



# **DISPARITIES IN HEALTHCARE: RECOGNIZING RACISM & UNDERSTANDING TRAUMA**

**H.O.P.E. NURSING CONFERENCE**

**MARCH 17, 2021**

**COLLEEN SHARKA, LMHC**

**DIRECTOR, CORY JOHNSON PROGRAM FOR POST-TRAUMATIC HEALING**

**ROXBURY PRESBYTERIAN CHURCH SOCIAL IMPACT CENTER**

**[COLLEENSHARKA@RPCSIC.ORG](mailto:COLLEENSHARKA@RPCSIC.ORG)**



# CLARIFICATIONS

- DISPARITIES IN HEALTHCARE
- 40 MINUTES
- FOCUS ON PEOPLE SERVED IN CORY JOHNSON PROGRAM; BOSTON MA; US

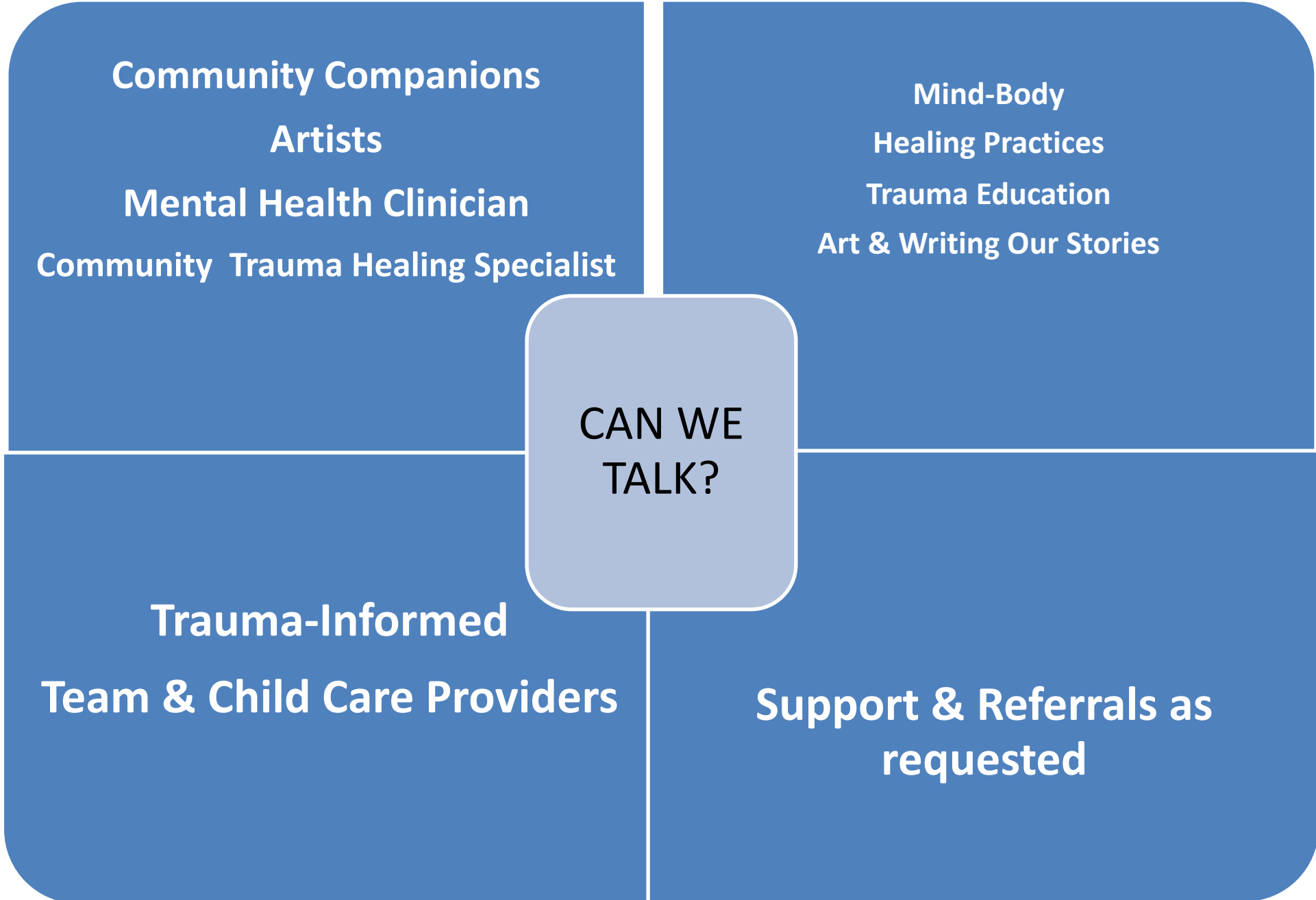


# Cory Johnson Program for Post Traumatic Healing

is a community-based, clinically-supported program that offers a safe and sacred space for the sharing of painful stories while

*increasing awareness and understanding of trauma,  
providing relief from traumatic stress,  
and delivering mental health supports.*

CJP welcomes all, regardless of age, race, ethnicity, spiritual/religious affiliation, or orientation and believes our “abiding” presence is powerful enough to hold those who have suffered trauma as they learn to help themselves and others heal.



