Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

OPIOID EDUCATION FOUNDATION OF AMERICA

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

Trauma & Opioid Use Disorder

April 25, 2024

Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Partnership for a Drug-Free New Jersey. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

American Academy of CME, Inc., designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse Practitioners and Nurses

American Academy of CME, Inc., designates this educational activity for 1.0 ANCC contact hours.

Pharmacists

This activity provides 1.0 ACPE contact hours (0.1 CEUs) of continuing education credit. Universal Activity Number: UAN JA4008191-9999-24-009-L01-P

Physician Assistants

American Academy of CME, Inc. has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1.0 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Dentists

American Academy of CME, Inc. is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

Other HCPs

Other members of the care team will receive a certificate of participation.

Additional Information About Continuing Education

- This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.
- Attendees seeking 1 EMT Elective CEU will be provided a link specific to EMTs to apply for credit at the end of the webinar and in the follow-up email tomorrow.
- Attendees seeking EMT credit must apply for credit within 30 days of today's webinar.

PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson.

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.

- WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?
  - The last slide of this webinar
  - The chat at the end of the program
  - The follow-up email you will receive tomorrow

- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be at the link mentioned above.

- The link will be active for 30 days after today's event.

Featured Presenters

Cathy Choy, MSW, LCSW
Program Coordinator, Trauma Recovery Center, University Hospital

Cathy Choy is the program coordinator of the Trauma Recovery Center at University Hospital in Newark, N.J. She holds the distinction of being the first LCSW for the Hospital-based Violence Intervention Program (HVIP), Trauma Survivorship Clinic (TSC) and the Trauma Recovery Center at the hospital, and she was instrumental in establishing these programs in 2019. The Trauma Recovery Center has been recognized for its exceptional care and services to victims of interpersonal and community violence, playing a pivotal role in promoting recovery from the profound impacts of trauma. Before her appointment at University Hospital, Cathy served as a psychotherapist at a community-based mental health clinic, where her practice encompassed the treatment of both children and families.

Hellen Da Silva, LPC, LCADC
Trauma Recovery Center, University Hospital

Hellen Da Silva is a highly experienced and dedicated professional in the field of mental health counseling, with a strong foundation in trauma recovery and addiction recovery. Hellen's experience spans significant roles, including her current position at University Hospital's Trauma Recovery Center in Newark, N.J., where she provides individual and group psychotherapy to victims of violence. Her role also encompasses providing trauma-informed community trainings and a host of other clinical services. Prior to joining the team at the Trauma Recovery Center, Hellen served as clinical director/supervisor for Bergen County's Addiction Recovery Program. Earlier in her career, Hellen contributed as a co-occurring and mental health counselor, demonstrating her versatility in providing therapy to individuals with a wide range of mental health conditions including addiction, trauma and co-occurring disorders.

Rebecca Bryan, DNP, AGPCNP, APN
Executive Director, New Jersey Department of Children and Families Office of Resilience

Dr. Rebecca Bryan is the executive director of the New Jersey Department of Children and Families Office of Resilience. Formerly a primary care nurse practitioner, Rebecca saw firsthand the intersection of adversity and complex medical histories in patients, causing her to focus her doctoral project on "Getting to the Root of Why". Additionally, she founded and directed the UrbanPromise Ministries Wellness Center in Camden, during which time she was first introduced to the science generated by adverse childhood experiences (ACEs) research. She has decades of experience as a nurse, primary care nurse practitioner, social justice advocate, clinical instructor and wellness lecturer and presenter. Rebecca is well-published in healthcare journals and participated as a member of the New Jersey and Philadelphia ACEs task forces.

Cathy Choy, MSW, LCSW
Program Coordinator, Trauma Recovery Center,
University Hospital

Hellen Da Silva, LPC, LCADC
Trauma Recovery Center,
University Hospital

Trauma Informed Care and Opioid Use Disorder

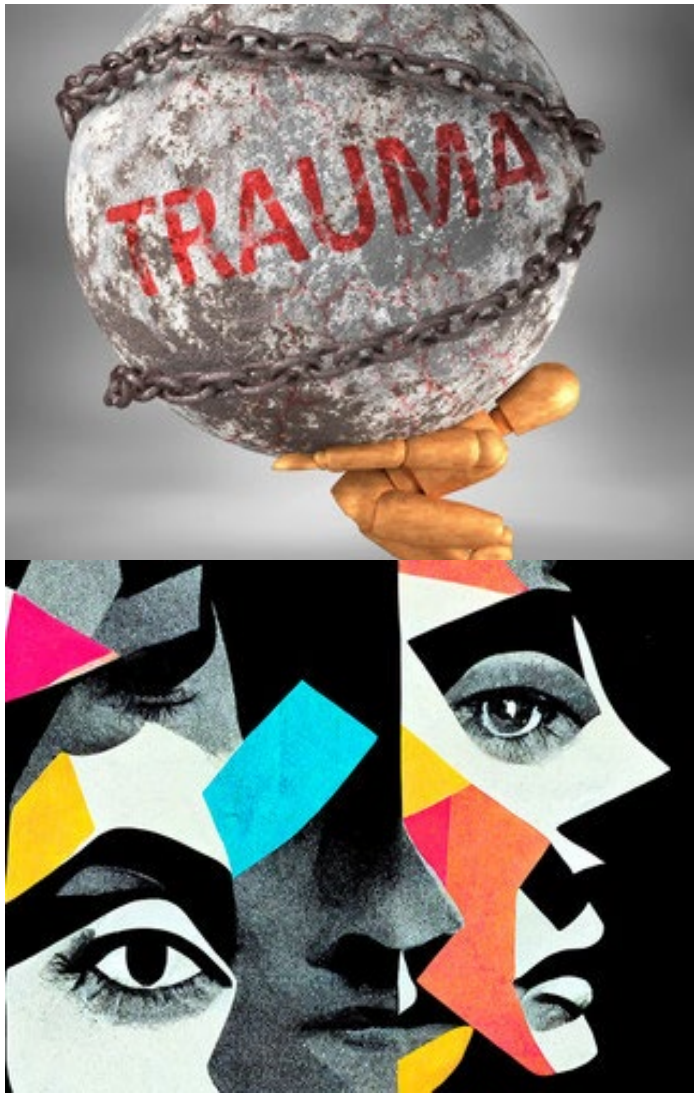
Presented by: Cathy Choy, MSW, LCSW
Hellen Da Silva, LPC, LCADC

University HOSPITAL
Newark, NJ

What does trauma mean for you?

