Welcome!

We will begin shortly.

****Please type the following information into the chat box****

Your Name,

Your Agency,

Where You're Located

National Behavioral Health Network for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING

Leveraging Trauma-informed Motivational Interviewing in Tobacco Treatment and Control

Tuesday, April 2 l 3 - 5 pm ET

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $250,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Welcome from the NBHN team!

Alex Hurst, MHA
Director
Practice Improvement

Youlim Song
Project Manager,
Practice Improvement

Jasmine Feng
Project Coordinator,
Practice Improvement

NATIONAL COUNCIL for Mental Wellbeing

Housekeeping

This session is being recorded.

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

You can ask questions by typing them into the chat box.

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

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A Note on Language & Terminology

- **Mental wellbeing:** Thriving regardless of a mental health or substance use challenge, which may also be referred to as a mental illness, substance use disorder, addiction or dependence.

- **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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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 challenged

1 of 9 CDC National Networks dedicated to eliminating cancer and tobacco disparities in priority populations

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Behavioral Health & Wellness Program

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UCSF University of California San Francisco

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National Network's Driving Action: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations

- A consortium of nine national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.
- https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/coop-agreement/index.html

APPEAL

Geographic Health Equity Alliance
A CADCA Initiative

Nuestras Voces (Our Voices)

national lgbt cancer network
ADVOCATING FOR HEALTH EQUALITY

SelfMade Health Network

THE CENTER FOR BLACK HEALTH & EQUITY

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Rocky Mountain Tribal Leaders Council

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National Behavioral Health Network for Tobacco & Cancer Control

Learning Agenda

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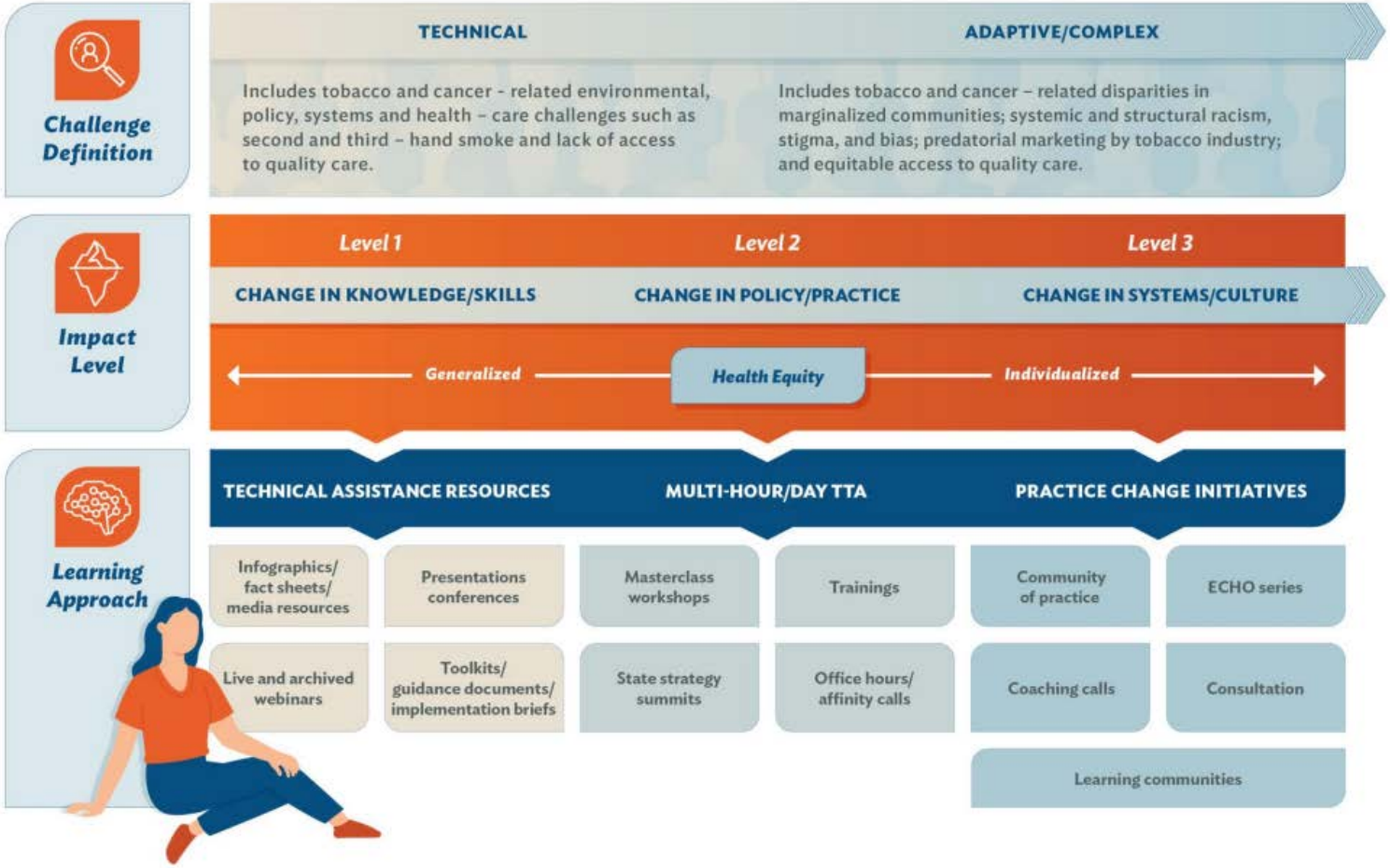

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NBHN's learning agenda is designed to advance health equity by...

- Reducing tobacco and cancer-related disparities among individuals with mental health and substance use challenges.
- 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.

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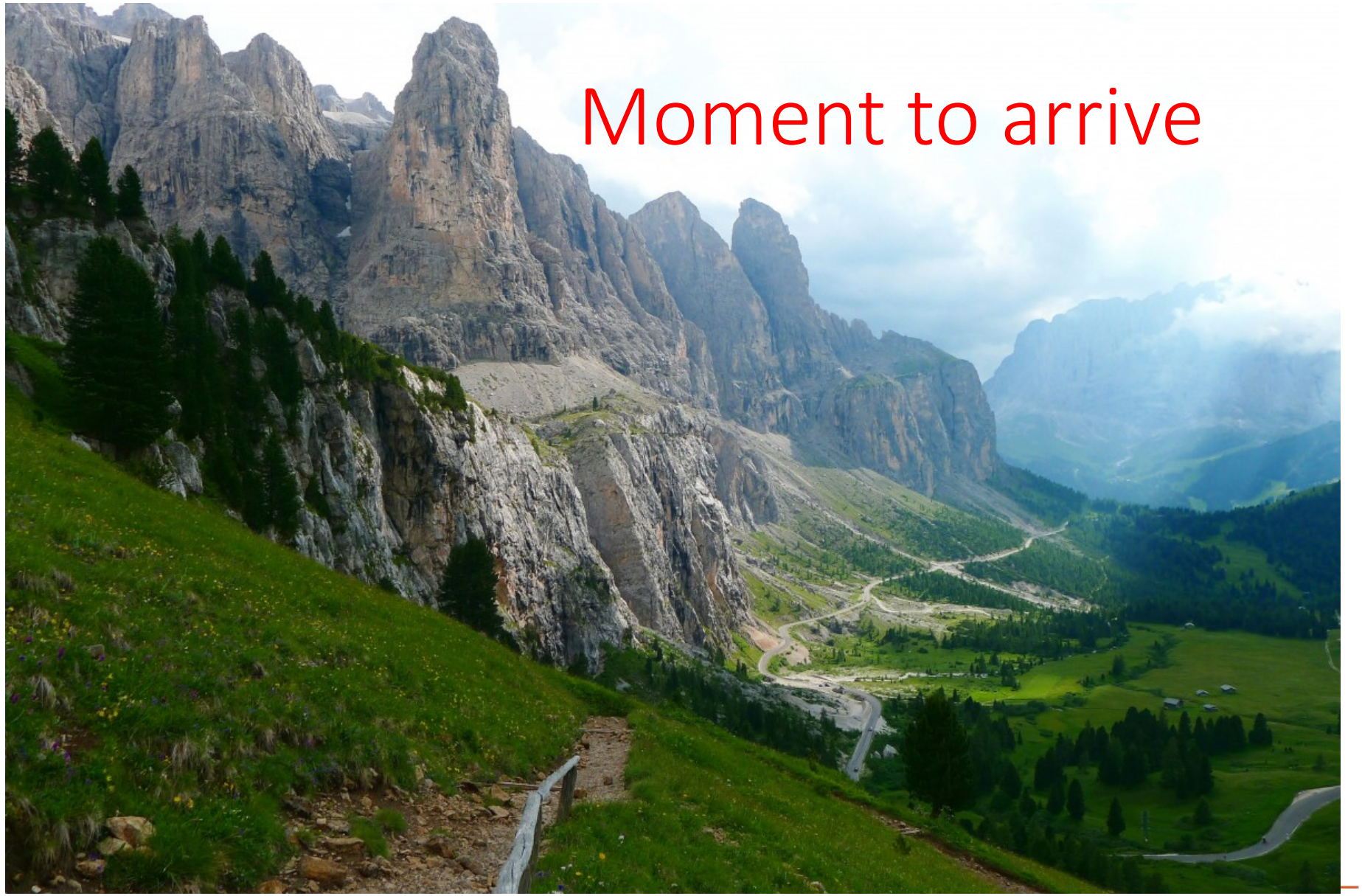
Moment to arrive



