Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 301B

Poster Session 2: Racial, Cultural, and Systemic Trauma

#23NurturingFinancialandSocialHealthtoReduceMulti-LevelTrauma and Stress in Childhood-Brittany Schuler, Astrid Uhl, Daphne Hernandez

Nurturing Financial and Social Health to Reduce Impacts of Multi-Level Childhood Trauma

Brittany Schuler, PhD, LSW
Assistant Professor, Temple University School of Social Work

INTRODUCTION

Building early resilience can help establish better health habits and trends in early markers of mental/behavioral (e.g., self-regulation) and physical (e.g., cardiometabolic) health with benefits that extend across the life span.

However, research on protective experiences that moderate effects of early life adverse childhood experiences (ACEs) on the emergence of physical and mental health risks have been conducted primarily among adults, rather than in childhood when effects of adversity and treatment are more pronounced.

Most existing resilience research does not represent current U.S. child demographics; existing research on financial and communal protective factors in national samples exposed to adversity is lacking.

Research on adults suggest there may be universal and targeted community, social, and policy approaches to build resilience to poor health outcomes and health disparities among marginalized subgroups.

AIM AND RESEARCH QUESTIONS

1. Identify modifiable financial and community protective factors (i.e., Protective Childhood Experiences [PCEs]) that reduce risk of mental and physical health disparities among children exposed to ACEs.

2. Determine which factors are associated with better health and mental health outcomes in children who are also marginalized according to race, ethnicity, and socioeconomic status.

METHOD

SAMPLE

- Fragile Families and Child Wellbeing Study, N=4,898 Waves: birth, child ages 5 & 9 years
- Self-administered parent survey, in-home assessments
- N = 2,212 age 5 (Y5); N = 2,224 age 9 (Y9)

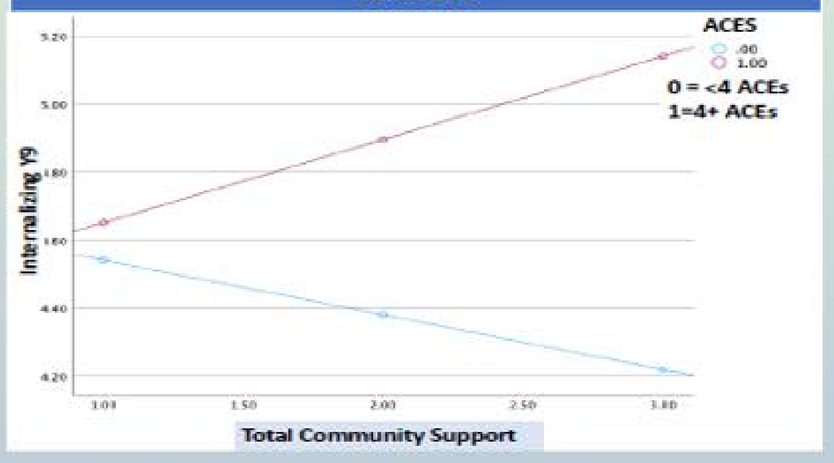
MEASURES

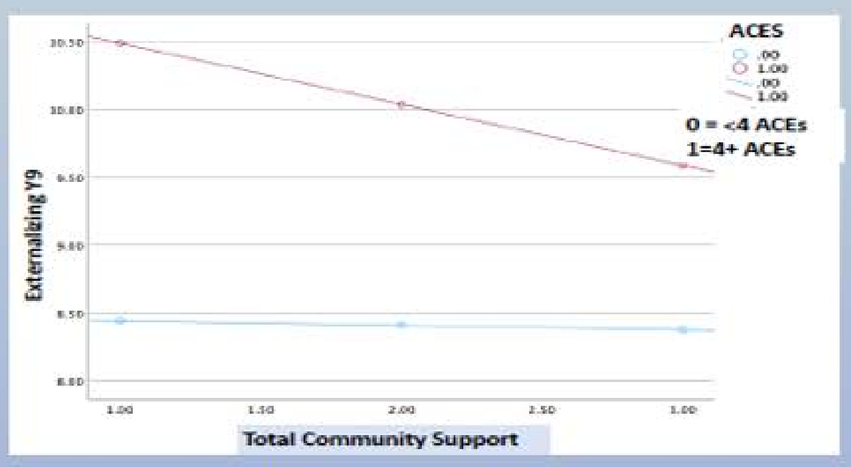
- **IVs Y5:** Adversity (interpersonal violence, family mental/behavioral health, economic hardship, community violence)
- **Moderators Y5:** Community support (social trust, religious support, community/civic engagement)
- **DVs Y5/Y9:** Internalizing/externalizing behaviors (CBCL); BMIz