What is trauma?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines **trauma** as the result of "**an event, series of events, or set of circumstances** that is experienced by an individual as **physically or emotionally harmful or life threatening** and that has **lasting adverse effects** on the **individual's functioning and mental, physical, social, emotional, or spiritual well-being.**"

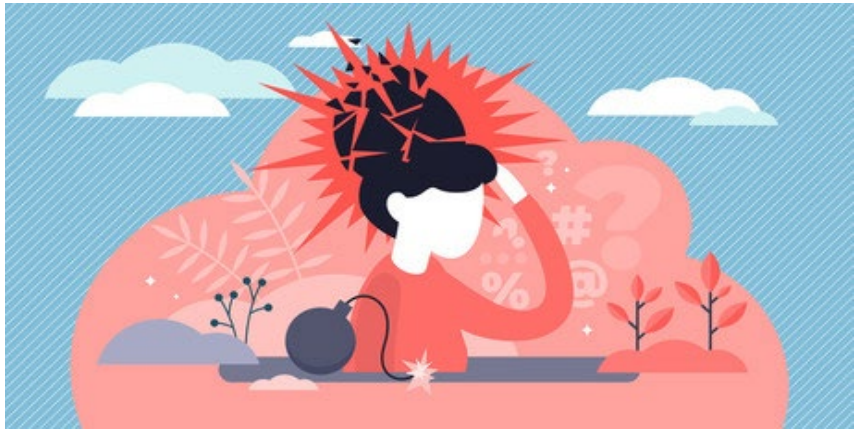


The National Council on Behavioral Health (NCBH) indicates that **70 percent of adults in the U.S. have experienced at least one type of traumatic event in their lives:** nearly 225 million people. More than 90 percent of clients in public behavioral health care have experienced trauma.

https://store.samhsa.gov/sites/default/files/sma15-4420.pdf

Understanding Trauma

- Many people experience trauma, but don't call it trauma
- **Trauma can come from many places or experiences. It can happen to anyone at any time and has lasting effects.**
- Trauma can be confusing, stressful, and often minimized.
- Often trauma is brushed off as…
  - …that's how things are
  - …this is normal for my family
  - …it's my fault, I should have known better
  - …bad things happen to everyone



The Three E's of Trauma

Event

Events/circumstances cause trauma.

Experience

An individual's experience of the event determines whether it is traumatic.

Effect

Effects of trauma include adverse physical, social, emotional, or spiritual consequences.

https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

The first ‘E’ (Event) -Types of Trauma

- **Acute trauma: This results from a single stressful or dangerous event. Common examples include:** Car Accidents, natural disasters, physical assault, violent crimes.
- **Chronic trauma: This results from repeated and prolonged exposure to highly stressful events.** Common examples include: Bullying, domestic violence, Chronic illness, neglect, homelessness, violence, war, sexual violence, emotional abuse etc.
- **Complex trauma: This results from exposure to multiple traumatic events experienced over a long period, like months or even years.** Complex trauma is a type of stress similar to generational trauma that can occur when someone experiences multiple, chronic, or prolonged exposure to traumatizing events. Common examples include: Childhood abuse or neglect, Prolonged exposure to Domestic violence, medical abuse, being held captive, living in a war zone.

https://store.samhsa.gov/sites/default/files/sma15-4420.pdf

The second ‘E’ (Experience)

- The second ‘e’ refers to the individual’s subjective **experience** of the traumatic event.
- The individual’s **experience of these events or circumstances,** such as **the internal, emotional, and cognitive responses that occur during and after the trauma**, helps to determine whether it is a traumatic event.
- A p**articular event may be experienced as traumatic for one individual and not for another** (eg a child removed from an abusive home may experience this differently than their sibling).
- **Previous life experiences, social supports, personal coping skills, early relational health, and community reactions can influence how an individual responds to a potentially traumatic event.**

https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

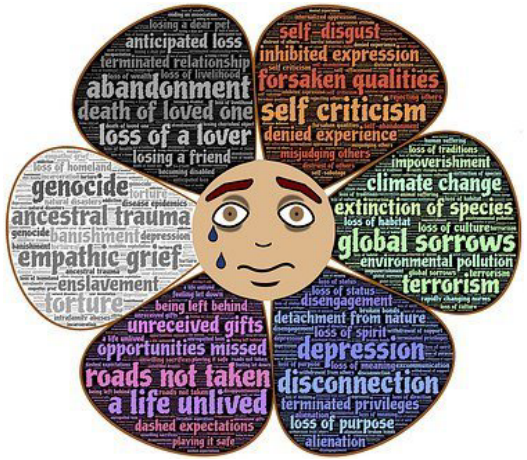
The third ‘E’ (Effect)

- The third ‘e’ denotes the **effects** of trauma on an individual’s functioning and well-being.

- Advances in neuroscience and an increased understanding of the interaction of neurobiological and environmental factors have documented the effects of such threatening events.

- The long-lasting adverse effects of the event are a critical component of trauma. **These adverse effects may occur immediately or may have a delayed onset.**

- The **duration of the effects can be short to long-term.** In some situations, the individual may not recognize the connection between the traumatic events and the effects, and the effects can present differently depending on the person.



https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Effects Of Trauma

Impact of Trauma on Individuals

Emotional	Behavioral	Physical	Developmental	Cognitive	Interpersonal	Spiritual
• Difficulty regulating emotions • Emotional numbness • Depression and anxiety • Post traumatic stress disorder	• Substance use • Self-destructive behaviors • Avoidance of situations, people, and places	• Physical symptoms resulting from emotional distress, including headaches, high blood presssure, and fatigue • Hyperarousal resulting in muscle tension and insomnia	• Impact varies by age group • Children and elderly at greatest risk • Changes occur in brain development	• Impaired short-term memory • Decreased focus or concentration • Feeling alienated or ashamed • Dissociation, depersonalization, and derealization • Flashbacks or re-experiences of the event	• Withdrawal from family, friends, community • Difficulty trusting others	• Depression and loneliness can lead to feelings of abandonment and loss of faith • Over time can experience increased appreciation of life or enhanced spiritual well-being

Adapted from:

1. Weisner, L. (2020). *Individual and community trauma: Individual experiences in collective environments.* https://icjia.illinois.gov/researchhub/articles/individual-and-community-trauma-individual-experiences-in-collective-environments

https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Effects Of Trauma

- **Most responses are normal in that they affect most survivors and are socially acceptable, psychologically effective, and self-limited.**
- Initial reactions to trauma can **include sleep problems, exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal, and blunted affect.**
- Delayed responses to trauma can include **persistent fatigue, sleep disorders, nightmares, fear of recurrence, anxiety focused on flashbacks, depression, and avoidance of emotions, sensations, or activities that are associated with the trauma, even remotely**.
- And in most severe cases, some individuals will go on to develop a diagnosis of PTSD.

https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Post-Traumatic Stress Disorder

The DSM-5 has 4 clusters which characterize PTSD:

Re-experiencing: Spontaneous and intrusive memories of the event, flashbacks or intense psychological distress, dissociative episodes

Avoidance: Distressing memories, thoughts, feelings, or external environments that could trigger reminders of the event

Negative cognitions and mood: Social isolation, distorted sense of self and persistent negative beliefs about the world, poor memory recall, consistent negative emotional state

Arousal: Aggressive or self-destructive behavior, sleep disturbances, irritability/mood swings, hypervigilance

It's important to note that not everyone who experiences Trauma will develop PTSD.

Effects Of Trauma on Children

- When children have a traumatic experience, they react in both **physiological and psychological ways. T**heir heart rate may increase, and they may begin to sweat, to feel agitated and hyperalert, to feel “butterflies” in their stomach, and to become emotionally upset.