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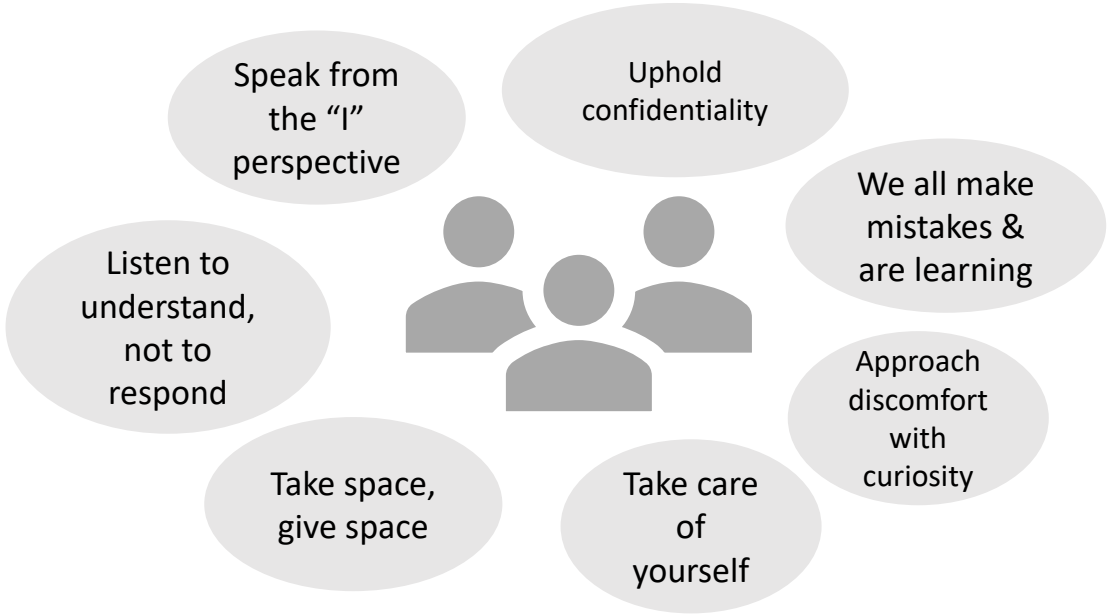
Session Norms



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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Today's Speakers:

Youlim Song
Project Manager
Practice Improvement

Amelia Roeschlein, DSW
Consultant
Practice Improvement

Pam Pietruszewski, MA
Senior Advisor
Practice Improvement

National Behavioral Health Network
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Learning Objectives

1. Increase their understanding of TI-MI.
2. Explore how TI-MI can address ambivalence to change and increase collaboration in tobacco treatment and control.
3. Practice TI-MI strategies to address nicotine addiction and treatment and enhance conversations for change in tobacco control.

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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 can enhance long-term recovery for persons 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 can often arise as a **coping mechanism**, a **type of solution** to the emotional, psychological and physical **impact of trauma**.

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ACEs & Long-Term Health

- The “Adverse Childhood Experiences (ACEs)” Framework was introduced by the seminal study by Felitti and his colleagues (1998).

- 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

- 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 and affect all communities.

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(CDC, 2021)

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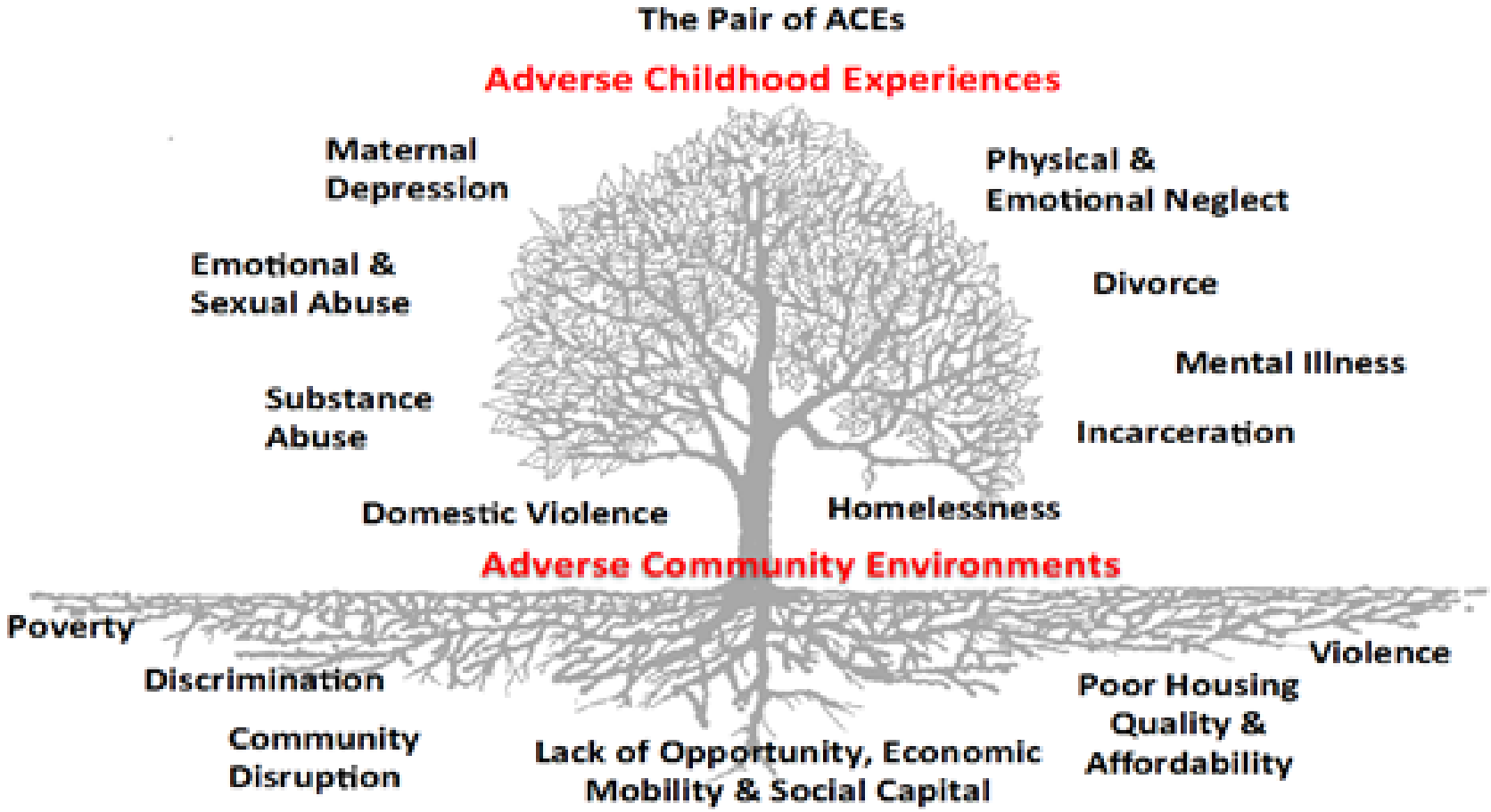

