



HABLAR ES SANAR: SUSTAINABLE TRAUMA INFORMED BILINGUAL AND BICULTURAL INTEGRATED BEHAVIORAL HEALTH

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The background features a dark blue gradient with intricate, glowing green and yellow-green patterns. These patterns consist of numerous small dots and thin, wavy lines that create a sense of depth and movement, resembling a digital landscape or a complex data visualization. The overall effect is ethereal and futuristic.

LAND ACKNOWLEDGEMENT

Agenda

- Introduction to Primary Care & Latinx Communities
- Treatment Issues & Challenges to Care
- Bilingual & Bicultural Why should we care
- Cultural Values Considerations
- Trauma Responsive Care
- Vicarious Trauma Prevention
- Q&A

Things I've learned so far...

- People want to know how much we care before knowing how much we know
- Language is not innocent we need intentionality in all we do
- We feel with the language of our soul
- Therapy is about connection and relationship
- The space even if virtual can be made more welcoming
- Plans are meant to be broken.








Why Integrated Primary Care?

- One stop shop (Cost / Time effective)
- Access
- Macrosystemic lens (Population / community health)
- Generalist Approach
- Small changes in a LARGE number of people → Improved Population Health

(Society for Health Psychology, 2021)



Challenges to Primary Care

-  **TIME**
Average patient visit is 10 to 15 minutes in duration.
-  **COMPLEX PATIENTS**
At a visit, each patient presents approximately three complaints.
-  **MODEL**
No organic basis to many presenting complaints.
-  **TRAINING**
Primary care physicians state they have insufficient training in behavioral health interventions.
-  **OVERUSE**
Patients with behavioral health issues utilize more services.

(Society for Health Psychology, 2021)



Call for Quadruple AIM

- The Best Care (Improves patient experience)
- At the lowest Cost (Controls per capita cost)
- For the whole population
- Delivered by Healthy providers (Improves provider experience) (added in 2014)

(Boderheimer & Sinsky, 2014)



Patient Centered Quintuple AIM



The Best Care



At the best cost



Improving population health



Improving provider experience



Health Equity (Through a context, trauma, and culturally responsive lens)

(Itchhaporía, 2021)

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The 5 As

ASSESS
✔

Assess physical symptoms, emotions, thoughts, behaviors, sociocultural factors, risks, attitudes, and preferences

ADVISE
✔

Discuss intervention options and expected outcomes given presenting symptoms, strengths, and circumstances

AGREE
✔

After patient chooses course of action, provider and patient agree on goals

ASSIST
✔

Help patient develop new skills, problem solve, and overcome barriers

ARRANGE
✔

Establish follow-up plans (e.g., future visit, phone call, referral)

(Society for Health Psychology, 2021)

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IPC Brief Focused Interventions

- MI
- Solution focused
- CBT
- Psychoeducation
- ACT
- Mindfulness



Demographics

- Latinos in the U.S. Are:
- 62.5 Million People in 2021
- 19% of the population
- 54% of population growth since 2000
- 1 in every 5 people
- 26% of children are Latinx
- Largest minority / immigrant group
- California, Texas, & NM Majority Latinx Population
- Projected to be 28% of the population by 2060

(UCLA, 2022, Pew Research 2022)

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Disparities

- Latinx and Black communities are more likely to suffer from severe Mental Health issues
 - *Lack of detection*
 - *Lack of referrals*
 - *Lack of timely treatment*
- Global Majority populations have less access to Mental Health services and utilize them less than their white peers.
 - *Less likely to receive specialized care*
 - *More likely to receive unequal treatment*
 - *More likely to receive inferior treatment*



Treatment Issues

- Latinx/Hispanic people are more likely to seek help for a mental health disorder from a primary care provider (10 percent) than a mental health specialist (5 percent).
- Poor communication with health care providers is often an issue. There is a shortage of bilingual or Spanish speaking mental health professionals.
- Bilingual patients are evaluated differently when evaluated in English versus Spanish, and Latinx/Hispanic people are more frequently undertreated than whites.
- Somatic representation of MH issues may lead to misdiagnosis

(Mental Health America, 2023)



