Trauma and its Connection to Health and Addiction

TRAUMA-INFORMED, RESILIENCE-ORIENTED AND EQUITABLE SCREENING AND ASSESSMENT TRAINING SERIES

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Today's Presenter

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Pronouns: She/Her/Hers
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National Council for Behavioral Health

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GROUND RULES™

DISCLAIMER

OPT OUT
OPT IN

DON'T MULTITASK

One Person talks at a time

do not interrupt

what happens in group stays in group

WARNING

RESPECT

Wellbeing

Moment to arrive

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Overview

- Becoming aware of the neuro/bio/psycho/social impact of trauma and addictions

- Practical ways to be trauma-informed and resilience-oriented in your daily work

CHAT BOX

What are the most common types of stressors or trauma that you are seeing in your work these days?

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www.th

The impact of trauma- what we know

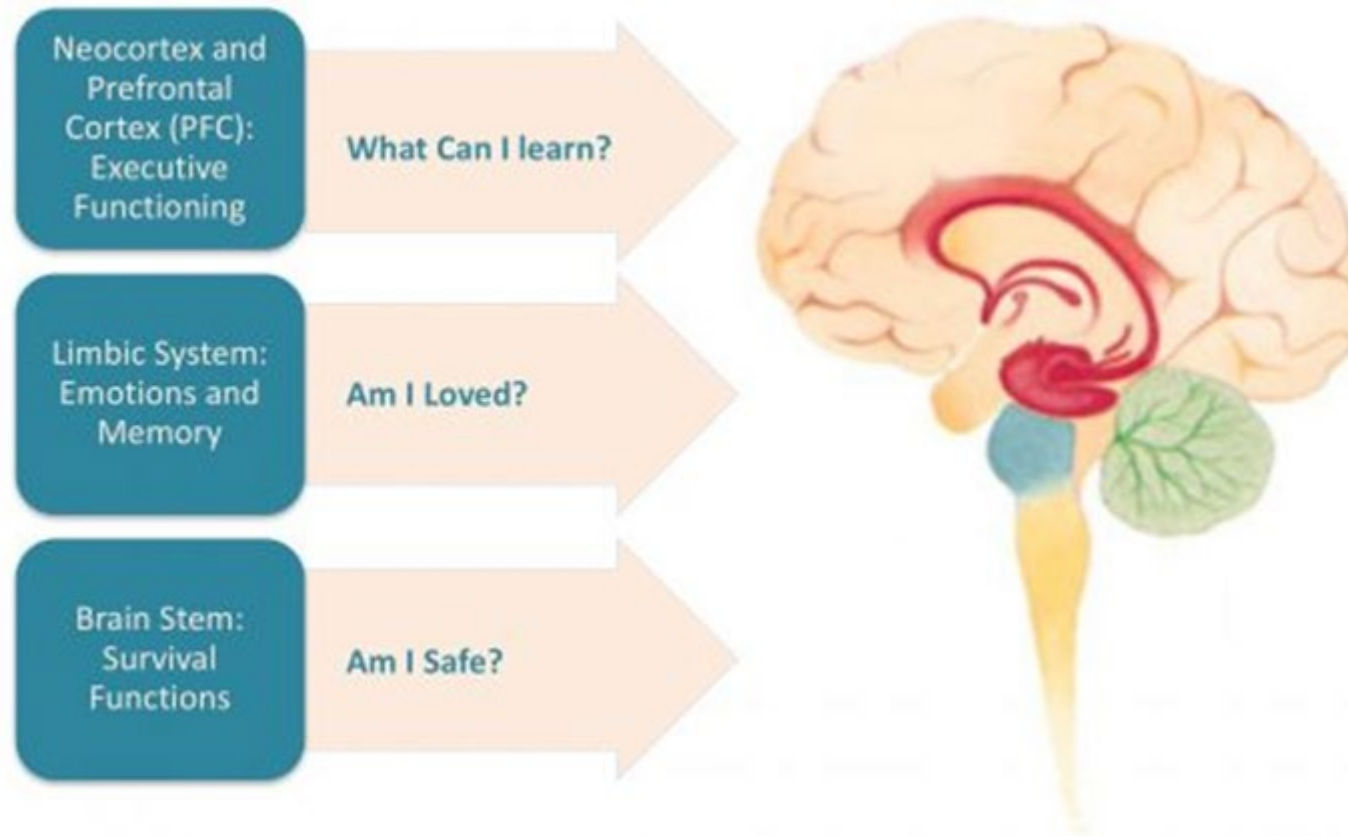NATIONAL COUNCIL *for* Mental Wellbeing

Trauma & The Human Stress Response Review

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Brain Based Science

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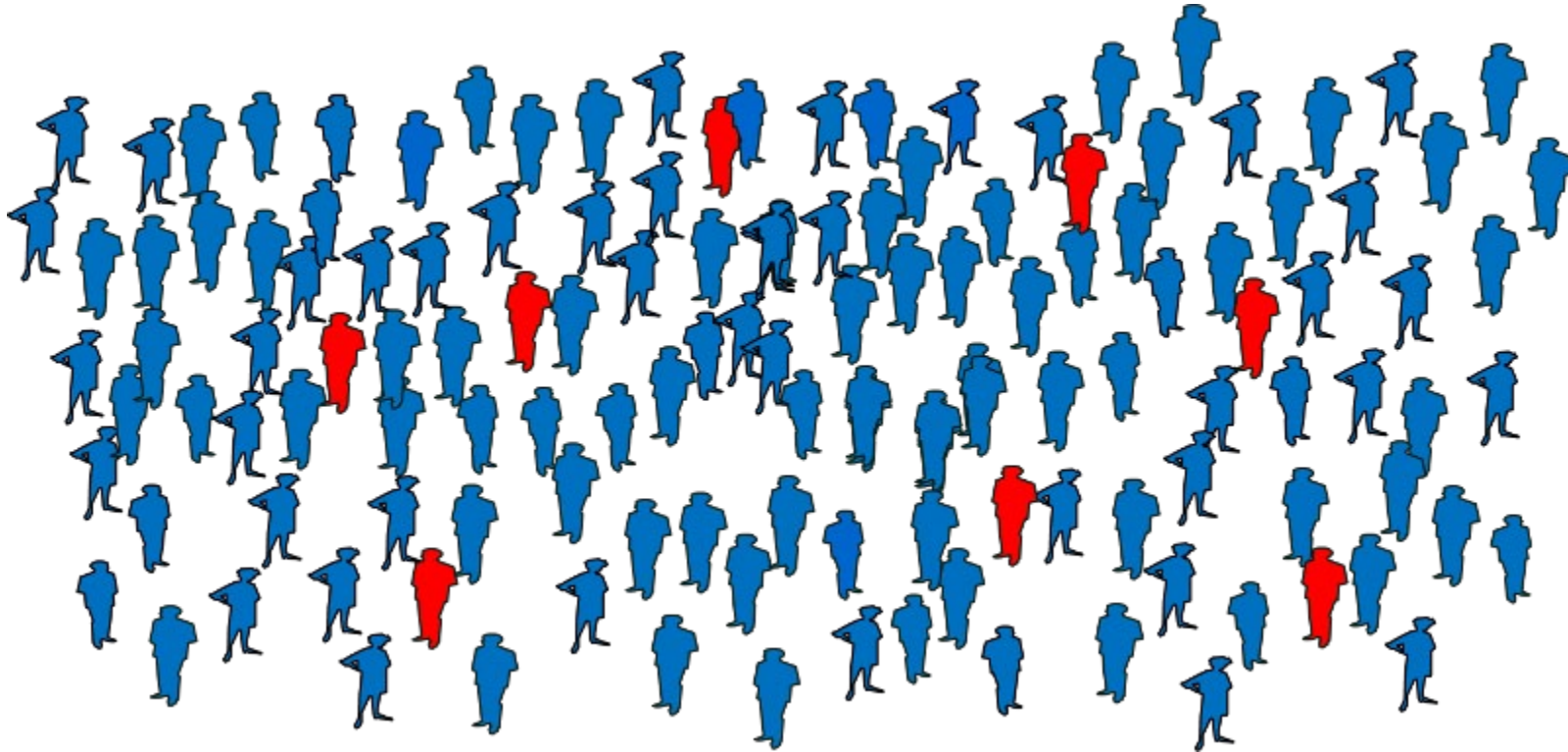
Survival Mode Response