- **Children who suffer from child traumatic stress are those children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended.**

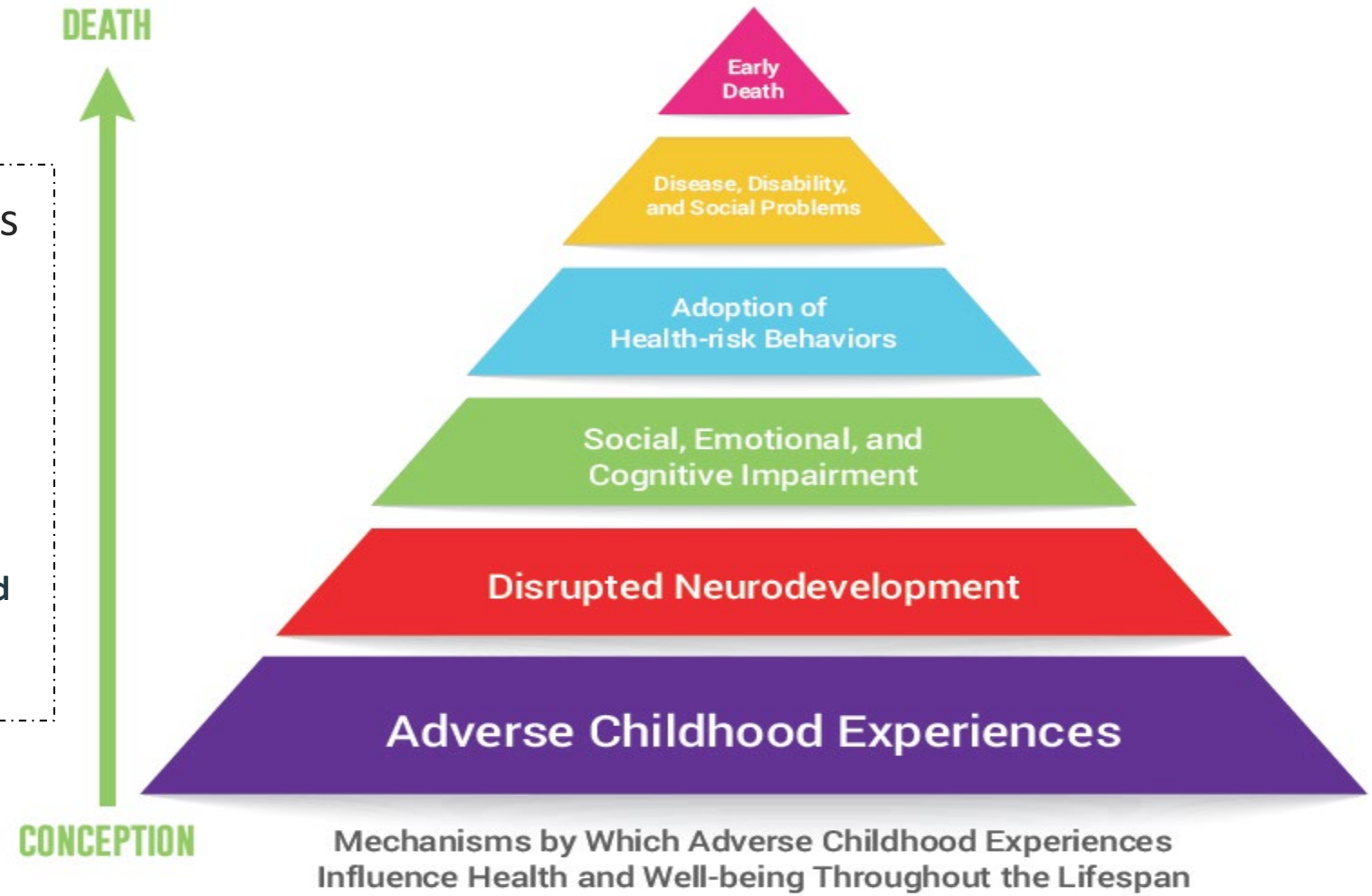
- Traumatic reactions can include a variety of responses, including intense and ongoing emotional upset, depressive symptoms, anxiety, behavioral changes, difficulties with attention, academic difficulties, nightmares, physical symptoms such as difficulty sleeping and eating, and aches and pains, among others. Children who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event.

https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Trauma's Impact on the Lifespan

Adverse childhood experiences (ACEs) refer to specific kinds of trauma experienced in childhood:

"Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0.

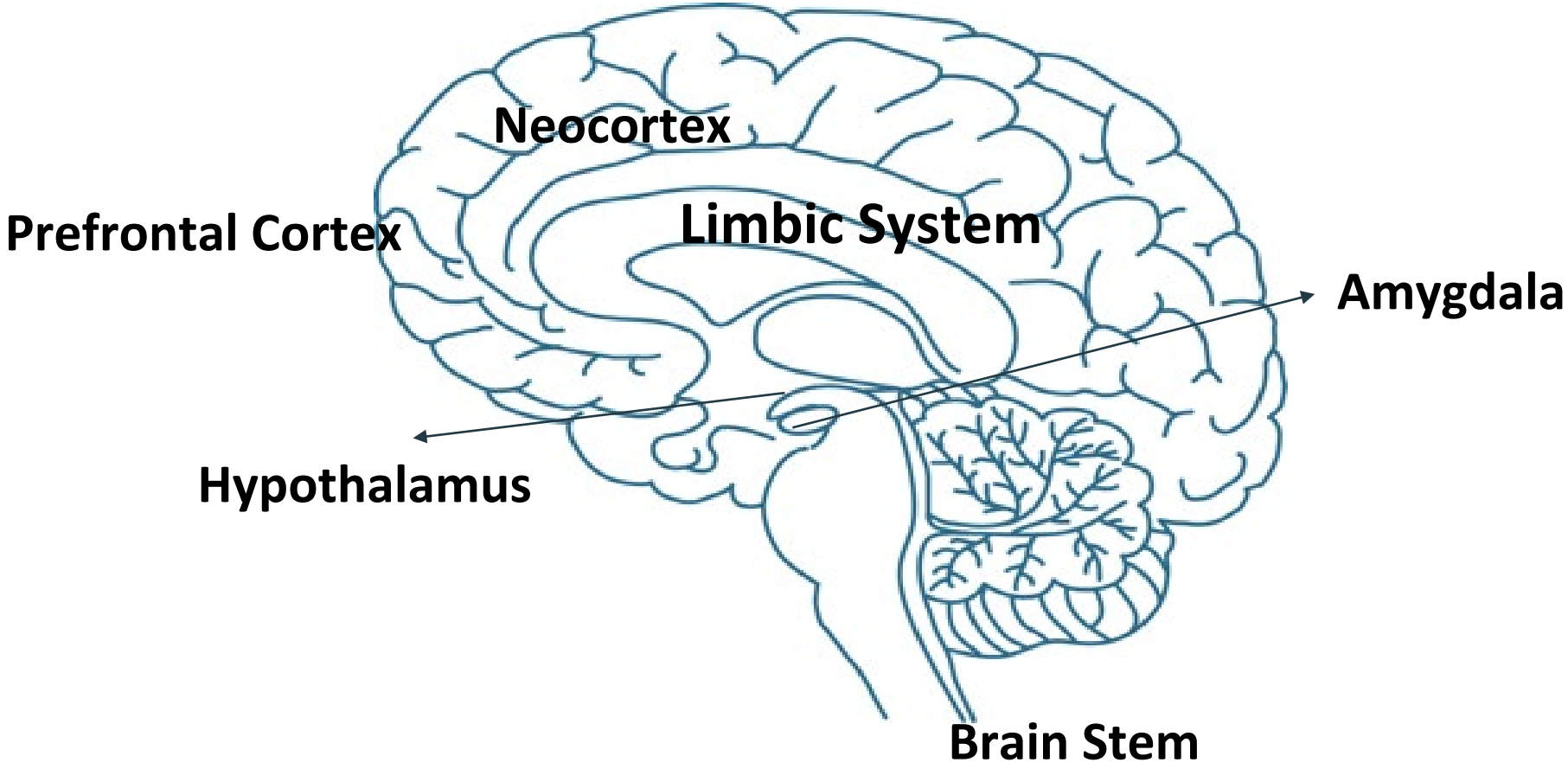


Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

https://psycnet.apa.org/record/1998-04002-001

How Trauma Affects The Brain

Trauma can have significant effects on the brain, impacting its structure and function. When a person experiences trauma, it can trigger the brain's stress response systems, leading to heightened activity in areas such as the amygdala (which processes emotions like fear) and reduced activity in the prefrontal cortex (which is responsible for reasoning and decision-making).



