



# Culturally Competent Trauma Practice

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# Introduction and Norms

- What does someone who looks like me have to tell you about cultural competence?
  - Who I am, where I'm coming from, and why I think it makes sense that it's me standing up here – how cultural competence is about deepening the capacity for relationship in psychotherapy
  - My metaphoric universes- aikido, Star Trek
- Norms for how we roll
- First aikido metaphor of the workshop –stepping on toes



# Self-Care

- Material in this workshop may evoke distressing emotions, and that's okay.
  - Practice self-care
- If you're distressed, you're responsible for taking care of yourself; leave the room, use your self-soothing skills, do what works for you.
- Assume the goodwill of everyone in the room
- Assume that you will be offended, and you will offend someone. Mindfully notice these experiences, and assume that they are not intended as offensive.

# A Ritual for Rupture Repair When Your Toe is Stepped On

- Assume the other person's best intentions—at the worst, they are clueless or insensitive.
- Soothe yourself. Don't allow them to take away your integrity.
- Speak to them in private- reduce opportunities for shame (unless it's dangerous to you to do so)
- “You probably don't realize it, and what you said/did was hurtful to me.”
- If you're the one who stepped, “Thanks for taking the risk to tell me. What else would it be helpful for me to know so that I don't do this again.”
- Acknowledge the willingness to listen

# Terminology

- Target groups
  - Individuals and groups that have historically or currently been targets of systemic discrimination, bias, oppression, maltreatment
- Agent groups
  - Individuals and groups that have historically been the dominant group within a given social context
- Star Trek ethnic groups
  - Bajorans, Cardassians, Klingons, Romulans, Vulcans, Ferenghi

# Defining Culturally Competent Practice

- The capacity to be self-aware in regards to your own identities and cultural norms.
- The capacity to be sensitive to the realities of human difference,
- Possessing an epistemology of difference that allows for creative responses to the ways in which the strengths and resiliencies inherent in humans' identities inform, transform, and are also distorted by distress and dysfunction.
- The capacity for insight into yourself and your identities
- The capacity to be attuned to the diversity and complexity of humanity
- Noticing, not denying differences, in a compassionate manner.
- Understanding difference as a multi-dimensional phenomenon not limited by visible characteristics such as phenotype, body morphology, or apparent sex.
- Taking a mindful, self-compassionate stance in relationship to your own ignorance, biases and privilege

# Culture as a Transference-Countertransference Dynamic

- Culture – as expressed through the multitude of intersectional identities – is a much if not more a component of unconscious and relational dynamics as are early attachment patterns
- Factors of intersectional identities affect attachment, self-representation, relational capacities, expressions of all of above
- How can this NOT show up in the unconscious and relational intersubjective spaces?

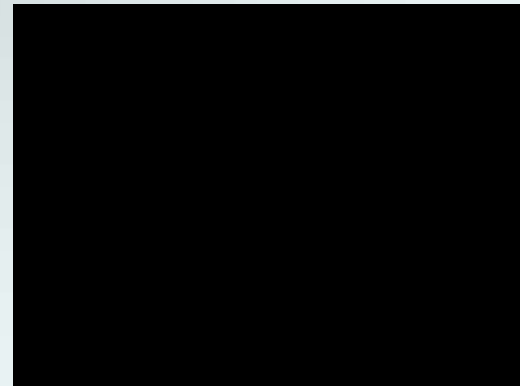
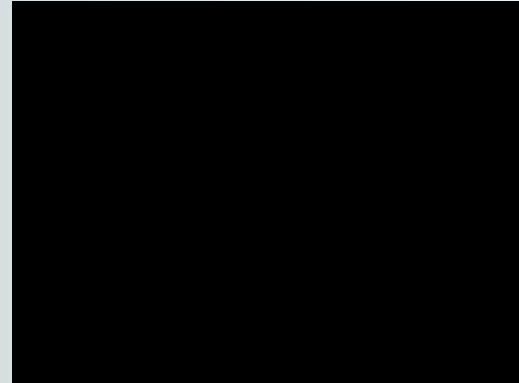


# Thinking and Feeling Together About Difference

- Cultural competence is less about the acquisition of particular sets of data and more about
  - Humility
  - Curiosity
  - Self-Awareness
  - Willingness
  - Open-heartedness
    - Second aikido metaphor of the day

# What's Hard About Culturally Competent Practice? Let's ask Star Trek

- You have to be willing to be confused
- You have to embrace your ignorance
  - Genly Ai and the Foreteller
  - Taoist principles



# So Why Bother ?

- Deepening our cultural competence expands our capacities as human beings.
- Moving toward cultural competence improves the quality of the work we do.
- Culturally competent practice allows us to live up to our ideals about excellence in our professions and justice in the world.
- It's particularly important with trauma survivors, where every little bit toward accurate empathy matters
- And, it just works better. If you're pragmatic, it's the most pragmatic approach to adopt.

# Mindful Observation

- Mindfulness offers a strategy for observing oneself in effective, compassionate ways.
- What do I mean by this? Not necessarily meditation or a formal practice (although it certainly doesn't hurt if you have a mindfulness practice when you're working in the world of trauma)
- Rather, a stance on oneself and one's behaviors
  - Observe, describe
  - Eschew positive or negative judgment
  - Observe, describe the judgment that arises nonetheless
  - Now breathe again, simply notice, observe, describe

# Mindful Self-Compassion

- Allowing ourselves to be human
- Lt. Cdr. Data and the silicon chip with the sub-routine for emotion versus homo sapiens and the limbic system
- “[Lt. Cmdr. Data](#): My programming may be inadequate to the task.
- [Counselor Deanna Troi](#): We're all more than the sum of our parts, Data. You'll have to be more than the sum of your programming.”
- Our programming, as humans, is to notice difference as dangerous
- Learning to embrace difference as, at the very least, neutral, requires us to learn how to override our limbic systems and forgive it its pull
- Mindful self-compassion powerfully assists that goal

# Mindful and Humble Observation of Our Cultural Not-Yet-Competence

- Noticing that we are in an ever-evolving process toward cultural competence requires this sort of mindful observation
- *We will* step on toes. We will say or do something, with friends, colleagues, clients that is culturally insensitive, perhaps even hurtful.
- When our response to ourselves is guilt or shame, we will become unable to learn from our experience

# Compassion—The Antidote to Shame

- Donald Nathanson has proposed four common reactions to shame:
  - Distancing from the source of our shame
  - Blaming the source of our shame
  - Fusion with the source of our shame
  - Self-hate in the presence of the source of our shame
- How might each of these responses undermine culturally competent practice?
- How might each of these affect work with trauma survivors, who will inevitably elicit powerful affects and some boundary crossing behaviors from therapists?

