

Trauma, Trauma-Informed Approaches, and Drug User Health

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About NASTAD

WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

Goals and Objectives

Goal

- To increase awareness of the intersection of trauma and drug use and the importance of utilizing/incorporating a trauma-informed approach for PWUD.

Objectives

- Provide an overview of trauma and its impact on neurological and childhood development
- Provide data/research on trauma and its impact on drug use/misuse/overdose
- Provide information and examples of the trauma-informed care
- Raise awareness of the importance of developing resilience factors
- Provide examples of developing or strengthening resilience factors within PWUD

Agenda

- Welcome
- Overview of Trauma
- The Impact of Trauma on PWUD
- Unpacking Trauma-Informed (TIA) Approach & Resiliency
- Examples of Trauma-Informed Approach in Practice
 - Timothy Shelton Behavioral Health Consultant at Appalachian Mountain Community Health Centers
 - Margaret Bordeaux Justice-Involved Overdose Prevention Specialist at NCDHHS
- Q&A
- Resource Sharing

UNDERSTANDING TRAUMA

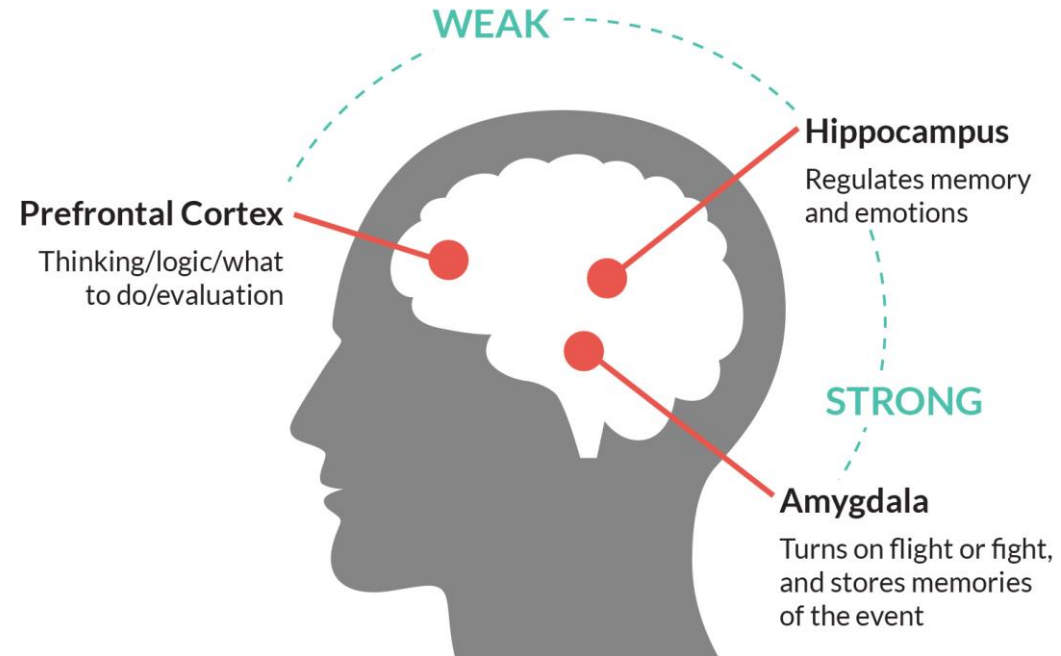
WHAT IS TRAUMA?

TRAUMA is broadly defined as experiences that produce intense emotional pain, fear, or distress, often resulting in long-term physiological and psychological consequences. Experiences of trauma, especially in childhood, can change a person's brain structure, contributing to long-term physical and behavioral health problems.

