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An Introduction to Critical Trauma Theory and its relationship to Substance Use Disorders in Latinx communities

Presenter:

Anna Nelson, LCSW

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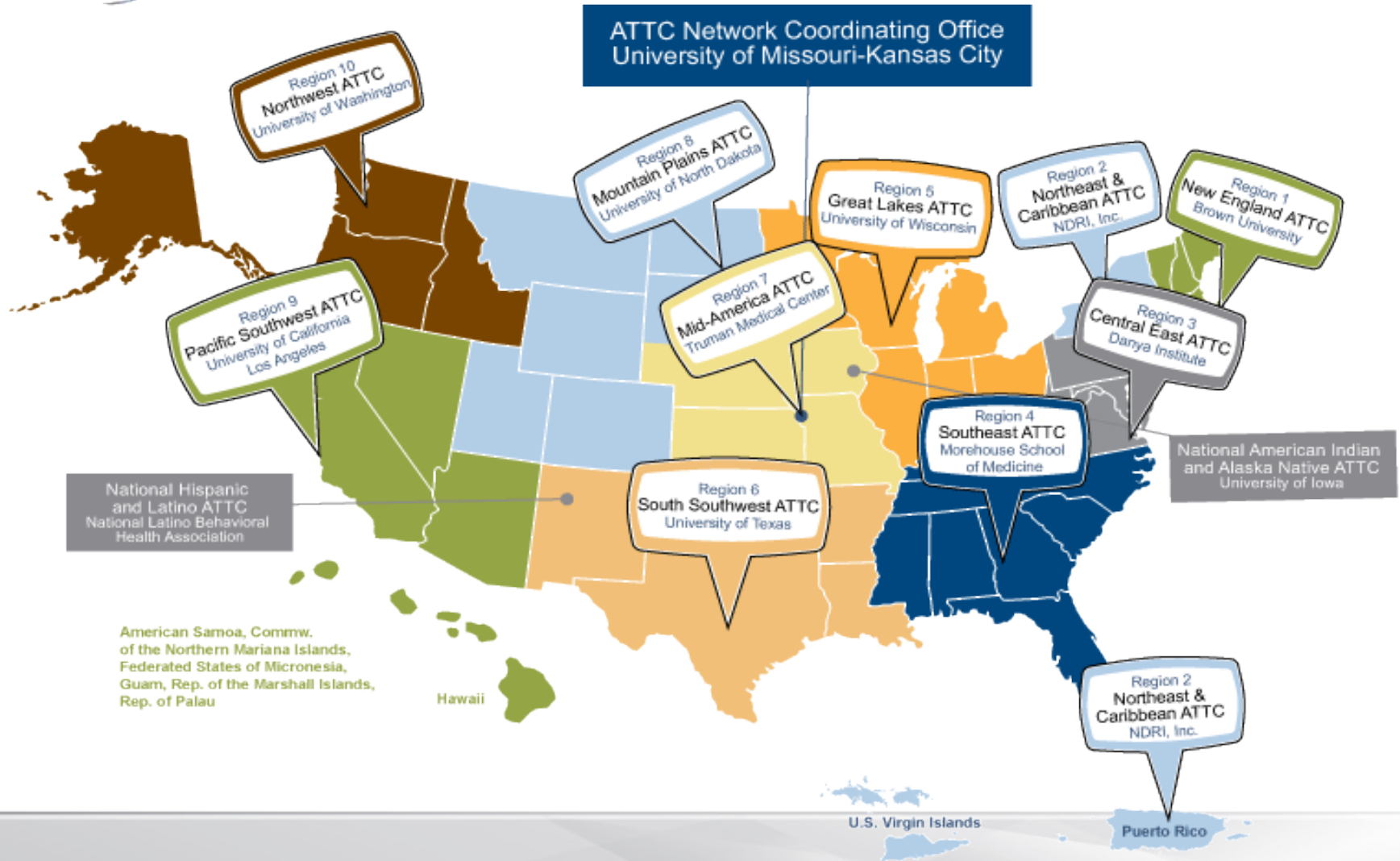
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Today's Presenter



Anna Nelson, LCSW



Land Acknowledgement and Presenter Positionality

- A Land Acknowledgement is a formal statement that recognizes and respects Indigenous Peoples as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional territories. (Native American and Indigenous Initiatives, n.d.)
- I would like to honor and express my gratitude to the 23 Tribes and Pueblos of New Mexico, where I live and work. I am humbled by the opportunity to present this information as a guest on these lands. This land acknowledgment is one small act in the ongoing process of working to be in good relationship with the land and the people of the land.
- My positionality



