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Incorporating Trauma-Informed Approaches in Tobacco-Cessation Services

Thursday, November 1st l 2 pm ET

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Welcome from the NBHN team!

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Housekeeping

This workshop is being recorded. Please mute yourself when you are not speaking.

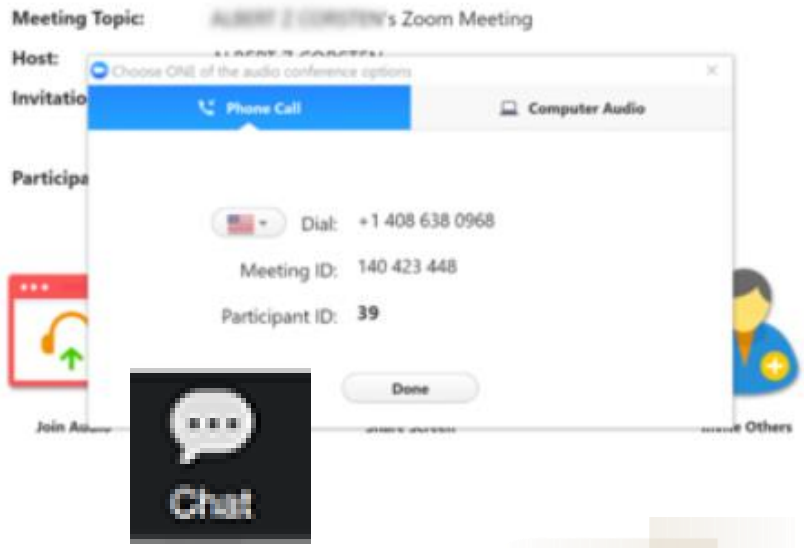
For audio access, participants can either dial into the conference line or listen through your computer speakers.

You can enable your closed captioning by selecting "CC" icon located in your bar.

You can submit questions by typing them into the chatbox.

Slide handouts and recording will be posted here:

- https://www.bhthechange.org/resources/resource-type/archived-webinars/



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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 individuals experiencing mental health and substance use challenges
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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National Behavioral Health Network for Tobacco & Cancer Control

Learning Agenda

National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Challenge Definition

TECHNICAL	ADAPTIVE/COMPLEX
Includes tobacco and cancer - related environmental, policy, systems and health – care challenges such as second and third – hand smoke and lack of access to quality care.	Includes tobacco and cancer – related disparities in marginalized communities; systemic and structural racism, stigma, and bias; predatorial marketing by tobacco industry; and equitable access to quality care.

Impact Level

Level 1	*Level 2*	*Level 3*
CHANGE IN KNOWLEDGE/SKILLS	CHANGE IN POLICY/PRACTICE	CHANGE IN SYSTEMS/CULTURE

Generalized ← *Health Equity* → *Individualized*

Learning Approach

TECHNICAL ASSISTANCE RESOURCES		MULTI-HOUR/DAY TTA		PRACTICE CHANGE INITIATIVES	
Infographics/ fact sheets/ media resources	Presentations conferences	Masterclass workshops	Trainings	Community of practice	ECHO series
Live and archived webinars	Toolkits/ guidance documents/ implementation briefs	State strategy summits	Office hours/ affinity calls	Coaching calls	Consultation
				Learning communities	

National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

NBHN's learning agenda is designed to advance health equity by...

- Reducing tobacco and cancer-related disparities among individuals with mental health and substance use challenges.
- Addressing social and political that influence tobacco and cancer-related disparities.
- Strengthening, supporting and mobilizing communities and partnerships in tobacco control, cancer control and behavioral health.
- Building, championing, and implementing tobacco-free policies, plans and laws.
- Improving the availability, accessibility and effectiveness for cessation and counseling services.
- Implementing trauma-informed resilience oriented prevention and cessation messaging.
- Building a diverse and skilled tobacco control, cancer control and behavioral health workforce.
- Promoting the improvement, access, and utilization of tobacco, cancer and behavioral health data.

A Note on Language & Terminology

Commercial tobacco use/tobacco use: The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDs).*

All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.

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Today's Featured Speakers

Dr. Amelia Roeschlein, DSW, MA, LMFT
Consultant,
Practice Improvement

Youlim Song
Project Coordinator,
Practice Improvement

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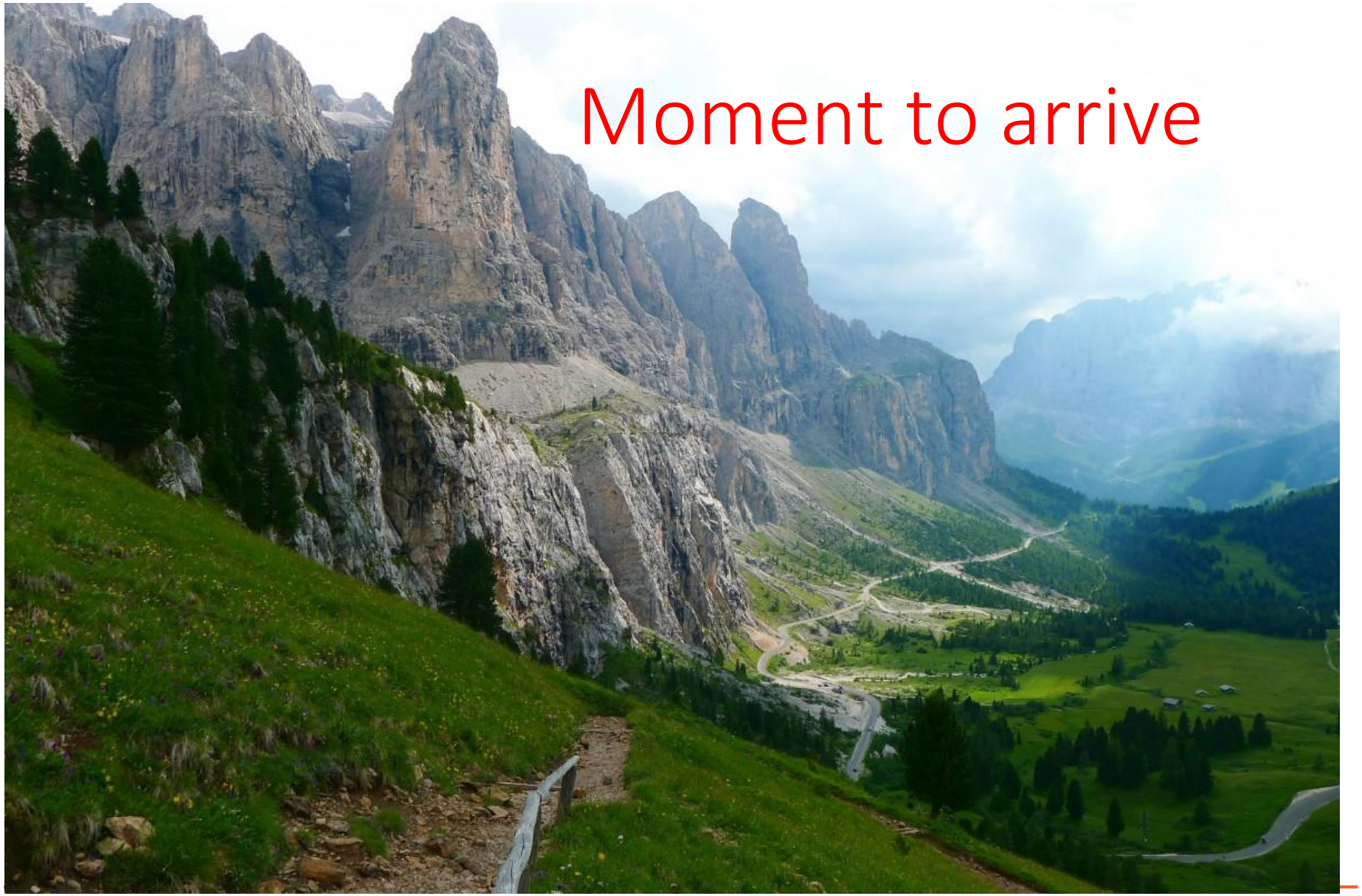
Moment to arrive



