



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

*Trauma Informed Cancer Care for Individuals
with Mental Health and Substance Use
Challenges*

Thursday, September 28, 2023 | 1-2 PM ET

Welcome from the NBHN team!



Taslim van Hattum, LCSW, MPH
Senior Director
Practice Improvement



Samara Tahmid, MPH
Project Manager,
Practice Improvement



Jasmine Feng
Project Coordinator,
Practice Improvement

Housekeeping



This session 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 submit questions by typing them into the chat box, please select "everyone"



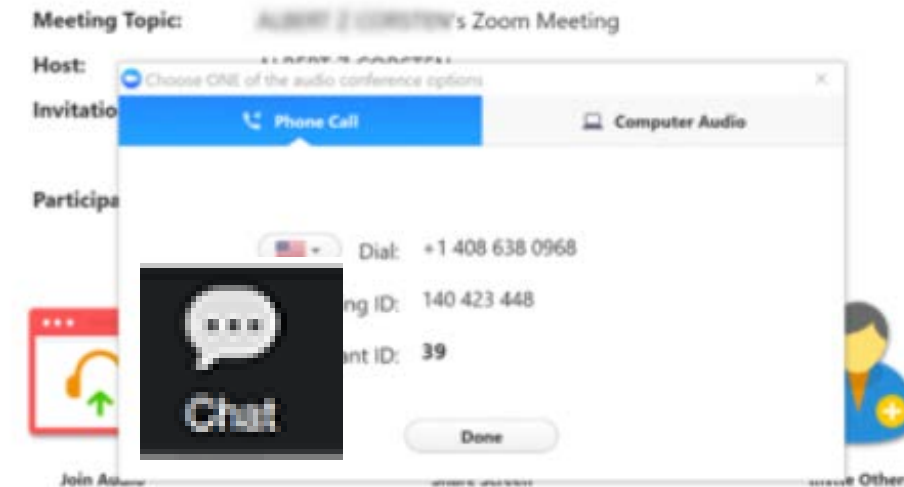
Closed captioning can be accessed by turning on the closed captioning feature on the zoom dashboard.



Slides handouts and recording will be posted here: <https://www.bhthechange.org/resources/resource-type/archived-webinars/>



A certificate of completion for this webinar will be sent through a link in the follow-up email



National Behavioral Health Network

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING



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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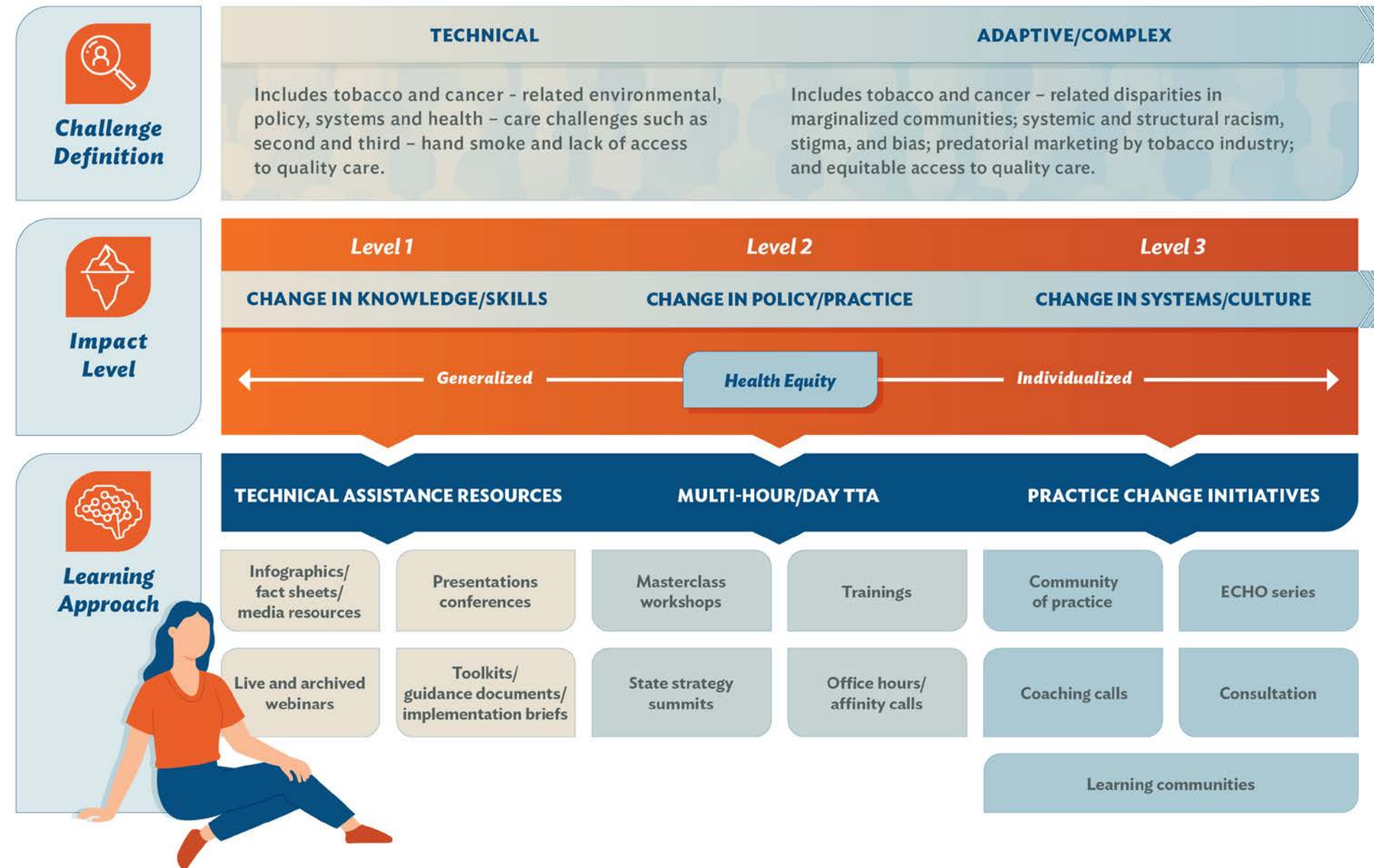
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UCSF Smoking Cessation
Leadership Center

National Center of Excellence for
Tobacco-Free Recovery

National Behavioral Health Network for Tobacco & Cancer Control

Learning Agenda



National Behavioral
Health Network

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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.



Improving the availability, accessibility and effectiveness for cessation and counseling services.



Addressing social and political that influence tobacco and cancer-related disparities.



Implementing trauma-informed resilience oriented prevention and cessation messaging.



Strengthening, supporting and mobilizing communities and partnerships in tobacco control, cancer control and behavioral health.



