



Trauma Informed Care and Addiction101 The Essential Basics

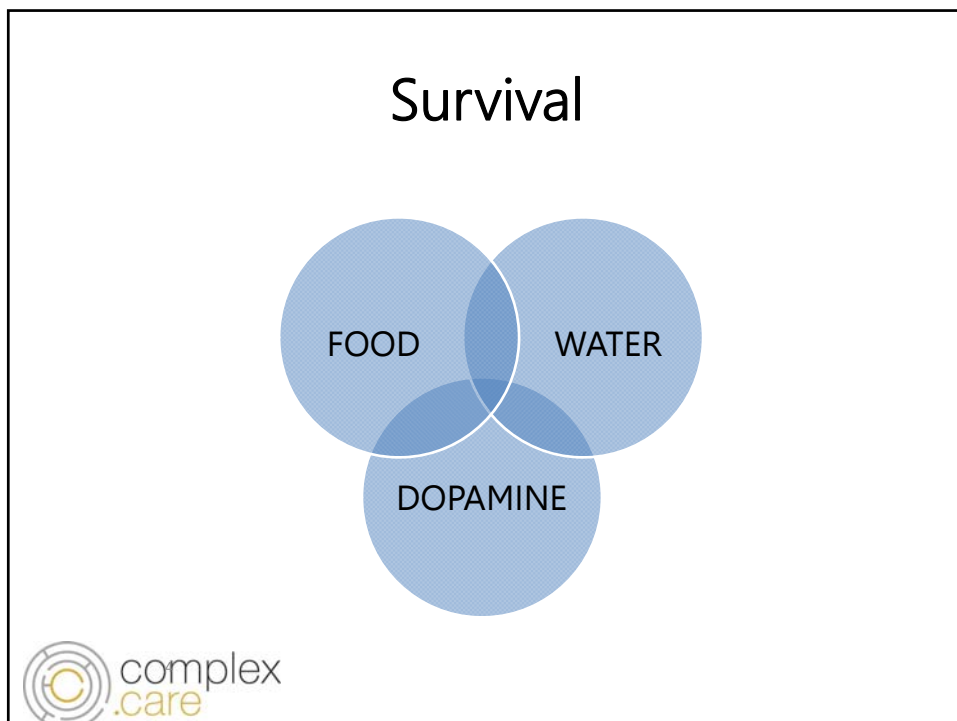
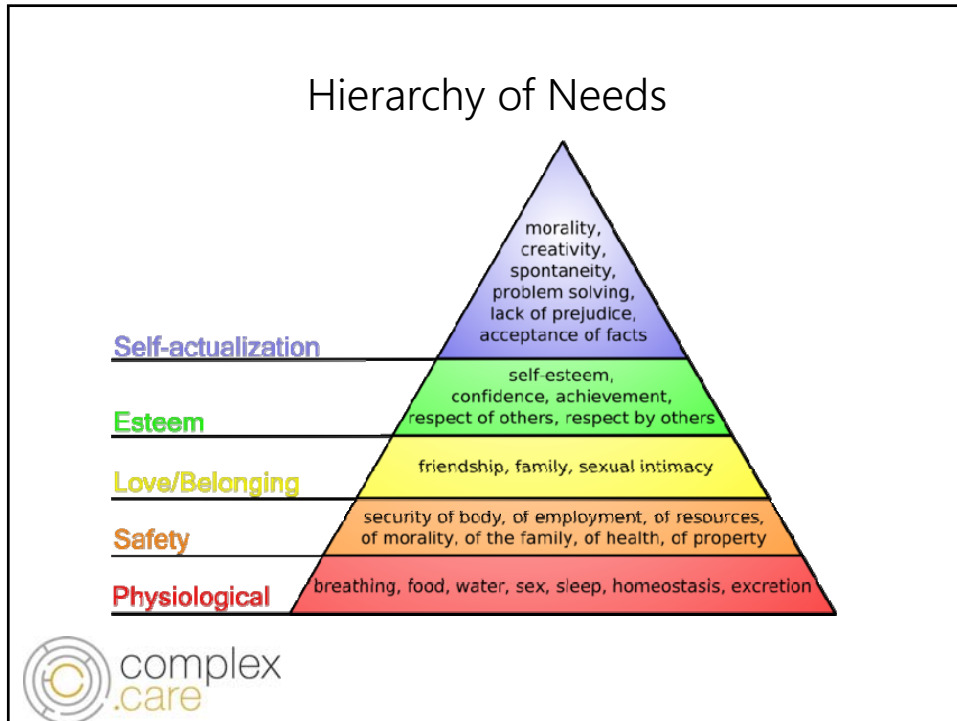
Shelly Virva LCSW