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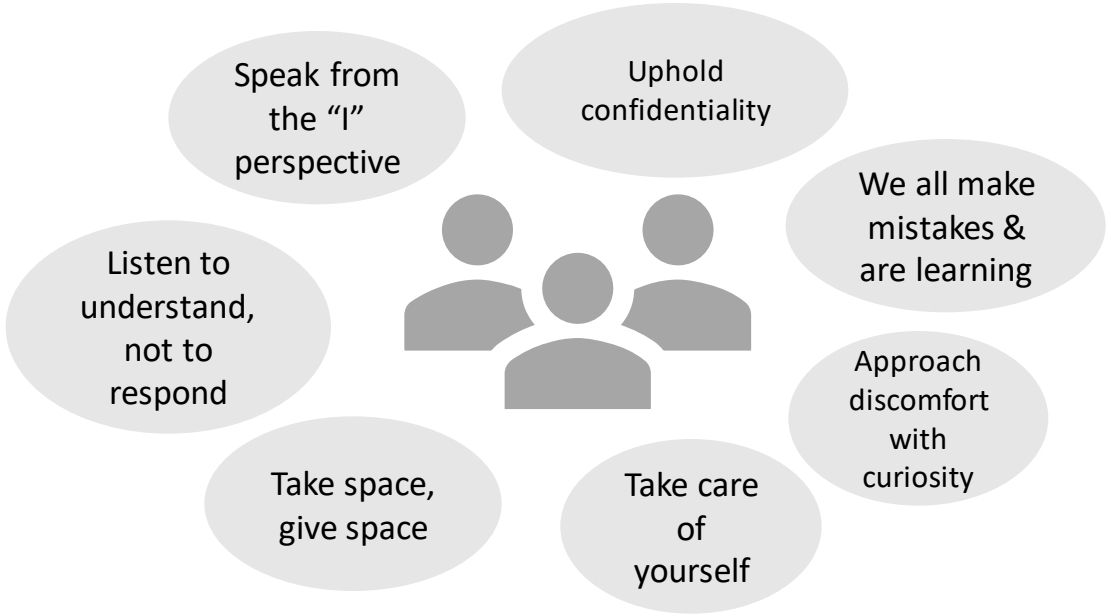
Session Norms



We have been socialized to believe that it is not polite to talk about oppression, race and racism (and other –isms) – hearing about & talking about these things may bring up feelings of discomfort.

We ask ourselves and participants to be mindful of assumptions, and biases during this presentation.

We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.

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Learning Objectives

- Understand the connection between trauma and commercial tobacco use.
- Explore how to implement TIRO approaches across policy, organizational, practice and client levels.
- Discuss and strategize best practices to address commercial tobacco use among individuals with mental health or substance use challenges and a history of trauma.

Tobacco & Mental Health & Substance Use

What has caused the disparity?

The overall rate of cigarette smoking among adults has been falling decreasing**, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions**.

This disparity can be attributed in part to predatorial practices by tobacco companies which included:

- 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

- **Limited access to high quality care (delays in care, lower quality of care, and more)**
- **High rates of Trauma**

Rates of Tobacco Use in MH/SU populations

- Adults with Mental Health & Substance Use (MH/SU) challenges consume **almost 40% of all cigarettes smoked** (CDC)
- Adults with psychiatric diagnoses are **almost twice as likely** as those without such diagnoses to smoke (Lasser et al., 2000)
- Adults with MH diagnoses attempt to quit at the same rate as those without, but are less likely to be successful (Smith et al, 2000)

- Most individuals with MH/SU challenges want to **quit smoking** (Acton et al., 2001; Prochaskha et al., 2006)
- Smoking cessation **enhances long-term recovery** for individuals with substance use disorders (Prochaska et al., 2004)

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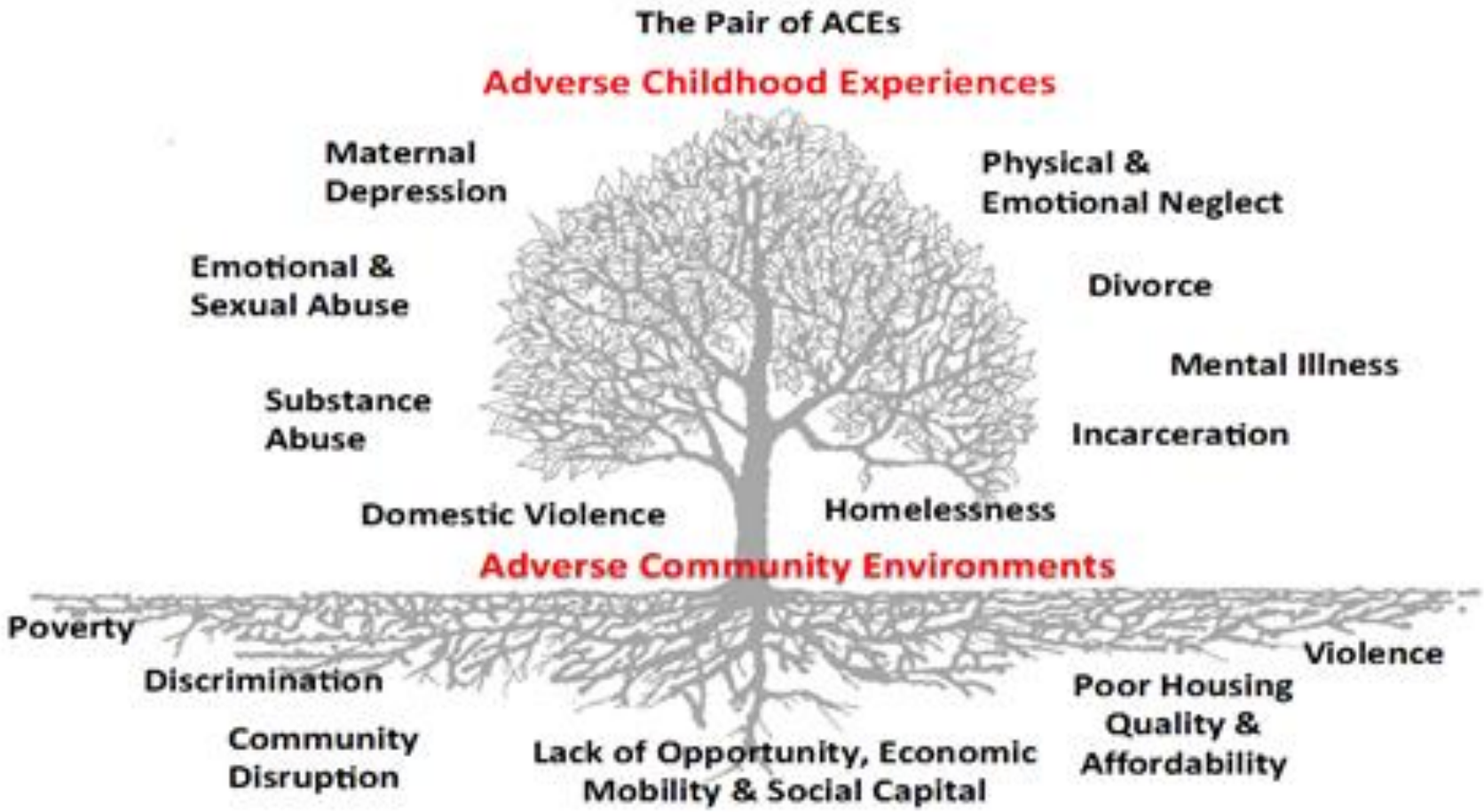
Trauma | Tobacco | MH/SU Challenges

- Exposure to trauma **elevates risk for mental health and substance use challenges** throughout adolescence and adulthood (McLaughlin et al., 2020)
- 51% to 90% of public mental health clients report a history of trauma (Mueser et al., 2004)
- More than 70% of individuals in substance use treatment have a history of trauma exposure (Deykin & Buka, 1997)

- Use of substances such as tobacco products often arise as a **coping mechanism**, a **type of solution** to the emotional, psychological and physical **impact of trauma**.