Building a diverse and skilled tobacco control, cancer control and behavioral health workforce.



Building, championing, and implementing tobacco-free policies, plans and laws.



Promoting the improvement, access, and utilization of tobacco, cancer and behavioral health data.



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A Note on Language & Terminology

- **Mental wellbeing:** thriving regardless of a mental health or substance use challenge.
- **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 are referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**



Learning Objectives

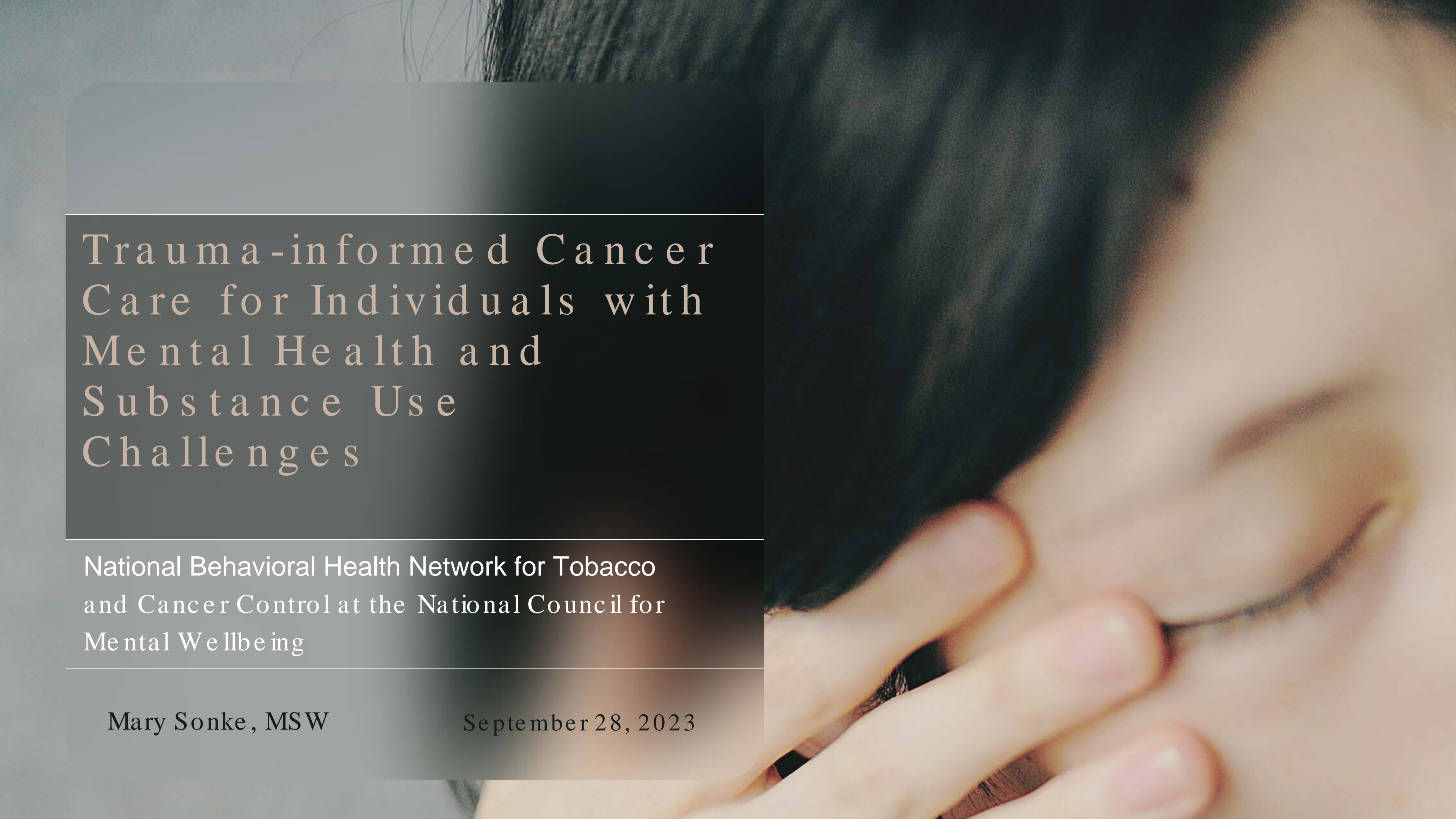
By joining this webinar, attendees will:

- Understand trauma-informed care and its relationship to co-occurring cancer and MH/SU challenges.
- Discuss practical methods for incorporating trauma-informed interventions into cancer care to specifically address the needs of individuals with MH/SU challenges.
- Understand how organizations and health systems can apply trauma-informed cancer care across diverse treatment settings.

Today's Featured Speaker



Mary Sonke, MSW
Senior Physician Liaison
Oncology/Surgery & Pulmonology
Upenn Medicine




Trauma-informed Cancer Care for Individuals with Mental Health and Substance Use Challenges

National Behavioral Health Network for Tobacco
and Cancer Control at the National Council for
Mental Wellbeing