# What Shame Prevents

- Radical acceptance of the reality of our biased, limbic system-driven selves
- Forgiveness of ourselves for stepping on toes
- Letting go of perfection in exchange for open-heartedness and genuineness, allowing for repair of ruptures
- Actual relationships with people from whom we are different
- Open-hearted connections in the presence of horror
- All of these stances that are undermined by shame are central to culturally competent practice



# And So We Begin

- Third aikido metaphor of the day
  - Achievement of shodan (black belt) status means that one has finally started one's real practice.
  - Beginner's mind, rather than an emphasis on certification of expertise
  - Compassion and mindful awareness of oneself, knowing that we begin again, and again, and again – with each new encounter, with each interaction, we begin again.

# Intersectionalities and Representation

- Or, who in the heck are we, and what do others perceive about us?
- And how does that affect us when we're practicing at the margins of difference?

# Identities as Intersectional Phenomena

- Many of the models of culturally competent practice that developed in the latter half of the 20<sup>th</sup> century assumed identities as discrete, disconnected silos of experience.
- “Etic” paradigms
  - Competence = acquisition of specific body of knowledge about a specific group
  - Parameters of knowledge imposed by external, allegedly “objective” knower (usually researcher from outside the system)
  - Knowledge of the “other” seen as fulfilling requirements of becoming culturally competent
  - Not about the person of the insider (who is defined as above it all)
  - Not about the subjective experiences of the “Other” (who is defined as biased because her/his experiences are not the dominant norm)

# Which Box to Check?

- So one could be a person of color, or female, or queer, or poor, or living with a disability, or English-first, or native-born, or a trauma survivor...
- But not some combination of the above
  - “Handbook of psychotherapy with Bajorans” model
  - Knowledge was group-specific, tended toward generalities
    - Rules about how to interact with members of specific groups
    - Groups defined so as to enhance apparent homogeneity and downplay within-group differences
    - Identity as singular- one box checked
    - Competence defined as acquiring and using the correct set of rules for the group, irrespective of whether those were a good fit for the person
- Implicit assumption of etic models – that the person delivering services has a agent group identity – it’s all about “us” understanding the somehow foreign “them.”

# But...

- Says the wanting-to-get-it-right-well-meaning person
- Shouldn't you know not to shake the hand of the Orthodox Jewish man if you're a woman?  
Shouldn't you know not to sit with the soles of your feet facing towards an Arab person?
- If you spend your whole time memorizing the lists of rules and avoiding stepping on toes, what happens?

# Distance

- The logical consequence of the etic models
  - Anxiety, shame, guilt, and distancing with people who are your “Other”
- Some positive effects of these models, worth acknowledging
  - Opened the discourse re: culture and human distress
  - Legitimized the discourse about difference in psychotherapy
  - Created awareness of lacunae in mental health services delivery to marginalized people
  - Supported importance of development of basic skills and awareness re: work with official Alien Others

# Costs Outweigh Benefits

- Created false sense of competence in clinicians (“I know the rules because I read the book, so I am competent to work with Bajorans”) and in researchers (“I have read the book, so I know what research questions to ask about working with Alien Others”)
- Created knowledge silos – “I can’t work with Romulans because I’ve never had any coursework on their culture.”
- Downplayed relational, contextual, and political meanings of mental health and social services interventions by constructing phenomena as interesting cultural artifacts of the Other
- Imposed dominant cultural categories (mental illness vs physical illness instead of integrated paradigm of distress) on Other groups, creating an implicit norm for both health and illness for them that added to their marginalized status in relationship to agent group professionals and service organizations
  - *The spirit catches you and you fall down* – a book about what happened to a Hmong child with epilepsy caught in the U.S. medical and child welfare systems

# And...

- These models defined difference in essentialist manners, as primarily or only about phenotype (aka “race”) and other biological factors (sex), taking a deterministic stance that treated these variables as fixed in their meaning for people
- Limitations on knowledge- only one set of Alien Others at a time, no epistemic framework for extrapolating
- Professional training often induced problematic affects of guilt, shame, avoidance, distancing, victim-blame - or rage, in members of target groups sitting in trainings
- The “problem” of human diversity and difference was defined as belonging to the Alien Others, not to professionals or organizations representing the agent group that happened to be dominant in a particular culture.



# 21<sup>st</sup> Century Paradigms- Intersectionality

- Emerged from work of scholars (see the work of Crenshaw) looking at the lives and identity development of people whose experiences explicitly crossed categories, (e.g., "mixed race," bisexual, gender fluid, 1.5 generation immigrants)
  - These are groups that are themselves marginalized by other target groups as insufficiently "pure," and have struggled to assert their own non-pathological identities in epistemic systems that required monofocal identities

# Assumptions of Intersectional Paradigms

- There's more to identity than can be known from direct observation
- The intersections are unique within each person, even though they appear to have the same ingredients
- Responding to someone in a culturally competent manner requires consideration of multiple social locations, each with its own meanings for the particular individual
- The reality (not problem) of human diversity and difference is everyone's interest and responsibility, because we all have intersectional identities

# Everyone's Diverse Even if You Can't See It

- There is a broad range of factors affecting diverse human experiences
- All of us have all of the dimensions of human diversity, whether we notice them or not
- If our core identity is in an agent group, we may be unaware of how we are affected by these dimensions-privilege at work
  - If our core identity is in a target/oppressed group, we may be only aware of how we are affected by these dimensions-the impact of the absence of privilege.
  - Each of these mono-focuses denies the complexity of intersectionality, particularly when we are both agent and target inside of one person