Assoc. Clinical Director Online and Workforce Education
National Center for Complex Health and Social Needs
Camden Coalition of Healthcare Providers

Objectives

- Understand the bio-psycho-social framework of:
 - Addiction
 - Trauma
- The basics of trauma informed care.

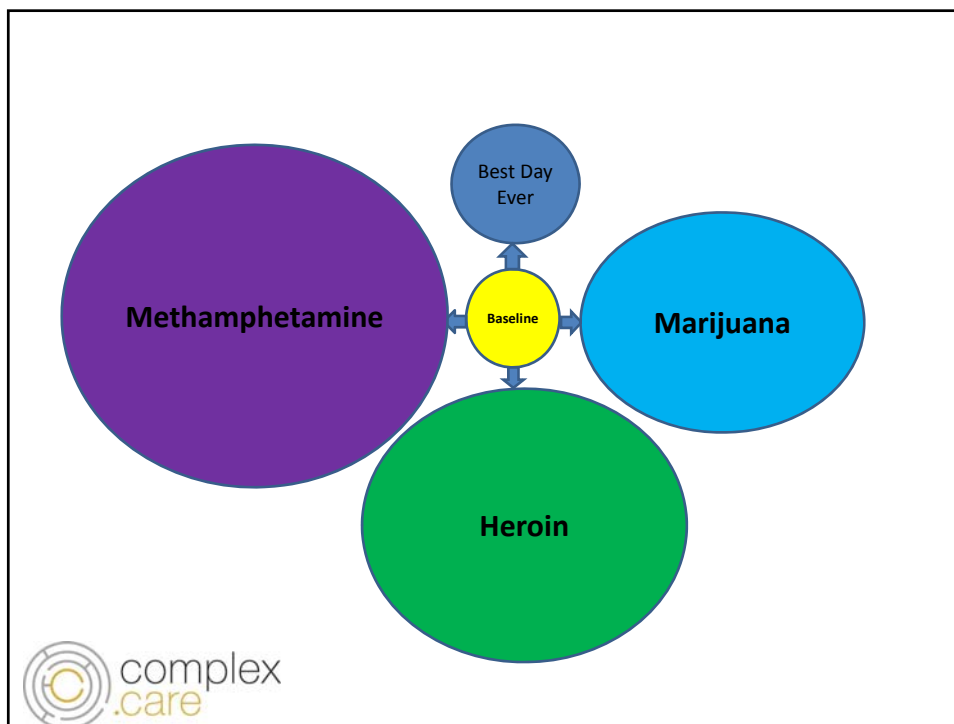




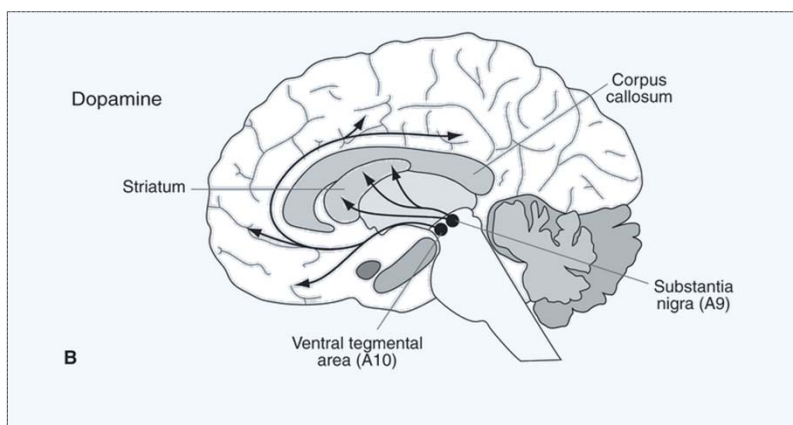
Responses to Dopamine:

- Motivation and Drive
- Pleasure
- Food, Water, Chocolate

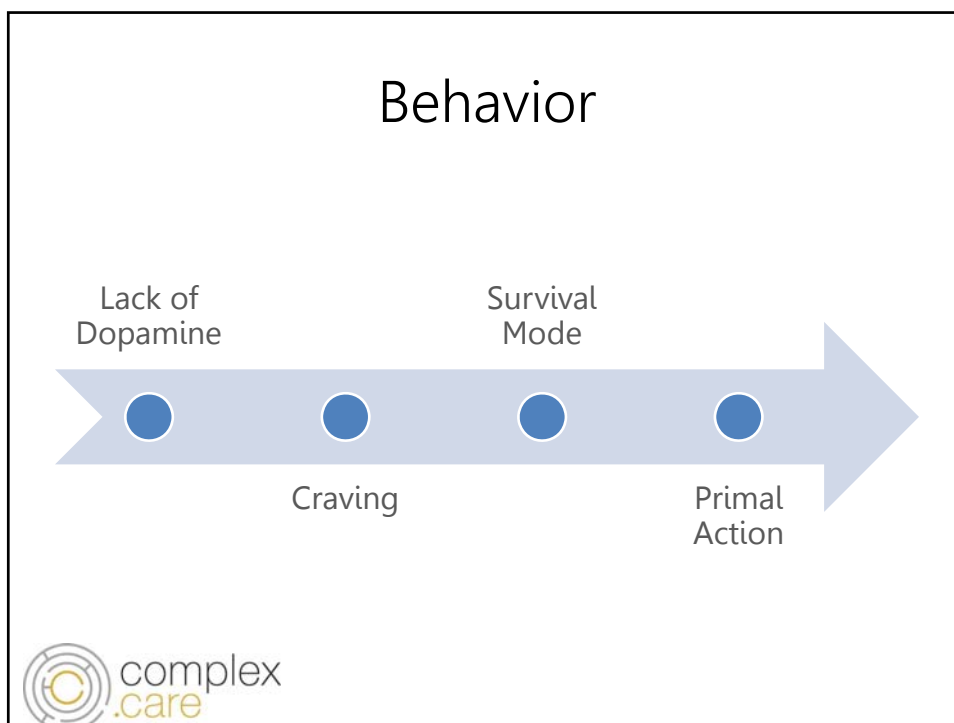
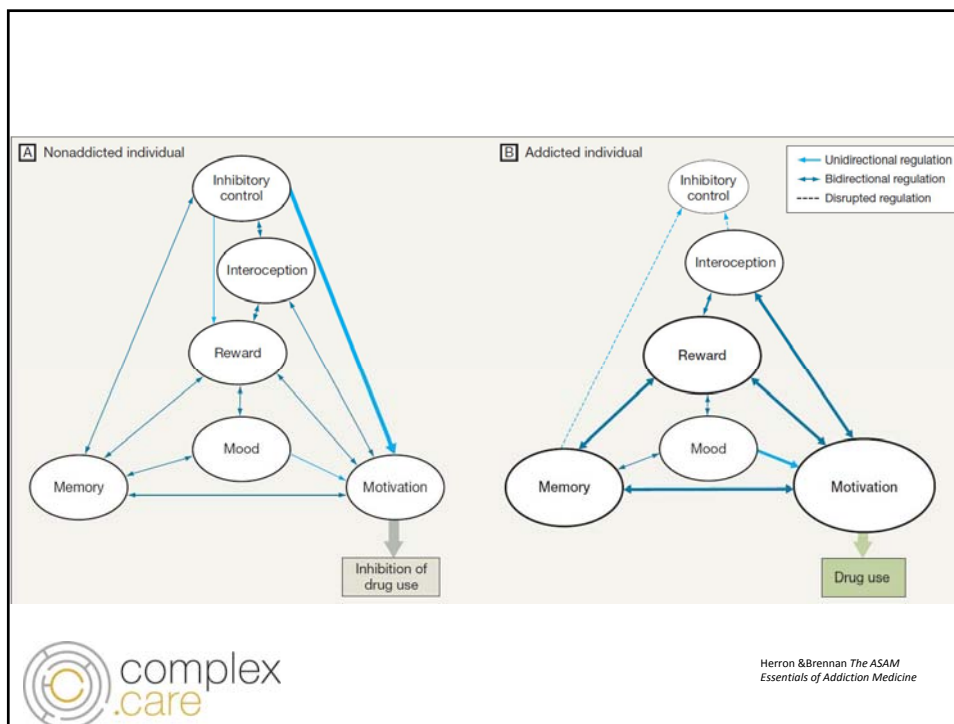