Mary Sonke, MSW

September 28, 2023



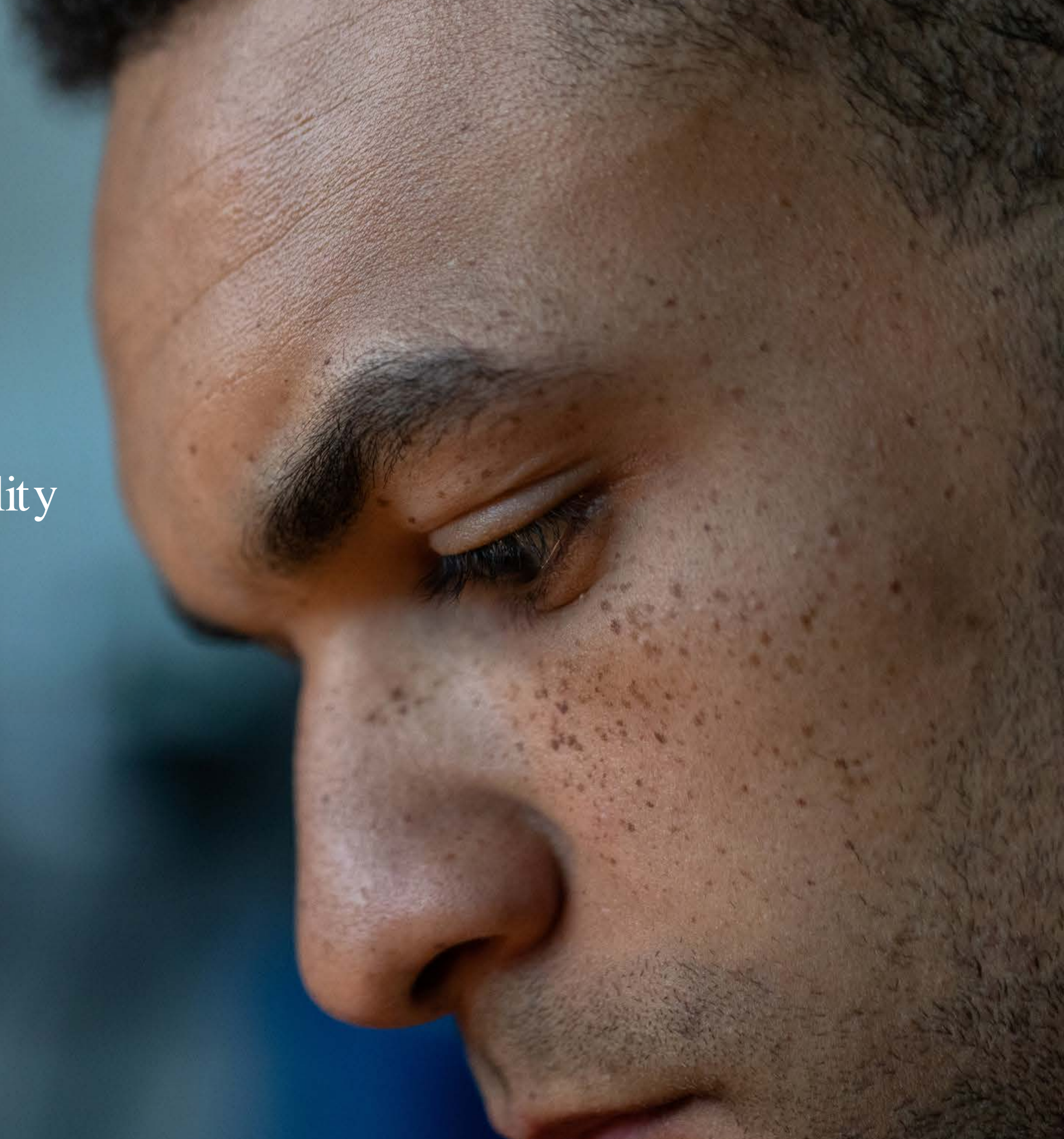
“The health consequences of trauma are what we treat every day in our practices. It's really important to understand the role that trauma has had in those health outcomes so that we can actually respond appropriately and effectively.”

Dr. Rittenberg, Brigham and Women's Hospital
Fish Center for Women's Health
Chestnut Hill, Mass.

TRAUMA

Trauma is the lasting emotional response that often results from living through a distressing event. Experiencing a traumatic event can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships. Long after the traumatic event occurs, people with trauma can often feel shame, helplessness, powerlessness and intense fear.

(Centre for Addiction and Mental Health, 2023)



TYPES OF TRAUMA



Acute Trauma

Complex Trauma

Vicarious/Secondary Trauma

Collective Trauma



"Many of our most intractable public health problems are the result of compensatory behaviors like smoking, overeating, and alcohol and drug use, which provide immediate partial relief from the emotional problems caused by traumatic childhood experiences. Those experiences are generally unrecognized and become lost in time, where they are protected by shame, by secrecy, and by social taboos against exploring certain areas of human experience."

Vincent J. Felitti, MD

Traumatized brains look different from non-traumatized brains in three predictable ways:

- Thinking Center of the brain is underactivated
 - Emotion Regulation Center of the brain is underactivated
 - Fear Center of the brain is overactivated
-
- overwhelms normal coping mechanisms
 - normal coping responses provide a sense of control, connection, meaning, and safety
 - body's responses to trauma are natural responses to protect
 - disruption in the limbic system of the brain
 - amygdala the "fear center" of the brain overactivated, where fear is permanently stored
 - fragmented memory



NEUROBIOLOGY OF TRAUMA

Human Stress Response

- Fight
- Flight
- Freeze
- Appease



For Individuals Who Have Experienced Trauma:

- traumatized brain is bottom heavy
- lower, more primitive areas of the brain are overactivated
- overly active and reactive stress response and a predisposition to aggression and impulsiveness
- higher areas of the brain are under activated



anxiety
fear
depression
physical pain
chronic pain
flashbacks
intrusive and distressing
memories
disorientation and difficulty
concentrating
self-blame
guilt
shame
dissociation
avoidance

Adverse childhood experiences are childhood events, varying in severity and often chronic, occurring within a child's family or social environment that cause harm or distress, thereby disrupting the child's physical or psychological health and development



IMPACT OF CHILDHOOD TRAUMA

The CDC and Kaiser Permanente surveyed 17,000 of the health plan's members to ask whether they'd had adverse childhood experiences defined as:

ABUSE

Psychological
Physical
Sexual

NEGLECT

Emotional
Physical

HOUSEHOLD CHALLENGES

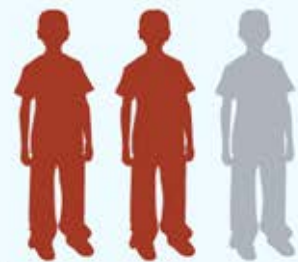
Family member experiencing:
Domestic abuse
Mental illness
Imprisonment

The landmark study found those with adverse childhood experiences were at higher risk for:



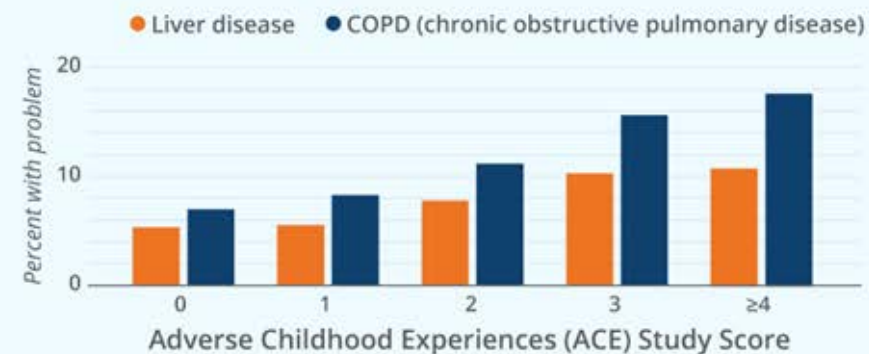
THE STUDY ALSO FOUND

NEARLY TWO THIRDS



of those surveyed experienced at least one event.

The higher the score on ACE survey, the more likely people were to be in poor health:



Sources: CDC ACE Study page <https://www.cdc.gov/violenceprevention/acestudy/> and V. J. Felitti and R. F. Anda, "The Relationship of Adverse Childhood Experiences to Adult Health, Well Being, Social Function, and Health Care," from *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Cambridge, England; Cambridge University Press, September 2010).