# ADDRESSING- An Epistemology of Difference

- An epistemology of difference developed by Pamela Hays (2016) that
  - Moves your thinking away from the “how to treat Bajorans” model
  - Attends to the complexities of each person’s identities, including yours
  - Works well with 21<sup>st</sup> Century models of identity development that move away from invariant stage theories to multiple trajectories of identity expression

# What It Stands For

- A-Age related factors. Actual age and age cohort (generation)
- DD-Disability- visible and invisible disabilities, developmental (born with) and acquired
- R-Religion, spirituality, and meaning-making systems
- E-Ethnic identity- “race”, phenotype, culture

# ADDRESSING

- S-Socioeconomic status- current and former (and family's current and former)
- S-Sexual orientation-gay, lesbian, bisexual, heterosexual, asexual, queer, questioning
- I-Indigenous heritage/colonization history
- N-National identity- immigrants, refugees, temporary residents, undocumented persons, "1.5 gen" and adult children of same, English-first or English-acquired
- Gender- biological sex and enacted gender

# Assumptive Norms Arising from ADDRESSING

- People do not have one identity, but rather live in intersectional identities
  - There are multiple identities and social locations for each person
  - Aspects of identity have different salience in different social contexts
    - For instance- if we define a person in a context in terms of their Alien Other status, it will over-determine the meaning of that aspect of identity for that person in that context
  - Observers will construct a person's identity differently than persons construct it themselves
  - Cultural competence includes attending mindfully to the realities of visible identities while simultaneously not assuming that what is easy to see and know is primary or salient for the other person –and knowing our own identities so that we can consider what we represent

# When and Where We Enter

- When we enter an encounter with another human being we bring
  - Our personal history with this person's various groups
  - The other person's personal history with our various groups
  - Our groups' collective histories with one another
  - Awareness of our own identities enhances our capacity to understand what we might represent
  - So what do we represent? What do we wish we did not represent? (and how does that lead us to denial about what we represent, or minimization of other people's experiences of representation?)
  - How do we accept the realities of what we do represent?
    - Target group members are often hyper-aware of representing due to absence of privilege; persons with primarily agent group memberships frequently minimize or deny this reality due to the privilege inherent in agent group membership that protects from interrogation of identity and representation



# Considering Representation

- AKA transference and countertransference
- Our individual and cultural experiences lend symbolic meaning to encounters at junctions of difference
- The immediate social context can and often does change what we represent to one another in a particular moment
  - For example, when ethnic strife or disclosures of history of oppression are in the foreground of public consciousness, our ethnicities will become more powerful factors in our interactions, both with people who appear to share our identities and with those who we perceive to be different

# Perils of Representing

- When people are ambiguous to us or we to them (because of mixed heritage, or apparently non-congruent combinations of other personal attributes, for example), this may affect how we perceive, and thus deal with those folks (or are dealt with by others).
- People whose represent what we expect will be more visible; those who do not may become invisible to us, or us to them
- Look at this photo and tell me what you think you know about this person's ADDRESSING identities



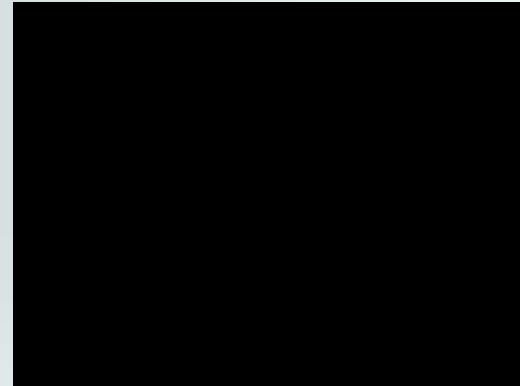
# Aversive Bias

You've got to be taught  
To hate and fear,  
You've got to be taught  
From year to year,  
It's got to be drummed  
In your dear little ear  
You've got to be carefully taught.

You've got to be taught to be afraid  
Of people whose eyes are oddly made,  
And people whose skin is a different shade,  
You've got to be carefully taught.

You've got to be taught before it's too late,  
Before you are six or seven or eight,  
To hate all the people your relatives hate,  
You've got to be carefully taught

– Oscar Hammerstein



# Bias- A Learned (and Completely Unavoidable) Phenomenon

- Interaction of
  - Amygdala activation and SNS arousal
    - Difference, danger
  - Classical conditioning of activation to lived experiences
  - Modeling
    - Overt (“Those damn Romulans can’t keep their children under control”)
    - Covert (you’re herded to the other side of the street by the adults whenever a Romulan approaches)

# How The Overt Becomes Aversive

- The carefully taught child is also taught
  - Be fair
  - Don't be biased
  - Don't discriminate
- And if in a helping profession
  - It's not ethically acceptable to be biased
  - Helpers/counselors/therapists/advocates don't have bias
- Bias is disowned, goes underground, and becomes aversive to current beliefs and values
  - And is still there as a non-conscious, denied, and powerful source of attitudes and behaviors

# Aversive or Modern Bias

- Work of social psychologists such as Dovidio, Greenwald, Gaertner, Banaji, and others has extensively explored the manifestations and expressions of this phenomenon
- Why aversive? Because it's incongruent with consciously held beliefs, and thus ego-dystonic and often unavailable to scrutiny
  - “I'm not like that! I'm a fair person, not a bigot!”
  - Conflation of biased attitudes (completely human) with identification with those attitudes
- Disowned material for self-described good people in the modern world, particularly the world inhabited by trauma workers
- Aversive bias is not simply a private affair
  - Substantial empirical data (largely in context of race relations) documenting negative effects of aversive bias on interactions with target group members (largely in context of race relations)
  - Question for each of our personal consideration- how might aversive bias affect functioning in your daily life outside of work?