# OVERVIEW

The background is a vertical gradient from light blue at the top to dark teal at the bottom. Numerous realistic water droplets of various sizes are scattered across the frame, primarily concentrated in the upper and right portions. Each droplet features a bright white highlight and a soft shadow, giving them a three-dimensional appearance.

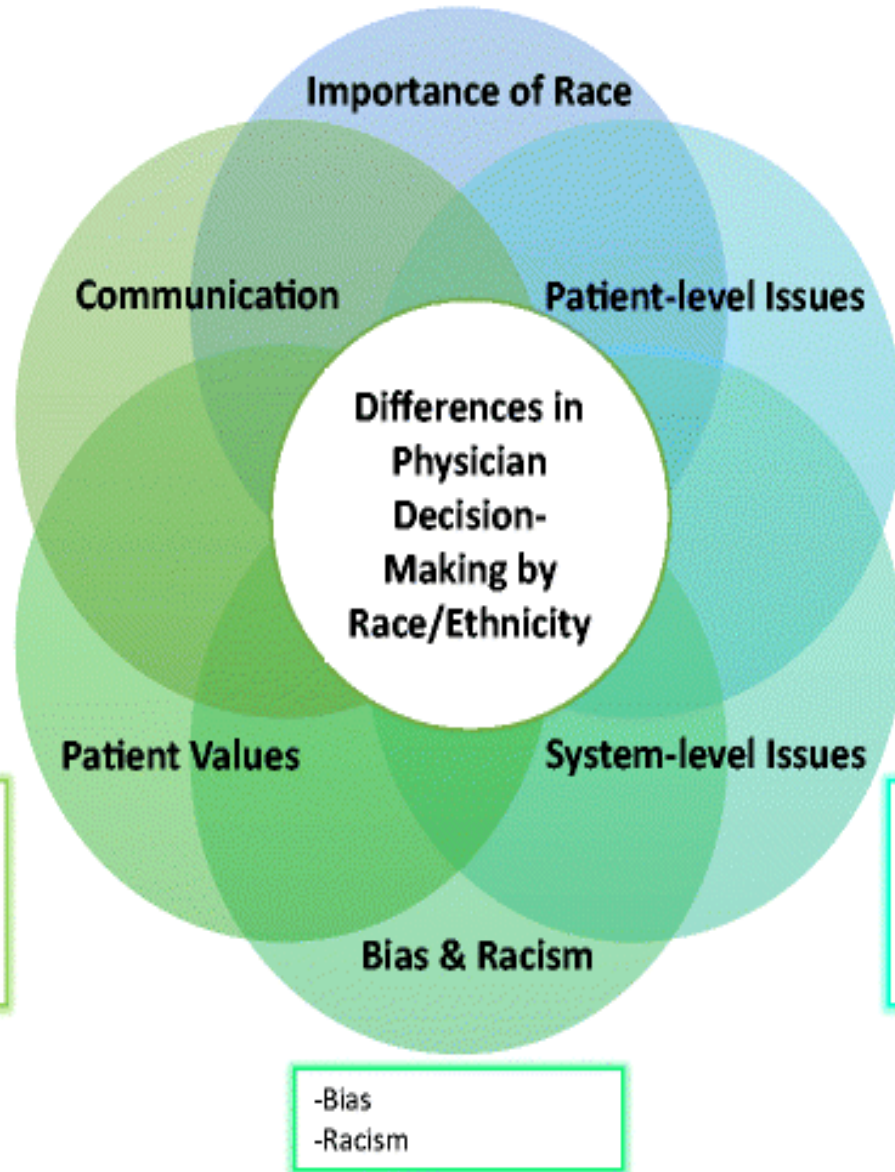
# Social Determinants of Health

<https://drawingchange.com/gathering-wisdom-visuals-for-a-healthy-future/>





- Discomfort discussing race
- Different definitions of race
- Believe that race matters in medicine
- Genetics will improve care



**“Factors Related to Physician Clinical Decision-Making for African-American and Hispanic Patients: A Qualitative Meta-synthesis,”** published in *Journal of Racial and Ethnic Health Disparities*, March 5, 2018.

# UNDERSTANDING TRAUMA

The background of the slide features a vertical gradient from a light purple at the top to a dark teal at the bottom. Scattered across the upper and middle sections are several realistic water droplets of varying sizes, each with a highlight and a shadow, giving them a three-dimensional appearance. The title 'UNDERSTANDING TRAUMA' is centered in the middle of the slide in a white, sans-serif font.