ANALYSIS

SPSS V.29 using PROCESS macro to test interactions

RESULTS





RESULTS

Direct Associations

- Higher adversity was associated with higher internalizing and externalizing behaviors concurrently and prospectively.
- Financial support was associated with higher internalizing/externalizing behaviors
- Economic hardship was the only form of adversity associated with BMIz at age 9
- Community group support was associated with internalizing/externalizing behaviors
- Hispanic ethnicity was associated with higher internalizing behaviors and lower internalizing behaviors

Moderated Effects

- Financial support did not buffer the association between concurrent or prospective ACEs and internalizing/externalizing behaviors at ages 5 & 9
- Concurrent associations between ACEs and *internalizing* behaviors at age 5 are moderated by total community support and social trust, not in hypothesized direction.
  - Effects remain consistent in prospective models of *internalizing* behaviors at age 9
- Concurrent associations between ACEs and *externalizing* behaviors at age 5 are moderated by total community support, religious support, and community engagement
  - Effects remain consistent in prospective models of *externalizing* behaviors for religious support and total community support when ACEs were high (4+)

DISCUSSION & IMPLICATIONS

Social, not financial support moderate the association between ACEs & child behavior

- Financial support may represent financial need
- Higher levels of poverty come are associated with more stressful home and community contexts, which can increase risks for child behavior problems (Eamon, 2000; Slopen et al., 2010).
- Social supports can buffer negative impacts of ACEs on child psychosocial stress, behavior, and mental health problems (Brown et al; 2023; Fagan et al., 2014; Oh et al., 2024).

Social supports have very different effects on association between ACEs and internalizing/externalizing behaviors

- Internalizing behaviors are more sensitive to social interactions
- Externalizing behaviors are supported (*i.e., reduced)* with higher levels of community social support

Racial/ethnic differences suggest examination of double moderation is needed, especially for Hispanic youth.

ACEs were not associated with higher BMI. BMI was measured cross-sectionally; changes in BMI may be a more appropriate measure to assess lagged effects of ACEs on growth trajectories over time (Schuler, et al. 2020; Schroeder et al., 2020)

National Institute on Minority Health and Health Disparities of the National Institutes of Health Award Number K01MD015320. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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Poster Presentations

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Poster Session 2: Racial, Cultural, and Systemic Trauma

#24 Equalizing the Playing Field: Common Elements of Equity and Disparity among Marginalized U.S. Families- Brittany Schuler, Astrid Uhl, Stacey Shipe

Equalizing the Playing Field: Common Elements of Equity and Disparity Among Marginalized U.S. Families

Brittany Schuler, [1] Astrid Uhl,[1] Stacey Shipe[2]
1. Temple University School of Social Work, 2. Binghamton University, Department of Social Work

INTRODUCTION

Health disparities persist as a result of poverty and economic inequality, high levels of community adversity and violence, stigma and race-based inequality, and unequal access to quality institutions (e.g., education, healthcare).

Social determinants of health (SDOH) are aspects of economic stability, access to quality education and healthcare, and other vital community resources that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Unmet social needs, like lack of access to food and stable housing, along with ongoing economic difficulties, can have adverse effects on the physical and mental health of children as well as on the mental health of parents.

To reduce common and co-occuring disparities in individual health due to poverty and inequality, system level efforts are needed to address SDOH, remove the focus on individual-level responsibility, and improve the healthfulness of community environments in which people live, work, and play.

