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The Role of Trauma and Poverty in Decision-Making: Implications for OTDA Practices

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The Role of Trauma and Poverty in Decision-Making: Implications for OTDA Practices

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Contents

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Section One

Introduction

Decision-making is defined as a method of selecting a particular option among a set of alternatives expecting to produce a desirable outcome. Decision-making is a complex process and can be particularly daunting depending upon an individual's circumstances. Adults seeking financial assistance and other supports from public and private human services agencies may have significant challenges with the decision-making process due to their current circumstances.

Research suggests poverty affects higher-level thinking skills, including decision-making. One explanation poses a relationship between the state of poverty, the stress/trauma response, and impaired decision-making. For example, studies indicate that when people are experiencing fear and stress, they make less risky decisions. Now consider the difficulty of making significant life-changing decisions while living in impoverished environments where physical and/or emotional trauma is present.

The purpose of this paper is to summarize current research on the impact of poverty and trauma on types of decision-making associated with competent care practice. These findings have implications for the development of policies and programs that support trauma-impacted populations. By understanding the factors that

impede a client's sound decision-making, as well as strategies that enhance a client's ability to make beneficial life decisions, the Office of Temporary and Disability Assistance (OTDA), local Social Services Districts (SSDs), and other providers will be better equipped to develop and deliver successful policies and approaches.

Problem Statement

Approximately forty-three million Americans (13.3%) live in poverty (U.S. Census Bureau, 2015). Closer to home, over 3 million New Yorkers (15.7%) live in poverty (New York State Community Action Association, 2017).

Existing programs tasked with helping individuals and families to secure financial independence and escape poverty have arguably produced mixed results. Although extensive research indicates that programs like the Supplemental Nutrition Assistance Program (SNAP) have lifted millions of Americans out of poverty, the percentage of Americans living in deep/extreme poverty (i.e., having household income below half of the poverty line) has increased in the decades since the early 1980s (Sherman et al., 2013).

Moreover, it has become increasingly difficult for those living at or below the poverty line to gain economic independence, due to the increasing demand for post-secondary education among workers performing the kinds of jobs which provide a salary high enough to support a family.

It therefore goes without saying that people without a college degree have a higher unemployment rate than those who do. The challenges facing those with less formal education are exacerbated by increased competition for unskilled jobs and increasingly lower wages for those jobs.

Programs designed to help those living in poverty to secure and sustain financial independence are focused towards expanding employment opportunities. However, available employment opportunities are often low-paying and do not provide enough resources to adequately support a family.

Achieving financial self-sufficiency in today's world requires an individual to navigate a complex environment, using healthy and robust critical thinking skills to make appropriate, life-impacting decisions. For someone experiencing stress on a daily basis because of difficulties associated with obtaining basic resources, these decision-making skills may be compromised (Collins, 2005).

In addition to their economic circumstances, many potential applicants/recipients of Temporary Assistance for Needy Families (TANF) and related assistance programs may have experienced deeply disturbing events or situations (i.e., trauma) which can affect the way they learn, plan, and interact with others. These experiences can have profound implications for client interaction with local and district staff and, ultimately, on their eligibility and participation in a given program.

Section Two

How Living in Poverty Contributes to Increased Exposure to Trauma/Toxic Stress

Poverty means much more than not having enough money to meet one's needs. It also is characterized by exposure to violence and crime, poor access to health care, and many other life obstacles. Common outcomes from living in poverty include depression, anxiety, toxic stress, and trauma. Individuals living in poverty often experience daily challenges, both obvious (e.g., obtaining basic resources like food) and imperceptible (e.g., negative self-image). A high percentage of poor individuals suffer with major depression and anxiety (Mickelson & Williams, 2008). In a review of depression and low-income women, Lennon et al. (2001) reported that rates of depression among low-income families are approximately twice those in higher-income families. Poor women, particularly those who have been exposed to traumatic experiences such as childhood abuse, domestic violence, rape, and other criminal behaviors are at even greater risk for mental health problems (Bassuk et al., 1996; Brooks and Buckner, 1996; Miranda and Green, 1999).

Timely recognition of the signs of trauma, toxic stress, and mental health issues by social services staff is critical for effectively helping the individual/family seek and obtain appropriate assistance from the array of programs available through OTDA.

Additional concerns impacting the stress condition include single parenting, and missing work for illness or child-related issues (Dermott & Pomati, 2016). What is more, many single parents cannot escape poverty because they cannot afford to further their education. And residing in a high-poverty impact neighborhood, where violence is a chronic condition, further aggravates this situation.

Moreover, people in poverty commonly report significant early childhood adversities, threatening events, and deprivation (Huntington et al, 2005). Among a sample of TANF recipients, 39% reported four or more adverse childhood experiences (e.g., substance use disorder of family member) and high levels of exposure to community violence (Sun et al., 2016).

In addition to all of these challenges, the stress and distress resulting from poverty may be exacerbated by clients' awareness of stigma, including stereotypes and experiences with discrimination. Raising agency staff's awareness of stereotyping and discrimination of the poor is important. Social services workers need to approach each case with an open mind and consciousness of unfounded bias.

Agency staff who are aware of their own biases about people living in poverty will be better equipped to serve their clients.

The current circumstances of those seeking assistance can result in trauma (mental and physical) to the

individual and/or their family, the experience of stigma, as well as foster an environment of toxic stress. It is against this backdrop that social services staff must understand and be able to use all available tools to help align impacted individuals and families with the programs needed to provide relief to their current situation.