Inability to

- Respond
- Learn
- Process

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Trauma Prevalence and Research

The Adverse Childhood Experience Study: Behavioral Heath at the Foundation of all Health
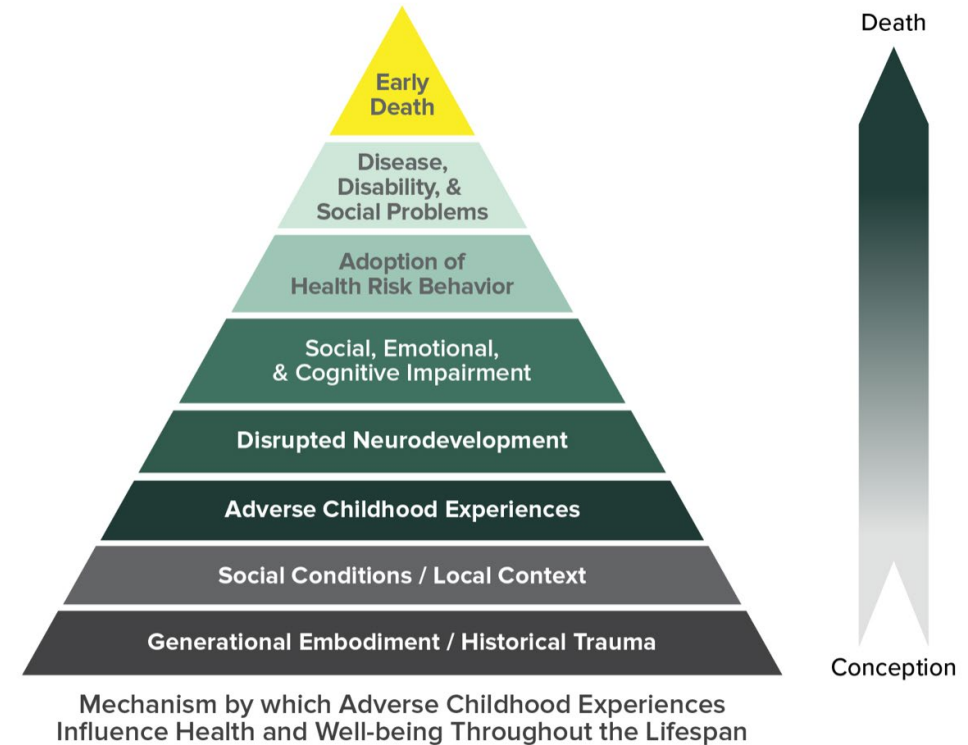
Over 17,000 adults studied from 1995-1997

Almost 2/3 of participants reported at least one ACE

Over 1/5 reported three or more ACEs, including abuse, neglect, and other types of childhood trauma

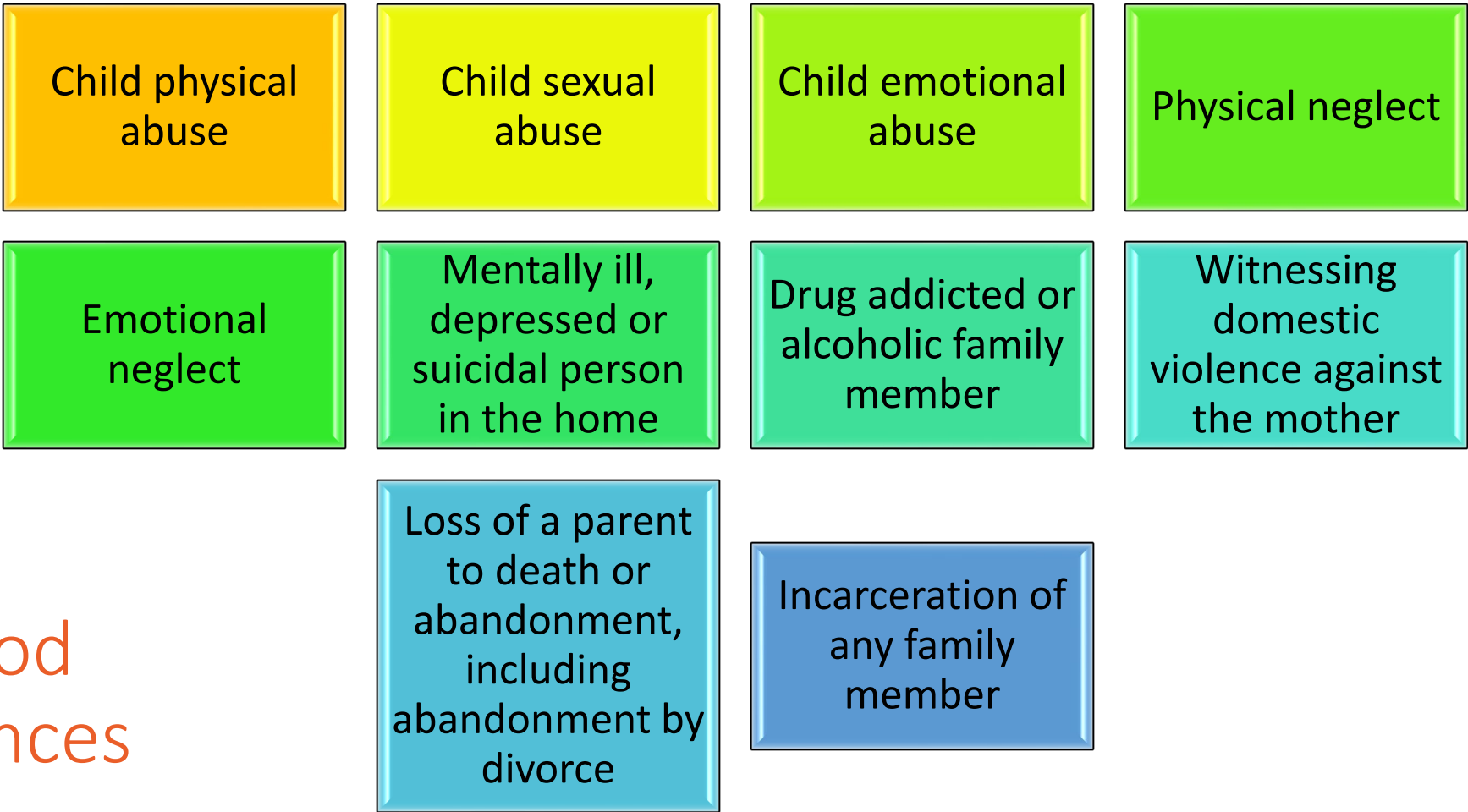Major links identified between early childhood trauma and long term health outcomes,