Dopamine Reward Pathway



Herron & Brennan *The ASAM Essentials of Addiction Medicine*



Pharmacotherapy for SUD

•Opiates

- Methadone
- Buprenorphine
- Naltrexone
 - Vivitrol (IM)
 - Revia (PO)

•Alcohol

- Naltrexone (PO & IM)
- Topamax
- Acamprosate
- Disulfiram

Stimulants

- Citalopram

Marijuana

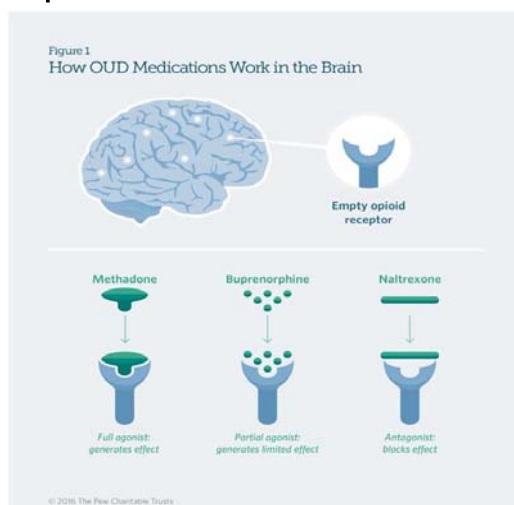
- N-acetyl cysteine
- Chantix (?)
- Bupropion (?)

Cocaine

- Citalopram (?)



Opiate Use Disorder



Methadone

- Mechanism of Action
 - Full mu agonist.
- Dosing Range
 - 40-120mg+ daily.
- Monitoring
 - Administered by licensed Methadone Treatment Program (MTP).
 - Daily dosing at the beginning.
 - Take home dosing when client stabilizes.



Buprenorphine

- Subutex, Suboxone, Zubsolv, Bunavail, Probuphine, *injection*
- Mechanism of Action
 - Partial mu agonist.
- Dosing Range
 - 2/0.5mg–24/6mg (divided up to 4x daily).



