

Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment

June 4, 2019

2:00 – 3:30 pm ET (11:00 am – 12:30 pm PT)

Please stand by, today's webinar will begin shortly.

Made possible through support from the Robert Wood Johnson Foundation

Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment

June 4, 2019

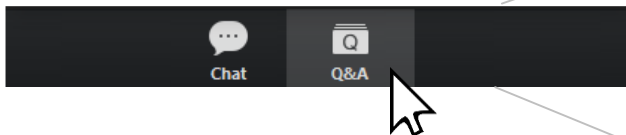
2:00 – 3:30 pm ET (11:00 am – 12:30 pm PT)

Made possible through support from the Robert Wood Johnson Foundation

Questions?



To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.

Q&A

Please input your question...

☐ Send Anonymously

Send

Agenda



- Welcome and Introductions
- Taking a Trauma-Informed Approach to Substance Use Disorder Treatment in Rural Tennessee
- Providing Substance Use Disorder Treatment and Trauma-Informed Primary Care for High-Risk Women in San Francisco
- Closing Remarks

Meet Today's Presenters



Rosalind De Lisser, MS, FNP, PMHNP
Director, Integrated Behavioral Health
Services
University of California, San Francisco's
Women's HIV Program



Meryl Schulman
Program Officer
Center for Health Care
Strategies



Dan Sumrok, MD, DFASAM, ABAM,
ABPM
Family Physician and Addiction Specialist
Center for Addiction Science University
of Tennessee Health Science Center



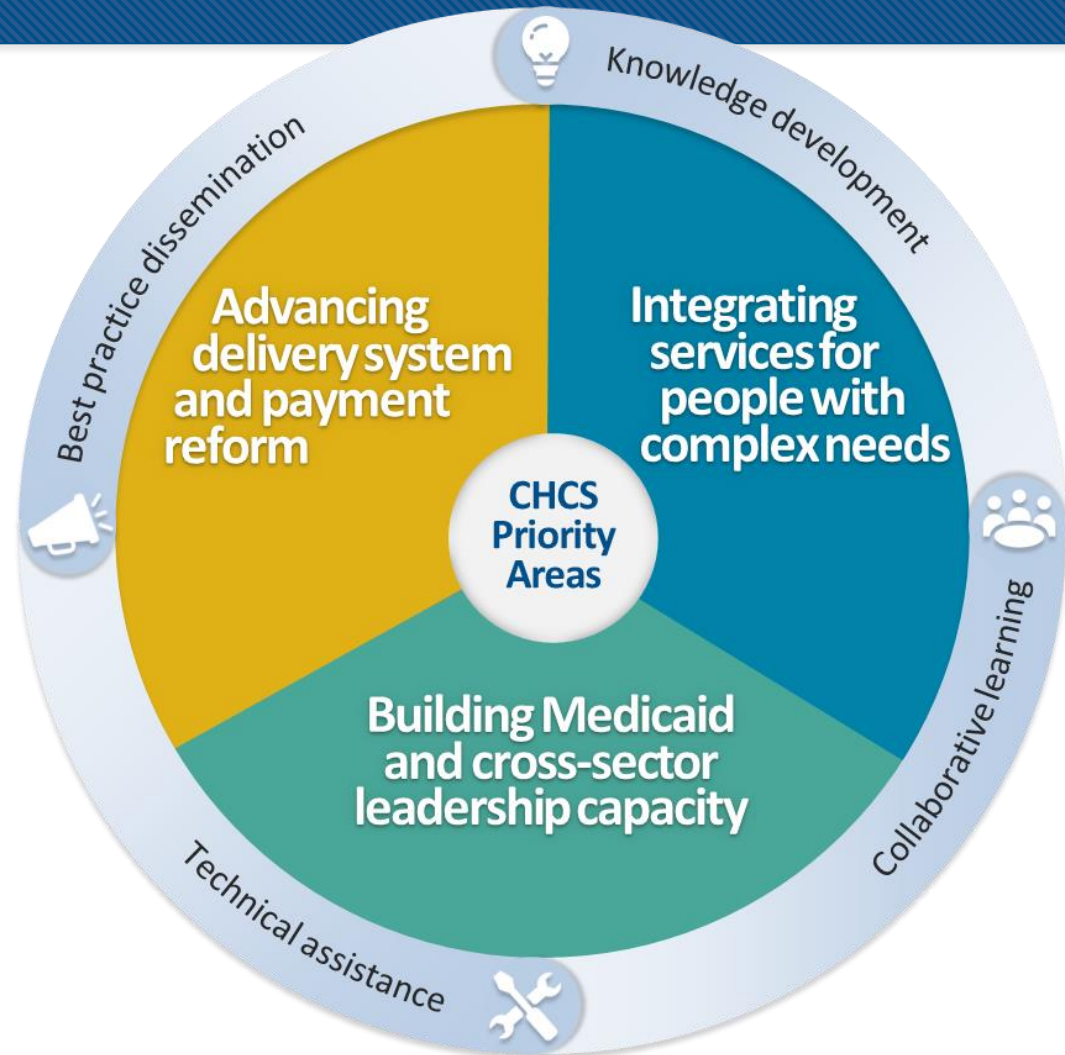
Jane Stevens
Founder and Publisher
ACEs Connection



