Addressing Tobacco Use from a Trauma-Informed, Resilience-Oriented Approach: Tobacco & Behavioral Health Masterclass Workshop

National Behavioral Health Network
For Tobacco & Cancer Control

Thursday, February 18, 2021
2:00pm ET

Closed captioning: https://www.streamtext.net/player?event=TraumaInformedCareandTobaccoCessation

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
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- This workshop is being recorded. All participants placed in “listen-only” mode.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chatbox.
- Access to closed captioning: https://www.streamtext.net/player?event=TraumaInformedCareandTobaccoCessation
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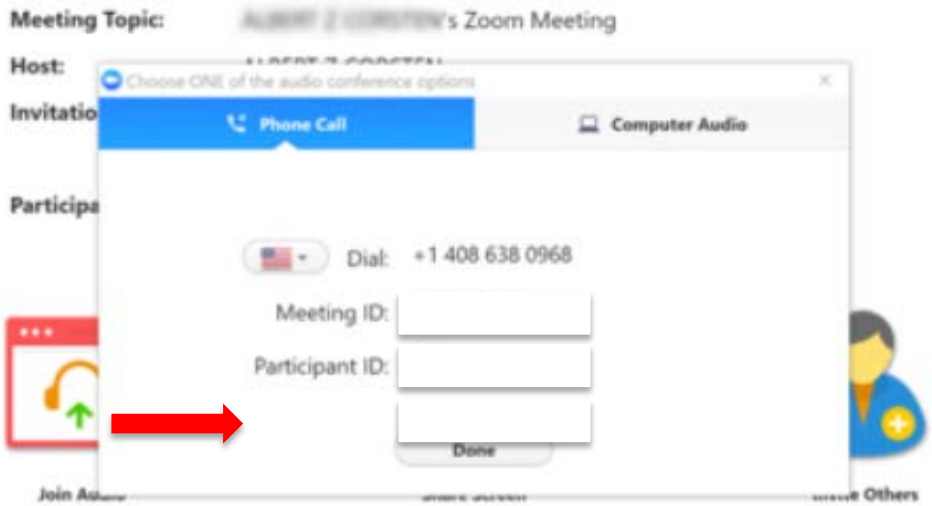

National Behavioral Health Network
For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Thank you for your commitment to this work and for being here today

Welcome!

Taslim van Hattum, LCSW, MPH
Senior Director of Practice Improvement
National Council for Behavioral Health

Karen Johnson, MSW, LCSW
Consultant, Trauma-Informed,
Resilience-Oriented Services
National Council for Behavioral Health

Today's Overview

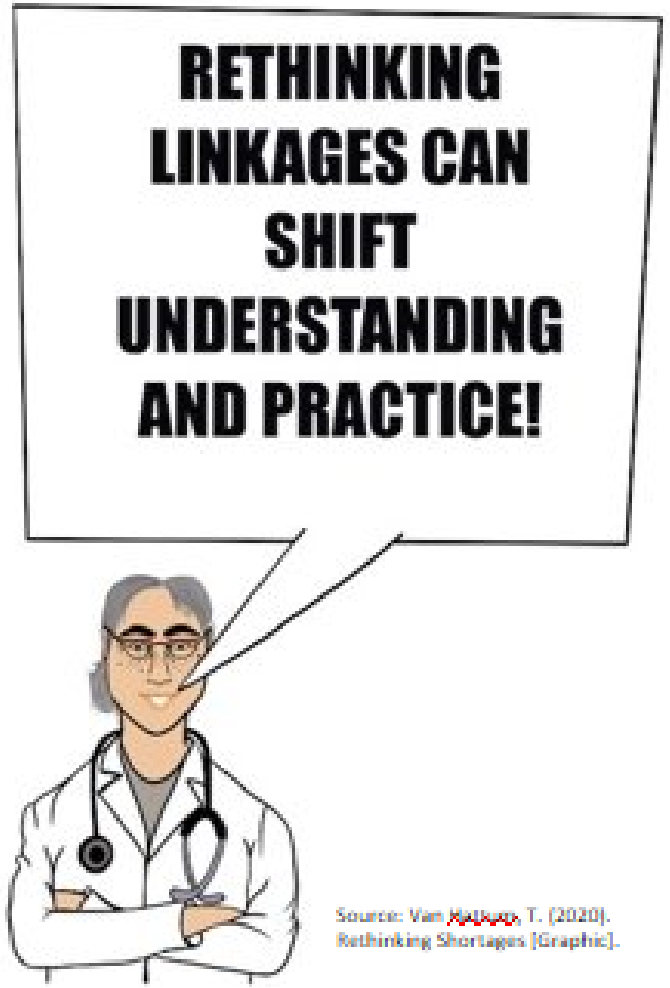
- Overview of Connection between Trauma and Tobacco Use in Behavioral Health Populations
- Trauma-Informed, Resilience-Oriented Approaches to Tobacco Cessation
  - Delivery of trauma-informed, resilience-oriented tobacco interventions for behavioral health populations
  - Real-life strategies for addressing tobacco use in populations with trauma history and PTSD
  - Trauma-informed, resilience-oriented approaches and smoking cessation examples

Learning Objectives

What caused this problem?
Understanding why individuals with behavioral health conditions and trauma histories have such disproportionate tobacco use rates

Recognize solutions provided by **evidenced-based interventions** and the **paradigm shift to trauma-informed** as central to addressing tobacco use and other modifiable health risks.

Rethinking the role of healthcare staff within trauma-informed practice and Around substance use disorders, including tobacco use and more



Source: Van Mathews, T. (2020). Rethinking Shortages [Graphic].

Adversity, Trauma and Toxic Stress

- **Trauma** – possible outcome of exposure to adversity that occurs when a person perceives an event or set of circumstances as extremely frightening, harmful or threatening.

- **Toxic stress** – can occur when an individual experiences adversity that is extreme, long-lasting and severe without adequate support and the stress response system becomes overactivated.

- **Childhood adversity** – wide range of circumstances or events that pose a serious threat to a child's physical or psychological well-being.

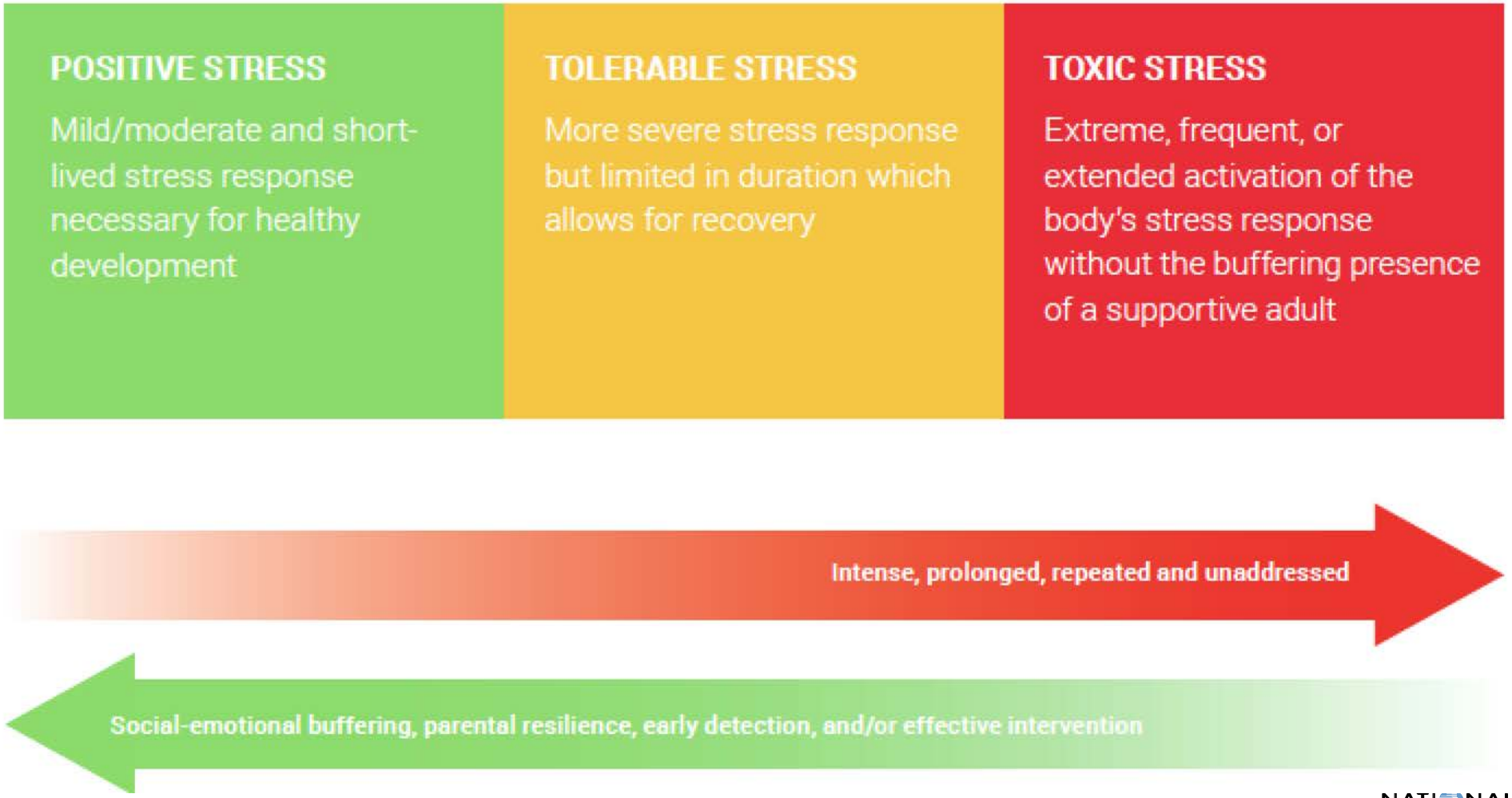
- **Adverse childhood experiences** –a subset of childhood adversities included in the seminal ACEs study.