Aspirations for this Dialogue

1. Expand our understanding of trauma-informed substance use treatment
2. Propose a paradigm shift toward culturally sustaining critical trauma approaches to substance use treatment and prevention
3. Explore a framework for culturally sustaining critical trauma-grounded substance use treatment
4. Introduce key critical trauma substance use treatment, critical allyship and radical self-care strategies (Webinar 2)



Motivating Forces for Today's Dialogue

- Spanning two decades of research, trauma-informed (T-I) practice is seen as a new frontier in behavioral health and social services (National Council for Behavioral Health, n.d.).
- Where trauma analysis regularly attends to impact of emotional trauma on individuals and its correlation with risk for substance use, less is understood regarding cumulative, cultural, and collective forms of trauma on Latinx individuals and communities, including immigration and acculturation traumas.
- These gaps are worthy of exploration given an emerging body of knowledge which evidences microaggressions (Nadal, 2018), racism (Williams, Metzger, Leins, & DeLapp, 2018), sexism (Kucharska, 2018), and homophobia (Goodwin, 2014) as correlated with risk for emotional trauma.
- Finally, culturally-rooted resilience and resistance are vital in the process of healing from substance use and are rarely addressed.



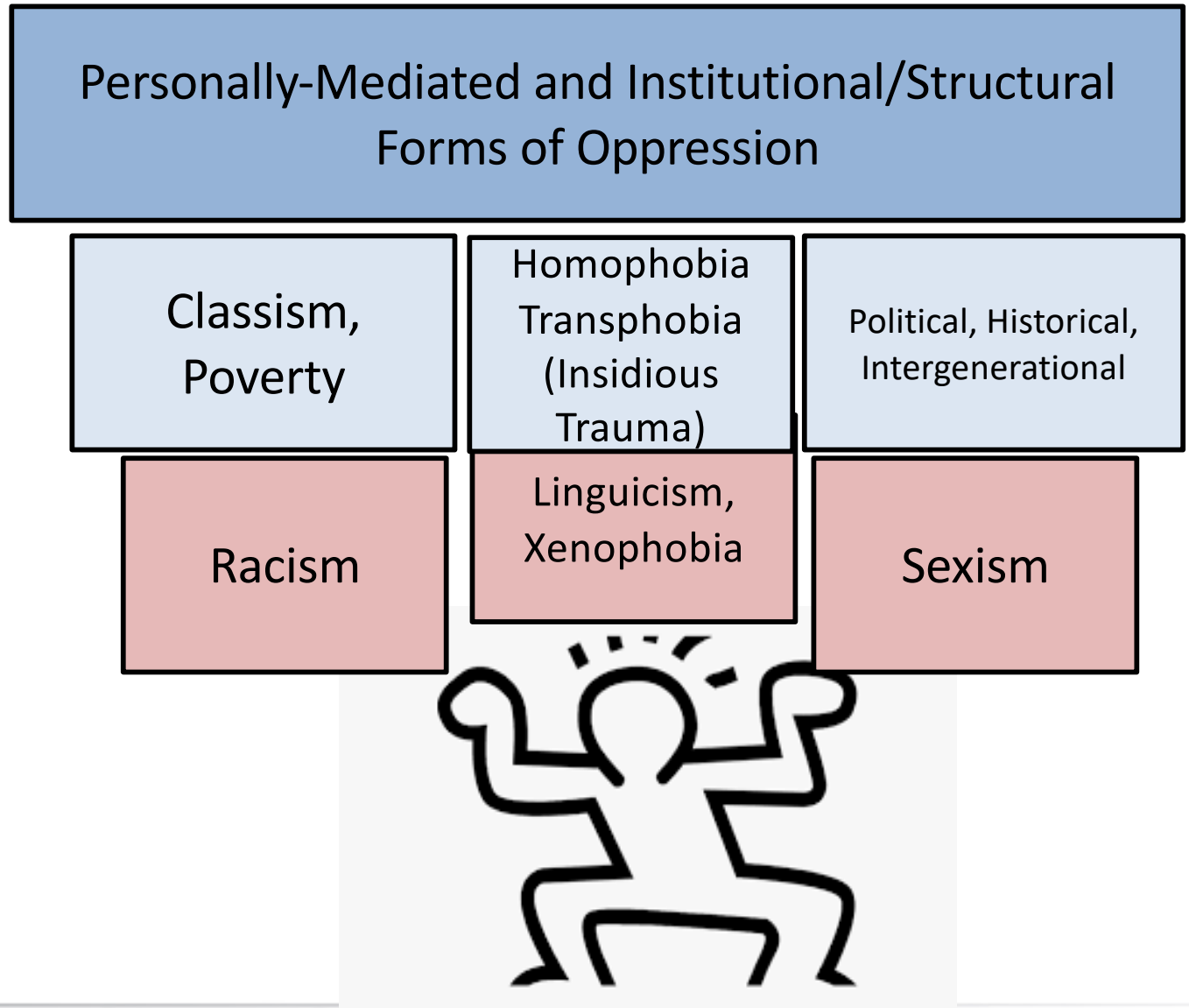
Motivating Forces for Today's Dialogue, cont. (Ramos, et al., 2018)