- including increased risk of many chronic illnesses and early death

Death

Early Death

Disease, Disability, & Social Problems

Adoption of Health Risk Behavior

Social, Emotional, & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Social Conditions / Local Context

Generational Embodiment / Historical Trauma

Conception

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

"Major Findings," Centers for Disease Control and Prevention (CDC)

Adverse Childhood Experiences

|			
Child physical abuse	Child sexual abuse	Child emotional abuse	Physical neglect
Emotional neglect	Mentally ill, depressed or suicidal person in the home	Drug addicted or alcoholic family member	Witnessing domestic violence against the mother
	Loss of a parent to death or abandonment, including abandonment by divorce	Incarceration of any family member	

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3 Realms of ACEs

ACEs Connection accelerates the global movement to prevent and heal adverse childhood experiences (ACEs), and supports communities to work collaboratively to solve our most intractable problems. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. The ACEs in these three realms intertwine throughout people's lives, and affect the viability of organizations, systems and communities.

1 HOUSEHOLD

- divorce
- incarcerated family member
- homelessness
- parental mental illness
- physical and emotional neglect
- alcoholism and drug abuse
- bullying
- domestic violence
- maternal depression
- emotional and sexual abuse

2 COMMUNITY

- historical trauma
- substandard schools
- structural racism
- violence
- substandard wages
- lack of jobs
- lack of social capital and mobility
- poor water and air quality
- poverty
- poor housing quality and affordability

3 ENVIRONMENT

CLIMATE CRISIS
- record heat & droughts
- wildfires & smoke
- record storms, flooding & mudslides
- sea level rise

NATURAL DISASTERS
- tornadoes & hurricanes
- volcano eruptions & tsunamis
- earthquakes

Dose-Response Relationship:
More ACEs = More Disease

Severe obesity	1.6 x
Diabetes	1.6 x
Cigarette Smokers	2.0 x
Fair/poor health	2.2 x
Hepatitis/jaundice	2.4 x
Had an STD	2.5 x
50+ intercourse partners	3.2 x
COPD	**3.9 x**
Depressed 2 weeks	**4.6 x**
Illegal drug use	**4.7 x**
Alcoholic	**7.4 x**
Injected drugs	**10.3 x**
Suicide attempt	**12.2 x**

Response gets bigger

Dose gets bigger
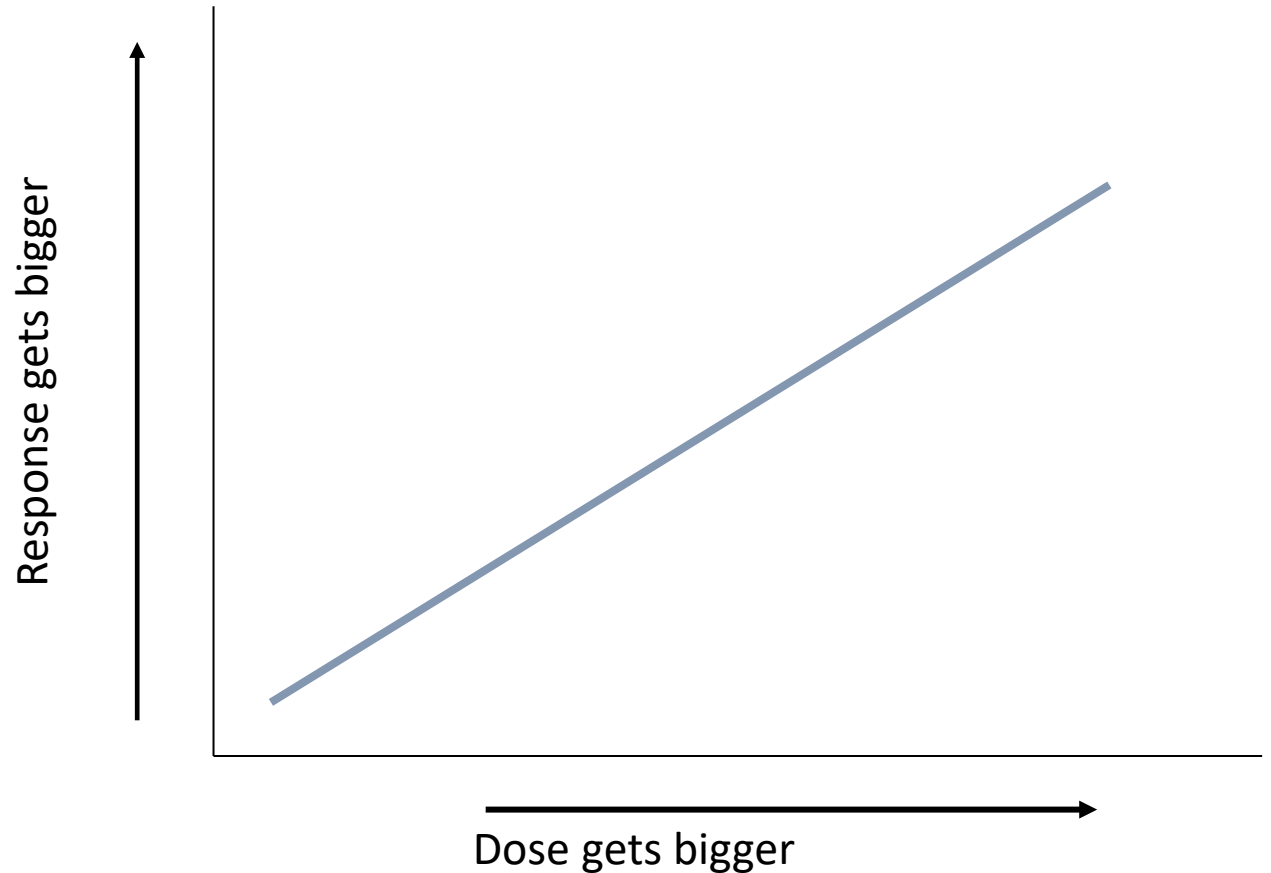
Life-Long Health Outcomes Linked to ACEs

