

# Bridging the Gap:

## *Trauma-Informed Care & Cultural Competency*



Co-Presenters

**Courtney R. Boddie, Ph.D. & Lisa Thompson-Gibson, M.A., M.A., LPC**

# Co-Presenters

**Courtney R. Boddie, Ph.D.**

*Pronouns: He/Him/His*

- **Current Role**
  - Director, Counseling Services
    - SIU-Edwardsville
- **Education**
  - Ph.D., Counseling & Counselor Education, University of Missouri-St. Louis
  - M.Ed., Clinical Mental Health Counseling, University of Missouri-St. Louis
  - B.S., Organizational Behavior, Washington University in St. Louis
- **Specializations**
  - Psychological trauma
  - Health psychology
  - Multicultural counseling
  - Neurodevelopmental disorders
  - Career development



# Co-Presenters

*Lisa Thompson-Gibson, M.A., M.A., LPC*

*Pronouns: She/Her/Hers*

- **Current Role**
  - Coordinator, Outreach and Prevention Initiatives & Staff Counselor, Counseling Services; SIU-Edwardsville
- **Education**
  - M.A., Art Therapy Counseling, SIU-Edwardsville
  - M.A., College and University Administration, Michigan State University
  - B.S., Speech Communication, SIU-Carbondale
- **Specializations**
  - Art Therapy
  - College student identity development
  - Women's identity development
  - Suicide prevention



# Goals

- To review SAMHSA's six principles of trauma-informed care
- To review the ACA's Multicultural and Social Justice Competencies
- To discuss the application of trauma-informed, culturally-centered care in your current praxis
- To process compassion fatigue related providing trauma-informed, culturally-centered care

# Agenda

- Provide an overview of current research to develop a shared language and understanding:
  - Trauma-Informed Care
  - Multicultural Competence
- Discuss strategies for bridging the gap between these two areas of competency

# Review of the Basics

# History

## *Multicultural Competence*

Cultural encapsulation increases opportunities for bias communication and cultural misunderstanding  
(Wrenn, 1962)

Under-education on difference, privilege, oppression, and harmful effects of bias communication  
(Adams et al., 2013)

Implicit bias can harm academic and health outcomes and can contribute to CL attrition  
(Clark et al., 1999)

Cultural competencies for counselors are needed: Awareness, Knowledge, and Skills  
(Arredondo et al., 1992)

Cultural competencies for counselors need an update: Awareness, Knowledge, Skills, and Action  
(Ratts et al., 2015)

CC helps to reduce bias communication in the classroom  
(Sue et al., 2008)

# History

## *Trauma-Informed Practice*

- Books
  - Neurosequential Models of Education and Therapeutics (Perry, 2006)
  - The Body Keeps the Score (van der Kolk, 2015)
  - The Body Remembers (Rothschild, 2000)
  - Waking the Tiger: Healing (Somatic Experiencing) Levine (1997)
- Organizations
  - International Society for Traumatic Stress (est. 1985)
  - SAMHSA's (1994) Dare to Vision conference
  - SAMHSA's (1998) Women, Co-Occurring D/O, and Violence Study
  - SAMHSA's (2001) Donald J. Cohen National Child Traumatic Stress Initiative and Network
- Studies
  - ACES Study (Felitti et al., 1998)



# Cultural Identities

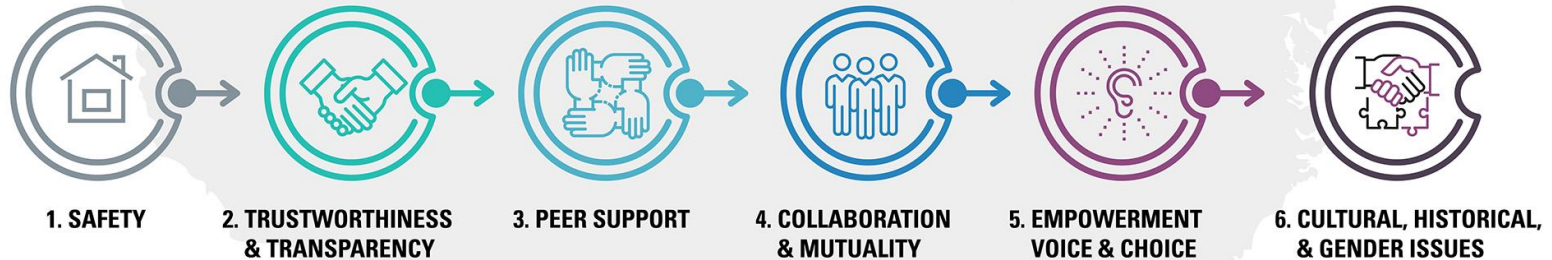
	<b>Dominant Identity Profile</b>	<b>Client</b>	<b>Me</b>
<b>A</b> ge/Generational Status			
<b>D</b> isability (Congenital)			
<b>D</b> isability (Acquired)			
<b>R</b> eligion/Spirituality			
<b>E</b> thnicity/Race			
<b>S</b> exual Orientation			
<b>S</b> ES/Social Class			
<b>I</b> ndigenous Heritage			
<b>N</b> ational Origin			
<b>G</b> ender Identity			

# SAMHSA

## *Six Principles of Trauma-Informed Care*

### 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.

# Trends in Trauma-Informed Care

*Developmental Trajectory*

- Trauma-Informed Care
- Healing-Centered Engagement ([Link](#))