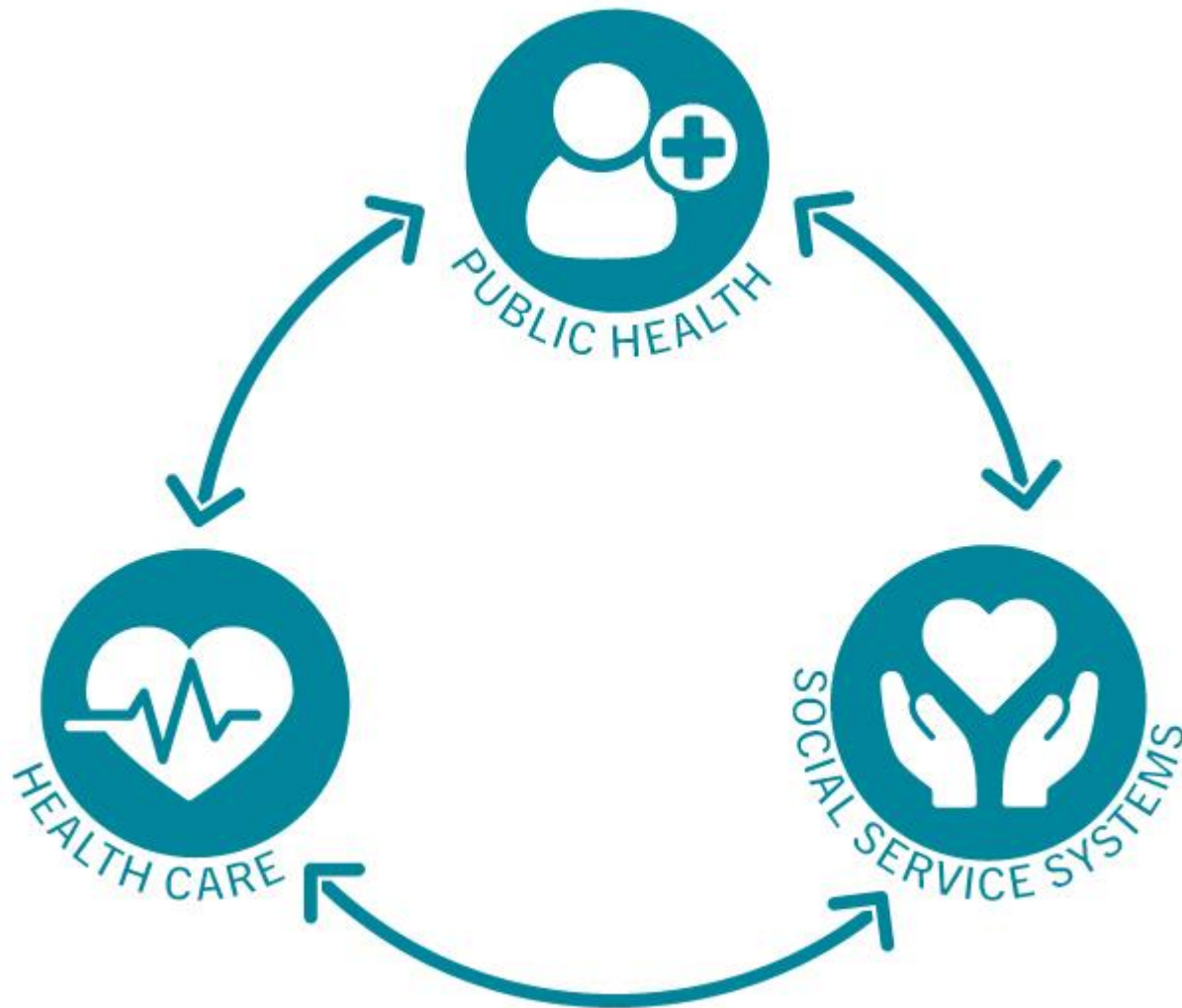
Susan Mende
Senior Program Officer
Robert Wood Johnson Foundation