Challenges to Service Utilization

- Stigma
- Language
- Discrimination
- Uninsured / Underinsured
- Not understanding of services
- Spiritual Beliefs
- Lack of Trust in the system



Bilingual & Bicultural Services

- Individuals with limited English proficiency are less likely to receive mental health treatment... language barriers can result in misdiagnosis and poor treatment outcomes (Alegria et al 2008)
- Providing mental health services in a person's native language can improve treatment outcomes and increase the likelihood of treatment engagement (Sleath et al 2004)
- Improve treatment outcomes by addressing cultural factors that may impact an individual's mental health (NAMI, 2016)
- Reduce health disparities and improve access to care for underserved populations (Satcher, 2001)
- Growing demand for culturally sensitive services & integration of traditional healing methods (Rojas-Araúz, 2021)



Cultural Values

- Familismo (Family structure / hierarchy)
- Respeto
- Fatalismo
- Simpatia / Personalismo (Relationship over Task)
- Espiritualidad
- High vs Low context communication



Clinical Approach

- Trauma Responsive
- Multicultural Feminist
- Liberatory
- Social Justice Driven
- CBT
- ACT
- Narrative



TRAUMA RESPONSIVE CARE IN MENTAL HEALTH



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TRAUMA INFORMED VS TRAUMA RESPONSIVE

What is the
difference why
should we care?



Types of Trauma

- Single event
- Reoccurring event
- Complex trauma
- Historical / intergenerational trauma
- Racial Trauma



Trauma....

- is pervasive
- can impact development and behavior
- has a far reaching and long-lasting impact
- affects how clients approach services designed to help them



What is Trauma?

*Trauma is an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being. (SAMHSA)*



TRAUMA PREVALENCE

According to the National Center for PTSD, about 6 of every 10 men (or 60%) and 5 of every 10 women (or 50%) experience at least one trauma in their lives.





NEARLY 4 IN 5 LATINO YOUTH SUFFER AT LEAST ONE TRAUMATIC CHILDHOOD EXPERIENCE

(Ramirez, 2017)



A Look Inside the Brain

- *“After trauma the world is experienced with a different nervous system” – Bessel Van Der Kolk, M.D.*
- During a traumatic event, the action brain takes control, shifting the body into reactive/survival mode
- Shuts down all non-essential body and mind processes
- Sympathetic nervous system increases release of stress hormones and prepares the body to:
- FIGHT, FLEE, OR FREEZE



3 Primary Categories of Response

Fight

(Physical Arousal)

Aggression

Trouble concentrating

Hyperactivity

Flight

(Withdrawal & Escape)

Social isolation

Avoidance of others

Running away

Freeze

(Stilling & Constricting)

Constricted emotional expression

Stilling behavior

Over compliance and denial of needs



Physical Symptoms

Aches and pains
(e.g., stomach
aches, headaches,
back pain)

Sudden sweating
or increased
heartbeat

Changes in sleep
patterns, appetite,
interest in sex

Easily startled by
noises /
unexpected touch

Lowered immune
function

Digestive Issues



Emotional Reactions

Shock or
disbelief

Fear / Anxiety

Grief,
disorientation,
denial

Hyper-vigilance

Irritability,
restlessness,
outbursts of
anger or rage



Emotional Reactions

Emotional swings
(crying then
laughing)

Worrying or
ruminating
(intrusive thoughts,
nightmares)

Flashbacks –
feeling as though
the trauma is
happening now

Feelings of
helplessness,
panic, feeling out of
control

Increased need for
control



Emotional Reactions

Minimizing
the
experience

Avoidance

Tendency to
Isolate

Feelings of
detachment

Concern over
burdening
others

Emotional
numbing



Emotional Reactions

Difficulty with
trust

Difficulty
concentrating
or remembering

Feelings of self-
blame

Shame

Depression

Fear of the
future



The technical diagnosis of PTSD — And why it is important

Misdiagnosis is
common

Misunderstandings
are common

Great reason not to
focus on other
issues

Serious but
treatable when it is
present

Typically NOT
present alone



Trauma Triggers (Reminders)

- Are rarely clear
- Often unnoticed, even by the individual
- Can be invisible (sensory oriented)
- Can seem trivial/minor
- Are often uncontrolled factors
- Don't always make sense
- Revert us to less functional versions of ourselves



PTSD ≠ Trauma ≠ Anything bad

Traumas do not
always lead to PTSD

Traumas may lead to
PTSD, but then the
person recovers

And, many bad things
happen to people,
affecting them
deeply, that are not
“trauma”





Can occur at any age, including childhood, and can affect anyone.