The Influences of the Poverty Condition: Stigma, Trauma, and Toxic Stress

Stigma and Its Effects

Social stigma. Social stigma is defined as being stereotyped, experiencing prejudice, and oppression or discrimination. People experience social stigma based on traits or conditions such as minority status, sexual preference, mental illness, overweight/obesity, and poverty. Negative societal attitudes toward people with these traits or conditions are widespread (Walker & Chase, 2016). For example, one person receiving benefits reported, "*People think the poor are lazy, incompetent, and uncaring and that is why we don't have steady jobs. Actually, it is easy to be fired from a job, especially when you work more than one. If a co-worker does not show up, you are often expected to take the shift. If you have a second job and share that you are not able to cover the absent colleague, losing your job might be the consequence.*"

"People think the poor are lazy, incompetent, and uncaring and that is why we don't have steady jobs."

***Self-Stigma*.** Another type of stigma, self-stigma, represents an internalization of society's views of one's traits or condition (Mickelson & Williams, 2008). Self-stigma has been described as shame-based acceptance of society's views. Indeed, the shame of poverty appears to be universal (Walker et al., 2013). Shame is a powerful emotion and the result of a negative assessment of oneself compared to one's expectations and the imagined expectations of others (Chase & Walker, 2013).

Both social and self-stigma exert an influence on people's behavior and experiences, such as their ability to maintain social relationships, attain life goals, and seek and adhere to treatment or assistance.

Maintaining relationships. Stigma can act as a barrier to obtaining and maintaining social relationships. For example, people with mental illness have reported that once their mental illness was disclosed, they frequently experienced social rejection and avoidance by others (Wahl, 2012). Similarly, the social networks of poor people have been described as small, isolated and comprised of others who also are poor (e.g., Cattell, 2001). Agency staff can benefit from understanding stigma and its implications for their clients' social world, including their social networks and access to social support.

Attainment of life goals. Poor people who apply stereotypes to themselves are likely to have a negative self-concept. Specifically,

self-stigma has been associated with low self-esteem and self-efficacy (people's sense of mastery or power), both of which are critical to the pursuit of life goals (Corrigan et al., 2009). One consequence is what researchers call the "why try" effect. To illustrate, "*My landlord doesn't want to hear that my minimum wage work hours were cut at the last minute with no time to look for another job. He accuses me of not trying hard enough to pay my rent. I sit and wonder why I bother to work when it gets me nowhere.*"

"I sit and wonder why I bother to work when it gets me nowhere."

Social services agencies serving the poor can counter self-stigma and its effects on the pursuit of goals by implementing policies, programs and procedures designed to empower the people they serve.

Seeking help. Stigma can serve as an obstacle to seeking help. One reason is that the stigmatized individual wants to avoid being identified as a member of the stigmatized group. Individuals with mental illness who report higher perceived stigma are less likely to seek treatment and even when they do, they are less likely to adhere to treatment (e.g., Sirey et al., 2001).

Similarly, self-stigma may play a role in the decision to use public assistance programs. "Claims stigma" is the stigma in the process of claiming benefits, arising from the lack of privacy involved, demeaning experience of long waits, and the feeling of being looked down upon by social services staff (Baumberg, 2016). In a recent British study, 20% of those surveyed agreed that people should feel ashamed to claim at least one benefit (Baumberg, 2016). More than half (58%) disagreed with the statement "People are generally treated with respect when they claim benefits." When asked whether "feeling ashamed" would make them less likely to claim benefits if they were needy and eligible, 27% said that it would.

Implications of these findings include a need to make the benefits system "more respectful" and less stigmatizing (Baumberg, 2016). In New York State, for every 100 families in poverty, 40 families received TANF cash assistance in 2014-15 (Floyd et al., 2017). Although this rate compares favorably to that of other states, a large proportion of New York families in poverty do not receive benefits for which they may be eligible. Among other factors, "claims stigma" may help explain low participation rates.

Trauma

In addition to experiencing stigma, people living in poverty may have experienced or be experiencing trauma. Trauma, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), refers to experiences that can cause intense physical and psychological stress, after effects, and related behaviors. The majority of people experience few problems after enduring a traumatic event. Some will have short-term symptoms

lasting a few days or weeks, but will recover quickly. However, others will suffer longer term changes in mood, behavior, and how they interact with others and the world around them (U.S. Department of Health and Human Services, n.d.).

In discussing trauma, we begin with historical trauma (also known as multigenerational trauma), as experienced by a specific cultural, racial, or ethnic group. It is related to major events such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans (Sotero, 2006).

While many people in these affected cultural, racial, and ethnic groups will not experience any effects of historical trauma, others may experience poor overall physical and behavioral health, including low self-esteem, depression, self- destructive behavior, marked propensity for violent or aggressive behavior, substance use disorders, and high rates of suicide and cardiovascular disease. Acute problems of domestic violence or alcohol use that are not directly linked to historical trauma may be exacerbated by living in a community with unaddressed grief and behavioral health needs (Sotero, 2006).

Parents' experience of trauma may disrupt effective parenting skills and contribute to behavior problems in children. Compounding this familial or intergenerational trauma, historical trauma often involves the additional challenge of a damaged cultural identity (Sotero, 2006).

Trauma can arise from a single event, multiple events, or a set of circumstances. Natural events, such as a tornado, can be experienced as traumatic, as well as man-made events such as witnessing violence. Note that more than 33% of youth exposed to community violence will experience Post Traumatic Stress Disorder (PTSD), while seventy percent (70%) of adults in the U.S have experienced some type of traumatic event at least once in their lives. That equates to 223.4 million people.