# Embracing the Reality of Aversive Bias in Ourselves

- Aversive bias supports and is supported by the defense mechanisms of denial and undoing
  - “I’m not biased, but...”
  - “Why does that bother you? You’re not one of them/there aren’t any of them in the room.”
  - Creates crazy-making emotional data for member of target group, leading to distance, disconnection, and distrust
  - Dovidio’s “Why can’t we just all get along” experiment



# Assessing Your Own Aversive Bias

- Take the Implicit Association Test
  - <http://www.understandingprejudice.org/iat/>
  - Empirically demonstrate the presence of non-conscious biases, including race, gender
  - Challenging, eye-opening activity to engage in as it's difficult to game the test
  - Cultural competence includes a willingness to uncover and confront non-conscious bias in ourselves
  - The goal is NOT to have a low score; the goal is to have an accurate mirror of unconscious bias
  - Then to be mindful and compassionate; we are who we are, we are simply responsible for knowing who we are and the choices we make with that awareness

# Aversive Bias as a Form of Unexamined Countertransference and Transference

- When aversive bias is unacknowledged, how might it affect our capacities to work across difference?
  - The effects are most similar to dynamics associated with shame that we discussed this morning
    - Avoidance
    - Anger
    - Fusion
    - Blame
- The challenge for cultural competence
  - Notice these emotions and look inside of ourselves for the aversive bias, rather than developing narrative of “if only these Romulans weren’t so difficult/untrusting, etc”

# Who Me, Biased?

- It's shameful to many people to acknowledge our biases (oops, I'm human).
- When shame over bias touches other aspects of shame about self, then its power to distort human encounter grows
- Ironically, target group members are often more vulnerable to shame because of experience of oppression that are being defended against
  - Disowned identities (passing, closets)
  - Stigmatized identities (visible, unavoidable)
  - Internalized oppression (I'm not like the rest of the Klingons)

# Not All Bias is Created Equal

- Target groups have biases about agent groups
  - These biases may be much less aversive and more overt—and even owned with pride (see under my grandparents and the goyim)
  - Sometimes those biases are protective for the target group (also see under my grandparents and the goyim)
- Target group bias about agent groups is thus *not* an “ism,” although it’s not something to be defended and cherished
- And those biases carry little to no social power
  - The people who were running to the cellar to hide every Christmas and Easter were my ancestors –no matter how they spoke ill of the goyim it didn’t protect them from pogroms, laws restricting where they lived or what professions they could enter

# Bias + Privilege =

- Isms –systemic forms of bias that are reinforced by social hierarchies of power and access to resources
- These hierarchies are socially constructed – that is, a group is not inherently privileged, but defined as such by the social norms and unspoken values of the culture
- In the absence of privilege, bias is simply negative judgment. In its presence, bias has the power to wound and endanger those who are its targets
- “Reverse \_\_\_\_\_ism” as a problematic construct

# Privilege

- Take a deep breath- this word has gotten radioactive
- Privilege – the “invisible backpack full of goodies” that is loaded into agent group members from birth
  - Access
  - Resources (human, financial educational, vocational)
- You can't earn it, and if you have it, you can't avoid or get rid of it
  - Privilege denied often accompanies (and fuels) bias because to the person with privilege the playing field looks level
- Privilege (or its absence) have known effects on physical and mental health (i.e., “disparities” as we like to call this topic back home)
- Privilege doesn't mean you don't have struggles and pain in your life; it means that your struggles and pain are probably not due to the results of some form of systemic oppression or trauma
- Loss of status-based privilege can be and often is traumatic.

# What is privilege?

- Some examples...
  - You can drive any car you want without worrying that you will be stopped so long as you are obeying traffic laws
  - You can walk into any store wearing anything you want pretty well assured that you will not be followed or harassed by the security guard
  - You're never asked "what are you" or "where are you from"
  - Your culture's holidays are usually days off from work or school
  - You can be imperfect and few people will generalize from your imperfections to those of everyone in your group
  - If your day, week, or year is going badly, you need not ask about each negative episode or situation whether it has overtones of bias or whether you're being paranoid
  - Your emotional responses to events are perceived as "typical" or "normal," not as over-or-under reactions
  - What frightens and upsets you matters

# Taking it Easy

- Privilege creates
  - Ease—your group is the norm and defines what is real and important and valuable and normal and sane
  - Safety—your group is not targeted because of its characteristics, and in fact has its attributes valued and held up as those that others should emulate
  - Clarity—no need to decipher and unpack potentially ambiguous situations (and thus no awareness that such multiplicity of meanings chronically resides in target group members' interpersonal milieus)
  - All of which contribute to resilience in the face of psychosocial stressors—but can also become vulnerability when this very just world is challenged by events
- Privilege unscrutinized can impair empathic relating and lead to pejorative judgments about peoples' experiences
  - “S/he’s just over-reacting,” “making a big deal about nothing,” “focusing too much on peripheral topics” (privilege defines a center around you)



# Privilege and Cultural Competence

- Acknowledging your own privilege with compassion towards yourself is one step toward cultural competence
- Necessary—managing affects of shame and guilt associated with awareness of privilege—component of emotional competence
- Acknowledging privilege creates the possibility of alliance across difference

# Guilty Awareness as a Problematic Affect

- Guilt over privilege frequently arises for dominant group people of good will, which is interpersonally problematic
  - Resentment
  - Boundary violations
- Denial of realities of privilege can lead to disconnects relationally
- Guilty awareness of privilege – equally problematic because guilt engenders resentment
- Failures of accurate empathy and difficult interpersonal encounters can arise *both* from denial of privilege and guilt/shame over its existence
- Why self-compassion is central to cultural competence

# Changes in Attitude

- Cultural competence ultimately requires learning about our own dynamics of internalized oppression and domination
  - Within our multiple and intersecting identities we experience each of these – and defend against them in various ways
  - People of good will –which means everyone in this room, and almost all people working with trauma – don't like looking at the ways we participate in domination and oppression, especially if we also have a target group membership that is central to our sense of self
- We must be willing to make mistakes that we can learn from- be close enough to step on toes
- We have to learn how to make human diversity core to our analysis of everything we do, rather than an add-on
- This creates a stance of alliance around the larger social context in which oppression and domination occur and are ubiquitous, and in which we have options to empower ourselves to change the structural realities to be more fair.