Individuals who have recently immigrated from areas of considerable social unrest and civil conflict may have elevated rates of PTSD.



No clear evidence that members of different ethnic or minority groups are more or less susceptible than others.

Age of Onset and Cultural Features



PART II: TRAUMA RESPONSIVE CARE

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Trauma Responsive Care

- Compassionate care
- An approach not an intervention
- Supports healing & resilience



Why Trauma Responsive Services?

- Recovery and healing are possible
- Protective factors facilitate healing and resilience
- *Healing occurs within the context of RELATIONSHIPS.*



What Does It Mean to Provide Trauma Responsive Services?

Delivers services, (mental health, legal, child welfare, education, public health, addiction, housing supports, vocational or employment counseling services, etc.,) in a manner that ***acknowledges the role that trauma***, (violence and victimization) plays in the lives of many people seeking these services . . .



Trauma-Responsive Professionals...

- Appreciate the *high prevalence* of traumatic experiences among clients
- Understand the *profound neurological, biological and social effects* of trauma and violence
- Engage with clients in a manner that *recognizes and addresses* trauma-related issues
- Are collaborative, supportive, and skilled



Trauma Informed Services: Key Principles

Safety

Collaboration

Voice & Choice

Trustworthiness

Peer Support

Cultural,
Historical, &
Identity Issues

SAMHSA: *The Concept of Trauma and Guidance for a Trauma Informed Approach*

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Elements of Trauma Informed Environments

- SAFETY precedes learning
- FEAR overrides ability to think clearly
- BEHAVIORS communicate feelings
- ENVIRONMENT & ACTIVITIES can calm
- RELATIONSHIPS can heal
- NON-VERBALS are powerful
- TEAMWORK and shared responsibility are vital
- CONNECTIONS across system



Overall....

Not

“What is wrong with you?”

But

“What happened to you?”



Handling Disclosures of Trauma

Be prepared

- Expect disclosures
- Know agency policies & protocols
- Know state reporting laws
- Discuss confidentiality & reporting requirements
- Have referral info available

After disclosure

- Acknowledge & validate
- Remind about confidentiality & reporting requirements
- Follow up & stay connected



Strategies

Regulate

Relate

Reason



Regulate

- Manage your own reactions
- Recognize that the client's behavior is communicating feelings or loss of control
- Validate client's emotion then guide toward calm
 - *Limit questions*
 - *Call on practiced proactive strategies/ exercises*



Regulate:

Consider the Environment

- Create quiet/safe spaces
- Be aware of lighting and background noises
- Encourage respect for personal space
- Develop predictable routines / Be flexible



Relate

- The connection between clients who have experienced trauma and providers is essential to the healing process
- The brains of trauma survivors may have learned to not trust authority figures or people in general
- Client benefit from positive interactions with providers.



Relate:

Build Empathy with Client

- REFRAME: “*What happened to you?*” not, “What’s wrong with you?”
- REFRAME: “*Symptoms*” are *adaptive coping* necessary to survive, not as pathology
- REFRAME: “*Behaviors*” as *communication* that can lead to understanding
- TRAUMA symptoms are *NORMAL* reactions to *ABNORMAL* circumstances.
- The individual is a *survivor*. Celebrate their survival mechanism(s)



Reason

- *Reframe negative behavior as growth opportunity*
- *Review strategies used and consider need for modified/new strategies*
- *Support autonomous decision-making and independent functioning*
- *Emphasize student's ability to make changes*
- *Foster hope*
- *Celebrate healthy insights and change*
- *Provide pro-social opportunities and encourage restorative practices, community interaction and support*
- *Focus on future strategies*



Trauma-informed or trauma-denied

- traditional service models often deny or minimize the experiences of trauma survivors
- leading to re-traumatization and a lack of effective treatment
- In contrast, trauma-informed care prioritizes:
 - safety,
 - choice,
 - empowerment,
 - collaboration with clients,
- while recognizing the impact of trauma on an individual's physical, emotional, and mental health.