Traumatic events can be physically and/or emotionally harmful to an individual. Reaction to a perceived stress is a complex phenomenon that includes intellectual, emotional, physiological, and behavioral responses. In adults, traumatic experiences can also affect the brain, leading to behavioral issues such as difficulty regulating emotions, sleep disorders, and changes in thought processes.

While trauma can have lasting effects (e.g., PTSD), in most cases it does not. However, for those who have experienced trauma, trauma can lead to the view that no place or situation is safe, prompting a sense of vulnerability and fear. A perception of danger triggers a "fight or flight" brain response and interpretation of the current situation as a crisis (Dulmus & Hilarski, 2003).

Social services staff can better understand present-day reactions to events in the context of individual trauma narratives. Instead of focusing on "What's wrong with

you?" a trauma-informed approach asks "What has happened to you?" Because trauma-related events may have occurred in the context of service provision, it is also important to be mindful of a potential lack of trust in government-funded services, in research, and in health and mental health care (U.S. Department of Health and Human Services, n.d.).

To build trust, agency staff should be respectful, cognizant of different reactions to traumatic events within communities, and focus on community strengths and resilience. With the understanding that all communities are unique, with distinct cultural norms and belief systems, social services staff will be well-positioned to support those they serve. By being mindful of the effects of stigma, the lingering effects of trauma\toxic stress, and distrust of majority groups or government programs, local district staff can more readily deliver programs to reduce family stress, child abuse and neglect, problematic substance use, unemployment, and mental health challenges.

Stress Response

A stress response is the result of an individual's perception of an event or circumstance as traumatic. Occasional and brief stress responses are a normal part of healthy development (Franke, 2014). However, a stress response can influence biopsychosocial systems, with the level of systemic impact being dependent upon the perceived level of stress and whether it is chronic.

When a person encounters a challenge, problem, or threat, it causes stress hormones to trigger a cascade of physiological changes in systems throughout the person's body. Elevated levels of the stress hormone cortisol signal that the body is ready to respond to threat or danger. When stress is continuous, however, chronically high levels of cortisol ultimately disrupt almost all of the body's processes, increasing one's risk for numerous health problems, including anxiety, depression, and heart disease.

Among those living in poverty, stressors tend to be chronic, toxic, severe, and long term (Broussard et al., 2012). Examples of such stressors include, but are not limited to, food insecurity, homelessness, housing instability, neighborhood violence, and unemployment. As a result, a stress response can be triggered by losing a job or not being able to pay a heating bill, collect child support, or secure safe or adequate housing.

A common consequence of the poverty condition is a stress/trauma response from anticipating that needed resources will be withheld and/or expecting to be treated in an offensive manner (Mickelson & Williams, 2008).

Currently, OTDA has existing programs to address many causes of stress response, in addition to basic human needs, such as TANF, SNAP, Home Energy Assistance Program (HEAP), Temporary Assistance (TA), Child Support Services, Housing and Support Services, and Fair Hearings.

Toxic Stress

Toxic stress, unlike occasional and brief stress that everyone experiences, often affects clients of social services programs. This type of stress is prolonged, severe, or chronic and can cause significant problems with health and development (Franke, 2014; Center on the Developing Child, n.d.). Indeed, in a study of over 700 U.S. adults, people with lower income and education had higher evening cortisol levels, reflecting chronic stress (Cohen et al, 2006).

Toxic stress has long-lasting negative consequences for cognitive functioning, behavioral health, immune functioning, and physical health (Hamoudi et al., 2015). Specifically, this type of stress can increase health risks, including risk of heart disease, mental illnesses such as depression and anxiety, and substance use disorders.

Among the stressors likely to cause adverse reactions are potentially traumatic events such as exposure to violence (especially recurring violence such as child abuse or domestic violence, or threats of violence in neighborhoods with high rates of violent crime and experiences of war, terrorism, or natural disasters). Even chronic stressors like low-income families' insecurity about basic needs such as housing, food, home energy, or medicines, though not traumatic, may be associated with problems in functioning (Hamoudi et al., 2015). The more chronic the economic hardship, the greater the likelihood of mental health issues, like low self-esteem, anxiety, and depression, which further influence the poverty state.

Toxic stress is a factor in the lives of many people served by social services programs, and is often linked to the social and economic disadvantages that many social services programs are designed to address.

By adopting a trauma-informed approach, social services programs such as SNAP, HEAP, TA, and employment and training services, address issues such as homelessness, food insecurity, and employment. By doing so, they can help mitigate toxic stress. Specifically, these programs can create change in the types of conditions which trigger severe, chronic stress. They can also provide a source of social and emotional support. This paradigm shift acknowledges how trauma and toxic stress impact brain development, and puts clients' seemingly maladaptive behaviors and destructive thinking patterns into context. By better understanding their clients, social services workers can be more empathic and supportive and avoid added stress for clients. They can also avoid re-traumatizing them.

In sum, trauma-informed services can help reduce the burden on clients and encourage them to participate in services. It may also foster supports that can be beneficial in mitigating toxic stress (U.S. Dept. of Health and Human Services, n.d.).

