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How the Trauma-Informed Approach Can Help Treat Substance Use Disorders

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University of Massachusetts Medical School

Et al.

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Welcome to the Webinar

How the Trauma Informed Approach Can Help Treat Substance Use Disorder



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Worcester, Massachusetts

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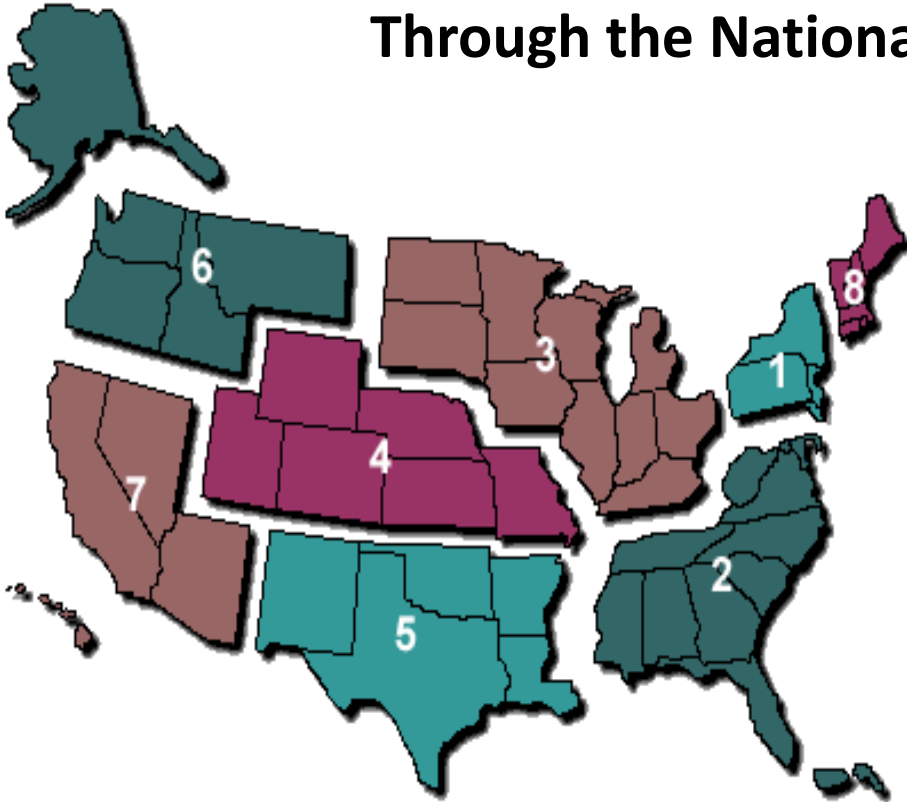
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Home → Health Topics → Opioid Abuse and Addiction Treatment

Opioid Abuse and Addiction Treatment

On this page

Basics <ul style="list-style-type: none"> Summary Start Here 	Learn More <ul style="list-style-type: none"> Related Issues Specifics Genetics 	See, Play and Learn <ul style="list-style-type: none"> Videos and Tutorials
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Summary

What are opioids?
Opioids, sometimes called narcotics, are a type of drug. They include strong prescription pain relievers, such as oxycodone, hydrocodone, fentanyl, and tramadol. The illegal drug heroin is also an opioid.

A health care provider may give you a prescription opioid to reduce pain after you have had a major injury or surgery. You may get them if you have severe pain from health conditions like cancer. Some health care providers prescribe them for chronic pain.

Prescription opioids used for pain relief are generally safe when taken for a short time and as prescribed by your health care provider. However, opioid abuse and addiction are still potential risks.

What are opioid abuse and addiction?
Opioid abuse means you are not taking the medicines according to your provider's instructions, you are using them to get high, or you are taking someone else's opioids. Addiction is a chronic brain disease. It causes you to compulsively seek out drugs even though they cause you harm.

What are the treatments for opioid abuse and addiction?
Treatments for opioid abuse and addiction include

- Medicines
- Counseling and behavioral therapies
- Medication-assisted therapy (MAT), which includes medicines, counseling, and behavioral therapies. This offers a "whole patient" approach to treatment, which can increase your chance of a successful recovery.