Factors Which Influence Trauma Response

Protective Factors

Protective factors are aspects of a person's life which promote resiliency. These include:

- Supportive and stable family
- Adequate housing
- Access to health care and social services
- Connection to communities
- Positive meaning-making from trauma

Risk Factors

Are a combination of individual, community, and societal factors which contribute to trauma effects. These include:

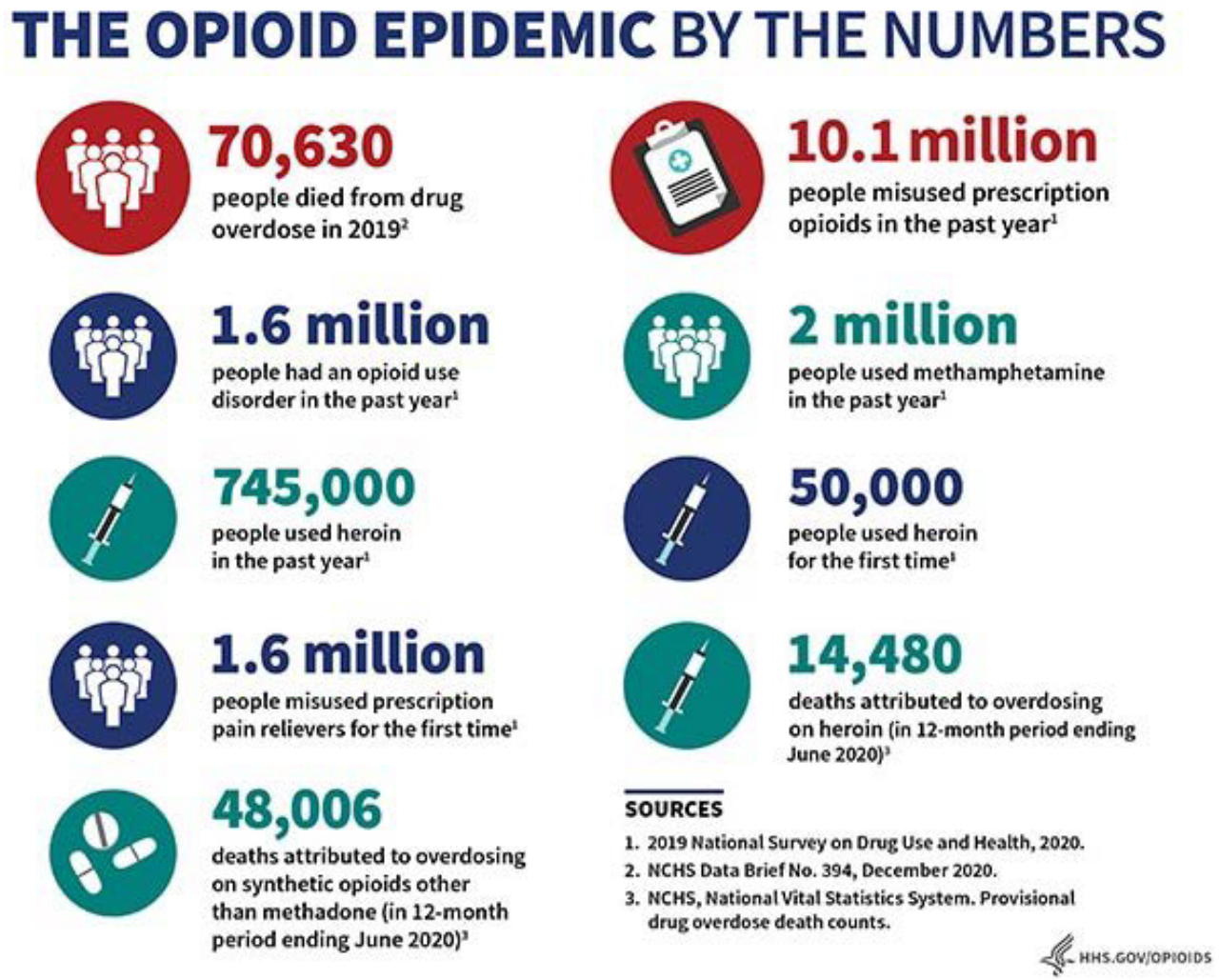
- Prior trauma exposure
- History of mental illness/substance use
- Social isolation
- Family disorganization and instability
- Low socioeconomic status
- Low education level
- Blaming or Shaming/Being Silenced or not believed

Opioid Facts and Statistics

- Opioids are substances that work in the nervous system of the body or in specific receptors in the brain to reduce the intensity of pain.
- **Opioid use disorder (OUD) is a public health crisis in the United States.**
- In 2017 HHS declared the opioid crisis a public health emergency.
- More than 1 million people have died since 1999 from a drug overdose.1 More than 75% of drug overdose deaths in 2021 involved an opioid.
- The number of overdose deaths involving opioids, including prescription opioids, heroin, and synthetic opioids (like fentanyl), in 2021 was 10 times the number in 1999.1 Overdoses involving opioids killed more than 80,000 people in 2021, and nearly 88% of those deaths involved synthetic opioids.

Opioid Facts and Statistics | HHS.gov

Opioid Facts and Statistics



Trauma & Substance Abuse

- Substance use interferes with decision-making abilities and increase risk-taking behaviors
  - Can be used for self-medication and as a coping mechanism
- Substance use appears as a coping skill for trauma symptoms… however, trauma can also be an outcome of substance use
- Alcohol and drugs provide a temporary escape from trauma symptoms, like painful memories and depression

Comorbid Post-Traumatic Stress Disorder and Opioid Dependence - PMC (nih.gov)

Substance Use Disorder and Trauma

- **Although experiencing trauma doesn't mean a person will develop an addiction, research suggests there's a significant, undeniable link between trauma and substance abuse.**
- Studies have found that 64% of people with a substance use disorder have suffered at least one ACE.
- A report issued by the National Center for Post-Traumatic Stress Disorder and The Department of Veteran Affairs showed a strong correlation between trauma and addiction in adults as well. Some of the significant findings of the report include: That between 25 to 75% of people who survive abuse and/or a violent trauma develop issues related to substance abuse. 10 to 33% of survivors of accidents, illnesses or natural disasters report having a substance use disorder.

