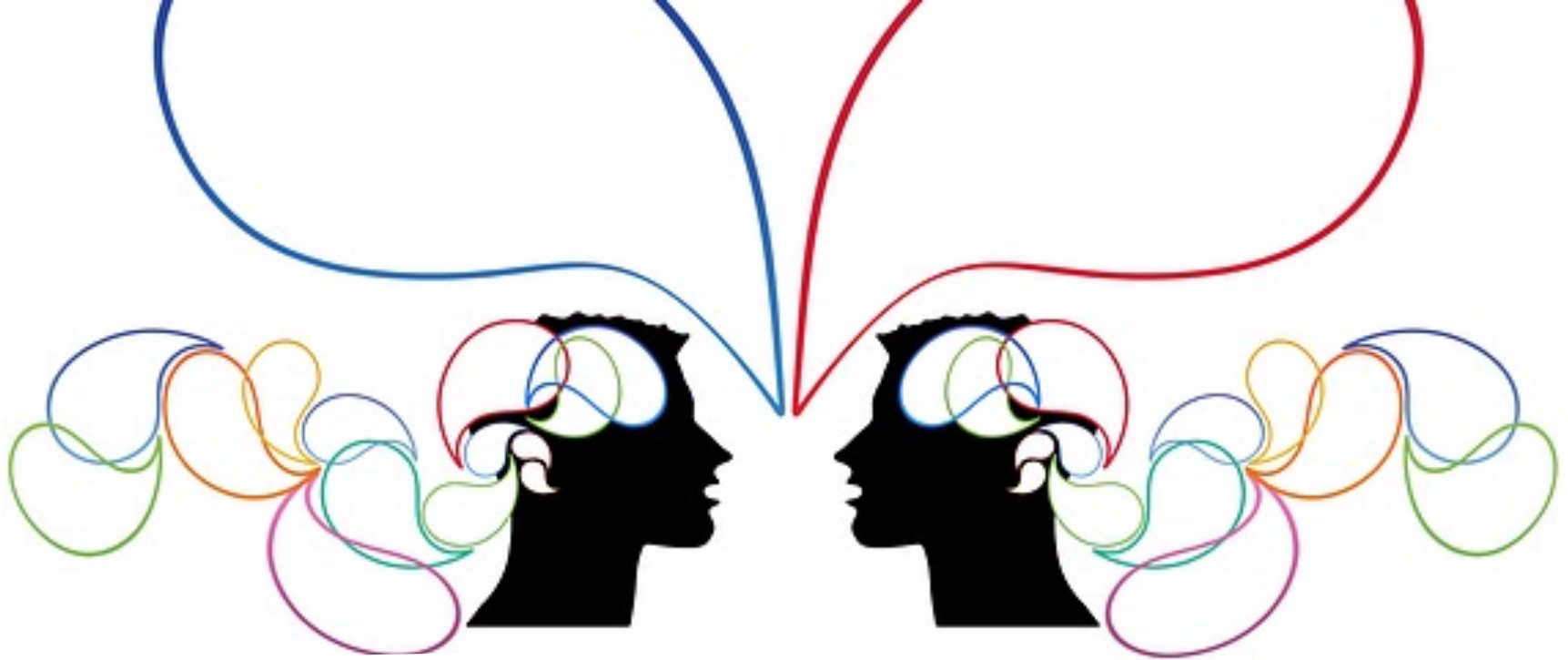


Which identity do you identify with the most?

Which identity do others try to define or determine for you?

Culture

“The shared values, traditions, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable.” – N.N. Singh, 1995



What are the first words that come to your mind when ...

- You think of your clients?
- Clients talk about their own identities
- People stereotype your clients?



Cultural Identities & Stereotypes



Continued

Race

Religion

Sexual Orientation

Gender

Ability

Age

Social Economic
Status

Education



Poll: What is at risk if we continue stigmatizing and stereotyping?

- A. Clients disengage
- B. Staff can feel at risk
- C. Clients lack trust in future services
- D. Distance grows between services and clients

Understanding Our Role to Support Clients

Identify

- Barriers for clients internally and externally in gaining or completing services

Reflect

- On what the client need right now and next steps?
- If the client feels understood and is aware of barriers

Advocate

- For client to strategize and prepare
- With teams to share concerns, collective debrief, and standardize best practices

Impact of Trauma

What is Trauma?



Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

SAMHSA Three E Definition of Trauma



Poll: Can Trauma be nonphysical events?

- A. Yes
- B. No
- C. Not sure?
- D. Not listed, please list in chat!

