



# Today's Presenter

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- National Council for Mental Well-Being

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The logo for the National Council for Mental Wellbeing, featuring the organization's name in white text on an orange rectangular background. The background of the slide also includes a decorative pattern of overlapping, semi-transparent squares in various shades of beige and light brown.

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# THE OPIOID EPIDEMIC BY THE NUMBERS



**70,630**

people died from drug overdose in 2019<sup>2</sup>



**10.1 million**

people misused prescription opioids in the past year<sup>1</sup>



**1.6 million**

people had an opioid use disorder in the past year<sup>1</sup>



**2 million**

people used methamphetamine in the past year<sup>1</sup>



**745,000**

people used heroin in the past year<sup>1</sup>



**50,000**

people used heroin for the first time<sup>1</sup>



**1.6 million**

people misused prescription pain relievers for the first time<sup>1</sup>



**14,480**

deaths attributed to overdosing on heroin (in 12-month period ending June 2020)<sup>3</sup>



**48,006**

deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)<sup>3</sup>

## SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

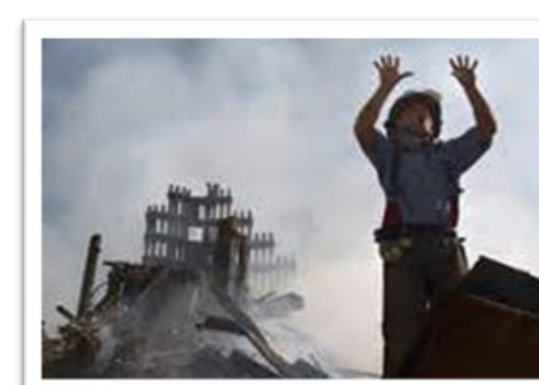


# What is Trauma?

**Definition (SAMHSA Experts 2012) includes  
three key elements**

*Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced**, by an individual as overwhelming or life-changing and that has profound **effects** on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact.*

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# Intergenerational (Historical) Trauma

“Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”



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# Intergenerational/Historical Trauma Events



Genocides



Slavery



Pandemics



Massacres



Prohibition/destruction  
of cultural practices



Discrimination/Systemic  
prejudice



Forced relocation



# Historical Trauma Perpetuated Today

Microaggressions are everyday experiences of discrimination, racism, and daily hassles that are targeted individuals from diverse racial, ethnic and cultural groups (Evans-Campbell, 2008).



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# Trauma Shapes Our Beliefs



- Worldview
- Spirituality
- Identity

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# Physical Impact of Trauma

## Brain Architecture

Shrinkage in prefrontal cortex, corpus callosum, and hippocampus. Enlarged and more reactive amygdala. **Resolution:** safe and stable nurturing relationships, walk in nature, touch, exercise



## Brain Waves

Predominance of wrong brain waves in wrong part of the brain leads to anxiety, unable to concentrate, and seizures. **Resolution:** neurofeedback



## Neural Pathways

Need to 'rewire' our brain from old thought patterns and habits of mind, conscious, and unconscious. **Resolution:** neurofeedback, meditation/ mindful action, positive self-talk



## Neurotransmitters

Vulnerable to addiction because dopamine transmitters/receptors not developed or damaged. Reduces motivation & focus, creates fatigue. Low serotonin causes depression.



## Hormones

Prolonged high cortisol and ghrelin creates greater reactivity to stress. Long term damage to cells, structures of the body, and other hormone glands (thyroid). **Resolution:** oxytocin ("the love hormone")



## Toxin Elimination

Intestines and kidneys less able to eliminate toxins (slow gut or unbalanced flora). **Resolution:** salt baths, sauna



## Nervous System

Supercharged sympathetic nervous system. Parasympathetic nervous system not engaged to bring back into balance. **Resolution:** yoga, breathing, or other physical/emotional regulation



## Immune System

Resistance to cortisol or lower cortisol creates unchecked inflammation. Cause of many diseases: asthma, arthritis, etc.) **Resolution:** meditation/mindful action, walking in nature, diet, rest



## Cellular Change

Shortens telomeres which prematurely ages and reduces reproduction of cells & can cause cancer. **Resolution:** social support

Epigenetics turns genes on or off in adaptation to dangerous environments. Effect can last generations. **Resolution:** Safer environment (perception of)