- Substance use among Latinx is closely correlated with the presence of post-traumatic stress syndrome (PTSD) and attempts to manage symptoms
 - Drug use is correlated with hyperarousal symptoms (hypervigilance, irritability, exaggerated startle response)
 - Alcohol use associated with avoidance and numbing symptoms
- Depression, generalized anxiety, living paycheck to paycheck, acculturation-related stress, discrimination, family conflict, and low sense of ethnic identity and sense of belonging are psychosocial factors significantly associated with substance use
- Migration stress, trauma exposure and living in communities with high rates of crime are psychosocial factors evidenced to increase risk for comorbid PTSD and alcohol/substance use
- Strong ethnic identity and sense of belonging are protective factors



Oppression-Based Trauma (Nelson, 2019)

Exposure to and lived experiences of personally-mediated, institutional and structural forms of oppression (Jones, 2000) through symbolic, emotional, verbal, physical, sexual or economic manifestations, across one's lifespan. Oppression-based trauma exposure includes but is not limited to linguicism, racism, sexism, classism, homophobia, transphobia, xenophobia, islamophobia, colonialism, political, historical and intergenerational trauma, and acts of oppression because of one's immigration- or refugee-, or former incarceration status.





Types of Oppression-Based Trauma

Individual Trauma: “A blow to the psyche that breaks through one’s defenses so suddenly and with such brutal force” that ones coping mechanisms are rendered useless (Erikson, 1976)

Collective Trauma: “A blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community” (Erikson, 1976)

Cumulative Trauma: Multiple exposures to traumatic events over time, where the person impacted experiences high degrees of stress associated with these traumas. (Nuttman-Shwartz & Shoal-Zuckerman, 2016)

Cultural Trauma: “An invasive and overwhelming event that is believed to overwhelm and undermine several key aspects of a culture” (Alexander, et al., 2004)



Special Note: Migration-Related Trauma (Erazo, 2018; Killikelly, Bauer, & Maercker, 2018)

- Vital in serving immigrants is understanding their statuses as refugees, asylum seekers, minors who are unaccompanied, people who are trafficked and people fleeing violence, persecution, environmental and economic disasters
- Common types of trauma (often severe and repeated) experienced during immigrants include:
 - Abuse of human rights
 - Physical violence
 - Sexual violence
 - Incarceration/Detention
 - Separation from their families
 - Racism, religious oppression, and xenophobia
 - Severe illness, starvation and lack of access to medical care
 - Rapid onset behavioral health issues
 - Near death experiences during migration
 - Witnessing the death of a loved one



Special Note: Factors Impacting Migration Related Trauma (Perreira & Ornelas, 2013)

- Pre-migration traumas
- Chronic deprivation of basic needs
- Poverty, relocation and chronic stress
- Physical and sexual abuse and torture
- Loss of property and professional status
- Learning new language and customs
- Exposure to war, political violence and genocide
- Forced separation of families
- Death of and/or separation from parent/primary caregivers
- Former incarceration and current Legal status



Special Note: Complex or Disenfranchised Grief

- Complex grief involves prolonged unresolved feelings, a sense of feeling overwhelmed, symptoms of traumatic distress, maladaptive behavior and persistent disbelief about the loss (Lobb et al., 2010)
- Disenfranchised grief occurs when the loss does not receive normal social support, is not openly acknowledged or cannot be mourned publicly
- Associated with substance abuse and PTSD (Worden, 2018)
- Migration-Related Complex Grief may include:
 - Loss of cultural identity
 - Loss of social support networks
 - Isolation
 - Loss of loved ones during or because of migration
 - Family separation
 - Lack of social sanctions/supports to adequately grieve
 - Barriers to traditional grief and healing practices