Stay Connected
Sign up for the My MedlinePlus newsletter

Related Health Topics

- Opioid Abuse and Addiction
- Opioid Overdose
- Prescription Drug Abuse

National Institutes of Health
The primary NIH organization for research on *Opioid Abuse and Addiction Treatment* is the National Institute on Drug Abuse

Environmental Health & Toxicology
Environmental Health, Toxicology & Chemical Information

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Opiate Addiction and Treatment Health Information Resources

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A to Z Index of Resources

A B C D E F
G H I J K L
M N O P Q R
S T U V W X

Understanding Addiction

- Definition of Addiction
- American Society of Addiction Medicine (ASAM)

<https://medlineplus.gov/opioidabuseandaddictiontreatment.html>

<https://envirotxinform.nlm.nih.gov/opiate-addiction-and-human-health.html#a7>

Looking for Programming Tools Related to Health and Wellness?

Consider borrowing one of our Graphic Medicine Book Club Kits featuring *Sobriety: A Graphic Novel!*

Graphic Medicine Book Club Kit

NIH NLM NNLN nnlm.gov/ner/kits

Graphic medicine is the combination of comics and healthcare. Comics help with understanding illness and health.

How kits work

1. Pick a health comic

These kits are available to any organization in New England for free.

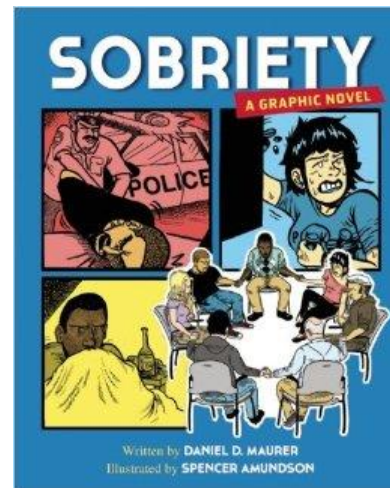


Addiction - AIDS - Aging - Cancer - Epilepsy - Grief - LGBTQ - Mental Health - OCD - Veterans

2. You receive a kit in the mail

Kits include:
6 Graphic Novels
Discussion guides with questions
Valuable NLM resources on the selected topic

3. Read and learn together!



From the publisher...
“Through rich illustration and narrative, *Sobriety: A Graphic Novel* offers an inside look into recovery from the perspectives of five Twelve Step group members, each with a unique set of addictions, philosophies, struggles, and successes while working the Steps.”

To Request a Kit:
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For Questions or Further Information,
Contact
Sarah Levin-Lederer at
Sarah.LevinLederer@umassmed.edu



How the Trauma Informed Approach Can Help Treat Substance Use Disorders

Jenn McCarthy, MEd, MS, LCPC

Today's Speaker



Jennifer McCarthy, MEd, MS, LCPC
Senior Program Coordinator
Healthcentric Advisors



Chat in...

Introduce yourself...

*Please type in your name,
organization and state....*



Plan for session...

Explain the connection between Adverse Childhood Experiences (ACEs) and Substance Use Disorders;

Describe promising practices for implementing the trauma-informed care approach; and

Consider how trauma-informed care might work in your organization.



Explain the connection between Adverse Childhood Experiences (ACEs) and Substance Use Disorders

Describe promising practices for implementing the trauma-informed care approach

Consider how trauma-informed care might work in your organization



Trauma and Substance Use Disorders

Machtinger refers to trauma as “the original gateway drug—opening the pathway to depression, anxiety, substance use, health problems, and early death.”

(Rinker, 2019)



Chat in...

When you think of trauma, how do you define it?