# RESPONSE TO LOSS, EXPERIENCES, AND LIFE TRANSITIONS HOW CHRONIC & COMPLEX??

## GRIEF

Natural response to loss

## STRESS

Life-Saving response to threat  
Body returns to normal

## TRAUMATIC STRESS

Non-sustainable chronic response to threat. Overwhelms our ability to cope and body doesn't return to normal



# Traumatic Experience

T traumatic event  
R response of brain and body to  
automatically keep you safe  
A accumulation of traumatic energy  
in body; emotions dysregulated  
U unexpressed wounds and story  
M meaning seems lost  
A abilities hard to access

- An event, series of events, or set of circumstances
- experienced as harmful or threatening that has
- lasting adverse effects on functioning & wellbeing

Adapted from SAMHSA, 2012, p. 2

What kind of things can cause traumatic overwhelm? Events like this include those in which grave physical, mental or emotional harm occurred or was threatened, for instance

- Physical trauma as in car accidents, sporting accidents, surgeries and medical interventions
- Inescapable attack, violence, threat of violence, abuse of any kind, rape, incest, torture, war or conflict
- Natural disasters, floods, earthquakes, tsunamis
- Unrelenting stress, bereavement, divorce, loss of someone
- Childhood neglect or abandonment, **betrayal**
- Birth trauma, severe illnesses, high fever, drowning or choking experiences
- Witnessing any of these events

Anne Cheshire  
[www.traumarecoveryclinic.com/trauma-in-the-body](http://www.traumarecoveryclinic.com/trauma-in-the-body)

### Example

Behavioral health provider tells a new patient who has complex, developmental, and historical trauma that she doesn't have trauma because she has no war experience nor flashbacks

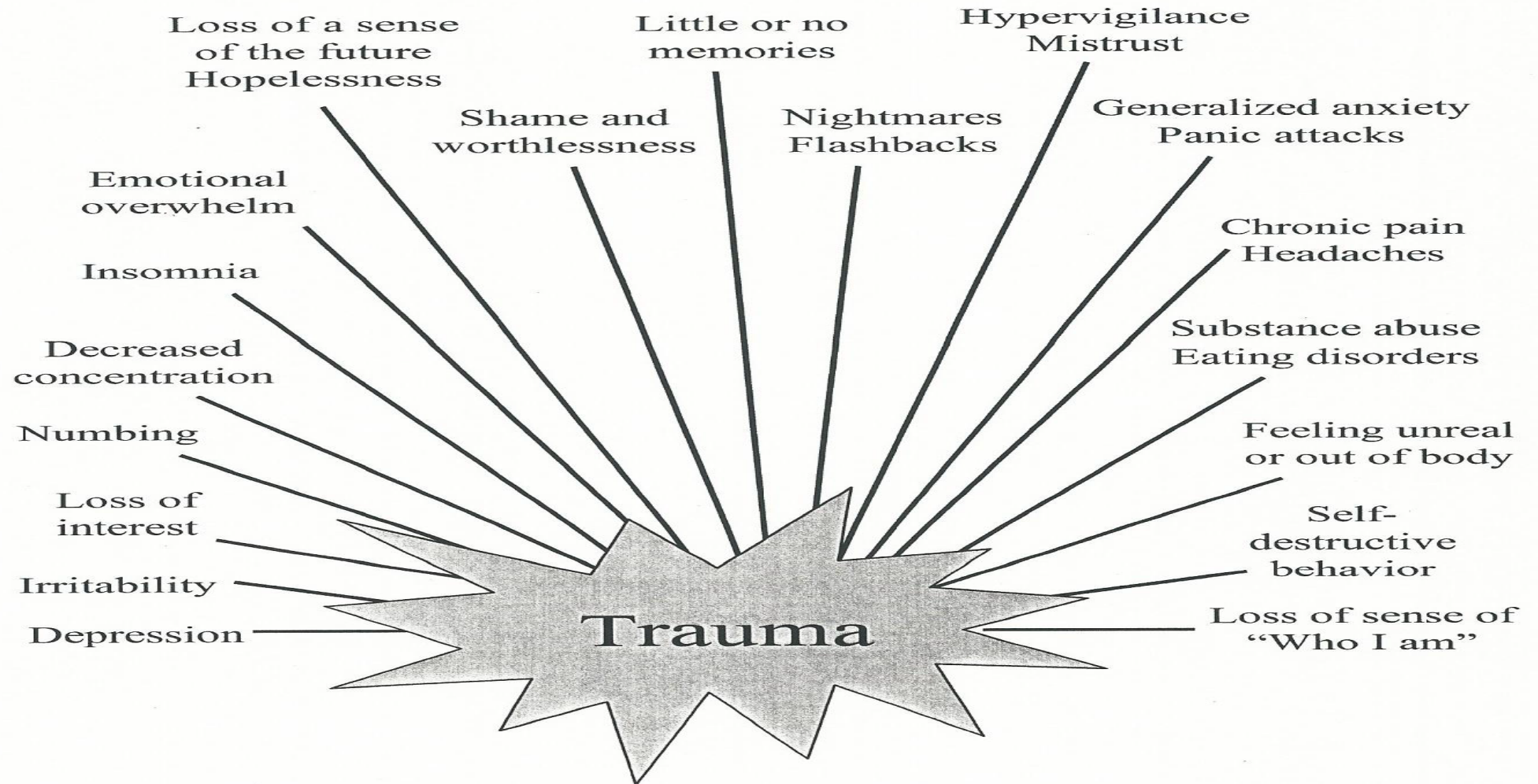
# Traumatic Event

Poverty

Racism/Structural Violence/Oppression

Historical/Inherited/Transgenerational Trauma

Complex/Developmental Trauma



*"Trauma survivors have symptoms instead of memories"*

*[Harvey, 1990]*

Adapted from Bremner & Marmer, 1998

Copyright 2007 Janina Fisher, Ph.D.