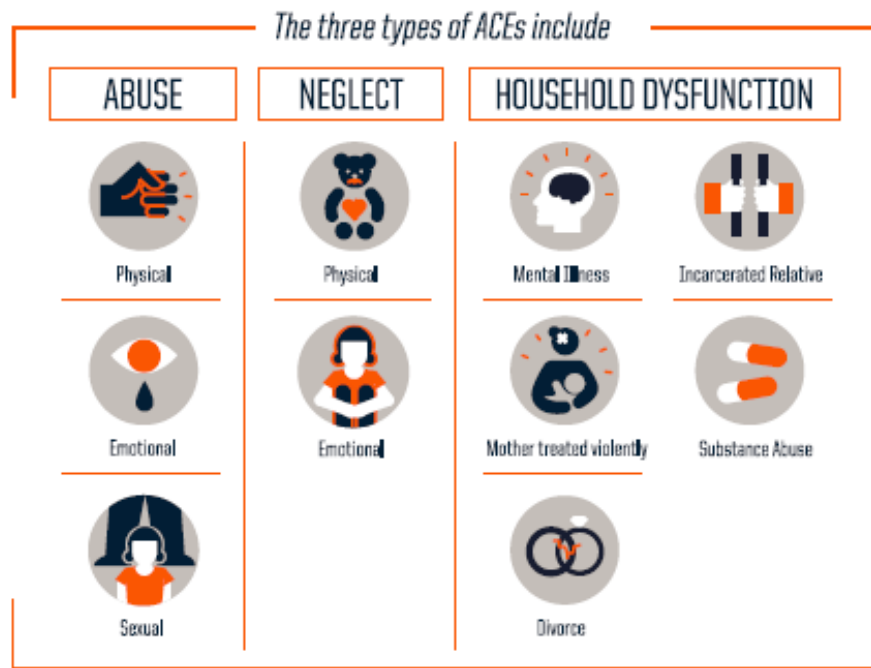
TRAUMA-INFORMED: Being trauma-informed is an approach to administering services in care and prevention that acknowledges that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally.

TIC vs TIA: trauma-informed care is one type of trauma-informed approach. There is SO much more you can do outside of the direct care you and/or your sub-recipients provide.

