Cultural Competence and Trauma Informed Care

Francisco Moreno
He, Him, His
Simon Sinek Says Start with WHY

Followers
Start with What

Why
The Cause

How
The Value Prop

What
Products and Services

Leaders
Start with Why
David Kirby, AIDS

Photo by Therese Frare
In 1983, CDC published a document entitled "Guideline for Isolation Precautions in Hospitals" that contained a section entitled "Blood and Body Fluid Precautions." The recommendations in this section called for blood and body fluid precautions when a patient was known or suspected to be infected with bloodborne pathogens.
In August 1987, CDC published a document entitled "Recommendations for Prevention of HIV Transmission in Health-Care Settings". In contrast to the 1983 document, the 1987 document recommended that blood and body fluid precautions be consistently used for all patients regardless of their bloodborne infection status. This is referred to as "Universal Precautions."
UNIVERSAL PRECAUTIONS

BLOODBORNE PATHOGENS CAN BE DEADLY—BE ALERT AND CAUTIOUS AT ALL TIMES!

TREAT ALL BODY SUBSTANCES AS INFECTIOUS
BODY SUBSTANCES INCLUDE BLOOD, ORAL SECRETIONS,
FECES, URINE, WOUND DRAINAGE, EMESIS, ETC.

USE POSITIVE PROTECTION METHODS AGAINST HIV, HBV, BLOODBORNE PATHOGENS AND INFECTIOUS WASTE

- WASH HANDS.
- WEAR GLOVES.
- WEAR PROTECTIVE CLOTHING.
- WEAR MASK/EYE PROTECTION.
- DO NOT RECAP
  - PLACE INTACT NEEDLES/SYRINGE UNITS AND SHARPS IN DESIGNATED DISPOSAL CONTAINER. DO NOT BREAK OR BEND NEEDLES.
Should Trauma Informed Care be our Universal Precautions Equivalent?
What is Individual Trauma

Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
Trauma: another epidemic

- In the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event, and 90 percent of clients in public behavioral health care settings have experienced trauma.
Is Cultural Trauma a thing?
What is Trauma Informed Care

SAMHSA (2014)
Does TIC Work (Evidence Based)


• Hostetter M, Klein S. In focus: Recognizing trauma as a means of engaging patients. Transforming Care: Reporting on Health System Improvement. New York: The Commonwealth Fund (CWF); 2016.


• Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA); 2014.


The Cultural Competence Continuum

Positive

Cultural Proficiency
Cultural Competence
Cultural Pre-competence
Cultural Blindness
Cultural Incapacity
Cultural Destructiveness

Negative
Self Reflection Exercise

• What groups do you identify the most with?
• Has your identity ever been a source of pride, privilege, power?
• Has it ever been a source of shame, vulnerability, or disadvantage?
Reflexive vs. Reflective Cognition

Our minds are governed by two systems of social cognition (Kahneman, 2012):

System 1: Reflexive system for automatic thinking
- Very fast; Requires little effort and no motivation
- No sense of Agency, Control or Concentration
- Often non-conscious, implicit

System 2: Reflective system for controlled thinking
- Effortful, requires motivation
- Characterized by a sense of Agency, Choice and Concentration
- Conscious, explicit
Our Unconscious Networks

What colors are the following lines of text?

1. Vqeb peow ytro (green)
2. Cvur zxyq brrm (brown)
3. Vhrn wwte zytn (yellow)
4. Xoc jbnj oew mne (red)
5. Zre ytu vee mkp (blue)
Our Unconscious Networks

What colors are the following lines of text?

1. Sky
2. Grass
3. Dirt
4. Sunshine
5. Stop sign
Our Unconscious Networks

What colors are the following lines of text?

1. Red
2. Blue
3. Yellow
4. Green
5. Brown
Our Unconscious Networks

What colors are the following lines of text?

1. Dirt
2. Sunshine
3. Sky
4. Grass
5. Stop sign
Our Unconscious Networks

What colors are the following lines of text?

1. Green
2. Blue
3. Brown
4. Red
5. Yellow
Implicit Bias

“the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control.”

(Blair, 2002; Rudman, 2004; Staats, 2014)
Self Reflection Exercise

• What do you see?
• Who are you?
• Have you ever notice you may experience subtle bias towards others based on elements of difference?
Prejudice

- An attitude towards a person on the basis of his or her group membership.
- May reflect preference towards ingroup members or dislike of outgroup members,
- Typically tainted with affect, with emotions ranging from love and pride to fear, disgust and hatred. (Emotional or Evaluative)

Mackie et al., 2002; Cottrell and Nauberg 2005.
Prejudice Network

- **Amygdala**: Early threat or reward processing
- **Insula**: Visceral subjective emotion
- **Striatum**: Instrumental approach response
- **Ventral mPFC**: Empathy and mentalizing
- **OFC**: Affective judgements

*Source: Nature Reviews Neuroscience*
Stereotype

• The conceptual attributes linked to a particular group as defined by a culture.

• Involves the encoding and storage of “stereotype” concepts, their selection and activation into working memory and their application in judgments and behaviors.

• Represents the cognitive component of social bias.

Fiske, 1998; Hamilton and Sherman, 1994
Stereotyping network

- Dorsal mPFC: Impression formation
- Lateral temporal lobe: Semantic and episodic memory
- IFG: Stereotype activation
- ATL: Social knowledge
“How can I address my biases if I don’t know that I have them?”
Minimize Bias Strategies

• Who are we including and excluding?
• Who are we encouraging and praising?
• Who are we building friendships with or having lunch with?
• Whose contributions are we most likely to recognize?
• Whose mistakes are we most likely to notice?
• Is there anyone whose contributions we may sometimes overlook?
Minimize Micro-Inequities and Re-traumatization by

- Becoming aware of your own Micro-Triggers.
- Being open to feedback from others.
- Being able to forgive yourself and others.
- Being able to interrupt Micro-Inequities and turn them into Micro-Affirmations.
- Helping others become aware of their own stereotypes, prejudices and bias.
Am I Trauma Informed?
# Re-traumatization: What hurts?

<table>
<thead>
<tr>
<th>System</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Policies, procedures, &quot;the way things are done&quot;)</td>
<td>(Power, control, subversiveness)</td>
</tr>
<tr>
<td><strong>Having to continually retell their story</strong></td>
<td><strong>Not being seen/heard</strong></td>
</tr>
<tr>
<td><strong>Being treated as a number</strong></td>
<td><strong>Violating trust</strong></td>
</tr>
<tr>
<td><strong>Procedures that require disrobing</strong></td>
<td><strong>Failure to ensure emotional safety</strong></td>
</tr>
<tr>
<td><strong>Being seen as their label</strong> (i.e. addict, schizophrenic)</td>
<td><strong>Noncollaborative</strong></td>
</tr>
<tr>
<td><strong>No choice in service or treatment</strong></td>
<td><strong>Does things for rather than with</strong></td>
</tr>
<tr>
<td><strong>No opportunity to give feedback about their experience with the service delivery</strong></td>
<td><strong>Use of punitive treatment, coercive practices and oppressive language</strong></td>
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