

Trauma in Latinx Populations: What We Know & Where We Need to Go

Webinar Series Thania Galvan, PhD





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Overview

- Introduction to Trauma
- Trauma & Latinx populations
- Clinical Implications: Assessment of Trauma in Latinx Populations
- Clinical Implications: Trauma Interventions for Latinx Populations

Webinar Goals

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No conflicts of interest to disclose

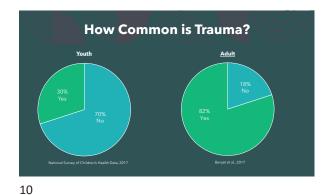
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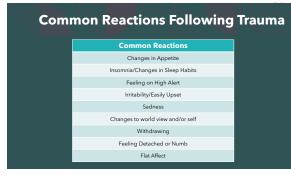
What is trauma?

- A strong emotional or physical response to a frightening, stressful, unexpected or dangerous experience Doesn't have to be life threatening or experienced Sombright or to get of or in the first

- Examples of common events Sexual abuse, physical abuse, natural disaster, forced family separations, sudden death of a loved one, life-threatening illness
- Recent shift in focus on military/combat trauma to civilian-based trauma Beginning in 2006







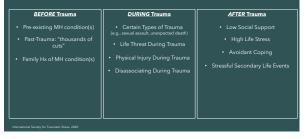
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How Likely Are You to Develop Mental Health Complications After Traumatic Event?

<u>Not very</u>

- Vast majority do not have long term complications
- Some do → PTSD, Substance Misuse, Depression, Anxiety
 Trauma as a transdiagnostic risk factor
 - PTSD is conditional on trauma exposure
 - EX: 8.3 14% of those exposed to trauma develop PTSD in their lifetime

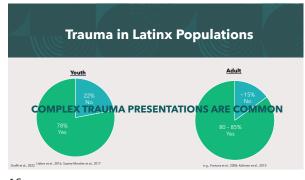
Risk Factors for Long Term Complications



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So how DOES trauma impact Latinx populations?



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Migration-Related Trauma

Why migration-related trauma?

- · 33% of U.S. Latinx population are immigrants
- Unique trauma exposures (e.g., deportation/detention, kidnapping, lack of shelter/food)
- Migration-related trauma differently related to MH outcomes Lifespan approach to understanding trauma and its MH consequences – "thousands of cuts"
- Trauma exposure types can vary according to migration phase Between 95 - 82% of trauma exposures can be missed by standard trauma assessments

Risk for migration trauma not evenly distributed

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Race-Based Trauma (RBT) is the unique psychological & emotional distress that an individual suffers as a result of discrimination-rooted experiences

Migration Policy Institute, 2021; de Arellano et al., 2018; Betancourt et al., 2017

- Mental Health Consequences of RBT

 PTSD

 Depression

 Substance Misuse
- RBT in Latinx Populations

- In Latinx Populations Not well understood 50% of Latinx report experiencing discrimination in last year Discrimination & hate crimes against Latinx on the rise Linked to PTS May increase psychological distress more than other forms of trauma
 - Especially in vulnerable populations

ABCT, N.D.; Carter et al., 2020; Johnson et al., 2023; Mekassi et al., 2022 Center, 2021; FBI, 2016; Asnaani et al; 2017; Garcini et al., 2018

Intergenerational Trauma

- Latinx populations vulnerable to intergenerational trauma given variety of nested systemic & historical factors
- Intergenerational Trauma = descendants of a person who has experienced a traumatic event shows adverse emotional and behavioral reactions to the event similar to those of the person themselves
- · Among Latinx, intergenerational trauma can...
 - · Impact Latinx perceptions and response to trauma
 - Influence willingness to seek services
 - Lead to trauma propagation





- Trauma generally related to increased mental health risk
- Most commonly...
 PTSD
 Depression & Suicidal Ideation
 Anxiety (GAD, Social Anxiety)
 Substance Misuse

Trauma and MH Outcomes

A couple of notes....
 Less likely to meet PTSD dx criteria
 Mixed findings on the trauma-mental health relation

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2023: Andrews et al

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Resilience in the Face of Trauma