About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans



Robert Wood Johnson Foundation: Fostering Alignment



ACEs Connection

The logo for ACEs Connection features the word "ACEs" in a large, black, sans-serif font. The letter "C" is stylized, with a green arc above it and a blue arc below it. The word "Connection" is in a smaller, black, sans-serif font. A yellow line with several colored dots (green, blue, yellow, light blue) connects the "C" in "ACEs" to the "n" in "Connection".

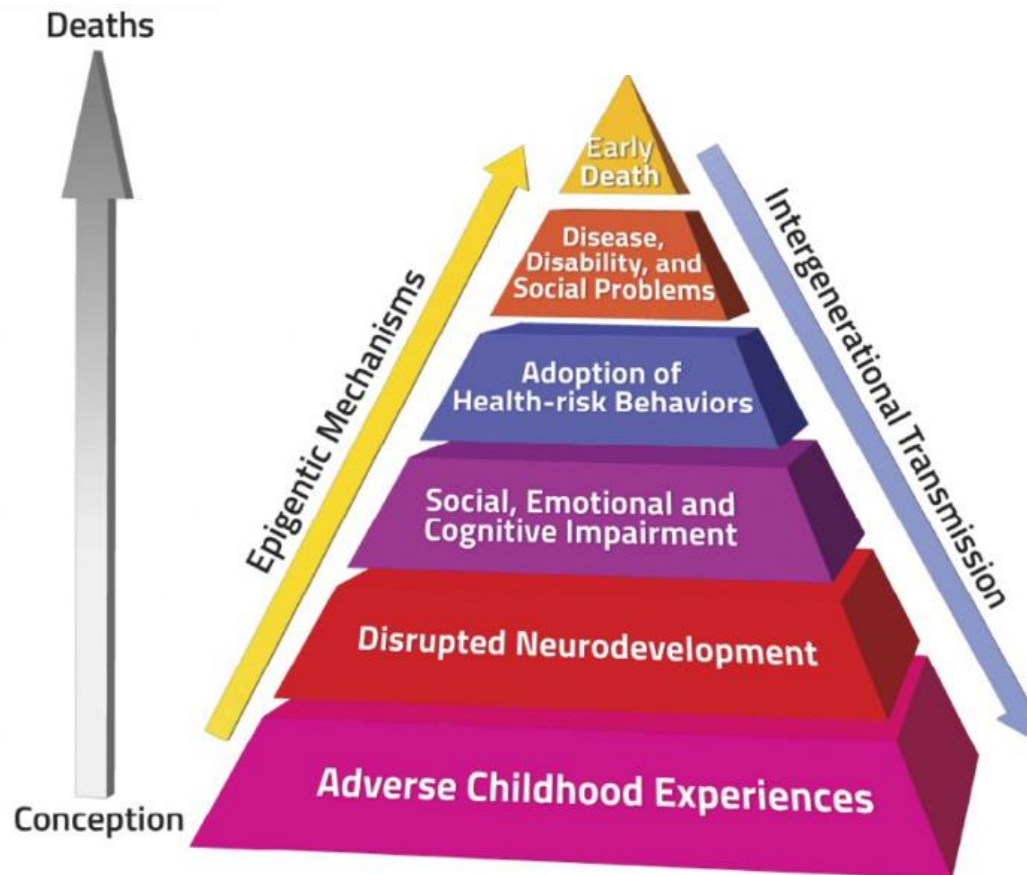
Jane Stevens
Founder, publisher
ACEs Connection