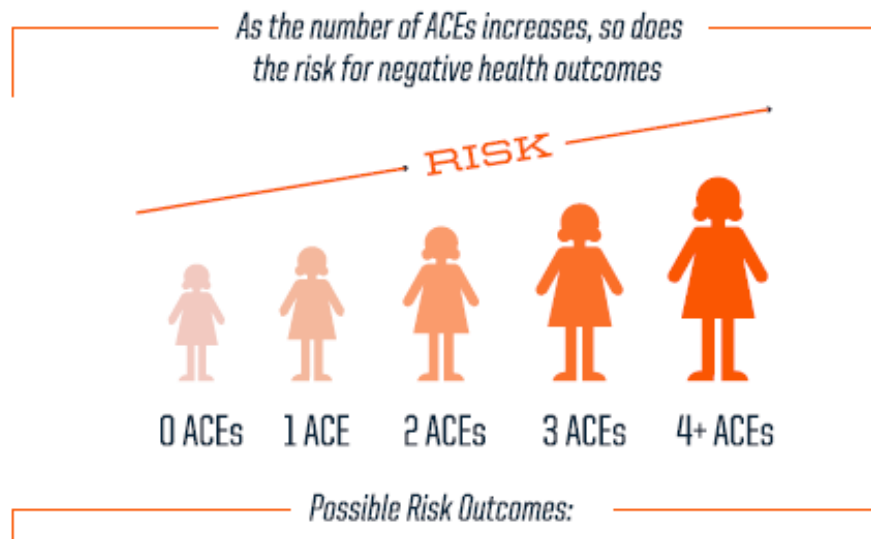
NEAR SCIENCE - NEUROBIOLOGY



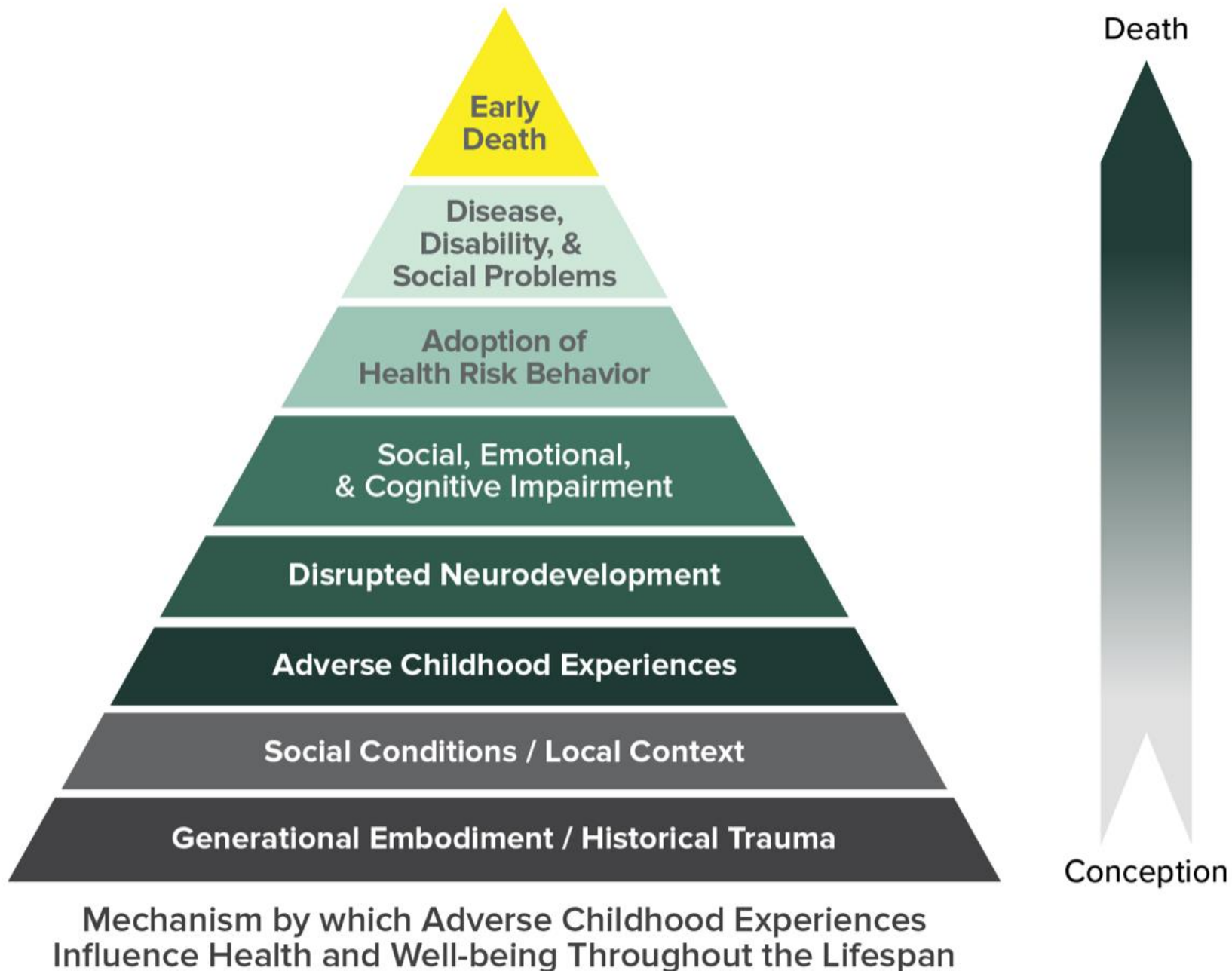
NEAR Science: Adverse Childhood Experiences (ACEs)



WHAT IMPACT DO ACEs HAVE?