echo ©2018



# Impact of Trauma on Behavior Triggers

## External reminders of traumatic event

- *Smell*
- *Sound*
- *Sight*
- *Touch*
- *Taste*

## Internal reminders of traumatic event

- *Emotions*
- *Thoughts*



# Loneliness



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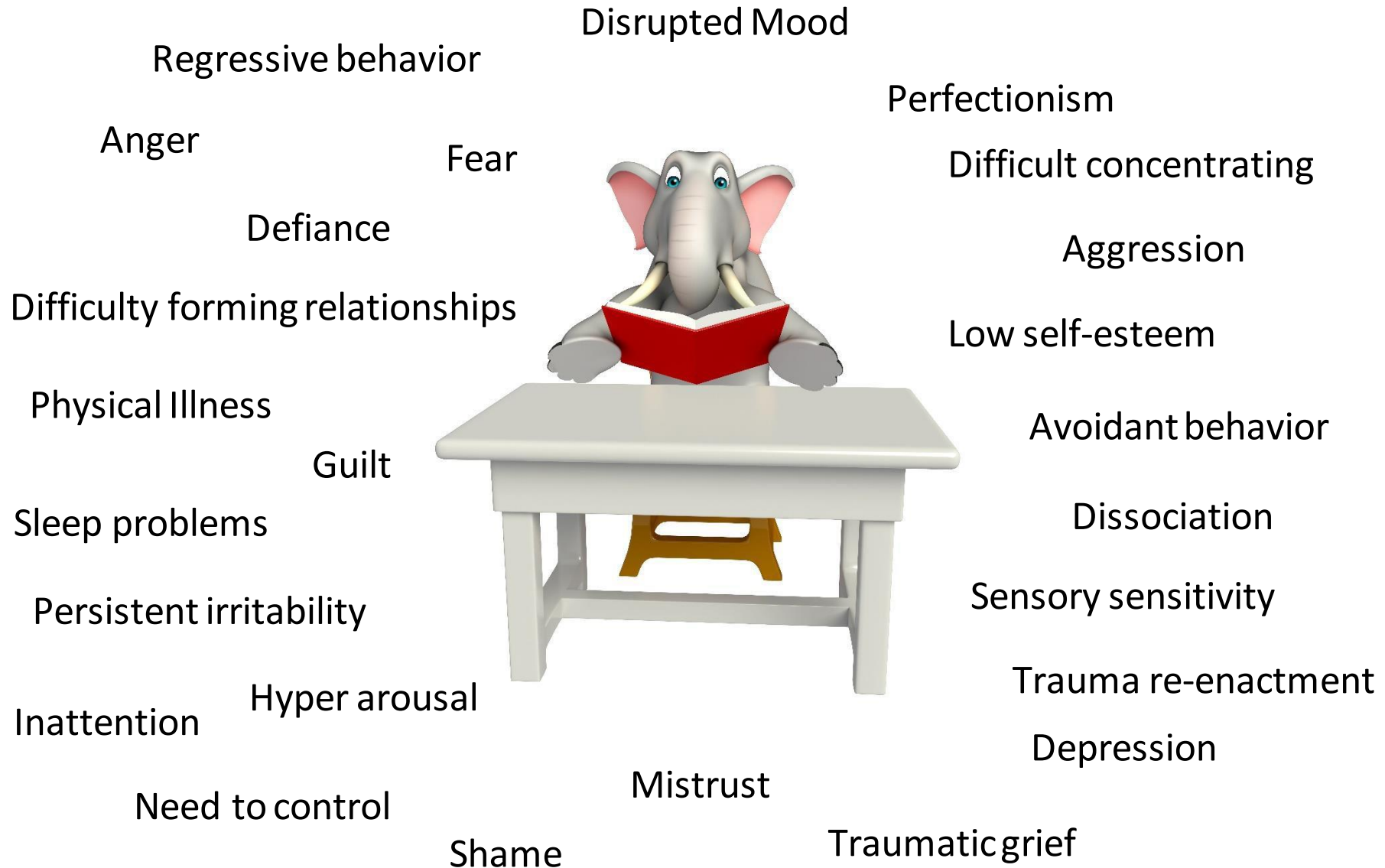
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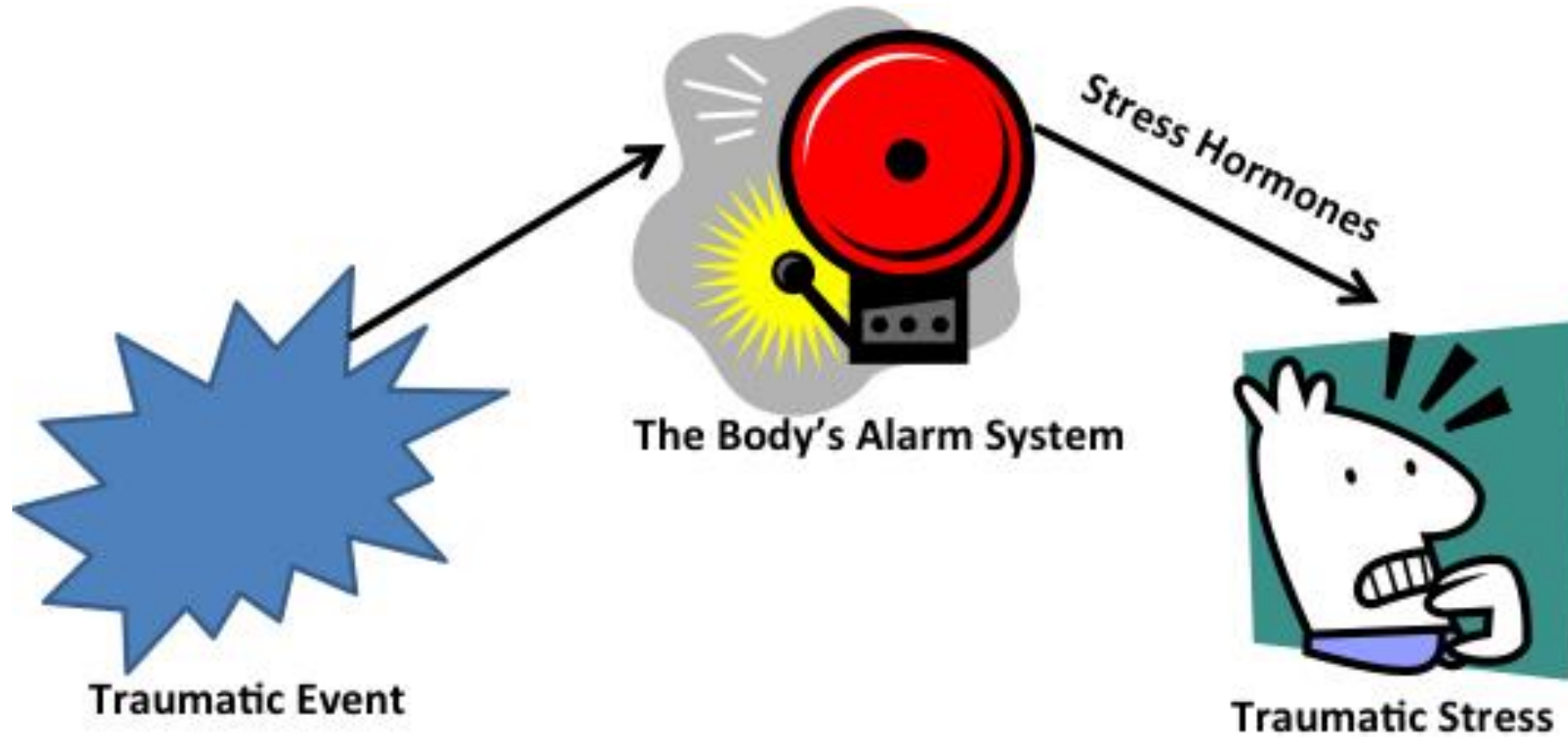
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# What's Sitting in the Room from Trauma



