EMBRACING EQUITY AND CULTURAL HUMILITY

to Improve Care for Youth with Trauma

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Authors

Kimberly Gordon-Achebe, MD, DFAPA

Tiona Guess Praylow, MD, MPH

Terence Fitzgerald, PhD, MEd, MSW

Naomi Schapiro, RN, PhD, CPNP-PC

Jhoselyn Jara, MA

Rosemary Motz, MPH, MA, RDN

Whitney Serebour, MHIM

Contents

Introduction

Data from the 2019 National Survey of Children's Health shows 21% of children in the United States have experienced at least one adverse childhood experience (ACE); it has also shown that certain racial and ethnic groups have an increased prevalence of ACEs. For example, 27% of Black children and 23% of Hispanic children have experienced at least one ACE.[1] Additionally, LGBTQ+[2] and neurodivergent[3] youth are at higher risk of experiencing ACEs. Clinicians and school-based health providers can address ACEs during care by incorporating cultural and racial equity into trauma-informed care, and considering how broader cultural, political and societal factors affect trauma in youth.

"Embracing Equity and Cultural Humility to Improve Care for Youth with Trauma" aligns closely with the vision of the National Council for Mental Wellbeing, which is to ensure equitable access to services, build capacity for care delivery, and promote mental health and wellness as a core component of health and health care. By providing critical insights and practical applications, this resource supports primary care and mental health professionals in delivering comprehensive, equitable and effective care. Addressing special population considerations through applicable practice recommendations, patient cases and self-care approaches ensures that providers are well-equipped to enhance care quality, improve patient outcomes and reduce clinician burnout.

National Council CEO Chuck Ingoglia highlighted the significant impact of ACEs screenings on improving outcomes for youth wellbeing in a compelling blog post.[4] "Screening for ACEs has Improved Outcomes and Wellbeing" underscored the importance of early identification and intervention, which are crucial for mitigating the long-term effects of trauma and fostering resilience. "Embracing Equity and Cultural Humility to Improve Care for Youth With Trauma" builds on foundational work by the National Council, further emphasizing the integration of ACEs screenings into routine practice, and by advocating for trauma-informed approaches that consider the broader cultural, political and societal factors influencing clients' traumatic experiences.

In 2021, in collaboration with the National Council, the Weitzman Institute launched its first long-term continuing education series to address childhood trauma. The Weitzman ECHO Childhood Trauma has connected primary care clinicians, school-based health professionals and other care team members to subject matter experts. The Weitzman ECHO Childhood Trauma has had four cohorts annually, ranging from 10 to 22 one-hour sessions, targeted to improve care for youth experiencing trauma through an interdisciplinary care model. Over the four cohorts, the series has had a growing focus on youth who have an increased risk for childhood trauma. This resource was developed from content from the four cohorts of the Weitzman ECHO Childhood Trauma to assist primary care and school-based health providers in applying ECHO content focused on culture, race and equity into trauma-informed care. The resource authors emphasize the crucial role of cultural humility – a paradigm shift derived, influenced, and based on a mixture of previous works such as cultural competence, reflection models, and the lifelong learning process – and structural competencies in providing effective, equitable trauma care for diverse youth populations.

5L Health Equity Framework for Health Care Clinicians and Organizations

Lens:	**Language:**	**Learning:**	**Linkage:**	**Love:**
How can we adjust our personal and organizational perspectives to better understand the concept or topic we are discussing?	What are the most trauma-aware, culturally humble and equity-embracing words we can use to convey intended meaning and emphasize essential values?	What are the most salient learning points and facts that support trauma-aware, culturally humble and equity-embracing actions and innovations on an organizational and individual level?	Who are the advocates, agencies, and activities we can connect organizations, clinicians, families and youth with to enhance the healing process?	What does healing-centered and trauma-informed care within an equity and cultural humility framework look like in clinical practice?

By adopting attitudes of lifelong learning, critical self-reflection and systems-level analysis, providers can better understand and address the complex interplay of individual, cultural, and societal factors that shape trauma experiences and healing processes. Using language that affirms cultural identities, challenges power hierarchies and promotes collaboration, this resource — through the 5L Health Equity Framework (see Graphic 1) — highlights points such as the impact of systemic inequities on marginalized youth, the limitations of cultural competency alone, and the importance of building trust through vulnerability and humility. It also offers linkages to additional resources and organizations dedicated to promoting cultural humility and social justice in trauma-informed care, and encourages providers to engage in community partnerships and advocacy efforts.