SAMHSA's Definition of Trauma – The 3E's

An **event** of actual or extreme threat of physical or psychological harm which an individual **experiences** as traumatic, and which causes long-lasting **effects**



Campaign for Trauma-Informed Policy and Practice



The image shows the cover of a policy brief. At the top left, there is an orange box with the text "Policy Brief" in white. To the right of this box is the CTIPP logo, which consists of the letters "CTIPP" in a large, blue, serif font, with the full name "Campaign for Trauma-Informed Policy and Practice" in a smaller, blue, sans-serif font below it. Underneath the logo is a thin blue wave-like line. Below the logo and orange box, the text "June 2017 | Number 1 | www.ctipp.org" is displayed in a small, black, sans-serif font. The main title of the brief is "Trauma-Informed Approaches Need to be Part of a Comprehensive Strategy for Addressing the Opioid Epidemic", written in a bold, black, sans-serif font. Below the title is a light orange box containing the "EXECUTIVE SUMMARY" in a bold, black, sans-serif font. The summary text is in a smaller, black, sans-serif font. Below the summary box, there are two columns of text in a black, sans-serif font. The left column discusses the correlation between trauma and addiction, while the right column discusses the need for trauma-informed programs. At the bottom of the page, there is a decorative horizontal bar with a series of colored squares in shades of purple, blue, and teal.

Policy Brief

CTIPP
Campaign for Trauma-Informed
Policy and Practice

June 2017 | Number 1 | www.ctipp.org

Trauma-Informed Approaches Need to be Part of a Comprehensive Strategy for Addressing the Opioid Epidemic

EXECUTIVE SUMMARY

This policy brief reviews the evidence linking trauma and adverse childhood experiences to opioid addiction. It also provides examples of effective prevention and treatment programs, and describes innovative approaches being used by communities to address the current epidemic. The argument is made that efforts to address the opioid crisis will be effective only if we acknowledge the roots of addiction and make investments in proven and promising prevention and treatment strategies.

There is now powerful evidence showing a strong correlation between opioid addiction and traumatic experiences, particularly early childhood adversity. Evidence indicates that individuals exposed to opioid misuse experience multiple negative consequences, including loss of employment, poor physical and mental health, suicidal behavior, and disrupted family and social relationships. Among those who misuse opioids, the individuals most likely to experience problems with addiction are those who suffered multiple adverse childhood experiences (ACEs). General population surveys have estimated that 75% of individuals with substance use disorders have experienced trauma at some point in their lives;¹ rates

yet to be learned about the specific developmental pathways and predictor variables of opioid addiction, programs that reflect the needs of people who have suffered from traumatic experiences must be part of any comprehensive strategy to attack the opioid epidemic. Fortunately, we have a substantial evidence base of programs that can help reduce childhood adversity in the next generation and build resilience and support recovery among those already addicted.

To date, few strategy discussions on ways to combat the opioid epidemic have addressed the role of ACEs in creating the foundation for addiction. Nor have they considered the importance of trauma-informed

What are Adverse Childhood Experiences (ACEs)?

- Centers for Disease Control and Kaiser Permanente (an HMO) Collaboration (1995-1997)
- Over a ten year study involving 17,000 people, Largest study ever done on this subject
- Participants were asked 10 questions