- Alcohol, tobacco & other drug addiction

- Auto-immune disease

- Chronic obstructive pulmonary disease & ischemic heart disease

- Depression, anxiety & other mental illness

- Diabetes

- Multiple divorces

- Fetal death

- High risk sexual activity, STDs & unintended pregnancy

- Intimate partner violence—perpetration & victimization

- Liver disease

- Lung cancer

- Obesity

- Self-regulation & anger management problems

- Skeletal fractures

- Suicide attempts

- Work problems—including absenteeism, productivity & on-the-job injury

Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs). Retrieved from http://www.cdc.gov/nccdphp/ace/pyramid.htm

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HIGHER ACE Score **=** Increased Smoking

- EARLY INITIATION
- GREATER DURATION/LENGTH
- SMOKE MORE
- HAVE A HARDER TIME QUITING

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

Trauma & Tobacco: By the Numbers
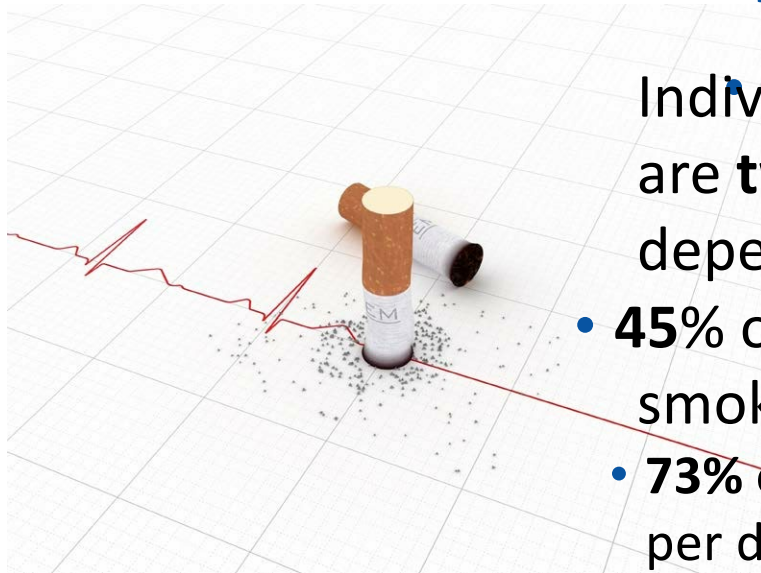
Individuals with a history of severe trauma are **twice** as likely to develop a smoking dependence

- **45**% of adults with a PTSD diagnosis smoke
  - **73%** of those smoke 1+ pack of cigarettes per day

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

The relationship between smoking and Trauma is bi-directional.

Smoking possesses three unique factors that make it a reinforcer for at-risk individuals. Due to this effect, individuals with Trauma trying to quit may frequently relapse.

1. Pleasure/positive affect (Strong et al. 2011)
2. Anxiety reduction (Kassel & Unrod, 200)
3. Distress termination (Kassel, Stroud & Paronis, 2003)

Breslau, Novak, Kessler, 2004; Khaled, Bulloch, Williams, Hill, Lavorato, & Patten, 2012;
Wu & Anthony, 1999; Breslau & Klein, 1999; Johnson, Cohen, Pine, Klein, Kasen, & Brook, 2000
Kahler, Spillane, Busch, & Leventhal, 2011

