Trauma-Informed Care

XCENTER

A Conscious Approach To Trauma

Jill Wener, MD

Co-Founder and Partner, Conscious Anti-Racism, LLC

Founder and CEO, Jill Wener, MD Coaching and Consulting

Objectives

- Understand how to identify trauma responses in ourselves and others
- Evaluate different strategies to mitigate the impact of trauma
- Learn various tools that can help advocates address and de-escalate trauma-responses, including the Window of Tolerance

Jill Wener, MD, FACP

- Board-Certified Internal Medicine Physician
- Trauma- informed EFT/Tapping Practitioner and Trainer
- Co-Founder, Partner of Conscious Anti-Racism, LLC
- Owner of Jill Wener, MD | Coaching and Consulting

4

- Certified Meditation Instructor
- Creator of CME-accredited Meditation for ***Doctors: A Guide to the REST Technique***

What to expect

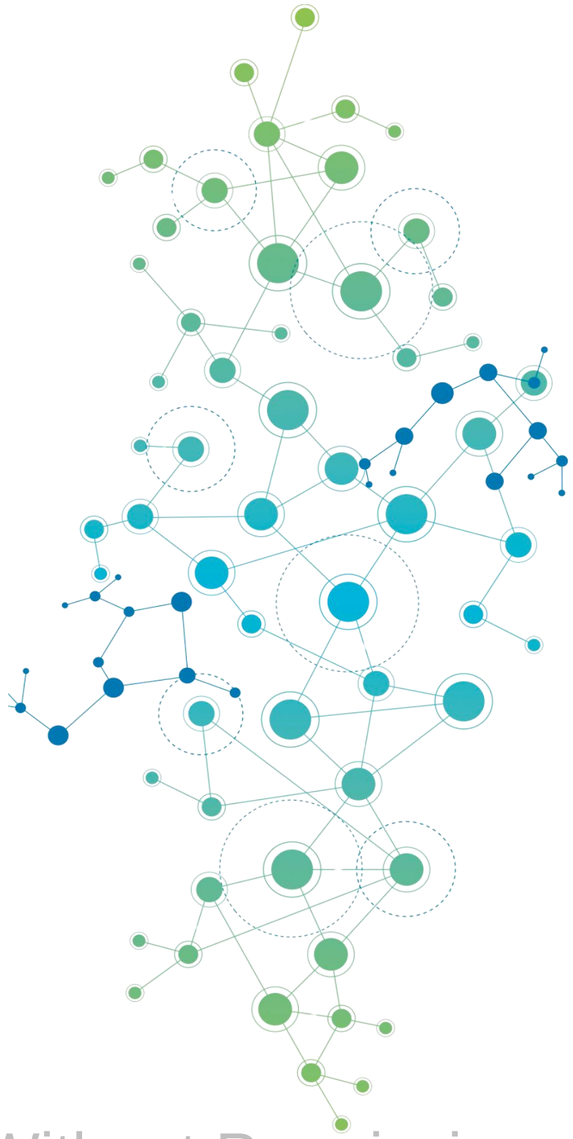
- The history and basics of trauma and how it shows up in the context of race
- Self-reflection
- In-the-moment tools to mitigate the harmful effects of trauma in ourselves and in patients

5

Our Approach

- Expanded Framework for Trauma
- Tools to connect with the body
- Tools to process, reframe and navigate survival responses and activation
- Focus on how trauma shows up in the provider and patients