1 in 4
exposed to 2
categories of ACEs

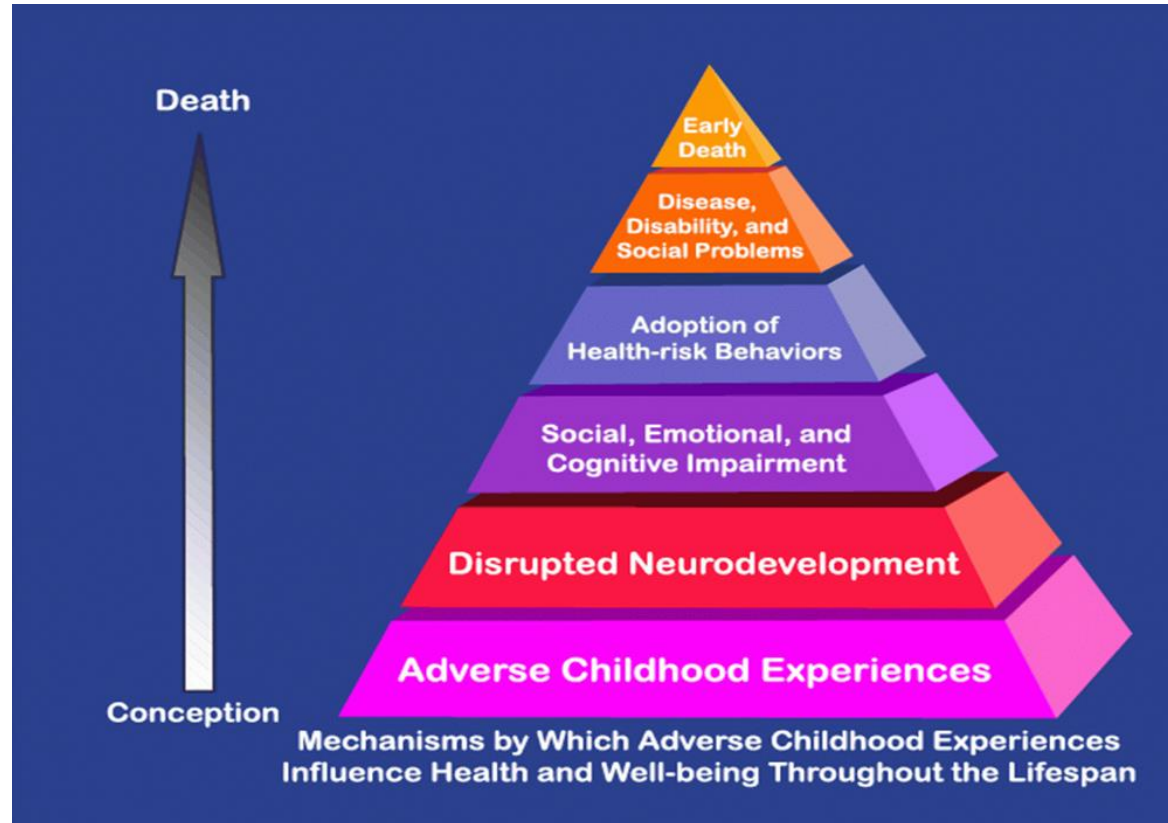
1 in 16
was exposed to
4 categories

22%
were sexually
abused as children

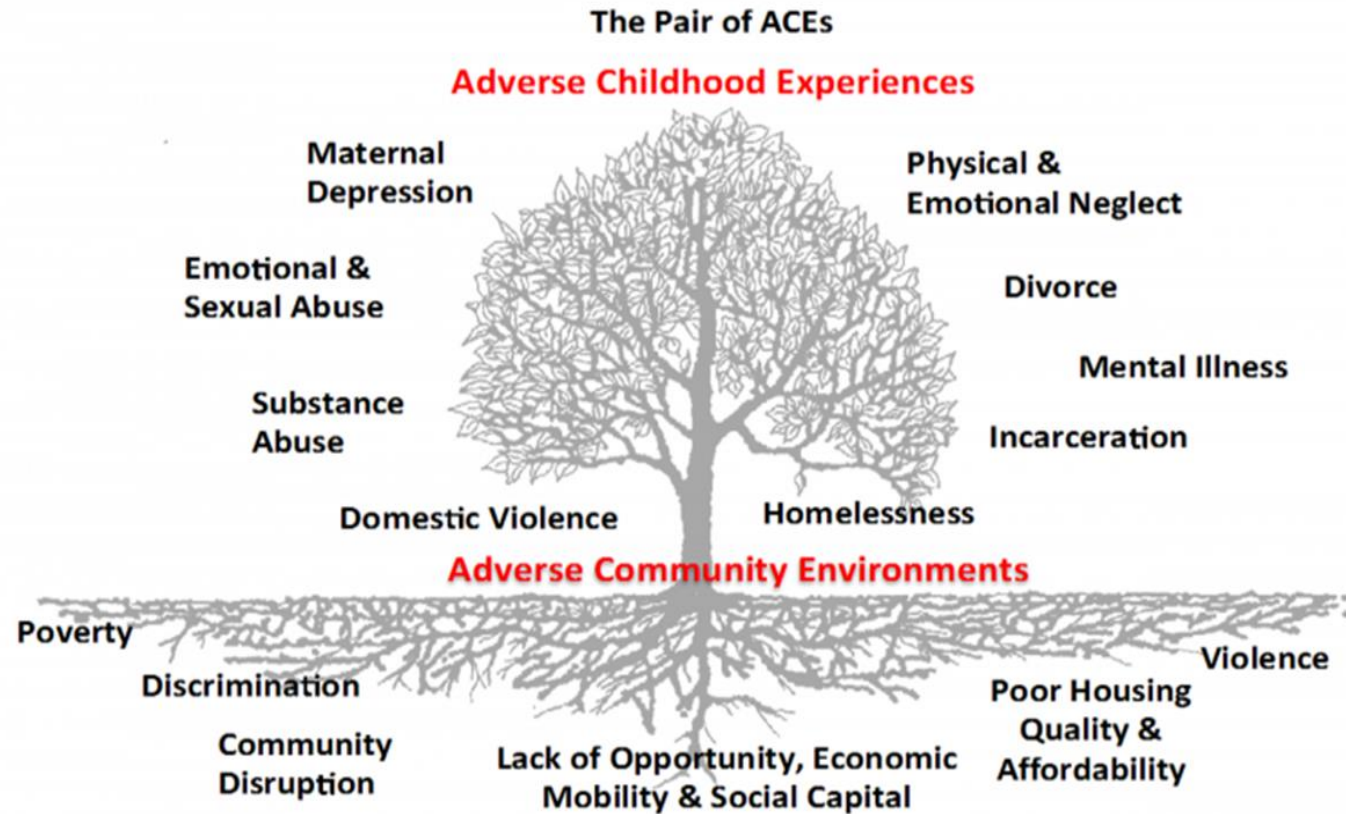
66%
of the women experienced
abuse, violence or family
issues in childhood