Source: RWJF and CDC



NEAR SCIENCE – RESILIENCY

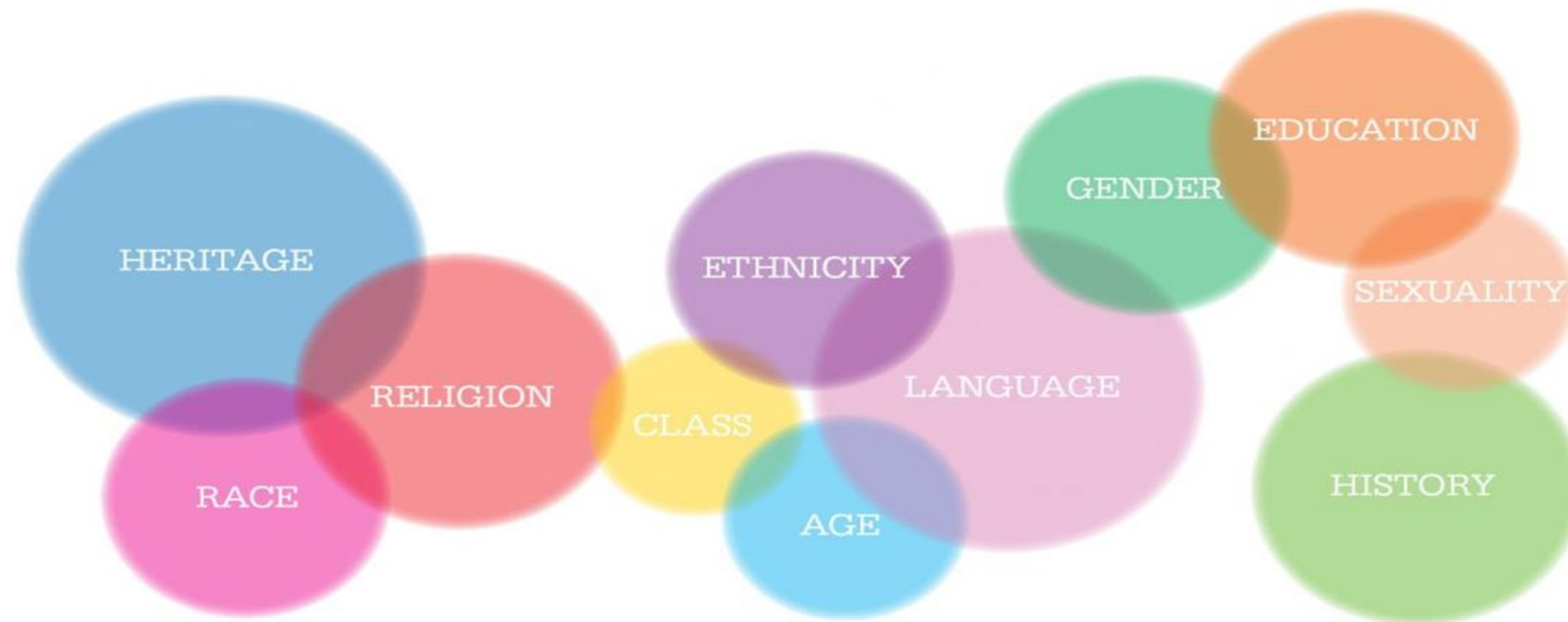
Also known as, **PROTECTIVE** factors.

There is no single accepted set of components of resilience, but this set of characteristics and contributing factors can provide a useful guide:

- OPTIMISIM
- ALTRUISM
- MORAL COMPASS
- FAITH & SPIRITUALITY
- HUMOR
- HAVING A ROLE MODEL
- SOCIAL SUPPORTS
- FACING FEAR
- PURPOSE IN LIFE
- TRAINING

INTERSECTIONALITY

Intersectionality is a theory that the overlap of various social identities, such as race, gender, sexual identity, disability, and class, contribute to systemic oppression and discrimination experienced by an individual.