Taking a Trauma-Informed Approach to Substance Use Disorder Treatment in Rural Tennessee

Daniel D. Sumrok, MD, DFASAM,
FAAFP, ABAM, ABPM

How ACEs Influence Health and Well-Being Through the Lifespan



Slide Courtesy of Rob Anda, MD, MS

Patient Population

Rural

- McKenzie, TN
- Western Kentucky
- Southern Illinois
- Southeast Missouri
- Northern Mississippi

Urban

- Memphis
- Nashville

Long History of Substance Use Prevalence

- Elvis; Keith Whitley; etc.



Research Supporting Trauma Influence

- **Public health legacy of the Vietnam War: post-traumatic stress disorder and implications for Appalachians.**
 - D. Sumrok, S. Giles, and M. Mitchell-Bateman. (1983). The West Virginia Medical Journal, 79 9, 191-8.
- **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study.**
 - V. J. Felitti; R. F. Anda; et al. (May 1998). American Journal of Preventive Medicine. 14 (4): 245–258.
doi:10.1016/S0749-3797(98)00017-8



Clinical Decision Making

- Role of trauma-informed? It's the complete history.
- (Southern accent) "Now you know how I got here, and now I know how I got here."



Asking Patients About Their Trauma Histories

- ACE questionnaire completed at first visit as part of medical history review of self report
- The patient fills this out at registration
- Item by item review



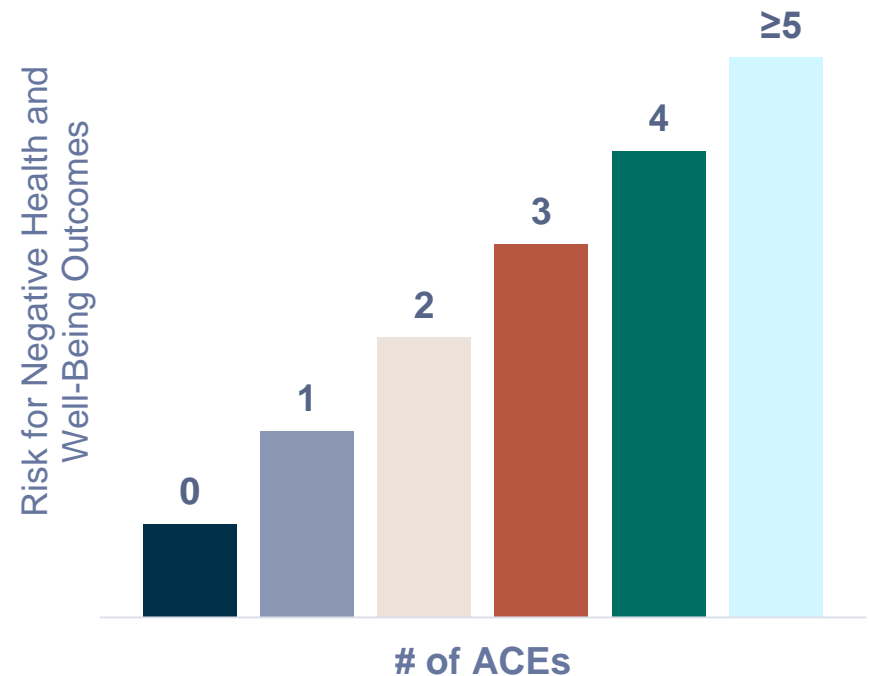
Explaining Trauma Impact and Link to Substance Use Disorders and Risk Behaviors