Pillars of Society

- **Societal/ Cultural (collective ideas about what is “right”)-** The set of shared attitudes, values, goals, and practices that characterizes the oppression in institutions, organizations, or group.
- **Institutional (legal system, education system, public policy, hiring practices, media image)-** When established laws, customs, and practices systematically reflect and produce inequalities based on one’s membership in targeted groups
- **Interpersonal (actions, behaviors, & language)-** The oppression that can occur when people interact with each other
- **Personal/ Individual (feelings, values, beliefs)-** Conceptualized as the internalized oppression of devaluing and disempowering of self



Intergenerational

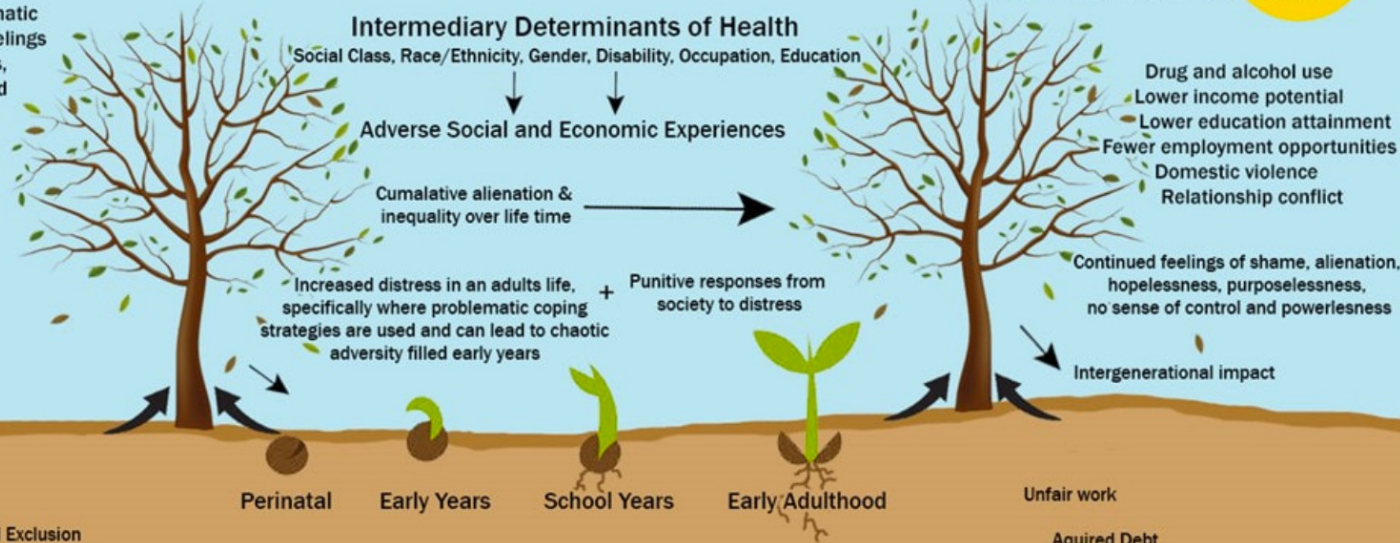
Intergenerational Childhood and Social Adversity: Disadvantage and Distress Cycle

4 or more ACEs are associated with adult house hold poverty.

Approaches to behaviour management that don't consider relationship needs

Basic needs unmet, no structure or routine

Distressing or traumatic events can lead to feelings of powerlessness, hopelessness and helplessness



- School Exclusion
- Punitive Social Security approaches
- Trauma and ACE uninformed approaches
- Punitive learning approaches
- Lack of Green and Community Spaces
- Unsafe and insecure housing

Structural Determinants of Health Inequalities

Socioeconomical and Political Context

Social and Public Policies which create alienation, indignity, and erode trust and respect

- Unfair work
- Acquired Debt
- Limited access to transport
- Medicalisation of distress
- Removal of community resources
- Food Insecurity
- Issues with Universal Credit

Without building psychologically healthy political and social environments this cycle is set up to perpetuate.

An Ecological Framework for Building Community Resilience and Wellbeing

This framework is based on WHO (2010) Conceptual framework for social determinants of health, Wilkinson and Pickett's (2018) equality, stress and wellbeing work and Michael Ungar's Child, Family and Community Resilience (2019) work as well as psychological theory and practice relevant to childhood, social and economic adversity. It was developed by Psychologists for Social Change South Wales. For details of individual physical, environmental, mental, social and economic capital factors see Pennington and colleagues (2018).