ABUSE



Physical



Emotional



Sexual

HOUSEHOLD DIFFICULTIES



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

COMMUNITY DIFFICULTIES



Unsafe Neighborhood

NEGLECT



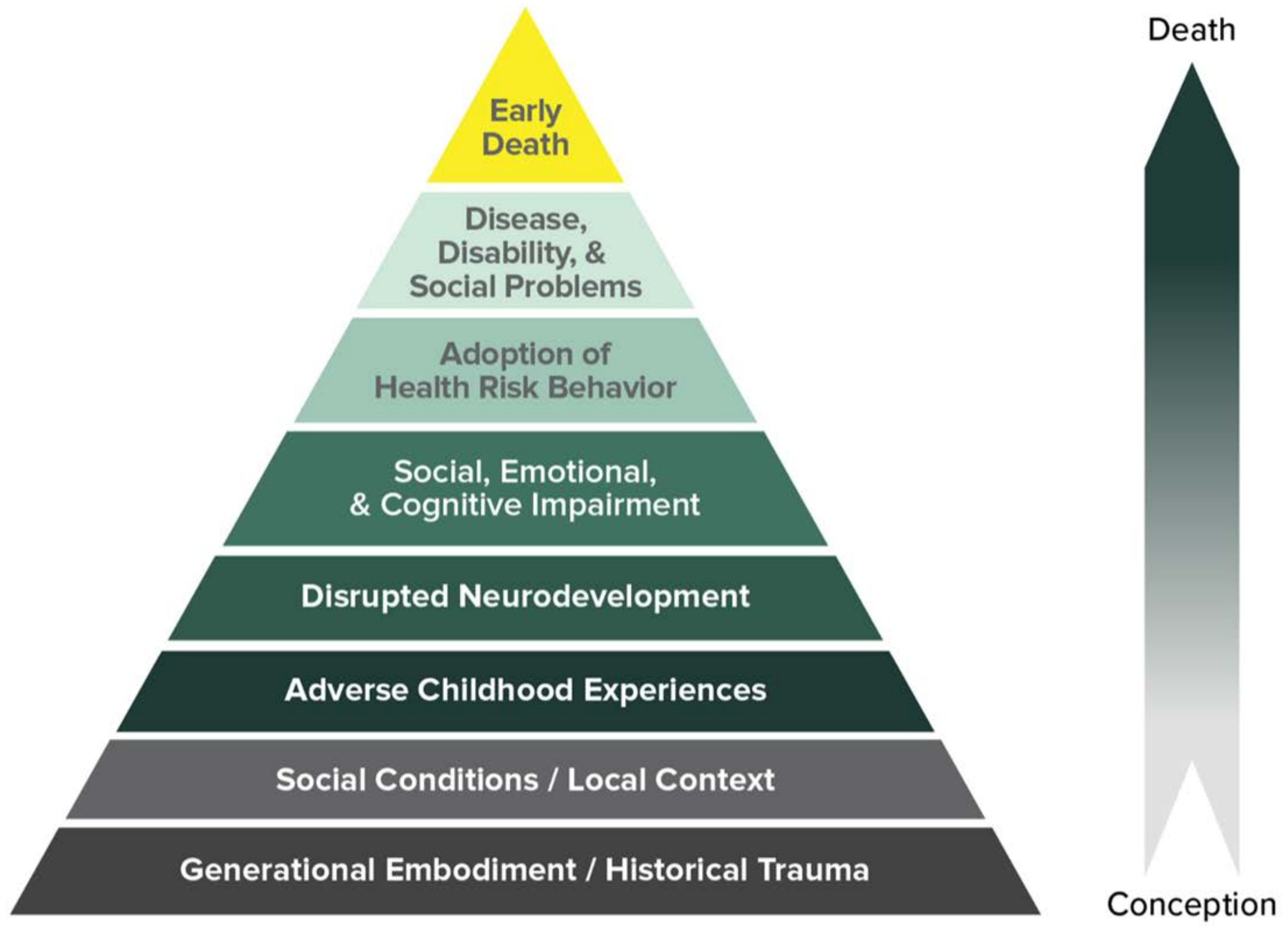
Physical



Emotional



INCIDENCE OF EARLY TRAUMATIC
EXPERIENCES IN THE CANCER
POPULATION



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



Chronic Disease and Populations at Risk

Cancer, diabetes, heart disease, stroke and chronic liver disease and cirrhosis are among the leading causes of death and disability in the United States

Individuals with mental health, substance use challenges and previous traumatic experiences face an increased risk of morbidity and mortality


What We Know

- Mental health and physical health are fundamentally linked
- Mind and body are affected by changes to physiological and emotional processes
- SU/MH and early traumatic experiences are at higher risk of experiencing a wide range of chronic illnesses
- Chronic illnesses experience depression and anxiety at twice the rate of the general population
- Dual diagnosis of a chronic health condition and SU/MH impact quality of life and result in poor health outcomes



- Cancer is one of the leading causes of death for patients with mental illness
- 30% higher fatality rate
- More likely to have metastases at diagnosis and less likely to receive specialized interventions
- Disparity between incidence and mortality - prostate and colorectal cancers
- First sexual experience was sexual assault were more likely to suffer from chronic medical issues



- 
- A photograph of two women embracing. The woman on the left has voluminous, curly brown hair and is wearing a red sweater. The woman on the right is wearing a pink hijab and a grey sweater, and she has her eyes closed and a tearful expression. The background is a plain, light-colored wall with a framed picture hanging on it.
- Cancer is a life threatening diagnosis
 - Cancer patients experience high rates of depression and anxiety
 - Result in PTSD
 - Substance use relevancy in cancer undetermined
 - Alcohol use increases risk of head & neck cancer

Substance Use, Mental Health & Cancer

- 20% to 30% of HNC survivors use tobacco
- 15% to 40% exhibit hazardous or harmful alcohol consumption
- 10% to 40% are depressed
- One-seventh of HNC survivors live below the poverty threshold

Disparities in HNC survivors are highly interdependent

How Am I Doing?

How Am I Helping Myself?

What Are My Goals?

What Do I Want The Doctor to Do?