6

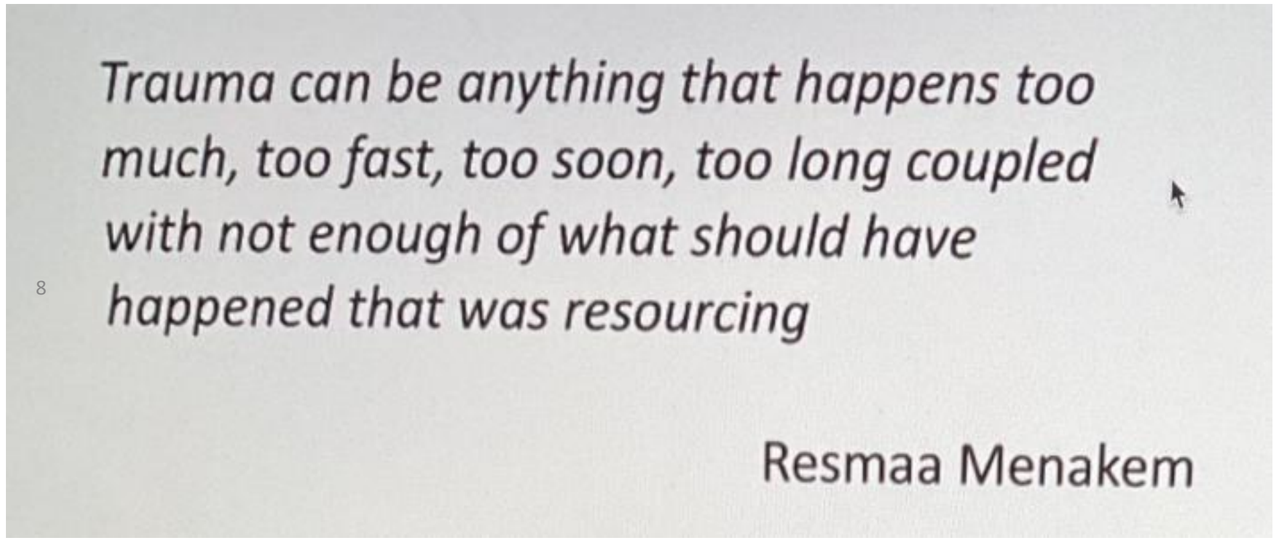


Practice:

Resourcing

What is Trauma?

- War
- Assault
- Abuse
- What else?



What is trauma?

- An event (or multiple events) where there is
  - Physical or emotional threat
  - Real or perceived lack of control
  - Overwhelming and intense
  - Lack of support, access and resources
  - Changes understanding of the world and others
  - Becomes embodied
  - Lack of closure
- 100% of people have trauma[9]
  - Primary
  - Secondary
  - Vicarious

From Dr. Kemia Sarraf, Lodestar Trauma Mitigation Master Class

Our Sympathetic System

When there is a threat to our survival:

- Heart rate increases
- Airways dilate
- Blood vessels constrict

All in order to increase oxygen to the lungs and blood flow to the muscles in preparation to fight or flee

We know there are 3 additional responses that can also happen:

- Fight
- Flight
- Freeze
- Fawn
- Faint/Flop

This doesn't only happen with physical threat, but also social threat or a perceived threat

The 5 Survival Responses

- **Fight (The Bull) Confronts the Threat**
  - ✓ Anger, Rage, High Energy, Confrontation, Agitation
- **Flight (The Rabbit): Flees From the Threat**
  - ✓ Anxiety, Avoidance, Panic, High Energy
- **Freeze (The Deer): Shuts Down to Block Out the Threat**
  - ✓ Sudden inability to speak, Dissociation, Mental Shut down, Numbness, Low Energy

Feign (Chick): Survive the Threat *self preservation* (Tend to Befriend)

✓ People Pleasing, Befriending, Deferring, Negotiating

Fatigue/Faint (Possum): Submit to the Threat

✓Tired, Slowed Responses, Becoming

✓Unresponsive, Shut Down, Fainting

* The system gets so overwhelmed that its response is to shut down

*** All of these responses are involuntary!

Self-reflection:
Noticing Your Survival Responses

Which do you think you are, primarily?

What lets you know you are in survival response?

Where do you feel it in your body?