Image Source: Action on Smoking and Health Wales Cymru

1 Nicotine delivered by smoking

2 Nicotine travels to the brain

3 Nicotine activates nicotinic receptors which stimulates the release of Dopamine

4 Dopamine released, leading to pleasant feelings of calmness and reward

5 Dopamine levels reduce, leading to withdrawal symptoms of stress and anxiety

6 Withdrawal triggers desire for another cigarette
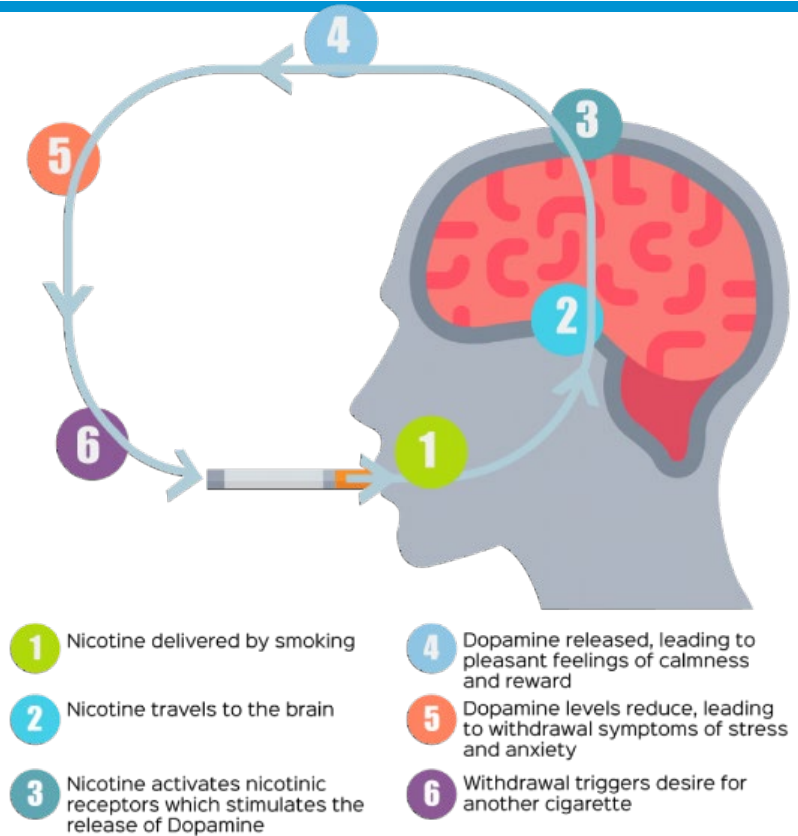
What caused this problem?

Understanding why individuals with trauma histories have such disproportionate alcohol and tobacco use rates
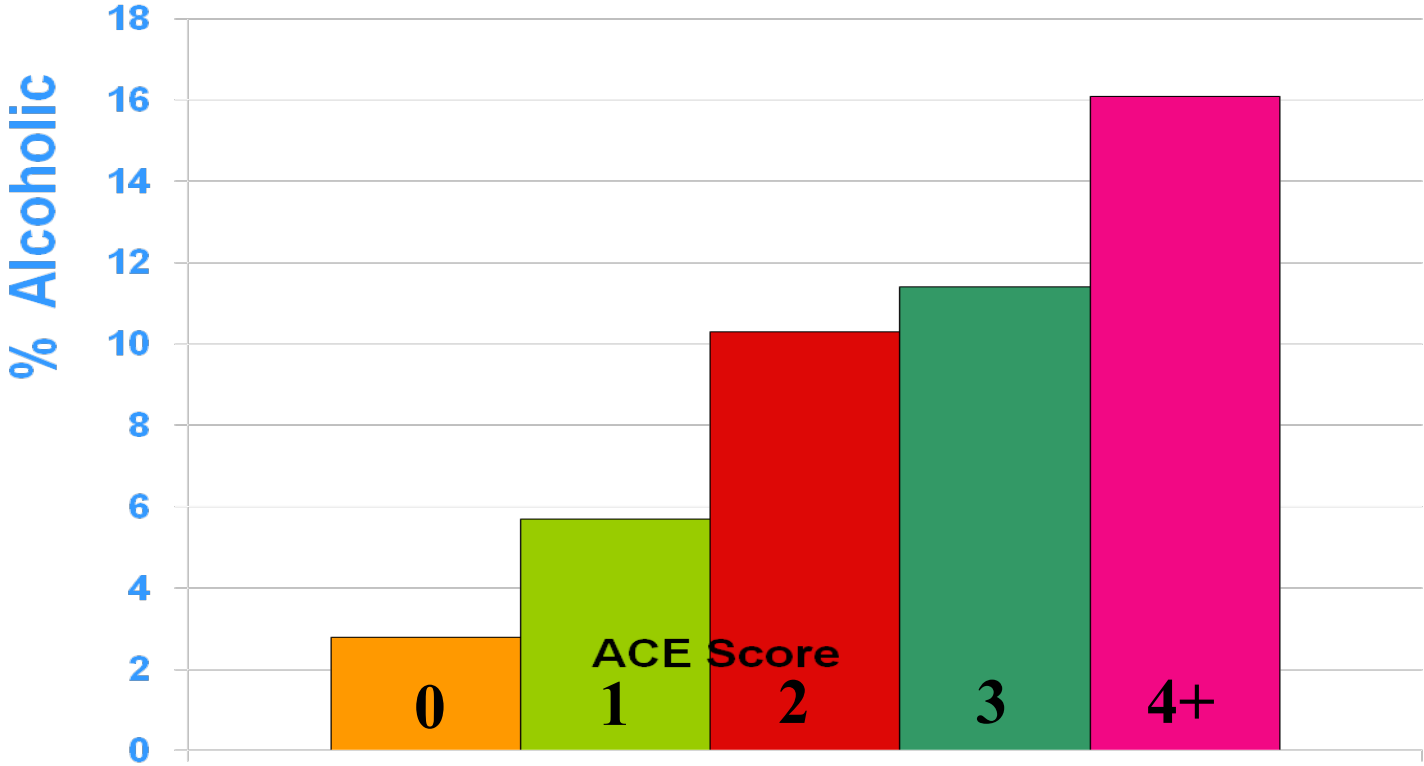
- Delays in care

- Culture normalization

- Targeted advertisements

- Limited access to high quality care

- Provider bias

- **TRAUMA**

Source: Van Hattum, T. (2020). *Questions around Tobacco Use* [Graphic].
Source: Apollonio, D, Malone, RE. Marketing to the marginalized: Tobacco industry targeting of the homeless and mentally ill. Tob Control, 2005;14(6):409–15. http://dx.doi.org/10.1136/tc.2005.011890 Retrieved from https://escholarship.org/uc/item/73d0x34w

ACEs and Adult Alcohol Use Disorder

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Alcohol/ Trauma Correlation

Sources estimate that 25 -75% of abuse and/or violent trauma survivors develop alcohol misuse issues

Survivors of accidents, illness, or natural disasters have between 10 to 33% higher rates of addiction

Source: https://www.palmerlakerecovery.com/blog/trauma-substance-abuse/

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https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?utm_campaign=tedspread&utm_medium=referral&utm_source=tedcomshare

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Trauma is a risk factor for Substance Abuse
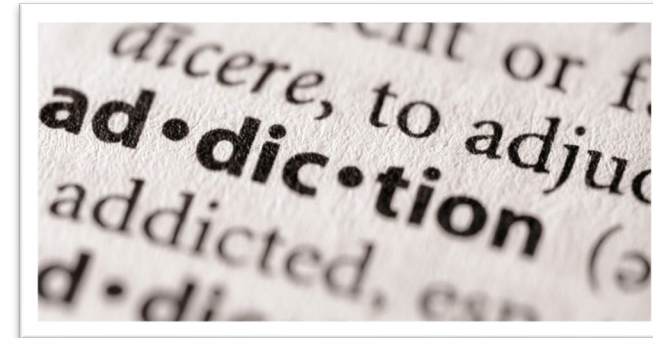
Substance Abuse is a risk factor for Trauma

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Gabor Mate's Definition of Addiction

Any behavior that is associated with:
- Craving and temporary relief
- Long-term negative consequences