Women were 50%
more likely than men to
have experienced
5 or more ACEs

How Do ACEs and Adverse Events Affect People?



The Pair of ACEs



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



ACEs and Substance Use Disorder Evidence

- Quinn et al., 2016 study demonstrated a dose response relationship between the number of ACEs and increased risk of prescription drug misuse in adults. Adults who reported 5 or more ACEs were 3x more likely to misuse pain meds and 5 times more likely to engage in injection drug use
- Sansone, Whitecar, and Wiederman (2009) found that over 80% of the patients seeking treatment for an opioid use disorder had at least one form of childhood trauma, with almost two-thirds reporting having witnessed violence in childhood



Explain the connection between Adverse Childhood Experiences (ACEs) and Substance Use Disorders

Describe promising practices for implementing the trauma-informed care approach

Consider how trauma-informed care might work in your organization



Missouri Model: Developmental Continuum

Trauma aware

Trauma sensitive

Trauma responsive

Trauma informed

Where is Your Organization?

Chat In



Trauma aware

Establishing awareness of the prevalence of trauma and effects on clients/staff

Trauma sensitive

Exploring trauma-informed principles and are preparing for integration

Trauma responsive

Integrating trauma-informed approach into practice

Trauma informed

Applying trauma-informed care approach as standard



6-Step Change Package

1. Complete the organizational self-assessment (Trauma-Aware)

2. Educate staff to attain a sustainable trauma-informed workforce (Trauma-Sensitive)

3. Engage Leadership/Board of Overseers to infuse trauma-informed values throughout the organization's policies, procedures, and practices (Trauma-Responsive)

4. Screen and assess for trauma (Trauma-Responsive)

5. Ensure environment is safe, nurturing, and empowering (Trauma-Responsive)

6. Encourage the person's voice and choice, monitor their perception of care, and sustain the work (Trauma-Informed)



Organizational Self-Assessment

Trauma Informed Oregon
October 2015

STANDARDS OF PRACTICE FOR TRAUMA INFORMED CARE

- I. Agency Commitment and Endorsement.** Agency leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly [includes **Governance and Leadership, Policy, Finance** and aspects of **Engagement and Involvement***].

1= we haven't started yet 2= we've done a little 3= we've done quite a bit 4= we're stellar!

<p>Ia. Leadership team (including administration and governance) has received information/training on trauma and trauma informed care. <i>Describe the process.</i></p>	<p>1 2 3 4</p>
<p>Ib. Trauma Informed Care appears as a core principle in agency policies, mission statement, written program/service information. <i>Describe or provide examples:</i></p>	<p>1 2 3 4</p>
<p>Ic. Individuals with lived experience in your service system have leadership roles in the organization. <i>What roles?</i></p>	<p>1 2 3 4</p>

The Essence of Trauma-Informed Care

Importance of Relationships

What's wrong with you?