*** And you can be more than one depending on the context

Practice tool:

The Window of Tolerance

Explore the level of activation or dissociation for yourself and others

DAVID TRELEAVEN

THE WINDOW OF TOLERANCE/OPTIMAL AROUSAL ZONE

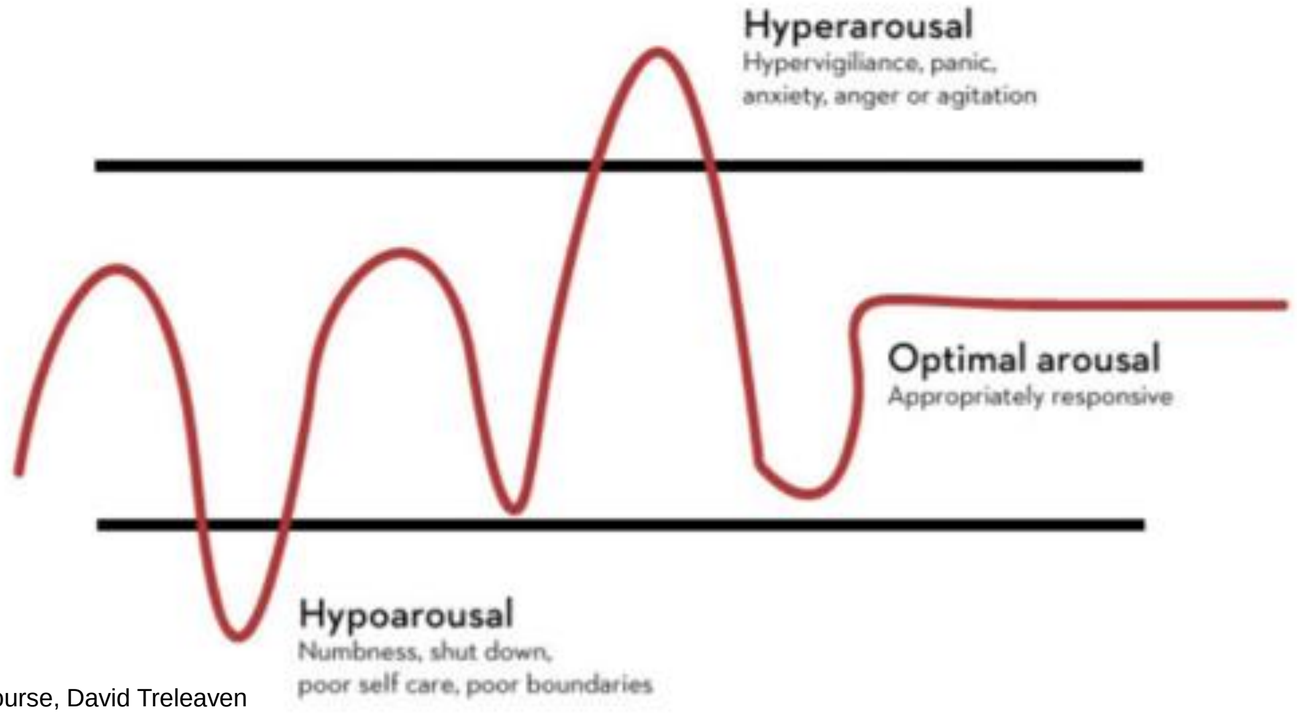


Image from Trauma-Sensitive Mindfulness Online Course, David Treleaven

Self-reflection:
The Window of Tolerance

- Think of a time when you were inside your window of tolerance.
  - How did it feel in your body?

- Think of a time when you were outside your window of tolerance.
  - Notice if it was above or below the window
  - How did it feel in your body?

Let’s pause for a breath

Trauma, Racism and Oppression

Scientific Racism (biological racism)

- Presented race as a biological truth
- Pseudoscientific belief that the human species is divided into biologically distinct taxa called "races", and that empirical evidence exists to support or justify racial discrimination, racial inferiority, or racial superiority.
- Uses/ misuses anthropology (notably physical anthropology), craniometry, evolutionary biology
- Widely accepted in scientific community from 1600's to the mid-20th century, but it is no longer considered scientific.
- The impact is still very much present
    - Bias built into medical assessments

Proc Natl Acad Sci U S A. 2016 Apr 19; 113(16): 4296–4301

Proc Natl Acad Sci U S A. 2016 Apr 19; 113(16): 4296–4301.
PMCID: PMC4843483
Published online 2016 Apr 4. doi: 10.1073/pnas.1516047113
PMID: 27044069
Psychological and Cognitive Sciences