3 Key Elements of Trauma

1. Events
2. Experiences
3. Effects

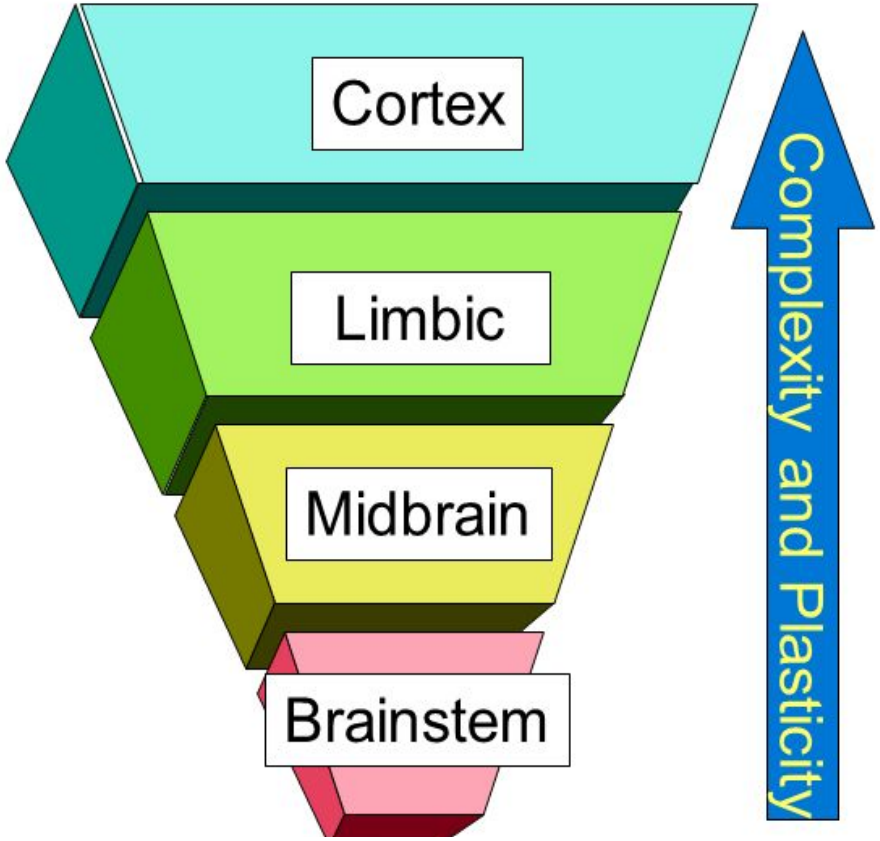
Source: All graphics on this page retrieved from Shutterstock

Continuum of Stress



ACEs Connection

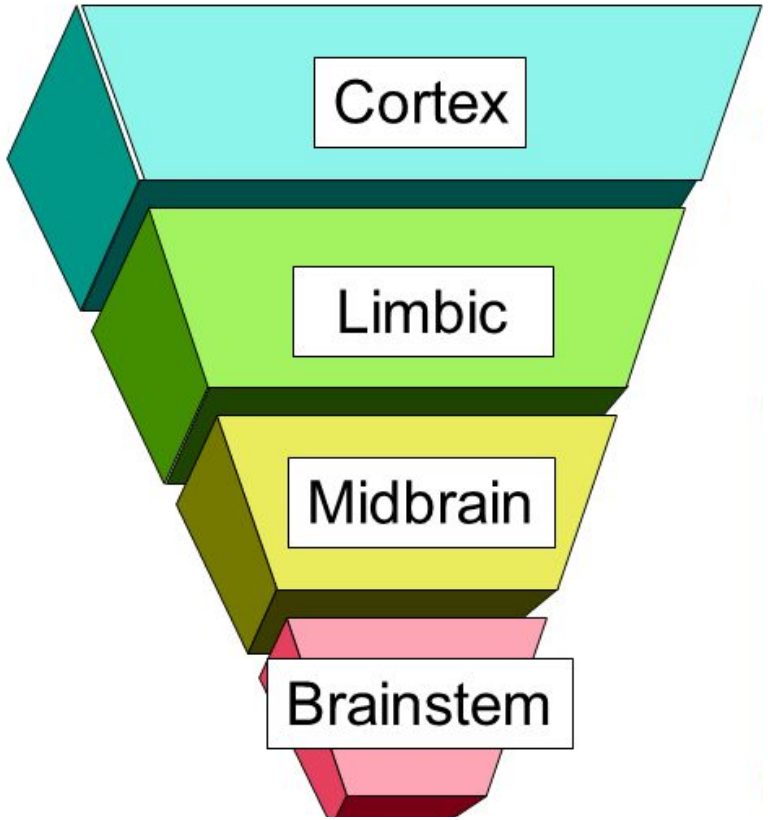
Hierarchy of Brain Development



Abstract Thought
Concrete Thought
Affiliation
"Attachment"
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Temperature

Perry, B. and Szalavitz, M. 2006, 2017

Activation of the Stress Response System



Calm/Alert

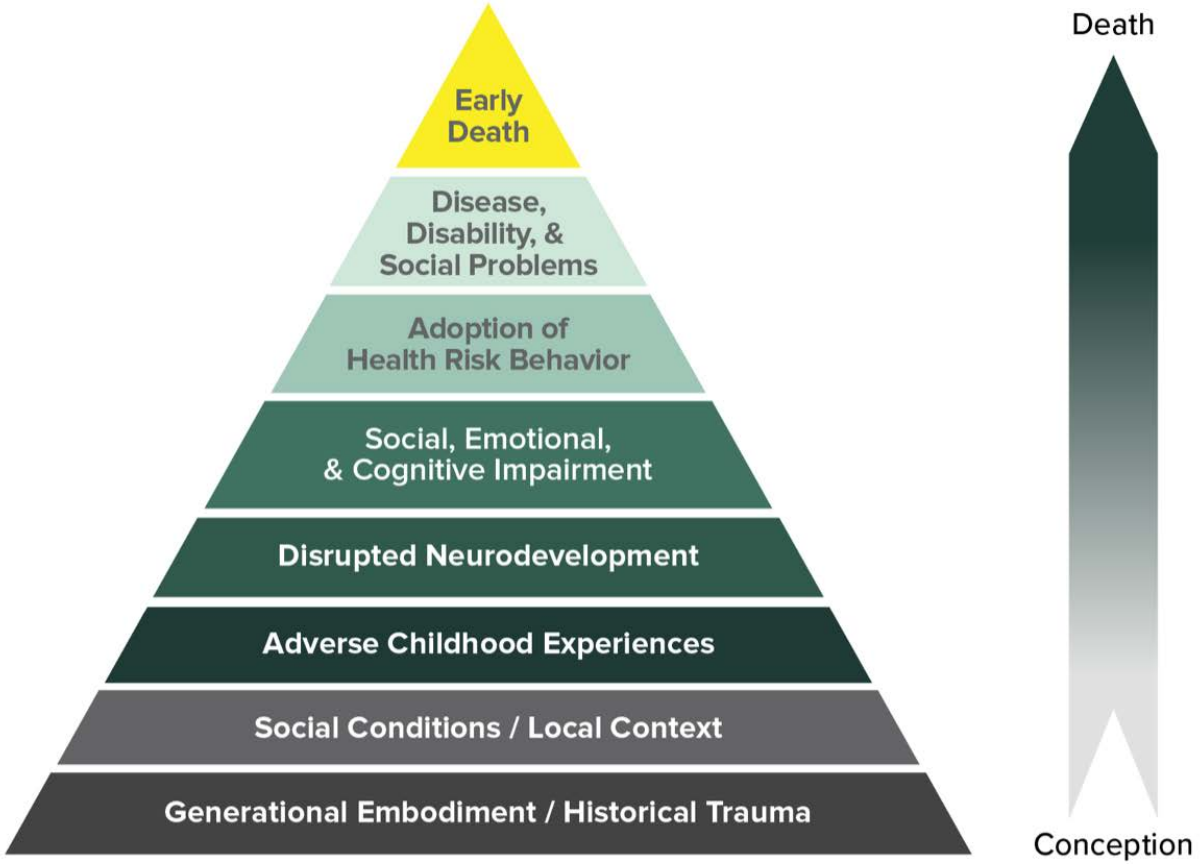
Alarm

Fear

Terror

Perry, B. and Szalavitz, M. 2006, 2017

Adverse Childhood Experiences (ACEs)



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Centers for Disease Control and Prevention - Adverse Childhood Experiences (ACE)
https://www.cdc.gov/violenceprevention/acestudy/

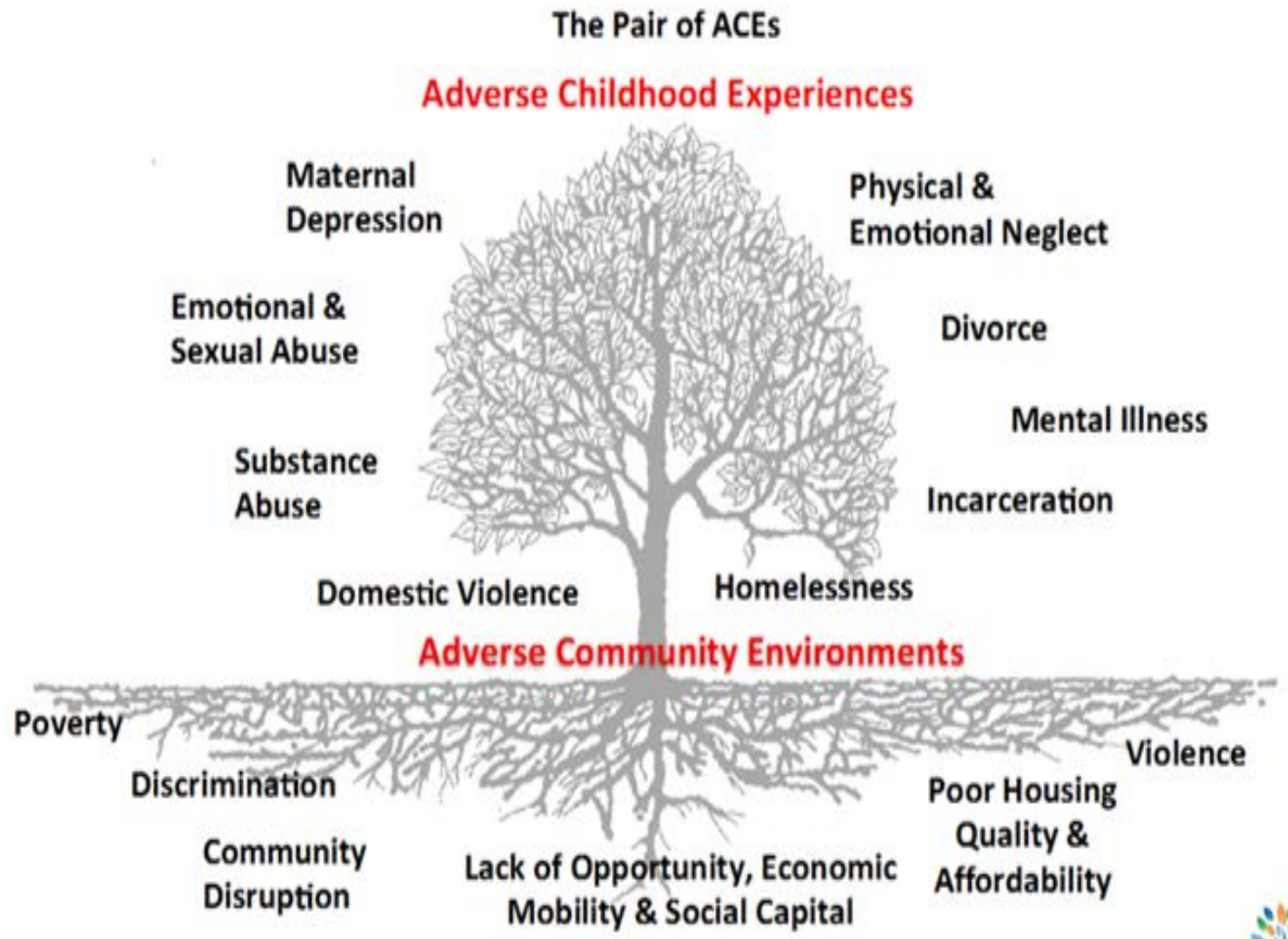
Adverse Childhood Experiences

- ACEs are strongly associated, in a dose-response fashion, with some of the most common and serious health conditions facing our society today.
- ACEs are highly prevalent.
- ACEs affect all communities.