Fast Facts: Preventing Adverse Childhood Experiences |Violence Prevention|Injury Center|CDC
Resources U.S. Department of Veterans Affairs, & U.S. Department of Defense.(2017). VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress 1 8 disorder

Opioid Use and Trauma

- A diagnosis of post-traumatic stress disorder (PTSD) increases the risk of developing a substance use disorder. PTSD is one of the most common co-occurring mental disorders found in clients in substance abuse treatment.
- Studies have shown that more than 80% of people with an OUD have a history of trauma. **Those who use opioids have triple the rate of also having PTSD** (post-traumatic stress disorder) **compared to the general population.**
- People in treatment for PTSD and substance abuse have more severe clinical profile than those with just one of these disorders.
- Those who have a history of trauma also have more difficulty discontinuing opioid use and poorer physical health than those with no reported trauma.

A Comparison of Trauma Profiles among Individuals with Prescription Opioid, Nicotine or Cocaine Dependence - PMC (nih.gov)
PTSD and opioid use: implications for intervention and policy | Substance Abuse Treatment, Prevention, and Policy | Full Text (biomedcentral.com)

Opioid Use and Trauma

- The chances of having severe post-traumatic stress disorder (PTSD) symptoms were almost four times higher for persons with prescription opioid and sedative-use problems, followed by prescription opioid and cocaine use-related problems. Also, while examining the co-occurrence of prescription opioid use problems and PTSD, females also had higher prevalence rates than males.
- **Post-traumatic stress disorder (PTSD) is predominant amongst individuals addicted to opioids and obscures the course of illness and the treatment outcome.**
- The most common reported drugs in case of the nonmedical use category of ED visits were opiate/opioid analgesics, which was present in 50% of nonmedical-use ED visits.
- The similarity of symptoms between post-traumatic stress disorder and opioid dependence is so high that, sometimes, it is a challenge to differentiate between these conditions. Since opioid withdrawal symptoms mimic hyper vigilance, this results in an exaggeration of the response of patients with post-traumatic stress disorder. This comorbidity is associated with worse health outcomes, as its pathophysiology involves a common neurobiological circuit.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5669522/

Opioid Use and Trauma

- Some of the most problematic substances of abuse in PTSD are opioids. For example, for returning veterans from Iraq and Afghanistan, both the widespread availability of opioids and their use in managing the pain of injured soldiers will likely increase the prevalence of this co-occurring condition in clinical settings in this country.
- Untreated PTSD in opioid dependent individuals receiving opioid dependence therapies (methadone or buprenorphine maintenance, detoxification treatment, and drug-free residential treatment) has been associated with ongoing mental, physical, and occupational disability, despite improvements in substance abuse (Mills et al., 2007). Symptoms of PTSD do not improve with opioid therapy in those with co-occurring PTSD and opioid dependence (Trafton et al., 2006).

Therefore, it is important to screen those presenting for treatment with opioid dependence for co-occurring PTSD. Likewise, it is important to screen those with trauma symptoms for concurrent opioid abuse. It is essential to develop a treatment plan that will appropriately address both disorders.

Why is trauma-informed care important?

What is Trauma-Informed Care?

- Viewing opioid use disorder (OUD) through a trauma-informed lens involves recognizing the substantial overlap between experiences of trauma and the development of substance use disorders.

- Trauma-informed care (TIC) for opioid use disorder emphasizes understanding and treating the underlying trauma that often accompanies addiction. The approach is rooted in recognizing the prevalence of trauma and its significant impact on addiction and recovery.

- This is a practice to optimally support survivors' of trauma to assure that every interaction is **consistent** with their recovery.

- TIC care is not a one size fits all approach to service delivery. Its not a program. It is a set of principles and approaches that can shape the way that people interact with an organization, with clients, patients, customers, and other stakeholders, and with the environment.

https://www.flcourts.gov/content/download/537024/file/Opioid_TIP_Guide_May_2018.pdf

What is Trauma-Informed Care?

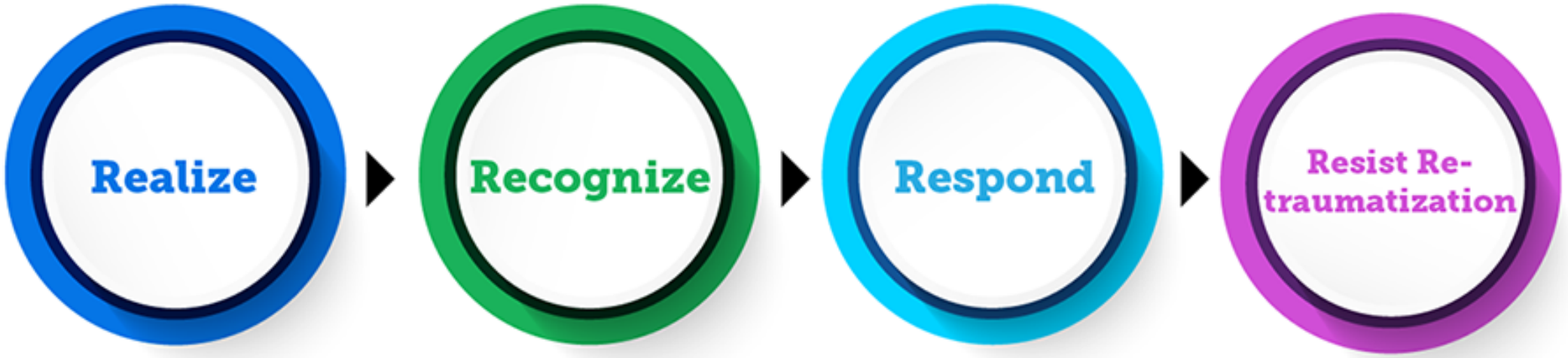
According to SAMSHA, the National Center for Trauma- Informed Care- a program, organization, or system that is trauma informed seeks to:

- **Realize**
- **Recognize**
- **Respond**
- **Resist re-traumatization**

Key principles of a Trauma Informed Care Approach:

- **Safety**
- **Trustworthiness and Transparency**
- **Peer Support**
- **Collaboration and Mutuality**
- **Empowerment, Voice, and Choice**
- **Cultural, Historical, and Gener Issues**

The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Realize

- Organizations systems and staff should have basic knowledge of trauma and how trauma can affect, individuals, families, groups, organizations, and communities.
- Trauma should be addressed in prevention, recovery, and treatment settings.
- Trauma is not limited to behavioral health settings and should be addressed in all settings.

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Recognize

- Be aware of the signs of trauma
- Training and Development
- Assessment Screenings and Tools
- Supervision
- EAP (Employee Assistance Programs)

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

View Symptoms as Adaptations

- Ask “what happened to you?” rather than “what’s wrong with you?”
- Every symptom is a means of survival for clients, rather then an aspect of their pathology
- This framework reduces shame and promotes resilience

Respond

- Applying Trauma Informed Care Principles and Policies
- Leadership Support
- Exemplifying empathy
- Language Culture
- Trained Trauma Professionals

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Resist-Retraumatization

- Trauma informed approach seeks to resist re-traumatization of clients as well as staff.