ACEs & Long-Term Health

- Adverse Childhood Experiences (ACEs) are a **wide range of potentially traumatic events that occur during youth**
    - Abuse, neglect, witnessing violence, loss of a family member, growing up in a household with mental health and substance use challenges, instability due to loss of housing, parental separation, incarceration, etc
- Exposure to ACEs correlated to leading causes of death such as heart disease, cancer, chronic lung disease (Felitti et al., 1998)
- Multiple exposures to ACEs increase an **individual's likelihood of engaging in health-risk behaviors** such as binge drinking as a coping strategy. (Campbell et al., 2016)



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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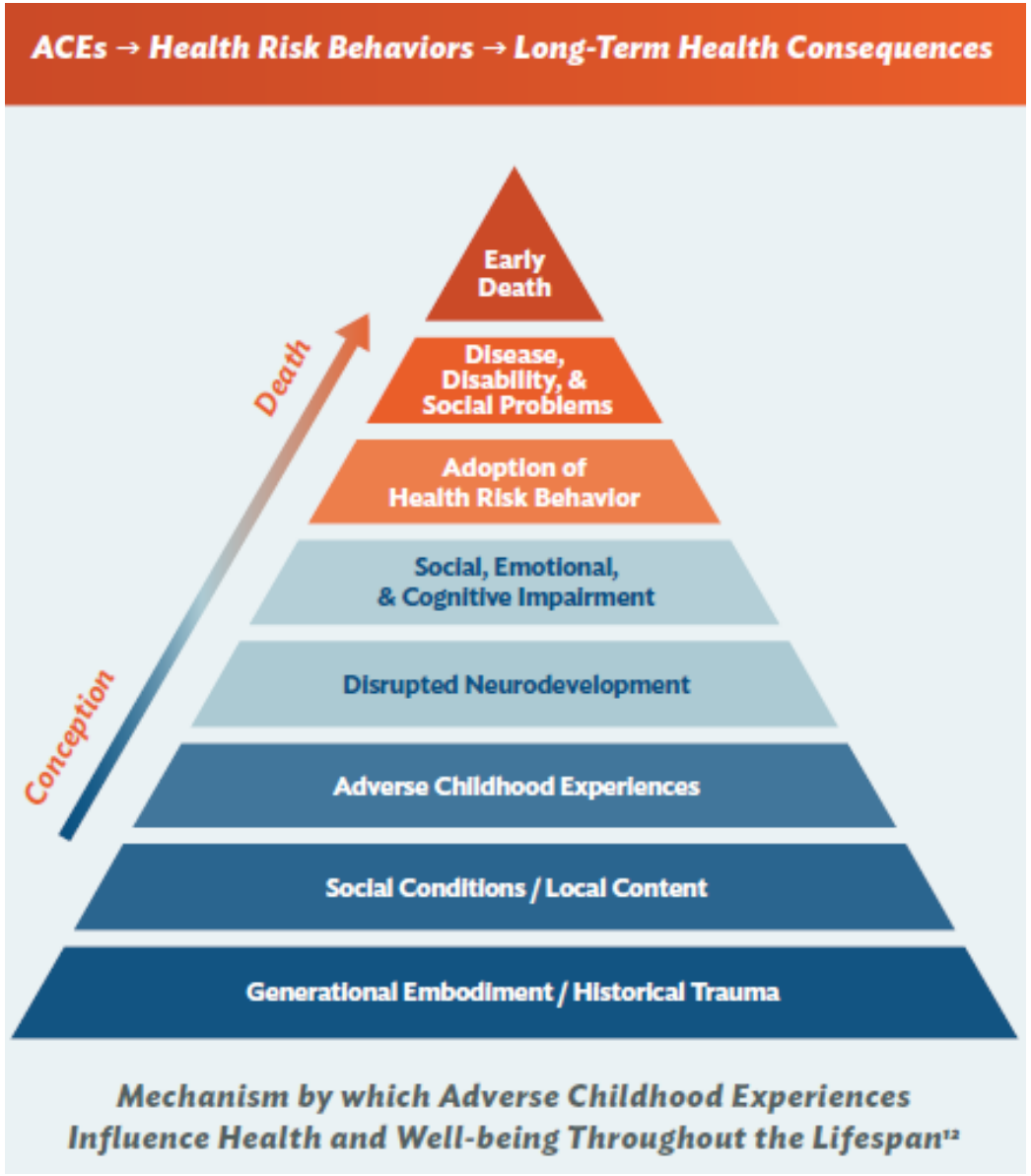

(CDC, 2021)

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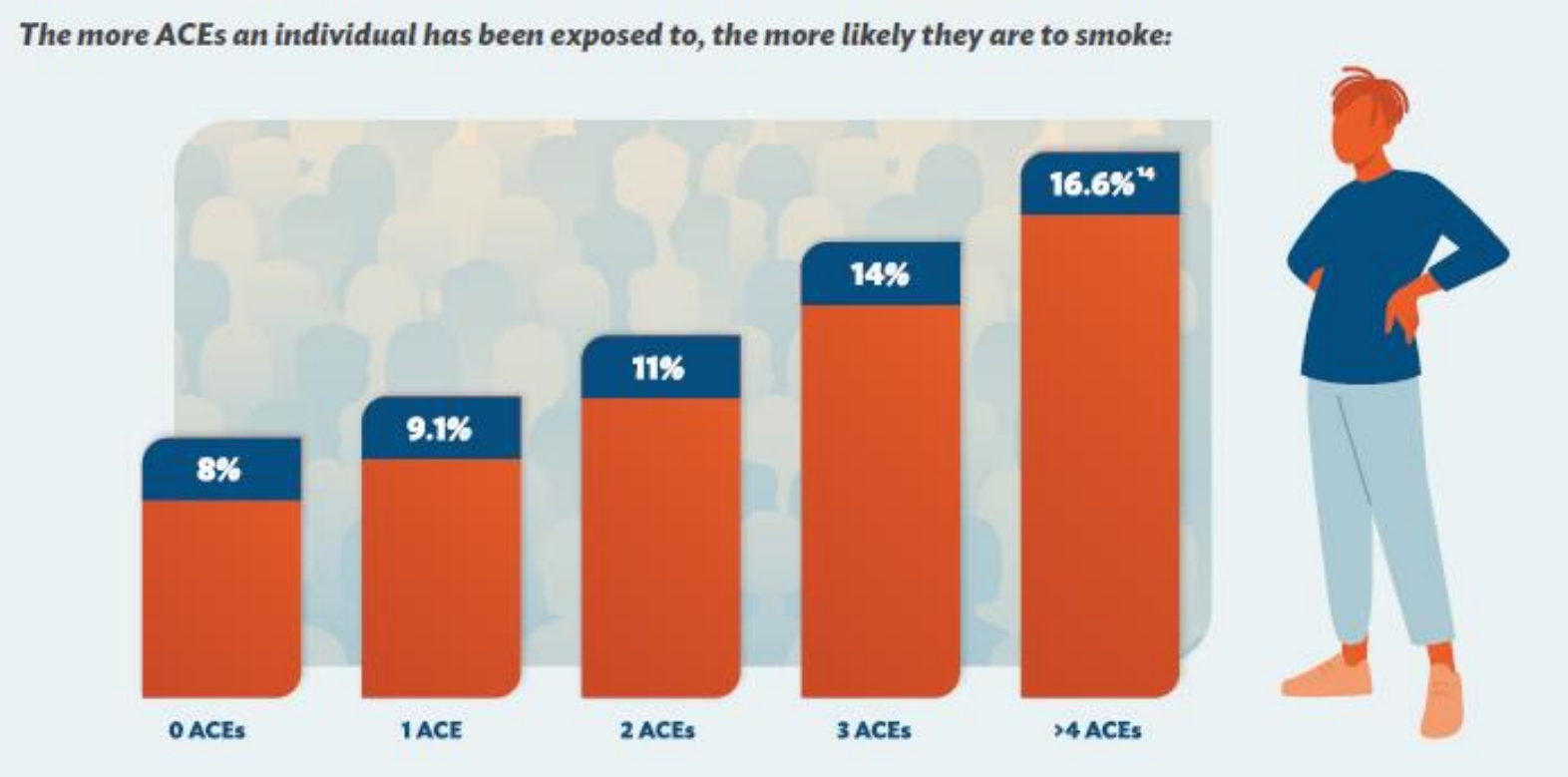
ACEs & Tobacco



- **Likelihood of using tobacco**
- **Earlier initiation**
- **Duration into adulthood**
- **More persistent smoking**

(Anda et al., 1999; Edwards et al., 2007)

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PTSD and Tobacco Use

- Exposure to trauma in early adulthood is associated with up to twofold increased risk of smoking (Roberts et al., 2008)
- 45% of adults with PTSD diagnosis smoke, and are more likely to become persistent smokers (Feldner et al., 2007)

- Interaction between effects of nicotine and PTSD symptoms complicate cessation efforts

What is Trauma?