# Trauma and the Human Stress Response



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# Survival Mode Response



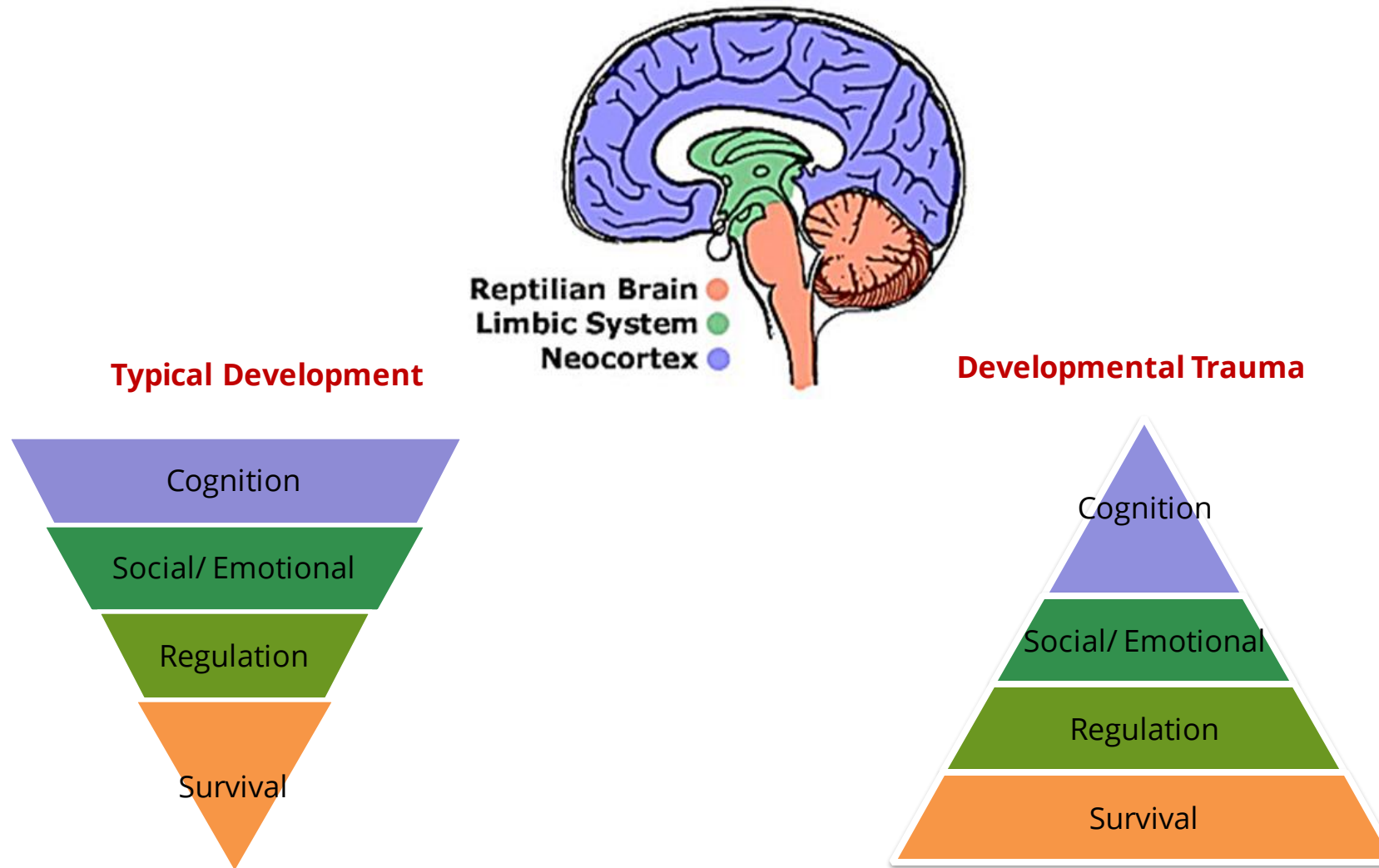
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# Impact of Trauma on Brain Development