Poverty's Impact on Female-Headed Households

One in three women in the U.S. are living in poverty or "teetering on its brink" (The Shriver Report, 2014): a figure which translates to 42 million women and their 28 million children. Women disproportionately live in poverty and experience poverty- related stress/trauma from several fronts. Often they are lacking adequate and nutritious food, adequate and affordable housing, and reliable transportation, to name just a few challenges. They may have limited education and lack the resources to further their education or training. They may feel isolated, victimized, and discriminated against (Broussard et al., 2012). Across research studies, low income or poverty is the most commonly identified risk factor for domestic violence (Michalski, 2004).

As of late 2016, 38.4% of New York State households headed by women with children present lived in poverty. Presently, women in New York State with a high school diploma have a median annual earnings of $24,140: $10,911 less than their male counterparts (New York State Community Action Association, 2017). Moreover, poverty rates and income vary by racial/ethnic group, leaving single minority mothers particularly vulnerable to the negative effects of poverty.

Employment stress is high for poor single mothers because most work part-time, low-paying jobs with little to no benefits or flexibility (Rice, 2001). Nearly two-thirds of the minimum wage workers in the U.S. are women. Despite the recent minimum wage increase in New York State, research suggests that minimum wage alone is not sufficient "to lift a family of three out of poverty and it falls far short of the income needed to achieve a modest standard of living" (i.e., self-sufficiency; Schuyler Center for Analysis and Advocacy, 2016). One recent report suggests that a full-time minimum wage worker earns only 61% of the poverty line for a family of four (Sherman et al., 2013).

Most minimum wage workers receive no paid sick days (The Shriver Report, 2014). Nearly all (96%). And yet, single mothers say paid leave is the workplace policy that would help them the most (The Shriver Report, 2014).

High quality, affordable child care is critical for a single mother's ability to work and provide for her family. Child care costs in New York State are among the highest in the nation (Pathways to Progress, 2010).
A high percentage of poor mothers suffer with major depression (Mickelson & Williams, 2008), particularly minority women. In a study of low-income, single, African-American mothers, 40% reported depressive symptoms consistent

with clinical depression (Coiro, 2001). Women who reported more life stressors also reported more depressive symptoms. In a study of rural single mothers, employment buffered the negative effects of financial stress, childcare stress, and rural residence stress (Turner, 2007).

Social services programs such as TANF and Housing and Support Services are designed to address the conditions of poverty in an effort to improve maternal- and child well-being, prepare low-income individuals for the workforce, and help families gain economic self-sufficiency. Women have accessed these programs in large numbers as evidenced in a recent study of Pennsylvania families receiving TANF, nearly all of whom were headed by unmarried women (Sun et al., 2016). By addressing training and employment issues, programs such as TANF play an important role in improving their clients' mental health.

Poverty's Impact on Children

In New York State, there are just over 4 million children under age 18. Nearly 1 million (22.1%) of them live in poverty (Schuyler Center for Analysis and Advocacy, 2016). As in the U.S., a disproportionate number of minority children in New York State, are poor. For example, about one-third (32%) of African-American children in New York State live in poverty, compared to 14% of non-Hispanic White children.

The trauma and chronic stress of growing up in poverty are toxic to children. Although research is ongoing, there is some evidence that toxic stress in children and adolescents may make it more difficult for youth to learn effective self-regulation, posing challenges for educational, occupational, and relationship development into adulthood, as well as health (Murray et al., 2014). Thus, childhood poverty leads to a broad range of negative outcomes for children.

Indeed, research has found a positive relationship between the number of "adverse childhood experiences" (ACEs; e.g., parental substance use or incarceration) and subsequent health problems (The Shriver Report, 2014). Children who experience four or more ACEs are two to four times more likely to suffer from chronic obstructive pulmonary disease, hepatitis, depression, and ischemic heart disease as adults (The Shriver Report, 2014).

One way poverty impacts children is through parenting. Using nationally representative data, Pachter et al. (2006) found that chronic poverty was associated with ineffective parenting (e.g., less parental responsiveness, more physical punishment), which in turn was directly related to 6-9 year old children's behavior problems across racial/ethnic groups. Moreover, maternal depression (which also affects parenting behaviors) contributed to child behavior problems. Developmental psychologists (Baumrind, 1966; Maccoby & Martin, 1983) have identified four distinct parenting styles: *permissive*, *neglectful*,

authoritarian and *authoritative*. Briefly, research has demonstrated that the *authoritative* parenting style (i.e., firm, loving, kind) leads to the best child outcomes. However, parents consumed by the stressors of poverty may display rigid or *authoritaria*n parenting, demanding that their children obey rules, with no negotiation, and using punishment instead of pre-arranged consequences.

Thus, a combination of limited resources, social stigma experiences, and less effective parenting can be detrimental to children growing up in poverty. These children are susceptible to lower overall academic performance, legal issues, teen pregnancy, and difficulty attaining financial stability in adulthood, thus perpetuating the cycle of poverty.

Poverty's Impact on the lesbian, bisexual, and transgender (LGBT) Individuals

In order to provide lesbian, gay, bisexual, and transgender (LGBT)-identified individuals with services that are trauma-informed, it is helpful to be aware of the unique challenges commonly experienced by these individuals and how trauma impacts them on psychological and economic dimensions. Stigma, discrimination, and violence are experienced disproportionately by members of the LGBT population. This has been shown to have an impact on the educational and social experiences of students throughout their academic career. 23% of LGBT high school students reported harassment compared to 12% of students who identified as heterosexual (GLSEN National School Climate Survey, 2011).