This is a two part model;

- 1) Intergenerational Childhood and Social Adversity: Poverty Distress Cycle
- 2) How to Build Resilience and Reduce Alienation

Daffin, J., Brown, S., Guye, K. (2019)





Approaching Trauma

Trauma Informed Care

Trauma Informed Care (TIC) recognizes that traumatic experiences **terrify, overwhelm and violate** the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to **restore a sense of safety, power and worth**.

The Foundations of Trauma Informed Care

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma and Oppression

Agencies Demonstrate Trauma Informed Care with Policies, Procedures and Practices that:

Create Safe Context through:

- Physical safety
- Trustworthiness
- Clear and consistent boundaries
- Transparency
- Predictability
- Choice

Restore Power through:

- Choice
- Empowerment
- Strengths perspective
- Skill building

Build Self-Worth through:

- Relationship
- Respect
- Compassion
- Acceptance and Nonjudgment
- Mutuality
- Collaboration

Working Within Trauma

Poverty as Traumatic & Generational



Self Reflection

What resonates the most?

How much is family part of participants "Why"?

How do you recognize family as part of a clients' culture?

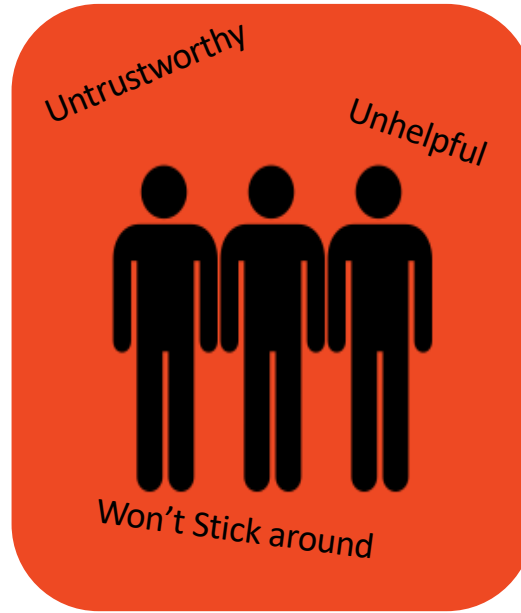




Impact of Trauma on Self



About Ourselves



About Others



About the World



TRAUMA INFORMED CARE

Strength Based Coaching

for Participant Interactions

STEP 1: POSITIVE APPROACH

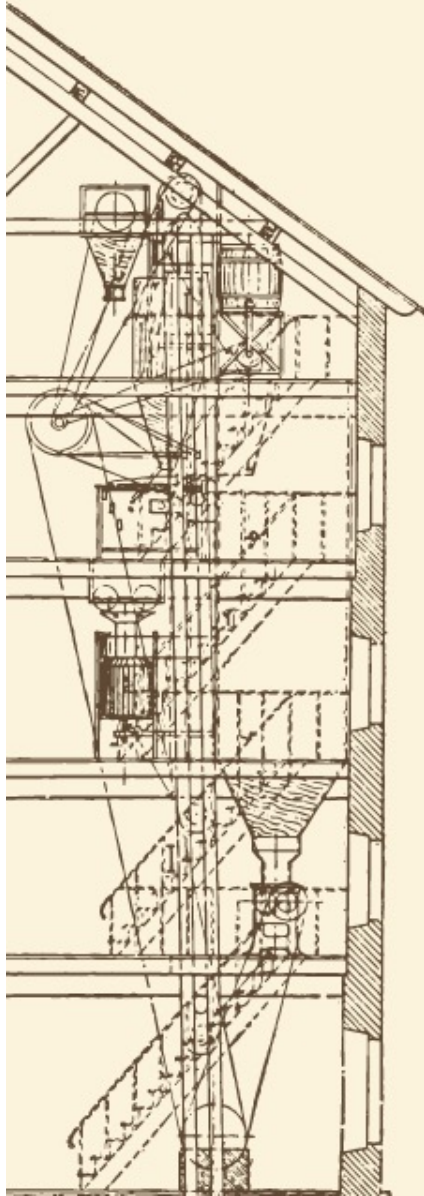
An optimistic view does not mean you do not address problems. Instead, you look for what you can nourish to overcome those problems as coach.

STEP 2: LISTEN CAREFULLY

Don't assume. Coaching is about uncovering "answers" through self driven inquiry, openness, and empathy. Foster shared language and goals as coach.

STEP 3: FOCUS ON WHAT CAN BE ACHIEVED

With these shared values, coach ways to adapt existing skills to meet gaps. Reinforce participant's unique potential and the larger picture of their progress.





Resource Share: Embedding Strength Based Approach in Client Conversations



Pause –
Questions, Thoughts, or
Impressions?