Trauma & Drug Use

Trauma & Drug Use

- Women exposed to traumatic life events show an increased risk for an alcohol use disorder.
- 80% of Vietnam veterans seeking PTSD treatment have alcohol use disorders
- Men and Women who report sexual abuse have high rates of alcohol and substance use disorders
- Adolescents with PTSD are 9 times more likely to develop substance use disorders



Childhood Trauma and SUD

- (2018) Research conducted comparing 112 individuals in treatment for SUD to 112 individuals with mild to moderate mental health disorders. Data showed:
 - More individuals from SUD group reported higher instances of emotional, physical, & sexual abuse during childhood.
 - When analyzing differences between gender amongst the SUD group, women were more likely to report mild to severe emotional, physical, & sexual abuse.

Rasmussena, I., Arefjordb, K., Winjeb, D., & Dovranb, A. (2018). Childhood maltreatment trauma: a comparison between patients in treatment for substance use disorders and patients in mental health treatment. *Psycho-Traumatology*, 1-10.

Trauma, Grief, and Overdose

Trauma, Grief, and Overdose

Two domains of potential trauma for staff related to overdose:

- Personal relationship and loss
 - Consider the working relationship between the person who has overdosed and the staff member, especially regarding any potential feelings of responsibility/failing
- Collective trauma of loss in the larger overdose epidemic
 - Due to the immense loss of life due to overdose over the past 20 years, recognize that collective trauma and compassion fatigue may be experienced by frontline staff and agencies

Trauma, Grief, and Overdose

Five Core Actions to respond after an overdose -- PROMOTE:

Safety

- Ensure safe space and basic needs
- Assess coping mechanisms (substances, self harm, etc.)
- Communicate your interest in their safety

Calm

- Project personal calm, listen with patience, and let them set the pace
- Normalize intense emotions/thoughts
- Suggest coping tools

Connectedness

- Encourage connection with peers and supports that have had similar experiences
- Be sincere in your connection
- Give them 'permission' to take the space they need

Hope

- Express hopefulness in practical terms
- Reinforce gains, strengths, assets
- Reaffirm that recovery from stress is possible

Self-Efficacy

- Engage the person in decisions, next steps, action plans
- Encourage small, achievable steps
- Avoid being critical

Trauma Informed Principles and Resilience

SAMHSA SIX PRINCIPLES OF TRAUMA-INFORMED APPROACHES

- Physical and Emotional Safety
- Collaboration and Mutuality
- Trustworthiness and Transparency
- Empowerment, Voice and Choice
- Peer Support
- Cultural, Historical, and Gender Issues

SIX PRINCIPLES: SAFETY

- Create a safe and welcoming environment
- Be consistent and predictable
- Use non-shaming, non-blaming, non-violent language
- Ensure privacy and confidentiality
- Provide clear expectations about what is happening and why

SIX PRINCIPLES: COLLABORATION & MUTUALITY

- Ensure respect, connection, and hope
- Recognize that healing occurs in the context of the interpersonal relationship
- Share in decision making
- Level power differences between staff and clients by creating true partnering
- Everyone has a role to play in a trauma-informed approach from reception to direct medical care



SIX PRINCIPLES: TRUSTWORTHINESS & TRANSPARENCY

- Build and maintain trust among staff, clients, and family members of those served
- Maintain professional boundaries
- Transparent policies and procedures
- Roles are clear
- At subrecipient agencies, an informed consent and grievance process are present



SIX PRINCIPLES: EMPOWERMENT, VOICE & CHOICE

- Validate strengths and resilience
- Use strengths to build and enhance healthy coping skills
 - **Apply strengths-based philosophy**
- Increase and ensure individual control and autonomy
- Frame experiences as survivorship, not victimization
- Understand past coping mechanisms and the normalcy of the response to a not normal situation



SIX PRINCIPLES: PEER SUPPORT

Recognize that peer support and mutual self-help are key vehicles for:

- Establishing safety and hope
- Building trust
- Enhancing collaboration
- Using stories and lived experience to promote recovery and healing

SIX PRINCIPLES: CULTURAL, HISTORICAL & GENDER ISSUES

- Actively move past cultural stereotypes and biases
- Provide gender responsive services
- Leverage the healing value of traditional cultural connections
- Incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served
- Recognize and address historical trauma