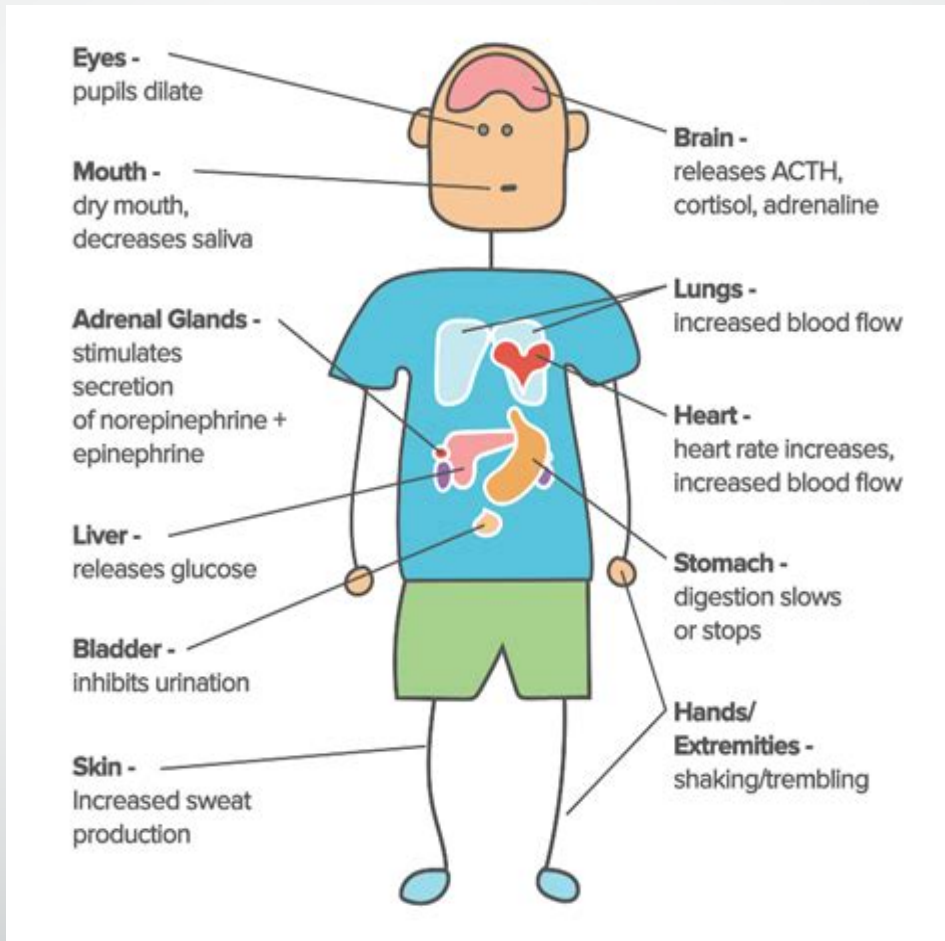


# ***Stress & traumatic stress are cumulative and remembered in the body.***

***It becomes so powerful that a person can interpret the world through the chronic stress response.***

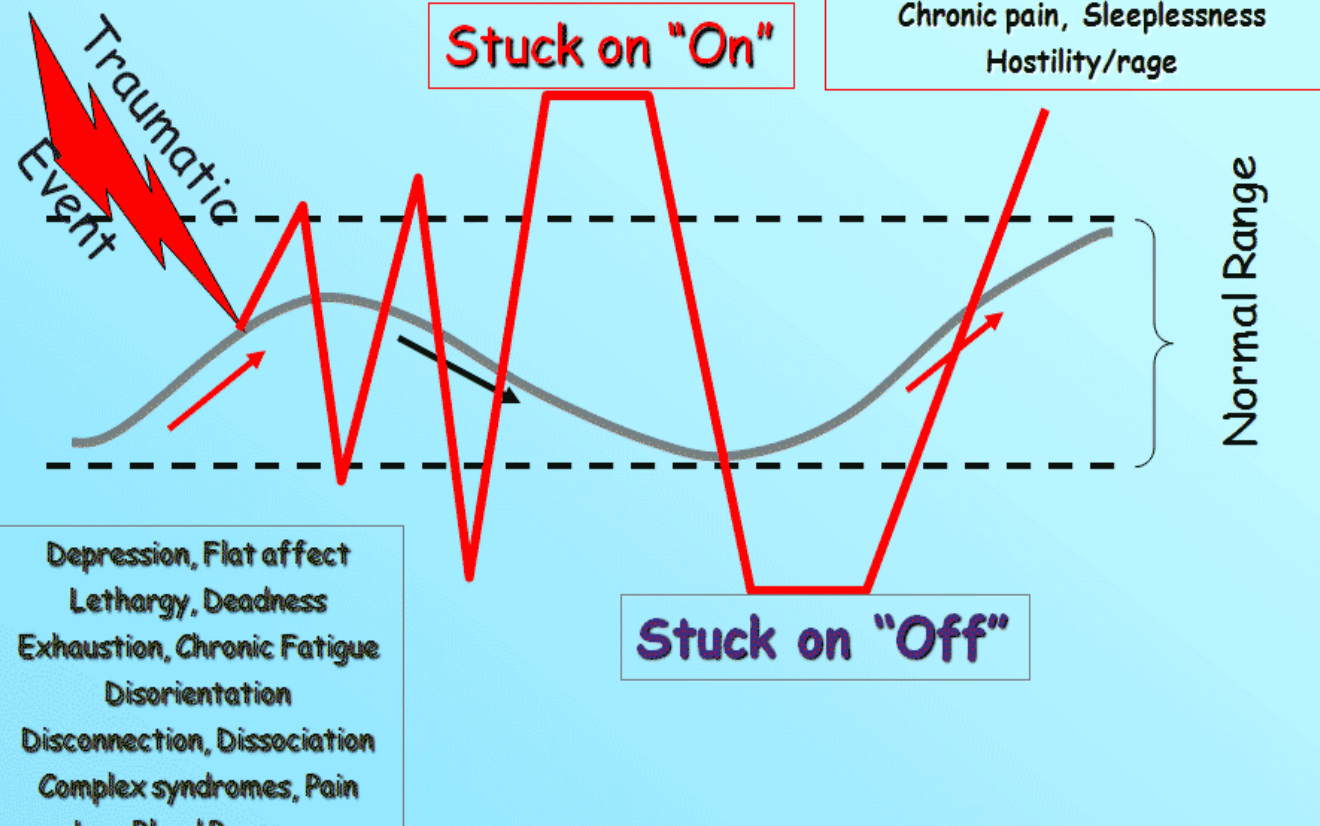
(Teresa McGee, pg 22-24)