What hurts?

- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, and judgmental
- Language barriers
- Referring by their condition
- “It’s not that bad”
- “Worse things have happened to people”

vs.

What happened to you?

What helps?

- Interactions that express kindness, patience, reassurance, acceptance and listening
- Ask for clarification
- Person-first language
- “I’m sorry this happened to you”
- “That must have been very scary!”

The Core Principles

Safety

- How can we ensure physical and emotional safety for staff and patients/clients throughout our system of care?

Trustworthiness

- How can we maximize trustworthiness as administrators and supervisors? Make tasks and procedures clear? Be consistent?

Choice

- How can we enhance staff and residents'/patients'/clients' choice and control in their day-to-day work and lives?

Collaboration

- How can we maximize collaboration and sharing of power with staff and residents/patient/clients?

Empowerment

- How can we prioritize staff and resident/patient/client empowerment

Organizational Culture Shift

Universal Precautions

We assume that everyone has experienced some type of adverse event, unless otherwise notified.

Trauma-informed Lens

Involves everyone adopting a new way of thinking and acting (more than new information)



Explain the connection between Adverse Childhood Experiences (ACEs) and Substance Use Disorders

Describe promising practices for implementing the trauma-informed care approach

Consider how trauma-informed care might work in your organization



The 4R's

- **Realizes** - Realizes widespread impact of trauma and understands potential paths for recovery - *provide a safe and nurturing environment*
- **Recognizes** - Recognizes signs and symptoms of trauma in residents, patients, clients, families, staff, and others involved with the system – *prescreen and screen*
- **Responds** - Responds by fully integrating knowledge about trauma into policies, procedures, and practices – *infuse TIC in all organizational operations*
- **Resists** - Seeks to actively resist re-traumatization – *partner with the resident/patient/client by using MI*

Two Prescreening Questions

1. Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically or behaviorally?
For example, leading to problems: sleeping, eating, completing daily tasks, being around others ongoing places, (behavioral) - with excessive physical body pain/discomfort (physical) - periods of prolonged sadness/tearfulness, increased fear or irritability/anger (emotional)
2. Do you think any of these problems bother you now?
 - 2a. Do you want to discuss the problems?



Evidence-Based Screening Tools

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever** ...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?

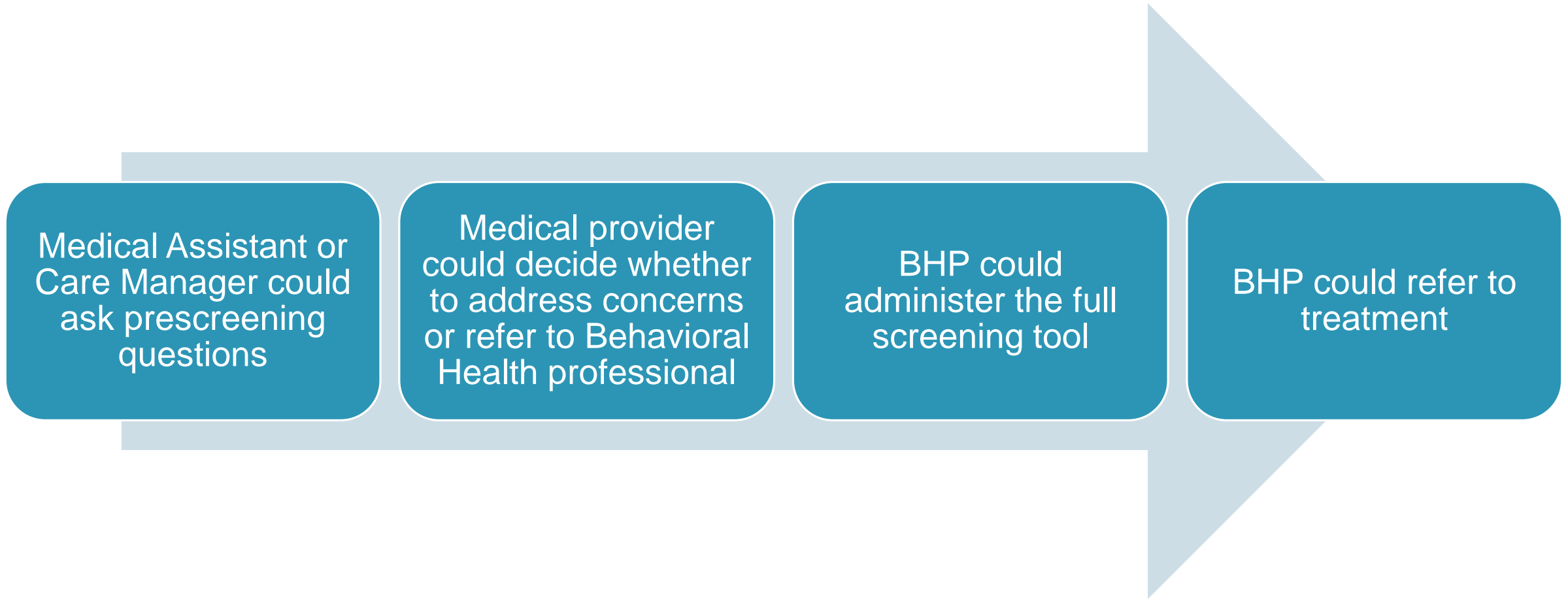
LIFE EVENTS CHECKLIST (LEC)