Elliot et al (2005)



PART III: VICARIOUS TRAUMA

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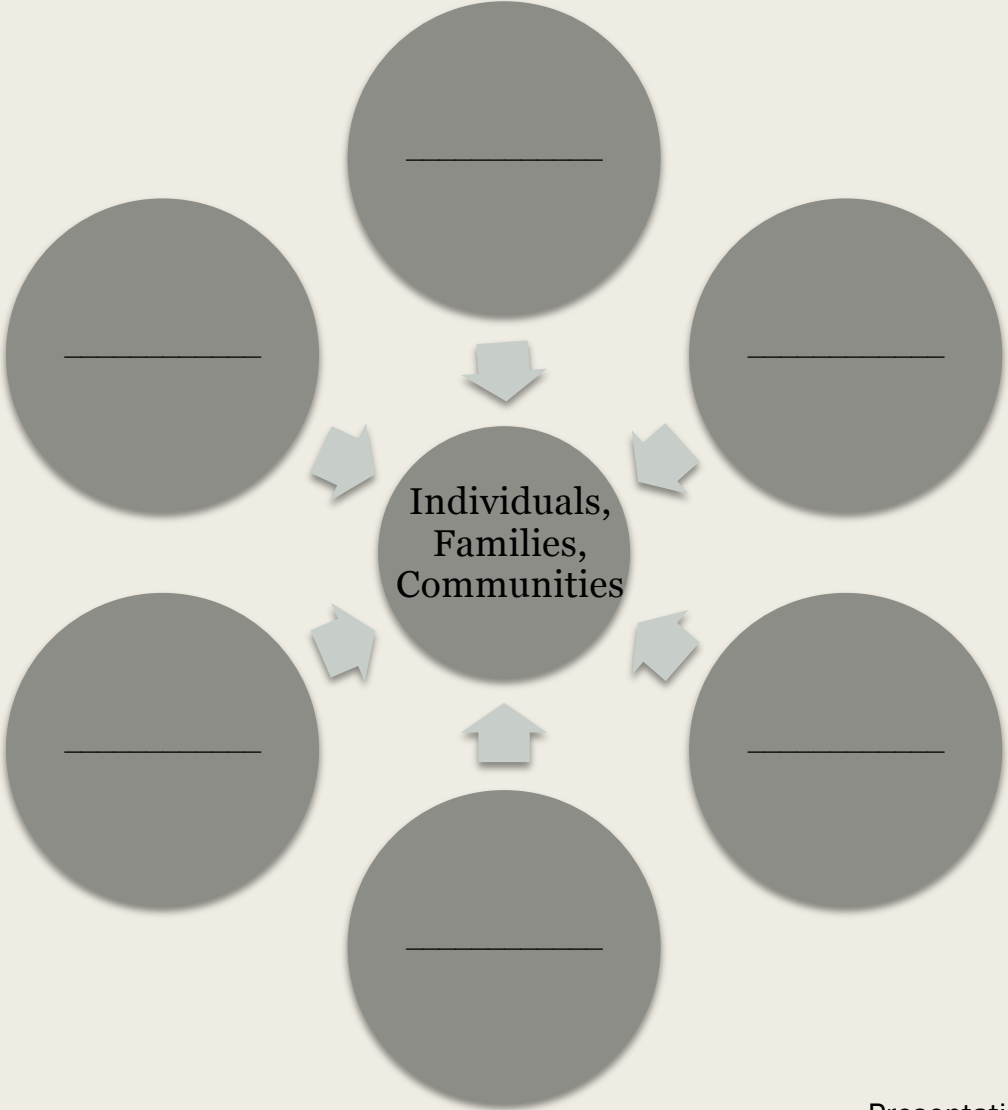
Vicarious Trauma a Tool

- It's contagious / Pervasive and likely will experience it
- Develop Empathy & understanding
- Develop skills
- Awareness, Self-Care and burnout prevention