That a person is unable to give up
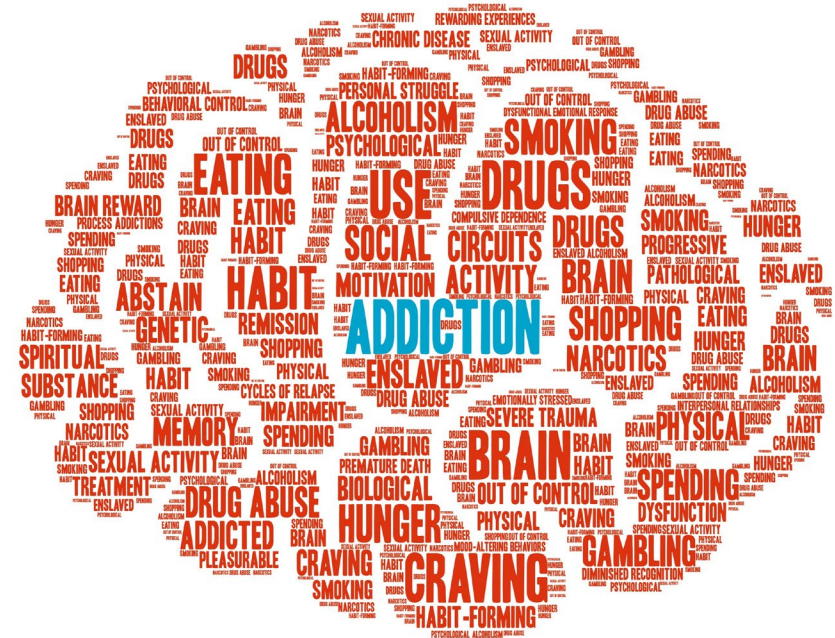
Early emotional loss is the template for all addictions
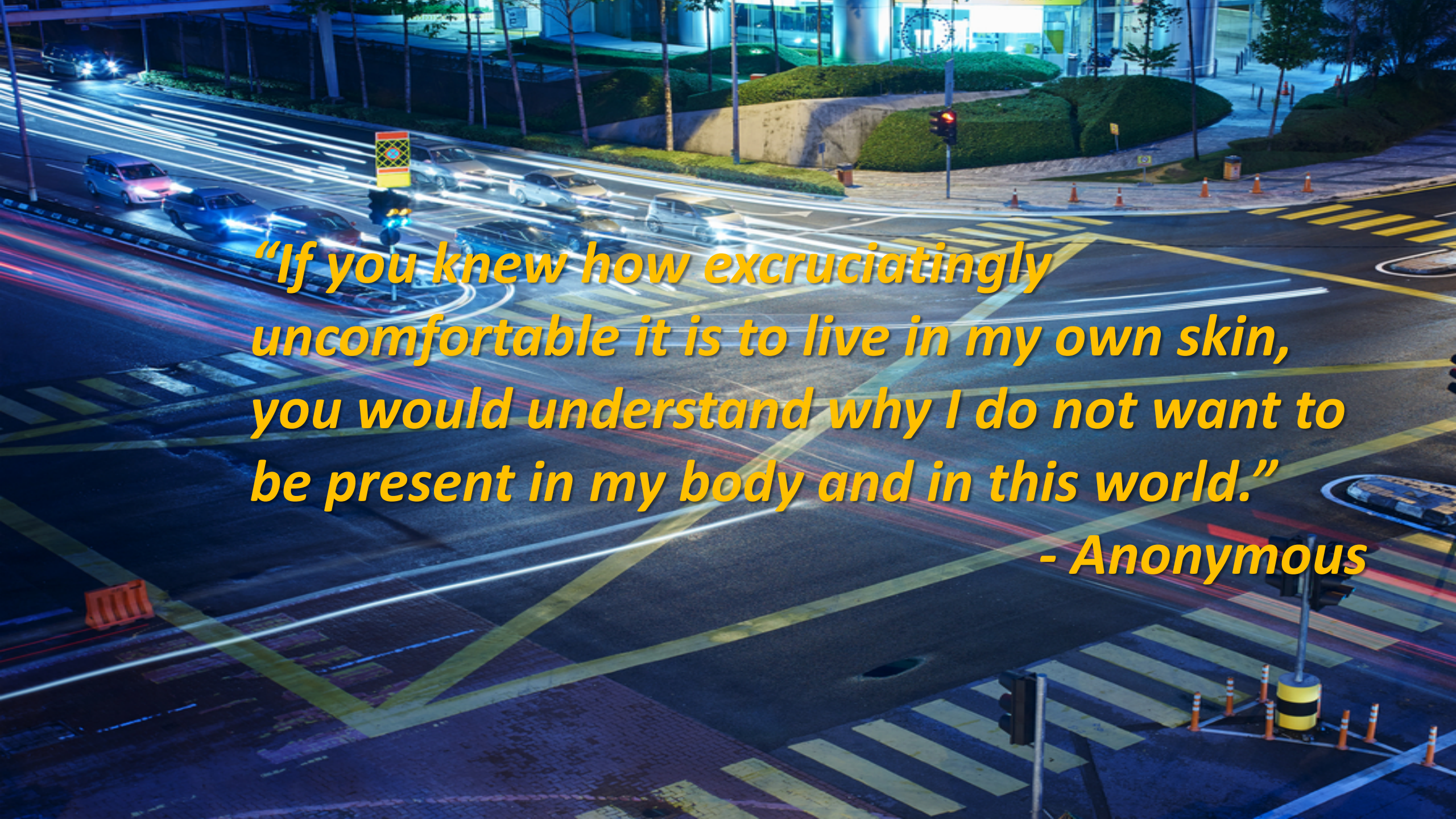
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Addiction and the Brain

As Gabor Mate notes in his book, *In the Realm of Hungry Ghosts,* those with substance use disorder

"self-medicate to sooth their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences."

-Mate, Gabor, MD. (2010). In the Realm of the Hungry Ghosts. Berkley, CA: North Atlantic Books. Print. page 203.

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"If you knew how excruciatingly uncomfortable it is to live in my own skin, you would understand why I do not want to be present in my body and in this world."
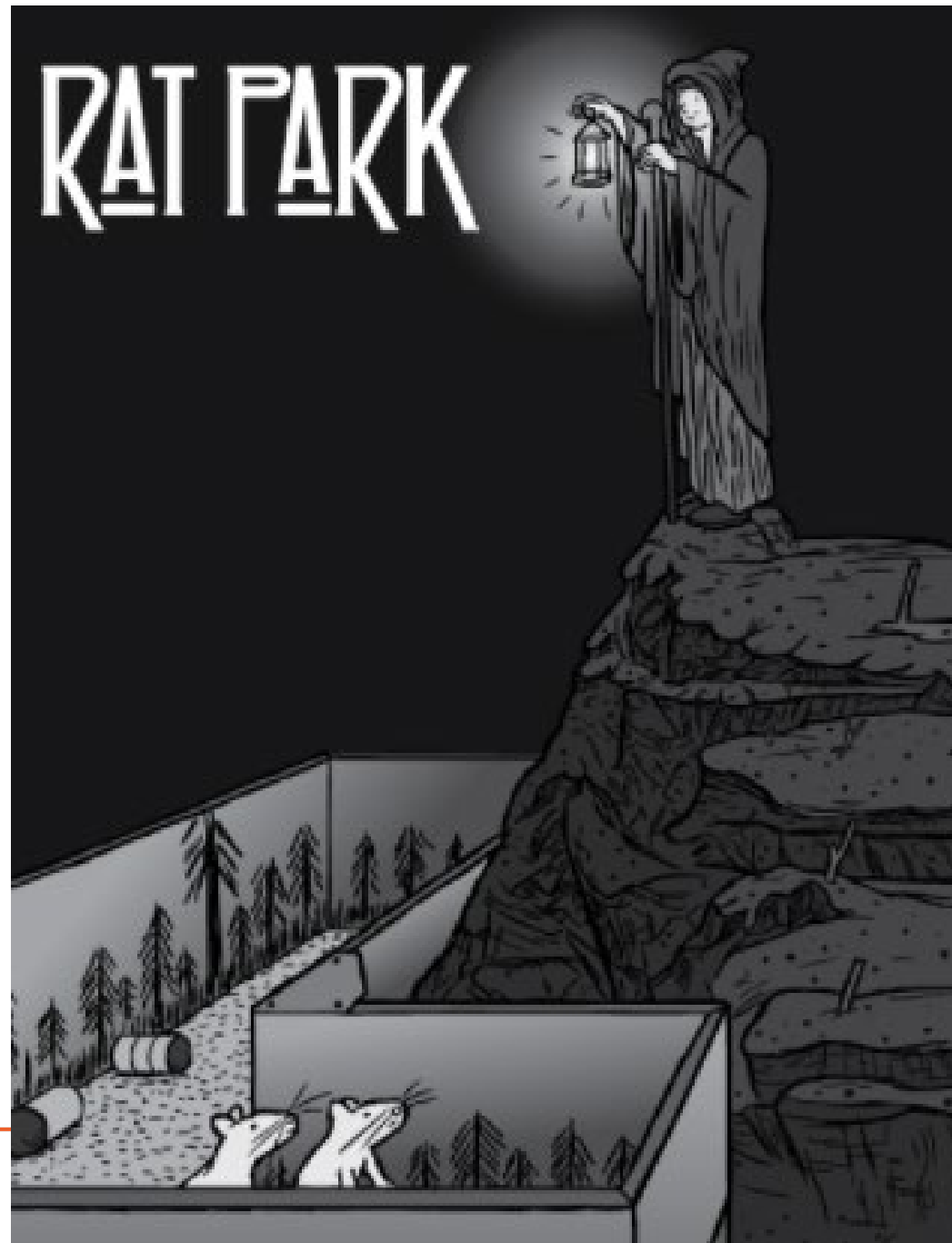
- Anonymous