- *“Ritualized compulsive comfort seeking”* - Lance Dodes, MD
- Risky health behaviors
 - **Substance Use Disorders**
 - Tobacco
 - Alcohol
 - Drugs
 - **Process Disorders**
 - Risky sex
 - Eating disorders
 - Compulsive over-exercise
 - Screens (Facebook, gaming, Twitter, etc.)



Relationship of Trauma to Poor Health Outcomes

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention

Trauma-Informed Treatment

- Create safety—physical and psychological
- Respect
 - Cultural values
 - Autonomy
 - Justice
 - Beneficence
 - Nonmaleficence
- Ask the right questions
 - *“What happened to you?”*
 - *“How were you affected?”*
 - *“Who is there for you?”*
- Address power imbalances to reduce re-traumatization.
- Kindergarten skills



Medical Encounters are Inherently Stressful

- Expense (insurance or lack thereof)
- Shame and guilt (stigma)
- Reliving the original trauma
- Ambivalence toward treatment
- Intrusive (time off work, travel, childcare, etc.)
- Past treatment failures

"Treatment fails patients. Patients don't fail treatment."

"Patients will lie, but they'll also be truthful if you respect their truths."



ACEs and the Risk of Relapse

- **Adverse Childhood Experiences Predict Opioid Relapse During Treatment Among Rural Adults.**
 - K.J. Derefinko, F.I. Salgado García, K.M. Talley, Z. Bursac, K.C. Johnson, J.G. Murphy, M.E. McDevitt-Murphy, F. Andrasik, D.D. Sumrok. *Addictive Behaviors* (2019).



ACEs and the Risk of Relapse, cont.

Highlights

- Relapses occurred in 54% of rural patients at an opioid use disorder clinic.
- Almost half of all participants reported four or more ACEs.
- ACE score was related to an increase in the odds of relapse (17%).
- Each treatment visit reduced the odds of opioid relapse (2%).
- The highest relapse rate was observed following the first clinic visit.
- Opioid use disorder is a chronic illness

How Am I Affected as a Provider?

- Old dogs can learn new tricks.
 - Group therapy
- I let patients teach me.
 - They are the experts
- The importance of clinical ethics is reinforced every day
- New hope for tomorrow



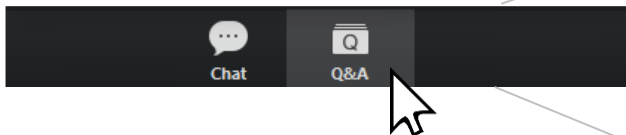


"It's all about the relationships!"

Questions?



To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.

Q&A

Please input your question...