Aces aware, 2021.

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



Ellis W., Dietz W. BCR Framework *Academic Peds* (2017)

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

Building Community Resilience

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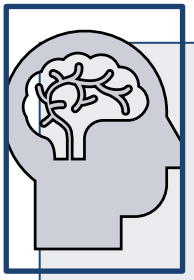
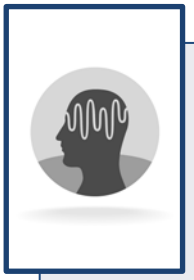
Physical Impact of Trauma



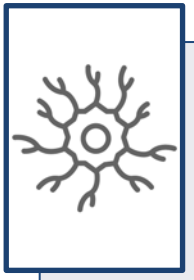
Brain architecture:

Shrinkage in the prefrontal cortex, corpus callosum, and hippocampus. Enlarged and more reactive amygdala.



Brain waves:

Predomination of wrong brain waves in wrong part of the brain leads to anxiety, unable to concentrate, and seizures.

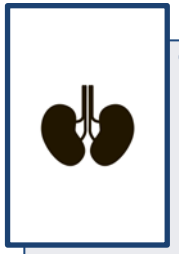


Neural Pathways:

Need to "rewire" our brain from old thought patterns and habits of mind, conscious, and unconscious.

Hormones:

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

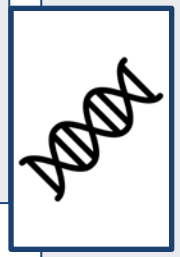


Toxin elimination:

Intestines and kidneys less able to eliminate toxins (slow gut or unbalanced flora).

Nervous System:

Supercharged sympathetic nervous system. Parasympathetic nervous system not engaged to bring back into balance.

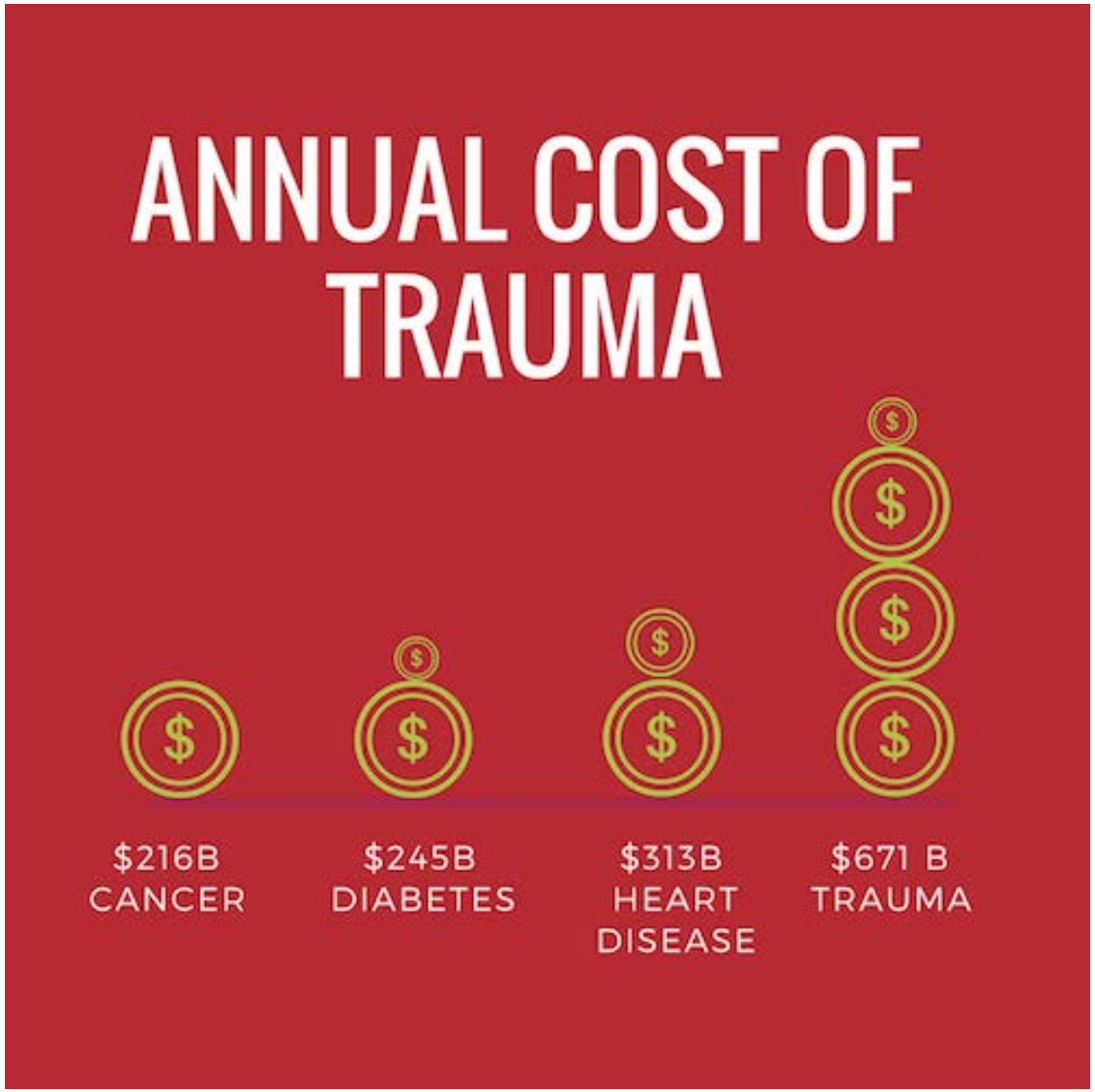


Cellular Change:

Shortens telomeres which prematurely ages and reduces reproduction of cells and can cause cancer.

Immune system:

Resistance to cortisol or lower cortisol creates unchecked inflammation. Cause of many disease: asthma, arthritis, etc.



Source: Coalition for National Trauma Research
https://www.nattrauma.org/trauma-statistics-facts/

Gabor Mate's Definition of Addiction

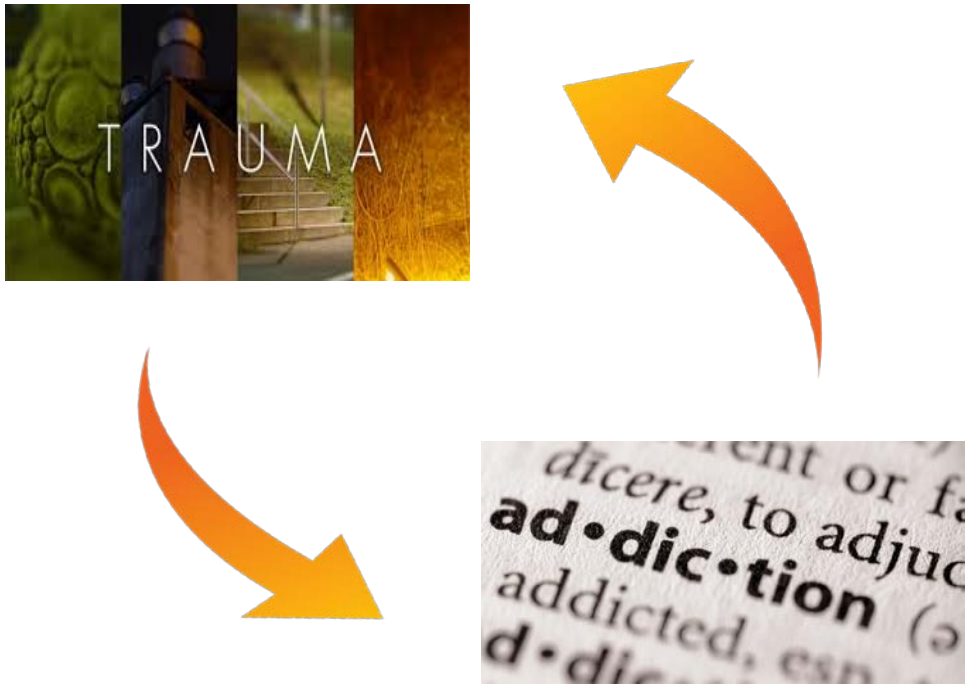
Any behavior that a person is not able to give up and is associated with:

- Craving and temporary relief
- Long-term negative consequences

Early emotional loss is the template for all addictions

Mate, Gabor, *(2010). In the realm of the hungry ghosts.* Berkley, CA: North Atlantic Books. Print.