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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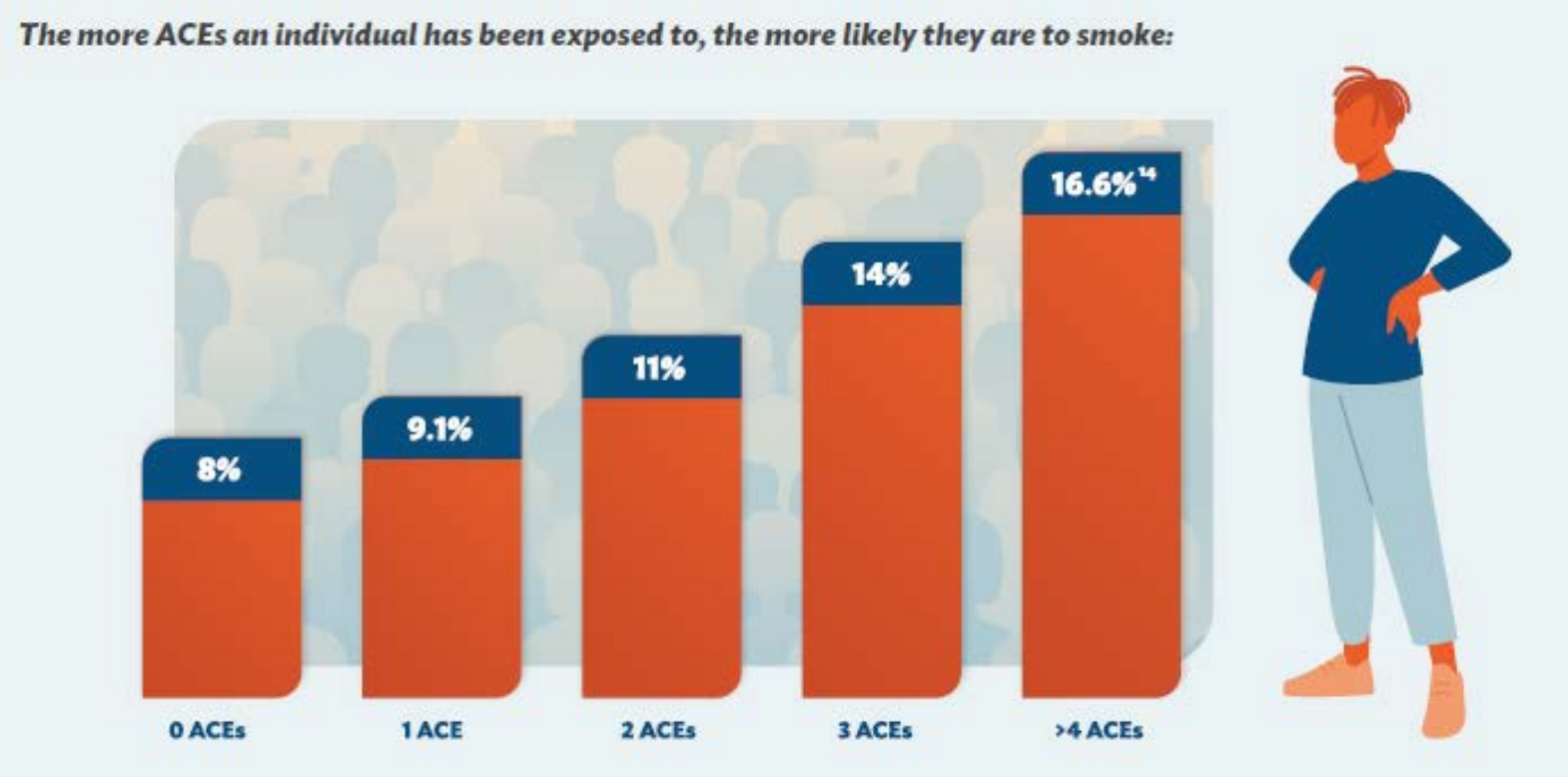
ACEs & Tobacco Use



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

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

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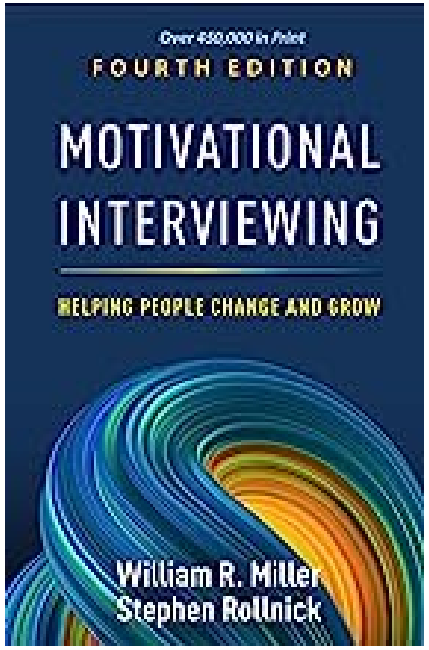
The tobacco cessation & treatment journey for individuals with trauma

- Continued research find that individuals that report trauma histories tend to use commercial tobacco anticipating that it will help reduce their distress and negative affect.
- In their pursuit of treatment, individuals with trauma can be affected by the impact of their trauma-related symptoms and higher perceived stress, connected to greater perceived barriers to cessation, and perceived severity of withdrawal.
- Our understanding of the relationship between trauma and tobacco use helps shed light on the reframe necessary of tobacco use as a replaceable coping mechanism.

Garey, L., Bakhshaie, J., Vujanovic, A. A., Reitzel, L. R., Schmidt, N. B., & Zvolensky, M. J. (2016). Posttraumatic stress symptom severity and cognitive-based smoking processes among trauma-exposed treatment-seeking smokers: The role of perceived stress. *Addictive behaviors*, *60*, 84–89. https://doi.org/10.1016/j.addbeh.2016.03.038

Motivational Interviewing (MI)

is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.