Barriers to Care

Cultural Beliefs

Mistrust in medical community
Religion
Family caregiving

Attitudinal Barriers

Discrimination
Focus on disability rather than ability
Stereotypes, assumptions

Informational Barriers

Literacy & language
Health literacy
Information search skills and access

Practical or Logistical Barriers

Transportation
Childcare
Financial



Challenges Navigating Healthcare Systems

- Making appointments
- Medications
- Coordinating transportation/childcare/work schedule
- Awareness of rights and responsibilities
- Costs and coverage
- Complex healthcare systems
- Stigma of SU, MH or previous trauma experiences



Re traumatization

- a policy, procedure, interaction or environmental cue related to the trauma (i.e. a sound, smell, environment) triggers a fight, flight, freeze or appease response
- recognizing and respecting a patient's trauma triggers is crucial to ensuring emotional and physical safety and accommodations should be made when possible





Cancer Care Challenges

- Complex and multifactorial
- SUD/Cancer - two potentially fatal, chronic diseases
- Pain
- Psychological distress/Shame/Blame/Stigma
- Harm reduction
- Polysubstance use
- Increased health care utilization/interactions
- Cancer treatment delay/disease progression/increased symptoms
- Current cancer care model

Opportunities

- Harm reduction
- Universal precautions
- Universal screening
- Trauma informed care (Stigma Reduction)
- Language & Terminology



Preferred term	Commonly used term	Rationale
Person or patient with a: Substance use disorder Opioid use disorder Alcohol use disorder	Someone who is a/an: Junkie Addict Alcoholic	Person-first language Demonstrates a person “has” a problem, rather than “is” the problem Avoids negative associations or personal blame
Use (illicit substance) Misuse (prescription medications)	(Substance) abuse	“Abuse” is associated with negative judgments and punishment
Substance-free Expected/unexpected findings	Clean or dirty Positive/negative	Preferred terms are clinically accurate, non-stigmatizing
Recovery Remission Substance-free	Clean Sober	Preferred terms are clinically accurate and non-stigmatizing, similar to other medical conditions
Addiction	Habit Behavior	Substance use disorders are medical conditions “Habit” or “behavior” is inaccurate and implies control

“The patient is sick, ill or bad”

“Patient behaviors are bad choices and need to be punished.”

“Patients can change and stop destructive behavior if they only had the motivation.”

“We need to manage or eliminate patient behaviors.”

“System of care should be created to minimize short term costs and contain bad behaviors.”

“The patient is manipulative.”

"The patient is hurt and suffering."

"Patient behaviors are survival skills developed to live through the trauma, but are maladaptive in everyday society."

"Patients need support, trust and safety to decrease maladaptive behaviors."

"We need to provide opportunities for patients to heal from their trauma."


"System of care invests in healing trauma, saving money over the long term."

"The patient is trying to get their needs met."



Trauma Informed Care

- Strengths based
- Physical, psychological, emotional safety
- Control, empowerment, healing resiliency



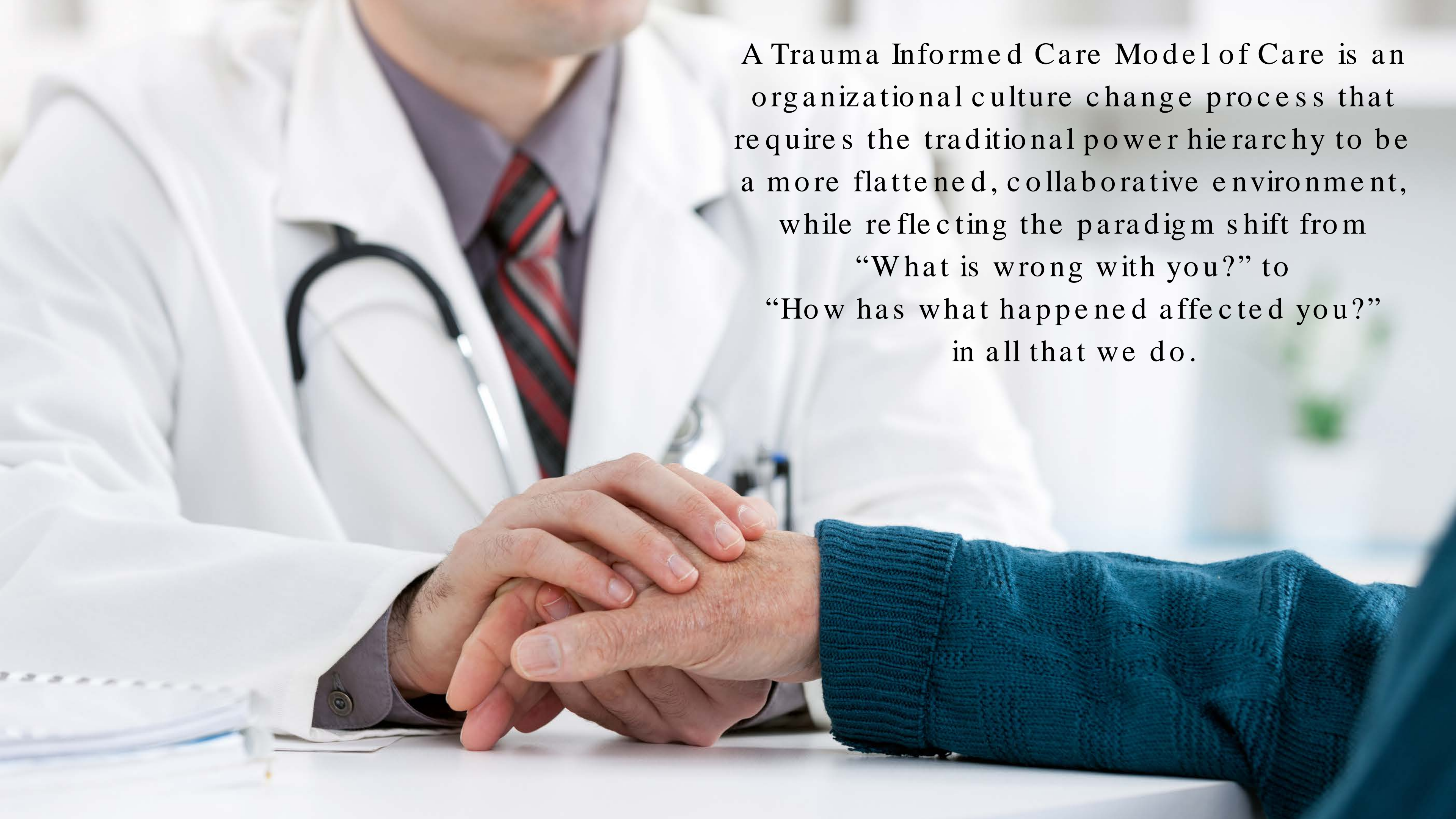
Traditional
What's wrong
with you?
Deficits
Expert Mode
Control
Gate-keeping
Dependence
Prescribed

Trauma-
Informed
How has what
happened
affected you?
Strengths and
Resilience
Partnership
model
Collaboration
and Mutuality
Empowerment,
Voice & Choice