Definition (SAMHSA Experts 2012) includes

three key elements

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

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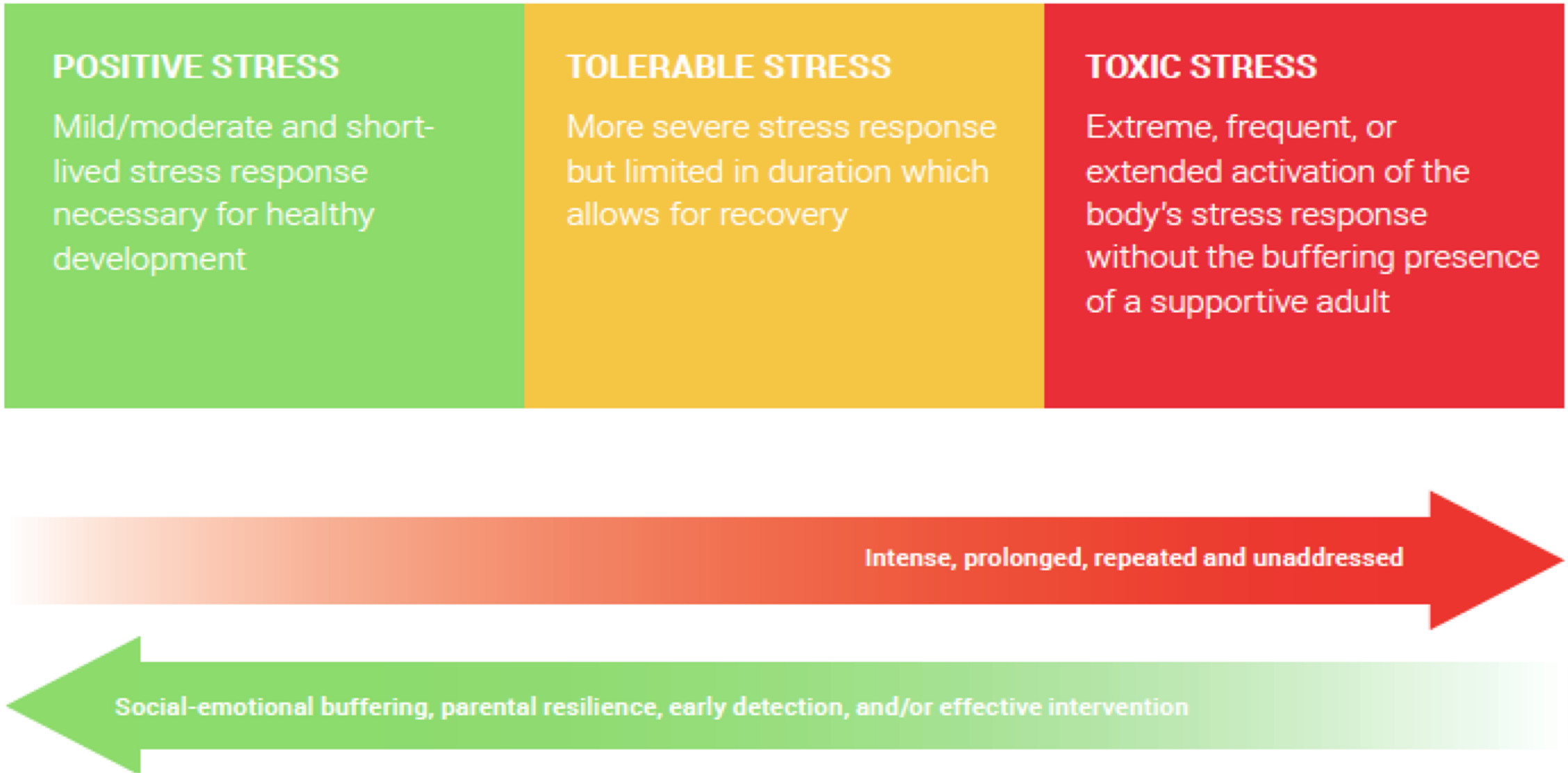
Toxic Stress – Why It Matters



Trauma Shapes Our Beliefs

- Worldview
- Spirituality
- Identity

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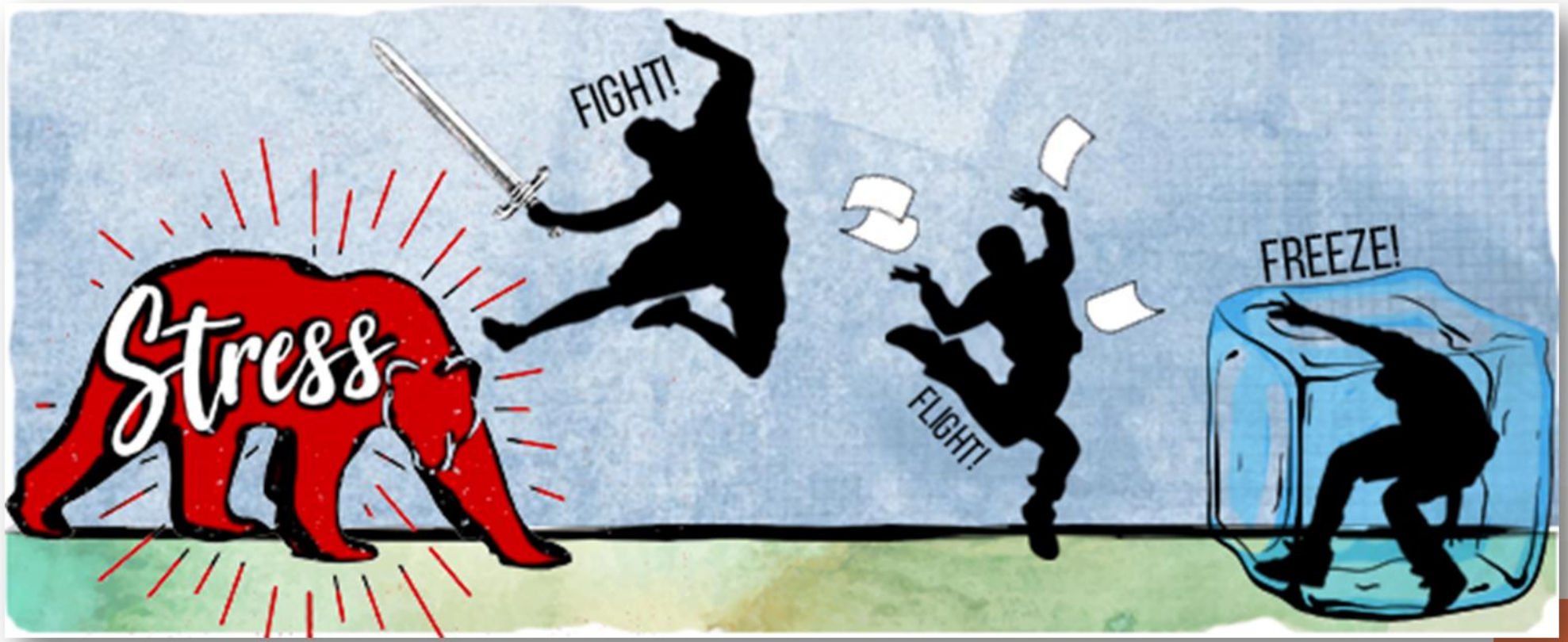
Resilience

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. It means "bouncing back" from difficult experiences.

American Psychological Association. *The Road to Resilience.* Retrieved from http://www.apa.org/helpcenter/road-resilience.aspx

Survival Mode Response



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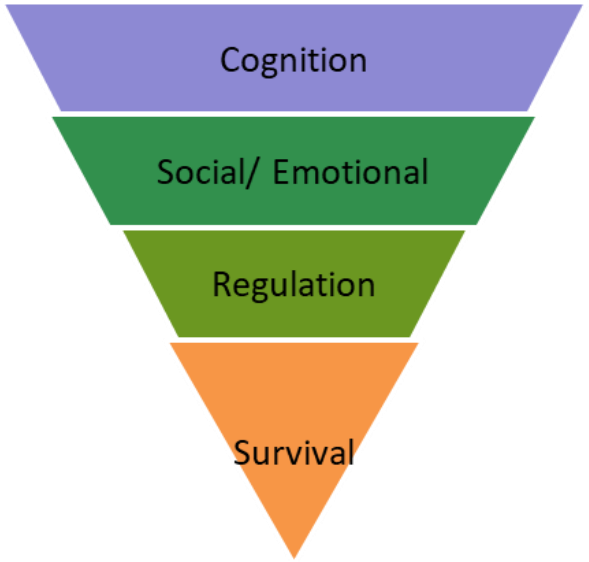
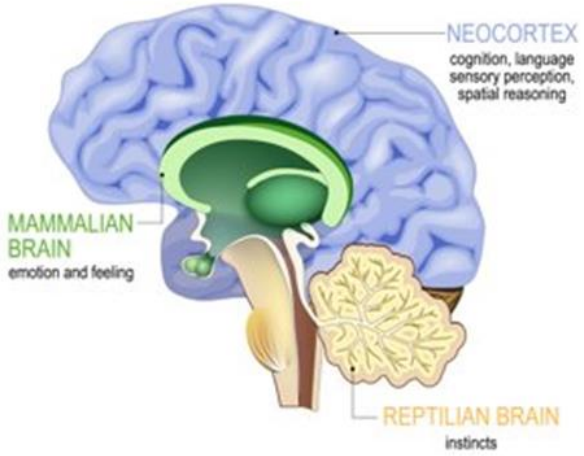
Impact of Stress on Brain Energy