However, a paucity of research has examined practical strategies from the perspectives of parents and key community stakeholders to address and reduce SDOH-related disparities.

AIM AND RESEARCH QUESTIONS

To identify the common and unique underlying themes that could help reshape existing community programs and resources to promote equity and reduce disparities in health and mental health among racial and ethnic minority children with limited economic resources

1) What are the major systemic barriers to health/mental health for children and families?
2) What are the major household, community, and organizational strengths that help promote family health/mental health?
3) What are the major household, community, and organizational facilitators to health/mental health utilized by families?

METHOD

- Qualitative interviews with n= 21 parents and n = 21 service providers lasting 45-70 mins
- Narrative approach for in-depth exploration of meaning, perceptions, and experiences of participants.

SAMPLE

- Purposive sampling approach
- Recruitment- 9 social & community service sites: food assistance, maternal and child health, child welfare, community aid
- Providers- 81% female, 38% Black, 29% White
- Parents- 100% at or below 200% of poverty, 90% female, 74% biological mother, 52% Black, 38% Hispanic, M = 33 years-old

INTERVIEW PROTOCOL

- Semi-structured, research assisted interview guide
- Ecocultural Family Interview with 4 domains
  - 1) home environment, 2) child & family health, 3) trauma & poverty, 4) supports & services

ANALYSIS

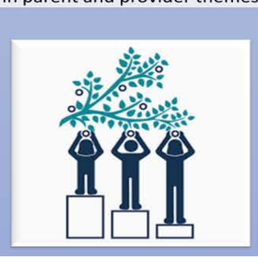
Transcribed verbatim and analyzed in MAX QDA
Iterative process for thematic analysis following a systematic approach

RESULTS

TABLE 1.
SIMILARITIES AND DIFFERENCES IN PARENT AND PROVIDER THEMES

	Parents	Providers
Social and Emotional	+Listening ear, venting, bonding +Positive appraisal/**empowerment** **+Peer support/role models** +Long-term friendships **+Community engagement** -Trust -Isolation and mental health	**+Peer support** **+Empowerment** +/- Technology **+Community engagement** **-Trust** -Stigma
Practical	+Short term, reliable childcare **+Basic needs met** (housing, transportation) **+/-Affordable housing** **+/-Transportation** **-Higher education** **-Stable employment** **-Survival priorities**	**+Basic needs met** (food, clothing, diapers) +Services in walking distance +/-Service coordination **-Affordable housing** **-Transportation** **-Higher education** **-Stable employment** **-Survival priorities**

"+" denotes facilitators and "-" denotes barriers;
Bolded text reflects commonalities in parent and provider themes



DISCUSSION

PARENT THEMES

Social & emotional support.

- Consistent and reliable support from longstanding relationships
- "Really don't need for anything" because all needs were met
- Improved parenting security in ability to meet their kids' basic needs, reduced parenting-related stressors
- Positive role models and received positive feedback on their parenting skills
- Lacking trusting, close relationships, fearing for safety, and feeling isolated were major social and emotional barriers to health and wellbeing

Practical support

- Access to short-term, trusted childcare, transportation, housing, and financial support
- Community supports that are practical, fun, and cost-effective/free

PROVIDER THEMES

- ***Useful & accessible resources.*** Essential items (food, toiletries, school supplies, clothing), within physical reach (i.e., in walking distance)
- ***Community engagement & peer support.*** *E*mpowerment & encouragement for peer support, fostering a sense of shared responsibility and support, community events and resources
- ***Barriers. S***tigma/lack of trust in community-based resources and institutions; bureaucratic hurdles and system fragmentation; supporting short-term stability over long-term wellbeing; food, housing, income insecurity; oppressive practices based on race, ethnicity, and social class

IMPLICATIONS

- Improve access to reliable social and emotional supports to help improve mental health, reduce parenting stress, and increase access to practical supports for isolated parents
- Increase access to and frequency of community events that provide practical support and facilitate peer connections for parents and children
- Increase access to family-reported practical supports (i.e., trusted childcare, transportation, housing), in addition to provider-identified supports (food, clothing)
- Remove administrative barriers and streamline community resources