Buprenorphine

- DATA 2000/CARA 2016
- Complete training for waiver
- Submit application
- 30 patients in first year
- Treat up to 100 patients with updated waiver after first year



Methadone Vs Buprenorphine

	Methadone	Buprenorphine
Location	<ul style="list-style-type: none"> • Methadone clinic 	<ul style="list-style-type: none"> • Waivered prescriber
Availability	<ul style="list-style-type: none"> • Limited number of facilities 	<ul style="list-style-type: none"> • Potentially more widely available • Limited by waived prescribers
Stigma	Generally increased	Can be prescribed by PCP
Frequency	<ul style="list-style-type: none"> • Daily 	<ul style="list-style-type: none"> • Individualized, but eventually monthly
Diversion potential	<ul style="list-style-type: none"> • On site dosing low • Take home dosing higher 	<ul style="list-style-type: none"> • Variable based on prescribing



Naltrexone

- Mechanism of Action
 - Not fully understood.
 - May prevent excessive dopamine release by blocking the binding of beta-endorphins, to mu-opioid receptors.
- Dosing Range
 - 50mg daily (oral tablet).
 - 380mg monthly (extended release injection).

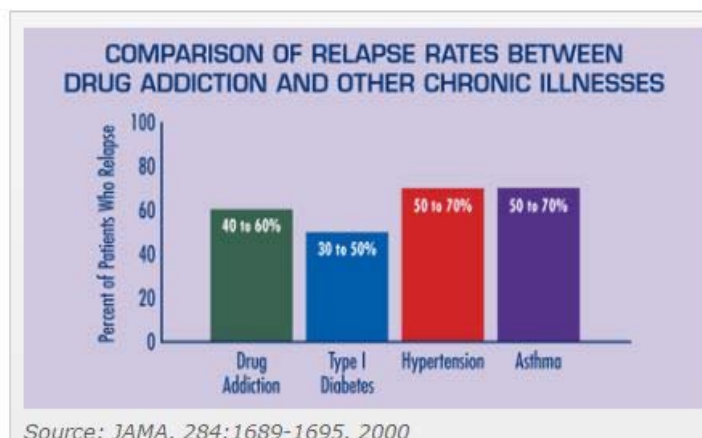


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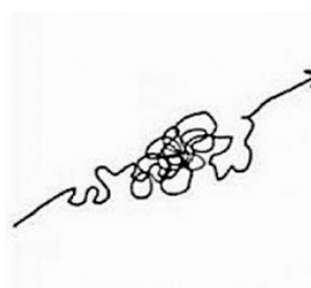
Addiction is a Chronic Disease



Defining recovery



Theory

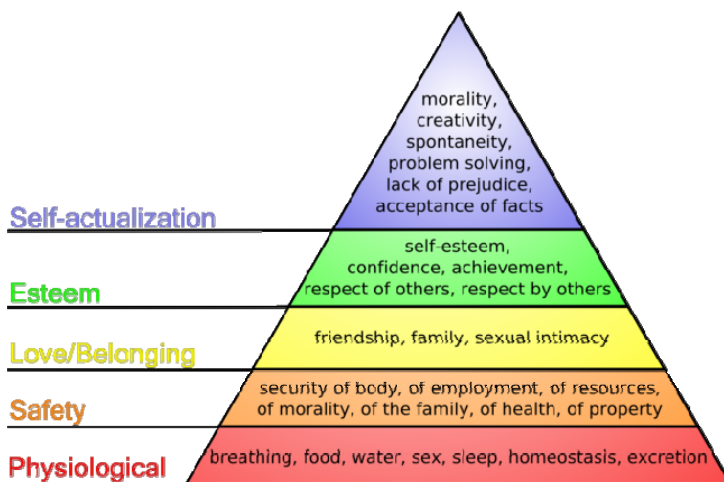


Reality

vs.

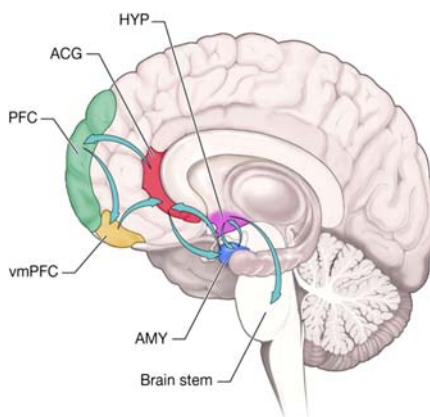


Hierarchy of Needs



Neuropathways of trauma

- Thinking Brain(Cortex)
 - Personality
 - Choices
 - Actions
 - Who we are
- Animal Brain(Midbrain)
 - Reacts to situations
 - Instinct
 - Fight or flight (Fear)
 - Reacts before Cortex does





Impact of Trauma

- ▣ Activation of survival responses:
 - Fight
 - Flight
 - Freeze
 - Submit
- ▣ Shutting down of non-essential tasks.
- ▣ Rational thought is less possible at this time.