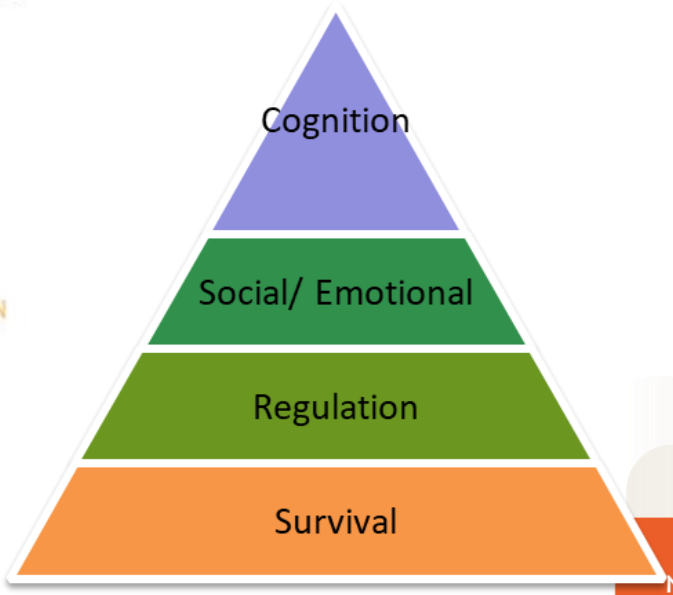
Typical Performance



Brain evolution



During Stress



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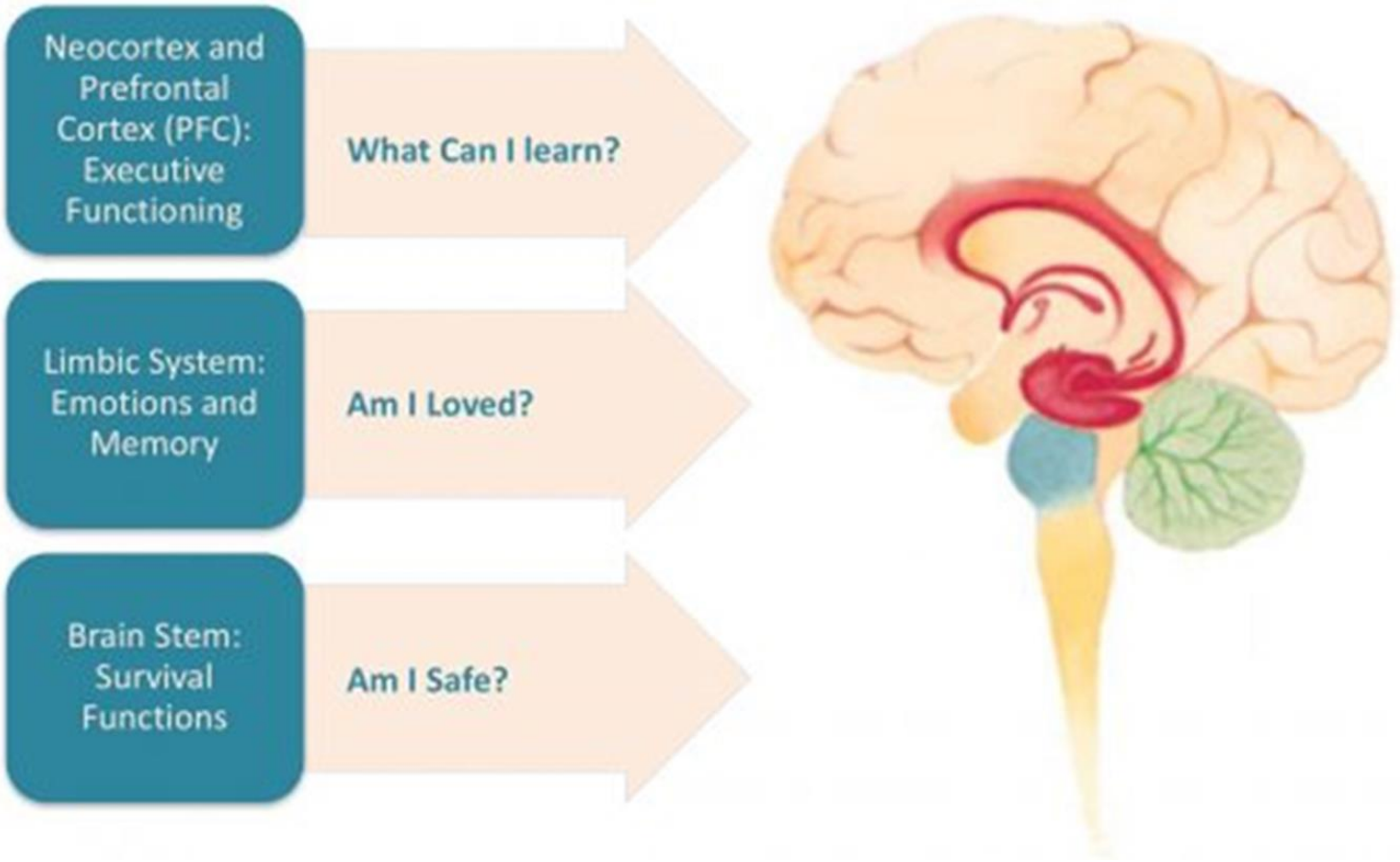
Brain Based Science



Dezelic & Ghanoum (2016)

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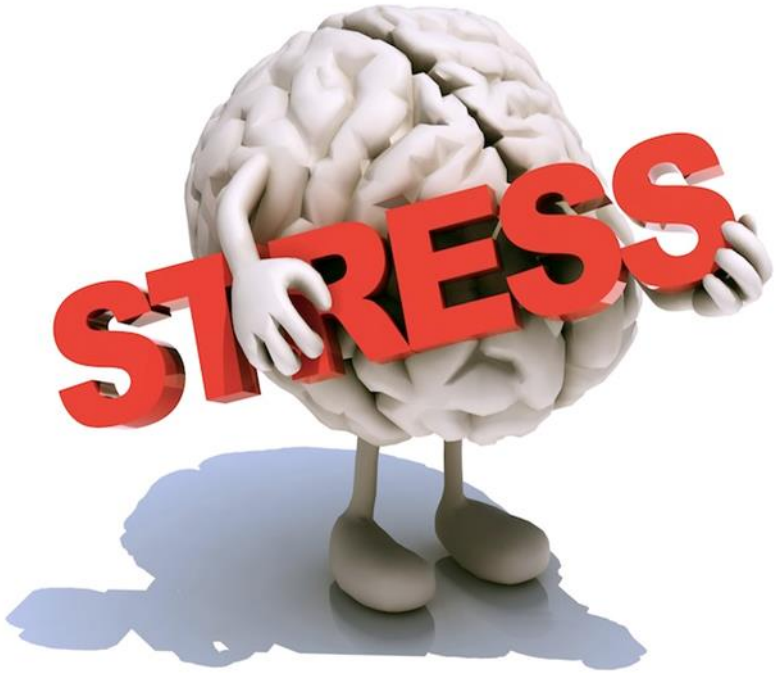
Survival Mode Response



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Inability to
Respond
Learn
Process