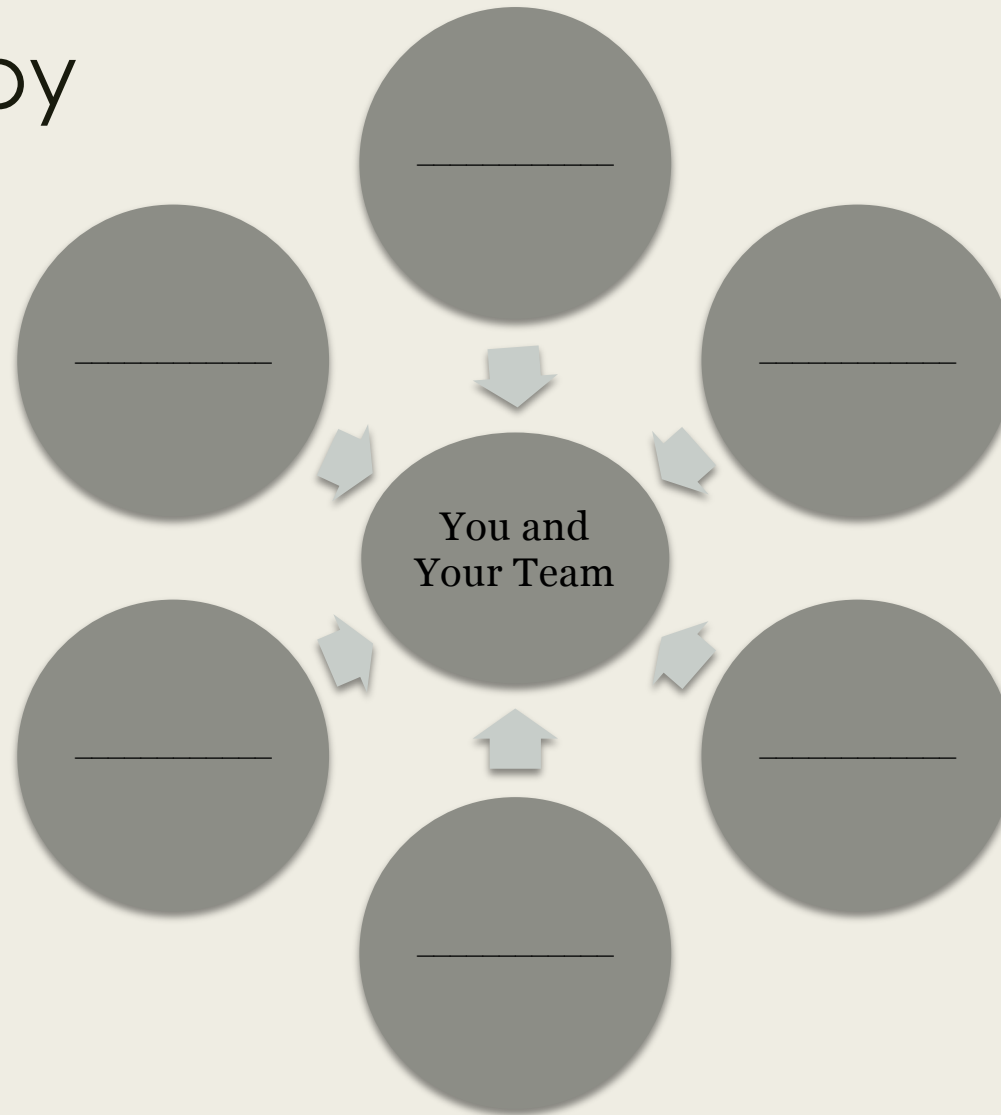
Boulanger (2018)



Demands Experienced by the Individuals, Families and Communities you Support



Demands Experienced by You



Vicarious Trauma

A transformation in one's inner experience resulting from empathic engagement with the victim's trauma material, including vivid descriptions of traumatic events, reports of intentional cruelty, and traumatic re-enactment in and outside of the working relationship

Hypervigilance

Hopelessness

Guilt

Avoidance

Survival Coping

Social Withdrawal

Fear

Chronic Exhaustion

Disconnection

Poor Boundaries

Loss of Creativity

Inability to embrace complexity

Inability to listen or avoidance of clients

Diminished Self-Care

Physical Ailments

<http://www.nctsn.org/resources/topics/secondary-traumatic-stress>



The ABC Approach



Awareness



Balance



Connection





Q&A

- Thank you.
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