Additionally, LGBT students reported lower average GPA's and a higher number of skipped classes. Data also indicates that LGBT college students report harassment more frequently than heterosexual students, and that their educational outcomes are adversely impacted by feeling unsafe in the campus environment (Campus Pride State of Higher Education For Lesbian, Gay, Bisexual & Transgender People Rankin, Weber, Blumenfeld, Frazer, 2010). These students are more likely to drop out of college, which has a direct impact on their employment prospects and financial security.

Transgender individuals commonly experience harassment and violence in the workplace. One in four transgender individuals have reported losing a job due to bias, and 3 out of 4 have reported experiencing harassment and physical and sexual violence. 1 in 5 has reported experiencing homelessness and 1 in 10 indicated having been evicted because of gender identity. Being stigmatized and rejected by family commonly leads to homelessness for LGBT youth. It is estimated that, of the 1.6 million homeless youth in the U.S., up to 40% are LGBT (web resource National Center for Transgender Equality).

The mindful use of language is an essential component when designing trauma-informed services that are sensitive to, and respectful and inclusive of, LGBT individuals.

Intake forms, for example, should include open-ended options for clients to self-identify gender and sexual orientation. There should be spaces for both legal name and preferred name. In addition, LGBT clients should be asked what pronouns they use to refer to themselves, and all those who interact with them (support staff included) should use the pronouns indicated.

Having a basic familiarity with and understanding of LGBT-related terminology is important: an LGBT-specific term should not be used unless an individual has indicated their identification with a particular term or label.

Any professional interacting with LGBT clients can benefit from an understanding of the traumatic impact and implications of societal, cultural, and institutional stigma, prejudice, and discrimination for LGBT individuals. Specialized training to screen for intimate partner violence is recommended as well.

Trauma – commonly experienced in the form of bullying, harassment, and violence – has implications for mental health, and increases risk for depression and health-risk behaviors. For that reason, any LGBT-identified client seeking services should be assessed for safety.

Section Three

The Brain's Response to the Outcomes of Living in Poverty

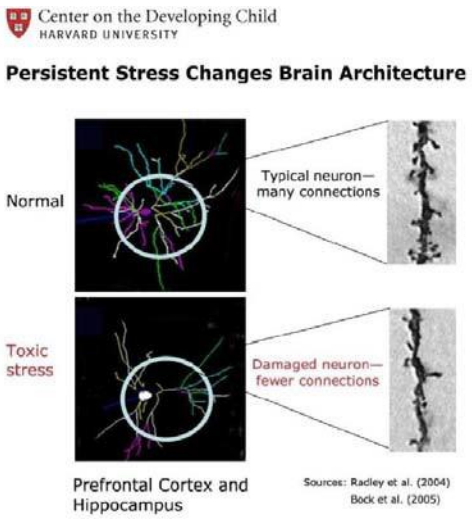
Living in poverty and experiencing the related toxic stress affects the brain (see diagram). For example, the prefrontal cortex of the brain solves problems, sets goals, and chooses strategies. It works with the limbic system (which handles the storage of emotional memory) and the hippocampus (which coordinates memory and its emotional context).

When the limbic system is overwhelmed with fear, cortisol is activated and released, which mobilizes the prefrontal cortex to engage in behaviors that protect the body. Should this stress response become chronic, hypervigilance or an overreaction to danger can occur, hindering the prefrontal cortex's ability to solve problems and set goals.

Additionally, chronic stress and related anxiety reduces the brain's ability to retrieve memory, which can impact decision-making.

Executive Function

Executive function or self-regulation serves as the foundation for life-long functioning in such areas as critical thinking and problem-solving, planning, decision-making and executing tasks. Executive function abilities are the building blocks for a range of important skills. These skills mature at different rates and develop over time (Diamond, 2013; Jones et al., 2016; Zelazo et al., 2016).



To better understand executive function, think of a person's brain as a control tower at a busy airport. The planes landing and taking off, and the support systems on the ground, all demand the controller's full attention to maintain air traffic and avoid a crash. Similarly, our brain's executive function regulates the flow of information, our ability to pay attention, plan ahead, make decisions, and remember and follow rules. Effective mastery of these skills helps us manage stress and avoid mental collisions along the way (Palix Foundation, 2014).

A wide range of activities require executive function skills, and targeted interventions may foster these skills. These include programs to train working memory, mindfulness programs to help address focus and attention, facilitating task completion by providing routine structure and organization, and coaching to motivate behavior (Diamond, 2013; Murray et al., 2014; Zelazo et al., 2016). That being said, it is important to carefully consider how executive function and other regulation-related skills are defined and measured in research and evaluation: programs that improve one specific skill will not necessarily lead to improvements in other related skills (Jones et al., 2016).

Working memory and self-control are among the first set of executive functions to develop (typically during early childhood), setting the stage for the capacity to focus attention and perform goal-directed behavior during the pre-teen years. These two functions also provide the basis for better planning and refined goal-directed behavior during adolescence and more efficient problem-solving, decision-making, and cognitive flexibility in adulthood.

Executive function impacts people's ability to succeed in the workforce, in educational attainment, and in personal relationships (TANF Directors Meeting, 2016).

Understanding executive function is important because it is critical for complex behaviors, such as working toward goals, time management, solving problems, critical thinking, and decision-making. The three primary components of executive function are: (1) attention shifting/flexibility (i.e., ability to adjust to changing demands); (2) working memory (i.e., short-term memory); and (3) inhibitory control (managing impulses, thinking before we act). Scientific research has indicated that the experience of trauma, or generally speaking, chronic stress, can negatively affect executive function.