- Recognize Organizational Practices

Examples of System-Oriented Re-Traumatization :

- Failing to screen for trauma history prior to treatment planning
- Challenging or discounting reports of abuse of other traumatic events
- Endorsing a confrontational approach in counseling/medical services
- Allowing abusive behavior of one client towards another to continue without an intervention
- Labeling behaviors/feelings as pathological
- Failing to provide adequate security and safety within the program
- Limiting participation of the client in treatment decisions and planning
- Minimizing, discrediting or ignoring client responses

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

How to Manage Post-Traumatic Reactions

Triggers	Signs of Distress	Coping Skills	Staff Response
“When people blame me for something I did not do.” “Disrespect.” “When someone bullies someone else” “People touching me” “When people are loud for no reason” “Screaming” “Gang talk” Anniversaries	Making demands. Cursing, singing inappropriate songs. Making threats. Pacing. “Ball my fists”, “crack my knuckles” “I become very loud” “I get quiet” Rocking Crying Verbal aggression Physical aggression	“Walking into the bathroom and putting water on my face” “Deep breathing” “Smiling” “Remind myself of my goals” “Make jokes with staff” “Talking to staff that I feel comfortable and connected with” Separate from a triggering situation Prayer Count down from a high number	Use calm voice and non-threatening body language Do not use physical touch if that is a trigger Respect privacy – pull aside and limit “audience” Reduce stimulation (noise, people, activity) Offer safe/acceptable options Offer opportunities to use coping skills Allow opportunity to explain self prior to counseling

Core Principles of Trauma Informed Care Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific.

SAMHSA
Substance Abuse and Mental Health Services Administration

https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm

Safety

- Promoting physical and psychological safety throughout the organization for staff and patients .
- Challenging worldviews is essential for fostering inclusive safety.
- Understanding safety as defined by those served is a high priority.
- For people who use services: – “Safety” generally means maximizing control over their own lives For providers: – “Safety” generally means maximizing control over the service environment and minimizing risk

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

TIC: Importance of Environment/ Safety

What Hurts:

- Congested noisy areas
- Confusing signs
- Uncomfortable furniture
- Cold and uninviting decorations
- Improper lightings

What Helps:

- Waiting rooms that are comfortable and inviting
- No wrong door philosophy; we are all here to help
- Decorations that convey warmth and hopeful, positive messages

Trustworthiness and Transparency:

- Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
- Employees should be well-informed about policies and procedures that may impact how they are able to care for patients.
- Organizations and employees need to provide transparency when explaining the type of care they are providing to patients.

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Peer Support

- The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

- Peer support and mutual self-help are key vehicles for establishing safety, hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

TIC: Importance of Relationships

What Hurts:

- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, judgmental

What Helps:

- Interactions that express kindness, authenticity, patience, calm, and acceptance
- Frequent use of words like please and thank you
- Making sure people really understand their options
- Directly addressing limits to confidentiality

Collaboration and Mutuality

- Partnering and the leveling of power differences between staff and clients and among organizational staff

- Demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.

- The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Empowerment, Voice and Choice

- Strengths and Experiences
- Promote recovery from trauma
- Foster Empowerment
- Fosters a belief in resilience
- Person-centered care and decision making

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

TIC: Importance of Attitudes and Beliefs

What Hurts:

- Asking questions that come from a belief that something is inherently wrong with the person
- Regarding a person's difficulties *only as* symptoms of mental health, substance abuse, or medical problems

What Helps:

- Asking questions for the benefit of understanding what harmful events may contribute to the current problem
- Recognizing that mental health, substance abuse and medical problems *may be* a symptom/coping method of trauma

Cultural, Historical and Gender Issues

- Cultural Stereotypes and Biases
- Access to gender responsive services
- Cultural Connection
- Policies & Protocols

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Key Takeaways for Care Team

- Trauma-informed care is not a one-size-fits-all approach to service delivery. It's not a program. It's a set of principles and approaches that can shape the ways that people interact within an organization, with clients, patients, customers, and other stakeholders, and with the environment.
- Offer opportunities to learn wellness skills and coping skills for managing trauma responses
- Provide information about the effects of trauma and resources for learning more about trauma or how to access trauma treatment in the community
- Identify and work with people's strengths rather than focusing on deficits and "difficult behavior
- Start with strengths, create their victories and celebrate them
- Set clear, firm limits and use logical (not punitive) consequences
- Do not push conversations if client is resistant to talking
- Work to create physical, emotional, and cultural safety for everyone, including staff
- Make necessary accommodations

Rebecca Bryan, DNP, AGPCNP, APN
Executive Director, New Jersey Department of Children and Families Office of Resilience

Office of RESILIENCE

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Trauma & Opioid Use Disorder

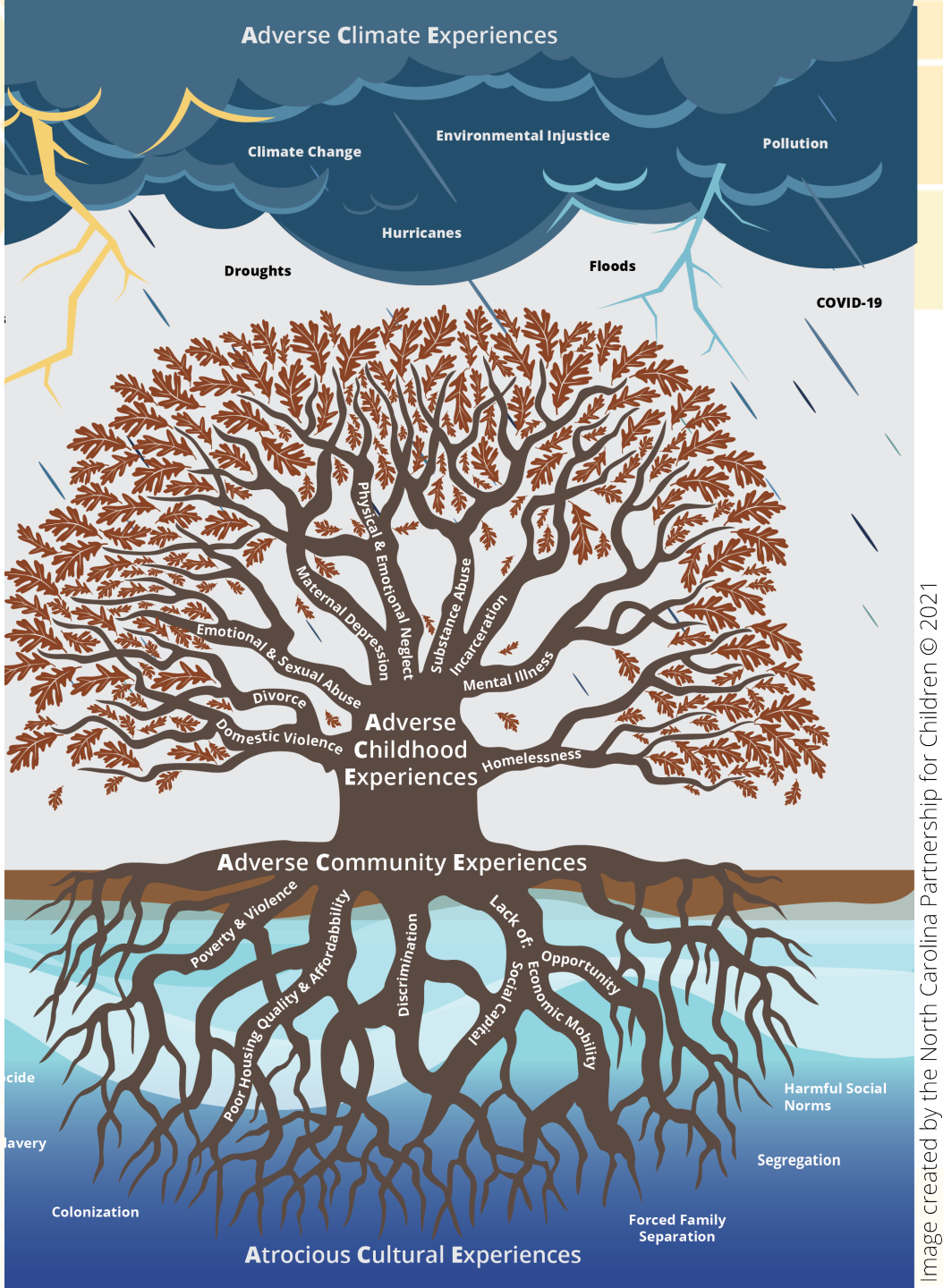
Our lived experiences, both good and bad, become our biology.