# Cultural Competence Deepens Empathic Relating

- Embracing and examining our bias and privilege in a mindful, compassionate manner deepens the capacity for genuine empathy with others across differences
- Research findings- target group clients perceived self-aware dominant group therapists as equal in empathy to therapists from own group
- Beyond the therapeutic alliance to alliances with meaning in the social/cultural/political contexts outside the treatment room, all of which inform (or distort) the nature of the therapy relationship
- Examples of how we might manifest this
  - Taking the initiative to talk about elephants in the room and taking the elephants seriously rather than being annoyed by the fact that someone has reminded us of elephants
  - Attending to “when and where I enter” in a mindful, self-compassionate manner

# Stages of Change and Embrace of Culturally Competent Practices

- Precontemplation – “not a problem, and certainly not my problem”
- Contemplation – okay, there’s a problem, but it’s not my problem
- Preparation – maybe it’s my problem, but I have no idea of what to do
- Action – it’s my problem, too, and I’m figuring out how to transform it
- Maintenance – how to keep working on the change process, because change is never done

# Ultimately

- Cultural competence is a way of being that draws deeply on what we know makes difficult relationships (including psychotherapy and advocacy) work well
- Alliance, empathy, respect, positive regard, humility, genuineness, and both the willingness and capacity to repair ruptures –all things that research says contribute to good outcomes in helping relationships -- translate into behaving in more culturally competent ways.
- As psychotherapists working with trauma survivors who embody all of human diversity, we have the privilege of being called to develop the forms of emotional competence that underlie culturally competent relating
- Our challenge; to translate that knowledge and experience of how to effectively relate to people in pain to our work with one another, and our lives in this increasingly diverse world.
- And now, integrating all of this into trauma treatment.

# How we talk about trauma

- In any room full of therapists are trauma survivors
  - Empirical data from large-scale surveys of psychotherapists in the American Psychological Association indicate that around 1/3 of respondents have histories of childhood maltreatment and these data anecdotally appear to be true for psychotherapists in other settings and cultures. Trauma specialists seem to have even higher rates.
  - “We”, not “they” as the pronoun for trauma survivors
  - Take care of yourself- if material becomes too activating, give yourself a break from the room
  - To work with trauma, self-care is foundational

# Defining Trauma in the Culturally Competent Framework

- Before we can talk about how to treat the symptoms, we need to understand the meanings and contexts in which trauma has occurred in an individual's life
  - Historical perspectives on trauma
  - Trauma myths and realities
  - Complex trauma, particularly adult-onset complex trauma in torture survivors and asylum seekers
  - Diverse definitions of trauma
    - Insidious trauma/microaggression
    - Betrayal trauma
    - Loss of just world
  - Power and empowerment



# Who Defines Trauma?

- DSM-5 Criterion A definition:
  - Exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:
    - directly experiences the traumatic event;
    - witnesses the traumatic event in person;
    - learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
    - experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related). The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual's social interactions, capacity to work or other important areas of functioning. It is not the physiological result of another medical condition, medication, drugs or alcohol.

# Criterion A Trauma Exposure is Associated With

- PTSD
- Acute Stress Disorder (ASD)
- Other specified trauma and stressor related disorder (the diagnosis you can give for complex trauma, effects of micro-aggression, not-physically-dangerous discrimination)
- But also
  - Dissociative disorders, particularly DID and DDNOS
  - Somatoform disorders
  - Depressive disorders
  - Substance abuse disorders
  - Other anxiety disorders
  - Onset of psychosis

# Beyond Criterion A – Trauma-Informed Practice

- Trauma is a biopsychosocial/spiritual-existential phenomenon
- For members of target groups, what constitutes trauma may be invisible to the dominant culture and not fall within the formal diagnostic definitions – which leads to failures of treatment and service provision
  - Some researchers are fond of quoting the “only 20 percent of trauma-exposed people have PTSD” statistic as it to say that the other 80% are fine –when they’re not fine, they just don’t have PTSD.
- Events that are not overtly or easily apparent to observers as life-threatening may be perceived as traumagenic, representing symbolic and powerful threats to life and safety
- Repeated trauma exposures have results that are different than those of one-time or infrequent trauma exposures, as body/mind/psyche/meaning systems adapt to the content of chronic traumatization – complex trauma, post-colonial trauma
- Trauma-informed practice requires a broadened understanding of what can be subjectively traumatic and not being distracted by the presence or absence of diagnosable PTSD

# Other Ways of Understand What Can Feel Traumatizing

- While not fitting into a formal PTSD diagnosis, understanding these other forms of trauma enhances clinician's understanding of a symptom picture
  - Culturally competent trauma-informed treatment entails understanding how the individual perceived and responded to events or experiences as traumatic even though not fitting within Criterion A
  - Looking for how trauma exposure manifests beyond the PTSD framework

# Why Bother Looking Beyond PTSD?

- First, because all of the evidence-based therapies (most of which were normed on Euro-origin, English-first groups of people) are **only** for the treatment of PTSD – they are not evidence-based for the treatment of the wide range of other trauma sequelae
- Second, because ***PTSD is a culture-bound syndrome of Western cultures***. If you're working with people who primarily are not Euro-origin and English-first they may have some, not all, or even none of the symptoms of PTSD resulting from their trauma exposure. It's necessary to conceptualize their distress beyond PTSD
  - Cambodian refugee women and psychogenic blindness

# Epistemologies of Trauma

- Additive to Criterion A, and help trauma workers think beyond that box to a larger picture of what can be traumagenic
  - Insidious trauma/microaggressions
  - Betrayal trauma
  - The violation of dominant expectations/just world loss
  - Post-colonial trauma
  - Continuing trauma (as in, there is no “post” here)
- Cultural competence includes identifying how social location, heritage, and identities may lead to post-trauma responses to non-Criterion A events, or to non-PTSD responses to Criterion A events – or both

# Beyond PTSD-Complex Trauma

- Construct first defined in 1992 by Judith Lewis Herman and Mary Harvey
  - Refers to interpersonal, intrapersonal, biological, and existential/spiritual consequences of repeated exposures to trauma
  - Originally conceptualized as occurring largely due to childhood trauma + neglect
  - However, torture, genocide, colonization, severe abuse in intimate relationships and other repetitive, inescapable traumas of adulthood can also lead to a complex trauma picture
  - Now also understood as usually containing some elements of disrupted attachment, usually disorganized or ambivalent, or of extreme betrayal (as in case of torture survivors)

# Complex Trauma

- Frequently misdiagnosed as Borderline Personality Disorder (although not every person so diagnosed has a complex trauma history, the percentages are very high)
- Can also include people with DID and other dissociative manifestations of trauma response
- Despite the evidence for it, not included in DSM 5 (alluded to in PTSD of the dissociative type)
  - Why the resistance to including this phenomenon in the formal diagnostic manual?