First, the experience of trauma, especially when it is prolonged, can disrupt executive function skills. Children who have experienced prolonged or pronounced stress and adversity may struggle more than other children to regulate their thoughts, feelings, and behaviors (Murray et al., 2014; Zelazo et al., 2016). Severe childhood stress appears to have lasting effects, with associated executive function or self-regulation-specific difficulties continuing into adulthood. In addition, adolescents who report having experienced trauma, such as maltreatment or exposure to a parent's intimate partner's violence, have been found to be less effective than their peers at controlling their attention, regulating their emotions, and planning.

Adults whose overall functioning has been compromised by adversity and continued stress are less likely to engage in intentional self-regulation, and have difficulty with problem-solving and impulse control (Lupien, et al., 2009). Less is known about the effects of trauma in adulthood on executive function and related skills.

Social services agencies currently offer a range of services and support for individuals, children and families, and adults throughout their lifespan. While the programs may differ in terms of target population, services provided, and outcomes expected, a general understanding of how executive function and self-regulation skills can foster optimal health, development, and well-being is important for all programs and staff. OTDA, local SSDs, and other providers are well positioned to use information about the importance of executive function skills in program planning, design, implementation, staff development, and family engagement efforts.

In addition, social services agencies can build and enhance executive function skills for the adults served in their programs. For individuals impacted by toxic stress, trauma, and other adverse experiences, improved executive function skills are needed to promote engagement and participation in available social services programs. Adults and family members who improve these skills may be better able to benefit from programs and services as a result. Recognizing when executive function may have been impaired by toxic or chronic stress and trauma may assist social services staff in understanding the client's decision-making process and plan the appropriate strategy to improve the client's condition.

How Does Living in Poverty Affect Executive Function, Specifically Decision-Making?

Recent research (e.g., Shah et al., 2012) indicates that poverty impacts how people view problems and make decisions in several ways (see diagram). These include: (1) decreased self-efficacy; (2) less risk-taking; (3) greater distraction and narrower focus; and (4) poor impulse control. In these ways, poverty appears to directly affect people's executive function abilities.

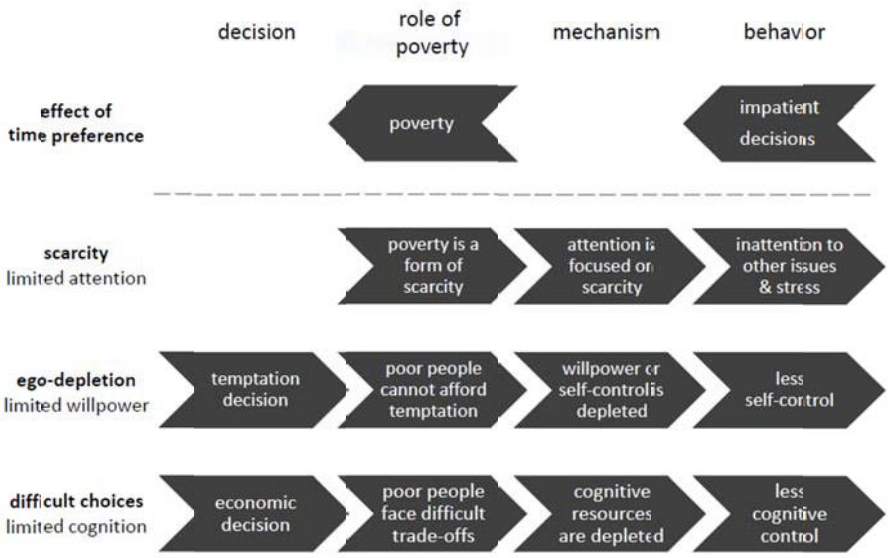


Figure 1: Theories of poverty and decision-making

Source: Spears (2011)

Decreased Self-Efficacy

Self-efficacy is related to people's belief that they can control their life outcomes. Low self-efficacy is related to poor health behaviors, such as eating unhealthy foods. Thus, self-efficacy has important implications for decision-making. People who believe they have power over their own behaviors, decisions, and future outcomes are better able to resist temptation and are generally healthier and happier (Sheehy-Skeffington & Haushofer, 2014). Around the world, poorer people tend to report lower levels of self-efficacy than do wealthier people. In research experiments, even when middle-class people are made to feel poor, they report lower self-efficacy (Sheehy-Skeffington & Haushofer., 2014).

Diminished self-efficacy among the poor is understandable. The reality of poverty is that having fewer options means one truly does have less control over one's lifestyle and outcomes (Sheehy-Skeffington & Haushofer, 2014). Decision-making over daily matters, such as what to eat for dinner, or larger life issues, such as where to live, is highly constrained due to poverty.

People who b**e**lieve they have no control over what happens in their lives have little sense of self-worth and motivation to consider alternative act**i**ons to distressing events. They tend to invest an inordinate am**o**unt of time reacting to crisis events (e.g., no food or shelter) and believe that planning is not worth the energy and emotional investment, as *it never works out anyway*.

Obtaining financial independence requires self-efficacy or a sound internal locus of control. Clients who believe that they can successfully make and act upon decisions will be

more likely to engage in those behaviors, despite living in difficult circumstances. Clients who possess self-efficacy are more likely to take advantage of OTDA programs, such as employment and training services.

Less Risk-Taking

Research has shown that poor people take fewer risks. A drawback of taking fewer risks is that such an approach may hamper one's chances of long-term success (Sheehy-Skeffington & Haushofer, 2014). Poor people may take fewer risks because they have more to lose than wealthier people and therefore have less "room for error." A so-called bad decision can lead to worse financial and other life outcomes for poor people compared to those with more financial resources (Bertrand et al., 2006). For this reason, poorer individuals may be looking for greater certainty.