BENEFITS OF A TRAUMA INFORMED MODEL OF CARE

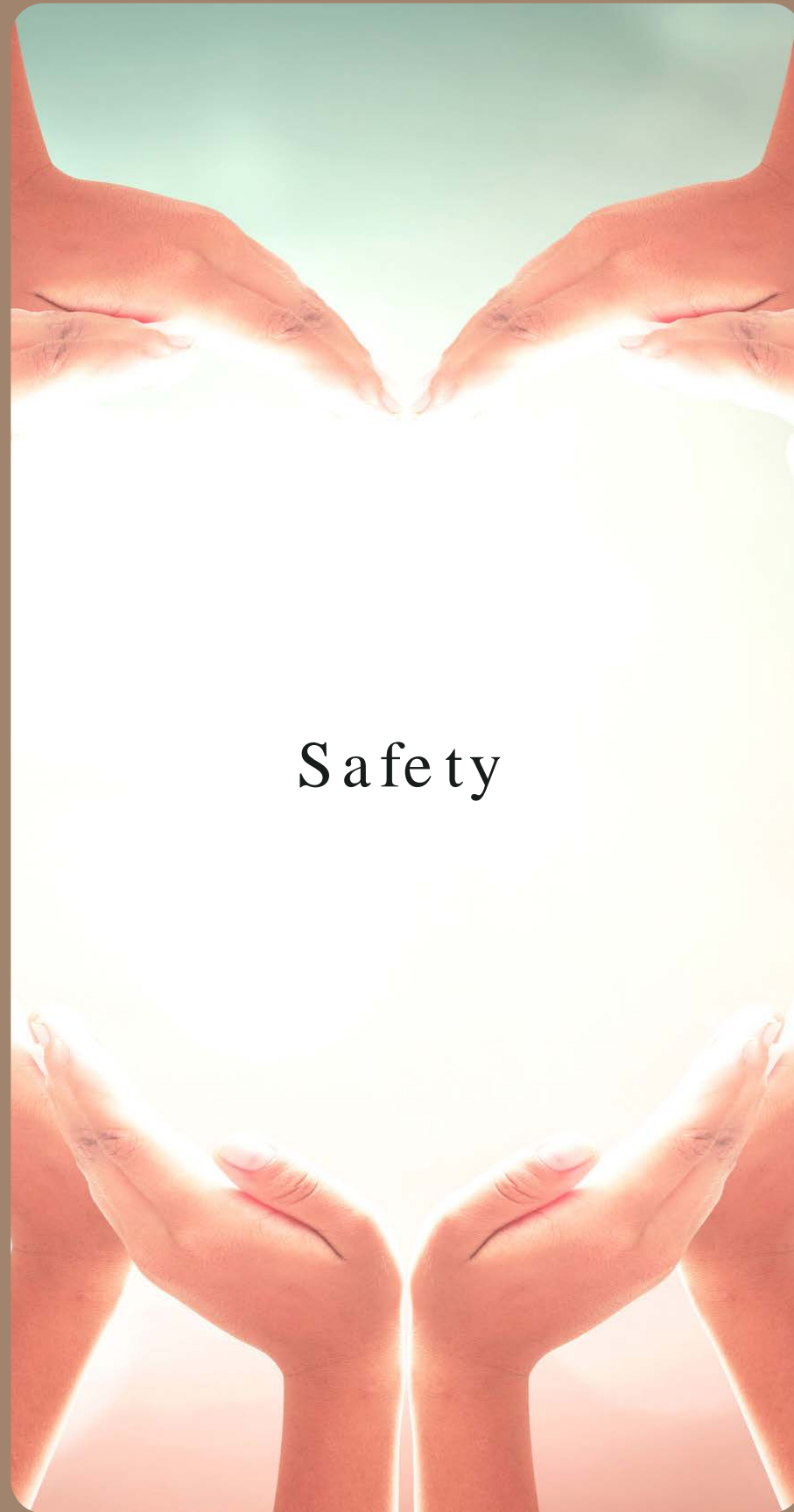
And Expected Outcomes



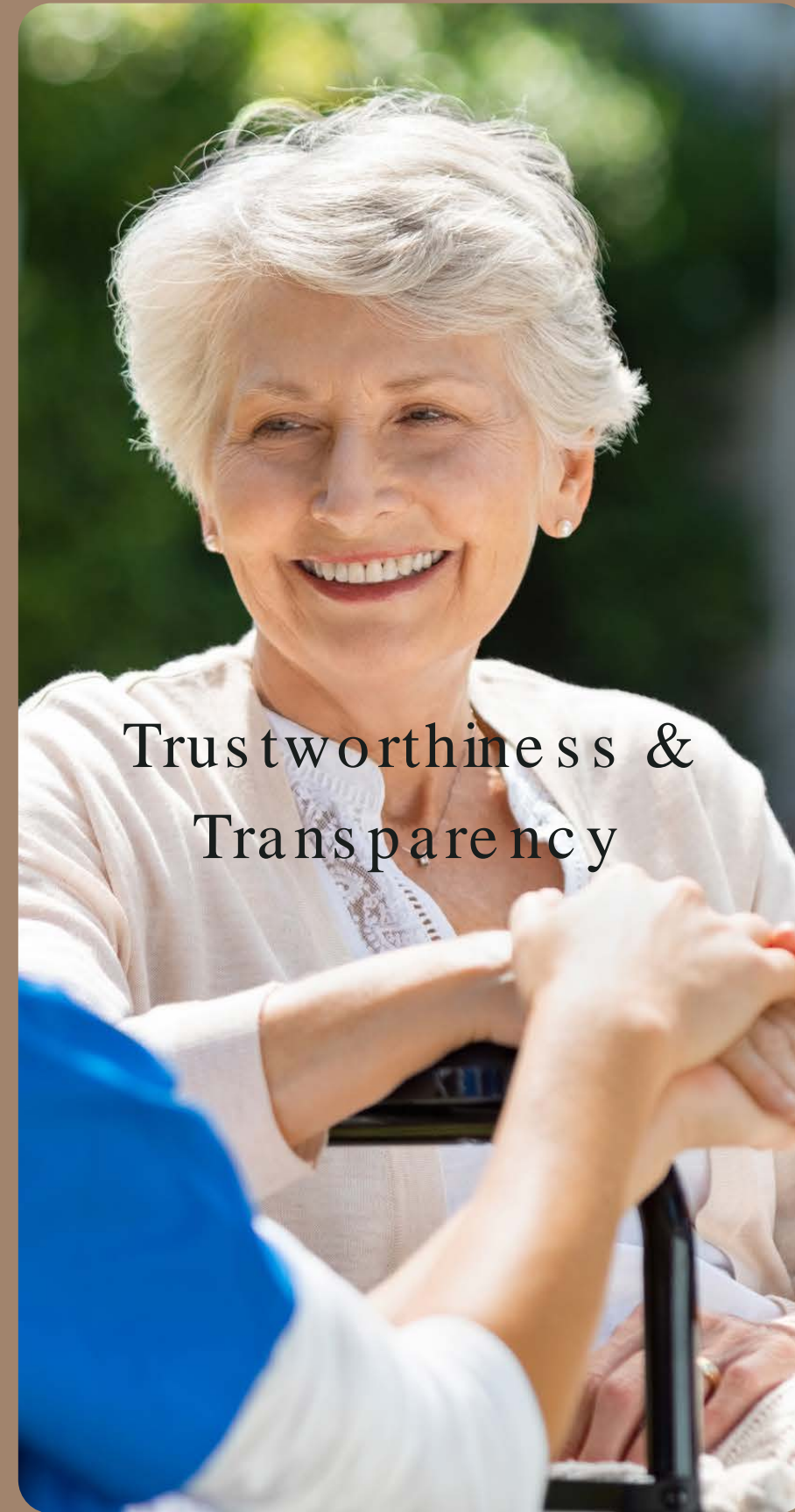
A close-up photograph of a doctor in a white lab coat and a stethoscope around his neck, holding the hand of a patient. The patient is wearing a teal-colored sweater. The background is a blurred clinical setting.