Special Note: Avoiding “Ethnic Gloss”

- *Ethnic glossing* “ignores the potentially wide variability of factors that impact behavior within any ethnic group” (Valdez, 2000, 308). Ethnic glossing can occur when we assume:
 - Perceptions of helping professionals
 - Roles of family in healing from substance use
 - Gender identity roles (Machismo, Marianismo)
 - Religious affiliation
 - Relationship status
 - Parenting status
 - Ethnic pride
 - Ability to speak heritage language



Critical Race Theory (CRT): Key Tenets

- The intercentricity of race and racism (Delgado & Stefancic, 2017; Ladson-Billings, 1998; Yosso, 2005) with other forms of oppression in United States dominant culture, systems and institutions (Solórzano & Yosso, 2001, p. 472), including gender identity, socioeconomic status, immigration status, sexual orientation and other points of identity (Crenshaw, 1989; Yosso, 2005).
- Centrality of experiential knowledge (Yosso, 2005), or multiple ways of knowing (Ladson-Billings, 1998). This tenet of CRT allows for understanding people's experiences not solely from their lived experiences, but also analyses social phenomena from historical and cultural contexts in which the phenomena are occurring (Scotland, 2012, p. 12)
- Challenging revisionist history (Delgado & Stefancic, 2017) and dominant ideology (Yosso, 2005).
- Critical analysis of liberalism. CRT scholars assert that liberalism, characterized by instrumentalist and race-neutral policy change, is a woefully insufficient framework to eliminate institutional and personally mediated racism (Delgado & Stefancic, 2017, p. 26)
- An explicit commitment to social justice (Delgado & Stefancic, 2017)



Key Principles of Critical Trauma Theory

Critical Trauma Theory is an anti-oppressive, socially-just microtheory that analyses behavioral health symptoms, prevention and treatment approaches, organizational and institutional policies and practices through cultural humility, and Critical Race, Intersectionality and Cultural, Cumulative and Collective Trauma theories (Nelson, 2019). It is based on the following principles:

1. Oppression-centered structural and institutional barriers to behavioral health access exist in the United States.
2. Oppression-based trauma is ever-present and correlated with risk for substance use.
3. Oppression-based trauma is cumulative and collective, thereby requiring its own critical micro-theoretical perspective that delineates it from individual trauma.
4. Centrality of experiential knowledge evidences the presence of posttraumatic growth, healing, resilience and resistance in the face of oppression.
5. Because of the prevalence of oppression-based trauma and its impact on behavioral health outcomes for Latinx individuals, families and communities, CTT is a socially-just micro-theoretical addition to critical race and behavioral health theories.



What Does *Trauma-Informed* Mean?

A trauma-informed approach is defined by SAMHSA as:

“A program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization”
(SAMHSA, n.d.)

“Trauma-Informed” can also describes a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects **neurological, biological, psychological and social development**
(NASMHPD, 2004)



Trauma-Specific versus -Informed: What's the Difference?

Trauma-Specific

- Designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the following:
 - The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
 - The interrelation between trauma and symptoms of trauma (e.g., substance use, eating disorders, depression, and anxiety)
 - The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors

Trauma-Informed

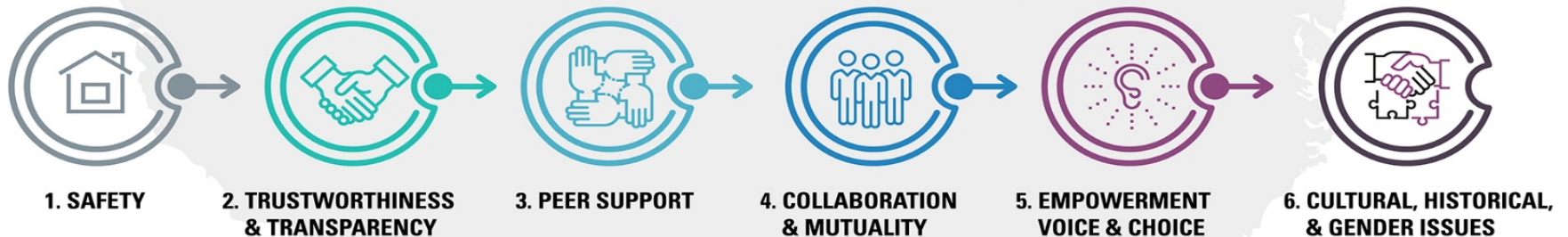
- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.
- Every part of the organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services.