National Institute on Minority Health and Health Disparities of the National Institutes of Health Award Number K01MD015326. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Temple University
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Celebrating IVAT 35 years
Institute on Violence, Abuse and Trauma

Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 301B

Poster Session 2: Racial, Cultural, and Systemic Trauma

#1 Post-Traumatic Stress Disorder in Native Hawaiian Children: The Theoretical Application of Parent-Child Interaction Therapy as a Culturally-Restorative Treatment- Kristin Tampon

HAWAI'I SCHOOL OF PROFESSIONAL PSYCHOLOGY AT CHAMINADE UNIVERSITY

Trauma-Focused Parent-Child Interaction Therapy as a Culturally-Restorative Treatment for Native Hawaiian Families

Kristin Tampon, B.A. | Hawai'i School of Professional Psychology at Chaminade University

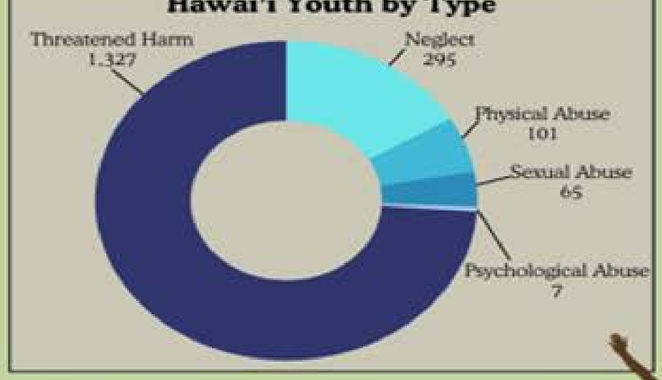
Chaminade University OF HONOLULU

Abstract

Native Hawaiian (NH) children experience child-maltreatment at disproportionate rates compared to their other ethnic counterparts (The State of Hawaii Department of Human Services, 2021). Despite cultural stigmas around mental health, these children are in need of immediate treatment. Trauma-Focused Parent-Child Interaction Therapy (TF-PCIT) has the potential to be a culturally-restorative treatment for Native Hawaiian children who experience the negative effects of trauma. The current review highlights the ways in which TF-PCIT could potentially mitigate the high rates of health disparities observed among Native Hawaiians, incorporate Hawaiian cultural values into sessions, and decrease the overrepresentation of Native Hawaiian children in CWS, allowing Native Hawaiian families to work on healing their relationship together, instead of remaining separated.

Child-Maltreatment in Native Hawaiian Youth

Number of Child Maltreatment Cases in Hawai'i Youth by Type



In 2021, there were 1,495 confirmed cases of child abuse and 39.8% of those child victims were Native Hawaiian or Part Native Hawaiian (The State of Hawaii Department of Human Services, 2021).

Trauma-Focused Parent-Child Interaction Therapy

PCIT offers a strong evidence-based treatment for children aged 2-7 years old with a history of trauma and focuses on building a secure attachment between child and caregiver(s) by teaching both parties new techniques for relating to one another (Biscontini, 2023)

PCIT involves supervised play sessions in which a therapist guides caregiver(s) through interactions with the child using a microphone and earpiece to teach new methods for discipline and encouragement (Gurwitch & Warner-Metzger, 2022)

Trauma-Focused PCIT provides the healing benefits of standard PCIT, while addressing the negative effects of trauma by providing the child and caregiver(s) with the necessary tools to cope with trauma (Gurwitch & Warner-Metzger, 2022)