A Trauma Informed Care Model of Care is an organizational culture change process that requires the traditional power hierarchy to be a more flattened, collaborative environment, while reflecting the paradigm shift from “What is wrong with you?” to “How has what happened affected you?” in all that we do.

GUIDING PRINCIPLES OF A TRAUMA
INFORMED MODEL OF CARE



Safety



Trustworthiness &
Transparency

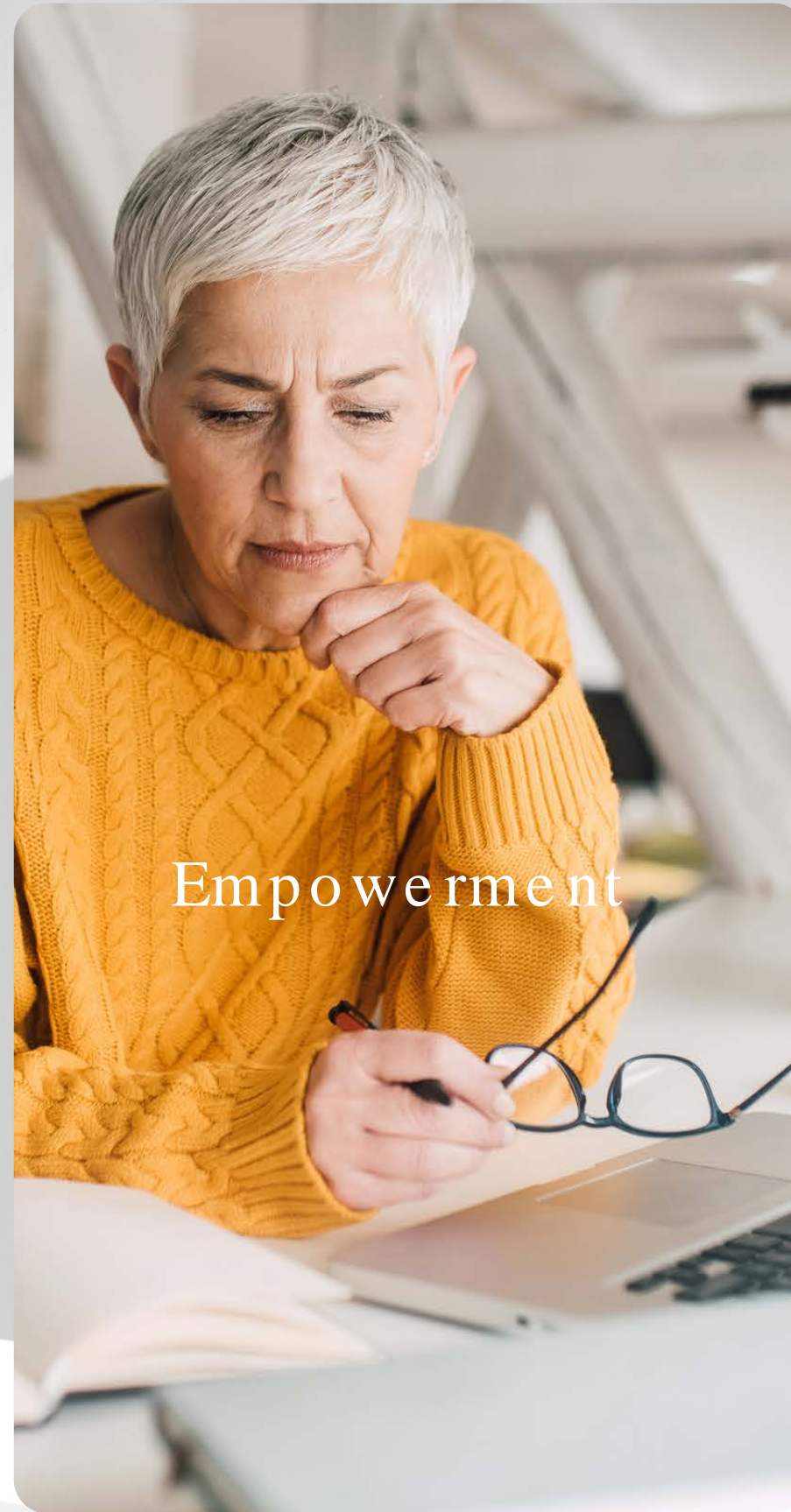


Peer Support

GUIDING PRINCIPLES OF A TRAUMA
INFORMED MODEL OF CARE



Collaboration



Empowerment



Humility &
Responsiveness

Non- trauma-informed provider

may be more likely to...

Misinterpret behavior as defensiveness, rudeness, apathy

Label patient/family as “difficult”

Approach patient/family with annoyance or impatience

Hastily or insensitively deliver information about upcoming treatments, test results, and prognosis

In turn, patients and/or family may feel:
less comfortable asking questions about supporting recovery, less confident in medical care and the utility of aftercare, and more likely to be further traumatized and need additional emergency services

Observed patient or family behavior:
agitation,
restlessness,
emotional lability,
withdrawal

Trauma-informed provider

are more likely to...