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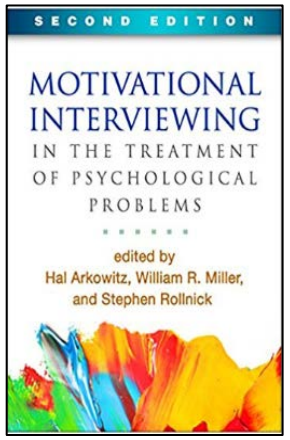
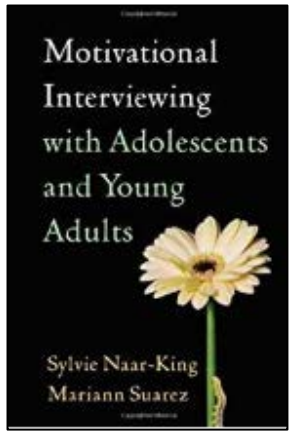
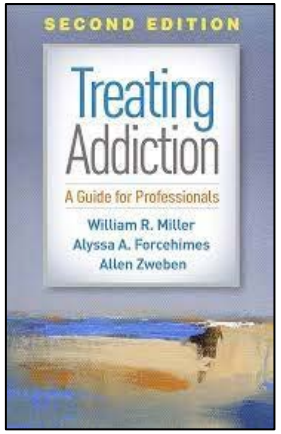
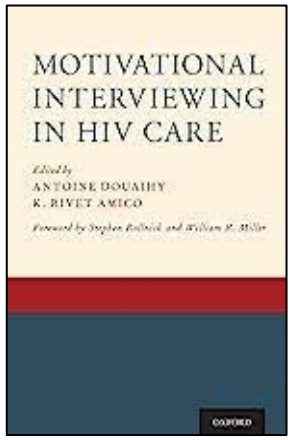
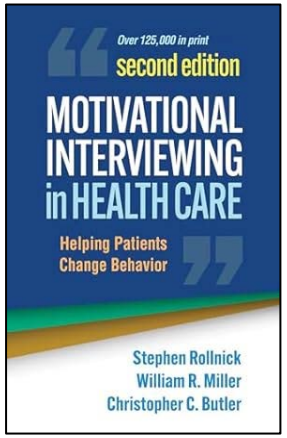
What and to Whom are We Teaching MI?

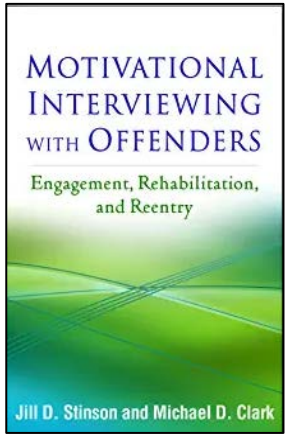


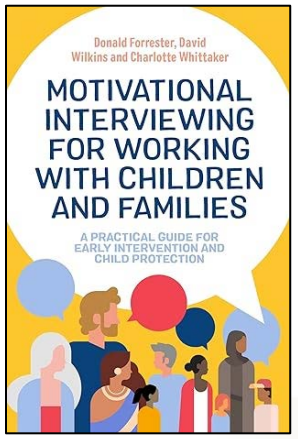


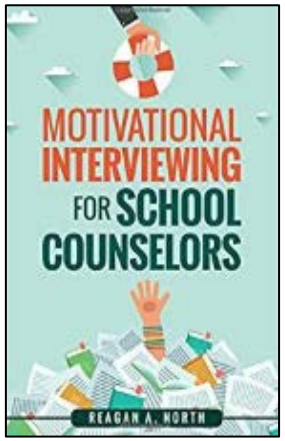


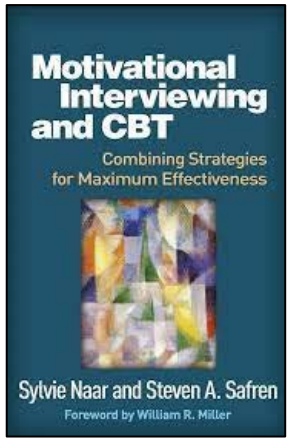


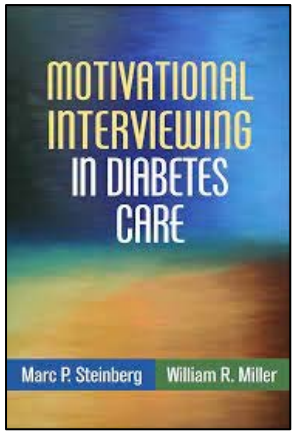


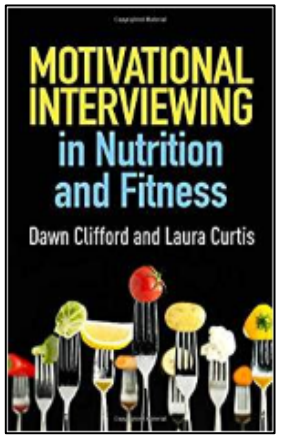


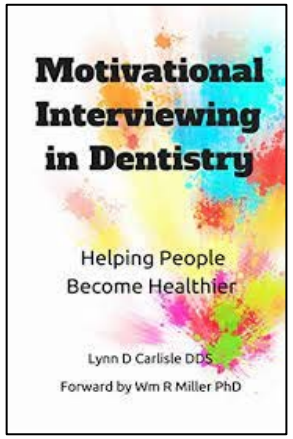


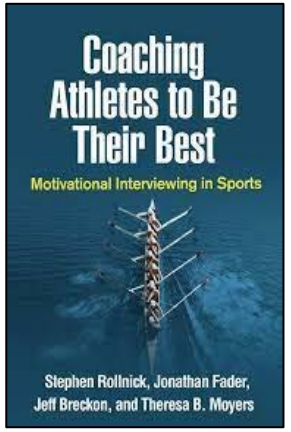


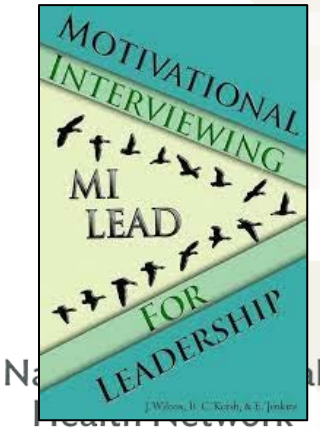












MI Across Cultures & Systems

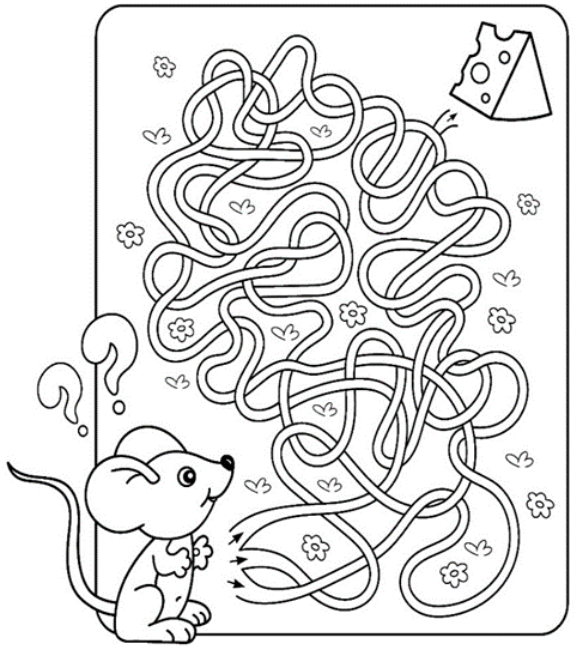
- **MI is taught, practiced and studied** in more than 75 languages and nations around the world

- **Culturally adapted MI (CAMI)** brings aspects of community values and goals into conversations about growth and change, in a way that is compatible with language, social norms, preferences and context.

- **Macro MI** includes the impact of structural oppression on individual problems and envision solutions that include systems change.

Self, K. Psychological Services. 2023; Avruch, D. Journal of Progressive Human Services. 2022.