Ultimately, this resource is centered on a love for all youth that recognizes their inherent dignity, resilience, and right to culturally responsive, structurally competent care in the face of trauma and adversity. By embracing cultural humility and structural competencies, providers can create safe, inclusive spaces for healing and empowerment.

The 5L Health Equity Framework in Practice

= **indicates that clinicians should do the following action**

= **indicates that schools/clinics/organizations should do the following action**

Lens

- View all trauma as a physical and psychological experience to generate more holistic approaches, to understand clients and to foster their healing.
- Recognize racism as a structural and social determinant of health and apply cultural humility skills in trauma-informed care.
- Recognize childhood trauma as a historical, cultural, communal and individual experience to move from "shame and blame" to solidarity and agency.
- Reflect upon how systemic racism and historical treatment of marginalized populations have influenced their biases, values and policies.
- Develop, model, and maintain policies that collaborate, build trust and create a safe space with communities that have been historically marginalized.

Language

- Recognize how medical and academic terminology can perpetuate assimilation trauma, and avoid language that retraumatizes, places blame on or implies false equivalencies.
- Use language that affirms and respects identities and the lived experiences of people from marginalized communities.
- Use trauma-informed and culturally responsive language while discussing safety, race and equity.

Learning

- Recognize the implications of trauma and how it affects the physical, psychological, social and academic domains of marginalized youth.
- Recognize that behavioral and physical dysregulations can result from health inequities stemming from systemic and structural racism.
- Identify specific cultural responses to address the lack of academic, social, psychological and physical safety in schools.
- Understand strategies for addressing the effects of being marginalized in schools, including empowerment through resistance, self-care and identifying warning signs.

Linkage

- Connect to resources to continue to grow and learn about how racism can affect children and their development, such as:
  - How Racism Can Affect Child Development[5]
  - How Racism Harms Children[6]
- Collaborate with schools and local organizations to address trauma affecting the physical, psychological, social, and academic domains of marginalized youth.

Love

- Empower people experiencing embodied trauma, from personally experienced trauma and generational trauma, by offering a historical perspective to help them reclaim bodily autonomy and agency.
- Encourage therapeutic acts of triumph to give youth permission to "act out" their power to heal — not just their pain and distress — through bodily expression.
- Cultivate empathy and psychological bonds by perceiving others as part of the same team or group.
- Reframe challenges as shared concerns and opportunities for collaboration and growth.
- Practice vulnerability, embarrassment tolerance, and lifelong learning in the pursuit of cultural humility.
- Prioritize the emotional safety of marginalized students.
- Create an environment rooted in cultural humility, where health care and school professionals listen to other perspectives to understand clients' or colleagues' worldviews, support their decision making, and are engaged in activities to learn about their own power, privilege, and biases.

5L Health Equity Framework for Neurodivergent Youth

Lens

- Understand that brain differences are variations, not deficits or disorders.
- Recognize the unique challenges and traumatic experiences that neurodivergent people face in a world that is designed for neurotypical people.
- Recognize the strengths and special talents of neurodivergent individuals.

Language

- Ask the individual for their preference on identity-first or person-first language.
- Shift away from language that assumes neurotypical brain function is the norm.
- Avoid terminology that pathologizes neurodivergence as a disorder or deficit.

Learning

- Understand that neurodivergent individuals are at higher risk for experiencing various traumas, including sensory overload, social exclusion, compliance demands, communication differences and medical mistreatment.
- Acknowledge the awareness of internal body states for emotional regulation.
- Be aware that neurodivergent youth are at higher risk for experiencing and being negatively impacted by traumatic events, including abuse and bullying.

Linkage

- Find local neurodiversity-affirming organizations and self-advocacy groups for client referrals.
- Provide access to providers trained in neurodivergent care.
- Foster inclusive environments in schools, health care settings and communities.

Love

- Presume competence in neurodivergent youth and adults.
- Celebrate unique abilities and adaptations, rather than pushing conformity.
- Interpret meltdowns and shutdowns as communication of unmet needs, not purposeful misbehavior.
- Focus on creating accommodating environments rather than extinguishing harmless behaviors.
- Respect bodily autonomy and teach self-advocacy in health care and educational settings.