TIA In Practice: Cultivating Resilience

Tim Bandell, LCSW, TTS
Appalachian Mountain Community Health Centers
Asheville, NC

The Impacts of Trauma and Addiction

Trauma and Addiction

“the major factor underlying addiction is adverse childhood experiences that have not healed with time...”
~Dr. Vincent Felitti

“Its hard to get enough of something that almost works.” ~Dr. Vincent Felitti

“The fewer endorphin-enhancing experiences in infancy and early childhood, the greater the need for external sources.” ~ Gabor Mate

“The first time I did heroin,” she said to me, “it felt like a warm soft hug.”
~27 y/o sex trade worker, Vancouver, BC

With some injuries, time and absence of insult to injury can create conditions for healing to begin. However, many psycho-emotional injuries will require additional medicine...in the case of trauma, that medicine is resilience.

Snapshot of some of our patients on MAT

		Clinic	NC (2014 BRFSS)	WNC (2014 BRFSS)
140 patients	Average ACE Score (AAS)	4.8	--	--
60	AAS (Women)	5.9	--	--
80	AAS (Men)	4.4	--	--
95	ACE Score 4+	63%	22.8% (3+)	25.1% (3+)
11	ACE Score 0	8%	41.50%	42.80%
32	ACE Score of 8+	23%	--	--
36	Sexual Trauma	26%	--	--
44	Felt Unloved	32%	--	--

BRFSS – Behavioral Risk Factor Surveillance System

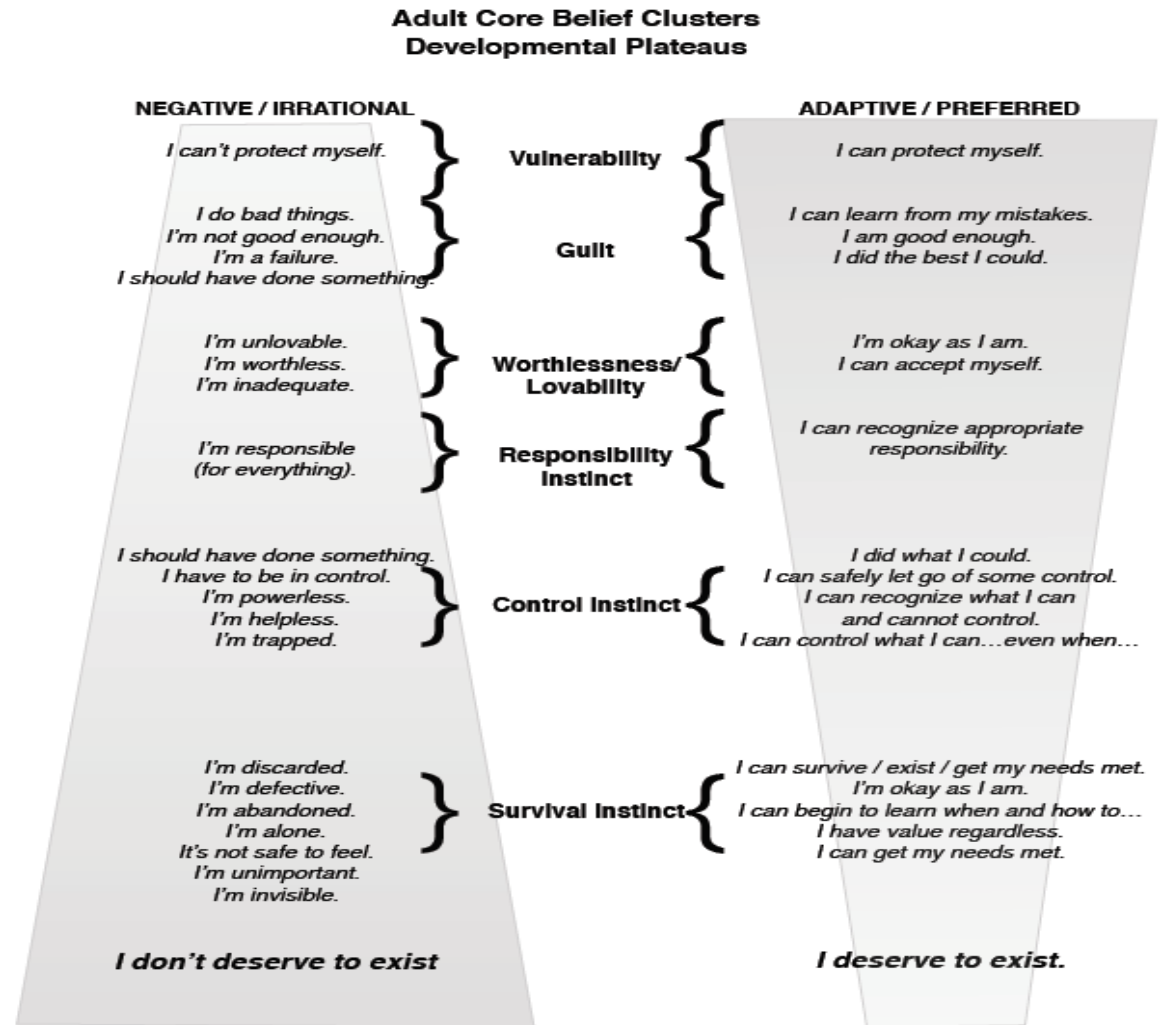
Tim Bandell, LCSW, TTS
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 Asheville, NC