SHAME

Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we've experienced, done, or failed to do makes us unworthy of connection.

-Brene Brown

https://www.stuartmcmillen.com/comic/rat-park/

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https://www.youtube.com/watch?v=PY9DcIMGxMs

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Solutions provided by **evidenced-based interventions** and the **paradigm shift to trauma-informed** as central to addressing tobacco use and other modifiable health risks.

Source: Van Hattum, T. (2020). Tools and Quitting [Graphic].

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3

Using Trauma-Informed Approaches to build stronger systems

Trauma-Informed Approach is "A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that **emphasizes physical, psychological and emotional safety for both providers and survivors** and that creates opportunities for survivors to rebuild a sense of **control and empowerment**" (Hopper, Bassuk, & Olivet, 2010, p. 82)

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Paradigm Shift in Trauma-Informed Approaches

_____

- Acknowledges common connections between substance use and trauma

- Recognizes range of responses people can have

- Recognizes that trauma responses impact the ability to develop trusting relationships

- Makes adaptations to reduce retraumatization and respond to awareness of trauma

What are the Benefits of Adopting Trauma-Informed Approaches?

- Increases safety for all
- Improves the social environment
- Cares for the caregivers
- Improves the quality of services
- Reduces negative encounters and events
- Creates a community of hope, healing and recovery
- Increases success and satisfaction at work
- Promotes organizational wellness
- Improves the bottom line

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Widening our Approach

Treatment for tobacco has not been integrated with addiction treatment for other substance use problems

Trauma not well integrated into treatment for mental health problems

Social determinants are under recognized in all of the above

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Normal Response to Traumatic Events

Feelings become intense and sometimes are unpredictable

Thoughts and behavior patterns are affected by the trauma

Recurring emotional reactions are common

Interpersonal relationships often become strained

Physical symptoms may accompany the extreme stress
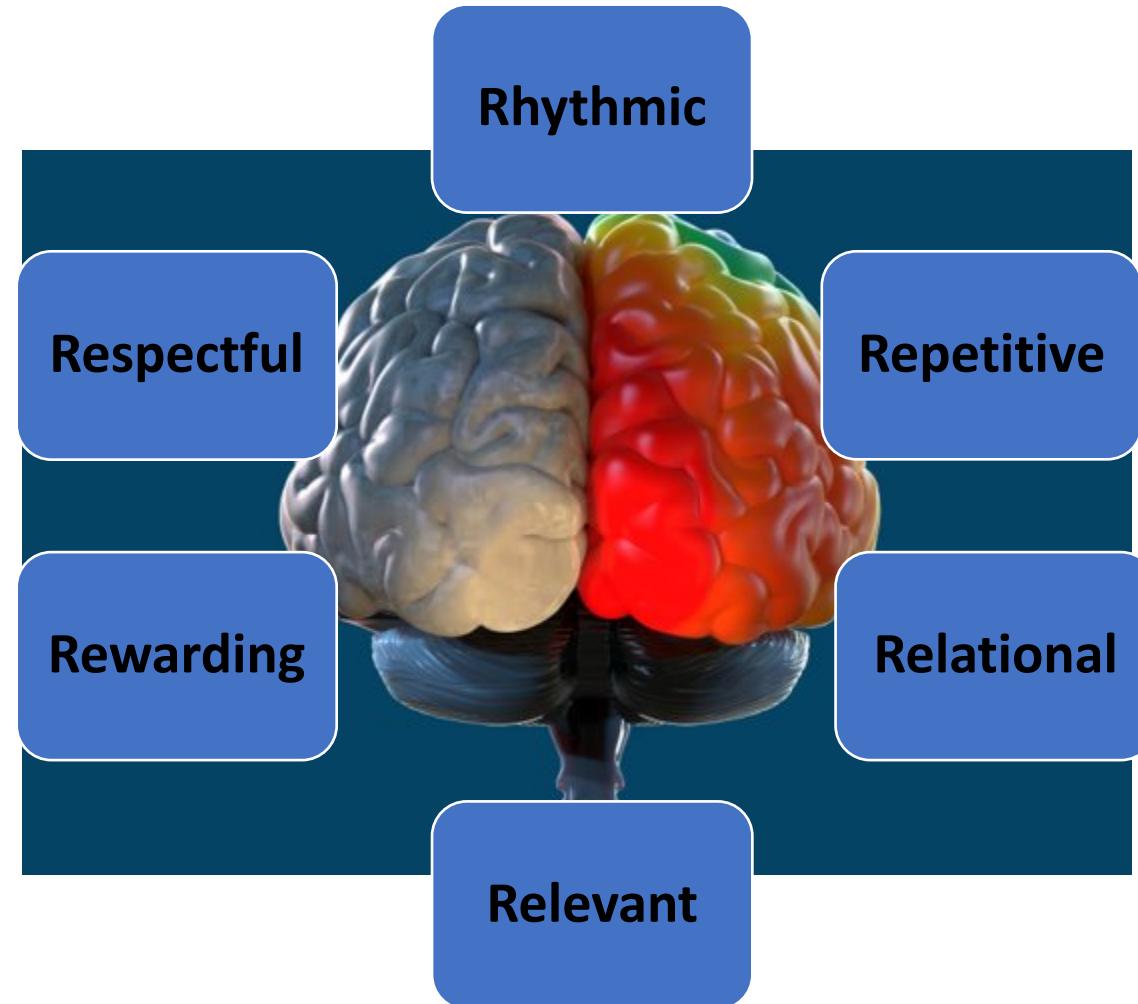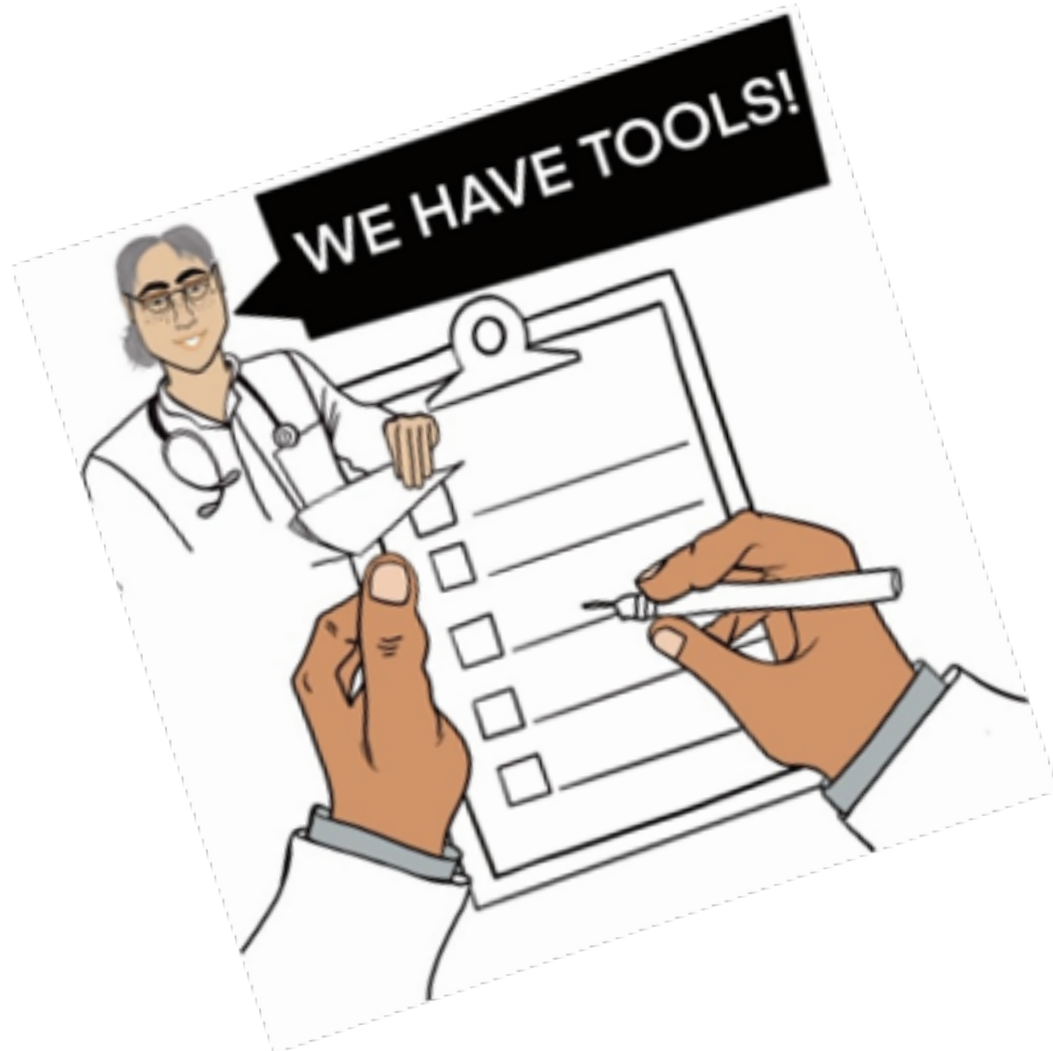
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Different Interventions for Different Mental States