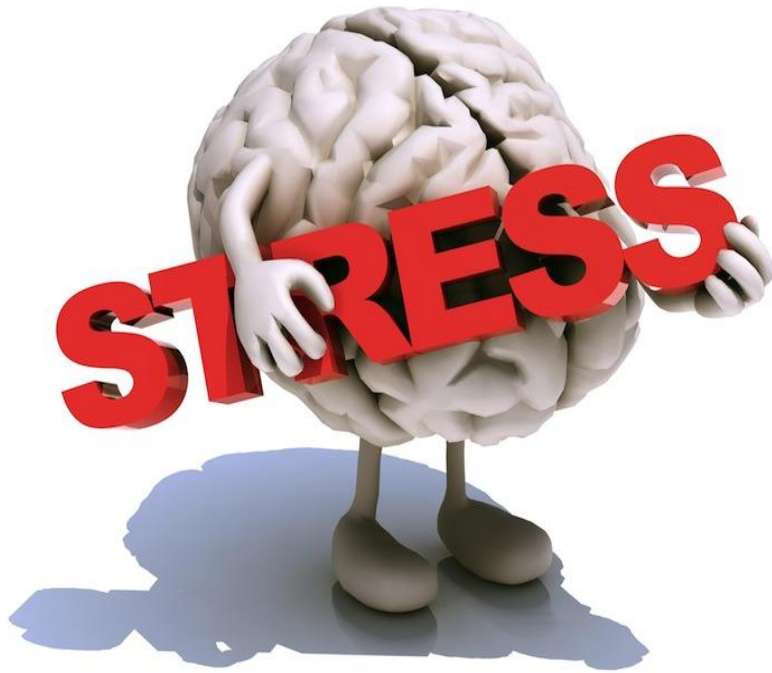
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# Arousal Continuum

Adapted from Dr. Bruce Perry's  
*The Boy Who Was Raised as a Dog*

<b><i>Internal State</i></b>	CALM	ALERT	ALARM	FEAR	TERROR
<b><i>Cognitive Style</i></b>	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
<b><i>Regulating Brain Region</i></b>	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
<b><i>Dissociative Continuum</i></b>	REST	AVOIDANCE	COMPLIANCE Robotic	DISSOCIATION Fetal Rocking	FAINTING
<b><i>Arousal Continuum</i></b>	REST	VIGILANCE	RESISTANCE Crying	DEFIANCE Tantrums	AGGRESSION
<b><i>Sense of Time</i></b>	EXTENDED FUTURE	DAYS HOURS	HOURS MINUTES	MINUTES SECONDS	NO SENSE OF TIME