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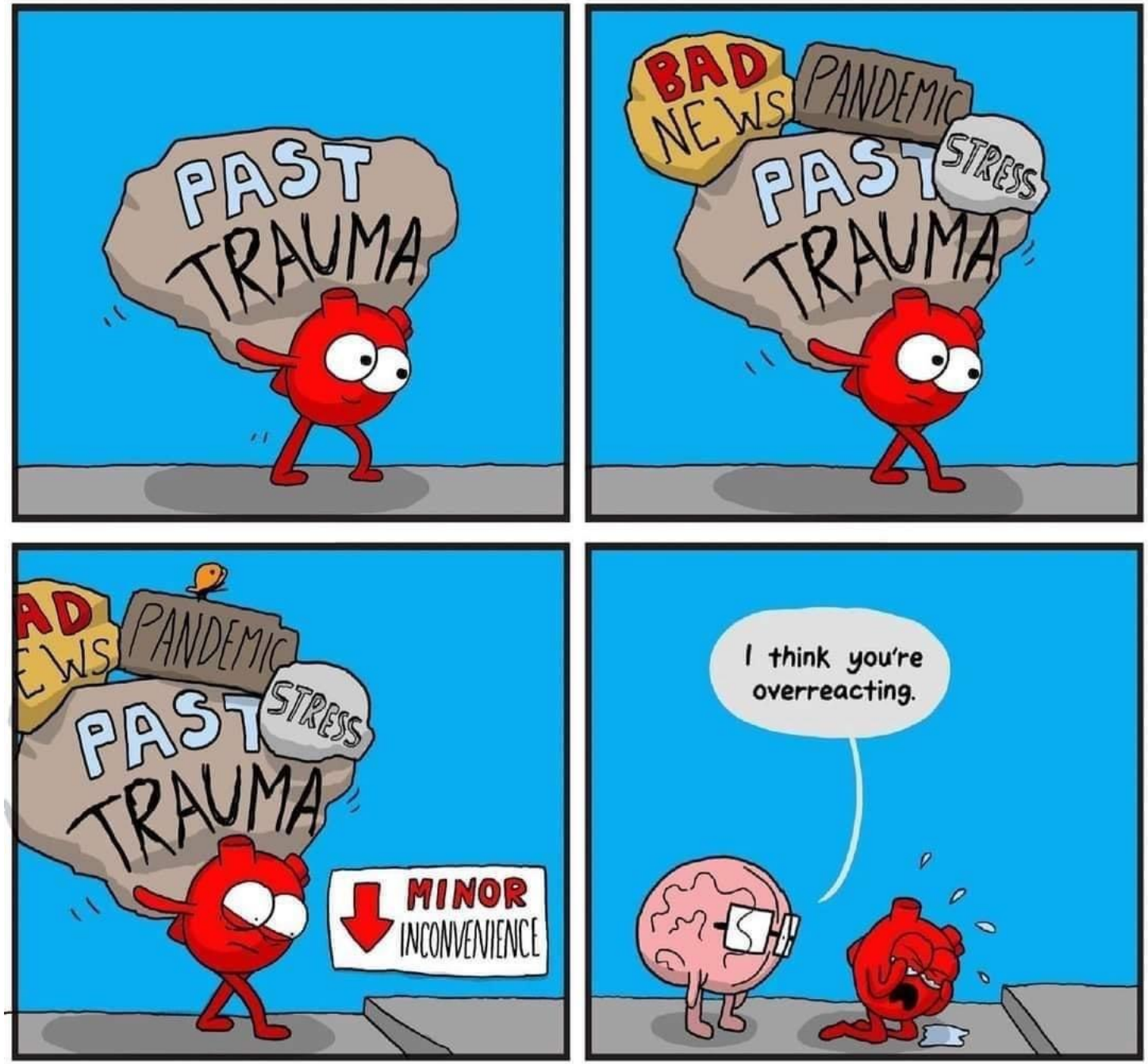

theAwkwardYeti.com

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 and your people?"

We assume everyone is doing the best they can

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Universal Expectations

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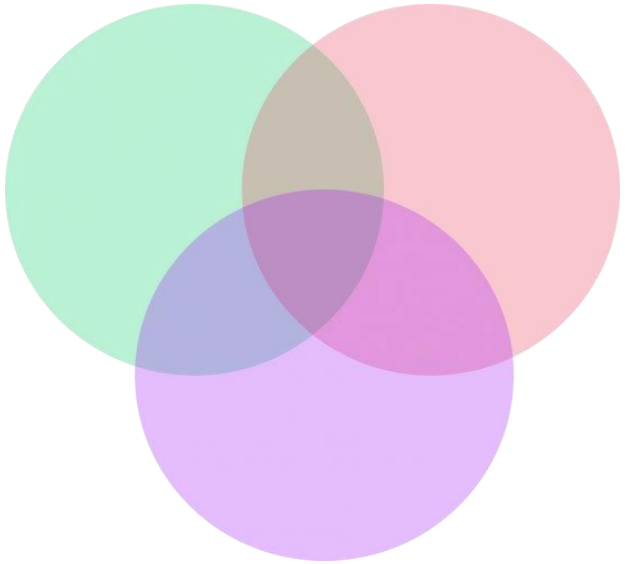
Priority Populations



- LGBTQ+ Community
- Youth
- Pregnancy
- Race & Ethnicity

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What is Trauma-Informed Care?

Substance Abuse and Mental Health Services Administration's trauma-informed approach is grounded in **four assumptions** and **six key principles**

4 Rs (**Assumptions**)

Realizes widespread impact of trauma and understand potential paths for recovery

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

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

Resists re-traumatization

Six Key Principles

Safety

Collaboration and mutuality

Trustworthiness and transparency

Empowerment, voice and choice

Peer support

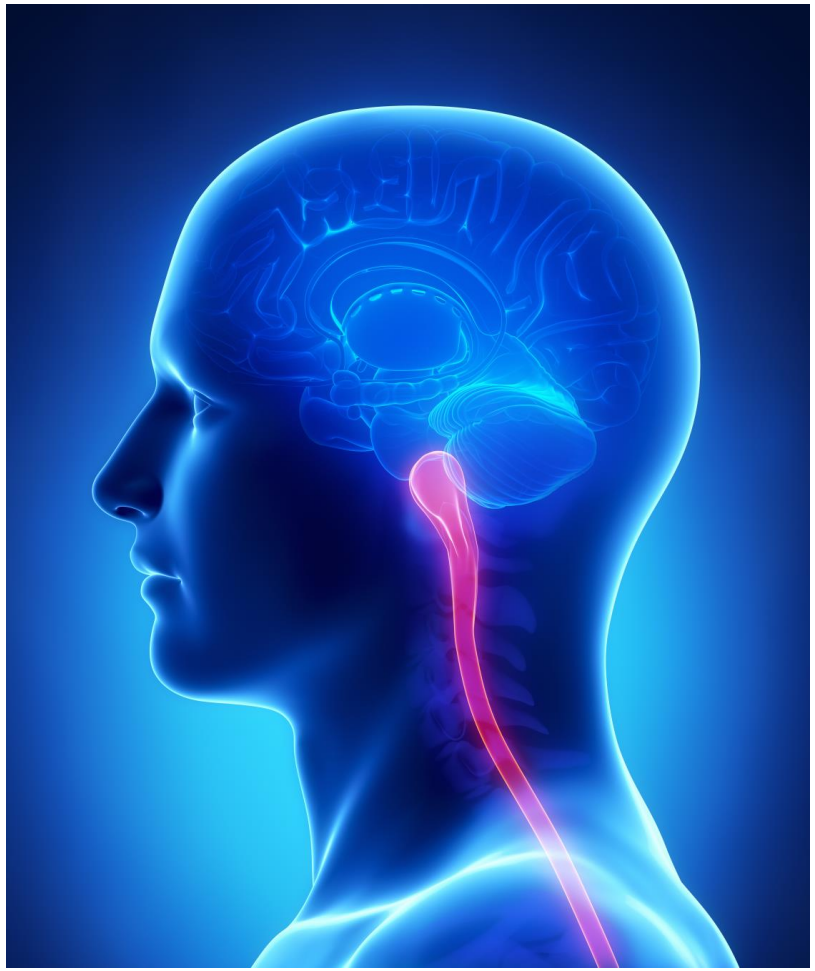
Consideration of cultural, historical and gender issues

Impact the Lower Brain

Rhythmic

Respectful

Rewarding



Repetitive

Relational

Relevant

Safety Considerations

Physical Safety	Psychological Safety	Cultural Safety	Moral Safety
The sense of being protected from violence, illness etc.	Addressing the anxieties and fears of being able to be authentic, risk taking	Addressing the frustration, anger, guilt from the current systems, microaggressions, social unrest	Addressing the **hypocrisy** that is present, both **explicitly and implicitly**

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What do you think successful TIC implementation looks on a **policy level**?