Decreasing Health Disparities

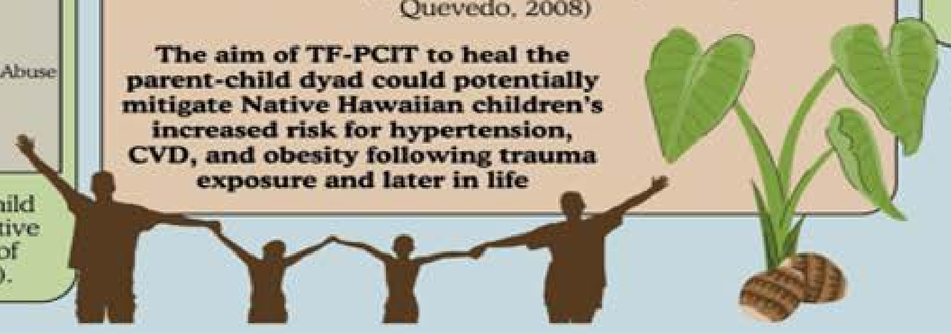
Functional abnormalities of the HPA-axis caused by childhood trauma have been linked to obesity, hypertension, and cardiovascular disease (CVD) (Cacereset al., 2022; Aaseth et al., 2019; McFarlane, 2010).

High rates of hypertension and obesity have been observed among Native Hawaiians, with CVD being the leading cause of death among this population (Aluli et al., 2011)

The biological effects of childhood trauma further reinforce and likely increase the already high rates of these health disparities among NHs

Research has found that developing a secure attachment to a caregiver can mitigate and potentially reverse HPA-axis alterations caused by childhood trauma exposure (Gunnar & Quevedo, 2008)

The aim of TF-PCIT to heal the parent-child dyad could potentially mitigate Native Hawaiian children's increased risk for hypertension, CVD, and obesity following trauma exposure and later in life



Cultural Adaptations & Restoration

PCIT has already been adapted to accommodate values and practices from certain other ethnic cultures (The National Child Traumatic Stress Network, 2008)

Including *'Ohana* (extended family and other close relationships) and utilizing *Aina* (land) through caring for the land in play sessions could encourage NH families who present with child-maltreatment to seek healing through TF-PCIT

Lickins (spanking, often with a rubber slipper) is a culturally-accepted method of discipline in NH families, with children understanding that it is not meant to harm them, but to make them better people. Also, current NH parenting styles have been recognized as being "old school" and unaffectionate. Although this is culturally-accepted, these parenting methods were learned from the missionaries who colonized the islands (Riley et al., 2022)

TF-PCIT could remove this impact of historical trauma by encouraging healthy methods of discipline within NH families and correcting child beliefs that physical punishments make them a better person

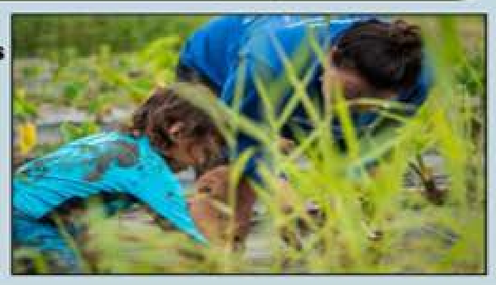
This would make TF-PCIT not only culturally-sensitive to Native Hawaiians but culturally-restorative, removing current parenting practices that were not apart of the indigenous culture

Clinical Implications

Clinicians should consider the ways in which incorporating cultural values and practices into TF-PCIT could challenge cultural stigmas regarding mental health treatment and bolster treatment completion and healing for their clients

Future research should explore the efficacy of these cultural adaptations for Native Hawaiians and the potential for incorporating other values such as ho'oponopono as well

Link to Research Paper & References



Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 301B

Poster Session 2: Racial, Cultural, and Systemic Trauma

#43 Native Hawaiian Pacific Islander Approaches to Disaster Relief
Grief, Loss, & Healing After Disaster Trauma - Taylor Takatani

HAWAI'I SCHOOL OF PROFESSIONAL PSYCHOLOGY
AT CHAMINADE UNIVERSITY

Native Hawaiian Pacific Islander Approaches to Disaster Relief

Taylor Takatani, B.A.

