

Want to Help Underserved Communities Succeed? Adopt a Trauma-Informed Model at Your CEO Table

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2020 was a year to remember. Not only did the United States –and the world– grapple with a pandemic of epic proportions, but our country was also forced to take a deeper, harder look at the pervasive and deadly impact of racial inequality and systemic discrimination, as the continued violence against Black Americans by police officers made the headlines time and time again. The murder of George Floyd was the last straw.

What 2020 also uncovered were the deep divides between those who have and those who have not: those who have access to steady income, stable housing, affordable health insurance, nutritious food, reliable technology, and otherwise dependable support networks, fare better, while those who do not have access to these lifelines are more susceptible to COVID-19 infection and mortality.

These divides were most evident in cities across America where racial and socio-economic segregation seem to be built into the urban fabric, such as New York City. The Bronx, home to some of the poorest Congressional Districts in the nation, consistently suffered the highest rates of infection and mortality throughout the COVID-19 pandemic (NYC Department of Health and Mental Hygiene, n.d.). In fact, all around the country, communities largely comprised of Black/African American and Hispanic/Latinx populations were disproportionately impacted by COVID-19.

What is the connection between race, poverty, and health? Why have we seen such stark differences among racial/ethnic groups when it comes to COVID-19 illness and likelihood of survival?

Trauma in the Underserved Communities

While the answer to the question above is multifactorial, it is necessary to take into account the incidence rate of Adverse Childhood Experiences (ACEs) among vulnerable populations, as well as the impact of critical social determinants of health.

The Centers for Disease Control and Prevention (CDC) describe Adverse Childhood Experiences (ACEs) as potentially traumatic events that occur during childhood, such as experiencing violence, abuse, or neglect, or witnessing violence in the home or community, among other experiences (CDC, n.d.). Environmental factors also contribute to a young person's sense of safety and stability, or lack thereof. For example, was the child exposed to substance use, alcoholism, and addiction within the household? Did any household members suffer from mental illness? Were there any other factors that contributed to ongoing instability and toxic stress, such as incarceration, homelessness, or poverty?

Community risk factors that contribute to the development of ACEs include growing up in neighborhoods with high rates of violence and crime, high rates of



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poverty and housing insecurity, limited educational and workforce development opportunities, easy access to drugs and alcohol, few community activities for young people and/or lack of afterschool supports, among other social and environmental challenges.

ACEs can cause long-term consequences that reduce the quality-of-life for an individual, such as chronic physical and/or behavioral health conditions, substance use disorders, unemployment, loss of income, among other challenges. Meanwhile, factors associated with urban poverty have been shown to increase the risk that trauma will negatively impact family functioning (Collins, 2010).

This ripple effect is evident in communities of color across the South Bronx, which have been historically underfunded, under-resourced, and underrepresented. The barriers of structural inequality have not only led to chronic health, education, and socio-economic disparities while contributing to high incidences of mental health and substance use disorders, but they have also bred generational trauma.

While the public sector plays a key role in addressing these systemic challenges, nonprofit human services organizations are expected to fill the gaps, which are oftentimes enormous. Nonprofits like the one in which I run the operations – Acacia Network – play a key role in ensuring that vulnerable communities have access to the resources they need to overcome the barriers preventing them from leading healthy, successful lives.

In order to make transformative and lasting change, organizations must commit to adopting a trauma-informed model from the very top at the CEO level, to every single staff person in the frontlines: from social workers and primary care providers, to front desk personnel and security guards.

What is Trauma-Informed Care?

The American Psychological Association defines trauma as “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a per-

son's attitudes, behavior, and other aspects of functioning.” (APA Dictionary, n.d.).

Trauma can affect anyone regardless of who they are or where they come from. Some people experience very few traumatic situations throughout their lifetime, while others may experience chronic or multiple traumatic events. Research tells us that for people experiencing homelessness and poverty, the rates of trauma are extraordinarily high.

According to the Substance Abuse and Mental Health Services Administration, “a trauma-informed approach [...] includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events” (SAMHSA, 2014).

Organizations like Acacia Network, which are deeply embedded in vulnerable communities, must take into account the existence of prior and ongoing trauma when working with their clients. Experts argue that it is important to recognize the possible existence of a traumatic history in order to establish therapeutic environ-

ments that are physically and psychologically safe for the individuals served (Levenson, 2017).

Acknowledging trauma requires providers to take the necessary steps to promote the physical and emotional wellbeing of their clients, including the following:

- Ensuring that all spaces are welcoming, orderly, and have participants' rights visibly posted;
- Keeping participants informed about all aspects of their treatment so they feel involved in the decision-making processes regarding their care and gain a sense of empowerment;
- Adopting treatment interventions and designing care plans that are culturally responsive and take into account each participant's background.