# Survival Mode Response



=

Inability to

- Respond
- Learn
- Process





# Impact the Lower Brain

**Rhythmic**

**Respectful**

**Rewarding**



**Repetitive**

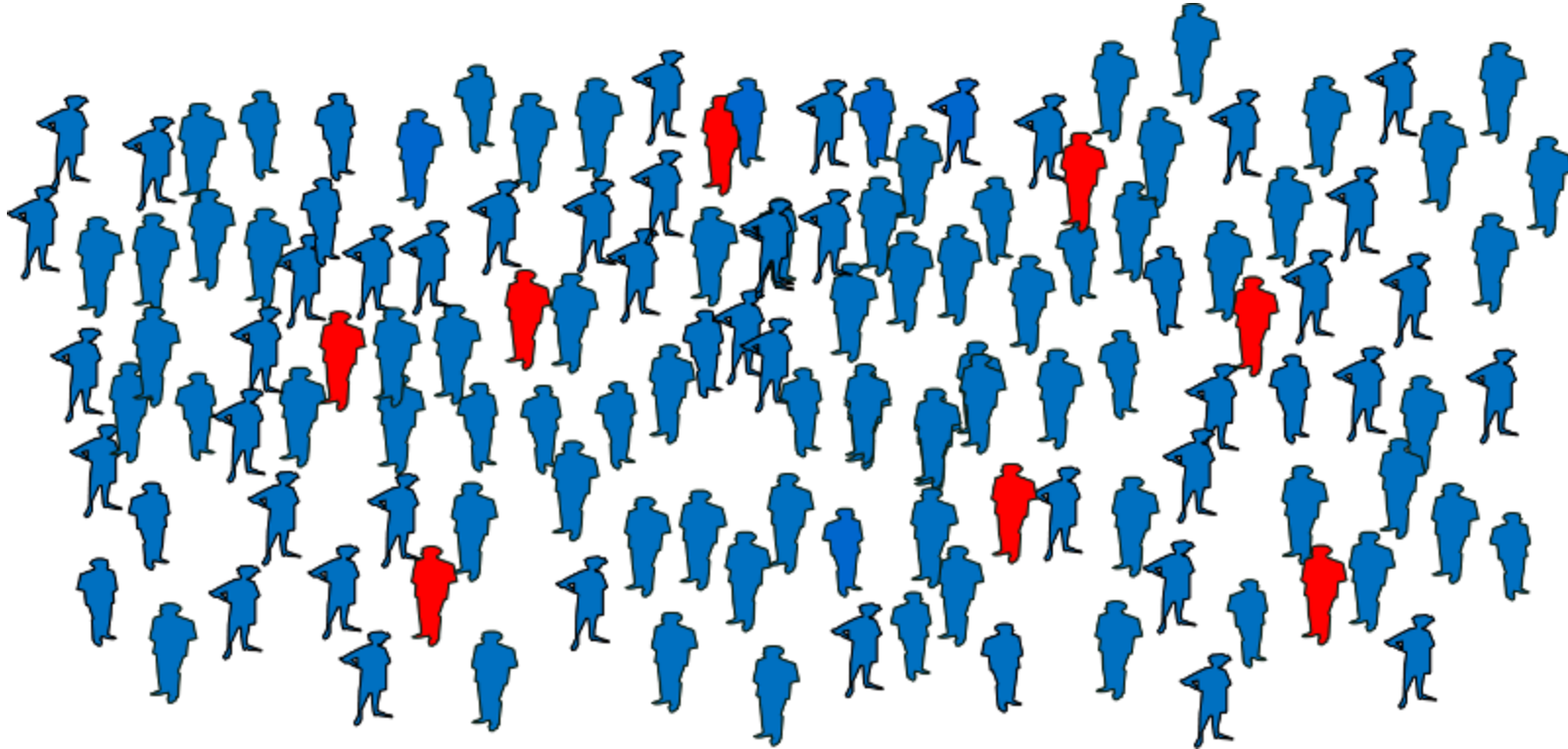
**Relational**

**Relevant**

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# Trauma Prevalence and Research

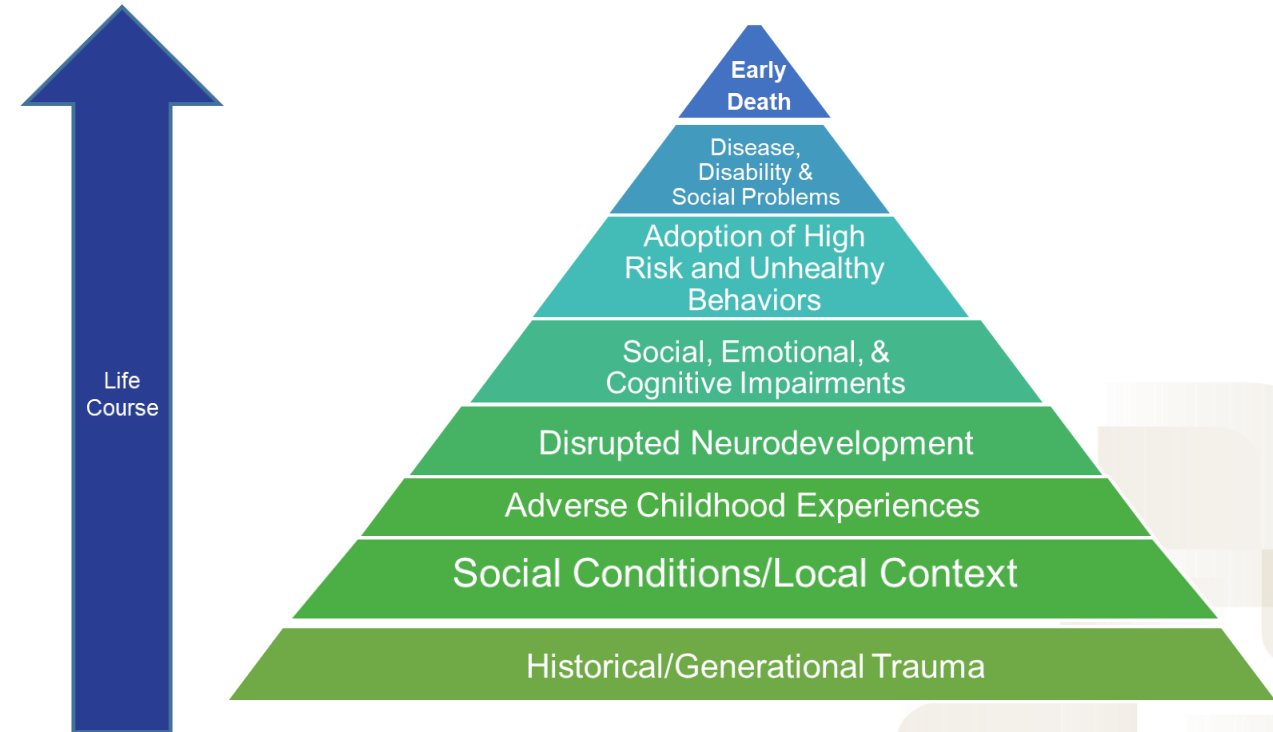


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# The Adverse Childhood Experience Study: Behavioral Health at the Foundation of all Health

- 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](#)