Resilience...the prevention and the cure

- "You cannot stop the waves, but you can learn to surf" –Jon Kabat-Zinn
- ACE score not a measure of resilience—not what happens necessarily, but instead how we perceive, internalize and react
- Unresolved traumas will lead to reactivation, with resilience we can begin to respond to new traumas and have greater capacity to resolve old traumas
- Traumatic **growth** is also an outcome of trauma

Resilience...the prevention and the cure (Continued)

- What happened to you...what does that mean to you?...what does that say about you as a person?
- Sometimes it will take a lot of time and treatment to reprocess the bad stuff...in the meantime it helps to enhance access to the good stuff
- Even if the old trauma can't be resolved at this time, let's at least try to keep it from metastasizing



How can we uncover, cultivate and promote resilience?

- Education – trauma, addiction, resilience, stress (staff, patients, loved ones)
 - Reframing stress (eustress vs distress)
 - Universal ACE screening
 - Trauma/Toxic Stress & Drug Use (normalize, connect the dots)
- Group visits (MAT, HCV, DM)
- Language (words can hurt, and certainly reinforce maladaptive beliefs)
- Choice (tx planning, the power of being able to say “NO”)
- Peer Support (advocacy, connection, normalize, power dynamic)
- Harm reduction vs Abstinence (not just drugs, any bx)
- Environment (welcoming, choice, openness)
- Basic Needs (sleep, food, security, clothing)
- Skills (i.e. – container, tapping, naming, peaceful place, CRM)
- CID, ATIP, EMDR

STOP THE STIGMA

Negative language and stigma regarding substance use disorder and addiction have shown to be a key barrier to seeking and receiving treatment for people who use drugs. Stigmatizing words such as “addict” reduce a person to only their drug use. Talking about substance use disorder in a more accurate and humanizing way can reduce stigma and help people receive appropriate treatment and support.

