Trauma and its Connection to Health and Addiction

TRAUMA-INFORMED, RESILIENCE-ORIENTED AND EQUITABLE SCREENING AND ASSESSMENT TRAINING SERIES
Today’s Presenter

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Pronouns: She/Her/Hers
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One person talks at a time, do not interrupt what happens in group stays in group.
Moment to arrive
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
What are the most common types of stressors or trauma that you are seeing in your work these days?
The impact of trauma - what we know
Trauma & The Human Stress Response Review
Brain Based Science

- Neocortex and Prefrontal Cortex (PFC): Executive Functioning
  - What Can I learn?

- Limbic System: Emotions and Memory
  - Am I Loved?

- Brain Stem: Survival Functions
  - Am I Safe?
Survival Mode Response

Inability to
• Respond
• Learn
• Process
Trauma Prevalence and Research
The Adverse Childhood Experience Study: Behavioral Health 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

"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
Adverse Childhood Experiences (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**
   - historical trauma
   - substandard schools
   - structural racism
   - violence
   - lack of social capital and mobility

2. **Community**
   - substandard wages
   - lack of jobs
   - poverty
   - poor housing quality and affordability
   - poor water and air quality

3. **Environment**
   - climate crisis
   - natural disasters
   - environmental change
   - wildfires & smoke
   - floods, mudslides, sea level rise

**3 Realms of ACEs**

- Domestic violence
- Incarcerated family member
- Bullying
- Physical and emotional neglect
- Divorce
- Homelessness
- Parental mental illness
- Alcoholism and drug abuse
- Emotional and sexual abuse

**CLIMATE CRISIS**
- Record heat & droughts
- Wildfires & smoke
- Record storms, flooding & mudslides
- Sea level rise

**ENVIRONMENT**
- 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
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

HIGHER ACE Score = Increased Smoking

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

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

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)

Kahler, Spillane, Busch, & Leventhal, 2011

Image Source: Action on Smoking and Health Wales Cymru
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

ACEs and Adult Alcohol Use Disorder

![Bar chart showing the percentage of alcoholics with different ACE scores.](chart.png)
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/
Trauma is a risk factor for Substance Abuse

Substance Abuse is a risk factor for Trauma
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
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 soothe their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

“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 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 worthy of connection.

-Brene Brown
https://www.stuartmcmillen.com/comic/rat-park/
Solutions provided by evidenced-based interventions and the paradigm shift to trauma-informed as central to addressing tobacco use and other modifiable health risks.

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)
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

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
Determinants of Health

- Clinical Care 10%
- Access to Care 10%
- Social & Economic Factors 40%
- Physical Environment 10%
- Health Behaviors 30%

Traditional Addiction Discourse & Programming
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
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

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?*
Increase curiosity about your own mind

Am I able to be curious and unknowing right now?

Am I “offline?”
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
The Spirit of Motivational Interviewing

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
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
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](https://traumatransformed.org)
- Resilience Research Centre: [http://resilienceresearch.org](http://resilienceresearch.org)
- Adverse Childhood Experiences: ACES Too High: [www.acestoohigh.com](http://www.acestoohigh.com) & ACES Connection: [www.acesconnection.com](http://www.acesconnection.com)
Thank You!

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