5L Health Equity Framework for LGBTQ+ Youth

Lens

- Recognize the impact of visible traumas (e.g., being kicked out, bullying) and invisible aggressions (e.g., pressuring gender conformity, restricting access to support) on LGBTQ+ youth mental health.
- Understand the crucial role of family acceptance in improving outcomes for LGBTQ+ youth.
- Promote integrated physical and behavioral health approaches to address the unique challenges faced by LGBTQ+ youth.

Language

- Ask the individual for their preference on identity-first or person-first language.
- Use affirming language, including correct pronouns and respectful terminology, when discussing LGBTQ+ identities.
- Avoid language that perpetuates stigma, assumes heterosexuality and/or cisgender identity, or dismisses the impact of invisible aggressions.
  - » NIH style guide[7]

Learning

- Understand that LGBTQ+ youth experience disproportionately high rates of anxiety, depression, and suicidal ideation and attempts.
- Realize that family behaviors, such as welcoming LGBTQ+ friends, using correct names and pronouns, and educating themselves about LGBTQ+ issues, are highly supportive.
- Be aware that LGBTQ+ youth, especially those rejected by family, are at increased risk for negative sexual health outcomes (e.g., HIV, unintended pregnancy).
- Understand that gender-affirming medical care, optimally beginning in early puberty, is linked to the best mental health outcomes for transgender and nonbinary youth.

Linkage

- Connect LGBTQ+ youth with supportive, knowledgeable health care providers for integrated mental and physical health services.
  - WPATH – Standards of Care for Transgender Patients[8]
  - University of California San Francisco Center of Excellence for Transgender Health[9]
- Help families access resources to increase acceptance and support such as:
  - PFLAG[10]
  - Family Acceptance Project LGBTQ Youth and Family Resources[11]
  - Trans Family Support Services[12]
- Stay up to date on rapidly changing laws impacting LGBTQ+ youth to provide appropriate guidance and referrals.
- Partner with schools to advocate for LGBTQ+ inclusive policies, Genders and Sexualities Alliances,[13] and staff training.
  - For more school and educator resources, please visit GLSEN.[14]

Love

- Affirm LGBTQ+ youth identities and create safe spaces for them to be their authentic selves.
- Provide trauma-informed care that recognizes the impact of minority stress and adverse experiences.
- Support LGBTQ+ youth self-advocacy and connect them with empowering community resources.
- Approach family work with empathy, understanding that even well-intentioned behaviors can be harmful, while reinforcing the importance of acceptance.
- Advocate for internal and external policies and practices that protect and support LGBTQ+ youth wellbeing.

5L Health Equity Framework: Patient Case Examples

Biracial Patient Case

Background

The client is an 11 year old male, and he and his older brother identify as biracial. Their mother identifies as Black and has a history of intimate partner violence and a domestic violence protective order. The client's biological father is from Mexico and was recently deported to Mexico. The client's parents are divorced. The client's older brother's biological father is a white male. The client and his older brother often "pick at each other," argue and fight. His brother, who has a speech delay, acts out aggressively (verbally and physically) towards the client and, at times, toward his peers at school. Competition for their mother's attention occurs daily.

The client initially presented with concerns related to anger, flight of ideas, night terrors and psychosis (he hears voices and feels angst toward shadows). Upon the initial referral in August 2023, the mother called asking for help concerning managing her son's aggressive behavior, night terrors, bed wetting, sleep paralysis, restlessness and insomnia (not sleeping for two days). Upon consultation, the client was diagnosed with generalized anxiety disorder and sleep terrors, and was prescribed medications. In early October, the mother reported improvement in sleep. In April, the client reported being occasionally verbally abused while doing his homework by his mother's current partner when he misspelled words, mispronounced words and seemed distracted from his homework.

Main Question

What are some things to consider as you build trust and rapport with the client's mother, remain sensitive to the issues, and demonstrate cultural humility and respect, without being intrusive or presumptuous?

Recommendations using 5L Health Equity Framework

Lens

- Provide the client a safe space to explore how racial identity may, at times, provide a sense of significance rather than the isolation he may experience having a different racial background from his sibling.
- Ask questions about bodily experiences the mother may have when they encounter their children's unwanted behavior.

