

Trauma-Informed Behavioral Health for Marginalized Populations

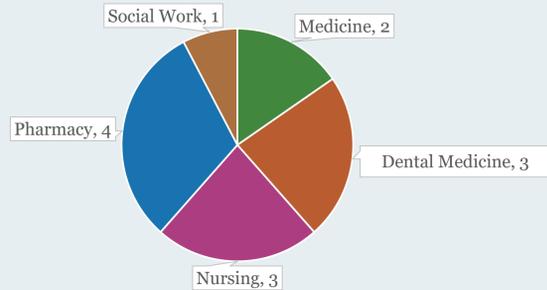
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Abstract

The Behavioral Health Interest Group consists of Cohorts 17 and 18 Urban Health/AHEC Scholars from the UConn Schools of Medicine, Dental Medicine, Nursing, Pharmacy, and Social Work.

As a group, we worked together to deepen our understanding of different behavioral health needs that patients may present with and the trauma-informed approach necessary to take care of vulnerable patient populations. Some methods that helped gain this insight were monthly student-led meetings, case-based discussions, guest speakers, and informative online videos.



Background

The Urban Service Track's Behavioral Health Interest Group is a student-led, interdisciplinary initiative composed of future healthcare professionals in dentistry, medicine, nursing, pharmacy, and social work. Our mission is to:

- Learn how to be able to provide trauma-informed care in diverse healthcare settings
- Advocate for inclusive policies that support behavioral health equity
- Deepen understanding of behavioral health challenges across underserved and marginalized populations

Why is behavioral health important?

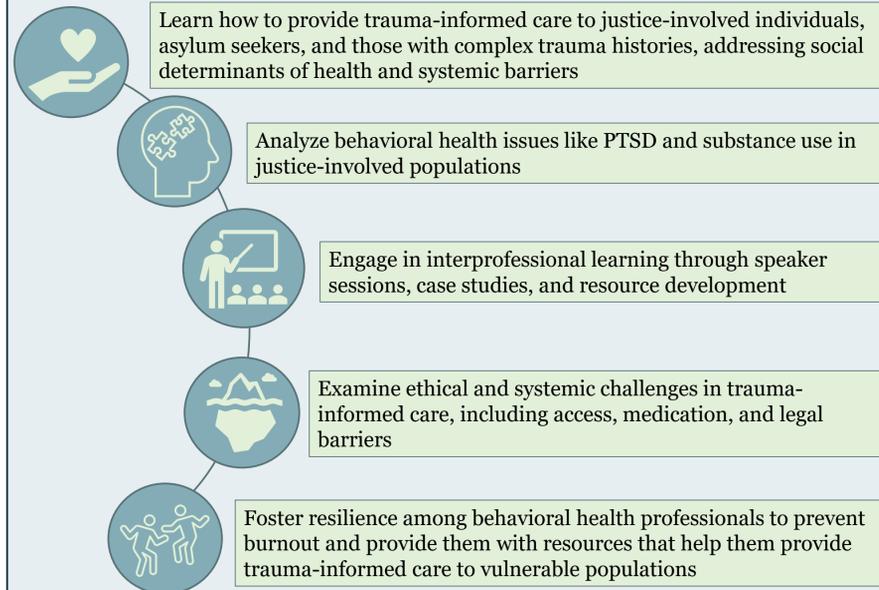
Justice-involved individuals face some of the most severe behavioral health disparities, including:

1. High rates of PTSD, depression, and substance use disorders, often linked to trauma experienced both before and during incarceration.¹
2. Limited access to consistent, quality mental healthcare within correctional settings and after reentry into the community.²
3. Stigma, discrimination, and structural barriers that prevent access to housing, employment, and care. This contributes to a cycle of instability and poor health outcomes.²

What the Behavioral Health IG focused on:

1. **Institutional distrust:** Many justice-involved individuals have experienced harm or neglect in healthcare and correctional systems, leading to a deep mistrust of providers.³
2. **Lack of trauma-informed care:** Healthcare professionals are often unprepared to recognize or respond to the complex trauma experienced by incarcerated populations.⁴
3. **Systemic barriers:** Fear of legal consequences, lack of insurance after release, and social stigma often prevent formerly incarcerated individuals from seeking the help they need.^{2,3,6}

Objectives



Methods

1. The Behavioral Health IG held monthly meetings with engaging learning events and speakers over a six-month period.
2. The members of the IG were assigned to various roles (e.g., summit poster writers, presenters, attendance tracking) to promote collaboration and teamwork.
3. We engaged in group discussions and presentations covering various aspects of behavioral health with a special focus on the importance of providing trauma-informed care.
4. We conducted monthly case studies to highlight and discuss ways to provide trauma-informed care for the following justice-involved populations:
 - a. Incarcerated or previously incarcerated individuals
 - b. Immigrant and refugee populations.
5. We hosted a guest speaker, Jackie Corcoran, LCSW, of ACES Village School, who discussed trauma-informed care for individuals with autism and how employees at her organization receive specialized training to provide trauma-sensitive care.
6. At the end, we developed a survey to gather feedback from participants about their experience in the group. This survey helps us evaluate whether our activities are meeting their intended objectives and how well the group aligns with participants' professional goals.