(Hopper, 2009)



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Understanding trauma matters

- Impacts psychological functioning
- Impacts physical health
- Impacts relationship/interaction with others
- Significant predictor of SUD



Understanding trauma matters

Research has shown over activation of the fight or flight response system can:

1. Cause this natural alarm system to no longer function properly
2. Create emotional and physical responses to stress (normal stress perceived as threat)



Continued...

3. **Affect** a person's sense of **safety**.
4. Result in **emotional numbing** and/or **avoidance**
5. **Diminish** capacity to **trust** others



Prevalence

- ▶ More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner.

(CDC, 2013)

- ▶ Nearly 80% of female offenders with a mental illness report having been physically and/or sexually abused.

(Marcenich, 2009)

- ▶ The majority of clients served by public mental health and substance abuse service systems are survivors of trauma.

(Mueser et al, 1998)

- ▶ Seventy-five percent (75%) of women and men in treatment for substance abuse report trauma histories.

(SAMSHA/CSAT, 2000)



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Prevalence

ACE STUDY

- ▣ Research study of 17,000 participants.
- ▣ Adverse Childhood Experiences (ACEs) can affect an individual's physical and emotional health throughout the life span.
- ▣ Trauma/traumatic experiences are far more prevalent than previously recognized.



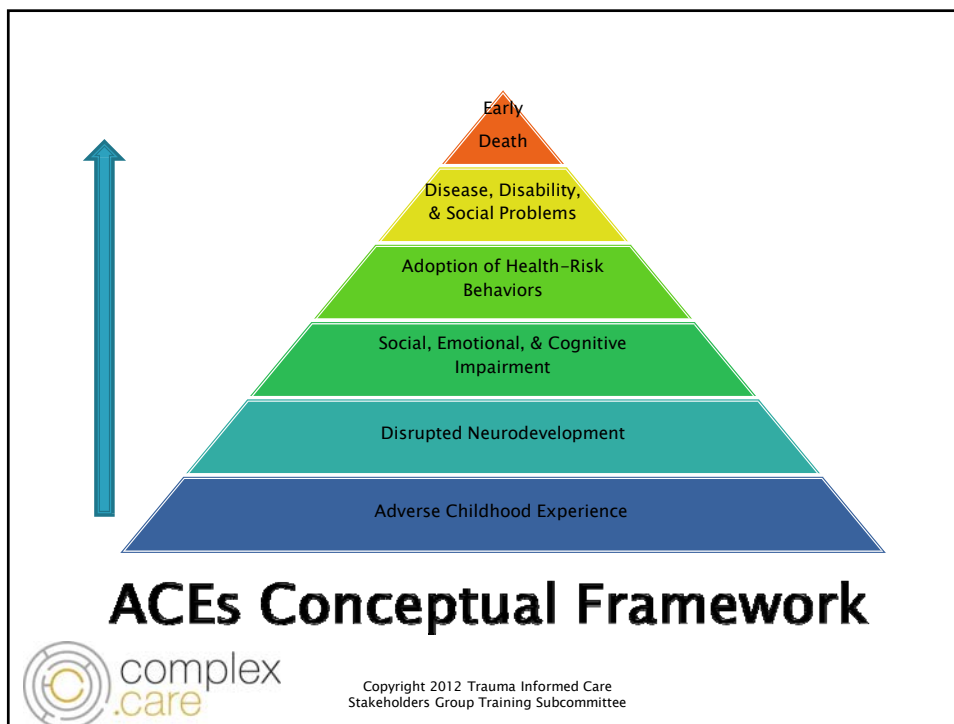
V. J. Felitti, MD
Kaiser Permanente



R. F. Anda, MD, MS
Centers for Disease Control and Prevention



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ACEs Statistics

- 67% of the population has at least 1 ACE.
- 1 in 8 people have 4 or more ACE.
- Increased ACEs score correlates to worse health outcomes.