Cultural Context of Trauma

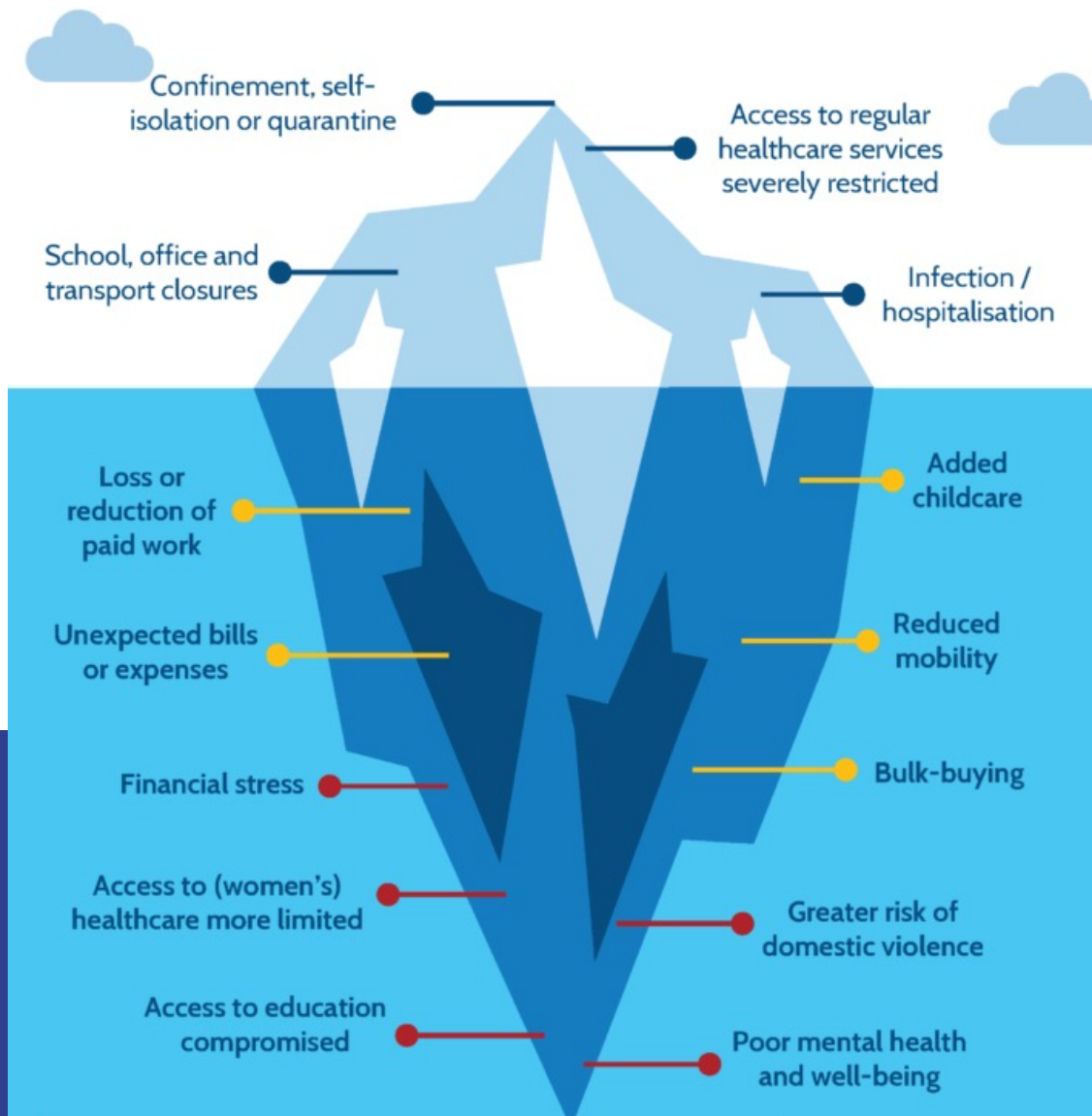
“Society, Culture and Mental Health”

Culture is bigger than one person. It includes sharing a set of values, beliefs, traditions and sense of belonging. Our connections to others around us

- Our social environment
- Our work life and income
- Our ability to be believed or helped
- Being socially valued and recognized
- Our ability to participate in larger groups
- Our own ability to cope with stress or difficult situations
- Our culture—including our ability to participate in our culture and connect with our cultural groups”

THE CULTURAL ICEBERG





Health crises can create or exacerbate gender inequalities, barriers and stigmas.



Poll: How would a client define the culture of your services?

- A. Unfamiliar
- B. Overwhelming
- C. Difficult to navigate
- D. Friendly and favorite place
- E. Not listed, please share in chat





What are Cultural Barriers in our Services?