Example  
Woman arriving for appt;  
told her child's insurance  
doesn't exist



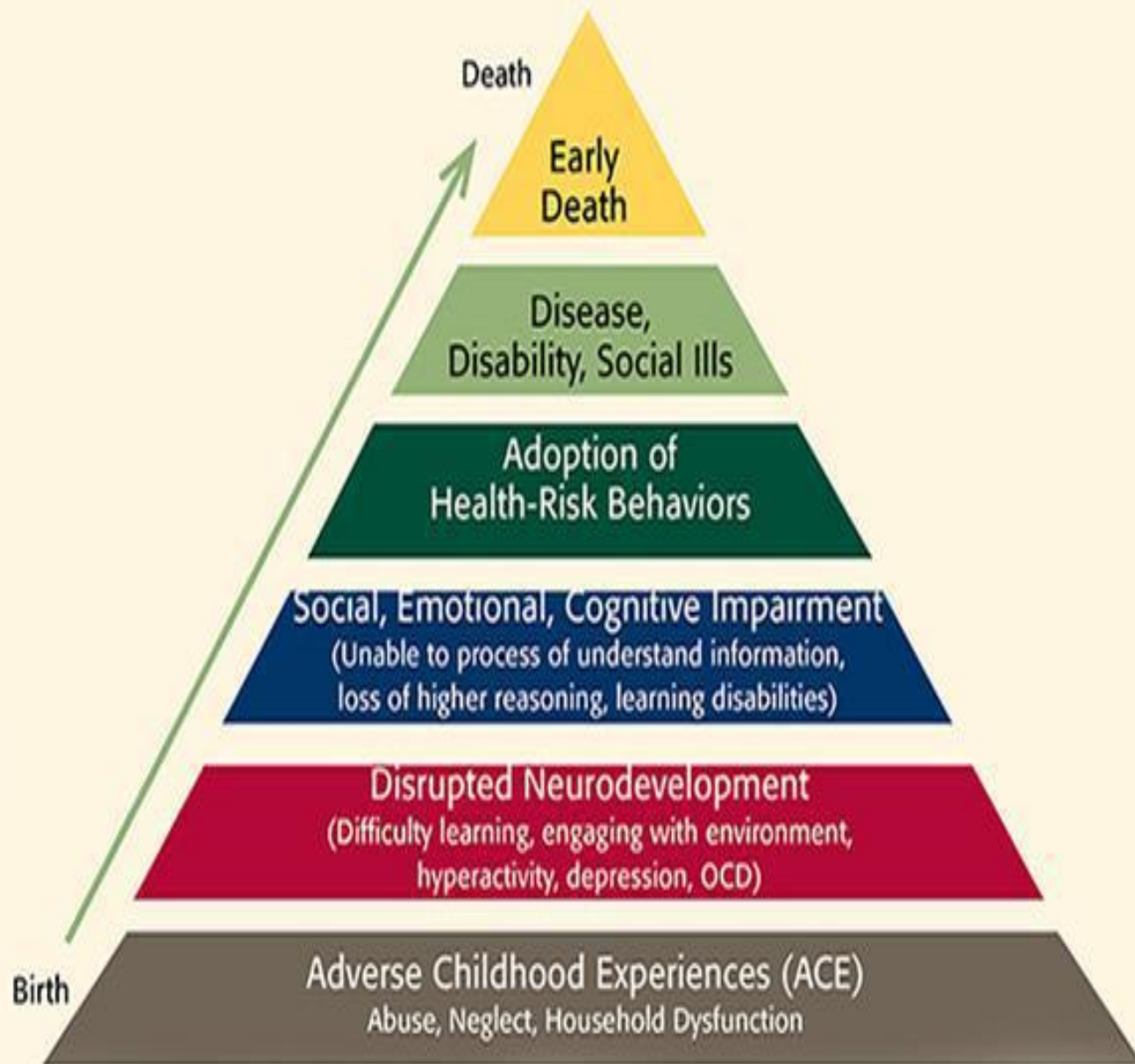
[https://www.bing.com/images/search?view=detailV2&ccid=rLc7SQpN&id=7417DDBq7Do2o6714B82ooE735EFF35B8C23o882&thid=OIP.rLc7SQpNAPLH1zw4aVuKiQD\\_Do&mediaurl=https%3a%2f%2fka-perseus-images.s3.amazonaws.com%2fe255d3c33e351550c51ddc6d64392eda0e9a33eb.svg&exph=785&expw=820&q=what+happens+in+the+body+during+trauma+images&simid=608056234482141188&selectedIndex=23&qpv=what+happens+in+the+body+during+trauma+images&ajaxhist=o](https://www.bing.com/images/search?view=detailV2&ccid=rLc7SQpN&id=7417DDBq7Do2o6714B82ooE735EFF35B8C23o882&thid=OIP.rLc7SQpNAPLH1zw4aVuKiQD_Do&mediaurl=https%3a%2f%2fka-perseus-images.s3.amazonaws.com%2fe255d3c33e351550c51ddc6d64392eda0e9a33eb.svg&exph=785&expw=820&q=what+happens+in+the+body+during+trauma+images&simid=608056234482141188&selectedIndex=23&qpv=what+happens+in+the+body+during+trauma+images&ajaxhist=o)