Rebecca H. Bryan, DNP, AGPCNP, APN
Rebecca.Bryan@dcf.nj.gov

Expanded Categories of ACEs

Trauma is not what happens to you, but what happens inside you as a result of what happened to you.

-- Gabor Mate

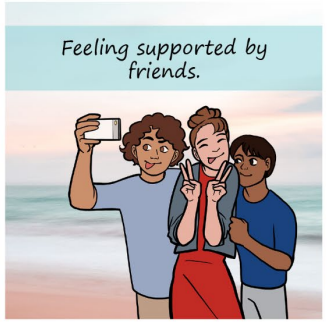


Identifying Positive Childhood Experiences

NEW JERSEY DEPARTMENT OF CHILDREN & FAMILIES
OFFICE OF RESILIENCE

Positive childhood experiences (PCEs) are protective and compensatory encounters that increase resilience and shield against risk for mental and physical illness.

Research shows that adults reporting high numbers of PCEs were 72% less likely to experience depression and/or poor mental health and were 3.5 times more likely to get the social and emotional support they needed as an adult.

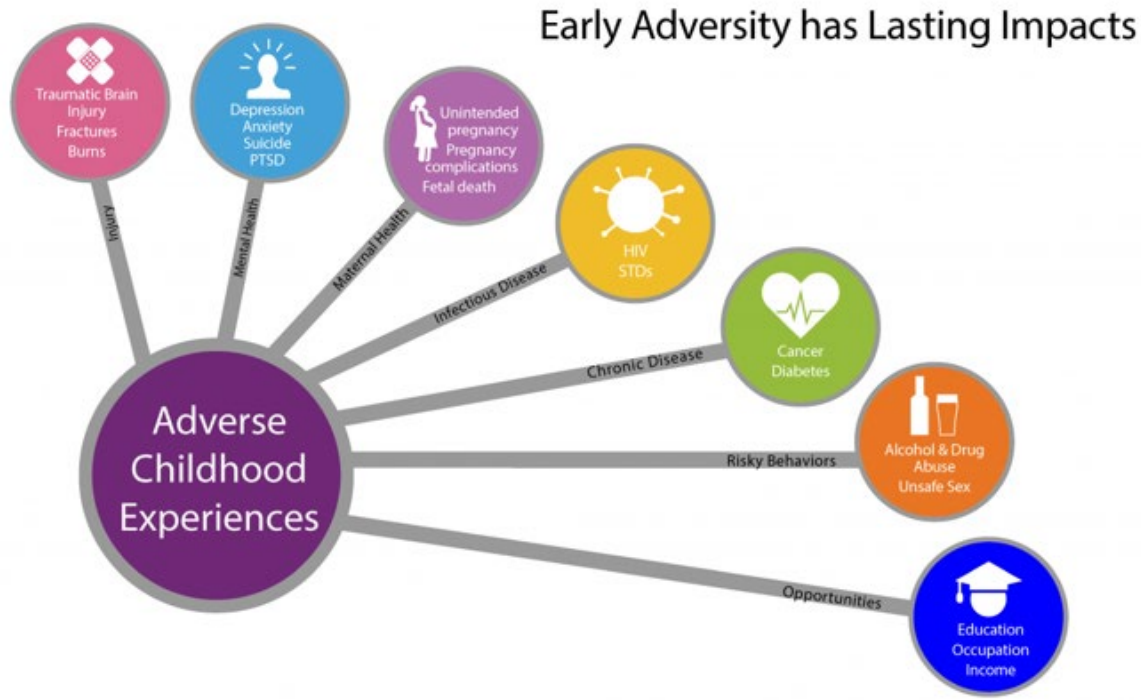


Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental health and relational health in a statewide sample. JAMA Pediatr., 173(11), e193007. https://doi.org/10.1001/jamapediatrics.2019.3007

OfficeofResilience@dcf.nj.gov

Our Lived Experiences Become our Biology

- Adverse Childhood Experience Studies
- Positive Childhood Experience Studies
- Correlation with OUD



ACEs Among People with Current OUD

- All specific types of ACEs were significantly associated with OUD
- People who experienced ACEs had greater odds of recent injection heroin use
- Adolescents with ≥5 ACEs had much higher odds of recent opioid misuse than those with 0 ACEs
- The cumulative increase in childhood adversities was associated with lifetime opioid overdose
- Greater ACE scores were significantly associated with initiation of opioid misuse at a younger age

Why Does the Association Exist between ACEs and OUD?

Stress Response – toxic stress shifts adaptive responses to maladaptive

Relief of emotional pain – using opioids for coping

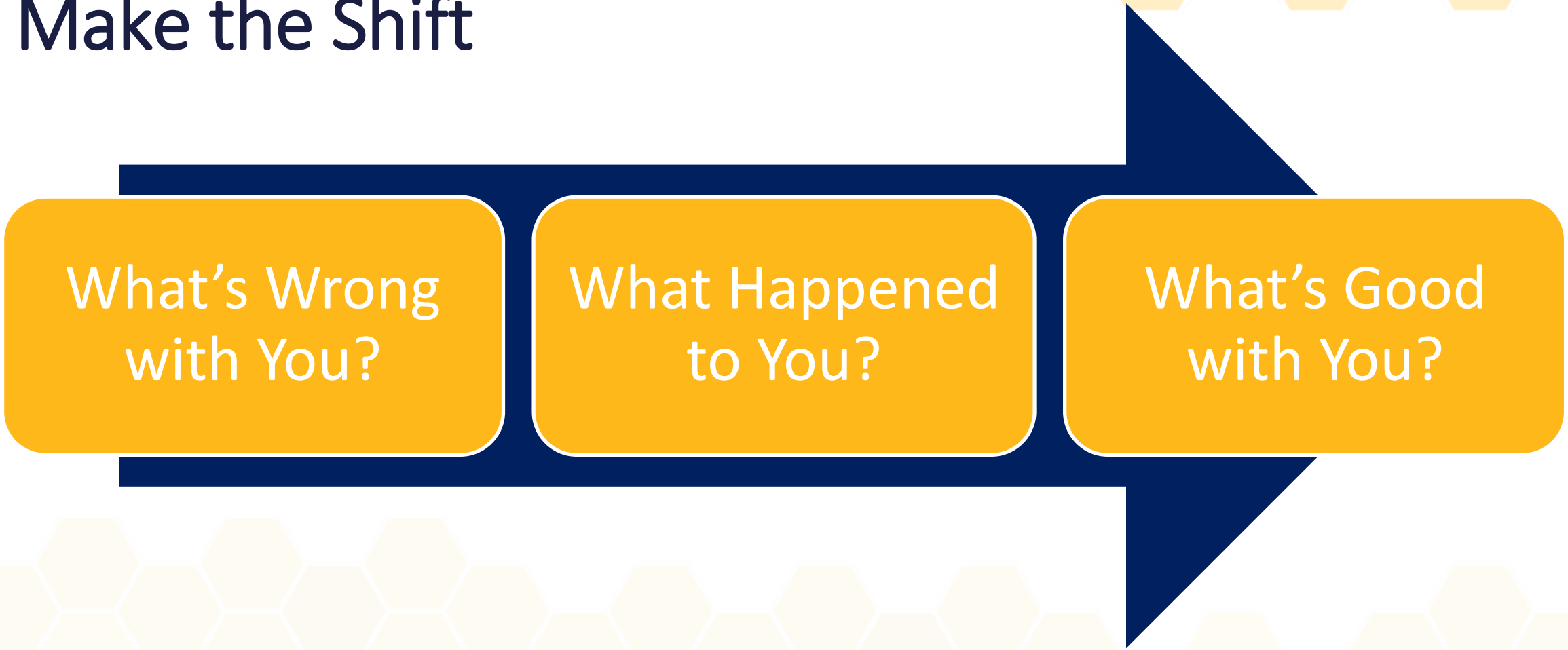
Neurobiological impact of adverse experiences: both ACEs and OUD make lasting alterations in brain structure and biochemical pathways.