Making Connections



- 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
- A diagnosis of PTSD increases the risk of developing alcohol misuse
- Male and female sexual abuse survivors experience a higher rate of addiction compared to those who have not survived such abuse

The Correlation Between Trauma and Substance Abuse. Retrieved June 14, 2019 from https://www.palmerlakerecovery.com/blog/trauma-substance-abuse/

The connection between trauma and smoking in behavioral health populations

TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

TRAUMA-INFORMED

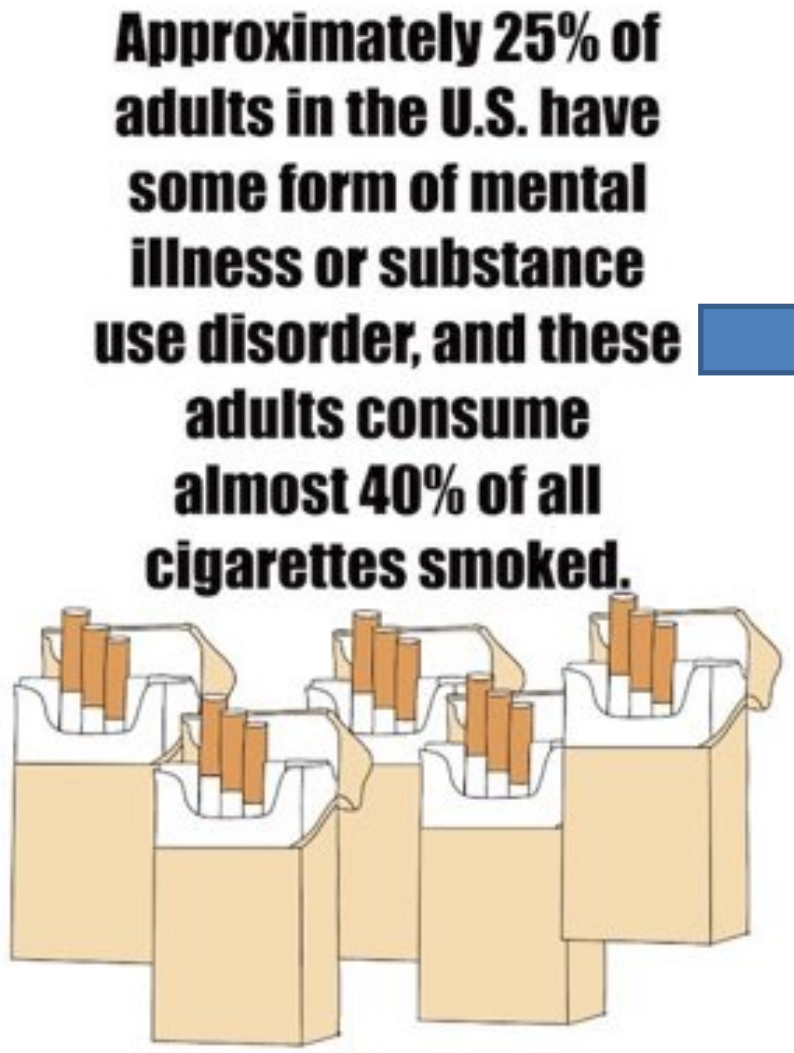
- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING TO TRAUMA REDUCING

Sources: Adapted from T2's 5Cs, "Clinical Guidelines for COVID-19 Response" http://traumatransformed.org/healing-mass-trauma/
Van Hattum, T. (2020). *Why Tobacco and Behavioral Health* [Graphic].
[Untitled Graphic Connecting the Dots]. Retrieved from National Council for Behavioral Health.



Source: Van Hattum, T. (2020). *Cigarettes* [Graphic].

What caused this problem?

Why do individuals with behavioral health conditions and trauma histories have such disproportionate tobacco use rates?

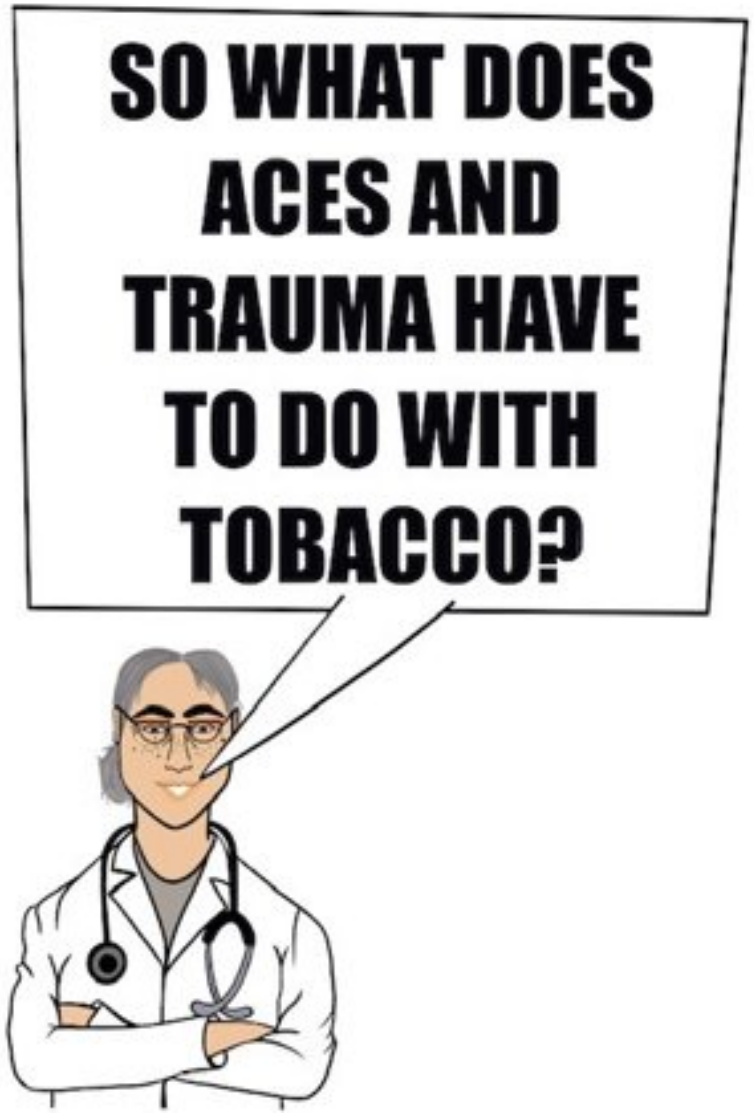
Source: Van Hattum, T. (2020). *Questions around Tobacco Use* [Graphic].

One part of this disparity can be attributed to predatorial practices by tobacco companies which include:

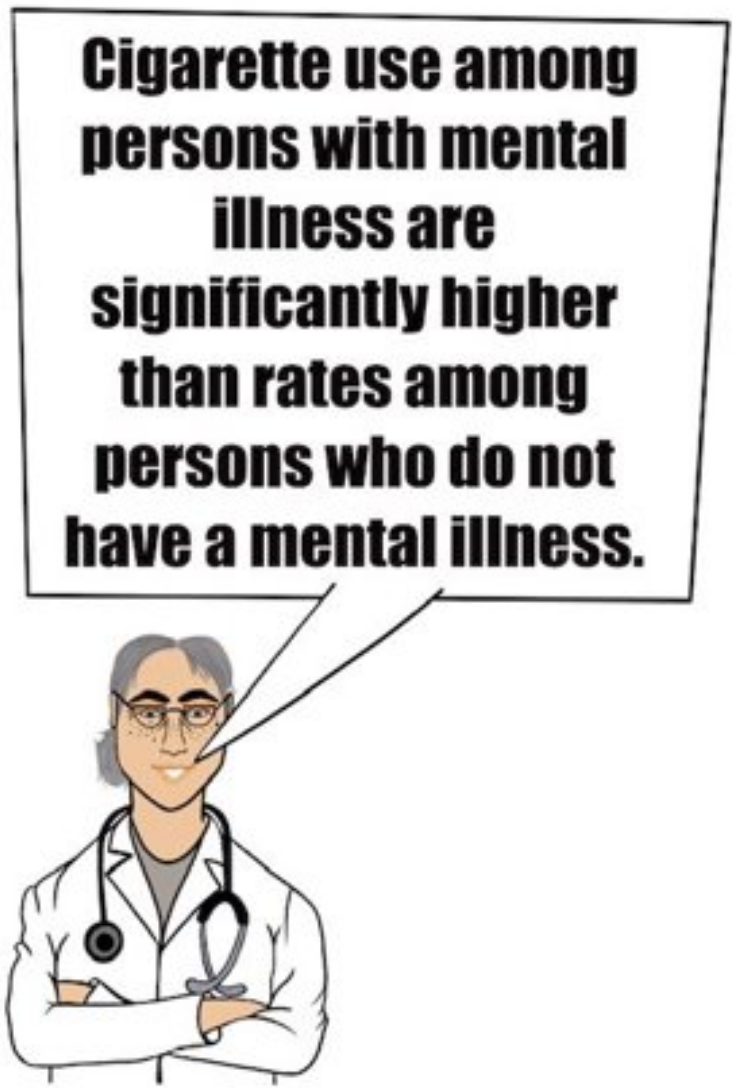
- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

And limited access:

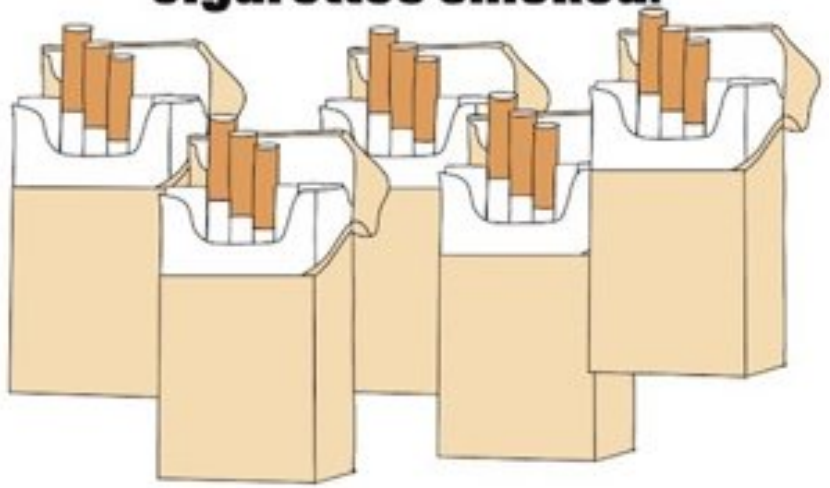
- **High quality care**
- **Delays in care**
- **Lower quality of care**
- **Higher provider bias**
- **TRAUMA**



Source: Van Hattum, T. (2020). Aces, Trauma & Tobacco [Graphic].



Approximately 25% of adults in the U.S. have some form of mental illness or substance use disorder, and these adults consume almost 40% of all cigarettes smoked.



Sources: Van Hattum, T. (2020). Cigarette Use & Mental Illness[Graphic]. Van Hattum, T. (2020). Cigarettes[Graphic].