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman,[a,1] Sophie Trawalter,[a] Jordan R. Axt,[a] and M. Norman Oliver[b,c]

SIGNIFICANCE

Go to:

The present work examines beliefs associated with racial bias in pain management, a critical health care domain with well-documented racial disparities. Specifically, this work reveals that a substantial number of white laypeople and medical students and residents hold false beliefs about biological differences between blacks and whites and demonstrates that these beliefs predict racial bias in pain perception and treatment recommendation accuracy. It also provides the first evidence that racial bias in pain perception is associated with racial bias in pain treatment recommendations. Taken together, this work provides evidence that false beliefs about biological differences between blacks and whites continue to shape the way we perceive and treat black people—they are associated with racial disparities in pain assessment and treatment recommendations.

Increased maternal-fetal morbidity and mortality for Black women (adjusted for education and socioeconomic status)

Reducing Disparities in Severe Maternal Morbidity and Mortality

Elizabeth A Howell, MD, MPP

Author information · Copyright and License information Disclaimer

Abstract

Go to:

Significant racial and ethnic disparities in maternal morbidity and mortality exist in the United States. Black women are three to four times more likely to die a pregnancy-related death as compared with white women. Growing research indicates that quality of healthcare, from preconception through postpartum care, may be a critical lever for improving outcomes for racial and ethnic minority women. This article reviews racial and ethnic disparities in severe maternal morbidities and mortality, underlying drivers of these disparities, and potential levers to reduce their occurrence.

Keywords: disparities, severe maternal morbidity, maternal mortality, quality improvement, race

Introduction

Go to:

Non-Hispanic black women are three to four times more likely to die from pregnancy-related causes than Non-Hispanic white women.[1] This disparity in maternal death, defined within 1 year of pregnancy "caused by a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of unrelated condition by the physiologic effects of pregnancy,[2] has existed for over a century and has actually widened over the last hundred years.[3,4] Currently, it represents the largest disparity among all the conventional population perinatal health measures.[1] Non-Hispanic black women have had the fastest rate of increase in

Clin Obstet Gynecol. 2018 Jun; 61(2): 387–399.

PFTs adjusted for race based on antiquated and false beliefs stemming that Black and white people have different lung capacity (often used to ‘prove’ that Black slaves were unfit for freedom because of their decreased lung capacity)

The great difference of the mean volume found for the black race from that which seems to belong to the whites, cannot fail to attract attention at the first glance. Its bearings are perhaps better manifested by the more detailed tabulations which will follow.

Nearly 30 years later, Frederick Hoffman, chief statistician for Prudential Life Insurance Co. would turn to Gould’s data to make broad claims about the lack of fitness of African Americans for freedom. According to Hoffman, “the smaller lung capacity of the colored race is in itself proof of an inferior physical organism” (3).

Can J Respir Ther. 2015 Autumn; 51(4): 99–101.

Kidney Disease- eGFR adjusted for race

Nephrology		
Estimated glomerular filtration rate (eGFR) MDRD and CKD-EPI equations[11] (https://ukidney.com/nephrology-resources/egfr-calculator) *Estimates glomerular filtration rate on the basis of a measurement of serum creatinine.*	Serum creatinine Age and sex Race: black vs. white or other	The MDRD equation reports a higher eGF (by a factor of 1.210) if the patient is identified as black. This adjustment is similar in magnitude to the correction for sex (0.742 if female). The CKD-EPI equation (which included a larger number of black patients in the study population), proposes a more modest race correction (by a factor of 1.159) if the patient is identified as black. This correction is larger than the correction for sex (1.018 if female).
Organ Procurement and Transplantation Network: Kidney Donor Risk Index (KDRI)[12] (https://optn.transplant.hrsa.gov/resources/allocation-calculators/kdpi-calculator/) *Estimates predicted risk of donor kidney graft failure, which is used to predict viability of potential kidney donor.†*	Age Hypertension, diabetes Serum creatinine level Cause of death (e.g., cerebrovascular accident) Donation after cardiac death Hepatitis C Height and weight HLA matching Cold ischemia En bloc transplantation Double kidney transplantation Race: African American	Increases the predicted risk of kidney graf failure if the potential donor is identifi as African American (coefficient, 0.17 a risk adjustment intermediate betwee those for hypertension (0.126) and diabetes (0.130) and that for elevated creatinine (0.209–0.220).