# Insidious Trauma (Root, 1990)

- Uses lives of target group members as basis for paradigm
- Daily experience is replete with sub-threshold traumatic stressors
- Includes “ordinary oppression”, daily life experiences of exclusion or low-level maltreatment
- Leads to increased vulnerability over time
- Also referred to as “micro-aggression” (see work of Derald Sue and colleagues)

# The “Criterion A” of Insidious Trauma

- What constitutes a traumatic stressor may be a sub-threshold event that *represents* threat to safety, or one thing triggering a chain of responses to many similar events
  - E.g., being called derogatory name for the umpteenth time may open cascade of associations
  - Risk is of person being seen as “personality disordered” or “over-sensitive” rather than insidiously traumatized

# Insidious Trauma

- Requires continuous development of coping strategies which may constitute cultural or individual resiliency factors
- When major trauma or tipping point event occurs
  - Previous coping strategies may rigidify, leading to worse outcome with Criterion A events
  - But may also lend some resilience
  - Trauma survivor perceived as problem-solver, not victim, even when victimized, emerges from this model
  - People with post-trauma symptoms are attempting to solve the problem of exposure to traumagenic material while still functioning in the world

# Systemic Oppression As Trauma

- Various forms of systemic oppression-racism, classism, sexism, heterosexism, etc are forms of persistent trauma that affect people:
  - Directly, via hate crimes or discrimination
  - Semi-directly, via news of harms done to members of one's own or a similar target group
  - Indirectly, via microaggressions and everyday oppression woven into fabric of society
  - Via exposure to aversive racism, sexism, heterosexism, etc which is difficult to pinpoint, thus crazy-making

# Betrayal Trauma (Freyd, 1996)

- Betrayals of trust and violations of expectations of protection and care are traumagenic
- Betrayal Trauma occurs in relational contexts where a person violates role expectations of care and protection
  - *Institutional betrayal*, a related phenomenon, occurs when a protective institution fails to protect or even exposes to harm
    - Military sexual trauma
    - Widespread abuse in certain religious denominations

# Criterion A of Betrayal Trauma

- BT commonly occurs in context of acts that are not necessarily painful or life-threatening and frequently do not immediately evoke fear or helplessness, thus failing to meet *DSM* criteria for a traumatic stressor
  - Sexual abuse of child not involving force or threat, exploitation by clergy or therapist

# How This is Trauma

- Betrayal traumas are interpersonal events that may be initially experienced as confusing or distressing, but not as traumatic – often accompanied by “betrayal blindness”, in which target of betrayal is unable to see/know what is being done
- What is experienced as threatening to safety is the willingness of the care-giving person to violate their role and betray that role, the relationship, and victims themselves
- The awareness of the betrayal and threat may come long after the events have occurred
- Cognitive reappraisal of event (see Koss on acquaintance rape) leads to perception of betrayal and trauma

# Loss of the Just World as Trauma

- Janoff-Bulman drew on social psychological constructs to define trauma as the shattering of expectations of the just world
- Three fundamental assumptions:
  - The world is benevolent
  - The world is meaningful
  - The self is worthy
- Members of agent groups are at greatest risk for being traumatized in this way, as these fundamental assumptions underlie agent group status
- Refugees and asylum-seekers may also experience this at higher rates than other traumatized populations because of the events that disrupted their previously secure lives and thrust them into their current precarious situation



# The Traumagenic Culture

- Culturally aware models of trauma treatment posit that one obstacle to healing is traumagenic culture, in which insidious traumata and oppression become strategies for institutionalizing social inequities
  - Example- ripple effects of family separation policy earlier this year
- Individual change is impeded or difficult when societal and environmental changes do not also occur
- Understanding the continuing effects of a traumagenic environment on the trauma recovery process will be a crucial component of culturally competent trauma treatment

# Not just human design...

- The *DSM* suggests that traumas of human origin are more traumatizing (due to assumptions of neglect or malice)
- Critical theory in psychology argues that the traumagenic potential of these and similar acts is heightened, not simply, as the *DSM* would suggest, because the trauma is of human design, but also because repeated prior life experiences have lent added stigmatizing meaning to becoming the victim of this type of trauma (e.g., rape)
- Institutionalized trauma (expectable outcomes of oppressive cultural norms) also creates a traumagenic environment
- Traumagenic culture is upheld by myths about trauma which create secondary victimization for many trauma survivors

# Myths About Trauma

- Myths about trauma response are pervasive and often shared by mental health professionals. They constitute a form of systemic bias against trauma survivors, who constitute a target group
- Myths are insidious: We may not know that we subscribe to them, but our responses to traumatized people will reveal the myths
- Myths undermine a culturally competent model of treatment by positing norms for trauma response arising from stances of privilege and unexplored bias and assumptions

# Myths and Cultural Competence

- Myths about trauma may affect a therapist's ability to see trauma survivors clearly if
  - A client's cultural norms for expression of emotion run counter to therapist's view of "appropriate" response
  - Cultural meanings for the trauma lend it "added value" that therapist cannot see clearly if cultural competence is not integrated into trauma treatment
  - Choices of how to empower trauma survivors may be foreclosed by professional mythologies about what constitutes appropriate treatment, or what counts as a "real" evidence base.

# Definitions and Interventions

- When our definitions of what constitutes trauma are opened by moving in a culturally competent direction
  - We think in the broadest possible way about what the effects of trauma look and sound like
  - We think in the broadest possible way about what will help
  - We examine a range of evidence bases, not stopping at the results of randomized controlled trials of specific interventions
    - We look for indigenous methodologies that approximate the underlying mechanisms of evidence-based treatments, or to methodologies that are credible to the people we serve
    - We collaborate and team with trauma survivors rather than prescribing to and for them.