- · Latinx populations are resilient despite trauma exposure
- Resilience is individual-specific
 Don't have good understanding at what does/doesn't confer resilience
- Enculturation repeatedly identified as a resilience mechanism
 Familismo
- MUCH more research needed to better understand resilience
- WARNING: Resilience does not imply inaction



Trauma & MH Service Use in Latinx **Populations**

	Generally, Latinx populations use MHS at a low - variety of reasons
	Little research done on trauma & MHS use in Latinx populations
IT'S OKAY TO ASK FOR HELP	What we do know: Barriers to MMS use are Presprior of training as a commenting that is in the past & unchangeable Exposure Based Interventions Worlied about making it worse Vernied about making it worse Termitikelikand Signan that may fucultate depending on type of event Facilitators to MHS use are Phychotherapy/occura interventions Oral narrative interventions Senice Drop Out: lack of understanding the rationale for exposure-based interventions linked to intervention drop out Tauma-interventions appear to be effective - especially when considering cultural adoutions

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Trauma Assessment Recommendations			
Use combo of interviews and questionnaires Adapt questionnaires to comprehensively assess trauma Addivense interactions with law enforcement Deportation Imnigration-related detention Forceful separation by an immigration official	Child and Additions Thanks Stress (2015). Modelled - "Took Mayer H Bingle of any sevents happen by many panels: Noise is all of defaulty of and any series that anothers happen by the sevent of the sevent of the sevent of the sevent of the sevent of \$\mathcal{F}\$." More of a very seven have is then happened? 		
 Assess for impairment using open-ended questions 	 While immigrating (On the immigration fourney) While iwing in the U.S. How much does this experience bother you today? 		
Assess strengths/sources of resilience	0 1 2 3 4 Not at all A little bit Semanhat Alat Very Much		
 Screen <u>everyone</u> regardless of presenting concern(s) 			

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Trauma Intervention Recommendations

- Spanish-speaking clinician preferred; professional interpreters ok Clients or their family/ friends should <u>NEVER</u> translate Ideal: professional interpreters trained in trauma
- Assess for understanding of rationale for trauma-focused intervention & use of exposure

- Trauma-focused interventions require long-term & regular commitment
 Not recommended to engage in trauma-focused work if carh tyee BOTH of these
 Trauma-informed vs. Trauma-Focused



Trauma-Informed MH Recommendations

- Psychological First-Aid
 For immediate use after trauma or if can't secure commitment
 Not diagnosis driven; client needs driven
 Modular approach
 Stand alone or can be integrated
- System-Focused Approach
 Recognizes that systems ca...
 Perpetuate trauma/mental health concerns
 Serve as a barrier to MHS Use
 To adopt this approach, clinicians must...
 (a) Develop an awareness of the systems they interact with & those they do not/prefer not to interact with
 (b) Integrate interaction with systems into therapeutic approach



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MAIN TAKEAWAY:

LOTS MORE RESEARCH IS NEEDED BUT **CAN MAKE MODIFICATIONS NOW!** * with updates necessary as research emerges

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Next Month's Webinar



Applying Cognitive Behavioral Principles to Promote Trauma Recovery for Transgender and Nonbinary Individuals

Presented by **Danielle Berke**, **PhD**, clinical psychologist and Assistant Professor of Psychology at Hunter College and The Graduate Center of the City University of New York where she directs the Gender-Based Violence research laboratory

When: Wednesday, June 14 at 1-2:30pm CDT/ 2-3:30pm EDT

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Upcoming Workshops

Unraveling PTSD: Advanced Skills Training to Enhance the Effectiveness of Your Trauma-Focused Treatment

Presented by Stefanie LoSavio, PhD, ABPP, Assistant Professor in the Department of Psychiatry and Behavioral Sicences at UT Health San Antonio and Associate Director of the STRONG STAR Training Initiative When: Wednesday, June 7 from 9 AM – 4 PM CST Cost: \$150

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Upcoming Workshops

Boosting Engagement and Progress in Psychotherapy Through Motivational Interviewing

Presented by **David Roberts, PhD**, Assistant Professor in the Department of Psychiatry and Behavioral Sciences at UT Health San Antonio and member of the Motivational Interviewing Network of Trainers (MINT)

When: Friday, June 23rd from 9 AM – 5 PM CST Cost: \$150