Prevalence of Trauma in Behavioral Health Treatment Settings

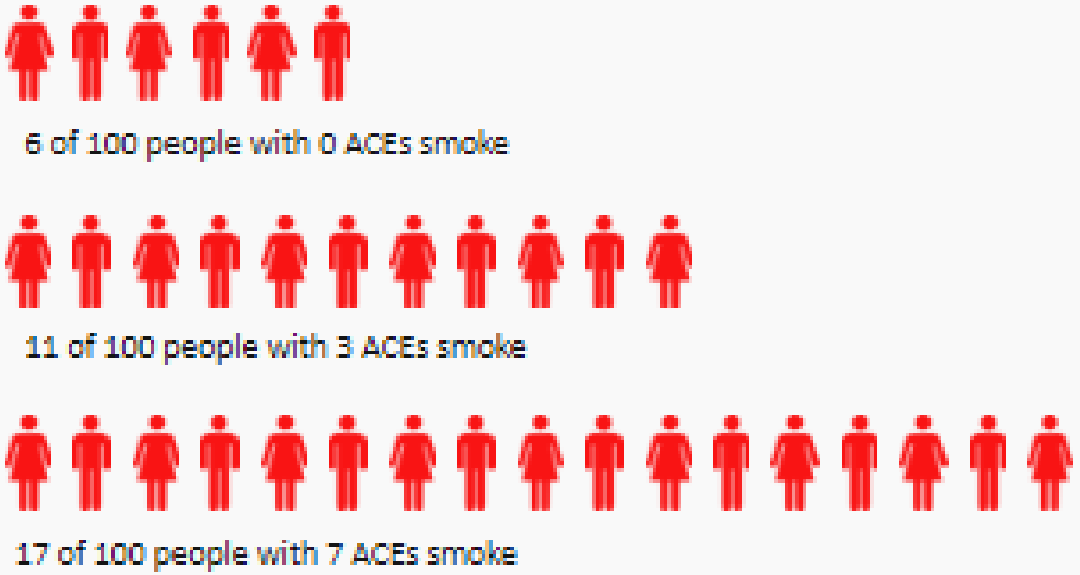
- Majority of adults and children in inpatient psychiatric and substance use disorder treatment settings report a trauma history (Lipschitz et al., 1999; Suarez, 2008; Gillece, 2010).
- 43% to 80% of individuals in psychiatric hospitals have some form of experienced physical or sexual abuse.
- 51% to 90% “public mental health clients” are exposed to trauma (Goodman et al., 1997; Mueser et al., 2004).
- 2/3 of adults in SUD treatment report child abuse and neglect (SAMHSA, CSAT, 2000).
- A survey of adults in SUD treatment found that more than 70% had a history of trauma exposure (Suarez, 2008).

Special Populations

- Nearly **20 percent** of returning veterans from Iraq and Afghanistan (or 300,000 people) have symptoms of PTSD or major depression
- 6 out of 10 Veterans smoke
- Females who have experienced trauma are more likely to smoke if they become pregnant.
- Females who are pregnant and smoke have 10% higher rates of current and lifetime PTSD than females who quit smoking while pregnant

Source: Armenta, R.F., Rush, T., LeardMann, C.A. *et al.* Factors associated with persistent posttraumatic stress disorder among U.S. military service members and veterans. *BMC Psychiatry* **18,** 48 (2018). https://doi.org/10.1186/s12888-018-1590-5

HIGHER ACE Score = Increased Smoking



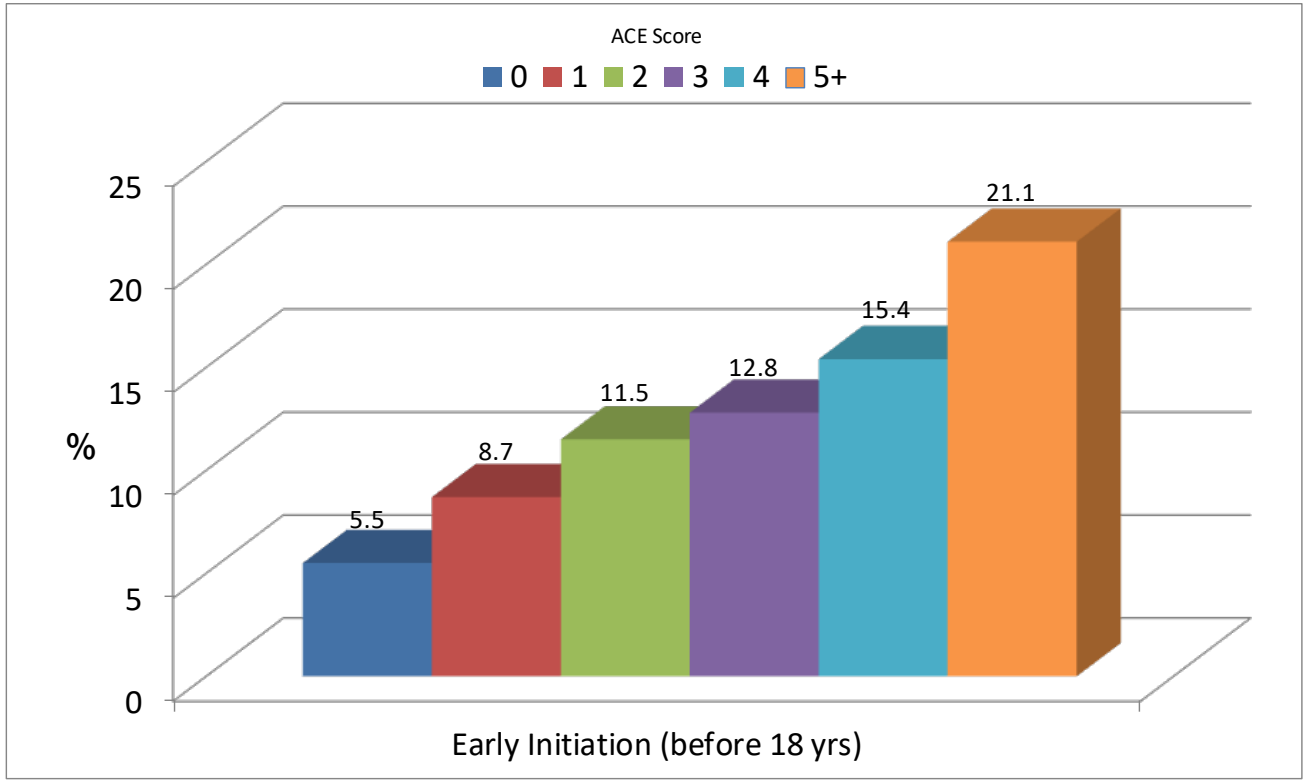
6 of 100 people with 0 ACEs smoke

11 of 100 people with 3 ACEs smoke

17 of 100 people with 7 ACEs smoke

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

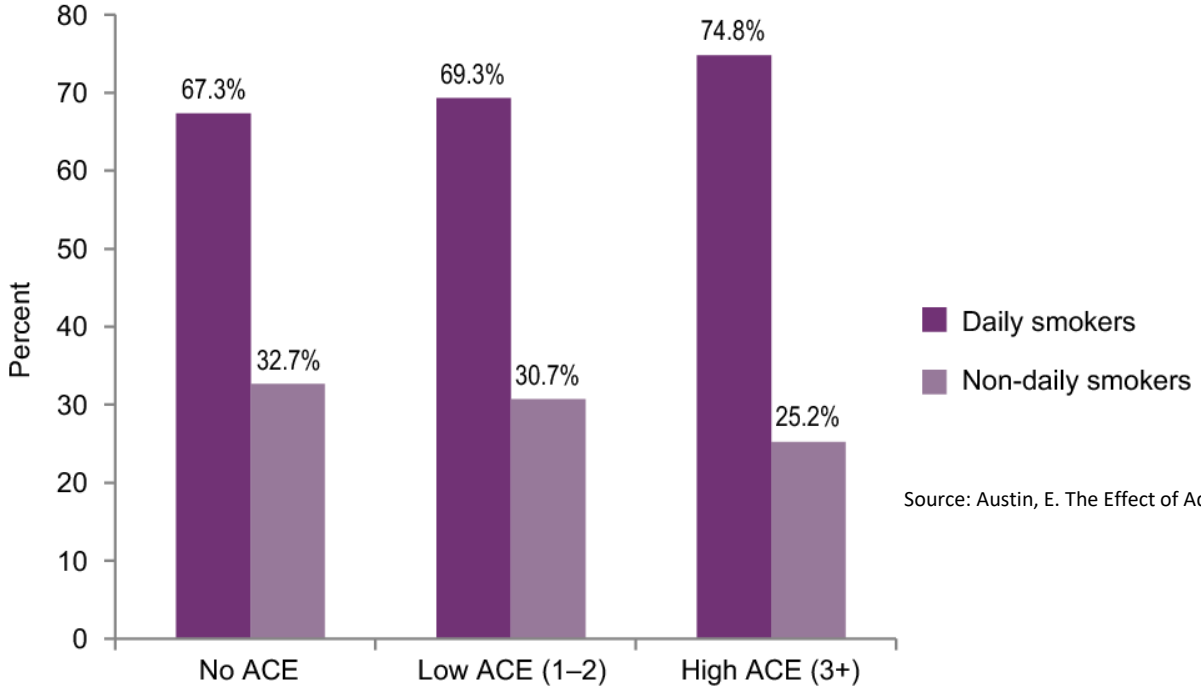
Smoking: Age at First Use



Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association*, 282, 1652–1658.

ACEs and Smoking Prevalence

Figure 1.
Prevalence of Daily and Non-daily Smoking by Adverse Childhood Experiences (ACE) Study Groups



Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

ACEs ⇨ Health Risk Behaviors ⇨ Long Term Health Consequences

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

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

Tobacco Cessation in BH Populations – The Facts

- Most persons with mental illness and substance use disorders want to quit smoking. [1,2]
- **Smokers are more than 2x likely to quit for good with the help of tobacco cessation medications and counseling services.**
- Nicotine has powerful mood-altering effects that can change how people living with mental illness think and feel. Behavioral health populations who smoke can have more severe symptoms, poorer well-being and functioning, increased hospitalizations and are at greater risk of suicide. [3]
- **Smoking cessation can enhance long-term recovery for persons with substance use disorders.** For example, if someone quit smoking at the same time they are quitting [4]

Sources: [1] Acton et al. Depression and stages of change for smoking in psychiatric outpatients. Addictive Behaviors. 2001; 26(5):621-31. [2] Prochaska et al. Return to smoking following a smoke-free psychiatric hospitalization. Am J Addiction. 2006; 15(1):15-22. [3] Heiligenstein E, Smith SS. Smoking and mental health problems in treatment-seeking university students. Nicotine & Tobacco Research. 2006;8(4):519-23 [4] Prochaska, Judith J; Delucchi, Kevin; & Hall, Sharon M. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery.. Journal of consulting and clinical psychology. 2004; 72(6), 1144-1156. Retrieved from: http://escholarship.org/uc/item/0r8673wv

How are we doing when it comes to tobacco interventions?