- Top-Down approach questions the client's thoughts in therapy. It begs the question: *What is wrong with your thinking, and how do we fix it?*

- Bottom Up Interventions are effective because it assumes that you must first recognize and soothe feelings. *It is difficult to change your thoughts long term about anything without first noticing the feeling that triggers the thought, and working to address it from the primal part of your brain.*

Neurobiologically Informed Interventions and Practices

Rhythmic

Respectful

Repetitive

Rewarding

Relational

Relevant

Brous, K. (2014, April 11). *Perry: Rhythm Regulates the Brain.* Retrieved from https://attachmentdisorderhealing.com/developmental-trauma-3/

Rethinking the role of staff

within trauma-informed and trauma- specific practices.

Source: Van Hattum, T. (2020). Rethinking the role of clinicians [Graphic].

Some Aspects of Integrating a Trauma-Informed Approach

Train staff about trauma, sensitive practice and sharing of critical information

> *Have you ever trained staff around how ACEs impact smoking initiation risk and use?*

Screen and assess for trauma

> *Are you reminding staff to screen for tobacco use? With the high rates of overlap these two are interconnected and deeply impact each other.*

Communicate a sensitivity to trauma issues

> *Have you ever explained to a patient/client how trauma impacts smoking?*

Create a safe and comfortable environment

> *Have you and your staff been trained on person first language around tobacco use?*
>
> *Have you and your staff been trained on trauma-informed motivational interviewing?*

Provide services in a trauma-informed manner

> *Are you using non-stigmatizing language around tobacco use as an addiction versus just a personal preference and behavior?*

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Increase curiosity about your own mind

Am I able to be curious and unknowing right now?

Am I "offline?"

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Key considerations in addressing Trauma

- Build in more time for conversation

- Focus on the relationship

- Do intentional planning around relapse

- Infuse TI principles and sensitive practices into policies and interactions

- Teach about the connection between trauma and smoking

- Understand the mind and body connection

- Use Peer to Peer interventions

- Use interventions that help people cope with stress

- Use motivational interviewing skills

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The Spirit of Motivational Interviewing
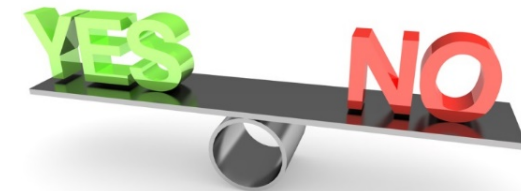
Sources: Van Hattum, T. (2020). Mi Processes [Graphics]. Prochaska & DiClemente, 1983

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What else can we do?

Medications

Recovery coaches

Technology

Prioritize the relationship

Seek ways to build connection

Embrace compassion instead of punishment

Photo Source: Shutterstock

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Key Takeaways : Trauma-Informed Support

Recognizes the individuals with behavioral health condition want to quit using at the same rate as the general population

Frame substance use (or any unhealthy behavior) as a coping mechanism that can be replaced

Help identify alternative adaptations that are empowering

- Eliminates punishment, controls (around medications) or orders
- Support the slow process of change and healing

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Next Steps

Ensure you are screening for tobacco use, explore and offer education and intervention. If that doesn't work the first time, keep trying!

Remember to assess for Trauma AND Resilience symptoms. Consider using a validated scale such as the ones indicated on page 60 in the Fostering Resilience and Recovery: A Change Package for Advancing Trauma Informed Primary Care.

Learn more from visiting:

- Trauma Transformed: https://traumatransformed.org
- Resilience Research Centre: http://resilienceresearch.org
- Adverse Childhood Experiences: ACES Too High: www.acestoohigh.com & ACES Connection: www.acesconnection.com

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Thank You!

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