↪ Instead of these words... Try using these! ↩

<p>DRUG ABUSE SUBSTANCE ABUSE</p>	<p>“SUBSTANCE USE DISORDER”</p> <p>“DRUG MISUSE”</p> <p>“SUBSTANCE MISUSE”</p>	<p>Although the term “substance abuse” is widely used—including in the names of federal and state agencies—use of the term “abuse” in the context of substance use is no longer favored in the mental health community. The word “abuse” connotes violence and criminality and does not fit with a view of substance use disorder as a health condition.</p> <p>Substance use disorder is a diagnosable condition that refers to drug use that has become significantly problematic in a person’s life.</p>
<p>ADDICT ABUSER JUNKIE DRUGGIE</p>	<p>“PERSON WHO USES DRUGS”</p> <p>“PERSON WITH A SUBSTANCE USE DISORDER”</p> <p>“PERSON USING DRUGS PROBLEMATICALLY/CHAOTICALLY”</p>	<p>Person-first language affirms people’s individuality and dignity. It promotes the message that a person is more than just their addiction.</p> <p>NOTE: How a person chooses to self-identify is up to them, and they should not be corrected or admonished if they choose not to use person-first language.</p>
<p>CLEAN/ DIRTY</p>	<p>“STERILE/USED SYRINGES”</p> <p>“POSITIVE/NEGATIVE DRUG TEST”</p> <p>“PERSON IN RECOVERY/ PERSON WITH PROBLEMATIC DRUG USE”</p>	<p>The term “dirty” is often used to describe syringes that have been used or to describe positive drug screens. People who are no longer using drugs are often referred to as “clean.” However, the clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean.</p>

If you’re providing a service or resource – support, don’t stigmatize. People may use or identify with stigmatizing language based on their own history, and that’s their prerogative. Do not correct people with lived experience on their preferred way to refer to themselves. Use non-stigmatizing language to show people who use drugs that you respect them with your words.

Tim Bandell, LCSW, TTS
Appalachian Mountain Community Health Centers
Asheville, NC



Looking forward...

- Resilience Surveys (BRS, DARS)
- Trauma-Informed Approach Survey – clinic/organization
- Ongoing resiliency enhancement amongst staff

TIA, PWUD, & Incarceration

Margaret Bordeaux, Justice-Involved Overdose Prevention Specialist
CDC Foundation Assignee - NC DHHS/DPH/CDI /Injury and Violence Prevention Branch

Issues and Solutions for PWUD impacted by the Carceral System

- Instructed Opioid Overdose Prevention and Survival and Good Samaritan courses
- Provide technical assistance statewide to diverse programs and strategies to connect justice involved individuals to treatment and care
- Common overlapping issues:
 - Housing insecurity
 - Family dysfunction
 - Unmanaged behavioral health diagnoses
 - Histories of TRAUMA

Margaret Bordeaux, Justice-Involved Overdose Prevention Specialist
CDC Foundation Assignee - NC DHHS/DPH/CDI /Injury and Violence Prevention Branch

Incarceration can be traumatizing

- Lack of familial support, visits, contact
- Feelings of guilt and shame
- Exposure to violence – inmate/inmate, inmate/guard and self-inflicted
- Forced abstinence, withdrawal
- Other chronic illnesses, inadequate treatment or no treatment at all (people who use drugs care about their health!)
- Flashbacks and triggers

How can the correctional systems and spaces be better at building resilience for people who use drugs?

- Become trauma-informed institutions
- Acknowledge power imbalances
- Avoid re-traumatization
- Trauma specific treatment and interventions, if and when possible
- Active case management that includes collaboration and autonomy
- Trauma-informed LANGUAGE!!!

Q&A

- If you have any questions for our panelist, please feel free to type them into “Q&A” or “chat box”



Resources for understanding Trauma and its impact on PWUD

[NASTAD TIA Toolkit](#)

[NCSACW Trauma-Informed Care Walkthrough Project](#)

[Coping With Overdose Fatalities Tools for Public Health Workers](#)

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

[Trauma-Informed Approaches for Women and Girls Impacted by Addiction/Mental Health](#)

[International Society for Traumatic Stress Studies: Traumatic Stress and Substance Misuse Problems](#)

[Getting Wrecked: Women, Incarceration, and the Opioid Crisis](#)

[Harm Reduction Psychotherapy: A New Treatment for Drug and Alcohol Problems](#)

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