The Four Rs of Trauma-Informed Care

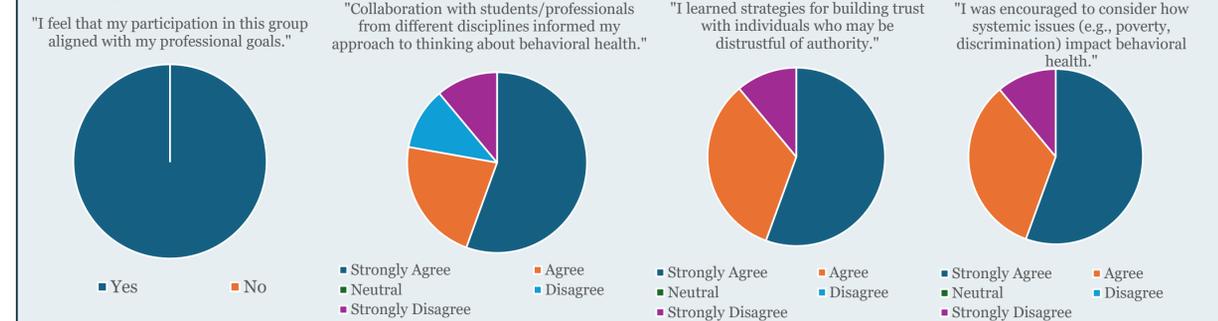


This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

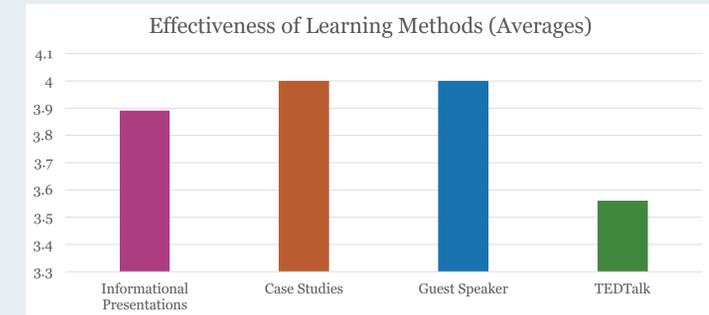
Results

A Google Form survey was administered to the members of the Behavioral Health Interest Group to assess their satisfaction with their membership of the group along with their feedback on what learning methods worked best for them.

Findings:



Our team members were also asked which method of learning helped them further their knowledge on providing trauma-informed care to justice-involved individuals. Below is the ranking as well as the rating (on a scale of 1-5):



Discussion & Future Direction

- Throughout the six-month period, the Behavioral Health Interest Group focused on some very impactful topics. Some key takeaways from this year:
- **Main Focus:** Explored trauma-informed care for justice-involved individuals as our core population.
 - **Cross-Population Learning:** Studied trauma in immigrants, refugees, and individuals with autism to draw parallels and deepen understanding of justice-related trauma.
 - **Key Barriers:** Identified burnout, limited time, and systemic inequities as major obstacles to trauma-informed care.
 - **Engagement Methods:** Used presentations, case studies, news reports, and discussion with guest speaker to engage members.
 - **Most Effective:** The guest speaker session was rated the most effective learning method by group members.
 - **Interdisciplinary Approach:** Most members strongly agree that interdisciplinary collaboration informed their approach to thinking about behavioral health.

In the survey, some of the members gave great feedback on how the group can improve in the future. These suggestions included:

1. More guest speakers
2. Kahoot and other interactive learning game
3. Training workshops

Acknowledgments

The Behavioral Health Interest Group would like to thank the primary poster writers: Daisha Drake and Briti Prajapati.

The authors would also like to thank guest speaker Jacquelyn Corcoran, LCSW, and the following mentors for their guidance in the completion of this project: Cecil Tengtanga, MAR, STM; Roshni Patel, MD; Lisa Vallee, LCSW; Shanthi Rao, MSW; and Rubby Koomson, APRN.

References



Scan here for resources.

A full list of materials cited for this project may be accessed using the provided QR code.