# SAMHSA Resources

- Children's Hospital of Philadelphia Research Institute
  - <https://www.healthcaretoolbox.org/cultural-considerations.html>
  - <https://www.healthcaretoolbox.org/>
- National Child Traumatic Stress Initiative (NCTSI)
  - <https://www.samhsa.gov/child-trauma>
  - <https://www.nctsn.org/>
- Resources for Child Trauma Informed Care
  - <https://www.samhsa.gov/childrens-awareness-day/past-events/2017/child-traumatic-stress-resources>
- Homelessness Programs and Resources
  - <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/trauma>
- Trauma and Violence
  - <https://www.samhsa.gov/trauma-violence>

# Multicultural & Social Justice Competencies

- Awareness
- Knowledge
- Skills
- Action



# Bridging the Gap





# Current Bifurcated Training



Multicultural  
Competencies

Trauma-Informed  
Practices



# Why Are These Separate?

## *Themes of Privilege and Invisibility*

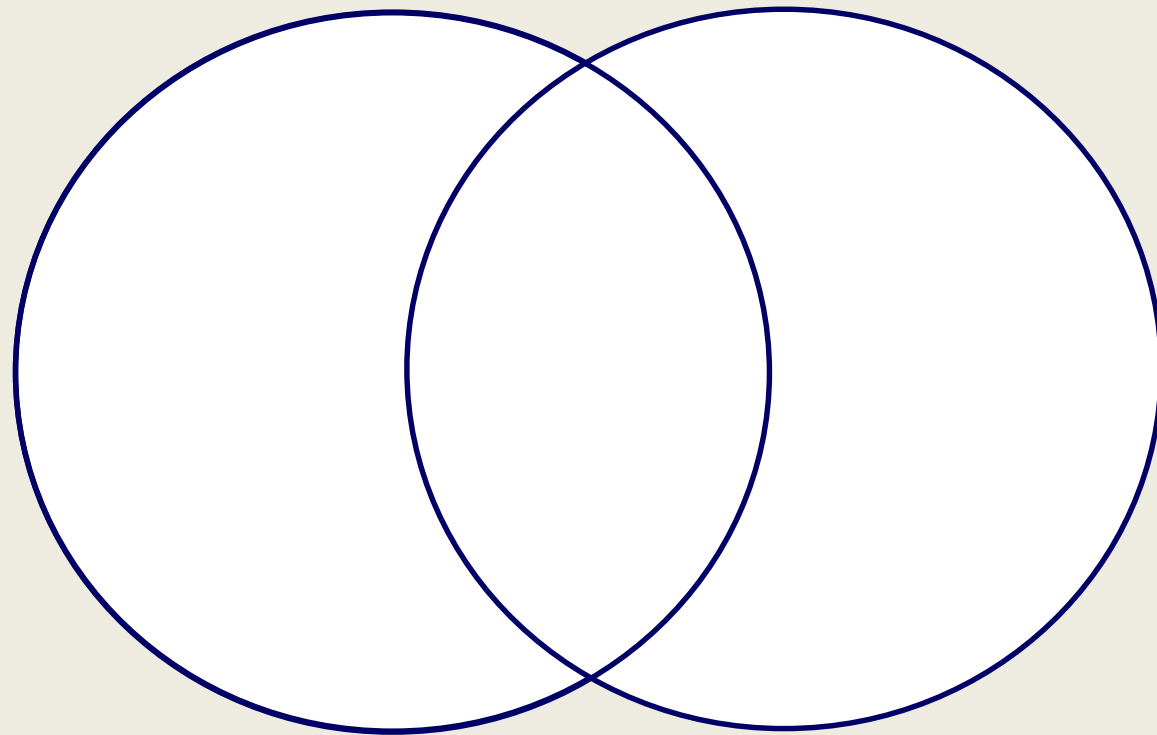
- Trauma
  - What constitutes a traumatic event?
    - APA defined
      - Who are the members of the DSM Workgroups?
  
- Cause and Effect: Impact on Coding
  - How do you code the following two presentations:
    - Title IX Coordinator makes referral due to report of recent sexual assault
    - Student self-refers after reported incident of racism in the classroom (faculty-to-student)
    - Employee reporting harassment by colleagues on social media
  
  - Implications of various approaches?

# Why Are These Separate?

*Themes of Privilege and Invisibility*

- Culture
  - Often considered an adjunct or secondary factor vs. primary.
    - How and why do you assess for cultural variables with clients?
    - If adjunct, why?
    - If primary, why?
    - How does this inform your conceptualization (and therefore treatment plan)?

# Proposed Unified Model



# Proposed Unified Model

- What about the ways in which multicultural factors can be traumatic?
  - Examples
    - Microaggressions (see Pierce, 1970)
  - Clinical Impact
    - Access to care
    - Access to “preferred” providers

# Discussion

# References

- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi-org.ezproxy.umsl.edu/10.1016/S0749-3797\(98\)00017-8](https://doi-org.ezproxy.umsl.edu/10.1016/S0749-3797(98)00017-8)
- Hays, P. (2008). Addressing cultural complexities in practice (2<sup>nd</sup> ed.).
- Mattar, S. (2011). Educating and training the next generations of traumatologists: Development of cultural competencies. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(3), 258-265. DOI: 10.1037/a0024477