In addition, the anxious physiological arousal and hypervigilance to threat cues (e.g., stress/trauma response) (Lerner & Keltner, 2001) caused by living in a state of constant siege results in fear and panic (e.g., *"I am going to lose my apartment if I don't find work"*): an emotional state which also leads to risk avoidance (Maner et al., 2007).

Given clients' tendencies to avoid risk, social services staff may be able to discuss the long-standing track record of programs such as Temporary Assistance (TA), TANF, or SNAP in helping people/families through difficult periods in their lives. The decision to seek assistance and adhere to the guidelines of that assistance should be explained as low risk in the "big picture" of improving the client's current situation and in providing longer term stability.

Greater Distraction and Narrower Focus

A major indicator of intellectual impairment is the reduced ability to concentrate, an integral component of decision making. Individuals living in poverty and experiencing depression and/or anxiety often present with decision-making and concentration challenges that remain even after mental health issues are stabilized (McClintock et al., 2011), arguably because the underlying issues related to poverty are not resolved

Poverty reflects a type of scarcity, or having less of something. Research reveals that scarcity shifts people's attention (Shah et al., 2012). For example, when people are hungry, they pay more attention to food cues (e.g., a restaurant advertisement). Similarly, people in poverty focus their attention on pressing financial concerns, such as paying for this week's groceries, rather than on less pressing concerns, such as paying next month's rent. Meeting one's immediate expenses are likely to consume the attention of the poor, leading them to neglect other issues and problems (Shah et al., 2012), particularly those related to future outcomes (Sheehy-Skeffington, 2015).

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The distraction of immediate, pressing problems among those living in poverty makes sense and is in many ways adaptive. An understanding of this narrower focus of attention is critical for social services workers, particularly in their efforts to help poor people meet long-term goals, such as obtaining employment or stable housing.

Poor Impulse Control

Another way poverty appears to affect decision-making is the depletion of willpower, or self-control (Haushofer & Fehr, 2014). Everyone faces temptations daily, such as pricey consumer products or unhealthy foods. Researchers have assessed impulse control by asking people whether they would prefer a smaller money reward now or a larger money reward later. Studies consistently find that poor people (and in research experiments, middle-class people who are induced to feel poor) choose smaller, earlier rewards over larger, later ones (Haushofer & Fehr, 2014). Researchers conclude that poor people may be less able to resist temptation and more likely to give in to their impulses, leading to worse long-term outcomes.

The Role of Depression and Anxiety

The more chronic the economic hardship, the greater the likelihood of mental health issues, like low self-esteem, anxiety, and depression, which may deepen poverty. Working toward and meeting a goal can be especially difficult for a depressed or anxious parent. For these people, a small error in judgment can be devastating. A common response to this awareness is anxiety and depression (Stuber & Schlesinger, 2006).

Increased levels of anxiety and depression may also account for poverty's negative impact on the decision-making process. To illustrate, a depressed mother might refuse an employment opportunity fearing rejection and/or failure. Since she believes that she will lose her job anyway, this avoidance choice makes sense; no time, money, or effort wasted on the inevitable end. Unfortunately, this rationale could harm her family in many ways (e.g., increase the likelihood of remaining in poverty).

However, given that even a mild, short-lived negative mood has been shown to influence decision-making, mental health issues may not be the only factor involved (Haushofer & Fehr, 2014). Some researchers (e.g., Mani et al., 2013) have argued that poverty itself affects executive function. For this reason, poor decision making cannot be attributed to stress or negative mood alone.

Section Four

How Big Is the Problem?

Researchers have tried to understand the magnitude of the negative effects of poverty on thinking skills, including decision-making. As Mani et al. (2013) observe, the negative effects of

focusing on money problems appear comparable to the effects of the following on people's abstract reasoning/problem-solving ability:

- losing a full night of sleep (Linde & Bergström, 1992), *or*
- being older vs. younger (Pontȯn et al., 1996), *or*
- being a chronic alcoholic vs. non-alcoholic (Jones & Parsons, 1972)

Indeed, the effects of poverty on mental performance may be equivalent to a drop in about 13 IQ points (Mani et al., 2013). In sum, the effect of poverty on people's thinking abilities is meaningful and can have real-life consequences. The important point to remember is that "being poor means coping not just with a shortfall of money, but also with a…shortfall of cognitive resources" (p. 980, Mani et al., 2013).

One intriguing implication of the research on the effects of poverty on decision-making is that by increasing people's economic self-sufficiency, social services agencies play an important role in improving people's thinking skills, including their ability to make sound decisions for themselves and those under their care.

Implications for Best Practices in Service Delivery

Boost Self-Efficacy.

Living in poverty can negatively impact people's self-esteem and sense of self-efficacy, which ultimately impacts their ability to bring about change in their lives. Moreover, dealing with social services agencies and relying on these agencies for benefits can leave people feeling frustrated and powerless to change (Iveson & Cornish, 2016). They may feel "objectified and treated instrumentally, as a problem to be resolved" (p. 265, Iveson & Cornish, 2016).

Self-efficacy is critical to people's ability to cope with and ultimately escape from poverty. In order to assess self-efficacy, researchers have used people's expressed references to abilities (e.g., "I can").