Intervention	Mental Health Tx Facilities	Substance Abuse Tx Facilities
	2018	2018
Tobacco Use Screening	52.8%	67.0%
Cessation Counseling	40.5%	49.8%
Nicotine Replacement Therapy	26.6%	28.0%
Non-nicotine Cessation Medications	24.1%	22.3%
Smoke-free Building/Grounds	50.1%	34.5%

Sources: National Mental Health Services Survey (N-MHSS): 2018. Data on Mental Health Treatment Facilities; National Survey of Substance Abuse Treatment Services (N-SSATS): 2018. Data on Substance Abuse Treatment Facilities.

Recommendations on Addressing Tobacco Use in Behavioral Health Populations

- ✓ Adopt tobacco-free facility/grounds policies.
- ✓ Integrate tobacco treatment into behavioral healthcare.
  - ✓ 5 A's
  - ✓ NRTs
  - ✓ pharmacological supports
- ✓ Utilize the Quitline and other evidence-based interventions
- ✓ Engage peer models
- ✓ Think beyond cessation to RECOVERY

Source Slide Courtesy of SAMHSA: Substance Abuse and Mental Health Services Administration." Tobacco and Behavioral Health: The Issue and Resources." https://www.samhsa.gov/sites/default/files/topics/alcohol_tobacco_drugs/tobacco-behavioral-health-issue-resources.pdf [accessed 2018 May 11].

Trauma Informed, Resilience-Oriented Approaches to Tobacco Cessation

Source: Van Hattum, T. (2020). Tools and Quitting [Graphic].

Solutions provided by **evidenced-based interventions** and the **paradigm shift to trauma-informed** as central to addressing tobacco use and other modifiable health risks.

What is a Trauma-Informed, Resilience-Oriented Approach?

Realizes	• Realizes widespread impact of trauma and understands potential paths for recovery
Recognizes	• Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	• Responds by fully integrating knowledge about trauma into policies, procedures, and practices
Resists	• Seeks to actively resist re-traumatization

Substance Abuse and Mental Health Services Administration. 2014.

Two Important Tenets of a Trauma-Informed, Resilience-Oriented Approach

We change the question from

"What is wrong with you?"

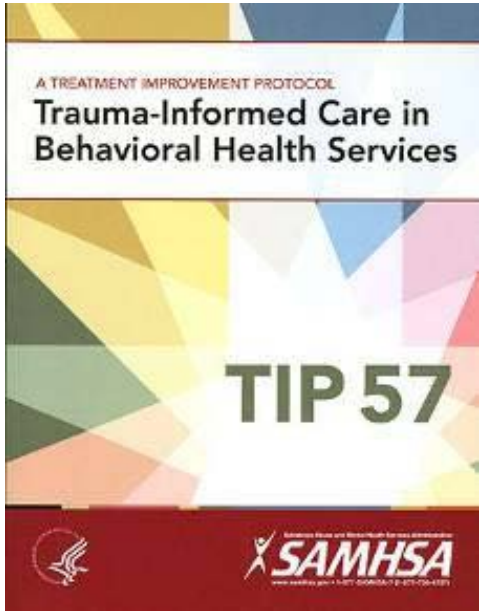
to

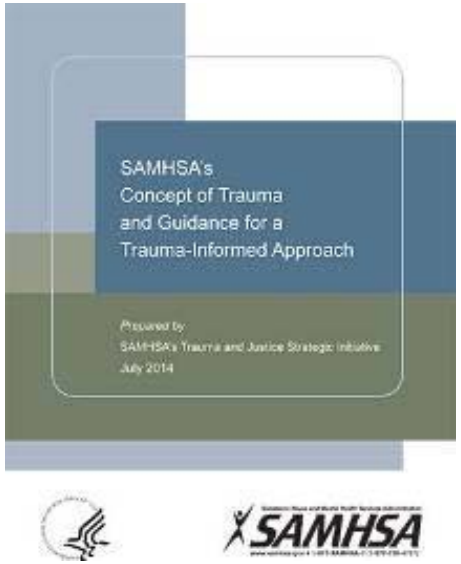
"What happened to you?"

We assume everyone is doing the best they can

Principles of a Trauma-Informed, Resilience-Oriented Approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Consideration of cultural, historical, and gender issues





Safety - Provide smoking cessation interventions that avoid potential triggers for re-traumatization

- Create a positive culture that prioritizes physical, emotional and psychological safety for every individual
- Respect privacy and confidentiality
- Model vulnerability
- Practice regulation
- Practice self-compassion

Neff, K., Self-compassion

Substance Abuse and Mental Health Services Administration. 2014

Trust and Transparency

Participants:

- Share as much control as possible
- Use reflective listening and motivational interviewing skills
- Be aware of boundary issues and power dynamics
- Express empathy

Staff:

- Acknowledge what is happening
- Don't be afraid to share your emotions
- Share as much information as possible
- Explore Brene Brown's BRAVING framework

Brene Brown's BRAVING
B – Braving
R – Reliability
A – Accountability
V – Vault
I – Integrity
N – Non-judgement
G - Generosity

Brown, B. (2018).
Substance Abuse and Mental Health Services Administration. 2014

Collaboration and Mutuality

Participants

- Level the power differential
- Listen to understand, not to respond
- Work together to consider solutions
- Respect participant's life experiences and history
- Recognize that participant is the expert in their own life

Staff

- Communicate often and through multiple mechanisms
- Look for common experiences that can highlight our shared humanity
- Check in with staff often

Substance Abuse and Mental Health Services Administration. 2014

Empowerment, Voice and Choice

Participants

- Educate participants about stress and what to do
- Embrace shared-decision making
- Honor what you hear and offer all possible alternatives
- Focus on skills-development
- Eliminate punishment, controls or orders – always validate and affirm

Staff

- Seek staff input
- Honor different ways to engage in the work
- Examine current expectations

Substance Abuse and Mental Health Services Administration. 2014

Peer Support and Mutual Self-Help

Participants

- Connect with self help services
- Advocate
- Link experiences of participants

Staff

- Consider creating a buddy system
- Bring Mental Health First Aid at Work to your workforce
- Ensure all staff know how to access Employee Assistance Program
- Create peer support circles

Substance Abuse and Mental Health Services Administration. 2014

Cultural, Historical and Gender Issues

Practice cultural humility

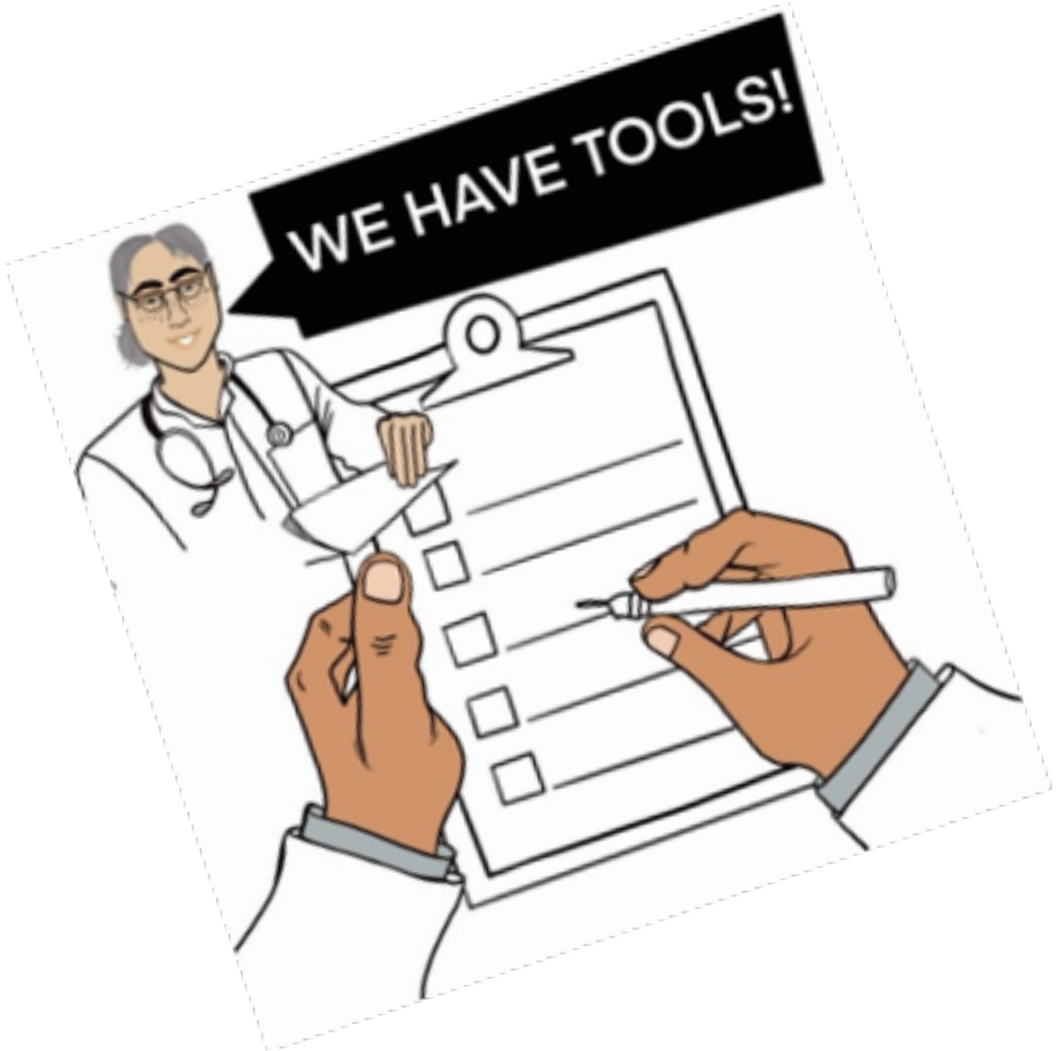
Participants:

- Offer services sensitive to the gender, culture and unique background of the consumer
- Emphasize personal choice and control

Staff:

- Be curious about how people across all sectors and groups are impacted by current events.
- Ensure everyone is invited to contribute to the solutions
- Create a positive culture in which staff can have hard conversations around bias, cultural diversity, equity, inclusion, and systemic racism

Substance Abuse and Mental Health Services Administration. 2014



Source: Van Hattum, T. (2020). Rethinking the role of clinicians [Graphic].

Rethinking the role of healthcare staff

within trauma-informed and trauma specific practices.