Both equations report higher eGFR values (given the same creatinine measurement) for patients identified as black, suggesting better kidney function. These higher eGFR values may delay referral to specialist care or listing for kidney transplantation.

Use of this tool may reduce the pool of African-American kidney donors in the United States. Since African-American patients are more likely to receive kidneys from African-American donors, by reducing the pool of available kidneys, the KDRI could exacerbate this racial inequity in access to kidneys for transplantation.

https://www.nejm.org/doi/pdf/10.1056/NEJMms2004740

Let’s pause for a breath

Oppression and Intergenerational Trauma

The Complexity of Trauma:

- ACES (Adverse Child Experiences)
- Collective Trauma
- Cultural Trauma
- Complex Trauma
- Intergenerational Trauma
  - Historical
  - Epigenetic

"Trauma Mitigation Master Class Live", Lodestar PC, Kemia Serraf MD

Generational Trauma

- A growing body of research suggests that trauma (childhood abuse, family violence, or food insecurity, among many other things) can be passed from one generation to the next.

- It is suggested that trauma can leave a chemical mark on a person's genes, which can then be passed down to future generations.
  - Not a genetic mutation- is epigenetic
  - Alters how the gene is expressed.

Generational Trauma

- *"Generational trauma is the transference of traumatic experiences or stressors from one generation to the next. It can happen through direct experience, witnessing violence, or living in an environment where violence is a constant threat."*

- Generational trauma can occur when a group is subject to a traumatic experience like war, natural disasters, racism, sexism, or oppression. The effects of the trauma can be passed down to subsequent generations through both epigenetic and cultural transmission.

Reshawna Chapple, Ph.D., LCSW, slide courtesy of Dr. Maiysha Clairborne

Research on the Epigenetics of Trauma

- Dr. Rachel Yehuda, director of the Traumatic Stress Studies Division at the Icahn School of Medicine at Mount Sinai in New York City, conducted a 2015 study on the children of 40 Holocaust survivors.
- She found that they had epigenetic changes to a gene linked to their levels of cortisol, a hormone involved in the stress response. She also found a distinctive pattern of DNA methylation, another epigenetic marker.
- The study concluded that both parents and unborn children were affected on a genetic level.
- While much of Yehuda's work has focused on the children of Holocaust survivors, she also observed that infants born to mothers who were pregnant on 9/11 had low cortisol levels, which were associated with the presence of maternal PTSD.

Slide courtesy of Dr. Maiysha Clairborne

Let’s pause for a breath

What Trauma is Often Mistaken For

- Overreacting
- Over-emotional
- Being Sensitive
- Anxious
- Timid
- “Trying too hard”

“Trauma decontextualized in a person looks like personality. Trauma decontextualized in a family looks like family traits. Trauma in a people looks like culture.” –Resmaa Menakem

Harmful Responses to a Trauma Response

- Belittling
- Gaslighting
- Dismissing
- Overreacting
- Can be re-traumatizing, goal to recognize these responses to prevent re-traumatization

Self-reflection

Knowing what you now know, when have you seen a trauma response in another and what did that look like?

What did you initially think it looked like?