Language

- Have a session, or a few sessions, with the mother and client together. This will allow the client to develop trust with his mother regarding the issues at hand.

Learning

- Search for and identify trauma-informed treatments that incorporate caregivers, such as attachment, regulation and competency (ARC).
- Consider administering the UCLA Post-traumatic Stress Disorder (PTSD) Rating Scale to further assess for PTSD diagnosis and the Young Mania Rating Scale to rule out bipolar disorder since the client presented with psychosis, flight of ideas and irritability.
- Ensure that the client has had a medical evaluation to assess for any functional causes of the enuresis.
- Explore how difficulty controlling bodily elimination suggests nervous system dysregulation and consider biofeedback, Eye Movement Desensitization and Reprocessing, Emotion-focused Therapy, and other mind-body therapies.

Linkage

- Educate the mother on the importance of co-regulation between caregiver and child to enhance emotional and physical distress tolerance skills. Engage the family in exercises that build skills in this domain.
- Work to connect the client and mother to people in the community who are capable of helping build the necessary understanding and trauma-informed skills.
- Consider advocating for the client and family to enroll in a sleep study. This recommendation can rule out cataplexy and explore the psychiatric symptoms and sleep disturbances that seem to overlap.

Love

- Recommend sensory activities that will enable the children in the home to self-soothe in case of a meltdown.
- Work with the mother to remind her of what she likes and/or loves about her children.
- Find caregiver-child activities that remind the children that their mother is fun to be around.
- Remind the caregiver and child of daily activities that bring joy, incidences of strengths and resiliency.
- Remind all parties involved that you, as the therapist, are looking for the good in one another.

LGBTQ+ Neurodivergent Patient Case

Background

The client is a 12-year-old who was assigned female at birth and was diagnosed with autism spectrum disorder at age 10. The client has recently started identifying as male and has been expressing distress at developing breasts. The client lives with his mother, father, paternal grandmother and two older, cisgender siblings. The family is Chinese American. The client was diagnosed after increasing academic problems, social isolation, and bullying at school, and has recently started refusing to attend school. The parents also recently noticed transverse linear cuts on the client's left forearm, which the client acknowledged came from a razor blade.

The parents are open to gender-affirming medical care for the client and live in a location where this care is available. However, his parents are concerned that the client's identification as male is a phase to cope with the client's difficulty navigating his autism diagnosis and rejection from female peers at school. The client has asked to be addressed by a different first name and to use he/him pronouns. His siblings are supportive and address the client by his asserted name and pronouns. However, his parents and grandmother have not yet made these changes.

During a routine, confidential psycho-social screening at the primary care office (PHQ-A for depression, Ask Suicide Questions, SCARED for anxiety and SSHADESS assessment), the client scored in range for moderate depression and anxiety, expressed suicidal ideation without a plan or prior attempts, and disclosed sexual harassment by two male classmates. The client stated that the purpose of cutting himself is to feel better, with no intention to die. The client has no recent cuts on the forearms or other parts of the body. The client stated to the provider that he identifies as male. He states that he has been reading about gender care online and wants to change his body. The client refuses to allow his primary care provider to conduct a physical exam of his chest and genital area.

Main Question

How can you address the client's wishes for social and medical transition as well as the parents' concerns that the client's gender identification may be transitory and a manifestation of their autism diagnosis?

Recommendations using 5L Health Equity Framework

Lens

- View neurodiversity and autism spectrum disorder as distinct ways of approaching the world, rather than as deficits or disorders. Individuals who are neurodiverse may be more likely than individuals who are neurotypical to have a transgender or nonbinary identity, perhaps because they are less influenced by societal gender norms.

Language

- Use affirming language and client's asserted name and pronouns in all settings (e.g., primary care, home, school) to describe the client's neurological and personal strengths and challenges. Youth with transgender identities have described this as one of the most important ways families, schools and health providers can increase their comfort and safety.

Learning

- Learn more about gender-affirming care and the high co-occurrence of autism spectrum and gender fluid, nonbinary, and transgender identities.[15]
- Provide opportunities for the client to learn about the spectrum of gender identities, including gender fluid, nonbinary and transgender identities.
- Provide opportunities for family and school personnel to learn more about the high co-occurrence of autism spectrum disorder and gender dysphoria or incongruence.