Chaminade University OF HONOLULU

ABSTRACT

This literature review examines research on health disparities within NHPI communities with a focus on historical factors, barriers to receiving treatment services, and the lack of research done after crises. The primary goal is to fill the dearth of knowledge regarding the long-term outcomes for NHPI communities following disasters using the 2023 Maui wildfires as an example that can apply to any marginalized population. By conducting this research, the aim is to provide insights for those directly involved in promoting the recovery and well-being of NHPI communities after crises. Existing studies suggest recommendations such as shifting from individual-focused programs to group-based activities, incorporating cultural and traditional elements into healthcare practices, and implementing culturally grounded engagement approaches. In essence, this comprehensive approach provides a framework for addressing health disparities, among NHPI populations that arise after crises.

STATEMENT OF THE PROBLEM

Access to quality healthcare poses a hurdle for the Native Hawaiian Pacific Islander (NHPI) population, which contributes to disparities in health[1]

NHPI Health Disparities Compounded by Marginalization

- **Genetics**
  - Disproportional rates of chronic and preventable diseases associated with immune and metabolic dysfunction[2]
  - Extended time in hospitals, decreased quality of life, and reduced life expectancy[3]
- **Lifestyle choices**
  - Alcohol and cigarette consumption were factors associated with a 2.0-2.3 times higher risk of attempted suicide[4]
- **Socioeconomic factors**
  - Limited access and severe lack of food[5]
  - Income, educational level, and access to health care factors[6]
- **Sociocultural challenges**
  - Limited access to mental health services due to stigmatization, cultural considerations, language barriers, and treatment hesitancy[7]
- **Psychosocial stressors**
  - Those with low self-esteem experience accelerated aging compared to those with high self-esteem[8]
  - Higher susceptibility to mental illness and discourage individuals from seeking help[9]

Mental and physical well-being during and after disasters is linked to further exacerbating health disparities[10]

There is limited research examining the long-term health impacts following crises within the NHPI community!

- How do we promote healthy lifestyles to prevent health disparities?
- How can we help pre and post-disaster?
- What will be the most effective?

Sociological model for Health Promotion in NHOPI communities[17]

RESPONSE TO THE 2023 MAUI LAHAINA WILDFIRES

U.S. Federal Emergency Management Agency

- Other Needs Assistance
- Program[12]

American Red Cross

- Financial and supportive services to an estimated 7,600 individuals[13]

Hawaii Community Foundation – Maui Strong Fund

- Raised over $1.5 million[14]

Office of Hawaiian Affairs

- Allocated $5 million in emergency relief funds[15]

Maui Wildfires Relief Fund

- Distributed grants[16]

WHAT TO DO WITH THIS MONEY?

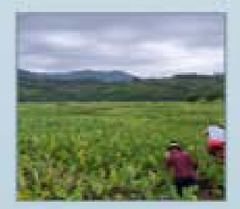
- Potential **risk** of implementing **culturally insensitive Westernized interventions**
- Past experiences with marginalized communities revealed language barriers and a **failure to understand the community's collectivistic and holistic nature**[18]

RECOMMENDATIONS

- **Group-based** activities fostering a **mind-body connection**[19]
- Incorporation of **cultural** and **traditional elements**, such as **storytelling** and **relationship-building** opportunities, into research efforts[20]
- **Public-sector settings** to develop culturally grounded engagement approaches
- Establishing **relationships with NHPI leaders** by training lay NHPIs as community health workers
- Collaborating with key groups to deliver **mental health education** and **anti-stigma interventions** in community settings[21]

FUTURE DIRECTIONS

- Autonomy of NHPI communities in seeking assistance post- disaster by examining demographic factors, socioeconomic status, education levels, etc.
- Best allocation of funds and the impacts on NHPI well-being post-crisis (e.g., 24/7 medical and trauma centers, drug abuse, prisons, homelessness, hotels, etc.)