Let’s pause for a breath

Why It's Important to Recognize Trauma Responses in Ourselves and Others

- When we recognize our responses, we can take care of ourselves and also be mindful of how we interact with others, especially when they are activated
- Gives us access to developing new tools to navigate these situations powerfully
- Important to examine this from an anti-racism and anti-oppression lens

For People Without Marginalized Identities

- Have compassion for the experience of Black people and other people with a lived experience of racism and oppression
- Recognize how trauma is carried in our bodies and the various manifestations of that trauma for people who have experienced racism and oppression
- Recognize that behavior that you perceive (consciously or unconsciously) as ‘different’ or otherwise ‘undesirable’- the things that we stereotype people for - could be a trauma response (check our biases relentlessly)
- (Again) recognize and stop behavior that causes more harm and trauma

For People Without Marginalized Identities

- Honor the harm that has been done to Black people and people of other marginalized identities, and our own relationship to that harm (whether we identify with that or not)
- (We understand that) owning one's historical and ongoing (as being a part of whiteness) relationship to historical and ongoing traumas to Black people and people of other marginalized identities can be traumatizing to white folks as well
  - It challenges our sense of ourselves as 'nice people'
  - It threatens our sense of connection/ causes fear of being cast out as a 'racist'
  - Cognitive dissonance between what we're taught and what we see
  - What this looks like

For People *With* Marginalized Identities

- Acknowledging your own trauma
- Acknowledging that you may have your own biases- internalized and externalized
- Allowing space that two things that appear to be different can each be true
- Leaning into the complexity of the impact of oppression on us all
- Understanding that dominant culture, by nature, is ‘black and white’ and doesn’t like gray areas

Let’s pause for a breath

Practice:

Self-Compassion

3 Components of Self-Compassion

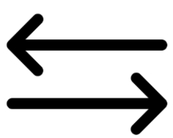
- Mindful awareness- recognize the self-talk
- Connection and community- connection mitigates trauma
- Kindness to yourself- the formal practice

Kristin Neff, Mindful Self-Compassion

The Stress-Trauma Continuum

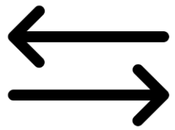
Stress

- Limited, stretch experience
- Unexpected, unpleasant or undesired
- Supported
- Central for growth and development
- Reactions are LIFESAVING



Toxic Stress

- Prolonged exposure
- Absent protective supports
- Inescapable
- May harm growth and development



Trauma

- Primes the system for further fight/flight reactions
- Embodied
- Altered sense of safety
- Harms/derails growth and development
- Reactions are HEALTH DAMAGING

From Dr. Kemia Sarraf, Lodestar Trauma Mitigation Master Class

Moving Stress from Toxic to Manageable

- Choice:
  - Do I feel in control?
  - What can I control?
- Familiarity:
  - “I’ve been here or seen this before”
- Context & Framing:
  - How am I seeing this?
- Support:
  - Is there supportive community
  - Am I in a supportive environment?

- Resources:
  - Do I have the resources?
  - Can I access the resources?
- Skills & Techniques:
  - Have I learned the skills?
- Opportunities for rest/respite/recovery

From Dr. Kemia Sarraf, Lodestar Trauma Mitigation Master Class

Conclusion

- Recognize how trauma shows up in providers as well as patients
- Importance of recognizing activation (in the self and others) in order to navigate and mitigate it
- Connection mitigates trauma
- Racialized trauma has a long-term impact
  - On people of all identities
- In-the-moment tools to navigate and mitigate trauma

Resources

*Lodestar Trauma Mitigation Master Class

*My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies by Resmaa Menakem

*Between The World And Me by Ta'Nehisi Coates

*The Inner Work of Racial Justice by Rhonda V. Magee

*Mindful of Race: Transforming Racism From the Inside Out by Ruth King

*Conscious Anti-Racism: Tools for Self-Discovery, Accountability, and Meaningful Change by Dr. Jill Wener and Dr. Maiysha Clairborne

*Conscious Anti-Racism online course or live/virtual trainings (www.consciousantiracism.com)

*Anti-Racism Daily email series- https://www.antiracismdaily.com/

*Podcasts: Conscious Anti-Racism and The Black Mind Garden

Thank You!

Helping People and Organizations Find Their Place in the Fight Against Systemic Racism and Oppression

Live Trainings * CME-Accredited Online Course * Book

www.consciousantiracism.com

Jill@jillwener.com

CONSCIOUS ANTI-RACISM
SELF-DISCOVERY – ACCOUNTABILITY MEANINGFUL CHANGE

Trauma-Informed Care

XCENTER

HEALTHADVOCATEX