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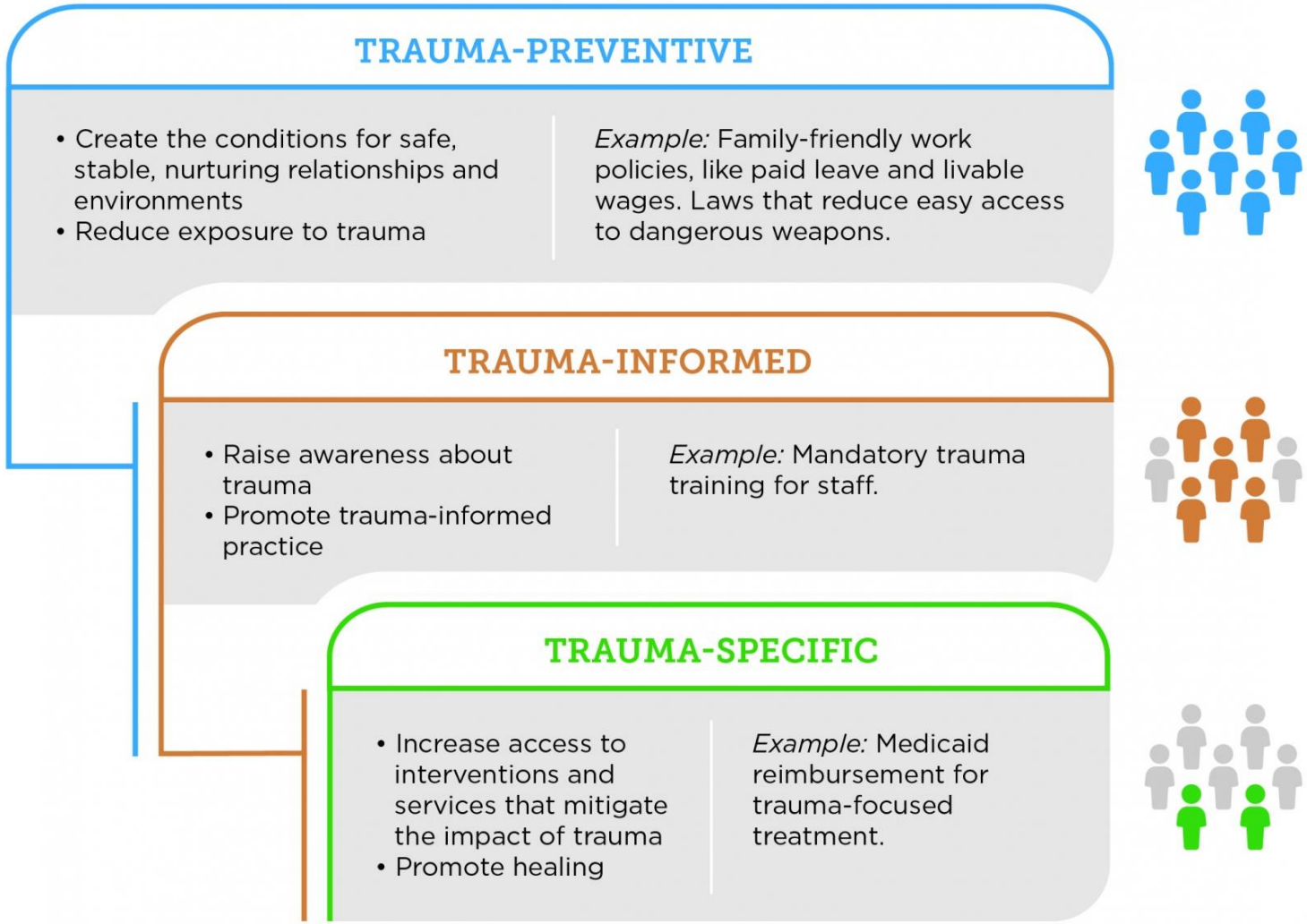
TYPOLOGY OF TRAUMA-RELATED POLICIES



Purtle, J. (2019). Typology of trauma-related policies. In *Mobilizing Action for Resilient Communities, Mobilizing Action for Resilient Communities through policy and advocacy: A toolkit for trauma-informed, cross-sector networks* (p. 7). Philadelphia, PA: Health Federation of Philadelphia.

Policy Considerations

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from NATIONAL COUNCIL FOR MENTAL WELLBEING

What do you think successful TIC implementation looks on an **organizational level**?

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Key Considerations

A trauma-informed organization is trauma-sensitive for everyone in the organization

- Create an organizational environment that can sustain change
- Train and Provide Information on Trauma
- Screen and Assess for Tobacco Use
- Communicate Sensitivity on Trauma & Consent
- Safety, Safety, Safety
    - It begins with staff
- Trauma-Informed, Identity-Respecting services

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What do you think successful TIC implementation looks on a **practice level**?

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Key Considerations

Creating a safe relational space that empowers regulation and autonomy

- Communicate sensitivity to trauma history
- Assist clients to identify their own strengths and to develop alternative coping skills
- Emphasize client choice and control
- Use trauma-informed Motivational Interviewing
- Respect for diverse dimensions of identity

What do you think successful TIC implementation looks on a **client level**?

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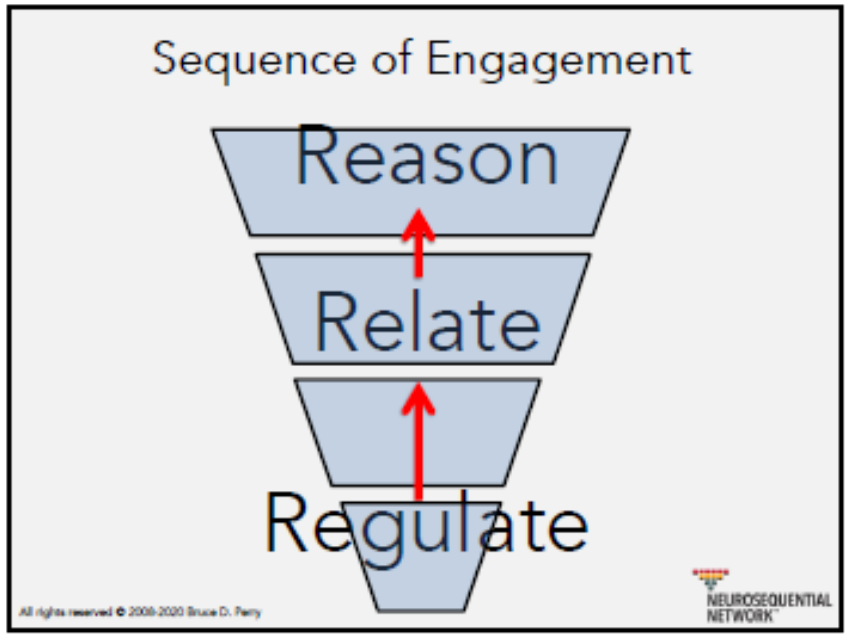
Key Considerations

Understanding and applying the neuroscience of the impact of trauma and its interaction with cessation efforts



Bottom-Up approaches

Focused breathing

Sensory and calming tools

Exercise and movement

Listening to/playing music

Top-Down approaches

Journaling/Reflecting

Practicing self-compassion

Setting clear expectations

Problem-Solving

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BREAK!

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Major Accelerations of Change:

- Do not happen in a vacuum
- Are relational; utilizing people's insights, creativity, imagination, and wisdom
- Happen when a group of people come together and learn together and dare to think new thoughts and then pass them on
- Have a common goal that resonates for the majority

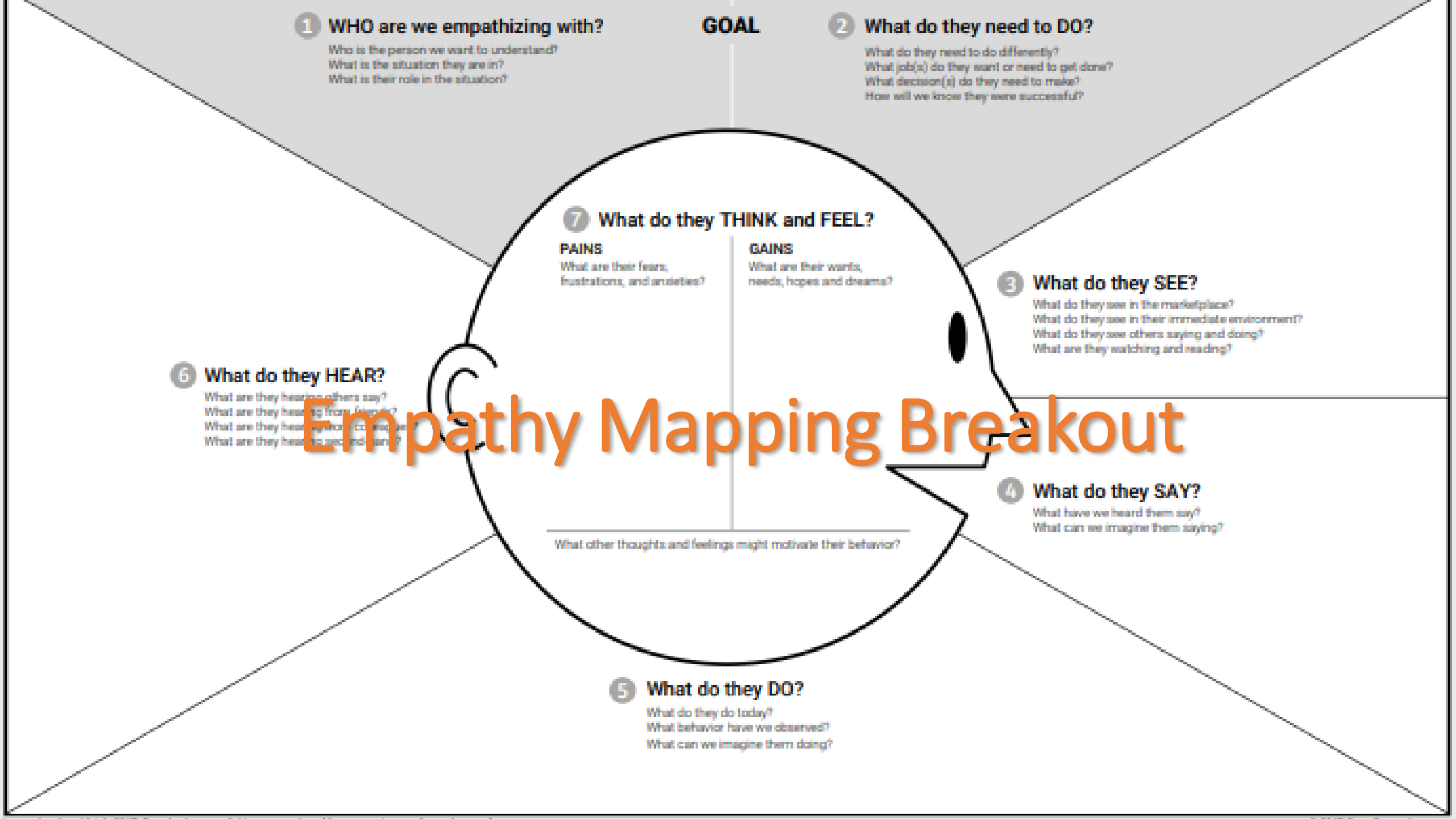
(Becker et al., 2001)