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to someone close to you, (d) you're not sure if it fits, or (e) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Not Sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					

Workflow for Prescreening/Screening



Trauma Treatments

Sanctuary Model – Dr. Sandra Bloom

Seeking Safety – Dr. Lisa Najavits

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) - Cohen, Mannarino, and Deblinger

Trauma Recovery and Empowerment Model (TREM) – Community Connections

Eye Movement Desentization Reprocessing (EMDR) – Francine Shapiro

Somatic Experiencing – Peter Levine



Trauma-Informed Care in Public Libraries

Library social workers use trauma-informed care as the basis for interactions with customers

Person-first language

Strengths-based perspective

Compassion

A focus on behavior

Creating welcoming spaces



Trauma-Informed Care in Schools

8 key domains of trauma responsive schools and districts:

- Targeted interventions for trauma
- Early interventions for trauma
- Classroom-based strategies
- Whole school trauma programming
- Whole school prevention programming
- Whole school safety planning
- Community and family supports



Trauma-Informed Care at the Workplace

Not Trauma-Informed

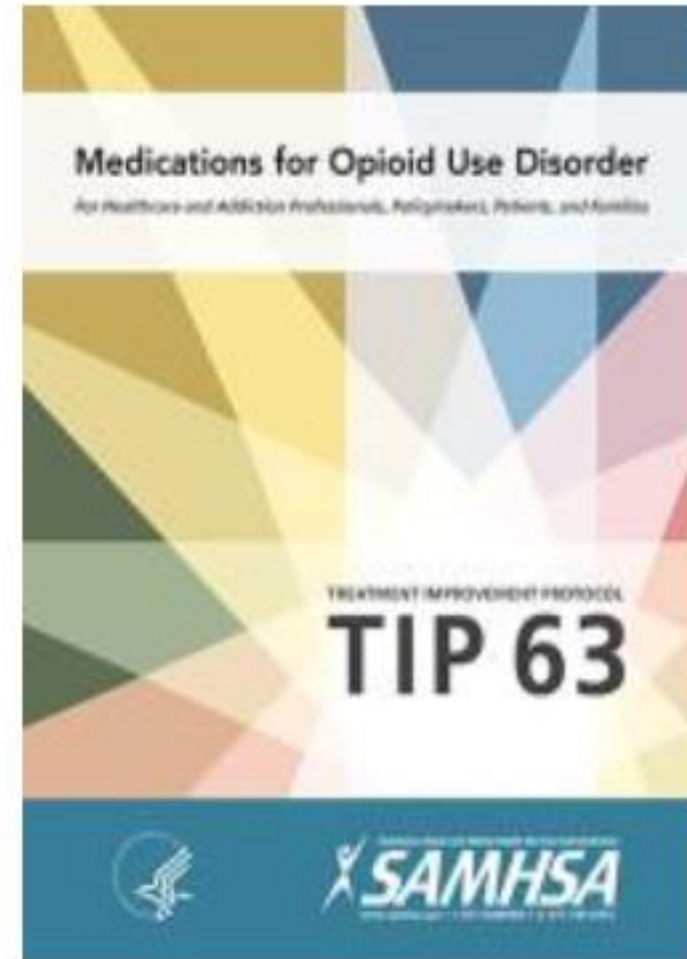
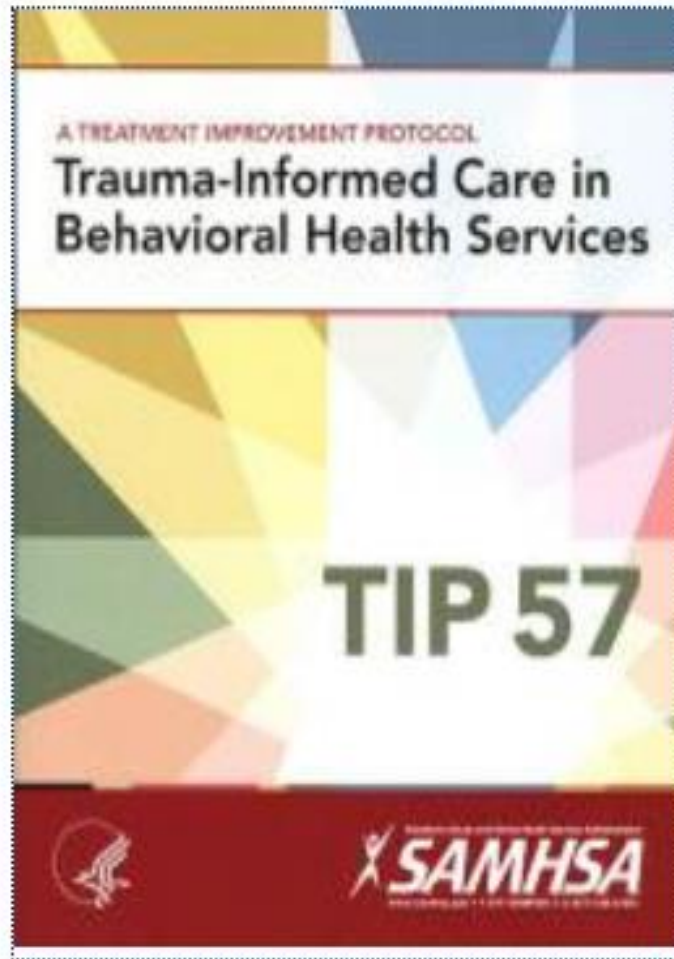
- Uses substances; doesn't comply to sobriety rule
- Avoids meetings or groups
- Paces, doesn't sleep, can't sit still
- Has "boundary" issues
- Unmotivated, doesn't pay attention, disinterested

Trauma-Informed