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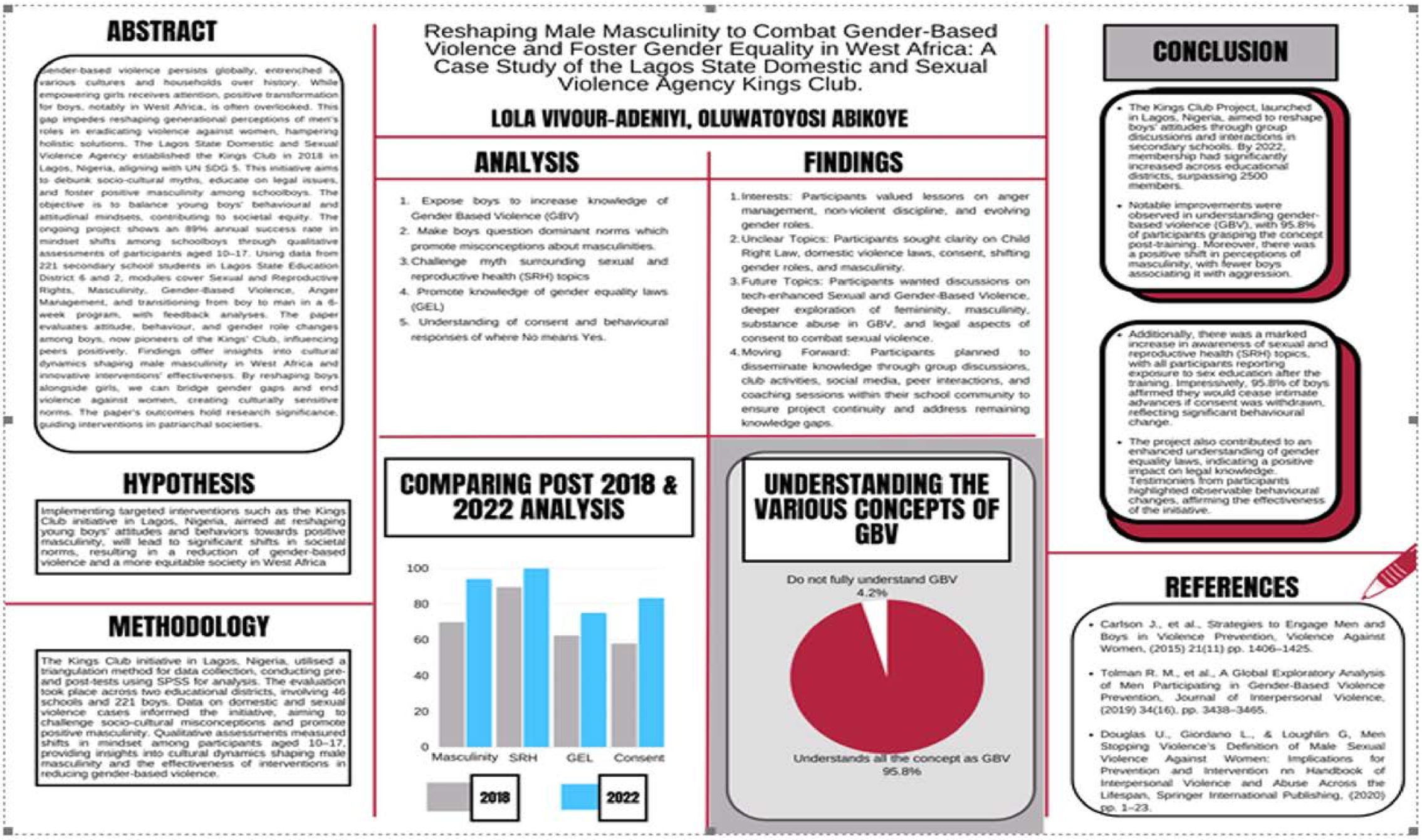
Poster Session 2: Racial, Cultural, and Systemic Trauma

#44 Reshaping Male Masculinity to Combat Gender-Based Violence and Foster Gender Equality in West Africa: A Case Study of the Lagos State Domestic and Sexual Violence Agency Kings Club - Titilola Vivour Adeniyi, Oluwatoyosi Abikoye



#8 Integrative Mental Health Care for Communities of Color: Addressing Challenges and Promoting Inclusivity- Shaina Hall-Jones, Dr. Nolan Krueger