Managing Change

We need to understand the negative feelings related to change

- Personal meaning associated with current practices
- Fear of loss of control
- Change in perceived professional and personal status

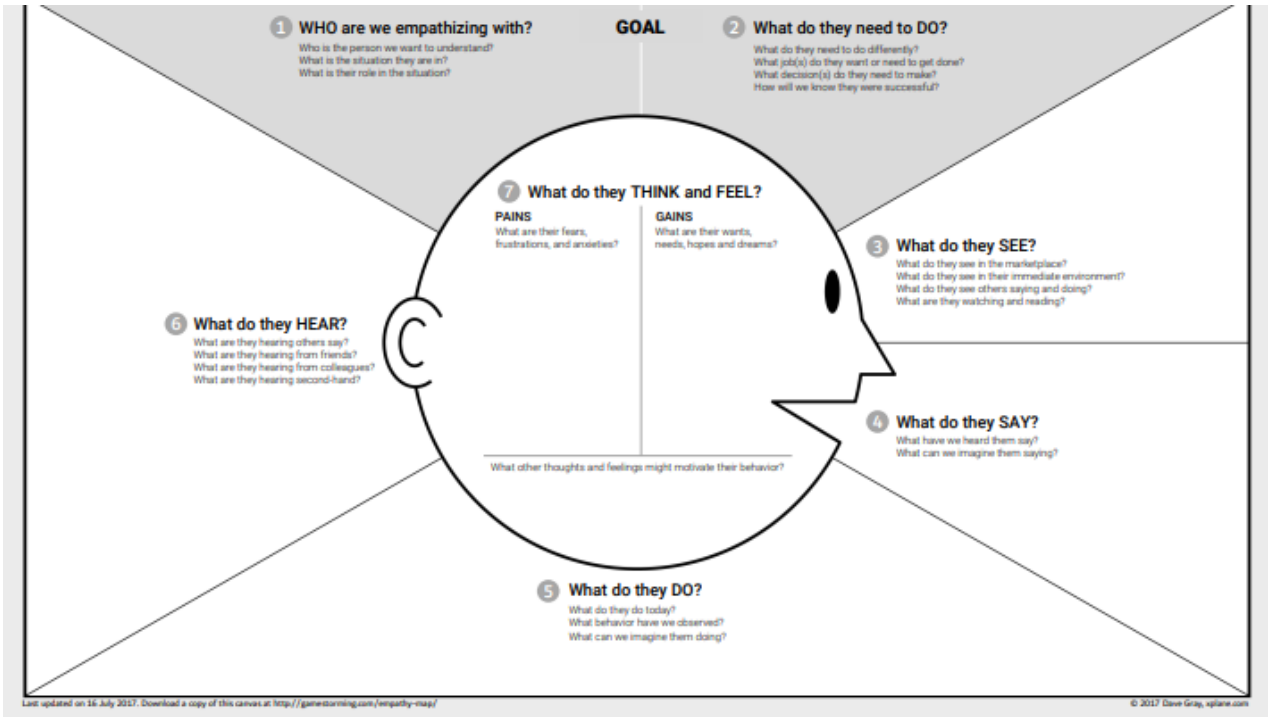
Empathy Mapping Breakout



Empathy Map Report Out

How has this exercise increased your understanding of your focused population/partner?

What might you do to shift your messaging to address the concerns of your population/partner?



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 and P
  - ✓ 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].

Questions?

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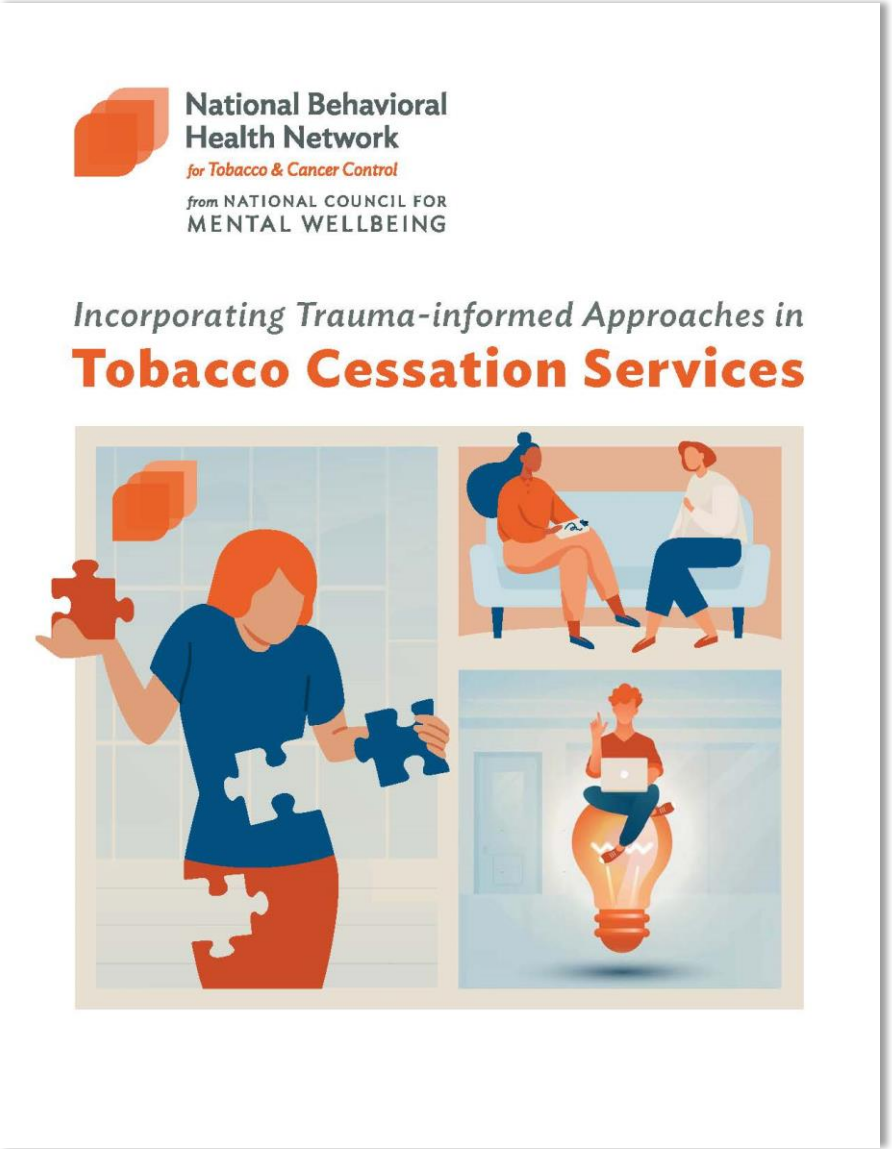
VIRTUAL GOODIE BAG



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Thank you for joining us!

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