Six Guiding Principles to a Trauma-Informed Approach (CDC, n.d)

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

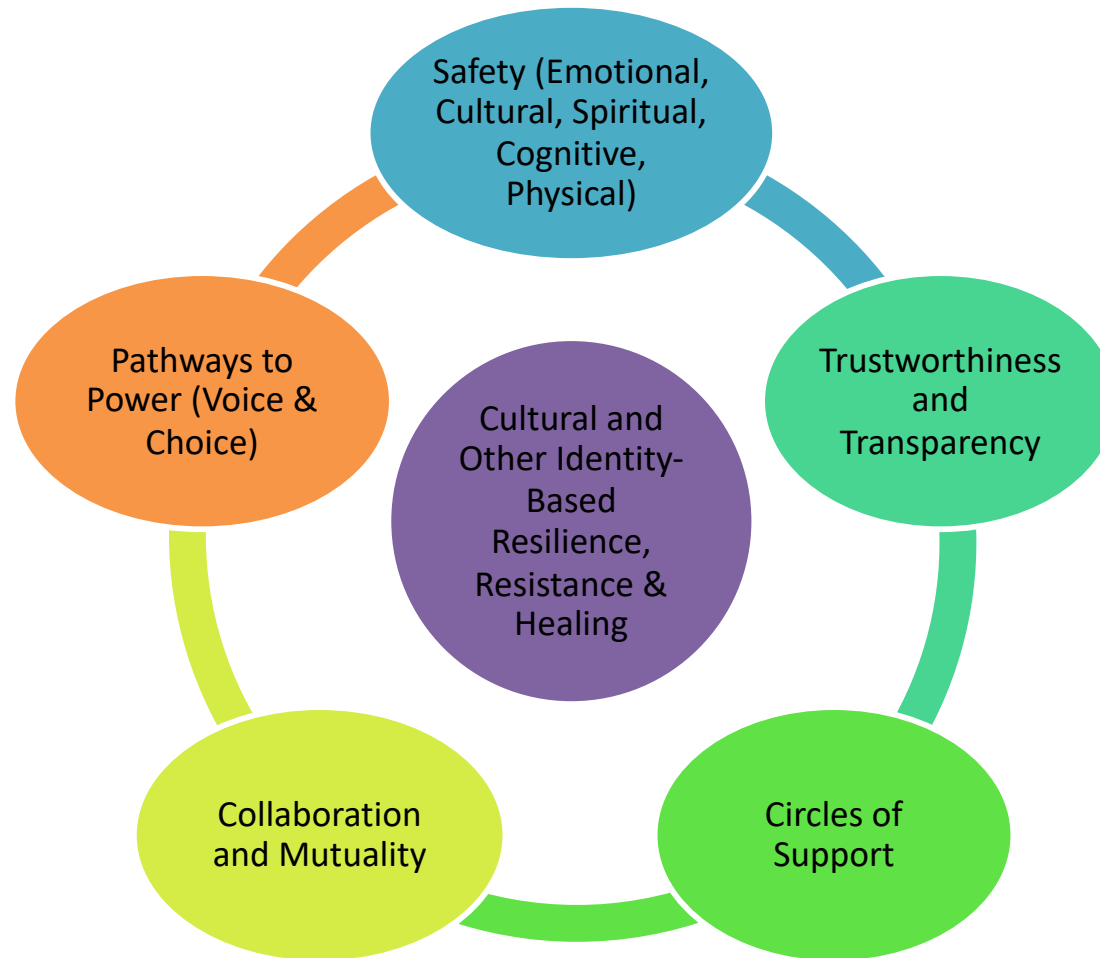
The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



Rethinking the Six Principles: A Critical Trauma Approach





Trauma-Informed Principles through a Culturally-Specific Lens (Serrata, Notario, & Perez-Ortega, n.d.)