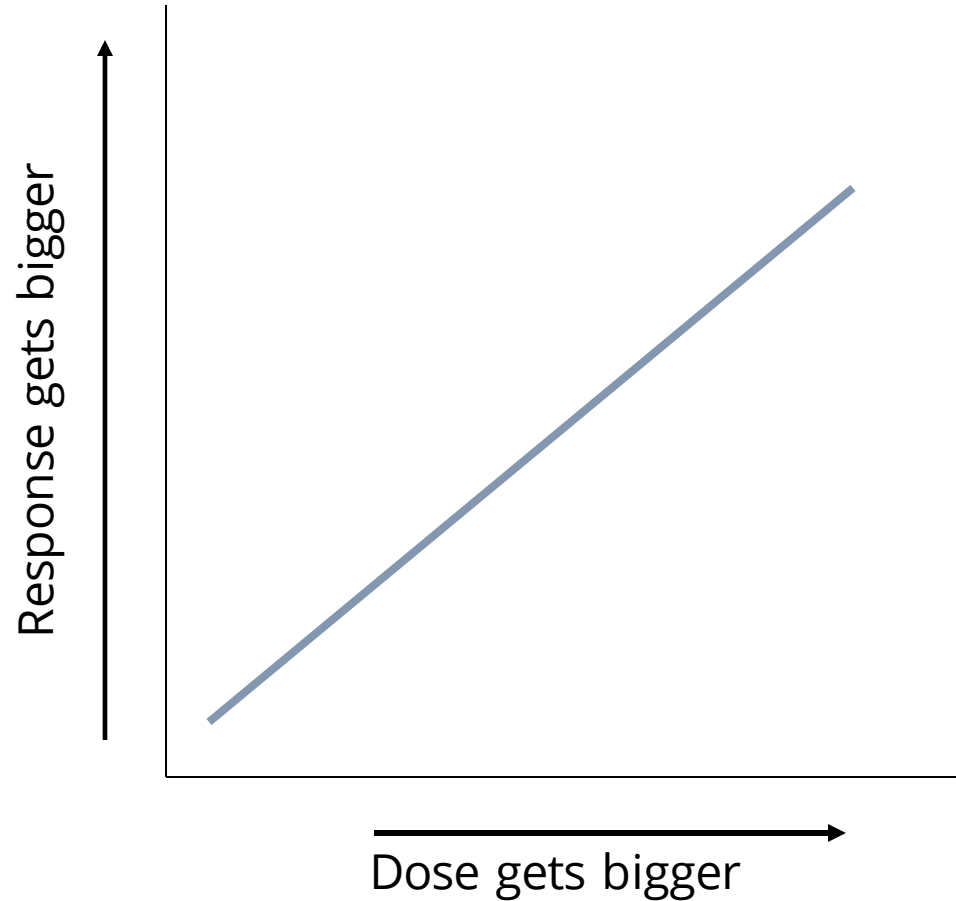


Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/>

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# 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
<b>COPD</b>	<b>3.9 x</b>
<b>Depressed 2 weeks</b>	<b>4.6 x</b>
<b>Illegal drug use</b>	<b>4.7 x</b>
<b>Alcoholic</b>	<b>7.4 x</b>
<b>Injected drugs</b>	<b>10.3 x</b>
<b>Suicide attempt</b>	<b>12.2 x</b>



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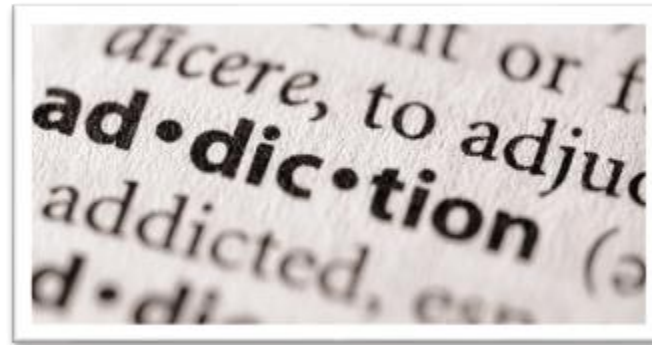


# Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- 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