Disruption of the immune system resulting in painful autoimmune conditions

HOW DO WE RESPOND?

It turns out that asking, listening, and accepting are a powerful form of doing that appears to provide great relief to patients. --Vincent Felitti

Make the Shift



Allopathic	Trauma-Informed	Healing-Centered Engagement
Etic approach – perspective of outside observer	Emic approach – from patient's perspective	People are more than their trauma
What is said	What is meant	Naming strengths first Cultural identity as source of resilience
Understood through using pre-existing theories, hypotheses and constructs. Useful for comparison	Understood from the patient's internal language and meanings of a defined culture	Patients are not treatment targets but full human beings that deserve to be flooded with opportunities to reach their full potential*
Objective criteria Evidence-Based Practice ACE score as a diagnostic tool	Understood as human experience, which is inherently subjective ACE score as surveillance tool	Understanding behavior as an indicator of stress or inequity in the community
What's wrong with you?	**What happened to you?**	**What got you through it?**

"It's not about what happened to you. It's what it left you with that matters." – Tarana Burke

Shifting Coping Skills

We developed negative coping skills because they worked to help us survive.

Healing isn't "getting rid" of the ways we cope

Healing is finding and *adding* healthier ways to cope so we rely less and less on coping in ways that aren't good for us.

Practice Implications

- Identifying a history of trauma
- Detecting opioid use triggers
- Offering trauma-informed care
- Addressing ACEs in people exposed to opioids
- Using “Seeking Safety” therapy (SAMHSA, 2023)
- Prioritize strengthening resilience in ACEs-impacted individuals
- **Promote empathy and understanding of the circumstances behind a person’s opioid use-related behaviors to reduce stigma**

ACEs and OUD: A Systematic Review

(Meyer et al., 2023)

Several findings from this review may help to explain the relationship between ACEs and OUD. OUD is partially predicted by ACEs severity and frequency, type of ACE (i.e., abuse, neglect, parental substance use), psychiatric comorbidities, neurotransmitter level, and genetics. **Resiliency may be key to OUD prevention.** Both ACEs and OUD make lasting alterations in brain structure and biochemical pathways. Future research should focus on treatments to disrupt biochemical pathways that solidify craving. **Clinicians may help by using risk-based assessments, promoting resiliency, and including families in treatment.**

People are more than their trauma: Focus on Resilience

Sources of Resilience Promoted by NJ Dept of Children & Families

- Brief Strategic Family Therapy
- Motivational Interviewing
- Intercept
- Sobriety Treatment and Recovery Teams
- Triple P: Positive Parenting Program

THE SEVEN 'C'S

CONFIDENCE	Feeling sure of oneself and one's abilities. Supports further exploration to learn about oneself and take risks. Less fearful of failure.
COMPETENCE	Ability to effectively accomplish goals through many developed skill sets. Supports communication and advocacy for oneself and encourages healthy decision-making.
CONNECTION	The many relationships one holds. Supports expanded thinking, creativity, collaboration, and a sense of belonging and security in the many spaces that make up one's community.
CHARACTER	The way one thinks, feels, and behaves in alignment with core values and beliefs. Supports an understanding of right and wrong and strengthens social awareness and relationship skills.
CONTRIBUTION	A sense of purpose and direction that lifts up and values one's skills and lived experience. Supports a sense of belonging and civic engagement.
COPING	Managing and responding to one's emotions in healthy and productive ways. Supports self-management and responsible decision-making.
CONTROL	Understanding privileges and respect and the ways in which they play a role in how one navigates what is in and what is out of one's control. Supports autonomy and responsible decision-making.

Adapted from The Center for Parent and Teen Communication

References

- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental health and relational health in a statewide sample. *JAMA Pediatr., 173*(11), e193007. https://doi.org/10.1001/jamapediatrics.2019.3007
- Bryan, R. H. (2019). Getting to why: Adverse childhood experiences' impact on adult health. *The Journal for Nurse Practitioners, 15*(2), 153-157. https://doi.org/10.1016/j.nurpra.2018.09.012
- Ginwright, S. (2018, May 31). The future of healing: Shifting from trauma informed care to healing centered engagement. Retrieved from https://medium.com/@ginwright/the-future-of-healingshifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c
- Meyer, D., Siddiqui, Z., Deol, E. et al., (2023 July). Adverse childhood experiences and opioid use disorder: A systematic review. *Psychoneuroendocrinology, 153*, 106224. https://www.doi.org/10.1016/j.psyneuen.2023.106224
- Navalta, C.P., McGee, L., Underwood, J. (2018) Adverse childhood experiences, brain development, and mental health: A call for neurocounseling. *J of Mental Health Counseling, 40*(3), 266-278. https://www.doi.org/10.17744/mehc.40.3.07
- Regmi, S., Kedia, S.K., Ahuja, N.A. et al., (2023). Association between adverse childhood experience and opioid use-related behaviors: A systematic review. *Trauma, Violence, & Abuse, 11,* https://www.doi.org/10.1177/15248380231205821
- Wang, Z., Lohrmann, D.K., Buu, A., & Hsien-Chang, L. (2021). Resilience as a mediator between adverse childhood experiences and prescription opioid misuse among U.S. adults. *Substance Use & Misuse, 56*(4), 484-492. https://www.doi.org/10.1080/10826084.2021.1879148

Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

OPIOID EDUCATION FOUNDATION OF AMERICA

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

To register for continuing education for today's webinar, visit knockoutday.drugfreenj.org/apr25

For 1.0 EMT CEU, visit KnockOutDay.DrugFreeNJ.org/EMT

UPCOMING WEBINAR

Treating Pain Without Opioids

11 a.m. Thursday, May 30, 2024

Register at KnockOutDay.DrugFreeNJ.org/events

Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services