☐ Send Anonymously Send



University of California
San Francisco

Women, HIV, and Opiate Use Disorder

Bringing healing to the center of care:

An Integrated Trauma Informed Behavioral Health Approach

Rosalind de Lisser, MS, FNP, PMHNP
Associate Clinical Professor
Director of Integrated Behavioral Health
Center to Advance Trauma-informed Health Care (CTHC)



UCSF Women's HIV Program

Our City

- 900,000 pop.
- 7x7 miles
- Median home is 1.2M
- More than 7,200 homeless living on our streets
- Shelters, single room occupancy, section 8 – all at max capacity
- At last check 38 days for a shelter bed and +18 month wait for housing

Our People

- 51 years old (range 20-76)
- 49% African American / Black
- 20% White
- 61% food insecure in the past year
- 87% currently on ART
- 64% undetectable viral load
- 46% on prescribed opiates

Trauma and Substance Use at WHP

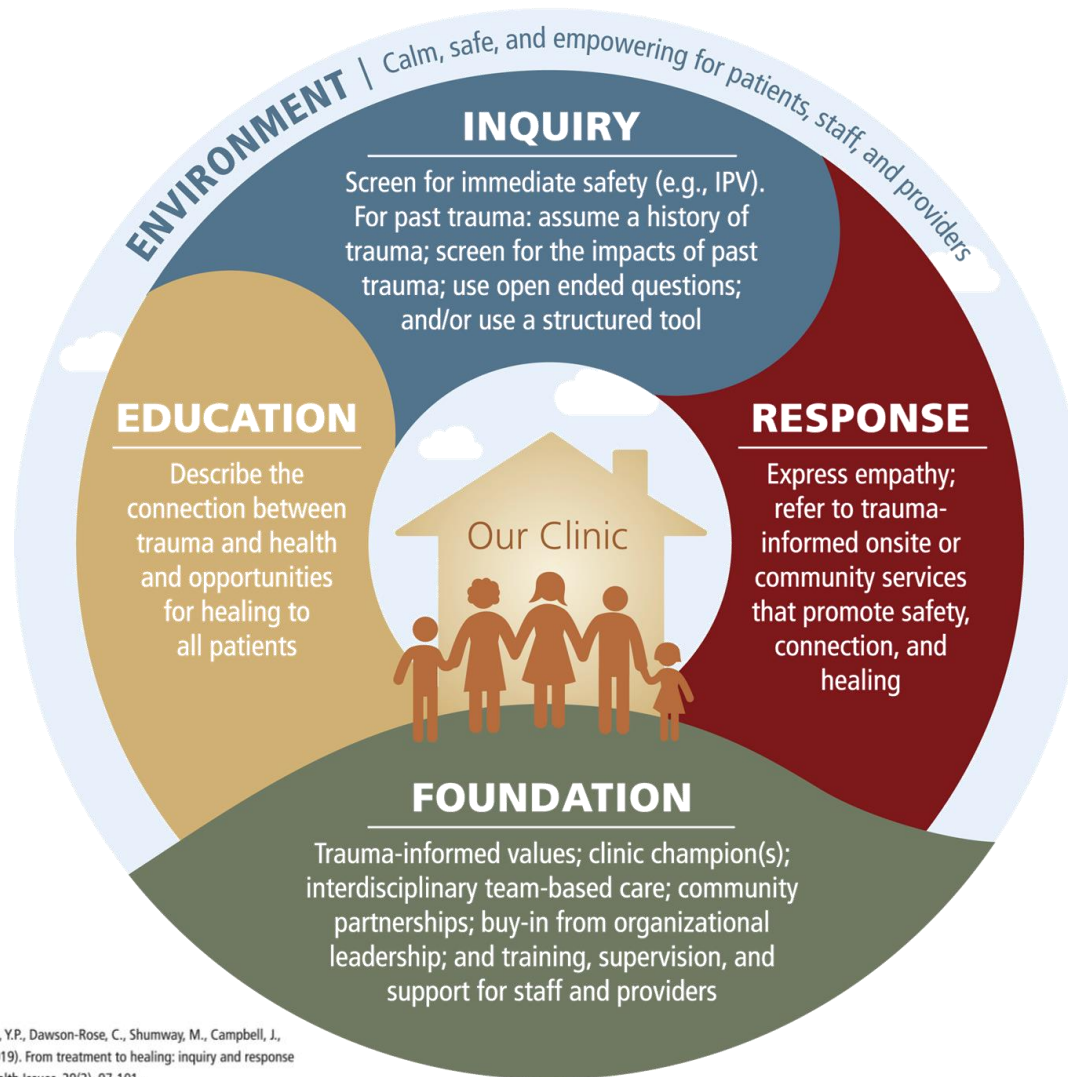
Trauma

- 58% 4+ Adverse Childhood Experiences (10 items)
- 73% 4+Trauma History Screen (14 items)
- Current Trauma (past 30 days)
 - 4% coerced to have sex
 - 16% abused, threatened, or victim of violence