Linkage

- Encourage the client to explore their gender identity by referring them to a clinician with expertise in autism and gender identity areas. If this is not possible, collaborate with a gender clinic/specialist and an autism specialist.
- Refer the client to a mental health provider with expertise in autism and gender identity for further assessment of trauma, and symptoms of depression and anxiety.
- Ensure a longer period of assessment at a gender clinic before any hormonal treatment, as is the emerging best practice for individuals with this co-occurrence. The body changes with treatment can also be more distressing to neurodivergent individuals, even when the changes are desired.

- Provide adolescents and families with local or online support groups such as:
  - PFLAG[10]
  - Autistic Self Advocacy Network [16]
  - MIND Institute[17]
- Create resources and student groups, and build staff knowledge (particularly faculty advisors) to ensure a welcoming environment for neurodivergent and LGBTQ+ students.
- Link clients to school or school district resources for LGBTQ+ students, including Genders and Sexualities Alliance (GSA) Network.[13]

Love

- Provide opportunities for confidential provider-client and provider-family discussions to ensure all concerns are heard.
- Offer culturally responsive discussions with the client and family to tease out any impact of culture on gender or mental health issues and any racist aspects of bullying and school climate.
- Celebrate the unique abilities and adaptations of the adolescent client.
- Approach family work with empathy, understanding that even well-intentioned behaviors can be harmful, while reinforcing the importance of acceptance.

Self-care

While doing race, culture and equity work, it is important to apply an intersectional lens to understand the experiences of burnout, moral injury and secondary traumatic stress among health care professionals from marginalized backgrounds. Systemic racism, discrimination and white supremacy culture in medical training can lead to assimilation trauma and compound the impact of work-related stressors. A culturally responsive, anti-racist approach that centers the needs of the most marginalized, fosters inclusivity, and advocates for structural change is crucial for promoting provider wellbeing and health equity. One approach to ensure self-care for the practitioner and the client while practicing health equity is to apply the Six Questions of Compassionate Inquiry created by Dr. Gabor Maté.[18]

Application of the Six Questions of Compassionate Inquiry

What is compassionate inquiry?

A compassionate quest for the inner story behind what we, as humans, show the outer world with our behaviors, views and emotions. The Six Questions of Compassionate Inquiry are:

Question 1: *In my life's important areas, what am I not saying "no" to, although I do feel a "no"?*

Question 2: *How does my inability to say "no" impact my life?*

Question 3: *What bodily signals have I been overlooking? What symptoms have I been ignoring that could be warning signs, were I to pay them conscious attention?*

Question 4: *What is the hidden story behind my inability to say "no?"*

Question 5: *Where did I learn these stories?*

Question 6: *Where have I ignored or denied the "yes" that wanted to be said?*

Compassionate Inquiry and the 5L Health Equity Framework

By applying the 5L Health Equity Framework to Compassionate Inquiry, providers can develop a holistic, trauma-informed approach that prioritizes curiosity, safety, expression, self-compassion, and the transformative power of radical compassion in the healing journey for oneself and with clients.

Lens

- View situations and responses through a lens of curiosity to understand underlying unconscious dynamics.
- Recognize the importance of presence, both within oneself and in the therapeutic relationship.
- Acknowledge the significance of bodily signals and symptoms as potential warning signs.

Language

- Use language that creates a safe and sacred space between the client and therapist.
- Employ language that facilitates expression, helping clients express what has remained unexpressed.
- Use language that promotes self-compassion, fierce compassion, and the possibility of radical compassion.

Learning

- Learn to enhance perception to better understand what is not being overtly revealed.
- Understand how your mind and your clients' minds create their worlds.
- Learn to utilize all three levels of knowledge — intellectual, emotional, and body — in relationships with clients.

Linkage

- Connect clients with their present-moment experience by keeping them engaged.
- Help clients link their bodily signals and symptoms to underlying emotional and psychological states.
- Connect the practice of daily self-care with your ability to provide effective Compassionate Inquiry.

Love

- Approach clients with a deep sense of compassion and understanding.
- Recognize and address self-judgment and the feeling of loss of control in both you and your clients.
- Embrace the transformative potential of radical compassion in the healing process.
- Demonstrate love and care for yourself through consistent self-care practices.

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