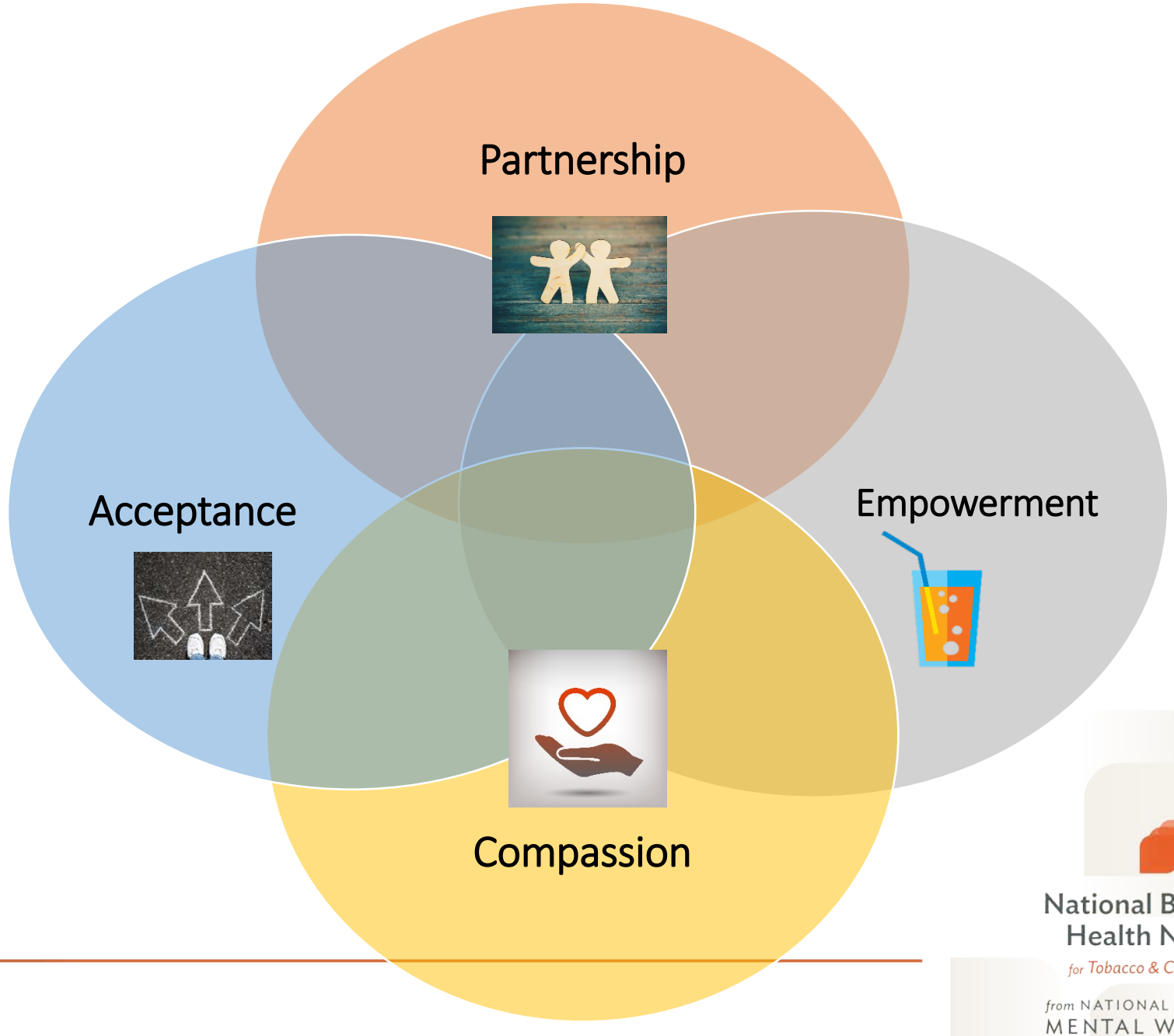
Principles of Motivation



- Growth and change rarely follow a straight line.
- Ambivalence is a normal human experience.
- Influenced by behaviors, habits, values, beliefs, societal expectations, environmental conditions, systems.
- Pushing against what feels like resistance usually strengthens commitment to the status quo – and status quo is familiar.

Miller WR, Rollnick S. Motivational interviewing: Helping People Change and Grow, 4th ed. New York, NY: Guilford Press; 2023

The Spirit of MI



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Social Policies and Community-Oriented MI

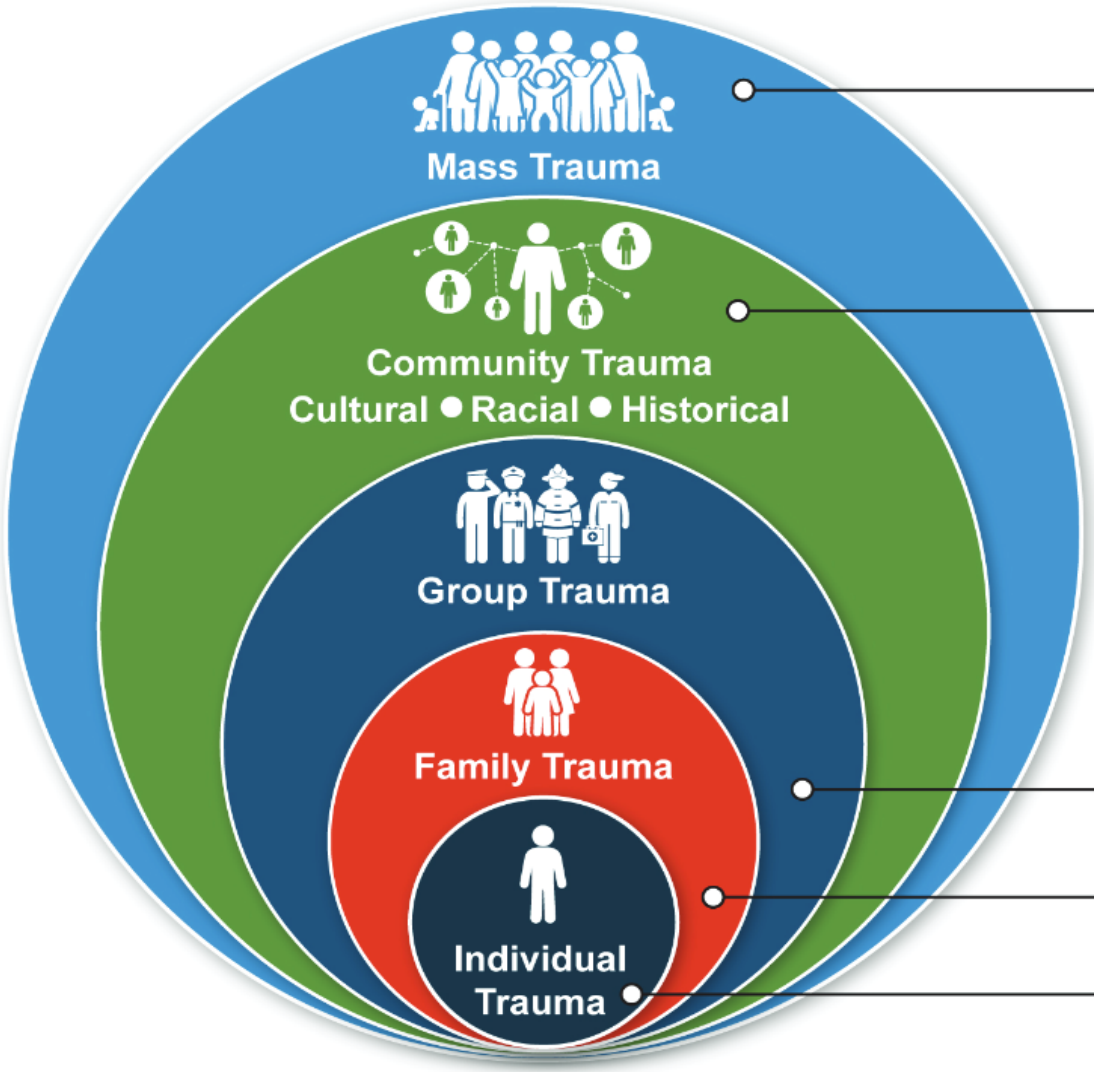
Facilitating conversations using MI requires significant self-awareness, self regulation to support psychological safety, and recognizing power differentials.

Conversations about **changing institutional and systemic barriers**, as they impact group and individual behaviors can contribute to healing.