Communities of color that have been systematically abused by the structures of power experience higher rates of hesitancy and mistrust when seeking care. More recently, we've seen this play out with COVID-19 vaccine hesitancy among

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Acacia Network and our affiliates provide integrated, culturally-competent, and trauma-informed services through: Primary Care; Mental Health & Addiction Services; Residential Treatment for At-Risk Populations; Affordable and Supportive Housing; Transitional Housing; Early Childhood Education; Afterschool Programs & Youth Development; Senior Services; Workforce Development; Arts & Culture, and more. For more info, visit: www.acacianetwork.org

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Research reveals promising evidence of reduced rates of VC and STS, and increased awareness of personal trauma reactions, when staff receive TISC training, specifically the implementation of personal self-care practices and trauma-informed training that focuses on understanding manifestations of trauma in: 1) those being helped and 2) helping professionals.

Although empirical data exists regarding the negative influence of trauma reactions on staff retention, more studies are required to examine the impact of TISC on employee retention for TIC organizations. This is particularly needed in the current climate since the COVID-19 pandemic, in which we are seeing an exacerbation in behavioral health conditions and lower rates of employee retention.

The traumatic impact of COVID-19 for staff and individuals receiving services has already begun contributing to psychotherapist's rates of VT and will likely continue for some time (Aafjes-van Doorn et al., 2020). Development of strong TIC organizations that focus on TISC practices and trainings have the potential to create safe, healthy and effective work environments where high staff retention and the use of empirically-supported practices fuels the highest standards of care for individuals served, and contributes to healthier and happier communities.

To learn more about Devereux Advanced Behavioral Health, visit <https://www.devereux.org/>. To contact Crystal Taylor-Dietz, PsyD, email: CTaylor11@devereux.org.

Devereux Advanced Behavioral Health:

Devereux Advanced Behavioral Health is one of the nation's largest nonprofit organizations providing services, insight and leadership in the evolving field of behavioral healthcare. Founded in 1912 by special education pioneer Helena Devereux, the organization operates a comprehensive network of clinical, therapeutic, educational, and employment programs and services that positively impact the lives of tens of thousands of children, adults – and their families – every year. Focused on clinical advances emerging from a new understanding of the brain, its unique approach combines evidence-based interventions with compassionate family engagement.

Devereux is a recognized partner for families, schools and communities, serving many of our country's most vulnerable populations in the areas of autism, intellectual and developmental disabilities, specialty mental health, education and child welfare. For more than a century, Devereux Advanced Behavioral Health has been guided by a simple and enduring mission: To change lives by unlocking and nurturing human potential for people living with emotional, behavioral or cognitive differences. Learn more: www.devereux.org.

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Black/African American and Hispanic/Latinx communities. Culturally competent care plans are therefore critical when serving racial/ethnic minorities, as studies have shown that patients feel higher levels of trust when providers share their racial/ethnic background.

The Importance of Adopting a Trauma-Informed Model at the CEO Table

I have been in the primary care, behavioral health, and human services fields for over 20 years. Over the past two decades, I have witnessed firsthand the undeniable impact that adopting a trauma-informed lens can have on the way providers and practitioners approach their work, and how clients engage in their recovery processes.

In my early career, I was given the opportunity to develop and lead trauma-informed trainings for community outreach workers. Fast forward a few years, and I was running the day-to-day operations of a federally-qualified health center that served women and children, where I was able to put into practice what I had been training community outreach workers to do. Until then, I had considered myself an expert in the whys and how you should adopt a trauma-informed model,

but I hadn't had the opportunity to witness the true power of this approach.

Today, I have the honor of serving as the Chief Operating Officer at Acacia Network, one of the largest Latino-led nonprofits in the nation, serving more than 150,000 individuals annually through integrated, trauma-informed services in the areas of health, housing, economic development, social services, and cultural revitalization. Among other resources, we provide comprehensive and culturally responsive behavioral health and addiction services to youth and adults in vulnerable communities such as the South Bronx.

At Acacia, I have challenged our leaders and champions—from the CEO to our front-line staff—to see every aspect of their work through a trauma-informed lens: from the color of our walls and the artwork we display, to the way we interact with our program participants in their own language.

Trauma-informed work requires leading by example and acknowledging our own trauma before addressing the challenges our communities face on a daily basis. Recognizing these challenges requires a cultural competence lens that takes into account our shared history, our struggles, our background, our trauma.

Frontline organizations like Acacia are uniquely positioned to effect lasting change because most of us, from the leaders to the staff, come from the very com-

munities we serve. As practitioners and essential services providers in the trenches, we have a duty to our communities. We have an opportunity.

Let's all rise to this challenge, so we can continue serving our communities with the compassion and care they deserve.

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