Authors revised Substance Abuse and Mental Health Services Administration's (SAMHSA) trauma informed definitions based on their lived expertise in violence prevention, cultural wellness and resiliency:

1. **Realize** and radically acknowledge the pervasive nature of trauma exposure for individuals and the collective community while honoring “the presence of individual and collective strength & resilience” (p. 4).
2. **Recognize** the impact of trauma exposure on individuals, communities, organizations and systems while uplifting individual and collective growth and healing
3. **Respond** in culturally-sustaining ways through applying traditional and community knowledge about successful ways to promote safety, wellness and healing.
4. **Resist** retraumatization by “drawing from cultural resiliency, traditional healing tools and collective wisdom” (p. 4).



Trauma-Informed Principles through a Culturally-Specific Lens (Serrata, Notario, & Perez-Ortega, n.d., 5-10)

1. “Establish relationships based on mutuality and respect.
2. Seek a deep understanding of the communities you work with (sociocultural and sociopolitical histories, as well as current context, intersections of oppression, trauma, etc.) and centralize this cultural understanding in your work.
3. Understand the origins of trauma including historical, collective, and the intergenerational transmission of trauma. Do not minimize the resiliency, wisdom, and strength of survivors. They have much to teach on how to heal from trauma.
4. Keep the realities of the survivors and their children central to your work, regardless of the specific work that you do.
5. Your organization alone will not be able to end violence (substance abuse). Believe in the power and collective wisdom of communities.”



Post-Traumatic Growth and Resilience

- Resilience is evidenced as protective against substance use (Meschke & Patterson, 2003)
- Post-traumatic growth is the manifestation of positive change after an adverse, life-altering experience.
- It is possible to have interpersonal distress and emotional growth simultaneously (Tedeschi, R. & Calhoun, L. 2004).
- Traumatic change is experiential, therefore powerful.
- When survivors become comfortable in the realm of paradox (i.e., I am more vulnerable, yet stronger), then post-traumatic growth is possible (Tedeschi, R. & Calhoun, L. 2004).



Culturally-Sustaining Ways to Promote Post-Traumatic Growth and Resilience in Substance Use Treatment

- Sense of Belonging and Strong Family Connections
- Positive Sense of Ethnic Identity
- Elders
- Spirituality
- Collectivism and Sense of Community
- Sense of Purpose and Pathways for Community Impact Work
- Meaningful Opportunities for Resistance, Voice and Contributing



Culturally Sustaining Resilience Strategies (Arauz, n.d.)

- Acculturation (Ser Americano) The skills necessary to thrive (Navigational Capital, Yosso, 2005) in an environment with two or more cultures
- Navigation of Borders (Juala de Oro) The ability to thrive in an ever-changing environment (Navigational Capital, Yosso, 2005)
- Inter/Intra-Cultural Communication (Agringándose) The skills to effectively communicate and understand others from different cultures (Linguistic Capital, Yosso, 2005)
- Teamwork (La Familia) Prioritizing the collective needs of a group through power-sharing and collaboration (Familial and Social Capital, Yosso, 2005)
- Creative Self-Expression (Cualidades de don Quixote y ser listo): Creative problem-solving skills

