Welcome!

Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.

Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.

Naming

Add Your Organization

Represent your team and add your organization's name to your name.

Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.

Addiction Treatment Starts Here
Behavioral Health Staff Forum Session #2

“MAT for Persons with Significant Trauma/PTSD Symptoms”

December 9, 2021 | 10am–11am (PT)

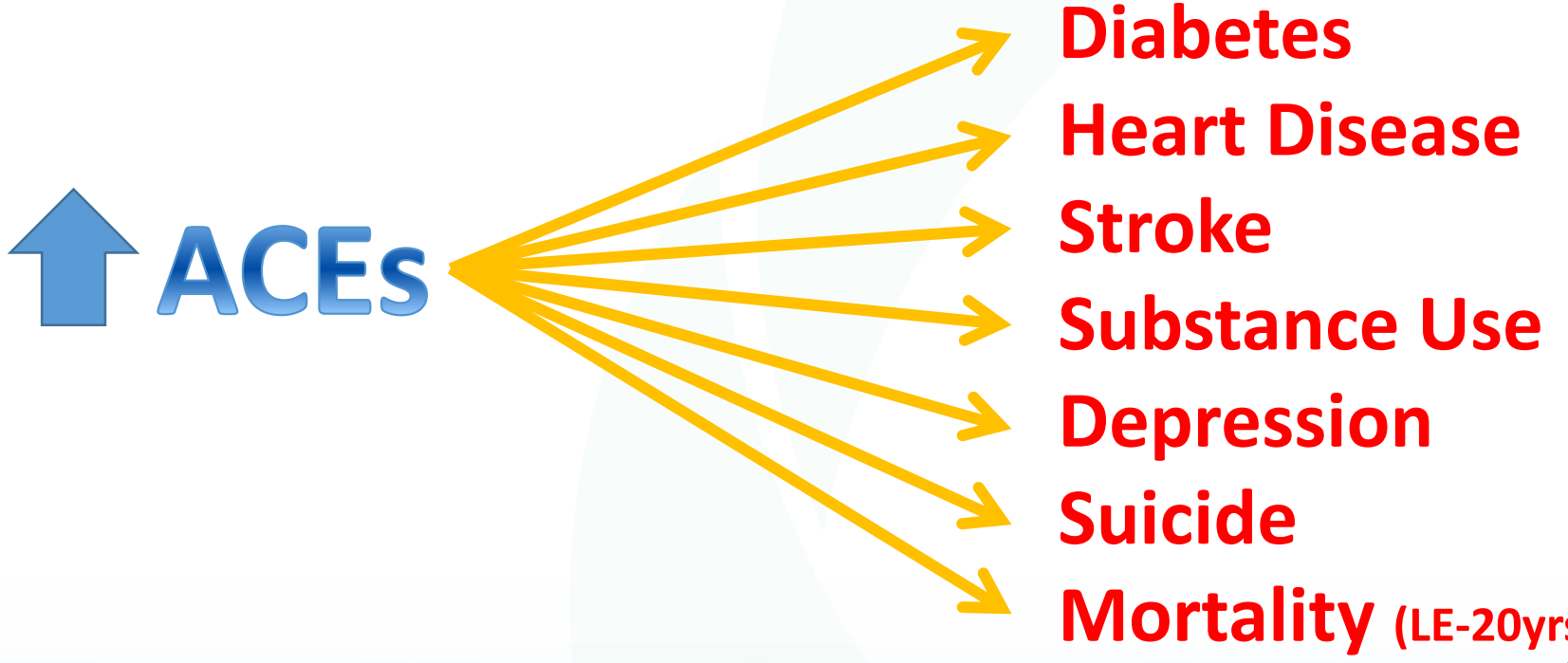
CCI CENTER FOR CARE INNOVATIONS + DHCS

Trauma-Informed Care in MAT

Hilary Parker PsyD
Licensed Psychologist
Behavioral Health Consultant
Cherokee Health Systems

Adverse Childhood Experiences

- CDC-Kaiser Permanente Study
  - >17,000 people asked about adverse childhood experiences (ACEs)



Cherokee HEALTH SYSTEMS

Primary Behavioral Health
INTEGRATED CARE
Training Academy

Positive Stress

Short, stressful events like meeting new people or starting the first day of school are healthy for brain development. They prepare the brain and body for stressful situations later in life.

Tolerable Stress

Tragic, unavoidable events like a natural disaster or losing a loved one aren't good for us. But if supportive caregivers are around to buffer the stress response, these events won't do lasting damage to the brain and body.

Toxic Stress

Ongoing, repeated exposure to abuse or neglect is bad for brain development. If no supportive adults are present to help buffer the stress response, stress hormones will damage developing structures in the child's brain. The result is an increased vulnerability to lifelong physical and mental health problems, including addiction.