## Symptoms of Un-Discharged Traumatic Stress



## Symptoms of Un-Discharged Traumatic Stress

(Levine, Ogden, Siegel)



Essentially the effects of developmental and complex trauma over the lifetime, resulting in profound traumatic stress in the body, can also lead to multiple health problems and even early death.

### The ACE Study

#### Adverse Childhood Experiences

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.



## Traumatic Experience

### Leads to:

*Loss of safety, trust, & ability to control emotions*

*Disconnection between body and brain and with others, stored traumatic energy; mourning & grieving; unexpressed stories*

*Loss of Meaning; disorientation*

## Trauma Healing

### Must Involve:

*SAFETY*, *trust, ability to control emotions*

*RECONNECTION* *with others, self, and between body & brain; release of stored traumatic energy; remain in present; expression of story*

*NEW SENSE OF MEANING & PURPOSE*; *reorientation*

Adapted from Judith Herman; *Trauma and Recovery*



The background is a vertical gradient from light purple at the top to a darker blue at the bottom. Scattered across the image are several realistic-looking water droplets of various sizes, some with highlights and shadows, giving them a 3D effect. They are primarily located in the top-left and bottom-right areas.

# RECOGNIZING RACISM

# *PAIN*

**What is your pain?**

**What is the SOURCE of your pain?**

**NOT: “What’s wrong with you?”**

**RATHER: “What happened to you?”**



# Transgenerational & Historical Trauma

- We are 3X more likely to develop depression and anxiety if one of our parents had PTSD
- It's inherited rather than from exposure to stories
- Descendants of trauma survivors carry symptoms of traumas they didn't directly experience

Rachel Yehuda



# TRAUMA & RACISM

**Racism** - Racial prejudice and discrimination that are supported by institutional power and authority. The critical element that differentiates racism from prejudice and discrimination is the use of institutional power and authority to support prejudices and enforce discriminatory behaviors in systematic ways with far-reaching outcomes and effects. ....

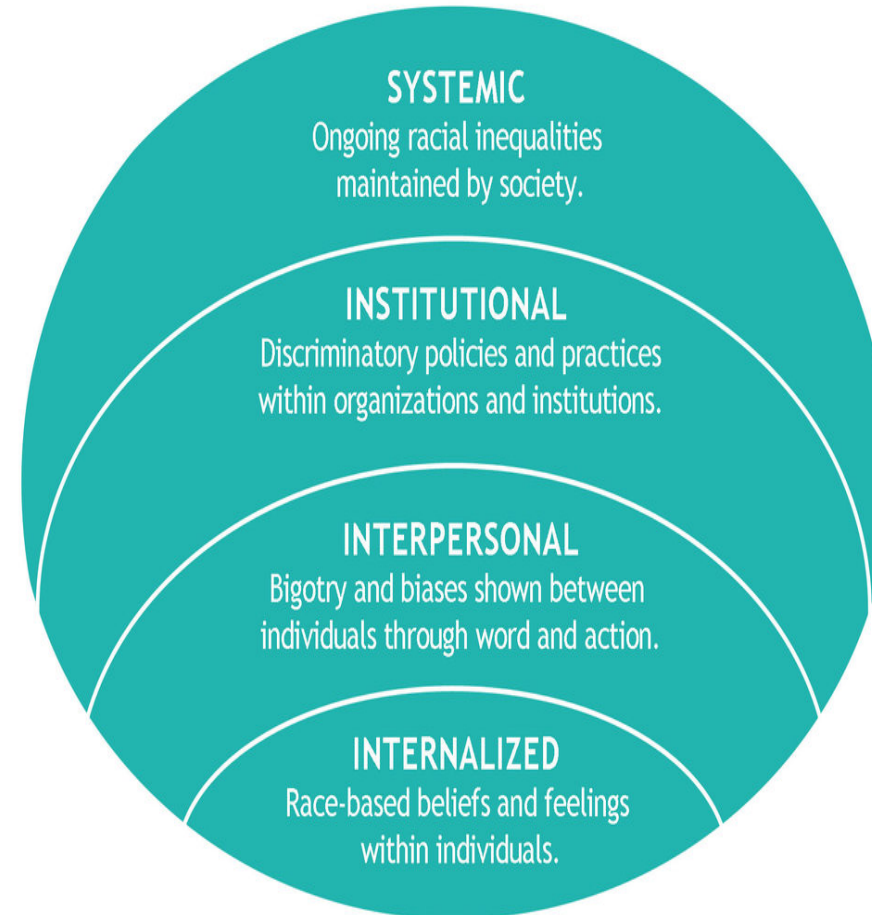
Enid Lee, Deborah Menkart and Margo Okazawa-Rey (eds.)