- Uses substance to regulate emotions
- Avoids groups to feel safe or not feel overwhelmed
- Is very alert; checking for possible dangers
- Tries to get needs met; does not understand what boundaries are
- Shuts down emotional responses when feeling overwhelmed



SAMHSA Resources



Fun Way to Remember TIC talk...

- What is an ACE? How many ACEs do you have?
- The 3E's
- What happened to you? vs. What is wrong with you?
- Universal precautions and trauma-informed lens
- The 4R's
- The core principles



Trauma-Informed Organization

- ✓ Increases safety for all
- ✓ Improves the social environment in a way that improves relationships for all
- ✓ Creates a community of hope and health
- ✓ Cares for the caregivers
- ✓ Increases the quality of services
- ✓ Reduces negative encounters and events
- ✓ Increases success and satisfaction at work



Final Thoughts



- Trauma-Informed care is not a destination; it is a process and a way of doing business
- Use a “trauma-informed lens”
- Partner with your resident/patient/client
- Try implementing changes one-step-at-a-time
- What kind of nifty mottos or slogans can you develop to represent your trauma-informed organization? **Hear with Your Heart**

And finally...

- “Hurt people, hurt people.”



Questions, Suggestions, Contact Me

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How the Trauma Informed Approach Can Help Treat Substance Use Disorders

***~Join Jenn: Jump-in
with questions /comments ~***

Thank you so much!!!





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