Staff/Treaters

- Often have their own traumatic histories
- Seek to avoid re-experiencing their own emotions
- Respond personally to others' emotional states
- Perceive behavior as personal threat or provocation

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

Organizational Level

Focus on Creating the Conditions for Organizational Change

- Develop a core implementation team (CIT)
- Ensure continued support from leadership
- Educate CIT members
- Conduct an organizational self-assessment
- Align trauma-informed initiative with existing organizational initiatives
- Communicate to stakeholders for engagement and support
- Develop a plan
- Monitor progress

National Council for Behavioral Health. 2019.

Focus on Trauma-Informed Action Steps

Help all individuals feel safety, security and trust

Develop a trauma-informed workforce

Build compassion resilience in the workforce

Identify and respond to consumers around stress, distress and trauma

Finance and sustain trauma-informed initiatives

National Council for Behavioral Health. 2019.

Core considerations at the organizational level

- Train staff about trauma, sensitive practice and sharing of critical information
  - *Have you 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.*
- Create a safe and comfortable environment
  - *Where are services provided and what safety provisions should be considered?*
  - *Have your staff been trained on person first language around tobacco use?*
  - *Is your organization working on building a resilient staff culture?*
- 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?*

Sample scripts for talking about trauma and smoking

At first appointment

Hello, my name is [name], and I am [role]. Is [name] your preferred name? Thank you; I'll make a note of this for future appointments. I'm glad you are here today. I have some questions to ask you about your history. As medical providers, we are becoming more and more aware of how past experiences can affect our health in the here and now, including our smoking cessation efforts. Sometimes knowing about difficult experiences in the past can help us to change our approach for you as a participant to make this a safe and comfortable place for your health care and efforts to stop smoking. How would you feel about answering a few brief questions about your personal and family history?

National Council for Behavioral Health. 2019.

Sample scripts for talking about trauma and smoking

At follow up appointments:

Hello, [name]. (Be sure to use the preferred name noted in their chart from the first appointment.) Each year we like to check in about experiences in your life that might affect how we help you with your medical care and smoking cessation efforts. Would you be willing to look at this survey about your past experiences again and update our understanding of you as a person and how we can best support you?

National Council for Behavioral Health. 2019.

Sample scripts for talking about trauma and smoking

Open ended question:

"Difficult life experiences, like growing up in a family where you were hurt, or where there was mental illness or drug/alcohol issues, or witnessing violence, can affect our health. Do you feel like any of your past experiences affect your physical or emotional health? Trauma can continue to affect our health and our smoking cessation efforts. If you would like, we can talk more about services that are available that can help."

Identifying resilience factors:

"In the past, which of your strengths have you relied on to "bounce back" after difficult experiences?"

National Council for Behavioral Health. 2019.

Sample scripts for talking about trauma and smoking

Response to trauma disclosure:

"I am sorry this happened to you. Thank you for sharing this with me. This information can help me understand how best to care for you. Trauma can continue to affect our lives and health and impact our smoking cessation effort. Do you feel like this experience affects your health or well-being?"

"In light of what you've shared today, is there anything I can do to make you feel more comfortable during our appointments together? Do you have any concerns we should address before moving forward?"

"Thank you for sharing this. I will note it in the record for future appointments, and you can always change or add to it later. What questions do you have?"

National Council for Behavioral Health. 2019.

Tools for assessing for trauma and resilience

- Staying Healthy Assessment Questionnaires. Catalog of screening tools for a range of ages in multiple languages from the California Department of Health Care Services.
- National Center for PTSD. Compilation of training materials and tools for assessing PTSD and trauma from the U.S. Department of Veterans Affairs.
- Devereux Resilience Scale
- Connor-Davidson Resiliency Scale (CD-RISC)

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?

Practice Level

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.*

Ingredients for knowing when a top-down approach may be indicated

Evidence-based trauma-informed and trauma-specific interventions provide individuals and families with strategies to :

- Focus their minds and recognize there are times when they may not feel safe. Learning the strategies for regulating emotions and controlling anxiety is vital to everyday functioning in society.
- Future planning.
- Recognizing one's own and others' alarm reactions
- Sweeping one's mind clear before judging and acting
- Focusing on what is most important and positive
- Being aware of stress and personal control levels. These strategies activate the thinking center and reset the alarm.

3 Strategies for Regulation
#1 – Top Down

Cortex
Limbic
Midbrain
Brainstem

- Journaling
- Self-compassion
- Mindfulness
- Reflection
- Healthy boundaries
- Clear expectations
- Gratitude practices
- Cultural humility
- Problem solving
- Pause between stimulus & action

3 Strategies for Regulation
#2 - Bottom Up

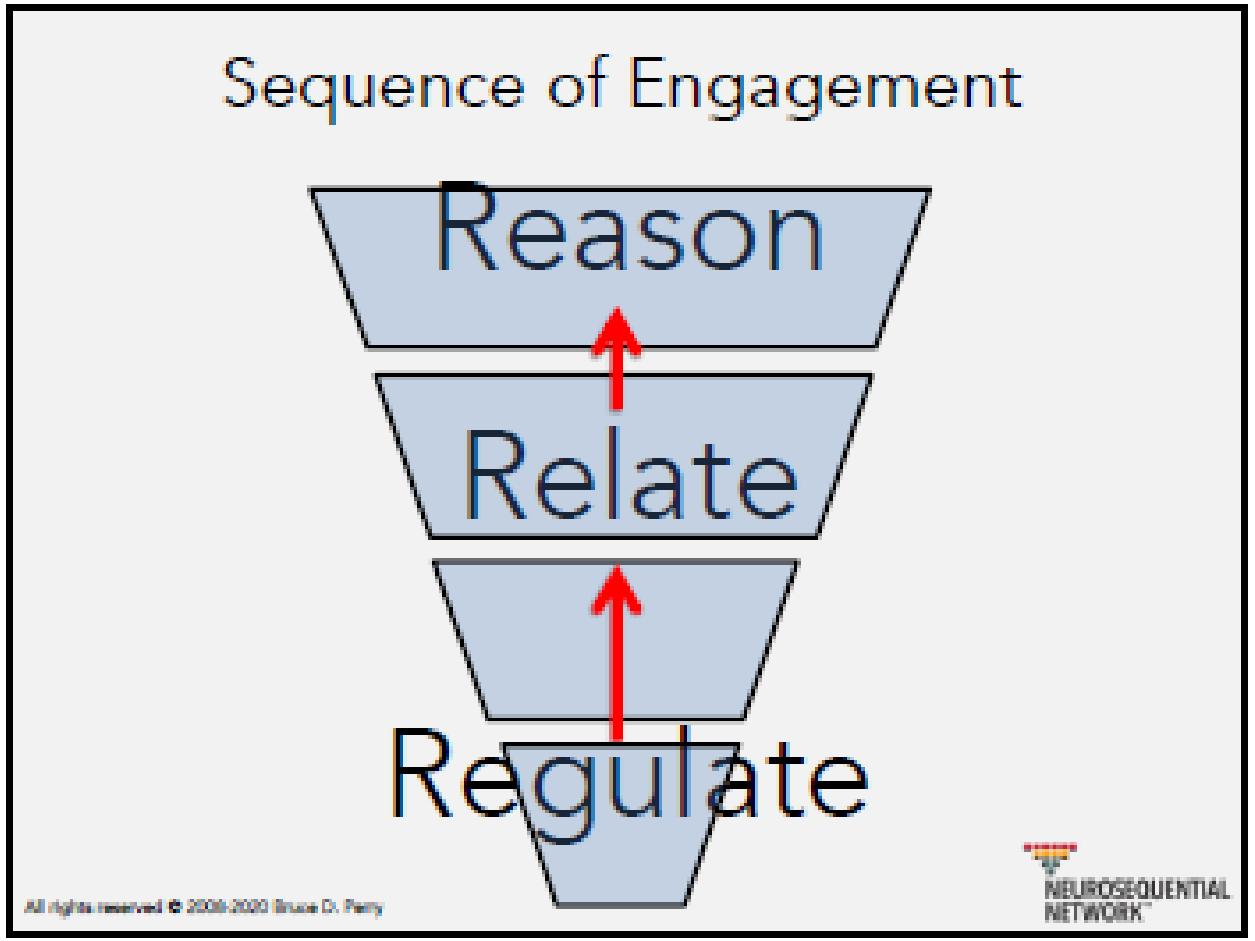
Cortex
Limbic
Midbrain
Brainstem

- Focused breathing
- Grounding exercises
- Regulated day
- Calming spaces
- Sensory and calming tools
- Exercise and movement
- Music
- Visual calming exercises
- Alterative workstations

3 Strategies for Regulation
#3 - In Relationship with Others

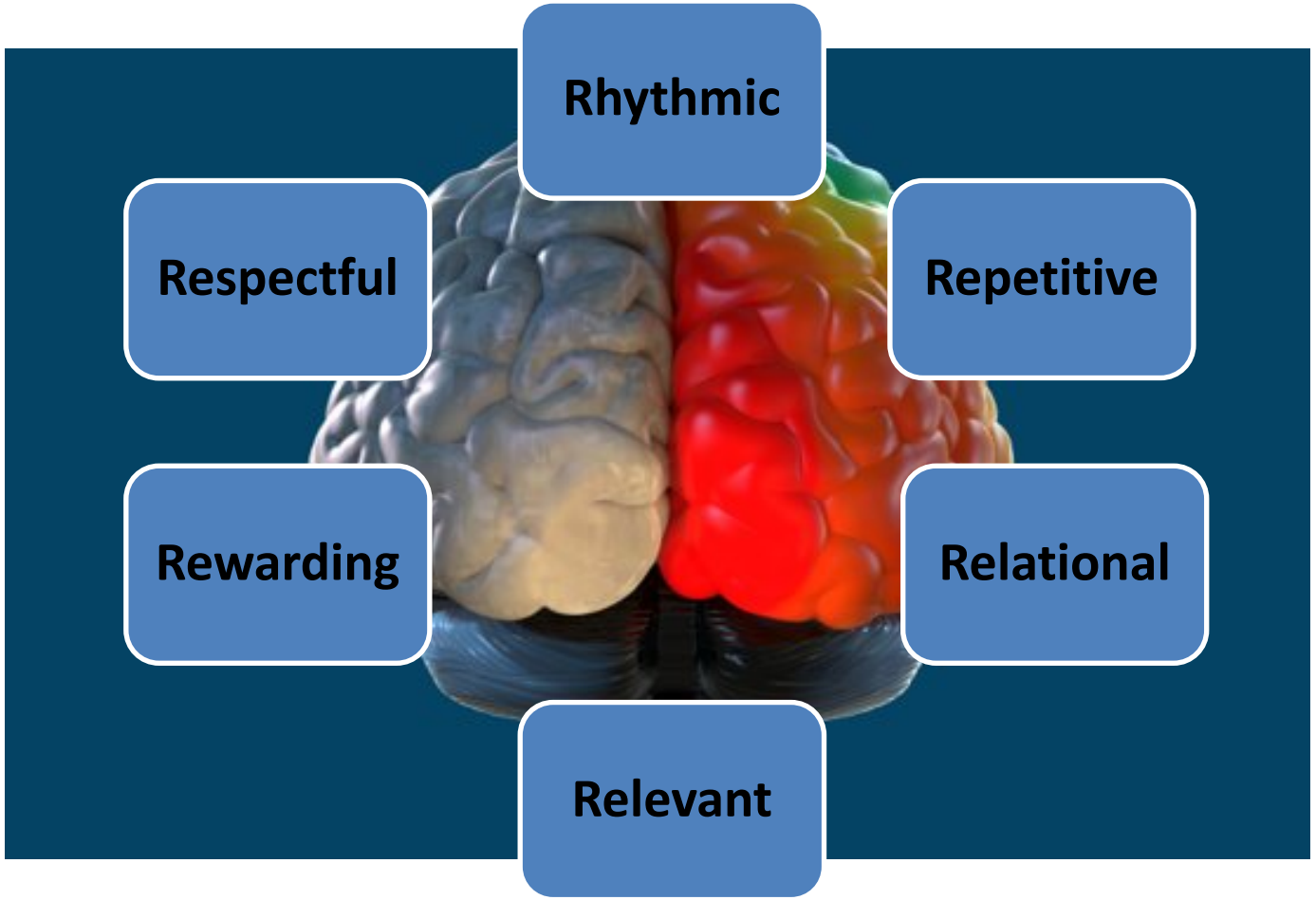
- Peer support groups
- Mentor and buddy systems
- Vulnerability exercises
- Empathy exercises
- Group movement exercises
- Celebrations
- Recognition activities
- Crucial conversations