Be **aware** of the prevalence and widespread impacts of trauma

Readily provide family-centered psychosocial support and universal trauma precautions

Assess and detect traumatic stress-related cognitive, emotional, and arousal changes using clinical knowledge and evidence-based tools

Manage trauma reactions by minimizing distress and exposure to triggers and by enhancing individual and family coping

Integrate care across time and settings, including across units and following discharge

In turn, patients and/or family may feel:
more accepted by and integrated into the care-team, more cooperative during procedures, better equipped and motivated to ask questions and assist with care, and more likely to recover sooner and not need emergency services

A close-up portrait of a woman with curly hair, looking slightly to the right. The image is partially obscured by a dark, semi-transparent overlay on the right side, which contains text. The woman's eyes are blue, and her hair is a mix of brown and blonde tones.

Improvement of patient engagement and relationships

- Difficult to seek medical care or trust medical providers
- Opens the door for discussions with patients about the link between trauma, unhealthy behaviors, and negative health outcomes
- Develop trust with providers
- Conversations educate and empower patients to become partners with providers in improving their health

Increased treatment participation and adherence

- Increase patient access to treatment by streamlining referral pathways
- Ease for trauma -exposed individuals to access the services, keep appointments, and adhere to treatment

Reduction of avoidable care and excess costs

- Reductions in ER visits
- Reduction in hospitalizations
- Reduction in care visits associated with chronic illness - areas that have traditionally driven the highest levels of health care spending

Universal Precautions



TRAUMA INFORMED CARE TIPS FOR MEDICAL INTERVENTIONS

- Meet with patient fully clothed to review the care procedure
- Leave the room to allow patient to change in private
- Wait for approval from the patient before touching and proceeding
- If exam or intervention cannot be completed, normalize this experience and agree to reschedule
- Give the patient the option of getting dressed before discussing next steps

- Involve the patient when possible in setting expectations and plan
- Upcoming procedures, ask a patient what would make them more comfortable whenever possible
- Let patients know who is on their care team and why they are involved

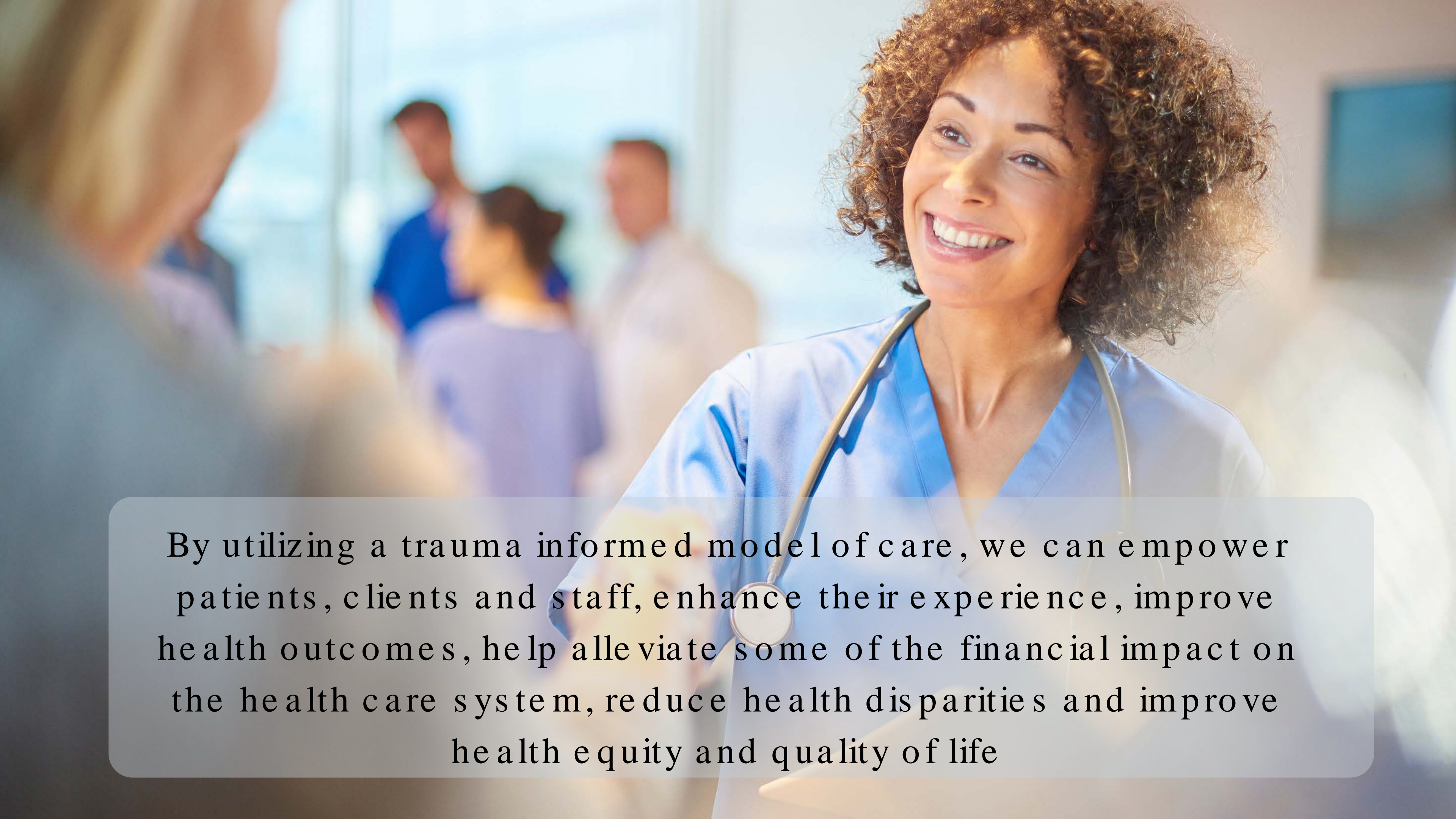
- Consider a formal care coordination with team members for patients experiencing distress
- Be proactive in managing escalating behavior
- May be due to a trauma reaction and reframe behavior to understand it in response to a stimuli or experiences

BUILDING AWARENESS AND COMPETENCY



- recognition of the lifelong impact of trauma on people's physical health, behavioral health, and social outcomes
- build awareness and reduce stigma about receiving trauma-informed or supportive services
- accommodate low health literacy
- trust providers and follow the treatment plan if providers explain how patients' traumatic experiences contribute to their overall health





By utilizing a trauma informed model of care, we can empower patients, clients and staff, enhance their experience, improve health outcomes, help alleviate some of the financial impact on the health care system, reduce health disparities and improve health equity and quality of life





Contact Information

For questions, comments,
and inquiries

Phone Number 215.704.0441

Email Address mcsonge@gmail.com

LinkedIn www.linkedin.com/in/mary-c-sonke-msw-08b91517/



Questions??

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