Framing and incorporating growth and change that affirms **group-based values** can impact motivation.

Scales, D. Comp in Hum Beh. 2023; Rollnick, S. MI and Beyond. 2023

Levels of Trauma Experience



Mass Trauma (Affects large numbers of people)

Community Trauma (Impacts a few people but has structural or social traumatic consequences).

- **Cultural Trauma** – Type of community trauma that occurs when a group that shares a culture or identity experiences an event that causes lasting effects on group consciousness.
- **Racial Trauma** – A reaction or response to racial discrimination, which is the direct experience of conflict, hatred, injury, or threatened harm to an individual based on their race.
- **Historical Trauma (Generational Trauma)** – Widespread trauma that affects an entire culture and influences generations of the culture beyond those who experience it directly.

Group Trauma (Affects a particular group, e.g., military service members, first responders, LGBTQI+ community)

Family Trauma (Affects multiple members within a family)

Individual Trauma (Affects one person)

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Impact of Trauma on Individuals

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

Adapted from:

1. Weisner, L. (2020). *Individual and community trauma: Individual experiences in collective environments.* https://icjia.illinois.gov/researchhub/articles/individual-and-community-trauma-individual-experiences-in-collective-environments
2. U.S. Department of Veterans Affairs (n.d.). *Spirituality and trauma: Professionals working together.* https://www.ptsd.va.gov/professional/treat/care/spirituality_trauma.asp

The Problem with Resilience

- *I dream of never being called resilient again in my life. I'm exhausted by strength. I want support. I want softness. I want ease. I want to be amongst kin. Not patted on the back for how well I take a hit. Or for how many.*
- *– Zandashe Brown (award winning director/writer)*

The Problem With Resilience

Systemic Discrimination

Institutional Racism

Oppression

Societal Inequities

Trauma

Individual expectations of growth

Duality of Resilience, as a coping mechanism and sign of dysfunction and of harm

Unequal expectations of resilience across certain populations

What is a Trauma-Informed Approach?

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

4 Rs (**Assumptions**)

Six Key Principles

Safety and Respect

Physical Safety	The sense of being protected from violence, illness etc.
Psychological Safety	Addressing the anxieties and fears of being able to be authentic, risk taking
Cultural Safety	Addressing cultural, historical and gender identity and expression
Moral Safety	Addressing the **hypocrisy** that is present, both **explicitly and implicitly**
Social Safety	Ability to be appreciated & true self amongst others, in particular diversity of thinking
Intellectual Safety	Open sharing of ideas and ability to make mistakes and learn from them

Build Relationships

Honor voice and choice

Partner with people

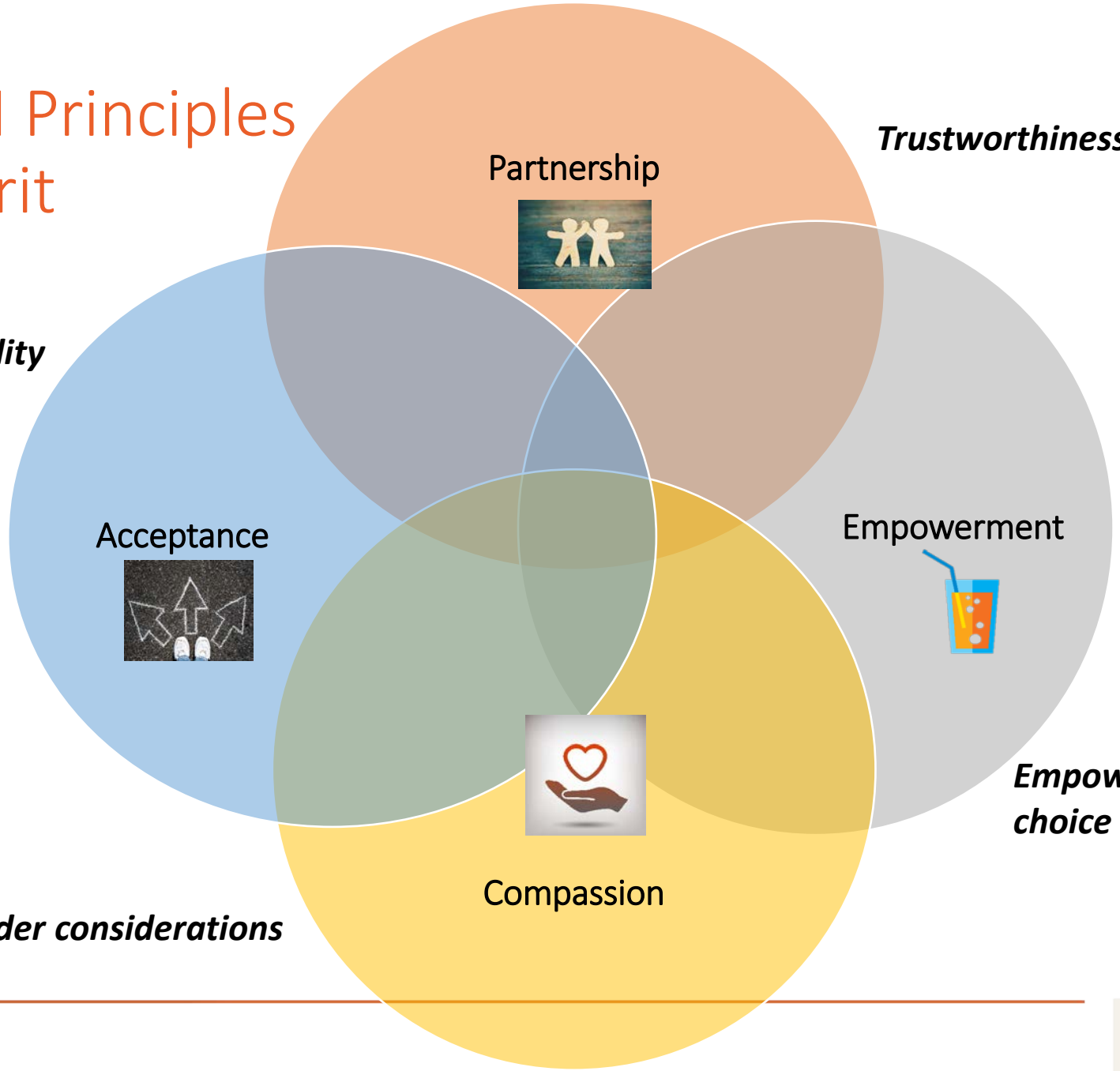
Request feedback

Ensure comfort

“Keep the Human in Human Services”

-Dr. Pat Deegan

Blending the TI Principles and the MI Spirit



Trustworthiness and transparency

Collaboration and mutuality

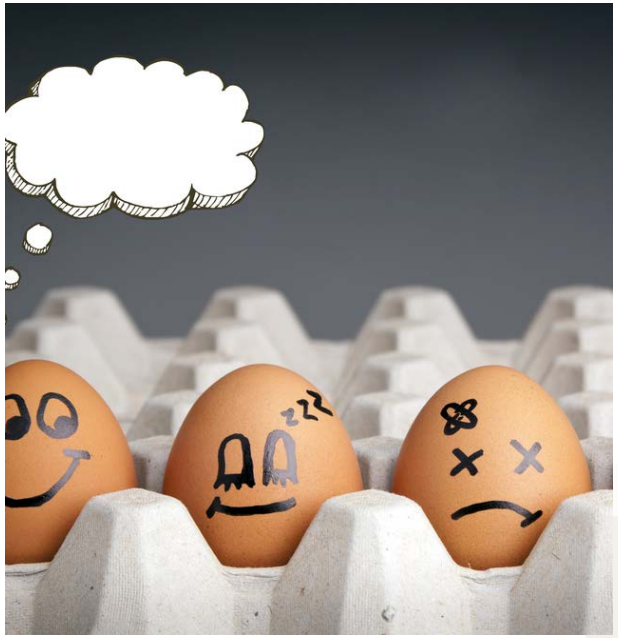
Peer Support and voice of lived experience

Safety and stability

Empowerment, voice and choice

Cultural, historical, and gender considerations

Our Own Motivation



- **Personal distress** moves us away from compassionate motivation and toward threat protection or distress avoidance.