Substance Use

- 44% smoke cigarettes
- 41% used illicit substances in the past 3 months
 - 17% cocaine, 9% amphetamines, 9% opioids
- 23% at moderate/substantial/severe risk on the DAST-10
- 22% positive AUD screen

Trauma-informed Health Care



Machtiger, E.L., Davis, K.B., Kimberg, L.S., Khanna, N., Cuca, Y.P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues*, 29(2), 97-101.

Our Interprofessional Team

- Community Case Manager
- Social Work
- Substance Use Counselor
- Nursing
- Medical Assistant
- Pharmacy Tech and HIV PharmD
- Director of Trauma Informed Care
- HIV PCP- Nurse Practitioner and Physician
- Behavioral Health- Nurse Practitioner

Ms. C

- 62 y/o female and caregiver of her grandson
- HIV well controlled, COPD, chronic pain, opiate use disorder, stimulant use disorder, major depressive disorder, and PTSD
- Shame, isolation, fear, **powerlessness**
- Recent success: Suboxone induction!
 - Stopped using heroin
 - Decreased crack use
 - Improved depression and anxiety



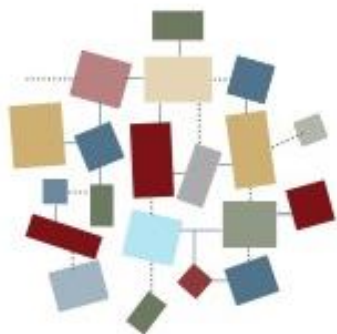
Photo by Lynny Labovitz; used with artist and patient permission

Ms. E

- 72 y/o female
- AIDS Dementia, Axial Myopathy- degenerative dx of the muscles, Chronic pain, Acoustic Neuroma, Hep C, MDD, PTSD, OUD
- Fentanyl patch, 4-8 Norco daily, Diazepam
- Cognitive impairment
- Chronic suicidal ideation
- Isolation, loss of independence, **medical trauma**



Photo by Lynnly Labovitz; used with artist and patient permission



Trauma Affected

Organizations impacted by stress, operating in silos, avoidant of issues and isolated in their practices or service delivery. These organizations can be trauma inducing.

- Reactive
- Reliving/retelling
- Avoiding/numbing
- Fragmented
- Authoritarian leadership



Trauma Informed

These are organizations that develop a shared understanding and language to define, normalize, and address the impact of trauma on clients and workforce.

- Understanding of trauma and healing
- Shared language
- Trauma-informed skills to use with patients and each other



Trauma Responsive

Organizations where policies, procedures, services and treatment all include an understanding of and response to trauma.

- Reflective
- Collaborative
- Growth- and prevention-oriented
- Trauma-specific therapies
- Relational leadership

Trauma Inducing

TO

Trauma Reducing

Trauma Transformed. <http://traumatransformed.org>

The Missouri Model: A Developmental Framework for Trauma-Informed
<https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf>

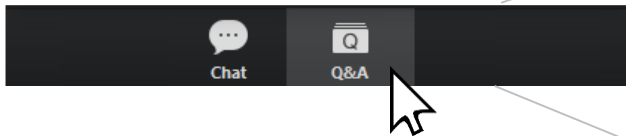
Question & Answer



Questions?



To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.

Q&A

Please input your question...

☐ Send Anonymously Send

Thank You