# Trauma as One Intersectional Identity

- Trauma is an aspect of identity and culture
  - Can be embedded in cultural realities, as it true for post-colonial, insidious, and intergenerational traumas (and for colonized or long-time oppressed cultures, may be written into the epigenetics and conveyed biologically from generation to generation)
  - Can become so interwoven into aspects of identity that being “X” identity feels equivalent to being a trauma survivor
  - Can occur so early in development that no identity exists in the absence of trauma
  - Can overpower other strands of identity
    - E.g., the male survivor of sexual assault who perceives himself to longer be a man

# Identities Inform Trauma Response

- Experiences of target or dominant identities can affect trauma response and capacities in the face of trauma
- Survivor's relationship to stigmatized or marginalized identities may increase capacity to deal with trauma
- But may also lead to inability to see injustice in own trauma experiences (the absence of a just world).
- Conversely- strong beliefs in just world increase risk of trauma arising from this source in members of dominant groups or groups with privilege

# Therapist as representation of trauma

- When and where the trauma enters...
  - Does therapist represent some aspect of trauma in her/his identities?
    - Do we come from a culture that has perpetrated on our client (whether or not we personally did so)?
  - Is the therapist's frame or therapeutic stance sufficiently disempowering as to evoke cultural/identity components of extreme powerlessness
  - Risks of insidious traumatization in therapy



# Resilience arising from identities

- Uncovering and identifying cultural strategies for dealing with trauma
  - Humor
  - Ritual
  - Story-telling
- Caution- do not assume that membership in a culture = will receive value from culturally normative healing strategies
  - These can also be a component of what is traumatic
  - Survivors may dis-identify with aspects of identity as component of coping/healing

# Goals of Culturally Competent Trauma Treatment

- Empowerment of survivors via
  - Development of self-care strategies that have lower costs to mind, body and spirit
  - Metabolizing the experience of being a trauma survivor via integration of the memories of trauma into life narrative
  - Encountering the existential crises engendered by trauma
  - Having the life worth living
  - Breaking cycles of violence
  - Recognizing that trauma is inherently disempowering to people, and walks through the doors of identity
- What do I mean by power?

# Four Locations of Power: Biological/Somatic

The powerful person is in contact with her/his body; the body is experienced as a safe enough place; accepted as it is rather than forced to be larger or smaller than it would be if adequately nourished. If its size or shape creates a lack of safety for a person, change of size or shape happens in the service of safety. There is connection with bodily desires for food, sexual pleasure, and rest; no intentional harm is done to one's own body or that of others. Does not require the ability to see, hear, walk, or talk, nor is a powerful body necessarily free of pain or illness, nor strong or physically fit. Body modifications reflect moves toward power and congruence, and personal construction of self. There is compassion for one's body.

# Four Locations of Power: Intrapsychic

The powerful person knows what she or he thinks; thinks critically, can change her or his mind; flexible, not suggestible, yet open to input. Trusts intuition, and also is able to find external data for validation of intuition; knows feelings as they are felt. Feelings are a useful source of information about the here and now. There is an absence of numbness, and the presence of aliveness. There is the ability to experience powerful emotions, to contain affect so as to feel it and function, to be able to self-soothe in ways that are not harmful to self or others physically, psychosocially, or spiritually

# Four Locations of Power: Interpersonal

A powerful person is more interpersonally effective than not, can have desired impacts on others more of the time than not; no illusions of control; forgives self and others, and is appropriately self-protective; differentiated, yet flexible. capable of forming relationships that work more of the time than not with other individuals, groups, and larger systems; able to create and sustain intimacy, to be close without loss of self or engulfment of other, and to be differentiated without being distant or detached; able to decide to end relationships when those become dangerous, toxic, or excessively problematic; able to remain and work out conflict when that's a possibility; enter roles in life—parent, partner, worker—most often from a place of choice, intention, and desire, not accidentally, although they welcome serendipity and the opportunity to encounter the new

# Four Locations of Power: Spiritual/Existential

The powerful person has systems of meaning-making that assist with responding to the existential challenges of life, and that have the potential to give sense of comfort and well-being; sense of own heritage and culture integrated into identity in ways that allow for better understanding of self; is aware of the social context and can engage with it rather than being controlled by it or unaware of its impact; has a *raison d'être*, and is able to integrate that into important aspects of their daily lives; access to capacities for creativity, fantasy, play and joy; has a sense of reality that is alive, not fixed and concrete

# General Principles of Liberatory/Empowering Trauma Practice

- Support functionality and enhance actual and perceived competence even when highly symptomatic
- Create safety of every kind, starting in your office
- Focus on emotional truths, not forensic facts (unless you're in a forensic role)
- Eschew neutrality
  - Frank Ochberg noted that a neutral therapist will be perceived as hostile or withholding by many trauma survivors
  - We cannot be neutral about trauma without appearing to condone or endorse it

# Cambridge VoV Program Model

- Meta-model providing paradigm for treatment no matter what your modality; culturally competent in the culture of trauma with focus on safety
- Safety and capacity development
  - Biological
  - Emotional
  - Material
  - Spiritual/existential
- Approaching the trauma – mourning and remembrance
- Creating meaning in life after trauma



# Safety First, Second, Tenth...

- Material safety
- Safety with and from oneself
  - Addressing self-inflicted violence early and often
- Safety with other people
- Safe treatment environment
  - Which means one in which people with a range of intersectional identities will feel welcome and likely to be clearly seen, heard, and perceived by everyone from the receptionist onward.

# Therapist Capacities

- Working with trauma is not for everyone, and not for all the time
  - Risks of secondary traumatic stress and vicarious traumatization
  - Trauma treatment requires an open heart and deep empathy, which can become particularly challenging with the source of your client's trauma is someone who looks or sounds like you