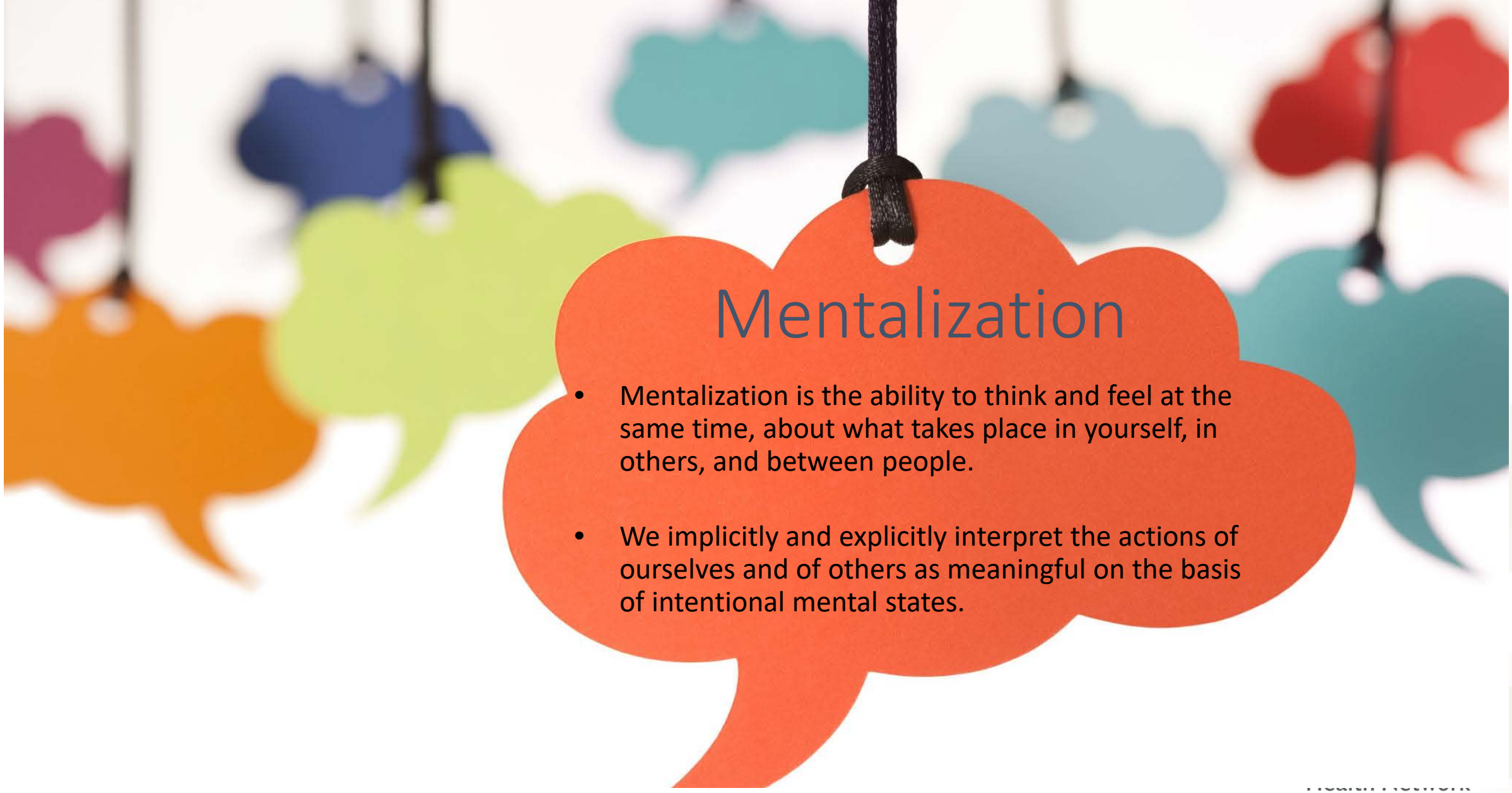
- **Tolerance** is a skill we work toward, through awareness and managing our own distress.

- **Self-awareness** includes considering:
  - *What assumptions and expectations do I hold?*
  - *What is my role in disrupting systemic bias and other contexts that harm others?*
  - *How informed am I and what self-learning do I need to do to be in service of those around me?*

- **Self-care** is knowing our capacity and refilling our cup

Nurture Self-Awareness

Become	Develop	Gain	Be
Become aware of your attitudes, biases, prejudices, and resulting stereotypes; failing to do so may detrimentally affect the establishment of trust with the communities you wish to engage	Develop the ability to see and understand the cultures of people of color as sources of strength and resilience	Gain awareness of the racial and cultural socialization of individuals in communities of the marginalized, as it may assist in finding culturally congruent ways to connect and build trust	Be mindful of similarities and differences between how health professionals view and conceptualize health and healing practices, and how communities of color view them



Mentalization

- Mentalization is the ability to think and feel at the same time, about what takes place in yourself, in others, and between people.

- We implicitly and explicitly interpret the actions of ourselves and of others as meaningful on the basis of intentional mental states.

Mentalization; Why Do It?

Mentalization is curious exploration and a non-knowing attitude with self and others

Mentalization is the ability to have insight into what you're feeling, why, and how this affects your behavior.

Mentalizing is central to human communication/relationships- it helps us have productive difficult conversations

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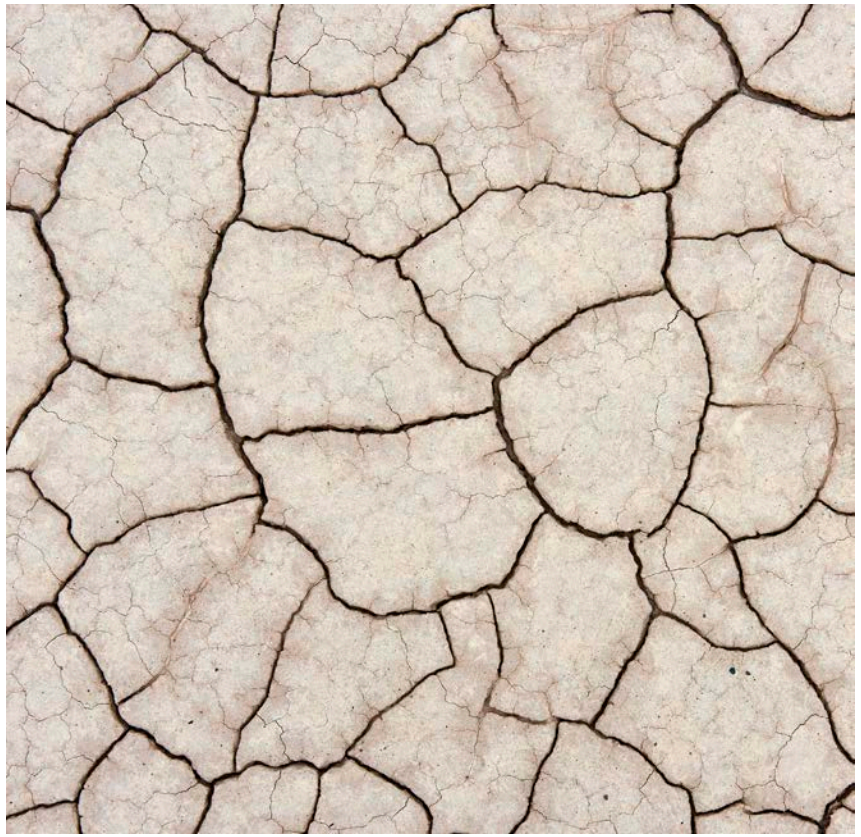
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

What does Non-Mentalizing Look Like?