Regulate, Relate, Reason



Perry, B. 2020

Neurobiologically Informed Interventions and Practices



Brous, K. (2014, April 11). *Perry: Rhythm Regulates the Brain.* Retrieved from https://attachmentdisorderhealing.com/developmental-trauma-3/

Evidence-based trauma-informed and trauma-specific interventions

- Somatic Interventions (Yoga, MBSR, Acupuncture, Somatic Experiencing Therapy)
- EMDR
- DBT
- Medicine
- Expressive & Art Based Therapies
- Present Focused Trauma Therapies (Seeking Safety etc.)
- And more….

Teach about Regulation

The basic strategy for quieting our lower brain

*"**Regulation** is the ability to monitor and control our behavior, emotions and thoughts, altering them in accordance with the demands of the situation." J.L. Cook/G.Cook*

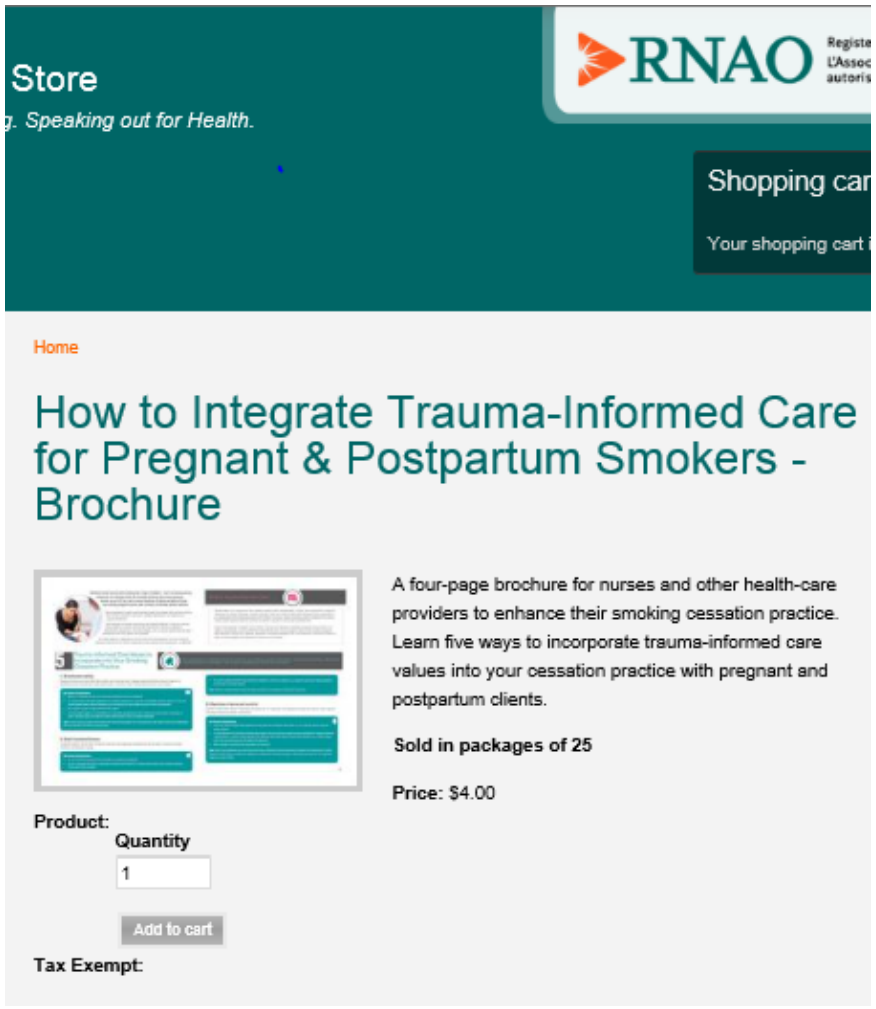
Core considerations at the practice level

- Communicate a sensitivity to trauma issues
  - *Do I share information about how trauma impacts smoking?*
  - *Do I frame smoking as a coping mechanism that can be replaced?*
  - *Am I attentive to signs of participant discomfort and unease?*
  - *Are there possible triggers for re-traumatization in my cessation approaches and if so, do I attempt to minimize these?*
  - *Do I consider gender biases, societal hindrances, such as poverty, and other stressors unique to their circumstances?*
- Assist clients to identify their own strengths and to develop coping skills
  - *Do I provide clients with clear explanations of a smoking intervention in a way that is individually tailored to them?*
  - *Do I actively involve participants in the planning of smoking cessation services, and are their priorities elicited and then validated in formulating a plan?*
  - *Does my smoking cessation approach cultivate a model that is doing 'with' rather than 'to' or 'for'?*
  - *Do I emphasize client growth rather than maintenance?*

Core considerations at the practice level

- Emphasize participant choice and control
  - *Do I offer choices to participants regarding how and when the intervention takes place, e.g., do I ask them about timing that works for them?*
  - *To what extent are the individual's priorities given weight in terms of services received and goals established?*
  - *What message is received about unsuccessful quit attempts?*
  - *Do I support the slow process of change and healing*
  - *Have I tried all seven of the FDA approved methods for supporting cessation?*

Trauma-informed tobacco intervention

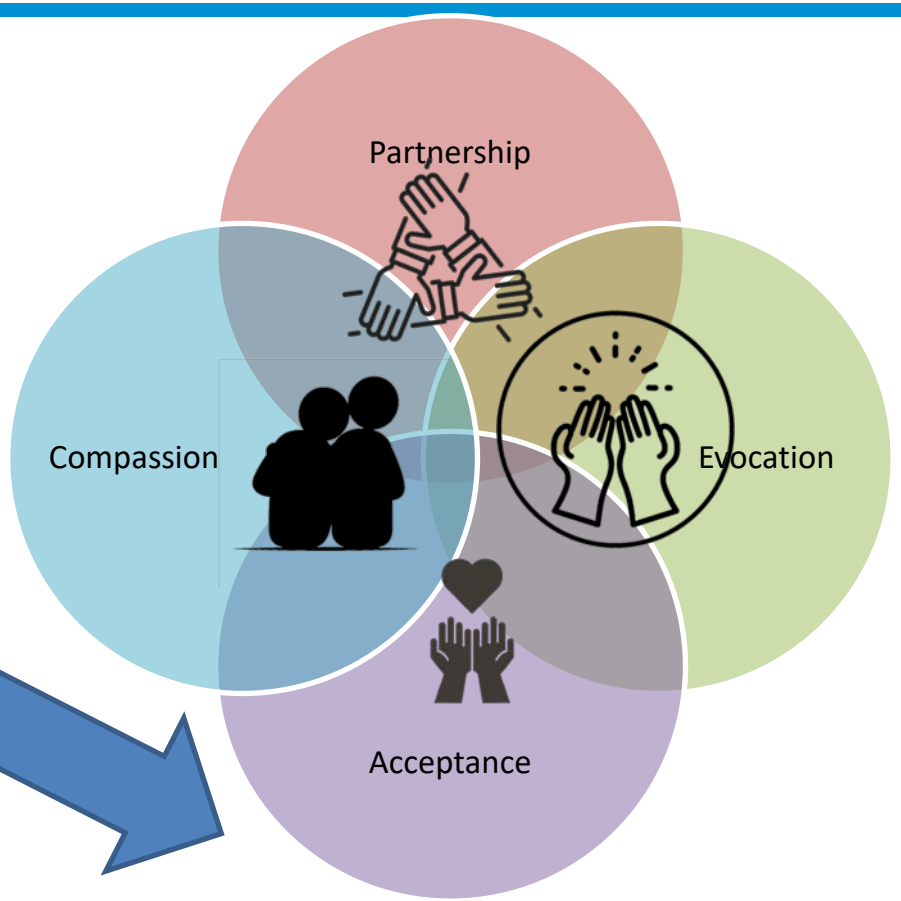


Provides questions that guide the practitioner to apply trauma-informed principles

- Emphasize safety
- Build trust
- Maximize choice and control
- Collaborate
- Empower

https://shop.rnao.ca/node/140

The Spirit of Motivational Interviewing



Sources: Van Hattum, T. (2020). Mi Processes [Graphics]. Prochaska & DiClemente, 1983

What else can we do?

- Medications
- Recovery coaches
- Technology
- Prioritize the relationship
- Seek ways to build connection
- Embrace compassion instead of punishment

Stress Relief During COVID-19

- Supportive Relationships
- Exercise Daily
- Healthy Sleep
- Nutrition
- Mental and Behavioral Health Support
- Mindfulness and Mediation

California Surgeon General's Playbook: Stress Relief during COVID-19

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
  - Resilience Research Centre: http://resilienceresearch.org
  - Adverse Childhood Experiences: ACES Too High: www.acestoohigh.com & ACES Connection: www.acesconnection.com

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