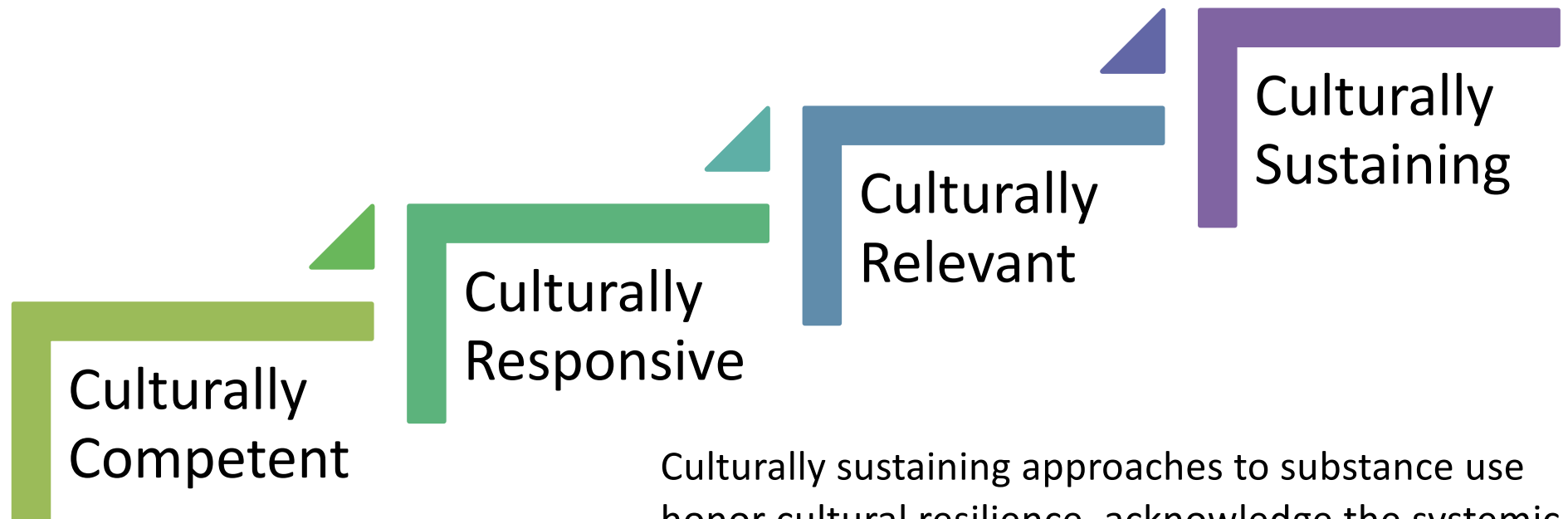


Additional Core Resiliency Characteristics (Gerstein, n.d.)

- Connection with Culture and Traditions
- Developing Positive Relationships
- Expressing Gratitude and Wonder
- Feeling in Control of Purpose and Destiny (Internal Locus of Control)
- Self-Perception and Interpersonal Insight
- Humorous Outlook
- Optimism
- Change-Welcoming
- Love of Learning
- Self-Motivation
- Perseverance
- Sense of Self-Efficacy or Personal Competence
- High Self-Worth and Confidence
- Spiritual Grounding
- Creativity
- Ability to Regulate Emotions
- Awareness of Strengths and Assets
- Passion-Driven Focus
- Resourcefulness
- Sense of Personal Agency
- Ability to Reach Out to Others
- Problem-Solving Skills



Culturally Sustaining Substance Use Treatment



Culturally sustaining approaches to substance use honor cultural resilience, acknowledge the systemic and institutional forms of oppression that contribute to substance use, and seek to promote cultural cohesion, social justice and equity as part of healing from addiction.



Model for Critical Trauma-Grounded Culturally Sustaining Substance Use Treatment

Culturally Humble and Sustaining
Substance Use Treatment with
Culture at the Center

Critical Allyship (With People,
Communities, Colleagues)

Critical Self-Reflectivity (Self-
Awareness) and Radical Self-Care



Centering Cultural Capital In All Aspects of Substance Use Treatment (Yosso, 2005)

Aspirational Capital

Resiliency and ability to maintain hopes and dreams

Familial Capital

Cultural knowledge nurtured among familia/kin that carry a sense of collective history, memory and cultural intuition

Social Capital

Networks of people and community resources that provide concrete and emotional support

Navigational Capital

Skills to maneuver through institutions not created for or by Communities of Color (bicultural skills)

Resistant Capital

Skills and knowledge fostered through oppositional behavior that challenges inequality

Linguistic Capital

Intellectual and social skills attained through communication experiences in more than one language or style



Consistently Practicing Cultural Humility (Tervalon and Murray-Garcia, 1998)

Life-Long Learning and Critical Self-Reflection

Personal: Build a daily practice of critical self-reflection; Ask the question, What do I do daily that may contribute to equity and social justice?, and, How can I better act as a Critical Ally?

Professional: Strive for continual improvement in culturally sustaining treatment approaches; Embed social, historical and economic context into assessment approaches; Seek feedback and mentorship from those with lived expertise



Recognizing and Challenging Power Imbalances

Personal: Understand, acknowledge and confront own points of privilege and implicit biases; Accept full responsibility for negative impact; Challenge patriarchal concepts of empowerment and protection

Professional: Critically analyze engagement, assessment and treatment approaches; Evaluate clients equitably; Interrupt, confront & remediate microaggressions; Acknowledge implicit biases toward clients and practice critical self-reflectivity; Be a Critical Ally to clients and colleagues when appropriate



Holding Systems and Institutions Accountable

Personal: Radically commit to social justice and action; Be willing to take risks while acknowledging that the consequences for people with privilege are different from those being oppressed

Pedagogical: Leverage personal points of power and privilege through creating pathways for power; Engage in Critical Collaboration; Challenge oppressive organizational and funding policies and practices



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