- Preoccupation with rules, responsibilities- “shoulds” and “should nots”
- Denial of involvement in the problem
- Expressions of certainty about thoughts or feelings of others
- Excessive detail
- Focus on external social factors



Consequences of Poor Mentalizing

- Recurrent problems in relationships with others
- Insecurity
- Fluctuating self-image
- Poor emotion regulation
- Impulsivity

What Does Good Mentalizing Look Like?

A perception of own mental functioning in relationship to others thoughts and feelings:

- Acknowledgement of misunderstanding
- Absence of paranoia
- Perspective taking
- Genuine interest
- Openness to discovery
- Reflection

Mentalizing Approach

Mentalizing involves:

- Arriving at a better understanding of oneself and one's inner emotional and thought processes
- Achieving better relationships to others
- Increasing self-worth and self-control

Breakout Room Activity: Discussion

How do I balance the assumptions and experiences I hold while maintaining a curious spirit in my current work in tobacco control?

Creating Opportunities & Environments For People to Express Change Talk

Desire

Ability

Reasons

Need

Commitment

Activation

Taking steps

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Reflections

- Temporarily suspending own opinions, knowledge, perspective
- Focus entirely on understanding this person's meaning.
- An experience of being understood.
- Helps them slow down to listen to what they just said.

Examples of Listening Statements (Reflections)

You are feeling frustrated that your boss won't let you take more smoke breaks.

You want policy change to happen faster.

It sounds like we have a lot of experience in the room.

Why are you making a big deal out of this? I cut back a bit but it's harder than I thought it would be. I learned my lesson years ago that cold turkey doesn't work for me. Give me a break, ok?

Put a Listening Statement in the Chat

Affirmations

Supportive, genuine reinforcements of:

- Character
- Effort
- Skills
- Values
- Strengths

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Attributes of Successful Changers

Accepting	Confident	Fearless	Open	Reliable
Adaptable	Considerate	Flexible	Optimistic	Resourceful
Ambitious	Decisive	Focused	Patient	Skillful
Assertive	Determined	Forgiving	Perceptive	Trusting
Capable	Diligent	Hopeful	Persistent	Truthful
Careful	Faithful	Mature	Reasonable	Unique

Open-Ended Questions

Instead of	Try
1. Are you still trying to cut back?	How have you approached cutting back?
2. Do you want to end up with health problems?	What have you been doing to take care of yourself?
3. Can we work together on this?	
4. Are you ready to implement this policy change?	

The MI Sandwich

1. Ask

Would you be open to hearing about the county level data?
What do you know about the mental health impacts of tobacco use?
What would you most like to know about the mental health impacts?

2. Offer Information

3. Ask

What do you make of this?
How have you seen others approach it?
What could be our next step?

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Breakout Room Activity: Scenarios

Individual	Team/Organization	State/Systems
I know there are a lot of treatment options, and I want to quit but I'm dealing with a lot so it's not a good time to do it.	We need to make changes but we can't get everyone on board. There are too many barriers to make this work.	We've made a lot of progress but there's still so much more to do. A lot of us are feeling stuck despite working so hard.

1. How does the scenario make you feel? What components of MI spirit and being trauma-informed do you want to bring and why?

2. Make a list of reflections, affirmations and open-ended questions you could use to support and encourage more change talk.

Questions?

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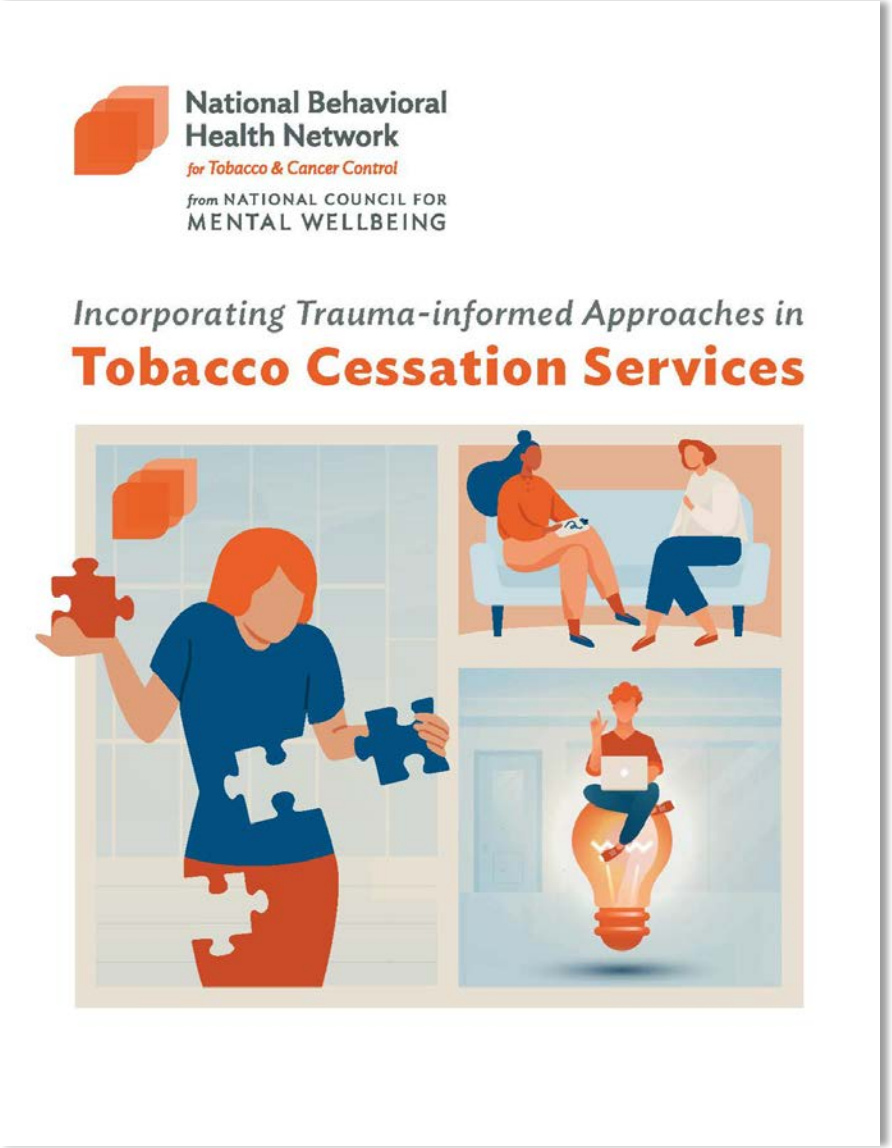
Resources



NATIONAL COUNCIL for Mental Wellbeing

NatCon24

April 15-17, 2024
St. Louis, Missouri

Trauma-Informed Motivational Interviewing (TIMI) Preconference Training

Visit NatCon24.org to register or scan the QR code:

Blending motivational interviewing with groundbreaking research of the ACEs Study, brain-based health and trauma-informed approaches.

A key feature of this training is the parallel processes of building individual skills and developing organizational implementation strategies.

Sunday April 14th from 9am-5pm.
Preconference registration is $425 for National Council members, $475 for nonmembers.

NatCon24 is the largest conference in mental health and substance use treatment.

- Hear from the best minds in health care.
- Network with 5,000+ health care colleagues.
- Discover the latest treatment trends and technologies.
- Connect with industry-leading exhibitors.
- Earn new CE and CME credits.

Thank you for joining us!

For any questions, please contact
JasmineF@thenationalcouncil.org

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