Trauma-Informed Care

- In clinical populations (focusing on either disorder), about 25-50% have dual diagnosis of PTSD and substance use disorder in their lifetime.
  - More commonly occurring in women. (*Seeking Safety,* 2002*)*
  - This is associated with more severe clinical profile, lower functioning, poorer well-being, and poorer outcomes (Schafer & Najavits, 2007).

Trauma-Informed Care

- Abstinence from substance use does not resolve symptoms of PTSD.
  - In fact, often individuals may experience increased emotional distress in early recovery/pursuit of abstinence.
- Treatment outcomes for co-occurring PTSD and SUD do tend to be worse than in the case of other co-occurring disorders or SUD alone. (*Seeking Safety,* 2002)
  - Higher rates of overdose, suicide attempts, and number of treatment days (Geilen et al, 2014)
- Individuals with co-occurring PTSD and SUD may be more vulnerable to repeated traumas.
- There may be contra-indications for particular treatments or treatment modalities when addressing dual dx PTSD and SUD (*Seeking Safety,* 2002)

Trauma-Informed Care

- “A defining characteristic of complex trauma populations is the presence of multiple life problems, in addition to formally diagnosed disorders”. (Najavits and Hien, 2013)
  - Including but not limited to homelessness, unemployment, legal involvement, hx of previous treatment (multiple episodes of care), lower education, IPV, other experienced violence, and suicidality (Najavits and Hien, 2013)
  - health issues and risk of exposure to communicable disease (*Seeking Safety,* 2002)

Screening and Assessment of Trauma

- In clinical populations (focusing on either disorder), about 25-50% have dual diagnosis of PTSD and substance use disorder in their lifetime
  - Associated with more severe clinical profile, lower functioning, poorer well-being, and poorer outcomes (Schafer & Najavits, 2007)

- Screening for ACEs
- Assessment
- Working Diagnosis
- Determine if specific trauma informed treatment is necessary and desired in that phase of treatment

Individualized Treatment Planning

- Behavioral Health Intake Assessment
- Collaboration in development of Tx Plan tailored to meet pt's unique strengths, goals, values

Trauma-Informed Approach to Care

- **Patient empowerment** – highlighting person's strengths to empower them, patient voice/active role in decision-making process, utilize peers in recovery with lived trauma experiences
- **Choice** – informing person regarding range of treatment options and allowing them to guide/choose
- **Collaboration** – maximizing collaboration among health care staff, patients (e.g., focus groups, collaborative tx planning)
- **Safety** – developing healthcare settings/activities that ensure patients' physical and emotional safety
- **Trustworthiness** – create clear expectations about proposed treatments, who will provide it, how it will be provided

SAMHSA, 2016

Shifting the Focus

- Away from “what’s wrong with them?” to “what have they experienced/endured?”
  - Realize widespread impact of trauma and understand potential paths for recovery
  - Recognize signs and symptoms of trauma
  - Integrate knowledge about trauma into policies, procedures, and practices
  - Seek to actively resist re-traumatization

SAMHSA, 2016

Creating a Safe Environment

- Physical environment – well lit, keeping noise levels low, providing clear access to the door in exam rooms for easy exit
- Social-emotional environment – welcoming people, respectful/supportive/compassionate communication, consistent schedules/procedures

Past vs Present-focused Trauma Treatment

- **Past-focused** treatment involves exposure-based models of intervention and/or work with a trauma narrative

- **Present-focused** treatment involves development of coping skills and tools to manage current symptoms in combination with psychoeducation (increased broad understanding trauma impact)

(Najavits and Hein, 2013)

Present-Focused Interventions

- Psychoeducation
- Relaxation Training
  - Diaphragmatic Breathing, Progressive Muscle Relaxation, Body Scan
- Coping Skills
  - Guided Imagery, Mindfulness Meditation, Grounding Techniques, Exercise, Sleep Hygiene

Safety

- Harm reduction
- Shelter
- Education on cyclical IPV
- Healthy Support
- Boundary-setting in relationships

Specialized Treatment Modalities

- Cognitive Processing Therapy (CPT)
- Dialectical Behavior Therapy (DBT)

- *Seeking Safety*
- Concurrent Prolonged Exposure (COPE)
- Creating Change (CC)
- Helping Women Recover/Beyond Trauma (HWR/BT)
- Integrated CBT for PTSD and SUD (ICBT)
- Substance Dependence PTSD Therapy (SDPT)
- Trauma Adaptive Recovery Group Education and Therapy (TARGET)
- Trauma Recovery Empowerment Model (TREM)

Past-focused Intervention

- Specialized trauma treatment in individual or group format
- Pt-lead process
- Preparation and ongoing monitoring within integrated team
- Need for “stabilization”, period of abstinence?’
- Clinician hesitancy?

Questions?

Coming Up – Session #3

Thursday, January 6, 10-11am PT
Topic: MAT for Persons with Co-morbid Mood Disorders

For registration information, go here:
https://www.careinnovations.org/events/atsh-peer-forums-registration/#bhstaff

Any questions? Email juancarlos@careinnovations.org


THE
END