Surface Level: What are traumas for clients and staff?

Within Iceberg: What are barriers or ongoing traumas in our services?

Underneath: Larger Community or Cultural Factors

Addressing Culture & Trauma in Services

Trauma within our work

*“Trauma-informed care is a **strengths-** based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional **safety** for both providers and survivors, and that creates **opportunities** for survivors to rebuild a sense of control and empowerment.”*

(Hopper, Bassuk, & Olivet, 2010)

The 4 Rs of Trauma Informed Care

1

REALIZE

All people at all levels have a basic **realization** about trauma and how it can affect individuals, families and communities

2

RECOGNIZE

The individual or individuals within an organization are able to **recognize** the signs and symptoms of trauma.

3

RESPOND

Individuals, programs, and organizations **respond** by practicing a trauma-informed approach.

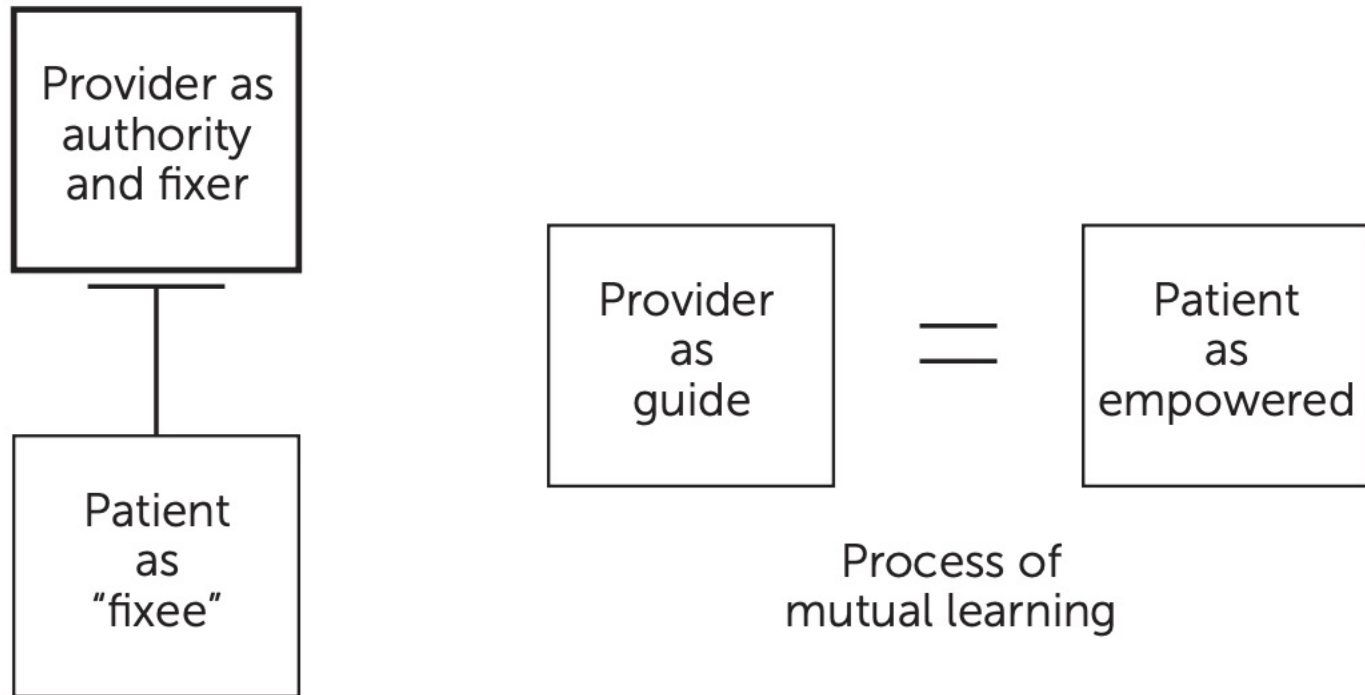
4

RESIST RE-TRAUMATIZATION

Individual and organizational practices may unintentionally compound trauma. Trauma informed individuals and organizations work to avoid this **re-traumatization**.

Poll: Which R Stands out to you?

FIGURE 2. Power relations in the clinical encounter



Noshene Ranjbar, M.D., Matt Erb, PT, Othman Mohammad, M.D., Francisco A. Moreno, M.D.

Returning to Identities

Race

Religion

Sexual Orientation

Gender

Ability

Age

Social Economic
Status

Education



Resource Share: Getting Practical about Being Strength Based



Thank You



Jocelyn Vega – Jvega@ICOYouth.org