*Beyond Heroes and Holidays: A Practical Guide to K-12 Anti-Racist, Multicultural Education and Staff Development*

# Types & Levels of Racism

**Example**  
White mental health  
clinician in Psych  
E.R. accompanying  
African American  
person finds her  
client skips the line  
over other POC  
there alone for hours

## LEVELS ON WHICH RACISM EXISTS

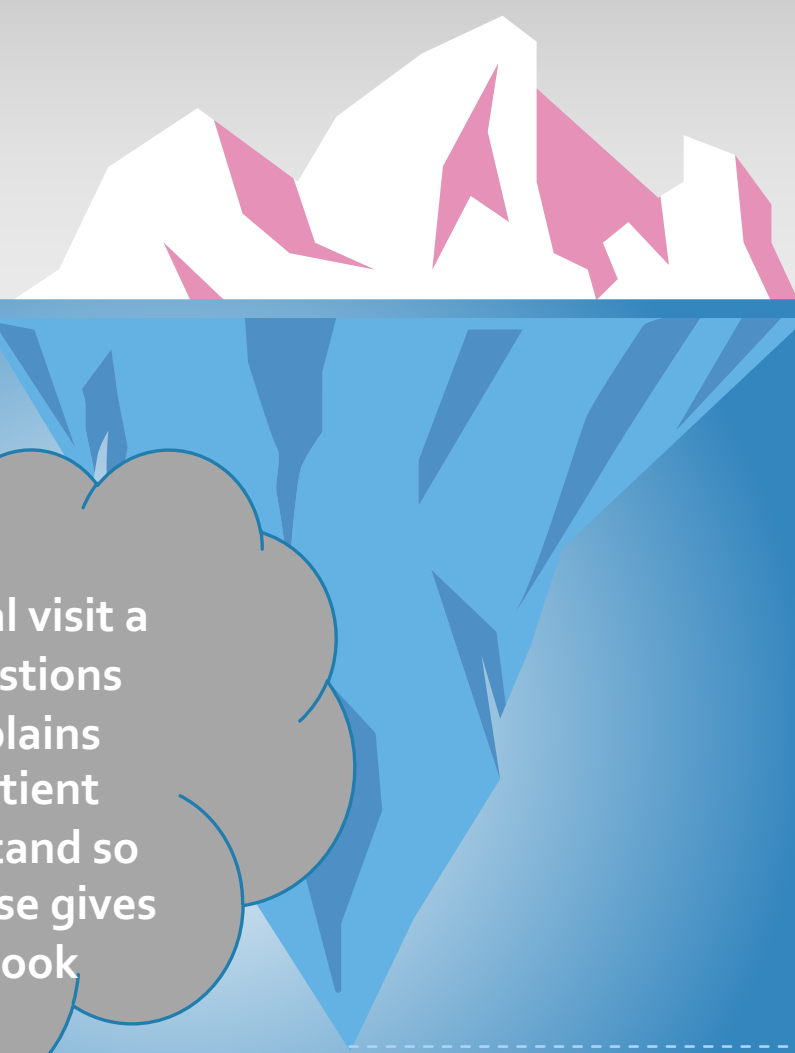




The background of the slide is a vertical gradient from light purple at the top to a medium blue at the bottom. Scattered across this background are numerous water droplets of various sizes. Some droplets are large and prominent, while others are small and subtle. They have realistic highlights and shadows, giving them a three-dimensional appearance. The droplets are more densely clustered in the upper left and lower right areas, with a few isolated ones in the center.

# RECOGNIZING RACISM & UNDERSTANDING TRAUMA

# TIP of the Wound/Trauma Iceberg



The diagram features an iceberg with a small white tip above a blue water line and a large blue submerged base. A vertical double-headed arrow spans the height of the iceberg, with text labels on either side. The top section, above the water line, lists factors like injury, homelessness, and poverty. The bottom section, below the water line, lists psychological impacts like dysregulation of emotion and disconnection. A thought bubble on the left provides a clinical example of a patient's reaction to a nurse.