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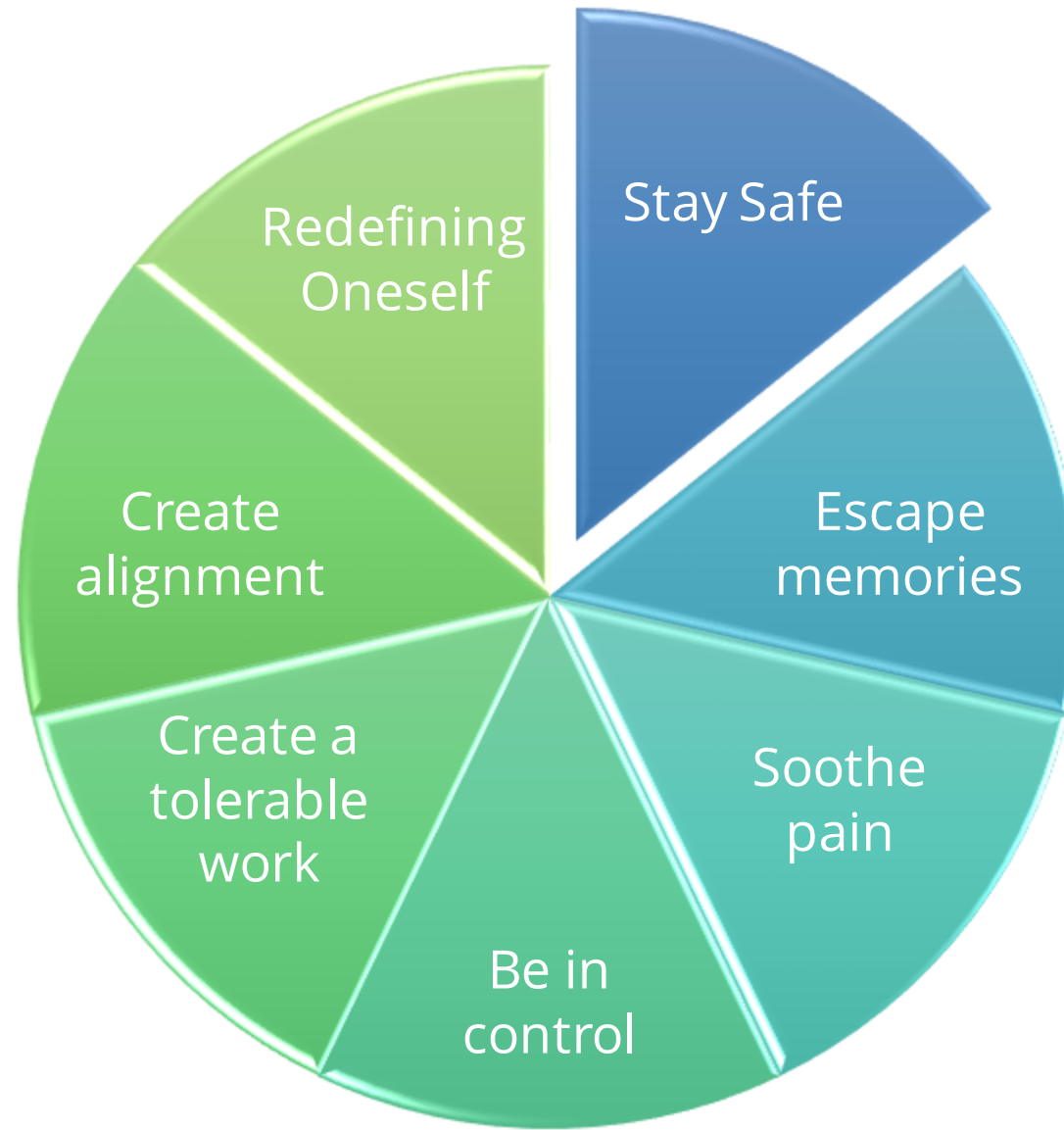
# Trauma is a risk factor for Substance Abuse



Substance Abuse is a risk factor for Trauma

**“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.



## Potential Reasons for Addictions

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# 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*

**“An addict needs shame like a man dying of thirst needs salt water.” --- -Terrence Real**

[illegible]

# Assumptions of the Equity Lens

Oppression and injustice are human creations and phenomena, built into our current economic system, and therefore can be undone.



Oppression (e.g. racism, colonialism, class oppression, patriarchy, and homophobia) is more than just the sum of individual prejudices. Its patterns are systemic and therefore self-sustaining without dramatic interruption.



Systemic oppression exists at the level of institutions (harmful policies and practices) and across structures (education, health, transportation, economy, etc) that are interconnected and reinforcing over time.



Systemic oppression has historical antecedents. We must face our national legacy and current manifestations of racism and economic inequality in order to transform them.



Without rigorous examination, behavior is reproductive. By default, current practices, cultural norms and institutional arrangements foster and maintain inequitable outcomes.



To undo systemic oppression, we must forge multi-ethnic, multi-cultural, multi-lingual alliances and create democratic processes that give voice to new organizing systems for humanity.



Addressing oppression and bias (conscious and unconscious) inevitably raises strong emotions in clients and staff, and we must be prepared and trained to address these feelings.



# Achieving Excellence and Resilience through Equity, Diversity and Engaging Inclusion

*“Diversity and Inclusion Excellence are means to emerge as an Equity-Minded AHC...once an AHC has achieved the 3<sup>rd</sup> dimension, they will have achieved Excellence.”*



<https://www.aamc.org/news-insights/achieving-excellence-through-equity-diversity-and-inclusion>







**Culture is...**the shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any *other cohesive group variable*. *Singh, 1998*

**Culture is...**the *communication and interaction guide* of any cohesive group of people *Sockalingam, 2019*

### *Practicing Cultural Humility*

- A*sk questions in a humble, safe manner
- S*eek Self-Awareness
- S*uspend Judgment
- E*xpress kindness and compassion
- S*upport a safe and welcoming environment
- S*tart where the patient is at

- Lisa Boesen



# Be Attentive to All Language



“Non-compliant”

“Manipulative”

*“Naughty”*

“Lazy”

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**Jargon**

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# How to Assess: Culturally Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

## LISTEN

...for variations in understanding. Ask:

- What is your understanding of what's happened?
- What is worrying you the most?
- What does your family think about it?

## BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

## RESPECT

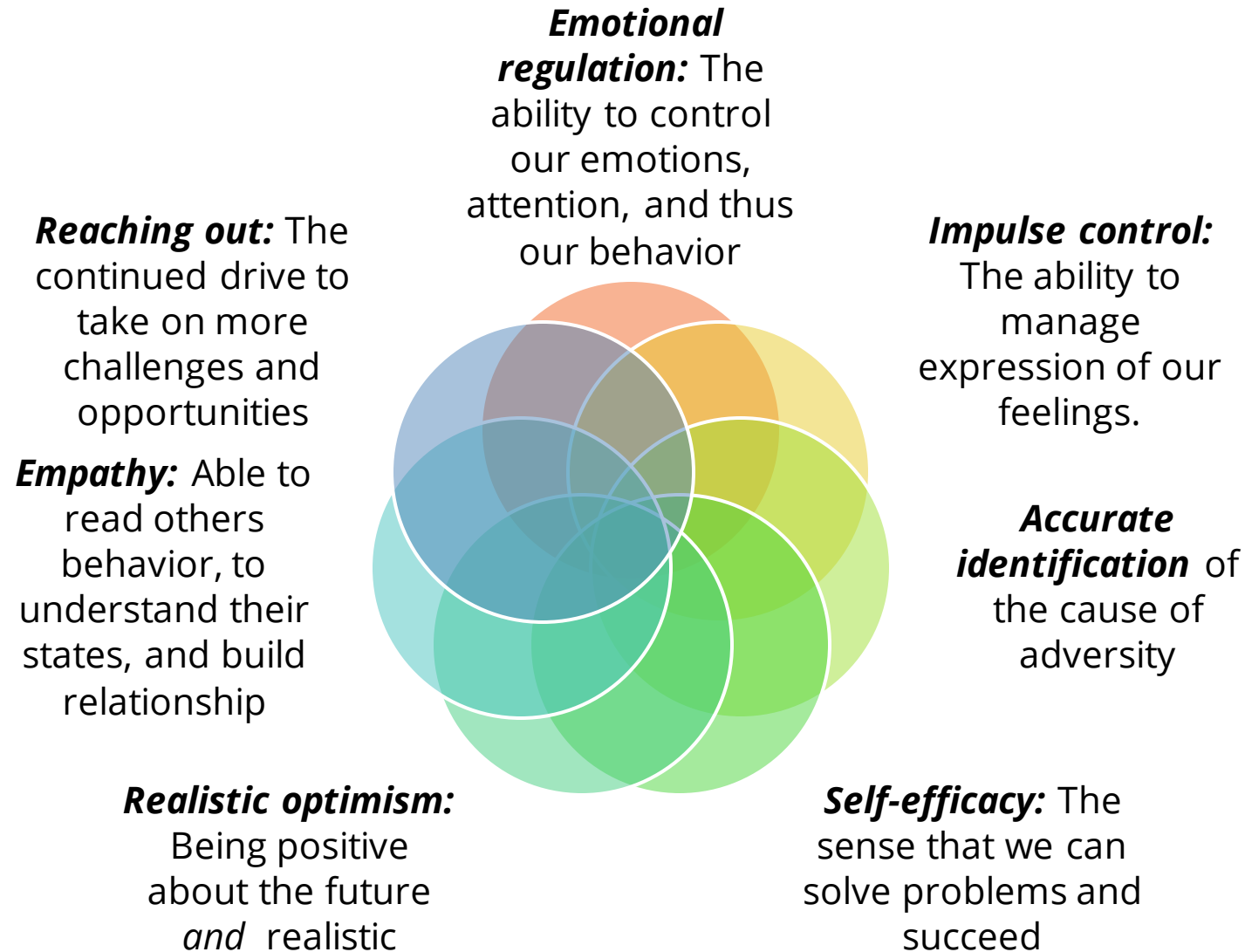
...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

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# Resilience: *Ability to adapt well to stress, adversity, trauma or tragedy*





# Build Protective Factors

- Behaviors, characteristics and qualities inherent in some personalities that will assist in recovery after exposure to a traumatic event
  - Environment
  - A reliable support system (friends, family)
  - Access to safe and stable housing
  - Timely and appropriate care from first responders
  - Behaviors
  - Good self-care, such as sleeping at least 8 hours a night
  - Eating nutritious foods
  - Exercise
  - Practicing good boundaries
  - Using positive coping mechanisms vs. negative coping mechanisms



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# Recognize our Humanity



We're all just trying to survive

We frequently observe misplaced Coping Strategies

We are all part of the problem therefore we can all be part of the Solution

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*Questions*

# SAMHSA TIC TIP



## TIP 57: Trauma-Informed Care in Behavioral Health Services

Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce. Inventory#: SMA14-4816

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### [View Tools and Widgets](#)

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# Resources

- Robert Wood Johnson Foundation (2013) *Health Policy Brief: Patient Engagement. People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs.* [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2013/rwjf404446](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404446)
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine*, 40(2), 10.1007/s12160-010-9210-8. <http://doi.org/10.1007/s12160-010-9210-8>
- Trauma 101- <https://youtu.be/1pNwHMjPrxY>
- Trauma-informed Care Guiding Principles - [https://www.samhsa.gov/samhsaNewsLetter/Volume\\_22\\_Number\\_2/trauma\\_tip/guiding\\_principles.html](https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html)
- Trauma-informed Care in BH Services - <https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

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The image features a central rectangular area with a soft, out-of-focus bokeh background in shades of light blue, yellow, and white. Overlaid on this background is the text "thank you" in a black, elegant cursive script. The word "thank" is on the top line, and "you" is on the bottom line. The letters have a subtle gradient, transitioning from dark black to a warm yellow-orange. The text is framed by decorative black flourishes: a long horizontal line with a loop on the left side of "thank", and a long horizontal line with a loop on the right side of "you".

thank  
you