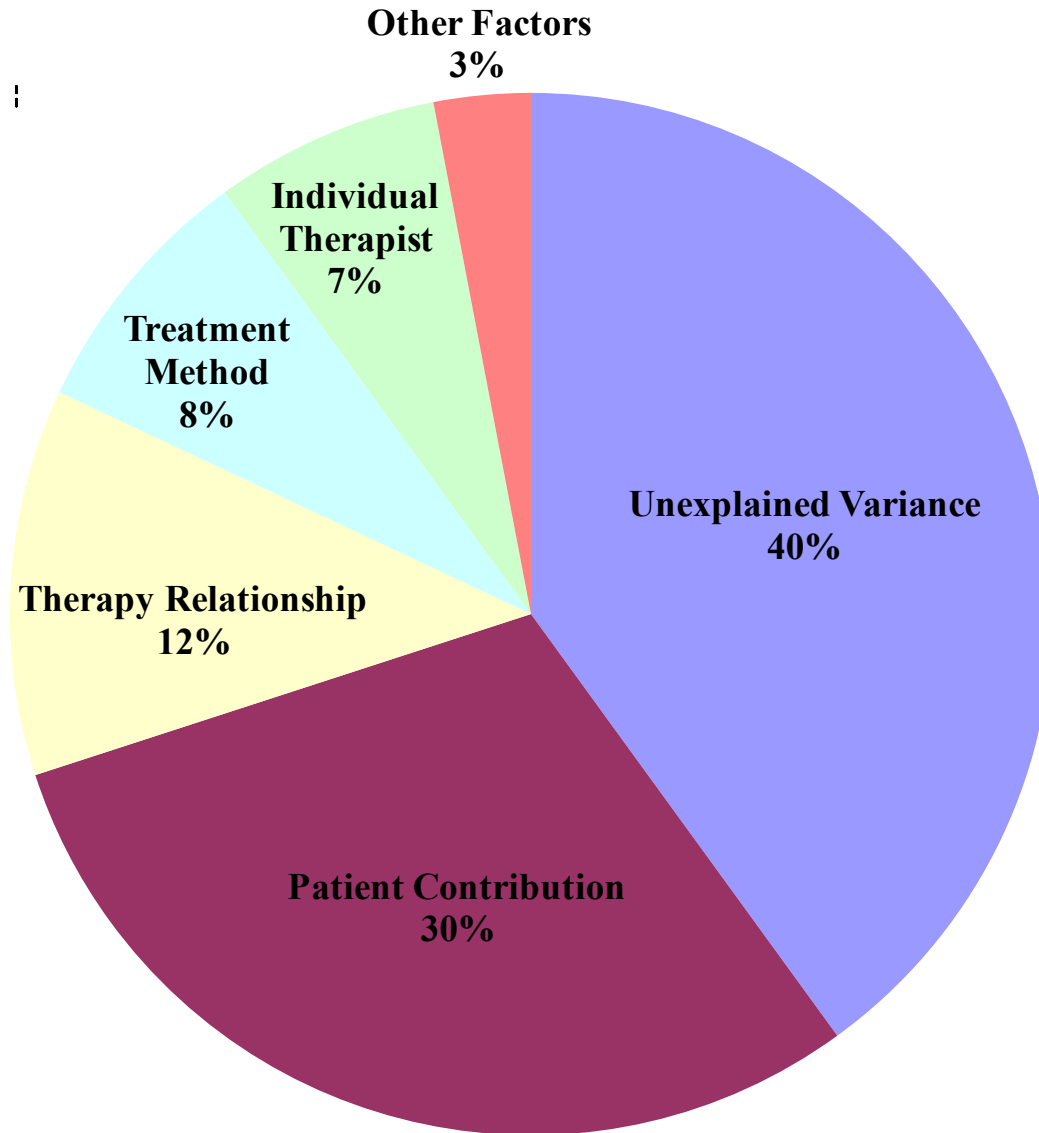
# Evidence-Based Relationship Variables (EBRs)

- Norcross (2011) has collected research on the evidence base for the relational component of psychotherapy practice
  - These relationship variables are even more salient when:
    - The client is a trauma survivor and has difficulty assessing the therapist as worthy of trust
    - There are marked and easily apparent differences in identities, power, and status in the social hierarchy between therapist and client
    - In other words, in doing culturally competent trauma practice it becomes even more necessary than usual to adopt a stance of cultural humility

# EBRs Most Relevant to Trauma Treatment

- Empathy
- Positive regard
- Compassion
- Respect
- Instillation of hope
- Willingness and capacity to repair ruptures

# **% of (Total) Psychotherapy Outcome Variance Attributable to Therapeutic Factors**



# Awareness of Representation/Cultural transference and countertransference

- A continuing component of creating safety in trauma treatment is integrating awareness of power, status, and privilege differentials into the treatment process
- When and where all parties enter, and re-enter, one another's emotional domains
- Attention to how similarities can distract just as much as differences
  - My biggest failure as a psychotherapist
- Attending to impact of external events on you and your client
  - Even though you may be outraged by something happening, noting that you are differentially affected by that news than a person who is directly vulnerable to it (e.g., recent court decision allowing forced return of refugees to off-shore detention camps)

# Awareness of Bias in Therapy

- Biases about what works (favorite treatment, evidence base)
- Biases about how therapy occurs
  - Fifty minute hours, in therapists' offices
- Biases and myths about what a trauma survivor should look, sound, and act like

# Meeting Clients Where They Are

- Given the enormous percentage of outcome variance attributable to client characteristics (second only to “who in the heck knows what’s happening here”), being culturally competent, humble, mindful, and curious about the client’s perspectives will enhance effectiveness and quality of outcome
  - Again, particularly true with trauma survivors, who often enter the relationship with little trust
  - Therapist willingness to engage with the client’s pre-trauma identities and capacities rather than treating them as forever lost or permanently damaged by the trauma



# Stages of Change and Cultural Competence

- Relationship quality and interventions chosen must match a client's stage of change. Your client is:
  - A trauma survivor
  - In a particular stage of change
    - Which manifests in a manner affected by the client's intersectional identities, some or all of which may not be good fit with Euro/Western notions of how healing takes place
  - May or may not be ready/willing/interested in engaging in a particular treatment

# There But For Fortune

- "Otherwise"  
by Jane Kenyon (1947-1995)

I got out of bed  
on two strong legs.  
It might have been  
otherwise. I ate  
cereal, sweet  
milk, ripe, flawless  
peach. It might  
have been otherwise.  
I took the dog uphill  
to the birch wood.  
All morning I did  
the work I love.

At noon I lay down  
with my mate. It might  
have been otherwise.  
We ate dinner together  
at a table with silver  
candlesticks. It might  
have been otherwise.  
I slept in a bed  
in a room with paintings  
on the walls, and  
planned another day  
just like this day.  
But one day, I know,  
it will be otherwise.

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