Injury, illness; violence  
Homeless, unemployed;  
'dysfunctional' families;  
Constructs of  
division;(race)  
Behavior; loss  
Poverty;

What happened to someone

**DYSREGULATION OF EMOTION**

**DISCONNECTION**

**DISEMPowerMENT**

**Example**  
During a medical visit a  
nurse asks questions  
rapid fire; explains  
things and patient  
doesn't understand so  
shuts down; nurse gives  
a disdainful look

Image: © Showeet.com  
Text: © Colleen Sharka, LMHC





# REMEMBER WHAT TRAUMA CAN LOOK LIKE

EXECUTIVE FUNCTION

INFORMATION PROCESSING

DECISION-MAKING

PROBLEM-SOLVING

IMPULSE CONTROL

JUDGEMENT

SOCIAL & EMOTIONAL BEHAVIOR



# BEST PRACTICES

➤ EDUCATION ON TRAUMA & RACISM  
SYMPTOMS & TYPES

➤ TRAINING

TRAUMA-INFORMED CARE INDIVIDUALLY & SYSTEMICALLY

➤ DISMANTLE SYSTEMIC RACISM

➤ START AND CONTINUE UNDOING YOUR OWN RACISM

# SAMSHA FOUR RS OF A TRAUMA-INFORMED PROGRAM

## The Four R's

A trauma-informed program, organization, or system:

### Realizes

- *Realizes* widespread impact of trauma and understands potential paths for recovery

### Recognizes

- *Recognizes* signs and symptoms of trauma in clients, families, staff, and others involved with the system

### Responds

- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices

### Resists

- Seeks to actively *Resist* re-traumatization.

## 21 Ways to Help Someone with PTSD Handle a Triggering Appointment

### Things to Say:

1. **Place.** Remind them where they are.
2. **Date.** Remind them what the date is.
3. **Safe.** Remind them that they are safe now.
4. **Differences.** Remind them how this procedure differs from the one that harmed them.

### Things to Do:

5. **Breathe.** Remind them to breathe deeply and to feel the breath in the nostrils. Breathe with them.
6. **Connecting Touch.** Rest your hand gently on the person's shoulder, arm or knee. Do it with the intent of connecting as a support. Ask permission beforehand.
7. **Ground-Gravity.** Remind them to sense their feet on the floor, their body on the bed or chair. "Sense the pressure where your body touches the chair."
8. **Ground-5 Senses.** Ask them to name something for each of the 5 senses - something they can see, hear, smell, touch, taste (or recently tasted).
9. **Ground-Pressure.** Press down on their lap, feet or shoulders to help them feel grounded. Use your feet to gently but firmly press on their feet.
10. **Self-Hug.** Suggest they hug themselves tightly for a while; suggest they sense where their edges are.
11. **Self-Holding Exercise.** Suggest that they put one hand on their heart and one hand on their belly and describe all the different sensations they feel in the places the hands make contact with the body (one and then the other).
12. **Heart Stroking.** Have them put their fingers above the center of the chest an inch below the collar bone and gently move them straight down about four inches going over the breast bone. Repeat. It's like stroking a cat gently on the head.

### Things to Give - Grounding Kit that you bring:

13. **Tactile Objects.** Give them strange feeling or textured objects to feel. Examples: silly putty or "therapeutic putty," seed pods, stones or other things from nature, toys, a bean bag, a soft blanket. Tell them to feel, squish or squeeze the object, focus all their attention on how it feels, and describe out loud what it feels like to them.
14. **Cold Water.** Give them cold water to drink or to put their fingers in. Tell them to focus on the cold sensation.
15. **Cold Washcloth.** Give them a cold wet washcloth to manipulate with their hands or put on their arms, forehead or face.
16. **Ice Cubes.** Give them ice cubes to feel with their hands.
17. **Grounding Pillow or Blanket.** Give them a grounding pillow, grounding blanket or just a bag of rice/beans. Rest it on their lap or feet; let them squish it in their hands.
18. **Stuffed Animal.** If they have a stuffed animal they associate with feeling comforted, holding it may help.
19. **Music.** Bring some music/nature sounds that is calming and offer it to them.
20. **Medication / Supplement / Tea.** If they have a medication, supplement, herbal tea, etc. they have experienced to be effective for anxiety in the past it may help them get through the appointment with more ease.

### To Consider...

21. **Service Dog.** If all of the above doesn't work that well after repeated attempts, you may want to consider whether the person would be an appropriate candidate for a service dog.

This resource  
can be used by:

The Treating Professional

Friend, Partner, Family  
Member Accompanying  
Them

The Patient



Provider

Advocate

Patient

Can all do this!



# PRINCIPLES FOR TRAUMA-INFORMED CARE & ENVIRONMENT

- People are doing the best they can. Often they can't, not won't, do better without assistance.
- People have developed their symptoms for a reason, and the symptoms have been lifesaving in the past.
- When afraid and stressed, people seek to control.
- People learn to regulate emotions in the presence of regulated adults.
- When people are having difficulty they need to be in the presence of reliable adults.
- All behavioral problems are an expression of unmet needs.
- Our most powerful tool is offering safe space and trustworthiness.
- Compassion and empathy are the cornerstones of an approach that encourages perseverance and self-healing.
- Team work, where possible, is the essential foundation which includes trust, responsibility, honesty, and self-awareness.
- After offering best practices and a person is still unable to do a job or work on improvement, assist them in getting mental health services.