ACEs Statistics

A person with an ACEs of 4 or more has:

- 2 ½ x the risk of COPD
- 2 ½ x the risk of hepatitis
- 4 ½ x the risk of Depression
- 12 x the risk of suicidality
- As compared to those 0 ACEs



ACEs Statistics Cont.

A person with an ACEs of 7 or more has:

- Triple the risk of lung cancer
- 3 ½ x the risk of ischemic heart disease
- As compared to those with 0 ACEs



Why does this matter?

- It's Data, Science and Math.
- These regions all impact a person's ability to:
 - Process information
 - Cope with stress
 - Regulate emotions
 - Control impulses



Understanding basic neuropathways of trauma, and SUD helps us:

1. Understand the "why" of patient behavior
2. Respond to escalating behaviors in productive ways
3. Understand the role of social determinants in treatment
4. Understand the importance of MAT
5. Understand when and why to use harm reduction approach



Why medical offices can be distressing

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing/distressing
- (SAMSHA 2014)



Why medical offices can be distressing

- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy (SAMSHA 2014)



So what is Trauma Informed Care?

- Aims to avoid re-victimization.
- Appreciates many problem behaviors began as understandable attempts to cope.
- Strives to maximize choices for the survivor and control over the healing process.

• (Alvarez and Sloan, 2010)



Trauma informed care cont.

- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background.



Stories Matter in Trauma-Informed Care

"Not all scars show, not all wounds heal
Sometimes you can't always see The
pain someone feels"

CreativeJan.com



What happened to you?

Trauma-Informed Care: Norms & Principles

- •Reducing barriers/Maintaining confidentiality
- •Remaining client-centered
- •Embracing transparency
- **Applies to patients, providers, & teams**
- <http://www.chcs.org/building-trauma-informed-mindset-lessons-careoregions-health-resilience-program/>



What happened to you?

Trauma-Informed Care: Norms & Principles

- •Building a relationship
- •Avoiding judgment and labels
- •Staying community-based
- **Applies to patients, providers, & teams**
- <http://www.chcs.org/building-trauma-informed-mindset-lessons-careoregons-health-resilience-program/>



Principles of a Trauma Informed Practice

- Respect
- Taking Time
- Rapport
- Sharing Information
- Sharing Control



Principles of a Trauma Informed Practice

- Respecting Boundaries
- Fostering Mutual Learning
- Understanding Non-linear Healing
- Demonstrating Awareness and Knowledge of Trauma

• Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse was researched and written by Candice L. Schachter, Carol A. Stalker, Eli Teram, Gerri C. Lasiuk and Alanna Danikewich



Practical Strategies

- Always use Trauma Informed approach
 - Non judgmental approach
 - Be respectful
 - Be nice
- Have a conversation, take time to explain vs stigmatizing



Practical Strategies

- Medication does not fix everything
 - Crucial every team member and treatment provider on the same page
 - Otherwise patients will split providers
- Be consistent
 - Inconsistent breeds discontent behaviors



More Practical Strategies

- Behavior is a symptom, anticipate challenging behaviors
 - Use basic de-escalation techniques
 - Don't react with emotion
- Change happens as trust builds



Key Take Away

- Always use a trauma informed lens
- Remember the neurobiological factor
- It's a critical component
- Keep expectations realistic



Key Take Away

- Always use a trauma informed lens
- Not "what's wrong with you."
- Rather, "What happened to you."



Key Take Away

- Take time to build a relationship
- Start where the patient is
- Trust takes time and consistency
- Change doesn't necessarily occur because we want it to



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