Research suggests self-efficacy improves when people take on new challenges and responsibilities (Hammond & Feinstein, 2005). In a British study, participation in educational (e.g., IT skills) and recreational (e.g., art, knitting) activities increased self-efficacy among homeless individuals (Iveson & Cornish, 2016).

Thus, agency policies, programming, and staff should strive to build self-efficacy among clients. One study of local social services organizations' use of the principles of trauma-informed care indicated that agencies valued client-centered planning (Wolf et al., 2014). In addition to helping clients with their concrete needs (e.g., financial), agency staff fostered self-efficacy by:

- Letting clients choose their own goals
- Teaching particular skill sets

- Recognizing clients' accomplishments
- Using and building upon clients' existing skill sets

Promote a Future Focus & Improve Impulse Control.

"Present-bias" in clients' decision-making may make them more likely to remain trapped in the cycle of poverty. In a series of experiments, Daniel and colleagues (2013a, 2013b) found that when obese women focused on "possible positive future events," they were better able to resist unhealthy foods and ate fewer calories, compared to obese women who focused on recent events. Studies like these have implications for economic and other behaviors. For example, in social services work, any intervention designed to shift clients' attention to the future and emphasize goal-setting will facilitate better decision-making related to long-term outcomes.

Counteract Distraction and Narrow Focus.

Agency staff serving people in poverty should be aware of procedures that can "tax" the mental abilities and overload the mental resources of the poor, such as long forms to fill out, lengthy interviews, or new rules (Mani et al., 2013). Procedures that may help clients include:

- **Use of clear and concise communication** –
  The client should have a clear understanding of expectations on their part and on the part of the social services worker.

- **Simple, user-friendly forms**
  Forms design should be streamlined, uncomplicated, and constructed to gather only necessary information needed to determine program eligibility.

- **Help filling out forms**
  Agency staff should be available to respond in a timely manner to questions on forms that may be unclear to the client. The client should not be made to feel they are bothering agency staff or that they are intellectually challenged.

- **Prompts and reminders**
  Use of prompts and reminders will help ensure that the client provides all documents and makes all appointments to remain eligible for consideration of services.

- **Maps with directions, rather than just an address**
  It is essential for the client to have the information needed to meet at the local district agency when requested. This also is part of clear and concise communication.

- **Setting appointment times**
  Setting (and clarifying) appointment times is critical to ensure the client does not lose an opportunity to obtain/maintain services due to scheduling. This also is part of clear and concise communication.

- **Bringing needed resources to clients, rather than asking them to travel to obtain resources**

  One-stop resource locations ensure the client has access to all needed resources and mitigates client transportation difficulties.

Identify Depression and Anxiety. It is important that agency staff is able to recognize the signs of depression in clients and the impact the client's current condition may have on his or her interactions with the social services worker and the interview process. A number of free, brief screening tools to assess depression [e.g., Patient Health Questionnaire (PHQ-2; PHQ-9)] and anxiety [e.g., Generalized Anxiety Disorder (GAD-7)] or both (e.g., PHQ-4) have been developed and validated for use with community-based populations.

Depression should not be confused with being uncooperative, combative, or elusive in responding to inquiries from agency staff. As one client described, *"When I am down and out, I sometimes try to get help. My problem is that I wait too long. I look for help when I am in my 'crazy place' and the helpers can't get past it. They focus on my angry attitude and stress level. I tell them, you would be angry, too! They give me all of this bull…to do. I yell this isn't what I need! I am then referred or discharged."*

"I look for help when I am in my "crazy place" and the helpers can't get past it. They focus on my angry attitude and stress level."

Social services workers also may play a role in encouraging depressed clients to seek treatment. Grote et al. (2007) developed a 1-hour interview for social workers to use with economically disadvantaged minority women to address "practical, psychological, and cultural" barriers to treatment for depression. Although such an interview may not be feasible for social services agency staff, techniques like asking open-ended questions, reflective listening to express empathy, and addressing ambivalence should be used in an effort to encourage clients to seek mental health treatment.

Non-specialty providers, such as case managers, also have been successfully trained to conduct evidence-based interventions for depression with high-risk populations (e.g., Quijano et al., 2007).

The social services worker has to be equipped to recognize the signs of depression and anxiety, effectively encourage treatment-seeking, and assist a client in a depressed state to ensure the client receives the assistance applied for and meets eligibility criteria for needed programs.

Summary

- Living in poverty contributes to increased exposure to trauma and toxic stress.
- Poverty also is characterized by stigma.

- Both social and self-stigma influence people's ability to maintain relationships, attain life goals, and seek help.
- Trauma consists of historical trauma, trauma from natural events, and trauma from man-made events.
- Traumatic events can be physically and/or emotionally harmful.
- Living in poverty can elicit a stress response in the body.
- Toxic stress often affects clients of social services programs.
- Toxic stress increases health risks.
- Poverty exerts particularly negative effects on single mothers.
- Poverty has a broad and long-lasting negative impact on children.
- Living in poverty affects the brain in specific ways.
- Executive function skills are higher-level thinking skills, such as planning and decision-making.
- Living in poverty disrupts executive function, including decision-making skills, in several ways.
- People who live in poverty have decreased self-efficacy.
- People who live in poverty take fewer risks.
- People who live in poverty experience greater distraction and narrower focus.
- People who live in poverty exhibit poor impulse control.
- The effect of poverty on decision-making and other thinking skills is significant.
- To better serve their clients, social services agencies and staff should strive to boost self-efficacy, promote a future focus, counteract distraction and narrow focus, and identify depression and anxiety in their clients, as well as encourage treatment.

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